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

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.
63 - 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.
65 - Professional component. Claims with modifier -26 are priced from this file.
67 - 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
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	58.48	16	99								X	
67	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	58.48	00	15					X			X	
63	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	16.57	16	99								X	
67	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	16.57	00	15					X			X	
63	G0117	GLAUCOMA SCRN HGH RISK DIREC	65.13									X		
63	G0118	GLAUCOMA SCRN HGH RISK DIREC	42.44									X		
63	G0124	SCREENING CYTOPATHOLOGY, PHY. INTERP	23.92									X		
63	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NU	24.16									X		
63	G0141	SCR C/V CYTO,AUTOSYS AND MD	23.92									X		
63	G0179	PHYS SERV FO THE RECERT OF MEDICARE	43.40									X		
63	G0180	MD CERTIFICATION HHA PATIENT	55.06									X		
63	G0181	HOME HEALTH CARE SUPERVISION	111.60									X		
63	G0245	INITIAL FOOT EXAM PT LOPS	67.35									X		
63	G0246	FOLLOWUP EVAL OF FOOT PT LOP	40.20									X		
63	G0247	ROUTINE FOOTCARE PT W LOPS	85.63									X		
63	G0250	MD REVIEW INTERPRET OF TEST	9.59									X		
63	G0268	REMOVAL OF IMPACTED WAX MD	56.38									X		
63	G0270	MNT SUBS TX FOR CHANGE DX	33.78									X		
67	G0270	MEDICAL NUTRITION THERAPY; EA 15 MIN	33.78	00	15								X	
63	G0271	GROUP MNT 2 OR MORE 30 MINS	17.89									X		
63	G0278	ILIAC ART ANGIO,CARDIAC CATH	15.08									X		
63	G0281	ELEC STIM UNATTEND FOR PRESS	12.91									X		
63	G0283	ELEC STIM OTHER THAN WOUND	12.91									X		
63	G0289	ARTHRO, LOOSE BODY + CHONDRO	93.98									X		
63	G0296	COUNSELING VISIT TO DISCUSS NEED FOR	30.76											
67	G0296	COUNSELING VISIT TO DISCUSS NEED FOR	30.76	00	15									
63	G0329	ELECTROMAGNTIC TX FOR ULCERS	11.35									X		
63	G0341	PERCUTANEOUS ISLET CELLTRANS	1,663.88									X		
63	G0342	LAPAROSCOPY ISLET CELL TRANS	836.12									X		
63	G0343	LAPAROTOMY ISLET CELL TRANSP	1,371.82									X		
63	G0372	MD SERVICE REQUIRED FOR PMD	9.54									X		
63	G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	37.69									X		
67	G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	37.69	00	15									
63	G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	74.46									X		
67	G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	74.46	00	15									
63	G0406	FOLLOW-UP INPATIENT CONSULT, LIMITED	45.46									X		
67	G0406	FOLLOW-UP INPATIENT CONSULT, LIMITED	45.46	00	15									
63	G0407	FOLLOW-UP INPATIENT CONSULT, INTERME	78.87									X		
67	G0407	FOLLOW-UP INPATIENT CONSULT, INTERME	78.87	00	15									
63	G0408	FOLLOW-UP INPATIENT CONSULT, COMPLEX	114.92									X		
67	G0408	FOLLOW-UP INPATIENT CONSULT, COMPLEX	114.92	00	15									
63	G0420	FACE-TO-FACE EDUCATIONAL SERVICES	118.52									X	X	
67	G0420	FACE-TO-FACE EDUCATIONAL SERVICES	118.52	00	15								X	
63	G0421	FACE-TO-FACE EDUCATIONAL SERVICES	28.68									X	X	
67	G0421	FACE-TO-FACE EDUCATIONAL SERVICES	28.68	00	15								X	

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				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	G0425	TELEHEALTH CONSULTATION, EMERGENCY	102.25									X		
67	G0425	TELEHEALTH CONSULTATION, EMERGENCY	102.25	00	15									
63	G0426	INITIAL INPAITENT TELEHEALTH CONSULT	142.78									X		
67	G0426	INITIAL INPATIENT TELEHEALTH CONSULT	142.78	00	15									
63	G0427	INITIAL INPATIENT TELEHEALTH CONSULT	203.23									X		
67	G0427	INITIAL INPATIENT TELEHEALTH CONSULT	203.23	00	15									
63	G0438	ANNUAL WELLNESS VISIT; INCLUDES A PE	177.21									X		
67	G0438	ANNUAL WELLNESS VISIT; INCLUDES A PE	177.21	00	15									
63	G0439	ANNUAL WELLNESS VISIT; INCLUDES A PE	137.85									X		
67	G0439	ANNUAL WELLNESS VISIT; INCLUDES A PE	137.85	00	15									
63	G0442	ANNUAL ALCOHOL MISUSE SCREENING, 5-	19.22									X		
67	G0442	ANNUAL ALCOHOL MISUES SCREENING, 5-	19.22	00	15									
63	G0443	BRIEF FACE-TO-FACE BEHAVIORAL CONSEL	27.77									X		
67	G0443	BRIEF FACE-TO-FACE BEHAVIORAL CONSEL	27.77	00	15									
63	G0444	ANNUAL DEPRESSION SCREENING, 5 TO 15	19.22									X		
67	G0444	ANNUAL DEPRESSION SCREENING, 5 TO 15	19.22	00	15									
63	G0445	HIGH INTENSITY BEHAVIORAL COUNSELING	28.78							X		X		
67	G0445	HIGH INTENSITY BEHAVIORAL COUNSELING	28.78	00	15					X				
63	G0446	ANNUAL, FACE-TO-FACE INTENSIVE BEHAV	28.11									X		
67	G0446	ANNUAL, FACE-TO-FACE INTENSIVE BEHAV	28.11	00	15									
63	G0447	FACE-TO-FACE BEHAVIORAL COUNSELING	27.77									X	X	
67	G0447	FACE-TO-FACE BEHAVIORAL COUNSELING	27.77	00	15								X	
65	G0452	MOLECULAR PATHOLOGY PROCEDURE;PHYS	50.44	19	70									E
63	G0459	INPATIENT TELEHEALTH PHARMACOLOGIC	45.75											
67	G0459	INPATIENT TELEHEALTH PHARMACOLOGIC	45.75	00	15									
63	G0506	COMPREHENSIVE ASSESSMENT OF AND CARE	65.51											
67	G0506	COMPREHENSIVE ASSESSMENT OF AND CARE	65.51	00	15									
63	G0513	PROLONGED PREVENTIVE SERVICE(S) (BEY	68.79											
67	G0513	PROLONGED PREVENTIVE SERVICE(S) (BEY	68.79	00	15									
63	G0514	PROLONGED PREVENTIVE SERVICE(S) (BEY	68.79											
67	G0514	PROLONGED PREVENTIVE SERVICE(S) (BEY	68.79	00	15									
63	G2086	OFFICE-BASED TREATMENT FOR OPIOD USE	415.92											
67	G2086	OFFICE-BASED TREATMENT FOR OPIOD USE	415.92	00	15									
63	G2087	OFFICE-BASED TREATMENT FOR OPIOD USE	381.14										X	
67	G2087	OFFICE-BASED TREATMENT FOR OPIOD USE	381.14	00	15								X	
63	G2088	OFFICE-BASED TREATMENT FOR OPIOD USE	63.75											
67	G2088	OFFICE-BASED TREATMENT FOR OPIOD USE	63.75	00	15									
63	G2212	PROLONGED OFFICE OR OTHER OUTPATIENT	34.85									X	X	
67	G2212	PROLONGED OFFICE OR OTHER OUTPATIENT	34.85	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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1	2	3	4	5	6	7	8	9	10	11	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	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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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 SHREVEPORT
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 SHREVEPORT
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 SHREVEPORT
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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	
63	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	55.39										X	
67	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	55.39	00	15								X	
63	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	143.84											
67	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	143.84	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
63	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	65.21									X	
67	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	65.21	00 15								X	
63	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	306.19										
67	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	306.19	00 15									
63	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	150.50									X	
67	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	150.50	00 15								X	
63	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	447.18										
67	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	447.18	00 15									
63	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	247.61									X	
67	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	247.61	00 15								X	
63	10021	FNA W/O IMAGE	107.62										
67	10021	FNA W/O IMAGE	107.62	00 15									
63	10030	Fluid collection drainage by cathete	663.86										
67	10030	Fluid collection drainage by cathete	663.86	00 15									
63	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	379.67										
67	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	379.67	00 15									
63	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	312.39										
67	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	312.39	00 15									
63	10060	DRAINAGE OF SKIN ABSCESS	131.90										
67	10060	DRAINAGE OF SKIN ABSCESS	131.90	00 15									
63	10061	DRAIN SKIN ABSCESS COMPLICATED	226.24										
67	10061	DRAIN SKIN ABSCESS COMPLICATED	226.24	00 15									
63	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	259.56										
67	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	259.56	00 15									
63	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	360.16										
67	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	360.16	00 15									
63	10120	SIMPLE REMOVAL FOREIGN BODY	158.33										
67	10120	SIMPLE REMOVAL FOREIGN BODY	158.33	00 15									
63	10121	COMPLICATED REMOVAL FOREIGN BODY	280.26										
67	10121	COMPLICATED REMOVAL FOREIGN BODY	280.26	00 15									
63	10140	INCISE/DRAIN SIMPLE HEMATOMA	177.94										
67	10140	INCISE/DRAIN SIMPLE HEMATOMA	177.94	00 15									
63	10160	PUNCTURE DRAINAGE OF LESION	137.20										
67	10160	PUNCTURE DRAINAGE OF LESION	137.20	00 15									
63	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	278.85										
67	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	278.85	00 15									
63	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	60.72										
67	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	60.72	00 15									
63	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	29.07									X	
67	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	29.07	00 15								X	
63	11004	DEBRIDE GENITALIA & PERINEUM	629.80										
67	11004	DEBRIDE GENITALIA & PERINEUM	629.80	00 15									
63	11005	DEBRIDE ABDOM WALL	861.26										
67	11005	DEBRIDE ABDOM WALL	861.26	00 15									
63	11006	DEBRIDE GENIT/PER/ABDOM WALL	777.66										

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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
67	11006	DEBRIDE GENIT/PER/ABDOM WALL	777.66	00 15									
63	11008	REMOVE MESH FROM ABD WALL	304.21										
67	11008	REMOVE MESH FROM ABD WALL	304.21	00 15									
63	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	479.16										
67	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	479.16	00 15									
63	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	529.02										
67	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	529.02	00 15									
63	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	695.27									X	
67	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	695.27	00 15								X	
63	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	134.24										
67	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	134.24	00 15									
63	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	247.05										
67	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	247.05	00 15									
63	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	333.60										
67	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	333.60	00 15									
63	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	42.71									X	
67	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	42.71	00 15								X	
63	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	78.88									X	
67	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	78.88	00 15								X	
63	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	131.65									X	
67	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	131.65	00 15								X	
63	11055	TRIM SKIN LESION	73.50										
67	11055	TRIM SKIN LESION	73.50	00 15									
63	11056	TRIM 2 TO 4 SKIN LESIONS	84.84										
67	11056	TRIM 2 TO 4 SKIN LESIONS	84.84	00 15									
63	11057	TRIM OVER 4 SKIN LESIONS	92.85										
67	11057	TRIM OVER 4 SKIN LESIONS	92.85	00 15									
63	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	105.17										
67	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	105.17	00 15									
63	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	52.37									X	
67	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	52.37	00 15								X	
63	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	130.53										
67	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	130.53	00 15									
63	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	61.88									X	
67	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	61.88	00 15								X	
63	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	161.48										
67	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	161.48	00 15									
63	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	74.70									X	
67	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	74.70	00 15								X	
63	11200	EXCISE UP TO 15 SKIN TAGS	95.92										
67	11200	EXCISE UP TO 15 SKIN TAGS	95.92	00 15									
63	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	20.05									X	
67	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	20.05	00 15								X	
63	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	104.89										
67	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	104.89	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	127.20										
67	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	127.20	00 15									
63	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	143.29										
67	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	143.29	00 15									
63	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	159.49										
67	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	159.49	00 15									
63	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	110.15										
67	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	110.15	00 15									
63	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	128.48										
67	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	128.48	00 15									
63	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	146.09										
67	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	146.09	00 15									
63	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	154.63										
67	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	154.63	00 15									
63	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	121.41										
67	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	121.41	00 15									
63	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	143.29										
67	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	143.29	00 15									
63	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	164.35										
67	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	164.35	00 15									
63	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	190.94										
67	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	190.94	00 15									
63	11400	EXCISE BENIGN LESION TO 0.5 CM	133.39									X	
67	11400	EXCISE BENIGN LESION TO 0.5 CM	133.39	00 15								X	
63	11401	EXCISE BENIGN LESION 0.6 TO 1CM	164.03									X	
67	11401	EXCISE BENIGN LESION 0.6 TO 1CM	164.03	00 15								X	
63	11402	EXCISE BENIGN LESION 1.1 TO 2CM	180.21									X	
67	11402	EXCISE BENIGN LESION 1.1 TO 2CM	180.21	00 15								X	
63	11403	EXCISE BENIGN LESION 2.1 TO 3CM	208.78									X	
67	11403	EXCISE BENIGN LESION 2.1 TO 3CM	208.78	00 15								X	
63	11404	EXCISE BENIGN LESION 3.1 TO 4CM	237.45									X	
67	11404	EXCISE BENIGN LESION 3.1 TO 4CM	237.45	00 15								X	
63	11406	EXCISE BENIGN LESION OVER 4 CM	340.51									X	
67	11406	EXCISE BENIGN LESION OVER 4 CM	340.51	00 15								X	
63	11420	EXCISE BENIGN LESION TO 0.5 CM	133.23									X	
67	11420	EXCISE BENIGN LESION TO 0.5 CM	133.23	00 15								X	
63	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	168.58									X	
67	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	168.58	00 15								X	
63	11422	EXCISE BENIGN LESION 1.1 TO 2CM	189.25									X	
67	11422	EXCISE BENIGN LESION 1.1 TO 2CM	189.25	00 15								X	
63	11423	EXCISE BENIGN LESION 2.1 TO 3CM	216.47									X	
67	11423	EXCISE BENIGN LESION 2.1 TO 3CM	216.47	00 15								X	
63	11424	EXCISE BENIGN LESION 3.1 TO 4CM	250.15									X	
67	11424	EXCISE BENIGN LESION 3.1 TO 4CM	250.15	00 15								X	
63	11426	EXCISE BENIGN LESION OVER 4.0 CM	354.82									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	11426	EXCISE BENIGN LESION OVER 4.0 CM	354.82	00 15								X	
63	11440	EXCISE BENIGN LESION TO 0.5 CM	149.27									X	
67	11440	EXCISE BENIGN LESION TO 0.5 CM	149.27	00 15								X	
63	11441	EXCISE BENIGN LESION 0.6 TO 1CM	182.92									X	
67	11441	EXCISE BENIGN LESION 0.6 TO 1CM	182.92	00 15								X	
63	11442	EXCISE BENIGN LESION 1.1 TO 2CM	203.73									X	
67	11442	EXCISE BENIGN LESION 1.1 TO 2CM	203.73	00 15								X	
63	11443	EXCISE BENIGN LESION 2.1 TO 3CM	241.78									X	
67	11443	EXCISE BENIGN LESION 2.1 TO 3CM	241.78	00 15								X	
63	11444	EXCISE BENIGN LESION 3.1 TO 4CM	301.60									X	
67	11444	EXCISE BENIGN LESION 3.1 TO 4CM	301.60	00 15								X	
63	11446	EXCISE BENIGN LESION OVER 4.0 CM	410.00									X	
67	11446	EXCISE BENIGN LESION OVER 4.0 CM	410.00	00 15								X	
63	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	455.32										
67	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	455.32	00 15									
63	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	558.75										
67	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	558.75	00 15									
63	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	439.08										
67	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	439.08	00 15									
63	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	565.86										
67	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	565.86	00 15									
63	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	483.46										
67	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	483.46	00 15									
63	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	573.89										
67	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	573.89	00 15									
63	11600	EXCISE MALIGNANCY TO 0.5 CM	207.29									X	
67	11600	EXCISE MALIGNANCY TO 0.5 CM	207.29	00 15								X	
63	11601	EXCISE MALIGNANCY 0.6 TO 1CM	240.23									X	
67	11601	EXCISE MALIGNANCY 0.6 TO 1CM	240.23	00 15								X	
63	11602	EXCISE MALIGNANCY 1.1 TO 2CM	257.13									X	
67	11602	EXCISE MALIGNANCY 1.1 TO 2CM	257.13	00 15								X	
63	11603	EXCISE MALIGNANCY 2.1 TO 3CM	294.95									X	
67	11603	EXCISE MALIGNANCY 2.1 TO 3CM	294.95	00 15								X	
63	11604	EXCISE MALIGNANCY 3.1 TO 4CM	328.88									X	
67	11604	EXCISE MALIGNANCY 3.1 TO 4CM	328.88	00 15								X	
63	11606	EXCISE MALIGNANCY OVER 4CM	477.32									X	
67	11606	EXCISE MALIGNANCY OVER 4CM	477.32	00 15								X	
63	11620	EXCISE MALIGNANCY TO 0.5CM	208.33									X	
67	11620	EXCISE MALIGNANCY TO 0.5CM	208.33	00 15								X	
63	11621	EXCISE MALIGNANCY 0.6 TO 1CM	241.71									X	
67	11621	EXCISE MALIGNANCY 0.6 TO 1CM	241.71	00 15								X	
63	11622	EXCISE MALIGNANCY 1.1 TO 2CM	265.96									X	
67	11622	EXCISE MALIGNANCY 1.1 TO 2CM	265.96	00 15								X	
63	11623	EXCISE MALIGNANCY 2.1 TO 3CM	313.78									X	
67	11623	EXCISE MALIGNANCY 2.1 TO 3CM	313.78	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
63	11624	EXCISE MALIGNANCY 3.1 TO 4CM	358.16									X	
67	11624	EXCISE MALIGNANCY 3.1 TO 4CM	358.16	00 15								X	
63	11626	EXCISE MALIGNANCY OVER 4CM	434.38									X	
67	11626	EXCISE MALIGNANCY OVER 4CM	434.38	00 15								X	
63	11640	EXCISE MALIGNANCY TO 0.5CM	212.59									X	
67	11640	EXCISE MALIGNANCY TO 0.5CM	212.59	00 15								X	
63	11641	EXCISE MALIGNANCY 0.6 TO 1CM	249.55									X	
67	11641	EXCISE MALIGNANCY 0.6 TO 1CM	249.55	00 15								X	
63	11642	EXCISE MALIGNANCY 1.1 TO 2CM	282.31									X	
67	11642	EXCISE MALIGNANCY 1.1 TO 2CM	282.31	00 15								X	
63	11643	EXCISE MALIGNANCY 2.1 TO 3CM	334.25									X	
67	11643	EXCISE MALIGNANCY 2.1 TO 3CM	334.25	00 15								X	
63	11644	EXCISE MALIGNANCY 3.1 TO 4CM	413.30									X	
67	11644	EXCISE MALIGNANCY 3.1 TO 4CM	413.30	00 15								X	
63	11646	EXCISE MALIGNANCY OVER 4CM	541.97									X	
67	11646	EXCISE MALIGNANCY OVER 4CM	541.97	00 15								X	
63	11719	TRIM NAIL(S)	14.85		X						X		
67	11719	TRIM NAIL(S)	14.85	00 15	X						X		
63	11720	DEBRIDE NAIL, 1-5	34.48										
67	11720	DEBRIDE NAIL, 1-5	34.48	00 15									
63	11721	DEBRIDE NAIL, 6 OR MORE	46.81										
67	11721	DEBRIDE NAIL, 6 OR MORE	46.81	00 15									
63	11730	SIMPLE REMOVAL OF NAIL PLATE	120.59										
67	11730	SIMPLE REMOVAL OF NAIL PLATE	120.59	00 15									
63	11732	REMOVE ADDITIONAL NAIL PLATES	35.43									X	
67	11732	REMOVE ADDITIONAL NAIL PLATES	35.43	00 15								X	
63	11740	EVACUATE HEMATOMA UNDER NAIL	58.97									X	
67	11740	EVACUATE HEMATOMA UNDER NAIL	58.97	00 15								X	
63	11750	EXCISION NAIL & NAIL MATRIX	167.16									X	
67	11750	EXCISION NAIL & NAIL MATRIX	167.16	00 15								X	
63	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	128.85										
67	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	128.85	00 15									
63	11760	SIMPLE RECONSTRUCTION NAIL BED	196.02									X	
67	11760	SIMPLE RECONSTRUCTION NAIL BED	196.02	00 15								X	
63	11762	NAIL RECONSTRUCTION; COMPLICATED	303.42									X	
67	11762	NAIL RECONSTRUCTION; COMPLICATED	303.42	00 15								X	
63	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	171.25									X	
67	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	171.25	00 15								X	
63	11770	SIMPLE EXCISION PILONIDAL CYST	374.73										
67	11770	SIMPLE EXCISION PILONIDAL CYST	374.73	00 15									
63	11771	EXCISE PILONIDAL CYST; EXTENSIVE	672.04										
67	11771	EXCISE PILONIDAL CYST; EXTENSIVE	672.04	00 15									
63	11772	PILONIDAL CYST; COMPLICATED	824.19										
67	11772	PILONIDAL CYST; COMPLICATED	824.19	00 15									
63	11900	INTRALESIONAL INJECTION; UP TO 7	59.88										

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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
67	11900	INTRALESIONAL INJECTION; UP TO 7	59.88	00	15									
63	11901	INTRALESIONAL INJECTION; OVER 7	74.03											
67	11901	INTRALESIONAL INJECTION; OVER 7	74.03	00	15									
63	11920	TATOOING; 6SQ CM OR LESS	201.95				X							
63	11921	TATOOING; 6.1 SQ CM TO 20 SQ CM	235.61				X							
63	11960	INSERTION OF TISSUE EXPANDER	1,083.25				X							
67	11960	INSERTION OF TISSUE EXPANDER	1,083.25	00	15		X							
63	11970	REPLACEMENT OF TISSUE EXPANDER WITH	608.10				X						X	
67	11970	REPLACEMENT OF TISSUE EXPANDER WITH	608.10	00	15		X						X	
63	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	595.12				X							
67	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	595.12	00	15		X							
63	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	155.54	10	60			F						
67	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	155.54	10	15			F						
63	11980	IMPLANT HORMONE PELLET(S)	100.61					F						
67	11980	IMPLANT HORMONE PELLET(S)	100.61	00	15			F						
63	11981	INSERT DRUG IMPLANT DEVICE	107.42											
67	11981	INSERT DRUG IMPLANT DEVICE	107.42	00	15									
63	11982	REMOVE DRUG IMPLANT DEVICE	120.83											
67	11982	REMOVE DRUG IMPLANT DEVICE	120.83	00	15									
63	11983	REMOVE/INSERT DRUG IMPLANT	154.00											
67	11983	REMOVE/INSERT DRUG IMPLANT	154.00	00	15									
63	12001	SIMPLE WOUND REPAIR TO 2.5CM	99.72											
67	12001	SIMPLE WOUND REPAIR TO 2.5CM	99.72	00	15									
63	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	121.24											
67	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	121.24	00	15									
63	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	141.44											
67	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	141.44	00	15									
63	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	189.48											
67	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	189.48	00	15									
63	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	220.95											
67	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	220.95	00	15									
63	12007	SIMPLE WOUND REPAIR OVER 30CM	250.28											
67	12007	SIMPLE WOUND REPAIR OVER 30CM	250.28	00	15									
63	12011	SIMPLE WOUND REPAIR TO 2.5CM	119.38											
67	12011	SIMPLE WOUND REPAIR TO 2.5CM	119.38	00	15									
63	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	125.91											
67	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	125.91	00	15									
63	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	153.32											
67	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	153.32	00	15									
63	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	185.31											
67	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	185.31	00	15									
63	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	237.11											
67	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	237.11	00	15									
63	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	173.53											
67	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	173.53	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
63	12018	SIMPLE WOUND REPAIR OVER 30 CM	196.07										
67	12018	SIMPLE WOUND REPAIR OVER 30 CM	196.07	00 15									
63	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	316.99										
67	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	316.99	00 15									
63	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	188.72										
67	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	188.72	00 15									
63	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	275.13										
67	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	275.13	00 15									
63	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	318.19										
67	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	318.19	00 15									
63	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	352.00										
67	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	352.00	00 15									
63	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	412.08										
67	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	412.08	00 15									
63	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	460.08										
67	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	460.08	00 15									
63	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	517.27										
67	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	517.27	00 15									
63	12041	LAYER CLOSURE WOUND TO 2.5CM	276.69										
67	12041	LAYER CLOSURE WOUND TO 2.5CM	276.69	00 15									
63	12042	LAYER CLOSURE 2.6 TO 7.5CM	325.64										
67	12042	LAYER CLOSURE 2.6 TO 7.5CM	325.64	00 15									
63	12044	LAYER CLOSURE 7.6 TO 12.5CM	400.62										
67	12044	LAYER CLOSURE 7.6 TO 12.5CM	400.62	00 15									
63	12045	LAYER CLOSURE 12.6 TO 20CM	439.15										
67	12045	LAYER CLOSURE 12.6 TO 20CM	439.15	00 15									
63	12046	LAYER CLOSURE 20.1 TO 30CM	530.65										
67	12046	LAYER CLOSURE 20.1 TO 30CM	530.65	00 15									
63	12047	LAYER CLOSURE WOUND OVER 30CM	583.29										
67	12047	LAYER CLOSURE WOUND OVER 30CM	583.29	00 15									
63	12051	LAYER CLOSURE WOUND TO 2.5CM	297.79										
67	12051	LAYER CLOSURE WOUND TO 2.5CM	297.79	00 15									
63	12052	LAYER CLOSURE 2.6 TO 5CM	332.74										
67	12052	LAYER CLOSURE 2.6 TO 5CM	332.74	00 15									
63	12053	LAYER CLOSURE 5.1 TO 7.5CM	383.27										
67	12053	LAYER CLOSURE 5.1 TO 7.5CM	383.27	00 15									
63	12054	LAYER CLOSURE 7.6 TO 12.5CM	407.08										
67	12054	LAYER CLOSURE 7.6 TO 12.5CM	407.08	00 15									
63	12055	LAYER CLOSURE 12.6 TO 20CM	537.58										
67	12055	LAYER CLOSURE 12.6 TO 20CM	537.58	00 15									
63	12056	LAYER CLOSURE 20.1 TO 30CM	614.77										
67	12056	LAYER CLOSURE 20.1 TO 30CM	614.77	00 15									
63	12057	LAYER CLOSURE WOUND OVER 30CM	648.96										
67	12057	LAYER CLOSURE WOUND OVER 30CM	648.96	00 15									
63	13100	COMPLEX REPAIR 1.1 TO 2.5CM	358.81										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	13100	COMPLEX REPAIR 1.1 TO 2.5CM	358.81	00 15									
63	13101	COMPLEX REPAIR 2.6 TO 7.5CM	417.73										
67	13101	COMPLEX REPAIR 2.6 TO 7.5CM	417.73	00 15									
63	13102	REPAIR WOUND/LESION ADD-ON	124.06										
67	13102	REPAIR WOUND/LESION ADD-ON	124.06	00 15									
63	13120	COMPLEX REPAIR 1.1 TO 2.5CM	374.82										
67	13120	COMPLEX REPAIR 1.1 TO 2.5CM	374.82	00 15									
63	13121	COMPLEX REPAIR 2.6 TO 7.5CM	447.96										
67	13121	COMPLEX REPAIR 2.6 TO 7.5CM	447.96	00 15									
63	13122	REPAIR WOUND/LESION ADD-ON	135.95										
67	13122	REPAIR WOUND/LESION ADD-ON	135.95	00 15									
63	13131	COMPLEX REPAIR 1.1 TO 2.5CM	409.81										
67	13131	COMPLEX REPAIR 1.1 TO 2.5CM	409.81	00 15									
63	13132	COMPLEX REPAIR 2.6 TO 7.5CM	498.60										
67	13132	COMPLEX REPAIR 2.6 TO 7.5CM	498.60	00 15									
63	13133	REPAIR WOUND/LESION ADD-ON	180.19										
67	13133	REPAIR WOUND/LESION ADD-ON	180.19	00 15									
63	13151	COMPLEX REPAIR 1.1 TO 2.5CM	448.91										
67	13151	COMPLEX REPAIR 1.1 TO 2.5CM	448.91	00 15									
63	13152	COMPLEX REPAIR 2.6 TO 7.5CM	527.51										
67	13152	COMPLEX REPAIR 2.6 TO 7.5CM	527.51	00 15									
63	13153	REPAIR WOUND/LESION ADD-ON	199.61										
67	13153	REPAIR WOUND/LESION ADD-ON	199.61	00 15									
63	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	866.67										
67	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	866.67	00 15									
63	14000	TISSUE TRANSFER; DEFECT TO 10CM	674.51										
67	14000	TISSUE TRANSFER; DEFECT TO 10CM	674.51	00 15									
63	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	864.71										
67	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	864.71	00 15									
63	14020	TISSUE TRANSFER; TO 10 SQ CM	743.82										
67	14020	TISSUE TRANSFER; TO 10 SQ CM	743.82	00 15									
63	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	920.45										
67	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	920.45	00 15									
63	14040	TISSUE TRANSFER; TO 10 SQ CM	806.61										
67	14040	TISSUE TRANSFER; TO 10 SQ CM	806.61	00 15									
63	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	980.40										
67	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	980.40	00 15									
63	14060	TISSUE TRANSFER; TO 10 SQ CM	818.08										
67	14060	TISSUE TRANSFER; TO 10 SQ CM	818.08	00 15									
63	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,055.62										
67	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,055.62	00 15									
63	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,158.16										
67	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,158.16	00 15									
63	14302	ADJACENT TISSUE TRANSFER OR REARRANG	236.92									X	
67	14302	ADJACENT TISSUE TRANSFER OR REARRANG	236.92	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	14350	FILLETED FINGER OR TOE FLAP	731.18										
67	14350	FILLETED FINGER OR TOE FLAP	731.18	00 15									
63	15002	WOUND PREP, TRK/ARM/LEG	367.70										
67	15002	WOUND PREP, TRK/ARM/LEG	367.70	00 15									
63	15003	SURGICAL PREPARATION OR CREATION +	74.71									X	
67	15003	SURGICAL PREPARATION OR CREATION +	74.71	00 15								X	
63	15004	WOUND PREP, F/N/HF/G	420.16										
67	15004	WOUND PREP, F/N/HF/G	420.16	00 15									
63	15005	SURGICAL PREPARATION OR CREATION +	125.99									X	
67	15005	SURGICAL PREPARATION OR CREATION +	125.99	00 15								X	
63	15040	HARVEST CULTURED SKIN GRAFT	276.01										
67	15040	HARVEST CULTURED SKIN GRAFT	276.01	00 15									
63	15050	PINCH GRAFT; DEFECT UP TO 2CM	628.32										
67	15050	PINCH GRAFT; DEFECT UP TO 2CM	628.32	00 15									
63	15100	SPLIT GRAFT; UP TO 100 SQ CM	932.18										
67	15100	SPLIT GRAFT; UP TO 100 SQ CM	932.18	00 15									
63	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	197.51									X	
67	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	197.51	00 15								X	
63	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	901.54										
67	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	901.54	00 15									
63	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	124.52									X	
67	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	124.52	00 15								X	
63	15115	EPIDRM A-GRFT FACE/NCK/HF/G	867.41										
67	15115	EPIDRM A-GRFT FACE/NCK/HF/G	867.41	00 15									
63	15116	EPIDRM A-GRFT F/N/HF/G ADDL	170.54									X	
67	15116	EPIDRM A-GRFT F/N/HF/G ADDL	170.54	00 15								X	
63	15120	SPLIT GRAFT; UP TO 100 SQ CM	906.02										
67	15120	SPLIT GRAFT; UP TO 100 SQ CM	906.02	00 15									
63	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	221.82									X	
67	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	221.82	00 15								X	
63	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	769.13										
67	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	769.13	00 15									
63	15131	DERM AUTOGRAFT T/A/L ADD-ON	106.16									X	
67	15131	DERM AUTOGRAFT T/A/L ADD-ON	106.16	00 15								X	
63	15135	DERM AUTOGRAFT FACE/NCK/HF/G	944.36										
67	15135	DERM AUTOGRAFT FACE/NCK/HF/G	944.36	00 15									
63	15136	DERM AUTOGRAFT, F/N/HF/G ADD	104.83									X	
67	15136	DERM AUTOGRAFT, F/N/HF/G ADD	104.83	00 15								X	
63	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	771.96										
67	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	771.96	00 15									
63	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	131.89										
67	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	131.89	00 15									
63	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	165.48									X	
67	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	165.48	00 15								X	
63	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	859.59										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	859.59	00 15									
63	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	177.46										
67	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	177.46	00 15									
63	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	197.19									X	
67	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	197.19	00 15								X	
63	15200	FULL THICK GRAFT TO 20 SQ CM	894.13										
67	15200	FULL THICK GRAFT TO 20 SQ CM	894.13	00 15									
63	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	149.32									X	
67	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	149.32	00 15								X	
63	15220	FULL THICK GRAFT TO 20 SQ CM	814.82										
67	15220	FULL THICK GRAFT TO 20 SQ CM	814.82	00 15									
63	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	137.23									X	
67	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	137.23	00 15								X	
63	15240	FULL THICK GRAFT TO 20 SQ CM	986.11										
67	15240	FULL THICK GRAFT TO 20 SQ CM	986.11	00 15									
63	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	184.16									X	
67	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	184.16	00 15								X	
63	15260	FULL THICK GRAFT TO 20 SQ CM	1,059.95										
67	15260	FULL THICK GRAFT TO 20 SQ CM	1,059.95	00 15									
63	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	218.34									X	
67	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	218.34	00 15								X	
63	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	162.15										
67	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	162.15	00 15									
63	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	25.88									X	
67	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	25.88	00 15								X	
63	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	332.78										
67	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	332.78	00 15									
63	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	88.01										
67	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	88.01	00 15									
63	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	168.04										
67	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	168.04	00 15									
63	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	35.29									X	
67	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	35.29	00 15								X	
63	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	369.73										
67	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	369.73	00 15									
63	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	101.68										
67	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	101.68	00 15									
63	15570	FORMATION OF DIRECT OR TUBED PEDICLE	973.45										
67	15570	FORMATION OF DIRECT OR TUBED PEDICLE	973.45	00 15									
63	15572	FORMATION OF DIRECT OR TUBED PEDICLE	942.88										
67	15572	FORMATION OF DIRECT OR TUBED PEDICLE	942.88	00 15									
63	15574	FORMATION OF DIRECT OR TUBED PEDICLE	939.53										
67	15574	FORMATION OF DIRECT OR TUBED PEDICLE	939.53	00 15									
63	15576	FORMATION OF DIRECT OR TUBED PEDICLE	832.36										
67	15576	FORMATION OF DIRECT OR TUBED PEDICLE	832.36	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	15600	INTERM DELAY FLAP TRUNK	351.39										
67	15600	INTERM DELAY FLAP TRUNK	351.39	00 15									
63	15610	INTERM DELAY FLAP SCALP/LIMBS	384.41										
67	15610	INTERM DELAY FLAP SCALP/LIMBS	384.41	00 15									
63	15620	INTERM DELAY FLAP CHIN/NECK/FEET	470.47										
67	15620	INTERM DELAY FLAP CHIN/NECK/FEET	470.47	00 15									
63	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	485.67										
67	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	485.67	00 15									
63	15650	TRANS INTER ANY PEDICLE FLAP	571.39										
67	15650	TRANS INTER ANY PEDICLE FLAP	571.39	00 15									
63	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,499.41										
67	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,499.41	00 15									
63	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,207.14										
67	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,207.14	00 15									
63	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,120.44										
67	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,120.44	00 15									
63	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,645.52										
67	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,645.52	00 15									
63	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,319.66										
67	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,319.66	00 15									
63	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,384.36										
67	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,384.36	00 15									
63	15740	ISLAND PEDICLE FLAP GRAFT	1,078.82										
67	15740	ISLAND PEDICLE FLAP GRAFT	1,078.82	00 15									
63	15750	NEUROVASCULAR PEDICLE GRAFT	1,003.50										
67	15750	NEUROVASCULAR PEDICLE GRAFT	1,003.50	00 15									
63	15756	FREE MUSCLE FLAP, MICROVASC	2,499.61										
67	15756	FREE MUSCLE FLAP, MICROVASC	2,499.61	00 15									
63	15757	FREE SKIN FLAP, MICROVASC	2,484.83										
67	15757	FREE SKIN FLAP, MICROVASC	2,484.83	00 15									
63	15758	FREE FASCIAL FLAP, MICROVASC	2,474.23										
67	15758	FREE FASCIAL FLAP, MICROVASC	2,474.23	00 15									
63	15760	COMPOSITE SKIN GRAFT	902.71										
67	15760	COMPOSITE SKIN GRAFT	902.71	00 15									
63	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	522.40										
67	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	522.40	00 15									
63	15770	DERMA-FAT-FASCIA GRAFT	723.88										
67	15770	DERMA-FAT-FASCIA GRAFT	723.88	00 15									
63	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	649.24										
67	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	649.24	00 15									
63	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	205.97										
67	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	205.97	00 15									
63	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	637.86										
67	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	637.86	00 15									
63	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	201.56										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	201.56	00	15									
63	15778	IMPLANTATION OF ABSORBABLE MESH OR	429.17											
67	15778	IMPLANTATION OF ABSORBABLE MESH OR	429.17	00	15									
63	15820	BLEPHAROPLASTY LOWER EYELIDS	607.15			X								
67	15820	BLEPHAROPLASTY LOWER EYELIDS	607.15	00	15	X								
63	15821	BLEPHAROPLASTY HERNIATED FAT PAD	653.29			X								
67	15821	BLEPHAROPLASTY HERNIATED FAT PAD	653.29	00	15	X								
63	15822	BLEPHAROPLASTY UPPER EYELID	486.14			X								
67	15822	BLEPHAROPLASTY UPPER EYELID	486.14	00	15	X								
63	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	653.34			X								
67	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	653.34	00	15	X								
63	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,278.16				X							
67	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,278.16	00	15		X							
63	15840	GRAFT FACIAL NERVE PARALYSIS	1,099.98											
67	15840	GRAFT FACIAL NERVE PARALYSIS	1,099.98	00	15									
63	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,934.88											
67	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,934.88	00	15									
63	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,941.02											
67	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,941.02	00	15									
63	15845	REANIMATION MUSCLE TRANS FACE	1,148.09											
67	15845	REANIMATION MUSCLE TRANS FACE	1,148.09	00	15									
63	15852	CHANGE DRESSING UNDER ANESTHESIA	51.30										X	
67	15852	CHANGE DRESSING UNDER ANESTHESIA	51.30	00	15								X	
63	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	117.84											
67	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	117.84	00	15									
63	15920	COCCYGECTOMY PRIMARY SUTURE	696.74											
67	15920	COCCYGECTOMY PRIMARY SUTURE	696.74	00	15									
63	15922	COCCYGECTOMY FLAP CLOSURE	862.79											
67	15922	COCCYGECTOMY FLAP CLOSURE	862.79	00	15									
63	15931	EXCISE SACRAL PRESSURE ULCER	774.39											
67	15931	EXCISE SACRAL PRESSURE ULCER	774.39	00	15									
63	15933	REMOVAL OF PRESSURE SORE	950.29											
67	15933	REMOVAL OF PRESSURE SORE	950.29	00	15									
63	15934	EXCISE,WITH SKIN FLAP CLOSURE	1,037.50											
67	15934	EXCISE,WITH SKIN FLAP CLOSURE	1,037.50	00	15									
63	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,253.17											
67	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,253.17	00	15									
63	15936	EXCISE ULCER W/ OTHER FLAP CLO	987.39											
67	15936	EXCISE ULCER W/ OTHER FLAP CLO	987.39	00	15									
63	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,140.06											
67	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,140.06	00	15									
63	15940	EXC ISCHIAL ULCER DIRECT SUTURE	776.39											
67	15940	EXC ISCHIAL ULCER DIRECT SUTURE	776.39	00	15									
63	15941	EXC ISCHIAL ULCER OSTECTOMY	1,016.91											
67	15941	EXC ISCHIAL ULCER OSTECTOMY	1,016.91	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	1,012.49										
67	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	1,012.49	00 15									
63	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,105.39										
67	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,105.39	00 15									
63	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,767.91										
67	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,767.91	00 15									
63	15950	EXC TROCHANTERIC ULCER DIR SUTUR	687.52										
67	15950	EXC TROCHANTERIC ULCER DIR SUTUR	687.52	00 15									
63	15951	EXC TROCHAN ULCER OSTECTOMY	971.48										
67	15951	EXC TROCHAN ULCER OSTECTOMY	971.48	00 15									
63	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	993.39										
67	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	993.39	00 15									
63	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,093.93										
67	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,093.93	00 15									
63	15956	EXC TROCH/ULC FLAP CLOSURE	1,269.40										
67	15956	EXC TROCH/ULC FLAP CLOSURE	1,269.40	00 15									
63	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,284.78										
67	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,284.78	00 15									
63	16000	INIT TREAT 1ST DEGREE BURN	83.70										
67	16000	INIT TREAT 1ST DEGREE BURN	83.70	00 15									
63	16020	DRESS/DEBRID BURN SMALL,NO ANES	89.63									X	
67	16020	DRESS/DEBRID BURN SMALL,NO ANES	89.63	00 15								X	
63	16025	DRESS/DEBRID BURN MED,NO ANESTH	166.44									X	
67	16025	DRESS/DEBRID BURN MED,NO ANESTH	166.44	00 15								X	
63	16030	DRESS/DEBRID BURN LG,NO ANESTH	209.57									X	
67	16030	DRESS/DEBRID BURN LG,NO ANESTH	209.57	00 15								X	
63	16035	ESCHAROTOMY B	214.49										
67	16035	ESCHAROTOMY B	214.49	00 15									
63	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	91.62									X	
67	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	91.62	00 15								X	
63	17000	DESTROY LESION,FACE-1 LESION	70.28										
67	17000	DESTROY LESION,FACE-1 LESION	70.28	00 15									
63	17003	DESTROY 2-14 LESIONS	6.84									X	
67	17003	DESTROY 2-14 LESIONS	6.84	00 15								X	
63	17004	DESTROY 15 & MORE LESIONS	176.64										
67	17004	DESTROY 15 & MORE LESIONS	176.64	00 15									
63	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	363.22										
67	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	363.22	00 15									
63	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	470.98										
67	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	470.98	00 15									
63	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	673.57										
67	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	673.57	00 15									
63	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	117.31										
67	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	117.31	00 15									
63	17111	DESTRUCT LESION, 15 OR MORE	137.83										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	17111	DESTRUCT LESION, 15 OR MORE	137.83	00	15									
63	17250	CHEMICAL CAUTERY OF WOUND	90.56											
67	17250	CHEMICAL CAUTERY OF WOUND	90.56	00	15									
63	17260	DESTRUCTION, MALIGNANT LESION, ANY M	105.22											
67	17260	DESTRUCTION, MALIGNANT LESION, ANY M	105.22	00	15									
63	17261	DESTRUCTION, MALIGNANT LESION, ANY M	154.50											
67	17261	DESTRUCTION, MALIGNANT LESION, ANY M	154.50	00	15									
63	17262	DESTRUCTION, MALIGNANT LESION, ANY M	187.61											
67	17262	DESTRUCTION, MALIGNANT LESION, ANY M	187.61	00	15									
63	17263	DESTRUCTION, MALIGNANT LESION, ANY M	202.98											
67	17263	DESTRUCTION, MALIGNANT LESION, ANY M	202.98	00	15									
63	17264	DESTRUCTION, MALIGNANT LESION, ANY M	217.42											
67	17264	DESTRUCTION, MALIGNANT LESION, ANY M	217.42	00	15									
63	17266	DESTRUCTION, MALIGNANT LESION, ANY M	248.72											
67	17266	DESTRUCTION, MALIGNANT LESION, ANY M	248.72	00	15									
63	17270	DESTRUCTION, MALIGNANT LESION, ANY M	157.70											
67	17270	DESTRUCTION, MALIGNANT LESION, ANY M	157.70	00	15									
63	17271	DESTRUCTION, MALIGNANT LESION, ANY M	175.12											
67	17271	DESTRUCTION, MALIGNANT LESION, ANY M	175.12	00	15									
63	17272	DESTRUCTION, MALIGNANT LESION, ANY M	198.57											
67	17272	DESTRUCTION, MALIGNANT LESION, ANY M	198.57	00	15									
63	17273	DESTRUCTION, MALIGNANT LESION, ANY M	220.47											
67	17273	DESTRUCTION, MALIGNANT LESION, ANY M	220.47	00	15									
63	17274	DESTRUCTION, MALIGNANT LESION, ANY M	259.06											
67	17274	DESTRUCTION, MALIGNANT LESION, ANY M	259.06	00	15									
63	17276	DESTRUCTION, MALIGNANT LESION, ANY M	301.96											
67	17276	DESTRUCTION, MALIGNANT LESION, ANY M	301.96	00	15									
63	17280	DESTRUCTION, MALIGNANT LESION, ANY M	146.52											
67	17280	DESTRUCTION, MALIGNANT LESION, ANY M	146.52	00	15									
63	17281	DESTRUCTION, MALIGNANT LESION, ANY M	189.69											
67	17281	DESTRUCTION, MALIGNANT LESION, ANY M	189.69	00	15									
63	17282	DESTRUCTION, MALIGNANT LESION, ANY M	217.10											
67	17282	DESTRUCTION, MALIGNANT LESION, ANY M	217.10	00	15									
63	17283	DESTRUCTION, MALIGNANT LESION, ANY M	257.31											
67	17283	DESTRUCTION, MALIGNANT LESION, ANY M	257.31	00	15									
63	17284	DESTRUCTION, MALIGNANT LESION, ANY M	293.65											
67	17284	DESTRUCTION, MALIGNANT LESION, ANY M	293.65	00	15									
63	17286	DESTRUCTION, MALIGNANT LESION, ANY M	377.32											
67	17286	DESTRUCTION, MALIGNANT LESION, ANY M	377.32	00	15									
63	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	711.00											
67	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	711.00	00	15									
63	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	429.13											
67	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	429.13	00	15									
63	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	666.07											
67	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	666.07	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	410.22										
67	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	410.22	00 15									
63	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	83.53										
67	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	83.53	00 15									
63	19000	PUNCTURE ASPIRATION BREAST CYSTS	106.76										
67	19000	PUNCTURE ASPIRATION BREAST CYSTS	106.76	00 15									
63	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	28.30									X	
67	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	28.30	00 15								X	
63	19020	MASTOTOMY/DRAIN ABSCESS DEEP	497.93										
67	19020	MASTOTOMY/DRAIN ABSCESS DEEP	497.93	00 15									
63	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	173.74										
67	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	173.74	00 15									
63	19081	Biopsy of breast accessed throught t	523.35										
67	19081	Biopsy of breast accessed throught t	523.35	00 15									
63	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	400.70									X	
67	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	400.70	00 15								X	
63	19083	Biopsy of breast accessed throught t	522.16										
67	19083	Biopsy of breast accessed throught t	522.16	00 15									
63	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	394.49									X	
67	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	394.49	00 15								X	
63	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	794.85										
67	19085	Biopsy of breast accessed throught t	794.85	00 15									
63	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	612.74									X	
67	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	612.74	00 15								X	
63	19100	BREAST BIOPSY NEEDLE	159.88									X	
67	19100	BREAST BIOPSY NEEDLE	159.88	00 15								X	
63	19101	BREAST BIOPSY INCISIONAL	352.99										
67	19101	BREAST BIOPSY INCISIONAL	352.99	00 15									
63	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,357.67										
67	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,357.67	00 15									
63	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	519.88										
67	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	519.88	00 15									
63	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	489.13										
67	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	489.13	00 15									
63	19120	EXCISE BREAST LESIONS,1 OR MORE	561.20										
67	19120	EXCISE BREAST LESIONS,1 OR MORE	561.20	00 15									
63	19125	EXCISION OF BREAST LESION IDENTIFIED	619.89										
67	19125	EXCISION OF BREAST LESION IDENTIFIED	619.89	00 15									
63	19126	EXCISION OF BREAST LESION IDENTIFIED	178.95										
67	19126	EXCISION OF BREAST LESION IDENTIFIED	178.95	00 15									
63	19281	PLACEMENT OF BREAST LOCALIZATION DEV	252.48										
67	19281	Placement of breast localization dev	252.48	00 15									
63	19282	PLACEMENT OF BREAST LOCALIZATION DEV	177.19									X	
67	19282	PLACEMENT OF BREAST LOCALIZATION DEV	177.19	00 15								X	
63	19283	Placement of breast localization dev	271.96										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	19283	Placement of breast localization dev	271.96	00	15									
63	19284	PLACEMENT OF BREAST LOCALIZATION DEV	197.89										X	
67	19284	PLACEMENT OF BREAST LOCALIZATION DEV	197.89	00	15								X	
63	19285	PLACEMENT OF BREAST LOCALIZATION DEV	382.99											
67	19285	Placement of breast localization dev	382.99	00	15									
63	19286	PLACEMENT OF BREAST LOCALIZATION DEV	311.39										X	
67	19286	PLACEMENT OF BREAST LOCALIZATION DEV	311.39	00	15								X	
63	19287	Placement of breast localization dev	657.56											
67	19287	Placement of breast localization dev	657.56	00	15									
63	19288	PLACEMENT OF BREAST LOCALIZATION DEV	505.25										X	
67	19288	PLACEMENT OF BREAST LOCALIZATION DEV	505.25	00	15								X	
63	19294	PREPARATION OF TUMOR CAVITY, WITH PL	183.46										X	
67	19294	PREPARATION OF TUMOR CAVITY, WITH PL	183.46	00	15								X	
63	19296	PLACE PO BREAST CATH FOR RAD	3,755.71											
67	19296	PLACE PO BREAST CATH FOR RAD	3,755.71	00	15									
63	19297	PLACE BREAST CATH FOR RAD	105.40											
67	19297	PLACE BREAST CATH FOR RAD	105.40	00	15									
63	19298	PLACE BREAST RAD TUBE/CATHS	908.11											
67	19298	PLACE BREAST RAD TUBE/CATHS	908.11	00	15									
63	19300	MASTECTOMY FOR GYNECOMASTIA	621.10					M						
67	19300	MASTECTOMY FOR GYNECOMASTIA	621.10	00	15			M						
63	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	730.48											
67	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	730.48	00	15									
63	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,003.62											
67	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,003.62	00	15									
63	19303	MASTECTOMY, SIMPLE, COMPLETE	1,060.89											
67	19303	MASTECTOMY, SIMPLE, COMPLETE	1,060.89	00	15									
63	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,272.27											
67	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,272.27	00	15									
63	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,346.97											
67	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,346.97	00	15									
63	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,304.32											
67	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,304.32	00	15									
63	19316	MASTOPEXY	862.45				X	F						
63	19318	REDUCTION MAMMAPLASTY	1,191.89	18	99		X							
63	19325	MAMMAPLASTY WITH PROSTHETIC	666.00				X	F					X	
63	19328	REMOVE INTACT MAMMARY IMPLANT	601.30			X		F						
67	19328	REMOVE INTACT MAMMARY IMPLANT	601.30	00	15	X		F						
63	19340	IMMEDIATE INSERTION OF BREAST PROSTH	825.94				X	F						
67	19340	IMMEDIATE INSERTION OF BREAST PROSTH	825.94	00	15		X	F						
63	19342	DELAYED INSERTION OF BREAST PROSTH	826.68				X	F						
67	19342	DELAYED INSERTION OF BREAST PROSTHES	826.68	00	15		X	F						
63	19350	NIPPLE/AREOLA RECONSTRUCTION	888.80				X						X	
67	19350	NIPPLE/AREOLA RECONSTRUCTION	888.80	00	15		X							
63	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,251.59				X	F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,251.59	00	15		X	F						
63	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,699.60				X	F						
67	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,699.60	00	15		X	F						
63	19364	RECONSTRUCTION BREAST-FREE FLAP	2,975.96				X	F						
67	19364	RECONSTRUCTION BREAST-FREE FLAP	2,975.96	00	15		X	F						
63	19367	BREAST RECONSTRUCTION	1,931.58				X	F						
67	19367	BREAST RECONSTRUCTION	1,931.58	00	15		X	F						
63	19368	BREAST RECONSTRUCTION	2,372.76				X	F						
67	19368	BREAST RECONSTRUCTION	2,372.76	00	15		X	F						
63	19369	BREAST RECONSTRUCTION	2,203.71				X	F						
67	19369	BREAST RECONSTRUCTION	2,203.71	00	15		X	F						
63	19370	PERIPROSTHETIC CAPSULECTOMY,OPEN,BRE	728.68				X							
63	19371	PERIPROSTHETIC CAPSULECTOMY,BREAST	775.43				X							
63	19380	REVISION OF RECONSTRUCTED BREAST	877.01				X							
63	19396	PREP MOULAGE FOR CUSTOM IMPLANT	288.21				X							
63	20100	EXPLORE WOUND, NECK	663.66											
67	20100	EXPLORE WOUND, NECK	663.66	00	15									
63	20101	EXPLORE WOUND, CHEST	606.50											
67	20101	EXPLORE WOUND, CHEST	606.50	00	15									
63	20102	EXPLORE WOUND, ABDOMEN	636.64											
67	20102	EXPLORE WOUND, ABDOMEN	636.64	00	15									
63	20103	EXPLORE WOUND, EXTREMITY	598.32											
67	20103	EXPLORE WOUND, EXTREMITY	598.32	00	15									
63	20150	EXCISE EPIPHYSEAL BAR	1,098.02											
67	20150	EXCISE EPIPHYSEAL BAR	1,098.02	00	15									
63	20200	BIOPSY,MUSCLE,SUPERFICIAL	228.95											
67	20200	BIOPSY,MUSCLE,SUPERFICIAL	228.95	00	15									
63	20205	BIOPSY,MUSCLE,DEEP	322.04											
67	20205	BIOPSY,MUSCLE,DEEP	322.04	00	15									
63	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	229.64											
67	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	229.64	00	15									
63	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	245.09											
67	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	245.09	00	15									
63	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	399.86											
67	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	399.86	00	15									
63	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	152.80											
67	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	152.80	00	15									
63	20245	BIOPSY,EXCISIONAL,BONE,DEEP	378.64											
67	20245	BIOPSY,EXCISIONAL,BONE,DEEP	378.64	00	15									
63	20250	BIOPSY,OPEN,VERTEBRAL BODY	425.50											
67	20250	BIOPSY,OPEN,VERTEBRAL BODY	425.50	00	15									
63	20251	BIOPSY,OPEN,VERTEBRAL BODY	463.35											
67	20251	BIOPSY,OPEN,VERTEBRAL BODY	463.35	00	15									
63	20500	INJECT SINUS TRACT; THERAPEUTIC	131.36											
67	20500	INJECT SINUS TRACT; THERAPEUTIC	131.36	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	20501	INJECT SINUS TRACT; DIAGNOSTIC	148.17										
67	20501	INJECT SINUS TRACT; DIAGNOSTIC	148.17	00 15									
63	20520	REMOVE FOREIGN BODY; SIMPLE	228.01										
67	20520	REMOVE FOREIGN BODY; SIMPLE	228.01	00 15									
63	20525	REMOVE FOREIGN BODY; COMPLICATED	488.81										
67	20525	REMOVE FOREIGN BODY; COMPLICATED	488.81	00 15									
63	20526	THER INJECTION CARPAL TUNNEL	88.00										
67	20526	THER INJECTION CARPAL TUNNEL	88.00	00 15									
63	20527	INJECTION OF ENZYME IN PALM TISSUE	94.03										
67	20527	INJECTION OF ENZYME IN PALM TISSUE	94.03	00 15									
63	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	62.04									X	
67	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	62.04	00 15								X	
63	20551	INJECT TENDON ORIGIN/INSERT	62.04								X		
67	20551	INJECT TENDON ORIGIN/INSERT	62.04	00 15							X		
63	20552	INJECT TRIGGER POINT, 1 OR 2	56.42								X		
67	20552	INJECT TRIGGER POINT, 1 OR 2	56.42	00 15							X		
63	20553	INJECT TRIGGER POINTS, > 3	65.35								X		
67	20553	INJECT TRIGGER POINTS, > 3	65.35	00 15							X		
63	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	363.54										
67	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	363.54	00 15									
63	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	56.42									X	
67	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	56.42	00 15								X	
63	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	86.94										
67	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	86.94	00 15									
63	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	59.05									X	
67	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	59.05	00 15								X	
63	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	94.65										
67	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	94.65	00 15									
63	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	69.07									X	
67	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	69.07	00 15								X	
63	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	106.25										
67	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	106.25	00 15									
63	20612	ASPIRATE/INJ GANGLION CYST	68.12									X	
67	20612	ASPIRATE/INJ GANGLION CYST	68.12	00 15								X	
63	20615	ASPIRATE/INJECTION-BONE CYST	266.55										
67	20615	ASPIRATE/INJECTION-BONE CYST	266.55	00 15									
63	20650	SKELETAL TRACTION; WIRE OR PIN	240.25										
67	20650	SKELETAL TRACTION; WIRE OR PIN	240.25	00 15									
63	20660	APPLY TONGS OR CALIPER AND REMOVE	271.85										
67	20660	APPLY TONGS OR CALIPER AND REMOVE	271.85	00 15									
63	20661	APPLY HALO; CRANIAL	562.76										
67	20661	APPLY HALO; CRANIAL	562.76	00 15									
63	20662	APPLY HALO; PELVIC	565.39										
67	20662	APPLY HALO; PELVIC	565.39	00 15									
63	20663	APPLY HALO; FEMORAL	520.19										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	20663	APPLY HALO; FEMORAL	520.19	00 15									
63	20664	APPLICATION OF HALO, INCLUDING REMOV	980.58										
67	20664	APPLICATION OF HALO, INCLUDING REMOV	980.58	00 15									
63	20665	REMOVE HALO OR TONGS BY OTHER MD	124.49										
67	20665	REMOVE HALO OR TONGS BY OTHER MD	124.49	00 15									
63	20670	REMOVE IMPLANT; SUPERFICIAL	368.72										
67	20670	REMOVE IMPLANT; SUPERFICIAL	368.72	00 15									
63	20680	REMOVE IMPLANT; DEEP	638.86										
67	20680	REMOVE IMPLANT; DEEP	638.86	00 15									
63	20690	APPLY ESTERNAL FIXATION SYS,STND CON	652.76										
67	20690	APPLY ESTERNAL FIXATION SYS,STND CON	652.76	00 15									
63	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,222.71										
67	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,222.71	00 15									
63	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	480.22										
67	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	480.22	00 15									
63	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	459.28										
67	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	459.28	00 15									
63	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,277.56										
67	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,277.56	00 15									
63	20700	MANUAL PREPARATION AND INSERTION OF	93.20										
67	20700	MANUAL PREPARATION AND INSERTION OF	93.20	00 15									
63	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	71.35										
67	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	71.35	00 15									
63	20702	MANUAL PREPARATION AND INSERTION OF	157.30										
67	20702	MANUAL PREPARATION AND INSERTION OF	157.30	00 15									
63	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	113.37										
67	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	113.37	00 15									
63	20704	MANUAL PREPARATION AND INSERTION OF	162.09										
67	20704	MANUAL PREPARATION AND INSERTION OF	162.09	00 15									
63	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	137.43										
67	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	137.43	00 15									
63	20802	REPLANTATION, ARM, COMPLETE	3,003.45										
67	20802	REPLANTATION, ARM, COMPLETE	3,003.45	00 15									
63	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,573.40										
67	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,573.40	00 15									
63	20808	REPLANT HAND; COMPLETE AMPUTATION	4,315.62										
67	20808	REPLANT HAND; COMPLETE AMPUTATION	4,315.62	00 15									
63	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,249.74										
67	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,249.74	00 15									
63	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,937.30									X	
67	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,937.30	00 15								X	
63	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,253.40										
67	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,253.40	00 15									
63	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,990.61										
67	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,990.61	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	20838	REPLANT FOOT; TOTAL AMPUTATION	3,046.72										
67	20838	REPLANT FOOT; TOTAL AMPUTATION	3,046.72	00 15									
63	20900	BONE GRAFT; ANY DONOR AREA, SMALL	409.75										
67	20900	BONE GRAFT; ANY DONOR AREA, SMALL	409.75	00 15									
63	20902	BONE GRAFT, ANY DONOR AREA; LARGE	302.46										
67	20902	BONE GRAFT, ANY DONOR AREA; LARGE	302.46	00 15									
63	20910	CARTILAGE GRAFT; COSTOCHONDRAL	514.24										
67	20910	CARTILAGE GRAFT; COSTOCHONDRAL	514.24	00 15									
63	20912	CARTILAGE GRAFT;NASAL SEPTUM	521.89										
67	20912	CARTILAGE GRAFT;NASAL SEPTUM	521.89	00 15									
63	20920	FASCIA LATA GRAFT;BY STRIPPER	433.70										
67	20920	FASCIA LATA GRAFT;BY STRIPPER	433.70	00 15									
63	20922	FASCIA LATA GRAFT;BY INCISION	654.85										
67	20922	FASCIA LATA GRAFT;BY INCISION	654.85	00 15									
63	20924	TENDON GRAFT; DISTANT	548.15										
67	20924	TENDON GRAFT; DISTANT	548.15	00 15									
63	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	123.74										
67	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	123.74	00 15									
63	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	831.61										
67	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	831.61	00 15									
63	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	763.53										
67	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	763.53	00 15									
63	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	831.23										
67	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	831.23	00 15									
63	20937	SPINAL BONE AUTOGRAFT	186.20										
67	20937	SPINAL BONE AUTOGRAFT	186.20	00 15									
63	20938	SPINAL BONE AUTOGRAFT	204.32										
67	20938	SPINAL BONE AUTOGRAFT	204.32	00 15									
63	20939	BONE MARROW ASPIRATION FOR BONE GRAF	78.36										
67	20939	BONE MARROW ASPIRATION FOR BONE GRAF	78.36	00 15									
63	20950	MONITOR INTERSTITIAL FLUID	271.68										
67	20950	MONITOR INTERSTITIAL FLUID	271.68	00 15									
63	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,689.85			X							
67	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,689.85	00 15		X							
63	20956	ILIAC BONE GRAFT, MICROVASC	2,890.82										
67	20956	ILIAC BONE GRAFT, MICROVASC	2,890.82	00 15									
63	20957	MT BONE GRAFT, MICROVASC	3,008.72										
67	20957	MT BONE GRAFT, MICROVASC	3,008.72	00 15									
63	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,907.50			X							
67	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,907.50	00 15		X							
63	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,970.36			X							
67	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,970.36	00 15		X							
63	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,118.09			X							
67	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,118.09	00 15		X							
63	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,109.68			X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,109.68	00 15		X							
63	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,286.20			X							
67	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,286.20	00 15		X							
63	20979	US BONE STIMULATION	60.09										
67	20979	US BONE STIMULATION	60.09	00 15									
63	20982	ABLATE, BONE TUMOR(S) PERQ	3,568.79										
67	20982	ABLATE, BONE TUMOR(S) PERQ	3,568.79	00 15									
63	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,177.94										
67	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,177.94	00 15									
63	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	159.83										
67	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	159.83	00 15									
63	21010	ARTHROTOMY,JAW,UNILATERAL	800.68										
67	21010	ARTHROTOMY,JAW,UNILATERAL	800.68	00 15									
63	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	393.08										
67	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	393.08	00 15									
63	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	369.02										
67	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	369.02	00 15									
63	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	572.25										
67	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	572.25	00 15									
63	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	568.33										
67	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	568.33	00 15									
63	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	759.32										
67	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	759.32	00 15									
63	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,103.41										
67	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,103.41	00 15									
63	21025	EXCISE BONE;MANDIBLE	842.53										
67	21025	EXCISE BONE;MANDIBLE	842.53	00 15									
63	21026	EXCISE BONE(S);FACIAL	563.72										
67	21026	EXCISE BONE(S);FACIAL	563.72	00 15									
63	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	819.34										
67	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	819.34	00 15									
63	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	485.11										
67	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	485.11	00 15									
63	21031	EXCISION OF TORUS MANDIBULARIS	400.79										
67	21031	EXCISION OF TORUS MANDIBULARIS	400.79	00 15									
63	21032	EXCISION OF MAXILLARY TORUS PALATINU	388.34										
67	21032	EXCISION OF MAXILLARY TORUS PALATINU	388.34	00 15									
63	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,398.78										
67	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,398.78	00 15									
63	21040	EXCISE BENIGN CYST;MANDIBLE	491.63										
67	21040	EXCISE BENIGN CYST;MANDIBLE	491.63	00 15									
63	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	935.55										
67	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	935.55	00 15									
63	21045	RADICAL RESECTION OF MANDIBLE	1,304.44										
67	21045	RADICAL RESECTION OF MANDIBLE	1,304.44	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	21046	REMOVE MANDIBLE CYST COMPLEX	1,062.01										
67	21046	REMOVE MANDIBLE CYST COMPLEX	1,062.01	00 15									
63	21047	EXCISE LWR JAW CYST W/REPAIR	1,322.06										
67	21047	EXCISE LWR JAW CYST W/REPAIR	1,322.06	00 15									
63	21048	REMOVE MAXILLA CYST COMPLEX	1,071.83										
67	21048	REMOVE MAXILLA CYST COMPLEX	1,071.83	00 15									
63	21049	EXCIS UPPR JAW CYST W/REPAIR	1,255.16										
67	21049	EXCIS UPPR JAW CYST W/REPAIR	1,255.16	00 15									
63	21050	TEMPRORMANDIBULAR ARTHRECTOMY	926.29										
67	21050	TEMPRORMANDIBULAR ARTHRECTOMY	926.29	00 15									
63	21060	TEMPOROMANDIBULAR MENISCECTOMY	842.70										
67	21060	TEMPOROMANDIBULAR MENISCECTOMY	842.70	00 15									
63	21070	CORONOIDECTOMY; UNILATERAL	662.61										
67	21070	CORONOIDECTOMY; UNILATERAL	662.61	00 15									
63	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	394.15								X		
67	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	394.15	00 15							X		
63	21076	PREPARE FACE/ORAL PROSTHESIS	929.58										
67	21076	PREPARE FACE/ORAL PROSTHESIS	929.58	00 15									
63	21077	PREPARE FACE/ORAL PROSTHESIS	2,282.31										
67	21077	PREPARE FACE/ORAL PROSTHESIS	2,282.31	00 15									
63	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,557.39										
67	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,557.39	00 15									
63	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,789.14										
67	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,789.14	00 15									
63	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,647.70										
67	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,647.70	00 15									
63	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,520.01										
67	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,520.01	00 15									
63	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,447.43										
67	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,447.43	00 15									
63	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,654.65										
67	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,654.65	00 15									
63	21085	IMPRES & CUST PREP ORAL SURG SPLINT	720.48										
67	21085	IMPRES & CUST PREP ORAL SURG SPLINT	720.48	00 15									
63	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,696.73										
67	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,696.73	00 15									
63	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,696.73										
67	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,696.73	00 15									
63	21100	MAXILLOFACIAL FIXATION	644.46										
67	21100	MAXILLOFACIAL FIXATION	644.46	00 15									
63	21110	INTERDENTAL FIXATION	896.71										
67	21110	INTERDENTAL FIXATION	896.71	00 15									
63	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	221.28										
67	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	221.28	00 15									
63	21120	GENIOPLASTY;AUGMENTATION	696.50										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	21120	GENIOPLASTY;AUGMENTATION	696.50	00 15									
63	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	673.30										
67	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	673.30	00 15									
63	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	803.83										
67	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	803.83	00 15									
63	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	907.53										
67	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	907.53	00 15									
63	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,684.55										
67	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,684.55	00 15									
63	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	4,081.56										
67	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	4,081.56	00 15									
63	21137	REDUCTION FOREHEAD;CONTOURING ONLY	815.40										
67	21137	REDUCTION FOREHEAD;CONTOURING ONLY	815.40	00 15									
63	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	994.28										
67	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	994.28	00 15									
63	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,183.47										
67	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,183.47	00 15									
63	21141	RECONSTRUCT MIDFACE, LEFORT	1,433.95										
67	21141	RECONSTRUCT MIDFACE, LEFORT	1,433.95	00 15									
63	21142	RECONSTRUCT MIDFACE, LEFORT	1,472.46										
67	21142	RECONSTRUCT MIDFACE, LEFORT	1,472.46	00 15									
63	21143	RECONSTRUCT MIDFACE, LEFORT	1,517.67										
67	21143	RECONSTRUCT MIDFACE, LEFORT	1,517.67	00 15									
63	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,673.31										
67	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,673.31	00 15									
63	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,745.85										
67	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,745.85	00 15									
63	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,840.38										
67	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,840.38	00 15									
63	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,794.19										
67	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,794.19	00 15									
63	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,977.21										
67	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,977.21	00 15									
63	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,127.61										
67	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,127.61	00 15									
63	21155	RECONSTR MIDFACE III W/LEFORT I	2,362.46										
67	21155	RECONSTR MIDFACE III W/LEFORT I	2,362.46	00 15									
63	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,835.44										
67	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,835.44	00 15									
63	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	3,077.81										
67	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	3,077.81	00 15									
63	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,372.34										
67	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,372.34	00 15									
63	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,412.52										
67	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,412.52	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,657.20										
67	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,657.20	00 15									
63	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,852.50										
67	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,852.50	00 15									
63	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	805.96										
67	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	805.96	00 15									
63	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,310.04										
67	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,310.04	00 15									
63	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,514.61										
67	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,514.61	00 15									
63	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,704.99										
67	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,704.99	00 15									
63	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,700.68										
67	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,700.68	00 15									
63	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,329.18										
67	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,329.18	00 15									
63	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,536.82										
67	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,536.82	00 15									
63	21195	RECONST MAND RAMUS W/O RIGID FIX	1,440.59										
67	21195	RECONST MAND RAMUS W/O RIGID FIX	1,440.59	00 15									
63	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,540.35										
67	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,540.35	00 15									
63	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,109.01										
67	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,109.01	00 15									
63	21199	RECONSTR LWR JAW W/ADVANCE	1,102.86										
67	21199	RECONSTR LWR JAW W/ADVANCE	1,102.86	00 15									
63	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,051.22										
67	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,051.22	00 15									
63	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,705.78			X							
67	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,705.78	00 15		X							
67	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	863.84	00 15		X							
63	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,828.54										
67	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,828.54	00 15									
63	21215	BONE GRAFT; MANDIBLE	4,166.97										
67	21215	BONE GRAFT; MANDIBLE	4,166.97	00 15									
63	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	815.14										
67	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	815.14	00 15									
63	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	779.36										
67	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	779.36	00 15									
63	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,136.20										
67	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,136.20	00 15									
63	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,087.87										
67	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,087.87	00 15									
63	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,802.20										
67	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,802.20	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,084.62											
67	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,084.62	00	15									
63	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,298.21											
67	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,298.21	00	15									
63	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	916.25											
67	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	916.25	00	15									
63	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,705.32											
67	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,705.32	00	15									
63	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,045.52											
67	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,045.52	00	15									
63	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,425.37											
67	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,425.37	00	15									
63	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,433.26											
67	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,433.26	00	15									
63	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,347.22											
67	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,347.22	00	15									
63	21260	ORBITAL REVISION; EXTRACRANIAL	1,479.34											
67	21260	ORBITAL REVISION; EXTRACRANIAL	1,479.34	00	15									
63	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,633.15											
67	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,633.15	00	15									
63	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,432.62											
67	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,432.62	00	15									
63	21267	REPOSITION ORBIT; EXTRACRANIAL	1,728.94											
67	21267	REPOSITION ORBIT; EXTRACRANIAL	1,728.94	00	15									
63	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,174.60											
67	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,174.60	00	15									
63	21270	RECONSTRUCT ORBITOFACIAL BONES	1,082.12											
67	21270	RECONSTRUCT ORBITOFACIAL BONES	1,082.12	00	15									
63	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	916.71											
67	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	916.71	00	15									
63	21282	LATERAL CANTHOPEXY	421.24	16	20	X								
67	21282	LATERAL CANTHOPEXY	421.24	00	15	X								
63	21315	DIGITAL MANIPULATION OF NASAL FX	157.77											
67	21315	DIGITAL MANIPULATION OF NASAL FX	157.77	00	15									
63	21320	MANIPULATE NASAL FX; INSTRUMENTAL	227.80											
67	21320	MANIPULATE NASAL FX; INSTRUMENTAL	227.80	00	15									
63	21325	OPEN TREATMENT NASAL FX; SIMPLE	471.93											
67	21325	OPEN TREATMENT NASAL FX; SIMPLE	471.93	00	15									
63	21330	TREATMENT NASAL FX; COMPLICATED	571.57											
67	21330	TREATMENT NASAL FX; COMPLICATED	571.57	00	15									
63	21335	OPEN TREATMENT FX NASAL SEPTUM	770.84											
67	21335	OPEN TREATMENT FX NASAL SEPTUM	770.84	00	15									
63	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	678.28											
67	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	678.28	00	15									
63	21337	CLOSED TREATMENT FX NASAL SEPTUM	440.48											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	21337	CLOSED TREATMENT FX NASAL SEPTUM	440.48	00 15									
63	21338	OPEN TREATMENT NASOETHMOID FRACTURE	715.07										
67	21338	OPEN TREATMENT NASOETHMOID FRACTURE	715.07	00 15									
63	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	812.47										
67	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	812.47	00 15									
63	21340	TREAT NASOETHMOID COMPLEX FX	821.94										
67	21340	TREAT NASOETHMOID COMPLEX FX	821.94	00 15									
63	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,174.93										
67	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,174.93	00 15									
63	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,522.90										
67	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,522.90	00 15									
63	21345	TREAT NASOMAXILLARY COMPLEX FX	859.12										
67	21345	TREAT NASOMAXILLARY COMPLEX FX	859.12	00 15									
63	21346	OPEN TREATMENT NASOMAXILLARY FX	1,096.13										
67	21346	OPEN TREATMENT NASOMAXILLARY FX	1,096.13	00 15									
63	21347	OPEN TREATMENT NASOMAXILLARY FX	1,122.36										
67	21347	OPEN TREATMENT NASOMAXILLARY FX	1,122.36	00 15									
63	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,197.56										
67	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,197.56	00 15									
63	21355	MANIPULATE FX OF MALAR AREA	477.13										
67	21355	MANIPULATE FX OF MALAR AREA	477.13	00 15									
63	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	576.76										
67	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	576.76	00 15									
63	21360	TREAT DEPRESSED MALAR FRACTURE	568.55										
67	21360	TREAT DEPRESSED MALAR FRACTURE	568.55	00 15									
63	21365	TREAT COMPLICATED FX MALAR AREA	1,179.79										
67	21365	TREAT COMPLICATED FX MALAR AREA	1,179.79	00 15									
63	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,389.91										
67	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,389.91	00 15									
63	21385	TREAT ORBITAL FX; TRANSANTRAL	793.55										
67	21385	TREAT ORBITAL FX; TRANSANTRAL	793.55	00 15									
63	21386	TREAT ORBITAL FX; PERIORBITAL	751.68										
67	21386	TREAT ORBITAL FX; PERIORBITAL	751.68	00 15									
63	21387	TREAT ORBITAL FX; COMBINATION	828.90										
67	21387	TREAT ORBITAL FX; COMBINATION	828.90	00 15									
63	21390	TREAT ORBITAL FX WITH IMPLANT	866.68										
67	21390	TREAT ORBITAL FX WITH IMPLANT	866.68	00 15									
63	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,099.28										
67	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,099.28	00 15									
63	21400	TREAT FX OF ORBIT W/O MANIPULATION	224.70										
67	21400	TREAT FX OF ORBIT W/O MANIPULATION	224.70	00 15									
63	21401	TREAT FX OF ORBIT WITH MANIPULATION	534.42										
67	21401	TREAT FX OF ORBIT WITH MANIPULATION	534.42	00 15									
63	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	630.50										
67	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	630.50	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	696.58										
67	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	696.58	00 15									
63	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	982.35										
67	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	982.35	00 15									
63	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	675.67										
67	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	675.67	00 15									
63	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	679.34										
67	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	679.34	00 15									
63	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	866.15										
67	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	866.15	00 15									
63	21431	TREAT CRANIOFACIAL SEPARATION	735.52										
67	21431	TREAT CRANIOFACIAL SEPARATION	735.52	00 15									
63	21432	OPEN TX CRANIOFACIAL SEPARATION	772.08										
67	21432	OPEN TX CRANIOFACIAL SEPARATION	772.08	00 15									
63	21433	COMPLICATED TX CRANIOFACIAL FX	1,892.48										
67	21433	COMPLICATED TX CRANIOFACIAL FX	1,892.48	00 15									
63	21435	COMPLICATED TX CRANIOFACIAL FX	1,530.70										
67	21435	COMPLICATED TX CRANIOFACIAL FX	1,530.70	00 15									
63	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,219.05										
67	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,219.05	00 15									
63	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	708.13										
67	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	708.13	00 15									
63	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	821.61										
67	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	821.61	00 15									
63	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	612.49										
67	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	612.49	00 15									
63	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	800.66										
67	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	800.66	00 15									
63	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	760.50										
67	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	760.50	00 15									
63	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,135.19										
67	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,135.19	00 15									
63	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	525.12										
67	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	525.12	00 15									
63	21461	TREAT MANDIBULAR FX W/O FIXATION	1,889.70										
67	21461	TREAT MANDIBULAR FX W/O FIXATION	1,889.70	00 15									
63	21462	TREAT MANDIBULAR FX WITH FIXATION	2,049.62										
67	21462	TREAT MANDIBULAR FX WITH FIXATION	2,049.62	00 15									
63	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	862.86									X	
67	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	862.86	00 15								X	
63	21470	TREAT COMPLICATED MANDIBULAR FX	1,256.43										
67	21470	TREAT COMPLICATED MANDIBULAR FX	1,256.43	00 15									
63	21480	TX TEMPOROMANDIBULAR DISLOCATION	146.32										
67	21480	TX TEMPOROMANDIBULAR DISLOCATION	146.32	00 15									
63	21485	TEMPOROMANDIBULAR MANIPULATION	998.52										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	21485	TEMPOROMANDIBULAR MANIPULATION	998.52	00 15									
63	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	849.79										
67	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	849.79	00 15									
63	21501	I & D DEEP ABSCESS OR HEMATOMA	515.56										
67	21501	I & D DEEP ABSCESS OR HEMATOMA	515.56	00 15									
63	21502	I & D WITH PARTIAL RIB REMOVAL	559.01										
67	21502	I & D WITH PARTIAL RIB REMOVAL	559.01	00 15									
63	21510	INCISION WITH OPENING OF BONE CORTEX	495.01										
67	21510	INCISION WITH OPENING OF BONE CORTEX	495.01	00 15									
63	21550	EXCISIONAL BIOPSY SOFT TISSUES	280.14										
67	21550	EXCISIONAL BIOPSY SOFT TISSUES	280.14	00 15									
63	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	492.18										
67	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	492.18	00 15									
63	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	805.30										
67	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	805.30	00 15									
63	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	461.97										
67	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	461.97	00 15									
63	21556	EXCISE BENIGN TUMOR; DEEP	581.75										
67	21556	EXCISE BENIGN TUMOR; DEEP	581.75	00 15									
63	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,050.19										
67	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,050.19	00 15									
63	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,482.67										
67	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,482.67	00 15									
63	21600	EXCISION OF RIB; PARTIAL	614.75										
67	21600	EXCISION OF RIB; PARTIAL	614.75	00 15									
63	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,259.48									X	
67	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,259.48	00 15								X	
63	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,684.06										
67	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,684.06	00 15									
63	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,843.47										
67	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,843.47	00 15									
63	21610	COSTOTRANSVERSECTOMY	1,261.65										
67	21610	COSTOTRANSVERSECTOMY	1,261.65	00 15									
63	21615	EXCISION CERVICAL RIB	689.45										
67	21615	EXCISION CERVICAL RIB	689.45	00 15									
63	21616	EXCISE RIB WITH SYMPATHECTOMY	793.58										
67	21616	EXCISE RIB WITH SYMPATHECTOMY	793.58	00 15									
63	21620	OSTECTOMY OF STERNUM; PARTIAL	552.98										
67	21620	OSTECTOMY OF STERNUM; PARTIAL	552.98	00 15									
63	21627	STERNAL DEBRIDEMENT	593.88										
67	21627	STERNAL DEBRIDEMENT	593.88	00 15									
63	21630	RADICAL RESECTION OF STERNUM	1,431.32										
67	21630	RADICAL RESECTION OF STERNUM	1,431.32	00 15									
63	21632	MEDIASTINAL LYMPHADENECTOMY	1,338.02										
67	21632	MEDIASTINAL LYMPHADENECTOMY	1,338.02	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	21685	HYOID MYOTOMY & SUSPENSION	1,073.35										
67	21685	HYOID MYOTOMY & SUSPENSION	1,073.35	00 15									
63	21700	DIVISION OF SCALENUS ANTICUS	396.25										
67	21700	DIVISION OF SCALENUS ANTICUS	396.25	00 15									
63	21705	DIVIDE SCALENUS AND RESECTION RIB	594.86										
67	21705	DIVIDE SCALENUS AND RESECTION RIB	594.86	00 15									
63	21720	DIVISION STERNOCLEIDOMASTOID	587.17										
67	21720	DIVISION STERNOCLEIDOMASTOID	587.17	00 15									
63	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	592.53										
67	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	592.53	00 15									
63	21740	RECONSTRUCT PECTUS EXCAVATUM	1,135.40		X								
67	21740	RECONSTRUCT PECTUS EXCAVATUM	1,135.40	00 15	X								
63	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	748.15										
67	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	748.15	00 15									
63	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	660.65										
67	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	660.65	00 15									
63	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	800.18										
67	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	800.18	00 15									
63	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,095.65										
67	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,095.65	00 15									
63	21820	TREAT STERNUM FRACTURE; CLOSED	161.66										
67	21820	TREAT STERNUM FRACTURE; CLOSED	161.66	00 15									
63	21825	TREAT STERNUM FRACTURE; OPEN	601.89										
67	21825	TREAT STERNUM FRACTURE; OPEN	601.89	00 15									
63	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	269.51										
67	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	269.51	00 15									
63	21925	BX,SFT TISS-BACK/FLANK; DEEP	526.20										
67	21925	BX,SFT TISS-BACK/FLANK; DEEP	526.20	00 15									
63	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	537.77										
67	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	537.77	00 15									
63	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	517.50										
67	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	517.50	00 15									
63	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	732.79										
67	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	732.79	00 15									
63	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	814.31										
67	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	814.31	00 15									
63	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,124.40										
67	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,124.40	00 15									
63	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,562.96										
67	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,562.96	00 15									
63	22010	INCISION AND DRAINAGE, OPEN OF DEEP	1,067.22										
67	22010	I&D, P-SPINE, C/T/CERV-THOR	1,067.22	00 15									
63	22015	I&D, P-SPINE, L/S/LS	1,047.44										
67	22015	I&D, P-SPINE, L/S/LS	1,047.44	00 15									
63	22100	RESECT VERTEBRA,CERVICAL	947.71										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	22100	RESECT VERTEBRA,CERVICAL	947.71	00 15									
63	22101	RESECT VERTEBRA,THORACIC	954.40										
67	22101	RESECT VERTEBRA,THORACIC	954.40	00 15									
63	22102	RESECT VERTEBRA,LUMBAR	851.34										
67	22102	RESECT VERTEBRA,LUMBAR	851.34	00 15									
63	22103	REMOVE EXTRA SPINE SEGMENT	150.59										
67	22103	REMOVE EXTRA SPINE SEGMENT	150.59	00 15									
63	22110	EXCISE CERVICAL VERTEBRA	1,175.86										
67	22110	EXCISE CERVICAL VERTEBRA	1,175.86	00 15									
63	22112	EXCISE THORACIC VERTEBRA	1,266.13										
67	22112	EXCISE THORACIC VERTEBRA	1,266.13	00 15									
63	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,266.13										
67	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,266.13	00 15									
63	22116	REMOVE EXTRA SPINE SEGMENT	158.10										
67	22116	REMOVE EXTRA SPINE SEGMENT	158.10	00 15									
63	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,724.17										
67	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,724.17	00 15									
63	22207	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,666.16										
67	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POS	2,666.16	00 15									
63	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	657.63									X	
67	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	657.63	00 15								X	
63	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,979.16										
67	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,979.16	00 15									
63	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,671.29										
67	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,671.29	00 15									
63	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,671.97										
67	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,671.97	00 15									
63	22216	REVISE, EXTRA SPINE SEGMENT	404.17										
67	22216	REVISE, EXTRA SPINE SEGMENT	404.17	00 15									
63	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,791.92										
67	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,791.92	00 15									
63	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,971.14										
67	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,971.14	00 15									
63	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,742.21										
67	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,742.21	00 15									
63	22226	REVISE, EXTRA SPINE SEGMENT	399.17										
67	22226	REVISE, EXTRA SPINE SEGMENT	399.17	00 15									
63	22310	TR VERT BODY FX/DISLOCATION EACH	336.55										
67	22310	TR VERT BODY FX/DISLOCATION EACH	336.55	00 15									
63	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	959.44										
67	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	959.44	00 15									
63	22318	TREAT ODONTOID FX W/O GRAFT	1,852.83										
67	22318	TREAT ODONTOID FX W/O GRAFT	1,852.83	00 15									
63	22319	TREAT ODONTOID FX W/GRAFT	2,062.27										
67	22319	TREAT ODONTOID FX W/GRAFT	2,062.27	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,638.35										
67	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,638.35	00 15									
63	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,686.11										
67	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,686.11	00 15									
63	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,709.00										
67	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,709.00	00 15									
63	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	317.52										
67	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	317.52	00 15									
63	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,873.08										
67	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,873.08	00 15									
63	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,860.19										
67	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,860.19	00 15									
63	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	758.67									X	
67	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	758.67	00 15								X	
63	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,831.93										
67	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,831.93	00 15									
63	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,799.69										
67	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,799.69	00 15									
63	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	2,993.59									X	
67	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	2,993.59	00 15								X	
63	22532	LAT THORAX SPINE FUSION	2,000.73										
67	22532	LAT THORAX SPINE FUSION	2,000.73	00 15									
63	22533	LAT LUMBAR SPINE FUSION	1,826.55										
67	22533	LAT LUMBAR SPINE FUSION	1,826.55	00 15									
63	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	401.75									X	
67	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	401.75	00 15								X	
63	22548	ANTHRODESIS,W/BONE GRAFT	2,209.68										
67	22548	ANTHRODESIS,W/BONE GRAFT	2,209.68	00 15									
63	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,899.27										
67	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,899.27	00 15									
63	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	443.83									X	
67	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	443.83	00 15								X	
63	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,403.01										
67	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,403.01	00 15									
63	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,858.50										
67	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,858.50	00 15									
63	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,695.72										
67	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,695.72	00 15									
63	22585	ARTHRODESIS-EACH ADD.INTERSPACE	363.79									X	
67	22585	ARTHRODESIS-EACH ADD.INTERSPACE	363.79	00 15								X	
63	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,286.50										
67	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,286.50	00 15									
63	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,775.59										
67	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,775.59	00 15									
63	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,691.91										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,691.91	00 15									
63	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,447.36										
67	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,447.36	00 15									
63	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,420.64										
67	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,420.64	00 15									
63	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,756.74										
67	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,756.74	00 15									
63	22614	SPINE FUSION, EXTRA SEGMENT	437.47									X	
67	22614	SPINE FUSION, EXTRA SEGMENT	437.47	00 15								X	
63	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,740.91										
67	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,740.91	00 15									
63	22632	SPINE FUSION, EXTRA SEGMENT	360.22										
67	22632	SPINE FUSION, EXTRA SEGMENT	360.22	00 15									
63	22633	FUSION OF LOWER SPINE BONES WITH REM	2,012.89			X							
67	22633	FUSION OF LOWER SPINE BONES WITH REM	2,012.89	00 15		X							
63	22634	FUSION OF LOWER SPINE BONES WITH REM	542.02										
67	22634	FUSION OF LOWER SPINE BONES WITH REM	542.02	00 15									
63	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,513.04										
67	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,513.04	00 15									
63	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,349.63										
67	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,349.63	00 15									
63	22804	FUSION OF SPINE	2,699.18										
67	22804	FUSION OF SPINE	2,699.18	00 15									
63	22808	FUSION OF SPINE	2,028.21										
67	22808	FUSION OF SPINE	2,028.21	00 15									
63	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,202.64										
67	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,202.64	00 15									
63	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,411.90										
67	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,411.90	00 15									
63	22818	KYPHECTOMY, 1-2 SEGMENTS	2,360.21										
67	22818	KYPHECTOMY, 1-2 SEGMENTS	2,360.21	00 15									
63	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,717.53										
67	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,717.53	00 15									
63	22830	EXPLORE SPINAL FUSION	908.78										
67	22830	EXPLORE SPINAL FUSION	908.78	00 15									
63	22840	POSTERIOR INSTRU(NO SEG FIX)	846.65										
67	22840	POSTERIOR INSTRU(NO SEG FIX)	846.65	00 15									
63	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	853.70										
67	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	853.70	00 15									
63	22843	INSERT SPINE FIXATION DEVICE	913.86										
67	22843	INSERT SPINE FIXATION DEVICE	913.86	00 15									
63	22844	INSERT SPINE FIXATION DEVICE	1,097.53										
67	22844	INSERT SPINE FIXATION DEVICE	1,097.53	00 15									
63	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	813.68										
67	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	813.68	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	22846	INSERT SPINE FIXATION DEVICE	846.92										
67	22846	INSERT SPINE FIXATION DEVICE	846.92	00 15									
63	22847	INSERT SPINE FIXATION DEVICE	880.52										
67	22847	INSERT SPINE FIXATION DEVICE	880.52	00 15									
63	22848	INSERT PELVIC FIXATIONDEVICE	400.58										
67	22848	INSERT PELVIC FIXATIONDEVICE	400.58	00 15									
63	22849	REINSERT SPINAL FIXATION DEVICE	1,450.80										
67	22849	REINSERT SPINAL FIXATION DEVICE	1,450.80	00 15									
63	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	811.93										
67	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	811.93	00 15									
63	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	780.71										
67	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	780.71	00 15									
63	22853	INSERTION OF INTERBODY BIOMECHANICAL	288.51									X	
67	22853	INSERTION OF INTERBODY BIOMECHANICAL	288.51	00 15								X	
63	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	375.83									X	
67	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	375.83	00 15								X	
63	22855	REMOVE ANTERIOR INSTRUMENTATION	1,232.15										
67	22855	REMOVE ANTERIOR INSTRUMENTATION	1,232.15	00 15									
63	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,808.36										
67	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,808.36	00 15									
63	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,935.32										
67	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,935.32	00 15									
63	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	564.96										
67	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	564.96	00 15									
63	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	372.16									X	
67	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	372.16	00 15								X	
63	22861	REVISION INCLUDING REPLACEMENT OF TO	2,616.24										
67	22861	REVISION INCLUDING REPLACEMENT OF TO	2,616.24	00 15									
63	22862	REVISION INCLUDING REPLACEMENT OF TO	2,609.86										
67	22862	REVISION INCLUDING REPLACEMENT OF TO	2,609.86	00 15									
63	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,332.70										
67	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,332.70	00 15									
63	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,546.57										
67	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,546.57	00 15									
63	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,194.71										
67	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,194.71	00 15									
63	22868	INSERTION OF INTERLAMINAR/INTERSPINO	273.08										
67	22868	INSERTION OF INTERLAMINAR/INTERSPINO	273.08	00 15									
63	22869	INSERTION OF INTERLAMINAR/INTERSPINO	466.88										
67	22869	INSERTION OF INTERLAMINAR/INTERSPINO	466.88	00 15									
63	22870	INSERTION OF INTERLAMINAR/INTERSPINO	129.21										
67	22870	INSERTION OF INTERLAMINAR/INTERSPINO	129.21	00 15									
63	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	623.13										
67	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	623.13	00 15									
63	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	735.68										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	735.68	00 15									
63	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	503.69										
67	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	503.69	00 15									
63	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	485.57										
67	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	485.57	00 15									
63	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,160.01										
67	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,160.01	00 15									
63	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,467.16										
67	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,467.16	00 15									
63	23000	REMOVE SUBDELTOID CAL DEPOSITS	579.31										
67	23000	REMOVE SUBDELTOID CAL DEPOSITS	579.31	00 15									
63	23020	RELEASE SHOULDER MUSCLE ERBS PAL	755.00										
67	23020	RELEASE SHOULDER MUSCLE ERBS PAL	755.00	00 15									
63	23030	I&D SHOULDER DEEP ABSC HEMATOMA	464.63										
67	23030	I&D SHOULDER DEEP ABSC HEMATOMA	464.63	00 15									
63	23031	I&D INFECTED SHOULDER BURSA	453.79										
67	23031	I&D INFECTED SHOULDER BURSA	453.79	00 15									
63	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	745.65										
67	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	745.65	00 15									
63	23040	ARTHROTOMY REMOVE FOREIGN BODY	784.80										
67	23040	ARTHROTOMY REMOVE FOREIGN BODY	784.80	00 15									
63	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	622.54										
67	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	622.54	00 15									
63	23065	BIOPSY SHOULDER SUPERFICIAL	238.90										
67	23065	BIOPSY SHOULDER SUPERFICIAL	238.90	00 15									
63	23066	BIOPSY OF SHOULDER DEEP	595.53										
67	23066	BIOPSY OF SHOULDER DEEP	595.53	00 15									
63	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	461.01										
67	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	461.01	00 15									
63	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	766.25										
67	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	766.25	00 15									
63	23075	EXC BENIGN SHOULDER TUMOR SUBCU	545.80										
67	23075	EXC BENIGN SHOULDER TUMOR SUBCU	545.80	00 15									
63	23076	EXC BENIGN SHOULDER TUMOR DEEP	595.08										
67	23076	EXC BENIGN SHOULDER TUMOR DEEP	595.08	00 15									
63	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,247.43										
67	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,247.43	00 15									
63	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,579.62										
67	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,579.62	00 15									
63	23100	BIOPSY SHOULDER JOINT	552.28										
67	23100	BIOPSY SHOULDER JOINT	552.28	00 15									
63	23101	EXCISION TORN CARTILAGE SHOULDER JOI	499.06										
67	23101	EXCISION TORN CARTILAGE SHOULDER JOI	499.06	00 15									
63	23105	ARTHROTOMY;GLENOHUMERAL JOINT	698.53										
67	23105	ARTHROTOMY;GLENOHUMERAL JOINT	698.53	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	23106	ARTHROTOMY;STERNOCLAVICULAR JT	547.86										
67	23106	ARTHROTOMY;STERNOCLAVICULAR JT	547.86	00 15									
63	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	723.33										
67	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	723.33	00 15									
63	23120	CLAVICULECTOMY PARTIAL	640.63										
67	23120	CLAVICULECTOMY PARTIAL	640.63	00 15									
63	23125	CLAVICULECTOMY TOTAL	777.18										
67	23125	CLAVICULECTOMY TOTAL	777.18	00 15									
63	23130	ACROMIONECTOMY PARTIAL/TOTAL	674.14										
67	23130	ACROMIONECTOMY PARTIAL/TOTAL	674.14	00 15									
63	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	607.05										
67	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	607.05	00 15									
63	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	762.02										
67	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	762.02	00 15									
63	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	681.19										
67	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	681.19	00 15									
63	23150	EXCISION TUMOR PROXIMAL HUMEROUS	729.92										
67	23150	EXCISION TUMOR PROXIMAL HUMEROUS	729.92	00 15									
63	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	872.85										
67	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	872.85	00 15									
63	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	743.43										
67	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	743.43	00 15									
63	23170	SEQUESTRECTOMY CLAVICLE	616.54										
67	23170	SEQUESTRECTOMY CLAVICLE	616.54	00 15									
63	23172	SEQUESTRECTOMY SCAPULA	623.64										
67	23172	SEQUESTRECTOMY SCAPULA	623.64	00 15									
63	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	834.09										
67	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	834.09	00 15									
63	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	723.00										
67	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	723.00	00 15									
63	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	732.98										
67	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	732.98	00 15									
63	23184	PARTIAL EXCISION PROXIMAL HUMERUS	809.27										
67	23184	PARTIAL EXCISION PROXIMAL HUMERUS	809.27	00 15									
63	23190	OSTECTOMY OF SCAPULA PATTIAL	629.35										
67	23190	OSTECTOMY OF SCAPULA PATTIAL	629.35	00 15									
63	23195	RESECTION HUMERAL HEAD	812.77										
67	23195	RESECTION HUMERAL HEAD	812.77	00 15									
63	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,647.61										
67	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,647.61	00 15									
63	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,935.67										
67	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,935.67	00 15									
63	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,122.52										
67	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,122.52	00 15									
63	23330	REMOVE SHOULDER FOREIGN BODY	314.75										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	23330	REMOVE SHOULDER FOREIGN BODY	314.75	00 15									
63	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	515.94									X	
67	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	515.94	00 15								X	
63	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,155.31									X	
67	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,155.31	00 15								X	
63	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,386.09									X	
67	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,386.09	00 15								X	
63	23350	INJECTION FOR SHOULDER X-RAY	170.54										
67	23350	INJECTION FOR SHOULDER X-RAY	170.54	00 15									
63	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,398.96										
67	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,398.96	00 15									
63	23397	MUSCLE TRANSFER MULTIPLE	1,247.15										
67	23397	MUSCLE TRANSFER MULTIPLE	1,247.15	00 15									
63	23400	FIXATION OF SHOULDERBLADE	1,065.34										
67	23400	FIXATION OF SHOULDERBLADE	1,065.34	00 15									
63	23405	INCISION OF TENDON & MUSCLE	673.57										
67	23405	INCISION OF TENDON & MUSCLE	673.57	00 15									
63	23406	INCISE TENDON(S) & MUSCLE(S)	816.32										
67	23406	INCISE TENDON(S) & MUSCLE(S)	816.32	00 15									
63	23410	REPAIR OF TENDON(S)	896.89										
67	23410	REPAIR OF TENDON(S)	896.89	00 15									
63	23412	REPAIR OF TENDON(S),CHRONIC	932.11										
67	23412	REPAIR OF TENDON(S),CHRONIC	932.11	00 15									
63	23415	CORACOACROMIAL LIGAMENT RELEAS	762.70										
67	23415	CORACOACROMIAL LIGAMENT RELEAS	762.70	00 15									
63	23420	REPAIR COMPLETE SHOULDER	1,064.54										
67	23420	REPAIR COMPLETE SHOULDER	1,064.54	00 15									
63	23430	REPAIR BICEPS TENDON RUPTURE	813.10										
67	23430	REPAIR BICEPS TENDON RUPTURE	813.10	00 15									
63	23440	REMOVAL/TRANSPLANT TENDON	828.03										
67	23440	REMOVAL/TRANSPLANT TENDON	828.03	00 15									
63	23450	CAPSULORRHAPHY,ANTERIOR	1,036.55										
67	23450	CAPSULORRHAPHY,ANTERIOR	1,036.55	00 15									
63	23455	CAPSULORRHAPHY;BANKART TYPE	1,082.95										
67	23455	CAPSULORRHAPHY;BANKART TYPE	1,082.95	00 15									
63	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,193.68										
67	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,193.68	00 15									
63	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,170.29										
67	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,170.29	00 15									
63	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,224.53										
67	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,224.53	00 15									
63	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,224.11										
67	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,224.11	00 15									
63	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,310.40										
67	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,310.40	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,582.79										
67	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,582.79	00 15									
63	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,763.94									X	
67	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,763.94	00 15								X	
63	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,905.85									X	
67	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,905.85	00 15								X	
63	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	898.74										
67	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	898.74	00 15									
63	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,044.98										
67	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,044.98	00 15									
63	23490	PROPHYLACTIC TREATMENT;CLAVICLE	942.75										
67	23490	PROPHYLACTIC TREATMENT;CLAVICLE	942.75	00 15									
63	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,111.58										
67	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,111.58	00 15									
63	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	244.15										
67	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	244.15	00 15									
63	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	392.16										
67	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	392.16	00 15									
63	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	787.74										
67	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	787.74	00 15									
63	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	261.81										
67	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	261.81	00 15									
63	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	430.19										
67	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	430.19	00 15									
63	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	630.49										
67	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	630.49	00 15									
63	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	685.48										
67	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	685.48	00 15									
63	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	261.35										
67	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	261.35	00 15									
63	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	391.63										
67	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	391.63	00 15									
63	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	625.98										
67	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	625.98	00 15									
63	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	708.77										
67	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	708.77	00 15									
63	23570	TREAT CLSD SCAP FX W/O MANIPULATION	255.83										
67	23570	TREAT CLSD SCAP FX W/O MANIPULATION	255.83	00 15									
63	23575	TREAT CLSD SCAPULAR W/MANIPULATION	446.80										
67	23575	TREAT CLSD SCAPULAR W/MANIPULATION	446.80	00 15									
63	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,069.28										
67	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,069.28	00 15									
63	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	361.28										
67	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	361.28	00 15									
63	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	512.91										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	512.91	00 15									
63	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	965.37										
67	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	965.37	00 15									
63	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,353.68										
67	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,353.68	00 15									
63	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	295.21										
67	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	295.21	00 15									
63	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	424.05										
67	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	424.05	00 15									
63	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	852.66										
67	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	852.66	00 15									
63	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	363.20										
67	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	363.20	00 15									
63	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	444.78										
67	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	444.78	00 15									
63	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	641.54										
67	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	641.54	00 15									
63	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	473.46										
67	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	473.46	00 15									
63	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	952.24										
67	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	952.24	00 15									
63	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	601.05										
67	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	601.05	00 15									
63	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	1,017.36										
67	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	1,017.36	00 15									
63	23700	FIXATION OF SHOULDER MANIP W/ANESTH	213.56										
67	23700	FIXATION OF SHOULDER MANIP W/ANESTH	213.56	00 15									
63	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,123.84										
67	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,123.84	00 15									
63	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,402.14										
67	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,402.14	00 15									
63	23900	AMPUTATION OF ARM & GIRDLE	1,516.65										
67	23900	AMPUTATION OF ARM & GIRDLE	1,516.65	00 15									
63	23920	AMPUTATION AT SHOULDER JOINT	1,228.09										
67	23920	AMPUTATION AT SHOULDER JOINT	1,228.09	00 15									
63	23921	AMPUTATION FOLLOW-UP SURGERY	512.69										
67	23921	AMPUTATION FOLLOW-UP SURGERY	512.69	00 15									
63	23930	DRAINAGE OF ARM LESION	382.11										
67	23930	DRAINAGE OF ARM LESION	382.11	00 15									
63	23931	DRAINAGE OF ARM BURSA	317.26										
67	23931	DRAINAGE OF ARM BURSA	317.26	00 15									
63	23935	DRAIN ARM/ELBOW BONE LESION	559.03										
67	23935	DRAIN ARM/ELBOW BONE LESION	559.03	00 15									
63	24000	EXPLORATORY ELBOW SURGERY	522.52										
67	24000	EXPLORATORY ELBOW SURGERY	522.52	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	778.93										
67	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	778.93	00 15									
63	24065	BIOPSY ARM/ELBOW SOFT TISSUE	271.60										
67	24065	BIOPSY ARM/ELBOW SOFT TISSUE	271.60	00 15									
63	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	662.60										
67	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	662.60	00 15									
63	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	445.23										
67	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	445.23	00 15									
63	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	761.75										
67	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	761.75	00 15									
63	24075	REMOVE ARM/ELBOW LESION	564.65										
67	24075	REMOVE ARM/ELBOW LESION	564.65	00 15									
63	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	599.14										
67	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	599.14	00 15									
63	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,137.37										
67	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,137.37	00 15									
63	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,460.03										
67	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,460.03	00 15									
63	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	457.89										
67	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	457.89	00 15									
63	24101	EXPLORE/TREAT ELBOW JOINT	550.34										
67	24101	EXPLORE/TREAT ELBOW JOINT	550.34	00 15									
63	24102	REMOVE ELBOW JOINT LINING	673.44										
67	24102	REMOVE ELBOW JOINT LINING	673.44	00 15									
63	24105	REMOVAL OF ELBOW BURSA	389.50										
67	24105	REMOVAL OF ELBOW BURSA	389.50	00 15									
63	24110	REMOVE HUMERUS LESION	645.79										
67	24110	REMOVE HUMERUS LESION	645.79	00 15									
63	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	807.60										
67	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	807.60	00 15									
63	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	942.51										
67	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	942.51	00 15									
63	24120	REMOVE ELBOW LESION	581.62										
67	24120	REMOVE ELBOW LESION	581.62	00 15									
63	24125	EXCISION BONE CYST HEAD/NECK RADIUS	680.91										
67	24125	EXCISION BONE CYST HEAD/NECK RADIUS	680.91	00 15									
63	24126	EXCISION BONE CYST HEAD/NECK RADIUS	711.76										
67	24126	EXCISION BONE CYST HEAD/NECK RADIUS	711.76	00 15									
63	24130	REMOVAL OF HEAD OF RADIUS	559.86										
67	24130	REMOVAL OF HEAD OF RADIUS	559.86	00 15									
63	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	818.24										
67	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	818.24	00 15									
63	24136	REMOVAL LESION/RADIAL HEAD OR NECK	692.37										
67	24136	REMOVAL LESION/RADIAL HEAD OR NECK	692.37	00 15									
63	24138	REMOVE BONE LESION/OLECRANON PROCESS	748.88										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	24138	REMOVE BONE LESION/OLECRANON PROCESS	748.88	00 15									
63	24140	PART.EXCIS.BONE/HUMERUS	770.36										
67	24140	PART.EXCIS.BONE/HUMERUS	770.36	00 15									
63	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	650.49										
67	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	650.49	00 15									
63	24147	PART.EXCIS.BONE,OLECRANON PROCESS	685.02										
67	24147	PART.EXCIS.BONE,OLECRANON PROCESS	685.02	00 15									
63	24149	RADICAL RESECTION OF ELBOW	1,286.13										
67	24149	RADICAL RESECTION OF ELBOW	1,286.13	00 15									
63	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,690.79										
67	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,690.79	00 15									
63	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,469.39										
67	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,469.39	00 15									
63	24155	RESECTION OF ELBOW JOINT	933.68										
67	24155	RESECTION OF ELBOW JOINT	933.68	00 15									
63	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,373.46										
67	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,373.46	00 15									
63	24164	REMOVAL OF HARDWARE OF FOREARM BONE	793.54										
67	24164	REMOVAL OF HARDWARE OF FOREARM BONE	793.54	00 15									
63	24200	REMOVAL OF ARM FOREIGN BODY	227.99										
67	24200	REMOVAL OF ARM FOREIGN BODY	227.99	00 15									
63	24201	REMOVAL OF ARM FOREIGN BODY DEEP	583.25										
67	24201	REMOVAL OF ARM FOREIGN BODY DEEP	583.25	00 15									
63	24220	INJECTION FOR ELBOW X-RAY	199.32										
67	24220	INJECTION FOR ELBOW X-RAY	199.32	00 15									
63	24300	MANIPULATE ELBOW W/ANESTH	467.82										
67	24300	MANIPULATE ELBOW W/ANESTH	467.82	00 15									
63	24301	MUSCLE/TENDON TRANSFER	824.18										
67	24301	MUSCLE/TENDON TRANSFER	824.18	00 15									
63	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	632.26									X	
67	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	632.26	00 15								X	
63	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	519.85									X	
67	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	519.85	00 15								X	
63	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	854.91										
67	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	854.91	00 15									
63	24330	FLEXOR-PLASTY ELBOW	786.49										
67	24330	FLEXOR-PLASTY ELBOW	786.49	00 15									
63	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	860.08										
67	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	860.08	00 15									
63	24332	TENOLYSIS, TRICEPS	672.54										
67	24332	TENOLYSIS, TRICEPS	672.54	00 15									
63	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	655.53										
67	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	655.53	00 15									
63	24341	REPAIR TENDON/MUSCLE ARM	813.03										
67	24341	REPAIR TENDON/MUSCLE ARM	813.03	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	24342	REINSERTION RUPTURED BICEPS TENDON/D	847.48										
67	24342	REINSERTION RUPTURED BICEPS TENDON/D	847.48	00 15									
63	24343	REPR ELBOW LAT LIGMNT W/TISS	778.31										
67	24343	REPR ELBOW LAT LIGMNT W/TISS	778.31	00 15									
63	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,190.25										
67	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,190.25	00 15									
63	24345	REPR ELBW MED LIGMNT W/TISS	774.42										
67	24345	REPR ELBW MED LIGMNT W/TISS	774.42	00 15									
63	24346	RECONSTRUCT ELBOW MED LIGMNT	1,205.54										
67	24346	RECONSTRUCT ELBOW MED LIGMNT	1,205.54	00 15									
63	24357	INCISION OF TENDON TO REPAIR ELBOW J	452.09										
67	24357	INCISION OF TENDON TO REPAIR ELBOW J	452.09	00 15									
63	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	576.80										
67	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	576.80	00 15									
63	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	725.21										
67	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	725.21	00 15									
63	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	988.04										
67	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	988.04	00 15									
63	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,102.69										
67	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,102.69	00 15									
63	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,161.94										
67	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,161.94	00 15									
63	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,585.87										
67	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,585.87	00 15									
63	24365	ARTHROPLASTY RADIAL HEAD	701.79										
67	24365	ARTHROPLASTY RADIAL HEAD	701.79	00 15									
63	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	744.22										
67	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	744.22	00 15									
63	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,684.52									X	
67	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,684.52	00 15								X	
63	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,936.76									X	
67	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,936.76	00 15								X	
63	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	905.11										
67	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	905.11	00 15									
63	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,157.35										
67	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,157.35	00 15									
63	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,158.65										
67	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,158.65	00 15									
63	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,154.84										
67	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,154.84	00 15									
63	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,177.37										
67	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,177.37	00 15									
63	24470	HEMIEPIPHYSEAL ARREST	735.10										
67	24470	HEMIEPIPHYSEAL ARREST	735.10	00 15									
63	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	987.84										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	987.84	00 15									
63	24498	PROPHYLACTIC TREAT...HUMERUS	949.50										
67	24498	PROPHYLACTIC TREAT...HUMERUS	949.50	00 15									
63	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	393.26										
67	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	393.26	00 15									
63	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	548.86										
67	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	548.86	00 15									
63	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	962.66										
67	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	962.66	00 15									
63	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	940.92										
67	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	940.92	00 15									
63	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	416.79										
67	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	416.79	00 15									
63	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	676.61										
67	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	676.61	00 15									
63	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	859.83										
67	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	859.83	00 15									
63	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	1,013.66										
67	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	1,013.66	00 15									
63	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,133.92										
67	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,133.92	00 15									
63	24560	TREAT CLSD EPICON FX,W/O MANIP	361.51										
67	24560	TREAT CLSD EPICON FX,W/O MANIP	361.51	00 15									
63	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	589.70										
67	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	589.70	00 15									
63	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	785.09										
67	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	785.09	00 15									
63	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	799.16										
67	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	799.16	00 15									
63	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	380.27										
67	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	380.27	00 15									
63	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	606.03										
67	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	606.03	00 15									
63	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	912.21										
67	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	912.21	00 15									
63	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	888.21										
67	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	888.21	00 15									
63	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,188.93										
67	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,188.93	00 15									
63	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,191.88										
67	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,191.88	00 15									
63	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	415.73										
67	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	415.73	00 15									
63	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	521.74										
67	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	521.74	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	781.86										
67	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	781.86	00 15									
63	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	641.85										
67	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	641.85	00 15									
63	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	738.09										
67	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	738.09	00 15									
63	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	110.91										
67	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	110.91	00 15									
63	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	286.16										
67	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	286.16	00 15									
63	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	487.89										
67	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	487.89	00 15									
63	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	715.86										
67	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	715.86	00 15									
63	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	800.61										
67	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	800.61	00 15									
63	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	318.10										
67	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	318.10	00 15									
63	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	501.85										
67	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	501.85	00 15									
63	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	712.55										
67	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	712.55	00 15									
63	24800	FUSION OF ELBOW JOINT	911.35										
67	24800	FUSION OF ELBOW JOINT	911.35	00 15									
63	24802	FUSION/GRAFT OF ELBOW JOINT	1,097.08										
67	24802	FUSION/GRAFT OF ELBOW JOINT	1,097.08	00 15									
63	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	806.43										
67	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	806.43	00 15									
63	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	803.09										
67	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	803.09	00 15									
63	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	622.60										
67	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	622.60	00 15									
63	24930	REAMPUTATION UPPER ARM	846.81										
67	24930	REAMPUTATION UPPER ARM	846.81	00 15									
63	24931	AMPUTATE UPPER ARM & IMPLANT	1,019.86										
67	24931	AMPUTATE UPPER ARM & IMPLANT	1,019.86	00 15									
63	24935	STUMP ELONGATION/REVISION UPPER ARM	1,332.54										
67	24935	STUMP ELONGATION/REVISION UPPER ARM	1,332.54	00 15									
63	25000	TENDON SHEATH INCISION; AT RADIAL ST	373.32										
67	25000	TENDON SHEATH INCISION; AT RADIAL ST	373.32	00 15									
63	25001	INCISE FLEXOR CARPI RADIALIS	375.08										
67	25001	INCISE FLEXOR CARPI RADIALIS	375.08	00 15									
63	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	788.65										
67	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	788.65	00 15									
63	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,404.46										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,404.46	00 15									
63	25024	DECOMPRESS FOREARM 2 SPACES	847.02										
67	25024	DECOMPRESS FOREARM 2 SPACES	847.02	00 15									
63	25025	DECOMPRESS FORARM 2 SPACES	1,342.83										
67	25025	DECOMPRESS FORARM 2 SPACES	1,342.83	00 15									
63	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	733.95										
67	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	733.95	00 15									
63	25031	INCISION/DRAINAGE INFECTED BURSA; FO	400.85										
67	25031	INCISION/DRAINAGE INFECTED BURSA; FO	400.85	00 15									
63	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	640.22										
67	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	640.22	00 15									
63	25040	EXPLORE/TREAT WRIST JOINT	611.33										
67	25040	EXPLORE/TREAT WRIST JOINT	611.33	00 15									
63	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	268.41										
67	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	268.41	00 15									
63	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	398.93										
67	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	398.93	00 15									
63	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	464.95										
67	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	464.95	00 15									
63	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	586.60										
67	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	586.60	00 15									
63	25075	EXCISE SUBCUTANEOUS TUMOR	548.70										
67	25075	EXCISE SUBCUTANEOUS TUMOR	548.70	00 15									
63	25076	EXCISE TUMOR,DEEP	566.42										
67	25076	EXCISE TUMOR,DEEP	566.42	00 15									
63	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	972.30										
67	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	972.30	00 15									
63	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,283.26										
67	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,283.26	00 15									
63	25085	INCISION OF WRIST CAPSULE	488.92										
67	25085	INCISION OF WRIST CAPSULE	488.92	00 15									
63	25100	BIOPSY OF WRIST JOINT	380.93										
67	25100	BIOPSY OF WRIST JOINT	380.93	00 15									
63	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	440.70										
67	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	440.70	00 15									
63	25105	REMOVE WRIST JOINT LINING	531.94										
67	25105	REMOVE WRIST JOINT LINING	531.94	00 15									
63	25107	ARTHROTOMY,WRIST,COMPLEX	671.52										
67	25107	ARTHROTOMY,WRIST,COMPLEX	671.52	00 15									
63	25109	EXCISION OF TENDON, FOREARM AND/OR W	585.64									X	
67	25109	EXCISION OF TENDON, FOREARM AND/OR W	585.64	00 15								X	
63	25110	EXCISION,LESION OF TENDON SHEATH	377.53										
67	25110	EXCISION,LESION OF TENDON SHEATH	377.53	00 15									
63	25111	EXCISION GANGLION;WRIST,PRIMARY	351.95										
67	25111	EXCISION GANGLION;WRIST,PRIMARY	351.95	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	25112	EXCISION GANGLION;WRIST,RECURRENT	425.35										
67	25112	EXCISION GANGLION;WRIST,RECURRENT	425.35	00 15									
63	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	825.33										
67	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	825.33	00 15									
63	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	657.03										
67	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	657.03	00 15									
63	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	416.34										
67	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	416.34	00 15									
63	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	548.67										
67	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	548.67	00 15									
63	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	547.58										
67	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	547.58	00 15									
63	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	651.30										
67	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	651.30	00 15									
63	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	655.71										
67	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	655.71	00 15									
63	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	491.08										
67	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	491.08	00 15									
63	25135	EXCISE BONE CYST OF CARPAL BONES W/A	611.77										
67	25135	EXCISE BONE CYST OF CARPAL BONES W/A	611.77	00 15									
63	25136	EXCISE BONE CYST OF CARPAL BONES W/H	543.92										
67	25136	EXCISE BONE CYST OF CARPAL BONES W/H	543.92	00 15									
63	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	569.44										
67	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	569.44	00 15									
63	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	619.73										
67	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	619.73	00 15									
63	25151	PARTIAL REMOVAL OF RADIUS	638.93										
67	25151	PARTIAL REMOVAL OF RADIUS	638.93	00 15									
63	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,607.36										
67	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,607.36	00 15									
63	25210	CARPECTOMY; ONE BONE	537.73										
67	25210	CARPECTOMY; ONE BONE	537.73	00 15									
63	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	676.70										
67	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	676.70	00 15									
63	25230	RADIAL STYLOIDECTOMY	472.20										
67	25230	RADIAL STYLOIDECTOMY	472.20	00 15									
63	25240	EXCISION DISTAL ULNA	468.92										
67	25240	EXCISION DISTAL ULNA	468.92	00 15									
63	25246	INJECTION FOR WRIST X-RAY	205.62										
67	25246	INJECTION FOR WRIST X-RAY	205.62	00 15									
63	25248	REMOVE FOREARM FOREIGN BODY	454.44										
67	25248	REMOVE FOREARM FOREIGN BODY	454.44	00 15									
63	25250	REMOVAL OF WRIST PROSTHESIS	582.79										
67	25250	REMOVAL OF WRIST PROSTHESIS	582.79	00 15									
63	25251	REMOVE WRIST PROTH,COMPLICATED	787.97										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	25251	REMOVE WRIST PROTH,COMPLICATED	787.97	00 15									
63	25259	MANIPULATE WRIST W/ANESTHES	463.92										
67	25259	MANIPULATE WRIST W/ANESTHES	463.92	00 15									
63	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	692.71									X	
67	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	692.71	00 15								X	
63	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	692.19									X	
67	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	692.19	00 15								X	
63	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	818.84									X	
67	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	818.84	00 15								X	
63	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	539.06									X	
67	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	539.06	00 15								X	
63	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	612.56									X	
67	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	612.56	00 15								X	
63	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	726.89									X	
67	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	726.89	00 15								X	
63	25275	REPAIR FOREARM TENDON SHEATH	734.35										
67	25275	REPAIR FOREARM TENDON SHEATH	734.35	00 15									
63	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	617.61									X	
67	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	617.61	00 15								X	
63	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	475.13									X	
67	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	475.13	00 15								X	
63	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	575.66									X	
67	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	575.66	00 15								X	
63	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	754.67										
67	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	754.67	00 15									
63	25301	TENODESIS AT WRIST; EXTENSORS OF FI	703.32										
67	25301	TENODESIS AT WRIST; EXTENSORS OF FI	703.32	00 15									
63	25310	TEND TRANSPLANT...SING.;EACH TENDON	678.30									X	
67	25310	TEND TRANSPLANT...SING.;EACH TENDON	678.30	00 15								X	
63	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	785.08									X	
67	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	785.08	00 15								X	
63	25315	REVISE PALSY HAND TENDON(S)	843.36										
67	25315	REVISE PALSY HAND TENDON(S)	843.36	00 15									
63	25316	REVISE PALSY HAND TENDON W/TENDON S	1,003.35										
67	25316	REVISE PALSY HAND TENDON W/TENDON S	1,003.35	00 15									
63	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,073.21										
67	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,073.21	00 15									
63	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	923.52										
67	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	923.52	00 15									
63	25335	CENTRALIZATION-WRIST ON ULNA	1,034.58										
67	25335	CENTRALIZATION-WRIST ON ULNA	1,034.58	00 15									
63	25337	RECONSTRUCT ULNA/RADIOULNAR	966.25										
67	25337	RECONSTRUCT ULNA/RADIOULNAR	966.25	00 15									
63	25350	REVISION OF RADIUS;DISTAL THIRD	737.82										
67	25350	REVISION OF RADIUS;DISTAL THIRD	737.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
63	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	837.15										
67	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	837.15	00 15									
63	25360	REVISION OF ULNA	716.93										
67	25360	REVISION OF ULNA	716.93	00 15									
63	25365	REVISE RADIUS & ULNA	1,004.39										
67	25365	REVISE RADIUS & ULNA	1,004.39	00 15									
63	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,107.03										
67	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,107.03	00 15									
63	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,044.51										
67	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,044.51	00 15									
63	25390	SHORTEN RADIUS/ULNA	841.15										
67	25390	SHORTEN RADIUS/ULNA	841.15	00 15									
63	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,090.91										
67	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,090.91	00 15									
63	25392	SHORTEN RADIUS & ULNA	1,110.21										
67	25392	SHORTEN RADIUS & ULNA	1,110.21	00 15									
63	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,236.90										
67	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,236.90	00 15									
63	25394	REPAIR CARPAL BONE, SHORTEN	858.21										
67	25394	REPAIR CARPAL BONE, SHORTEN	858.21	00 15									
63	25400	REPAIR RADIUS OR ULNA	879.08										
67	25400	REPAIR RADIUS OR ULNA	879.08	00 15									
63	25405	REPAIR/GRAFT RADIUS OR ULNA	1,133.48										
67	25405	REPAIR/GRAFT RADIUS OR ULNA	1,133.48	00 15									
63	25415	REPAIR RADIUS & ULNA	1,060.05										
67	25415	REPAIR RADIUS & ULNA	1,060.05	00 15									
63	25420	REPAIR/GRAFT RADIUS & ULNA	1,275.86										
67	25420	REPAIR/GRAFT RADIUS & ULNA	1,275.86	00 15									
63	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,055.26										
67	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,055.26	00 15									
63	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,229.86										
67	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,229.86	00 15									
63	25430	VASC GRAFT INTO CARPAL BONE	799.97										
67	25430	VASC GRAFT INTO CARPAL BONE	799.97	00 15									
63	25431	REPAIR NONUNION CARPAL BONE	862.69										
67	25431	REPAIR NONUNION CARPAL BONE	862.69	00 15									
63	25440	REPAIR/GRAFT WRIST BONE	839.76										
67	25440	REPAIR/GRAFT WRIST BONE	839.76	00 15									
63	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,027.83										
67	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,027.83	00 15									
63	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	884.26										
67	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	884.26	00 15									
63	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	859.11										
67	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	859.11	00 15									
63	25444	RECONSTRUCT WRIST JOINT; LUNATE	903.98										

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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
67	25444	RECONSTRUCT WRIST JOINT; LUNATE	903.98	00 15									
63	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	788.79										
67	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	788.79	00 15									
63	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,281.49										
67	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,281.49	00 15									
63	25449	REVISE ARTHROPLASTY,REVDVE	1,129.86										
67	25449	REVISE ARTHROPLASTY,REVDVE	1,129.86	00 15									
63	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	675.77										
67	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	675.77	00 15									
63	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	798.97										
67	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	798.97	00 15									
63	25490	PROPHYLACTIC TREATMENT/RADIUS	787.11										
67	25490	PROPHYLACTIC TREATMENT/RADIUS	787.11	00 15									
63	25491	PROPHYLACTIC TREATMENT; ULNA	809.51										
67	25491	PROPHYLACTIC TREATMENT; ULNA	809.51	00 15									
63	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	991.98										
67	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	991.98	00 15									
63	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	308.97										
67	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	308.97	00 15									
63	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	553.46										
67	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	553.46	00 15									
63	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	731.47										
67	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	731.47	00 15									
63	25520	CLOSED TREATMENT OF BROKEN FOREARM A	629.96										
67	25520	CLOSED TREATMENT OF BROKEN FOREARM A	629.96	00 15									
63	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	863.55										
67	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	863.55	00 15									
63	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,045.47										
67	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,045.47	00 15									
63	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	286.06										
67	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	286.06	00 15									
63	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	539.67										
67	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	539.67	00 15									
63	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	682.04										
67	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	682.04	00 15									
63	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	315.00										
67	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	315.00	00 15									
63	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	570.19										
67	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	570.19	00 15									
63	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	737.99										
67	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	737.99	00 15									
63	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	987.59										
67	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	987.59	00 15									
63	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	365.82										
67	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	365.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	592.05										
67	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	592.05	00 15									
63	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	727.89										
67	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	727.89	00 15									
63	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	807.12										
67	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	807.12	00 15									
63	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	903.47										
67	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	903.47	00 15									
63	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,147.44										
67	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,147.44	00 15									
63	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	334.20										
67	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	334.20	00 15									
63	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	532.63										
67	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	532.63	00 15									
63	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	785.33										
67	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	785.33	00 15									
63	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	333.84									X	
67	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	333.84	00 15								X	
63	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	505.45									X	
67	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	505.45	00 15								X	
63	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	626.02									X	
67	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	626.02	00 15								X	
63	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	360.97										
67	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	360.97	00 15									
63	25651	PIN ULNAR STYLOID FRACTURE	533.45										
67	25651	PIN ULNAR STYLOID FRACTURE	533.45	00 15									
63	25652	TREAT FRACTURE ULNAR STYLOID	680.71										
67	25652	TREAT FRACTURE ULNAR STYLOID	680.71	00 15									
63	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	489.50										
67	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	489.50	00 15									
63	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	665.77										
67	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	665.77	00 15									
63	25671	PIN RADIOULNAR DISLOCATION	579.09										
67	25671	PIN RADIOULNAR DISLOCATION	579.09	00 15									
63	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	498.84										
67	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	498.84	00 15									
63	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	688.88										
67	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	688.88	00 15									
63	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	579.10										
67	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	579.10	00 15									
63	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	805.46										
67	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	805.46	00 15									
63	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	536.61										
67	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	536.61	00 15									
63	25695	OPEN TREATMENT LUNATE DISLOCATION	695.09										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	25695	OPEN TREATMENT LUNATE DISLOCATION	695.09	00 15									
63	25800	FUSION OF WRIST JOINT	800.85										
67	25800	FUSION OF WRIST JOINT	800.85	00 15									
63	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	927.85										
67	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	927.85	00 15									
63	25810	FUSION WRIST JOINT; W/DISTANT BONE	946.83										
67	25810	FUSION WRIST JOINT; W/DISTANT BONE	946.83	00 15									
63	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	704.86										
67	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	704.86	00 15									
63	25825	INTERCARPAL FUSION;W/ BONEGRAFT	860.75										
67	25825	INTERCARPAL FUSION;W/ BONEGRAFT	860.75	00 15									
63	25830	FUSION RADIOULNAR JNT/ULNA	1,090.23										
67	25830	FUSION RADIOULNAR JNT/ULNA	1,090.23	00 15									
63	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	782.30										
67	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	782.30	00 15									
63	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	768.54										
67	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	768.54	00 15									
63	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	672.26										
67	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	672.26	00 15									
63	25909	REAMPUTATION FOREARM SURGERY	751.08										
67	25909	REAMPUTATION FOREARM SURGERY	751.08	00 15									
63	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,279.56										
67	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,279.56	00 15									
63	25920	DISARTICULATION THROUGH WRIST	794.92										
67	25920	DISARTICULATION THROUGH WRIST	794.92	00 15									
63	25922	DISARTICULATION WRIST;SECOND CLOSURE	702.60										
67	25922	DISARTICULATION WRIST;SECOND CLOSURE	702.60	00 15									
63	25924	REAMPUTATION WRIST SURGERY	776.43										
67	25924	REAMPUTATION WRIST SURGERY	776.43	00 15									
63	25927	TRANSMETACARPAL AMPUTATION	932.42										
67	25927	TRANSMETACARPAL AMPUTATION	932.42	00 15									
63	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	654.86										
67	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	654.86	00 15									
63	25931	AMPUTATION FOLLOW-UP SURGERY	860.34										
67	25931	AMPUTATION FOLLOW-UP SURGERY	860.34	00 15									
63	26010	DRAINAGE OF FINGER ABSCESS	356.81										
67	26010	DRAINAGE OF FINGER ABSCESS	356.81	00 15									
63	26011	DRAIN FINGER ABSCESS; COMPLICATED	499.52										
67	26011	DRAIN FINGER ABSCESS; COMPLICATED	499.52	00 15									
63	26020	DRAIN HAND TENDON SHEATH	605.10										
67	26020	DRAIN HAND TENDON SHEATH	605.10	00 15									
63	26025	DRAINAGE OF PALM BURSA	456.33										
67	26025	DRAINAGE OF PALM BURSA	456.33	00 15									
63	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	535.74										
67	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	535.74	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	26034	TREAT HAND BONE LESION	598.82										
67	26034	TREAT HAND BONE LESION	598.82	00 15									
63	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	939.06										
67	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	939.06	00 15									
63	26037	DECOMPRESSIVE FASCIOTOMY, HAND	614.58										
67	26037	DECOMPRESSIVE FASCIOTOMY, HAND	614.58	00 15									
63	26040	RELEASE OF TISSUES OF PALM, ACCESSED	343.12										
67	26040	RELEASE OF TISSUES OF PALM, ACCESSED	343.12	00 15									
63	26045	PARTIAL RELEASE OF TISSUES OF PALM,	515.08										
67	26045	PARTIAL RELEASE OF TISSUES OF PALM,	515.08	00 15									
63	26055	INCISE FINGER TENDON SHEATH	615.99									X	
67	26055	INCISE FINGER TENDON SHEATH	615.99	00 15								X	
63	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	276.22									X	
67	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	276.22	00 15								X	
63	26070	EXPLORE/TREAT HAND JOINT	350.94										
67	26070	EXPLORE/TREAT HAND JOINT	350.94	00 15									
63	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	368.30										
67	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	368.30	00 15									
63	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	432.10									X	
67	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	432.10	00 15								X	
63	26100	BIOPSY HAND JOINT LINING	369.04										
67	26100	BIOPSY HAND JOINT LINING	369.04	00 15									
63	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	372.10										
67	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	372.10	00 15									
63	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	353.62									X	
67	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	353.62	00 15								X	
63	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	453.22										
67	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	453.22	00 15									
63	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	596.14										
67	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	596.14	00 15									
63	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	579.65										
67	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	579.65	00 15									
63	26116	EXCISION BENIGN TUMOR,HAND; DEEP	572.33										
67	26116	EXCISION BENIGN TUMOR,HAND; DEEP	572.33	00 15									
63	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	809.62										
67	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	809.62	00 15									
63	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,151.43										
67	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,151.43	00 15									
63	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	654.55										
67	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	654.55	00 15									
63	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	911.99										
67	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	911.99	00 15									
63	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	295.35									X	
67	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	295.35	00 15								X	
63	26130	REMOVE WRIST JOINT LINING	511.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	26130	REMOVE WRIST JOINT LINING	511.63	00 15									
63	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	605.21									X	
67	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	605.21	00 15								X	
63	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	553.25									X	
67	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	553.25	00 15								X	
63	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	562.77									X	
67	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	562.77	00 15								X	
63	26160	REMOVE TENDON SHEATH LESION	644.23										
67	26160	REMOVE TENDON SHEATH LESION	644.23	00 15									
63	26170	EXCISE TENDON,PALM...EACH	444.96									X	
67	26170	EXCISE TENDON,PALM...EACH	444.96	00 15								X	
63	26180	EXCISION OF TENDON,FINGER,FLEXOR	489.28										
67	26180	EXCISION OF TENDON,FINGER,FLEXOR	489.28	00 15									
63	26185	REMOVE FINGER BONE	605.56										
67	26185	REMOVE FINGER BONE	605.56	00 15									
63	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	492.93										
67	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	492.93	00 15									
63	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	662.34										
67	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	662.34	00 15									
63	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	487.48										
67	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	487.48	00 15									
63	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	621.12										
67	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	621.12	00 15									
63	26230	PARTIAL REMOVAL OF HAND BONE	546.73										
67	26230	PARTIAL REMOVAL OF HAND BONE	546.73	00 15									
63	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	537.58										
67	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	537.58	00 15									
63	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	480.66										
67	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	480.66	00 15									
63	26250	RADICAL RESECTION FOR TUMOR,HAND	1,164.33										
67	26250	RADICAL RESECTION FOR TUMOR,HAND	1,164.33	00 15									
63	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	872.31										
67	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	872.31	00 15									
63	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	688.67										
67	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	688.67	00 15									
63	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	380.14										
67	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	380.14	00 15									
63	26340	MANIPULATE FINGER W/ANESTH	377.56									X	
67	26340	MANIPULATE FINGER W/ANESTH	377.56	00 15								X	
63	26341	MANIPULATION OF PALM PRETENDINOUS CO	124.07										
67	26341	MANIPULATION OF PALM PRETENDINOUS CO	124.07	00 15									
63	26350	REPAIR OF FINGER TENDON	796.54									X	
67	26350	REPAIR OF FINGER TENDON	796.54	00 15								X	
63	26352	REPAIR OF FINGER TENDON WITH GRAFT	895.09									X	
67	26352	REPAIR OF FINGER TENDON WITH GRAFT	895.09	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	26356	REPAIR OF FINGER TENDON	862.60									X	
67	26356	REPAIR OF FINGER TENDON	862.60	00 15								X	
63	26357	REPAIR OF FINGER TENDON	969.61									X	
67	26357	REPAIR OF FINGER TENDON	969.61	00 15								X	
63	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,070.57									X	
67	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,070.57	00 15								X	
63	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	841.29									X	
67	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	841.29	00 15								X	
63	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	985.13									X	
67	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	985.13	00 15								X	
63	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	947.29									X	
67	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	947.29	00 15								X	
63	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	950.01										
67	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	950.01	00 15									
63	26392	REMOVAL ROD AND INSERTION OF TENDON	1,080.59										
67	26392	REMOVAL ROD AND INSERTION OF TENDON	1,080.59	00 15									
63	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	641.58									X	
67	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	641.58	00 15								X	
63	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	768.75									X	
67	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	768.75	00 15								X	
63	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	917.73										
67	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	917.73	00 15									
63	26416	REMOVE TUBE/ROD,INSERT GRAFT...	994.35										
67	26416	REMOVE TUBE/ROD,INSERT GRAFT...	994.35	00 15									
63	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	662.38									X	
67	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	662.38	00 15								X	
63	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	797.32									X	
67	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	797.32	00 15								X	
63	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	549.80										
67	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	549.80	00 15									
63	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	856.54										
67	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	856.54	00 15									
63	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	580.01										
67	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	580.01	00 15									
63	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	612.24										
67	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	612.24	00 15									
63	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	747.05										
67	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	747.05	00 15									
63	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	715.45										
67	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	715.45	00 15									
63	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	693.77									X	
67	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	693.77	00 15								X	
63	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,062.74									X	
67	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,062.74	00 15								X	
63	26445	TENOLYSIS,EXT TEND...;EACH TENDON	645.01									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	26445	TENOLYSIS,EXT TEND...;EACH TENDON	645.01	00	15								X	
63	26449	TENOLYSIS,COMP,EXT TENDON.....	758.84											
67	26449	TENOLYSIS,COMP,EXT TENDON.....	758.84	00	15									
63	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	496.90										X	
67	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	496.90	00	15								X	
63	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	494.10										X	
67	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	494.10	00	15								X	
63	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	479.36										X	
67	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	479.36	00	15								X	
63	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	707.10											
67	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	707.10	00	15									
63	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	698.48											
67	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	698.48	00	15									
63	26476	TEND LENGTHEN,EXT...SINGLE, EACH	688.78										X	
67	26476	TEND LENGTHEN,EXT...SINGLE, EACH	688.78	00	15								X	
63	26477	TEND SHORTEN,EXT...SINGLE,EACH	669.23										X	
67	26477	TEND SHORTEN,EXT...SINGLE,EACH	669.23	00	15								X	
63	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	724.43										X	
67	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	724.43	00	15								X	
63	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	840.12										X	
67	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	840.12	00	15								X	
63	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	935.34										X	
67	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	935.34	00	15								X	
63	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	896.89										X	
67	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	896.89	00	15								X	
63	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	1,040.57										X	
67	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	1,040.57	00	15								X	
63	26490	REVISE THUMB TENDON	905.73											
67	26490	REVISE THUMB TENDON	905.73	00	15									
63	26492	REVISE THUMB TENDON W/GRAFT	1,002.93											
67	26492	REVISE THUMB TENDON W/GRAFT	1,002.93	00	15									
63	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	909.43											
67	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	909.43	00	15									
63	26496	REVISE THUMB TENDON; OTHER METHODS	981.50											
67	26496	REVISE THUMB TENDON; OTHER METHODS	981.50	00	15									
63	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	980.42											
67	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	980.42	00	15									
63	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,281.88											
67	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,281.88	00	15									
63	26499	CORRECTION CLAW FINGER,OTHER METHODS	942.96			X								
67	26499	CORRECTION CLAW FINGER,OTHER METHODS	942.96	00	15	X								
63	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	711.56											
67	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	711.56	00	15									
63	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	814.04											
67	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	814.04	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	26508	RELEASE THUMB CONTRACTURE	725.65									X	
67	26508	RELEASE THUMB CONTRACTURE	725.65	00 15								X	
63	26510	CROSS INTRINSIC TRANSFER	688.74										
67	26510	CROSS INTRINSIC TRANSFER	688.74	00 15									
63	26516	FUSION OF KNUCKLE JOINT	800.04										
67	26516	FUSION OF KNUCKLE JOINT	800.04	00 15									
63	26517	FUSION KNUCKLE JOINT,TWO DIGITS	937.02										
67	26517	FUSION KNUCKLE JOINT,TWO DIGITS	937.02	00 15									
63	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	949.28									X	
67	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	949.28	00 15								X	
63	26520	CAPSULECTOMY/OTOMY....;EACH	727.73									X	
67	26520	CAPSULECTOMY/OTOMY....;EACH	727.73	00 15								X	
63	26525	CAPSULECTOMY/OTOMY...;EACH	731.07									X	
67	26525	CAPSULECTOMY/OTOMY...;EACH	731.07	00 15								X	
63	26530	ARTHROPLASTY,META...;SINGLE,EACH	588.80									X	
67	26530	ARTHROPLASTY,META...;SINGLE,EACH	588.80	00 15								X	
63	26531	ARTHROPLASTY,META..;PROSTH...EACH	688.85									X	
67	26531	ARTHROPLASTY,META..;PROSTH...EACH	688.85	00 15								X	
63	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	477.05									X	
67	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	477.05	00 15								X	
63	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	801.69									X	
67	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	801.69	00 15								X	
63	26540	REPAIR COLLATERAL LIGAMENT	751.80									X	
67	26540	REPAIR COLLATERAL LIGAMENT	751.80	00 15								X	
63	26541	RECONSTRUCT/GRAFT HAND JOINT	899.72									X	
67	26541	RECONSTRUCT/GRAFT HAND JOINT	899.72	00 15								X	
63	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	775.55										
67	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	775.55	00 15									
63	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	788.45									X	
67	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	788.45	00 15								X	
63	26546	REPAIR NON-UNION HAND	1,117.78										
67	26546	REPAIR NON-UNION HAND	1,117.78	00 15									
63	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	863.12									X	
67	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	863.12	00 15								X	
63	26550	CONSTRUCT THUMB REPLACEMENT	1,801.36									X	
67	26550	CONSTRUCT THUMB REPLACEMENT	1,801.36	00 15								X	
63	26551	GREAT TOE-HAND TRANSFER	3,603.93										
67	26551	GREAT TOE-HAND TRANSFER	3,603.93	00 15									
63	26553	SINGLE TOE-HAND TRANSFER	3,580.26										
67	26553	SINGLE TOE-HAND TRANSFER	3,580.26	00 15									
63	26554	DOUBLE TOE-HAND TRANSFER	4,171.95										
67	26554	DOUBLE TOE-HAND TRANSFER	4,171.95	00 15									
63	26555	POSITIONAL CHANGE OF FINGER	1,508.29										
67	26555	POSITIONAL CHANGE OF FINGER	1,508.29	00 15									
63	26556	TOE JOINT TRANSFER	3,720.77										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	26556	TOE JOINT TRANSFER	3,720.77	00 15									
63	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	682.34									X	
67	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	682.34	00 15								X	
63	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,065.99									X	
67	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,065.99	00 15								X	
63	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,493.97									X	
67	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,493.97	00 15								X	
63	26565	CORRECT METACARPAL FLAW	768.03									X	
67	26565	CORRECT METACARPAL FLAW	768.03	00 15								X	
63	26567	CORRECT FINGER DEFORMITY	774.05									X	
67	26567	CORRECT FINGER DEFORMITY	774.05	00 15								X	
63	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	1,003.12										
67	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	1,003.12	00 15									
63	26580	REPAIR HAND DEFORMITY	1,677.01									X	
67	26580	REPAIR HAND DEFORMITY	1,677.01	00 15								X	
63	26587	REPAIR SUPERNUMERARY DIGIT	1,140.53									X	
67	26587	REPAIR SUPERNUMERARY DIGIT	1,140.53	00 15								X	
63	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,562.66									X	
67	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,562.66	00 15								X	
63	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	517.20									X	
67	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	517.20	00 15								X	
63	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	886.89										
67	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	886.89	00 15									
63	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	325.91									X	
67	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	325.91	00 15								X	
63	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	358.42									X	
67	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	358.42	00 15								X	
63	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	552.12									X	
67	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	552.12	00 15								X	
63	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	524.36										
67	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	524.36	00 15									
63	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	625.87									X	
67	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	625.87	00 15								X	
63	26641	TREAT THUMB DISLOCATION W/MANIPU	455.43									X	
67	26641	TREAT THUMB DISLOCATION W/MANIPU	455.43	00 15								X	
63	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	472.42									X	
67	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	472.42	00 15								X	
63	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	522.94									X	
67	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	522.94	00 15								X	
63	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	680.80									X	
67	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	680.80	00 15								X	
63	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	382.20										
67	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	382.20	00 15									
63	26675	TREAT HAND DISLOCATION W/ANESTHESIA	503.77										
67	26675	TREAT HAND DISLOCATION W/ANESTHESIA	503.77	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	553.83										
67	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	553.83	00 15									
63	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	625.77										
67	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	625.77	00 15									
63	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	681.58										
67	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	681.58	00 15									
63	26700	TREAT KNUCKLE DISLOCATION	373.89										
67	26700	TREAT KNUCKLE DISLOCATION	373.89	00 15									
63	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	476.58										
67	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	476.58	00 15									
63	26706	PERC.PINNING,CLOSED METACARPOPHALANG	486.04										
67	26706	PERC.PINNING,CLOSED METACARPOPHALANG	486.04	00 15									
63	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	623.92										
67	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	623.92	00 15									
63	26720	TREAT CLSD FX;W/O MANIP, EACH	218.09									X	
67	26720	TREAT CLSD FX;W/O MANIP, EACH	218.09	00 15								X	
63	26725	TREAT CLSD FX;W/ MANIP, EACH	373.42									X	
67	26725	TREAT CLSD FX;W/ MANIP, EACH	373.42	00 15								X	
63	26727	TREAT FX,MANIP,TRACT/FIX, EACH	515.93									X	
67	26727	TREAT FX,MANIP,TRACT/FIX, EACH	515.93	00 15								X	
63	26735	OPEN TREAT....W/W/O FIX, EACH	647.39									X	
67	26735	OPEN TREAT....W/W/O FIX, EACH	647.39	00 15								X	
63	26740	TREAT CLSD ART FX...W/O MANIP,EACH	252.09									X	
67	26740	TREAT CLSD ART FX...W/O MANIP,EACH	252.09	00 15								X	
63	26742	TREAT CLSD ART FX....W/ MANIP, EACH	409.40									X	
67	26742	TREAT CLSD ART FX....W/ MANIP, EACH	409.40	00 15								X	
63	26746	OPEN TX,CLSD/OPEN FX...EACH	809.17									X	
67	26746	OPEN TX,CLSD/OPEN FX...EACH	809.17	00 15								X	
63	26750	TREAT CLSD FX...W/O MANIP, EACH	205.09									X	
67	26750	TREAT CLSD FX...W/O MANIP, EACH	205.09	00 15								X	
63	26755	TREAT CLSD FX...W/ MANIP, EACH	350.00									X	
67	26755	TREAT CLSD FX...W/ MANIP, EACH	350.00	00 15								X	
63	26756	TREAT CLSD FX..;W/PERC PIN, EACH	460.83									X	
67	26756	TREAT CLSD FX..;W/PERC PIN, EACH	460.83	00 15								X	
63	26765	OPEN TX,CLSD/OPEN FX..;EACH	546.49									X	
67	26765	OPEN TX,CLSD/OPEN FX..;EACH	546.49	00 15								X	
63	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	315.66										
67	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	315.66	00 15									
63	26775	TRMT OF SAME W/ ANESTION	429.84										
67	26775	TRMT OF SAME W/ ANESTION	429.84	00 15									
63	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	488.61										
67	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	488.61	00 15									
63	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	596.26										
67	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	596.26	00 15									
63	26820	THUMB FUSION WITH GRAFT	895.64										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	26820	THUMB FUSION WITH GRAFT	895.64	00 15									
63	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	829.50										
67	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	829.50	00 15									
63	26842	ARTHRODESIS OF THUMB W/ GRAFT	898.69									X	
67	26842	ARTHRODESIS OF THUMB W/ GRAFT	898.69	00 15								X	
63	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	843.65										
67	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	843.65	00 15									
63	26844	ARTHRODESIS OF DIGITS W/ GRAFT	929.83										
67	26844	ARTHRODESIS OF DIGITS W/ GRAFT	929.83	00 15									
63	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	790.35										
67	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	790.35	00 15									
63	26852	ARTHRODESIS KNUCKLE W/ GRAFT	898.31										
67	26852	ARTHRODESIS KNUCKLE W/ GRAFT	898.31	00 15									
63	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	653.27										
67	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	653.27	00 15									
63	26861	ARTHRODESIS...EACH ADD JOINT	111.02									X	
67	26861	ARTHRODESIS...EACH ADD JOINT	111.02	00 15								X	
63	26862	FUSION/GRAFT OF FINGER JOINT	823.73										
67	26862	FUSION/GRAFT OF FINGER JOINT	823.73	00 15									
63	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	250.15									X	
67	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	250.15	00 15								X	
63	26910	AMPUTATE METACARPAL BONE	822.71									X	
67	26910	AMPUTATE METACARPAL BONE	822.71	00 15								X	
63	26951	AMPUTATION OF FINGER/THUMB	748.79									X	
67	26951	AMPUTATION OF FINGER/THUMB	748.79	00 15								X	
63	26952	WITH LOCAL ADVANCEMENT FLAPS	735.19									X	
67	26952	WITH LOCAL ADVANCEMENT FLAPS	735.19	00 15								X	
63	26990	DRAINAGE OF PELVIS LESION	737.37										
67	26990	DRAINAGE OF PELVIS LESION	737.37	00 15									
63	26991	DRAINAGE OF PELVIS BURSA	761.39										
67	26991	DRAINAGE OF PELVIS BURSA	761.39	00 15									
63	26992	DRAINAGE OF BONE LESION	1,098.02										
67	26992	DRAINAGE OF BONE LESION	1,098.02	00 15									
63	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	426.20										
67	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	426.20	00 15									
63	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	591.52										
67	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	591.52	00 15									
63	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	654.82										
67	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	654.82	00 15									
63	27005	TENOTOMY, ILIOPSOAS, OPEN	783.52										
67	27005	TENOTOMY, ILIOPSOAS, OPEN	783.52	00 15									
63	27006	TENOTOMY, ABDUCTORS, OPEN	774.96										
67	27006	TENOTOMY, ABDUCTORS, OPEN	774.96	00 15									
63	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	1,006.45										
67	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	1,006.45	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	27027	INCISION OF TISSUE OF MUSCLE COMPART	979.70										
67	27027	INCISION OF TISSUE OF MUSCLE COMPART	979.70	00 15									
63	27030	ARTHROTOMY OF HIP FOR DRAINAGE	1,026.04										
67	27030	ARTHROTOMY OF HIP FOR DRAINAGE	1,026.04	00 15									
63	27033	HIP ARTHROTOMY FOR EXPLORATION	1,063.91										
67	27033	HIP ARTHROTOMY FOR EXPLORATION	1,063.91	00 15									
63	27035	DENERVATION OF HIP JOINT	1,204.47										
67	27035	DENERVATION OF HIP JOINT	1,204.47	00 15									
63	27036	EXCISION OF HIP JOINT/MUSCLE	1,111.75										
67	27036	EXCISION OF HIP JOINT/MUSCLE	1,111.75	00 15									
63	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	357.38										
67	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	357.38	00 15									
63	27041	DEEP BIOPSY OF SOFT TISSUES	777.69										
67	27041	DEEP BIOPSY OF SOFT TISSUES	777.69	00 15									
63	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	517.50										
67	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	517.50	00 15									
63	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	810.05										
67	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	810.05	00 15									
63	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	529.67										
67	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	529.67	00 15									
63	27048	DEEP TUMOR EXCISION, HIP-PELVIS	673.08										
67	27048	DEEP TUMOR EXCISION, HIP-PELVIS	673.08	00 15									
63	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,480.85										
67	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,480.85	00 15									
63	27050	BIOPSY OF SACROILLIAC JOINT	440.67										
67	27050	BIOPSY OF SACROILLIAC JOINT	440.67	00 15									
63	27052	BIOPSY OF HIP JOINT	631.67										
67	27052	BIOPSY OF HIP JOINT	631.67	00 15									
63	27054	REMOVAL OF HIP JOINT LINING	753.74										
67	27054	REMOVAL OF HIP JOINT LINING	753.74	00 15									
63	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,105.50										
67	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,105.50	00 15									
63	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,993.73										
67	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,993.73	00 15									
63	27060	REMOVAL OF ISCHIAL BURSA	508.81										
67	27060	REMOVAL OF ISCHIAL BURSA	508.81	00 15									
63	27062	EXCISION TROCHANTERIC BURSA	496.11										
67	27062	EXCISION TROCHANTERIC BURSA	496.11	00 15									
63	27065	EXCISION OF BONE CYST OR BENIGN TUMO	575.11										
67	27065	EXCISION OF BONE CYST OR BENIGN TUMO	575.11	00 15									
63	27066	EXCISION OF BONE CYST OR BENIGN TUMO	897.06										
67	27066	EXCISION OF BONE CYST OR BENIGN TUMO	897.06	00 15									
63	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,132.77										
67	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,132.77	00 15									
63	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	962.64										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	962.64	00 15									
63	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,059.44										
67	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,059.44	00 15									
63	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,282.31										
67	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,282.31	00 15									
63	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,762.04										
67	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,762.04	00 15									
63	27077	INNOMINATE BONE-TOTAL	3,081.50										
67	27077	INNOMINATE BONE-TOTAL	3,081.50	00 15									
63	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,249.94										
67	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,249.94	00 15									
63	27080	COCCYGECTOMY	561.71										
67	27080	COCCYGECTOMY	561.71	00 15									
63	27086	REMOVE HIP FOREIGN BODY	325.25										
67	27086	REMOVE HIP FOREIGN BODY	325.25	00 15									
63	27087	DEEP ODY	678.35										
67	27087	DEEP ODY	678.35	00 15									
63	27090	REMOVAL OF HIP PROSTHESIS	910.18										
67	27090	REMOVAL OF HIP PROSTHESIS	910.18	00 15									
63	27091	COMPLICATED HESIS	1,744.98										
67	27091	COMPLICATED HESIS	1,744.98	00 15									
63	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	242.78										
67	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	242.78	00 15									
63	27095	WITH ANES RAY	322.98										
67	27095	WITH ANES RAY	322.98	00 15									
63	27096	INJECTION PROCEDURE FOR SACROILIAC J	170.22										
67	27096	INJECTION PROCEDURE FOR SACROILIAC J	170.22	00 15									
63	27097	HAMSTRING RECESSION PROXIMAL	748.58										
67	27097	HAMSTRING RECESSION PROXIMAL	748.58	00 15									
63	27098	ADDUCTOR TRANSFER TO ISCHIUM	760.78										
67	27098	ADDUCTOR TRANSFER TO ISCHIUM	760.78	00 15									
63	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	908.07										
67	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	908.07	00 15									
63	27105	TRANSFER PARASPINAL MUSCLE TO HIP	951.85										
67	27105	TRANSFER PARASPINAL MUSCLE TO HIP	951.85	00 15									
63	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,062.24										
67	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,062.24	00 15									
63	27111	TO FEMORAL NECK S MUSCLE	987.50										
67	27111	TO FEMORAL NECK S MUSCLE	987.50	00 15									
63	27120	ACETABULOPLASTY P SOCKET	1,421.53										
67	27120	ACETABULOPLASTY P SOCKET	1,421.53	00 15									
63	27122	RESECTION FEMORAL HEAD	1,206.66										
67	27122	RESECTION FEMORAL HEAD	1,206.66	00 15									
63	27125	HEMIARTHROPLASTY; PROSTHESIS	1,237.74										
67	27125	HEMIARTHROPLASTY; PROSTHESIS	1,237.74	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,407.94										
67	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,407.94	00 15									
63	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,830.35										
67	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,830.35	00 15									
63	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,090.36										
67	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,090.36	00 15									
63	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,605.82										
67	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,605.82	00 15									
63	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,668.62										
67	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,668.62	00 15									
63	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	981.01										
67	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	981.01	00 15									
63	27146	OSTEOTOMY, ILIAC	1,390.37										
67	27146	OSTEOTOMY, ILIAC	1,390.37	00 15									
63	27147	WITH OPEN REDUCTION OF HIP	1,600.65										
67	27147	WITH OPEN REDUCTION OF HIP	1,600.65	00 15									
63	27151	WITH FEMORAL OSTEOTOMY	1,732.29										
67	27151	WITH FEMORAL OSTEOTOMY	1,732.29	00 15									
63	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,867.11										
67	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,867.11	00 15									
63	27158	OSTEOTOMY, PELVIS, BILATERAL	1,531.53										
67	27158	OSTEOTOMY, PELVIS, BILATERAL	1,531.53	00 15									
63	27161	INCISION OF NECK OF FEMUR	1,334.53										
67	27161	INCISION OF NECK OF FEMUR	1,334.53	00 15									
63	27165	INCISION/FIXATION OF FEMUR	1,503.68										
67	27165	INCISION/FIXATION OF FEMUR	1,503.68	00 15									
63	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,284.59										
67	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,284.59	00 15									
63	27175	TREAT SLIPPED EPIPHYSIS	730.69										
67	27175	TREAT SLIPPED EPIPHYSIS	730.69	00 15									
63	27176	BY SINGLE OR MULITPLE PINNING, IN SI	1,008.76										
67	27176	BY SINGLE OR MULITPLE PINNING, IN SI	1,008.76	00 15									
63	27177	REPAIR SLIPPED EPIPHYSIS	1,220.48										
67	27177	REPAIR SLIPPED EPIPHYSIS	1,220.48	00 15									
63	27178	CLOSED MANIPULATION YSIS	1,008.76										
67	27178	CLOSED MANIPULATION YSIS	1,008.76	00 15									
63	27179	OSTEOPLASTY OF FEMORAL NECK	1,071.33										
67	27179	OSTEOPLASTY OF FEMORAL NECK	1,071.33	00 15									
63	27181	OSTEOTOMY & INTERNAL FIXATION	1,224.67										
67	27181	OSTEOTOMY & INTERNAL FIXATION	1,224.67	00 15									
63	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	786.49										
67	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	786.49	00 15									
63	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,089.37										
67	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,089.37	00 15									
63	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	143.83										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	143.83	00 15									
63	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	344.47										
67	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	344.47	00 15									
63	27200	TRMT OF CLOSED COCCYGEAL FX	202.87										
67	27200	TRMT OF CLOSED COCCYGEAL FX	202.87	00 15									
63	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	578.45										
67	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	578.45	00 15									
63	27220	TREAT HIP SOCKET FRACTURE	458.84										
67	27220	TREAT HIP SOCKET FRACTURE	458.84	00 15									
63	27222	WITH MANIPULATION CTURE	1,079.37										
67	27222	WITH MANIPULATION CTURE	1,079.37	00 15									
63	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,156.98										
67	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,156.98	00 15									
63	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,808.03										
67	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,808.03	00 15									
63	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	2,059.34										
67	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	2,059.34	00 15									
63	27230	TRMT OF CLOSED FEMORAL FX	531.16										
67	27230	TRMT OF CLOSED FEMORAL FX	531.16	00 15									
63	27232	WITH MANIPULATION MUR	803.75									X	
67	27232	WITH MANIPULATION MUR	803.75	00 15								X	
63	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	991.02										
67	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	991.02	00 15									
63	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,304.60										
67	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,304.60	00 15									
63	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	510.49										
67	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	510.49	00 15									
63	27240	WITH MANIPULATION RACTURE	1,047.80										
67	27240	WITH MANIPULATION RACTURE	1,047.80	00 15									
63	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,342.94										
67	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,342.94	00 15									
63	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,341.31										
67	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,341.31	00 15									
63	27246	TRMT OF CLOSED GREATER TROCHANTERIC	427.91										
67	27246	TRMT OF CLOSED GREATER TROCHANTERIC	427.91	00 15									
63	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	816.57										
67	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	816.57	00 15									
63	27250	TREAT HIP DISLOCATION	204.34										
67	27250	TREAT HIP DISLOCATION	204.34	00 15									
63	27252	REQUIRING ANES N	827.86										
67	27252	REQUIRING ANES N	827.86	00 15									
63	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	1,029.17										
67	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	1,029.17	00 15									
63	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,392.01										
67	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,392.01	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	27256	TRMT OF CONGENITAL HIP DISLOCATION	344.29										
67	27256	TRMT OF CONGENITAL HIP DISLOCATION	344.29	00 15									
63	27257	WITH MANIPULATION REQUIRING ANES	395.83										
67	27257	WITH MANIPULATION REQUIRING ANES	395.83	00 15									
63	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,216.35										
67	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,216.35	00 15									
63	27259	W/ FEMORAL SHAFT SHORTENING	1,688.77										
67	27259	W/ FEMORAL SHAFT SHORTENING	1,688.77	00 15									
63	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	456.45										
67	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	456.45	00 15									
63	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	639.52										
67	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	639.52	00 15									
63	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	481.26										
67	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	481.26	00 15									
63	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	596.08										
67	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	596.08	00 15									
63	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,359.77										
67	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,359.77	00 15									
63	27275	MANIPULATION OF HIP JOINT	199.48										
67	27275	MANIPULATION OF HIP JOINT	199.48	00 15									
63	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	893.89										
67	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	893.89	00 15									
63	27280	FUSION OF SACROILIAC JOINT	1,511.67										
67	27280	FUSION OF SACROILIAC JOINT	1,511.67	00 15									
63	27282	FUSION OF PUBIC BONES	940.45										
67	27282	FUSION OF PUBIC BONES	940.45	00 15									
63	27284	FUSION OF HIP JOINT	1,758.49										
67	27284	FUSION OF HIP JOINT	1,758.49	00 15									
63	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,799.95										
67	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,799.95	00 15									
63	27290	AMPUTATION OF LEG AT HIP	1,778.33										
67	27290	AMPUTATION OF LEG AT HIP	1,778.33	00 15									
63	27295	DISARTICULATION OF HIP	1,382.81										
67	27295	DISARTICULATION OF HIP	1,382.81	00 15									
63	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	721.25										
67	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	721.25	00 15									
63	27303	INCISION, DEEP W/ OPENING OF BONE CO	697.49										
67	27303	INCISION, DEEP W/ OPENING OF BONE CO	697.49	00 15									
63	27305	FASCIOTOMY & FASCIA	528.19										
67	27305	FASCIOTOMY & FASCIA	528.19	00 15									
63	27306	TENOTOMY, SINGLE NDON	363.22										
67	27306	TENOTOMY, SINGLE NDON	363.22	00 15									
63	27307	MULTIPLE NDONS	444.50										
67	27307	MULTIPLE NDONS	444.50	00 15									
63	27310	ARTHROTOMY, KNEE JOINT	801.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	27310	ARTHROTOMY, KNEE JOINT	801.31	00 15									
63	27323	BIOPSY THIGH SOFT TISSUES	288.22										
67	27323	BIOPSY THIGH SOFT TISSUES	288.22	00 15									
63	27324	BIOPSY THIGH SOFT TISSUES	447.57										
67	27324	BIOPSY THIGH SOFT TISSUES	447.57	00 15									
63	27325	NEURECTOMY, HAMSTRING MUSCLE	616.83										
67	27325	NEURECTOMY, HAMSTRING MUSCLE	616.83	00 15									
63	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	570.01										
67	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	570.01	00 15									
63	27327	REMOVAL OF THIGH LESION	530.49										
67	27327	REMOVAL OF THIGH LESION	530.49	00 15									
63	27328	REMOVAL OF THIGH LESION	684.97										
67	27328	REMOVAL OF THIGH LESION	684.97	00 15									
63	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,144.89										
67	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,144.89	00 15									
63	27330	BIOPSY KNEE JOINT LINING	460.51										
67	27330	BIOPSY KNEE JOINT LINING	460.51	00 15									
63	27331	EXPLORE/TREAT KNEE JOINT	521.01										
67	27331	EXPLORE/TREAT KNEE JOINT	521.01	00 15									
63	27332	REMOVAL OF KNEE CARTILAGE	705.29										
67	27332	REMOVAL OF KNEE CARTILAGE	705.29	00 15									
63	27333	REMOVAL OF KNEE CARTILAGE	643.88										
67	27333	REMOVAL OF KNEE CARTILAGE	643.88	00 15									
63	27334	REMOVE KNEE JOINT LINING	751.55										
67	27334	REMOVE KNEE JOINT LINING	751.55	00 15									
63	27335	REMOVE KNEE JOINT LINING	837.58										
67	27335	REMOVE KNEE JOINT LINING	837.58	00 15									
63	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	460.34										
67	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	460.34	00 15									
63	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	828.58										
67	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	828.58	00 15									
63	27340	REMOVAL OF KNEECAP BURSA	407.11										
67	27340	REMOVAL OF KNEECAP BURSA	407.11	00 15									
63	27345	REMOVAL OF CYST OF MEMBRANE COVERING	529.98										
67	27345	REMOVAL OF CYST OF MEMBRANE COVERING	529.98	00 15									
63	27347	REMOVE KNEE CYST	576.09										
67	27347	REMOVE KNEE CYST	576.09	00 15									
63	27350	REMOVAL OF KNEECAP	715.50										
67	27350	REMOVAL OF KNEECAP	715.50	00 15									
63	27355	REMOVE FEMUR LESION	664.99										
67	27355	REMOVE FEMUR LESION	664.99	00 15									
63	27356	REMOVE FEMUR LESION/GRAFT	810.11										
67	27356	REMOVE FEMUR LESION/GRAFT	810.11	00 15									
63	27357	REMOVE FEMUR LESION/GRAFT	895.48										
67	27357	REMOVE FEMUR LESION/GRAFT	895.48	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
63	27358	WITH INTERNAL FIXATION	302.39										
67	27358	WITH INTERNAL FIXATION	302.39	00 15									
63	27360	PARTIAL REMOVAL LEG BONE(S)	982.59										
67	27360	PARTIAL REMOVAL LEG BONE(S)	982.59	00 15									
63	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,722.00										
67	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,722.00	00 15									
63	27365	EXTENSIVE LEG SURGERY	2,249.58										
67	27365	EXTENSIVE LEG SURGERY	2,249.58	00 15									
63	27369	INJECTION PROCEDURE FOR CONTRAST KNE	191.06										
67	27369	INJECTION PROCEDURE FOR CONTRAST KNE	191.06	00 15									
63	27372	REMOVAL OF FOREIGN BODY	626.44										
67	27372	REMOVAL OF FOREIGN BODY	626.44	00 15									
63	27380	REPAIR OF KNEECAP TENDON	677.80										
67	27380	REPAIR OF KNEECAP TENDON	677.80	00 15									
63	27381	REPAIR/GRAFT KNEECAP TENDON	894.73										
67	27381	REPAIR/GRAFT KNEECAP TENDON	894.73	00 15									
63	27385	REPAIR OF THIGH MUSCLE	657.31										
67	27385	REPAIR OF THIGH MUSCLE	657.31	00 15									
63	27386	REPAIR/GRAFT OF THIGH MUSCLE	931.97										
67	27386	REPAIR/GRAFT OF THIGH MUSCLE	931.97	00 15									
63	27390	INCISION OF THIGH TENDON	491.32										
67	27390	INCISION OF THIGH TENDON	491.32	00 15									
63	27391	INCISION OF THIGH TENDONS	634.10										
67	27391	INCISION OF THIGH TENDONS	634.10	00 15									
63	27392	INCISION OF THIGH TENDONS	780.46										
67	27392	INCISION OF THIGH TENDONS	780.46	00 15									
63	27393	LENGTHENING OF THIGH TENDON	548.90										
67	27393	LENGTHENING OF THIGH TENDON	548.90	00 15									
63	27394	LENGTHENING OF THIGH TENDONS	715.86										
67	27394	LENGTHENING OF THIGH TENDONS	715.86	00 15									
63	27395	LENGTHENING OF THIGH TENDONS	964.83										
67	27395	LENGTHENING OF THIGH TENDONS	964.83	00 15									
63	27396	TRANSPLANT OF THIGH TENDON	676.50										
67	27396	TRANSPLANT OF THIGH TENDON	676.50	00 15									
63	27397	TRANSPLANTS OF THIGH TENDONS	999.62										
67	27397	TRANSPLANTS OF THIGH TENDONS	999.62	00 15									
63	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	761.15										
67	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	761.15	00 15									
63	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	704.91										
67	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	704.91	00 15									
63	27405	REPAIR OF KNEE LIGAMENT	738.69										
67	27405	REPAIR OF KNEE LIGAMENT	738.69	00 15									
63	27407	REPAIR OF KNEE LIGAMENT	870.84										
67	27407	REPAIR OF KNEE LIGAMENT	870.84	00 15									
63	27409	REPAIR OF KNEE LIGAMENTS	1,058.53										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	27409	REPAIR OF KNEE LIGAMENTS	1,058.53	00 15									
63	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,803.22										
67	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,803.22	00 15									
63	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,500.44		X								
67	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,500.44	00 15	X								
63	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,073.96		X								
67	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,073.96	00 15	X								
63	27418	PLASTY FOR CHONDROMALACIA PATELLAE	907.18										
67	27418	PLASTY FOR CHONDROMALACIA PATELLAE	907.18	00 15									
63	27420	REVISION OF UNSTABLE KNEECAP	816.67										
67	27420	REVISION OF UNSTABLE KNEECAP	816.67	00 15									
63	27422	REVISION OF UNSTABLE KNEECAP	811.80										
67	27422	REVISION OF UNSTABLE KNEECAP	811.80	00 15									
63	27424	REVISION/REMOVAL OF KNEECAP	819.87										
67	27424	REVISION/REMOVAL OF KNEECAP	819.87	00 15									
63	27425	LATERAL RETINACULAR RELEASE ANY METH	494.04										
67	27425	LATERAL RETINACULAR RELEASE ANY METH	494.04	00 15									
63	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	776.51										
67	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	776.51	00 15									
63	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,219.62										
67	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,219.62	00 15									
63	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,374.14										
67	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,374.14	00 15									
63	27430	REVISION OF THIGH MUSCLES	812.10										
67	27430	REVISION OF THIGH MUSCLES	812.10	00 15									
63	27435	INCISION OF KNEE JOINT	884.61										
67	27435	INCISION OF KNEE JOINT	884.61	00 15									
63	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	723.27										
67	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	723.27	00 15									
63	27438	REVISE KNEECAP WITH IMPLANT	919.87										
67	27438	REVISE KNEECAP WITH IMPLANT	919.87	00 15									
63	27440	REVISION OF KNEE JOINT	873.45										
67	27440	REVISION OF KNEE JOINT	873.45	00 15									
63	27441	REVISION OF KNEE JOINT	902.39										
67	27441	REVISION OF KNEE JOINT	902.39	00 15									
63	27442	REVISION OF KNEE JOINT	954.34										
67	27442	REVISION OF KNEE JOINT	954.34	00 15									
63	27443	REVISION OF KNEE JOINT	893.40										
67	27443	REVISION OF KNEE JOINT	893.40	00 15									
63	27445	REVISE KNEE JOINT, IMPLANT	1,373.00										
67	27445	REVISE KNEE JOINT, IMPLANT	1,373.00	00 15									
63	27446	TOTAL KNEE REPLACEMENT	1,256.01										
67	27446	TOTAL KNEE REPLACEMENT	1,256.01	00 15									
63	27447	TOTAL KNEE REPLACEMENT	1,406.50										
67	27447	TOTAL KNEE REPLACEMENT	1,406.50	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	27448	INCISION OF FEMUR	906.43										
67	27448	INCISION OF FEMUR	906.43	00 15									
63	27450	INCISION OF FEMUR	1,110.94										
67	27450	INCISION OF FEMUR	1,110.94	00 15									
63	27454	REALIGNMENT OF FEMUR	1,416.50										
67	27454	REALIGNMENT OF FEMUR	1,416.50	00 15									
63	27455	REALIGNMENT OF KNEE	1,050.52										
67	27455	REALIGNMENT OF KNEE	1,050.52	00 15									
63	27457	REALIGNMENT OF KNEE	1,052.77										
67	27457	REALIGNMENT OF KNEE	1,052.77	00 15									
63	27465	SHORTENING OF FEMUR	1,367.17										
67	27465	SHORTENING OF FEMUR	1,367.17	00 15									
63	27466	LENGTHENING OF FEMUR	1,296.31										
67	27466	LENGTHENING OF FEMUR	1,296.31	00 15									
63	27468	REVISION OF FEMURS	1,467.97										
67	27468	REVISION OF FEMURS	1,467.97	00 15									
63	27470	REPAIR OF FEMUR	1,291.26										
67	27470	REPAIR OF FEMUR	1,291.26	00 15									
63	27472	REPAIR/GRAFT OF FEMUR	1,384.59										
67	27472	REPAIR/GRAFT OF FEMUR	1,384.59	00 15									
63	27475	REPAIR OF FEMUR EPIPHYSIS	725.79										
67	27475	REPAIR OF FEMUR EPIPHYSIS	725.79	00 15									
63	27477	REPAIR LOWER LEG EPIPHYSES	803.47										
67	27477	REPAIR LOWER LEG EPIPHYSES	803.47	00 15									
63	27479	REPAIR OF LEG EPIPHYSES	1,005.98										
67	27479	REPAIR OF LEG EPIPHYSES	1,005.98	00 15									
63	27485	REPAIR OF LEG EPIPHYSIS	736.31										
67	27485	REPAIR OF LEG EPIPHYSIS	736.31	00 15									
63	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,536.56										
67	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,536.56	00 15									
63	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,920.30										
67	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,920.30	00 15									
63	27488	REMOVAL OF KNEE PROSTHESIS	1,312.84										
67	27488	REMOVAL OF KNEE PROSTHESIS	1,312.84	00 15									
63	27495	PROPHYLACTIC TREAT. FEMUR	1,236.94										
67	27495	PROPHYLACTIC TREAT. FEMUR	1,236.94	00 15									
63	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	597.12										
67	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	597.12	00 15									
63	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	635.35										
67	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	635.35	00 15									
63	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	718.03										
67	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	718.03	00 15									
63	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	768.24										
67	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	768.24	00 15									
63	27500	TREATMENT OF FEMUR FRACTURE	571.79										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	27500	TREATMENT OF FEMUR FRACTURE	571.79	00 15									
63	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	553.76										
67	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	553.76	00 15									
63	27502	TREATMENT OF FEMUR FRACTURE	832.69										
67	27502	TREATMENT OF FEMUR FRACTURE	832.69	00 15									
63	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	878.68										
67	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	878.68	00 15									
63	27506	REPAIR OF FEMUR FRACTURE	1,463.22										
67	27506	REPAIR OF FEMUR FRACTURE	1,463.22	00 15									
63	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,060.82										
67	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,060.82	00 15									
63	27508	TREATMENT OF FEMUR FRACTURE	572.81										
67	27508	TREATMENT OF FEMUR FRACTURE	572.81	00 15									
63	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	734.76										
67	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	734.76	00 15									
63	27510	TREATMENT OF FEMUR FRACTURE	749.99										
67	27510	TREATMENT OF FEMUR FRACTURE	749.99	00 15									
63	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,092.68										
67	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,092.68	00 15									
63	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,357.40										
67	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,357.40	00 15									
63	27514	REPAIR OF FEMUR FRACTURE	1,058.72										
67	27514	REPAIR OF FEMUR FRACTURE	1,058.72	00 15									
63	27516	TREATMENT OF FEMUR EPIPHYSIS	563.47										
67	27516	TREATMENT OF FEMUR EPIPHYSIS	563.47	00 15									
63	27517	TREATMENT OF FEMUR EPIPHYSIS	755.20										
67	27517	TREATMENT OF FEMUR EPIPHYSIS	755.20	00 15									
63	27519	REPAIR OF FEMUR EPIPHYSIS	976.70										
67	27519	REPAIR OF FEMUR EPIPHYSIS	976.70	00 15									
63	27520	TREAT KNEECAP FRACTURE	353.58										
67	27520	TREAT KNEECAP FRACTURE	353.58	00 15									
63	27524	REPAIR OF KNEECAP FRACTURE	823.93										
67	27524	REPAIR OF KNEECAP FRACTURE	823.93	00 15									
63	27530	TREATMENT OF KNEE FRACTURE	332.66										
67	27530	TREATMENT OF KNEE FRACTURE	332.66	00 15									
63	27532	TREATMENT OF KNEE FRACTURE	676.91										
67	27532	TREATMENT OF KNEE FRACTURE	676.91	00 15									
63	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	983.10										
67	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	983.10	00 15									
63	27536	REPAIR OF KNEE FRACTURE	1,298.49										
67	27536	REPAIR OF KNEE FRACTURE	1,298.49	00 15									
63	27538	TREAT KNEE FRACTURE(S)	525.91										
67	27538	TREAT KNEE FRACTURE(S)	525.91	00 15									
63	27540	REPAIR OF KNEE FRACTURE	891.68										
67	27540	REPAIR OF KNEE FRACTURE	891.68	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	27550	TREAT KNEE DISLOCATION	562.60										
67	27550	TREAT KNEE DISLOCATION	562.60	00 15									
63	27552	TREAT KNEE DISLOCATION	691.62										
67	27552	TREAT KNEE DISLOCATION	691.62	00 15									
63	27556	REPAIR OF KNEE DISLOCATION	961.16										
67	27556	REPAIR OF KNEE DISLOCATION	961.16	00 15									
63	27557	REPAIR OF KNEE DISLOCATION	1,145.64										
67	27557	REPAIR OF KNEE DISLOCATION	1,145.64	00 15									
63	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,305.10										
67	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,305.10	00 15									
63	27560	TREAT KNEECAP DISLOCATION	408.94										
67	27560	TREAT KNEECAP DISLOCATION	408.94	00 15									
63	27562	TREAT KNEECAP DISLOCATION	535.78										
67	27562	TREAT KNEECAP DISLOCATION	535.78	00 15									
63	27566	REPAIR KNEECAP DISLOCATION	976.92										
67	27566	REPAIR KNEECAP DISLOCATION	976.92	00 15									
63	27570	FIXATION OF KNEE JOINT	165.93										
67	27570	FIXATION OF KNEE JOINT	165.93	00 15									
63	27580	FUSION OF KNEE	1,610.13										
67	27580	FUSION OF KNEE	1,610.13	00 15									
63	27590	AMPUTATE LEG AT THIGH	870.60										
67	27590	AMPUTATE LEG AT THIGH	870.60	00 15									
63	27591	AMPUTATE LEG AT THIGH	1,056.13										
67	27591	AMPUTATE LEG AT THIGH	1,056.13	00 15									
63	27592	AMPUTATE LEG AT THIGH	741.27										
67	27592	AMPUTATE LEG AT THIGH	741.27	00 15									
63	27594	AMPUTATION FOLLOW-UP SURGERY	551.37										
67	27594	AMPUTATION FOLLOW-UP SURGERY	551.37	00 15									
63	27596	AMPUTATION FOLLOW-UP SURGERY	786.69										
67	27596	AMPUTATION FOLLOW-UP SURGERY	786.69	00 15									
63	27598	AMPUTATE LOWER LEG AT KNEE	768.31										
67	27598	AMPUTATE LOWER LEG AT KNEE	768.31	00 15									
63	27600	DECOMPRESSION OF LOWER LEG	440.75										
67	27600	DECOMPRESSION OF LOWER LEG	440.75	00 15									
63	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	481.31										
67	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	481.31	00 15									
63	27602	DECOMPRESSION OF LOWER LEG	528.04										
67	27602	DECOMPRESSION OF LOWER LEG	528.04	00 15									
63	27603	DRAIN LOWER LEG LESION	563.47										
67	27603	DRAIN LOWER LEG LESION	563.47	00 15									
63	27604	DRAIN LOWER LEG BURSA	478.20										
67	27604	DRAIN LOWER LEG BURSA	478.20	00 15									
63	27605	INCISION OF ACHILLES TENDON	344.13										
67	27605	INCISION OF ACHILLES TENDON	344.13	00 15									
63	27606	INCISION OF ACHILLES TENDON	295.66										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	27606	INCISION OF ACHILLES TENDON	295.66	00 15									
63	27607	TREAT LOWER LEG BONE LESION	650.92										
67	27607	TREAT LOWER LEG BONE LESION	650.92	00 15									
63	27610	EXPLORE/TREAT ANKLE JOINT	703.13										
67	27610	EXPLORE/TREAT ANKLE JOINT	703.13	00 15									
63	27612	EXPLORATION OF ANKLE JOINT	615.77										
67	27612	EXPLORATION OF ANKLE JOINT	615.77	00 15									
63	27613	BIOPSY LOWER LEG SOFT TISSUE	264.70										
67	27613	BIOPSY LOWER LEG SOFT TISSUE	264.70	00 15									
63	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	625.97										
67	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	625.97	00 15									
63	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,126.46										
67	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,126.46	00 15									
63	27616	REMOVAL (5 CENTIMETERS OR GREATRE) T	1,395.10										
67	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	1,395.10	00 15									
63	27618	REMOVE LOWER LEGLES ION	514.62										
67	27618	REMOVE LOWER LEGLES ION	514.62	00 15									
63	27619	REMOVE LOWER LEG LESION DEEP	511.40										
67	27619	REMOVE LOWER LEG LESION DEEP	511.40	00 15									
63	27620	BIOPSY OF ANKLE JOINT	482.13										
67	27620	BIOPSY OF ANKLE JOINT	482.13	00 15									
63	27625	REMOVE ANKLE JOINT LINING	623.19										
67	27625	REMOVE ANKLE JOINT LINING	623.19	00 15									
63	27626	REMOVE ANKLE JOINT LINING	664.86										
67	27626	REMOVE ANKLE JOINT LINING	664.86	00 15									
63	27630	REMOVAL OF TENDON LESION	564.04										
67	27630	REMOVAL OF TENDON LESION	564.04	00 15									
63	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	450.12										
67	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	450.12	00 15									
63	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	742.14										
67	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	742.14	00 15									
63	27635	REMOVE LOWER LEG BONE LESION	631.22										
67	27635	REMOVE LOWER LEG BONE LESION	631.22	00 15									
63	27637	REMOVE/GRAFT LEG BONE LESION	808.90										
67	27637	REMOVE/GRAFT LEG BONE LESION	808.90	00 15									
63	27638	REMOVE/GRAFT LEG BONE LESION	816.60										
67	27638	REMOVE/GRAFT LEG BONE LESION	816.60	00 15									
63	27640	PARTIAL REMOVAL OF TIBIA	908.61										
67	27640	PARTIAL REMOVAL OF TIBIA	908.61	00 15									
63	27641	PARTIAL REMOVAL OF FIBULA	712.88										
67	27641	PARTIAL REMOVAL OF FIBULA	712.88	00 15									
63	27645	EXTENSIVE LOWER LEG SURGERY	1,935.67										
67	27645	EXTENSIVE LOWER LEG SURGERY	1,935.67	00 15									
63	27646	EXTENSIVE LOWER LEG SURGERY	1,679.56										
67	27646	EXTENSIVE LOWER LEG SURGERY	1,679.56	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,090.11										
67	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,090.11	00 15									
63	27648	INJECTION FOR ANKLE X-RAY	220.73										
67	27648	INJECTION FOR ANKLE X-RAY	220.73	00 15									
63	27650	REPAIR ACHILLES TENDON	714.40										
67	27650	REPAIR ACHILLES TENDON	714.40	00 15									
63	27652	REPAIR/GRAFT ACHILLES TENDON	723.30										
67	27652	REPAIR/GRAFT ACHILLES TENDON	723.30	00 15									
63	27654	REPAIR OF ACHILLES TENDON	777.62										
67	27654	REPAIR OF ACHILLES TENDON	777.62	00 15									
63	27656	REPAIR FASCIAL DEFECT OF LEG	565.76										
67	27656	REPAIR FASCIAL DEFECT OF LEG	565.76	00 15									
63	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	400.69									X	
67	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	400.69	00 15								X	
63	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	511.62									X	
67	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	511.62	00 15								X	
63	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	393.74									X	
67	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	393.74	00 15								X	
63	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	455.97									X	
67	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	455.97	00 15								X	
63	27675	REPAIR LOWER LEG TENDONS	541.39										
67	27675	REPAIR LOWER LEG TENDONS	541.39	00 15									
63	27676	REPAIR LOWER LEG TENDONS	660.30										
67	27676	REPAIR LOWER LEG TENDONS	660.30	00 15									
63	27680	RELEASE OF LOWER LEG TENDON	454.10										
67	27680	RELEASE OF LOWER LEG TENDON	454.10	00 15									
63	27681	TENOLYSIS....MULTIPLE, EACHS	549.20									X	
67	27681	TENOLYSIS....MULTIPLE, EACHS	549.20	00 15								X	
63	27685	REVISION OF LOWER LEG TENDON	695.24										
67	27685	REVISION OF LOWER LEG TENDON	695.24	00 15									
63	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	573.74									X	
67	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	573.74	00 15								X	
63	27687	REVISION OF CALF TENDON	492.32										
67	27687	REVISION OF CALF TENDON	492.32	00 15									
63	27690	REVISE LOWER LEG TENDON	692.90										
67	27690	REVISE LOWER LEG TENDON	692.90	00 15									
63	27691	REVISE LOWER LEG TENDON	808.51										
67	27691	REVISE LOWER LEG TENDON	808.51	00 15									
63	27692	EACH ADDITIONAL TENDON	110.54									X	
67	27692	EACH ADDITION TENDON	110.54	00 15								X	
63	27695	REPAIR OF ANKLE LIGAMENT	526.04										
67	27695	REPAIR OF ANKLE LIGAMENT	526.04	00 15									
63	27696	REPAIR OF ANKLE LIGAMENTS	598.16										
67	27696	REPAIR OF ANKLE LIGAMENTS	598.16	00 15									
63	27698	REPAIR OF ANKLE LIGAMENT	698.70										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	27698	REPAIR OF ANKLE LIGAMENT	698.70	00 15									
63	27700	REVISION OF ANKLE JOINT	666.92										
67	27700	REVISION OF ANKLE JOINT	666.92	00 15									
63	27702	RECONSTRUCT ANKLE JOINT	1,050.87										
67	27702	RECONSTRUCT ANKLE JOINT	1,050.87	00 15									
63	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,216.34										
67	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,216.34	00 15									
63	27704	REMOVAL OF ANKLE IMPLANT	618.26										
67	27704	REMOVAL OF ANKLE IMPLANT	618.26	00 15									
63	27705	INCISION OF TIBIA	824.09										
67	27705	INCISION OF TIBIA	824.09	00 15									
63	27707	INCISION OF FIBULA	438.19										
67	27707	INCISION OF FIBULA	438.19	00 15									
63	27709	INCISION OF TIBIA & FIBULA	1,242.69										
67	27709	INCISION OF TIBIA & FIBULA	1,242.69	00 15									
63	27712	REALIGNMENT OF LOWER LEG	1,204.55										
67	27712	REALIGNMENT OF LOWER LEG	1,204.55	00 15									
63	27715	REVISION OF LOWER LEG	1,173.29										
67	27715	REVISION OF LOWER LEG	1,173.29	00 15									
63	27720	REPAIR OF TIBIA	953.74										
67	27720	REPAIR OF TIBIA	953.74	00 15									
63	27722	REPAIR/GRAFT OF TIBIA	977.31										
67	27722	REPAIR/GRAFT OF TIBIA	977.31	00 15									
63	27724	REPAIR/GRAFT OF TIBIA	1,377.61										
67	27724	REPAIR/GRAFT OF TIBIA	1,377.61	00 15									
63	27725	REPAIR OF LOWER LEG	1,327.60										
67	27725	REPAIR OF LOWER LEG	1,327.60	00 15									
63	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,049.36										
67	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,049.36	00 15									
63	27727	REPAIR OF LOWER LEG	1,136.63										
67	27727	REPAIR OF LOWER LEG	1,136.63	00 15									
63	27730	REPAIR OF TIBIA EPIPHYSIS	643.13										
67	27730	REPAIR OF TIBIA EPIPHYSIS	643.13	00 15									
63	27732	REPAIR OF FIBULA EPIPHYSIS	494.88										
67	27732	REPAIR OF FIBULA EPIPHYSIS	494.88	00 15									
63	27734	REPAIR LOWER LEG EPIPHYSES	719.80										
67	27734	REPAIR LOWER LEG EPIPHYSES	719.80	00 15									
63	27740	REPAIR OF LEG EPIPHYSES	775.04										
67	27740	REPAIR OF LEG EPIPHYSES	775.04	00 15									
63	27742	REPAIR OF LEG EPIPHYSES	849.99										
67	27742	REPAIR OF LEG EPIPHYSES	849.99	00 15									
63	27750	TREATMENT OF TIBIA FRACTURE	377.69										
67	27750	TREATMENT OF TIBIA FRACTURE	377.69	00 15									
63	27752	TREATMENT OF TIBIA FRACTURE	585.94										
67	27752	TREATMENT OF TIBIA FRACTURE	585.94	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	27756	REPAIR OF TIBIA FRACTURE	629.98										
67	27756	REPAIR OF TIBIA FRACTURE	629.98	00 15									
63	27758	REPAIR OF TIBIA FRACTURE	979.40										
67	27758	REPAIR OF TIBIA FRACTURE	979.40	00 15									
63	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,091.05										
67	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,091.05	00 15									
63	27760	CLTX MEDIAL ANKLE FX	359.63										
67	27760	CLTX MEDIAL ANKLE FX	359.63	00 15									
63	27762	CLTX MED ANKLE FX W/MNPJ	528.30										
67	27762	CLTX MED ANKLE FX W/MNPJ	528.30	00 15									
63	27766	REPAIR OF ANKLE FRACTURE	660.93										
67	27766	REPAIR OF ANKLE FRACTURE	660.93	00 15									
63	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	315.47										
67	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	315.47	00 15									
63	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	488.56										
67	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	488.56	00 15									
63	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	794.38										
67	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	794.38	00 15									
63	27780	TREATMENT OF FIBULA FRACTURE	335.48										
67	27780	TREATMENT OF FIBULA FRACTURE	335.48	00 15									
63	27781	TREATMENT OF FIBULA FRACTURE	477.45										
67	27781	TREATMENT OF FIBULA FRACTURE	477.45	00 15									
63	27784	REPAIR OF FIBULA FRACTURE	775.84										
67	27784	REPAIR OF FIBULA FRACTURE	775.84	00 15									
63	27786	TREATMENT OF ANKLE FRACTURE	340.03										
67	27786	TREATMENT OF ANKLE FRACTURE	340.03	00 15									
63	27788	TREATMENT OF ANKLE FRACTURE	464.52										
67	27788	TREATMENT OF ANKLE FRACTURE	464.52	00 15									
63	27792	REPAIR OF ANKLE FRACTURE	703.74										
67	27792	REPAIR OF ANKLE FRACTURE	703.74	00 15									
63	27808	TREATMENT OF ANKLE FRACTURE	362.54										
67	27808	TREATMENT OF ANKLE FRACTURE	362.54	00 15									
63	27810	TREATMENT OF ANKLE FRACTURE	518.63										
67	27810	TREATMENT OF ANKLE FRACTURE	518.63	00 15									
63	27814	REPAIR OF ANKLE FRACTURE	835.33										
67	27814	REPAIR OF ANKLE FRACTURE	835.33	00 15									
63	27816	TREATMENT OF ANKLE FRACTURE	357.95										
67	27816	TREATMENT OF ANKLE FRACTURE	357.95	00 15									
63	27818	TREATMENT OF ANKLE FRACTURE	539.02										
67	27818	TREATMENT OF ANKLE FRACTURE	539.02	00 15									
63	27822	REPAIR OF ANKLE FRACTURE	949.14										
67	27822	REPAIR OF ANKLE FRACTURE	949.14	00 15									
63	27823	REPAIR OF ANKLE FRACTURE	1,071.70										
67	27823	REPAIR OF ANKLE FRACTURE	1,071.70	00 15									
63	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	346.00										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	346.00	00 15									
63	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	596.96										
67	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	596.96	00 15									
63	27826	OPEN TREATMENT OF FRACTURE OF LOWER	927.97										
67	27826	OPEN TREATMENT OF FRACTURE OF LOWER	927.97	00 15									
63	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,219.15										
67	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,219.15	00 15									
63	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,447.84										
67	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,447.84	00 15									
63	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	766.78										
67	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	766.78	00 15									
63	27830	TREAT LOWER LEG DISLOCATION	424.42										
67	27830	TREAT LOWER LEG DISLOCATION	424.42	00 15									
63	27831	TREAT LOWER LEG DISLOCATION	446.28										
67	27831	TREAT LOWER LEG DISLOCATION	446.28	00 15									
63	27832	REPAIR LOWER LEG DISLOCATION	827.54										
67	27832	REPAIR LOWER LEG DISLOCATION	827.54	00 15									
63	27840	TREAT ANKLE DISLOCATION	424.87										
67	27840	TREAT ANKLE DISLOCATION	424.87	00 15									
63	27842	TREAT ANKLE DISLOCATION	537.38										
67	27842	TREAT ANKLE DISLOCATION	537.38	00 15									
63	27846	REPAIR ANKLE DISLOCATION	785.18										
67	27846	REPAIR ANKLE DISLOCATION	785.18	00 15									
63	27848	REPAIR ANKLE DISLOCATION	859.13										
67	27848	REPAIR ANKLE DISLOCATION	859.13	00 15									
63	27860	FIXATION OF ANKLE JOINT	178.52										
67	27860	FIXATION OF ANKLE JOINT	178.52	00 15									
63	27870	FUSION OF ANKLE JOINT	1,104.19										
67	27870	FUSION OF ANKLE JOINT	1,104.19	00 15									
63	27871	FUSION OF TIBIOFIBULAR JOINT	754.48										
67	27871	FUSION OF TIBIOFIBULAR JOINT	754.48	00 15									
63	27880	AMPUTATION OF LOWER LEG	997.49										
67	27880	AMPUTATION OF LOWER LEG	997.49	00 15									
63	27881	AMPUTATION OF LOWER LEG	938.86										
67	27881	AMPUTATION OF LOWER LEG	938.86	00 15									
63	27882	AMPUTATION OF LOWER LEG	654.14										
67	27882	AMPUTATION OF LOWER LEG	654.14	00 15									
63	27884	AMPUTATION FOLLOW-UP SURGERY	635.18										
67	27884	AMPUTATION FOLLOW-UP SURGERY	635.18	00 15									
63	27886	AMPUTATION FOLLOW-UP SURGERY	712.74										
67	27886	AMPUTATION FOLLOW-UP SURGERY	712.74	00 15									
63	27888	AMPUTATION OF FOOT AT ANKLE	705.08										
67	27888	AMPUTATION OF FOOT AT ANKLE	705.08	00 15									
63	27889	AMPUTATION OF FOOT AT ANKLE	702.96										
67	27889	AMPUTATION OF FOOT AT ANKLE	702.96	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	27892	DECOMPRESSION FASCIOTOMY, LEG;	586.98										
67	27892	DECOMPRESSION FASCIOTOMY, LEG;	586.98	00 15									
63	27893	DECOMPRESSION FASCIOTOMY, LEG;	669.74										
67	27893	DECOMPRESSION FASCIOTOMY, LEG;	669.74	00 15									
63	27894	DECOMPRESSION FASCIOTOMY, LEG;	894.43										
67	27894	DECOMPRESSION FASCIOTOMY, LEG;	894.43	00 15									
63	28001	DRAINAGE OF BURSA OF FOOT	181.04										
67	28001	DRAINAGE OF BURSA OF FOOT	181.04	00 15									
63	28002	TREATMENT OF FOOT INFECTION	259.90										
67	28002	TREATMENT OF FOOT INFECTION	259.90	00 15									
63	28003	TREATMENT OF FOOT INFECTION	408.09										
67	28003	TREATMENT OF FOOT INFECTION	408.09	00 15									
63	28005	TREAT FOOT BONE LESION	618.58										
67	28005	TREAT FOOT BONE LESION	618.58	00 15									
63	28008	INCISION OF FOOT FASCIA	449.44										
67	28008	INCISION OF FOOT FASCIA	449.44	00 15									
63	28010	INCISION OF TOE TENDON	247.79										
67	28010	INCISION OF TOE TENDON	247.79	00 15									
63	28011	INCISION OF TOE TENDONS	335.26										
67	28011	INCISION OF TOE TENDONS	335.26	00 15									
63	28020	EXPLORATION OF A FOOT JOINT	575.20										
67	28020	EXPLORATION OF A FOOT JOINT	575.20	00 15									
63	28022	EXPLORATION OF A FOOT JOINT	509.51										
67	28022	EXPLORATION OF A FOOT JOINT	509.51	00 15									
63	28024	EXPLORATION OF A TOE JOINT	479.65										
67	28024	EXPLORATION OF A TOE JOINT	479.65	00 15									
63	28035	DECOMPRESSION OF TIBIA NERVE	555.91										
67	28035	DECOMPRESSION OF TIBIA NERVE	555.91	00 15									
63	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	509.28										
67	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	509.28	00 15									
63	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	488.48										
67	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	488.48	00 15									
63	28043	EXCISION OF FOOT LESION	402.20										
67	28043	EXCISION OF FOOT LESION	402.20	00 15									
63	28045	EXCISION OF FOOT LESION	507.20										
67	28045	EXCISION OF FOOT LESION	507.20	00 15									
63	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	775.17										
67	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	775.17	00 15									
63	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,129.71										
67	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,129.71	00 15									
63	28050	BIOPSY OF FOOT JOINT LINING	434.26										
67	28050	BIOPSY OF FOOT JOINT LINING	434.26	00 15									
63	28052	BIOPSY OF FOOT JOINT LINING	405.61										
67	28052	BIOPSY OF FOOT JOINT LINING	405.61	00 15									
63	28054	BIOPSY OF TOE JOINT LINING	380.74										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	28054	BIOPSY OF TOE JOINT LINING	380.74	00 15									
63	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	415.83										
67	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	415.83	00 15									
63	28060	PARTIAL REMOVAL FOOT FASCIA	542.49										
67	28060	PARTIAL REMOVAL FOOT FASCIA	542.49	00 15									
63	28062	REMOVAL OF FOOT FASCIA	606.79										
67	28062	REMOVAL OF FOOT FASCIA	606.79	00 15									
63	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	531.67									X	
67	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	531.67	00 15								X	
63	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	512.51									X	
67	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	512.51	00 15								X	
63	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	555.07									X	
67	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	555.07	00 15								X	
63	28086	EXCISE FOOT TENDON SHEATH	556.77										
67	28086	EXCISE FOOT TENDON SHEATH	556.77	00 15									
63	28088	EXCISE FOOT TENDON SHEATH	478.64										
67	28088	EXCISE FOOT TENDON SHEATH	478.64	00 15									
63	28090	REMOVAL OF FOOT LESION	486.31										
67	28090	REMOVAL OF FOOT LESION	486.31	00 15									
63	28092	REMOVAL OF TOE LESIONS	438.25										
67	28092	REMOVAL OF TOE LESIONS	438.25	00 15									
63	28100	REMOVAL OF ANKLE/HEEL LESION	645.17										
67	28100	REMOVAL OF ANKLE/HEEL LESION	645.17	00 15									
63	28102	REMOVE/GRAFT FOOT LESION	666.94										
67	28102	REMOVE/GRAFT FOOT LESION	666.94	00 15									
63	28103	REMOVE/GRAFT FOOT LESION	419.04										
67	28103	REMOVE/GRAFT FOOT LESION	419.04	00 15									
63	28104	REMOVAL OF FOOT LESION	548.79										
67	28104	REMOVAL OF FOOT LESION	548.79	00 15									
63	28106	REMOVE/GRAFT FOOT LESION	459.95										
67	28106	REMOVE/GRAFT FOOT LESION	459.95	00 15									
63	28107	REMOVE/GRAFT FOOT LESION	529.53										
67	28107	REMOVE/GRAFT FOOT LESION	529.53	00 15									
63	28108	REMOVAL OF TOE LESIONS	452.75										
67	28108	REMOVAL OF TOE LESIONS	452.75	00 15									
63	28110	PART REMOVAL OF METATARSAL	478.14										
67	28110	PART REMOVAL OF METATARSAL	478.14	00 15									
63	28111	PART REMOVAL OF METATARSAL	501.14										
67	28111	PART REMOVAL OF METATARSAL	501.14	00 15									
63	28112	PART REMOVAL OF METATARSAL	504.47										
67	28112	PART REMOVAL OF METATARSAL	504.47	00 15									
63	28113	PART REMOVAL OF METATARSAL	612.93										
67	28113	PART REMOVAL OF METATARSAL	612.93	00 15									
63	28114	REMOVAL OF METATARSAL HEADS	1,129.94										
67	28114	REMOVAL OF METATARSAL HEADS	1,129.94	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	28116	REVISION OF FOOT	828.73										
67	28116	REVISION OF FOOT	828.73	00 15									
63	28118	PARTIAL REMOVAL OF HEEL	633.67										
67	28118	PARTIAL REMOVAL OF HEEL	633.67	00 15									
63	28119	REMOVAL OF HEEL SPUR	549.89										
67	28119	REMOVAL OF HEEL SPUR	549.89	00 15									
63	28120	PART REMOVAL OF ANKLE/HEEL	709.63										
67	28120	PART REMOVAL OF ANKLE/HEEL	709.63	00 15									
63	28122	PARTIAL REMOVAL OF FOOT BONE	623.63										
67	28122	PARTIAL REMOVAL OF FOOT BONE	623.63	00 15									
63	28124	PARTIAL REMOVAL OF TOE	497.53										
67	28124	PARTIAL REMOVAL OF TOE	497.53	00 15									
63	28126	CONDYLECTOMY...SING. TOE, EACH	406.34									X	
67	28126	CONDYLECTOMY...SING. TOE, EACH	406.34	00 15								X	
63	28130	REMOVAL OF ANKLE BONE	658.30										
67	28130	REMOVAL OF ANKLE BONE	658.30	00 15									
63	28140	REMOVAL OF METATARSAL	607.41										
67	28140	REMOVAL OF METATARSAL	607.41	00 15									
63	28150	PHALANGECTOMY,TOE, SINGLE, EACH	437.00									X	
67	28150	PHALANGECTOMY,TOE, SINGLE, EACH	437.00	00 15								X	
63	28153	PARTIAL REMOVAL OF TOE	421.85										
67	28153	PARTIAL REMOVAL OF TOE	421.85	00 15									
63	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	424.98									X	
67	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	424.98	00 15								X	
63	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,211.64										
67	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,211.64	00 15									
63	28173	RADICAL RESECTION FOR TUMOR,METATARS	791.66										
67	28173	RADICAL RESECTION FOR TUMOR,METATARS	791.66	00 15									
63	28175	RADICAL RESECTION FOR TUMOR PHALANX	508.16										
67	28175	RADICAL RESECTION FOR TUMOR PHALANX	508.16	00 15									
63	28190	REMOVAL OF FOOT FOREIGN BODY	250.31										
67	28190	REMOVAL OF FOOT FOREIGN BODY	250.31	00 15									
63	28192	REMOVAL OF FOOT FOREIGN BODY	479.88										
67	28192	REMOVAL OF FOOT FOREIGN BODY	479.88	00 15									
63	28193	REMOVAL OF FOOT FOREIGN BODY	547.67										
67	28193	REMOVAL OF FOOT FOREIGN BODY	547.67	00 15									
63	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	517.25									X	
67	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	517.25	00 15								X	
63	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	633.11									X	
67	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	633.11	00 15								X	
63	28208	REP/SUT TEND....EACH TENDON	509.29									X	
67	28208	REP/SUT TEND....EACH TENDON	509.29	00 15								X	
63	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	628.45									X	
67	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	628.45	00 15								X	
63	28220	RELEASE OF FOOT TENDON	470.95										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	28220	RELEASE OF FOOT TENDON	470.95	00 15									
63	28222	RELEASE OF FOOT TENDONS	554.36										
67	28222	RELEASE OF FOOT TENDONS	554.36	00 15									
63	28225	RELEASE OF FOOT TENDON	430.57										
67	28225	RELEASE OF FOOT TENDON	430.57	00 15									
63	28226	RELEASE OF FOOT TENDONS	648.27										
67	28226	RELEASE OF FOOT TENDONS	648.27	00 15									
63	28230	INCISION OF FOOT TENDON(S)	453.44										
67	28230	INCISION OF FOOT TENDON(S)	453.44	00 15									
63	28232	INCISION OF TOE TENDON	391.73										
67	28232	INCISION OF TOE TENDON	391.73	00 15									
63	28234	INCISION OF FOOT TENDON	424.61										
67	28234	INCISION OF FOOT TENDON	424.61	00 15									
63	28238	REVISION OF FOOT TENDON	714.08										
67	28238	REVISION OF FOOT TENDON	714.08	00 15									
63	28240	RELEASE OF BIG TOE	463.85										
67	28240	RELEASE OF BIG TOE	463.85	00 15									
63	28250	REVISION OF FOOT FASCIA	619.03										
67	28250	REVISION OF FOOT FASCIA	619.03	00 15									
63	28260	RELEASE OF MIDFOOT JOINT	763.45										
67	28260	RELEASE OF MIDFOOT JOINT	763.45	00 15									
63	28261	REVISION OF FOOT TENDON	1,286.44										
67	28261	REVISION OF FOOT TENDON	1,286.44	00 15									
63	28262	REVISION OF FOOT AND ANKLE	1,501.52										
67	28262	REVISION OF FOOT AND ANKLE	1,501.52	00 15									
63	28264	RELEASE OF MIDFOOT JOINT	934.75										
67	28264	RELEASE OF MIDFOOT JOINT	934.75	00 15									
63	28270	CAPSULOTOMY...EACH JOINT	508.67									X	
67	28270	CAPSULOTOMY...EACH JOINT	508.67	00 15								X	
63	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	398.64									X	
67	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	398.64	00 15								X	
63	28280	FUSION OF TOES	534.76										
67	28280	FUSION OF TOES	534.76	00 15									
63	28285	REVISION OF HAMMERTOE	564.01									X	
67	28285	REVISION OF HAMMERTOE	564.01	00 15								X	
63	28286	REVISION OF HAMMERTOE	460.61										
67	28286	REVISION OF HAMMERTOE	460.61	00 15									
63	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	631.73									X	
67	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	631.73	00 15								X	
63	28289	REPAIR HALLUX RIGIDUS	722.02										
67	28289	REPAIR HALLUX RIGIDUS	722.02	00 15									
63	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	734.15										
67	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	734.15	00 15									
63	28292	CORRECTION OF BUNION	729.84										
67	28292	CORRECTION OF BUNION	729.84	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,116.62										
67	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,116.62	00 15									
63	28296	CORRECTION OF BUNION	922.36										
67	28296	CORRECTION OF BUNION	922.36	00 15									
63	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,074.47										
67	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,074.47	00 15									
63	28298	CORRECTION OF BUNION	870.37										
67	28298	CORRECTION OF BUNION	870.37	00 15									
63	28299	CORRECTION OF BUNION	1,052.62										
67	28299	CORRECTION OF BUNION	1,052.62	00 15									
63	28300	INCISION OF HEEL BONE	709.73										
67	28300	INCISION OF HEEL BONE	709.73	00 15									
63	28302	INCISION OF ANKLE BONE	783.17										
67	28302	INCISION OF ANKLE BONE	783.17	00 15									
63	28304	INCISION OF MIDFOOT BONES	881.55										
67	28304	INCISION OF MIDFOOT BONES	881.55	00 15									
63	28305	INCISE/GRAFT MIDFOOT BONES	730.71										
67	28305	INCISE/GRAFT MIDFOOT BONES	730.71	00 15									
63	28306	INCISION OF METATARSAL	638.94										
67	28306	INCISION OF METATARSAL	638.94	00 15									
63	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	827.67										
67	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	827.67	00 15									
63	28308	INCISION OF METATARSAL	596.62									X	
67	28308	INCISION OF METATARSAL	596.62	00 15								X	
63	28309	INCISION OF METATARSALS	982.78										
67	28309	INCISION OF METATARSALS	982.78	00 15									
63	28310	REVISION OF BIG TOE	569.62										
67	28310	REVISION OF BIG TOE	569.62	00 15									
63	28312	REVISION OF TOE	556.64										
67	28312	REVISION OF TOE	556.64	00 15									
63	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	554.63									X	
67	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	554.63	00 15								X	
63	28315	SESAMOIDECTOMY FIRST TOE	502.89										
67	28315	SESAMOIDECTOMY FIRST TOE	502.89	00 15									
63	28320	REPAIR OF FOOT BONES	666.47										
67	28320	REPAIR OF FOOT BONES	666.47	00 15									
63	28322	REPAIR OF METATARSALS	835.69										
67	28322	REPAIR OF METATARSALS	835.69	00 15									
63	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	597.14									X	
67	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	597.14	00 15								X	
63	28341	SEE 28340;REQUIRING BONE RESECTION	695.47									X	
67	28341	SEE 28340;REQUIRING BONE RESECTION	695.47	00 15								X	
63	28344	RECONSTRUCT TOE;POLYDATYLY	437.29									X	
67	28344	RECONSTRUCT TOE;POLYDATYLY	437.29	00 15								X	
63	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	537.75									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	537.75	00 15								X	
63	28360	RECONSTRUCT CLEFT FOOT	1,198.35										
67	28360	RECONSTRUCT CLEFT FOOT	1,198.35	00 15									
63	28400	TREAT CLSD CALC FX;W/O MANIP	265.41										
67	28400	TREAT CLSD CALC FX;W/O MANIP	265.41	00 15									
63	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	489.86										
67	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	489.86	00 15									
63	28406	TREAT CLSD CALC FX,MANIP/FIXATION	609.85										
67	28406	TREAT CLSD CALC FX,MANIP/FIXATION	609.85	00 15									
63	28415	REPAIR OF HEEL FRACTURE	1,224.27										
67	28415	REPAIR OF HEEL FRACTURE	1,224.27	00 15									
63	28420	REPAIR/GRAFT HEEL FRACTURE	1,413.49										
67	28420	REPAIR/GRAFT HEEL FRACTURE	1,413.49	00 15									
63	28430	TREAT CLSD TALUS FX,W/O MANIP	257.57										
67	28430	TREAT CLSD TALUS FX,W/O MANIP	257.57	00 15									
63	28435	TREAT CLSD TALUS FX,W/ MANIP	400.47										
67	28435	TREAT CLSD TALUS FX,W/ MANIP	400.47	00 15									
63	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	534.11										
67	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	534.11	00 15									
63	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,135.31										
67	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,135.31	00 15									
63	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,339.13		X								
67	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,339.13	00 15	X								
63	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	225.29									X	
67	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	225.29	00 15								X	
63	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	314.42									X	
67	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	314.42	00 15								X	
63	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	394.85									X	
67	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	394.85	00 15								X	
63	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	686.95									X	
67	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	686.95	00 15								X	
63	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	232.60									X	
67	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	232.60	00 15								X	
63	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	277.90									X	
67	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	277.90	00 15								X	
63	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	413.97									X	
67	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	413.97	00 15								X	
63	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	605.57									X	
67	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	605.57	00 15								X	
63	28490	TREAT BIG TOE FRACTURE	150.45										
67	28490	TREAT BIG TOE FRACTURE	150.45	00 15									
63	28495	TREAT BIG TOE FRACTURE	189.27										
67	28495	TREAT BIG TOE FRACTURE	189.27	00 15									
63	28496	TREAT CLSD FX GREAT TOE...PINNING	469.32									X	
67	28496	TREAT CLSD FX GREAT TOE...PINNING	469.32	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	28505	REPAIR BIG TOE FRACTURE	691.13										
67	28505	REPAIR BIG TOE FRACTURE	691.13	00 15									
63	28510	TREAT CLSD FX....W/O MANIP,EACH	128.88									X	
67	28510	TREAT CLSD FX....W/O MANIP,EACH	128.88	00 15								X	
63	28515	TREAT CLSD FX...W/ MANIP., EACH	174.32									X	
67	28515	TREAT CLSD FX...W/ MANIP., EACH	174.32	00 15								X	
63	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	596.48									X	
67	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	596.48	00 15								X	
63	28530	TREAT CLOSED SESAMOID FRACTURE	122.64									X	
67	28530	TREAT CLOSED SESAMOID FRACTURE	122.64	00 15								X	
63	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	339.33										
67	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	339.33	00 15									
63	28540	TREAT FOOT DISLOCATION	207.85										
67	28540	TREAT FOOT DISLOCATION	207.85	00 15									
63	28545	TREAT FOOT DISLOCATION	332.31										
67	28545	TREAT FOOT DISLOCATION	332.31	00 15									
63	28546	TREAT FOOT DISLOCATION	610.97										
67	28546	TREAT FOOT DISLOCATION	610.97	00 15									
63	28555	REPAIR FOOT DISLOCATION	924.04										
67	28555	REPAIR FOOT DISLOCATION	924.04	00 15									
63	28570	TREAT FOOT DISLOCATION	251.09										
67	28570	TREAT FOOT DISLOCATION	251.09	00 15									
63	28575	TREAT FOOT DISLOCATION	408.10										
67	28575	TREAT FOOT DISLOCATION	408.10	00 15									
63	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	420.33										
67	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	420.33	00 15									
63	28585	REPAIR FOOT DISLOCATION	943.70										
67	28585	REPAIR FOOT DISLOCATION	943.70	00 15									
63	28600	TREAT FOOT DISLOCATION	232.79										
67	28600	TREAT FOOT DISLOCATION	232.79	00 15									
63	28605	TREAT FOOT DISLOCATION	367.07										
67	28605	TREAT FOOT DISLOCATION	367.07	00 15									
63	28606	TREAT FOOT DISLOCATION	418.51										
67	28606	TREAT FOOT DISLOCATION	418.51	00 15									
63	28615	REPAIR FOOT DISLOCATION	893.77										
67	28615	REPAIR FOOT DISLOCATION	893.77	00 15									
63	28630	TREAT TOE DISLOCATION	165.39										
67	28630	TREAT TOE DISLOCATION	165.39	00 15									
63	28635	TREAT TOE DISLOCATION	187.34										
67	28635	TREAT TOE DISLOCATION	187.34	00 15									
63	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	327.46										
67	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	327.46	00 15									
63	28645	REPAIR TOE DISLOCATION	686.43										
67	28645	REPAIR TOE DISLOCATION	686.43	00 15									
63	28660	TREAT TOE DISLOCATION	133.20										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	28660	TREAT TOE DISLOCATION	133.20	00 15									
63	28665	TREAT TOE DISLOCATION	159.30										
67	28665	TREAT TOE DISLOCATION	159.30	00 15									
63	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	189.66										
67	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	189.66	00 15									
63	28675	REPAIR OF TOE DISLOCATION	605.86										
67	28675	REPAIR OF TOE DISLOCATION	605.86	00 15									
63	28705	FUSION OF FOOT BONES	1,336.75										
67	28705	FUSION OF FOOT BONES	1,336.75	00 15									
63	28715	FUSION OF FOOT BONES	1,022.28										
67	28715	FUSION OF FOOT BONES	1,022.28	00 15									
63	28725	FUSION OF FOOT BONES	845.23										
67	28725	FUSION OF FOOT BONES	845.23	00 15									
63	28730	FUSION OF FOOT BONES	791.24										
67	28730	FUSION OF FOOT BONES	791.24	00 15									
63	28735	FUSION OF FOOT BONES	850.56										
67	28735	FUSION OF FOOT BONES	850.56	00 15									
63	28737	REVISION OF FOOT BONES	746.58										
67	28737	REVISION OF FOOT BONES	746.58	00 15									
63	28740	FUSION OF FOOT BONES	877.61										
67	28740	FUSION OF FOOT BONES	877.61	00 15									
63	28750	FUSION OF BIG TOE JOINT	827.71										
67	28750	FUSION OF BIG TOE JOINT	827.71	00 15									
63	28755	FUSION OF BIG TOE JOINT	527.99										
67	28755	FUSION OF BIG TOE JOINT	527.99	00 15									
63	28760	FUSION OF BIG TOE JOINT	804.64										
67	28760	FUSION OF BIG TOE JOINT	804.64	00 15									
63	28800	AMPUTATION OF MIDFOOT	573.01										
67	28800	AMPUTATION OF MIDFOOT	573.01	00 15									
63	28805	AMPUTATION THRU METATARSAL	774.54										
67	28805	AMPUTATION THRU METATARSAL	774.54	00 15									
63	28810	AMPUTATION TOE & METATARSAL	459.56									X	
67	28810	AMPUTATION TOE & METATARSAL	459.56	00 15								X	
63	28820	AMPUTATION OF TOE	316.19									X	
67	28820	AMPUTATION OF TOE	316.19	00 15								X	
63	28825	PARTIAL AMPUTATION OF TOE	309.00									X	
67	28825	PARTIAL AMPUTATION OF TOE	309.00	00 15								X	
63	28890	HIGH ENERGY ESWT, PLANTAR F	324.36										
67	28890	HIGH ENERGY ESWT, PLANTAR F	324.36	00 15									
63	29000	APPLICATION OF BODY CAST	375.39										
67	29000	APPLICATION OF BODY CAST	375.39	00 15									
63	29010	APPLICATION OF BODY CAST	288.44										
67	29010	APPLICATION OF BODY CAST	288.44	00 15									
63	29015	APPLICATION OF BODY CAST	311.06										
67	29015	APPLICATION OF BODY CAST	311.06	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
63	29035	APPLICATION OF BODY CAST	269.84										
67	29035	APPLICATION OF BODY CAST	269.84	00 15									
63	29040	APPLICATION OF BODY CAST	309.00										
67	29040	APPLICATION OF BODY CAST	309.00	00 15									
63	29044	APPLICATION OF BODY CAST	303.11										
67	29044	APPLICATION OF BODY CAST	303.11	00 15									
63	29046	APPLICATION OF BODY CAST	332.33										
67	29046	APPLICATION OF BODY CAST	332.33	00 15									
63	29049	APPLICATION OF SHOULDER CAST	105.70										
67	29049	APPLICATION OF SHOULDER CAST	105.70	00 15									
63	29055	APPLICATION OF SHOULDER CAST	236.00									X	
67	29055	APPLICATION OF SHOULDER CAST	236.00	00 15								X	
63	29058	APPLICATION OF SHOULDER CAST	132.41									X	
67	29058	APPLICATION OF SHOULDER CAST	132.41	00 15								X	
63	29065	APPLICATION OF LONG ARM CAST	102.95									X	
67	29065	APPLICATION OF LONG ARM CAST	102.95	00 15								X	
63	29075	APPLICATION OF FOREARM CAST	93.41									X	
67	29075	APPLICATION OF FOREARM CAST	93.41	00 15								X	
63	29085	APPLY HAND/WRIST CAST	102.19									X	
67	29085	APPLY HAND/WRIST CAST	102.19	00 15								X	
63	29086	APPLY FINGER CAST	80.06									X	
67	29086	APPLY FINGER CAST	80.06	00 15								X	
63	29105	APPLY LONG ARM SPLINT	88.57									X	
67	29105	APPLY LONG ARM SPLINT	88.57	00 15								X	
63	29125	APPLY FOREARM SPLINT	69.83									X	
67	29125	APPLY FOREARM SPLINT	69.83	00 15								X	
63	29126	APPLY FOREARM SPLINT	81.64									X	
67	29126	APPLY FOREARM SPLINT	81.64	00 15								X	
63	29130	APPLICATION OF FINGER SPLINT	45.23									X	
67	29130	APPLICATION OF FINGER SPLINT	45.23	00 15								X	
63	29131	APPLICATION OF FINGER SPLINT	57.10									X	
67	29131	APPLICATION OF FINGER SPLINT	57.10	00 15								X	
63	29200	STRAPPING OF CHEST	34.28										
67	29200	STRAPPING OF CHEST	34.28	00 15									
63	29240	STRAPPING OF SHOULDER	31.95									X	
67	29240	STRAPPING OF SHOULDER	31.95	00 15								X	
63	29260	STRAPPING OF ELBOW OR WRIST	31.49									X	
67	29260	STRAPPING OF ELBOW OR WRIST	31.49	00 15								X	
63	29280	STRAPPING OF HAND OR FINGER	31.81									X	
67	29280	STRAPPING OF HAND OR FINGER	31.81	00 15								X	
63	29305	APPLICATION OF HIP CAST	261.94										
67	29305	APPLICATION OF HIP CAST	261.94	00 15									
63	29325	APPLICATION OF HIP CASTS	289.40										
67	29325	APPLICATION OF HIP CASTS	289.40	00 15									
63	29345	APPLICATION OF LONG LEG CAST	144.91									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	29345	APPLICATION OF LONG LEG CAST	144.91	00 15								X	
63	29355	APPLICATION OF LONG LEG CAST	152.37									X	
67	29355	APPLICATION OF LONG LEG CAST	152.37	00 15								X	
63	29358	APPLY LONG LEG CAST BRACE	170.51									X	
67	29358	APPLY LONG LEG CAST BRACE	170.51	00 15								X	
63	29365	APPLICATION OF LONG LEG CAST	131.83									X	
67	29365	APPLICATION OF LONG LEG CAST	131.83	00 15								X	
63	29405	APPLY SHORT LEG CAST	84.74									X	
67	29405	APPLY SHORT LEG CAST	84.74	00 15								X	
63	29425	APPLY SHORT LEG CAST	79.54									X	
67	29425	APPLY SHORT LEG CAST	79.54	00 15								X	
63	29435	APPLY SHORT LEG CAST	122.56									X	
67	29435	APPLY SHORT LEG CAST	122.56	00 15								X	
63	29440	ADDITION OF WALKER TO CAST	45.29									X	
67	29440	ADDITION OF WALKER TO CAST	45.29	00 15								X	
63	29445	APPLY RIGID LEG CAST	137.24										
67	29445	APPLY RIGID LEG CAST	137.24	00 15									
63	29450	APPLICATION OF LEG CAST	156.54										
67	29450	APPLICATION OF LEG CAST	156.54	00 15									
63	29505	APPLICATION LONG LEG SPLINT	92.85									X	
67	29505	APPLICATION LONG LEG SPLINT	92.85	00 15								X	
63	29515	APPLICATION LOWER LEG SPLINT	76.00									X	
67	29515	APPLICATION LOWER LEG SPLINT	76.00	00 15								X	
63	29520	STRAPPING OF HIP	36.59									X	
67	29520	STRAPPING OF HIP	36.59	00 15								X	
63	29530	STRAPPING OF KNEE	31.61									X	
67	29530	STRAPPING OF KNEE	31.61	00 15								X	
63	29540	STRAPPING OF ANKLE	30.16									X	
67	29540	STRAPPING OF ANKLE	30.16	00 15								X	
63	29550	STRAPPING OF TOES	20.32									X	
67	29550	STRAPPING OF TOES	20.32	00 15								X	
63	29580	APPLICATION OF PASTE BOOT	66.10									X	
67	29580	APPLICATION OF PASTE BOOT	66.10	00 15								X	
63	29581	APPLICATION OF MULTI-LAYER COMPRESSI	91.65									X	
67	29581	APPLICATION OF MULTI-LAYER COMPRESSI	91.65	00 15								X	
63	29584	APPLICATION OF MULTI-LAYER COMPRESSI	83.16										
67	29584	APPLICATION OF MULTI-LAYER COMPRESSI	83.16	00 15									
63	29700	REMOVAL/REVISION OF CAST	65.83										
67	29700	REMOVAL/REVISION OF CAST	65.83	00 15									
63	29705	REMOVAL/REVISION OF CAST	67.26										
67	29705	REMOVAL/REVISION OF CAST	67.26	00 15									
63	29710	REMOVAL/REVISION OF CAST	131.00										
67	29710	REMOVAL/REVISION OF CAST	131.00	00 15									
63	29720	REPAIR OF BODY CAST	90.36										
67	29720	REPAIR OF BODY CAST	90.36	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	29730	WINDOWING OF CAST	68.22										
67	29730	WINDOWING OF CAST	68.22	00 15									
63	29740	WEDGING OF CAST	105.86										
67	29740	WEDGING OF CAST	105.86	00 15									
63	29750	WEDGING OF CLUBFOOT CAST	115.13										
67	29750	WEDGING OF CLUBFOOT CAST	115.13	00 15									
63	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	578.00										
67	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	578.00	00 15									
63	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	641.95										
67	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	641.95	00 15									
63	29805	SHOULDER ARTHROSCOPY, DX	510.92										
67	29805	SHOULDER ARTHROSCOPY, DX	510.92	00 15									
63	29806	SHOULDER ARTHROSCOPY/SURGERY	1,155.48										
67	29806	SHOULDER ARTHROSCOPY/SURGERY	1,155.48	00 15									
63	29807	SHOULDER ARTHROSCOPY/SURGERY	1,129.86										
67	29807	SHOULDER ARTHROSCOPY/SURGERY	1,129.86	00 15									
63	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	640.15										
67	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	640.15	00 15									
63	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	582.40										
67	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	582.40	00 15									
63	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	647.91										
67	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	647.91	00 15									
63	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	589.53										
67	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	589.53	00 15									
63	29823	ARTHROSCOPY-EXT DEBRIDEMENT	647.34										
67	29823	ARTHROSCOPY-EXT DEBRIDEMENT	647.34	00 15									
63	29824	SHOULDER ARTHROSCOPY/SURGERY	738.48										
67	29824	SHOULDER ARTHROSCOPY/SURGERY	738.48	00 15									
63	29825	ARTHROSCOPY-W/LYSIS & RESECTION	640.15										
67	29825	ARTHROSCOPY-W/LYSIS & RESECTION	640.15	00 15									
63	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	189.81										
67	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	189.81	00 15									
63	29827	ARTHROSCOP ROTATOR CUFF REPR	1,168.94										
67	29827	ARTHROSCOP ROTATOR CUFF REPR	1,168.94	00 15									
63	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	1,001.00										
67	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	1,001.00	00 15									
63	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	493.94										
67	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	493.94	00 15									
63	29834	ARTHROSCOPY, ELBOW, SURGICAL;	536.95										
67	29834	ARTHROSCOPY, ELBOW, SURGICAL;	536.95	00 15									
63	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	555.96										
67	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	555.96	00 15									
63	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	638.53										
67	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	638.53	00 15									
63	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	575.74										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	575.74	00 15									
63	29838	ARTHROSCOPY EXT DEBRIDEMENT	648.66										
67	29838	ARTHROSCOPY EXT DEBRIDEMENT	648.66	00 15									
63	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	491.34										
67	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	491.34	00 15									
63	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	530.67										
67	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	530.67	00 15									
63	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	545.25										
67	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	545.25	00 15									
63	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	640.05										
67	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	640.05	00 15									
63	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	570.78										
67	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	570.78	00 15									
63	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	594.99										
67	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	594.99	00 15									
63	29848	ARTHROSCOPY, WRIST, SURGICAL;	556.54										
67	29848	ARTHROSCOPY, WRIST, SURGICAL;	556.54	00 15									
63	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	681.59										
67	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	681.59	00 15									
63	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	1,016.95										
67	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	1,016.95	00 15									
63	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	852.42										
67	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	852.42	00 15									
63	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,085.92										
67	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,085.92	00 15									
63	29860	HIP ARTHROSCOPY, DX	703.03										
67	29860	HIP ARTHROSCOPY, DX	703.03	00 15									
63	29861	HIP ARTHROSCOPY/SURGERY	777.80										
67	29861	HIP ARTHROSCOPY/SURGERY	777.80	00 15									
63	29862	HIP ARTHROSCOPY/SURGERY	885.76										
67	29862	HIP ARTHROSCOPY/SURGERY	885.76	00 15									
63	29863	HIP ARTHROSCOPY/SURGERY	884.54										
67	29863	HIP ARTHROSCOPY/SURGERY	884.54	00 15									
63	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,148.62										
67	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,148.62	00 15									
63	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,397.15		X								
67	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,397.15	00 15	X								
63	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,827.10		X								
67	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,827.10	00 15	X								
63	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	585.12										
67	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	585.12	00 15									
63	29871	ARTHROSCOPY, KNEE, SURGICAL;	562.27										
67	29871	ARTHROSCOPY, KNEE, SURGICAL;	562.27	00 15									
63	29873	KNEE ARTHROSCOPY/SURGERY	580.31										
67	29873	KNEE ARTHROSCOPY/SURGERY	580.31	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
63	29874	ARTHROSCOPY, KNEE, SURGICAL;	584.74										
67	29874	ARTHROSCOPY, KNEE, SURGICAL;	584.74	00 15									
63	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	541.26										
67	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	541.26	00 15									
63	29876	ARTHROSCOPY, KNEE, SURGICAL;	712.27										
67	29876	ARTHROSCOPY, KNEE, SURGICAL;	712.27	00 15									
63	29877	ARTHROSCOPY-DEBRIDEMENT	677.67										
67	29877	ARTHROSCOPY-DEBRIDEMENT	677.67	00 15									
63	29879	ARTHROSCOPY-ABRASION ARTHROPLA	722.21										
67	29879	ARTHROSCOPY-ABRASION ARTHROPLA	722.21	00 15									
63	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	613.07										
67	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	613.07	00 15									
63	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	589.53										
67	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	589.53	00 15									
63	29882	ARTHROSCOPY W/ MENISCUS REPAIR	753.48										
67	29882	ARTHROSCOPY W/ MENISCUS REPAIR	753.48	00 15									
63	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	921.96										
67	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	921.96	00 15									
63	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	675.82										
67	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	675.82	00 15									
63	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	825.50										
67	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	825.50	00 15									
63	29886	ARTHROSCOPY-OSTEOCHONDRITIS	695.33										
67	29886	ARTHROSCOPY-OSTEOCHONDRITIS	695.33	00 15									
63	29887	ARTHROSCOPY-INTERNAL FIXATION	822.18										
67	29887	ARTHROSCOPY-INTERNAL FIXATION	822.18	00 15									
63	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,066.45										
67	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,066.45	00 15									
63	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,337.24										
67	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,337.24	00 15									
63	29891	ANKLE ARTHROSCOPY/SURGERY	729.19										
67	29891	ANKLE ARTHROSCOPY/SURGERY	729.19	00 15									
63	29892	ANKLE ARTHROSCOPY/SURGERY	699.69										
67	29892	ANKLE ARTHROSCOPY/SURGERY	699.69	00 15									
63	29893	SCOPE, PLANTAR FASCIOTOMY	693.39										
67	29893	SCOPE, PLANTAR FASCIOTOMY	693.39	00 15									
63	29894	ARTHROSCOPY, ANKLE, SURGICAL;	541.19										
67	29894	ARTHROSCOPY, ANKLE, SURGICAL;	541.19	00 15									
63	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	505.72										
67	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	505.72	00 15									
63	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	543.03										
67	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	543.03	00 15									
63	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	611.80										
67	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	611.80	00 15									
63	29899	ANKLE ARTHROSCOPY/SURGERY	1,100.61										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	29899	ANKLE ARTHROSCOPY/SURGERY	1,100.61	00 15									
63	29900	MCP JOINT ARTHROSCOPY, DX	547.17									X	
67	29900	MCP JOINT ARTHROSCOPY, DX	547.17	00 15								X	
63	29901	MCP JOINT ARTHROSCOPY, SURG	588.05									X	
67	29901	MCP JOINT ARTHROSCOPY, SURG	588.05	00 15								X	
63	29902	MCP JOINT ARTHROSCOPY, SURG	624.63									X	
67	29902	MCP JOINT ARTHROSCOPY, SURG	624.63	00 15								X	
63	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	698.71										
67	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	698.71	00 15									
63	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	557.92										
67	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	557.92	00 15									
63	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	699.68										
67	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	699.68	00 15									
63	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	958.46										
67	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	958.46	00 15									
63	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,087.31									X	
67	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,087.31	00 15								X	
63	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,112.91									X	
67	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,112.91	00 15								X	
63	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,113.90									X	
67	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,113.90	00 15								X	
63	30000	DRAINAGE OF NOSE LESION	279.02										
67	30000	DRAINAGE OF NOSE LESION	279.02	00 15									
63	30020	DRAINAGE OF NOSE LESION	282.01										
67	30020	DRAINAGE OF NOSE LESION	282.01	00 15									
63	30100	INTRANASAL BIOPSY	147.54										
67	30100	INTRANASAL BIOPSY	147.54	00 15									
63	30110	REMOVAL OF NOSE POLYP(S)	260.46										
67	30110	REMOVAL OF NOSE POLYP(S)	260.46	00 15									
63	30115	REMOVAL OF NOSE POLYP(S)	499.35										
67	30115	REMOVAL OF NOSE POLYP(S)	499.35	00 15									
63	30117	REMOVAL OF INTRANASAL LESION	996.62										
67	30117	REMOVAL OF INTRANASAL LESION	996.62	00 15									
63	30118	REMOVAL OF INTRANASAL LESION	859.30										
67	30118	REMOVAL OF INTRANASAL LESION	859.30	00 15									
63	30120	REVISION OF NOSE	542.02										
67	30120	REVISION OF NOSE	542.02	00 15									
63	30124	REMOVAL OF NOSE LESION	325.57										
67	30124	REMOVAL OF NOSE LESION	325.57	00 15									
63	30125	REMOVAL OF NOSE LESION	705.71										
67	30125	REMOVAL OF NOSE LESION	705.71	00 15									
63	30130	REMOVAL OF TURBINATE BONES	442.32										
67	30130	REMOVAL OF TURBINATE BONES	442.32	00 15									
63	30140	REMOVAL OF TURBINATE BONES	315.88										
67	30140	REMOVAL OF TURBINATE BONES	315.88	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	30150	PARTIAL REMOVAL OF NOSE	869.10										
67	30150	PARTIAL REMOVAL OF NOSE	869.10	00 15									
63	30160	REMOVAL OF NOSE	881.33										
67	30160	REMOVAL OF NOSE	881.33	00 15									
63	30200	INJECTION TREATMENT OF NOSE	116.44										
67	30200	INJECTION TREATMENT OF NOSE	116.44	00 15									
63	30210	NASAL SINUS THERAPY	158.57										
67	30210	NASAL SINUS THERAPY	158.57	00 15									
63	30220	INSERTION,NASAL SEPTAL PROSTHESIS	317.09										
67	30220	INSERTION,NASAL SEPTAL PROSTHESIS	317.09	00 15									
63	30300	REMOVE NASAL FOREIGN BODY	218.53										
67	30300	REMOVE NASAL FOREIGN BODY	218.53	00 15									
63	30310	REMOVE NASAL FOREIGN BODY	221.54										
67	30310	REMOVE NASAL FOREIGN BODY	221.54	00 15									
63	30320	REMOVE NASAL FOREIGN BODY	521.66										
67	30320	REMOVE NASAL FOREIGN BODY	521.66	00 15									
63	30400	RECONSTRUCTION OF NOSE	1,309.81										
67	30400	RECONSTRUCTION OF NOSE	1,309.81	00 15									
63	30410	RECONSTRUCTION OF NOSE	1,514.59										
67	30410	RECONSTRUCTION OF NOSE	1,514.59	00 15									
63	30420	RECONSTRUCTION OF NOSE	1,566.70										
67	30420	RECONSTRUCTION OF NOSE	1,566.70	00 15									
63	30430	REVISION OF NOSE	1,138.96										
67	30430	REVISION OF NOSE	1,138.96	00 15									
63	30435	REVISION WORK WITH OSTEOTOMIES	1,431.61										
67	30435	REVISION WORK WITH OSTEOTOMIES	1,431.61	00 15									
63	30450	REVISION OF NOSE	1,885.74										
67	30450	REVISION OF NOSE	1,885.74	00 15									
63	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	898.96										
67	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	898.96	00 15									
63	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,729.84										
67	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,729.84	00 15									
63	30465	REPAIR NASAL STENOSIS	1,109.67			X							
67	30465	REPAIR NASAL STENOSIS	1,109.67	00 15		X							
63	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,593.53										
67	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,593.53	00 15									
63	30469	REPAIR OF NASAL VALVE COLLAPSE WITH	2,525.20										
67	30469	REPAIR OF NASAL VALVE COLLAPSE WITH	2,525.20	00 15									
63	30520	REPAIR OF NASAL SEPTUM	723.02										
67	30520	REPAIR OF NASAL SEPTUM	723.02	00 15									
63	30540	REPAIR NASAL DEFECT	794.42										
67	30540	REPAIR NASAL DEFECT	794.42	00 15									
63	30545	REPAIR NASAL DEFECT	1,082.38										
67	30545	REPAIR NASAL DEFECT	1,082.38	00 15									
63	30560	RELEASE OF NASAL ADHESIONS	334.41										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	30560	RELEASE OF NASAL ADHESIONS	334.41	00 15									
63	30580	REPAIR UPPER JAW FISTULA	647.68										
67	30580	REPAIR UPPER JAW FISTULA	647.68	00 15									
63	30600	REPAIR MOUTH/NOSE FISTULA	548.93										
67	30600	REPAIR MOUTH/NOSE FISTULA	548.93	00 15									
63	30620	RECONSTRUCTION INNER NOSE	720.46										
67	30620	RECONSTRUCTION INNER NOSE	720.46	00 15									
63	30630	REPAIR NASAL SEPTUM DEFECT	721.96										
67	30630	REPAIR NASAL SEPTUM DEFECT	721.96	00 15									
63	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	227.73										
67	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	227.73	00 15									
63	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	292.86										
67	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	292.86	00 15									
63	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	164.94										
67	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	164.94	00 15									
63	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	257.11										
67	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	257.11	00 15									
63	30905	CONTROL OF NOSEBLEED	366.39										
67	30905	CONTROL OF NOSEBLEED	366.39	00 15									
63	30906	REPEAT CONTROL OF NOSEBLEED	390.21									X	
67	30906	REPEAT CONTROL OF NOSEBLEED	390.21	00 15								X	
63	30915	LIGATION NASAL SINUS ARTERY	652.88										
67	30915	LIGATION NASAL SINUS ARTERY	652.88	00 15									
63	30920	LIGATION UPPER JAW ARTERY	946.49										
67	30920	LIGATION UPPER JAW ARTERY	946.49	00 15									
63	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	126.06										
67	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	126.06	00 15									
63	31000	IRRIGATION MAXILLARY SINUS	193.89										
67	31000	IRRIGATION MAXILLARY SINUS	193.89	00 15									
63	31002	IRRIGATION SPHENOID SINUS	203.52										
67	31002	IRRIGATION SPHENOID SINUS	203.52	00 15									
63	31020	EXPLORATION MAXILLARY SINUS	456.73										
67	31020	EXPLORATION MAXILLARY SINUS	456.73	00 15									
63	31030	EXPLORATION MAXILLARY SINUS	673.08										
67	31030	EXPLORATION MAXILLARY SINUS	673.08	00 15									
63	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	639.31										
67	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	639.31	00 15									
63	31040	EXPLORATION BEHIND UPPER JAW	869.90										
67	31040	EXPLORATION BEHIND UPPER JAW	869.90	00 15									
63	31050	EXPLORATION SPHENOID SINUS	554.26										
67	31050	EXPLORATION SPHENOID SINUS	554.26	00 15									
63	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	744.73										
67	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	744.73	00 15									
63	31070	EXPLORATION OF FRONTAL SINUS	508.36										
67	31070	EXPLORATION OF FRONTAL SINUS	508.36	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	31075	EXPLORATION OF FRONTAL SINUS	892.08										
67	31075	EXPLORATION OF FRONTAL SINUS	892.08	00 15									
63	31080	REMOVAL OF FRONTAL SINUS	1,175.47										
67	31080	REMOVAL OF FRONTAL SINUS	1,175.47	00 15									
63	31081	REMOVAL OF FRONTAL SINUS	1,262.18										
67	31081	REMOVAL OF FRONTAL SINUS	1,262.18	00 15									
63	31084	REMOVAL OF FRONTAL SINUS	1,306.88										
67	31084	REMOVAL OF FRONTAL SINUS	1,306.88	00 15									
63	31085	REMOVAL OF FRONTAL SINUS	1,349.76										
67	31085	REMOVAL OF FRONTAL SINUS	1,349.76	00 15									
63	31086	REMOVAL OF FRONTAL SINUS	1,272.59										
67	31086	REMOVAL OF FRONTAL SINUS	1,272.59	00 15									
63	31087	REMOVAL OF FRONTAL SINUS	1,215.83										
67	31087	REMOVAL OF FRONTAL SINUS	1,215.83	00 15									
63	31090	EXPLORATION OF SINUSES	1,185.22										
67	31090	EXPLORATION OF SINUSES	1,185.22	00 15									
63	31200	REMOVAL OF ETHMOID SINUS	654.37										
67	31200	REMOVAL OF ETHMOID SINUS	654.37	00 15									
63	31201	REMOVAL OF ETHMOID SINUS	855.06										
67	31201	REMOVAL OF ETHMOID SINUS	855.06	00 15									
63	31205	REMOVAL OF ETHMOID SINUS	996.19										
67	31205	REMOVAL OF ETHMOID SINUS	996.19	00 15									
63	31225	REMOVAL OF UPPER JAW	1,961.64										
67	31225	REMOVAL OF UPPER JAW	1,961.64	00 15									
63	31230	REMOVAL OF UPPER JAW	2,193.80										
67	31230	REMOVAL OF UPPER JAW	2,193.80	00 15									
63	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	196.31										
67	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	196.31	00 15									
63	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	288.45										
67	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	288.45	00 15									
63	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	327.23										
67	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	327.23	00 15									
63	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	272.53										
67	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	272.53	00 15									
63	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	266.97										
67	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	266.97	00 15									
63	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	653.07										
67	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	653.07	00 15									
63	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	173.22										
67	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	173.22	00 15									
63	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	488.08										
67	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	488.08	00 15									
63	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	549.47										
67	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	549.47	00 15									
63	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	465.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	465.38	00 15									
63	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	355.05										
67	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	355.05	00 15									
63	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	197.22										
67	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	197.22	00 15									
63	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	489.41										
67	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	489.41	00 15									
63	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	517.97										
67	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	517.97	00 15									
63	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	290.91										
67	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	290.91	00 15									
63	31276	SINUS SURGICAL ENDOSCOPY	414.68										
67	31276	SINUS SURGICAL ENDOSCOPY	414.68	00 15									
63	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	220.92										
67	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	220.92	00 15									
63	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	256.89										
67	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	256.89	00 15									
63	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,254.14										
67	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,254.14	00 15									
63	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,336.88										
67	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,336.88	00 15									
63	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,087.96										
67	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,087.96	00 15									
63	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,177.71										
67	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,177.71	00 15									
63	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,347.00										
67	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,347.00	00 15									
63	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,704.20									X	
67	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,704.20	00 15								X	
63	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,732.37									X	
67	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,732.37	00 15								X	
63	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,688.81									X	
67	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,688.81	00 15								X	
63	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,205.19										
67	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,205.19	00 15									
63	31300	REMOVAL OF LARYNX LESION	1,350.01										
67	31300	REMOVAL OF LARYNX LESION	1,350.01	00 15									
63	31360	REMOVAL OF LARYNX	2,233.54										
67	31360	REMOVAL OF LARYNX	2,233.54	00 15									
63	31365	REMOVAL OF LARYNX	2,766.26										
67	31365	REMOVAL OF LARYNX	2,766.26	00 15									
63	31367	PARTIAL REMOVAL OF LARYNX	2,357.58										
67	31367	PARTIAL REMOVAL OF LARYNX	2,357.58	00 15									
63	31368	PARTIAL REMOVAL OF LARYNX	2,608.84										
67	31368	PARTIAL REMOVAL OF LARYNX	2,608.84	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	31370	PARTIAL REMOVAL OF LARYNX	2,207.28										
67	31370	PARTIAL REMOVAL OF LARYNX	2,207.28	00 15									
63	31375	PARTIAL REMOVAL OF LARYNX	2,097.40										
67	31375	PARTIAL REMOVAL OF LARYNX	2,097.40	00 15									
63	31380	PARTIAL REMOVAL OF LARYNX	2,067.42										
67	31380	PARTIAL REMOVAL OF LARYNX	2,067.42	00 15									
63	31382	PARTIAL REMOVAL OF LARYNX	2,266.47										
67	31382	PARTIAL REMOVAL OF LARYNX	2,266.47	00 15									
63	31390	REMOVAL OF LARYNX & PHARYNX	3,049.66										
67	31390	REMOVAL OF LARYNX & PHARYNX	3,049.66	00 15									
63	31395	RECONSTRUCT LARYNX & PHARYNX	3,196.78										
67	31395	RECONSTRUCT LARYNX & PHARYNX	3,196.78	00 15									
63	31400	REVISION OF LARYNX	1,085.94										
67	31400	REVISION OF LARYNX	1,085.94	00 15									
63	31420	REMOVAL OF EPIGLOTTIS	902.64										
67	31420	REMOVAL OF EPIGLOTTIS	902.64	00 15									
63	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	157.05									X	
67	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	157.05	00 15								X	
63	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	38.63										
67	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	38.63	00 15									
63	31505	DIAGNOSTIC LARYNGOSCOPY	94.40										
67	31505	DIAGNOSTIC LARYNGOSCOPY	94.40	00 15									
63	31510	LARYNGOSCOPY WITH BIOPSY	228.10										
67	31510	LARYNGOSCOPY WITH BIOPSY	228.10	00 15									
63	31511	REMOVE FOREIGN BODY LARYNX	223.88										
67	31511	REMOVE FOREIGN BODY LARYNX	223.88	00 15									
63	31512	REMOVAL OF LARYNX LESION	229.68										
67	31512	REMOVAL OF LARYNX LESION	229.68	00 15									
63	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	142.09										
67	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	142.09	00 15									
63	31515	LARYNGOSCOPY FOR ASPIRATION	226.33										
67	31515	LARYNGOSCOPY FOR ASPIRATION	226.33	00 15									
63	31520	DIAGNOSTIC LARYNGOSCOPY	169.89										
67	31520	DIAGNOSTIC LARYNGOSCOPY	169.89	00 15									
63	31525	DIAGNOSTIC LARYNGOSCOPY	266.35										
67	31525	DIAGNOSTIC LARYNGOSCOPY	266.35	00 15									
63	31526	DIAGNOSTIC LARYNGOSCOPY	170.70										
67	31526	DIAGNOSTIC LARYNGOSCOPY	170.70	00 15									
63	31527	LARYNGOSCOPY, INSERT OBTURATOR	212.46										
67	31527	LARYNGOSCOPY, INSERT OBTURATOR	212.46	00 15									
63	31528	LARYNGOSCOPY,W DILATATION INITIAL	157.26										
67	31528	LARYNGOSCOPY,W DILATATION INITIAL	157.26	00 15									
63	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	174.87										
67	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	174.87	00 15									
63	31530	OPERATIVE LARYNGOSCOPY	217.47										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	31530	OPERATIVE LARYNGOSCOPY	217.47	00	15									
63	31531	OPERATIVE LARYNGOSCOPY	231.03											
67	31531	OPERATIVE LARYNGOSCOPY	231.03	00	15									
63	31535	OPERATIVE LARYNGOSCOPY	205.42											
67	31535	OPERATIVE LARYNGOSCOPY	205.42	00	15									
63	31536	OPERATIVE LARYNGOSCOPY	229.57											
67	31536	OPERATIVE LARYNGOSCOPY	229.57	00	15									
63	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	263.63											
67	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	263.63	00	15									
63	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	287.72											
67	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	287.72	00	15									
63	31545	REMOVE VC LESION W/SCOPE	395.00											
67	31545	REMOVE VC LESION W/SCOPE	395.00	00	15									
63	31546	REMOVE VC LESION SCOPE/GRAFT	599.35											
67	31546	REMOVE VC LESION SCOPE/GRAFT	599.35	00	15									
63	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,673.66	00	11									
67	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,673.66	00	11									
63	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,615.03	12	99									
67	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,615.03	12	15									
63	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,817.61	00	11									
67	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,817.61	00	11									
63	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,818.61	12	99									
67	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,818.61	12	15									
63	31560	OPERATIVE LARYNGOSCOPY	341.27											
67	31560	OPERATIVE LARYNGOSCOPY	341.27	00	15									
63	31561	OPERATIVE LARYNGOSCOPY	373.10											
67	31561	OPERATIVE LARYNGOSCOPY	373.10	00	15									
63	31570	LARYNGOSCOPY WITH INJECTION	366.75											
67	31570	LARYNGOSCOPY WITH INJECTION	366.75	00	15									
63	31571	LARYNGOSCOPY WITH INJECTION	270.94											
67	31571	LARYNGOSCOPY WITH INJECTION	270.94	00	15									
63	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	547.54											
67	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	547.54	00	15									
63	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	303.09											
67	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	303.09	00	15									
63	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	969.34											
67	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	969.34	00	15									
63	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	135.44											
67	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	135.44	00	15									
63	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	281.36											
67	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	281.36	00	15									
63	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	291.22											
67	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	291.22	00	15									
63	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	322.03											
67	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	322.03	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	31579	SEE 31575;WITH STROBOSCOPY	209.76										
67	31579	SEE 31575;WITH STROBOSCOPY	209.76	00 15									
63	31580	REVISION OF LARYNX	1,376.81										
67	31580	REVISION OF LARYNX	1,376.81	00 15									
63	31584	REPAIR OF LARYNX FRACTURE	1,522.82										
67	31584	REPAIR OF LARYNX FRACTURE	1,522.82	00 15									
63	31587	LARYNGOPLASTY, CRICOID SPLIT	1,302.01										
67	31587	LARYNGOPLASTY, CRICOID SPLIT	1,302.01	00 15									
63	31590	LARYNGEAL REINNERVATION REPAIR	976.84										
67	31590	LARYNGEAL REINNERVATION REPAIR	976.84	00 15									
63	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,186.40										
67	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,186.40	00 15									
63	31592	CRICOTRACHEAL RESECTION	1,884.81										
67	31592	CRICOTRACHEAL RESECTION	1,884.81	00 15									
63	31600	TRACHEOSTOMY, PLANNED	337.99	02 99									
67	31600	TRACHEOSTOMY, PLANNED	337.99	02 15									
63	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	493.40	00 01									
67	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	493.40	00 01									
63	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	355.42										
67	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	355.42	00 15									
63	31605	INCISION OF NECK CARTILAGES	370.67										
67	31605	INCISION OF NECK CARTILAGES	370.67	00 15									
63	31610	INCISION OF WINDPIPE	1,034.18										
67	31610	INCISION OF WINDPIPE	1,034.18	00 15									
63	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	574.29										
67	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	574.29	00 15									
63	31612	PUNCTURE/CLEAR WINDPIPE	99.72										
67	31612	PUNCTURE/CLEAR WINDPIPE	99.72	00 15									
63	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	455.65										
67	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	455.65	00 15									
63	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	769.14										
67	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	769.14	00 15									
63	31615	VISUALIZATION OF WINDPIPE	183.32										
67	31615	VISUALIZATION OF WINDPIPE	183.32	00 15									
63	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	260.42										
67	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	260.42	00 15									
63	31623	DX BRONCHOSCOPE/BRUSH	286.42										
67	31623	DX BRONCHOSCOPE/BRUSH	286.42	00 15									
63	31624	DX BRONCHOSCOPE/LAVAGE	267.46										
67	31624	DX BRONCHOSCOPE/LAVAGE	267.46	00 15									
63	31625	BRONCHOSCOPY WITH BIOPSY	363.49										
67	31625	BRONCHOSCOPY WITH BIOPSY	363.49	00 15									
63	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	808.08									X	
67	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	808.08	00 15								X	
63	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,093.73										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,093.73	00 15									
63	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	388.60										
67	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	388.60	00 15									
63	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	470.80										
67	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	470.80	00 15									
63	31630	BRONCHOSCOPY WITH REPAIR	215.33										
67	31630	BRONCHOSCOPY WITH REPAIR	215.33	00 15									
63	31631	BRONCHOSCOPY-PLACE TRACH STENT	245.98										
67	31631	BRONCHOSCOPY-PLACE TRACH STENT	245.98	00 15									
63	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	69.66									X	
67	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	69.66	00 15								X	
63	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	86.18									X	
67	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	86.18	00 15								X	
63	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,530.35									X	
67	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,530.35	00 15								X	
63	31635	REMOVE FOREIGN BODY, AIRWAY	308.84										
67	31635	REMOVE FOREIGN BODY, AIRWAY	308.84	00 15									
63	31636	BRONCHOSCOPY, BRONCH STENTS	234.38										
67	31636	BRONCHOSCOPY, BRONCH STENTS	234.38	00 15									
63	31637	BRONCHOSCOPY, STENT ADD-ON	83.92										
67	31637	BRONCHOSCOPY, STENT ADD-ON	83.92	00 15									
63	31638	BRONCHOSCOPY, REVISE STENT	267.73										
67	31638	BRONCHOSCOPY, REVISE STENT	267.73	00 15									
63	31640	BRONCHOSCOPY & REMOVE LESION	269.29										
67	31640	BRONCHOSCOPY & REMOVE LESION	269.29	00 15									
63	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	275.90										
67	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	275.90	00 15									
63	31643	DX BRONCHOSCOPE/CATHETER	183.31										
67	31643	DX BRONCHOSCOPE/CATHETER	183.31	00 15									
63	31645	BRONCHOSCOPY, CLEAR AIRWAYS	286.44										
67	31645	BRONCHOSCOPY, CLEAR AIRWAYS	286.44	00 15									
63	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	152.95										
67	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	152.95	00 15									
63	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	222.00										
67	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	222.00	00 15									
63	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	212.74										
67	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	212.74	00 15									
63	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	72.69									X	
67	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	72.69	00 15								X	
63	31651	BRONCHOSCOPY,RIGID OR FLEXIBLE,INC	83.60									X	
67	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	83.60	00 15								X	
63	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,278.67										
67	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,278.67	00 15									
63	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,331.04										
67	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,331.04	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	126.77										
67	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	126.77	00 15									
63	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	214.21										
67	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	214.21	00 15									
63	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	217.51										
67	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	217.51	00 15									
63	31717	BRONCHIAL BRUSH BIOPSY	297.58										
67	31717	BRONCHIAL BRUSH BIOPSY	297.58	00 15									
63	31720	CLEARANCE OF AIRWAYS	53.32									X	
67	31720	CLEARANCE OF AIRWAYS	53.32	00 15								X	
63	31725	CLEARANCE OF AIRWAYS	85.69									X	
67	31725	CLEARANCE OF AIRWAYS	85.69	00 15								X	
63	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,090.06										
67	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,090.06	00 15									
63	31750	REPAIR OF WINDPIPE	1,453.47										
67	31750	REPAIR OF WINDPIPE	1,453.47	00 15									
63	31755	REPAIR OF WINDPIPE	1,842.97										
67	31755	REPAIR OF WINDPIPE	1,842.97	00 15									
63	31760	REPAIR OF WINDPIPE	1,515.44										
67	31760	REPAIR OF WINDPIPE	1,515.44	00 15									
63	31766	CARINAL RECONSTRUCTION	1,961.02										
67	31766	CARINAL RECONSTRUCTION	1,961.02	00 15									
63	31770	REPAIR/GRAFT OF BRONCHUS	1,466.98										
67	31770	REPAIR/GRAFT OF BRONCHUS	1,466.98	00 15									
63	31775	RECONSTRUCT BRONCHUS	1,543.57										
67	31775	RECONSTRUCT BRONCHUS	1,543.57	00 15									
63	31780	RECONSTRUCT WINDPIPE	1,314.04										
67	31780	RECONSTRUCT WINDPIPE	1,314.04	00 15									
63	31781	RECONSTRUCT WINDPIPE	1,580.98										
67	31781	RECONSTRUCT WINDPIPE	1,580.98	00 15									
63	31785	REMOVE WINDPIPE LESION	1,180.62										
67	31785	REMOVE WINDPIPE LESION	1,180.62	00 15									
63	31786	REMOVE WINDPIPE LESION	1,590.95										
67	31786	REMOVE WINDPIPE LESION	1,590.95	00 15									
63	31800	REPAIR OF WINDPIPE INJURY	761.15										
67	31800	REPAIR OF WINDPIPE INJURY	761.15	00 15									
63	31805	REPAIR OF WINDPIPE INJURY	899.45										
67	31805	REPAIR OF WINDPIPE INJURY	899.45	00 15									
63	31820	CLOSURE OF WINDPIPE LESION	475.32										
67	31820	CLOSURE OF WINDPIPE LESION	475.32	00 15									
63	31825	REPAIR OF WINDPIPE DEFECT	660.11										
67	31825	REPAIR OF WINDPIPE DEFECT	660.11	00 15									
63	31830	REVISE WINDPIPE SCAR	527.22										
67	31830	REVISE WINDPIPE SCAR	527.22	00 15									
63	32035	EXPLORATION OF CHEST	803.73										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	32035	EXPLORATION OF CHEST	803.73	00 15									
63	32036	EXPLORATION OF CHEST	867.11										
67	32036	EXPLORATION OF CHEST	867.11	00 15									
63	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	880.51										
67	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	880.51	00 15									
63	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	882.40										
67	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	882.40	00 15									
63	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	836.84										
67	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	836.84	00 15									
63	32100	THORACOTOMY; WITH EXPLORATION	890.27										
67	32100	THORACOTOMY; WITH EXPLORATION	890.27	00 15									
63	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,622.69										
67	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,622.69	00 15									
63	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	958.25										
67	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	958.25	00 15									
63	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	1,013.57										
67	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	1,013.57	00 15									
63	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,089.67										
67	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,089.67	00 15									
63	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,681.80										
67	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,681.80	00 15									
63	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,111.61										
67	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,111.61	00 15									
63	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,105.98										
67	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,105.98	00 15									
63	32160	THORACOTOMY; WITH CARDIAC MASSAGE	876.31										
67	32160	THORACOTOMY; WITH CARDIAC MASSAGE	876.31	00 15									
63	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,251.79										
67	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,251.79	00 15									
63	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	881.62										
67	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	881.62	00 15									
63	32220	RELEASE OF LUNG	1,755.39										
67	32220	RELEASE OF LUNG	1,755.39	00 15									
63	32225	PARTIAL RELEASE OF LUNG	1,096.66										
67	32225	PARTIAL RELEASE OF LUNG	1,096.66	00 15									
63	32310	REMOVAL OF CHEST LINING	1,009.97										
67	32310	REMOVAL OF CHEST LINING	1,009.97	00 15									
63	32320	FREE/REMOVE CHEST LINING	1,767.58										
67	32320	FREE/REMOVE CHEST LINING	1,767.58	00 15									
63	32400	NEEDLE BIOPSY CHEST LINING	177.26									X	
67	32400	NEEDLE BIOPSY CHEST LINING	177.26	00 15								X	
63	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	879.65									X	
67	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	879.65	00 15								X	
63	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,727.61										
67	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,727.61	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,379.26										
67	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,379.26	00 15									
63	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,897.93										
67	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,897.93	00 15									
63	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,630.28										
67	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,630.28	00 15									
63	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,741.33										
67	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,741.33	00 15									
63	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,581.41										
67	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,581.41	00 15									
63	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,589.25										
67	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,589.25	00 15									
63	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,640.49										
67	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,640.49	00 15									
63	32501	REPAIR BRONCHUS (ADD-ON)	269.76										
67	32501	REPAIR BRONCHUS (ADD-ON)	269.76	00 15									
63	32503	RESECT APICAL LUNG TUMOR	1,980.49										
67	32503	RESECT APICAL LUNG TUMOR	1,980.49	00 15									
63	32504	RESECT APICAL LUNG TUM/CHEST	2,257.00										
67	32504	RESECT APICAL LUNG TUM/CHEST	2,257.00	00 15									
63	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,024.82										
67	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,024.82	00 15									
63	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	173.62									X	
67	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	173.62	00 15								X	
63	32540	REMOVAL OF LUNG LESION	1,902.03										
67	32540	REMOVAL OF LUNG LESION	1,902.03	00 15									
63	32550	INSERTION OF INDWELLING TUNNELED PLE	813.47										
67	32550	INSERTION OF INDWELLING TUNNELED PLE	813.47	00 15									
63	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	171.88										
67	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	171.88	00 15									
63	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	196.33										
67	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	196.33	00 15									
63	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	530.33										
67	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	530.33	00 15									
63	32554	THORACENTESIS, NEEDLE OR CATHETER, A	244.20										
67	32554	THORACENTESIS, NEEDLE OR CATHETER, A	244.20	00 15									
63	32555	THORACENTESIS, NEEDLE OR CATHETER, A	328.06										
67	32555	THORACENTESIS, NEEDLE OR CATHETER, A	328.06	00 15									
63	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	757.33										
67	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	757.33	00 15									
63	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	684.65										
67	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	684.65	00 15									
63	32560	INSTILLATION VIA CHEST TUBE/CATHETER	263.79										
67	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	263.79	00 15									
63	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	101.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	101.31	00 15									
63	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	90.32										
67	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	90.32	00 15									
63	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	339.38										
67	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	339.38	00 15									
63	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	529.14										
67	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	529.14	00 15									
63	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	509.39										
67	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	509.39	00 15									
63	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	339.48										
67	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	339.48	00 15									
63	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	417.49										
67	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	417.49	00 15									
63	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	280.96										
67	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	280.96	00 15									
63	32650	THORACOSCOPY, SURGICAL;	731.64										
67	32650	THORACOSCOPY, SURGICAL;	731.64	00 15									
63	32651	THORACOSCOPY, SURGICAL;	1,205.44										
67	32651	THORACOSCOPY, SURGICAL;	1,205.44	00 15									
63	32652	THORACOSCOPY, SURGICAL;	1,832.83										
67	32652	THORACOSCOPY, SURGICAL;	1,832.83	00 15									
63	32653	THORACOSCOPY, SURGICAL;	1,164.70										
67	32653	THORACOSCOPY, SURGICAL;	1,164.70	00 15									
63	32654	THORACOSCOPY, SURGICAL;	1,295.78										
67	32654	THORACOSCOPY, SURGICAL;	1,295.78	00 15									
63	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,053.48										
67	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,053.48	00 15									
63	32656	THORACOSCOPY, SURGICAL;	883.14										
67	32656	THORACOSCOPY, SURGICAL;	883.14	00 15									
63	32658	THORACOSCOPY, SURGICAL;	785.66										
67	32658	THORACOSCOPY, SURGICAL;	785.66	00 15									
63	32659	THORACOSCOPY, SURGICAL;	805.12										
67	32659	THORACOSCOPY, SURGICAL;	805.12	00 15									
63	32661	THORACOSCOPY, SURGICAL;	878.66										
67	32661	THORACOSCOPY, SURGICAL;	878.66	00 15									
63	32662	THORACOSCOPY, SURGICAL;	982.83										
67	32662	THORACOSCOPY, SURGICAL;	982.83	00 15									
63	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,542.28										
67	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,542.28	00 15									
63	32664	THORACOSCOPY, SURGICAL;	933.21										
67	32664	THORACOSCOPY, SURGICAL;	933.21	00 15									
63	32665	THORACOSCOPY, SURGICAL;	1,358.27										
67	32665	THORACOSCOPY, SURGICAL;	1,358.27	00 15									
63	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	956.15										
67	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	956.15	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	173.62									X	
67	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	173.62	00 15								X	
63	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	173.62										
67	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	173.62	00 15									
63	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,479.59										
67	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,479.59	00 15									
63	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,770.29										
67	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,770.29	00 15									
63	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,958.69										
67	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,958.69	00 15									
63	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,671.16										
67	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,671.16	00 15									
63	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,338.89										
67	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,338.89	00 15									
63	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	237.69										
67	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	237.69	00 15									
63	32701	THORACIC TARGET(S) DELINEATION FOR S	233.15										
67	32701	THORACIC TARGET(S) DELINEATION FOR S	233.15	00 15									
63	32800	REPAIR LUNG HERNIA	1,041.81										
67	32800	REPAIR LUNG HERNIA	1,041.81	00 15									
63	32810	CLOSE CHEST AFTER DRAINAGE	990.72										
67	32810	CLOSE CHEST AFTER DRAINAGE	990.72	00 15									
63	32815	CLOSE BRONCHIAL FISTULA	3,097.82										
67	32815	CLOSE BRONCHIAL FISTULA	3,097.82	00 15									
63	32820	RECONSTRUCT INJURED CHEST	1,466.35										
67	32820	RECONSTRUCT INJURED CHEST	1,466.35	00 15									
63	32851	LUNG TRANSPLANT, SINGLE;	3,615.24		X								
67	32851	LUNG TRANSPLANT, SINGLE;	3,615.24	00 15	X								
63	32852	LUNG TRANSPLANT, SINGLE;	3,901.72		X								
67	32852	LUNG TRANSPLANT, SINGLE;	3,901.72	00 15	X								
63	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,055.01		X								
67	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,055.01	00 15	X								
63	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,357.05		X								
67	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,357.05	00 15	X								
63	32900	REMOVAL OF RIB(S)	1,570.47										
67	32900	REMOVAL OF RIB(S)	1,570.47	00 15									
63	32905	REVISE & REPAIR CHEST WALL	1,471.41										
67	32905	REVISE & REPAIR CHEST WALL	1,471.41	00 15									
63	32906	REVISE & REPAIR CHEST WALL	1,818.57										
67	32906	REVISE & REPAIR CHEST WALL	1,818.57	00 15									
63	32940	REVISION OF LUNG	1,359.53										
67	32940	REVISION OF LUNG	1,359.53	00 15									
63	32960	THERAPEUTIC PNEUMOTHORAX	135.66										
67	32960	THERAPEUTIC PNEUMOTHORAX	135.66	00 15									
63	32994	ABLATION THERAPY FOR REDUCTION OR ER	4,982.00										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	32994	ABLATION THERAPY FOR REDUCTION OR ER	4,982.00	00 15									
63	32997	TOTAL LUNG LAVAGE	368.06										
67	32997	TOTAL LUNG LAVAGE	368.06	00 15									
63	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,188.01										
67	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,188.01	00 15									
63	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	258.21										
67	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	258.21	00 15									
63	33017	PERICARDIAL DRAINAGE WITH INSERTION	270.95	06 99									
67	33017	PERICARDIAL DRAINAGE WITH INSERTION	270.95	06 15									
67	33018	PERICARDIAL DRAINAGE WITH INSERTION	318.49	00 05									
63	33019	PERICARDIAL DRAINAGE WITH INSERTION	231.92										
67	33019	PERICARDIAL DRAINAGE WITH INSERTION	231.92	00 15									
63	33020	INCISION OF HEART SAC	909.71										
67	33020	INCISION OF HEART SAC	909.71	00 15									
63	33025	INCISION OF HEART SAC	847.15										
67	33025	INCISION OF HEART SAC	847.15	00 15									
63	33030	PARTIAL REMOVAL OF HEART SAC	2,203.28										
67	33030	PARTIAL REMOVAL OF HEART SAC	2,203.28	00 15									
63	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,727.97										
67	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,727.97	00 15									
63	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,106.46										
67	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,106.46	00 15									
63	33120	REMOVAL OF HEART LESION	2,305.85										
67	33120	REMOVAL OF HEART LESION	2,305.85	00 15									
63	33130	REMOVAL OF HEART LESION	1,500.84										
67	33130	REMOVAL OF HEART LESION	1,500.84	00 15									
63	33140	HEART REVASCULARIZE (TMR)	1,713.31		X								
67	33140	HEART REVASCULARIZE (TMR)	1,713.31	00 15	X								
63	33141	HEART TMR W/OTHER PROCEDURE	145.98		X								
67	33141	HEART TMR W/OTHER PROCEDURE	145.98	00 15	X								
63	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	848.48										
67	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	848.48	00 15									
63	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	891.50										
67	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	891.50	00 15									
63	33206	INSERTION OF NEW OR REPLACEMENT OF P	497.15										
67	33206	INSERTION OF NEW OR REPLACEMENT OF P	497.15	00 15									
63	33207	INSERTION OF NEW OR REPLACEMENT OF P	524.15										
67	33207	INSERTION OF NEW OR REPLACEMENT OF P	524.15	00 15									
63	33208	INSERTION OF NEW OR REPLACEMENT OF P	568.46										
67	33208	INSERTION OF NEW OR REPLACEMENT OF P	568.46	00 15									
63	33210	INSERTION OF HEART ELECTRODE	178.37										
67	33210	INSERTION OF HEART ELECTRODE	178.37	00 15									
63	33211	INSERTION OR REPLACEMENT OF TEMPORAR	185.31										
67	33211	INSERTION OR REPLACEMENT OF TEMPORAR	185.31	00 15									
63	33212	INSERTION OF PACEMAKER PULSE GENERAT	351.07										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	33212	INSERTION OF PACEMAKER PULSE GENERAT	351.07	00 15									
63	33213	INSERTION OF PACEMAKER PULSE GENERAT	367.47										
67	33213	INSERTION OF PACEMAKER PULSE GENERAT	367.47	00 15									
63	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	524.10										
67	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	524.10	00 15									
63	33215	REPOSITION PACING-DEFIB LEAD	339.47										
67	33215	REPOSITION PACING-DEFIB LEAD	339.47	00 15									
63	33216	REVISION IMPLANTED ELECTRODE	405.67										
67	33216	REVISION IMPLANTED ELECTRODE	405.67	00 15									
63	33217	INSERTION, REPLACEMENT OR REPOSITION	401.76										
67	33217	INSERTION, REPLACEMENT OR REPOSITION	401.76	00 15									
63	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	424.86										
67	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	424.86	00 15									
63	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	411.35										
67	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	411.35	00 15									
63	33221	INSERTION OF PACEMAKER PULSE GENERAT	391.97										
67	33221	INSERTION OF PACEMAKER PULSE GENERAT	391.97	00 15									
63	33222	RELOCATION OF PACEMAKER GENERATOR SK	372.07										
67	33222	RELOCATION OF PACEMAKER GENERATOR SK	372.07	00 15									
63	33223	RELOCATION OF PACING DEFIBRILLATOR D	446.84										
67	33223	RELOCATION OF PACING DEFIBRILLATOR D	446.84	00 15									
63	33224	INSERTION OF PACING ELECTRODE, CARDI	565.05										
67	33224	INSERTION OF PACING ELECTRODE, CARDI	565.05	00 15									
63	33225	INSERTION OF PACING ELECTRODE, CARDI	512.00										
67	33225	INSERTION OF PACING ELECTRODE, CARDI	512.00	00 15									
63	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	538.19										
67	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	538.19	00 15									
63	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	370.22										
67	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	370.22	00 15									
63	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	386.51										
67	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	386.51	00 15									
63	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	408.44										
67	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	408.44	00 15									
63	33230	INSERTION OF PACING CARDIOVERTER-DEF	418.79										
67	33230	INSERTION OF PACING CARDIOVERTER-DEF	418.79	00 15									
63	33231	INSERTION OF PACING CARDIOVERTER-DEF	436.52										
67	33231	INSERTION OF PACING CARDIOVERTER-DEF	436.52	00 15									
63	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	252.60										
67	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	252.60	00 15									
63	33234	REMOVAL OF PERMANENT PACEMAKER;	529.39										
67	33234	REMOVAL OF PERMANENT PACEMAKER;	529.39	00 15									
63	33235	REMOVAL OF PERMANENT PACEMAKER;	695.94										
67	33235	REMOVAL OF PERMANENT PACEMAKER;	695.94	00 15									
63	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	857.65										
67	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	857.65	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	920.48										
67	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	920.48	00 15									
63	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,038.49										
67	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,038.49	00 15									
63	33240	INSERTION OF PACING CARDIOVERTER-DEF	400.38										
67	33240	INSERTION OF PACING CARDIOVERTER-DEF	400.38	00 15									
63	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	232.78										
67	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	232.78	00 15									
63	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,511.66										
67	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,511.66	00 15									
63	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	946.49										
67	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	946.49	00 15									
63	33249	INSERTION OR REPLACEMENT OF PERMANEN	1,001.02										
67	33249	INSERTION OR REPLACEMENT OF PERMANEN	1,001.02	00 15									
63	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,598.89										
67	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,598.89	00 15									
63	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,796.05										
67	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,796.05	00 15									
63	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,494.58										
67	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,494.58	00 15									
63	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,784.84										
67	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,784.84	00 15									
63	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,118.78										
67	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,118.78	00 15									
63	33257	OPERATIVE TISSUE ABLATION AND RECONS	638.49										
67	33257	OPERATIVE TISSUE ABLATION AND RECONS	638.49	00 15									
63	33258	OPERATIVE TISSUE ABLATION AND RECONS	711.64										
67	33258	OPERATIVE TISSUE ABLATION AND RECONS	711.64	00 15									
63	33259	OPERATIVE TISSUE ABLATION AND RECONS	926.64										
67	33259	OPERATIVE TISSUE ABLATION AND RECONS	926.64	00 15									
63	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,770.54										
67	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,770.54	00 15									
63	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	407.29										
67	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	407.29	00 15									
63	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	423.03										
67	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	423.03	00 15									
63	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	441.09										
67	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	441.09	00 15									
63	33265	ABLATE ATRIA, LMTD, ENDO	1,497.57										
67	33265	ABLATE ATRIA, LMTD, ENDO	1,497.57	00 15									
63	33266	ABLATE ATRIA, X10SV, ENDO	2,030.05										
67	33266	ABLATE ATRIA, X10SV, ENDO	2,030.05	00 15									
63	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE,	1,147.77										
67	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE,	1,147.77	00 15									
63	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE,	144.39										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE,	144.39	00 15									
63	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE,	905.40										
67	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE,	905.40	00 15									
63	33270	INSERTION OR REPLACEMENT OF PERMANEN	615.51										
67	33270	INSERTION OR REPLACEMENT OF PERMANEN	615.51	00 15									
63	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	495.74										
67	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	495.74	00 15									
63	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	378.73										
67	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	378.73	00 15									
63	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	437.39										
67	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	437.39	00 15									
63	33274	TRANSCATHETER INSERTION OR REPLACEME	525.47										
67	33274	TRANSCATHETER INSERTION OR REPLACEME	525.47	00 15									
63	33275	TRANSCATHETER REMOVAL OF PERMANENT	551.60										
67	33275	TRANSCATHETER REMOVAL OF PERMANENT	551.60	00 15									
63	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,345.56										
67	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,345.56	00 15									
63	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	141.44										
67	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	141.44	00 15									
63	33289	TRANSCATHETER IMPLANTATION OF WIRELE	365.97										
67	33289	TRANSCATHETER IMPLANTATION OF WIRELE	365.97	00 15									
63	33300	REPAIR OF HEART WOUND	2,688.24										
67	33300	REPAIR OF HEART WOUND	2,688.24	00 15									
63	33305	REPAIR OF HEART WOUND	4,513.12										
67	33305	REPAIR OF HEART WOUND	4,513.12	00 15									
63	33310	EXPLORATORY HEART SURGERY	1,283.77										
67	33310	EXPLORATORY HEART SURGERY	1,283.77	00 15									
63	33315	EXPLORATORY HEART SURGERY	2,114.83										
67	33315	EXPLORATORY HEART SURGERY	2,114.83	00 15									
63	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,179.05										
67	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,179.05	00 15									
63	33321	REPAIR MAJOR VESSEL	1,304.18										
67	33321	REPAIR MAJOR VESSEL	1,304.18	00 15									
63	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,524.72										
67	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,524.72	00 15									
63	33330	INSERT MAJOR VESSEL GRAFT	1,564.47										
67	33330	INSERT MAJOR VESSEL GRAFT	1,564.47	00 15									
63	33335	INSERT MAJOR VESSEL GRAFT	2,054.83										
67	33335	INSERT MAJOR VESSEL GRAFT	2,054.83	00 15									
63	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	860.42										
67	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	860.42	00 15									
63	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,330.88										
67	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,330.88	00 15									
63	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,452.37										
67	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,452.37	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,503.96										
67	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,503.96	00 15									
63	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,506.82										
67	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,506.82	00 15									
63	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,569.85										
67	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,569.85	00 15									
63	33366	Transcatheter aortic valve replaceme	1,732.07										
67	33366	Transcatheter aortic valve replaceme	1,732.07	00 15									
63	33367	TRANSCATHETER AORTIC VALVE REPLACEME	675.28										
67	33367	TRANSCATHETER AORTIC VALVE REPLACEME	675.28	00 15									
63	33368	TRANSCATHETER AORTIC VALVE REPLACEME	817.72										
67	33368	TRANSCATHETER AORTIC VALVE REPLACEME	817.72	00 15									
63	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,079.59										
67	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,079.59	00 15									
63	33370	TRANSCATHETER PLACEMENT AND SUBSEQUE	147.72										
67	33370	TRANSCATHETER PLACEMENT AND SUBSEQUE	147.72	00 15									
63	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,123.02										
67	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,123.02	00 15									
63	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,515.45										
67	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,515.45	00 15									
63	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,921.01										
67	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,921.01	00 15									
63	33405	REPLACEMENT OF AORTIC VALVE	2,502.92										
67	33405	REPLACEMENT OF AORTIC VALVE	2,502.92	00 15									
63	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,183.83										
67	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,183.83	00 15									
63	33410	REPLACEMENT OF AORTIC VALVE	2,803.21										
67	33410	REPLACEMENT OF AORTIC VALVE	2,803.21	00 15									
63	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,697.79										
67	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,697.79	00 15									
63	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,466.10										
67	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,466.10	00 15									
63	33413	REPLACEMENT, AORTIC VALVE;	3,547.12										
67	33413	REPLACEMENT, AORTIC VALVE;	3,547.12	00 15									
63	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,373.16										
67	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,373.16	00 15									
63	33415	REVISION OF AORTIC VALVE	2,236.35										
67	33415	REVISION OF AORTIC VALVE	2,236.35	00 15									
63	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,230.53										
67	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,230.53	00 15									
63	33417	REPAIR OF AORTIC VALVE	1,839.98										
67	33417	REPAIR OF AORTIC VALVE	1,839.98	00 15									
63	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,970.23										
67	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,970.23	00 15									
63	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	465.58										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	465.58	00 15									
63	33420	REVISION OF MITRAL VALVE	1,593.63										
67	33420	REVISION OF MITRAL VALVE	1,593.63	00 15									
63	33422	REVISION OF MITRAL VALVE	1,828.23										
67	33422	REVISION OF MITRAL VALVE	1,828.23	00 15									
63	33425	REPAIR OF MITRAL VALVE	3,010.45										
67	33425	REPAIR OF MITRAL VALVE	3,010.45	00 15									
63	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,625.05										
67	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,625.05	00 15									
63	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,685.24										
67	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,685.24	00 15									
63	33430	REPLACEMENT OF MITRAL VALVE	3,087.32										
67	33430	REPLACEMENT OF MITRAL VALVE	3,087.32	00 15									
63	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,749.89										
67	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,749.89	00 15									
63	33460	REVISION OF TRICUSPID VALVE	2,641.92										
67	33460	REVISION OF TRICUSPID VALVE	2,641.92	00 15									
63	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,379.70										
67	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,379.70	00 15									
63	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,684.33										
67	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,684.33	00 15									
63	33465	REPLACE TRICUSPID VALVE	3,036.69										
67	33465	REPLACE TRICUSPID VALVE	3,036.69	00 15									
63	33468	REVISION OF TRICUSPID VALVE	2,709.66										
67	33468	REVISION OF TRICUSPID VALVE	2,709.66	00 15									
63	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,460.60										
67	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,460.60	00 15									
63	33474	REVISION OF PULMONARY VALVE	2,407.61										
67	33474	REVISION OF PULMONARY VALVE	2,407.61	00 15									
63	33475	REPLACEMENT, PULMONARY VALVE	2,557.11										
67	33475	REPLACEMENT, PULMONARY VALVE	2,557.11	00 15									
63	33476	REVISION OF HEART CHAMBER	1,680.05										
67	33476	REVISION OF HEART CHAMBER	1,680.05	00 15									
63	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,486.73										
67	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,486.73	00 15									
63	33478	REVISION OF HEART CHAMBER	1,736.13										
67	33478	REVISION OF HEART CHAMBER	1,736.13	00 15									
63	33496	REPAIR, PROSTH VALVE CLOT	1,829.51										
67	33496	REPAIR, PROSTH VALVE CLOT	1,829.51	00 15									
63	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,715.83										
67	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,715.83	00 15									
63	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,224.13										
67	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,224.13	00 15									
63	33502	CORONARY ARTERY CORRECTION	1,407.68										
67	33502	CORONARY ARTERY CORRECTION	1,407.68	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	33503	CORONARY ARTERY GRAFT	1,462.03										
67	33503	CORONARY ARTERY GRAFT	1,462.03	00 15									
63	33504	CORONARY ARTERY GRAFT	1,616.49										
67	33504	CORONARY ARTERY GRAFT	1,616.49	00 15									
63	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,280.06										
67	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,280.06	00 15									
63	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,268.64										
67	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,268.64	00 15									
63	33507	REPAIR ART, INTRAMURAL	1,901.98										
67	33507	REPAIR ART, INTRAMURAL	1,901.98	00 15									
63	33508	ENDOSCOPIC VEIN HARVEST	17.79										
67	33508	ENDOSCOPIC VEIN HARVEST	17.79	00 15									
63	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1	191.79										
67	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1	191.79	00 15									
63	33510	CORONARY ARTERY BYPASS	2,131.30										
67	33510	CORONARY ARTERY BYPASS	2,131.30	00 15									
63	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,339.42										
67	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,339.42	00 15									
63	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,668.84										
67	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,668.84	00 15									
63	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,733.00										
67	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,733.00	00 15									
63	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,871.44										
67	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,871.44	00 15									
63	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,971.83										
67	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,971.83	00 15									
63	33517	CORONARY ARTERY BYPASS, USING VENOUS	206.52										
67	33517	CORONARY ARTERY BYPASS, USING VENOUS	206.52	00 15									
63	33518	CORONARY ARTERY BYPASS, USING VENOUS	455.29										
67	33518	CORONARY ARTERY BYPASS, USING VENOUS	455.29	00 15									
63	33519	CORONARY ARTERY BYPASS, USING VENOUS	601.60										
67	33519	CORONARY ARTERY BYPASS, USING VENOUS	601.60	00 15									
63	33521	CORONARY ARTERY BYPASS, USING VENOUS	720.93										
67	33521	CORONARY ARTERY BYPASS, USING VENOUS	720.93	00 15									
63	33522	CORONARY ARTERY BYPASS, USING VENOUS	810.18										
67	33522	CORONARY ARTERY BYPASS, USING VENOUS	810.18	00 15									
63	33523	CORONARY ARTERY BYPASS, USING VENOUS	913.50										
67	33523	CORONARY ARTERY BYPASS, USING VENOUS	913.50	00 15									
63	33530	REOPERATION,CORON ART BYPASS >1MONTH	580.72										
67	33530	REOPERATION,CORON ART BYPASS >1MONTH	580.72	00 15									
63	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,063.27										
67	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,063.27	00 15									
63	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,423.14										
67	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,423.14	00 15									
63	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,696.41										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,696.41	00 15									
63	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,903.05										
67	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,903.05	00 15									
63	33542	REMOVAL OF HEART LESION	2,894.06										
67	33542	REMOVAL OF HEART LESION	2,894.06	00 15									
63	33545	REPAIR OF HEART DAMAGE	3,376.74										
67	33545	REPAIR OF HEART DAMAGE	3,376.74	00 15									
63	33548	RESTORE/REMODEL, VENTRICLE	3,245.07										
67	33548	RESTORE/REMODEL, VENTRICLE	3,245.07	00 15									
63	33572	OPEN CORONARY ENDARTERECTOMY	255.63										
67	33572	OPEN CORONARY ENDARTERECTOMY	255.63	00 15									
63	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,896.11										
67	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,896.11	00 15									
63	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,840.36										
67	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,840.36	00 15									
63	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,962.38										
67	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,962.38	00 15									
63	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,986.34										
67	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,986.34	00 15									
63	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,959.48										
67	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,959.48	00 15									
63	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,154.40										
67	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,154.40	00 15									
63	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,212.06										
67	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,212.06	00 15									
63	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,205.03										
67	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,205.03	00 15									
63	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,389.94										
67	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,389.94	00 15									
63	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	3,029.01										
67	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	3,029.01	00 15									
63	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,821.16										
67	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,821.16	00 15									
63	33621	TRANSTHORACIC INSERTION OF CATHETER	1,023.71										
67	33621	TRANSTHORACIC INSERTION OF CATHETER	1,023.71	00 15									
63	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,793.75										
67	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,793.75	00 15									
63	33641	REPAIR HEART SEPTUM DEFECT	1,808.76										
67	33641	REPAIR HEART SEPTUM DEFECT	1,808.76	00 15									
63	33645	REVISION OF HEART VEINS	1,911.95										
67	33645	REVISION OF HEART VEINS	1,911.95	00 15									
63	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	2,006.51										
67	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	2,006.51	00 15									
63	33660	REPAIR OF HEART DEFECTS	1,938.49										
67	33660	REPAIR OF HEART DEFECTS	1,938.49	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	33665	REPAIR OF HEART DEFECTS	2,112.63										
67	33665	REPAIR OF HEART DEFECTS	2,112.63	00 15									
63	33670	REPAIR OF HEART CHAMBERS	2,180.21										
67	33670	REPAIR OF HEART CHAMBERS	2,180.21	00 15									
63	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,176.61										
67	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,176.61	00 15									
63	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,235.56										
67	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,235.56	00 15									
63	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,321.18										
67	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,321.18	00 15									
63	33681	REPAIR HEART SEPTUM DEFECT	2,033.26										
67	33681	REPAIR HEART SEPTUM DEFECT	2,033.26	00 15									
63	33684	REPAIR HEART SEPTUM DEFECT	2,085.77										
67	33684	REPAIR HEART SEPTUM DEFECT	2,085.77	00 15									
63	33688	REPAIR HEART SEPTUM DEFECT	2,081.39										
67	33688	REPAIR HEART SEPTUM DEFECT	2,081.39	00 15									
63	33690	REINFORCE PULMONARY ARTERY	1,323.34										
67	33690	REINFORCE PULMONARY ARTERY	1,323.34	00 15									
63	33692	REPAIR OF HEART DEFECTS	2,161.44										
67	33692	REPAIR OF HEART DEFECTS	2,161.44	00 15									
63	33694	REPAIR OF HEART DEFECTS	2,154.40										
67	33694	REPAIR OF HEART DEFECTS	2,154.40	00 15									
63	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,270.04										
67	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,270.04	00 15									
63	33702	REPAIR OF HEART DEFECTS	1,707.10										
67	33702	REPAIR OF HEART DEFECTS	1,707.10	00 15									
63	33710	REPAIR OF HEART DEFECTS	2,266.72										
67	33710	REPAIR OF HEART DEFECTS	2,266.72	00 15									
63	33720	REPAIR OF HEART DEFECT	1,707.86										
67	33720	REPAIR OF HEART DEFECT	1,707.86	00 15									
63	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,696.79										
67	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,696.79	00 15									
63	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,243.77										
67	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,243.77	00 15									
63	33730	REPAIR HEART-VEIN DEFECT(S)	2,215.23										
67	33730	REPAIR HEART-VEIN DEFECT(S)	2,215.23	00 15									
63	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,818.38										
67	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,818.38	00 15									
63	33735	REVISION OF HEART CHAMBER	1,428.75										
67	33735	REVISION OF HEART CHAMBER	1,428.75	00 15									
63	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,551.33										
67	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,551.33	00 15									
63	33737	REVISION OF HEART CHAMBER	1,431.62										
67	33737	REVISION OF HEART CHAMBER	1,431.62	00 15									
63	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	827.14										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	827.14	00 15									
63	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,181.01										
67	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,181.01	00 15									
63	33746	TRANSCATHETER INTRACARDIAC SHUNT	471.86										
67	33746	TRANSCATHETER INTRACARDIAC SHUNT	471.86	00 15									
63	33750	MAJOR VESSEL SHUNT	1,393.38										
67	33750	MAJOR VESSEL SHUNT	1,393.38	00 15									
63	33755	MAJOR VESSEL SHUNT	1,451.92										
67	33755	MAJOR VESSEL SHUNT	1,451.92	00 15									
63	33762	MAJOR VESSEL SHUNT	1,415.03										
67	33762	MAJOR VESSEL SHUNT	1,415.03	00 15									
63	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,451.92										
67	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,451.92	00 15									
63	33766	MAJOR VESSEL SHUNT	1,471.54										
67	33766	MAJOR VESSEL SHUNT	1,471.54	00 15									
63	33767	SHUNT;	1,570.57										
67	33767	SHUNT;	1,570.57	00 15									
63	33768	CAVOPULMONARY SHUNTING	461.33										
67	33768	CAVOPULMONARY SHUNTING	461.33	00 15									
63	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,339.24										
67	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,339.24	00 15									
63	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,408.69										
67	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,408.69	00 15									
63	33774	REPAIR TRANSPO GREAT ARTERIES	1,986.10										
67	33774	REPAIR TRANSPO GREAT ARTERIES	1,986.10	00 15									
63	33775	REAPAIR W REMOVAL PULMONARY BAND	2,047.01										
67	33775	REAPAIR W REMOVAL PULMONARY BAND	2,047.01	00 15									
63	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,162.47										
67	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,162.47	00 15									
63	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,089.10										
67	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,089.10	00 15									
63	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,596.44										
67	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,596.44	00 15									
63	33779	REPAIR W REMOVAL O PULMONARY BAND	2,570.01										
67	33779	REPAIR W REMOVAL O PULMONARY BAND	2,570.01	00 15									
63	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,617.66										
67	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,617.66	00 15									
63	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,557.29										
67	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,557.29	00 15									
63	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,567.71										
67	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,567.71	00 15									
63	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,856.40										
67	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,856.40	00 15									
63	33786	REPAIR ARTERIAL TRUNK	2,517.16										
67	33786	REPAIR ARTERIAL TRUNK	2,517.16	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	33788	REVISION OF PULMONARY ARTERY	1,692.63											
67	33788	REVISION OF PULMONARY ARTERY	1,692.63	00	15									
63	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,087.13											
67	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,087.13	00	15									
63	33802	REPAIR VESSEL DEFECT	1,194.91											
67	33802	REPAIR VESSEL DEFECT	1,194.91	00	15									
63	33803	REPAIR VESSEL DEFECT	1,270.73											
67	33803	REPAIR VESSEL DEFECT	1,270.73	00	15									
63	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,367.93											
67	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,367.93	00	15									
63	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,681.06											
67	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,681.06	00	15									
63	33820	REVISE MAJOR VESSEL	1,066.42											
67	33820	REVISE MAJOR VESSEL	1,066.42	00	15									
63	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,124.83	00	17									
67	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,124.83	00	15									
63	33824	REPAIR PATENT DUCTUS ARTERIOSUS	1,302.05	18	99									
63	33840	REMOVE AORTA CONSTRICTION	1,366.84											
67	33840	REMOVE AORTA CONSTRICTION	1,366.84	00	15									
63	33845	REMOVE AORTA CONSTRICTION	1,470.89											
67	33845	REMOVE AORTA CONSTRICTION	1,470.89	00	15									
63	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,403.60											
67	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,403.60	00	15									
63	33852	EXCISION O COARCTATION W REPAIR ARCH	1,543.99											
67	33852	EXCISION O COARCTATION W REPAIR ARCH	1,543.99	00	15									
63	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	2,022.72											
67	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	2,022.72	00	15									
63	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,747.40											
67	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,747.40	00	15									
63	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,688.32											
67	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,688.32	00	15									
63	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,471.73											
67	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,471.73	00	15									
63	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,549.25											
67	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,549.25	00	15									
63	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,019.56											
67	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,019.56	00	15									
63	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,594.20											
67	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,594.20	00	15									
63	33875	THORACIC AORTA GRAFT	3,024.28											
67	33875	THORACIC AORTA GRAFT	3,024.28	00	15									
63	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	3,990.83											
67	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	3,990.83	00	15									
63	33880	ENDOVASC TAA REPR INCL SUBCL	1,981.11											
67	33880	ENDOVASC TAA REPR INCL SUBCL	1,981.11	00	15									

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

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
63	33881	ENDOVASC TAA REPR W/O SUBCL	1,696.74										
67	33881	ENDOVASC TAA REPR W/O SUBCL	1,696.74	00 15									
63	33883	INSERT ENDOVASC PROSTH, TAA	1,227.34										
67	33883	INSERT ENDOVASC PROSTH, TAA	1,227.34	00 15									
63	33884	ENDOVASC PROSTH, TAA, ADD-ON	440.28									X	
67	33884	ENDOVASC PROSTH, TAA, ADD-ON	440.28	00 15								X	
63	33886	ENDOVASC PROSTH, DELAYED	1,062.22										
67	33886	ENDOVASC PROSTH, DELAYED	1,062.22	00 15									
63	33889	ARTERY TRANSPOSE/ENDOVAS TAA	882.75										
67	33889	ARTERY TRANSPOSE/ENDOVAS TAA	882.75	00 15									
63	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,073.81										
67	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,073.81	00 15									
63	33894	ENDOVASCULAR STENT REPAIR OF COARCTA	1,079.29										
67	33894	ENDOVASCULAR STENT REPAIR OF COARCTA	1,079.29	00 15									
63	33895	ENDOVASCULAR STENT REPAIR OF COARCTA	858.28										
67	33895	ENDOVASCULAR STENT REPAIR OF COARCTA	858.28	00 15									
63	33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	638.56										
67	33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	638.56	00 15									
63	33900	PERCUTANEOUS PULMONARY ARTERY REVASC	643.04										
67	33900	PERCUTANEOUS PULMONARY ARTERY REVASC	643.04	00 15									
63	33901	PERCUTANEOUS PULMONARY ARTERY REVASC	845.05										
67	33901	PERCUTANEOUS PULMONARY ARTERY REVASC	845.05	00 15									
63	33902	PERCUTANEOUS PULMONARY ARTERY REVASC	816.62										
67	33902	PERCUTANEOUS PULMONARY ARTERY REVASC	816.62	00 15									
63	33903	PERCUTANEOUS PULMONARY ARTERY REVASC	962.30										
67	33903	PERCUTANEOUS PULMONARY ARTERY REVASC	962.30	00 15									
63	33904	PERCUTANEOUS PULMONARY ARTERY REVASC	323.07										
67	33904	PERCUTANEOUS PULMONARY ARTERY REVASC	323.07	00 15									
63	33910	REMOVE LUNG ARTERY EMBOLI	2,910.50										
67	33910	REMOVE LUNG ARTERY EMBOLI	2,910.50	00 15									
63	33915	REMOVE LUNG ARTERY EMBOLI	1,513.88										
67	33915	REMOVE LUNG ARTERY EMBOLI	1,513.88	00 15									
63	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,609.50										
67	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,609.50	00 15									
63	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,607.79										
67	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,607.79	00 15									
63	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	2,000.03										
67	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	2,000.03	00 15									
63	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,532.18										
67	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,532.18	00 15									
63	33924	REMOVE PULMONARY SHUNT	316.38										
67	33924	REMOVE PULMONARY SHUNT	316.38	00 15									
63	33925	RPR PUL ART UNIFOCAL W/O CPB	1,896.66										
67	33925	RPR PUL ART UNIFOCAL W/O CPB	1,896.66	00 15									
63	33926	REPR PUL ART, UNIFOCAL W/CPB	2,670.12										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	33926	REPR PUL ART, UNIFOCAL W/CPB	2,670.12	00	15									
63	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,824.95				X							
67	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,824.95	00	15		X							
63	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,426.91			X								
67	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,426.91	00	15	X								
63	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,365.63			X								
67	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,365.63	00	15	X								
63	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	341.55											
67	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	341.55	00	15									
63	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	377.94											
67	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	377.94	00	15									
63	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	261.56											
67	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	261.56	00	15									
63	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	253.57											
67	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	253.57	00	15									
63	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	467.53	00	05									
67	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	467.53	00	05									
63	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	471.23	06	99									
67	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	471.23	06	15									
63	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	521.26	00	05									
67	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	521.26	00	05									
63	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	525.22	06	99									
67	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	525.22	06	15									
63	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	912.26	00	05									
67	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	912.26	00	05									
63	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	924.19	06	99									
67	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	924.19	06	15									
63	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	202.98	00	05									
67	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	202.98	00	05									
63	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	202.98	06	99									
67	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	202.98	06	15									
63	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	257.15	00	05									
67	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	257.15	00	05									
63	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	257.15	06	99									
67	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	257.15	06	15									
63	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	514.79	00	05									
67	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	514.79	00	05									
63	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	543.61	06	99									
67	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	543.61	06	15									
63	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	202.98	00	05									
67	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	202.98	00	05									
63	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	259.98	06	99									
67	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	259.98	06	15									
63	33967	INSERT IA PERCUT DEVICE	283.76											
67	33967	INSERT IA PERCUT DEVICE	283.76	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	33968	REMOVE AORTIC ASSIST DEVICE	37.33										
67	33968	REMOVE AORTIC ASSIST DEVICE	37.33	00 15									
63	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	300.39	00 05									
67	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	300.39	00 05									
63	33970	INTERNAL CIRCULATION ASSIST	390.75										
67	33970	INTERNAL CIRCULATION ASSIST	390.75	00 15									
63	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	775.87										
67	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	775.87	00 15									
63	33973	INSERTION OF INTRA-AORTIC BALLOON AS	554.37										
67	33973	INSERTION OF INTRA-AORTIC BALLOON AS	554.37	00 15									
63	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	976.11										
67	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	976.11	00 15									
63	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,433.97										
67	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,433.97	00 15									
63	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,747.20										
67	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,747.20	00 15									
63	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,236.24										
67	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,236.24	00 15									
63	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,464.14										
67	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,464.14	00 15									
63	33979	INSERT INTRACORPOREAL DEVICE	2,150.18										
67	33979	INSERT INTRACORPOREAL DEVICE	2,150.18	00 15									
63	33980	REMOVE INTRACORPOREAL DEVICE	1,964.58								X		
67	33980	REMOVE INTRACORPOREAL DEVICE	1,964.58	00 15							X		
63	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	915.51								X		
67	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	915.51	00 15							X		
63	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,151.24								X		
67	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,151.24	00 15							X		
63	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,559.23								X		
67	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,559.23	00 15							X		
63	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	314.17	06 99									
67	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	314.17	06 15									
63	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	566.41	00 05									
67	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	566.41	00 05									
63	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	578.71	06 99									
67	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	578.71	06 15									
63	33987	ARTERIAL EXPOSURE WITH CREATION OF G	229.30										
67	33987	ARTERIAL EXPOSURE WITH CREATION OF G	229.30	00 15									
63	33988	INSERTION OF LEFT HEART VENT BY THOR	855.80										
67	33988	INSERTION OF LEFT HEART VENT BY THOR	855.80	00 15									
63	33989	REMOVAL OF LEFT HEART VENT BY THORAC	543.61										
67	33989	REMOVAL OF LEFT HEART VENT BY THORAC	543.61	00 15									
63	33990	INSERTION OF VENTRICULAR ASSIST DEVI	397.34										
67	33990	INSERTION OF VENTRICULAR ASSIST DEVI	397.34	00 15									
63	33991	INSERTION OF VENTRICULAR ASSIST DEVI	502.87										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	33991	INSERTION OF VENTRICULAR ASSIST DEVI	502.87	00 15									
63	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	206.50										
67	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	206.50	00 15									
63	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	182.35										
67	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	182.35	00 15									
63	33995	INSERTION OF VENTRICULAR ASSIST DEVI	390.76										
67	33995	INSERTION OF VENTRICULAR ASSIST DEVI	390.76	00 15									
63	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	174.35										
67	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	174.35	00 15									
63	34001	REMOVAL OF ARTERY CLOT	1,015.69										
67	34001	REMOVAL OF ARTERY CLOT	1,015.69	00 15									
63	34051	REMOVAL OF ARTERY CLOT	1,089.29										
67	34051	REMOVAL OF ARTERY CLOT	1,089.29	00 15									
63	34101	REMOVAL OF ARTERY CLOT	659.54										
67	34101	REMOVAL OF ARTERY CLOT	659.54	00 15									
63	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	661.33										
67	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	661.33	00 15									
63	34151	REMOVAL OF ARTERY CLOT	1,540.88										
67	34151	REMOVAL OF ARTERY CLOT	1,540.88	00 15									
63	34201	REMOVAL OF ARTERY CLOT	1,130.75										
67	34201	REMOVAL OF ARTERY CLOT	1,130.75	00 15									
63	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,048.05										
67	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,048.05	00 15									
63	34401	REMOVAL OF VEIN CLOT	1,630.00										
67	34401	REMOVAL OF VEIN CLOT	1,630.00	00 15									
63	34421	REMOVAL OF VEIN CLOT	770.39										
67	34421	REMOVAL OF VEIN CLOT	770.39	00 15									
63	34451	REMOVAL OF VEIN CLOT	1,596.05										
67	34451	REMOVAL OF VEIN CLOT	1,596.05	00 15									
63	34471	REMOVAL OF VEIN CLOT	1,198.41										
67	34471	REMOVAL OF VEIN CLOT	1,198.41	00 15									
63	34490	REMOVAL OF VEIN CLOT	713.48										
67	34490	REMOVAL OF VEIN CLOT	713.48	00 15									
63	34501	VALVULOPLASTY, FEMORAL VEIN	988.92										
67	34501	VALVULOPLASTY, FEMORAL VEIN	988.92	00 15									
63	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,690.65										
67	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,690.65	00 15									
63	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,133.56										
67	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,133.56	00 15									
63	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,098.69										
67	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,098.69	00 15									
63	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,043.03										
67	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,043.03	00 15									
63	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,366.56										
67	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,366.56	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,044.60										
67	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,044.60	00 15									
63	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,521.96										
67	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,521.96	00 15									
63	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,537.50										
67	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,537.50	00 15									
63	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,688.50										
67	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,688.50	00 15									
63	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,523.56										
67	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,523.56	00 15									
63	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,288.24										
67	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,288.24	00 15									
63	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,021.27										
67	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,021.27	00 15									
63	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	358.25									X	
67	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	358.25	00 15								X	
63	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	876.84										
67	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	876.84	00 15									
63	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	326.90									X	
67	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	326.90	00 15								X	
63	34712	TRANSCATHETER DELIVERY OF ENHANCED	721.92										
67	34712	TRANSCATHETER DELIVERY OF ENHANCED	721.92	00 15									
63	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	137.05									X	
67	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	137.05	00 15								X	
63	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	298.15									X	
67	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	298.15	00 15								X	
63	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	332.73									X	
67	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	332.73	00 15								X	
63	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	411.33									X	
67	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	411.33	00 15								X	
63	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	491.69									X	
67	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	491.69	00 15								X	
63	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,366.06									X	
67	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,366.06	00 15								X	
63	34808	ENDOVASC ABDO OCCLUD DEVICE	225.07										
67	34808	ENDOVASC ABDO OCCLUD DEVICE	225.07	00 15									
63	34812	XPOSE FOR ENDOPROSTH, AORTIC	228.44										
67	34812	XPOSE FOR ENDOPROSTH, AORTIC	228.44	00 15									
63	34813	XPOSE FOR ENDOPROSTH, FEMORL	262.07										
67	34813	XPOSE FOR ENDOPROSTH, FEMORL	262.07	00 15									
63	34820	XPOSE FOR ENDOPROSTH, ILIAC	375.42										
67	34820	XPOSE FOR ENDOPROSTH, ILIAC	375.42	00 15									
63	34830	OPEN AORTIC TUBE PROSTH REPR	1,959.97										
67	34830	OPEN AORTIC TUBE PROSTH REPR	1,959.97	00 15									
63	34831	OPEN AORTOILIAC PROSTH REPR	2,139.12										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	34831	OPEN AORTOILIAC PROSTH REPR	2,139.12	00 15									
63	34832	OPEN AORTOFEMOR PROSTH REPR	2,107.21										
67	34832	OPEN AORTOFEMOR PROSTH REPR	2,107.21	00 15									
63	34833	XPOSE FOR ENDOPROSTH, ILIAC	437.56										
67	34833	XPOSE FOR ENDOPROSTH, ILIAC	437.56	00 15									
63	34834	XPOSE, ENDOPROSTH, BRACHIAL	144.35										
67	34834	XPOSE, ENDOPROSTH, BRACHIAL	144.35	00 15									
63	35001	REPAIR DEFECT OF ARTERY	1,242.38										
67	35001	REPAIR DEFECT OF ARTERY	1,242.38	00 15									
63	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,263.14										
67	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,263.14	00 15									
63	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,105.19										
67	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,105.19	00 15									
63	35011	REPAIR DEFECT OF ARTERY	1,116.15										
67	35011	REPAIR DEFECT OF ARTERY	1,116.15	00 15									
63	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,401.31										
67	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,401.31	00 15									
63	35021	REPAIR DEFECT OF ARTERY	1,384.17										
67	35021	REPAIR DEFECT OF ARTERY	1,384.17	00 15									
63	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,584.26										
67	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,584.26	00 15									
63	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,072.84										
67	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,072.84	00 15									
63	35081	REPAIR DEFECT OF ARTERY	1,917.72										
67	35081	REPAIR DEFECT OF ARTERY	1,917.72	00 15									
63	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,397.72										
67	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,397.72	00 15									
63	35091	REPAIR DEFECT OF ARTERY	1,977.95										
67	35091	REPAIR DEFECT OF ARTERY	1,977.95	00 15									
63	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,868.21										
67	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,868.21	00 15									
63	35102	REPAIR DEFECT OF ARTERY	2,080.13										
67	35102	REPAIR DEFECT OF ARTERY	2,080.13	00 15									
63	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,465.38										
67	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,465.38	00 15									
63	35111	REPAIR DEFECT OF ARTERY	1,477.32										
67	35111	REPAIR DEFECT OF ARTERY	1,477.32	00 15									
63	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,816.90										
67	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,816.90	00 15									
63	35121	REPAIR DEFECT OF ARTERY	1,757.16										
67	35121	REPAIR DEFECT OF ARTERY	1,757.16	00 15									
63	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,101.73										
67	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,101.73	00 15									
63	35131	REPAIR DEFECT OF ARTERY	1,525.97										
67	35131	REPAIR DEFECT OF ARTERY	1,525.97	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,816.90										
67	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,816.90	00 15									
63	35141	REPAIR DEFECT OF ARTERY	1,210.61										
67	35141	REPAIR DEFECT OF ARTERY	1,210.61	00 15									
63	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,461.19										
67	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,461.19	00 15									
63	35151	REPAIR DEFECT OF ARTERY	1,371.95										
67	35151	REPAIR DEFECT OF ARTERY	1,371.95	00 15									
63	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,553.09										
67	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,553.09	00 15									
63	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	870.42										
67	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	870.42	00 15									
63	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,976.49										
67	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,976.49	00 15									
63	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,070.96										
67	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,070.96	00 15									
63	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,446.00										
67	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,446.00	00 15									
63	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,676.93										
67	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,676.93	00 15									
63	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	840.84										
67	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	840.84	00 15									
63	35201	REPAIR BLOOD VESSEL LESION	1,031.92										
67	35201	REPAIR BLOOD VESSEL LESION	1,031.92	00 15									
63	35206	REPAIR BLOOD VESSEL LESION	865.36										
67	35206	REPAIR BLOOD VESSEL LESION	865.36	00 15									
63	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	826.64									X	
67	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	826.64	00 15								X	
63	35211	REPAIR BLOOD VESSEL LESION	1,528.64										
67	35211	REPAIR BLOOD VESSEL LESION	1,528.64	00 15									
63	35216	REPAIR BLOOD VESSEL LESION	2,311.07										
67	35216	REPAIR BLOOD VESSEL LESION	2,311.07	00 15									
63	35221	REPAIR BLOOD VESSEL LESION	1,631.77										
67	35221	REPAIR BLOOD VESSEL LESION	1,631.77	00 15									
63	35226	REPAIR BLOOD VESSEL LESION	918.88										
67	35226	REPAIR BLOOD VESSEL LESION	918.88	00 15									
63	35231	REPAIR BLOOD VESSEL LESION	1,369.80										
67	35231	REPAIR BLOOD VESSEL LESION	1,369.80	00 15									
63	35236	REPAIR BLOOD VESSEL LESION	1,098.32										
67	35236	REPAIR BLOOD VESSEL LESION	1,098.32	00 15									
63	35241	REPAIR BLOOD VESSEL LESION	1,578.17										
67	35241	REPAIR BLOOD VESSEL LESION	1,578.17	00 15									
63	35246	REPAIR BLOOD VESSEL LESION	1,718.93										
67	35246	REPAIR BLOOD VESSEL LESION	1,718.93	00 15									
63	35251	REPAIR BLOOD VESSEL LESION	1,938.04										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	35251	REPAIR BLOOD VESSEL LESION	1,938.04	00 15									
63	35256	REPAIR BLOOD VESSEL LESION	1,127.94										
67	35256	REPAIR BLOOD VESSEL LESION	1,127.94	00 15									
63	35261	REPAIR BLOOD VESSEL LESION	1,086.88										
67	35261	REPAIR BLOOD VESSEL LESION	1,086.88	00 15									
63	35266	REPAIR BLOOD VESSEL LESION	950.94										
67	35266	REPAIR BLOOD VESSEL LESION	950.94	00 15									
63	35271	REPAIR BLOOD VESSEL LESION	1,525.95										
67	35271	REPAIR BLOOD VESSEL LESION	1,525.95	00 15									
63	35276	REPAIR BLOOD VESSEL LESION	1,601.89										
67	35276	REPAIR BLOOD VESSEL LESION	1,601.89	00 15									
63	35281	REPAIR BLOOD VESSEL LESION	1,793.28										
67	35281	REPAIR BLOOD VESSEL LESION	1,793.28	00 15									
63	35286	REPAIR BLOOD VESSEL LESION	1,026.69										
67	35286	REPAIR BLOOD VESSEL LESION	1,026.69	00 15									
63	35301	RECHANNELING OF ARTERY	1,249.41										
67	35301	RECHANNELING OF ARTERY	1,249.41	00 15									
63	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,238.73										
67	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,238.73	00 15									
63	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,369.41										
67	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,369.41	00 15									
63	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,409.12										
67	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,409.12	00 15									
63	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,355.15										
67	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,355.15	00 15									
63	35306	THROMBOENDARTERECTOMY, INCLUDING P +	497.47									X	
67	35306	THROMBOENDARTERECTOMY, INCLUDING P +	497.47	00 15								X	
63	35311	RECHANNELING OF ARTERY	1,712.70										
67	35311	RECHANNELING OF ARTERY	1,712.70	00 15									
63	35321	RECHANNELING OF ARTERY	989.31										
67	35321	RECHANNELING OF ARTERY	989.31	00 15									
63	35331	RECHANNELING OF ARTERY	1,616.08										
67	35331	RECHANNELING OF ARTERY	1,616.08	00 15									
63	35341	RECHANNELING OF ARTERY	1,528.99										
67	35341	RECHANNELING OF ARTERY	1,528.99	00 15									
63	35351	RECHANNELING OF ARTERY	1,421.39										
67	35351	RECHANNELING OF ARTERY	1,421.39	00 15									
63	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,139.44										
67	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,139.44	00 15									
63	35361	RECHANNELING OF ARTERY	1,691.92										
67	35361	RECHANNELING OF ARTERY	1,691.92	00 15									
63	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,804.19										
67	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,804.19	00 15									
63	35371	RECHANNELING OF ARTERY	900.83										
67	35371	RECHANNELING OF ARTERY	900.83	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,079.85										
67	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,079.85	00 15									
63	35390	REOPERATION, CAROTID, THROMBOENDARTE	176.15										
67	35390	REOPERATION, CAROTID, THROMBOENDARTE	176.15	00 15									
63	35400	ANGIOSCOPY	163.98										
67	35400	ANGIOSCOPY	163.98	00 15									
63	35500	HARVEST VEIN FOR BYPASS	353.09										
67	35500	HARVEST VEIN FOR BYPASS	353.09	00 15									
63	35501	ARTERY BYPASS GRAFT	1,621.85										
67	35501	ARTERY BYPASS GRAFT	1,621.85	00 15									
63	35506	ARTERY BYPASS GRAFT	1,415.72										
67	35506	ARTERY BYPASS GRAFT	1,415.72	00 15									
63	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,474.72										
67	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,474.72	00 15									
63	35509	ARTERY BYPASS GRAFT	1,568.32										
67	35509	ARTERY BYPASS GRAFT	1,568.32	00 15									
63	35510	ARTERY BYPASS GRAFT	1,366.19										
67	35510	ARTERY BYPASS GRAFT	1,366.19	00 15									
63	35511	ARTERY BYPASS GRAFT	1,244.39										
67	35511	ARTERY BYPASS GRAFT	1,244.39	00 15									
63	35512	ARTERY BYPASS GRAFT	1,338.49										
67	35512	ARTERY BYPASS GRAFT	1,338.49	00 15									
63	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,474.72										
67	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,474.72	00 15									
63	35516	ARTERY BYPASS GRAFT	1,355.53										
67	35516	ARTERY BYPASS GRAFT	1,355.53	00 15									
63	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,269.33										
67	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,269.33	00 15									
63	35521	ARTERY BYPASS GRAFT	1,363.59										
67	35521	ARTERY BYPASS GRAFT	1,363.59	00 15									
63	35522	ARTERY BYPASS GRAFT	1,299.05										
67	35522	ARTERY BYPASS GRAFT	1,299.05	00 15									
63	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,400.99										
67	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,400.99	00 15									
63	35525	ARTERY BYPASS GRAFT	1,254.60										
67	35525	ARTERY BYPASS GRAFT	1,254.60	00 15									
63	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,903.33										
67	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,903.33	00 15									
63	35531	ARTERY BYPASS GRAFT	2,168.65										
67	35531	ARTERY BYPASS GRAFT	2,168.65	00 15									
63	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,674.64										
67	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,674.64	00 15									
63	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,115.97										
67	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,115.97	00 15									
63	35536	ARTERY BYPASS GRAFT	1,879.47										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	35536	ARTERY BYPASS GRAFT	1,879.47	00	15									
63	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,317.21											
67	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,317.21	00	15									
63	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,597.72											
67	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,597.72	00	15									
63	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,437.20											
67	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,437.20	00	15									
63	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,717.90											
67	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,717.90	00	15									
63	35556	ARTERY BYPASS GRAFT	1,542.51											
67	35556	ARTERY BYPASS GRAFT	1,542.51	00	15									
63	35558	ARTERY BYPASS GRAFT	1,362.30											
67	35558	ARTERY BYPASS GRAFT	1,362.30	00	15									
63	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,894.69											
67	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,894.69	00	15									
63	35563	ARTERY BYPASS GRAFT	1,470.21											
67	35563	ARTERY BYPASS GRAFT	1,470.21	00	15									
63	35565	ARTERY BYPASS GRAFT	1,449.31											
67	35565	ARTERY BYPASS GRAFT	1,449.31	00	15									
63	35566	ARTERY BYPASS GRAFT	1,842.20											
67	35566	ARTERY BYPASS GRAFT	1,842.20	00	15									
63	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,636.09											
67	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,636.09	00	15									
63	35571	ARTERY BYPASS GRAFT	1,466.07											
67	35571	ARTERY BYPASS GRAFT	1,466.07	00	15									
63	35572	HARVEST FEMOROPOPLITEAL VEIN	380.36											
67	35572	HARVEST FEMOROPOPLITEAL VEIN	380.36	00	15									
63	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,598.21											
67	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,598.21	00	15									
63	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,849.05											
67	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,849.05	00	15									
63	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,510.20											
67	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,510.20	00	15									
63	35600	HARVEST ARTERY FOR CABG	205.43											
67	35600	HARVEST ARTERY FOR CABG	205.43	00	15									
63	35601	ARTERY BYPASS GRAFT	1,554.30											
67	35601	ARTERY BYPASS GRAFT	1,554.30	00	15									
63	35606	ARTERY BYPASS GRAFT	1,298.45											
67	35606	ARTERY BYPASS GRAFT	1,298.45	00	15									
63	35612	ARTERY BYPASS GRAFT	1,160.11											
67	35612	ARTERY BYPASS GRAFT	1,160.11	00	15									
63	35616	ARTERY BYPASS GRAFT	1,224.09											
67	35616	ARTERY BYPASS GRAFT	1,224.09	00	15									
63	35621	ARTERY BYPASS GRAFT	1,215.01											
67	35621	ARTERY BYPASS GRAFT	1,215.01	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,460.32										
67	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,460.32	00 15									
63	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,753.74										
67	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,753.74	00 15									
63	35631	ARTERY BYPASS GRAFT	2,048.56										
67	35631	ARTERY BYPASS GRAFT	2,048.56	00 15									
63	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,007.78										
67	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,007.78	00 15									
63	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,201.09										
67	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,201.09	00 15									
63	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,965.20										
67	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,965.20	00 15									
63	35636	ARTERY BYPASS GRAFT	1,773.23										
67	35636	ARTERY BYPASS GRAFT	1,773.23	00 15									
63	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,843.20										
67	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,843.20	00 15									
63	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	1,922.45										
67	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,922.45	00 15									
63	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,095.09										
67	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,095.09	00 15									
63	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,051.26										
67	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,051.26	00 15									
63	35646	ARTERY BYPASS GRAFT	1,888.89										
67	35646	ARTERY BYPASS GRAFT	1,888.89	00 15									
63	35647	ARTERY BYPASS GRAFT	1,716.91										
67	35647	ARTERY BYPASS GRAFT	1,716.91	00 15									
63	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,135.12										
67	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,135.12	00 15									
63	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,509.61										
67	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,509.61	00 15									
63	35656	ARTERY BYPASS GRAFT	1,188.59										
67	35656	ARTERY BYPASS GRAFT	1,188.59	00 15									
63	35661	ARTERY BYPASS GRAFT	1,197.02										
67	35661	ARTERY BYPASS GRAFT	1,197.02	00 15									
63	35663	ARTERY BYPASS GRAFT	1,352.50										
67	35663	ARTERY BYPASS GRAFT	1,352.50	00 15									
63	35665	ARTERY BYPASS GRAFT	1,297.19										
67	35665	ARTERY BYPASS GRAFT	1,297.19	00 15									
63	35666	ARTERY BYPASS GRAFT	1,420.53										
67	35666	ARTERY BYPASS GRAFT	1,420.53	00 15									
63	35671	ARTERY BYPASS GRAFT	1,251.19										
67	35671	ARTERY BYPASS GRAFT	1,251.19	00 15									
63	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	88.48										
67	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	88.48	00 15									
63	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	391.68										

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

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
67	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	391.68	00 15									
63	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	456.41										
67	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	456.41	00 15									
63	35685	BYPASS GRAFT PATENCY/PATCH	220.37										
67	35685	BYPASS GRAFT PATENCY/PATCH	220.37	00 15									
63	35686	BYPASS GRAFT/AV FIST PATENCY	179.03										
67	35686	BYPASS GRAFT/AV FIST PATENCY	179.03	00 15									
63	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,050.50										
67	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,050.50	00 15									
63	35693	TRANSPOSITION AND/OR REIMPLANTATION;	924.32										
67	35693	TRANSPOSITION AND/OR REIMPLANTATION;	924.32	00 15									
63	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,096.83										
67	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,096.83	00 15									
63	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,139.09										
67	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,139.09	00 15									
63	35697	REIMPLANT ARTERY EACH	163.32										
67	35697	REIMPLANT ARTERY EACH	163.32	00 15									
63	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	168.55										
67	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	168.55	00 15									
63	35701	EXPLORATION, CAROTID ARTERY	482.27										
67	35701	EXPLORATION, CAROTID ARTERY	482.27	00 15									
63	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	452.50										
67	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	452.50	00 15									
63	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	459.69										
67	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	459.69	00 15									
63	35800	EXPLORE NECK VESSELS	802.44										
67	35800	EXPLORE NECK VESSELS	802.44	00 15									
63	35820	EXPLORE CHEST VESSELS	2,221.43										
67	35820	EXPLORE CHEST VESSELS	2,221.43	00 15									
63	35840	EXPLORE ABDOMINAL VESSELS	1,342.59										
67	35840	EXPLORE ABDOMINAL VESSELS	1,342.59	00 15									
63	35860	EXPLORE LIMB VESSELS	927.61										
67	35860	EXPLORE LIMB VESSELS	927.61	00 15									
63	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,386.39										
67	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,386.39	00 15									
63	35875	THROMBECTOMY OF ARTERIAL GRAFT	652.42										
67	35875	THROMBECTOMY OF ARTERIAL GRAFT	652.42	00 15									
63	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,041.50										
67	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,041.50	00 15									
63	35879	REVISE GRAFT W/VEIN	1,019.66										
67	35879	REVISE GRAFT W/VEIN	1,019.66	00 15									
63	35881	REVISE GRAFT W/VEIN	1,131.72										
67	35881	REVISE GRAFT W/VEIN	1,131.72	00 15									
63	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,326.86										
67	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,326.86	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,377.32										
67	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,377.32	00 15									
63	35901	EXCISION OF INFECTED GRAFT;	523.94										
67	35901	EXCISION OF INFECTED GRAFT;	523.94	00 15									
63	35903	EXCISION OF INFECTED GRAFT;	619.49										
67	35903	EXCISION OF INFECTED GRAFT;	619.49	00 15									
63	35905	EXCISION OF INFECTED GRAFT;	1,867.91										
67	35905	EXCISION OF INFECTED GRAFT;	1,867.91	00 15									
63	35907	EXCISION OF INFECTED GRAFT;	2,109.79										
67	35907	EXCISION OF INFECTED GRAFT;	2,109.79	00 15									
63	36002	PSEUDOANEURYSM INJECTION TRT	162.79										
67	36002	PSEUDOANEURYSM INJECTION TRT	162.79	00 15									
63	36005	INJECTION PROCEDURE FOR CONTRAST VEN	262.40										
67	36005	INJECTION PROCEDURE FOR CONTRAST VEN	262.40	00 15									
63	36010	ESTABLISH ACCESS TO VEIN	555.42										
67	36010	ESTABLISH ACCESS TO VEIN	555.42	00 15									
63	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	825.77										
67	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	825.77	00 15									
63	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	856.83										
67	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	856.83	00 15									
63	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	802.52										
67	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	802.52	00 15									
63	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	805.53										
67	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	805.53	00 15									
63	36015	SELECTIVE CATHETER PLACEMENT, EACH S	872.56										
67	36015	SELECTIVE CATHETER PLACEMENT, EACH S	872.56	00 15									
63	36100	ESTABLISH ACCESS TO ARTERY	583.39									X	
67	36100	ESTABLISH ACCESS TO ARTERY	583.39	00 15								X	
63	36140	ESTABLISH ACCESS TO ARTERY	521.57									X	
67	36140	ESTABLISH ACCESS TO ARTERY	521.57	00 15								X	
63	36160	ESTABLISH ACCESS TO AORTA	577.66										
67	36160	ESTABLISH ACCESS TO AORTA	577.66	00 15									
63	36200	INTRODUCTION OF CATHETER, AORTA	611.18										
67	36200	INTRODUCTION OF CATHETER, AORTA	611.18	00 15									
63	36215	INTRODUCE CATHETER; EACH ADD....	1,058.95									X	
67	36215	INTRODUCE CATHETER; EACH ADD....	1,058.95	00 15								X	
63	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,097.40										
67	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,097.40	00 15									
63	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,823.29										
67	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,823.29	00 15									
63	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	214.04										
67	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	214.04	00 15									
63	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,014.89										
67	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,014.89	00 15									
63	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,253.18									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,253.18	00	15								X	
63	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,682.46										X	
67	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,682.46	00	15								X	
63	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,085.08										X	
67	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,085.08	00	15								X	
63	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,590.97										X	
67	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,590.97	00	15								X	
63	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	2,027.85										X	
67	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	2,027.85	00	15								X	
63	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	255.08										X	
67	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	255.08	00	15								X	
63	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,290.07										X	
67	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,290.07	00	15								X	
63	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,273.13										X	
67	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,273.13	00	15								X	
63	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	865.98											
67	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	865.98	00	15									
63	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,460.01											
67	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,460.01	00	15									
63	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	122.61											
67	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	122.61	00	15									
63	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,321.45											
67	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,321.45	00	15									
63	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,433.11											
67	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,433.11	00	15									
63	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,057.46											
67	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,057.46	00	15									
63	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,033.75											
67	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,033.75	00	15									
63	36260	INSERT IMPLANTABLE FUSION PUMP	724.45											
67	36260	INSERT IMPLANTABLE FUSION PUMP	724.45	00	15									
63	36261	REVISION OF IMPLANTED INFUSION PUMP	450.00											
67	36261	REVISION OF IMPLANTED INFUSION PUMP	450.00	00	15									
63	36262	REMOVAL OF IMPLANTED INFUSION PUMP	343.16											
67	36262	REMOVAL OF IMPLANTED INFUSION PUMP	343.16	00	15									
63	36400	ESTABLISH ACCESS TO VEIN	29.44	00	02				X				X	
67	36400	ESTABLISH ACCESS TO VEIN	29.44	00	02				X				X	
63	36405	ESTABLISH ACCESS TO VEIN	24.92	00	02				X				X	
67	36405	ESTABLISH ACCESS TO VEIN	24.92	00	02				X				X	
63	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	18.22	00	02				X				X	
67	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	18.22	00	02				X				X	
63	36410	ESTABLISH ACCESS TO VEIN	18.32	03	99				X					
67	36410	ESTABLISH ACCESS TO VEIN	18.32	03	15				X					
63	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	53.84	00	00								X	
67	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	53.84	00	00								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	36425	ESTABLISH ACCESS TO VEIN	43.47	01 99								X	
67	36425	ESTABLISH ACCESS TO VEIN	43.47	01 15								X	
63	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	54.74	00 01								X	
67	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	54.74	00 01								X	
63	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	184.95	00 00									
67	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	184.95	00 00									
63	36455	EXCHANGE TRANSFUSION SERVICE	139.95									X	
67	36455	EXCHANGE TRANSFUSION SERVICE	139.95	00 15								X	
63	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	106.20	00 00									
67	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	106.20	00 00									
63	36460	TRANSFUSION SERVICE, FETAL	382.07									X	
67	36460	TRANSFUSION SERVICE, FETAL	382.07	00 15								X	
63	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,327.77										
67	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,327.77	00 15									
63	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,436.58										
67	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,436.58	00 15									
63	36470	INJECTION THERAPY OF VEIN	120.23										
67	36470	INJECTION THERAPY OF VEIN	120.23	00 15									
63	36471	INJECTION THERAPY OF VEINS	208.71										
67	36471	INJECTION THERAPY OF VEINS	208.71	00 15									
63	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,240.88										
67	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,240.88	00 15									
63	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	267.88									X	
67	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	267.88	00 15								X	
63	36475	ENDOVENOUS RF, 1ST VEIN	1,115.18										
67	36475	ENDOVENOUS RF, 1ST VEIN	1,115.18	00 15									
63	36476	ENDOVENOUS RF, VEIN ADD-ON	300.94										
67	36476	ENDOVENOUS RF, VEIN ADD-ON	300.94	00 15									
63	36478	ENDOVENOUS LASER, 1ST VEIN	1,014.98										
67	36478	ENDOVENOUS LASER, 1ST VEIN	1,014.98	00 15									
63	36479	ENDOVENOUS LASER VEIN ADDON	316.35										
67	36479	ENDOVENOUS LASER VEIN ADDON	316.35	00 15									
63	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,783.19										
67	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,783.19	00 15									
63	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,697.58										
67	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,697.58	00 15									
63	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	147.23									X	
67	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	147.23	00 15								X	
63	36500	VEIN CATH/SELECT. ORGAN SAMPLE	199.57										
67	36500	VEIN CATH/SELECT. ORGAN SAMPLE	199.57	00 15									
63	36510	UMBILICAL CATH-DX/THER/NEWBORN	90.67	00 01									
67	36510	UMBILICAL CATH-DX/THER/NEWBORN	90.67	00 01									
63	36511	APHERESIS WBC	117.63										
67	36511	APHERESIS WBC	117.63	00 15									
63	36512	APHERESIS RBC	114.64										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	36512	APHERESIS RBC	114.64	00 15									
63	36513	APHERESIS PLATELETS	115.02										
67	36513	APHERESIS PLATELETS	115.02	00 15									
63	36514	APHERESIS PLASMA	570.19										
67	36514	APHERESIS PLASMA	570.19	00 15									
63	36516	APHERESIS, SELECTIVE	1,765.24										
67	36516	APHERESIS, SELECTIVE	1,765.24	00 15									
63	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,361.24										
67	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,361.24	00 15									
63	36555	INSERT NON-TUNNEL CV CATH	199.56	00 04									
67	36555	INSERT NON-TUNNEL CV CATH	199.56	00 04									
63	36556	INSERT NON-TUNNEL CV CATH	223.47	05 99									
67	36556	INSERT NON-TUNNEL CV CATH	223.47	05 15									
63	36557	INSERT TUNNELED CV CATH	1,199.00	00 04									
67	36557	INSERT TUNNELED CV CATH	1,199.00	00 04									
63	36558	INSERT TUNNELED CV CATH	860.93	05 99									
67	36558	INSERT TUNNELED CV CATH	860.93	05 15									
63	36560	INSERT TUNNELED CV CATH	1,285.42	00 04									
67	36560	INSERT TUNNELED CV CATH	1,285.42	00 04									
63	36561	INSERT TUNNELED CV CATH	1,022.38	05 99									
67	36561	INSERT TUNNELED CV CATH	1,022.38	05 15									
63	36563	INSERT TUNNELED CV CATH	1,170.87										
67	36563	INSERT TUNNELED CV CATH	1,170.87	00 15									
63	36565	INSERT TUNNELED CV CATH	863.37										
67	36565	INSERT TUNNELED CV CATH	863.37	00 15									
63	36566	INSERT TUNNELED CV CATH	4,307.65										
67	36566	INSERT TUNNELED CV CATH	4,307.65	00 15									
63	36568	INSERT TUNNELED CV CATH	102.51	00 04									
67	36568	INSERT TUNNELED CV CATH	102.51	00 04									
63	36569	INSERT TUNNELED CV CATH	102.96	05 99									
67	36569	INSERT TUNNELED CV CATH	102.96	05 15									
63	36570	INSERT TUNNELED CV CATH	1,500.81	00 04									
67	36570	INSERT TUNNELED CV CATH	1,500.81	00 04									
63	36571	INSERT TUNNELED CV CATH	1,299.69	05 99									
67	36571	INSERT TUNNELED CV CATH	1,299.69	05 15									
63	36572	INSERTION OF PERIPHERALLY INSERTED	386.29	00 04									
67	36572	INSERTION OF PERIPHERALLY INSERTED	386.29	00 04									
63	36573	INSERTION OF PERIPHERALLY INSERTED	394.62	05 99									
67	36573	INSERTION OF PERIPHERALLY INSERTED	394.62	05 15									
63	36575	REPAIR TUNNELED CV CATH	148.41										
67	36575	REPAIR TUNNELED CV CATH	148.41	00 15									
63	36576	REPAIR TUNNELED CV CATH	364.58										
67	36576	REPAIR TUNNELED CV CATH	364.58	00 15									
63	36578	REPLACE TUNNELED CV CATH	455.07										
67	36578	REPLACE TUNNELED CV CATH	455.07	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	36580	REPLACE TUNNELED CV CATH	198.07										
67	36580	REPLACE TUNNELED CV CATH	198.07	00 15									
63	36581	REPLACE TUNNELED CV CATH	798.93										
67	36581	REPLACE TUNNELED CV CATH	798.93	00 15									
63	36582	REPLACE TUNNELED CV CATH	913.59										
67	36582	REPLACE TUNNELED CV CATH	913.59	00 15									
63	36583	REPLACE TUNNELED CV CATH	1,191.24										
67	36583	REPLACE TUNNELED CV CATH	1,191.24	00 15									
63	36584	REPLACE TUNNELED CV CATH	333.84										
67	36584	REPLACE TUNNELED CV CATH	333.84	00 15									
63	36585	REPLACE TUNNELED CV CATH	1,189.66										
67	36585	REPLACE TUNNELED CV CATH	1,189.66	00 15									
63	36589	REMOVAL TUNNELED CV CATH	178.01										
67	36589	REMOVAL TUNNELED CV CATH	178.01	00 15									
63	36590	REMOVAL TUNNELED CV CATH	241.71										
67	36590	REMOVAL TUNNELED CV CATH	241.71	00 15									
63	36595	MECH REMOV TUNNELED CV CATH	613.64										
67	36595	MECH REMOV TUNNELED CV CATH	613.64	00 15									
63	36596	MECH REMOV TUNNELED CV CATH	118.19										
67	36596	MECH REMOV TUNNELED CV CATH	118.19	00 15									
63	36597	REPOSITION VENOUS CATHETER	118.73										
67	36597	REPOSITION VENOUS CATHETER	118.73	00 15									
63	36598	INJ W/FLUOR, EVAL CV DEVICE	124.81									X	
67	36598	INJ W/FLUOR, EVAL CV DEVICE	124.81	00 15								X	
63	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	28.96									X	
67	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	28.96	00 15								X	
63	36620	ARTERIAL CATHETERIZATION OR CANNULAT	49.25									X	
67	36620	ARTERIAL CATHETERIZATION OR CANNULAT	49.25	00 15								X	
63	36625	ESTABLISH ACCESS TO ARTERY	116.83										
67	36625	ESTABLISH ACCESS TO ARTERY	116.83	00 15									
63	36640	INSERTION CATHETER, ARTERY	125.92										
67	36640	INSERTION CATHETER, ARTERY	125.92	00 15									
63	36660	INSERTION CATHETER, ARTERY	74.40										
67	36660	INSERTION CATHETER, ARTERY	74.40	00 15									
63	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	66.37										
67	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	66.37	00 15									
63	36800	INSERTION OF CANNULA	132.35										
67	36800	INSERTION OF CANNULA	132.35	00 15									
63	36810	INSERTION OF CANNULA	227.72										
67	36810	INSERTION OF CANNULA	227.72	00 15									
63	36815	INSERTION OF CANNULA	150.85										
67	36815	INSERTION OF CANNULA	150.85	00 15									
63	36818	AV FUSE, UPPR ARM, CEPHALIC	759.58										
67	36818	AV FUSE, UPPR ARM, CEPHALIC	759.58	00 15									
63	36819	AV FUSION BY BASILIC VEIN	805.36										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	36819	AV FUSION BY BASILIC VEIN	805.36	00 15									
63	36820	INSERTION OF CANNULA	796.90										
67	36820	INSERTION FO CANNULA	796.90	00 15									
63	36821	ARTERY-VEIN FUSION	728.47										
67	36821	ARTERY-VEIN FUSION	728.47	00 15									
63	36823	INSERTION CANNULA(S)	1,556.97								X		
67	36823	INSERTION CANNULA(S)	1,556.97	00 15							X		
63	36825	ARTERY-VEIN GRAFT	873.88										
67	36825	ARTERY-VEIN GRAFT	873.88	00 15									
63	36830	ARTERY-VEIN GRAFT	734.27										
67	36830	ARTERY-VEIN GRAFT	734.27	00 15									
63	36831	AV FISTULA EXCISION	678.68										
67	36831	AV FISTULA EXCISION	678.68	00 15									
63	36832	REVISION O ARTERIO FISTULA WW THROMB	831.81										
67	36832	REVISION O ARTERIO FISTULA WW THROMB	831.81	00 15									
63	36833	AV FISTULA REVISION	889.43										
67	36833	AV FISTULA REVISION	889.43	00 15									
63	36835	ARTERY TO VEIN SHUNT	529.48										
67	36835	ARTERY TO VEIN SHUNT	529.48	00 15									
63	36836	PERCUTANEOUS ARTERIOVENOUS FISTULA	7,027.26										
67	36836	PERCUTANEOUS ARTERIOVENOUS FISTULA	7,027.26	00 15									
63	36837	PERCUTANEOUS ARTERIOVENOUS FISTULA	9,997.36										
67	36837	PERCUTANEOUS ARTERIOVENOUS FISTULA	9,997.36	00 15									
63	36838	DIST REVAS LIGATION, HEMO	1,263.80										
67	36838	DIST REVAS LIGATION, HEMO	1,263.80	00 15									
63	36860	CANNULA DECLOTTING	246.58										
67	36860	CANNULA DECLOTTING	246.58	00 15									
63	36861	CANNULA DECLOTTING	155.04										
67	36861	CANNULA DECLOTTING	155.04	00 15									
63	36901	INTRODUCTION OF NEEDLE(S) AND/OR	726.12										
67	36901	INTRODUCTION OF NEEDLE(S) AND/OR	726.12	00 15									
63	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,236.63										
67	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,236.63	00 15									
63	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,326.64										
67	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,326.64	00 15									
63	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,857.27										
67	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,857.27	00 15									
63	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,335.18										
67	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,335.18	00 15									
63	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	5,499.10										
67	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	5,499.10	00 15									
63	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	608.74										
67	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	608.74	00 15									
63	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,444.71										
67	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,444.71	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,942.34										
67	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,942.34	00 15									
63	37140	REVISION OF CIRCULATION	2,583.30										
67	37140	REVISION OF CIRCULATION	2,583.30	00 15									
63	37145	REVISION OF CIRCULATION	2,396.30										
67	37145	REVISION OF CIRCULATION	2,396.30	00 15									
63	37160	REVISION OF CIRCULATION	2,461.14										
67	37160	REVISION OF CIRCULATION	2,461.14	00 15									
63	37180	REVISION OF CIRCULATION	2,364.82										
67	37180	REVISION OF CIRCULATION	2,364.82	00 15									
63	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,583.30										
67	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,583.30	00 15									
63	37182	INSERT HEPATIC SHUNT (TIP'S)	886.41										
67	37182	INSERT HEPATIC SHUNT (TIPS)	886.41	00 15									
63	37183	REMOVE HEPATIC SHUNT (TIPS)	5,926.74										
67	37183	REMOVE HEPATIC SHUNT (TIP'S)	5,926.74	00 15									
63	37184	PRIM ART MECH THROMBECTOMY	1,767.05										
67	37184	PRIM ART MECH THROMBECTOMY	1,767.05	00 15									
63	37185	PRIM ART M-THROMBECT ADD-ON	493.57									X	
67	37185	PRIM ART M-THROMBECT ADD-ON	493.57	00 15								X	
63	37186	SEC ART M-THROMBECT ADD-ON	1,219.53										
67	37186	SEC ART M-THROMBECT ADD-ON	1,219.53	00 15									
63	37187	VENOUS MECH THROMBECTOMY	1,753.91										
67	37187	VENOUS MECH THROMBECTOMY	1,753.91	00 15									
63	37188	VENOUS M-THROMBECTOMY ADD-ON	1,507.34										
67	37188	VENOUS M-THROMBECTOMY ADD-ON	1,507.34	00 15									
63	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,066.78			X							
67	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,066.78	00 15		X							
63	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,328.22			X							
67	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,328.22	00 15		X							
63	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,544.21			X							
67	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,544.21	00 15		X							
63	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,596.73										
67	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,596.73	00 15									
63	37200	TRANSCATHETER BIOPSY	233.76										
67	37200	TRANSCATHETER BIOPSY	233.76	00 15									
63	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	424.08									X	
67	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	424.08	00 15								X	
63	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	370.16									X	
67	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	370.16	00 15								X	
63	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	253.68									X	
67	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	253.68	00 15								X	
63	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	134.38									X	
67	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	134.38	00 15								X	
63	37215	TRANSCATH STENT, CCA W/EPS	1,092.52										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	37215	TRANSCATH STENT, CCA W/EPS	1,092.52	00 15									
63	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,196.91									X	
67	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,196.91	00 15								X	
63	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	906.18										
67	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	906.18	00 15									
63	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,564.81									X	
67	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,564.81	00 15								X	
63	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,156.41									X	
67	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,156.41	00 15								X	
63	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	639.76									X	
67	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	639.76	00 15								X	
63	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,305.67									X	
67	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,305.67	00 15								X	
63	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	2,989.64									X	
67	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	2,989.64	00 15								X	
63	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	8,864.06									X	
67	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	8,864.06	00 15								X	
63	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	8,246.16									X	
67	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	8,246.16	00 15								X	
63	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	11,347.94									X	
67	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	11,347.94	00 15								X	
63	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,232.93									X	
67	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,232.93	00 15								X	
63	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	9,018.77									X	
67	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	9,018.77	00 15								X	
63	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,032.08									X	
67	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,032.08	00 15								X	
63	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	11,903.03									X	
67	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	11,903.03	00 15								X	
63	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	846.95									X	
67	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	846.95	00 15								X	
63	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,084.60									X	
67	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,084.60	00 15								X	
63	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,676.99									X	
67	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,676.99	00 15								X	
63	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	4,016.41									X	
67	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	4,016.41	00 15								X	
63	37236	Insertion of intravascular stents in	2,813.01										
67	37236	Insertion of intravascular stents in	2,813.01	00 15									
63	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,322.87									X	
67	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,322.87	00 15								X	
63	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,497.54										
67	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,497.54	00 15									
63	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,736.84									X	
67	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,736.84	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,734.20										
67	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,734.20	00 15									
63	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,206.15										
67	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,206.15	00 15									
63	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	8,745.00										
67	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	8,745.00	00 15									
63	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,700.75										
67	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,700.75	00 15									
63	37246	TRANSLUMINAL BALLOON ANGIOPLASTY	1,864.39										
67	37246	TRANSLUMINAL BALLOON ANGIOPLASTYSSED	1,864.39	00 15									
63	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	587.26									X	
67	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	587.26	00 15								X	
63	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,394.96										
67	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,394.96	00 15									
63	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	459.78									X	
67	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	459.78	00 15								X	
63	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	966.71										
67	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	966.71	00 15									
63	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	179.55										
67	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	179.55	00 15									
63	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	697.41										
67	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	697.41	00 15									
63	37565	LIGATION OF NECK VEIN	800.55										
67	37565	LIGATION OF NECK VEIN	800.55	00 15									
63	37600	LIGATION OF NECK ARTERY	815.27										
67	37600	LIGATION OF NECK ARTERY	815.27	00 15									
63	37605	LIGATION OF NECK ARTERY	819.87										
67	37605	LIGATION OF NECK ARTERY	819.87	00 15									
63	37606	LIGATION OF NECK ARTERY	812.54										
67	37606	LIGATION OF NECK ARTERY	812.54	00 15									
63	37607	LIGATION OR BANDING OF ANGIOACCESS A	410.00										
67	37607	LIGATION OR BANDING OF ANGIOACCESS A	410.00	00 15									
63	37609	TEMPORAL ARTERY PROCEDURE	332.98										
67	37609	TEMPORAL ARTERY PROCEDURE	332.98	00 15									
63	37615	LIGATION OF NECK ARTERY	562.96										
67	37615	LIGATION OF NECK ARTERY	562.96	00 15									
63	37616	LIGATE MAJOR ARTERY,CHEST	1,221.51										
67	37616	LIGATE MAJOR ARTERY,CHEST	1,221.51	00 15									
63	37617	LIGATION OF ABDOMEN ARTERY	1,460.56										
67	37617	LIGATION OF ABDOMEN ARTERY	1,460.56	00 15									
63	37618	LIGATION OF EXTREMITY ARTERY	426.86										
67	37618	LIGATION OF EXTREMITY ARTERY	426.86	00 15									
63	37619	LIGATION OF INFERIOR VENA CAVA	1,924.44										
67	37619	LIGATION OF INFERIOR VENA CAVA	1,924.44	00 15									
63	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	508.91										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	508.91	00 15									
63	37660	REVISION OF MAJOR VEIN	1,462.46										
67	37660	REVISION OF MAJOR VEIN	1,462.46	00 15									
63	37700	REVISE LEG VEIN	267.81										
67	37700	REVISE LEG VEIN	267.81	00 15									
63	37718	LIGATE/STRIP SHORT LEG VEIN	434.93										
67	37718	LIGATE/STRIP SHORT LEG VEIN	434.93	00 15									
63	37722	LIGATE/STRIP LONG LEG VEIN	513.52										
67	37722	LIGATE/STRIP LONG LEG VEIN	513.52	00 15									
63	37735	REMOVAL OF LEG VEINS/LESION	645.43										
67	37735	REMOVAL OF LEG VEINS/LESION	645.43	00 15									
63	37760	REVISION OF LEG VEINS	639.36										
67	37760	REVISION OF LEG VEINS	639.36	00 15									
63	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	594.26										
67	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	594.26	00 15									
63	37765	PHLEB VEINS - EXTREM - TO 20	454.04										
67	37765	PHLEB VEINS - EXTREM - TO 20	454.04	00 15									
63	37766	PHLEB VEINS - EXTREM 20+	534.79										
67	37766	PHLEB VEINS - EXTREM 20+	534.79	00 15									
63	37780	REVISION OF LEG VEIN	258.76										
67	37780	REVISION OF LEG VEIN	258.76	00 15									
63	37785	REVISION OF LEG VEIN	375.09										
67	37785	REVISION OF LEG VEIN	375.09	00 15									
63	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,371.05				M						
67	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,371.05	00 15			M						
63	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	525.99				M						
67	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	525.99	00 15			M						
63	38100	REMOVAL OF SPLEEN	1,279.26										
67	38100	REMOVAL OF SPLEEN	1,279.26	00 15									
63	38101	SPLENECTOMY;PARTIAL	1,296.27										
67	38101	SPLENECTOMY;PARTIAL	1,296.27	00 15									
63	38102	SPLENECTOMY;	291.91										
67	38102	SPLENECTOMY;	291.91	00 15									
63	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,438.83										
67	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,438.83	00 15									
63	38120	LAPAROSCOPY, SPLENECTOMY	1,173.40										
67	38120	LAPAROSCOPY, SPLENECTOMY	1,173.40	00 15									
63	38200	INJECTION FOR SPLEEN X-RAY	142.03										
67	38200	INJECTION FOR SPLEEN X-RAY	142.03	00 15									
63	38205	HARVEST ALLOGENIC STEM CELLS	90.48										
67	38205	HARVEST ALLOGENIC STEM CELLS	90.48	00 15									
63	38206	HARVEST AUTO STEM CELLS	89.82										
67	38206	HARVEST AUTO STEM CELLS	89.82	00 15									
63	38220	BONE MARROW ASPIRATION	160.85										
67	38220	BONE MARROW ASPIRATION	160.85	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	38221	BONE MARROW BIOPSY	167.20										
67	38221	BONE MARROW BIOPSY	167.20	00 15									
63	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	181.78										
67	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	181.78	00 15									
63	38230	BONE MARROW HARVESTING FOR TRANSPLAN	223.72		X								
67	38230	BONE MARROW HARVESTING FOR TRANSPLAN	223.72	00 15	X								
63	38232	BONE MARROW HARVESTING FOR TRANSPLAN	211.05										
67	38232	BONE MARROW HARVESTING FOR TRANSPLAN	211.05	00 15									
63	38240	BONE MARROW TRANSPLANTATION	256.39										
67	38240	BONE MARROW TRANSPLANTATION	256.39	00 15									
63	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	189.50										
67	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	189.50	00 15	X								
63	38242	LYMPHOCYTE INFUSE TRANSPLANT	134.29										
67	38242	LYMPHOCYTE INFUSE TRANSPLANT	134.29	00 15									
63	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	131.73										
67	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	131.73	00 15									
63	38300	DRAINAGE LYMPH NODE LESION	356.37										
67	38300	DRAINAGE LYMPH NODE LESION	356.37	00 15									
63	38305	DRAINAGE LYMPH NODE LESION	541.52										
67	38305	DRAINAGE LYMPH NODE LESION	541.52	00 15									
63	38308	INCISION OF LYMPH CHANNELS	511.34										
67	38308	INCISION OF LYMPH CHANNELS	511.34	00 15									
63	38380	THORACIC DUCT PROCEDURE	623.99										
67	38380	THORACIC DUCT PROCEDURE	623.99	00 15									
63	38381	THORACIC DUCT PROCEDURE	886.03										
67	38381	THORACIC DUCT PROCEDURE	886.03	00 15									
63	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	750.58										
67	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	750.58	00 15									
63	38500	BIOPSY/REMOVAL OF LYMPH NODE	363.83										
67	38500	BIOPSY/REMOVAL OF LYMPH NODE	363.83	00 15									
63	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	185.33										
67	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	185.33	00 15									
63	38510	BIOPSY/REMOVAL OF LYMPH NODE	573.07										
67	38510	BIOPSY/REMOVAL OF LYMPH NODE	573.07	00 15									
63	38520	BIOPSY/REMOVAL OF LYMPH NODE	514.02										
67	38520	BIOPSY/REMOVAL OF LYMPH NODE	514.02	00 15									
63	38525	BX,EXCISE-DEEP AXILLARY NODES	485.51										
67	38525	BX,EXCISE-DEEP AXILLARY NODES	485.51	00 15									
63	38530	BIOPSY/REMOVAL OF LYMPH NODE	617.66										
67	38530	BIOPSY/REMOVAL OF LYMPH NODE	617.66	00 15									
63	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	492.84										
67	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	492.84	00 15									
63	38542	DISSECTION: DEEP JUGULAR NODE	572.29										
67	38542	DISSECTION: DEEP JUGULAR NODE	572.29	00 15									
63	38550	REMOVAL NECK/ARMPIT LESION	572.47										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	38550	REMOVAL NECK/ARMPIT LESION	572.47	00 15									
63	38555	REMOVAL NECK/ARMPIT LESION	1,134.43										
67	38555	REMOVAL NECK/ARMPIT LESION	1,134.43	00 15									
63	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	771.26										
67	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	771.26	00 15									
63	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	774.83										
67	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	774.83	00 15									
63	38570	LAPAROSCOPY, LYMPH NODE BIOP	564.75										
67	38570	LAPAROSCOPY, LYMPH NODE BIOP	564.75	00 15									
63	38571	LAPAROSCOPY, LYMPHADENECTOMY	722.74										
67	38571	LAPAROSCOPY, LYMPHADENECTOMY	722.74	00 15									
63	38572	LAPAROSCOPY, LYMPHADENECTOMY	993.15										
67	38572	LAPAROSCOPY, LYMPHADENECTOMY	993.15	00 15									
63	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,290.50										
67	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,290.50	00 15									
63	38700	REMOVAL OF LYMPH NODES, NECK	883.32										
67	38700	REMOVAL OF LYMPH NODES, NECK	883.32	00 15									
63	38720	REMOVAL OF LYMPH NODES, NECK	1,472.19										
67	38720	REMOVAL OF LYMPH NODES, NECK	1,472.19	00 15									
63	38724	CERVICAL LYMPHADENECTOMY	1,592.72										
67	38724	CERVICAL LYMPHADENECTOMY	1,592.72	00 15									
63	38740	REMOVE ARMPIT LYMPH NODES	775.35										
67	38740	REMOVE ARMPIT LYMPH NODES	775.35	00 15									
63	38745	REMOVE ARMPITS LYMPH NODES	976.43										
67	38745	REMOVE ARMPITS LYMPH NODES	976.43	00 15									
63	38746	THORACIC LYMPHADENECTOMY BY THORACOT	237.26										
67	38746	THORACIC LYMPHADENECTOMY BY THORACOT	237.26	00 15									
63	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	296.06										
67	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	296.06	00 15									
63	38760	REMOVE GROIN LYMPH NODES	923.57										
67	38760	REMOVE GROIN LYMPH NODES	923.57	00 15									
63	38765	REMOVE GROIN LYMPH NODES	1,448.13										
67	38765	REMOVE GROIN LYMPH NODES	1,448.13	00 15									
63	38770	REMOVE PELVIS LYMPH NODES	880.80										
67	38770	REMOVE PELVIS LYMPH NODES	880.80	00 15									
63	38780	REMOVE ABDOMEN LYMPH NODES	1,143.89										
67	38780	REMOVE ABDOMEN LYMPH NODES	1,143.89	00 15									
63	38790	INJECTION FOR LYMPHATIC XRAY	88.85										
67	38790	INJECTION FOR LYMPHATIC XRAY	88.85	00 15									
63	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	85.95										
67	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	85.95	00 15									
63	38794	ACCESS THORACIC LYMPH DUCT	302.39										
67	38794	ACCESS THORACIC LYMPH DUCT	302.39	00 15									
63	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	152.56										
67	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	152.56	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	39000	EXPLORATION OF MEDIASTINUM	527.75										
67	39000	EXPLORATION OF MEDIASTINUM	527.75	00 15									
63	39010	EXPLORATION OF MEDIASTINUM	866.96										
67	39010	EXPLORATION OF MEDIASTINUM	866.96	00 15									
63	39200	RESECTION OF MEDIASTINAL CYST	960.56										
67	39200	RESECTION OF MEDIASTINAL CYST	960.56	00 15									
63	39220	RESECTION OF MEDIASTINAL TUMOR	1,250.39										
67	39220	RESECTION OF MEDIASTINAL TUMOR	1,250.39	00 15									
63	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	339.66										
67	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	339.66	00 15									
63	39402	MEDIASTINOSCOPY;WITH LYMPH NODE BIOP	444.69										
67	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	444.69	00 15									
63	39501	REPAIR, LACERATION OF DIAPHRAGM	938.30										
67	39501	REPAIR, LACERATION OF DIAPHRAGM	938.30	00 15									
63	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,447.37	00 00									
67	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,447.37	00 00									
63	39540	REPAIR OF DIAPHRAGM HERNIA	958.91										
67	39540	REPAIR OF DIAPHRAGM HERNIA	958.91	00 15									
63	39541	REPAIR OF DIAPHRAGM HERNIA	1,034.86										
67	39541	REPAIR OF DIAPHRAGM HERNIA	1,034.86	00 15									
63	39545	REVISION OF DIAPHRAGM	985.73										
67	39545	REVISION OF DIAPHRAGM	985.73	00 15									
63	39560	RESECT DIAPHRAGM, SIMPLE	883.80										
67	39560	RESECT DIAPHRAGM, SIMPLE	883.80	00 15									
63	39561	RESECT DIAPHRAGM, COMPLEX	1,378.23										
67	39561	RESECT DIAPHRAGM, COMPLEX	1,378.23	00 15									
63	40490	BIOPSY OF LIP	129.25										
67	40490	BIOPSY OF LIP	129.25	00 15									
63	40500	VERMILIONECTOMY (LIP SHAVE)	554.94										
67	40500	VERMILIONECTOMY (LIP SHAVE)	554.94	00 15									
63	40510	PARTIAL EXCISION OF LIP	518.75										
67	40510	PARTIAL EXCISION OF LIP	518.75	00 15									
63	40520	PARTIAL EXCISION OF LIP	536.27										
67	40520	PARTIAL EXCISION OF LIP	536.27	00 15									
63	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	598.46										
67	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	598.46	00 15									
63	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	684.30										
67	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	684.30	00 15									
63	40530	PARTIAL REMOVAL OF LIP	594.95										
67	40530	PARTIAL REMOVAL OF LIP	594.95	00 15									
63	40650	REPAIR LIP	507.37										
67	40650	REPAIR LIP	507.37	00 15									
63	40652	REPAIR LIP	548.84										
67	40652	REPAIR LIP	548.84	00 15									
63	40654	REPAIR LIP	619.95										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	40654	REPAIR LIP	619.95	00 15									
63	40700	REPAIR CLEFT LIP	1,094.11										
67	40700	REPAIR CLEFT LIP	1,094.11	00 15									
63	40701	REPAIR CLEFT LIP	1,294.97										
67	40701	REPAIR CLEFT LIP	1,294.97	00 15									
63	40702	REPAIR CLEFT LIP	1,086.05										
67	40702	REPAIR CLEFT LIP	1,086.05	00 15									
63	40720	REPAIR CLEFT LIP	1,116.53										
67	40720	REPAIR CLEFT LIP	1,116.53	00 15									
63	40761	REPAIR CLEFT LIP	1,175.24										
67	40761	REPAIR CLEFT LIP	1,175.24	00 15									
63	40800	DRAINAGE OF MOUTH LESION	209.04										
67	40800	DRAINAGE OF MOUTH LESION	209.04	00 15									
63	40801	DRAINAGE OF MOUTH LESION	304.11										
67	40801	DRAINAGE OF MOUTH LESION	304.11	00 15									
63	40804	REMOVAL FOREIGN BODY, MOUTH	194.92										
67	40804	REMOVAL FOREIGN BODY, MOUTH	194.92	00 15									
63	40805	REMOVAL FOREIGN BODY, MOUTH	298.88										
67	40805	REMOVAL FOREIGN BODY, MOUTH	298.88	00 15									
63	40806	INCISION OF LIP FOLD	101.22										
67	40806	INCISION OF LIP FOLD	101.22	00 15									
63	40808	BIOPSY OF MOUTH LESION	175.63										
67	40808	BIOPSY OF MOUTH LESION	175.63	00 15									
63	40810	EXCISION OF MOUTH LESION	225.88										
67	40810	EXCISION OF MOUTH LESION	225.88	00 15									
63	40812	EXCISE/REPAIR MOUTH LESION	295.24										
67	40812	EXCISE/REPAIR MOUTH LESION	295.24	00 15									
63	40814	EXCISE/REPAIR MOUTH LESION	393.59										
67	40814	EXCISE/REPAIR MOUTH LESION	393.59	00 15									
63	40816	EXCISION OF MOUTH LESION	423.95										
67	40816	EXCISION OF MOUTH LESION	423.95	00 15									
63	40818	EXCISE ORAL MUCOSA FOR GRAFT	383.95										
67	40818	EXCISE ORAL MUCOSA FOR GRAFT	383.95	00 15									
63	40819	EXCISE LIP OR CHEEK FOLD	282.31										
67	40819	EXCISE LIP OR CHEEK FOLD	282.31	00 15									
63	40820	TREATMENT OF MOUTH LESION	266.59										
67	40820	TREATMENT OF MOUTH LESION	266.59	00 15									
63	40830	REPAIR MOUTH LACERATION	237.09										
67	40830	REPAIR MOUTH LACERATION	237.09	00 15									
63	40831	REPAIR MOUTH LACERATION	311.78										
67	40831	REPAIR MOUTH LACERATION	311.78	00 15									
63	40840	RECONSTRUCTION OF MOUTH	923.46										
67	40840	RECONSTRUCTION OF MOUTH	923.46	00 15									
63	40842	RECONSTRUCTION OF MOUTH	991.24										
67	40842	RECONSTRUCTION OF MOUTH	991.24	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	40843	RECONSTRUCTION OF MOUTH	1,282.80										
67	40843	RECONSTRUCTION OF MOUTH	1,282.80	00 15									
63	40844	RECONSTRUCTION OF MOUTH	1,613.47										
67	40844	RECONSTRUCTION OF MOUTH	1,613.47	00 15									
63	40845	RECONSTRUCTION OF MOUTH	1,596.33										
67	40845	RECONSTRUCTION OF MOUTH	1,596.33	00 15									
63	41000	DRAINAGE OF MOUTH LESION	155.72										
67	41000	DRAINAGE OF MOUTH LESION	155.72	00 15									
63	41005	DRAINAGE OF MOUTH LESION	248.14										
67	41005	DRAINAGE OF MOUTH LESION	248.14	00 15									
63	41006	DRAINAGE OF MOUTH LESION	358.78										
67	41006	DRAINAGE OF MOUTH LESION	358.78	00 15									
63	41007	DRAINAGE OF MOUTH LESION	345.08										
67	41007	DRAINAGE OF MOUTH LESION	345.08	00 15									
63	41008	DRAINAGE OF MOUTH LESION	411.46										
67	41008	DRAINAGE OF MOUTH LESION	411.46	00 15									
63	41009	DRAINAGE OF MOUTH LESION	444.30										
67	41009	DRAINAGE OF MOUTH LESION	444.30	00 15									
63	41010	INCISION OF TONGUE FOLD	225.93										
67	41010	INCISION OF TONGUE FOLD	225.93	00 15									
63	41015	DRAINAGE OF MOUTH LESION	419.72										
67	41015	DRAINAGE OF MOUTH LESION	419.72	00 15									
63	41016	DRAINAGE OF MOUTH LESION	490.72										
67	41016	DRAINAGE OF MOUTH LESION	490.72	00 15									
63	41017	DRAINAGE OF MOUTH LESION	490.72										
67	41017	DRAINAGE OF MOUTH LESION	490.72	00 15									
63	41018	DRAINAGE OF MOUTH LESION	554.94										
67	41018	DRAINAGE OF MOUTH LESION	554.94	00 15									
63	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	530.43										
67	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	530.43	00 15									
63	41100	BIOPSY OF TONGUE	196.69										
67	41100	BIOPSY OF TONGUE	196.69	00 15									
63	41105	BIOPSY OF TONGUE	196.92										
67	41105	BIOPSY OF TONGUE	196.92	00 15									
63	41108	BIOPSY OF FLOOR OF MOUTH	176.37										
67	41108	BIOPSY OF FLOOR OF MOUTH	176.37	00 15									
63	41110	EXCISION OF TONGUE LESION	240.85										
67	41110	EXCISION OF TONGUE LESION	240.85	00 15									
63	41112	EXCISION OF TONGUE LESION	356.81										
67	41112	EXCISION OF TONGUE LESION	356.81	00 15									
63	41113	EXCISION OF TONGUE LESION	383.54										
67	41113	EXCISION OF TONGUE LESION	383.54	00 15									
63	41114	EXCISE TONGUE LESION/LOCAL FLP	674.36										
67	41114	EXCISE TONGUE LESION/LOCAL FLP	674.36	00 15									
63	41115	EXCISION OF TONGUE FOLD	274.14										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	41115	EXCISION OF TONGUE FOLD	274.14	00 15									
63	41116	EXCISION OF MOUTH LESION	351.26										
67	41116	EXCISION OF MOUTH LESION	351.26	00 15									
63	41120	PARTIAL REMOVAL OF TONGUE	1,127.59										
67	41120	PARTIAL REMOVAL OF TONGUE	1,127.59	00 15									
63	41130	PARTIAL REMOVAL OF TONGUE	1,405.24										
67	41130	PARTIAL REMOVAL OF TONGUE	1,405.24	00 15									
63	41135	TONGUE AND NECK SURGERY	2,334.63										
67	41135	TONGUE AND NECK SURGERY	2,334.63	00 15									
63	41140	REMOVAL OF TONGUE	2,348.10										
67	41140	REMOVAL OF TONGUE	2,348.10	00 15									
63	41145	TONGUE REMOVAL; NECK SURGERY	2,964.57										
67	41145	TONGUE REMOVAL; NECK SURGERY	2,964.57	00 15									
63	41150	TONGUE, MOUTH, JAW SURGERY	2,366.61										
67	41150	TONGUE, MOUTH, JAW SURGERY	2,366.61	00 15									
63	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,573.03										
67	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,573.03	00 15									
63	41155	TONGUE, JAW, & NECK SURGERY	3,237.81										
67	41155	TONGUE, JAW, & NECK SURGERY	3,237.81	00 15									
63	41250	REPAIR TONGUE LACERATION	298.76										
67	41250	REPAIR TONGUE LACERATION	298.76	00 15									
63	41251	REPAIR TONGUE LACERATION	333.23										
67	41251	REPAIR TONGUE LACERATION	333.23	00 15									
63	41252	REPAIR TONGUE LACERATION	348.83										
67	41252	REPAIR TONGUE LACERATION	348.83	00 15									
63	41510	TONGUE TO LIP SURGERY	477.84										
67	41510	TONGUE TO LIP SURGERY	477.84	00 15									
63	41512	TONGUE BASE SUSPENSION, PERMANENT SU	709.71										
67	41512	TONGUE BASE SUSPENSION, PERMANENT SU	709.71	00 15									
63	41520	RECONSTRUCTION, TONGUE FOLD	385.57										
67	41520	RECONSTRUCTION, TONGUE FOLD	385.57	00 15									
63	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	944.70										
67	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	944.70	00 15									
63	41800	DRAINAGE OF GUM LESION	300.30										
67	41800	DRAINAGE OF GUM LESION	300.30	00 15									
63	41805	REMOVAL FOREIGN BODY, GUM	319.42										
67	41805	REMOVAL FOREIGN BODY, GUM	319.42	00 15									
63	41806	REMOVAL FOREIGN BODY,JAWBONE	426.92										
67	41806	REMOVAL FOREIGN BODY,JAWBONE	426.92	00 15									
63	41822	EXCISION OF GUM LESION	371.70										
67	41822	EXCISION OF GUM LESION	371.70	00 15									
63	41823	EXCISION OF GUM LESION	554.23										
67	41823	EXCISION OF GUM LESION	554.23	00 15									
63	41825	EXCISION OF GUM LESION	229.34										
67	41825	EXCISION OF GUM LESION	229.34	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	41826	EXCISION OF GUM LESION	316.60										
67	41826	EXCISION OF GUM LESION	316.60	00 15									
63	41827	EXCISION OF GUM LESION	452.94										
67	41827	EXCISION OF GUM LESION	452.94	00 15									
63	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	373.36									X	
67	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	373.36	00 15								X	
63	41830	REMOVAL OF GUM TISSUE	493.60										
67	41830	REMOVAL OF GUM TISSUE	493.60	00 15									
63	41872	REPAIR GUM	491.28										
67	41872	REPAIR GUM	491.28	00 15									
63	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	398.61									X	
67	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	398.61	00 15								X	
63	42000	DRAINAGE MOUTH ROOF LESION	169.78										
67	42000	DRAINAGE MOUTH ROOF LESION	169.78	00 15									
63	42100	BIOPSY ROOF OF MOUTH	155.10										
67	42100	BIOPSY ROOF OF MOUTH	155.10	00 15									
63	42104	EXCISION LESION, MOUTH ROOF	228.17										
67	42104	EXCISION LESION, MOUTH ROOF	228.17	00 15									
63	42106	EXCISION LESION, MOUTH ROOF	267.19										
67	42106	EXCISION LESION, MOUTH ROOF	267.19	00 15									
63	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	480.29										
67	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	480.29	00 15									
63	42120	REMOVE PALATE/LESION	1,075.30										
67	42120	REMOVE PALATE/LESION	1,075.30	00 15									
63	42140	EXCISION OF UVULA	324.22										
67	42140	EXCISION OF UVULA	324.22	00 15									
63	42145	PALATOPHARYNGOPLASTY	747.56										
67	42145	PALATOPHARYNGOPLASTY	747.56	00 15									
63	42160	TREATMENT MOUTH ROOF LESION	244.19										
67	42160	TREATMENT MOUTH ROOF LESION	244.19	00 15									
63	42180	REPAIR PALATE	272.52										
67	42180	REPAIR PALATE	272.52	00 15									
63	42182	REPAIR PALATE	355.42										
67	42182	REPAIR PALATE	355.42	00 15									
63	42200	RECONSTRUCT CLEFT PALATE	1,005.47										
67	42200	RECONSTRUCT CLEFT PALATE	1,005.47	00 15									
63	42205	RECONSTRUCT CLEFT PALATE	1,049.27										
67	42205	RECONSTRUCT CLEFT PALATE	1,049.27	00 15									
63	42210	RECONSTRUCT CLEFT PALATE	1,169.91										
67	42210	RECONSTRUCT CLEFT PALATE	1,169.91	00 15									
63	42215	RECONSTRUCT CLEFT PALATE	759.13										
67	42215	RECONSTRUCT CLEFT PALATE	759.13	00 15									
63	42220	RECONSTRUCT CLEFT PALATE	623.99										
67	42220	RECONSTRUCT CLEFT PALATE	623.99	00 15									
63	42225	RECONSTRUCT CLEFT PALATE	1,046.01										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	42225	RECONSTRUCT CLEFT PALATE	1,046.01	00 15									
63	42226	LENGTHENING OF PALATE, AND PHARYNGEA	970.56										
67	42226	LENGTHENING OF PALATE, AND PHARYNGEA	970.56	00 15									
63	42227	LENGTHEN PALATE, WITH ISLAND FLAP	905.06										
67	42227	LENGTHEN PALATE, WITH ISLAND FLAP	905.06	00 15									
63	42235	REPAIR PALATE	792.18										
67	42235	REPAIR PALATE	792.18	00 15									
63	42260	REPAIR NOSE TO LIP FISTULA	925.45										
67	42260	REPAIR NOSE TO LIP FISTULA	925.45	00 15									
63	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	186.98										
67	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	186.98	00 15									
63	42281	INSERT PIN-RETAINED PALATAL PROSTH.	236.20										
67	42281	INSERT PIN-RETAINED PALATAL PROSTH.	236.20	00 15									
63	42300	DRAINAGE OF SALIVARY GLAND	229.25										
67	42300	DRAINAGE OF SALIVARY GLAND	229.25	00 15									
63	42305	DRAINAGE OF SALIVARY GLAND	461.00										
67	42305	DRAINAGE OF SALIVARY GLAND	461.00	00 15									
63	42310	DRAINAGE OF SALIVARY GLAND	181.20										
67	42310	DRAINAGE OF SALIVARY GLAND	181.20	00 15									
63	42320	DRAINAGE OF SALIVARY GLAND	278.03										
67	42320	DRAINAGE OF SALIVARY GLAND	278.03	00 15									
63	42330	REMOVAL OF SALIVARY STONE	248.28										
67	42330	REMOVAL OF SALIVARY STONE	248.28	00 15									
63	42335	REMOVAL OF SALIVARY STONE	455.80										
67	42335	REMOVAL OF SALIVARY STONE	455.80	00 15									
63	42340	REMOVAL OF SALIVARY STONE	565.34										
67	42340	REMOVAL OF SALIVARY STONE	565.34	00 15									
63	42400	BIOPSY OF SALIVARY GLAND	101.51									X	
67	42400	BIOPSY OF SALIVARY GLAND	101.51	00 15								X	
63	42405	BIOPSY OF SALIVARY GLAND	325.43										
67	42405	BIOPSY OF SALIVARY GLAND	325.43	00 15									
63	42408	EXCISION OF SALIVARY CYST	571.57										
67	42408	EXCISION OF SALIVARY CYST	571.57	00 15									
63	42409	DRAINAGE OF SALIVARY CYST	416.71										
67	42409	DRAINAGE OF SALIVARY CYST	416.71	00 15									
63	42410	EXCISE PAROTID GLAND/LESION	689.96										
67	42410	EXCISE PAROTID GLAND/LESION	689.96	00 15									
63	42415	EXCISE PAROTID GLAND/LESION	1,160.84										
67	42415	EXCISE PAROTID GLAND/LESION	1,160.84	00 15									
63	42420	EXCISE PAROTID GLAND/LESION	1,302.05										
67	42420	EXCISE PAROTID GLAND/LESION	1,302.05	00 15									
63	42425	EXCISE PAROTID GLAND/LESION	921.84										
67	42425	EXCISE PAROTID GLAND/LESION	921.84	00 15									
63	42426	EXCISE PAROTID GLAND/LESION	1,483.95										
67	42426	EXCISE PAROTID GLAND/LESION	1,483.95	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	42440	EXCISION SUBMAXILLARY GLAND	454.06										
67	42440	EXCISION SUBMAXILLARY GLAND	454.06	00 15									
63	42450	EXCISION SUBLINGUAL GLAND	503.16										
67	42450	EXCISION SUBLINGUAL GLAND	503.16	00 15									
63	42500	REPAIR SALIVARY DUCT	478.71										
67	42500	REPAIR SALIVARY DUCT	478.71	00 15									
63	42505	REPAIR SALIVARY DUCT	615.97										
67	42505	REPAIR SALIVARY DUCT	615.97	00 15									
63	42507	PAROTID DUCT DIVERSION	534.57										
67	42507	PAROTID DUCT DIVERSION	534.57	00 15									
63	42509	PAROTID DUCT DIVERSION	890.40										
67	42509	PAROTID DUCT DIVERSION	890.40	00 15									
63	42510	CREATION OF NEW DRAINAGE TRACTS OF M	659.81										
67	42510	CREATION OF NEW DRAINAGE TRACTS OF M	659.81	00 15									
63	42550	INJECTION FOR SALIVARY X-RAY	162.85									X	
67	42550	INJECTION FOR SALIVARY X-RAY	162.85	00 15								X	
63	42600	CLOSURE OF SALIVARY FISTULA	580.07										
67	42600	CLOSURE OF SALIVARY FISTULA	580.07	00 15									
63	42650	DILATION OF SALIVARY DUCT	79.51										
67	42650	DILATION OF SALIVARY DUCT	79.51	00 15									
63	42660	DILATION OF SALIVARY DUCT	125.44										
67	42660	DILATION OF SALIVARY DUCT	125.44	00 15									
63	42665	LIGATION OF SALIVARY DUCT	395.28										
67	42665	LIGATION OF SALIVARY DUCT	395.28	00 15									
63	42700	DRAINAGE OF TONSIL ABSCESS	204.12										
67	42700	DRAINAGE OF TONSIL ABSCESS	204.12	00 15									
63	42720	DRAINAGE OF THROAT ABSCESS	485.36										
67	42720	DRAINAGE OF THROAT ABSCESS	485.36	00 15									
63	42725	DRAINAGE OF THROAT ABSCESS	869.43										
67	42725	DRAINAGE OF THROAT ABSCESS	869.43	00 15									
63	42800	BIOPSY OF THROAT	167.64										
67	42800	BIOPSY OF THROAT	167.64	00 15									
63	42804	BIOPSY OF UPPER NOSE/THROAT	224.99										
67	42804	BIOPSY OF UPPER NOSE/THROAT	224.99	00 15									
63	42806	BIOPSY OF UPPER NOSE/THROAT	251.92										
67	42806	BIOPSY OF UPPER NOSE/THROAT	251.92	00 15									
63	42808	EXCISE PHARYNX LESION	247.78										
67	42808	EXCISE PHARYNX LESION	247.78	00 15									
63	42809	REMOVE PHARYNX FOREIGN BODY	216.06										
67	42809	REMOVE PHARYNX FOREIGN BODY	216.06	00 15									
63	42810	EXCISION OF NECK CYST	412.12										
67	42810	EXCISION OF NECK CYST	412.12	00 15									
63	42815	EXCISION OF NECK CYST	587.52										
67	42815	EXCISION OF NECK CYST	587.52	00 15									
63	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	316.94	00 11									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	316.94	00	11									
63	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	332.06	12	99									
67	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	332.06	12	15									
63	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	290.75	00	11									
67	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	290.75	00	11									
63	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	277.51	12	99									
67	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	277.51	12	15									
63	42830	ADENOIDECTOMY,PRIMARY;<12	228.89	00	11									
67	42830	ADENOIDECTOMY,PRIMARY;<12	228.89	00	11									
63	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	248.90	12	99									
67	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	248.90	12	15									
63	42835	ADENOIDECTOMY,SECONDARY;<12	213.47	00	11									
67	42835	ADENOIDECTOMY,SECONDARY;<12	213.47	00	11									
63	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	265.58	12	99									
67	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	265.58	12	15									
63	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,084.93											
67	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,084.93	00	15									
63	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,481.43											
67	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,481.43	00	15									
63	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,392.94											
67	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,392.94	00	15									
63	42860	EXCISION OF TONSIL TAGS	209.00											
67	42860	EXCISION OF TONSIL TAGS	209.00	00	15									
63	42870	EXCISION OF LINGUAL TONSIL	625.15											
67	42870	EXCISION OF LINGUAL TONSIL	625.15	00	15									
63	42890	PARTIAL REMOVAL OF PHARYNX	1,532.07											
67	42890	PARTIAL REMOVAL OF PHARYNX	1,532.07	00	15									
63	42892	RESECTION OF LATERAL PHARYNGEAL WALL	2,015.59											
67	42892	RESECTION OF LATERAL PHARYNGEAL WALL	2,015.59	00	15									
63	42894	REMOVAL OF THROAT TISSUE	2,563.94											
67	42894	REMOVAL OF THROAT TISSUE	2,563.94	00	15									
63	42900	REPAIR THROAT WOUND	362.81											
67	42900	REPAIR THROAT WOUND	362.81	00	15									
63	42950	RECONSTRUCTION OF THROAT	850.60											
67	42950	RECONSTRUCTION OF THROAT	850.60	00	15									
63	42953	PHARYNGOESOPHAGEAL REPAIR	1,015.03											
67	42953	PHARYNGOESOPHAGEAL REPAIR	1,015.03	00	15									
63	42955	SURGICAL OPENING OF THROAT	809.12											
67	42955	SURGICAL OPENING OF THROAT	809.12	00	15									
63	42960	CONTROL THROAT BLEEDING	174.41										X	
67	42960	CONTROL THROAT BLEEDING	174.41	00	15								X	
63	42961	CONTROL THROAT BLEEDING	455.17										X	
67	42961	CONTROL THROAT BLEEDING	455.17	00	15								X	
63	42962	CONTROL THROAT BLEEDING	564.63										X	
67	42962	CONTROL THROAT BLEEDING	564.63	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	42970	CONTROL NOSE/THROAT BLEEDING	447.10										
67	42970	CONTROL NOSE/THROAT BLEEDING	447.10	00 15									
63	42971	CONTROL NOSE/THROAT BLEEDING	493.32										
67	42971	CONTROL NOSE/THROAT BLEEDING	493.32	00 15									
63	42972	CONTROL NOSE/THROAT BLEEDING	553.43										
67	42972	CONTROL NOSE/THROAT BLEEDING	553.43	00 15									
63	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH	104.71										
67	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH	104.71	00 15									
63	43020	INCISION OF ESOPHAGUS	623.66										
67	43020	INCISION OF ESOPHAGUS	623.66	00 15									
63	43030	THROAT MUSCLE SURGERY	572.48										
67	43030	THROAT MUSCLE SURGERY	572.48	00 15									
63	43045	INCISION OF ESOPHAGUS	1,437.49										
67	43045	INCISION OF ESOPHAGUS	1,437.49	00 15									
63	43100	EXCISION OF ESOPHAGUS LESION	694.29										
67	43100	EXCISION OF ESOPHAGUS LESION	694.29	00 15									
63	43101	EXCISION OF ESOPHAGUS LESION	1,111.42										
67	43101	EXCISION OF ESOPHAGUS LESION	1,111.42	00 15									
63	43107	REMOVAL OF ESOPHAGUS	3,288.67										
67	43107	REMOVAL OF ESOPHAGUS	3,288.67	00 15									
63	43108	REMOVAL OF ESOPHAGUS	4,925.89										
67	43108	REMOVAL OF ESOPHAGUS	4,925.89	00 15									
63	43112	REMOVAL OF ESOPHAGUS	3,841.44										
67	43112	REMOVAL OF ESOPHAGUS	3,841.44	00 15									
63	43113	REMOVAL OF ESOPHAGUS	4,810.91										
67	43113	REMOVAL OF ESOPHAGUS	4,810.91	00 15									
63	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,509.69										
67	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,509.69	00 15									
63	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,596.05										
67	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,596.05	00 15									
63	43118	PARTIAL REMOVAL OF ESOPHAGUS	4,015.52										
67	43118	PARTIAL REMOVAL OF ESOPHAGUS	4,015.52	00 15									
63	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,159.38										
67	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,159.38	00 15									
63	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,823.72										
67	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,823.72	00 15									
63	43123	PARTIAL REMOVAL OF ESOPHAGUS	4,988.11										
67	43123	PARTIAL REMOVAL OF ESOPHAGUS	4,988.11	00 15									
63	43124	REMOVAL OF ESOPHAGUS	4,211.10										
67	43124	REMOVAL OF ESOPHAGUS	4,211.10	00 15									
63	43130	REMOVAL OF ESOPHAGUS POUCH	870.10										
67	43130	REMOVAL OF ESOPHAGUS POUCH	870.10	00 15									
63	43135	REMOVAL OF ESOPHAGUS POUCH	1,626.42										
67	43135	REMOVAL OF ESOPHAGUS POUCH	1,626.42	00 15									
63	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	599.86										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	599.86	00 15									
63	43191	Diagnostic examination of esophagus	169.33										
67	43191	Diagnostic examination of esophagus	169.33	00 15									
63	43192	Injections of substance in tissue li	185.43										
67	43192	Injections of substance in tissue li	185.43	00 15									
63	43193	Biopsy of esophagus using an endosco	184.67										
67	43193	Biopsy of esophagus using an endosco	184.67	00 15									
63	43194	Removal of foreign body of esophagus	212.48										
67	43194	Removal of foreign body of esophagus	212.48	00 15									
63	43195	Balloon dilation of esophagus using	202.01										
67	43195	Balloon dilation of esophagus using	202.01	00 15									
63	43196	Insertion of wire and dilation of es	213.11										
67	43196	Insertion of wire and dilation of es	213.11	00 15									
63	43197	Diagnostic examination of esophagus	201.22										
67	43197	Diagnostic examination of esophagus	201.22	00 15									
63	43198	Biopsy of esophagus using an endosco	223.77										
67	43198	Biopsy of esophagus using an endosco	223.77	00 15									
63	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	273.42										
67	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	273.42	00 15									
63	43201	INJECTIONS INTO ESOPHAGUS USING AN E	271.15										
67	43201	INJECTIONS INTO ESOPHAGUS USING AN E	271.15	00 15									
63	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	368.64										
67	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	368.64	00 15									
63	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	145.62										
67	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	145.62	00 15									
63	43205	TYING OF ESOPHAGEAL VEINS USING AN E	151.45										
67	43205	TYING OF ESOPHAGEAL VEINS USING AN E	151.45	00 15									
63	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	315.47										
67	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	315.47	00 15									
63	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	470.56										
67	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	470.56	00 15									
63	43211	Removal of tissue lining of esophagu	253.69										
67	43211	Removal of tissue lining of esophagu	253.69	00 15									
63	43212	Placement of stent on esophagus usin	207.31										
67	43212	Placement of stent on esophagus usin	207.31	00 15									
63	43213	Dilation of esophagus using an endos	1,273.98										
67	43213	Dilation of esophagus using an endos	1,273.98	00 15									
63	43214	Balloon dilation of esophagus using	211.48										
67	43214	Balloon dilation of esophagus using	211.48	00 15									
63	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	409.01										
67	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	409.01	00 15									
63	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	423.95										
67	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	423.95	00 15									
63	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	436.68										
67	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	436.68	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	43220	BALLOON DILATION OF ESOPHAGUS USING	918.66											
67	43220	BALLOON DILATION OF ESOPHAGUS USING	918.66	00	15									
63	43226	INSERTION OF GUIDE WIRE FOR DILATION	401.22											
67	43226	INSERTION OF GUIDE WIRE FOR DILATION	401.22	00	15									
63	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	613.06											
67	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	613.06	00	15									
63	43229	Destruction of growths of esophagus	733.57											
67	43229	Destruction of growths of esophagus	733.57	00	15									
63	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	170.07											
67	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	170.07	00	15									
63	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	213.14											
67	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	213.14	00	15									
63	43233	Balloon dilation of esophagus, stoma	248.12											
67	43233	Balloon dilation of esophagus, stoma	248.12	00	15									
63	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	300.25											
67	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	300.25	00	15									
63	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	415.40											
67	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	415.40	00	15									
63	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	211.13											
67	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	211.13	00	15									
63	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	250.31											
67	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	250.31	00	15									
63	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	391.02											
67	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	391.02	00	15									
63	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	422.77											
67	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	422.77	00	15									
63	43241	INSERTION OF CATHETER OR TUBE IN ESO	153.00											
67	43241	INSERTION OF CATHETER OR TUBE IN ESO	153.00	00	15									
63	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	284.04											
67	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	284.04	00	15									
63	43243	INJECTION OF DILATED VEINS OF STOMAC	256.86											
67	43243	INJECTION OF DILATED VIENS OF STOMAC	256.86	00	15									
63	43244	TYING OF DILATED VEINS OF STOMACH AN	264.37											
67	43244	TYING OF DILATED VEINS OF STOMACH AN	264.37	00	15									
63	43245	DILATION OF STOMACH OUTLET USING AN	615.00											
67	43245	DILATION OF STOMACH OUTLET USING AN	615.00	00	15									
63	43246	INSERTION OF STOMACH TUBE USING AN E	217.96											
67	43246	INSERTION OF STOMACH TUBE USING AN E	217.96	00	15									
63	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	401.83											
67	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	401.83	00	15									
63	43248	INSERTION OF GUIDE WIRE WITH DILATIO	430.29											
67	43248	INSERTION OF GUIDE WIRE WITH DILATIO	430.29	00	15									
63	43249	BALLOON DILATION OF ESOPHAGUS USING	1,102.62											
67	43249	BALLOON DILATION OF ESOPHAGUS USING	1,102.62	00	15									
63	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	469.94											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	469.94	00	15									
63	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	516.38											
67	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	516.38	00	15									
63	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	355.10											
67	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	355.10	00	15									
63	43253	Injection of diagnostic or therapeut	283.71											
67	43253	Injection of diagnostic or therapeut	283.71	00	15									
63	43254	Removal of tissue lining of esophagu	291.45											
67	43254	Removal of tissue lining of esophagu	291.45	00	15									
63	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	648.63											
67	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	648.63	00	15									
63	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	251.41											
67	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	251.41	00	15									
63	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	242.79											
67	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	242.79	00	15									
63	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	347.69											
67	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	347.69	00	15									
63	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	365.55											
67	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	365.55	00	15									
63	43262	OPERATIVE UPPER GI ENDOSCOPY	385.44											
67	43262	OPERATIVE UPPER GI ENDOSCOPY	385.44	00	15									
63	43263	PRESSURE MEASUREMENT OF PANCREATIC O	385.78											
67	43263	PRESSURE MEASUREMENT OF PANCREATIC O	385.78	00	15									
63	43264	REMOVAL OF STONE FROM BILE OR PANCRE	392.91											
67	43264	REMOVAL OF STONE FROM BILE OR PANCRE	392.91	00	15									
63	43265	DESTRUCTION OF STONE IN BILE OR PANC	467.24											
67	43265	DESTRUCTION OF STONE IN BILE OR PANC	467.24	00	15									
63	43266	Placement of stent in esophagus, sto	235.63											
67	43266	Placement of stent in esophagus, sto	235.63	00	15									
63	43270	Destruction of growths on esophagus,	755.26											
67	43270	Destruction of growths on esophagus,	755.26	00	15									
63	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	128.38											
67	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	128.38	00	15									
63	43274	Placement of stent pancreatic or bil	499.44											
67	43274	Placement of stent pancreatic or bil	499.44	00	15									
63	43275	Removal of foreign body or stent fro	405.83											
67	43275	Removal of foreign body or stent fro	405.83	00	15									
63	43276	Replacement of stent pancreatic or b	520.15											
67	43276	Replacement of stent pancreatic or b	520.15	00	15									
63	43277	Balloon dilation of pancreatic or bi	408.33											
67	43277	Balloon dilation of pancreatic or bi	408.33	00	15									
63	43278	Destruction of mass on gallbladder,	466.86											
67	43278	Destruction of mass on gallbladder,	466.86	00	15									
63	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,427.68											
67	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,427.68	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	43280	LAPAROSCOPY, FUNDOPLASTY	1,198.83										
67	43280	LAPAROSCOPY, FUNDOPLASTY	1,198.83	00 15									
63	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,713.72										
67	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,713.72	00 15									
63	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,928.57										
67	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,928.57	00 15									
63	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	175.71										
67	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	175.71	00 15									
63	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	722.34										
67	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	722.34	00 15									
63	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	744.00										
67	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	744.00	00 15									
63	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,519.26										
67	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,519.26	00 15									
63	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,925.68										
67	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,925.68	00 15									
63	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,144.72										
67	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,144.72	00 15									
63	43300	REPAIR OF ESOPHAGUS	682.69										
67	43300	REPAIR OF ESOPHAGUS	682.69	00 15									
63	43305	REPAIR ESOPHAGUS AND FISTULA	1,201.43										
67	43305	REPAIR ESOPHAGUS AND FISTULA	1,201.43	00 15									
63	43310	REPAIR OF ESOPHAGUS	1,640.01										
67	43310	REPAIR OF ESOPHAGUS	1,640.01	00 15									
63	43312	REPAIR ESOPHAGUS AND FISTULA	1,760.31										
67	43312	REPAIR ESOPHAGUS AND FISTULA	1,760.31	00 15									
63	43313	ESOPHAGOPLASTY CONGENTIAL	3,222.89										
67	43313	ESOPHAGOPLASTY CONGENTIAL	3,222.89	00 15									
63	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,464.61										
67	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,464.61	00 15									
63	43320	FUSE ESOPHAGUS & STOMACH	1,555.79										
67	43320	FUSE ESOPHAGUS & STOMACH	1,555.79	00 15									
63	43325	REVISE ESOPHAGUS & STOMACH	1,512.50										
67	43325	REVISE ESOPHAGUS & STOMACH	1,512.50	00 15									
63	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	910.26										
67	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	910.26	00 15									
63	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,242.58										
67	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,242.58	00 15									
63	43330	REPAIR OF ESOPHAGUS	1,487.09										
67	43330	REPAIR OF ESOPHAGUS	1,487.09	00 15									
63	43331	REPAIR OF ESOPHAGUS	1,479.89										
67	43331	REPAIR OF ESOPHAGUS	1,479.89	00 15									
63	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,274.60										
67	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,274.60	00 15									
63	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,396.76										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,396.76	00 15									
63	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,374.59										
67	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,374.59	00 15									
63	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,476.23										
67	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,476.23	00 15									
63	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,602.34										
67	43336	REPAIR PARAESOPHAGEAL HIATL HERNIA	1,602.34	00 15									
63	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,708.51										
67	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,708.51	00 15									
63	43338	ESOPHAGEAL LENGTHENING PROCEDURE	127.87										
67	43338	ESOPHAGEAL LENGTHENING PROCEDURE	127.87	00 15									
63	43340	FUSE ESOPHAGUS & INTESTINE	1,535.75										
67	43340	FUSE ESOPHAGUS & INTESTINE	1,535.75	00 15									
63	43341	FUSE ESOPHAGUS & INTESTINE	1,546.18										
67	43341	FUSE ESOPHAGUS & INTESTINE	1,546.18	00 15									
63	43351	SURGICAL OPENING, ESOPHAGUS	1,453.12										
67	43351	SURGICAL OPENING, ESOPHAGUS	1,453.12	00 15									
63	43352	SURGICAL OPENING, ESOPHAGUS	1,177.21										
67	43352	SURGICAL OPENING, ESOPHAGUS	1,177.21	00 15									
63	43360	GASTROINTESTINAL REPAIR	2,487.13										
67	43360	GASTROINTESTINAL REPAIR	2,487.13	00 15									
63	43361	GASTROINTESTINAL REPAIR	2,999.84										
67	43361	GASTROINTESTINAL REPAIR	2,999.84	00 15									
63	43400	LIGATE ESOPHAGUS VEINS	1,696.51										
67	43400	LIGATE ESOPHAGUS VEINS	1,696.51	00 15									
63	43405	LIGATE/STAPLE ESOPHAGUS	1,608.88										
67	43405	LIGATE/STAPLE ESOPHAGUS	1,608.88	00 15									
63	43410	REPAIR ESOPHAGUS WOUND	1,130.10										
67	43410	REPAIR ESOPHAGUS WOUND	1,130.10	00 15									
63	43415	REPAIR ESOPHAGUS WOUND	2,846.84										
67	43415	REPAIR ESOPHAGUS WOUND	2,846.84	00 15									
63	43420	REPAIR ESOPHAGUS OPENING	1,117.16										
67	43420	REPAIR ESOPHAGUS OPENING	1,117.16	00 15									
63	43425	REPAIR ESOPHAGUS OPENING	1,593.67										
67	43425	REPAIR ESOPHAGUS OPENING	1,593.67	00 15									
63	43450	DILATE ESOPHAGUS	195.17										
67	43450	DILATE ESOPHAGUS	195.17	00 15									
63	43453	DILATE ESOPHAGUS	815.71										
67	43453	DILATE ESOPHAGUS	815.71	00 15									
63	43460	PRESSURE TREATMENT ESOPHAGUS	229.32										
67	43460	PRESSURE TREATMENT ESOPHAGUS	229.32	00 15									
63	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	864.00										
67	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	864.00	00 15									
63	43500	SURGICAL OPENING OF STOMACH	869.12										
67	43500	SURGICAL OPENING OF STOMACH	869.12	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	43501	GASTROTOMY WITH SUTURE REPAIR	1,498.45										
67	43501	GASTROTOMY WITH SUTURE REPAIR	1,498.45	00 15									
63	43502	SURGICAL REPAIR OF STOMACH	1,700.35										
67	43502	SURGICAL REPAIR OF STOMACH	1,700.35	00 15									
63	43510	SURGICAL OPENING OF STOMACH	1,054.69										
67	43510	SURGICAL OPENING OF STOMACH	1,054.69	00 15									
63	43520	INCISION OF PYLORIC MUSCLE	763.81										
67	43520	INCISION OF PYLORIC MUSCLE	763.81	00 15									
63	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	925.60										
67	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	925.60	00 15									
63	43610	EXCISION OF STOMACH LESION	1,089.21										
67	43610	EXCISION OF STOMACH LESION	1,089.21	00 15									
63	43611	EXCISION, LOCAL;	1,362.47										
67	43611	EXCISION, LOCAL;	1,362.47	00 15									
63	43620	REMOVAL OF STOMACH	2,210.14										
67	43620	REMOVAL OF STOMACH	2,210.14	00 15									
63	43621	GASTRECTOMY, TOTAL;	2,528.78										
67	43621	GASTRECTOMY, TOTAL;	2,528.78	00 15									
63	43622	GASTRECTOMY, TOTAL;	2,576.22										
67	43622	GASTRECTOMY, TOTAL;	2,576.22	00 15									
63	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,609.59										
67	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,609.59	00 15									
63	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,267.76										
67	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,267.76	00 15									
63	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,141.11										
67	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,141.11	00 15									
63	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,368.34										
67	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,368.34	00 15									
63	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	125.87										
67	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	125.87	00 15									
63	43640	VAGOTOMY & PYLORUS REPAIR	1,325.56										
67	43640	VAGOTOMY & PYLORUS REPAIR	1,325.56	00 15									
63	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,340.64										
67	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,340.64	00 15									
63	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	1,935.10	16 99		X							
63	43645	LAP GASTR BYPASS INCL SMLL I	2,056.42	16 99		X							
63	43651	LAPAROSCOPY, VAGUS NERVE	727.65										
67	43651	LAPAROSCOPY, VAGUS NERVE	727.65	00 15									
63	43652	LAPAROSCOPY, VAGUS NERVE	850.58										
67	43652	LAPAROSCOPY, VAGUS NERVE	850.58	00 15									
63	43653	LAPAROSCOPY, GASTROSTOMY	637.57										
67	43653	LAPAROSCOPY, GASTROSTOMY	637.57	00 15									
63	43752	INSERTION OF NASAL OR ORAL STOMACH T	44.37										
67	43752	INSERTION OF NASAL OR ORAL STOMACH T	44.37	00 15									
63	43753	INSERTION OF STOMACH TUBE AND ASPIRA	24.20										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	43753	INSERTION OF STOMACH TUBE AND ASPIRA	24.20	00	15									
63	43754	GASTRIC INTUBATION AND ASPIRATION DI	240.06											
67	43754	GASTRIC INTUBATION AND ASPIRATION DI	240.06	00	15									
63	43755	GASTRIC INTUBATION AND ASPIRATION DI	208.24											
67	43755	GASTRIC INTUBATION AND ASPIRATION DI	208.24	00	15									
63	43756	DUODENAL INTUBATION AND ASPIRATION	283.11											
67	43756	DUODENAL INTUBATION AND ASPIRATION	283.11	00	15									
63	43757	DUODENAL INTUBATION AND ASPIRATION	381.49											
67	43757	DUODENAL INTUBATION AND ASPIRATION	381.49	00	15									
63	43761	REPOSITIONING OF A NASO- OR ORO-GAST	136.30											
67	43761	REPOSITIONING OF THE GASTRIC FEEDING	136.30	00	15									
63	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	232.37											
67	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	232.37	00	15									
63	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	346.99											
67	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	346.99	00	15									
63	43770	LAP, PLACE GASTR ADJUST BAND	1,250.02	16	99		X							
67	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,250.02	13	15		X							
63	43771	LAP, REVISE ADJUST GAST BAND	1,421.90	16	99		X							
67	43771	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,421.90	13	15		X							
63	43772	LAP, REMOVE ADJUST GAST BAND	1,055.18	16	99		X							
67	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,055.18	13	15		X							
63	43773	LAP, CHANGE ADJUST GAST BAND	1,421.90	16	99		X							
67	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,421.90	13	15		X							
63	43774	LAP REMOV ADJ GAST BAND/PORT	1,069.43	16	99		X							
67	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,069.43	13	15		X							
63	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	1,243.42	16	99		X							
67	43775	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,243.42	13	15		X							
63	43800	RECONSTRUCTION OF PYLORUS	1,033.69											
67	43800	RECONSTRUCTION OF PYLORUS	1,033.69	00	15									
63	43810	FUSION OF STOMACH AND BOWEL	1,132.15											
67	43810	FUSION OF STOMACH AND BOWEL	1,132.15	00	15									
63	43820	FUSION OF STOMACH AND BOWEL	1,494.68											
67	43820	FUSION OF STOMACH AND BOWEL	1,494.68	00	15									
63	43825	FUSION OF STOMACH AND BOWEL	1,460.12											
67	43825	FUSION OF STOMACH AND BOWEL	1,460.12	00	15									
63	43830	SURGICAL OPENING OF STOMACH	778.15											
67	43830	SURGICAL OPENING OF STOMACH	778.15	00	15									
63	43831	GASTROSTOMY, OPEN, NEONATAL	670.69	00	00									
67	43831	GASTROSTOMY, OPEN, NEONATAL	670.69	00	00									
63	43832	SURGICAL OPENING OF STOMACH	1,159.82											
67	43832	SURGICAL OPENING OF STOMACH	1,159.82	00	15									
63	43840	REPAIR OF STOMACH LESION	1,512.62											
67	43840	REPAIR OF STOMACH LESION	1,512.62	00	15									
63	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	1,429.10	16	99		X							
67	43843	GASTRIC RESTRICTIVE PROCEDURE, WITHO	1,429.10	13	15		X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	43845	GASTROPLASTY DUODENAL SWITCH	2,181.83	16	99		X							
67	43845	GASTRIC RESTRICTIVE PROCEDURE, WITH	2,181.83	13	15		X							
63	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,838.75	16	99		X							
67	43846	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,838.75	13	15		X							
63	43847	GASTRIC BYPASS FOR OBESITY	2,013.66	16	99		X							
67	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH	2,013.66	13	15		X							
63	43848	REVISION GASTROPLASTY	2,151.30	16	99		X							
67	43848	REVISION, OPEN, OF GASTRIC RESTRICTI	2,151.30	13	15		X							
63	43860	REVISE STOMACH-BOWEL FUSION	1,821.44											
67	43860	REVISE STOMACH-BOWEL FUSION	1,821.44	00	15									
63	43865	REVISE STOMACH-BOWEL FUSION	1,905.03											
67	43865	REVISE STOMACH-BOWEL FUSION	1,905.03	00	15									
63	43870	REPAIR STOMACH OPENING	787.42											
67	43870	REPAIR STOMACH OPENING	787.42	00	15									
63	43880	REPAIR STOMACH-BOWEL FISTULA	1,762.94											
67	43880	REPAIR STOMACH-BOWEL FISTULA	1,762.94	00	15									
63	43886	REVISE GASTRIC PORT, OPEN	401.90	16	99		X							
63	43887	REMOVE GASTRIC PORT, OPEN	363.27	16	99		X							
63	43888	CHANGE GASTRIC PORT, OPEN	511.54	16	99		X							
63	44005	FREEING OF BOWEL ADHESION	1,212.34											
67	44005	FREEING OF BOWEL ADHESION	1,212.34	00	15									
63	44010	INCISION OF SMALL BOWEL	935.08											
67	44010	INCISION OF SMALL BOWEL	935.08	00	15									
63	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	158.83											
67	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	158.83	00	15									
63	44020	EXPLORATION OF SMALL BOWEL	1,081.28											
67	44020	EXPLORATION OF SMALL BOWEL	1,081.28	00	15									
63	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,080.71											
67	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,080.71	00	15									
63	44025	EXPLORATION OF LARGE BOWEL	1,086.75											
67	44025	EXPLORATION OF LARGE BOWEL	1,086.75	00	15									
63	44050	REDUCE BOWEL OBSTRUCTION	1,040.02											
67	44050	REDUCE BOWEL OBSTRUCTION	1,040.02	00	15									
63	44055	CORRECT MALROTATION-CG, LADD PROC.	1,654.38											
67	44055	CORRECT MALROTATION-CG, LADD PROC.	1,654.38	00	15									
63	44100	BIOPSY OF BOWEL	115.80											
67	44100	BIOPSY OF BOWEL	115.80	00	15									
63	44110	EXCISION OF BOWEL LESION(S)	935.34											
67	44110	EXCISION OF BOWEL LESION(S)	935.34	00	15									
63	44111	EXCISION OF BOWEL LESION(S)	1,089.55											
67	44111	EXCISION OF BOWEL LESION(S)	1,089.55	00	15									
63	44120	REMOVAL OF SMALL INTESTINE	1,357.07											
67	44120	REMOVAL OF SMALL INTESTINE	1,357.07	00	15									
63	44121	REMOVAL OF SMALL INTESTINE	268.29											
67	44121	REMOVAL OF SMALL INTESTINE	268.29	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	44125	REMOVAL OF SMALL INTESTINE	1,301.29										
67	44125	REMOVAL OF SMALL INTESTINE	1,301.29	00 15									
63	44126	ENTERECTOMY W/TAPER, CONG	2,750.33										
67	44126	ENTERECTOMY W/TAPER, CONG	2,750.33	00 15									
63	44127	ENTERECTOMY W/O TAPER, CONG	3,179.17										
67	44127	ENTERECTOMY W/O TAPER, CONG	3,179.17	00 15									
63	44128	ENTERECTOMY CONG, ADD-ON	271.52										
67	44128	ENTERECTOMY CONG, ADD-ON	271.52	00 15									
63	44130	BOWEL TO BOWEL FUSION	1,459.28										
67	44130	BOWEL TO BOWEL FUSION	1,459.28	00 15									
63	44139	MOBILIZATION OF COLON	133.77										
67	44139	MOBILIZATION OF COLON	133.77	00 15									
63	44140	PARTIAL REMOVAL OF COLON	1,487.18										
67	44140	PARTIAL REMOVAL OF COLON	1,487.18	00 15									
63	44141	PARTIAL REMOVAL OF COLON	2,003.47										
67	44141	PARTIAL REMOVAL OF COLON	2,003.47	00 15									
63	44143	PARTIAL REMOVAL OF COLON	1,831.01										
67	44143	PARTIAL REMOVAL OF COLON	1,831.01	00 15									
63	44144	PARTIAL REMOVAL OF COLON	1,954.67										
67	44144	PARTIAL REMOVAL OF COLON	1,954.67	00 15									
63	44145	PARTIAL REMOVAL OF COLON	1,823.68										
67	44145	PARTIAL REMOVAL OF COLON	1,823.68	00 15									
63	44146	PARTIAL REMOVAL OF COLON	2,311.11										
67	44146	PARTIAL REMOVAL OF COLON	2,311.11	00 15									
63	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,139.13										
67	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,139.13	00 15									
63	44150	REMOVAL OF COLON	2,040.14										
67	44150	REMOVAL OF COLON	2,040.14	00 15									
63	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,382.56										
67	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,382.56	00 15									
63	44155	REMOVAL OF COLON	2,268.49										
67	44155	REMOVAL OF COLON	2,268.49	00 15									
63	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,548.59										
67	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,548.59	00 15									
63	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,422.49										
67	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,422.49	00 15									
63	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,484.00										
67	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,484.00	00 15									
63	44160	REMOVAL OF COLON	1,375.18										
67	44160	REMOVAL OF COLON	1,375.18	00 15									
63	44186	LAP, JEJUNOSTOMY	721.76										
67	44186	LAP, JEJUNOSTOMY	721.76	00 15									
63	44187	LAP, ILEO/JEJUNO-STOMY	1,195.13										
67	44187	LAP, ILEO/JEJUNO-STOMY	1,195.13	00 15									
63	44188	LAP, COLOSTOMY	1,335.25										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	44188	LAP, COLOSTOMY	1,335.25	00 15									
63	44202	LAPARO, RESECT INTESTINE	1,538.60										
67	44202	LAPARO, RESECT INTESTINE	1,538.60	00 15									
63	44203	LAP RESECT S/INTESTINE, ADDL	269.59										
67	44203	LAP RESECT S/INTESTINE, ADDL	269.59	00 15									
63	44204	LAPARO PARTIAL COLECTOMY	1,697.23										
67	44204	LAPARO PARTIAL COLECTOMY	1,697.23	00 15									
63	44205	LAP COLECTOMY PART W/ILEUM	1,472.39										
67	44205	LAP COLECTOMY PART W/ILEUM	1,472.39	00 15									
63	44206	LAP PART COLECTOMY W/STOMA	1,921.99										
67	44206	LAP PART COLECTOMY W/STOMA	1,921.99	00 15									
63	44207	L COLECTOMY/COLOPROCTOSTOMY	1,996.25										
67	44207	L COLECTOMY/COLOPROCTOSTOMY	1,996.25	00 15									
63	44208	L COLECTOMY/COLOPROCTOSTOMY	2,167.58										
67	44208	L COLECTOMY/COLOPROCTOSTOMY	2,167.58	00 15									
63	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,940.29										
67	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,940.29	00 15									
63	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,300.85										
67	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,300.85	00 15									
63	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,209.85										
67	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,209.85	00 15									
63	44213	LAP, MOBIL SPLENIC FL ADD-ON	205.91										
67	44213	LAP, MOBIL SPLENIC FL ADD-ON	205.91	00 15									
63	44227	LAP, CLOSE ENTEROSTOMY	1,832.60										
67	44227	LAP, CLOSE ENTEROSTOMY	1,832.60	00 15									
63	44300	OPEN BOWEL TO SKIN	933.71										
67	44300	OPEN BOWEL TO SKIN	933.71	00 15									
63	44310	ILEOSTOMY	1,149.01										
67	44310	ILEOSTOMY	1,149.01	00 15									
63	44312	REVISION OF ILEOSTOMY	655.59										
67	44312	REVISION OF ILEOSTOMY	655.59	00 15									
63	44314	REVISION OF ILEOSTOMY	1,106.21										
67	44314	REVISION OF ILEOSTOMY	1,106.21	00 15									
63	44316	DEVISE BOWEL POUCH	1,575.10										
67	44316	DEVISE BOWEL POUCH	1,575.10	00 15									
63	44320	COLOSTOMY	1,325.03										
67	44320	COLOSTOMY	1,325.03	00 15									
63	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,097.05										
67	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,097.05	00 15									
63	44340	REVISION OF COLOSTOMY	688.57										
67	44340	REVISION OF COLOSTOMY	688.57	00 15									
63	44345	REVISION OF COLOSTOMY	1,158.96										
67	44345	REVISION OF COLOSTOMY	1,158.96	00 15									
63	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,305.04										
67	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,305.04	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	44360	SMALL BOWEL ENDOSCOPY	154.56										
67	44360	SMALL BOWEL ENDOSCOPY	154.56	00 15									
63	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	170.36										
67	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	170.36	00 15									
63	44363	SMALL BOWEL ENDOSCOPY	206.76										
67	44363	SMALL BOWEL ENDOSCOPY	206.76	00 15									
63	44364	SMALL BOWEL ENDOSCOPY	220.39										
67	44364	SMALL BOWEL ENDOSCOPY	220.39	00 15									
63	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	195.97										
67	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	195.97	00 15									
63	44366	SMALL BOWEL ENDOSCOPY	258.82										
67	44366	SMALL BOWEL ENDOSCOPY	258.82	00 15									
63	44369	SMALL BOWEL ENDOSCOPY	264.75										
67	44369	SMALL BOWEL ENDOSCOPY	264.75	00 15									
63	44370	SMALL BOWEL ENDOSCOPY/STENT	287.51										
67	44370	SMALL BOWEL ENDOSCOPY/STENT	287.51	00 15									
63	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	259.19										
67	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	259.19	00 15									
63	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	207.17										
67	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	207.17	00 15									
63	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	306.59										
67	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	306.59	00 15									
63	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	323.53										
67	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	323.53	00 15									
63	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	414.98										
67	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	414.98	00 15									
63	44379	S BOWEL ENDOSCOPE W/STENT	441.02										
67	44379	S BOWEL ENDOSCOPE W/STENT	441.02	00 15									
63	44380	SMALL BOWEL ENDOSCOPY	200.93										
67	44380	SMALL BOWEL ENDOSCOPY	200.93	00 15									
63	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	999.33										
67	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	999.33	00 15									
63	44382	SMALL BOWEL ENDOSCOPY	306.96										
67	44382	SMALL BOWEL ENDOSCOPY	306.96	00 15									
63	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	168.26										
67	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	168.26	00 15									
63	44385	ENDOSCOPY OF BOWEL POUCH	223.47										
67	44385	ENDOSCOPY OF BOWEL POUCH	223.47	00 15									
63	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	320.69										
67	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	320.69	00 15									
63	44388	COLON ENDOSCOPY	166.38										
67	44388	COLON ENDOSCOPY	166.38	00 15									
63	44389	COLON ENDOSCOPY	430.42										
67	44389	COLON ENDOSCOPY	430.42	00 15									
63	44390	COLON ENDOSCOPY	425.47										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	44390	COLON ENDOSCOPY	425.47	00	15									
63	44391	COLON ENDOSCOPY	664.90											
67	44391	COLON ENDOSCOPY	664.90	00	15									
63	44392	COLON ENDOSCOPY	409.08											
67	44392	COLON ENDOSCOPY	409.08	00	15									
63	44394	COLONOSCOPY THROUGH STOMA;	462.08											
67	44394	COLONOSCOPY THROUGH STOMA;	462.08	00	15									
63	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,412.49											
67	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,412.49	00	15									
63	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	282.57											
67	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	282.57	00	15									
63	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	328.89											
67	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	328.89	00	15									
63	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	440.06											
67	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	440.06	00	15									
63	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	574.89											
67	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	574.89	00	15									
63	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	247.37											
67	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	247.37	00	15									
63	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	297.39											
67	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	297.39	00	15									
63	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	249.55											
67	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	249.55	00	15									
63	44500	INTRODUCTION OF LONG GASTROINTESTINA	21.18											
67	44500	INTRODUCTION OF LONG GASTROINTESTINA	21.18	00	15									
63	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,566.67											
67	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,566.67	00	15									
63	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,793.95											
67	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,793.95	00	15									
63	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,171.15											
67	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,171.15	00	15									
63	44605	REPAIR OF BOWEL LESION	1,436.18											
67	44605	REPAIR OF BOWEL LESION	1,436.18	00	15									
63	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,178.73											
67	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,178.73	00	15									
63	44620	REPAIR BOWEL OPENING	954.67											
67	44620	REPAIR BOWEL OPENING	954.67	00	15									
63	44625	REPAIR BOWEL OPENING	1,113.72											
67	44625	REPAIR BOWEL OPENING	1,113.72	00	15									
63	44626	REPAIR BOWEL OPENING	1,765.22											
67	44626	REPAIR BOWEL OPENING	1,765.22	00	15									
63	44640	REPAIR BOWEL-SKIN FISTULA	1,545.51											
67	44640	REPAIR BOWEL-SKIN FISTULA	1,545.51	00	15									
63	44650	REPAIR BOWEL FISTULA	1,593.65											
67	44650	REPAIR BOWEL FISTULA	1,593.65	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	44660	REPAIR BOWEL-BLADDER FISTULA	1,471.54										
67	44660	REPAIR BOWEL-BLADDER FISTULA	1,471.54	00 15									
63	44661	REPAIR BOWEL-BLADDER FISTULA	1,708.26										
67	44661	REPAIR BOWEL-BLADDER FISTULA	1,708.26	00 15									
63	44680	SURGICAL REVISION, INTESTINE	1,199.66										
67	44680	SURGICAL REVISION, INTESTINE	1,199.66	00 15									
63	44700	SUSPEND BOWEL W/PROSTHESIS	1,096.91										
67	44700	SUSPEND BOWEL W/PROSTHESIS	1,096.91	00 15									
63	44701	INTRAOP COLON LAVAGE ADD-ON	189.32										
67	44701	INTRAOP COLON LAVAGE ADD-ON	189.32	00 15									
63	44720	PREP DONOR INTESTINE/VENOUS	305.82		X								
67	44720	PREP DONOR INTESTINE/VENOUS	305.82	00 15	X								
63	44721	PREP DONOR INTESTINE/ARTERY	427.11		X								
67	44721	PREP DONOR INTESTINE/ARTERY	427.11	00 15	X								
63	44800	REPAIR OF CONGENITAL BOWEL DEFECT	855.84										
67	44800	REPAIR OF CONGENITAL BOWEL DEFECT	855.84	00 15									
63	44820	EXCISION OF MESENTERY LESION	946.24										
67	44820	EXCISION OF MESENTERY LESION	946.24	00 15									
63	44850	REPAIR OF MESENTERY	827.31										
67	44850	REPAIR OF MESENTERY	827.31	00 15									
63	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	872.58										
67	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	872.58	00 15									
63	44950	APPENDECTOMY	714.12		X								
67	44950	APPENDECTOMY	714.12	00 15	X								
63	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	93.07										
67	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	93.07	00 15									
63	44960	APPENDECTOMY	975.37		X								
67	44960	APPENDECTOMY	975.37	00 15	X								
63	44970	LAPAROSCOPY, APPENDECTOMY	667.86		X								
67	44970	LAPAROSCOPY, APPENDECTOMY	667.86	00 15	X								
63	45000	DRAINAGE OF PELVIC ABSCESS	468.30										
67	45000	DRAINAGE OF PELVIC ABSCESS	468.30	00 15									
63	45005	DRAINAGE OF RECTAL ABSCESS	333.02										
67	45005	DRAINAGE OF RECTAL ABSCESS	333.02	00 15									
63	45020	DRAINAGE OF RECTAL ABSCESS	629.79										
67	45020	DRAINAGE OF RECTAL ABSCESS	629.79	00 15									
63	45100	BIOPSY OF RECTUM	328.25										
67	45100	BIOPSY OF RECTUM	328.25	00 15									
63	45108	REMOVAL OF ANORECTAL LESION	410.60										
67	45108	REMOVAL OF ANORECTAL LESION	410.60	00 15									
63	45110	REMOVAL OF RECTUM	1,995.87										
67	45110	REMOVAL OF RECTUM	1,995.87	00 15									
63	45111	PARTIAL REMOVAL OF RECTUM	1,191.55										
67	45111	PARTIAL REMOVAL OF RECTUM	1,191.55	00 15									
63	45112	REMOVAL OF RECTUM	1,983.14										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	45112	REMOVAL OF RECTUM	1,983.14	00	15									
63	45113	PARTIAL PROCTECTOMY	2,034.83											
67	45113	PARTIAL PROCTECTOMY	2,034.83	00	15									
63	45114	PARTIAL REMOVAL OF RECTUM	2,023.46											
67	45114	PARTIAL REMOVAL OF RECTUM	2,023.46	00	15									
63	45116	PARTIAL REMOVAL OF RECTUM	1,686.19											
67	45116	PARTIAL REMOVAL OF RECTUM	1,686.19	00	15									
63	45119	REMOVE, RECTUM W/RESERVOIR	2,049.76											
67	45119	REMOVE, RECTUM W/RESERVOIR	2,049.76	00	15									
63	45120	REMOVAL OF RECTUM	1,779.19											
67	45120	REMOVAL OF RECTUM	1,779.19	00	15									
63	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,943.16											
67	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,943.16	00	15									
63	45123	PARTIAL PROCTECTOMY	1,225.45											
67	45123	PARTIAL PROCTECTOMY	1,225.45	00	15									
63	45126	PELVIC EXENTERATION	2,991.41			X								
67	45126	PELVIC EXENTERATION	2,991.41	00	15	X								
63	45130	EXCISION OF RECTAL PROLAPSE	1,188.76											
67	45130	EXCISION OF RECTAL PROLAPSE	1,188.76	00	15									
63	45135	EXCISION OF RECTAL PROLAPSE	1,412.62											
67	45135	EXCISION OF RECTAL PROLAPSE	1,412.62	00	15									
63	45136	EXCISE ILEOANAL RESERVOIR	1,942.19											
67	45136	EXCISE ILEOANAL RESERVOIR	1,942.19	00	15									
63	45150	EXCISION OF RECTAL STRICTURE	465.91											
67	45150	EXCISION OF RECTAL STRICTURE	465.91	00	15									
63	45160	EXCISION OF RECTAL LESION	1,138.88											
67	45160	EXCISION OF RECTAL LESION	1,138.88	00	15									
63	45171	EXCISION OF RECTAL TUMOR TRANSANAL	669.21											
67	45171	EXCISION OF RECTAL TUMOR TRANSANAL	669.21	00	15									
63	45172	EXCISION OF RECTAL TUMOR TRANSANAL	896.31											
67	45172	EXCISION OF RECTAL TUMOR TRANSANAL	896.31	00	15									
63	45190	DESTRUCTION RECTAL TUMOR	757.37											
67	45190	DESTRUCTION RECTAL TUMOR	757.37	00	15									
63	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	133.58											
67	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	133.58	00	15									
63	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	971.58											
67	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	971.58	00	15									
63	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	189.44											
67	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	189.44	00	15									
63	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	226.92											
67	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	226.92	00	15									
63	45308	PROCTOSIGMOIDOSCOPY, RIGID;	215.60											
67	45308	PROCTOSIGMOIDOSCOPY, RIGID;	215.60	00	15									
63	45309	PROCTOSIGMOIDOSCOPY, RIGID;	222.14											
67	45309	PROCTOSIGMOIDOSCOPY, RIGID;	222.14	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	241.32										
67	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	241.32	00 15									
63	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	232.99										
67	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	232.99	00 15									
63	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	236.81										
67	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	236.81	00 15									
63	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	114.04										
67	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	114.04	00 15									
63	45327	PROCTOSIGMOIDOSCOPY W/STENT	129.02										
67	45327	PROCTOSIGMOIDOSCOPY W/STENT	129.02	00 15									
63	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	191.26										
67	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	191.26	00 15									
63	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	293.55										
67	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	293.55	00 15									
63	45332	SIGMOIDOSCOPY; DIAGNOSTIC	287.42										
67	45332	SIGMOIDOSCOPY; DIAGNOSTIC	287.42	00 15									
63	45333	SIGMOIDOSCOPY; DIAGNOSTIC	339.60										
67	45333	SIGMOIDOSCOPY; DIAGNOSTIC	339.60	00 15									
63	45334	SIGMOIDOSCOPY; DIAGNOSTIC	506.41										
67	45334	SIGMOIDOSCOPY; DIAGNOSTIC	506.41	00 15									
63	45335	SIGMOIDOSCOPY W/SUBMUC INJ	298.73										
67	45335	SIGMOIDOSCOPY W/SUBMUC INJ	298.73	00 15									
63	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	124.28										
67	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	124.28	00 15									
63	45338	SIGMOIDOSCOPY, FLEXIBLE;	311.35										
67	45338	SIGMOIDOSCOPY, FLEXIBLE;	311.35	00 15									
63	45340	SIG W/BALLOON DILATION	466.95										
67	45340	SIG W/BALLOON DILATION	466.95	00 15									
63	45341	SIGMOIDOSCOPY W/ULTRASOUND	133.14			X							
67	45341	SIGMOIDOSCOPY W/ULTRASOUND	133.14	00 15		X							
63	45342	SIGMOIDOSCOPY W/US GUIDE BX	184.89										
67	45342	SIGMOIDOSCOPY W/US GUIDE BX	184.89	00 15									
63	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,324.90										
67	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,324.90	00 15									
63	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	165.82										
67	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	165.82	00 15									
63	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	214.22										
67	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	214.22	00 15									
63	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	684.03										
67	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	684.03	00 15									
63	45378	DIAGNOSTIC COLONOSCOPY	178.94										
67	45378	DIAGNOSTIC COLONOSCOPY	178.94	00 15									
63	45379	COLONOSCOPY	459.17										
67	45379	COLONOSCOPY	459.17	00 15									
63	45380	COLONOSCOPY AND BIOPSY	454.53										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	45380	COLONOSCOPY AND BIOPSY	454.53	00 15									
63	45381	COLONOSCOPY, SUBMUCOUS INJ	463.40										
67	45381	COLONOSCOPY, SUBMUCOUS INJ	463.40	00 15									
63	45382	COLONOSCOPY,CONTROL BLEEDING	693.43										
67	45382	COLONOSCOPY,CONTROL BLEEDING	693.43	00 15									
63	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	513.29										
67	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	513.29	00 15									
63	45385	COLONOSCOPY, LESION REMOVAL	479.34										
67	45385	COLONOSCOPY, LESION REMOVAL	479.34	00 15									
63	45386	COLONOSCOPY DILATE STRICTURE	633.60										
67	45386	COLONOSCOPY DILATE STRICTURE	633.60	00 15									
63	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,496.43										
67	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,496.43	00 15									
63	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	314.04										
67	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	314.04	00 15									
63	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	359.28										
67	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	359.28	00 15									
63	45391	COLONOSCOPY W/ENDOSCOPE US	278.53										
67	45391	COLONOSCOPY W/ENDOSCOPE US	278.53	00 15									
63	45392	COLONOSCOPY W/ENDOSCOPIC FNB	328.89										
67	45392	COLONOSCOPY W/ENDOSCOPIC FNB	328.89	00 15									
63	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	273.25										
67	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	273.25	00 15									
63	45395	LAP, REMOVAL OF RECTUM	2,141.84										
67	45395	LAP, REMOVAL OF RECTUM	2,141.84	00 15									
63	45397	LAP, REMOVE RECTUM W/POUCH	2,322.08										
67	45397	LAP, REMOVE RECTUM W/POUCH	2,322.08	00 15									
63	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	855.34										
67	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	855.34	00 15									
63	45400	LAPAROSCOPIC PROCTOPEXY	1,239.62										
67	45400	LAPAROSCOPIC PROCTOPEXY	1,239.62	00 15									
63	45402	LAP PROCTOPEXY W/SIG RESECT	1,667.93										
67	45402	LAP PROCTOPEXY W/SIG RESECT	1,667.93	00 15									
63	45500	REPAIR OF RECTUM	624.97										
67	45500	REPAIR OF RECTUM	624.97	00 15									
63	45505	REPAIR OF RECTUM	654.19										
67	45505	REPAIR OF RECTUM	654.19	00 15									
63	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	166.79										
67	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	166.79	00 15									
63	45540	CORRECT RECTAL PROLAPSE	1,154.72										
67	45540	CORRECT RECTAL PROLAPSE	1,154.72	00 15									
63	45541	CORRECT RECTAL PROLAPSE	1,028.34										
67	45541	CORRECT RECTAL PROLAPSE	1,028.34	00 15									
63	45550	REPAIR RECTUM;REMOVE SIGMOID	1,600.45										
67	45550	REPAIR RECTUM;REMOVE SIGMOID	1,600.45	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	45560	REPAIR OF RECTOCELE	758.68										
67	45560	REPAIR OF RECTOCELE	758.68	00 15									
63	45562	EXPLORATION/REPAIR OF RECTUM	1,246.22										
67	45562	EXPLORATION/REPAIR OF RECTUM	1,246.22	00 15									
63	45563	EXPLORATION/REPAIR OF RECTUM	1,837.57										
67	45563	EXPLORATION/REPAIR OF RECTUM	1,837.57	00 15									
63	45800	REPAIR RECTUMBLADDER FISTULA	1,410.43										
67	45800	REPAIR RECTUMBLADDER FISTULA	1,410.43	00 15									
63	45805	REPAIR FISTULA; COLOSTOMY	1,626.95										
67	45805	REPAIR FISTULA; COLOSTOMY	1,626.95	00 15									
63	45820	REPAIR RECTOURETHRAL FISTULA	1,414.15										
67	45820	REPAIR RECTOURETHRAL FISTULA	1,414.15	00 15									
63	45825	REPAIR FISTULA; COLOSTOMY	1,702.19										
67	45825	REPAIR FISTULA; COLOSTOMY	1,702.19	00 15									
63	45900	REDUCTION OF RECTAL PROLAPSE	233.70										
67	45900	REDUCTION OF RECTAL PROLAPSE	233.70	00 15									
63	45905	DILATION OF ANAL SPHINCTER	184.79										
67	45905	DILATION OF ANAL SPHINCTER	184.79	00 15									
63	45910	DILATION OF RECTAL NARROWING	210.12										
67	45910	DILATION OF RECTAL NARROWING	210.12	00 15									
63	45915	REMOVE RECTAL OBSTRUCTION	373.47										
67	45915	REMOVE RECTAL OBSTRUCTION	373.47	00 15									
63	45990	SURG DX EXAM, ANORECTAL	114.86		X								
67	45990	SURG DX EXAM, ANORECTAL	114.86	00 15	X								
63	46020	PLACEMENT OF SETON	127.61										
67	46020	PLACEMENT OF SETON	127.61	00 15									
63	46030	REMOVAL OF RECTAL MARKER	266.37										
67	46030	REMOVAL OF RECTAL MARKER	266.37	00 15									
63	46040	INCISION OF RECTAL ABSCESS	592.02										
67	46040	INCISION OF RECTAL ABSCESS	592.02	00 15									
63	46045	INCISION OF RECTAL ABSCESS	477.07										
67	46045	INCISION OF RECTAL ABSCESS	477.07	00 15									
63	46050	INCISION OF ANAL ABSCESS	245.97										
67	46050	INCISION OF ANAL ABSCESS	245.97	00 15									
63	46060	INCISION OF RECTAL ABSCESS	528.33										
67	46060	INCISION OF RECTAL ABSCESS	528.33	00 15									
63	46070	INCISION OF ANAL SEPTUM	292.49										
67	46070	INCISION OF ANAL SEPTUM	292.49	00 15									
63	46080	INCISION OF ANAL SPHINCTER	306.03										
67	46080	INCISION OF ANAL SPHINCTER	306.03	00 15									
63	46083	EXC EXT.THROMBOSED HEMORRHOID	217.91									X	
67	46083	EXC EXT.THROMBOSED HEMORRHOID	217.91	00 15								X	
63	46200	REMOVAL OF ANAL FISSURE	498.84										
67	46200	REMOVAL OF ANAL FISSURE	498.84	00 15									
63	46220	REMOVAL OF ANAL TAB	262.40										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	46220	REMOVAL OF ANAL TAB	262.40	00 15									
63	46221	LIGATION OF HEMORRHOID(S)	298.44										
67	46221	LIGATION OF HEMORRHOID(S)	298.44	00 15									
63	46230	REMOVAL OF ANAL TABS	329.48										
67	46230	REMOVAL OF ANAL TABS	329.48	00 15									
63	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	506.86										
67	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	506.86	00 15									
63	46255	HEMORRHOIDECTOMY	553.96										
67	46255	HEMORRHOIDECTOMY	553.96	00 15									
63	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	449.75										
67	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	449.75	00 15									
63	46258	REMOVE HEMORRHOIDS & FISTULA	527.58										
67	46258	REMOVE HEMORRHOIDS & FISTULA	527.58	00 15									
63	46260	HEMORRHOIDECTOMY	526.04										
67	46260	HEMORRHOIDECTOMY	526.04	00 15									
63	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	578.55										
67	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	578.55	00 15									
63	46262	REMOVE HEMORRHOIDS & FISTULA	643.93										
67	46262	REMOVE HEMORRHOIDS & FISTULA	643.93	00 15									
63	46270	SURGICAL TREATMENT OF ANAL FISTULA	568.46										
67	46270	SURGICAL TREATMENT OF ANAL FISTULA	568.46	00 15									
63	46275	REMOVAL OF ANAL FISTULA	599.42										
67	46275	REMOVAL OF ANAL FISTULA	599.42	00 15									
63	46280	REMOVAL OF ANAL FISTULA	521.51										
67	46280	REMOVAL OF ANAL FISTULA	521.51	00 15									
63	46285	SURGICAL TREATMENT OF ANAL FISTULA	596.99										
67	46285	SURGICAL TREATMENT OF ANAL FISTULA	596.99	00 15									
63	46288	REPAIR ANAL FISTULA	606.65										
67	46288	REPAIR ANAL FISTULA	606.65	00 15									
63	46320	REMOVAL OF HEMORRHOID CLOT	224.13										
67	46320	REMOVAL OF HEMORRHOID CLOT	224.13	00 15									
63	46500	INJECTION TREATMENT OF ANUS	326.18										
67	46500	INJECTION TREATMENT OF ANUS	326.18	00 15									
63	46505	CHEMODENERVATION ANAL MUSC	335.90										
67	46505	CHEMODENERVATION ANAL MUSC	335.90	00 15									
63	46600	ANOSCOPY; DIAGNOSTIC	123.23										
67	46600	ANOSCOPY; DIAGNOSTIC	123.23	00 15									
63	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	158.63										
67	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	158.63	00 15									
63	46604	ANOSCOPY WITH DIRECT DILATION	664.62										
67	46604	ANOSCOPY WITH DIRECT DILATION	664.62	00 15									
63	46606	ANOSCOPY WITH BIOPSY	289.47										
67	46606	ANOSCOPY WITH BIOPSY	289.47	00 15									
63	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	219.42										
67	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	219.42	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	46608	ANOSCOPY;REMOVE FOREIGN BODY	303.98										
67	46608	ANOSCOPY;REMOVE FOREIGN BODY	303.98	00 15									
63	46610	ANOSCOPY; REMOVE POLYP	287.36										
67	46610	ANOSCOPY; REMOVE POLYP	287.36	00 15									
63	46611	ANOSCOPY;	232.02										
67	46611	ANOSCOPY;	232.02	00 15									
63	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	347.10										
67	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	347.10	00 15									
63	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	176.24										
67	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	176.24	00 15									
63	46615	ANOSCOPY;	186.76										
67	46615	ANOSCOPY;	186.76	00 15									
63	46700	REPAIR OF ANAL STRICTURE	713.96										
67	46700	REPAIR OF ANAL STRICTURE	713.96	00 15									
63	46705	REPAIR OF ANAL STRICTURE	626.27										
67	46705	REPAIR OF ANAL STRICTURE	626.27	00 15									
63	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	196.35									X	
67	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	196.35	00 15								X	
63	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	550.42										
67	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	550.42	00 15									
63	46710	REPR PER/VAG POUCH SNGL PROC	1,229.65										
67	46710	REPR PER/VAG POUCH SNGL PROC	1,229.65	00 15									
63	46712	REPR PER/VAG POUCH DBL PROC	2,462.51										
67	46712	REPR PER/VAG POUCH DBL PROC	2,462.51	00 15									
63	46715	REPAIR OF ANOVAGINAL FISTULA	610.63										
67	46715	REPAIR OF ANOVAGINAL FISTULA	610.63	00 15									
63	46716	REPAIR OF ANOVAGINAL FISTULA	1,356.30										
67	46716	REPAIR OF ANOVAGINAL FISTULA	1,356.30	00 15									
63	46730	CONSTRUCTION OF ABSENT ANUS	2,197.95										
67	46730	CONSTRUCTION OF ABSENT ANUS	2,197.95	00 15									
63	46735	CONSTRUCTION OF ABSENT ANUS	2,533.11										
67	46735	CONSTRUCTION OF ABSENT ANUS	2,533.11	00 15									
63	46740	CONSTRUCTION OF ABSENT ANUS	2,399.92										
67	46740	CONSTRUCTION OF ABSENT ANUS	2,399.92	00 15									
63	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,777.42										
67	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,777.42	00 15									
63	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,929.99				F						
67	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,929.99	00 15			F						
63	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,331.60				F						
67	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,331.60	00 15			F						
63	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,696.53				F						
67	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,696.53	00 15			F						
63	46750	REPAIR OF ANAL SPHINCTER	820.45										
67	46750	REPAIR OF ANAL SPHINCTER	820.45	00 15									
63	46751	REPAIR OF ANAL SPHINCTER	736.44										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	46751	REPAIR OF ANAL SPHINCTER	736.44	00 15									
63	46753	RECONSTRUCTION OF ANUS	683.99										
67	46753	RECONSTRUCTION OF ANUS	683.99	00 15									
63	46754	REMOVAL OF SUTURE FROM ANUS	366.47										
67	46754	REMOVAL OF SUTURE FROM ANUS	366.47	00 15									
63	46760	REPAIR OF ANAL SPHINCTER	1,198.25										
67	46760	REPAIR OF ANAL SPHINCTER	1,198.25	00 15									
63	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	1,004.96										
67	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	1,004.96	00 15									
63	46900	REMOVAL OF ANAL LESION	250.54										
67	46900	REMOVAL OF ANAL LESION	250.54	00 15									
63	46910	REMOVAL OF ANAL LESION	275.22										
67	46910	REMOVAL OF ANAL LESION	275.22	00 15									
63	46916	CRYSOSURGERY-ANAL LESIONS ,	271.53									X	
67	46916	CRYSOSURGERY-ANAL LESIONS ,	271.53	00 15								X	
63	46917	DESTROY ANAL LESION(S); LASER SURG	460.53										
67	46917	DESTROY ANAL LESION(S); LASER SURG	460.53	00 15									
63	46922	DESTROY ANAL LESION(S)-SURG EXCISION	327.89										
67	46922	DESTROY ANAL LESION(S)-SURG EXCISION	327.89	00 15									
63	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	567.87										
67	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	567.87	00 15									
63	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	225.81										
67	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	225.81	00 15									
63	46940	TREATMENT OF ANAL FISSURE	281.78										
67	46940	TREATMENT OF ANAL FISSURE	281.78	00 15									
63	46942	TREATMENT OF ANAL FISSURE	266.89										
67	46942	TREATMENT OF ANAL FISSURE	266.89	00 15									
63	46945	LIGATION OF HEMORRHOIDS	361.97										
67	46945	LIGATION OF HEMORRHOIDS	361.97	00 15									
63	46946	LIGATION OF HEMORRHOIDS	408.30										
67	46946	LIGATION OF HEMORRHOIDS	408.30	00 15									
63	46947	HEMORRHOIDOPEXY BY STAPLING	426.09										
67	46947	HEMORRHOIDOPEXY BY STAPLING	426.09	00 15									
63	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	481.13										
67	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	481.13	00 15									
63	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	311.88										
67	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	311.88	00 15									
63	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	115.62										
67	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	115.62	00 15									
63	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,343.60										
67	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,343.60	00 15									
63	47015	INJECT/ASPIRATE LIVER CYST	1,292.13										
67	47015	INJECT/ASPIRATE LIVER CYST	1,292.13	00 15									
63	47100	WEDGE BIOPSY OF LIVER	936.70										
67	47100	WEDGE BIOPSY OF LIVER	936.70	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
63	47120	PARTIAL REMOVAL OF LIVER	2,592.91										
67	47120	PARTIAL REMOVAL OF LIVER	2,592.91	00 15									
63	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,808.03										
67	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,808.03	00 15									
63	47125	PARTIAL REMOVAL OF LIVER	3,423.05										
67	47125	PARTIAL REMOVAL OF LIVER	3,423.05	00 15									
63	47130	PARTIAL REMOVAL OF LIVER	3,678.14										
67	47130	PARTIAL REMOVAL OF LIVER	3,678.14	00 15									
63	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,980.79		X								
67	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,980.79	00 15	X								
63	47140	PARTIAL REMOVAL, DONOR LIVER	3,964.08		X								
67	47140	PARTIAL REMOVAL, DONOR LIVER	3,964.08	00 15	X								
63	47141	PARTIAL REMOVAL, DONOR LIVER	4,741.08		X								
67	47141	PARTIAL REMOVAL, DONOR LIVER	4,741.08	00 15	X								
63	47142	PARTIAL REMOVAL, DONOR LIVER	5,207.28		X								
67	47142	PARTIAL REMOVAL, DONOR LIVER	5,207.28	00 15	X								
63	47146	PREP DONOR LIVER/VENOUS	365.60		X								
67	47146	PREP DONOR LIVER/VENOUS	365.60	00 15	X								
63	47147	PREP DONOR LIVER/ARTERIAL	425.81		X								
67	47147	PREP DONOR LIVER/ARTERIAL	425.81	00 15	X								
63	47300	SURGERY FOR LIVER LESION	1,259.63										
67	47300	SURGERY FOR LIVER LESION	1,259.63	00 15									
63	47350	REPAIR LIVER WOUND	1,516.20										
67	47350	REPAIR LIVER WOUND	1,516.20	00 15									
63	47360	REPAIR LIVER WOUND	2,084.84										
67	47360	REPAIR LIVER WOUND	2,084.84	00 15									
63	47361	REPAIR LIVER WOUND	3,358.66										
67	47361	REPAIR LIVER WOUND	3,358.66	00 15									
63	47362	REPAIR LIVER WOUND	1,589.25										
67	47362	REPAIR LIVER WOUND	1,589.25	00 15									
63	47370	LAPARO ABLATE LIVER TUMOR RF	1,394.79										
67	47370	LAPARO ABLATE LIVER TUMOR RF	1,394.79	00 15									
63	47371	LAPARO ABLATE LIVER CRYOSUG	1,401.33										
67	47371	LAPARO ABLATE LIVER CRYOSUG	1,401.33	00 15									
63	47380	OPEN ABLATE LIVER TUMOR RF	1,607.88										
67	47380	OPEN ABLATE LIVER TUMOR RF	1,607.88	00 15									
63	47381	OPEN ABLATE LIVER TUMOR CRYO	1,649.77										
67	47381	OPEN ABLATE LIVER TUMOR CRYO	1,649.77	00 15									
63	47382	PERCUT ABLATE LIVER RF	3,775.66										
67	47382	PERCUT ABLATE LIVER RF	3,775.66	00 15									
63	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,049.97										
67	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,049.97	00 15									
63	47400	INCISION OF LIVER DUCT	2,393.32										
67	47400	INCISION OF LIVER DUCT	2,393.32	00 15									
63	47420	INCISION OF BILE DUCT	1,479.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	47420	INCISION OF BILE DUCT	1,479.38	00 15									
63	47425	INCISION OF BILE DUCT	1,519.97										
67	47425	INCISION OF BILE DUCT	1,519.97	00 15									
63	47460	INCISE BILE DUCT SPHINCTER	1,410.28										
67	47460	INCISE BILE DUCT SPHINCTER	1,410.28	00 15									
63	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	967.28										
67	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	967.28	00 15									
63	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	353.71										
67	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	353.71	00 15									
63	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	434.66										
67	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	434.66	00 15									
63	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	866.17										
67	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	866.17	00 15									
63	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,202.91										
67	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,202.91	00 15									
63	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,327.04										
67	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,327.04	00 15									
63	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	915.19										
67	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	915.19	00 15									
63	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	654.93										
67	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	654.93	00 15									
63	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	506.37										
67	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	506.37	00 15									
63	47538	PLACEMENT OF STENT(S) INTO A BILE DU	3,824.26										
67	47538	PLACEMENT OF STENT(S) INTO A BILE DU	3,824.26	00 15									
63	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,283.50										
67	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,283.50	00 15									
63	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,322.06										
67	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,322.06	00 15									
63	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,205.10										
67	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,205.10	00 15									
63	47542	BALLOON DILATION OF BILIARY DUCT(S)	517.13										
67	47542	BALLOON DILATION OF BILIARY DUCT(S)	517.13	00 15									
63	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	409.94										
67	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	409.94	00 15									
63	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	859.92										
67	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	859.92	00 15									
63	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	183.02										
67	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	183.02	00 15									
63	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	305.94										
67	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	305.94	00 15									
63	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	308.80										
67	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	308.80	00 15									
63	47554	BILIARY ENDOSCOPY...; REMOVE STONES	491.74										
67	47554	BILIARY ENDOSCOPY...; REMOVE STONES	491.74	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	367.42										
67	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	367.42	00 15									
63	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	416.22										
67	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	416.22	00 15									
63	47562	LAPAROSCOPIC CHOLECYSTECTOMY	731.89										
67	47562	LAPAROSCOPIC CHOLECYSTECTOMY	731.89	00 15									
63	47563	LAPARO CHOLECYSTECTOMY/GRAPH	798.49										
67	47563	LAPARO CHOLECYSTECTOMY/GRAPH	798.49	00 15									
63	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,240.56										
67	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,240.56	00 15									
63	47570	LAPARO CHOLECYSTOENTEROSTOMY	864.22										
67	47570	LAPARO CHOLECYSTOENTEROSTOMY	864.22	00 15									
63	47600	REMOVAL OF GALLBLADDER	1,187.81										
67	47600	REMOVAL OF GALLBLADDER	1,187.81	00 15									
63	47605	REMOVAL OF GALLBLADDER	1,253.92										
67	47605	REMOVAL OF GALLBLADDER	1,253.92	00 15									
63	47610	REMOVAL OF GALLBLADDER	1,394.44										
67	47610	REMOVAL OF GALLBLADDER	1,394.44	00 15									
63	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,417.80										
67	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,417.80	00 15									
63	47620	REMOVAL OF GALLBLADDER	1,532.01										
67	47620	REMOVAL OF GALLBLADDER	1,532.01	00 15									
63	47700	EXPLORATION OF BILE DUCTS	1,173.97										
67	47700	EXPLORATION OF BILE DUCTS	1,173.97	00 15									
63	47701	PORTENTEROSTOMY	1,931.63										
67	47701	PORTENTEROSTOMY	1,931.63	00 15									
63	47711	EXCISION OF BILE DUCT TUMOR	1,732.15										
67	47711	EXCISION OF BILE DUCT TUMOR	1,732.15	00 15									
63	47712	EXCISION OF BILE DUCT TUMOR	2,223.21										
67	47712	EXCISION OF BILE DUCT TUMOR	2,223.21	00 15									
63	47715	EXCISE CHOLEDOCHAL CYST	1,478.37										
67	47715	EXCISE CHOLEDOCHAL CYST	1,478.37	00 15									
63	47720	FUSE GALLBLADDER & BOWEL	1,282.78										
67	47720	FUSE GALLBLADDER & BOWEL	1,282.78	00 15									
63	47721	FUSE UPPER GI STRUCTURES	1,506.02										
67	47721	FUSE UPPER GI STRUCTURES	1,506.02	00 15									
63	47740	FUSE GALLBLADDER & BOWEL	1,458.77										
67	47740	FUSE GALLBLADDER & BOWEL	1,458.77	00 15									
63	47741	FUSE GALLBLADDER & BOWEL	1,640.91										
67	47741	FUSE GALLBLADDER & BOWEL	1,640.91	00 15									
63	47760	FUSE BILE DUCTS AND BOWEL	2,503.66										
67	47760	FUSE BILE DUCTS AND BOWEL	2,503.66	00 15									
63	47765	FUSE LIVER DUCTS & BOWEL	3,282.90										
67	47765	FUSE LIVER DUCTS & BOWEL	3,282.90	00 15									
63	47780	FUSE BILE DUCTS AND BOWEL	2,752.92										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	47780	FUSE BILE DUCTS AND BOWEL	2,752.92	00 15									
63	47785	FUSE BILE DUCTS AND BOWEL	3,604.92										
67	47785	FUSE BILE DUCTS AND BOWEL	3,604.92	00 15									
63	47800	RECONSTRUCTION OF BILE DUCTS	1,728.13										
67	47800	RECONSTRUCTION OF BILE DUCTS	1,728.13	00 15									
63	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,237.49										
67	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,237.49	00 15									
63	47802	U-TUBE HEPATICOENTEROSTOMY	1,694.64										
67	47802	U-TUBE HEPATICOENTEROSTOMY	1,694.64	00 15									
63	47900	SUTURE BILE DUCT INJURY	1,533.51										
67	47900	SUTURE BILE DUCT INJURY	1,533.51	00 15									
63	48000	DRAINAGE OF ABDOMEN	2,096.89										
67	48000	DRAINAGE OF ABDOMEN	2,096.89	00 15									
63	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,570.05										
67	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,570.05	00 15									
63	48020	REMOVAL OF PANCREATIC STONE	1,311.50										
67	48020	REMOVAL OF PANCREATIC STONE	1,311.50	00 15									
63	48100	BIOPSY OF PANCREAS	984.90										
67	48100	BIOPSY OF PANCREAS	984.90	00 15									
63	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	542.17										
67	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	542.17	00 15									
63	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,133.94										
67	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,133.94	00 15									
63	48120	REMOVAL OF PANCREAS LESION	1,240.68										
67	48120	REMOVAL OF PANCREAS LESION	1,240.68	00 15									
63	48140	PARTIAL REMOVAL OF PANCREAS	1,742.25										
67	48140	PARTIAL REMOVAL OF PANCREAS	1,742.25	00 15									
63	48145	PARTIAL REMOVAL OF PANCREAS	1,818.29										
67	48145	PARTIAL REMOVAL OF PANCREAS	1,818.29	00 15									
63	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,091.63										
67	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,091.63	00 15									
63	48148	REMOVAL OF PANCREATIC DUCT	1,391.08										
67	48148	REMOVAL OF PANCREATIC DUCT	1,391.08	00 15									
63	48150	PARTIAL REMOVAL OF PANCREAS	3,462.23										
67	48150	PARTIAL REMOVAL OF PANCREAS	3,462.23	00 15									
63	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,212.04										
67	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,212.04	00 15									
63	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,453.85										
67	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,453.85	00 15									
63	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,225.16										
67	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,225.16	00 15									
63	48155	REMOVAL OF PANCREAS	2,022.61										
67	48155	REMOVAL OF PANCREAS	2,022.61	00 15									
63	48500	SURGERY OF PANCREAS CYST	1,275.43										
67	48500	SURGERY OF PANCREAS CYST	1,275.43	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,216.26										
67	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,216.26	00 15									
63	48520	FUSE PANCREAS CYST AND BOWEL	1,225.22										
67	48520	FUSE PANCREAS CYST AND BOWEL	1,225.22	00 15									
63	48540	FUSE PANCREAS CYST AND BOWEL	1,456.83										
67	48540	FUSE PANCREAS CYST AND BOWEL	1,456.83	00 15									
63	48545	PANCREATORRHAPHY FOR TRAUMA	1,498.35										
67	48545	PANCREATORRHAPHY FOR TRAUMA	1,498.35	00 15									
63	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,996.82										
67	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,996.82	00 15									
63	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,861.29										
67	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,861.29	00 15									
63	48552	PREP DONOR PANCREAS/VENOUS	262.81		X								
67	48552	PREP DONOR PANCREAS/VENOUS	262.81	00 15	X								
63	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,867.42		X								
67	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,867.42	00 15	X								
63	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,421.30		X								
67	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,421.30	00 15	X								
63	49000	EXPLORATION OF ABDOMEN	851.31		X								
67	49000	EXPLORATION OF ABDOMEN	851.31	00 15	X								
63	49002	REEXPLORATION OF ABDOMEN	1,157.68										
67	49002	REEXPLORATION OF ABDOMEN	1,157.68	00 15									
63	49010	EXPLORE,RETROPERITONEAL AREA	1,024.54										
67	49010	EXPLORE,RETROPERITONEAL AREA	1,024.54	00 15									
63	49013	PREPERITONEAL PELVIC PACKING FOR HEM	509.35										
67	49013	PREPERITONEAL PELVIC PACKING FOR HE	509.35	00 15									
63	49014	RE-EXPLORATION OF PELVIC WOUND WITH	422.14										
67	49014	RE-EXPLORATION OF PELVIC WOUND WITH	422.14	00 15									
63	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,765.20										
67	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,765.20	00 15									
63	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,112.80										
67	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,112.80	00 15									
63	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,213.15										
67	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,213.15	00 15									
63	49062	DRAIN TO PERITONEAL CAVITY	853.53										
67	49062	DRAIN TO PERITONEAL CAVITY	853.53	00 15									
63	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	219.77										
67	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	219.77	00 15									
63	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	305.42										
67	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	305.42	00 15									
63	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	119.55										
67	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	119.55	00 15									
63	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	184.42										
67	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	184.42	00 15									
63	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,288.94										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,288.94	00 15									
63	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,323.75										
67	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,323.75	00 15									
63	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,686.72										
67	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,686.72	00 15									
63	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,937.76										
67	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,937.76	00 15									
63	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,428.22										
67	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,428.22	00 15									
63	49250	EXCISION OF UMBILICUS	655.34										
67	49250	EXCISION OF UMBILICUS	655.34	00 15									
63	49255	OMENTECTOMY,...RESECT OMENTUM	873.53		X								
67	49255	OMENTECTOMY,...RESECT OMENTUM	873.53	00 15	X								
63	49320	DIAG LAPARO SEPARATE PROC	363.16		X								
67	49320	DIAG LAPARO SEPARATE PROC	363.16	00 15	X								
63	49321	LAPAROSCOPY, BIOPSY	380.38		X								
67	49321	LAPAROSCOPY, BIOPSY	380.38	00 15	X								
63	49322	LAPAROSCOPY, ASPIRATION	415.26		X								
67	49322	LAPAROSCOPY, ASPIRATION	415.26	00 15	X								
63	49323	LAPARO DRAIN LYMPHOCELE	704.33		X								
67	49323	LAPARO DRAIN LYMPHOCELE	704.33	00 15	X								
63	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	430.39										
67	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	430.39	00 15									
63	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	459.45										
67	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	459.45	00 15									
63	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	210.29										
67	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	210.29	00 15									
63	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	145.13										
67	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	145.13	00 15									
63	49400	AIR INJECTION INTO ABDOMEN	160.07										
67	49400	AIR INJECTION INTO ABDOMEN	160.07	00 15									
63	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	948.14										
67	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	948.14	00 15									
63	49405	Fluid collection drainage by cathete	914.23										
67	49405	Fluid collection drainage by cathete	914.23	00 15									
63	49406	Fluid collection drainage by cathete	914.56										
67	49406	Fluid collection drainage by cathete	914.56	00 15									
63	49407	Fluid collection drainage by cathete	777.78										
67	49407	Fluid collection drainage by cathete	777.78	00 15									
63	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	502.74										
67	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	502.74	00 15									
63	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	91.57										
67	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	91.57	00 15									
63	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,012.58										
67	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,012.58	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	49419	INSERTION OF TUNNELED INTRAPERITONEA	463.72										
67	49419	INSERTION OF TUNNELED INTRAPERITONEA	463.72	00 15									
63	49421	INSERTION OF TUNNELED INTRAPERITONEA	252.40										
67	49421	INSERTION OF TUNNELED INTRAPERITONEA	252.40	00 15									
63	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	245.72										
67	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	245.72	00 15									
63	49423	EXCHANGE DRAINAGE CATH	603.74										
67	49423	EXCHANGE DRAINAGE CATH	603.74	00 15									
63	49424	ASSESS CYST, CONTRAST INJ	187.81										
67	49424	ASSESS CYST, CONTRAST INJ	187.81	00 15									
63	49425	PERITONEAL-VENOUS SHUNT	865.83										
67	49425	PERITONEAL-VENOUS SHUNT	865.83	00 15									
63	49426	REVISION OF PERITONEAL-VENOUS SHUNT	743.85										
67	49426	REVISION OF PERITONEAL-VENOUS SHUNT	743.85	00 15									
63	49427	INJECTION PROCEDURE (EG, CONTRAST ME	43.52										
67	49427	INJECTION PROCEDURE (EG, CONTRAST ME	43.52	00 15									
63	49428	LIGATION OF SHUNT	478.47										
67	49428	LIGATION OF SHUNT	478.47	00 15									
63	49429	REMOVAL OF SHUNT	510.02										
67	49429	REMOVAL OF SHUNT	510.02	00 15									
63	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	132.48										
67	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	132.48	00 15									
63	49436	DELAYED CREATION OF EXIT SITE FROM E	564.47										
67	49436	DELAYED CREATION OF EXIT SITE FROM E	564.47	00 15									
63	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	860.37										
67	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	860.37	00 15									
63	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	978.96										
67	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	978.96	00 15									
63	49442	INSERTION OF CECOSTOMY OR OTHER COLO	820.30										
67	49442	INSERTION OF CECOSTOMY OR OTHER COLO	820.30	00 15									
63	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	821.37										
67	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	821.37	00 15									
63	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	610.58										
67	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	610.58	00 15									
63	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	653.91										
67	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	653.91	00 15									
63	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	797.63										
67	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	797.63	00 15									
63	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	713.19										
67	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	713.19	00 15									
63	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	140.10										
67	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	140.10	00 15									
63	49491	REPAIRING HERN PREMIE REDUC	887.15										
67	49491	REPAIRING HERN PREMIE REDUC	887.15	00 15									
63	49492	RPR ING HERN PREMIE, BLOCKED	1,067.27										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	49492	RPR ING HERN PREMIE, BLOCKED	1,067.27	00	15									
63	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	453.75											
67	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	453.75	00	15									
63	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	682.39											
67	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	682.39	00	15									
63	49500	REPAIR INITIAL INGUINAL HERNIA..	458.89	00	04					X				
67	49500	REPAIR INITIAL INGUINAL HERNIA..	458.89	00	04					X				
63	49501	REPAIR INITIAL INGUINAL HERNIA..	673.69	00	04									
67	49501	REPAIR INITIAL INGUINAL HERNIA..	673.69	00	04									
63	49505	REPAIR INGUINAL HERNIA	579.50	05	99									
67	49505	REPAIR INGUINAL HERNIA	579.50	05	15									
63	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	652.36	05	99									
67	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	652.36	05	15									
63	49520	REREPAIR INGUINAL HERNIA	703.36											
67	49520	REREPAIR INGUINAL HERNIA	703.36	00	15									
63	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	797.10											
67	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	797.10	00	15									
63	49525	REPAIR INGUINAL HERNIA	637.15											
67	49525	REPAIR INGUINAL HERNIA	637.15	00	15									
63	49540	REPAIR LUMBAR HERNIA	754.60											
67	49540	REPAIR LUMBAR HERNIA	754.60	00	15									
63	49550	REPAIR FEMORAL HERNIA	641.82											
67	49550	REPAIR FEMORAL HERNIA	641.82	00	15									
63	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	702.83											
67	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	702.83	00	15									
63	49555	REPAIR FEMORAL HERNIA	671.94											
67	49555	REPAIR FEMORAL HERNIA	671.94	00	15									
63	49557	REPAIR RECURRENT FEMORAL HERNIA;	805.25											
67	49557	REPAIR RECURRENT FEMORAL HERNIA;	805.25	00	15									
63	49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA	381.72											
67	49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA	381.72	00	15									
63	49592	REPAIR OF ANTERIOR ABDOMINAL HERNIA	532.46											
67	49592	REPAIR OF ANTERIOR ABDOMINAL HERNIA	532.46	00	15									
63	49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA	641.37											
67	49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA	641.37	00	15									
63	49594	REPAIR OF ANTERIOR ABDOMINAL HERNIA	836.11											
67	49594	REPAIR OF ANTERIOR ABDOMINAL HERNIA	836.11	00	15									
63	49595	REPAIR OF ANTERIOR ABDOMINAL HERNIA	862.71											
67	49595	REPAIR OF ANTERIOR ABDOMINAL HERNIA	862.71	00	15									
63	49596	REPAIR OF ANTERIOR ABDOMINAL HERNIA	1,146.15											
67	49596	REPAIR OF ANTERIOR ABDOMINAL HERNIA	1,146.15	00	15									
63	49600	REPAIR UMBILICAL LESION	816.42											
67	49600	REPAIR UMBILICAL LESION	816.42	00	15									
63	49605	REPAIR UMBILICAL LESION	5,489.72											
67	49605	REPAIR UMBILICAL LESION	5,489.72	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	49606	REPAIR UMBILICAL LESION	1,265.91										
67	49606	REPAIR UMBILICAL LESION	1,265.91	00 15									
63	49610	REPAIR UMBILICAL LESION	771.68										
67	49610	REPAIR UMBILICAL LESION	771.68	00 15									
63	49611	REPAIR UMBILICAL LESION	678.26										
67	49611	REPAIR UMBILICAL LESION	678.26	00 15									
63	49613	REPAIR OF ANTERIOR ABDOMINAL HERNIA	470.60										
67	49613	REPAIR OF ANTERIOR ABDOMINAL HERNIA	470.60	00 15									
63	49614	REPAIR OF ANTERIOR ABDOMINAL HERNIA	639.99										
67	49614	REPAIR OF ANTERIOR ABDOMINAL HERNIA	639.99	00 15									
63	49615	REPAIR OF ANTERIOR ABDOMINAL HERNIA	715.76										
67	49615	REPAIR OF ANTERIOR ABDOMINAL HERNIA	715.76	00 15									
63	49616	REPAIR OF ANTERIOR ABDOMINAL HERNIA	962.58										
67	49616	REPAIR OF ANTERIOR ABDOMINAL HERNIA	962.58	00 15									
63	49617	REPAIR OF ANTERIOR ABDOMINAL HERNIA	990.42										
67	49617	REPAIR OF ANTERIOR ABDOMINAL HERNIA	990.42	00 15									
63	49618	REPAIR OF ANTERIOR ABDOMINAL HERNIA	1,389.59										
67	49618	REPAIR OF ANTERIOR ABDOMINAL HERNIA	1,389.59	00 15									
63	49621	REPAIR OF PARASTOMAL HERNIA, ANY APP	828.94										
67	49621	REPAIR OF PARASTOMAL HERNIA, ANY APP	828.94	00 15									
63	49622	REPAIR OF PARASTOMAL HERNIA, ANY APP	1,023.45										
67	49622	REPAIR OF PARASTOMAL HERNIA, ANY APP	1,023.45	00 15									
63	49623	REMOVAL OF TOTAL OR NEAR TOTAL NON-I	221.06										
67	49623	REMOVAL OF TOTAL OR NEAR TOTAL NON-I	221.06	00 15									
63	49650	LAP ING HERNIA REPAIR INIT	477.76										
67	49650	LAP ING HERNIA REPAIR INIT	477.76	00 15									
63	49651	LAP ING HERNIA REPAIR RECUR	624.80										
67	49651	LAP ING HERNIA REPAIR RECUR	624.80	00 15									
63	49900	REPAIR OF ABDOMINAL WALL	903.90										
67	49900	REPAIR OF ABDOMINAL WALL	903.90	00 15									
63	49904	OMENTAL FLAP, EXTRA-ABDOM	1,531.63										
67	49904	OMENTAL FLAP, EXTRA-ABDOM	1,531.63	00 15									
63	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	393.05										
67	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	393.05	00 15									
63	50010	EXPLORATION OF KIDNEY	817.01										
67	50010	EXPLORATION OF KIDNEY	817.01	00 15									
63	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,100.80										
67	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,100.80	00 15									
63	50040	DRAINAGE OF KIDNEY	1,004.53										
67	50040	DRAINAGE OF KIDNEY	1,004.53	00 15									
63	50045	EXPLORATION OF KIDNEY	1,012.04										
67	50045	EXPLORATION OF KIDNEY	1,012.04	00 15									
63	50060	REMOVAL OF KIDNEY STONE	1,236.61										
67	50060	REMOVAL OF KIDNEY STONE	1,236.61	00 15									
63	50065	INCISION OF KIDNEY	1,312.12										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	50065	INCISION OF KIDNEY	1,312.12	00 15									
63	50070	INCISION OF KIDNEY	1,286.69										
67	50070	INCISION OF KIDNEY	1,286.69	00 15									
63	50075	REMOVAL OF KIDNEY STONE	1,581.72										
67	50075	REMOVAL OF KIDNEY STONE	1,581.72	00 15									
63	50080	PERCUT NEPHRO/PYELO,W/OR W/O	756.39										
67	50080	PERCUT NEPHRO/PYELO,W/OR W/O	756.39	00 15									
63	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,223.80										
67	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,223.80	00 15									
63	50100	REVISE KIDNEY BLOOD VESSELS	1,201.49										
67	50100	REVISE KIDNEY BLOOD VESSELS	1,201.49	00 15									
63	50120	EXPLORATION OF KIDNEY	1,030.13										
67	50120	EXPLORATION OF KIDNEY	1,030.13	00 15									
63	50125	EXPLORE AND DRAIN KIDNEY	1,065.50										
67	50125	EXPLORE AND DRAIN KIDNEY	1,065.50	00 15									
63	50130	REMOVAL OF KIDNEY STONE	1,121.25										
67	50130	REMOVAL OF KIDNEY STONE	1,121.25	00 15									
63	50135	EXPLORATION OF KIDNEY	1,217.67										
67	50135	EXPLORATION OF KIDNEY	1,217.67	00 15									
63	50200	BIOPSY OF KIDNEY	530.58										
67	50200	BIOPSY OF KIDNEY	530.58	00 15									
63	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	835.88										
67	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	835.88	00 15									
63	50220	REMOVAL OF KIDNEY	1,151.38										
67	50220	REMOVAL OF KIDNEY	1,151.38	00 15									
63	50225	REMOVAL OF KIDNEY	1,314.39										
67	50225	REMOVAL OF KIDNEY	1,314.39	00 15									
63	50230	REMOVAL OF KIDNEY	1,394.71										
67	50230	REMOVAL OF KIDNEY	1,394.71	00 15									
63	50234	REMOVAL OF KIDNEY & URETER	1,418.90										
67	50234	REMOVAL OF KIDNEY & URETER	1,418.90	00 15									
63	50236	REMOVAL OF KIDNEY & URETER	1,589.86										
67	50236	REMOVAL OF KIDNEY & URETER	1,589.86	00 15									
63	50240	PARTIAL REMOVAL OF KIDNEY	1,440.79										
67	50240	PARTIAL REMOVAL OF KIDNEY	1,440.79	00 15									
63	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,320.41										
67	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,320.41	00 15									
63	50280	REMOVAL OF KIDNEY LESION	1,047.64										
67	50280	REMOVAL OF KIDNEY LESION	1,047.64	00 15									
63	50290	REMOVAL OF KIDNEY LESION	975.84										
67	50290	REMOVAL OF KIDNEY LESION	975.84	00 15									
63	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,674.35		X								
67	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,674.35	00 15	X								
63	50327	PREP RENAL GRAFT/VENOUS	241.48		X								
67	50327	PREP RENAL GRAFT/VENOUS	241.48	00 15	X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	50328	PREP RENAL GRAFT/ARTERIAL	210.88		X								
67	50328	PREP RENAL GRAFT/ARTERIAL	210.88	00 15	X								
63	50329	PREP RENAL GRAFT/URETERAL	200.65		X								
67	50329	PREP RENAL GRAFT/URETERAL	200.65	00 15	X								
63	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,056.18		X								
67	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,056.18	00 15	X								
63	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,694.79		X								
67	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,694.79	00 15	X								
63	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,199.33		X								
67	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,199.33	00 15	X								
63	50370	REMOVE TRANSPLANTED KIDNEY	1,339.54										
67	50370	REMOVE TRANSPLANTED KIDNEY	1,339.54	00 15									
63	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,243.73		X								
67	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,243.73	00 15	X								
63	50382	CHANGE URETER STENT, PERCUT	1,041.47										
67	50382	CHANGE URETER STENT, PERCUT	1,041.47	00 15									
63	50384	REMOVE URETER STENT, PERCUT	891.50										
67	50384	REMOVE URETER STENT, PERCUT	891.50	00 15									
63	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,038.66										
67	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,038.66	00 15									
63	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	768.33										
67	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	768.33	00 15									
63	50387	CHANGE EXT/INT URETER STENT	569.32										
67	50387	CHANGE EXT/INT URETER STENT	569.32	00 15									
63	50389	REMOVE RENAL TUBE W/FLUORO	424.66										
67	50389	REMOVE RENAL TUBE W/FLUORO	424.66	00 15									
63	50390	DRAINAGE OF KIDNEY LESION	103.20										
67	50390	DRAINAGE OF KIDNEY LESION	103.20	00 15									
63	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	134.51										
67	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	134.51	00 15									
63	50396	MEASURE KIDNEY PRESSURE	125.07										
67	50396	MEASURE KIDNEY PRESSURE	125.07	00 15									
63	50400	REVISION OF KIDNEY/URETER	1,254.14										
67	50400	REVISION OF KIDNEY/URETER	1,254.14	00 15									
63	50405	REVISION OF KIDNEY/URETER	1,515.47										
67	50405	REVISION OF KIDNEY/URETER	1,515.47	00 15									
63	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	650.05										
67	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	650.05	00 15									
63	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	330.28										
67	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	330.28	00 15									
63	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	934.70										
67	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	934.70	00 15									
63	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,165.06										
67	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,165.06	00 15									
63	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	933.56										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	933.56	00 15									
63	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	614.94										
67	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	614.94	00 15									
63	50436	DILATION OF EXISTING TRACT, PERCUTAN	160.90										
67	50436	DILATION OF EXISTING TRACT, PERCUTAN	160.90	00 15									
63	50437	DILATION OF EXISTING TRACT, PERCUTAN	269.17										
67	50437	DILATION OF EXISTING TRACT, PERCUTAN	269.17	00 15									
63	50500	REPAIR OF KIDNEY WOUND	1,383.61										
67	50500	REPAIR OF KIDNEY WOUND	1,383.61	00 15									
63	50520	CLOSE KIDNEY-SKIN FISTULA	1,289.73										
67	50520	CLOSE KIDNEY-SKIN FISTULA	1,289.73	00 15									
63	50525	REPAIR RENAL-ABDOMEN FISTULA	1,636.62										
67	50525	REPAIR RENAL-ABDOMEN FISTULA	1,636.62	00 15									
63	50526	REPAIR RENAL-ABDOMEN FISTULA	1,754.20										
67	50526	REPAIR RENAL-ABDOMEN FISTULA	1,754.20	00 15									
63	50540	REVISION OF HORSESHOE KIDNEY	1,244.83										
67	50540	REVISION OF HORSESHOE KIDNEY	1,244.83	00 15									
63	50541	LAPARO ABLATE RENAL CYST	997.88										
67	50541	LAPARO ABLATE RENAL CYST	997.88	00 15									
63	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,268.44										
67	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,268.44	00 15									
63	50543	LAPARO PARTIAL NEPHRECTOMY	1,617.16										
67	50543	LAPARO PARTIAL NEPHRECTOMY	1,617.16	00 15									
63	50544	LAPAROSCOPY, PYELOPLASTY	1,350.28										
67	50544	LAPAROSCOPY, PYELOPLASTY	1,350.28	00 15									
63	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,450.94										
67	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,450.94	00 15									
63	50546	LAPAROSCOPIC NEPHRECTOMY	1,309.60										
67	50546	LAPAROSCOPIC NEPHRECTOMY	1,309.60	00 15									
63	50547	LAPARO REMOVAL DONOR KIDNEY	1,786.74										
67	50547	LAPARO REMOVAL DONOR KIDNEY	1,786.74	00 15									
63	50548	LAPARO-ASST REMOVE K/URETER	1,459.64										
67	50548	LAPARO-ASST REMOVE K/URETER	1,459.64	00 15									
63	50551	KIDNEY ENDOSCOPY	388.67										
67	50551	KIDNEY ENDOSCOPY	388.67	00 15									
63	50553	KIDNEY ENDOSCOPY	416.60										
67	50553	KIDNEY ENDOSCOPY	416.60	00 15									
63	50555	KIDNEY ENDOSCOPY & BIOPSY	443.66										
67	50555	KIDNEY ENDOSCOPY & BIOPSY	443.66	00 15									
63	50557	KIDNEY ENDOSCOPY & TREATMENT	451.50										
67	50557	KIDNEY ENDOSCOPY & TREATMENT	451.50	00 15									
63	50561	KIDNEY ENDOSCOPY & TREATMENT	512.45										
67	50561	KIDNEY ENDOSCOPY & TREATMENT	512.45	00 15									
63	50562	RENAL SCOPE W/TUMOR RESECT	625.97										
67	50562	RENAL SCOPE W/TUMOR RESECT	625.97	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	50570	KIDNEY ENDOSCOPY	531.83										
67	50570	KIDNEY ENDOSCOPY	531.83	00 15									
63	50572	KIDNEY ENDOSCOPY	574.96										
67	50572	KIDNEY ENDOSCOPY	574.96	00 15									
63	50574	KIDNEY ENDOSCOPY & BIOPSY	611.92										
67	50574	KIDNEY ENDOSCOPY & BIOPSY	611.92	00 15									
63	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	773.82										
67	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	773.82	00 15									
63	50576	KIDNEY ENDOSCOPY & TREATMENT	610.44										
67	50576	KIDNEY ENDOSCOPY & TREATMENT	610.44	00 15									
63	50580	KIDNEY ENDOSCOPY & TREATMENT	657.32										
67	50580	KIDNEY ENDOSCOPY & TREATMENT	657.32	00 15									
63	50590	LITHOTRIPSY,ESW	789.03										
67	50590	LITHOTRIPSY,ESW	789.03	00 15									
63	50592	PERC RF ABLATE RENAL TUMOR	2,882.21										
67	50592	PERC RF ABLATE RENAL TUMOR	2,882.21	00 15									
63	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	3,859.27										
67	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	3,859.27	00 15									
63	50600	EXPLORATION OF URETER	1,018.31										
67	50600	EXPLORATION OF URETER	1,018.31	00 15									
63	50605	URETEROTOMY-INSERT STEAT	1,112.99										
67	50605	URETEROTOMY-INSERT STEAT	1,112.99	00 15									
63	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	503.45										
67	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	503.45	00 15									
63	50610	REMOVAL OF URETER STONE	1,025.43										
67	50610	REMOVAL OF URETER STONE	1,025.43	00 15									
63	50620	REMOVAL OF URETER STONE	980.78										
67	50620	REMOVAL OF URETER STONE	980.78	00 15									
63	50630	REMOVAL OF URETER STONE	968.81										
67	50630	REMOVAL OF URETER STONE	968.81	00 15									
63	50650	REMOVAL OF URETER	1,126.27										
67	50650	REMOVAL OF URETER	1,126.27	00 15									
63	50660	REMOVAL OF URETER	1,239.94										
67	50660	REMOVAL OF URETER	1,239.94	00 15									
63	50684	INJECTION FOR URETER X-RAY	131.53										
67	50684	INJECTION FOR URETER X-RAY	131.53	00 15									
63	50686	MEASURE URETER PRESSURE	150.16										
67	50686	MEASURE URETER PRESSURE	150.16	00 15									
63	50688	CHANGE OF URETER TUBE	82.62										
67	50688	CHANGE OF URETER TUBE	82.62	00 15									
63	50690	INJECTION OF BLADDER AND URINARY DUC	125.31										
67	50690	INJECTION OF BLADDER AND URINARY DUC	125.31	00 15									
63	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,021.37										
67	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,021.37	00 15									
63	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,150.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,150.38	00 15									
63	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,382.73										
67	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,382.73	00 15									
63	50700	REVISION OF URETER	1,004.91										
67	50700	REVISION OF URETER	1,004.91	00 15									
63	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,875.82										
67	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,875.82	00 15									
63	50706	BALLOON DILATION, URETERAL STRICTURE	863.77										
67	50706	BALLOON DILATION, URETERAL STRICTURE	863.77	00 15									
63	50715	RELEASE OF URETER	1,322.92										
67	50715	RELEASE OF URETER	1,322.92	00 15									
63	50722	RELEASE OF URETER	1,127.36				F						
67	50722	RELEASE OF URETER	1,127.36	00 15			F						
63	50725	RELEASE/REVISE URETER	1,196.48										
67	50725	RELEASE/REVISE URETER	1,196.48	00 15									
63	50727	REVISION OF URINARY-CUTANEOUS ANASTO	552.49										
67	50727	REVISION OF URINARY-CUTANEOUS ANASTO	552.49	00 15									
63	50728	REVISION OF URINARY-CUTANEOUS ANASTO	758.89										
67	50728	REVISION OF URINARY-CUTANEOUS ANASTO	758.89	00 15									
63	50740	FUSION OF URETER & KIDNEY	1,361.21										
67	50740	FUSION OF URETER & KIDNEY	1,361.21	00 15									
63	50750	FUSION OF URETER & KIDNEY	1,251.15										
67	50750	FUSION OF URETER & KIDNEY	1,251.15	00 15									
63	50760	FUSION OF URETERS	1,240.77										
67	50760	FUSION OF URETERS	1,240.77	00 15									
63	50770	SPLICING OF URETERS	1,251.15										
67	50770	SPLICING OF URETERS	1,251.15	00 15									
63	50780	REIMPLANT URETER IN BLADDER	1,210.88										
67	50780	REIMPLANT URETER IN BLADDER	1,210.88	00 15									
63	50782	URETERONEOCYSTOSTOMY;	1,166.65										
67	50782	URETERONEOCYSTOSTOMY;	1,166.65	00 15									
63	50783	URETERONEOCYSTOSTOMY;	1,223.27										
67	50783	URETERONEOCYSTOSTOMY;	1,223.27	00 15									
63	50785	REIMPLANT URETER IN BLADDER	1,322.03										
67	50785	REIMPLANT URETER IN BLADDER	1,322.03	00 15									
63	50800	IMPLANT URETER IN BOWEL	1,006.06										
67	50800	IMPLANT URETER IN BOWEL	1,006.06	00 15									
63	50810	FUSION OF URETER & BOWEL	1,561.07										
67	50810	FUSION OF URETER & BOWEL	1,561.07	00 15									
63	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,328.57										
67	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,328.57	00 15									
63	50820	CONSTRUCT BOWEL BLADDER	1,428.34										
67	50820	CONSTRUCT BOWEL BLADDER	1,428.34	00 15									
63	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,787.74										
67	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,787.74	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	50830	URINARY UNDIVERSION	1,956.23										
67	50830	URINARY UNDIVERSION	1,956.23	00 15									
63	50840	REPLACE URETER BY BOWEL	1,336.04										
67	50840	REPLACE URETER BY BOWEL	1,336.04	00 15									
63	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,359.62										
67	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,359.62	00 15									
63	50860	TRANSPLANT URETER TO SKIN	1,025.76										
67	50860	TRANSPLANT URETER TO SKIN	1,025.76	00 15									
63	50900	REPAIR OF URETER	914.59										
67	50900	REPAIR OF URETER	914.59	00 15									
63	50920	CLOSURE URETER/SKIN FISTULA	956.78										
67	50920	CLOSURE URETER/SKIN FISTULA	956.78	00 15									
63	50930	CLOSURE URETER/BOWEL FISTULA	1,196.11										
67	50930	CLOSURE URETER/BOWEL FISTULA	1,196.11	00 15									
63	50940	RELEASE OF URETER	964.30										
67	50940	RELEASE OF URETER	964.30	00 15									
63	50945	LAPAROSCOPY URETEROLITHOTOMY	1,054.65										
67	50945	LAPAROSCOPY URETEROLITHOTOMY	1,054.65	00 15									
63	50947	LAPARO NEW URETER/BLADDER	1,503.33										
67	50947	LAPARO NEW URETER/BLADDER	1,503.33	00 15									
63	50948	LAPARO NEW URETER/BLADDER	1,384.54										
67	50948	LAPARO NEW URETER/BLADDER	1,384.54	00 15									
63	50951	ENDOSCOPY OF URETER	405.94										
67	50951	ENDOSCOPY OF URETER	405.94	00 15									
63	50953	ENDOSCOPY OF URETER	430.26										
67	50953	ENDOSCOPY OF URETER	430.26	00 15									
63	50955	URETER ENDOSCOPY & BIOPSY	458.76										
67	50955	URETER ENDOSCOPY & BIOPSY	458.76	00 15									
63	50957	URETER ENDOSCOPY & TREATMENT	463.04										
67	50957	URETER ENDOSCOPY & TREATMENT	463.04	00 15									
63	50961	URETER ENDOSCOPY & TREATMENT	417.87										
67	50961	URETER ENDOSCOPY & TREATMENT	417.87	00 15									
63	50970	URETER ENDOSCOPY	400.96										
67	50970	URETER ENDOSCOPY	400.96	00 15									
63	50972	URETER ENDOSCOPY & CATHETER	387.95										
67	50972	URETER ENDOSCOPY & CATHETER	387.95	00 15									
63	50974	URETER ENDOSCOPY & BIOPSY	512.17										
67	50974	URETER ENDOSCOPY & BIOPSY	512.17	00 15									
63	50976	URETER ENDOSCOPY & TREATMENT	504.18										
67	50976	URETER ENDOSCOPY & TREATMENT	504.18	00 15									
63	50980	URETER ENDOSCOPY & TREATMENT	385.77										
67	50980	URETER ENDOSCOPY & TREATMENT	385.77	00 15									
63	51020	INCISE & TREAT BLADDER	508.31										
67	51020	INCISE & TREAT BLADDER	508.31	00 15									
63	51030	INCISE & TREAT BLADDER	511.53										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	51030	INCISE & TREAT BLADDER	511.53	00 15									
63	51040	INCISE & DRAIN BLADDER	313.71										
67	51040	INCISE & DRAIN BLADDER	313.71	00 15									
63	51045	INCISE BLADDER, DRAIN URETER	545.27										
67	51045	INCISE BLADDER, DRAIN URETER	545.27	00 15									
63	51050	REMOVAL OF BLADDER STONE	511.03										
67	51050	REMOVAL OF BLADDER STONE	511.03	00 15									
63	51060	REMOVAL OF URETER STONE	632.11										
67	51060	REMOVAL OF URETER STONE	632.11	00 15									
63	51065	REMOVAL OF URETER STONE	629.45										
67	51065	REMOVAL OF URETER STONE	629.45	00 15									
63	51080	DRAINAGE OF BLADDER ABSCESS	442.33										
67	51080	DRAINAGE OF BLADDER ABSCESS	442.33	00 15									
63	51100	ASPIRATION OF BLADDER; BY NEEDLE	77.46										
67	51100	ASPIRATION OF BLADDER; BY NEEDLE	77.46	00 15									
63	51101	ASPIRATION OF BLADDER; BY TROCAR OR	159.87										
67	51101	ASPIRATION OF BLADDER; BY TROCAR OR	159.87	00 15									
63	51102	ASPIRATION OF BLADDER; WITH INSERTIO	255.00										
67	51102	ASPIRATION OF BLADDER; WITH INSERTIO	255.00	00 15									
63	51500	REMOVAL OF BLADDER CYST	691.34										
67	51500	REMOVAL OF BLADDER CYST	691.34	00 15									
63	51520	REMOVAL OF BLADDER LESION	645.83										
67	51520	REMOVAL OF BLADDER LESION	645.83	00 15									
63	51525	REMOVAL OF BLADDER LESION	934.75										
67	51525	REMOVAL OF BLADDER LESION	934.75	00 15									
63	51530	REMOVAL OF BLADDER LESION	836.04										
67	51530	REMOVAL OF BLADDER LESION	836.04	00 15									
63	51535	REPAIR OF URETER LESION	846.87										
67	51535	REPAIR OF URETER LESION	846.87	00 15									
63	51550	PARTIAL REMOVAL OF BLADDER	1,048.45										
67	51550	PARTIAL REMOVAL OF BLADDER	1,048.45	00 15									
63	51555	PARTIAL REMOVAL OF BLADDER	1,369.90										
67	51555	PARTIAL REMOVAL OF BLADDER	1,369.90	00 15									
63	51565	REVISE BLADDER & URETER(S)	1,399.13										
67	51565	REVISE BLADDER & URETER(S)	1,399.13	00 15									
63	51570	REMOVAL OF BLADDER	1,602.67										
67	51570	REMOVAL OF BLADDER	1,602.67	00 15									
63	51575	REMOVAL OF BLADDER & NODES	1,977.55										
67	51575	REMOVAL OF BLADDER & NODES	1,977.55	00 15									
63	51580	REMOVE BLADDER; REVISE TRACT	2,057.30										
67	51580	REMOVE BLADDER; REVISE TRACT	2,057.30	00 15									
63	51585	REMOVAL OF BLADDER & NODES	2,289.82										
67	51585	REMOVAL OF BLADDER & NODES	2,289.82	00 15									
63	51590	REMOVE BLADDER; REVISE TRACT	2,097.71										
67	51590	REMOVE BLADDER; REVISE TRACT	2,097.71	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	51595	REMOVE BLADDER; REVISE TRACT	2,374.44										
67	51595	REMOVE BLADDER; REVISE TRACT	2,374.44	00 15									
63	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,562.52										
67	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,562.52	00 15									
63	51597	PELVIC EXENTERATION	2,499.24		X								
67	51597	PELVIC EXENTERATION	2,499.24	00 15	X								
63	51600	INJECTION FOR BLADDER X-RAY	218.16										
67	51600	INJECTION FOR BLADDER X-RAY	218.16	00 15									
63	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	41.37										
67	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	41.37	00 15									
63	51610	INJECTION FOR BLADDER X-RAY	134.75										
67	51610	INJECTION FOR BLADDER X-RAY	134.75	00 15									
63	51700	IRRIGATION OF BLADDER	79.40									X	
67	51700	IRRIGATION OF BLADDER	79.40	00 15								X	
63	51701	INSERTION NON-INDWELLNG BLADDR CATH	47.26										
67	51701	INSERTION NON-INDWELLNG BLADDR CATH	47.26	00 15									
63	51702	INSERT TEMP INDWELL BLADDER CATHETER	64.11										
67	51702	INSERT TEMP INDWELL BLADDER CATHETER	64.11	00 15									
63	51703	INSERT INDWELL BLADDER CATH;COMPLICA	157.61										
67	51703	INSERT INDWELL BLADDER CATH;COMPLICA	157.61	00 15									
63	51705	CHANGE OF BLADDER TUBE	101.72										
67	51705	CHANGE OF BLADDER TUBE	101.72	00 15									
63	51710	CHANGE OF BLADDER TUBE	143.43										
67	51710	CHANGE OF BLADDER TUBE	143.43	00 15									
63	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	392.91										
67	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	392.91	00 15									
63	51720	TREATMENT OF BLADDER LESION	92.27										
67	51720	TREATMENT OF BLADDER LESION	92.27	00 15									
65	51725	SIMPLE CYSTOMETROGRAM	83.26										
65	51726	COMPLEX CYSTOMETROGRAM	92.52										
65	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	115.51										
65	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	112.87										
65	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	137.07										
65	51736	SIMPLE UROFLOWMETRY	8.88										
65	51741	COMPLEX UROFLOWMETRY	9.31										
65	51784	ANAL/URINARY MUSCLE STUDY	40.46										
65	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	103.56										
65	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	43.46										
63	51800	REVISION OF BLADDER/URETHRA	1,127.33										
67	51800	REVISION OF BLADDER/URETHRA	1,127.33	00 15									
63	51820	REVISION OF URINARY TRACT	1,177.52										
67	51820	REVISION OF URINARY TRACT	1,177.52	00 15									
63	51840	ATTACH BLADDER/URETHRA	755.87										
67	51840	ATTACH BLADDER/URETHRA	755.87	00 15									
63	51841	ATTACH BLADDER/URETHRA	873.01										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	51841	ATTACH BLADDER/URETHRA	873.01	00 15									
63	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	632.16				F						
67	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	632.16	00 15			F						
63	51860	REPAIR OF BLADDER WOUND	813.73										
67	51860	REPAIR OF BLADDER WOUND	813.73	00 15									
63	51865	REPAIR OF BLADDER WOUND	976.33										
67	51865	REPAIR OF BLADDER WOUND	976.33	00 15									
63	51880	REPAIR OF BLADDER OPENING	504.19										
67	51880	REPAIR OF BLADDER OPENING	504.19	00 15									
63	51900	REPAIR BLADDER/VAGINA LESION	894.31				F						
67	51900	REPAIR BLADDER/VAGINA LESION	894.31	00 15			F						
63	51920	CLOSE BLADDER-UTERUS FISTULA	828.33				F						
67	51920	CLOSE BLADDER-UTERUS FISTULA	828.33	00 15			F						
63	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,186.38		X		F		X				
67	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,186.38	00 15	X		F		X				
63	51940	CORRECTION OF BLADDER DEFECT	1,781.66										
67	51940	CORRECTION OF BLADDER DEFECT	1,781.66	00 15									
63	51960	REVISION OF BLADDER & BOWEL	1,502.29										
67	51960	REVISION OF BLADDER & BOWEL	1,502.29	00 15									
63	51980	CONSTRUCT BLADDER OPENING	774.96										
67	51980	CONSTRUCT BLADDER OPENING	774.96	00 15									
63	51990	LAPARO URETHRAL SUSPENSION	809.47										
67	51990	LAPARO URETHRAL SUSPENSION	809.47	00 15									
63	51992	LAPARO SLING OPERATION	916.05				F						
67	51992	LAPARO SLING OPERATION	916.05	00 15			F						
63	52000	CYSTOSCOPY	248.71										
67	52000	CYSTOSCOPY	248.71	00 15									
63	52001	CYSTOSCOPY, REMOVAL OF CLOTS	467.51										
67	52001	CYSTOSCOPY, REMOVAL OF CLOTS	467.51	00 15									
63	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	316.29										
67	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	316.29	00 15									
63	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	468.89										
67	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	468.89	00 15									
63	52010	CYSTOSCOPY & DUCT CATHETER	398.67				M						
67	52010	CYSTOSCOPY & DUCT CATHETER	398.67	00 15			M						
63	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	392.38										
67	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	392.38	00 15									
63	52214	CYSTOURETHROSCOPY WITH FULGURATION;	769.06										
67	52214	CYSTOURETHROSCOPY WITH FULGURATION;	769.06	00 15									
63	52224	CYSTOURETHROSCOPY WITH FULGURATION;	805.59										
67	52224	CYSTOURETHROSCOPY WITH FULGURATION;	805.59	00 15									
63	52234	CYSTOURETHROSCOPY WITH FULGURATION;	265.91										
67	52234	CYSTOURETHROSCOPY WITH FULGURATION;	265.91	00 15									
63	52235	CYSTOURETHROSCOPY WITH FULGURATION;	311.99										
67	52235	CYSTOURETHROSCOPY WITH FULGURATION;	311.99	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	52240	CYSTOURETHROSCOPY WITH FULGURATION;	424.24										
67	52240	CYSTOURETHROSCOPY WITH FULGURATION;	424.24	00 15									
63	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	258.88										
67	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	258.88	00 15									
63	52260	CYSTOSCOPY & TREATMENT	228.50										
67	52260	CYSTOSCOPY & TREATMENT	228.50	00 15									
63	52265	CYSTOSCOPY & TREATMENT	391.20										
67	52265	CYSTOSCOPY & TREATMENT	391.20	00 15									
63	52270	CYSTOSCOPY & REVISE URETHRA	439.57										
67	52270	CYSTOSCOPY & REVISE URETHRA	439.57	00 15									
63	52275	CYSTOSCOPY & REVISE URETHRA	565.31										
67	52275	CYSTOSCOPY & REVISE URETHRA	565.31	00 15									
63	52276	CYSTOURETHROSCOPY W/DIRECT VISION	285.67										
67	52276	CYSTOURETHROSCOPY W/DIRECT VISION	285.67	00 15									
63	52277	CYSTOSCOPY AND TREATMENT	349.76										
67	52277	CYSTOSCOPY AND TREATMENT	349.76	00 15									
63	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	341.71										
67	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	341.71	00 15									
63	52282	CYSTOSCOPY, IMPLANT STENT	364.30										
67	52282	CYSTOSCOPY, IMPLANT STENT	364.30	00 15									
63	52283	CYSTOURETHROSCOPY, STEROID INJECTION	373.92										
67	52283	CYSTOURETHROSCOPY, STEROID INJECTION	373.92	00 15									
63	52285	CYSTOSCOPY AND TREATMENT	370.32				F						
67	52285	CYSTOSCOPY AND TREATMENT	370.32	00 15			F						
63	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	407.01										
67	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	407.01	00 15									
63	52290	CYSTOSCOPY AND TREATMENT	263.73										
67	52290	CYSTOSCOPY AND TREATMENT	263.73	00 15									
63	52300	CYSTOSCOPY AND TREATMENT	303.69										
67	52300	CYSTOSCOPY AND TREATMENT	303.69	00 15									
63	52301	CYSTOSCOPY AND TREATMENT	313.60										
67	52301	CYSTOSCOPY AND TREATMENT	313.60	00 15									
63	52305	CYSTOSCOPY AND TREATMENT	302.03										
67	52305	CYSTOSCOPY AND TREATMENT	302.03	00 15									
63	52310	CYSTOSCOPY AND TREATMENT	334.12										
67	52310	CYSTOSCOPY AND TREATMENT	334.12	00 15									
63	52315	CYSTOSCOPY AND TREATMENT	497.84										
67	52315	CYSTOSCOPY AND TREATMENT	497.84	00 15									
63	52317	LITHOLAPAXY,SIMPLE;SMALL	922.51										
67	52317	LITHOLAPAXY,SIMPLE;SMALL	922.51	00 15									
63	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	512.93										
67	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	512.93	00 15									
63	52320	CYSTOSCOPY AND TREATMENT	266.24										
67	52320	CYSTOSCOPY AND TREATMENT	266.24	00 15									
63	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	346.71										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	346.71	00 15									
63	52327	CYSTOSCOPY, INJECT MATERIAL	281.69										
67	52327	CYSTOSCOPY, INJECT MATERIAL	281.69	00 15									
63	52330	CYSTOSCOPY AND TREATMENT	630.78										
67	52330	CYSTOSCOPY AND TREATMENT	630.78	00 15									
63	52332	CYSTOURETHROSCOPY/INSERT STENT	417.23										
67	52332	CYSTOURETHROSCOPY/INSERT STENT	417.23	00 15									
63	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	197.80										
67	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	197.80	00 15									
63	52341	CYSTO W/URETER STRICTURE TX	307.58										
67	52341	CYSTO W/URETER STRICTURE TX	307.58	00 15									
63	52342	CYSTO W/UP STRICTURE TX	333.93										
67	52342	CYSTO W/UP STRICTURE TX	333.93	00 15									
63	52343	CYSTO W/RENAL STRICTURE TX	372.37										
67	52343	CYSTO W/RENAL STRICTURE TX	372.37	00 15									
63	52344	CYSTO/URETERO, STONE REMOVE	398.82										
67	52344	CYSTO/URETERO, STONE REMOVE	398.82	00 15									
63	52345	CYSTO/URETERO W/UP STRICTURE	426.47										
67	52345	CYSTO/URETERO W/UP STRICTURE	426.47	00 15									
63	52346	CYSTOURETERO W/RENAL STRICT	482.71										
67	52346	CYSTOURETERO W/RENAL STRICT	482.71	00 15									
63	52351	CYSTOURETRO & OR PYELOSCOPE	326.94										
67	52351	CYSTOURETRO & OR PYELOSCOPE	326.94	00 15									
63	52352	CYSTOURETRO W/STONE REMOVE	383.15										
67	52352	CYSTOURETRO W/STONE REMOVE	383.15	00 15									
63	52353	CYSTOURETERO W/LITHOTRIPSY	424.24										
67	52353	CYSTOURETERO W/LITHOTRIPSY	424.24	00 15									
63	52354	CYSTOURETERO W/BIOPSY	451.03										
67	52354	CYSTOURETERO W/BIOPSY	451.03	00 15									
63	52355	CYSTOURETERO W/EXCISE TUMOR	505.36										
67	52355	CYSTOURETERO W/EXCISE TUMOR	505.36	00 15									
63	52356	CRUSHING OF STONE IN URINARY DUCT (U	449.70									X	
67	52356	CRUSHING OF STONE IN URINARY DUCT (U	449.70	00 15								X	
63	52400	CYSTOURETERO W/CONGEN REPR	517.89			X							
67	52400	CYSTOURETERO W/CONGEN REPR	517.89	00 15		X							
63	52402	CYSTOURETHRO CUT EJACUL DUCT	289.49				M						
67	52402	CYSTOURETHRO CUT EJACUL DUCT	289.49	00 15			M						
63	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,292.96				M						
67	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,292.96	00 15			M						
63	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	873.93				M						
67	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	873.93	00 15			M						
63	52450	TRANSURETHRAL INCISION OF PROSTATE	512.06				M						
67	52450	TRANSURETHRAL INCISION OF PROSTATE	512.06	00 15			M						
63	52500	REVISION OF BLADDER NECK	532.31				M						
67	52500	REVISION OF BLADDER NECK	532.31	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	52601	PROSTATECTOMY (TUR)	790.87				M						
67	52601	PROSTATECTOMY (TUR)	790.87	00 15			M						
63	52630	REMOVE PROSTATE REGROWTH	437.83				M						
67	52630	REMOVE PROSTATE REGROWTH	437.83	00 15			M						
63	52640	RELIEVE BLADDER CONTRACTURE	346.11				M						
67	52640	RELIEVE BLADDER CONTRACTURE	346.11	00 15			M						
63	52647	LASER SURGERY OF PROSTATE	1,624.81				M						
67	52647	LASER SURGERY OF PROSTATE	1,624.81	00 15			M						
63	52648	LASER SURGERY OF PROSTATE	1,679.21				M						
67	52648	LASER SURGERY OF PROSTATE	1,679.21	00 15			M						
63	52649	PROSTATE LASER ENUCLEATION	895.22			X	M						
67	52649	PROSTATE LASER ENUCLEATION	895.22	00 15		X	M						
63	52700	DRAINAGE OF PROSTATE ABSCESS	479.69				M						
67	52700	DRAINAGE OF PROSTATE ABSCESS	479.69	00 15			M						
63	53000	INCISION OF URETHRA	159.58										
67	53000	INCISION OF URETHRA	159.58	00 15									
63	53010	INCISION OF URETHRA	319.07										
67	53010	INCISION OF URETHRA	319.07	00 15									
63	53020	INCISION OF URETHRA	104.93	01 99									
67	53020	INCISION OF URETHRA	104.93	01 15									
63	53025	INCISION OF URETHRA	73.86	00 00									
67	53025	INCISION OF URETHRA	73.86	00 00									
63	53040	DRAINAGE OF URETHRA ABSCESS	425.20										
67	53040	DRAINAGE OF URETHRA ABSCESS	425.20	00 15									
63	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	205.82				F						
67	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	205.82	00 15			F						
63	53080	DRAINAGE OF URINARY LEAKAGE	454.92										
67	53080	DRAINAGE OF URINARY LEAKAGE	454.92	00 15									
63	53085	DRAINAGE OF URINARY LEAKAGE	702.68										
67	53085	DRAINAGE OF URINARY LEAKAGE	702.68	00 15									
63	53200	BIOPSY OF URETHRA	172.15										
67	53200	BIOPSY OF URETHRA	172.15	00 15									
63	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	843.33				F						
67	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	843.33	00 15			F						
63	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	1,007.96				M						
67	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	1,007.96	00 15			M						
63	53220	TREATMENT OF URETHRA LESION	489.75										
67	53220	TREATMENT OF URETHRA LESION	489.75	00 15									
63	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	662.73				F						
67	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	662.73	00 15			F						
63	53235	EXCISE URETHRAL DIVERTICULUM;MALE	687.64				M						
67	53235	EXCISE URETHRAL DIVERTICULUM;MALE	687.64	00 15			M						
63	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	460.21										
67	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	460.21	00 15									
63	53250	REMOVAL OF SEMINAL FLUID GLAND	429.04										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	53250	REMOVAL OF SEMINAL FLUID GLAND	429.04	00 15									
63	53260	TREATMENT OF URETHRA LESION	223.78										
67	53260	TREATMENT OF URETHRA LESION	223.78	00 15									
63	53265	TREATMENT OF URETHRA LESION	246.67										
67	53265	TREATMENT OF URETHRA LESION	246.67	00 15									
63	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	227.54				F						
67	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	227.54	00 15			F						
63	53275	REPAIR OF URETHRA DEFECT	286.35										
67	53275	REPAIR OF URETHRA DEFECT	286.35	00 15									
63	53400	REVISE URETHRA, 1ST STAGE	868.73										
67	53400	REVISE URETHRA, 1ST STAGE	868.73	00 15									
63	53405	REVISE URETHRA, 2ND STAGE	948.33										
67	53405	REVISE URETHRA, 2ND STAGE	948.33	00 15									
63	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,062.85				M						
67	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,062.85	00 15			M						
63	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,226.69				M						
67	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,226.69	00 15			M						
63	53420	RECONSTRUCT URETHRA, STAGE 1	912.98				M						
67	53420	RECONSTRUCT URETHRA, STAGE 1	912.98	00 15			M						
63	53425	RECONSTRUCT URETHRA, STAGE 2	1,017.06				M						
67	53425	RECONSTRUCT URETHRA, STAGE 2	1,017.06	00 15			M						
63	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,062.53				F						
67	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,062.53	00 15			F						
63	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,251.29										
67	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,251.29	00 15									
63	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	817.36				M						
67	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	817.36	00 15			M						
63	53442	PERINEAL PROSTHESIS REMOVAL	850.98				M						
67	53442	PERINEAL PROSTHESIS REMOVAL	850.98	00 15			M						
63	53444	INSERT TANDEM CUFF	860.96										
67	53444	INSERT TANDEM CUFF	860.96	00 15									
63	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	819.92		X								
67	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	819.92	00 15	X								
63	53446	REMOVE URO SPHINCTER	696.19			X							
67	53446	REMOVE URO SPHINCTER	696.19	00 15		X							
63	53447	INFLATABLE SPHINCTER REMOVAL	874.88			X							
67	53447	INFLATABLE SPHINCTER REMOVAL	874.88	00 15		X							
63	53448	REMOV/REPLC UR SPHINCTR COMP	1,385.73			X							
67	53448	REMOV/REPLC UR SPHINCTR COMP	1,385.73	00 15		X							
63	53449	CORRECTION OF ABNORMAL SPHINCTER	666.13		X								
67	53449	CORRECTION OF ABNORMAL SPHINCTER	666.13	00 15	X								
63	53450	REVISION OF URETHRA	442.72										
67	53450	REVISION OF URETHRA	442.72	00 15									
63	53460	REVISION OF URETHRA	495.64										
67	53460	REVISION OF URETHRA	495.64	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	53500	URETHRLYS, TRANSVAG W/ SCOPE	818.65				F						
67	53500	URETHRLYS, TRANSVAG W/ SCOPE	818.65	00 15			F						
63	53502	URETHRORRHAPHY...SUTURE...,FEMALE	526.66				F						
67	53502	URETHRORRHAPHY...SUTURE...,FEMALE	526.66	00 15			F						
63	53505	URETHRORRHAPHY...SUTURE...;PENILE	526.32				M						
67	53505	URETHRORRHAPHY...SUTURE...;PENILE	526.32	00 15			M						
63	53510	REPAIR OF URETHRA INJURY	686.16										
67	53510	REPAIR OF URETHRA INJURY	686.16	00 15									
63	53515	REPAIR OF URETHRA INJURY	863.64				M						
67	53515	REPAIR OF URETHRA INJURY	863.64	00 15			M						
63	53520	CLOSE URETHROSTOMY....FISTULE,MALE	605.70				M						
67	53520	CLOSE URETHROSTOMY....FISTULE,MALE	605.70	00 15			M						
63	53600	DILATE URETHRAL STRICTURE,MALE;INIT	95.47				M						
67	53600	DILATE URETHRAL STRICTURE,MALE;INIT	95.47	00 15			M						
63	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	90.23				M						
67	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	90.23	00 15			M						
63	53605	DILATE URETH STRICT...MALE	70.56				M						
67	53605	DILATE URETH STRICT...MALE	70.56	00 15			M						
63	53620	DILATE URETH STRICT.,MALE;INITIAL	178.69				M						
67	53620	DILATE URETH STRICT.,MALE;INITIAL	178.69	00 15			M						
63	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	169.90				M						
67	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	169.90	00 15			M						
63	53660	DILATE FEMALE URETHRA...;INITIAL	79.46				F						
67	53660	DILATE FEMALE URETHRA...;INITIAL	79.46	00 15			F						
63	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	78.17				F						
67	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	78.17	00 15			F						
63	53665	DILATE FEMALE URETHRA...	41.81				F						
67	53665	DILATE FEMALE URETHRA...	41.81	00 15			F						
63	53850	PROSTATIC MICROWAVE THERMOTX	1,447.35				M						
67	53850	PROSTATIC MICROWAVE THERMOTX	1,447.35	00 15			M						
63	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,705.56				M						
67	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,705.56	00 15			M						
63	53855	INSERTION OF A TEMPORARY PROSTATIC U	664.93				M						
67	53855	INSERTION OF A TEMPORARY PROSTATIC U	664.93	00 15			M						
63	54000	SLITTING OF PREPUCE	170.91	00 00			M						
67	54000	SLITTING OF PREPUCE	170.91	00 00			M						
63	54001	SLITTING OF PREPUCE	210.00				M						
67	54001	SLITTING OF PREPUCE	210.00	00 15			M						
63	54015	DRAIN PENIS LESION	330.88				M						
67	54015	DRAIN PENIS LESION	330.88	00 15			M						
63	54050	TREATMENT OF PENIS LESION	151.34				M						
67	54050	TREATMENT OF PENIS LESION	151.34	00 15			M						
63	54055	TREATMENT OF PENIS LESION	144.51				M						
67	54055	TREATMENT OF PENIS LESION	144.51	00 15			M						
63	54056	DESTROY PENILE LESION;CRYOSURGERY	150.72				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	54056	DESTROY PENILE LESION;CRYOSURGERY	150.72	00	15			M						
63	54057	DESTROY PENILE LESION; LASER SURGERY	150.02					M						
67	54057	DESTROY PENILE LESION; LASER SURGERY	150.02	00	15			M						
63	54060	TREATMENT OF PENIS LESION	205.05					M						
67	54060	TREATMENT OF PENIS LESION	205.05	00	15			M						
63	54065	TREATMENT OF PENIS LESION	234.91					M						
67	54065	TREATMENT OF PENIS LESION	234.91	00	15			M						
63	54100	BIOPSY OF PENIS	212.34					M						
67	54100	BIOPSY OF PENIS	212.34	00	15			M						
63	54105	BIOPSY OF PENIS	294.07					M						
67	54105	BIOPSY OF PENIS	294.07	00	15			M						
63	54110	TREATMENT OF PENIS LESION	677.24					M						
67	54110	TREATMENT OF PENIS LESION	677.24	00	15			M						
63	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	868.11					M						
67	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	868.11	00	15			M						
63	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	1,017.87					M						
67	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	1,017.87	00	15			M						
63	54115	TREATMENT OF PENIS LESION	491.95					M						
67	54115	TREATMENT OF PENIS LESION	491.95	00	15			M						
63	54120	PARTIAL REMOVAL OF PENIS	685.83					M						
67	54120	PARTIAL REMOVAL OF PENIS	685.83	00	15			M						
63	54125	REMOVAL OF PENIS	896.66					M						
67	54125	REMOVAL OF PENIS	896.66	00	15			M						
63	54130	REMOVE PENIS & NODES	1,295.95					M						
67	54130	REMOVE PENIS & NODES	1,295.95	00	15			M						
63	54135	REMOVE PENIS & NODES	1,640.63					M						
67	54135	REMOVE PENIS & NODES	1,640.63	00	15			M						
63	54150	CIRCUMCISION USING CLAMP OR OTHER DE	159.02					M		X				
67	54150	CIRCUMCISION USING CLAMP OR OTHER DE	159.02	00	15			M		X				
63	54160	CIRCUMCISION	233.27	00	01			M		X				
67	54160	CIRCUMCISION	233.27	00	15			M		X				
63	54161	CIRCUMCISION	213.74					M		X				
67	54161	CIRCUMCISION	213.74	00	15			M		X				
63	54162	LYSIS PENIL CIRCUMCIS LESION	274.22					M						
67	54162	LYSIS PENIL CIRCUMCIS LESION	274.22	00	15			M						
63	54163	REPAIR OF CIRCUMCISION	235.34					M						
67	54163	REPAIR OF CIRCUMCISION	235.34	00	15			M						
63	54164	FRENULOTOMY OF PENIS	207.79					M						
67	54164	FRENULOTOMY OF PENIS	207.79	00	15			M						
63	54200	TREATMENT OF PENIS LESION	121.62					M						
67	54200	TREATMENT OF PENIS LESION	121.62	00	15			M						
63	54205	TREATMENT OF PENIS LESION	576.00					M						
67	54205	TREATMENT OF PENIS LESION	576.00	00	15			M						
63	54220	TREATMENT OF PENIS LESION	233.80					M						
67	54220	TREATMENT OF PENIS LESION	233.80	00	15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	113.04				M						
67	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	113.04	00 15			M						
63	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	153.69				M						
67	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	153.69	00 15			M						
63	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	96.38				M						
67	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	96.38	00 15			M						
63	54300	REVISION OF PENIS	699.66				M						
67	54300	REVISION OF PENIS	699.66	00 15			M						
63	54304	PLASTIC OPERATION ON PENIS FOR CORRE	811.48				M						
67	54304	PLASTIC OPERATION ON PENIS FOR CORRE	811.48	00 15			M						
63	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	777.85				M						
67	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	777.85	00 15			M						
63	54312	URETHROPLASTY...; MORE THAN 3 CM	888.23				M						
67	54312	URETHROPLASTY...; MORE THAN 3 CM	888.23	00 15			M						
63	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,079.72				M						
67	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,079.72	00 15			M						
63	54318	URETHROPLASTY/RELEASE FROM SCROTUM	772.77				M						
67	54318	URETHROPLASTY/RELEASE FROM SCROTUM	772.77	00 15			M						
63	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	848.67				M						
67	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	848.67	00 15			M						
63	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,051.07				M						
67	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,051.07	00 15			M						
63	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	1,023.04				M						
67	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	1,023.04	00 15			M						
63	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	1,016.35				M						
67	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	1,016.35	00 15			M						
63	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,096.28				M						
67	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,096.28	00 15			M						
63	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,289.09				M						
67	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,289.09	00 15			M						
63	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	616.95				M						
67	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	616.95	00 15			M						
63	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	1,024.90				M						
67	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	1,024.90	00 15			M						
63	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,096.05				M						
67	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,096.05	00 15			M						
63	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,535.55				M						
67	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,535.55	00 15			M						
63	54360	PLASTIC PENILE REPAIR/ANGULATION	783.46				M						
67	54360	PLASTIC PENILE REPAIR/ANGULATION	783.46	00 15			M						
63	54380	REPAIR PENIS	867.23				M						
67	54380	REPAIR PENIS	867.23	00 15			M						
63	54385	REPAIR PENIS	1,009.74				M						
67	54385	REPAIR PENIS	1,009.74	00 15			M						
63	54390	REPAIR PENIS AND BLADDER	1,348.53				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	54390	REPAIR PENIS AND BLADDER	1,348.53	00 15			M						
63	54406	REMOVE MULTI-COMP PENIS PROS	794.05				M				X		
67	54406	REMOVE MULTI-COMP PENIS PROS	794.05	00 15			M				X		
63	54408	REPAIR MULTI-COMP PENIS PROS	858.11				M				X		
67	54408	REPAIR MULTI-COMP PENIS PROS	858.11	00 15			M				X		
63	54410	REMOVE/REPLACE PENIS PROSTH	936.06				M				X		
67	54410	REMOVE/REPLACE PENIS PROSTH	936.06	00 15			M				X		
63	54411	REMV/REPLC PENIS PROS, COMP	1,118.50				M				X		
67	54411	REMV/REPLC PENIS PROS, COMP	1,118.50	00 15			M				X		
63	54415	REMOVE SELF-CONTD PENIS PROS	575.25				M				X		
67	54415	REMOVE SELF-CONTD PENIS PROS	575.25	00 15			M				X		
63	54416	REMV/REPL PENIS CONTAIN PROS	775.03				M				X		
67	54416	REMV/REPL PENIS CONTAIN PROS	775.03	00 15			M				X		
63	54417	REMV/REPLC PENIS PROS, COMPL	976.60				M				X		
67	54417	REMV/REPLC PENIS PROS, COMPL	976.60	00 15			M				X		
63	54420	REVISION OF PENIS	762.84				M						
67	54420	REVISION OF PENIS	762.84	00 15			M						
63	54430	REVISION OF PENIS	692.72				M						
67	54430	REVISION OF PENIS	692.72	00 15			M						
63	54435	PENILE FISTULATION FOR PRIAPISM	448.23				M						
67	54435	PENILE FISTULATION FOR PRIAPISM	448.23	00 15			M						
63	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	734.17				M						
67	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	734.17	00 15			M						
63	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,450.54				M						
67	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,450.54	00 15			M						
63	54450	PREPUTIAL STRETCHING	74.15				M						
67	54450	PREPUTIAL STRETCHING	74.15	00 15			M						
67	54500	BIOPSY OF TESTIS	81.00	00 15			M					X	
63	54505	BIOPSY OF TESTIS	227.09				M						
67	54505	BIOPSY OF TESTIS	227.09	00 15			M						
63	54512	EXCISE LESION TESTIS	583.39				M						
67	54512	EXCISE LESION TESTIS	583.39	00 15			M						
63	54520	REMOVAL OF TESTIS	355.26				M						
67	54520	REMOVAL OF TESTIS	355.26	00 15			M						
63	54522	ORCHIECTOMY, PARTIAL	637.71				M						
67	54522	ORCHIECTOMY, PARTIAL	637.71	00 15			M						
63	54530	REMOVAL OF TESTIS	551.67				M						
67	54530	REMOVAL OF TESTIS	551.67	00 15			M						
63	54535	EXTENSIVE TESTIS SURGERY	807.96				M						
67	54535	EXTENSIVE TESTIS SURGERY	807.96	00 15			M						
63	54550	EXPLORATION FOR TESTIS	533.21				M						
67	54550	EXPLORATION FOR TESTIS	533.21	00 15			M						
63	54560	EXPLORATION FOR TESTIS	746.89				M						
67	54560	EXPLORATION FOR TESTIS	746.89	00 15			M						
63	54600	REDUCE TESTIS TORSION	490.80				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	54600	REDUCE TESTIS TORSION	490.80	00 15			M						
63	54620	SUSPENSION OF TESTIS	324.44				M						
67	54620	SUSPENSION OF TESTIS	324.44	00 15			M						
63	54640	SUSPENSION OF TESTIS	470.33				M						
67	54640	SUSPENSION OF TESTIS	470.33	00 15			M						
63	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	772.81				M						
67	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	772.81	00 15			M						
63	54660	REVISION OF TESTIS	387.04				M						
67	54660	REVISION OF TESTIS	387.04	00 15			M						
63	54670	REPAIR TESTIS INJURY	442.72				M						
67	54670	REPAIR TESTIS INJURY	442.72	00 15			M						
63	54680	RELOCATION OF TESTIS(ES)	855.28				M						
67	54680	RELOCATION OF TESTIS(ES)	855.28	00 15			M						
63	54690	LAPAROSCOPY, ORCHIECTOMY	711.73				M						
67	54690	LAPAROSCOPY, ORCHIECTOMY	711.73	00 15			M						
63	54692	LAPAROSCOPY, ORCHIOPEXY	821.55				M						
67	54692	LAPAROSCOPY, ORCHIOPEXY	821.55	00 15			M						
63	54700	DRAINAGE OF SCROTUM	230.14				M						
67	54700	DRAINAGE OF SCROTUM	230.14	00 15			M						
63	54800	BIOPSY OF EPIDIDYMIS	135.32				M					X	
67	54800	BIOPSY OF EPIDIDYMIS	135.32	00 15			M					X	
63	54830	REMOVE EPIDIDYMIS LESION	402.77				M						
67	54830	REMOVE EPIDIDYMIS LESION	402.77	00 15			M						
63	54840	REMOVE EPIDIDYMIS LESION	349.40				M						
67	54840	REMOVE EPIDIDYMIS LESION	349.40	00 15			M						
63	54860	REMOVAL OF EPIDIDYMIS	453.74				M						
67	54860	REMOVAL OF EPIDIDYMIS	453.74	00 15			M						
63	54861	REMOVAL OF EPIDIDYMES	615.91				M						
67	54861	REMOVAL OF EPIDIDYMES	615.91	00 15			M						
63	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	389.38				M						
67	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	389.38	00 15			M						
63	55000	DRAINAGE OF HYDROCELE	127.85				M					X	
67	55000	DRAINAGE OF HYDROCELE	127.85	00 15			M					X	
63	55040	REMOVAL OF HYDROCELE	365.74				M						
67	55040	REMOVAL OF HYDROCELE	365.74	00 15			M						
63	55041	REMOVAL OF HYDROCELES	554.41				M						
67	55041	REMOVAL OF HYDROCELES	554.41	00 15			M						
63	55060	REPAIR OF HYDROCELE	411.38				M						
67	55060	REPAIR OF HYDROCELE	411.38	00 15			M						
63	55100	DRAINAGE OF SCROTUM ABSCESS	244.03				M						
67	55100	DRAINAGE OF SCROTUM ABSCESS	244.03	00 15			M						
63	55110	SCROTAL EXPLORATION	420.61				M						
67	55110	SCROTAL EXPLORATION	420.61	00 15			M						
63	55120	REMOVAL OF SCROTUM LESION	383.63				M						
67	55120	REMOVAL OF SCROTUM LESION	383.63	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	55150	REMOVAL OF SCROTUM	535.24				M						
67	55150	REMOVAL OF SCROTUM	535.24	00 15			M						
63	55175	SCROTOPLASTY;	395.57				M						
67	55175	SCROTOPLASTY;	395.57	00 15			M						
63	55180	SCROTOPLASTY;COMPLICATED	748.01				M						
67	55180	SCROTOPLASTY;	748.01	00 15			M						
63	55250	VASECTOMY, UNILATERAL OR BILATERAL	352.54	21 99	X		M						
63	55500	REMOVAL OF HYDROCELE	426.63				M						
67	55500	REMOVAL OF HYDROCELE	426.63	00 15			M						
63	55520	REMOVAL OF SPERM CORD LESION	504.40				M						
67	55520	REMOVAL OF SPERM CORD LESION	504.40	00 15			M						
63	55530	REVISE SPERMATIC CORD VEINS	381.51				M						
67	55530	REVISE SPERMATIC CORD VEINS	381.51	00 15			M						
63	55535	REVISE SPERMATIC CORD VEINS	466.47				M						
67	55535	REVISE SPERMATIC CORD VEINS	466.47	00 15			M						
63	55540	REVISE HERNIA & SPERM VEINS	613.79				M						
67	55540	REVISE HERNIA & SPERM VEINS	613.79	00 15			M						
63	55550	LAPARO LIGATE SPERMATIC VEIN	465.52				M						
67	55550	LAPARO LIGATE SPERMATIC VEIN	465.52	00 15			M						
63	55600	INCISE SPERM DUCT POUCH	457.12				M						
67	55600	INCISE SPERM DUCT POUCH	457.12	00 15			M						
63	55605	INCISE SPERM DUCT POUCH	568.04				M						
67	55605	INCISE SPERM DUCT POUCH	568.04	00 15			M						
63	55650	REMOVE SPERM DUCT POUCH	780.09				M						
67	55650	REMOVE SPERM DUCT POUCH	780.09	00 15			M						
63	55680	REMOVE SPERM POUCH LESION	375.75				M						
67	55680	REMOVE SPERM POUCH LESION	375.75	00 15			M						
63	55700	BIOPSY OF PROSTATE	254.39				M						
67	55700	BIOPSY OF PROSTATE	254.39	00 15			M						
63	55705	BIOPSY OF PROSTATE	287.46				M						
67	55705	BIOPSY OF PROSTATE	287.46	00 15			M						
63	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	406.48				M						
67	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	406.48	00 15			M						
63	55720	DRAINAGE OF PROSTATE ABSCESS	489.89				M						
67	55720	DRAINAGE OF PROSTATE ABSCESS	489.89	00 15			M						
63	55725	DRAINAGE OF PROSTATE ABSCESS	645.31				M						
67	55725	DRAINAGE OF PROSTATE ABSCESS	645.31	00 15			M						
63	55801	REMOVAL OF PROSTATE	1,189.12				M						
67	55801	REMOVAL OF PROSTATE	1,189.12	00 15			M						
63	55810	EXTENSIVE PROSTATE SURGERY	1,419.54				M						
67	55810	EXTENSIVE PROSTATE SURGERY	1,419.54	00 15			M						
63	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,746.32				M						
67	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,746.32	00 15			M						
63	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,912.91				M						
67	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,912.91	00 15			M						

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

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
63	55821	REMOVAL OF PROSTATE	911.03				M						
67	55821	REMOVAL OF PROSTATE	911.03	00 15			M						
63	55831	REMOVAL OF PROSTATE	935.86				M						
67	55831	REMOVAL OF PROSTATE	935.86	00 15			M						
63	55840	EXTENSIVE PROSTATE SURGERY	1,269.16				M						
67	55840	EXTENSIVE PROSTATE SURGERY	1,269.16	00 15			M						
63	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,270.03				M						
67	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,270.03	00 15			M						
63	55845	EXTENSIVE PROSTATE SURGERY	1,478.32				M						
67	55845	EXTENSIVE PROSTATE SURGERY	1,478.32	00 15			M						
63	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	951.14				M						
67	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	951.14	00 15			M						
63	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,190.31				M						
67	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,190.31	00 15			M						
63	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,448.75				M						
67	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,448.75	00 15			M						
63	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,301.91				M						
67	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,301.91	00 15			M						
63	55867	LAPAROSCOPY, SURGICAL PROSTATECTOMY	1,142.01			X	M						
67	55867	LAPAROSCOPY, SURGICAL PROSTATECTOMY	1,142.01	00 15		X	M						
63	55870	ELECTROEJACULATION	189.31				M						
67	55870	ELECTROEJACULATION	189.31	00 15			M						
63	55873	CRYOABLATE PROSTATE	5,825.74				M						
67	55873	CRYOABLATE PROSTATE	5,825.74	00 15			M						
63	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	2,909.94				M						
67	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	2,909.94	00 15			M						
63	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	842.39				M						
67	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	842.39	00 15			M						
63	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	160.26				M						
67	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	160.26	00 15			M						
63	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,063.08				M						
67	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,063.08	00 15			M						
63	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	500.15										
67	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	500.15	00 15									
63	56405	INCISION AND DRAINAGE OF VULVA OR PE	157.76				F						
67	56405	INCISION AND DRAINAGE OF VULVA OR PE	157.76	00 15			F						
63	56420	INCISION AND DRAINAGE OF FEMALE GENI	196.40				F					X	
67	56420	INCISION AND DRAINAGE OF FEMALE GENI	196.40	00 15			F					X	
63	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	198.81				F						
67	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	198.81	00 15			F						
63	56441	LYSIS OF LABIAL ADHESIONS	196.31				F						
67	56441	LYSIS OF LABIAL ADHESIONS	196.31	00 15			F						
63	56442	HYMENOTOMY, SIMPLE INCISION	51.60				F						
67	56442	HYMENOTOMY, SIMPLE INCISION	51.60	00 15			F						
63	56501	DESTROY VULVA LESION(S);SIMPLE	204.03				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
67	56501	DESTROY VULVA LESION(S);SIMPLE	204.03	00 15			F						
63	56515	TREATMENT OF VULVA LESIONS	298.03				F						
67	56515	TREATMENT OF VULVA LESIONS	298.03	00 15			F						
63	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	103.70				F						
67	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	103.70	00 15			F						
63	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	42.15				F						
67	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	42.15	00 15			F						
63	56620	PARTIAL REMOVAL OF VULVA	634.63				F						
67	56620	PARTIAL REMOVAL OF VULVA	634.63	00 15			F						
63	56625	REMOVAL OF VULVA	727.64				F						
67	56625	REMOVAL OF VULVA	727.64	00 15			F						
63	56630	EXTENSIVE VULVA SURGERY	1,052.20				F						
67	56630	EXTENSIVE VULVA SURGERY	1,052.20	00 15			F						
63	56631	VULVECTOMY, RADICAL, PARTIAL;	1,300.59				F						
67	56631	VULVECTOMY, RADICAL, PARTIAL;	1,300.59	00 15			F						
63	56632	VULVECTOMY, RADICAL, PARTIAL;	1,568.73				F						
67	56632	VULVECTOMY, RADICAL, PARTIAL;	1,568.73	00 15			F						
63	56633	VULVECTOMY, RADICAL, COMPLETE;	1,351.53				F						
67	56633	VULVECTOMY, RADICAL, COMPLETE;	1,351.53	00 15			F						
63	56634	VULVECTOMY, RADICAL, COMPLETE;	1,418.39				F						
67	56634	VULVECTOMY, RADICAL, COMPLETE;	1,418.39	00 15			F						
63	56637	VULVECTOMY, RADICAL, COMPLETE;	1,664.42				F						
67	56637	VULVECTOMY, RADICAL, COMPLETE;	1,664.42	00 15			F						
63	56640	EXTENSIVE VULVA SURGERY	1,673.87				F						
67	56640	EXTENSIVE VULVA SURGERY	1,673.87	00 15			F						
63	56700	PARTIAL REMOVAL OF HYMEN	221.73				F						
67	56700	PARTIAL REMOVAL OF HYMEN	221.73	00 15			F						
63	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	346.31				F						
67	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	346.31	00 15			F						
63	56800	REPAIR OF VAGINA	278.31				F						
67	56800	REPAIR OF VAGINA	278.31	00 15			F						
63	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,289.90				F						
67	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,289.90	00 15			F						
63	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	298.68				F						
67	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	298.68	00 15			F						
63	56820	EXAM OF VULVA W/SCOPE	134.88				F						
67	56820	EXAM OF VULVA W/SCOPE	134.88	00 15			F						
63	56821	EXAM/BIOPSY OF VULVA W/SCOPE	181.01				F						
67	56821	EXAM/BIOPSY OF VULVA W/SCOPE	181.01	00 15			F						
63	57000	EXPLORATION OF VAGINA	221.65				F						
67	57000	EXPLORATION OF VAGINA	221.65	00 15			F						
63	57010	DRAINAGE OF PELVIC ABSCESS	501.89				F						
67	57010	DRAINAGE OF PELVIC ABSCESS	501.89	00 15			F						
63	57020	DRAINAGE OF PELVIC FLUID	135.87				F						
67	57020	DRAINAGE OF PELVIC FLUID	135.87	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
63	57022	I &D VAGINAL HEMATOMA, OB	198.75				F						
67	57022	I &D VAGINAL HEMATOMA, OB	198.75	00 15			F						
63	57023	I &D VAG HEMATOMA, TRAUMA	352.34				F						
67	57023	I &D VAG HEMATOMA, TRAUMA	352.34	00 15			F						
63	57061	DESTROY VAGINAL LESIONS;SIMPLE	176.82				F						
67	57061	DESTROY VAGINAL LESIONS;SIMPLE	176.82	00 15			F						
63	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	265.11				F						
67	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	265.11	00 15			F						
63	57100	BIOPSY OF VAGINA	110.92				F						
67	57100	BIOPSY OF VAGINA	110.92	00 15			F						
63	57105	BIOPSY OF VAGINA	188.37				F						
67	57105	BIOPSY OF VAGINA	188.37	00 15			F						
63	57106	REMOVE VAGINA WALL, PARTIAL	583.80				F						
67	57106	REMOVE VAGINA WALL, PARTIAL	583.80	00 15			F						
63	57107	REMOVE VAGINA TISSUE/PARTIAL	1,603.32				F						
67	57107	REMOVE VAGINA TISSUE/PARTIAL	1,603.32	00 15			F						
63	57109	VAGINECTOMY PARTIAL W/NODES	1,899.03				F						
67	57109	VAGINECTOMY PARTIAL W/NODES	1,899.03	00 15			F						
63	57110	REMOVAL OF VAGINA	999.21				F						
67	57110	REMOVAL OF VAGINA	999.21	00 15			F						
63	57111	REMOVE VAGINA TISSUE/COMPL	1,899.03				F						
67	57111	REMOVE VAGINA TISSUE/COMPL	1,899.03	00 15			F						
63	57120	CLOSURE OF VAGINA	582.50				F						
67	57120	CLOSURE OF VAGINA	582.50	00 15			F						
63	57130	REMOVE VAGINA LESION	248.35				F						
67	57130	REMOVE VAGINA LESION	248.35	00 15			F						
63	57135	REMOVE VAGINA LESION	266.39				F						
67	57135	REMOVE VAGINA LESION	266.39	00 15			F						
63	57150	TREAT VAGINA INFECTION	61.32				F					X	
67	57150	TREAT VAGINA INFECTION	61.32	00 15			F					X	
63	57155	INSERTION OF UTERINE TANDEM AND/OR V	423.13				F						
67	57155	INSERTION OF UTERINE TANDEM AND/OR V	423.13	00 15			F						
63	57156	INSERTION OF A VAGINAL RADIATION AFT	242.84				F						
67	57156	INSERTION OF A VAGINAL RADIATION AFT	242.84	00 15			F						
63	57160	INSERTION OF PESSARY	80.05				F						
67	57160	INSERTION OF PESSARY	80.05	00 15			F						
63	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	84.43	10 60			F						
67	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	84.43	10 15			F						
63	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	211.02				F						
67	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	211.02	00 15			F						
63	57200	REPAIR OF VAGINA	359.74				F						
67	57200	REPAIR OF VAGINA	359.74	00 15			F						
63	57210	REPAIR VAGINA/PERINEUM	429.21				F						
67	57210	REPAIR VAGINA/PERINEUM	429.21	00 15			F						
63	57220	REVISION OF URETHRA	376.69				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	57220	REVISION OF URETHRA	376.69	00 15			F						
63	57230	REPAIR OF URETHRAL LESION	460.77				F						
67	57230	REPAIR OF URETHRAL LESION	460.77	00 15			F						
63	57240	REPAIR BLADDER & VAGINA	674.83				F						
67	57240	REPAIR BLADDER & VAGINA	674.83	00 15			F						
63	57250	REPAIR RECTUM & VAGINA	678.42				F						
67	57250	REPAIR RECTUM & VAGINA	678.42	00 15			F						
63	57260	REPAIR OF VAGINA	859.81				F						
67	57260	REPAIR OF VAGINA	859.81	00 15			F						
63	57265	EXTENSIVE REPAIR OF VAGINA	964.12				F						
67	57265	EXTENSIVE REPAIR OF VAGINA	964.12	00 15			F						
63	57267	INSERT MESH/PELVIC FLR ADDON	277.70				F						
67	57267	INSERT MESH/PELVIC FLR ADDON	277.70	00 15			F						
63	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	554.02				F						
67	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	554.02	00 15			F						
63	57270	REPAIR OF BOWEL POUCH	898.46				F						
67	57270	REPAIR OF BOWEL POUCH	898.46	00 15			F						
63	57280	SUSPENSION OF VAGINA	1,065.01				F						
67	57280	SUSPENSION OF VAGINA	1,065.01	00 15			F						
63	57282	FIXATION FOR VAGINAL PROLAPSE	764.74				F						
67	57282	FIXATION FOR VAGINAL PROLAPSE	764.74	00 15			F						
63	57283	COLPOPEXY, INTRAPERITONEAL	771.78				F						
67	57283	COLPOPEXY, INTRAPERITONEAL	771.78	00 15			F						
63	57284	REPAIR PARAVAGINAL DEFECT	916.02				F						
67	57284	REPAIR PARAVAGINAL DEFECT	916.02	00 15			F						
63	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	762.64				F						
67	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	762.64	00 15			F						
63	57287	REVISE/REMOVE SLING REPAIR	808.71				F						
67	57287	REVISE/REMOVE SLING REPAIR	808.71	00 15			F						
63	57288	REPAIR BLADDER DEFECT	814.61				F						
67	57288	REPAIR BLADDER DEFECT	814.61	00 15			F						
63	57289	REPAIR BLADDER & VAGINA	874.42				F						
67	57289	REPAIR BLADDER & VAGINA	874.42	00 15			F						
63	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	604.16			X	F						
67	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	604.16	00 15		X	F						
63	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	916.56			X	F						
63	57295	CHANGE VAGINAL GRAFT	549.55				F						
67	57295	CHANGE VAGINAL GRAFT	549.55	00 15			F						
63	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,061.76				F						
67	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,061.76	00 15			F						
63	57300	REPAIR RECTUM-VAGINA FISTULA	667.11				F						
67	57300	REPAIR RECTUM-VAGINA FISTULA	667.11	00 15			F						
63	57305	REPAIR RECTUM-VAGINA FISTULA	1,083.51				F						
67	57305	REPAIR RECTUM-VAGINA FISTULA	1,083.51	00 15			F						
63	57307	FISTULA REPAIR & COLOSTOMY	1,180.25				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	57307	FISTULA REPAIR & COLOSTOMY	1,180.25	00 15			F						
63	57308	FISTULA REPAIR, TRANSPERINE	723.88				F						
67	57308	FISTULA REPAIR, TRANSPERINE	723.88	00 15			F						
63	57310	REPAIR URETHRA-VAGINA LESION	533.38				F						
67	57310	REPAIR URETHRA-VAGINA LESION	533.38	00 15			F						
63	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	602.30				F						
67	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	602.30	00 15			F						
63	57320	REPAIR BLADDER-VAGINA LESION	622.39				F						
67	57320	REPAIR BLADDER-VAGINA LESION	622.39	00 15			F						
63	57330	REPAIR BLADDER-VAGINA LESION	834.30				F						
67	57330	REPAIR BLADDER-VAGINA LESION	834.30	00 15			F						
63	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,302.39				F						
67	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,302.39	00 15			F						
63	57400	DILATE VAGINA UNDER ANESTHESIA	142.70		X		F						
67	57400	DILATE VAGINA UNDER ANESTHESIA	142.70	00 15	X		F						
63	57410	PELVIC EXAM UNDER ANESTHESIA	115.32		X		F						
67	57410	PELVIC EXAM UNDER ANESTHESIA	115.32	00 15	X		F						
63	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	190.70				F						
67	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	190.70	00 15			F						
63	57420	EXAM OF VAGINA W/SCOPE	142.32				F						
67	57420	EXAM OF VAGINA W/SCOPE	142.32	00 15			F						
63	57421	EXAM/BIOPSY OF VAG W/SCOPE	191.45				F						
67	57421	EXAM/BIOPSY OF VAG W/SCOPE	191.45	00 15			F						
63	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	1,025.37				F						
67	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	1,025.37	00 15			F						
63	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,073.62				F						
67	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,073.62	00 15			F						
63	57426	REVISION (INCLUDING REMOVAL) OF PROS	956.42				F						
67	57426	REVISION (INCLUDING REMOVAL) OF PROS	956.42	00 15			F						
63	57452	EXAMINATION OF VAGINA	136.53				F						
67	57452	EXAMINATION OF VAGINA	136.53	00 15			F						
63	57454	VAGINA EXAMINATION & BIOPSY	183.53				F						
67	57454	VAGINA EXAMINATION & BIOPSY	183.53	00 15			F						
63	57455	BIOPSY OF CERVIX W/SCOPE	173.67				F						
67	57455	BIOPSY OF CERVIX W/SCOPE	173.67	00 15			F						
63	57456	ENDOCERV CURETTAGE W/SCOPE	163.95				F						
67	57456	ENDOCERV CURETTAGE W/SCOPE	163.95	00 15			F						
63	57460	COLPOSCOPY (VAGINOSCOPY);	334.33				F						
67	57460	COLPOSCOPY (VAGINOSCOPY);	334.33	00 15			F						
63	57461	CONZ OF CERVIX W/SCOPE, LEEP	374.39				F						
67	57461	CONZ OF CERVIX W/SCOPE, LEEP	374.39	00 15			F						
63	57465	COMPUTER-AIDED MAPPING OF CERVIX	60.07				F						
67	57465	COMPUTER-AIDED MAPPING OF CERVIX	60.07	00 15			F						
63	57500	BIOPSY OF CERVIX	162.09				F						
67	57500	BIOPSY OF CERVIX	162.09	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	57505	ENDOCERVICAL CURETTAGE	163.38				F						
67	57505	ENDOCERVICAL CURETTAGE	163.38	00 15			F						
63	57510	CAUTERIZATION OF CERVIX	179.80				F						
67	57510	CAUTERIZATION OF CERVIX	179.80	00 15			F						
63	57511	CRYOCAUTERY OF CERVIX	212.70				F						
67	57511	CRYOCAUTERY OF CERVIX	212.70	00 15			F						
63	57513	LASER SURGERY	219.35				F						
67	57513	LASER SURGERY	219.35	00 15			F						
63	57520	BIOPSY OF CERVIX 10800	380.37				F						
67	57520	BIOPSY OF CERVIX 10800	380.37	00 15			F						
63	57522	CONIZATION OF CERVIX	327.31				F						
67	57522	CONIZATION OF CERVIX	327.31	00 15			F						
63	57530	REMOVAL OF CERVIX	407.60				F						
67	57530	REMOVAL OF CERVIX	407.60	00 15			F						
63	57531	REMOVAL OF CERVIX, RADICAL	2,056.96				F						
67	57531	REMOVAL OF CERVIX, RADICAL	2,056.96	00 15			F						
63	57540	REMOVAL OF RESIDUAL CERVIX	875.30				F						
67	57540	REMOVAL OF RESIDUAL CERVIX	875.30	00 15			F						
63	57545	REMOVE CERVIX, REPAIR PELVIS	922.41				F						
67	57545	REMOVE CERVIX, REPAIR PELVIS	922.41	00 15			F						
63	57550	REMOVAL OF RESIDUAL CERVIX	473.25				F						
67	57550	REMOVAL OF RESIDUAL CERVIX	473.25	00 15			F						
63	57555	REMOVE CERVIX, REPAIR VAGINA	682.92				F						
67	57555	REMOVE CERVIX, REPAIR VAGINA	682.92	00 15			F						
63	57556	REMOVE CERVIX, REPAIR BOWEL	647.95				F						
67	57556	REMOVE CERVIX, REPAIR BOWEL	647.95	00 15			F						
63	57558	DILATION AND CURETTAGE OF CERVICAL S	169.67				F						
67	57558	DILATION AND CURETTAGE OF CERVICAL S	169.67	00 15			F						
63	57700	REVISION OF CERVIX	385.99				F						
67	57700	REVISION OF CERVIX	385.99	00 15			F						
63	57720	REVISION OF CERVIX	364.60				F						
67	57720	REVISION OF CERVIX	364.60	00 15			F						
63	57800	DILATION OF CERVICAL CANAL	82.60				F						
67	57800	DILATION OF CERVICAL CANAL	82.60	00 15			F						
63	58100	BIOPSY OF UTERUS LINING	109.31				F						
67	58100	BIOPSY OF UTERUS LINING	109.31	00 15			F						
63	58110	BX DONE W/COLPOSCOPY ADD-ON	54.36				F						
67	58110	BX DONE W/COLPOSCOPY ADD-ON	54.36	00 15			F						
63	58120	DILATION AND CURETTAGE	321.29	12 99			F						
67	58120	DILATION AND CURETTAGE,NONOBSTETRICA	321.29	12 15			F						
63	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	1,033.79				F						
67	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	1,033.79	00 15			F						
63	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	624.51				F						
67	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	624.51	00 15			F						
63	58146	MYOMECTOMY ABDOM COMPLEX	1,280.91				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	58146	MYOMECTOMY ABDOM COMPLEX	1,280.91	00	15			F						
63	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,119.34			X		F		X				
67	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,119.34	00	15	X		F		X				
63	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,372.24			X		F		X				
67	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,372.24	00	15	X		F		X				
63	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,060.72			X		F		X				
67	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,060.72	00	15	X		F		X				
63	58200	TAH,W/PART.VAGINECTOMY,...BX	1,483.35			X		F		X				
67	58200	TAH,W/PART.VAGINECTOMY,...BX	1,483.35	00	15	X		F		X				
63	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	2,005.36			X		F		X				
67	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	2,005.36	00	15	X		F		X				
63	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,225.75			X		F		X				
67	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,225.75	00	15	X		F		X				
63	58260	VAGINAL HYSTERECTOMY	927.52			X		F		X				
67	58260	VAGINAL HYSTERECTOMY	927.52	00	15	X		F		X				
63	58262	VAGINAL HYST WITH REMOVAL OF TUBES	1,025.22			X		F		X				
67	58262	VAGINAL HYST WITH REMOVAL OF TUBES	1,025.22	00	15	X		F		X				
63	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,100.75			X		F		X				
67	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,100.75	00	15	X		F		X				
63	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,184.49			X		F		X				
67	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,184.49	00	15	X		F		X				
63	58270	VAG HYSTERECT;REPAIR ENTEROCELE	990.59			X		F		X				
67	58270	VAG HYSTERECT;REPAIR ENTEROCELE	990.59	00	15	X		F		X				
63	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,093.04			X		F		X				
67	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,093.04	00	15	X		F		X				
63	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,174.38			X		F		X				
67	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,174.38	00	15	X		F		X				
63	58285	VAGINAL HYSTERECTOMY;RADICAL	1,561.57			X		F		X				
67	58285	VAGINAL HYSTERECTOMY;RADICAL	1,561.57	00	15	X		F		X				
63	58290	VAG HYST COMPLEX	1,276.82			X		F		X				
67	58290	VAG HYST COMPLEX	1,276.82	00	15	X		F		X				
63	58291	VAG HYST INCL T/O, COMPLEX	1,380.67			X		F		X				
67	58291	VAG HYST INCL T/O, COMPLEX	1,380.67	00	15	X		F		X				
63	58292	VAG HYST T/O & REPAIR, COMPL	1,455.77			X		F		X				
67	58292	VAG HYST T/O & REPAIR, COMPL	1,455.77	00	15	X		F		X				
63	58294	VAG HYST W/ENTEROCELE, COMPL	1,351.21			X		F		X				
67	58294	VAG HYST W/ENTEROCELE, COMPL	1,351.21	00	15	X		F		X				
63	58301	REMOVE INTRAUTERINE DEVICE	118.33	10	60			F						
67	58301	REMOVE INTRAUTERINE DEVICE	118.33	10	15			F						
63	58340	INJECT FOR UTERUS/TUBE X-RAY	252.12	21	59	X		F		X				
63	58346	INSERT HEYMAN UTERI CAPSULE	534.58					F						
67	58346	INSERT HEYMAN UTERI CAPSULE	534.58	00	15			F						
63	58353	ENDOMETR ABLATE, THERMAL	966.32			X		F						
67	58353	ENDOMETR ABLATE, THERMAL	966.32	00	15	X		F						
63	58356	ENDOMETRIAL CRYOABLATION	1,734.97			X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	58356	ENDOMETRIAL CRYOABLATION	1,734.97	00 15	X		F						
63	58400	UTERINE SUSPENSION	507.24				F						
67	58400	UTERINE SUSPENSION	507.24	00 15			F						
63	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	902.89				F						
67	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	902.89	00 15			F						
63	58520	REPAIR OF RUPTURED UTERUS	885.02				F						
67	58520	REPAIR OF RUPTURED UTERUS	885.02	00 15			F						
63	58540	REVISION OF UTERUS	1,014.50				F						
67	58540	REVISION OF UTERUS	1,014.50	00 15			F						
63	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	804.98		X		F		X				
67	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	804.98	00 15	X		F		X				
63	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	918.20		X		F		X				
67	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	918.20	00 15	X		F		X				
63	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	933.25		X		F		X				
67	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	933.25	00 15	X		F		X				
63	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	1,004.47		X		F		X				
67	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	1,004.47	00 15	X		F		X				
63	58545	LAPAROSCOPIC MYOMECTOMY	997.74				F						
67	58545	LAPAROSCOPIC MYOMECTOMY	997.74	00 15			F						
63	58546	LAPARO-MYOMECTOMY, COMPLEX	1,236.44				F						
67	58546	LAPARO-MYOMECTOMY, COMPLEX	1,236.44	00 15			F						
63	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	2,069.82		X		F		X				
67	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	2,069.82	00 15	X		F		X				
63	58550	LAPARO-ASST VAG HYSTERECTOMY	975.17		X		F						
67	58550	LAPARO-ASST VAG HYSTERECTOMY	975.17	00 15	X		F						
63	58552	LAPARO-VAG HYST INCL T/O	1,085.52		X		F		X				
67	58552	LAPARO-VAG HYST INCL T/O	1,085.52	00 15	X		F		X				
63	58553	LAPARO-VAG HYST, COMPLEX	1,243.19		X		F		X				
67	58553	LAPARO-VAG HYST, COMPLEX	1,243.19	00 15	X		F		X				
63	58554	LAPARO-VAG HYST W/T/O, COMPL	1,443.75		X		F		X				
67	58554	LAPARO-VAG HYST W/T/O, COMPL	1,443.75	00 15	X		F		X				
63	58555	HYSTEROSCOPY, DX, SEP PROC	381.47		X		F						
67	58555	HYSTEROSCOPY, DX, SEP PROC	381.47	00 15	X		F						
63	58558	HYSTEROSCOPY, BIOPSY	1,372.43		X		F						
67	58558	HYSTEROSCOPY, BIOPSY	1,372.43	00 15	X		F						
63	58559	HYSTEROSCOPY, LYSIS	313.79		X		F						
67	58559	HYSTEROSCOPY, LYSIS	313.79	00 15	X		F						
63	58560	HYSTEROSCOPY, RESECT SEPTUM	345.64		X		F						
67	58560	HYSTEROSCOPY, RESECT SEPTUM	345.64	00 15	X		F						
63	58561	HYSTEROSCOPY, REMOVE MYOMA	396.12		X		F						
67	58561	HYSTEROSCOPY, REMOVE MYOMA	396.12	00 15	X		F						
63	58562	HYSTEROSCOPY, REMOVE FB	460.16		X		F						
67	58562	HYSTEROSCOPY, REMOVE FB	460.16	00 15	X		F						
63	58563	HYSTEROSCOPY, ABLATION	2,170.19		X		F						
67	58563	HYSTEROSCOPY, ABLATION	2,170.19	00 15	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	58565	HYSTEROSCOPY, STERILIZATION	1,731.89	21	59	X		F		X				
63	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	890.66			X		F		X				
67	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	890.66	00	15	X		F		X				
63	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	999.51			X		F		X				
67	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	999.51	00	15	X		F		X				
63	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,146.64			X		F		X				
67	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,146.64	00	15	X		F		X				
63	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,342.35			X		F		X				
67	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,342.35	00	15	X		F		X				
63	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,125.42			X		F		X				
67	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,125.42	00	15	X		F		X				
63	58600	DIVISION OF FALLOPIAN TUBE	408.50	21	55	X		F						
63	58605	DIVISION OF FALLOPIAN TUBE	371.06	21	55	X		F						
63	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	84.46	21	55	X		F		X				
63	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	278.69	21	55	X		F						
63	58660	LAPAROSCOPY, LYSIS	756.02			X		F						
67	58660	LAPAROSCOPY, LYSIS	756.02	00	15	X		F						
63	58661	LAPAROSCOPY, REMOVE ADNEXA	722.67			X		F						
67	58661	LAPAROSCOPY, REMOVE ADNEXA	722.67	00	15	X		F						
63	58662	LAPAROSCOPY, EXCISE LESIONS	787.24			X		F						
67	58662	LAPAROSCOPY, EXCISE LESIONS	787.24	00	15	X		F						
63	58670	LAPAROSCOPY, TUBAL CAUTERY	409.16	10	59	X		F						
67	58670	LAPAROSCOPY, TUBAL CAUTERY	409.16	10	15	X		F						
63	58671	LAPAROSCOPY, TUBAL BLOCK	409.16			X		F						
67	58671	LAPAROSCOPY, TUBAL BLOCK	409.16	00	15	X		F						
63	58673	LAPAROSCOPY, SALPINGOSTOMY	880.16			X		F				X		
67	58673	LAPAROSCOPY, SALPINGOSTOMY	880.16	00	15	X		F				X		
63	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	901.05			X		F						
67	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	901.05	00	15	X		F						
63	58700	REMOVAL OF FALLOPIAN TUBE	883.41			X		F						
67	58700	REMOVAL OF FALLOPIAN TUBE	883.41	00	15	X		F						
63	58720	REMOVAL OF OVARY/TUBE(S)	834.31			X		F						
67	58720	REMOVAL OF OVARY/TUBE(S)	834.31	00	15	X		F						
63	58800	DRAINAGE OF OVARIAN CYST(S)	393.22					F						
67	58800	DRAINAGE OF OVARIAN CYST(S)	393.22	00	15			F						
63	58805	DRAINAGE OF OVARIAN CYST(S)	469.97					F						
67	58805	DRAINAGE OF OVARIAN CYST(S)	469.97	00	15			F						
63	58820	DRAINAGE OF OVARIAN ABSCESS	370.31					F						
67	58820	DRAINAGE OF OVARIAN ABSCESS	370.31	00	15			F						
63	58822	DRAINAGE OF OVARIAN ABSCESS	789.38					F						
67	58822	DRAINAGE OF OVARIAN ABSCESS	789.38	00	15			F						
63	58825	TRANSPOSITION, OVARY(S)	783.92			X		F						
67	58825	TRANSPOSITION, OVARY(S)	783.92	00	15	X		F						
63	58900	BIOPSY OF OVARY(S)	480.48					F						
67	58900	BIOPSY OF OVARY(S)	480.48	00	15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	58920	PARTIAL REMOVAL OF OVARY(S)	790.34					F						
67	58920	PARTIAL REMOVAL OF OVARY(S)	790.34	00	15			F						
63	58925	REMOVAL OF OVARIAN CYST(S)	847.82					F						
67	58925	REMOVAL OF OVARIAN CYST(S)	847.82	00	15			F						
63	58940	REMOVAL OF OVARY(S)	610.69			X		F						
67	58940	REMOVAL OF OVARY(S)	610.69	00	15	X		F						
63	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,290.82			X		F						
67	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,290.82	00	15	X		F						
63	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,265.01					F						
67	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,265.01	00	15			F						
63	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,587.95			X		F		X				
67	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,587.95	00	15	X		F		X				
63	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,811.28					F						
67	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,811.28	00	15			F						
63	58953	TAH, RAD DISSECT FOR DEBULK	2,204.98			X		F						
67	58953	TAH, RAD DISSECT FOR DEBULK	2,204.98	00	15	X		F						
63	58954	TAH RAD DEBULK/LYMPH REMOVE	2,385.34			X		F						
67	58954	TAH RAD DEBULK/LYMPH REMOVE	2,385.34	00	15	X		F						
63	58956	BSO, OMENTECTOMY W/TAH	1,496.46			X		F		X				
67	58956	BSO, OMENTECTOMY W/TAH	1,496.46	00	15	X		F		X				
63	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,745.57					F						
67	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,745.57	00	15			F						
63	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,836.86					F						
67	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,836.86	00	15			F						
63	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,091.15					F						
67	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,091.15	00	15			F						
63	59000	AMNIOCENTESIS	126.95	16	60			F					X	
67	59000	AMNIOCENTESIS	126.95	10	15			F					X	
63	59001	AMNIOCENTESIS, THERAPEUTIC	200.04	16	60			F						
67	59001	AMNIOCENTESIS, THERAPEUTIC	200.04	10	15			F						
63	59012	CORDOCENTESIS,ANY METHOD	226.37	16	60			F						
67	59012	CORDECENTESIS, ANY METHOD	226.37	10	15			F						
63	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	174.23	16	60			F	X					
67	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	174.23	10	15			F	X					
65	59020	FETAL OXYTOCIN STRESS TEST	41.48	10	60	X		F	X					
65	59025	FETAL NON-STRESS TEST	32.29	10	60	X		F						
63	59030	FETAL SCALP BLOOD SAMPLE	126.68	16	60			F						
67	59030	FETAL SCALP BLOOD SAMPLE	126.68	10	15			F						
63	59050	INTERNAL FETAL MONITORING/CONSULTAN	56.68	16	60	X		F						
67	59050	INTERNAL FETAL MONITORING/CONSULTANT	56.68	10	15	X		F						
63	59051	FETAL MONITOR/INTERPRET ONL	47.25	16	60			F						
67	59051	FETAL MONITOR/INTERPRET ONL	47.25	10	15			F						
63	59070	TRANSABDOM AMNIOINFUS W/ US	438.27	16	60			F						
67	59070	TRANSABDOM AMNIOINFUS W/ US	438.27	10	15			F						
63	59074	FETAL FLUID DRAINAGE W/ US	422.65	16	60			F						

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

COLUMN:

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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
67	59074	FETAL FLUID DRAINAGE W/ US	422.65	10	15			F						
63	59076	FETAL SHUNT PLACEMENT, W/ US	586.02	16	60			F						
67	59076	FETAL SHUNT PLACEMENT, W/ US	586.02	10	15			F						
63	59100	REMOVE UTERUS LESION	960.34	16	60	X		F						
67	59100	REMOVE UTERUS LESION	960.34	10	15	X		F						
63	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	916.14	16	60	X		F						
67	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	916.14	10	15	X		F						
63	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	916.46	16	60	X		F						
67	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	916.46	10	15	X		F						
63	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,066.81	16	60	X		F						
67	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,066.81	10	15	X		F						
63	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	1,011.09	16	60	X		F						
67	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	1,011.09	10	15	X		F						
63	59140	SURG TX ECTOPIC PG, CERVICAL	464.85	16	60	X		F						
67	59140	SURG TX ECTOPIC PG, CERVICAL	464.85	10	15	X		F						
63	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	888.87	16	60	X		F						
67	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	888.87	10	15	X		F						
63	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	869.93	16	60	X		F						
67	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	869.93	10	15	X		F						
63	59160	D&C AFTER DELIVERY	297.12	16	60			F						
67	59160	D&C AFTER DELIVERY	297.12	10	15			F						
63	59200	INSERTION OF CERVICAL DILATOR	111.95	16	60			F						
67	59200	INSERTION OF CERVICAL DILATOR	111.95	10	15			F						
63	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	250.26	16	60	X		F						
67	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	250.26	10	15	X		F						
63	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	169.39	16	60			F						
67	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	169.39	10	15			F						
63	59325	CERCLAGE OF CERVIX;ABDOMINAL	270.32	16	60			F						
67	59325	CERCLAGE OF CERVIX;ABDOMINAL	270.32	10	15			F						
63	59350	REPAIR OF UTERUS	315.51	16	60			F						
67	59350	REPAIR OF UTERUS	315.51	10	15			F						
63	59400	OBSTETRICAL CARE	2,660.43	10	60			F						M
67	59400	OBSTETRICAL CARE	2,660.43	10	60			F						M
63	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	902.71	16	60			F						
67	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	902.71	10	15			F						
63	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,191.20	16	60			F						M
67	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,191.20	10	15			F						M
63	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	115.24	16	60			F						
67	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	115.24	10	15			F						
63	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	102.40	16	60			F						
67	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	102.40	10	15			F						
63	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	289.36	16	60			F						
67	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	289.36	10	15			F						
63	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,954.42	16	60			F						M
67	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,954.42	10	15			F						M

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	59514	CESAREAN DELIVERY ONLY;	1,024.87	16	60			F						
67	59514	CESAREAN DELIVERY ONLY	1,024.87	10	15			F						
63	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,468.55	16	60			F						M
67	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,468.55	10	15			F						M
63	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	543.56	16	60	X		F		X				
67	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	543.56	10	15	X		F		X				
63	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,798.06	16	60			F						M
67	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,798.06	10	15			F						M
63	59612	VBAC DELIVERY ONLY	1,025.77	16	60			F						
67	59612	VBAC DELIVERY ONLY	1,025.77	10	15			F						
63	59614	VBAC DELIVERY INCL POSTPARTUM	1,295.12	16	60			F						M
67	59614	VBAC DELIVERY INCL POSTPARTUM	1,295.12	10	15			F						M
63	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,987.66	16	60			F						M
67	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,987.66	10	15			F						M
63	59620	ATTEMPTED VBAC DELIVERY ONLY	1,061.65	16	60			F						
67	59620	ATTEMPTED VBAC DELIVERY ONLY	1,061.65	10	15			F						
63	59622	ATTEMPTED VBAC-INCL POSTPARTUM	1,523.64	16	60			F						M
67	59622	ATTEMPTED VBAC INCL POSTPARTUM	1,523.64	10	15			F						M
63	59812	TREAT SPONTANEOUS ABORTION	398.97	16	60	X		F						
67	59812	TREAT SPONTANEOUS ABORTION	398.97	10	15	X		F						
63	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	479.70	16	60	X		F						
67	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	479.70	10	15	X		F						
63	59821	TREAT MISSED ABORTION; SECOND TRIMES	475.47	16	60	X		F						
67	59821	TREAT MISSED ABORTION; SECOND TRIMES	475.47	10	15	X		F						
63	59830	TREATMENT OF SEPTIC ABORTION	517.24	16	60	X		F						
67	59830	TREATMENT OF SEPTIC ABORTION	517.24	10	15	X		F						
63	59840	THERAPUTIC ABORTION	274.52	16	60	X		F						
67	59840	THERAPUTIC ABORTION	274.52	10	15	X		F						
63	59841	ABORTION BY DILATION & EVACUATION	472.22	16	60	X		F						
67	59841	ABORTION BY DILATION & EVACUATION	472.22	10	15	X		F						
63	59850	SALINE ABORTION	437.99	16	60	X		F						
67	59850	SALINE ABORTION	437.99	10	15	X		F						
63	59851	SALINE ABORTION WITH D&C	475.73	16	60	X		F						
67	59851	SALINE ABORTION WITH D&C	475.73	10	15	X		F						
63	59852	SALINE ABORTION WITH HYSTEROTOMY	655.87	16	60	X		F						
67	59852	SALINE ABORTION WITH HYSTEROTOMY	655.87	10	15	X		F						
63	59855	ABORTION	476.53	16	60	X		F						
67	59855	ABORTION	476.53	10	15	X		F						
63	59856	ABORTION	559.11	16	60	X		F						
67	59856	ABORTION	559.11	10	15	X		F						
63	59857	ABORTION	653.44	16	60	X		F						
67	59857	ABORTION	653.44	10	15	X		F						
63	59870	UTERINE EVACUATION & CURETTAGE HYDAT	590.91	16	60	X		F						
67	59870	UTERINE EVACUATION & CURETTAGE HYDAT	590.91	10	15	X		F						
63	59871	REMOVE CERCLAGE SUTURE	148.88	16	60			F						

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COLUMN:

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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
67	59871	REMOVE CERCLAGE SUTURE	148.88	10	15			F						
63	60000	DRAIN THYROID/TONGUE CYST	196.81											
67	60000	DRAIN THYROID/TONGUE CYST	196.81	00	15									
63	60100	BIOPSY OF THYROID	118.82										X	
67	60100	BIOPSY OF THYROID	118.82	00	15								X	
63	60200	REMOVE THYROID LESION	735.14											
67	60200	REMOVE THYROID LESION	735.14	00	15									
63	60210	PARTIAL EXCISION THYROID	780.39											
67	60210	PARTIAL EXCISION THYROID	780.39	00	15									
63	60212	PARTIAL THYROID EXCISION	1,140.41											
67	60212	PARTIAL THYROID EXCISION	1,140.41	00	15									
63	60220	PARTIAL REMOVAL OF THYROID	778.35											
67	60220	PARTIAL REMOVAL OF THYROID	778.35	00	15									
63	60225	PARTIAL REMOVAL OF THYROID	1,028.39											
67	60225	PARTIAL REMOVAL OF THYROID	1,028.39	00	15									
63	60240	REMOVAL OF THYROID	1,013.53											
67	60240	REMOVAL OF THYROID	1,013.53	00	15									
63	60252	REMOVAL OF THYROID	1,460.15											
67	60252	REMOVAL OF THYROID	1,460.15	00	15									
63	60254	EXTENSIVE THYROID SURGERY	1,844.91											
67	60254	EXTENSIVE THYROID SURGERY	1,844.91	00	15									
63	60260	REPEAT THYROID SURGERY	1,202.41											
67	60260	REPEAT THYROID SURGERY	1,202.41	00	15									
63	60270	REMOVAL OF THYROID	1,511.31											
67	60270	REMOVAL OF THYROID	1,511.31	00	15									
63	60271	REMOVAL OF THYROID	1,165.87											
67	60271	REMOVAL OF THYROID	1,165.87	00	15									
63	60280	REMOVE THYROID DUCT LESION	492.58											
67	60280	REMOVE THYROID DUCT LESION	492.58	00	15									
63	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	650.44											
67	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	650.44	00	15									
63	60300	ASPIRATION AND/OR INJECTION, THYROID	112.58											
67	60300	ASPIRATION AND/OR INJECTION, THYROID	112.58	00	15									
63	60500	EXPLORE PARATHYROID GLANDS	1,072.22											
67	60500	EXPLORE PARATHYROID GLANDS	1,072.22	00	15									
63	60502	RE-EXPLORE PARATHYROID(S)	1,440.69											
67	60502	RE-EXPLORE PARATHYROID(S)	1,440.69	00	15									
63	60505	EXPLORE PARATHYROID GLANDS	1,543.80											
67	60505	EXPLORE PARATHYROID GLANDS	1,543.80	00	15									
63	60512	AUTOTRANSPLANT, PARATHYROID	268.72											
67	60512	AUTOTRANSPLANT, PARATHYROID	268.72	00	15									
63	60520	REMOVAL OF THYMUS GLAND	1,162.70											
67	60520	REMOVAL OF THYMUS GLAND	1,162.70	00	15									
63	60521	REMOVAL THYMUS GLAND	1,241.59											
67	60521	REMOVAL THYMUS GLAND	1,241.59	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
63	60522	REMOVAL OF THYMUS GLAND	1,505.88										
67	60522	REMOVAL OF THYMUS GLAND	1,505.88	00 15									
63	60540	EXPLORE ADRENAL GLAND	1,188.66										
67	60540	EXPLORE ADRENAL GLAND	1,188.66	00 15									
63	60545	EXPLORE ADRENAL GLAND	1,381.73										
67	60545	EXPLORE ADRENAL GLAND	1,381.73	00 15									
63	60600	REMOVE CAROTID BODY LESION	1,520.06										
67	60600	REMOVE CAROTID BODY LESION	1,520.06	00 15									
63	60605	REMOVE CAROTID BODY LESION	1,829.58										
67	60605	REMOVE CAROTID BODY LESION	1,829.58	00 15									
63	60650	LAPAROSCOPY ADRENALECTOMY	1,317.32										
67	60650	LAPAROSCOPY ADRENALECTOMY	1,317.32	00 15									
63	61000	REMOVE CRANIAL CAVITY FLUID	127.35										
67	61000	REMOVE CRANIAL CAVITY FLUID	127.35	00 15									
63	61001	SUBDURAL TAP....SUBSEQUENT TAPS	120.01									X	
67	61001	SUBDURAL TAP....SUBSEQUENT TAPS	120.01	00 15								X	
63	61020	REMOVE BRAIN CAVITY FLUID	118.37									X	
67	61020	REMOVE BRAIN CAVITY FLUID	118.37	00 15								X	
63	61026	PUNCTURE BURR HOLE FOR INJECT	118.02										
67	61026	PUNCTURE BURR HOLE FOR INJECT	118.02	00 15									
63	61050	REMOVE BRAIN CANAL FLUID	87.08										
67	61050	REMOVE BRAIN CANAL FLUID	87.08	00 15									
63	61055	CERVICAL PUNTURE FOR INJECTION	130.07										
67	61055	CERVICAL PUNTURE FOR INJECTION	130.07	00 15									
63	61070	BRAIN CANAL SHUNT PROCEDURE	61.73										
67	61070	BRAIN CANAL SHUNT PROCEDURE	61.73	00 15									
63	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	517.51										
67	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	517.51	00 15									
63	61107	TWIST DRILL HOLE/VENTRICULAR CATH	354.20										
67	61107	TWIST DRILL HOLE/VENTRICULAR CATH	354.20	00 15									
63	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	1,013.83										
67	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	1,013.83	00 15									
63	61120	PIERCE SKULL FOR EXAMINATION	840.90										
67	61120	PIERCE SKULL FOR EXAMINATION	840.90	00 15									
63	61140	PIERCE SKULL FOR BIOPSY	1,428.07										
67	61140	PIERCE SKULL FOR BIOPSY	1,428.07	00 15									
63	61150	PIERCE SKULL FOR DRAINAGE	1,523.77										
67	61150	PIERCE SKULL FOR DRAINAGE	1,523.77	00 15									
63	61151	PIERCE SKULL FOR DRAINAGE	1,119.50									X	
67	61151	PIERCE SKULL FOR DRAINAGE	1,119.50	00 15								X	
63	61154	PIERCE SKULL FOR DRAINAGE	1,435.13									X	
67	61154	PIERCE SKULL FOR DRAINAGE	1,435.13	00 15								X	
63	61156	PIERCE SKULL FOR DRAINAGE	1,389.82										
67	61156	PIERCE SKULL FOR DRAINAGE	1,389.82	00 15									
63	61210	PIERCE SKULL; IMPLANT DEVICE	416.51										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	61210	PIERCE SKULL; IMPLANT DEVICE	416.51	00 15									
63	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	572.89										
67	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	572.89	00 15									
63	61250	PIERCE SKULL & EXPLORE	977.45										
67	61250	PIERCE SKULL & EXPLORE	977.45	00 15									
63	61253	PIERCE SKULL & EXPLORE	1,119.50										
67	61253	PIERCE SKULL & EXPLORE	1,119.50	00 15									
63	61304	INCISE SKULL FOR EXPLORATION	1,846.05										
67	61304	INCISE SKULL FOR EXPLORATION	1,846.05	00 15									
63	61305	INCISE SKULL FOR EXPLORATION	2,265.03										
67	61305	INCISE SKULL FOR EXPLORATION	2,265.03	00 15									
63	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,340.52										
67	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,340.52	00 15									
63	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,236.70										
67	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,236.70	00 15									
63	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,055.06										
67	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,055.06	00 15									
63	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,335.67										
67	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,335.67	00 15									
63	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	99.29										
67	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	99.29	00 15									
63	61320	INCISE SKULL FOR DRAINAGE	2,137.51										
67	61320	INCISE SKULL FOR DRAINAGE	2,137.51	00 15									
63	61321	INCISE SKULL FOR DRAINAGE	2,400.27										
67	61321	INCISE SKULL FOR DRAINAGE	2,400.27	00 15									
63	61322	DECOMPRESSIVE CRANIOTOMY	2,688.33										
67	61322	DECOMPRESSIVE CRANIOTOMY	2,688.33	00 15									
63	61323	DECOMPRESSIVE LOBECTOMY	2,704.18										
67	61323	DECOMPRESSIVE LOBECTOMY	2,704.18	00 15									
63	61330	EXPLORATION OF EYE SOCKET	2,024.16										
67	61330	EXPLORATION OF EYE SOCKET	2,024.16	00 15									
63	61333	EXPLORE ORBIT; REMOVE LESION	2,279.74										
67	61333	EXPLORE ORBIT; REMOVE LESION	2,279.74	00 15									
63	61340	RELIEVE CRANIAL PRESSURE	1,625.26										
67	61340	RELIEVE CRANIAL PRESSURE	1,625.26	00 15									
63	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,480.46										
67	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,480.46	00 15									
63	61345	RELIEVE CRANIAL PRESSURE	2,307.35										
67	61345	RELIEVE CRANIAL PRESSURE	2,307.35	00 15									
63	61450	INCISE SKULL FOR SURGERY	2,169.53										
67	61450	INCISE SKULL FOR SURGERY	2,169.53	00 15									
63	61458	INCISE SKULL FOR SURGERY	2,277.44										
67	61458	INCISE SKULL FOR SURGERY	2,277.44	00 15									
63	61460	INCISE SKULL FOR SURGERY	2,379.74										
67	61460	INCISE SKULL FOR SURGERY	2,379.74	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	61500	REMOVAL OF SKULL LESION	1,451.22										
67	61500	REMOVAL OF SKULL LESION	1,451.22	00 15									
63	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,260.55										
67	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,260.55	00 15									
63	61510	REMOVAL OF BRAIN LESION	2,480.15										
67	61510	REMOVAL OF BRAIN LESION	2,480.15	00 15									
63	61512	REMOVE BRAIN LINING LESION	2,885.79										
67	61512	REMOVE BRAIN LINING LESION	2,885.79	00 15									
63	61514	REMOVAL OF BRAIN ABSCESS	2,164.77										
67	61514	REMOVAL OF BRAIN ABSCESS	2,164.77	00 15									
63	61516	REMOVAL OF BRAIN LESION	2,111.97										
67	61516	REMOVAL OF BRAIN LESION	2,111.97	00 15									
63	61517	IMPLT BRAIN CHEMOTX AGENT	98.48										
67	61517	IMPLT BRAIN CHEMOTX AGENT	98.48	00 15									
63	61518	REMOVAL OF BRAIN LESION	3,125.04										
67	61518	REMOVAL OF BRAIN LESION	3,125.04	00 15									
63	61519	REMOVE BRAIN LINING LESION	3,332.90										
67	61519	REMOVE BRAIN LINING LESION	3,332.90	00 15									
63	61520	REMOVAL OF BRAIN LESION	4,210.33										
67	61520	REMOVAL OF BRAIN LESION	4,210.33	00 15									
63	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,583.79										
67	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,583.79	00 15									
63	61522	REMOVAL OF BRAIN ABSCESS	2,471.79										
67	61522	REMOVAL OF BRAIN ABSCESS	2,471.79	00 15									
63	61524	REMOVAL OF BRAIN LESION	2,355.17										
67	61524	REMOVAL OF BRAIN LESION	2,355.17	00 15									
63	61526	REMOVAL OF BRAIN LESION	3,746.92										
67	61526	REMOVAL OF BRAIN LESION	3,746.92	00 15									
63	61530	REMOVAL OF BRAIN LESION	3,476.04										
67	61530	REMOVAL OF BRAIN LESION	3,476.04	00 15									
63	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,379.17										
67	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,379.17	00 15									
63	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,724.16										
67	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,724.16	00 15									
63	61534	REMOVAL OF BRAIN LESION	1,863.13										
67	61534	REMOVAL OF BRAIN LESION	1,863.13	00 15									
63	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,129.34										
67	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,129.34	00 15									
63	61536	REMOVAL OF BRAIN LESION	2,914.60										
67	61536	REMOVAL OF BRAIN LESION	2,914.60	00 15									
63	61537	REMOVAL OF BRAIN TISSUE	2,782.26										
67	61537	REMOVAL OF BRAIN TISSUE	2,782.26	00 15									
63	61538	REMOVAL OF BRAIN TISSUE	3,010.60										
67	61538	REMOVAL OF BRAIN TISSUE	3,010.60	00 15									
63	61539	REMOVAL OF BRAIN TISSUE	2,668.53										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	61539	REMOVAL OF BRAIN TISSUE	2,668.53	00 15									
63	61540	REMOVAL OF BRAIN TISSUE	2,459.67										
67	61540	REMOVAL OF BRAIN TISSUE	2,459.67	00 15									
63	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,430.61										
67	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,430.61	00 15									
63	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,456.28										
67	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,456.28	00 15									
63	61544	REMOVE & TREAT BRAIN LESION	2,145.62										
67	61544	REMOVE & TREAT BRAIN LESION	2,145.62	00 15									
63	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,600.56										
67	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,600.56	00 15									
63	61546	REMOVAL OF PITUITARY GLAND	2,609.59										
67	61546	REMOVAL OF PITUITARY GLAND	2,609.59	00 15									
63	61548	REMOVAL OF PITUITARY GLAND	1,758.01										
67	61548	REMOVAL OF PITUITARY GLAND	1,758.01	00 15									
63	61550	RELEASE OF SKULL SEAMS	1,344.15										
67	61550	RELEASE OF SKULL SEAMS	1,344.15	00 15									
63	61552	RELEASE OF SKULL SEAMS	1,676.36										
67	61552	RELEASE OF SKULL SEAMS	1,676.36	00 15									
63	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,928.97										
67	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,928.97	00 15									
63	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,902.08										
67	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,902.08	00 15									
63	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,125.04										
67	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,125.04	00 15									
63	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,707.16										
67	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,707.16	00 15									
63	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,239.47										
67	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,239.47	00 15									
63	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,719.25										
67	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,719.25	00 15									
63	61566	REMOVAL OF BRAIN TISSUE	2,532.00										
67	61566	REMOVAL OF BRAIN TISSUE	2,532.00	00 15									
63	61567	INCISION OF BRAIN TISSUE	2,884.13										
67	61567	INCISION OF BRAIN TISSUE	2,884.13	00 15									
63	61570	REMOVE BRAIN FOREIGN BODY	2,113.79										
67	61570	REMOVE BRAIN FOREIGN BODY	2,113.79	00 15									
63	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,249.36										
67	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,249.36	00 15									
63	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,832.03										
67	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,832.03	00 15									
63	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,670.50										
67	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,670.50	00 15									
63	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,719.90										
67	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,719.90	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,955.78										
67	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,955.78	00 15									
63	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,474.40										
67	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,474.40	00 15									
63	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,272.35										
67	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,272.35	00 15									
63	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,233.07										
67	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,233.07	00 15									
63	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,669.78										
67	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,669.78	00 15									
63	61586	RESECT NASOPHARYNX, SKULL	2,792.88										
67	61586	RESECT NASOPHARYNX, SKULL	2,792.88	00 15									
63	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,328.78										
67	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,328.78	00 15									
63	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,392.06										
67	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,392.06	00 15									
63	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,537.83										
67	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,537.83	00 15									
63	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,625.73										
67	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,625.73	00 15									
63	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,672.81										
67	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,672.81	00 15									
63	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,313.69										
67	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,313.69	00 15									
63	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,189.66										
67	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,189.66	00 15									
63	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,335.91										
67	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,335.91	00 15									
63	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,708.38										
67	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,708.38	00 15									
63	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,375.09										
67	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,375.09	00 15									
63	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,264.65										
67	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,264.65	00 15									
63	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,948.34										
67	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,948.34	00 15									
63	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,685.53										
67	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,685.53	00 15									
63	61611	TRANSECTION OR LIGATION, CAROTID ART	529.90										
67	61611	TRANSECTION OR LIGATION, CAROTID ART	529.90	00 15									
63	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,693.95										
67	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,693.95	00 15									
63	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,145.39										
67	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,145.39	00 15									
63	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,733.40										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,733.40	00 15									
63	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,442.00										
67	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,442.00	00 15									
63	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,593.75										
67	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,593.75	00 15									
63	61623	ENDOVASC TEMPORY VESSEL OCCL	646.81										
67	61623	ENDOVASC TEMPORY VESSEL OCCL	646.81	00 15									
63	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,304.32										
67	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,304.32	00 15									
63	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,001.42										
67	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,001.42	00 15									
63	61630	INTRACRANIAL ANGIOPLASTY	1,527.09		X								
67	61630	INTRACRANIAL ANGIOPLASTY	1,527.09	00 15	X								
63	61635	INTRACRAN ANGIOPLSTY W/STENT	1,649.88		X								
67	61635	INTRACRAN ANGIOPLSTY W/STENT	1,649.88	00 15	X								
63	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	942.29									X	
67	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	942.29	00 15								X	
63	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	642.73										
67	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	642.73	00 15									
63	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	276.98									X	
67	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	276.98	00 15								X	
63	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,520.64										
67	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,520.64	00 15									
63	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,702.29										
67	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,702.29	00 15									
63	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,212.71										
67	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,212.71	00 15									
63	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	5,078.78										
67	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	5,078.78	00 15									
63	61690	SURG..MALFORM;DURAL,SIMPLE	2,462.40										
67	61690	SURG..MALFORM;DURAL,SIMPLE	2,462.40	00 15									
63	61692	SURG..MALFORM;DURAL,COMPLEX	4,126.84										
67	61692	SURG..MALFORM;DURAL,COMPLEX	4,126.84	00 15									
63	61697	BRAIN ANEURYSM REPR, COMPLX	4,778.13										
67	61697	BRAIN ANEURYSM REPR, COMPLX	4,778.13	00 15									
63	61698	BRAIN ANEURYSM REPR, COMPLX	5,231.66										
67	61698	BRAIN ANEURYSM REPR, COMPLX	5,231.66	00 15									
63	61700	INNER SKULL VESSEL SURGERY	3,827.91										
67	61700	INNER SKULL VESSEL SURGERY	3,827.91	00 15									
63	61702	INNER SKULL VESSEL SURGERY	4,545.45										
67	61702	INNER SKULL VESSEL SURGERY	4,545.45	00 15									
63	61703	CLAMP NECK ARTERY	1,533.52										
67	61703	CLAMP NECK ARTERY	1,533.52	00 15									
63	61705	REVISE CIRCULATION TO HEAD	2,941.84										
67	61705	REVISE CIRCULATION TO HEAD	2,941.84	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	61708	REVISE CIRCULATION TO HEAD	2,877.03										
67	61708	REVISE CIRCULATION TO HEAD	2,877.03	00 15									
63	61710	REVISE CIRCULATION TO HEAD	2,426.94										
67	61710	REVISE CIRCULATION TO HEAD	2,426.94	00 15									
63	61711	FUSION OF SKULL ARTERIES	2,900.10										
67	61711	FUSION OF SKULL ARTERIES	2,900.10	00 15									
63	61720	INCISE SKULL/BRAIN SURGERY	1,435.04										
67	61720	INCISE SKULL/BRAIN SURGERY	1,435.04	00 15									
63	61735	INCISE SKULL/BRAIN SURGERY	1,801.46										
67	61735	INCISE SKULL/BRAIN SURGERY	1,801.46	00 15									
63	61736	LASER INTERSTITIAL THERMAL THERAPY	988.40										
67	61736	LASER INTERSTITIAL THERMAL THERAPY	988.40	00 15									
63	61737	LASER INTERSTITIAL THERMAL THERAPY	1,181.94										
67	61737	LASER INTERSTITIAL THERMAL THERAPY	1,181.94	00 15									
63	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,588.45										
67	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,588.45	00 15									
63	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,561.08										
67	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,561.08	00 15									
63	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,791.88										
67	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,791.88	00 15									
63	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,833.02										
67	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,833.02	00 15									
63	61781	STEREOTACTIC COMPUTER ASSISTED(NAVIG	267.59										
67	61781	STEREOTACTIC COMPUTER ASSISTED (NAVI	267.59	00 15									
63	61782	STEREOTACTIC COMPUTER ASSISTED(NAVIG	190.43										
67	61782	STEREOTACTIC COMPUTER ASSISTED (NAVI	190.43	00 15									
63	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	260.67										
67	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	260.67	00 15									
63	61790	TREAT TRIGEMINAL NERVE	992.18										
67	61790	TREAT TRIGEMINAL NERVE	992.18	00 15									
63	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,270.94										
67	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,270.94	00 15									
63	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,146.93										
67	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,146.93	00 15									
63	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	247.82									X	
67	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	247.82	00 15								X	
63	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,557.88										
67	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,557.88	00 15									
63	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	342.97									X	
67	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	342.97	00 15								X	
63	61800	APPLICATION OF STEREOTACTIC HEADFRAM	170.04										
67	61800	APPLICATION OF STEREOTACTIC HEADFRAM	170.04	00 15									
63	61850	IMPLANT NEUROELECTRODES	1,111.11										
67	61850	IMPLANT NEUROELECTRODES	1,111.11	00 15									
63	61860	IMPLANT NEUROELECTRODES	1,767.06										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	61860	IMPLANT NEUROELECTRODES	1,767.06	00 15									
63	61863	IMPLANT NEUROELECTRODE	1,695.34										
67	61863	IMPLANT NEUROELECTRODE	1,695.34	00 15									
63	61864	IMPLANT NEUROELECTRDE, ADDñL	320.20										
67	61864	IMPLANT NEUROELECTRDE, ADDñL	320.20	00 15									
63	61867	IMPLANT NEUROELECTRODE	2,577.91										
67	61867	IMPLANT NEUROELECTRODE	2,577.91	00 15									
63	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	565.08										
67	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	565.08	00 15									
63	61880	REVISE/REMOVE NEUROELECTRODE	653.74										
67	61880	REVISE/REMOVE NEUROELECTRODE	653.74	00 15									
63	61885	IMPLANT NEURORECEIVER	583.69			X							
67	61885	IMPLANT NEURORECEIVER	583.69	00 15		X							
63	61886	IMPLANT NEUROSTIM ARRAYS	971.84										
67	61886	IMPLANT NEUROSTIM ARRAYS	971.84	00 15									
63	61888	REVISE/REMOVE NEURORECEIVER	446.42			X							
67	61888	REVISE/REMOVE NEURORECEIVER	446.42	00 15		X							
63	62000	REPAIR OF SKULL FRACTURE	1,165.61										
67	62000	REPAIR OF SKULL FRACTURE	1,165.61	00 15									
63	62005	REPAIR OF SKULL FRACTURE	1,436.18										
67	62005	REPAIR OF SKULL FRACTURE	1,436.18	00 15									
63	62010	TREATMENT OF HEAD INJURY	1,735.11										
67	62010	TREATMENT OF HEAD INJURY	1,735.11	00 15									
63	62100	REPAIR BRAIN FLUID LEAKAGE	1,761.57										
67	62100	REPAIR BRAIN FLUID LEAKAGE	1,761.57	00 15									
63	62120	REPAIR SKULL CAVITY LESION	2,305.96										
67	62120	REPAIR SKULL CAVITY LESION	2,305.96	00 15									
63	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,726.97										
67	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,726.97	00 15									
63	62140	REPAIR OF SKULL DEFECT	1,143.83										
67	62140	REPAIR OF SKULL DEFECT	1,143.83	00 15									
63	62141	REPAIR OF SKULL DEFECT	1,281.61										
67	62141	REPAIR OF SKULL DEFECT	1,281.61	00 15									
63	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	998.92										
67	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	998.92	00 15									
63	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,175.56										
67	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,175.56	00 15									
63	62145	REPAIR OF SKULL & BRAIN	1,597.78										
67	62145	REPAIR OF SKULL & BRAIN	1,597.78	00 15									
63	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,410.75										
67	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,410.75	00 15									
63	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,593.05										
67	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,593.05	00 15									
63	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	142.49										
67	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	142.49	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	213.39										
67	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	213.39	00 15									
63	62161	DISSECT BRAIN W/SCOPE	1,715.03										
67	62161	DISSECT BRAIN W/SCOPE	1,715.03	00 15									
63	62162	REMOVE COLLOID CYST W/SCOPE	2,133.44										
67	62162	REMOVE COLLOID CYST W/SCOPE	2,133.44	00 15									
63	62164	REMOVE BRAIN TUMOR W/SCOPE	2,362.72										
67	62164	REMOVE BRAIN TUMOR W/SCOPE	2,362.72	00 15									
63	62165	REMOVE PITUIT TUMOR W/SCOPE	1,696.26										
67	62165	REMOVE PITUIT TUMOR W/SCOPE	1,696.26	00 15									
63	62180	ESTABLISH BRAIN CAVITY SHUNT	1,806.11										
67	62180	ESTABLISH BRAIN CAVITY SHUNT	1,806.11	00 15									
63	62190	ESTABLISH BRAIN CAVITY SHUNT	1,045.00										
67	62190	ESTABLISH BRAIN CAVITY SHUNT	1,045.00	00 15									
63	62192	ESTABLISH BRAIN CAVITY SHUNT	1,095.94										
67	62192	ESTABLISH BRAIN CAVITY SHUNT	1,095.94	00 15									
63	62194	REPLACE/IRRIGATE CATHETER	550.86										
67	62194	REPLACE/IRRIGATE CATHETER	550.86	00 15									
63	62200	ESTABLISH BRAIN CAVITY SHUNT	1,554.48										
67	62200	ESTABLISH BRAIN CAVITY SHUNT	1,554.48	00 15									
63	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,367.27										
67	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,367.27	00 15									
63	62220	ESTABLISH BRAIN CAVITY SHUNT	1,091.00										
67	62220	ESTABLISH BRAIN CAVITY SHUNT	1,091.00	00 15									
63	62223	ESTABLISH BRAIN CAVITY SHUNT	1,160.21										
67	62223	ESTABLISH BRAIN CAVITY SHUNT	1,160.21	00 15									
63	62225	REPLACE/IRRIGATE CATHETER	594.77										
67	62225	REPLACE/IRRIGATE CATHETER	594.77	00 15									
63	62230	REPLACE/REVISE BRAIN SHUNT	944.35										
67	62230	REPLACE/REVISE BRAIN SHUNT	944.35	00 15									
65	62252	CSF SHUNT REPROGRAM	51.75										
63	62256	REMOVE BRAIN CAVITY SHUNT	680.35										
67	62256	REMOVE BRAIN CAVITY SHUNT	680.35	00 15									
63	62258	REPLACE BRAIN CAVITY SHUNT	1,252.59										
67	62258	REPLACE BRAIN CAVITY SHUNT	1,252.59	00 15									
63	62263	LYSIS EPIDURAL ADHESIONS	663.31										
67	62263	LYSIS EPIDURAL ADHESIONS	663.31	00 15									
63	62264	EPIDURAL LYSIS ON SINGLE DAY	463.23										
67	62264	EPIDURAL LYSIS ON SINGLE DAY	463.23	00 15									
63	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	283.23										
67	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	283.23	00 15									
63	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	278.65										
67	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	278.65	00 15									
63	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	283.58										
67	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	283.58	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	140.33										
67	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	140.33	00 15									
63	62272	SPINAL PUNCTURE, THERAPEUTIC	189.58										
67	62272	SPINAL PUNCTURE, THERAPEUTIC	189.58										
63	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	179.83										
67	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	179.83	00 15									
63	62280	TREAT SPINAL CORD LESION	340.43									X	
67	62280	TREAT SPINAL CORD LESION	340.43	00 15								X	
63	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	254.31										
67	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	254.31	00 15									
63	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	325.68									X	
67	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	325.68	00 15								X	
63	62284	INJECTION FOR MYELOGRAM	199.48										
67	62284	INJECTION FOR MYELOGRAM	199.48	00 15									
63	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	609.55										
67	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	609.55	00 15									
63	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	366.10										
67	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	366.10	00 15									
63	62291	INJECT FOR SPINE DISK X-RAY	337.89										
67	62291	INJECT FOR SPINE DISK X-RAY	337.89	00 15									
63	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	622.34										
67	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	622.34	00 15									
63	62294	INJECTION INTO SPINAL ARTERY	1,073.61										
67	62294	INJECTION INTO SPINAL ARTERY	1,073.61	00 15									
63	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	270.20										
67	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	270.20	00 15									
63	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	274.86										
67	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	274.86	00 15									
63	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	268.35										
67	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	268.35	00 15									
63	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	291.09										
67	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	291.09	00 15									
63	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	175.60										
67	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	175.60	00 15									
63	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	271.96										
67	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	271.96	00 15									
63	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	146.69										
67	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	146.69	00 15									
63	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	267.49										
67	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	267.49	00 15									
63	62324	INJECTION(S), INCLUDING INDWELLING C	147.86										
67	62324	INJECTION(S), INCLUDING INDWELLING C	147.86	00 15									
63	62325	INJECTION(S), INCLUDING INDWELLING C	264.93										
67	62325	INJECTION(S), INCLUDING INDWELLING C	264.93	00 15									
63	62326	INJECTION(S), INCLUDING INDWELLING C	148.33										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	62326	INJECTION(S), INCLUDING INDWELLING C	148.33	00 15									
63	62327	INJECTION(S), INCLUDING INDWELLING C	278.37										
67	62327	INJECTION(S), INCLUDING INDWELLING C	278.37	00 15									
63	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	241.02									X	
67	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	241.02	00 15								X	
63	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	298.86										
67	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	298.86	00 15									
63	62350	IMPLANT SPINAL CATHETER	435.78			X		X					
67	62350	IMPLANT SPINAL CATHETER	435.78	00 15		X		X					
63	62351	IMPLANT SPINAL CATHETER	1,004.34			X		X					
67	62351	IMPLANT SPINAL CATHETER	1,004.34	00 15		X		X					
63	62355	REMOVE SPINAL CANAL CATHETER	299.51			X		X					
67	62355	REMOVE SPINAL CANAL CATHETER	299.51	00 15		X		X					
63	62360	INSERT SPINE INFUSION DEVICE	348.41			X		X					
67	62360	INSERT SPINE INFUSION DEVICE	348.41	00 15		X		X					
63	62361	IMPLANT SPINE INFUSION PUMP	481.69			X		X					
67	62361	IMPLANT SPINE INFUSION PUMP	481.69	00 15		X		X					
63	62362	IMPLANT SPINE INFUSION PUMP	423.16			X		X					
67	62362	IMPLANT SPINE INFUSION PUMP	423.16	00 15		X		X					
63	62365	REMOVE SPINE INFUSION DEVICE	324.09			X		X					
67	62365	REMOVE SPINE INFUSION DEVICE	324.09	00 15		X		X					
63	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	34.43					X					
67	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	34.43	00 15				X					
63	62368	ANALYZE SPINE INFUSION PUMP	47.50					X					
67	62368	ANALYZE SPINE INFUSION PUMP	47.50	00 15				X					
63	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	95.35					X					
67	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	95.35	00 15				X					
63	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	97.30					X					
67	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	97.30	00 15				X					
63	63001	RELIEVE SPINAL CORD PRESSURE	1,383.66										
67	63001	RELIEVE SPINAL CORD PRESSURE	1,383.66	00 15									
63	63003	RELIEVE SPINAL CORD PRESSURE	1,383.07										
67	63003	RELIEVE SPINAL CORD PRESSURE	1,383.07	00 15									
63	63005	RELIEVE SPINAL CORD PRESSURE	1,339.33										
67	63005	RELIEVE SPINAL CORD PRESSURE	1,339.33	00 15									
63	63011	RELIEVE PSINAL CORD PRESSURE	1,209.91										
67	63011	RELIEVE PSINAL CORD PRESSURE	1,209.91	00 15									
63	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,335.05										
67	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,335.05	00 15									
63	63015	RELIEVE SPINAL CORD PRESSURE	1,660.54										
67	63015	RELIEVE SPINAL CORD PRESSURE	1,660.54	00 15									
63	63016	RELIEVE SPINAL CORD PRESSURE	1,715.31										
67	63016	RELIEVE SPINAL CORD PRESSURE	1,715.31	00 15									
63	63017	RELIEVE SPINAL CORD PRESSURE	1,417.03										
67	63017	RELIEVE SPINAL CORD PRESSURE	1,417.03	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,216.56										
67	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,216.56	00 15									
63	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,009.69										
67	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,009.69	00 15									
63	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	261.86									X	
67	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	261.86	00 15								X	
63	63040	NECK SPINE DISK SURGERY	1,538.08										
67	63040	NECK SPINE DISK SURGERY	1,538.08	00 15									
63	63042	LOW BACK DISK SURGERY	1,437.28										
67	63042	LOW BACK DISK SURGERY	1,437.28	00 15									
63	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,438.71										
67	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,438.71	00 15									
63	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,368.87										
67	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,368.87	00 15									
63	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,228.41										
67	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,228.41	00 15									
63	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	235.12									X	
67	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	235.12	00 15								X	
63	63050	CERVICAL LAMINOPLASTY	1,637.48										
67	63050	CERVICAL LAMINOPLASTY	1,637.48	00 15									
63	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,884.61										
67	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,884.61	00 15									
63	63052	LAMINECTOMY, FACETECTOMY, OR FORAMIN	288.95										
67	63052	LAMINECTOMY, FACETECTOMY, OR FORAMIN	288.95	00 15									
63	63053	LAMINECTOMY, FACETECTOMY, OR FORAMIN	255.76									X	
67	63053	LAMINECTOMY, FACETECTOMY, OR FORAMIN	255.76	00 15								X	
63	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,825.13										
67	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,825.13	00 15									
63	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,667.01										
67	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,667.01	00 15									
63	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	360.73									X	
67	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	360.73	00 15								X	
63	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	2,001.01										
67	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	2,001.01	00 15									
63	63066	DECOMPRESS...THORACIC;EACH ADD SEG	233.12									X	
67	63066	DECOMPRESS...THORACIC;EACH ADD SEG	233.12	00 15								X	
63	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,512.72										
67	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,512.72	00 15									
63	63076	REMOVAL OF UPPER SPINE DISC AND RELE	271.15									X	
67	63076	REMOVAL OF UPPER SPINE DISC AND RELE	271.15	00 15								X	
63	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,707.15										
67	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,707.15	00 15									
63	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	234.20									X	
67	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	234.20	00 15								X	
63	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,963.94										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,963.94	00 15									
63	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	296.52									X	
67	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	296.52	00 15								X	
63	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,153.76										
67	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,153.76	00 15									
63	63086	VERT CORPECT..,THOR.,EACH ADD SEG	211.44									X	
67	63086	VERT CORPECT..,THOR.,EACH ADD SEG	211.44	00 15								X	
63	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,697.85										
67	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,697.85	00 15									
63	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	289.68									X	
67	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	289.68	00 15								X	
63	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,164.21										
67	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,164.21	00 15									
63	63091	VERT CORPECTOMY;EACH ADD SEGMENT	196.17									X	
67	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	196.17	00 15								X	
63	63101	REMOVAL OF VERTEBRAL BODY	2,605.96										
67	63101	REMOVAL OF VERTEBRAL BODY	2,605.96	00 15									
63	63102	REMOVAL OF VERTEBRAL BODY	2,555.81										
67	63102	REMOVAL OF VERTEBRAL BODY	2,555.81	00 15									
63	63103	REMOVE VERTEBRAL BODY ADD-ON	330.39									X	
67	63103	REMOVE VERTEBRAL BODY ADD-ON	330.39	00 15								X	
63	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,798.09										
67	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,798.09	00 15									
63	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,595.50										
67	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,595.50	00 15									
63	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,948.20										
67	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,948.20	00 15									
63	63185	INCISE SPINAL COLUMN/NERVES	1,266.66										
67	63185	INCISE SPINAL COLUMN/NERVES	1,266.66	00 15									
63	63190	INCISE SPINAL COLUMN/NERVES	1,359.77										
67	63190	INCISE SPINAL COLUMN/NERVES	1,359.77	00 15									
63	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,557.42										
67	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,557.42	00 15									
63	63197	INCISE SPINAL COLUMN & CORD	1,931.92										
67	63197	INCISE SPINAL COLUMN & CORD	1,931.92	00 15									
63	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,713.00										
67	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,713.00	00 15									
63	63250	REVISE SPINAL CORD VESSELS	3,353.50										
67	63250	REVISE SPINAL CORD VESSELS	3,353.50	00 15									
63	63251	REVISE SPINAL CORD VESSELS	3,427.31										
67	63251	REVISE SPINAL CORD VESSELS	3,427.31	00 15									
63	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,426.06										
67	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,426.06	00 15									
63	63265	LAMINECTOMY,LESION...;CERVICAL	1,877.22										
67	63265	LAMINECTOMY,LESION...;CERVICAL	1,877.22	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	63266	LAMINECTOMY,LESION...;THORACIC	1,930.48										
67	63266	LAMINECTOMY,LESION...;THORACIC	1,930.48	00 15									
63	63267	LAMINECTOMY,LESION...;LUMBAR	1,533.32										
67	63267	LAMINECTOMY,LESION...;LUMBAR	1,533.32	00 15									
63	63268	LAMINECTOMY,LESION....;SACRAL	1,565.16										
67	63268	LAMINECTOMY,LESION....;SACRAL	1,565.16	00 15									
63	63270	LAMINECTOMY,LESION....;CERVICAL	2,348.70										
67	63270	LAMINECTOMY,LESION....;CERVICAL	2,348.70	00 15									
63	63271	LAMINECTOMY,LESION...;THORACIC	2,345.77										
67	63271	LAMINECTOMY,LESION...;THORACIC	2,345.77	00 15									
63	63272	LAMINECTOMY,LESION...;LUMBAR	2,095.58										
67	63272	LAMINECTOMY,LESION...;LUMBAR	2,095.58	00 15									
63	63273	LAMINECTOMY,LESION...;SACRAL	2,110.73										
67	63273	LAMINECTOMY,LESION...;SACRAL	2,110.73	00 15									
63	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	2,036.16										
67	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	2,036.16	00 15									
63	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	2,011.25										
67	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	2,011.25	00 15									
63	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,753.07										
67	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,753.07	00 15									
63	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,799.02										
67	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,799.02	00 15									
63	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,391.62										
67	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,391.62	00 15									
63	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,367.88										
67	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,367.88	00 15									
63	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,234.76										
67	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,234.76	00 15									
63	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,148.87										
67	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,148.87	00 15									
63	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,955.26										
67	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,955.26	00 15									
63	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,925.79										
67	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,925.79	00 15									
63	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,100.51										
67	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,100.51	00 15									
63	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,153.56										
67	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,153.56	00 15									
63	63295	REPAIR OF LAMINECTOMY DEFECT	374.69										
67	63295	REPAIR OF LAMINECTOMY DEFECT	374.69	00 15									
63	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,033.58										
67	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,033.58	00 15									
63	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,492.61										
67	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,492.61	00 15									
63	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,461.78										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,461.78	00 15									
63	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,616.72										
67	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,616.72	00 15									
63	63304	SEE 63300;INTRADURAL,CERVICAL	2,655.14										
67	63304	SEE 63300;INTRADURAL,CERVICAL	2,655.14	00 15									
63	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,826.10										
67	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,826.10	00 15									
63	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,777.25										
67	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,777.25	00 15									
63	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,720.00										
67	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,720.00	00 15									
63	63308	VERT CORPECTOMY, EA ADD SEGMENT	359.32									X	
67	63308	VERT CORPECTOMY; EA ADD SEGMENT	359.32	00 15								X	
63	63600	REMOVE SPINAL CORD LESION	1,233.80										
67	63600	REMOVE SPINAL CORD LESION	1,233.80	00 15									
63	63610	STIMULATION OF SPINAL CORD	654.77									X	
67	63610	STIMULATION OF SPINAL CORD	654.77	00 15								X	
63	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,270.09										
67	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,270.09	00 15									
63	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	285.74									X	
67	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	285.74	00 15								X	
63	63650	IMPLANT NEUROELECTRODES	2,337.16										
67	63650	IMPLANT NEUROELECTRODES	2,337.16	00 15									
63	63655	IMPLANT NEUROELECTRODES	930.66										
67	63655	IMPLANT NEUROELECTRODES	930.66	00 15									
63	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	715.96										
67	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	715.96	00 15									
63	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	941.52										
67	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	941.52	00 15									
63	63663	REVISION INCLUDING REPLACEMENT WHEN	946.16										
67	63663	REVISION INCLUDING REPLACEMENT WHEN	946.16	00 15									
63	63664	REVISION INCLUDING REPLACEMENT WHEN	983.16										
67	63664	REVISION INCLUDING REPLACEMENT WHEN	983.16	00 15									
63	63685	IMPLANT NEURORECEIVER	395.91										
67	63685	IMPLANT NEURORECEIVER	395.91	00 15									
63	63688	REVISE/REMOVE NEURORECEIVER	409.53										
67	63688	REVISE/REMOVE NEURORECEIVER	409.53	00 15									
63	63700	REPAIR OF SPINAL HERNIATION	1,476.59										
67	63700	REPAIR OF SPINAL HERNIATION	1,476.59	00 15									
63	63702	REPAIR OF SPINAL HERNIATION	1,614.92										
67	63702	REPAIR OF SPINAL HERNIATION	1,614.92	00 15									
63	63704	REPAIR OF SPINAL HERNIATION	1,876.57										
67	63704	REPAIR OF SPINAL HERNIATION	1,876.57	00 15									
63	63706	REPAIR OF SPINAL HERNIATION	2,085.83										
67	63706	REPAIR OF SPINAL HERNIATION	2,085.83	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,046.22										
67	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,046.22	00 15									
63	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,241.75										
67	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,241.75	00 15									
63	63710	GRAFT REPAIR OF SPINE DEFECT	1,197.39										
67	63710	GRAFT REPAIR OF SPINE DEFECT	1,197.39	00 15									
63	63740	INSTALL SPINAL SHUNT	1,106.68										
67	63740	INSTALL SPINAL SHUNT	1,106.68	00 15									
63	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	768.31										
67	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	768.31	00 15									
63	63744	REVISION OF SPINAL SHUNT	761.56										
67	63744	REVISION OF SPINAL SHUNT	761.56	00 15									
63	63746	REMOVAL OF SPINAL SHUNT	681.65										
67	63746	REMOVAL OF SPINAL SHUNT	681.65	00 15									
63	64400	INJECTION FOR NERVE BLOCK	117.11						X			X	
67	64400	INJECTION FOR NERVE BLOCK	117.11	00 15					X			X	
63	64405	INJECTION FOR NERVE BLOCK	81.09						X			X	
67	64405	INJECTION FOR NERVE BLOCK	81.09	00 15					X			X	
63	64408	INJECTION FOR NERVE BLOCK	86.40						X			X	
67	64408	INJECTION FOR NERVE BLOCK	86.40	00 15					X			X	
63	64415	INJECTION FOR NERVE BLOCK	142.19						X			X	
67	64415	INJECTION FOR NERVE BLOCK	142.19	00 15					X			X	
63	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	86.95						X				
67	64416	N BLOCK CONT INFUSE, B PLEX	86.95	00 15									
63	64417	INJECTION FOR NERVE BLOCK	166.56						X			X	
67	64417	INJECTION FOR NERVE BLOCK	166.56	00 15					X			X	
63	64418	INJECTION FOR NERVE BLOCK	92.79						X			X	
67	64418	INJECTION FOR NERVE BLOCK	92.79	00 15					X			X	
63	64420	INJECTION FOR NERVE BLOCK	102.79						X			X	
67	64420	INJECTION FOR NERVE BLOCK	102.79	00 15					X			X	
63	64421	INJECTION FOR NERVE BLOCK	35.33						X			X	
67	64421	INJECTION FOR NERVE BLOCK	35.33	00 15					X			X	
63	64425	INJECTION FOR NERVE BLOCK	115.71						X			X	
67	64425	INJECTION FOR NERVE BLOCK	115.71	00 15					X			X	
63	64430	INJECTION FOR NERVE BLOCK	103.95						X			X	
67	64430	INJECTION FOR NERVE BLOCK	103.95	00 15					X			X	
63	64435	INJECTION FOR NERVE BLOCK	85.50						X			X	
67	64435	INJECTION FOR NERVE BLOCK	85.50	00 15					X			X	
63	64445	INJECTION FOR NERVE BLOCK	168.44						X			X	
67	64445	INJECTION FOR NERVE BLOCK	168.44	00 15					X			X	
63	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	85.06						X				
67	64446	N BLK INJ, SCIATIC, CONT INF	85.06	00 15									
63	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	123.06						X				
67	64447	N BLOCK INJ FEM, SINGLE	123.06	00 15									
63	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	80.10						X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	64448	N BLOCK INJ FEM, CONT INF	80.10	00 15									
63	64449	N BLOCK INJ, LUMBAR PLEXUS	68.00										
67	64449	N BLOCK INJ, LUMBAR PLEXUS	68.00	00 15									
63	64450	INJECTION FOR NERVE BLOCK	78.77						X			X	
67	64450	INJECTION FOR NERVE BLOCK	78.77	00 15					X			X	
63	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	235.20									X	
67	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	235.20	00 15								X	
63	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	228.55									X	
67	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	228.55	00 15								X	
63	64455	INJECTIONS OF ANESTHETIC AND/OR STER	53.32										
67	64455	INJECTIONS OF ANESTHETIC AND/OR STER	53.32	00 15									
63	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	144.21										
67	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	144.21	00 15									
63	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	77.63										
67	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	77.63	00 15									
63	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	242.27										
67	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	242.27	00 15									
63	64483	INJECTION(S), ANESTHETIC AGENT AND/O	255.34										
67	64483	INJECTION(S), ANESTHETIC AGENT AND/O	255.34	00 15									
63	64484	INJECTION(S), ANESTHETIC AGENT AND/O	116.71									X	
67	64484	INJECTION(S), ANESTHETIC AGENT AND/O	116.71	00 15								X	
63	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	118.75										
67	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	118.75	00 15									
63	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	224.51										
67	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	224.51	00 15									
63	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	146.65										
67	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	146.65	00 15									
63	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	363.76										
67	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	363.76	00 15									
63	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	199.80										
67	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	199.80	00 15									
63	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	102.70										
67	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	102.70	00 15									
63	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	103.38									X	
67	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	103.38	00 15								X	
63	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	184.00										
67	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	184.00	00 15									
63	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	95.44										
67	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	95.44										
63	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	95.44									X	
67	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	95.44	00 15								X	
63	64505	INJECTION FOR NERVE BLOCK	152.94						X				
67	64505	INJECTION FOR NERVE BLOCK	152.94	00 15									
63	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	152.07						X				
67	64510	INJECTION FOR NERVE BLOCK	152.07	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	64517	N BLOCK INJ, HYPOGAS PLXS	204.68										
67	64517	N BLOCK INJ, HYPOGAS PLXS	204.68	00 15									
63	64520	INJECTION FOR NERVE BLOCK	235.86						X				
67	64520	INJECTION FOR NERVE BLOCK	235.86	00 15									
63	64530	INJECTION FOR NERVE BLOCK	239.10						X				
67	64530	INJECTION FOR NERVE BLOCK	239.10	00 15									
63	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	770.61								X		
67	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	770.61	00 15							X		
63	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	120.27										
67	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	120.27	00 15									
63	64568	INCISION FOR IMPLANTATION OF CRANIAL	658.87			X							
67	64568	INCISION FOR IMPLANTATION OF CRANIAL	658.87	00 15		X							
63	64569	REVISION OR REPLACEMENT OF CRANIAL	857.15			X							
67	64569	REVISION OR REPLACMENT OF CRANIAL	857.15	00 15		X							
63	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	822.33			X							
67	64570	REMOVAL OF CRANIAL NERVE (EG,VAGUS	822.33	00 15		X							
63	64581	INCISION FOR IMPLANTATION OF NEUROST	720.27								X		
67	64581	INCISION FOR IMPLANTATION OF NEUROST	720.27	00 15							X		
63	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NER	948.86										
67	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NER	948.86	00 15									
63	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	947.57										
67	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	947.57	00 15									
63	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	797.37										
67	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	797.37	00 15									
63	64590	INSERTION OR REPLACEMENT OF PERIPHER	276.60										
67	64590	INSERTION OR REPLACEMENT OF PERIPHER	276.60	00 15									
63	64600	INJECTION TREATMENT OF NERVE	487.96										
67	64600	INJECTION TREATMENT OF NERVE	487.96	00 15									
63	64605	INJECTION TREATMENT OF NERVE	684.38										
67	64605	INJECTION TREATMENT OF NERVE	684.38	00 15									
63	64610	INJECTION TREATMENT OF NERVE	841.49										
67	64610	INJECTION TREATMENT OF NERVE	841.49	00 15									
63	64611	CHEMODENERVATION OF PAROTID AND SUBM	137.97										
67	64611	CHEMODENERVATION OF PAROTID AND SUBM	137.97	00 15									
63	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	145.49										
67	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	145.49	00 15									
63	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	169.16		X								
67	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	169.16	00 15	X								
63	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	148.96									X	
67	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	148.96	00 15								X	
63	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	174.18									X	
67	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	174.18	00 15								X	
63	64620	INJECTION TREATMENT OF NERVE	224.07										
67	64620	INJECTION TREATMENT OF NERVE	224.07	00 15									
63	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	400.89									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
67	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	400.89	00 15								X	
63	64625	RADIOFREQUENCY ABLATION, NERVES INNE	488.53									X	
67	64625	RADIOFREQUENCY ABLATION, NERVES INNE	488.53	00 15								X	
63	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS	503.02										
67	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS	503.02	00 15									
63	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS	236.38									X	
67	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS	236.38	00 15								X	
63	64630	INJECTION TREATMENT OF NERVE	273.74										
67	64630	INJECTION TREATMENT OF NERVE	273.74	00 15									
63	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	95.85										
67	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	95.85	00 15									
63	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	453.97										
67	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	453.97	00 15									
63	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	263.63										
67	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	263.63	00 15									
63	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	457.96										
67	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	457.96	00 15									
63	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	247.49										
67	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	247.49	00 15									
63	64640	INJECTION TREATMENT OF NERVE	256.15									X	
67	64640	INJECTION TREATMENT OF NERVE	256.15	00 15								X	
63	64642	Injection of chemical for destructio	161.48										
67	64642	Injection of chemical for destructio	161.48	00 15									
63	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	100.32									X	
67	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	100.32	00 15								X	
63	64644	Injection of chemical for destructio	188.18										
67	64644	Injection of chemical for destructio	188.18	00 15									
63	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	129.63									X	
67	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	129.63	00 15								X	
63	64646	Injection of chemical for destructio	172.29										
67	64646	Injection of chemical for destructio	172.29	00 15									
63	64647	Injection of chemical for destructio	197.36										
67	64647	Injection of chemical for destructio	197.36	00 15									
63	64680	INJECTION TREATMENT OF NERVE	361.12										
67	64680	INJECTION TREATMENT OF NERVE	361.12	00 15									
63	64681	INJECTION TREATMENT OF NERVE	479.55										
67	64681	INJECTION TREATMENT OF NERVE	479.55	00 15									
63	64702	REVISE FINGER/TOE NERVE	555.36										
67	64702	REVISE FINGER/TOE NERVE	555.36	00 15									
63	64704	REVISE HAND/FOOT NERVE	350.20										
67	64704	REVISE HAND/FOOT NERVE	350.20	00 15									
63	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	541.46										
67	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	541.46	00 15									
63	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	648.67										
67	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	648.67	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	874.98										
67	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	874.98	00 15									
63	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	831.54										
67	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	831.54	00 15									
63	64716	REVISION OF CRANIAL NERVE	555.44										
67	64716	REVISION OF CRANIAL NERVE	555.44	00 15									
63	64718	REVISE ULNAR NERVE AT ELBOW	653.67										
67	64718	REVISE ULNAR NERVE AT ELBOW	653.67	00 15									
63	64719	REVISE ULNAR NERVE AT WRIST	442.32										
67	64719	REVISE ULNAR NERVE AT WRIST	442.32	00 15									
63	64721	REVISE MEDIAN NERVE AT WRIST	479.84										
67	64721	REVISE MEDIAN NERVE AT WRIST	479.84	00 15									
63	64722	RELIEVE PRESSURE ON NERVE(S)	398.36										
67	64722	RELIEVE PRESSURE ON NERVE(S)	398.36	00 15									
63	64726	RELEASE FOOT/TOE NERVE	291.78										
67	64726	RELEASE FOOT/TOE NERVE	291.78	00 15									
63	64727	INTERNAL NEUROLYSIS,MICROSCOPE	195.64										
67	64727	INTERNAL NEUROLYSIS, MICROSCOPE	195.64	00 15									
63	64732	INCISION OF BROW NERVE	501.27										
67	64732	INCISION OF BROW NERVE	501.27	00 15									
63	64734	INCISION OF CHEEK NERVE	567.13										
67	64734	INCISION OF CHEEK NERVE	567.13	00 15									
63	64736	INCISION OF CHIN NERVE	358.32										
67	64736	INCISION OF CHIN NERVE	358.32	00 15									
63	64738	INCISION OF JAW NERVE	484.13										
67	64738	INCISION OF JAW NERVE	484.13	00 15									
63	64740	INCISION OF TONGUE NERVE	494.00										
67	64740	INCISION OF TONGUE NERVE	494.00	00 15									
63	64742	INCISION OF FACIAL NERVE	524.43										
67	64742	INCISION OF FACIAL NERVE	524.43	00 15									
63	64744	INCISE NERVE, BACK OF HEAD	561.23										
67	64744	INCISE NERVE, BACK OF HEAD	561.23	00 15									
63	64746	INCISE DIAPHRAGM NERVE	474.48										
67	64746	INCISE DIAPHRAGM NERVE	474.48	00 15									
63	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,025.02										
67	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,025.02	00 15									
63	64760	INCISION OF VAGUS NERVE	575.60										
67	64760	INCISION OF VAGUS NERVE	575.60	00 15									
63	64763	INCISE HIP/THIGH NERVE	570.03										
67	64763	INCISE HIP/THIGH NERVE	570.03	00 15									
63	64766	INCISE HIP/THIGH NERVE	703.76										
67	64766	INCISE HIP/THIGH NERVE	703.76	00 15									
63	64771	INCISE CRANIAL NERVE, EXTRADURAL	630.00										
67	64771	INCISE CRANIAL NERVE, EXTRADURAL	630.00	00 15									
63	64772	INCISION OF SPINAL NERVE	612.46										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	64772	INCISION OF SPINAL NERVE	612.46	00 15									
63	64774	REMOVE SKIN NERVE LESION	465.23										
67	64774	REMOVE SKIN NERVE LESION	465.23	00 15									
63	64776	REMOVE DIGIT NERVE LESION	433.04										
67	64776	REMOVE DIGIT NERVE LESION	433.04	00 15									
63	64778	EXCISE NEUROMA;EACH ADD DIGIT	199.24									X	
67	64778	EXCISE NEUROMA;EACH ADD DIGIT	199.24	00 15								X	
63	64782	REMOVE LIMB NERVE LESION	495.08										
67	64782	REMOVE LIMB NERVE LESION	495.08	00 15									
63	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	237.08									X	
67	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	237.08	00 15								X	
63	64784	REMOVE NERVE LESION	793.46										
67	64784	REMOVE NERVE LESION	793.46	00 15									
63	64786	REMOVE SCIATIC NERVE LESION	1,117.69										
67	64786	REMOVE SCIATIC NERVE LESION	1,117.69	00 15									
63	64787	INSERT CAP ON NERVE END	259.77										
67	64787	INSERT CAP ON NERVE END	259.77	00 15									
63	64788	REMOVE SKIN NERVE LESION	440.16										
67	64788	REMOVE SKIN NERVE LESION	440.16	00 15									
63	64790	REMOVAL OF NERVE LESION	934.13										
67	64790	REMOVAL OF NERVE LESION	934.13	00 15									
63	64792	REMOVAL OF NERVE LESION	1,174.30										
67	64792	REMOVAL OF NERVE LESION	1,174.30	00 15									
63	64795	BIOPSY OF NERVE	214.35										
67	64795	BIOPSY OF NERVE	214.35	00 15									
63	64802	REMOVE SYMPATHETIC NERVES	944.48										
67	64802	REMOVE SYMPATHETIC NERVES	944.48	00 15									
63	64804	REMOVE SYMPATHETIC NERVES	1,341.32										
67	64804	REMOVE SYMPATHETIC NERVES	1,341.32	00 15									
63	64809	REMOVE SYMPATHETIC NERVES	1,227.46										
67	64809	REMOVE SYMPATHETIC NERVES	1,227.46	00 15									
63	64818	REMOVE SYMPATHETIC NERVES	852.86										
67	64818	REMOVE SYMPATHETIC NERVES	852.86	00 15									
63	64820	REMOVE SYMPATHETIC NERVES	832.91										
67	64820	REMOVE SYMPATHETIC NERVES	832.91	00 15									
63	64821	REMOVE SYMPATHETIC NERVES	755.24										
67	64821	REMOVE SYMPATHETIC NERVES	755.24	00 15									
63	64822	REMOVE SYMPATHETIC NERVES	762.48										
67	64822	REMOVE SYMPATHETIC NERVES	762.48	00 15									
63	64823	REMOVE SYMPATHETIC NERVES	865.02										
67	64823	REMOVE SYMPATHETIC NERVES	865.02	00 15									
63	64831	REPAIR OF DIGIT NERVE	753.57										
67	64831	REPAIR OF DIGIT NERVE	753.57	00 15									
63	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	364.25									X	
67	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	364.25	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
63	64834	REPAIR OF HAND OR FOOT NERVE	803.28										
67	64834	REPAIR OF HAND OR FOOT NERVE	803.28	00 15									
63	64835	REPAIR OF HAND OR FOOT NERVE	893.29										
67	64835	REPAIR OF HAND OR FOOT NERVE	893.29	00 15									
63	64836	REPAIR OF HAND OR FOOT NERVE	893.29										
67	64836	REPAIR OF HAND OR FOOT NERVE	893.29	00 15									
63	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	399.42									X	
67	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	399.42	00 15								X	
63	64840	REPAIR OF LEG NERVE	1,053.05										
67	64840	REPAIR OF LEG NERVE	1,053.05	00 15									
63	64856	REPAIR/TRANSPOSE NERVE	1,109.64										
67	64856	REPAIR/TRANSPOSE NERVE	1,109.64	00 15									
63	64857	REPAIR ARM/LEG NERVE	1,152.08										
67	64857	REPAIR ARM/LEG NERVE	1,152.08	00 15									
63	64858	REPAIR SCIATIC NERVE	1,286.91										
67	64858	REPAIR SCIATIC NERVE	1,286.91	00 15									
63	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	271.54									X	
67	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	271.54	00 15								X	
63	64861	REPAIR OF ARM NERVES	1,714.92										
67	64861	REPAIR OF ARM NERVES	1,714.92	00 15									
63	64862	REPAIR OF LOW BACK NERVES	1,503.96										
67	64862	REPAIR OF LOW BACK NERVES	1,503.96	00 15									
63	64864	REPAIR OF FACIAL NERVE	942.25										
67	64864	REPAIR OF FACIAL NERVE	942.25	00 15									
63	64865	REPAIR OF FACIAL NERVE	1,181.58										
67	64865	REPAIR OF FACIAL NERVE	1,181.58	00 15									
63	64866	FUSION OF FACIAL/OTHER NERVE	1,348.77										
67	64866	FUSION OF FACIAL/OTHER NERVE	1,348.77	00 15									
63	64868	FUSION OF FACIAL/OTHER NERVE	1,084.00										
67	64868	FUSION OF FACIAL/OTHER NERVE	1,084.00	00 15									
63	64872	SUBSEQUENT REPAIR OF NERVE	127.07										
67	64872	SUBSEQUENT REPAIR OF NERVE	127.07	00 15									
63	64874	REPAIR & REVISE NERVE	189.82										
67	64874	REPAIR & REVISE NERVE	189.82	00 15									
63	64876	REPAIR NERVE; SHORTEN BONE	215.06										
67	64876	REPAIR NERVE; SHORTEN BONE	215.06	00 15									
63	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,174.66										
67	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,174.66	00 15									
63	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,410.38										
67	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,410.38	00 15									
63	64890	NERVE GRAFT, HAND OR FOOT	1,181.95										
67	64890	NERVE GRAFT, HAND OR FOOT	1,181.95	00 15									
63	64891	NERVE GRAFT, HAND OR FOOT	1,256.86										
67	64891	NERVE GRAFT, HAND OR FOOT	1,256.86	00 15									
63	64892	NERVE GRAFT, ARM OR LEG	1,150.44										

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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
67	64892	NERVE GRAFT, ARM OR LEG	1,150.44	00 15									
63	64893	NERVE GRAFT, ARM OR LEG	1,226.45										
67	64893	NERVE GRAFT, ARM OR LEG	1,226.45	00 15									
63	64895	NERVE GRAFT, HAND OR FOOT	1,452.03										
67	64895	NERVE GRAFT, HAND OR FOOT	1,452.03	00 15									
63	64896	NERVE GRAFT, HAND OR FOOT	1,563.71										
67	64896	NERVE GRAFT, HAND OR FOOT	1,563.71	00 15									
63	64897	NERVE GRAFT, ARM OR LEG	1,386.56										
67	64897	NERVE GRAFT, ARM OR LEG	1,386.56	00 15									
63	64898	NERVE GRAFT, ARM OR LEG	1,500.96										
67	64898	NERVE GRAFT, ARM OR LEG	1,500.96	00 15									
63	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	651.67									X	
67	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	651.67	00 15								X	
63	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	754.97									X	
67	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	754.97	00 15								X	
63	64905	NERVE PEDICLE TRANSFER	1,099.16										
67	64905	NERVE PEDICLE TRANSFER	1,099.16	00 15									
63	64907	NERVE PEDICLE TRANSFER	1,423.83										
67	64907	NERVE PEDICLE TRANSFER	1,423.83	00 15									
63	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	824.35										
67	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	824.35	00 15									
63	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,113.44										
67	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,113.44	00 15									
63	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	969.75									X	
67	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	969.75	00 15								X	
63	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	189.96									X	
67	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	189.96	00 15								X	
63	65091	EVISCERATION EYE	778.11										
67	65091	EVISCERATION EYE	778.11	00 15									
63	65093	EVISCERATION EYE WITH IMPLANT	771.42										
67	65093	EVISCERATION EYE WITH IMPLANT	771.42	00 15									
63	65101	REMOVAL OF EYE	890.01										
67	65101	REMOVAL OF EYE	890.01	00 15									
63	65103	REMOVE EYE/INSERT IMPLANT	917.68										
67	65103	REMOVE EYE/INSERT IMPLANT	917.68	00 15									
63	65105	REMOVE EYE/ATTACH IMPLANT	1,001.58										
67	65105	REMOVE EYE/ATTACH IMPLANT	1,001.58	00 15									
63	65110	REMOVAL OF EYE	1,389.31										
67	65110	REMOVAL OF EYE	1,389.31	00 15									
63	65112	REMOVE EYE, REVISE SOCKET	1,592.31										
67	65112	REMOVE EYE, REVISE SOCKET	1,592.31	00 15									
63	65114	REMOVE EYE, REVISE SOCKET	1,664.68										
67	65114	REMOVE EYE, REVISE SOCKET	1,664.68	00 15									
63	65125	MODIFICATION OF OCULAR IMPLANT (EG,	469.19										
67	65125	MODIFICATION OF OCULAR IMPLANT (EG,	469.19	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	65130	INSERT OCULAR IMPLANT	893.24										
67	65130	INSERT OCULAR IMPLANT	893.24	00 15									
63	65135	INSERT OCULAR IMPLANT	904.15										
67	65135	INSERT OCULAR IMPLANT	904.15	00 15									
63	65140	ATTACH OCULAR IMPLANT	971.94										
67	65140	ATTACH OCULAR IMPLANT	971.94	00 15									
63	65150	REVISE OCULAR IMPLANT	733.49										
67	65150	REVISE OCULAR IMPLANT	733.49	00 15									
63	65155	REINSERT OCULAR IMPLANT	1,012.45										
67	65155	REINSERT OCULAR IMPLANT	1,012.45	00 15									
63	65175	REMOVAL OF OCULAR IMPLANT	815.62										
67	65175	REMOVAL OF OCULAR IMPLANT	815.62	00 15									
63	65205	REMOVE FOREIGN BODY FROM EYE	31.29									X	
67	65205	REMOVE FOREIGN BODY FROM EYE	31.29	00 15								X	
63	65210	REMOVE FOREIGN BODY FROM EYE	41.16									X	
67	65210	REMOVE FOREIGN BODY FROM EYE	41.16	00 15								X	
63	65220	REMOVE FOREIGN BODY FROM EYE	64.16									X	
67	65220	REMOVE FOREIGN BODY FROM EYE	64.16	00 15								X	
63	65222	REMOVE FOREIGN BODY FROM EYE	70.81									X	
67	65222	REMOVE FOREIGN BODY FROM EYE	70.81	00 15								X	
63	65235	REMOVE FOREIGN BODY FROM EYE	766.16										
67	65235	REMOVE FOREIGN BODY FROM EYE	766.16	00 15									
63	65260	REMOVE FOREIGN BODY FROM EYE	1,030.74										
67	65260	REMOVE FOREIGN BODY FROM EYE	1,030.74	00 15									
63	65265	REMOVE FOREIGN BODY FROM EYE	1,161.36										
67	65265	REMOVE FOREIGN BODY FROM EYE	1,161.36	00 15									
63	65270	REPAIR OF EYE WOUND	294.35										
67	65270	REPAIR OF EYE WOUND	294.35	00 15									
63	65272	REPAIR OF EYE WOUND	547.66										
67	65272	REPAIR OF EYE WOUND	547.66	00 15									
63	65273	REPAIR OF EYE WOUND	399.85										
67	65273	REPAIR OF EYE WOUND	399.85	00 15									
63	65275	REPAIR OF EYE WOUND	615.42										
67	65275	REPAIR OF EYE WOUND	615.42	00 15									
63	65280	REPAIR OF EYE WOUND	705.65										
67	65280	REPAIR OF EYE WOUND	705.65	00 15									
63	65285	REPAIR OF EYE WOUND	1,163.97										
67	65285	REPAIR OF EYE WOUND	1,163.97	00 15									
63	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	725.55										
67	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	725.55	00 15									
63	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	514.97										
67	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	514.97	00 15									
63	65400	REMOVAL OF EYE LESION	723.04										
67	65400	REMOVAL OF EYE LESION	723.04	00 15									
63	65410	BIOPSY OF CORNEA	148.59										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	65410	BIOPSY OF CORNEA	148.59	00 15									
63	65420	REMOVAL OF EYE LESION	557.30										
67	65420	REMOVAL OF EYE LESION	557.30	00 15									
63	65426	REMOVAL OF EYE LESION	694.53										
67	65426	REMOVAL OF EYE LESION	694.53	00 15									
63	65430	CORNEAL SMEAR	121.02									X	
67	65430	CORNEAL SMEAR	121.02	00 15								X	
63	65435	CURETTE/TREAT CORNEA	86.12										
67	65435	CURETTE/TREAT CORNEA	86.12	00 15									
63	65436	CURETTE/TREAT CORNEA	406.58										
67	65436	CURETTE/TREAT CORNEA	406.58	00 15									
63	65450	DESTROY CORNEAL LESION	341.95										
67	65450	DESTROY CORNEAL LESION	341.95	00 15									
63	65600	REVISION OF CORNEA	454.45										
67	65600	REVISION OF CORNEA	454.45	00 15									
63	65710	CORNEAL TRANSPLANT	1,197.43										
67	65710	CORNEAL TRANSPLANT	1,197.43	00 15									
63	65730	CORNEAL TRANSPLANT	1,315.89										
67	65730	CORNEAL TRANSPLANT	1,315.89	00 15									
63	65750	CORNEAL TRANSPLANT	1,326.32										
67	65750	CORNEAL TRANSPLANT	1,326.32	00 15									
63	65755	KERATOPLASTY, PENETRATING	1,321.49										
67	65755	KERATOPLASTY, PENETRATING	1,321.49	00 15									
63	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,243.07										
67	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,243.07	00 15									
63	65770	KERATOPROSTHESIS	1,483.55										
67	65770	KERATOPROSTHESIS	1,483.55	00 15									
63	65772	CORNEAL RELAX INCISION,CORR SURG AST	476.41										
67	65772	CORNEAL RELAX INCISION,CORR SURG AST	476.41	00 15									
63	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	600.80										
67	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	600.80	00 15									
63	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,324.65									X	
67	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,324.65	00 15								X	
63	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,149.14									X	
67	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,149.14	00 15								X	
63	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	697.69										
67	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	697.69	00 15									
63	65781	OCULAR RECONST, TRANSPLANT	1,393.65										
67	65781	OCULAR RECONST, TRANSPLANT	1,393.65	00 15									
63	65782	OCULAR RECONST, TRANSPLANT	1,202.41		X								
67	65782	OCULAR RECONST, TRANSPLANT	1,202.41	00 15	X								
63	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,177.48									X	
67	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,177.48	00 15								X	
63	65800	DRAINAGE OF EYE	126.04										
67	65800	DRAINAGE OF EYE	126.04	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	65810	DRAINAGE OF EYE	485.43										
67	65810	DRAINAGE OF EYE	485.43	00 15									
63	65815	DRAINAGE OF EYE	666.71										
67	65815	DRAINAGE OF EYE	666.71	00 15									
63	65820	RELIEVE INNER EYE PRESSURE	859.86										
67	65820	RELIEVE INNER EYE PRESSURE	859.86	00 15									
63	65850	TRABECULOTOMY AB EXTERNO	887.94										
67	65850	TRABECULOTOMY AB EXTERNO	887.94	00 15									
63	65855	LASER TRABECULOPLASTY-1/MORE	257.70										
67	65855	LASER TRABECULOPLASTY-1/MORE	257.70	00 15									
63	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	321.69										
67	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	321.69	00 15									
63	65865	INCISE INNER EYE ADHESIONS	500.48										
67	65865	INCISE INNER EYE ADHESIONS	500.48	00 15									
63	65870	INCISE INNER EYE ADHESIONS	622.97										
67	65870	INCISE INNER EYE ADHESIONS	622.97	00 15									
63	65875	INCISE INNER EYE ADHESIONS	664.13										
67	65875	INCISE INNER EYE ADHESIONS	664.13	00 15									
63	65880	INCISE INNER EYE ADHESIONS	698.90										
67	65880	INCISE INNER EYE ADHESIONS	698.90	00 15									
63	65900	REMOVE EYE LESION	1,040.57										
67	65900	REMOVE EYE LESION	1,040.57	00 15									
63	65920	REMOVE IMPLANT FROM EYE	830.07										
67	65920	REMOVE IMPLANT FROM EYE	830.07	00 15									
63	65930	REMOVE BLOOD CLOT FROM EYE	675.11										
67	65930	REMOVE BLOOD CLOT FROM EYE	675.11	00 15									
63	66020	INJECTION TREATMENT OF EYE	203.99									X	
67	66020	INJECTION TREATMENT OF EYE	203.99	00 15								X	
63	66030	INJECTION TREATMENT OF EYE	182.92									X	
67	66030	INJECTION TREATMENT OF EYE	182.92	00 15								X	
63	66130	REMOVE EYE LESION	738.32										
67	66130	REMOVE EYE LESION	738.32	00 15									
63	66150	INCISION OF EYE	916.64										
67	66150	INCISION OF EYE	916.64	00 15									
63	66155	INCISION OF EYE	915.94										
67	66155	INCISION OF EYE	915.94	00 15									
63	66160	INCISION OF EYE	1,032.93										
67	66160	INCISION OF EYE	1,032.93	00 15									
63	66170	INCISION OF EYE	1,145.35										
67	66170	INCISION OF EYE	1,145.35	00 15									
63	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,248.65										
67	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,248.65	00 15									
63	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	651.84									X	
67	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	651.84	00 15								X	
63	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	759.70									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	759.70	00 15								X	
63	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,132.33						X				
67	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,132.33	00 15					X				
63	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,195.00										
67	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,195.00	00 15									
63	66183	Insertion of eye fluid drainage devi	1,078.55										
67	66183	Insertion of eye fluid drainage devi	1,078.55	00 15									
63	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	827.39										
67	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	827.39	00 15									
63	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	890.51										
67	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	890.51	00 15									
63	66225	REPAIR/GRAFT EYE LESION	983.31										
67	66225	REPAIR/GRAFT EYE LESION	983.31	00 15									
63	66250	FOLLOW-UP SURGERY OF EYE	781.67										
67	66250	FOLLOW-UP SURGERY OF EYE	781.67	00 15									
63	66500	INCISION OF IRIS	410.74										
67	66500	INCISION OF IRIS	410.74	00 15									
63	66505	INCISION OF THE IRIS	446.01										
67	66505	INCISION OF THE IRIS	446.01	00 15									
63	66600	REMOVE IRIS AND LESION	947.75										
67	66600	REMOVE IRIS AND LESION	947.75	00 15									
63	66605	REMOVAL OF IRIS	1,146.06										
67	66605	REMOVAL OF IRIS	1,146.06	00 15									
63	66625	REMOVAL OF IRIS	448.79										
67	66625	REMOVAL OF IRIS	448.79	00 15									
63	66630	REMOVAL OF IRIS	593.77										
67	66630	REMOVAL OF IRIS	593.77	00 15									
63	66635	REMOVAL OF IRIS	599.28										
67	66635	REMOVAL OF IRIS	599.28	00 15									
63	66680	REPAIR IRIS & CILIARY BODY	545.77										
67	66680	REPAIR IRIS & CILIARY BODY	545.77	00 15									
63	66682	SUTURE OF IRIS, CILIARY BODY	743.64										
67	66682	SUTURE OF IRIS, CILIARY BODY	743.64	00 15									
63	66710	CILIARY BODY DESTRUCTION;	462.68										
67	66710	CILIARY BODY DESTRUCTION;	462.68	00 15									
63	66711	CILIARY ENDOSCOPIC ABLATION	526.26										
67	66711	CILIARY ENDOSCOPIC ABLATION	526.26	00 15									
63	66720	RELIEVE INNER EYE PRESSURE	485.24										
67	66720	RELIEVE INNER EYE PRESSURE	485.24	00 15									
63	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	311.19										
67	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	311.19	00 15									
63	66762	REVISION OF IRIS	498.68										
67	66762	REVISION OF IRIS	498.68	00 15									
63	66770	REMOVAL OF INNER EYE LESION	553.22										
67	66770	REMOVAL OF INNER EYE LESION	553.22	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	66820	INCISION OF LENS LESION	487.13										
67	66820	INCISION OF LENS LESION	487.13	00 15									
63	66821	DISCISSION OF SECONDARY;LASER	347.27										
67	66821	DISCISSION OF SECONDARY;LASER	347.27	00 15									
63	66825	REPOSITIONING OF INTRAOCULAR LENS PR	870.50										
67	66825	REPOSITIONING OF INTRAOCULAR LENS PR	870.50	00 15									
63	66830	REMOVAL OF LENS LESION	744.03										
67	66830	REMOVAL OF LENS LESION	744.03	00 15									
63	66840	REMOVAL OF LENS MATERIAL	727.29										
67	66840	REMOVAL OF LENS MATERIAL	727.29	00 15									
63	66850	REMOVAL OF LENS MATERIAL	827.36										
67	66850	REMOVAL OF LENS MATERIAL	827.36	00 15									
63	66852	REMOVAL LENS MATERIAL, ASPIRATION	881.39										
67	66852	REMOVAL LENS MATERIAL, ASPIRATION	881.39	00 15									
63	66920	EXTRACTION OF LENS	786.96										
67	66920	EXTRACTION OF LENS	786.96	00 15									
63	66930	EXTRACTION OF LENS	900.71										
67	66930	EXTRACTION OF LENS	900.71	00 15									
63	66940	EXTRACTION OF LENS	822.75										
67	66940	EXTRACTION OF LENS	822.75	00 15									
63	66982	CATARACT SURGERY, COMPLEX	783.43										
67	66982	CATARACT SURGERY, COMPLEX	783.43	00 15									
63	66984	EXTRA CATARACT REMOVAL W/LENS	571.51										
67	66984	EXTRA CATARACT REMOVAL W/LENS	571.51	00 15									
63	66985	INSERT LENS PROSTHESIS	805.89										
67	66985	INSERT LENS PROSTHESIS	805.89	00 15									
63	66986	EXCHANGE OF INTRAOCULAR LENS	948.27										
67	66986	EXCHANGE OF INTRAOCULAR LENS	948.27	00 15									
63	66989	EXTRACAPSULAR CATARACT REMOVAL WITH	900.37										
67	66989	EXTRACAPSULAR CATARACT REMOVAL WITH	900.37	00 15									
63	66990	OPHTHALMIC ENDOSCOPE ADD-ON	94.05										
67	66990	OPHTHALMIC ENDOSCOPE ADD-ON	94.05	00 15									
63	66991	EXTRACAPSULAR CATARACT REMOVAL WITH	716.81										
67	66991	EXTRACAPSULAR CATARACT REMOVAL WITH	716.81	00 15									
63	67005	PARTIAL REMOVAL OF EYE FLUID	497.39										
67	67005	PARTIAL REMOVAL OF EYE FLUID	497.39	00 15									
63	67010	PARTIAL REMOVAL OF EYE FLUID	571.46										
67	67010	PARTIAL REMOVAL OF EYE FLUID	571.46	00 15									
63	67015	RELEASE OF EYE FLUID	632.99										
67	67015	RELEASE OF EYE FLUID	632.99	00 15									
63	67025	REPLACE EYE FLUID	774.38										
67	67025	REPLACE EYE FLUID	774.38	00 15									
63	67027	IMPLANT EYE DRUG SYSTEM	890.90										
67	67027	IMPLANT EYE DRUG SYSTEM	890.90	00 15									
63	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	119.22										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	119.22	00 15									
63	67030	INCISE INNER EYE STRANDS	581.04										
67	67030	INCISE INNER EYE STRANDS	581.04	00 15									
63	67031	SEVERING OF VITREOUS STRANDS, VITREO	406.72										
67	67031	SEVERING OF VITREOUS STRANDS, VITREO	406.72	00 15									
63	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	940.25										
67	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	940.25	00 15									
63	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	1,008.10										
67	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	1,008.10	00 15									
63	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,089.43										
67	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,089.43	00 15									
63	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,203.81										
67	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,203.81	00 15									
63	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,203.48										
67	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,203.48	00 15									
63	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,269.27										
67	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,269.27	00 15									
63	67101	REPAIR DETACHED RETINA	348.18										
67	67101	REPAIR DETACHED RETINA	348.18	00 15									
63	67105	PHOTOCOAGULATION/DETACHED RET	309.35										
67	67105	PHOTOCOAGULATION/DETACHED RET	309.35	00 15									
63	67107	REPAIR DETACHED RETINA	1,182.14										
67	67107	REPAIR DETACHED RETINA	1,182.14	00 15									
63	67108	REPAIR DETACHED RETINA	1,252.61										
67	67108	REPAIR DETACHED RETINA	1,252.61	00 15									
63	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	930.51										
67	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	930.51	00 15									
63	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,400.37										
67	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,400.37	00 15									
63	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	520.89										
67	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	520.89	00 15									
63	67120	REMOVE EYE IMPLANT MATERIAL	699.26										
67	67120	REMOVE EYE IMPLANT MATERIAL	699.26	00 15									
63	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	947.89										
67	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	947.89	00 15									
63	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	279.00										
67	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	279.00	00 15									
63	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	252.42										
67	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	252.42	00 15									
63	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	631.70										
67	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	631.70	00 15									
63	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	540.42										
67	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	540.42	00 15									
63	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,470.39										
67	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,470.39	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	67220	TREAT CHOROID LESION	554.94										
67	67220	TREAT CHOROID LESION	554.94	00 15									
63	67221	OCULAR PHOTODYNAMIC THER	286.36										
67	67221	OCULAR PHOTODYNAMIC THER	286.36	00 15									
63	67225	EYE PHOTODYNAMIC THER ADD-ON	31.20										
67	67225	EYE PHOTODYNAMIC THER ADD-ON	31.20	00 15									
63	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	308.97										
67	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	308.97	00 15									
63	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	357.17										
67	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	357.17	00 15									
63	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,218.19	00 00									
67	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,218.19	00 00									
63	67250	REINFORCE EYE WALL	948.27										
67	67250	REINFORCE EYE WALL	948.27	00 15									
63	67255	REINFORCE/GRAFT EYE WALL	719.92										
67	67255	REINFORCE/GRAFT EYE WALL	719.92	00 15									
63	67311	REVISE EYE MUSCLE	477.31										
67	67311	REVISE EYE MUSCLE	477.31	00 15									
63	67312	REVISE TWO EYE MUSCLES	700.74										
67	67312	REVISE TWO EYE MUSCLES	700.74	00 15									
63	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	477.31										
67	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	477.31	00 15									
63	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	752.02										
67	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	752.02	00 15									
63	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	724.96										
67	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	724.96	00 15									
63	67320	REVISE EYE MUSCLE(S)	215.16										
67	67320	REVISE EYE MUSCLE(S)	215.16	00 15									
63	67331	STRABISMUS SURG W/PREV EYE SURG	200.22										
67	67331	STRABISMUS SURG W/PREV EYE SURG	200.22	00 15									
63	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	223.90										
67	67332	STRABISMUS SURG W/SCAR EXTRAOC	223.90	00 15									
63	67334	STRABISMUS SURG,POST FIX SUTURE TECH	197.83										
67	67334	STRABISMUS SURG,POST FIX SUTURE TECH	197.83	00 15									
63	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	200.50										
67	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	200.50	00 15									
63	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	311.06										
67	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	311.06	00 15									
63	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	703.48										
67	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	703.48	00 15									
63	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	257.01										
67	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	257.01	00 15									
63	67346	BIOPSY OF EXTRAOCULAR MUSCLE	202.49										
67	67346	BIOPSY OF EXTRAOCULAR MUSCLE	202.49	00 15									
63	67400	EXPLORE/BIOPSY EYE SOCKET	1,087.86										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	67400	EXPLORE/BIOPSY EYE SOCKET	1,087.86	00 15									
63	67405	EXPLORE/DRAIN EYE SOCKET	948.14										
67	67405	EXPLORE/DRAIN EYE SOCKET	948.14	00 15									
63	67412	EXPLORE/TREAT EYE SOCKET	1,039.15										
67	67412	EXPLORE/TREAT EYE SOCKET	1,039.15	00 15									
63	67413	EXPLORE/TREAT EYE SOCKET	1,014.86										
67	67413	EXPLORE/TREAT EYE SOCKET	1,014.86	00 15									
63	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,538.01										
67	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,538.01	00 15									
63	67415	BIOPSY OF EYE	109.72										
67	67415	BIOPSY OF EYE	109.72	00 15									
63	67420	EXPLORE/TREAT EYE SOCKET	1,854.48										
67	67420	EXPLORE/TREAT EYE SOCKET	1,854.48	00 15									
63	67430	EXPLORE/TREAT EYE SOCKET	1,453.87										
67	67430	EXPLORE/TREAT EYE SOCKET	1,453.87	00 15									
63	67440	EXPLORE/DRAIN EYE SOCKET	1,410.48										
67	67440	EXPLORE/DRAIN EYE SOCKET	1,410.48	00 15									
63	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,613.11										
67	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,613.11	00 15									
63	67450	EXPLORE/BIOPSY EYE SOCKET	1,461.51										
67	67450	EXPLORE/BIOPSY EYE SOCKET	1,461.51	00 15									
63	67500	INJECT/TREAT EYE SOCKET	82.00										
67	67500	INJECT/TREAT EYE SOCKET	82.00	00 15									
63	67505	INJECT/TREAT EYE SOCKET	91.63										
67	67505	INJECT/TREAT EYE SOCKET	91.63	00 15									
63	67515	INJECTION OF MEDICATION OR SUBSTANCE	54.97										
67	67515	INJECTION OF MEDICATION OR SUBSTANCE	54.97	00 15									
63	67550	INSERT EYE SOCKET IMPLANT	1,139.87										
67	67550	INSERT EYE SOCKET IMPLANT	1,139.87	00 15									
63	67560	REVISE EYE SOCKET IMPLANT	1,163.17										
67	67560	REVISE EYE SOCKET IMPLANT	1,163.17	00 15									
63	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,338.09										
67	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,338.09	00 15									
63	67700	DRAINAGE OF EYELID ABSCESS	291.16										
67	67700	DRAINAGE OF EYELID ABSCESS	291.16	00 15									
63	67710	INCISION OF EYELID	248.63										
67	67710	INCISION OF EYELID	248.63	00 15									
63	67715	INCISION OF EYELID FOLD	271.98										
67	67715	INCISION OF EYELID FOLD	271.98	00 15									
63	67800	REMOVE EYELID LESION	135.02										
67	67800	REMOVE EYELID LESION	135.02	00 15									
63	67801	REMOVE EYELID LESIONS	172.21										
67	67801	REMOVE EYELID LESIONS	172.21	00 15									
63	67805	REMOVE EYELID LESIONS	212.88										
67	67805	REMOVE EYELID LESIONS	212.88	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	67808	REMOVE EYELID LESION(S)	385.17											
67	67808	REMOVE EYELID LESION(S)	385.17	00	15									
63	67810	BIOPSY OF EYELID	191.09											
67	67810	BIOPSY OF EYELID	191.09	00	15									
63	67820	REVISE EYELASHES	20.65											
67	67820	REVISE EYELASHES	20.65	00	15									
63	67825	REVISE EYELASHES	141.42											
67	67825	REVISE EYELASHES	141.42	00	15									
63	67830	REVISE EYELASHES	278.15											
67	67830	REVISE EYELASHES	278.15	00	15									
63	67835	REVISE EYELASHES	462.94											
67	67835	REVISE EYELASHES	462.94	00	15									
63	67840	REMOVE EYELID LESION	290.79											
67	67840	REMOVE EYELID LESION	290.79	00	15									
63	67850	TREAT EYELID LESION	226.24											
67	67850	TREAT EYELID LESION	226.24	00	15									
63	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	188.67											
67	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	188.67	00	15									
63	67880	REVISION OF EYELID	487.29											
67	67880	REVISION OF EYELID	487.29	00	15									
63	67882	REVISION OF EYELID	597.00											
67	67882	REVISION OF EYELID	597.00	00	15									
63	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	680.51											
67	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	680.51	00	15									
63	67901	REPAIR EYELID DEFECT	830.75											
67	67901	REPAIR EYELID DEFECT	830.75	00	15									
63	67902	REPAIR EYELID DEFECT	762.94											
67	67902	REPAIR EYELID DEFECT	762.94	00	15									
63	67903	REPAIR EYELID DEFECT	631.29											
67	67903	REPAIR EYELID DEFECT	631.29	00	15									
63	67904	REPAIR EYELID DEFECT	775.25											
67	67904	REPAIR EYELID DEFECT	775.25	00	15									
63	67906	REPAIR EYELID DEFECT	531.21											
67	67906	REPAIR EYELID DEFECT	531.21	00	15									
63	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	564.76											
67	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	564.76	00	15									
63	67909	REVISE EYELID DEFECT	575.15										X	
67	67909	REVISE EYELID DEFECT	575.15	00	15								X	
63	67911	REVISE EYELID DEFECT	587.24											
67	67911	REVISE EYELID DEFECT	587.24	00	15									
63	67912	CORRECTION EYELID W/ IMPLANT	936.48											
67	67912	CORRECTION EYELID W/ IMPLANT	936.48	00	15									
63	67914	REPAIR EYELID DEFECT	505.27											
67	67914	REPAIR EYELID DEFECT	505.27	00	15									
63	67915	REPAIR EYELID DEFECT	325.96			X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	67915	REPAIR EYELID DEFECT	325.96	00	15	X								
63	67916	REPAIR EYELID DEFECT	634.70											
67	67916	REPAIR EYELID DEFECT	634.70	00	15									
63	67917	REPAIR EYELID DEFECT	650.94											
67	67917	REPAIR EYELID DEFECT	650.94	00	15									
63	67921	REPAIR EYELID DEFECT	493.59											
67	67921	REPAIR EYELID DEFECT	493.59	00	15									
63	67922	REPAIR EYELID DEFECT	316.66											
67	67922	REPAIR EYELID DEFECT	316.66	00	15									
63	67923	REPAIR EYELID DEFECT	635.02											
67	67923	REPAIR EYELID DEFECT	635.02	00	15									
63	67924	REPAIR EYELID DEFECT	675.99											
67	67924	REPAIR EYELID DEFECT	675.99	00	15									
63	67930	REPAIR EYELID WOUND	387.08											
67	67930	REPAIR EYELID WOUND	387.08	00	15									
63	67935	REPAIR EYELID WOUND	627.42											
67	67935	REPAIR EYELID WOUND	627.42	00	15									
63	67938	REMOVE EYELID FOREIGN BODY	279.32										X	
67	67938	REMOVE EYELID FOREIGN BODY	279.32	00	15								X	
63	67950	REVISION OF EYELID	612.09											
67	67950	REVISION OF EYELID	612.09	00	15									
63	67961	REVISION OF EYELID	613.10											
67	67961	REVISION OF EYELID	613.10	00	15									
63	67966	REVISION OF EYELID	816.22											
67	67966	REVISION OF EYELID	816.22	00	15									
63	67971	RECONSTRUCTION OF EYELID	757.57											
67	67971	RECONSTRUCTION OF EYELID	757.57	00	15									
63	67973	RECONSTRUCTION OF EYELID	974.39											
67	67973	RECONSTRUCTION OF EYELID	974.39	00	15									
63	67974	RECONSTRUCTION OF EYELID	971.52											
67	67974	RECONSTRUCTION OF EYELID	971.52	00	15									
63	67975	RECONSTRUCTION OF EYELID	717.07											
67	67975	RECONSTRUCTION OF EYELID	717.07	00	15									
63	68020	INCISE/DRAIN EYELID LINING	127.32											
67	68020	INCISE/DRAIN EYELID LINING	127.32	00	15									
63	68040	TREATMENT OF EYELID LESIONS	65.22											
67	68040	TREATMENT OF EYELID LESIONS	65.22	00	15									
63	68100	BIOPSY OF EYELID LINING	186.25											
67	68100	BIOPSY OF EYELID LINING	186.25	00	15									
63	68110	REMOVE EYELID LINING LESION	244.59											
67	68110	REMOVE EYELID LINING LESION	244.59	00	15									
63	68115	REMOVE EYELID LINING LESION	343.57											
67	68115	REMOVE EYELID LINING LESION	343.57	00	15									
63	68130	REMOVE EYELID LINING LESION	573.16											
67	68130	REMOVE EYELID LINING LESION	573.16	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	68135	REMOVE EYELID LINING LESION	166.47										
67	68135	REMOVE EYELID LINING LESION	166.47	00 15									
63	68200	TREAT EYELID BY INJECTION	43.59										
67	68200	TREAT EYELID BY INJECTION	43.59	00 15									
63	68320	REVISE/GRAFT EYELID LINING	771.66										
67	68320	REVISE/GRAFT EYELID LINING	771.66	00 15									
63	68325	REVISE/GRAFT EYELID LINING	687.30										
67	68325	REVISE/GRAFT EYELID LINING	687.30	00 15									
63	68326	REVISE/GRAFT EYELID LINING	675.02										
67	68326	REVISE/GRAFT EYELID LINING	675.02	00 15									
63	68328	REVISE/GRAFT EYELID LINING	741.00										
67	68328	REVISE/GRAFT EYELID LINING	741.00	00 15									
63	68330	REVISE EYELID LINING	647.40										
67	68330	REVISE EYELID LINING	647.40	00 15									
63	68335	REVISE/GRAFT EYELID LINING	676.77										
67	68335	REVISE/GRAFT EYELID LINING	676.77	00 15									
63	68340	SEPARATE EYELID ADHESIONS	626.21										
67	68340	SEPARATE EYELID ADHESIONS	626.21	00 15									
63	68360	REVISE EYELID LINING	564.71										
67	68360	REVISE EYELID LINING	564.71	00 15									
63	68362	REVISE EYELID LINING	686.65										
67	68362	REVISE EYELID LINING	686.65	00 15									
63	68371	HARVEST EYE TISSUE, ALOGRAFT	430.22										
67	68371	HARVEST EYE TISSUE, ALOGRAFT	430.22	00 15									
63	68400	INCISE/DRAIN TEAR GLAND	305.35										
67	68400	INCISE/DRAIN TEAR GLAND	305.35	00 15									
63	68420	INCISE/DRAIN TEAR SAC	342.95										
67	68420	INCISE/DRAIN TEAR SAC	342.95	00 15									
63	68440	INCISE TEAR DUCT OPENING	108.48										
67	68440	INCISE TEAR DUCT OPENING	108.48	00 15									
63	68500	REMOVAL OF TEAR GLAND	1,115.44										
67	68500	REMOVAL OF TEAR GLAND	1,115.44	00 15									
63	68505	PARTIAL REMOVAL TEAR GLAND	1,110.30										
67	68505	PARTIAL REMOVAL TEAR GLAND	1,110.30	00 15									
63	68510	BIOPSY OF TEAR GLAND	472.13										
67	68510	BIOPSY OF TEAR GLAND	472.13	00 15									
63	68520	REMOVAL OF TEAR SAC	776.11										
67	68520	REMOVAL OF TEAR SAC	776.11	00 15									
63	68525	BIOPSY OF TEAR SAC	275.76										
67	68525	BIOPSY OF TEAR SAC	275.76	00 15									
63	68530	CLEARANCE OF TEAR DUCT	450.35										
67	68530	CLEARANCE OF TEAR DUCT	450.35	00 15									
63	68540	REMOVE TEAR GLAND LESION	1,032.96										
67	68540	REMOVE TEAR GLAND LESION	1,032.96	00 15									
63	68550	EXCISION OF LACRIMAL GLAND TUMOR;	1,286.25										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	68550	REMOVE TEAR GLAND LESION	1,286.25	00 15									
63	68700	REPAIR TEAR DUCTS	630.95										
67	68700	REPAIR TEAR DUCTS	630.95	00 15									
63	68705	REVISE TEAR DUCT OPENING	272.27										
67	68705	REVISE TEAR DUCT OPENING	272.27	00 15									
63	68720	CREATE TEAR SAC DRAIN	852.49										
67	68720	CREATE TEAR SAC DRAIN	852.49	00 15									
63	68745	CREATE TEAR DUCT DRAIN	855.36										
67	68745	CREATE TEAR DUCT DRAIN	855.36	00 15									
63	68750	CREATE TEAR DUCT DRAIN	901.97										
67	68750	CREATE TEAR DUCT DRAIN	901.97	00 15									
63	68760	CLOSE TEAR DUCT OPENING	228.45										
67	68760	CLOSE TEAR DUCT OPENING	228.45	00 15									
63	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	151.99									X	
67	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	151.99	00 15								X	
63	68770	CLOSE TEAR SYSTEM FISTULA	658.35										
67	68770	CLOSE TEAR SYSTEM FISTULA	658.35	00 15									
63	68801	DILATE TEAR DUCT OPENING	99.30										
67	68801	DILATE TEAR DUCT OPENING	99.30	00 15									
63	68810	PROBE NASOLACRIMAL DUCT	167.63										
67	68810	PROBE NASOLACRIMAL DUCT	167.63	00 15									
63	68811	PROBE NASOLACRIMAL DUCT	141.53										
67	68811	PROBE NASOLACRIMAL DUCT	141.53	00 15									
63	68815	PROBE NASOLACRIMAL DUCT	388.43										
67	68815	PROBE NASOLACRIMAL DUCT	388.43	00 15									
63	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	868.04										
67	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	868.04	00 15									
63	68840	EXPLORE/IRRIGATE TEAR DUCTS	138.72										
67	68840	EXPLORE/IRRIGATE TEAR DUCTS	138.72	00 15									
63	68841	INSERTION OF DRUG-ELUTING IMPLANT,	40.26										
67	68841	INSERTION OF DRUG-ELUTING IMPLANT,	40.26	00 15									
63	68850	INJECTION FOR TEAR SAC X-RAY	62.29										
67	68850	INJECTION FOR TEAR SAC X-RAY	62.29	00 15									
63	69000	DRAIN EXTERNAL EAR LESION	196.38										
67	69000	DRAIN EXTERNAL EAR LESION	196.38	00 15									
63	69005	DRAIN EXTERNAL EAR LESION	232.86										
67	69005	DRAIN EXTERNAL EAR LESION	232.86	00 15									
63	69020	DRAIN OUTER EAR CANAL LESION	245.36										
67	69020	DRAIN OUTER EAR CANAL LESION	245.36	00 15									
63	69100	BIOPSY OF EXTERNAL EAR	101.19										
67	69100	BIOPSY OF EXTERNAL EAR	101.19	00 15									
63	69105	BIOPSY OF EXTERNAL EAR CANAL	151.10										
67	69105	BIOPSY OF EXTERNAL EAR CANAL	151.10	00 15									
63	69110	PARTIAL REMOVAL EXTERNAL EAR	494.32										
67	69110	PARTIAL REMOVAL EXTERNAL EAR	494.32	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	69120	REMOVAL OF EXTERNAL EAR	415.59										
67	69120	REMOVAL OF EXTERNAL EAR	415.59	00 15									
63	69140	REMOVE EAR CANAL LESION(S)	957.04										
67	69140	REMOVE EAR CANAL LESION(S)	957.04	00 15									
63	69145	REMOVE EAR CANAL LESION(S)	430.94										
67	69145	REMOVE EAR CANAL LESION(S)	430.94	00 15									
63	69150	EXTENSIVE EAR CANAL SURGERY	1,094.96										
67	69150	EXTENSIVE EAR CANAL SURGERY	1,094.96	00 15									
63	69155	EXTENSIVE EAR/NECK SURGERY	1,770.07										
67	69155	EXTENSIVE EAR/NECK SURGERY	1,770.07	00 15									
63	69200	CLEAR OUTER EAR CANAL	84.83										
67	69200	CLEAR OUTER EAR CANAL	84.83	00 15									
63	69205	CLEAR OUTER EAR CANAL	103.22										
67	69205	CLEAR OUTER EAR CANAL	103.22	00 15									
63	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	50.87										
67	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	50.87	00 15									
63	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	83.22										
67	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	83.22	00 15									
63	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	226.17										
67	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	226.17	00 15									
63	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,192.13			X						X	
67	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,192.13	00 15		X						X	
63	69320	REBUILD OUTER EAR CANAL	1,673.49										
67	69320	REBUILD OUTER EAR CANAL	1,673.49	00 15									
63	69420	INCISION OF EARDRUM	200.48										
67	69420	INCISION OF EARDRUM	200.48	00 15									
63	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	163.11										
67	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	163.11	00 15									
63	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	133.28										
67	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	133.28	00 15									
63	69433	OFFICE TYMPANOSTOMY, UNILAT	212.65										
67	69433	OFFICE TYMPANOSTOMY, UNILAT	212.65	00 15									
63	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	171.70										
67	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	171.70	00 15									
63	69440	EXPLORATION OF MIDDLE EAR	744.04										
67	69440	EXPLORATION OF MIDDLE EAR	744.04	00 15									
63	69450	TYMPANOLYSIS, TRANSCANAL	586.38										
67	69450	TYMPANOLYSIS, TRANSCANAL	586.38	00 15									
63	69501	MASTOIDECTOMY	770.42										
67	69501	MASTOIDECTOMY	770.42	00 15									
63	69502	MASTOIDECTOMY	1,024.55										
67	69502	MASTOIDECTOMY	1,024.55	00 15									
63	69505	REMOVE MASTOID STRUCTURES	1,316.87										
67	69505	REMOVE MASTOID STRUCTURES	1,316.87	00 15									
63	69511	EXTENSIVE MASTOID SURGERY	1,348.22										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	69511	EXTENSIVE MASTOID SURGERY	1,348.22	00 15									
63	69530	EXTENSIVE MASTOID SURGERY	1,806.33										
67	69530	EXTENSIVE MASTOID SURGERY	1,806.33	00 15									
63	69535	REMOVE PART OF TEMPORAL BONE	2,895.57										
67	69535	REMOVE PART OF TEMPORAL BONE	2,895.57	00 15									
63	69540	REMOVE EAR LESION	221.15										
67	69540	REMOVE EAR LESION	221.15	00 15									
63	69550	REMOVE EAR LESION	1,138.27										
67	69550	REMOVE EAR LESION	1,138.27	00 15									
63	69552	REMOVE EAR LESION	1,713.88										
67	69552	REMOVE EAR LESION	1,713.88	00 15									
63	69554	REMOVE EAR LESION	2,752.01										
67	69554	REMOVE EAR LESION	2,752.01	00 15									
63	69601	MASTOID SURGERY REVISION	1,105.03										
67	69601	MASTOID SURGERY REVISION	1,105.03	00 15									
63	69602	MASTOID SURGERY REVISION	1,177.90										
67	69602	MASTOID SURGERY REVISION	1,177.90	00 15									
63	69603	MASTOID SURGERY REVISION	1,378.29										
67	69603	MASTOID SURGERY REVISION	1,378.29	00 15									
63	69604	MASTOID SURGERY REVISION	1,204.17										
67	69604	MASTOID SURGERY REVISION	1,204.17	00 15									
63	69610	REPAIR OF EARDRUM	412.10										
67	69610	REPAIR OF EARDRUM	412.10	00 15									
63	69620	REPAIR OF EARDRUM	784.44										
67	69620	REPAIR OF EARDRUM	784.44	00 15									
63	69631	REPAIR EARDRUM STRUCTURES	957.55										
67	69631	REPAIR EARDRUM STRUCTURES	957.55	00 15									
63	69632	REBUILD EARDRUM STRUCTURES	1,169.01										
67	69632	REBUILD EARDRUM STRUCTURES	1,169.01	00 15									
63	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,133.00										
67	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,133.00	00 15									
63	69635	REPAIR EARDRUM STRUCTURES	1,375.06										
67	69635	REPAIR EARDRUM STRUCTURES	1,375.06	00 15									
63	69636	REBUILD EARDRUM STRUCTURES	1,510.75										
67	69636	REBUILD EARDRUM STRUCTURES	1,510.75	00 15									
63	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,503.62										
67	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,503.62	00 15									
63	69641	REVISE MIDDLE EAR & MASTOID	1,127.50										
67	69641	REVISE MIDDLE EAR & MASTOID	1,127.50	00 15									
63	69642	REVISE MIDDLE EAR & MASTOID	1,448.32										
67	69642	REVISE MIDDLE EAR & MASTOID	1,448.32	00 15									
63	69643	REVISE MIDDLE EAR & MASTOID	1,326.03										
67	69643	REVISE MIDDLE EAR & MASTOID	1,326.03	00 15									
63	69644	REVISE MIDDLE EAR & MASTOID	1,620.20										
67	69644	REVISE MIDDLE EAR & MASTOID	1,620.20	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	69645	REVISE MIDDLE EAR & MASTOID	1,588.16											
67	69645	REVISE MIDDLE EAR & MASTOID	1,588.16	00	15									
63	69646	REVISE MIDDLE EAR & MASTOID	1,690.63											
67	69646	REVISE MIDDLE EAR & MASTOID	1,690.63	00	15									
63	69650	RELEASE MIDDLE EAR BONE	867.28											
67	69650	RELEASE MIDDLE EAR BONE	867.28	00	15									
63	69660	REVISE MIDDLE EAR BONE	1,003.04											
67	69660	REVISE MIDDLE EAR BONE	1,003.04	00	15									
63	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,307.62											
67	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,307.62	00	15									
63	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,255.81											
67	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,255.81	00	15									
63	69666	REPAIR MIDDLE EAR STRUCTURES	872.45											
67	69666	REPAIR MIDDLE EAR STRUCTURES	872.45	00	15									
63	69667	REPAIR MIDDLE EAR STRUCTURES	872.83											
67	69667	REPAIR MIDDLE EAR STRUCTURES	872.83	00	15									
63	69670	REMOVE MASTOID AIR CELLS	1,020.19											
67	69670	REMOVE MASTOID AIR CELLS	1,020.19	00	15									
63	69676	TYMPANIC NEURECTOMY; UNILATERAL	897.89											
67	69676	TYMPANIC NEURECTOMY; UNILATERAL	897.89	00	15									
63	69700	CLOSE MASTOID FISTULA	720.04											
67	69700	CLOSE MASTOID FISTULA	720.04	00	15									
63	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,781.85											
67	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,781.85	00	15									
63	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,882.60											
67	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,882.60	00	15									
63	69714	IMPLANT TEMPLE BONE W/STIMUL	534.21											
67	69714	IMPLANT TEMPLE BONE W/STIMUL	534.21	00	15									
63	69716	IMPLANTATION, OSSEOINTEGRATED IMPLAN	674.55									X		
67	69716	IMPLANTATION, OSSEOINTEGRATED IMPLAN	674.55	00	15							X		
63	69717	TEMPLE BONE IMPLANT REVISION	607.95									X		
67	69717	TEMPLE BONE IMPLANT REVISION	607.95	00	15							X		
63	69719	REVISION OR REPLACEMENT (INCLUDING	699.68									X		
67	69719	REVISION OR REPLACEMENT (INCLUDING	699.68	00	15							X		
63	69720	RELEASE FACIAL NERVE	1,286.80											
67	69720	RELEASE FACIAL NERVE	1,286.80	00	15									
63	69725	RELEASE FACIAL NERVE	2,037.24											
67	69725	RELEASE FACIAL NERVE	2,037.24	00	15									
63	69726	REMOVAL, OSSEOINTEGRATED IMPLANT,	515.35									X		
67	69726	REMOVAL, OSSEOINTEGRATED IMPLANT,	515.35	00	15							X		
63	69727	REMOVAL, OSSEOINTEGRATED IMPLANT,	576.50									X		
67	69727	REMOVAL, OSSEOINTEGRATED IMPLANT,	576.50	00	15							X		
63	69728	REMOVAL, ENTIRE OSSEOINTEGRATED IMPL	644.40	05	99		X							
67	69728	REMOVAL, ENTIRE OSSEOINTEGRATED IMPL	644.40	05	15		X							
63	69729	IMPLANTATION OSSEOINTEGRATED IMPLANT	731.77	05	99		X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	69729	IMPLANTATION OSSEOINTEGRATED IMPLANT	731.77	05 15		X							
63	69730	REPLACEMENT (INCLUDING REMOVAL OF	749.33	05 99		X							
67	69730	REPLACEMENT (INCLUDING REMOVAL OF	749.33	05 15		X							
63	69740	REPAIR FACIAL NERVE	1,262.48										
67	69740	REPAIR FACIAL NERVE	1,262.48	00 15									
63	69745	REPAIR FACIAL NERVE	1,344.12										
67	69745	REPAIR FACIAL NERVE	1,344.12	00 15									
63	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	241.59										
67	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	241.59	00 15									
63	69805	EXPLORE INNER EAR	1,119.46										
67	69805	EXPLORE INNER EAR	1,119.46	00 15									
63	69806	EXPLORE INNER EAR	1,001.06										
67	69806	EXPLORE INNER EAR	1,001.06	00 15									
63	69905	REMOVE INNER EAR	992.01										
67	69905	REMOVE INNER EAR	992.01	00 15									
63	69910	REMOVE INNER EAR & MASTOID	1,077.69										
67	69910	REMOVE INNER EAR & MASTOID	1,077.69	00 15									
63	69915	INCISE INNER EAR NERVE	1,641.35										
67	69915	INCISE INNER EAR NERVE	1,641.35	00 15									
63	69930	COCHLEAR DEVICE IMPLANTATION	1,325.22	16 20		X						X	
67	69930	COCHLEAR DEVICE IMPLANTATION	1,325.22	01 15		X						X	
63	69950	INCISE INNER EAR NERVE	1,910.26										
67	69950	INCISE INNER EAR NERVE	1,910.26	00 15									
63	69955	RELEASE FACIAL NERVE	2,144.51										
67	69955	RELEASE FACIAL NERVE	2,144.51	00 15									
63	69960	RELEASE INNER EAR CANAL	2,060.45										
67	69960	RELEASE INNER EAR CANAL	2,060.45	00 15									
63	69970	REMOVE INNER EAR LESION	2,321.59										
67	69970	REMOVE INNER EAR LESION	2,321.59	00 15									
63	69990	MICROSURGERY ADD-ON	245.76										
67	69990	MICROSURGERY ADD-ON	245.76	00 15									
63	70010	MYELOGRAPHY; INTERPRETATION ONLY	64.53										
65	70015	CISTERNOGRAPHY; INTERPRET ONLY	62.36										
65	70030	X-RAY EYE; DETECT FOREIGN BODY	9.59									X	
65	70100	X-RAY MANDIBLE; PARTIAL	9.59										
65	70110	X-RAY MANDIBLE; COMPLETE	12.91										
65	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	9.59									X	
65	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	18.09									X	
65	70134	X-RAY INTERNAL AUDITORY MEATI	18.65									X	
65	70140	X-RAY FACIAL BONES; L3 VIEWS	10.63										
65	70150	X-RAY FACIAL BONES; COMPLETE	13.62										
65	70160	X-RAY NASAL BONES; COMPLETE	9.21										
65	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	15.91										
65	70190	X-RAY OPTIC FORAMINA	11.72									X	
65	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	14.71									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
65	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	9.21										
65	70220	X-RAY SINUSES; PARANASAL; COMPLETE	11.44										
65	70240	X-RAY SELLA TURCICA	9.96										
65	70250	X-RAY SKULL; LESS THAN 4 VIEWS	9.59										
65	70260	X-RAY SKULL; COMPLETE	14.71										
65	70300	X-RAY TEETH; SINGLE VIEW	5.55										
65	70310	X-RAY TEETH; PARTIAL EXAM	8.50										
65	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	11.76										
65	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	9.59										
65	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	12.53										
65	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	28.87										
65	70336	MRI,TEMPOROMANDIBULAR JOINT	76.89										
65	70350	CEPHALOGRAM; ORTHODONTIC	9.21										
65	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	10.68										
65	70360	X-RAY NECK; SOFT TISSUE	9.59										
65	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	16.33										
65	70380	X-RAY SALIVARY GLANDFOR CALCULUS	8.88										
65	70390	SIALOGRAPHY; INTERPRETATION ONLY	19.94										
65	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	44.28										
65	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	59.09										
65	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	66.50										
65	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	67.21										
65	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	59.09										
65	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	66.17										
65	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	44.61										
65	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	59.09										
65	70488	CAT;MAXILL..;W/OUT-W/ CONTRAST MATER	66.50										
65	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	67.21										
65	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	72.34										
65	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	84.20										
65	70496	CT ANGIOGRAPHY HEAD	91.66										
65	70498	CT ANGIOGRAPHY NECK	91.66										
65	70540	MRI-ORBIT,FACE AND NECK	70.20										
65	70542	MR IMAGING ORBIT, FACE, AND NECK	84.53										
65	70543	MR IMAGING ORBIT, FACE, AND NECK	111.92										
65	70544	MR ANGIOGRAPHY, HEAD	62.74										
65	70545	MR ANGIOGRAPHY	62.42										
65	70546	MR ANGIOGRAPHY NECK	77.23										
65	70547	MR ANGIOGRAPHY NECK WITHOUT CON	62.74										
65	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	78.31										
65	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	94.22										
65	70551	MRI-BRAIN/INCLUDING BRAIN STEM	77.55										
65	70552	MRI,BRAIN W CONTRAST MATERIAL	93.46										
65	70553	MAGNETIC RESONANCE I, BRAIN	119.65										
65	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	130.80										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
65	70557	MRI BRAIN W/O DYE	177.66		X								
65	70558	MRI BRAIN W/ DYE	180.30		X								
65	70559	MRI BRAIN W/O & W/ DYE	175.28		X								
65	71045	RADIOLOGICAL EXAMINATION,CHEST;SINGL	9.59									X	
65	71046	RADIOLOGICAL EXAMINATION,CHEST;2 V	11.44									X	
65	71047	RADIOLOGICAL EXAMINATION,CHEST;3 V	14.33									X	
65	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	16.18										
65	71100	X-RAY EXAM OF RIBS	11.76										
65	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	14.00										
65	71110	X-RAY EXAM OF RIBS	15.09										
65	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	16.99										
65	71120	X-RAY EXAM OF BREASTBONE	10.34										
65	71130	X-RAY EXAM OF BREASTBONE	11.44										
65	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	56.53										
65	71260	CAT,THORAX,W/ CONTRAST MATERIAL	60.90										
65	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	64.97										
65	71271	COMPUTED TOMOGRAPHY, THORAX,LOW DOSE	56.53										
65	71275	CT ANGIOGRAPHY, CHEST	94.98										
65	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	76.47										
65	71551	MRI CHEST W/DYE	90.57										
65	71552	MRI CHEST W/O&W DYE	118.19										
65	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	93.93										
65	72020	X-RAY SPINE,SINGLE VIEW	8.50										
65	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	11.76										
65	72050	X-RAY EXAM OF NECK SPINE	14.33										
65	72052	X-RAY EXAM OF NECK SPINE	15.91										
65	72070	X-RAY EXAM OF THORAX SPINE	10.68										
65	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	11.82										
65	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	12.91										
65	72080	X-RAY EXAM OF TRUNK SPINE	11.06										
65	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	13.62										
65	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	16.61										
65	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	18.69										
65	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	22.07										
65	72100	X-RAY EXAM OF LOWER SPINE	11.76										
65	72110	X-RAY EXAM OF LOWER SPINE	13.62										
65	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	16.23										
65	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	11.76										
65	72125	CAT SCAN CERVICAL SPINE W/OUT C M	51.63										
65	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	63.50										
65	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	66.17										
65	72128	CAT SCAN THORACIC SPINE W/OUT C M	51.63										
65	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	63.94										
65	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	66.50										
65	72131	CAT SCAN LUMBAR W/OUT CONTRAST	51.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
65	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	63.50										
65	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	66.50										
65	72141	MRI,SPINAL CANAL...;CERVICAL	77.55										
65	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	93.79										
65	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	77.55										
65	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	93.46										
65	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	77.55										
65	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	93.46										
65	72156	MAGNETIC RESONANCE I, SPINAL CANAL	119.65										
65	72157	MAGNETIC RESONANCE I, SPINAL CANAL	119.65										
65	72158	MAGNETIC RESONANCE I, SPINAL CANAL	119.65										
65	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	94.56										
65	72170	X-RAY EXAM OF PELVIS	9.21										
65	72190	X-RAY EXAM OF PELVIS	13.24										
65	72191	CT ANGIOGRAPH PELV W/O&W DYE	93.60										
65	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	56.91										
65	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	60.56										
65	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	63.50										
65	72195	MRI PELVIS W/O DYE	76.47										
65	72196	MRI, PELVIS	90.90										
65	72197	MRI PELVIS W/O & W DYE	114.48										
65	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	93.56										
65	72200	X-RAY EXAM SACROILIAC JOINTS	8.88										
65	72202	X-RAY EXAM SACROILIA504	11.82										
65	72220	X-RAY EXAM OF TAILBONE	9.21										
65	72240	CONTRAST X-RAY OF NECK SPINE	48.85										
65	72255	CONTRAST X-RAY THORAX SPINE	51.48										
65	72265	CONTRAST X-RAY LOWER SPINE	43.52										
65	72270	RADIOLOGICAL SUPERVISION AND INTERPR	72.10										
65	72285	X-RAY OF NECK SPINE DISK	60.69										
65	72295	X-RAY OF LOWER SPINE DISK	43.52										
65	73000	X-RAY EXAM OF COLLARBONE	8.83									X	
65	73010	X-RAY EXAM OF SHOULDER BLADE	9.54									X	
65	73020	X-RAY EXAM OF SHOULDER	8.12									X	
65	73030	X-RAY EXAM OF SHOULDER	9.92									X	
65	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	29.53									X	
65	73050	X-RAY EXAM OF SHOULDERS	9.92										
65	73060	X-RAY EXAM OF HUMERUS	8.83									X	
65	73070	X-RAY EXAM OF ELBOW	8.83									X	
65	73080	X-RAY EXAM OF ELBOW	9.21									X	
65	73085	X-RAY ELBOW,ARTHROGRAPHY;SUPER/INTER	29.87									X	
65	73090	X-RAY EXAM OF FOREARM	8.50									X	
65	73092	X-RAY EXAM OF ARM, INFANT	8.50									X	
65	73100	X-RAY EXAM OF WRIST	8.83									X	
65	73110	X-RAY EXAM OF WRIST	9.21									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
65	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	29.87									X	
65	73120	X-RAY EXAM OF HAND	8.83									X	
65	73130	X-RAY EXAM OF HAND	9.21									X	
65	73140	X-RAY EXAM OF FINGER(S)	7.35									X	
65	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	51.63									X	
65	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	60.56									X	
65	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	63.50									X	
65	73206	CT ANGIO UPR EXTRM W/O&W DYE	93.60									X	
65	73218	MRI UPPER EXTREMITY W/O DYE	70.86									X	
65	73219	MRI UPPER EXTREMITY W/DYE	84.53									X	
65	73220	MRI-UPPER EXTREMITY	112.25									X	
65	73221	MRI, ANY JOINT OF UPPER EXTREMITY	71.19									X	
65	73222	MRI JOINT UPR EXTREM W/ DYE	84.86									X	
65	73223	MRI JOINT UPR EXTR W/O&W DYE	112.58									X	
65	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	90.90									X	
65	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	9.92										
65	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	11.76										
65	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	14.33										
65	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	11.76										
65	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	15.43										
65	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	16.61										
65	73525	CONTRAST X-RAY OF HIP	30.53									X	
65	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	8.83										
65	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	9.59										
65	73560	X-RAY EXAM OF KNEE	8.83									X	
65	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	9.92									X	
65	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	12.10									X	
65	73565	RADIOLOGIC EXAM	9.16										
65	73580	CONTRAST X-RAY OF KNEE JOINT	33.29									X	
65	73590	X-RAY EXAM OF LOWER LEG	8.50									X	
65	73592	X-RAY EXAM OF LEG, INFANT	8.50									X	
65	73600	X-RAY EXAM OF ANKLE	8.83									X	
65	73610	X-RAY EXAM OF ANKLE	9.21									X	
65	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	29.87									X	
65	73620	X-RAY EXAM OF FOOT	8.16									X	
65	73630	X-RAY EXAM OF FOOT	8.88									X	
65	73650	X-RAY EXAM OF HEEL	8.50									X	
65	73660	X-RAY EXAM OF TOE(S)	7.03									X	
65	73700	CAT,LOWER EXTREMITY;W/OUT CONTRAST	51.63									X	
65	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT	60.56									X	
65	73702	CAT,LOWER EXT.;W/OUT-W/CONTRAST MAT	63.17									X	
65	73706	CT ANGIO LWR EXTR W/O&W DYE	98.34									X	
65	73718	MRI LOWER EXTREMITY W/O DYE	70.53									X	
65	73719	MRI LOWER EXTREMITY W/DYE	84.53									X	
65	73720	MRI-LOWER EXTREMITY	112.25									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
65	73721	MRI, ANY JOINT, LOWER EXTREMITY	70.86									X	
65	73722	MRI JOINT OF LWR EXTR W/DYE	84.86									X	
65	73723	MRI JOINT LWR EXTR W/O&W DYE	112.25									X	
65	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	93.98									X	
65	74018	RADIOLOGICAL EXAMINATION,ABDOMEN;1 V	9.59									X	
65	74019	RADIOLOGICAL EXAMINATION,ABDOMEN;2 V	12.15									X	
65	74021	RADIOLOGICAL EXAMINATION,ABDOMEN;3	14.00									X	
65	74022	IMAGING OF ABDOMEN AND CHEST	16.99										
65	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	62.04										
65	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	66.50										
65	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	72.76										
65	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB	114.25										
65	74175	CT ANGIO ABDOM W/O&W DYE	94.65										
65	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	91.28										
65	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	95.31										
65	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	104.51										
65	74181	MRI-ABDOMEN	76.47										
65	74182	MRI ABDOMEN W/DYE	90.57										
65	74183	MRI ABDOMEN W/O&W DYE	114.48										
65	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	93.56										
65	74190	PERITONEOGRAM (EG, AFTER INJECTION O	24.59										
65	74210	CONTRAST XRAY EXAM OF THROAT	31.10										
65	74220	CONTRAST XRAY EXAM,ESOPHAGUS	31.80										
65	74221	RADIOLOGIC EXAMINATION, ESOPHAGUS,	36.59										
65	74230	CINEMA XRAY THROAT/ESOPHAGUS	28.15										
65	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	62.36										
65	74240	X-RAY EXAM UPPER GI TRACT	42.06										
65	74246	X-RAY GASTROINTESTINAL TRACT	46.51										
65	74248	RADIOLOGIC SMALL INTESTINE FOLLOW-TH	36.59										
65	74250	X-RAY EXAM OF SMALL BOWEL	42.10										
65	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	61.28										
65	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	125.16										
65	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	130.28										
65	74270	CONTRAST X-RAY EXAM OF COLON	53.81										
65	74280	CONTRAST X-RAY EXAM OF COLON	65.79										
65	74283	BARIUM ENEMA,THERAPEUTIC	108.98										
65	74290	CONTRAST X-RAY, GALLBLADDER	16.99										
65	74300	CONTRAST X-RAY OF BILE DUCTS	14.43										
65	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	11.06										
65	74328	XRAY FOR BILE DUCT ENDOSCOPY	25.01										
65	74329	X-RAY FOR PANCREAS ENDOSCOPY	25.34										
65	74330	XRAY,BILE/PANCREAS ENDOSCOPY	30.29										
65	74340	X-RAY GUIDE FOR GI TUBE	28.53										
65	74355	PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	39.87										
65	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	29.19										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
65	74363	DILATION OF BILIARY DUCT STRICTURE	45.41										
65	74400	CONTRAST X-RAY URINARY TRACT	25.97										
65	74410	CONTRAST X-RAY URINARY TRACT	25.11										
65	74415	CONTRAST X-RAY URINARY TRACT	25.43										
65	74420	CONTRAST X-RAY URINARY TRACT	26.57										
65	74425	CONTRAST X-RAY URINARY TRACT	26.19										
65	74430	CONTRAST X-RAY OF BLADDER	16.66										
65	74440	XRAY EXAM MALE GENITAL TRACT	19.16				M						
65	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	57.94				M						
65	74450	X-RAY EXAM URETHRA/BLADDER	17.37										
65	74455	X-RAY EXAM URETHRA/BLADDER	16.94										
65	74470	X-RAY-RENAL CYST STUDY	27.87										
65	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	42.86										
65	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	157.40		X								
65	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	97.11									X	
65	74740	HYSTEROSALPINGOGRAPHY	19.94	21 59	X		F						
65	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	32.90										
65	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	121.06										
65	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	149.47										
65	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	133.97										
65	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	152.04										
65	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	12.91										
65	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	30.72										
65	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	90.46										
65	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	131.84										
65	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	124.06										
65	75600	CONTRAST X-RAY EXAM OF AORTA	26.38										
65	75605	CONTRAST X-RAY EXAM OF AORTA	58.66										
65	75625	CONTRAST X-RAY EXAM OF AORTA	74.50										
65	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	103.15										
65	75635	CT ANGIO ABDOMINAL ARTERIES	123.17										
65	75705	ARTERY X-RAYS, SPINE	128.93										
65	75710	ARTERY X-RAYS, ARM/LEG	91.22										
65	75716	ARTERY X-RAYS, ARMS/LEGS	101.35										
65	75726	ARTERY X-RAYS, ABDOMEN	104.42										
65	75731	ARTERY X-RAYS, ADRENAL GLAND	59.81										
65	75733	ARTERY X-RAYS,ADRENAL GLANDS	66.38										
65	75736	ARTERY X-RAYS, PELVIS	57.88										
65	75741	ARTERY X-RAYS, LUNG	66.66										
65	75743	ARTERY X-RAYS, LUNGS	84.46										
65	75746	ARTERY X-RAYS, LUNG	58.34										
65	75756	ARTERY X-RAYS, CHEST	60.75										
65	75801	LYMPH VESSEL X-RAY, ARM/LEG	46.57										
65	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	61.28										
65	75805	LYMPH VESSEL X-RAY, TRUNK	42.43										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
65	75807	LYMPH VESSEL X-RAY, TRUNK	58.15										
65	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	25.54										
65	75810	VEIN X-RAY, SPLEEN/LIVER	53.90										
65	75820	VEIN X-RAY, ARM/LEG	54.27										
65	75822	VEIN X-RAY, ARMS/LEGS	75.30										
65	75825	VEIN X-RAY, TRUNK	58.96										
65	75827	VEIN X-RAY, CHEST	59.62										
65	75831	VEIN X-RAY, KIDNEY	57.55										
65	75833	VEIN X-RAY, KIDNEYS	77.29										
65	75840	VEIN X-RAY, ADRENAL GLAND	59.81										
65	75842	VEIN X-RAY, ADRENAL GLANDS	78.27										
65	75860	VEIN X-RAY, NECK	59.22										
65	75870	VEIN X-RAY, SKULL	65.34										
65	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	59.81										
65	75880	VEIN X-RAY, EYE SOCKET	36.93										
65	75885	VEIN X-RAY, LIVER	71.59										
65	75887	VEIN X-RAY, LIVER	72.59										
65	75889	VEIN X-RAY, LIVER	57.02										
65	75891	VEIN X-RAY, LIVER	57.25										
65	75893	VENOUS SAMPLING BY CATHETER	27.54										
65	75894	XRAYS, TRANSCATHETER THERAPY	78.58										
65	75898	FOLLOW-UP ANGIOGRAM	100.04										
65	75901	REMOVE CVA DEVICE OBSTRUCT	24.97										
65	75902	REMOVE CVA LUMEN OBSTRUCT	20.52										
65	75956	TRANSCATH OCCLUSION;COMPLETE PROC	371.23										
65	75957	XRAY,ENDOVASC THOR AO REPR	318.18										
65	75958	XRAY,PLACE PROX THOR AO	211.20										
65	75959	XRAY,PLACE DIST EXT THOR AO	184.90										
65	75970	TRANSCATH BX;SUPER/INTERP	41.73										
65	75989	RAD GUIDE....SUPERVISION/INTERP ONLY	60.91										
65	76000	FLUOROSCOPY,MD TIME TO 1 HR	17.10										
65	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	9.59										
65	76080	X-RAY EXAM OF FISTULA	27.54										
65	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	16.61									X	
65	76100	X-RAY EXAM OF BODY SECTION	31.05										
65	76120	CINEMATIC X-RAYS	21.13										
65	76125	CINEMATIC X-RAYS	14.00										
63	76145	MEDICAL PHYSICS DOSE EVALUATION FOR	912.36										
65	76376	3D RENDER W/O POSTPROCESS	10.34										
65	76377	3D RENDERING W/POSTPROCESS	41.34										
65	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	50.08										
65	76391	MAGNETIC RESONANCE (EG, VIBRATION)	57.63										
65	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	33.28										
65	76510	OPHTH US, B & QUANT A	41.61										
65	76511	ECHO EXAM OF EYE	38.00									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
65	76512	ECHO EXAM OF EYE	32.64										
65	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	34.49										
65	76514	ECHO EXAM OF EYE, THICKNESS	8.41										
65	76516	ECHO EXAM OF EYE	23.91										
65	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	32.22										
65	76529	ECHO EXAM OF EYE	34.02										
65	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	29.96										
65	76604	ECHO EXAM OF CHEST	30.43										
65	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	38.40										
65	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	35.84										
65	76700	ECHO EXAM OF ABDOMEN	42.10										
65	76705	ECHO EXAM OF ABDOMEN	31.10										
65	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	28.91										
65	76770	ECHO EXAM ABDOMEN BACK WALL	38.45										
65	76775	ECHO EXAM ABDOMEN BACK WALL	30.38										
65	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	39.54										
65	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	66.96										
65	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	51.58				F						
65	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	43.86				F					X	
65	76805	ULTRASOUND, PREGNANT UTERUS	51.92	10 59			F						
65	76810	EACH ADDITIONAL GESTATION	51.54	10 59			F					X	
65	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	98.40				F	X					
65	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	92.18				F	X				X	
65	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	61.78	10 60			F						
65	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	51.04	10 60			F					X	
65	76815	ECHO EXAM FOR FETAL GROWTH	34.37				F						
65	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	44.08				F						
65	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	39.49				F						
65	76818	FETAL BIOPHYSICAL PROFILE	55.19				F						
65	76819	FETL BIOPHYS PROFIL W/O STRS	39.72										
65	76820	UMBILICAL ARTERY ECHO	25.71	10 59			F						
65	76821	MIDDLE CEREBRAL ARTERY ECHO	36.39	10 59			F						
65	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	86.01	00 60			F						
65	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	42.65										
65	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	30.18										
65	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	28.66										
65	76830	ECHOGRAPHY,TRANSVAGINAL	36.55										
65	76831	ECHO EXAM, UTERUS	37.49										
65	76856	ECHOGRAPHY, PELVIC, REAL TIME	36.21										
65	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	25.81										
65	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	33.66				M						
65	76872	ECHOGRAPHY, TRANSRECTAL	35.01										
65	76873	ECHOGRAP TRANS R, PROS STUDY	83.00				M						
65	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	47.17									X	
65	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	36.21									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
65	76883	ULTRASOUND, NERVE(S) AND ACCOMPANYIN	63.12									X	
65	76885	ECHO EXAM, INFANT HIPS	38.78										
65	76886	ECHO EXAM, INFANT HIPS	32.90										
65	76932	ULTRASONIC GUIDANCE ENDOMY0CARDBIO	39.39										
65	76936	ECHO GUIDE FOR ARTERY REPAIR	103.31										
65	76937	US GUIDE, VASCULAR ACCESS	15.77										
65	76940	US GUIDE, TISSUE ABLATION	110.18										
65	76941	ECHO GUIDE FOR TRANSFUSION	69.85										
65	76942	ECHO GUIDE FOR BIOPSY	33.47									X	
65	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	34.49										
65	76946	ECHO GUIDE FOR AMNIOCENTESIS	19.84									X	
65	76965	ECHO GUIDANCE RADIOTHERAPY	72.50										
65	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	44.43										
65	76977	US BONE DENSITY MEASURE	3.00										
65	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	84.53										
65	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	44.28									X	
65	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	31.42										
65	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LES	31.42										
65	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	27.35									X	
65	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	19.80										
65	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	29.53										
65	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	31.48										
65	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	67.31										
65	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	77.19										
65	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	200.75										
65	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	48.60										
65	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	77.22										
65	77046	MAGNETIC RESONANCE IMAGING, BREAST,	75.32										
65	77047	MAGNETIC RESONANCE IMAGING, BREAST,	83.44										
65	77048	MAGNETIC RESONANCE IMAGING, BREAST,	109.69										
65	77049	MAGNETIC RESONANCE IMAGING, BREAST,	120.03										
65	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	18.84										
65	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	23.25										
65	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	31.80	40 99			F						
65	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	42.10										
65	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	51.63										
65	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	39.87	40 99			F		X				
63	77071	MANUAL APPLICATION OF STRESS PERFORM	57.13										
65	77072	BONE AGE STUDIES	9.96										
65	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	14.38										
65	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	22.88										
65	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	29.25										
65	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	36.93										
65	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	18.03										
65	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	12.91										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
65	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.34										
65	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.68										
65	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	83.78										
65	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	15.81										
65	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	8.88										
63	77261	SIMPLE TREAT PLAN-THERA RADIOL	76.71										
63	77262	INTER TREAT PLAN-THERA RADIOLO	117.49										
63	77263	COMPLEX TREAT PLAN-THERA RADIO	184.12										
65	77280	SIMPLE,RAD SIMU-AIDED FIELD	41.25										
65	77285	INTER,RAD SIMU-AIDED FIELD SET	61.50										
65	77290	COMP,RAD SIMU-AIDED FIELD SET	89.46										
65	77293	Respiratory motion management simula	113.90										
65	77295	MANAGEMENT OF RADIATION THERAPY, 3D	244.64									X	
65	77300	BASIC RAD DOSIMETRY CALCULATION	35.89										
65	77301	RADIOLTHERAPY DOS PLAN, IMRT	456.08										
65	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	79.97										
65	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	165.39										
65	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	79.97										
65	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	104.46										
65	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	165.06										
65	77321	SPEC TELETHERAPY PLAN TOTAL BODY	54.39										
65	77331	SPECIAL DOSIMETRY (SPECIFY)	49.69									X	
65	77332	TREATMENT DEVICES,DESIGN/SIMPLE	25.91										
65	77333	TREATMENT DEVICES/DESIGN-INTER	43.14										
65	77334	TREATMENT DEVICES/DESIGN;COMPL	65.29									X	
65	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	244.64										
63	77427	RADIATION TX MANAGEMENT, X5	207.57										
63	77431	RADIATION THERAPY MANAGEMENT W COMPL	115.94									X	
63	77432	STEREOTACTIC RADIATION TREATMENT MAN	463.38										
63	77435	STEREOTACTIC BODY RADIATION THERAPY,	699.43										
63	77469	INTRAOPERATIVE RADIATION TREATMENT M	346.87										
65	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	116.24										
65	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	76.89										
65	77605	HYPERTHERMIA,EXT GEN/DEEP	111.13										
65	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	74.36										
65	77615	HYPERTHERMIA/INTERSTITIAL/>5	104.83										
65	77620	HYPERTHERMIA...INTRACAVITARY PROBE	93.20										
65	77750	INFUSE/INSTILL RADIOELEMENT	285.08										
65	77761	SIMPLE INTRACAV. RADIOELEMENT	220.21										
65	77762	INTER. INTRACAV.RADIOELEMENT	328.16										
65	77763	COMPLEX-INTRACAV RADIOLOGY	493.89										
65	77767	REMOTE AFTERLOADING HIGH DOES RATE R	59.84										
65	77768	REMOTE AFTERLOADING HIGH DOES RATE R	79.97										
65	77770	REMOTE AFTERLOADING HIGH DOES RATE R	111.00										
65	77771	REMOTE AFTERLOADING HIGH DOES RATE R	217.32										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
65	77772	REMOTE AFTERLOADING HIGH DOES RATE R	305.76										
65	77778	INTERSTITIAL RAD-ELEMENT-COMPL	499.54										
65	77789	SURFACE APPLICATION RADIOELEMENT	64.91		X								
65	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	9.64										
65	78013	THYROID IMAGING (INCLUDING VASCULAR	19.22										
65	78014	THYROID IMAGING (INCLUDING VASCULAR	25.49										
65	78015	NUCLEAR SCAN OF THYROID	35.46										
65	78016	EXTENSIVE THYROID SCAN	36.19										
65	78018	THYROID CA IMAGING;WHOLE BODY	43.00										
65	78070	PARATHROID IMAGING	41.06										
65	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	61.41										
65	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	80.24										
65	78075	NUCLEAR SCAN OF ADRENALS	38.78										
65	78102	NUCLEAR SCAN OF BONE MARROW	27.38										
65	78103	NUCLEAR SCAN OF BONE MARROW	32.88										
65	78104	NUCLEAR SCAN OF BONE MARROW	40.72										
65	78110	NUCLEAR EXAM, PLASMA VOLUME	8.64										
65	78111	NUCLEAR EXAM, PLASMA VOLUME	10.11										
65	78120	NUCLEAR EXAM OF RBC MASS	10.49										
65	78121	NUCLEAR EXAM OF RBC MASS	14.24										
65	78122	WHOLE BLOOD VOLUME DETERMINATION	22.59										
65	78130	RED CELL SURVIVAL EXAM	26.90										
65	78140	NUCLEAR EXAM,RED BLOOD CELLS	26.90										
65	78185	NUCLEAR SCAN OF SPLEEN	17.93										
65	78195	NUCLEAR SCAN OF LYMPH SYSTEM	61.09										
65	78201	NUCLEAR SCAN OF LIVER	22.21										
65	78202	NUCLEAR SCAN OF LIVER	25.53										
65	78215	NUCLEAR SCAN, LIVER & SPLEEN	25.11										
65	78216	NUCLEAR SCAN, LIVER/SPLEEN	29.34										
65	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	38.12										
65	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	46.18										
65	78230	NUCLEAR SCAN, SALIVARY GLAND	23.25										
65	78231	NUCLEAR SCANS,SALIVARY GLAND	23.15										
65	78264	GASTRIC EMPTYING STUDY	40.68										
65	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	49.88		X								
65	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	53.34										
65	78278	ACUTE GI BLOOD LOSS IMAGING	50.59										
65	78290	INTESTINE IMAGING	35.17										
65	78300	NUCLEAR SCAN OF BONE	32.56										
65	78305	NUCLEAR SCAN OF BONES	42.86										
65	78306	NUCLEAR SCAN OF SKELETON	43.99										
65	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	52.06										
65	78414	DETERMINE VENTRIC EJECT FRACTION	22.82										
65	78445	NUCLEAR SCAN OF BLOOD FLOW	26.64										
65	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	69.71										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
65	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	82.67										
65	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	50.63										
65	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	69.82									X	
65	78456	ACUTE VENOUS THROMBUS IMAGE	50.97										
65	78466	MYOCARD IMAGING...AT REST;QUAL.	36.21										
65	78468	MYOCARD IMAGING..AT REST;FIRST PASS	40.19										
65	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	46.94										
65	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	49.88										
65	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	74.12										
65	78481	CARD BLD POOL IMAG-FIRST PASS TECH	50.21										
65	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	74.44										
65	78494	HEART IMAGE, SPECT	60.50										
65	78496	HEART FIRST PASS ADD-ON	25.49										
65	78579	PULMONARY VENTILATION IMAGING (EG, A	25.11										
65	78580	PULMONARY PERFUSION IMAGING (EG, PAR	38.12										
65	78582	PULMONARY VENTILATION (EG, AEROSOL O	54.29										
65	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	37.50										
65	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	42.95										
65	78600	NUCLEAR SCAN OF BRAIN	22.54										
65	78601	NUCLEAR SCAN OF BRAIN	25.86										
65	78605	NUCLEAR SCAN OF BRAIN	28.15										
65	78606	NUCLEAR SCAN OF BRAIN	32.99										
65	78608	BRAIN IMAGING, POSITRON EMISSION TOM	75.46										
65	78610	NUCLEAR SCAN OF BRAIN	15.47										
65	78630	CEREBROSPINAL FLUID SCAN	35.17										
65	78635	CEREBROSPINAL FLUID SCAN	32.18										
65	78645	CEREBROSPINAL FLUID SCAN	28.47										
65	78650	CEREBROSPINAL FLUID SCAN	26.90										
65	78660	NUCLEAR EXAM OF TEAR FLOW	23.53										
65	78700	NUCLEAR SCAN OF KIDNEY	22.93										
65	78701	NUCLEAR SCAN OF KIDNEY	25.43										
65	78707	NUCLEAR SCAN OF KIDNEY	48.45										
65	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	60.93										
65	78709	KIDNEY FLOW & FUNCTION IMAGE	71.71										
65	78725	NUCLEAR EXAM OF KIDNEY	19.16										
65	78730	NUCLEAR EXAM OF BLADDER	7.68										
65	78740	NUCLEAR EXAM OF URETER	28.47										
65	78761	TESTICULAR IMAGING,W/VASCULAR	37.31				M						
65	78800	NUCLEAR EXAM OF LESION	33.32										
65	78801	NUCLEAR EXAM OF LESIONS	37.40										
65	78802	NUCLEAR EXAM OF LESIONS	40.72										
65	78803	TUMOR LOCALIZATION SPECT)	54.72										
65	78804	TUMOR IMAGING, WHOLE BODY	51.01										
65	78811	POSITRON EMISSION TOMOGRAPHY (PET)	76.97										
65	78812	POSITRON EMISSION TOMOGRAPHY (PET)	98.82										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
65	78813	POSITRON EMISSION TOMOGRAPHY (PET)	99.60										
65	78814	POSITRON EMISSION TOMOGRAPHY (PET)	112.05										
65	78815	POSITRON EMISSION TOMOGRAPHY (PET)	124.24										
65	78816	POSITRON EMISSION TOMOGRAPHY (PET)	125.09										
65	78830	RADIOPHARMACEUTICAL LOCALIZATION OF	74.08										
65	78831	RADIOPHARMACEUTICAL LOCALIZATION OF	92.12										
65	78832	RADIOPHARMACEUTICAL LOCALIZATION OF	106.69										
65	78835	RADIOPHARMACEUTICAL QUANTIFICATION	23.35										
65	79005	NUCLEAR RX, ORAL ADMIN	91.93										
65	79101	NUCLEAR RX, IV ADMIN	102.31										
65	79403	HEMATOPOETIC NUCLEAR THERAPY	116.07										
65	79445	NUCLEAR RX, INTRA-ARTERIAL	120.38										
63	80503	PATHOLOGY CLINICAL CONSULT;5-20 MIN	28.81										
63	80504	PATHOLOGY CLINICAL CONSULT;21-40 MIN	56.85										
63	80505	PATHOLOGY CLINICAL CONSULT;41-60 MIN	103.43										
63	80506	PATHOLOGY CLINICAL CONSULT;ADD'L 30"	46.38										
65	84165	ASSAY SERUM PROTEINS	19.12										
65	84166	PROTEIN E-PHORESIS/URINE/CSF	19.12										
63	85097	BONE MARROW SMEAR INTERPRET	72.62									X	
65	86334	IMMUNOFIXATION ELECTROPHORESIS	19.12										
65	88104	CYTOPATHOLOGY	28.99										
65	88106	CYTOPATHOLOGY	20.45										
65	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	23.78										
65	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	29.32										
65	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	62.00										
65	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	51.43										
65	88125	FORENSIC CYTOPATHOLOGY	14.62										
63	88141	CYTOPATH CERV/VAG INTERPRET	23.92	21 99			F						
65	88160	CYTOPATHOLOGY	27.38										
65	88161	CYTOPATH...;PREP,SCREEN,INTERP.	27.04										
65	88162	CYTOPATH..;EXT.STUDY.+5 SLIDES,MULTI	41.56										
65	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	37.58										
65	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	74.19										
65	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	23.01										
65	88182	FLOW CYTOMETRY	41.27										
63	88187	FLOWCYTOMETRY/READ, 2-8	38.45										
63	88188	FLOWCYTOMETRY/READ, 9-15	66.73										
63	88189	FLOWCYTOMETRY/READ, 16 & >	90.56										
65	88291	CYTO MOLECULAR REPORT	36.02										
65	88300	SURGICAL PATHOLOGY, GROSS	4.80									X	
65	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	7.35									X	
65	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	12.10									X	
65	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	39.51									X	
65	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	87.30										
65	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	153.15										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
65	88311	SURGICAL PATHOLOGY; DECALCIFICATION	13.20										
65	88312	SPECIAL STAIN INCLUDING INTERPRETATI	28.23										
65	88313	SPECIAL STAIN INCLUDING INTERPRETATI	12.86										
65	88314	SPECIAL STAIN INCLUDING INTERPRETATI	22.15										
63	88321	MICROSLIDE CONSULTATION	103.85										
65	88323	MICROSLIDE CONSULTATION	93.11										
63	88325	COMPREHENSIVE REVIEW OF DATA	167.81										
63	88329	CONSULTATION DURING SURGERY	59.05									X	
65	88331	CONSULTATION DURING SURGERY	65.62									X	
65	88332	PATHOLOGY CONSULTATION DURING SURGER	32.45										
65	88333	INTRAOP CYTO PATH CONSULT, 1	65.66										
65	88334	PATHOLOGY CONSULTATION DURING SURGER	39.76									X	
65	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	29.99									X	
65	88342	IMMUNOCYTOCHEMISTRY	36.95									X	
65	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	40.61										
65	88346	AUTO-ANTIBODY PROFILE	38.14									X	
65	88348	ELECTRON MICROSCOPY	81.74										
65	88350	IMMUNOFLUORESCENCE, PER SPEC;EACH	30.79									X	
65	88358	ANALYSIS, TUMOR	52.52										
65	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	44.31		X								
65	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	46.77										
63	88363	EXAMINATION AND SELECTION OF RETRIEV	24.54										
65	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	36.29										
65	88365	TISSUE HYBRIDATION	45.78									X	
65	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	65.85										
65	88367	INSITU HYBRIDIZATION, AUTO	35.76										
65	88368	INSITU HYBRIDIZATION, MANUAL	44.45										
65	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	35.29										
65	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	26.99										
65	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	45.68										
65	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	68.16										
65	88387	MACROSCOPIC EXAMINATION, DISSECTION,	28.94										
65	88388	MACROSCOPIC EXAMINATION, DISSECTION,	24.82										
63	89049	CHCT FOR MAL HYPERTHERMIA	285.78										
63	90785	INTERACTIVE COMPLEXITY	16.28										
67	90785	INTERACTIVE COMPLEXITY	16.28	00 15									
63	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	190.54										
67	90791	PSYCHIATRIAC DIAGNOSTIC EVALUATION	190.54	00 15									
63	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	214.13										
67	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	214.13	00 15									
63	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	82.50										
67	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	82.50	00 15									
63	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	75.78										
67	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	75.78	00 15									
63	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	109.18										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	109.18	00	15									
63	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	96.15											
67	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	96.15	00	15									
63	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	160.60											
67	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	160.60	00	15									
63	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	127.19											
67	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	127.19	00	15									
63	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	154.31											
67	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	154.31	00	15									
63	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	76.66											
67	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	76.66	00	15									
63	90845	MEDICAL PSYCHOANALYSIS	103.20									X	X	
67	90845	MEDICAL PSYCHOANALYSIS	103.20	00	15							X	X	
63	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	105.70									X		
67	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	105.70	00	15							X		
63	90847	SPECIAL FAMILY THERAPY	110.17									X		
67	90847	SPECIAL FAMILY THERAPY	110.17	00	15							X		
63	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	39.53									X		
67	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	39.53	00	15							X		
63	90853	GROUP PSYCHOTHERAPY Y	29.23							X		X		
67	90853	GROUP PSYCHOTHERAPY Y	29.23	00	15					X		X		
63	90870	ELECTROCONLULSIVE THERAPY	182.57									X		
67	90870	ELECTROCONLULSIVE THERAPY	182.57	00	15							X		
63	90880	MEDICAL HYPNOTHERAPY	113.26									X		
67	90880	MEDICAL HYPNOTHERAPY	113.26	00	15							X		
63	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	78.09											
67	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	78.09	00	15									
63	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	110.83											
67	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	110.83	00	15									
63	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	92.09											
67	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	92.09	00	15									
63	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	133.65											
67	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	133.65	00	15									
63	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,279.18	00	01					X				
67	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,279.18	00	01					X				
63	90954	END-STATE RENAL DISEASE (ESRD) RELAT	1,098.13	02	11					X				
67	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	1,098.13	02	11					X				
63	90955	END-STATE REANL DISEASE (ESRD) RELAT	564.28	02	11					X				
67	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	564.28	02	11					X				
63	90956	END-STATE RENAL DISEASE (ESRD) RELAT	375.03	02	11					X				
67	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	375.03	02	11					X				
63	90957	END-STATE RENAL DISEASE (ESRD) RELAT	836.46	12	19					X				
67	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	836.46	12	15					X				
63	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	542.66	12	19					X				
67	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	542.66	12	15					X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	351.32	12	19					X				
67	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	351.32	12	15					X				
63	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	381.83	20	99					X				
63	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	317.19	20	99					X				
63	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	217.07	20	99					X				
63	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	659.30	00	01					X				
67	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	659.30	00	01					X				
63	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	565.23	02	11					X				
67	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	565.23	02	11					X				
63	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	540.91	12	19					X				
67	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	540.91	12	15					X				
63	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	316.86	20	99					X				
63	90967	END-STAGE REANL DISEASE (ESRD) RELAT	19.13	00	01									
67	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	19.13	00	01									
63	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	18.75	02	11									
67	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	18.75	02	11									
63	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	18.37	12	19									
67	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	18.37	12	15									
63	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	10.25	20	99									
63	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	95.84											
67	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	95.84	00	15									
65	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	69.44											
65	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	9.92											
65	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	77.63											
65	91022	DUODENAL MOTILITY STUDY	77.63											
65	91030	ACID PERFUSION FOR ESOPHAGITIS	49.54											
65	91034	GASTROESOPHAGEAL REFLUX TEST	53.69											
65	91035	G-ESOPH REFLX TST W/ELECTROD	88.12											
65	91037	ESOPH IMPED FUNCTION TEST	52.49											
65	91038	ESOPH IMPED FUNCT TEST > 1H	59.42											
65	91040	ESOPH BALLOON DISTENSION TST	53.46											
65	91110	GI TRACT IMAGING, INTRALUMINAL	120.57											
63	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	146.27											
67	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	146.27	00	15									
65	91120	RECTAL SENSATION TEST	51.83											
65	91122	ANORECTAL MANOMETRY	95.07											
65	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	11.40							X				
63	92002	EYE EXAM; INTERMEDIATE; NEW PT	88.75											
67	92002	EYE EXAM; INTERMEDIATE; NEW PT	88.75	00	15									
63	92004	EYE EXAM; COMPREHENSIVE; NEW PT	156.50											
67	92004	EYE EXAM; COMPREHENSIVE; NEW PT	156.50	00	15									
63	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	93.46											
67	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	93.46	00	15									
63	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	131.70											
67	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	131.70	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	92018	EYE EXAM W/ANESTHESIA-COMPLETE	148.35										
67	92018	EYE EXAM W/ANESTHESIA-COMPLETE	148.35	00 15									
63	92019	EYE EXAM W/ANESTHESIA-LIMITED	76.68										
67	92019	EYE EXAM W/ANESTHESIA-LIMITED	76.68	00 15									
63	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	29.09										
67	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	29.09	00 15									
65	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	20.69										
65	92060	SENSORIMOTOR EXAM EYE	39.23										
65	92065	ORTHOPTIC / PLEOPTIC TRAINING	35.68										
65	92081	TANGENT SCREEN; AUTOPLOT	17.13										
65	92082	QUANTITATIVE PERIMETRY	22.25										
65	92083	MEASUREMENT OF FIELD OF VISION DURIN	28.70										
63	92100	SERIAL TONOGRAPHY W/EVALUATION	87.48										
67	92100	SERIAL TONOGRAPHY W/EVALUATION	87.48	00 15									
65	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	17.46										
65	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	22.91										
65	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	26.47										
65	92136	OPHTHALMIC BIOMETRY	32.22										
65	92145	CORNEAL HYSTERESIS DETERMINATION, BY	5.89										
63	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	26.34										
67	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	26.34	00 15									
63	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	16.61										
67	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	16.61	00 15									
63	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	114.55										
67	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	114.55	00 15									
65	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	44.83									X	
65	92240	ICG ANGIOGRAPHY	50.76										
65	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	58.04										
65	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	22.59										
63	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	20.65										
67	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	20.65	00 15									
65	92265	OCULOELECTROMYOGRAPHY	48.44										
65	92270	ELECTRO-OCULOGRAPHY	44.79										
65	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	38.90										
65	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	35.21										
65	92283	COLOR VISION EXAMINATION	9.54										
65	92284	DARK ADAPTATION EXAMINATION	13.19										
65	92285	EXTERNAL OCULAR PHOTOGRAPHY	3.32										
65	92286	SPECULAR ENDOTHELIAL MICROSCOPY	22.91										
63	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	101.50										
67	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	101.50	00 15									
67	92507	SPEECH LANGUAGE HEARING THERAPY	82.29	00 02		X							
67	92508	SPEECH LANGUAGE HEARING THERAPY	25.24	00 02		X							
63	92511	NASOPHARYNGOSCOPY	120.91										
67	92511	NASOPHARYNGOSCOPY	120.91	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	80.93											
67	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	80.93	00	15									
63	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	83.59											
67	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	83.59	00	15									
63	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	137.98											
67	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	137.98	00	15									
63	92521	EVALUATION OF SPEECH FLUENCY	142.73	01	99		X		X	X				
67	92521	EVALUATION OF SPEECH FLUENCY	142.73	00	15		X		X	X				
63	92522	EVALUATE SPEECH PRODUCTION	119.73	01	99		X		X	X				
67	92522	EVALUATE SPEECH PRODUCTION	119.73	00	15		X		X	X				
63	92523	SPEECH SOUND LANG COMPREHENSION	244.71	01	99		X		X	X				
67	92523	SPEECH SOUND LANG COMPREHENSION	244.71	00	15		X		X	X				
63	92524	BEHAVRAL QUALIT ANALYS VOICE	118.40	01	99		X		X	X				
67	92524	BEHAVRAL QUALIT ANALYS VOICE	118.40	00	15		X		X	X				
63	92526	ORAL FUNCTION THERAPY	90.78											
67	92526	ORAL FUNCTION THERAPY	90.78	00	15									
65	92537	CALORIC VESTIBULAR TEST WITH RECORDI	33.17											
65	92538	CALORIC VESTIBULAR TEST WITH RECORDI	17.13											
65	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	83.56											
65	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	22.59											
65	92542	POSITIONAL NYSTAGMUS W/RECORDING	26.62											
65	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	15.32											
65	92545	OSCILLATING TRACKING W/RECORDING	14.24											
65	92546	TORSION SWING TEST W/RECORDING	16.09											
65	92548	POSTUROGRAPHY	36.26											
65	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY	48.06											
63	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	23.68							X				
67	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	23.68	00	15					X				
63	92557	BASIC COMPREHENSIVE AUDIOMETRY	39.58							X				
67	92557	BASIC COMPREHENSIVE AUDIOMETRY	39.58	00	15					X				
63	92567	TYMPANOMETRY	17.33							X				
67	92567	TYMPANOMETRY	17.33	00	15					X				
63	92568	ACOUSTIC REFLEX TESTING	16.86							X				
67	92568	ACOUSTIC REFLEX TESTING	16.86	00	15					X				
63	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	34.69							X				
67	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	34.69	00	15					X				
63	92579	VISUAL AUDIOMETRY (VRA)	48.02							X				
67	92579	VISUAL AUDIOMETRY (VRA)	48.02	00	15					X				
63	92584	ELECTROCOCHLEOGRAPHY	117.43							X				
67	92584	ELECTROCOCHLEOGRAPHY	117.43	00	15					X				
65	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	19.35											
65	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	30.93											
63	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	170.93	01	06					X				
67	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	170.93	01	06					X				
63	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	107.54	01	06					X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	107.54	01	06					X				
63	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	160.72	07	99					X				
67	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	160.72	07	99					X				
63	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	96.67	07	99					X				
67	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	96.67	07	99					X				
63	92610	EVALUATE SWALLOWING FUNCTION	90.59											
67	92610	EVALUATE SWALLOWING FUNCTION	90.59	00	15									
63	92611	MOTION FLUOROSCOPY/SWALLOW	97.84											
67	92611	MOTION FLUOROSCOPY/SWALLOW	97.84	00	15									
63	92612	ENDOSCOPY SWALLOW TST	201.97											
67	92612	ENDOSCOPY SWALLOW TST	201.97	00	15									
63	92620	AUDITORY FUNCTION, 60 MIN	95.40											
67	92620	AUDITORY FUNCTION, 60 MIN	95.40	00	15									
63	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	23.35										X	
67	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	23.35	00	15								X	
63	92625	TINNITUS ASSESSMENT	73.28											
67	92625	TINNITUS ASSESSMENT	73.28	00	15									
63	92626	EVAL AUD REHAB STATUS	93.06	02	99		X		X					
67	92626	EVAL AUD REHAB STATUS	93.06	02	15		X		X					
63	92627	EVAL AUD STATUS REHAB ADD-ON	21.93	02	99		X		X				X	
67	92627	EVAL AUD STATUS REHAB ADD-ON	21.93	02	15		X		X				X	
63	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	117.35											
67	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	117.35	00	15									
63	92651	AUDITORY EVOKED POTENTIALS; SCREEN	89.18	00	20									
67	92651	AUDITORY EVOKED POTENTIALS; SCREEN	89.18	00	15									
63	92652	AUDITORY EVOKED POTENTIALS; SCREEN	120.19	00	20									
67	92652	AUDITORY EVOKED POTENTIALS; SCREEN	120.19	00	15									
63	92653	AUDITORY EVOKED POTENTIALS; SCREEN	89.28	00	20									
67	92653	AUDITORY EVOKED POTENTIALS; SCREEN	89.28	00	15									
63	92920	BALLOON DILATION OF NARROWED OR BLOC	579.69											
67	92920	BALLOON DILATION OF NARROWED OR BLOC	579.69	00	15									
63	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	692.95											
67	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	692.95	00	15									
63	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	646.58											
67	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	646.58	00	15									
63	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	724.57											
67	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	724.57	00	15									
63	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	645.87											
67	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	645.87	00	15									
63	92941	INSERTION OF STENT, REMOVAL OF PLAQU	725.12											
67	92941	INSERTION OF STENT, REMOVAL OF PLAQU	725.12	00	15									
63	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	726.09											
67	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	726.09	00	15									
63	92950	CARDIOPULMONARY RESUSCITATION	346.33										X	
67	92950	CARDIOPULMONARY RESUSCITATION	346.33	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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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
63	92960	ELECTRICAL CARDIOVERSION	164.65									X	
67	92960	ELECTRICAL CARDIOVERSION	164.65	00 15								X	
63	92961	CARDIOVERSION, ELECTRIC, INT	267.59										
67	92961	CARDIOVERSION, ELECTRIC, INT	267.59	00 15									
63	92970	CARDIOASSIST, INTERNAL	206.98										
67	92970	CARDIOASSIST, INTERNAL	206.98	00 15									
63	92971	CARDIOASSIST, EXTERNAL	109.76										
67	92971	CARDIOASSIST, EXTERNAL	109.76	00 15									
63	92973	PERCUT CORONARY THROMBECTOMY	192.88										
67	92973	PERCUT CORONARY THROMBECTOMY	192.88	00 15									
63	92974	CATH PLACE, CARDIO BRACHYTX	176.66										
67	92974	CATH PLACE, CARDIO BRACHYTX	176.66	00 15									
65	92978	INTRAVASCULAR US, HEART	103.63										
65	92979	INTRAVASCULAR US, HEART	82.52									X	
63	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,441.69										
67	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,441.69	00 15									
63	92987	REVISION OF MITRAL VALVE	1,491.59										
67	92987	REVISION OF MITRAL VALVE	1,491.59	00 15									
63	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,188.95										
67	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,188.95	00 15									
63	92997	PUL ART BALLOON REPAIR, PERC	698.08										
67	92997	PUL ART BALLOON REPAIR, PERC	698.08	00 15									
63	92998	PUL ART BALLOON REPAIR, PERC	349.02									X	
67	92998	PUL ART BALLOON REPAIR, PERC	349.02	00 15								X	
63	93010	ECG; INTERPRETATION AND REPORT	8.88									X	
67	93010	ECG; INTERPRETATION AND REPORT	8.88	00 15								X	
63	93016	CARDIOVASCULAR STRESS TEST USING MAX	22.82										
67	93016	CARDIOVASCULAR STRESS TEST USING MAX	22.82	00 15									
63	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	15.13										
67	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	15.13	00 15									
63	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.46									X	
67	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.46	00 15								X	
65	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	8.88										
63	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	19.88										
67	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	19.88	00 15									
63	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	27.58						X				
67	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	27.58	00 15					X				
63	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	25.49										
67	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	25.49	00 15									
63	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	28.04										
67	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	28.04	00 15									
65	93260	PROGRAMMING DEVICE EVALUATION (IN PE	45.60										
65	93261	INTERROGATION DEVICE EVALUATION (IN	38.91										
63	93264	REMOTE MONITORING OF A WIRELESS PULM	53.84	16 99					X				
67	93264	REMOTE MONITORING OF A WIRELESS PULM	53.84	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
63	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	26.24						X				
67	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	26.24	00 15					X				
65	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	13.24										
65	93279	PROGRAMMING DEVICE EVALUATION WITH I	33.83										
65	93280	PROGRAMMING DEVICE EVALUATION WITH I	40.04										
65	93281	PROGRAMMING DEVICE EVALUATION WITH I	45.28										
65	93282	PROGRAMMING DEVICE EVALUATION WITH I	45.28										
65	93283	PROGRAMMING DEVICE EVALUATION WITH I	60.65										
65	93284	PROGRAMMING DEVICE EVALUATION WITH I	65.76										
65	93285	PROGRAMMING DEVICE EVALUATION WITH I	27.57										
65	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	15.81										
65	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	23.82										
65	93288	INTERROGATION DEVICE EVALUATION (IN	22.06										
65	93289	INTERROGATION DEVICE EVALUATION (IN	39.82										
65	93290	INTERROGATION DEVICE EVALUATION (IN	22.82										
65	93291	INTERROGATION DEVICE EVALUATION (IN	19.46										
65	93292	INTERROGATION DEVICE EVALUATION (IN	22.50										
65	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	15.51						X				
63	93294	INTERROGATION DEVICE EVALUATION(S) (	32.47						X				
67	93294	INTERROGATION DEVICE EVALUATION(S) (	32.47	00 15					X				
63	93295	INTERROGATION DEVICE EVALUATION(S) (	39.77						X				
67	93295	INTERROGATION DEVICE EVALUATION(S) (	39.77	00 15					X				
63	93297	INTERROGATION DEVICE EVALUATION(S),	28.11						X				
67	93297	INTERROGATION DEVICE EVALUATION(S),	28.11	00 15					X				
63	93298	INTERROGATION DEVICE EVALUATION(S),	28.44						X				
67	93298	INTERROGATION DEVICE EVALUATION(S),	28.44	00 15					X				
65	93303	ECHO TRANSTHORACIC	66.34										
65	93304	ECHO TRANSTHORACIC	39.16										
65	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	74.07										
65	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	47.27										
65	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	26.96										
65	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	115.31										
63	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	12.39										
67	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	12.39	00 15									
65	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	97.93										
65	93315	ECHO TRANSESOPHAGEAL	136.62										
63	93316	ECHO TRANSESOPHAGEAL	28.15								X		
67	93316	ECHO TRANSESOPHAGEAL	28.15	00 15							X		
65	93317	ECHO TRANSESOPHAGEAL	95.41										
65	93318	ECHO TRANSESOPHAGEAL INTRAOP	110.69										
63	93319	3D ECHOCARDIOLOGRAPHIC IMAGING AND	57.58										
67	93319	3D ECHOCARDIOLOGRAPHIC IMAGING AND	57.58	00 15									
65	93320	DOPPLER ECHOCARDIOGRAPHY	19.16										
65	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	7.79										
65	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	3.32										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
65	93350	ECG,REAL-TIME,WINTER + REPORT	74.07										
65	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	89.26										
63	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	243.39										
67	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	243.39	00 15									
63	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	38.22										
67	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	38.22	00 15									
65	93451	RIGHT HEART CATHETERIZATION INCLUDIN	142.59										
65	93452	LEFT HEART CATHETERIZATION INCLUDING	257.25										
65	93453	COMBINED RIGHT AND LEFT HEART CATHET	344.51										
65	93454	CATHETER PLACEMENT IN CORONARY ARTER	260.07										
65	93455	CATHETER PLACEMENT IN CORONARY ARTER	303.23										
65	93456	CATHETER PLACEMENT IN CORONARY ARTER	338.80										
65	93457	CATHETER PLACEMENT IN CORONARY ARTER	380.48										
65	93458	CATHETER PLACEMENT IN CORONARY ARTER	320.92										
65	93459	CATHETER PLACEMENT IN CORONARY ARTER	364.08										
65	93460	CATHETER PLACEMENT IN CORONARY ARTER	407.58										
65	93461	CATHETER PLACEMENT IN CORONARY ARTER	450.42										
63	93462	LEFT HEART CATHETERIZATION BY TRANSS	228.92										
67	93462	LEFT HEART CATHETERIZATION BY TRANSS	228.92	00 15									
63	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	106.50										
67	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	106.50	00 15									
65	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	95.32										
63	93503	INSERTION AND PLACEMENT OF FLOW DIR	96.97										
67	93503	INSERTION AND PLACEMENT OF FLOW DIR	96.97	00 15									
65	93505	ENDOCARDIAL BIOPSY	246.32										
63	93563	INJECTION PROCEDURE DURING CARDIAC C	56.94										
67	93563	INJECTION PROCEDURE DURING CARDIAC C	56.94	00 15									
63	93564	INJECTION PROCEDURE DURING CARDIAC C	60.68										
67	93564	INJECTION PROCEDURE DURING CARDIAC C	60.68	00 15									
63	93565	INJECTION PROCEDURE DURING CARDIAC C	29.82										
67	93565	INJECTION PROCEDURE DURING CARDIAC C	29.82	00 15									
63	93566	INJECTION PROCEDURE DURING CARDIAC C	29.28										
67	93566	INJECTION PROCEDURE DURING CARDIAC C	29.28	00 15									
63	93567	INJECTION PROCEDURE DURING CARDIAC C	41.91										
67	93567	INJECTION PROCEDURE DURING CARDIAC C	41.91	00 15									
63	93568	INJECTION PROCEDURE DURING CARDIAC C	51.93										
67	93568	INJECTION PROCEDURE DURING CARDIAC C	51.93	00 15									
63	93569	INJECTION PROCEDURE DURING CARDIAC	41.16										
67	93569	INJECTION PROCEDURE DURING CARDIAC	41.16	00 15									
65	93571	HEART FLOW RESERVE MEASURE	79.14										
65	93572	HEART FLOW RESERVE MEASURE	57.48										
63	93573	INJECTION PROCEDURE DURING CARDIAC	68.61										
67	93573	INJECTION PROCEDURE DURING CARDIAC	68.61	00 15									
63	93574	INJECTION PROCEDURE DURING CARDIAC	75.58									X	
67	93574	INJECTION PROCEDURE DURING CARDIAC	75.58	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	93575	INJECTION PROCEDURE DURING CARDIAC	101.17										
67	93575	INJECTION PROCEDURE DURING CARDIAC	101.17	00 15									
63	93580	TRANSCATH CLOSURE OF ASD	1,067.90										
67	93580	TRANSCATH CLOSURE OF ASD	1,067.90	00 15									
63	93581	TRANSCATH CLOSURE OF VSD	1,451.97										
67	93581	TRANSCATH CLOSURE OF VSD	1,451.97	00 15									
63	93582	Closure of congenital heart defect f	726.73										
67	93582	Closure of congenital heart defect f	726.73	00 15									
63	93583	Therapy for reduction of lower heart	812.91										
67	93583	Therapy for reduction of lower heart	812.91	00 15									
63	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,158.95										
67	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,158.95	00 15									
63	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	954.48										
67	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	954.48	00 15									
63	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	422.39									X	
67	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	422.39	00 15								X	
65	93593	RIGHT HEART CATHETERIZATION FOR CONG	203.62										
65	93594	RIGHT HEART CATH...ABN NATIVE CONN	315.56										
65	93595	LEFT HEART CATHETERIZATION FOR CONG	284.28										
65	93596	RIGHT AND LEFT HEART CATHETERIZATION	348.22										
65	93597	R/L HEART CATH...ABN NATIVE CONN	458.74										
65	93598	CARDIAC OUTPUT MEASUREMENT(S), THERM	74.97										
65	93600	BUNDLE OF HIS RECORDING	128.35										
65	93602	INTRA-ATRIAL RECORDING	125.05										
65	93603	RIGHT VENTRICULAR RECORDING	125.05		X								
65	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	299.55										
65	93610	INTR-ATRIAL PAGING	177.20										
65	93612	INTRAVENTRICULAR PACING	174.23										
63	93613	ELECTROPHYS MAP, 3D, ADD-ON	322.06										
67	93613	ELECTROPHYS MAP, 3D, ADD-ON	322.06	00 15									
65	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	39.57										
65	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	237.81										
65	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	421.39										
65	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	678.28										
65	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	89.89										
65	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	185.97										
65	93623	PROGRAMMED STIMULATION & PACING	87.63										
65	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	270.96										
65	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	434.89										
65	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	192.79										
65	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	338.17										
65	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	275.65										
65	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	153.88										
63	93650	INTRACARDIAC CATHETER ABLATION OF	642.89										
67	93650	INTRACARDIAC CATHETER ABLATION OF	642.89	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	93653	EVALUATION AND INSERTION OF CATHETER	925.18										
67	93653	EVALUATION AND INSERTION OF CATHETER	925.18	00 15									
63	93654	EVALUATION AND INSERTION OF CATHETER	1,115.25										
67	93654	EVALUATION AND INSERTION OF CATHETER	1,115.25	00 15									
63	93655	INTRACARDIAC CATHETER ABLATION OF A	339.23										
67	93655	INTRACARDIAC CATHETER ABLATION OF A	339.23	00 15									
63	93656	EVALUATION AND INSERTION OF CATHETER	1,049.16										
67	93656	EVALUATION AND INSERTION OF CATHETER	1,049.16	00 15									
65	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	357.59										
65	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	98.55										
65	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	256.96										
63	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	12.25										
67	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	12.25	00 15									
65	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	42.02										
65	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	26.65										
65	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	49.22										
65	93888	TRANSCRANIAL DOPPLER STUDY OF THE	27.35										
65	93892	TCD, EMBOLI DETECT W/O INJ	63.50										
65	93893	TCD, EMBOLI DETECT W/INJ	64.70										
65	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	13.54										
65	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	23.99										
65	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	26.55										
65	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	40.93										
65	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	25.02										
65	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	41.80										
65	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	25.35										
65	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	36.47										
65	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	23.46										
65	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	60.97										
65	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	41.38										
65	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	42.00										
65	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	25.35										
65	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	64.11				M						
65	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	23.41				M						
65	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND	42.20										
65	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND	26.33										
65	93990	DOPPLER FLOW TESTING	26.09										
63	94002	VENTILATION ASSIST AND MANAGEMENT, I	100.81										
67	94002	VENTILATION ASSIST AND MANAGEMENT, I	100.81	00 15									
63	94003	VENTILATION ASSIST AND MANAGEMENT, I	70.37										
67	94003	VENTILATION ASSIST AND MANAGEMENT, I	70.37	00 15									
63	94004	VENTILATION ASSIST AND MANAGEMENT, I	52.04										
67	94004	VENTILATION ASSIST AND MANAGEMENT, I	52.04	00 15									
65	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	8.88										
63	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	92.85	00 02									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	92.85	00	02									
63	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	150.58	00	02									
67	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	150.58	00	02									
63	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	20.94	00	02									
67	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	20.94	00	02									
63	94016	REVIEW PATIENT SPIROMETRY	26.57											
67	94016	REVIEW PATIENT SPIROMETRY	26.57	00	15									
65	94060	BRONCHOSPASM EVALUATION	11.10											
65	94070	BRONCHOSPASM EVALUATION, PROLONGED	29.94											
65	94200	MAXIMUM BREATHING CAPACITY	3.00											
65	94375	RESPIRATORY FLOW VOLUME LOOP	15.51											
65	94450	HYPOXIA RESPONSE CURVE	21.36											
65	94452	HAST W/REPORT	15.18											
65	94453	HAST W/OXYGEN TITRATE	20.03											
65	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	34.30											
65	94618	PULMONARY STRESS TESTING (EG, 6-MINU	24.06											
65	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	24.44											
65	94621	PULM STRESS TEST/COMPLEX	73.62											
63	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH	59.59									X		
67	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH	59.59	00	15							X		
63	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH	79.47									X		
67	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH	79.47	00	15							X		
63	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	66.66											
67	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	66.66	00	15									
63	94662	CONTINUOUS NEGATIVE PRESSURE	38.41											
67	94662	CONTINUOUS NEGATIVE PRESSURE	38.41	00	15									
65	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	13.72										X	
65	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	10.34										X	
65	94690	OXYGEN UPTAKE; REST, INDIRECT	4.09										X	
65	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	12.95											
65	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	12.95											
65	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	13.29											
65	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	9.64											
63	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	53.84											
67	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	53.84	00	15									
63	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	21.17											
67	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	21.17	00	15									
63	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.14										X	
67	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.14	00	15								X	
63	95017	ALLERGY TESTING, ANY COMBINATION OF	9.07										X	
67	95017	ALLERGY TESTING, ANY COMBINATION OF	9.07	00	15								X	
63	95018	ALLERGY TESTING, ANY COMBINATION OF	20.70										X	
67	95018	ALLERGY TESTING, ANY COMBINATION OF	20.70	00	15								X	
63	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.13										X	
67	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.13	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	127.29										
67	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	127.29	00 15									
63	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	90.50										
67	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	90.50	00 15									
63	95144	PROFESSIONAL SERVICES FOR THE SUPERV	17.00									X	
67	95144	PROFESSIONAL SERVICES FOR THE SUPERV	17.00	00 15								X	
63	95145	PROFESSIONAL SERVICES FOR THE SUPERV	33.28									X	
67	95145	PROFESSIONAL SERVICES FOR THE SUPERV	33.28	00 15								X	
63	95146	PROFESSIONAL SERVICES FOR THE SUPERV	60.86									X	
67	95146	PROFESSIONAL SERVICES FOR THE SUPERV	60.86	00 15								X	
63	95147	PROFESSIONAL SERVICES FOR THE SUPERV	58.87									X	
67	95147	PROFESSIONAL SERVICES FOR THE SUPERV	58.87	00 15								X	
63	95165	PROFESSIONAL SERVICES FOR THE SUPERV	15.34						X			X	
67	95165	PROFESSIONAL SERVICES FOR THE SUPERV	15.34	00 15					X			X	
63	95170	PROFESSIONAL SERVICES FOR THE SUPERV	11.69									X	
67	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	11.69	00 15								X	
63	95180	RAPID DESENSITIZATION; EACH HOUR	145.51		X							X	
67	95180	RAPID DESENSITIZATION; EACH HOUR	145.51	00 15	X							X	
63	95251	GLUC MONITOR, CONT, PHYS I&R	37.59										
67	95251	GLUC MONITOR, CONT, PHYS I&R	37.59	00 15									
63	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	110.32										
67	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	110.32	00 15									
63	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	145.61										
67	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	145.61	00 15									
63	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	171.20										
67	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	171.20	00 15									
63	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	225.23										
67	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	225.23	00 15									
63	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	224.47										
67	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	224.47	00 15									
63	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	273.42										
67	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	273.42	00 15									
63	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	274.45										
67	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	274.45	00 15									
63	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	345.72										
67	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	345.72	00 15									
63	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	314.01										
67	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	314.01	00 15									
63	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	439.64										
67	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	439.64	00 15									
65	95782	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	133.33	00 05									
65	95783	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	145.59	00 05									
65	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	43.95										
65	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	43.95										
65	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	61.54										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
65	95806	SLEEP STUDY, UNATTENDED	47.65											
65	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	63.92											
65	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	89.54											
65	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	128.08	06	99									
65	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	132.87	06	99									
65	95812	ELECTROENCEPHALOGRAM (EEG)	60.31											
65	95813	ELECTROENCEPHALOGRAM (EEG)	91.45											
65	95816	ELECTROENCEPHALOGRAM (EEG); INCL	60.31											
65	95819	ELECTROENCEPHALOGRAM (EEG); INCL	60.31											
65	95822	ELECTROENCEPHALOGRAM (EEG); INCL	60.65											
65	95824	ELECTROENCEPHALOGRAM (EEG); INCL	41.76										X	
65	95829	ELECTROCORTICOGRAM AT SURGERY	354.56											
63	95830	MD INSERT SPHENOIDAL ELECTRODE	698.27											
67	95830	MD INSERT SPHENOIDAL ELECTRODE	698.27	00	15									
63	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	21.78										X	
67	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	21.78	00	15								X	
63	95852	RANGE OF MOTION; HAND	17.90											
67	95852	RANGE OF MOTION; HAND	17.90	00	15									
63	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	64.70											
67	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	64.70	00	15									
65	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	54.10											
65	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	86.71											
65	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	105.64											
65	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	112.72											
65	95865	MUSCLE TEST, LARYNX	87.75											
65	95866	MUSCLE TEST, HEMIDIAPHRAGM	68.43											
65	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	44.66											
65	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	66.10											
65	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	21.21											
65	95870	MUSCLE TEST, NON-PARASPINAL	20.89											
65	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	161.15											
65	95873	GUIDE NERV DESTR, ELEC STIM	20.79											
65	95874	GUIDE NERV DESTR, NEEDLE EMG	20.79											
65	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	61.73											
65	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	19.35										X	
65	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	48.65										X	
65	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	39.96											
65	95905	NEEDLE MEASUREMENT AND RECORDING OF	3.00										X	
65	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	56.28											
65	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	70.09											
65	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	84.43											
65	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	112.23											
65	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	140.05											
65	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	167.85											
65	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	198.94											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
65	95919	QUANTITATIVE PUPILLOMETRY WITH PHYSI	10.59										
65	95925	SOMATOSENSORY TESTING,ONE > NERVES	30.53										
65	95926	SOMATOSENSORY TESTING	29.33										
65	95927	SOMATOSENSORY TESTING	28.99										
65	95928	C MOTOR EVOKED, UPPR LIMBS	84.53										
65	95929	C MOTOR EVOKED, LWR LIMBS	84.09										
65	95930	VISUAL EVOKED POTENTIAL TEST	19.69										
65	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	33.75										
65	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	37.03									X	
65	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	48.31										
65	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	126.25										
63	95940	CONTINUOUS MONITORING OF NERVOUS SYS	34.80										
67	95940	CONTINUOUS MONITORING OF NERVOUS SYS	34.80	00 15									
65	95957	EEG DIGITAL ANALYSIS	108.82										
65	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	239.53										
65	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	173.09										
65	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	184.58										
65	95965	MEG, SPONTANEOUS	442.22										
65	95966	MEG, EVOKED, SINGLE	225.29										
65	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	197.59										
63	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	20.66										
67	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	20.66	00 15									
63	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	51.57										
67	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	51.57	00 15									
63	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	60.60					X					
67	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	60.60	00 15				X					
63	95976	ELECTRONIC ANALYSIS OF IMPLANTED NEU	43.35										
67	95976	ELECTRONIC ANALYSIS OF IMPLANTED NEU	43.35	00 15									
63	95977	ELECTRONIC ANALYSIS OF IMPLANTED NEU	57.41										
67	95977	ELECTRONIC ANALYSIS OF IMPLANTED NEU	57.41	00 15									
63	95991	REFILLING AND MAINTENANCE OF IMPLANT	114.29	04 99				X					
67	95991	REFILLING AND MAINTENANCE OF IMPLANT	114.29	04 15				X					
63	95992	CANALITH REPOSITIONING PROCEDURE(S)	46.80										
67	95992	CANALITH REPOSITIONING PROCEDURE(S)	46.80	00 15									
63	96000	MOTION ANALYSIS, VIDEO/3D	90.82										
67	96000	MOTION ANALYSIS, VIDEO/3D	90.82	00 15									
63	96001	MOTION TEST W/FT PRESS MEAS	120.17										
67	96001	MOTION TEST W/FT PRESS MEAS	120.17	00 15									
63	96002	DYNAMIC SURFACE EMG	23.60										
67	96002	DYNAMIC SURFACE EMG	23.60	00 15									
63	96003	DYNAMIC FINE WIRE EMG	18.12										
67	96003	DYNAMIC FINE WIRE EMG	18.12	00 15									
63	96004	PHYS REVIEW OF MOTION TESTS	118.47										
67	96004	PHYS REVIEW OF MOTION TESTS	118.47	00 15									
63	96105	ASSESSMENT OF APHASIA	105.62									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	96105	ASSESSMENT OF APHASIA	105.62	00	15								X	
63	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	137.74	16	20					X				
67	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	137.74	00	15					X				
63	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	64.88	16	20					X			X	
67	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	64.88	00	15					X			X	
63	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	100.95							X				
67	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	100.95	00	15					X				
63	96121	NEUROBEHAVIORAL STATUS EXAMINATION	82.88										X	
67	96121	NEUROBEHAVIORAL STATUS EXAMINATION	82.88	00	15								X	
63	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	140.66							X				
67	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	140.66	00	15					X				
63	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	106.66							X				
67	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	106.66	00	15					X				
63	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	103.86									X		
67	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	103.86	00	15							X		
63	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	71.03									X		
67	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	71.03	00	15							X		
63	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	24.38									X	X	
67	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	24.38	00	15							X	X	
63	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	10.72									X		
67	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	10.72	00	15							X		
63	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.79									X	X	
67	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.79	00	15							X	X	
63	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	75.48									X		
67	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	75.48	00	15							X		
63	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	26.62									X	X	
67	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	26.62	00	15							X	X	
63	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	86.26											
67	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	86.26	00	15									
63	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	134.63											
67	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	134.63	00	15									
63	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	760.39											
67	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	760.39	00	15									
63	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	172.44											
67	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	172.44	00	15									
63	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	132.74											
67	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	132.74	00	15									
63	96570	PHOTODYNAMIC TX, 30 MIN	60.94											
67	96570	PHOTODYNAMIC TX, 30 MIN	60.94	00	15									
63	96571	PHOTODYNAMIC TX, ADDL 15 MIN	27.58										X	
67	96571	PHOTODYNAMIC TX, ADDL 15 MIN	27.58	00	15								X	
63	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	231.75											
67	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	231.75	00	15									
63	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	285.28											
67	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	285.28	00	15									

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

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
63	96920	LASER TX, SKIN < 250 SQ CM	161.00										
67	96920	LASER TX, SKIN < 250 SQ CM	161.00	00 15									
63	96921	LASER TX, SKIN 250-500 SQ CM	177.19										
67	96921	LASER TX, SKIN 250-500 SQ CM	177.19	00 15									
63	96922	LASER TX, SKIN > 500 SQ CM	243.17										
67	96922	LASER TX, SKIN > 500 SQ CM	243.17	00 15									
63	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	47.37										
67	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	47.37	00 15									
63	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	44.85									X	
67	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	44.85	00 15								X	
63	97016	PT-VASOPNEUMATIC DEVICES	12.58										
67	97016	PT-VASOPNEUMATIC DEVICES	12.58	00 15									
63	97018	PT-PARAFFIN BATH	6.03										
67	97018	PT-PARAFFIN BATH	6.03	00 15									
63	97032	ELECTRICAL STIMULATION,EACH 15 MIN	15.57									X	
67	97032	ELECTRICAL STIMULATION,EACH 15 MIN	15.57	00 15								X	
63	97033	ELECTRIC CURRENT THERAPY	20.93										
67	97033	ELECTRIC CURRENT THERAPY	20.93	00 15									
63	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	31.46									X	
67	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	31.46	00 15								X	
63	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	36.01									X	
67	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	36.01	00 15								X	
63	97116	GAIT TRAINING, EACH 15 MIN	31.46									X	
67	97116	GAIT TRAINING, EACH 15 MIN	31.46	00 15								X	
63	97124	MASSAGE, EACH 15 MIN	31.66									X	
67	97124	MASSAGE, EACH 15 MIN	31.66	00 15								X	
63	97140	MANUAL THERAPY	29.04								X		
67	97140	MANUAL THERAPY	29.04	00 15							X		
63	97161	PHYSICAL THERAPY EVALUATION: LOW COM	107.34										
67	97161	PHYSICAL THERAPY EVALUATION: LOW COM	107.34	00 15									
63	97162	PHYSICAL THERAPY EVALUATION: MODERAT	107.34										
67	97162	PHYSICAL THERAPY EVALUATION: MODERAT	107.34	00 15									
63	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	107.34										
67	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	107.34	00 15									
63	97164	RE-EVALUATION OF PHYSCIAL THERAPY	74.04										
67	97164	RE-EVALUATION OF PHYSICAL THERAPY	74.04	00 15									
63	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	107.34										
67	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	107.34	00 15									
63	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	107.34										
67	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	107.34	00 15									
63	97167	OCCUPATIONAL THERAPY EVALUATION: HI	107.34										
67	97167	OCCUPATIONAL THERAPY EVALUATION: HI	107.34	00 15									
63	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	73.71										
67	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	73.71	00 15									
63	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	39.06			X						X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	39.06	00	15		X						X	
63	97533	SENSORY INTEGRATION	65.50											
67	97533	SENSORY INTEGRATION	65.50	00	15									
63	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	104.25											
67	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	104.25	00	15									
63	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	47.48										X	
67	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	47.48	00	15								X	
63	97610	Low frequency, non-contact, non-ther	444.60			X								
67	97610	Low frequency, non-contact, non-ther	444.60	00	15	X								
63	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	35.78										X	
67	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	35.78	00	15								X	
63	97760	ORTHOTIC MGMT AND TRAINING	50.64				X						X	
67	97760	ORTHOTIC MGMT AND TRAINING	50.64	00	15		X						X	
63	97761	PROSTHETIC TRAINING	43.99				X						X	
67	97761	PROSTHETIC TRAINING	43.99	00	15		X						X	
63	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	55.20										X	
67	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	55.20	00	15								X	
63	97802	MEDICAL NUTRITION, INDIV, IN	38.81									X		
67	97802	MEDICAL NUTRITION, INDIV, IN	38.81	00	15							X		
63	97803	MED NUTRITION, INDIV, SUBSEQ	33.78									X		
67	97803	MED NUTRITION, INDIV, SUBSEQ	33.78	00	15							X		
63	97804	MEDICAL NUTRITION, GROUP	17.89									X		
67	97804	MEDICAL NUTRITION, GROUP	17.89	00	15							X		
63	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	29.52	00	20	X			X					
67	98940	CHIROPR MANIP TX TO TWO REGIONS	29.52	00	15	X			X					
63	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	42.65	00	20	X			X					
67	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	42.65	00	15	X			X					
63	99151	MODERATE SEDATION SERVICES PROVIDED	62.57	00	04	X								
67	99151	MODERATE SEDATION SERVICES PROVIDED	62.57	00	04	X								
63	99152	MODERATE SEDATION SERVICES PROVIDED	51.43	05	20	X								
67	99152	MODERATE SEDATION SERVICES PROVIDED	51.43	05	15	X								
63	99155	MODERATE SEDATION SERVICES PROVIDED	92.05	00	04	X								
67	99155	MODERATE SEDATION SERVICES PROVIDED	92.05	00	04	X								
63	99156	MODERATE SEDATION SERVICES PROVIDED	84.02	05	20	X								
67	99156	MODERATE SEDATION SERVICES PROVIDED	84.02	05	15	X								
63	99157	MODERATE SEDATION SERVICES PROVIDED	67.81	00	20	X							X	
67	99157	MODERATE SEDATION SERVICES PROVIDED	67.81	00	15	X							X	
63	99170	EXAMINATION OF GENITAL AND ANAL REGI	170.28										X	
67	99170	EXAMINATION OF GENITAL AND ANAL REGI	170.28	00	15								X	
63	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	116.91			X							X	
67	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	116.91	00	15	X							X	
63	99184	INITIATION OF SELECTIVE HEAD OR TOTA	234.56											
67	99184	INITIATION OF SELECTIVE HEAD OR TOTA	234.56	00	15									
63	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	76.63											
63	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	76.63	10	59			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
67	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	76.63	00	15									
67	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	76.63	10	15			F						
63	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	119.91											
63	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	119.91	10	59			F						
67	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	119.91	00	15									
67	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	119.91	10	15			F						
63	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	178.72											
63	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	178.72	10	59			F						
67	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	178.72	00	15									
67	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	178.72	10	15			F						
63	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	236.27											
63	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	236.27	10	59			F						
67	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	236.27	00	15									
67	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	236.27	10	15			F						
63	99211	OFFICE,EST PT, MINIMAL PROBLEMS	23.88										X	
63	99211 TH	OFFICE,EST PT,MINIMAL	23.88	10	59			F						
67	99211	EST PATIENT OFFICE VISIT	23.88	00	15									
67	99211 TH	OFFICE,EST PT,MINIMAL	23.88	10	15			F						
63	99212	ESTABLISHED PATIENT OFFICE OR OTHER	59.73										X	
63	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	59.73	10	59			F						
67	99212	ESTABLISHED PATIENT OFFICE OR OTHER	59.73	00	15								X	
67	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	59.73	10	15			F						
63	99213	ESTABLISHED PATIENT OFFICE OR OTHER	96.19											
63	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	96.19	10	59			F						
67	99213	ESTABLISHED PATIENT OFFICE OR OTHER	96.19	00	15									
67	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	96.19	10	15			F						
63	99214	ESTABLISHED PATIENT OFFICE OR OTHER	136.40											
63	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	136.40	10	59			F						
67	99214	ESTABLISHED PATIENT OFFICE OR OTHER	136.40	00	15									
67	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	136.40	10	15			F						
63	99215	ESTABLISHED PATIENT OFFICE OR OTHER	191.65											
63	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	191.65	10	59			F						
67	99215	ESTABLISHED PATIENT OFFICE OR OTHER	191.65	00	15									
67	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	191.65	10	15			F						
63	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	91.24											
67	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	91.24	00	15									
63	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	142.40											
67	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	142.40	00	15									
63	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	189.57											
67	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	189.57	00	15									
63	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	54.57											
67	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	54.57	00	15									
63	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	86.45											
67	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	86.45	00	15									
63	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	130.09											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

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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
67	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	130.09	00	15									
63	99234	HOSPITAL OBSERVATION OR INPATIENT CA	108.27									X		
67	99234	HOSPITAL OBSERVATION OR INPATIENT CA	108.27	00	15							X		
63	99235	HOSPITAL OBSERVATION OR INPATIENT CA	174.09									X		
67	99235	HOSPITAL OBSERVATION OR INPATIENT CA	174.09	00	15							X		
63	99236	HOSPITAL OBSERVATION OR INPATIENT CA	228.30									X		
67	99236	HOSPITAL OBSERVATION OR INPATIENT CA	228.30	00	15							X		
63	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	87.59											
67	99238	HOSPITAL	87.59	00	15									
63	99239	HOSPITAL DISCHARGE DAY	124.49											
67	99239	HOSPITAL DISCHARGE DAY	124.49	00	15									
63	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	13.21											
67	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	13.21	00	15									
63	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	46.60											
67	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	46.60	00	15									
63	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	80.14											
67	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	80.14	00	15									
63	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	134.60											
67	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	134.60	00	15									
63	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	196.21											
67	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	196.21	00	15									
63	99291	CRITICAL CARE, FIRST HOUR	295.59			X								
67	99291	CRITICAL CARE, FIRST HOUR	295.59	00	15	X								
63	99292	CRITICAL CARE, EVALUATION AND MANAGE	130.78			X							X	
67	99292	CRITICAL CARE, EVALUATION AND MANAGE	130.78	00	15	X							X	
63	99304	INITIAL NURSING FACILITY VISIT, TYPI	87.26											
67	99304	INITIAL NURSING FACILITY VISIT, TYPI	87.26	00	15									
63	99305	INITIAL NURSING FACILITY VISIT, TYPI	144.51											
67	99305	INITIAL NURSING FACILITY VISIT, TYPI	144.51	00	15									
63	99306	INITIAL NURSING FACILITY VISIT, TYPI	197.47											
67	99306	INITIAL NURSING FACILITY VISIT, TYPI	197.47	00	15									
63	99307	SUBSEQUENT NURSING FACILITY VISIT, T	42.58											
67	99307	SUBSEQUENT NURSING FACILITY VISIT, T	42.58	00	15									
63	99308	SUBSEQUENT NURSING FACILITY VISIT, T	80.24											
67	99308	SUBSEQUENT NURSING FACILITY VISIT, T	80.24	00	15									
63	99309	SUBSEQUENT NURSING FACILITY VISIT, T	114.93											
67	99309	SUBSEQUENT NURSING FACILITY VISIT, T	114.93	00	15									
63	99310	SUBSEQUENT NURSING FACILITY VISIT, T	165.64											
67	99310	SUBSEQUENT NURSING FACILITY VISIT, T	165.64	00	15									
63	99315	NURSING FAC DISCHARGE DAY	88.15											
67	99315	NURSING FAC DISCHARGE DAY	88.15	00	15									
63	99316	NURSING FAC DISCHARGE DAY	142.52											
67	99316	NURSING FAC DISCHARGE DAY	142.52	00	15									
63	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	52.96											
67	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	52.96	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	85.01											
67	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	85.01	00	15									
63	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	156.56											
67	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	156.56	00	15									
63	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	219.50											
67	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	219.50	00	15									
63	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	48.50											
67	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	48.50	00	15									
63	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	82.63											
67	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	82.63	00	15									
63	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	138.48											
67	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	138.48	00	15									
63	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	202.24											
67	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	202.24	00	15									
63	99406	SMOKING AND TOBACCO USE CESSATION CO	15.95	16	99					X				
67	99406	SMOKING AND TOBACCO USE CESSATION CO	15.95	10	15					X				
63	99407	SMOKING AND TOBACCO USE CESSATION CO	30.01	16	99					X				
67	99407	SMOKING AND TOBACCO USE CESSATION CO	30.01	10	15					X				
63	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	38.59											
67	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	38.59	00	15									
63	99460	INITIAL HOSPITAL OR BIRTHING CENTER	101.31	00	00					X				
67	99460	INITIAL HOSPITAL OR BIRTHING CENTER	101.31	00	00					X				
63	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	97.33	00	00					X				
67	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	97.33	00	00					X				
63	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	44.76	00	00									
67	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	44.76	00	00									
63	99463	INITIAL HOSPITAL OR BIRTHING CENTER	118.75	00	00					X				
67	99463	INITIAL HOSPITAL OR BIRTHING CENTER	118.75	00	00					X				
63	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	79.51	00	00									
67	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	79.51	00	00									
63	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	154.61	00	00									
67	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	154.61	00	00									
63	99466	CRITICAL CARE SERVICES DELIVERED BY	252.97	00	01									
67	99466	CRITICAL CARE SERVICES DELIVERED BY	252.97	00	01									
63	99467	CRITICAL CARE SERVICES DELIVERED BY	128.09	00	01								X	
67	99467	CRITICAL CARE SERVICES DELIVERED BY	128.09	00	01								X	
63	99468	INITIAL INPATIENT NEONATAL CRITICAL	977.03	00	00									
67	99468	INITIAL INPATIENT NEONATAL CRITICAL	977.03	00	00									
63	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	422.89	00	00									
67	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	422.89	00	00									
63	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	845.24	00	01									
67	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	845.24	00	01									
63	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	428.81	00	01									
67	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	428.81	00	01									
63	99473	SELF-MEASURED BLOOD PRESSURE USING A	12.73							X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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
63	99474	SELF-MEASURED BLOOD PRESSURE USING A	15.91						X				
63	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	609.36	02 05									
67	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	609.36	02 05									
63	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	367.31	02 05									
67	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	367.31	02 05									
63	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	370.23	00 00									
67	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	370.23	00 00									
63	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	145.79	00 00									
67	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	145.79	00 00									
63	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	132.88	00 00									
67	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	132.88	00 00									
63	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	128.09	00 00									
67	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	128.09	00 00									
63	99497	ADVANCE CARE PLANNING INCLUDING	89.48										
67	99497	ADVANCE CARE PLANNING INCLUDING	89.48	00 15									
63	99498	ADVANCE CARE PLANNING INCLUDING	78.04									X	
67	99498	ADVANCE CARE PLANNING INCLUDING	78.04	00 15								X	