LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

LEGEND

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

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

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

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

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

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	53.94	16 99								X	
77	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	53.94	00 15					X			X	
73	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	14.96	16 99								X	
77	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	14.96	00 15					X			X	
73	G0117	GLAUCOMA SCRN HGH RISK DIREC	51.84								X		
73	G0118	GLAUCOMA SCRN HGH RISK DIREC	40.73								X		
73	G0124	SCREENING CYTOPATHOLOGY, PHY. INTERP	24.43								X		
73	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NU	22.31								X		
73	G0141	SCR C/V CYTO,AUTOSYS AND MD	24.43								X		
73	G0179	PHYS SERV FO THE RECERT OF MEDICARE	38.78								X		
73	G0180	MD CERTIFICATION HHA PATIENT	50.91								X		
73	G0181	HOME HEALTH CARE SUPERVISION	103.34								X		
73	G0245	INITIAL FOOT EXAM PT LOPS	63.36								X		
73	G0246	FOLLOWUP EVAL OF FOOT PT LOP	36.67								X		
73	G0247	ROUTINE FOOTCARE PT W LOPS	74.58								X		
73	G0250	MD REVIEW INTERPRET OF TEST	8.96								X		
73	G0268	REMOVAL OF IMPACTED WAX MD	49.14								X		
73	G0270	MNT SUBS TX FOR CHANGE DX	31.13								X		
73	G0271	GROUP MNT 2 OR MORE 30 MINS	16.27								X		
73	G0278	ILIAC ART ANGIO,CARDIAC CATH	14.43								X		
73	G0281	ELEC STIM UNATTEND FOR PRESS	13.20								X		
73	G0283	ELEC STIM OTHER THAN WOUND	13.20								X		
73	G0289	ARTHRO, LOOSE BODY + CHONDRO	88.58								X		
73	G0329	ELECTROMAGNTIC TX FOR ULCERS	10.69								X		
73	G0341	PERCUTANEOUS ISLET CELLTRANS	1,970.26								X		
73	G0342	LAPAROSCOPY ISLET CELL TRANS	674.00								X		
73	G0343	LAPAROTOMY ISLET CELL TRANSP	1,113.67								X		
73	G0372	MD SERVICE REQUIRED FOR PMD	8.94								X		
75	G0452	MOLECULAR PATHOLOGY PROCEDURE;PHYS	18.27	19 70									E
01	00100	ANES;SALIVARY GLANDS, BIOPSY	SP					X		5		X	
01	00102	ANES;PLASTIC REPAIR OF CLEFT LIP	SP					X		6		X	
01	00103	ANES FOR PROCEDURES ON EYE, BLEPH	SP					X		5		X	
01	00120	ANES;ALL OF EAR;NOS	SP					X		5		X	
01	00124	ANES; OTOSCOPY	SP					X		4		X	
01	00126	ANES; TYPANOTOMY	SP					X		4		X	
01	00140	ANES;EYE;NOS	SP					X		5		X	
01	00142	ANES;LENS SURGERY	SP					X		4		X	
01	00144	ANES;CORNEAL TRANSPLANT	SP					X		6		X	
01	00145	ANES;VITEORETINAL SURGERY	SP					X		6		X	
01	00147	ANES;IRIDECTOMY	SP					X		4		X	
01	00148	ANES;OPHTHALMOSCOPY	SP					X		4		X	
01	00160	ANES;NOSE/ACC.SINUSES;NOS	SP					X		5		X	
01	00162	ANES;NOSE/SINUSES;RADICAL SURGERY	SP					X		7		X	
01	00164	ANES;NOSE/SINUSES;BIOPSY,SOFT TISSUE	SP					X		4		X	
01	00170	ANES;INTRAORAL PLUS BIOPSY;NOS	SP					X		5		X	

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

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

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

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

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

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

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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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	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	01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GU	SP					X		5		X	
01	01936	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		1		X	
73	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	51.43									X	
77	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	51.43	00 15								X	
73	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	124.35										
77	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	124.35	00 15									
73	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	58.65									X	
77	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	58.65	00 15								X	
73	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	280.97										
77	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	280.97	00 15									
73	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	160.21									X	
77	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	160.21	00 15								X	
73	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	441.85										
77	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	441.85	00 15									
73	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	266.84									X	
77	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	266.84	00 15								X	
73	10021	FNA W/O IMAGE	95.20										
77	10021	FNA W/O IMAGE	95.20	00 15									
73	10030	Fluid collection drainage by cathete	580.63										
77	10030	Fluid collection drainage by cathete	580.63	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	423.78										
77	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	423.78	00 15									
73	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	359.00										
77	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	359.00	00 15									
73	10060	DRAINAGE OF SKIN ABSCESS	116.42										
77	10060	DRAINAGE OF SKIN ABSCESS	116.42	00 15									
73	10061	DRAIN SKIN ABSCESS COMPLICATED	204.11										
77	10061	DRAIN SKIN ABSCESS COMPLICATED	204.11	00 15									
73	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	200.49										
77	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	200.49	00 15									
73	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	293.33										
77	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	293.33	00 15									
73	10120	SIMPLE REMOVAL FOREIGN BODY	144.78										
77	10120	SIMPLE REMOVAL FOREIGN BODY	144.78	00 15									
73	10121	COMPLICATED REMOVAL FOREIGN BODY	264.41										
77	10121	COMPLICATED REMOVAL FOREIGN BODY	264.41	00 15									
73	10140	INCISE/DRAIN SIMPLE HEMATOMA	164.45										
77	10140	INCISE/DRAIN SIMPLE HEMATOMA	164.45	00 15									
73	10160	PUNCTURE DRAINAGE OF LESION	125.58										
77	10160	PUNCTURE DRAINAGE OF LESION	125.58	00 15									
73	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	249.85										
77	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	249.85	00 15									
73	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	54.52										
77	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	54.52	00 15									
73	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	22.86									X	
77	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	22.86	00 15								X	
73	11004	DEBRIDE GENITALIA & PERINEUM	594.44										
77	11004	DEBRIDE GENITALIA & PERINEUM	594.44	00 15									
73	11005	DEBRIDE ABDOM WALL	817.30										
77	11005	DEBRIDE ABDOM WALL	817.30	00 15									
73	11006	DEBRIDE GENIT/PER/ABDOM WALL	732.83										
77	11006	DEBRIDE GENIT/PER/ABDOM WALL	732.83	00 15									
73	11008	REMOVE MESH FROM ABD WALL	287.73										
77	11008	REMOVE MESH FROM ABD WALL	287.73	00 15									
73	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	460.99										
77	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	460.99	00 15									
73	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	516.16										
77	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	516.16	00 15									
73	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	662.76									X	
77	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	662.76	00 15								X	
73	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	120.12										
77	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	120.12	00 15									
73	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	227.98										
77	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	227.98	00 15									
73	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	309.60										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	309.60	00 15									
73	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	41.12									X	
77	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	41.12	00 15								X	
73	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	73.96									X	
77	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	73.96	00 15								X	
73	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	123.84									X	
77	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	123.84	00 15								X	
73	11055	TRIM SKIN LESION	59.14										
77	11055	TRIM SKIN LESION	59.14	00 15									
73	11056	TRIM 2 TO 4 SKIN LESIONS	70.17										
77	11056	TRIM 2 TO 4 SKIN LESIONS	70.17	00 15									
73	11057	TRIM OVER 4 SKIN LESIONS	77.28										
77	11057	TRIM OVER 4 SKIN LESIONS	77.28	00 15									
73	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	95.05										
77	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	95.05	00 15									
73	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	50.71									X	
77	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	50.71	00 15								X	
73	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	119.32										
77	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	119.32	00 15									
73	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	57.68									X	
77	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	57.68	00 15								X	
73	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	144.10										
77	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	144.10	00 15									
73	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	68.28									X	
77	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	68.28	00 15								X	
73	11200	EXCISE UP TO 15 SKIN TAGS	85.07										
77	11200	EXCISE UP TO 15 SKIN TAGS	85.07	00 15									
73	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	18.28									X	
77	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	18.28	00 15								X	
73	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	94.63										
77	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	94.63	00 15									
73	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	115.53										
77	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	115.53	00 15									
73	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	133.72										
77	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	133.72	00 15									
73	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	147.29										
77	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	147.29	00 15									
73	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	100.20										
77	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	100.20	00 15									
73	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	117.28										
77	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	117.28	00 15									
73	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	137.26										
77	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	137.26	00 15									
73	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	147.02										
77	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	147.02	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	110.13										
77	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	110.13	00 15									
73	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	130.88										
77	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	130.88	00 15									
73	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	151.45										
77	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	151.45	00 15									
73	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	177.70										
77	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	177.70	00 15									
73	11400	EXCISE BENIGN LESION TO 0.5 CM	119.76									X	
77	11400	EXCISE BENIGN LESION TO 0.5 CM	119.76	00 15								X	
73	11401	EXCISE BENIGN LESION 0.6 TO 1CM	146.51									X	
77	11401	EXCISE BENIGN LESION 0.6 TO 1CM	146.51	00 15								X	
73	11402	EXCISE BENIGN LESION 1.1 TO 2CM	163.09									X	
77	11402	EXCISE BENIGN LESION 1.1 TO 2CM	163.09	00 15								X	
73	11403	EXCISE BENIGN LESION 2.1 TO 3CM	189.66									X	
77	11403	EXCISE BENIGN LESION 2.1 TO 3CM	189.66	00 15								X	
73	11404	EXCISE BENIGN LESION 3.1 TO 4CM	216.02									X	
77	11404	EXCISE BENIGN LESION 3.1 TO 4CM	216.02	00 15								X	
73	11406	EXCISE BENIGN LESION OVER 4 CM	312.13									X	
77	11406	EXCISE BENIGN LESION OVER 4 CM	312.13	00 15								X	
73	11420	EXCISE BENIGN LESION TO 0.5 CM	120.98									X	
77	11420	EXCISE BENIGN LESION TO 0.5 CM	120.98	00 15								X	
73	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	153.52									X	
77	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	153.52	00 15								X	
73	11422	EXCISE BENIGN LESION 1.1 TO 2CM	173.27									X	
77	11422	EXCISE BENIGN LESION 1.1 TO 2CM	173.27	00 15								X	
73	11423	EXCISE BENIGN LESION 2.1 TO 3CM	197.56									X	
77	11423	EXCISE BENIGN LESION 2.1 TO 3CM	197.56	00 15								X	
73	11424	EXCISE BENIGN LESION 3.1 TO 4CM	229.07									X	
77	11424	EXCISE BENIGN LESION 3.1 TO 4CM	229.07	00 15								X	
73	11426	EXCISE BENIGN LESION OVER 4.0 CM	332.05									X	
77	11426	EXCISE BENIGN LESION OVER 4.0 CM	332.05	00 15								X	
73	11440	EXCISE BENIGN LESION TO 0.5 CM	133.07									X	
77	11440	EXCISE BENIGN LESION TO 0.5 CM	133.07	00 15								X	
73	11441	EXCISE BENIGN LESION 0.6 TO 1CM	164.87									X	
77	11441	EXCISE BENIGN LESION 0.6 TO 1CM	164.87	00 15								X	
73	11442	EXCISE BENIGN LESION 1.1 TO 2CM	184.02									X	
77	11442	EXCISE BENIGN LESION 1.1 TO 2CM	184.02	00 15								X	
73	11443	EXCISE BENIGN LESION 2.1 TO 3CM	219.56									X	
77	11443	EXCISE BENIGN LESION 2.1 TO 3CM	219.56	00 15								X	
73	11444	EXCISE BENIGN LESION 3.1 TO 4CM	276.76									X	
77	11444	EXCISE BENIGN LESION 3.1 TO 4CM	276.76	00 15								X	
73	11446	EXCISE BENIGN LESION OVER 4.0 CM	382.58									X	
77	11446	EXCISE BENIGN LESION OVER 4.0 CM	382.58	00 15								X	
73	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	397.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	397.29	00 15									
73	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	496.35										
77	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	496.35	00 15									
73	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	385.69										
77	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	385.69	00 15									
73	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	504.66										
77	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	504.66	00 15									
73	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	421.86										
77	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	421.86	00 15									
73	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	514.80										
77	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	514.80	00 15									
73	11600	EXCISE MALIGNANCY TO 0.5 CM	189.16									X	
77	11600	EXCISE MALIGNANCY TO 0.5 CM	189.16	00 15								X	
73	11601	EXCISE MALIGNANCY 0.6 TO 1CM	220.26									X	
77	11601	EXCISE MALIGNANCY 0.6 TO 1CM	220.26	00 15								X	
73	11602	EXCISE MALIGNANCY 1.1 TO 2CM	236.93									X	
77	11602	EXCISE MALIGNANCY 1.1 TO 2CM	236.93	00 15								X	
73	11603	EXCISE MALIGNANCY 2.1 TO 3CM	270.97									X	
77	11603	EXCISE MALIGNANCY 2.1 TO 3CM	270.97	00 15								X	
73	11604	EXCISE MALIGNANCY 3.1 TO 4CM	303.34									X	
77	11604	EXCISE MALIGNANCY 3.1 TO 4CM	303.34	00 15								X	
73	11606	EXCISE MALIGNANCY OVER 4CM	439.15									X	
77	11606	EXCISE MALIGNANCY OVER 4CM	439.15	00 15								X	
73	11620	EXCISE MALIGNANCY TO 0.5CM	190.31									X	
77	11620	EXCISE MALIGNANCY TO 0.5CM	190.31	00 15								X	
73	11621	EXCISE MALIGNANCY 0.6 TO 1CM	221.41									X	
77	11621	EXCISE MALIGNANCY 0.6 TO 1CM	221.41	00 15								X	
73	11622	EXCISE MALIGNANCY 1.1 TO 2CM	245.00									X	
77	11622	EXCISE MALIGNANCY 1.1 TO 2CM	245.00	00 15								X	
73	11623	EXCISE MALIGNANCY 2.1 TO 3CM	289.55									X	
77	11623	EXCISE MALIGNANCY 2.1 TO 3CM	289.55	00 15								X	
73	11624	EXCISE MALIGNANCY 3.1 TO 4CM	328.88									X	
77	11624	EXCISE MALIGNANCY 3.1 TO 4CM	328.88	00 15								X	
73	11626	EXCISE MALIGNANCY OVER 4CM	400.13									X	
77	11626	EXCISE MALIGNANCY OVER 4CM	400.13	00 15								X	
73	11640	EXCISE MALIGNANCY TO 0.5CM	194.45									X	
77	11640	EXCISE MALIGNANCY TO 0.5CM	194.45	00 15								X	
73	11641	EXCISE MALIGNANCY 0.6 TO 1CM	229.23									X	
77	11641	EXCISE MALIGNANCY 0.6 TO 1CM	229.23	00 15								X	
73	11642	EXCISE MALIGNANCY 1.1 TO 2CM	260.50									X	
77	11642	EXCISE MALIGNANCY 1.1 TO 2CM	260.50	00 15								X	
73	11643	EXCISE MALIGNANCY 2.1 TO 3CM	308.50									X	
77	11643	EXCISE MALIGNANCY 2.1 TO 3CM	308.50	00 15								X	
73	11644	EXCISE MALIGNANCY 3.1 TO 4CM	381.80									X	
77	11644	EXCISE MALIGNANCY 3.1 TO 4CM	381.80	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	11646	EXCISE MALIGNANCY OVER 4CM	500.67									X	
77	11646	EXCISE MALIGNANCY OVER 4CM	500.67	00 15								X	
73	11719	TRIM NAIL(S)	13.51		X						X		
77	11719	TRIM NAIL(S)	13.51	00 15	X						X		
73	11720	DEBRIDE NAIL, 1-5	31.38										
77	11720	DEBRIDE NAIL, 1-5	31.38	00 15									
73	11721	DEBRIDE NAIL, 6 OR MORE	43.83										
77	11721	DEBRIDE NAIL, 6 OR MORE	43.83	00 15									
73	11730	SIMPLE REMOVAL OF NAIL PLATE	105.70										
77	11730	SIMPLE REMOVAL OF NAIL PLATE	105.70	00 15									
73	11732	REMOVE ADDITIONAL NAIL PLATES	32.14									X	
77	11732	REMOVE ADDITIONAL NAIL PLATES	32.14	00 15								X	
73	11740	EVACUATE HEMATOMA UNDER NAIL	50.71									X	
77	11740	EVACUATE HEMATOMA UNDER NAIL	50.71	00 15								X	
73	11750	EXCISION NAIL & NAIL MATRIX	149.84									X	
77	11750	EXCISION NAIL & NAIL MATRIX	149.84	00 15								X	
73	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	116.83										
77	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	116.83	00 15									
73	11760	SIMPLE RECONSTRUCTION NAIL BED	187.20									X	
77	11760	SIMPLE RECONSTRUCTION NAIL BED	187.20	00 15								X	
73	11762	NAIL RECONSTRUCTION; COMPLICATED	285.54									X	
77	11762	NAIL RECONSTRUCTION; COMPLICATED	285.54	00 15								X	
73	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	160.13									X	
77	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	160.13	00 15								X	
73	11770	SIMPLE EXCISION PILONIDAL CYST	304.42										
77	11770	SIMPLE EXCISION PILONIDAL CYST	304.42	00 15									
73	11771	EXCISE PILONIDAL CYST; EXTENSIVE	596.06										
77	11771	EXCISE PILONIDAL CYST; EXTENSIVE	596.06	00 15									
73	11772	PILONIDAL CYST; COMPLICATED	721.59										
77	11772	PILONIDAL CYST; COMPLICATED	721.59	00 15									
73	11900	INTRALESIONAL INJECTION; UP TO 7	52.59										
77	11900	INTRALESIONAL INJECTION; UP TO 7	52.59	00 15									
73	11901	INTRALESIONAL INJECTION; OVER 7	67.09										
77	11901	INTRALESIONAL INJECTION; OVER 7	67.09	00 15									
73	11920	TATOOING; 6SQ CM OR LESS	181.09			X							
73	11921	TATOOING; 6.1 SQ CM TO 20 SQ CM	207.07			X							
73	11960	INSERTION OF TISSUE EXPANDER	968.99			X							
77	11960	INSERTION OF TISSUE EXPANDER	968.99	00 15		X							
73	11970	REPLACEMENT OF TISSUE EXPANDER WITH	611.26			X						X	
77	11970	REPLACEMENT OF TISSUE EXPANDER WITH	611.26	00 15		X						X	
73	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	464.55			X							
77	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	464.55	00 15		X							
73	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	142.93	10 60			F						
77	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	142.93	10 15			F						
73	11980	IMPLANT HORMONE PELLET(S)	91.75				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	11980	IMPLANT HORMONE PELLET(S)	91.75	00	15			F						
73	11981	INSERT DRUG IMPLANT DEVICE	102.02											
77	11981	INSERT DRUG IMPLANT DEVICE	102.02	00	15									
73	11982	REMOVE DRUG IMPLANT DEVICE	115.89											
77	11982	REMOVE DRUG IMPLANT DEVICE	115.89	00	15									
73	11983	REMOVE/INSERT DRUG IMPLANT	143.63											
77	11983	REMOVE/INSERT DRUG IMPLANT	143.63	00	15									
73	12001	SIMPLE WOUND REPAIR TO 2.5CM	88.00											
77	12001	SIMPLE WOUND REPAIR TO 2.5CM	88.00	00	15									
73	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	108.55											
77	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	108.55	00	15									
73	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	127.15											
77	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	127.15	00	15									
73	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	168.63											
77	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	168.63	00	15									
73	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	199.34											
77	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	199.34	00	15									
73	12007	SIMPLE WOUND REPAIR OVER 30CM	228.25											
77	12007	SIMPLE WOUND REPAIR OVER 30CM	228.25	00	15									
73	12011	SIMPLE WOUND REPAIR TO 2.5CM	107.94											
77	12011	SIMPLE WOUND REPAIR TO 2.5CM	107.94	00	15									
73	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	113.24											
77	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	113.24	00	15									
73	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	137.96											
77	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	137.96	00	15									
73	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	167.35											
77	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	167.35	00	15									
73	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	213.85											
77	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	213.85	00	15									
73	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	161.69											
77	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	161.69	00	15									
73	12018	SIMPLE WOUND REPAIR OVER 30 CM	183.61											
77	12018	SIMPLE WOUND REPAIR OVER 30 CM	183.61	00	15									
73	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	285.78											
77	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	285.78	00	15									
73	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	168.20											
77	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	168.20	00	15									
73	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	241.48											
77	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	241.48	00	15									
73	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	288.88											
77	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	288.88	00	15									
73	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	313.08											
77	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	313.08	00	15									
73	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	375.69											
77	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	375.69	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	423.17											
77	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	423.17	00	15									
73	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	481.83											
77	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	481.83	00	15									
73	12041	LAYER CLOSURE WOUND TO 2.5CM	242.47											
77	12041	LAYER CLOSURE WOUND TO 2.5CM	242.47	00	15									
73	12042	LAYER CLOSURE 2.6 TO 7.5CM	288.37											
77	12042	LAYER CLOSURE 2.6 TO 7.5CM	288.37	00	15									
73	12044	LAYER CLOSURE 7.6 TO 12.5CM	358.61											
77	12044	LAYER CLOSURE 7.6 TO 12.5CM	358.61	00	15									
73	12045	LAYER CLOSURE 12.6 TO 20CM	396.01											
77	12045	LAYER CLOSURE 12.6 TO 20CM	396.01	00	15									
73	12046	LAYER CLOSURE 20.1 TO 30CM	482.16											
77	12046	LAYER CLOSURE 20.1 TO 30CM	482.16	00	15									
73	12047	LAYER CLOSURE WOUND OVER 30CM	531.00											
77	12047	LAYER CLOSURE WOUND OVER 30CM	531.00	00	15									
73	12051	LAYER CLOSURE WOUND TO 2.5CM	260.65											
77	12051	LAYER CLOSURE WOUND TO 2.5CM	260.65	00	15									
73	12052	LAYER CLOSURE 2.6 TO 5CM	292.91											
77	12052	LAYER CLOSURE 2.6 TO 5CM	292.91	00	15									
73	12053	LAYER CLOSURE 5.1 TO 7.5CM	343.44											
77	12053	LAYER CLOSURE 5.1 TO 7.5CM	343.44	00	15									
73	12054	LAYER CLOSURE 7.6 TO 12.5CM	364.33											
77	12054	LAYER CLOSURE 7.6 TO 12.5CM	364.33	00	15									
73	12055	LAYER CLOSURE 12.6 TO 20CM	474.39											
77	12055	LAYER CLOSURE 12.6 TO 20CM	474.39	00	15									
73	12056	LAYER CLOSURE 20.1 TO 30CM	556.78											
77	12056	LAYER CLOSURE 20.1 TO 30CM	556.78	00	15									
73	12057	LAYER CLOSURE WOUND OVER 30CM	593.66											
77	12057	LAYER CLOSURE WOUND OVER 30CM	593.66	00	15									
73	13100	COMPLEX REPAIR 1.1 TO 2.5CM	327.85											
77	13100	COMPLEX REPAIR 1.1 TO 2.5CM	327.85	00	15									
73	13101	COMPLEX REPAIR 2.6 TO 7.5CM	384.49											
77	13101	COMPLEX REPAIR 2.6 TO 7.5CM	384.49	00	15									
73	13102	REPAIR WOUND/LESION ADD-ON	116.90											
77	13102	REPAIR WOUND/LESION ADD-ON	116.90	00	15									
73	13120	COMPLEX REPAIR 1.1 TO 2.5CM	342.43											
77	13120	COMPLEX REPAIR 1.1 TO 2.5CM	342.43	00	15									
73	13121	COMPLEX REPAIR 2.6 TO 7.5CM	413.09											
77	13121	COMPLEX REPAIR 2.6 TO 7.5CM	413.09	00	15									
73	13122	REPAIR WOUND/LESION ADD-ON	127.53											
77	13122	REPAIR WOUND/LESION ADD-ON	127.53	00	15									
73	13131	COMPLEX REPAIR 1.1 TO 2.5CM	375.75											
77	13131	COMPLEX REPAIR 1.1 TO 2.5CM	375.75	00	15									
73	13132	COMPLEX REPAIR 2.6 TO 7.5CM	459.77											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	13132	COMPLEX REPAIR 2.6 TO 7.5CM	459.77	00 15									
73	13133	REPAIR WOUND/LESION ADD-ON	170.58										
77	13133	REPAIR WOUND/LESION ADD-ON	170.58	00 15									
73	13151	COMPLEX REPAIR 1.1 TO 2.5CM	411.36										
77	13151	COMPLEX REPAIR 1.1 TO 2.5CM	411.36	00 15									
73	13152	COMPLEX REPAIR 2.6 TO 7.5CM	487.00										
77	13152	COMPLEX REPAIR 2.6 TO 7.5CM	487.00	00 15									
73	13153	REPAIR WOUND/LESION ADD-ON	187.34										
77	13153	REPAIR WOUND/LESION ADD-ON	187.34	00 15									
73	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	803.68										
77	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	803.68	00 15									
73	14000	TISSUE TRANSFER; DEFECT TO 10CM	610.99										
77	14000	TISSUE TRANSFER; DEFECT TO 10CM	610.99	00 15									
73	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	785.22										
77	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	785.22	00 15									
73	14020	TISSUE TRANSFER; TO 10 SQ CM	673.26										
77	14020	TISSUE TRANSFER; TO 10 SQ CM	673.26	00 15									
73	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	840.13										
77	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	840.13	00 15									
73	14040	TISSUE TRANSFER; TO 10 SQ CM	734.40										
77	14040	TISSUE TRANSFER; TO 10 SQ CM	734.40	00 15									
73	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	898.57										
77	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	898.57	00 15									
73	14060	TISSUE TRANSFER; TO 10 SQ CM	747.11										
77	14060	TISSUE TRANSFER; TO 10 SQ CM	747.11	00 15									
73	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	965.43										
77	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	965.43	00 15									
73	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,058.27										
77	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,058.27	00 15									
73	14302	ADJACENT TISSUE TRANSFER OR REARRANG	222.22									X	
77	14302	ADJACENT TISSUE TRANSFER OR REARRANG	222.22	00 15								X	
73	14350	FILLETED FINGER OR TOE FLAP	681.70										
77	14350	FILLETED FINGER OR TOE FLAP	681.70	00 15									
73	15002	WOUND PREP, TRK/ARM/LEG	343.99										
77	15002	WOUND PREP, TRK/ARM/LEG	343.99	00 15									
73	15003	SURGICAL PREPARATION OR CREATION +	71.77									X	
77	15003	SURGICAL PREPARATION OR CREATION +	71.77	00 15								X	
73	15004	WOUND PREP, F/N/HF/G	391.03										
77	15004	WOUND PREP, F/N/HF/G	391.03	00 15									
73	15005	SURGICAL PREPARATION OR CREATION +	122.03									X	
77	15005	SURGICAL PREPARATION OR CREATION +	122.03	00 15								X	
73	15040	HARVEST CULTURED SKIN GRAFT	253.45										
77	15040	HARVEST CULTURED SKIN GRAFT	253.45	00 15									
73	15050	PINCH GRAFT; DEFECT UP TO 2CM	571.76										
77	15050	PINCH GRAFT; DEFECT UP TO 2CM	571.76	00 15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	15100	SPLIT GRAFT; UP TO 100 SQ CM	857.28										
77	15100	SPLIT GRAFT; UP TO 100 SQ CM	857.28	00 15									
73	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	184.67									X	
77	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	184.67	00 15								X	
73	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	804.57										
77	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	804.57	00 15									
73	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	118.66									X	
77	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	118.66	00 15								X	
73	15115	EPIDRM A-GRFT FACE/NCK/HF/G	788.82										
77	15115	EPIDRM A-GRFT FACE/NCK/HF/G	788.82	00 15									
73	15116	EPIDRM A-GRFT F/N/HF/G ADDL	168.26									X	
77	15116	EPIDRM A-GRFT F/N/HF/G ADDL	168.26	00 15								X	
73	15120	SPLIT GRAFT; UP TO 100 SQ CM	837.88										
77	15120	SPLIT GRAFT; UP TO 100 SQ CM	837.88	00 15									
73	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	206.99									X	
77	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	206.99	00 15								X	
73	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	706.96										
77	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	706.96	00 15									
73	15131	DERM AUTOGRAFT T/A/L ADD-ON	100.20									X	
77	15131	DERM AUTOGRAFT T/A/L ADD-ON	100.20	00 15								X	
73	15135	DERM AUTOGRAFT FACE/NCK/HF/G	860.36										
77	15135	DERM AUTOGRAFT FACE/NCK/HF/G	860.36	00 15									
73	15136	DERM AUTOGRAFT, F/N/HF/G ADD	99.22									X	
77	15136	DERM AUTOGRAFT, F/N/HF/G ADD	99.22	00 15								X	
73	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	714.57										
77	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	714.57	00 15									
73	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	124.43										
77	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	124.43	00 15									
73	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	158.41									X	
77	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	158.41	00 15								X	
73	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	798.44										
77	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	798.44	00 15									
73	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	166.44										
77	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	166.44	00 15									
73	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	186.08									X	
77	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	186.08	00 15								X	
73	15200	FULL THICK GRAFT TO 20 SQ CM	820.01										
77	15200	FULL THICK GRAFT TO 20 SQ CM	820.01	00 15									
73	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	143.24									X	
77	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	143.24	00 15								X	
73	15220	FULL THICK GRAFT TO 20 SQ CM	748.73										
77	15220	FULL THICK GRAFT TO 20 SQ CM	748.73	00 15									
73	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	130.99									X	
77	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	130.99	00 15								X	
73	15240	FULL THICK GRAFT TO 20 SQ CM	904.90										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	15240	FULL THICK GRAFT TO 20 SQ CM	904.90	00	15									
73	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	176.65										X	
77	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	176.65	00	15								X	
73	15260	FULL THICK GRAFT TO 20 SQ CM	969.97											
77	15260	FULL THICK GRAFT TO 20 SQ CM	969.97	00	15									
73	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	204.05										X	
77	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	204.05	00	15								X	
73	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	146.20											
77	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	146.20	00	15									
73	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	25.99										X	
77	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	25.99	00	15								X	
73	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	307.37											
77	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	307.37	00	15									
73	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	77.65											
77	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	77.65	00	15									
73	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	152.37											
77	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	152.37	00	15									
73	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	34.12										X	
77	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	34.12	00	15								X	
73	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	337.42											
77	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	337.42	00	15									
73	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	92.16											
77	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	92.16	00	15									
73	15570	FORMATION OF DIRECT OR TUBED PEDICLE	902.53											
77	15570	FORMATION OF DIRECT OR TUBED PEDICLE	902.53	00	15									
73	15572	FORMATION OF DIRECT OR TUBED PEDICLE	869.72											
77	15572	FORMATION OF DIRECT OR TUBED PEDICLE	869.72	00	15									
73	15574	FORMATION OF DIRECT OR TUBED PEDICLE	883.89											
77	15574	FORMATION OF DIRECT OR TUBED PEDICLE	883.89	00	15									
73	15576	FORMATION OF DIRECT OR TUBED PEDICLE	776.79											
77	15576	FORMATION OF DIRECT OR TUBED PEDICLE	776.79	00	15									
73	15600	INTERM DELAY FLAP TRUNK	317.89											
77	15600	INTERM DELAY FLAP TRUNK	317.89	00	15									
73	15610	INTERM DELAY FLAP SCALP/LIMBS	346.96											
77	15610	INTERM DELAY FLAP SCALP/LIMBS	346.96	00	15									
73	15620	INTERM DELAY FLAP CHIN/NECK/FEET	426.40											
77	15620	INTERM DELAY FLAP CHIN/NECK/FEET	426.40	00	15									
73	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	441.53											
77	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	441.53	00	15									
73	15650	TRANS INTER ANY PEDICLE FLAP	493.18											
77	15650	TRANS INTER ANY PEDICLE FLAP	493.18	00	15									
73	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,452.46											
77	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,452.46	00	15									
73	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,104.97											
77	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,104.97	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,040.20										
77	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,040.20	00 15									
73	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,537.32										
77	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,537.32	00 15									
73	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,231.63										
77	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,231.63	00 15									
73	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,310.04										
77	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,310.04	00 15									
73	15740	ISLAND PEDICLE FLAP GRAFT	980.25										
77	15740	ISLAND PEDICLE FLAP GRAFT	980.25	00 15									
73	15750	NEUROVASCULAR PEDICLE GRAFT	919.52										
77	15750	NEUROVASCULAR PEDICLE GRAFT	919.52	00 15									
73	15756	FREE MUSCLE FLAP, MICROVASC	2,309.49										
77	15756	FREE MUSCLE FLAP, MICROVASC	2,309.49	00 15									
73	15757	FREE SKIN FLAP, MICROVASC	2,294.49										
77	15757	FREE SKIN FLAP, MICROVASC	2,294.49	00 15									
73	15758	FREE FASCIAL FLAP, MICROVASC	2,308.67										
77	15758	FREE FASCIAL FLAP, MICROVASC	2,308.67	00 15									
73	15760	COMPOSITE SKIN GRAFT	825.34										
77	15760	COMPOSITE SKIN GRAFT	825.34	00 15									
73	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	481.87										
77	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	481.87	00 15									
73	15770	DERMA-FAT-FASCIA GRAFT	657.59										
77	15770	DERMA-FAT-FASCIA GRAFT	657.59	00 15									
73	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	569.82										
77	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	569.82	00 15									
73	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	181.46										
77	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	181.46	00 15									
73	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	574.90										
77	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	574.90	00 15									
73	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	175.61										
77	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	175.61	00 15									
73	15820	BLEPHAROPLASTY LOWER EYELIDS	547.95		X								
77	15820	BLEPHAROPLASTY LOWER EYELIDS	547.95	00 15	X								
73	15821	BLEPHAROPLASTY HERNIATED FAT PAD	590.13		X								
77	15821	BLEPHAROPLASTY HERNIATED FAT PAD	590.13	00 15	X								
73	15822	BLEPHAROPLASTY UPPER EYELID	437.31		X								
77	15822	BLEPHAROPLASTY UPPER EYELID	437.31	00 15	X								
73	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	589.94		X								
77	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	589.94	00 15	X								
73	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,189.82			X							
77	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,189.82	00 15		X							
73	15840	GRAFT FACIAL NERVE PARALYSIS	1,004.45										
77	15840	GRAFT FACIAL NERVE PARALYSIS	1,004.45	00 15									
73	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,799.97										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,799.97	00 15									
73	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,748.69										
77	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,748.69	00 15									
73	15845	REANIMATION MUSCLE TRANS FACE	995.80										
77	15845	REANIMATION MUSCLE TRANS FACE	995.80	00 15									
73	15852	CHANGE DRESSING UNDER ANESTHESIA	47.29									X	
77	15852	CHANGE DRESSING UNDER ANESTHESIA	47.29	00 15								X	
73	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	111.07										
77	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	111.07	00 15									
73	15920	COCCYGECTOMY PRIMARY SUTURE	631.72										
77	15920	COCCYGECTOMY PRIMARY SUTURE	631.72	00 15									
73	15922	COCCYGECTOMY FLAP CLOSURE	790.71										
77	15922	COCCYGECTOMY FLAP CLOSURE	790.71	00 15									
73	15931	EXCISE SACRAL PRESSURE ULCER	711.74										
77	15931	EXCISE SACRAL PRESSURE ULCER	711.74	00 15									
73	15933	REMOVAL OF PRESSURE SORE	874.90										
77	15933	REMOVAL OF PRESSURE SORE	874.90	00 15									
73	15934	EXCISE,WITH SKIN FLAP CLOSURE	958.60										
77	15934	EXCISE,WITH SKIN FLAP CLOSURE	958.60	00 15									
73	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,155.28										
77	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,155.28	00 15									
73	15936	EXCISE ULCER W/ OTHER FLAP CLO	914.98										
77	15936	EXCISE ULCER W/ OTHER FLAP CLO	914.98	00 15									
73	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,055.71										
77	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,055.71	00 15									
73	15940	EXC ISCHIAL ULCER DIRECT SUTURE	713.85										
77	15940	EXC ISCHIAL ULCER DIRECT SUTURE	713.85	00 15									
73	15941	EXC ISCHIAL ULCER OSTECTOMY	921.97										
77	15941	EXC ISCHIAL ULCER OSTECTOMY	921.97	00 15									
73	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	915.88										
77	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	915.88	00 15									
73	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,018.16										
77	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,018.16	00 15									
73	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,650.80										
77	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,650.80	00 15									
73	15950	EXC TROCHANTERIC ULCER DIR SUTUR	615.18										
77	15950	EXC TROCHANTERIC ULCER DIR SUTUR	615.18	00 15									
73	15951	EXC TROCHAN ULCER OSTECTOMY	890.58										
77	15951	EXC TROCHAN ULCER OSTECTOMY	890.58	00 15									
73	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	914.14										
77	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	914.14	00 15									
73	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,005.95										
77	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,005.95	00 15									
73	15956	EXC TROCH/ULC FLAP CLOSURE	1,183.14										
77	15956	EXC TROCH/ULC FLAP CLOSURE	1,183.14	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,190.09										
77	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,190.09	00 15									
73	16000	INIT TREAT 1ST DEGREE BURN	71.64										
77	16000	INIT TREAT 1ST DEGREE BURN	71.64	00 15									
73	16020	DRESS/DEBRID BURN SMALL,NO ANES	79.63									X	
77	16020	DRESS/DEBRID BURN SMALL,NO ANES	79.63	00 15								X	
73	16025	DRESS/DEBRID BURN MED,NO ANESTH	150.67									X	
77	16025	DRESS/DEBRID BURN MED,NO ANESTH	150.67	00 15								X	
73	16030	DRESS/DEBRID BURN LG,NO ANESTH	190.20									X	
77	16030	DRESS/DEBRID BURN LG,NO ANESTH	190.20	00 15								X	
73	16035	ESCHAROTOMY B	201.73										
77	16035	ESCHAROTOMY B	201.73	00 15									
73	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	84.38									X	
77	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	84.38	00 15								X	
73	17000	DESTROY LESION,FACE-1 LESION	62.36										
77	17000	DESTROY LESION,FACE-1 LESION	62.36	00 15									
73	17003	DESTROY 2-14 LESIONS	5.62									X	
77	17003	DESTROY 2-14 LESIONS	5.62	00 15								X	
73	17004	DESTROY 15 & MORE LESIONS	150.44										
77	17004	DESTROY 15 & MORE LESIONS	150.44	00 15									
73	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	329.89										
77	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	329.89	00 15									
73	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	433.15										
77	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	433.15	00 15									
73	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	618.53										
77	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	618.53	00 15									
73	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	105.88										
77	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	105.88	00 15									
73	17111	DESTRUCT LESION, 15 OR MORE	124.46										
77	17111	DESTRUCT LESION, 15 OR MORE	124.46	00 15									
73	17250	CHEMICAL CAUTERY OF WOUND	81.22										
77	17250	CHEMICAL CAUTERY OF WOUND	81.22	00 15									
73	17260	DESTRUCTION, MALIGNANT LESION, ANY M	92.49										
77	17260	DESTRUCTION, MALIGNANT LESION, ANY M	92.49	00 15									
73	17261	DESTRUCTION, MALIGNANT LESION, ANY M	138.60										
77	17261	DESTRUCTION, MALIGNANT LESION, ANY M	138.60	00 15									
73	17262	DESTRUCTION, MALIGNANT LESION, ANY M	168.67										
77	17262	DESTRUCTION, MALIGNANT LESION, ANY M	168.67	00 15									
73	17263	DESTRUCTION, MALIGNANT LESION, ANY M	183.86										
77	17263	DESTRUCTION, MALIGNANT LESION, ANY M	183.86	00 15									
73	17264	DESTRUCTION, MALIGNANT LESION, ANY M	197.01										
77	17264	DESTRUCTION, MALIGNANT LESION, ANY M	197.01	00 15									
73	17266	DESTRUCTION, MALIGNANT LESION, ANY M	225.25										
77	17266	DESTRUCTION, MALIGNANT LESION, ANY M	225.25	00 15									
73	17270	DESTRUCTION, MALIGNANT LESION, ANY M	142.12										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	17270	DESTRUCTION, MALIGNANT LESION, ANY M	142.12	00 15									
73	17271	DESTRUCTION, MALIGNANT LESION, ANY M	156.45										
77	17271	DESTRUCTION, MALIGNANT LESION, ANY M	156.45	00 15									
73	17272	DESTRUCTION, MALIGNANT LESION, ANY M	179.58										
77	17272	DESTRUCTION, MALIGNANT LESION, ANY M	179.58	00 15									
73	17273	DESTRUCTION, MALIGNANT LESION, ANY M	200.13										
77	17273	DESTRUCTION, MALIGNANT LESION, ANY M	200.13	00 15									
73	17274	DESTRUCTION, MALIGNANT LESION, ANY M	236.12										
77	17274	DESTRUCTION, MALIGNANT LESION, ANY M	236.12	00 15									
73	17276	DESTRUCTION, MALIGNANT LESION, ANY M	273.88										
77	17276	DESTRUCTION, MALIGNANT LESION, ANY M	273.88	00 15									
73	17280	DESTRUCTION, MALIGNANT LESION, ANY M	132.41										
77	17280	DESTRUCTION, MALIGNANT LESION, ANY M	132.41	00 15									
73	17281	DESTRUCTION, MALIGNANT LESION, ANY M	170.71										
77	17281	DESTRUCTION, MALIGNANT LESION, ANY M	170.71	00 15									
73	17282	DESTRUCTION, MALIGNANT LESION, ANY M	196.85										
77	17282	DESTRUCTION, MALIGNANT LESION, ANY M	196.85	00 15									
73	17283	DESTRUCTION, MALIGNANT LESION, ANY M	235.40										
77	17283	DESTRUCTION, MALIGNANT LESION, ANY M	235.40	00 15									
73	17284	DESTRUCTION, MALIGNANT LESION, ANY M	268.26										
77	17284	DESTRUCTION, MALIGNANT LESION, ANY M	268.26	00 15									
73	17286	DESTRUCTION, MALIGNANT LESION, ANY M	347.42										
77	17286	DESTRUCTION, MALIGNANT LESION, ANY M	347.42	00 15									
73	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	634.48										
77	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	634.48	00 15									
73	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	379.29										
77	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	379.29	00 15									
73	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	594.06										
77	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	594.06	00 15									
73	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	362.08										
77	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	362.08	00 15									
73	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	75.38										
77	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	75.38	00 15									
73	19000	PUNCTURE ASPIRATION BREAST CYSTS	104.65										
77	19000	PUNCTURE ASPIRATION BREAST CYSTS	104.65	00 15									
73	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	26.98									X	
77	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	26.98	00 15								X	
73	19020	MASTOTOMY/DRAIN ABSCESS DEEP	461.87										
77	19020	MASTOTOMY/DRAIN ABSCESS DEEP	461.87	00 15									
73	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	160.84										
77	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	160.84	00 15									
73	19081	Biopsy of breast accessed throught t	576.36										
77	19081	Biopsy of breast accessed throught t	576.36	00 15									
73	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	461.32									X	
77	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	461.32	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	19083	Biopsy of breast accessed throught t	570.15										
77	19083	Biopsy of breast accessed throught t	570.15	00 15									
73	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	448.28									X	
77	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	448.28	00 15								X	
73	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	864.92										
77	19085	Biopsy of breast accessed throught t	864.92	00 15									
73	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	683.86									X	
77	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	683.86	00 15								X	
73	19100	BREAST BIOPSY NEEDLE	150.46									X	
77	19100	BREAST BIOPSY NEEDLE	150.46	00 15								X	
73	19101	BREAST BIOPSY INCISIONAL	331.10										
77	19101	BREAST BIOPSY INCISIONAL	331.10	00 15									
73	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,552.05										
77	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,552.05	00 15									
73	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	481.27										
77	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	481.27	00 15									
73	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	451.53										
77	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	451.53	00 15									
73	19120	EXCISE BREAST LESIONS,1 OR MORE	505.91										
77	19120	EXCISE BREAST LESIONS,1 OR MORE	505.91	00 15									
73	19125	EXCISION OF BREAST LESION IDENTIFIED	560.63										
77	19125	EXCISION OF BREAST LESION IDENTIFIED	560.63	00 15									
73	19126	EXCISION OF BREAST LESION IDENTIFIED	168.54										
77	19126	EXCISION OF BREAST LESION IDENTIFIED	168.54	00 15									
73	19281	PLACEMENT OF BREAST LOCALIZATION DEV	233.40										
77	19281	Placement of breast localization dev	233.40	00 15									
73	19282	PLACEMENT OF BREAST LOCALIZATION DEV	163.64									X	
77	19282	PLACEMENT OF BREAST LOCALIZATION DEV	163.64	00 15								X	
73	19283	Placement of breast localization dev	258.97										
77	19283	Placement of breast localization dev	258.97	00 15									
73	19284	PLACEMENT OF BREAST LOCALIZATION DEV	196.07									X	
77	19284	PLACEMENT OF BREAST LOCALIZATION DEV	196.07	00 15								X	
73	19285	PLACEMENT OF BREAST LOCALIZATION DEV	428.80										
77	19285	Placement of breast localization dev	428.80	00 15									
73	19286	PLACEMENT OF BREAST LOCALIZATION DEV	364.22									X	
77	19286	PLACEMENT OF BREAST LOCALIZATION DEV	364.22	00 15								X	
73	19287	Placement of breast localization dev	728.65										
77	19287	Placement of breast localization dev	728.65	00 15									
73	19288	PLACEMENT OF BREAST LOCALIZATION DEV	577.25									X	
77	19288	PLACEMENT OF BREAST LOCALIZATION DEV	577.25	00 15								X	
73	19294	PREPARATION OF TUMOR CAVITY, WITH PL	173.53									X	
77	19294	PREPARATION OF TUMOR CAVITY, WITH PL	173.53	00 15								X	
73	19296	PLACE PO BREAST CATH FOR RAD	3,744.16										
77	19296	PLACE PO BREAST CATH FOR RAD	3,744.16	00 15									
73	19297	PLACE BREAST CATH FOR RAD	100.01										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	19297	PLACE BREAST CATH FOR RAD	100.01	00	15									
73	19298	PLACE BREAST RAD TUBE/CATHS	951.07											
77	19298	PLACE BREAST RAD TUBE/CATHS	951.07	00	15									
73	19300	MASTECTOMY FOR GYNECOMASTIA	544.23					M						
77	19300	MASTECTOMY FOR GYNECOMASTIA	544.23	00	15			M						
73	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	677.67											
77	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	677.67	00	15									
73	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	932.17											
77	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	932.17	00	15									
73	19303	MASTECTOMY, SIMPLE, COMPLETE	990.92											
77	19303	MASTECTOMY, SIMPLE, COMPLETE	990.92	00	15									
73	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,174.64											
77	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,174.64	00	15									
73	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,245.81											
77	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,245.81	00	15									
73	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,241.94											
77	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,241.94	00	15									
73	19316	MASTOPEXY	781.89				X	F						
73	19318	REDUCTION MAMMAPLASTY	1,108.23	18	99		X							
73	19325	MAMMAPLASTY WITH PROSTHETIC	648.85				X	F					X	
73	19328	REMOVE INTACT MAMMARY IMPLANT	500.72			X		F						
77	19328	REMOVE INTACT MAMMARY IMPLANT	500.72	00	15	X		F						
73	19340	IMMEDIATE INSERTION OF BREAST PROSTH	997.77				X	F						
77	19340	IMMEDIATE INSERTION OF BREAST PROSTH	997.77	00	15		X	F						
73	19342	DELAYED INSERTION OF BREAST PROSTH	930.83				X	F						
77	19342	DELAYED INSERTION OF BREAST PROSTHES	930.83	00	15		X	F						
73	19350	NIPPLE/AREOLA RECONSTRUCTION	818.38				X						X	
77	19350	NIPPLE/AREOLA RECONSTRUCTION	818.38	00	15		X							
73	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,498.67				X	F						
77	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,498.67	00	15		X	F						
73	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,589.72				X	F						
77	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,589.72	00	15		X	F						
73	19364	RECONSTRUCTION BREAST-FREE FLAP	2,794.86				X	F						
77	19364	RECONSTRUCTION BREAST-FREE FLAP	2,794.86	00	15		X	F						
73	19367	BREAST RECONSTRUCTION	1,802.75				X	F						
77	19367	BREAST RECONSTRUCTION	1,802.75	00	15		X	F						
73	19368	BREAST RECONSTRUCTION	2,226.36				X	F						
77	19368	BREAST RECONSTRUCTION	2,226.36	00	15		X	F						
73	19369	BREAST RECONSTRUCTION	2,067.23				X	F						
77	19369	BREAST RECONSTRUCTION	2,067.23	00	15		X	F						
73	19370	PERIPROSTHETIC CAPSULECTOMY,OPEN,BRE	691.32				X							
73	19371	PERIPROSTHETIC CAPSULECTOMY,BREAST	790.94				X							
73	19380	REVISION OF RECONSTRUCTED BREAST	780.48				X							
73	19396	PREP MOULAGE FOR CUSTOM IMPLANT	277.40				X							
73	20100	EXPLORE WOUND, NECK	620.67											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	20100	EXPLORE WOUND, NECK	620.67	00 15									
73	20101	EXPLORE WOUND, CHEST	465.23										
77	20101	EXPLORE WOUND, CHEST	465.23	00 15									
73	20102	EXPLORE WOUND, ABDOMEN	501.89										
77	20102	EXPLORE WOUND, ABDOMEN	501.89	00 15									
73	20103	EXPLORE WOUND, EXTREMITY	564.98										
77	20103	EXPLORE WOUND, EXTREMITY	564.98	00 15									
73	20150	EXCISE EPIPHYSEAL BAR	1,020.10										
77	20150	EXCISE EPIPHYSEAL BAR	1,020.10	00 15									
73	20200	BIOPSY,MUSCLE,SUPERFICIAL	206.04										
77	20200	BIOPSY,MUSCLE,SUPERFICIAL	206.04	00 15									
73	20205	BIOPSY,MUSCLE,DEEP	289.81										
77	20205	BIOPSY,MUSCLE,DEEP	289.81	00 15									
73	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	223.62										
77	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	223.62	00 15									
73	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	234.58										
77	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	234.58	00 15									
73	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	396.70										
77	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	396.70	00 15									
73	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	147.02										
77	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	147.02	00 15									
73	20245	BIOPSY,EXCISIONAL,BONE,DEEP	354.41										
77	20245	BIOPSY,EXCISIONAL,BONE,DEEP	354.41	00 15									
73	20250	BIOPSY,OPEN,VERTEBRAL BODY	402.65										
77	20250	BIOPSY,OPEN,VERTEBRAL BODY	402.65	00 15									
73	20251	BIOPSY,OPEN,VERTEBRAL BODY	438.08										
77	20251	BIOPSY,OPEN,VERTEBRAL BODY	438.08	00 15									
73	20500	INJECT SINUS TRACT; THERAPEUTIC	110.33										
77	20500	INJECT SINUS TRACT; THERAPEUTIC	110.33	00 15									
73	20501	INJECT SINUS TRACT; DIAGNOSTIC	130.12										
77	20501	INJECT SINUS TRACT; DIAGNOSTIC	130.12	00 15									
73	20520	REMOVE FOREIGN BODY; SIMPLE	204.44										
77	20520	REMOVE FOREIGN BODY; SIMPLE	204.44	00 15									
73	20525	REMOVE FOREIGN BODY; COMPLICATED	459.55										
77	20525	REMOVE FOREIGN BODY; COMPLICATED	459.55	00 15									
73	20526	THER INJECTION CARPAL TUNNEL	77.57								X		
77	20526	THER INJECTION CARPAL TUNNEL	77.57	00 15							X		
73	20527	INJECTION OF ENZYME IN PALM TISSUE	83.87										
77	20527	INJECTION OF ENZYME IN PALM TISSUE	83.87	00 15									
73	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	53.63									X	
77	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	53.63	00 15								X	
73	20551	INJECT TENDON ORIGIN/INSERT	54.94								X		
77	20551	INJECT TENDON ORIGIN/INSERT	54.94	00 15							X		
73	20552	INJECT TRIGGER POINT, 1 OR 2	54.44								X		
77	20552	INJECT TRIGGER POINT, 1 OR 2	54.44	00 15							X		

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	20553	INJECT TRIGGER POINTS, > 3	62.11								X		
77	20553	INJECT TRIGGER POINTS, > 3	62.11	00 15							X		
73	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	330.49										
77	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	330.49	00 15									
73	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	49.56									X	
77	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	49.56	00 15								X	
73	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	73.78										
77	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	73.78	00 15									
73	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	51.23									X	
77	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	51.23	00 15								X	
73	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	81.80										
77	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	81.80	00 15									
73	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	61.03									X	
77	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	61.03	00 15								X	
73	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	91.41										
77	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	91.41	00 15									
73	20612	ASPIRATE/INJ GANGLION CYST	60.06									X	
77	20612	ASPIRATE/INJ GANGLION CYST	60.06	00 15								X	
73	20615	ASPIRATE/INJECTION-BONE CYST	240.11										
77	20615	ASPIRATE/INJECTION-BONE CYST	240.11	00 15									
73	20650	SKELETAL TRACTION; WIRE OR PIN	207.39										
77	20650	SKELETAL TRACTION; WIRE OR PIN	207.39	00 15									
73	20660	APPLY TONGS OR CALIPER AND REMOVE	253.47										
77	20660	APPLY TONGS OR CALIPER AND REMOVE	253.47	00 15									
73	20661	APPLY HALO; CRANIAL	505.82										
77	20661	APPLY HALO; CRANIAL	505.82	00 15									
73	20662	APPLY HALO; PELVIC	513.84										
77	20662	APPLY HALO; PELVIC	513.84	00 15									
73	20663	APPLY HALO; FEMORAL	472.00										
77	20663	APPLY HALO; FEMORAL	472.00	00 15									
73	20664	APPLICATION OF HALO, INCLUDING REMOV	892.48										
77	20664	APPLICATION OF HALO, INCLUDING REMOV	892.48	00 15									
73	20665	REMOVE HALO OR TONGS BY OTHER MD	107.90										
77	20665	REMOVE HALO OR TONGS BY OTHER MD	107.90	00 15									
73	20670	REMOVE IMPLANT; SUPERFICIAL	350.96										
77	20670	REMOVE IMPLANT; SUPERFICIAL	350.96	00 15									
73	20680	REMOVE IMPLANT; DEEP	599.99										
77	20680	REMOVE IMPLANT; DEEP	599.99	00 15									
73	20690	APPLY ESTERNAL FIXATION SYS,STND CON	603.20										
77	20690	APPLY ESTERNAL FIXATION SYS,STND CON	603.20	00 15									
73	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,125.84										
77	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,125.84	00 15									
73	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	442.23										
77	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	442.23	00 15									
73	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	419.23										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	419.23	00 15									
73	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,200.49										
77	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,200.49	00 15									
73	20700	MANUAL PREPARATION AND INSERTION OF	86.50										
77	20700	MANUAL PREPARATION AND INSERTION OF	86.50	00 15									
73	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	64.37										
77	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	64.37	00 15									
73	20702	MANUAL PREPARATION AND INSERTION OF	144.11										
77	20702	MANUAL PREPARATION AND INSERTION OF	144.11	00 15									
73	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	103.00										
77	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	103.00	00 15									
73	20704	MANUAL PREPARATION AND INSERTION OF	150.15										
77	20704	MANUAL PREPARATION AND INSERTION OF	150.15	00 15									
73	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	123.31										
77	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	123.31	00 15									
73	20802	REPLANTATION, ARM, COMPLETE	2,802.94										
77	20802	REPLANTATION, ARM, COMPLETE	2,802.94	00 15									
73	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,341.60										
77	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,341.60	00 15									
73	20808	REPLANT HAND; COMPLETE AMPUTATION	4,045.38										
77	20808	REPLANT HAND; COMPLETE AMPUTATION	4,045.38	00 15									
73	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,099.77										
77	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,099.77	00 15									
73	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,801.82									X	
77	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,801.82	00 15								X	
73	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,103.04										
77	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,103.04	00 15									
73	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,851.46										
77	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,851.46	00 15									
73	20838	REPLANT FOOT; TOTAL AMPUTATION	2,840.22										
77	20838	REPLANT FOOT; TOTAL AMPUTATION	2,840.22	00 15									
73	20900	BONE GRAFT; ANY DONOR AREA, SMALL	392.94										
77	20900	BONE GRAFT; ANY DONOR AREA, SMALL	392.94	00 15									
73	20902	BONE GRAFT, ANY DONOR AREA; LARGE	287.82										
77	20902	BONE GRAFT, ANY DONOR AREA; LARGE	287.82	00 15									
73	20910	CARTILAGE GRAFT; COSTOCHONDRAL	467.25										
77	20910	CARTILAGE GRAFT; COSTOCHONDRAL	467.25	00 15									
73	20912	CARTILAGE GRAFT;NASAL SEPTUM	471.30										
77	20912	CARTILAGE GRAFT;NASAL SEPTUM	471.30	00 15									
73	20920	FASCIA LATA GRAFT;BY STRIPPER	387.73										
77	20920	FASCIA LATA GRAFT;BY STRIPPER	387.73	00 15									
73	20922	FASCIA LATA GRAFT;BY INCISION	590.40										
77	20922	FASCIA LATA GRAFT;BY INCISION	590.40	00 15									
73	20924	TENDON GRAFT; DISTANT	507.24										
77	20924	TENDON GRAFT; DISTANT	507.24	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	116.71										
77	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	116.71	00 15									
73	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	728.04										
77	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	728.04	00 15									
73	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	669.30										
77	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	669.30	00 15									
73	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	727.69										
77	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	727.69	00 15									
73	20937	SPINAL BONE AUTOGRAFT	174.14										
77	20937	SPINAL BONE AUTOGRAFT	174.14	00 15									
73	20938	SPINAL BONE AUTOGRAFT	193.35										
77	20938	SPINAL BONE AUTOGRAFT	193.35	00 15									
73	20939	BONE MARROW ASPIRATION FOR BONE GRAF	73.14										
77	20939	BONE MARROW ASPIRATION FOR BONE GRAF	73.14	00 15									
73	20950	MONITOR INTERSTITIAL FLUID	248.14										
77	20950	MONITOR INTERSTITIAL FLUID	248.14	00 15									
73	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,481.65			X							
77	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,481.65	00 15		X							
73	20956	ILIAC BONE GRAFT, MICROVASC	2,697.32										
77	20956	ILIAC BONE GRAFT, MICROVASC	2,697.32	00 15									
73	20957	MT BONE GRAFT, MICROVASC	2,805.53										
77	20957	MT BONE GRAFT, MICROVASC	2,805.53	00 15									
73	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,700.34			X							
77	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,700.34	00 15		X							
73	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,747.18			X							
77	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,747.18	00 15		X							
73	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	2,915.12			X							
77	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	2,915.12	00 15		X							
73	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	2,907.35			X							
77	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	2,907.35	00 15		X							
73	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,071.94			X							
77	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,071.94	00 15		X							
73	20979	US BONE STIMULATION	52.42										
77	20979	US BONE STIMULATION	52.42	00 15									
73	20982	ABLATE, BONE TUMOR(S) PERQ	3,583.42										
77	20982	ABLATE, BONE TUMOR(S) PERQ	3,583.42	00 15									
73	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,323.91										
77	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,323.91	00 15									
73	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	150.45										
77	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	150.45	00 15									
73	21010	ARTHROTOMY,JAW,UNILATERAL	736.73										
77	21010	ARTHROTOMY,JAW,UNILATERAL	736.73	00 15									
73	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	350.87										
77	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	350.87	00 15									
73	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	338.60										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	338.60	00 15									
73	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	518.87										
77	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	518.87	00 15									
73	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	522.20										
77	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	522.20	00 15									
73	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	705.47										
77	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	705.47	00 15									
73	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,018.74										
77	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,018.74	00 15									
73	21025	EXCISE BONE;MANDIBLE	804.22										
77	21025	EXCISE BONE;MANDIBLE	804.22	00 15									
73	21026	EXCISE BONE(S);FACIAL	543.10										
77	21026	EXCISE BONE(S);FACIAL	543.10	00 15									
73	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	743.94										
77	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	743.94	00 15									
73	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	474.88										
77	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	474.88	00 15									
73	21031	EXCISION OF TORUS MANDIBULARIS	373.26										
77	21031	EXCISION OF TORUS MANDIBULARIS	373.26	00 15									
73	21032	EXCISION OF MAXILLARY TORUS PALATINU	374.30										
77	21032	EXCISION OF MAXILLARY TORUS PALATINU	374.30	00 15									
73	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,282.24										
77	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,282.24	00 15									
73	21040	EXCISE BENIGN CYST;MANDIBLE	478.47										
77	21040	EXCISE BENIGN CYST;MANDIBLE	478.47	00 15									
73	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	857.99										
77	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	857.99	00 15									
73	21045	RADICAL RESECTION OF MANDIBLE	1,202.63										
77	21045	RADICAL RESECTION OF MANDIBLE	1,202.63	00 15									
73	21046	REMOVE MANDIBLE CYST COMPLEX	1,026.63										
77	21046	REMOVE MANDIBLE CYST COMPLEX	1,026.63	00 15									
73	21047	EXCISE LWR JAW CYST W/REPAIR	1,269.47										
77	21047	EXCISE LWR JAW CYST W/REPAIR	1,269.47	00 15									
73	21048	REMOVE MAXILLA CYST COMPLEX	1,042.66										
77	21048	REMOVE MAXILLA CYST COMPLEX	1,042.66	00 15									
73	21049	EXCIS UPPR JAW CYST W/REPAIR	1,207.49										
77	21049	EXCIS UPPR JAW CYST W/REPAIR	1,207.49	00 15									
73	21050	TEMPRORMANDIBULAR ARTHRECTOMY	860.27										
77	21050	TEMPRORMANDIBULAR ARTHRECTOMY	860.27	00 15									
73	21060	TEMPOROMANDIBULAR MENISCECTOMY	783.57										
77	21060	TEMPOROMANDIBULAR MENISCECTOMY	783.57	00 15									
73	21070	CORONOIDECTOMY; UNILATERAL	619.02										
77	21070	CORONOIDECTOMY; UNILATERAL	619.02	00 15									
73	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	367.64								X		
77	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	367.64	00 15							X		

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
73	21076	PREPARE FACE/ORAL PROSTHESIS	886.99										
77	21076	PREPARE FACE/ORAL PROSTHESIS	886.99	00 15									
73	21077	PREPARE FACE/ORAL PROSTHESIS	2,194.10										
77	21077	PREPARE FACE/ORAL PROSTHESIS	2,194.10	00 15									
73	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,491.74										
77	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,491.74	00 15									
73	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,704.59										
77	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,704.59	00 15									
73	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,565.54										
77	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,565.54	00 15									
73	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,448.55										
77	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,448.55	00 15									
73	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,378.63										
77	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,378.63	00 15									
73	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,579.43										
77	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,579.43	00 15									
73	21085	IMPRES & CUST PREP ORAL SURG SPLINT	684.04										
77	21085	IMPRES & CUST PREP ORAL SURG SPLINT	684.04	00 15									
73	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,632.24										
77	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,632.24	00 15									
73	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,632.24										
77	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,632.24	00 15									
73	21100	MAXILLOFACIAL FIXATION	632.56										
77	21100	MAXILLOFACIAL FIXATION	632.56	00 15									
73	21110	INTERDENTAL FIXATION	788.34										
77	21110	INTERDENTAL FIXATION	788.34	00 15									
73	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	186.12										
77	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	186.12	00 15									
73	21120	GENIOPLASTY;AUGMENTATION	649.85										
77	21120	GENIOPLASTY;AUGMENTATION	649.85	00 15									
73	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	658.07										
77	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	658.07	00 15									
73	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	761.47										
77	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	761.47	00 15									
73	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	857.25										
77	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	857.25	00 15									
73	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,671.30										
77	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,671.30	00 15									
73	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	3,793.51										
77	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	3,793.51	00 15									
73	21137	REDUCTION FOREHEAD;CONTOURING ONLY	755.91										
77	21137	REDUCTION FOREHEAD;CONTOURING ONLY	755.91	00 15									
73	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	925.20										
77	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	925.20	00 15									
73	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,114.54										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,114.54	00 15									
73	21141	RECONSTRUCT MIDFACE, LEFORT	1,317.76										
77	21141	RECONSTRUCT MIDFACE, LEFORT	1,317.76	00 15									
73	21142	RECONSTRUCT MIDFACE, LEFORT	1,355.20										
77	21142	RECONSTRUCT MIDFACE, LEFORT	1,355.20	00 15									
73	21143	RECONSTRUCT MIDFACE, LEFORT	1,407.57										
77	21143	RECONSTRUCT MIDFACE, LEFORT	1,407.57	00 15									
73	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,542.92										
77	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,542.92	00 15									
73	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,610.08										
77	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,610.08	00 15									
73	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,697.83										
77	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,697.83	00 15									
73	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,644.78										
77	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,644.78	00 15									
73	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,812.77										
77	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,812.77	00 15									
73	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,951.02										
77	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,951.02	00 15									
73	21155	RECONSTR MIDFACE III W/LEFORT I	2,167.46										
77	21155	RECONSTR MIDFACE III W/LEFORT I	2,167.46	00 15									
73	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,602.72										
77	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,602.72	00 15									
73	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,824.93										
77	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,824.93	00 15									
73	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,178.74										
77	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,178.74	00 15									
73	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,252.83										
77	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,252.83	00 15									
73	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,544.54										
77	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,544.54	00 15									
73	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,728.84										
77	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,728.84	00 15									
73	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	746.20										
77	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	746.20	00 15									
73	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,160.20										
77	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,160.20	00 15									
73	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,354.11										
77	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,354.11	00 15									
73	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,534.50										
77	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,534.50	00 15									
73	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,594.18										
77	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,594.18	00 15									
73	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,228.23										
77	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,228.23	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,415.63										
77	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,415.63	00 15									
73	21195	RECONST MAND RAMUS W/O RIGID FIX	1,351.76										
77	21195	RECONST MAND RAMUS W/O RIGID FIX	1,351.76	00 15									
73	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,410.43										
77	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,410.43	00 15									
73	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,098.03										
77	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,098.03	00 15									
73	21199	RECONSTR LWR JAW W/ADVANCE	1,028.93										
77	21199	RECONSTR LWR JAW W/ADVANCE	1,028.93	00 15									
73	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,124.10										
77	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,124.10	00 15									
73	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,624.78			X							
77	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,624.78	00 15		X							
77	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	775.21	00 15		X							
73	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,879.90										
77	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,879.90	00 15									
73	21215	BONE GRAFT; MANDIBLE	3,863.22										
77	21215	BONE GRAFT; MANDIBLE	3,863.22	00 15									
73	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	743.67										
77	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	743.67	00 15									
73	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	703.58										
77	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	703.58	00 15									
73	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,058.58										
77	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,058.58	00 15									
73	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	999.42										
77	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	999.42	00 15									
73	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,615.79										
77	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,615.79	00 15									
73	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,007.02										
77	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,007.02	00 15									
73	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,170.44										
77	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,170.44	00 15									
73	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	846.82										
77	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	846.82	00 15									
73	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,577.10										
77	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,577.10	00 15									
73	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	997.82										
77	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	997.82	00 15									
73	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,370.34										
77	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,370.34	00 15									
73	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,341.09										
77	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,341.09	00 15									
73	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,253.69										
77	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,253.69	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	21260	ORBITAL REVISION; EXTRACRANIAL	1,388.93											
77	21260	ORBITAL REVISION; EXTRACRANIAL	1,388.93	00	15									
73	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,474.13											
77	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,474.13	00	15									
73	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,286.16											
77	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,286.16	00	15									
73	21267	REPOSITION ORBIT; EXTRACRANIAL	1,623.36											
77	21267	REPOSITION ORBIT; EXTRACRANIAL	1,623.36	00	15									
73	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,041.77											
77	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,041.77	00	15									
73	21270	RECONSTRUCT ORBITOFACIAL BONES	999.80											
77	21270	RECONSTRUCT ORBITOFACIAL BONES	999.80	00	15									
73	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	849.15											
77	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	849.15	00	15									
73	21282	LATERAL CANTHOPEXY	377.34	16	20	X								
77	21282	LATERAL CANTHOPEXY	377.34	00	15	X								
73	21310	TREATMENT OF NASAL FRACTURE	119.82											
77	21310	TREATMENT OF NASAL FRACTURE	119.82	00	15									
73	21315	DIGITAL MANIPULATION OF NASAL FX	262.03											
77	21315	DIGITAL MANIPULATION OF NASAL FX	262.03	00	15									
73	21320	MANIPULATE NASAL FX; INSTRUMENTAL	243.37											
77	21320	MANIPULATE NASAL FX; INSTRUMENTAL	243.37	00	15									
73	21325	OPEN TREATMENT NASAL FX; SIMPLE	422.29											
77	21325	OPEN TREATMENT NASAL FX; SIMPLE	422.29	00	15									
73	21330	TREATMENT NASAL FX; COMPLICATED	546.14											
77	21330	TREATMENT NASAL FX; COMPLICATED	546.14	00	15									
73	21335	OPEN TREATMENT FX NASAL SEPTUM	699.46											
77	21335	OPEN TREATMENT FX NASAL SEPTUM	699.46	00	15									
73	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	620.73											
77	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	620.73	00	15									
73	21337	CLOSED TREATMENT FX NASAL SEPTUM	395.30											
77	21337	CLOSED TREATMENT FX NASAL SEPTUM	395.30	00	15									
73	21338	OPEN TREATMENT NASOETHMOID FRACTURE	638.05											
77	21338	OPEN TREATMENT NASOETHMOID FRACTURE	638.05	00	15									
73	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	728.08											
77	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	728.08	00	15									
73	21340	TREAT NASOETHMOID COMPLEX FX	740.91											
77	21340	TREAT NASOETHMOID COMPLEX FX	740.91	00	15									
73	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,057.66											
77	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,057.66	00	15									
73	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,378.80											
77	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,378.80	00	15									
73	21345	TREAT NASOMAXILLARY COMPLEX FX	765.39											
77	21345	TREAT NASOMAXILLARY COMPLEX FX	765.39	00	15									
73	21346	OPEN TREATMENT NASOMAXILLARY FX	938.75											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	21346	OPEN TREATMENT NASOMAXILLARY FX	938.75	00 15									
73	21347	OPEN TREATMENT NASOMAXILLARY FX	1,001.37										
77	21347	OPEN TREATMENT NASOMAXILLARY FX	1,001.37	00 15									
73	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,082.12										
77	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,082.12	00 15									
73	21355	MANIPULATE FX OF MALAR AREA	417.21										
77	21355	MANIPULATE FX OF MALAR AREA	417.21	00 15									
73	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	483.40										
77	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	483.40	00 15									
73	21360	TREAT DEPRESSED MALAR FRACTURE	505.58										
77	21360	TREAT DEPRESSED MALAR FRACTURE	505.58	00 15									
73	21365	TREAT COMPLICATED FX MALAR AREA	1,098.86										
77	21365	TREAT COMPLICATED FX MALAR AREA	1,098.86	00 15									
73	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,292.14										
77	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,292.14	00 15									
73	21385	TREAT ORBITAL FX; TRANSANTRAL	747.28										
77	21385	TREAT ORBITAL FX; TRANSANTRAL	747.28	00 15									
73	21386	TREAT ORBITAL FX; PERIORBITAL	648.42										
77	21386	TREAT ORBITAL FX; PERIORBITAL	648.42	00 15									
73	21387	TREAT ORBITAL FX; COMBINATION	780.79										
77	21387	TREAT ORBITAL FX; COMBINATION	780.79	00 15									
73	21390	TREAT ORBITAL FX WITH IMPLANT	791.41										
77	21390	TREAT ORBITAL FX WITH IMPLANT	791.41	00 15									
73	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,023.52										
77	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,023.52	00 15									
73	21400	TREAT FX OF ORBIT W/O MANIPULATION	195.07										
77	21400	TREAT FX OF ORBIT W/O MANIPULATION	195.07	00 15									
73	21401	TREAT FX OF ORBIT WITH MANIPULATION	498.44										
77	21401	TREAT FX OF ORBIT WITH MANIPULATION	498.44	00 15									
73	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	579.62										
77	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	579.62	00 15									
73	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	637.09										
77	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	637.09	00 15									
73	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	911.68										
77	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	911.68	00 15									
73	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	643.97										
77	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	643.97	00 15									
73	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	635.12										
77	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	635.12	00 15									
73	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	762.27										
77	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	762.27	00 15									
73	21431	TREAT CRANIOFACIAL SEPARATION	674.04										
77	21431	TREAT CRANIOFACIAL SEPARATION	674.04	00 15									
73	21432	OPEN TX CRANIOFACIAL SEPARATION	717.30										
77	21432	OPEN TX CRANIOFACIAL SEPARATION	717.30	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	21433	COMPLICATED TX CRANIOFACIAL FX	1,767.05										
77	21433	COMPLICATED TX CRANIOFACIAL FX	1,767.05	00 15									
73	21435	COMPLICATED TX CRANIOFACIAL FX	1,421.78										
77	21435	COMPLICATED TX CRANIOFACIAL FX	1,421.78	00 15									
73	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,069.27										
77	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,069.27	00 15									
73	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	596.34										
77	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	596.34	00 15									
73	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	744.61										
77	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	744.61	00 15									
73	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	547.79										
77	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	547.79	00 15									
73	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	720.43										
77	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	720.43	00 15									
73	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	663.97										
77	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	663.97	00 15									
73	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	960.83										
77	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	960.83	00 15									
73	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	500.75										
77	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	500.75	00 15									
73	21461	TREAT MANDIBULAR FX W/O FIXATION	1,909.81										
77	21461	TREAT MANDIBULAR FX W/O FIXATION	1,909.81	00 15									
73	21462	TREAT MANDIBULAR FX WITH FIXATION	2,044.57										
77	21462	TREAT MANDIBULAR FX WITH FIXATION	2,044.57	00 15									
73	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	827.18									X	
77	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	827.18	00 15								X	
73	21470	TREAT COMPLICATED MANDIBULAR FX	1,169.52										
77	21470	TREAT COMPLICATED MANDIBULAR FX	1,169.52	00 15									
73	21480	TX TEMPOROMANDIBULAR DISLOCATION	111.73										
77	21480	TX TEMPOROMANDIBULAR DISLOCATION	111.73	00 15									
73	21485	TEMPOROMANDIBULAR MANIPULATION	837.54										
77	21485	TEMPOROMANDIBULAR MANIPULATION	837.54	00 15									
73	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	815.96										
77	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	815.96	00 15									
73	21501	I & D DEEP ABSCESS OR HEMATOMA	457.31										
77	21501	I & D DEEP ABSCESS OR HEMATOMA	457.31	00 15									
73	21502	I & D WITH PARTIAL RIB REMOVAL	516.65										
77	21502	I & D WITH PARTIAL RIB REMOVAL	516.65	00 15									
73	21510	INCISION WITH OPENING OF BONE CORTEX	454.71										
77	21510	INCISION WITH OPENING OF BONE CORTEX	454.71	00 15									
73	21550	EXCISIONAL BIOPSY SOFT TISSUES	252.75										
77	21550	EXCISIONAL BIOPSY SOFT TISSUES	252.75	00 15									
73	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	454.42										
77	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	454.42	00 15									
73	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	745.43										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	745.43	00 15									
73	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	419.61										
77	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	419.61	00 15									
73	21556	EXCISE BENIGN TUMOR; DEEP	532.37										
77	21556	EXCISE BENIGN TUMOR; DEEP	532.37	00 15									
73	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	970.90										
77	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	970.90	00 15									
73	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,374.71										
77	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,374.71	00 15									
73	21600	EXCISION OF RIB; PARTIAL	557.45										
77	21600	EXCISION OF RIB; PARTIAL	557.45	00 15									
73	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,211.27									X	
77	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,211.27	00 15								X	
73	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,613.38										
77	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,613.38	00 15									
73	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,790.72										
77	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,790.72	00 15									
73	21610	COSTOTRANSVERSECTOMY	1,245.13										
77	21610	COSTOTRANSVERSECTOMY	1,245.13	00 15									
73	21615	EXCISION CERVICAL RIB	640.09										
77	21615	EXCISION CERVICAL RIB	640.09	00 15									
73	21616	EXCISE RIB WITH SYMPATHECTOMY	746.12										
77	21616	EXCISE RIB WITH SYMPATHECTOMY	746.12	00 15									
73	21620	OSTECTOMY OF STERNUM; PARTIAL	514.75										
77	21620	OSTECTOMY OF STERNUM; PARTIAL	514.75	00 15									
73	21627	STERNAL DEBRIDEMENT	545.45										
77	21627	STERNAL DEBRIDEMENT	545.45	00 15									
73	21630	RADICAL RESECTION OF STERNUM	1,242.32										
77	21630	RADICAL RESECTION OF STERNUM	1,242.32	00 15									
73	21632	MEDIASTINAL LYMPHADENECTOMY	1,245.48										
77	21632	MEDIASTINAL LYMPHADENECTOMY	1,245.48	00 15									
73	21685	HYOID MYOTOMY & SUSPENSION	977.82										
77	21685	HYOID MYOTOMY & SUSPENSION	977.82	00 15									
73	21700	DIVISION OF SCALENUS ANTICUS	372.85										
77	21700	DIVISION OF SCALENUS ANTICUS	372.85	00 15									
73	21705	DIVIDE SCALENUS AND RESECTION RIB	561.74										
77	21705	DIVIDE SCALENUS AND RESECTION RIB	561.74	00 15									
73	21720	DIVISION STERNOCLEIDOMASTOID	532.88										
77	21720	DIVISION STERNOCLEIDOMASTOID	532.88	00 15									
73	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	543.90										
77	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	543.90	00 15									
73	21740	RECONSTRUCT PECTUS EXCAVATUM	1,065.09		X								
77	21740	RECONSTRUCT PECTUS EXCAVATUM	1,065.09	00 15	X								
73	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	701.73										
77	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	701.73	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	618.75										
77	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	618.75	00 15									
73	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	754.32										
77	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	754.32	00 15									
73	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,036.27										
77	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,036.27	00 15									
73	21820	TREAT STERNUM FRACTURE; CLOSED	142.98										
77	21820	TREAT STERNUM FRACTURE; CLOSED	142.98	00 15									
73	21825	TREAT STERNUM FRACTURE; OPEN	551.08										
77	21825	TREAT STERNUM FRACTURE; OPEN	551.08	00 15									
73	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	246.89										
77	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	246.89	00 15									
73	21925	BX,SFT TISS-BACK/FLANK; DEEP	460.97										
77	21925	BX,SFT TISS-BACK/FLANK; DEEP	460.97	00 15									
73	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	484.82										
77	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	484.82	00 15									
73	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	481.12										
77	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	481.12	00 15									
73	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	677.12										
77	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	677.12	00 15									
73	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	756.24										
77	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	756.24	00 15									
73	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,050.90										
77	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,050.90	00 15									
73	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,456.23										
77	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,456.23	00 15									
73	22010	INCISION AND DRAINAGE, OPEN OF DEEP	982.91										
77	22010	I&D, P-SPINE, C/T/CERV-THOR	982.91	00 15									
73	22015	I&D, P-SPINE, L/S/LS	964.15										
77	22015	I&D, P-SPINE, L/S/LS	964.15	00 15									
73	22100	RESECT VERTEBRA,CERVICAL	871.70										
77	22100	RESECT VERTEBRA,CERVICAL	871.70	00 15									
73	22101	RESECT VERTEBRA,THORACIC	890.43										
77	22101	RESECT VERTEBRA,THORACIC	890.43	00 15									
73	22102	RESECT VERTEBRA,LUMBAR	831.25										
77	22102	RESECT VERTEBRA,LUMBAR	831.25	00 15									
73	22103	REMOVE EXTRA SPINE SEGMENT	147.60										
77	22103	REMOVE EXTRA SPINE SEGMENT	147.60	00 15									
73	22110	EXCISE CERVICAL VERTEBRA	1,071.05										
77	22110	EXCISE CERVICAL VERTEBRA	1,071.05	00 15									
73	22112	EXCISE THORACIC VERTEBRA	1,160.06										
77	22112	EXCISE THORACIC VERTEBRA	1,160.06	00 15									
73	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,160.06										
77	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,160.06	00 15									
73	22116	REMOVE EXTRA SPINE SEGMENT	147.56										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	22116	REMOVE EXTRA SPINE SEGMENT	147.56	00 15									
73	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,546.54										
77	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,546.54	00 15									
73	22207	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,482.95										
77	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POS	2,482.95	00 15									
73	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	620.60									X	
77	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	620.60	00 15								X	
73	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,849.18										
77	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,849.18	00 15									
73	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,534.86										
77	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,534.86	00 15									
73	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,542.17										
77	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,542.17	00 15									
73	22216	REVISE, EXTRA SPINE SEGMENT	380.42										
77	22216	REVISE, EXTRA SPINE SEGMENT	380.42	00 15									
73	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,692.84										
77	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,692.84	00 15									
73	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,813.73										
77	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,813.73	00 15									
73	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,633.02										
77	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,633.02	00 15									
73	22226	REVISE, EXTRA SPINE SEGMENT	380.73										
77	22226	REVISE, EXTRA SPINE SEGMENT	380.73	00 15									
73	22310	TR VERT BODY FX/DISLOCATION EACH	301.34										
77	22310	TR VERT BODY FX/DISLOCATION EACH	301.34	00 15									
73	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	880.65										
77	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	880.65	00 15									
73	22318	TREAT ODONTOID FX W/O GRAFT	1,709.88										
77	22318	TREAT ODONTOID FX W/O GRAFT	1,709.88	00 15									
73	22319	TREAT ODONTOID FX W/GRAFT	1,908.69										
77	22319	TREAT ODONTOID FX W/GRAFT	1,908.69	00 15									
73	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,497.50										
77	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,497.50	00 15									
73	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,553.06										
77	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,553.06	00 15									
73	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,561.97										
77	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,561.97	00 15									
73	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	296.14										
77	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	296.14	00 15									
73	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,720.63										
77	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,720.63	00 15									
73	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,702.52										
77	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,702.52	00 15									
73	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	812.90									X	
77	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	812.90	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,206.05										
77	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,206.05	00 15									
73	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,176.87										
77	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,176.87	00 15									
73	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,460.77									X	
77	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,460.77	00 15								X	
73	22532	LAT THORAX SPINE FUSION	1,869.20										
77	22532	LAT THORAX SPINE FUSION	1,869.20	00 15									
73	22533	LAT LUMBAR SPINE FUSION	1,703.74										
77	22533	LAT LUMBAR SPINE FUSION	1,703.74	00 15									
73	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	377.74									X	
77	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	377.74	00 15								X	
73	22548	ANTHRODESIS,W/BONE GRAFT	2,047.19										
77	22548	ANTHRODESIS,W/BONE GRAFT	2,047.19	00 15									
73	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,775.11										
77	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,775.11	00 15									
73	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	419.02									X	
77	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	419.02	00 15								X	
73	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,298.69										
77	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,298.69	00 15									
73	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,722.49										
77	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,722.49	00 15									
73	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,583.06										
77	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,583.06	00 15									
73	22585	ARTHRODESIS-EACH ADD.INTERSPACE	343.07									X	
77	22585	ARTHRODESIS-EACH ADD.INTERSPACE	343.07	00 15								X	
73	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,120.41										
77	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,120.41	00 15									
73	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,640.37										
77	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,640.37	00 15									
73	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,561.72										
77	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,561.72	00 15									
73	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,332.74										
77	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,332.74	00 15									
73	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,306.83										
77	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,306.83	00 15									
73	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,640.55										
77	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,640.55	00 15									
73	22614	SPINE FUSION, EXTRA SEGMENT	411.78									X	
77	22614	SPINE FUSION, EXTRA SEGMENT	411.78	00 15								X	
73	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,637.81										
77	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,637.81	00 15									
73	22632	SPINE FUSION, EXTRA SEGMENT	340.75										
77	22632	SPINE FUSION, EXTRA SEGMENT	340.75	00 15									
73	22633	FUSION OF LOWER SPINE BONES WITH REM	1,923.74			X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	22633	FUSION OF LOWER SPINE BONES WITH REM	1,923.74	00 15		X							
73	22634	FUSION OF LOWER SPINE BONES WITH REM	521.38										
77	22634	FUSION OF LOWER SPINE BONES WITH REM	521.38	00 15									
73	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,397.99										
77	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,397.99	00 15									
73	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,173.88										
77	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,173.88	00 15									
73	22804	FUSION OF SPINE	2,506.25										
77	22804	FUSION OF SPINE	2,506.25	00 15									
73	22808	FUSION OF SPINE	1,898.71										
77	22808	FUSION OF SPINE	1,898.71	00 15									
73	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,131.28										
77	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,131.28	00 15									
73	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,252.32										
77	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,252.32	00 15									
73	22818	KYPHECTOMY, 1-2 SEGMENTS	2,211.87										
77	22818	KYPHECTOMY, 1-2 SEGMENTS	2,211.87	00 15									
73	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,543.81										
77	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,543.81	00 15									
73	22830	EXPLORE SPINAL FUSION	839.45										
77	22830	EXPLORE SPINAL FUSION	839.45	00 15									
73	22840	POSTERIOR INSTRU(NO SEG FIX)	798.13										
77	22840	POSTERIOR INSTRU(NO SEG FIX)	798.13	00 15									
73	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	802.24										
77	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	802.24	00 15									
73	22843	INSERT SPINE FIXATION DEVICE	856.52										
77	22843	INSERT SPINE FIXATION DEVICE	856.52	00 15									
73	22844	INSERT SPINE FIXATION DEVICE	1,029.74										
77	22844	INSERT SPINE FIXATION DEVICE	1,029.74	00 15									
73	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	767.55										
77	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	767.55	00 15									
73	22846	INSERT SPINE FIXATION DEVICE	798.12										
77	22846	INSERT SPINE FIXATION DEVICE	798.12	00 15									
73	22847	INSERT SPINE FIXATION DEVICE	831.81										
77	22847	INSERT SPINE FIXATION DEVICE	831.81	00 15									
73	22848	INSERT PELVIC FIXATIONDEVICE	376.63										
77	22848	INSERT PELVIC FIXATIONDEVICE	376.63	00 15									
73	22849	REINSERT SPINAL FIXATION DEVICE	1,347.69										
77	22849	REINSERT SPINAL FIXATION DEVICE	1,347.69	00 15									
73	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	747.97										
77	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	747.97	00 15									
73	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	717.27										
77	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	717.27	00 15									
73	22853	INSERTION OF INTERBODY BIOMECHANICAL	272.28									X	
77	22853	INSERTION OF INTERBODY BIOMECHANICAL	272.28	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	352.71									X	
77	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	352.71	00 15								X	
73	22855	REMOVE ANTERIOR INSTRUMENTATION	1,148.26										
77	22855	REMOVE ANTERIOR INSTRUMENTATION	1,148.26	00 15									
73	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,700.06										
77	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,700.06	00 15									
73	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,806.19										
77	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,806.19	00 15									
73	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	537.73										
77	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	537.73	00 15									
73	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	352.71									X	
77	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	352.71	00 15								X	
73	22861	REVISION INCLUDING REPLACEMENT OF TO	2,437.99										
77	22861	REVISION INCLUDING REPLACEMENT OF TO	2,437.99	00 15									
73	22862	REVISION INCLUDING REPLACEMENT OF TO	2,426.41										
77	22862	REVISION INCLUDING REPLACEMENT OF TO	2,426.41	00 15									
73	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,171.46										
77	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,171.46	00 15									
73	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,366.84										
77	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,366.84	00 15									
73	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,007.21										
77	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,007.21	00 15									
73	22868	INSERTION OF INTERLAMINAR/INTERSPINO	256.54										
77	22868	INSERTION OF INTERLAMINAR/INTERSPINO	256.54	00 15									
73	22869	INSERTION OF INTERLAMINAR/INTERSPINO	444.12										
77	22869	INSERTION OF INTERLAMINAR/INTERSPINO	444.12	00 15									
73	22870	INSERTION OF INTERLAMINAR/INTERSPINO	125.53										
77	22870	INSERTION OF INTERLAMINAR/INTERSPINO	125.53	00 15									
73	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	575.65										
77	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	575.65	00 15									
73	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	685.69										
77	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	685.69	00 15									
73	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	453.55										
77	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	453.55	00 15									
73	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	449.31										
77	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	449.31	00 15									
73	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,082.96										
77	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,082.96	00 15									
73	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,371.19										
77	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,371.19	00 15									
73	23000	REMOVE SUBDELTOID CAL DEPOSITS	559.08										
77	23000	REMOVE SUBDELTOID CAL DEPOSITS	559.08	00 15									
73	23020	RELEASE SHOULDER MUSCLE ERBS PAL	694.95										
77	23020	RELEASE SHOULDER MUSCLE ERBS PAL	694.95	00 15									
73	23030	I&D SHOULDER DEEP ABSC HEMATOMA	421.76										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	23030	I&D SHOULDER DEEP ABSC HEMATOMA	421.76	00 15									
73	23031	I&D INFECTED SHOULDER BURSA	389.00										
77	23031	I&D INFECTED SHOULDER BURSA	389.00	00 15									
73	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	685.14										
77	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	685.14	00 15									
73	23040	ARTHROTOMY REMOVE FOREIGN BODY	722.51										
77	23040	ARTHROTOMY REMOVE FOREIGN BODY	722.51	00 15									
73	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	570.00										
77	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	570.00	00 15									
73	23065	BIOPSY SHOULDER SUPERFICIAL	217.05										
77	23065	BIOPSY SHOULDER SUPERFICIAL	217.05	00 15									
73	23066	BIOPSY OF SHOULDER DEEP	551.09										
77	23066	BIOPSY OF SHOULDER DEEP	551.09	00 15									
73	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	427.52										
77	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	427.52	00 15									
73	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	708.34										
77	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	708.34	00 15									
73	23075	EXC BENIGN SHOULDER TUMOR SUBCU	490.58										
77	23075	EXC BENIGN SHOULDER TUMOR SUBCU	490.58	00 15									
73	23076	EXC BENIGN SHOULDER TUMOR DEEP	547.46										
77	23076	EXC BENIGN SHOULDER TUMOR DEEP	547.46	00 15									
73	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,161.94										
77	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,161.94	00 15									
73	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,472.69										
77	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,472.69	00 15									
73	23100	BIOPSY SHOULDER JOINT	503.43										
77	23100	BIOPSY SHOULDER JOINT	503.43	00 15									
73	23101	EXCISION TORN CARTILAGE SHOULDER JOI	457.30										
77	23101	EXCISION TORN CARTILAGE SHOULDER JOI	457.30	00 15									
73	23105	ARTHROTOMY;GLENOHUMERAL JOINT	639.35										
77	23105	ARTHROTOMY;GLENOHUMERAL JOINT	639.35	00 15									
73	23106	ARTHROTOMY;STERNOCLAVICULAR JT	499.07										
77	23106	ARTHROTOMY;STERNOCLAVICULAR JT	499.07	00 15									
73	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	663.16										
77	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	663.16	00 15									
73	23120	CLAVICULECTOMY PARTIAL	585.51										
77	23120	CLAVICULECTOMY PARTIAL	585.51	00 15									
73	23125	CLAVICULECTOMY TOTAL	715.13										
77	23125	CLAVICULECTOMY TOTAL	715.13	00 15									
73	23130	ACROMIONECTOMY PARTIAL/TOTAL	614.34										
77	23130	ACROMIONECTOMY PARTIAL/TOTAL	614.34	00 15									
73	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	555.51										
77	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	555.51	00 15									
73	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	700.54										
77	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	700.54	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	624.78										
77	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	624.78	00 15									
73	23150	EXCISION TUMOR PROXIMAL HUMEROUS	671.18										
77	23150	EXCISION TUMOR PROXIMAL HUMEROUS	671.18	00 15									
73	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	802.44										
77	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	802.44	00 15									
73	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	682.77										
77	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	682.77	00 15									
73	23170	SEQUESTRECTOMY CLAVICLE	563.50										
77	23170	SEQUESTRECTOMY CLAVICLE	563.50	00 15									
73	23172	SEQUESTRECTOMY SCAPULA	569.54										
77	23172	SEQUESTRECTOMY SCAPULA	569.54	00 15									
73	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	764.24										
77	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	764.24	00 15									
73	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	670.94										
77	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	670.94	00 15									
73	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	661.73										
77	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	661.73	00 15									
73	23184	PARTIAL EXCISION PROXIMAL HUMERUS	742.48										
77	23184	PARTIAL EXCISION PROXIMAL HUMERUS	742.48	00 15									
73	23190	OSTECTOMY OF SCAPULA PATTIAL	575.84										
77	23190	OSTECTOMY OF SCAPULA PATTIAL	575.84	00 15									
73	23195	RESECTION HUMERAL HEAD	753.39										
77	23195	RESECTION HUMERAL HEAD	753.39	00 15									
73	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,534.82										
77	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,534.82	00 15									
73	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,806.02										
77	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,806.02	00 15									
73	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	1,986.82										
77	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	1,986.82	00 15									
73	23330	REMOVE SHOULDER FOREIGN BODY	279.68										
77	23330	REMOVE SHOULDER FOREIGN BODY	279.68	00 15									
73	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	465.74									X	
77	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	465.74	00 15								X	
73	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,079.01									X	
77	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,079.01	00 15								X	
73	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,289.51									X	
77	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,289.51	00 15								X	
73	23350	INJECTION FOR SHOULDER X-RAY	145.06										
77	23350	INJECTION FOR SHOULDER X-RAY	145.06	00 15									
73	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,298.80										
77	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,298.80	00 15									
73	23397	MUSCLE TRANSFER MULTIPLE	1,157.37										
77	23397	MUSCLE TRANSFER MULTIPLE	1,157.37	00 15									
73	23400	FIXATION OF SHOULDERBLADE	983.58										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	23400	FIXATION OF SHOULDERBLADE	983.58	00 15									
73	23405	INCISION OF TENDON & MUSCLE	622.73										
77	23405	INCISION OF TENDON & MUSCLE	622.73	00 15									
73	23406	INCISE TENDON(S) & MUSCLE(S)	774.64										
77	23406	INCISE TENDON(S) & MUSCLE(S)	774.64	00 15									
73	23410	REPAIR OF TENDON(S)	827.33										
77	23410	REPAIR OF TENDON(S)	827.33	00 15									
73	23412	REPAIR OF TENDON(S),CHRONIC	860.99										
77	23412	REPAIR OF TENDON(S),CHRONIC	860.99	00 15									
73	23415	CORACOACROMIAL LIGAMENT RELEAS	700.75										
77	23415	CORACOACROMIAL LIGAMENT RELEAS	700.75	00 15									
73	23420	REPAIR COMPLETE SHOULDER	981.56										
77	23420	REPAIR COMPLETE SHOULDER	981.56	00 15									
73	23430	REPAIR BICEPS TENDON RUPTURE	749.49										
77	23430	REPAIR BICEPS TENDON RUPTURE	749.49	00 15									
73	23440	REMOVAL/TRANSPLANT TENDON	763.30										
77	23440	REMOVAL/TRANSPLANT TENDON	763.30	00 15									
73	23450	CAPSULORRHAPHY,ANTERIOR	960.62										
77	23450	CAPSULORRHAPHY,ANTERIOR	960.62	00 15									
73	23455	CAPSULORRHAPHY;BANKART TYPE	1,006.37										
77	23455	CAPSULORRHAPHY;BANKART TYPE	1,006.37	00 15									
73	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,103.77										
77	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,103.77	00 15									
73	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,084.52										
77	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,084.52	00 15									
73	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,134.38										
77	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,134.38	00 15									
73	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,120.27										
77	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,120.27	00 15									
73	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,218.18										
77	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,218.18	00 15									
73	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,475.10										
77	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,475.10	00 15									
73	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,647.21									X	
77	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,647.21	00 15								X	
73	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,780.71									X	
77	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,780.71	00 15								X	
73	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	829.50										
77	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	829.50	00 15									
73	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	968.69										
77	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	968.69	00 15									
73	23490	PROPHYLACTIC TREATMENT;CLAVICLE	870.98										
77	23490	PROPHYLACTIC TREATMENT;CLAVICLE	870.98	00 15									
73	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,028.23										
77	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,028.23	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	216.80										
77	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	216.80	00 15									
73	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	353.37										
77	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	353.37	00 15									
73	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	724.20										
77	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	724.20	00 15									
73	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	233.06										
77	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	233.06	00 15									
73	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	384.27										
77	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	384.27	00 15									
73	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	576.19										
77	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	576.19	00 15									
73	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	628.25										
77	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	628.25	00 15									
73	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	228.95										
77	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	228.95	00 15									
73	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	338.35										
77	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	338.35	00 15									
73	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	574.62										
77	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	574.62	00 15									
73	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	656.41										
77	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	656.41	00 15									
73	23570	TREAT CLSD SCAP FX W/O MANIPULATION	229.61										
77	23570	TREAT CLSD SCAP FX W/O MANIPULATION	229.61	00 15									
73	23575	TREAT CLSD SCAPULAR W/MANIPULATION	400.99										
77	23575	TREAT CLSD SCAPULAR W/MANIPULATION	400.99	00 15									
73	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	990.93										
77	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	990.93	00 15									
73	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	322.48										
77	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	322.48	00 15									
73	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	463.37										
77	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	463.37	00 15									
73	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	890.99										
77	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	890.99	00 15									
73	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,254.99										
77	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,254.99	00 15									
73	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	263.68										
77	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	263.68	00 15									
73	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	376.50										
77	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	376.50	00 15									
73	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	784.07										
77	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	784.07	00 15									
73	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	316.20										
77	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	316.20	00 15									
73	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	402.40										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	402.40	00 15									
73	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	586.45										
77	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	586.45	00 15									
73	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	424.56										
77	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	424.56	00 15									
73	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	881.35										
77	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	881.35	00 15									
73	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	549.20										
77	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	549.20	00 15									
73	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	939.36										
77	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	939.36	00 15									
73	23700	FIXATION OF SHOULDER MANIP W/ANESTH	195.89										
77	23700	FIXATION OF SHOULDER MANIP W/ANESTH	195.89	00 15									
73	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,039.63										
77	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,039.63	00 15									
73	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,297.89										
77	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,297.89	00 15									
73	23900	AMPUTATION OF ARM & GIRDLE	1,409.03										
77	23900	AMPUTATION OF ARM & GIRDLE	1,409.03	00 15									
73	23920	AMPUTATION AT SHOULDER JOINT	1,138.51										
77	23920	AMPUTATION AT SHOULDER JOINT	1,138.51	00 15									
73	23921	AMPUTATION FOLLOW-UP SURGERY	468.71										
77	23921	AMPUTATION FOLLOW-UP SURGERY	468.71	00 15									
73	23930	DRAINAGE OF ARM LESION	347.90										
77	23930	DRAINAGE OF ARM LESION	347.90	00 15									
73	23931	DRAINAGE OF ARM BURSA	278.64										
77	23931	DRAINAGE OF ARM BURSA	278.64	00 15									
73	23935	DRAIN ARM/ELBOW BONE LESION	511.57										
77	23935	DRAIN ARM/ELBOW BONE LESION	511.57	00 15									
73	24000	EXPLORATORY ELBOW SURGERY	478.48										
77	24000	EXPLORATORY ELBOW SURGERY	478.48	00 15									
73	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	715.22										
77	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	715.22	00 15									
73	24065	BIOPSY ARM/ELBOW SOFT TISSUE	249.85										
77	24065	BIOPSY ARM/ELBOW SOFT TISSUE	249.85	00 15									
73	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	609.55										
77	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	609.55	00 15									
73	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	412.35										
77	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	412.35	00 15									
73	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	708.18										
77	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	708.18	00 15									
73	24075	REMOVE ARM/ELBOW LESION	506.46										
77	24075	REMOVE ARM/ELBOW LESION	506.46	00 15									
73	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	548.48										
77	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	548.48	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,062.49										
77	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,062.49	00 15									
73	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,357.27										
77	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,357.27	00 15									
73	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	417.89										
77	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	417.89	00 15									
73	24101	EXPLORE/TREAT ELBOW JOINT	501.19										
77	24101	EXPLORE/TREAT ELBOW JOINT	501.19	00 15									
73	24102	REMOVE ELBOW JOINT LINING	618.65										
77	24102	REMOVE ELBOW JOINT LINING	618.65	00 15									
73	24105	REMOVAL OF ELBOW BURSA	350.20										
77	24105	REMOVAL OF ELBOW BURSA	350.20	00 15									
73	24110	REMOVE HUMERUS LESION	588.76										
77	24110	REMOVE HUMERUS LESION	588.76	00 15									
73	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	743.33										
77	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	743.33	00 15									
73	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	870.94										
77	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	870.94	00 15									
73	24120	REMOVE ELBOW LESION	532.88										
77	24120	REMOVE ELBOW LESION	532.88	00 15									
73	24125	EXCISION BONE CYST HEAD/NECK RADIUS	624.24										
77	24125	EXCISION BONE CYST HEAD/NECK RADIUS	624.24	00 15									
73	24126	EXCISION BONE CYST HEAD/NECK RADIUS	652.45										
77	24126	EXCISION BONE CYST HEAD/NECK RADIUS	652.45	00 15									
73	24130	REMOVAL OF HEAD OF RADIUS	509.55										
77	24130	REMOVAL OF HEAD OF RADIUS	509.55	00 15									
73	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	753.44										
77	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	753.44	00 15									
73	24136	REMOVAL LESION/RADIAL HEAD OR NECK	635.76										
77	24136	REMOVAL LESION/RADIAL HEAD OR NECK	635.76	00 15									
73	24138	REMOVE BONE LESION/OLECRANON PROCESS	681.41										
77	24138	REMOVE BONE LESION/OLECRANON PROCESS	681.41	00 15									
73	24140	PART.EXCIS.BONE/HUMERUS	707.04										
77	24140	PART.EXCIS.BONE/HUMERUS	707.04	00 15									
73	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	596.62										
77	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	596.62	00 15									
73	24147	PART.EXCIS.BONE,OLECRANON PROCESS	623.94										
77	24147	PART.EXCIS.BONE,OLECRANON PROCESS	623.94	00 15									
73	24149	RADICAL RESECTION OF ELBOW	1,181.03										
77	24149	RADICAL RESECTION OF ELBOW	1,181.03	00 15									
73	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,576.20										
77	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,576.20	00 15									
73	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,367.22										
77	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,367.22	00 15									
73	24155	RESECTION OF ELBOW JOINT	861.59										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	24155	RESECTION OF ELBOW JOINT	861.59	00 15									
73	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,273.28										
77	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,273.28	00 15									
73	24164	REMOVAL OF HARDWARE OF FOREARM BONE	725.93										
77	24164	REMOVAL OF HARDWARE OF FOREARM BONE	725.93	00 15									
73	24200	REMOVAL OF ARM FOREIGN BODY	210.29										
77	24200	REMOVAL OF ARM FOREIGN BODY	210.29	00 15									
73	24201	REMOVAL OF ARM FOREIGN BODY DEEP	537.69										
77	24201	REMOVAL OF ARM FOREIGN BODY DEEP	537.69	00 15									
73	24220	INJECTION FOR ELBOW X-RAY	170.87										
77	24220	INJECTION FOR ELBOW X-RAY	170.87	00 15									
73	24300	MANIPULATE ELBOW W/ANESTH	418.17										
77	24300	MANIPULATE ELBOW W/ANESTH	418.17	00 15									
73	24301	MUSCLE/TENDON TRANSFER	755.22										
77	24301	MUSCLE/TENDON TRANSFER	755.22	00 15									
73	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	579.93									X	
77	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	579.93	00 15								X	
73	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	471.73									X	
77	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	471.73	00 15								X	
73	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	788.74										
77	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	788.74	00 15									
73	24330	FLEXOR-PLASTY ELBOW	723.69										
77	24330	FLEXOR-PLASTY ELBOW	723.69	00 15									
73	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	793.96										
77	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	793.96	00 15									
73	24332	TENOLYSIS, TRICEPS	615.70										
77	24332	TENOLYSIS, TRICEPS	615.70	00 15									
73	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	616.83										
77	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	616.83	00 15									
73	24341	REPAIR TENDON/MUSCLE ARM	745.42										
77	24341	REPAIR TENDON/MUSCLE ARM	745.42	00 15									
73	24342	REINSERTION RUPTURED BICEPS TENDON/D	781.50										
77	24342	REINSERTION RUPTURED BICEPS TENDON/D	781.50	00 15									
73	24343	REPR ELBOW LAT LIGMNT W/TISS	708.86										
77	24343	REPR ELBOW LAT LIGMNT W/TISS	708.86	00 15									
73	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,101.22										
77	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,101.22	00 15									
73	24345	REPR ELBW MED LIGMNT W/TISS	702.99										
77	24345	REPR ELBW MED LIGMNT W/TISS	702.99	00 15									
73	24346	RECONSTRUCT ELBOW MED LIGMNT	1,110.70										
77	24346	RECONSTRUCT ELBOW MED LIGMNT	1,110.70	00 15									
73	24357	INCISION OF TENDON TO REPAIR ELBOW J	411.77										
77	24357	INCISION OF TENDON TO REPAIR ELBOW J	411.77	00 15									
73	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	526.26										
77	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	526.26	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	665.01										
77	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	665.01	00 15									
73	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	911.13										
77	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	911.13	00 15									
73	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,019.70										
77	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,019.70	00 15									
73	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,074.38										
77	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,074.38	00 15									
73	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,473.63										
77	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,473.63	00 15									
73	24365	ARTHROPLASTY RADIAL HEAD	643.97										
77	24365	ARTHROPLASTY RADIAL HEAD	643.97	00 15									
73	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	687.80										
77	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	687.80	00 15									
73	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,567.38									X	
77	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,567.38	00 15								X	
73	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,810.11									X	
77	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,810.11	00 15								X	
73	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	829.67										
77	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	829.67	00 15									
73	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,070.11										
77	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,070.11	00 15									
73	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,030.53										
77	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,030.53	00 15									
73	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,068.44										
77	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,068.44	00 15									
73	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,084.79										
77	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,084.79	00 15									
73	24470	HEMIEPIPHYSEAL ARREST	675.45										
77	24470	HEMIEPIPHYSEAL ARREST	675.45	00 15									
73	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	804.99										
77	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	804.99	00 15									
73	24498	PROPHYLACTIC TREAT...HUMERUS	875.76										
77	24498	PROPHYLACTIC TREAT...HUMERUS	875.76	00 15									
73	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	351.38										
77	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	351.38	00 15									
73	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	493.76										
77	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	493.76	00 15									
73	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	885.95										
77	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	885.95	00 15									
73	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	867.81										
77	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	867.81	00 15									
73	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	373.04										
77	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	373.04	00 15									
73	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	612.91										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	612.91	00 15									
73	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	765.72										
77	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	765.72	00 15									
73	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	939.03										
77	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	939.03	00 15									
73	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,049.62										
77	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,049.62	00 15									
73	24560	TREAT CLSD EPICON FX,W/O MANIP	321.79										
77	24560	TREAT CLSD EPICON FX,W/O MANIP	321.79	00 15									
73	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	532.23										
77	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	532.23	00 15									
73	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	719.85										
77	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	719.85	00 15									
73	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	735.67										
77	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	735.67	00 15									
73	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	338.07										
77	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	338.07	00 15									
73	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	547.62										
77	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	547.62	00 15									
73	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	837.23										
77	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	837.23	00 15									
73	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	811.19										
77	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	811.19	00 15									
73	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,100.32										
77	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,100.32	00 15									
73	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,102.08										
77	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,102.08	00 15									
73	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	368.80										
77	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	368.80	00 15									
73	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	472.02										
77	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	472.02	00 15									
73	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	718.92										
77	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	718.92	00 15									
73	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	556.20										
77	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	556.20	00 15									
73	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	675.93										
77	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	675.93	00 15									
73	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	97.91										
77	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	97.91	00 15									
73	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	255.94										
77	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	255.94	00 15									
73	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	435.74										
77	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	435.74	00 15									
73	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	655.15										
77	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	655.15	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	736.91										
77	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	736.91	00 15									
73	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	285.60										
77	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	285.60	00 15									
73	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	453.99										
77	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	453.99	00 15									
73	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	654.65										
77	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	654.65	00 15									
73	24800	FUSION OF ELBOW JOINT	838.10										
77	24800	FUSION OF ELBOW JOINT	838.10	00 15									
73	24802	FUSION/GRAFT OF ELBOW JOINT	1,014.33										
77	24802	FUSION/GRAFT OF ELBOW JOINT	1,014.33	00 15									
73	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	743.94										
77	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	743.94	00 15									
73	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	739.11										
77	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	739.11	00 15									
73	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	568.87										
77	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	568.87	00 15									
73	24930	REAMPUTATION UPPER ARM	782.34										
77	24930	REAMPUTATION UPPER ARM	782.34	00 15									
73	24931	AMPUTATE UPPER ARM & IMPLANT	944.21										
77	24931	AMPUTATE UPPER ARM & IMPLANT	944.21	00 15									
73	24935	STUMP ELONGATION/REVISION UPPER ARM	1,198.88										
77	24935	STUMP ELONGATION/REVISION UPPER ARM	1,198.88	00 15									
73	25000	TENDON SHEATH INCISION; AT RADIAL ST	333.87										
77	25000	TENDON SHEATH INCISION; AT RADIAL ST	333.87	00 15									
73	25001	INCISE FLEXOR CARPI RADIALIS	339.35										
77	25001	INCISE FLEXOR CARPI RADIALIS	339.35	00 15									
73	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	626.68										
77	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	626.68	00 15									
73	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,190.94										
77	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,190.94	00 15									
73	25024	DECOMPRESS FOREARM 2 SPACES	787.55										
77	25024	DECOMPRESS FOREARM 2 SPACES	787.55	00 15									
73	25025	DECOMPRESS FORARM 2 SPACES	1,219.90										
77	25025	DECOMPRESS FORARM 2 SPACES	1,219.90	00 15									
73	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	582.62										
77	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	582.62	00 15									
73	25031	INCISION/DRAINAGE INFECTED BURSA; FO	348.61										
77	25031	INCISION/DRAINAGE INFECTED BURSA; FO	348.61	00 15									
73	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	584.83										
77	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	584.83	00 15									
73	25040	EXPLORE/TREAT WRIST JOINT	562.59										
77	25040	EXPLORE/TREAT WRIST JOINT	562.59	00 15									
73	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	248.23										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	248.23	00 15									
73	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	355.94										
77	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	355.94	00 15									
73	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	429.69										
77	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	429.69	00 15									
73	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	538.09										
77	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	538.09	00 15									
73	25075	EXCISE SUBCUTANEOUS TUMOR	492.97										
77	25075	EXCISE SUBCUTANEOUS TUMOR	492.97	00 15									
73	25076	EXCISE TUMOR,DEEP	517.93										
77	25076	EXCISE TUMOR,DEEP	517.93	00 15									
73	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	900.61										
77	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	900.61	00 15									
73	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,186.97										
77	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,186.97	00 15									
73	25085	INCISION OF WRIST CAPSULE	447.93										
77	25085	INCISION OF WRIST CAPSULE	447.93	00 15									
73	25100	BIOPSY OF WRIST JOINT	345.70										
77	25100	BIOPSY OF WRIST JOINT	345.70	00 15									
73	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	402.04										
77	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	402.04	00 15									
73	25105	REMOVE WRIST JOINT LINING	483.32										
77	25105	REMOVE WRIST JOINT LINING	483.32	00 15									
73	25107	ARTHROTOMY,WRIST,COMPLEX	613.49										
77	25107	ARTHROTOMY,WRIST,COMPLEX	613.49	00 15									
73	25109	EXCISION OF TENDON, FOREARM AND/OR W	536.72									X	
77	25109	EXCISION OF TENDON, FOREARM AND/OR W	536.72	00 15								X	
73	25110	EXCISION,LESION OF TENDON SHEATH	340.05										
77	25110	EXCISION,LESION OF TENDON SHEATH	340.05	00 15									
73	25111	EXCISION GANGLION;WRIST,PRIMARY	317.69										
77	25111	EXCISION GANGLION;WRIST,PRIMARY	317.69	00 15									
73	25112	EXCISION GANGLION;WRIST,RECURRENT	385.64										
77	25112	EXCISION GANGLION;WRIST,RECURRENT	385.64	00 15									
73	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	757.59										
77	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	757.59	00 15									
73	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	598.76										
77	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	598.76	00 15									
73	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	377.90										
77	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	377.90	00 15									
73	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	494.26										
77	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	494.26	00 15									
73	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	499.53										
77	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	499.53	00 15									
73	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	595.41										
77	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	595.41	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	600.09										
77	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	600.09	00 15									
73	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	445.65										
77	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	445.65	00 15									
73	25135	EXCISE BONE CYST OF CARPAL BONES W/A	560.49										
77	25135	EXCISE BONE CYST OF CARPAL BONES W/A	560.49	00 15									
73	25136	EXCISE BONE CYST OF CARPAL BONES W/H	496.80										
77	25136	EXCISE BONE CYST OF CARPAL BONES W/H	496.80	00 15									
73	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	519.82										
77	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	519.82	00 15									
73	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	565.17										
77	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	565.17	00 15									
73	25151	PARTIAL REMOVAL OF RADIUS	583.78										
77	25151	PARTIAL REMOVAL OF RADIUS	583.78	00 15									
73	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,497.79										
77	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,497.79	00 15									
73	25210	CARPECTOMY; ONE BONE	488.39										
77	25210	CARPECTOMY; ONE BONE	488.39	00 15									
73	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	618.15										
77	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	618.15	00 15									
73	25230	RADIAL STYLOIDECTOMY	430.38										
77	25230	RADIAL STYLOIDECTOMY	430.38	00 15									
73	25240	EXCISION DISTAL ULNA	427.17										
77	25240	EXCISION DISTAL ULNA	427.17	00 15									
73	25246	INJECTION FOR WRIST X-RAY	175.69										
77	25246	INJECTION FOR WRIST X-RAY	175.69	00 15									
73	25248	REMOVE FOREARM FOREIGN BODY	416.34										
77	25248	REMOVE FOREARM FOREIGN BODY	416.34	00 15									
73	25250	REMOVAL OF WRIST PROSTHESIS	532.92										
77	25250	REMOVAL OF WRIST PROSTHESIS	532.92	00 15									
73	25251	REMOVE WRIST PROTH,COMPLICATED	725.54										
77	25251	REMOVE WRIST PROTH,COMPLICATED	725.54	00 15									
73	25259	MANIPULATE WRIST W/ANESTHES	414.14										
77	25259	MANIPULATE WRIST W/ANESTHES	414.14	00 15									
73	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	629.89									X	
77	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	629.89	00 15								X	
73	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	632.86									X	
77	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	632.86	00 15								X	
73	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	750.60									X	
77	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	750.60	00 15								X	
73	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	491.55									X	
77	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	491.55	00 15								X	
73	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	559.91									X	
77	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	559.91	00 15								X	
73	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	667.10									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	667.10	00 15								X	
73	25275	REPAIR FOREARM TENDON SHEATH	673.02										
77	25275	REPAIR FOREARM TENDON SHEATH	673.02	00 15									
73	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	565.37									X	
77	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	565.37	00 15								X	
73	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	433.59									X	
77	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	433.59	00 15								X	
73	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	525.09									X	
77	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	525.09	00 15								X	
73	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	684.21										
77	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	684.21	00 15									
73	25301	TENODESIS AT WRIST; EXTENSORS OF FI	644.49										
77	25301	TENODESIS AT WRIST; EXTENSORS OF FI	644.49	00 15									
73	25310	TEND TRANSPLANT...SING.;EACH TENDON	619.04									X	
77	25310	TEND TRANSPLANT...SING.;EACH TENDON	619.04	00 15								X	
73	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	720.61									X	
77	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	720.61	00 15								X	
73	25315	REVISE PALSY HAND TENDON(S)	777.68										
77	25315	REVISE PALSY HAND TENDON(S)	777.68	00 15									
73	25316	REVISE PALSY HAND TENDON W/TENDON S	925.21										
77	25316	REVISE PALSY HAND TENDON W/TENDON S	925.21	00 15									
73	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	983.15										
77	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	983.15	00 15									
73	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	847.57										
77	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	847.57	00 15									
73	25335	CENTRALIZATION-WRIST ON ULNA	954.57										
77	25335	CENTRALIZATION-WRIST ON ULNA	954.57	00 15									
73	25337	RECONSTRUCT ULNA/RADIOULNAR	885.91										
77	25337	RECONSTRUCT ULNA/RADIOULNAR	885.91	00 15									
73	25350	REVISION OF RADIUS;DISTAL THIRD	677.14										
77	25350	REVISION OF RADIUS;DISTAL THIRD	677.14	00 15									
73	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	771.41										
77	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	771.41	00 15									
73	25360	REVISION OF ULNA	655.98										
77	25360	REVISION OF ULNA	655.98	00 15									
73	25365	REVISE RADIUS & ULNA	925.88										
77	25365	REVISE RADIUS & ULNA	925.88	00 15									
73	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,019.98										
77	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,019.98	00 15									
73	25375	REVISION,MULTIPLE,RADIUS AND ULNA	965.91										
77	25375	REVISION,MULTIPLE,RADIUS AND ULNA	965.91	00 15									
73	25390	SHORTEN RADIUS/ULNA	772.33										
77	25390	SHORTEN RADIUS/ULNA	772.33	00 15									
73	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,009.05										
77	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,009.05	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	25392	SHORTEN RADIUS & ULNA	1,027.64										
77	25392	SHORTEN RADIUS & ULNA	1,027.64	00 15									
73	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,145.92										
77	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,145.92	00 15									
73	25394	REPAIR CARPAL BONE, SHORTEN	791.98										
77	25394	REPAIR CARPAL BONE, SHORTEN	791.98	00 15									
73	25400	REPAIR RADIUS OR ULNA	808.48										
77	25400	REPAIR RADIUS OR ULNA	808.48	00 15									
73	25405	REPAIR/GRAFT RADIUS OR ULNA	1,047.26										
77	25405	REPAIR/GRAFT RADIUS OR ULNA	1,047.26	00 15									
73	25415	REPAIR RADIUS & ULNA	979.87										
77	25415	REPAIR RADIUS & ULNA	979.87	00 15									
73	25420	REPAIR/GRAFT RADIUS & ULNA	1,182.76										
77	25420	REPAIR/GRAFT RADIUS & ULNA	1,182.76	00 15									
73	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	975.33										
77	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	975.33	00 15									
73	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,139.53										
77	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,139.53	00 15									
73	25430	VASC GRAFT INTO CARPAL BONE	734.65										
77	25430	VASC GRAFT INTO CARPAL BONE	734.65	00 15									
73	25431	REPAIR NONUNION CARPAL BONE	796.12										
77	25431	REPAIR NONUNION CARPAL BONE	796.12	00 15									
73	25440	REPAIR/GRAFT WRIST BONE	770.51										
77	25440	REPAIR/GRAFT WRIST BONE	770.51	00 15									
73	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	947.72										
77	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	947.72	00 15									
73	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	810.05										
77	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	810.05	00 15									
73	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	789.71										
77	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	789.71	00 15									
73	25444	RECONSTRUCT WRIST JOINT; LUNATE	835.49										
77	25444	RECONSTRUCT WRIST JOINT; LUNATE	835.49	00 15									
73	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	725.24										
77	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	725.24	00 15									
73	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,184.38										
77	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,184.38	00 15									
73	25449	REVISE ARTHROPLASTY,REVDVE	1,043.74										
77	25449	REVISE ARTHROPLASTY,REVDVE	1,043.74	00 15									
73	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	619.85										
77	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	619.85	00 15									
73	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	732.37										
77	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	732.37	00 15									
73	25490	PROPHYLACTIC TREATMENT/RADIUS	724.08										
77	25490	PROPHYLACTIC TREATMENT/RADIUS	724.08	00 15									
73	25491	PROPHYLACTIC TREATMENT; ULNA	744.69										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	25491	PROPHYLACTIC TREATMENT; ULNA	744.69	00 15									
73	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	915.02										
77	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	915.02	00 15									
73	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	272.41										
77	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	272.41	00 15									
73	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	498.76										
77	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	498.76	00 15									
73	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	671.53										
77	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	671.53	00 15									
73	25520	CLOSED TREATMENT OF BROKEN FOREARM A	569.15										
77	25520	CLOSED TREATMENT OF BROKEN FOREARM A	569.15	00 15									
73	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	792.19										
77	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	792.19	00 15									
73	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	963.13										
77	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	963.13	00 15									
73	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	255.98										
77	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	255.98	00 15									
73	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	484.94										
77	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	484.94	00 15									
73	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	622.81										
77	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	622.81	00 15									
73	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	277.94										
77	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	277.94	00 15									
73	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	512.48										
77	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	512.48	00 15									
73	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	675.60										
77	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	675.60	00 15									
73	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	906.80										
77	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	906.80	00 15									
73	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	323.25										
77	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	323.25	00 15									
73	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	538.72										
77	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	538.72	00 15									
73	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	663.35										
77	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	663.35	00 15									
73	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	736.74										
77	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	736.74	00 15									
73	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	827.98										
77	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	827.98	00 15									
73	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,054.81										
77	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,054.81	00 15									
73	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	298.82										
77	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	298.82	00 15									
73	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	476.08										
77	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	476.08	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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73	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	720.53										
77	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	720.53	00 15									
73	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	300.20									X	
77	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	300.20	00 15								X	
73	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	453.48									X	
77	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	453.48	00 15								X	
73	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	572.33									X	
77	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	572.33	00 15								X	
73	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	320.11										
77	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	320.11	00 15									
73	25651	PIN ULNAR STYLOID FRACTURE	485.72										
77	25651	PIN ULNAR STYLOID FRACTURE	485.72	00 15									
73	25652	TREAT FRACTURE ULNAR STYLOID	622.86										
77	25652	TREAT FRACTURE ULNAR STYLOID	622.86	00 15									
73	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	413.21										
77	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	413.21	00 15									
73	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	610.66										
77	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	610.66	00 15									
73	25671	PIN RADIOULNAR DISLOCATION	529.98										
77	25671	PIN RADIOULNAR DISLOCATION	529.98	00 15									
73	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	438.80										
77	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	438.80	00 15									
73	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	633.50										
77	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	633.50	00 15									
73	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	523.52										
77	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	523.52	00 15									
73	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	741.16										
77	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	741.16	00 15									
73	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	484.68										
77	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	484.68	00 15									
73	25695	OPEN TREATMENT LUNATE DISLOCATION	638.55										
77	25695	OPEN TREATMENT LUNATE DISLOCATION	638.55	00 15									
73	25800	FUSION OF WRIST JOINT	734.56										
77	25800	FUSION OF WRIST JOINT	734.56	00 15									
73	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	855.09										
77	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	855.09	00 15									
73	25810	FUSION WRIST JOINT; W/DISTANT BONE	870.13										
77	25810	FUSION WRIST JOINT; W/DISTANT BONE	870.13	00 15									
73	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	628.39										
77	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	628.39	00 15									
73	25825	INTERCARPAL FUSION;W/ BONEGRAFT	771.93										
77	25825	INTERCARPAL FUSION;W/ BONEGRAFT	771.93	00 15									
73	25830	FUSION RADIOULNAR JNT/ULNA	968.23										
77	25830	FUSION RADIOULNAR JNT/ULNA	968.23	00 15									
73	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	715.60										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	715.60	00 15									
73	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	707.38										
77	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	707.38	00 15									
73	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	617.30										
77	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	617.30	00 15									
73	25909	REAMPUTATION FOREARM SURGERY	690.76										
77	25909	REAMPUTATION FOREARM SURGERY	690.76	00 15									
73	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,187.64										
77	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,187.64	00 15									
73	25920	DISARTICULATION THROUGH WRIST	715.88										
77	25920	DISARTICULATION THROUGH WRIST	715.88	00 15									
73	25922	DISARTICULATION WRIST;SECOND CLOSURE	628.30										
77	25922	DISARTICULATION WRIST;SECOND CLOSURE	628.30	00 15									
73	25924	REAMPUTATION WRIST SURGERY	698.24										
77	25924	REAMPUTATION WRIST SURGERY	698.24	00 15									
73	25927	TRANSMETACARPAL AMPUTATION	827.18										
77	25927	TRANSMETACARPAL AMPUTATION	827.18	00 15									
73	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	600.23										
77	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	600.23	00 15									
73	25931	AMPUTATION FOLLOW-UP SURGERY	761.00										
77	25931	AMPUTATION FOLLOW-UP SURGERY	761.00	00 15									
73	26010	DRAINAGE OF FINGER ABSCESS	288.17										
77	26010	DRAINAGE OF FINGER ABSCESS	288.17	00 15									
73	26011	DRAIN FINGER ABSCESS; COMPLICATED	417.06										
77	26011	DRAIN FINGER ABSCESS; COMPLICATED	417.06	00 15									
73	26020	DRAIN HAND TENDON SHEATH	552.35										
77	26020	DRAIN HAND TENDON SHEATH	552.35	00 15									
73	26025	DRAINAGE OF PALM BURSA	419.25										
77	26025	DRAINAGE OF PALM BURSA	419.25	00 15									
73	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	491.00										
77	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	491.00	00 15									
73	26034	TREAT HAND BONE LESION	543.68										
77	26034	TREAT HAND BONE LESION	543.68	00 15									
73	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	862.81										
77	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	862.81	00 15									
73	26037	DECOMPRESSIVE FASCIOTOMY, HAND	567.60										
77	26037	DECOMPRESSIVE FASCIOTOMY, HAND	567.60	00 15									
73	26040	RELEASE OF TISSUES OF PALM, ACCESSED	309.12										
77	26040	RELEASE OF TISSUES OF PALM, ACCESSED	309.12	00 15									
73	26045	PARTIAL RELEASE OF TISSUES OF PALM,	467.65										
77	26045	PARTIAL RELEASE OF TISSUES OF PALM,	467.65	00 15									
73	26055	INCISE FINGER TENDON SHEATH	523.70									X	
77	26055	INCISE FINGER TENDON SHEATH	523.70	00 15								X	
73	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	254.09									X	
77	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	254.09	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	26070	EXPLORE/TREAT HAND JOINT	317.87										
77	26070	EXPLORE/TREAT HAND JOINT	317.87	00 15									
73	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	332.05										
77	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	332.05	00 15									
73	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	389.24									X	
77	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	389.24	00 15								X	
73	26100	BIOPSY HAND JOINT LINING	335.36										
77	26100	BIOPSY HAND JOINT LINING	335.36	00 15									
73	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	337.87										
77	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	337.87	00 15									
73	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	319.22									X	
77	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	319.22	00 15								X	
73	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	416.42										
77	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	416.42	00 15									
73	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	546.67										
77	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	546.67	00 15									
73	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	515.04										
77	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	515.04	00 15									
73	26116	EXCISION BENIGN TUMOR,HAND; DEEP	524.48										
77	26116	EXCISION BENIGN TUMOR,HAND; DEEP	524.48	00 15									
73	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	747.65										
77	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	747.65	00 15									
73	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,061.55										
77	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,061.55	00 15									
73	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	597.57										
77	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	597.57	00 15									
73	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	834.08										
77	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	834.08	00 15									
73	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	277.79									X	
77	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	277.79	00 15								X	
73	26130	REMOVE WRIST JOINT LINING	464.74										
77	26130	REMOVE WRIST JOINT LINING	464.74	00 15									
73	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	551.89									X	
77	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	551.89	00 15								X	
73	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	504.25									X	
77	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	504.25	00 15								X	
73	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	512.97									X	
77	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	512.97	00 15								X	
73	26160	REMOVE TENDON SHEATH LESION	549.10										
77	26160	REMOVE TENDON SHEATH LESION	549.10	00 15									
73	26170	EXCISE TENDON,PALM...EACH	404.17									X	
77	26170	EXCISE TENDON,PALM...EACH	404.17	00 15								X	
73	26180	EXCISION OF TENDON,FINGER,FLEXOR	443.09										
77	26180	EXCISION OF TENDON,FINGER,FLEXOR	443.09	00 15									
73	26185	REMOVE FINGER BONE	549.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	26185	REMOVE FINGER BONE	549.63	00 15									
73	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	450.72										
77	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	450.72	00 15									
73	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	607.41										
77	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	607.41	00 15									
73	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	440.90										
77	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	440.90	00 15									
73	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	566.70										
77	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	566.70	00 15									
73	26230	PARTIAL REMOVAL OF HAND BONE	499.25										
77	26230	PARTIAL REMOVAL OF HAND BONE	499.25	00 15									
73	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	492.32										
77	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	492.32	00 15									
73	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	439.48										
77	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	439.48	00 15									
73	26250	RADICAL RESECTION FOR TUMOR,HAND	1,079.08										
77	26250	RADICAL RESECTION FOR TUMOR,HAND	1,079.08	00 15									
73	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	806.86										
77	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	806.86	00 15									
73	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	633.79										
77	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	633.79	00 15									
73	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	345.24										
77	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	345.24	00 15									
73	26340	MANIPULATE FINGER W/ANESTH	331.79									X	
77	26340	MANIPULATE FINGER W/ANESTH	331.79	00 15								X	
73	26341	MANIPULATION OF PALM PRETENDINOUS CO	103.60										
77	26341	MANIPULATION OF PALM PRETENDINOUS CO	103.60	00 15									
73	26350	REPAIR OF FINGER TENDON	707.62									X	
77	26350	REPAIR OF FINGER TENDON	707.62	00 15								X	
73	26352	REPAIR OF FINGER TENDON WITH GRAFT	796.69									X	
77	26352	REPAIR OF FINGER TENDON WITH GRAFT	796.69	00 15								X	
73	26356	REPAIR OF FINGER TENDON	789.30									X	
77	26356	REPAIR OF FINGER TENDON	789.30	00 15								X	
73	26357	REPAIR OF FINGER TENDON	889.25									X	
77	26357	REPAIR OF FINGER TENDON	889.25	00 15								X	
73	26358	REPAIR OF FINGER TENDON WITH GRAFT	986.66									X	
77	26358	REPAIR OF FINGER TENDON WITH GRAFT	986.66	00 15								X	
73	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	750.37									X	
77	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	750.37	00 15								X	
73	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	883.76									X	
77	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	883.76	00 15								X	
73	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	847.06									X	
77	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	847.06	00 15								X	
73	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	844.69										
77	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	844.69	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	26392	REMOVAL ROD AND INSERTION OF TENDON	972.53										
77	26392	REMOVAL ROD AND INSERTION OF TENDON	972.53	00 15									
73	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	562.05									X	
77	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	562.05	00 15								X	
73	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	673.86									X	
77	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	673.86	00 15								X	
73	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	817.23										
77	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	817.23	00 15									
73	26416	REMOVE TUBE/ROD,INSERT GRAFT...	887.80										
77	26416	REMOVE TUBE/ROD,INSERT GRAFT...	887.80	00 15									
73	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	576.04									X	
77	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	576.04	00 15								X	
73	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	706.10									X	
77	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	706.10	00 15								X	
73	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	500.94										
77	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	500.94	00 15									
73	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	757.82										
77	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	757.82	00 15									
73	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	498.42										
77	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	498.42	00 15									
73	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	531.12										
77	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	531.12	00 15									
73	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	653.67										
77	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	653.67	00 15									
73	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	624.29										
77	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	624.29	00 15									
73	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	611.64									X	
77	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	611.64	00 15								X	
73	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	949.74									X	
77	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	949.74	00 15								X	
73	26445	TENOLYSIS,EXT TEND...;EACH TENDON	568.53									X	
77	26445	TENOLYSIS,EXT TEND...;EACH TENDON	568.53	00 15								X	
73	26449	TENOLYSIS,COMP,EXT TENDON.....	690.96										
77	26449	TENOLYSIS,COMP,EXT TENDON.....	690.96	00 15									
73	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	415.32									X	
77	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	415.32	00 15								X	
73	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	412.34									X	
77	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	412.34	00 15								X	
73	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	402.57									X	
77	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	402.57	00 15								X	
73	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	616.81										
77	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	616.81	00 15									
73	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	606.25										
77	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	606.25	00 15									
73	26476	TEND LENGTHEN,EXT...SINGLE, EACH	597.70									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	26476	TEND LENGTHEN,EXT...SINGLE, EACH	597.70	00 15								X	
73	26477	TEND SHORTEN,EXT...SINGLE,EACH	580.95									X	
77	26477	TEND SHORTEN,EXT...SINGLE,EACH	580.95	00 15								X	
73	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	631.89									X	
77	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	631.89	00 15								X	
73	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	746.30									X	
77	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	746.30	00 15								X	
73	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	836.06									X	
77	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	836.06	00 15								X	
73	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	800.64									X	
77	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	800.64	00 15								X	
73	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	934.27									X	
77	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	934.27	00 15								X	
73	26490	REVISE THUMB TENDON	801.42										
77	26490	REVISE THUMB TENDON	801.42	00 15									
73	26492	REVISE THUMB TENDON W/GRAFT	890.87										
77	26492	REVISE THUMB TENDON W/GRAFT	890.87	00 15									
73	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	804.94										
77	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	804.94	00 15									
73	26496	REVISE THUMB TENDON; OTHER METHODS	857.52										
77	26496	REVISE THUMB TENDON; OTHER METHODS	857.52	00 15									
73	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	872.16										
77	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	872.16	00 15									
73	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,154.67										
77	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,154.67	00 15									
73	26499	CORRECTION CLAW FINGER,OTHER METHODS	836.28		X								
77	26499	CORRECTION CLAW FINGER,OTHER METHODS	836.28	00 15	X								
73	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	623.39										
77	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	623.39	00 15									
73	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	715.93										
77	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	715.93	00 15									
73	26508	RELEASE THUMB CONTRACTURE	635.68									X	
77	26508	RELEASE THUMB CONTRACTURE	635.68	00 15								X	
73	26510	CROSS INTRINSIC TRANSFER	601.44										
77	26510	CROSS INTRINSIC TRANSFER	601.44	00 15									
73	26516	FUSION OF KNUCKLE JOINT	704.97										
77	26516	FUSION OF KNUCKLE JOINT	704.97	00 15									
73	26517	FUSION KNUCKLE JOINT,TWO DIGITS	831.39										
77	26517	FUSION KNUCKLE JOINT,TWO DIGITS	831.39	00 15									
73	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	842.80									X	
77	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	842.80	00 15								X	
73	26520	CAPSULECTOMY/OTOMY....;EACH	642.49									X	
77	26520	CAPSULECTOMY/OTOMY....;EACH	642.49	00 15								X	
73	26525	CAPSULECTOMY/OTOMY...;EACH	644.33									X	
77	26525	CAPSULECTOMY/OTOMY...;EACH	644.33	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	26530	ARTHROPLASTY,META...;SINGLE,EACH	538.08									X	
77	26530	ARTHROPLASTY,META...;SINGLE,EACH	538.08	00 15								X	
73	26531	ARTHROPLASTY,META..;PROSTH...EACH	626.46									X	
77	26531	ARTHROPLASTY,META..;PROSTH...EACH	626.46	00 15								X	
73	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	430.97									X	
77	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	430.97	00 15								X	
73	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	709.38									X	
77	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	709.38	00 15								X	
73	26540	REPAIR COLLATERAL LIGAMENT	660.53									X	
77	26540	REPAIR COLLATERAL LIGAMENT	660.53	00 15								X	
73	26541	RECONSTRUCT/GRAFT HAND JOINT	802.83									X	
77	26541	RECONSTRUCT/GRAFT HAND JOINT	802.83	00 15								X	
73	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	681.99										
77	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	681.99	00 15									
73	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	712.65									X	
77	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	712.65	00 15								X	
73	26546	REPAIR NON-UNION HAND	993.75										
77	26546	REPAIR NON-UNION HAND	993.75	00 15									
73	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	762.25									X	
77	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	762.25	00 15								X	
73	26550	CONSTRUCT THUMB REPLACEMENT	1,652.91									X	
77	26550	CONSTRUCT THUMB REPLACEMENT	1,652.91	00 15								X	
73	26551	GREAT TOE-HAND TRANSFER	3,341.98										
77	26551	GREAT TOE-HAND TRANSFER	3,341.98	00 15									
73	26553	SINGLE TOE-HAND TRANSFER	3,320.42										
77	26553	SINGLE TOE-HAND TRANSFER	3,320.42	00 15									
73	26554	DOUBLE TOE-HAND TRANSFER	3,876.86										
77	26554	DOUBLE TOE-HAND TRANSFER	3,876.86	00 15									
73	26555	POSITIONAL CHANGE OF FINGER	1,375.35										
77	26555	POSITIONAL CHANGE OF FINGER	1,375.35	00 15									
73	26556	TOE JOINT TRANSFER	3,447.64										
77	26556	TOE JOINT TRANSFER	3,447.64	00 15									
73	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	594.72									X	
77	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	594.72	00 15								X	
73	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	952.83									X	
77	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	952.83	00 15								X	
73	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,349.10									X	
77	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,349.10	00 15								X	
73	26565	CORRECT METACARPAL FLAW	679.31									X	
77	26565	CORRECT METACARPAL FLAW	679.31	00 15								X	
73	26567	CORRECT FINGER DEFORMITY	683.37									X	
77	26567	CORRECT FINGER DEFORMITY	683.37	00 15								X	
73	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	899.20										
77	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	899.20	00 15									
73	26580	REPAIR HAND DEFORMITY	1,524.45									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	26580	REPAIR HAND DEFORMITY	1,524.45	00 15								X	
73	26587	REPAIR SUPERNUMERARY DIGIT	1,051.15									X	
77	26587	REPAIR SUPERNUMERARY DIGIT	1,051.15	00 15								X	
73	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,421.56									X	
77	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,421.56	00 15								X	
73	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	440.69									X	
77	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	440.69	00 15								X	
73	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	778.51										
77	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	778.51	00 15									
73	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	289.37									X	
77	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	289.37	00 15								X	
73	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	318.46									X	
77	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	318.46	00 15								X	
73	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	482.33									X	
77	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	482.33	00 15								X	
73	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	475.98										
77	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	475.98	00 15									
73	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	572.63									X	
77	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	572.63	00 15								X	
73	26641	TREAT THUMB DISLOCATION W/MANIPU	378.51									X	
77	26641	TREAT THUMB DISLOCATION W/MANIPU	378.51	00 15								X	
73	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	426.04									X	
77	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	426.04	00 15								X	
73	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	474.17									X	
77	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	474.17	00 15								X	
73	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	624.15									X	
77	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	624.15	00 15								X	
73	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	339.39										
77	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	339.39	00 15									
73	26675	TREAT HAND DISLOCATION W/ANESTHESIA	453.85										
77	26675	TREAT HAND DISLOCATION W/ANESTHESIA	453.85	00 15									
73	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	500.76										
77	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	500.76	00 15									
73	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	572.48										
77	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	572.48	00 15									
73	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	627.22										
77	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	627.22	00 15									
73	26700	TREAT KNUCKLE DISLOCATION	329.75										
77	26700	TREAT KNUCKLE DISLOCATION	329.75	00 15									
73	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	414.83										
77	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	414.83	00 15									
73	26706	PERC.PINNING,CLOSED METACARPOPHALANG	439.07										
77	26706	PERC.PINNING,CLOSED METACARPOPHALANG	439.07	00 15									
73	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	569.48										
77	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	569.48	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	26720	TREAT CLSD FX;W/O MANIP, EACH	192.75									X	
77	26720	TREAT CLSD FX;W/O MANIP, EACH	192.75	00 15								X	
73	26725	TREAT CLSD FX;W/ MANIP, EACH	334.22									X	
77	26725	TREAT CLSD FX;W/ MANIP, EACH	334.22	00 15								X	
73	26727	TREAT FX,MANIP,TRACT/FIX, EACH	467.14									X	
77	26727	TREAT FX,MANIP,TRACT/FIX, EACH	467.14	00 15								X	
73	26735	OPEN TREAT....W/W/O FIX, EACH	592.31									X	
77	26735	OPEN TREAT....W/W/O FIX, EACH	592.31	00 15								X	
73	26740	TREAT CLSD ART FX...W/O MANIP,EACH	224.90									X	
77	26740	TREAT CLSD ART FX...W/O MANIP,EACH	224.90	00 15								X	
73	26742	TREAT CLSD ART FX....W/ MANIP, EACH	367.21									X	
77	26742	TREAT CLSD ART FX....W/ MANIP, EACH	367.21	00 15								X	
73	26746	OPEN TX,CLSD/OPEN FX...EACH	742.42									X	
77	26746	OPEN TX,CLSD/OPEN FX...EACH	742.42	00 15								X	
73	26750	TREAT CLSD FX...W/O MANIP, EACH	182.04									X	
77	26750	TREAT CLSD FX...W/O MANIP, EACH	182.04	00 15								X	
73	26755	TREAT CLSD FX...W/ MANIP, EACH	312.61									X	
77	26755	TREAT CLSD FX...W/ MANIP, EACH	312.61	00 15								X	
73	26756	TREAT CLSD FX..;W/PERC PIN, EACH	416.32									X	
77	26756	TREAT CLSD FX..;W/PERC PIN, EACH	416.32	00 15								X	
73	26765	OPEN TX,CLSD/OPEN FX..;EACH	497.22									X	
77	26765	OPEN TX,CLSD/OPEN FX..;EACH	497.22	00 15								X	
73	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	278.55										
77	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	278.55	00 15									
73	26775	TRMT OF SAME W/ ANESTION	377.53										
77	26775	TRMT OF SAME W/ ANESTION	377.53	00 15									
73	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	441.79										
77	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	441.79	00 15									
73	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	543.13										
77	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	543.13	00 15									
73	26820	THUMB FUSION WITH GRAFT	793.49										
77	26820	THUMB FUSION WITH GRAFT	793.49	00 15									
73	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	727.33										
77	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	727.33	00 15									
73	26842	ARTHRODESIS OF THUMB W/ GRAFT	784.70									X	
77	26842	ARTHRODESIS OF THUMB W/ GRAFT	784.70	00 15								X	
73	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	743.95										
77	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	743.95	00 15									
73	26844	ARTHRODESIS OF DIGITS W/ GRAFT	825.35										
77	26844	ARTHRODESIS OF DIGITS W/ GRAFT	825.35	00 15									
73	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	694.06										
77	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	694.06	00 15									
73	26852	ARTHRODESIS KNUCKLE W/ GRAFT	796.83										
77	26852	ARTHRODESIS KNUCKLE W/ GRAFT	796.83	00 15									
73	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	565.02										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	565.02	00 15									
73	26861	ARTHRODESIS...EACH ADD JOINT	105.17									X	
77	26861	ARTHRODESIS...EACH ADD JOINT	105.17	00 15								X	
73	26862	FUSION/GRAFT OF FINGER JOINT	725.28										
77	26862	FUSION/GRAFT OF FINGER JOINT	725.28	00 15									
73	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	235.10									X	
77	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	235.10	00 15								X	
73	26910	AMPUTATE METACARPAL BONE	726.09									X	
77	26910	AMPUTATE METACARPAL BONE	726.09	00 15								X	
73	26951	AMPUTATION OF FINGER/THUMB	653.18									X	
77	26951	AMPUTATION OF FINGER/THUMB	653.18	00 15								X	
73	26952	WITH LOCAL ADVANCEMENT FLAPS	646.63									X	
77	26952	WITH LOCAL ADVANCEMENT FLAPS	646.63	00 15								X	
73	26990	DRAINAGE OF PELVIS LESION	654.86										
77	26990	DRAINAGE OF PELVIS LESION	654.86	00 15									
73	26991	DRAINAGE OF PELVIS BURSA	701.64										
77	26991	DRAINAGE OF PELVIS BURSA	701.64	00 15									
73	26992	DRAINAGE OF BONE LESION	997.57										
77	26992	DRAINAGE OF BONE LESION	997.57	00 15									
73	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	400.77										
77	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	400.77	00 15									
73	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	544.46										
77	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	544.46	00 15									
73	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	600.21										
77	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	600.21	00 15									
73	27005	TENOTOMY, ILIOPSOAS, OPEN	728.46										
77	27005	TENOTOMY, ILIOPSOAS, OPEN	728.46	00 15									
73	27006	TENOTOMY, ABDUCTORS, OPEN	718.79										
77	27006	TENOTOMY, ABDUCTORS, OPEN	718.79	00 15									
73	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	928.59										
77	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	928.59	00 15									
73	27027	INCISION OF TISSUE OF MUSCLE COMPART	903.39										
77	27027	INCISION OF TISSUE OF MUSCLE COMPART	903.39	00 15									
73	27030	ARTHROTOMY OF HIP FOR DRAINAGE	951.41										
77	27030	ARTHROTOMY OF HIP FOR DRAINAGE	951.41	00 15									
73	27033	HIP ARTHROTOMY FOR EXPLORATION	985.95										
77	27033	HIP ARTHROTOMY FOR EXPLORATION	985.95	00 15									
73	27035	DENERVATION OF HIP JOINT	1,121.56										
77	27035	DENERVATION OF HIP JOINT	1,121.56	00 15									
73	27036	EXCISION OF HIP JOINT/MUSCLE	1,022.94										
77	27036	EXCISION OF HIP JOINT/MUSCLE	1,022.94	00 15									
73	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	334.65										
77	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	334.65	00 15									
73	27041	DEEP BIOPSY OF SOFT TISSUES	705.21										
77	27041	DEEP BIOPSY OF SOFT TISSUES	705.21	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	479.49										
77	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	479.49	00 15									
73	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	752.94										
77	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	752.94	00 15									
73	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	478.44										
77	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	478.44	00 15									
73	27048	DEEP TUMOR EXCISION, HIP-PELVIS	620.12										
77	27048	DEEP TUMOR EXCISION, HIP-PELVIS	620.12	00 15									
73	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,373.15										
77	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,373.15	00 15									
73	27050	BIOPSY OF SACROILLIAC JOINT	400.72										
77	27050	BIOPSY OF SACROILLIAC JOINT	400.72	00 15									
73	27052	BIOPSY OF HIP JOINT	579.18										
77	27052	BIOPSY OF HIP JOINT	579.18	00 15									
73	27054	REMOVAL OF HIP JOINT LINING	690.93										
77	27054	REMOVAL OF HIP JOINT LINING	690.93	00 15									
73	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,028.04										
77	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,028.04	00 15									
73	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,852.57										
77	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,852.57	00 15									
73	27060	REMOVAL OF ISCHIAL BURSA	465.70										
77	27060	REMOVAL OF ISCHIAL BURSA	465.70	00 15									
73	27062	EXCISION TROCHANTERIC BURSA	454.75										
77	27062	EXCISION TROCHANTERIC BURSA	454.75	00 15									
73	27065	EXCISION OF BONE CYST OR BENIGN TUMO	520.99										
77	27065	EXCISION OF BONE CYST OR BENIGN TUMO	520.99	00 15									
73	27066	EXCISION OF BONE CYST OR BENIGN TUMO	816.91										
77	27066	EXCISION OF BONE CYST OR BENIGN TUMO	816.91	00 15									
73	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,047.11										
77	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,047.11	00 15									
73	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	882.05										
77	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	882.05	00 15									
73	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	950.28										
77	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	950.28	00 15									
73	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,135.13										
77	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,135.13	00 15									
73	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,587.92										
77	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,587.92	00 15									
73	27077	INNOMINATE BONE-TOTAL	2,889.62										
77	27077	INNOMINATE BONE-TOTAL	2,889.62	00 15									
73	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,104.13										
77	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,104.13	00 15									
73	27080	COCCYGECTOMY	519.28										
77	27080	COCCYGECTOMY	519.28	00 15									
73	27086	REMOVE HIP FOREIGN BODY	295.85										

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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	27086	REMOVE HIP FOREIGN BODY	295.85	00 15									
73	27087	DEEP ODY	624.38										
77	27087	DEEP ODY	624.38	00 15									
73	27090	REMOVAL OF HIP PROSTHESIS	840.35										
77	27090	REMOVAL OF HIP PROSTHESIS	840.35	00 15									
73	27091	COMPLICATED HESIS	1,624.97										
77	27091	COMPLICATED HESIS	1,624.97	00 15									
73	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	207.20										
77	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	207.20	00 15									
73	27095	WITH ANES RAY	278.90										
77	27095	WITH ANES RAY	278.90	00 15									
73	27096	INJECTION PROCEDURE FOR SACROILIAC J	155.03										
77	27096	INJECTION PROCEDURE FOR SACROILIAC J	155.03	00 15									
73	27097	HAMSTRING RECESSION PROXIMAL	687.93										
77	27097	HAMSTRING RECESSION PROXIMAL	687.93	00 15									
73	27098	ADDUCTOR TRANSFER TO ISCHIUM	699.26										
77	27098	ADDUCTOR TRANSFER TO ISCHIUM	699.26	00 15									
73	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	835.06										
77	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	835.06	00 15									
73	27105	TRANSFER PARASPINAL MUSCLE TO HIP	876.01										
77	27105	TRANSFER PARASPINAL MUSCLE TO HIP	876.01	00 15									
73	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	981.77										
77	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	981.77	00 15									
73	27111	TO FEMORAL NECK S MUSCLE	910.69										
77	27111	TO FEMORAL NECK S MUSCLE	910.69	00 15									
73	27120	ACETABULOPLASTY P SOCKET	1,319.33										
77	27120	ACETABULOPLASTY P SOCKET	1,319.33	00 15									
73	27122	RESECTION FEMORAL HEAD	1,116.13										
77	27122	RESECTION FEMORAL HEAD	1,116.13	00 15									
73	27125	HEMIARTHROPLASTY; PROSTHESIS	1,148.03										
77	27125	HEMIARTHROPLASTY; PROSTHESIS	1,148.03	00 15									
73	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,380.34										
77	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,380.34	00 15									
73	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,705.65										
77	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,705.65	00 15									
73	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,954.18										
77	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,954.18	00 15									
73	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,499.43										
77	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,499.43	00 15									
73	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,558.85										
77	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,558.85	00 15									
73	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	905.45										
77	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	905.45	00 15									
73	27146	OSTEOTOMY, ILIAC	1,297.75										
77	27146	OSTEOTOMY, ILIAC	1,297.75	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27147	WITH OPEN REDUCTION OF HIP	1,491.03										
77	27147	WITH OPEN REDUCTION OF HIP	1,491.03	00 15									
73	27151	WITH FEMORAL OSTEOTOMY	1,614.63										
77	27151	WITH FEMORAL OSTEOTOMY	1,614.63	00 15									
73	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,742.08										
77	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,742.08	00 15									
73	27158	OSTEOTOMY, PELVIS, BILATERAL	1,424.25										
77	27158	OSTEOTOMY, PELVIS, BILATERAL	1,424.25	00 15									
73	27161	INCISION OF NECK OF FEMUR	1,237.50										
77	27161	INCISION OF NECK OF FEMUR	1,237.50	00 15									
73	27165	INCISION/FIXATION OF FEMUR	1,392.54										
77	27165	INCISION/FIXATION OF FEMUR	1,392.54	00 15									
73	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,194.15										
77	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,194.15	00 15									
73	27175	TREAT SLIPPED EPIPHYSIS	673.44										
77	27175	TREAT SLIPPED EPIPHYSIS	673.44	00 15									
73	27176	BY SINGLE OR MULITPLE PINNING, IN SI	929.81										
77	27176	BY SINGLE OR MULITPLE PINNING, IN SI	929.81	00 15									
73	27177	REPAIR SLIPPED EPIPHYSIS	1,128.51										
77	27177	REPAIR SLIPPED EPIPHYSIS	1,128.51	00 15									
73	27178	CLOSED MANIPULATION YSIS	929.81										
77	27178	CLOSED MANIPULATION YSIS	929.81	00 15									
73	27179	OSTEOPLASTY OF FEMORAL NECK	989.78										
77	27179	OSTEOPLASTY OF FEMORAL NECK	989.78	00 15									
73	27181	OSTEOTOMY & INTERNAL FIXATION	1,134.85										
77	27181	OSTEOTOMY & INTERNAL FIXATION	1,134.85	00 15									
73	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	723.69										
77	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	723.69	00 15									
73	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,007.66										
77	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,007.66	00 15									
73	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	127.45										
77	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	127.45	00 15									
73	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	309.21										
77	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	309.21	00 15									
73	27200	TRMT OF CLOSED COCCYGEAL FX	182.73										
77	27200	TRMT OF CLOSED COCCYGEAL FX	182.73	00 15									
73	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	534.33										
77	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	534.33	00 15									
73	27220	TREAT HIP SOCKET FRACTURE	431.03										
77	27220	TREAT HIP SOCKET FRACTURE	431.03	00 15									
73	27222	WITH MANIPULATION CTURE	985.65										
77	27222	WITH MANIPULATION CTURE	985.65	00 15									
73	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,071.87										
77	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,071.87	00 15									
73	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,684.49										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,684.49	00 15									
73	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,915.44										
77	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,915.44	00 15									
73	27230	TRMT OF CLOSED FEMORAL FX	481.10										
77	27230	TRMT OF CLOSED FEMORAL FX	481.10	00 15									
73	27232	WITH MANIPULATION MUR	762.64									X	
77	27232	WITH MANIPULATION MUR	762.64	00 15								X	
73	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	918.87										
77	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	918.87	00 15									
73	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,211.78										
77	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,211.78	00 15									
73	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	464.37										
77	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	464.37	00 15									
73	27240	WITH MANIPULATION RACTURE	965.40										
77	27240	WITH MANIPULATION RACTURE	965.40	00 15									
73	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,247.78										
77	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,247.78	00 15									
73	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,246.01										
77	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,246.01	00 15									
73	27246	TRMT OF CLOSED GREATER TROCHANTERIC	388.16										
77	27246	TRMT OF CLOSED GREATER TROCHANTERIC	388.16	00 15									
73	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	756.18										
77	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	756.18	00 15									
73	27250	TREAT HIP DISLOCATION	192.77										
77	27250	TREAT HIP DISLOCATION	192.77	00 15									
73	27252	REQUIRING ANES N	765.40										
77	27252	REQUIRING ANES N	765.40	00 15									
73	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	954.54										
77	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	954.54	00 15									
73	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,293.39										
77	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,293.39	00 15									
73	27256	TRMT OF CONGENITAL HIP DISLOCATION	307.32										
77	27256	TRMT OF CONGENITAL HIP DISLOCATION	307.32	00 15									
73	27257	WITH MANIPULATION REQUIRING ANES	366.58										
77	27257	WITH MANIPULATION REQUIRING ANES	366.58	00 15									
73	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,126.04										
77	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,126.04	00 15									
73	27259	W/ FEMORAL SHAFT SHORTENING	1,573.23										
77	27259	W/ FEMORAL SHAFT SHORTENING	1,573.23	00 15									
73	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	405.96										
77	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	405.96	00 15									
73	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	585.51										
77	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	585.51	00 15									
73	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	436.75										
77	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	436.75	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	544.43										
77	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	544.43	00 15									
73	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,266.09										
77	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,266.09	00 15									
73	27275	MANIPULATION OF HIP JOINT	182.28										
77	27275	MANIPULATION OF HIP JOINT	182.28	00 15									
73	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	899.03										
77	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	899.03	00 15									
73	27280	FUSION OF SACROILIAC JOINT	1,397.45										
77	27280	FUSION OF SACROILIAC JOINT	1,397.45	00 15									
73	27282	FUSION OF PUBIC BONES	865.24										
77	27282	FUSION OF PUBIC BONES	865.24	00 15									
73	27284	FUSION OF HIP JOINT	1,643.12										
77	27284	FUSION OF HIP JOINT	1,643.12	00 15									
73	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,678.18										
77	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,678.18	00 15									
73	27290	AMPUTATION OF LEG AT HIP	1,652.54										
77	27290	AMPUTATION OF LEG AT HIP	1,652.54	00 15									
73	27295	DISARTICULATION OF HIP	1,286.05										
77	27295	DISARTICULATION OF HIP	1,286.05	00 15									
73	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	667.41										
77	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	667.41	00 15									
73	27303	INCISION, DEEP W/ OPENING OF BONE CO	645.77										
77	27303	INCISION, DEEP W/ OPENING OF BONE CO	645.77	00 15									
73	27305	FASCIOTOMY & FASCIA	482.38										
77	27305	FASCIOTOMY & FASCIA	482.38	00 15									
73	27306	TENOTOMY, SINGLE NDON	338.41										
77	27306	TENOTOMY, SINGLE NDON	338.41	00 15									
73	27307	MULTIPLE NDONS	481.18										
77	27307	MULTIPLE NDONS	481.18	00 15									
73	27310	ARTHROTOMY, KNEE JOINT	737.10										
77	27310	ARTHROTOMY, KNEE JOINT	737.10	00 15									
73	27323	BIOPSY THIGH SOFT TISSUES	267.62										
77	27323	BIOPSY THIGH SOFT TISSUES	267.62	00 15									
73	27324	BIOPSY THIGH SOFT TISSUES	406.36										
77	27324	BIOPSY THIGH SOFT TISSUES	406.36	00 15									
73	27325	NEURECTOMY, HAMSTRING MUSCLE	562.83										
77	27325	NEURECTOMY, HAMSTRING MUSCLE	562.83	00 15									
73	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	518.40										
77	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	518.40	00 15									
73	27327	REMOVAL OF THIGH LESION	474.83										
77	27327	REMOVAL OF THIGH LESION	474.83	00 15									
73	27328	REMOVAL OF THIGH LESION	632.54										
77	27328	REMOVAL OF THIGH LESION	632.54	00 15									
73	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,063.47										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,063.47	00 15									
73	27330	BIOPSY KNEE JOINT LINING	410.99										
77	27330	BIOPSY KNEE JOINT LINING	410.99	00 15									
73	27331	EXPLORE/TREAT KNEE JOINT	475.26										
77	27331	EXPLORE/TREAT KNEE JOINT	475.26	00 15									
73	27332	REMOVAL OF KNEE CARTILAGE	647.43										
77	27332	REMOVAL OF KNEE CARTILAGE	647.43	00 15									
73	27333	REMOVAL OF KNEE CARTILAGE	588.85										
77	27333	REMOVAL OF KNEE CARTILAGE	588.85	00 15									
73	27334	REMOVE KNEE JOINT LINING	689.11										
77	27334	REMOVE KNEE JOINT LINING	689.11	00 15									
73	27335	REMOVE KNEE JOINT LINING	771.78										
77	27335	REMOVE KNEE JOINT LINING	771.78	00 15									
73	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	426.22										
77	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	426.22	00 15									
73	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	769.83										
77	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	769.83	00 15									
73	27340	REMOVAL OF KNEECAP BURSA	370.01										
77	27340	REMOVAL OF KNEECAP BURSA	370.01	00 15									
73	27345	REMOVAL OF CYST OF MEMBRANE COVERING	484.18										
77	27345	REMOVAL OF CYST OF MEMBRANE COVERING	484.18	00 15									
73	27347	REMOVE KNEE CYST	527.82										
77	27347	REMOVE KNEE CYST	527.82	00 15									
73	27350	REMOVAL OF KNEECAP	656.10										
77	27350	REMOVAL OF KNEECAP	656.10	00 15									
73	27355	REMOVE FEMUR LESION	608.04										
77	27355	REMOVE FEMUR LESION	608.04	00 15									
73	27356	REMOVE FEMUR LESION/GRAFT	744.75										
77	27356	REMOVE FEMUR LESION/GRAFT	744.75	00 15									
73	27357	REMOVE FEMUR LESION/GRAFT	822.52										
77	27357	REMOVE FEMUR LESION/GRAFT	822.52	00 15									
73	27358	WITH INTERNAL FIXATION	284.95										
77	27358	WITH INTERNAL FIXATION	284.95	00 15									
73	27360	PARTIAL REMOVAL LEG BONE(S)	881.88										
77	27360	PARTIAL REMOVAL LEG BONE(S)	881.88	00 15									
73	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,598.62										
77	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,598.62	00 15									
73	27365	EXTENSIVE LEG SURGERY	2,103.64										
77	27365	EXTENSIVE LEG SURGERY	2,103.64	00 15									
73	27369	INJECTION PROCEDURE FOR CONTRAST KNE	148.88										
77	27369	INJECTION PROCEDURE FOR CONTRAST KNE	148.88	00 15									
73	27372	REMOVAL OF FOREIGN BODY	588.01										
77	27372	REMOVAL OF FOREIGN BODY	588.01	00 15									
73	27380	REPAIR OF KNEECAP TENDON	607.61										
77	27380	REPAIR OF KNEECAP TENDON	607.61	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27381	REPAIR/GRAFT KNEECAP TENDON	813.24										
77	27381	REPAIR/GRAFT KNEECAP TENDON	813.24	00 15									
73	27385	REPAIR OF THIGH MUSCLE	586.86										
77	27385	REPAIR OF THIGH MUSCLE	586.86	00 15									
73	27386	REPAIR/GRAFT OF THIGH MUSCLE	849.23										
77	27386	REPAIR/GRAFT OF THIGH MUSCLE	849.23	00 15									
73	27390	INCISION OF THIGH TENDON	448.34										
77	27390	INCISION OF THIGH TENDON	448.34	00 15									
73	27391	INCISION OF THIGH TENDONS	566.15										
77	27391	INCISION OF THIGH TENDONS	566.15	00 15									
73	27392	INCISION OF THIGH TENDONS	717.71										
77	27392	INCISION OF THIGH TENDONS	717.71	00 15									
73	27393	LENGTHENING OF THIGH TENDON	511.27										
77	27393	LENGTHENING OF THIGH TENDON	511.27	00 15									
73	27394	LENGTHENING OF THIGH TENDONS	658.60										
77	27394	LENGTHENING OF THIGH TENDONS	658.60	00 15									
73	27395	LENGTHENING OF THIGH TENDONS	888.57										
77	27395	LENGTHENING OF THIGH TENDONS	888.57	00 15									
73	27396	TRANSPLANT OF THIGH TENDON	620.02										
77	27396	TRANSPLANT OF THIGH TENDON	620.02	00 15									
73	27397	TRANSPLANTS OF THIGH TENDONS	923.49										
77	27397	TRANSPLANTS OF THIGH TENDONS	923.49	00 15									
73	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	699.61										
77	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	699.61	00 15									
73	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	647.23										
77	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	647.23	00 15									
73	27405	REPAIR OF KNEE LIGAMENT	679.81										
77	27405	REPAIR OF KNEE LIGAMENT	679.81	00 15									
73	27407	REPAIR OF KNEE LIGAMENT	801.77										
77	27407	REPAIR OF KNEE LIGAMENT	801.77	00 15									
73	27409	REPAIR OF KNEE LIGAMENTS	978.24										
77	27409	REPAIR OF KNEE LIGAMENTS	978.24	00 15									
73	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,676.50										
77	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,676.50	00 15									
73	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,391.84		X								
77	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,391.84	00 15	X								
73	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	993.51		X								
77	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	993.51	00 15	X								
73	27418	PLASTY FOR CHONDROMALACIA PATELLAE	835.23										
77	27418	PLASTY FOR CHONDROMALACIA PATELLAE	835.23	00 15									
73	27420	REVISION OF UNSTABLE KNEECAP	749.62										
77	27420	REVISION OF UNSTABLE KNEECAP	749.62	00 15									
73	27422	REVISION OF UNSTABLE KNEECAP	750.02										
77	27422	REVISION OF UNSTABLE KNEECAP	750.02	00 15									
73	27424	REVISION/REMOVAL OF KNEECAP	754.13										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27424	REVISION/REMOVAL OF KNEECAP	754.13	00 15									
73	27425	LATERAL RETINACULAR RELEASE ANY METH	448.77										
77	27425	LATERAL RETINACULAR RELEASE ANY METH	448.77	00 15									
73	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	716.24										
77	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	716.24	00 15									
73	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,126.49										
77	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,126.49	00 15									
73	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,267.23										
77	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,267.23	00 15									
73	27430	REVISION OF THIGH MUSCLES	747.49										
77	27430	REVISION OF THIGH MUSCLES	747.49	00 15									
73	27435	INCISION OF KNEE JOINT	815.35										
77	27435	INCISION OF KNEE JOINT	815.35	00 15									
73	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	663.57										
77	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	663.57	00 15									
73	27438	REVISE KNEECAP WITH IMPLANT	850.82										
77	27438	REVISE KNEECAP WITH IMPLANT	850.82	00 15									
73	27440	REVISION OF KNEE JOINT	805.76										
77	27440	REVISION OF KNEE JOINT	805.76	00 15									
73	27441	REVISION OF KNEE JOINT	832.77										
77	27441	REVISION OF KNEE JOINT	832.77	00 15									
73	27442	REVISION OF KNEE JOINT	882.27										
77	27442	REVISION OF KNEE JOINT	882.27	00 15									
73	27443	REVISION OF KNEE JOINT	820.83										
77	27443	REVISION OF KNEE JOINT	820.83	00 15									
73	27445	REVISE KNEE JOINT, IMPLANT	1,274.98										
77	27445	REVISE KNEE JOINT, IMPLANT	1,274.98	00 15									
73	27446	TOTAL KNEE REPLACEMENT	1,177.48										
77	27446	TOTAL KNEE REPLACEMENT	1,177.48	00 15									
73	27447	TOTAL KNEE REPLACEMENT	1,378.40										
77	27447	TOTAL KNEE REPLACEMENT	1,378.40	00 15									
73	27448	INCISION OF FEMUR	830.11										
77	27448	INCISION OF FEMUR	830.11	00 15									
73	27450	INCISION OF FEMUR	1,027.41										
77	27450	INCISION OF FEMUR	1,027.41	00 15									
73	27454	REALIGNMENT OF FEMUR	1,315.62										
77	27454	REALIGNMENT OF FEMUR	1,315.62	00 15									
73	27455	REALIGNMENT OF KNEE	962.34										
77	27455	REALIGNMENT OF KNEE	962.34	00 15									
73	27457	REALIGNMENT OF KNEE	975.37										
77	27457	REALIGNMENT OF KNEE	975.37	00 15									
73	27465	SHORTENING OF FEMUR	1,270.96										
77	27465	SHORTENING OF FEMUR	1,270.96	00 15									
73	27466	LENGTHENING OF FEMUR	1,201.09										
77	27466	LENGTHENING OF FEMUR	1,201.09	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27468	REVISION OF FEMURS	1,363.27										
77	27468	REVISION OF FEMURS	1,363.27	00 15									
73	27470	REPAIR OF FEMUR	1,193.85										
77	27470	REPAIR OF FEMUR	1,193.85	00 15									
73	27472	REPAIR/GRAFT OF FEMUR	1,281.97										
77	27472	REPAIR/GRAFT OF FEMUR	1,281.97	00 15									
73	27475	REPAIR OF FEMUR EPIPHYSIS	667.30										
77	27475	REPAIR OF FEMUR EPIPHYSIS	667.30	00 15									
73	27477	REPAIR LOWER LEG EPIPHYSES	739.45										
77	27477	REPAIR LOWER LEG EPIPHYSES	739.45	00 15									
73	27479	REPAIR OF LEG EPIPHYSES	930.22										
77	27479	REPAIR OF LEG EPIPHYSES	930.22	00 15									
73	27485	REPAIR OF LEG EPIPHYSIS	676.29										
77	27485	REPAIR OF LEG EPIPHYSIS	676.29	00 15									
73	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,429.78										
77	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,429.78	00 15									
73	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,791.84										
77	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,791.84	00 15									
73	27488	REMOVAL OF KNEE PROSTHESIS	1,217.47										
77	27488	REMOVAL OF KNEE PROSTHESIS	1,217.47	00 15									
73	27495	PROPHYLACTIC TREAT. FEMUR	1,143.94										
77	27495	PROPHYLACTIC TREAT. FEMUR	1,143.94	00 15									
73	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	545.34										
77	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	545.34	00 15									
73	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	585.50										
77	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	585.50	00 15									
73	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	658.22										
77	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	658.22	00 15									
73	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	706.12										
77	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	706.12	00 15									
73	27500	TREATMENT OF FEMUR FRACTURE	519.91										
77	27500	TREATMENT OF FEMUR FRACTURE	519.91	00 15									
73	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	506.32										
77	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	506.32	00 15									
73	27502	TREATMENT OF FEMUR FRACTURE	770.86										
77	27502	TREATMENT OF FEMUR FRACTURE	770.86	00 15									
73	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	808.86										
77	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	808.86	00 15									
73	27506	REPAIR OF FEMUR FRACTURE	1,355.75										
77	27506	REPAIR OF FEMUR FRACTURE	1,355.75	00 15									
73	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	986.08										
77	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	986.08	00 15									
73	27508	TREATMENT OF FEMUR FRACTURE	521.88										
77	27508	TREATMENT OF FEMUR FRACTURE	521.88	00 15									
73	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	661.73										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	661.73	00 15									
73	27510	TREATMENT OF FEMUR FRACTURE	688.02										
77	27510	TREATMENT OF FEMUR FRACTURE	688.02	00 15									
73	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,016.00										
77	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,016.00	00 15									
73	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,265.23										
77	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,265.23	00 15									
73	27514	REPAIR OF FEMUR FRACTURE	983.85										
77	27514	REPAIR OF FEMUR FRACTURE	983.85	00 15									
73	27516	TREATMENT OF FEMUR EPIPHYSIS	508.11										
77	27516	TREATMENT OF FEMUR EPIPHYSIS	508.11	00 15									
73	27517	TREATMENT OF FEMUR EPIPHYSIS	690.94										
77	27517	TREATMENT OF FEMUR EPIPHYSIS	690.94	00 15									
73	27519	REPAIR OF FEMUR EPIPHYSIS	905.92										
77	27519	REPAIR OF FEMUR EPIPHYSIS	905.92	00 15									
73	27520	TREAT KNEECAP FRACTURE	316.03										
77	27520	TREAT KNEECAP FRACTURE	316.03	00 15									
73	27524	REPAIR OF KNEECAP FRACTURE	758.93										
77	27524	REPAIR OF KNEECAP FRACTURE	758.93	00 15									
73	27530	TREATMENT OF KNEE FRACTURE	296.46										
77	27530	TREATMENT OF KNEE FRACTURE	296.46	00 15									
73	27532	TREATMENT OF KNEE FRACTURE	615.76										
77	27532	TREATMENT OF KNEE FRACTURE	615.76	00 15									
73	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	911.75										
77	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	911.75	00 15									
73	27536	REPAIR OF KNEE FRACTURE	1,204.87										
77	27536	REPAIR OF KNEE FRACTURE	1,204.87	00 15									
73	27538	TREAT KNEE FRACTURE(S)	471.75										
77	27538	TREAT KNEE FRACTURE(S)	471.75	00 15									
73	27540	REPAIR OF KNEE FRACTURE	817.56										
77	27540	REPAIR OF KNEE FRACTURE	817.56	00 15									
73	27550	TREAT KNEE DISLOCATION	520.02										
77	27550	TREAT KNEE DISLOCATION	520.02	00 15									
73	27552	TREAT KNEE DISLOCATION	631.49										
77	27552	TREAT KNEE DISLOCATION	631.49	00 15									
73	27556	REPAIR OF KNEE DISLOCATION	891.47										
77	27556	REPAIR OF KNEE DISLOCATION	891.47	00 15									
73	27557	REPAIR OF KNEE DISLOCATION	1,065.43										
77	27557	REPAIR OF KNEE DISLOCATION	1,065.43	00 15									
73	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,216.17										
77	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,216.17	00 15									
73	27560	TREAT KNEECAP DISLOCATION	369.78										
77	27560	TREAT KNEECAP DISLOCATION	369.78	00 15									
73	27562	TREAT KNEECAP DISLOCATION	486.11										
77	27562	TREAT KNEECAP DISLOCATION	486.11	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27566	REPAIR KNEECAP DISLOCATION	904.66										
77	27566	REPAIR KNEECAP DISLOCATION	904.66	00 15									
73	27570	FIXATION OF KNEE JOINT	150.23										
77	27570	FIXATION OF KNEE JOINT	150.23	00 15									
73	27580	FUSION OF KNEE	1,478.18										
77	27580	FUSION OF KNEE	1,478.18	00 15									
73	27590	AMPUTATE LEG AT THIGH	823.49										
77	27590	AMPUTATE LEG AT THIGH	823.49	00 15									
73	27591	AMPUTATE LEG AT THIGH	978.31										
77	27591	AMPUTATE LEG AT THIGH	978.31	00 15									
73	27592	AMPUTATE LEG AT THIGH	697.27										
77	27592	AMPUTATE LEG AT THIGH	697.27	00 15									
73	27594	AMPUTATION FOLLOW-UP SURGERY	520.64										
77	27594	AMPUTATION FOLLOW-UP SURGERY	520.64	00 15									
73	27596	AMPUTATION FOLLOW-UP SURGERY	734.96										
77	27596	AMPUTATION FOLLOW-UP SURGERY	734.96	00 15									
73	27598	AMPUTATE LOWER LEG AT KNEE	731.43										
77	27598	AMPUTATE LOWER LEG AT KNEE	731.43	00 15									
73	27600	DECOMPRESSION OF LOWER LEG	412.15										
77	27600	DECOMPRESSION OF LOWER LEG	412.15	00 15									
73	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	449.24										
77	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	449.24	00 15									
73	27602	DECOMPRESSION OF LOWER LEG	499.48										
77	27602	DECOMPRESSION OF LOWER LEG	499.48	00 15									
73	27603	DRAIN LOWER LEG LESION	524.50										
77	27603	DRAIN LOWER LEG LESION	524.50	00 15									
73	27604	DRAIN LOWER LEG BURSA	464.36										
77	27604	DRAIN LOWER LEG BURSA	464.36	00 15									
73	27605	INCISION OF ACHILLES TENDON	330.51										
77	27605	INCISION OF ACHILLES TENDON	330.51	00 15									
73	27606	INCISION OF ACHILLES TENDON	278.12										
77	27606	INCISION OF ACHILLES TENDON	278.12	00 15									
73	27607	TREAT LOWER LEG BONE LESION	607.77										
77	27607	TREAT LOWER LEG BONE LESION	607.77	00 15									
73	27610	EXPLORE/TREAT ANKLE JOINT	651.33										
77	27610	EXPLORE/TREAT ANKLE JOINT	651.33	00 15									
73	27612	EXPLORATION OF ANKLE JOINT	556.94										
77	27612	EXPLORATION OF ANKLE JOINT	556.94	00 15									
73	27613	BIOPSY LOWER LEG SOFT TISSUE	243.82										
77	27613	BIOPSY LOWER LEG SOFT TISSUE	243.82	00 15									
73	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	567.32										
77	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	567.32	00 15									
73	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,044.70										
77	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,044.70	00 15									
73	27616	REMOVAL (5 CENTIMETERS OR GREATRE) T	1,300.75										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	1,300.75	00 15									
73	27618	REMOVE LOWER LEGLES ION	460.88										
77	27618	REMOVE LOWER LEGLES ION	460.88	00 15									
73	27619	REMOVE LOWER LEG LESION DEEP	462.96										
77	27619	REMOVE LOWER LEG LESION DEEP	462.96	00 15									
73	27620	BIOPSY OF ANKLE JOINT	446.18										
77	27620	BIOPSY OF ANKLE JOINT	446.18	00 15									
73	27625	REMOVE ANKLE JOINT LINING	577.69										
77	27625	REMOVE ANKLE JOINT LINING	577.69	00 15									
73	27626	REMOVE ANKLE JOINT LINING	605.67										
77	27626	REMOVE ANKLE JOINT LINING	605.67	00 15									
73	27630	REMOVAL OF TENDON LESION	535.41										
77	27630	REMOVAL OF TENDON LESION	535.41	00 15									
73	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	419.11										
77	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	419.11	00 15									
73	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	692.81										
77	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	692.81	00 15									
73	27635	REMOVE LOWER LEG BONE LESION	582.96										
77	27635	REMOVE LOWER LEG BONE LESION	582.96	00 15									
73	27637	REMOVE/GRAFT LEG BONE LESION	752.38										
77	27637	REMOVE/GRAFT LEG BONE LESION	752.38	00 15									
73	27638	REMOVE/GRAFT LEG BONE LESION	771.50										
77	27638	REMOVE/GRAFT LEG BONE LESION	771.50	00 15									
73	27640	PARTIAL REMOVAL OF TIBIA	838.21										
77	27640	PARTIAL REMOVAL OF TIBIA	838.21	00 15									
73	27641	PARTIAL REMOVAL OF FIBULA	665.18										
77	27641	PARTIAL REMOVAL OF FIBULA	665.18	00 15									
73	27645	EXTENSIVE LOWER LEG SURGERY	1,806.02										
77	27645	EXTENSIVE LOWER LEG SURGERY	1,806.02	00 15									
73	27646	EXTENSIVE LOWER LEG SURGERY	1,565.49										
77	27646	EXTENSIVE LOWER LEG SURGERY	1,565.49	00 15									
73	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,017.59										
77	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,017.59	00 15									
73	27648	INJECTION FOR ANKLE X-RAY	190.60										
77	27648	INJECTION FOR ANKLE X-RAY	190.60	00 15									
73	27650	REPAIR ACHILLES TENDON	656.66										
77	27650	REPAIR ACHILLES TENDON	656.66	00 15									
73	27652	REPAIR/GRAFT ACHILLES TENDON	664.50										
77	27652	REPAIR/GRAFT ACHILLES TENDON	664.50	00 15									
73	27654	REPAIR OF ACHILLES TENDON	712.31										
77	27654	REPAIR OF ACHILLES TENDON	712.31	00 15									
73	27656	REPAIR FASCIAL DEFECT OF LEG	617.98										
77	27656	REPAIR FASCIAL DEFECT OF LEG	617.98	00 15									
73	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	366.85									X	
77	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	366.85	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	468.46									X	
77	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	468.46	00 15								X	
73	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	358.29									X	
77	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	358.29	00 15								X	
73	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	412.57									X	
77	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	412.57	00 15								X	
73	27675	REPAIR LOWER LEG TENDONS	489.57										
77	27675	REPAIR LOWER LEG TENDONS	489.57	00 15									
73	27676	REPAIR LOWER LEG TENDONS	599.26										
77	27676	REPAIR LOWER LEG TENDONS	599.26	00 15									
73	27680	RELEASE OF LOWER LEG TENDON	423.19										
77	27680	RELEASE OF LOWER LEG TENDON	423.19	00 15									
73	27681	TENOLYSIS....MULTIPLE, EACHS	517.40									X	
77	27681	TENOLYSIS....MULTIPLE, EACHS	517.40	00 15								X	
73	27685	REVISION OF LOWER LEG TENDON	646.23										
77	27685	REVISION OF LOWER LEG TENDON	646.23	00 15									
73	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	542.44									X	
77	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	542.44	00 15								X	
73	27687	REVISION OF CALF TENDON	452.84										
77	27687	REVISION OF CALF TENDON	452.84	00 15									
73	27690	REVISE LOWER LEG TENDON	637.11										
77	27690	REVISE LOWER LEG TENDON	637.11	00 15									
73	27691	REVISE LOWER LEG TENDON	745.35										
77	27691	REVISE LOWER LEG TENDON	745.35	00 15									
73	27692	EACH ADDITIONAL TENDON	106.54									X	
77	27692	EACH ADDITION TENDON	106.54	00 15								X	
73	27695	REPAIR OF ANKLE LIGAMENT	472.42										
77	27695	REPAIR OF ANKLE LIGAMENT	472.42	00 15									
73	27696	REPAIR OF ANKLE LIGAMENTS	557.74										
77	27696	REPAIR OF ANKLE LIGAMENTS	557.74	00 15									
73	27698	REPAIR OF ANKLE LIGAMENT	639.28										
77	27698	REPAIR OF ANKLE LIGAMENT	639.28	00 15									
73	27700	REVISION OF ANKLE JOINT	614.21										
77	27700	REVISION OF ANKLE JOINT	614.21	00 15									
73	27702	RECONSTRUCT ANKLE JOINT	974.28										
77	27702	RECONSTRUCT ANKLE JOINT	974.28	00 15									
73	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,129.03										
77	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,129.03	00 15									
73	27704	REMOVAL OF ANKLE IMPLANT	574.42										
77	27704	REMOVAL OF ANKLE IMPLANT	574.42	00 15									
73	27705	INCISION OF TIBIA	763.61										
77	27705	INCISION OF TIBIA	763.61	00 15									
73	27707	INCISION OF FIBULA	396.61										
77	27707	INCISION OF FIBULA	396.61	00 15									
73	27709	INCISION OF TIBIA & FIBULA	1,182.78										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27709	INCISION OF TIBIA & FIBULA	1,182.78	00 15									
73	27712	REALIGNMENT OF LOWER LEG	1,115.43										
77	27712	REALIGNMENT OF LOWER LEG	1,115.43	00 15									
73	27715	REVISION OF LOWER LEG	1,086.09										
77	27715	REVISION OF LOWER LEG	1,086.09	00 15									
73	27720	REPAIR OF TIBIA	883.61										
77	27720	REPAIR OF TIBIA	883.61	00 15									
73	27722	REPAIR/GRAFT OF TIBIA	901.79										
77	27722	REPAIR/GRAFT OF TIBIA	901.79	00 15									
73	27724	REPAIR/GRAFT OF TIBIA	1,281.67										
77	27724	REPAIR/GRAFT OF TIBIA	1,281.67	00 15									
73	27725	REPAIR OF LOWER LEG	1,230.65										
77	27725	REPAIR OF LOWER LEG	1,230.65	00 15									
73	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	969.34										
77	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	969.34	00 15									
73	27727	REPAIR OF LOWER LEG	1,050.10										
77	27727	REPAIR OF LOWER LEG	1,050.10	00 15									
73	27730	REPAIR OF TIBIA EPIPHYSIS	589.75										
77	27730	REPAIR OF TIBIA EPIPHYSIS	589.75	00 15									
73	27732	REPAIR OF FIBULA EPIPHYSIS	449.69										
77	27732	REPAIR OF FIBULA EPIPHYSIS	449.69	00 15									
73	27734	REPAIR LOWER LEG EPIPHYSES	661.11										
77	27734	REPAIR LOWER LEG EPIPHYSES	661.11	00 15									
73	27740	REPAIR OF LEG EPIPHYSES	713.29										
77	27740	REPAIR OF LEG EPIPHYSES	713.29	00 15									
73	27742	REPAIR OF LEG EPIPHYSES	783.80										
77	27742	REPAIR OF LEG EPIPHYSES	783.80	00 15									
73	27750	TREATMENT OF TIBIA FRACTURE	339.09										
77	27750	TREATMENT OF TIBIA FRACTURE	339.09	00 15									
73	27752	TREATMENT OF TIBIA FRACTURE	533.54										
77	27752	TREATMENT OF TIBIA FRACTURE	533.54	00 15									
73	27756	REPAIR OF TIBIA FRACTURE	576.01										
77	27756	REPAIR OF TIBIA FRACTURE	576.01	00 15									
73	27758	REPAIR OF TIBIA FRACTURE	903.43										
77	27758	REPAIR OF TIBIA FRACTURE	903.43	00 15									
73	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,011.31										
77	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,011.31	00 15									
73	27760	CLTX MEDIAL ANKLE FX	326.30										
77	27760	CLTX MEDIAL ANKLE FX	326.30	00 15									
73	27762	CLTX MED ANKLE FX W/MNPJ	474.84										
77	27762	CLTX MED ANKLE FX W/MNPJ	474.84	00 15									
73	27766	REPAIR OF ANKLE FRACTURE	604.50										
77	27766	REPAIR OF ANKLE FRACTURE	604.50	00 15									
73	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	280.96										
77	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	280.96	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	441.32										
77	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	441.32	00 15									
73	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	735.09										
77	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	735.09	00 15									
73	27780	TREATMENT OF FIBULA FRACTURE	300.35										
77	27780	TREATMENT OF FIBULA FRACTURE	300.35	00 15									
73	27781	TREATMENT OF FIBULA FRACTURE	427.54										
77	27781	TREATMENT OF FIBULA FRACTURE	427.54	00 15									
73	27784	REPAIR OF FIBULA FRACTURE	714.44										
77	27784	REPAIR OF FIBULA FRACTURE	714.44	00 15									
73	27786	TREATMENT OF ANKLE FRACTURE	307.70										
77	27786	TREATMENT OF ANKLE FRACTURE	307.70	00 15									
73	27788	TREATMENT OF ANKLE FRACTURE	420.14										
77	27788	TREATMENT OF ANKLE FRACTURE	420.14	00 15									
73	27792	REPAIR OF ANKLE FRACTURE	649.17										
77	27792	REPAIR OF ANKLE FRACTURE	649.17	00 15									
73	27808	TREATMENT OF ANKLE FRACTURE	326.29										
77	27808	TREATMENT OF ANKLE FRACTURE	326.29	00 15									
73	27810	TREATMENT OF ANKLE FRACTURE	465.28										
77	27810	TREATMENT OF ANKLE FRACTURE	465.28	00 15									
73	27814	REPAIR OF ANKLE FRACTURE	771.81										
77	27814	REPAIR OF ANKLE FRACTURE	771.81	00 15									
73	27816	TREATMENT OF ANKLE FRACTURE	319.51										
77	27816	TREATMENT OF ANKLE FRACTURE	319.51	00 15									
73	27818	TREATMENT OF ANKLE FRACTURE	483.53										
77	27818	TREATMENT OF ANKLE FRACTURE	483.53	00 15									
73	27822	REPAIR OF ANKLE FRACTURE	867.36										
77	27822	REPAIR OF ANKLE FRACTURE	867.36	00 15									
73	27823	REPAIR OF ANKLE FRACTURE	983.95										
77	27823	REPAIR OF ANKLE FRACTURE	983.95	00 15									
73	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	312.43										
77	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	312.43	00 15									
73	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	544.56										
77	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	544.56	00 15									
73	27826	OPEN TREATMENT OF FRACTURE OF LOWER	851.89										
77	27826	OPEN TREATMENT OF FRACTURE OF LOWER	851.89	00 15									
73	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,116.27										
77	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,116.27	00 15									
73	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,330.61										
77	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,330.61	00 15									
73	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	699.79										
77	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	699.79	00 15									
73	27830	TREAT LOWER LEG DISLOCATION	381.78										
77	27830	TREAT LOWER LEG DISLOCATION	381.78	00 15									
73	27831	TREAT LOWER LEG DISLOCATION	402.33										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	27831	TREAT LOWER LEG DISLOCATION	402.33	00	15									
73	27832	REPAIR LOWER LEG DISLOCATION	761.19											
77	27832	REPAIR LOWER LEG DISLOCATION	761.19	00	15									
73	27840	TREAT ANKLE DISLOCATION	376.33											
77	27840	TREAT ANKLE DISLOCATION	376.33	00	15									
73	27842	TREAT ANKLE DISLOCATION	493.65											
77	27842	TREAT ANKLE DISLOCATION	493.65	00	15									
73	27846	REPAIR ANKLE DISLOCATION	718.82											
77	27846	REPAIR ANKLE DISLOCATION	718.82	00	15									
73	27848	REPAIR ANKLE DISLOCATION	805.63											
77	27848	REPAIR ANKLE DISLOCATION	805.63	00	15									
73	27860	FIXATION OF ANKLE JOINT	170.37											
77	27860	FIXATION OF ANKLE JOINT	170.37	00	15									
73	27870	FUSION OF ANKLE JOINT	1,031.93											
77	27870	FUSION OF ANKLE JOINT	1,031.93	00	15									
73	27871	FUSION OF TIBIOFIBULAR JOINT	693.20											
77	27871	FUSION OF TIBIOFIBULAR JOINT	693.20	00	15									
73	27880	AMPUTATION OF LOWER LEG	941.62											
77	27880	AMPUTATION OF LOWER LEG	941.62	00	15									
73	27881	AMPUTATION OF LOWER LEG	880.18											
77	27881	AMPUTATION OF LOWER LEG	880.18	00	15									
73	27882	AMPUTATION OF LOWER LEG	617.81											
77	27882	AMPUTATION OF LOWER LEG	617.81	00	15									
73	27884	AMPUTATION FOLLOW-UP SURGERY	586.66											
77	27884	AMPUTATION FOLLOW-UP SURGERY	586.66	00	15									
73	27886	AMPUTATION FOLLOW-UP SURGERY	671.09											
77	27886	AMPUTATION FOLLOW-UP SURGERY	671.09	00	15									
73	27888	AMPUTATION OF FOOT AT ANKLE	667.67											
77	27888	AMPUTATION OF FOOT AT ANKLE	667.67	00	15									
73	27889	AMPUTATION OF FOOT AT ANKLE	664.17											
77	27889	AMPUTATION OF FOOT AT ANKLE	664.17	00	15									
73	27892	DECOMPRESSION FASCIOTOMY, LEG;	557.06											
77	27892	DECOMPRESSION FASCIOTOMY, LEG;	557.06	00	15									
73	27893	DECOMPRESSION FASCIOTOMY, LEG;	613.39											
77	27893	DECOMPRESSION FASCIOTOMY, LEG;	613.39	00	15									
73	27894	DECOMPRESSION FASCIOTOMY, LEG;	856.30											
77	27894	DECOMPRESSION FASCIOTOMY, LEG;	856.30	00	15									
73	28001	DRAINAGE OF BURSA OF FOOT	272.08											
77	28001	DRAINAGE OF BURSA OF FOOT	272.08	00	15									
73	28002	TREATMENT OF FOOT INFECTION	434.52											
77	28002	TREATMENT OF FOOT INFECTION	434.52	00	15									
73	28003	TREATMENT OF FOOT INFECTION	689.00											
77	28003	TREATMENT OF FOOT INFECTION	689.00	00	15									
73	28005	TREAT FOOT BONE LESION	573.80											
77	28005	TREAT FOOT BONE LESION	573.80	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	28008	INCISION OF FOOT FASCIA	422.49										
77	28008	INCISION OF FOOT FASCIA	422.49	00 15									
73	28010	INCISION OF TOE TENDON	227.76										
77	28010	INCISION OF TOE TENDON	227.76	00 15									
73	28011	INCISION OF TOE TENDONS	310.42										
77	28011	INCISION OF TOE TENDONS	310.42	00 15									
73	28020	EXPLORATION OF A FOOT JOINT	524.75										
77	28020	EXPLORATION OF A FOOT JOINT	524.75	00 15									
73	28022	EXPLORATION OF A FOOT JOINT	475.31										
77	28022	EXPLORATION OF A FOOT JOINT	475.31	00 15									
73	28024	EXPLORATION OF A TOE JOINT	444.84										
77	28024	EXPLORATION OF A TOE JOINT	444.84	00 15									
73	28035	DECOMPRESSION OF TIBIA NERVE	513.84										
77	28035	DECOMPRESSION OF TIBIA NERVE	513.84	00 15									
73	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	486.12										
77	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	486.12	00 15									
73	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	451.79										
77	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	451.79	00 15									
73	28043	EXCISION OF FOOT LESION	382.56										
77	28043	EXCISION OF FOOT LESION	382.56	00 15									
73	28045	EXCISION OF FOOT LESION	476.00										
77	28045	EXCISION OF FOOT LESION	476.00	00 15									
73	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	717.12										
77	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	717.12	00 15									
73	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,051.57										
77	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,051.57	00 15									
73	28050	BIOPSY OF FOOT JOINT LINING	410.44										
77	28050	BIOPSY OF FOOT JOINT LINING	410.44	00 15									
73	28052	BIOPSY OF FOOT JOINT LINING	433.71										
77	28052	BIOPSY OF FOOT JOINT LINING	433.71	00 15									
73	28054	BIOPSY OF TOE JOINT LINING	361.71										
77	28054	BIOPSY OF TOE JOINT LINING	361.71	00 15									
73	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	384.05										
77	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	384.05	00 15									
73	28060	PARTIAL REMOVAL FOOT FASCIA	510.09										
77	28060	PARTIAL REMOVAL FOOT FASCIA	510.09	00 15									
73	28062	REMOVAL OF FOOT FASCIA	568.99										
77	28062	REMOVAL OF FOOT FASCIA	568.99	00 15									
73	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	516.47									X	
77	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	516.47	00 15								X	
73	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	474.99									X	
77	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	474.99	00 15								X	
73	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	511.45									X	
77	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	511.45	00 15								X	
73	28086	EXCISE FOOT TENDON SHEATH	523.83										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	28086	EXCISE FOOT TENDON SHEATH	523.83	00 15									
73	28088	EXCISE FOOT TENDON SHEATH	421.69										
77	28088	EXCISE FOOT TENDON SHEATH	421.69	00 15									
73	28090	REMOVAL OF FOOT LESION	455.14										
77	28090	REMOVAL OF FOOT LESION	455.14	00 15									
73	28092	REMOVAL OF TOE LESIONS	410.93										
77	28092	REMOVAL OF TOE LESIONS	410.93	00 15									
73	28100	REMOVAL OF ANKLE/HEEL LESION	597.45										
77	28100	REMOVAL OF ANKLE/HEEL LESION	597.45	00 15									
73	28102	REMOVE/GRAFT FOOT LESION	610.83										
77	28102	REMOVE/GRAFT FOOT LESION	610.83	00 15									
73	28103	REMOVE/GRAFT FOOT LESION	386.60										
77	28103	REMOVE/GRAFT FOOT LESION	386.60	00 15									
73	28104	REMOVAL OF FOOT LESION	516.51										
77	28104	REMOVAL OF FOOT LESION	516.51	00 15									
73	28106	REMOVE/GRAFT FOOT LESION	424.49										
77	28106	REMOVE/GRAFT FOOT LESION	424.49	00 15									
73	28107	REMOVE/GRAFT FOOT LESION	498.56										
77	28107	REMOVE/GRAFT FOOT LESION	498.56	00 15									
73	28108	REMOVAL OF TOE LESIONS	426.86										
77	28108	REMOVAL OF TOE LESIONS	426.86	00 15									
73	28110	PART REMOVAL OF METATARSAL	450.00										
77	28110	PART REMOVAL OF METATARSAL	450.00	00 15									
73	28111	PART REMOVAL OF METATARSAL	477.53										
77	28111	PART REMOVAL OF METATARSAL	477.53	00 15									
73	28112	PART REMOVAL OF METATARSAL	475.15										
77	28112	PART REMOVAL OF METATARSAL	475.15	00 15									
73	28113	PART REMOVAL OF METATARSAL	572.83										
77	28113	PART REMOVAL OF METATARSAL	572.83	00 15									
73	28114	REMOVAL OF METATARSAL HEADS	1,040.35										
77	28114	REMOVAL OF METATARSAL HEADS	1,040.35	00 15									
73	28116	REVISION OF FOOT	750.53										
77	28116	REVISION OF FOOT	750.53	00 15									
73	28118	PARTIAL REMOVAL OF HEEL	588.22										
77	28118	PARTIAL REMOVAL OF HEEL	588.22	00 15									
73	28119	REMOVAL OF HEEL SPUR	511.23										
77	28119	REMOVAL OF HEEL SPUR	511.23	00 15									
73	28120	PART REMOVAL OF ANKLE/HEEL	664.93										
77	28120	PART REMOVAL OF ANKLE/HEEL	664.93	00 15									
73	28122	PARTIAL REMOVAL OF FOOT BONE	583.08										
77	28122	PARTIAL REMOVAL OF FOOT BONE	583.08	00 15									
73	28124	PARTIAL REMOVAL OF TOE	465.93										
77	28124	PARTIAL REMOVAL OF TOE	465.93	00 15									
73	28126	CONDYLECTOMY...SING. TOE, EACH	381.03									X	
77	28126	CONDYLECTOMY...SING. TOE, EACH	381.03	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	28130	REMOVAL OF ANKLE BONE	630.72										
77	28130	REMOVAL OF ANKLE BONE	630.72	00 15									
73	28140	REMOVAL OF METATARSAL	580.85										
77	28140	REMOVAL OF METATARSAL	580.85	00 15									
73	28150	PHALANGECTOMY,TOE, SINGLE, EACH	410.57									X	
77	28150	PHALANGECTOMY,TOE, SINGLE, EACH	410.57	00 15								X	
73	28153	PARTIAL REMOVAL OF TOE	401.36										
77	28153	PARTIAL REMOVAL OF TOE	401.36	00 15									
73	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	403.46									X	
77	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	403.46	00 15								X	
73	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,127.72										
77	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,127.72	00 15									
73	28173	RADICAL RESECTION FOR TUMOR,METATARS	735.53										
77	28173	RADICAL RESECTION FOR TUMOR,METATARS	735.53	00 15									
73	28175	RADICAL RESECTION FOR TUMOR PHALANX	469.53										
77	28175	RADICAL RESECTION FOR TUMOR PHALANX	469.53	00 15									
73	28190	REMOVAL OF FOOT FOREIGN BODY	243.98										
77	28190	REMOVAL OF FOOT FOREIGN BODY	243.98	00 15									
73	28192	REMOVAL OF FOOT FOREIGN BODY	456.37										
77	28192	REMOVAL OF FOOT FOREIGN BODY	456.37	00 15									
73	28193	REMOVAL OF FOOT FOREIGN BODY	517.39										
77	28193	REMOVAL OF FOOT FOREIGN BODY	517.39	00 15									
73	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	481.05									X	
77	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	481.05	00 15								X	
73	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	591.98									X	
77	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	591.98	00 15								X	
73	28208	REP/SUT TEND....EACH TENDON	469.55									X	
77	28208	REP/SUT TEND....EACH TENDON	469.55	00 15								X	
73	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	576.77									X	
77	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	576.77	00 15								X	
73	28220	RELEASE OF FOOT TENDON	439.57										
77	28220	RELEASE OF FOOT TENDON	439.57	00 15									
73	28222	RELEASE OF FOOT TENDONS	507.02										
77	28222	RELEASE OF FOOT TENDONS	507.02	00 15									
73	28225	RELEASE OF FOOT TENDON	406.02										
77	28225	RELEASE OF FOOT TENDON	406.02	00 15									
73	28226	RELEASE OF FOOT TENDONS	599.49										
77	28226	RELEASE OF FOOT TENDONS	599.49	00 15									
73	28230	INCISION OF FOOT TENDON(S)	423.86										
77	28230	INCISION OF FOOT TENDON(S)	423.86	00 15									
73	28232	INCISION OF TOE TENDON	373.31										
77	28232	INCISION OF TOE TENDON	373.31	00 15									
73	28234	INCISION OF FOOT TENDON	396.98										
77	28234	INCISION OF FOOT TENDON	396.98	00 15									
73	28238	REVISION OF FOOT TENDON	653.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	28238	REVISION OF FOOT TENDON	653.63	00 15									
73	28240	RELEASE OF BIG TOE	436.62										
77	28240	RELEASE OF BIG TOE	436.62	00 15									
73	28250	REVISION OF FOOT FASCIA	569.19										
77	28250	REVISION OF FOOT FASCIA	569.19	00 15									
73	28260	RELEASE OF MIDFOOT JOINT	689.47										
77	28260	RELEASE OF MIDFOOT JOINT	689.47	00 15									
73	28261	REVISION OF FOOT TENDON	1,193.75										
77	28261	REVISION OF FOOT TENDON	1,193.75	00 15									
73	28262	REVISION OF FOOT AND ANKLE	1,396.37										
77	28262	REVISION OF FOOT AND ANKLE	1,396.37	00 15									
73	28264	RELEASE OF MIDFOOT JOINT	1,003.58										
77	28264	RELEASE OF MIDFOOT JOINT	1,003.58	00 15									
73	28270	CAPSULOTOMY...EACH JOINT	480.26									X	
77	28270	CAPSULOTOMY...EACH JOINT	480.26	00 15								X	
73	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	378.80									X	
77	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	378.80	00 15								X	
73	28280	FUSION OF TOES	501.99										
77	28280	FUSION OF TOES	501.99	00 15									
73	28285	REVISION OF HAMMERTOE	523.71									X	
77	28285	REVISION OF HAMMERTOE	523.71	00 15								X	
73	28286	REVISION OF HAMMERTOE	434.94										
77	28286	REVISION OF HAMMERTOE	434.94	00 15									
73	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	593.84									X	
77	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	593.84	00 15								X	
73	28289	REPAIR HALLUX RIGIDUS	696.09										
77	28289	REPAIR HALLUX RIGIDUS	696.09	00 15									
73	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	713.12										
77	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	713.12	00 15									
73	28292	CORRECTION OF BUNION	705.92										
77	28292	CORRECTION OF BUNION	705.92	00 15									
73	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	960.82										
77	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	960.82	00 15									
73	28296	CORRECTION OF BUNION	880.50										
77	28296	CORRECTION OF BUNION	880.50	00 15									
73	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,021.22										
77	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,021.22	00 15									
73	28298	CORRECTION OF BUNION	820.02										
77	28298	CORRECTION OF BUNION	820.02	00 15									
73	28299	CORRECTION OF BUNION	980.72										
77	28299	CORRECTION OF BUNION	980.72	00 15									
73	28300	INCISION OF HEEL BONE	653.47										
77	28300	INCISION OF HEEL BONE	653.47	00 15									
73	28302	INCISION OF ANKLE BONE	721.49										
77	28302	INCISION OF ANKLE BONE	721.49	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	28304	INCISION OF MIDFOOT BONES	806.46										
77	28304	INCISION OF MIDFOOT BONES	806.46	00 15									
73	28305	INCISE/GRAFT MIDFOOT BONES	669.51										
77	28305	INCISE/GRAFT MIDFOOT BONES	669.51	00 15									
73	28306	INCISION OF METATARSAL	593.05										
77	28306	INCISION OF METATARSAL	593.05	00 15									
73	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	605.93										
77	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	605.93	00 15									
73	28308	INCISION OF METATARSAL	555.36									X	
77	28308	INCISION OF METATARSAL	555.36	00 15								X	
73	28309	INCISION OF METATARSALS	887.49										
77	28309	INCISION OF METATARSALS	887.49	00 15									
73	28310	REVISION OF BIG TOE	533.72										
77	28310	REVISION OF BIG TOE	533.72	00 15									
73	28312	REVISION OF TOE	488.64										
77	28312	REVISION OF TOE	488.64	00 15									
73	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	512.37									X	
77	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	512.37	00 15								X	
73	28315	SESAMOIDECTOMY FIRST TOE	470.28										
77	28315	SESAMOIDECTOMY FIRST TOE	470.28	00 15									
73	28320	REPAIR OF FOOT BONES	613.33										
77	28320	REPAIR OF FOOT BONES	613.33	00 15									
73	28322	REPAIR OF METATARSALS	770.79										
77	28322	REPAIR OF METATARSALS	770.79	00 15									
73	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	561.72									X	
77	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	561.72	00 15								X	
73	28341	SEE 28340;REQUIRING BONE RESECTION	652.06									X	
77	28341	SEE 28340;REQUIRING BONE RESECTION	652.06	00 15								X	
73	28344	RECONSTRUCT TOE;POLYDATYLY	413.06									X	
77	28344	RECONSTRUCT TOE;POLYDATYLY	413.06	00 15								X	
73	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	507.35									X	
77	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	507.35	00 15								X	
73	28360	RECONSTRUCT CLEFT FOOT	1,101.42										
77	28360	RECONSTRUCT CLEFT FOOT	1,101.42	00 15									
73	28400	TREAT CLSD CALC FX;W/O MANIP	241.15										
77	28400	TREAT CLSD CALC FX;W/O MANIP	241.15	00 15									
73	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	381.20										
77	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	381.20	00 15									
73	28406	TREAT CLSD CALC FX,MANIP/FIXATION	538.05										
77	28406	TREAT CLSD CALC FX,MANIP/FIXATION	538.05	00 15									
73	28415	REPAIR OF HEEL FRACTURE	1,122.89										
77	28415	REPAIR OF HEEL FRACTURE	1,122.89	00 15									
73	28420	REPAIR/GRAFT HEEL FRACTURE	1,295.57										
77	28420	REPAIR/GRAFT HEEL FRACTURE	1,295.57	00 15									
73	28430	TREAT CLSD TALUS FX,W/O MANIP	232.85										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	28430	TREAT CLSD TALUS FX,W/O MANIP	232.85	00 15									
73	28435	TREAT CLSD TALUS FX,W/ MANIP	358.11										
77	28435	TREAT CLSD TALUS FX,W/ MANIP	358.11	00 15									
73	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	462.45										
77	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	462.45	00 15									
73	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,043.73										
77	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,043.73	00 15									
73	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,239.00		X								
77	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,239.00	00 15	X								
73	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	205.98									X	
77	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	205.98	00 15								X	
73	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	281.48									X	
77	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	281.48	00 15								X	
73	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	331.52									X	
77	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	331.52	00 15								X	
73	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	628.15									X	
77	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	628.15	00 15								X	
73	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	212.48									X	
77	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	212.48	00 15								X	
73	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	251.56									X	
77	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	251.56	00 15								X	
73	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	359.76									X	
77	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	359.76	00 15								X	
73	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	546.01									X	
77	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	546.01	00 15								X	
73	28490	TREAT BIG TOE FRACTURE	137.33										
77	28490	TREAT BIG TOE FRACTURE	137.33	00 15									
73	28495	TREAT BIG TOE FRACTURE	172.31										
77	28495	TREAT BIG TOE FRACTURE	172.31	00 15									
73	28496	TREAT CLSD FX GREAT TOE...PINNING	433.82									X	
77	28496	TREAT CLSD FX GREAT TOE...PINNING	433.82	00 15								X	
73	28505	REPAIR BIG TOE FRACTURE	651.02										
77	28505	REPAIR BIG TOE FRACTURE	651.02	00 15									
73	28510	TREAT CLSD FX....W/O MANIP,EACH	117.30									X	
77	28510	TREAT CLSD FX....W/O MANIP,EACH	117.30	00 15								X	
73	28515	TREAT CLSD FX...W/ MANIP., EACH	157.92									X	
77	28515	TREAT CLSD FX...W/ MANIP., EACH	157.92	00 15								X	
73	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	558.53									X	
77	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	558.53	00 15								X	
73	28530	TREAT CLOSED SESAMOID FRACTURE	111.34									X	
77	28530	TREAT CLOSED SESAMOID FRACTURE	111.34	00 15								X	
73	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	325.21										
77	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	325.21	00 15									
73	28540	TREAT FOOT DISLOCATION	188.42										
77	28540	TREAT FOOT DISLOCATION	188.42	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	28545	TREAT FOOT DISLOCATION	295.54										
77	28545	TREAT FOOT DISLOCATION	295.54	00 15									
73	28546	TREAT FOOT DISLOCATION	562.14										
77	28546	TREAT FOOT DISLOCATION	562.14	00 15									
73	28555	REPAIR FOOT DISLOCATION	841.83										
77	28555	REPAIR FOOT DISLOCATION	841.83	00 15									
73	28570	TREAT FOOT DISLOCATION	222.88										
77	28570	TREAT FOOT DISLOCATION	222.88	00 15									
73	28575	TREAT FOOT DISLOCATION	363.73										
77	28575	TREAT FOOT DISLOCATION	363.73	00 15									
73	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	385.64										
77	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	385.64	00 15									
73	28585	REPAIR FOOT DISLOCATION	852.34										
77	28585	REPAIR FOOT DISLOCATION	852.34	00 15									
73	28600	TREAT FOOT DISLOCATION	209.72										
77	28600	TREAT FOOT DISLOCATION	209.72	00 15									
73	28605	TREAT FOOT DISLOCATION	326.52										
77	28605	TREAT FOOT DISLOCATION	326.52	00 15									
73	28606	TREAT FOOT DISLOCATION	387.24										
77	28606	TREAT FOOT DISLOCATION	387.24	00 15									
73	28615	REPAIR FOOT DISLOCATION	810.28										
77	28615	REPAIR FOOT DISLOCATION	810.28	00 15									
73	28630	TREAT TOE DISLOCATION	153.80										
77	28630	TREAT TOE DISLOCATION	153.80	00 15									
73	28635	TREAT TOE DISLOCATION	171.49										
77	28635	TREAT TOE DISLOCATION	171.49	00 15									
73	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	304.24										
77	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	304.24	00 15									
73	28645	REPAIR TOE DISLOCATION	643.88										
77	28645	REPAIR TOE DISLOCATION	643.88	00 15									
73	28660	TREAT TOE DISLOCATION	117.43										
77	28660	TREAT TOE DISLOCATION	117.43	00 15									
73	28665	TREAT TOE DISLOCATION	150.66										
77	28665	TREAT TOE DISLOCATION	150.66	00 15									
73	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	164.31										
77	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	164.31	00 15									
73	28675	REPAIR OF TOE DISLOCATION	555.76										
77	28675	REPAIR OF TOE DISLOCATION	555.76	00 15									
73	28705	FUSION OF FOOT BONES	1,239.60										
77	28705	FUSION OF FOOT BONES	1,239.60	00 15									
73	28715	FUSION OF FOOT BONES	943.82										
77	28715	FUSION OF FOOT BONES	943.82	00 15									
73	28725	FUSION OF FOOT BONES	781.17										
77	28725	FUSION OF FOOT BONES	781.17	00 15									
73	28730	FUSION OF FOOT BONES	736.50										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	28730	FUSION OF FOOT BONES	736.50	00 15									
73	28735	FUSION OF FOOT BONES	778.22										
77	28735	FUSION OF FOOT BONES	778.22	00 15									
73	28737	REVISION OF FOOT BONES	689.53										
77	28737	REVISION OF FOOT BONES	689.53	00 15									
73	28740	FUSION OF FOOT BONES	825.48										
77	28740	FUSION OF FOOT BONES	825.48	00 15									
73	28750	FUSION OF BIG TOE JOINT	783.16										
77	28750	FUSION OF BIG TOE JOINT	783.16	00 15									
73	28755	FUSION OF BIG TOE JOINT	496.61										
77	28755	FUSION OF BIG TOE JOINT	496.61	00 15									
73	28760	FUSION OF BIG TOE JOINT	767.66										
77	28760	FUSION OF BIG TOE JOINT	767.66	00 15									
73	28800	AMPUTATION OF MIDFOOT	536.27										
77	28800	AMPUTATION OF MIDFOOT	536.27	00 15									
73	28805	AMPUTATION THRU METATARSAL	730.31										
77	28805	AMPUTATION THRU METATARSAL	730.31	00 15									
73	28810	AMPUTATION TOE & METATARSAL	432.28									X	
77	28810	AMPUTATION TOE & METATARSAL	432.28	00 15								X	
73	28820	AMPUTATION OF TOE	547.42									X	
77	28820	AMPUTATION OF TOE	547.42	00 15								X	
73	28825	PARTIAL AMPUTATION OF TOE	521.90									X	
77	28825	PARTIAL AMPUTATION OF TOE	521.90	00 15								X	
73	28890	HIGH ENERGY ESWT, PLANTAR F	310.29										
77	28890	HIGH ENERGY ESWT, PLANTAR F	310.29	00 15									
73	29000	APPLICATION OF BODY CAST	332.83										
77	29000	APPLICATION OF BODY CAST	332.83	00 15									
73	29010	APPLICATION OF BODY CAST	258.93										
77	29010	APPLICATION OF BODY CAST	258.93	00 15									
73	29015	APPLICATION OF BODY CAST	279.89										
77	29015	APPLICATION OF BODY CAST	279.89	00 15									
73	29035	APPLICATION OF BODY CAST	241.16										
77	29035	APPLICATION OF BODY CAST	241.16	00 15									
73	29040	APPLICATION OF BODY CAST	277.29										
77	29040	APPLICATION OF BODY CAST	277.29	00 15									
73	29044	APPLICATION OF BODY CAST	271.74										
77	29044	APPLICATION OF BODY CAST	271.74	00 15									
73	29046	APPLICATION OF BODY CAST	298.15										
77	29046	APPLICATION OF BODY CAST	298.15	00 15									
73	29049	APPLICATION OF SHOULDER CAST	95.40										
77	29049	APPLICATION OF SHOULDER CAST	95.40	00 15									
73	29055	APPLICATION OF SHOULDER CAST	211.51									X	
77	29055	APPLICATION OF SHOULDER CAST	211.51	00 15								X	
73	29058	APPLICATION OF SHOULDER CAST	121.04									X	
77	29058	APPLICATION OF SHOULDER CAST	121.04	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	29065	APPLICATION OF LONG ARM CAST	92.12									X	
77	29065	APPLICATION OF LONG ARM CAST	92.12	00 15								X	
73	29075	APPLICATION OF FOREARM CAST	82.66									X	
77	29075	APPLICATION OF FOREARM CAST	82.66	00 15								X	
73	29085	APPLY HAND/WRIST CAST	91.31									X	
77	29085	APPLY HAND/WRIST CAST	91.31	00 15								X	
73	29086	APPLY FINGER CAST	74.92									X	
77	29086	APPLY FINGER CAST	74.92	00 15								X	
73	29105	APPLY LONG ARM SPLINT	78.80									X	
77	29105	APPLY LONG ARM SPLINT	78.80	00 15								X	
73	29125	APPLY FOREARM SPLINT	61.66									X	
77	29125	APPLY FOREARM SPLINT	61.66	00 15								X	
73	29126	APPLY FOREARM SPLINT	73.73									X	
77	29126	APPLY FOREARM SPLINT	73.73	00 15								X	
73	29130	APPLICATION OF FINGER SPLINT	40.79									X	
77	29130	APPLICATION OF FINGER SPLINT	40.79	00 15								X	
73	29131	APPLICATION OF FINGER SPLINT	50.67									X	
77	29131	APPLICATION OF FINGER SPLINT	50.67	00 15								X	
73	29200	STRAPPING OF CHEST	31.35										
77	29200	STRAPPING OF CHEST	31.35	00 15									
73	29240	STRAPPING OF SHOULDER	29.72									X	
77	29240	STRAPPING OF SHOULDER	29.72	00 15								X	
73	29260	STRAPPING OF ELBOW OR WRIST	29.22									X	
77	29260	STRAPPING OF ELBOW OR WRIST	29.22	00 15								X	
73	29280	STRAPPING OF HAND OR FINGER	30.18									X	
77	29280	STRAPPING OF HAND OR FINGER	30.18	00 15								X	
73	29305	APPLICATION OF HIP CAST	236.05										
77	29305	APPLICATION OF HIP CAST	236.05	00 15									
73	29325	APPLICATION OF HIP CASTS	261.97										
77	29325	APPLICATION OF HIP CASTS	261.97	00 15									
73	29345	APPLICATION OF LONG LEG CAST	132.29									X	
77	29345	APPLICATION OF LONG LEG CAST	132.29	00 15								X	
73	29355	APPLICATION OF LONG LEG CAST	138.56									X	
77	29355	APPLICATION OF LONG LEG CAST	138.56	00 15								X	
73	29358	APPLY LONG LEG CAST BRACE	154.02									X	
77	29358	APPLY LONG LEG CAST BRACE	154.02	00 15								X	
73	29365	APPLICATION OF LONG LEG CAST	118.88									X	
77	29365	APPLICATION OF LONG LEG CAST	118.88	00 15								X	
73	29405	APPLY SHORT LEG CAST	77.02									X	
77	29405	APPLY SHORT LEG CAST	77.02	00 15								X	
73	29425	APPLY SHORT LEG CAST	73.93									X	
77	29425	APPLY SHORT LEG CAST	73.93	00 15								X	
73	29435	APPLY SHORT LEG CAST	111.40									X	
77	29435	APPLY SHORT LEG CAST	111.40	00 15								X	
73	29440	ADDITION OF WALKER TO CAST	41.93									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	29440	ADDITION OF WALKER TO CAST	41.93	00 15								X	
73	29445	APPLY RIGID LEG CAST	127.97										
77	29445	APPLY RIGID LEG CAST	127.97	00 15									
73	29450	APPLICATION OF LEG CAST	141.23										
77	29450	APPLICATION OF LEG CAST	141.23	00 15									
73	29505	APPLICATION LONG LEG SPLINT	81.55									X	
77	29505	APPLICATION LONG LEG SPLINT	81.55	00 15								X	
73	29515	APPLICATION LOWER LEG SPLINT	68.58									X	
77	29515	APPLICATION LOWER LEG SPLINT	68.58	00 15								X	
73	29520	STRAPPING OF HIP	33.63									X	
77	29520	STRAPPING OF HIP	33.63	00 15								X	
73	29530	STRAPPING OF KNEE	29.39									X	
77	29530	STRAPPING OF KNEE	29.39	00 15								X	
73	29540	STRAPPING OF ANKLE	27.59									X	
77	29540	STRAPPING OF ANKLE	27.59	00 15								X	
73	29550	STRAPPING OF TOES	18.37									X	
77	29550	STRAPPING OF TOES	18.37	00 15								X	
73	29580	APPLICATION OF PASTE BOOT	60.94									X	
77	29580	APPLICATION OF PASTE BOOT	60.94	00 15								X	
73	29581	APPLICATION OF MULTI-LAYER COMPRESSI	84.22									X	
77	29581	APPLICATION OF MULTI-LAYER COMPRESSI	84.22	00 15								X	
73	29584	APPLICATION OF MULTI-LAYER COMPRESSI	78.07										
77	29584	APPLICATION OF MULTI-LAYER COMPRESSI	78.07	00 15									
73	29700	REMOVAL/REVISION OF CAST	60.48										
77	29700	REMOVAL/REVISION OF CAST	60.48	00 15									
73	29705	REMOVAL/REVISION OF CAST	62.44										
77	29705	REMOVAL/REVISION OF CAST	62.44	00 15									
73	29710	REMOVAL/REVISION OF CAST	120.12										
77	29710	REMOVAL/REVISION OF CAST	120.12	00 15									
73	29720	REPAIR OF BODY CAST	80.87										
77	29720	REPAIR OF BODY CAST	80.87	00 15									
73	29730	WINDOWING OF CAST	60.46										
77	29730	WINDOWING OF CAST	60.46	00 15									
73	29740	WEDGING OF CAST	97.58										
77	29740	WEDGING OF CAST	97.58	00 15									
73	29750	WEDGING OF CLUBFOOT CAST	106.12										
77	29750	WEDGING OF CLUBFOOT CAST	106.12	00 15									
73	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	529.95										
77	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	529.95	00 15									
73	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	607.88										
77	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	607.88	00 15									
73	29805	SHOULDER ARTHROSCOPY, DX	470.88										
77	29805	SHOULDER ARTHROSCOPY, DX	470.88	00 15									
73	29806	SHOULDER ARTHROSCOPY/SURGERY	1,068.76										
77	29806	SHOULDER ARTHROSCOPY/SURGERY	1,068.76	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	29807	SHOULDER ARTHROSCOPY/SURGERY	1,044.96										
77	29807	SHOULDER ARTHROSCOPY/SURGERY	1,044.96	00 15									
73	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	588.95										
77	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	588.95	00 15									
73	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	539.25										
77	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	539.25	00 15									
73	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	595.49										
77	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	595.49	00 15									
73	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	578.86										
77	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	578.86	00 15									
73	29823	ARTHROSCOPY-EXT DEBRIDEMENT	630.51										
77	29823	ARTHROSCOPY-EXT DEBRIDEMENT	630.51	00 15									
73	29824	SHOULDER ARTHROSCOPY/SURGERY	677.39										
77	29824	SHOULDER ARTHROSCOPY/SURGERY	677.39	00 15									
73	29825	ARTHROSCOPY-W/LYSIS & RESECTION	588.95										
77	29825	ARTHROSCOPY-W/LYSIS & RESECTION	588.95	00 15									
73	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	179.02										
77	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	179.02	00 15									
73	29827	ARTHROSCOP ROTATOR CUFF REPR	1,082.74										
77	29827	ARTHROSCOP ROTATOR CUFF REPR	1,082.74	00 15									
73	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	927.99										
77	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	927.99	00 15									
73	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	457.90										
77	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	457.90	00 15									
73	29834	ARTHROSCOPY, ELBOW, SURGICAL;	493.40										
77	29834	ARTHROSCOPY, ELBOW, SURGICAL;	493.40	00 15									
73	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	510.82										
77	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	510.82	00 15									
73	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	585.92										
77	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	585.92	00 15									
73	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	528.81										
77	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	528.81	00 15									
73	29838	ARTHROSCOPY EXT DEBRIDEMENT	593.71										
77	29838	ARTHROSCOPY EXT DEBRIDEMENT	593.71	00 15									
73	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	449.81										
77	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	449.81	00 15									
73	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	487.03										
77	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	487.03	00 15									
73	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	499.48										
77	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	499.48	00 15									
73	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	583.80										
77	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	583.80	00 15									
73	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	522.94										
77	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	522.94	00 15									
73	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	546.57										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	546.57	00 15									
73	29848	ARTHROSCOPY, WRIST, SURGICAL;	508.71										
77	29848	ARTHROSCOPY, WRIST, SURGICAL;	508.71	00 15									
73	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	626.90										
77	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	626.90	00 15									
73	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	941.15										
77	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	941.15	00 15									
73	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	787.80										
77	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	787.80	00 15									
73	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,002.22										
77	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,002.22	00 15									
73	29860	HIP ARTHROSCOPY, DX	671.81										
77	29860	HIP ARTHROSCOPY, DX	671.81	00 15									
73	29861	HIP ARTHROSCOPY/SURGERY	727.36										
77	29861	HIP ARTHROSCOPY/SURGERY	727.36	00 15									
73	29862	HIP ARTHROSCOPY/SURGERY	818.19										
77	29862	HIP ARTHROSCOPY/SURGERY	818.19	00 15									
73	29863	HIP ARTHROSCOPY/SURGERY	820.94										
77	29863	HIP ARTHROSCOPY/SURGERY	820.94	00 15									
73	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,061.21										
77	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,061.21	00 15									
73	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,294.09		X								
77	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,294.09	00 15	X								
73	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,699.58		X								
77	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,699.58	00 15	X								
73	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	559.97										
77	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	559.97	00 15									
73	29871	ARTHROSCOPY, KNEE, SURGICAL;	515.36										
77	29871	ARTHROSCOPY, KNEE, SURGICAL;	515.36	00 15									
73	29873	KNEE ARTHROSCOPY/SURGERY	527.31										
77	29873	KNEE ARTHROSCOPY/SURGERY	527.31	00 15									
73	29874	ARTHROSCOPY, KNEE, SURGICAL;	540.50										
77	29874	ARTHROSCOPY, KNEE, SURGICAL;	540.50	00 15									
73	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	497.84										
77	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	497.84	00 15									
73	29876	ARTHROSCOPY, KNEE, SURGICAL;	657.30										
77	29876	ARTHROSCOPY, KNEE, SURGICAL;	657.30	00 15									
73	29877	ARTHROSCOPY-DEBRIDEMENT	624.20										
77	29877	ARTHROSCOPY-DEBRIDEMENT	624.20	00 15									
73	29879	ARTHROSCOPY-ABRASION ARTHROPLA	665.97										
77	29879	ARTHROSCOPY-ABRASION ARTHROPLA	665.97	00 15									
73	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	563.50										
77	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	563.50	00 15									
73	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	542.67										
77	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	542.67	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	29882	ARTHROSCOPY W/ MENISCUS REPAIR	697.66										
77	29882	ARTHROSCOPY W/ MENISCUS REPAIR	697.66	00 15									
73	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	848.84										
77	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	848.84	00 15									
73	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	622.22										
77	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	622.22	00 15									
73	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	759.94										
77	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	759.94	00 15									
73	29886	ARTHROSCOPY-OSTEOCHONDRITIS	639.99										
77	29886	ARTHROSCOPY-OSTEOCHONDRITIS	639.99	00 15									
73	29887	ARTHROSCOPY-INTERNAL FIXATION	756.27										
77	29887	ARTHROSCOPY-INTERNAL FIXATION	756.27	00 15									
73	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	991.88										
77	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	991.88	00 15									
73	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,237.18										
77	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,237.18	00 15									
73	29891	ANKLE ARTHROSCOPY/SURGERY	670.97										
77	29891	ANKLE ARTHROSCOPY/SURGERY	670.97	00 15									
73	29892	ANKLE ARTHROSCOPY/SURGERY	650.55										
77	29892	ANKLE ARTHROSCOPY/SURGERY	650.55	00 15									
73	29893	SCOPE, PLANTAR FASCIOTOMY	616.64										
77	29893	SCOPE, PLANTAR FASCIOTOMY	616.64	00 15									
73	29894	ARTHROSCOPY, ANKLE, SURGICAL;	500.06										
77	29894	ARTHROSCOPY, ANKLE, SURGICAL;	500.06	00 15									
73	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	464.42										
77	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	464.42	00 15									
73	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	500.81										
77	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	500.81	00 15									
73	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	564.33										
77	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	564.33	00 15									
73	29899	ANKLE ARTHROSCOPY/SURGERY	1,041.65										
77	29899	ANKLE ARTHROSCOPY/SURGERY	1,041.65	00 15									
73	29900	MCP JOINT ARTHROSCOPY, DX	496.70									X	
77	29900	MCP JOINT ARTHROSCOPY, DX	496.70	00 15								X	
73	29901	MCP JOINT ARTHROSCOPY, SURG	536.04									X	
77	29901	MCP JOINT ARTHROSCOPY, SURG	536.04	00 15								X	
73	29902	MCP JOINT ARTHROSCOPY, SURG	570.25									X	
77	29902	MCP JOINT ARTHROSCOPY, SURG	570.25	00 15								X	
73	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	641.41										
77	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	641.41	00 15									
73	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	514.13										
77	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	514.13	00 15									
73	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	665.06										
77	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	665.06	00 15									
73	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	884.71										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	884.71	00 15									
73	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,005.91									X	
77	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,005.91	00 15								X	
73	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,036.41									X	
77	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,036.41	00 15								X	
73	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,036.43									X	
77	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,036.43	00 15								X	
73	30000	DRAINAGE OF NOSE LESION	240.24										
77	30000	DRAINAGE OF NOSE LESION	240.24	00 15									
73	30020	DRAINAGE OF NOSE LESION	242.52										
77	30020	DRAINAGE OF NOSE LESION	242.52	00 15									
73	30100	INTRANASAL BIOPSY	134.98										
77	30100	INTRANASAL BIOPSY	134.98	00 15									
73	30110	REMOVAL OF NOSE POLYP(S)	229.17										
77	30110	REMOVAL OF NOSE POLYP(S)	229.17	00 15									
73	30115	REMOVAL OF NOSE POLYP(S)	431.54										
77	30115	REMOVAL OF NOSE POLYP(S)	431.54	00 15									
73	30117	REMOVAL OF INTRANASAL LESION	875.86										
77	30117	REMOVAL OF INTRANASAL LESION	875.86	00 15									
73	30118	REMOVAL OF INTRANASAL LESION	759.24										
77	30118	REMOVAL OF INTRANASAL LESION	759.24	00 15									
73	30120	REVISION OF NOSE	498.05										
77	30120	REVISION OF NOSE	498.05	00 15									
73	30124	REMOVAL OF NOSE LESION	284.30										
77	30124	REMOVAL OF NOSE LESION	284.30	00 15									
73	30125	REMOVAL OF NOSE LESION	614.50										
77	30125	REMOVAL OF NOSE LESION	614.50	00 15									
73	30130	REMOVAL OF TURBINATE BONES	381.45										
77	30130	REMOVAL OF TURBINATE BONES	381.45	00 15									
73	30140	REMOVAL OF TURBINATE BONES	275.47										
77	30140	REMOVAL OF TURBINATE BONES	275.47	00 15									
73	30150	PARTIAL REMOVAL OF NOSE	772.04										
77	30150	PARTIAL REMOVAL OF NOSE	772.04	00 15									
73	30160	REMOVAL OF NOSE	776.63										
77	30160	REMOVAL OF NOSE	776.63	00 15									
73	30200	INJECTION TREATMENT OF NOSE	106.82										
77	30200	INJECTION TREATMENT OF NOSE	106.82	00 15									
73	30210	NASAL SINUS THERAPY	142.64										
77	30210	NASAL SINUS THERAPY	142.64	00 15									
73	30220	INSERTION,NASAL SEPTAL PROSTHESIS	290.15										
77	30220	INSERTION,NASAL SEPTAL PROSTHESIS	290.15	00 15									
73	30300	REMOVE NASAL FOREIGN BODY	180.09										
77	30300	REMOVE NASAL FOREIGN BODY	180.09	00 15									
73	30310	REMOVE NASAL FOREIGN BODY	197.14										
77	30310	REMOVE NASAL FOREIGN BODY	197.14	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	30320	REMOVE NASAL FOREIGN BODY	450.80										
77	30320	REMOVE NASAL FOREIGN BODY	450.80	00 15									
73	30400	RECONSTRUCTION OF NOSE	1,169.25										
77	30400	RECONSTRUCTION OF NOSE	1,169.25	00 15									
73	30410	RECONSTRUCTION OF NOSE	1,363.54										
77	30410	RECONSTRUCTION OF NOSE	1,363.54	00 15									
73	30420	RECONSTRUCTION OF NOSE	1,382.91										
77	30420	RECONSTRUCTION OF NOSE	1,382.91	00 15									
73	30430	REVISION OF NOSE	1,006.83										
77	30430	REVISION OF NOSE	1,006.83	00 15									
73	30435	REVISION WORK WITH OSTEOTOMIES	1,284.92										
77	30435	REVISION WORK WITH OSTEOTOMIES	1,284.92	00 15									
73	30450	REVISION OF NOSE	1,713.73										
77	30450	REVISION OF NOSE	1,713.73	00 15									
73	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	825.66										
77	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	825.66	00 15									
73	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,590.06										
77	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,590.06	00 15									
73	30465	REPAIR NASAL STENOSIS	979.61			X							
77	30465	REPAIR NASAL STENOSIS	979.61	00 15		X							
73	30520	REPAIR OF NASAL SEPTUM	628.99										
77	30520	REPAIR OF NASAL SEPTUM	628.99	00 15									
73	30540	REPAIR NASAL DEFECT	691.21										
77	30540	REPAIR NASAL DEFECT	691.21	00 15									
73	30545	REPAIR NASAL DEFECT	947.52										
77	30545	REPAIR NASAL DEFECT	947.52	00 15									
73	30560	RELEASE OF NASAL ADHESIONS	277.12										
77	30560	RELEASE OF NASAL ADHESIONS	277.12	00 15									
73	30580	REPAIR UPPER JAW FISTULA	603.22										
77	30580	REPAIR UPPER JAW FISTULA	603.22	00 15									
73	30600	REPAIR MOUTH/NOSE FISTULA	572.67										
77	30600	REPAIR MOUTH/NOSE FISTULA	572.67	00 15									
73	30620	RECONSTRUCTION INNER NOSE	619.54										
77	30620	RECONSTRUCTION INNER NOSE	619.54	00 15									
73	30630	REPAIR NASAL SEPTUM DEFECT	630.61										
77	30630	REPAIR NASAL SEPTUM DEFECT	630.61	00 15									
73	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	205.92										
77	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	205.92	00 15									
73	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	264.44										
77	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	264.44	00 15									
73	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	138.17										
77	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	138.17	00 15									
73	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	218.63										
77	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	218.63	00 15									
73	30905	CONTROL OF NOSEBLEED	323.21										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	30905	CONTROL OF NOSEBLEED	323.21	00 15									
73	30906	REPEAT CONTROL OF NOSEBLEED	337.59									X	
77	30906	REPEAT CONTROL OF NOSEBLEED	337.59	00 15								X	
73	30915	LIGATION NASAL SINUS ARTERY	576.26										
77	30915	LIGATION NASAL SINUS ARTERY	576.26	00 15									
73	30920	LIGATION UPPER JAW ARTERY	836.98										
77	30920	LIGATION UPPER JAW ARTERY	836.98	00 15									
73	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	115.07										
77	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	115.07	00 15									
73	31000	IRRIGATION MAXILLARY SINUS	173.26										
77	31000	IRRIGATION MAXILLARY SINUS	173.26	00 15									
73	31002	IRRIGATION SPHENOID SINUS	182.28										
77	31002	IRRIGATION SPHENOID SINUS	182.28	00 15									
73	31020	EXPLORATION MAXILLARY SINUS	452.82										
77	31020	EXPLORATION MAXILLARY SINUS	452.82	00 15									
73	31030	EXPLORATION MAXILLARY SINUS	622.83										
77	31030	EXPLORATION MAXILLARY SINUS	622.83	00 15									
73	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	564.26										
77	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	564.26	00 15									
73	31040	EXPLORATION BEHIND UPPER JAW	771.65										
77	31040	EXPLORATION BEHIND UPPER JAW	771.65	00 15									
73	31050	EXPLORATION SPHENOID SINUS	483.52										
77	31050	EXPLORATION SPHENOID SINUS	483.52	00 15									
73	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	648.16										
77	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	648.16	00 15									
73	31070	EXPLORATION OF FRONTAL SINUS	438.64										
77	31070	EXPLORATION OF FRONTAL SINUS	438.64	00 15									
73	31075	EXPLORATION OF FRONTAL SINUS	782.17										
77	31075	EXPLORATION OF FRONTAL SINUS	782.17	00 15									
73	31080	REMOVAL OF FRONTAL SINUS	1,031.30										
77	31080	REMOVAL OF FRONTAL SINUS	1,031.30	00 15									
73	31081	REMOVAL OF FRONTAL SINUS	1,111.56										
77	31081	REMOVAL OF FRONTAL SINUS	1,111.56	00 15									
73	31084	REMOVAL OF FRONTAL SINUS	1,152.02										
77	31084	REMOVAL OF FRONTAL SINUS	1,152.02	00 15									
73	31085	REMOVAL OF FRONTAL SINUS	1,190.86										
77	31085	REMOVAL OF FRONTAL SINUS	1,190.86	00 15									
73	31086	REMOVAL OF FRONTAL SINUS	1,120.99										
77	31086	REMOVAL OF FRONTAL SINUS	1,120.99	00 15									
73	31087	REMOVAL OF FRONTAL SINUS	1,076.69										
77	31087	REMOVAL OF FRONTAL SINUS	1,076.69	00 15									
73	31090	EXPLORATION OF SINUSES	1,032.70										
77	31090	EXPLORATION OF SINUSES	1,032.70	00 15									
73	31200	REMOVAL OF ETHMOID SINUS	572.62										
77	31200	REMOVAL OF ETHMOID SINUS	572.62	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	31201	REMOVAL OF ETHMOID SINUS	752.01										
77	31201	REMOVAL OF ETHMOID SINUS	752.01	00 15									
73	31205	REMOVAL OF ETHMOID SINUS	892.47										
77	31205	REMOVAL OF ETHMOID SINUS	892.47	00 15									
73	31225	REMOVAL OF UPPER JAW	1,805.85										
77	31225	REMOVAL OF UPPER JAW	1,805.85	00 15									
73	31230	REMOVAL OF UPPER JAW	2,009.23										
77	31230	REMOVAL OF UPPER JAW	2,009.23	00 15									
73	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	182.71										
77	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	182.71	00 15									
73	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	251.56										
77	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	251.56	00 15									
73	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	286.62										
77	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	286.62	00 15									
73	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	245.28										
77	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	245.28	00 15									
73	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	242.75										
77	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	242.75	00 15									
73	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	598.34										
77	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	598.34	00 15									
73	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	157.59										
77	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	157.59	00 15									
73	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	447.96										
77	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	447.96	00 15									
73	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	505.27										
77	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	505.27	00 15									
73	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	407.77										
77	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	407.77	00 15									
73	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	326.36										
77	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	326.36	00 15									
73	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	180.95										
77	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	180.95	00 15									
73	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	449.59										
77	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	449.59	00 15									
73	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	476.01										
77	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	476.01	00 15									
73	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	266.49										
77	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	266.49	00 15									
73	31276	SINUS SURGICAL ENDOSCOPY	380.60										
77	31276	SINUS SURGICAL ENDOSCOPY	380.60	00 15									
73	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	202.32										
77	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	202.32	00 15									
73	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	234.99										
77	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	234.99	00 15									
73	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,141.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,141.63	00 15									
73	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,225.45										
77	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,225.45	00 15									
73	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	989.33										
77	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	989.33	00 15									
73	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,070.13										
77	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,070.13	00 15									
73	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,227.13										
77	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,227.13	00 15									
73	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,756.35									X	
77	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,756.35	00 15								X	
73	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,781.82									X	
77	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,781.82	00 15								X	
73	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,741.72									X	
77	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,741.72	00 15								X	
73	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,347.15										
77	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,347.15	00 15									
73	31300	REMOVAL OF LARYNX LESION	1,240.89										
77	31300	REMOVAL OF LARYNX LESION	1,240.89	00 15									
73	31360	REMOVAL OF LARYNX	2,050.64										
77	31360	REMOVAL OF LARYNX	2,050.64	00 15									
73	31365	REMOVAL OF LARYNX	2,544.48										
77	31365	REMOVAL OF LARYNX	2,544.48	00 15									
73	31367	PARTIAL REMOVAL OF LARYNX	2,162.53										
77	31367	PARTIAL REMOVAL OF LARYNX	2,162.53	00 15									
73	31368	PARTIAL REMOVAL OF LARYNX	2,399.80										
77	31368	PARTIAL REMOVAL OF LARYNX	2,399.80	00 15									
73	31370	PARTIAL REMOVAL OF LARYNX	2,027.24										
77	31370	PARTIAL REMOVAL OF LARYNX	2,027.24	00 15									
73	31375	PARTIAL REMOVAL OF LARYNX	1,923.74										
77	31375	PARTIAL REMOVAL OF LARYNX	1,923.74	00 15									
73	31380	PARTIAL REMOVAL OF LARYNX	1,896.30										
77	31380	PARTIAL REMOVAL OF LARYNX	1,896.30	00 15									
73	31382	PARTIAL REMOVAL OF LARYNX	2,081.96										
77	31382	PARTIAL REMOVAL OF LARYNX	2,081.96	00 15									
73	31390	REMOVAL OF LARYNX & PHARYNX	2,811.47										
77	31390	REMOVAL OF LARYNX & PHARYNX	2,811.47	00 15									
73	31395	RECONSTRUCT LARYNX & PHARYNX	2,959.11										
77	31395	RECONSTRUCT LARYNX & PHARYNX	2,959.11	00 15									
73	31400	REVISION OF LARYNX	959.55										
77	31400	REVISION OF LARYNX	959.55	00 15									
73	31420	REMOVAL OF EPIGLOTTIS	811.07										
77	31420	REMOVAL OF EPIGLOTTIS	811.07	00 15									
73	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	147.16									X	
77	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	147.16	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	35.52											
77	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	35.52	00	15									
73	31505	DIAGNOSTIC LARYNGOSCOPY	83.38											
77	31505	DIAGNOSTIC LARYNGOSCOPY	83.38	00	15									
73	31510	LARYNGOSCOPY WITH BIOPSY	205.30											
77	31510	LARYNGOSCOPY WITH BIOPSY	205.30	00	15									
73	31511	REMOVE FOREIGN BODY LARYNX	205.86											
77	31511	REMOVE FOREIGN BODY LARYNX	205.86	00	15									
73	31512	REMOVAL OF LARYNX LESION	203.45											
77	31512	REMOVAL OF LARYNX LESION	203.45	00	15									
73	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	129.49											
77	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	129.49	00	15									
73	31515	LARYNGOSCOPY FOR ASPIRATION	199.40											
77	31515	LARYNGOSCOPY FOR ASPIRATION	199.40	00	15									
73	31520	DIAGNOSTIC LARYNGOSCOPY	154.89											
77	31520	DIAGNOSTIC LARYNGOSCOPY	154.89	00	15									
73	31525	DIAGNOSTIC LARYNGOSCOPY	243.69											
77	31525	DIAGNOSTIC LARYNGOSCOPY	243.69	00	15									
73	31526	DIAGNOSTIC LARYNGOSCOPY	155.57											
77	31526	DIAGNOSTIC LARYNGOSCOPY	155.57	00	15									
73	31527	LARYNGOSCOPY, INSERT OBTURATOR	193.79											
77	31527	LARYNGOSCOPY, INSERT OBTURATOR	193.79	00	15									
73	31528	LARYNGOSCOPY,W DILATATION INITIAL	142.67											
77	31528	LARYNGOSCOPY,W DILATATION INITIAL	142.67	00	15									
73	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	160.32											
77	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	160.32	00	15									
73	31530	OPERATIVE LARYNGOSCOPY	199.50											
77	31530	OPERATIVE LARYNGOSCOPY	199.50	00	15									
73	31531	OPERATIVE LARYNGOSCOPY	211.11											
77	31531	OPERATIVE LARYNGOSCOPY	211.11	00	15									
73	31535	OPERATIVE LARYNGOSCOPY	188.37											
77	31535	OPERATIVE LARYNGOSCOPY	188.37	00	15									
73	31536	OPERATIVE LARYNGOSCOPY	209.75											
77	31536	OPERATIVE LARYNGOSCOPY	209.75	00	15									
73	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	240.89											
77	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	240.89	00	15									
73	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	263.10											
77	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	263.10	00	15									
73	31545	REMOVE VC LESION W/SCOPE	361.56											
77	31545	REMOVE VC LESION W/SCOPE	361.56	00	15									
73	31546	REMOVE VC LESION SCOPE/GRAFT	550.24											
77	31546	REMOVE VC LESION SCOPE/GRAFT	550.24	00	15									
73	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,506.33	00	11									
77	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,506.33	00	11									
73	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,452.26	12	99									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,452.26	12	15									
73	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,647.55	00	11									
77	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,647.55	00	11									
73	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,647.88	12	99									
77	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,647.88	12	15									
73	31560	OPERATIVE LARYNGOSCOPY	312.64											
77	31560	OPERATIVE LARYNGOSCOPY	312.64	00	15									
73	31561	OPERATIVE LARYNGOSCOPY	340.83											
77	31561	OPERATIVE LARYNGOSCOPY	340.83	00	15									
73	31570	LARYNGOSCOPY WITH INJECTION	331.39											
77	31570	LARYNGOSCOPY WITH INJECTION	331.39	00	15									
73	31571	LARYNGOSCOPY WITH INJECTION	248.32											
77	31571	LARYNGOSCOPY WITH INJECTION	248.32	00	15									
73	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	493.28											
77	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	493.28	00	15									
73	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	264.39											
77	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	264.39	00	15									
73	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	939.64											
77	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	939.64	00	15									
73	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	117.38											
77	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	117.38	00	15									
73	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	256.28											
77	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	256.28	00	15									
73	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	267.54											
77	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	267.54	00	15									
73	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	289.83											
77	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	289.83	00	15									
73	31579	SEE 31575;WITH STROBOSCOPY	185.51											
77	31579	SEE 31575;WITH STROBOSCOPY	185.51	00	15									
73	31580	REVISION OF LARYNX	1,240.10											
77	31580	REVISION OF LARYNX	1,240.10	00	15									
73	31584	REPAIR OF LARYNX FRACTURE	1,378.92											
77	31584	REPAIR OF LARYNX FRACTURE	1,378.92	00	15									
73	31587	LARYNGOPLASTY, CRICOID SPLIT	1,163.49											
77	31587	LARYNGOPLASTY, CRICOID SPLIT	1,163.49	00	15									
73	31590	LARYNGEAL REINNERVATION REPAIR	844.50											
77	31590	LARYNGEAL REINNERVATION REPAIR	844.50	00	15									
73	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,056.68											
77	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,056.68	00	15									
73	31592	CRICOTRACHEAL RESECTION	1,699.05											
77	31592	CRICOTRACHEAL RESECTION	1,699.05	00	15									
73	31600	TRACHEOSTOMY, PLANNED	315.75	02	99									
77	31600	TRACHEOSTOMY, PLANNED	315.75	02	15									
73	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	452.85	00	01									
77	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	452.85	00	01									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	329.92										
77	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	329.92	00 15									
73	31605	INCISION OF NECK CARTILAGES	347.37										
77	31605	INCISION OF NECK CARTILAGES	347.37	00 15									
73	31610	INCISION OF WINDPIPE	938.80										
77	31610	INCISION OF WINDPIPE	938.80	00 15									
73	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	517.03										
77	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	517.03	00 15									
73	31612	PUNCTURE/CLEAR WINDPIPE	83.74										
77	31612	PUNCTURE/CLEAR WINDPIPE	83.74	00 15									
73	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	425.91										
77	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	425.91	00 15									
73	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	711.46										
77	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	711.46	00 15									
73	31615	VISUALIZATION OF WINDPIPE	166.37										
77	31615	VISUALIZATION OF WINDPIPE	166.37	00 15									
73	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	233.47										
77	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	233.47	00 15									
73	31623	DX BRONCHOSCOPE/BRUSH	257.98										
77	31623	DX BRONCHOSCOPE/BRUSH	257.98	00 15									
73	31624	DX BRONCHOSCOPE/LAVAGE	241.84										
77	31624	DX BRONCHOSCOPE/LAVAGE	241.84	00 15									
73	31625	BRONCHOSCOPY WITH BIOPSY	329.42										
77	31625	BRONCHOSCOPY WITH BIOPSY	329.42	00 15									
73	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	790.33									X	
77	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	790.33	00 15								X	
73	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,190.33										
77	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,190.33	00 15									
73	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	349.77										
77	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	349.77	00 15									
73	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	430.98										
77	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	430.98	00 15									
73	31630	BRONCHOSCOPY WITH REPAIR	200.16										
77	31630	BRONCHOSCOPY WITH REPAIR	200.16	00 15									
73	31631	BRONCHOSCOPY-PLACE TRACH STENT	230.10										
77	31631	BRONCHOSCOPY-PLACE TRACH STENT	230.10	00 15									
73	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	62.62									X	
77	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	62.62	00 15								X	
73	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	77.50									X	
77	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	77.50	00 15								X	
73	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,608.77									X	
77	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,608.77	00 15								X	
73	31635	REMOVE FOREIGN BODY, AIRWAY	275.31										
77	31635	REMOVE FOREIGN BODY, AIRWAY	275.31	00 15									
73	31636	BRONCHOSCOPY, BRONCH STENTS	221.57										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	31636	BRONCHOSCOPY, BRONCH STENTS	221.57	00 15									
73	31637	BRONCHOSCOPY, STENT ADD-ON	77.29										
77	31637	BRONCHOSCOPY, STENT ADD-ON	77.29	00 15									
73	31638	BRONCHOSCOPY, REVISE STENT	250.79										
77	31638	BRONCHOSCOPY, REVISE STENT	250.79	00 15									
73	31640	BRONCHOSCOPY & REMOVE LESION	251.72										
77	31640	BRONCHOSCOPY & REMOVE LESION	251.72	00 15									
73	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	257.41										
77	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	257.41	00 15									
73	31643	DX BRONCHOSCOPE/CATHETER	175.06										
77	31643	DX BRONCHOSCOPE/CATHETER	175.06	00 15									
73	31645	BRONCHOSCOPY, CLEAR AIRWAYS	254.50										
77	31645	BRONCHOSCOPY, CLEAR AIRWAYS	254.50	00 15									
73	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	141.84										
77	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	141.84	00 15									
73	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	212.34										
77	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	212.34	00 15									
73	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	202.20										
77	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	202.20	00 15									
73	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	67.92									X	
77	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	67.92	00 15								X	
73	31651	BRONCHOSCOPY,RIGID OR FLEXIBLE,INC	74.05									X	
77	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	74.05	00 15								X	
73	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,033.45										
77	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,033.45	00 15									
73	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,079.16										
77	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,079.16	00 15									
73	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	117.73										
77	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	117.73	00 15									
73	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	194.89										
77	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	194.89	00 15									
73	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	206.74										
77	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	206.74	00 15									
73	31717	BRONCHIAL BRUSH BIOPSY	259.22										
77	31717	BRONCHIAL BRUSH BIOPSY	259.22	00 15									
73	31720	CLEARANCE OF AIRWAYS	55.49									X	
77	31720	CLEARANCE OF AIRWAYS	55.49	00 15								X	
73	31725	CLEARANCE OF AIRWAYS	79.63									X	
77	31725	CLEARANCE OF AIRWAYS	79.63	00 15								X	
73	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,116.81										
77	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,116.81	00 15									
73	31750	REPAIR OF WINDPIPE	1,340.56										
77	31750	REPAIR OF WINDPIPE	1,340.56	00 15									
73	31755	REPAIR OF WINDPIPE	1,672.95										
77	31755	REPAIR OF WINDPIPE	1,672.95	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	31760	REPAIR OF WINDPIPE	1,418.74										
77	31760	REPAIR OF WINDPIPE	1,418.74	00 15									
73	31766	CARINAL RECONSTRUCTION	1,845.46										
77	31766	CARINAL RECONSTRUCTION	1,845.46	00 15									
73	31770	REPAIR/GRAFT OF BRONCHUS	1,380.04										
77	31770	REPAIR/GRAFT OF BRONCHUS	1,380.04	00 15									
73	31775	RECONSTRUCT BRONCHUS	1,448.48										
77	31775	RECONSTRUCT BRONCHUS	1,448.48	00 15									
73	31780	RECONSTRUCT WINDPIPE	1,194.84										
77	31780	RECONSTRUCT WINDPIPE	1,194.84	00 15									
73	31781	RECONSTRUCT WINDPIPE	1,439.28										
77	31781	RECONSTRUCT WINDPIPE	1,439.28	00 15									
73	31785	REMOVE WINDPIPE LESION	1,077.99										
77	31785	REMOVE WINDPIPE LESION	1,077.99	00 15									
73	31786	REMOVE WINDPIPE LESION	1,494.52										
77	31786	REMOVE WINDPIPE LESION	1,494.52	00 15									
73	31800	REPAIR OF WINDPIPE INJURY	696.23										
77	31800	REPAIR OF WINDPIPE INJURY	696.23	00 15									
73	31805	REPAIR OF WINDPIPE INJURY	840.54										
77	31805	REPAIR OF WINDPIPE INJURY	840.54	00 15									
73	31820	CLOSURE OF WINDPIPE LESION	423.71										
77	31820	CLOSURE OF WINDPIPE LESION	423.71	00 15									
73	31825	REPAIR OF WINDPIPE DEFECT	587.51										
77	31825	REPAIR OF WINDPIPE DEFECT	587.51	00 15									
73	31830	REVISE WINDPIPE SCAR	452.63										
77	31830	REVISE WINDPIPE SCAR	452.63	00 15									
73	32035	EXPLORATION OF CHEST	745.54										
77	32035	EXPLORATION OF CHEST	745.54	00 15									
73	32036	EXPLORATION OF CHEST	799.72										
77	32036	EXPLORATION OF CHEST	799.72	00 15									
73	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	828.24										
77	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	828.24	00 15									
73	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	828.89										
77	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	828.89	00 15									
73	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	785.41										
77	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	785.41	00 15									
73	32100	THORACOTOMY; WITH EXPLORATION	836.07										
77	32100	THORACOTOMY; WITH EXPLORATION	836.07	00 15									
73	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,516.69										
77	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,516.69	00 15									
73	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	898.74										
77	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	898.74	00 15									
73	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	955.12										
77	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	955.12	00 15									
73	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,021.84										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,021.84	00 15									
73	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,581.74										
77	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,581.74	00 15									
73	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,033.75										
77	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,033.75	00 15									
73	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,036.98										
77	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,036.98	00 15									
73	32160	THORACOTOMY; WITH CARDIAC MASSAGE	818.53										
77	32160	THORACOTOMY; WITH CARDIAC MASSAGE	818.53	00 15									
73	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,169.48										
77	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,169.48	00 15									
73	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	820.07										
77	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	820.07	00 15									
73	32220	RELEASE OF LUNG	1,639.86										
77	32220	RELEASE OF LUNG	1,639.86	00 15									
73	32225	PARTIAL RELEASE OF LUNG	1,026.24										
77	32225	PARTIAL RELEASE OF LUNG	1,026.24	00 15									
73	32310	REMOVAL OF CHEST LINING	940.50										
77	32310	REMOVAL OF CHEST LINING	940.50	00 15									
73	32320	FREE/REMOVE CHEST LINING	1,651.29										
77	32320	FREE/REMOVE CHEST LINING	1,651.29	00 15									
73	32400	NEEDLE BIOPSY CHEST LINING	154.23									X	
77	32400	NEEDLE BIOPSY CHEST LINING	154.23	00 15								X	
73	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,621.69										
77	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,621.69	00 15									
73	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,194.76										
77	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,194.76	00 15									
73	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,681.04										
77	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,681.04	00 15									
73	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,532.19										
77	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,532.19	00 15									
73	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,641.33										
77	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,641.33	00 15									
73	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,487.43										
77	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,487.43	00 15									
73	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,450.37										
77	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,450.37	00 15									
73	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,487.68										
77	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,487.68	00 15									
73	32501	REPAIR BRONCHUS (ADD-ON)	254.45										
77	32501	REPAIR BRONCHUS (ADD-ON)	254.45	00 15									
73	32503	RESECT APICAL LUNG TUMOR	1,863.34										
77	32503	RESECT APICAL LUNG TUMOR	1,863.34	00 15									
73	32504	RESECT APICAL LUNG TUM/CHEST	2,125.65										
77	32504	RESECT APICAL LUNG TUM/CHEST	2,125.65	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	961.64										
77	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	961.64	00 15									
73	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	163.14									X	
77	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	163.14	00 15								X	
73	32540	REMOVAL OF LUNG LESION	1,796.33										
77	32540	REMOVAL OF LUNG LESION	1,796.33	00 15									
73	32550	INSERTION OF INDWELLING TUNNELED PLE	747.39										
77	32550	INSERTION OF INDWELLING TUNNELED PLE	747.39	00 15									
73	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	162.49										
77	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	162.49	00 15									
73	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	182.23										
77	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	182.23	00 15									
73	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	503.80										
77	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	503.80	00 15									
73	32554	THORACENTESIS, NEEDLE OR CATHETER, A	212.68										
77	32554	THORACENTESIS, NEEDLE OR CATHETER, A	212.68	00 15									
73	32555	THORACENTESIS, NEEDLE OR CATHETER, A	295.65										
77	32555	THORACENTESIS, NEEDLE OR CATHETER, A	295.65	00 15									
73	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	630.05										
77	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	630.05	00 15									
73	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	582.12										
77	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	582.12	00 15									
73	32560	INSTILLATION VIA CHEST TUBE/CATHETER	247.17										
77	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	247.17	00 15									
73	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	91.29										
77	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	91.29	00 15									
73	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	82.54										
77	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	82.54	00 15									
73	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	320.70										
77	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	320.70	00 15									
73	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	499.11										
77	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	499.11	00 15									
73	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	481.35										
77	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	481.35	00 15									
73	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	320.36										
77	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	320.36	00 15									
73	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	394.16										
77	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	394.16	00 15									
73	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	265.43										
77	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	265.43	00 15									
73	32650	THORACOSCOPY, SURGICAL;	683.85										
77	32650	THORACOSCOPY, SURGICAL;	683.85	00 15									
73	32651	THORACOSCOPY, SURGICAL;	1,132.31										
77	32651	THORACOSCOPY, SURGICAL;	1,132.31	00 15									
73	32652	THORACOSCOPY, SURGICAL;	1,721.74										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	32652	THORACOSCOPY, SURGICAL;	1,721.74	00 15									
73	32653	THORACOSCOPY, SURGICAL;	1,097.24										
77	32653	THORACOSCOPY, SURGICAL;	1,097.24	00 15									
73	32654	THORACOSCOPY, SURGICAL;	1,195.92										
77	32654	THORACOSCOPY, SURGICAL;	1,195.92	00 15									
73	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	986.78										
77	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	986.78	00 15									
73	32656	THORACOSCOPY, SURGICAL;	825.94										
77	32656	THORACOSCOPY, SURGICAL;	825.94	00 15									
73	32658	THORACOSCOPY, SURGICAL;	734.98										
77	32658	THORACOSCOPY, SURGICAL;	734.98	00 15									
73	32659	THORACOSCOPY, SURGICAL;	752.65										
77	32659	THORACOSCOPY, SURGICAL;	752.65	00 15									
73	32661	THORACOSCOPY, SURGICAL;	822.62										
77	32661	THORACOSCOPY, SURGICAL;	822.62	00 15									
73	32662	THORACOSCOPY, SURGICAL;	920.10										
77	32662	THORACOSCOPY, SURGICAL;	920.10	00 15									
73	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,450.20										
77	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,450.20	00 15									
73	32664	THORACOSCOPY, SURGICAL;	874.42										
77	32664	THORACOSCOPY, SURGICAL;	874.42	00 15									
73	32665	THORACOSCOPY, SURGICAL;	1,276.27										
77	32665	THORACOSCOPY, SURGICAL;	1,276.27	00 15									
73	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	895.50										
77	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	895.50	00 15									
73	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	163.47									X	
77	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	163.47	00 15								X	
73	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	163.47										
77	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	163.47	00 15									
73	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,393.04										
77	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,393.04	00 15									
73	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,664.37										
77	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,664.37	00 15									
73	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,845.71										
77	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,845.71	00 15									
73	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,579.98										
77	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,579.98	00 15									
73	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,260.28										
77	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,260.28	00 15									
73	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	225.15										
77	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	225.15	00 15									
73	32701	THORACIC TARGET(S) DELINEATION FOR S	221.46										
77	32701	THORACIC TARGET(S) DELINEATION FOR S	221.46	00 15									
73	32800	REPAIR LUNG HERNIA	973.18										
77	32800	REPAIR LUNG HERNIA	973.18	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	32810	CLOSE CHEST AFTER DRAINAGE	927.54										
77	32810	CLOSE CHEST AFTER DRAINAGE	927.54	00 15									
73	32815	CLOSE BRONCHIAL FISTULA	2,907.30										
77	32815	CLOSE BRONCHIAL FISTULA	2,907.30	00 15									
73	32820	RECONSTRUCT INJURED CHEST	1,372.78										
77	32820	RECONSTRUCT INJURED CHEST	1,372.78	00 15									
73	32851	LUNG TRANSPLANT, SINGLE;	3,414.90		X								
77	32851	LUNG TRANSPLANT, SINGLE;	3,414.90	00 15	X								
73	32852	LUNG TRANSPLANT, SINGLE;	3,712.13		X								
77	32852	LUNG TRANSPLANT, SINGLE;	3,712.13	00 15	X								
73	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	4,798.23		X								
77	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	4,798.23	00 15	X								
73	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,097.41		X								
77	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,097.41	00 15	X								
73	32900	REMOVAL OF RIB(S)	1,466.55										
77	32900	REMOVAL OF RIB(S)	1,466.55	00 15									
73	32905	REVISE & REPAIR CHEST WALL	1,382.39										
77	32905	REVISE & REPAIR CHEST WALL	1,382.39	00 15									
73	32906	REVISE & REPAIR CHEST WALL	1,711.74										
77	32906	REVISE & REPAIR CHEST WALL	1,711.74	00 15									
73	32940	REVISION OF LUNG	1,275.64										
77	32940	REVISION OF LUNG	1,275.64	00 15									
73	32960	THERAPEUTIC PNEUMOTHORAX	123.09										
77	32960	THERAPEUTIC PNEUMOTHORAX	123.09	00 15									
73	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,107.64										
77	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,107.64	00 15									
73	32997	TOTAL LUNG LAVAGE	342.44										
77	32997	TOTAL LUNG LAVAGE	342.44	00 15									
73	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,275.25										
77	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,275.25	00 15									
73	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	245.72										
77	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	245.72	00 15									
73	33017	PERICARDIAL DRAINAGE WITH INSERTION	253.96	06 99									
77	33017	PERICARDIAL DRAINAGE WITH INSERTION	253.96	06 15									
77	33018	PERICARDIAL DRAINAGE WITH INSERTION	287.97	00 05									
73	33019	PERICARDIAL DRAINAGE WITH INSERTION	234.67										
77	33019	PERICARDIAL DRAINAGE WITH INSERTION	234.67	00 15									
73	33020	INCISION OF HEART SAC	855.88										
77	33020	INCISION OF HEART SAC	855.88	00 15									
73	33025	INCISION OF HEART SAC	796.66										
77	33025	INCISION OF HEART SAC	796.66	00 15									
73	33030	PARTIAL REMOVAL OF HEART SAC	2,079.95										
77	33030	PARTIAL REMOVAL OF HEART SAC	2,079.95	00 15									
73	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,579.74										
77	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,579.74	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,037.04										
77	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,037.04	00 15									
73	33120	REMOVAL OF HEART LESION	2,184.31										
77	33120	REMOVAL OF HEART LESION	2,184.31	00 15									
73	33130	REMOVAL OF HEART LESION	1,418.14										
77	33130	REMOVAL OF HEART LESION	1,418.14	00 15									
73	33140	HEART REVASCULARIZE (TMR)	1,622.84		X								
77	33140	HEART REVASCULARIZE (TMR)	1,622.84	00 15	X								
73	33141	HEART TMR W/OTHER PROCEDURE	138.07		X								
77	33141	HEART TMR W/OTHER PROCEDURE	138.07	00 15	X								
73	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	797.31										
77	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	797.31	00 15									
73	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	835.12										
77	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	835.12	00 15									
73	33206	INSERTION OF NEW OR REPLACEMENT OF P	467.40										
77	33206	INSERTION OF NEW OR REPLACEMENT OF P	467.40	00 15									
73	33207	INSERTION OF NEW OR REPLACEMENT OF P	494.92										
77	33207	INSERTION OF NEW OR REPLACEMENT OF P	494.92	00 15									
73	33208	INSERTION OF NEW OR REPLACEMENT OF P	538.33										
77	33208	INSERTION OF NEW OR REPLACEMENT OF P	538.33	00 15									
73	33210	INSERTION OF HEART ELECTRODE	169.78										
77	33210	INSERTION OF HEART ELECTRODE	169.78	00 15									
73	33211	INSERTION OR REPLACEMENT OF TEMPORAR	175.48										
77	33211	INSERTION OR REPLACEMENT OF TEMPORAR	175.48	00 15									
73	33212	INSERTION OF PACEMAKER PULSE GENERAT	330.33										
77	33212	INSERTION OF PACEMAKER PULSE GENERAT	330.33	00 15									
73	33213	INSERTION OF PACEMAKER PULSE GENERAT	345.13										
77	33213	INSERTION OF PACEMAKER PULSE GENERAT	345.13	00 15									
73	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	492.93										
77	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	492.93	00 15									
73	33215	REPOSITION PACING-DEFIB LEAD	319.74										
77	33215	REPOSITION PACING-DEFIB LEAD	319.74	00 15									
73	33216	REVISION IMPLANTED ELECTRODE	381.55										
77	33216	REVISION IMPLANTED ELECTRODE	381.55	00 15									
73	33217	INSERTION, REPLACEMENT OR REPOSITION	376.12										
77	33217	INSERTION, REPLACEMENT OR REPOSITION	376.12	00 15									
73	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	395.60										
77	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	395.60	00 15									
73	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	387.07										
77	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	387.07	00 15									
73	33221	INSERTION OF PACEMAKER PULSE GENERAT	371.49										
77	33221	INSERTION OF PACEMAKER PULSE GENERAT	371.49	00 15									
73	33222	RELOCATION OF PACEMAKER GENERATOR SK	346.37										
77	33222	RELOCATION OF PACEMAKER GENERATOR SK	346.37	00 15									
73	33223	RELOCATION OF PACING DEFIBRILLATOR D	420.52										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	33223	RELOCATION OF PACING DEFIBRILLATOR D	420.52	00 15									
73	33224	INSERTION OF PACING ELECTRODE, CARDI	535.80										
77	33224	INSERTION OF PACING ELECTRODE, CARDI	535.80	00 15									
73	33225	INSERTION OF PACING ELECTRODE, CARDI	489.11										
77	33225	INSERTION OF PACING ELECTRODE, CARDI	489.11	00 15									
73	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	515.45										
77	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	515.45	00 15									
73	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	348.01										
77	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	348.01	00 15									
73	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	364.59										
77	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	364.59	00 15									
73	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	384.94										
77	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	384.94	00 15									
73	33230	INSERTION OF PACING CARDIOVERTER-DEF	393.25										
77	33230	INSERTION OF PACING CARDIOVERTER-DEF	393.25	00 15									
73	33231	INSERTION OF PACING CARDIOVERTER-DEF	413.73										
77	33231	INSERTION OF PACING CARDIOVERTER-DEF	413.73	00 15									
73	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	234.13										
77	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	234.13	00 15									
73	33234	REMOVAL OF PERMANENT PACEMAKER;	499.73										
77	33234	REMOVAL OF PERMANENT PACEMAKER;	499.73	00 15									
73	33235	REMOVAL OF PERMANENT PACEMAKER;	655.41										
77	33235	REMOVAL OF PERMANENT PACEMAKER;	655.41	00 15									
73	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	803.23										
77	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	803.23	00 15									
73	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	862.31										
77	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	862.31	00 15									
73	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	967.45										
77	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	967.45	00 15									
73	33240	INSERTION OF PACING CARDIOVERTER-DEF	375.99										
77	33240	INSERTION OF PACING CARDIOVERTER-DEF	375.99	00 15									
73	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	217.84										
77	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	217.84	00 15									
73	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,417.80										
77	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,417.80	00 15									
73	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	891.82										
77	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	891.82	00 15									
73	33249	INSERTION OR REPLACEMENT OF PERMANEN	946.47										
77	33249	INSERTION OR REPLACEMENT OF PERMANEN	946.47	00 15									
73	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,511.35										
77	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,511.35	00 15									
73	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,690.26										
77	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,690.26	00 15									
73	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,400.91										
77	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,400.91	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,689.72										
77	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,689.72	00 15									
73	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,013.81										
77	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,013.81	00 15									
73	33257	OPERATIVE TISSUE ABLATION AND RECONS	599.18										
77	33257	OPERATIVE TISSUE ABLATION AND RECONS	599.18	00 15									
73	33258	OPERATIVE TISSUE ABLATION AND RECONS	670.91										
77	33258	OPERATIVE TISSUE ABLATION AND RECONS	670.91	00 15									
73	33259	OPERATIVE TISSUE ABLATION AND RECONS	869.99										
77	33259	OPERATIVE TISSUE ABLATION AND RECONS	869.99	00 15									
73	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,675.16										
77	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,675.16	00 15									
73	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	383.67										
77	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	383.67	00 15									
73	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	398.96										
77	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	398.96	00 15									
73	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	417.49										
77	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	417.49	00 15									
73	33265	ABLATE ATRIA, LMTD, ENDO	1,408.70										
77	33265	ABLATE ATRIA, LMTD, ENDO	1,408.70	00 15									
73	33266	ABLATE ATRIA, X10SV, ENDO	1,919.18										
77	33266	ABLATE ATRIA, X10SV, ENDO	1,919.18	00 15									
73	33270	INSERTION OR REPLACEMENT OF PERMANEN	583.34										
77	33270	INSERTION OR REPLACEMENT OF PERMANEN	583.34	00 15									
73	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	469.44										
77	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	469.44	00 15									
73	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	356.78										
77	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	356.78	00 15									
73	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	412.37										
77	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	412.37	00 15									
73	33274	TRANSCATHETER INSERTION OR REPLACEME	501.44										
77	33274	TRANSCATHETER INSERTION OR REPLACEME	501.44	00 15									
73	33275	TRANSCATHETER REMOVAL OF PERMANENT	549.52										
77	33275	TRANSCATHETER REMOVAL OF PERMANENT	549.52	00 15									
73	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,669.27										
77	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,669.27	00 15									
73	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	132.26										
77	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	132.26	00 15									
73	33289	TRANSCATHETER IMPLANTATION OF WIRELE	341.82										
77	33289	TRANSCATHETER IMPLANTATION OF WIRELE	341.82	00 15									
73	33300	REPAIR OF HEART WOUND	2,559.12										
77	33300	REPAIR OF HEART WOUND	2,559.12	00 15									
73	33305	REPAIR OF HEART WOUND	4,296.03										
77	33305	REPAIR OF HEART WOUND	4,296.03	00 15									
73	33310	EXPLORATORY HEART SURGERY	1,209.95										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	33310	EXPLORATORY HEART SURGERY	1,209.95	00 15									
73	33315	EXPLORATORY HEART SURGERY	1,993.71										
77	33315	EXPLORATORY HEART SURGERY	1,993.71	00 15									
73	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,091.53										
77	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,091.53	00 15									
73	33321	REPAIR MAJOR VESSEL	1,230.46										
77	33321	REPAIR MAJOR VESSEL	1,230.46	00 15									
73	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,441.22										
77	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,441.22	00 15									
73	33330	INSERT MAJOR VESSEL GRAFT	1,478.38										
77	33330	INSERT MAJOR VESSEL GRAFT	1,478.38	00 15									
73	33335	INSERT MAJOR VESSEL GRAFT	1,946.26										
77	33335	INSERT MAJOR VESSEL GRAFT	1,946.26	00 15									
73	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	821.21										
77	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	821.21	00 15									
73	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,265.52										
77	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,265.52	00 15									
73	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,379.96										
77	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,379.96	00 15									
73	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,430.44										
77	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,430.44	00 15									
73	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,433.86										
77	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,433.86	00 15									
73	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,509.91										
77	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,509.91	00 15									
73	33366	Transcatheter aortic valve replaceme	1,647.49										
77	33366	Transcatheter aortic valve replaceme	1,647.49	00 15									
73	33367	TRANSCATHETER AORTIC VALVE REPLACEME	660.44										
77	33367	TRANSCATHETER AORTIC VALVE REPLACEME	660.44	00 15									
73	33368	TRANSCATHETER AORTIC VALVE REPLACEME	780.23										
77	33368	TRANSCATHETER AORTIC VALVE REPLACEME	780.23	00 15									
73	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,029.68										
77	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,029.68	00 15									
73	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,010.63										
77	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,010.63	00 15									
73	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,389.68										
77	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,389.68	00 15									
73	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,817.81										
77	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,817.81	00 15									
73	33405	REPLACEMENT OF AORTIC VALVE	2,365.47										
77	33405	REPLACEMENT OF AORTIC VALVE	2,365.47	00 15									
73	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,005.57										
77	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,005.57	00 15									
73	33410	REPLACEMENT OF AORTIC VALVE	2,651.87										
77	33410	REPLACEMENT OF AORTIC VALVE	2,651.87	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,510.28										
77	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,510.28	00 15									
73	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,298.54										
77	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,298.54	00 15									
73	33413	REPLACEMENT, AORTIC VALVE;	3,373.66										
77	33413	REPLACEMENT, AORTIC VALVE;	3,373.66	00 15									
73	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,241.21										
77	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,241.21	00 15									
73	33415	REVISION OF AORTIC VALVE	2,113.57										
77	33415	REVISION OF AORTIC VALVE	2,113.57	00 15									
73	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,103.91										
77	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,103.91	00 15									
73	33417	REPAIR OF AORTIC VALVE	1,730.38										
77	33417	REPAIR OF AORTIC VALVE	1,730.38	00 15									
73	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,869.15										
77	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,869.15	00 15									
73	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	442.52										
77	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	442.52	00 15									
73	33420	REVISION OF MITRAL VALVE	1,505.78										
77	33420	REVISION OF MITRAL VALVE	1,505.78	00 15									
73	33422	REVISION OF MITRAL VALVE	1,729.16										
77	33422	REVISION OF MITRAL VALVE	1,729.16	00 15									
73	33425	REPAIR OF MITRAL VALVE	2,849.65										
77	33425	REPAIR OF MITRAL VALVE	2,849.65	00 15									
73	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,481.24										
77	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,481.24	00 15									
73	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,545.83										
77	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,545.83	00 15									
73	33430	REPLACEMENT OF MITRAL VALVE	2,919.41										
77	33430	REPLACEMENT OF MITRAL VALVE	2,919.41	00 15									
73	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,587.80										
77	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,587.80	00 15									
73	33460	REVISION OF TRICUSPID VALVE	2,511.16										
77	33460	REVISION OF TRICUSPID VALVE	2,511.16	00 15									
73	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,216.88										
77	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,216.88	00 15									
73	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,542.88										
77	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,542.88	00 15									
73	33465	REPLACE TRICUSPID VALVE	2,874.68										
77	33465	REPLACE TRICUSPID VALVE	2,874.68	00 15									
73	33468	REVISION OF TRICUSPID VALVE	2,559.54										
77	33468	REVISION OF TRICUSPID VALVE	2,559.54	00 15									
73	33470	REVISION OF PULMONARY VALVE	1,283.46										
77	33470	REVISION OF PULMONARY VALVE	1,283.46	00 15									
73	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,372.21										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,372.21	00 15									
73	33474	REVISION OF PULMONARY VALVE	2,268.49										
77	33474	REVISION OF PULMONARY VALVE	2,268.49	00 15									
73	33475	REPLACEMENT, PULMONARY VALVE	2,428.31										
77	33475	REPLACEMENT, PULMONARY VALVE	2,428.31	00 15									
73	33476	REVISION OF HEART CHAMBER	1,578.11										
77	33476	REVISION OF HEART CHAMBER	1,578.11	00 15									
73	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,418.08										
77	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,418.08	00 15									
73	33478	REVISION OF HEART CHAMBER	1,631.24										
77	33478	REVISION OF HEART CHAMBER	1,631.24	00 15									
73	33496	REPAIR, PROSTH VALVE CLOT	1,730.16										
77	33496	REPAIR, PROSTH VALVE CLOT	1,730.16	00 15									
73	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,622.97										
77	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,622.97	00 15									
73	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,156.55										
77	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,156.55	00 15									
73	33502	CORONARY ARTERY CORRECTION	1,320.66										
77	33502	CORONARY ARTERY CORRECTION	1,320.66	00 15									
73	33503	CORONARY ARTERY GRAFT	1,370.82										
77	33503	CORONARY ARTERY GRAFT	1,370.82	00 15									
73	33504	CORONARY ARTERY GRAFT	1,518.55										
77	33504	CORONARY ARTERY GRAFT	1,518.55	00 15									
73	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,156.77										
77	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,156.77	00 15									
73	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,144.29										
77	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,144.29	00 15									
73	33507	REPAIR ART, INTRAMURAL	1,795.62										
77	33507	REPAIR ART, INTRAMURAL	1,795.62	00 15									
73	33508	ENDOSCOPIC VEIN HARVEST	17.47										
77	33508	ENDOSCOPIC VEIN HARVEST	17.47	00 15									
73	33510	CORONARY ARTERY BYPASS	2,014.68										
77	33510	CORONARY ARTERY BYPASS	2,014.68	00 15									
73	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,211.68										
77	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,211.68	00 15									
73	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,519.88										
77	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,519.88	00 15									
73	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,587.10										
77	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,587.10	00 15									
73	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,726.03										
77	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,726.03	00 15									
73	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,822.80										
77	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,822.80	00 15									
73	33517	CORONARY ARTERY BYPASS, USING VENOUS	196.59										
77	33517	CORONARY ARTERY BYPASS, USING VENOUS	196.59	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33518	CORONARY ARTERY BYPASS, USING VENOUS	432.17										
77	33518	CORONARY ARTERY BYPASS, USING VENOUS	432.17	00 15									
73	33519	CORONARY ARTERY BYPASS, USING VENOUS	571.10										
77	33519	CORONARY ARTERY BYPASS, USING VENOUS	571.10	00 15									
73	33521	CORONARY ARTERY BYPASS, USING VENOUS	686.09										
77	33521	CORONARY ARTERY BYPASS, USING VENOUS	686.09	00 15									
73	33522	CORONARY ARTERY BYPASS, USING VENOUS	768.73										
77	33522	CORONARY ARTERY BYPASS, USING VENOUS	768.73	00 15									
73	33523	CORONARY ARTERY BYPASS, USING VENOUS	873.84										
77	33523	CORONARY ARTERY BYPASS, USING VENOUS	873.84	00 15									
73	33530	REOPERATION,CORON ART BYPASS >1MONTH	551.75										
77	33530	REOPERATION,CORON ART BYPASS >1MONTH	551.75	00 15									
73	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,947.91										
77	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,947.91	00 15									
73	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,290.19										
77	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,290.19	00 15									
73	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,555.71										
77	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,555.71	00 15									
73	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,754.55										
77	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,754.55	00 15									
73	33542	REMOVAL OF HEART LESION	2,742.07										
77	33542	REMOVAL OF HEART LESION	2,742.07	00 15									
73	33545	REPAIR OF HEART DAMAGE	3,210.70										
77	33545	REPAIR OF HEART DAMAGE	3,210.70	00 15									
73	33548	RESTORE/REMODEL, VENTRICLE	3,089.20										
77	33548	RESTORE/REMODEL, VENTRICLE	3,089.20	00 15									
73	33572	OPEN CORONARY ENDARTERECTOMY	241.66										
77	33572	OPEN CORONARY ENDARTERECTOMY	241.66	00 15									
73	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,783.38										
77	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,783.38	00 15									
73	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,731.06										
77	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,731.06	00 15									
73	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,847.34										
77	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,847.34	00 15									
73	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,870.42										
77	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,870.42	00 15									
73	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,843.55										
77	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,843.55	00 15									
73	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,034.04										
77	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,034.04	00 15									
73	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,088.21										
77	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,088.21	00 15									
73	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,077.95										
77	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,077.95	00 15									
73	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,253.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,253.29	00 15									
73	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,848.09										
77	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,848.09	00 15									
73	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,718.95										
77	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,718.95	00 15									
73	33621	TRANSTHORACIC INSERTION OF CATHETER	964.63										
77	33621	TRANSTHORACIC INSERTION OF CATHETER	964.63	00 15									
73	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,595.55										
77	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,595.55	00 15									
73	33641	REPAIR HEART SEPTUM DEFECT	1,706.68										
77	33641	REPAIR HEART SEPTUM DEFECT	1,706.68	00 15									
73	33645	REVISION OF HEART VEINS	1,802.95										
77	33645	REVISION OF HEART VEINS	1,802.95	00 15									
73	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,893.32										
77	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,893.32	00 15									
73	33660	REPAIR OF HEART DEFECTS	1,830.07										
77	33660	REPAIR OF HEART DEFECTS	1,830.07	00 15									
73	33665	REPAIR OF HEART DEFECTS	1,994.70										
77	33665	REPAIR OF HEART DEFECTS	1,994.70	00 15									
73	33670	REPAIR OF HEART CHAMBERS	2,061.41										
77	33670	REPAIR OF HEART CHAMBERS	2,061.41	00 15									
73	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,055.22										
77	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,055.22	00 15									
73	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,109.38										
77	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,109.38	00 15									
73	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,192.88										
77	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,192.88	00 15									
73	33681	REPAIR HEART SEPTUM DEFECT	1,910.81										
77	33681	REPAIR HEART SEPTUM DEFECT	1,910.81	00 15									
73	33684	REPAIR HEART SEPTUM DEFECT	1,968.63										
77	33684	REPAIR HEART SEPTUM DEFECT	1,968.63	00 15									
73	33688	REPAIR HEART SEPTUM DEFECT	1,967.31										
77	33688	REPAIR HEART SEPTUM DEFECT	1,967.31	00 15									
73	33690	REINFORCE PULMONARY ARTERY	1,240.58										
77	33690	REINFORCE PULMONARY ARTERY	1,240.58	00 15									
73	33692	REPAIR OF HEART DEFECTS	2,042.69										
77	33692	REPAIR OF HEART DEFECTS	2,042.69	00 15									
73	33694	REPAIR OF HEART DEFECTS	2,034.04										
77	33694	REPAIR OF HEART DEFECTS	2,034.04	00 15									
73	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,143.33										
77	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,143.33	00 15									
73	33702	REPAIR OF HEART DEFECTS	1,605.14										
77	33702	REPAIR OF HEART DEFECTS	1,605.14	00 15									
73	33710	REPAIR OF HEART DEFECTS	2,138.34										
77	33710	REPAIR OF HEART DEFECTS	2,138.34	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33720	REPAIR OF HEART DEFECT	1,606.31										
77	33720	REPAIR OF HEART DEFECT	1,606.31	00 15									
73	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,693.18										
77	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,693.18	00 15									
73	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,601.05										
77	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,601.05	00 15									
73	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,118.80										
77	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,118.80	00 15									
73	33730	REPAIR HEART-VEIN DEFECT(S)	2,087.33										
77	33730	REPAIR HEART-VEIN DEFECT(S)	2,087.33	00 15									
73	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,711.01										
77	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,711.01	00 15									
73	33735	REVISION OF HEART CHAMBER	1,340.80										
77	33735	REVISION OF HEART CHAMBER	1,340.80	00 15									
73	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,456.98										
77	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,456.98	00 15									
73	33737	REVISION OF HEART CHAMBER	1,344.51										
77	33737	REVISION OF HEART CHAMBER	1,344.51	00 15									
73	33750	MAJOR VESSEL SHUNT	1,311.17										
77	33750	MAJOR VESSEL SHUNT	1,311.17	00 15									
73	33755	MAJOR VESSEL SHUNT	1,362.83										
77	33755	MAJOR VESSEL SHUNT	1,362.83	00 15									
73	33762	MAJOR VESSEL SHUNT	1,331.85										
77	33762	MAJOR VESSEL SHUNT	1,331.85	00 15									
73	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,362.83										
77	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,362.83	00 15									
73	33766	MAJOR VESSEL SHUNT	1,385.94										
77	33766	MAJOR VESSEL SHUNT	1,385.94	00 15									
73	33767	SHUNT;	1,478.02										
77	33767	SHUNT;	1,478.02	00 15									
73	33768	CAVOPULMONARY SHUNTING	436.85										
77	33768	CAVOPULMONARY SHUNTING	436.85	00 15									
73	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,211.20										
77	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,211.20	00 15									
73	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,278.19										
77	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,278.19	00 15									
73	33774	REPAIR TRANSPO GREAT ARTERIES	1,868.22										
77	33774	REPAIR TRANSPO GREAT ARTERIES	1,868.22	00 15									
73	33775	REAPAIR W REMOVAL PULMONARY BAND	1,926.40										
77	33775	REAPAIR W REMOVAL PULMONARY BAND	1,926.40	00 15									
73	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,036.10										
77	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,036.10	00 15									
73	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,970.59										
77	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,970.59	00 15									
73	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,449.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,449.31	00	15									
73	33779	REPAIR W REMOVAL O PULMONARY BAND	2,430.71											
77	33779	REPAIR W REMOVAL O PULMONARY BAND	2,430.71	00	15									
73	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,474.05											
77	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,474.05	00	15									
73	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,419.26											
77	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,419.26	00	15									
73	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,378.93											
77	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,378.93	00	15									
73	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,655.38											
77	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,655.38	00	15									
73	33786	REPAIR ARTERIAL TRUNK	2,377.57											
77	33786	REPAIR ARTERIAL TRUNK	2,377.57	00	15									
73	33788	REVISION OF PULMONARY ARTERY	1,594.68											
77	33788	REVISION OF PULMONARY ARTERY	1,594.68	00	15									
73	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,023.84											
77	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,023.84	00	15									
73	33802	REPAIR VESSEL DEFECT	1,120.55											
77	33802	REPAIR VESSEL DEFECT	1,120.55	00	15									
73	33803	REPAIR VESSEL DEFECT	1,195.99											
77	33803	REPAIR VESSEL DEFECT	1,195.99	00	15									
73	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,283.98											
77	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,283.98	00	15									
73	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,579.40											
77	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,579.40	00	15									
73	33820	REVISE MAJOR VESSEL	1,002.33											
77	33820	REVISE MAJOR VESSEL	1,002.33	00	15									
73	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,057.34	00	17									
77	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,057.34	00	15									
73	33824	REPAIR PATENT DUCTUS ARTERIOSUS	1,222.09	18	99									
73	33840	REMOVE AORTA CONSTRICTION	1,282.48											
77	33840	REMOVE AORTA CONSTRICTION	1,282.48	00	15									
73	33845	REMOVE AORTA CONSTRICTION	1,380.50											
77	33845	REMOVE AORTA CONSTRICTION	1,380.50	00	15									
73	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,318.10											
77	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,318.10	00	15									
73	33852	EXCISION O COARCTATION W REPAIR ARCH	1,450.93											
77	33852	EXCISION O COARCTATION W REPAIR ARCH	1,450.93	00	15									
73	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,904.25											
77	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,904.25	00	15									
73	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,554.39											
77	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,554.39	00	15									
73	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,548.83											
77	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,548.83	00	15									
73	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,296.98											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,296.98	00 15									
73	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,368.57										
77	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,368.57	00 15									
73	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	967.32										
77	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	967.32	00 15									
73	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,419.19										
77	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,419.19	00 15									
73	33875	THORACIC AORTA GRAFT	2,867.28										
77	33875	THORACIC AORTA GRAFT	2,867.28	00 15									
73	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	3,809.82										
77	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	3,809.82	00 15									
73	33880	ENDOVASC TAA REPR INCL SUBCL	1,883.24										
77	33880	ENDOVASC TAA REPR INCL SUBCL	1,883.24	00 15									
73	33881	ENDOVASC TAA REPR W/O SUBCL	1,616.67										
77	33881	ENDOVASC TAA REPR W/O SUBCL	1,616.67	00 15									
73	33883	INSERT ENDOVASC PROSTH, TAA	1,167.17										
77	33883	INSERT ENDOVASC PROSTH, TAA	1,167.17	00 15									
73	33884	ENDOVASC PROSTH, TAA, ADD-ON	420.65									X	
77	33884	ENDOVASC PROSTH, TAA, ADD-ON	420.65	00 15								X	
73	33886	ENDOVASC PROSTH, DELAYED	1,002.05										
77	33886	ENDOVASC PROSTH, DELAYED	1,002.05	00 15									
73	33889	ARTERY TRANSPOSE/ENDOVAS TAA	835.35										
77	33889	ARTERY TRANSPOSE/ENDOVAS TAA	835.35	00 15									
73	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,026.73										
77	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,026.73	00 15									
73	33910	REMOVE LUNG ARTERY EMBOLI	2,779.71										
77	33910	REMOVE LUNG ARTERY EMBOLI	2,779.71	00 15									
73	33915	REMOVE LUNG ARTERY EMBOLI	1,432.83										
77	33915	REMOVE LUNG ARTERY EMBOLI	1,432.83	00 15									
73	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,419.56										
77	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,419.56	00 15									
73	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,509.00										
77	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,509.00	00 15									
73	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,886.53										
77	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,886.53	00 15									
73	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,440.83										
77	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,440.83	00 15									
73	33924	REMOVE PULMONARY SHUNT	299.80										
77	33924	REMOVE PULMONARY SHUNT	299.80	00 15									
73	33925	RPR PUL ART UNIFOCAL W/O CPB	1,790.23										
77	33925	RPR PUL ART UNIFOCAL W/O CPB	1,790.23	00 15									
73	33926	REPR PUL ART, UNIFOCAL W/CPB	2,524.81										
77	33926	REPR PUL ART, UNIFOCAL W/CPB	2,524.81	00 15									
73	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,679.27			X							
77	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,679.27	00 15		X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,184.01			X								
77	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,184.01	00	15	X								
73	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,089.69			X								
77	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,089.69	00	15	X								
73	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	321.32											
77	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	321.32	00	15									
73	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	358.04											
77	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	358.04	00	15									
73	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	246.12											
77	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	246.12	00	15									
73	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	239.67											
77	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	239.67	00	15									
73	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	444.94	00	05									
77	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	444.94	00	05									
73	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	447.43	06	99									
77	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	447.43	06	15									
73	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	495.62	00	05									
77	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	495.62	00	05									
73	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	498.88	06	99									
77	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	498.88	06	15									
73	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	870.30	00	05									
77	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	870.30	00	05									
73	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	875.82	06	99									
77	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	875.82	06	15									
73	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	193.49	00	05									
77	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	193.49	00	05									
73	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	193.49	06	99									
77	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	193.49	06	15									
73	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	245.29	00	05									
77	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	245.29	00	05									
73	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	245.29	06	99									
77	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	245.29	06	15									
73	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	490.38	00	05									
77	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	490.38	00	05									
73	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	517.46	06	99									
77	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	517.46	06	15									
73	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	193.49	00	05									
77	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	193.49	00	05									
73	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	247.18	06	99									
77	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	247.18	06	15									
73	33967	INSERT IA PERCUT DEVICE	270.07											
77	33967	INSERT IA PERCUT DEVICE	270.07	00	15									
73	33968	REMOVE AORTIC ASSIST DEVICE	35.15											
77	33968	REMOVE AORTIC ASSIST DEVICE	35.15	00	15									
73	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	285.68	00	05									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	285.68	00	05									
73	33970	INTERNAL CIRCULATION ASSIST	370.54											
77	33970	INTERNAL CIRCULATION ASSIST	370.54	00	15									
73	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	727.99											
77	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	727.99	00	15									
73	33973	INSERTION OF INTRA-AORTIC BALLOON AS	535.69											
77	33973	INSERTION OF INTRA-AORTIC BALLOON AS	535.69	00	15									
73	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	918.08											
77	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	918.08	00	15									
73	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,367.56											
77	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,367.56	00	15									
73	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,665.66											
77	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,665.66	00	15									
73	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,175.40											
77	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,175.40	00	15									
73	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,390.04											
77	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,390.04	00	15									
73	33979	INSERT INTRACORPOREAL DEVICE	2,043.16											
77	33979	INSERT INTRACORPOREAL DEVICE	2,043.16	00	15									
73	33980	REMOVE INTRACORPOREAL DEVICE	1,860.14									X		
77	33980	REMOVE INTRACORPOREAL DEVICE	1,860.14	00	15							X		
73	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	873.09									X		
77	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	873.09	00	15							X		
73	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,051.31									X		
77	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,051.31	00	15							X		
73	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,425.11									X		
77	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,425.11	00	15							X		
73	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	298.45	06	99									
77	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	298.45	06	15									
73	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	538.32	00	05									
77	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	538.32	00	05									
73	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	548.92	06	99									
77	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	548.92	06	15									
73	33987	ARTERIAL EXPOSURE WITH CREATION OF G	218.34											
77	33987	ARTERIAL EXPOSURE WITH CREATION OF G	218.34	00	15									
73	33988	INSERTION OF LEFT HEART VENT BY THOR	815.50											
77	33988	INSERTION OF LEFT HEART VENT BY THOR	815.50	00	15									
73	33989	REMOVAL OF LEFT HEART VENT BY THORAC	517.46											
77	33989	REMOVAL OF LEFT HEART VENT BY THORAC	517.46	00	15									
73	33990	INSERTION OF VENTRICULAR ASSIST DEVI	443.09											
77	33990	INSERTION OF VENTRICULAR ASSIST DEVI	443.09	00	15									
73	33991	INSERTION OF VENTRICULAR ASSIST DEVI	650.48											
77	33991	INSERTION OF VENTRICULAR ASSIST DEVI	650.48	00	15									
73	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	208.09											
77	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	208.09	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	180.57										
77	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	180.57	00 15									
73	34001	REMOVAL OF ARTERY CLOT	965.51										
77	34001	REMOVAL OF ARTERY CLOT	965.51	00 15									
73	34051	REMOVAL OF ARTERY CLOT	1,025.03										
77	34051	REMOVAL OF ARTERY CLOT	1,025.03	00 15									
73	34101	REMOVAL OF ARTERY CLOT	627.17										
77	34101	REMOVAL OF ARTERY CLOT	627.17	00 15									
73	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	629.48										
77	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	629.48	00 15									
73	34151	REMOVAL OF ARTERY CLOT	1,462.98										
77	34151	REMOVAL OF ARTERY CLOT	1,462.98	00 15									
73	34201	REMOVAL OF ARTERY CLOT	1,080.03										
77	34201	REMOVAL OF ARTERY CLOT	1,080.03	00 15									
73	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	999.42										
77	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	999.42	00 15									
73	34401	REMOVAL OF VEIN CLOT	1,513.05										
77	34401	REMOVAL OF VEIN CLOT	1,513.05	00 15									
73	34421	REMOVAL OF VEIN CLOT	775.71										
77	34421	REMOVAL OF VEIN CLOT	775.71	00 15									
73	34451	REMOVAL OF VEIN CLOT	1,518.83										
77	34451	REMOVAL OF VEIN CLOT	1,518.83	00 15									
73	34471	REMOVAL OF VEIN CLOT	1,138.29										
77	34471	REMOVAL OF VEIN CLOT	1,138.29	00 15									
73	34490	REMOVAL OF VEIN CLOT	663.34										
77	34490	REMOVAL OF VEIN CLOT	663.34	00 15									
73	34501	VALVULOPLASTY, FEMORAL VEIN	936.91										
77	34501	VALVULOPLASTY, FEMORAL VEIN	936.91	00 15									
73	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,605.12										
77	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,605.12	00 15									
73	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,077.29										
77	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,077.29	00 15									
73	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,042.98										
77	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,042.98	00 15									
73	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	988.26										
77	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	988.26	00 15									
73	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,307.26										
77	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,307.26	00 15									
73	34702	ENDOVASCULAR REPAIR OF INFRARENAL	1,955.29										
77	34702	ENDOVASCULAR REPAIR OF INFRARENAL	1,955.29	00 15									
73	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,443.81										
77	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,443.81	00 15									
73	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,410.89										
77	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,410.89	00 15									
73	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,611.61										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,611.61	00 15									
73	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,432.78										
77	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,432.78	00 15									
73	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,219.98										
77	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,219.98	00 15									
73	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,950.29										
77	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,950.29	00 15									
73	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	342.39									X	
77	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	342.39	00 15								X	
73	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	840.42										
77	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	840.42	00 15									
73	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	315.48									X	
77	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	315.48	00 15								X	
73	34712	TRANSCATHETER DELIVERY OF ENHANCED	690.17										
77	34712	TRANSCATHETER DELIVERY OF ENHANCED	690.17	00 15									
73	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	131.65									X	
77	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	131.65	00 15								X	
73	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	285.06									X	
77	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	285.06	00 15								X	
73	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	317.25									X	
77	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	317.25	00 15								X	
73	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	390.67									X	
77	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	390.67	00 15								X	
73	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	470.77									X	
77	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	470.77	00 15								X	
73	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,307.05									X	
77	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,307.05	00 15								X	
73	34808	ENDOVASC ABDO OCCLUD DEVICE	212.39										
77	34808	ENDOVASC ABDO OCCLUD DEVICE	212.39	00 15									
73	34812	XPOSE FOR ENDOPROSTH, AORTIC	218.47										
77	34812	XPOSE FOR ENDOPROSTH, AORTIC	218.47	00 15									
73	34813	XPOSE FOR ENDOPROSTH, FEMORL	251.49										
77	34813	XPOSE FOR ENDOPROSTH, FEMORL	251.49	00 15									
73	34820	XPOSE FOR ENDOPROSTH, ILIAC	370.42										
77	34820	XPOSE FOR ENDOPROSTH, ILIAC	370.42	00 15									
73	34830	OPEN AORTIC TUBE PROSTH REPR	1,865.92										
77	34830	OPEN AORTIC TUBE PROSTH REPR	1,865.92	00 15									
73	34831	OPEN AORTOILIAC PROSTH REPR	2,037.93										
77	34831	OPEN AORTOILIAC PROSTH REPR	2,037.93	00 15									
73	34832	OPEN AORTOFEMOR PROSTH REPR	2,007.72										
77	34832	OPEN AORTOFEMOR PROSTH REPR	2,007.72	00 15									
73	34833	XPOSE FOR ENDOPROSTH, ILIAC	427.61										
77	34833	XPOSE FOR ENDOPROSTH, ILIAC	427.61	00 15									
73	34834	XPOSE, ENDOPROSTH, BRACHIAL	137.42										
77	34834	XPOSE, ENDOPROSTH, BRACHIAL	137.42	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	35001	REPAIR DEFECT OF ARTERY	1,178.09										
77	35001	REPAIR DEFECT OF ARTERY	1,178.09	00 15									
73	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,199.65										
77	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,199.65	00 15									
73	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,049.04										
77	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,049.04	00 15									
73	35011	REPAIR DEFECT OF ARTERY	1,052.94										
77	35011	REPAIR DEFECT OF ARTERY	1,052.94	00 15									
73	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,324.09										
77	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,324.09	00 15									
73	35021	REPAIR DEFECT OF ARTERY	1,306.55										
77	35021	REPAIR DEFECT OF ARTERY	1,306.55	00 15									
73	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,496.50										
77	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,496.50	00 15									
73	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,025.18										
77	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,025.18	00 15									
73	35081	REPAIR DEFECT OF ARTERY	1,826.18										
77	35081	REPAIR DEFECT OF ARTERY	1,826.18	00 15									
73	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,302.22										
77	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,302.22	00 15									
73	35091	REPAIR DEFECT OF ARTERY	1,891.93										
77	35091	REPAIR DEFECT OF ARTERY	1,891.93	00 15									
73	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,752.95										
77	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,752.95	00 15									
73	35102	REPAIR DEFECT OF ARTERY	1,983.87										
77	35102	REPAIR DEFECT OF ARTERY	1,983.87	00 15									
73	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,363.19										
77	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,363.19	00 15									
73	35111	REPAIR DEFECT OF ARTERY	1,404.90										
77	35111	REPAIR DEFECT OF ARTERY	1,404.90	00 15									
73	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,729.95										
77	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,729.95	00 15									
73	35121	REPAIR DEFECT OF ARTERY	1,673.60										
77	35121	REPAIR DEFECT OF ARTERY	1,673.60	00 15									
73	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,002.86										
77	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,002.86	00 15									
73	35131	REPAIR DEFECT OF ARTERY	1,451.60										
77	35131	REPAIR DEFECT OF ARTERY	1,451.60	00 15									
73	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,729.95										
77	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,729.95	00 15									
73	35141	REPAIR DEFECT OF ARTERY	1,159.85										
77	35141	REPAIR DEFECT OF ARTERY	1,159.85	00 15									
73	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,399.04										
77	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,399.04	00 15									
73	35151	REPAIR DEFECT OF ARTERY	1,304.04										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	35151	REPAIR DEFECT OF ARTERY	1,304.04	00	15									
73	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,477.61											
77	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,477.61	00	15									
73	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	910.34											
77	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	910.34	00	15									
73	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,859.38											
77	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,859.38	00	15									
73	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,017.29											
77	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,017.29	00	15									
73	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,342.13											
77	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,342.13	00	15									
73	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,596.87											
77	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,596.87	00	15									
73	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	795.65											
77	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	795.65	00	15									
73	35201	REPAIR BLOOD VESSEL LESION	982.35											
77	35201	REPAIR BLOOD VESSEL LESION	982.35	00	15									
73	35206	REPAIR BLOOD VESSEL LESION	813.39											
77	35206	REPAIR BLOOD VESSEL LESION	813.39	00	15									
73	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	760.01										X	
77	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	760.01	00	15								X	
73	35211	REPAIR BLOOD VESSEL LESION	1,443.43											
77	35211	REPAIR BLOOD VESSEL LESION	1,443.43	00	15									
73	35216	REPAIR BLOOD VESSEL LESION	2,154.38											
77	35216	REPAIR BLOOD VESSEL LESION	2,154.38	00	15									
73	35221	REPAIR BLOOD VESSEL LESION	1,535.85											
77	35221	REPAIR BLOOD VESSEL LESION	1,535.85	00	15									
73	35226	REPAIR BLOOD VESSEL LESION	871.50											
77	35226	REPAIR BLOOD VESSEL LESION	871.50	00	15									
73	35231	REPAIR BLOOD VESSEL LESION	1,287.17											
77	35231	REPAIR BLOOD VESSEL LESION	1,287.17	00	15									
73	35236	REPAIR BLOOD VESSEL LESION	1,047.45											
77	35236	REPAIR BLOOD VESSEL LESION	1,047.45	00	15									
73	35241	REPAIR BLOOD VESSEL LESION	1,489.95											
77	35241	REPAIR BLOOD VESSEL LESION	1,489.95	00	15									
73	35246	REPAIR BLOOD VESSEL LESION	1,627.22											
77	35246	REPAIR BLOOD VESSEL LESION	1,627.22	00	15									
73	35251	REPAIR BLOOD VESSEL LESION	1,826.87											
77	35251	REPAIR BLOOD VESSEL LESION	1,826.87	00	15									
73	35256	REPAIR BLOOD VESSEL LESION	1,075.31											
77	35256	REPAIR BLOOD VESSEL LESION	1,075.31	00	15									
73	35261	REPAIR BLOOD VESSEL LESION	1,032.51											
77	35261	REPAIR BLOOD VESSEL LESION	1,032.51	00	15									
73	35266	REPAIR BLOOD VESSEL LESION	904.84											
77	35266	REPAIR BLOOD VESSEL LESION	904.84	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	35271	REPAIR BLOOD VESSEL LESION	1,433.83										
77	35271	REPAIR BLOOD VESSEL LESION	1,433.83	00 15									
73	35276	REPAIR BLOOD VESSEL LESION	1,511.88										
77	35276	REPAIR BLOOD VESSEL LESION	1,511.88	00 15									
73	35281	REPAIR BLOOD VESSEL LESION	1,707.80										
77	35281	REPAIR BLOOD VESSEL LESION	1,707.80	00 15									
73	35286	REPAIR BLOOD VESSEL LESION	979.92										
77	35286	REPAIR BLOOD VESSEL LESION	979.92	00 15									
73	35301	RECHANNELING OF ARTERY	1,190.38										
77	35301	RECHANNELING OF ARTERY	1,190.38	00 15									
73	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,180.95										
77	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,180.95	00 15									
73	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,303.86										
77	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,303.86	00 15									
73	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,344.79										
77	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,344.79	00 15									
73	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,291.14										
77	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,291.14	00 15									
73	35306	THROMBOENDARTERECTOMY, INCLUDING P +	473.91									X	
77	35306	THROMBOENDARTERECTOMY, INCLUDING P +	473.91	00 15								X	
73	35311	RECHANNELING OF ARTERY	1,623.93										
77	35311	RECHANNELING OF ARTERY	1,623.93	00 15									
73	35321	RECHANNELING OF ARTERY	937.49										
77	35321	RECHANNELING OF ARTERY	937.49	00 15									
73	35331	RECHANNELING OF ARTERY	1,530.26										
77	35331	RECHANNELING OF ARTERY	1,530.26	00 15									
73	35341	RECHANNELING OF ARTERY	1,449.00										
77	35341	RECHANNELING OF ARTERY	1,449.00	00 15									
73	35351	RECHANNELING OF ARTERY	1,352.31										
77	35351	RECHANNELING OF ARTERY	1,352.31	00 15									
73	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,087.98										
77	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,087.98	00 15									
73	35361	RECHANNELING OF ARTERY	1,610.83										
77	35361	RECHANNELING OF ARTERY	1,610.83	00 15									
73	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,719.15										
77	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,719.15	00 15									
73	35371	RECHANNELING OF ARTERY	859.07										
77	35371	RECHANNELING OF ARTERY	859.07	00 15									
73	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,030.44										
77	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,030.44	00 15									
73	35390	REOPERATION, CAROTID, THROMBOENDARTE	169.29										
77	35390	REOPERATION, CAROTID, THROMBOENDARTE	169.29	00 15									
73	35400	ANGIOSCOPY	157.25										
77	35400	ANGIOSCOPY	157.25	00 15									
73	35500	HARVEST VEIN FOR BYPASS	338.36										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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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
77	35500	HARVEST VEIN FOR BYPASS	338.36	00 15									
73	35501	ARTERY BYPASS GRAFT	1,545.52										
77	35501	ARTERY BYPASS GRAFT	1,545.52	00 15									
73	35506	ARTERY BYPASS GRAFT	1,347.74										
77	35506	ARTERY BYPASS GRAFT	1,347.74	00 15									
73	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,401.50										
77	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,401.50	00 15									
73	35509	ARTERY BYPASS GRAFT	1,495.28										
77	35509	ARTERY BYPASS GRAFT	1,495.28	00 15									
73	35510	ARTERY BYPASS GRAFT	1,299.58										
77	35510	ARTERY BYPASS GRAFT	1,299.58	00 15									
73	35511	ARTERY BYPASS GRAFT	1,184.93										
77	35511	ARTERY BYPASS GRAFT	1,184.93	00 15									
73	35512	ARTERY BYPASS GRAFT	1,274.78										
77	35512	ARTERY BYPASS GRAFT	1,274.78	00 15									
73	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,401.50										
77	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,401.50	00 15									
73	35516	ARTERY BYPASS GRAFT	1,289.83										
77	35516	ARTERY BYPASS GRAFT	1,289.83	00 15									
73	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,208.00										
77	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,208.00	00 15									
73	35521	ARTERY BYPASS GRAFT	1,295.56										
77	35521	ARTERY BYPASS GRAFT	1,295.56	00 15									
73	35522	ARTERY BYPASS GRAFT	1,282.20										
77	35522	ARTERY BYPASS GRAFT	1,282.20	00 15									
73	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,347.61										
77	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,347.61	00 15									
73	35525	ARTERY BYPASS GRAFT	1,196.03										
77	35525	ARTERY BYPASS GRAFT	1,196.03	00 15									
73	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,803.43										
77	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,803.43	00 15									
73	35531	ARTERY BYPASS GRAFT	2,064.39										
77	35531	ARTERY BYPASS GRAFT	2,064.39	00 15									
73	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,594.00										
77	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,594.00	00 15									
73	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,016.93										
77	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,016.93	00 15									
73	35536	ARTERY BYPASS GRAFT	1,789.58										
77	35536	ARTERY BYPASS GRAFT	1,789.58	00 15									
73	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,210.28										
77	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,210.28	00 15									
73	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,478.01										
77	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,478.01	00 15									
73	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,325.32										
77	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,325.32	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,593.49										
77	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,593.49	00 15									
73	35556	ARTERY BYPASS GRAFT	1,475.84										
77	35556	ARTERY BYPASS GRAFT	1,475.84	00 15									
73	35558	ARTERY BYPASS GRAFT	1,292.82										
77	35558	ARTERY BYPASS GRAFT	1,292.82	00 15									
73	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,804.43										
77	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,804.43	00 15									
73	35563	ARTERY BYPASS GRAFT	1,398.13										
77	35563	ARTERY BYPASS GRAFT	1,398.13	00 15									
73	35565	ARTERY BYPASS GRAFT	1,379.11										
77	35565	ARTERY BYPASS GRAFT	1,379.11	00 15									
73	35566	ARTERY BYPASS GRAFT	1,763.87										
77	35566	ARTERY BYPASS GRAFT	1,763.87	00 15									
73	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,558.01										
77	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,558.01	00 15									
73	35571	ARTERY BYPASS GRAFT	1,398.31										
77	35571	ARTERY BYPASS GRAFT	1,398.31	00 15									
73	35572	HARVEST FEMOROPOPLITEAL VEIN	364.42										
77	35572	HARVEST FEMOROPOPLITEAL VEIN	364.42	00 15									
73	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,523.60										
77	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,523.60	00 15									
73	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,767.74										
77	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,767.74	00 15									
73	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,438.86										
77	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,438.86	00 15									
73	35600	HARVEST ARTERY FOR CABG	269.07										
77	35600	HARVEST ARTERY FOR CABG	269.07	00 15									
73	35601	ARTERY BYPASS GRAFT	1,476.21										
77	35601	ARTERY BYPASS GRAFT	1,476.21	00 15									
73	35606	ARTERY BYPASS GRAFT	1,235.14										
77	35606	ARTERY BYPASS GRAFT	1,235.14	00 15									
73	35612	ARTERY BYPASS GRAFT	1,100.86										
77	35612	ARTERY BYPASS GRAFT	1,100.86	00 15									
73	35616	ARTERY BYPASS GRAFT	1,165.70										
77	35616	ARTERY BYPASS GRAFT	1,165.70	00 15									
73	35621	ARTERY BYPASS GRAFT	1,156.12										
77	35621	ARTERY BYPASS GRAFT	1,156.12	00 15									
73	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,387.85										
77	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,387.85	00 15									
73	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,661.40										
77	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,661.40	00 15									
73	35631	ARTERY BYPASS GRAFT	1,955.47										
77	35631	ARTERY BYPASS GRAFT	1,955.47	00 15									
73	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,914.02										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,914.02	00 15									
73	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,097.49										
77	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,097.49	00 15									
73	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,872.92										
77	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,872.92	00 15									
73	35636	ARTERY BYPASS GRAFT	1,687.51										
77	35636	ARTERY BYPASS GRAFT	1,687.51	00 15									
73	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,756.50										
77	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,756.50	00 15									
73	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	1,838.05										
77	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,838.05	00 15									
73	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,038.19										
77	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,038.19	00 15									
73	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	998.54										
77	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	998.54	00 15									
73	35646	ARTERY BYPASS GRAFT	1,808.97										
77	35646	ARTERY BYPASS GRAFT	1,808.97	00 15									
73	35647	ARTERY BYPASS GRAFT	1,631.09										
77	35647	ARTERY BYPASS GRAFT	1,631.09	00 15									
73	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,079.50										
77	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,079.50	00 15									
73	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,443.93										
77	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,443.93	00 15									
73	35656	ARTERY BYPASS GRAFT	1,136.96										
77	35656	ARTERY BYPASS GRAFT	1,136.96	00 15									
73	35661	ARTERY BYPASS GRAFT	1,139.69										
77	35661	ARTERY BYPASS GRAFT	1,139.69	00 15									
73	35663	ARTERY BYPASS GRAFT	1,285.29										
77	35663	ARTERY BYPASS GRAFT	1,285.29	00 15									
73	35665	ARTERY BYPASS GRAFT	1,236.24										
77	35665	ARTERY BYPASS GRAFT	1,236.24	00 15									
73	35666	ARTERY BYPASS GRAFT	1,337.70										
77	35666	ARTERY BYPASS GRAFT	1,337.70	00 15									
73	35671	ARTERY BYPASS GRAFT	1,179.49										
77	35671	ARTERY BYPASS GRAFT	1,179.49	00 15									
73	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	85.79										
77	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	85.79	00 15									
73	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	375.14										
77	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	375.14	00 15									
73	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	434.67										
77	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	434.67	00 15									
73	35685	BYPASS GRAFT PATENCY/PATCH	210.80										
77	35685	BYPASS GRAFT PATENCY/PATCH	210.80	00 15									
73	35686	BYPASS GRAFT/AV FIST PATENCY	171.00										
77	35686	BYPASS GRAFT/AV FIST PATENCY	171.00	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	35691	TRANSPOSITION AND/OR REIMPLANTATION;	997.53										
77	35691	TRANSPOSITION AND/OR REIMPLANTATION;	997.53	00 15									
73	35693	TRANSPOSITION AND/OR REIMPLANTATION;	876.36										
77	35693	TRANSPOSITION AND/OR REIMPLANTATION;	876.36	00 15									
73	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,042.49										
77	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,042.49	00 15									
73	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,082.42										
77	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,082.42	00 15									
73	35697	REIMPLANT ARTERY EACH	156.27										
77	35697	REIMPLANT ARTERY EACH	156.27	00 15									
73	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	161.77										
77	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	161.77	00 15									
73	35701	EXPLORATION, CAROTID ARTERY	445.96										
77	35701	EXPLORATION, CAROTID ARTERY	445.96	00 15									
73	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	425.16										
77	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	425.16	00 15									
73	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	434.06										
77	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	434.06	00 15									
73	35800	EXPLORE NECK VESSELS	737.69										
77	35800	EXPLORE NECK VESSELS	737.69	00 15									
73	35820	EXPLORE CHEST VESSELS	2,097.44										
77	35820	EXPLORE CHEST VESSELS	2,097.44	00 15									
73	35840	EXPLORE ABDOMINAL VESSELS	1,248.23										
77	35840	EXPLORE ABDOMINAL VESSELS	1,248.23	00 15									
73	35860	EXPLORE LIMB VESSELS	876.44										
77	35860	EXPLORE LIMB VESSELS	876.44	00 15									
73	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,315.58										
77	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,315.58	00 15									
73	35875	THROMBECTOMY OF ARTERIAL GRAFT	623.55										
77	35875	THROMBECTOMY OF ARTERIAL GRAFT	623.55	00 15									
73	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	995.15										
77	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	995.15	00 15									
73	35879	REVISE GRAFT W/VEIN	973.72										
77	35879	REVISE GRAFT W/VEIN	973.72	00 15									
73	35881	REVISE GRAFT W/VEIN	1,075.22										
77	35881	REVISE GRAFT W/VEIN	1,075.22	00 15									
73	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,267.07										
77	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,267.07	00 15									
73	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,311.73										
77	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,311.73	00 15									
73	35901	EXCISION OF INFECTED GRAFT;	491.71										
77	35901	EXCISION OF INFECTED GRAFT;	491.71	00 15									
73	35903	EXCISION OF INFECTED GRAFT;	587.84										
77	35903	EXCISION OF INFECTED GRAFT;	587.84	00 15									
73	35905	EXCISION OF INFECTED GRAFT;	1,860.97										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	35905	EXCISION OF INFECTED GRAFT;	1,860.97	00 15									
73	35907	EXCISION OF INFECTED GRAFT;	2,011.63										
77	35907	EXCISION OF INFECTED GRAFT;	2,011.63	00 15									
73	36002	PSEUDOANEURYSM INJECTION TRT	152.38										
77	36002	PSEUDOANEURYSM INJECTION TRT	152.38	00 15									
73	36005	INJECTION PROCEDURE FOR CONTRAST VEN	278.95										
77	36005	INJECTION PROCEDURE FOR CONTRAST VEN	278.95	00 15									
73	36010	ESTABLISH ACCESS TO VEIN	500.28										
77	36010	ESTABLISH ACCESS TO VEIN	500.28	00 15									
73	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	817.58										
77	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	817.58	00 15									
73	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	831.90										
77	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	831.90	00 15									
73	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	751.70										
77	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	751.70	00 15									
73	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	786.41										
77	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	786.41	00 15									
73	36015	SELECTIVE CATHETER PLACEMENT, EACH S	851.24										
77	36015	SELECTIVE CATHETER PLACEMENT, EACH S	851.24	00 15									
73	36100	ESTABLISH ACCESS TO ARTERY	500.47									X	
77	36100	ESTABLISH ACCESS TO ARTERY	500.47	00 15								X	
73	36140	ESTABLISH ACCESS TO ARTERY	454.05									X	
77	36140	ESTABLISH ACCESS TO ARTERY	454.05	00 15								X	
73	36160	ESTABLISH ACCESS TO AORTA	517.57										
77	36160	ESTABLISH ACCESS TO AORTA	517.57	00 15									
73	36200	INTRODUCTION OF CATHETER, AORTA	563.80										
77	36200	INTRODUCTION OF CATHETER, AORTA	563.80	00 15									
73	36215	INTRODUCE CATHETER; EACH ADD....	1,017.65									X	
77	36215	INTRODUCE CATHETER; EACH ADD....	1,017.65	00 15								X	
73	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,086.37										
77	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,086.37	00 15									
73	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,789.05										
77	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,789.05	00 15									
73	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	217.88										
77	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	217.88	00 15									
73	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	999.39										
77	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	999.39	00 15									
73	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,186.82									X	
77	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,186.82	00 15								X	
73	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,518.52									X	
77	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,518.52	00 15								X	
73	36224	SELECTIVE CATHETER PLACEMENT, INTERN	1,957.28									X	
77	36224	SELECTIVE CATHETER PLACEMENT, INTERN	1,957.28	00 15								X	
73	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,457.69									X	
77	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,457.69	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,851.21									X	
77	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,851.21	00 15								X	
73	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	243.58									X	
77	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	243.58	00 15								X	
73	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,252.66									X	
77	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,252.66	00 15								X	
73	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,265.82									X	
77	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,265.82	00 15								X	
73	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	824.58										
77	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	824.58	00 15									
73	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,436.43										
77	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,436.43	00 15									
73	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	131.37										
77	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	131.37	00 15									
73	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,319.24										
77	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,319.24	00 15									
73	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,430.26										
77	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,430.26	00 15									
73	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,078.43										
77	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,078.43	00 15									
73	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,048.49										
77	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,048.49	00 15									
73	36260	INSERT IMPLANTABLE FUSION PUMP	672.72										
77	36260	INSERT IMPLANTABLE FUSION PUMP	672.72	00 15									
73	36261	REVISION OF IMPLANTED INFUSION PUMP	414.59										
77	36261	REVISION OF IMPLANTED INFUSION PUMP	414.59	00 15									
73	36262	REMOVAL OF IMPLANTED INFUSION PUMP	315.23										
77	36262	REMOVAL OF IMPLANTED INFUSION PUMP	315.23	00 15									
73	36400	ESTABLISH ACCESS TO VEIN	25.94	00 02				X				X	
77	36400	ESTABLISH ACCESS TO VEIN	25.94	00 02				X				X	
73	36405	ESTABLISH ACCESS TO VEIN	22.40	00 02				X				X	
77	36405	ESTABLISH ACCESS TO VEIN	22.40	00 02				X				X	
73	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	15.81	00 02				X				X	
77	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	15.81	00 02				X				X	
73	36410	ESTABLISH ACCESS TO VEIN	16.62	03 99				X					
77	36410	ESTABLISH ACCESS TO VEIN	16.62	03 15				X					
73	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	50.44	00 00								X	
77	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	50.44	00 00								X	
73	36425	ESTABLISH ACCESS TO VEIN	40.29	01 99								X	
77	36425	ESTABLISH ACCESS TO VEIN	40.29	01 15								X	
73	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	51.06	00 01								X	
77	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	51.06	00 01								X	
73	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	170.72	00 00									
77	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	170.72	00 00									
73	36455	EXCHANGE TRANSFUSION SERVICE	133.15									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	36455	EXCHANGE TRANSFUSION SERVICE	133.15	00 15								X	
73	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	101.68	00 00									
77	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	101.68	00 00									
73	36460	TRANSFUSION SERVICE, FETAL	357.53									X	
77	36460	TRANSFUSION SERVICE, FETAL	357.53	00 15								X	
73	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,411.83										
77	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,411.83	00 15									
73	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,567.36										
77	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,567.36	00 15									
73	36470	INJECTION THERAPY OF VEIN	104.47										
77	36470	INJECTION THERAPY OF VEIN	104.47	00 15									
73	36471	INJECTION THERAPY OF VEINS	189.37										
77	36471	INJECTION THERAPY OF VEINS	189.37	00 15									
73	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,334.24										
77	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,334.24	00 15									
73	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	276.98									X	
77	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	276.98	00 15								X	
73	36475	ENDOVENOUS RF, 1ST VEIN	1,295.67										
77	36475	ENDOVENOUS RF, 1ST VEIN	1,295.67	00 15									
73	36476	ENDOVENOUS RF, VEIN ADD-ON	300.51										
77	36476	ENDOVENOUS RF, VEIN ADD-ON	300.51	00 15									
73	36478	ENDOVENOUS LASER, 1ST VEIN	1,012.04										
77	36478	ENDOVENOUS LASER, 1ST VEIN	1,012.04	00 15									
73	36479	ENDOVENOUS LASER VEIN ADDON	315.52										
77	36479	ENDOVENOUS LASER VEIN ADDON	315.52	00 15									
73	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,804.58										
77	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,804.58	00 15									
73	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,778.47										
77	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,778.47	00 15									
73	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	154.05									X	
77	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	154.05	00 15								X	
73	36500	VEIN CATH/SELECT. ORGAN SAMPLE	188.24										
77	36500	VEIN CATH/SELECT. ORGAN SAMPLE	188.24	00 15									
73	36510	UMBILICAL CATH-DX/THER/NEWBORN	80.18	00 01									
77	36510	UMBILICAL CATH-DX/THER/NEWBORN	80.18	00 01									
73	36511	APHERESIS WBC	108.38										
77	36511	APHERESIS WBC	108.38	00 15									
73	36512	APHERESIS RBC	107.40										
77	36512	APHERESIS RBC	107.40	00 15									
73	36513	APHERESIS PLATELETS	110.10										
77	36513	APHERESIS PLATELETS	110.10	00 15									
73	36514	APHERESIS PLASMA	630.67										
77	36514	APHERESIS PLASMA	630.67	00 15									
73	36516	APHERESIS, SELECTIVE	1,814.36										
77	36516	APHERESIS, SELECTIVE	1,814.36	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,785.12										
77	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,785.12	00 15									
73	36555	INSERT NON-TUNNEL CV CATH	180.30	00 04									
77	36555	INSERT NON-TUNNEL CV CATH	180.30	00 04									
73	36556	INSERT NON-TUNNEL CV CATH	204.86	05 99									
77	36556	INSERT NON-TUNNEL CV CATH	204.86	05 15									
73	36557	INSERT TUNNELED CV CATH	1,049.96	00 04									
77	36557	INSERT TUNNELED CV CATH	1,049.96	00 04									
73	36558	INSERT TUNNELED CV CATH	773.19	05 99									
77	36558	INSERT TUNNELED CV CATH	773.19	05 15									
73	36560	INSERT TUNNELED CV CATH	1,254.19	00 04									
77	36560	INSERT TUNNELED CV CATH	1,254.19	00 04									
73	36561	INSERT TUNNELED CV CATH	1,023.10	05 99									
77	36561	INSERT TUNNELED CV CATH	1,023.10	05 15									
73	36563	INSERT TUNNELED CV CATH	1,138.25										
77	36563	INSERT TUNNELED CV CATH	1,138.25	00 15									
73	36565	INSERT TUNNELED CV CATH	845.67										
77	36565	INSERT TUNNELED CV CATH	845.67	00 15									
73	36566	INSERT TUNNELED CV CATH	4,341.67										
77	36566	INSERT TUNNELED CV CATH	4,341.67	00 15									
73	36568	INSERT TUNNELED CV CATH	94.50	00 04									
77	36568	INSERT TUNNELED CV CATH	94.50	00 04									
73	36569	INSERT TUNNELED CV CATH	95.29	05 99									
77	36569	INSERT TUNNELED CV CATH	95.29	05 15									
73	36570	INSERT TUNNELED CV CATH	1,408.65	00 04									
77	36570	INSERT TUNNELED CV CATH	1,408.65	00 04									
73	36571	INSERT TUNNELED CV CATH	1,232.42	05 99									
77	36571	INSERT TUNNELED CV CATH	1,232.42	05 15									
73	36572	INSERTION OF PERIPHERALLY INSERTED	408.01	00 04									
77	36572	INSERTION OF PERIPHERALLY INSERTED	408.01	00 04									
73	36573	INSERTION OF PERIPHERALLY INSERTED	377.11	05 99									
77	36573	INSERTION OF PERIPHERALLY INSERTED	377.11	05 15									
73	36575	REPAIR TUNNELED CV CATH	151.63										
77	36575	REPAIR TUNNELED CV CATH	151.63	00 15									
73	36576	REPAIR TUNNELED CV CATH	331.10										
77	36576	REPAIR TUNNELED CV CATH	331.10	00 15									
73	36578	REPLACE TUNNELED CV CATH	452.29										
77	36578	REPLACE TUNNELED CV CATH	452.29	00 15									
73	36580	REPLACE TUNNELED CV CATH	207.53										
77	36580	REPLACE TUNNELED CV CATH	207.53	00 15									
73	36581	REPLACE TUNNELED CV CATH	758.95										
77	36581	REPLACE TUNNELED CV CATH	758.95	00 15									
73	36582	REPLACE TUNNELED CV CATH	942.98										
77	36582	REPLACE TUNNELED CV CATH	942.98	00 15									
73	36583	REPLACE TUNNELED CV CATH	1,204.26										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	36583	REPLACE TUNNELED CV CATH	1,204.26	00 15									
73	36584	REPLACE TUNNELED CV CATH	327.35										
77	36584	REPLACE TUNNELED CV CATH	327.35	00 15									
73	36585	REPLACE TUNNELED CV CATH	1,045.14										
77	36585	REPLACE TUNNELED CV CATH	1,045.14	00 15									
73	36589	REMOVAL TUNNELED CV CATH	164.35										
77	36589	REMOVAL TUNNELED CV CATH	164.35	00 15									
73	36590	REMOVAL TUNNELED CV CATH	222.75										
77	36590	REMOVAL TUNNELED CV CATH	222.75	00 15									
73	36595	MECH REMOV TUNNELED CV CATH	595.62										
77	36595	MECH REMOV TUNNELED CV CATH	595.62	00 15									
73	36596	MECH REMOV TUNNELED CV CATH	115.91										
77	36596	MECH REMOV TUNNELED CV CATH	115.91	00 15									
73	36597	REPOSITION VENOUS CATHETER	127.65										
77	36597	REPOSITION VENOUS CATHETER	127.65	00 15									
73	36598	INJ W/FLUOR, EVAL CV DEVICE	114.76									X	
77	36598	INJ W/FLUOR, EVAL CV DEVICE	114.76	00 15								X	
73	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	29.09									X	
77	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	29.09	00 15								X	
73	36620	ARTERIAL CATHETERIZATION OR CANNULAT	44.96									X	
77	36620	ARTERIAL CATHETERIZATION OR CANNULAT	44.96	00 15								X	
73	36625	ESTABLISH ACCESS TO ARTERY	108.61										
77	36625	ESTABLISH ACCESS TO ARTERY	108.61	00 15									
73	36640	INSERTION CATHETER, ARTERY	114.09										
77	36640	INSERTION CATHETER, ARTERY	114.09	00 15									
73	36660	INSERTION CATHETER, ARTERY	68.19										
77	36660	INSERTION CATHETER, ARTERY	68.19	00 15									
73	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	62.51										
77	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	62.51	00 15									
73	36800	INSERTION OF CANNULA	125.01										
77	36800	INSERTION OF CANNULA	125.01	00 15									
73	36810	INSERTION OF CANNULA	214.39										
77	36810	INSERTION OF CANNULA	214.39	00 15									
73	36815	INSERTION OF CANNULA	142.26										
77	36815	INSERTION OF CANNULA	142.26	00 15									
73	36818	AV FUSE, UPPR ARM, CEPHALIC	724.14										
77	36818	AV FUSE, UPPR ARM, CEPHALIC	724.14	00 15									
73	36819	AV FUSION BY BASILIC VEIN	766.88										
77	36819	AV FUSION BY BASILIC VEIN	766.88	00 15									
73	36820	INSERTION OF CANNULA	763.27										
77	36820	INSERTION FO CANNULA	763.27	00 15									
73	36821	ARTERY-VEIN FUSION	695.45										
77	36821	ARTERY-VEIN FUSION	695.45	00 15									
73	36823	INSERTION CANNULA(S)	1,456.15								X		
77	36823	INSERTION CANNULA(S)	1,456.15	00 15							X		

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	36825	ARTERY-VEIN GRAFT	831.92										
77	36825	ARTERY-VEIN GRAFT	831.92	00 15									
73	36830	ARTERY-VEIN GRAFT	699.57										
77	36830	ARTERY-VEIN GRAFT	699.57	00 15									
73	36831	AV FISTULA EXCISION	644.56										
77	36831	AV FISTULA EXCISION	644.56	00 15									
73	36832	REVISION O ARTERIO FISTULA WW THROMB	790.71										
77	36832	REVISION O ARTERIO FISTULA WW THROMB	790.71	00 15									
73	36833	AV FISTULA REVISION	848.43										
77	36833	AV FISTULA REVISION	848.43	00 15									
73	36835	ARTERY TO VEIN SHUNT	491.97										
77	36835	ARTERY TO VEIN SHUNT	491.97	00 15									
73	36838	DIST REVAS LIGATION, HEMO	1,205.80										
77	36838	DIST REVAS LIGATION, HEMO	1,205.80	00 15									
73	36860	CANNULA DECLOTTING	241.17										
77	36860	CANNULA DECLOTTING	241.17	00 15									
73	36861	CANNULA DECLOTTING	146.31										
77	36861	CANNULA DECLOTTING	146.31	00 15									
73	36901	INTRODUCTION OF NEEDLE(S) AND/OR	656.91										
77	36901	INTRODUCTION OF NEEDLE(S) AND/OR	656.91	00 15									
73	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,224.52										
77	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,224.52	00 15									
73	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,797.22										
77	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,797.22	00 15									
73	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,814.55										
77	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,814.55	00 15									
73	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,275.93										
77	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,275.93	00 15									
73	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	5,963.51										
77	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	5,963.51	00 15									
73	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	652.88										
77	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	652.88	00 15									
73	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,961.80										
77	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,961.80	00 15									
73	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,869.48										
77	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,869.48	00 15									
73	37140	REVISION OF CIRCULATION	2,432.24										
77	37140	REVISION OF CIRCULATION	2,432.24	00 15									
73	37145	REVISION OF CIRCULATION	2,254.33										
77	37145	REVISION OF CIRCULATION	2,254.33	00 15									
73	37160	REVISION OF CIRCULATION	2,315.81										
77	37160	REVISION OF CIRCULATION	2,315.81	00 15									
73	37180	REVISION OF CIRCULATION	2,226.43										
77	37180	REVISION OF CIRCULATION	2,226.43	00 15									
73	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,432.24										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,432.24	00 15									
73	37182	INSERT HEPATIC SHUNT (TIP'S)	827.78										
77	37182	INSERT HEPATIC SHUNT (TIPS)	827.78	00 15									
73	37183	REMOVE HEPATIC SHUNT (TIPS)	5,765.62										
77	37183	REMOVE HEPATIC SHUNT (TIP'S)	5,765.62	00 15									
73	37184	PRIM ART MECH THROMBECTOMY	1,867.11										
77	37184	PRIM ART MECH THROMBECTOMY	1,867.11	00 15									
73	37185	PRIM ART M-THROMBECT ADD-ON	567.64									X	
77	37185	PRIM ART M-THROMBECT ADD-ON	567.64	00 15								X	
73	37186	SEC ART M-THROMBECT ADD-ON	1,249.42										
77	37186	SEC ART M-THROMBECT ADD-ON	1,249.42	00 15									
73	37187	VENOUS MECH THROMBECTOMY	1,826.86										
77	37187	VENOUS MECH THROMBECTOMY	1,826.86	00 15									
73	37188	VENOUS M-THROMBECTOMY ADD-ON	1,533.63										
77	37188	VENOUS M-THROMBECTOMY ADD-ON	1,533.63	00 15									
73	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,236.24			X							
77	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,236.24	00 15		X							
73	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,287.75			X							
77	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,287.75	00 15		X							
73	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,497.92			X							
77	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,497.92	00 15		X							
73	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,513.79										
77	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,513.79	00 15									
73	37200	TRANSCATHETER BIOPSY	220.11										
77	37200	TRANSCATHETER BIOPSY	220.11	00 15									
73	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	400.71									X	
77	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	400.71	00 15								X	
73	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	348.96									X	
77	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	348.96	00 15								X	
73	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	240.30									X	
77	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	240.30	00 15								X	
73	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	127.18									X	
77	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	127.18	00 15								X	
73	37215	TRANSCATH STENT, CCA W/EPS	1,044.11										
77	37215	TRANSCATH STENT, CCA W/EPS	1,044.11	00 15									
73	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,133.14									X	
77	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,133.14	00 15								X	
73	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	851.83										
77	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	851.83	00 15									
73	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,717.77									X	
77	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,717.77	00 15								X	
73	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,674.89									X	
77	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,674.89	00 15								X	
73	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	712.29									X	
77	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	712.29	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,797.60									X	
77	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,797.60	00 15								X	
73	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,228.82									X	
77	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,228.82	00 15								X	
73	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	10,523.94									X	
77	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	10,523.94	00 15								X	
73	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	9,345.35									X	
77	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	9,345.35	00 15								X	
73	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	13,526.78									X	
77	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	13,526.78	00 15								X	
73	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,637.61									X	
77	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,637.61	00 15								X	
73	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	10,573.09									X	
77	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	10,573.09	00 15								X	
73	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,517.02									X	
77	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,517.02	00 15								X	
73	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	13,152.41									X	
77	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	13,152.41	00 15								X	
73	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	967.44									X	
77	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	967.44	00 15								X	
73	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,196.28									X	
77	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,196.28	00 15								X	
73	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,628.98									X	
77	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,628.98	00 15								X	
73	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	3,832.90									X	
77	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	3,832.90	00 15								X	
73	37236	Insertion of intravascular stents in	3,170.18										
77	37236	Insertion of intravascular stents in	3,170.18	00 15									
73	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,756.36									X	
77	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,756.36	00 15								X	
73	37238	INSERTION OF INTRAVASCULAR STENTS IN	2,973.05										
77	37238	INSERTION OF INTRAVASCULAR STENTS IN	2,973.05	00 15									
73	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,379.28									X	
77	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,379.28	00 15								X	
73	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,607.72										
77	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,607.72	00 15									
73	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,107.15										
77	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,107.15	00 15									
73	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	8,957.64										
77	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	8,957.64	00 15									
73	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,590.63										
77	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,590.63	00 15									
73	37246	TRANSLUMINAL BALLOON ANGIOPLASTY	1,933.20										
77	37246	TRANSLUMINAL BALLOON ANGIOPLASTYSSED	1,933.20	00 15									
73	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	684.65									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	684.65	00 15								X	
73	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,423.45										
77	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,423.45	00 15									
73	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	523.20									X	
77	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	523.20	00 15								X	
73	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,094.47										
77	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,094.47	00 15									
73	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	182.72										
77	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	182.72	00 15									
73	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	664.22										
77	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	664.22	00 15									
73	37565	LIGATION OF NECK VEIN	741.37										
77	37565	LIGATION OF NECK VEIN	741.37	00 15									
73	37600	LIGATION OF NECK ARTERY	746.67										
77	37600	LIGATION OF NECK ARTERY	746.67	00 15									
73	37605	LIGATION OF NECK ARTERY	778.27										
77	37605	LIGATION OF NECK ARTERY	778.27	00 15									
73	37606	LIGATION OF NECK ARTERY	741.84										
77	37606	LIGATION OF NECK ARTERY	741.84	00 15									
73	37607	LIGATION OR BANDING OF ANGIOACCESS A	388.11										
77	37607	LIGATION OR BANDING OF ANGIOACCESS A	388.11	00 15									
73	37609	TEMPORAL ARTERY PROCEDURE	306.72										
77	37609	TEMPORAL ARTERY PROCEDURE	306.72	00 15									
73	37615	LIGATION OF NECK ARTERY	543.22										
77	37615	LIGATION OF NECK ARTERY	543.22	00 15									
73	37616	LIGATE MAJOR ARTERY,CHEST	1,145.37										
77	37616	LIGATE MAJOR ARTERY,CHEST	1,145.37	00 15									
73	37617	LIGATION OF ABDOMEN ARTERY	1,383.08										
77	37617	LIGATION OF ABDOMEN ARTERY	1,383.08	00 15									
73	37618	LIGATION OF EXTREMITY ARTERY	398.36										
77	37618	LIGATION OF EXTREMITY ARTERY	398.36	00 15									
73	37619	LIGATION OF INFERIOR VENA CAVA	1,811.06										
77	37619	LIGATION OF INFERIOR VENA CAVA	1,811.06	00 15									
73	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	480.31										
77	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	480.31	00 15									
73	37660	REVISION OF MAJOR VEIN	1,374.62										
77	37660	REVISION OF MAJOR VEIN	1,374.62	00 15									
73	37700	REVISE LEG VEIN	251.85										
77	37700	REVISE LEG VEIN	251.85	00 15									
73	37718	LIGATE/STRIP SHORT LEG VEIN	436.99										
77	37718	LIGATE/STRIP SHORT LEG VEIN	436.99	00 15									
73	37722	LIGATE/STRIP LONG LEG VEIN	491.51										
77	37722	LIGATE/STRIP LONG LEG VEIN	491.51	00 15									
73	37735	REMOVAL OF LEG VEINS/LESION	609.99										
77	37735	REMOVAL OF LEG VEINS/LESION	609.99	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	37760	REVISION OF LEG VEINS	649.59										
77	37760	REVISION OF LEG VEINS	649.59	00 15									
73	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	561.94										
77	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	561.94	00 15									
73	37765	PHLEB VEINS - EXTREM - TO 20	437.94										
77	37765	PHLEB VEINS - EXTREM - TO 20	437.94	00 15									
73	37766	PHLEB VEINS - EXTREM 20+	513.64										
77	37766	PHLEB VEINS - EXTREM 20+	513.64	00 15									
73	37780	REVISION OF LEG VEIN	242.41										
77	37780	REVISION OF LEG VEIN	242.41	00 15									
73	37785	REVISION OF LEG VEIN	353.62										
77	37785	REVISION OF LEG VEIN	353.62	00 15									
73	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,275.25				M						
77	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,275.25	00 15			M						
73	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	487.80				M						
77	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	487.80	00 15			M						
73	38100	REMOVAL OF SPLEEN	1,201.68										
77	38100	REMOVAL OF SPLEEN	1,201.68	00 15									
73	38101	SPLENECTOMY;PARTIAL	1,216.86										
77	38101	SPLENECTOMY;PARTIAL	1,216.86	00 15									
73	38102	SPLENECTOMY;	273.73										
77	38102	SPLENECTOMY;	273.73	00 15									
73	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,328.75										
77	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,328.75	00 15									
73	38120	LAPAROSCOPY, SPLENECTOMY	1,094.14										
77	38120	LAPAROSCOPY, SPLENECTOMY	1,094.14	00 15									
73	38200	INJECTION FOR SPLEEN X-RAY	133.78										
77	38200	INJECTION FOR SPLEEN X-RAY	133.78	00 15									
73	38205	HARVEST ALLOGENIC STEM CELLS	83.69										
77	38205	HARVEST ALLOGENIC STEM CELLS	83.69	00 15									
73	38206	HARVEST AUTO STEM CELLS	83.37										
77	38206	HARVEST AUTO STEM CELLS	83.37	00 15									
73	38220	BONE MARROW ASPIRATION	160.52										
77	38220	BONE MARROW ASPIRATION	160.52	00 15									
73	38221	BONE MARROW BIOPSY	149.48										
77	38221	BONE MARROW BIOPSY	149.48	00 15									
73	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	165.41										
77	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	165.41	00 15									
73	38230	BONE MARROW HARVESTING FOR TRANSPLAN	209.86		X								
77	38230	BONE MARROW HARVESTING FOR TRANSPLAN	209.86	00 15	X								
73	38232	BONE MARROW HARVESTING FOR TRANSPLAN	202.93										
77	38232	BONE MARROW HARVESTING FOR TRANSPLAN	202.93	00 15									
73	38240	BONE MARROW TRANSPLANTATION	232.57										
77	38240	BONE MARROW TRANSPLANTATION	232.57	00 15									
73	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	172.43										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	172.43	00 15	X								
73	38242	LYMPHOCYTE INFUSE TRANSPLANT	124.23										
77	38242	LYMPHOCYTE INFUSE TRANSPLANT	124.23	00 15									
73	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	119.71										
77	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	119.71	00 15									
73	38300	DRAINAGE LYMPH NODE LESION	319.69										
77	38300	DRAINAGE LYMPH NODE LESION	319.69	00 15									
73	38305	DRAINAGE LYMPH NODE LESION	498.31										
77	38305	DRAINAGE LYMPH NODE LESION	498.31	00 15									
73	38308	INCISION OF LYMPH CHANNELS	465.23										
77	38308	INCISION OF LYMPH CHANNELS	465.23	00 15									
73	38380	THORACIC DUCT PROCEDURE	570.22										
77	38380	THORACIC DUCT PROCEDURE	570.22	00 15									
73	38381	THORACIC DUCT PROCEDURE	829.55										
77	38381	THORACIC DUCT PROCEDURE	829.55	00 15									
73	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	697.36										
77	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	697.36	00 15									
73	38500	BIOPSY/REMOVAL OF LYMPH NODE	335.94										
77	38500	BIOPSY/REMOVAL OF LYMPH NODE	335.94	00 15									
73	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	119.55										
77	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	119.55	00 15									
73	38510	BIOPSY/REMOVAL OF LYMPH NODE	524.13										
77	38510	BIOPSY/REMOVAL OF LYMPH NODE	524.13	00 15									
73	38520	BIOPSY/REMOVAL OF LYMPH NODE	473.34										
77	38520	BIOPSY/REMOVAL OF LYMPH NODE	473.34	00 15									
73	38525	BX,EXCISE-DEEP AXILLARY NODES	449.52										
77	38525	BX,EXCISE-DEEP AXILLARY NODES	449.52	00 15									
73	38530	BIOPSY/REMOVAL OF LYMPH NODE	575.12										
77	38530	BIOPSY/REMOVAL OF LYMPH NODE	575.12	00 15									
73	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	437.82										
77	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	437.82	00 15									
73	38542	DISSECTION: DEEP JUGULAR NODE	519.30										
77	38542	DISSECTION: DEEP JUGULAR NODE	519.30	00 15									
73	38550	REMOVAL NECK/ARMPIT LESION	525.94										
77	38550	REMOVAL NECK/ARMPIT LESION	525.94	00 15									
73	38555	REMOVAL NECK/ARMPIT LESION	1,051.18										
77	38555	REMOVAL NECK/ARMPIT LESION	1,051.18	00 15									
73	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	716.22										
77	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	716.22	00 15									
73	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	723.53										
77	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	723.53	00 15									
73	38570	LAPAROSCOPY, LYMPH NODE BIOP	519.86										
77	38570	LAPAROSCOPY, LYMPH NODE BIOP	519.86	00 15									
73	38571	LAPAROSCOPY, LYMPHADENECTOMY	669.70										
77	38571	LAPAROSCOPY, LYMPHADENECTOMY	669.70	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	38572	LAPAROSCOPY, LYMPHADENECTOMY	923.43										
77	38572	LAPAROSCOPY, LYMPHADENECTOMY	923.43	00 15									
73	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,177.28										
77	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,177.28	00 15									
73	38700	REMOVAL OF LYMPH NODES, NECK	804.90										
77	38700	REMOVAL OF LYMPH NODES, NECK	804.90	00 15									
73	38720	REMOVAL OF LYMPH NODES, NECK	1,351.22										
77	38720	REMOVAL OF LYMPH NODES, NECK	1,351.22	00 15									
73	38724	CERVICAL LYMPHADENECTOMY	1,452.24										
77	38724	CERVICAL LYMPHADENECTOMY	1,452.24	00 15									
73	38740	REMOVE ARMPIT LYMPH NODES	721.00										
77	38740	REMOVE ARMPIT LYMPH NODES	721.00	00 15									
73	38745	REMOVE ARMPITS LYMPH NODES	909.51										
77	38745	REMOVE ARMPITS LYMPH NODES	909.51	00 15									
73	38746	THORACIC LYMPHADENECTOMY BY THORACOT	224.82										
77	38746	THORACIC LYMPHADENECTOMY BY THORACOT	224.82	00 15									
73	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	280.04										
77	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	280.04	00 15									
73	38760	REMOVE GROIN LYMPH NODES	860.80										
77	38760	REMOVE GROIN LYMPH NODES	860.80	00 15									
73	38765	REMOVE GROIN LYMPH NODES	1,338.92										
77	38765	REMOVE GROIN LYMPH NODES	1,338.92	00 15									
73	38770	REMOVE PELVIS LYMPH NODES	813.15										
77	38770	REMOVE PELVIS LYMPH NODES	813.15	00 15									
73	38780	REMOVE ABDOMEN LYMPH NODES	1,052.90										
77	38780	REMOVE ABDOMEN LYMPH NODES	1,052.90	00 15									
73	38790	INJECTION FOR LYMPHATIC XRAY	82.26										
77	38790	INJECTION FOR LYMPHATIC XRAY	82.26	00 15									
73	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	79.86										
77	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	79.86	00 15									
73	38794	ACCESS THORACIC LYMPH DUCT	291.99										
77	38794	ACCESS THORACIC LYMPH DUCT	291.99	00 15									
73	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	145.31										
77	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	145.31	00 15									
73	39000	EXPLORATION OF MEDIASTINUM	506.78										
77	39000	EXPLORATION OF MEDIASTINUM	506.78	00 15									
73	39010	EXPLORATION OF MEDIASTINUM	812.30										
77	39010	EXPLORATION OF MEDIASTINUM	812.30	00 15									
73	39200	RESECTION OF MEDIASTINAL CYST	903.15										
77	39200	RESECTION OF MEDIASTINAL CYST	903.15	00 15									
73	39220	RESECTION OF MEDIASTINAL TUMOR	1,171.70										
77	39220	RESECTION OF MEDIASTINAL TUMOR	1,171.70	00 15									
73	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	320.58										
77	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	320.58	00 15									
73	39402	MEDIASTINOSCOPY;WITH LYMPH NODE BIOP	419.79										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	419.79	00 15									
73	39501	REPAIR, LACERATION OF DIAPHRAGM	882.58										
77	39501	REPAIR, LACERATION OF DIAPHRAGM	882.58	00 15									
73	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,300.83	00 00									
77	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,300.83	00 00									
73	39540	REPAIR OF DIAPHRAGM HERNIA	903.91										
77	39540	REPAIR OF DIAPHRAGM HERNIA	903.91	00 15									
73	39541	REPAIR OF DIAPHRAGM HERNIA	976.91										
77	39541	REPAIR OF DIAPHRAGM HERNIA	976.91	00 15									
73	39545	REVISION OF DIAPHRAGM	921.38										
77	39545	REVISION OF DIAPHRAGM	921.38	00 15									
73	39560	RESECT DIAPHRAGM, SIMPLE	822.92										
77	39560	RESECT DIAPHRAGM, SIMPLE	822.92	00 15									
73	39561	RESECT DIAPHRAGM, COMPLEX	1,276.19										
77	39561	RESECT DIAPHRAGM, COMPLEX	1,276.19	00 15									
73	40490	BIOPSY OF LIP	119.69										
77	40490	BIOPSY OF LIP	119.69	00 15									
73	40500	VERMILIONECTOMY (LIP SHAVE)	496.66										
77	40500	VERMILIONECTOMY (LIP SHAVE)	496.66	00 15									
73	40510	PARTIAL EXCISION OF LIP	474.11										
77	40510	PARTIAL EXCISION OF LIP	474.11	00 15									
73	40520	PARTIAL EXCISION OF LIP	482.83										
77	40520	PARTIAL EXCISION OF LIP	482.83	00 15									
73	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	550.10										
77	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	550.10	00 15									
73	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	614.74										
77	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	614.74	00 15									
73	40530	PARTIAL REMOVAL OF LIP	531.39										
77	40530	PARTIAL REMOVAL OF LIP	531.39	00 15									
73	40650	REPAIR LIP	450.16										
77	40650	REPAIR LIP	450.16	00 15									
73	40652	REPAIR LIP	493.54										
77	40652	REPAIR LIP	493.54	00 15									
73	40654	REPAIR LIP	561.28										
77	40654	REPAIR LIP	561.28	00 15									
73	40700	REPAIR CLEFT LIP	1,017.73										
77	40700	REPAIR CLEFT LIP	1,017.73	00 15									
73	40701	REPAIR CLEFT LIP	1,207.63										
77	40701	REPAIR CLEFT LIP	1,207.63	00 15									
73	40702	REPAIR CLEFT LIP	1,012.51										
77	40702	REPAIR CLEFT LIP	1,012.51	00 15									
73	40720	REPAIR CLEFT LIP	1,039.85										
77	40720	REPAIR CLEFT LIP	1,039.85	00 15									
73	40761	REPAIR CLEFT LIP	1,098.32										
77	40761	REPAIR CLEFT LIP	1,098.32	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	40800	DRAINAGE OF MOUTH LESION	198.44										
77	40800	DRAINAGE OF MOUTH LESION	198.44	00 15									
73	40801	DRAINAGE OF MOUTH LESION	288.93										
77	40801	DRAINAGE OF MOUTH LESION	288.93	00 15									
73	40804	REMOVAL FOREIGN BODY, MOUTH	188.74										
77	40804	REMOVAL FOREIGN BODY, MOUTH	188.74	00 15									
73	40805	REMOVAL FOREIGN BODY, MOUTH	285.81										
77	40805	REMOVAL FOREIGN BODY, MOUTH	285.81	00 15									
73	40806	INCISION OF LIP FOLD	93.94										
77	40806	INCISION OF LIP FOLD	93.94	00 15									
73	40808	BIOPSY OF MOUTH LESION	151.66										
77	40808	BIOPSY OF MOUTH LESION	151.66	00 15									
73	40810	EXCISION OF MOUTH LESION	200.93										
77	40810	EXCISION OF MOUTH LESION	200.93	00 15									
73	40812	EXCISE/REPAIR MOUTH LESION	275.41										
77	40812	EXCISE/REPAIR MOUTH LESION	275.41	00 15									
73	40814	EXCISE/REPAIR MOUTH LESION	367.09										
77	40814	EXCISE/REPAIR MOUTH LESION	367.09	00 15									
73	40816	EXCISION OF MOUTH LESION	387.07										
77	40816	EXCISION OF MOUTH LESION	387.07	00 15									
73	40818	EXCISE ORAL MUCOSA FOR GRAFT	351.54										
77	40818	EXCISE ORAL MUCOSA FOR GRAFT	351.54	00 15									
73	40819	EXCISE LIP OR CHEEK FOLD	270.80										
77	40819	EXCISE LIP OR CHEEK FOLD	270.80	00 15									
73	40820	TREATMENT OF MOUTH LESION	246.40										
77	40820	TREATMENT OF MOUTH LESION	246.40	00 15									
73	40830	REPAIR MOUTH LACERATION	268.49										
77	40830	REPAIR MOUTH LACERATION	268.49	00 15									
73	40831	REPAIR MOUTH LACERATION	343.32										
77	40831	REPAIR MOUTH LACERATION	343.32	00 15									
73	40840	RECONSTRUCTION OF MOUTH	816.42										
77	40840	RECONSTRUCTION OF MOUTH	816.42	00 15									
73	40842	RECONSTRUCTION OF MOUTH	896.05										
77	40842	RECONSTRUCTION OF MOUTH	896.05	00 15									
73	40843	RECONSTRUCTION OF MOUTH	1,172.53										
77	40843	RECONSTRUCTION OF MOUTH	1,172.53	00 15									
73	40844	RECONSTRUCTION OF MOUTH	1,476.87										
77	40844	RECONSTRUCTION OF MOUTH	1,476.87	00 15									
73	40845	RECONSTRUCTION OF MOUTH	1,448.70										
77	40845	RECONSTRUCTION OF MOUTH	1,448.70	00 15									
73	41000	DRAINAGE OF MOUTH LESION	152.83										
77	41000	DRAINAGE OF MOUTH LESION	152.83	00 15									
73	41005	DRAINAGE OF MOUTH LESION	206.25										
77	41005	DRAINAGE OF MOUTH LESION	206.25	00 15									
73	41006	DRAINAGE OF MOUTH LESION	330.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	41006	DRAINAGE OF MOUTH LESION	330.31	00 15									
73	41007	DRAINAGE OF MOUTH LESION	324.04										
77	41007	DRAINAGE OF MOUTH LESION	324.04	00 15									
73	41008	DRAINAGE OF MOUTH LESION	370.09										
77	41008	DRAINAGE OF MOUTH LESION	370.09	00 15									
73	41009	DRAINAGE OF MOUTH LESION	397.76										
77	41009	DRAINAGE OF MOUTH LESION	397.76	00 15									
73	41010	INCISION OF TONGUE FOLD	199.01										
77	41010	INCISION OF TONGUE FOLD	199.01	00 15									
73	41015	DRAINAGE OF MOUTH LESION	391.12										
77	41015	DRAINAGE OF MOUTH LESION	391.12	00 15									
73	41016	DRAINAGE OF MOUTH LESION	439.01										
77	41016	DRAINAGE OF MOUTH LESION	439.01	00 15									
73	41017	DRAINAGE OF MOUTH LESION	436.75										
77	41017	DRAINAGE OF MOUTH LESION	436.75	00 15									
73	41018	DRAINAGE OF MOUTH LESION	493.01										
77	41018	DRAINAGE OF MOUTH LESION	493.01	00 15									
73	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	479.00										
77	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	479.00	00 15									
73	41100	BIOPSY OF TONGUE	168.42										
77	41100	BIOPSY OF TONGUE	168.42	00 15									
73	41105	BIOPSY OF TONGUE	170.15										
77	41105	BIOPSY OF TONGUE	170.15	00 15									
73	41108	BIOPSY OF FLOOR OF MOUTH	148.47										
77	41108	BIOPSY OF FLOOR OF MOUTH	148.47	00 15									
73	41110	EXCISION OF TONGUE LESION	211.21										
77	41110	EXCISION OF TONGUE LESION	211.21	00 15									
73	41112	EXCISION OF TONGUE LESION	322.18										
77	41112	EXCISION OF TONGUE LESION	322.18	00 15									
73	41113	EXCISION OF TONGUE LESION	350.86										
77	41113	EXCISION OF TONGUE LESION	350.86	00 15									
73	41114	EXCISE TONGUE LESION/LOCAL FLP	611.81										
77	41114	EXCISE TONGUE LESION/LOCAL FLP	611.81	00 15									
73	41115	EXCISION OF TONGUE FOLD	243.55										
77	41115	EXCISION OF TONGUE FOLD	243.55	00 15									
73	41116	EXCISION OF MOUTH LESION	319.18										
77	41116	EXCISION OF MOUTH LESION	319.18	00 15									
73	41120	PARTIAL REMOVAL OF TONGUE	1,034.89										
77	41120	PARTIAL REMOVAL OF TONGUE	1,034.89	00 15									
73	41130	PARTIAL REMOVAL OF TONGUE	1,287.85										
77	41130	PARTIAL REMOVAL OF TONGUE	1,287.85	00 15									
73	41135	TONGUE AND NECK SURGERY	2,143.49										
77	41135	TONGUE AND NECK SURGERY	2,143.49	00 15									
73	41140	REMOVAL OF TONGUE	2,148.99										
77	41140	REMOVAL OF TONGUE	2,148.99	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	41145	TONGUE REMOVAL; NECK SURGERY	2,724.13										
77	41145	TONGUE REMOVAL; NECK SURGERY	2,724.13	00 15									
73	41150	TONGUE, MOUTH, JAW SURGERY	2,167.44										
77	41150	TONGUE, MOUTH, JAW SURGERY	2,167.44	00 15									
73	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,364.48										
77	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,364.48	00 15									
73	41155	TONGUE, JAW, & NECK SURGERY	2,983.04										
77	41155	TONGUE, JAW, & NECK SURGERY	2,983.04	00 15									
73	41250	REPAIR TONGUE LACERATION	269.22										
77	41250	REPAIR TONGUE LACERATION	269.22	00 15									
73	41251	REPAIR TONGUE LACERATION	299.62										
77	41251	REPAIR TONGUE LACERATION	299.62	00 15									
73	41252	REPAIR TONGUE LACERATION	312.31										
77	41252	REPAIR TONGUE LACERATION	312.31	00 15									
73	41510	TONGUE TO LIP SURGERY	430.25										
77	41510	TONGUE TO LIP SURGERY	430.25	00 15									
73	41512	TONGUE BASE SUSPENSION, PERMANENT SU	640.64										
77	41512	TONGUE BASE SUSPENSION, PERMANENT SU	640.64	00 15									
73	41520	RECONSTRUCTION, TONGUE FOLD	342.51										
77	41520	RECONSTRUCTION, TONGUE FOLD	342.51	00 15									
73	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	898.11										
77	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	898.11	00 15									
73	41800	DRAINAGE OF GUM LESION	278.98										
77	41800	DRAINAGE OF GUM LESION	278.98	00 15									
73	41805	REMOVAL FOREIGN BODY, GUM	279.83										
77	41805	REMOVAL FOREIGN BODY, GUM	279.83	00 15									
73	41806	REMOVAL FOREIGN BODY,JAWBONE	382.63										
77	41806	REMOVAL FOREIGN BODY,JAWBONE	382.63	00 15									
73	41822	EXCISION OF GUM LESION	333.24										
77	41822	EXCISION OF GUM LESION	333.24	00 15									
73	41823	EXCISION OF GUM LESION	490.94										
77	41823	EXCISION OF GUM LESION	490.94	00 15									
73	41825	EXCISION OF GUM LESION	206.43										
77	41825	EXCISION OF GUM LESION	206.43	00 15									
73	41826	EXCISION OF GUM LESION	300.43										
77	41826	EXCISION OF GUM LESION	300.43	00 15									
73	41827	EXCISION OF GUM LESION	429.42										
77	41827	EXCISION OF GUM LESION	429.42	00 15									
73	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	338.57									X	
77	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	338.57	00 15								X	
73	41830	REMOVAL OF GUM TISSUE	441.80										
77	41830	REMOVAL OF GUM TISSUE	441.80	00 15									
73	41872	REPAIR GUM	431.75										
77	41872	REPAIR GUM	431.75	00 15									
73	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	375.98									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	375.98	00 15								X	
73	42000	DRAINAGE MOUTH ROOF LESION	151.54										
77	42000	DRAINAGE MOUTH ROOF LESION	151.54	00 15									
73	42100	BIOPSY ROOF OF MOUTH	142.57										
77	42100	BIOPSY ROOF OF MOUTH	142.57	00 15									
73	42104	EXCISION LESION, MOUTH ROOF	208.67										
77	42104	EXCISION LESION, MOUTH ROOF	208.67	00 15									
73	42106	EXCISION LESION, MOUTH ROOF	255.96										
77	42106	EXCISION LESION, MOUTH ROOF	255.96	00 15									
73	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	449.41										
77	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	449.41	00 15									
73	42120	REMOVE PALATE/LESION	983.81										
77	42120	REMOVE PALATE/LESION	983.81	00 15									
73	42140	EXCISION OF UVULA	268.99										
77	42140	EXCISION OF UVULA	268.99	00 15									
73	42145	PALATOPHARYNGOPLASTY	684.01										
77	42145	PALATOPHARYNGOPLASTY	684.01	00 15									
73	42160	TREATMENT MOUTH ROOF LESION	225.90										
77	42160	TREATMENT MOUTH ROOF LESION	225.90	00 15									
73	42180	REPAIR PALATE	243.89										
77	42180	REPAIR PALATE	243.89	00 15									
73	42182	REPAIR PALATE	319.86										
77	42182	REPAIR PALATE	319.86	00 15									
73	42200	RECONSTRUCT CLEFT PALATE	945.98										
77	42200	RECONSTRUCT CLEFT PALATE	945.98	00 15									
73	42205	RECONSTRUCT CLEFT PALATE	988.98										
77	42205	RECONSTRUCT CLEFT PALATE	988.98	00 15									
73	42210	RECONSTRUCT CLEFT PALATE	1,102.18										
77	42210	RECONSTRUCT CLEFT PALATE	1,102.18	00 15									
73	42215	RECONSTRUCT CLEFT PALATE	714.81										
77	42215	RECONSTRUCT CLEFT PALATE	714.81	00 15									
73	42220	RECONSTRUCT CLEFT PALATE	586.52										
77	42220	RECONSTRUCT CLEFT PALATE	586.52	00 15									
73	42225	RECONSTRUCT CLEFT PALATE	965.10										
77	42225	RECONSTRUCT CLEFT PALATE	965.10	00 15									
73	42226	LENGTHENING OF PALATE, AND PHARYNGEA	865.60										
77	42226	LENGTHENING OF PALATE, AND PHARYNGEA	865.60	00 15									
73	42227	LENGTHEN PALATE, WITH ISLAND FLAP	810.07										
77	42227	LENGTHEN PALATE, WITH ISLAND FLAP	810.07	00 15									
73	42235	REPAIR PALATE	706.53										
77	42235	REPAIR PALATE	706.53	00 15									
73	42260	REPAIR NOSE TO LIP FISTULA	816.32										
77	42260	REPAIR NOSE TO LIP FISTULA	816.32	00 15									
73	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	170.56										
77	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	170.56	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	42281	INSERT PIN-RETAINED PALATAL PROSTH.	218.68										
77	42281	INSERT PIN-RETAINED PALATAL PROSTH.	218.68	00 15									
73	42300	DRAINAGE OF SALIVARY GLAND	206.87										
77	42300	DRAINAGE OF SALIVARY GLAND	206.87	00 15									
73	42305	DRAINAGE OF SALIVARY GLAND	424.18										
77	42305	DRAINAGE OF SALIVARY GLAND	424.18	00 15									
73	42310	DRAINAGE OF SALIVARY GLAND	167.67										
77	42310	DRAINAGE OF SALIVARY GLAND	167.67	00 15									
73	42320	DRAINAGE OF SALIVARY GLAND	247.71										
77	42320	DRAINAGE OF SALIVARY GLAND	247.71	00 15									
73	42330	REMOVAL OF SALIVARY STONE	224.97										
77	42330	REMOVAL OF SALIVARY STONE	224.97	00 15									
73	42335	REMOVAL OF SALIVARY STONE	389.99										
77	42335	REMOVAL OF SALIVARY STONE	389.99	00 15									
73	42340	REMOVAL OF SALIVARY STONE	481.10										
77	42340	REMOVAL OF SALIVARY STONE	481.10	00 15									
73	42400	BIOPSY OF SALIVARY GLAND	99.02									X	
77	42400	BIOPSY OF SALIVARY GLAND	99.02	00 15								X	
73	42405	BIOPSY OF SALIVARY GLAND	293.99										
77	42405	BIOPSY OF SALIVARY GLAND	293.99	00 15									
73	42408	EXCISION OF SALIVARY CYST	505.41										
77	42408	EXCISION OF SALIVARY CYST	505.41	00 15									
73	42409	DRAINAGE OF SALIVARY CYST	350.63										
77	42409	DRAINAGE OF SALIVARY CYST	350.63	00 15									
73	42410	EXCISE PAROTID GLAND/LESION	623.72										
77	42410	EXCISE PAROTID GLAND/LESION	623.72	00 15									
73	42415	EXCISE PAROTID GLAND/LESION	1,055.04										
77	42415	EXCISE PAROTID GLAND/LESION	1,055.04	00 15									
73	42420	EXCISE PAROTID GLAND/LESION	1,186.60										
77	42420	EXCISE PAROTID GLAND/LESION	1,186.60	00 15									
73	42425	EXCISE PAROTID GLAND/LESION	835.50										
77	42425	EXCISE PAROTID GLAND/LESION	835.50	00 15									
73	42426	EXCISE PAROTID GLAND/LESION	1,356.28										
77	42426	EXCISE PAROTID GLAND/LESION	1,356.28	00 15									
73	42440	EXCISION SUBMAXILLARY GLAND	409.20										
77	42440	EXCISION SUBMAXILLARY GLAND	409.20	00 15									
73	42450	EXCISION SUBLINGUAL GLAND	448.53										
77	42450	EXCISION SUBLINGUAL GLAND	448.53	00 15									
73	42500	REPAIR SALIVARY DUCT	423.86										
77	42500	REPAIR SALIVARY DUCT	423.86	00 15									
73	42505	REPAIR SALIVARY DUCT	546.79										
77	42505	REPAIR SALIVARY DUCT	546.79	00 15									
73	42507	PAROTID DUCT DIVERSION	489.60										
77	42507	PAROTID DUCT DIVERSION	489.60	00 15									
73	42509	PAROTID DUCT DIVERSION	818.65										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	42509	PAROTID DUCT DIVERSION	818.65	00	15									
73	42510	CREATION OF NEW DRAINAGE TRACTS OF M	605.39											
77	42510	CREATION OF NEW DRAINAGE TRACTS OF M	605.39	00	15									
73	42550	INJECTION FOR SALIVARY X-RAY	147.14										X	
77	42550	INJECTION FOR SALIVARY X-RAY	147.14	00	15								X	
73	42600	CLOSURE OF SALIVARY FISTULA	494.20											
77	42600	CLOSURE OF SALIVARY FISTULA	494.20	00	15									
73	42650	DILATION OF SALIVARY DUCT	76.48											
77	42650	DILATION OF SALIVARY DUCT	76.48	00	15									
73	42660	DILATION OF SALIVARY DUCT	121.51											
77	42660	DILATION OF SALIVARY DUCT	121.51	00	15									
73	42665	LIGATION OF SALIVARY DUCT	330.44											
77	42665	LIGATION OF SALIVARY DUCT	330.44	00	15									
73	42700	DRAINAGE OF TONSIL ABSCESS	184.97											
77	42700	DRAINAGE OF TONSIL ABSCESS	184.97	00	15									
73	42720	DRAINAGE OF THROAT ABSCESS	447.01											
77	42720	DRAINAGE OF THROAT ABSCESS	447.01	00	15									
73	42725	DRAINAGE OF THROAT ABSCESS	800.71											
77	42725	DRAINAGE OF THROAT ABSCESS	800.71	00	15									
73	42800	BIOPSY OF THROAT	151.98											
77	42800	BIOPSY OF THROAT	151.98	00	15									
73	42804	BIOPSY OF UPPER NOSE/THROAT	189.38											
77	42804	BIOPSY OF UPPER NOSE/THROAT	189.38	00	15									
73	42806	BIOPSY OF UPPER NOSE/THROAT	212.95											
77	42806	BIOPSY OF UPPER NOSE/THROAT	212.95	00	15									
73	42808	EXCISE PHARYNX LESION	222.19											
77	42808	EXCISE PHARYNX LESION	222.19	00	15									
73	42809	REMOVE PHARYNX FOREIGN BODY	195.56											
77	42809	REMOVE PHARYNX FOREIGN BODY	195.56	00	15									
73	42810	EXCISION OF NECK CYST	372.15											
77	42810	EXCISION OF NECK CYST	372.15	00	15									
73	42815	EXCISION OF NECK CYST	538.85											
77	42815	EXCISION OF NECK CYST	538.85	00	15									
73	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	285.90	00	11									
77	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	285.90	00	11									
73	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	298.36	12	99									
77	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	298.36	12	15									
73	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	259.08	00	11									
77	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	259.08	00	11									
73	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	248.54	12	99									
77	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	248.54	12	15									
73	42830	ADENOIDECTOMY,PRIMARY;<12	204.60	00	11									
77	42830	ADENOIDECTOMY,PRIMARY;<12	204.60	00	11									
73	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	221.18	12	99									
77	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	221.18	12	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	42835	ADENOIDECTOMY,SECONDARY;<12	188.99	00 11									
77	42835	ADENOIDECTOMY,SECONDARY;<12	188.99	00 11									
73	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	237.46	12 99									
77	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	237.46	12 15									
73	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	987.04										
77	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	987.04	00 15									
73	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,364.24										
77	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,364.24	00 15									
73	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,211.48										
77	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,211.48	00 15									
73	42860	EXCISION OF TONSIL TAGS	185.26										
77	42860	EXCISION OF TONSIL TAGS	185.26	00 15									
73	42870	EXCISION OF LINGUAL TONSIL	569.19										
77	42870	EXCISION OF LINGUAL TONSIL	569.19	00 15									
73	42890	PARTIAL REMOVAL OF PHARYNX	1,406.17										
77	42890	PARTIAL REMOVAL OF PHARYNX	1,406.17	00 15									
73	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,850.32										
77	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,850.32	00 15									
73	42894	REMOVAL OF THROAT TISSUE	2,342.91										
77	42894	REMOVAL OF THROAT TISSUE	2,342.91	00 15									
73	42900	REPAIR THROAT WOUND	332.58										
77	42900	REPAIR THROAT WOUND	332.58	00 15									
73	42950	RECONSTRUCTION OF THROAT	778.37										
77	42950	RECONSTRUCTION OF THROAT	778.37	00 15									
73	42953	PHARYNGOESOPHAGEAL REPAIR	929.89										
77	42953	PHARYNGOESOPHAGEAL REPAIR	929.89	00 15									
73	42955	SURGICAL OPENING OF THROAT	739.14										
77	42955	SURGICAL OPENING OF THROAT	739.14	00 15									
73	42960	CONTROL THROAT BLEEDING	163.55									X	
77	42960	CONTROL THROAT BLEEDING	163.55	00 15								X	
73	42961	CONTROL THROAT BLEEDING	411.50									X	
77	42961	CONTROL THROAT BLEEDING	411.50	00 15								X	
73	42962	CONTROL THROAT BLEEDING	508.23									X	
77	42962	CONTROL THROAT BLEEDING	508.23	00 15								X	
73	42970	CONTROL NOSE/THROAT BLEEDING	405.39										
77	42970	CONTROL NOSE/THROAT BLEEDING	405.39	00 15									
73	42971	CONTROL NOSE/THROAT BLEEDING	448.31										
77	42971	CONTROL NOSE/THROAT BLEEDING	448.31	00 15									
73	42972	CONTROL NOSE/THROAT BLEEDING	503.17										
77	42972	CONTROL NOSE/THROAT BLEEDING	503.17	00 15									
73	43020	INCISION OF ESOPHAGUS	576.38										
77	43020	INCISION OF ESOPHAGUS	576.38	00 15									
73	43030	THROAT MUSCLE SURGERY	518.31										
77	43030	THROAT MUSCLE SURGERY	518.31	00 15									
73	43045	INCISION OF ESOPHAGUS	1,345.15										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	43045	INCISION OF ESOPHAGUS	1,345.15	00 15									
73	43100	EXCISION OF ESOPHAGUS LESION	625.27										
77	43100	EXCISION OF ESOPHAGUS LESION	625.27	00 15									
73	43101	EXCISION OF ESOPHAGUS LESION	1,040.61										
77	43101	EXCISION OF ESOPHAGUS LESION	1,040.61	00 15									
73	43107	REMOVAL OF ESOPHAGUS	3,106.60										
77	43107	REMOVAL OF ESOPHAGUS	3,106.60	00 15									
73	43108	REMOVAL OF ESOPHAGUS	4,678.54										
77	43108	REMOVAL OF ESOPHAGUS	4,678.54	00 15									
73	43112	REMOVAL OF ESOPHAGUS	3,640.86										
77	43112	REMOVAL OF ESOPHAGUS	3,640.86	00 15									
73	43113	REMOVAL OF ESOPHAGUS	4,561.58										
77	43113	REMOVAL OF ESOPHAGUS	4,561.58	00 15									
73	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,241.20										
77	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,241.20	00 15									
73	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,390.81										
77	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,390.81	00 15									
73	43118	PARTIAL REMOVAL OF ESOPHAGUS	3,801.48										
77	43118	PARTIAL REMOVAL OF ESOPHAGUS	3,801.48	00 15									
73	43121	PARTIAL REMOVAL OF ESOPHAGUS	2,977.88										
77	43121	PARTIAL REMOVAL OF ESOPHAGUS	2,977.88	00 15									
73	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,666.08										
77	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,666.08	00 15									
73	43123	PARTIAL REMOVAL OF ESOPHAGUS	4,732.41										
77	43123	PARTIAL REMOVAL OF ESOPHAGUS	4,732.41	00 15									
73	43124	REMOVAL OF ESOPHAGUS	3,980.06										
77	43124	REMOVAL OF ESOPHAGUS	3,980.06	00 15									
73	43130	REMOVAL OF ESOPHAGUS POUCH	795.53										
77	43130	REMOVAL OF ESOPHAGUS POUCH	795.53	00 15									
73	43135	REMOVAL OF ESOPHAGUS POUCH	1,529.84										
77	43135	REMOVAL OF ESOPHAGUS POUCH	1,529.84	00 15									
73	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	547.37										
77	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	547.37	00 15									
73	43191	Diagnostic examination of esophagus	154.44										
77	43191	Diagnostic examination of esophagus	154.44	00 15									
73	43192	Injections of substance in tissue li	169.63										
77	43192	Injections of substance in tissue li	169.63	00 15									
73	43193	Biopsy of esophagus using an endosco	169.31										
77	43193	Biopsy of esophagus using an endosco	169.31	00 15									
73	43194	Removal of foreign body of esophagus	195.78										
77	43194	Removal of foreign body of esophagus	195.78	00 15									
73	43195	Balloon dilation of esophagus using	184.47										
77	43195	Balloon dilation of esophagus using	184.47	00 15									
73	43196	Insertion of wire and dilation of es	196.47										
77	43196	Insertion of wire and dilation of es	196.47	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	43197	Diagnostic examination of esophagus	186.65										
77	43197	Diagnostic examination of esophagus	186.65	00 15									
73	43198	Biopsy of esophagus using an endosco	205.62										
77	43198	Biopsy of esophagus using an endosco	205.62	00 15									
73	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	230.52										
77	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	230.52	00 15									
73	43201	INJECTIONS INTO ESOPHAGUS USING AN E	231.53										
77	43201	INJECTIONS INTO ESOPHAGUS USING AN E	231.53	00 15									
73	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	321.03										
77	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	321.03	00 15									
73	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	135.47										
77	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	135.47	00 15									
73	43205	TYING OF ESOPHAGEAL VEINS USING AN E	141.36										
77	43205	TYING OF ESOPHAGEAL VEINS USING AN E	141.36	00 15									
73	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	273.48										
77	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	273.48	00 15									
73	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	441.68										
77	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	441.68	00 15									
73	43211	Removal of tissue lining of esophagu	235.26										
77	43211	Removal of tissue lining of esophagu	235.26	00 15									
73	43212	Placement of stent on esophagus usin	193.61										
77	43212	Placement of stent on esophagus usin	193.61	00 15									
73	43213	Dilation of esophagus using an endos	1,159.27										
77	43213	Dilation of esophagus using an endos	1,159.27	00 15									
73	43214	Balloon dilation of esophagus using	193.88										
77	43214	Balloon dilation of esophagus using	193.88	00 15									
73	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	366.94										
77	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	366.94	00 15									
73	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	373.25										
77	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	373.25	00 15									
73	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	382.46										
77	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	382.46	00 15									
73	43220	BALLOON DILATION OF ESOPHAGUS USING	946.40										
77	43220	BALLOON DILATION OF ESOPHAGUS USING	946.40	00 15									
73	43226	INSERTION OF GUIDE WIRE FOR DILATION	341.32										
77	43226	INSERTION OF GUIDE WIRE FOR DILATION	341.32	00 15									
73	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	587.04										
77	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	587.04	00 15									
73	43229	Destruction of growths of esophagus	659.15										
77	43229	Destruction of growths of esophagus	659.15	00 15									
73	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	159.14										
77	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	159.14	00 15									
73	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	199.49										
77	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	199.49	00 15									
73	43233	Balloon dilation of esophagus, stoma	232.16										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	43233	Balloon dilation of esophagus, stoma	232.16	00 15									
73	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	268.05										
77	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	268.05	00 15									
73	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	355.81										
77	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	355.81	00 15									
73	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	195.99										
77	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	195.99	00 15									
73	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	232.91										
77	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	232.91	00 15									
73	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	355.32										
77	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	355.32	00 15									
73	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	394.62										
77	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	394.62	00 15									
73	43241	INSERTION OF CATHETER OR TUBE IN ESO	142.26										
77	43241	INSERTION OF CATHETER OR TUBE IN ESO	142.26	00 15									
73	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	263.42										
77	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	263.42	00 15									
73	43243	INJECTION OF DILATED VEINS OF STOMAC	238.62										
77	43243	INJECTION OF DILATED VIENS OF STOMAC	238.62	00 15									
73	43244	TYING OF DILATED VEINS OF STOMACH AN	246.20										
77	43244	TYING OF DILATED VEINS OF STOMACH AN	246.20	00 15									
73	43245	DILATION OF STOMACH OUTLET USING AN	559.44										
77	43245	DILATION OF STOMACH OUTLET USING AN	559.44	00 15									
73	43246	INSERTION OF STOMACH TUBE USING AN E	203.55										
77	43246	INSERTION OF STOMACH TUBE USING AN E	203.55	00 15									
73	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	356.23										
77	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	356.23	00 15									
73	43248	INSERTION OF GUIDE WIRE WITH DILATIO	371.24										
77	43248	INSERTION OF GUIDE WIRE WITH DILATIO	371.24	00 15									
73	43249	BALLOON DILATION OF ESOPHAGUS USING	1,022.09										
77	43249	BALLOON DILATION OF ESOPHAGUS USING	1,022.09	00 15									
73	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	414.95										
77	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	414.95	00 15									
73	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	455.34										
77	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	455.34	00 15									
73	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	312.77										
77	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	312.77	00 15									
73	43253	Injection of diagnostic or therapeut	264.38										
77	43253	Injection of diagnostic or therapeut	264.38	00 15									
73	43254	Removal of tissue lining of esophagu	271.32										
77	43254	Removal of tissue lining of esophagu	271.32	00 15									
73	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	621.96										
77	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	621.96	00 15									
73	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	235.59										
77	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	235.59	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	226.99										
77	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	226.99	00 15									
73	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	323.89										
77	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	323.89	00 15									
73	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	339.42										
77	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	339.42	00 15									
73	43262	OPERATIVE UPPER GI ENDOSCOPY	358.14										
77	43262	OPERATIVE UPPER GI ENDOSCOPY	358.14	00 15									
73	43263	PRESSURE MEASUREMENT OF PANCREATIC O	358.14										
77	43263	PRESSURE MEASUREMENT OF PANCREATIC O	358.14	00 15									
73	43264	REMOVAL OF STONE FROM BILE OR PANCRE	364.72										
77	43264	REMOVAL OF STONE FROM BILE OR PANCRE	364.72	00 15									
73	43265	DESTRUCTION OF STONE IN BILE OR PANC	435.45										
77	43265	DESTRUCTION OF STONE IN BILE OR PANC	435.45	00 15									
73	43266	Placement of stent in esophagus, sto	219.73										
77	43266	Placement of stent in esophagus, sto	219.73	00 15									
73	43270	Destruction of growths on esophagus,	677.68										
77	43270	Destruction of growths on esophagus,	677.68	00 15									
73	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	121.13										
77	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	121.13	00 15									
73	43274	Placement of stent pancreatic or bil	465.11										
77	43274	Placement of stent pancreatic or bil	465.11	00 15									
73	43275	Removal of foreign body or stent fro	377.99										
77	43275	Removal of foreign body or stent fro	377.99	00 15									
73	43276	Replacement of stent pancreatic or b	483.69										
77	43276	Replacement of stent pancreatic or b	483.69	00 15									
73	43277	Balloon dilation of pancreatic or bi	380.02										
77	43277	Balloon dilation of pancreatic or bi	380.02	00 15									
73	43278	Destruction of mass on gallbladder,	435.60										
77	43278	Destruction of mass on gallbladder,	435.60	00 15									
73	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,345.74										
77	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,345.74	00 15									
73	43280	LAPAROSCOPY, FUNDOPLASTY	1,126.33										
77	43280	LAPAROSCOPY, FUNDOPLASTY	1,126.33	00 15									
73	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,615.28										
77	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,615.28	00 15									
73	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,817.36										
77	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,817.36	00 15									
73	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	165.81										
77	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	165.81	00 15									
73	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	674.38										
77	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	674.38	00 15									
73	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	695.15										
77	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	695.15	00 15									
73	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,299.27										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,299.27	00 15									
73	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,754.49										
77	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,754.49	00 15									
73	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,935.16										
77	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,935.16	00 15									
73	43300	REPAIR OF ESOPHAGUS	613.61										
77	43300	REPAIR OF ESOPHAGUS	613.61	00 15									
73	43305	REPAIR ESOPHAGUS AND FISTULA	1,091.42										
77	43305	REPAIR ESOPHAGUS AND FISTULA	1,091.42	00 15									
73	43310	REPAIR OF ESOPHAGUS	1,540.42										
77	43310	REPAIR OF ESOPHAGUS	1,540.42	00 15									
73	43312	REPAIR ESOPHAGUS AND FISTULA	1,663.08										
77	43312	REPAIR ESOPHAGUS AND FISTULA	1,663.08	00 15									
73	43313	ESOPHAGOPLASTY CONGENTIAL	2,841.56										
77	43313	ESOPHAGOPLASTY CONGENTIAL	2,841.56	00 15									
73	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,069.41										
77	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,069.41	00 15									
73	43320	FUSE ESOPHAGUS & STOMACH	1,459.30										
77	43320	FUSE ESOPHAGUS & STOMACH	1,459.30	00 15									
73	43325	REVISE ESOPHAGUS & STOMACH	1,418.66										
77	43325	REVISE ESOPHAGUS & STOMACH	1,418.66	00 15									
73	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	853.21										
77	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	853.21	00 15									
73	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,169.90										
77	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,169.90	00 15									
73	43330	REPAIR OF ESOPHAGUS	1,394.83										
77	43330	REPAIR OF ESOPHAGUS	1,394.83	00 15									
73	43331	REPAIR OF ESOPHAGUS	1,387.88										
77	43331	REPAIR OF ESOPHAGUS	1,387.88	00 15									
73	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,207.28										
77	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,207.28	00 15									
73	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,318.74										
77	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,318.74	00 15									
73	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,300.07										
77	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,300.07	00 15									
73	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,392.49										
77	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,392.49	00 15									
73	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,509.03										
77	43336	REPAIR PARAESOPHAGEAL HIATL HERNIA	1,509.03	00 15									
73	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,611.51										
77	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,611.51	00 15									
73	43338	ESOPHAGEAL LENGTHENING PROCEDURE	121.86										
77	43338	ESOPHAGEAL LENGTHENING PROCEDURE	121.86	00 15									
73	43340	FUSE ESOPHAGUS & INTESTINE	1,440.51										
77	43340	FUSE ESOPHAGUS & INTESTINE	1,440.51	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	43341	FUSE ESOPHAGUS & INTESTINE	1,451.93										
77	43341	FUSE ESOPHAGUS & INTESTINE	1,451.93	00 15									
73	43351	SURGICAL OPENING, ESOPHAGUS	1,359.95										
77	43351	SURGICAL OPENING, ESOPHAGUS	1,359.95	00 15									
73	43352	SURGICAL OPENING, ESOPHAGUS	1,100.54										
77	43352	SURGICAL OPENING, ESOPHAGUS	1,100.54	00 15									
73	43360	GASTROINTESTINAL REPAIR	2,342.37										
77	43360	GASTROINTESTINAL REPAIR	2,342.37	00 15									
73	43361	GASTROINTESTINAL REPAIR	2,820.64										
77	43361	GASTROINTESTINAL REPAIR	2,820.64	00 15									
73	43400	LIGATE ESOPHAGUS VEINS	1,591.55										
77	43400	LIGATE ESOPHAGUS VEINS	1,591.55	00 15									
73	43405	LIGATE/STAPLE ESOPHAGUS	1,505.92										
77	43405	LIGATE/STAPLE ESOPHAGUS	1,505.92	00 15									
73	43410	REPAIR ESOPHAGUS WOUND	1,022.33										
77	43410	REPAIR ESOPHAGUS WOUND	1,022.33	00 15									
73	43415	REPAIR ESOPHAGUS WOUND	2,672.90										
77	43415	REPAIR ESOPHAGUS WOUND	2,672.90	00 15									
73	43420	REPAIR ESOPHAGUS OPENING	1,015.13										
77	43420	REPAIR ESOPHAGUS OPENING	1,015.13	00 15									
73	43425	REPAIR ESOPHAGUS OPENING	1,495.51										
77	43425	REPAIR ESOPHAGUS OPENING	1,495.51	00 15									
73	43450	DILATE ESOPHAGUS	163.14										
77	43450	DILATE ESOPHAGUS	163.14	00 15									
73	43453	DILATE ESOPHAGUS	822.47										
77	43453	DILATE ESOPHAGUS	822.47	00 15									
73	43460	PRESSURE TREATMENT ESOPHAGUS	213.18										
77	43460	PRESSURE TREATMENT ESOPHAGUS	213.18	00 15									
73	43500	SURGICAL OPENING OF STOMACH	813.40										
77	43500	SURGICAL OPENING OF STOMACH	813.40	00 15									
73	43501	GASTROTOMY WITH SUTURE REPAIR	1,404.93										
77	43501	GASTROTOMY WITH SUTURE REPAIR	1,404.93	00 15									
73	43502	SURGICAL REPAIR OF STOMACH	1,595.28										
77	43502	SURGICAL REPAIR OF STOMACH	1,595.28	00 15									
73	43510	SURGICAL OPENING OF STOMACH	986.53										
77	43510	SURGICAL OPENING OF STOMACH	986.53	00 15									
73	43520	INCISION OF PYLORIC MUSCLE	708.94										
77	43520	INCISION OF PYLORIC MUSCLE	708.94	00 15									
73	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	872.76										
77	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	872.76	00 15									
73	43610	EXCISION OF STOMACH LESION	1,020.92										
77	43610	EXCISION OF STOMACH LESION	1,020.92	00 15									
73	43611	EXCISION, LOCAL;	1,272.83										
77	43611	EXCISION, LOCAL;	1,272.83	00 15									
73	43620	REMOVAL OF STOMACH	2,078.27										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	43620	REMOVAL OF STOMACH	2,078.27	00 15									
73	43621	GASTRECTOMY, TOTAL;	2,377.36										
77	43621	GASTRECTOMY, TOTAL;	2,377.36	00 15									
73	43622	GASTRECTOMY, TOTAL;	2,426.76										
77	43622	GASTRECTOMY, TOTAL;	2,426.76	00 15									
73	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,513.74										
77	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,513.74	00 15									
73	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,129.13										
77	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,129.13	00 15									
73	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,013.32										
77	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,013.32	00 15									
73	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,230.40										
77	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,230.40	00 15									
73	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	118.67										
77	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	118.67	00 15									
73	43640	VAGOTOMY & PYLORUS REPAIR	1,227.09										
77	43640	VAGOTOMY & PYLORUS REPAIR	1,227.09	00 15									
73	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,256.07										
77	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,256.07	00 15									
73	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	1,816.31	16 99		X							
73	43645	LAP GASTR BYPASS INCL SMLL I	1,934.31	16 99		X							
73	43651	LAPAROSCOPY, VAGUS NERVE	678.95										
77	43651	LAPAROSCOPY, VAGUS NERVE	678.95	00 15									
73	43652	LAPAROSCOPY, VAGUS NERVE	794.90										
77	43652	LAPAROSCOPY, VAGUS NERVE	794.90	00 15									
73	43653	LAPAROSCOPY, GASTROSTOMY	591.81										
77	43653	LAPAROSCOPY, GASTROSTOMY	591.81	00 15									
73	43752	INSERTION OF NASAL OR ORAL STOMACH T	41.36										
77	43752	INSERTION OF NASAL OR ORAL STOMACH T	41.36	00 15									
73	43753	INSERTION OF STOMACH TUBE AND ASPIRA	23.42										
77	43753	INSERTION OF STOMACH TUBE AND ASPIRA	23.42	00 15									
73	43754	GASTRIC INTUBATION AND ASPIRATION DI	171.12										
77	43754	GASTRIC INTUBATION AND ASPIRATION DI	171.12	00 15									
73	43755	GASTRIC INTUBATION AND ASPIRATION DI	162.55										
77	43755	GASTRIC INTUBATION AND ASPIRATION DI	162.55	00 15									
73	43756	DUODENAL INTUBATION AND ASPIRATION	234.63										
77	43756	DUODENAL INTUBATION AND ASPIRATION	234.63	00 15									
73	43757	DUODENAL INTUBATION AND ASPIRATION	322.55										
77	43757	DUODENAL INTUBATION AND ASPIRATION	322.55	00 15									
73	43761	REPOSITIONING OF A NASO- OR ORO-GAST	122.00										
77	43761	REPOSITIONING OF THE GASTRIC FEEDING	122.00	00 15									
73	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	213.54										
77	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	213.54	00 15									
73	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	320.78										
77	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	320.78	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	43770	LAP, PLACE GASTR ADJUST BAND	1,170.92	16 99		X							
73	43771	LAP, REVISE ADJUST GAST BAND	1,332.05	16 99		X							
73	43772	LAP, REMOVE ADJUST GAST BAND	992.69	16 99		X							
73	43773	LAP, CHANGE ADJUST GAST BAND	1,332.05	16 99		X							
73	43774	LAP REMOV ADJ GAST BAND/PORT	1,000.97	16 99		X							
73	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	1,175.08	16 99		X							
73	43800	RECONSTRUCTION OF PYLORUS	972.71										
77	43800	RECONSTRUCTION OF PYLORUS	972.71	00 15									
73	43810	FUSION OF STOMACH AND BOWEL	1,063.26										
77	43810	FUSION OF STOMACH AND BOWEL	1,063.26	00 15									
73	43820	FUSION OF STOMACH AND BOWEL	1,401.69										
77	43820	FUSION OF STOMACH AND BOWEL	1,401.69	00 15									
73	43825	FUSION OF STOMACH AND BOWEL	1,368.69										
77	43825	FUSION OF STOMACH AND BOWEL	1,368.69	00 15									
73	43830	SURGICAL OPENING OF STOMACH	725.85										
77	43830	SURGICAL OPENING OF STOMACH	725.85	00 15									
73	43831	GASTROSTOMY, OPEN, NEONATAL	618.86	00 00									
77	43831	GASTROSTOMY, OPEN, NEONATAL	618.86	00 00									
73	43832	SURGICAL OPENING OF STOMACH	1,083.71										
77	43832	SURGICAL OPENING OF STOMACH	1,083.71	00 15									
73	43840	REPAIR OF STOMACH LESION	1,419.15										
77	43840	REPAIR OF STOMACH LESION	1,419.15	00 15									
73	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	1,339.09	16 99		X							
73	43845	GASTROPLASTY DUODENAL SWITCH	2,033.90	16 99		X							
73	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,695.75	16 99		X							
73	43847	GASTRIC BYPASS FOR OBESITY	1,888.16	16 99		X							
73	43848	REVISION GASTROPLASTY	2,023.10	16 99		X							
73	43850	REVISE STOMACH-BOWEL FUSION	1,705.50										
77	43850	REVISE STOMACH-BOWEL FUSION	1,705.50	00 15									
73	43855	REVISE STOMACH-BOWEL FUSION	1,769.77										
77	43855	REVISE STOMACH-BOWEL FUSION	1,769.77	00 15									
73	43860	REVISE STOMACH-BOWEL FUSION	1,707.23										
77	43860	REVISE STOMACH-BOWEL FUSION	1,707.23	00 15									
73	43865	REVISE STOMACH-BOWEL FUSION	1,790.74										
77	43865	REVISE STOMACH-BOWEL FUSION	1,790.74	00 15									
73	43870	REPAIR STOMACH OPENING	735.38										
77	43870	REPAIR STOMACH OPENING	735.38	00 15									
73	43880	REPAIR STOMACH-BOWEL FISTULA	1,659.95										
77	43880	REPAIR STOMACH-BOWEL FISTULA	1,659.95	00 15									
73	43886	REVISE GASTRIC PORT, OPEN	371.05	16 99		X							
73	43887	REMOVE GASTRIC PORT, OPEN	334.50	16 99		X							
73	43888	CHANGE GASTRIC PORT, OPEN	475.10	16 99		X							
73	44005	FREEING OF BOWEL ADHESION	1,138.43										
77	44005	FREEING OF BOWEL ADHESION	1,138.43	00 15									
73	44010	INCISION OF SMALL BOWEL	880.28										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	44010	INCISION OF SMALL BOWEL	880.28	00 15									
73	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	149.76										
77	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	149.76	00 15									
73	44020	EXPLORATION OF SMALL BOWEL	1,014.19										
77	44020	EXPLORATION OF SMALL BOWEL	1,014.19	00 15									
73	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,012.80										
77	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,012.80	00 15									
73	44025	EXPLORATION OF LARGE BOWEL	1,020.04										
77	44025	EXPLORATION OF LARGE BOWEL	1,020.04	00 15									
73	44050	REDUCE BOWEL OBSTRUCTION	973.10										
77	44050	REDUCE BOWEL OBSTRUCTION	973.10	00 15									
73	44055	CORRECT MALROTATION-CG, LADD PROC.	1,555.28										
77	44055	CORRECT MALROTATION-CG, LADD PROC.	1,555.28	00 15									
73	44100	BIOPSY OF BOWEL	108.50										
77	44100	BIOPSY OF BOWEL	108.50	00 15									
73	44110	EXCISION OF BOWEL LESION(S)	870.03										
77	44110	EXCISION OF BOWEL LESION(S)	870.03	00 15									
73	44111	EXCISION OF BOWEL LESION(S)	1,009.06										
77	44111	EXCISION OF BOWEL LESION(S)	1,009.06	00 15									
73	44120	REMOVAL OF SMALL INTESTINE	1,274.25										
77	44120	REMOVAL OF SMALL INTESTINE	1,274.25	00 15									
73	44121	REMOVAL OF SMALL INTESTINE	253.24										
77	44121	REMOVAL OF SMALL INTESTINE	253.24	00 15									
73	44125	REMOVAL OF SMALL INTESTINE	1,224.65										
77	44125	REMOVAL OF SMALL INTESTINE	1,224.65	00 15									
73	44126	ENTERECTOMY W/TAPER, CONG	2,587.85										
77	44126	ENTERECTOMY W/TAPER, CONG	2,587.85	00 15									
73	44127	ENTERECTOMY W/O TAPER, CONG	2,995.50										
77	44127	ENTERECTOMY W/O TAPER, CONG	2,995.50	00 15									
73	44128	ENTERECTOMY CONG, ADD-ON	256.61										
77	44128	ENTERECTOMY CONG, ADD-ON	256.61	00 15									
73	44130	BOWEL TO BOWEL FUSION	1,366.43										
77	44130	BOWEL TO BOWEL FUSION	1,366.43	00 15									
73	44139	MOBILIZATION OF COLON	126.33										
77	44139	MOBILIZATION OF COLON	126.33	00 15									
73	44140	PARTIAL REMOVAL OF COLON	1,394.63										
77	44140	PARTIAL REMOVAL OF COLON	1,394.63	00 15									
73	44141	PARTIAL REMOVAL OF COLON	1,889.21										
77	44141	PARTIAL REMOVAL OF COLON	1,889.21	00 15									
73	44143	PARTIAL REMOVAL OF COLON	1,726.74										
77	44143	PARTIAL REMOVAL OF COLON	1,726.74	00 15									
73	44144	PARTIAL REMOVAL OF COLON	1,835.15										
77	44144	PARTIAL REMOVAL OF COLON	1,835.15	00 15									
73	44145	PARTIAL REMOVAL OF COLON	1,711.47										
77	44145	PARTIAL REMOVAL OF COLON	1,711.47	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	44146	PARTIAL REMOVAL OF COLON	2,175.02										
77	44146	PARTIAL REMOVAL OF COLON	2,175.02	00 15									
73	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,014.39										
77	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,014.39	00 15									
73	44150	REMOVAL OF COLON	1,922.17										
77	44150	REMOVAL OF COLON	1,922.17	00 15									
73	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,248.76										
77	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,248.76	00 15									
73	44155	REMOVAL OF COLON	2,125.71										
77	44155	REMOVAL OF COLON	2,125.71	00 15									
73	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,407.92										
77	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,407.92	00 15									
73	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,284.77										
77	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,284.77	00 15									
73	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,342.51										
77	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,342.51	00 15									
73	44160	REMOVAL OF COLON	1,288.66										
77	44160	REMOVAL OF COLON	1,288.66	00 15									
73	44186	LAP, JEJUNOSTOMY	676.15										
77	44186	LAP, JEJUNOSTOMY	676.15	00 15									
73	44187	LAP, ILEO/JEJUNO-STOMY	1,119.60										
77	44187	LAP, ILEO/JEJUNO-STOMY	1,119.60	00 15									
73	44188	LAP, COLOSTOMY	1,253.67										
77	44188	LAP, COLOSTOMY	1,253.67	00 15									
73	44202	LAPARO, RESECT INTESTINE	1,440.30										
77	44202	LAPARO, RESECT INTESTINE	1,440.30	00 15									
73	44203	LAP RESECT S/INTESTINE, ADDL	251.31										
77	44203	LAP RESECT S/INTESTINE, ADDL	251.31	00 15									
73	44204	LAPARO PARTIAL COLECTOMY	1,591.89										
77	44204	LAPARO PARTIAL COLECTOMY	1,591.89	00 15									
73	44205	LAP COLECTOMY PART W/ILEUM	1,380.43										
77	44205	LAP COLECTOMY PART W/ILEUM	1,380.43	00 15									
73	44206	LAP PART COLECTOMY W/STOMA	1,807.52										
77	44206	LAP PART COLECTOMY W/STOMA	1,807.52	00 15									
73	44207	L COLECTOMY/COLOPROCTOSTOMY	1,872.26										
77	44207	L COLECTOMY/COLOPROCTOSTOMY	1,872.26	00 15									
73	44208	L COLECTOMY/COLOPROCTOSTOMY	2,033.16										
77	44208	L COLECTOMY/COLOPROCTOSTOMY	2,033.16	00 15									
73	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,811.34										
77	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,811.34	00 15									
73	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,136.71										
77	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,136.71	00 15									
73	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,077.74										
77	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,077.74	00 15									
73	44213	LAP, MOBIL SPLENIC FL ADD-ON	193.88										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	44213	LAP, MOBIL SPLENIC FL ADD-ON	193.88	00 15									
73	44227	LAP, CLOSE ENTEROSTOMY	1,726.05										
77	44227	LAP, CLOSE ENTEROSTOMY	1,726.05	00 15									
73	44300	OPEN BOWEL TO SKIN	875.74										
77	44300	OPEN BOWEL TO SKIN	875.74	00 15									
73	44310	ILEOSTOMY	1,075.49										
77	44310	ILEOSTOMY	1,075.49	00 15									
73	44312	REVISION OF ILEOSTOMY	607.35										
77	44312	REVISION OF ILEOSTOMY	607.35	00 15									
73	44314	REVISION OF ILEOSTOMY	1,032.80										
77	44314	REVISION OF ILEOSTOMY	1,032.80	00 15									
73	44316	DEVISE BOWEL POUCH	1,477.53										
77	44316	DEVISE BOWEL POUCH	1,477.53	00 15									
73	44320	COLOSTOMY	1,242.10										
77	44320	COLOSTOMY	1,242.10	00 15									
73	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,028.35										
77	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,028.35	00 15									
73	44340	REVISION OF COLOSTOMY	636.35										
77	44340	REVISION OF COLOSTOMY	636.35	00 15									
73	44345	REVISION OF COLOSTOMY	1,080.59										
77	44345	REVISION OF COLOSTOMY	1,080.59	00 15									
73	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,220.84										
77	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,220.84	00 15									
73	44360	SMALL BOWEL ENDOSCOPY	143.74										
77	44360	SMALL BOWEL ENDOSCOPY	143.74	00 15									
73	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	158.74										
77	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	158.74	00 15									
73	44363	SMALL BOWEL ENDOSCOPY	192.90										
77	44363	SMALL BOWEL ENDOSCOPY	192.90	00 15									
73	44364	SMALL BOWEL ENDOSCOPY	205.07										
77	44364	SMALL BOWEL ENDOSCOPY	205.07	00 15									
73	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	182.01										
77	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	182.01	00 15									
73	44366	SMALL BOWEL ENDOSCOPY	240.97										
77	44366	SMALL BOWEL ENDOSCOPY	240.97	00 15									
73	44369	SMALL BOWEL ENDOSCOPY	246.87										
77	44369	SMALL BOWEL ENDOSCOPY	246.87	00 15									
73	44370	SMALL BOWEL ENDOSCOPY/STENT	267.24										
77	44370	SMALL BOWEL ENDOSCOPY/STENT	267.24	00 15									
73	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	242.07										
77	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	242.07	00 15									
73	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	193.85										
77	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	193.85	00 15									
73	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	285.18										
77	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	285.18	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	300.32										
77	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	300.32	00 15									
73	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	386.11										
77	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	386.11	00 15									
73	44379	S BOWEL ENDOSCOPE W/STENT	410.49										
77	44379	S BOWEL ENDOSCOPE W/STENT	410.49	00 15									
73	44380	SMALL BOWEL ENDOSCOPY	172.54										
77	44380	SMALL BOWEL ENDOSCOPY	172.54	00 15									
73	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	914.04										
77	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	914.04	00 15									
73	44382	SMALL BOWEL ENDOSCOPY	269.56										
77	44382	SMALL BOWEL ENDOSCOPY	269.56	00 15									
73	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	155.27										
77	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	155.27	00 15									
73	44385	ENDOSCOPY OF BOWEL POUCH	190.70										
77	44385	ENDOSCOPY OF BOWEL POUCH	190.70	00 15									
73	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	283.99										
77	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	283.99	00 15									
73	44388	COLON ENDOSCOPY	147.43										
77	44388	COLON ENDOSCOPY	147.43	00 15									
73	44389	COLON ENDOSCOPY	384.60										
77	44389	COLON ENDOSCOPY	384.60	00 15									
73	44390	COLON ENDOSCOPY	378.89										
77	44390	COLON ENDOSCOPY	378.89	00 15									
73	44391	COLON ENDOSCOPY	642.99										
77	44391	COLON ENDOSCOPY	642.99	00 15									
73	44392	COLON ENDOSCOPY	359.67										
77	44392	COLON ENDOSCOPY	359.67	00 15									
73	44394	COLONOSCOPY THROUGH STOMA;	410.15										
77	44394	COLONOSCOPY THROUGH STOMA;	410.15	00 15									
73	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,631.12										
77	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,631.12	00 15									
73	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	263.02										
77	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	263.02	00 15									
73	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	305.02										
77	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	305.02	00 15									
73	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	382.48										
77	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	382.48	00 15									
73	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	530.09										
77	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	530.09	00 15									
73	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	230.19										
77	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	230.19	00 15									
73	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	276.53										
77	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	276.53	00 15									
73	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	232.21										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
77	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	232.21	00 15									
73	44500	INTRODUCTION OF LONG GASTROINTESTINA	19.44										
77	44500	INTRODUCTION OF LONG GASTROINTESTINA	19.44	00 15									
73	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,472.02										
77	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,472.02	00 15									
73	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,685.39										
77	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,685.39	00 15									
73	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,099.41										
77	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,099.41	00 15									
73	44605	REPAIR OF BOWEL LESION	1,352.79										
77	44605	REPAIR OF BOWEL LESION	1,352.79	00 15									
73	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,119.72										
77	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,119.72	00 15									
73	44620	REPAIR BOWEL OPENING	893.61										
77	44620	REPAIR BOWEL OPENING	893.61	00 15									
73	44625	REPAIR BOWEL OPENING	1,041.40										
77	44625	REPAIR BOWEL OPENING	1,041.40	00 15									
73	44626	REPAIR BOWEL OPENING	1,662.21										
77	44626	REPAIR BOWEL OPENING	1,662.21	00 15									
73	44640	REPAIR BOWEL-SKIN FISTULA	1,452.26										
77	44640	REPAIR BOWEL-SKIN FISTULA	1,452.26	00 15									
73	44650	REPAIR BOWEL FISTULA	1,499.85										
77	44650	REPAIR BOWEL FISTULA	1,499.85	00 15									
73	44660	REPAIR BOWEL-BLADDER FISTULA	1,370.34										
77	44660	REPAIR BOWEL-BLADDER FISTULA	1,370.34	00 15									
73	44661	REPAIR BOWEL-BLADDER FISTULA	1,605.81										
77	44661	REPAIR BOWEL-BLADDER FISTULA	1,605.81	00 15									
73	44680	SURGICAL REVISION, INTESTINE	1,101.67										
77	44680	SURGICAL REVISION, INTESTINE	1,101.67	00 15									
73	44700	SUSPEND BOWEL W/PROSTHESIS	1,024.78										
77	44700	SUSPEND BOWEL W/PROSTHESIS	1,024.78	00 15									
73	44701	INTRAOP COLON LAVAGE ADD-ON	179.55										
77	44701	INTRAOP COLON LAVAGE ADD-ON	179.55	00 15									
73	44720	PREP DONOR INTESTINE/VENOUS	289.64		X								
77	44720	PREP DONOR INTESTINE/VENOUS	289.64	00 15	X								
73	44721	PREP DONOR INTESTINE/ARTERY	404.63		X								
77	44721	PREP DONOR INTESTINE/ARTERY	404.63	00 15	X								
73	44800	REPAIR OF CONGENITAL BOWEL DEFECT	793.94										
77	44800	REPAIR OF CONGENITAL BOWEL DEFECT	793.94	00 15									
73	44820	EXCISION OF MESENTERY LESION	864.76										
77	44820	EXCISION OF MESENTERY LESION	864.76	00 15									
73	44850	REPAIR OF MESENTERY	771.70										
77	44850	REPAIR OF MESENTERY	771.70	00 15									
73	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	815.18										
77	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	815.18	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	44950	APPENDECTOMY	668.71		X								
77	44950	APPENDECTOMY	668.71	00 15	X								
73	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	87.01										
77	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	87.01	00 15									
73	44960	APPENDECTOMY	913.48		X								
77	44960	APPENDECTOMY	913.48	00 15	X								
73	44970	LAPAROSCOPY, APPENDECTOMY	622.12		X								
77	44970	LAPAROSCOPY, APPENDECTOMY	622.12	00 15	X								
73	45000	DRAINAGE OF PELVIC ABSCESS	431.79										
77	45000	DRAINAGE OF PELVIC ABSCESS	431.79	00 15									
73	45005	DRAINAGE OF RECTAL ABSCESS	283.78										
77	45005	DRAINAGE OF RECTAL ABSCESS	283.78	00 15									
73	45020	DRAINAGE OF RECTAL ABSCESS	583.34										
77	45020	DRAINAGE OF RECTAL ABSCESS	583.34	00 15									
73	45100	BIOPSY OF RECTUM	300.79										
77	45100	BIOPSY OF RECTUM	300.79	00 15									
73	45108	REMOVAL OF ANORECTAL LESION	379.99										
77	45108	REMOVAL OF ANORECTAL LESION	379.99	00 15									
73	45110	REMOVAL OF RECTUM	1,875.45										
77	45110	REMOVAL OF RECTUM	1,875.45	00 15									
73	45111	PARTIAL REMOVAL OF RECTUM	1,114.65										
77	45111	PARTIAL REMOVAL OF RECTUM	1,114.65	00 15									
73	45112	REMOVAL OF RECTUM	1,906.28										
77	45112	REMOVAL OF RECTUM	1,906.28	00 15									
73	45113	PARTIAL PROCTECTOMY	1,893.62										
77	45113	PARTIAL PROCTECTOMY	1,893.62	00 15									
73	45114	PARTIAL REMOVAL OF RECTUM	1,902.03										
77	45114	PARTIAL REMOVAL OF RECTUM	1,902.03	00 15									
73	45116	PARTIAL REMOVAL OF RECTUM	1,562.12										
77	45116	PARTIAL REMOVAL OF RECTUM	1,562.12	00 15									
73	45119	REMOVE, RECTUM W/RESERVOIR	1,962.56										
77	45119	REMOVE, RECTUM W/RESERVOIR	1,962.56	00 15									
73	45120	REMOVAL OF RECTUM	1,665.89										
77	45120	REMOVAL OF RECTUM	1,665.89	00 15									
73	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,821.77										
77	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,821.77	00 15									
73	45123	PARTIAL PROCTECTOMY	1,133.94										
77	45123	PARTIAL PROCTECTOMY	1,133.94	00 15									
73	45126	PELVIC EXENTERATION	2,826.41		X								
77	45126	PELVIC EXENTERATION	2,826.41	00 15	X								
73	45130	EXCISION OF RECTAL PROLAPSE	1,103.53										
77	45130	EXCISION OF RECTAL PROLAPSE	1,103.53	00 15									
73	45135	EXCISION OF RECTAL PROLAPSE	1,304.18										
77	45135	EXCISION OF RECTAL PROLAPSE	1,304.18	00 15									
73	45136	EXCISE ILEOANAL RESERVOIR	1,806.64										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	45136	EXCISE ILEOANAL RESERVOIR	1,806.64	00 15									
73	45150	EXCISION OF RECTAL STRICTURE	428.97										
77	45150	EXCISION OF RECTAL STRICTURE	428.97	00 15									
73	45160	EXCISION OF RECTAL LESION	1,064.64										
77	45160	EXCISION OF RECTAL LESION	1,064.64	00 15									
73	45171	EXCISION OF RECTAL TUMOR TRANSANAL	608.97										
77	45171	EXCISION OF RECTAL TUMOR TRANSANAL	608.97	00 15									
73	45172	EXCISION OF RECTAL TUMOR TRANSANAL	820.17										
77	45172	EXCISION OF RECTAL TUMOR TRANSANAL	820.17	00 15									
73	45190	DESTRUCTION RECTAL TUMOR	702.93										
77	45190	DESTRUCTION RECTAL TUMOR	702.93	00 15									
73	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	117.94										
77	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	117.94	00 15									
73	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	894.31										
77	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	894.31	00 15									
73	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	156.02										
77	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	156.02	00 15									
73	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	180.75										
77	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	180.75	00 15									
73	45308	PROCTOSIGMOIDOSCOPY, RIGID;	178.54										
77	45308	PROCTOSIGMOIDOSCOPY, RIGID;	178.54	00 15									
73	45309	PROCTOSIGMOIDOSCOPY, RIGID;	184.90										
77	45309	PROCTOSIGMOIDOSCOPY, RIGID;	184.90	00 15									
73	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	203.00										
77	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	203.00	00 15									
73	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	196.29										
77	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	196.29	00 15									
73	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	197.92										
77	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	197.92	00 15									
73	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	107.54										
77	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	107.54	00 15									
73	45327	PROCTOSIGMOIDOSCOPY W/STENT	121.98										
77	45327	PROCTOSIGMOIDOSCOPY W/STENT	121.98	00 15									
73	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	165.62										
77	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	165.62	00 15									
73	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	259.40										
77	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	259.40	00 15									
73	45332	SIGMOIDOSCOPY; DIAGNOSTIC	252.79										
77	45332	SIGMOIDOSCOPY; DIAGNOSTIC	252.79	00 15									
73	45333	SIGMOIDOSCOPY; DIAGNOSTIC	297.09										
77	45333	SIGMOIDOSCOPY; DIAGNOSTIC	297.09	00 15									
73	45334	SIGMOIDOSCOPY; DIAGNOSTIC	497.28										
77	45334	SIGMOIDOSCOPY; DIAGNOSTIC	497.28	00 15									
73	45335	SIGMOIDOSCOPY W/SUBMUC INJ	251.07										
77	45335	SIGMOIDOSCOPY W/SUBMUC INJ	251.07	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	116.94										
77	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	116.94	00 15									
73	45338	SIGMOIDOSCOPY, FLEXIBLE;	270.92										
77	45338	SIGMOIDOSCOPY, FLEXIBLE;	270.92	00 15									
73	45340	SIG W/BALLOON DILATION	426.03										
77	45340	SIG W/BALLOON DILATION	426.03	00 15									
73	45341	SIGMOIDOSCOPY W/ULTRASOUND	124.01			X							
77	45341	SIGMOIDOSCOPY W/ULTRASOUND	124.01	00 15		X							
73	45342	SIGMOIDOSCOPY W/US GUIDE BX	169.87										
77	45342	SIGMOIDOSCOPY W/US GUIDE BX	169.87	00 15									
73	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,561.77										
77	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,561.77	00 15									
73	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	154.40										
77	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	154.40	00 15									
73	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	199.33										
77	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	199.33	00 15									
73	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	587.19										
77	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	587.19	00 15									
73	45378	DIAGNOSTIC COLONOSCOPY	160.15										
77	45378	DIAGNOSTIC COLONOSCOPY	160.15	00 15									
73	45379	COLONOSCOPY	411.91										
77	45379	COLONOSCOPY	411.91	00 15									
73	45380	COLONOSCOPY AND BIOPSY	408.39										
77	45380	COLONOSCOPY AND BIOPSY	408.39	00 15									
73	45381	COLONOSCOPY, SUBMUCOUS INJ	405.45										
77	45381	COLONOSCOPY, SUBMUCOUS INJ	405.45	00 15									
73	45382	COLONOSCOPY,CONTROL BLEEDING	669.20										
77	45382	COLONOSCOPY,CONTROL BLEEDING	669.20	00 15									
73	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	457.30										
77	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	457.30	00 15									
73	45385	COLONOSCOPY, LESION REMOVAL	429.55										
77	45385	COLONOSCOPY, LESION REMOVAL	429.55	00 15									
73	45386	COLONOSCOPY DILATE STRICTURE	581.39										
77	45386	COLONOSCOPY DILATE STRICTURE	581.39	00 15									
73	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,721.19										
77	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,721.19	00 15									
73	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	291.82										
77	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	291.82	00 15									
73	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	333.53										
77	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	333.53	00 15									
73	45391	COLONOSCOPY W/ENDOSCOPE US	258.36										
77	45391	COLONOSCOPY W/ENDOSCOPE US	258.36	00 15									
73	45392	COLONOSCOPY W/ENDOSCOPIC FNB	305.66										
77	45392	COLONOSCOPY W/ENDOSCOPIC FNB	305.66	00 15									
73	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	255.93										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	255.93	00 15									
73	45395	LAP, REMOVAL OF RECTUM	2,002.89										
77	45395	LAP, REMOVAL OF RECTUM	2,002.89	00 15									
73	45397	LAP, REMOVE RECTUM W/POUCH	2,174.46										
77	45397	LAP, REMOVE RECTUM W/POUCH	2,174.46	00 15									
73	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	746.71										
77	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	746.71	00 15									
73	45400	LAPAROSCOPIC PROCTOPEXY	1,156.94										
77	45400	LAPAROSCOPIC PROCTOPEXY	1,156.94	00 15									
73	45402	LAP PROCTOPEXY W/SIG RESECT	1,549.73										
77	45402	LAP PROCTOPEXY W/SIG RESECT	1,549.73	00 15									
73	45500	REPAIR OF RECTUM	577.17										
77	45500	REPAIR OF RECTUM	577.17	00 15									
73	45505	REPAIR OF RECTUM	599.67										
77	45505	REPAIR OF RECTUM	599.67	00 15									
73	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	147.35										
77	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	147.35	00 15									
73	45540	CORRECT RECTAL PROLAPSE	1,080.45										
77	45540	CORRECT RECTAL PROLAPSE	1,080.45	00 15									
73	45541	CORRECT RECTAL PROLAPSE	962.81										
77	45541	CORRECT RECTAL PROLAPSE	962.81	00 15									
73	45550	REPAIR RECTUM;REMOVE SIGMOID	1,495.36										
77	45550	REPAIR RECTUM;REMOVE SIGMOID	1,495.36	00 15									
73	45560	REPAIR OF RECTOCELE	700.25										
77	45560	REPAIR OF RECTOCELE	700.25	00 15									
73	45562	EXPLORATION/REPAIR OF RECTUM	1,157.03										
77	45562	EXPLORATION/REPAIR OF RECTUM	1,157.03	00 15									
73	45563	EXPLORATION/REPAIR OF RECTUM	1,722.91										
77	45563	EXPLORATION/REPAIR OF RECTUM	1,722.91	00 15									
73	45800	REPAIR RECTUMBLADDER FISTULA	1,318.54										
77	45800	REPAIR RECTUMBLADDER FISTULA	1,318.54	00 15									
73	45805	REPAIR FISTULA; COLOSTOMY	1,526.49										
77	45805	REPAIR FISTULA; COLOSTOMY	1,526.49	00 15									
73	45820	REPAIR RECTOURETHRAL FISTULA	1,322.22										
77	45820	REPAIR RECTOURETHRAL FISTULA	1,322.22	00 15									
73	45825	REPAIR FISTULA; COLOSTOMY	1,594.24										
77	45825	REPAIR FISTULA; COLOSTOMY	1,594.24	00 15									
73	45900	REDUCTION OF RECTAL PROLAPSE	217.04										
77	45900	REDUCTION OF RECTAL PROLAPSE	217.04	00 15									
73	45905	DILATION OF ANAL SPHINCTER	169.14										
77	45905	DILATION OF ANAL SPHINCTER	169.14	00 15									
73	45910	DILATION OF RECTAL NARROWING	193.00										
77	45910	DILATION OF RECTAL NARROWING	193.00	00 15									
73	45915	REMOVE RECTAL OBSTRUCTION	337.03										
77	45915	REMOVE RECTAL OBSTRUCTION	337.03	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	45990	SURG DX EXAM, ANORECTAL	108.21			X								
77	45990	SURG DX EXAM, ANORECTAL	108.21	00	15	X								
73	46020	PLACEMENT OF SETON	277.84											
77	46020	PLACEMENT OF SETON	277.84	00	15									
73	46030	REMOVAL OF RECTAL MARKER	140.39											
77	46030	REMOVAL OF RECTAL MARKER	140.39	00	15									
73	46040	INCISION OF RECTAL ABSCESS	540.30											
77	46040	INCISION OF RECTAL ABSCESS	540.30	00	15									
73	46045	INCISION OF RECTAL ABSCESS	441.73											
77	46045	INCISION OF RECTAL ABSCESS	441.73	00	15									
73	46050	INCISION OF ANAL ABSCESS	210.60											
77	46050	INCISION OF ANAL ABSCESS	210.60	00	15									
73	46060	INCISION OF RECTAL ABSCESS	483.10											
77	46060	INCISION OF RECTAL ABSCESS	483.10	00	15									
73	46070	INCISION OF ANAL SEPTUM	264.81											
77	46070	INCISION OF ANAL SEPTUM	264.81	00	15									
73	46080	INCISION OF ANAL SPHINCTER	264.92											
77	46080	INCISION OF ANAL SPHINCTER	264.92	00	15									
73	46083	EXC EXT.THROMBOSED HEMORRHOID	186.83										X	
77	46083	EXC EXT.THROMBOSED HEMORRHOID	186.83	00	15								X	
73	46200	REMOVAL OF ANAL FISSURE	448.24											
77	46200	REMOVAL OF ANAL FISSURE	448.24	00	15									
73	46220	REMOVAL OF ANAL TAB	220.54											
77	46220	REMOVAL OF ANAL TAB	220.54	00	15									
73	46221	LIGATION OF HEMORRHOID(S)	264.92											
77	46221	LIGATION OF HEMORRHOID(S)	264.92	00	15									
73	46230	REMOVAL OF ANAL TABS	286.81											
77	46230	REMOVAL OF ANAL TABS	286.81	00	15									
73	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	464.15											
77	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	464.15	00	15									
73	46255	HEMORRHOIDECTOMY	508.71											
77	46255	HEMORRHOIDECTOMY	508.71	00	15									
73	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	429.86											
77	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	429.86	00	15									
73	46258	REMOVE HEMORRHOIDS & FISTULA	483.36											
77	46258	REMOVE HEMORRHOIDS & FISTULA	483.36	00	15									
73	46260	HEMORRHOIDECTOMY	484.47											
77	46260	HEMORRHOIDECTOMY	484.47	00	15									
73	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	529.03											
77	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	529.03	00	15									
73	46262	REMOVE HEMORRHOIDS & FISTULA	558.68											
77	46262	REMOVE HEMORRHOIDS & FISTULA	558.68	00	15									
73	46270	SURGICAL TREATMENT OF ANAL FISTULA	514.83											
77	46270	SURGICAL TREATMENT OF ANAL FISTULA	514.83	00	15									
73	46275	REMOVAL OF ANAL FISTULA	541.67											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	46275	REMOVAL OF ANAL FISTULA	541.67	00 15									
73	46280	REMOVAL OF ANAL FISTULA	475.36										
77	46280	REMOVAL OF ANAL FISTULA	475.36	00 15									
73	46285	SURGICAL TREATMENT OF ANAL FISTULA	538.28										
77	46285	SURGICAL TREATMENT OF ANAL FISTULA	538.28	00 15									
73	46288	REPAIR ANAL FISTULA	553.63										
77	46288	REPAIR ANAL FISTULA	553.63	00 15									
73	46320	REMOVAL OF HEMORRHOID CLOT	191.57										
77	46320	REMOVAL OF HEMORRHOID CLOT	191.57	00 15									
73	46500	INJECTION TREATMENT OF ANUS	285.83										
77	46500	INJECTION TREATMENT OF ANUS	285.83	00 15									
73	46505	CHEMODENERVATION ANAL MUSC	292.84										
77	46505	CHEMODENERVATION ANAL MUSC	292.84	00 15									
73	46600	ANOSCOPY; DIAGNOSTIC	98.26										
77	46600	ANOSCOPY; DIAGNOSTIC	98.26	00 15									
73	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	139.56										
77	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	139.56	00 15									
73	46604	ANOSCOPY WITH DIRECT DILATION	623.38										
77	46604	ANOSCOPY WITH DIRECT DILATION	623.38	00 15									
73	46606	ANOSCOPY WITH BIOPSY	243.49										
77	46606	ANOSCOPY WITH BIOPSY	243.49	00 15									
73	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	195.86										
77	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	195.86	00 15									
73	46608	ANOSCOPY;REMOVE FOREIGN BODY	257.77										
77	46608	ANOSCOPY;REMOVE FOREIGN BODY	257.77	00 15									
73	46610	ANOSCOPY; REMOVE POLYP	244.25										
77	46610	ANOSCOPY; REMOVE POLYP	244.25	00 15									
73	46611	ANOSCOPY;	193.80										
77	46611	ANOSCOPY;	193.80	00 15									
73	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	298.69										
77	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	298.69	00 15									
73	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	141.43										
77	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	141.43	00 15									
73	46615	ANOSCOPY;	156.00										
77	46615	ANOSCOPY;	156.00	00 15									
73	46700	REPAIR OF ANAL STRICTURE	660.74										
77	46700	REPAIR OF ANAL STRICTURE	660.74	00 15									
73	46705	REPAIR OF ANAL STRICTURE	574.39										
77	46705	REPAIR OF ANAL STRICTURE	574.39	00 15									
73	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	181.40									X	
77	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	181.40	00 15								X	
73	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	505.82										
77	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	505.82	00 15									
73	46710	REPR PER/VAG POUCH SNGL PROC	1,150.27										
77	46710	REPR PER/VAG POUCH SNGL PROC	1,150.27	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	46712	REPR PER/VAG POUCH DBL PROC	2,324.64										
77	46712	REPR PER/VAG POUCH DBL PROC	2,324.64	00 15									
73	46715	REPAIR OF ANOVAGINAL FISTULA	564.26										
77	46715	REPAIR OF ANOVAGINAL FISTULA	564.26	00 15									
73	46716	REPAIR OF ANOVAGINAL FISTULA	1,253.80										
77	46716	REPAIR OF ANOVAGINAL FISTULA	1,253.80	00 15									
73	46730	CONSTRUCTION OF ABSENT ANUS	2,046.56										
77	46730	CONSTRUCTION OF ABSENT ANUS	2,046.56	00 15									
73	46735	CONSTRUCTION OF ABSENT ANUS	2,364.24										
77	46735	CONSTRUCTION OF ABSENT ANUS	2,364.24	00 15									
73	46740	CONSTRUCTION OF ABSENT ANUS	2,236.49										
77	46740	CONSTRUCTION OF ABSENT ANUS	2,236.49	00 15									
73	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,595.99										
77	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,595.99	00 15									
73	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,693.63				F						
77	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,693.63	00 15			F						
73	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,079.25				F						
77	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,079.25	00 15			F						
73	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,431.23				F						
77	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,431.23	00 15			F						
73	46750	REPAIR OF ANAL SPHINCTER	760.18										
77	46750	REPAIR OF ANAL SPHINCTER	760.18	00 15									
73	46751	REPAIR OF ANAL SPHINCTER	679.05										
77	46751	REPAIR OF ANAL SPHINCTER	679.05	00 15									
73	46753	RECONSTRUCTION OF ANUS	634.99										
77	46753	RECONSTRUCTION OF ANUS	634.99	00 15									
73	46754	REMOVAL OF SUTURE FROM ANUS	314.80										
77	46754	REMOVAL OF SUTURE FROM ANUS	314.80	00 15									
73	46760	REPAIR OF ANAL SPHINCTER	1,096.46										
77	46760	REPAIR OF ANAL SPHINCTER	1,096.46	00 15									
73	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	934.26										
77	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	934.26	00 15									
73	46900	REMOVAL OF ANAL LESION	228.43										
77	46900	REMOVAL OF ANAL LESION	228.43	00 15									
73	46910	REMOVAL OF ANAL LESION	249.11										
77	46910	REMOVAL OF ANAL LESION	249.11	00 15									
73	46916	CRYSOSURGERY-ANAL LESIONS ,	234.52									X	
77	46916	CRYSOSURGERY-ANAL LESIONS ,	234.52	00 15								X	
73	46917	DESTROY ANAL LESION(S); LASER SURG	398.77										
77	46917	DESTROY ANAL LESION(S); LASER SURG	398.77	00 15									
73	46922	DESTROY ANAL LESION(S)-SURG EXCISION	282.50										
77	46922	DESTROY ANAL LESION(S)-SURG EXCISION	282.50	00 15									
73	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	513.14										
77	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	513.14	00 15									
73	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	205.91										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	205.91	00 15									
73	46940	TREATMENT OF ANAL FISSURE	239.14										
77	46940	TREATMENT OF ANAL FISSURE	239.14	00 15									
73	46942	TREATMENT OF ANAL FISSURE	227.25										
77	46942	TREATMENT OF ANAL FISSURE	227.25	00 15									
73	46945	LIGATION OF HEMORRHOIDS	330.54										
77	46945	LIGATION OF HEMORRHOIDS	330.54	00 15									
73	46946	LIGATION OF HEMORRHOIDS	373.84										
77	46946	LIGATION OF HEMORRHOIDS	373.84	00 15									
73	46947	HEMORRHOIDOPEXY BY STAPLING	391.80										
77	46947	HEMORRHOIDOPEXY BY STAPLING	391.80	00 15									
73	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	441.57										
77	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	441.57	00 15									
73	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	293.59										
77	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	293.59	00 15									
73	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	109.76										
77	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	109.76	00 15									
73	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,254.41										
77	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,254.41	00 15									
73	47015	INJECT/ASPIRATE LIVER CYST	1,211.52										
77	47015	INJECT/ASPIRATE LIVER CYST	1,211.52	00 15									
73	47100	WEDGE BIOPSY OF LIVER	874.04										
77	47100	WEDGE BIOPSY OF LIVER	874.04	00 15									
73	47120	PARTIAL REMOVAL OF LIVER	2,431.80										
77	47120	PARTIAL REMOVAL OF LIVER	2,431.80	00 15									
73	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,591.87										
77	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,591.87	00 15									
73	47125	PARTIAL REMOVAL OF LIVER	3,221.83										
77	47125	PARTIAL REMOVAL OF LIVER	3,221.83	00 15									
73	47130	PARTIAL REMOVAL OF LIVER	3,461.67										
77	47130	PARTIAL REMOVAL OF LIVER	3,461.67	00 15									
73	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,628.70		X								
77	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,628.70	00 15	X								
73	47140	PARTIAL REMOVAL, DONOR LIVER	3,726.03		X								
77	47140	PARTIAL REMOVAL, DONOR LIVER	3,726.03	00 15	X								
73	47141	PARTIAL REMOVAL, DONOR LIVER	4,468.38		X								
77	47141	PARTIAL REMOVAL, DONOR LIVER	4,468.38	00 15	X								
73	47142	PARTIAL REMOVAL, DONOR LIVER	4,934.94		X								
77	47142	PARTIAL REMOVAL, DONOR LIVER	4,934.94	00 15	X								
73	47146	PREP DONOR LIVER/VENOUS	344.97		X								
77	47146	PREP DONOR LIVER/VENOUS	344.97	00 15	X								
73	47147	PREP DONOR LIVER/ARTERIAL	402.22		X								
77	47147	PREP DONOR LIVER/ARTERIAL	402.22	00 15	X								
73	47300	SURGERY FOR LIVER LESION	1,173.05										
77	47300	SURGERY FOR LIVER LESION	1,173.05	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	47350	REPAIR LIVER WOUND	1,422.11										
77	47350	REPAIR LIVER WOUND	1,422.11	00 15									
73	47360	REPAIR LIVER WOUND	1,962.56										
77	47360	REPAIR LIVER WOUND	1,962.56	00 15									
73	47361	REPAIR LIVER WOUND	3,164.83										
77	47361	REPAIR LIVER WOUND	3,164.83	00 15									
73	47362	REPAIR LIVER WOUND	1,512.17										
77	47362	REPAIR LIVER WOUND	1,512.17	00 15									
73	47370	LAPARO ABLATE LIVER TUMOR RF	1,301.83										
77	47370	LAPARO ABLATE LIVER TUMOR RF	1,301.83	00 15									
73	47371	LAPARO ABLATE LIVER CRYOSUG	1,312.33										
77	47371	LAPARO ABLATE LIVER CRYOSUG	1,312.33	00 15									
73	47380	OPEN ABLATE LIVER TUMOR RF	1,504.36										
77	47380	OPEN ABLATE LIVER TUMOR RF	1,504.36	00 15									
73	47381	OPEN ABLATE LIVER TUMOR CRYO	1,548.46										
77	47381	OPEN ABLATE LIVER TUMOR CRYO	1,548.46	00 15									
73	47382	PERCUT ABLATE LIVER RF	4,132.97										
77	47382	PERCUT ABLATE LIVER RF	4,132.97	00 15									
73	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,390.65										
77	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,390.65	00 15									
73	47400	INCISION OF LIVER DUCT	2,255.54										
77	47400	INCISION OF LIVER DUCT	2,255.54	00 15									
73	47420	INCISION OF BILE DUCT	1,395.84										
77	47420	INCISION OF BILE DUCT	1,395.84	00 15									
73	47425	INCISION OF BILE DUCT	1,426.34										
77	47425	INCISION OF BILE DUCT	1,426.34	00 15									
73	47460	INCISE BILE DUCT SPHINCTER	1,324.09										
77	47460	INCISE BILE DUCT SPHINCTER	1,324.09	00 15									
73	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	907.86										
77	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	907.86	00 15									
73	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	327.76										
77	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	327.76	00 15									
73	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	362.42										
77	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	362.42	00 15									
73	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	801.07										
77	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	801.07	00 15									
73	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,184.55										
77	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,184.55	00 15									
73	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,350.54										
77	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,350.54	00 15									
73	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	931.64										
77	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	931.64	00 15									
73	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	655.71										
77	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	655.71	00 15									
73	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	423.52										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	423.52	00 15									
73	47538	PLACEMENT OF STENT(S) INTO A BILE DU	3,988.75										
77	47538	PLACEMENT OF STENT(S) INTO A BILE DU	3,988.75	00 15									
73	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,409.39										
77	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,409.39	00 15									
73	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,498.58										
77	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,498.58	00 15									
73	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,150.45										
77	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,150.45	00 15									
73	47542	BALLOON DILATION OF BILIARY DUCT(S)	491.16										
77	47542	BALLOON DILATION OF BILIARY DUCT(S)	491.16	00 15									
73	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	439.75										
77	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	439.75	00 15									
73	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	933.07										
77	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	933.07	00 15									
73	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	173.26										
77	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	173.26	00 15									
73	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	279.58										
77	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	279.58	00 15									
73	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	283.38										
77	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	283.38	00 15									
73	47554	BILIARY ENDOSCOPY...; REMOVE STONES	540.88										
77	47554	BILIARY ENDOSCOPY...; REMOVE STONES	540.88	00 15									
73	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	337.02										
77	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	337.02	00 15									
73	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	381.81										
77	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	381.81	00 15									
73	47562	LAPAROSCOPIC CHOLECYSTECTOMY	683.78										
77	47562	LAPAROSCOPIC CHOLECYSTECTOMY	683.78	00 15									
73	47563	LAPARO CHOLECYSTECTOMY/GRAPH	744.78										
77	47563	LAPARO CHOLECYSTECTOMY/GRAPH	744.78	00 15									
73	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,158.76										
77	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,158.76	00 15									
73	47570	LAPARO CHOLECYSTOENTEROSTOMY	808.16										
77	47570	LAPARO CHOLECYSTOENTEROSTOMY	808.16	00 15									
73	47600	REMOVAL OF GALLBLADDER	1,112.60										
77	47600	REMOVAL OF GALLBLADDER	1,112.60	00 15									
73	47605	REMOVAL OF GALLBLADDER	1,171.63										
77	47605	REMOVAL OF GALLBLADDER	1,171.63	00 15									
73	47610	REMOVAL OF GALLBLADDER	1,310.14										
77	47610	REMOVAL OF GALLBLADDER	1,310.14	00 15									
73	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,333.22										
77	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,333.22	00 15									
73	47620	REMOVAL OF GALLBLADDER	1,439.83										
77	47620	REMOVAL OF GALLBLADDER	1,439.83	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	47700	EXPLORATION OF BILE DUCTS	1,097.04										
77	47700	EXPLORATION OF BILE DUCTS	1,097.04	00 15									
73	47701	PORTENTEROSTOMY	1,814.84										
77	47701	PORTENTEROSTOMY	1,814.84	00 15									
73	47711	EXCISION OF BILE DUCT TUMOR	1,623.18										
77	47711	EXCISION OF BILE DUCT TUMOR	1,623.18	00 15									
73	47712	EXCISION OF BILE DUCT TUMOR	2,091.75										
77	47712	EXCISION OF BILE DUCT TUMOR	2,091.75	00 15									
73	47715	EXCISE CHOLEDOCHAL CYST	1,388.22										
77	47715	EXCISE CHOLEDOCHAL CYST	1,388.22	00 15									
73	47720	FUSE GALLBLADDER & BOWEL	1,202.14										
77	47720	FUSE GALLBLADDER & BOWEL	1,202.14	00 15									
73	47721	FUSE UPPER GI STRUCTURES	1,412.93										
77	47721	FUSE UPPER GI STRUCTURES	1,412.93	00 15									
73	47740	FUSE GALLBLADDER & BOWEL	1,369.61										
77	47740	FUSE GALLBLADDER & BOWEL	1,369.61	00 15									
73	47741	FUSE GALLBLADDER & BOWEL	1,541.00										
77	47741	FUSE GALLBLADDER & BOWEL	1,541.00	00 15									
73	47760	FUSE BILE DUCTS AND BOWEL	2,352.56										
77	47760	FUSE BILE DUCTS AND BOWEL	2,352.56	00 15									
73	47765	FUSE LIVER DUCTS & BOWEL	3,189.05										
77	47765	FUSE LIVER DUCTS & BOWEL	3,189.05	00 15									
73	47780	FUSE BILE DUCTS AND BOWEL	2,585.31										
77	47780	FUSE BILE DUCTS AND BOWEL	2,585.31	00 15									
73	47785	FUSE BILE DUCTS AND BOWEL	3,404.07										
77	47785	FUSE BILE DUCTS AND BOWEL	3,404.07	00 15									
73	47800	RECONSTRUCTION OF BILE DUCTS	1,642.69										
77	47800	RECONSTRUCTION OF BILE DUCTS	1,642.69	00 15									
73	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,159.18										
77	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,159.18	00 15									
73	47802	U-TUBE HEPATICOENTEROSTOMY	1,593.05										
77	47802	U-TUBE HEPATICOENTEROSTOMY	1,593.05	00 15									
73	47900	SUTURE BILE DUCT INJURY	1,420.78										
77	47900	SUTURE BILE DUCT INJURY	1,420.78	00 15									
73	48000	DRAINAGE OF ABDOMEN	1,974.04										
77	48000	DRAINAGE OF ABDOMEN	1,974.04	00 15									
73	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,421.14										
77	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,421.14	00 15									
73	48020	REMOVAL OF PANCREATIC STONE	1,228.00										
77	48020	REMOVAL OF PANCREATIC STONE	1,228.00	00 15									
73	48100	BIOPSY OF PANCREAS	917.92										
77	48100	BIOPSY OF PANCREAS	917.92	00 15									
73	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	517.09										
77	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	517.09	00 15									
73	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	2,958.91										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	2,958.91	00	15									
73	48120	REMOVAL OF PANCREAS LESION	1,148.67											
77	48120	REMOVAL OF PANCREAS LESION	1,148.67	00	15									
73	48140	PARTIAL REMOVAL OF PANCREAS	1,630.39											
77	48140	PARTIAL REMOVAL OF PANCREAS	1,630.39	00	15									
73	48145	PARTIAL REMOVAL OF PANCREAS	1,708.61											
77	48145	PARTIAL REMOVAL OF PANCREAS	1,708.61	00	15									
73	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,963.85											
77	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,963.85	00	15									
73	48148	REMOVAL OF PANCREATIC DUCT	1,303.02											
77	48148	REMOVAL OF PANCREATIC DUCT	1,303.02	00	15									
73	48150	PARTIAL REMOVAL OF PANCREAS	3,256.54											
77	48150	PARTIAL REMOVAL OF PANCREAS	3,256.54	00	15									
73	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,027.53											
77	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,027.53	00	15									
73	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,243.77											
77	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,243.77	00	15									
73	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,040.46											
77	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,040.46	00	15									
73	48155	REMOVAL OF PANCREAS	1,883.22											
77	48155	REMOVAL OF PANCREAS	1,883.22	00	15									
73	48500	SURGERY OF PANCREAS CYST	1,196.78											
77	48500	SURGERY OF PANCREAS CYST	1,196.78	00	15									
73	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,140.08											
77	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,140.08	00	15									
73	48520	FUSE PANCREAS CYST AND BOWEL	1,138.51											
77	48520	FUSE PANCREAS CYST AND BOWEL	1,138.51	00	15									
73	48540	FUSE PANCREAS CYST AND BOWEL	1,369.97											
77	48540	FUSE PANCREAS CYST AND BOWEL	1,369.97	00	15									
73	48545	PANCREATORRHAPHY FOR TRAUMA	1,405.35											
77	48545	PANCREATORRHAPHY FOR TRAUMA	1,405.35	00	15									
73	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,877.88											
77	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,877.88	00	15									
73	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,738.59											
77	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,738.59	00	15									
73	48552	PREP DONOR PANCREAS/VENOUS	248.72			X								
77	48552	PREP DONOR PANCREAS/VENOUS	248.72	00	15	X								
73	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,635.67			X								
77	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,635.67	00	15	X								
73	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,319.92			X								
77	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,319.92	00	15	X								
73	49000	EXPLORATION OF ABDOMEN	796.71			X								
77	49000	EXPLORATION OF ABDOMEN	796.71	00	15	X								
73	49002	REEXPLORATION OF ABDOMEN	1,087.04											
77	49002	REEXPLORATION OF ABDOMEN	1,087.04	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	49010	EXPLORE,RETROPERITONEAL AREA	960.01										
77	49010	EXPLORE,RETROPERITONEAL AREA	960.01	00 15									
73	49013	PREPERITONEAL PELVIC PACKING FOR HEM	451.95										
77	49013	PREPERITONEAL PELVIC PACKING FOR HE	451.95	00 15									
73	49014	RE-EXPLORATION OF PELVIC WOUND WITH	373.05										
77	49014	RE-EXPLORATION OF PELVIC WOUND WITH	373.05	00 15									
73	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,653.02										
77	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,653.02	00 15									
73	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,039.08										
77	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,039.08	00 15									
73	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,140.67										
77	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,140.67	00 15									
73	49062	DRAIN TO PERITONEAL CAVITY	798.47										
77	49062	DRAIN TO PERITONEAL CAVITY	798.47	00 15									
73	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	194.83										
77	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	194.83	00 15									
73	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	285.55										
77	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	285.55	00 15									
73	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	113.38										
77	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	113.38	00 15									
73	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	163.64										
77	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	163.64	00 15									
73	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,097.37										
77	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,097.37	00 15									
73	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,232.50										
77	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,232.50	00 15									
73	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,572.27										
77	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,572.27	00 15									
73	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,801.53										
77	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,801.53	00 15									
73	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,295.96										
77	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,295.96	00 15									
73	49250	EXCISION OF UMBILICUS	604.69										
77	49250	EXCISION OF UMBILICUS	604.69	00 15									
73	49255	OMENTECTOMY,...RESECT OMENTUM	808.51		X								
77	49255	OMENTECTOMY,...RESECT OMENTUM	808.51	00 15	X								
73	49320	DIAG LAPARO SEPARATE PROC	338.21		X								
77	49320	DIAG LAPARO SEPARATE PROC	338.21	00 15	X								
73	49321	LAPAROSCOPY, BIOPSY	355.03		X								
77	49321	LAPAROSCOPY, BIOPSY	355.03	00 15	X								
73	49322	LAPAROSCOPY, ASPIRATION	384.84		X								
77	49322	LAPAROSCOPY, ASPIRATION	384.84	00 15	X								
73	49323	LAPARO DRAIN LYMPHOCELE	661.98		X								
77	49323	LAPARO DRAIN LYMPHOCELE	661.98	00 15	X								
73	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	404.67										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	404.67	00 15									
73	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	432.38										
77	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	432.38	00 15									
73	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	199.46										
77	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	199.46	00 15									
73	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	137.45										
77	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	137.45	00 15									
73	49400	AIR INJECTION INTO ABDOMEN	142.01										
77	49400	AIR INJECTION INTO ABDOMEN	142.01	00 15									
73	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	888.77										
77	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	888.77	00 15									
73	49405	Fluid collection drainage by cathete	832.44										
77	49405	Fluid collection drainage by cathete	832.44	00 15									
73	49406	Fluid collection drainage by cathete	831.95										
77	49406	Fluid collection drainage by cathete	831.95	00 15									
73	49407	Fluid collection drainage by cathete	687.43										
77	49407	Fluid collection drainage by cathete	687.43	00 15									
73	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	465.05										
77	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	465.05	00 15									
73	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	87.08										
77	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	87.08	00 15									
73	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,125.45										
77	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,125.45	00 15									
73	49419	INSERTION OF TUNNELED INTRAPERITONEA	440.62										
77	49419	INSERTION OF TUNNELED INTRAPERITONEA	440.62	00 15									
73	49421	INSERTION OF TUNNELED INTRAPERITONEA	239.32										
77	49421	INSERTION OF TUNNELED INTRAPERITONEA	239.32	00 15									
73	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	231.80										
77	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	231.80	00 15									
73	49423	EXCHANGE DRAINAGE CATH	558.17										
77	49423	EXCHANGE DRAINAGE CATH	558.17	00 15									
73	49424	ASSESS CYST, CONTRAST INJ	158.81										
77	49424	ASSESS CYST, CONTRAST INJ	158.81	00 15									
73	49425	PERITONEAL-VENOUS SHUNT	732.05										
77	49425	PERITONEAL-VENOUS SHUNT	732.05	00 15									
73	49426	REVISION OF PERITONEAL-VENOUS SHUNT	692.93										
77	49426	REVISION OF PERITONEAL-VENOUS SHUNT	692.93	00 15									
73	49427	INJECTION PROCEDURE (EG, CONTRAST ME	39.87										
77	49427	INJECTION PROCEDURE (EG, CONTRAST ME	39.87	00 15									
73	49428	LIGATION OF SHUNT	448.90										
77	49428	LIGATION OF SHUNT	448.90	00 15									
73	49429	REMOVAL OF SHUNT	477.25										
77	49429	REMOVAL OF SHUNT	477.25	00 15									
73	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	126.64										
77	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	126.64	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	49436	DELAYED CREATION OF EXIT SITE FROM E	191.66										
77	49436	DELAYED CREATION OF EXIT SITE FROM E	191.66	00 15									
73	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	881.86										
77	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	881.86	00 15									
73	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,001.32										
77	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,001.32	00 15									
73	49442	INSERTION OF CECOSTOMY OR OTHER COLO	834.14										
77	49442	INSERTION OF CECOSTOMY OR OTHER COLO	834.14	00 15									
73	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	844.81										
77	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	844.81	00 15									
73	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	616.02										
77	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	616.02	00 15									
73	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	669.02										
77	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	669.02	00 15									
73	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	820.80										
77	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	820.80	00 15									
73	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	681.64										
77	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	681.64	00 15									
73	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	143.41										
77	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	143.41	00 15									
73	49491	REPAIRING HERN PREMIE REDUC	827.02										
77	49491	REPAIRING HERN PREMIE REDUC	827.02	00 15									
73	49492	RPR ING HERN PREMIE, BLOCKED	997.29										
77	49492	RPR ING HERN PREMIE, BLOCKED	997.29	00 15									
73	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	422.37										
77	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	422.37	00 15									
73	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	635.88										
77	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	635.88	00 15									
73	49500	REPAIR INITIAL INGUINAL HERNIA..	423.74	00 04					X				
77	49500	REPAIR INITIAL INGUINAL HERNIA..	423.74	00 04					X				
73	49501	REPAIR INITIAL INGUINAL HERNIA..	627.46	00 04									
77	49501	REPAIR INITIAL INGUINAL HERNIA..	627.46	00 04									
73	49505	REPAIR INGUINAL HERNIA	538.62	05 99									
77	49505	REPAIR INGUINAL HERNIA	538.62	05 15									
73	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	606.99	05 99									
77	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	606.99	05 15									
73	49520	REREPAIR INGUINAL HERNIA	655.12										
77	49520	REREPAIR INGUINAL HERNIA	655.12	00 15									
73	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	744.80										
77	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	744.80	00 15									
73	49525	REPAIR INGUINAL HERNIA	594.34										
77	49525	REPAIR INGUINAL HERNIA	594.34	00 15									
73	49540	REPAIR LUMBAR HERNIA	699.25										
77	49540	REPAIR LUMBAR HERNIA	699.25	00 15									
73	49550	REPAIR FEMORAL HERNIA	596.74										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	49550	REPAIR FEMORAL HERNIA	596.74	00 15									
73	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	654.02										
77	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	654.02	00 15									
73	49555	REPAIR FEMORAL HERNIA	624.12										
77	49555	REPAIR FEMORAL HERNIA	624.12	00 15									
73	49557	REPAIR RECURRENT FEMORAL HERNIA;	751.40										
77	49557	REPAIR RECURRENT FEMORAL HERNIA;	751.40	00 15									
73	49560	REPAIR ABDOMINAL HERNIA	766.42										
77	49560	REPAIR ABDOMINAL HERNIA	766.42	00 15									
73	49561	REPAIR INITIAL INCISIONAL HERNIA;	968.10										
77	49561	REPAIR INITIAL INCISIONAL HERNIA;	968.10	00 15									
73	49565	REREPAIR ABDOMINAL HERNIA	797.34										
77	49565	REREPAIR ABDOMINAL HERNIA	797.34	00 15									
73	49566	REPAIR RECURRENT INCISIONAL HERNIA;	976.84										
77	49566	REPAIR RECURRENT INCISIONAL HERNIA;	976.84	00 15									
73	49568	IMPLANTATION OF MESH OR OTHER PROSTH	281.15										
77	49568	IMPLANTATION OF MESH OR OTHER PROSTH	281.15	00 15									
73	49570	REPAIR EPIGASTRIC HERNIA	428.51										
77	49570	REPAIR EPIGASTRIC HERNIA	428.51	00 15									
73	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	534.87										
77	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	534.87	00 15									
73	49580	REPAIR UMBILICAL HERNIA	340.94	00 04									
77	49580	REPAIR UMBILICAL HERNIA	340.94	00 04									
73	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	497.93	00 04									
77	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	497.93	00 04									
73	49585	REPAIR UMBILICAL HERNIA	458.76	05 99									
77	49585	REPAIR UMBILICAL HERNIA	458.76	05 15									
73	49587	REPAIR UMBILICAL HERNIA	491.02	05 99									
77	49587	REPAIR UMBILICAL HERNIA	491.02	05 15									
73	49590	REPAIR ABDOMINAL HERNIA	593.31										
77	49590	REPAIR ABDOMINAL HERNIA	593.31	00 15									
73	49600	REPAIR UMBILICAL LESION	761.82										
77	49600	REPAIR UMBILICAL LESION	761.82	00 15									
73	49605	REPAIR UMBILICAL LESION	5,214.36										
77	49605	REPAIR UMBILICAL LESION	5,214.36	00 15									
73	49606	REPAIR UMBILICAL LESION	1,185.95										
77	49606	REPAIR UMBILICAL LESION	1,185.95	00 15									
73	49610	REPAIR UMBILICAL LESION	717.57										
77	49610	REPAIR UMBILICAL LESION	717.57	00 15									
73	49611	REPAIR UMBILICAL LESION	630.20										
77	49611	REPAIR UMBILICAL LESION	630.20	00 15									
73	49650	LAP ING HERNIA REPAIR INIT	442.71										
77	49650	LAP ING HERNIA REPAIR INIT	442.71	00 15									
73	49651	LAP ING HERNIA REPAIR RECUR	576.98										
77	49651	LAP ING HERNIA REPAIR RECUR	576.98	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	773.25										
77	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	773.25	00 15									
73	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	965.72										
77	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	965.72	00 15									
73	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	879.01										
77	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	879.01	00 15									
73	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	1,075.33										
77	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	1,075.33	00 15									
73	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	954.71										
77	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	954.71	00 15									
73	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,378.63										
77	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,378.63	00 15									
73	49900	REPAIR OF ABDOMINAL WALL	840.99										
77	49900	REPAIR OF ABDOMINAL WALL	840.99	00 15									
73	49904	OMENTAL FLAP, EXTRA-ABDOM	1,435.47										
77	49904	OMENTAL FLAP, EXTRA-ABDOM	1,435.47	00 15									
73	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	369.75										
77	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	369.75	00 15									
73	50010	EXPLORATION OF KIDNEY	745.82										
77	50010	EXPLORATION OF KIDNEY	745.82	00 15									
73	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,018.48										
77	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,018.48	00 15									
73	50040	DRAINAGE OF KIDNEY	928.64										
77	50040	DRAINAGE OF KIDNEY	928.64	00 15									
73	50045	EXPLORATION OF KIDNEY	938.03										
77	50045	EXPLORATION OF KIDNEY	938.03	00 15									
73	50060	REMOVAL OF KIDNEY STONE	1,149.01										
77	50060	REMOVAL OF KIDNEY STONE	1,149.01	00 15									
73	50065	INCISION OF KIDNEY	1,218.89										
77	50065	INCISION OF KIDNEY	1,218.89	00 15									
73	50070	INCISION OF KIDNEY	1,194.60										
77	50070	INCISION OF KIDNEY	1,194.60	00 15									
73	50075	REMOVAL OF KIDNEY STONE	1,470.44										
77	50075	REMOVAL OF KIDNEY STONE	1,470.44	00 15									
73	50080	PERCUT NEPHRO/PYELO,W/OR W/O	874.85										
77	50080	PERCUT NEPHRO/PYELO,W/OR W/O	874.85	00 15									
73	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,288.26										
77	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,288.26	00 15									
73	50100	REVISE KIDNEY BLOOD VESSELS	1,124.04										
77	50100	REVISE KIDNEY BLOOD VESSELS	1,124.04	00 15									
73	50120	EXPLORATION OF KIDNEY	955.82										
77	50120	EXPLORATION OF KIDNEY	955.82	00 15									
73	50125	EXPLORE AND DRAIN KIDNEY	988.36										
77	50125	EXPLORE AND DRAIN KIDNEY	988.36	00 15									
73	50130	REMOVAL OF KIDNEY STONE	1,040.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	50130	REMOVAL OF KIDNEY STONE	1,040.63	00 15									
73	50135	EXPLORATION OF KIDNEY	1,130.29										
77	50135	EXPLORATION OF KIDNEY	1,130.29	00 15									
73	50200	BIOPSY OF KIDNEY	512.16										
77	50200	BIOPSY OF KIDNEY	512.16	00 15									
73	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	780.67										
77	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	780.67	00 15									
73	50220	REMOVAL OF KIDNEY	1,063.51										
77	50220	REMOVAL OF KIDNEY	1,063.51	00 15									
73	50225	REMOVAL OF KIDNEY	1,217.05										
77	50225	REMOVAL OF KIDNEY	1,217.05	00 15									
73	50230	REMOVAL OF KIDNEY	1,297.13										
77	50230	REMOVAL OF KIDNEY	1,297.13	00 15									
73	50234	REMOVAL OF KIDNEY & URETER	1,316.18										
77	50234	REMOVAL OF KIDNEY & URETER	1,316.18	00 15									
73	50236	REMOVAL OF KIDNEY & URETER	1,476.69										
77	50236	REMOVAL OF KIDNEY & URETER	1,476.69	00 15									
73	50240	PARTIAL REMOVAL OF KIDNEY	1,336.89										
77	50240	PARTIAL REMOVAL OF KIDNEY	1,336.89	00 15									
73	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,226.20										
77	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,226.20	00 15									
73	50280	REMOVAL OF KIDNEY LESION	968.79										
77	50280	REMOVAL OF KIDNEY LESION	968.79	00 15									
73	50290	REMOVAL OF KIDNEY LESION	904.09										
77	50290	REMOVAL OF KIDNEY LESION	904.09	00 15									
73	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,551.40		X								
77	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,551.40	00 15	X								
73	50327	PREP RENAL GRAFT/VENOUS	227.07		X								
77	50327	PREP RENAL GRAFT/VENOUS	227.07	00 15	X								
73	50328	PREP RENAL GRAFT/ARTERIAL	199.01		X								
77	50328	PREP RENAL GRAFT/ARTERIAL	199.01	00 15	X								
73	50329	PREP RENAL GRAFT/URETERAL	188.98		X								
77	50329	PREP RENAL GRAFT/URETERAL	188.98	00 15	X								
73	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	978.04		X								
77	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	978.04	00 15	X								
73	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,509.52		X								
77	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,509.52	00 15	X								
73	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	2,974.89		X								
77	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	2,974.89	00 15	X								
73	50370	REMOVE TRANSPLANTED KIDNEY	1,244.33										
77	50370	REMOVE TRANSPLANTED KIDNEY	1,244.33	00 15									
73	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,075.51		X								
77	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,075.51	00 15	X								
73	50382	CHANGE URETER STENT, PERCUT	1,038.57										
77	50382	CHANGE URETER STENT, PERCUT	1,038.57	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	50384	REMOVE URETER STENT, PERCUT	849.88										
77	50384	REMOVE URETER STENT, PERCUT	849.88	00 15									
73	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,018.58										
77	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,018.58	00 15									
73	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	699.16										
77	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	699.16	00 15									
73	50387	CHANGE EXT/INT URETER STENT	514.82										
77	50387	CHANGE EXT/INT URETER STENT	514.82	00 15									
73	50389	REMOVE RENAL TUBE W/FLUORO	351.96										
77	50389	REMOVE RENAL TUBE W/FLUORO	351.96	00 15									
73	50390	DRAINAGE OF KIDNEY LESION	96.38										
77	50390	DRAINAGE OF KIDNEY LESION	96.38	00 15									
73	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	122.91										
77	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	122.91	00 15									
73	50396	MEASURE KIDNEY PRESSURE	115.86										
77	50396	MEASURE KIDNEY PRESSURE	115.86	00 15									
73	50400	REVISION OF KIDNEY/URETER	1,175.37										
77	50400	REVISION OF KIDNEY/URETER	1,175.37	00 15									
73	50405	REVISION OF KIDNEY/URETER	1,407.65										
77	50405	REVISION OF KIDNEY/URETER	1,407.65	00 15									
73	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	536.72										
77	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	536.72	00 15									
73	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	243.38										
77	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	243.38	00 15									
73	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	837.66										
77	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	837.66	00 15									
73	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,083.23										
77	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,083.23	00 15									
73	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	861.51										
77	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	861.51	00 15									
73	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	528.32										
77	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	528.32	00 15									
73	50436	DILATION OF EXISTING TRACT, PERCUTAN	151.11										
77	50436	DILATION OF EXISTING TRACT, PERCUTAN	151.11	00 15									
73	50437	DILATION OF EXISTING TRACT, PERCUTAN	253.87										
77	50437	DILATION OF EXISTING TRACT, PERCUTAN	253.87	00 15									
73	50500	REPAIR OF KIDNEY WOUND	1,274.29										
77	50500	REPAIR OF KIDNEY WOUND	1,274.29	00 15									
73	50520	CLOSE KIDNEY-SKIN FISTULA	1,206.29										
77	50520	CLOSE KIDNEY-SKIN FISTULA	1,206.29	00 15									
73	50525	REPAIR RENAL-ABDOMEN FISTULA	1,533.62										
77	50525	REPAIR RENAL-ABDOMEN FISTULA	1,533.62	00 15									
73	50526	REPAIR RENAL-ABDOMEN FISTULA	1,645.20										
77	50526	REPAIR RENAL-ABDOMEN FISTULA	1,645.20	00 15									
73	50540	REVISION OF HORSESHOE KIDNEY	1,156.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	50540	REVISION OF HORSESHOE KIDNEY	1,156.29	00 15									
73	50541	LAPARO ABLATE RENAL CYST	925.36										
77	50541	LAPARO ABLATE RENAL CYST	925.36	00 15									
73	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,174.66										
77	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,174.66	00 15									
73	50543	LAPARO PARTIAL NEPHRECTOMY	1,501.30										
77	50543	LAPARO PARTIAL NEPHRECTOMY	1,501.30	00 15									
73	50544	LAPAROSCOPY, PYELOPLASTY	1,257.38										
77	50544	LAPAROSCOPY, PYELOPLASTY	1,257.38	00 15									
73	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,351.92										
77	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,351.92	00 15									
73	50546	LAPAROSCOPIC NEPHRECTOMY	1,216.64										
77	50546	LAPAROSCOPIC NEPHRECTOMY	1,216.64	00 15									
73	50547	LAPARO REMOVAL DONOR KIDNEY	1,655.29										
77	50547	LAPARO REMOVAL DONOR KIDNEY	1,655.29	00 15									
73	50548	LAPARO-ASST REMOVE K/URETER	1,359.96										
77	50548	LAPARO-ASST REMOVE K/URETER	1,359.96	00 15									
73	50551	KIDNEY ENDOSCOPY	357.81										
77	50551	KIDNEY ENDOSCOPY	357.81	00 15									
73	50553	KIDNEY ENDOSCOPY	382.14										
77	50553	KIDNEY ENDOSCOPY	382.14	00 15									
73	50555	KIDNEY ENDOSCOPY & BIOPSY	411.10										
77	50555	KIDNEY ENDOSCOPY & BIOPSY	411.10	00 15									
73	50557	KIDNEY ENDOSCOPY & TREATMENT	417.94										
77	50557	KIDNEY ENDOSCOPY & TREATMENT	417.94	00 15									
73	50561	KIDNEY ENDOSCOPY & TREATMENT	472.62										
77	50561	KIDNEY ENDOSCOPY & TREATMENT	472.62	00 15									
73	50562	RENAL SCOPE W/TUMOR RESECT	584.86										
77	50562	RENAL SCOPE W/TUMOR RESECT	584.86	00 15									
73	50570	KIDNEY ENDOSCOPY	496.73										
77	50570	KIDNEY ENDOSCOPY	496.73	00 15									
73	50572	KIDNEY ENDOSCOPY	537.41										
77	50572	KIDNEY ENDOSCOPY	537.41	00 15									
73	50574	KIDNEY ENDOSCOPY & BIOPSY	571.35										
77	50574	KIDNEY ENDOSCOPY & BIOPSY	571.35	00 15									
73	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	723.54										
77	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	723.54	00 15									
73	50576	KIDNEY ENDOSCOPY & TREATMENT	570.00										
77	50576	KIDNEY ENDOSCOPY & TREATMENT	570.00	00 15									
73	50580	KIDNEY ENDOSCOPY & TREATMENT	614.06										
77	50580	KIDNEY ENDOSCOPY & TREATMENT	614.06	00 15									
73	50590	LITHOTRIPSY,ESW	725.70										
77	50590	LITHOTRIPSY,ESW	725.70	00 15									
73	50592	PERC RF ABLATE RENAL TUMOR	2,993.91										
77	50592	PERC RF ABLATE RENAL TUMOR	2,993.91	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,049.01										
77	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,049.01	00 15									
73	50600	EXPLORATION OF URETER	945.64										
77	50600	EXPLORATION OF URETER	945.64	00 15									
73	50605	URETEROTOMY-INSERT STEAT	1,025.12										
77	50605	URETEROTOMY-INSERT STEAT	1,025.12	00 15									
73	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	590.50										
77	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	590.50	00 15									
73	50610	REMOVAL OF URETER STONE	952.14										
77	50610	REMOVAL OF URETER STONE	952.14	00 15									
73	50620	REMOVAL OF URETER STONE	910.44										
77	50620	REMOVAL OF URETER STONE	910.44	00 15									
73	50630	REMOVAL OF URETER STONE	898.81										
77	50630	REMOVAL OF URETER STONE	898.81	00 15									
73	50650	REMOVAL OF URETER	1,048.05										
77	50650	REMOVAL OF URETER	1,048.05	00 15									
73	50660	REMOVAL OF URETER	1,152.39										
77	50660	REMOVAL OF URETER	1,152.39	00 15									
73	50684	INJECTION FOR URETER X-RAY	111.69										
77	50684	INJECTION FOR URETER X-RAY	111.69	00 15									
73	50686	MEASURE URETER PRESSURE	136.96										
77	50686	MEASURE URETER PRESSURE	136.96	00 15									
73	50688	CHANGE OF URETER TUBE	76.94										
77	50688	CHANGE OF URETER TUBE	76.94	00 15									
73	50690	INJECTION OF BLADDER AND URINARY DUC	104.58										
77	50690	INJECTION OF BLADDER AND URINARY DUC	104.58	00 15									
73	50693	PLACEMENT OF URETERAL STENT, PERCUTA	979.91										
77	50693	PLACEMENT OF URETERAL STENT, PERCUTA	979.91	00 15									
73	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,091.08										
77	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,091.08	00 15									
73	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,323.04										
77	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,323.04	00 15									
73	50700	REVISION OF URETER	931.45										
77	50700	REVISION OF URETER	931.45	00 15									
73	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,775.88										
77	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,775.88	00 15									
73	50706	BALLOON DILATION, URETERAL STRICTURE	891.26										
77	50706	BALLOON DILATION, URETERAL STRICTURE	891.26	00 15									
73	50715	RELEASE OF URETER	1,223.09										
77	50715	RELEASE OF URETER	1,223.09	00 15									
73	50722	RELEASE OF URETER	1,049.16				F						
77	50722	RELEASE OF URETER	1,049.16	00 15			F						
73	50725	RELEASE/REVISE URETER	1,111.66										
77	50725	RELEASE/REVISE URETER	1,111.66	00 15									
73	50727	REVISION OF URINARY-CUTANEOUS ANASTO	510.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
77	50727	REVISION OF URINARY-CUTANEOUS ANASTO	510.29	00 15									
73	50728	REVISION OF URINARY-CUTANEOUS ANASTO	746.14										
77	50728	REVISION OF URINARY-CUTANEOUS ANASTO	746.14	00 15									
73	50740	FUSION OF URETER & KIDNEY	1,274.78										
77	50740	FUSION OF URETER & KIDNEY	1,274.78	00 15									
73	50750	FUSION OF URETER & KIDNEY	1,162.69										
77	50750	FUSION OF URETER & KIDNEY	1,162.69	00 15									
73	50760	FUSION OF URETERS	1,149.09										
77	50760	FUSION OF URETERS	1,149.09	00 15									
73	50770	SPLICING OF URETERS	1,162.69										
77	50770	SPLICING OF URETERS	1,162.69	00 15									
73	50780	REIMPLANT URETER IN BLADDER	1,120.93										
77	50780	REIMPLANT URETER IN BLADDER	1,120.93	00 15									
73	50782	URETERONEOCYSTOSTOMY;	1,083.02										
77	50782	URETERONEOCYSTOSTOMY;	1,083.02	00 15									
73	50783	URETERONEOCYSTOSTOMY;	1,135.86										
77	50783	URETERONEOCYSTOSTOMY;	1,135.86	00 15									
73	50785	REIMPLANT URETER IN BLADDER	1,225.62										
77	50785	REIMPLANT URETER IN BLADDER	1,225.62	00 15									
73	50800	IMPLANT URETER IN BOWEL	933.32										
77	50800	IMPLANT URETER IN BOWEL	933.32	00 15									
73	50810	FUSION OF URETER & BOWEL	1,457.16										
77	50810	FUSION OF URETER & BOWEL	1,457.16	00 15									
73	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,232.80										
77	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,232.80	00 15									
73	50820	CONSTRUCT BOWEL BLADDER	1,326.81										
77	50820	CONSTRUCT BOWEL BLADDER	1,326.81	00 15									
73	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,674.31										
77	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,674.31	00 15									
73	50830	URINARY UNDIVERSION	1,818.90										
77	50830	URINARY UNDIVERSION	1,818.90	00 15									
73	50840	REPLACE URETER BY BOWEL	1,238.58										
77	50840	REPLACE URETER BY BOWEL	1,238.58	00 15									
73	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,259.23										
77	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,259.23	00 15									
73	50860	TRANSPLANT URETER TO SKIN	951.84										
77	50860	TRANSPLANT URETER TO SKIN	951.84	00 15									
73	50900	REPAIR OF URETER	846.58										
77	50900	REPAIR OF URETER	846.58	00 15									
73	50920	CLOSURE URETER/SKIN FISTULA	886.07										
77	50920	CLOSURE URETER/SKIN FISTULA	886.07	00 15									
73	50930	CLOSURE URETER/BOWEL FISTULA	1,110.99										
77	50930	CLOSURE URETER/BOWEL FISTULA	1,110.99	00 15									
73	50940	RELEASE OF URETER	892.46										
77	50940	RELEASE OF URETER	892.46	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	50945	LAPAROSCOPY URETEROLITHOTOMY	979.98										
77	50945	LAPAROSCOPY URETEROLITHOTOMY	979.98	00 15									
73	50947	LAPARO NEW URETER/BLADDER	1,399.65										
77	50947	LAPARO NEW URETER/BLADDER	1,399.65	00 15									
73	50948	LAPARO NEW URETER/BLADDER	1,285.72										
77	50948	LAPARO NEW URETER/BLADDER	1,285.72	00 15									
73	50951	ENDOSCOPY OF URETER	374.21										
77	50951	ENDOSCOPY OF URETER	374.21	00 15									
73	50953	ENDOSCOPY OF URETER	396.91										
77	50953	ENDOSCOPY OF URETER	396.91	00 15									
73	50955	URETER ENDOSCOPY & BIOPSY	424.85										
77	50955	URETER ENDOSCOPY & BIOPSY	424.85	00 15									
73	50957	URETER ENDOSCOPY & TREATMENT	428.99										
77	50957	URETER ENDOSCOPY & TREATMENT	428.99	00 15									
73	50961	URETER ENDOSCOPY & TREATMENT	385.49										
77	50961	URETER ENDOSCOPY & TREATMENT	385.49	00 15									
73	50970	URETER ENDOSCOPY	374.19										
77	50970	URETER ENDOSCOPY	374.19	00 15									
73	50972	URETER ENDOSCOPY & CATHETER	362.00										
77	50972	URETER ENDOSCOPY & CATHETER	362.00	00 15									
73	50974	URETER ENDOSCOPY & BIOPSY	477.67										
77	50974	URETER ENDOSCOPY & BIOPSY	477.67	00 15									
73	50976	URETER ENDOSCOPY & TREATMENT	471.56										
77	50976	URETER ENDOSCOPY & TREATMENT	471.56	00 15									
73	50980	URETER ENDOSCOPY & TREATMENT	360.31										
77	50980	URETER ENDOSCOPY & TREATMENT	360.31	00 15									
73	51020	INCISE & TREAT BLADDER	468.25										
77	51020	INCISE & TREAT BLADDER	468.25	00 15									
73	51030	INCISE & TREAT BLADDER	471.89										
77	51030	INCISE & TREAT BLADDER	471.89	00 15									
73	51040	INCISE & DRAIN BLADDER	288.22										
77	51040	INCISE & DRAIN BLADDER	288.22	00 15									
73	51045	INCISE BLADDER, DRAIN URETER	504.86										
77	51045	INCISE BLADDER, DRAIN URETER	504.86	00 15									
73	51050	REMOVAL OF BLADDER STONE	472.16										
77	51050	REMOVAL OF BLADDER STONE	472.16	00 15									
73	51060	REMOVAL OF URETER STONE	583.85										
77	51060	REMOVAL OF URETER STONE	583.85	00 15									
73	51065	REMOVAL OF URETER STONE	581.09										
77	51065	REMOVAL OF URETER STONE	581.09	00 15									
73	51080	DRAINAGE OF BLADDER ABSCESS	408.82										
77	51080	DRAINAGE OF BLADDER ABSCESS	408.82	00 15									
73	51100	ASPIRATION OF BLADDER; BY NEEDLE	66.41										
77	51100	ASPIRATION OF BLADDER; BY NEEDLE	66.41	00 15									
73	51101	ASPIRATION OF BLADDER; BY TROCAR OR	136.11										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	51101	ASPIRATION OF BLADDER; BY TROCAR OR	136.11	00	15									
73	51102	ASPIRATION OF BLADDER; WITH INSERTIO	230.67											
77	51102	ASPIRATION OF BLADDER; WITH INSERTIO	230.67	00	15									
73	51500	REMOVAL OF BLADDER CYST	638.76											
77	51500	REMOVAL OF BLADDER CYST	638.76	00	15									
73	51520	REMOVAL OF BLADDER LESION	596.70											
77	51520	REMOVAL OF BLADDER LESION	596.70	00	15									
73	51525	REMOVAL OF BLADDER LESION	865.29											
77	51525	REMOVAL OF BLADDER LESION	865.29	00	15									
73	51530	REMOVAL OF BLADDER LESION	774.63											
77	51530	REMOVAL OF BLADDER LESION	774.63	00	15									
73	51535	REPAIR OF URETER LESION	785.38											
77	51535	REPAIR OF URETER LESION	785.38	00	15									
73	51550	PARTIAL REMOVAL OF BLADDER	973.28											
77	51550	PARTIAL REMOVAL OF BLADDER	973.28	00	15									
73	51555	PARTIAL REMOVAL OF BLADDER	1,279.90											
77	51555	PARTIAL REMOVAL OF BLADDER	1,279.90	00	15									
73	51565	REVISE BLADDER & URETER(S)	1,314.98											
77	51565	REVISE BLADDER & URETER(S)	1,314.98	00	15									
73	51570	REMOVAL OF BLADDER	1,490.24											
77	51570	REMOVAL OF BLADDER	1,490.24	00	15									
73	51575	REMOVAL OF BLADDER & NODES	1,841.25											
77	51575	REMOVAL OF BLADDER & NODES	1,841.25	00	15									
73	51580	REMOVE BLADDER; REVISE TRACT	1,912.99											
77	51580	REMOVE BLADDER; REVISE TRACT	1,912.99	00	15									
73	51585	REMOVAL OF BLADDER & NODES	2,130.57											
77	51585	REMOVAL OF BLADDER & NODES	2,130.57	00	15									
73	51590	REMOVE BLADDER; REVISE TRACT	1,956.10											
77	51590	REMOVE BLADDER; REVISE TRACT	1,956.10	00	15									
73	51595	REMOVE BLADDER; REVISE TRACT	2,211.21											
77	51595	REMOVE BLADDER; REVISE TRACT	2,211.21	00	15									
73	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,377.40											
77	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,377.40	00	15									
73	51597	PELVIC EXENTERATION	2,319.73			X								
77	51597	PELVIC EXENTERATION	2,319.73	00	15	X								
73	51600	INJECTION FOR BLADDER X-RAY	194.72											
77	51600	INJECTION FOR BLADDER X-RAY	194.72	00	15									
73	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	39.09											
77	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	39.09	00	15									
73	51610	INJECTION FOR BLADDER X-RAY	115.46											
77	51610	INJECTION FOR BLADDER X-RAY	115.46	00	15									
73	51700	IRRIGATION OF BLADDER	72.28										X	
77	51700	IRRIGATION OF BLADDER	72.28	00	15								X	
73	51701	INSERTION NON-INDWELLNG BLADDR CATH	43.89											
77	51701	INSERTION NON-INDWELLNG BLADDR CATH	43.89	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	51702	INSERT TEMP INDWELL BLADDER CATHETER	58.59										
77	51702	INSERT TEMP INDWELL BLADDER CATHETER	58.59	00 15									
73	51703	INSERT INDWELL BLADDER CATH;COMPLICA	135.26										
77	51703	INSERT INDWELL BLADDER CATH;COMPLICA	135.26	00 15									
73	51705	CHANGE OF BLADDER TUBE	91.72										
77	51705	CHANGE OF BLADDER TUBE	91.72	00 15									
73	51710	CHANGE OF BLADDER TUBE	127.72										
77	51710	CHANGE OF BLADDER TUBE	127.72	00 15									
73	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	333.17										
77	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	333.17	00 15									
73	51720	TREATMENT OF BLADDER LESION	80.59										
77	51720	TREATMENT OF BLADDER LESION	80.59	00 15									
75	51725	SIMPLE CYSTOMETROGRAM	75.86										
75	51726	COMPLEX CYSTOMETROGRAM	84.38										
75	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	107.54										
75	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	105.12										
75	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	127.82										
75	51736	SIMPLE UROFLOWMETRY	8.29										
75	51741	COMPLEX UROFLOWMETRY	8.78										
75	51784	ANAL/URINARY MUSCLE STUDY	38.48										
75	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	96.38										
75	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	40.53										
73	51800	REVISION OF BLADDER/URETHRA	1,051.61										
77	51800	REVISION OF BLADDER/URETHRA	1,051.61	00 15									
73	51820	REVISION OF URINARY TRACT	1,091.05										
77	51820	REVISION OF URINARY TRACT	1,091.05	00 15									
73	51840	ATTACH BLADDER/URETHRA	685.97										
77	51840	ATTACH BLADDER/URETHRA	685.97	00 15									
73	51841	ATTACH BLADDER/URETHRA	793.17										
77	51841	ATTACH BLADDER/URETHRA	793.17	00 15									
73	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	584.37				F						
77	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	584.37	00 15			F						
73	51860	REPAIR OF BLADDER WOUND	754.63										
77	51860	REPAIR OF BLADDER WOUND	754.63	00 15									
73	51865	REPAIR OF BLADDER WOUND	908.64										
77	51865	REPAIR OF BLADDER WOUND	908.64	00 15									
73	51880	REPAIR OF BLADDER OPENING	468.49										
77	51880	REPAIR OF BLADDER OPENING	468.49	00 15									
73	51900	REPAIR BLADDER/VAGINA LESION	828.89				F						
77	51900	REPAIR BLADDER/VAGINA LESION	828.89	00 15			F						
73	51920	CLOSE BLADDER-UTERUS FISTULA	766.62				F						
77	51920	CLOSE BLADDER-UTERUS FISTULA	766.62	00 15			F						
73	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,076.82		X		F		X				
77	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,076.82	00 15	X		F		X				
73	51940	CORRECTION OF BLADDER DEFECT	1,655.84										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	51940	CORRECTION OF BLADDER DEFECT	1,655.84	00 15									
73	51960	REVISION OF BLADDER & BOWEL	1,396.08										
77	51960	REVISION OF BLADDER & BOWEL	1,396.08	00 15									
73	51980	CONSTRUCT BLADDER OPENING	716.57										
77	51980	CONSTRUCT BLADDER OPENING	716.57	00 15									
73	51990	LAPARO URETHRAL SUSPENSION	753.42										
77	51990	LAPARO URETHRAL SUSPENSION	753.42	00 15									
73	51992	LAPARO SLING OPERATION	852.49				F						
77	51992	LAPARO SLING OPERATION	852.49	00 15			F						
73	52000	CYSTOSCOPY	200.90										
77	52000	CYSTOSCOPY	200.90	00 15									
73	52001	CYSTOSCOPY, REMOVAL OF CLOTS	407.26										
77	52001	CYSTOSCOPY, REMOVAL OF CLOTS	407.26	00 15									
73	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	281.44										
77	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	281.44	00 15									
73	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	451.46										
77	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	451.46	00 15									
73	52010	CYSTOSCOPY & DUCT CATHETER	380.38				M						
77	52010	CYSTOSCOPY & DUCT CATHETER	380.38	00 15			M						
73	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	367.08										
77	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	367.08	00 15									
73	52214	CYSTOURETHROSCOPY WITH FULGURATION;	691.29										
77	52214	CYSTOURETHROSCOPY WITH FULGURATION;	691.29	00 15									
73	52224	CYSTOURETHROSCOPY WITH FULGURATION;	723.55										
77	52224	CYSTOURETHROSCOPY WITH FULGURATION;	723.55	00 15									
73	52234	CYSTOURETHROSCOPY WITH FULGURATION;	247.53										
77	52234	CYSTOURETHROSCOPY WITH FULGURATION;	247.53	00 15									
73	52235	CYSTOURETHROSCOPY WITH FULGURATION;	290.54										
77	52235	CYSTOURETHROSCOPY WITH FULGURATION;	290.54	00 15									
73	52240	CYSTOURETHROSCOPY WITH FULGURATION;	395.86										
77	52240	CYSTOURETHROSCOPY WITH FULGURATION;	395.86	00 15									
73	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	241.28										
77	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	241.28	00 15									
73	52260	CYSTOSCOPY & TREATMENT	212.86										
77	52260	CYSTOSCOPY & TREATMENT	212.86	00 15									
73	52265	CYSTOSCOPY & TREATMENT	365.53										
77	52265	CYSTOSCOPY & TREATMENT	365.53	00 15									
73	52270	CYSTOSCOPY & REVISE URETHRA	386.19										
77	52270	CYSTOSCOPY & REVISE URETHRA	386.19	00 15									
73	52275	CYSTOSCOPY & REVISE URETHRA	507.68										
77	52275	CYSTOSCOPY & REVISE URETHRA	507.68	00 15									
73	52276	CYSTOURETHROSCOPY W/DIRECT VISION	266.44										
77	52276	CYSTOURETHROSCOPY W/DIRECT VISION	266.44	00 15									
73	52277	CYSTOSCOPY AND TREATMENT	325.07										
77	52277	CYSTOSCOPY AND TREATMENT	325.07	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	308.67										
77	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	308.67	00 15									
73	52282	CYSTOSCOPY, IMPLANT STENT	341.55										
77	52282	CYSTOSCOPY, IMPLANT STENT	341.55	00 15									
73	52283	CYSTOURETHROSCOPY, STEROID INJECTION	317.21										
77	52283	CYSTOURETHROSCOPY, STEROID INJECTION	317.21	00 15									
73	52285	CYSTOSCOPY AND TREATMENT	315.68				F						
77	52285	CYSTOSCOPY AND TREATMENT	315.68	00 15			F						
73	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	346.77										
77	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	346.77	00 15									
73	52290	CYSTOSCOPY AND TREATMENT	245.84										
77	52290	CYSTOSCOPY AND TREATMENT	245.84	00 15									
73	52300	CYSTOSCOPY AND TREATMENT	281.82										
77	52300	CYSTOSCOPY AND TREATMENT	281.82	00 15									
73	52301	CYSTOSCOPY AND TREATMENT	291.95										
77	52301	CYSTOSCOPY AND TREATMENT	291.95	00 15									
73	52305	CYSTOSCOPY AND TREATMENT	281.49										
77	52305	CYSTOSCOPY AND TREATMENT	281.49	00 15									
73	52310	CYSTOSCOPY AND TREATMENT	279.44										
77	52310	CYSTOSCOPY AND TREATMENT	279.44	00 15									
73	52315	CYSTOSCOPY AND TREATMENT	451.83										
77	52315	CYSTOSCOPY AND TREATMENT	451.83	00 15									
73	52317	LITHOLAPAXY,SIMPLE;SMALL	838.55										
77	52317	LITHOLAPAXY,SIMPLE;SMALL	838.55	00 15									
73	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	478.51										
77	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	478.51	00 15									
73	52320	CYSTOSCOPY AND TREATMENT	248.80										
77	52320	CYSTOSCOPY AND TREATMENT	248.80	00 15									
73	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	322.44										
77	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	322.44	00 15									
73	52327	CYSTOSCOPY, INJECT MATERIAL	266.60										
77	52327	CYSTOSCOPY, INJECT MATERIAL	266.60	00 15									
73	52330	CYSTOSCOPY AND TREATMENT	558.65										
77	52330	CYSTOSCOPY AND TREATMENT	558.65	00 15									
73	52332	CYSTOURETHROSCOPY/INSERT STENT	432.37										
77	52332	CYSTOURETHROSCOPY/INSERT STENT	432.37	00 15									
73	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	184.06										
77	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	184.06	00 15									
73	52341	CYSTO W/URETER STRICTURE TX	286.47										
77	52341	CYSTO W/URETER STRICTURE TX	286.47	00 15									
73	52342	CYSTO W/UP STRICTURE TX	310.67										
77	52342	CYSTO W/UP STRICTURE TX	310.67	00 15									
73	52343	CYSTO W/RENAL STRICTURE TX	347.57										
77	52343	CYSTO W/RENAL STRICTURE TX	347.57	00 15									
73	52344	CYSTO/URETERO, STONE REMOVE	371.77										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	52344	CYSTO/URETERO, STONE REMOVE	371.77	00 15									
73	52345	CYSTO/URETERO W/UP STRICTURE	397.90										
77	52345	CYSTO/URETERO W/UP STRICTURE	397.90	00 15									
73	52346	CYSTOURETERO W/RENAL STRICT	449.93										
77	52346	CYSTOURETERO W/RENAL STRICT	449.93	00 15									
73	52351	CYSTOURETRO & OR PYELOSCOPE	304.46										
77	52351	CYSTOURETRO & OR PYELOSCOPE	304.46	00 15									
73	52352	CYSTOURETRO W/STONE REMOVE	358.19										
77	52352	CYSTOURETRO W/STONE REMOVE	358.19	00 15									
73	52353	CYSTOURETERO W/LITHOTRIPSY	395.86										
77	52353	CYSTOURETERO W/LITHOTRIPSY	395.86	00 15									
73	52354	CYSTOURETERO W/BIOPSY	421.03										
77	52354	CYSTOURETERO W/BIOPSY	421.03	00 15									
73	52355	CYSTOURETERO W/EXCISE TUMOR	472.00										
77	52355	CYSTOURETERO W/EXCISE TUMOR	472.00	00 15									
73	52356	CRUSHING OF STONE IN URINARY DUCT (U	419.24									X	
77	52356	CRUSHING OF STONE IN URINARY DUCT (U	419.24	00 15								X	
73	52400	CYSTOURETERO W/CONGEN REPR	480.75			X							
77	52400	CYSTOURETERO W/CONGEN REPR	480.75	00 15		X							
73	52402	CYSTOURETHRO CUT EJACUL DUCT	270.03				M						
77	52402	CYSTOURETHRO CUT EJACUL DUCT	270.03	00 15			M						
73	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,276.43				M						
77	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,276.43	00 15			M						
73	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	922.36				M						
77	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	922.36	00 15			M						
73	52450	TRANSURETHRAL INCISION OF PROSTATE	471.17				M						
77	52450	TRANSURETHRAL INCISION OF PROSTATE	471.17	00 15			M						
73	52500	REVISION OF BLADDER NECK	488.93				M						
77	52500	REVISION OF BLADDER NECK	488.93	00 15			M						
73	52601	PROSTATECTOMY (TUR)	733.74				M						
77	52601	PROSTATECTOMY (TUR)	733.74	00 15			M						
73	52630	REMOVE PROSTATE REGROWTH	402.02				M						
77	52630	REMOVE PROSTATE REGROWTH	402.02	00 15			M						
73	52640	RELIEVE BLADDER CONTRACTURE	314.51				M						
77	52640	RELIEVE BLADDER CONTRACTURE	314.51	00 15			M						
73	52647	LASER SURGERY OF PROSTATE	1,551.81				M						
77	52647	LASER SURGERY OF PROSTATE	1,551.81	00 15			M						
73	52648	LASER SURGERY OF PROSTATE	1,603.01				M						
77	52648	LASER SURGERY OF PROSTATE	1,603.01	00 15			M						
73	52649	PROSTATE LASER ENUCLEATION	829.74			X	M						
77	52649	PROSTATE LASER ENUCLEATION	829.74	00 15		X	M						
73	52700	DRAINAGE OF PROSTATE ABSCESS	441.98				M						
77	52700	DRAINAGE OF PROSTATE ABSCESS	441.98	00 15			M						
73	53000	INCISION OF URETHRA	147.69										
77	53000	INCISION OF URETHRA	147.69	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	53010	INCISION OF URETHRA	292.89											
77	53010	INCISION OF URETHRA	292.89	00	15									
73	53020	INCISION OF URETHRA	97.79	01	99									
77	53020	INCISION OF URETHRA	97.79	01	15									
73	53025	INCISION OF URETHRA	67.51	00	00									
77	53025	INCISION OF URETHRA	67.51	00	00									
73	53040	DRAINAGE OF URETHRA ABSCESS	392.90											
77	53040	DRAINAGE OF URETHRA ABSCESS	392.90	00	15									
73	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	187.01					F						
77	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	187.01	00	15			F						
73	53080	DRAINAGE OF URINARY LEAKAGE	419.79											
77	53080	DRAINAGE OF URINARY LEAKAGE	419.79	00	15									
73	53085	DRAINAGE OF URINARY LEAKAGE	650.90											
77	53085	DRAINAGE OF URINARY LEAKAGE	650.90	00	15									
73	53200	BIOPSY OF URETHRA	157.74											
77	53200	BIOPSY OF URETHRA	157.74	00	15									
73	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	786.63					F						
77	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	786.63	00	15			F						
73	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	935.78					M						
77	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	935.78	00	15			M						
73	53220	TREATMENT OF URETHRA LESION	452.33											
77	53220	TREATMENT OF URETHRA LESION	452.33	00	15									
73	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	612.20					F						
77	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	612.20	00	15			F						
73	53235	EXCISE URETHRAL DIVERTICULUM;MALE	635.24					M						
77	53235	EXCISE URETHRAL DIVERTICULUM;MALE	635.24	00	15			M						
73	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	423.67											
77	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	423.67	00	15									
73	53250	REMOVAL OF SEMINAL FLUID GLAND	396.10											
77	53250	REMOVAL OF SEMINAL FLUID GLAND	396.10	00	15									
73	53260	TREATMENT OF URETHRA LESION	203.00											
77	53260	TREATMENT OF URETHRA LESION	203.00	00	15									
73	53265	TREATMENT OF URETHRA LESION	222.48											
77	53265	TREATMENT OF URETHRA LESION	222.48	00	15									
73	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	206.17					F						
77	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	206.17	00	15			F						
73	53275	REPAIR OF URETHRA DEFECT	263.91											
77	53275	REPAIR OF URETHRA DEFECT	263.91	00	15									
73	53400	REVISE URETHRA, 1ST STAGE	806.48											
77	53400	REVISE URETHRA, 1ST STAGE	806.48	00	15									
73	53405	REVISE URETHRA, 2ND STAGE	878.94											
77	53405	REVISE URETHRA, 2ND STAGE	878.94	00	15									
73	53410	URETHROPLASTY...MALE ANTERIOR URETH.	985.18					M						
77	53410	URETHROPLASTY...MALE ANTERIOR URETH.	985.18	00	15			M						
73	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,138.95					M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,138.95	00 15			M						
73	53420	RECONSTRUCT URETHRA, STAGE 1	846.96				M						
77	53420	RECONSTRUCT URETHRA, STAGE 1	846.96	00 15			M						
73	53425	RECONSTRUCT URETHRA, STAGE 2	943.52				M						
77	53425	RECONSTRUCT URETHRA, STAGE 2	943.52	00 15			M						
73	53430	URETHROPLASTY,RECON FEMALE URETHRA	981.80				F						
77	53430	URETHROPLASTY,RECON FEMALE URETHRA	981.80	00 15			F						
73	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,162.78										
77	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,162.78	00 15									
73	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	757.07				M						
77	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	757.07	00 15			M						
73	53442	PERINEAL PROSTHESIS REMOVAL	786.31				M						
77	53442	PERINEAL PROSTHESIS REMOVAL	786.31	00 15			M						
73	53444	INSERT TANDEM CUFF	798.61										
77	53444	INSERT TANDEM CUFF	798.61	00 15									
73	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	756.61		X								
77	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	756.61	00 15	X								
73	53446	REMOVE URO SPHINCTER	643.92			X							
77	53446	REMOVE URO SPHINCTER	643.92	00 15		X							
73	53447	INFLATABLE SPHINCTER REMOVAL	812.30			X							
77	53447	INFLATABLE SPHINCTER REMOVAL	812.30	00 15		X							
73	53448	REMOV/REPLC UR SPHINCTR COMP	1,289.30			X							
77	53448	REMOV/REPLC UR SPHINCTR COMP	1,289.30	00 15		X							
73	53449	CORRECTION OF ABNORMAL SPHINCTER	614.42		X								
77	53449	CORRECTION OF ABNORMAL SPHINCTER	614.42	00 15	X								
73	53450	REVISION OF URETHRA	409.41										
77	53450	REVISION OF URETHRA	409.41	00 15									
73	53460	REVISION OF URETHRA	458.24										
77	53460	REVISION OF URETHRA	458.24	00 15									
73	53500	URETHRLYS, TRANSVAG W/ SCOPE	755.97				F						
77	53500	URETHRLYS, TRANSVAG W/ SCOPE	755.97	00 15			F						
73	53502	URETHRORRHAPHY...SUTURE...,FEMALE	486.37				F						
77	53502	URETHRORRHAPHY...SUTURE...,FEMALE	486.37	00 15			F						
73	53505	URETHRORRHAPHY...SUTURE...;PENILE	486.04				M						
77	53505	URETHRORRHAPHY...SUTURE...;PENILE	486.04	00 15			M						
73	53510	REPAIR OF URETHRA INJURY	633.88										
77	53510	REPAIR OF URETHRA INJURY	633.88	00 15									
73	53515	REPAIR OF URETHRA INJURY	800.63				M						
77	53515	REPAIR OF URETHRA INJURY	800.63	00 15			M						
73	53520	CLOSE URETHROSTOMY....FISTULE,MALE	558.42				M						
77	53520	CLOSE URETHROSTOMY....FISTULE,MALE	558.42	00 15			M						
73	53600	DILATE URETHRAL STRICTURE,MALE;INIT	83.47				M						
77	53600	DILATE URETHRAL STRICTURE,MALE;INIT	83.47	00 15			M						
73	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	78.82				M						
77	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	78.82	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	53605	DILATE URETH STRICT...MALE	65.64				M						
77	53605	DILATE URETH STRICT...MALE	65.64	00 15			M						
73	53620	DILATE URETH STRICT.,MALE;INITIAL	143.36				M						
77	53620	DILATE URETH STRICT.,MALE;INITIAL	143.36	00 15			M						
73	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	134.57				M						
77	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	134.57	00 15			M						
73	53660	DILATE FEMALE URETHRA...;INITIAL	68.56				F						
77	53660	DILATE FEMALE URETHRA...;INITIAL	68.56	00 15			F						
73	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	67.60				F						
77	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	67.60	00 15			F						
73	53665	DILATE FEMALE URETHRA...	38.98				F						
77	53665	DILATE FEMALE URETHRA...	38.98	00 15			F						
73	53850	PROSTATIC MICROWAVE THERMOTX	1,465.25				M						
77	53850	PROSTATIC MICROWAVE THERMOTX	1,465.25	00 15			M						
73	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,689.67				M						
77	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,689.67	00 15			M						
73	53855	INSERTION OF A TEMPORARY PROSTATIC U	693.59				M						
77	53855	INSERTION OF A TEMPORARY PROSTATIC U	693.59	00 15			M						
73	54000	SLITTING OF PREPUCE	152.11	00 00			M						
77	54000	SLITTING OF PREPUCE	152.11	00 00			M						
73	54001	SLITTING OF PREPUCE	189.25				M						
77	54001	SLITTING OF PREPUCE	189.25	00 15			M						
73	54015	DRAIN PENIS LESION	307.35				M						
77	54015	DRAIN PENIS LESION	307.35	00 15			M						
73	54050	TREATMENT OF PENIS LESION	129.26				M						
77	54050	TREATMENT OF PENIS LESION	129.26	00 15			M						
73	54055	TREATMENT OF PENIS LESION	121.36				M						
77	54055	TREATMENT OF PENIS LESION	121.36	00 15			M						
73	54056	DESTROY PENILE LESION;CRYOSURGERY	134.31				M						
77	54056	DESTROY PENILE LESION;CRYOSURGERY	134.31	00 15			M						
73	54057	DESTROY PENILE LESION; LASER SURGERY	132.84				M						
77	54057	DESTROY PENILE LESION; LASER SURGERY	132.84	00 15			M						
73	54060	TREATMENT OF PENIS LESION	182.44				M						
77	54060	TREATMENT OF PENIS LESION	182.44	00 15			M						
73	54065	TREATMENT OF PENIS LESION	212.99				M						
77	54065	TREATMENT OF PENIS LESION	212.99	00 15			M						
73	54100	BIOPSY OF PENIS	191.30				M						
77	54100	BIOPSY OF PENIS	191.30	00 15			M						
73	54105	BIOPSY OF PENIS	265.21				M						
77	54105	BIOPSY OF PENIS	265.21	00 15			M						
73	54110	TREATMENT OF PENIS LESION	626.96				M						
77	54110	TREATMENT OF PENIS LESION	626.96	00 15			M						
73	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	805.54				M						
77	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	805.54	00 15			M						
73	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	943.85				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	943.85	00 15			M						
73	54115	TREATMENT OF PENIS LESION	451.47				M						
77	54115	TREATMENT OF PENIS LESION	451.47	00 15			M						
73	54120	PARTIAL REMOVAL OF PENIS	634.29				M						
77	54120	PARTIAL REMOVAL OF PENIS	634.29	00 15			M						
73	54125	REMOVAL OF PENIS	820.74				M						
77	54125	REMOVAL OF PENIS	820.74	00 15			M						
73	54130	REMOVE PENIS & NODES	1,202.40				M						
77	54130	REMOVE PENIS & NODES	1,202.40	00 15			M						
73	54135	REMOVE PENIS & NODES	1,526.11				M						
77	54135	REMOVE PENIS & NODES	1,526.11	00 15			M						
73	54150	CIRCUMCISION USING CLAMP OR OTHER DE	150.83				M		X				
77	54150	CIRCUMCISION USING CLAMP OR OTHER DE	150.83	00 15			M		X				
73	54160	CIRCUMCISION	214.07	00 01			M		X				
77	54160	CIRCUMCISION	214.07	00 15			M		X				
73	54161	CIRCUMCISION	197.33				M		X				
77	54161	CIRCUMCISION	197.33	00 15			M		X				
73	54162	LYSIS PENIL CIRCUMCIS LESION	253.09				M						
77	54162	LYSIS PENIL CIRCUMCIS LESION	253.09	00 15			M						
73	54163	REPAIR OF CIRCUMCISION	216.58				M						
77	54163	REPAIR OF CIRCUMCISION	216.58	00 15			M						
73	54164	FRENULOTOMY OF PENIS	190.77				M						
77	54164	FRENULOTOMY OF PENIS	190.77	00 15			M						
73	54200	TREATMENT OF PENIS LESION	107.26				M						
77	54200	TREATMENT OF PENIS LESION	107.26	00 15			M						
73	54205	TREATMENT OF PENIS LESION	533.24				M						
77	54205	TREATMENT OF PENIS LESION	533.24	00 15			M						
73	54220	TREATMENT OF PENIS LESION	207.78				M						
77	54220	TREATMENT OF PENIS LESION	207.78	00 15			M						
73	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	98.36				M						
77	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	98.36	00 15			M						
73	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	140.17				M						
77	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	140.17	00 15			M						
73	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	86.69				M						
77	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	86.69	00 15			M						
73	54300	REVISION OF PENIS	647.66				M						
77	54300	REVISION OF PENIS	647.66	00 15			M						
73	54304	PLASTIC OPERATION ON PENIS FOR CORRE	753.02				M						
77	54304	PLASTIC OPERATION ON PENIS FOR CORRE	753.02	00 15			M						
73	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	718.94				M						
77	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	718.94	00 15			M						
73	54312	URETHROPLASTY...; MORE THAN 3 CM	823.30				M						
77	54312	URETHROPLASTY...; MORE THAN 3 CM	823.30	00 15			M						
73	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,003.10				M						
77	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,003.10	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	54318	URETHROPLASTY/RELEASE FROM SCROTUM	714.53				M						
77	54318	URETHROPLASTY/RELEASE FROM SCROTUM	714.53	00 15			M						
73	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	786.83				M						
77	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	786.83	00 15			M						
73	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	974.69				M						
77	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	974.69	00 15			M						
73	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	950.60				M						
77	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	950.60	00 15			M						
73	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	944.18				M						
77	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	944.18	00 15			M						
73	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,019.64				M						
77	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,019.64	00 15			M						
73	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,198.10				M						
77	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,198.10	00 15			M						
73	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	571.21				M						
77	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	571.21	00 15			M						
73	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	952.63				M						
77	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	952.63	00 15			M						
73	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,018.58				M						
77	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,018.58	00 15			M						
73	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,428.33				M						
77	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,428.33	00 15			M						
73	54360	PLASTIC PENILE REPAIR/ANGULATION	724.93				M						
77	54360	PLASTIC PENILE REPAIR/ANGULATION	724.93	00 15			M						
73	54380	REPAIR PENIS	804.14				M						
77	54380	REPAIR PENIS	804.14	00 15			M						
73	54385	REPAIR PENIS	934.81				M						
77	54385	REPAIR PENIS	934.81	00 15			M						
73	54390	REPAIR PENIS AND BLADDER	1,251.30				M						
77	54390	REPAIR PENIS AND BLADDER	1,251.30	00 15			M						
73	54406	REMOVE MULTI-COMP PENIS PROS	734.89				M				X		
77	54406	REMOVE MULTI-COMP PENIS PROS	734.89	00 15			M				X		
73	54408	REPAIR MULTI-COMP PENIS PROS	794.86				M				X		
77	54408	REPAIR MULTI-COMP PENIS PROS	794.86	00 15			M				X		
73	54410	REMOVE/REPLACE PENIS PROSTH	864.91				M				X		
77	54410	REMOVE/REPLACE PENIS PROSTH	864.91	00 15			M				X		
73	54411	REMV/REPLC PENIS PROS, COMP	1,035.56				M				X		
77	54411	REMV/REPLC PENIS PROS, COMP	1,035.56	00 15			M				X		
73	54415	REMOVE SELF-CONTD PENIS PROS	529.99				M				X		
77	54415	REMOVE SELF-CONTD PENIS PROS	529.99	00 15			M				X		
73	54416	REMV/REPL PENIS CONTAIN PROS	713.27				M				X		
77	54416	REMV/REPL PENIS CONTAIN PROS	713.27	00 15			M				X		
73	54417	REMV/REPLC PENIS PROS, COMPL	904.65				M				X		
77	54417	REMV/REPLC PENIS PROS, COMPL	904.65	00 15			M				X		
73	54420	REVISION OF PENIS	707.61				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	54420	REVISION OF PENIS	707.61	00 15			M						
73	54430	REVISION OF PENIS	641.39				M						
77	54430	REVISION OF PENIS	641.39	00 15			M						
73	54435	PENILE FISTULATION FOR PRIAPISM	415.35				M						
77	54435	PENILE FISTULATION FOR PRIAPISM	415.35	00 15			M						
73	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	676.23				M						
77	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	676.23	00 15			M						
73	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,348.54				M						
77	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,348.54	00 15			M						
73	54450	PREPUTIAL STRETCHING	68.63				M						
77	54450	PREPUTIAL STRETCHING	68.63	00 15			M						
77	54500	BIOPSY OF TESTIS	74.51	00 15			M					X	
73	54505	BIOPSY OF TESTIS	210.37				M						
77	54505	BIOPSY OF TESTIS	210.37	00 15			M						
73	54512	EXCISE LESION TESTIS	541.66				M						
77	54512	EXCISE LESION TESTIS	541.66	00 15			M						
73	54520	REMOVAL OF TESTIS	326.30				M						
77	54520	REMOVAL OF TESTIS	326.30	00 15			M						
73	54522	ORCHIECTOMY, PARTIAL	591.56				M						
77	54522	ORCHIECTOMY, PARTIAL	591.56	00 15			M						
73	54530	REMOVAL OF TESTIS	508.04				M						
77	54530	REMOVAL OF TESTIS	508.04	00 15			M						
73	54535	EXTENSIVE TESTIS SURGERY	748.14				M						
77	54535	EXTENSIVE TESTIS SURGERY	748.14	00 15			M						
73	54550	EXPLORATION FOR TESTIS	493.30				M						
77	54550	EXPLORATION FOR TESTIS	493.30	00 15			M						
73	54560	EXPLORATION FOR TESTIS	690.48				M						
77	54560	EXPLORATION FOR TESTIS	690.48	00 15			M						
73	54600	REDUCE TESTIS TORSION	453.66				M						
77	54600	REDUCE TESTIS TORSION	453.66	00 15			M						
73	54620	SUSPENSION OF TESTIS	300.57				M						
77	54620	SUSPENSION OF TESTIS	300.57	00 15			M						
73	54640	SUSPENSION OF TESTIS	438.27				M						
77	54640	SUSPENSION OF TESTIS	438.27	00 15			M						
73	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	714.78				M						
77	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	714.78	00 15			M						
73	54660	REVISION OF TESTIS	355.96				M						
77	54660	REVISION OF TESTIS	355.96	00 15			M						
73	54670	REPAIR TESTIS INJURY	407.25				M						
77	54670	REPAIR TESTIS INJURY	407.25	00 15			M						
73	54680	RELOCATION OF TESTIS(ES)	792.49				M						
77	54680	RELOCATION OF TESTIS(ES)	792.49	00 15			M						
73	54690	LAPAROSCOPY, ORCHIECTOMY	659.47				M						
77	54690	LAPAROSCOPY, ORCHIECTOMY	659.47	00 15			M						
73	54692	LAPAROSCOPY, ORCHIOPEXY	763.75				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	54692	LAPAROSCOPY, ORCHIOPEXY	763.75	00	15			M						
73	54700	DRAINAGE OF SCROTUM	215.16					M						
77	54700	DRAINAGE OF SCROTUM	215.16	00	15			M						
73	54800	BIOPSY OF EPIDIDYMIS	126.82					M					X	
77	54800	BIOPSY OF EPIDIDYMIS	126.82	00	15			M					X	
73	54830	REMOVE EPIDIDYMIS LESION	371.10					M						
77	54830	REMOVE EPIDIDYMIS LESION	371.10	00	15			M						
73	54840	REMOVE EPIDIDYMIS LESION	321.22					M						
77	54840	REMOVE EPIDIDYMIS LESION	321.22	00	15			M						
73	54860	REMOVAL OF EPIDIDYMIS	418.54					M						
77	54860	REMOVAL OF EPIDIDYMIS	418.54	00	15			M						
73	54861	REMOVAL OF EPIDIDYMES	569.23					M						
77	54861	REMOVAL OF EPIDIDYMES	569.23	00	15			M						
73	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	357.32					M						
77	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	357.32	00	15			M						
73	55000	DRAINAGE OF HYDROCELE	115.95					M					X	
77	55000	DRAINAGE OF HYDROCELE	115.95	00	15			M					X	
73	55040	REMOVAL OF HYDROCELE	336.85					M						
77	55040	REMOVAL OF HYDROCELE	336.85	00	15			M						
73	55041	REMOVAL OF HYDROCELES	512.41					M						
77	55041	REMOVAL OF HYDROCELES	512.41	00	15			M						
73	55060	REPAIR OF HYDROCELE	380.44					M						
77	55060	REPAIR OF HYDROCELE	380.44	00	15			M						
73	55100	DRAINAGE OF SCROTUM ABSCESS	219.58					M						
77	55100	DRAINAGE OF SCROTUM ABSCESS	219.58	00	15			M						
73	55110	SCROTAL EXPLORATION	388.56					M						
77	55110	SCROTAL EXPLORATION	388.56	00	15			M						
73	55120	REMOVAL OF SCROTUM LESION	352.67					M						
77	55120	REMOVAL OF SCROTUM LESION	352.67	00	15			M						
73	55150	REMOVAL OF SCROTUM	493.28					M						
77	55150	REMOVAL OF SCROTUM	493.28	00	15			M						
73	55175	SCROTOPLASTY;	362.21					M						
77	55175	SCROTOPLASTY;	362.21	00	15			M						
73	55180	SCROTOPLASTY;COMPLICATED	696.05					M						
77	55180	SCROTOPLASTY;	696.05	00	15			M						
73	55250	VASECTOMY, UNILATERAL OR BILATERAL	348.72	21	99	X		M						
73	55500	REMOVAL OF HYDROCELE	395.45					M						
77	55500	REMOVAL OF HYDROCELE	395.45	00	15			M						
73	55520	REMOVAL OF SPERM CORD LESION	466.09					M						
77	55520	REMOVAL OF SPERM CORD LESION	466.09	00	15			M						
73	55530	REVISE SPERMATIC CORD VEINS	350.92					M						
77	55530	REVISE SPERMATIC CORD VEINS	350.92	00	15			M						
73	55535	REVISE SPERMATIC CORD VEINS	430.53					M						
77	55535	REVISE SPERMATIC CORD VEINS	430.53	00	15			M						
73	55540	REVISE HERNIA & SPERM VEINS	569.97					M						

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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	55540	REVISE HERNIA & SPERM VEINS	569.97	00 15			M						
73	55550	LAPARO LIGATE SPERMATIC VEIN	429.25				M						
77	55550	LAPARO LIGATE SPERMATIC VEIN	429.25	00 15			M						
73	55600	INCISE SPERM DUCT POUCH	421.26				M						
77	55600	INCISE SPERM DUCT POUCH	421.26	00 15			M						
73	55605	INCISE SPERM DUCT POUCH	522.94				M						
77	55605	INCISE SPERM DUCT POUCH	522.94	00 15			M						
73	55650	REMOVE SPERM DUCT POUCH	721.11				M						
77	55650	REMOVE SPERM DUCT POUCH	721.11	00 15			M						
73	55680	REMOVE SPERM POUCH LESION	346.05				M						
77	55680	REMOVE SPERM POUCH LESION	346.05	00 15			M						
73	55700	BIOPSY OF PROSTATE	240.09				M						
77	55700	BIOPSY OF PROSTATE	240.09	00 15			M						
73	55705	BIOPSY OF PROSTATE	266.76				M						
77	55705	BIOPSY OF PROSTATE	266.76	00 15			M						
73	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	372.41				M						
77	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	372.41	00 15			M						
73	55720	DRAINAGE OF PROSTATE ABSCESS	453.32				M						
77	55720	DRAINAGE OF PROSTATE ABSCESS	453.32	00 15			M						
73	55725	DRAINAGE OF PROSTATE ABSCESS	595.12				M						
77	55725	DRAINAGE OF PROSTATE ABSCESS	595.12	00 15			M						
73	55801	REMOVAL OF PROSTATE	1,102.50				M						
77	55801	REMOVAL OF PROSTATE	1,102.50	00 15			M						
73	55810	EXTENSIVE PROSTATE SURGERY	1,322.72				M						
77	55810	EXTENSIVE PROSTATE SURGERY	1,322.72	00 15			M						
73	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,623.51				M						
77	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,623.51	00 15			M						
73	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,779.31				M						
77	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,779.31	00 15			M						
73	55821	REMOVAL OF PROSTATE	880.08				M						
77	55821	REMOVAL OF PROSTATE	880.08	00 15			M						
73	55831	REMOVAL OF PROSTATE	953.01				M						
77	55831	REMOVAL OF PROSTATE	953.01	00 15			M						
73	55840	EXTENSIVE PROSTATE SURGERY	1,179.87				M						
77	55840	EXTENSIVE PROSTATE SURGERY	1,179.87	00 15			M						
73	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,180.83				M						
77	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,180.83	00 15			M						
73	55845	EXTENSIVE PROSTATE SURGERY	1,375.47				M						
77	55845	EXTENSIVE PROSTATE SURGERY	1,375.47	00 15			M						
73	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	881.38				M						
77	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	881.38	00 15			M						
73	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,105.03				M						
77	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,105.03	00 15			M						
73	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,346.38				M						
77	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,346.38	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,456.39				M						
77	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,456.39	00 15			M						
73	55870	ELECTROEJACULATION	173.39				M						
77	55870	ELECTROEJACULATION	173.39	00 15			M						
73	55873	CRYOABLATE PROSTATE	5,772.25				M						
77	55873	CRYOABLATE PROSTATE	5,772.25	00 15			M						
73	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	2,849.28				M						
77	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	2,849.28	00 15			M						
73	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	770.07				M						
77	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	770.07	00 15			M						
73	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	141.60				M						
77	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	141.60	00 15			M						
73	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	451.94										
77	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	451.94	00 15									
73	56405	INCISION AND DRAINAGE OF VULVA OR PE	127.08				F						
77	56405	INCISION AND DRAINAGE OF VULVA OR PE	127.08	00 15			F						
73	56420	INCISION AND DRAINAGE OF FEMALE GENI	152.27				F					X	
77	56420	INCISION AND DRAINAGE OF FEMALE GENI	152.27	00 15			F					X	
73	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	183.78				F						
77	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	183.78	00 15			F						
73	56441	LYSIS OF LABIAL ADHESIONS	161.95				F						
77	56441	LYSIS OF LABIAL ADHESIONS	161.95	00 15			F						
73	56442	HYMENOTOMY, SIMPLE INCISION	47.30				F						
77	56442	HYMENOTOMY, SIMPLE INCISION	47.30	00 15			F						
73	56501	DESTROY VULVA LESION(S);SIMPLE	159.55				F						
77	56501	DESTROY VULVA LESION(S);SIMPLE	159.55	00 15			F						
73	56515	TREATMENT OF VULVA LESIONS	249.49				F						
77	56515	TREATMENT OF VULVA LESIONS	249.49	00 15			F						
73	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	89.59				F						
77	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	89.59	00 15			F						
73	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	38.60				F						
77	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	38.60	00 15			F						
73	56620	PARTIAL REMOVAL OF VULVA	551.21				F						
77	56620	PARTIAL REMOVAL OF VULVA	551.21	00 15			F						
73	56625	REMOVAL OF VULVA	648.15				F						
77	56625	REMOVAL OF VULVA	648.15	00 15			F						
73	56630	EXTENSIVE VULVA SURGERY	946.60				F						
77	56630	EXTENSIVE VULVA SURGERY	946.60	00 15			F						
73	56631	VULVECTOMY, RADICAL, PARTIAL;	1,184.46				F						
77	56631	VULVECTOMY, RADICAL, PARTIAL;	1,184.46	00 15			F						
73	56632	VULVECTOMY, RADICAL, PARTIAL;	1,407.02				F						
77	56632	VULVECTOMY, RADICAL, PARTIAL;	1,407.02	00 15			F						
73	56633	VULVECTOMY, RADICAL, COMPLETE;	1,224.01				F						
77	56633	VULVECTOMY, RADICAL, COMPLETE;	1,224.01	00 15			F						
73	56634	VULVECTOMY, RADICAL, COMPLETE;	1,291.01				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	56634	VULVECTOMY, RADICAL, COMPLETE;	1,291.01	00 15			F						
73	56637	VULVECTOMY, RADICAL, COMPLETE;	1,502.62				F						
77	56637	VULVECTOMY, RADICAL, COMPLETE;	1,502.62	00 15			F						
73	56640	EXTENSIVE VULVA SURGERY	1,520.11				F						
77	56640	EXTENSIVE VULVA SURGERY	1,520.11	00 15			F						
73	56700	PARTIAL REMOVAL OF HYMEN	197.55				F						
77	56700	PARTIAL REMOVAL OF HYMEN	197.55	00 15			F						
73	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	312.06				F						
77	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	312.06	00 15			F						
73	56800	REPAIR OF VAGINA	250.30				F						
77	56800	REPAIR OF VAGINA	250.30	00 15			F						
73	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,181.28				F						
77	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,181.28	00 15			F						
73	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	269.51				F						
77	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	269.51	00 15			F						
73	56820	EXAM OF VULVA W/SCOPE	118.32				F						
77	56820	EXAM OF VULVA W/SCOPE	118.32	00 15			F						
73	56821	EXAM/BIOPSY OF VULVA W/SCOPE	157.73				F						
77	56821	EXAM/BIOPSY OF VULVA W/SCOPE	157.73	00 15			F						
73	57000	EXPLORATION OF VAGINA	198.52				F						
77	57000	EXPLORATION OF VAGINA	198.52	00 15			F						
73	57010	DRAINAGE OF PELVIC ABSCESS	451.40				F						
77	57010	DRAINAGE OF PELVIC ABSCESS	451.40	00 15			F						
73	57020	DRAINAGE OF PELVIC FLUID	110.00				F						
77	57020	DRAINAGE OF PELVIC FLUID	110.00	00 15			F						
73	57022	I &D VAGINAL HEMATOMA, OB	178.13				F						
77	57022	I &D VAGINAL HEMATOMA, OB	178.13	00 15			F						
73	57023	I &D VAG HEMATOMA, TRAUMA	320.74				F						
77	57023	I &D VAG HEMATOMA, TRAUMA	320.74	00 15			F						
73	57061	DESTROY VAGINAL LESIONS;SIMPLE	137.70				F						
77	57061	DESTROY VAGINAL LESIONS;SIMPLE	137.70	00 15			F						
73	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	219.10				F						
77	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	219.10	00 15			F						
73	57100	BIOPSY OF VAGINA	94.99				F						
77	57100	BIOPSY OF VAGINA	94.99	00 15			F						
73	57105	BIOPSY OF VAGINA	156.06				F						
77	57105	BIOPSY OF VAGINA	156.06	00 15			F						
73	57106	REMOVE VAGINA WALL, PARTIAL	517.11				F						
77	57106	REMOVE VAGINA WALL, PARTIAL	517.11	00 15			F						
73	57107	REMOVE VAGINA TISSUE/PARTIAL	1,455.66				F						
77	57107	REMOVE VAGINA TISSUE/PARTIAL	1,455.66	00 15			F						
73	57109	VAGINECTOMY PARTIAL W/NODES	1,730.10				F						
77	57109	VAGINECTOMY PARTIAL W/NODES	1,730.10	00 15			F						
73	57110	REMOVAL OF VAGINA	917.50				F						
77	57110	REMOVAL OF VAGINA	917.50	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	57111	REMOVE VAGINA TISSUE/COMPL	1,730.10					F						
77	57111	REMOVE VAGINA TISSUE/COMPL	1,730.10	00	15			F						
73	57120	CLOSURE OF VAGINA	527.27					F						
77	57120	CLOSURE OF VAGINA	527.27	00	15			F						
73	57130	REMOVE VAGINA LESION	203.92					F						
77	57130	REMOVE VAGINA LESION	203.92	00	15			F						
73	57135	REMOVE VAGINA LESION	219.50					F						
77	57135	REMOVE VAGINA LESION	219.50	00	15			F						
73	57150	TREAT VAGINA INFECTION	52.53					F					X	
77	57150	TREAT VAGINA INFECTION	52.53	00	15			F					X	
73	57155	INSERTION OF UTERINE TANDEM AND/OR V	371.33					F						
77	57155	INSERTION OF UTERINE TANDEM AND/OR V	371.33	00	15			F						
73	57156	INSERTION OF A VAGINAL RADIATION AFT	207.74					F						
77	57156	INSERTION OF A VAGINAL RADIATION AFT	207.74	00	15			F						
73	57160	INSERTION OF PESSARY	67.55					F						
77	57160	INSERTION OF PESSARY	67.55	00	15			F						
73	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	69.55	10	60			F						
77	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	69.55	10	15			F						
73	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	169.08					F						
77	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	169.08	00	15			F						
73	57200	REPAIR OF VAGINA	317.65					F						
77	57200	REPAIR OF VAGINA	317.65	00	15			F						
73	57210	REPAIR VAGINA/PERINEUM	385.23					F						
77	57210	REPAIR VAGINA/PERINEUM	385.23	00	15			F						
73	57220	REVISION OF URETHRA	335.67					F						
77	57220	REVISION OF URETHRA	335.67	00	15			F						
73	57230	REPAIR OF URETHRAL LESION	413.30					F						
77	57230	REPAIR OF URETHRAL LESION	413.30	00	15			F						
73	57240	REPAIR BLADDER & VAGINA	611.27					F						
77	57240	REPAIR BLADDER & VAGINA	611.27	00	15			F						
73	57250	REPAIR RECTUM & VAGINA	615.94					F						
77	57250	REPAIR RECTUM & VAGINA	615.94	00	15			F						
73	57260	REPAIR OF VAGINA	786.70					F						
77	57260	REPAIR OF VAGINA	786.70	00	15			F						
73	57265	EXTENSIVE REPAIR OF VAGINA	884.54					F						
77	57265	EXTENSIVE REPAIR OF VAGINA	884.54	00	15			F						
73	57267	INSERT MESH/PELVIC FLR ADDON	258.83					F						
77	57267	INSERT MESH/PELVIC FLR ADDON	258.83	00	15			F						
73	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	499.95					F						
77	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	499.95	00	15			F						
73	57270	REPAIR OF BOWEL POUCH	821.95					F						
77	57270	REPAIR OF BOWEL POUCH	821.95	00	15			F						
73	57280	SUSPENSION OF VAGINA	977.26					F						
77	57280	SUSPENSION OF VAGINA	977.26	00	15			F						
73	57282	FIXATION FOR VAGINAL PROLAPSE	527.89					F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	57282	FIXATION FOR VAGINAL PROLAPSE	527.89	00 15			F						
73	57283	COLPOPEXY, INTRAPERITONEAL	709.28				F						
77	57283	COLPOPEXY, INTRAPERITONEAL	709.28	00 15			F						
73	57284	REPAIR PARAVAGINAL DEFECT	835.79				F						
77	57284	REPAIR PARAVAGINAL DEFECT	835.79	00 15			F						
73	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	695.70				F						
77	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	695.70	00 15			F						
73	57287	REVISE/REMOVE SLING REPAIR	718.16				F						
77	57287	REVISE/REMOVE SLING REPAIR	718.16	00 15			F						
73	57288	REPAIR BLADDER DEFECT	739.39				F						
77	57288	REPAIR BLADDER DEFECT	739.39	00 15			F						
73	57289	REPAIR BLADDER & VAGINA	793.05				F						
77	57289	REPAIR BLADDER & VAGINA	793.05	00 15			F						
73	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	547.91			X	F						
77	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	547.91	00 15		X	F						
73	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	840.11			X	F						
73	57295	CHANGE VAGINAL GRAFT	495.86				F						
77	57295	CHANGE VAGINAL GRAFT	495.86	00 15			F						
73	57296	REVISION (INCLUDING REMOVAL) OF PROS	960.71				F						
77	57296	REVISION (INCLUDING REMOVAL) OF PROS	960.71	00 15			F						
73	57300	REPAIR RECTUM-VAGINA FISTULA	594.57				F						
77	57300	REPAIR RECTUM-VAGINA FISTULA	594.57	00 15			F						
73	57305	REPAIR RECTUM-VAGINA FISTULA	984.24				F						
77	57305	REPAIR RECTUM-VAGINA FISTULA	984.24	00 15			F						
73	57307	FISTULA REPAIR & COLOSTOMY	1,056.03				F						
77	57307	FISTULA REPAIR & COLOSTOMY	1,056.03	00 15			F						
73	57308	FISTULA REPAIR, TRANSPERINE	659.56				F						
77	57308	FISTULA REPAIR, TRANSPERINE	659.56	00 15			F						
73	57310	REPAIR URETHRA-VAGINA LESION	479.11				F						
77	57310	REPAIR URETHRA-VAGINA LESION	479.11	00 15			F						
73	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	543.41				F						
77	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	543.41	00 15			F						
73	57320	REPAIR BLADDER-VAGINA LESION	551.08				F						
77	57320	REPAIR BLADDER-VAGINA LESION	551.08	00 15			F						
73	57330	REPAIR BLADDER-VAGINA LESION	760.57				F						
77	57330	REPAIR BLADDER-VAGINA LESION	760.57	00 15			F						
73	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,192.60				F						
77	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,192.60	00 15			F						
73	57400	DILATE VAGINA UNDER ANESTHESIA	133.83		X		F						
77	57400	DILATE VAGINA UNDER ANESTHESIA	133.83	00 15	X		F						
73	57410	PELVIC EXAM UNDER ANESTHESIA	107.50		X		F						
77	57410	PELVIC EXAM UNDER ANESTHESIA	107.50	00 15	X		F						
73	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	169.75				F						
77	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	169.75	00 15			F						
73	57420	EXAM OF VAGINA W/SCOPE	124.68				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	57420	EXAM OF VAGINA W/SCOPE	124.68	00 15			F						
73	57421	EXAM/BIOPSY OF VAG W/SCOPE	167.93				F						
77	57421	EXAM/BIOPSY OF VAG W/SCOPE	167.93	00 15			F						
73	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	941.87				F						
77	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	941.87	00 15			F						
73	57425	LAPAROSCOPY, SURG, COLPOPEXY	992.80				F						
77	57425	LAPAROSCOPY, SURG, COLPOPEXY	992.80	00 15			F						
73	57426	REVISION (INCLUDING REMOVAL) OF PROS	869.72				F						
77	57426	REVISION (INCLUDING REMOVAL) OF PROS	869.72	00 15			F						
73	57452	EXAMINATION OF VAGINA	118.96				F						
77	57452	EXAMINATION OF VAGINA	118.96	00 15			F						
73	57454	VAGINA EXAMINATION & BIOPSY	163.59				F						
77	57454	VAGINA EXAMINATION & BIOPSY	163.59	00 15			F						
73	57455	BIOPSY OF CERVIX W/SCOPE	153.23				F						
77	57455	BIOPSY OF CERVIX W/SCOPE	153.23	00 15			F						
73	57456	ENDOCERV CURETTAGE W/SCOPE	143.70				F						
77	57456	ENDOCERV CURETTAGE W/SCOPE	143.70	00 15			F						
73	57460	COLPOSCOPY (VAGINOSCOPY);	298.30				F						
77	57460	COLPOSCOPY (VAGINOSCOPY);	298.30	00 15			F						
73	57461	CONZ OF CERVIX W/SCOPE, LEEP	335.84				F						
77	57461	CONZ OF CERVIX W/SCOPE, LEEP	335.84	00 15			F						
73	57500	BIOPSY OF CERVIX	139.16				F						
77	57500	BIOPSY OF CERVIX	139.16	00 15			F						
73	57505	ENDOCERVICAL CURETTAGE	125.29				F						
77	57505	ENDOCERVICAL CURETTAGE	125.29	00 15			F						
73	57510	CAUTERIZATION OF CERVIX	149.32				F						
77	57510	CAUTERIZATION OF CERVIX	149.32	00 15			F						
73	57511	CRYOCAUTERY OF CERVIX	171.41				F						
77	57511	CRYOCAUTERY OF CERVIX	171.41	00 15			F						
73	57513	LASER SURGERY	174.03				F						
77	57513	LASER SURGERY	174.03	00 15			F						
73	57520	BIOPSY OF CERVIX 10800	330.01				F						
77	57520	BIOPSY OF CERVIX 10800	330.01	00 15			F						
73	57522	CONIZATION OF CERVIX	284.58				F						
77	57522	CONIZATION OF CERVIX	284.58	00 15			F						
73	57530	REMOVAL OF CERVIX	362.15				F						
77	57530	REMOVAL OF CERVIX	362.15	00 15			F						
73	57531	REMOVAL OF CERVIX, RADICAL	1,909.25				F						
77	57531	REMOVAL OF CERVIX, RADICAL	1,909.25	00 15			F						
73	57540	REMOVAL OF RESIDUAL CERVIX	801.38				F						
77	57540	REMOVAL OF RESIDUAL CERVIX	801.38	00 15			F						
73	57545	REMOVE CERVIX, REPAIR PELVIS	845.32				F						
77	57545	REMOVE CERVIX, REPAIR PELVIS	845.32	00 15			F						
73	57550	REMOVAL OF RESIDUAL CERVIX	424.62				F						
77	57550	REMOVAL OF RESIDUAL CERVIX	424.62	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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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
73	57555	REMOVE CERVIX, REPAIR VAGINA	621.36					F						
77	57555	REMOVE CERVIX, REPAIR VAGINA	621.36	00	15			F						
73	57556	REMOVE CERVIX, REPAIR BOWEL	587.94					F						
77	57556	REMOVE CERVIX, REPAIR BOWEL	587.94	00	15			F						
73	57558	DILATION AND CURETTAGE OF CERVICAL S	142.34					F						
77	57558	DILATION AND CURETTAGE OF CERVICAL S	142.34	00	15			F						
73	57700	REVISION OF CERVIX	333.84					F						
77	57700	REVISION OF CERVIX	333.84	00	15			F						
73	57720	REVISION OF CERVIX	323.84					F						
77	57720	REVISION OF CERVIX	323.84	00	15			F						
73	57800	DILATION OF CERVICAL CANAL	68.81					F						
77	57800	DILATION OF CERVICAL CANAL	68.81	00	15			F						
73	58100	BIOPSY OF UTERUS LINING	96.47					F						
77	58100	BIOPSY OF UTERUS LINING	96.47	00	15			F						
73	58110	BX DONE W/COLPOSCOPY ADD-ON	50.88					F						
77	58110	BX DONE W/COLPOSCOPY ADD-ON	50.88	00	15			F						
73	58120	DILATION AND CURETTAGE	278.73	12	99			F						
77	58120	DILATION AND CURETTAGE,NONOBSTETRICA	278.73	12	15			F						
73	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	947.08					F						
77	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	947.08	00	15			F						
73	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	567.44					F						
77	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	567.44	00	15			F						
73	58146	MYOMECTOMY ABDOM COMPLEX	1,181.74					F						
77	58146	MYOMECTOMY ABDOM COMPLEX	1,181.74	00	15			F						
73	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,028.01			X		F		X				
77	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,028.01	00	15	X		F		X				
73	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,279.49			X		F		X				
77	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,279.49	00	15	X		F		X				
73	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	978.71			X		F		X				
77	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	978.71	00	15	X		F		X				
73	58200	TAH,W/PART.VAGINECTOMY,...BX	1,371.17			X		F		X				
77	58200	TAH,W/PART.VAGINECTOMY,...BX	1,371.17	00	15	X		F		X				
73	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,840.65			X		F		X				
77	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,840.65	00	15	X		F		X				
73	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	2,943.49			X		F		X				
77	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	2,943.49	00	15	X		F		X				
73	58260	VAGINAL HYSTERECTOMY	849.16			X		F		X				
77	58260	VAGINAL HYSTERECTOMY	849.16	00	15	X		F		X				
73	58262	VAGINAL HYST WITH REMOVAL OF TUBES	943.86			X		F		X				
77	58262	VAGINAL HYST WITH REMOVAL OF TUBES	943.86	00	15	X		F		X				
73	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,015.01			X		F		X				
77	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,015.01	00	15	X		F		X				
73	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,085.92			X		F		X				
77	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,085.92	00	15	X		F		X				
73	58270	VAG HYSTERECT;REPAIR ENTEROCELE	907.53			X		F		X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	58270	VAG HYSTERECT;REPAIR ENTEROCELE	907.53	00	15	X		F		X				
73	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,006.39			X		F		X				
77	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,006.39	00	15	X		F		X				
73	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,080.14			X		F		X				
77	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,080.14	00	15	X		F		X				
73	58285	VAGINAL HYSTERECTOMY;RADICAL	1,419.89			X		F		X				
77	58285	VAGINAL HYSTERECTOMY;RADICAL	1,419.89	00	15	X		F		X				
73	58290	VAG HYST COMPLEX	1,177.54			X		F		X				
77	58290	VAG HYST COMPLEX	1,177.54	00	15	X		F		X				
73	58291	VAG HYST INCL T/O, COMPLEX	1,275.05			X		F		X				
77	58291	VAG HYST INCL T/O, COMPLEX	1,275.05	00	15	X		F		X				
73	58292	VAG HYST T/O & REPAIR, COMPL	1,345.83			X		F		X				
77	58292	VAG HYST T/O & REPAIR, COMPL	1,345.83	00	15	X		F		X				
73	58294	VAG HYST W/ENTEROCELE, COMPL	1,247.71			X		F		X				
77	58294	VAG HYST W/ENTEROCELE, COMPL	1,247.71	00	15	X		F		X				
73	58301	REMOVE INTRAUTERINE DEVICE	100.16	10	60			F						
77	58301	REMOVE INTRAUTERINE DEVICE	100.16	10	15			F						
73	58340	INJECT FOR UTERUS/TUBE X-RAY	183.78	21	59	X		F		X				
73	58346	INSERT HEYMAN UTERI CAPSULE	467.27					F						
77	58346	INSERT HEYMAN UTERI CAPSULE	467.27	00	15			F						
73	58353	ENDOMETR ABLATE, THERMAL	944.86			X		F						
77	58353	ENDOMETR ABLATE, THERMAL	944.86	00	15	X		F						
73	58356	ENDOMETRIAL CRYOABLATION	1,724.20			X		F						
77	58356	ENDOMETRIAL CRYOABLATION	1,724.20	00	15	X		F						
73	58400	UTERINE SUSPENSION	457.67					F						
77	58400	UTERINE SUSPENSION	457.67	00	15			F						
73	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	827.84					F						
77	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	827.84	00	15			F						
73	58520	REPAIR OF RUPTURED UTERUS	810.66					F						
77	58520	REPAIR OF RUPTURED UTERUS	810.66	00	15			F						
73	58540	REVISION OF UTERUS	933.17					F						
77	58540	REVISION OF UTERUS	933.17	00	15			F						
73	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	738.09			X		F		X				
77	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	738.09	00	15	X		F		X				
73	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	841.22			X		F		X				
77	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	841.22	00	15	X		F		X				
73	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	855.91			X		F		X				
77	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	855.91	00	15	X		F		X				
73	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	921.58			X		F		X				
77	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	921.58	00	15	X		F		X				
73	58545	LAPAROSCOPIC MYOMECTOMY	917.06					F						
77	58545	LAPAROSCOPIC MYOMECTOMY	917.06	00	15			F						
73	58546	LAPARO-MYOMECTOMY, COMPLEX	1,144.87					F						
77	58546	LAPARO-MYOMECTOMY, COMPLEX	1,144.87	00	15			F						
73	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,895.41			X		F		X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,895.41	00	15	X		F		X				
73	58550	LAPARO-ASST VAG HYSTERECTOMY	898.87			X		F						
77	58550	LAPARO-ASST VAG HYSTERECTOMY	898.87	00	15	X		F						
73	58552	LAPARO-VAG HYST INCL T/O	1,002.39			X		F		X				
77	58552	LAPARO-VAG HYST INCL T/O	1,002.39	00	15	X		F		X				
73	58553	LAPARO-VAG HYST, COMPLEX	1,151.59			X		F		X				
77	58553	LAPARO-VAG HYST, COMPLEX	1,151.59	00	15	X		F		X				
73	58554	LAPARO-VAG HYST W/T/O, COMPL	1,342.16			X		F		X				
77	58554	LAPARO-VAG HYST W/T/O, COMPL	1,342.16	00	15	X		F		X				
73	58555	HYSTEROSCOPY, DX, SEP PROC	313.30			X		F						
77	58555	HYSTEROSCOPY, DX, SEP PROC	313.30	00	15	X		F						
73	58558	HYSTEROSCOPY, BIOPSY	1,309.06			X		F						
77	58558	HYSTEROSCOPY, BIOPSY	1,309.06	00	15	X		F						
73	58559	HYSTEROSCOPY, LYSIS	293.72			X		F						
77	58559	HYSTEROSCOPY, LYSIS	293.72	00	15	X		F						
73	58560	HYSTEROSCOPY, RESECT SEPTUM	323.19			X		F						
77	58560	HYSTEROSCOPY, RESECT SEPTUM	323.19	00	15	X		F						
73	58561	HYSTEROSCOPY, REMOVE MYOMA	369.96			X		F						
77	58561	HYSTEROSCOPY, REMOVE MYOMA	369.96	00	15	X		F						
73	58562	HYSTEROSCOPY, REMOVE FB	385.73			X		F						
77	58562	HYSTEROSCOPY, REMOVE FB	385.73	00	15	X		F						
73	58563	HYSTEROSCOPY, ABLATION	1,831.91			X		F						
77	58563	HYSTEROSCOPY, ABLATION	1,831.91	00	15	X		F						
73	58565	HYSTEROSCOPY, STERILIZATION	1,714.65	21	59	X		F		X				
73	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	806.41			X		F		X				
77	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	806.41	00	15	X		F		X				
73	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	909.47			X		F		X				
77	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	909.47	00	15	X		F		X				
73	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,049.58			X		F		X				
77	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,049.58	00	15	X		F		X				
73	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,230.93			X		F		X				
77	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,230.93	00	15	X		F		X				
73	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	1,929.35			X		F		X				
77	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	1,929.35	00	15	X		F		X				
73	58600	DIVISION OF FALLOPIAN TUBE	372.70	21	55	X		F						
73	58605	DIVISION OF FALLOPIAN TUBE	337.06	21	55	X		F						
73	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	79.42	21	55	X		F		X				
73	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	252.91	21	55	X		F						
73	58660	LAPAROSCOPY, LYSIS	692.71			X		F						
77	58660	LAPAROSCOPY, LYSIS	692.71	00	15	X		F						
73	58661	LAPAROSCOPY, REMOVE ADNEXA	663.71			X		F						
77	58661	LAPAROSCOPY, REMOVE ADNEXA	663.71	00	15	X		F						
73	58662	LAPAROSCOPY, EXCISE LESIONS	725.37			X		F						
77	58662	LAPAROSCOPY, EXCISE LESIONS	725.37	00	15	X		F						
73	58670	LAPAROSCOPY, TUBAL CAUTERY	373.83	10	59	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	58670	LAPAROSCOPY, TUBAL CAUTERY	373.83	10	15	X		F						
73	58671	LAPAROSCOPY, TUBAL BLOCK	373.02			X		F						
77	58671	LAPAROSCOPY, TUBAL BLOCK	373.02	00	15	X		F						
73	58673	LAPAROSCOPY, SALPINGOSTOMY	814.74			X		F				X		
77	58673	LAPAROSCOPY, SALPINGOSTOMY	814.74	00	15	X		F				X		
73	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	832.24			X		F						
77	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	832.24	00	15	X		F						
73	58700	REMOVAL OF FALLOPIAN TUBE	805.37			X		F						
77	58700	REMOVAL OF FALLOPIAN TUBE	805.37	00	15	X		F						
73	58720	REMOVAL OF OVARY/TUBE(S)	756.67			X		F						
77	58720	REMOVAL OF OVARY/TUBE(S)	756.67	00	15	X		F						
73	58800	DRAINAGE OF OVARIAN CYST(S)	344.56					F						
77	58800	DRAINAGE OF OVARIAN CYST(S)	344.56	00	15			F						
73	58805	DRAINAGE OF OVARIAN CYST(S)	422.31					F						
77	58805	DRAINAGE OF OVARIAN CYST(S)	422.31	00	15			F						
73	58820	DRAINAGE OF OVARIAN ABSCESS	328.88					F						
77	58820	DRAINAGE OF OVARIAN ABSCESS	328.88	00	15			F						
73	58822	DRAINAGE OF OVARIAN ABSCESS	721.57					F						
77	58822	DRAINAGE OF OVARIAN ABSCESS	721.57	00	15			F						
73	58825	TRANSPOSITION, OVARY(S)	716.95			X		F						
77	58825	TRANSPOSITION, OVARY(S)	716.95	00	15	X		F						
73	58900	BIOPSY OF OVARY(S)	431.89					F						
77	58900	BIOPSY OF OVARY(S)	431.89	00	15			F						
73	58920	PARTIAL REMOVAL OF OVARY(S)	723.27					F						
77	58920	PARTIAL REMOVAL OF OVARY(S)	723.27	00	15			F						
73	58925	REMOVAL OF OVARIAN CYST(S)	773.18					F						
77	58925	REMOVAL OF OVARIAN CYST(S)	773.18	00	15			F						
73	58940	REMOVAL OF OVARY(S)	548.19			X		F						
77	58940	REMOVAL OF OVARY(S)	548.19	00	15	X		F						
73	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,182.09			X		F						
77	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,182.09	00	15	X		F						
73	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,144.74					F						
77	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,144.74	00	15			F						
73	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,452.53			X		F		X				
77	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,452.53	00	15	X		F		X				
73	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,648.78					F						
77	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,648.78	00	15			F						
73	58953	TAH, RAD DISSECT FOR DEBULK	2,024.70			X		F						
77	58953	TAH, RAD DISSECT FOR DEBULK	2,024.70	00	15	X		F						
73	58954	TAH RAD DEBULK/LYMPH REMOVE	2,194.82			X		F						
77	58954	TAH RAD DEBULK/LYMPH REMOVE	2,194.82	00	15	X		F						
73	58956	BSO, OMENTECTOMY W/TAH	1,374.69			X		F		X				
77	58956	BSO, OMENTECTOMY W/TAH	1,374.69	00	15	X		F		X				
73	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,596.34					F						
77	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,596.34	00	15			F						

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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
73	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,769.49					F						
77	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,769.49	00	15			F						
73	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	982.29					F						
77	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	982.29	00	15			F						
73	59000	AMNIOCENTESIS	120.97	16	60			F					X	
77	59000	AMNIOCENTESIS	120.97	10	15			F					X	
73	59001	AMNIOCENTESIS, THERAPEUTIC	187.16	16	60			F						
77	59001	AMNIOCENTESIS, THERAPEUTIC	187.16	10	15			F						
73	59012	CORDOCENTESIS,ANY METHOD	212.48	16	60			F						
77	59012	CORDECENTESIS, ANY METHOD	212.48	10	15			F						
73	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	160.42	16	60			F	X					
77	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	160.42	10	15			F	X					
75	59020	FETAL OXYTOCIN STRESS TEST	38.59	10	60	X		F	X					
75	59025	FETAL NON-STRESS TEST	30.07	10	60	X		F						
73	59030	FETAL SCALP BLOOD SAMPLE	118.99	16	60			F						
77	59030	FETAL SCALP BLOOD SAMPLE	118.99	10	15			F						
73	59050	INTERNAL FETAL MONITORING/CONSULTAN	54.26	16	60	X		F						
77	59050	INTERNAL FETAL MONITORING/CONSULTANT	54.26	10	15	X		F						
73	59051	FETAL MONITOR/INTERPRET ONL	44.73	16	60			F						
77	59051	FETAL MONITOR/INTERPRET ONL	44.73	10	15			F						
73	59070	TRANSABDOM AMNIOINFUS W/ US	410.89	16	60			F						
77	59070	TRANSABDOM AMNIOINFUS W/ US	410.89	10	15			F						
73	59074	FETAL FLUID DRAINAGE W/ US	396.22	16	60			F						
77	59074	FETAL FLUID DRAINAGE W/ US	396.22	10	15			F						
73	59076	FETAL SHUNT PLACEMENT, W/ US	550.68	16	60			F						
77	59076	FETAL SHUNT PLACEMENT, W/ US	550.68	10	15			F						
73	59100	REMOVE UTERUS LESION	886.13	16	60	X		F						
77	59100	REMOVE UTERUS LESION	886.13	10	15	X		F						
73	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	843.44	16	60	X		F						
77	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	843.44	10	15	X		F						
73	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	844.85	16	60	X		F						
77	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	844.85	10	15	X		F						
73	59130	SURG TX ECTOPIC PG; ABDOMINAL	985.12	16	60	X		F						
77	59130	SURG TX ECTOPIC PG; ABDOMINAL	985.12	10	15	X		F						
73	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	974.25	16	60	X		F		X				
77	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	974.25	10	15	X		F		X				
73	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	933.87	16	60	X		F						
77	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	933.87	10	15	X		F						
73	59140	SURG TX ECTOPIC PG, CERVICAL	425.39	16	60	X		F						
77	59140	SURG TX ECTOPIC PG, CERVICAL	425.39	10	15	X		F						
73	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	818.36	16	60	X		F						
77	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	818.36	10	15	X		F						
73	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	799.64	16	60	X		F						
77	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	799.64	10	15	X		F						
73	59160	D&C AFTER DELIVERY	242.20	16	60			F						

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				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	59160	D&C AFTER DELIVERY	242.20	10	15			F						
73	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	214.90	16	60	X		F						
77	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	214.90	10	15	X		F						
73	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	157.63	16	60			F						
77	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	157.63	10	15			F						
73	59325	CERCLAGE OF CERVIX;ABDOMINAL	254.24	16	60			F						
77	59325	CERCLAGE OF CERVIX;ABDOMINAL	254.24	10	15			F						
73	59350	REPAIR OF UTERUS	296.28	16	60			F						
77	59350	REPAIR OF UTERUS	296.28	10	15			F						
73	59400	OBSTETRICAL CARE	2,191.65	10	60			F						M
77	59400	OBSTRETRICAL CARE	2,191.65	10	60			F						M
73	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	849.40	16	60			F						
77	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	849.40	10	15			F						
73	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,090.80	16	60			F						M
77	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,090.80	10	15			F						M
73	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	108.42	16	60			F						
77	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	108.42	10	15			F						
73	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	96.53	16	60			F						
77	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	96.53	10	15			F						
73	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	208.50	16	60			F						
77	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	208.50	10	15			F						
73	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,441.89	16	60			F						M
77	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,441.89	10	15			F						M
73	59514	CESAREAN DELIVERY ONLY;	963.45	16	60			F						
77	59514	CESAREAN DELIVERY ONLY	963.45	10	15			F						
73	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,333.05	16	60			F						M
77	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,333.05	10	15			F						M
73	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	511.95	16	60	X		F		X				
77	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	511.95	10	15	X		F		X				
73	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,318.62	16	60			F						M
77	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,318.62	10	15			F						M
73	59612	VBAC DELIVERY ONLY	965.41	16	60			F						
77	59612	VBAC DELIVERY ONLY	965.41	10	15			F						
73	59614	VBAC DELIVERY INCL POSTPARTUM	1,198.59	16	60			F						M
77	59614	VBAC DELIVERY INCL POSTPARTUM	1,198.59	10	15			F						M
73	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,475.74	16	60			F						M
77	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,475.74	10	15			F						M
73	59620	ATTEMPTED VBAC DELIVERY ONLY	1,000.56	16	60			F						
77	59620	ATTEMPTED VBAC DELIVERY ONLY	1,000.56	10	15			F						
73	59622	ATTEMPTED VBAC-INCL POSTPARTUM	1,377.71	16	60			F						M
77	59622	ATTEMPTED VBAC INCL POSTPARTUM	1,377.71	10	15			F						M
73	59812	TREAT SPONTANEOUS ABORTION	349.59	16	60	X		F						
77	59812	TREAT SPONTANEOUS ABORTION	349.59	10	15	X		F						
73	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	416.12	16	60	X		F						
77	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	416.12	10	15	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	59821	TREAT MISSED ABORTION; SECOND TRIMES	416.67	16	60	X		F						
77	59821	TREAT MISSED ABORTION; SECOND TRIMES	416.67	10	15	X		F						
73	59830	TREATMENT OF SEPTIC ABORTION	468.03	16	60	X		F						
77	59830	TREATMENT OF SEPTIC ABORTION	468.03	10	15	X		F						
73	59840	THERAPUTIC ABORTION	241.61	16	60	X		F						
77	59840	THERAPUTIC ABORTION	241.61	10	15	X		F						
73	59841	ABORTION BY DILATION & EVACUATION	418.40	16	60	X		F						
77	59841	ABORTION BY DILATION & EVACUATION	418.40	10	15	X		F						
73	59850	SALINE ABORTION	402.34	16	60	X		F						
77	59850	SALINE ABORTION	402.34	10	15	X		F						
73	59851	SALINE ABORTION WITH D&C	428.78	16	60	X		F						
77	59851	SALINE ABORTION WITH D&C	428.78	10	15	X		F						
73	59852	SALINE ABORTION WITH HYSTEROTOMY	591.17	16	60	X		F						
77	59852	SALINE ABORTION WITH HYSTEROTOMY	591.17	10	15	X		F						
73	59855	ABORTION	438.25	16	60	X		F						
77	59855	ABORTION	438.25	10	15	X		F						
73	59856	ABORTION	516.10	16	60	X		F						
77	59856	ABORTION	516.10	10	15	X		F						
73	59857	ABORTION	605.35	16	60	X		F						
77	59857	ABORTION	605.35	10	15	X		F						
73	59870	UTERINE EVACUATION & CURETTAGE HYDAT	519.83	16	60	X		F						
77	59870	UTERINE EVACUATION & CURETTAGE HYDAT	519.83	10	15	X		F						
73	59871	REMOVE CERCLAGE SUTURE	138.46	16	60			F						
77	59871	REMOVE CERCLAGE SUTURE	138.46	10	15			F						
73	60000	DRAIN THYROID/TONGUE CYST	170.06											
77	60000	DRAIN THYROID/TONGUE CYST	170.06	00	15									
73	60100	BIOPSY OF THYROID	108.56										X	
77	60100	BIOPSY OF THYROID	108.56	00	15								X	
73	60200	REMOVE THYROID LESION	671.97											
77	60200	REMOVE THYROID LESION	671.97	00	15									
73	60210	PARTIAL EXCISION THYROID	719.47											
77	60210	PARTIAL EXCISION THYROID	719.47	00	15									
73	60212	PARTIAL THYROID EXCISION	1,065.30											
77	60212	PARTIAL THYROID EXCISION	1,065.30	00	15									
73	60220	PARTIAL REMOVAL OF THYROID	715.10											
77	60220	PARTIAL REMOVAL OF THYROID	715.10	00	15									
73	60225	PARTIAL REMOVAL OF THYROID	945.03											
77	60225	PARTIAL REMOVAL OF THYROID	945.03	00	15									
73	60240	REMOVAL OF THYROID	937.83											
77	60240	REMOVAL OF THYROID	937.83	00	15									
73	60252	REMOVAL OF THYROID	1,348.26											
77	60252	REMOVAL OF THYROID	1,348.26	00	15									
73	60254	EXTENSIVE THYROID SURGERY	1,702.95											
77	60254	EXTENSIVE THYROID SURGERY	1,702.95	00	15									
73	60260	REPEAT THYROID SURGERY	1,110.06											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	60260	REPEAT THYROID SURGERY	1,110.06	00 15									
73	60270	REMOVAL OF THYROID	1,399.13										
77	60270	REMOVAL OF THYROID	1,399.13	00 15									
73	60271	REMOVAL OF THYROID	1,076.79										
77	60271	REMOVAL OF THYROID	1,076.79	00 15									
73	60280	REMOVE THYROID DUCT LESION	440.99										
77	60280	REMOVE THYROID DUCT LESION	440.99	00 15									
73	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	584.68										
77	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	584.68	00 15									
73	60300	ASPIRATION AND/OR INJECTION, THYROID	108.81										
77	60300	ASPIRATION AND/OR INJECTION, THYROID	108.81	00 15									
73	60500	EXPLORE PARATHYROID GLANDS	990.18										
77	60500	EXPLORE PARATHYROID GLANDS	990.18	00 15									
73	60502	RE-EXPLORE PARATHYROID(S)	1,331.14										
77	60502	RE-EXPLORE PARATHYROID(S)	1,331.14	00 15									
73	60505	EXPLORE PARATHYROID GLANDS	1,417.87										
77	60505	EXPLORE PARATHYROID GLANDS	1,417.87	00 15									
73	60512	AUTOTRANSPLANT, PARATHYROID	251.20										
77	60512	AUTOTRANSPLANT, PARATHYROID	251.20	00 15									
73	60520	REMOVAL OF THYMUS GLAND	1,083.64										
77	60520	REMOVAL OF THYMUS GLAND	1,083.64	00 15									
73	60521	REMOVAL THYMUS GLAND	1,159.90										
77	60521	REMOVAL THYMUS GLAND	1,159.90	00 15									
73	60522	REMOVAL OF THYMUS GLAND	1,412.09										
77	60522	REMOVAL OF THYMUS GLAND	1,412.09	00 15									
73	60540	EXPLORE ADRENAL GLAND	1,099.03										
77	60540	EXPLORE ADRENAL GLAND	1,099.03	00 15									
73	60545	EXPLORE ADRENAL GLAND	1,269.64										
77	60545	EXPLORE ADRENAL GLAND	1,269.64	00 15									
73	60600	REMOVE CAROTID BODY LESION	1,425.04										
77	60600	REMOVE CAROTID BODY LESION	1,425.04	00 15									
73	60605	REMOVE CAROTID BODY LESION	1,750.46										
77	60605	REMOVE CAROTID BODY LESION	1,750.46	00 15									
73	60650	LAPAROSCOPY ADRENALECTOMY	1,231.33										
77	60650	LAPAROSCOPY ADRENALECTOMY	1,231.33	00 15									
73	61000	REMOVE CRANIAL CAVITY FLUID	117.90										
77	61000	REMOVE CRANIAL CAVITY FLUID	117.90	00 15									
73	61001	SUBDURAL TAP....SUBSEQUENT TAPS	111.89									X	
77	61001	SUBDURAL TAP....SUBSEQUENT TAPS	111.89	00 15								X	
73	61020	REMOVE BRAIN CAVITY FLUID	109.19									X	
77	61020	REMOVE BRAIN CAVITY FLUID	109.19	00 15								X	
73	61026	PUNCTURE BURR HOLE FOR INJECT	108.97										
77	61026	PUNCTURE BURR HOLE FOR INJECT	108.97	00 15									
73	61050	REMOVE BRAIN CANAL FLUID	84.65										
77	61050	REMOVE BRAIN CANAL FLUID	84.65	00 15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	61055	CERVICAL PUNTURE FOR INJECTION	126.15										
77	61055	CERVICAL PUNTURE FOR INJECTION	126.15	00 15									
73	61070	BRAIN CANAL SHUNT PROCEDURE	57.11										
77	61070	BRAIN CANAL SHUNT PROCEDURE	57.11	00 15									
73	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	472.99										
77	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	472.99	00 15									
73	61107	TWIST DRILL HOLE/VENTRICULAR CATH	333.23										
77	61107	TWIST DRILL HOLE/VENTRICULAR CATH	333.23	00 15									
73	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	926.58										
77	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	926.58	00 15									
73	61120	PIERCE SKULL FOR EXAMINATION	774.23										
77	61120	PIERCE SKULL FOR EXAMINATION	774.23	00 15									
73	61140	PIERCE SKULL FOR BIOPSY	1,321.55										
77	61140	PIERCE SKULL FOR BIOPSY	1,321.55	00 15									
73	61150	PIERCE SKULL FOR DRAINAGE	1,415.11										
77	61150	PIERCE SKULL FOR DRAINAGE	1,415.11	00 15									
73	61151	PIERCE SKULL FOR DRAINAGE	1,035.45									X	
77	61151	PIERCE SKULL FOR DRAINAGE	1,035.45	00 15								X	
73	61154	PIERCE SKULL FOR DRAINAGE	1,324.41									X	
77	61154	PIERCE SKULL FOR DRAINAGE	1,324.41	00 15								X	
73	61156	PIERCE SKULL FOR DRAINAGE	1,300.37										
77	61156	PIERCE SKULL FOR DRAINAGE	1,300.37	00 15									
73	61210	PIERCE SKULL; IMPLANT DEVICE	391.10										
77	61210	PIERCE SKULL; IMPLANT DEVICE	391.10	00 15									
73	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	519.27										
77	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	519.27	00 15									
73	61250	PIERCE SKULL & EXPLORE	901.89										
77	61250	PIERCE SKULL & EXPLORE	901.89	00 15									
73	61253	PIERCE SKULL & EXPLORE	1,035.45										
77	61253	PIERCE SKULL & EXPLORE	1,035.45	00 15									
73	61304	INCISE SKULL FOR EXPLORATION	1,720.94										
77	61304	INCISE SKULL FOR EXPLORATION	1,720.94	00 15									
73	61305	INCISE SKULL FOR EXPLORATION	2,106.72										
77	61305	INCISE SKULL FOR EXPLORATION	2,106.72	00 15									
73	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,183.32										
77	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,183.32	00 15									
73	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,078.68										
77	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,078.68	00 15									
73	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,915.18										
77	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,915.18	00 15									
73	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,169.96										
77	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,169.96	00 15									
73	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	93.31										
77	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	93.31	00 15									
73	61320	INCISE SKULL FOR DRAINAGE	1,994.37										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	61320	INCISE SKULL FOR DRAINAGE	1,994.37	00 15									
73	61321	INCISE SKULL FOR DRAINAGE	2,235.34										
77	61321	INCISE SKULL FOR DRAINAGE	2,235.34	00 15									
73	61322	DECOMPRESSIVE CRANIOTOMY	2,500.10										
77	61322	DECOMPRESSIVE CRANIOTOMY	2,500.10	00 15									
73	61323	DECOMPRESSIVE LOBECTOMY	2,525.23										
77	61323	DECOMPRESSIVE LOBECTOMY	2,525.23	00 15									
73	61330	EXPLORATION OF EYE SOCKET	1,879.30										
77	61330	EXPLORATION OF EYE SOCKET	1,879.30	00 15									
73	61333	EXPLORE ORBIT; REMOVE LESION	2,126.44										
77	61333	EXPLORE ORBIT; REMOVE LESION	2,126.44	00 15									
73	61340	RELIEVE CRANIAL PRESSURE	1,508.29										
77	61340	RELIEVE CRANIAL PRESSURE	1,508.29	00 15									
73	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,306.86										
77	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,306.86	00 15									
73	61345	RELIEVE CRANIAL PRESSURE	2,143.98										
77	61345	RELIEVE CRANIAL PRESSURE	2,143.98	00 15									
73	61450	INCISE SKULL FOR SURGERY	2,019.15										
77	61450	INCISE SKULL FOR SURGERY	2,019.15	00 15									
73	61458	INCISE SKULL FOR SURGERY	2,111.32										
77	61458	INCISE SKULL FOR SURGERY	2,111.32	00 15									
73	61460	INCISE SKULL FOR SURGERY	2,213.37										
77	61460	INCISE SKULL FOR SURGERY	2,213.37	00 15									
73	61500	REMOVAL OF SKULL LESION	1,356.02										
77	61500	REMOVAL OF SKULL LESION	1,356.02	00 15									
73	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,171.76										
77	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,171.76	00 15									
73	61510	REMOVAL OF BRAIN LESION	2,299.58										
77	61510	REMOVAL OF BRAIN LESION	2,299.58	00 15									
73	61512	REMOVE BRAIN LINING LESION	2,688.79										
77	61512	REMOVE BRAIN LINING LESION	2,688.79	00 15									
73	61514	REMOVAL OF BRAIN ABSCESS	2,002.86										
77	61514	REMOVAL OF BRAIN ABSCESS	2,002.86	00 15									
73	61516	REMOVAL OF BRAIN LESION	1,963.00										
77	61516	REMOVAL OF BRAIN LESION	1,963.00	00 15									
73	61517	IMPLT BRAIN CHEMOTX AGENT	92.96										
77	61517	IMPLT BRAIN CHEMOTX AGENT	92.96	00 15									
73	61518	REMOVAL OF BRAIN LESION	2,909.90										
77	61518	REMOVAL OF BRAIN LESION	2,909.90	00 15									
73	61519	REMOVE BRAIN LINING LESION	3,117.52										
77	61519	REMOVE BRAIN LINING LESION	3,117.52	00 15									
73	61520	REMOVAL OF BRAIN LESION	3,942.30										
77	61520	REMOVAL OF BRAIN LESION	3,942.30	00 15									
73	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,369.90										
77	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,369.90	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	61522	REMOVAL OF BRAIN ABSCESS	2,300.82										
77	61522	REMOVAL OF BRAIN ABSCESS	2,300.82	00 15									
73	61524	REMOVAL OF BRAIN LESION	2,188.87										
77	61524	REMOVAL OF BRAIN LESION	2,188.87	00 15									
73	61526	REMOVAL OF BRAIN LESION	3,481.79										
77	61526	REMOVAL OF BRAIN LESION	3,481.79	00 15									
73	61530	REMOVAL OF BRAIN LESION	3,257.81										
77	61530	REMOVAL OF BRAIN LESION	3,257.81	00 15									
73	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,272.48										
77	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,272.48	00 15									
73	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,599.25										
77	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,599.25	00 15									
73	61534	REMOVAL OF BRAIN LESION	1,723.79										
77	61534	REMOVAL OF BRAIN LESION	1,723.79	00 15									
73	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,039.32										
77	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,039.32	00 15									
73	61536	REMOVAL OF BRAIN LESION	2,720.27										
77	61536	REMOVAL OF BRAIN LESION	2,720.27	00 15									
73	61537	REMOVAL OF BRAIN TISSUE	2,603.69										
77	61537	REMOVAL OF BRAIN TISSUE	2,603.69	00 15									
73	61538	REMOVAL OF BRAIN TISSUE	2,816.37										
77	61538	REMOVAL OF BRAIN TISSUE	2,816.37	00 15									
73	61539	REMOVAL OF BRAIN TISSUE	2,486.37										
77	61539	REMOVAL OF BRAIN TISSUE	2,486.37	00 15									
73	61540	REMOVAL OF BRAIN TISSUE	2,291.86										
77	61540	REMOVAL OF BRAIN TISSUE	2,291.86	00 15									
73	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,259.95										
77	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,259.95	00 15									
73	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,285.46										
77	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,285.46	00 15									
73	61544	REMOVE & TREAT BRAIN LESION	1,997.11										
77	61544	REMOVE & TREAT BRAIN LESION	1,997.11	00 15									
73	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,367.25										
77	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,367.25	00 15									
73	61546	REMOVAL OF PITUITARY GLAND	2,428.83										
77	61546	REMOVAL OF PITUITARY GLAND	2,428.83	00 15									
73	61548	REMOVAL OF PITUITARY GLAND	1,630.39										
77	61548	REMOVAL OF PITUITARY GLAND	1,630.39	00 15									
73	61550	RELEASE OF SKULL SEAMS	1,234.52										
77	61550	RELEASE OF SKULL SEAMS	1,234.52	00 15									
73	61552	RELEASE OF SKULL SEAMS	1,548.69										
77	61552	RELEASE OF SKULL SEAMS	1,548.69	00 15									
73	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,789.36										
77	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,789.36	00 15									
73	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,759.78										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,759.78	00 15									
73	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	1,969.37										
77	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	1,969.37	00 15									
73	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,514.66										
77	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,514.66	00 15									
73	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,082.74										
77	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,082.74	00 15									
73	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,531.92										
77	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,531.92	00 15									
73	61566	REMOVAL OF BRAIN TISSUE	2,361.58										
77	61566	REMOVAL OF BRAIN TISSUE	2,361.58	00 15									
73	61567	INCISION OF BRAIN TISSUE	2,693.23										
77	61567	INCISION OF BRAIN TISSUE	2,693.23	00 15									
73	61570	REMOVE BRAIN FOREIGN BODY	1,960.41										
77	61570	REMOVE BRAIN FOREIGN BODY	1,960.41	00 15									
73	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,090.21										
77	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,090.21	00 15									
73	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,641.03										
77	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,641.03	00 15									
73	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,386.01										
77	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,386.01	00 15									
73	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,465.69										
77	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,465.69	00 15									
73	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,652.54										
77	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,652.54	00 15									
73	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,160.68										
77	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,160.68	00 15									
73	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,994.02										
77	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,994.02	00 15									
73	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	2,976.95										
77	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	2,976.95	00 15									
73	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,393.40										
77	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,393.40	00 15									
73	61586	RESECT NASOPHARYNX, SKULL	2,531.04										
77	61586	RESECT NASOPHARYNX, SKULL	2,531.04	00 15									
73	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,080.62										
77	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,080.62	00 15									
73	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,126.72										
77	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,126.72	00 15									
73	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,302.03										
77	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,302.03	00 15									
73	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,406.01										
77	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,406.01	00 15									
73	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,441.28										
77	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,441.28	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,067.19										
77	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,067.19	00 15									
73	61598	TRANSPETROSAL APPROACH TO POSTERIOR	2,966.55										
77	61598	TRANSPETROSAL APPROACH TO POSTERIOR	2,966.55	00 15									
73	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,150.84										
77	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,150.84	00 15									
73	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,491.45										
77	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,491.45	00 15									
73	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,166.10										
77	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,166.10	00 15									
73	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,046.55										
77	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,046.55	00 15									
73	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,746.49										
77	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,746.49	00 15									
73	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,404.79										
77	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,404.79	00 15									
73	61611	TRANSECTION OR LIGATION, CAROTID ART	498.38										
77	61611	TRANSECTION OR LIGATION, CAROTID ART	498.38	00 15									
73	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,455.58										
77	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,455.58	00 15									
73	61615	RESECTION OR EXCISION OF NEOPLASTIC,	2,923.47										
77	61615	RESECTION OR EXCISION OF NEOPLASTIC,	2,923.47	00 15									
73	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,451.23										
77	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,451.23	00 15									
73	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,321.54										
77	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,321.54	00 15									
73	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,444.13										
77	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,444.13	00 15									
73	61623	ENDOVASC TEMPORY VESSEL OCCL	598.48										
77	61623	ENDOVASC TEMPORY VESSEL OCCL	598.48	00 15									
73	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,204.23										
77	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,204.23	00 15									
73	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	911.78										
77	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	911.78	00 15									
73	61630	INTRACRANIAL ANGIOPLASTY	1,421.30		X								
77	61630	INTRACRANIAL ANGIOPLASTY	1,421.30	00 15	X								
73	61635	INTRACRAN ANGIOPLSTY W/STENT	1,504.02		X								
77	61635	INTRACRAN ANGIOPLSTY W/STENT	1,504.02	00 15	X								
73	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	868.64									X	
77	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	868.64	00 15								X	
73	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	596.95										
77	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	596.95	00 15									
73	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	255.59									X	
77	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	255.59	00 15								X	
73	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,368.23										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,368.23	00 15									
73	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,560.39										
77	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,560.39	00 15									
73	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,003.31										
77	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,003.31	00 15									
73	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	4,953.79										
77	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	4,953.79	00 15									
73	61690	SURG..MALFORM;DURAL,SIMPLE	2,293.82										
77	61690	SURG..MALFORM;DURAL,SIMPLE	2,293.82	00 15									
73	61692	SURG..MALFORM;DURAL,COMPLEX	3,882.47										
77	61692	SURG..MALFORM;DURAL,COMPLEX	3,882.47	00 15									
73	61697	BRAIN ANEURYSM REPR, COMPLX	4,492.12										
77	61697	BRAIN ANEURYSM REPR, COMPLX	4,492.12	00 15									
73	61698	BRAIN ANEURYSM REPR, COMPLX	5,095.87										
77	61698	BRAIN ANEURYSM REPR, COMPLX	5,095.87	00 15									
73	61700	INNER SKULL VESSEL SURGERY	3,606.11										
77	61700	INNER SKULL VESSEL SURGERY	3,606.11	00 15									
73	61702	INNER SKULL VESSEL SURGERY	4,287.54										
77	61702	INNER SKULL VESSEL SURGERY	4,287.54	00 15									
73	61703	CLAMP NECK ARTERY	1,420.32										
77	61703	CLAMP NECK ARTERY	1,420.32	00 15									
73	61705	REVISE CIRCULATION TO HEAD	2,745.65										
77	61705	REVISE CIRCULATION TO HEAD	2,745.65	00 15									
73	61708	REVISE CIRCULATION TO HEAD	2,684.42										
77	61708	REVISE CIRCULATION TO HEAD	2,684.42	00 15									
73	61710	REVISE CIRCULATION TO HEAD	2,262.29										
77	61710	REVISE CIRCULATION TO HEAD	2,262.29	00 15									
73	61711	FUSION OF SKULL ARTERIES	2,728.23										
77	61711	FUSION OF SKULL ARTERIES	2,728.23	00 15									
73	61720	INCISE SKULL/BRAIN SURGERY	1,328.34										
77	61720	INCISE SKULL/BRAIN SURGERY	1,328.34	00 15									
73	61735	INCISE SKULL/BRAIN SURGERY	1,667.33										
77	61735	INCISE SKULL/BRAIN SURGERY	1,667.33	00 15									
73	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,474.78										
77	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,474.78	00 15									
73	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,438.13										
77	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,438.13	00 15									
73	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,656.00										
77	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,656.00	00 15									
73	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,702.72										
77	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,702.72	00 15									
73	61781	STEREOTACTIC COMPUTER ASSISTED(NAVIG	249.78										
77	61781	STEREOTACTIC COMPUTER ASSISTED (NAVI	249.78	00 15									
73	61782	STEREOTACTIC COMPUTER ASSISTED(NAVIG	176.33										
77	61782	STEREOTACTIC COMPUTER ASSISTED (NAVI	176.33	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	246.74										
77	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	246.74	00 15									
73	61790	TREAT TRIGEMINAL NERVE	911.74										
77	61790	TREAT TRIGEMINAL NERVE	911.74	00 15									
73	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,174.42										
77	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,174.42	00 15									
73	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,058.01										
77	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,058.01	00 15									
73	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	233.20									X	
77	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	233.20	00 15								X	
73	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,444.79										
77	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,444.79	00 15									
73	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	322.50									X	
77	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	322.50	00 15								X	
73	61800	APPLICATION OF STEREOTACTIC HEADFRAM	160.20										
77	61800	APPLICATION OF STEREOTACTIC HEADFRAM	160.20	00 15									
73	61850	IMPLANT NEUROELECTRODES	1,026.07										
77	61850	IMPLANT NEUROELECTRODES	1,026.07	00 15									
73	61860	IMPLANT NEUROELECTRODES	1,640.77										
77	61860	IMPLANT NEUROELECTRODES	1,640.77	00 15									
73	61863	IMPLANT NEUROELECTRODE	1,570.21										
77	61863	IMPLANT NEUROELECTRODE	1,570.21	00 15									
73	61864	IMPLANT NEUROELECTRDE, ADDqL	301.28										
77	61864	IMPLANT NEUROELECTRDE, ADDqL	301.28	00 15									
73	61867	IMPLANT NEUROELECTRODE	2,399.68										
77	61867	IMPLANT NEUROELECTRODE	2,399.68	00 15									
73	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	530.96										
77	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	530.96	00 15									
73	61880	REVISE/REMOVE NEUROELECTRODE	594.34										
77	61880	REVISE/REMOVE NEUROELECTRODE	594.34	00 15									
73	61885	IMPLANT NEURORECEIVER	530.89			X							
77	61885	IMPLANT NEURORECEIVER	530.89	00 15		X							
73	61886	IMPLANT NEUROSTIM ARRAYS	879.90										
77	61886	IMPLANT NEUROSTIM ARRAYS	879.90	00 15									
73	61888	REVISE/REMOVE NEURORECEIVER	409.29			X							
77	61888	REVISE/REMOVE NEURORECEIVER	409.29	00 15		X							
73	62000	REPAIR OF SKULL FRACTURE	1,075.42										
77	62000	REPAIR OF SKULL FRACTURE	1,075.42	00 15									
73	62005	REPAIR OF SKULL FRACTURE	1,328.68										
77	62005	REPAIR OF SKULL FRACTURE	1,328.68	00 15									
73	62010	TREATMENT OF HEAD INJURY	1,606.06										
77	62010	TREATMENT OF HEAD INJURY	1,606.06	00 15									
73	62100	REPAIR BRAIN FLUID LEAKAGE	1,644.54										
77	62100	REPAIR BRAIN FLUID LEAKAGE	1,644.54	00 15									
73	62120	REPAIR SKULL CAVITY LESION	2,163.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	62120	REPAIR SKULL CAVITY LESION	2,163.31	00 15									
73	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,591.64										
77	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,591.64	00 15									
73	62140	REPAIR OF SKULL DEFECT	1,063.21										
77	62140	REPAIR OF SKULL DEFECT	1,063.21	00 15									
73	62141	REPAIR OF SKULL DEFECT	1,186.13										
77	62141	REPAIR OF SKULL DEFECT	1,186.13	00 15									
73	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	917.93										
77	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	917.93	00 15									
73	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,083.86										
77	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,083.86	00 15									
73	62145	REPAIR OF SKULL & BRAIN	1,490.07										
77	62145	REPAIR OF SKULL & BRAIN	1,490.07	00 15									
73	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,162.01										
77	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,162.01	00 15									
73	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,479.83										
77	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,479.83	00 15									
73	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	134.85										
77	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	134.85	00 15									
73	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	200.83										
77	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	200.83	00 15									
73	62161	DISSECT BRAIN W/SCOPE	1,581.88										
77	62161	DISSECT BRAIN W/SCOPE	1,581.88	00 15									
73	62162	REMOVE COLLOID CYST W/SCOPE	1,981.25										
77	62162	REMOVE COLLOID CYST W/SCOPE	1,981.25	00 15									
73	62164	REMOVE BRAIN TUMOR W/SCOPE	2,192.38										
77	62164	REMOVE BRAIN TUMOR W/SCOPE	2,192.38	00 15									
73	62165	REMOVE PITUIT TUMOR W/SCOPE	1,570.90										
77	62165	REMOVE PITUIT TUMOR W/SCOPE	1,570.90	00 15									
73	62180	ESTABLISH BRAIN CAVITY SHUNT	1,676.16										
77	62180	ESTABLISH BRAIN CAVITY SHUNT	1,676.16	00 15									
73	62190	ESTABLISH BRAIN CAVITY SHUNT	962.13										
77	62190	ESTABLISH BRAIN CAVITY SHUNT	962.13	00 15									
73	62192	ESTABLISH BRAIN CAVITY SHUNT	1,021.66										
77	62192	ESTABLISH BRAIN CAVITY SHUNT	1,021.66	00 15									
73	62194	REPLACE/IRRIGATE CATHETER	502.19										
77	62194	REPLACE/IRRIGATE CATHETER	502.19	00 15									
73	62200	ESTABLISH BRAIN CAVITY SHUNT	1,441.30										
77	62200	ESTABLISH BRAIN CAVITY SHUNT	1,441.30	00 15									
73	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,255.46										
77	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,255.46	00 15									
73	62220	ESTABLISH BRAIN CAVITY SHUNT	1,027.46										
77	62220	ESTABLISH BRAIN CAVITY SHUNT	1,027.46	00 15									
73	62223	ESTABLISH BRAIN CAVITY SHUNT	1,079.30										
77	62223	ESTABLISH BRAIN CAVITY SHUNT	1,079.30	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	62225	REPLACE/IRRIGATE CATHETER	541.00										
77	62225	REPLACE/IRRIGATE CATHETER	541.00	00 15									
73	62230	REPLACE/REVISE BRAIN SHUNT	874.56										
77	62230	REPLACE/REVISE BRAIN SHUNT	874.56	00 15									
75	62252	CSF SHUNT REPROGRAM	48.62										
73	62256	REMOVE BRAIN CAVITY SHUNT	621.92										
77	62256	REMOVE BRAIN CAVITY SHUNT	621.92	00 15									
73	62258	REPLACE BRAIN CAVITY SHUNT	1,157.26										
77	62258	REPLACE BRAIN CAVITY SHUNT	1,157.26	00 15									
73	62263	LYSIS EPIDURAL ADHESIONS	587.03										
77	62263	LYSIS EPIDURAL ADHESIONS	587.03	00 15									
73	62264	EPIDURAL LYSIS ON SINGLE DAY	423.46										
77	62264	EPIDURAL LYSIS ON SINGLE DAY	423.46	00 15									
73	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	257.48										
77	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	257.48	00 15									
73	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	259.16										
77	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	259.16	00 15									
73	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	264.96										
77	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	264.96	00 15									
73	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	134.16										
77	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	134.16	00 15									
73	62272	SPINAL PUNCTURE, THERAPEUTIC	178.07										
77	62272	SPINAL PUNCTURE, THERAPEUTIC	178.07										
73	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	166.65										
77	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	166.65	00 15									
73	62280	TREAT SPINAL CORD LESION	342.87									X	
77	62280	TREAT SPINAL CORD LESION	342.87	00 15								X	
73	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	231.60										
77	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	231.60	00 15									
73	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	293.30									X	
77	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	293.30	00 15								X	
73	62284	INJECTION FOR MYELOGRAM	190.16										
77	62284	INJECTION FOR MYELOGRAM	190.16	00 15									
73	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	580.87										
77	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	580.87	00 15									
73	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	338.50										
77	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	338.50	00 15									
73	62291	INJECT FOR SPINE DISK X-RAY	320.90										
77	62291	INJECT FOR SPINE DISK X-RAY	320.90	00 15									
73	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	576.16										
77	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	576.16	00 15									
73	62294	INJECTION INTO SPINAL ARTERY	989.80										
77	62294	INJECTION INTO SPINAL ARTERY	989.80	00 15									
73	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	247.44										
77	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	247.44	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	252.00										
77	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	252.00	00 15									
73	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	244.11										
77	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	244.11	00 15									
73	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	265.15										
77	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	265.15	00 15									
73	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	158.35										
77	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	158.35	00 15									
73	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	246.67										
77	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	246.67	00 15									
73	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	144.39										
77	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	144.39	00 15									
73	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	243.78										
77	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	243.78	00 15									
73	62324	INJECTION(S), INCLUDING INDWELLING C	138.17										
77	62324	INJECTION(S), INCLUDING INDWELLING C	138.17	00 15									
73	62325	INJECTION(S), INCLUDING INDWELLING C	233.25										
77	62325	INJECTION(S), INCLUDING INDWELLING C	233.25	00 15									
73	62326	INJECTION(S), INCLUDING INDWELLING C	141.88										
77	62326	INJECTION(S), INCLUDING INDWELLING C	141.88	00 15									
73	62327	INJECTION(S), INCLUDING INDWELLING C	236.79										
77	62327	INJECTION(S), INCLUDING INDWELLING C	236.79	00 15									
73	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	248.17									X	
77	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	248.17	00 15								X	
73	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	310.05										
77	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	310.05	00 15									
73	62350	IMPLANT SPINAL CATHETER	401.83			X		X					
77	62350	IMPLANT SPINAL CATHETER	401.83	00 15		X		X					
73	62351	IMPLANT SPINAL CATHETER	893.18			X		X					
77	62351	IMPLANT SPINAL CATHETER	893.18	00 15		X		X					
73	62355	REMOVE SPINAL CANAL CATHETER	272.63			X		X					
77	62355	REMOVE SPINAL CANAL CATHETER	272.63	00 15		X		X					
73	62360	INSERT SPINE INFUSION DEVICE	316.84			X		X					
77	62360	INSERT SPINE INFUSION DEVICE	316.84	00 15		X		X					
73	62361	IMPLANT SPINE INFUSION PUMP	439.67			X		X					
77	62361	IMPLANT SPINE INFUSION PUMP	439.67	00 15		X		X					
73	62362	IMPLANT SPINE INFUSION PUMP	388.10			X		X					
77	62362	IMPLANT SPINE INFUSION PUMP	388.10	00 15		X		X					
73	62365	REMOVE SPINE INFUSION DEVICE	297.70			X		X					
77	62365	REMOVE SPINE INFUSION DEVICE	297.70	00 15		X		X					
73	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	31.81					X					
77	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	31.81	00 15				X					
73	62368	ANALYZE SPINE INFUSION PUMP	44.69					X					
77	62368	ANALYZE SPINE INFUSION PUMP	44.69	00 15				X					
73	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	91.64					X					

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	91.64	00 15				X					
73	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	95.31					X					
77	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	95.31	00 15				X					
73	63001	RELIEVE SPINAL CORD PRESSURE	1,287.86										
77	63001	RELIEVE SPINAL CORD PRESSURE	1,287.86	00 15									
73	63003	RELIEVE SPINAL CORD PRESSURE	1,286.89										
77	63003	RELIEVE SPINAL CORD PRESSURE	1,286.89	00 15									
73	63005	RELIEVE SPINAL CORD PRESSURE	1,235.71										
77	63005	RELIEVE SPINAL CORD PRESSURE	1,235.71	00 15									
73	63011	RELIEVE PSINAL CORD PRESSURE	1,114.61										
77	63011	RELIEVE PSINAL CORD PRESSURE	1,114.61	00 15									
73	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,238.95										
77	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,238.95	00 15									
73	63015	RELIEVE SPINAL CORD PRESSURE	1,542.50										
77	63015	RELIEVE SPINAL CORD PRESSURE	1,542.50	00 15									
73	63016	RELIEVE SPINAL CORD PRESSURE	1,586.18										
77	63016	RELIEVE SPINAL CORD PRESSURE	1,586.18	00 15									
73	63017	RELIEVE SPINAL CORD PRESSURE	1,309.19										
77	63017	RELIEVE SPINAL CORD PRESSURE	1,309.19	00 15									
73	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,197.13										
77	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,197.13	00 15									
73	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,001.71										
77	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,001.71	00 15									
73	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	200.74									X	
77	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	200.74	00 15								X	
73	63040	NECK SPINE DISK SURGERY	1,443.81										
77	63040	NECK SPINE DISK SURGERY	1,443.81	00 15									
73	63042	LOW BACK DISK SURGERY	1,339.47										
77	63042	LOW BACK DISK SURGERY	1,339.47	00 15									
73	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,336.25										
77	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,336.25	00 15									
73	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,270.65										
77	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,270.65	00 15									
73	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,138.47										
77	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,138.47	00 15									
73	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	221.80									X	
77	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	221.80	00 15								X	
73	63050	CERVICAL LAMINOPLASTY	1,559.56										
77	63050	CERVICAL LAMINOPLASTY	1,559.56	00 15									
73	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,767.60										
77	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,767.60	00 15									
73	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,698.02										
77	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,698.02	00 15									
73	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,546.03										
77	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,546.03	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	335.86									X	
77	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	335.86	00 15								X	
73	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,859.60										
77	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,859.60	00 15									
73	63066	DECOMPRESS...THORACIC;EACH ADD SEG	219.47									X	
77	63066	DECOMPRESS...THORACIC;EACH ADD SEG	219.47	00 15								X	
73	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,399.98										
77	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,399.98	00 15									
73	63076	REMOVAL OF UPPER SPINE DISC AND RELE	258.42									X	
77	63076	REMOVAL OF UPPER SPINE DISC AND RELE	258.42	00 15								X	
73	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,561.14										
77	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,561.14	00 15									
73	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	220.97									X	
77	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	220.97	00 15								X	
73	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,830.33										
77	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,830.33	00 15									
73	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	279.63									X	
77	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	279.63	00 15								X	
73	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,002.78										
77	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,002.78	00 15									
73	63086	VERT CORPECT..,THOR.,EACH ADD SEG	199.85									X	
77	63086	VERT CORPECT..,THOR.,EACH ADD SEG	199.85	00 15								X	
73	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,512.11										
77	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,512.11	00 15									
73	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	268.23									X	
77	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	268.23	00 15								X	
73	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,029.84										
77	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,029.84	00 15									
73	63091	VERT CORPECTOMY;EACH ADD SEGMENT	185.96									X	
77	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	185.96	00 15								X	
73	63101	REMOVAL OF VERTEBRAL BODY	2,426.79										
77	63101	REMOVAL OF VERTEBRAL BODY	2,426.79	00 15									
73	63102	REMOVAL OF VERTEBRAL BODY	2,348.69										
77	63102	REMOVAL OF VERTEBRAL BODY	2,348.69	00 15									
73	63103	REMOVE VERTEBRAL BODY ADD-ON	309.06									X	
77	63103	REMOVE VERTEBRAL BODY ADD-ON	309.06	00 15								X	
73	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,666.45										
77	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,666.45	00 15									
73	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,444.14										
77	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,444.14	00 15									
73	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,807.65										
77	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,807.65	00 15									
73	63185	INCISE SPINAL COLUMN/NERVES	1,180.81										
77	63185	INCISE SPINAL COLUMN/NERVES	1,180.81	00 15									
73	63190	INCISE SPINAL COLUMN/NERVES	1,267.70										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	63190	INCISE SPINAL COLUMN/NERVES	1,267.70	00	15									
73	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,439.92											
77	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,439.92	00	15									
73	63194	INCISE SPINAL COLUMN & CORD	1,669.21											
77	63194	INCISE SPINAL COLUMN & CORD	1,669.21	00	15									
73	63195	INCISE SPINAL COLUMN & CORD	1,607.35											
77	63195	INCISE SPINAL COLUMN & CORD	1,607.35	00	15									
73	63196	INCISE SPINAL COLUMN & CORD	1,867.03											
77	63196	INCISE SPINAL COLUMN & CORD	1,867.03	00	15									
73	63197	INCISE SPINAL COLUMN & CORD	1,792.29											
77	63197	INCISE SPINAL COLUMN & CORD	1,792.29	00	15									
73	63198	INCISE SPINAL COLUMN & CORD	2,195.23											
77	63198	INCISE SPINAL COLUMN & CORD	2,195.23	00	15									
73	63199	INCISE SPINAL COLUMN & CORD	2,301.53											
77	63199	INCISE SPINAL COLUMN & CORD	2,301.53	00	15									
73	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,598.46											
77	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,598.46	00	15									
73	63250	REVISE SPINAL CORD VESSELS	3,140.75											
77	63250	REVISE SPINAL CORD VESSELS	3,140.75	00	15									
73	63251	REVISE SPINAL CORD VESSELS	3,208.80											
77	63251	REVISE SPINAL CORD VESSELS	3,208.80	00	15									
73	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,208.13											
77	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,208.13	00	15									
73	63265	LAMINECTOMY,LESION...;CERVICAL	1,745.51											
77	63265	LAMINECTOMY,LESION...;CERVICAL	1,745.51	00	15									
73	63266	LAMINECTOMY,LESION...;THORACIC	1,798.76											
77	63266	LAMINECTOMY,LESION...;THORACIC	1,798.76	00	15									
73	63267	LAMINECTOMY,LESION...;LUMBAR	1,425.32											
77	63267	LAMINECTOMY,LESION...;LUMBAR	1,425.32	00	15									
73	63268	LAMINECTOMY,LESION....;SACRAL	1,473.67											
77	63268	LAMINECTOMY,LESION....;SACRAL	1,473.67	00	15									
73	63270	LAMINECTOMY,LESION....;CERVICAL	2,183.17											
77	63270	LAMINECTOMY,LESION....;CERVICAL	2,183.17	00	15									
73	63271	LAMINECTOMY,LESION...;THORACIC	2,173.48											
77	63271	LAMINECTOMY,LESION...;THORACIC	2,173.48	00	15									
73	63272	LAMINECTOMY,LESION...;LUMBAR	1,972.62											
77	63272	LAMINECTOMY,LESION...;LUMBAR	1,972.62	00	15									
73	63273	LAMINECTOMY,LESION...;SACRAL	1,957.42											
77	63273	LAMINECTOMY,LESION...;SACRAL	1,957.42	00	15									
73	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,888.03											
77	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,888.03	00	15									
73	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,872.48											
77	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,872.48	00	15									
73	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,623.45											
77	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,623.45	00	15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,664.36										
77	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,664.36	00 15									
73	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,224.79										
77	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,224.79	00 15									
73	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,198.27										
77	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,198.27	00 15									
73	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,071.06										
77	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,071.06	00 15									
73	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	1,991.94										
77	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	1,991.94	00 15									
73	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,757.14										
77	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,757.14	00 15									
73	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,722.80										
77	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,722.80	00 15									
73	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	2,895.76										
77	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	2,895.76	00 15									
73	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	2,946.14										
77	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	2,946.14	00 15									
73	63295	REPAIR OF LAMINECTOMY DEFECT	349.97										
77	63295	REPAIR OF LAMINECTOMY DEFECT	349.97	00 15									
73	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,920.18										
77	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,920.18	00 15									
73	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,317.33										
77	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,317.33	00 15									
73	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,288.97										
77	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,288.97	00 15									
73	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,437.14										
77	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,437.14	00 15									
73	63304	SEE 63300;INTRADURAL,CERVICAL	2,471.04										
77	63304	SEE 63300;INTRADURAL,CERVICAL	2,471.04	00 15									
73	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,633.38										
77	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,633.38	00 15									
73	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,587.62										
77	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,587.62	00 15									
73	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,535.03										
77	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,535.03	00 15									
73	63308	VERT CORPECTOMY, EA ADD SEGMENT	341.43									X	
77	63308	VERT CORPECTOMY; EA ADD SEGMENT	341.43	00 15								X	
73	63600	REMOVE SPINAL CORD LESION	1,140.86										
77	63600	REMOVE SPINAL CORD LESION	1,140.86	00 15									
73	63610	STIMULATION OF SPINAL CORD	611.95									X	
77	63610	STIMULATION OF SPINAL CORD	611.95	00 15								X	
73	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,169.86										
77	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,169.86	00 15									
73	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	268.08									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	268.08	00 15								X	
73	63650	IMPLANT NEUROELECTRODES	1,791.58										
77	63650	IMPLANT NEUROELECTRODES	1,791.58	00 15									
73	63655	IMPLANT NEUROELECTRODES	856.58										
77	63655	IMPLANT NEUROELECTRODES	856.58	00 15									
73	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	619.84										
77	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	619.84	00 15									
73	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	867.11										
77	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	867.11	00 15									
73	63663	REVISION INCLUDING REPLACEMENT WHEN	825.27										
77	63663	REVISION INCLUDING REPLACEMENT WHEN	825.27	00 15									
73	63664	REVISION INCLUDING REPLACEMENT WHEN	903.77										
77	63664	REVISION INCLUDING REPLACEMENT WHEN	903.77	00 15									
73	63685	IMPLANT NEURORECEIVER	363.65										
77	63685	IMPLANT NEURORECEIVER	363.65	00 15									
73	63688	REVISE/REMOVE NEURORECEIVER	376.01										
77	63688	REVISE/REMOVE NEURORECEIVER	376.01	00 15									
73	63700	REPAIR OF SPINAL HERNIATION	1,358.91										
77	63700	REPAIR OF SPINAL HERNIATION	1,358.91	00 15									
73	63702	REPAIR OF SPINAL HERNIATION	1,488.95										
77	63702	REPAIR OF SPINAL HERNIATION	1,488.95	00 15									
73	63704	REPAIR OF SPINAL HERNIATION	1,727.13										
77	63704	REPAIR OF SPINAL HERNIATION	1,727.13	00 15									
73	63706	REPAIR OF SPINAL HERNIATION	1,925.51										
77	63706	REPAIR OF SPINAL HERNIATION	1,925.51	00 15									
73	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	956.80										
77	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	956.80	00 15									
73	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,144.33										
77	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,144.33	00 15									
73	63710	GRAFT REPAIR OF SPINE DEFECT	1,119.42										
77	63710	GRAFT REPAIR OF SPINE DEFECT	1,119.42	00 15									
73	63740	INSTALL SPINAL SHUNT	1,013.57										
77	63740	INSTALL SPINAL SHUNT	1,013.57	00 15									
73	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	696.55										
77	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	696.55	00 15									
73	63744	REVISION OF SPINAL SHUNT	704.55										
77	63744	REVISION OF SPINAL SHUNT	704.55	00 15									
73	63746	REMOVAL OF SPINAL SHUNT	623.12										
77	63746	REMOVAL OF SPINAL SHUNT	623.12	00 15									
73	64400	INJECTION FOR NERVE BLOCK	103.62						X			X	
77	64400	INJECTION FOR NERVE BLOCK	103.62	00 15					X			X	
73	64405	INJECTION FOR NERVE BLOCK	72.48						X			X	
77	64405	INJECTION FOR NERVE BLOCK	72.48	00 15					X			X	
73	64408	INJECTION FOR NERVE BLOCK	67.00						X			X	
77	64408	INJECTION FOR NERVE BLOCK	67.00	00 15					X			X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64415	INJECTION FOR NERVE BLOCK	109.17						X			X	
77	64415	INJECTION FOR NERVE BLOCK	109.17	00 15					X			X	
73	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	64.74						X				
77	64416	N BLOCK CONT INFUSE, B PLEX	64.74	00 15									
73	64417	INJECTION FOR NERVE BLOCK	130.87						X			X	
77	64417	INJECTION FOR NERVE BLOCK	130.87	00 15					X			X	
73	64418	INJECTION FOR NERVE BLOCK	82.78						X			X	
77	64418	INJECTION FOR NERVE BLOCK	82.78	00 15					X			X	
73	64420	INJECTION FOR NERVE BLOCK	96.61						X			X	
77	64420	INJECTION FOR NERVE BLOCK	96.61	00 15					X			X	
73	64421	INJECTION FOR NERVE BLOCK	33.32						X			X	
77	64421	INJECTION FOR NERVE BLOCK	33.32	00 15					X			X	
73	64425	INJECTION FOR NERVE BLOCK	107.55						X			X	
77	64425	INJECTION FOR NERVE BLOCK	107.55	00 15					X			X	
73	64430	INJECTION FOR NERVE BLOCK	87.34						X			X	
77	64430	INJECTION FOR NERVE BLOCK	87.34	00 15					X			X	
73	64435	INJECTION FOR NERVE BLOCK	71.23						X			X	
77	64435	INJECTION FOR NERVE BLOCK	71.23	00 15					X			X	
73	64445	INJECTION FOR NERVE BLOCK	119.63						X			X	
77	64445	INJECTION FOR NERVE BLOCK	119.63	00 15					X			X	
73	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	59.95						X				
77	64446	N BLK INJ, SCIATIC, CONT INF	59.95	00 15									
73	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	85.90						X				
77	64447	N BLOCK INJ FEM, SINGLE	85.90	00 15									
73	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	62.00						X				
77	64448	N BLOCK INJ FEM, CONT INF	62.00	00 15									
73	64449	N BLOCK INJ, LUMBAR PLEXUS	62.55										
77	64449	N BLOCK INJ, LUMBAR PLEXUS	62.55	00 15									
73	64450	INJECTION FOR NERVE BLOCK	73.85						X			X	
77	64450	INJECTION FOR NERVE BLOCK	73.85	00 15					X			X	
73	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	200.42									X	
77	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	200.42	00 15								X	
73	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	202.37									X	
77	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	202.37	00 15								X	
73	64455	INJECTIONS OF ANESTHETIC AND/OR STER	47.30										
77	64455	INJECTIONS OF ANESTHETIC AND/OR STER	47.30	00 15									
73	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	127.49										
77	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	127.49	00 15									
73	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	72.21										
77	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	72.21	00 15									
73	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	191.65										
77	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	191.65	00 15									
73	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	107.39										
77	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	107.39	00 15									
73	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	172.65										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	172.65	00	15									
73	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	131.62											
77	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	131.62	00	15									
73	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	265.82											
77	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	265.82	00	15									
73	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	182.84											
77	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	182.84	00	15									
73	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	92.52											
77	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	92.52	00	15									
73	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	93.17										X	
77	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	93.17	00	15								X	
73	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	165.54											
77	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	165.54	00	15									
73	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	85.72											
77	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	85.72											
73	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	85.72										X	
77	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	85.72	00	15								X	
73	64505	INJECTION FOR NERVE BLOCK	124.88							X				
77	64505	INJECTION FOR NERVE BLOCK	124.88	00	15									
73	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	132.73							X				
77	64510	INJECTION FOR NERVE BLOCK	132.73	00	15									
73	64517	N BLOCK INJ, HYPOGAS PLXS	185.32											
77	64517	N BLOCK INJ, HYPOGAS PLXS	185.32	00	15									
73	64520	INJECTION FOR NERVE BLOCK	203.05							X				
77	64520	INJECTION FOR NERVE BLOCK	203.05	00	15									
73	64530	INJECTION FOR NERVE BLOCK	204.45							X				
77	64530	INJECTION FOR NERVE BLOCK	204.45	00	15									
73	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	716.65									X		
77	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	716.65	00	15							X		
73	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	119.55											
77	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	119.55	00	15									
73	64568	INCISION FOR IMPLANTATION OF CRANIAL	641.60				X							
77	64568	INCISION FOR IMPLANTATION OF CRANIAL	641.60	00	15		X							
73	64569	REVISION OR REPLACEMENT OF CRANIAL	784.81				X							
77	64569	REVISION OR REPLACMENT OF CRANIAL	784.81	00	15		X							
73	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	756.32				X							
77	64570	REMOVAL OF CRANIAL NERVE (EG,VAGUS	756.32	00	15		X							
73	64581	INCISION FOR IMPLANTATION OF NEUROST	671.78									X		
77	64581	INCISION FOR IMPLANTATION OF NEUROST	671.78	00	15							X		
73	64600	INJECTION TREATMENT OF NERVE	432.36											
77	64600	INJECTION TREATMENT OF NERVE	432.36	00	15									
73	64605	INJECTION TREATMENT OF NERVE	608.01											
77	64605	INJECTION TREATMENT OF NERVE	608.01	00	15									
73	64610	INJECTION TREATMENT OF NERVE	774.07											
77	64610	INJECTION TREATMENT OF NERVE	774.07	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64611	CHEMODENERVATION OF PAROTID AND SUBM	120.48										
77	64611	CHEMODENERVATION OF PAROTID AND SUBM	120.48	00 15									
73	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	131.34										
77	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	131.34	00 15									
73	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	153.27		X								
77	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	153.27	00 15	X								
73	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	134.83									X	
77	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	134.83	00 15								X	
73	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	158.64									X	
77	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	158.64	00 15								X	
73	64620	INJECTION TREATMENT OF NERVE	203.97										
77	64620	INJECTION TREATMENT OF NERVE	203.97	00 15									
73	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	385.54									X	
77	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	385.54	00 15								X	
73	64625	RADIOFREQUENCY ABLATION, NERVES INNE	472.21									X	
77	64625	RADIOFREQUENCY ABLATION, NERVES INNE	472.21	00 15								X	
73	64630	INJECTION TREATMENT OF NERVE	238.23										
77	64630	INJECTION TREATMENT OF NERVE	238.23	00 15									
73	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	85.16										
77	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	85.16	00 15									
73	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	402.08										
77	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	402.08	00 15									
73	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	178.39										
77	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	178.39	00 15									
73	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	397.42										
77	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	397.42	00 15									
73	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	162.62										
77	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	162.62	00 15									
73	64640	INJECTION TREATMENT OF NERVE	236.29									X	
77	64640	INJECTION TREATMENT OF NERVE	236.29	00 15								X	
73	64642	Injection of chemical for destructio	145.08										
77	64642	Injection of chemical for destructio	145.08	00 15									
73	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	92.06									X	
77	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	92.06	00 15								X	
73	64644	Injection of chemical for destructio	168.52										
77	64644	Injection of chemical for destructio	168.52	00 15									
73	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	116.13									X	
77	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	116.13	00 15								X	
73	64646	Injection of chemical for destructio	153.47										
77	64646	Injection of chemical for destructio	153.47	00 15									
73	64647	Injection of chemical for destructio	178.54										
77	64647	Injection of chemical for destructio	178.54	00 15									
73	64680	INJECTION TREATMENT OF NERVE	320.31										
77	64680	INJECTION TREATMENT OF NERVE	320.31	00 15									
73	64681	INJECTION TREATMENT OF NERVE	546.05										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	64681	INJECTION TREATMENT OF NERVE	546.05	00 15									
73	64702	REVISE FINGER/TOE NERVE	500.24										
77	64702	REVISE FINGER/TOE NERVE	500.24	00 15									
73	64704	REVISE HAND/FOOT NERVE	318.74										
77	64704	REVISE HAND/FOOT NERVE	318.74	00 15									
73	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	503.26										
77	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	503.26	00 15									
73	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	592.01										
77	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	592.01	00 15									
73	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	793.65										
77	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	793.65	00 15									
73	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	739.85										
77	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	739.85	00 15									
73	64716	REVISION OF CRANIAL NERVE	513.41										
77	64716	REVISION OF CRANIAL NERVE	513.41	00 15									
73	64718	REVISE ULNAR NERVE AT ELBOW	594.24										
77	64718	REVISE ULNAR NERVE AT ELBOW	594.24	00 15									
73	64719	REVISE ULNAR NERVE AT WRIST	400.99										
77	64719	REVISE ULNAR NERVE AT WRIST	400.99	00 15									
73	64721	REVISE MEDIAN NERVE AT WRIST	432.91										
77	64721	REVISE MEDIAN NERVE AT WRIST	432.91	00 15									
73	64722	RELIEVE PRESSURE ON NERVE(S)	359.51										
77	64722	RELIEVE PRESSURE ON NERVE(S)	359.51	00 15									
73	64726	RELEASE FOOT/TOE NERVE	265.76										
77	64726	RELEASE FOOT/TOE NERVE	265.76	00 15									
73	64727	INTERNAL NEUROLYSIS,MICROSCOPE	187.16										
77	64727	INTERNAL NEUROLYSIS, MICROSCOPE	187.16	00 15									
73	64732	INCISION OF BROW NERVE	453.04										
77	64732	INCISION OF BROW NERVE	453.04	00 15									
73	64734	INCISION OF CHEEK NERVE	511.62										
77	64734	INCISION OF CHEEK NERVE	511.62	00 15									
73	64736	INCISION OF CHIN NERVE	342.78										
77	64736	INCISION OF CHIN NERVE	342.78	00 15									
73	64738	INCISION OF JAW NERVE	444.52										
77	64738	INCISION OF JAW NERVE	444.52	00 15									
73	64740	INCISION OF TONGUE NERVE	460.40										
77	64740	INCISION OF TONGUE NERVE	460.40	00 15									
73	64742	INCISION OF FACIAL NERVE	478.55										
77	64742	INCISION OF FACIAL NERVE	478.55	00 15									
73	64744	INCISE NERVE, BACK OF HEAD	508.79										
77	64744	INCISE NERVE, BACK OF HEAD	508.79	00 15									
73	64746	INCISE DIAPHRAGM NERVE	441.29										
77	64746	INCISE DIAPHRAGM NERVE	441.29	00 15									
73	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	958.85										
77	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	958.85	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64760	INCISION OF VAGUS NERVE	532.43										
77	64760	INCISION OF VAGUS NERVE	532.43	00 15									
73	64763	INCISE HIP/THIGH NERVE	527.32										
77	64763	INCISE HIP/THIGH NERVE	527.32	00 15									
73	64766	INCISE HIP/THIGH NERVE	651.45										
77	64766	INCISE HIP/THIGH NERVE	651.45	00 15									
73	64771	INCISE CRANIAL NERVE, EXTRADURAL	608.25										
77	64771	INCISE CRANIAL NERVE, EXTRADURAL	608.25	00 15									
73	64772	INCISION OF SPINAL NERVE	568.18										
77	64772	INCISION OF SPINAL NERVE	568.18	00 15									
73	64774	REMOVE SKIN NERVE LESION	410.62										
77	64774	REMOVE SKIN NERVE LESION	410.62	00 15									
73	64776	REMOVE DIGIT NERVE LESION	389.16										
77	64776	REMOVE DIGIT NERVE LESION	389.16	00 15									
73	64778	EXCISE NEUROMA;EACH ADD DIGIT	187.82									X	
77	64778	EXCISE NEUROMA;EACH ADD DIGIT	187.82	00 15								X	
73	64782	REMOVE LIMB NERVE LESION	454.96										
77	64782	REMOVE LIMB NERVE LESION	454.96	00 15									
73	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	224.05									X	
77	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	224.05	00 15								X	
73	64784	REMOVE NERVE LESION	736.46										
77	64784	REMOVE NERVE LESION	736.46	00 15									
73	64786	REMOVE SCIATIC NERVE LESION	1,043.81										
77	64786	REMOVE SCIATIC NERVE LESION	1,043.81	00 15									
73	64787	INSERT CAP ON NERVE END	245.21										
77	64787	INSERT CAP ON NERVE END	245.21	00 15									
73	64788	REMOVE SKIN NERVE LESION	404.15										
77	64788	REMOVE SKIN NERVE LESION	404.15	00 15									
73	64790	REMOVAL OF NERVE LESION	852.50										
77	64790	REMOVAL OF NERVE LESION	852.50	00 15									
73	64792	REMOVAL OF NERVE LESION	1,081.94										
77	64792	REMOVAL OF NERVE LESION	1,081.94	00 15									
73	64795	BIOPSY OF NERVE	199.11										
77	64795	BIOPSY OF NERVE	199.11	00 15									
73	64802	REMOVE SYMPATHETIC NERVES	862.32										
77	64802	REMOVE SYMPATHETIC NERVES	862.32	00 15									
73	64804	REMOVE SYMPATHETIC NERVES	1,234.05										
77	64804	REMOVE SYMPATHETIC NERVES	1,234.05	00 15									
73	64809	REMOVE SYMPATHETIC NERVES	1,132.40										
77	64809	REMOVE SYMPATHETIC NERVES	1,132.40	00 15									
73	64818	REMOVE SYMPATHETIC NERVES	790.69										
77	64818	REMOVE SYMPATHETIC NERVES	790.69	00 15									
73	64820	REMOVE SYMPATHETIC NERVES	732.74										
77	64820	REMOVE SYMPATHETIC NERVES	732.74	00 15									
73	64821	REMOVE SYMPATHETIC NERVES	699.61										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	64821	REMOVE SYMPATHETIC NERVES	699.61	00 15									
73	64822	REMOVE SYMPATHETIC NERVES	699.61										
77	64822	REMOVE SYMPATHETIC NERVES	699.61	00 15									
73	64823	REMOVE SYMPATHETIC NERVES	796.87										
77	64823	REMOVE SYMPATHETIC NERVES	796.87	00 15									
73	64831	REPAIR OF DIGIT NERVE	689.67										
77	64831	REPAIR OF DIGIT NERVE	689.67	00 15									
73	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	343.31									X	
77	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	343.31	00 15								X	
73	64834	REPAIR OF HAND OR FOOT NERVE	746.76										
77	64834	REPAIR OF HAND OR FOOT NERVE	746.76	00 15									
73	64835	REPAIR OF HAND OR FOOT NERVE	827.04										
77	64835	REPAIR OF HAND OR FOOT NERVE	827.04	00 15									
73	64836	REPAIR OF HAND OR FOOT NERVE	827.04										
77	64836	REPAIR OF HAND OR FOOT NERVE	827.04	00 15									
73	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	377.81									X	
77	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	377.81	00 15								X	
73	64840	REPAIR OF LEG NERVE	975.35										
77	64840	REPAIR OF LEG NERVE	975.35	00 15									
73	64856	REPAIR/TRANSPOSE NERVE	1,024.20										
77	64856	REPAIR/TRANSPOSE NERVE	1,024.20	00 15									
73	64857	REPAIR ARM/LEG NERVE	1,065.65										
77	64857	REPAIR ARM/LEG NERVE	1,065.65	00 15									
73	64858	REPAIR SCIATIC NERVE	1,197.11										
77	64858	REPAIR SCIATIC NERVE	1,197.11	00 15									
73	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	256.74									X	
77	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	256.74	00 15								X	
73	64861	REPAIR OF ARM NERVES	1,583.86										
77	64861	REPAIR OF ARM NERVES	1,583.86	00 15									
73	64862	REPAIR OF LOW BACK NERVES	1,401.19										
77	64862	REPAIR OF LOW BACK NERVES	1,401.19	00 15									
73	64864	REPAIR OF FACIAL NERVE	865.55										
77	64864	REPAIR OF FACIAL NERVE	865.55	00 15									
73	64865	REPAIR OF FACIAL NERVE	1,083.88										
77	64865	REPAIR OF FACIAL NERVE	1,083.88	00 15									
73	64866	FUSION OF FACIAL/OTHER NERVE	1,274.45										
77	64866	FUSION OF FACIAL/OTHER NERVE	1,274.45	00 15									
73	64868	FUSION OF FACIAL/OTHER NERVE	993.14										
77	64868	FUSION OF FACIAL/OTHER NERVE	993.14	00 15									
73	64872	SUBSEQUENT REPAIR OF NERVE	120.40										
77	64872	SUBSEQUENT REPAIR OF NERVE	120.40	00 15									
73	64874	REPAIR & REVISE NERVE	179.14										
77	64874	REPAIR & REVISE NERVE	179.14	00 15									
73	64876	REPAIR NERVE; SHORTEN BONE	202.46										
77	64876	REPAIR NERVE; SHORTEN BONE	202.46	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,110.82										
77	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,110.82	00 15									
73	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,282.84										
77	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,282.84	00 15									
73	64890	NERVE GRAFT, HAND OR FOOT	1,098.43										
77	64890	NERVE GRAFT, HAND OR FOOT	1,098.43	00 15									
73	64891	NERVE GRAFT, HAND OR FOOT	1,168.76										
77	64891	NERVE GRAFT, HAND OR FOOT	1,168.76	00 15									
73	64892	NERVE GRAFT, ARM OR LEG	1,067.28										
77	64892	NERVE GRAFT, ARM OR LEG	1,067.28	00 15									
73	64893	NERVE GRAFT, ARM OR LEG	1,139.59										
77	64893	NERVE GRAFT, ARM OR LEG	1,139.59	00 15									
73	64895	NERVE GRAFT, HAND OR FOOT	1,352.24										
77	64895	NERVE GRAFT, HAND OR FOOT	1,352.24	00 15									
73	64896	NERVE GRAFT, HAND OR FOOT	1,458.24										
77	64896	NERVE GRAFT, HAND OR FOOT	1,458.24	00 15									
73	64897	NERVE GRAFT, ARM OR LEG	1,291.19										
77	64897	NERVE GRAFT, ARM OR LEG	1,291.19	00 15									
73	64898	NERVE GRAFT, ARM OR LEG	1,398.21										
77	64898	NERVE GRAFT, ARM OR LEG	1,398.21	00 15									
73	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	614.52									X	
77	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	614.52	00 15								X	
73	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	712.91									X	
77	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	712.91	00 15								X	
73	64905	NERVE PEDICLE TRANSFER	1,034.65										
77	64905	NERVE PEDICLE TRANSFER	1,034.65	00 15									
73	64907	NERVE PEDICLE TRANSFER	1,327.01										
77	64907	NERVE PEDICLE TRANSFER	1,327.01	00 15									
73	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	788.06										
77	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	788.06	00 15									
73	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,033.35										
77	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,033.35	00 15									
73	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	923.77									X	
77	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	923.77	00 15								X	
73	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	181.20									X	
77	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	181.20	00 15								X	
73	65091	EVISCERATION EYE	658.12										
77	65091	EVISCERATION EYE	658.12	00 15									
73	65093	EVISCERATION EYE WITH IMPLANT	651.52										
77	65093	EVISCERATION EYE WITH IMPLANT	651.52	00 15									
73	65101	REMOVAL OF EYE	757.77										
77	65101	REMOVAL OF EYE	757.77	00 15									
73	65103	REMOVE EYE/INSERT IMPLANT	786.12										
77	65103	REMOVE EYE/INSERT IMPLANT	786.12	00 15									
73	65105	REMOVE EYE/ATTACH IMPLANT	863.35										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	65105	REMOVE EYE/ATTACH IMPLANT	863.35	00 15									
73	65110	REMOVAL OF EYE	1,221.49										
77	65110	REMOVAL OF EYE	1,221.49	00 15									
73	65112	REMOVE EYE, REVISE SOCKET	1,409.54										
77	65112	REMOVE EYE, REVISE SOCKET	1,409.54	00 15									
73	65114	REMOVE EYE, REVISE SOCKET	1,475.48										
77	65114	REMOVE EYE, REVISE SOCKET	1,475.48	00 15									
73	65125	MODIFICATION OF OCULAR IMPLANT (EG,	432.42										
77	65125	MODIFICATION OF OCULAR IMPLANT (EG,	432.42	00 15									
73	65130	INSERT OCULAR IMPLANT	754.40										
77	65130	INSERT OCULAR IMPLANT	754.40	00 15									
73	65135	INSERT OCULAR IMPLANT	764.18										
77	65135	INSERT OCULAR IMPLANT	764.18	00 15									
73	65140	ATTACH OCULAR IMPLANT	826.35										
77	65140	ATTACH OCULAR IMPLANT	826.35	00 15									
73	65150	REVISE OCULAR IMPLANT	607.74										
77	65150	REVISE OCULAR IMPLANT	607.74	00 15									
73	65155	REINSERT OCULAR IMPLANT	864.96										
77	65155	REINSERT OCULAR IMPLANT	864.96	00 15									
73	65175	REMOVAL OF OCULAR IMPLANT	683.13										
77	65175	REMOVAL OF OCULAR IMPLANT	683.13	00 15									
73	65205	REMOVE FOREIGN BODY FROM EYE	35.77									X	
77	65205	REMOVE FOREIGN BODY FROM EYE	35.77	00 15								X	
73	65210	REMOVE FOREIGN BODY FROM EYE	43.97									X	
77	65210	REMOVE FOREIGN BODY FROM EYE	43.97	00 15								X	
73	65220	REMOVE FOREIGN BODY FROM EYE	58.13									X	
77	65220	REMOVE FOREIGN BODY FROM EYE	58.13	00 15								X	
73	65222	REMOVE FOREIGN BODY FROM EYE	65.24									X	
77	65222	REMOVE FOREIGN BODY FROM EYE	65.24	00 15								X	
73	65235	REMOVE FOREIGN BODY FROM EYE	689.91										
77	65235	REMOVE FOREIGN BODY FROM EYE	689.91	00 15									
73	65260	REMOVE FOREIGN BODY FROM EYE	934.51										
77	65260	REMOVE FOREIGN BODY FROM EYE	934.51	00 15									
73	65265	REMOVE FOREIGN BODY FROM EYE	1,050.20										
77	65265	REMOVE FOREIGN BODY FROM EYE	1,050.20	00 15									
73	65270	REPAIR OF EYE WOUND	264.47										
77	65270	REPAIR OF EYE WOUND	264.47	00 15									
73	65272	REPAIR OF EYE WOUND	493.18										
77	65272	REPAIR OF EYE WOUND	493.18	00 15									
73	65273	REPAIR OF EYE WOUND	367.63										
77	65273	REPAIR OF EYE WOUND	367.63	00 15									
73	65275	REPAIR OF EYE WOUND	558.90										
77	65275	REPAIR OF EYE WOUND	558.90	00 15									
73	65280	REPAIR OF EYE WOUND	646.23										
77	65280	REPAIR OF EYE WOUND	646.23	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	65285	REPAIR OF EYE WOUND	1,070.24										
77	65285	REPAIR OF EYE WOUND	1,070.24	00 15									
73	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	669.88										
77	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	669.88	00 15									
73	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	472.61										
77	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	472.61	00 15									
73	65400	REMOVAL OF EYE LESION	655.27										
77	65400	REMOVAL OF EYE LESION	655.27	00 15									
73	65410	BIOPSY OF CORNEA	137.42										
77	65410	BIOPSY OF CORNEA	137.42	00 15									
73	65420	REMOVAL OF EYE LESION	502.35										
77	65420	REMOVAL OF EYE LESION	502.35	00 15									
73	65426	REMOVAL OF EYE LESION	632.16										
77	65426	REMOVAL OF EYE LESION	632.16	00 15									
73	65430	CORNEAL SMEAR	111.34									X	
77	65430	CORNEAL SMEAR	111.34	00 15								X	
73	65435	CURETTE/TREAT CORNEA	78.90										
77	65435	CURETTE/TREAT CORNEA	78.90	00 15									
73	65436	CURETTE/TREAT CORNEA	371.60										
77	65436	CURETTE/TREAT CORNEA	371.60	00 15									
73	65450	DESTROY CORNEAL LESION	311.81										
77	65450	DESTROY CORNEAL LESION	311.81	00 15									
73	65600	REVISION OF CORNEA	394.15										
77	65600	REVISION OF CORNEA	394.15	00 15									
73	65710	CORNEAL TRANSPLANT	1,081.21										
77	65710	CORNEAL TRANSPLANT	1,081.21	00 15									
73	65730	CORNEAL TRANSPLANT	1,197.53										
77	65730	CORNEAL TRANSPLANT	1,197.53	00 15									
73	65750	CORNEAL TRANSPLANT	1,205.20										
77	65750	CORNEAL TRANSPLANT	1,205.20	00 15									
73	65755	KERATOPLASTY, PENETRATING	1,199.78										
77	65755	KERATOPLASTY, PENETRATING	1,199.78	00 15									
73	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,140.53										
77	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,140.53	00 15									
73	65770	KERATOPROSTHESIS	1,347.86										
77	65770	KERATOPROSTHESIS	1,347.86	00 15									
73	65772	CORNEAL RELAX INCISION,CORR SURG AST	432.88										
77	65772	CORNEAL RELAX INCISION,CORR SURG AST	432.88	00 15									
73	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	539.95										
77	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	539.95	00 15									
73	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,300.27									X	
77	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,300.27	00 15								X	
73	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,129.95									X	
77	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,129.95	00 15								X	
73	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	637.42										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	637.42	00 15									
73	65781	OCULAR RECONST, TRANSPLANT	1,282.06										
77	65781	OCULAR RECONST, TRANSPLANT	1,282.06	00 15									
73	65782	OCULAR RECONST, TRANSPLANT	1,106.40		X								
77	65782	OCULAR RECONST, TRANSPLANT	1,106.40	00 15	X								
73	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,215.42									X	
77	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,215.42	00 15								X	
73	65800	DRAINAGE OF EYE	115.03										
77	65800	DRAINAGE OF EYE	115.03	00 15									
73	65810	DRAINAGE OF EYE	445.91										
77	65810	DRAINAGE OF EYE	445.91	00 15									
73	65815	DRAINAGE OF EYE	611.87										
77	65815	DRAINAGE OF EYE	611.87	00 15									
73	65820	RELIEVE INNER EYE PRESSURE	750.39										
77	65820	RELIEVE INNER EYE PRESSURE	750.39	00 15									
73	65850	TRABECULOTOMY AB EXTERNO	811.99										
77	65850	TRABECULOTOMY AB EXTERNO	811.99	00 15									
73	65855	LASER TRABECULOPLASTY-1/MORE	236.96										
77	65855	LASER TRABECULOPLASTY-1/MORE	236.96	00 15									
73	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	296.70										
77	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	296.70	00 15									
73	65865	INCISE INNER EYE ADHESIONS	455.77										
77	65865	INCISE INNER EYE ADHESIONS	455.77	00 15									
73	65870	INCISE INNER EYE ADHESIONS	568.69										
77	65870	INCISE INNER EYE ADHESIONS	568.69	00 15									
73	65875	INCISE INNER EYE ADHESIONS	605.79										
77	65875	INCISE INNER EYE ADHESIONS	605.79	00 15									
73	65880	INCISE INNER EYE ADHESIONS	638.22										
77	65880	INCISE INNER EYE ADHESIONS	638.22	00 15									
73	65900	REMOVE EYE LESION	941.80										
77	65900	REMOVE EYE LESION	941.80	00 15									
73	65920	REMOVE IMPLANT FROM EYE	759.14										
77	65920	REMOVE IMPLANT FROM EYE	759.14	00 15									
73	65930	REMOVE BLOOD CLOT FROM EYE	615.45										
77	65930	REMOVE BLOOD CLOT FROM EYE	615.45	00 15									
73	66020	INJECTION TREATMENT OF EYE	183.86									X	
77	66020	INJECTION TREATMENT OF EYE	183.86	00 15								X	
73	66030	INJECTION TREATMENT OF EYE	163.87									X	
77	66030	INJECTION TREATMENT OF EYE	163.87	00 15								X	
73	66130	REMOVE EYE LESION	672.99										
77	66130	REMOVE EYE LESION	672.99	00 15									
73	66150	INCISION OF EYE	840.79										
77	66150	INCISION OF EYE	840.79	00 15									
73	66155	INCISION OF EYE	840.11										
77	66155	INCISION OF EYE	840.11	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	66160	INCISION OF EYE	947.46										
77	66160	INCISION OF EYE	947.46	00 15									
73	66170	INCISION OF EYE	1,050.29										
77	66170	INCISION OF EYE	1,050.29	00 15									
73	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,142.86										
77	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,142.86	00 15									
73	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	911.09									X	
77	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	911.09	00 15								X	
73	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	954.80									X	
77	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	954.80	00 15								X	
73	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,037.19						X				
77	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,037.19	00 15					X				
73	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,095.69										
77	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,095.69	00 15									
73	66183	Insertion of eye fluid drainage devi	988.67										
77	66183	Insertion of eye fluid drainage devi	988.67	00 15									
73	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	753.85										
77	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	753.85	00 15									
73	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	812.84										
77	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	812.84	00 15									
73	66225	REPAIR/GRAFT EYE LESION	898.16										
77	66225	REPAIR/GRAFT EYE LESION	898.16	00 15									
73	66250	FOLLOW-UP SURGERY OF EYE	717.66										
77	66250	FOLLOW-UP SURGERY OF EYE	717.66	00 15									
73	66500	INCISION OF IRIS	355.66										
77	66500	INCISION OF IRIS	355.66	00 15									
73	66505	INCISION OF THE IRIS	388.62										
77	66505	INCISION OF THE IRIS	388.62	00 15									
73	66600	REMOVE IRIS AND LESION	832.72										
77	66600	REMOVE IRIS AND LESION	832.72	00 15									
73	66605	REMOVAL OF IRIS	1,038.08										
77	66605	REMOVAL OF IRIS	1,038.08	00 15									
73	66625	REMOVAL OF IRIS	411.40										
77	66625	REMOVAL OF IRIS	411.40	00 15									
73	66630	REMOVAL OF IRIS	545.34										
77	66630	REMOVAL OF IRIS	545.34	00 15									
73	66635	REMOVAL OF IRIS	550.07										
77	66635	REMOVAL OF IRIS	550.07	00 15									
73	66680	REPAIR IRIS & CILIARY BODY	498.11										
77	66680	REPAIR IRIS & CILIARY BODY	498.11	00 15									
73	66682	SUTURE OF IRIS, CILIARY BODY	643.89										
77	66682	SUTURE OF IRIS, CILIARY BODY	643.89	00 15									
73	66710	CILIARY BODY DESTRUCTION;	424.98										
77	66710	CILIARY BODY DESTRUCTION;	424.98	00 15									
73	66711	CILIARY ENDOSCOPIC ABLATION	480.77										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	66711	CILIARY ENDOSCOPIC ABLATION	480.77	00 15									
73	66720	RELIEVE INNER EYE PRESSURE	440.92										
77	66720	RELIEVE INNER EYE PRESSURE	440.92	00 15									
73	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	285.88										
77	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	285.88	00 15									
73	66762	REVISION OF IRIS	456.55										
77	66762	REVISION OF IRIS	456.55	00 15									
73	66770	REMOVAL OF INNER EYE LESION	507.76										
77	66770	REMOVAL OF INNER EYE LESION	507.76	00 15									
73	66820	INCISION OF LENS LESION	409.12										
77	66820	INCISION OF LENS LESION	409.12	00 15									
73	66821	DISCISSION OF SECONDARY;LASER	316.78										
77	66821	DISCISSION OF SECONDARY;LASER	316.78	00 15									
73	66825	REPOSITIONING OF INTRAOCULAR LENS PR	759.70										
77	66825	REPOSITIONING OF INTRAOCULAR LENS PR	759.70	00 15									
73	66830	REMOVAL OF LENS LESION	682.43										
77	66830	REMOVAL OF LENS LESION	682.43	00 15									
73	66840	REMOVAL OF LENS MATERIAL	667.40										
77	66840	REMOVAL OF LENS MATERIAL	667.40	00 15									
73	66850	REMOVAL OF LENS MATERIAL	761.26										
77	66850	REMOVAL OF LENS MATERIAL	761.26	00 15									
73	66852	REMOVAL LENS MATERIAL, ASPIRATION	811.38										
77	66852	REMOVAL LENS MATERIAL, ASPIRATION	811.38	00 15									
73	66920	EXTRACTION OF LENS	724.16										
77	66920	EXTRACTION OF LENS	724.16	00 15									
73	66930	EXTRACTION OF LENS	825.27										
77	66930	EXTRACTION OF LENS	825.27	00 15									
73	66940	EXTRACTION OF LENS	753.61										
77	66940	EXTRACTION OF LENS	753.61	00 15									
73	66982	CATARACT SURGERY, COMPLEX	721.78										
77	66982	CATARACT SURGERY, COMPLEX	721.78	00 15									
73	66983	INTRA CATARACT EXTRAC W/LENS	719.18										
77	66983	INTRA CATARACT EXTRAC W/LENS	719.18	00 15									
73	66984	EXTRA CATARACT REMOVAL W/LENS	525.43										
77	66984	EXTRA CATARACT REMOVAL W/LENS	525.43	00 15									
73	66985	INSERT LENS PROSTHESIS	737.61										
77	66985	INSERT LENS PROSTHESIS	737.61	00 15									
73	66986	EXCHANGE OF INTRAOCULAR LENS	872.39										
77	66986	EXCHANGE OF INTRAOCULAR LENS	872.39	00 15									
73	66990	OPHTHALMIC ENDOSCOPE ADD-ON	87.62										
77	66990	OPHTHALMIC ENDOSCOPE ADD-ON	87.62	00 15									
73	67005	PARTIAL REMOVAL OF EYE FLUID	453.21										
77	67005	PARTIAL REMOVAL OF EYE FLUID	453.21	00 15									
73	67010	PARTIAL REMOVAL OF EYE FLUID	520.49										
77	67010	PARTIAL REMOVAL OF EYE FLUID	520.49	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	67015	RELEASE OF EYE FLUID	567.42										
77	67015	RELEASE OF EYE FLUID	567.42	00 15									
73	67025	REPLACE EYE FLUID	705.60										
77	67025	REPLACE EYE FLUID	705.60	00 15									
73	67027	IMPLANT EYE DRUG SYSTEM	819.41										
77	67027	IMPLANT EYE DRUG SYSTEM	819.41	00 15									
73	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	97.59										
77	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	97.59	00 15									
73	67030	INCISE INNER EYE STRANDS	519.79										
77	67030	INCISE INNER EYE STRANDS	519.79	00 15									
73	67031	SEVERING OF VITREOUS STRANDS, VITREO	373.76										
77	67031	SEVERING OF VITREOUS STRANDS, VITREO	373.76	00 15									
73	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	865.63										
77	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	865.63	00 15									
73	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	927.36										
77	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	927.36	00 15									
73	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,003.03										
77	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,003.03	00 15									
73	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,109.79										
77	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,109.79	00 15									
73	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,109.45										
77	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,109.45	00 15									
73	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,171.04										
77	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,171.04	00 15									
73	67101	REPAIR DETACHED RETINA	316.76										
77	67101	REPAIR DETACHED RETINA	316.76	00 15									
73	67105	PHOTOCOAGULATION/DETACHED RET	284.12										
77	67105	PHOTOCOAGULATION/DETACHED RET	284.12	00 15									
73	67107	REPAIR DETACHED RETINA	1,089.97										
77	67107	REPAIR DETACHED RETINA	1,089.97	00 15									
73	67108	REPAIR DETACHED RETINA	1,155.23										
77	67108	REPAIR DETACHED RETINA	1,155.23	00 15									
73	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	849.41										
77	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	849.41	00 15									
73	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,290.91										
77	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,290.91	00 15									
73	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	478.05										
77	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	478.05	00 15									
73	67120	REMOVE EYE IMPLANT MATERIAL	637.13										
77	67120	REMOVE EYE IMPLANT MATERIAL	637.13	00 15									
73	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	872.05										
77	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	872.05	00 15									
73	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	502.58										
77	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	502.58	00 15									
73	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	506.46										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	506.46	00 15									
73	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	576.97										
77	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	576.97	00 15									
73	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	496.75										
77	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	496.75	00 15									
73	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,345.50										
77	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,345.50	00 15									
73	67220	TREAT CHOROID LESION	511.10										
77	67220	TREAT CHOROID LESION	511.10	00 15									
73	67221	OCULAR PHOTODYNAMIC THER	270.04										
77	67221	OCULAR PHOTODYNAMIC THER	270.04	00 15									
73	67225	EYE PHOTODYNAMIC THER ADD-ON	29.35										
77	67225	EYE PHOTODYNAMIC THER ADD-ON	29.35	00 15									
73	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	282.19										
77	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	282.19	00 15									
73	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	328.29										
77	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	328.29	00 15									
73	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,123.10	00 00									
77	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,123.10	00 00									
73	67250	REINFORCE EYE WALL	805.42										
77	67250	REINFORCE EYE WALL	805.42	00 15									
73	67255	REINFORCE/GRAFT EYE WALL	655.87										
77	67255	REINFORCE/GRAFT EYE WALL	655.87	00 15									
73	67311	REVISE EYE MUSCLE	573.76										
77	67311	REVISE EYE MUSCLE	573.76	00 15									
73	67312	REVISE TWO EYE MUSCLES	690.73										
77	67312	REVISE TWO EYE MUSCLES	690.73	00 15									
73	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	651.38										
77	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	651.38	00 15									
73	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	774.35										
77	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	774.35	00 15									
73	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	679.52										
77	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	679.52	00 15									
73	67320	REVISE EYE MUSCLE(S)	312.95										
77	67320	REVISE EYE MUSCLE(S)	312.95	00 15									
73	67331	STRABISMUS SURG W/PREV EYE SURG	297.48										
77	67331	STRABISMUS SURG W/PREV EYE SURG	297.48	00 15									
73	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	322.20										
77	67332	STRABISMUS SURG W/SCAR EXTRAOC	322.20	00 15									
73	67334	STRABISMUS SURG,POST FIX SUTURE TECH	292.94										
77	67334	STRABISMUS SURG,POST FIX SUTURE TECH	292.94	00 15									
73	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	143.31										
77	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	143.31	00 15									
73	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	347.77										
77	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	347.77	00 15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	631.88										
77	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	631.88	00 15									
73	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	237.51										
77	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	237.51	00 15									
73	67346	BIOPSY OF EXTRAOCULAR MUSCLE	186.36										
77	67346	BIOPSY OF EXTRAOCULAR MUSCLE	186.36	00 15									
73	67400	EXPLORE/BIOPSY EYE SOCKET	942.39										
77	67400	EXPLORE/BIOPSY EYE SOCKET	942.39	00 15									
73	67405	EXPLORE/DRAIN EYE SOCKET	810.32										
77	67405	EXPLORE/DRAIN EYE SOCKET	810.32	00 15									
73	67412	EXPLORE/TREAT EYE SOCKET	882.74										
77	67412	EXPLORE/TREAT EYE SOCKET	882.74	00 15									
73	67413	EXPLORE/TREAT EYE SOCKET	873.15										
77	67413	EXPLORE/TREAT EYE SOCKET	873.15	00 15									
73	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,346.78										
77	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,346.78	00 15									
73	67415	BIOPSY OF EYE	101.75										
77	67415	BIOPSY OF EYE	101.75	00 15									
73	67420	EXPLORE/TREAT EYE SOCKET	1,619.30										
77	67420	EXPLORE/TREAT EYE SOCKET	1,619.30	00 15									
73	67430	EXPLORE/TREAT EYE SOCKET	1,262.49										
77	67430	EXPLORE/TREAT EYE SOCKET	1,262.49	00 15									
73	67440	EXPLORE/DRAIN EYE SOCKET	1,222.74										
77	67440	EXPLORE/DRAIN EYE SOCKET	1,222.74	00 15									
73	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,418.03										
77	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,418.03	00 15									
73	67450	EXPLORE/BIOPSY EYE SOCKET	1,269.38										
77	67450	EXPLORE/BIOPSY EYE SOCKET	1,269.38	00 15									
73	67500	INJECT/TREAT EYE SOCKET	71.04										
77	67500	INJECT/TREAT EYE SOCKET	71.04	00 15									
73	67505	INJECT/TREAT EYE SOCKET	80.17										
77	67505	INJECT/TREAT EYE SOCKET	80.17	00 15									
73	67515	INJECTION OF MEDICATION OR SUBSTANCE	61.32										
77	67515	INJECTION OF MEDICATION OR SUBSTANCE	61.32	00 15									
73	67550	INSERT EYE SOCKET IMPLANT	982.49										
77	67550	INSERT EYE SOCKET IMPLANT	982.49	00 15									
73	67560	REVISE EYE SOCKET IMPLANT	1,007.16										
77	67560	REVISE EYE SOCKET IMPLANT	1,007.16	00 15									
73	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,224.24										
77	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,224.24	00 15									
73	67700	DRAINAGE OF EYELID ABSCESS	262.50										
77	67700	DRAINAGE OF EYELID ABSCESS	262.50	00 15									
73	67710	INCISION OF EYELID	221.16										
77	67710	INCISION OF EYELID	221.16	00 15									
73	67715	INCISION OF EYELID FOLD	238.78										

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	67715	INCISION OF EYELID FOLD	238.78	00 15									
73	67800	REMOVE EYELID LESION	122.97										
77	67800	REMOVE EYELID LESION	122.97	00 15									
73	67801	REMOVE EYELID LESIONS	155.82										
77	67801	REMOVE EYELID LESIONS	155.82	00 15									
73	67805	REMOVE EYELID LESIONS	193.14										
77	67805	REMOVE EYELID LESIONS	193.14	00 15									
73	67808	REMOVE EYELID LESION(S)	354.06										
77	67808	REMOVE EYELID LESION(S)	354.06	00 15									
73	67810	BIOPSY OF EYELID	171.13										
77	67810	BIOPSY OF EYELID	171.13	00 15									
73	67820	REVISE EYELASHES	25.35										
77	67820	REVISE EYELASHES	25.35	00 15									
73	67825	REVISE EYELASHES	127.24										
77	67825	REVISE EYELASHES	127.24	00 15									
73	67830	REVISE EYELASHES	253.67										
77	67830	REVISE EYELASHES	253.67	00 15									
73	67835	REVISE EYELASHES	422.38										
77	67835	REVISE EYELASHES	422.38	00 15									
73	67840	REMOVE EYELID LESION	264.21										
77	67840	REMOVE EYELID LESION	264.21	00 15									
73	67850	TREAT EYELID LESION	204.75										
77	67850	TREAT EYELID LESION	204.75	00 15									
73	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	167.53										
77	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	167.53	00 15									
73	67880	REVISION OF EYELID	440.98										
77	67880	REVISION OF EYELID	440.98	00 15									
73	67882	REVISION OF EYELID	543.26										
77	67882	REVISION OF EYELID	543.26	00 15									
73	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	618.47										
77	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	618.47	00 15									
73	67901	REPAIR EYELID DEFECT	745.06										
77	67901	REPAIR EYELID DEFECT	745.06	00 15									
73	67902	REPAIR EYELID DEFECT	698.63										
77	67902	REPAIR EYELID DEFECT	698.63	00 15									
73	67903	REPAIR EYELID DEFECT	574.27										
77	67903	REPAIR EYELID DEFECT	574.27	00 15									
73	67904	REPAIR EYELID DEFECT	706.46										
77	67904	REPAIR EYELID DEFECT	706.46	00 15									
73	67906	REPAIR EYELID DEFECT	487.83										
77	67906	REPAIR EYELID DEFECT	487.83	00 15									
73	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	492.75										
77	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	492.75	00 15									
73	67909	REVISE EYELID DEFECT	520.74									X	
77	67909	REVISE EYELID DEFECT	520.74	00 15								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
73	67911	REVISE EYELID DEFECT	539.84										
77	67911	REVISE EYELID DEFECT	539.84	00 15									
73	67912	CORRECTION EYELID W/ IMPLANT	858.89										
77	67912	CORRECTION EYELID W/ IMPLANT	858.89	00 15									
73	67914	REPAIR EYELID DEFECT	456.57										
77	67914	REPAIR EYELID DEFECT	456.57	00 15									
73	67915	REPAIR EYELID DEFECT	288.40		X								
77	67915	REPAIR EYELID DEFECT	288.40	00 15	X								
73	67916	REPAIR EYELID DEFECT	576.36										
77	67916	REPAIR EYELID DEFECT	576.36	00 15									
73	67917	REPAIR EYELID DEFECT	588.89										
77	67917	REPAIR EYELID DEFECT	588.89	00 15									
73	67921	REPAIR EYELID DEFECT	446.80										
77	67921	REPAIR EYELID DEFECT	446.80	00 15									
73	67922	REPAIR EYELID DEFECT	280.27										
77	67922	REPAIR EYELID DEFECT	280.27	00 15									
73	67923	REPAIR EYELID DEFECT	576.21										
77	67923	REPAIR EYELID DEFECT	576.21	00 15									
73	67924	REPAIR EYELID DEFECT	613.84										
77	67924	REPAIR EYELID DEFECT	613.84	00 15									
73	67930	REPAIR EYELID WOUND	351.75										
77	67930	REPAIR EYELID WOUND	351.75	00 15									
73	67935	REPAIR EYELID WOUND	571.70										
77	67935	REPAIR EYELID WOUND	571.70	00 15									
73	67938	REMOVE EYELID FOREIGN BODY	243.89									X	
77	67938	REMOVE EYELID FOREIGN BODY	243.89	00 15								X	
73	67950	REVISION OF EYELID	554.58										
77	67950	REVISION OF EYELID	554.58	00 15									
73	67961	REVISION OF EYELID	555.68										
77	67961	REVISION OF EYELID	555.68	00 15									
73	67966	REVISION OF EYELID	743.60										
77	67966	REVISION OF EYELID	743.60	00 15									
73	67971	RECONSTRUCTION OF EYELID	697.35										
77	67971	RECONSTRUCTION OF EYELID	697.35	00 15									
73	67973	RECONSTRUCTION OF EYELID	897.86										
77	67973	RECONSTRUCTION OF EYELID	897.86	00 15									
73	67974	RECONSTRUCTION OF EYELID	895.38										
77	67974	RECONSTRUCTION OF EYELID	895.38	00 15									
73	67975	RECONSTRUCTION OF EYELID	660.95										
77	67975	RECONSTRUCTION OF EYELID	660.95	00 15									
73	68020	INCISE/DRAIN EYELID LINING	115.18										
77	68020	INCISE/DRAIN EYELID LINING	115.18	00 15									
73	68040	TREATMENT OF EYELID LESIONS	60.37										
77	68040	TREATMENT OF EYELID LESIONS	60.37	00 15									
73	68100	BIOPSY OF EYELID LINING	169.16										

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	68100	BIOPSY OF EYELID LINING	169.16	00	15									
73	68110	REMOVE EYELID LINING LESION	221.52											
77	68110	REMOVE EYELID LINING LESION	221.52	00	15									
73	68115	REMOVE EYELID LINING LESION	306.84											
77	68115	REMOVE EYELID LINING LESION	306.84	00	15									
73	68130	REMOVE EYELID LINING LESION	520.93											
77	68130	REMOVE EYELID LINING LESION	520.93	00	15									
73	68135	REMOVE EYELID LINING LESION	150.89											
77	68135	REMOVE EYELID LINING LESION	150.89	00	15									
73	68200	TREAT EYELID BY INJECTION	40.48											
77	68200	TREAT EYELID BY INJECTION	40.48	00	15									
73	68320	REVISE/GRAFT EYELID LINING	701.01											
77	68320	REVISE/GRAFT EYELID LINING	701.01	00	15									
73	68325	REVISE/GRAFT EYELID LINING	630.72											
77	68325	REVISE/GRAFT EYELID LINING	630.72	00	15									
73	68326	REVISE/GRAFT EYELID LINING	619.25											
77	68326	REVISE/GRAFT EYELID LINING	619.25	00	15									
73	68328	REVISE/GRAFT EYELID LINING	682.96											
77	68328	REVISE/GRAFT EYELID LINING	682.96	00	15									
73	68330	REVISE EYELID LINING	586.69											
77	68330	REVISE EYELID LINING	586.69	00	15									
73	68335	REVISE/GRAFT EYELID LINING	621.27											
77	68335	REVISE/GRAFT EYELID LINING	621.27	00	15									
73	68340	SEPARATE EYELID ADHESIONS	550.86											
77	68340	SEPARATE EYELID ADHESIONS	550.86	00	15									
73	68360	REVISE EYELID LINING	513.06											
77	68360	REVISE EYELID LINING	513.06	00	15									
73	68362	REVISE EYELID LINING	629.37											
77	68362	REVISE EYELID LINING	629.37	00	15									
73	68371	HARVEST EYE TISSUE, ALOGRAFT	395.71											
77	68371	HARVEST EYE TISSUE, ALOGRAFT	395.71	00	15									
73	68400	INCISE/DRAIN TEAR GLAND	275.82											
77	68400	INCISE/DRAIN TEAR GLAND	275.82	00	15									
73	68420	INCISE/DRAIN TEAR SAC	312.10											
77	68420	INCISE/DRAIN TEAR SAC	312.10	00	15									
73	68440	INCISE TEAR DUCT OPENING	98.41											
77	68440	INCISE TEAR DUCT OPENING	98.41	00	15									
73	68500	REMOVAL OF TEAR GLAND	972.91											
77	68500	REMOVAL OF TEAR GLAND	972.91	00	15									
73	68505	PARTIAL REMOVAL TEAR GLAND	968.53											
77	68505	PARTIAL REMOVAL TEAR GLAND	968.53	00	15									
73	68510	BIOPSY OF TEAR GLAND	435.56											
77	68510	BIOPSY OF TEAR GLAND	435.56	00	15									
73	68520	REMOVAL OF TEAR SAC	681.33											
77	68520	REMOVAL OF TEAR SAC	681.33	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	68525	BIOPSY OF TEAR SAC	257.55										
77	68525	BIOPSY OF TEAR SAC	257.55	00 15									
73	68530	CLEARANCE OF TEAR DUCT	411.51										
77	68530	CLEARANCE OF TEAR DUCT	411.51	00 15									
73	68540	REMOVE TEAR GLAND LESION	916.92										
77	68540	REMOVE TEAR GLAND LESION	916.92	00 15									
73	68550	EXCISION OF LACRIMAL GLAND TUMOR;	1,132.66										
77	68550	REMOVE TEAR GLAND LESION	1,132.66	00 15									
73	68700	REPAIR TEAR DUCTS	580.28										
77	68700	REPAIR TEAR DUCTS	580.28	00 15									
73	68705	REVISE TEAR DUCT OPENING	240.77										
77	68705	REVISE TEAR DUCT OPENING	240.77	00 15									
73	68720	CREATE TEAR SAC DRAIN	752.04										
77	68720	CREATE TEAR SAC DRAIN	752.04	00 15									
73	68745	CREATE TEAR DUCT DRAIN	753.60										
77	68745	CREATE TEAR DUCT DRAIN	753.60	00 15									
73	68750	CREATE TEAR DUCT DRAIN	786.20										
77	68750	CREATE TEAR DUCT DRAIN	786.20	00 15									
73	68760	CLOSE TEAR DUCT OPENING	203.18										
77	68760	CLOSE TEAR DUCT OPENING	203.18	00 15									
73	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	140.92									X	
77	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	140.92	00 15								X	
73	68770	CLOSE TEAR SYSTEM FISTULA	603.85										
77	68770	CLOSE TEAR SYSTEM FISTULA	603.85	00 15									
73	68801	DILATE TEAR DUCT OPENING	87.05										
77	68801	DILATE TEAR DUCT OPENING	87.05	00 15									
73	68810	PROBE NASOLACRIMAL DUCT	151.57										
77	68810	PROBE NASOLACRIMAL DUCT	151.57	00 15									
73	68811	PROBE NASOLACRIMAL DUCT	129.75										
77	68811	PROBE NASOLACRIMAL DUCT	129.75	00 15									
73	68815	PROBE NASOLACRIMAL DUCT	368.31										
77	68815	PROBE NASOLACRIMAL DUCT	368.31	00 15									
73	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	732.11										
77	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	732.11	00 15									
73	68840	EXPLORE/IRRIGATE TEAR DUCTS	124.41										
77	68840	EXPLORE/IRRIGATE TEAR DUCTS	124.41	00 15									
73	68850	INJECTION FOR TEAR SAC X-RAY	61.40										
77	68850	INJECTION FOR TEAR SAC X-RAY	61.40	00 15									
73	69000	DRAIN EXTERNAL EAR LESION	180.43										
77	69000	DRAIN EXTERNAL EAR LESION	180.43	00 15									
73	69005	DRAIN EXTERNAL EAR LESION	210.27										
77	69005	DRAIN EXTERNAL EAR LESION	210.27	00 15									
73	69020	DRAIN OUTER EAR CANAL LESION	219.78										
77	69020	DRAIN OUTER EAR CANAL LESION	219.78	00 15									
73	69100	BIOPSY OF EXTERNAL EAR	93.84										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	69100	BIOPSY OF EXTERNAL EAR	93.84	00 15									
73	69105	BIOPSY OF EXTERNAL EAR CANAL	133.68										
77	69105	BIOPSY OF EXTERNAL EAR CANAL	133.68	00 15									
73	69110	PARTIAL REMOVAL EXTERNAL EAR	443.48										
77	69110	PARTIAL REMOVAL EXTERNAL EAR	443.48	00 15									
73	69120	REMOVAL OF EXTERNAL EAR	380.31										
77	69120	REMOVAL OF EXTERNAL EAR	380.31	00 15									
73	69140	REMOVE EAR CANAL LESION(S)	843.20										
77	69140	REMOVE EAR CANAL LESION(S)	843.20	00 15									
73	69145	REMOVE EAR CANAL LESION(S)	380.59										
77	69145	REMOVE EAR CANAL LESION(S)	380.59	00 15									
73	69150	EXTENSIVE EAR CANAL SURGERY	1,009.56										
77	69150	EXTENSIVE EAR CANAL SURGERY	1,009.56	00 15									
73	69155	EXTENSIVE EAR/NECK SURGERY	1,613.21										
77	69155	EXTENSIVE EAR/NECK SURGERY	1,613.21	00 15									
73	69200	CLEAR OUTER EAR CANAL	78.44										
77	69200	CLEAR OUTER EAR CANAL	78.44	00 15									
73	69205	CLEAR OUTER EAR CANAL	95.02										
77	69205	CLEAR OUTER EAR CANAL	95.02	00 15									
73	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	46.86										
77	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	46.86	00 15									
73	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	76.59										
77	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	76.59	00 15									
73	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	202.20										
77	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	202.20	00 15									
73	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,054.30			X						X	
77	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,054.30	00 15		X						X	
73	69320	REBUILD OUTER EAR CANAL	1,485.33										
77	69320	REBUILD OUTER EAR CANAL	1,485.33	00 15									
73	69420	INCISION OF EARDRUM	178.61										
77	69420	INCISION OF EARDRUM	178.61	00 15									
73	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	144.42										
77	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	144.42	00 15									
73	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	121.29										
77	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	121.29	00 15									
73	69433	OFFICE TYMPANOSTOMY, UNILAT	189.53										
77	69433	OFFICE TYMPANOSTOMY, UNILAT	189.53	00 15									
73	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	154.10										
77	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	154.10	00 15									
73	69440	EXPLORATION OF MIDDLE EAR	666.56										
77	69440	EXPLORATION OF MIDDLE EAR	666.56	00 15									
73	69450	TYMPANOLYSIS, TRANSCANAL	525.80										
77	69450	TYMPANOLYSIS, TRANSCANAL	525.80	00 15									
73	69501	MASTOIDECTOMY	701.11										
77	69501	MASTOIDECTOMY	701.11	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	69502	MASTOIDECTOMY	933.66										
77	69502	MASTOIDECTOMY	933.66	00 15									
73	69505	REMOVE MASTOID STRUCTURES	1,167.84										
77	69505	REMOVE MASTOID STRUCTURES	1,167.84	00 15									
73	69511	EXTENSIVE MASTOID SURGERY	1,197.44										
77	69511	EXTENSIVE MASTOID SURGERY	1,197.44	00 15									
73	69530	EXTENSIVE MASTOID SURGERY	1,613.93										
77	69530	EXTENSIVE MASTOID SURGERY	1,613.93	00 15									
73	69535	REMOVE PART OF TEMPORAL BONE	2,606.44										
77	69535	REMOVE PART OF TEMPORAL BONE	2,606.44	00 15									
73	69540	REMOVE EAR LESION	195.17										
77	69540	REMOVE EAR LESION	195.17	00 15									
73	69550	REMOVE EAR LESION	1,008.02										
77	69550	REMOVE EAR LESION	1,008.02	00 15									
73	69552	REMOVE EAR LESION	1,534.20										
77	69552	REMOVE EAR LESION	1,534.20	00 15									
73	69554	REMOVE EAR LESION	2,476.38										
77	69554	REMOVE EAR LESION	2,476.38	00 15									
73	69601	MASTOID SURGERY REVISION	1,005.62										
77	69601	MASTOID SURGERY REVISION	1,005.62	00 15									
73	69602	MASTOID SURGERY REVISION	1,061.74										
77	69602	MASTOID SURGERY REVISION	1,061.74	00 15									
73	69603	MASTOID SURGERY REVISION	1,224.39										
77	69603	MASTOID SURGERY REVISION	1,224.39	00 15									
73	69604	MASTOID SURGERY REVISION	1,085.50										
77	69604	MASTOID SURGERY REVISION	1,085.50	00 15									
73	69610	REPAIR OF EARDRUM	368.33										
77	69610	REPAIR OF EARDRUM	368.33	00 15									
73	69620	REPAIR OF EARDRUM	677.52										
77	69620	REPAIR OF EARDRUM	677.52	00 15									
73	69631	REPAIR EARDRUM STRUCTURES	857.76										
77	69631	REPAIR EARDRUM STRUCTURES	857.76	00 15									
73	69632	REBUILD EARDRUM STRUCTURES	1,047.98										
77	69632	REBUILD EARDRUM STRUCTURES	1,047.98	00 15									
73	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,014.57										
77	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,014.57	00 15									
73	69635	REPAIR EARDRUM STRUCTURES	1,199.17										
77	69635	REPAIR EARDRUM STRUCTURES	1,199.17	00 15									
73	69636	REBUILD EARDRUM STRUCTURES	1,340.65										
77	69636	REBUILD EARDRUM STRUCTURES	1,340.65	00 15									
73	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,334.26										
77	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,334.26	00 15									
73	69641	REVISE MIDDLE EAR & MASTOID	1,014.44										
77	69641	REVISE MIDDLE EAR & MASTOID	1,014.44	00 15									
73	69642	REVISE MIDDLE EAR & MASTOID	1,305.79										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	69642	REVISE MIDDLE EAR & MASTOID	1,305.79	00 15									
73	69643	REVISE MIDDLE EAR & MASTOID	1,192.73										
77	69643	REVISE MIDDLE EAR & MASTOID	1,192.73	00 15									
73	69644	REVISE MIDDLE EAR & MASTOID	1,438.47										
77	69644	REVISE MIDDLE EAR & MASTOID	1,438.47	00 15									
73	69645	REVISE MIDDLE EAR & MASTOID	1,415.36										
77	69645	REVISE MIDDLE EAR & MASTOID	1,415.36	00 15									
73	69646	REVISE MIDDLE EAR & MASTOID	1,502.22										
77	69646	REVISE MIDDLE EAR & MASTOID	1,502.22	00 15									
73	69650	RELEASE MIDDLE EAR BONE	780.55										
77	69650	RELEASE MIDDLE EAR BONE	780.55	00 15									
73	69660	REVISE MIDDLE EAR BONE	904.21										
77	69660	REVISE MIDDLE EAR BONE	904.21	00 15									
73	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,180.91										
77	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,180.91	00 15									
73	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,128.35										
77	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,128.35	00 15									
73	69666	REPAIR MIDDLE EAR STRUCTURES	786.92										
77	69666	REPAIR MIDDLE EAR STRUCTURES	786.92	00 15									
73	69667	REPAIR MIDDLE EAR STRUCTURES	786.59										
77	69667	REPAIR MIDDLE EAR STRUCTURES	786.59	00 15									
73	69670	REMOVE MASTOID AIR CELLS	922.25										
77	69670	REMOVE MASTOID AIR CELLS	922.25	00 15									
73	69676	TYMPANIC NEURECTOMY; UNILATERAL	806.44										
77	69676	TYMPANIC NEURECTOMY; UNILATERAL	806.44	00 15									
73	69700	CLOSE MASTOID FISTULA	655.96										
77	69700	CLOSE MASTOID FISTULA	655.96	00 15									
73	69714	IMPLANT TEMPLE BONE W/STIMUL	1,039.31										
77	69714	IMPLANT TEMPLE BONE W/STIMUL	1,039.31	00 15									
73	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,290.49								X		
77	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,290.49	00 15							X		
73	69717	TEMPLE BONE IMPLANT REVISION	1,091.55								X		
77	69717	TEMPLE BONE IMPLANT REVISION	1,091.55	00 15							X		
73	69718	REVISE TEMPLE BONE IMPLANT	1,304.14								X		
77	69718	REVISE TEMPLE BONE IMPLANT	1,304.14	00 15							X		
73	69720	RELEASE FACIAL NERVE	1,160.77										
77	69720	RELEASE FACIAL NERVE	1,160.77	00 15									
73	69725	RELEASE FACIAL NERVE	1,849.83										
77	69725	RELEASE FACIAL NERVE	1,849.83	00 15									
73	69740	REPAIR FACIAL NERVE	1,143.04										
77	69740	REPAIR FACIAL NERVE	1,143.04	00 15									
73	69745	REPAIR FACIAL NERVE	1,217.20										
77	69745	REPAIR FACIAL NERVE	1,217.20	00 15									
73	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	205.39										
77	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	205.39	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	69805	EXPLORE INNER EAR	1,020.69										
77	69805	EXPLORE INNER EAR	1,020.69	00 15									
73	69806	EXPLORE INNER EAR	912.60										
77	69806	EXPLORE INNER EAR	912.60	00 15									
73	69905	REMOVE INNER EAR	892.78										
77	69905	REMOVE INNER EAR	892.78	00 15									
73	69910	REMOVE INNER EAR & MASTOID	983.27										
77	69910	REMOVE INNER EAR & MASTOID	983.27	00 15									
73	69915	INCISE INNER EAR NERVE	1,499.73										
77	69915	INCISE INNER EAR NERVE	1,499.73	00 15									
73	69930	COCHLEAR DEVICE IMPLANTATION	1,203.11	16 20		X						X	
77	69930	COCHLEAR DEVICE IMPLANTATION	1,203.11	01 15		X						X	
73	69950	INCISE INNER EAR NERVE	1,747.43										
77	69950	INCISE INNER EAR NERVE	1,747.43	00 15									
73	69955	RELEASE FACIAL NERVE	1,947.96										
77	69955	RELEASE FACIAL NERVE	1,947.96	00 15									
73	69960	RELEASE INNER EAR CANAL	1,883.41										
77	69960	RELEASE INNER EAR CANAL	1,883.41	00 15									
73	69970	REMOVE INNER EAR LESION	2,112.23										
77	69970	REMOVE INNER EAR LESION	2,112.23	00 15									
73	69990	MICROSURGERY ADD-ON	231.22										
77	69990	MICROSURGERY ADD-ON	231.22	00 15									
73	70010	MYELOGRAPHY; INTERPRETATION ONLY	59.65										
75	70015	CISTERNOGRAPHY; INTERPRET ONLY	58.21										
75	70030	X-RAY EYE; DETECT FOREIGN BODY	8.29									X	
75	70100	X-RAY MANDIBLE; PARTIAL	8.96										
75	70110	X-RAY MANDIBLE; COMPLETE	12.35										
75	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	8.96									X	
75	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	16.90									X	
75	70134	X-RAY INTERNAL AUDITORY MEATI	17.08									X	
75	70140	X-RAY FACIAL BONES; L3 VIEWS	9.96										
75	70150	X-RAY FACIAL BONES; COMPLETE	13.02										
75	70160	X-RAY NASAL BONES; COMPLETE	8.61										
75	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	14.40										
75	70190	X-RAY OPTIC FORAMINA	10.97									X	
75	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	13.71									X	
75	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	8.61										
75	70220	X-RAY SINUSES; PARANASAL; COMPLETE	10.99										
75	70240	X-RAY SELLA TURCICA	9.64										
75	70250	X-RAY SKULL; LESS THAN 4 VIEWS	9.94										
75	70260	X-RAY SKULL; COMPLETE	14.03										
75	70300	X-RAY TEETH; SINGLE VIEW	5.55										
75	70310	X-RAY TEETH; PARTIAL EXAM	7.62										
75	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	11.31										
75	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	8.96										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
75	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	12.00										
75	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	26.56										
75	70336	MRI,TEMPOROMANDIBULAR JOINT	72.42										
75	70350	CEPHALOGRAM; ORTHODONTIC	8.94										
75	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	10.30										
75	70360	X-RAY NECK; SOFT TISSUE	8.96										
75	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	14.43										
75	70380	X-RAY SALIVARY GLANDFOR CALCULUS	8.29										
75	70390	SIALOGRAPHY; INTERPRETATION ONLY	18.61										
75	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	41.79										
75	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	55.01										
75	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	61.94										
75	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	62.29										
75	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	55.01										
75	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	61.62										
75	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	42.11										
75	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	55.01										
75	70488	CAT;MAXILL..;W/OUT-W/ CONTRAST MATER	61.94										
75	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	62.61										
75	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	67.36										
75	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	79.68										
75	70496	CT ANGIOGRAPHY HEAD	85.46										
75	70498	CT ANGIOGRAPHY NECK	85.46										
75	70540	MRI-ORBIT,FACE AND NECK	65.35										
75	70542	MR IMAGING ORBIT, FACE, AND NECK	79.68										
75	70543	MR IMAGING ORBIT, FACE, AND NECK	104.12										
75	70544	MR ANGIOGRAPHY, HEAD	58.56										
75	70545	MR ANGIOGRAPHY	58.56										
75	70546	MR ANGIOGRAPHY NECK	72.74										
75	70547	MR ANGIOGRAPHY NECK WITHOUT CON	58.88										
75	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	73.43										
75	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	88.16										
75	70551	MRI-BRAIN/INCLUDING BRAIN STEM	72.74										
75	70552	MRI,BRAIN W CONTRAST MATERIAL	87.14										
75	70553	MAGNETIC RESONANCE I, BRAIN	111.86										
75	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	122.75										
75	70557	MRI BRAIN W/O DYE	162.27		X								
75	70558	MRI BRAIN W/ DYE	166.65		X								
75	70559	MRI BRAIN W/O & W/ DYE	162.00		X								
75	71045	RADIOLOGICAL EXAMINATION,CHEST;SINGL	8.96									X	
75	71046	RADIOLOGICAL EXAMINATION,CHEST;2 V	10.67									X	
75	71047	RADIOLOGICAL EXAMINATION,CHEST;3 V	13.37									X	
75	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	15.72										
75	71100	X-RAY EXAM OF RIBS	10.99										
75	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	13.04										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
75	71110	X-RAY EXAM OF RIBS	14.38										
75	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	15.74										
75	71120	X-RAY EXAM OF BREASTBONE	9.98										
75	71130	X-RAY EXAM OF BREASTBONE	10.99										
75	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	56.37										
75	71260	CAT,THORAX,W/ CONTRAST MATERIAL	60.91										
75	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	67.04										
75	71275	CT ANGIOGRAPHY, CHEST	88.85										
75	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	71.73										
75	71551	MRI CHEST W/DYE	84.44										
75	71552	MRI CHEST W/O&W DYE	109.21										
75	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	87.52										
75	72020	X-RAY SPINE,SINGLE VIEW	7.95										
75	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	10.99										
75	72050	X-RAY EXAM OF NECK SPINE	13.37										
75	72052	X-RAY EXAM OF NECK SPINE	14.72										
75	72070	X-RAY EXAM OF THORAX SPINE	9.98										
75	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	11.33										
75	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	12.02										
75	72080	X-RAY EXAM OF TRUNK SPINE	10.65										
75	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	13.02										
75	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	15.87										
75	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	17.91										
75	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	20.30										
75	72100	X-RAY EXAM OF LOWER SPINE	10.99										
75	72110	X-RAY EXAM OF LOWER SPINE	12.70										
75	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	14.72										
75	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	10.99										
75	72125	CAT SCAN CERVICAL SPINE W/OUT C M	48.90										
75	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	59.57										
75	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	61.94										
75	72128	CAT SCAN THORACIC SPINE W/OUT C M	48.90										
75	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	59.57										
75	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	61.94										
75	72131	CAT SCAN LUMBAR W/OUT CONTRAST	48.90										
75	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	59.57										
75	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	61.62										
75	72141	MRI,SPINAL CANAL...;CERVICAL	72.74										
75	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	87.47										
75	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	72.74										
75	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	87.14										
75	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	72.74										
75	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	87.14										
75	72156	MAGNETIC RESONANCE I, SPINAL CANAL	111.86										
75	72157	MAGNETIC RESONANCE I, SPINAL CANAL	111.86										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
75	72158	MAGNETIC RESONANCE I, SPINAL CANAL	111.86										
75	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	88.16										
75	72170	X-RAY EXAM OF PELVIS	8.61										
75	72190	X-RAY EXAM OF PELVIS	12.35										
75	72191	CT ANGIOGRAPH PELV W/O&W DYE	87.52										
75	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	52.98										
75	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	56.37										
75	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	59.57										
75	72195	MRI PELVIS W/O DYE	71.73										
75	72196	MRI, PELVIS	84.77										
75	72197	MRI PELVIS W/O & W DYE	106.50										
75	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	86.85										
75	72200	X-RAY EXAM SACROILIAC JOINTS	8.61										
75	72202	X-RAY EXAM SACROILIA504	11.33										
75	72220	X-RAY EXAM OF TAILBONE	8.61										
75	72240	CONTRAST X-RAY OF NECK SPINE	44.83										
75	72255	CONTRAST X-RAY THORAX SPINE	46.93										
75	72265	CONTRAST X-RAY LOWER SPINE	40.12										
75	72270	RADIOLOGICAL SUPERVISION AND INTERPR	65.64										
75	72275	EPIDUROGRAPHY	38.68										
75	72285	X-RAY OF NECK SPINE DISK	57.83										
75	72295	X-RAY OF LOWER SPINE DISK	41.75										
75	73000	X-RAY EXAM OF COLLARBONE	8.27									X	
75	73010	X-RAY EXAM OF SHOULDER BLADE	8.94									X	
75	73020	X-RAY EXAM OF SHOULDER	7.60									X	
75	73030	X-RAY EXAM OF SHOULDER	9.29									X	
75	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	26.88									X	
75	73050	X-RAY EXAM OF SHOULDERS	9.29										
75	73060	X-RAY EXAM OF HUMERUS	8.27									X	
75	73070	X-RAY EXAM OF ELBOW	8.27									X	
75	73080	X-RAY EXAM OF ELBOW	8.61									X	
75	73085	X-RAY ELBOW,ARTHROGRAPHY;SUPER/INTER	28.83									X	
75	73090	X-RAY EXAM OF FOREARM	8.27									X	
75	73092	X-RAY EXAM OF ARM, INFANT	7.95									X	
75	73100	X-RAY EXAM OF WRIST	8.27									X	
75	73110	X-RAY EXAM OF WRIST	8.61									X	
75	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	27.53									X	
75	73120	X-RAY EXAM OF HAND	8.27									X	
75	73130	X-RAY EXAM OF HAND	8.61									X	
75	73140	X-RAY EXAM OF FINGER(S)	6.92									X	
75	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	48.90									X	
75	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	56.37									X	
75	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	59.57									X	
75	73206	CT ANGIO UPR EXTRM W/O&W DYE	87.52									X	
75	73218	MRI UPPER EXTREMITY W/O DYE	66.00									X	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	73219	MRI UPPER EXTREMITY W/DYE	80.00									X	
75	73220	MRI-UPPER EXTREMITY	104.44									X	
75	73221	MRI, ANY JOINT OF UPPER EXTREMITY	67.29									X	
75	73222	MRI JOINT UPR EXTREM W/ DYE	80.00									X	
75	73223	MRI JOINT UPR EXTR W/O&W DYE	104.44									X	
75	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	85.10									X	
75	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	9.29										
75	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	10.99										
75	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	13.37										
75	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	10.99										
75	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	14.38										
75	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	15.40										
75	73525	CONTRAST X-RAY OF HIP	29.15									X	
75	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	8.27										
75	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	8.96										
75	73560	X-RAY EXAM OF KNEE	8.27									X	
75	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	9.29									X	
75	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	10.99									X	
75	73565	RADIOLOGIC EXAM	8.60										
75	73580	CONTRAST X-RAY OF KNEE JOINT	28.51									X	
75	73590	X-RAY EXAM OF LOWER LEG	7.95									X	
75	73592	X-RAY EXAM OF LEG, INFANT	7.95									X	
75	73600	X-RAY EXAM OF ANKLE	8.27									X	
75	73610	X-RAY EXAM OF ANKLE	8.61									X	
75	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	28.83									X	
75	73620	X-RAY EXAM OF FOOT	7.62									X	
75	73630	X-RAY EXAM OF FOOT	8.29									X	
75	73650	X-RAY EXAM OF HEEL	7.95									X	
75	73660	X-RAY EXAM OF TOE(S)	6.59									X	
75	73700	CAT,LOWER EXTREMITY;W/OUT CONTRAST	48.90									X	
75	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT	56.37									X	
75	73702	CAT,LOWER EXT.;W/OUT-W/CONTRAST MAT	59.24									X	
75	73706	CT ANGIO LWR EXTR W/O&W DYE	91.60									X	
75	73718	MRI LOWER EXTREMITY W/O DYE	65.67									X	
75	73719	MRI LOWER EXTREMITY W/DYE	79.68									X	
75	73720	MRI-LOWER EXTREMITY	104.12									X	
75	73721	MRI, ANY JOINT, LOWER EXTREMITY	66.00									X	
75	73722	MRI JOINT OF LWR EXTR W/DYE	80.00									X	
75	73723	MRI JOINT LWR EXTR W/O&W DYE	104.44									X	
75	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	87.86									X	
75	74018	RADIOLOGICAL EXAMINATION,ABDOMEN;1 V	8.96									X	
75	74019	RADIOLOGICAL EXAMINATION,ABDOMEN;2 V	11.33									X	
75	74021	RADIOLOGICAL EXAMINATION,ABDOMEN;3	13.04									X	
75	74022	IMAGING OF ABDOMEN AND CHEST	15.42										
75	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	58.21										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
75	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	62.27										
75	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	68.69										
75	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB	106.80										
75	74175	CT ANGIO ABDOM W/O&W DYE	88.52										
75	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	85.12										
75	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	89.17										
75	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	97.67										
75	74181	MRI-ABDOMEN	71.73										
75	74182	MRI ABDOMEN W/DYE	84.77										
75	74183	MRI ABDOMEN W/O&W DYE	106.50										
75	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	87.18										
75	74190	PERITONEOGRAM (EG, AFTER INJECTION O	22.87										
75	74210	CONTRAST XRAY EXAM OF THROAT	28.93										
75	74220	CONTRAST XRAY EXAM,ESOPHAGUS	29.28										
75	74221	RADIOLOGIC EXAMINATION, ESOPHAGUS,	34.02										
75	74230	CINEMA XRAY THROAT/ESOPHAGUS	25.73										
75	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	58.21										
75	74240	X-RAY EXAM UPPER GI TRACT	39.73										
75	74246	X-RAY GASTROINTESTINAL TRACT	44.16										
75	74248	RADIOLOGIC SMALL INTESTINE FOLLOW-TH	34.02										
75	74250	X-RAY EXAM OF SMALL BOWEL	40.08										
75	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	57.19										
75	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	116.95										
75	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	121.70										
75	74270	CONTRAST X-RAY EXAM OF COLON	50.61										
75	74280	CONTRAST X-RAY EXAM OF COLON	61.28										
75	74283	BARIUM ENEMA,THERAPEUTIC	100.95										
75	74290	CONTRAST X-RAY, GALLBLADDER	15.42										
75	74300	CONTRAST X-RAY OF BILE DUCTS	17.60										
75	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	10.32										
75	74328	XRAY FOR BILE DUCT ENDOSCOPY	34.68										
75	74329	X-RAY FOR PANCREAS ENDOSCOPY	34.68										
75	74330	XRAY,BILE/PANCREAS ENDOSCOPY	44.81										
75	74340	X-RAY GUIDE FOR GI TUBE	26.56										
75	74355	PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	37.70										
75	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	27.85										
75	74363	DILATION OF BILIARY DUCT STRICTURE	42.82										
75	74400	CONTRAST X-RAY URINARY TRACT	23.71										
75	74410	CONTRAST X-RAY URINARY TRACT	23.37										
75	74415	CONTRAST X-RAY URINARY TRACT	23.71										
75	74420	CONTRAST X-RAY URINARY TRACT	24.74										
75	74425	CONTRAST X-RAY URINARY TRACT	24.39										
75	74430	CONTRAST X-RAY OF BLADDER	15.42										
75	74440	XRAY EXAM MALE GENITAL TRACT	17.80				M						
75	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	53.41				M						

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	74450	X-RAY EXAM URETHRA/BLADDER	15.76										
75	74455	X-RAY EXAM URETHRA/BLADDER	15.76										
75	74470	X-RAY-RENAL CYST STUDY	25.91										
75	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	39.15										
75	74710	X-RAY MEASUREMENT OF PELVIS	16.90										
75	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	145.74		X								
75	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	90.53									X	
75	74740	HYSTEROSALPINGOGRAPHY	18.61	21 59	X		F						
75	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	30.29										
75	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	112.64										
75	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	138.19										
75	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	123.85										
75	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	143.15										
75	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	12.02										
75	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	28.26										
75	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	84.65										
75	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	123.42										
75	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	115.00										
75	75600	CONTRAST X-RAY EXAM OF AORTA	25.29										
75	75605	CONTRAST X-RAY EXAM OF AORTA	54.35										
75	75625	CONTRAST X-RAY EXAM OF AORTA	70.32										
75	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	96.93										
75	75635	CT ANGIO ABDOMINAL ARTERIES	115.32										
75	75705	ARTERY X-RAYS, SPINE	117.20										
75	75710	ARTERY X-RAYS, ARM/LEG	86.51										
75	75716	ARTERY X-RAYS, ARMS/LEGS	94.91										
75	75726	ARTERY X-RAYS, ABDOMEN	96.25										
75	75731	ARTERY X-RAYS, ADRENAL GLAND	55.68										
75	75733	ARTERY X-RAYS,ADRENAL GLANDS	62.18										
75	75736	ARTERY X-RAYS, PELVIS	53.69										
75	75741	ARTERY X-RAYS, LUNG	62.15										
75	75743	ARTERY X-RAYS, LUNGS	79.09										
75	75746	ARTERY X-RAYS, LUNG	54.21										
75	75756	ARTERY X-RAYS, CHEST	55.79										
75	75801	LYMPH VESSEL X-RAY, ARM/LEG	43.30										
75	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	57.04										
75	75805	LYMPH VESSEL X-RAY, TRUNK	40.08										
75	75807	LYMPH VESSEL X-RAY, TRUNK	54.59										
75	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	23.17										
75	75810	VEIN X-RAY, SPLEEN/LIVER	49.30										
75	75820	VEIN X-RAY, ARM/LEG	34.16										
75	75822	VEIN X-RAY, ARMS/LEGS	51.27										
75	75825	VEIN X-RAY, TRUNK	55.14										
75	75827	VEIN X-RAY, CHEST	55.63										
75	75831	VEIN X-RAY, KIDNEY	53.69										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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75	75833	VEIN X-RAY, KIDNEYS	72.69										
75	75840	VEIN X-RAY, ADRENAL GLAND	55.68										
75	75842	VEIN X-RAY, ADRENAL GLANDS	73.41										
75	75860	VEIN X-RAY, NECK	55.32										
75	75870	VEIN X-RAY, SKULL	64.53										
75	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	55.68										
75	75880	VEIN X-RAY, EYE SOCKET	34.02										
75	75885	VEIN X-RAY, LIVER	66.96										
75	75887	VEIN X-RAY, LIVER	67.61										
75	75889	VEIN X-RAY, LIVER	52.90										
75	75891	VEIN X-RAY, LIVER	53.88										
75	75893	VENOUS SAMPLING BY CATHETER	26.87										
75	75894	XRAYS, TRANSCATHETER THERAPY	72.33										
75	75898	FOLLOW-UP ANGIOGRAM	90.69										
75	75901	REMOVE CVA DEVICE OBSTRUCT	23.21										
75	75902	REMOVE CVA LUMEN OBSTRUCT	18.78										
75	75956	TRANSCATH OCCLUSION;COMPLETE PROC	351.80										
75	75957	XRAY,ENDOVASC THOR AO REPR	301.50										
75	75958	XRAY,PLACE PROX THOR AO	199.19										
75	75959	XRAY,PLACE DIST EXT THOR AO	175.50										
75	75970	TRANSCATH BX;SUPER/INTERP	39.13										
75	75989	RAD GUIDE....SUPERVISION/INTERP ONLY	57.55										
75	76000	FLUOROSCOPY,MD TIME TO 1 HR	15.36										
75	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	8.96										
75	76080	X-RAY EXAM OF FISTULA	25.58										
75	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	15.55									X	
75	76100	X-RAY EXAM OF BODY SECTION	30.53										
75	76101	X-RAY,COMPLEX MOTION,BODY SECT UNIL	28.21										
75	76102	X-RAY,COMPLEX MOTION,BODY SECT,BILAT	30.55										
75	76120	CINEMATIC X-RAYS	18.77										
75	76125	CINEMATIC X-RAYS	13.04										
75	76376	3D RENDER W/O POSTPROCESS	9.65										
75	76377	3D RENDERING W/POSTPROCESS	39.07										
75	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	47.23										
75	76391	MAGNETIC RESONANCE (EG, VIBRATION)	54.30										
75	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	31.60										
75	76510	OPHTH US, B & QUANT A	45.12										
75	76511	ECHO EXAM OF EYE	34.58									X	
75	76512	ECHO EXAM OF EYE	30.19										
75	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	34.62										
75	76514	ECHO EXAM OF EYE, THICKNESS	7.91										
75	76516	ECHO EXAM OF EYE	22.08										
75	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	29.83										
75	76529	ECHO EXAM OF EYE	31.52										
75	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	27.57										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	76604	ECHO EXAM OF CHEST	28.28										
75	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	35.38										
75	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	33.01										
75	76700	ECHO EXAM OF ABDOMEN	40.08										
75	76705	ECHO EXAM OF ABDOMEN	28.61										
75	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	26.90										
75	76770	ECHO EXAM ABDOMEN BACK WALL	35.73										
75	76775	ECHO EXAM ABDOMEN BACK WALL	28.26										
75	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	37.70										
75	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	58.21										
75	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	48.56				F						
75	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	40.13				F					X	
75	76805	ULTRASOUND, PREGNANT UTERUS	48.56	10 59			F						
75	76810	EACH ADDITIONAL GESTATION	48.22	10 59			F					X	
75	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	91.78				F	X					
75	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	86.02				F	X				X	
75	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	57.38	10 60			F						
75	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	47.92	10 60			F					X	
75	76815	ECHO EXAM FOR FETAL GROWTH	31.65				F						
75	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	41.15				F						
75	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	36.40				F						
75	76818	FETAL BIOPHYSICAL PROFILE	50.64				F						
75	76819	FETL BIOPHYS PROFIL W/O STRS	37.42										
75	76820	UMBILICAL ARTERY ECHO	24.37	10 59			F						
75	76821	MIDDLE CEREBRAL ARTERY ECHO	33.54	10 59			F						
75	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	79.79	00 60			F						
75	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	39.80										
75	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	27.78										
75	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	27.09										
75	76830	ECHOGRAPHY,TRANSVAGINAL	33.68										
75	76831	ECHO EXAM, UTERUS	35.04										
75	76856	ECHOGRAPHY, PELVIC, REAL TIME	33.35										
75	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	24.05										
75	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	30.98				M						
75	76872	ECHOGRAPHY, TRANSRECTAL	32.54										
75	76873	ECHOGRAP TRANS R, PROS STUDY	75.99				M						
75	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	30.48									X	
75	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	23.71									X	
75	76885	ECHO EXAM, INFANT HIPS	36.05										
75	76886	ECHO EXAM, INFANT HIPS	30.29										
75	76932	ULTRASONIC GUIDANCE ENDOMY0CARDBIO	33.95										
75	76936	ECHO GUIDE FOR ARTERY REPAIR	97.22										
75	76937	US GUIDE, VASCULAR ACCESS	14.22										
75	76940	US GUIDE, TISSUE ABLATION	102.76										
75	76941	ECHO GUIDE FOR TRANSFUSION	65.18										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	76942	ECHO GUIDE FOR BIOPSY	31.03									X	
75	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	32.18										
75	76946	ECHO GUIDE FOR AMNIOCENTESIS	18.13									X	
75	76965	ECHO GUIDANCE RADIOTHERAPY	66.15										
75	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	40.26										
75	76977	US BONE DENSITY MEASURE	2.85										
75	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	79.03										
75	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	42.26									X	
75	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	28.93										
75	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LES	28.93										
75	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	24.37									X	
75	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	18.44										
75	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	27.21										
75	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	29.28										
75	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	62.63										
75	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	72.61										
75	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	43.75										
75	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	71.17										
75	77046	MAGNETIC RESONANCE IMAGING, BREAST,	71.06										
75	77047	MAGNETIC RESONANCE IMAGING, BREAST,	78.18										
75	77048	MAGNETIC RESONANCE IMAGING, BREAST,	102.07										
75	77049	MAGNETIC RESONANCE IMAGING, BREAST,	112.20										
75	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	17.60										
75	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	22.00										
75	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	29.28	40 99			F						
75	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	40.08										
75	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	48.90										
75	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	37.70	40 99			F		X				
73	77071	MANUAL APPLICATION OF STRESS PERFORM	50.91										
75	77072	BONE AGE STUDIES	9.30										
75	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	13.50										
75	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	21.66										
75	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	27.23										
75	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	34.02										
75	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	16.89										
75	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	12.02										
75	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	9.65										
75	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	9.98										
75	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	78.50										
75	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	14.40										
75	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	8.29										
73	77261	SIMPLE TREAT PLAN-THERA RADIOL	70.29										
73	77262	INTER TREAT PLAN-THERA RADIOLO	106.43										
73	77263	COMPLEX TREAT PLAN-THERA RADIO	166.80										
75	77280	SIMPLE,RAD SIMU-AIDED FIELD	36.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	77285	INTER,RAD SIMU-AIDED FIELD SET	56.50										
75	77290	COMP,RAD SIMU-AIDED FIELD SET	80.73										
75	77293	Respiratory motion management simula	103.84										
75	77295	MANAGEMENT OF RADIATION THERAPY, 3D	220.15									X	
75	77300	BASIC RAD DOSIMETRY CALCULATION	31.77										
75	77301	RADIOLTHERAPY DOS PLAN, IMRT	409.88										
75	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	72.13										
75	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	149.17										
75	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	72.13										
75	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	94.90										
75	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	148.83										
75	77321	SPEC TELETHERAPY PLAN TOTAL BODY	49.79										
75	77331	SPECIAL DOSIMETRY (SPECIFY)	44.77									X	
75	77332	TREATMENT DEVICES,DESIGN/SIMPLE	23.31										
75	77333	TREATMENT DEVICES/DESIGN-INTER	38.68										
75	77334	TREATMENT DEVICES/DESIGN;COMPL	59.61									X	
75	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	220.15										
73	77427	RADIATION TX MANAGEMENT, X5	187.42										
73	77431	RADIATION THERAPY MANAGEMENT W COMPL	103.80									X	
73	77432	STEREOTACTIC RADIATION TREATMENT MAN	419.66										
73	77435	STEREOTACTIC BODY RADIATION THERAPY,	633.54										
73	77469	INTRAOPERATIVE RADIATION TREATMENT M	313.74										
75	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	105.21										
75	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	69.52										
75	77605	HYPERTHERMIA,EXT GEN/DEEP	104.05										
75	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	67.40										
75	77615	HYPERTHERMIA/INTERSTITIAL/>5	95.25										
75	77620	HYPERTHERMIA...INTRACAVITARY PROBE	87.40										
75	77750	INFUSE/INSTILL RADIOELEMENT	256.46										
75	77761	SIMPLE INTRACAV. RADIOELEMENT	197.51										
75	77762	INTER. INTRACAV.RADIOELEMENT	296.63										
75	77763	COMPLEX-INTRACAV RADIOLOGY	445.31										
75	77767	REMOTE AFTERLOADING HIGH DOES RATE R	54.54										
75	77768	REMOTE AFTERLOADING HIGH DOES RATE R	72.13										
75	77770	REMOTE AFTERLOADING HIGH DOES RATE R	100.67										
75	77771	REMOTE AFTERLOADING HIGH DOES RATE R	194.81										
75	77772	REMOTE AFTERLOADING HIGH DOES RATE R	275.61										
75	77778	INTERSTITIAL RAD-ELEMENT-COMPL	449.76										
75	77789	SURFACE APPLICATION RADIOELEMENT	59.60		X								
75	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	9.30										
75	78013	THYROID IMAGING (INCLUDING VASCULAR	17.46										
75	78014	THYROID IMAGING (INCLUDING VASCULAR	23.73										
75	78015	NUCLEAR SCAN OF THYROID	32.34										
75	78016	EXTENSIVE THYROID SCAN	33.28										
75	78018	THYROID CA IMAGING;WHOLE BODY	40.18										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	78070	PARATHROID IMAGING	37.80										
75	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	57.10										
75	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	74.94										
75	78075	NUCLEAR SCAN OF ADRENALS	36.05										
75	78102	NUCLEAR SCAN OF BONE MARROW	25.77										
75	78103	NUCLEAR SCAN OF BONE MARROW	33.96										
75	78104	NUCLEAR SCAN OF BONE MARROW	37.80										
75	78110	NUCLEAR EXAM, PLASMA VOLUME	8.00										
75	78111	NUCLEAR EXAM, PLASMA VOLUME	9.36										
75	78120	NUCLEAR EXAM OF RBC MASS	9.70										
75	78121	NUCLEAR EXAM OF RBC MASS	13.45										
75	78122	WHOLE BLOOD VOLUME DETERMINATION	20.54										
75	78130	RED CELL SURVIVAL EXAM	25.07										
75	78140	NUCLEAR EXAM,RED BLOOD CELLS	25.07										
75	78185	NUCLEAR SCAN OF SPLEEN	16.53										
75	78195	NUCLEAR SCAN OF LYMPH SYSTEM	56.76										
75	78201	NUCLEAR SCAN OF LIVER	20.67										
75	78202	NUCLEAR SCAN OF LIVER	23.41										
75	78215	NUCLEAR SCAN, LIVER & SPLEEN	23.37										
75	78216	NUCLEAR SCAN, LIVER/SPLEEN	26.45										
75	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	35.40										
75	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	43.83										
75	78230	NUCLEAR SCAN, SALIVARY GLAND	22.00										
75	78231	NUCLEAR SCANS,SALIVARY GLAND	21.32										
75	78264	GASTRIC EMPTYING STUDY	37.78										
75	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	47.23		X								
75	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	48.08										
75	78278	ACUTE GI BLOOD LOSS IMAGING	47.91										
75	78290	INTESTINE IMAGING	32.36										
75	78300	NUCLEAR SCAN OF BONE	30.29										
75	78305	NUCLEAR SCAN OF BONES	40.44										
75	78306	NUCLEAR SCAN OF SKELETON	41.80										
75	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	49.26										
75	78414	DETERMINE VENTRIC EJECT FRACTION	21.19										
75	78445	NUCLEAR SCAN OF BLOOD FLOW	25.15										
75	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	65.24										
75	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	76.93										
75	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	48.58										
75	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	65.01									X	
75	78456	ACUTE VENOUS THROMBUS IMAGE	46.97										
75	78466	MYOCARD IMAGING...AT REST;QUAL.	34.33										
75	78468	MYOCARD IMAGING..AT REST;FIRST PASS	37.80										
75	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	43.88										
75	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	47.23										
75	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	68.99										

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
75	78481	CARD BLD POOL IMAG-FIRST PASS TECH	47.23										
75	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	69.65										
75	78494	HEART IMAGE, SPECT	56.75										
75	78496	HEART FIRST PASS ADD-ON	23.73										
75	78579	PULMONARY VENTILATION IMAGING (EG, A	23.37										
75	78580	PULMONARY PERFUSION IMAGING (EG, PAR	35.40										
75	78582	PULMONARY VENTILATION (EG, AEROSOL O	51.32										
75	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	34.29										
75	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	39.84										
75	78600	NUCLEAR SCAN OF BRAIN	21.33										
75	78601	NUCLEAR SCAN OF BRAIN	24.39										
75	78605	NUCLEAR SCAN OF BRAIN	25.73										
75	78606	NUCLEAR SCAN OF BRAIN	30.65										
75	78608	BRAIN IMAGING, POSITRON EMISSION TOM	69.71										
75	78610	NUCLEAR SCAN OF BRAIN	14.40										
75	78630	CEREBROSPINAL FLUID SCAN	32.68										
75	78635	CEREBROSPINAL FLUID SCAN	29.95										
75	78645	CEREBROSPINAL FLUID SCAN	26.79										
75	78650	CEREBROSPINAL FLUID SCAN	25.07										
75	78660	NUCLEAR EXAM OF TEAR FLOW	25.73										
75	78700	NUCLEAR SCAN OF KIDNEY	21.35										
75	78701	NUCLEAR SCAN OF KIDNEY	23.37										
75	78707	NUCLEAR SCAN OF KIDNEY	45.90										
75	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	57.44										
75	78709	KIDNEY FLOW & FUNCTION IMAGE	66.28										
75	78725	NUCLEAR EXAM OF KIDNEY	17.48										
75	78730	NUCLEAR EXAM OF BLADDER	7.45										
75	78740	NUCLEAR EXAM OF URETER	26.45										
75	78761	TESTICULAR IMAGING,W/VASCULAR	34.70				M						
75	78800	NUCLEAR EXAM OF LESION	31.62										
75	78801	NUCLEAR EXAM OF LESIONS	35.70										
75	78802	NUCLEAR EXAM OF LESIONS	37.46										
75	78803	TUMOR LOCALIZATION SPECT)	51.35										
75	78804	TUMOR IMAGING, WHOLE BODY	48.27										
75	78811	POSITRON EMISSION TOMOGRAPHY (PET)	73.83										
75	78812	POSITRON EMISSION TOMOGRAPHY (PET)	90.52										
75	78813	POSITRON EMISSION TOMOGRAPHY (PET)	90.66										
75	78814	POSITRON EMISSION TOMOGRAPHY (PET)	103.56										
75	78815	POSITRON EMISSION TOMOGRAPHY (PET)	115.73										
75	78816	POSITRON EMISSION TOMOGRAPHY (PET)	116.82										
75	78830	RADIOPHARMACEUTICAL LOCALIZATION OF	70.17										
75	78831	RADIOPHARMACEUTICAL LOCALIZATION OF	85.76										
75	78832	RADIOPHARMACEUTICAL LOCALIZATION OF	99.83										
75	78835	RADIOPHARMACEUTICAL QUANTIFICATION	22.04										
75	79005	NUCLEAR RX, ORAL ADMIN	86.04										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	79101	NUCLEAR RX, IV ADMIN	95.79										
75	79403	HEMATOPOETIC NUCLEAR THERAPY	106.10										
75	79445	NUCLEAR RX, INTRA-ARTERIAL	111.73										
73	80500	CLINICAL PATHOLOGY CONSULTATION; LIM	21.86		X			X					
73	80502	CLINICAL PATHOLOGY CONSULTATION; COM	72.47		X			X					
75	84165	ASSAY SERUM PROTEINS	18.27										
75	84166	PROTEIN E-PHORESIS/URINE/CSF	18.27										
73	85097	BONE MARROW SMEAR INTERPRET	67.06									X	
75	86334	IMMUNOFIXATION ELECTROPHORESIS	18.27										
75	88104	CYTOPATHOLOGY	27.59										
75	88106	CYTOPATHOLOGY	19.09										
75	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	22.15										
75	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	27.27										
75	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	56.95										
75	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	48.11										
75	88125	FORENSIC CYTOPATHOLOGY	13.67										
73	88141	CYTOPATH CERV/VAG INTERPRET	24.43	21 99			F						
75	88160	CYTOPATHOLOGY	25.52										
75	88161	CYTOPATH...;PREP,SCREEN,INTERP.	24.87										
75	88162	CYTOPATH..;EXT.STUDY.+5 SLIDES,MULTI	37.73										
75	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	35.33										
75	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	69.84										
75	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	21.79										
75	88182	FLOW CYTOMETRY	38.07										
73	88187	FLOWCYTOMETRY/READ, 2-8	37.67										
73	88188	FLOWCYTOMETRY/READ, 9-15	62.79										
73	88189	FLOWCYTOMETRY/READ, 16 & >	84.72										
75	88291	CYTO MOLECULAR REPORT	32.71										
75	88300	SURGICAL PATHOLOGY, GROSS	4.54									X	
75	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	6.92									X	
75	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	11.31									X	
75	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	37.06									X	
75	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	81.62										
75	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	143.81										
75	88311	SURGICAL PATHOLOGY; DECALCIFICATION	12.34										
75	88312	SPECIAL STAIN INCLUDING INTERPRETATI	26.24										
75	88313	SPECIAL STAIN INCLUDING INTERPRETATI	12.00										
75	88314	SPECIAL STAIN INCLUDING INTERPRETATI	21.85										
73	88321	MICROSLIDE CONSULTATION	96.97										
75	88323	MICROSLIDE CONSULTATION	85.81										
73	88325	COMPREHENSIVE REVIEW OF DATA	168.79										
73	88329	CONSULTATION DURING SURGERY	51.24									X	
75	88331	CONSULTATION DURING SURGERY	61.49									X	
75	88332	PATHOLOGY CONSULTATION DURING SURGER	30.58										
75	88333	INTRAOP CYTO PATH CONSULT, 1	61.51										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	88334	PATHOLOGY CONSULTATION DURING SURGER	37.35									X	
75	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	27.91									X	
75	88342	IMMUNOCYTOCHEMISTRY	34.69									X	
75	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	37.75										
75	88346	AUTO-ANTIBODY PROFILE	35.41									X	
75	88348	ELECTRON MICROSCOPY	75.13										
75	88358	ANALYSIS, TUMOR	49.32										
75	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	41.49		X								
75	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	43.95										
73	88363	EXAMINATION AND SELECTION OF RETRIEV	22.83										
75	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	34.04										
75	88365	TISSUE HYBRIDATION	43.32									X	
75	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	61.27										
75	88367	INSITU HYBRIDIZATION, AUTO	33.76										
75	88368	INSITU HYBRIDIZATION, MANUAL	40.89										
75	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	32.08										
75	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	26.32										
75	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	43.59										
75	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	63.84										
75	88387	MACROSCOPIC EXAMINATION, DISSECTION,	27.37										
75	88388	MACROSCOPIC EXAMINATION, DISSECTION,	23.48										
73	89049	CHCT FOR MAL HYPERTHERMIA	236.74										
73	90785	INTERACTIVE COMPLEXITY	14.78										
77	90785	INTERACTIVE COMPLEXITY	14.78	00 15									
73	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	138.59										
77	90791	PSYCHIATRIAC DIAGNOSTIC EVALUATION	138.59	00 15									
73	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	153.06										
77	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	153.06	00 15									
73	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	67.91										
77	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	67.91	00 15									
73	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	69.54										
77	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	69.54	00 15									
73	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	90.32										
77	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	90.32	00 15									
73	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	88.18										
77	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	88.18	00 15									
73	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	135.00										
77	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	135.00	00 15									
73	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	115.52										
77	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	115.52	00 15									
73	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	140.78										
77	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	140.78	00 15									
73	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	67.58										
77	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	67.58	00 15									
73	90845	MEDICAL PSYCHOANALYSIS	95.88								X	X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	90845	MEDICAL PSYCHOANALYSIS	95.88	00	15							X	X	
73	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	99.36									X		
77	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	99.36	00	15							X		
73	90847	SPECIAL FAMILY THERAPY	102.80									X		
77	90847	SPECIAL FAMILY THERAPY	102.80	00	15							X		
73	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	34.65									X		
77	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	34.65	00	15							X		
73	90853	GROUP PSYCHOTHERAPY Y	26.82							X		X		
77	90853	GROUP PSYCHOTHERAPY Y	26.82	00	15					X		X		
73	90870	ELECTROCONLULSIVE THERAPY	168.67									X		
77	90870	ELECTROCONLULSIVE THERAPY	168.67	00	15							X		
73	90880	MEDICAL HYPNOTHERAPY	105.82									X		
77	90880	MEDICAL HYPNOTHERAPY	105.82	00	15							X		
73	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	71.92											
77	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	71.92	00	15									
73	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	102.56											
77	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	102.56	00	15									
73	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	83.81											
77	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	83.81	00	15									
73	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	122.36											
77	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	122.36	00	15									
73	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	919.37	00	01					X				
77	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	919.37	00	01					X				
73	90954	END-STATE RENAL DISEASE (ESRD) RELAT	796.79	02	11					X				
77	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	796.79	02	11					X				
73	90955	END-STATE REANL DISEASE (ESRD) RELAT	448.01	02	11					X				
77	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	448.01	02	11					X				
73	90956	END-STATE RENAL DISEASE (ESRD) RELAT	311.70	02	11					X				
77	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	311.70	02	11					X				
73	90957	END-STATE RENAL DISEASE (ESRD) RELAT	631.68	12	19					X				
77	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	631.68	12	15					X				
73	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	428.45	12	19					X				
77	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	428.45	12	15					X				
73	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	289.55	12	19					X				
77	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	289.55	12	15					X				
73	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	277.40	20	99					X				
73	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	232.89	20	99					X				
73	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	179.24	20	99					X				
73	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	533.32	00	01					X				
77	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	533.32	00	01					X				
73	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	466.23	02	11					X				
77	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	466.23	02	11					X				
73	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	445.37	12	19					X				
77	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	445.37	12	15					X				
73	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	232.57	20	99					X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	90967	END-STAGE REANL DISEASE (ESRD) RELAT	17.58	00	01									
77	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	17.58	00	01									
73	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	15.53	02	11									
77	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	15.53	02	11									
73	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	14.86	12	19									
77	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	14.86	12	15									
73	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	7.91	20	99									
73	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	88.54											
77	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	88.54	00	15									
75	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	64.89											
75	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	9.29											
75	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	72.53											
75	91022	DUODENAL MOTILITY STUDY	72.53											
75	91030	ACID PERFUSION FOR ESOPHAGITIS	45.82											
75	91034	GASTROESOPHAGEAL REFLUX TEST	49.66											
75	91035	G-ESOPH REFLX TST W/ELECTROD	81.89											
75	91037	ESOPH IMPED FUNCTION TEST	49.18											
75	91038	ESOPH IMPED FUNCT TEST > 1H	55.61											
75	91040	ESOPH BALLOON DISTENSION TST	50.62											
73	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	134.62											
77	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	134.62	00	15									
75	91120	RECTAL SENSATION TEST	48.52											
75	91122	ANORECTAL MANOMETRY	87.78											
75	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	13.69							X				
73	92002	EYE EXAM; INTERMEDIATE; NEW PT	79.19											
77	92002	EYE EXAM; INTERMEDIATE; NEW PT	79.19	00	15									
73	92004	EYE EXAM; COMPREHENSIVE; NEW PT	142.02											
77	92004	EYE EXAM; COMPREHENSIVE; NEW PT	142.02	00	15									
73	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	83.33											
77	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	83.33	00	15									
73	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	119.12											
77	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	119.12	00	15									
73	92018	EYE EXAM W/ANESTHESIA-COMPLETE	138.65											
77	92018	EYE EXAM W/ANESTHESIA-COMPLETE	138.65	00	15									
73	92019	EYE EXAM W/ANESTHESIA-LIMITED	70.66											
77	92019	EYE EXAM W/ANESTHESIA-LIMITED	70.66	00	15									
73	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	26.26											
77	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	26.26	00	15									
75	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	19.05											
75	92060	SENSORIMOTOR EXAM EYE	36.30											
75	92065	ORTHOPTIC / PLEOPTIC TRAINING	17.46											
75	92081	TANGENT SCREEN; AUTOPLOT	15.70											
75	92082	QUANTITATIVE PERIMETRY	20.78											
75	92083	MEASUREMENT OF FIELD OF VISION DURIN	26.50											
73	92100	SERIAL TONOGRAPHY W/EVALUATION	77.40											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	92100	SERIAL TONOGRAPHY W/EVALUATION	77.40	00	15									
75	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	16.03											
75	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	21.43											
75	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	24.45											
75	92136	OPHTHALMIC BIOMETRY	29.83											
75	92145	CORNEAL HYSTERESIS DETERMINATION, BY	7.51											
73	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	24.19											
77	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	24.19	00	15									
73	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	15.30											
77	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	15.30	00	15									
73	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	72.64											
77	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	72.64	00	15									
75	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	41.30										X	
75	92240	ICG ANGIOGRAPHY	45.93											
75	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	52.10											
75	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	20.78											
73	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	18.45											
77	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	18.45	00	15									
75	92265	OCULOELECTROMYOGRAPHY	44.68											
75	92270	ELECTRO-OCULOGRAPHY	41.39											
75	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	35.65											
75	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	31.59											
75	92283	COLOR VISION EXAMINATION	8.94											
75	92284	DARK ADAPTATION EXAMINATION	12.34											
75	92285	EXTERNAL OCULAR PHOTOGRAPHY	3.19											
75	92286	SPECULAR ENDOTHELIAL MICROSCOPY	21.43											
73	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	91.87											
77	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	91.87	00	15									
77	92507	SPEECH LANGUAGE HEARING THERAPY	76.51	00	02		X							
77	92508	SPEECH LANGUAGE HEARING THERAPY	22.92	00	02		X							
73	92511	NASOPHARYNGOSCOPY	105.58											
77	92511	NASOPHARYNGOSCOPY	105.58	00	15									
73	92521	EVALUATION OF SPEECH FLUENCY	109.10	01	99		X		X	X				
77	92521	EVALUATION OF SPEECH FLUENCY	109.10	00	15		X		X	X				
73	92522	EVALUATE SPEECH PRODUCTION	89.41	01	99		X		X	X				
77	92522	EVALUATE SPEECH PRODUCTION	89.41	00	15		X		X	X				
73	92523	SPEECH SOUND LANG COMPREHENSION	186.52	01	99		X		X	X				
77	92523	SPEECH SOUND LANG COMPREHENSION	186.52	00	15		X		X	X				
73	92524	BEHAVRAL QUALIT ANALYS VOICE	87.45	01	99		X		X	X				
77	92524	BEHAVRAL QUALIT ANALYS VOICE	87.45	00	15		X		X	X				
73	92526	ORAL FUNCTION THERAPY	84.09											
77	92526	ORAL FUNCTION THERAPY	84.09	00	15									
75	92537	CALORIC VESTIBULAR TEST WITH RECORDI	30.59											
75	92538	CALORIC VESTIBULAR TEST WITH RECORDI	15.70											
75	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	77.21											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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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
75	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	20.44											
75	92542	POSITIONAL NYSTAGMUS W/RECORDING	24.51											
75	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	14.01											
75	92545	OSCILLATING TRACKING W/RECORDING	13.00											
75	92546	TORSION SWING TEST W/RECORDING	14.70											
75	92548	POSTUROGRAPHY	33.81											
75	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY	43.64											
73	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	21.49							X				
77	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	21.49	00	15					X				
73	92557	BASIC COMPREHENSIVE AUDIOMETRY	36.78							X				
77	92557	BASIC COMPREHENSIVE AUDIOMETRY	36.78	00	15					X				
73	92567	TYMPANOMETRY	15.20							X				
77	92567	TYMPANOMETRY	15.20	00	15					X				
73	92568	ACOUSTIC REFLEX TESTING	15.51							X				
77	92568	ACOUSTIC REFLEX TESTING	15.51	00	15					X				
73	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	32.12							X				
77	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	32.12	00	15					X				
73	92579	VISUAL AUDIOMETRY (VRA)	44.78							X				
77	92579	VISUAL AUDIOMETRY (VRA)	44.78	00	15					X				
75	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	18.08											
75	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	28.22											
73	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	159.82	01	06					X				
77	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	159.82	01	06					X				
73	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	99.66	01	06					X				
77	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	99.66	01	06					X				
73	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	149.29	07	99					X				
77	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	149.29	07	99					X				
73	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	89.14	07	99					X				
77	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	89.14	07	99					X				
73	92610	EVALUATE SWALLOWING FUNCTION	83.84											
77	92610	EVALUATE SWALLOWING FUNCTION	83.84	00	15									
73	92611	MOTION FLUOROSCOPY/SWALLOW	89.28											
77	92611	MOTION FLUOROSCOPY/SWALLOW	89.28	00	15									
73	92612	ENDOSCOPY SWALLOW TST	188.43											
77	92612	ENDOSCOPY SWALLOW TST	188.43	00	15									
73	92620	AUDITORY FUNCTION, 60 MIN	90.73											
77	92620	AUDITORY FUNCTION, 60 MIN	90.73	00	15									
73	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	21.67										X	
77	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	21.67	00	15								X	
73	92625	TINNITUS ASSESSMENT	68.09											
77	92625	TINNITUS ASSESSMENT	68.09	00	15									
73	92626	EVAL AUD REHAB STATUS	86.80	02	99		X		X					
77	92626	EVAL AUD REHAB STATUS	86.80	02	15		X		X					
73	92627	EVAL AUD STATUS REHAB ADD-ON	20.64	02	99		X		X				X	
77	92627	EVAL AUD STATUS REHAB ADD-ON	20.64	02	15		X		X				X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	109.79										
77	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	109.79	00 15									
73	92920	BALLOON DILATION OF NARROWED OR BLOC	554.10										
77	92920	BALLOON DILATION OF NARROWED OR BLOC	554.10	00 15									
73	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	660.77										
77	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	660.77	00 15									
73	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	616.44										
77	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	616.44	00 15									
73	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	692.32										
77	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	692.32	00 15									
73	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	615.76										
77	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	615.76	00 15									
73	92941	INSERTION OF STENT, REMOVAL OF PLAQU	693.18										
77	92941	INSERTION OF STENT, REMOVAL OF PLAQU	693.18	00 15									
73	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	693.18										
77	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	693.18	00 15									
73	92950	CARDIOPULMONARY RESUSCITATION	312.04									X	
77	92950	CARDIOPULMONARY RESUSCITATION	312.04	00 15								X	
73	92960	ELECTRICAL CARDIOVERSION	152.73									X	
77	92960	ELECTRICAL CARDIOVERSION	152.73	00 15								X	
73	92961	CARDIOVERSION, ELECTRIC, INT	256.20										
77	92961	CARDIOVERSION, ELECTRIC, INT	256.20	00 15									
73	92970	CARDIOASSIST, INTERNAL	197.73										
77	92970	CARDIOASSIST, INTERNAL	197.73	00 15									
73	92971	CARDIOASSIST, EXTERNAL	104.03										
77	92971	CARDIOASSIST, EXTERNAL	104.03	00 15									
73	92973	PERCUT CORONARY THROMBECTOMY	184.15										
77	92973	PERCUT CORONARY THROMBECTOMY	184.15	00 15									
73	92974	CATH PLACE, CARDIO BRACHYTX	168.05										
77	92974	CATH PLACE, CARDIO BRACHYTX	168.05	00 15									
75	92978	INTRAVASCULAR US, HEART	97.61										
75	92979	INTRAVASCULAR US, HEART	78.90									X	
73	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,363.76										
77	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,363.76	00 15									
73	92987	REVISION OF MITRAL VALVE	1,406.18										
77	92987	REVISION OF MITRAL VALVE	1,406.18	00 15									
73	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,123.34										
77	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,123.34	00 15									
73	92997	PUL ART BALLOON REPAIR, PERC	659.03										
77	92997	PUL ART BALLOON REPAIR, PERC	659.03	00 15									
73	92998	PUL ART BALLOON REPAIR, PERC	337.18									X	
77	92998	PUL ART BALLOON REPAIR, PERC	337.18	00 15								X	
73	93010	ECG; INTERPRETATION AND REPORT	8.29									X	
77	93010	ECG; INTERPRETATION AND REPORT	8.29	00 15								X	
73	93016	CARDIOVASCULAR STRESS TEST USING MAX	21.67										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	93016	CARDIOVASCULAR STRESS TEST USING MAX	21.67	00 15									
73	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	14.40										
77	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	14.40	00 15									
73	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	6.95									X	
77	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	6.95	00 15								X	
75	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	8.29										
73	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	25.71										
77	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	25.71	00 15									
73	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	26.51						X				
77	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	26.51	00 15					X				
75	93260	PROGRAMMING DEVICE EVALUATION (IN PE	42.12										
75	93261	INTERROGATION DEVICE EVALUATION (IN	36.22										
73	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	24.74						X				
77	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	24.74	00 15					X				
75	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	12.35										
75	93279	PROGRAMMING DEVICE EVALUATION WITH I	31.49										
75	93280	PROGRAMMING DEVICE EVALUATION WITH I	37.74										
75	93281	PROGRAMMING DEVICE EVALUATION WITH I	41.79										
75	93282	PROGRAMMING DEVICE EVALUATION WITH I	41.79										
75	93283	PROGRAMMING DEVICE EVALUATION WITH I	57.00										
75	93284	PROGRAMMING DEVICE EVALUATION WITH I	61.75										
75	93285	PROGRAMMING DEVICE EVALUATION WITH I	25.71										
75	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	15.05										
75	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	22.65										
75	93288	INTERROGATION DEVICE EVALUATION (IN	20.50										
75	93289	INTERROGATION DEVICE EVALUATION (IN	36.72										
75	93290	INTERROGATION DEVICE EVALUATION (IN	21.31										
75	93291	INTERROGATION DEVICE EVALUATION (IN	18.11										
75	93292	INTERROGATION DEVICE EVALUATION (IN	20.99										
75	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	14.74						X				
73	93294	INTERROGATION DEVICE EVALUATION(S) (	30.89						X				
77	93294	INTERROGATION DEVICE EVALUATION(S) (	30.89	00 15					X				
73	93295	INTERROGATION DEVICE EVALUATION(S) (	37.67						X				
77	93295	INTERROGATION DEVICE EVALUATION(S) (	37.67	00 15					X				
73	93297	INTERROGATION DEVICE EVALUATION(S),	26.84						X				
77	93297	INTERROGATION DEVICE EVALUATION(S),	26.84	00 15					X				
73	93298	INTERROGATION DEVICE EVALUATION(S),	27.16						X				
77	93298	INTERROGATION DEVICE EVALUATION(S),	27.16	00 15					X				
75	93303	ECHO TRANSTHORACIC	62.16										
75	93304	ECHO TRANSTHORACIC	35.75										
75	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	71.33										
75	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	43.88										
75	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	25.08										
75	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	107.33										
73	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	11.54										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	11.54	00 15									
75	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	90.16										
75	93315	ECHO TRANSESOPHAGEAL	125.98										
73	93316	ECHO TRANSESOPHAGEAL	27.30								X		
77	93316	ECHO TRANSESOPHAGEAL	27.30	00 15							X		
75	93317	ECHO TRANSESOPHAGEAL	90.17										
75	93318	ECHO TRANSESOPHAGEAL INTRAOP	102.63										
75	93320	DOPPLER ECHOCARDIOGRAPHY	17.80										
75	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	7.28										
75	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	3.06										
75	93350	ECG,REAL-TIME,WINTER + REPORT	69.31										
75	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	83.04										
73	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	228.03										
77	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	228.03	00 15									
73	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	37.60										
77	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	37.60	00 15									
75	93451	RIGHT HEART CATHETERIZATION INCLUDIN	135.27										
75	93452	LEFT HEART CATHETERIZATION INCLUDING	243.87										
75	93453	COMBINED RIGHT AND LEFT HEART CATHET	326.92										
75	93454	CATHETER PLACEMENT IN CORONARY ARTER	247.03										
75	93455	CATHETER PLACEMENT IN CORONARY ARTER	287.75										
75	93456	CATHETER PLACEMENT IN CORONARY ARTER	321.55										
75	93457	CATHETER PLACEMENT IN CORONARY ARTER	363.37										
75	93458	CATHETER PLACEMENT IN CORONARY ARTER	305.38										
75	93459	CATHETER PLACEMENT IN CORONARY ARTER	346.10										
75	93460	CATHETER PLACEMENT IN CORONARY ARTER	386.99										
75	93461	CATHETER PLACEMENT IN CORONARY ARTER	428.04										
73	93462	LEFT HEART CATHETERIZATION BY TRANSS	218.33										
77	93462	LEFT HEART CATHETERIZATION BY TRANSS	218.33	00 15									
73	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	97.62										
77	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	97.62	00 15									
75	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	87.50										
73	93503	INSERTION AND PLACEMENT OF FLOW DIR	89.60										
77	93503	INSERTION AND PLACEMENT OF FLOW DIR	89.60	00 15									
75	93505	ENDOCARDIAL BIOPSY	230.00										
75	93530	RT HEART CATH, CONGENITAL	208.04										
75	93531	R & L HEART CATH, CONGENITAL	430.85										
75	93532	R & L HEART CATH, CONGENITAL	546.23										
75	93533	R & L HEART CATH, CONGENITAL	365.73										
75	93561	INDICATOR DILUTION STUDIES SUCH AS D	44.91										
75	93562	INDICATOR DILUTION STUDIES SUCH AS D	36.43										
73	93563	INJECTION PROCEDURE DURING CARDIAC C	59.28										
77	93563	INJECTION PROCEDURE DURING CARDIAC C	59.28	00 15									
73	93564	INJECTION PROCEDURE DURING CARDIAC C	64.16										
77	93564	INJECTION PROCEDURE DURING CARDIAC C	64.16	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	93565	INJECTION PROCEDURE DURING CARDIAC C	45.66										
77	93565	INJECTION PROCEDURE DURING CARDIAC C	45.66	00 15									
73	93566	INJECTION PROCEDURE DURING CARDIAC C	140.67										
77	93566	INJECTION PROCEDURE DURING CARDIAC C	140.67	00 15									
73	93567	INJECTION PROCEDURE DURING CARDIAC C	120.95										
77	93567	INJECTION PROCEDURE DURING CARDIAC C	120.95	00 15									
73	93568	INJECTION PROCEDURE DURING CARDIAC C	129.62										
77	93568	INJECTION PROCEDURE DURING CARDIAC C	129.62	00 15									
75	93571	HEART FLOW RESERVE MEASURE	75.70										
75	93572	HEART FLOW RESERVE MEASURE	54.52										
73	93580	TRANSCATH CLOSURE OF ASD	1,014.12										
77	93580	TRANSCATH CLOSURE OF ASD	1,014.12	00 15									
73	93581	TRANSCATH CLOSURE OF VSD	1,386.39										
77	93581	TRANSCATH CLOSURE OF VSD	1,386.39	00 15									
73	93582	Closure of congenital heart defect f	694.61										
77	93582	Closure of congenital heart defect f	694.61	00 15									
73	93583	Therapy for reduction of lower heart	775.46										
77	93583	Therapy for reduction of lower heart	775.46	00 15									
73	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,082.48										
77	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,082.48	00 15									
73	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	897.05										
77	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	897.05	00 15									
73	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	394.69									X	
77	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	394.69	00 15								X	
75	93600	BUNDLE OF HIS RECORDING	122.59										
75	93602	INTRA-ATRIAL RECORDING	120.16										
75	93603	RIGHT VENTRICULAR RECORDING	120.16		X								
75	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	286.08										
75	93610	INTR-ATRIAL PAGING	168.48										
75	93612	INTRAVENTRICULAR PACING	166.38										
73	93613	ELECTROPHYS MAP, 3D, ADD-ON	309.01										
77	93613	ELECTROPHYS MAP, 3D, ADD-ON	309.01	00 15									
75	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	37.21										
75	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	227.50										
75	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	402.57										
75	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	645.20										
75	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	120.93										
75	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	177.07										
75	93623	PROGRAMMED STIMULATION & PACING	163.12										
75	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	248.64										
75	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	409.00										
75	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	183.87										
75	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	321.79										
75	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	263.13										
75	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	142.91										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	93650	INTRACARDIAC CATHETER ABLATION OF	613.91										
77	93650	INTRACARDIAC CATHETER ABLATION OF	613.91	00 15									
73	93653	EVALUATION AND INSERTION OF CATHETER	869.73										
77	93653	EVALUATION AND INSERTION OF CATHETER	869.73	00 15									
73	93654	EVALUATION AND INSERTION OF CATHETER	1,164.99										
77	93654	EVALUATION AND INSERTION OF CATHETER	1,164.99	00 15									
73	93655	INTRACARDIAC CATHETER ABLATION OF A	443.86										
77	93655	INTRACARDIAC CATHETER ABLATION OF A	443.86	00 15									
73	93656	EVALUATION AND INSERTION OF CATHETER	1,167.95										
77	93656	EVALUATION AND INSERTION OF CATHETER	1,167.95	00 15									
75	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	443.53										
75	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	91.44										
75	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	238.33										
73	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	11.25										
77	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	11.25	00 15									
75	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	39.24										
75	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	25.63										
75	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	46.61										
75	93888	TRANSCRANIAL DOPPLER STUDY OF THE	26.15										
75	93892	TCD, EMBOLI DETECT W/O INJ	59.10										
75	93893	TCD, EMBOLI DETECT W/INJ	58.79										
75	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	12.66										
75	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	22.14										
75	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	24.52										
75	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	38.59										
75	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	24.19										
75	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	40.03										
75	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	24.52										
75	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	34.16										
75	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	21.83										
75	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	56.67										
75	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	39.09										
75	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	39.38										
75	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	24.67										
75	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	60.12				M						
75	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	21.01				M						
75	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND	38.73										
75	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND	25.31										
75	93990	DOPPLER FLOW TESTING	25.46										
73	94002	VENTILATION ASSIST AND MANAGEMENT, I	91.72										
77	94002	VENTILATION ASSIST AND MANAGEMENT, I	91.72	00 15									
73	94003	VENTILATION ASSIST AND MANAGEMENT, I	66.16										
77	94003	VENTILATION ASSIST AND MANAGEMENT, I	66.16	00 15									
73	94004	VENTILATION ASSIST AND MANAGEMENT, I	49.20										
77	94004	VENTILATION ASSIST AND MANAGEMENT, I	49.20	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	8.29										
73	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	85.12	00 02									
77	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	85.12	00 02									
73	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	138.75	00 02									
77	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	138.75	00 02									
73	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	19.15	00 02									
77	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	19.15	00 02									
73	94016	REVIEW PATIENT SPIROMETRY	24.74										
77	94016	REVIEW PATIENT SPIROMETRY	24.74	00 15									
75	94060	BRONCHOSPASM EVALUATION	12.72										
75	94070	BRONCHOSPASM EVALUATION, PROLONGED	27.82										
75	94200	MAXIMUM BREATHING CAPACITY	4.48										
75	94375	RESPIRATORY FLOW VOLUME LOOP	14.41										
75	94450	HYPOXIA RESPONSE CURVE	18.65										
75	94452	HAST W/REPORT	14.09										
75	94453	HAST W/OXYGEN TITRATE	18.65										
75	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	32.72										
75	94618	PULMONARY STRESS TESTING (EG, 6-MINU	22.38										
75	94621	PULM STRESS TEST/COMPLEX	68.73										
73	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	61.33										
77	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	61.33	00 15									
73	94662	CONTINUOUS NEGATIVE PRESSURE	35.91										
77	94662	CONTINUOUS NEGATIVE PRESSURE	35.91	00 15									
75	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	12.36									X	
75	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	9.98									X	
75	94690	OXYGEN UPTAKE; REST, INDIRECT	3.87									X	
75	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	12.04										
75	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	12.04										
75	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	12.36										
75	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	8.98										
73	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	47.97										
77	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	47.97	00 15									
73	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	18.73										
77	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	18.73	00 15									
73	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.08									X	
77	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.08	00 15								X	
73	95017	ALLERGY TESTING, ANY COMBINATION OF	8.11									X	
77	95017	ALLERGY TESTING, ANY COMBINATION OF	8.11	00 15								X	
73	95018	ALLERGY TESTING, ANY COMBINATION OF	19.98									X	
77	95018	ALLERGY TESTING, ANY COMBINATION OF	19.98	00 15								X	
73	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	7.67									X	
77	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	7.67	00 15								X	
73	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	113.55										
77	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	113.55	00 15									
73	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	81.55										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	81.55	00	15									
73	95144	PROFESSIONAL SERVICES FOR THE SUPERV	13.96										X	
77	95144	PROFESSIONAL SERVICES FOR THE SUPERV	13.96	00	15								X	
73	95145	PROFESSIONAL SERVICES FOR THE SUPERV	28.63										X	
77	95145	PROFESSIONAL SERVICES FOR THE SUPERV	28.63	00	15								X	
73	95146	PROFESSIONAL SERVICES FOR THE SUPERV	52.43										X	
77	95146	PROFESSIONAL SERVICES FOR THE SUPERV	52.43	00	15								X	
73	95147	PROFESSIONAL SERVICES FOR THE SUPERV	52.76										X	
77	95147	PROFESSIONAL SERVICES FOR THE SUPERV	52.76	00	15								X	
73	95165	PROFESSIONAL SERVICES FOR THE SUPERV	13.63							X			X	
77	95165	PROFESSIONAL SERVICES FOR THE SUPERV	13.63	00	15					X			X	
73	95170	PROFESSIONAL SERVICES FOR THE SUPERV	10.37										X	
77	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	10.37	00	15								X	
73	95180	RAPID DESENSITIZATION; EACH HOUR	131.25			X							X	
77	95180	RAPID DESENSITIZATION; EACH HOUR	131.25	00	15	X							X	
73	95251	GLUC MONITOR, CONT, PHYS I&R	35.32											
77	95251	GLUC MONITOR, CONT, PHYS I&R	35.32	00	15									
73	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	101.38											
77	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	101.38	00	15									
73	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	133.55											
77	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	133.55	00	15									
73	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	157.10											
77	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	157.10	00	15									
73	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	206.71											
77	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	206.71	00	15									
73	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	208.34											
77	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	208.34	00	15									
73	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	253.03											
77	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	253.03	00	15									
73	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	258.65											
77	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	258.65	00	15									
73	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	323.00											
77	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	323.00	00	15									
73	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	295.18											
77	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	295.18	00	15									
73	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	408.28											
77	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	408.28	00	15									
75	95782	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	123.20	00	05									
75	95783	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	133.72	00	05									
75	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	40.49											
75	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	40.49											
75	95806	SLEEP STUDY, UNATTENDED	43.90											
75	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	60.18											
75	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	85.30											
75	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	118.45	06	99									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	122.88	06 99									
75	95812	ELECTROENCEPHALOGRAM (EEG)	56.22										
75	95813	ELECTROENCEPHALOGRAM (EEG)	85.41										
75	95816	ELECTROENCEPHALOGRAM (EEG); INCL	56.22										
75	95819	ELECTROENCEPHALOGRAM (EEG); INCL	56.55										
75	95822	ELECTROENCEPHALOGRAM (EEG); INCL	56.55										
75	95824	ELECTROENCEPHALOGRAM (EEG); INCL	38.33									X	
75	95829	ELECTROCORTICOGRAM AT SURGERY	332.78										
73	95830	MD INSERT SPHENOIDAL ELECTRODE	469.09										
77	95830	MD INSERT SPHENOIDAL ELECTRODE	469.09	00 15									
73	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	20.66									X	
77	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	20.66	00 15								X	
73	95852	RANGE OF MOTION; HAND	17.96										
77	95852	RANGE OF MOTION; HAND	17.96	00 15									
73	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	52.94										
77	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	52.94	00 15									
75	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	51.12										
75	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	81.00										
75	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	97.58										
75	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	104.16										
75	95865	MUSCLE TEST, LARYNX	82.37										
75	95866	MUSCLE TEST, HEMIDIAPHRAGM	65.34										
75	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	42.00										
75	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	61.62										
75	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	19.58										
75	95870	MUSCLE TEST, NON-PARASPINAL	19.58										
75	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	149.11										
75	95873	GUIDE NERV DESTR, ELEC STIM	19.41										
75	95874	GUIDE NERV DESTR, NEEDLE EMG	19.09										
75	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	57.56										
75	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	18.08									X	
75	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	44.75									X	
75	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	36.98										
75	95905	NEEDLE MEASUREMENT AND RECORDING OF	2.85									X	
75	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	52.81										
75	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	65.66										
75	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	78.67										
75	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	105.47										
75	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	130.19										
75	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	155.22										
75	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	184.27										
75	95925	SOMATOSENSORY TESTING,ONE > NERVES	27.53										
75	95926	SOMATOSENSORY TESTING	26.73										
75	95927	SOMATOSENSORY TESTING	26.41										
75	95928	C MOTOR EVOKED, UPPR LIMBS	78.01										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	95929	C MOTOR EVOKED, LWR LIMBS	78.01										
75	95930	VISUAL EVOKED POTENTIAL TEST	18.08										
75	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	30.89										
75	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	33.93									X	
75	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	45.39										
75	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	116.69										
73	95940	CONTINUOUS MONITORING OF NERVOUS SYS	32.52										
77	95940	CONTINUOUS MONITORING OF NERVOUS SYS	32.52	00 15									
75	95957	EEG DIGITAL ANALYSIS	100.88										
75	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	224.33										
75	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	159.96										
75	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	169.40										
75	95965	MEG, SPONTANEOUS	411.62										
75	95966	MEG, EVOKED, SINGLE	208.65										
75	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	182.17										
73	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	19.04										
77	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	19.04	00 15									
73	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	49.62										
77	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	49.62	00 15									
73	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	55.68					X					
77	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	55.68	00 15				X					
73	95991	REFILLING AND MAINTENANCE OF IMPLANT	108.45	04 99				X					
77	95991	REFILLING AND MAINTENANCE OF IMPLANT	108.45	04 15				X					
73	95992	CANALITH REPOSITIONING PROCEDURE(S)	43.56										
77	95992	CANALITH REPOSITIONING PROCEDURE(S)	43.56	00 15									
73	96000	MOTION ANALYSIS, VIDEO/3D	92.21										
77	96000	MOTION ANALYSIS, VIDEO/3D	92.21	00 15									
73	96001	MOTION TEST W/FT PRESS MEAS	109.29										
77	96001	MOTION TEST W/FT PRESS MEAS	109.29	00 15									
73	96002	DYNAMIC SURFACE EMG	21.76										
77	96002	DYNAMIC SURFACE EMG	21.76	00 15									
73	96003	DYNAMIC FINE WIRE EMG	16.81										
77	96003	DYNAMIC FINE WIRE EMG	16.81	00 15									
73	96004	PHYS REVIEW OF MOTION TESTS	112.35										
77	96004	PHYS REVIEW OF MOTION TESTS	112.35	00 15									
73	96105	ASSESSMENT OF APHASIA	100.13									X	
77	96105	ASSESSMENT OF APHASIA	100.13	00 15								X	
73	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	133.53	16 20					X				
77	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	133.53	00 15					X				
73	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	59.79	16 20					X			X	
77	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	59.79	00 15					X			X	
73	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	94.79						X				
77	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	94.79	00 15					X				
73	96121	NEUROBEHAVIORAL STATUS EXAMINATION	82.44									X	
77	96121	NEUROBEHAVIORAL STATUS EXAMINATION	82.44	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	129.32						X				
77	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	129.32	00 15					X				
73	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	97.42						X				
77	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	97.42	00 15					X				
73	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	95.55								X		
77	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	95.55	00 15							X		
73	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	65.05								X		
77	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	65.05	00 15							X		
73	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	22.74								X	X	
77	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	22.74	00 15							X	X	
73	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	9.66								X		
77	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	9.66	00 15							X		
73	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.42								X	X	
77	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.42	00 15							X	X	
73	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	69.95								X		
77	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	69.95	00 15							X		
73	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	24.79								X	X	
77	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	24.79	00 15							X	X	
73	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	78.04										
77	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	78.04	00 15									
73	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	120.10										
77	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	120.10	00 15									
73	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	834.30										
77	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	834.30	00 15									
73	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	170.30										
77	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	170.30	00 15									
73	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	123.91										
77	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	123.91	00 15									
73	96570	PHOTODYNAMIC TX, 30 MIN	58.12										
77	96570	PHOTODYNAMIC TX, 30 MIN	58.12	00 15									
73	96571	PHOTODYNAMIC TX, ADDL 15 MIN	26.24									X	
77	96571	PHOTODYNAMIC TX, ADDL 15 MIN	26.24	00 15								X	
73	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	197.79										
77	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	197.79	00 15									
73	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	249.77										
77	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	249.77	00 15									
73	96920	LASER TX, SKIN < 250 SQ CM	153.18										
77	96920	LASER TX, SKIN < 250 SQ CM	153.18	00 15									
73	96921	LASER TX, SKIN 250-500 SQ CM	167.81										
77	96921	LASER TX, SKIN 250-500 SQ CM	167.81	00 15									
73	96922	LASER TX, SKIN > 500 SQ CM	229.89										
77	96922	LASER TX, SKIN > 500 SQ CM	229.89	00 15									
73	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	44.31										
77	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	44.31	00 15									
73	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	42.28									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	42.28	00	15								X	
73	97016	PT-VASOPNEUMATIC DEVICES	11.90											
77	97016	PT-VASOPNEUMATIC DEVICES	11.90	00	15									
73	97018	PT-PARAFFIN BATH	5.81											
77	97018	PT-PARAFFIN BATH	5.81	00	15									
73	97032	ELECTRICAL STIMULATION,EACH 15 MIN	14.31										X	
77	97032	ELECTRICAL STIMULATION,EACH 15 MIN	14.31	00	15								X	
73	97033	ELECTRIC CURRENT THERAPY	19.87											
77	97033	ELECTRIC CURRENT THERAPY	19.87	00	15									
73	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	29.50										X	
77	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	29.50	00	15								X	
73	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	33.83										X	
77	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	33.83	00	15								X	
73	97116	GAIT TRAINING, EACH 15 MIN	29.17										X	
77	97116	GAIT TRAINING, EACH 15 MIN	29.17	00	15								X	
73	97124	MASSAGE, EACH 15 MIN	27.86										X	
77	97124	MASSAGE, EACH 15 MIN	27.86	00	15								X	
73	97140	MANUAL THERAPY	27.18									X		
77	97140	MANUAL THERAPY	27.18	00	15							X		
73	97161	PHYSICAL THERAPY EVALUATION: LOW COM	82.20											
77	97161	PHYSICAL THERAPY EVALUATION: LOW COM	82.20	00	15									
73	97162	PHYSICAL THERAPY EVALUATION: MODERAT	82.20											
77	97162	PHYSICAL THERAPY EVALUATION: MODERAT	82.20	00	15									
73	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	82.20											
77	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	82.20	00	15									
73	97164	RE-EVALUATION OF PHYSCIAL THERAPY	56.29											
77	97164	RE-EVALUATION OF PHYSICAL THERAPY	56.29	00	15									
73	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	87.09											
77	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	87.09	00	15									
73	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	86.77											
77	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	86.77	00	15									
73	97167	OCCUPATIONAL THERAPY EVALUATION: HI	86.77											
77	97167	OCCUPATIONAL THERAPY EVALUATION: HI	86.77	00	15									
73	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	59.87											
77	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	59.87	00	15									
73	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	37.64				X						X	
77	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	37.64	00	15		X						X	
73	97533	SENSORY INTEGRATION	49.12											
77	97533	SENSORY INTEGRATION	49.12	00	15									
73	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	91.68											
77	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	91.68	00	15									
73	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	44.56										X	
77	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	44.56	00	15								X	
73	97610	Low frequency, non-contact, non-ther	298.90			X								
77	97610	Low frequency, non-contact, non-ther	298.90	00	15	X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	33.41										X	
77	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	33.41	00	15								X	
73	97760	ORTHOTIC MGMT AND TRAINING	46.87				X						X	
77	97760	ORTHOTIC MGMT AND TRAINING	46.87	00	15		X						X	
73	97761	PROSTHETIC TRAINING	40.02				X						X	
77	97761	PROSTHETIC TRAINING	40.02	00	15		X						X	
73	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	50.09										X	
77	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	50.09	00	15								X	
73	97802	MEDICAL NUTRITION, INDIV, IN	35.84									X		
77	97802	MEDICAL NUTRITION, INDIV, IN	35.84	00	15							X		
73	97803	MED NUTRITION, INDIV, SUBSEQ	31.13									X		
77	97803	MED NUTRITION, INDIV, SUBSEQ	31.13	00	15							X		
73	97804	MEDICAL NUTRITION, GROUP	16.27									X		
77	97804	MEDICAL NUTRITION, GROUP	16.27	00	15							X		
73	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	27.07	00	20	X			X					
77	98940	CHIROPR MANIP TX TO TWO REGIONS	27.07	00	15	X			X					
73	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	38.94	00	20	X			X					
77	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	38.94	00	15	X			X					
73	99151	MODERATE SEDATION SERVICES PROVIDED	70.17	00	04	X								
77	99151	MODERATE SEDATION SERVICES PROVIDED	70.17	00	04	X								
73	99152	MODERATE SEDATION SERVICES PROVIDED	47.39	05	20	X								
77	99152	MODERATE SEDATION SERVICES PROVIDED	47.39	05	15	X								
73	99155	MODERATE SEDATION SERVICES PROVIDED	85.97	00	04	X								
77	99155	MODERATE SEDATION SERVICES PROVIDED	85.97	00	04	X								
73	99156	MODERATE SEDATION SERVICES PROVIDED	77.73	05	20	X								
77	99156	MODERATE SEDATION SERVICES PROVIDED	77.73	05	15	X								
73	99157	MODERATE SEDATION SERVICES PROVIDED	62.70	00	20	X							X	
77	99157	MODERATE SEDATION SERVICES PROVIDED	62.70	00	15	X							X	
73	99170	EXAMINATION OF GENITAL AND ANAL REGI	150.98										X	
77	99170	EXAMINATION OF GENITAL AND ANAL REGI	150.98	00	15								X	
73	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	111.09			X							X	
77	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	111.09	00	15	X							X	
73	99184	INITIATION OF SELECTIVE HEAD OR TOTA	219.28											
77	99184	INITIATION OF SELECTIVE HEAD OR TOTA	219.28	00	15									
73	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	72.88											
73	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	72.88	10	59			F						
77	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	72.88	00	15									
77	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	72.88	10	15			F						
73	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	103.41											
73	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	103.41	10	59			F						
77	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	103.41	00	15									
77	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	103.41	10	15			F						
73	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	158.82											
73	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	158.82	10	59			F						
77	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	158.82	00	15									

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				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	158.82	10	15			F						
73	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	200.89											
73	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	200.89	10	59			F						
77	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	200.89	00	15									
77	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	200.89	10	15			F						
73	99211	OFFICE,EST PT, MINIMAL PROBLEMS	21.67										X	
73	99211 TH	OFFICE,EST PT,MINIMAL	21.67	10	59			F						
77	99211	EST PATIENT OFFICE VISIT	21.67	00	15									
77	99211 TH	OFFICE,EST PT,MINIMAL	21.67	10	15			F						
73	99212	ESTABLISHED PATIENT OFFICE OR OTHER	43.39										X	
73	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	43.39	10	59			F						
77	99212	ESTABLISHED PATIENT OFFICE OR OTHER	43.39	00	15								X	
77	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	43.39	10	15			F						
73	99213	ESTABLISHED PATIENT OFFICE OR OTHER	71.82											
73	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	71.82	10	59			F						
77	99213	ESTABLISHED PATIENT OFFICE OR OTHER	71.82	00	15									
77	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	71.82	10	15			F						
73	99214	ESTABLISHED PATIENT OFFICE OR OTHER	104.22											
73	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	104.22	10	59			F						
77	99214	ESTABLISHED PATIENT OFFICE OR OTHER	104.22	00	15									
77	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	104.22	10	15			F						
73	99215	ESTABLISHED PATIENT OFFICE OR OTHER	140.20											
73	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	140.20	10	59			F						
77	99215	ESTABLISHED PATIENT OFFICE OR OTHER	140.20	00	15									
77	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	140.20	10	15			F						
73	99218	HOSPITAL OBSERVATION CARE TYPICALLY	97.95											
77	99218	HOSPITAL OBSERVATION CARE TYPICALLY	97.95	00	15									
73	99219	HOSPITAL OBSERVATION CARE TYPICALLY	132.42											
77	99219	HOSPITAL OBSERVATION CARE TYPICALLY	132.42	00	15									
73	99220	HOSPITAL OBSERVATION CARE TYPICALLY	180.74											
77	99220	HOSPITAL OBSERVATION CARE TYPICALLY	180.74	00	15									
73	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	100.37											
77	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	100.37	00	15									
73	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	135.03											
77	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	135.03	00	15									
73	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	197.58											
77	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	197.58	00	15									
73	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	38.84											
77	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	38.84	00	15									
73	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	70.78											
77	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	70.78	00	15									
73	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	101.86											
77	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	101.86	00	15									
73	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	38.51											
77	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	38.51	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	70.45											
77	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	70.45	00	15									
73	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	101.53											
77	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	101.53	00	15									
73	99234	HOSPITAL OBSERVATION OR INPATIENT CA	130.87									X		
77	99234	HOSPITAL OBSERVATION OR INPATIENT CA	130.87	00	15							X		
73	99235	HOSPITAL OBSERVATION OR INPATIENT CA	165.02									X		
77	99235	HOSPITAL OBSERVATION OR INPATIENT CA	165.02	00	15							X		
73	99236	HOSPITAL OBSERVATION OR INPATIENT CA	212.53									X		
77	99236	HOSPITAL OBSERVATION OR INPATIENT CA	212.53	00	15							X		
73	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	70.90											
77	99238	HOSPITAL	70.90	00	15									
73	99239	HOSPITAL DISCHARGE DAY	103.80											
77	99239	HOSPITAL DISCHARGE DAY	103.80	00	15									
73	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	22.52											
77	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	22.52	00	15									
73	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	43.21											
77	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	43.21	00	15									
73	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	64.61											
77	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	64.61	00	15									
73	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	119.16											
77	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	119.16	00	15									
73	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	173.27											
77	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	173.27	00	15									
73	99291	CRITICAL CARE, FIRST HOUR	271.70			X								
77	99291	CRITICAL CARE, FIRST HOUR	271.70	00	15	X								
73	99292	CRITICAL CARE, EVALUATION AND MANAGE	121.17			X							X	
77	99292	CRITICAL CARE, EVALUATION AND MANAGE	121.17	00	15	X							X	
73	99304	INITIAL NURSING FACILITY VISIT, TYPI	87.85											
77	99304	INITIAL NURSING FACILITY VISIT, TYPI	87.85	00	15									
73	99305	INITIAL NURSING FACILITY VISIT, TYPI	125.33											
77	99305	INITIAL NURSING FACILITY VISIT, TYPI	125.33	00	15									
73	99306	INITIAL NURSING FACILITY VISIT, TYPI	162.11											
77	99306	INITIAL NURSING FACILITY VISIT, TYPI	162.11	00	15									
73	99307	SUBSEQUENT NURSING FACILITY VISIT, T	42.60											
77	99307	SUBSEQUENT NURSING FACILITY VISIT, T	42.60	00	15									
73	99308	SUBSEQUENT NURSING FACILITY VISIT, T	66.94											
77	99308	SUBSEQUENT NURSING FACILITY VISIT, T	66.94	00	15									
73	99309	SUBSEQUENT NURSING FACILITY VISIT, T	88.03											
77	99309	SUBSEQUENT NURSING FACILITY VISIT, T	88.03	00	15									
73	99310	SUBSEQUENT NURSING FACILITY VISIT, T	129.89											
77	99310	SUBSEQUENT NURSING FACILITY VISIT, T	129.89	00	15									
73	99315	NURSING FAC DISCHARGE DAY	71.24											
77	99315	NURSING FAC DISCHARGE DAY	71.24	00	15									
73	99316	NURSING FAC DISCHARGE DAY	102.02											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	99316	NURSING FAC DISCHARGE DAY	102.02	00	15									
73	99324	NEW PATIENT ASSISTED LIVING VISIT, T	52.83											
77	99324	NEW PATIENT ASSISTED LIVING VISIT, T	52.83	00	15									
73	99325	NEW PATIENT ASSISTED LIVING VISIT, T	77.05											
77	99325	NEW PATIENT ASSISTED LIVING VISIT, T	77.05	00	15									
73	99326	NEW PATIENT ASSISTED LIVING VISIT, T	133.99											
77	99326	NEW PATIENT ASSISTED LIVING VISIT, T	133.99	00	15									
73	99327	NEW PATIENT ASSISTED LIVING VISIT, T	180.12											
77	99327	NEW PATIENT ASSISTED LIVING VISIT, T	180.12	00	15									
73	99328	NEW PATIENT ASSISTED LIVING VISIT, T	213.51											
77	99328	NEW PATIENT ASSISTED LIVING VISIT, T	213.51	00	15									
73	99334	ESTABLISHED PATIENT ASSISTED LIVING	58.32											
77	99334	ESTABLISHED PATIENT ASSISTED LIVING	58.32	00	15									
73	99335	ESTABLISHED PATIENT ASSISTED LIVING	92.25											
77	99335	ESTABLISHED PATIENT ASSISTED LIVING	92.25	00	15									
73	99336	ESTABLISHED PATIENT ASSISTED LIVING	130.41											
77	99336	ESTABLISHED PATIENT ASSISTED LIVING	130.41	00	15									
73	99337	ESTABLISHED PATIENT ASSISTED LIVING	188.63											
77	99337	ESTABLISHED PATIENT ASSISTED LIVING	188.63	00	15									
73	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	52.83											
77	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	52.83	00	15									
73	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	76.08											
77	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	76.08	00	15									
73	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	125.00											
77	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	125.00	00	15									
73	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	177.51											
77	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	177.51	00	15									
73	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	216.26											
77	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	216.26	00	15									
73	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	52.81											
77	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	52.81	00	15									
73	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	81.52											
77	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	81.52	00	15									
73	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	124.63											
77	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	124.63	00	15									
73	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	174.40											
77	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	174.40	00	15									
73	99460	INITIAL HOSPITAL OR BIRTHING CENTER	93.41	00	00					X				
77	99460	INITIAL HOSPITAL OR BIRTHING CENTER	93.41	00	00					X				
73	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	87.50	00	00					X				
77	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	87.50	00	00					X				
73	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	41.27	00	00									
77	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	41.27	00	00									
73	99463	INITIAL HOSPITAL OR BIRTHING CENTER	107.64	00	00					X				
77	99463	INITIAL HOSPITAL OR BIRTHING CENTER	107.64	00	00					X				

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	72.93	00	00									
77	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	72.93	00	00									
73	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	142.97	00	00									
77	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	142.97	00	00									
73	99466	CRITICAL CARE SERVICES DELIVERED BY	233.33	00	01									
77	99466	CRITICAL CARE SERVICES DELIVERED BY	233.33	00	01									
73	99467	CRITICAL CARE SERVICES DELIVERED BY	116.92	00	01								X	
77	99467	CRITICAL CARE SERVICES DELIVERED BY	116.92	00	01								X	
73	99468	INITIAL INPATIENT NEONATAL CRITICAL	899.16	00	00									
77	99468	INITIAL INPATIENT NEONATAL CRITICAL	899.16	00	00									
73	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	389.34	00	00									
77	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	389.34	00	00									
73	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	778.50	00	01									
77	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	778.50	00	01									
73	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	393.72	00	01									
77	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	393.72	00	01									
73	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	547.89	02	05									
77	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	547.89	02	05									
73	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	339.49	02	05									
77	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	339.49	02	05									
73	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	341.76	00	00									
77	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	341.76	00	00									
73	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	134.33	00	00									
77	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	134.33	00	00									
73	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	121.83	00	00									
77	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	121.83	00	00									
73	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	116.92	00	00									
77	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	116.92	00	00									