LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

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 Gainwell 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.

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	55.70	16	99								X	
77	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	55.70	00	15					X			X	
73	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	15.48	16	99								X	
77	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	15.48	00	15					X			X	
73	G0117	GLAUCOMA SCRN HGH RISK DIREC	55.65									X		
73	G0118	GLAUCOMA SCRN HGH RISK DIREC	40.52									X		
73	G0124	SCREENING CYTOPATHOLOGY, PHY. INTERP	21.36									X		
73	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NU	23.40									X		
73	G0141	SCR C/V CYTO,AUTOSYS AND MD	21.36									X		
73	G0179	PHYS SERV FO THE RECERT OF MEDICARE	40.69									X		
73	G0180	MD CERTIFICATION HHA PATIENT	52.51									X		
73	G0181	HOME HEALTH CARE SUPERVISION	105.91									X		
73	G0245	INITIAL FOOT EXAM PT LOPS	65.08									X		
73	G0246	FOLLOWUP EVAL OF FOOT PT LOP	37.98									X		
73	G0247	ROUTINE FOOTCARE PT W LOPS	80.38									X		
73	G0250	MD REVIEW INTERPRET OF TEST	8.15									X		
73	G0268	REMOVAL OF IMPACTED WAX MD	51.90									X		
73	G0270	MNT SUBS TX FOR CHANGE DX	31.81									X		
73	G0271	GROUP MNT 2 OR MORE 30 MINS	16.79									X		
73	G0278	ILIAC ART ANGIO,CARDIAC CATH	14.37									X		
73	G0281	ELEC STIM UNATTEND FOR PRESS	13.03									X		
73	G0283	ELEC STIM OTHER THAN WOUND	13.03									X		
73	G0289	ARTHRO, LOOSE BODY + CHONDRO	91.29									X		
73	G0329	ELECTROMAGNTIC TX FOR ULCERS	10.76									X		
73	G0341	PERCUTANEOUS ISLET CELLTRANS	2,078.84									X		
73	G0342	LAPAROSCOPY ISLET CELL TRANS	693.61									X		
73	G0343	LAPAROTOMY ISLET CELL TRANSP	1,345.34									X		
73	G0372	MD SERVICE REQUIRED FOR PMD	9.10									X		
75	G0452	MOLECULAR PATHOLOGY PROCEDURE;PHYS	46.47	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	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	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	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	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	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	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	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	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, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	01920	ANES;CARD.CATH,CORO ANGIO/VENTRICULO	SP						X		7		X	
01	01922	ANES;NON-INVASIVE IMAG RAD THERAPHY	SP						X		7		X	
01	01924	ANES, THER INTERVEN RAD,ARTE SYS;NOS	SP						X		5		X	
01	01925	ANES, THER INTERVEN RAD,CAROTID/CORO	SP						X		7		X	
01	01926	ANES;THER INTERV INTRACRAN/CARD,AORT	SP						X		8		X	
01	01930	ANES;THER INTERV RAD, VEN/LYMPHATIC	SP						X		5		X	
01	01931	ANES;THER INTERVEN RAD TIPS	SP						X		7		X	
01	01932	ANES;THER INTERV INTRAHORAC JUGULAR	SP						X		6		X	
01	01933	ANES;THER INTERV RAD INTRACRANIAL	SP						X		7		X	
01	01937	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01938	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01939	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01940	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01941	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		5		X	
01	01942	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		5		X	
01	01951	ANESTH, BURN, LESS THAN ONE PERCENT	SP						X		3		X	
01	01952	ANES;BURN,BETWEEN 4-9 PERCENT	SP						X		5		X	
01	01953	ANES;BURN, EACH ADD 9 PERCENT	SP						X		1		X	
01	01958	ANESTH, ANTEPARTUM MANIPUL	SP					F	X		5		X	
01	01960	ANES;VAGINAL DELIVERY	SP	09	60			F	X	X	5		X	
01	01961	ANES;CESAREAN DELIVERY ONLY	SP	09	60			F	X	X	7		X	
01	01962	ANES;URGENT HYSTERECTOMY FOLLOW.DELI	SP	09	60	X		F	X	X	8		X	
01	01963	ANESTHESIA FOR CESAREAN REMOVAL OF U	SP	09	60	X		F	X	X	8		X	
01	01965	ANESTH, INC/MISSED AB PROC	SP	09	60	X		F	X		4		X	
01	01966	ANESTH, INDUCED AB PROCEDURE	SP	09	60	X		F	X		4		X	
01	01967	ANES;NEURAXIAL LABOR ANALG VAGIN DEL	SP	09	60			F	X	X	5		X	
01	01968	ANES;ANALG CS DELIVER FOLL NEURA LAB	SP	09	60			F	X	X	2		X	
01	01969	ANES;ANALG CS HYST FOLL NEURAX LABOR	SP	09	60			F	X	X	5		X	
01	01991	ANES;FOR DIA OR THER NERVE BLOCK INJ	SP						X	X	3		X	
01	01992	ANES;PRONE POSITION	SP						X	X	5		X	
01	01999	ANES;UNLISTED PROCEDURE (S)	SP			X			X		1		X	
73	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	53.13										X	
77	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	53.13	00	15								X	
73	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	136.61											
77	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	136.61	00	15									
73	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	62.22										X	
77	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	62.22	00	15								X	
73	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	303.19											
77	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	303.19	00	15									
73	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	161.72										X	
77	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	161.72	00	15								X	
73	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	462.44											
77	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	462.44	00	15									
73	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	274.62										X	
77	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	274.62	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	10021	FNA W/O IMAGE	103.77										
77	10021	FNA W/O IMAGE	103.77	00 15									
73	10030	Fluid collection drainage by cathete	647.46										
77	10030	Fluid collection drainage by cathete	647.46	00 15									
73	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	416.17										
77	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	416.17	00 15									
73	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	354.43										
77	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	354.43	00 15									
73	10060	DRAINAGE OF SKIN ABSCESS	123.56										
77	10060	DRAINAGE OF SKIN ABSCESS	123.56	00 15									
73	10061	DRAIN SKIN ABSCESS COMPLICATED	214.70										
77	10061	DRAIN SKIN ABSCESS COMPLICATED	214.70	00 15									
73	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	242.51										
77	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	242.51	00 15									
73	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	340.16										
77	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	340.16	00 15									
73	10120	SIMPLE REMOVAL FOREIGN BODY	152.37										
77	10120	SIMPLE REMOVAL FOREIGN BODY	152.37	00 15									
73	10121	COMPLICATED REMOVAL FOREIGN BODY	274.67										
77	10121	COMPLICATED REMOVAL FOREIGN BODY	274.67	00 15									
73	10140	INCISE/DRAIN SIMPLE HEMATOMA	172.66										
77	10140	INCISE/DRAIN SIMPLE HEMATOMA	172.66	00 15									
73	10160	PUNCTURE DRAINAGE OF LESION	130.87										
77	10160	PUNCTURE DRAINAGE OF LESION	130.87	00 15									
73	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	268.61										
77	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	268.61	00 15									
73	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	57.53										
77	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	57.53	00 15									
73	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	25.67									X	
77	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	25.67	00 15								X	
73	11004	DEBRIDE GENITALIA & PERINEUM	613.29										
77	11004	DEBRIDE GENITALIA & PERINEUM	613.29	00 15									
73	11005	DEBRIDE ABDOM WALL	847.51										
77	11005	DEBRIDE ABDOM WALL	847.51	00 15									
73	11006	DEBRIDE GENIT/PER/ABDOM WALL	757.73										
77	11006	DEBRIDE GENIT/PER/ABDOM WALL	757.73	00 15									
73	11008	REMOVE MESH FROM ABD WALL	298.31										
77	11008	REMOVE MESH FROM ABD WALL	298.31	00 15									
73	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	477.59										
77	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	477.59	00 15									
73	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	533.55										
77	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	533.55	00 15									
73	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	686.33									X	
77	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	686.33	00 15								X	
73	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	129.52										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	129.52	00 15									
73	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	240.09										
77	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	240.09	00 15									
73	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	321.78										
77	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	321.78	00 15									
73	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	42.52									X	
77	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	42.52	00 15								X	
73	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	77.40									X	
77	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	77.40	00 15								X	
73	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	128.16									X	
77	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	128.16	00 15								X	
73	11055	TRIM SKIN LESION	68.39										
77	11055	TRIM SKIN LESION	68.39	00 15									
73	11056	TRIM 2 TO 4 SKIN LESIONS	78.53										
77	11056	TRIM 2 TO 4 SKIN LESIONS	78.53	00 15									
73	11057	TRIM OVER 4 SKIN LESIONS	86.60										
77	11057	TRIM OVER 4 SKIN LESIONS	86.60	00 15									
73	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	101.90										
77	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	101.90	00 15									
73	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	52.20									X	
77	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	52.20	00 15								X	
73	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	128.21										
77	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	128.21	00 15									
73	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	60.40									X	
77	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	60.40	00 15								X	
73	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	156.73										
77	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	156.73	00 15									
73	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	72.01									X	
77	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	72.01	00 15								X	
73	11200	EXCISE UP TO 15 SKIN TAGS	89.50										
77	11200	EXCISE UP TO 15 SKIN TAGS	89.50	00 15									
73	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	19.14									X	
77	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	19.14	00 15								X	
73	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	101.09										
77	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	101.09	00 15									
73	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	123.20										
77	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	123.20	00 15									
73	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	140.90										
77	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	140.90	00 15									
73	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	155.49										
77	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	155.49	00 15									
73	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	106.70										
77	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	106.70	00 15									
73	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	124.00										
77	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	124.00	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	143.89										
77	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	143.89	00 15									
73	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	153.43										
77	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	153.43	00 15									
73	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	117.41										
77	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	117.41	00 15									
73	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	139.50										
77	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	139.50	00 15									
73	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	159.08										
77	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	159.08	00 15									
73	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	185.07										
77	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	185.07	00 15									
73	11400	EXCISE BENIGN LESION TO 0.5 CM	127.84									X	
77	11400	EXCISE BENIGN LESION TO 0.5 CM	127.84	00 15								X	
73	11401	EXCISE BENIGN LESION 0.6 TO 1CM	156.31									X	
77	11401	EXCISE BENIGN LESION 0.6 TO 1CM	156.31	00 15								X	
73	11402	EXCISE BENIGN LESION 1.1 TO 2CM	173.20									X	
77	11402	EXCISE BENIGN LESION 1.1 TO 2CM	173.20	00 15								X	
73	11403	EXCISE BENIGN LESION 2.1 TO 3CM	200.38									X	
77	11403	EXCISE BENIGN LESION 2.1 TO 3CM	200.38	00 15								X	
73	11404	EXCISE BENIGN LESION 3.1 TO 4CM	229.09									X	
77	11404	EXCISE BENIGN LESION 3.1 TO 4CM	229.09	00 15								X	
73	11406	EXCISE BENIGN LESION OVER 4 CM	329.61									X	
77	11406	EXCISE BENIGN LESION OVER 4 CM	329.61	00 15								X	
73	11420	EXCISE BENIGN LESION TO 0.5 CM	128.49									X	
77	11420	EXCISE BENIGN LESION TO 0.5 CM	128.49	00 15								X	
73	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	160.92									X	
77	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	160.92	00 15								X	
73	11422	EXCISE BENIGN LESION 1.1 TO 2CM	182.01									X	
77	11422	EXCISE BENIGN LESION 1.1 TO 2CM	182.01	00 15								X	
73	11423	EXCISE BENIGN LESION 2.1 TO 3CM	207.99									X	
77	11423	EXCISE BENIGN LESION 2.1 TO 3CM	207.99	00 15								X	
73	11424	EXCISE BENIGN LESION 3.1 TO 4CM	239.89									X	
77	11424	EXCISE BENIGN LESION 3.1 TO 4CM	239.89	00 15								X	
73	11426	EXCISE BENIGN LESION OVER 4.0 CM	347.54									X	
77	11426	EXCISE BENIGN LESION OVER 4.0 CM	347.54	00 15								X	
73	11440	EXCISE BENIGN LESION TO 0.5 CM	142.85									X	
77	11440	EXCISE BENIGN LESION TO 0.5 CM	142.85	00 15								X	
73	11441	EXCISE BENIGN LESION 0.6 TO 1CM	175.03									X	
77	11441	EXCISE BENIGN LESION 0.6 TO 1CM	175.03	00 15								X	
73	11442	EXCISE BENIGN LESION 1.1 TO 2CM	194.69									X	
77	11442	EXCISE BENIGN LESION 1.1 TO 2CM	194.69	00 15								X	
73	11443	EXCISE BENIGN LESION 2.1 TO 3CM	232.19									X	
77	11443	EXCISE BENIGN LESION 2.1 TO 3CM	232.19	00 15								X	
73	11444	EXCISE BENIGN LESION 3.1 TO 4CM	291.07									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	11444	EXCISE BENIGN LESION 3.1 TO 4CM	291.07	00	15								X	
73	11446	EXCISE BENIGN LESION OVER 4.0 CM	398.77										X	
77	11446	EXCISE BENIGN LESION OVER 4.0 CM	398.77	00	15								X	
73	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	438.70											
77	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	438.70	00	15									
73	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	541.04											
77	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	541.04	00	15									
73	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	423.01											
77	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	423.01	00	15									
73	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	545.50											
77	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	545.50	00	15									
73	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	462.11											
77	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	462.11	00	15									
73	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	559.34											
77	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	559.34	00	15									
73	11600	EXCISE MALIGNANCY TO 0.5 CM	201.06										X	
77	11600	EXCISE MALIGNANCY TO 0.5 CM	201.06	00	15								X	
73	11601	EXCISE MALIGNANCY 0.6 TO 1CM	231.97										X	
77	11601	EXCISE MALIGNANCY 0.6 TO 1CM	231.97	00	15								X	
73	11602	EXCISE MALIGNANCY 1.1 TO 2CM	247.44										X	
77	11602	EXCISE MALIGNANCY 1.1 TO 2CM	247.44	00	15								X	
73	11603	EXCISE MALIGNANCY 2.1 TO 3CM	282.50										X	
77	11603	EXCISE MALIGNANCY 2.1 TO 3CM	282.50	00	15								X	
73	11604	EXCISE MALIGNANCY 3.1 TO 4CM	316.72										X	
77	11604	EXCISE MALIGNANCY 3.1 TO 4CM	316.72	00	15								X	
73	11606	EXCISE MALIGNANCY OVER 4CM	458.11										X	
77	11606	EXCISE MALIGNANCY OVER 4CM	458.11	00	15								X	
73	11620	EXCISE MALIGNANCY TO 0.5CM	201.74										X	
77	11620	EXCISE MALIGNANCY TO 0.5CM	201.74	00	15								X	
73	11621	EXCISE MALIGNANCY 0.6 TO 1CM	232.64										X	
77	11621	EXCISE MALIGNANCY 0.6 TO 1CM	232.64	00	15								X	
73	11622	EXCISE MALIGNANCY 1.1 TO 2CM	255.49										X	
77	11622	EXCISE MALIGNANCY 1.1 TO 2CM	255.49	00	15								X	
73	11623	EXCISE MALIGNANCY 2.1 TO 3CM	301.09										X	
77	11623	EXCISE MALIGNANCY 2.1 TO 3CM	301.09	00	15								X	
73	11624	EXCISE MALIGNANCY 3.1 TO 4CM	343.19										X	
77	11624	EXCISE MALIGNANCY 3.1 TO 4CM	343.19	00	15								X	
73	11626	EXCISE MALIGNANCY OVER 4CM	418.84										X	
77	11626	EXCISE MALIGNANCY OVER 4CM	418.84	00	15								X	
73	11640	EXCISE MALIGNANCY TO 0.5CM	206.05										X	
77	11640	EXCISE MALIGNANCY TO 0.5CM	206.05	00	15								X	
73	11641	EXCISE MALIGNANCY 0.6 TO 1CM	240.24										X	
77	11641	EXCISE MALIGNANCY 0.6 TO 1CM	240.24	00	15								X	
73	11642	EXCISE MALIGNANCY 1.1 TO 2CM	271.70										X	
77	11642	EXCISE MALIGNANCY 1.1 TO 2CM	271.70	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	11643	EXCISE MALIGNANCY 2.1 TO 3CM	321.68									X	
77	11643	EXCISE MALIGNANCY 2.1 TO 3CM	321.68	00 15								X	
73	11644	EXCISE MALIGNANCY 3.1 TO 4CM	398.17									X	
77	11644	EXCISE MALIGNANCY 3.1 TO 4CM	398.17	00 15								X	
73	11646	EXCISE MALIGNANCY OVER 4CM	521.67									X	
77	11646	EXCISE MALIGNANCY OVER 4CM	521.67	00 15								X	
73	11719	TRIM NAIL(S)	13.97		X						X		
77	11719	TRIM NAIL(S)	13.97	00 15	X						X		
73	11720	DEBRIDE NAIL, 1-5	33.20										
77	11720	DEBRIDE NAIL, 1-5	33.20	00 15									
73	11721	DEBRIDE NAIL, 6 OR MORE	44.49										
77	11721	DEBRIDE NAIL, 6 OR MORE	44.49	00 15									
73	11730	SIMPLE REMOVAL OF NAIL PLATE	116.10										
77	11730	SIMPLE REMOVAL OF NAIL PLATE	116.10	00 15									
73	11732	REMOVE ADDITIONAL NAIL PLATES	34.32									X	
77	11732	REMOVE ADDITIONAL NAIL PLATES	34.32	00 15								X	
73	11740	EVACUATE HEMATOMA UNDER NAIL	55.43									X	
77	11740	EVACUATE HEMATOMA UNDER NAIL	55.43	00 15								X	
73	11750	EXCISION NAIL & NAIL MATRIX	161.86									X	
77	11750	EXCISION NAIL & NAIL MATRIX	161.86	00 15								X	
73	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	126.57										
77	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	126.57	00 15									
73	11760	SIMPLE RECONSTRUCTION NAIL BED	195.21									X	
77	11760	SIMPLE RECONSTRUCTION NAIL BED	195.21	00 15								X	
73	11762	NAIL RECONSTRUCTION; COMPLICATED	298.30									X	
77	11762	NAIL RECONSTRUCTION; COMPLICATED	298.30	00 15								X	
73	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	167.46									X	
77	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	167.46	00 15								X	
73	11770	SIMPLE EXCISION PILONIDAL CYST	355.74										
77	11770	SIMPLE EXCISION PILONIDAL CYST	355.74	00 15									
73	11771	EXCISE PILONIDAL CYST; EXTENSIVE	648.84										
77	11771	EXCISE PILONIDAL CYST; EXTENSIVE	648.84	00 15									
73	11772	PILONIDAL CYST; COMPLICATED	798.44										
77	11772	PILONIDAL CYST; COMPLICATED	798.44	00 15									
73	11900	INTRALESIONAL INJECTION; UP TO 7	56.02										
77	11900	INTRALESIONAL INJECTION; UP TO 7	56.02	00 15									
73	11901	INTRALESIONAL INJECTION; OVER 7	70.92										
77	11901	INTRALESIONAL INJECTION; OVER 7	70.92	00 15									
73	11920	TATOOING; 6SQ CM OR LESS	194.80			X							
73	11921	TATOOING; 6.1 SQ CM TO 20 SQ CM	222.13			X							
73	11960	INSERTION OF TISSUE EXPANDER	1,046.12			X							
77	11960	INSERTION OF TISSUE EXPANDER	1,046.12	00 15		X							
73	11970	REPLACEMENT OF TISSUE EXPANDER WITH	583.52			X						X	
77	11970	REPLACEMENT OF TISSUE EXPANDER WITH	583.52	00 15		X						X	
73	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	566.77			X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	566.77	00	15		X							
73	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	149.07	10	60			F						
77	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	149.07	10	15			F						
73	11980	IMPLANT HORMONE PELLET(S)	96.15					F						
77	11980	IMPLANT HORMONE PELLET(S)	96.15	00	15			F						
73	11981	INSERT DRUG IMPLANT DEVICE	106.50											
77	11981	INSERT DRUG IMPLANT DEVICE	106.50	00	15									
73	11982	REMOVE DRUG IMPLANT DEVICE	120.54											
77	11982	REMOVE DRUG IMPLANT DEVICE	120.54	00	15									
73	11983	REMOVE/INSERT DRUG IMPLANT	150.13											
77	11983	REMOVE/INSERT DRUG IMPLANT	150.13	00	15									
73	12001	SIMPLE WOUND REPAIR TO 2.5CM	95.04											
77	12001	SIMPLE WOUND REPAIR TO 2.5CM	95.04	00	15									
73	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	115.93											
77	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	115.93	00	15									
73	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	135.31											
77	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	135.31	00	15									
73	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	181.78											
77	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	181.78	00	15									
73	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	212.62											
77	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	212.62	00	15									
73	12007	SIMPLE WOUND REPAIR OVER 30CM	243.98											
77	12007	SIMPLE WOUND REPAIR OVER 30CM	243.98	00	15									
73	12011	SIMPLE WOUND REPAIR TO 2.5CM	115.75											
77	12011	SIMPLE WOUND REPAIR TO 2.5CM	115.75	00	15									
73	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	120.78											
77	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	120.78	00	15									
73	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	148.19											
77	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	148.19	00	15									
73	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	178.89											
77	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	178.89	00	15									
73	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	228.61											
77	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	228.61	00	15									
73	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	167.60											
77	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	167.60	00	15									
73	12018	SIMPLE WOUND REPAIR OVER 30 CM	190.32											
77	12018	SIMPLE WOUND REPAIR OVER 30 CM	190.32	00	15									
73	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	305.89											
77	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	305.89	00	15									
73	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	178.92											
77	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	178.92	00	15									
73	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	263.65											
77	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	263.65	00	15									
73	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	306.49											
77	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	306.49	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	338.43										
77	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	338.43	00 15									
73	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	403.48										
77	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	403.48	00 15									
73	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	448.90										
77	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	448.90	00 15									
73	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	504.73										
77	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	504.73	00 15									
73	12041	LAYER CLOSURE WOUND TO 2.5CM	265.10										
77	12041	LAYER CLOSURE WOUND TO 2.5CM	265.10	00 15									
73	12042	LAYER CLOSURE 2.6 TO 7.5CM	311.15										
77	12042	LAYER CLOSURE 2.6 TO 7.5CM	311.15	00 15									
73	12044	LAYER CLOSURE 7.6 TO 12.5CM	385.68										
77	12044	LAYER CLOSURE 7.6 TO 12.5CM	385.68	00 15									
73	12045	LAYER CLOSURE 12.6 TO 20CM	415.82										
77	12045	LAYER CLOSURE 12.6 TO 20CM	415.82	00 15									
73	12046	LAYER CLOSURE 20.1 TO 30CM	520.91										
77	12046	LAYER CLOSURE 20.1 TO 30CM	520.91	00 15									
73	12047	LAYER CLOSURE WOUND OVER 30CM	572.00										
77	12047	LAYER CLOSURE WOUND OVER 30CM	572.00	00 15									
73	12051	LAYER CLOSURE WOUND TO 2.5CM	283.98										
77	12051	LAYER CLOSURE WOUND TO 2.5CM	283.98	00 15									
73	12052	LAYER CLOSURE 2.6 TO 5CM	317.19										
77	12052	LAYER CLOSURE 2.6 TO 5CM	317.19	00 15									
73	12053	LAYER CLOSURE 5.1 TO 7.5CM	370.90										
77	12053	LAYER CLOSURE 5.1 TO 7.5CM	370.90	00 15									
73	12054	LAYER CLOSURE 7.6 TO 12.5CM	393.89										
77	12054	LAYER CLOSURE 7.6 TO 12.5CM	393.89	00 15									
73	12055	LAYER CLOSURE 12.6 TO 20CM	516.16										
77	12055	LAYER CLOSURE 12.6 TO 20CM	516.16	00 15									
73	12056	LAYER CLOSURE 20.1 TO 30CM	595.49										
77	12056	LAYER CLOSURE 20.1 TO 30CM	595.49	00 15									
73	12057	LAYER CLOSURE WOUND OVER 30CM	633.51										
77	12057	LAYER CLOSURE WOUND OVER 30CM	633.51	00 15									
73	13100	COMPLEX REPAIR 1.1 TO 2.5CM	348.18										
77	13100	COMPLEX REPAIR 1.1 TO 2.5CM	348.18	00 15									
73	13101	COMPLEX REPAIR 2.6 TO 7.5CM	405.36										
77	13101	COMPLEX REPAIR 2.6 TO 7.5CM	405.36	00 15									
73	13102	REPAIR WOUND/LESION ADD-ON	121.62										
77	13102	REPAIR WOUND/LESION ADD-ON	121.62	00 15									
73	13120	COMPLEX REPAIR 1.1 TO 2.5CM	361.99										
77	13120	COMPLEX REPAIR 1.1 TO 2.5CM	361.99	00 15									
73	13121	COMPLEX REPAIR 2.6 TO 7.5CM	434.46										
77	13121	COMPLEX REPAIR 2.6 TO 7.5CM	434.46	00 15									
73	13122	REPAIR WOUND/LESION ADD-ON	132.09										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	13122	REPAIR WOUND/LESION ADD-ON	132.09	00 15									
73	13131	COMPLEX REPAIR 1.1 TO 2.5CM	396.39										
77	13131	COMPLEX REPAIR 1.1 TO 2.5CM	396.39	00 15									
73	13132	COMPLEX REPAIR 2.6 TO 7.5CM	480.32										
77	13132	COMPLEX REPAIR 2.6 TO 7.5CM	480.32	00 15									
73	13133	REPAIR WOUND/LESION ADD-ON	174.62										
77	13133	REPAIR WOUND/LESION ADD-ON	174.62	00 15									
73	13151	COMPLEX REPAIR 1.1 TO 2.5CM	432.80										
77	13151	COMPLEX REPAIR 1.1 TO 2.5CM	432.80	00 15									
73	13152	COMPLEX REPAIR 2.6 TO 7.5CM	510.29										
77	13152	COMPLEX REPAIR 2.6 TO 7.5CM	510.29	00 15									
73	13153	REPAIR WOUND/LESION ADD-ON	192.72										
77	13153	REPAIR WOUND/LESION ADD-ON	192.72	00 15									
73	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	835.21										
77	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	835.21	00 15									
73	14000	TISSUE TRANSFER; DEFECT TO 10CM	641.75										
77	14000	TISSUE TRANSFER; DEFECT TO 10CM	641.75	00 15									
73	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	823.09										
77	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	823.09	00 15									
73	14020	TISSUE TRANSFER; TO 10 SQ CM	704.76										
77	14020	TISSUE TRANSFER; TO 10 SQ CM	704.76	00 15									
73	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	872.46										
77	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	872.46	00 15									
73	14040	TISSUE TRANSFER; TO 10 SQ CM	763.51										
77	14040	TISSUE TRANSFER; TO 10 SQ CM	763.51	00 15									
73	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	929.27										
77	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	929.27	00 15									
73	14060	TISSUE TRANSFER; TO 10 SQ CM	773.46										
77	14060	TISSUE TRANSFER; TO 10 SQ CM	773.46	00 15									
73	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,000.45										
77	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,000.45	00 15									
73	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,107.26										
77	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,107.26	00 15									
73	14302	ADJACENT TISSUE TRANSFER OR REARRANG	228.83									X	
77	14302	ADJACENT TISSUE TRANSFER OR REARRANG	228.83	00 15								X	
73	14350	FILLETED FINGER OR TOE FLAP	697.45										
77	14350	FILLETED FINGER OR TOE FLAP	697.45	00 15									
73	15002	WOUND PREP, TRK/ARM/LEG	362.57										
77	15002	WOUND PREP, TRK/ARM/LEG	362.57	00 15									
73	15003	SURGICAL PREPARATION OR CREATION +	74.35									X	
77	15003	SURGICAL PREPARATION OR CREATION +	74.35	00 15								X	
73	15004	WOUND PREP, F/N/HF/G	409.82										
77	15004	WOUND PREP, F/N/HF/G	409.82	00 15									
73	15005	SURGICAL PREPARATION OR CREATION +	125.93									X	
77	15005	SURGICAL PREPARATION OR CREATION +	125.93	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	15040	HARVEST CULTURED SKIN GRAFT	274.19										
77	15040	HARVEST CULTURED SKIN GRAFT	274.19	00 15									
73	15050	PINCH GRAFT; DEFECT UP TO 2CM	608.18										
77	15050	PINCH GRAFT; DEFECT UP TO 2CM	608.18	00 15									
73	15100	SPLIT GRAFT; UP TO 100 SQ CM	900.18										
77	15100	SPLIT GRAFT; UP TO 100 SQ CM	900.18	00 15									
73	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	195.90									X	
77	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	195.90	00 15								X	
73	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	859.15										
77	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	859.15	00 15									
73	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	120.36									X	
77	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	120.36	00 15								X	
73	15115	EPIDRM A-GRFT FACE/NCK/HF/G	840.19										
77	15115	EPIDRM A-GRFT FACE/NCK/HF/G	840.19	00 15									
73	15116	EPIDRM A-GRFT F/N/HF/G ADDL	173.24									X	
77	15116	EPIDRM A-GRFT F/N/HF/G ADDL	173.24	00 15								X	
73	15120	SPLIT GRAFT; UP TO 100 SQ CM	871.62										
77	15120	SPLIT GRAFT; UP TO 100 SQ CM	871.62	00 15									
73	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	219.79									X	
77	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	219.79	00 15								X	
73	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	743.58										
77	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	743.58	00 15									
73	15131	DERM AUTOGRAFT T/A/L ADD-ON	102.63									X	
77	15131	DERM AUTOGRAFT T/A/L ADD-ON	102.63	00 15								X	
73	15135	DERM AUTOGRAFT FACE/NCK/HF/G	897.22										
77	15135	DERM AUTOGRAFT FACE/NCK/HF/G	897.22	00 15									
73	15136	DERM AUTOGRAFT, F/N/HF/G ADD	101.32									X	
77	15136	DERM AUTOGRAFT, F/N/HF/G ADD	101.32	00 15								X	
73	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	756.02										
77	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	756.02	00 15									
73	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	129.02										
77	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	129.02	00 15									
73	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	159.91									X	
77	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	159.91	00 15								X	
73	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	829.86										
77	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	829.86	00 15									
73	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	175.15										
77	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	175.15	00 15									
73	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	194.29									X	
77	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	194.29	00 15								X	
73	15200	FULL THICK GRAFT TO 20 SQ CM	858.15										
77	15200	FULL THICK GRAFT TO 20 SQ CM	858.15	00 15									
73	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	149.75									X	
77	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	149.75	00 15								X	
73	15220	FULL THICK GRAFT TO 20 SQ CM	778.97										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	15220	FULL THICK GRAFT TO 20 SQ CM	778.97	00 15									
73	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	137.52									X	
77	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	137.52	00 15								X	
73	15240	FULL THICK GRAFT TO 20 SQ CM	940.38										
77	15240	FULL THICK GRAFT TO 20 SQ CM	940.38	00 15									
73	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	180.81									X	
77	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	180.81	00 15								X	
73	15260	FULL THICK GRAFT TO 20 SQ CM	1,004.48										
77	15260	FULL THICK GRAFT TO 20 SQ CM	1,004.48	00 15									
73	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	211.98									X	
77	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	211.98	00 15								X	
73	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	156.40										
77	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	156.40	00 15									
73	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	25.96									X	
77	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	25.96	00 15								X	
73	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	326.75										
77	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	326.75	00 15									
73	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	84.75										
77	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	84.75	00 15									
73	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	161.49										
77	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	161.49	00 15									
73	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	33.75									X	
77	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	33.75	00 15								X	
73	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	357.58										
77	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	357.58	00 15									
73	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	99.43										
77	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	99.43	00 15									
73	15570	FORMATION OF DIRECT OR TUBED PEDICLE	940.00										
77	15570	FORMATION OF DIRECT OR TUBED PEDICLE	940.00	00 15									
73	15572	FORMATION OF DIRECT OR TUBED PEDICLE	900.64										
77	15572	FORMATION OF DIRECT OR TUBED PEDICLE	900.64	00 15									
73	15574	FORMATION OF DIRECT OR TUBED PEDICLE	897.72										
77	15574	FORMATION OF DIRECT OR TUBED PEDICLE	897.72	00 15									
73	15576	FORMATION OF DIRECT OR TUBED PEDICLE	804.01										
77	15576	FORMATION OF DIRECT OR TUBED PEDICLE	804.01	00 15									
73	15600	INTERM DELAY FLAP TRUNK	338.50										
77	15600	INTERM DELAY FLAP TRUNK	338.50	00 15									
73	15610	INTERM DELAY FLAP SCALP/LIMBS	368.91										
77	15610	INTERM DELAY FLAP SCALP/LIMBS	368.91	00 15									
73	15620	INTERM DELAY FLAP CHIN/NECK/FEET	449.34										
77	15620	INTERM DELAY FLAP CHIN/NECK/FEET	449.34	00 15									
73	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	462.47										
77	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	462.47	00 15									
73	15650	TRANS INTER ANY PEDICLE FLAP	511.58										
77	15650	TRANS INTER ANY PEDICLE FLAP	511.58	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,493.09										
77	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,493.09	00 15									
73	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,150.90										
77	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,150.90	00 15									
73	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,073.01										
77	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,073.01	00 15									
73	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,594.70										
77	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,594.70	00 15									
73	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,274.32										
77	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,274.32	00 15									
73	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,347.95										
77	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,347.95	00 15									
73	15740	ISLAND PEDICLE FLAP GRAFT	1,021.23										
77	15740	ISLAND PEDICLE FLAP GRAFT	1,021.23	00 15									
73	15750	NEUROVASCULAR PEDICLE GRAFT	967.51										
77	15750	NEUROVASCULAR PEDICLE GRAFT	967.51	00 15									
73	15756	FREE MUSCLE FLAP, MICROVASC	2,388.24										
77	15756	FREE MUSCLE FLAP, MICROVASC	2,388.24	00 15									
73	15757	FREE SKIN FLAP, MICROVASC	2,374.89										
77	15757	FREE SKIN FLAP, MICROVASC	2,374.89	00 15									
73	15758	FREE FASCIAL FLAP, MICROVASC	2,382.49										
77	15758	FREE FASCIAL FLAP, MICROVASC	2,382.49	00 15									
73	15760	COMPOSITE SKIN GRAFT	860.08										
77	15760	COMPOSITE SKIN GRAFT	860.08	00 15									
73	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	498.77										
77	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	498.77	00 15									
73	15770	DERMA-FAT-FASCIA GRAFT	685.47										
77	15770	DERMA-FAT-FASCIA GRAFT	685.47	00 15									
73	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	589.28										
77	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	589.28	00 15									
73	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	186.80										
77	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	186.80	00 15									
73	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	594.08										
77	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	594.08	00 15									
73	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	181.27										
77	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	181.27	00 15									
73	15820	BLEPHAROPLASTY LOWER EYELIDS	573.23		X								
77	15820	BLEPHAROPLASTY LOWER EYELIDS	573.23	00 15	X								
73	15821	BLEPHAROPLASTY HERNIATED FAT PAD	617.06		X								
77	15821	BLEPHAROPLASTY HERNIATED FAT PAD	617.06	00 15	X								
73	15822	BLEPHAROPLASTY UPPER EYELID	460.83		X								
77	15822	BLEPHAROPLASTY UPPER EYELID	460.83	00 15	X								
73	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	618.64		X								
77	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	618.64	00 15	X								
73	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,231.01			X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,231.01	00 15		X							
73	15840	GRAFT FACIAL NERVE PARALYSIS	1,045.55										
77	15840	GRAFT FACIAL NERVE PARALYSIS	1,045.55	00 15									
73	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,860.03										
77	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,860.03	00 15									
73	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,834.71										
77	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,834.71	00 15									
73	15845	REANIMATION MUSCLE TRANS FACE	1,021.46										
77	15845	REANIMATION MUSCLE TRANS FACE	1,021.46	00 15									
73	15852	CHANGE DRESSING UNDER ANESTHESIA	49.58									X	
77	15852	CHANGE DRESSING UNDER ANESTHESIA	49.58	00 15								X	
73	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	113.60										
77	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	113.60	00 15									
73	15920	COCCYGECTOMY PRIMARY SUTURE	661.69										
77	15920	COCCYGECTOMY PRIMARY SUTURE	661.69	00 15									
73	15922	COCCYGECTOMY FLAP CLOSURE	823.51										
77	15922	COCCYGECTOMY FLAP CLOSURE	823.51	00 15									
73	15931	EXCISE SACRAL PRESSURE ULCER	749.30										
77	15931	EXCISE SACRAL PRESSURE ULCER	749.30	00 15									
73	15933	REMOVAL OF PRESSURE SORE	912.81										
77	15933	REMOVAL OF PRESSURE SORE	912.81	00 15									
73	15934	EXCISE,WITH SKIN FLAP CLOSURE	999.71										
77	15934	EXCISE,WITH SKIN FLAP CLOSURE	999.71	00 15									
73	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,199.70										
77	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,199.70	00 15									
73	15936	EXCISE ULCER W/ OTHER FLAP CLO	956.56										
77	15936	EXCISE ULCER W/ OTHER FLAP CLO	956.56	00 15									
73	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,098.52										
77	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,098.52	00 15									
73	15940	EXC ISCHIAL ULCER DIRECT SUTURE	745.17										
77	15940	EXC ISCHIAL ULCER DIRECT SUTURE	745.17	00 15									
73	15941	EXC ISCHIAL ULCER OSTECTOMY	969.22										
77	15941	EXC ISCHIAL ULCER OSTECTOMY	969.22	00 15									
73	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	959.39										
77	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	959.39	00 15									
73	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,056.98										
77	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,056.98	00 15									
73	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,705.25										
77	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,705.25	00 15									
73	15950	EXC TROCHANTERIC ULCER DIR SUTUR	643.00										
77	15950	EXC TROCHANTERIC ULCER DIR SUTUR	643.00	00 15									
73	15951	EXC TROCHAN ULCER OSTECTOMY	929.19										
77	15951	EXC TROCHAN ULCER OSTECTOMY	929.19	00 15									
73	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	950.15										
77	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	950.15	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,046.56										
77	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,046.56	00 15									
73	15956	EXC TROCH/ULC FLAP CLOSURE	1,230.02										
77	15956	EXC TROCH/ULC FLAP CLOSURE	1,230.02	00 15									
73	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,242.09										
77	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,242.09	00 15									
73	16000	INIT TREAT 1ST DEGREE BURN	75.90										
77	16000	INIT TREAT 1ST DEGREE BURN	75.90	00 15									
73	16020	DRESS/DEBRID BURN SMALL,NO ANES	85.84									X	
77	16020	DRESS/DEBRID BURN SMALL,NO ANES	85.84	00 15								X	
73	16025	DRESS/DEBRID BURN MED,NO ANESTH	158.84									X	
77	16025	DRESS/DEBRID BURN MED,NO ANESTH	158.84	00 15								X	
73	16030	DRESS/DEBRID BURN LG,NO ANESTH	199.41									X	
77	16030	DRESS/DEBRID BURN LG,NO ANESTH	199.41	00 15								X	
73	16035	ESCHAROTOMY B	205.39										
77	16035	ESCHAROTOMY B	205.39	00 15									
73	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	84.10									X	
77	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	84.10	00 15								X	
73	17000	DESTROY LESION,FACE-1 LESION	65.36										
77	17000	DESTROY LESION,FACE-1 LESION	65.36	00 15									
73	17003	DESTROY 2-14 LESIONS	6.28									X	
77	17003	DESTROY 2-14 LESIONS	6.28	00 15								X	
73	17004	DESTROY 15 & MORE LESIONS	163.92										
77	17004	DESTROY 15 & MORE LESIONS	163.92	00 15									
73	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	342.78										
77	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	342.78	00 15									
73	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	449.63										
77	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	449.63	00 15									
73	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	640.34										
77	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	640.34	00 15									
73	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	111.31										
77	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	111.31	00 15									
73	17111	DESTRUCT LESION, 15 OR MORE	131.18										
77	17111	DESTRUCT LESION, 15 OR MORE	131.18	00 15									
73	17250	CHEMICAL CAUTERY OF WOUND	88.05										
77	17250	CHEMICAL CAUTERY OF WOUND	88.05	00 15									
73	17260	DESTRUCTION, MALIGNANT LESION, ANY M	98.64										
77	17260	DESTRUCTION, MALIGNANT LESION, ANY M	98.64	00 15									
73	17261	DESTRUCTION, MALIGNANT LESION, ANY M	147.29										
77	17261	DESTRUCTION, MALIGNANT LESION, ANY M	147.29	00 15									
73	17262	DESTRUCTION, MALIGNANT LESION, ANY M	177.37										
77	17262	DESTRUCTION, MALIGNANT LESION, ANY M	177.37	00 15									
73	17263	DESTRUCTION, MALIGNANT LESION, ANY M	192.31										
77	17263	DESTRUCTION, MALIGNANT LESION, ANY M	192.31	00 15									
73	17264	DESTRUCTION, MALIGNANT LESION, ANY M	206.44										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	17264	DESTRUCTION, MALIGNANT LESION, ANY M	206.44	00 15									
73	17266	DESTRUCTION, MALIGNANT LESION, ANY M	235.62										
77	17266	DESTRUCTION, MALIGNANT LESION, ANY M	235.62	00 15									
73	17270	DESTRUCTION, MALIGNANT LESION, ANY M	149.18										
77	17270	DESTRUCTION, MALIGNANT LESION, ANY M	149.18	00 15									
73	17271	DESTRUCTION, MALIGNANT LESION, ANY M	165.43										
77	17271	DESTRUCTION, MALIGNANT LESION, ANY M	165.43	00 15									
73	17272	DESTRUCTION, MALIGNANT LESION, ANY M	188.02										
77	17272	DESTRUCTION, MALIGNANT LESION, ANY M	188.02	00 15									
73	17273	DESTRUCTION, MALIGNANT LESION, ANY M	209.74										
77	17273	DESTRUCTION, MALIGNANT LESION, ANY M	209.74	00 15									
73	17274	DESTRUCTION, MALIGNANT LESION, ANY M	245.78										
77	17274	DESTRUCTION, MALIGNANT LESION, ANY M	245.78	00 15									
73	17276	DESTRUCTION, MALIGNANT LESION, ANY M	285.99										
77	17276	DESTRUCTION, MALIGNANT LESION, ANY M	285.99	00 15									
73	17280	DESTRUCTION, MALIGNANT LESION, ANY M	140.13										
77	17280	DESTRUCTION, MALIGNANT LESION, ANY M	140.13	00 15									
73	17281	DESTRUCTION, MALIGNANT LESION, ANY M	178.91										
77	17281	DESTRUCTION, MALIGNANT LESION, ANY M	178.91	00 15									
73	17282	DESTRUCTION, MALIGNANT LESION, ANY M	206.15										
77	17282	DESTRUCTION, MALIGNANT LESION, ANY M	206.15	00 15									
73	17283	DESTRUCTION, MALIGNANT LESION, ANY M	244.82										
77	17283	DESTRUCTION, MALIGNANT LESION, ANY M	244.82	00 15									
73	17284	DESTRUCTION, MALIGNANT LESION, ANY M	279.37										
77	17284	DESTRUCTION, MALIGNANT LESION, ANY M	279.37	00 15									
73	17286	DESTRUCTION, MALIGNANT LESION, ANY M	360.16										
77	17286	DESTRUCTION, MALIGNANT LESION, ANY M	360.16	00 15									
73	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	671.38										
77	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	671.38	00 15									
73	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	405.76										
77	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	405.76	00 15									
73	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	628.92										
77	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	628.92	00 15									
73	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	387.61										
77	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	387.61	00 15									
73	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	77.60										
77	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	77.60	00 15									
73	19000	PUNCTURE ASPIRATION BREAST CYSTS	107.53										
77	19000	PUNCTURE ASPIRATION BREAST CYSTS	107.53	00 15									
73	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	27.81									X	
77	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	27.81	00 15								X	
73	19020	MASTOTOMY/DRAIN ABSCESS DEEP	491.53										
77	19020	MASTOTOMY/DRAIN ABSCESS DEEP	491.53	00 15									
73	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	168.57										
77	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	168.57	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	19081	Biopsy of breast accessed throught t	563.63										
77	19081	Biopsy of breast accessed throught t	563.63	00 15									
73	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	446.82									X	
77	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	446.82	00 15								X	
73	19083	Biopsy of breast accessed throught t	563.79										
77	19083	Biopsy of breast accessed throught t	563.79	00 15									
73	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	438.55									X	
77	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	438.55	00 15								X	
73	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	859.30										
77	19085	Biopsy of breast accessed throught t	859.30	00 15									
73	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	676.24									X	
77	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	676.24	00 15								X	
73	19100	BREAST BIOPSY NEEDLE	161.72									X	
77	19100	BREAST BIOPSY NEEDLE	161.72	00 15								X	
73	19101	BREAST BIOPSY INCISIONAL	354.18										
77	19101	BREAST BIOPSY INCISIONAL	354.18	00 15									
73	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,629.49										
77	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,629.49	00 15									
73	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	517.46										
77	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	517.46	00 15									
73	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	485.16										
77	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	485.16	00 15									
73	19120	EXCISE BREAST LESIONS,1 OR MORE	542.94										
77	19120	EXCISE BREAST LESIONS,1 OR MORE	542.94	00 15									
73	19125	EXCISION OF BREAST LESION IDENTIFIED	600.39										
77	19125	EXCISION OF BREAST LESION IDENTIFIED	600.39	00 15									
73	19126	EXCISION OF BREAST LESION IDENTIFIED	176.57										
77	19126	EXCISION OF BREAST LESION IDENTIFIED	176.57	00 15									
73	19281	PLACEMENT OF BREAST LOCALIZATION DEV	243.87										
77	19281	Placement of breast localization dev	243.87	00 15									
73	19282	PLACEMENT OF BREAST LOCALIZATION DEV	172.54									X	
77	19282	PLACEMENT OF BREAST LOCALIZATION DEV	172.54	00 15								X	
73	19283	Placement of breast localization dev	269.43										
77	19283	Placement of breast localization dev	269.43	00 15									
73	19284	PLACEMENT OF BREAST LOCALIZATION DEV	203.94									X	
77	19284	PLACEMENT OF BREAST LOCALIZATION DEV	203.94	00 15								X	
73	19285	PLACEMENT OF BREAST LOCALIZATION DEV	419.75										
77	19285	Placement of breast localization dev	419.75	00 15									
73	19286	PLACEMENT OF BREAST LOCALIZATION DEV	352.27									X	
77	19286	PLACEMENT OF BREAST LOCALIZATION DEV	352.27	00 15								X	
73	19287	Placement of breast localization dev	719.04										
77	19287	Placement of breast localization dev	719.04	00 15									
73	19288	PLACEMENT OF BREAST LOCALIZATION DEV	565.11									X	
77	19288	PLACEMENT OF BREAST LOCALIZATION DEV	565.11	00 15								X	
73	19294	PREPARATION OF TUMOR CAVITY, WITH PL	180.32									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	19294	PREPARATION OF TUMOR CAVITY, WITH PL	180.32	00	15								X	
73	19296	PLACE PO BREAST CATH FOR RAD	4,042.41											
77	19296	PLACE PO BREAST CATH FOR RAD	4,042.41	00	15									
73	19297	PLACE BREAST CATH FOR RAD	104.50											
77	19297	PLACE BREAST CATH FOR RAD	104.50	00	15									
73	19298	PLACE BREAST RAD TUBE/CATHS	986.47											
77	19298	PLACE BREAST RAD TUBE/CATHS	986.47	00	15									
73	19300	MASTECTOMY FOR GYNECOMASTIA	596.57					M						
77	19300	MASTECTOMY FOR GYNECOMASTIA	596.57	00	15			M						
73	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	710.58											
77	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	710.58	00	15									
73	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	977.81											
77	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	977.81	00	15									
73	19303	MASTECTOMY, SIMPLE, COMPLETE	1,035.31											
77	19303	MASTECTOMY, SIMPLE, COMPLETE	1,035.31	00	15									
73	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,232.98											
77	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,232.98	00	15									
73	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,311.48											
77	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,311.48	00	15									
73	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,275.53											
77	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,275.53	00	15									
73	19316	MASTOPEXY	828.53				X	F						
73	19318	REDUCTION MAMMAPLASTY	1,146.85	18	99		X							
73	19325	MAMMAPLASTY WITH PROSTHETIC	637.19				X	F					X	
73	19328	REMOVE INTACT MAMMARY IMPLANT	576.67			X		F						
77	19328	REMOVE INTACT MAMMARY IMPLANT	576.67	00	15	X		F						
73	19340	IMMEDIATE INSERTION OF BREAST PROSTH	790.44				X	F						
77	19340	IMMEDIATE INSERTION OF BREAST PROSTH	790.44	00	15		X	F						
73	19342	DELAYED INSERTION OF BREAST PROSTH	793.40				X	F						
77	19342	DELAYED INSERTION OF BREAST PROSTHES	793.40	00	15		X	F						
73	19350	NIPPLE/AREOLA RECONSTRUCTION	854.31				X						X	
77	19350	NIPPLE/AREOLA RECONSTRUCTION	854.31	00	15		X							
73	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,206.56				X	F						
77	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,206.56	00	15		X	F						
73	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,638.32				X	F						
77	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,638.32	00	15		X	F						
73	19364	RECONSTRUCTION BREAST-FREE FLAP	2,875.39				X	F						
77	19364	RECONSTRUCTION BREAST-FREE FLAP	2,875.39	00	15		X	F						
73	19367	BREAST RECONSTRUCTION	1,862.61				X	F						
77	19367	BREAST RECONSTRUCTION	1,862.61	00	15		X	F						
73	19368	BREAST RECONSTRUCTION	2,292.65				X	F						
77	19368	BREAST RECONSTRUCTION	2,292.65	00	15		X	F						
73	19369	BREAST RECONSTRUCTION	2,128.93				X	F						
77	19369	BREAST RECONSTRUCTION	2,128.93	00	15		X	F						
73	19370	PERIPROSTHETIC CAPSULECTOMY,OPEN,BRE	697.32				X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	19371	PERIPROSTHETIC CAPSULECTOMY,BREAST	743.40			X							
73	19380	REVISION OF RECONSTRUCTED BREAST	840.84			X							
73	19396	PREP MOULAGE FOR CUSTOM IMPLANT	290.44			X							
73	20100	EXPLORE WOUND, NECK	645.67										
77	20100	EXPLORE WOUND, NECK	645.67	00 15									
73	20101	EXPLORE WOUND, CHEST	609.58										
77	20101	EXPLORE WOUND, CHEST	609.58	00 15									
73	20102	EXPLORE WOUND, ABDOMEN	636.14										
77	20102	EXPLORE WOUND, ABDOMEN	636.14	00 15									
73	20103	EXPLORE WOUND, EXTREMITY	591.47										
77	20103	EXPLORE WOUND, EXTREMITY	591.47	00 15									
73	20150	EXCISE EPIPHYSEAL BAR	1,060.98										
77	20150	EXCISE EPIPHYSEAL BAR	1,060.98	00 15									
73	20200	BIOPSY,MUSCLE,SUPERFICIAL	228.40										
77	20200	BIOPSY,MUSCLE,SUPERFICIAL	228.40	00 15									
73	20205	BIOPSY,MUSCLE,DEEP	319.48										
77	20205	BIOPSY,MUSCLE,DEEP	319.48	00 15									
73	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	235.91										
77	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	235.91	00 15									
73	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	247.31										
77	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	247.31	00 15									
73	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	406.24										
77	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	406.24	00 15									
73	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	148.78										
77	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	148.78	00 15									
73	20245	BIOPSY,EXCISIONAL,BONE,DEEP	368.15										
77	20245	BIOPSY,EXCISIONAL,BONE,DEEP	368.15	00 15									
73	20250	BIOPSY,OPEN,VERTEBRAL BODY	417.04										
77	20250	BIOPSY,OPEN,VERTEBRAL BODY	417.04	00 15									
73	20251	BIOPSY,OPEN,VERTEBRAL BODY	456.32										
77	20251	BIOPSY,OPEN,VERTEBRAL BODY	456.32	00 15									
73	20500	INJECT SINUS TRACT; THERAPEUTIC	119.69										
77	20500	INJECT SINUS TRACT; THERAPEUTIC	119.69	00 15									
73	20501	INJECT SINUS TRACT; DIAGNOSTIC	142.68										
77	20501	INJECT SINUS TRACT; DIAGNOSTIC	142.68	00 15									
73	20520	REMOVE FOREIGN BODY; SIMPLE	218.95										
77	20520	REMOVE FOREIGN BODY; SIMPLE	218.95	00 15									
73	20525	REMOVE FOREIGN BODY; COMPLICATED	485.62										
77	20525	REMOVE FOREIGN BODY; COMPLICATED	485.62	00 15									
73	20526	THER INJECTION CARPAL TUNNEL	82.83										
77	20526	THER INJECTION CARPAL TUNNEL	82.83	00 15									
73	20527	INJECTION OF ENZYME IN PALM TISSUE	88.72										
77	20527	INJECTION OF ENZYME IN PALM TISSUE	88.72	00 15									
73	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	57.14									X	
77	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	57.14	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	20551	INJECT TENDON ORIGIN/INSERT	58.44								X		
77	20551	INJECT TENDON ORIGIN/INSERT	58.44	00 15							X		
73	20552	INJECT TRIGGER POINT, 1 OR 2	55.28								X		
77	20552	INJECT TRIGGER POINT, 1 OR 2	55.28	00 15							X		
73	20553	INJECT TRIGGER POINTS, > 3	62.99								X		
77	20553	INJECT TRIGGER POINTS, > 3	62.99	00 15							X		
73	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	340.80										
77	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	340.80	00 15									
73	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	53.00									X	
77	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	53.00	00 15								X	
73	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	81.43										
77	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	81.43	00 15									
73	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	55.01									X	
77	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	55.01	00 15								X	
73	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	89.83										
77	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	89.83	00 15									
73	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	65.88									X	
77	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	65.88	00 15								X	
73	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	100.26										
77	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	100.26	00 15									
73	20612	ASPIRATE/INJ GANGLION CYST	64.37									X	
77	20612	ASPIRATE/INJ GANGLION CYST	64.37	00 15								X	
73	20615	ASPIRATE/INJECTION-BONE CYST	256.46										
77	20615	ASPIRATE/INJECTION-BONE CYST	256.46	00 15									
73	20650	SKELETAL TRACTION; WIRE OR PIN	221.96										
77	20650	SKELETAL TRACTION; WIRE OR PIN	221.96	00 15									
73	20660	APPLY TONGS OR CALIPER AND REMOVE	267.01										
77	20660	APPLY TONGS OR CALIPER AND REMOVE	267.01	00 15									
73	20661	APPLY HALO; CRANIAL	536.23										
77	20661	APPLY HALO; CRANIAL	536.23	00 15									
73	20662	APPLY HALO; PELVIC	540.73										
77	20662	APPLY HALO; PELVIC	540.73	00 15									
73	20663	APPLY HALO; FEMORAL	496.69										
77	20663	APPLY HALO; FEMORAL	496.69	00 15									
73	20664	APPLICATION OF HALO, INCLUDING REMOV	948.68										
77	20664	APPLICATION OF HALO, INCLUDING REMOV	948.68	00 15									
73	20665	REMOVE HALO OR TONGS BY OTHER MD	114.18										
77	20665	REMOVE HALO OR TONGS BY OTHER MD	114.18	00 15									
73	20670	REMOVE IMPLANT; SUPERFICIAL	374.72										
77	20670	REMOVE IMPLANT; SUPERFICIAL	374.72	00 15									
73	20680	REMOVE IMPLANT; DEEP	628.46										
77	20680	REMOVE IMPLANT; DEEP	628.46	00 15									
73	20690	APPLY ESTERNAL FIXATION SYS,STND CON	628.47										
77	20690	APPLY ESTERNAL FIXATION SYS,STND CON	628.47	00 15									
73	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,169.43										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,169.43	00 15									
73	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	460.11										
77	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	460.11	00 15									
73	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	441.28										
77	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	441.28	00 15									
73	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,250.75										
77	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,250.75	00 15									
73	20700	MANUAL PREPARATION AND INSERTION OF	88.65										
77	20700	MANUAL PREPARATION AND INSERTION OF	88.65	00 15									
73	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	67.46										
77	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	67.46	00 15									
73	20702	MANUAL PREPARATION AND INSERTION OF	148.86										
77	20702	MANUAL PREPARATION AND INSERTION OF	148.86	00 15									
73	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	106.93										
77	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	106.93	00 15									
73	20704	MANUAL PREPARATION AND INSERTION OF	155.06										
77	20704	MANUAL PREPARATION AND INSERTION OF	155.06	00 15									
73	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	128.16										
77	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	128.16	00 15									
73	20802	REPLANTATION, ARM, COMPLETE	2,915.90										
77	20802	REPLANTATION, ARM, COMPLETE	2,915.90	00 15									
73	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,470.03										
77	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,470.03	00 15									
73	20808	REPLANT HAND; COMPLETE AMPUTATION	4,198.25										
77	20808	REPLANT HAND; COMPLETE AMPUTATION	4,198.25	00 15									
73	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,183.51										
77	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,183.51	00 15									
73	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,876.27									X	
77	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,876.27	00 15								X	
73	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,186.76										
77	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,186.76	00 15									
73	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,928.32										
77	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,928.32	00 15									
73	20838	REPLANT FOOT; TOTAL AMPUTATION	2,956.53										
77	20838	REPLANT FOOT; TOTAL AMPUTATION	2,956.53	00 15									
73	20900	BONE GRAFT; ANY DONOR AREA, SMALL	412.14										
77	20900	BONE GRAFT; ANY DONOR AREA, SMALL	412.14	00 15									
73	20902	BONE GRAFT, ANY DONOR AREA; LARGE	295.90										
77	20902	BONE GRAFT, ANY DONOR AREA; LARGE	295.90	00 15									
73	20910	CARTILAGE GRAFT; COSTOCHONDRAL	491.19										
77	20910	CARTILAGE GRAFT; COSTOCHONDRAL	491.19	00 15									
73	20912	CARTILAGE GRAFT;NASAL SEPTUM	491.48										
77	20912	CARTILAGE GRAFT;NASAL SEPTUM	491.48	00 15									
73	20920	FASCIA LATA GRAFT;BY STRIPPER	403.58										
77	20920	FASCIA LATA GRAFT;BY STRIPPER	403.58	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	20922	FASCIA LATA GRAFT;BY INCISION	622.94										
77	20922	FASCIA LATA GRAFT;BY INCISION	622.94	00 15									
73	20924	TENDON GRAFT; DISTANT	527.78										
77	20924	TENDON GRAFT; DISTANT	527.78	00 15									
73	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	121.68										
77	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	121.68	00 15									
73	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	811.92										
77	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	811.92	00 15									
73	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	744.72										
77	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	744.72	00 15									
73	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	811.57										
77	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	811.57	00 15									
73	20937	SPINAL BONE AUTOGRAFT	181.41										
77	20937	SPINAL BONE AUTOGRAFT	181.41	00 15									
73	20938	SPINAL BONE AUTOGRAFT	202.91										
77	20938	SPINAL BONE AUTOGRAFT	202.91	00 15									
73	20939	BONE MARROW ASPIRATION FOR BONE GRAF	76.15										
77	20939	BONE MARROW ASPIRATION FOR BONE GRAF	76.15	00 15									
73	20950	MONITOR INTERSTITIAL FLUID	270.55										
77	20950	MONITOR INTERSTITIAL FLUID	270.55	00 15									
73	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,575.43			X							
77	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,575.43	00 15		X							
73	20956	ILIAC BONE GRAFT, MICROVASC	2,805.76										
77	20956	ILIAC BONE GRAFT, MICROVASC	2,805.76	00 15									
73	20957	MT BONE GRAFT, MICROVASC	2,919.89										
77	20957	MT BONE GRAFT, MICROVASC	2,919.89	00 15									
73	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,811.13			X							
77	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,811.13	00 15		X							
73	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,825.73			X							
77	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,825.73	00 15		X							
73	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,027.76			X							
77	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,027.76	00 15		X							
73	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,020.21			X							
77	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,020.21	00 15		X							
73	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,191.46			X							
77	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,191.46	00 15		X							
73	20979	US BONE STIMULATION	55.50										
77	20979	US BONE STIMULATION	55.50	00 15									
73	20982	ABLATE, BONE TUMOR(S) PERQ	3,783.48										
77	20982	ABLATE, BONE TUMOR(S) PERQ	3,783.48	00 15									
73	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,545.03										
77	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,545.03	00 15									
73	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	155.02										
77	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	155.02	00 15									
73	21010	ARTHROTOMY,JAW,UNILATERAL	757.73										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	21010	ARTHROTOMY,JAW,UNILATERAL	757.73	00 15									
73	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	375.37										
77	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	375.37	00 15									
73	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	352.89										
77	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	352.89	00 15									
73	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	550.28										
77	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	550.28	00 15									
73	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	545.54										
77	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	545.54	00 15									
73	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	729.71										
77	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	729.71	00 15									
73	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,055.46										
77	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,055.46	00 15									
73	21025	EXCISE BONE;MANDIBLE	809.71										
77	21025	EXCISE BONE;MANDIBLE	809.71	00 15									
73	21026	EXCISE BONE(S);FACIAL	547.13										
77	21026	EXCISE BONE(S);FACIAL	547.13	00 15									
73	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	780.33										
77	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	780.33	00 15									
73	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	479.16										
77	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	479.16	00 15									
73	21031	EXCISION OF TORUS MANDIBULARIS	388.32										
77	21031	EXCISION OF TORUS MANDIBULARIS	388.32	00 15									
73	21032	EXCISION OF MAXILLARY TORUS PALATINU	385.92										
77	21032	EXCISION OF MAXILLARY TORUS PALATINU	385.92	00 15									
73	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,339.52										
77	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,339.52	00 15									
73	21040	EXCISE BENIGN CYST;MANDIBLE	485.33										
77	21040	EXCISE BENIGN CYST;MANDIBLE	485.33	00 15									
73	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	889.16										
77	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	889.16	00 15									
73	21045	RADICAL RESECTION OF MANDIBLE	1,236.05										
77	21045	RADICAL RESECTION OF MANDIBLE	1,236.05	00 15									
73	21046	REMOVE MANDIBLE CYST COMPLEX	1,032.49										
77	21046	REMOVE MANDIBLE CYST COMPLEX	1,032.49	00 15									
73	21047	EXCISE LWR JAW CYST W/REPAIR	1,300.87										
77	21047	EXCISE LWR JAW CYST W/REPAIR	1,300.87	00 15									
73	21048	REMOVE MAXILLA CYST COMPLEX	1,047.72										
77	21048	REMOVE MAXILLA CYST COMPLEX	1,047.72	00 15									
73	21049	EXCIS UPPR JAW CYST W/REPAIR	1,254.58										
77	21049	EXCIS UPPR JAW CYST W/REPAIR	1,254.58	00 15									
73	21050	TEMPRORMANDIBULAR ARTHRECTOMY	885.24										
77	21050	TEMPRORMANDIBULAR ARTHRECTOMY	885.24	00 15									
73	21060	TEMPOROMANDIBULAR MENISCECTOMY	804.63										
77	21060	TEMPOROMANDIBULAR MENISCECTOMY	804.63	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	21070	CORONOIDECTOMY; UNILATERAL	633.65										
77	21070	CORONOIDECTOMY; UNILATERAL	633.65	00 15									
73	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	376.87								X		
77	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	376.87	00 15							X		
73	21076	PREPARE FACE/ORAL PROSTHESIS	889.07										
77	21076	PREPARE FACE/ORAL PROSTHESIS	889.07	00 15									
73	21077	PREPARE FACE/ORAL PROSTHESIS	2,175.55										
77	21077	PREPARE FACE/ORAL PROSTHESIS	2,175.55	00 15									
73	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,483.85										
77	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,483.85	00 15									
73	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,713.41										
77	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,713.41	00 15									
73	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,576.00										
77	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,576.00	00 15									
73	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,440.93										
77	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,440.93	00 15									
73	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,371.66										
77	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,371.66	00 15									
73	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,569.79										
77	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,569.79	00 15									
73	21085	IMPRES & CUST PREP ORAL SURG SPLINT	685.11										
77	21085	IMPRES & CUST PREP ORAL SURG SPLINT	685.11	00 15									
73	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,620.23										
77	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,620.23	00 15									
73	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,620.23										
77	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,620.23	00 15									
73	21100	MAXILLOFACIAL FIXATION	639.65										
77	21100	MAXILLOFACIAL FIXATION	639.65	00 15									
73	21110	INTERDENTAL FIXATION	862.37										
77	21110	INTERDENTAL FIXATION	862.37	00 15									
73	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	212.37										
77	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	212.37	00 15									
73	21120	GENIOPLASTY;AUGMENTATION	690.26										
77	21120	GENIOPLASTY;AUGMENTATION	690.26	00 15									
73	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	660.71										
77	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	660.71	00 15									
73	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	791.67										
77	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	791.67	00 15									
73	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	884.21										
77	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	884.21	00 15									
73	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,758.00										
77	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,758.00	00 15									
73	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	4,074.70										
77	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	4,074.70	00 15									
73	21137	REDUCTION FOREHEAD;CONTOURING ONLY	782.09										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	21137	REDUCTION FOREHEAD;CONTOURING ONLY	782.09	00 15									
73	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	955.23										
77	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	955.23	00 15									
73	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,150.91										
77	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,150.91	00 15									
73	21141	RECONSTRUCT MIDFACE, LEFORT	1,359.96										
77	21141	RECONSTRUCT MIDFACE, LEFORT	1,359.96	00 15									
73	21142	RECONSTRUCT MIDFACE, LEFORT	1,397.39										
77	21142	RECONSTRUCT MIDFACE, LEFORT	1,397.39	00 15									
73	21143	RECONSTRUCT MIDFACE, LEFORT	1,445.94										
77	21143	RECONSTRUCT MIDFACE, LEFORT	1,445.94	00 15									
73	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,587.98										
77	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,587.98	00 15									
73	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,656.75										
77	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,656.75	00 15									
73	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,746.46										
77	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,746.46	00 15									
73	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,709.59										
77	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,709.59	00 15									
73	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,883.52										
77	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,883.52	00 15									
73	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,025.91										
77	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,025.91	00 15									
73	21155	RECONSTR MIDFACE III W/LEFORT I	2,247.52										
77	21155	RECONSTR MIDFACE III W/LEFORT I	2,247.52	00 15									
73	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,697.37										
77	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,697.37	00 15									
73	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,926.22										
77	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,926.22	00 15									
73	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,319.28										
77	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,319.28	00 15									
73	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,328.44										
77	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,328.44	00 15									
73	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,597.59										
77	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,597.59	00 15									
73	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,786.19										
77	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,786.19	00 15									
73	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	772.44										
77	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	772.44	00 15									
73	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,228.18										
77	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,228.18	00 15									
73	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,426.78										
77	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,426.78	00 15									
73	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,611.99										
77	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,611.99	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,638.12										
77	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,638.12	00 15									
73	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,262.05										
77	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,262.05	00 15									
73	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,458.58										
77	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,458.58	00 15									
73	21195	RECONST MAND RAMUS W/O RIGID FIX	1,390.37										
77	21195	RECONST MAND RAMUS W/O RIGID FIX	1,390.37	00 15									
73	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,437.45										
77	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,437.45	00 15									
73	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,105.53										
77	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,105.53	00 15									
73	21199	RECONSTR LWR JAW W/ADVANCE	1,050.07										
77	21199	RECONSTR LWR JAW W/ADVANCE	1,050.07	00 15									
73	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,022.19										
77	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,022.19	00 15									
73	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,695.78			X							
77	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,695.78	00 15		X							
77	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	800.60	00 15		X							
73	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,883.42										
77	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,883.42	00 15									
73	21215	BONE GRAFT; MANDIBLE	4,145.03										
77	21215	BONE GRAFT; MANDIBLE	4,145.03	00 15									
73	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	778.56										
77	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	778.56	00 15									
73	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	737.21										
77	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	737.21	00 15									
73	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,077.01										
77	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,077.01	00 15									
73	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,029.97										
77	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,029.97	00 15									
73	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,643.94										
77	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,643.94	00 15									
73	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,038.93										
77	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,038.93	00 15									
73	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,258.41										
77	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,258.41	00 15									
73	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	869.84										
77	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	869.84	00 15									
73	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,619.72										
77	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,619.72	00 15									
73	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,019.52										
77	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,019.52	00 15									
73	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,388.89										
77	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,388.89	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,383.19											
77	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,383.19	00	15									
73	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,293.51											
77	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,293.51	00	15									
73	21260	ORBITAL REVISION; EXTRACRANIAL	1,441.47											
77	21260	ORBITAL REVISION; EXTRACRANIAL	1,441.47	00	15									
73	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,560.84											
77	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,560.84	00	15									
73	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,366.40											
77	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,366.40	00	15									
73	21267	REPOSITION ORBIT; EXTRACRANIAL	1,685.32											
77	21267	REPOSITION ORBIT; EXTRACRANIAL	1,685.32	00	15									
73	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,115.72											
77	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,115.72	00	15									
73	21270	RECONSTRUCT ORBITOFACIAL BONES	1,038.80											
77	21270	RECONSTRUCT ORBITOFACIAL BONES	1,038.80	00	15									
73	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	881.40											
77	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	881.40	00	15									
73	21282	LATERAL CANTHOPEXY	394.58	16	20	X								
77	21282	LATERAL CANTHOPEXY	394.58	00	15	X								
73	21315	DIGITAL MANIPULATION OF NASAL FX	284.76											
77	21315	DIGITAL MANIPULATION OF NASAL FX	284.76	00	15									
73	21320	MANIPULATE NASAL FX; INSTRUMENTAL	262.25											
77	21320	MANIPULATE NASAL FX; INSTRUMENTAL	262.25	00	15									
73	21325	OPEN TREATMENT NASAL FX; SIMPLE	450.45											
77	21325	OPEN TREATMENT NASAL FX; SIMPLE	450.45	00	15									
73	21330	TREATMENT NASAL FX; COMPLICATED	543.31											
77	21330	TREATMENT NASAL FX; COMPLICATED	543.31	00	15									
73	21335	OPEN TREATMENT FX NASAL SEPTUM	737.03											
77	21335	OPEN TREATMENT FX NASAL SEPTUM	737.03	00	15									
73	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	660.11											
77	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	660.11	00	15									
73	21337	CLOSED TREATMENT FX NASAL SEPTUM	420.85											
77	21337	CLOSED TREATMENT FX NASAL SEPTUM	420.85	00	15									
73	21338	OPEN TREATMENT NASOETHMOID FRACTURE	681.01											
77	21338	OPEN TREATMENT NASOETHMOID FRACTURE	681.01	00	15									
73	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	772.71											
77	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	772.71	00	15									
73	21340	TREAT NASOETHMOID COMPLEX FX	770.80											
77	21340	TREAT NASOETHMOID COMPLEX FX	770.80	00	15									
73	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,112.47											
77	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,112.47	00	15									
73	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,440.37											
77	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,440.37	00	15									
73	21345	TREAT NASOMAXILLARY COMPLEX FX	805.75											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	21345	TREAT NASOMAXILLARY COMPLEX FX	805.75	00 15									
73	21346	OPEN TREATMENT NASOMAXILLARY FX	1,031.44										
77	21346	OPEN TREATMENT NASOMAXILLARY FX	1,031.44	00 15									
73	21347	OPEN TREATMENT NASOMAXILLARY FX	1,058.71										
77	21347	OPEN TREATMENT NASOMAXILLARY FX	1,058.71	00 15									
73	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,126.58										
77	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,126.58	00 15									
73	21355	MANIPULATE FX OF MALAR AREA	447.10										
77	21355	MANIPULATE FX OF MALAR AREA	447.10	00 15									
73	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	513.81										
77	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	513.81	00 15									
73	21360	TREAT DEPRESSED MALAR FRACTURE	529.87										
77	21360	TREAT DEPRESSED MALAR FRACTURE	529.87	00 15									
73	21365	TREAT COMPLICATED FX MALAR AREA	1,130.87										
77	21365	TREAT COMPLICATED FX MALAR AREA	1,130.87	00 15									
73	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,336.98										
77	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,336.98	00 15									
73	21385	TREAT ORBITAL FX; TRANSANTRAL	772.44										
77	21385	TREAT ORBITAL FX; TRANSANTRAL	772.44	00 15									
73	21386	TREAT ORBITAL FX; PERIORBITAL	721.07										
77	21386	TREAT ORBITAL FX; PERIORBITAL	721.07	00 15									
73	21387	TREAT ORBITAL FX; COMBINATION	807.14										
77	21387	TREAT ORBITAL FX; COMBINATION	807.14	00 15									
73	21390	TREAT ORBITAL FX WITH IMPLANT	823.21										
77	21390	TREAT ORBITAL FX WITH IMPLANT	823.21	00 15									
73	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,058.12										
77	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,058.12	00 15									
73	21400	TREAT FX OF ORBIT W/O MANIPULATION	208.61										
77	21400	TREAT FX OF ORBIT W/O MANIPULATION	208.61	00 15									
73	21401	TREAT FX OF ORBIT WITH MANIPULATION	520.97										
77	21401	TREAT FX OF ORBIT WITH MANIPULATION	520.97	00 15									
73	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	605.13										
77	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	605.13	00 15									
73	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	658.95										
77	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	658.95	00 15									
73	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	943.52										
77	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	943.52	00 15									
73	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	666.30										
77	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	666.30	00 15									
73	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	658.99										
77	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	658.99	00 15									
73	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	843.63										
77	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	843.63	00 15									
73	21431	TREAT CRANIOFACIAL SEPARATION	707.86										
77	21431	TREAT CRANIOFACIAL SEPARATION	707.86	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	21432	OPEN TX CRANIOFACIAL SEPARATION	749.45										
77	21432	OPEN TX CRANIOFACIAL SEPARATION	749.45	00 15									
73	21433	COMPLICATED TX CRANIOFACIAL FX	1,822.72										
77	21433	COMPLICATED TX CRANIOFACIAL FX	1,822.72	00 15									
73	21435	COMPLICATED TX CRANIOFACIAL FX	1,470.45										
77	21435	COMPLICATED TX CRANIOFACIAL FX	1,470.45	00 15									
73	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,136.10										
77	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,136.10	00 15									
73	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	664.56										
77	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	664.56	00 15									
73	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	797.86										
77	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	797.86	00 15									
73	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	593.96										
77	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	593.96	00 15									
73	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	774.28										
77	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	774.28	00 15									
73	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	750.73										
77	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	750.73	00 15									
73	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,084.29										
77	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,084.29	00 15									
73	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	498.54										
77	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	498.54	00 15									
73	21461	TREAT MANDIBULAR FX W/O FIXATION	1,945.81										
77	21461	TREAT MANDIBULAR FX W/O FIXATION	1,945.81	00 15									
73	21462	TREAT MANDIBULAR FX WITH FIXATION	2,128.67										
77	21462	TREAT MANDIBULAR FX WITH FIXATION	2,128.67	00 15									
73	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	820.76									X	
77	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	820.76	00 15								X	
73	21470	TREAT COMPLICATED MANDIBULAR FX	1,195.48										
77	21470	TREAT COMPLICATED MANDIBULAR FX	1,195.48	00 15									
73	21480	TX TEMPOROMANDIBULAR DISLOCATION	135.97										
77	21480	TX TEMPOROMANDIBULAR DISLOCATION	135.97	00 15									
73	21485	TEMPOROMANDIBULAR MANIPULATION	962.23										
77	21485	TEMPOROMANDIBULAR MANIPULATION	962.23	00 15									
73	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	808.73										
77	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	808.73	00 15									
73	21501	I & D DEEP ABSCESS OR HEMATOMA	493.06										
77	21501	I & D DEEP ABSCESS OR HEMATOMA	493.06	00 15									
73	21502	I & D WITH PARTIAL RIB REMOVAL	543.78										
77	21502	I & D WITH PARTIAL RIB REMOVAL	543.78	00 15									
73	21510	INCISION WITH OPENING OF BONE CORTEX	480.25										
77	21510	INCISION WITH OPENING OF BONE CORTEX	480.25	00 15									
73	21550	EXCISIONAL BIOPSY SOFT TISSUES	271.51										
77	21550	EXCISIONAL BIOPSY SOFT TISSUES	271.51	00 15									
73	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	475.67										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	475.67	00 15									
73	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	776.17										
77	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	776.17	00 15									
73	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	446.41										
77	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	446.41	00 15									
73	21556	EXCISE BENIGN TUMOR; DEEP	557.02										
77	21556	EXCISE BENIGN TUMOR; DEEP	557.02	00 15									
73	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,011.03										
77	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,011.03	00 15									
73	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,434.81										
77	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,434.81	00 15									
73	21600	EXCISION OF RIB; PARTIAL	585.51										
77	21600	EXCISION OF RIB; PARTIAL	585.51	00 15									
73	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,255.59									X	
77	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,255.59	00 15								X	
73	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,677.27										
77	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,677.27	00 15									
73	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,835.88										
77	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,835.88	00 15									
73	21610	COSTOTRANSVERSECTOMY	1,317.93										
77	21610	COSTOTRANSVERSECTOMY	1,317.93	00 15									
73	21615	EXCISION CERVICAL RIB	665.32										
77	21615	EXCISION CERVICAL RIB	665.32	00 15									
73	21616	EXCISE RIB WITH SYMPATHECTOMY	775.05										
77	21616	EXCISE RIB WITH SYMPATHECTOMY	775.05	00 15									
73	21620	OSTECTOMY OF STERNUM; PARTIAL	539.26										
77	21620	OSTECTOMY OF STERNUM; PARTIAL	539.26	00 15									
73	21627	STERNAL DEBRIDEMENT	571.08										
77	21627	STERNAL DEBRIDEMENT	571.08	00 15									
73	21630	RADICAL RESECTION OF STERNUM	1,275.42										
77	21630	RADICAL RESECTION OF STERNUM	1,275.42	00 15									
73	21632	MEDIASTINAL LYMPHADENECTOMY	1,304.02										
77	21632	MEDIASTINAL LYMPHADENECTOMY	1,304.02	00 15									
73	21685	HYOID MYOTOMY & SUSPENSION	1,022.69										
77	21685	HYOID MYOTOMY & SUSPENSION	1,022.69	00 15									
73	21700	DIVISION OF SCALENUS ANTICUS	387.29										
77	21700	DIVISION OF SCALENUS ANTICUS	387.29	00 15									
73	21705	DIVIDE SCALENUS AND RESECTION RIB	583.80										
77	21705	DIVIDE SCALENUS AND RESECTION RIB	583.80	00 15									
73	21720	DIVISION STERNOCLEIDOMASTOID	567.34										
77	21720	DIVISION STERNOCLEIDOMASTOID	567.34	00 15									
73	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	569.91										
77	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	569.91	00 15									
73	21740	RECONSTRUCT PECTUS EXCAVATUM	1,110.78		X								
77	21740	RECONSTRUCT PECTUS EXCAVATUM	1,110.78	00 15	X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	731.18										
77	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	731.18	00 15									
73	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	645.00										
77	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	645.00	00 15									
73	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	780.00										
77	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	780.00	00 15									
73	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,079.28										
77	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,079.28	00 15									
73	21820	TREAT STERNUM FRACTURE; CLOSED	151.36										
77	21820	TREAT STERNUM FRACTURE; CLOSED	151.36	00 15									
73	21825	TREAT STERNUM FRACTURE; OPEN	579.64										
77	21825	TREAT STERNUM FRACTURE; OPEN	579.64	00 15									
73	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	264.56										
77	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	264.56	00 15									
73	21925	BX,SFT TISS-BACK/FLANK; DEEP	499.25										
77	21925	BX,SFT TISS-BACK/FLANK; DEEP	499.25	00 15									
73	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	519.09										
77	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	519.09	00 15									
73	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	501.96										
77	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	501.96	00 15									
73	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	706.46										
77	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	706.46	00 15									
73	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	790.88										
77	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	790.88	00 15									
73	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,095.79										
77	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,095.79	00 15									
73	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,518.02										
77	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,518.02	00 15									
73	22010	INCISION AND DRAINAGE, OPEN OF DEEP	1,039.04										
77	22010	I&D, P-SPINE, C/T/CERV-THOR	1,039.04	00 15									
73	22015	I&D, P-SPINE, L/S/LS	1,013.27										
77	22015	I&D, P-SPINE, L/S/LS	1,013.27	00 15									
73	22100	RESECT VERTEBRA,CERVICAL	920.19										
77	22100	RESECT VERTEBRA,CERVICAL	920.19	00 15									
73	22101	RESECT VERTEBRA,THORACIC	925.66										
77	22101	RESECT VERTEBRA,THORACIC	925.66	00 15									
73	22102	RESECT VERTEBRA,LUMBAR	876.97										
77	22102	RESECT VERTEBRA,LUMBAR	876.97	00 15									
73	22103	REMOVE EXTRA SPINE SEGMENT	154.73										
77	22103	REMOVE EXTRA SPINE SEGMENT	154.73	00 15									
73	22110	EXCISE CERVICAL VERTEBRA	1,129.20										
77	22110	EXCISE CERVICAL VERTEBRA	1,129.20	00 15									
73	22112	EXCISE THORACIC VERTEBRA	1,228.56										
77	22112	EXCISE THORACIC VERTEBRA	1,228.56	00 15									
73	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,228.56										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,228.56	00 15									
73	22116	REMOVE EXTRA SPINE SEGMENT	156.15										
77	22116	REMOVE EXTRA SPINE SEGMENT	156.15	00 15									
73	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,661.90										
77	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,661.90	00 15									
73	22207	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,596.27										
77	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POS	2,596.27	00 15									
73	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	646.06									X	
77	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	646.06	00 15								X	
73	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,942.37										
77	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,942.37	00 15									
73	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,618.00										
77	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,618.00	00 15									
73	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,621.54										
77	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,621.54	00 15									
73	22216	REVISE, EXTRA SPINE SEGMENT	397.76										
77	22216	REVISE, EXTRA SPINE SEGMENT	397.76	00 15									
73	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,750.79										
77	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,750.79	00 15									
73	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,919.70										
77	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,919.70	00 15									
73	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,700.21										
77	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,700.21	00 15									
73	22226	REVISE, EXTRA SPINE SEGMENT	395.18										
77	22226	REVISE, EXTRA SPINE SEGMENT	395.18	00 15									
73	22310	TR VERT BODY FX/DISLOCATION EACH	320.93										
77	22310	TR VERT BODY FX/DISLOCATION EACH	320.93	00 15									
73	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	922.91										
77	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	922.91	00 15									
73	22318	TREAT ODONTOID FX W/O GRAFT	1,798.50										
77	22318	TREAT ODONTOID FX W/O GRAFT	1,798.50	00 15									
73	22319	TREAT ODONTOID FX W/GRAFT	2,016.08										
77	22319	TREAT ODONTOID FX W/GRAFT	2,016.08	00 15									
73	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,585.00										
77	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,585.00	00 15									
73	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,635.91										
77	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,635.91	00 15									
73	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,654.27										
77	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,654.27	00 15									
73	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	311.76										
77	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	311.76	00 15									
73	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,873.96										
77	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,873.96	00 15									
73	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,865.26										
77	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,865.26	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	817.66									X	
77	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	817.66	00 15								X	
73	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,404.42										
77	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,404.42	00 15									
73	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,377.10										
77	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,377.10	00 15									
73	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,437.53									X	
77	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,437.53	00 15								X	
73	22532	LAT THORAX SPINE FUSION	1,955.30										
77	22532	LAT THORAX SPINE FUSION	1,955.30	00 15									
73	22533	LAT LUMBAR SPINE FUSION	1,777.25										
77	22533	LAT LUMBAR SPINE FUSION	1,777.25	00 15									
73	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	393.12									X	
77	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	393.12	00 15								X	
73	22548	ANTHRODESIS,W/BONE GRAFT	2,160.67										
77	22548	ANTHRODESIS,W/BONE GRAFT	2,160.67	00 15									
73	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,858.06										
77	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,858.06	00 15									
73	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	435.96									X	
77	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	435.96	00 15								X	
73	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,363.50										
77	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,363.50	00 15									
73	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,804.42										
77	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,804.42	00 15									
73	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,654.66										
77	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,654.66	00 15									
73	22585	ARTHRODESIS-EACH ADD.INTERSPACE	357.52									X	
77	22585	ARTHRODESIS-EACH ADD.INTERSPACE	357.52	00 15								X	
73	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,237.28										
77	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,237.28	00 15									
73	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,726.87										
77	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,726.87	00 15									
73	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,645.16										
77	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,645.16	00 15									
73	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,404.55										
77	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,404.55	00 15									
73	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,376.91										
77	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,376.91	00 15									
73	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,715.40										
77	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,715.40	00 15									
73	22614	SPINE FUSION, EXTRA SEGMENT	429.96									X	
77	22614	SPINE FUSION, EXTRA SEGMENT	429.96	00 15								X	
73	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,721.30										
77	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,721.30	00 15									
73	22632	SPINE FUSION, EXTRA SEGMENT	353.64										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	22632	SPINE FUSION, EXTRA SEGMENT	353.64	00 15									
73	22633	FUSION OF LOWER SPINE BONES WITH REM	2,013.92			X							
77	22633	FUSION OF LOWER SPINE BONES WITH REM	2,013.92	00 15		X							
73	22634	FUSION OF LOWER SPINE BONES WITH REM	544.53										
77	22634	FUSION OF LOWER SPINE BONES WITH REM	544.53	00 15									
73	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,456.51										
77	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,456.51	00 15									
73	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,286.86										
77	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,286.86	00 15									
73	22804	FUSION OF SPINE	2,632.60										
77	22804	FUSION OF SPINE	2,632.60	00 15									
73	22808	FUSION OF SPINE	1,971.75										
77	22808	FUSION OF SPINE	1,971.75	00 15									
73	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,270.57										
77	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,270.57	00 15									
73	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,341.49										
77	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,341.49	00 15									
73	22818	KYPHECTOMY, 1-2 SEGMENTS	2,296.27										
77	22818	KYPHECTOMY, 1-2 SEGMENTS	2,296.27	00 15									
73	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,641.08										
77	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,641.08	00 15									
73	22830	EXPLORE SPINAL FUSION	882.13										
77	22830	EXPLORE SPINAL FUSION	882.13	00 15									
73	22840	POSTERIOR INSTRU(NO SEG FIX)	832.83										
77	22840	POSTERIOR INSTRU(NO SEG FIX)	832.83	00 15									
73	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	837.24										
77	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	837.24	00 15									
73	22843	INSERT SPINE FIXATION DEVICE	895.59										
77	22843	INSERT SPINE FIXATION DEVICE	895.59	00 15									
73	22844	INSERT SPINE FIXATION DEVICE	1,078.15										
77	22844	INSERT SPINE FIXATION DEVICE	1,078.15	00 15									
73	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	801.76										
77	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	801.76	00 15									
73	22846	INSERT SPINE FIXATION DEVICE	833.41										
77	22846	INSERT SPINE FIXATION DEVICE	833.41	00 15									
73	22847	INSERT SPINE FIXATION DEVICE	859.96										
77	22847	INSERT SPINE FIXATION DEVICE	859.96	00 15									
73	22848	INSERT PELVIC FIXATIONDEVICE	392.81										
77	22848	INSERT PELVIC FIXATIONDEVICE	392.81	00 15									
73	22849	REINSERT SPINAL FIXATION DEVICE	1,417.39										
77	22849	REINSERT SPINAL FIXATION DEVICE	1,417.39	00 15									
73	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	787.41										
77	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	787.41	00 15									
73	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	756.11										
77	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	756.11	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	22853	INSERTION OF INTERBODY BIOMECHANICAL	284.31									X	
77	22853	INSERTION OF INTERBODY BIOMECHANICAL	284.31	00 15								X	
73	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	368.35									X	
77	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	368.35	00 15								X	
73	22855	REMOVE ANTERIOR INSTRUMENTATION	1,202.41										
77	22855	REMOVE ANTERIOR INSTRUMENTATION	1,202.41	00 15									
73	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,775.76										
77	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,775.76	00 15									
73	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,876.98										
77	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,876.98	00 15									
73	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	556.10										
77	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	556.10	00 15									
73	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	366.53									X	
77	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	366.53	00 15								X	
73	22861	REVISION INCLUDING REPLACEMENT OF TO	2,565.12										
77	22861	REVISION INCLUDING REPLACEMENT OF TO	2,565.12	00 15									
73	22862	REVISION INCLUDING REPLACEMENT OF TO	2,555.71										
77	22862	REVISION INCLUDING REPLACEMENT OF TO	2,555.71	00 15									
73	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,285.90										
77	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,285.90	00 15									
73	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,493.50										
77	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,493.50	00 15									
73	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,064.06										
77	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,064.06	00 15									
73	22868	INSERTION OF INTERLAMINAR/INTERSPINO	271.00										
77	22868	INSERTION OF INTERLAMINAR/INTERSPINO	271.00	00 15									
73	22869	INSERTION OF INTERLAMINAR/INTERSPINO	451.70										
77	22869	INSERTION OF INTERLAMINAR/INTERSPINO	451.70	00 15									
73	22870	INSERTION OF INTERLAMINAR/INTERSPINO	125.28										
77	22870	INSERTION OF INTERLAMINAR/INTERSPINO	125.28	00 15									
73	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	603.74										
77	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	603.74	00 15									
73	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	715.04										
77	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	715.04	00 15									
73	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	489.27										
77	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	489.27	00 15									
73	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	469.77										
77	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	469.77	00 15									
73	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,118.95										
77	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,118.95	00 15									
73	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,420.48										
77	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,420.48	00 15									
73	23000	REMOVE SUBDELTOID CAL DEPOSITS	578.88										
77	23000	REMOVE SUBDELTOID CAL DEPOSITS	578.88	00 15									
73	23020	RELEASE SHOULDER MUSCLE ERBS PAL	724.90										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	23020	RELEASE SHOULDER MUSCLE ERBS PAL	724.90	00 15									
73	23030	I&D SHOULDER DEEP ABSC HEMATOMA	457.77										
77	23030	I&D SHOULDER DEEP ABSC HEMATOMA	457.77	00 15									
73	23031	I&D INFECTED SHOULDER BURSA	434.26										
77	23031	I&D INFECTED SHOULDER BURSA	434.26	00 15									
73	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	717.56										
77	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	717.56	00 15									
73	23040	ARTHROTOMY REMOVE FOREIGN BODY	754.57										
77	23040	ARTHROTOMY REMOVE FOREIGN BODY	754.57	00 15									
73	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	593.96										
77	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	593.96	00 15									
73	23065	BIOPSY SHOULDER SUPERFICIAL	230.78										
77	23065	BIOPSY SHOULDER SUPERFICIAL	230.78	00 15									
73	23066	BIOPSY OF SHOULDER DEEP	590.28										
77	23066	BIOPSY OF SHOULDER DEEP	590.28	00 15									
73	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	447.16										
77	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	447.16	00 15									
73	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	741.91										
77	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	741.91	00 15									
73	23075	EXC BENIGN SHOULDER TUMOR SUBCU	529.58										
77	23075	EXC BENIGN SHOULDER TUMOR SUBCU	529.58	00 15									
73	23076	EXC BENIGN SHOULDER TUMOR DEEP	572.23										
77	23076	EXC BENIGN SHOULDER TUMOR DEEP	572.23	00 15									
73	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,215.98										
77	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,215.98	00 15									
73	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,534.62										
77	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,534.62	00 15									
73	23100	BIOPSY SHOULDER JOINT	529.24										
77	23100	BIOPSY SHOULDER JOINT	529.24	00 15									
73	23101	EXCISION TORN CARTILAGE SHOULDER JOI	479.40										
77	23101	EXCISION TORN CARTILAGE SHOULDER JOI	479.40	00 15									
73	23105	ARTHROTOMY;GLENOHUMERAL JOINT	673.97										
77	23105	ARTHROTOMY;GLENOHUMERAL JOINT	673.97	00 15									
73	23106	ARTHROTOMY;STERNOCLAVICULAR JT	525.80										
77	23106	ARTHROTOMY;STERNOCLAVICULAR JT	525.80	00 15									
73	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	695.74										
77	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	695.74	00 15									
73	23120	CLAVICULECTOMY PARTIAL	614.41										
77	23120	CLAVICULECTOMY PARTIAL	614.41	00 15									
73	23125	CLAVICULECTOMY TOTAL	747.87										
77	23125	CLAVICULECTOMY TOTAL	747.87	00 15									
73	23130	ACROMIONECTOMY PARTIAL/TOTAL	646.54										
77	23130	ACROMIONECTOMY PARTIAL/TOTAL	646.54	00 15									
73	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	583.38										
77	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	583.38	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	733.41										
77	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	733.41	00 15									
73	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	654.98										
77	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	654.98	00 15									
73	23150	EXCISION TUMOR PROXIMAL HUMEROUS	692.70										
77	23150	EXCISION TUMOR PROXIMAL HUMEROUS	692.70	00 15									
73	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	839.61										
77	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	839.61	00 15									
73	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	715.15										
77	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	715.15	00 15									
73	23170	SEQUESTRECTOMY CLAVICLE	592.28										
77	23170	SEQUESTRECTOMY CLAVICLE	592.28	00 15									
73	23172	SEQUESTRECTOMY SCAPULA	597.94										
77	23172	SEQUESTRECTOMY SCAPULA	597.94	00 15									
73	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	800.26										
77	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	800.26	00 15									
73	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	699.02										
77	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	699.02	00 15									
73	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	703.85										
77	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	703.85	00 15									
73	23184	PARTIAL EXCISION PROXIMAL HUMERUS	776.83										
77	23184	PARTIAL EXCISION PROXIMAL HUMERUS	776.83	00 15									
73	23190	OSTECTOMY OF SCAPULA PATTIAL	604.19										
77	23190	OSTECTOMY OF SCAPULA PATTIAL	604.19	00 15									
73	23195	RESECTION HUMERAL HEAD	785.78										
77	23195	RESECTION HUMERAL HEAD	785.78	00 15									
73	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,596.46										
77	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,596.46	00 15									
73	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,879.22										
77	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,879.22	00 15									
73	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,056.08										
77	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,056.08	00 15									
73	23330	REMOVE SHOULDER FOREIGN BODY	305.15										
77	23330	REMOVE SHOULDER FOREIGN BODY	305.15	00 15									
73	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	496.13									X	
77	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	496.13	00 15								X	
73	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,123.03									X	
77	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,123.03	00 15								X	
73	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,339.44									X	
77	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,339.44	00 15								X	
73	23350	INJECTION FOR SHOULDER X-RAY	163.44										
77	23350	INJECTION FOR SHOULDER X-RAY	163.44	00 15									
73	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,351.51										
77	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,351.51	00 15									
73	23397	MUSCLE TRANSFER MULTIPLE	1,195.67										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	23397	MUSCLE TRANSFER MULTIPLE	1,195.67	00 15									
73	23400	FIXATION OF SHOULDERBLADE	1,027.51										
77	23400	FIXATION OF SHOULDERBLADE	1,027.51	00 15									
73	23405	INCISION OF TENDON & MUSCLE	649.39										
77	23405	INCISION OF TENDON & MUSCLE	649.39	00 15									
73	23406	INCISE TENDON(S) & MUSCLE(S)	796.91										
77	23406	INCISE TENDON(S) & MUSCLE(S)	796.91	00 15									
73	23410	REPAIR OF TENDON(S)	863.37										
77	23410	REPAIR OF TENDON(S)	863.37	00 15									
73	23412	REPAIR OF TENDON(S),CHRONIC	897.41										
77	23412	REPAIR OF TENDON(S),CHRONIC	897.41	00 15									
73	23415	CORACOACROMIAL LIGAMENT RELEAS	732.69										
77	23415	CORACOACROMIAL LIGAMENT RELEAS	732.69	00 15									
73	23420	REPAIR COMPLETE SHOULDER	1,025.51										
77	23420	REPAIR COMPLETE SHOULDER	1,025.51	00 15									
73	23430	REPAIR BICEPS TENDON RUPTURE	781.63										
77	23430	REPAIR BICEPS TENDON RUPTURE	781.63	00 15									
73	23440	REMOVAL/TRANSPLANT TENDON	798.12										
77	23440	REMOVAL/TRANSPLANT TENDON	798.12	00 15									
73	23450	CAPSULORRHAPHY,ANTERIOR	1,002.16										
77	23450	CAPSULORRHAPHY,ANTERIOR	1,002.16	00 15									
73	23455	CAPSULORRHAPHY;BANKART TYPE	1,049.80										
77	23455	CAPSULORRHAPHY;BANKART TYPE	1,049.80	00 15									
73	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,152.56										
77	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,152.56	00 15									
73	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,129.89										
77	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,129.89	00 15									
73	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,183.96										
77	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,183.96	00 15									
73	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,176.39										
77	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,176.39	00 15									
73	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,268.66										
77	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,268.66	00 15									
73	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,533.47										
77	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,533.47	00 15									
73	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,713.32									X	
77	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,713.32	00 15								X	
73	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,847.73									X	
77	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,847.73	00 15								X	
73	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	866.21										
77	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	866.21	00 15									
73	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,003.68										
77	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,003.68	00 15									
73	23490	PROPHYLACTIC TREATMENT;CLAVICLE	909.21										
77	23490	PROPHYLACTIC TREATMENT;CLAVICLE	909.21	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,073.36										
77	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,073.36	00 15									
73	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	229.29										
77	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	229.29	00 15									
73	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	370.99										
77	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	370.99	00 15									
73	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	756.27										
77	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	756.27	00 15									
73	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	247.48										
77	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	247.48	00 15									
73	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	406.00										
77	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	406.00	00 15									
73	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	604.87										
77	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	604.87	00 15									
73	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	658.10										
77	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	658.10	00 15									
73	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	243.64										
77	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	243.64	00 15									
73	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	358.61										
77	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	358.61	00 15									
73	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	600.73										
77	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	600.73	00 15									
73	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	687.61										
77	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	687.61	00 15									
73	23570	TREAT CLSD SCAP FX W/O MANIPULATION	242.13										
77	23570	TREAT CLSD SCAP FX W/O MANIPULATION	242.13	00 15									
73	23575	TREAT CLSD SCAPULAR W/MANIPULATION	423.54										
77	23575	TREAT CLSD SCAPULAR W/MANIPULATION	423.54	00 15									
73	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,030.08										
77	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,030.08	00 15									
73	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	342.30										
77	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	342.30	00 15									
73	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	489.94										
77	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	489.94	00 15									
73	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	930.82										
77	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	930.82	00 15									
73	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,306.86										
77	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,306.86	00 15									
73	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	277.39										
77	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	277.39	00 15									
73	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	395.18										
77	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	395.18	00 15									
73	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	819.11										
77	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	819.11	00 15									
73	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	335.89										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	335.89	00	15									
73	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	425.17											
77	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	425.17	00	15									
73	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	613.68											
77	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	613.68	00	15									
73	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	448.11											
77	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	448.11	00	15									
73	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	917.36											
77	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	917.36	00	15									
73	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	572.58											
77	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	572.58	00	15									
73	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	977.03											
77	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	977.03	00	15									
73	23700	FIXATION OF SHOULDER MANIP W/ANESTH	203.95											
77	23700	FIXATION OF SHOULDER MANIP W/ANESTH	203.95	00	15									
73	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,084.34											
77	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,084.34	00	15									
73	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,353.96											
77	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,353.96	00	15									
73	23900	AMPUTATION OF ARM & GIRDLE	1,468.05											
77	23900	AMPUTATION OF ARM & GIRDLE	1,468.05	00	15									
73	23920	AMPUTATION AT SHOULDER JOINT	1,187.47											
77	23920	AMPUTATION AT SHOULDER JOINT	1,187.47	00	15									
73	23921	AMPUTATION FOLLOW-UP SURGERY	492.09											
77	23921	AMPUTATION FOLLOW-UP SURGERY	492.09	00	15									
73	23930	DRAINAGE OF ARM LESION	378.02											
77	23930	DRAINAGE OF ARM LESION	378.02	00	15									
73	23931	DRAINAGE OF ARM BURSA	309.68											
77	23931	DRAINAGE OF ARM BURSA	309.68	00	15									
73	23935	DRAIN ARM/ELBOW BONE LESION	535.01											
77	23935	DRAIN ARM/ELBOW BONE LESION	535.01	00	15									
73	24000	EXPLORATORY ELBOW SURGERY	498.86											
77	24000	EXPLORATORY ELBOW SURGERY	498.86	00	15									
73	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	747.11											
77	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	747.11	00	15									
73	24065	BIOPSY ARM/ELBOW SOFT TISSUE	264.38											
77	24065	BIOPSY ARM/ELBOW SOFT TISSUE	264.38	00	15									
73	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	647.75											
77	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	647.75	00	15									
73	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	430.75											
77	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	430.75	00	15									
73	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	737.82											
77	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	737.82	00	15									
73	24075	REMOVE ARM/ELBOW LESION	547.86											
77	24075	REMOVE ARM/ELBOW LESION	547.86	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	572.93										
77	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	572.93	00 15									
73	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,095.10										
77	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,095.10	00 15									
73	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,413.05										
77	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,413.05	00 15									
73	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	438.92										
77	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	438.92	00 15									
73	24101	EXPLORE/TREAT ELBOW JOINT	525.95										
77	24101	EXPLORE/TREAT ELBOW JOINT	525.95	00 15									
73	24102	REMOVE ELBOW JOINT LINING	648.76										
77	24102	REMOVE ELBOW JOINT LINING	648.76	00 15									
73	24105	REMOVAL OF ELBOW BURSA	370.54										
77	24105	REMOVAL OF ELBOW BURSA	370.54	00 15									
73	24110	REMOVE HUMERUS LESION	609.36										
77	24110	REMOVE HUMERUS LESION	609.36	00 15									
73	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	777.12										
77	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	777.12	00 15									
73	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	908.74										
77	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	908.74	00 15									
73	24120	REMOVE ELBOW LESION	557.77										
77	24120	REMOVE ELBOW LESION	557.77	00 15									
73	24125	EXCISION BONE CYST HEAD/NECK RADIUS	654.49										
77	24125	EXCISION BONE CYST HEAD/NECK RADIUS	654.49	00 15									
73	24126	EXCISION BONE CYST HEAD/NECK RADIUS	684.69										
77	24126	EXCISION BONE CYST HEAD/NECK RADIUS	684.69	00 15									
73	24130	REMOVAL OF HEAD OF RADIUS	532.75										
77	24130	REMOVAL OF HEAD OF RADIUS	532.75	00 15									
73	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	787.98										
77	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	787.98	00 15									
73	24136	REMOVAL LESION/RADIAL HEAD OR NECK	665.43										
77	24136	REMOVAL LESION/RADIAL HEAD OR NECK	665.43	00 15									
73	24138	REMOVE BONE LESION/OLECRANON PROCESS	716.71										
77	24138	REMOVE BONE LESION/OLECRANON PROCESS	716.71	00 15									
73	24140	PART.EXCIS.BONE/HUMERUS	739.46										
77	24140	PART.EXCIS.BONE/HUMERUS	739.46	00 15									
73	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	625.71										
77	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	625.71	00 15									
73	24147	PART.EXCIS.BONE,OLECRANON PROCESS	656.92										
77	24147	PART.EXCIS.BONE,OLECRANON PROCESS	656.92	00 15									
73	24149	RADICAL RESECTION OF ELBOW	1,233.52										
77	24149	RADICAL RESECTION OF ELBOW	1,233.52	00 15									
73	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,640.11										
77	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,640.11	00 15									
73	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,424.43										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,424.43	00 15									
73	24155	RESECTION OF ELBOW JOINT	901.23										
77	24155	RESECTION OF ELBOW JOINT	901.23	00 15									
73	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,326.95										
77	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,326.95	00 15									
73	24164	REMOVAL OF HARDWARE OF FOREARM BONE	756.54										
77	24164	REMOVAL OF HARDWARE OF FOREARM BONE	756.54	00 15									
73	24200	REMOVAL OF ARM FOREIGN BODY	224.44										
77	24200	REMOVAL OF ARM FOREIGN BODY	224.44	00 15									
73	24201	REMOVAL OF ARM FOREIGN BODY DEEP	569.86										
77	24201	REMOVAL OF ARM FOREIGN BODY DEEP	569.86	00 15									
73	24220	INJECTION FOR ELBOW X-RAY	192.59										
77	24220	INJECTION FOR ELBOW X-RAY	192.59	00 15									
73	24300	MANIPULATE ELBOW W/ANESTH	441.43										
77	24300	MANIPULATE ELBOW W/ANESTH	441.43	00 15									
73	24301	MUSCLE/TENDON TRANSFER	790.78										
77	24301	MUSCLE/TENDON TRANSFER	790.78	00 15									
73	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	606.37									X	
77	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	606.37	00 15								X	
73	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	497.10									X	
77	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	497.10	00 15								X	
73	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	823.68										
77	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	823.68	00 15									
73	24330	FLEXOR-PLASTY ELBOW	755.95										
77	24330	FLEXOR-PLASTY ELBOW	755.95	00 15									
73	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	830.28										
77	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	830.28	00 15									
73	24332	TENOLYSIS, TRICEPS	645.58										
77	24332	TENOLYSIS, TRICEPS	645.58	00 15									
73	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	649.48										
77	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	649.48	00 15									
73	24341	REPAIR TENDON/MUSCLE ARM	778.13										
77	24341	REPAIR TENDON/MUSCLE ARM	778.13	00 15									
73	24342	REINSERTION RUPTURED BICEPS TENDON/D	816.91										
77	24342	REINSERTION RUPTURED BICEPS TENDON/D	816.91	00 15									
73	24343	REPR ELBOW LAT LIGMNT W/TISS	745.24										
77	24343	REPR ELBOW LAT LIGMNT W/TISS	745.24	00 15									
73	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,148.24										
77	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,148.24	00 15									
73	24345	REPR ELBW MED LIGMNT W/TISS	740.81										
77	24345	REPR ELBW MED LIGMNT W/TISS	740.81	00 15									
73	24346	RECONSTRUCT ELBOW MED LIGMNT	1,161.57										
77	24346	RECONSTRUCT ELBOW MED LIGMNT	1,161.57	00 15									
73	24357	INCISION OF TENDON TO REPAIR ELBOW J	429.66										
77	24357	INCISION OF TENDON TO REPAIR ELBOW J	429.66	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	551.22										
77	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	551.22	00 15									
73	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	695.18										
77	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	695.18	00 15									
73	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	952.82										
77	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	952.82	00 15									
73	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,064.58										
77	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,064.58	00 15									
73	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,121.96										
77	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,121.96	00 15									
73	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,532.10										
77	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,532.10	00 15									
73	24365	ARTHROPLASTY RADIAL HEAD	676.24										
77	24365	ARTHROPLASTY RADIAL HEAD	676.24	00 15									
73	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	716.36										
77	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	716.36	00 15									
73	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,625.11									X	
77	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,625.11	00 15								X	
73	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,873.64									X	
77	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,873.64	00 15								X	
73	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	868.74										
77	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	868.74	00 15									
73	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,117.65										
77	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,117.65	00 15									
73	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,105.94										
77	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,105.94	00 15									
73	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,114.03										
77	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,114.03	00 15									
73	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,136.79										
77	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,136.79	00 15									
73	24470	HEMIEPIPHYSEAL ARREST	706.48										
77	24470	HEMIEPIPHYSEAL ARREST	706.48	00 15									
73	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	793.25										
77	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	793.25	00 15									
73	24498	PROPHYLACTIC TREAT...HUMERUS	914.40										
77	24498	PROPHYLACTIC TREAT...HUMERUS	914.40	00 15									
73	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	371.27										
77	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	371.27	00 15									
73	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	522.39										
77	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	522.39	00 15									
73	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	926.06										
77	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	926.06	00 15									
73	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	907.58										
77	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	907.58	00 15									
73	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	393.74										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	393.74	00 15									
73	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	648.07										
77	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	648.07	00 15									
73	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	817.02										
77	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	817.02	00 15									
73	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	978.21										
77	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	978.21	00 15									
73	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,093.81										
77	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,093.81	00 15									
73	24560	TREAT CLSD EPICON FX,W/O MANIP	342.25										
77	24560	TREAT CLSD EPICON FX,W/O MANIP	342.25	00 15									
73	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	561.16										
77	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	561.16	00 15									
73	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	755.13										
77	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	755.13	00 15									
73	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	767.37										
77	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	767.37	00 15									
73	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	359.03										
77	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	359.03	00 15									
73	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	577.76										
77	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	577.76	00 15									
73	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	875.75										
77	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	875.75	00 15									
73	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	851.30										
77	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	851.30	00 15									
73	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,147.21										
77	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,147.21	00 15									
73	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,149.78										
77	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,149.78	00 15									
73	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	388.56										
77	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	388.56	00 15									
73	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	498.31										
77	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	498.31	00 15									
73	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	750.45										
77	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	750.45	00 15									
73	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	590.14										
77	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	590.14	00 15									
73	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	708.35										
77	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	708.35	00 15									
73	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	103.93										
77	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	103.93	00 15									
73	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	270.72										
77	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	270.72	00 15									
73	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	459.82										
77	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	459.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	687.90										
77	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	687.90	00 15									
73	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	769.71										
77	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	769.71	00 15									
73	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	300.15										
77	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	300.15	00 15									
73	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	475.50										
77	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	475.50	00 15									
73	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	684.77										
77	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	684.77	00 15									
73	24800	FUSION OF ELBOW JOINT	877.47										
77	24800	FUSION OF ELBOW JOINT	877.47	00 15									
73	24802	FUSION/GRAFT OF ELBOW JOINT	1,059.59										
77	24802	FUSION/GRAFT OF ELBOW JOINT	1,059.59	00 15									
73	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	776.93										
77	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	776.93	00 15									
73	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	772.60										
77	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	772.60	00 15									
73	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	597.27										
77	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	597.27	00 15									
73	24930	REAMPUTATION UPPER ARM	817.43										
77	24930	REAMPUTATION UPPER ARM	817.43	00 15									
73	24931	AMPUTATE UPPER ARM & IMPLANT	985.27										
77	24931	AMPUTATE UPPER ARM & IMPLANT	985.27	00 15									
73	24935	STUMP ELONGATION/REVISION UPPER ARM	1,276.00										
77	24935	STUMP ELONGATION/REVISION UPPER ARM	1,276.00	00 15									
73	25000	TENDON SHEATH INCISION; AT RADIAL ST	352.89										
77	25000	TENDON SHEATH INCISION; AT RADIAL ST	352.89	00 15									
73	25001	INCISE FLEXOR CARPI RADIALIS	355.22										
77	25001	INCISE FLEXOR CARPI RADIALIS	355.22	00 15									
73	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	726.31										
77	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	726.31	00 15									
73	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,331.54										
77	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,331.54	00 15									
73	25024	DECOMPRESS FOREARM 2 SPACES	822.03										
77	25024	DECOMPRESS FOREARM 2 SPACES	822.03	00 15									
73	25025	DECOMPRESS FORARM 2 SPACES	1,257.62										
77	25025	DECOMPRESS FORARM 2 SPACES	1,257.62	00 15									
73	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	675.33										
77	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	675.33	00 15									
73	25031	INCISION/DRAINAGE INFECTED BURSA; FO	382.86										
77	25031	INCISION/DRAINAGE INFECTED BURSA; FO	382.86	00 15									
73	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	613.02										
77	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	613.02	00 15									
73	25040	EXPLORE/TREAT WRIST JOINT	586.24										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	25040	EXPLORE/TREAT WRIST JOINT	586.24	00 15									
73	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	260.71										
77	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	260.71	00 15									
73	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	374.91										
77	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	374.91	00 15									
73	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	448.18										
77	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	448.18	00 15									
73	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	562.39										
77	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	562.39	00 15									
73	25075	EXCISE SUBCUTANEOUS TUMOR	532.88										
77	25075	EXCISE SUBCUTANEOUS TUMOR	532.88	00 15									
73	25076	EXCISE TUMOR,DEEP	539.72										
77	25076	EXCISE TUMOR,DEEP	539.72	00 15									
73	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	940.63										
77	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	940.63	00 15									
73	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,238.66										
77	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,238.66	00 15									
73	25085	INCISION OF WRIST CAPSULE	468.55										
77	25085	INCISION OF WRIST CAPSULE	468.55	00 15									
73	25100	BIOPSY OF WRIST JOINT	363.43										
77	25100	BIOPSY OF WRIST JOINT	363.43	00 15									
73	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	420.82										
77	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	420.82	00 15									
73	25105	REMOVE WRIST JOINT LINING	507.08										
77	25105	REMOVE WRIST JOINT LINING	507.08	00 15									
73	25107	ARTHROTOMY,WRIST,COMPLEX	643.17										
77	25107	ARTHROTOMY,WRIST,COMPLEX	643.17	00 15									
73	25109	EXCISION OF TENDON, FOREARM AND/OR W	557.27									X	
77	25109	EXCISION OF TENDON, FOREARM AND/OR W	557.27	00 15								X	
73	25110	EXCISION,LESION OF TENDON SHEATH	357.22										
77	25110	EXCISION,LESION OF TENDON SHEATH	357.22	00 15									
73	25111	EXCISION GANGLION;WRIST,PRIMARY	334.20										
77	25111	EXCISION GANGLION;WRIST,PRIMARY	334.20	00 15									
73	25112	EXCISION GANGLION;WRIST,RECURRENT	404.28										
77	25112	EXCISION GANGLION;WRIST,RECURRENT	404.28	00 15									
73	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	789.42										
77	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	789.42	00 15									
73	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	627.57										
77	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	627.57	00 15									
73	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	395.57										
77	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	395.57	00 15									
73	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	519.79										
77	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	519.79	00 15									
73	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	522.75										
77	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	522.75	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	624.84										
77	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	624.84	00 15									
73	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	629.88										
77	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	629.88	00 15									
73	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	467.83										
77	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	467.83	00 15									
73	25135	EXCISE BONE CYST OF CARPAL BONES W/A	588.92										
77	25135	EXCISE BONE CYST OF CARPAL BONES W/A	588.92	00 15									
73	25136	EXCISE BONE CYST OF CARPAL BONES W/H	522.25										
77	25136	EXCISE BONE CYST OF CARPAL BONES W/H	522.25	00 15									
73	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	546.32										
77	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	546.32	00 15									
73	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	593.95										
77	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	593.95	00 15									
73	25151	PARTIAL REMOVAL OF RADIUS	613.22										
77	25151	PARTIAL REMOVAL OF RADIUS	613.22	00 15									
73	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,557.96										
77	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,557.96	00 15									
73	25210	CARPECTOMY; ONE BONE	512.54										
77	25210	CARPECTOMY; ONE BONE	512.54	00 15									
73	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	646.56										
77	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	646.56	00 15									
73	25230	RADIAL STYLOIDECTOMY	450.34										
77	25230	RADIAL STYLOIDECTOMY	450.34	00 15									
73	25240	EXCISION DISTAL ULNA	447.37										
77	25240	EXCISION DISTAL ULNA	447.37	00 15									
73	25246	INJECTION FOR WRIST X-RAY	197.50										
77	25246	INJECTION FOR WRIST X-RAY	197.50	00 15									
73	25248	REMOVE FOREARM FOREIGN BODY	440.03										
77	25248	REMOVE FOREARM FOREIGN BODY	440.03	00 15									
73	25250	REMOVAL OF WRIST PROSTHESIS	560.64										
77	25250	REMOVAL OF WRIST PROSTHESIS	560.64	00 15									
73	25251	REMOVE WRIST PROTH,COMPLICATED	757.53										
77	25251	REMOVE WRIST PROTH,COMPLICATED	757.53	00 15									
73	25259	MANIPULATE WRIST W/ANESTHES	435.60										
77	25259	MANIPULATE WRIST W/ANESTHES	435.60	00 15									
73	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	659.64									X	
77	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	659.64	00 15								X	
73	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	664.42									X	
77	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	664.42	00 15								X	
73	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	791.50									X	
77	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	791.50	00 15								X	
73	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	514.92									X	
77	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	514.92	00 15								X	
73	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	588.70									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	588.70	00	15								X	
73	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	696.31										X	
77	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	696.31	00	15								X	
73	25275	REPAIR FOREARM TENDON SHEATH	702.10											
77	25275	REPAIR FOREARM TENDON SHEATH	702.10	00	15									
73	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	592.26										X	
77	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	592.26	00	15								X	
73	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	453.85										X	
77	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	453.85	00	15								X	
73	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	549.55										X	
77	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	549.55	00	15								X	
73	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	724.91											
77	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	724.91	00	15									
73	25301	TENODESIS AT WRIST; EXTENSORS OF FI	674.30											
77	25301	TENODESIS AT WRIST; EXTENSORS OF FI	674.30	00	15									
73	25310	TEND TRANSPLANT...SING.;EACH TENDON	648.04										X	
77	25310	TEND TRANSPLANT...SING.;EACH TENDON	648.04	00	15								X	
73	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	747.89										X	
77	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	747.89	00	15								X	
73	25315	REVISE PALSY HAND TENDON(S)	812.30											
77	25315	REVISE PALSY HAND TENDON(S)	812.30	00	15									
73	25316	REVISE PALSY HAND TENDON W/TENDON S	967.80											
77	25316	REVISE PALSY HAND TENDON W/TENDON S	967.80	00	15									
73	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,023.72											
77	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,023.72	00	15									
73	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	886.92											
77	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	886.92	00	15									
73	25335	CENTRALIZATION-WRIST ON ULNA	997.40											
77	25335	CENTRALIZATION-WRIST ON ULNA	997.40	00	15									
73	25337	RECONSTRUCT ULNA/RADIOULNAR	925.53											
77	25337	RECONSTRUCT ULNA/RADIOULNAR	925.53	00	15									
73	25350	REVISION OF RADIUS;DISTAL THIRD	706.10											
77	25350	REVISION OF RADIUS;DISTAL THIRD	706.10	00	15									
73	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	807.27											
77	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	807.27	00	15									
73	25360	REVISION OF ULNA	685.17											
77	25360	REVISION OF ULNA	685.17	00	15									
73	25365	REVISE RADIUS & ULNA	968.47											
77	25365	REVISE RADIUS & ULNA	968.47	00	15									
73	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,066.43											
77	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,066.43	00	15									
73	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,008.62											
77	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,008.62	00	15									
73	25390	SHORTEN RADIUS/ULNA	806.51											
77	25390	SHORTEN RADIUS/ULNA	806.51	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,053.75										
77	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,053.75	00 15									
73	25392	SHORTEN RADIUS & ULNA	1,072.36										
77	25392	SHORTEN RADIUS & ULNA	1,072.36	00 15									
73	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,196.40										
77	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,196.40	00 15									
73	25394	REPAIR CARPAL BONE, SHORTEN	827.24										
77	25394	REPAIR CARPAL BONE, SHORTEN	827.24	00 15									
73	25400	REPAIR RADIUS OR ULNA	844.30										
77	25400	REPAIR RADIUS OR ULNA	844.30	00 15									
73	25405	REPAIR/GRAFT RADIUS OR ULNA	1,090.57										
77	25405	REPAIR/GRAFT RADIUS OR ULNA	1,090.57	00 15									
73	25415	REPAIR RADIUS & ULNA	1,023.75										
77	25415	REPAIR RADIUS & ULNA	1,023.75	00 15									
73	25420	REPAIR/GRAFT RADIUS & ULNA	1,235.71										
77	25420	REPAIR/GRAFT RADIUS & ULNA	1,235.71	00 15									
73	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,019.11										
77	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,019.11	00 15									
73	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,189.53										
77	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,189.53	00 15									
73	25430	VASC GRAFT INTO CARPAL BONE	768.43										
77	25430	VASC GRAFT INTO CARPAL BONE	768.43	00 15									
73	25431	REPAIR NONUNION CARPAL BONE	831.13										
77	25431	REPAIR NONUNION CARPAL BONE	831.13	00 15									
73	25440	REPAIR/GRAFT WRIST BONE	805.39										
77	25440	REPAIR/GRAFT WRIST BONE	805.39	00 15									
73	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	990.87										
77	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	990.87	00 15									
73	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	845.70										
77	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	845.70	00 15									
73	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	826.55										
77	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	826.55	00 15									
73	25444	RECONSTRUCT WRIST JOINT; LUNATE	868.51										
77	25444	RECONSTRUCT WRIST JOINT; LUNATE	868.51	00 15									
73	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	756.03										
77	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	756.03	00 15									
73	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,232.44										
77	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,232.44	00 15									
73	25449	REVISE ARTHROPLASTY,REVDVE	1,085.33										
77	25449	REVISE ARTHROPLASTY,REVDVE	1,085.33	00 15									
73	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	649.52										
77	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	649.52	00 15									
73	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	767.78										
77	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	767.78	00 15									
73	25490	PROPHYLACTIC TREATMENT/RADIUS	756.77										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	25490	PROPHYLACTIC TREATMENT/RADIUS	756.77	00 15									
73	25491	PROPHYLACTIC TREATMENT; ULNA	778.50										
77	25491	PROPHYLACTIC TREATMENT; ULNA	778.50	00 15									
73	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	956.70										
77	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	956.70	00 15									
73	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	290.51										
77	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	290.51	00 15									
73	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	522.67										
77	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	522.67	00 15									
73	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	701.54										
77	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	701.54	00 15									
73	25520	CLOSED TREATMENT OF BROKEN FOREARM A	601.28										
77	25520	CLOSED TREATMENT OF BROKEN FOREARM A	601.28	00 15									
73	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	825.81										
77	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	825.81	00 15									
73	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,006.14										
77	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,006.14	00 15									
73	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	270.66										
77	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	270.66	00 15									
73	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	515.29										
77	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	515.29	00 15									
73	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	651.98										
77	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	651.98	00 15									
73	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	295.69										
77	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	295.69	00 15									
73	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	539.24										
77	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	539.24	00 15									
73	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	707.07										
77	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	707.07	00 15									
73	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	949.35										
77	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	949.35	00 15									
73	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	343.51										
77	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	343.51	00 15									
73	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	564.92										
77	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	564.92	00 15									
73	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	695.88										
77	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	695.88	00 15									
73	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	771.90										
77	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	771.90	00 15									
73	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	865.87										
77	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	865.87	00 15									
73	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,100.49										
77	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,100.49	00 15									
73	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	314.40										
77	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	314.40	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	505.27										
77	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	505.27	00 15									
73	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	754.01										
77	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	754.01	00 15									
73	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	315.41									X	
77	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	315.41	00 15								X	
73	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	481.35									X	
77	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	481.35	00 15								X	
73	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	600.39									X	
77	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	600.39	00 15								X	
73	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	339.94										
77	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	339.94	00 15									
73	25651	PIN ULNAR STYLOID FRACTURE	509.50										
77	25651	PIN ULNAR STYLOID FRACTURE	509.50	00 15									
73	25652	TREAT FRACTURE ULNAR STYLOID	650.98										
77	25652	TREAT FRACTURE ULNAR STYLOID	650.98	00 15									
73	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	465.25										
77	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	465.25	00 15									
73	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	640.30										
77	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	640.30	00 15									
73	25671	PIN RADIOULNAR DISLOCATION	555.70										
77	25671	PIN RADIOULNAR DISLOCATION	555.70	00 15									
73	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	463.20										
77	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	463.20	00 15									
73	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	661.83										
77	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	661.83	00 15									
73	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	551.74										
77	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	551.74	00 15									
73	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	774.56										
77	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	774.56	00 15									
73	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	511.60										
77	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	511.60	00 15									
73	25695	OPEN TREATMENT LUNATE DISLOCATION	669.69										
77	25695	OPEN TREATMENT LUNATE DISLOCATION	669.69	00 15									
73	25800	FUSION OF WRIST JOINT	768.10										
77	25800	FUSION OF WRIST JOINT	768.10	00 15									
73	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	893.33										
77	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	893.33	00 15									
73	25810	FUSION WRIST JOINT; W/DISTANT BONE	906.24										
77	25810	FUSION WRIST JOINT; W/DISTANT BONE	906.24	00 15									
73	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	671.22										
77	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	671.22	00 15									
73	25825	INTERCARPAL FUSION;W/ BONEGRAFT	820.40										
77	25825	INTERCARPAL FUSION;W/ BONEGRAFT	820.40	00 15									
73	25830	FUSION RADIOULNAR JNT/ULNA	1,045.57										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	25830	FUSION RADIOULNAR JNT/ULNA	1,045.57	00 15									
73	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	752.49										
77	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	752.49	00 15									
73	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	740.60										
77	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	740.60	00 15									
73	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	647.20										
77	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	647.20	00 15									
73	25909	REAMPUTATION FOREARM SURGERY	722.15										
77	25909	REAMPUTATION FOREARM SURGERY	722.15	00 15									
73	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,238.51										
77	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,238.51	00 15									
73	25920	DISARTICULATION THROUGH WRIST	761.34										
77	25920	DISARTICULATION THROUGH WRIST	761.34	00 15									
73	25922	DISARTICULATION WRIST;SECOND CLOSURE	671.28										
77	25922	DISARTICULATION WRIST;SECOND CLOSURE	671.28	00 15									
73	25924	REAMPUTATION WRIST SURGERY	744.01										
77	25924	REAMPUTATION WRIST SURGERY	744.01	00 15									
73	25927	TRANSMETACARPAL AMPUTATION	895.53										
77	25927	TRANSMETACARPAL AMPUTATION	895.53	00 15									
73	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	629.64										
77	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	629.64	00 15									
73	25931	AMPUTATION FOLLOW-UP SURGERY	826.32										
77	25931	AMPUTATION FOLLOW-UP SURGERY	826.32	00 15									
73	26010	DRAINAGE OF FINGER ABSCESS	334.00										
77	26010	DRAINAGE OF FINGER ABSCESS	334.00	00 15									
73	26011	DRAIN FINGER ABSCESS; COMPLICATED	477.01										
77	26011	DRAIN FINGER ABSCESS; COMPLICATED	477.01	00 15									
73	26020	DRAIN HAND TENDON SHEATH	578.01										
77	26020	DRAIN HAND TENDON SHEATH	578.01	00 15									
73	26025	DRAINAGE OF PALM BURSA	439.63										
77	26025	DRAINAGE OF PALM BURSA	439.63	00 15									
73	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	511.32										
77	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	511.32	00 15									
73	26034	TREAT HAND BONE LESION	571.11										
77	26034	TREAT HAND BONE LESION	571.11	00 15									
73	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	903.71										
77	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	903.71	00 15									
73	26037	DECOMPRESSIVE FASCIOTOMY, HAND	591.15										
77	26037	DECOMPRESSIVE FASCIOTOMY, HAND	591.15	00 15									
73	26040	RELEASE OF TISSUES OF PALM, ACCESSED	325.90										
77	26040	RELEASE OF TISSUES OF PALM, ACCESSED	325.90	00 15									
73	26045	PARTIAL RELEASE OF TISSUES OF PALM,	491.73										
77	26045	PARTIAL RELEASE OF TISSUES OF PALM,	491.73	00 15									
73	26055	INCISE FINGER TENDON SHEATH	588.80									X	
77	26055	INCISE FINGER TENDON SHEATH	588.80	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	263.92									X	
77	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	263.92	00 15								X	
73	26070	EXPLORE/TREAT HAND JOINT	334.59										
77	26070	EXPLORE/TREAT HAND JOINT	334.59	00 15									
73	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	349.75										
77	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	349.75	00 15									
73	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	410.42									X	
77	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	410.42	00 15								X	
73	26100	BIOPSY HAND JOINT LINING	351.71										
77	26100	BIOPSY HAND JOINT LINING	351.71	00 15									
73	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	354.30										
77	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	354.30	00 15									
73	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	335.26									X	
77	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	335.26	00 15								X	
73	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	434.61										
77	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	434.61	00 15									
73	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	569.96										
77	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	569.96	00 15									
73	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	559.58										
77	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	559.58	00 15									
73	26116	EXCISION BENIGN TUMOR,HAND; DEEP	547.01										
77	26116	EXCISION BENIGN TUMOR,HAND; DEEP	547.01	00 15									
73	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	774.95										
77	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	774.95	00 15									
73	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,105.55										
77	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,105.55	00 15									
73	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	625.93										
77	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	625.93	00 15									
73	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	869.92										
77	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	869.92	00 15									
73	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	286.54									X	
77	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	286.54	00 15								X	
73	26130	REMOVE WRIST JOINT LINING	489.49										
77	26130	REMOVE WRIST JOINT LINING	489.49	00 15									
73	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	577.76									X	
77	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	577.76	00 15								X	
73	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	528.36									X	
77	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	528.36	00 15								X	
73	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	536.74									X	
77	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	536.74	00 15								X	
73	26160	REMOVE TENDON SHEATH LESION	613.67										
77	26160	REMOVE TENDON SHEATH LESION	613.67	00 15									
73	26170	EXCISE TENDON,PALM...EACH	423.43									X	
77	26170	EXCISE TENDON,PALM...EACH	423.43	00 15								X	
73	26180	EXCISION OF TENDON,FINGER,FLEXOR	465.69										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	26180	EXCISION OF TENDON,FINGER,FLEXOR	465.69	00 15									
73	26185	REMOVE FINGER BONE	579.11										
77	26185	REMOVE FINGER BONE	579.11	00 15									
73	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	470.20										
77	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	470.20	00 15									
73	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	637.38										
77	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	637.38	00 15									
73	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	463.23										
77	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	463.23	00 15									
73	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	596.22										
77	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	596.22	00 15									
73	26230	PARTIAL REMOVAL OF HAND BONE	522.60										
77	26230	PARTIAL REMOVAL OF HAND BONE	522.60	00 15									
73	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	514.24										
77	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	514.24	00 15									
73	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	459.97										
77	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	459.97	00 15									
73	26250	RADICAL RESECTION FOR TUMOR,HAND	1,124.84										
77	26250	RADICAL RESECTION FOR TUMOR,HAND	1,124.84	00 15									
73	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	841.00										
77	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	841.00	00 15									
73	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	661.80										
77	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	661.80	00 15									
73	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	362.58										
77	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	362.58	00 15									
73	26340	MANIPULATE FINGER W/ANESTH	351.83									X	
77	26340	MANIPULATE FINGER W/ANESTH	351.83	00 15								X	
73	26341	MANIPULATION OF PALM PRETENDINOUS CO	114.29										
77	26341	MANIPULATION OF PALM PRETENDINOUS CO	114.29	00 15									
73	26350	REPAIR OF FINGER TENDON	764.39									X	
77	26350	REPAIR OF FINGER TENDON	764.39	00 15								X	
73	26352	REPAIR OF FINGER TENDON WITH GRAFT	862.83									X	
77	26352	REPAIR OF FINGER TENDON WITH GRAFT	862.83	00 15								X	
73	26356	REPAIR OF FINGER TENDON	827.22									X	
77	26356	REPAIR OF FINGER TENDON	827.22	00 15								X	
73	26357	REPAIR OF FINGER TENDON	934.98									X	
77	26357	REPAIR OF FINGER TENDON	934.98	00 15								X	
73	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,035.22									X	
77	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,035.22	00 15								X	
73	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	812.83									X	
77	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	812.83	00 15								X	
73	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	954.08									X	
77	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	954.08	00 15								X	
73	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	916.00									X	
77	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	916.00	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	913.16										
77	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	913.16	00 15									
73	26392	REMOVAL ROD AND INSERTION OF TENDON	1,047.44										
77	26392	REMOVAL ROD AND INSERTION OF TENDON	1,047.44	00 15									
73	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	613.91									X	
77	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	613.91	00 15								X	
73	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	737.84									X	
77	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	737.84	00 15								X	
73	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	885.55										
77	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	885.55	00 15									
73	26416	REMOVE TUBE/ROD,INSERT GRAFT...	958.78										
77	26416	REMOVE TUBE/ROD,INSERT GRAFT...	958.78	00 15									
73	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	630.41									X	
77	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	630.41	00 15								X	
73	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	766.18									X	
77	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	766.18	00 15								X	
73	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	525.04										
77	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	525.04	00 15									
73	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	823.69										
77	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	823.69	00 15									
73	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	550.98										
77	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	550.98	00 15									
73	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	583.82										
77	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	583.82	00 15									
73	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	714.70										
77	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	714.70	00 15									
73	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	682.23										
77	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	682.23	00 15									
73	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	668.30									X	
77	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	668.30	00 15								X	
73	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,019.10									X	
77	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,019.10	00 15								X	
73	26445	TENOLYSIS,EXT TEND...;EACH TENDON	621.81									X	
77	26445	TENOLYSIS,EXT TEND...;EACH TENDON	621.81	00 15								X	
73	26449	TENOLYSIS,COMP,EXT TENDON.....	723.73										
77	26449	TENOLYSIS,COMP,EXT TENDON.....	723.73	00 15									
73	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	463.26									X	
77	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	463.26	00 15								X	
73	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	459.51									X	
77	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	459.51	00 15								X	
73	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	451.15									X	
77	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	451.15	00 15								X	
73	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	674.35										
77	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	674.35	00 15									
73	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	666.65										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	666.65	00 15									
73	26476	TEND LENGTHEN,EXT...SINGLE, EACH	657.86									X	
77	26476	TEND LENGTHEN,EXT...SINGLE, EACH	657.86	00 15								X	
73	26477	TEND SHORTEN,EXT...SINGLE,EACH	637.70									X	
77	26477	TEND SHORTEN,EXT...SINGLE,EACH	637.70	00 15								X	
73	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	692.83									X	
77	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	692.83	00 15								X	
73	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	808.46									X	
77	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	808.46	00 15								X	
73	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	901.42									X	
77	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	901.42	00 15								X	
73	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	865.27									X	
77	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	865.27	00 15								X	
73	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	1,005.70									X	
77	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	1,005.70	00 15								X	
73	26490	REVISE THUMB TENDON	869.42										
77	26490	REVISE THUMB TENDON	869.42	00 15									
73	26492	REVISE THUMB TENDON W/GRAFT	961.43										
77	26492	REVISE THUMB TENDON W/GRAFT	961.43	00 15									
73	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	873.03										
77	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	873.03	00 15									
73	26496	REVISE THUMB TENDON; OTHER METHODS	941.89										
77	26496	REVISE THUMB TENDON; OTHER METHODS	941.89	00 15									
73	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	940.86										
77	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	940.86	00 15									
73	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,234.67										
77	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,234.67	00 15									
73	26499	CORRECTION CLAW FINGER,OTHER METHODS	905.05		X								
77	26499	CORRECTION CLAW FINGER,OTHER METHODS	905.05	00 15	X								
73	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	678.69										
77	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	678.69	00 15									
73	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	780.33										
77	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	780.33	00 15									
73	26508	RELEASE THUMB CONTRACTURE	691.50									X	
77	26508	RELEASE THUMB CONTRACTURE	691.50	00 15								X	
73	26510	CROSS INTRINSIC TRANSFER	655.82										
77	26510	CROSS INTRINSIC TRANSFER	655.82	00 15									
73	26516	FUSION OF KNUCKLE JOINT	765.80										
77	26516	FUSION OF KNUCKLE JOINT	765.80	00 15									
73	26517	FUSION KNUCKLE JOINT,TWO DIGITS	899.20										
77	26517	FUSION KNUCKLE JOINT,TWO DIGITS	899.20	00 15									
73	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	910.72									X	
77	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	910.72	00 15								X	
73	26520	CAPSULECTOMY/OTOMY....;EACH	700.27									X	
77	26520	CAPSULECTOMY/OTOMY....;EACH	700.27	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	26525	CAPSULECTOMY/OTOMY...;EACH	702.18									X	
77	26525	CAPSULECTOMY/OTOMY...;EACH	702.18	00 15								X	
73	26530	ARTHROPLASTY,META...;SINGLE,EACH	563.49									X	
77	26530	ARTHROPLASTY,META...;SINGLE,EACH	563.49	00 15								X	
73	26531	ARTHROPLASTY,META..;PROSTH...EACH	656.94									X	
77	26531	ARTHROPLASTY,META..;PROSTH...EACH	656.94	00 15								X	
73	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	454.36									X	
77	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	454.36	00 15								X	
73	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	769.91									X	
77	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	769.91	00 15								X	
73	26540	REPAIR COLLATERAL LIGAMENT	718.20									X	
77	26540	REPAIR COLLATERAL LIGAMENT	718.20	00 15								X	
73	26541	RECONSTRUCT/GRAFT HAND JOINT	862.34									X	
77	26541	RECONSTRUCT/GRAFT HAND JOINT	862.34	00 15								X	
73	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	742.69										
77	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	742.69	00 15									
73	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	753.80									X	
77	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	753.80	00 15								X	
73	26546	REPAIR NON-UNION HAND	1,062.91										
77	26546	REPAIR NON-UNION HAND	1,062.91	00 15									
73	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	823.93									X	
77	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	823.93	00 15								X	
73	26550	CONSTRUCT THUMB REPLACEMENT	1,751.19									X	
77	26550	CONSTRUCT THUMB REPLACEMENT	1,751.19	00 15								X	
73	26551	GREAT TOE-HAND TRANSFER	3,504.99										
77	26551	GREAT TOE-HAND TRANSFER	3,504.99	00 15									
73	26553	SINGLE TOE-HAND TRANSFER	3,481.60										
77	26553	SINGLE TOE-HAND TRANSFER	3,481.60	00 15									
73	26554	DOUBLE TOE-HAND TRANSFER	4,057.60										
77	26554	DOUBLE TOE-HAND TRANSFER	4,057.60	00 15									
73	26555	POSITIONAL CHANGE OF FINGER	1,464.36										
77	26555	POSITIONAL CHANGE OF FINGER	1,464.36	00 15									
73	26556	TOE JOINT TRANSFER	3,616.25										
77	26556	TOE JOINT TRANSFER	3,616.25	00 15									
73	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	652.42									X	
77	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	652.42	00 15								X	
73	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,025.50									X	
77	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,025.50	00 15								X	
73	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,438.90									X	
77	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,438.90	00 15								X	
73	26565	CORRECT METACARPAL FLAW	756.80									X	
77	26565	CORRECT METACARPAL FLAW	756.80	00 15								X	
73	26567	CORRECT FINGER DEFORMITY	741.16									X	
77	26567	CORRECT FINGER DEFORMITY	741.16	00 15								X	
73	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	969.57										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	969.57	00 15									
73	26580	REPAIR HAND DEFORMITY	1,620.10									X	
77	26580	REPAIR HAND DEFORMITY	1,620.10	00 15								X	
73	26587	REPAIR SUPERNUMERARY DIGIT	1,099.05									X	
77	26587	REPAIR SUPERNUMERARY DIGIT	1,099.05	00 15								X	
73	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,510.08									X	
77	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,510.08	00 15								X	
73	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	490.64									X	
77	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	490.64	00 15								X	
73	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	844.18										
77	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	844.18	00 15									
73	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	306.44									X	
77	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	306.44	00 15								X	
73	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	338.27									X	
77	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	338.27	00 15								X	
73	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	523.90									X	
77	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	523.90	00 15								X	
73	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	500.82										
77	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	500.82	00 15									
73	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	599.69									X	
77	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	599.69	00 15								X	
73	26641	TREAT THUMB DISLOCATION W/MANIPU	432.08									X	
77	26641	TREAT THUMB DISLOCATION W/MANIPU	432.08	00 15								X	
73	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	451.37									X	
77	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	451.37	00 15								X	
73	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	499.46									X	
77	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	499.46	00 15								X	
73	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	652.78									X	
77	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	652.78	00 15								X	
73	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	361.89										
77	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	361.89	00 15									
73	26675	TREAT HAND DISLOCATION W/ANESTHESIA	479.51										
77	26675	TREAT HAND DISLOCATION W/ANESTHESIA	479.51	00 15									
73	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	527.32										
77	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	527.32	00 15									
73	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	599.07										
77	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	599.07	00 15									
73	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	656.72										
77	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	656.72	00 15									
73	26700	TREAT KNUCKLE DISLOCATION	348.89										
77	26700	TREAT KNUCKLE DISLOCATION	348.89	00 15									
73	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	437.50										
77	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	437.50	00 15									
73	26706	PERC.PINNING,CLOSED METACARPOPHALANG	464.04										
77	26706	PERC.PINNING,CLOSED METACARPOPHALANG	464.04	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	596.25										
77	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	596.25	00 15									
73	26720	TREAT CLSD FX;W/O MANIP, EACH	203.92									X	
77	26720	TREAT CLSD FX;W/O MANIP, EACH	203.92	00 15								X	
73	26725	TREAT CLSD FX;W/ MANIP, EACH	352.06									X	
77	26725	TREAT CLSD FX;W/ MANIP, EACH	352.06	00 15								X	
73	26727	TREAT FX,MANIP,TRACT/FIX, EACH	492.17									X	
77	26727	TREAT FX,MANIP,TRACT/FIX, EACH	492.17	00 15								X	
73	26735	OPEN TREAT....W/W/O FIX, EACH	620.07									X	
77	26735	OPEN TREAT....W/W/O FIX, EACH	620.07	00 15								X	
73	26740	TREAT CLSD ART FX...W/O MANIP,EACH	237.10									X	
77	26740	TREAT CLSD ART FX...W/O MANIP,EACH	237.10	00 15								X	
73	26742	TREAT CLSD ART FX....W/ MANIP, EACH	388.63									X	
77	26742	TREAT CLSD ART FX....W/ MANIP, EACH	388.63	00 15								X	
73	26746	OPEN TX,CLSD/OPEN FX...EACH	775.47									X	
77	26746	OPEN TX,CLSD/OPEN FX...EACH	775.47	00 15								X	
73	26750	TREAT CLSD FX...W/O MANIP, EACH	191.88									X	
77	26750	TREAT CLSD FX...W/O MANIP, EACH	191.88	00 15								X	
73	26755	TREAT CLSD FX...W/ MANIP, EACH	331.38									X	
77	26755	TREAT CLSD FX...W/ MANIP, EACH	331.38	00 15								X	
73	26756	TREAT CLSD FX..;W/PERC PIN, EACH	437.35									X	
77	26756	TREAT CLSD FX..;W/PERC PIN, EACH	437.35	00 15								X	
73	26765	OPEN TX,CLSD/OPEN FX..;EACH	519.39									X	
77	26765	OPEN TX,CLSD/OPEN FX..;EACH	519.39	00 15								X	
73	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	295.32										
77	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	295.32	00 15									
73	26775	TRMT OF SAME W/ ANESTION	403.70										
77	26775	TRMT OF SAME W/ ANESTION	403.70	00 15									
73	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	465.86										
77	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	465.86	00 15									
73	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	567.89										
77	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	567.89	00 15									
73	26820	THUMB FUSION WITH GRAFT	859.20										
77	26820	THUMB FUSION WITH GRAFT	859.20	00 15									
73	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	793.27										
77	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	793.27	00 15									
73	26842	ARTHRODESIS OF THUMB W/ GRAFT	862.33									X	
77	26842	ARTHRODESIS OF THUMB W/ GRAFT	862.33	00 15								X	
73	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	809.98										
77	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	809.98	00 15									
73	26844	ARTHRODESIS OF DIGITS W/ GRAFT	893.00										
77	26844	ARTHRODESIS OF DIGITS W/ GRAFT	893.00	00 15									
73	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	754.53										
77	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	754.53	00 15									
73	26852	ARTHRODESIS KNUCKLE W/ GRAFT	859.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	26852	ARTHRODESIS KNUCKLE W/ GRAFT	859.29	00 15									
73	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	620.26										
77	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	620.26	00 15									
73	26861	ARTHRODESIS...EACH ADD JOINT	109.05									X	
77	26861	ARTHRODESIS...EACH ADD JOINT	109.05	00 15								X	
73	26862	FUSION/GRAFT OF FINGER JOINT	787.22										
77	26862	FUSION/GRAFT OF FINGER JOINT	787.22	00 15									
73	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	241.85									X	
77	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	241.85	00 15								X	
73	26910	AMPUTATE METACARPAL BONE	785.79									X	
77	26910	AMPUTATE METACARPAL BONE	785.79	00 15								X	
73	26951	AMPUTATION OF FINGER/THUMB	711.82									X	
77	26951	AMPUTATION OF FINGER/THUMB	711.82	00 15								X	
73	26952	WITH LOCAL ADVANCEMENT FLAPS	700.24									X	
77	26952	WITH LOCAL ADVANCEMENT FLAPS	700.24	00 15								X	
73	26990	DRAINAGE OF PELVIS LESION	703.74										
77	26990	DRAINAGE OF PELVIS LESION	703.74	00 15									
73	26991	DRAINAGE OF PELVIS BURSA	741.90										
77	26991	DRAINAGE OF PELVIS BURSA	741.90	00 15									
73	26992	DRAINAGE OF BONE LESION	1,057.20										
77	26992	DRAINAGE OF BONE LESION	1,057.20	00 15									
73	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	419.07										
77	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	419.07	00 15									
73	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	570.43										
77	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	570.43	00 15									
73	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	629.29										
77	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	629.29	00 15									
73	27005	TENOTOMY, ILIOPSOAS, OPEN	756.25										
77	27005	TENOTOMY, ILIOPSOAS, OPEN	756.25	00 15									
73	27006	TENOTOMY, ABDUCTORS, OPEN	750.66										
77	27006	TENOTOMY, ABDUCTORS, OPEN	750.66	00 15									
73	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	972.19										
77	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	972.19	00 15									
73	27027	INCISION OF TISSUE OF MUSCLE COMPART	930.74										
77	27027	INCISION OF TISSUE OF MUSCLE COMPART	930.74	00 15									
73	27030	ARTHROTOMY OF HIP FOR DRAINAGE	991.96										
77	27030	ARTHROTOMY OF HIP FOR DRAINAGE	991.96	00 15									
73	27033	HIP ARTHROTOMY FOR EXPLORATION	1,029.39										
77	27033	HIP ARTHROTOMY FOR EXPLORATION	1,029.39	00 15									
73	27035	DENERVATION OF HIP JOINT	1,157.67										
77	27035	DENERVATION OF HIP JOINT	1,157.67	00 15									
73	27036	EXCISION OF HIP JOINT/MUSCLE	1,071.02										
77	27036	EXCISION OF HIP JOINT/MUSCLE	1,071.02	00 15									
73	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	352.91										
77	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	352.91	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27041	DEEP BIOPSY OF SOFT TISSUES	741.46										
77	27041	DEEP BIOPSY OF SOFT TISSUES	741.46	00 15									
73	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	500.33										
77	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	500.33	00 15									
73	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	783.20										
77	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	783.20	00 15									
73	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	510.64										
77	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	510.64	00 15									
73	27048	DEEP TUMOR EXCISION, HIP-PELVIS	650.39										
77	27048	DEEP TUMOR EXCISION, HIP-PELVIS	650.39	00 15									
73	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,446.49										
77	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,446.49	00 15									
73	27050	BIOPSY OF SACROILLIAC JOINT	421.64										
77	27050	BIOPSY OF SACROILLIAC JOINT	421.64	00 15									
73	27052	BIOPSY OF HIP JOINT	605.91										
77	27052	BIOPSY OF HIP JOINT	605.91	00 15									
73	27054	REMOVAL OF HIP JOINT LINING	723.42										
77	27054	REMOVAL OF HIP JOINT LINING	723.42	00 15									
73	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,071.23										
77	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,071.23	00 15									
73	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,929.52										
77	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,929.52	00 15									
73	27060	REMOVAL OF ISCHIAL BURSA	488.34										
77	27060	REMOVAL OF ISCHIAL BURSA	488.34	00 15									
73	27062	EXCISION TROCHANTERIC BURSA	476.79										
77	27062	EXCISION TROCHANTERIC BURSA	476.79	00 15									
73	27065	EXCISION OF BONE CYST OR BENIGN TUMO	550.25										
77	27065	EXCISION OF BONE CYST OR BENIGN TUMO	550.25	00 15									
73	27066	EXCISION OF BONE CYST OR BENIGN TUMO	860.28										
77	27066	EXCISION OF BONE CYST OR BENIGN TUMO	860.28	00 15									
73	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,092.44										
77	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,092.44	00 15									
73	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	928.82										
77	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	928.82	00 15									
73	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,013.59										
77	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,013.59	00 15									
73	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,216.48										
77	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,216.48	00 15									
73	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,686.13										
77	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,686.13	00 15									
73	27077	INNOMINATE BONE-TOTAL	2,998.09										
77	27077	INNOMINATE BONE-TOTAL	2,998.09	00 15									
73	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,186.52										
77	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,186.52	00 15									
73	27080	COCCYGECTOMY	541.86										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27080	COCCYGECTOMY	541.86	00 15									
73	27086	REMOVE HIP FOREIGN BODY	318.74										
77	27086	REMOVE HIP FOREIGN BODY	318.74	00 15									
73	27087	DEEP ODY	651.98										
77	27087	DEEP ODY	651.98	00 15									
73	27090	REMOVAL OF HIP PROSTHESIS	874.28										
77	27090	REMOVAL OF HIP PROSTHESIS	874.28	00 15									
73	27091	COMPLICATED HESIS	1,689.76										
77	27091	COMPLICATED HESIS	1,689.76	00 15									
73	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	235.15										
77	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	235.15	00 15									
73	27095	WITH ANES RAY	318.31										
77	27095	WITH ANES RAY	318.31	00 15									
73	27096	INJECTION PROCEDURE FOR SACROILIAC J	165.39										
77	27096	INJECTION PROCEDURE FOR SACROILIAC J	165.39	00 15									
73	27097	HAMSTRING RECESSION PROXIMAL	719.24										
77	27097	HAMSTRING RECESSION PROXIMAL	719.24	00 15									
73	27098	ADDUCTOR TRANSFER TO ISCHIUM	730.95										
77	27098	ADDUCTOR TRANSFER TO ISCHIUM	730.95	00 15									
73	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	873.86										
77	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	873.86	00 15									
73	27105	TRANSFER PARASPINAL MUSCLE TO HIP	917.26										
77	27105	TRANSFER PARASPINAL MUSCLE TO HIP	917.26	00 15									
73	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,025.09										
77	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,025.09	00 15									
73	27111	TO FEMORAL NECK S MUSCLE	953.30										
77	27111	TO FEMORAL NECK S MUSCLE	953.30	00 15									
73	27120	ACETABULOPLASTY P SOCKET	1,375.71										
77	27120	ACETABULOPLASTY P SOCKET	1,375.71	00 15									
73	27122	RESECTION FEMORAL HEAD	1,166.22										
77	27122	RESECTION FEMORAL HEAD	1,166.22	00 15									
73	27125	HEMIARTHROPLASTY; PROSTHESIS	1,197.04										
77	27125	HEMIARTHROPLASTY; PROSTHESIS	1,197.04	00 15									
73	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,364.54										
77	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,364.54	00 15									
73	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,774.52										
77	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,774.52	00 15									
73	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,029.69										
77	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,029.69	00 15									
73	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,558.51										
77	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,558.51	00 15									
73	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,619.48										
77	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,619.48	00 15									
73	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	941.98										
77	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	941.98	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
73	27146	OSTEOTOMY, ILIAC	1,354.21										
77	27146	OSTEOTOMY, ILIAC	1,354.21	00 15									
73	27147	WITH OPEN REDUCTION OF HIP	1,550.79										
77	27147	WITH OPEN REDUCTION OF HIP	1,550.79	00 15									
73	27151	WITH FEMORAL OSTEOTOMY	1,678.58										
77	27151	WITH FEMORAL OSTEOTOMY	1,678.58	00 15									
73	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,809.66										
77	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,809.66	00 15									
73	27158	OSTEOTOMY, PELVIS, BILATERAL	1,484.65										
77	27158	OSTEOTOMY, PELVIS, BILATERAL	1,484.65	00 15									
73	27161	INCISION OF NECK OF FEMUR	1,286.81										
77	27161	INCISION OF NECK OF FEMUR	1,286.81	00 15									
73	27165	INCISION/FIXATION OF FEMUR	1,458.55										
77	27165	INCISION/FIXATION OF FEMUR	1,458.55	00 15									
73	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,242.31										
77	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,242.31	00 15									
73	27175	TREAT SLIPPED EPIPHYSIS	703.78										
77	27175	TREAT SLIPPED EPIPHYSIS	703.78	00 15									
73	27176	BY SINGLE OR MULITPLE PINNING, IN SI	972.94										
77	27176	BY SINGLE OR MULITPLE PINNING, IN SI	972.94	00 15									
73	27177	REPAIR SLIPPED EPIPHYSIS	1,178.99										
77	27177	REPAIR SLIPPED EPIPHYSIS	1,178.99	00 15									
73	27178	CLOSED MANIPULATION YSIS	972.94										
77	27178	CLOSED MANIPULATION YSIS	972.94	00 15									
73	27179	OSTEOPLASTY OF FEMORAL NECK	1,033.93										
77	27179	OSTEOPLASTY OF FEMORAL NECK	1,033.93	00 15									
73	27181	OSTEOTOMY & INTERNAL FIXATION	1,183.88										
77	27181	OSTEOTOMY & INTERNAL FIXATION	1,183.88	00 15									
73	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	755.95										
77	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	755.95	00 15									
73	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,051.04										
77	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,051.04	00 15									
73	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	137.04										
77	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	137.04	00 15									
73	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	334.27										
77	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	334.27	00 15									
73	27200	TRMT OF CLOSED COCCYGEAL FX	191.31										
77	27200	TRMT OF CLOSED COCCYGEAL FX	191.31	00 15									
73	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	557.63										
77	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	557.63	00 15									
73	27220	TREAT HIP SOCKET FRACTURE	439.75										
77	27220	TREAT HIP SOCKET FRACTURE	439.75	00 15									
73	27222	WITH MANIPULATION CTURE	1,032.56										
77	27222	WITH MANIPULATION CTURE	1,032.56	00 15									
73	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,118.24										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,118.24	00 15									
73	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,753.59										
77	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,753.59	00 15									
73	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,994.94										
77	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,994.94	00 15									
73	27230	TRMT OF CLOSED FEMORAL FX	506.94										
77	27230	TRMT OF CLOSED FEMORAL FX	506.94	00 15									
73	27232	WITH MANIPULATION MUR	789.92									X	
77	27232	WITH MANIPULATION MUR	789.92	00 15								X	
73	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	957.35										
77	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	957.35	00 15									
73	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,261.95										
77	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,261.95	00 15									
73	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	488.05										
77	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	488.05	00 15									
73	27240	WITH MANIPULATION RACTURE	1,014.15										
77	27240	WITH MANIPULATION RACTURE	1,014.15	00 15									
73	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,299.64										
77	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,299.64	00 15									
73	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,297.92										
77	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,297.92	00 15									
73	27246	TRMT OF CLOSED GREATER TROCHANTERIC	408.54										
77	27246	TRMT OF CLOSED GREATER TROCHANTERIC	408.54	00 15									
73	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	788.17										
77	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	788.17	00 15									
73	27250	TREAT HIP DISLOCATION	197.89										
77	27250	TREAT HIP DISLOCATION	197.89	00 15									
73	27252	REQUIRING ANES N	801.44										
77	27252	REQUIRING ANES N	801.44	00 15									
73	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	995.69										
77	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	995.69	00 15									
73	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,348.30										
77	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,348.30	00 15									
73	27256	TRMT OF CONGENITAL HIP DISLOCATION	321.24										
77	27256	TRMT OF CONGENITAL HIP DISLOCATION	321.24	00 15									
73	27257	WITH MANIPULATION REQUIRING ANES	383.64										
77	27257	WITH MANIPULATION REQUIRING ANES	383.64	00 15									
73	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,176.40										
77	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,176.40	00 15									
73	27259	W/ FEMORAL SHAFT SHORTENING	1,635.20										
77	27259	W/ FEMORAL SHAFT SHORTENING	1,635.20	00 15									
73	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	425.90										
77	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	425.90	00 15									
73	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	614.28										
77	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	614.28	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	456.81										
77	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	456.81	00 15									
73	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	572.00										
77	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	572.00	00 15									
73	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,317.09										
77	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,317.09	00 15									
73	27275	MANIPULATION OF HIP JOINT	192.07										
77	27275	MANIPULATION OF HIP JOINT	192.07	00 15									
73	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	922.53										
77	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	922.53	00 15									
73	27280	FUSION OF SACROILIAC JOINT	1,470.09										
77	27280	FUSION OF SACROILIAC JOINT	1,470.09	00 15									
73	27282	FUSION OF PUBIC BONES	905.20										
77	27282	FUSION OF PUBIC BONES	905.20	00 15									
73	27284	FUSION OF HIP JOINT	1,707.10										
77	27284	FUSION OF HIP JOINT	1,707.10	00 15									
73	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,743.68										
77	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,743.68	00 15									
73	27290	AMPUTATION OF LEG AT HIP	1,723.08										
77	27290	AMPUTATION OF LEG AT HIP	1,723.08	00 15									
73	27295	DISARTICULATION OF HIP	1,330.85										
77	27295	DISARTICULATION OF HIP	1,330.85	00 15									
73	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	705.63										
77	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	705.63	00 15									
73	27303	INCISION, DEEP W/ OPENING OF BONE CO	678.00										
77	27303	INCISION, DEEP W/ OPENING OF BONE CO	678.00	00 15									
73	27305	FASCIOTOMY & FASCIA	505.25										
77	27305	FASCIOTOMY & FASCIA	505.25	00 15									
73	27306	TENOTOMY, SINGLE NDON	342.50										
77	27306	TENOTOMY, SINGLE NDON	342.50	00 15									
73	27307	MULTIPLE NDONS	503.65										
77	27307	MULTIPLE NDONS	503.65	00 15									
73	27310	ARTHROTOMY, KNEE JOINT	770.13										
77	27310	ARTHROTOMY, KNEE JOINT	770.13	00 15									
73	27323	BIOPSY THIGH SOFT TISSUES	279.72										
77	27323	BIOPSY THIGH SOFT TISSUES	279.72	00 15									
73	27324	BIOPSY THIGH SOFT TISSUES	428.69										
77	27324	BIOPSY THIGH SOFT TISSUES	428.69	00 15									
73	27325	NEURECTOMY, HAMSTRING MUSCLE	592.58										
77	27325	NEURECTOMY, HAMSTRING MUSCLE	592.58	00 15									
73	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	546.58										
77	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	546.58	00 15									
73	27327	REMOVAL OF THIGH LESION	513.46										
77	27327	REMOVAL OF THIGH LESION	513.46	00 15									
73	27328	REMOVAL OF THIGH LESION	660.16										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27328	REMOVAL OF THIGH LESION	660.16	00 15									
73	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,108.14										
77	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,108.14	00 15									
73	27330	BIOPSY KNEE JOINT LINING	437.94										
77	27330	BIOPSY KNEE JOINT LINING	437.94	00 15									
73	27331	EXPLORE/TREAT KNEE JOINT	499.22										
77	27331	EXPLORE/TREAT KNEE JOINT	499.22	00 15									
73	27332	REMOVAL OF KNEE CARTILAGE	678.24										
77	27332	REMOVAL OF KNEE CARTILAGE	678.24	00 15									
73	27333	REMOVAL OF KNEE CARTILAGE	617.82										
77	27333	REMOVAL OF KNEE CARTILAGE	617.82	00 15									
73	27334	REMOVE KNEE JOINT LINING	721.00										
77	27334	REMOVE KNEE JOINT LINING	721.00	00 15									
73	27335	REMOVE KNEE JOINT LINING	807.65										
77	27335	REMOVE KNEE JOINT LINING	807.65	00 15									
73	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	446.18										
77	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	446.18	00 15									
73	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	802.22										
77	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	802.22	00 15									
73	27340	REMOVAL OF KNEECAP BURSA	388.87										
77	27340	REMOVAL OF KNEECAP BURSA	388.87	00 15									
73	27345	REMOVAL OF CYST OF MEMBRANE COVERING	507.41										
77	27345	REMOVAL OF CYST OF MEMBRANE COVERING	507.41	00 15									
73	27347	REMOVE KNEE CYST	553.30										
77	27347	REMOVE KNEE CYST	553.30	00 15									
73	27350	REMOVAL OF KNEECAP	687.19										
77	27350	REMOVAL OF KNEECAP	687.19	00 15									
73	27355	REMOVE FEMUR LESION	636.82										
77	27355	REMOVE FEMUR LESION	636.82	00 15									
73	27356	REMOVE FEMUR LESION/GRAFT	778.79										
77	27356	REMOVE FEMUR LESION/GRAFT	778.79	00 15									
73	27357	REMOVE FEMUR LESION/GRAFT	860.83										
77	27357	REMOVE FEMUR LESION/GRAFT	860.83	00 15									
73	27358	WITH INTERNAL FIXATION	295.47										
77	27358	WITH INTERNAL FIXATION	295.47	00 15									
73	27360	PARTIAL REMOVAL LEG BONE(S)	939.82										
77	27360	PARTIAL REMOVAL LEG BONE(S)	939.82	00 15									
73	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,668.12										
77	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,668.12	00 15									
73	27365	EXTENSIVE LEG SURGERY	2,186.18										
77	27365	EXTENSIVE LEG SURGERY	2,186.18	00 15									
73	27369	INJECTION PROCEDURE FOR CONTRAST KNE	169.56										
77	27369	INJECTION PROCEDURE FOR CONTRAST KNE	169.56	00 15									
73	27372	REMOVAL OF FOREIGN BODY	616.23										
77	27372	REMOVAL OF FOREIGN BODY	616.23	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27380	REPAIR OF KNEECAP TENDON	647.39										
77	27380	REPAIR OF KNEECAP TENDON	647.39	00 15									
73	27381	REPAIR/GRAFT KNEECAP TENDON	861.06										
77	27381	REPAIR/GRAFT KNEECAP TENDON	861.06	00 15									
73	27385	REPAIR OF THIGH MUSCLE	627.49										
77	27385	REPAIR OF THIGH MUSCLE	627.49	00 15									
73	27386	REPAIR/GRAFT OF THIGH MUSCLE	899.99										
77	27386	REPAIR/GRAFT OF THIGH MUSCLE	899.99	00 15									
73	27390	INCISION OF THIGH TENDON	470.39										
77	27390	INCISION OF THIGH TENDON	470.39	00 15									
73	27391	INCISION OF THIGH TENDONS	576.68										
77	27391	INCISION OF THIGH TENDONS	576.68	00 15									
73	27392	INCISION OF THIGH TENDONS	750.78										
77	27392	INCISION OF THIGH TENDONS	750.78	00 15									
73	27393	LENGTHENING OF THIGH TENDON	527.63										
77	27393	LENGTHENING OF THIGH TENDON	527.63	00 15									
73	27394	LENGTHENING OF THIGH TENDONS	690.31										
77	27394	LENGTHENING OF THIGH TENDONS	690.31	00 15									
73	27395	LENGTHENING OF THIGH TENDONS	929.68										
77	27395	LENGTHENING OF THIGH TENDONS	929.68	00 15									
73	27396	TRANSPLANT OF THIGH TENDON	649.96										
77	27396	TRANSPLANT OF THIGH TENDON	649.96	00 15									
73	27397	TRANSPLANTS OF THIGH TENDONS	963.86										
77	27397	TRANSPLANTS OF THIGH TENDONS	963.86	00 15									
73	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	733.24										
77	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	733.24	00 15									
73	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	678.42										
77	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	678.42	00 15									
73	27405	REPAIR OF KNEE LIGAMENT	710.57										
77	27405	REPAIR OF KNEE LIGAMENT	710.57	00 15									
73	27407	REPAIR OF KNEE LIGAMENT	838.94										
77	27407	REPAIR OF KNEE LIGAMENT	838.94	00 15									
73	27409	REPAIR OF KNEE LIGAMENTS	1,022.02										
77	27409	REPAIR OF KNEE LIGAMENTS	1,022.02	00 15									
73	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,745.45										
77	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,745.45	00 15									
73	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,451.44		X								
77	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,451.44	00 15	X								
73	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,035.37		X								
77	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,035.37	00 15	X								
73	27418	PLASTY FOR CHONDROMALACIA PATELLAE	874.96										
77	27418	PLASTY FOR CHONDROMALACIA PATELLAE	874.96	00 15									
73	27420	REVISION OF UNSTABLE KNEECAP	782.27										
77	27420	REVISION OF UNSTABLE KNEECAP	782.27	00 15									
73	27422	REVISION OF UNSTABLE KNEECAP	783.00										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	27422	REVISION OF UNSTABLE KNEECAP	783.00	00 15									
73	27424	REVISION/REMOVAL OF KNEECAP	788.68										
77	27424	REVISION/REMOVAL OF KNEECAP	788.68	00 15									
73	27425	LATERAL RETINACULAR RELEASE ANY METH	472.65										
77	27425	LATERAL RETINACULAR RELEASE ANY METH	472.65	00 15									
73	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	749.69										
77	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	749.69	00 15									
73	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,176.02										
77	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,176.02	00 15									
73	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,324.07										
77	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,324.07	00 15									
73	27430	REVISION OF THIGH MUSCLES	781.78										
77	27430	REVISION OF THIGH MUSCLES	781.78	00 15									
73	27435	INCISION OF KNEE JOINT	852.01										
77	27435	INCISION OF KNEE JOINT	852.01	00 15									
73	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	695.87										
77	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	695.87	00 15									
73	27438	REVISE KNEECAP WITH IMPLANT	886.05										
77	27438	REVISE KNEECAP WITH IMPLANT	886.05	00 15									
73	27440	REVISION OF KNEE JOINT	842.11										
77	27440	REVISION OF KNEE JOINT	842.11	00 15									
73	27441	REVISION OF KNEE JOINT	869.13										
77	27441	REVISION OF KNEE JOINT	869.13	00 15									
73	27442	REVISION OF KNEE JOINT	919.27										
77	27442	REVISION OF KNEE JOINT	919.27	00 15									
73	27443	REVISION OF KNEE JOINT	861.54										
77	27443	REVISION OF KNEE JOINT	861.54	00 15									
73	27445	REVISE KNEE JOINT, IMPLANT	1,328.87										
77	27445	REVISE KNEE JOINT, IMPLANT	1,328.87	00 15									
73	27446	TOTAL KNEE REPLACEMENT	1,223.61										
77	27446	TOTAL KNEE REPLACEMENT	1,223.61	00 15									
73	27447	TOTAL KNEE REPLACEMENT	1,362.49										
77	27447	TOTAL KNEE REPLACEMENT	1,362.49	00 15									
73	27448	INCISION OF FEMUR	852.72										
77	27448	INCISION OF FEMUR	852.72	00 15									
73	27450	INCISION OF FEMUR	1,074.07										
77	27450	INCISION OF FEMUR	1,074.07	00 15									
73	27454	REALIGNMENT OF FEMUR	1,370.42										
77	27454	REALIGNMENT OF FEMUR	1,370.42	00 15									
73	27455	REALIGNMENT OF KNEE	1,010.98										
77	27455	REALIGNMENT OF KNEE	1,010.98	00 15									
73	27457	REALIGNMENT OF KNEE	1,017.59										
77	27457	REALIGNMENT OF KNEE	1,017.59	00 15									
73	27465	SHORTENING OF FEMUR	1,323.94										
77	27465	SHORTENING OF FEMUR	1,323.94	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27466	LENGTHENING OF FEMUR	1,252.68										
77	27466	LENGTHENING OF FEMUR	1,252.68	00 15									
73	27468	REVISION OF FEMURS	1,421.89										
77	27468	REVISION OF FEMURS	1,421.89	00 15									
73	27470	REPAIR OF FEMUR	1,246.37										
77	27470	REPAIR OF FEMUR	1,246.37	00 15									
73	27472	REPAIR/GRAFT OF FEMUR	1,338.55										
77	27472	REPAIR/GRAFT OF FEMUR	1,338.55	00 15									
73	27475	REPAIR OF FEMUR EPIPHYSIS	698.03										
77	27475	REPAIR OF FEMUR EPIPHYSIS	698.03	00 15									
73	27477	REPAIR LOWER LEG EPIPHYSES	772.95										
77	27477	REPAIR LOWER LEG EPIPHYSES	772.95	00 15									
73	27479	REPAIR OF LEG EPIPHYSES	971.26										
77	27479	REPAIR OF LEG EPIPHYSES	971.26	00 15									
73	27485	REPAIR OF LEG EPIPHYSIS	708.37										
77	27485	REPAIR OF LEG EPIPHYSIS	708.37	00 15									
73	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,489.09										
77	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,489.09	00 15									
73	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,862.85										
77	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,862.85	00 15									
73	27488	REMOVAL OF KNEE PROSTHESIS	1,269.60										
77	27488	REMOVAL OF KNEE PROSTHESIS	1,269.60	00 15									
73	27495	PROPHYLACTIC TREAT. FEMUR	1,195.27										
77	27495	PROPHYLACTIC TREAT. FEMUR	1,195.27	00 15									
73	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	573.35										
77	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	573.35	00 15									
73	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	612.02										
77	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	612.02	00 15									
73	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	690.32										
77	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	690.32	00 15									
73	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	738.91										
77	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	738.91	00 15									
73	27500	TREATMENT OF FEMUR FRACTURE	546.72										
77	27500	TREATMENT OF FEMUR FRACTURE	546.72	00 15									
73	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	531.71										
77	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	531.71	00 15									
73	27502	TREATMENT OF FEMUR FRACTURE	802.17										
77	27502	TREATMENT OF FEMUR FRACTURE	802.17	00 15									
73	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	847.65										
77	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	847.65	00 15									
73	27506	REPAIR OF FEMUR FRACTURE	1,413.87										
77	27506	REPAIR OF FEMUR FRACTURE	1,413.87	00 15									
73	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,027.05										
77	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,027.05	00 15									
73	27508	TREATMENT OF FEMUR FRACTURE	548.54										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27508	TREATMENT OF FEMUR FRACTURE	548.54	00 15									
73	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	702.29										
77	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	702.29	00 15									
73	27510	TREATMENT OF FEMUR FRACTURE	720.00										
77	27510	TREATMENT OF FEMUR FRACTURE	720.00	00 15									
73	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,057.97										
77	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,057.97	00 15									
73	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,316.45										
77	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,316.45	00 15									
73	27514	REPAIR OF FEMUR FRACTURE	1,025.95										
77	27514	REPAIR OF FEMUR FRACTURE	1,025.95	00 15									
73	27516	TREATMENT OF FEMUR EPIPHYSIS	536.96										
77	27516	TREATMENT OF FEMUR EPIPHYSIS	536.96	00 15									
73	27517	TREATMENT OF FEMUR EPIPHYSIS	723.95										
77	27517	TREATMENT OF FEMUR EPIPHYSIS	723.95	00 15									
73	27519	REPAIR OF FEMUR EPIPHYSIS	945.05										
77	27519	REPAIR OF FEMUR EPIPHYSIS	945.05	00 15									
73	27520	TREAT KNEECAP FRACTURE	334.60										
77	27520	TREAT KNEECAP FRACTURE	334.60	00 15									
73	27524	REPAIR OF KNEECAP FRACTURE	793.23										
77	27524	REPAIR OF KNEECAP FRACTURE	793.23	00 15									
73	27530	TREATMENT OF KNEE FRACTURE	314.03										
77	27530	TREATMENT OF KNEE FRACTURE	314.03	00 15									
73	27532	TREATMENT OF KNEE FRACTURE	646.33										
77	27532	TREATMENT OF KNEE FRACTURE	646.33	00 15									
73	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	951.84										
77	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	951.84	00 15									
73	27536	REPAIR OF KNEE FRACTURE	1,252.75										
77	27536	REPAIR OF KNEE FRACTURE	1,252.75	00 15									
73	27538	TREAT KNEE FRACTURE(S)	499.90										
77	27538	TREAT KNEE FRACTURE(S)	499.90	00 15									
73	27540	REPAIR OF KNEE FRACTURE	857.61										
77	27540	REPAIR OF KNEE FRACTURE	857.61	00 15									
73	27550	TREAT KNEE DISLOCATION	548.53										
77	27550	TREAT KNEE DISLOCATION	548.53	00 15									
73	27552	TREAT KNEE DISLOCATION	664.66										
77	27552	TREAT KNEE DISLOCATION	664.66	00 15									
73	27556	REPAIR OF KNEE DISLOCATION	929.91										
77	27556	REPAIR OF KNEE DISLOCATION	929.91	00 15									
73	27557	REPAIR OF KNEE DISLOCATION	1,110.60										
77	27557	REPAIR OF KNEE DISLOCATION	1,110.60	00 15									
73	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,267.40										
77	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,267.40	00 15									
73	27560	TREAT KNEECAP DISLOCATION	389.80										
77	27560	TREAT KNEECAP DISLOCATION	389.80	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27562	TREAT KNEECAP DISLOCATION	511.48										
77	27562	TREAT KNEECAP DISLOCATION	511.48	00 15									
73	27566	REPAIR KNEECAP DISLOCATION	943.18										
77	27566	REPAIR KNEECAP DISLOCATION	943.18	00 15									
73	27570	FIXATION OF KNEE JOINT	156.75										
77	27570	FIXATION OF KNEE JOINT	156.75	00 15									
73	27580	FUSION OF KNEE	1,550.59										
77	27580	FUSION OF KNEE	1,550.59	00 15									
73	27590	AMPUTATE LEG AT THIGH	853.52										
77	27590	AMPUTATE LEG AT THIGH	853.52	00 15									
73	27591	AMPUTATE LEG AT THIGH	1,020.52										
77	27591	AMPUTATE LEG AT THIGH	1,020.52	00 15									
73	27592	AMPUTATE LEG AT THIGH	723.20										
77	27592	AMPUTATE LEG AT THIGH	723.20	00 15									
73	27594	AMPUTATION FOLLOW-UP SURGERY	539.50										
77	27594	AMPUTATION FOLLOW-UP SURGERY	539.50	00 15									
73	27596	AMPUTATION FOLLOW-UP SURGERY	766.78										
77	27596	AMPUTATION FOLLOW-UP SURGERY	766.78	00 15									
73	27598	AMPUTATE LOWER LEG AT KNEE	758.38										
77	27598	AMPUTATE LOWER LEG AT KNEE	758.38	00 15									
73	27600	DECOMPRESSION OF LOWER LEG	428.99										
77	27600	DECOMPRESSION OF LOWER LEG	428.99	00 15									
73	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	466.26										
77	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	466.26	00 15									
73	27602	DECOMPRESSION OF LOWER LEG	518.96										
77	27602	DECOMPRESSION OF LOWER LEG	518.96	00 15									
73	27603	DRAIN LOWER LEG LESION	555.29										
77	27603	DRAIN LOWER LEG LESION	555.29	00 15									
73	27604	DRAIN LOWER LEG BURSA	479.94										
77	27604	DRAIN LOWER LEG BURSA	479.94	00 15									
73	27605	INCISION OF ACHILLES TENDON	342.50										
77	27605	INCISION OF ACHILLES TENDON	342.50	00 15									
73	27606	INCISION OF ACHILLES TENDON	286.55										
77	27606	INCISION OF ACHILLES TENDON	286.55	00 15									
73	27607	TREAT LOWER LEG BONE LESION	628.19										
77	27607	TREAT LOWER LEG BONE LESION	628.19	00 15									
73	27610	EXPLORE/TREAT ANKLE JOINT	679.80										
77	27610	EXPLORE/TREAT ANKLE JOINT	679.80	00 15									
73	27612	EXPLORATION OF ANKLE JOINT	578.61										
77	27612	EXPLORATION OF ANKLE JOINT	578.61	00 15									
73	27613	BIOPSY LOWER LEG SOFT TISSUE	256.71										
77	27613	BIOPSY LOWER LEG SOFT TISSUE	256.71	00 15									
73	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	601.00										
77	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	601.00	00 15									
73	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,087.57										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,087.57	00 15									
73	27616	REMOVAL (5 CENTIMETERS OR GREATRE) T	1,354.40										
77	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	1,354.40	00 15									
73	27618	REMOVE LOWER LEGLES ION	496.49										
77	27618	REMOVE LOWER LEGLES ION	496.49	00 15									
73	27619	REMOVE LOWER LEG LESION DEEP	481.40										
77	27619	REMOVE LOWER LEG LESION DEEP	481.40	00 15									
73	27620	BIOPSY OF ANKLE JOINT	467.30										
77	27620	BIOPSY OF ANKLE JOINT	467.30	00 15									
73	27625	REMOVE ANKLE JOINT LINING	595.89										
77	27625	REMOVE ANKLE JOINT LINING	595.89	00 15									
73	27626	REMOVE ANKLE JOINT LINING	626.26										
77	27626	REMOVE ANKLE JOINT LINING	626.26	00 15									
73	27630	REMOVAL OF TENDON LESION	561.12										
77	27630	REMOVAL OF TENDON LESION	561.12	00 15									
73	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	437.46										
77	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	437.46	00 15									
73	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	716.18										
77	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	716.18	00 15									
73	27635	REMOVE LOWER LEG BONE LESION	609.46										
77	27635	REMOVE LOWER LEG BONE LESION	609.46	00 15									
73	27637	REMOVE/GRAFT LEG BONE LESION	779.17										
77	27637	REMOVE/GRAFT LEG BONE LESION	779.17	00 15									
73	27638	REMOVE/GRAFT LEG BONE LESION	795.76										
77	27638	REMOVE/GRAFT LEG BONE LESION	795.76	00 15									
73	27640	PARTIAL REMOVAL OF TIBIA	873.82										
77	27640	PARTIAL REMOVAL OF TIBIA	873.82	00 15									
73	27641	PARTIAL REMOVAL OF FIBULA	687.47										
77	27641	PARTIAL REMOVAL OF FIBULA	687.47	00 15									
73	27645	EXTENSIVE LOWER LEG SURGERY	1,879.22										
77	27645	EXTENSIVE LOWER LEG SURGERY	1,879.22	00 15									
73	27646	EXTENSIVE LOWER LEG SURGERY	1,626.19										
77	27646	EXTENSIVE LOWER LEG SURGERY	1,626.19	00 15									
73	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,035.25										
77	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,035.25	00 15									
73	27648	INJECTION FOR ANKLE X-RAY	217.05										
77	27648	INJECTION FOR ANKLE X-RAY	217.05	00 15									
73	27650	REPAIR ACHILLES TENDON	685.62										
77	27650	REPAIR ACHILLES TENDON	685.62	00 15									
73	27652	REPAIR/GRAFT ACHILLES TENDON	688.63										
77	27652	REPAIR/GRAFT ACHILLES TENDON	688.63	00 15									
73	27654	REPAIR OF ACHILLES TENDON	739.24										
77	27654	REPAIR OF ACHILLES TENDON	739.24	00 15									
73	27656	REPAIR FASCIAL DEFECT OF LEG	566.73										
77	27656	REPAIR FASCIAL DEFECT OF LEG	566.73	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	382.42									X	
77	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	382.42	00 15								X	
73	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	486.75									X	
77	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	486.75	00 15								X	
73	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	374.60									X	
77	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	374.60	00 15								X	
73	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	435.85									X	
77	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	435.85	00 15								X	
73	27675	REPAIR LOWER LEG TENDONS	509.25										
77	27675	REPAIR LOWER LEG TENDONS	509.25	00 15									
73	27676	REPAIR LOWER LEG TENDONS	624.72										
77	27676	REPAIR LOWER LEG TENDONS	624.72	00 15									
73	27680	RELEASE OF LOWER LEG TENDON	434.69										
77	27680	RELEASE OF LOWER LEG TENDON	434.69	00 15									
73	27681	TENOLYSIS....MULTIPLE, EACHS	538.06									X	
77	27681	TENOLYSIS....MULTIPLE, EACHS	538.06	00 15								X	
73	27685	REVISION OF LOWER LEG TENDON	675.59										
77	27685	REVISION OF LOWER LEG TENDON	675.59	00 15									
73	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	558.92									X	
77	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	558.92	00 15								X	
73	27687	REVISION OF CALF TENDON	470.36										
77	27687	REVISION OF CALF TENDON	470.36	00 15									
73	27690	REVISE LOWER LEG TENDON	666.71										
77	27690	REVISE LOWER LEG TENDON	666.71	00 15									
73	27691	REVISE LOWER LEG TENDON	776.61										
77	27691	REVISE LOWER LEG TENDON	776.61	00 15									
73	27692	EACH ADDITIONAL TENDON	109.40									X	
77	27692	EACH ADDITION TENDON	109.40	00 15								X	
73	27695	REPAIR OF ANKLE LIGAMENT	492.22										
77	27695	REPAIR OF ANKLE LIGAMENT	492.22	00 15									
73	27696	REPAIR OF ANKLE LIGAMENTS	573.53										
77	27696	REPAIR OF ANKLE LIGAMENTS	573.53	00 15									
73	27698	REPAIR OF ANKLE LIGAMENT	666.26										
77	27698	REPAIR OF ANKLE LIGAMENT	666.26	00 15									
73	27700	REVISION OF ANKLE JOINT	630.67										
77	27700	REVISION OF ANKLE JOINT	630.67	00 15									
73	27702	RECONSTRUCT ANKLE JOINT	1,014.40										
77	27702	RECONSTRUCT ANKLE JOINT	1,014.40	00 15									
73	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,176.06										
77	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,176.06	00 15									
73	27704	REMOVAL OF ANKLE IMPLANT	596.47										
77	27704	REMOVAL OF ANKLE IMPLANT	596.47	00 15									
73	27705	INCISION OF TIBIA	795.39										
77	27705	INCISION OF TIBIA	795.39	00 15									
73	27707	INCISION OF FIBULA	413.25										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27707	INCISION OF FIBULA	413.25	00 15									
73	27709	INCISION OF TIBIA & FIBULA	1,219.70										
77	27709	INCISION OF TIBIA & FIBULA	1,219.70	00 15									
73	27712	REALIGNMENT OF LOWER LEG	1,163.84										
77	27712	REALIGNMENT OF LOWER LEG	1,163.84	00 15									
73	27715	REVISION OF LOWER LEG	1,133.99										
77	27715	REVISION OF LOWER LEG	1,133.99	00 15									
73	27720	REPAIR OF TIBIA	921.14										
77	27720	REPAIR OF TIBIA	921.14	00 15									
73	27722	REPAIR/GRAFT OF TIBIA	943.09										
77	27722	REPAIR/GRAFT OF TIBIA	943.09	00 15									
73	27724	REPAIR/GRAFT OF TIBIA	1,334.48										
77	27724	REPAIR/GRAFT OF TIBIA	1,334.48	00 15									
73	27725	REPAIR OF LOWER LEG	1,282.26										
77	27725	REPAIR OF LOWER LEG	1,282.26	00 15									
73	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,013.56										
77	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,013.56	00 15									
73	27727	REPAIR OF LOWER LEG	1,096.30										
77	27727	REPAIR OF LOWER LEG	1,096.30	00 15									
73	27730	REPAIR OF TIBIA EPIPHYSIS	618.30										
77	27730	REPAIR OF TIBIA EPIPHYSIS	618.30	00 15									
73	27732	REPAIR OF FIBULA EPIPHYSIS	473.78										
77	27732	REPAIR OF FIBULA EPIPHYSIS	473.78	00 15									
73	27734	REPAIR LOWER LEG EPIPHYSES	692.69										
77	27734	REPAIR LOWER LEG EPIPHYSES	692.69	00 15									
73	27740	REPAIR OF LEG EPIPHYSES	746.18										
77	27740	REPAIR OF LEG EPIPHYSES	746.18	00 15									
73	27742	REPAIR OF LEG EPIPHYSES	819.00										
77	27742	REPAIR OF LEG EPIPHYSES	819.00	00 15									
73	27750	TREATMENT OF TIBIA FRACTURE	357.96										
77	27750	TREATMENT OF TIBIA FRACTURE	357.96	00 15									
73	27752	TREATMENT OF TIBIA FRACTURE	560.62										
77	27752	TREATMENT OF TIBIA FRACTURE	560.62	00 15									
73	27756	REPAIR OF TIBIA FRACTURE	604.07										
77	27756	REPAIR OF TIBIA FRACTURE	604.07	00 15									
73	27758	REPAIR OF TIBIA FRACTURE	944.08										
77	27758	REPAIR OF TIBIA FRACTURE	944.08	00 15									
73	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,054.51										
77	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,054.51	00 15									
73	27760	CLTX MEDIAL ANKLE FX	341.55										
77	27760	CLTX MEDIAL ANKLE FX	341.55	00 15									
73	27762	CLTX MED ANKLE FX W/MNPJ	497.04										
77	27762	CLTX MED ANKLE FX W/MNPJ	497.04	00 15									
73	27766	REPAIR OF ANKLE FRACTURE	632.92										
77	27766	REPAIR OF ANKLE FRACTURE	632.92	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	298.42										
77	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	298.42	00 15									
73	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	465.31										
77	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	465.31	00 15									
73	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	769.84										
77	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	769.84	00 15									
73	27780	TREATMENT OF FIBULA FRACTURE	316.87										
77	27780	TREATMENT OF FIBULA FRACTURE	316.87	00 15									
73	27781	TREATMENT OF FIBULA FRACTURE	449.48										
77	27781	TREATMENT OF FIBULA FRACTURE	449.48	00 15									
73	27784	REPAIR OF FIBULA FRACTURE	739.70										
77	27784	REPAIR OF FIBULA FRACTURE	739.70	00 15									
73	27786	TREATMENT OF ANKLE FRACTURE	322.88										
77	27786	TREATMENT OF ANKLE FRACTURE	322.88	00 15									
73	27788	TREATMENT OF ANKLE FRACTURE	440.29										
77	27788	TREATMENT OF ANKLE FRACTURE	440.29	00 15									
73	27792	REPAIR OF ANKLE FRACTURE	676.22										
77	27792	REPAIR OF ANKLE FRACTURE	676.22	00 15									
73	27808	TREATMENT OF ANKLE FRACTURE	344.02										
77	27808	TREATMENT OF ANKLE FRACTURE	344.02	00 15									
73	27810	TREATMENT OF ANKLE FRACTURE	490.16										
77	27810	TREATMENT OF ANKLE FRACTURE	490.16	00 15									
73	27814	REPAIR OF ANKLE FRACTURE	803.99										
77	27814	REPAIR OF ANKLE FRACTURE	803.99	00 15									
73	27816	TREATMENT OF ANKLE FRACTURE	338.69										
77	27816	TREATMENT OF ANKLE FRACTURE	338.69	00 15									
73	27818	TREATMENT OF ANKLE FRACTURE	509.16										
77	27818	TREATMENT OF ANKLE FRACTURE	509.16	00 15									
73	27822	REPAIR OF ANKLE FRACTURE	914.67										
77	27822	REPAIR OF ANKLE FRACTURE	914.67	00 15									
73	27823	REPAIR OF ANKLE FRACTURE	1,032.91										
77	27823	REPAIR OF ANKLE FRACTURE	1,032.91	00 15									
73	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	329.74										
77	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	329.74	00 15									
73	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	568.84										
77	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	568.84	00 15									
73	27826	OPEN TREATMENT OF FRACTURE OF LOWER	890.52										
77	27826	OPEN TREATMENT OF FRACTURE OF LOWER	890.52	00 15									
73	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,172.76										
77	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,172.76	00 15									
73	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,396.99										
77	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,396.99	00 15									
73	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	738.76										
77	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	738.76	00 15									
73	27830	TREAT LOWER LEG DISLOCATION	403.06										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	27830	TREAT LOWER LEG DISLOCATION	403.06	00 15									
73	27831	TREAT LOWER LEG DISLOCATION	425.19										
77	27831	TREAT LOWER LEG DISLOCATION	425.19	00 15									
73	27832	REPAIR LOWER LEG DISLOCATION	796.74										
77	27832	REPAIR LOWER LEG DISLOCATION	796.74	00 15									
73	27840	TREAT ANKLE DISLOCATION	396.91										
77	27840	TREAT ANKLE DISLOCATION	396.91	00 15									
73	27842	TREAT ANKLE DISLOCATION	518.65										
77	27842	TREAT ANKLE DISLOCATION	518.65	00 15									
73	27846	REPAIR ANKLE DISLOCATION	751.33										
77	27846	REPAIR ANKLE DISLOCATION	751.33	00 15									
73	27848	REPAIR ANKLE DISLOCATION	839.15										
77	27848	REPAIR ANKLE DISLOCATION	839.15	00 15									
73	27860	FIXATION OF ANKLE JOINT	174.31										
77	27860	FIXATION OF ANKLE JOINT	174.31	00 15									
73	27870	FUSION OF ANKLE JOINT	1,066.20										
77	27870	FUSION OF ANKLE JOINT	1,066.20	00 15									
73	27871	FUSION OF TIBIOFIBULAR JOINT	722.47										
77	27871	FUSION OF TIBIOFIBULAR JOINT	722.47	00 15									
73	27880	AMPUTATION OF LOWER LEG	976.92										
77	27880	AMPUTATION OF LOWER LEG	976.92	00 15									
73	27881	AMPUTATION OF LOWER LEG	913.68										
77	27881	AMPUTATION OF LOWER LEG	913.68	00 15									
73	27882	AMPUTATION OF LOWER LEG	639.02										
77	27882	AMPUTATION OF LOWER LEG	639.02	00 15									
73	27884	AMPUTATION FOLLOW-UP SURGERY	612.85										
77	27884	AMPUTATION FOLLOW-UP SURGERY	612.85	00 15									
73	27886	AMPUTATION FOLLOW-UP SURGERY	697.82										
77	27886	AMPUTATION FOLLOW-UP SURGERY	697.82	00 15									
73	27888	AMPUTATION OF FOOT AT ANKLE	692.31										
77	27888	AMPUTATION OF FOOT AT ANKLE	692.31	00 15									
73	27889	AMPUTATION OF FOOT AT ANKLE	683.99										
77	27889	AMPUTATION OF FOOT AT ANKLE	683.99	00 15									
73	27892	DECOMPRESSION FASCIOTOMY, LEG;	566.15										
77	27892	DECOMPRESSION FASCIOTOMY, LEG;	566.15	00 15									
73	27893	DECOMPRESSION FASCIOTOMY, LEG;	643.27										
77	27893	DECOMPRESSION FASCIOTOMY, LEG;	643.27	00 15									
73	27894	DECOMPRESSION FASCIOTOMY, LEG;	880.73										
77	27894	DECOMPRESSION FASCIOTOMY, LEG;	880.73	00 15									
73	28001	DRAINAGE OF BURSA OF FOOT	276.37										
77	28001	DRAINAGE OF BURSA OF FOOT	276.37	00 15									
73	28002	TREATMENT OF FOOT INFECTION	444.11										
77	28002	TREATMENT OF FOOT INFECTION	444.11	00 15									
73	28003	TREATMENT OF FOOT INFECTION	716.70										
77	28003	TREATMENT OF FOOT INFECTION	716.70	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	28005	TREAT FOOT BONE LESION	588.03										
77	28005	TREAT FOOT BONE LESION	588.03	00 15									
73	28008	INCISION OF FOOT FASCIA	438.58										
77	28008	INCISION OF FOOT FASCIA	438.58	00 15									
73	28010	INCISION OF TOE TENDON	233.95										
77	28010	INCISION OF TOE TENDON	233.95	00 15									
73	28011	INCISION OF TOE TENDONS	319.67										
77	28011	INCISION OF TOE TENDONS	319.67	00 15									
73	28020	EXPLORATION OF A FOOT JOINT	558.51										
77	28020	EXPLORATION OF A FOOT JOINT	558.51	00 15									
73	28022	EXPLORATION OF A FOOT JOINT	495.01										
77	28022	EXPLORATION OF A FOOT JOINT	495.01	00 15									
73	28024	EXPLORATION OF A TOE JOINT	462.13										
77	28024	EXPLORATION OF A TOE JOINT	462.13	00 15									
73	28035	DECOMPRESSION OF TIBIA NERVE	538.06										
77	28035	DECOMPRESSION OF TIBIA NERVE	538.06	00 15									
73	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	508.36										
77	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	508.36	00 15									
73	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	463.17										
77	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	463.17	00 15									
73	28043	EXCISION OF FOOT LESION	393.97										
77	28043	EXCISION OF FOOT LESION	393.97	00 15									
73	28045	EXCISION OF FOOT LESION	491.89										
77	28045	EXCISION OF FOOT LESION	491.89	00 15									
73	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	740.17										
77	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	740.17	00 15									
73	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,083.05										
77	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,083.05	00 15									
73	28050	BIOPSY OF FOOT JOINT LINING	421.86										
77	28050	BIOPSY OF FOOT JOINT LINING	421.86	00 15									
73	28052	BIOPSY OF FOOT JOINT LINING	450.20										
77	28052	BIOPSY OF FOOT JOINT LINING	450.20	00 15									
73	28054	BIOPSY OF TOE JOINT LINING	371.80										
77	28054	BIOPSY OF TOE JOINT LINING	371.80	00 15									
73	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	396.22										
77	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	396.22	00 15									
73	28060	PARTIAL REMOVAL FOOT FASCIA	530.94										
77	28060	PARTIAL REMOVAL FOOT FASCIA	530.94	00 15									
73	28062	REMOVAL OF FOOT FASCIA	588.41										
77	28062	REMOVAL OF FOOT FASCIA	588.41	00 15									
73	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	534.09									X	
77	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	534.09	00 15								X	
73	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	493.17									X	
77	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	493.17	00 15								X	
73	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	533.84									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	533.84	00 15								X	
73	28086	EXCISE FOOT TENDON SHEATH	548.87										
77	28086	EXCISE FOOT TENDON SHEATH	548.87	00 15									
73	28088	EXCISE FOOT TENDON SHEATH	450.89										
77	28088	EXCISE FOOT TENDON SHEATH	450.89	00 15									
73	28090	REMOVAL OF FOOT LESION	471.08										
77	28090	REMOVAL OF FOOT LESION	471.08	00 15									
73	28092	REMOVAL OF TOE LESIONS	423.65										
77	28092	REMOVAL OF TOE LESIONS	423.65	00 15									
73	28100	REMOVAL OF ANKLE/HEEL LESION	626.34										
77	28100	REMOVAL OF ANKLE/HEEL LESION	626.34	00 15									
73	28102	REMOVE/GRAFT FOOT LESION	640.72										
77	28102	REMOVE/GRAFT FOOT LESION	640.72	00 15									
73	28103	REMOVE/GRAFT FOOT LESION	395.53										
77	28103	REMOVE/GRAFT FOOT LESION	395.53	00 15									
73	28104	REMOVAL OF FOOT LESION	537.07										
77	28104	REMOVAL OF FOOT LESION	537.07	00 15									
73	28106	REMOVE/GRAFT FOOT LESION	435.48										
77	28106	REMOVE/GRAFT FOOT LESION	435.48	00 15									
73	28107	REMOVE/GRAFT FOOT LESION	577.50										
77	28107	REMOVE/GRAFT FOOT LESION	577.50	00 15									
73	28108	REMOVAL OF TOE LESIONS	440.24										
77	28108	REMOVAL OF TOE LESIONS	440.24	00 15									
73	28110	PART REMOVAL OF METATARSAL	465.91										
77	28110	PART REMOVAL OF METATARSAL	465.91	00 15									
73	28111	PART REMOVAL OF METATARSAL	493.80										
77	28111	PART REMOVAL OF METATARSAL	493.80	00 15									
73	28112	PART REMOVAL OF METATARSAL	490.45										
77	28112	PART REMOVAL OF METATARSAL	490.45	00 15									
73	28113	PART REMOVAL OF METATARSAL	594.18										
77	28113	PART REMOVAL OF METATARSAL	594.18	00 15									
73	28114	REMOVAL OF METATARSAL HEADS	1,089.63										
77	28114	REMOVAL OF METATARSAL HEADS	1,089.63	00 15									
73	28116	REVISION OF FOOT	783.63										
77	28116	REVISION OF FOOT	783.63	00 15									
73	28118	PARTIAL REMOVAL OF HEEL	615.38										
77	28118	PARTIAL REMOVAL OF HEEL	615.38	00 15									
73	28119	REMOVAL OF HEEL SPUR	530.51										
77	28119	REMOVAL OF HEEL SPUR	530.51	00 15									
73	28120	PART REMOVAL OF ANKLE/HEEL	691.44										
77	28120	PART REMOVAL OF ANKLE/HEEL	691.44	00 15									
73	28122	PARTIAL REMOVAL OF FOOT BONE	603.49										
77	28122	PARTIAL REMOVAL OF FOOT BONE	603.49	00 15									
73	28124	PARTIAL REMOVAL OF TOE	482.64										
77	28124	PARTIAL REMOVAL OF TOE	482.64	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	28126	CONDYLECTOMY...SING. TOE, EACH	393.61									X	
77	28126	CONDYLECTOMY...SING. TOE, EACH	393.61	00 15								X	
73	28130	REMOVAL OF ANKLE BONE	642.04										
77	28130	REMOVAL OF ANKLE BONE	642.04	00 15									
73	28140	REMOVAL OF METATARSAL	597.72										
77	28140	REMOVAL OF METATARSAL	597.72	00 15									
73	28150	PHALANGECTOMY,TOE, SINGLE, EACH	426.72									X	
77	28150	PHALANGECTOMY,TOE, SINGLE, EACH	426.72	00 15								X	
73	28153	PARTIAL REMOVAL OF TOE	412.98										
77	28153	PARTIAL REMOVAL OF TOE	412.98	00 15									
73	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	416.75									X	
77	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	416.75	00 15								X	
73	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,173.27										
77	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,173.27	00 15									
73	28173	RADICAL RESECTION FOR TUMOR,METATARS	749.97										
77	28173	RADICAL RESECTION FOR TUMOR,METATARS	749.97	00 15									
73	28175	RADICAL RESECTION FOR TUMOR PHALANX	479.78										
77	28175	RADICAL RESECTION FOR TUMOR PHALANX	479.78	00 15									
73	28190	REMOVAL OF FOOT FOREIGN BODY	251.24										
77	28190	REMOVAL OF FOOT FOREIGN BODY	251.24	00 15									
73	28192	REMOVAL OF FOOT FOREIGN BODY	470.38										
77	28192	REMOVAL OF FOOT FOREIGN BODY	470.38	00 15									
73	28193	REMOVAL OF FOOT FOREIGN BODY	533.24										
77	28193	REMOVAL OF FOOT FOREIGN BODY	533.24	00 15									
73	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	500.68									X	
77	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	500.68	00 15								X	
73	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	610.16									X	
77	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	610.16	00 15								X	
73	28208	REP/SUT TEND....EACH TENDON	490.66									X	
77	28208	REP/SUT TEND....EACH TENDON	490.66	00 15								X	
73	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	610.43									X	
77	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	610.43	00 15								X	
73	28220	RELEASE OF FOOT TENDON	456.01										
77	28220	RELEASE OF FOOT TENDON	456.01	00 15									
73	28222	RELEASE OF FOOT TENDONS	528.42										
77	28222	RELEASE OF FOOT TENDONS	528.42	00 15									
73	28225	RELEASE OF FOOT TENDON	423.29										
77	28225	RELEASE OF FOOT TENDON	423.29	00 15									
73	28226	RELEASE OF FOOT TENDONS	636.59										
77	28226	RELEASE OF FOOT TENDONS	636.59	00 15									
73	28230	INCISION OF FOOT TENDON(S)	440.26										
77	28230	INCISION OF FOOT TENDON(S)	440.26	00 15									
73	28232	INCISION OF TOE TENDON	384.84										
77	28232	INCISION OF TOE TENDON	384.84	00 15									
73	28234	INCISION OF FOOT TENDON	413.19										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	28234	INCISION OF FOOT TENDON	413.19	00 15									
73	28238	REVISION OF FOOT TENDON	678.11										
77	28238	REVISION OF FOOT TENDON	678.11	00 15									
73	28240	RELEASE OF BIG TOE	453.67										
77	28240	RELEASE OF BIG TOE	453.67	00 15									
73	28250	REVISION OF FOOT FASCIA	589.00										
77	28250	REVISION OF FOOT FASCIA	589.00	00 15									
73	28260	RELEASE OF MIDFOOT JOINT	719.23										
77	28260	RELEASE OF MIDFOOT JOINT	719.23	00 15									
73	28261	REVISION OF FOOT TENDON	1,253.44										
77	28261	REVISION OF FOOT TENDON	1,253.44	00 15									
73	28262	REVISION OF FOOT AND ANKLE	1,446.34										
77	28262	REVISION OF FOOT AND ANKLE	1,446.34	00 15									
73	28264	RELEASE OF MIDFOOT JOINT	937.60										
77	28264	RELEASE OF MIDFOOT JOINT	937.60	00 15									
73	28270	CAPSULOTOMY...EACH JOINT	495.44									X	
77	28270	CAPSULOTOMY...EACH JOINT	495.44	00 15								X	
73	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	389.80									X	
77	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	389.80	00 15								X	
73	28280	FUSION OF TOES	516.91										
77	28280	FUSION OF TOES	516.91	00 15									
73	28285	REVISION OF HAMMERTOE	543.44									X	
77	28285	REVISION OF HAMMERTOE	543.44	00 15								X	
73	28286	REVISION OF HAMMERTOE	447.24										
77	28286	REVISION OF HAMMERTOE	447.24	00 15									
73	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	615.94									X	
77	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	615.94	00 15								X	
73	28289	REPAIR HALLUX RIGIDUS	710.68										
77	28289	REPAIR HALLUX RIGIDUS	710.68	00 15									
73	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	736.91										
77	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	736.91	00 15									
73	28292	CORRECTION OF BUNION	717.07										
77	28292	CORRECTION OF BUNION	717.07	00 15									
73	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,130.33										
77	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,130.33	00 15									
73	28296	CORRECTION OF BUNION	909.64										
77	28296	CORRECTION OF BUNION	909.64	00 15									
73	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,062.61										
77	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,062.61	00 15									
73	28298	CORRECTION OF BUNION	853.02										
77	28298	CORRECTION OF BUNION	853.02	00 15									
73	28299	CORRECTION OF BUNION	1,025.83										
77	28299	CORRECTION OF BUNION	1,025.83	00 15									
73	28300	INCISION OF HEEL BONE	678.34										
77	28300	INCISION OF HEEL BONE	678.34	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	28302	INCISION OF ANKLE BONE	753.54										
77	28302	INCISION OF ANKLE BONE	753.54	00 15									
73	28304	INCISION OF MIDFOOT BONES	846.94										
77	28304	INCISION OF MIDFOOT BONES	846.94	00 15									
73	28305	INCISE/GRAFT MIDFOOT BONES	703.48										
77	28305	INCISE/GRAFT MIDFOOT BONES	703.48	00 15									
73	28306	INCISION OF METATARSAL	613.87										
77	28306	INCISION OF METATARSAL	613.87	00 15									
73	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	622.25										
77	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	622.25	00 15									
73	28308	INCISION OF METATARSAL	579.88									X	
77	28308	INCISION OF METATARSAL	579.88	00 15								X	
73	28309	INCISION OF METATARSALS	926.48										
77	28309	INCISION OF METATARSALS	926.48	00 15									
73	28310	REVISION OF BIG TOE	556.60										
77	28310	REVISION OF BIG TOE	556.60	00 15									
73	28312	REVISION OF TOE	514.87										
77	28312	REVISION OF TOE	514.87	00 15									
73	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	539.91									X	
77	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	539.91	00 15								X	
73	28315	SESAMOIDECTOMY FIRST TOE	489.43										
77	28315	SESAMOIDECTOMY FIRST TOE	489.43	00 15									
73	28320	REPAIR OF FOOT BONES	641.76										
77	28320	REPAIR OF FOOT BONES	641.76	00 15									
73	28322	REPAIR OF METATARSALS	808.29										
77	28322	REPAIR OF METATARSALS	808.29	00 15									
73	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	575.87									X	
77	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	575.87	00 15								X	
73	28341	SEE 28340;REQUIRING BONE RESECTION	669.65									X	
77	28341	SEE 28340;REQUIRING BONE RESECTION	669.65	00 15								X	
73	28344	RECONSTRUCT TOE;POLYDATYLY	424.82									X	
77	28344	RECONSTRUCT TOE;POLYDATYLY	424.82	00 15								X	
73	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	520.64									X	
77	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	520.64	00 15								X	
73	28360	RECONSTRUCT CLEFT FOOT	1,153.82										
77	28360	RECONSTRUCT CLEFT FOOT	1,153.82	00 15									
73	28400	TREAT CLSD CALC FX;W/O MANIP	250.09										
77	28400	TREAT CLSD CALC FX;W/O MANIP	250.09	00 15									
73	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	404.15										
77	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	404.15	00 15									
73	28406	TREAT CLSD CALC FX,MANIP/FIXATION	575.82										
77	28406	TREAT CLSD CALC FX,MANIP/FIXATION	575.82	00 15									
73	28415	REPAIR OF HEEL FRACTURE	1,173.97										
77	28415	REPAIR OF HEEL FRACTURE	1,173.97	00 15									
73	28420	REPAIR/GRAFT HEEL FRACTURE	1,364.65										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	28420	REPAIR/GRAFT HEEL FRACTURE	1,364.65	00 15									
73	28430	TREAT CLSD TALUS FX,W/O MANIP	243.68										
77	28430	TREAT CLSD TALUS FX,W/O MANIP	243.68	00 15									
73	28435	TREAT CLSD TALUS FX,W/ MANIP	341.40										
77	28435	TREAT CLSD TALUS FX,W/ MANIP	341.40	00 15									
73	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	502.98										
77	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	502.98	00 15									
73	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,075.30										
77	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,075.30	00 15									
73	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,294.25		X								
77	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,294.25	00 15	X								
73	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	213.22									X	
77	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	213.22	00 15								X	
73	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	293.74									X	
77	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	293.74	00 15								X	
73	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	367.41									X	
77	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	367.41	00 15								X	
73	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	650.25									X	
77	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	650.25	00 15								X	
73	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	220.79									X	
77	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	220.79	00 15								X	
73	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	260.65									X	
77	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	260.65	00 15								X	
73	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	390.12									X	
77	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	390.12	00 15								X	
73	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	573.45									X	
77	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	573.45	00 15								X	
73	28490	TREAT BIG TOE FRACTURE	141.08										
77	28490	TREAT BIG TOE FRACTURE	141.08	00 15									
73	28495	TREAT BIG TOE FRACTURE	177.59										
77	28495	TREAT BIG TOE FRACTURE	177.59	00 15									
73	28496	TREAT CLSD FX GREAT TOE...PINNING	458.46									X	
77	28496	TREAT CLSD FX GREAT TOE...PINNING	458.46	00 15								X	
73	28505	REPAIR BIG TOE FRACTURE	675.44										
77	28505	REPAIR BIG TOE FRACTURE	675.44	00 15									
73	28510	TREAT CLSD FX....W/O MANIP,EACH	121.69									X	
77	28510	TREAT CLSD FX....W/O MANIP,EACH	121.69	00 15								X	
73	28515	TREAT CLSD FX...W/ MANIP., EACH	162.44									X	
77	28515	TREAT CLSD FX...W/ MANIP., EACH	162.44	00 15								X	
73	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	581.08									X	
77	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	581.08	00 15								X	
73	28530	TREAT CLOSED SESAMOID FRACTURE	114.07									X	
77	28530	TREAT CLOSED SESAMOID FRACTURE	114.07	00 15								X	
73	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	334.17										
77	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	334.17	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	28540	TREAT FOOT DISLOCATION	193.85										
77	28540	TREAT FOOT DISLOCATION	193.85	00 15									
73	28545	TREAT FOOT DISLOCATION	313.47										
77	28545	TREAT FOOT DISLOCATION	313.47	00 15									
73	28546	TREAT FOOT DISLOCATION	600.11										
77	28546	TREAT FOOT DISLOCATION	600.11	00 15									
73	28555	REPAIR FOOT DISLOCATION	885.06										
77	28555	REPAIR FOOT DISLOCATION	885.06	00 15									
73	28570	TREAT FOOT DISLOCATION	236.32										
77	28570	TREAT FOOT DISLOCATION	236.32	00 15									
73	28575	TREAT FOOT DISLOCATION	386.51										
77	28575	TREAT FOOT DISLOCATION	386.51	00 15									
73	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	402.00										
77	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	402.00	00 15									
73	28585	REPAIR FOOT DISLOCATION	892.76										
77	28585	REPAIR FOOT DISLOCATION	892.76	00 15									
73	28600	TREAT FOOT DISLOCATION	219.04										
77	28600	TREAT FOOT DISLOCATION	219.04	00 15									
73	28605	TREAT FOOT DISLOCATION	347.54										
77	28605	TREAT FOOT DISLOCATION	347.54	00 15									
73	28606	TREAT FOOT DISLOCATION	393.48										
77	28606	TREAT FOOT DISLOCATION	393.48	00 15									
73	28615	REPAIR FOOT DISLOCATION	852.24										
77	28615	REPAIR FOOT DISLOCATION	852.24	00 15									
73	28630	TREAT TOE DISLOCATION	158.00										
77	28630	TREAT TOE DISLOCATION	158.00	00 15									
73	28635	TREAT TOE DISLOCATION	180.55										
77	28635	TREAT TOE DISLOCATION	180.55	00 15									
73	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	317.97										
77	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	317.97	00 15									
73	28645	REPAIR TOE DISLOCATION	668.11										
77	28645	REPAIR TOE DISLOCATION	668.11	00 15									
73	28660	TREAT TOE DISLOCATION	123.98										
77	28660	TREAT TOE DISLOCATION	123.98	00 15									
73	28665	TREAT TOE DISLOCATION	151.45										
77	28665	TREAT TOE DISLOCATION	151.45	00 15									
73	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	176.40										
77	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	176.40	00 15									
73	28675	REPAIR OF TOE DISLOCATION	580.53										
77	28675	REPAIR OF TOE DISLOCATION	580.53	00 15									
73	28705	FUSION OF FOOT BONES	1,280.23										
77	28705	FUSION OF FOOT BONES	1,280.23	00 15									
73	28715	FUSION OF FOOT BONES	982.87										
77	28715	FUSION OF FOOT BONES	982.87	00 15									
73	28725	FUSION OF FOOT BONES	810.40										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	28725	FUSION OF FOOT BONES	810.40	00 15									
73	28730	FUSION OF FOOT BONES	763.33										
77	28730	FUSION OF FOOT BONES	763.33	00 15									
73	28735	FUSION OF FOOT BONES	812.60										
77	28735	FUSION OF FOOT BONES	812.60	00 15									
73	28737	REVISION OF FOOT BONES	707.67										
77	28737	REVISION OF FOOT BONES	707.67	00 15									
73	28740	FUSION OF FOOT BONES	853.80										
77	28740	FUSION OF FOOT BONES	853.80	00 15									
73	28750	FUSION OF BIG TOE JOINT	811.70										
77	28750	FUSION OF BIG TOE JOINT	811.70	00 15									
73	28755	FUSION OF BIG TOE JOINT	516.74										
77	28755	FUSION OF BIG TOE JOINT	516.74	00 15									
73	28760	FUSION OF BIG TOE JOINT	782.82										
77	28760	FUSION OF BIG TOE JOINT	782.82	00 15									
73	28800	AMPUTATION OF MIDFOOT	550.91										
77	28800	AMPUTATION OF MIDFOOT	550.91	00 15									
73	28805	AMPUTATION THRU METATARSAL	746.04										
77	28805	AMPUTATION THRU METATARSAL	746.04	00 15									
73	28810	AMPUTATION TOE & METATARSAL	443.79									X	
77	28810	AMPUTATION TOE & METATARSAL	443.79	00 15								X	
73	28820	AMPUTATION OF TOE	314.44									X	
77	28820	AMPUTATION OF TOE	314.44	00 15								X	
73	28825	PARTIAL AMPUTATION OF TOE	307.58									X	
77	28825	PARTIAL AMPUTATION OF TOE	307.58	00 15								X	
73	28890	HIGH ENERGY ESWT, PLANTAR F	313.62										
77	28890	HIGH ENERGY ESWT, PLANTAR F	313.62	00 15									
73	29000	APPLICATION OF BODY CAST	352.70										
77	29000	APPLICATION OF BODY CAST	352.70	00 15									
73	29010	APPLICATION OF BODY CAST	270.84										
77	29010	APPLICATION OF BODY CAST	270.84	00 15									
73	29015	APPLICATION OF BODY CAST	291.65										
77	29015	APPLICATION OF BODY CAST	291.65	00 15									
73	29035	APPLICATION OF BODY CAST	252.37										
77	29035	APPLICATION OF BODY CAST	252.37	00 15									
73	29040	APPLICATION OF BODY CAST	289.88										
77	29040	APPLICATION OF BODY CAST	289.88	00 15									
73	29044	APPLICATION OF BODY CAST	283.68										
77	29044	APPLICATION OF BODY CAST	283.68	00 15									
73	29046	APPLICATION OF BODY CAST	310.84										
77	29046	APPLICATION OF BODY CAST	310.84	00 15									
73	29049	APPLICATION OF SHOULDER CAST	99.16										
77	29049	APPLICATION OF SHOULDER CAST	99.16	00 15									
73	29055	APPLICATION OF SHOULDER CAST	216.22									X	
77	29055	APPLICATION OF SHOULDER CAST	216.22	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	29058	APPLICATION OF SHOULDER CAST	125.87									X	
77	29058	APPLICATION OF SHOULDER CAST	125.87	00 15								X	
73	29065	APPLICATION OF LONG ARM CAST	95.98									X	
77	29065	APPLICATION OF LONG ARM CAST	95.98	00 15								X	
73	29075	APPLICATION OF FOREARM CAST	87.72									X	
77	29075	APPLICATION OF FOREARM CAST	87.72	00 15								X	
73	29085	APPLY HAND/WRIST CAST	95.44									X	
77	29085	APPLY HAND/WRIST CAST	95.44	00 15								X	
73	29086	APPLY FINGER CAST	72.75									X	
77	29086	APPLY FINGER CAST	72.75	00 15								X	
73	29105	APPLY LONG ARM SPLINT	83.23									X	
77	29105	APPLY LONG ARM SPLINT	83.23	00 15								X	
73	29125	APPLY FOREARM SPLINT	64.62									X	
77	29125	APPLY FOREARM SPLINT	64.62	00 15								X	
73	29126	APPLY FOREARM SPLINT	75.69									X	
77	29126	APPLY FOREARM SPLINT	75.69	00 15								X	
73	29130	APPLICATION OF FINGER SPLINT	42.19									X	
77	29130	APPLICATION OF FINGER SPLINT	42.19	00 15								X	
73	29131	APPLICATION OF FINGER SPLINT	52.72									X	
77	29131	APPLICATION OF FINGER SPLINT	52.72	00 15								X	
73	29200	STRAPPING OF CHEST	32.96										
77	29200	STRAPPING OF CHEST	32.96	00 15									
73	29240	STRAPPING OF SHOULDER	30.68									X	
77	29240	STRAPPING OF SHOULDER	30.68	00 15								X	
73	29260	STRAPPING OF ELBOW OR WRIST	30.45									X	
77	29260	STRAPPING OF ELBOW OR WRIST	30.45	00 15								X	
73	29280	STRAPPING OF HAND OR FINGER	29.80									X	
77	29280	STRAPPING OF HAND OR FINGER	29.80	00 15								X	
73	29305	APPLICATION OF HIP CAST	247.15										
77	29305	APPLICATION OF HIP CAST	247.15	00 15									
73	29325	APPLICATION OF HIP CASTS	272.79										
77	29325	APPLICATION OF HIP CASTS	272.79	00 15									
73	29345	APPLICATION OF LONG LEG CAST	136.83									X	
77	29345	APPLICATION OF LONG LEG CAST	136.83	00 15								X	
73	29355	APPLICATION OF LONG LEG CAST	145.81									X	
77	29355	APPLICATION OF LONG LEG CAST	145.81	00 15								X	
73	29358	APPLY LONG LEG CAST BRACE	160.41									X	
77	29358	APPLY LONG LEG CAST BRACE	160.41	00 15								X	
73	29365	APPLICATION OF LONG LEG CAST	122.74									X	
77	29365	APPLICATION OF LONG LEG CAST	122.74	00 15								X	
73	29405	APPLY SHORT LEG CAST	80.54									X	
77	29405	APPLY SHORT LEG CAST	80.54	00 15								X	
73	29425	APPLY SHORT LEG CAST	75.68									X	
77	29425	APPLY SHORT LEG CAST	75.68	00 15								X	
73	29435	APPLY SHORT LEG CAST	115.05									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	29435	APPLY SHORT LEG CAST	115.05	00	15								X	
73	29440	ADDITION OF WALKER TO CAST	42.83										X	
77	29440	ADDITION OF WALKER TO CAST	42.83	00	15								X	
73	29445	APPLY RIGID LEG CAST	131.55											
77	29445	APPLY RIGID LEG CAST	131.55	00	15									
73	29450	APPLICATION OF LEG CAST	145.74											
77	29450	APPLICATION OF LEG CAST	145.74	00	15									
73	29505	APPLICATION LONG LEG SPLINT	87.08										X	
77	29505	APPLICATION LONG LEG SPLINT	87.08	00	15								X	
73	29515	APPLICATION LOWER LEG SPLINT	71.16										X	
77	29515	APPLICATION LOWER LEG SPLINT	71.16	00	15								X	
73	29520	STRAPPING OF HIP	35.56										X	
77	29520	STRAPPING OF HIP	35.56	00	15								X	
73	29530	STRAPPING OF KNEE	30.35										X	
77	29530	STRAPPING OF KNEE	30.35	00	15								X	
73	29540	STRAPPING OF ANKLE	28.50										X	
77	29540	STRAPPING OF ANKLE	28.50	00	15								X	
73	29550	STRAPPING OF TOES	18.95										X	
77	29550	STRAPPING OF TOES	18.95	00	15								X	
73	29580	APPLICATION OF PASTE BOOT	63.47										X	
77	29580	APPLICATION OF PASTE BOOT	63.47	00	15								X	
73	29581	APPLICATION OF MULTI-LAYER COMPRESSI	88.11										X	
77	29581	APPLICATION OF MULTI-LAYER COMPRESSI	88.11	00	15								X	
73	29584	APPLICATION OF MULTI-LAYER COMPRESSI	81.73											
77	29584	APPLICATION OF MULTI-LAYER COMPRESSI	81.73	00	15									
73	29700	REMOVAL/REVISION OF CAST	62.09											
77	29700	REMOVAL/REVISION OF CAST	62.09	00	15									
73	29705	REMOVAL/REVISION OF CAST	65.48											
77	29705	REMOVAL/REVISION OF CAST	65.48	00	15									
73	29710	REMOVAL/REVISION OF CAST	124.32											
77	29710	REMOVAL/REVISION OF CAST	124.32	00	15									
73	29720	REPAIR OF BODY CAST	84.99											
77	29720	REPAIR OF BODY CAST	84.99	00	15									
73	29730	WINDOWING OF CAST	64.48											
77	29730	WINDOWING OF CAST	64.48	00	15									
73	29740	WEDGING OF CAST	101.13											
77	29740	WEDGING OF CAST	101.13	00	15									
73	29750	WEDGING OF CLUBFOOT CAST	110.25											
77	29750	WEDGING OF CLUBFOOT CAST	110.25	00	15									
73	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	556.16											
77	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	556.16	00	15									
73	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	618.27											
77	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	618.27	00	15									
73	29805	SHOULDER ARTHROSCOPY, DX	492.76											
77	29805	SHOULDER ARTHROSCOPY, DX	492.76	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	29806	SHOULDER ARTHROSCOPY/SURGERY	1,114.43										
77	29806	SHOULDER ARTHROSCOPY/SURGERY	1,114.43	00 15									
73	29807	SHOULDER ARTHROSCOPY/SURGERY	1,088.25										
77	29807	SHOULDER ARTHROSCOPY/SURGERY	1,088.25	00 15									
73	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	617.46										
77	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	617.46	00 15									
73	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	566.07										
77	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	566.07	00 15									
73	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	624.43										
77	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	624.43	00 15									
73	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	568.44										
77	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	568.44	00 15									
73	29823	ARTHROSCOPY-EXT DEBRIDEMENT	622.39										
77	29823	ARTHROSCOPY-EXT DEBRIDEMENT	622.39	00 15									
73	29824	SHOULDER ARTHROSCOPY/SURGERY	709.67										
77	29824	SHOULDER ARTHROSCOPY/SURGERY	709.67	00 15									
73	29825	ARTHROSCOPY-W/LYSIS & RESECTION	616.92										
77	29825	ARTHROSCOPY-W/LYSIS & RESECTION	616.92	00 15									
73	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	186.25										
77	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	186.25	00 15									
73	29827	ARTHROSCOP ROTATOR CUFF REPR	1,128.11										
77	29827	ARTHROSCOP ROTATOR CUFF REPR	1,128.11	00 15									
73	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	967.09										
77	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	967.09	00 15									
73	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	471.13										
77	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	471.13	00 15									
73	29834	ARTHROSCOPY, ELBOW, SURGICAL;	517.56										
77	29834	ARTHROSCOPY, ELBOW, SURGICAL;	517.56	00 15									
73	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	535.78										
77	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	535.78	00 15									
73	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	611.35										
77	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	611.35	00 15									
73	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	554.33										
77	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	554.33	00 15									
73	29838	ARTHROSCOPY EXT DEBRIDEMENT	622.15										
77	29838	ARTHROSCOPY EXT DEBRIDEMENT	622.15	00 15									
73	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	470.39										
77	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	470.39	00 15									
73	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	510.57										
77	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	510.57	00 15									
73	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	521.84										
77	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	521.84	00 15									
73	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	611.42										
77	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	611.42	00 15									
73	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	546.60										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	546.60	00	15									
73	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	572.80											
77	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	572.80	00	15									
73	29848	ARTHROSCOPY, WRIST, SURGICAL;	531.07											
77	29848	ARTHROSCOPY, WRIST, SURGICAL;	531.07	00	15									
73	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	654.91											
77	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	654.91	00	15									
73	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	981.69											
77	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	981.69	00	15									
73	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	821.84											
77	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	821.84	00	15									
73	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,041.78											
77	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,041.78	00	15									
73	29860	HIP ARTHROSCOPY, DX	675.32											
77	29860	HIP ARTHROSCOPY, DX	675.32	00	15									
73	29861	HIP ARTHROSCOPY/SURGERY	761.48											
77	29861	HIP ARTHROSCOPY/SURGERY	761.48	00	15									
73	29862	HIP ARTHROSCOPY/SURGERY	854.62											
77	29862	HIP ARTHROSCOPY/SURGERY	854.62	00	15									
73	29863	HIP ARTHROSCOPY/SURGERY	853.52											
77	29863	HIP ARTHROSCOPY/SURGERY	853.52	00	15									
73	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,107.06											
77	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,107.06	00	15									
73	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,350.63			X								
77	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,350.63	00	15	X								
73	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,768.00			X								
77	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,768.00	00	15	X								
73	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	577.96											
77	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	577.96	00	15									
73	29871	ARTHROSCOPY, KNEE, SURGICAL;	539.23											
77	29871	ARTHROSCOPY, KNEE, SURGICAL;	539.23	00	15									
73	29873	KNEE ARTHROSCOPY/SURGERY	557.30											
77	29873	KNEE ARTHROSCOPY/SURGERY	557.30	00	15									
73	29874	ARTHROSCOPY, KNEE, SURGICAL;	565.05											
77	29874	ARTHROSCOPY, KNEE, SURGICAL;	565.05	00	15									
73	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	520.65											
77	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	520.65	00	15									
73	29876	ARTHROSCOPY, KNEE, SURGICAL;	686.96											
77	29876	ARTHROSCOPY, KNEE, SURGICAL;	686.96	00	15									
73	29877	ARTHROSCOPY-DEBRIDEMENT	652.62											
77	29877	ARTHROSCOPY-DEBRIDEMENT	652.62	00	15									
73	29879	ARTHROSCOPY-ABRASION ARTHROPLA	695.70											
77	29879	ARTHROSCOPY-ABRASION ARTHROPLA	695.70	00	15									
73	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	590.13											
77	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	590.13	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	568.77										
77	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	568.77	00 15									
73	29882	ARTHROSCOPY W/ MENISCUS REPAIR	726.91										
77	29882	ARTHROSCOPY W/ MENISCUS REPAIR	726.91	00 15									
73	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	883.04										
77	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	883.04	00 15									
73	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	650.08										
77	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	650.08	00 15									
73	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	794.78										
77	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	794.78	00 15									
73	29886	ARTHROSCOPY-OSTEOCHONDRITIS	668.88										
77	29886	ARTHROSCOPY-OSTEOCHONDRITIS	668.88	00 15									
73	29887	ARTHROSCOPY-INTERNAL FIXATION	791.84										
77	29887	ARTHROSCOPY-INTERNAL FIXATION	791.84	00 15									
73	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,031.13										
77	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,031.13	00 15									
73	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,291.03										
77	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,291.03	00 15									
73	29891	ANKLE ARTHROSCOPY/SURGERY	699.10										
77	29891	ANKLE ARTHROSCOPY/SURGERY	699.10	00 15									
73	29892	ANKLE ARTHROSCOPY/SURGERY	669.66										
77	29892	ANKLE ARTHROSCOPY/SURGERY	669.66	00 15									
73	29893	SCOPE, PLANTAR FASCIOTOMY	659.15										
77	29893	SCOPE, PLANTAR FASCIOTOMY	659.15	00 15									
73	29894	ARTHROSCOPY, ANKLE, SURGICAL;	519.57										
77	29894	ARTHROSCOPY, ANKLE, SURGICAL;	519.57	00 15									
73	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	485.72										
77	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	485.72	00 15									
73	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	518.29										
77	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	518.29	00 15									
73	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	583.97										
77	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	583.97	00 15									
73	29899	ANKLE ARTHROSCOPY/SURGERY	1,076.96										
77	29899	ANKLE ARTHROSCOPY/SURGERY	1,076.96	00 15									
73	29900	MCP JOINT ARTHROSCOPY, DX	522.18									X	
77	29900	MCP JOINT ARTHROSCOPY, DX	522.18	00 15								X	
73	29901	MCP JOINT ARTHROSCOPY, SURG	564.31									X	
77	29901	MCP JOINT ARTHROSCOPY, SURG	564.31	00 15								X	
73	29902	MCP JOINT ARTHROSCOPY, SURG	599.42									X	
77	29902	MCP JOINT ARTHROSCOPY, SURG	599.42	00 15								X	
73	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	671.77										
77	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	671.77	00 15									
73	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	526.13										
77	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	526.13	00 15									
73	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	685.22										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	685.22	00 15									
73	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	923.58										
77	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	923.58	00 15									
73	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,051.88									X	
77	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,051.88	00 15								X	
73	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,079.41									X	
77	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,079.41	00 15								X	
73	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,078.77									X	
77	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,078.77	00 15								X	
73	30000	DRAINAGE OF NOSE LESION	264.72										
77	30000	DRAINAGE OF NOSE LESION	264.72	00 15									
73	30020	DRAINAGE OF NOSE LESION	267.00										
77	30020	DRAINAGE OF NOSE LESION	267.00	00 15									
73	30100	INTRANASAL BIOPSY	143.97										
77	30100	INTRANASAL BIOPSY	143.97	00 15									
73	30110	REMOVAL OF NOSE POLYP(S)	246.80										
77	30110	REMOVAL OF NOSE POLYP(S)	246.80	00 15									
73	30115	REMOVAL OF NOSE POLYP(S)	470.81										
77	30115	REMOVAL OF NOSE POLYP(S)	470.81	00 15									
73	30117	REMOVAL OF INTRANASAL LESION	968.12										
77	30117	REMOVAL OF INTRANASAL LESION	968.12	00 15									
73	30118	REMOVAL OF INTRANASAL LESION	811.45										
77	30118	REMOVAL OF INTRANASAL LESION	811.45	00 15									
73	30120	REVISION OF NOSE	521.29										
77	30120	REVISION OF NOSE	521.29	00 15									
73	30124	REMOVAL OF NOSE LESION	305.72										
77	30124	REMOVAL OF NOSE LESION	305.72	00 15									
73	30125	REMOVAL OF NOSE LESION	665.38										
77	30125	REMOVAL OF NOSE LESION	665.38	00 15									
73	30130	REMOVAL OF TURBINATE BONES	417.81										
77	30130	REMOVAL OF TURBINATE BONES	417.81	00 15									
73	30140	REMOVAL OF TURBINATE BONES	299.91										
77	30140	REMOVAL OF TURBINATE BONES	299.91	00 15									
73	30150	PARTIAL REMOVAL OF NOSE	824.56										
77	30150	PARTIAL REMOVAL OF NOSE	824.56	00 15									
73	30160	REMOVAL OF NOSE	833.83										
77	30160	REMOVAL OF NOSE	833.83	00 15									
73	30200	INJECTION TREATMENT OF NOSE	112.58										
77	30200	INJECTION TREATMENT OF NOSE	112.58	00 15									
73	30210	NASAL SINUS THERAPY	150.72										
77	30210	NASAL SINUS THERAPY	150.72	00 15									
73	30220	INSERTION,NASAL SEPTAL PROSTHESIS	309.76										
77	30220	INSERTION,NASAL SEPTAL PROSTHESIS	309.76	00 15									
73	30300	REMOVE NASAL FOREIGN BODY	202.97										
77	30300	REMOVE NASAL FOREIGN BODY	202.97	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	30310	REMOVE NASAL FOREIGN BODY	210.13										
77	30310	REMOVE NASAL FOREIGN BODY	210.13	00 15									
73	30320	REMOVE NASAL FOREIGN BODY	491.25										
77	30320	REMOVE NASAL FOREIGN BODY	491.25	00 15									
73	30400	RECONSTRUCTION OF NOSE	1,266.30										
77	30400	RECONSTRUCTION OF NOSE	1,266.30	00 15									
73	30410	RECONSTRUCTION OF NOSE	1,465.39										
77	30410	RECONSTRUCTION OF NOSE	1,465.39	00 15									
73	30420	RECONSTRUCTION OF NOSE	1,486.18										
77	30420	RECONSTRUCTION OF NOSE	1,486.18	00 15									
73	30430	REVISION OF NOSE	1,100.34										
77	30430	REVISION OF NOSE	1,100.34	00 15									
73	30435	REVISION WORK WITH OSTEOTOMIES	1,385.54										
77	30435	REVISION WORK WITH OSTEOTOMIES	1,385.54	00 15									
73	30450	REVISION OF NOSE	1,824.98										
77	30450	REVISION OF NOSE	1,824.98	00 15									
73	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	869.31										
77	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	869.31	00 15									
73	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,676.30										
77	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,676.30	00 15									
73	30465	REPAIR NASAL STENOSIS	1,051.23			X							
77	30465	REPAIR NASAL STENOSIS	1,051.23	00 15		X							
73	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,742.84										
77	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,742.84	00 15									
73	30520	REPAIR OF NASAL SEPTUM	681.46										
77	30520	REPAIR OF NASAL SEPTUM	681.46	00 15									
73	30540	REPAIR NASAL DEFECT	749.27										
77	30540	REPAIR NASAL DEFECT	749.27	00 15									
73	30545	REPAIR NASAL DEFECT	1,022.01										
77	30545	REPAIR NASAL DEFECT	1,022.01	00 15									
73	30560	RELEASE OF NASAL ADHESIONS	313.61										
77	30560	RELEASE OF NASAL ADHESIONS	313.61	00 15									
73	30580	REPAIR UPPER JAW FISTULA	623.33										
77	30580	REPAIR UPPER JAW FISTULA	623.33	00 15									
73	30600	REPAIR MOUTH/NOSE FISTULA	606.16										
77	30600	REPAIR MOUTH/NOSE FISTULA	606.16	00 15									
73	30620	RECONSTRUCTION INNER NOSE	679.68										
77	30620	RECONSTRUCTION INNER NOSE	679.68	00 15									
73	30630	REPAIR NASAL SEPTUM DEFECT	680.96										
77	30630	REPAIR NASAL SEPTUM DEFECT	680.96	00 15									
73	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	222.60										
77	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	222.60	00 15									
73	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	283.67										
77	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	283.67	00 15									
73	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	156.93										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	156.93	00 15									
73	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	246.43										
77	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	246.43	00 15									
73	30905	CONTROL OF NOSEBLEED	356.82										
77	30905	CONTROL OF NOSEBLEED	356.82	00 15									
73	30906	REPEAT CONTROL OF NOSEBLEED	369.53									X	
77	30906	REPEAT CONTROL OF NOSEBLEED	369.53	00 15								X	
73	30915	LIGATION NASAL SINUS ARTERY	615.88										
77	30915	LIGATION NASAL SINUS ARTERY	615.88	00 15									
73	30920	LIGATION UPPER JAW ARTERY	895.00										
77	30920	LIGATION UPPER JAW ARTERY	895.00	00 15									
73	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	118.45										
77	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	118.45	00 15									
73	31000	IRRIGATION MAXILLARY SINUS	183.30										
77	31000	IRRIGATION MAXILLARY SINUS	183.30	00 15									
73	31002	IRRIGATION SPHENOID SINUS	196.80										
77	31002	IRRIGATION SPHENOID SINUS	196.80	00 15									
73	31020	EXPLORATION MAXILLARY SINUS	489.09										
77	31020	EXPLORATION MAXILLARY SINUS	489.09	00 15									
73	31030	EXPLORATION MAXILLARY SINUS	647.56										
77	31030	EXPLORATION MAXILLARY SINUS	647.56	00 15									
73	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	603.46										
77	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	603.46	00 15									
73	31040	EXPLORATION BEHIND UPPER JAW	826.87										
77	31040	EXPLORATION BEHIND UPPER JAW	826.87	00 15									
73	31050	EXPLORATION SPHENOID SINUS	523.51										
77	31050	EXPLORATION SPHENOID SINUS	523.51	00 15									
73	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	703.83										
77	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	703.83	00 15									
73	31070	EXPLORATION OF FRONTAL SINUS	478.84										
77	31070	EXPLORATION OF FRONTAL SINUS	478.84	00 15									
73	31075	EXPLORATION OF FRONTAL SINUS	842.95										
77	31075	EXPLORATION OF FRONTAL SINUS	842.95	00 15									
73	31080	REMOVAL OF FRONTAL SINUS	1,110.72										
77	31080	REMOVAL OF FRONTAL SINUS	1,110.72	00 15									
73	31081	REMOVAL OF FRONTAL SINUS	1,191.49										
77	31081	REMOVAL OF FRONTAL SINUS	1,191.49	00 15									
73	31084	REMOVAL OF FRONTAL SINUS	1,236.70										
77	31084	REMOVAL OF FRONTAL SINUS	1,236.70	00 15									
73	31085	REMOVAL OF FRONTAL SINUS	1,274.40										
77	31085	REMOVAL OF FRONTAL SINUS	1,274.40	00 15									
73	31086	REMOVAL OF FRONTAL SINUS	1,201.65										
77	31086	REMOVAL OF FRONTAL SINUS	1,201.65	00 15									
73	31087	REMOVAL OF FRONTAL SINUS	1,146.37										
77	31087	REMOVAL OF FRONTAL SINUS	1,146.37	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	31090	EXPLORATION OF SINUSES	1,124.43										
77	31090	EXPLORATION OF SINUSES	1,124.43	00 15									
73	31200	REMOVAL OF ETHMOID SINUS	623.12										
77	31200	REMOVAL OF ETHMOID SINUS	623.12	00 15									
73	31201	REMOVAL OF ETHMOID SINUS	812.69										
77	31201	REMOVAL OF ETHMOID SINUS	812.69	00 15									
73	31205	REMOVAL OF ETHMOID SINUS	950.94										
77	31205	REMOVAL OF ETHMOID SINUS	950.94	00 15									
73	31225	REMOVAL OF UPPER JAW	1,883.34										
77	31225	REMOVAL OF UPPER JAW	1,883.34	00 15									
73	31230	REMOVAL OF UPPER JAW	2,095.08										
77	31230	REMOVAL OF UPPER JAW	2,095.08	00 15									
73	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	194.22										
77	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	194.22	00 15									
73	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	271.67										
77	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	271.67	00 15									
73	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	307.53										
77	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	307.53	00 15									
73	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	258.72										
77	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	258.72	00 15									
73	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	254.63										
77	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	254.63	00 15									
73	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	620.47										
77	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	620.47	00 15									
73	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	163.50										
77	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	163.50	00 15									
73	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	462.41										
77	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	462.41	00 15									
73	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	521.12										
77	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	521.12	00 15									
73	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	442.43										
77	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	442.43	00 15									
73	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	335.78										
77	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	335.78	00 15									
73	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	186.73										
77	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	186.73	00 15									
73	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	464.03										
77	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	464.03	00 15									
73	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	491.44										
77	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	491.44	00 15									
73	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	275.16										
77	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	275.16	00 15									
73	31276	SINUS SURGICAL ENDOSCOPY	392.87										
77	31276	SINUS SURGICAL ENDOSCOPY	392.87	00 15									
73	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	208.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	208.29	00 15									
73	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	243.48										
77	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	243.48	00 15									
73	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,189.25										
77	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,189.25	00 15									
73	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,264.79										
77	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,264.79	00 15									
73	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,029.24										
77	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,029.24	00 15									
73	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,114.86										
77	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,114.86	00 15									
73	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,275.67										
77	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,275.67	00 15									
73	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,814.84									X	
77	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,814.84	00 15								X	
73	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,841.51									X	
77	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,841.51	00 15								X	
73	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,799.88									X	
77	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,799.88	00 15								X	
73	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,438.77										
77	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,438.77	00 15									
73	31300	REMOVAL OF LARYNX LESION	1,298.78										
77	31300	REMOVAL OF LARYNX LESION	1,298.78	00 15									
73	31360	REMOVAL OF LARYNX	2,135.16										
77	31360	REMOVAL OF LARYNX	2,135.16	00 15									
73	31365	REMOVAL OF LARYNX	2,642.55										
77	31365	REMOVAL OF LARYNX	2,642.55	00 15									
73	31367	PARTIAL REMOVAL OF LARYNX	2,258.75										
77	31367	PARTIAL REMOVAL OF LARYNX	2,258.75	00 15									
73	31368	PARTIAL REMOVAL OF LARYNX	2,503.11										
77	31368	PARTIAL REMOVAL OF LARYNX	2,503.11	00 15									
73	31370	PARTIAL REMOVAL OF LARYNX	2,118.68										
77	31370	PARTIAL REMOVAL OF LARYNX	2,118.68	00 15									
73	31375	PARTIAL REMOVAL OF LARYNX	2,012.00										
77	31375	PARTIAL REMOVAL OF LARYNX	2,012.00	00 15									
73	31380	PARTIAL REMOVAL OF LARYNX	1,983.02										
77	31380	PARTIAL REMOVAL OF LARYNX	1,983.02	00 15									
73	31382	PARTIAL REMOVAL OF LARYNX	2,176.62										
77	31382	PARTIAL REMOVAL OF LARYNX	2,176.62	00 15									
73	31390	REMOVAL OF LARYNX & PHARYNX	2,923.06										
77	31390	REMOVAL OF LARYNX & PHARYNX	2,923.06	00 15									
73	31395	RECONSTRUCT LARYNX & PHARYNX	3,076.13										
77	31395	RECONSTRUCT LARYNX & PHARYNX	3,076.13	00 15									
73	31400	REVISION OF LARYNX	1,025.86										
77	31400	REVISION OF LARYNX	1,025.86	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	31420	REMOVAL OF EPIGLOTTIS	855.50										
77	31420	REMOVAL OF EPIGLOTTIS	855.50	00 15									
73	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	151.66									X	
77	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	151.66	00 15								X	
73	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	36.73										
77	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	36.73	00 15									
73	31505	DIAGNOSTIC LARYNGOSCOPY	90.59										
77	31505	DIAGNOSTIC LARYNGOSCOPY	90.59	00 15									
73	31510	LARYNGOSCOPY WITH BIOPSY	216.84										
77	31510	LARYNGOSCOPY WITH BIOPSY	216.84	00 15									
73	31511	REMOVE FOREIGN BODY LARYNX	216.12										
77	31511	REMOVE FOREIGN BODY LARYNX	216.12	00 15									
73	31512	REMOVAL OF LARYNX LESION	215.81										
77	31512	REMOVAL OF LARYNX LESION	215.81	00 15									
73	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	134.91										
77	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	134.91	00 15									
73	31515	LARYNGOSCOPY FOR ASPIRATION	216.32										
77	31515	LARYNGOSCOPY FOR ASPIRATION	216.32	00 15									
73	31520	DIAGNOSTIC LARYNGOSCOPY	159.69										
77	31520	DIAGNOSTIC LARYNGOSCOPY	159.69	00 15									
73	31525	DIAGNOSTIC LARYNGOSCOPY	255.44										
77	31525	DIAGNOSTIC LARYNGOSCOPY	255.44	00 15									
73	31526	DIAGNOSTIC LARYNGOSCOPY	161.44										
77	31526	DIAGNOSTIC LARYNGOSCOPY	161.44	00 15									
73	31527	LARYNGOSCOPY, INSERT OBTURATOR	200.25										
77	31527	LARYNGOSCOPY, INSERT OBTURATOR	200.25	00 15									
73	31528	LARYNGOSCOPY,W DILATATION INITIAL	147.94										
77	31528	LARYNGOSCOPY,W DILATATION INITIAL	147.94	00 15									
73	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	165.83										
77	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	165.83	00 15									
73	31530	OPERATIVE LARYNGOSCOPY	205.06										
77	31530	OPERATIVE LARYNGOSCOPY	205.06	00 15									
73	31531	OPERATIVE LARYNGOSCOPY	216.62										
77	31531	OPERATIVE LARYNGOSCOPY	216.62	00 15									
73	31535	OPERATIVE LARYNGOSCOPY	195.08										
77	31535	OPERATIVE LARYNGOSCOPY	195.08	00 15									
73	31536	OPERATIVE LARYNGOSCOPY	215.90										
77	31536	OPERATIVE LARYNGOSCOPY	215.90	00 15									
73	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	249.04										
77	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	249.04	00 15									
73	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	271.61										
77	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	271.61	00 15									
73	31545	REMOVE VC LESION W/SCOPE	373.34										
77	31545	REMOVE VC LESION W/SCOPE	373.34	00 15									
73	31546	REMOVE VC LESION SCOPE/GRAFT	568.45										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	31546	REMOVE VC LESION SCOPE/GRAFT	568.45	00 15									
73	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,581.18	00 11									
77	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,581.18	00 11									
73	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,524.96	12 99									
77	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,524.96	12 15									
73	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,733.05	00 11									
77	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,733.05	00 11									
73	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,733.71	12 99									
77	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,733.71	12 15									
73	31560	OPERATIVE LARYNGOSCOPY	322.14										
77	31560	OPERATIVE LARYNGOSCOPY	322.14	00 15									
73	31561	OPERATIVE LARYNGOSCOPY	351.66										
77	31561	OPERATIVE LARYNGOSCOPY	351.66	00 15									
73	31570	LARYNGOSCOPY WITH INJECTION	349.82										
77	31570	LARYNGOSCOPY WITH INJECTION	349.82	00 15									
73	31571	LARYNGOSCOPY WITH INJECTION	256.44										
77	31571	LARYNGOSCOPY WITH INJECTION	256.44	00 15									
73	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	532.39										
77	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	532.39	00 15									
73	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	283.99										
77	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	283.99	00 15									
73	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	993.27										
77	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	993.27	00 15									
73	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	127.39										
77	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	127.39	00 15									
73	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	269.55										
77	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	269.55	00 15									
73	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	281.54										
77	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	281.54	00 15									
73	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	303.29										
77	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	303.29	00 15									
73	31579	SEE 31575;WITH STROBOSCOPY	197.99										
77	31579	SEE 31575;WITH STROBOSCOPY	197.99	00 15									
73	31580	REVISION OF LARYNX	1,312.78										
77	31580	REVISION OF LARYNX	1,312.78	00 15									
73	31584	REPAIR OF LARYNX FRACTURE	1,455.95										
77	31584	REPAIR OF LARYNX FRACTURE	1,455.95	00 15									
73	31587	LARYNGOPLASTY, CRICOID SPLIT	1,229.04										
77	31587	LARYNGOPLASTY, CRICOID SPLIT	1,229.04	00 15									
73	31590	LARYNGEAL REINNERVATION REPAIR	920.43										
77	31590	LARYNGEAL REINNERVATION REPAIR	920.43	00 15									
73	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,117.62										
77	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,117.62	00 15									
73	31592	CRICOTRACHEAL RESECTION	1,780.71										
77	31592	CRICOTRACHEAL RESECTION	1,780.71	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	31600	TRACHEOSTOMY, PLANNED	327.57	02 99									
77	31600	TRACHEOSTOMY, PLANNED	327.57	02 15									
73	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	467.28	00 01									
77	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	467.28	00 01									
73	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	341.69										
77	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	341.69	00 15									
73	31605	INCISION OF NECK CARTILAGES	359.40										
77	31605	INCISION OF NECK CARTILAGES	359.40	00 15									
73	31610	INCISION OF WINDPIPE	991.78										
77	31610	INCISION OF WINDPIPE	991.78	00 15									
73	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	547.29										
77	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	547.29	00 15									
73	31612	PUNCTURE/CLEAR WINDPIPE	93.06										
77	31612	PUNCTURE/CLEAR WINDPIPE	93.06	00 15									
73	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	447.37										
77	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	447.37	00 15									
73	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	745.47										
77	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	745.47	00 15									
73	31615	VISUALIZATION OF WINDPIPE	176.11										
77	31615	VISUALIZATION OF WINDPIPE	176.11	00 15									
73	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	249.83										
77	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	249.83	00 15									
73	31623	DX BRONCHOSCOPE/BRUSH	277.75										
77	31623	DX BRONCHOSCOPE/BRUSH	277.75	00 15									
73	31624	DX BRONCHOSCOPE/LAVAGE	258.13										
77	31624	DX BRONCHOSCOPE/LAVAGE	258.13	00 15									
73	31625	BRONCHOSCOPY WITH BIOPSY	355.79										
77	31625	BRONCHOSCOPY WITH BIOPSY	355.79	00 15									
73	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	843.23									X	
77	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	843.23	00 15								X	
73	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,228.17										
77	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,228.17	00 15									
73	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	378.04										
77	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	378.04	00 15									
73	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	466.08										
77	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	466.08	00 15									
73	31630	BRONCHOSCOPY WITH REPAIR	206.94										
77	31630	BRONCHOSCOPY WITH REPAIR	206.94	00 15									
73	31631	BRONCHOSCOPY-PLACE TRACH STENT	237.56										
77	31631	BRONCHOSCOPY-PLACE TRACH STENT	237.56	00 15									
73	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	65.97									X	
77	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	65.97	00 15								X	
73	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	82.43									X	
77	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	82.43	00 15								X	
73	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,683.60									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,683.60	00 15								X	
73	31635	REMOVE FOREIGN BODY, AIRWAY	295.52										
77	31635	REMOVE FOREIGN BODY, AIRWAY	295.52	00 15									
73	31636	BRONCHOSCOPY, BRONCH STENTS	227.58										
77	31636	BRONCHOSCOPY, BRONCH STENTS	227.58	00 15									
73	31637	BRONCHOSCOPY, STENT ADD-ON	80.36										
77	31637	BRONCHOSCOPY, STENT ADD-ON	80.36	00 15									
73	31638	BRONCHOSCOPY, REVISE STENT	258.30										
77	31638	BRONCHOSCOPY, REVISE STENT	258.30	00 15									
73	31640	BRONCHOSCOPY & REMOVE LESION	258.12										
77	31640	BRONCHOSCOPY & REMOVE LESION	258.12	00 15									
73	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	265.16										
77	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	265.16	00 15									
73	31643	DX BRONCHOSCOPE/CATHETER	178.92										
77	31643	DX BRONCHOSCOPE/CATHETER	178.92	00 15									
73	31645	BRONCHOSCOPY, CLEAR AIRWAYS	274.24										
77	31645	BRONCHOSCOPY, CLEAR AIRWAYS	274.24	00 15									
73	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	146.33										
77	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	146.33	00 15									
73	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	215.53										
77	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	215.53	00 15									
73	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	206.99										
77	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	206.99	00 15									
73	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	69.72									X	
77	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	69.72	00 15								X	
73	31651	BRONCHOSCOPY,RIGID OR FLEXIBLE,INC	79.38									X	
77	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	79.38	00 15								X	
73	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,233.90										
77	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,233.90	00 15									
73	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,281.65										
77	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,281.65	00 15									
73	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	123.92										
77	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	123.92	00 15									
73	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	202.09										
77	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	202.09	00 15									
73	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	213.34										
77	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	213.34	00 15									
73	31717	BRONCHIAL BRUSH BIOPSY	288.50										
77	31717	BRONCHIAL BRUSH BIOPSY	288.50	00 15									
73	31720	CLEARANCE OF AIRWAYS	56.31									X	
77	31720	CLEARANCE OF AIRWAYS	56.31	00 15								X	
73	31725	CLEARANCE OF AIRWAYS	81.88									X	
77	31725	CLEARANCE OF AIRWAYS	81.88	00 15								X	
73	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,181.04										
77	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,181.04	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	31750	REPAIR OF WINDPIPE	1,409.03										
77	31750	REPAIR OF WINDPIPE	1,409.03	00 15									
73	31755	REPAIR OF WINDPIPE	1,775.22										
77	31755	REPAIR OF WINDPIPE	1,775.22	00 15									
73	31760	REPAIR OF WINDPIPE	1,481.31										
77	31760	REPAIR OF WINDPIPE	1,481.31	00 15									
73	31766	CARINAL RECONSTRUCTION	1,923.14										
77	31766	CARINAL RECONSTRUCTION	1,923.14	00 15									
73	31770	REPAIR/GRAFT OF BRONCHUS	1,437.45										
77	31770	REPAIR/GRAFT OF BRONCHUS	1,437.45	00 15									
73	31775	RECONSTRUCT BRONCHUS	1,512.38										
77	31775	RECONSTRUCT BRONCHUS	1,512.38	00 15									
73	31780	RECONSTRUCT WINDPIPE	1,237.23										
77	31780	RECONSTRUCT WINDPIPE	1,237.23	00 15									
73	31781	RECONSTRUCT WINDPIPE	1,500.78										
77	31781	RECONSTRUCT WINDPIPE	1,500.78	00 15									
73	31785	REMOVE WINDPIPE LESION	1,115.30										
77	31785	REMOVE WINDPIPE LESION	1,115.30	00 15									
73	31786	REMOVE WINDPIPE LESION	1,558.95										
77	31786	REMOVE WINDPIPE LESION	1,558.95	00 15									
73	31800	REPAIR OF WINDPIPE INJURY	734.64										
77	31800	REPAIR OF WINDPIPE INJURY	734.64	00 15									
73	31805	REPAIR OF WINDPIPE INJURY	877.91										
77	31805	REPAIR OF WINDPIPE INJURY	877.91	00 15									
73	31820	CLOSURE OF WINDPIPE LESION	452.76										
77	31820	CLOSURE OF WINDPIPE LESION	452.76	00 15									
73	31825	REPAIR OF WINDPIPE DEFECT	621.56										
77	31825	REPAIR OF WINDPIPE DEFECT	621.56	00 15									
73	31830	REVISE WINDPIPE SCAR	492.33										
77	31830	REVISE WINDPIPE SCAR	492.33	00 15									
73	32035	EXPLORATION OF CHEST	782.48										
77	32035	EXPLORATION OF CHEST	782.48	00 15									
73	32036	EXPLORATION OF CHEST	844.63										
77	32036	EXPLORATION OF CHEST	844.63	00 15									
73	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	863.67										
77	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	863.67	00 15									
73	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	861.83										
77	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	861.83	00 15									
73	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	816.13										
77	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	816.13	00 15									
73	32100	THORACOTOMY; WITH EXPLORATION	867.68										
77	32100	THORACOTOMY; WITH EXPLORATION	867.68	00 15									
73	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,584.44										
77	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,584.44	00 15									
73	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	937.70										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	937.70	00 15									
73	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	994.68										
77	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	994.68	00 15									
73	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,065.34										
77	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,065.34	00 15									
73	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,648.92										
77	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,648.92	00 15									
73	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,080.26										
77	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,080.26	00 15									
73	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,081.83										
77	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,081.83	00 15									
73	32160	THORACOTOMY; WITH CARDIAC MASSAGE	852.90										
77	32160	THORACOTOMY; WITH CARDIAC MASSAGE	852.90	00 15									
73	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,220.98										
77	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,220.98	00 15									
73	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	860.54										
77	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	860.54	00 15									
73	32220	RELEASE OF LUNG	1,711.70										
77	32220	RELEASE OF LUNG	1,711.70	00 15									
73	32225	PARTIAL RELEASE OF LUNG	1,068.18										
77	32225	PARTIAL RELEASE OF LUNG	1,068.18	00 15									
73	32310	REMOVAL OF CHEST LINING	986.88										
77	32310	REMOVAL OF CHEST LINING	986.88	00 15									
73	32320	FREE/REMOVE CHEST LINING	1,726.15										
77	32320	FREE/REMOVE CHEST LINING	1,726.15	00 15									
73	32400	NEEDLE BIOPSY CHEST LINING	163.72									X	
77	32400	NEEDLE BIOPSY CHEST LINING	163.72	00 15								X	
73	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	914.50									X	
77	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	914.50	00 15								X	
73	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,695.11										
77	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,695.11	00 15									
73	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,319.88										
77	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,319.88	00 15									
73	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,823.89										
77	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,823.89	00 15									
73	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,598.17										
77	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,598.17	00 15									
73	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,710.55										
77	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,710.55	00 15									
73	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,551.04										
77	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,551.04	00 15									
73	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,543.28										
77	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,543.28	00 15									
73	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,589.63										
77	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,589.63	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	32501	REPAIR BRONCHUS (ADD-ON)	266.43										
77	32501	REPAIR BRONCHUS (ADD-ON)	266.43	00 15									
73	32503	RESECT APICAL LUNG TUMOR	1,940.88										
77	32503	RESECT APICAL LUNG TUMOR	1,940.88	00 15									
73	32504	RESECT APICAL LUNG TUM/CHEST	2,213.35										
77	32504	RESECT APICAL LUNG TUM/CHEST	2,213.35	00 15									
73	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,002.34										
77	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,002.34	00 15									
73	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	170.80									X	
77	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	170.80	00 15								X	
73	32540	REMOVAL OF LUNG LESION	1,864.57										
77	32540	REMOVAL OF LUNG LESION	1,864.57	00 15									
73	32550	INSERTION OF INDWELLING TUNNELED PLE	821.95										
77	32550	INSERTION OF INDWELLING TUNNELED PLE	821.95	00 15									
73	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	167.32										
77	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	167.32	00 15									
73	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	189.95										
77	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	189.95	00 15									
73	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	532.43										
77	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	532.43	00 15									
73	32554	THORACENTESIS, NEEDLE OR CATHETER, A	238.84										
77	32554	THORACENTESIS, NEEDLE OR CATHETER, A	238.84	00 15									
73	32555	THORACENTESIS, NEEDLE OR CATHETER, A	322.46										
77	32555	THORACENTESIS, NEEDLE OR CATHETER, A	322.46	00 15									
73	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	731.54										
77	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	731.54	00 15									
73	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	657.84										
77	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	657.84	00 15									
73	32560	INSTILLATION VIA CHEST TUBE/CATHETER	266.60										
77	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	266.60	00 15									
73	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	96.45										
77	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	96.45	00 15									
73	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	86.43										
77	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	86.43	00 15									
73	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	332.70										
77	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	332.70	00 15									
73	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	518.57										
77	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	518.57	00 15									
73	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	500.08										
77	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	500.08	00 15									
73	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	332.38										
77	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	332.38	00 15									
73	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	410.38										
77	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	410.38	00 15									
73	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	275.26										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	275.26	00 15									
73	32650	THORACOSCOPY, SURGICAL;	713.02										
77	32650	THORACOSCOPY, SURGICAL;	713.02	00 15									
73	32651	THORACOSCOPY, SURGICAL;	1,180.25										
77	32651	THORACOSCOPY, SURGICAL;	1,180.25	00 15									
73	32652	THORACOSCOPY, SURGICAL;	1,794.10										
77	32652	THORACOSCOPY, SURGICAL;	1,794.10	00 15									
73	32653	THORACOSCOPY, SURGICAL;	1,141.10										
77	32653	THORACOSCOPY, SURGICAL;	1,141.10	00 15									
73	32654	THORACOSCOPY, SURGICAL;	1,235.29										
77	32654	THORACOSCOPY, SURGICAL;	1,235.29	00 15									
73	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,030.00										
77	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,030.00	00 15									
73	32656	THORACOSCOPY, SURGICAL;	862.25										
77	32656	THORACOSCOPY, SURGICAL;	862.25	00 15									
73	32658	THORACOSCOPY, SURGICAL;	766.16										
77	32658	THORACOSCOPY, SURGICAL;	766.16	00 15									
73	32659	THORACOSCOPY, SURGICAL;	785.03										
77	32659	THORACOSCOPY, SURGICAL;	785.03	00 15									
73	32661	THORACOSCOPY, SURGICAL;	858.07										
77	32661	THORACOSCOPY, SURGICAL;	858.07	00 15									
73	32662	THORACOSCOPY, SURGICAL;	959.86										
77	32662	THORACOSCOPY, SURGICAL;	959.86	00 15									
73	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,512.94										
77	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,512.94	00 15									
73	32664	THORACOSCOPY, SURGICAL;	912.29										
77	32664	THORACOSCOPY, SURGICAL;	912.29	00 15									
73	32665	THORACOSCOPY, SURGICAL;	1,328.56										
77	32665	THORACOSCOPY, SURGICAL;	1,328.56	00 15									
73	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	934.92										
77	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	934.92	00 15									
73	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	170.80									X	
77	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	170.80	00 15								X	
73	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	171.13										
77	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	171.13	00 15									
73	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,450.32										
77	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,450.32	00 15									
73	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,734.23										
77	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,734.23	00 15									
73	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,921.05										
77	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,921.05	00 15									
73	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,647.73										
77	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,647.73	00 15									
73	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,310.90										
77	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,310.90	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	235.06										
77	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	235.06	00 15									
73	32701	THORACIC TARGET(S) DELINEATION FOR S	228.82										
77	32701	THORACIC TARGET(S) DELINEATION FOR S	228.82	00 15									
73	32800	REPAIR LUNG HERNIA	1,017.83										
77	32800	REPAIR LUNG HERNIA	1,017.83	00 15									
73	32810	CLOSE CHEST AFTER DRAINAGE	967.03										
77	32810	CLOSE CHEST AFTER DRAINAGE	967.03	00 15									
73	32815	CLOSE BRONCHIAL FISTULA	3,035.96										
77	32815	CLOSE BRONCHIAL FISTULA	3,035.96	00 15									
73	32820	RECONSTRUCT INJURED CHEST	1,432.58										
77	32820	RECONSTRUCT INJURED CHEST	1,432.58	00 15									
73	32851	LUNG TRANSPLANT, SINGLE;	3,547.37		X								
77	32851	LUNG TRANSPLANT, SINGLE;	3,547.37	00 15	X								
73	32852	LUNG TRANSPLANT, SINGLE;	3,881.72		X								
77	32852	LUNG TRANSPLANT, SINGLE;	3,881.72	00 15	X								
73	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	4,961.89		X								
77	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	4,961.89	00 15	X								
73	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,267.49		X								
77	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,267.49	00 15	X								
73	32900	REMOVAL OF RIB(S)	1,534.43										
77	32900	REMOVAL OF RIB(S)	1,534.43	00 15									
73	32905	REVISE & REPAIR CHEST WALL	1,440.76										
77	32905	REVISE & REPAIR CHEST WALL	1,440.76	00 15									
73	32906	REVISE & REPAIR CHEST WALL	1,782.59										
77	32906	REVISE & REPAIR CHEST WALL	1,782.59	00 15									
73	32940	REVISION OF LUNG	1,329.72										
77	32940	REVISION OF LUNG	1,329.72	00 15									
73	32960	THERAPEUTIC PNEUMOTHORAX	128.92										
77	32960	THERAPEUTIC PNEUMOTHORAX	128.92	00 15									
73	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,311.39										
77	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,311.39	00 15									
73	32997	TOTAL LUNG LAVAGE	352.40										
77	32997	TOTAL LUNG LAVAGE	352.40	00 15									
73	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,376.45										
77	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,376.45	00 15									
73	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	255.07										
77	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	255.07	00 15									
73	33017	PERICARDIAL DRAINAGE WITH INSERTION	263.35	06 99									
77	33017	PERICARDIAL DRAINAGE WITH INSERTION	263.35	06 15									
77	33018	PERICARDIAL DRAINAGE WITH INSERTION	298.35	00 05									
73	33019	PERICARDIAL DRAINAGE WITH INSERTION	242.84										
77	33019	PERICARDIAL DRAINAGE WITH INSERTION	242.84	00 15									
73	33020	INCISION OF HEART SAC	892.42										
77	33020	INCISION OF HEART SAC	892.42	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33025	INCISION OF HEART SAC	829.27										
77	33025	INCISION OF HEART SAC	829.27	00 15									
73	33030	PARTIAL REMOVAL OF HEART SAC	2,165.15										
77	33030	PARTIAL REMOVAL OF HEART SAC	2,165.15	00 15									
73	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,685.22										
77	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,685.22	00 15									
73	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,082.44										
77	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,082.44	00 15									
73	33120	REMOVAL OF HEART LESION	2,270.91										
77	33120	REMOVAL OF HEART LESION	2,270.91	00 15									
73	33130	REMOVAL OF HEART LESION	1,475.87										
77	33130	REMOVAL OF HEART LESION	1,475.87	00 15									
73	33140	HEART REVASCULARIZE (TMR)	1,687.99		X								
77	33140	HEART REVASCULARIZE (TMR)	1,687.99	00 15	X								
73	33141	HEART TMR W/OTHER PROCEDURE	144.43		X								
77	33141	HEART TMR W/OTHER PROCEDURE	144.43	00 15	X								
73	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	830.90										
77	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	830.90	00 15									
73	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	871.86										
77	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	871.86	00 15									
73	33206	INSERTION OF NEW OR REPLACEMENT OF P	487.76										
77	33206	INSERTION OF NEW OR REPLACEMENT OF P	487.76	00 15									
73	33207	INSERTION OF NEW OR REPLACEMENT OF P	515.04										
77	33207	INSERTION OF NEW OR REPLACEMENT OF P	515.04	00 15									
73	33208	INSERTION OF NEW OR REPLACEMENT OF P	559.81										
77	33208	INSERTION OF NEW OR REPLACEMENT OF P	559.81	00 15									
73	33210	INSERTION OF HEART ELECTRODE	175.51										
77	33210	INSERTION OF HEART ELECTRODE	175.51	00 15									
73	33211	INSERTION OR REPLACEMENT OF TEMPORAR	184.16										
77	33211	INSERTION OR REPLACEMENT OF TEMPORAR	184.16	00 15									
73	33212	INSERTION OF PACEMAKER PULSE GENERAT	345.28										
77	33212	INSERTION OF PACEMAKER PULSE GENERAT	345.28	00 15									
73	33213	INSERTION OF PACEMAKER PULSE GENERAT	359.93										
77	33213	INSERTION OF PACEMAKER PULSE GENERAT	359.93	00 15									
73	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	513.69										
77	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	513.69	00 15									
73	33215	REPOSITION PACING-DEFIB LEAD	331.95										
77	33215	REPOSITION PACING-DEFIB LEAD	331.95	00 15									
73	33216	REVISION IMPLANTED ELECTRODE	397.05										
77	33216	REVISION IMPLANTED ELECTRODE	397.05	00 15									
73	33217	INSERTION, REPLACEMENT OR REPOSITION	393.41										
77	33217	INSERTION, REPLACEMENT OR REPOSITION	393.41	00 15									
73	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	414.55										
77	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	414.55	00 15									
73	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	403.25										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	403.25	00 15									
73	33221	INSERTION OF PACEMAKER PULSE GENERAT	386.91										
77	33221	INSERTION OF PACEMAKER PULSE GENERAT	386.91	00 15									
73	33222	RELOCATION OF PACEMAKER GENERATOR SK	363.31										
77	33222	RELOCATION OF PACEMAKER GENERATOR SK	363.31	00 15									
73	33223	RELOCATION OF PACING DEFIBRILLATOR D	439.65										
77	33223	RELOCATION OF PACING DEFIBRILLATOR D	439.65	00 15									
73	33224	INSERTION OF PACING ELECTRODE, CARDI	556.33										
77	33224	INSERTION OF PACING ELECTRODE, CARDI	556.33	00 15									
73	33225	INSERTION OF PACING ELECTRODE, CARDI	506.37										
77	33225	INSERTION OF PACING ELECTRODE, CARDI	506.37	00 15									
73	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	533.00										
77	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	533.00	00 15									
73	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	362.56										
77	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	362.56	00 15									
73	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	380.22										
77	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	380.22	00 15									
73	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	401.47										
77	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	401.47	00 15									
73	33230	INSERTION OF PACING CARDIOVERTER-DEF	411.79										
77	33230	INSERTION OF PACING CARDIOVERTER-DEF	411.79	00 15									
73	33231	INSERTION OF PACING CARDIOVERTER-DEF	430.32										
77	33231	INSERTION OF PACING CARDIOVERTER-DEF	430.32	00 15									
73	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	246.03										
77	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	246.03	00 15									
73	33234	REMOVAL OF PERMANENT PACEMAKER;	521.42										
77	33234	REMOVAL OF PERMANENT PACEMAKER;	521.42	00 15									
73	33235	REMOVAL OF PERMANENT PACEMAKER;	682.69										
77	33235	REMOVAL OF PERMANENT PACEMAKER;	682.69	00 15									
73	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	837.79										
77	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	837.79	00 15									
73	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	899.12										
77	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	899.12	00 15									
73	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,012.47										
77	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,012.47	00 15									
73	33240	INSERTION OF PACING CARDIOVERTER-DEF	391.95										
77	33240	INSERTION OF PACING CARDIOVERTER-DEF	391.95	00 15									
73	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	228.45										
77	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	228.45	00 15									
73	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,476.68										
77	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,476.68	00 15									
73	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	929.66										
77	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	929.66	00 15									
73	33249	INSERTION OR REPLACEMENT OF PERMANEN	986.06										
77	33249	INSERTION OR REPLACEMENT OF PERMANEN	986.06	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,573.58										
77	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,573.58	00 15									
73	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,760.86										
77	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,760.86	00 15									
73	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,463.79										
77	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,463.79	00 15									
73	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,757.96										
77	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,757.96	00 15									
73	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,101.68										
77	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,101.68	00 15									
73	33257	OPERATIVE TISSUE ABLATION AND RECONS	624.90										
77	33257	OPERATIVE TISSUE ABLATION AND RECONS	624.90	00 15									
73	33258	OPERATIVE TISSUE ABLATION AND RECONS	698.56										
77	33258	OPERATIVE TISSUE ABLATION AND RECONS	698.56	00 15									
73	33259	OPERATIVE TISSUE ABLATION AND RECONS	906.25										
77	33259	OPERATIVE TISSUE ABLATION AND RECONS	906.25	00 15									
73	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,742.50										
77	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,742.50	00 15									
73	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	400.22										
77	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	400.22	00 15									
73	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	416.48										
77	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	416.48	00 15									
73	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	435.44										
77	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	435.44	00 15									
73	33265	ABLATE ATRIA, LMTD, ENDO	1,468.02										
77	33265	ABLATE ATRIA, LMTD, ENDO	1,468.02	00 15									
73	33266	ABLATE ATRIA, X10SV, ENDO	1,995.31										
77	33266	ABLATE ATRIA, X10SV, ENDO	1,995.31	00 15									
73	33270	INSERTION OR REPLACEMENT OF PERMANEN	604.81										
77	33270	INSERTION OR REPLACEMENT OF PERMANEN	604.81	00 15									
73	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	487.63										
77	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	487.63	00 15									
73	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	370.99										
77	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	370.99	00 15									
73	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	428.11										
77	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	428.11	00 15									
73	33274	TRANSCATHETER INSERTION OR REPLACEME	519.27										
77	33274	TRANSCATHETER INSERTION OR REPLACEME	519.27	00 15									
73	33275	TRANSCATHETER REMOVAL OF PERMANENT	563.47										
77	33275	TRANSCATHETER REMOVAL OF PERMANENT	563.47	00 15									
73	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,856.18										
77	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,856.18	00 15									
73	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	142.35										
77	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	142.35	00 15									
73	33289	TRANSCATHETER IMPLANTATION OF WIRELE	360.26										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33289	TRANSCATHETER IMPLANTATION OF WIRELE	360.26	00 15									
73	33300	REPAIR OF HEART WOUND	2,653.87										
77	33300	REPAIR OF HEART WOUND	2,653.87	00 15									
73	33305	REPAIR OF HEART WOUND	4,449.22										
77	33305	REPAIR OF HEART WOUND	4,449.22	00 15									
73	33310	EXPLORATORY HEART SURGERY	1,259.07										
77	33310	EXPLORATORY HEART SURGERY	1,259.07	00 15									
73	33315	EXPLORATORY HEART SURGERY	2,076.35										
77	33315	EXPLORATORY HEART SURGERY	2,076.35	00 15									
73	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,141.53										
77	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,141.53	00 15									
73	33321	REPAIR MAJOR VESSEL	1,280.47										
77	33321	REPAIR MAJOR VESSEL	1,280.47	00 15									
73	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,501.68										
77	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,501.68	00 15									
73	33330	INSERT MAJOR VESSEL GRAFT	1,538.08										
77	33330	INSERT MAJOR VESSEL GRAFT	1,538.08	00 15									
73	33335	INSERT MAJOR VESSEL GRAFT	2,022.39										
77	33335	INSERT MAJOR VESSEL GRAFT	2,022.39	00 15									
73	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	850.89										
77	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	850.89	00 15									
73	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,313.11										
77	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,313.11	00 15									
73	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,431.05										
77	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,431.05	00 15									
73	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,484.77										
77	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,484.77	00 15									
73	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,489.24										
77	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,489.24	00 15									
73	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,546.59										
77	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,546.59	00 15									
73	33366	Transcatheter aortic valve replaceme	1,706.92										
77	33366	Transcatheter aortic valve replaceme	1,706.92	00 15									
73	33367	TRANSCATHETER AORTIC VALVE REPLACEME	684.32										
77	33367	TRANSCATHETER AORTIC VALVE REPLACEME	684.32	00 15									
73	33368	TRANSCATHETER AORTIC VALVE REPLACEME	809.95										
77	33368	TRANSCATHETER AORTIC VALVE REPLACEME	809.95	00 15									
73	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,069.51										
77	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,069.51	00 15									
73	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,081.87										
77	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,081.87	00 15									
73	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,483.28										
77	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,483.28	00 15									
73	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,890.83										
77	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,890.83	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33405	REPLACEMENT OF AORTIC VALVE	2,460.45										
77	33405	REPLACEMENT OF AORTIC VALVE	2,460.45	00 15									
73	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,121.68										
77	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,121.68	00 15									
73	33410	REPLACEMENT OF AORTIC VALVE	2,756.16										
77	33410	REPLACEMENT OF AORTIC VALVE	2,756.16	00 15									
73	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,641.60										
77	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,641.60	00 15									
73	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,422.23										
77	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,422.23	00 15									
73	33413	REPLACEMENT, AORTIC VALVE;	3,499.99										
77	33413	REPLACEMENT, AORTIC VALVE;	3,499.99	00 15									
73	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,331.18										
77	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,331.18	00 15									
73	33415	REVISION OF AORTIC VALVE	2,188.60										
77	33415	REVISION OF AORTIC VALVE	2,188.60	00 15									
73	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,187.89										
77	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,187.89	00 15									
73	33417	REPAIR OF AORTIC VALVE	1,802.17										
77	33417	REPAIR OF AORTIC VALVE	1,802.17	00 15									
73	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,940.63										
77	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,940.63	00 15									
73	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	460.54										
77	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	460.54	00 15									
73	33420	REVISION OF MITRAL VALVE	1,566.93										
77	33420	REVISION OF MITRAL VALVE	1,566.93	00 15									
73	33422	REVISION OF MITRAL VALVE	1,798.32										
77	33422	REVISION OF MITRAL VALVE	1,798.32	00 15									
73	33425	REPAIR OF MITRAL VALVE	2,962.65										
77	33425	REPAIR OF MITRAL VALVE	2,962.65	00 15									
73	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,577.73										
77	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,577.73	00 15									
73	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,640.44										
77	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,640.44	00 15									
73	33430	REPLACEMENT OF MITRAL VALVE	3,034.40										
77	33430	REPLACEMENT OF MITRAL VALVE	3,034.40	00 15									
73	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,519.83										
77	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,519.83	00 15									
73	33460	REVISION OF TRICUSPID VALVE	2,608.48										
77	33460	REVISION OF TRICUSPID VALVE	2,608.48	00 15									
73	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,310.85										
77	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,310.85	00 15									
73	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,638.72										
77	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,638.72	00 15									
73	33465	REPLACE TRICUSPID VALVE	2,981.96										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33465	REPLACE TRICUSPID VALVE	2,981.96	00 15									
73	33468	REVISION OF TRICUSPID VALVE	2,661.36										
77	33468	REVISION OF TRICUSPID VALVE	2,661.36	00 15									
73	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,428.26										
77	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,428.26	00 15									
73	33474	REVISION OF PULMONARY VALVE	2,361.91										
77	33474	REVISION OF PULMONARY VALVE	2,361.91	00 15									
73	33475	REPLACEMENT, PULMONARY VALVE	2,513.38										
77	33475	REPLACEMENT, PULMONARY VALVE	2,513.38	00 15									
73	33476	REVISION OF HEART CHAMBER	1,645.17										
77	33476	REVISION OF HEART CHAMBER	1,645.17	00 15									
73	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,470.09										
77	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,470.09	00 15									
73	33478	REVISION OF HEART CHAMBER	1,700.08										
77	33478	REVISION OF HEART CHAMBER	1,700.08	00 15									
73	33496	REPAIR, PROSTH VALVE CLOT	1,800.54										
77	33496	REPAIR, PROSTH VALVE CLOT	1,800.54	00 15									
73	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,687.77										
77	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,687.77	00 15									
73	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,203.94										
77	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,203.94	00 15									
73	33502	CORONARY ARTERY CORRECTION	1,375.61										
77	33502	CORONARY ARTERY CORRECTION	1,375.61	00 15									
73	33503	CORONARY ARTERY GRAFT	1,429.00										
77	33503	CORONARY ARTERY GRAFT	1,429.00	00 15									
73	33504	CORONARY ARTERY GRAFT	1,582.67										
77	33504	CORONARY ARTERY GRAFT	1,582.67	00 15									
73	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,241.60										
77	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,241.60	00 15									
73	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,229.21										
77	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,229.21	00 15									
73	33507	REPAIR ART, INTRAMURAL	1,867.77										
77	33507	REPAIR ART, INTRAMURAL	1,867.77	00 15									
73	33508	ENDOSCOPIC VEIN HARVEST	17.02										
77	33508	ENDOSCOPIC VEIN HARVEST	17.02	00 15									
73	33510	CORONARY ARTERY BYPASS	2,093.45										
77	33510	CORONARY ARTERY BYPASS	2,093.45	00 15									
73	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,299.20										
77	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,299.20	00 15									
73	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,623.50										
77	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,623.50	00 15									
73	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,697.59										
77	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,697.59	00 15									
73	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,844.19										
77	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,844.19	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,930.81										
77	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,930.81	00 15									
73	33517	CORONARY ARTERY BYPASS, USING VENOUS	203.82										
77	33517	CORONARY ARTERY BYPASS, USING VENOUS	203.82	00 15									
73	33518	CORONARY ARTERY BYPASS, USING VENOUS	448.91										
77	33518	CORONARY ARTERY BYPASS, USING VENOUS	448.91	00 15									
73	33519	CORONARY ARTERY BYPASS, USING VENOUS	593.29										
77	33519	CORONARY ARTERY BYPASS, USING VENOUS	593.29	00 15									
73	33521	CORONARY ARTERY BYPASS, USING VENOUS	712.38										
77	33521	CORONARY ARTERY BYPASS, USING VENOUS	712.38	00 15									
73	33522	CORONARY ARTERY BYPASS, USING VENOUS	800.22										
77	33522	CORONARY ARTERY BYPASS, USING VENOUS	800.22	00 15									
73	33523	CORONARY ARTERY BYPASS, USING VENOUS	908.41										
77	33523	CORONARY ARTERY BYPASS, USING VENOUS	908.41	00 15									
73	33530	REOPERATION,CORON ART BYPASS >1MONTH	572.27										
77	33530	REOPERATION,CORON ART BYPASS >1MONTH	572.27	00 15									
73	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,026.93										
77	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,026.93	00 15									
73	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,380.15										
77	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,380.15	00 15									
73	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,654.53										
77	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,654.53	00 15									
73	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,856.83										
77	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,856.83	00 15									
73	33542	REMOVAL OF HEART LESION	2,850.20										
77	33542	REMOVAL OF HEART LESION	2,850.20	00 15									
73	33545	REPAIR OF HEART DAMAGE	3,331.92										
77	33545	REPAIR OF HEART DAMAGE	3,331.92	00 15									
73	33548	RESTORE/REMODEL, VENTRICLE	3,212.88										
77	33548	RESTORE/REMODEL, VENTRICLE	3,212.88	00 15									
73	33572	OPEN CORONARY ENDARTERECTOMY	251.67										
77	33572	OPEN CORONARY ENDARTERECTOMY	251.67	00 15									
73	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,858.30										
77	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,858.30	00 15									
73	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,802.53										
77	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,802.53	00 15									
73	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,923.56										
77	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,923.56	00 15									
73	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,947.28										
77	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,947.28	00 15									
73	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,919.46										
77	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,919.46	00 15									
73	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,114.67										
77	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,114.67	00 15									
73	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,172.03										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,172.03	00 15									
73	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,163.55										
77	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,163.55	00 15									
73	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,344.60										
77	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,344.60	00 15									
73	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,966.99										
77	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,966.99	00 15									
73	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,787.66										
77	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,787.66	00 15									
73	33621	TRANSTHORACIC INSERTION OF CATHETER	1,004.67										
77	33621	TRANSTHORACIC INSERTION OF CATHETER	1,004.67	00 15									
73	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,730.42										
77	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,730.42	00 15									
73	33641	REPAIR HEART SEPTUM DEFECT	1,775.79										
77	33641	REPAIR HEART SEPTUM DEFECT	1,775.79	00 15									
73	33645	REVISION OF HEART VEINS	1,875.66										
77	33645	REVISION OF HEART VEINS	1,875.66	00 15									
73	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,969.39										
77	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,969.39	00 15									
73	33660	REPAIR OF HEART DEFECTS	1,903.17										
77	33660	REPAIR OF HEART DEFECTS	1,903.17	00 15									
73	33665	REPAIR OF HEART DEFECTS	2,074.35										
77	33665	REPAIR OF HEART DEFECTS	2,074.35	00 15									
73	33670	REPAIR OF HEART CHAMBERS	2,144.11										
77	33670	REPAIR OF HEART CHAMBERS	2,144.11	00 15									
73	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,137.91										
77	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,137.91	00 15									
73	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,194.73										
77	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,194.73	00 15									
73	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,279.00										
77	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,279.00	00 15									
73	33681	REPAIR HEART SEPTUM DEFECT	1,991.74										
77	33681	REPAIR HEART SEPTUM DEFECT	1,991.74	00 15									
73	33684	REPAIR HEART SEPTUM DEFECT	2,047.60										
77	33684	REPAIR HEART SEPTUM DEFECT	2,047.60	00 15									
73	33688	REPAIR HEART SEPTUM DEFECT	2,045.70										
77	33688	REPAIR HEART SEPTUM DEFECT	2,045.70	00 15									
73	33690	REINFORCE PULMONARY ARTERY	1,292.99										
77	33690	REINFORCE PULMONARY ARTERY	1,292.99	00 15									
73	33692	REPAIR OF HEART DEFECTS	2,125.28										
77	33692	REPAIR OF HEART DEFECTS	2,125.28	00 15									
73	33694	REPAIR OF HEART DEFECTS	2,114.67										
77	33694	REPAIR OF HEART DEFECTS	2,114.67	00 15									
73	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,228.32										
77	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,228.32	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33702	REPAIR OF HEART DEFECTS	1,672.80										
77	33702	REPAIR OF HEART DEFECTS	1,672.80	00 15									
73	33710	REPAIR OF HEART DEFECTS	2,224.68										
77	33710	REPAIR OF HEART DEFECTS	2,224.68	00 15									
73	33720	REPAIR OF HEART DEFECT	1,674.37										
77	33720	REPAIR OF HEART DEFECT	1,674.37	00 15									
73	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,666.48										
77	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,666.48	00 15									
73	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,205.00										
77	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,205.00	00 15									
73	33730	REPAIR HEART-VEIN DEFECT(S)	2,173.37										
77	33730	REPAIR HEART-VEIN DEFECT(S)	2,173.37	00 15									
73	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,781.33										
77	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,781.33	00 15									
73	33735	REVISION OF HEART CHAMBER	1,398.34										
77	33735	REVISION OF HEART CHAMBER	1,398.34	00 15									
73	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,518.02										
77	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,518.02	00 15									
73	33737	REVISION OF HEART CHAMBER	1,401.70										
77	33737	REVISION OF HEART CHAMBER	1,401.70	00 15									
73	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	820.09										
77	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	820.09	00 15									
73	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,149.01										
77	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,149.01	00 15									
73	33746	TRANSCATHETER INTRACARDIAC SHUNT	451.90										
77	33746	TRANSCATHETER INTRACARDIAC SHUNT	451.90	00 15									
73	33750	MAJOR VESSEL SHUNT	1,366.85										
77	33750	MAJOR VESSEL SHUNT	1,366.85	00 15									
73	33755	MAJOR VESSEL SHUNT	1,420.02										
77	33755	MAJOR VESSEL SHUNT	1,420.02	00 15									
73	33762	MAJOR VESSEL SHUNT	1,387.50										
77	33762	MAJOR VESSEL SHUNT	1,387.50	00 15									
73	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,420.02										
77	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,420.02	00 15									
73	33766	MAJOR VESSEL SHUNT	1,442.41										
77	33766	MAJOR VESSEL SHUNT	1,442.41	00 15									
73	33767	SHUNT;	1,540.24										
77	33767	SHUNT;	1,540.24	00 15									
73	33768	CAVOPULMONARY SHUNTING	454.28										
77	33768	CAVOPULMONARY SHUNTING	454.28	00 15									
73	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,298.38										
77	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,298.38	00 15									
73	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,369.02										
77	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,369.02	00 15									
73	33774	REPAIR TRANSPO GREAT ARTERIES	1,945.40										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	33774	REPAIR TRANSPO GREAT ARTERIES	1,945.40	00	15									
73	33775	REAPAIR W REMOVAL PULMONARY BAND	2,006.11											
77	33775	REAPAIR W REMOVAL PULMONARY BAND	2,006.11	00	15									
73	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,119.50											
77	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,119.50	00	15									
73	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,051.56											
77	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,051.56	00	15									
73	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,548.74											
77	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,548.74	00	15									
73	33779	REPAIR W REMOVAL O PULMONARY BAND	2,528.12											
77	33779	REPAIR W REMOVAL O PULMONARY BAND	2,528.12	00	15									
73	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,573.31											
77	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,573.31	00	15									
73	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,515.50											
77	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,515.50	00	15									
73	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,507.98											
77	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,507.98	00	15									
73	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,791.56											
77	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,791.56	00	15									
73	33786	REPAIR ARTERIAL TRUNK	2,474.21											
77	33786	REPAIR ARTERIAL TRUNK	2,474.21	00	15									
73	33788	REVISION OF PULMONARY ARTERY	1,662.07											
77	33788	REVISION OF PULMONARY ARTERY	1,662.07	00	15									
73	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,066.72											
77	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,066.72	00	15									
73	33802	REPAIR VESSEL DEFECT	1,168.85											
77	33802	REPAIR VESSEL DEFECT	1,168.85	00	15									
73	33803	REPAIR VESSEL DEFECT	1,246.27											
77	33803	REPAIR VESSEL DEFECT	1,246.27	00	15									
73	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,338.43											
77	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,338.43	00	15									
73	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,646.46											
77	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,646.46	00	15									
73	33820	REVISE MAJOR VESSEL	1,043.84											
77	33820	REVISE MAJOR VESSEL	1,043.84	00	15									
73	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,101.37	00	17									
77	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,101.37	00	15									
73	33824	REPAIR PATENT DUCTUS ARTERIOSUS	1,272.09	18	99									
73	33840	REMOVE AORTA CONSTRICTION	1,336.87											
77	33840	REMOVE AORTA CONSTRICTION	1,336.87	00	15									
73	33845	REMOVE AORTA CONSTRICTION	1,438.26											
77	33845	REMOVE AORTA CONSTRICTION	1,438.26	00	15									
73	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,373.21											
77	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,373.21	00	15									
73	33852	EXCISION O COARCTATION W REPAIR ARCH	1,512.06											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33852	EXCISION O COARCTATION W REPAIR ARCH	1,512.06	00 15									
73	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,983.26										
77	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,983.26	00 15									
73	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,686.48										
77	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,686.48	00 15									
73	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,646.78										
77	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,646.78	00 15									
73	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,421.03										
77	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,421.03	00 15									
73	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,494.49										
77	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,494.49	00 15									
73	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,006.44										
77	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,006.44	00 15									
73	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,541.51										
77	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,541.51	00 15									
73	33875	THORACIC AORTA GRAFT	2,968.23										
77	33875	THORACIC AORTA GRAFT	2,968.23	00 15									
73	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	3,937.28										
77	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	3,937.28	00 15									
73	33880	ENDOVASC TAA REPR INCL SUBCL	1,949.41										
77	33880	ENDOVASC TAA REPR INCL SUBCL	1,949.41	00 15									
73	33881	ENDOVASC TAA REPR W/O SUBCL	1,671.22										
77	33881	ENDOVASC TAA REPR W/O SUBCL	1,671.22	00 15									
73	33883	INSERT ENDOVASC PROSTH, TAA	1,209.50										
77	33883	INSERT ENDOVASC PROSTH, TAA	1,209.50	00 15									
73	33884	ENDOVASC PROSTH, TAA, ADD-ON	435.09									X	
77	33884	ENDOVASC PROSTH, TAA, ADD-ON	435.09	00 15								X	
73	33886	ENDOVASC PROSTH, DELAYED	1,038.20										
77	33886	ENDOVASC PROSTH, DELAYED	1,038.20	00 15									
73	33889	ARTERY TRANSPOSE/ENDOVAS TAA	864.24										
77	33889	ARTERY TRANSPOSE/ENDOVAS TAA	864.24	00 15									
73	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,062.66										
77	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,062.66	00 15									
73	33910	REMOVE LUNG ARTERY EMBOLI	2,838.47										
77	33910	REMOVE LUNG ARTERY EMBOLI	2,838.47	00 15									
73	33915	REMOVE LUNG ARTERY EMBOLI	1,492.18										
77	33915	REMOVE LUNG ARTERY EMBOLI	1,492.18	00 15									
73	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,574.29										
77	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,574.29	00 15									
73	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,572.75										
77	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,572.75	00 15									
73	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,963.77										
77	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,963.77	00 15									
73	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,500.77										
77	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,500.77	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33924	REMOVE PULMONARY SHUNT	311.22										
77	33924	REMOVE PULMONARY SHUNT	311.22	00 15									
73	33925	RPR PUL ART UNIFOCAL W/O CPB	1,861.68										
77	33925	RPR PUL ART UNIFOCAL W/O CPB	1,861.68	00 15									
73	33926	REPR PUL ART, UNIFOCAL W/CPB	2,624.42										
77	33926	REPR PUL ART, UNIFOCAL W/CPB	2,624.42	00 15									
73	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,780.96			X							
77	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,780.96	00 15		X							
73	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,353.68		X								
77	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,353.68	00 15	X								
73	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,265.30		X								
77	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,265.30	00 15	X								
73	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	334.44										
77	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	334.44	00 15									
73	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	373.10										
77	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	373.10	00 15									
73	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	254.52										
77	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	254.52	00 15									
73	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	246.82										
77	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	246.82	00 15									
73	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	461.16	00 05									
77	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	461.16	00 05									
73	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	463.37	06 99									
77	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	463.37	06 15									
73	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	515.93	00 05									
77	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	515.93	00 05									
73	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	517.90	06 99									
77	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	517.90	06 15									
73	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	903.05	00 05									
77	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	903.05	00 05									
73	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	909.44	06 99									
77	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	909.44	06 15									
73	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	200.01	00 05									
77	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	200.01	00 05									
73	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	200.01	06 99									
77	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	200.01	06 15									
73	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	255.32	00 05									
77	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	255.32	00 05									
73	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	255.32	06 99									
77	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	255.32	06 15									
73	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	509.49	00 05									
77	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	509.49	00 05									
73	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	536.93	06 99									
77	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	536.93	06 15									
73	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	200.01	00 05									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	200.01	00	05									
73	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	256.61	06	99									
77	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	256.61	06	15									
73	33967	INSERT IA PERCUT DEVICE	281.80											
77	33967	INSERT IA PERCUT DEVICE	281.80	00	15									
73	33968	REMOVE AORTIC ASSIST DEVICE	36.78											
77	33968	REMOVE AORTIC ASSIST DEVICE	36.78	00	15									
73	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	297.03	00	05									
77	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	297.03	00	05									
73	33970	INTERNAL CIRCULATION ASSIST	383.19											
77	33970	INTERNAL CIRCULATION ASSIST	383.19	00	15									
73	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	754.84											
77	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	754.84	00	15									
73	33973	INSERTION OF INTRA-AORTIC BALLOON AS	549.02											
77	33973	INSERTION OF INTRA-AORTIC BALLOON AS	549.02	00	15									
73	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	957.15											
77	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	957.15	00	15									
73	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,416.25											
77	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,416.25	00	15									
73	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,729.71											
77	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,729.71	00	15									
73	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,214.26											
77	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,214.26	00	15									
73	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,445.37											
77	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,445.37	00	15									
73	33979	INSERT INTRACORPOREAL DEVICE	2,120.68											
77	33979	INSERT INTRACORPOREAL DEVICE	2,120.68	00	15									
73	33980	REMOVE INTRACORPOREAL DEVICE	1,931.32									X		
77	33980	REMOVE INTRACORPOREAL DEVICE	1,931.32	00	15							X		
73	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	905.71									X		
77	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	905.71	00	15							X		
73	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,129.38									X		
77	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,129.38	00	15							X		
73	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,519.64									X		
77	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,519.64	00	15							X		
73	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	309.84	06	99									
77	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	309.84	06	15									
73	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	559.55	00	05									
77	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	559.55	00	05									
73	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	570.10	06	99									
77	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	570.10	06	15									
73	33987	ARTERIAL EXPOSURE WITH CREATION OF G	228.26											
77	33987	ARTERIAL EXPOSURE WITH CREATION OF G	228.26	00	15									
73	33988	INSERTION OF LEFT HEART VENT BY THOR	847.95											
77	33988	INSERTION OF LEFT HEART VENT BY THOR	847.95	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33989	REMOVAL OF LEFT HEART VENT BY THORAC	536.93										
77	33989	REMOVAL OF LEFT HEART VENT BY THORAC	536.93	00 15									
73	33990	INSERTION OF VENTRICULAR ASSIST DEVI	392.21										
77	33990	INSERTION OF VENTRICULAR ASSIST DEVI	392.21	00 15									
73	33991	INSERTION OF VENTRICULAR ASSIST DEVI	511.64										
77	33991	INSERTION OF VENTRICULAR ASSIST DEVI	511.64	00 15									
73	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	204.02										
77	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	204.02	00 15									
73	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	178.46										
77	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	178.46	00 15									
73	33995	INSERTION OF VENTRICULAR ASSIST DEVI	392.15										
77	33995	INSERTION OF VENTRICULAR ASSIST DEVI	392.15	00 15									
73	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	174.42										
77	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	174.42	00 15									
73	34001	REMOVAL OF ARTERY CLOT	1,001.50										
77	34001	REMOVAL OF ARTERY CLOT	1,001.50	00 15									
73	34051	REMOVAL OF ARTERY CLOT	1,069.08										
77	34051	REMOVAL OF ARTERY CLOT	1,069.08	00 15									
73	34101	REMOVAL OF ARTERY CLOT	648.47										
77	34101	REMOVAL OF ARTERY CLOT	648.47	00 15									
73	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	651.18										
77	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	651.18	00 15									
73	34151	REMOVAL OF ARTERY CLOT	1,513.37										
77	34151	REMOVAL OF ARTERY CLOT	1,513.37	00 15									
73	34201	REMOVAL OF ARTERY CLOT	1,116.71										
77	34201	REMOVAL OF ARTERY CLOT	1,116.71	00 15									
73	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,033.56										
77	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,033.56	00 15									
73	34401	REMOVAL OF VEIN CLOT	1,585.07										
77	34401	REMOVAL OF VEIN CLOT	1,585.07	00 15									
73	34421	REMOVAL OF VEIN CLOT	797.47										
77	34421	REMOVAL OF VEIN CLOT	797.47	00 15									
73	34451	REMOVAL OF VEIN CLOT	1,574.27										
77	34451	REMOVAL OF VEIN CLOT	1,574.27	00 15									
73	34471	REMOVAL OF VEIN CLOT	1,181.29										
77	34471	REMOVAL OF VEIN CLOT	1,181.29	00 15									
73	34490	REMOVAL OF VEIN CLOT	696.98										
77	34490	REMOVAL OF VEIN CLOT	696.98	00 15									
73	34501	VALVULOPLASTY, FEMORAL VEIN	972.46										
77	34501	VALVULOPLASTY, FEMORAL VEIN	972.46	00 15									
73	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,670.26										
77	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,670.26	00 15									
73	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,116.75										
77	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,116.75	00 15									
73	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,079.45										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,079.45	00 15									
73	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,025.69										
77	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,025.69	00 15									
73	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,351.06										
77	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,351.06	00 15									
73	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,021.88										
77	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,021.88	00 15									
73	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,498.82										
77	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,498.82	00 15									
73	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,511.31										
77	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,511.31	00 15									
73	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,667.38										
77	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,667.38	00 15									
73	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,514.20										
77	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,514.20	00 15									
73	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,269.24										
77	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,269.24	00 15									
73	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,025.69										
77	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,025.69	00 15									
73	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	354.40									X	
77	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	354.40	00 15								X	
73	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	865.92										
77	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	865.92	00 15									
73	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	327.48									X	
77	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	327.48	00 15								X	
73	34712	TRANSCATHETER DELIVERY OF ENHANCED	711.40										
77	34712	TRANSCATHETER DELIVERY OF ENHANCED	711.40	00 15									
73	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	136.52									X	
77	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	136.52	00 15								X	
73	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	294.48									X	
77	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	294.48	00 15								X	
73	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	329.97									X	
77	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	329.97	00 15								X	
73	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	404.53									X	
77	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	404.53	00 15								X	
73	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	483.46									X	
77	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	483.46	00 15								X	
73	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,340.17									X	
77	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,340.17	00 15								X	
73	34808	ENDOVASC ABDO OCCLUD DEVICE	219.87										
77	34808	ENDOVASC ABDO OCCLUD DEVICE	219.87	00 15									
73	34812	XPOSE FOR ENDOPROSTH, AORTIC	226.62										
77	34812	XPOSE FOR ENDOPROSTH, AORTIC	226.62	00 15									
73	34813	XPOSE FOR ENDOPROSTH, FEMORL	260.82										
77	34813	XPOSE FOR ENDOPROSTH, FEMORL	260.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	34820	XPOSE FOR ENDOPROSTH, ILIAC	381.81										
77	34820	XPOSE FOR ENDOPROSTH, ILIAC	381.81	00 15									
73	34830	OPEN AORTIC TUBE PROSTH REPR	1,934.87										
77	34830	OPEN AORTIC TUBE PROSTH REPR	1,934.87	00 15									
73	34831	OPEN AORTOILIAC PROSTH REPR	2,108.62										
77	34831	OPEN AORTOILIAC PROSTH REPR	2,108.62	00 15									
73	34832	OPEN AORTOFEMOR PROSTH REPR	2,079.59										
77	34832	OPEN AORTOFEMOR PROSTH REPR	2,079.59	00 15									
73	34833	XPOSE FOR ENDOPROSTH, ILIAC	433.15										
77	34833	XPOSE FOR ENDOPROSTH, ILIAC	433.15	00 15									
73	34834	XPOSE, ENDOPROSTH, BRACHIAL	142.84										
77	34834	XPOSE, ENDOPROSTH, BRACHIAL	142.84	00 15									
73	35001	REPAIR DEFECT OF ARTERY	1,226.78										
77	35001	REPAIR DEFECT OF ARTERY	1,226.78	00 15									
73	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,245.12										
77	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,245.12	00 15									
73	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,088.26										
77	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,088.26	00 15									
73	35011	REPAIR DEFECT OF ARTERY	1,095.65										
77	35011	REPAIR DEFECT OF ARTERY	1,095.65	00 15									
73	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,371.99										
77	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,371.99	00 15									
73	35021	REPAIR DEFECT OF ARTERY	1,358.88										
77	35021	REPAIR DEFECT OF ARTERY	1,358.88	00 15									
73	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,559.34										
77	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,559.34	00 15									
73	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,058.48										
77	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,058.48	00 15									
73	35081	REPAIR DEFECT OF ARTERY	1,891.62										
77	35081	REPAIR DEFECT OF ARTERY	1,891.62	00 15									
73	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,377.12										
77	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,377.12	00 15									
73	35091	REPAIR DEFECT OF ARTERY	1,964.91										
77	35091	REPAIR DEFECT OF ARTERY	1,964.91	00 15									
73	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,838.79										
77	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,838.79	00 15									
73	35102	REPAIR DEFECT OF ARTERY	2,055.65										
77	35102	REPAIR DEFECT OF ARTERY	2,055.65	00 15									
73	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,442.28										
77	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,442.28	00 15									
73	35111	REPAIR DEFECT OF ARTERY	1,455.93										
77	35111	REPAIR DEFECT OF ARTERY	1,455.93	00 15									
73	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,792.56										
77	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,792.56	00 15									
73	35121	REPAIR DEFECT OF ARTERY	1,733.68										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	35121	REPAIR DEFECT OF ARTERY	1,733.68	00 15									
73	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,074.51										
77	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,074.51	00 15									
73	35131	REPAIR DEFECT OF ARTERY	1,503.61										
77	35131	REPAIR DEFECT OF ARTERY	1,503.61	00 15									
73	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,792.56										
77	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,792.56	00 15									
73	35141	REPAIR DEFECT OF ARTERY	1,198.52										
77	35141	REPAIR DEFECT OF ARTERY	1,198.52	00 15									
73	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,445.36										
77	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,445.36	00 15									
73	35151	REPAIR DEFECT OF ARTERY	1,347.71										
77	35151	REPAIR DEFECT OF ARTERY	1,347.71	00 15									
73	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,531.23										
77	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,531.23	00 15									
73	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	950.69										
77	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	950.69	00 15									
73	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,937.22										
77	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,937.22	00 15									
73	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,055.15										
77	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,055.15	00 15									
73	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,415.79										
77	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,415.79	00 15									
73	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,655.70										
77	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,655.70	00 15									
73	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	826.57										
77	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	826.57	00 15									
73	35201	REPAIR BLOOD VESSEL LESION	1,020.59										
77	35201	REPAIR BLOOD VESSEL LESION	1,020.59	00 15									
73	35206	REPAIR BLOOD VESSEL LESION	844.50										
77	35206	REPAIR BLOOD VESSEL LESION	844.50	00 15									
73	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	788.80									X	
77	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	788.80	00 15								X	
73	35211	REPAIR BLOOD VESSEL LESION	1,508.34										
77	35211	REPAIR BLOOD VESSEL LESION	1,508.34	00 15									
73	35216	REPAIR BLOOD VESSEL LESION	2,248.20										
77	35216	REPAIR BLOOD VESSEL LESION	2,248.20	00 15									
73	35221	REPAIR BLOOD VESSEL LESION	1,596.69										
77	35221	REPAIR BLOOD VESSEL LESION	1,596.69	00 15									
73	35226	REPAIR BLOOD VESSEL LESION	903.77										
77	35226	REPAIR BLOOD VESSEL LESION	903.77	00 15									
73	35231	REPAIR BLOOD VESSEL LESION	1,329.78										
77	35231	REPAIR BLOOD VESSEL LESION	1,329.78	00 15									
73	35236	REPAIR BLOOD VESSEL LESION	1,086.96										
77	35236	REPAIR BLOOD VESSEL LESION	1,086.96	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	35241	REPAIR BLOOD VESSEL LESION	1,552.02										
77	35241	REPAIR BLOOD VESSEL LESION	1,552.02	00 15									
73	35246	REPAIR BLOOD VESSEL LESION	1,693.77										
77	35246	REPAIR BLOOD VESSEL LESION	1,693.77	00 15									
73	35251	REPAIR BLOOD VESSEL LESION	1,884.16										
77	35251	REPAIR BLOOD VESSEL LESION	1,884.16	00 15									
73	35256	REPAIR BLOOD VESSEL LESION	1,117.88										
77	35256	REPAIR BLOOD VESSEL LESION	1,117.88	00 15									
73	35261	REPAIR BLOOD VESSEL LESION	1,070.01										
77	35261	REPAIR BLOOD VESSEL LESION	1,070.01	00 15									
73	35266	REPAIR BLOOD VESSEL LESION	941.02										
77	35266	REPAIR BLOOD VESSEL LESION	941.02	00 15									
73	35271	REPAIR BLOOD VESSEL LESION	1,497.94										
77	35271	REPAIR BLOOD VESSEL LESION	1,497.94	00 15									
73	35276	REPAIR BLOOD VESSEL LESION	1,574.72										
77	35276	REPAIR BLOOD VESSEL LESION	1,574.72	00 15									
73	35281	REPAIR BLOOD VESSEL LESION	1,761.48										
77	35281	REPAIR BLOOD VESSEL LESION	1,761.48	00 15									
73	35286	REPAIR BLOOD VESSEL LESION	1,015.70										
77	35286	REPAIR BLOOD VESSEL LESION	1,015.70	00 15									
73	35301	RECHANNELING OF ARTERY	1,234.51										
77	35301	RECHANNELING OF ARTERY	1,234.51	00 15									
73	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,223.85										
77	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,223.85	00 15									
73	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,349.92										
77	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,349.92	00 15									
73	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,391.64										
77	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,391.64	00 15									
73	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,344.60										
77	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,344.60	00 15									
73	35306	THROMBOENDARTERECTOMY, INCLUDING P +	490.84									X	
77	35306	THROMBOENDARTERECTOMY, INCLUDING P +	490.84	00 15								X	
73	35311	RECHANNELING OF ARTERY	1,688.84										
77	35311	RECHANNELING OF ARTERY	1,688.84	00 15									
73	35321	RECHANNELING OF ARTERY	973.58										
77	35321	RECHANNELING OF ARTERY	973.58	00 15									
73	35331	RECHANNELING OF ARTERY	1,584.07										
77	35331	RECHANNELING OF ARTERY	1,584.07	00 15									
73	35341	RECHANNELING OF ARTERY	1,495.05										
77	35341	RECHANNELING OF ARTERY	1,495.05	00 15									
73	35351	RECHANNELING OF ARTERY	1,403.82										
77	35351	RECHANNELING OF ARTERY	1,403.82	00 15									
73	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,127.25										
77	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,127.25	00 15									
73	35361	RECHANNELING OF ARTERY	1,668.26										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	35361	RECHANNELING OF ARTERY	1,668.26	00 15									
73	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,780.87										
77	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,780.87	00 15									
73	35371	RECHANNELING OF ARTERY	889.99										
77	35371	RECHANNELING OF ARTERY	889.99	00 15									
73	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,065.11										
77	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,065.11	00 15									
73	35390	REOPERATION, CAROTID, THROMBOENDARTE	173.96										
77	35390	REOPERATION, CAROTID, THROMBOENDARTE	173.96	00 15									
73	35400	ANGIOSCOPY	162.77										
77	35400	ANGIOSCOPY	162.77	00 15									
73	35500	HARVEST VEIN FOR BYPASS	349.78										
77	35500	HARVEST VEIN FOR BYPASS	349.78	00 15									
73	35501	ARTERY BYPASS GRAFT	1,600.79										
77	35501	ARTERY BYPASS GRAFT	1,600.79	00 15									
73	35506	ARTERY BYPASS GRAFT	1,395.88										
77	35506	ARTERY BYPASS GRAFT	1,395.88	00 15									
73	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,452.76										
77	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,452.76	00 15									
73	35509	ARTERY BYPASS GRAFT	1,548.95										
77	35509	ARTERY BYPASS GRAFT	1,548.95	00 15									
73	35510	ARTERY BYPASS GRAFT	1,347.77										
77	35510	ARTERY BYPASS GRAFT	1,347.77	00 15									
73	35511	ARTERY BYPASS GRAFT	1,228.79										
77	35511	ARTERY BYPASS GRAFT	1,228.79	00 15									
73	35512	ARTERY BYPASS GRAFT	1,320.98										
77	35512	ARTERY BYPASS GRAFT	1,320.98	00 15									
73	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,452.76										
77	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,452.76	00 15									
73	35516	ARTERY BYPASS GRAFT	1,337.14										
77	35516	ARTERY BYPASS GRAFT	1,337.14	00 15									
73	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,252.20										
77	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,252.20	00 15									
73	35521	ARTERY BYPASS GRAFT	1,343.67										
77	35521	ARTERY BYPASS GRAFT	1,343.67	00 15									
73	35522	ARTERY BYPASS GRAFT	1,333.60										
77	35522	ARTERY BYPASS GRAFT	1,333.60	00 15									
73	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,390.97										
77	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,390.97	00 15									
73	35525	ARTERY BYPASS GRAFT	1,239.41										
77	35525	ARTERY BYPASS GRAFT	1,239.41	00 15									
73	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,875.35										
77	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,875.35	00 15									
73	35531	ARTERY BYPASS GRAFT	2,139.55										
77	35531	ARTERY BYPASS GRAFT	2,139.55	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,652.20										
77	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,652.20	00 15									
73	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,089.16										
77	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,089.16	00 15									
73	35536	ARTERY BYPASS GRAFT	1,854.10										
77	35536	ARTERY BYPASS GRAFT	1,854.10	00 15									
73	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,289.81										
77	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,289.81	00 15									
73	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,565.60										
77	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,565.60	00 15									
73	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,406.40										
77	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,406.40	00 15									
73	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,684.51										
77	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,684.51	00 15									
73	35556	ARTERY BYPASS GRAFT	1,528.74										
77	35556	ARTERY BYPASS GRAFT	1,528.74	00 15									
73	35558	ARTERY BYPASS GRAFT	1,336.95										
77	35558	ARTERY BYPASS GRAFT	1,336.95	00 15									
73	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,870.53										
77	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,870.53	00 15									
73	35563	ARTERY BYPASS GRAFT	1,450.13										
77	35563	ARTERY BYPASS GRAFT	1,450.13	00 15									
73	35565	ARTERY BYPASS GRAFT	1,432.83										
77	35565	ARTERY BYPASS GRAFT	1,432.83	00 15									
73	35566	ARTERY BYPASS GRAFT	1,825.53										
77	35566	ARTERY BYPASS GRAFT	1,825.53	00 15									
73	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,614.90										
77	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,614.90	00 15									
73	35571	ARTERY BYPASS GRAFT	1,449.02										
77	35571	ARTERY BYPASS GRAFT	1,449.02	00 15									
73	35572	HARVEST FEMOROPOPLITEAL VEIN	378.43										
77	35572	HARVEST FEMOROPOPLITEAL VEIN	378.43	00 15									
73	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,576.65										
77	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,576.65	00 15									
73	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,830.74										
77	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,830.74	00 15									
73	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,484.59										
77	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,484.59	00 15									
73	35600	HARVEST ARTERY FOR CABG	279.65										
77	35600	HARVEST ARTERY FOR CABG	279.65	00 15									
73	35601	ARTERY BYPASS GRAFT	1,527.83										
77	35601	ARTERY BYPASS GRAFT	1,527.83	00 15									
73	35606	ARTERY BYPASS GRAFT	1,278.47										
77	35606	ARTERY BYPASS GRAFT	1,278.47	00 15									
73	35612	ARTERY BYPASS GRAFT	1,141.76										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	35612	ARTERY BYPASS GRAFT	1,141.76	00	15									
73	35616	ARTERY BYPASS GRAFT	1,206.54											
77	35616	ARTERY BYPASS GRAFT	1,206.54	00	15									
73	35621	ARTERY BYPASS GRAFT	1,197.92											
77	35621	ARTERY BYPASS GRAFT	1,197.92	00	15									
73	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,440.00											
77	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,440.00	00	15									
73	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,730.49											
77	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,730.49	00	15									
73	35631	ARTERY BYPASS GRAFT	2,027.04											
77	35631	ARTERY BYPASS GRAFT	2,027.04	00	15									
73	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,982.89											
77	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,982.89	00	15									
73	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,169.62											
77	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,169.62	00	15									
73	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,939.88											
77	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,939.88	00	15									
73	35636	ARTERY BYPASS GRAFT	1,748.32											
77	35636	ARTERY BYPASS GRAFT	1,748.32	00	15									
73	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,819.19											
77	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,819.19	00	15									
73	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	1,901.78											
77	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,901.78	00	15									
73	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,076.57											
77	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,076.57	00	15									
73	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,036.75											
77	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,036.75	00	15									
73	35646	ARTERY BYPASS GRAFT	1,871.08											
77	35646	ARTERY BYPASS GRAFT	1,871.08	00	15									
73	35647	ARTERY BYPASS GRAFT	1,694.15											
77	35647	ARTERY BYPASS GRAFT	1,694.15	00	15									
73	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,119.51											
77	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,119.51	00	15									
73	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,493.36											
77	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,493.36	00	15									
73	35656	ARTERY BYPASS GRAFT	1,176.64											
77	35656	ARTERY BYPASS GRAFT	1,176.64	00	15									
73	35661	ARTERY BYPASS GRAFT	1,180.81											
77	35661	ARTERY BYPASS GRAFT	1,180.81	00	15									
73	35663	ARTERY BYPASS GRAFT	1,333.00											
77	35663	ARTERY BYPASS GRAFT	1,333.00	00	15									
73	35665	ARTERY BYPASS GRAFT	1,279.60											
77	35665	ARTERY BYPASS GRAFT	1,279.60	00	15									
73	35666	ARTERY BYPASS GRAFT	1,398.15											
77	35666	ARTERY BYPASS GRAFT	1,398.15	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	35671	ARTERY BYPASS GRAFT	1,229.39										
77	35671	ARTERY BYPASS GRAFT	1,229.39	00 15									
73	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	88.39										
77	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	88.39	00 15									
73	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	389.30										
77	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	389.30	00 15									
73	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	451.18										
77	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	451.18	00 15									
73	35685	BYPASS GRAFT PATENCY/PATCH	218.91										
77	35685	BYPASS GRAFT PATENCY/PATCH	218.91	00 15									
73	35686	BYPASS GRAFT/AV FIST PATENCY	176.71										
77	35686	BYPASS GRAFT/AV FIST PATENCY	176.71	00 15									
73	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,034.44										
77	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,034.44	00 15									
73	35693	TRANSPOSITION AND/OR REIMPLANTATION;	908.75										
77	35693	TRANSPOSITION AND/OR REIMPLANTATION;	908.75	00 15									
73	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,080.43										
77	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,080.43	00 15									
73	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,122.19										
77	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,122.19	00 15									
73	35697	REIMPLANT ARTERY EACH	163.40										
77	35697	REIMPLANT ARTERY EACH	163.40	00 15									
73	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	167.51										
77	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	167.51	00 15									
73	35701	EXPLORATION, CAROTID ARTERY	462.67										
77	35701	EXPLORATION, CAROTID ARTERY	462.67	00 15									
73	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	442.66										
77	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	442.66	00 15									
73	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	453.81										
77	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	453.81	00 15									
73	35800	EXPLORE NECK VESSELS	767.55										
77	35800	EXPLORE NECK VESSELS	767.55	00 15									
73	35820	EXPLORE CHEST VESSELS	2,179.37										
77	35820	EXPLORE CHEST VESSELS	2,179.37	00 15									
73	35840	EXPLORE ABDOMINAL VESSELS	1,301.52										
77	35840	EXPLORE ABDOMINAL VESSELS	1,301.52	00 15									
73	35860	EXPLORE LIMB VESSELS	908.40										
77	35860	EXPLORE LIMB VESSELS	908.40	00 15									
73	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,365.91										
77	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,365.91	00 15									
73	35875	THROMBECTOMY OF ARTERIAL GRAFT	645.57										
77	35875	THROMBECTOMY OF ARTERIAL GRAFT	645.57	00 15									
73	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,030.15										
77	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,030.15	00 15									
73	35879	REVISE GRAFT W/VEIN	1,005.92										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	35879	REVISE GRAFT W/VEIN	1,005.92	00 15									
73	35881	REVISE GRAFT W/VEIN	1,115.08										
77	35881	REVISE GRAFT W/VEIN	1,115.08	00 15									
73	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,314.67										
77	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,314.67	00 15									
73	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,359.45										
77	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,359.45	00 15									
73	35901	EXCISION OF INFECTED GRAFT;	511.61										
77	35901	EXCISION OF INFECTED GRAFT;	511.61	00 15									
73	35903	EXCISION OF INFECTED GRAFT;	610.51										
77	35903	EXCISION OF INFECTED GRAFT;	610.51	00 15									
73	35905	EXCISION OF INFECTED GRAFT;	1,936.01										
77	35905	EXCISION OF INFECTED GRAFT;	1,936.01	00 15									
73	35907	EXCISION OF INFECTED GRAFT;	2,084.73										
77	35907	EXCISION OF INFECTED GRAFT;	2,084.73	00 15									
73	36002	PSEUDOANEURYSM INJECTION TRT	155.59										
77	36002	PSEUDOANEURYSM INJECTION TRT	155.59	00 15									
73	36005	INJECTION PROCEDURE FOR CONTRAST VEN	284.53										
77	36005	INJECTION PROCEDURE FOR CONTRAST VEN	284.53	00 15									
73	36010	ESTABLISH ACCESS TO VEIN	556.40										
77	36010	ESTABLISH ACCESS TO VEIN	556.40	00 15									
73	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	868.63										
77	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	868.63	00 15									
73	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	884.60										
77	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	884.60	00 15									
73	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	815.68										
77	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	815.68	00 15									
73	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	839.74										
77	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	839.74	00 15									
73	36015	SELECTIVE CATHETER PLACEMENT, EACH S	902.80										
77	36015	SELECTIVE CATHETER PLACEMENT, EACH S	902.80	00 15									
73	36100	ESTABLISH ACCESS TO ARTERY	599.11									X	
77	36100	ESTABLISH ACCESS TO ARTERY	599.11	00 15								X	
73	36140	ESTABLISH ACCESS TO ARTERY	515.03									X	
77	36140	ESTABLISH ACCESS TO ARTERY	515.03	00 15								X	
73	36160	ESTABLISH ACCESS TO AORTA	571.41										
77	36160	ESTABLISH ACCESS TO AORTA	571.41	00 15									
73	36200	INTRODUCTION OF CATHETER, AORTA	618.70										
77	36200	INTRODUCTION OF CATHETER, AORTA	618.70	00 15									
73	36215	INTRODUCE CATHETER; EACH ADD....	1,086.78									X	
77	36215	INTRODUCE CATHETER; EACH ADD....	1,086.78	00 15								X	
73	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,145.06										
77	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,145.06	00 15									
73	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,886.14										
77	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,886.14	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	217.39										
77	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	217.39	00 15									
73	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,061.91										
77	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,061.91	00 15									
73	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,276.06									X	
77	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,276.06	00 15								X	
73	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,666.96									X	
77	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,666.96	00 15								X	
73	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,114.59									X	
77	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,114.59	00 15								X	
73	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,583.18									X	
77	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,583.18	00 15								X	
73	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	2,022.71									X	
77	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	2,022.71	00 15								X	
73	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	252.66									X	
77	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	252.66	00 15								X	
73	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,327.12									X	
77	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,327.12	00 15								X	
73	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,332.58									X	
77	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,332.58	00 15								X	
73	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	883.23										
77	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	883.23	00 15									
73	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,518.04										
77	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,518.04	00 15									
73	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	130.49										
77	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	130.49	00 15									
73	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,384.28										
77	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,384.28	00 15									
73	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,507.23										
77	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,507.23	00 15									
73	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,157.42										
77	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,157.42	00 15									
73	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,137.03										
77	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,137.03	00 15									
73	36260	INSERT IMPLANTABLE FUSION PUMP	705.79										
77	36260	INSERT IMPLANTABLE FUSION PUMP	705.79	00 15									
73	36261	REVISION OF IMPLANTED INFUSION PUMP	438.07										
77	36261	REVISION OF IMPLANTED INFUSION PUMP	438.07	00 15									
73	36262	REMOVAL OF IMPLANTED INFUSION PUMP	332.75										
77	36262	REMOVAL OF IMPLANTED INFUSION PUMP	332.75	00 15									
73	36400	ESTABLISH ACCESS TO VEIN	27.82	00 02				X				X	
77	36400	ESTABLISH ACCESS TO VEIN	27.82	00 02				X				X	
73	36405	ESTABLISH ACCESS TO VEIN	23.32	00 02				X				X	
77	36405	ESTABLISH ACCESS TO VEIN	23.32	00 02				X				X	
73	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	16.93	00 02				X				X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	16.93	00	02				X				X	
73	36410	ESTABLISH ACCESS TO VEIN	17.46	03	99				X					
77	36410	ESTABLISH ACCESS TO VEIN	17.46	03	15				X					
73	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	52.20	00	00								X	
77	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	52.20	00	00								X	
73	36425	ESTABLISH ACCESS TO VEIN	42.42	01	99								X	
77	36425	ESTABLISH ACCESS TO VEIN	42.42	01	15								X	
73	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	51.37	00	01								X	
77	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	51.37	00	01								X	
73	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	175.18	00	00									
77	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	175.18	00	00									
73	36455	EXCHANGE TRANSFUSION SERVICE	137.99										X	
77	36455	EXCHANGE TRANSFUSION SERVICE	137.99	00	15								X	
73	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	100.19	00	00									
77	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	100.19	00	00									
73	36460	TRANSFUSION SERVICE, FETAL	367.57										X	
77	36460	TRANSFUSION SERVICE, FETAL	367.57	00	15								X	
73	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,455.40											
77	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,455.40	00	15									
73	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,624.88											
77	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,624.88	00	15									
73	36470	INJECTION THERAPY OF VEIN	114.64											
77	36470	INJECTION THERAPY OF VEIN	114.64	00	15									
73	36471	INJECTION THERAPY OF VEINS	201.99											
77	36471	INJECTION THERAPY OF VEINS	201.99	00	15									
73	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,366.52											
77	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,366.52	00	15									
73	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	286.68										X	
77	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	286.68	00	15								X	
73	36475	ENDOVENOUS RF, 1ST VEIN	1,264.37											
77	36475	ENDOVENOUS RF, 1ST VEIN	1,264.37	00	15									
73	36476	ENDOVENOUS RF, VEIN ADD-ON	309.46											
77	36476	ENDOVENOUS RF, VEIN ADD-ON	309.46	00	15									
73	36478	ENDOVENOUS LASER, 1ST VEIN	1,066.96											
77	36478	ENDOVENOUS LASER, 1ST VEIN	1,066.96	00	15									
73	36479	ENDOVENOUS LASER VEIN ADDON	324.33											
77	36479	ENDOVENOUS LASER VEIN ADDON	324.33	00	15									
73	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,866.48											
77	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,866.48	00	15									
73	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,832.51											
77	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,832.51	00	15									
73	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	150.56										X	
77	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	150.56	00	15								X	
73	36500	VEIN CATH/SELECT. ORGAN SAMPLE	194.69											
77	36500	VEIN CATH/SELECT. ORGAN SAMPLE	194.69	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	36510	UMBILICAL CATH-DX/THER/NEWBORN	83.70	00	01									
77	36510	UMBILICAL CATH-DX/THER/NEWBORN	83.70	00	01									
73	36511	APHERESIS WBC	112.11											
77	36511	APHERESIS WBC	112.11	00	15									
73	36512	APHERESIS RBC	109.62											
77	36512	APHERESIS RBC	109.62	00	15									
73	36513	APHERESIS PLATELETS	112.49											
77	36513	APHERESIS PLATELETS	112.49	00	15									
73	36514	APHERESIS PLASMA	624.53											
77	36514	APHERESIS PLASMA	624.53	00	15									
73	36516	APHERESIS, SELECTIVE	1,911.68											
77	36516	APHERESIS, SELECTIVE	1,911.68	00	15									
73	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,654.22											
77	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,654.22	00	15									
73	36555	INSERT NON-TUNNEL CV CATH	196.01	00	04									
77	36555	INSERT NON-TUNNEL CV CATH	196.01	00	04									
73	36556	INSERT NON-TUNNEL CV CATH	222.18	05	99									
77	36556	INSERT NON-TUNNEL CV CATH	222.18	05	15									
73	36557	INSERT TUNNELED CV CATH	1,198.13	00	04									
77	36557	INSERT TUNNELED CV CATH	1,198.13	00	04									
73	36558	INSERT TUNNELED CV CATH	854.94	05	99									
77	36558	INSERT TUNNELED CV CATH	854.94	05	15									
73	36560	INSERT TUNNELED CV CATH	1,347.54	00	04									
77	36560	INSERT TUNNELED CV CATH	1,347.54	00	04									
73	36561	INSERT TUNNELED CV CATH	1,071.53	05	99									
77	36561	INSERT TUNNELED CV CATH	1,071.53	05	15									
73	36563	INSERT TUNNELED CV CATH	1,219.27											
77	36563	INSERT TUNNELED CV CATH	1,219.27	00	15									
73	36565	INSERT TUNNELED CV CATH	894.26											
77	36565	INSERT TUNNELED CV CATH	894.26	00	15									
73	36566	INSERT TUNNELED CV CATH	4,524.53											
77	36566	INSERT TUNNELED CV CATH	4,524.53	00	15									
73	36568	INSERT TUNNELED CV CATH	96.31	00	04									
77	36568	INSERT TUNNELED CV CATH	96.31	00	04									
73	36569	INSERT TUNNELED CV CATH	97.72	05	99									
77	36569	INSERT TUNNELED CV CATH	97.72	05	15									
73	36570	INSERT TUNNELED CV CATH	1,552.81	00	04									
77	36570	INSERT TUNNELED CV CATH	1,552.81	00	04									
73	36571	INSERT TUNNELED CV CATH	1,353.19	05	99									
77	36571	INSERT TUNNELED CV CATH	1,353.19	05	15									
73	36572	INSERTION OF PERIPHERALLY INSERTED	441.94	00	04									
77	36572	INSERTION OF PERIPHERALLY INSERTED	441.94	00	04									
73	36573	INSERTION OF PERIPHERALLY INSERTED	403.69	05	99									
77	36573	INSERTION OF PERIPHERALLY INSERTED	403.69	05	15									
73	36575	REPAIR TUNNELED CV CATH	159.66											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	36575	REPAIR TUNNELED CV CATH	159.66	00 15									
73	36576	REPAIR TUNNELED CV CATH	361.71										
77	36576	REPAIR TUNNELED CV CATH	361.71	00 15									
73	36578	REPLACE TUNNELED CV CATH	470.81										
77	36578	REPLACE TUNNELED CV CATH	470.81	00 15									
73	36580	REPLACE TUNNELED CV CATH	209.70										
77	36580	REPLACE TUNNELED CV CATH	209.70	00 15									
73	36581	REPLACE TUNNELED CV CATH	819.83										
77	36581	REPLACE TUNNELED CV CATH	819.83	00 15									
73	36582	REPLACE TUNNELED CV CATH	973.96										
77	36582	REPLACE TUNNELED CV CATH	973.96	00 15									
73	36583	REPLACE TUNNELED CV CATH	1,274.34										
77	36583	REPLACE TUNNELED CV CATH	1,274.34	00 15									
73	36584	REPLACE TUNNELED CV CATH	348.48										
77	36584	REPLACE TUNNELED CV CATH	348.48	00 15									
73	36585	REPLACE TUNNELED CV CATH	1,149.05										
77	36585	REPLACE TUNNELED CV CATH	1,149.05	00 15									
73	36589	REMOVAL TUNNELED CV CATH	173.40										
77	36589	REMOVAL TUNNELED CV CATH	173.40	00 15									
73	36590	REMOVAL TUNNELED CV CATH	236.28										
77	36590	REMOVAL TUNNELED CV CATH	236.28	00 15									
73	36595	MECH REMOV TUNNELED CV CATH	630.89										
77	36595	MECH REMOV TUNNELED CV CATH	630.89	00 15									
73	36596	MECH REMOV TUNNELED CV CATH	118.47										
77	36596	MECH REMOV TUNNELED CV CATH	118.47	00 15									
73	36597	REPOSITION VENOUS CATHETER	124.39										
77	36597	REPOSITION VENOUS CATHETER	124.39	00 15									
73	36598	INJ W/FLUOR, EVAL CV DEVICE	122.15									X	
77	36598	INJ W/FLUOR, EVAL CV DEVICE	122.15	00 15								X	
73	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	29.94									X	
77	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	29.94	00 15								X	
73	36620	ARTERIAL CATHETERIZATION OR CANNULAT	46.40									X	
77	36620	ARTERIAL CATHETERIZATION OR CANNULAT	46.40	00 15								X	
73	36625	ESTABLISH ACCESS TO ARTERY	112.70										
77	36625	ESTABLISH ACCESS TO ARTERY	112.70	00 15									
73	36640	INSERTION CATHETER, ARTERY	119.17										
77	36640	INSERTION CATHETER, ARTERY	119.17	00 15									
73	36660	INSERTION CATHETER, ARTERY	70.18										
77	36660	INSERTION CATHETER, ARTERY	70.18	00 15									
73	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	63.95										
77	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	63.95	00 15									
73	36800	INSERTION OF CANNULA	128.82										
77	36800	INSERTION OF CANNULA	128.82	00 15									
73	36810	INSERTION OF CANNULA	223.12										
77	36810	INSERTION OF CANNULA	223.12	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	36815	INSERTION OF CANNULA	147.96										
77	36815	INSERTION OF CANNULA	147.96	00 15									
73	36818	AV FUSE, UPPR ARM, CEPHALIC	748.99										
77	36818	AV FUSE, UPPR ARM, CEPHALIC	748.99	00 15									
73	36819	AV FUSION BY BASILIC VEIN	794.83										
77	36819	AV FUSION BY BASILIC VEIN	794.83	00 15									
73	36820	INSERTION OF CANNULA	782.73										
77	36820	INSERTION FO CANNULA	782.73	00 15									
73	36821	ARTERY-VEIN FUSION	719.41										
77	36821	ARTERY-VEIN FUSION	719.41	00 15									
73	36823	INSERTION CANNULA(S)	1,523.56								X		
77	36823	INSERTION CANNULA(S)	1,523.56	00 15							X		
73	36825	ARTERY-VEIN GRAFT	863.70										
77	36825	ARTERY-VEIN GRAFT	863.70	00 15									
73	36830	ARTERY-VEIN GRAFT	723.95										
77	36830	ARTERY-VEIN GRAFT	723.95	00 15									
73	36831	AV FISTULA EXCISION	667.17										
77	36831	AV FISTULA EXCISION	667.17	00 15									
73	36832	REVISION O ARTERIO FISTULA WW THROMB	820.16										
77	36832	REVISION O ARTERIO FISTULA WW THROMB	820.16	00 15									
73	36833	AV FISTULA REVISION	878.71										
77	36833	AV FISTULA REVISION	878.71	00 15									
73	36835	ARTERY TO VEIN SHUNT	517.35										
77	36835	ARTERY TO VEIN SHUNT	517.35	00 15									
73	36838	DIST REVAS LIGATION, HEMO	1,246.77										
77	36838	DIST REVAS LIGATION, HEMO	1,246.77	00 15									
73	36860	CANNULA DECLOTTING	249.35										
77	36860	CANNULA DECLOTTING	249.35	00 15									
73	36861	CANNULA DECLOTTING	152.70										
77	36861	CANNULA DECLOTTING	152.70	00 15									
73	36901	INTRODUCTION OF NEEDLE(S) AND/OR	723.55										
77	36901	INTRODUCTION OF NEEDLE(S) AND/OR	723.55	00 15									
73	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,292.90										
77	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,292.90	00 15									
73	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,836.82										
77	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,836.82	00 15									
73	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,902.16										
77	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,902.16	00 15									
73	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,426.63										
77	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,426.63	00 15									
73	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	6,071.24										
77	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	6,071.24	00 15									
73	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	659.49										
77	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	659.49	00 15									
73	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,792.64										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,792.64	00 15									
73	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	2,032.02										
77	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	2,032.02	00 15									
73	37140	REVISION OF CIRCULATION	2,537.05										
77	37140	REVISION OF CIRCULATION	2,537.05	00 15									
73	37145	REVISION OF CIRCULATION	2,352.52										
77	37145	REVISION OF CIRCULATION	2,352.52	00 15									
73	37160	REVISION OF CIRCULATION	2,415.53										
77	37160	REVISION OF CIRCULATION	2,415.53	00 15									
73	37180	REVISION OF CIRCULATION	2,322.26										
77	37180	REVISION OF CIRCULATION	2,322.26	00 15									
73	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,537.05										
77	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,537.05	00 15									
73	37182	INSERT HEPATIC SHUNT (TIP'S)	841.14										
77	37182	INSERT HEPATIC SHUNT (TIPS)	841.14	00 15									
73	37183	REMOVE HEPATIC SHUNT (TIPS)	6,176.31										
77	37183	REMOVE HEPATIC SHUNT (TIP'S)	6,176.31	00 15									
73	37184	PRIM ART MECH THROMBECTOMY	1,899.05										
77	37184	PRIM ART MECH THROMBECTOMY	1,899.05	00 15									
73	37185	PRIM ART M-THROMBECT ADD-ON	549.75									X	
77	37185	PRIM ART M-THROMBECT ADD-ON	549.75	00 15								X	
73	37186	SEC ART M-THROMBECT ADD-ON	1,307.81										
77	37186	SEC ART M-THROMBECT ADD-ON	1,307.81	00 15									
73	37187	VENOUS MECH THROMBECTOMY	1,883.83										
77	37187	VENOUS MECH THROMBECTOMY	1,883.83	00 15									
73	37188	VENOUS M-THROMBECTOMY ADD-ON	1,608.78										
77	37188	VENOUS M-THROMBECTOMY ADD-ON	1,608.78	00 15									
73	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,268.82			X							
77	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,268.82	00 15		X							
73	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,368.52			X							
77	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,368.52	00 15		X							
73	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,586.58			X							
77	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,586.58	00 15		X							
73	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,629.08										
77	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,629.08	00 15									
73	37200	TRANSCATHETER BIOPSY	223.70										
77	37200	TRANSCATHETER BIOPSY	223.70	00 15									
73	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	412.96									X	
77	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	412.96	00 15								X	
73	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	359.22									X	
77	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	359.22	00 15								X	
73	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	246.88									X	
77	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	246.88	00 15								X	
73	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	130.75									X	
77	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	130.75	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	37215	TRANSCATH STENT, CCA W/EPS	1,079.69										
77	37215	TRANSCATH STENT, CCA W/EPS	1,079.69	00 15									
73	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,171.71									X	
77	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,171.71	00 15								X	
73	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	883.81										
77	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	883.81	00 15									
73	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,782.29									X	
77	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,782.29	00 15								X	
73	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,603.57									X	
77	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,603.57	00 15								X	
73	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	698.95									X	
77	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	698.95	00 15								X	
73	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,631.21									X	
77	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,631.21	00 15								X	
73	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,284.93									X	
77	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,284.93	00 15								X	
73	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	10,292.48									X	
77	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	10,292.48	00 15								X	
73	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	9,362.20									X	
77	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	9,362.20	00 15								X	
73	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	13,186.18									X	
77	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	13,186.18	00 15								X	
73	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,690.71									X	
77	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,690.71	00 15								X	
73	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	10,363.45									X	
77	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	10,363.45	00 15								X	
73	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,865.54									X	
77	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,865.54	00 15								X	
73	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	13,228.27									X	
77	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	13,228.27	00 15								X	
73	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	948.25									X	
77	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	948.25	00 15								X	
73	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,181.79									X	
77	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,181.79	00 15								X	
73	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,888.56									X	
77	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,888.56	00 15								X	
73	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	4,140.74									X	
77	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	4,140.74	00 15								X	
73	37236	Insertion of intravascular stents in	3,151.68										
77	37236	Insertion of intravascular stents in	3,151.68	00 15									
73	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,605.66									X	
77	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,605.66	00 15								X	
73	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,745.72										
77	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,745.72	00 15									
73	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,875.09									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,875.09	00 15								X	
73	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,856.86										
77	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,856.86	00 15									
73	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,573.60										
77	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,573.60	00 15									
73	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	9,307.18										
77	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	9,307.18	00 15									
73	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,997.96										
77	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,997.96	00 15									
73	37246	TRANSLUMINAL BALLOON ANGIOPLASTY	1,979.44										
77	37246	TRANSLUMINAL BALLOON ANGIOPLASTYSSED	1,979.44	00 15									
73	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	626.47									X	
77	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	626.47	00 15								X	
73	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,467.35										
77	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,467.35	00 15									
73	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	498.23									X	
77	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	498.23	00 15								X	
73	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,085.06										
77	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,085.06	00 15									
73	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	183.63										
77	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	183.63	00 15									
73	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	686.65										
77	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	686.65	00 15									
73	37565	LIGATION OF NECK VEIN	778.24										
77	37565	LIGATION OF NECK VEIN	778.24	00 15									
73	37600	LIGATION OF NECK ARTERY	778.64										
77	37600	LIGATION OF NECK ARTERY	778.64	00 15									
73	37605	LIGATION OF NECK ARTERY	806.42										
77	37605	LIGATION OF NECK ARTERY	806.42	00 15									
73	37606	LIGATION OF NECK ARTERY	787.54										
77	37606	LIGATION OF NECK ARTERY	787.54	00 15									
73	37607	LIGATION OR BANDING OF ANGIOACCESS A	402.56										
77	37607	LIGATION OR BANDING OF ANGIOACCESS A	402.56	00 15									
73	37609	TEMPORAL ARTERY PROCEDURE	327.66										
77	37609	TEMPORAL ARTERY PROCEDURE	327.66	00 15									
73	37615	LIGATION OF NECK ARTERY	571.30										
77	37615	LIGATION OF NECK ARTERY	571.30	00 15									
73	37616	LIGATE MAJOR ARTERY,CHEST	1,188.10										
77	37616	LIGATE MAJOR ARTERY,CHEST	1,188.10	00 15									
73	37617	LIGATION OF ABDOMEN ARTERY	1,436.76										
77	37617	LIGATION OF ABDOMEN ARTERY	1,436.76	00 15									
73	37618	LIGATION OF EXTREMITY ARTERY	417.64										
77	37618	LIGATION OF EXTREMITY ARTERY	417.64	00 15									
73	37619	LIGATION OF INFERIOR VENA CAVA	1,889.36										
77	37619	LIGATION OF INFERIOR VENA CAVA	1,889.36	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	499.29										
77	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	499.29	00 15									
73	37660	REVISION OF MAJOR VEIN	1,435.83										
77	37660	REVISION OF MAJOR VEIN	1,435.83	00 15									
73	37700	REVISE LEG VEIN	262.18										
77	37700	REVISE LEG VEIN	262.18	00 15									
73	37718	LIGATE/STRIP SHORT LEG VEIN	457.75										
77	37718	LIGATE/STRIP SHORT LEG VEIN	457.75	00 15									
73	37722	LIGATE/STRIP LONG LEG VEIN	508.59										
77	37722	LIGATE/STRIP LONG LEG VEIN	508.59	00 15									
73	37735	REMOVAL OF LEG VEINS/LESION	633.21										
77	37735	REMOVAL OF LEG VEINS/LESION	633.21	00 15									
73	37760	REVISION OF LEG VEINS	676.52										
77	37760	REVISION OF LEG VEINS	676.52	00 15									
73	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	577.83										
77	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	577.83	00 15									
73	37765	PHLEB VEINS - EXTREM - TO 20	458.27										
77	37765	PHLEB VEINS - EXTREM - TO 20	458.27	00 15									
73	37766	PHLEB VEINS - EXTREM 20+	534.89										
77	37766	PHLEB VEINS - EXTREM 20+	534.89	00 15									
73	37780	REVISION OF LEG VEIN	252.46										
77	37780	REVISION OF LEG VEIN	252.46	00 15									
73	37785	REVISION OF LEG VEIN	375.15										
77	37785	REVISION OF LEG VEIN	375.15	00 15									
73	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,312.50				M						
77	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,312.50	00 15			M						
73	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	503.57				M						
77	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	503.57	00 15			M						
73	38100	REMOVAL OF SPLEEN	1,251.12										
77	38100	REMOVAL OF SPLEEN	1,251.12	00 15									
73	38101	SPLENECTOMY;PARTIAL	1,270.48										
77	38101	SPLENECTOMY;PARTIAL	1,270.48	00 15									
73	38102	SPLENECTOMY;	283.33										
77	38102	SPLENECTOMY;	283.33	00 15									
73	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,379.47										
77	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,379.47	00 15									
73	38120	LAPAROSCOPY, SPLENECTOMY	1,143.29										
77	38120	LAPAROSCOPY, SPLENECTOMY	1,143.29	00 15									
73	38200	INJECTION FOR SPLEEN X-RAY	135.06										
77	38200	INJECTION FOR SPLEEN X-RAY	135.06	00 15									
73	38205	HARVEST ALLOGENIC STEM CELLS	86.04										
77	38205	HARVEST ALLOGENIC STEM CELLS	86.04	00 15									
73	38206	HARVEST AUTO STEM CELLS	86.25										
77	38206	HARVEST AUTO STEM CELLS	86.25	00 15									
73	38220	BONE MARROW ASPIRATION	167.26										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	38220	BONE MARROW ASPIRATION	167.26	00	15									
73	38221	BONE MARROW BIOPSY	159.28											
77	38221	BONE MARROW BIOPSY	159.28	00	15									
73	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	175.06											
77	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	175.06	00	15									
73	38230	BONE MARROW HARVESTING FOR TRANSPLAN	218.46			X								
77	38230	BONE MARROW HARVESTING FOR TRANSPLAN	218.46	00	15	X								
73	38232	BONE MARROW HARVESTING FOR TRANSPLAN	211.26											
77	38232	BONE MARROW HARVESTING FOR TRANSPLAN	211.26	00	15									
73	38240	BONE MARROW TRANSPLANTATION	241.68											
77	38240	BONE MARROW TRANSPLANTATION	241.68	00	15									
73	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	179.86											
77	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	179.86	00	15	X								
73	38242	LYMPHOCYTE INFUSE TRANSPLANT	128.96											
77	38242	LYMPHOCYTE INFUSE TRANSPLANT	128.96	00	15									
73	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	125.11											
77	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	125.11	00	15									
73	38300	DRAINAGE LYMPH NODE LESION	352.04											
77	38300	DRAINAGE LYMPH NODE LESION	352.04	00	15									
73	38305	DRAINAGE LYMPH NODE LESION	524.17											
77	38305	DRAINAGE LYMPH NODE LESION	524.17	00	15									
73	38308	INCISION OF LYMPH CHANNELS	491.08											
77	38308	INCISION OF LYMPH CHANNELS	491.08	00	15									
73	38380	THORACIC DUCT PROCEDURE	592.29											
77	38380	THORACIC DUCT PROCEDURE	592.29	00	15									
73	38381	THORACIC DUCT PROCEDURE	862.23											
77	38381	THORACIC DUCT PROCEDURE	862.23	00	15									
73	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	731.84											
77	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	731.84	00	15									
73	38500	BIOPSY/REMOVAL OF LYMPH NODE	354.57											
77	38500	BIOPSY/REMOVAL OF LYMPH NODE	354.57	00	15									
73	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	122.60											
77	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	122.60	00	15									
73	38510	BIOPSY/REMOVAL OF LYMPH NODE	551.42											
77	38510	BIOPSY/REMOVAL OF LYMPH NODE	551.42	00	15									
73	38520	BIOPSY/REMOVAL OF LYMPH NODE	494.50											
77	38520	BIOPSY/REMOVAL OF LYMPH NODE	494.50	00	15									
73	38525	BX,EXCISE-DEEP AXILLARY NODES	471.03											
77	38525	BX,EXCISE-DEEP AXILLARY NODES	471.03	00	15									
73	38530	BIOPSY/REMOVAL OF LYMPH NODE	596.56											
77	38530	BIOPSY/REMOVAL OF LYMPH NODE	596.56	00	15									
73	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	474.25											
77	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	474.25	00	15									
73	38542	DISSECTION: DEEP JUGULAR NODE	540.29											
77	38542	DISSECTION: DEEP JUGULAR NODE	540.29	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	38550	REMOVAL NECK/ARMPIT LESION	554.90										
77	38550	REMOVAL NECK/ARMPIT LESION	554.90	00 15									
73	38555	REMOVAL NECK/ARMPIT LESION	1,104.21										
77	38555	REMOVAL NECK/ARMPIT LESION	1,104.21	00 15									
73	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	743.59										
77	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	743.59	00 15									
73	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	756.60										
77	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	756.60	00 15									
73	38570	LAPAROSCOPY, LYMPH NODE BIOP	543.33										
77	38570	LAPAROSCOPY, LYMPH NODE BIOP	543.33	00 15									
73	38571	LAPAROSCOPY, LYMPHADENECTOMY	691.54										
77	38571	LAPAROSCOPY, LYMPHADENECTOMY	691.54	00 15									
73	38572	LAPAROSCOPY, LYMPHADENECTOMY	956.51										
77	38572	LAPAROSCOPY, LYMPHADENECTOMY	956.51	00 15									
73	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,228.62										
77	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,228.62	00 15									
73	38700	REMOVAL OF LYMPH NODES, NECK	832.44										
77	38700	REMOVAL OF LYMPH NODES, NECK	832.44	00 15									
73	38720	REMOVAL OF LYMPH NODES, NECK	1,399.82										
77	38720	REMOVAL OF LYMPH NODES, NECK	1,399.82	00 15									
73	38724	CERVICAL LYMPHADENECTOMY	1,505.12										
77	38724	CERVICAL LYMPHADENECTOMY	1,505.12	00 15									
73	38740	REMOVE ARMPIT LYMPH NODES	752.93										
77	38740	REMOVE ARMPIT LYMPH NODES	752.93	00 15									
73	38745	REMOVE ARMPITS LYMPH NODES	950.35										
77	38745	REMOVE ARMPITS LYMPH NODES	950.35	00 15									
73	38746	THORACIC LYMPHADENECTOMY BY THORACOT	234.74										
77	38746	THORACIC LYMPHADENECTOMY BY THORACOT	234.74	00 15									
73	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	291.41										
77	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	291.41	00 15									
73	38760	REMOVE GROIN LYMPH NODES	896.47										
77	38760	REMOVE GROIN LYMPH NODES	896.47	00 15									
73	38765	REMOVE GROIN LYMPH NODES	1,395.11										
77	38765	REMOVE GROIN LYMPH NODES	1,395.11	00 15									
73	38770	REMOVE PELVIS LYMPH NODES	842.92										
77	38770	REMOVE PELVIS LYMPH NODES	842.92	00 15									
73	38780	REMOVE ABDOMEN LYMPH NODES	1,094.99										
77	38780	REMOVE ABDOMEN LYMPH NODES	1,094.99	00 15									
73	38790	INJECTION FOR LYMPHATIC XRAY	85.10										
77	38790	INJECTION FOR LYMPHATIC XRAY	85.10	00 15									
73	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	83.53										
77	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	83.53	00 15									
73	38794	ACCESS THORACIC LYMPH DUCT	296.62										
77	38794	ACCESS THORACIC LYMPH DUCT	296.62	00 15									
73	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	150.50										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	150.50	00 15									
73	39000	EXPLORATION OF MEDIASTINUM	527.42										
77	39000	EXPLORATION OF MEDIASTINUM	527.42	00 15									
73	39010	EXPLORATION OF MEDIASTINUM	846.61										
77	39010	EXPLORATION OF MEDIASTINUM	846.61	00 15									
73	39200	RESECTION OF MEDIASTINAL CYST	940.26										
77	39200	RESECTION OF MEDIASTINAL CYST	940.26	00 15									
73	39220	RESECTION OF MEDIASTINAL TUMOR	1,215.55										
77	39220	RESECTION OF MEDIASTINAL TUMOR	1,215.55	00 15									
73	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	332.55										
77	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	332.55	00 15									
73	39402	MEDIASTINOSCOPY;WITH LYMPH NODE BIOP	435.99										
77	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	435.99	00 15									
73	39501	REPAIR, LACERATION OF DIAPHRAGM	921.35										
77	39501	REPAIR, LACERATION OF DIAPHRAGM	921.35	00 15									
73	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,339.56	00 00									
77	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,339.56	00 00									
73	39540	REPAIR OF DIAPHRAGM HERNIA	933.82										
77	39540	REPAIR OF DIAPHRAGM HERNIA	933.82	00 15									
73	39541	REPAIR OF DIAPHRAGM HERNIA	1,016.49										
77	39541	REPAIR OF DIAPHRAGM HERNIA	1,016.49	00 15									
73	39545	REVISION OF DIAPHRAGM	962.00										
77	39545	REVISION OF DIAPHRAGM	962.00	00 15									
73	39560	RESECT DIAPHRAGM, SIMPLE	857.22										
77	39560	RESECT DIAPHRAGM, SIMPLE	857.22	00 15									
73	39561	RESECT DIAPHRAGM, COMPLEX	1,337.20										
77	39561	RESECT DIAPHRAGM, COMPLEX	1,337.20	00 15									
73	40490	BIOPSY OF LIP	125.83										
77	40490	BIOPSY OF LIP	125.83	00 15									
73	40500	VERMILIONECTOMY (LIP SHAVE)	526.50										
77	40500	VERMILIONECTOMY (LIP SHAVE)	526.50	00 15									
73	40510	PARTIAL EXCISION OF LIP	497.56										
77	40510	PARTIAL EXCISION OF LIP	497.56	00 15									
73	40520	PARTIAL EXCISION OF LIP	509.92										
77	40520	PARTIAL EXCISION OF LIP	509.92	00 15									
73	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	571.31										
77	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	571.31	00 15									
73	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	641.78										
77	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	641.78	00 15									
73	40530	PARTIAL REMOVAL OF LIP	564.32										
77	40530	PARTIAL REMOVAL OF LIP	564.32	00 15									
73	40650	REPAIR LIP	486.62										
77	40650	REPAIR LIP	486.62	00 15									
73	40652	REPAIR LIP	526.31										
77	40652	REPAIR LIP	526.31	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	40654	REPAIR LIP	589.01										
77	40654	REPAIR LIP	589.01	00 15									
73	40700	REPAIR CLEFT LIP	1,051.61										
77	40700	REPAIR CLEFT LIP	1,051.61	00 15									
73	40701	REPAIR CLEFT LIP	1,245.51										
77	40701	REPAIR CLEFT LIP	1,245.51	00 15									
73	40702	REPAIR CLEFT LIP	1,044.06										
77	40702	REPAIR CLEFT LIP	1,044.06	00 15									
73	40720	REPAIR CLEFT LIP	1,072.04										
77	40720	REPAIR CLEFT LIP	1,072.04	00 15									
73	40761	REPAIR CLEFT LIP	1,130.49										
77	40761	REPAIR CLEFT LIP	1,130.49	00 15									
73	40800	DRAINAGE OF MOUTH LESION	208.43										
77	40800	DRAINAGE OF MOUTH LESION	208.43	00 15									
73	40801	DRAINAGE OF MOUTH LESION	296.80										
77	40801	DRAINAGE OF MOUTH LESION	296.80	00 15									
73	40804	REMOVAL FOREIGN BODY, MOUTH	194.73										
77	40804	REMOVAL FOREIGN BODY, MOUTH	194.73	00 15									
73	40805	REMOVAL FOREIGN BODY, MOUTH	291.36										
77	40805	REMOVAL FOREIGN BODY, MOUTH	291.36	00 15									
73	40806	INCISION OF LIP FOLD	99.82										
77	40806	INCISION OF LIP FOLD	99.82	00 15									
73	40808	BIOPSY OF MOUTH LESION	167.66										
77	40808	BIOPSY OF MOUTH LESION	167.66	00 15									
73	40810	EXCISION OF MOUTH LESION	216.34										
77	40810	EXCISION OF MOUTH LESION	216.34	00 15									
73	40812	EXCISE/REPAIR MOUTH LESION	290.28										
77	40812	EXCISE/REPAIR MOUTH LESION	290.28	00 15									
73	40814	EXCISE/REPAIR MOUTH LESION	381.70										
77	40814	EXCISE/REPAIR MOUTH LESION	381.70	00 15									
73	40816	EXCISION OF MOUTH LESION	404.94										
77	40816	EXCISION OF MOUTH LESION	404.94	00 15									
73	40818	EXCISE ORAL MUCOSA FOR GRAFT	377.90										
77	40818	EXCISE ORAL MUCOSA FOR GRAFT	377.90	00 15									
73	40819	EXCISE LIP OR CHEEK FOLD	275.17										
77	40819	EXCISE LIP OR CHEEK FOLD	275.17	00 15									
73	40820	TREATMENT OF MOUTH LESION	264.84										
77	40820	TREATMENT OF MOUTH LESION	264.84	00 15									
73	40830	REPAIR MOUTH LACERATION	284.28										
77	40830	REPAIR MOUTH LACERATION	284.28	00 15									
73	40831	REPAIR MOUTH LACERATION	360.58										
77	40831	REPAIR MOUTH LACERATION	360.58	00 15									
73	40840	RECONSTRUCTION OF MOUTH	867.50										
77	40840	RECONSTRUCTION OF MOUTH	867.50	00 15									
73	40842	RECONSTRUCTION OF MOUTH	950.97										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	40842	RECONSTRUCTION OF MOUTH	950.97	00 15									
73	40843	RECONSTRUCTION OF MOUTH	1,235.82										
77	40843	RECONSTRUCTION OF MOUTH	1,235.82	00 15									
73	40844	RECONSTRUCTION OF MOUTH	1,551.04										
77	40844	RECONSTRUCTION OF MOUTH	1,551.04	00 15									
73	40845	RECONSTRUCTION OF MOUTH	1,524.21										
77	40845	RECONSTRUCTION OF MOUTH	1,524.21	00 15									
73	41000	DRAINAGE OF MOUTH LESION	158.98										
77	41000	DRAINAGE OF MOUTH LESION	158.98	00 15									
73	41005	DRAINAGE OF MOUTH LESION	217.73										
77	41005	DRAINAGE OF MOUTH LESION	217.73	00 15									
73	41006	DRAINAGE OF MOUTH LESION	339.24										
77	41006	DRAINAGE OF MOUTH LESION	339.24	00 15									
73	41007	DRAINAGE OF MOUTH LESION	332.61										
77	41007	DRAINAGE OF MOUTH LESION	332.61	00 15									
73	41008	DRAINAGE OF MOUTH LESION	396.27										
77	41008	DRAINAGE OF MOUTH LESION	396.27	00 15									
73	41009	DRAINAGE OF MOUTH LESION	423.68										
77	41009	DRAINAGE OF MOUTH LESION	423.68	00 15									
73	41010	INCISION OF TONGUE FOLD	218.30										
77	41010	INCISION OF TONGUE FOLD	218.30	00 15									
73	41015	DRAINAGE OF MOUTH LESION	404.81										
77	41015	DRAINAGE OF MOUTH LESION	404.81	00 15									
73	41016	DRAINAGE OF MOUTH LESION	474.72										
77	41016	DRAINAGE OF MOUTH LESION	474.72	00 15									
73	41017	DRAINAGE OF MOUTH LESION	470.39										
77	41017	DRAINAGE OF MOUTH LESION	470.39	00 15									
73	41018	DRAINAGE OF MOUTH LESION	526.94										
77	41018	DRAINAGE OF MOUTH LESION	526.94	00 15									
73	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	493.22										
77	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	493.22	00 15									
73	41100	BIOPSY OF TONGUE	186.68										
77	41100	BIOPSY OF TONGUE	186.68	00 15									
73	41105	BIOPSY OF TONGUE	187.13										
77	41105	BIOPSY OF TONGUE	187.13	00 15									
73	41108	BIOPSY OF FLOOR OF MOUTH	166.59										
77	41108	BIOPSY OF FLOOR OF MOUTH	166.59	00 15									
73	41110	EXCISION OF TONGUE LESION	230.47										
77	41110	EXCISION OF TONGUE LESION	230.47	00 15									
73	41112	EXCISION OF TONGUE LESION	341.05										
77	41112	EXCISION OF TONGUE LESION	341.05	00 15									
73	41113	EXCISION OF TONGUE LESION	369.94										
77	41113	EXCISION OF TONGUE LESION	369.94	00 15									
73	41114	EXCISE TONGUE LESION/LOCAL FLP	629.01										
77	41114	EXCISE TONGUE LESION/LOCAL FLP	629.01	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	41115	EXCISION OF TONGUE FOLD	264.41										
77	41115	EXCISION OF TONGUE FOLD	264.41	00 15									
73	41116	EXCISION OF MOUTH LESION	339.07										
77	41116	EXCISION OF MOUTH LESION	339.07	00 15									
73	41120	PARTIAL REMOVAL OF TONGUE	1,093.32										
77	41120	PARTIAL REMOVAL OF TONGUE	1,093.32	00 15									
73	41130	PARTIAL REMOVAL OF TONGUE	1,353.75										
77	41130	PARTIAL REMOVAL OF TONGUE	1,353.75	00 15									
73	41135	TONGUE AND NECK SURGERY	2,239.28										
77	41135	TONGUE AND NECK SURGERY	2,239.28	00 15									
73	41140	REMOVAL OF TONGUE	2,253.06										
77	41140	REMOVAL OF TONGUE	2,253.06	00 15									
73	41145	TONGUE REMOVAL; NECK SURGERY	2,848.22										
77	41145	TONGUE REMOVAL; NECK SURGERY	2,848.22	00 15									
73	41150	TONGUE, MOUTH, JAW SURGERY	2,266.64										
77	41150	TONGUE, MOUTH, JAW SURGERY	2,266.64	00 15									
73	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,468.80										
77	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,468.80	00 15									
73	41155	TONGUE, JAW, & NECK SURGERY	3,105.27										
77	41155	TONGUE, JAW, & NECK SURGERY	3,105.27	00 15									
73	41250	REPAIR TONGUE LACERATION	289.60										
77	41250	REPAIR TONGUE LACERATION	289.60	00 15									
73	41251	REPAIR TONGUE LACERATION	320.14										
77	41251	REPAIR TONGUE LACERATION	320.14	00 15									
73	41252	REPAIR TONGUE LACERATION	335.15										
77	41252	REPAIR TONGUE LACERATION	335.15	00 15									
73	41510	TONGUE TO LIP SURGERY	459.30										
77	41510	TONGUE TO LIP SURGERY	459.30	00 15									
73	41512	TONGUE BASE SUSPENSION, PERMANENT SU	683.26										
77	41512	TONGUE BASE SUSPENSION, PERMANENT SU	683.26	00 15									
73	41520	RECONSTRUCTION, TONGUE FOLD	368.21										
77	41520	RECONSTRUCTION, TONGUE FOLD	368.21	00 15									
73	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	968.84										
77	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	968.84	00 15									
73	41800	DRAINAGE OF GUM LESION	301.69										
77	41800	DRAINAGE OF GUM LESION	301.69	00 15									
73	41805	REMOVAL FOREIGN BODY, GUM	317.62										
77	41805	REMOVAL FOREIGN BODY, GUM	317.62	00 15									
73	41806	REMOVAL FOREIGN BODY,JAWBONE	421.29										
77	41806	REMOVAL FOREIGN BODY,JAWBONE	421.29	00 15									
73	41822	EXCISION OF GUM LESION	359.52										
77	41822	EXCISION OF GUM LESION	359.52	00 15									
73	41823	EXCISION OF GUM LESION	530.41										
77	41823	EXCISION OF GUM LESION	530.41	00 15									
73	41825	EXCISION OF GUM LESION	221.66										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	41825	EXCISION OF GUM LESION	221.66	00 15									
73	41826	EXCISION OF GUM LESION	315.97										
77	41826	EXCISION OF GUM LESION	315.97	00 15									
73	41827	EXCISION OF GUM LESION	444.69										
77	41827	EXCISION OF GUM LESION	444.69	00 15									
73	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	362.18									X	
77	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	362.18	00 15								X	
73	41830	REMOVAL OF GUM TISSUE	479.33										
77	41830	REMOVAL OF GUM TISSUE	479.33	00 15									
73	41872	REPAIR GUM	468.18										
77	41872	REPAIR GUM	468.18	00 15									
73	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	392.15									X	
77	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	392.15	00 15								X	
73	42000	DRAINAGE MOUTH ROOF LESION	160.64										
77	42000	DRAINAGE MOUTH ROOF LESION	160.64	00 15									
73	42100	BIOPSY ROOF OF MOUTH	148.60										
77	42100	BIOPSY ROOF OF MOUTH	148.60	00 15									
73	42104	EXCISION LESION, MOUTH ROOF	218.13										
77	42104	EXCISION LESION, MOUTH ROOF	218.13	00 15									
73	42106	EXCISION LESION, MOUTH ROOF	263.73										
77	42106	EXCISION LESION, MOUTH ROOF	263.73	00 15									
73	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	474.63										
77	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	474.63	00 15									
73	42120	REMOVE PALATE/LESION	1,035.60										
77	42120	REMOVE PALATE/LESION	1,035.60	00 15									
73	42140	EXCISION OF UVULA	302.44										
77	42140	EXCISION OF UVULA	302.44	00 15									
73	42145	PALATOPHARYNGOPLASTY	711.63										
77	42145	PALATOPHARYNGOPLASTY	711.63	00 15									
73	42160	TREATMENT MOUTH ROOF LESION	237.59										
77	42160	TREATMENT MOUTH ROOF LESION	237.59	00 15									
73	42180	REPAIR PALATE	258.82										
77	42180	REPAIR PALATE	258.82	00 15									
73	42182	REPAIR PALATE	337.41										
77	42182	REPAIR PALATE	337.41	00 15									
73	42200	RECONSTRUCT CLEFT PALATE	975.84										
77	42200	RECONSTRUCT CLEFT PALATE	975.84	00 15									
73	42205	RECONSTRUCT CLEFT PALATE	1,018.72										
77	42205	RECONSTRUCT CLEFT PALATE	1,018.72	00 15									
73	42210	RECONSTRUCT CLEFT PALATE	1,135.01										
77	42210	RECONSTRUCT CLEFT PALATE	1,135.01	00 15									
73	42215	RECONSTRUCT CLEFT PALATE	737.63										
77	42215	RECONSTRUCT CLEFT PALATE	737.63	00 15									
73	42220	RECONSTRUCT CLEFT PALATE	605.70										
77	42220	RECONSTRUCT CLEFT PALATE	605.70	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	42225	RECONSTRUCT CLEFT PALATE	1,017.62										
77	42225	RECONSTRUCT CLEFT PALATE	1,017.62	00 15									
73	42226	LENGTHENING OF PALATE, AND PHARYNGEA	919.69										
77	42226	LENGTHENING OF PALATE, AND PHARYNGEA	919.69	00 15									
73	42227	LENGTHEN PALATE, WITH ISLAND FLAP	859.52										
77	42227	LENGTHEN PALATE, WITH ISLAND FLAP	859.52	00 15									
73	42235	REPAIR PALATE	751.77										
77	42235	REPAIR PALATE	751.77	00 15									
73	42260	REPAIR NOSE TO LIP FISTULA	870.17										
77	42260	REPAIR NOSE TO LIP FISTULA	870.17	00 15									
73	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	180.52										
77	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	180.52	00 15									
73	42281	INSERT PIN-RETAINED PALATAL PROSTH.	229.49										
77	42281	INSERT PIN-RETAINED PALATAL PROSTH.	229.49	00 15									
73	42300	DRAINAGE OF SALIVARY GLAND	218.51										
77	42300	DRAINAGE OF SALIVARY GLAND	218.51	00 15									
73	42305	DRAINAGE OF SALIVARY GLAND	437.74										
77	42305	DRAINAGE OF SALIVARY GLAND	437.74	00 15									
73	42310	DRAINAGE OF SALIVARY GLAND	174.72										
77	42310	DRAINAGE OF SALIVARY GLAND	174.72	00 15									
73	42320	DRAINAGE OF SALIVARY GLAND	264.08										
77	42320	DRAINAGE OF SALIVARY GLAND	264.08	00 15									
73	42330	REMOVAL OF SALIVARY STONE	236.43										
77	42330	REMOVAL OF SALIVARY STONE	236.43	00 15									
73	42335	REMOVAL OF SALIVARY STONE	428.17										
77	42335	REMOVAL OF SALIVARY STONE	428.17	00 15									
73	42340	REMOVAL OF SALIVARY STONE	527.22										
77	42340	REMOVAL OF SALIVARY STONE	527.22	00 15									
73	42400	BIOPSY OF SALIVARY GLAND	102.08									X	
77	42400	BIOPSY OF SALIVARY GLAND	102.08	00 15								X	
73	42405	BIOPSY OF SALIVARY GLAND	307.71										
77	42405	BIOPSY OF SALIVARY GLAND	307.71	00 15									
73	42408	EXCISION OF SALIVARY CYST	546.58										
77	42408	EXCISION OF SALIVARY CYST	546.58	00 15									
73	42409	DRAINAGE OF SALIVARY CYST	389.64										
77	42409	DRAINAGE OF SALIVARY CYST	389.64	00 15									
73	42410	EXCISE PAROTID GLAND/LESION	650.55										
77	42410	EXCISE PAROTID GLAND/LESION	650.55	00 15									
73	42415	EXCISE PAROTID GLAND/LESION	1,094.32										
77	42415	EXCISE PAROTID GLAND/LESION	1,094.32	00 15									
73	42420	EXCISE PAROTID GLAND/LESION	1,229.27										
77	42420	EXCISE PAROTID GLAND/LESION	1,229.27	00 15									
73	42425	EXCISE PAROTID GLAND/LESION	867.34										
77	42425	EXCISE PAROTID GLAND/LESION	867.34	00 15									
73	42426	EXCISE PAROTID GLAND/LESION	1,402.01										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	42426	EXCISE PAROTID GLAND/LESION	1,402.01	00 15									
73	42440	EXCISION SUBMAXILLARY GLAND	425.93										
77	42440	EXCISION SUBMAXILLARY GLAND	425.93	00 15									
73	42450	EXCISION SUBLINGUAL GLAND	477.52										
77	42450	EXCISION SUBLINGUAL GLAND	477.52	00 15									
73	42500	REPAIR SALIVARY DUCT	454.85										
77	42500	REPAIR SALIVARY DUCT	454.85	00 15									
73	42505	REPAIR SALIVARY DUCT	581.46										
77	42505	REPAIR SALIVARY DUCT	581.46	00 15									
73	42507	PAROTID DUCT DIVERSION	512.69										
77	42507	PAROTID DUCT DIVERSION	512.69	00 15									
73	42509	PAROTID DUCT DIVERSION	853.29										
77	42509	PAROTID DUCT DIVERSION	853.29	00 15									
73	42510	CREATION OF NEW DRAINAGE TRACTS OF M	632.12										
77	42510	CREATION OF NEW DRAINAGE TRACTS OF M	632.12	00 15									
73	42550	INJECTION FOR SALIVARY X-RAY	158.97									X	
77	42550	INJECTION FOR SALIVARY X-RAY	158.97	00 15								X	
73	42600	CLOSURE OF SALIVARY FISTULA	541.31										
77	42600	CLOSURE OF SALIVARY FISTULA	541.31	00 15									
73	42650	DILATION OF SALIVARY DUCT	78.42										
77	42650	DILATION OF SALIVARY DUCT	78.42	00 15									
73	42660	DILATION OF SALIVARY DUCT	123.02										
77	42660	DILATION OF SALIVARY DUCT	123.02	00 15									
73	42665	LIGATION OF SALIVARY DUCT	368.37										
77	42665	LIGATION OF SALIVARY DUCT	368.37	00 15									
73	42700	DRAINAGE OF TONSIL ABSCESS	195.51										
77	42700	DRAINAGE OF TONSIL ABSCESS	195.51	00 15									
73	42720	DRAINAGE OF THROAT ABSCESS	462.26										
77	42720	DRAINAGE OF THROAT ABSCESS	462.26	00 15									
73	42725	DRAINAGE OF THROAT ABSCESS	828.01										
77	42725	DRAINAGE OF THROAT ABSCESS	828.01	00 15									
73	42800	BIOPSY OF THROAT	160.37										
77	42800	BIOPSY OF THROAT	160.37	00 15									
73	42804	BIOPSY OF UPPER NOSE/THROAT	207.48										
77	42804	BIOPSY OF UPPER NOSE/THROAT	207.48	00 15									
73	42806	BIOPSY OF UPPER NOSE/THROAT	232.81										
77	42806	BIOPSY OF UPPER NOSE/THROAT	232.81	00 15									
73	42808	EXCISE PHARYNX LESION	233.51										
77	42808	EXCISE PHARYNX LESION	233.51	00 15									
73	42809	REMOVE PHARYNX FOREIGN BODY	204.54										
77	42809	REMOVE PHARYNX FOREIGN BODY	204.54	00 15									
73	42810	EXCISION OF NECK CYST	394.50										
77	42810	EXCISION OF NECK CYST	394.50	00 15									
73	42815	EXCISION OF NECK CYST	559.19										
77	42815	EXCISION OF NECK CYST	559.19	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	297.63	00	11									
77	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	297.63	00	11									
73	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	310.77	12	99									
77	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	310.77	12	15									
73	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	270.41	00	11									
77	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	270.41	00	11									
73	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	258.34	12	99									
77	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	258.34	12	15									
73	42830	ADENOIDECTOMY,PRIMARY;<12	213.22	00	11									
77	42830	ADENOIDECTOMY,PRIMARY;<12	213.22	00	11									
73	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	231.28	12	99									
77	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	231.28	12	15									
73	42835	ADENOIDECTOMY,SECONDARY;<12	197.71	00	11									
77	42835	ADENOIDECTOMY,SECONDARY;<12	197.71	00	11									
73	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	247.69	12	99									
77	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	247.69	12	15									
73	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,040.73											
77	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,040.73	00	15									
73	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,423.29											
77	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,423.29	00	15									
73	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,303.94											
77	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,303.94	00	15									
73	42860	EXCISION OF TONSIL TAGS	193.39											
77	42860	EXCISION OF TONSIL TAGS	193.39	00	15									
73	42870	EXCISION OF LINGUAL TONSIL	601.80											
77	42870	EXCISION OF LINGUAL TONSIL	601.80	00	15									
73	42890	PARTIAL REMOVAL OF PHARYNX	1,471.48											
77	42890	PARTIAL REMOVAL OF PHARYNX	1,471.48	00	15									
73	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,929.22											
77	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,929.22	00	15									
73	42894	REMOVAL OF THROAT TISSUE	2,446.63											
77	42894	REMOVAL OF THROAT TISSUE	2,446.63	00	15									
73	42900	REPAIR THROAT WOUND	344.17											
77	42900	REPAIR THROAT WOUND	344.17	00	15									
73	42950	RECONSTRUCTION OF THROAT	822.63											
77	42950	RECONSTRUCTION OF THROAT	822.63	00	15									
73	42953	PHARYNGOESOPHAGEAL REPAIR	992.08											
77	42953	PHARYNGOESOPHAGEAL REPAIR	992.08	00	15									
73	42955	SURGICAL OPENING OF THROAT	780.39											
77	42955	SURGICAL OPENING OF THROAT	780.39	00	15									
73	42960	CONTROL THROAT BLEEDING	167.27										X	
77	42960	CONTROL THROAT BLEEDING	167.27	00	15								X	
73	42961	CONTROL THROAT BLEEDING	428.49										X	
77	42961	CONTROL THROAT BLEEDING	428.49	00	15								X	
73	42962	CONTROL THROAT BLEEDING	531.90										X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	42962	CONTROL THROAT BLEEDING	531.90	00 15								X	
73	42970	CONTROL NOSE/THROAT BLEEDING	422.33										
77	42970	CONTROL NOSE/THROAT BLEEDING	422.33	00 15									
73	42971	CONTROL NOSE/THROAT BLEEDING	467.70										
77	42971	CONTROL NOSE/THROAT BLEEDING	467.70	00 15									
73	42972	CONTROL NOSE/THROAT BLEEDING	522.63										
77	42972	CONTROL NOSE/THROAT BLEEDING	522.63	00 15									
73	43020	INCISION OF ESOPHAGUS	604.97										
77	43020	INCISION OF ESOPHAGUS	604.97	00 15									
73	43030	THROAT MUSCLE SURGERY	538.42										
77	43030	THROAT MUSCLE SURGERY	538.42	00 15									
73	43045	INCISION OF ESOPHAGUS	1,403.00										
77	43045	INCISION OF ESOPHAGUS	1,403.00	00 15									
73	43100	EXCISION OF ESOPHAGUS LESION	652.15										
77	43100	EXCISION OF ESOPHAGUS LESION	652.15	00 15									
73	43101	EXCISION OF ESOPHAGUS LESION	1,087.24										
77	43101	EXCISION OF ESOPHAGUS LESION	1,087.24	00 15									
73	43107	REMOVAL OF ESOPHAGUS	3,222.23										
77	43107	REMOVAL OF ESOPHAGUS	3,222.23	00 15									
73	43108	REMOVAL OF ESOPHAGUS	4,843.70										
77	43108	REMOVAL OF ESOPHAGUS	4,843.70	00 15									
73	43112	REMOVAL OF ESOPHAGUS	3,775.28										
77	43112	REMOVAL OF ESOPHAGUS	3,775.28	00 15									
73	43113	REMOVAL OF ESOPHAGUS	4,724.62										
77	43113	REMOVAL OF ESOPHAGUS	4,724.62	00 15									
73	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,417.88										
77	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,417.88	00 15									
73	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,528.26										
77	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,528.26	00 15									
73	43118	PARTIAL REMOVAL OF ESOPHAGUS	3,945.61										
77	43118	PARTIAL REMOVAL OF ESOPHAGUS	3,945.61	00 15									
73	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,099.37										
77	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,099.37	00 15									
73	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,757.04										
77	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,757.04	00 15									
73	43123	PARTIAL REMOVAL OF ESOPHAGUS	4,898.92										
77	43123	PARTIAL REMOVAL OF ESOPHAGUS	4,898.92	00 15									
73	43124	REMOVAL OF ESOPHAGUS	4,132.45										
77	43124	REMOVAL OF ESOPHAGUS	4,132.45	00 15									
73	43130	REMOVAL OF ESOPHAGUS POUCH	829.79										
77	43130	REMOVAL OF ESOPHAGUS POUCH	829.79	00 15									
73	43135	REMOVAL OF ESOPHAGUS POUCH	1,594.04										
77	43135	REMOVAL OF ESOPHAGUS POUCH	1,594.04	00 15									
73	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	567.56										
77	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	567.56	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	43191	Diagnostic examination of esophagus	160.26										
77	43191	Diagnostic examination of esophagus	160.26	00 15									
73	43192	Injections of substance in tissue li	176.06										
77	43192	Injections of substance in tissue li	176.06	00 15									
73	43193	Biopsy of esophagus using an endosco	174.67										
77	43193	Biopsy of esophagus using an endosco	174.67	00 15									
73	43194	Removal of foreign body of esophagus	201.89										
77	43194	Removal of foreign body of esophagus	201.89	00 15									
73	43195	Balloon dilation of esophagus using	190.21										
77	43195	Balloon dilation of esophagus using	190.21	00 15									
73	43196	Insertion of wire and dilation of es	202.20										
77	43196	Insertion of wire and dilation of es	202.20	00 15									
73	43197	Diagnostic examination of esophagus	197.95										
77	43197	Diagnostic examination of esophagus	197.95	00 15									
73	43198	Biopsy of esophagus using an endosco	217.67										
77	43198	Biopsy of esophagus using an endosco	217.67	00 15									
73	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	262.94										
77	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	262.94	00 15									
73	43201	INJECTIONS INTO ESOPHAGUS USING AN E	260.56										
77	43201	INJECTIONS INTO ESOPHAGUS USING AN E	260.56	00 15									
73	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	362.76										
77	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	362.76	00 15									
73	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	139.01										
77	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	139.01	00 15									
73	43205	TYING OF ESOPHAGEAL VEINS USING AN E	145.03										
77	43205	TYING OF ESOPHAGEAL VEINS USING AN E	145.03	00 15									
73	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	305.68										
77	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	305.68	00 15									
73	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	455.50										
77	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	455.50	00 15									
73	43211	Removal of tissue lining of esophagu	241.96										
77	43211	Removal of tissue lining of esophagu	241.96	00 15									
73	43212	Placement of stent on esophagus usin	200.30										
77	43212	Placement of stent on esophagus usin	200.30	00 15									
73	43213	Dilation of esophagus using an endos	1,283.06										
77	43213	Dilation of esophagus using an endos	1,283.06	00 15									
73	43214	Balloon dilation of esophagus using	200.16										
77	43214	Balloon dilation of esophagus using	200.16	00 15									
73	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	406.14										
77	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	406.14	00 15									
73	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	420.03										
77	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	420.03	00 15									
73	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	430.28										
77	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	430.28	00 15									
73	43220	BALLOON DILATION OF ESOPHAGUS USING	993.08										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	43220	BALLOON DILATION OF ESOPHAGUS USING	993.08	00 15									
73	43226	INSERTION OF GUIDE WIRE FOR DILATION	388.19										
77	43226	INSERTION OF GUIDE WIRE FOR DILATION	388.19	00 15									
73	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	635.64										
77	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	635.64	00 15									
73	43229	Destruction of growths of esophagus	738.23										
77	43229	Destruction of growths of esophagus	738.23	00 15									
73	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	163.60										
77	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	163.60	00 15									
73	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	205.23										
77	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	205.23	00 15									
73	43233	Balloon dilation of esophagus, stoma	240.35										
77	43233	Balloon dilation of esophagus, stoma	240.35	00 15									
73	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	300.95										
77	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	300.95	00 15									
73	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	404.33										
77	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	404.33	00 15									
73	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	201.67										
77	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	201.67	00 15									
73	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	239.91										
77	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	239.91	00 15									
73	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	385.14										
77	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	385.14	00 15									
73	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	404.62										
77	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	404.62	00 15									
73	43241	INSERTION OF CATHETER OR TUBE IN ESO	146.54										
77	43241	INSERTION OF CATHETER OR TUBE IN ESO	146.54	00 15									
73	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	270.49										
77	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	270.49	00 15									
73	43243	INJECTION OF DILATED VEINS OF STOMAC	245.05										
77	43243	INJECTION OF DILATED VIENS OF STOMAC	245.05	00 15									
73	43244	TYING OF DILATED VEINS OF STOMACH AN	252.44										
77	43244	TYING OF DILATED VEINS OF STOMACH AN	252.44	00 15									
73	43245	DILATION OF STOMACH OUTLET USING AN	619.49										
77	43245	DILATION OF STOMACH OUTLET USING AN	619.49	00 15									
73	43246	INSERTION OF STOMACH TUBE USING AN E	208.98										
77	43246	INSERTION OF STOMACH TUBE USING AN E	208.98	00 15									
73	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	392.88										
77	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	392.88	00 15									
73	43248	INSERTION OF GUIDE WIRE WITH DILATIO	417.66										
77	43248	INSERTION OF GUIDE WIRE WITH DILATIO	417.66	00 15									
73	43249	BALLOON DILATION OF ESOPHAGUS USING	1,133.37										
77	43249	BALLOON DILATION OF ESOPHAGUS USING	1,133.37	00 15									
73	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	466.62										
77	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	466.62	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	509.31										
77	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	509.31	00 15									
73	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	345.05										
77	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	345.05	00 15									
73	43253	Injection of diagnostic or therapeut	270.49										
77	43253	Injection of diagnostic or therapeut	270.49	00 15									
73	43254	Removal of tissue lining of esophagu	278.63										
77	43254	Removal of tissue lining of esophagu	278.63	00 15									
73	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	669.83										
77	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	669.83	00 15									
73	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	240.40										
77	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	240.40	00 15									
73	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	233.00										
77	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	233.00	00 15									
73	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	333.21										
77	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	333.21	00 15									
73	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	349.35										
77	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	349.35	00 15									
73	43262	OPERATIVE UPPER GI ENDOSCOPY	369.18										
77	43262	OPERATIVE UPPER GI ENDOSCOPY	369.18	00 15									
73	43263	PRESSURE MEASUREMENT OF PANCREATIC O	370.03										
77	43263	PRESSURE MEASUREMENT OF PANCREATIC O	370.03	00 15									
73	43264	REMOVAL OF STONE FROM BILE OR PANCRE	376.23										
77	43264	REMOVAL OF STONE FROM BILE OR PANCRE	376.23	00 15									
73	43265	DESTRUCTION OF STONE IN BILE OR PANC	448.18										
77	43265	DESTRUCTION OF STONE IN BILE OR PANC	448.18	00 15									
73	43266	Placement of stent in esophagus, sto	225.95										
77	43266	Placement of stent in esophagus, sto	225.95	00 15									
73	43270	Destruction of growths on esophagus,	756.24										
77	43270	Destruction of growths on esophagus,	756.24	00 15									
73	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	124.47										
77	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	124.47	00 15									
73	43274	Placement of stent pancreatic or bil	479.02										
77	43274	Placement of stent pancreatic or bil	479.02	00 15									
73	43275	Removal of foreign body or stent fro	389.15										
77	43275	Removal of foreign body or stent fro	389.15	00 15									
73	43276	Replacement of stent pancreatic or b	498.25										
77	43276	Replacement of stent pancreatic or b	498.25	00 15									
73	43277	Balloon dilation of pancreatic or bi	391.21										
77	43277	Balloon dilation of pancreatic or bi	391.21	00 15									
73	43278	Destruction of mass on gallbladder,	447.18										
77	43278	Destruction of mass on gallbladder,	447.18	00 15									
73	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,399.97										
77	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,399.97	00 15									
73	43280	LAPAROSCOPY, FUNDOPLASTY	1,174.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	43280	LAPAROSCOPY, FUNDOPLASTY	1,174.38	00 15									
73	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,682.15										
77	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,682.15	00 15									
73	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,892.17										
77	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,892.17	00 15									
73	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	173.48										
77	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	173.48	00 15									
73	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	705.13										
77	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	705.13	00 15									
73	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	726.64										
77	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	726.64	00 15									
73	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,452.96										
77	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,452.96	00 15									
73	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,871.39										
77	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,871.39	00 15									
73	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,070.05										
77	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,070.05	00 15									
73	43300	REPAIR OF ESOPHAGUS	639.85										
77	43300	REPAIR OF ESOPHAGUS	639.85	00 15									
73	43305	REPAIR ESOPHAGUS AND FISTULA	1,142.51										
77	43305	REPAIR ESOPHAGUS AND FISTULA	1,142.51	00 15									
73	43310	REPAIR OF ESOPHAGUS	1,606.92										
77	43310	REPAIR OF ESOPHAGUS	1,606.92	00 15									
73	43312	REPAIR ESOPHAGUS AND FISTULA	1,728.83										
77	43312	REPAIR ESOPHAGUS AND FISTULA	1,728.83	00 15									
73	43313	ESOPHAGOPLASTY CONGENTIAL	2,960.27										
77	43313	ESOPHAGOPLASTY CONGENTIAL	2,960.27	00 15									
73	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,195.79										
77	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,195.79	00 15									
73	43320	FUSE ESOPHAGUS & STOMACH	1,523.93										
77	43320	FUSE ESOPHAGUS & STOMACH	1,523.93	00 15									
73	43325	REVISE ESOPHAGUS & STOMACH	1,482.01										
77	43325	REVISE ESOPHAGUS & STOMACH	1,482.01	00 15									
73	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	888.30										
77	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	888.30	00 15									
73	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,218.98										
77	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,218.98	00 15									
73	43330	REPAIR OF ESOPHAGUS	1,458.46										
77	43330	REPAIR OF ESOPHAGUS	1,458.46	00 15									
73	43331	REPAIR OF ESOPHAGUS	1,447.24										
77	43331	REPAIR OF ESOPHAGUS	1,447.24	00 15									
73	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,251.91										
77	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,251.91	00 15									
73	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,373.35										
77	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,373.35	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,353.41										
77	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,353.41	00 15									
73	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,450.31										
77	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,450.31	00 15									
73	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,574.29										
77	43336	REPAIR PARAESOPHAGEAL HIATL HERNIA	1,574.29	00 15									
73	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,678.89										
77	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,678.89	00 15									
73	43338	ESOPHAGEAL LENGTHENING PROCEDURE	126.29										
77	43338	ESOPHAGEAL LENGTHENING PROCEDURE	126.29	00 15									
73	43340	FUSE ESOPHAGUS & INTESTINE	1,505.39										
77	43340	FUSE ESOPHAGUS & INTESTINE	1,505.39	00 15									
73	43341	FUSE ESOPHAGUS & INTESTINE	1,513.80										
77	43341	FUSE ESOPHAGUS & INTESTINE	1,513.80	00 15									
73	43351	SURGICAL OPENING, ESOPHAGUS	1,419.98										
77	43351	SURGICAL OPENING, ESOPHAGUS	1,419.98	00 15									
73	43352	SURGICAL OPENING, ESOPHAGUS	1,149.93										
77	43352	SURGICAL OPENING, ESOPHAGUS	1,149.93	00 15									
73	43360	GASTROINTESTINAL REPAIR	2,438.63										
77	43360	GASTROINTESTINAL REPAIR	2,438.63	00 15									
73	43361	GASTROINTESTINAL REPAIR	2,940.04										
77	43361	GASTROINTESTINAL REPAIR	2,940.04	00 15									
73	43400	LIGATE ESOPHAGUS VEINS	1,662.96										
77	43400	LIGATE ESOPHAGUS VEINS	1,662.96	00 15									
73	43405	LIGATE/STAPLE ESOPHAGUS	1,571.90										
77	43405	LIGATE/STAPLE ESOPHAGUS	1,571.90	00 15									
73	43410	REPAIR ESOPHAGUS WOUND	1,060.75										
77	43410	REPAIR ESOPHAGUS WOUND	1,060.75	00 15									
73	43415	REPAIR ESOPHAGUS WOUND	2,763.10										
77	43415	REPAIR ESOPHAGUS WOUND	2,763.10	00 15									
73	43420	REPAIR ESOPHAGUS OPENING	1,051.81										
77	43420	REPAIR ESOPHAGUS OPENING	1,051.81	00 15									
73	43425	REPAIR ESOPHAGUS OPENING	1,559.65										
77	43425	REPAIR ESOPHAGUS OPENING	1,559.65	00 15									
73	43450	DILATE ESOPHAGUS	188.83										
77	43450	DILATE ESOPHAGUS	188.83	00 15									
73	43453	DILATE ESOPHAGUS	874.05										
77	43453	DILATE ESOPHAGUS	874.05	00 15									
73	43460	PRESSURE TREATMENT ESOPHAGUS	219.47										
77	43460	PRESSURE TREATMENT ESOPHAGUS	219.47	00 15									
73	43500	SURGICAL OPENING OF STOMACH	849.18										
77	43500	SURGICAL OPENING OF STOMACH	849.18	00 15									
73	43501	GASTROTOMY WITH SUTURE REPAIR	1,464.80										
77	43501	GASTROTOMY WITH SUTURE REPAIR	1,464.80	00 15									
73	43502	SURGICAL REPAIR OF STOMACH	1,666.33										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	43502	SURGICAL REPAIR OF STOMACH	1,666.33	00 15									
73	43510	SURGICAL OPENING OF STOMACH	1,031.70										
77	43510	SURGICAL OPENING OF STOMACH	1,031.70	00 15									
73	43520	INCISION OF PYLORIC MUSCLE	740.50										
77	43520	INCISION OF PYLORIC MUSCLE	740.50	00 15									
73	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	908.20										
77	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	908.20	00 15									
73	43610	EXCISION OF STOMACH LESION	1,066.24										
77	43610	EXCISION OF STOMACH LESION	1,066.24	00 15									
73	43611	EXCISION, LOCAL;	1,328.20										
77	43611	EXCISION, LOCAL;	1,328.20	00 15									
73	43620	REMOVAL OF STOMACH	2,168.74										
77	43620	REMOVAL OF STOMACH	2,168.74	00 15									
73	43621	GASTRECTOMY, TOTAL;	2,479.84										
77	43621	GASTRECTOMY, TOTAL;	2,479.84	00 15									
73	43622	GASTRECTOMY, TOTAL;	2,530.63										
77	43622	GASTRECTOMY, TOTAL;	2,530.63	00 15									
73	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,578.53										
77	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,578.53	00 15									
73	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,214.69										
77	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,214.69	00 15									
73	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,095.18										
77	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,095.18	00 15									
73	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,325.97										
77	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,325.97	00 15									
73	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	122.67										
77	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	122.67	00 15									
73	43640	VAGOTOMY & PYLORUS REPAIR	1,283.86										
77	43640	VAGOTOMY & PYLORUS REPAIR	1,283.86	00 15									
73	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,312.07										
77	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,312.07	00 15									
73	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	1,893.80	16 99		X							
73	43645	LAP GASTR BYPASS INCL SMLL I	2,000.87	16 99		X							
73	43651	LAPAROSCOPY, VAGUS NERVE	710.01										
77	43651	LAPAROSCOPY, VAGUS NERVE	710.01	00 15									
73	43652	LAPAROSCOPY, VAGUS NERVE	831.01										
77	43652	LAPAROSCOPY, VAGUS NERVE	831.01	00 15									
73	43653	LAPAROSCOPY, GASTROSTOMY	621.41										
77	43653	LAPAROSCOPY, GASTROSTOMY	621.41	00 15									
73	43752	INSERTION OF NASAL OR ORAL STOMACH T	42.33										
77	43752	INSERTION OF NASAL OR ORAL STOMACH T	42.33	00 15									
73	43753	INSERTION OF STOMACH TUBE AND ASPIRA	24.18										
77	43753	INSERTION OF STOMACH TUBE AND ASPIRA	24.18	00 15									
73	43754	GASTRIC INTUBATION AND ASPIRATION DI	212.63										
77	43754	GASTRIC INTUBATION AND ASPIRATION DI	212.63	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
73	43755	GASTRIC INTUBATION AND ASPIRATION DI	195.03										
77	43755	GASTRIC INTUBATION AND ASPIRATION DI	195.03	00 15									
73	43756	DUODENAL INTUBATION AND ASPIRATION	275.66										
77	43756	DUODENAL INTUBATION AND ASPIRATION	275.66	00 15									
73	43757	DUODENAL INTUBATION AND ASPIRATION	372.57										
77	43757	DUODENAL INTUBATION AND ASPIRATION	372.57	00 15									
73	43761	REPOSITIONING OF A NASO- OR ORO-GAST	129.49										
77	43761	REPOSITIONING OF THE GASTRIC FEEDING	129.49	00 15									
73	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	235.82										
77	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	235.82	00 15									
73	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	356.10										
77	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	356.10	00 15									
73	43770	LAP, PLACE GASTR ADJUST BAND	1,222.97	16 99		X							
77	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,222.97	13 15		X							
73	43771	LAP, REVISE ADJUST GAST BAND	1,392.79	16 99		X							
77	43771	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,392.79	13 15		X							
73	43772	LAP, REMOVE ADJUST GAST BAND	1,030.65	16 99		X							
77	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,030.65	13 15		X							
73	43773	LAP, CHANGE ADJUST GAST BAND	1,392.79	16 99		X							
77	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,392.79	13 15		X							
73	43774	LAP REMOV ADJ GAST BAND/PORT	1,045.15	16 99		X							
77	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,045.15	13 15		X							
73	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	1,222.89	16 99		X							
77	43775	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,222.89	13 15		X							
73	43800	RECONSTRUCTION OF PYLORUS	1,013.16										
77	43800	RECONSTRUCTION OF PYLORUS	1,013.16	00 15									
73	43810	FUSION OF STOMACH AND BOWEL	1,108.75										
77	43810	FUSION OF STOMACH AND BOWEL	1,108.75	00 15									
73	43820	FUSION OF STOMACH AND BOWEL	1,461.14										
77	43820	FUSION OF STOMACH AND BOWEL	1,461.14	00 15									
73	43825	FUSION OF STOMACH AND BOWEL	1,429.38										
77	43825	FUSION OF STOMACH AND BOWEL	1,429.38	00 15									
73	43830	SURGICAL OPENING OF STOMACH	758.52										
77	43830	SURGICAL OPENING OF STOMACH	758.52	00 15									
73	43831	GASTROSTOMY, OPEN, NEONATAL	653.26	00 00									
77	43831	GASTROSTOMY, OPEN, NEONATAL	653.26	00 00									
73	43832	SURGICAL OPENING OF STOMACH	1,134.09										
77	43832	SURGICAL OPENING OF STOMACH	1,134.09	00 15									
73	43840	REPAIR OF STOMACH LESION	1,477.81										
77	43840	REPAIR OF STOMACH LESION	1,477.81	00 15									
73	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	1,399.55	16 99		X							
77	43843	GASTRIC RESTRICTIVE PROCEDURE, WITHO	1,399.55	13 15		X							
73	43845	GASTROPLASTY DUODENAL SWITCH	2,113.60	16 99		X							
77	43845	GASTRIC RESTRICTIVE PROCEDURE, WITH	2,113.60	13 15		X							
73	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,799.99	16 99		X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	43846	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,799.99	13 15		X							
73	43847	GASTRIC BYPASS FOR OBESITY	1,973.36	16 99		X							
77	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,973.36	13 15		X							
73	43848	REVISION GASTROPLASTY	2,104.62	16 99		X							
77	43848	REVISION, OPEN, OF GASTRIC RESTRICTI	2,104.62	13 15		X							
73	43860	REVISE STOMACH-BOWEL FUSION	1,776.44										
77	43860	REVISE STOMACH-BOWEL FUSION	1,776.44	00 15									
73	43865	REVISE STOMACH-BOWEL FUSION	1,869.28										
77	43865	REVISE STOMACH-BOWEL FUSION	1,869.28	00 15									
73	43870	REPAIR STOMACH OPENING	767.26										
77	43870	REPAIR STOMACH OPENING	767.26	00 15									
73	43880	REPAIR STOMACH-BOWEL FISTULA	1,722.67										
77	43880	REPAIR STOMACH-BOWEL FISTULA	1,722.67	00 15									
73	43886	REVISE GASTRIC PORT, OPEN	390.92	16 99		X							
73	43887	REMOVE GASTRIC PORT, OPEN	351.26	16 99		X							
73	43888	CHANGE GASTRIC PORT, OPEN	499.09	16 99		X							
73	44005	FREEING OF BOWEL ADHESION	1,185.74										
77	44005	FREEING OF BOWEL ADHESION	1,185.74	00 15									
73	44010	INCISION OF SMALL BOWEL	917.65										
77	44010	INCISION OF SMALL BOWEL	917.65	00 15									
73	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	155.88										
77	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	155.88	00 15									
73	44020	EXPLORATION OF SMALL BOWEL	1,059.76										
77	44020	EXPLORATION OF SMALL BOWEL	1,059.76	00 15									
73	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,057.75										
77	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,057.75	00 15									
73	44025	EXPLORATION OF LARGE BOWEL	1,057.60										
77	44025	EXPLORATION OF LARGE BOWEL	1,057.60	00 15									
73	44050	REDUCE BOWEL OBSTRUCTION	1,015.17										
77	44050	REDUCE BOWEL OBSTRUCTION	1,015.17	00 15									
73	44055	CORRECT MALROTATION-CG, LADD PROC.	1,620.84										
77	44055	CORRECT MALROTATION-CG, LADD PROC.	1,620.84	00 15									
73	44100	BIOPSY OF BOWEL	110.68										
77	44100	BIOPSY OF BOWEL	110.68	00 15									
73	44110	EXCISION OF BOWEL LESION(S)	910.07										
77	44110	EXCISION OF BOWEL LESION(S)	910.07	00 15									
73	44111	EXCISION OF BOWEL LESION(S)	1,046.56										
77	44111	EXCISION OF BOWEL LESION(S)	1,046.56	00 15									
73	44120	REMOVAL OF SMALL INTESTINE	1,326.28										
77	44120	REMOVAL OF SMALL INTESTINE	1,326.28	00 15									
73	44121	REMOVAL OF SMALL INTESTINE	263.28										
77	44121	REMOVAL OF SMALL INTESTINE	263.28	00 15									
73	44125	REMOVAL OF SMALL INTESTINE	1,273.75										
77	44125	REMOVAL OF SMALL INTESTINE	1,273.75	00 15									
73	44126	ENTERECTOMY W/TAPER, CONG	2,698.81										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	44126	ENTERECTOMY W/TAPER, CONG	2,698.81	00 15									
73	44127	ENTERECTOMY W/O TAPER, CONG	3,121.41										
77	44127	ENTERECTOMY W/O TAPER, CONG	3,121.41	00 15									
73	44128	ENTERECTOMY CONG, ADD-ON	268.30										
77	44128	ENTERECTOMY CONG, ADD-ON	268.30	00 15									
73	44130	BOWEL TO BOWEL FUSION	1,423.62										
77	44130	BOWEL TO BOWEL FUSION	1,423.62	00 15									
73	44139	MOBILIZATION OF COLON	130.91										
77	44139	MOBILIZATION OF COLON	130.91	00 15									
73	44140	PARTIAL REMOVAL OF COLON	1,452.32										
77	44140	PARTIAL REMOVAL OF COLON	1,452.32	00 15									
73	44141	PARTIAL REMOVAL OF COLON	1,966.20										
77	44141	PARTIAL REMOVAL OF COLON	1,966.20	00 15									
73	44143	PARTIAL REMOVAL OF COLON	1,796.88										
77	44143	PARTIAL REMOVAL OF COLON	1,796.88	00 15									
73	44144	PARTIAL REMOVAL OF COLON	1,909.26										
77	44144	PARTIAL REMOVAL OF COLON	1,909.26	00 15									
73	44145	PARTIAL REMOVAL OF COLON	1,773.67										
77	44145	PARTIAL REMOVAL OF COLON	1,773.67	00 15									
73	44146	PARTIAL REMOVAL OF COLON	2,257.35										
77	44146	PARTIAL REMOVAL OF COLON	2,257.35	00 15									
73	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,089.79										
77	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,089.79	00 15									
73	44150	REMOVAL OF COLON	1,994.51										
77	44150	REMOVAL OF COLON	1,994.51	00 15									
73	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,347.50										
77	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,347.50	00 15									
73	44155	REMOVAL OF COLON	2,208.48										
77	44155	REMOVAL OF COLON	2,208.48	00 15									
73	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,512.31										
77	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,512.31	00 15									
73	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,384.92										
77	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,384.92	00 15									
73	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,443.81										
77	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,443.81	00 15									
73	44160	REMOVAL OF COLON	1,338.50										
77	44160	REMOVAL OF COLON	1,338.50	00 15									
73	44186	LAP, JEJUNOSTOMY	705.24										
77	44186	LAP, JEJUNOSTOMY	705.24	00 15									
73	44187	LAP, ILEO/JEJUNO-STOMY	1,162.27										
77	44187	LAP, ILEO/JEJUNO-STOMY	1,162.27	00 15									
73	44188	LAP, COLOSTOMY	1,303.88										
77	44188	LAP, COLOSTOMY	1,303.88	00 15									
73	44202	LAPARO, RESECT INTESTINE	1,499.99										
77	44202	LAPARO, RESECT INTESTINE	1,499.99	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	44203	LAP RESECT S/INTESTINE, ADDL	261.23										
77	44203	LAP RESECT S/INTESTINE, ADDL	261.23	00 15									
73	44204	LAPARO PARTIAL COLECTOMY	1,651.43										
77	44204	LAPARO PARTIAL COLECTOMY	1,651.43	00 15									
73	44205	LAP COLECTOMY PART W/ILEUM	1,431.31										
77	44205	LAP COLECTOMY PART W/ILEUM	1,431.31	00 15									
73	44206	LAP PART COLECTOMY W/STOMA	1,878.83										
77	44206	LAP PART COLECTOMY W/STOMA	1,878.83	00 15									
73	44207	L COLECTOMY/COLOPROCTOSTOMY	1,939.51										
77	44207	L COLECTOMY/COLOPROCTOSTOMY	1,939.51	00 15									
73	44208	L COLECTOMY/COLOPROCTOSTOMY	2,105.46										
77	44208	L COLECTOMY/COLOPROCTOSTOMY	2,105.46	00 15									
73	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,872.18										
77	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,872.18	00 15									
73	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,199.25										
77	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,199.25	00 15									
73	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,146.36										
77	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,146.36	00 15									
73	44213	LAP, MOBIL SPLENIC FL ADD-ON	201.66										
77	44213	LAP, MOBIL SPLENIC FL ADD-ON	201.66	00 15									
73	44227	LAP, CLOSE ENTEROSTOMY	1,792.05										
77	44227	LAP, CLOSE ENTEROSTOMY	1,792.05	00 15									
73	44300	OPEN BOWEL TO SKIN	912.37										
77	44300	OPEN BOWEL TO SKIN	912.37	00 15									
73	44310	ILEOSTOMY	1,114.66										
77	44310	ILEOSTOMY	1,114.66	00 15									
73	44312	REVISION OF ILEOSTOMY	634.87										
77	44312	REVISION OF ILEOSTOMY	634.87	00 15									
73	44314	REVISION OF ILEOSTOMY	1,072.80										
77	44314	REVISION OF ILEOSTOMY	1,072.80	00 15									
73	44316	DEVISE BOWEL POUCH	1,543.57										
77	44316	DEVISE BOWEL POUCH	1,543.57	00 15									
73	44320	COLOSTOMY	1,292.15										
77	44320	COLOSTOMY	1,292.15	00 15									
73	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,081.60										
77	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,081.60	00 15									
73	44340	REVISION OF COLOSTOMY	662.20										
77	44340	REVISION OF COLOSTOMY	662.20	00 15									
73	44345	REVISION OF COLOSTOMY	1,123.27										
77	44345	REVISION OF COLOSTOMY	1,123.27	00 15									
73	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,271.04										
77	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,271.04	00 15									
73	44360	SMALL BOWEL ENDOSCOPY	147.43										
77	44360	SMALL BOWEL ENDOSCOPY	147.43	00 15									
73	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	163.62										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	163.62	00 15									
73	44363	SMALL BOWEL ENDOSCOPY	197.77										
77	44363	SMALL BOWEL ENDOSCOPY	197.77	00 15									
73	44364	SMALL BOWEL ENDOSCOPY	210.63										
77	44364	SMALL BOWEL ENDOSCOPY	210.63	00 15									
73	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	187.37										
77	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	187.37	00 15									
73	44366	SMALL BOWEL ENDOSCOPY	247.09										
77	44366	SMALL BOWEL ENDOSCOPY	247.09	00 15									
73	44369	SMALL BOWEL ENDOSCOPY	253.11										
77	44369	SMALL BOWEL ENDOSCOPY	253.11	00 15									
73	44370	SMALL BOWEL ENDOSCOPY/STENT	273.65										
77	44370	SMALL BOWEL ENDOSCOPY/STENT	273.65	00 15									
73	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	248.25										
77	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	248.25	00 15									
73	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	199.48										
77	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	199.48	00 15									
73	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	292.57										
77	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	292.57	00 15									
73	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	308.83										
77	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	308.83	00 15									
73	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	397.04										
77	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	397.04	00 15									
73	44379	S BOWEL ENDOSCOPE W/STENT	421.51										
77	44379	S BOWEL ENDOSCOPE W/STENT	421.51	00 15									
73	44380	SMALL BOWEL ENDOSCOPY	196.80										
77	44380	SMALL BOWEL ENDOSCOPY	196.80	00 15									
73	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	1,015.28										
77	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	1,015.28	00 15									
73	44382	SMALL BOWEL ENDOSCOPY	304.39										
77	44382	SMALL BOWEL ENDOSCOPY	304.39	00 15									
73	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	160.43										
77	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	160.43	00 15									
73	44385	ENDOSCOPY OF BOWEL POUCH	215.60										
77	44385	ENDOSCOPY OF BOWEL POUCH	215.60	00 15									
73	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	317.58										
77	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	317.58	00 15									
73	44388	COLON ENDOSCOPY	161.91										
77	44388	COLON ENDOSCOPY	161.91	00 15									
73	44389	COLON ENDOSCOPY	423.11										
77	44389	COLON ENDOSCOPY	423.11	00 15									
73	44390	COLON ENDOSCOPY	414.84										
77	44390	COLON ENDOSCOPY	414.84	00 15									
73	44391	COLON ENDOSCOPY	685.42										
77	44391	COLON ENDOSCOPY	685.42	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	44392	COLON ENDOSCOPY	396.49										
77	44392	COLON ENDOSCOPY	396.49	00 15									
73	44394	COLONOSCOPY THROUGH STOMA;	451.09										
77	44394	COLONOSCOPY THROUGH STOMA;	451.09	00 15									
73	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,694.18										
77	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,694.18	00 15									
73	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	269.12										
77	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	269.12	00 15									
73	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	313.91										
77	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	313.91	00 15									
73	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	425.49										
77	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	425.49	00 15									
73	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	578.53										
77	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	578.53	00 15									
73	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	236.62										
77	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	236.62	00 15									
73	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	283.96										
77	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	283.96	00 15									
73	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	239.20										
77	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	239.20	00 15									
73	44500	INTRODUCTION OF LONG GASTROINTESTINA	20.37										
77	44500	INTRODUCTION OF LONG GASTROINTESTINA	20.37	00 15									
73	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,531.80										
77	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,531.80	00 15									
73	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,752.03										
77	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,752.03	00 15									
73	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,143.93										
77	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,143.93	00 15									
73	44605	REPAIR OF BOWEL LESION	1,400.81										
77	44605	REPAIR OF BOWEL LESION	1,400.81	00 15									
73	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,156.96										
77	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,156.96	00 15									
73	44620	REPAIR BOWEL OPENING	927.15										
77	44620	REPAIR BOWEL OPENING	927.15	00 15									
73	44625	REPAIR BOWEL OPENING	1,080.10										
77	44625	REPAIR BOWEL OPENING	1,080.10	00 15									
73	44626	REPAIR BOWEL OPENING	1,725.45										
77	44626	REPAIR BOWEL OPENING	1,725.45	00 15									
73	44640	REPAIR BOWEL-SKIN FISTULA	1,507.76										
77	44640	REPAIR BOWEL-SKIN FISTULA	1,507.76	00 15									
73	44650	REPAIR BOWEL FISTULA	1,552.65										
77	44650	REPAIR BOWEL FISTULA	1,552.65	00 15									
73	44660	REPAIR BOWEL-BLADDER FISTULA	1,423.51										
77	44660	REPAIR BOWEL-BLADDER FISTULA	1,423.51	00 15									
73	44661	REPAIR BOWEL-BLADDER FISTULA	1,664.43										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	44661	REPAIR BOWEL-BLADDER FISTULA	1,664.43	00 15									
73	44680	SURGICAL REVISION, INTESTINE	1,175.28										
77	44680	SURGICAL REVISION, INTESTINE	1,175.28	00 15									
73	44700	SUSPEND BOWEL W/PROSTHESIS	1,055.98										
77	44700	SUSPEND BOWEL W/PROSTHESIS	1,055.98	00 15									
73	44701	INTRAOP COLON LAVAGE ADD-ON	185.76										
77	44701	INTRAOP COLON LAVAGE ADD-ON	185.76	00 15									
73	44720	PREP DONOR INTESTINE/VENOUS	301.95		X								
77	44720	PREP DONOR INTESTINE/VENOUS	301.95	00 15	X								
73	44721	PREP DONOR INTESTINE/ARTERY	421.87		X								
77	44721	PREP DONOR INTESTINE/ARTERY	421.87	00 15	X								
73	44800	REPAIR OF CONGENITAL BOWEL DEFECT	828.47										
77	44800	REPAIR OF CONGENITAL BOWEL DEFECT	828.47	00 15									
73	44820	EXCISION OF MESENTERY LESION	908.90										
77	44820	EXCISION OF MESENTERY LESION	908.90	00 15									
73	44850	REPAIR OF MESENTERY	806.27										
77	44850	REPAIR OF MESENTERY	806.27	00 15									
73	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	852.98										
77	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	852.98	00 15									
73	44950	APPENDECTOMY	698.19		X								
77	44950	APPENDECTOMY	698.19	00 15	X								
73	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	90.32										
77	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	90.32	00 15									
73	44960	APPENDECTOMY	953.71		X								
77	44960	APPENDECTOMY	953.71	00 15	X								
73	44970	LAPAROSCOPY, APPENDECTOMY	650.75		X								
77	44970	LAPAROSCOPY, APPENDECTOMY	650.75	00 15	X								
73	45000	DRAINAGE OF PELVIC ABSCESS	446.68										
77	45000	DRAINAGE OF PELVIC ABSCESS	446.68	00 15									
73	45005	DRAINAGE OF RECTAL ABSCESS	315.29										
77	45005	DRAINAGE OF RECTAL ABSCESS	315.29	00 15									
73	45020	DRAINAGE OF RECTAL ABSCESS	610.08										
77	45020	DRAINAGE OF RECTAL ABSCESS	610.08	00 15									
73	45100	BIOPSY OF RECTUM	313.98										
77	45100	BIOPSY OF RECTUM	313.98	00 15									
73	45108	REMOVAL OF ANORECTAL LESION	398.70										
77	45108	REMOVAL OF ANORECTAL LESION	398.70	00 15									
73	45110	REMOVAL OF RECTUM	1,941.22										
77	45110	REMOVAL OF RECTUM	1,941.22	00 15									
73	45111	PARTIAL REMOVAL OF RECTUM	1,160.08										
77	45111	PARTIAL REMOVAL OF RECTUM	1,160.08	00 15									
73	45112	REMOVAL OF RECTUM	1,973.10										
77	45112	REMOVAL OF RECTUM	1,973.10	00 15									
73	45113	PARTIAL PROCTECTOMY	1,948.09										
77	45113	PARTIAL PROCTECTOMY	1,948.09	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	45114	PARTIAL REMOVAL OF RECTUM	1,985.75										
77	45114	PARTIAL REMOVAL OF RECTUM	1,985.75	00 15									
73	45116	PARTIAL REMOVAL OF RECTUM	1,607.92										
77	45116	PARTIAL REMOVAL OF RECTUM	1,607.92	00 15									
73	45119	REMOVE, RECTUM W/RESERVOIR	1,961.54										
77	45119	REMOVE, RECTUM W/RESERVOIR	1,961.54	00 15									
73	45120	REMOVAL OF RECTUM	1,742.49										
77	45120	REMOVAL OF RECTUM	1,742.49	00 15									
73	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,903.82										
77	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,903.82	00 15									
73	45123	PARTIAL PROCTECTOMY	1,175.63										
77	45123	PARTIAL PROCTECTOMY	1,175.63	00 15									
73	45126	PELVIC EXENTERATION	2,895.46		X								
77	45126	PELVIC EXENTERATION	2,895.46	00 15	X								
73	45130	EXCISION OF RECTAL PROLAPSE	1,139.79										
77	45130	EXCISION OF RECTAL PROLAPSE	1,139.79	00 15									
73	45135	EXCISION OF RECTAL PROLAPSE	1,343.31										
77	45135	EXCISION OF RECTAL PROLAPSE	1,343.31	00 15									
73	45136	EXCISE ILEOANAL RESERVOIR	1,860.53										
77	45136	EXCISE ILEOANAL RESERVOIR	1,860.53	00 15									
73	45150	EXCISION OF RECTAL STRICTURE	452.04										
77	45150	EXCISION OF RECTAL STRICTURE	452.04	00 15									
73	45160	EXCISION OF RECTAL LESION	1,114.01										
77	45160	EXCISION OF RECTAL LESION	1,114.01	00 15									
73	45171	EXCISION OF RECTAL TUMOR TRANSANAL	648.47										
77	45171	EXCISION OF RECTAL TUMOR TRANSANAL	648.47	00 15									
73	45172	EXCISION OF RECTAL TUMOR TRANSANAL	866.23										
77	45172	EXCISION OF RECTAL TUMOR TRANSANAL	866.23	00 15									
73	45190	DESTRUCTION RECTAL TUMOR	738.02										
77	45190	DESTRUCTION RECTAL TUMOR	738.02	00 15									
73	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	132.23										
77	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	132.23	00 15									
73	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	985.61										
77	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	985.61	00 15									
73	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	183.04										
77	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	183.04	00 15									
73	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	205.86										
77	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	205.86	00 15									
73	45308	PROCTOSIGMOIDOSCOPY, RIGID;	210.34										
77	45308	PROCTOSIGMOIDOSCOPY, RIGID;	210.34	00 15									
73	45309	PROCTOSIGMOIDOSCOPY, RIGID;	217.19										
77	45309	PROCTOSIGMOIDOSCOPY, RIGID;	217.19	00 15									
73	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	237.09										
77	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	237.09	00 15									
73	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	223.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	223.29	00	15									
73	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	232.93											
77	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	232.93	00	15									
73	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	112.24											
77	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	112.24	00	15									
73	45327	PROCTOSIGMOIDOSCOPY W/STENT	126.07											
77	45327	PROCTOSIGMOIDOSCOPY W/STENT	126.07	00	15									
73	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	186.53											
77	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	186.53	00	15									
73	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	291.32											
77	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	291.32	00	15									
73	45332	SIGMOIDOSCOPY; DIAGNOSTIC	281.59											
77	45332	SIGMOIDOSCOPY; DIAGNOSTIC	281.59	00	15									
73	45333	SIGMOIDOSCOPY; DIAGNOSTIC	336.11											
77	45333	SIGMOIDOSCOPY; DIAGNOSTIC	336.11	00	15									
73	45334	SIGMOIDOSCOPY; DIAGNOSTIC	531.56											
77	45334	SIGMOIDOSCOPY; DIAGNOSTIC	531.56	00	15									
73	45335	SIGMOIDOSCOPY W/SUBMUC INJ	291.39											
77	45335	SIGMOIDOSCOPY W/SUBMUC INJ	291.39	00	15									
73	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	119.77											
77	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	119.77	00	15									
73	45338	SIGMOIDOSCOPY, FLEXIBLE;	305.39											
77	45338	SIGMOIDOSCOPY, FLEXIBLE;	305.39	00	15									
73	45340	SIG W/BALLOON DILATION	474.41											
77	45340	SIG W/BALLOON DILATION	474.41	00	15									
73	45341	SIGMOIDOSCOPY W/ULTRASOUND	127.32				X							
77	45341	SIGMOIDOSCOPY W/ULTRASOUND	127.32	00	15		X							
73	45342	SIGMOIDOSCOPY W/US GUIDE BX	174.98											
77	45342	SIGMOIDOSCOPY W/US GUIDE BX	174.98	00	15									
73	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,613.83											
77	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,613.83	00	15									
73	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	159.26											
77	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	159.26	00	15									
73	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	204.82											
77	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	204.82	00	15									
73	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	676.82											
77	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	676.82	00	15									
73	45378	DIAGNOSTIC COLONOSCOPY	174.52											
77	45378	DIAGNOSTIC COLONOSCOPY	174.52	00	15									
73	45379	COLONOSCOPY	446.86											
77	45379	COLONOSCOPY	446.86	00	15									
73	45380	COLONOSCOPY AND BIOPSY	448.08											
77	45380	COLONOSCOPY AND BIOPSY	448.08	00	15									
73	45381	COLONOSCOPY, SUBMUCOUS INJ	451.66											
77	45381	COLONOSCOPY, SUBMUCOUS INJ	451.66	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	45382	COLONOSCOPY,CONTROL BLEEDING	713.21										
77	45382	COLONOSCOPY,CONTROL BLEEDING	713.21	00 15									
73	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	505.33										
77	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	505.33	00 15									
73	45385	COLONOSCOPY, LESION REMOVAL	467.84										
77	45385	COLONOSCOPY, LESION REMOVAL	467.84	00 15									
73	45386	COLONOSCOPY DILATE STRICTURE	636.52										
77	45386	COLONOSCOPY DILATE STRICTURE	636.52	00 15									
73	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,785.42										
77	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,785.42	00 15									
73	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	299.92										
77	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	299.92	00 15									
73	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	343.01										
77	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	343.01	00 15									
73	45391	COLONOSCOPY W/ENDOSCOPE US	265.18										
77	45391	COLONOSCOPY W/ENDOSCOPE US	265.18	00 15									
73	45392	COLONOSCOPY W/ENDOSCOPIC FNB	315.73										
77	45392	COLONOSCOPY W/ENDOSCOPIC FNB	315.73	00 15									
73	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	264.02										
77	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	264.02	00 15									
73	45395	LAP, REMOVAL OF RECTUM	2,073.37										
77	45395	LAP, REMOVAL OF RECTUM	2,073.37	00 15									
73	45397	LAP, REMOVE RECTUM W/POUCH	2,239.71										
77	45397	LAP, REMOVE RECTUM W/POUCH	2,239.71	00 15									
73	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	843.44										
77	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	843.44	00 15									
73	45400	LAPAROSCOPIC PROCTOPEXY	1,191.76										
77	45400	LAPAROSCOPIC PROCTOPEXY	1,191.76	00 15									
73	45402	LAP PROCTOPEXY W/SIG RESECT	1,601.09										
77	45402	LAP PROCTOPEXY W/SIG RESECT	1,601.09	00 15									
73	45500	REPAIR OF RECTUM	609.38										
77	45500	REPAIR OF RECTUM	609.38	00 15									
73	45505	REPAIR OF RECTUM	628.92										
77	45505	REPAIR OF RECTUM	628.92	00 15									
73	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	164.58										
77	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	164.58	00 15									
73	45540	CORRECT RECTAL PROLAPSE	1,115.61										
77	45540	CORRECT RECTAL PROLAPSE	1,115.61	00 15									
73	45541	CORRECT RECTAL PROLAPSE	1,003.63										
77	45541	CORRECT RECTAL PROLAPSE	1,003.63	00 15									
73	45550	REPAIR RECTUM;REMOVE SIGMOID	1,553.00										
77	45550	REPAIR RECTUM;REMOVE SIGMOID	1,553.00	00 15									
73	45560	REPAIR OF RECTOCELE	727.50										
77	45560	REPAIR OF RECTOCELE	727.50	00 15									
73	45562	EXPLORATION/REPAIR OF RECTUM	1,205.60										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	45562	EXPLORATION/REPAIR OF RECTUM	1,205.60	00 15									
73	45563	EXPLORATION/REPAIR OF RECTUM	1,804.44										
77	45563	EXPLORATION/REPAIR OF RECTUM	1,804.44	00 15									
73	45800	REPAIR RECTUMBLADDER FISTULA	1,381.88										
77	45800	REPAIR RECTUMBLADDER FISTULA	1,381.88	00 15									
73	45805	REPAIR FISTULA; COLOSTOMY	1,599.60										
77	45805	REPAIR FISTULA; COLOSTOMY	1,599.60	00 15									
73	45820	REPAIR RECTOURETHRAL FISTULA	1,385.17										
77	45820	REPAIR RECTOURETHRAL FISTULA	1,385.17	00 15									
73	45825	REPAIR FISTULA; COLOSTOMY	1,672.73										
77	45825	REPAIR FISTULA; COLOSTOMY	1,672.73	00 15									
73	45900	REDUCTION OF RECTAL PROLAPSE	228.07										
77	45900	REDUCTION OF RECTAL PROLAPSE	228.07	00 15									
73	45905	DILATION OF ANAL SPHINCTER	176.78										
77	45905	DILATION OF ANAL SPHINCTER	176.78	00 15									
73	45910	DILATION OF RECTAL NARROWING	200.36										
77	45910	DILATION OF RECTAL NARROWING	200.36	00 15									
73	45915	REMOVE RECTAL OBSTRUCTION	365.89										
77	45915	REMOVE RECTAL OBSTRUCTION	365.89	00 15									
73	45990	SURG DX EXAM, ANORECTAL	111.06		X								
77	45990	SURG DX EXAM, ANORECTAL	111.06	00 15	X								
73	46020	PLACEMENT OF SETON	293.57										
77	46020	PLACEMENT OF SETON	293.57	00 15									
73	46030	REMOVAL OF RECTAL MARKER	155.90										
77	46030	REMOVAL OF RECTAL MARKER	155.90	00 15									
73	46040	INCISION OF RECTAL ABSCESS	579.31										
77	46040	INCISION OF RECTAL ABSCESS	579.31	00 15									
73	46045	INCISION OF RECTAL ABSCESS	463.53										
77	46045	INCISION OF RECTAL ABSCESS	463.53	00 15									
73	46050	INCISION OF ANAL ABSCESS	237.32										
77	46050	INCISION OF ANAL ABSCESS	237.32	00 15									
73	46060	INCISION OF RECTAL ABSCESS	506.75										
77	46060	INCISION OF RECTAL ABSCESS	506.75	00 15									
73	46070	INCISION OF ANAL SEPTUM	284.05										
77	46070	INCISION OF ANAL SEPTUM	284.05	00 15									
73	46080	INCISION OF ANAL SPHINCTER	293.24										
77	46080	INCISION OF ANAL SPHINCTER	293.24	00 15									
73	46083	EXC EXT.THROMBOSED HEMORRHOID	211.41									X	
77	46083	EXC EXT.THROMBOSED HEMORRHOID	211.41	00 15								X	
73	46200	REMOVAL OF ANAL FISSURE	485.87										
77	46200	REMOVAL OF ANAL FISSURE	485.87	00 15									
73	46220	REMOVAL OF ANAL TAB	249.96										
77	46220	REMOVAL OF ANAL TAB	249.96	00 15									
73	46221	LIGATION OF HEMORRHOID(S)	292.59										
77	46221	LIGATION OF HEMORRHOID(S)	292.59	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	46230	REMOVAL OF ANAL TABS	315.73										
77	46230	REMOVAL OF ANAL TABS	315.73	00 15									
73	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	497.44										
77	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	497.44	00 15									
73	46255	HEMORRHOIDECTOMY	543.93										
77	46255	HEMORRHOIDECTOMY	543.93	00 15									
73	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	448.04										
77	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	448.04	00 15									
73	46258	REMOVE HEMORRHOIDS & FISTULA	510.83										
77	46258	REMOVE HEMORRHOIDS & FISTULA	510.83	00 15									
73	46260	HEMORRHOIDECTOMY	507.82										
77	46260	HEMORRHOIDECTOMY	507.82	00 15									
73	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	551.40										
77	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	551.40	00 15									
73	46262	REMOVE HEMORRHOIDS & FISTULA	587.30										
77	46262	REMOVE HEMORRHOIDS & FISTULA	587.30	00 15									
73	46270	SURGICAL TREATMENT OF ANAL FISTULA	554.21										
77	46270	SURGICAL TREATMENT OF ANAL FISTULA	554.21	00 15									
73	46275	REMOVAL OF ANAL FISTULA	581.93										
77	46275	REMOVAL OF ANAL FISTULA	581.93	00 15									
73	46280	REMOVAL OF ANAL FISTULA	499.04										
77	46280	REMOVAL OF ANAL FISTULA	499.04	00 15									
73	46285	SURGICAL TREATMENT OF ANAL FISTULA	579.45										
77	46285	SURGICAL TREATMENT OF ANAL FISTULA	579.45	00 15									
73	46288	REPAIR ANAL FISTULA	580.90										
77	46288	REPAIR ANAL FISTULA	580.90	00 15									
73	46320	REMOVAL OF HEMORRHOID CLOT	215.24										
77	46320	REMOVAL OF HEMORRHOID CLOT	215.24	00 15									
73	46500	INJECTION TREATMENT OF ANUS	319.44										
77	46500	INJECTION TREATMENT OF ANUS	319.44	00 15									
73	46505	CHEMODENERVATION ANAL MUSC	322.10										
77	46505	CHEMODENERVATION ANAL MUSC	322.10	00 15									
73	46600	ANOSCOPY; DIAGNOSTIC	119.37										
77	46600	ANOSCOPY; DIAGNOSTIC	119.37	00 15									
73	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	154.38										
77	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	154.38	00 15									
73	46604	ANOSCOPY WITH DIRECT DILATION	693.61										
77	46604	ANOSCOPY WITH DIRECT DILATION	693.61	00 15									
73	46606	ANOSCOPY WITH BIOPSY	285.79										
77	46606	ANOSCOPY WITH BIOPSY	285.79	00 15									
73	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	215.90										
77	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	215.90	00 15									
73	46608	ANOSCOPY;REMOVE FOREIGN BODY	302.68										
77	46608	ANOSCOPY;REMOVE FOREIGN BODY	302.68	00 15									
73	46610	ANOSCOPY; REMOVE POLYP	283.82										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	46610	ANOSCOPY; REMOVE POLYP	283.82	00	15									
73	46611	ANOSCOPY;	227.76											
77	46611	ANOSCOPY;	227.76	00	15									
73	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	347.80											
77	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	347.80	00	15									
73	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	168.61											
77	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	168.61	00	15									
73	46615	ANOSCOPY;	182.10											
77	46615	ANOSCOPY;	182.10	00	15									
73	46700	REPAIR OF ANAL STRICTURE	687.10											
77	46700	REPAIR OF ANAL STRICTURE	687.10	00	15									
73	46705	REPAIR OF ANAL STRICTURE	608.77											
77	46705	REPAIR OF ANAL STRICTURE	608.77	00	15									
73	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	190.76										X	
77	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	190.76	00	15								X	
73	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	535.82											
77	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	535.82	00	15									
73	46710	REPR PER/VAG POUCH SNGL PROC	1,206.24											
77	46710	REPR PER/VAG POUCH SNGL PROC	1,206.24	00	15									
73	46712	REPR PER/VAG POUCH DBL PROC	2,427.70											
77	46712	REPR PER/VAG POUCH DBL PROC	2,427.70	00	15									
73	46715	REPAIR OF ANOVAGINAL FISTULA	596.54											
77	46715	REPAIR OF ANOVAGINAL FISTULA	596.54	00	15									
73	46716	REPAIR OF ANOVAGINAL FISTULA	1,321.09											
77	46716	REPAIR OF ANOVAGINAL FISTULA	1,321.09	00	15									
73	46730	CONSTRUCTION OF ABSENT ANUS	2,145.59											
77	46730	CONSTRUCTION OF ABSENT ANUS	2,145.59	00	15									
73	46735	CONSTRUCTION OF ABSENT ANUS	2,476.26											
77	46735	CONSTRUCTION OF ABSENT ANUS	2,476.26	00	15									
73	46740	CONSTRUCTION OF ABSENT ANUS	2,343.96											
77	46740	CONSTRUCTION OF ABSENT ANUS	2,343.96	00	15									
73	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,716.64											
77	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,716.64	00	15									
73	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,852.13					F						
77	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,852.13	00	15			F						
73	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,248.94					F						
77	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,248.94	00	15			F						
73	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,609.09					F						
77	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,609.09	00	15			F						
73	46750	REPAIR OF ANAL SPHINCTER	791.50											
77	46750	REPAIR OF ANAL SPHINCTER	791.50	00	15									
73	46751	REPAIR OF ANAL SPHINCTER	717.65											
77	46751	REPAIR OF ANAL SPHINCTER	717.65	00	15									
73	46753	RECONSTRUCTION OF ANUS	668.00											
77	46753	RECONSTRUCTION OF ANUS	668.00	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	46754	REMOVAL OF SUTURE FROM ANUS	343.97										
77	46754	REMOVAL OF SUTURE FROM ANUS	343.97	00 15									
73	46760	REPAIR OF ANAL SPHINCTER	1,136.37										
77	46760	REPAIR OF ANAL SPHINCTER	1,136.37	00 15									
73	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	970.32										
77	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	970.32	00 15									
73	46900	REMOVAL OF ANAL LESION	242.61										
77	46900	REMOVAL OF ANAL LESION	242.61	00 15									
73	46910	REMOVAL OF ANAL LESION	270.97										
77	46910	REMOVAL OF ANAL LESION	270.97	00 15									
73	46916	CRYSOSURGERY-ANAL LESIONS ,	256.95									X	
77	46916	CRYSOSURGERY-ANAL LESIONS ,	256.95	00 15								X	
73	46917	DESTROY ANAL LESION(S); LASER SURG	436.45										
77	46917	DESTROY ANAL LESION(S); LASER SURG	436.45	00 15									
73	46922	DESTROY ANAL LESION(S)-SURG EXCISION	316.03										
77	46922	DESTROY ANAL LESION(S)-SURG EXCISION	316.03	00 15									
73	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	559.52										
77	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	559.52	00 15									
73	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	221.82										
77	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	221.82	00 15									
73	46940	TREATMENT OF ANAL FISSURE	267.74										
77	46940	TREATMENT OF ANAL FISSURE	267.74	00 15									
73	46942	TREATMENT OF ANAL FISSURE	253.41										
77	46942	TREATMENT OF ANAL FISSURE	253.41	00 15									
73	46945	LIGATION OF HEMORRHOIDS	349.68										
77	46945	LIGATION OF HEMORRHOIDS	349.68	00 15									
73	46946	LIGATION OF HEMORRHOIDS	394.83										
77	46946	LIGATION OF HEMORRHOIDS	394.83	00 15									
73	46947	HEMORRHOIDOPEXY BY STAPLING	409.98										
77	46947	HEMORRHOIDOPEXY BY STAPLING	409.98	00 15									
73	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	468.22										
77	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	468.22	00 15									
73	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	310.06										
77	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	310.06	00 15									
73	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	113.51										
77	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	113.51	00 15									
73	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,314.00										
77	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,314.00	00 15									
73	47015	INJECT/ASPIRATE LIVER CYST	1,268.04										
77	47015	INJECT/ASPIRATE LIVER CYST	1,268.04	00 15									
73	47100	WEDGE BIOPSY OF LIVER	915.64										
77	47100	WEDGE BIOPSY OF LIVER	915.64	00 15									
73	47120	PARTIAL REMOVAL OF LIVER	2,537.46										
77	47120	PARTIAL REMOVAL OF LIVER	2,537.46	00 15									
73	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,729.45										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,729.45	00 15									
73	47125	PARTIAL REMOVAL OF LIVER	3,352.27										
77	47125	PARTIAL REMOVAL OF LIVER	3,352.27	00 15									
73	47130	PARTIAL REMOVAL OF LIVER	3,605.91										
77	47130	PARTIAL REMOVAL OF LIVER	3,605.91	00 15									
73	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,833.29		X								
77	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,833.29	00 15	X								
73	47140	PARTIAL REMOVAL, DONOR LIVER	3,878.59		X								
77	47140	PARTIAL REMOVAL, DONOR LIVER	3,878.59	00 15	X								
73	47141	PARTIAL REMOVAL, DONOR LIVER	4,640.82		X								
77	47141	PARTIAL REMOVAL, DONOR LIVER	4,640.82	00 15	X								
73	47142	PARTIAL REMOVAL, DONOR LIVER	5,119.90		X								
77	47142	PARTIAL REMOVAL, DONOR LIVER	5,119.90	00 15	X								
73	47146	PREP DONOR LIVER/VENOUS	359.77		X								
77	47146	PREP DONOR LIVER/VENOUS	359.77	00 15	X								
73	47147	PREP DONOR LIVER/ARTERIAL	418.01		X								
77	47147	PREP DONOR LIVER/ARTERIAL	418.01	00 15	X								
73	47300	SURGERY FOR LIVER LESION	1,231.38										
77	47300	SURGERY FOR LIVER LESION	1,231.38	00 15									
73	47350	REPAIR LIVER WOUND	1,485.67										
77	47350	REPAIR LIVER WOUND	1,485.67	00 15									
73	47360	REPAIR LIVER WOUND	2,049.66										
77	47360	REPAIR LIVER WOUND	2,049.66	00 15									
73	47361	REPAIR LIVER WOUND	3,289.56										
77	47361	REPAIR LIVER WOUND	3,289.56	00 15									
73	47362	REPAIR LIVER WOUND	1,541.98										
77	47362	REPAIR LIVER WOUND	1,541.98	00 15									
73	47370	LAPARO ABLATE LIVER TUMOR RF	1,359.51										
77	47370	LAPARO ABLATE LIVER TUMOR RF	1,359.51	00 15									
73	47371	LAPARO ABLATE LIVER CRYOSUG	1,371.36										
77	47371	LAPARO ABLATE LIVER CRYOSUG	1,371.36	00 15									
73	47380	OPEN ABLATE LIVER TUMOR RF	1,566.87										
77	47380	OPEN ABLATE LIVER TUMOR RF	1,566.87	00 15									
73	47381	OPEN ABLATE LIVER TUMOR CRYO	1,617.66										
77	47381	OPEN ABLATE LIVER TUMOR CRYO	1,617.66	00 15									
73	47382	PERCUT ABLATE LIVER RF	4,117.75										
77	47382	PERCUT ABLATE LIVER RF	4,117.75	00 15									
73	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,450.76										
77	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,450.76	00 15									
73	47400	INCISION OF LIVER DUCT	2,354.34										
77	47400	INCISION OF LIVER DUCT	2,354.34	00 15									
73	47420	INCISION OF BILE DUCT	1,450.09										
77	47420	INCISION OF BILE DUCT	1,450.09	00 15									
73	47425	INCISION OF BILE DUCT	1,492.68										
77	47425	INCISION OF BILE DUCT	1,492.68	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	47460	INCISE BILE DUCT SPHINCTER	1,383.58										
77	47460	INCISE BILE DUCT SPHINCTER	1,383.58	00 15									
73	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	947.80										
77	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	947.80	00 15									
73	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	337.37										
77	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	337.37	00 15									
73	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	418.63										
77	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	418.63	00 15									
73	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	866.32										
77	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	866.32	00 15									
73	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,239.15										
77	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,239.15	00 15									
73	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,380.08										
77	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,380.08	00 15									
73	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	956.51										
77	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	956.51	00 15									
73	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	682.23										
77	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	682.23	00 15									
73	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	486.32										
77	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	486.32	00 15									
73	47538	PLACEMENT OF STENT(S) INTO A BILE DU	4,118.57										
77	47538	PLACEMENT OF STENT(S) INTO A BILE DU	4,118.57	00 15									
73	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,534.64										
77	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,534.64	00 15									
73	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,635.71										
77	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,635.71	00 15									
73	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,220.34										
77	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,220.34	00 15									
73	47542	BALLOON DILATION OF BILIARY DUCT(S)	520.39										
77	47542	BALLOON DILATION OF BILIARY DUCT(S)	520.39	00 15									
73	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	434.50										
77	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	434.50	00 15									
73	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	932.82										
77	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	932.82	00 15									
73	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	180.70										
77	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	180.70	00 15									
73	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	286.01										
77	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	286.01	00 15									
73	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	289.27										
77	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	289.27	00 15									
73	47554	BILIARY ENDOSCOPY...; REMOVE STONES	563.48										
77	47554	BILIARY ENDOSCOPY...; REMOVE STONES	563.48	00 15									
73	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	344.11										
77	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	344.11	00 15									
73	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	389.74										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	389.74	00 15									
73	47562	LAPAROSCOPIC CHOLECYSTECTOMY	715.39										
77	47562	LAPAROSCOPIC CHOLECYSTECTOMY	715.39	00 15									
73	47563	LAPARO CHOLECYSTECTOMY/GRAPH	778.51										
77	47563	LAPARO CHOLECYSTECTOMY/GRAPH	778.51	00 15									
73	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,213.77										
77	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,213.77	00 15									
73	47570	LAPARO CHOLECYSTOENTEROSTOMY	844.83										
77	47570	LAPARO CHOLECYSTOENTEROSTOMY	844.83	00 15									
73	47600	REMOVAL OF GALLBLADDER	1,160.66										
77	47600	REMOVAL OF GALLBLADDER	1,160.66	00 15									
73	47605	REMOVAL OF GALLBLADDER	1,224.71										
77	47605	REMOVAL OF GALLBLADDER	1,224.71	00 15									
73	47610	REMOVAL OF GALLBLADDER	1,365.31										
77	47610	REMOVAL OF GALLBLADDER	1,365.31	00 15									
73	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,392.40										
77	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,392.40	00 15									
73	47620	REMOVAL OF GALLBLADDER	1,504.50										
77	47620	REMOVAL OF GALLBLADDER	1,504.50	00 15									
73	47700	EXPLORATION OF BILE DUCTS	1,150.63										
77	47700	EXPLORATION OF BILE DUCTS	1,150.63	00 15									
73	47701	PORTENTEROSTOMY	1,898.31										
77	47701	PORTENTEROSTOMY	1,898.31	00 15									
73	47711	EXCISION OF BILE DUCT TUMOR	1,693.82										
77	47711	EXCISION OF BILE DUCT TUMOR	1,693.82	00 15									
73	47712	EXCISION OF BILE DUCT TUMOR	2,184.53										
77	47712	EXCISION OF BILE DUCT TUMOR	2,184.53	00 15									
73	47715	EXCISE CHOLEDOCHAL CYST	1,450.34										
77	47715	EXCISE CHOLEDOCHAL CYST	1,450.34	00 15									
73	47720	FUSE GALLBLADDER & BOWEL	1,258.34										
77	47720	FUSE GALLBLADDER & BOWEL	1,258.34	00 15									
73	47721	FUSE UPPER GI STRUCTURES	1,477.93										
77	47721	FUSE UPPER GI STRUCTURES	1,477.93	00 15									
73	47740	FUSE GALLBLADDER & BOWEL	1,432.00										
77	47740	FUSE GALLBLADDER & BOWEL	1,432.00	00 15									
73	47741	FUSE GALLBLADDER & BOWEL	1,612.25										
77	47741	FUSE GALLBLADDER & BOWEL	1,612.25	00 15									
73	47760	FUSE BILE DUCTS AND BOWEL	2,452.15										
77	47760	FUSE BILE DUCTS AND BOWEL	2,452.15	00 15									
73	47765	FUSE LIVER DUCTS & BOWEL	3,322.58										
77	47765	FUSE LIVER DUCTS & BOWEL	3,322.58	00 15									
73	47780	FUSE BILE DUCTS AND BOWEL	2,699.27										
77	47780	FUSE BILE DUCTS AND BOWEL	2,699.27	00 15									
73	47785	FUSE BILE DUCTS AND BOWEL	3,532.23										
77	47785	FUSE BILE DUCTS AND BOWEL	3,532.23	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	47800	RECONSTRUCTION OF BILE DUCTS	1,693.03										
77	47800	RECONSTRUCTION OF BILE DUCTS	1,693.03	00 15									
73	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,214.50										
77	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,214.50	00 15									
73	47802	U-TUBE HEPATICOENTEROSTOMY	1,665.79										
77	47802	U-TUBE HEPATICOENTEROSTOMY	1,665.79	00 15									
73	47900	SUTURE BILE DUCT INJURY	1,474.53										
77	47900	SUTURE BILE DUCT INJURY	1,474.53	00 15									
73	48000	DRAINAGE OF ABDOMEN	2,058.90										
77	48000	DRAINAGE OF ABDOMEN	2,058.90	00 15									
73	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,526.33										
77	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,526.33	00 15									
73	48020	REMOVAL OF PANCREATIC STONE	1,284.86										
77	48020	REMOVAL OF PANCREATIC STONE	1,284.86	00 15									
73	48100	BIOPSY OF PANCREAS	954.36										
77	48100	BIOPSY OF PANCREAS	954.36	00 15									
73	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	540.41										
77	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	540.41	00 15									
73	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,086.47										
77	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,086.47	00 15									
73	48120	REMOVAL OF PANCREAS LESION	1,204.39										
77	48120	REMOVAL OF PANCREAS LESION	1,204.39	00 15									
73	48140	PARTIAL REMOVAL OF PANCREAS	1,700.49										
77	48140	PARTIAL REMOVAL OF PANCREAS	1,700.49	00 15									
73	48145	PARTIAL REMOVAL OF PANCREAS	1,784.01										
77	48145	PARTIAL REMOVAL OF PANCREAS	1,784.01	00 15									
73	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,055.64										
77	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,055.64	00 15									
73	48148	REMOVAL OF PANCREATIC DUCT	1,362.67										
77	48148	REMOVAL OF PANCREATIC DUCT	1,362.67	00 15									
73	48150	PARTIAL REMOVAL OF PANCREAS	3,394.46										
77	48150	PARTIAL REMOVAL OF PANCREAS	3,394.46	00 15									
73	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,159.72										
77	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,159.72	00 15									
73	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,386.07										
77	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,386.07	00 15									
73	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,174.15										
77	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,174.15	00 15									
73	48155	REMOVAL OF PANCREAS	1,973.82										
77	48155	REMOVAL OF PANCREAS	1,973.82	00 15									
73	48500	SURGERY OF PANCREAS CYST	1,251.41										
77	48500	SURGERY OF PANCREAS CYST	1,251.41	00 15									
73	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,193.90										
77	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,193.90	00 15									
73	48520	FUSE PANCREAS CYST AND BOWEL	1,201.33										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	48520	FUSE PANCREAS CYST AND BOWEL	1,201.33	00 15									
73	48540	FUSE PANCREAS CYST AND BOWEL	1,430.99										
77	48540	FUSE PANCREAS CYST AND BOWEL	1,430.99	00 15									
73	48545	PANCREATORRHAPHY FOR TRAUMA	1,470.48										
77	48545	PANCREATORRHAPHY FOR TRAUMA	1,470.48	00 15									
73	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,960.60										
77	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,960.60	00 15									
73	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,826.98										
77	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,826.98	00 15									
73	48552	PREP DONOR PANCREAS/VENOUS	258.55		X								
77	48552	PREP DONOR PANCREAS/VENOUS	258.55	00 15	X								
73	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,768.09		X								
77	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,768.09	00 15	X								
73	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,381.36		X								
77	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,381.36	00 15	X								
73	49000	EXPLORATION OF ABDOMEN	829.22		X								
77	49000	EXPLORATION OF ABDOMEN	829.22	00 15	X								
73	49002	REEXPLORATION OF ABDOMEN	1,131.85										
77	49002	REEXPLORATION OF ABDOMEN	1,131.85	00 15									
73	49010	EXPLORE,RETROPERITONEAL AREA	999.70										
77	49010	EXPLORE,RETROPERITONEAL AREA	999.70	00 15									
73	49013	PREPERITONEAL PELVIC PACKING FOR HEM	465.38										
77	49013	PREPERITONEAL PELVIC PACKING FOR HE	465.38	00 15									
73	49014	RE-EXPLORATION OF PELVIC WOUND WITH	383.81										
77	49014	RE-EXPLORATION OF PELVIC WOUND WITH	383.81	00 15									
73	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,723.85										
77	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,723.85	00 15									
73	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,089.13										
77	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,089.13	00 15									
73	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,185.29										
77	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,185.29	00 15									
73	49062	DRAIN TO PERITONEAL CAVITY	833.72										
77	49062	DRAIN TO PERITONEAL CAVITY	833.72	00 15									
73	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	217.10										
77	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	217.10	00 15									
73	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	303.58										
77	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	303.58	00 15									
73	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	117.03										
77	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	117.03	00 15									
73	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	174.70										
77	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	174.70	00 15									
73	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,256.14										
77	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,256.14	00 15									
73	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,283.56										
77	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,283.56	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,633.45										
77	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,633.45	00 15									
73	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,876.28										
77	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,876.28	00 15									
73	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,387.28										
77	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,387.28	00 15									
73	49250	EXCISION OF UMBILICUS	630.17										
77	49250	EXCISION OF UMBILICUS	630.17	00 15									
73	49255	OMENTECTOMY,...RESECT OMENTUM	843.92		X								
77	49255	OMENTECTOMY,...RESECT OMENTUM	843.92	00 15	X								
73	49320	DIAG LAPARO SEPARATE PROC	353.08		X								
77	49320	DIAG LAPARO SEPARATE PROC	353.08	00 15	X								
73	49321	LAPAROSCOPY, BIOPSY	370.09		X								
77	49321	LAPAROSCOPY, BIOPSY	370.09	00 15	X								
73	49322	LAPAROSCOPY, ASPIRATION	403.85		X								
77	49322	LAPAROSCOPY, ASPIRATION	403.85	00 15	X								
73	49323	LAPARO DRAIN LYMPHOCELE	681.59		X								
77	49323	LAPARO DRAIN LYMPHOCELE	681.59	00 15	X								
73	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	421.88										
77	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	421.88	00 15									
73	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	450.73										
77	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	450.73	00 15									
73	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	207.42										
77	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	207.42	00 15									
73	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	144.02										
77	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	144.02	00 15									
73	49400	AIR INJECTION INTO ABDOMEN	152.07										
77	49400	AIR INJECTION INTO ABDOMEN	152.07	00 15									
73	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	925.59										
77	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	925.59	00 15									
73	49405	Fluid collection drainage by cathete	905.61										
77	49405	Fluid collection drainage by cathete	905.61	00 15									
73	49406	Fluid collection drainage by cathete	905.93										
77	49406	Fluid collection drainage by cathete	905.93	00 15									
73	49407	Fluid collection drainage by cathete	757.73										
77	49407	Fluid collection drainage by cathete	757.73	00 15									
73	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	495.00										
77	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	495.00	00 15									
73	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	90.64										
77	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	90.64	00 15									
73	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,112.68										
77	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,112.68	00 15									
73	49419	INSERTION OF TUNNELED INTRAPERITONEA	455.60										
77	49419	INSERTION OF TUNNELED INTRAPERITONEA	455.60	00 15									
73	49421	INSERTION OF TUNNELED INTRAPERITONEA	248.83										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	49421	INSERTION OF TUNNELED INTRAPERITONEA	248.83	00 15									
73	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	241.72										
77	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	241.72	00 15									
73	49423	EXCHANGE DRAINAGE CATH	611.83										
77	49423	EXCHANGE DRAINAGE CATH	611.83	00 15									
73	49424	ASSESS CYST, CONTRAST INJ	181.37										
77	49424	ASSESS CYST, CONTRAST INJ	181.37	00 15									
73	49425	PERITONEAL-VENOUS SHUNT	747.18										
77	49425	PERITONEAL-VENOUS SHUNT	747.18	00 15									
73	49426	REVISION OF PERITONEAL-VENOUS SHUNT	725.20										
77	49426	REVISION OF PERITONEAL-VENOUS SHUNT	725.20	00 15									
73	49427	INJECTION PROCEDURE (EG, CONTRAST ME	40.59										
77	49427	INJECTION PROCEDURE (EG, CONTRAST ME	40.59	00 15									
73	49428	LIGATION OF SHUNT	467.95										
77	49428	LIGATION OF SHUNT	467.95	00 15									
73	49429	REMOVAL OF SHUNT	498.91										
77	49429	REMOVAL OF SHUNT	498.91	00 15									
73	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	131.26										
77	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	131.26	00 15									
73	49436	DELAYED CREATION OF EXIT SITE FROM E	201.42										
77	49436	DELAYED CREATION OF EXIT SITE FROM E	201.42	00 15									
73	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	902.16										
77	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	902.16	00 15									
73	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,026.89										
77	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,026.89	00 15									
73	49442	INSERTION OF CECOSTOMY OR OTHER COLO	857.95										
77	49442	INSERTION OF CECOSTOMY OR OTHER COLO	857.95	00 15									
73	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	864.78										
77	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	864.78	00 15									
73	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	640.51										
77	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	640.51	00 15									
73	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	691.03										
77	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	691.03	00 15									
73	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	842.92										
77	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	842.92	00 15									
73	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	713.84										
77	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	713.84	00 15									
73	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	144.39										
77	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	144.39	00 15									
73	49491	REPAIRING HERN PREMIE REDUC	865.67										
77	49491	REPAIRING HERN PREMIE REDUC	865.67	00 15									
73	49492	RPR ING HERN PREMIE, BLOCKED	1,042.92										
77	49492	RPR ING HERN PREMIE, BLOCKED	1,042.92	00 15									
73	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	442.05										
77	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	442.05	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	664.73										
77	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	664.73	00 15									
73	49500	REPAIR INITIAL INGUINAL HERNIA..	445.51	00 04					X				
77	49500	REPAIR INITIAL INGUINAL HERNIA..	445.51	00 04					X				
73	49501	REPAIR INITIAL INGUINAL HERNIA..	656.77	00 04									
77	49501	REPAIR INITIAL INGUINAL HERNIA..	656.77	00 04									
73	49505	REPAIR INGUINAL HERNIA	564.11	05 99									
77	49505	REPAIR INGUINAL HERNIA	564.11	05 15									
73	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	633.51	05 99									
77	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	633.51	05 15									
73	49520	REREPAIR INGUINAL HERNIA	685.42										
77	49520	REREPAIR INGUINAL HERNIA	685.42	00 15									
73	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	777.02										
77	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	777.02	00 15									
73	49525	REPAIR INGUINAL HERNIA	619.91										
77	49525	REPAIR INGUINAL HERNIA	619.91	00 15									
73	49540	REPAIR LUMBAR HERNIA	737.41										
77	49540	REPAIR LUMBAR HERNIA	737.41	00 15									
73	49550	REPAIR FEMORAL HERNIA	623.95										
77	49550	REPAIR FEMORAL HERNIA	623.95	00 15									
73	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	683.74										
77	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	683.74	00 15									
73	49555	REPAIR FEMORAL HERNIA	652.85										
77	49555	REPAIR FEMORAL HERNIA	652.85	00 15									
73	49557	REPAIR RECURRENT FEMORAL HERNIA;	782.91										
77	49557	REPAIR RECURRENT FEMORAL HERNIA;	782.91	00 15									
73	49560	REPAIR ABDOMINAL HERNIA	798.71										
77	49560	REPAIR ABDOMINAL HERNIA	798.71	00 15									
73	49561	REPAIR INITIAL INCISIONAL HERNIA;	1,009.17										
77	49561	REPAIR INITIAL INCISIONAL HERNIA;	1,009.17	00 15									
73	49565	REREPAIR ABDOMINAL HERNIA	831.77										
77	49565	REREPAIR ABDOMINAL HERNIA	831.77	00 15									
73	49566	REPAIR RECURRENT INCISIONAL HERNIA;	1,018.53										
77	49566	REPAIR RECURRENT INCISIONAL HERNIA;	1,018.53	00 15									
73	49568	IMPLANTATION OF MESH OR OTHER PROSTH	291.94										
77	49568	IMPLANTATION OF MESH OR OTHER PROSTH	291.94	00 15									
73	49570	REPAIR EPIGASTRIC HERNIA	450.70										
77	49570	REPAIR EPIGASTRIC HERNIA	450.70	00 15									
73	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	559.89										
77	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	559.89	00 15									
73	49580	REPAIR UMBILICAL HERNIA	359.41	00 04									
77	49580	REPAIR UMBILICAL HERNIA	359.41	00 04									
73	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	522.11	00 04									
77	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	522.11	00 04									
73	49585	REPAIR UMBILICAL HERNIA	480.52	05 99									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	49585	REPAIR UMBILICAL HERNIA	480.52	05 15									
73	49587	REPAIR UMBILICAL HERNIA	513.46	05 99									
77	49587	REPAIR UMBILICAL HERNIA	513.46	05 15									
73	49590	REPAIR ABDOMINAL HERNIA	621.22										
77	49590	REPAIR ABDOMINAL HERNIA	621.22	00 15									
73	49600	REPAIR UMBILICAL LESION	796.56										
77	49600	REPAIR UMBILICAL LESION	796.56	00 15									
73	49605	REPAIR UMBILICAL LESION	5,399.22										
77	49605	REPAIR UMBILICAL LESION	5,399.22	00 15									
73	49606	REPAIR UMBILICAL LESION	1,237.74										
77	49606	REPAIR UMBILICAL LESION	1,237.74	00 15									
73	49610	REPAIR UMBILICAL LESION	751.44										
77	49610	REPAIR UMBILICAL LESION	751.44	00 15									
73	49611	REPAIR UMBILICAL LESION	660.74										
77	49611	REPAIR UMBILICAL LESION	660.74	00 15									
73	49650	LAP ING HERNIA REPAIR INIT	464.14										
77	49650	LAP ING HERNIA REPAIR INIT	464.14	00 15									
73	49651	LAP ING HERNIA REPAIR RECUR	604.71										
77	49651	LAP ING HERNIA REPAIR RECUR	604.71	00 15									
73	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	806.80										
77	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	806.80	00 15									
73	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	1,010.13										
77	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	1,010.13	00 15									
73	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	916.81										
77	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	916.81	00 15									
73	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	1,122.89										
77	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	1,122.89	00 15									
73	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	996.40										
77	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	996.40	00 15									
73	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,436.68										
77	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,436.68	00 15									
73	49900	REPAIR OF ABDOMINAL WALL	875.60										
77	49900	REPAIR OF ABDOMINAL WALL	875.60	00 15									
73	49904	OMENTAL FLAP, EXTRA-ABDOM	1,487.24										
77	49904	OMENTAL FLAP, EXTRA-ABDOM	1,487.24	00 15									
73	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	384.02										
77	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	384.02	00 15									
73	50010	EXPLORATION OF KIDNEY	779.25										
77	50010	EXPLORATION OF KIDNEY	779.25	00 15									
73	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,051.58										
77	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,051.58	00 15									
73	50040	DRAINAGE OF KIDNEY	957.83										
77	50040	DRAINAGE OF KIDNEY	957.83	00 15									
73	50045	EXPLORATION OF KIDNEY	966.41										
77	50045	EXPLORATION OF KIDNEY	966.41	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	50060	REMOVAL OF KIDNEY STONE	1,183.03										
77	50060	REMOVAL OF KIDNEY STONE	1,183.03	00 15									
73	50065	INCISION OF KIDNEY	1,254.93										
77	50065	INCISION OF KIDNEY	1,254.93	00 15									
73	50070	INCISION OF KIDNEY	1,230.56										
77	50070	INCISION OF KIDNEY	1,230.56	00 15									
73	50075	REMOVAL OF KIDNEY STONE	1,512.72										
77	50075	REMOVAL OF KIDNEY STONE	1,512.72	00 15									
73	50080	PERCUT NEPHRO/PYELO,W/OR W/O	901.50										
77	50080	PERCUT NEPHRO/PYELO,W/OR W/O	901.50	00 15									
73	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,326.04										
77	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,326.04	00 15									
73	50100	REVISE KIDNEY BLOOD VESSELS	1,175.35										
77	50100	REVISE KIDNEY BLOOD VESSELS	1,175.35	00 15									
73	50120	EXPLORATION OF KIDNEY	984.18										
77	50120	EXPLORATION OF KIDNEY	984.18	00 15									
73	50125	EXPLORE AND DRAIN KIDNEY	1,018.97										
77	50125	EXPLORE AND DRAIN KIDNEY	1,018.97	00 15									
73	50130	REMOVAL OF KIDNEY STONE	1,070.66										
77	50130	REMOVAL OF KIDNEY STONE	1,070.66	00 15									
73	50135	EXPLORATION OF KIDNEY	1,163.28										
77	50135	EXPLORATION OF KIDNEY	1,163.28	00 15									
73	50200	BIOPSY OF KIDNEY	540.44										
77	50200	BIOPSY OF KIDNEY	540.44	00 15									
73	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	809.89										
77	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	809.89	00 15									
73	50220	REMOVAL OF KIDNEY	1,103.24										
77	50220	REMOVAL OF KIDNEY	1,103.24	00 15									
73	50225	REMOVAL OF KIDNEY	1,254.37										
77	50225	REMOVAL OF KIDNEY	1,254.37	00 15									
73	50230	REMOVAL OF KIDNEY	1,335.57										
77	50230	REMOVAL OF KIDNEY	1,335.57	00 15									
73	50234	REMOVAL OF KIDNEY & URETER	1,357.64										
77	50234	REMOVAL OF KIDNEY & URETER	1,357.64	00 15									
73	50236	REMOVAL OF KIDNEY & URETER	1,522.82										
77	50236	REMOVAL OF KIDNEY & URETER	1,522.82	00 15									
73	50240	PARTIAL REMOVAL OF KIDNEY	1,376.53										
77	50240	PARTIAL REMOVAL OF KIDNEY	1,376.53	00 15									
73	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,262.92										
77	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,262.92	00 15									
73	50280	REMOVAL OF KIDNEY LESION	1,012.34										
77	50280	REMOVAL OF KIDNEY LESION	1,012.34	00 15									
73	50290	REMOVAL OF KIDNEY LESION	932.75										
77	50290	REMOVAL OF KIDNEY LESION	932.75	00 15									
73	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,624.42		X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,624.42	00	15	X								
73	50327	PREP RENAL GRAFT/VENOUS	237.05			X								
77	50327	PREP RENAL GRAFT/VENOUS	237.05	00	15	X								
73	50328	PREP RENAL GRAFT/ARTERIAL	206.17			X								
77	50328	PREP RENAL GRAFT/ARTERIAL	206.17	00	15	X								
73	50329	PREP RENAL GRAFT/URETERAL	196.46			X								
77	50329	PREP RENAL GRAFT/URETERAL	196.46	00	15	X								
73	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,024.19			X								
77	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,024.19	00	15	X								
73	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,619.63			X								
77	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,619.63	00	15	X								
73	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,095.88			X								
77	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,095.88	00	15	X								
73	50370	REMOVE TRANSPLANTED KIDNEY	1,300.68											
77	50370	REMOVE TRANSPLANTED KIDNEY	1,300.68	00	15									
73	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,176.16			X								
77	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,176.16	00	15	X								
73	50382	CHANGE URETER STENT, PERCUT	1,081.14											
77	50382	CHANGE URETER STENT, PERCUT	1,081.14	00	15									
73	50384	REMOVE URETER STENT, PERCUT	906.71											
77	50384	REMOVE URETER STENT, PERCUT	906.71	00	15									
73	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,078.44											
77	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,078.44	00	15									
73	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	768.25											
77	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	768.25	00	15									
73	50387	CHANGE EXT/INT URETER STENT	570.08											
77	50387	CHANGE EXT/INT URETER STENT	570.08	00	15									
73	50389	REMOVE RENAL TUBE W/FLUORO	411.31											
77	50389	REMOVE RENAL TUBE W/FLUORO	411.31	00	15									
73	50390	DRAINAGE OF KIDNEY LESION	98.33											
77	50390	DRAINAGE OF KIDNEY LESION	98.33	00	15									
73	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	129.95											
77	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	129.95	00	15									
73	50396	MEASURE KIDNEY PRESSURE	117.64											
77	50396	MEASURE KIDNEY PRESSURE	117.64	00	15									
73	50400	REVISION OF KIDNEY/URETER	1,198.90											
77	50400	REVISION OF KIDNEY/URETER	1,198.90	00	15									
73	50405	REVISION OF KIDNEY/URETER	1,448.42											
77	50405	REVISION OF KIDNEY/URETER	1,448.42	00	15									
73	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	617.17											
77	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	617.17	00	15									
73	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	301.42											
77	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	301.42	00	15									
73	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	918.93											
77	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	918.93	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,166.80										
77	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,166.80	00 15									
73	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	933.37										
77	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	933.37	00 15									
73	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	598.22										
77	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	598.22	00 15									
73	50436	DILATION OF EXISTING TRACT, PERCUTAN	154.55										
77	50436	DILATION OF EXISTING TRACT, PERCUTAN	154.55	00 15									
73	50437	DILATION OF EXISTING TRACT, PERCUTAN	256.95										
77	50437	DILATION OF EXISTING TRACT, PERCUTAN	256.95	00 15									
73	50500	REPAIR OF KIDNEY WOUND	1,327.07										
77	50500	REPAIR OF KIDNEY WOUND	1,327.07	00 15									
73	50520	CLOSE KIDNEY-SKIN FISTULA	1,259.88										
77	50520	CLOSE KIDNEY-SKIN FISTULA	1,259.88	00 15									
73	50525	REPAIR RENAL-ABDOMEN FISTULA	1,603.69										
77	50525	REPAIR RENAL-ABDOMEN FISTULA	1,603.69	00 15									
73	50526	REPAIR RENAL-ABDOMEN FISTULA	1,718.54										
77	50526	REPAIR RENAL-ABDOMEN FISTULA	1,718.54	00 15									
73	50540	REVISION OF HORSESHOE KIDNEY	1,189.92										
77	50540	REVISION OF HORSESHOE KIDNEY	1,189.92	00 15									
73	50541	LAPARO ABLATE RENAL CYST	954.99										
77	50541	LAPARO ABLATE RENAL CYST	954.99	00 15									
73	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,213.92										
77	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,213.92	00 15									
73	50543	LAPARO PARTIAL NEPHRECTOMY	1,547.29										
77	50543	LAPARO PARTIAL NEPHRECTOMY	1,547.29	00 15									
73	50544	LAPAROSCOPY, PYELOPLASTY	1,292.55										
77	50544	LAPAROSCOPY, PYELOPLASTY	1,292.55	00 15									
73	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,390.15										
77	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,390.15	00 15									
73	50546	LAPAROSCOPIC NEPHRECTOMY	1,255.39										
77	50546	LAPAROSCOPIC NEPHRECTOMY	1,255.39	00 15									
73	50547	LAPARO REMOVAL DONOR KIDNEY	1,729.48										
77	50547	LAPARO REMOVAL DONOR KIDNEY	1,729.48	00 15									
73	50548	LAPARO-ASST REMOVE K/URETER	1,401.17										
77	50548	LAPARO-ASST REMOVE K/URETER	1,401.17	00 15									
73	50551	KIDNEY ENDOSCOPY	372.74										
77	50551	KIDNEY ENDOSCOPY	372.74	00 15									
73	50553	KIDNEY ENDOSCOPY	399.39										
77	50553	KIDNEY ENDOSCOPY	399.39	00 15									
73	50555	KIDNEY ENDOSCOPY & BIOPSY	425.67										
77	50555	KIDNEY ENDOSCOPY & BIOPSY	425.67	00 15									
73	50557	KIDNEY ENDOSCOPY & TREATMENT	432.94										
77	50557	KIDNEY ENDOSCOPY & TREATMENT	432.94	00 15									
73	50561	KIDNEY ENDOSCOPY & TREATMENT	491.27										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	50561	KIDNEY ENDOSCOPY & TREATMENT	491.27	00 15									
73	50562	RENAL SCOPE W/TUMOR RESECT	599.78										
77	50562	RENAL SCOPE W/TUMOR RESECT	599.78	00 15									
73	50570	KIDNEY ENDOSCOPY	510.21										
77	50570	KIDNEY ENDOSCOPY	510.21	00 15									
73	50572	KIDNEY ENDOSCOPY	551.87										
77	50572	KIDNEY ENDOSCOPY	551.87	00 15									
73	50574	KIDNEY ENDOSCOPY & BIOPSY	586.60										
77	50574	KIDNEY ENDOSCOPY & BIOPSY	586.60	00 15									
73	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	742.01										
77	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	742.01	00 15									
73	50576	KIDNEY ENDOSCOPY & TREATMENT	585.22										
77	50576	KIDNEY ENDOSCOPY & TREATMENT	585.22	00 15									
73	50580	KIDNEY ENDOSCOPY & TREATMENT	631.38										
77	50580	KIDNEY ENDOSCOPY & TREATMENT	631.38	00 15									
73	50590	LITHOTRIPSY,ESW	762.33										
77	50590	LITHOTRIPSY,ESW	762.33	00 15									
73	50592	PERC RF ABLATE RENAL TUMOR	3,091.73										
77	50592	PERC RF ABLATE RENAL TUMOR	3,091.73	00 15									
73	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,151.26										
77	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,151.26	00 15									
73	50600	EXPLORATION OF URETER	973.35										
77	50600	EXPLORATION OF URETER	973.35	00 15									
73	50605	URETEROTOMY-INSERT STEAT	1,071.70										
77	50605	URETEROTOMY-INSERT STEAT	1,071.70	00 15									
73	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	580.12										
77	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	580.12	00 15									
73	50610	REMOVAL OF URETER STONE	979.94										
77	50610	REMOVAL OF URETER STONE	979.94	00 15									
73	50620	REMOVAL OF URETER STONE	937.80										
77	50620	REMOVAL OF URETER STONE	937.80	00 15									
73	50630	REMOVAL OF URETER STONE	926.41										
77	50630	REMOVAL OF URETER STONE	926.41	00 15									
73	50650	REMOVAL OF URETER	1,078.18										
77	50650	REMOVAL OF URETER	1,078.18	00 15									
73	50660	REMOVAL OF URETER	1,186.46										
77	50660	REMOVAL OF URETER	1,186.46	00 15									
73	50684	INJECTION FOR URETER X-RAY	124.46										
77	50684	INJECTION FOR URETER X-RAY	124.46	00 15									
73	50686	MEASURE URETER PRESSURE	144.32										
77	50686	MEASURE URETER PRESSURE	144.32	00 15									
73	50688	CHANGE OF URETER TUBE	77.89										
77	50688	CHANGE OF URETER TUBE	77.89	00 15									
73	50690	INJECTION OF BLADDER AND URINARY DUC	115.50										
77	50690	INJECTION OF BLADDER AND URINARY DUC	115.50	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,040.42										
77	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,040.42	00 15									
73	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,160.81										
77	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,160.81	00 15									
73	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,402.78										
77	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,402.78	00 15									
73	50700	REVISION OF URETER	960.02										
77	50700	REVISION OF URETER	960.02	00 15									
73	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,905.57										
77	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,905.57	00 15									
73	50706	BALLOON DILATION, URETERAL STRICTURE	908.67										
77	50706	BALLOON DILATION, URETERAL STRICTURE	908.67	00 15									
73	50715	RELEASE OF URETER	1,268.38										
77	50715	RELEASE OF URETER	1,268.38	00 15									
73	50722	RELEASE OF URETER	1,084.07				F						
77	50722	RELEASE OF URETER	1,084.07	00 15			F						
73	50725	RELEASE/REVISE URETER	1,143.24										
77	50725	RELEASE/REVISE URETER	1,143.24	00 15									
73	50727	REVISION OF URINARY-CUTANEOUS ANASTO	527.32										
77	50727	REVISION OF URINARY-CUTANEOUS ANASTO	527.32	00 15									
73	50728	REVISION OF URINARY-CUTANEOUS ANASTO	769.67										
77	50728	REVISION OF URINARY-CUTANEOUS ANASTO	769.67	00 15									
73	50740	FUSION OF URETER & KIDNEY	1,332.53										
77	50740	FUSION OF URETER & KIDNEY	1,332.53	00 15									
73	50750	FUSION OF URETER & KIDNEY	1,196.82										
77	50750	FUSION OF URETER & KIDNEY	1,196.82	00 15									
73	50760	FUSION OF URETERS	1,199.50										
77	50760	FUSION OF URETERS	1,199.50	00 15									
73	50770	SPLICING OF URETERS	1,196.82										
77	50770	SPLICING OF URETERS	1,196.82	00 15									
73	50780	REIMPLANT URETER IN BLADDER	1,161.53										
77	50780	REIMPLANT URETER IN BLADDER	1,161.53	00 15									
73	50782	URETERONEOCYSTOSTOMY;	1,114.91										
77	50782	URETERONEOCYSTOSTOMY;	1,114.91	00 15									
73	50783	URETERONEOCYSTOSTOMY;	1,169.51										
77	50783	URETERONEOCYSTOSTOMY;	1,169.51	00 15									
73	50785	REIMPLANT URETER IN BLADDER	1,263.48										
77	50785	REIMPLANT URETER IN BLADDER	1,263.48	00 15									
73	50800	IMPLANT URETER IN BOWEL	959.49										
77	50800	IMPLANT URETER IN BOWEL	959.49	00 15									
73	50810	FUSION OF URETER & BOWEL	1,525.27										
77	50810	FUSION OF URETER & BOWEL	1,525.27	00 15									
73	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,269.84										
77	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,269.84	00 15									
73	50820	CONSTRUCT BOWEL BLADDER	1,366.50										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	50820	CONSTRUCT BOWEL BLADDER	1,366.50	00 15									
73	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,724.72										
77	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,724.72	00 15									
73	50830	URINARY UNDIVERSION	1,872.55										
77	50830	URINARY UNDIVERSION	1,872.55	00 15									
73	50840	REPLACE URETER BY BOWEL	1,277.10										
77	50840	REPLACE URETER BY BOWEL	1,277.10	00 15									
73	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,298.42										
77	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,298.42	00 15									
73	50860	TRANSPLANT URETER TO SKIN	980.06										
77	50860	TRANSPLANT URETER TO SKIN	980.06	00 15									
73	50900	REPAIR OF URETER	873.43										
77	50900	REPAIR OF URETER	873.43	00 15									
73	50920	CLOSURE URETER/SKIN FISTULA	913.72										
77	50920	CLOSURE URETER/SKIN FISTULA	913.72	00 15									
73	50930	CLOSURE URETER/BOWEL FISTULA	1,142.57										
77	50930	CLOSURE URETER/BOWEL FISTULA	1,142.57	00 15									
73	50940	RELEASE OF URETER	920.62										
77	50940	RELEASE OF URETER	920.62	00 15									
73	50945	LAPAROSCOPY URETEROLITHOTOMY	1,008.72										
77	50945	LAPAROSCOPY URETEROLITHOTOMY	1,008.72	00 15									
73	50947	LAPARO NEW URETER/BLADDER	1,441.78										
77	50947	LAPARO NEW URETER/BLADDER	1,441.78	00 15									
73	50948	LAPARO NEW URETER/BLADDER	1,331.84										
77	50948	LAPARO NEW URETER/BLADDER	1,331.84	00 15									
73	50951	ENDOSCOPY OF URETER	391.64										
77	50951	ENDOSCOPY OF URETER	391.64	00 15									
73	50953	ENDOSCOPY OF URETER	413.25										
77	50953	ENDOSCOPY OF URETER	413.25	00 15									
73	50955	URETER ENDOSCOPY & BIOPSY	440.31										
77	50955	URETER ENDOSCOPY & BIOPSY	440.31	00 15									
73	50957	URETER ENDOSCOPY & TREATMENT	444.85										
77	50957	URETER ENDOSCOPY & TREATMENT	444.85	00 15									
73	50961	URETER ENDOSCOPY & TREATMENT	401.82										
77	50961	URETER ENDOSCOPY & TREATMENT	401.82	00 15									
73	50970	URETER ENDOSCOPY	383.85										
77	50970	URETER ENDOSCOPY	383.85	00 15									
73	50972	URETER ENDOSCOPY & CATHETER	370.54										
77	50972	URETER ENDOSCOPY & CATHETER	370.54	00 15									
73	50974	URETER ENDOSCOPY & BIOPSY	489.80										
77	50974	URETER ENDOSCOPY & BIOPSY	489.80	00 15									
73	50976	URETER ENDOSCOPY & TREATMENT	483.40										
77	50976	URETER ENDOSCOPY & TREATMENT	483.40	00 15									
73	50980	URETER ENDOSCOPY & TREATMENT	368.81										
77	50980	URETER ENDOSCOPY & TREATMENT	368.81	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	51020	INCISE & TREAT BLADDER	485.03										
77	51020	INCISE & TREAT BLADDER	485.03	00 15									
73	51030	INCISE & TREAT BLADDER	488.80										
77	51030	INCISE & TREAT BLADDER	488.80	00 15									
73	51040	INCISE & DRAIN BLADDER	298.47										
77	51040	INCISE & DRAIN BLADDER	298.47	00 15									
73	51045	INCISE BLADDER, DRAIN URETER	527.78										
77	51045	INCISE BLADDER, DRAIN URETER	527.78	00 15									
73	51050	REMOVAL OF BLADDER STONE	488.33										
77	51050	REMOVAL OF BLADDER STONE	488.33	00 15									
73	51060	REMOVAL OF URETER STONE	602.40										
77	51060	REMOVAL OF URETER STONE	602.40	00 15									
73	51065	REMOVAL OF URETER STONE	600.13										
77	51065	REMOVAL OF URETER STONE	600.13	00 15									
73	51080	DRAINAGE OF BLADDER ABSCESS	421.06										
77	51080	DRAINAGE OF BLADDER ABSCESS	421.06	00 15									
73	51100	ASPIRATION OF BLADDER; BY NEEDLE	74.98										
77	51100	ASPIRATION OF BLADDER; BY NEEDLE	74.98	00 15									
73	51101	ASPIRATION OF BLADDER; BY TROCAR OR	153.28										
77	51101	ASPIRATION OF BLADDER; BY TROCAR OR	153.28	00 15									
73	51102	ASPIRATION OF BLADDER; WITH INSERTIO	246.57										
77	51102	ASPIRATION OF BLADDER; WITH INSERTIO	246.57	00 15									
73	51500	REMOVAL OF BLADDER CYST	659.97										
77	51500	REMOVAL OF BLADDER CYST	659.97	00 15									
73	51520	REMOVAL OF BLADDER LESION	616.05										
77	51520	REMOVAL OF BLADDER LESION	616.05	00 15									
73	51525	REMOVAL OF BLADDER LESION	893.10										
77	51525	REMOVAL OF BLADDER LESION	893.10	00 15									
73	51530	REMOVAL OF BLADDER LESION	798.59										
77	51530	REMOVAL OF BLADDER LESION	798.59	00 15									
73	51535	REPAIR OF URETER LESION	809.15										
77	51535	REPAIR OF URETER LESION	809.15	00 15									
73	51550	PARTIAL REMOVAL OF BLADDER	1,003.16										
77	51550	PARTIAL REMOVAL OF BLADDER	1,003.16	00 15									
73	51555	PARTIAL REMOVAL OF BLADDER	1,315.71										
77	51555	PARTIAL REMOVAL OF BLADDER	1,315.71	00 15									
73	51565	REVISE BLADDER & URETER(S)	1,337.44										
77	51565	REVISE BLADDER & URETER(S)	1,337.44	00 15									
73	51570	REMOVAL OF BLADDER	1,527.49										
77	51570	REMOVAL OF BLADDER	1,527.49	00 15									
73	51575	REMOVAL OF BLADDER & NODES	1,892.61										
77	51575	REMOVAL OF BLADDER & NODES	1,892.61	00 15									
73	51580	REMOVE BLADDER; REVISE TRACT	1,970.39										
77	51580	REMOVE BLADDER; REVISE TRACT	1,970.39	00 15									
73	51585	REMOVAL OF BLADDER & NODES	2,193.01										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	51585	REMOVAL OF BLADDER & NODES	2,193.01	00	15									
73	51590	REMOVE BLADDER; REVISE TRACT	2,012.36											
77	51590	REMOVE BLADDER; REVISE TRACT	2,012.36	00	15									
73	51595	REMOVE BLADDER; REVISE TRACT	2,274.63											
77	51595	REMOVE BLADDER; REVISE TRACT	2,274.63	00	15									
73	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,449.80											
77	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,449.80	00	15									
73	51597	PELVIC EXENTERATION	2,386.85			X								
77	51597	PELVIC EXENTERATION	2,386.85	00	15	X								
73	51600	INJECTION FOR BLADDER X-RAY	214.50											
77	51600	INJECTION FOR BLADDER X-RAY	214.50	00	15									
73	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	39.94											
77	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	39.94	00	15									
73	51610	INJECTION FOR BLADDER X-RAY	127.25											
77	51610	INJECTION FOR BLADDER X-RAY	127.25	00	15									
73	51700	IRRIGATION OF BLADDER	78.86										X	
77	51700	IRRIGATION OF BLADDER	78.86	00	15								X	
73	51701	INSERTION NON-INDWELLNG BLADDR CATH	46.11											
77	51701	INSERTION NON-INDWELLNG BLADDR CATH	46.11	00	15									
73	51702	INSERT TEMP INDWELL BLADDER CATHETER	63.13											
77	51702	INSERT TEMP INDWELL BLADDER CATHETER	63.13	00	15									
73	51703	INSERT INDWELL BLADDER CATH;COMPLICA	149.42											
77	51703	INSERT INDWELL BLADDER CATH;COMPLICA	149.42	00	15									
73	51705	CHANGE OF BLADDER TUBE	97.61											
77	51705	CHANGE OF BLADDER TUBE	97.61	00	15									
73	51710	CHANGE OF BLADDER TUBE	136.66											
77	51710	CHANGE OF BLADDER TUBE	136.66	00	15									
73	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	370.46											
77	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	370.46	00	15									
73	51720	TREATMENT OF BLADDER LESION	89.19											
77	51720	TREATMENT OF BLADDER LESION	89.19	00	15									
75	51725	SIMPLE CYSTOMETROGRAM	78.88											
75	51726	COMPLEX CYSTOMETROGRAM	87.51											
75	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	109.75											
75	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	106.84											
75	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	131.01											
75	51736	SIMPLE UROFLOWMETRY	8.45											
75	51741	COMPLEX UROFLOWMETRY	8.99											
75	51784	ANAL/URINARY MUSCLE STUDY	38.29											
75	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	102.04											
75	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	40.37											
73	51800	REVISION OF BLADDER/URETHRA	1,083.57											
77	51800	REVISION OF BLADDER/URETHRA	1,083.57	00	15									
73	51820	REVISION OF URINARY TRACT	1,125.46											
77	51820	REVISION OF URINARY TRACT	1,125.46	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	51840	ATTACH BLADDER/URETHRA	718.85										
77	51840	ATTACH BLADDER/URETHRA	718.85	00 15									
73	51841	ATTACH BLADDER/URETHRA	830.05										
77	51841	ATTACH BLADDER/URETHRA	830.05	00 15									
73	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	603.65				F						
77	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	603.65	00 15			F						
73	51860	REPAIR OF BLADDER WOUND	780.43										
77	51860	REPAIR OF BLADDER WOUND	780.43	00 15									
73	51865	REPAIR OF BLADDER WOUND	937.80										
77	51865	REPAIR OF BLADDER WOUND	937.80	00 15									
73	51880	REPAIR OF BLADDER OPENING	485.30										
77	51880	REPAIR OF BLADDER OPENING	485.30	00 15									
73	51900	REPAIR BLADDER/VAGINA LESION	853.24				F						
77	51900	REPAIR BLADDER/VAGINA LESION	853.24	00 15			F						
73	51920	CLOSE BLADDER-UTERUS FISTULA	791.02				F						
77	51920	CLOSE BLADDER-UTERUS FISTULA	791.02	00 15			F						
73	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,132.35		X		F		X				
77	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,132.35	00 15	X		F		X				
73	51940	CORRECTION OF BLADDER DEFECT	1,705.50										
77	51940	CORRECTION OF BLADDER DEFECT	1,705.50	00 15									
73	51960	REVISION OF BLADDER & BOWEL	1,436.23										
77	51960	REVISION OF BLADDER & BOWEL	1,436.23	00 15									
73	51980	CONSTRUCT BLADDER OPENING	740.16										
77	51980	CONSTRUCT BLADDER OPENING	740.16	00 15									
73	51990	LAPARO URETHRAL SUSPENSION	775.15										
77	51990	LAPARO URETHRAL SUSPENSION	775.15	00 15									
73	51992	LAPARO SLING OPERATION	879.17				F						
77	51992	LAPARO SLING OPERATION	879.17	00 15			F						
73	52000	CYSTOSCOPY	232.15										
77	52000	CYSTOSCOPY	232.15	00 15									
73	52001	CYSTOSCOPY, REMOVAL OF CLOTS	444.20										
77	52001	CYSTOSCOPY, REMOVAL OF CLOTS	444.20	00 15									
73	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	307.61										
77	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	307.61	00 15									
73	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	476.65										
77	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	476.65	00 15									
73	52010	CYSTOSCOPY & DUCT CATHETER	400.48				M						
77	52010	CYSTOSCOPY & DUCT CATHETER	400.48	00 15			M						
73	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	393.00										
77	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	393.00	00 15									
73	52214	CYSTOURETHROSCOPY WITH FULGURATION;	764.91										
77	52214	CYSTOURETHROSCOPY WITH FULGURATION;	764.91	00 15									
73	52224	CYSTOURETHROSCOPY WITH FULGURATION;	797.73										
77	52224	CYSTOURETHROSCOPY WITH FULGURATION;	797.73	00 15									
73	52234	CYSTOURETHROSCOPY WITH FULGURATION;	254.15										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	52234	CYSTOURETHROSCOPY WITH FULGURATION;	254.15	00 15									
73	52235	CYSTOURETHROSCOPY WITH FULGURATION;	298.89										
77	52235	CYSTOURETHROSCOPY WITH FULGURATION;	298.89	00 15									
73	52240	CYSTOURETHROSCOPY WITH FULGURATION;	406.00										
77	52240	CYSTOURETHROSCOPY WITH FULGURATION;	406.00	00 15									
73	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	247.44										
77	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	247.44	00 15									
73	52260	CYSTOSCOPY & TREATMENT	218.24										
77	52260	CYSTOSCOPY & TREATMENT	218.24	00 15									
73	52265	CYSTOSCOPY & TREATMENT	389.74										
77	52265	CYSTOSCOPY & TREATMENT	389.74	00 15									
73	52270	CYSTOSCOPY & REVISE URETHRA	426.55										
77	52270	CYSTOSCOPY & REVISE URETHRA	426.55	00 15									
73	52275	CYSTOSCOPY & REVISE URETHRA	552.34										
77	52275	CYSTOSCOPY & REVISE URETHRA	552.34	00 15									
73	52276	CYSTOURETHROSCOPY W/DIRECT VISION	274.24										
77	52276	CYSTOURETHROSCOPY W/DIRECT VISION	274.24	00 15									
73	52277	CYSTOSCOPY AND TREATMENT	334.71										
77	52277	CYSTOSCOPY AND TREATMENT	334.71	00 15									
73	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	334.35										
77	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	334.35	00 15									
73	52282	CYSTOSCOPY, IMPLANT STENT	347.63										
77	52282	CYSTOSCOPY, IMPLANT STENT	347.63	00 15									
73	52283	CYSTOURETHROSCOPY, STEROID INJECTION	352.92										
77	52283	CYSTOURETHROSCOPY, STEROID INJECTION	352.92	00 15									
73	52285	CYSTOSCOPY AND TREATMENT	349.45				F						
77	52285	CYSTOSCOPY AND TREATMENT	349.45	00 15			F						
73	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	387.37										
77	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	387.37	00 15									
73	52290	CYSTOSCOPY AND TREATMENT	252.42										
77	52290	CYSTOSCOPY AND TREATMENT	252.42	00 15									
73	52300	CYSTOSCOPY AND TREATMENT	290.84										
77	52300	CYSTOSCOPY AND TREATMENT	290.84	00 15									
73	52301	CYSTOSCOPY AND TREATMENT	300.67										
77	52301	CYSTOSCOPY AND TREATMENT	300.67	00 15									
73	52305	CYSTOSCOPY AND TREATMENT	288.67										
77	52305	CYSTOSCOPY AND TREATMENT	288.67	00 15									
73	52310	CYSTOSCOPY AND TREATMENT	312.93										
77	52310	CYSTOSCOPY AND TREATMENT	312.93	00 15									
73	52315	CYSTOSCOPY AND TREATMENT	483.16										
77	52315	CYSTOSCOPY AND TREATMENT	483.16	00 15									
73	52317	LITHOLAPAXY,SIMPLE;SMALL	910.02										
77	52317	LITHOLAPAXY,SIMPLE;SMALL	910.02	00 15									
73	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	492.11										
77	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	492.11	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	52320	CYSTOSCOPY AND TREATMENT	255.19										
77	52320	CYSTOSCOPY AND TREATMENT	255.19	00 15									
73	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	332.09										
77	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	332.09	00 15									
73	52327	CYSTOSCOPY, INJECT MATERIAL	275.14										
77	52327	CYSTOSCOPY, INJECT MATERIAL	275.14	00 15									
73	52330	CYSTOSCOPY AND TREATMENT	613.43										
77	52330	CYSTOSCOPY AND TREATMENT	613.43	00 15									
73	52332	CYSTOURETHROSCOPY/INSERT STENT	439.74										
77	52332	CYSTOURETHROSCOPY/INSERT STENT	439.74	00 15									
73	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	189.16										
77	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	189.16	00 15									
73	52341	CYSTO W/URETER STRICTURE TX	294.21										
77	52341	CYSTO W/URETER STRICTURE TX	294.21	00 15									
73	52342	CYSTO W/UP STRICTURE TX	319.95										
77	52342	CYSTO W/UP STRICTURE TX	319.95	00 15									
73	52343	CYSTO W/RENAL STRICTURE TX	355.52										
77	52343	CYSTO W/RENAL STRICTURE TX	355.52	00 15									
73	52344	CYSTO/URETERO, STONE REMOVE	381.81										
77	52344	CYSTO/URETERO, STONE REMOVE	381.81	00 15									
73	52345	CYSTO/URETERO W/UP STRICTURE	408.40										
77	52345	CYSTO/URETERO W/UP STRICTURE	408.40	00 15									
73	52346	CYSTOURETERO W/RENAL STRICT	462.88										
77	52346	CYSTOURETERO W/RENAL STRICT	462.88	00 15									
73	52351	CYSTOURETRO & OR PYELOSCOPE	313.10										
77	52351	CYSTOURETRO & OR PYELOSCOPE	313.10	00 15									
73	52352	CYSTOURETRO W/STONE REMOVE	366.42										
77	52352	CYSTOURETRO W/STONE REMOVE	366.42	00 15									
73	52353	CYSTOURETERO W/LITHOTRIPSY	406.00										
77	52353	CYSTOURETERO W/LITHOTRIPSY	406.00	00 15									
73	52354	CYSTOURETERO W/BIOPSY	432.82										
77	52354	CYSTOURETERO W/BIOPSY	432.82	00 15									
73	52355	CYSTOURETERO W/EXCISE TUMOR	484.30										
77	52355	CYSTOURETERO W/EXCISE TUMOR	484.30	00 15									
73	52356	CRUSHING OF STONE IN URINARY DUCT (U	431.52									X	
77	52356	CRUSHING OF STONE IN URINARY DUCT (U	431.52	00 15								X	
73	52400	CYSTOURETERO W/CONGEN REPR	494.58			X							
77	52400	CYSTOURETERO W/CONGEN REPR	494.58	00 15		X							
73	52402	CYSTOURETHRO CUT EJACUL DUCT	277.87				M						
77	52402	CYSTOURETHRO CUT EJACUL DUCT	277.87	00 15			M						
73	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,355.49				M						
77	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,355.49	00 15			M						
73	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	956.59				M						
77	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	956.59	00 15			M						
73	52450	TRANSURETHRAL INCISION OF PROSTATE	487.74				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	52450	TRANSURETHRAL INCISION OF PROSTATE	487.74	00 15			M						
73	52500	REVISION OF BLADDER NECK	506.21				M						
77	52500	REVISION OF BLADDER NECK	506.21	00 15			M						
73	52601	PROSTATECTOMY (TUR)	755.72				M						
77	52601	PROSTATECTOMY (TUR)	755.72	00 15			M						
73	52630	REMOVE PROSTATE REGROWTH	415.02				M						
77	52630	REMOVE PROSTATE REGROWTH	415.02	00 15			M						
73	52640	RELIEVE BLADDER CONTRACTURE	326.33				M						
77	52640	RELIEVE BLADDER CONTRACTURE	326.33	00 15			M						
73	52647	LASER SURGERY OF PROSTATE	1,643.06				M						
77	52647	LASER SURGERY OF PROSTATE	1,643.06	00 15			M						
73	52648	LASER SURGERY OF PROSTATE	1,696.34				M						
77	52648	LASER SURGERY OF PROSTATE	1,696.34	00 15			M						
73	52649	PROSTATE LASER ENUCLEATION	855.34			X	M						
77	52649	PROSTATE LASER ENUCLEATION	855.34	00 15		X	M						
73	52700	DRAINAGE OF PROSTATE ABSCESS	455.72				M						
77	52700	DRAINAGE OF PROSTATE ABSCESS	455.72	00 15			M						
73	53000	INCISION OF URETHRA	152.22										
77	53000	INCISION OF URETHRA	152.22	00 15									
73	53010	INCISION OF URETHRA	302.72										
77	53010	INCISION OF URETHRA	302.72	00 15									
73	53020	INCISION OF URETHRA	100.31	01 99									
77	53020	INCISION OF URETHRA	100.31	01 15									
73	53025	INCISION OF URETHRA	69.68	00 00									
77	53025	INCISION OF URETHRA	69.68	00 00									
73	53040	DRAINAGE OF URETHRA ABSCESS	404.61										
77	53040	DRAINAGE OF URETHRA ABSCESS	404.61	00 15									
73	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	197.01				F						
77	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	197.01	00 15			F						
73	53080	DRAINAGE OF URINARY LEAKAGE	433.28										
77	53080	DRAINAGE OF URINARY LEAKAGE	433.28	00 15									
73	53085	DRAINAGE OF URINARY LEAKAGE	672.22										
77	53085	DRAINAGE OF URINARY LEAKAGE	672.22	00 15									
73	53200	BIOPSY OF URETHRA	163.25										
77	53200	BIOPSY OF URETHRA	163.25	00 15									
73	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	798.83				F						
77	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	798.83	00 15			F						
73	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	961.82				M						
77	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	961.82	00 15			M						
73	53220	TREATMENT OF URETHRA LESION	466.37										
77	53220	TREATMENT OF URETHRA LESION	466.37	00 15									
73	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	633.35				F						
77	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	633.35	00 15			F						
73	53235	EXCISE URETHRAL DIVERTICULUM;MALE	655.82				M						
77	53235	EXCISE URETHRAL DIVERTICULUM;MALE	655.82	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
73	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	437.80										
77	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	437.80	00 15									
73	53250	REMOVAL OF SEMINAL FLUID GLAND	407.79										
77	53250	REMOVAL OF SEMINAL FLUID GLAND	407.79	00 15									
73	53260	TREATMENT OF URETHRA LESION	214.07										
77	53260	TREATMENT OF URETHRA LESION	214.07	00 15									
73	53265	TREATMENT OF URETHRA LESION	235.98										
77	53265	TREATMENT OF URETHRA LESION	235.98	00 15									
73	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	216.55				F						
77	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	216.55	00 15			F						
73	53275	REPAIR OF URETHRA DEFECT	272.86										
77	53275	REPAIR OF URETHRA DEFECT	272.86	00 15									
73	53400	REVISE URETHRA, 1ST STAGE	828.68										
77	53400	REVISE URETHRA, 1ST STAGE	828.68	00 15									
73	53405	REVISE URETHRA, 2ND STAGE	905.97										
77	53405	REVISE URETHRA, 2ND STAGE	905.97	00 15									
73	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,016.98				M						
77	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,016.98	00 15			M						
73	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,174.49				M						
77	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,174.49	00 15			M						
73	53420	RECONSTRUCT URETHRA, STAGE 1	873.75				M						
77	53420	RECONSTRUCT URETHRA, STAGE 1	873.75	00 15			M						
73	53425	RECONSTRUCT URETHRA, STAGE 2	972.23				M						
77	53425	RECONSTRUCT URETHRA, STAGE 2	972.23	00 15			M						
73	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,016.96				F						
77	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,016.96	00 15			F						
73	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,197.04										
77	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,197.04	00 15									
73	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	781.13				M						
77	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	781.13	00 15			M						
73	53442	PERINEAL PROSTHESIS REMOVAL	811.59				M						
77	53442	PERINEAL PROSTHESIS REMOVAL	811.59	00 15			M						
73	53444	INSERT TANDEM CUFF	822.66										
77	53444	INSERT TANDEM CUFF	822.66	00 15									
73	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	781.77		X								
77	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	781.77	00 15	X								
73	53446	REMOVE URO SPHINCTER	665.09			X							
77	53446	REMOVE URO SPHINCTER	665.09	00 15		X							
73	53447	INFLATABLE SPHINCTER REMOVAL	836.43			X							
77	53447	INFLATABLE SPHINCTER REMOVAL	836.43	00 15		X							
73	53448	REMOV/REPLC UR SPHINCTR COMP	1,326.00			X							
77	53448	REMOV/REPLC UR SPHINCTR COMP	1,326.00	00 15		X							
73	53449	CORRECTION OF ABNORMAL SPHINCTER	635.44		X								
77	53449	CORRECTION OF ABNORMAL SPHINCTER	635.44	00 15	X								
73	53450	REVISION OF URETHRA	421.74										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	53450	REVISION OF URETHRA	421.74	00	15									
73	53460	REVISION OF URETHRA	473.48											
77	53460	REVISION OF URETHRA	473.48	00	15									
73	53500	URETHRLYS, TRANSVAG W/ SCOPE	783.34					F						
77	53500	URETHRLYS, TRANSVAG W/ SCOPE	783.34	00	15			F						
73	53502	URETHRORRHAPHY...SUTURE...,FEMALE	502.50					F						
77	53502	URETHRORRHAPHY...SUTURE...,FEMALE	502.50	00	15			F						
73	53505	URETHRORRHAPHY...SUTURE...;PENILE	502.18					M						
77	53505	URETHRORRHAPHY...SUTURE...;PENILE	502.18	00	15			M						
73	53510	REPAIR OF URETHRA INJURY	654.44											
77	53510	REPAIR OF URETHRA INJURY	654.44	00	15									
73	53515	REPAIR OF URETHRA INJURY	824.68					M						
77	53515	REPAIR OF URETHRA INJURY	824.68	00	15			M						
73	53520	CLOSE URETHROSTOMY....FISTULE,MALE	577.38					M						
77	53520	CLOSE URETHROSTOMY....FISTULE,MALE	577.38	00	15			M						
73	53600	DILATE URETHRAL STRICTURE,MALE;INIT	90.25					M						
77	53600	DILATE URETHRAL STRICTURE,MALE;INIT	90.25	00	15			M						
73	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	86.53					M						
77	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	86.53	00	15			M						
73	53605	DILATE URETH STRICT...MALE	67.23					M						
77	53605	DILATE URETH STRICT...MALE	67.23	00	15			M						
73	53620	DILATE URETH STRICT.,MALE;INITIAL	165.18					M						
77	53620	DILATE URETH STRICT.,MALE;INITIAL	165.18	00	15			M						
73	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	155.84					M						
77	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	155.84	00	15			M						
73	53660	DILATE FEMALE URETHRA...;INITIAL	75.56					F						
77	53660	DILATE FEMALE URETHRA...;INITIAL	75.56	00	15			F						
73	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	74.62					F						
77	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	74.62	00	15			F						
73	53665	DILATE FEMALE URETHRA...	40.47					F						
77	53665	DILATE FEMALE URETHRA...	40.47	00	15			F						
73	53850	PROSTATIC MICROWAVE THERMOTX	1,530.67					M						
77	53850	PROSTATIC MICROWAVE THERMOTX	1,530.67	00	15			M						
73	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,788.89					M						
77	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,788.89	00	15			M						
73	53855	INSERTION OF A TEMPORARY PROSTATIC U	718.89					M						
77	53855	INSERTION OF A TEMPORARY PROSTATIC U	718.89	00	15			M						
73	54000	SLITTING OF PREPUCE	163.15	00	00			M						
77	54000	SLITTING OF PREPUCE	163.15	00	00			M						
73	54001	SLITTING OF PREPUCE	200.11					M						
77	54001	SLITTING OF PREPUCE	200.11	00	15			M						
73	54015	DRAIN PENIS LESION	316.68					M						
77	54015	DRAIN PENIS LESION	316.68	00	15			M						
73	54050	TREATMENT OF PENIS LESION	140.20					M						
77	54050	TREATMENT OF PENIS LESION	140.20	00	15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	54055	TREATMENT OF PENIS LESION	133.92				M						
77	54055	TREATMENT OF PENIS LESION	133.92	00 15			M						
73	54056	DESTROY PENILE LESION;CRYOSURGERY	142.26				M						
77	54056	DESTROY PENILE LESION;CRYOSURGERY	142.26	00 15			M						
73	54057	DESTROY PENILE LESION; LASER SURGERY	141.71				M						
77	54057	DESTROY PENILE LESION; LASER SURGERY	141.71	00 15			M						
73	54060	TREATMENT OF PENIS LESION	195.88				M						
77	54060	TREATMENT OF PENIS LESION	195.88	00 15			M						
73	54065	TREATMENT OF PENIS LESION	223.56				M						
77	54065	TREATMENT OF PENIS LESION	223.56	00 15			M						
73	54100	BIOPSY OF PENIS	203.93				M						
77	54100	BIOPSY OF PENIS	203.93	00 15			M						
73	54105	BIOPSY OF PENIS	282.44				M						
77	54105	BIOPSY OF PENIS	282.44	00 15			M						
73	54110	TREATMENT OF PENIS LESION	647.96				M						
77	54110	TREATMENT OF PENIS LESION	647.96	00 15			M						
73	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	829.20				M						
77	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	829.20	00 15			M						
73	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	971.37				M						
77	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	971.37	00 15			M						
73	54115	TREATMENT OF PENIS LESION	467.81				M						
77	54115	TREATMENT OF PENIS LESION	467.81	00 15			M						
73	54120	PARTIAL REMOVAL OF PENIS	654.02				M						
77	54120	PARTIAL REMOVAL OF PENIS	654.02	00 15			M						
73	54125	REMOVAL OF PENIS	848.03				M						
77	54125	REMOVAL OF PENIS	848.03	00 15			M						
73	54130	REMOVE PENIS & NODES	1,239.32				M						
77	54130	REMOVE PENIS & NODES	1,239.32	00 15			M						
73	54135	REMOVE PENIS & NODES	1,570.34				M						
77	54135	REMOVE PENIS & NODES	1,570.34	00 15			M						
73	54150	CIRCUMCISION USING CLAMP OR OTHER DE	156.11				M		X				
77	54150	CIRCUMCISION USING CLAMP OR OTHER DE	156.11	00 15			M		X				
73	54160	CIRCUMCISION	225.66	00 01			M		X				
77	54160	CIRCUMCISION	225.66	00 15			M		X				
73	54161	CIRCUMCISION	203.65				M		X				
77	54161	CIRCUMCISION	203.65	00 15			M		X				
73	54162	LYSIS PENIL CIRCUMCIS LESION	266.08				M						
77	54162	LYSIS PENIL CIRCUMCIS LESION	266.08	00 15			M						
73	54163	REPAIR OF CIRCUMCISION	223.49				M						
77	54163	REPAIR OF CIRCUMCISION	223.49	00 15			M						
73	54164	FRENULOTOMY OF PENIS	196.89				M						
77	54164	FRENULOTOMY OF PENIS	196.89	00 15			M						
73	54200	TREATMENT OF PENIS LESION	114.49				M						
77	54200	TREATMENT OF PENIS LESION	114.49	00 15			M						
73	54205	TREATMENT OF PENIS LESION	549.89				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	54205	TREATMENT OF PENIS LESION	549.89	00 15			M						
73	54220	TREATMENT OF PENIS LESION	223.81				M						
77	54220	TREATMENT OF PENIS LESION	223.81	00 15			M						
73	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	105.10				M						
77	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	105.10	00 15			M						
73	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	144.66				M						
77	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	144.66	00 15			M						
73	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	90.20				M						
77	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	90.20	00 15			M						
73	54300	REVISION OF PENIS	670.07				M						
77	54300	REVISION OF PENIS	670.07	00 15			M						
73	54304	PLASTIC OPERATION ON PENIS FOR CORRE	775.75				M						
77	54304	PLASTIC OPERATION ON PENIS FOR CORRE	775.75	00 15			M						
73	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	742.56				M						
77	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	742.56	00 15			M						
73	54312	URETHROPLASTY...; MORE THAN 3 CM	847.84				M						
77	54312	URETHROPLASTY...; MORE THAN 3 CM	847.84	00 15			M						
73	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,033.40				M						
77	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,033.40	00 15			M						
73	54318	URETHROPLASTY/RELEASE FROM SCROTUM	737.42				M						
77	54318	URETHROPLASTY/RELEASE FROM SCROTUM	737.42	00 15			M						
73	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	811.19				M						
77	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	811.19	00 15			M						
73	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,004.22				M						
77	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,004.22	00 15			M						
73	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	977.86				M						
77	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	977.86	00 15			M						
73	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	971.79				M						
77	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	971.79	00 15			M						
73	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,049.81				M						
77	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,049.81	00 15			M						
73	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,234.22				M						
77	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,234.22	00 15			M						
73	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	589.66				M						
77	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	589.66	00 15			M						
73	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	979.59				M						
77	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	979.59	00 15			M						
73	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,049.48				M						
77	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,049.48	00 15			M						
73	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,470.32				M						
77	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,470.32	00 15			M						
73	54360	PLASTIC PENILE REPAIR/ANGULATION	747.73				M						
77	54360	PLASTIC PENILE REPAIR/ANGULATION	747.73	00 15			M						
73	54380	REPAIR PENIS	828.48				M						
77	54380	REPAIR PENIS	828.48	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	54385	REPAIR PENIS	964.67				M						
77	54385	REPAIR PENIS	964.67	00 15			M						
73	54390	REPAIR PENIS AND BLADDER	1,288.90				M						
77	54390	REPAIR PENIS AND BLADDER	1,288.90	00 15			M						
73	54406	REMOVE MULTI-COMP PENIS PROS	758.40				M				X		
77	54406	REMOVE MULTI-COMP PENIS PROS	758.40	00 15			M				X		
73	54408	REPAIR MULTI-COMP PENIS PROS	819.78				M				X		
77	54408	REPAIR MULTI-COMP PENIS PROS	819.78	00 15			M				X		
73	54410	REMOVE/REPLACE PENIS PROSTH	893.94				M				X		
77	54410	REMOVE/REPLACE PENIS PROSTH	893.94	00 15			M				X		
73	54411	REMV/REPLC PENIS PROS, COMP	1,073.33				M				X		
77	54411	REMV/REPLC PENIS PROS, COMP	1,073.33	00 15			M				X		
73	54415	REMOVE SELF-CONTD PENIS PROS	548.04				M				X		
77	54415	REMOVE SELF-CONTD PENIS PROS	548.04	00 15			M				X		
73	54416	REMV/REPL PENIS CONTAIN PROS	739.57				M				X		
77	54416	REMV/REPL PENIS CONTAIN PROS	739.57	00 15			M				X		
73	54417	REMV/REPLC PENIS PROS, COMPL	931.67				M				X		
77	54417	REMV/REPLC PENIS PROS, COMPL	931.67	00 15			M				X		
73	54420	REVISION OF PENIS	729.84				M						
77	54420	REVISION OF PENIS	729.84	00 15			M						
73	54430	REVISION OF PENIS	661.95				M						
77	54430	REVISION OF PENIS	661.95	00 15			M						
73	54435	PENILE FISTULATION FOR PRIAPISM	427.05				M						
77	54435	PENILE FISTULATION FOR PRIAPISM	427.05	00 15			M						
73	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	700.10				M						
77	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	700.10	00 15			M						
73	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,387.28				M						
77	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,387.28	00 15			M						
73	54450	PREPUTIAL STRETCHING	70.84				M						
77	54450	PREPUTIAL STRETCHING	70.84	00 15			M						
77	54500	BIOPSY OF TESTIS	76.42	00 15			M					X	
73	54505	BIOPSY OF TESTIS	217.43				M						
77	54505	BIOPSY OF TESTIS	217.43	00 15			M						
73	54512	EXCISE LESION TESTIS	560.83				M						
77	54512	EXCISE LESION TESTIS	560.83	00 15			M						
73	54520	REMOVAL OF TESTIS	339.68				M						
77	54520	REMOVAL OF TESTIS	339.68	00 15			M						
73	54522	ORCHIECTOMY, PARTIAL	609.98				M						
77	54522	ORCHIECTOMY, PARTIAL	609.98	00 15			M						
73	54530	REMOVAL OF TESTIS	525.95				M						
77	54530	REMOVAL OF TESTIS	525.95	00 15			M						
73	54535	EXTENSIVE TESTIS SURGERY	771.40				M						
77	54535	EXTENSIVE TESTIS SURGERY	771.40	00 15			M						
73	54550	EXPLORATION FOR TESTIS	509.15				M						
77	54550	EXPLORATION FOR TESTIS	509.15	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	54560	EXPLORATION FOR TESTIS	713.52				M						
77	54560	EXPLORATION FOR TESTIS	713.52	00 15			M						
73	54600	REDUCE TESTIS TORSION	467.69				M						
77	54600	REDUCE TESTIS TORSION	467.69	00 15			M						
73	54620	SUSPENSION OF TESTIS	310.01				M						
77	54620	SUSPENSION OF TESTIS	310.01	00 15			M						
73	54640	SUSPENSION OF TESTIS	452.57				M						
77	54640	SUSPENSION OF TESTIS	452.57	00 15			M						
73	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	737.97				M						
77	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	737.97	00 15			M						
73	54660	REVISION OF TESTIS	368.14				M						
77	54660	REVISION OF TESTIS	368.14	00 15			M						
73	54670	REPAIR TESTIS INJURY	420.36				M						
77	54670	REPAIR TESTIS INJURY	420.36	00 15			M						
73	54680	RELOCATION OF TESTIS(ES)	817.19				M						
77	54680	RELOCATION OF TESTIS(ES)	817.19	00 15			M						
73	54690	LAPAROSCOPY, ORCHIECTOMY	680.66				M						
77	54690	LAPAROSCOPY, ORCHIECTOMY	680.66	00 15			M						
73	54692	LAPAROSCOPY, ORCHIOPEXY	786.21				M						
77	54692	LAPAROSCOPY, ORCHIOPEXY	786.21	00 15			M						
73	54700	DRAINAGE OF SCROTUM	221.23				M						
77	54700	DRAINAGE OF SCROTUM	221.23	00 15			M						
73	54800	BIOPSY OF EPIDIDYMIS	129.46				M					X	
77	54800	BIOPSY OF EPIDIDYMIS	129.46	00 15			M					X	
73	54830	REMOVE EPIDIDYMIS LESION	383.86				M						
77	54830	REMOVE EPIDIDYMIS LESION	383.86	00 15			M						
73	54840	REMOVE EPIDIDYMIS LESION	333.14				M						
77	54840	REMOVE EPIDIDYMIS LESION	333.14	00 15			M						
73	54860	REMOVAL OF EPIDIDYMIS	432.37				M						
77	54860	REMOVAL OF EPIDIDYMIS	432.37	00 15			M						
73	54861	REMOVAL OF EPIDIDYMES	588.00				M						
77	54861	REMOVAL OF EPIDIDYMES	588.00	00 15			M						
73	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	370.05				M						
77	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	370.05	00 15			M						
73	55000	DRAINAGE OF HYDROCELE	122.01				M					X	
77	55000	DRAINAGE OF HYDROCELE	122.01	00 15			M					X	
73	55040	REMOVAL OF HYDROCELE	349.72				M						
77	55040	REMOVAL OF HYDROCELE	349.72	00 15			M						
73	55041	REMOVAL OF HYDROCELES	529.73				M						
77	55041	REMOVAL OF HYDROCELES	529.73	00 15			M						
73	55060	REPAIR OF HYDROCELE	392.86				M						
77	55060	REPAIR OF HYDROCELE	392.86	00 15			M						
73	55100	DRAINAGE OF SCROTUM ABSCESS	233.53				M						
77	55100	DRAINAGE OF SCROTUM ABSCESS	233.53	00 15			M						
73	55110	SCROTAL EXPLORATION	400.36				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	55110	SCROTAL EXPLORATION	400.36	00	15			M						
73	55120	REMOVAL OF SCROTUM LESION	364.83					M						
77	55120	REMOVAL OF SCROTUM LESION	364.83	00	15			M						
73	55150	REMOVAL OF SCROTUM	510.08					M						
77	55150	REMOVAL OF SCROTUM	510.08	00	15			M						
73	55175	SCROTOPLASTY;	376.35					M						
77	55175	SCROTOPLASTY;	376.35	00	15			M						
73	55180	SCROTOPLASTY;COMPLICATED	718.61					M						
77	55180	SCROTOPLASTY;	718.61	00	15			M						
73	55250	VASECTOMY, UNILATERAL OR BILATERAL	355.61	21	99	X		M						
73	55500	REMOVAL OF HYDROCELE	410.16					M						
77	55500	REMOVAL OF HYDROCELE	410.16	00	15			M						
73	55520	REMOVAL OF SPERM CORD LESION	489.27					M						
77	55520	REMOVAL OF SPERM CORD LESION	489.27	00	15			M						
73	55530	REVISE SPERMATIC CORD VEINS	363.92					M						
77	55530	REVISE SPERMATIC CORD VEINS	363.92	00	15			M						
73	55535	REVISE SPERMATIC CORD VEINS	444.35					M						
77	55535	REVISE SPERMATIC CORD VEINS	444.35	00	15			M						
73	55540	REVISE HERNIA & SPERM VEINS	598.20					M						
77	55540	REVISE HERNIA & SPERM VEINS	598.20	00	15			M						
73	55550	LAPARO LIGATE SPERMATIC VEIN	443.08					M						
77	55550	LAPARO LIGATE SPERMATIC VEIN	443.08	00	15			M						
73	55600	INCISE SPERM DUCT POUCH	435.34					M						
77	55600	INCISE SPERM DUCT POUCH	435.34	00	15			M						
73	55605	INCISE SPERM DUCT POUCH	541.02					M						
77	55605	INCISE SPERM DUCT POUCH	541.02	00	15			M						
73	55650	REMOVE SPERM DUCT POUCH	745.12					M						
77	55650	REMOVE SPERM DUCT POUCH	745.12	00	15			M						
73	55680	REMOVE SPERM POUCH LESION	357.88					M						
77	55680	REMOVE SPERM POUCH LESION	357.88	00	15			M						
73	55700	BIOPSY OF PROSTATE	251.25					M						
77	55700	BIOPSY OF PROSTATE	251.25	00	15			M						
73	55705	BIOPSY OF PROSTATE	274.60					M						
77	55705	BIOPSY OF PROSTATE	274.60	00	15			M						
73	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	386.18					M						
77	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	386.18	00	15			M						
73	55720	DRAINAGE OF PROSTATE ABSCESS	468.56					M						
77	55720	DRAINAGE OF PROSTATE ABSCESS	468.56	00	15			M						
73	55725	DRAINAGE OF PROSTATE ABSCESS	614.57					M						
77	55725	DRAINAGE OF PROSTATE ABSCESS	614.57	00	15			M						
73	55801	REMOVAL OF PROSTATE	1,135.84					M						
77	55801	REMOVAL OF PROSTATE	1,135.84	00	15			M						
73	55810	EXTENSIVE PROSTATE SURGERY	1,360.29					M						
77	55810	EXTENSIVE PROSTATE SURGERY	1,360.29	00	15			M						
73	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,669.68					M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,669.68	00 15			M						
73	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,830.64				M						
77	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,830.64	00 15			M						
73	55821	REMOVAL OF PROSTATE	906.76				M						
77	55821	REMOVAL OF PROSTATE	906.76	00 15			M						
73	55831	REMOVAL OF PROSTATE	981.42				M						
77	55831	REMOVAL OF PROSTATE	981.42	00 15			M						
73	55840	EXTENSIVE PROSTATE SURGERY	1,214.28				M						
77	55840	EXTENSIVE PROSTATE SURGERY	1,214.28	00 15			M						
73	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,217.08				M						
77	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,217.08	00 15			M						
73	55845	EXTENSIVE PROSTATE SURGERY	1,413.88				M						
77	55845	EXTENSIVE PROSTATE SURGERY	1,413.88	00 15			M						
73	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	908.80				M						
77	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	908.80	00 15			M						
73	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,136.88				M						
77	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,136.88	00 15			M						
73	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,385.71				M						
77	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,385.71	00 15			M						
73	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,497.78				M						
77	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,497.78	00 15			M						
73	55870	ELECTROEJACULATION	179.06				M						
77	55870	ELECTROEJACULATION	179.06	00 15			M						
73	55873	CRYOABLATE PROSTATE	6,137.36				M						
77	55873	CRYOABLATE PROSTATE	6,137.36	00 15			M						
73	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	3,051.58				M						
77	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	3,051.58	00 15			M						
73	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	796.65				M						
77	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	796.65	00 15			M						
73	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	150.41				M						
77	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	150.41	00 15			M						
73	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,018.28				M						
77	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,018.28	00 15			M						
73	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	467.35										
77	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	467.35	00 15									
73	56405	INCISION AND DRAINAGE OF VULVA OR PE	144.98				F						
77	56405	INCISION AND DRAINAGE OF VULVA OR PE	144.98	00 15			F						
73	56420	INCISION AND DRAINAGE OF FEMALE GENI	178.01				F					X	
77	56420	INCISION AND DRAINAGE OF FEMALE GENI	178.01	00 15			F					X	
73	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	190.16				F						
77	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	190.16	00 15			F						
73	56441	LYSIS OF LABIAL ADHESIONS	181.85				F						
77	56441	LYSIS OF LABIAL ADHESIONS	181.85	00 15			F						
73	56442	HYMENOTOMY, SIMPLE INCISION	48.60				F						
77	56442	HYMENOTOMY, SIMPLE INCISION	48.60	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	56501	DESTROY VULVA LESION(S);SIMPLE	184.46				F						
77	56501	DESTROY VULVA LESION(S);SIMPLE	184.46	00 15			F						
73	56515	TREATMENT OF VULVA LESIONS	276.58				F						
77	56515	TREATMENT OF VULVA LESIONS	276.58	00 15			F						
73	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	96.89				F						
77	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	96.89	00 15			F						
73	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	40.36				F						
77	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	40.36	00 15			F						
73	56620	PARTIAL REMOVAL OF VULVA	594.98				F						
77	56620	PARTIAL REMOVAL OF VULVA	594.98	00 15			F						
73	56625	REMOVAL OF VULVA	689.60				F						
77	56625	REMOVAL OF VULVA	689.60	00 15			F						
73	56630	EXTENSIVE VULVA SURGERY	1,000.00				F						
77	56630	EXTENSIVE VULVA SURGERY	1,000.00	00 15			F						
73	56631	VULVECTOMY, RADICAL, PARTIAL;	1,238.89				F						
77	56631	VULVECTOMY, RADICAL, PARTIAL;	1,238.89	00 15			F						
73	56632	VULVECTOMY, RADICAL, PARTIAL;	1,486.68				F						
77	56632	VULVECTOMY, RADICAL, PARTIAL;	1,486.68	00 15			F						
73	56633	VULVECTOMY, RADICAL, COMPLETE;	1,286.29				F						
77	56633	VULVECTOMY, RADICAL, COMPLETE;	1,286.29	00 15			F						
73	56634	VULVECTOMY, RADICAL, COMPLETE;	1,353.01				F						
77	56634	VULVECTOMY, RADICAL, COMPLETE;	1,353.01	00 15			F						
73	56637	VULVECTOMY, RADICAL, COMPLETE;	1,575.80				F						
77	56637	VULVECTOMY, RADICAL, COMPLETE;	1,575.80	00 15			F						
73	56640	EXTENSIVE VULVA SURGERY	1,598.31				F						
77	56640	EXTENSIVE VULVA SURGERY	1,598.31	00 15			F						
73	56700	PARTIAL REMOVAL OF HYMEN	209.87				F						
77	56700	PARTIAL REMOVAL OF HYMEN	209.87	00 15			F						
73	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	329.33				F						
77	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	329.33	00 15			F						
73	56800	REPAIR OF VAGINA	263.18				F						
77	56800	REPAIR OF VAGINA	263.18	00 15			F						
73	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,234.06				F						
77	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,234.06	00 15			F						
73	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	282.82				F						
77	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	282.82	00 15			F						
73	56820	EXAM OF VULVA W/SCOPE	126.38				F						
77	56820	EXAM OF VULVA W/SCOPE	126.38	00 15			F						
73	56821	EXAM/BIOPSY OF VULVA W/SCOPE	169.99				F						
77	56821	EXAM/BIOPSY OF VULVA W/SCOPE	169.99	00 15			F						
73	57000	EXPLORATION OF VAGINA	209.45				F						
77	57000	EXPLORATION OF VAGINA	209.45	00 15			F						
73	57010	DRAINAGE OF PELVIC ABSCESS	477.64				F						
77	57010	DRAINAGE OF PELVIC ABSCESS	477.64	00 15			F						
73	57020	DRAINAGE OF PELVIC FLUID	125.18				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	57020	DRAINAGE OF PELVIC FLUID	125.18	00	15			F						
73	57022	I &D VAGINAL HEMATOMA, OB	189.22					F						
77	57022	I &D VAGINAL HEMATOMA, OB	189.22	00	15			F						
73	57023	I &D VAG HEMATOMA, TRAUMA	335.93					F						
77	57023	I &D VAG HEMATOMA, TRAUMA	335.93	00	15			F						
73	57061	DESTROY VAGINAL LESIONS;SIMPLE	160.55					F						
77	57061	DESTROY VAGINAL LESIONS;SIMPLE	160.55	00	15			F						
73	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	246.05					F						
77	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	246.05	00	15			F						
73	57100	BIOPSY OF VAGINA	104.29					F						
77	57100	BIOPSY OF VAGINA	104.29	00	15			F						
73	57105	BIOPSY OF VAGINA	174.44					F						
77	57105	BIOPSY OF VAGINA	174.44	00	15			F						
73	57106	REMOVE VAGINA WALL, PARTIAL	551.59					F						
77	57106	REMOVE VAGINA WALL, PARTIAL	551.59	00	15			F						
73	57107	REMOVE VAGINA TISSUE/PARTIAL	1,520.89					F						
77	57107	REMOVE VAGINA TISSUE/PARTIAL	1,520.89	00	15			F						
73	57109	VAGINECTOMY PARTIAL W/NODES	1,813.91					F						
77	57109	VAGINECTOMY PARTIAL W/NODES	1,813.91	00	15			F						
73	57110	REMOVAL OF VAGINA	958.14					F						
77	57110	REMOVAL OF VAGINA	958.14	00	15			F						
73	57111	REMOVE VAGINA TISSUE/COMPL	1,813.91					F						
77	57111	REMOVE VAGINA TISSUE/COMPL	1,813.91	00	15			F						
73	57120	CLOSURE OF VAGINA	554.39					F						
77	57120	CLOSURE OF VAGINA	554.39	00	15			F						
73	57130	REMOVE VAGINA LESION	229.09					F						
77	57130	REMOVE VAGINA LESION	229.09	00	15			F						
73	57135	REMOVE VAGINA LESION	246.48					F						
77	57135	REMOVE VAGINA LESION	246.48	00	15			F						
73	57150	TREAT VAGINA INFECTION	59.10					F					X	
77	57150	TREAT VAGINA INFECTION	59.10	00	15			F					X	
73	57155	INSERTION OF UTERINE TANDEM AND/OR V	392.22					F						
77	57155	INSERTION OF UTERINE TANDEM AND/OR V	392.22	00	15			F						
73	57156	INSERTION OF A VAGINAL RADIATION AFT	223.73					F						
77	57156	INSERTION OF A VAGINAL RADIATION AFT	223.73	00	15			F						
73	57160	INSERTION OF PESSARY	74.80					F						
77	57160	INSERTION OF PESSARY	74.80	00	15			F						
73	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	78.32	10	60			F						
77	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	78.32	10	15			F						
73	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	194.76					F						
77	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	194.76	00	15			F						
73	57200	REPAIR OF VAGINA	340.45					F						
77	57200	REPAIR OF VAGINA	340.45	00	15			F						
73	57210	REPAIR VAGINA/PERINEUM	409.09					F						
77	57210	REPAIR VAGINA/PERINEUM	409.09	00	15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	57220	REVISION OF URETHRA	357.02				F						
77	57220	REVISION OF URETHRA	357.02	00 15			F						
73	57230	REPAIR OF URETHRAL LESION	437.42				F						
77	57230	REPAIR OF URETHRAL LESION	437.42	00 15			F						
73	57240	REPAIR BLADDER & VAGINA	641.12				F						
77	57240	REPAIR BLADDER & VAGINA	641.12	00 15			F						
73	57250	REPAIR RECTUM & VAGINA	645.65				F						
77	57250	REPAIR RECTUM & VAGINA	645.65	00 15			F						
73	57260	REPAIR OF VAGINA	821.23				F						
77	57260	REPAIR OF VAGINA	821.23	00 15			F						
73	57265	EXTENSIVE REPAIR OF VAGINA	922.83				F						
77	57265	EXTENSIVE REPAIR OF VAGINA	922.83	00 15			F						
73	57267	INSERT MESH/PELVIC FLR ADDON	267.72				F						
77	57267	INSERT MESH/PELVIC FLR ADDON	267.72	00 15			F						
73	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	527.60				F						
77	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	527.60	00 15			F						
73	57270	REPAIR OF BOWEL POUCH	857.67				F						
77	57270	REPAIR OF BOWEL POUCH	857.67	00 15			F						
73	57280	SUSPENSION OF VAGINA	1,019.15				F						
77	57280	SUSPENSION OF VAGINA	1,019.15	00 15			F						
73	57282	FIXATION FOR VAGINAL PROLAPSE	730.33				F						
77	57282	FIXATION FOR VAGINAL PROLAPSE	730.33	00 15			F						
73	57283	COLPOPEXY, INTRAPERITONEAL	736.00				F						
77	57283	COLPOPEXY, INTRAPERITONEAL	736.00	00 15			F						
73	57284	REPAIR PARAVAGINAL DEFECT	877.25				F						
77	57284	REPAIR PARAVAGINAL DEFECT	877.25	00 15			F						
73	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	729.71				F						
77	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	729.71	00 15			F						
73	57287	REVISE/REMOVE SLING REPAIR	764.96				F						
77	57287	REVISE/REMOVE SLING REPAIR	764.96	00 15			F						
73	57288	REPAIR BLADDER DEFECT	775.93				F						
77	57288	REPAIR BLADDER DEFECT	775.93	00 15			F						
73	57289	REPAIR BLADDER & VAGINA	835.34				F						
77	57289	REPAIR BLADDER & VAGINA	835.34	00 15			F						
73	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	578.09			X	F						
77	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	578.09	00 15		X	F						
73	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	877.87			X	F						
73	57295	CHANGE VAGINAL GRAFT	521.96				F						
77	57295	CHANGE VAGINAL GRAFT	521.96	00 15			F						
73	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,004.46				F						
77	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,004.46	00 15			F						
73	57300	REPAIR RECTUM-VAGINA FISTULA	633.18				F						
77	57300	REPAIR RECTUM-VAGINA FISTULA	633.18	00 15			F						
73	57305	REPAIR RECTUM-VAGINA FISTULA	1,040.31				F						
77	57305	REPAIR RECTUM-VAGINA FISTULA	1,040.31	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	57307	FISTULA REPAIR & COLOSTOMY	1,112.14				F						
77	57307	FISTULA REPAIR & COLOSTOMY	1,112.14	00 15			F						
73	57308	FISTULA REPAIR, TRANSPERINE	685.52				F						
77	57308	FISTULA REPAIR, TRANSPERINE	685.52	00 15			F						
73	57310	REPAIR URETHRA-VAGINA LESION	503.81				F						
77	57310	REPAIR URETHRA-VAGINA LESION	503.81	00 15			F						
73	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	570.88				F						
77	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	570.88	00 15			F						
73	57320	REPAIR BLADDER-VAGINA LESION	581.64				F						
77	57320	REPAIR BLADDER-VAGINA LESION	581.64	00 15			F						
73	57330	REPAIR BLADDER-VAGINA LESION	792.91				F						
77	57330	REPAIR BLADDER-VAGINA LESION	792.91	00 15			F						
73	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,246.64				F						
77	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,246.64	00 15			F						
73	57400	DILATE VAGINA UNDER ANESTHESIA	138.14		X		F						
77	57400	DILATE VAGINA UNDER ANESTHESIA	138.14	00 15	X		F						
73	57410	PELVIC EXAM UNDER ANESTHESIA	110.42		X		F						
77	57410	PELVIC EXAM UNDER ANESTHESIA	110.42	00 15	X		F						
73	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	180.84				F						
77	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	180.84	00 15			F						
73	57420	EXAM OF VAGINA W/SCOPE	133.56				F						
77	57420	EXAM OF VAGINA W/SCOPE	133.56	00 15			F						
73	57421	EXAM/BIOPSY OF VAG W/SCOPE	180.23				F						
77	57421	EXAM/BIOPSY OF VAG W/SCOPE	180.23	00 15			F						
73	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	981.03				F						
77	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	981.03	00 15			F						
73	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,028.16				F						
77	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,028.16	00 15			F						
73	57426	REVISION (INCLUDING REMOVAL) OF PROS	912.60				F						
77	57426	REVISION (INCLUDING REMOVAL) OF PROS	912.60	00 15			F						
73	57452	EXAMINATION OF VAGINA	128.00				F						
77	57452	EXAMINATION OF VAGINA	128.00	00 15			F						
73	57454	VAGINA EXAMINATION & BIOPSY	174.70				F						
77	57454	VAGINA EXAMINATION & BIOPSY	174.70	00 15			F						
73	57455	BIOPSY OF CERVIX W/SCOPE	164.76				F						
77	57455	BIOPSY OF CERVIX W/SCOPE	164.76	00 15			F						
73	57456	ENDOCERV CURETTAGE W/SCOPE	154.33				F						
77	57456	ENDOCERV CURETTAGE W/SCOPE	154.33	00 15			F						
73	57460	COLPOSCOPY (VAGINOSCOPY);	324.93				F						
77	57460	COLPOSCOPY (VAGINOSCOPY);	324.93	00 15			F						
73	57461	CONZ OF CERVIX W/SCOPE, LEEP	363.15				F						
77	57461	CONZ OF CERVIX W/SCOPE, LEEP	363.15	00 15			F						
73	57465	COMPUTER-AIDED MAPPING OF CERVIX	58.78				F						
77	57465	COMPUTER-AIDED MAPPING OF CERVIX	58.78	00 15			F						
73	57500	BIOPSY OF CERVIX	155.21				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	57500	BIOPSY OF CERVIX	155.21	00 15			F						
73	57505	ENDOCERVICAL CURETTAGE	147.82				F						
77	57505	ENDOCERVICAL CURETTAGE	147.82	00 15			F						
73	57510	CAUTERIZATION OF CERVIX	166.59				F						
77	57510	CAUTERIZATION OF CERVIX	166.59	00 15			F						
73	57511	CRYOCAUTERY OF CERVIX	195.54				F						
77	57511	CRYOCAUTERY OF CERVIX	195.54	00 15			F						
73	57513	LASER SURGERY	200.42				F						
77	57513	LASER SURGERY	200.42	00 15			F						
73	57520	BIOPSY OF CERVIX 10800	358.55				F						
77	57520	BIOPSY OF CERVIX 10800	358.55	00 15			F						
73	57522	CONIZATION OF CERVIX	309.55				F						
77	57522	CONIZATION OF CERVIX	309.55	00 15			F						
73	57530	REMOVAL OF CERVIX	385.47				F						
77	57530	REMOVAL OF CERVIX	385.47	00 15			F						
73	57531	REMOVAL OF CERVIX, RADICAL	1,999.94				F						
77	57531	REMOVAL OF CERVIX, RADICAL	1,999.94	00 15			F						
73	57540	REMOVAL OF RESIDUAL CERVIX	838.27				F						
77	57540	REMOVAL OF RESIDUAL CERVIX	838.27	00 15			F						
73	57545	REMOVE CERVIX, REPAIR PELVIS	882.66				F						
77	57545	REMOVE CERVIX, REPAIR PELVIS	882.66	00 15			F						
73	57550	REMOVAL OF RESIDUAL CERVIX	449.64				F						
77	57550	REMOVAL OF RESIDUAL CERVIX	449.64	00 15			F						
73	57555	REMOVE CERVIX, REPAIR VAGINA	652.08				F						
77	57555	REMOVE CERVIX, REPAIR VAGINA	652.08	00 15			F						
73	57556	REMOVE CERVIX, REPAIR BOWEL	617.38				F						
77	57556	REMOVE CERVIX, REPAIR BOWEL	617.38	00 15			F						
73	57558	DILATION AND CURETTAGE OF CERVICAL S	157.16				F						
77	57558	DILATION AND CURETTAGE OF CERVICAL S	157.16	00 15			F						
73	57700	REVISION OF CERVIX	362.17				F						
77	57700	REVISION OF CERVIX	362.17	00 15			F						
73	57720	REVISION OF CERVIX	346.01				F						
77	57720	REVISION OF CERVIX	346.01	00 15			F						
73	57800	DILATION OF CERVICAL CANAL	77.53				F						
77	57800	DILATION OF CERVICAL CANAL	77.53	00 15			F						
73	58100	BIOPSY OF UTERUS LINING	105.17				F						
77	58100	BIOPSY OF UTERUS LINING	105.17	00 15			F						
73	58110	BX DONE W/COLPOSCOPY ADD-ON	53.15				F						
77	58110	BX DONE W/COLPOSCOPY ADD-ON	53.15	00 15			F						
73	58120	DILATION AND CURETTAGE	303.61	12 99			F						
77	58120	DILATION AND CURETTAGE,NONOBSTETRICA	303.61	12 15			F						
73	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	989.92				F						
77	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	989.92	00 15			F						
73	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	598.16				F						
77	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	598.16	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	58146	MYOMECTOMY ABDOM COMPLEX	1,230.07					F						
77	58146	MYOMECTOMY ABDOM COMPLEX	1,230.07	00	15			F						
73	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,070.13			X		F		X				
77	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,070.13	00	15	X		F		X				
73	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,318.47			X		F		X				
77	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,318.47	00	15	X		F		X				
73	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,016.48			X		F		X				
77	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,016.48	00	15	X		F		X				
73	58200	TAH,W/PART.VAGINECTOMY,...BX	1,429.11			X		F		X				
77	58200	TAH,W/PART.VAGINECTOMY,...BX	1,429.11	00	15	X		F		X				
73	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,921.50			X		F		X				
77	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,921.50	00	15	X		F		X				
73	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,083.90			X		F		X				
77	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,083.90	00	15	X		F		X				
73	58260	VAGINAL HYSTERECTOMY	887.34			X		F		X				
77	58260	VAGINAL HYSTERECTOMY	887.34	00	15	X		F		X				
73	58262	VAGINAL HYST WITH REMOVAL OF TUBES	981.93			X		F		X				
77	58262	VAGINAL HYST WITH REMOVAL OF TUBES	981.93	00	15	X		F		X				
73	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,054.68			X		F		X				
77	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,054.68	00	15	X		F		X				
73	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,133.64			X		F		X				
77	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,133.64	00	15	X		F		X				
73	58270	VAG HYSTERECT;REPAIR ENTEROCELE	947.82			X		F		X				
77	58270	VAG HYSTERECT;REPAIR ENTEROCELE	947.82	00	15	X		F		X				
73	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,048.58			X		F		X				
77	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,048.58	00	15	X		F		X				
73	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,125.00			X		F		X				
77	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,125.00	00	15	X		F		X				
73	58285	VAGINAL HYSTERECTOMY;RADICAL	1,490.07			X		F		X				
77	58285	VAGINAL HYSTERECTOMY;RADICAL	1,490.07	00	15	X		F		X				
73	58290	VAG HYST COMPLEX	1,226.11			X		F		X				
77	58290	VAG HYST COMPLEX	1,226.11	00	15	X		F		X				
73	58291	VAG HYST INCL T/O, COMPLEX	1,326.86			X		F		X				
77	58291	VAG HYST INCL T/O, COMPLEX	1,326.86	00	15	X		F		X				
73	58292	VAG HYST T/O & REPAIR, COMPL	1,399.29			X		F		X				
77	58292	VAG HYST T/O & REPAIR, COMPL	1,399.29	00	15	X		F		X				
73	58294	VAG HYST W/ENTEROCELE, COMPL	1,297.64			X		F		X				
77	58294	VAG HYST W/ENTEROCELE, COMPL	1,297.64	00	15	X		F		X				
73	58301	REMOVE INTRAUTERINE DEVICE	111.17	10	60			F						
77	58301	REMOVE INTRAUTERINE DEVICE	111.17	10	15			F						
73	58340	INJECT FOR UTERUS/TUBE X-RAY	229.31	21	59	X		F		X				
73	58346	INSERT HEYMAN UTERI CAPSULE	491.09					F						
77	58346	INSERT HEYMAN UTERI CAPSULE	491.09	00	15			F						
73	58353	ENDOMETR ABLATE, THERMAL	1,006.20			X		F						
77	58353	ENDOMETR ABLATE, THERMAL	1,006.20	00	15	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	58356	ENDOMETRIAL CRYOABLATION	1,818.86			X		F						
77	58356	ENDOMETRIAL CRYOABLATION	1,818.86	00	15	X		F						
73	58400	UTERINE SUSPENSION	481.81					F						
77	58400	UTERINE SUSPENSION	481.81	00	15			F						
73	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	865.21					F						
77	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	865.21	00	15			F						
73	58520	REPAIR OF RUPTURED UTERUS	846.88					F						
77	58520	REPAIR OF RUPTURED UTERUS	846.88	00	15			F						
73	58540	REVISION OF UTERUS	972.89					F						
77	58540	REVISION OF UTERUS	972.89	00	15			F						
73	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	769.89			X		F		X				
77	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	769.89	00	15	X		F		X				
73	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	879.46			X		F		X				
77	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	879.46	00	15	X		F		X				
73	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	893.77			X		F		X				
77	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	893.77	00	15	X		F		X				
73	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	961.59			X		F		X				
77	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	961.59	00	15	X		F		X				
73	58545	LAPAROSCOPIC MYOMECTOMY	956.96					F						
77	58545	LAPAROSCOPIC MYOMECTOMY	956.96	00	15			F						
73	58546	LAPARO-MYOMECTOMY, COMPLEX	1,187.16					F						
77	58546	LAPARO-MYOMECTOMY, COMPLEX	1,187.16	00	15			F						
73	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,979.13			X		F		X				
77	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,979.13	00	15	X		F		X				
73	58550	LAPARO-ASST VAG HYSTERECTOMY	934.22			X		F						
77	58550	LAPARO-ASST VAG HYSTERECTOMY	934.22	00	15	X		F						
73	58552	LAPARO-VAG HYST INCL T/O	1,039.90			X		F		X				
77	58552	LAPARO-VAG HYST INCL T/O	1,039.90	00	15	X		F		X				
73	58553	LAPARO-VAG HYST, COMPLEX	1,195.14			X		F		X				
77	58553	LAPARO-VAG HYST, COMPLEX	1,195.14	00	15	X		F		X				
73	58554	LAPARO-VAG HYST W/T/O, COMPL	1,389.81			X		F		X				
77	58554	LAPARO-VAG HYST W/T/O, COMPL	1,389.81	00	15	X		F		X				
73	58555	HYSTEROSCOPY, DX, SEP PROC	362.09			X		F						
77	58555	HYSTEROSCOPY, DX, SEP PROC	362.09	00	15	X		F						
73	58558	HYSTEROSCOPY, BIOPSY	1,418.12			X		F						
77	58558	HYSTEROSCOPY, BIOPSY	1,418.12	00	15	X		F						
73	58559	HYSTEROSCOPY, LYSIS	302.17			X		F						
77	58559	HYSTEROSCOPY, LYSIS	302.17	00	15	X		F						
73	58560	HYSTEROSCOPY, RESECT SEPTUM	333.86			X		F						
77	58560	HYSTEROSCOPY, RESECT SEPTUM	333.86	00	15	X		F						
73	58561	HYSTEROSCOPY, REMOVE MYOMA	380.62			X		F						
77	58561	HYSTEROSCOPY, REMOVE MYOMA	380.62	00	15	X		F						
73	58562	HYSTEROSCOPY, REMOVE FB	436.95			X		F						
77	58562	HYSTEROSCOPY, REMOVE FB	436.95	00	15	X		F						
73	58563	HYSTEROSCOPY, ABLATION	2,130.51			X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	58563	HYSTEROSCOPY, ABLATION	2,130.51	00	15	X		F						
73	58565	HYSTEROSCOPY, STERILIZATION	1,808.58	21	59	X		F		X				
73	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	846.80			X		F		X				
77	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	846.80	00	15	X		F		X				
73	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	952.94			X		F		X				
77	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	952.94	00	15	X		F		X				
73	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,096.47			X		F		X				
77	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,096.47	00	15	X		F		X				
73	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,284.95			X		F		X				
77	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,284.95	00	15	X		F		X				
73	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,025.53			X		F		X				
77	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,025.53	00	15	X		F		X				
73	58600	DIVISION OF FALLOPIAN TUBE	390.61	21	55	X		F						
73	58605	DIVISION OF FALLOPIAN TUBE	352.98	21	55	X		F						
73	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	81.38	21	55	X		F		X				
73	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	267.09	21	55	X		F						
73	58660	LAPAROSCOPY, LYSIS	724.31			X		F						
77	58660	LAPAROSCOPY, LYSIS	724.31	00	15	X		F						
73	58661	LAPAROSCOPY, REMOVE ADNEXA	691.95			X		F						
77	58661	LAPAROSCOPY, REMOVE ADNEXA	691.95	00	15	X		F						
73	58662	LAPAROSCOPY, EXCISE LESIONS	754.50			X		F						
77	58662	LAPAROSCOPY, EXCISE LESIONS	754.50	00	15	X		F						
73	58670	LAPAROSCOPY, TUBAL CAUTERY	391.27	10	59	X		F						
77	58670	LAPAROSCOPY, TUBAL CAUTERY	391.27	10	15	X		F						
73	58671	LAPAROSCOPY, TUBAL BLOCK	391.27			X		F						
77	58671	LAPAROSCOPY, TUBAL BLOCK	391.27	00	15	X		F						
73	58673	LAPAROSCOPY, SALPINGOSTOMY	845.77			X		F				X		
77	58673	LAPAROSCOPY, SALPINGOSTOMY	845.77	00	15	X		F				X		
73	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	864.07			X		F						
77	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	864.07	00	15	X		F						
73	58700	REMOVAL OF FALLOPIAN TUBE	842.00			X		F						
77	58700	REMOVAL OF FALLOPIAN TUBE	842.00	00	15	X		F						
73	58720	REMOVAL OF OVARY/TUBE(S)	794.70			X		F						
77	58720	REMOVAL OF OVARY/TUBE(S)	794.70	00	15	X		F						
73	58800	DRAINAGE OF OVARIAN CYST(S)	372.69					F						
77	58800	DRAINAGE OF OVARIAN CYST(S)	372.69	00	15			F						
73	58805	DRAINAGE OF OVARIAN CYST(S)	446.92					F						
77	58805	DRAINAGE OF OVARIAN CYST(S)	446.92	00	15			F						
73	58820	DRAINAGE OF OVARIAN ABSCESS	350.47					F						
77	58820	DRAINAGE OF OVARIAN ABSCESS	350.47	00	15			F						
73	58822	DRAINAGE OF OVARIAN ABSCESS	755.85					F						
77	58822	DRAINAGE OF OVARIAN ABSCESS	755.85	00	15			F						
73	58825	TRANSPOSITION, OVARY(S)	750.89			X		F						
77	58825	TRANSPOSITION, OVARY(S)	750.89	00	15	X		F						
73	58900	BIOPSY OF OVARY(S)	455.69					F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	58900	BIOPSY OF OVARY(S)	455.69	00	15			F						
73	58920	PARTIAL REMOVAL OF OVARY(S)	756.62					F						
77	58920	PARTIAL REMOVAL OF OVARY(S)	756.62	00	15			F						
73	58925	REMOVAL OF OVARIAN CYST(S)	809.73					F						
77	58925	REMOVAL OF OVARIAN CYST(S)	809.73	00	15			F						
73	58940	REMOVAL OF OVARY(S)	581.31			X		F						
77	58940	REMOVAL OF OVARY(S)	581.31	00	15	X		F						
73	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,239.37			X		F						
77	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,239.37	00	15	X		F						
73	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,204.18					F						
77	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,204.18	00	15			F						
73	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,516.85			X		F		X				
77	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,516.85	00	15	X		F		X				
73	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,728.56					F						
77	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,728.56	00	15			F						
73	58953	TAH, RAD DISSECT FOR DEBULK	2,111.83			X		F						
77	58953	TAH, RAD DISSECT FOR DEBULK	2,111.83	00	15	X		F						
73	58954	TAH RAD DEBULK/LYMPH REMOVE	2,286.23			X		F						
77	58954	TAH RAD DEBULK/LYMPH REMOVE	2,286.23	00	15	X		F						
73	58956	BSO, OMENTECTOMY W/TAH	1,432.70			X		F		X				
77	58956	BSO, OMENTECTOMY W/TAH	1,432.70	00	15	X		F		X				
73	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,674.28					F						
77	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,674.28	00	15			F						
73	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,762.52					F						
77	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,762.52	00	15			F						
73	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,031.89					F						
77	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,031.89	00	15			F						
73	59000	AMNIOCENTESIS	123.96	16	60			F					X	
77	59000	AMNIOCENTESIS	123.96	10	15			F					X	
73	59001	AMNIOCENTESIS, THERAPEUTIC	194.67	16	60			F						
77	59001	AMNIOCENTESIS, THERAPEUTIC	194.67	10	15			F						
73	59012	CORDOCENTESIS,ANY METHOD	221.18	16	60			F						
77	59012	CORDECENTESIS, ANY METHOD	221.18	10	15			F						
73	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	168.25	16	60			F	X					
77	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	168.25	10	15			F	X					
75	59020	FETAL OXYTOCIN STRESS TEST	39.85	10	60	X		F	X					
75	59025	FETAL NON-STRESS TEST	32.38	10	60	X		F						
73	59030	FETAL SCALP BLOOD SAMPLE	123.44	16	60			F						
77	59030	FETAL SCALP BLOOD SAMPLE	123.44	10	15			F						
73	59050	INTERNAL FETAL MONITORING/CONSULTAN	55.66	16	60	X		F						
77	59050	INTERNAL FETAL MONITORING/CONSULTANT	55.66	10	15	X		F						
73	59051	FETAL MONITOR/INTERPRET ONL	46.30	16	60			F						
77	59051	FETAL MONITOR/INTERPRET ONL	46.30	10	15			F						
73	59070	TRANSABDOM AMNIOINFUS W/ US	430.09	16	60			F						
77	59070	TRANSABDOM AMNIOINFUS W/ US	430.09	10	15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	59074	FETAL FLUID DRAINAGE W/ US	413.51	16	60			F						
77	59074	FETAL FLUID DRAINAGE W/ US	413.51	10	15			F						
73	59076	FETAL SHUNT PLACEMENT, W/ US	573.55	16	60			F						
77	59076	FETAL SHUNT PLACEMENT, W/ US	573.55	10	15			F						
73	59100	REMOVE UTERUS LESION	932.12	16	60	X		F						
77	59100	REMOVE UTERUS LESION	932.12	10	15	X		F						
73	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	887.54	16	60	X		F						
77	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	887.54	10	15	X		F						
73	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	888.79	16	60	X		F						
77	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	888.79	10	15	X		F						
73	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,036.03	16	60	X		F						
77	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,036.03	10	15	X		F						
73	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	982.23	16	60	X		F						
77	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	982.23	10	15	X		F						
73	59140	SURG TX ECTOPIC PG, CERVICAL	449.33	16	60	X		F						
77	59140	SURG TX ECTOPIC PG, CERVICAL	449.33	10	15	X		F						
73	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	861.38	16	60	X		F						
77	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	861.38	10	15	X		F						
73	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	839.74	16	60	X		F						
77	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	839.74	10	15	X		F						
73	59160	D&C AFTER DELIVERY	276.25	16	60			F						
77	59160	D&C AFTER DELIVERY	276.25	10	15			F						
73	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	237.91	16	60	X		F						
77	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	237.91	10	15	X		F						
73	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	164.71	16	60			F						
77	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	164.71	10	15			F						
73	59325	CERCLAGE OF CERVIX;ABDOMINAL	264.27	16	60			F						
77	59325	CERCLAGE OF CERVIX;ABDOMINAL	264.27	10	15			F						
73	59350	REPAIR OF UTERUS	308.86	16	60			F						
77	59350	REPAIR OF UTERUS	308.86	10	15			F						
73	59400	OBSTETRICAL CARE	2,573.47	10	60			F						M
77	59400	OBSTRETRICAL CARE	2,573.47	10	60			F						M
73	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	881.23	16	60			F						
77	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	881.23	10	15			F						
73	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,157.06	16	60			F						M
77	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,157.06	10	15			F						M
73	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	112.14	16	60			F						
77	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	112.14	10	15			F						
73	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	100.73	16	60			F						
77	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	100.73	10	15			F						
73	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	273.05	16	60			F						
77	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	273.05	10	15			F						
73	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,860.64	16	60			F						M
77	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,860.64	10	15			F						M
73	59514	CESAREAN DELIVERY ONLY;	1,003.07	16	60			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	59514	CESAREAN DELIVERY ONLY	1,003.07	10	15			F						
73	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,433.77	16	60			F						M
77	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,433.77	10	15			F						M
73	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	531.61	16	60	X		F		X				
77	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	531.61	10	15	X		F		X				
73	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,710.01	16	60			F						M
77	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,710.01	10	15			F						M
73	59612	VBAC DELIVERY ONLY	1,003.98	16	60			F						
77	59612	VBAC DELIVERY ONLY	1,003.98	10	15			F						
73	59614	VBAC DELIVERY INCL POSTPARTUM	1,266.21	16	60			F						M
77	59614	VBAC DELIVERY INCL POSTPARTUM	1,266.21	10	15			F						M
73	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,894.87	16	60			F						M
77	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,894.87	10	15			F						M
73	59620	ATTEMPTED VBAC DELIVERY ONLY	1,037.56	16	60			F						
77	59620	ATTEMPTED VBAC DELIVERY ONLY	1,037.56	10	15			F						
73	59622	ATTEMPTED VBAC-INCL POSTPARTUM	1,484.29	16	60			F						M
77	59622	ATTEMPTED VBAC INCL POSTPARTUM	1,484.29	10	15			F						M
73	59812	TREAT SPONTANEOUS ABORTION	381.68	16	60	X		F						
77	59812	TREAT SPONTANEOUS ABORTION	381.68	10	15	X		F						
73	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	454.71	16	60	X		F						
77	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	454.71	10	15	X		F						
73	59821	TREAT MISSED ABORTION; SECOND TRIMES	452.49	16	60	X		F						
77	59821	TREAT MISSED ABORTION; SECOND TRIMES	452.49	10	15	X		F						
73	59830	TREATMENT OF SEPTIC ABORTION	498.13	16	60	X		F						
77	59830	TREATMENT OF SEPTIC ABORTION	498.13	10	15	X		F						
73	59840	THERAPUTIC ABORTION	261.44	16	60	X		F						
77	59840	THERAPUTIC ABORTION	261.44	10	15	X		F						
73	59841	ABORTION BY DILATION & EVACUATION	451.67	16	60	X		F						
77	59841	ABORTION BY DILATION & EVACUATION	451.67	10	15	X		F						
73	59850	SALINE ABORTION	423.02	16	60	X		F						
77	59850	SALINE ABORTION	423.02	10	15	X		F						
73	59851	SALINE ABORTION WITH D&C	455.90	16	60	X		F						
77	59851	SALINE ABORTION WITH D&C	455.90	10	15	X		F						
73	59852	SALINE ABORTION WITH HYSTEROTOMY	630.15	16	60	X		F						
77	59852	SALINE ABORTION WITH HYSTEROTOMY	630.15	10	15	X		F						
73	59855	ABORTION	460.90	16	60	X		F						
77	59855	ABORTION	460.90	10	15	X		F						
73	59856	ABORTION	541.11	16	60	X		F						
77	59856	ABORTION	541.11	10	15	X		F						
73	59857	ABORTION	634.09	16	60	X		F						
77	59857	ABORTION	634.09	10	15	X		F						
73	59870	UTERINE EVACUATION & CURETTAGE HYDAT	561.91	16	60	X		F						
77	59870	UTERINE EVACUATION & CURETTAGE HYDAT	561.91	10	15	X		F						
73	59871	REMOVE CERCLAGE SUTURE	144.35	16	60			F						
77	59871	REMOVE CERCLAGE SUTURE	144.35	10	15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	60000	DRAIN THYROID/TONGUE CYST	181.56										
77	60000	DRAIN THYROID/TONGUE CYST	181.56	00 15									
73	60100	BIOPSY OF THYROID	112.81									X	
77	60100	BIOPSY OF THYROID	112.81	00 15								X	
73	60200	REMOVE THYROID LESION	702.80										
77	60200	REMOVE THYROID LESION	702.80	00 15									
73	60210	PARTIAL EXCISION THYROID	749.74										
77	60210	PARTIAL EXCISION THYROID	749.74	00 15									
73	60212	PARTIAL THYROID EXCISION	1,115.45										
77	60212	PARTIAL THYROID EXCISION	1,115.45	00 15									
73	60220	PARTIAL REMOVAL OF THYROID	745.16										
77	60220	PARTIAL REMOVAL OF THYROID	745.16	00 15									
73	60225	PARTIAL REMOVAL OF THYROID	982.78										
77	60225	PARTIAL REMOVAL OF THYROID	982.78	00 15									
73	60240	REMOVAL OF THYROID	974.49										
77	60240	REMOVAL OF THYROID	974.49	00 15									
73	60252	REMOVAL OF THYROID	1,404.00										
77	60252	REMOVAL OF THYROID	1,404.00	00 15									
73	60254	EXTENSIVE THYROID SURGERY	1,759.92										
77	60254	EXTENSIVE THYROID SURGERY	1,759.92	00 15									
73	60260	REPEAT THYROID SURGERY	1,153.61										
77	60260	REPEAT THYROID SURGERY	1,153.61	00 15									
73	60270	REMOVAL OF THYROID	1,455.98										
77	60270	REMOVAL OF THYROID	1,455.98	00 15									
73	60271	REMOVAL OF THYROID	1,118.95										
77	60271	REMOVAL OF THYROID	1,118.95	00 15									
73	60280	REMOVE THYROID DUCT LESION	462.47										
77	60280	REMOVE THYROID DUCT LESION	462.47	00 15									
73	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	609.54										
77	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	609.54	00 15									
73	60300	ASPIRATION AND/OR INJECTION, THYROID	111.88										
77	60300	ASPIRATION AND/OR INJECTION, THYROID	111.88	00 15									
73	60500	EXPLORE PARATHYROID GLANDS	1,034.68										
77	60500	EXPLORE PARATHYROID GLANDS	1,034.68	00 15									
73	60502	RE-EXPLORE PARATHYROID(S)	1,389.08										
77	60502	RE-EXPLORE PARATHYROID(S)	1,389.08	00 15									
73	60505	EXPLORE PARATHYROID GLANDS	1,480.61										
77	60505	EXPLORE PARATHYROID GLANDS	1,480.61	00 15									
73	60512	AUTOTRANSPLANT, PARATHYROID	260.84										
77	60512	AUTOTRANSPLANT, PARATHYROID	260.84	00 15									
73	60520	REMOVAL OF THYMUS GLAND	1,126.53										
77	60520	REMOVAL OF THYMUS GLAND	1,126.53	00 15									
73	60521	REMOVAL THYMUS GLAND	1,209.41										
77	60521	REMOVAL THYMUS GLAND	1,209.41	00 15									
73	60522	REMOVAL OF THYMUS GLAND	1,474.52										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	60522	REMOVAL OF THYMUS GLAND	1,474.52	00 15									
73	60540	EXPLORE ADRENAL GLAND	1,150.34										
77	60540	EXPLORE ADRENAL GLAND	1,150.34	00 15									
73	60545	EXPLORE ADRENAL GLAND	1,336.21										
77	60545	EXPLORE ADRENAL GLAND	1,336.21	00 15									
73	60600	REMOVE CAROTID BODY LESION	1,472.64										
77	60600	REMOVE CAROTID BODY LESION	1,472.64	00 15									
73	60605	REMOVE CAROTID BODY LESION	1,813.40										
77	60605	REMOVE CAROTID BODY LESION	1,813.40	00 15									
73	60650	LAPAROSCOPY ADRENALECTOMY	1,280.04										
77	60650	LAPAROSCOPY ADRENALECTOMY	1,280.04	00 15									
73	61000	REMOVE CRANIAL CAVITY FLUID	124.74										
77	61000	REMOVE CRANIAL CAVITY FLUID	124.74	00 15									
73	61001	SUBDURAL TAP....SUBSEQUENT TAPS	117.29									X	
77	61001	SUBDURAL TAP....SUBSEQUENT TAPS	117.29	00 15								X	
73	61020	REMOVE BRAIN CAVITY FLUID	113.79									X	
77	61020	REMOVE BRAIN CAVITY FLUID	113.79	00 15								X	
73	61026	PUNCTURE BURR HOLE FOR INJECT	112.28										
77	61026	PUNCTURE BURR HOLE FOR INJECT	112.28	00 15									
73	61050	REMOVE BRAIN CANAL FLUID	85.05										
77	61050	REMOVE BRAIN CANAL FLUID	85.05	00 15									
73	61055	CERVICAL PUNTURE FOR INJECTION	126.33										
77	61055	CERVICAL PUNTURE FOR INJECTION	126.33	00 15									
73	61070	BRAIN CANAL SHUNT PROCEDURE	58.76										
77	61070	BRAIN CANAL SHUNT PROCEDURE	58.76	00 15									
73	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	500.53										
77	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	500.53	00 15									
73	61107	TWIST DRILL HOLE/VENTRICULAR CATH	349.92										
77	61107	TWIST DRILL HOLE/VENTRICULAR CATH	349.92	00 15									
73	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	982.19										
77	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	982.19	00 15									
73	61120	PIERCE SKULL FOR EXAMINATION	820.26										
77	61120	PIERCE SKULL FOR EXAMINATION	820.26	00 15									
73	61140	PIERCE SKULL FOR BIOPSY	1,399.05										
77	61140	PIERCE SKULL FOR BIOPSY	1,399.05	00 15									
73	61150	PIERCE SKULL FOR DRAINAGE	1,492.35										
77	61150	PIERCE SKULL FOR DRAINAGE	1,492.35	00 15									
73	61151	PIERCE SKULL FOR DRAINAGE	1,093.91									X	
77	61151	PIERCE SKULL FOR DRAINAGE	1,093.91	00 15								X	
73	61154	PIERCE SKULL FOR DRAINAGE	1,401.18									X	
77	61154	PIERCE SKULL FOR DRAINAGE	1,401.18	00 15								X	
73	61156	PIERCE SKULL FOR DRAINAGE	1,373.87										
77	61156	PIERCE SKULL FOR DRAINAGE	1,373.87	00 15									
73	61210	PIERCE SKULL; IMPLANT DEVICE	410.17										
77	61210	PIERCE SKULL; IMPLANT DEVICE	410.17	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	549.70										
77	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	549.70	00 15									
73	61250	PIERCE SKULL & EXPLORE	953.65										
77	61250	PIERCE SKULL & EXPLORE	953.65	00 15									
73	61253	PIERCE SKULL & EXPLORE	1,093.91										
77	61253	PIERCE SKULL & EXPLORE	1,093.91	00 15									
73	61304	INCISE SKULL FOR EXPLORATION	1,814.77										
77	61304	INCISE SKULL FOR EXPLORATION	1,814.77	00 15									
73	61305	INCISE SKULL FOR EXPLORATION	2,220.72										
77	61305	INCISE SKULL FOR EXPLORATION	2,220.72	00 15									
73	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,297.07										
77	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,297.07	00 15									
73	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,190.23										
77	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,190.23	00 15									
73	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,022.00										
77	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,022.00	00 15									
73	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,286.43										
77	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,286.43	00 15									
73	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	97.86										
77	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	97.86	00 15									
73	61320	INCISE SKULL FOR DRAINAGE	2,100.16										
77	61320	INCISE SKULL FOR DRAINAGE	2,100.16	00 15									
73	61321	INCISE SKULL FOR DRAINAGE	2,353.57										
77	61321	INCISE SKULL FOR DRAINAGE	2,353.57	00 15									
73	61322	DECOMPRESSIVE CRANIOTOMY	2,633.15										
77	61322	DECOMPRESSIVE CRANIOTOMY	2,633.15	00 15									
73	61323	DECOMPRESSIVE LOBECTOMY	2,650.09										
77	61323	DECOMPRESSIVE LOBECTOMY	2,650.09	00 15									
73	61330	EXPLORATION OF EYE SOCKET	1,981.77										
77	61330	EXPLORATION OF EYE SOCKET	1,981.77	00 15									
73	61333	EXPLORE ORBIT; REMOVE LESION	2,237.26										
77	61333	EXPLORE ORBIT; REMOVE LESION	2,237.26	00 15									
73	61340	RELIEVE CRANIAL PRESSURE	1,591.63										
77	61340	RELIEVE CRANIAL PRESSURE	1,591.63	00 15									
73	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,427.93										
77	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,427.93	00 15									
73	61345	RELIEVE CRANIAL PRESSURE	2,261.00										
77	61345	RELIEVE CRANIAL PRESSURE	2,261.00	00 15									
73	61450	INCISE SKULL FOR SURGERY	2,126.61										
77	61450	INCISE SKULL FOR SURGERY	2,126.61	00 15									
73	61458	INCISE SKULL FOR SURGERY	2,229.13										
77	61458	INCISE SKULL FOR SURGERY	2,229.13	00 15									
73	61460	INCISE SKULL FOR SURGERY	2,331.65										
77	61460	INCISE SKULL FOR SURGERY	2,331.65	00 15									
73	61500	REMOVAL OF SKULL LESION	1,415.51										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	61500	REMOVAL OF SKULL LESION	1,415.51	00 15									
73	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,207.89										
77	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,207.89	00 15									
73	61510	REMOVAL OF BRAIN LESION	2,425.50										
77	61510	REMOVAL OF BRAIN LESION	2,425.50	00 15									
73	61512	REMOVE BRAIN LINING LESION	2,828.66										
77	61512	REMOVE BRAIN LINING LESION	2,828.66	00 15									
73	61514	REMOVAL OF BRAIN ABSCESS	2,115.27										
77	61514	REMOVAL OF BRAIN ABSCESS	2,115.27	00 15									
73	61516	REMOVAL OF BRAIN LESION	2,070.07										
77	61516	REMOVAL OF BRAIN LESION	2,070.07	00 15									
73	61517	IMPLT BRAIN CHEMOTX AGENT	97.51										
77	61517	IMPLT BRAIN CHEMOTX AGENT	97.51	00 15									
73	61518	REMOVAL OF BRAIN LESION	3,063.11										
77	61518	REMOVAL OF BRAIN LESION	3,063.11	00 15									
73	61519	REMOVE BRAIN LINING LESION	3,267.03										
77	61519	REMOVE BRAIN LINING LESION	3,267.03	00 15									
73	61520	REMOVAL OF BRAIN LESION	4,124.52										
77	61520	REMOVAL OF BRAIN LESION	4,124.52	00 15									
73	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,504.39										
77	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,504.39	00 15									
73	61522	REMOVAL OF BRAIN ABSCESS	2,423.98										
77	61522	REMOVAL OF BRAIN ABSCESS	2,423.98	00 15									
73	61524	REMOVAL OF BRAIN LESION	2,307.95										
77	61524	REMOVAL OF BRAIN LESION	2,307.95	00 15									
73	61526	REMOVAL OF BRAIN LESION	3,635.03										
77	61526	REMOVAL OF BRAIN LESION	3,635.03	00 15									
73	61530	REMOVAL OF BRAIN LESION	3,412.39										
77	61530	REMOVAL OF BRAIN LESION	3,412.39	00 15									
73	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,346.18										
77	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,346.18	00 15									
73	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,686.27										
77	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,686.27	00 15									
73	61534	REMOVAL OF BRAIN LESION	1,821.86										
77	61534	REMOVAL OF BRAIN LESION	1,821.86	00 15									
73	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,101.34										
77	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,101.34	00 15									
73	61536	REMOVAL OF BRAIN LESION	2,859.46										
77	61536	REMOVAL OF BRAIN LESION	2,859.46	00 15									
73	61537	REMOVAL OF BRAIN TISSUE	2,735.42										
77	61537	REMOVAL OF BRAIN TISSUE	2,735.42	00 15									
73	61538	REMOVAL OF BRAIN TISSUE	2,956.91										
77	61538	REMOVAL OF BRAIN TISSUE	2,956.91	00 15									
73	61539	REMOVAL OF BRAIN TISSUE	2,617.65										
77	61539	REMOVAL OF BRAIN TISSUE	2,617.65	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	61540	REMOVAL OF BRAIN TISSUE	2,413.43										
77	61540	REMOVAL OF BRAIN TISSUE	2,413.43	00 15									
73	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,380.65										
77	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,380.65	00 15									
73	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,407.52										
77	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,407.52	00 15									
73	61544	REMOVE & TREAT BRAIN LESION	2,104.48										
77	61544	REMOVE & TREAT BRAIN LESION	2,104.48	00 15									
73	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,531.56										
77	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,531.56	00 15									
73	61546	REMOVAL OF PITUITARY GLAND	2,558.25										
77	61546	REMOVAL OF PITUITARY GLAND	2,558.25	00 15									
73	61548	REMOVAL OF PITUITARY GLAND	1,718.67										
77	61548	REMOVAL OF PITUITARY GLAND	1,718.67	00 15									
73	61550	RELEASE OF SKULL SEAMS	1,308.40										
77	61550	RELEASE OF SKULL SEAMS	1,308.40	00 15									
73	61552	RELEASE OF SKULL SEAMS	1,637.39										
77	61552	RELEASE OF SKULL SEAMS	1,637.39	00 15									
73	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,888.65										
77	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,888.65	00 15									
73	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,857.70										
77	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,857.70	00 15									
73	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,078.74										
77	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,078.74	00 15									
73	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,650.85										
77	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,650.85	00 15									
73	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,195.97										
77	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,195.97	00 15									
73	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,665.87										
77	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,665.87	00 15									
73	61566	REMOVAL OF BRAIN TISSUE	2,485.82										
77	61566	REMOVAL OF BRAIN TISSUE	2,485.82	00 15									
73	61567	INCISION OF BRAIN TISSUE	2,831.75										
77	61567	INCISION OF BRAIN TISSUE	2,831.75	00 15									
73	61570	REMOVE BRAIN FOREIGN BODY	2,068.69										
77	61570	REMOVE BRAIN FOREIGN BODY	2,068.69	00 15									
73	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,203.31										
77	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,203.31	00 15									
73	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,778.07										
77	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,778.07	00 15									
73	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,618.14										
77	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,618.14	00 15									
73	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,644.03										
77	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,644.03	00 15									
73	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,026.68										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,026.68	00 15									
73	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,263.42										
77	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,263.42	00 15									
73	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,201.11										
77	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,201.11	00 15									
73	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,155.51										
77	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,155.51	00 15									
73	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,610.75										
77	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,610.75	00 15									
73	61586	RESECT NASOPHARYNX, SKULL	2,739.59										
77	61586	RESECT NASOPHARYNX, SKULL	2,739.59	00 15									
73	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,216.58										
77	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,216.58	00 15									
73	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,263.66										
77	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,263.66	00 15									
73	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,489.76										
77	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,489.76	00 15									
73	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,552.88										
77	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,552.88	00 15									
73	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,540.35										
77	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,540.35	00 15									
73	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,267.22										
77	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,267.22	00 15									
73	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,149.91										
77	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,149.91	00 15									
73	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,274.20										
77	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,274.20	00 15									
73	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,646.84										
77	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,646.84	00 15									
73	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,274.03										
77	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,274.03	00 15									
73	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,210.91										
77	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,210.91	00 15									
73	61607	RESECTION OR EXCISION OF NEOPLASTIC,	3,365.78										
77	61607	RESECTION OR EXCISION OF NEOPLASTIC,	3,365.78	00 15									
73	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,599.11										
77	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,599.11	00 15									
73	61611	TRANSECTION OR LIGATION, CAROTID ART	522.45										
77	61611	TRANSECTION OR LIGATION, CAROTID ART	522.45	00 15									
73	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,645.76										
77	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,645.76	00 15									
73	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,105.12										
77	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,105.12	00 15									
73	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,664.92										
77	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,664.92	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,407.25										
77	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,407.25	00 15									
73	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,490.77										
77	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,490.77	00 15									
73	61623	ENDOVASC TEMPORY VESSEL OCCL	622.56										
77	61623	ENDOVASC TEMPORY VESSEL OCCL	622.56	00 15									
73	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,257.21										
77	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,257.21	00 15									
73	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	951.10										
77	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	951.10	00 15									
73	61630	INTRACRANIAL ANGIOPLASTY	1,491.16		X								
77	61630	INTRACRANIAL ANGIOPLASTY	1,491.16	00 15	X								
73	61635	INTRACRAN ANGIOPLSTY W/STENT	1,566.95		X								
77	61635	INTRACRAN ANGIOPLSTY W/STENT	1,566.95	00 15	X								
73	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	909.09									X	
77	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	909.09	00 15								X	
73	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	622.57										
77	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	622.57	00 15									
73	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	267.58									X	
77	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	267.58	00 15								X	
73	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,511.30										
77	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,511.30	00 15									
73	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,624.83										
77	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,624.83	00 15									
73	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,152.45										
77	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,152.45	00 15									
73	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	4,993.55										
77	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	4,993.55	00 15									
73	61690	SURG..MALFORM;DURAL,SIMPLE	2,414.52										
77	61690	SURG..MALFORM;DURAL,SIMPLE	2,414.52	00 15									
73	61692	SURG..MALFORM;DURAL,COMPLEX	4,055.65										
77	61692	SURG..MALFORM;DURAL,COMPLEX	4,055.65	00 15									
73	61697	BRAIN ANEURYSM REPR, COMPLX	4,664.78										
77	61697	BRAIN ANEURYSM REPR, COMPLX	4,664.78	00 15									
73	61698	BRAIN ANEURYSM REPR, COMPLX	5,143.42										
77	61698	BRAIN ANEURYSM REPR, COMPLX	5,143.42	00 15									
73	61700	INNER SKULL VESSEL SURGERY	3,777.29										
77	61700	INNER SKULL VESSEL SURGERY	3,777.29	00 15									
73	61702	INNER SKULL VESSEL SURGERY	4,467.83										
77	61702	INNER SKULL VESSEL SURGERY	4,467.83	00 15									
73	61703	CLAMP NECK ARTERY	1,499.38										
77	61703	CLAMP NECK ARTERY	1,499.38	00 15									
73	61705	REVISE CIRCULATION TO HEAD	2,887.21										
77	61705	REVISE CIRCULATION TO HEAD	2,887.21	00 15									
73	61708	REVISE CIRCULATION TO HEAD	2,823.45										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	61708	REVISE CIRCULATION TO HEAD	2,823.45	00 15									
73	61710	REVISE CIRCULATION TO HEAD	2,381.13										
77	61710	REVISE CIRCULATION TO HEAD	2,381.13	00 15									
73	61711	FUSION OF SKULL ARTERIES	2,845.13										
77	61711	FUSION OF SKULL ARTERIES	2,845.13	00 15									
73	61720	INCISE SKULL/BRAIN SURGERY	1,402.67										
77	61720	INCISE SKULL/BRAIN SURGERY	1,402.67	00 15									
73	61735	INCISE SKULL/BRAIN SURGERY	1,762.24										
77	61735	INCISE SKULL/BRAIN SURGERY	1,762.24	00 15									
73	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,555.14										
77	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,555.14	00 15									
73	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,523.64										
77	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,523.64	00 15									
73	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,750.43										
77	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,750.43	00 15									
73	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,796.28										
77	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,796.28	00 15									
73	61781	STEREOTACTIC COMPUTER ASSISTED(NAVIG	264.20										
77	61781	STEREOTACTIC COMPUTER ASSISTED (NAVI	264.20	00 15									
73	61782	STEREOTACTIC COMPUTER ASSISTED(NAVIG	181.48										
77	61782	STEREOTACTIC COMPUTER ASSISTED (NAVI	181.48	00 15									
73	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	257.67										
77	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	257.67	00 15									
73	61790	TREAT TRIGEMINAL NERVE	967.37										
77	61790	TREAT TRIGEMINAL NERVE	967.37	00 15									
73	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,242.09										
77	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,242.09	00 15									
73	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,119.65										
77	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,119.65	00 15									
73	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	245.80									X	
77	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	245.80	00 15								X	
73	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,524.05										
77	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,524.05	00 15									
73	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	337.78									X	
77	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	337.78	00 15								X	
73	61800	APPLICATION OF STEREOTACTIC HEADFRAM	168.70										
77	61800	APPLICATION OF STEREOTACTIC HEADFRAM	168.70	00 15									
73	61850	IMPLANT NEUROELECTRODES	1,085.32										
77	61850	IMPLANT NEUROELECTRODES	1,085.32	00 15									
73	61860	IMPLANT NEUROELECTRODES	1,731.14										
77	61860	IMPLANT NEUROELECTRODES	1,731.14	00 15									
73	61863	IMPLANT NEUROELECTRODE	1,657.31										
77	61863	IMPLANT NEUROELECTRODE	1,657.31	00 15									
73	61864	IMPLANT NEUROELECTRDE, ADDqL	316.11										
77	61864	IMPLANT NEUROELECTRDE, ADDqL	316.11	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	61867	IMPLANT NEUROELECTRODE	2,527.49										
77	61867	IMPLANT NEUROELECTRODE	2,527.49	00 15									
73	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	556.90										
77	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	556.90	00 15									
73	61880	REVISE/REMOVE NEUROELECTRODE	629.54										
77	61880	REVISE/REMOVE NEUROELECTRODE	629.54	00 15									
73	61885	IMPLANT NEURORECEIVER	564.19			X							
77	61885	IMPLANT NEURORECEIVER	564.19	00 15		X							
73	61886	IMPLANT NEUROSTIM ARRAYS	937.77										
77	61886	IMPLANT NEUROSTIM ARRAYS	937.77	00 15									
73	61888	REVISE/REMOVE NEURORECEIVER	435.02			X							
77	61888	REVISE/REMOVE NEURORECEIVER	435.02	00 15		X							
73	62000	REPAIR OF SKULL FRACTURE	1,138.71										
77	62000	REPAIR OF SKULL FRACTURE	1,138.71	00 15									
73	62005	REPAIR OF SKULL FRACTURE	1,403.02										
77	62005	REPAIR OF SKULL FRACTURE	1,403.02	00 15									
73	62010	TREATMENT OF HEAD INJURY	1,696.38										
77	62010	TREATMENT OF HEAD INJURY	1,696.38	00 15									
73	62100	REPAIR BRAIN FLUID LEAKAGE	1,703.40										
77	62100	REPAIR BRAIN FLUID LEAKAGE	1,703.40	00 15									
73	62120	REPAIR SKULL CAVITY LESION	2,291.46										
77	62120	REPAIR SKULL CAVITY LESION	2,291.46	00 15									
73	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,674.16										
77	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,674.16	00 15									
73	62140	REPAIR OF SKULL DEFECT	1,109.04										
77	62140	REPAIR OF SKULL DEFECT	1,109.04	00 15									
73	62141	REPAIR OF SKULL DEFECT	1,253.58										
77	62141	REPAIR OF SKULL DEFECT	1,253.58	00 15									
73	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	967.84										
77	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	967.84	00 15									
73	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,148.83										
77	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,148.83	00 15									
73	62145	REPAIR OF SKULL & BRAIN	1,549.77										
77	62145	REPAIR OF SKULL & BRAIN	1,549.77	00 15									
73	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,379.86										
77	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,379.86	00 15									
73	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,556.43										
77	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,556.43	00 15									
73	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	141.01										
77	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	141.01	00 15									
73	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	212.38										
77	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	212.38	00 15									
73	62161	DISSECT BRAIN W/SCOPE	1,671.48										
77	62161	DISSECT BRAIN W/SCOPE	1,671.48	00 15									
73	62162	REMOVE COLLOID CYST W/SCOPE	2,089.84										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	62162	REMOVE COLLOID CYST W/SCOPE	2,089.84	00 15									
73	62164	REMOVE BRAIN TUMOR W/SCOPE	2,311.87										
77	62164	REMOVE BRAIN TUMOR W/SCOPE	2,311.87	00 15									
73	62165	REMOVE PITUIT TUMOR W/SCOPE	1,640.14										
77	62165	REMOVE PITUIT TUMOR W/SCOPE	1,640.14	00 15									
73	62180	ESTABLISH BRAIN CAVITY SHUNT	1,768.09										
77	62180	ESTABLISH BRAIN CAVITY SHUNT	1,768.09	00 15									
73	62190	ESTABLISH BRAIN CAVITY SHUNT	1,019.18										
77	62190	ESTABLISH BRAIN CAVITY SHUNT	1,019.18	00 15									
73	62192	ESTABLISH BRAIN CAVITY SHUNT	1,076.80										
77	62192	ESTABLISH BRAIN CAVITY SHUNT	1,076.80	00 15									
73	62194	REPLACE/IRRIGATE CATHETER	533.91										
77	62194	REPLACE/IRRIGATE CATHETER	533.91	00 15									
73	62200	ESTABLISH BRAIN CAVITY SHUNT	1,521.54										
77	62200	ESTABLISH BRAIN CAVITY SHUNT	1,521.54	00 15									
73	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,330.27										
77	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,330.27	00 15									
73	62220	ESTABLISH BRAIN CAVITY SHUNT	1,079.55										
77	62220	ESTABLISH BRAIN CAVITY SHUNT	1,079.55	00 15									
73	62223	ESTABLISH BRAIN CAVITY SHUNT	1,135.13										
77	62223	ESTABLISH BRAIN CAVITY SHUNT	1,135.13	00 15									
73	62225	REPLACE/IRRIGATE CATHETER	575.21										
77	62225	REPLACE/IRRIGATE CATHETER	575.21	00 15									
73	62230	REPLACE/REVISE BRAIN SHUNT	922.86										
77	62230	REPLACE/REVISE BRAIN SHUNT	922.86	00 15									
75	62252	CSF SHUNT REPROGRAM	51.05										
73	62256	REMOVE BRAIN CAVITY SHUNT	660.35										
77	62256	REMOVE BRAIN CAVITY SHUNT	660.35	00 15									
73	62258	REPLACE BRAIN CAVITY SHUNT	1,228.50										
77	62258	REPLACE BRAIN CAVITY SHUNT	1,228.50	00 15									
73	62263	LYSIS EPIDURAL ADHESIONS	635.11										
77	62263	LYSIS EPIDURAL ADHESIONS	635.11	00 15									
73	62264	EPIDURAL LYSIS ON SINGLE DAY	459.05										
77	62264	EPIDURAL LYSIS ON SINGLE DAY	459.05	00 15									
73	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	272.59										
77	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	272.59	00 15									
73	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	268.94										
77	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	268.94	00 15									
73	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	269.41										
77	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	269.41	00 15									
73	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	132.64										
77	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	132.64	00 15									
73	62272	SPINAL PUNCTURE, THERAPEUTIC	181.24										
77	62272	SPINAL PUNCTURE, THERAPEUTIC	181.24										
73	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	173.25										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	173.25	00 15									
73	62280	TREAT SPINAL CORD LESION	377.80									X	
77	62280	TREAT SPINAL CORD LESION	377.80	00 15								X	
73	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	247.13										
77	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	247.13	00 15									
73	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	330.95									X	
77	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	330.95	00 15								X	
73	62284	INJECTION FOR MYELOGRAM	199.02										
77	62284	INJECTION FOR MYELOGRAM	199.02	00 15									
73	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	596.73										
77	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	596.73	00 15									
73	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	368.39										
77	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	368.39	00 15									
73	62291	INJECT FOR SPINE DISK X-RAY	345.84										
77	62291	INJECT FOR SPINE DISK X-RAY	345.84	00 15									
73	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	599.16										
77	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	599.16	00 15									
73	62294	INJECTION INTO SPINAL ARTERY	1,046.28										
77	62294	INJECTION INTO SPINAL ARTERY	1,046.28	00 15									
73	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	263.34										
77	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	263.34	00 15									
73	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	267.57										
77	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	267.57	00 15									
73	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	260.31										
77	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	260.31	00 15									
73	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	282.35										
77	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	282.35	00 15									
73	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	168.88										
77	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	168.88	00 15									
73	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	267.78										
77	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	267.78	00 15									
73	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	146.37										
77	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	146.37	00 15									
73	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	263.41										
77	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	263.41	00 15									
73	62324	INJECTION(S), INCLUDING INDWELLING C	143.25										
77	62324	INJECTION(S), INCLUDING INDWELLING C	143.25	00 15									
73	62325	INJECTION(S), INCLUDING INDWELLING C	257.79										
77	62325	INJECTION(S), INCLUDING INDWELLING C	257.79	00 15									
73	62326	INJECTION(S), INCLUDING INDWELLING C	145.57										
77	62326	INJECTION(S), INCLUDING INDWELLING C	145.57	00 15									
73	62327	INJECTION(S), INCLUDING INDWELLING C	264.73										
77	62327	INJECTION(S), INCLUDING INDWELLING C	264.73	00 15									
73	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	258.63									X	
77	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	258.63	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	329.50										
77	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	329.50	00 15									
73	62350	IMPLANT SPINAL CATHETER	421.08			X		X					
77	62350	IMPLANT SPINAL CATHETER	421.08	00 15		X		X					
73	62351	IMPLANT SPINAL CATHETER	973.66			X		X					
77	62351	IMPLANT SPINAL CATHETER	973.66	00 15		X		X					
73	62355	REMOVE SPINAL CANAL CATHETER	285.84			X		X					
77	62355	REMOVE SPINAL CANAL CATHETER	285.84	00 15		X		X					
73	62360	INSERT SPINE INFUSION DEVICE	338.86			X		X					
77	62360	INSERT SPINE INFUSION DEVICE	338.86	00 15		X		X					
73	62361	IMPLANT SPINE INFUSION PUMP	466.31			X		X					
77	62361	IMPLANT SPINE INFUSION PUMP	466.31	00 15		X		X					
73	62362	IMPLANT SPINE INFUSION PUMP	410.12			X		X					
77	62362	IMPLANT SPINE INFUSION PUMP	410.12	00 15		X		X					
73	62365	REMOVE SPINE INFUSION DEVICE	313.81			X		X					
77	62365	REMOVE SPINE INFUSION DEVICE	313.81	00 15		X		X					
73	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	32.19					X					
77	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	32.19	00 15				X					
73	62368	ANALYZE SPINE INFUSION PUMP	46.20					X					
77	62368	ANALYZE SPINE INFUSION PUMP	46.20	00 15				X					
73	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	96.27					X					
77	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	96.27	00 15				X					
73	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	98.69					X					
77	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	98.69	00 15				X					
73	63001	RELIEVE SPINAL CORD PRESSURE	1,352.11										
77	63001	RELIEVE SPINAL CORD PRESSURE	1,352.11	00 15									
73	63003	RELIEVE SPINAL CORD PRESSURE	1,351.52										
77	63003	RELIEVE SPINAL CORD PRESSURE	1,351.52	00 15									
73	63005	RELIEVE SPINAL CORD PRESSURE	1,303.96										
77	63005	RELIEVE SPINAL CORD PRESSURE	1,303.96	00 15									
73	63011	RELIEVE PSINAL CORD PRESSURE	1,182.63										
77	63011	RELIEVE PSINAL CORD PRESSURE	1,182.63	00 15									
73	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,297.66										
77	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,297.66	00 15									
73	63015	RELIEVE SPINAL CORD PRESSURE	1,621.41										
77	63015	RELIEVE SPINAL CORD PRESSURE	1,621.41	00 15									
73	63016	RELIEVE SPINAL CORD PRESSURE	1,669.43										
77	63016	RELIEVE SPINAL CORD PRESSURE	1,669.43	00 15									
73	63017	RELIEVE SPINAL CORD PRESSURE	1,379.98										
77	63017	RELIEVE SPINAL CORD PRESSURE	1,379.98	00 15									
73	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,257.30										
77	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,257.30	00 15									
73	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,053.85										
77	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,053.85	00 15									
73	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	211.03									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	211.03	00 15								X	
73	63040	NECK SPINE DISK SURGERY	1,511.64										
77	63040	NECK SPINE DISK SURGERY	1,511.64	00 15									
73	63042	LOW BACK DISK SURGERY	1,399.56										
77	63042	LOW BACK DISK SURGERY	1,399.56	00 15									
73	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,404.79										
77	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,404.79	00 15									
73	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,335.37										
77	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,335.37	00 15									
73	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,195.66										
77	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,195.66	00 15									
73	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	232.28									X	
77	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	232.28	00 15								X	
73	63050	CERVICAL LAMINOPLASTY	1,625.24										
77	63050	CERVICAL LAMINOPLASTY	1,625.24	00 15									
73	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,843.33										
77	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,843.33	00 15									
73	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,786.70										
77	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,786.70	00 15									
73	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,626.51										
77	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,626.51	00 15									
73	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	353.53									X	
77	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	353.53	00 15								X	
73	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,963.27										
77	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,963.27	00 15									
73	63066	DECOMPRESS...THORACIC;EACH ADD SEG	230.22									X	
77	63066	DECOMPRESS...THORACIC;EACH ADD SEG	230.22	00 15								X	
73	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,475.66										
77	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,475.66	00 15									
73	63076	REMOVAL OF UPPER SPINE DISC AND RELE	268.01									X	
77	63076	REMOVAL OF UPPER SPINE DISC AND RELE	268.01	00 15								X	
73	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,623.87										
77	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,623.87	00 15									
73	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	232.85									X	
77	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	232.85	00 15								X	
73	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,914.87										
77	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,914.87	00 15									
73	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	291.94									X	
77	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	291.94	00 15								X	
73	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,096.16										
77	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,096.16	00 15									
73	63086	VERT CORPECT..,THOR.,EACH ADD SEG	207.05									X	
77	63086	VERT CORPECT..,THOR.,EACH ADD SEG	207.05	00 15								X	
73	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,629.15										
77	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,629.15	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	284.28									X	
77	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	284.28	00 15								X	
73	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,119.48										
77	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,119.48	00 15									
73	63091	VERT CORPECTOMY;EACH ADD SEGMENT	193.27									X	
77	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	193.27	00 15								X	
73	63101	REMOVAL OF VERTEBRAL BODY	2,550.63										
77	63101	REMOVAL OF VERTEBRAL BODY	2,550.63	00 15									
73	63102	REMOVAL OF VERTEBRAL BODY	2,471.69										
77	63102	REMOVAL OF VERTEBRAL BODY	2,471.69	00 15									
73	63103	REMOVE VERTEBRAL BODY ADD-ON	324.22									X	
77	63103	REMOVE VERTEBRAL BODY ADD-ON	324.22	00 15								X	
73	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,759.21										
77	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,759.21	00 15									
73	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,560.58										
77	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,560.58	00 15									
73	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,907.49										
77	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,907.49	00 15									
73	63185	INCISE SPINAL COLUMN/NERVES	1,221.81										
77	63185	INCISE SPINAL COLUMN/NERVES	1,221.81	00 15									
73	63190	INCISE SPINAL COLUMN/NERVES	1,318.37										
77	63190	INCISE SPINAL COLUMN/NERVES	1,318.37	00 15									
73	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,521.87										
77	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,521.87	00 15									
73	63197	INCISE SPINAL COLUMN & CORD	1,891.56										
77	63197	INCISE SPINAL COLUMN & CORD	1,891.56	00 15									
73	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,669.24										
77	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,669.24	00 15									
73	63250	REVISE SPINAL CORD VESSELS	3,293.42										
77	63250	REVISE SPINAL CORD VESSELS	3,293.42	00 15									
73	63251	REVISE SPINAL CORD VESSELS	3,364.81										
77	63251	REVISE SPINAL CORD VESSELS	3,364.81	00 15									
73	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,363.93										
77	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,363.93	00 15									
73	63265	LAMINECTOMY,LESION...;CERVICAL	1,832.42										
77	63265	LAMINECTOMY,LESION...;CERVICAL	1,832.42	00 15									
73	63266	LAMINECTOMY,LESION...;THORACIC	1,893.71										
77	63266	LAMINECTOMY,LESION...;THORACIC	1,893.71	00 15									
73	63267	LAMINECTOMY,LESION...;LUMBAR	1,495.69										
77	63267	LAMINECTOMY,LESION...;LUMBAR	1,495.69	00 15									
73	63268	LAMINECTOMY,LESION....;SACRAL	1,553.97										
77	63268	LAMINECTOMY,LESION....;SACRAL	1,553.97	00 15									
73	63270	LAMINECTOMY,LESION....;CERVICAL	2,300.28										
77	63270	LAMINECTOMY,LESION....;CERVICAL	2,300.28	00 15									
73	63271	LAMINECTOMY,LESION...;THORACIC	2,290.23										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	63271	LAMINECTOMY,LESION...;THORACIC	2,290.23	00 15									
73	63272	LAMINECTOMY,LESION...;LUMBAR	2,046.18										
77	63272	LAMINECTOMY,LESION...;LUMBAR	2,046.18	00 15									
73	63273	LAMINECTOMY,LESION...;SACRAL	2,066.10										
77	63273	LAMINECTOMY,LESION...;SACRAL	2,066.10	00 15									
73	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,990.19										
77	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,990.19	00 15									
73	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,976.58										
77	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,976.58	00 15									
73	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,708.87										
77	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,708.87	00 15									
73	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,759.00										
77	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,759.00	00 15									
73	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,346.98										
77	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,346.98	00 15									
73	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,320.85										
77	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,320.85	00 15									
73	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,187.29										
77	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,187.29	00 15									
73	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,102.53										
77	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,102.53	00 15									
73	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,899.34										
77	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,899.34	00 15									
73	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,860.49										
77	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,860.49	00 15									
73	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,043.13										
77	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,043.13	00 15									
73	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,095.26										
77	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,095.26	00 15									
73	63295	REPAIR OF LAMINECTOMY DEFECT	365.84										
77	63295	REPAIR OF LAMINECTOMY DEFECT	365.84	00 15									
73	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,001.97										
77	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,001.97	00 15									
73	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,441.83										
77	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,441.83	00 15									
73	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,411.16										
77	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,411.16	00 15									
73	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,565.67										
77	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,565.67	00 15									
73	63304	SEE 63300;INTRADURAL,CERVICAL	2,603.85										
77	63304	SEE 63300;INTRADURAL,CERVICAL	2,603.85	00 15									
73	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,772.22										
77	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,772.22	00 15									
73	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,722.82										
77	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,722.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,668.23										
77	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,668.23	00 15									
73	63308	VERT CORPECTOMY, EA ADD SEGMENT	356.90									X	
77	63308	VERT CORPECTOMY; EA ADD SEGMENT	356.90	00 15								X	
73	63600	REMOVE SPINAL CORD LESION	1,205.10										
77	63600	REMOVE SPINAL CORD LESION	1,205.10	00 15									
73	63610	STIMULATION OF SPINAL CORD	644.49									X	
77	63610	STIMULATION OF SPINAL CORD	644.49	00 15								X	
73	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,238.97										
77	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,238.97	00 15									
73	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	281.48									X	
77	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	281.48	00 15								X	
73	63650	IMPLANT NEUROELECTRODES	2,195.32										
77	63650	IMPLANT NEUROELECTRODES	2,195.32	00 15									
73	63655	IMPLANT NEUROELECTRODES	904.00										
77	63655	IMPLANT NEUROELECTRODES	904.00	00 15									
73	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	689.02										
77	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	689.02	00 15									
73	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	916.41										
77	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	916.41	00 15									
73	63663	REVISION INCLUDING REPLACEMENT WHEN	907.86										
77	63663	REVISION INCLUDING REPLACEMENT WHEN	907.86	00 15									
73	63664	REVISION INCLUDING REPLACEMENT WHEN	954.35										
77	63664	REVISION INCLUDING REPLACEMENT WHEN	954.35	00 15									
73	63685	IMPLANT NEURORECEIVER	383.05										
77	63685	IMPLANT NEURORECEIVER	383.05	00 15									
73	63688	REVISE/REMOVE NEURORECEIVER	394.03										
77	63688	REVISE/REMOVE NEURORECEIVER	394.03	00 15									
73	63700	REPAIR OF SPINAL HERNIATION	1,439.27										
77	63700	REPAIR OF SPINAL HERNIATION	1,439.27	00 15									
73	63702	REPAIR OF SPINAL HERNIATION	1,576.66										
77	63702	REPAIR OF SPINAL HERNIATION	1,576.66	00 15									
73	63704	REPAIR OF SPINAL HERNIATION	1,830.17										
77	63704	REPAIR OF SPINAL HERNIATION	1,830.17	00 15									
73	63706	REPAIR OF SPINAL HERNIATION	2,036.50										
77	63706	REPAIR OF SPINAL HERNIATION	2,036.50	00 15									
73	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,011.90										
77	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,011.90	00 15									
73	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,206.38										
77	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,206.38	00 15									
73	63710	GRAFT REPAIR OF SPINE DEFECT	1,170.43										
77	63710	GRAFT REPAIR OF SPINE DEFECT	1,170.43	00 15									
73	63740	INSTALL SPINAL SHUNT	1,076.60										
77	63740	INSTALL SPINAL SHUNT	1,076.60	00 15									
73	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	731.25										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	731.25	00 15									
73	63744	REVISION OF SPINAL SHUNT	749.38										
77	63744	REVISION OF SPINAL SHUNT	749.38	00 15									
73	63746	REMOVAL OF SPINAL SHUNT	661.08										
77	63746	REMOVAL OF SPINAL SHUNT	661.08	00 15									
73	64400	INJECTION FOR NERVE BLOCK	114.51						X			X	
77	64400	INJECTION FOR NERVE BLOCK	114.51	00 15					X			X	
73	64405	INJECTION FOR NERVE BLOCK	78.04						X			X	
77	64405	INJECTION FOR NERVE BLOCK	78.04	00 15					X			X	
73	64408	INJECTION FOR NERVE BLOCK	78.48						X			X	
77	64408	INJECTION FOR NERVE BLOCK	78.48	00 15					X			X	
73	64415	INJECTION FOR NERVE BLOCK	114.68						X			X	
77	64415	INJECTION FOR NERVE BLOCK	114.68	00 15					X			X	
73	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	67.65						X				
77	64416	N BLOCK CONT INFUSE, B PLEX	67.65	00 15									
73	64417	INJECTION FOR NERVE BLOCK	140.16						X			X	
77	64417	INJECTION FOR NERVE BLOCK	140.16	00 15					X			X	
73	64418	INJECTION FOR NERVE BLOCK	90.94						X			X	
77	64418	INJECTION FOR NERVE BLOCK	90.94	00 15					X			X	
73	64420	INJECTION FOR NERVE BLOCK	100.66						X			X	
77	64420	INJECTION FOR NERVE BLOCK	100.66	00 15					X			X	
73	64421	INJECTION FOR NERVE BLOCK	34.52						X			X	
77	64421	INJECTION FOR NERVE BLOCK	34.52	00 15					X			X	
73	64425	INJECTION FOR NERVE BLOCK	114.76						X			X	
77	64425	INJECTION FOR NERVE BLOCK	114.76	00 15					X			X	
73	64430	INJECTION FOR NERVE BLOCK	98.28						X			X	
77	64430	INJECTION FOR NERVE BLOCK	98.28	00 15					X			X	
73	64435	INJECTION FOR NERVE BLOCK	81.06						X			X	
77	64435	INJECTION FOR NERVE BLOCK	81.06	00 15					X			X	
73	64445	INJECTION FOR NERVE BLOCK	127.56						X			X	
77	64445	INJECTION FOR NERVE BLOCK	127.56	00 15					X			X	
73	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	61.72						X				
77	64446	N BLK INJ, SCIATIC, CONT INF	61.72	00 15									
73	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	90.54						X				
77	64447	N BLOCK INJ FEM, SINGLE	90.54	00 15									
73	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	63.47						X				
77	64448	N BLOCK INJ FEM, CONT INF	63.47	00 15									
73	64449	N BLOCK INJ, LUMBAR PLEXUS	65.16										
77	64449	N BLOCK INJ, LUMBAR PLEXUS	65.16	00 15									
73	64450	INJECTION FOR NERVE BLOCK	78.27						X			X	
77	64450	INJECTION FOR NERVE BLOCK	78.27	00 15					X			X	
73	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	220.97									X	
77	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	220.97	00 15								X	
73	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	220.33									X	
77	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	220.33	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64455	INJECTIONS OF ANESTHETIC AND/OR STER	49.14										
77	64455	INJECTIONS OF ANESTHETIC AND/OR STER	49.14	00 15									
73	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	136.06										
77	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	136.06	00 15									
73	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	75.58										
77	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	75.58	00 15									
73	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	223.90										
77	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	223.90	00 15									
73	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	114.80										
77	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	114.80	00 15									
73	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	207.44										
77	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	207.44	00 15									
73	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	141.43										
77	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	141.43	00 15									
73	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	328.65										
77	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	328.65	00 15									
73	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	194.63										
77	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	194.63	00 15									
73	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	99.67										
77	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	99.67	00 15									
73	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	99.99									X	
77	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	99.99	00 15								X	
73	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	177.73										
77	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	177.73	00 15									
73	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	92.12										
77	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	92.12										
73	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	92.12									X	
77	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	92.12	00 15								X	
73	64505	INJECTION FOR NERVE BLOCK	140.17						X				
77	64505	INJECTION FOR NERVE BLOCK	140.17	00 15									
73	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	147.29						X				
77	64510	INJECTION FOR NERVE BLOCK	147.29	00 15									
73	64517	N BLOCK INJ, HYPOGAS PLXS	196.25										
77	64517	N BLOCK INJ, HYPOGAS PLXS	196.25	00 15									
73	64520	INJECTION FOR NERVE BLOCK	228.46						X				
77	64520	INJECTION FOR NERVE BLOCK	228.46	00 15									
73	64530	INJECTION FOR NERVE BLOCK	230.56						X				
77	64530	INJECTION FOR NERVE BLOCK	230.56	00 15									
73	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	770.69								X		
77	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	770.69	00 15							X		
73	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	125.02										
77	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	125.02	00 15									
73	64568	INCISION FOR IMPLANTATION OF CRANIAL	661.54			X							
77	64568	INCISION FOR IMPLANTATION OF CRANIAL	661.54	00 15		X							
73	64569	REVISION OR REPLACEMENT OF CRANIAL	828.35			X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	64569	REVISION OR REPLACMENT OF CRANIAL	828.35	00	15		X							
73	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	800.56				X							
77	64570	REMOVAL OF CRANIAL NERVE (EG,VAGUS	800.56	00	15		X							
73	64581	INCISION FOR IMPLANTATION OF NEUROST	692.21									X		
77	64581	INCISION FOR IMPLANTATION OF NEUROST	692.21	00	15							X		
73	64590	INSERTION OR REPLACEMENT OF PERIPHER	274.50											
77	64590	INSERTION OR REPLACEMENT OF PERIPHER	274.50	00	15									
73	64600	INJECTION TREATMENT OF NERVE	471.72											
77	64600	INJECTION TREATMENT OF NERVE	471.72	00	15									
73	64605	INJECTION TREATMENT OF NERVE	656.31											
77	64605	INJECTION TREATMENT OF NERVE	656.31	00	15									
73	64610	INJECTION TREATMENT OF NERVE	834.43											
77	64610	INJECTION TREATMENT OF NERVE	834.43	00	15									
73	64611	CHEMODENERVATION OF PAROTID AND SUBM	131.17											
77	64611	CHEMODENERVATION OF PAROTID AND SUBM	131.17	00	15									
73	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	138.37											
77	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	138.37	00	15									
73	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	164.12			X								
77	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	164.12	00	15	X								
73	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	143.87										X	
77	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	143.87	00	15								X	
73	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	166.39										X	
77	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	166.39	00	15								X	
73	64620	INJECTION TREATMENT OF NERVE	214.64											
77	64620	INJECTION TREATMENT OF NERVE	214.64	00	15									
73	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	407.33										X	
77	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	407.33	00	15								X	
73	64625	RADIOFREQUENCY ABLATION, NERVES INNE	497.56										X	
77	64625	RADIOFREQUENCY ABLATION, NERVES INNE	497.56	00	15								X	
73	64630	INJECTION TREATMENT OF NERVE	261.01											
77	64630	INJECTION TREATMENT OF NERVE	261.01	00	15									
73	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	89.79											
77	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	89.79	00	15									
73	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	425.32											
77	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	425.32	00	15									
73	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	190.13											
77	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	190.13	00	15									
73	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	421.05											
77	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	421.05	00	15									
73	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	173.05											
77	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	173.05	00	15									
73	64640	INJECTION TREATMENT OF NERVE	253.23										X	
77	64640	INJECTION TREATMENT OF NERVE	253.23	00	15								X	
73	64642	Injection of chemical for destructio	154.53											
77	64642	Injection of chemical for destructio	154.53	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	97.05									X	
77	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	97.05	00 15								X	
73	64644	Injection of chemical for destructio	181.29										
77	64644	Injection of chemical for destructio	181.29	00 15									
73	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	125.19									X	
77	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	125.19	00 15								X	
73	64646	Injection of chemical for destructio	163.87										
77	64646	Injection of chemical for destructio	163.87	00 15									
73	64647	Injection of chemical for destructio	188.45										
77	64647	Injection of chemical for destructio	188.45	00 15									
73	64680	INJECTION TREATMENT OF NERVE	350.87										
77	64680	INJECTION TREATMENT OF NERVE	350.87	00 15									
73	64681	INJECTION TREATMENT OF NERVE	477.95										
77	64681	INJECTION TREATMENT OF NERVE	477.95	00 15									
73	64702	REVISE FINGER/TOE NERVE	527.64										
77	64702	REVISE FINGER/TOE NERVE	527.64	00 15									
73	64704	REVISE HAND/FOOT NERVE	332.25										
77	64704	REVISE HAND/FOOT NERVE	332.25	00 15									
73	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	529.78										
77	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	529.78	00 15									
73	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	624.51										
77	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	624.51	00 15									
73	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	833.24										
77	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	833.24	00 15									
73	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	802.54										
77	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	802.54	00 15									
73	64716	REVISION OF CRANIAL NERVE	533.40										
77	64716	REVISION OF CRANIAL NERVE	533.40	00 15									
73	64718	REVISE ULNAR NERVE AT ELBOW	624.17										
77	64718	REVISE ULNAR NERVE AT ELBOW	624.17	00 15									
73	64719	REVISE ULNAR NERVE AT WRIST	421.60										
77	64719	REVISE ULNAR NERVE AT WRIST	421.60	00 15									
73	64721	REVISE MEDIAN NERVE AT WRIST	457.23										
77	64721	REVISE MEDIAN NERVE AT WRIST	457.23	00 15									
73	64722	RELIEVE PRESSURE ON NERVE(S)	372.96										
77	64722	RELIEVE PRESSURE ON NERVE(S)	372.96	00 15									
73	64726	RELEASE FOOT/TOE NERVE	273.50										
77	64726	RELEASE FOOT/TOE NERVE	273.50	00 15									
73	64727	INTERNAL NEUROLYSIS,MICROSCOPE	192.36										
77	64727	INTERNAL NEUROLYSIS, MICROSCOPE	192.36	00 15									
73	64732	INCISION OF BROW NERVE	484.25										
77	64732	INCISION OF BROW NERVE	484.25	00 15									
73	64734	INCISION OF CHEEK NERVE	547.13										
77	64734	INCISION OF CHEEK NERVE	547.13	00 15									
73	64736	INCISION OF CHIN NERVE	340.18										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	64736	INCISION OF CHIN NERVE	340.18	00 15									
73	64738	INCISION OF JAW NERVE	457.86										
77	64738	INCISION OF JAW NERVE	457.86	00 15									
73	64740	INCISION OF TONGUE NERVE	475.38										
77	64740	INCISION OF TONGUE NERVE	475.38	00 15									
73	64742	INCISION OF FACIAL NERVE	492.54										
77	64742	INCISION OF FACIAL NERVE	492.54	00 15									
73	64744	INCISE NERVE, BACK OF HEAD	542.44										
77	64744	INCISE NERVE, BACK OF HEAD	542.44	00 15									
73	64746	INCISE DIAPHRAGM NERVE	463.14										
77	64746	INCISE DIAPHRAGM NERVE	463.14	00 15									
73	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,004.39										
77	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,004.39	00 15									
73	64760	INCISION OF VAGUS NERVE	558.12										
77	64760	INCISION OF VAGUS NERVE	558.12	00 15									
73	64763	INCISE HIP/THIGH NERVE	552.96										
77	64763	INCISE HIP/THIGH NERVE	552.96	00 15									
73	64766	INCISE HIP/THIGH NERVE	683.60										
77	64766	INCISE HIP/THIGH NERVE	683.60	00 15									
73	64771	INCISE CRANIAL NERVE, EXTRADURAL	630.77										
77	64771	INCISE CRANIAL NERVE, EXTRADURAL	630.77	00 15									
73	64772	INCISION OF SPINAL NERVE	589.02										
77	64772	INCISION OF SPINAL NERVE	589.02	00 15									
73	64774	REMOVE SKIN NERVE LESION	422.86										
77	64774	REMOVE SKIN NERVE LESION	422.86	00 15									
73	64776	REMOVE DIGIT NERVE LESION	405.73										
77	64776	REMOVE DIGIT NERVE LESION	405.73	00 15									
73	64778	EXCISE NEUROMA;EACH ADD DIGIT	194.85									X	
77	64778	EXCISE NEUROMA;EACH ADD DIGIT	194.85	00 15								X	
73	64782	REMOVE LIMB NERVE LESION	474.65										
77	64782	REMOVE LIMB NERVE LESION	474.65	00 15									
73	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	231.53									X	
77	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	231.53	00 15								X	
73	64784	REMOVE NERVE LESION	766.85										
77	64784	REMOVE NERVE LESION	766.85	00 15									
73	64786	REMOVE SCIATIC NERVE LESION	1,093.88										
77	64786	REMOVE SCIATIC NERVE LESION	1,093.88	00 15									
73	64787	INSERT CAP ON NERVE END	254.61										
77	64787	INSERT CAP ON NERVE END	254.61	00 15									
73	64788	REMOVE SKIN NERVE LESION	421.57										
77	64788	REMOVE SKIN NERVE LESION	421.57	00 15									
73	64790	REMOVAL OF NERVE LESION	888.52										
77	64790	REMOVAL OF NERVE LESION	888.52	00 15									
73	64792	REMOVAL OF NERVE LESION	1,142.03										
77	64792	REMOVAL OF NERVE LESION	1,142.03	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64795	BIOPSY OF NERVE	205.36										
77	64795	BIOPSY OF NERVE	205.36	00 15									
73	64802	REMOVE SYMPATHETIC NERVES	916.89										
77	64802	REMOVE SYMPATHETIC NERVES	916.89	00 15									
73	64804	REMOVE SYMPATHETIC NERVES	1,307.52										
77	64804	REMOVE SYMPATHETIC NERVES	1,307.52	00 15									
73	64809	REMOVE SYMPATHETIC NERVES	1,198.83										
77	64809	REMOVE SYMPATHETIC NERVES	1,198.83	00 15									
73	64818	REMOVE SYMPATHETIC NERVES	823.77										
77	64818	REMOVE SYMPATHETIC NERVES	823.77	00 15									
73	64820	REMOVE SYMPATHETIC NERVES	760.56										
77	64820	REMOVE SYMPATHETIC NERVES	760.56	00 15									
73	64821	REMOVE SYMPATHETIC NERVES	733.56										
77	64821	REMOVE SYMPATHETIC NERVES	733.56	00 15									
73	64822	REMOVE SYMPATHETIC NERVES	733.56										
77	64822	REMOVE SYMPATHETIC NERVES	733.56	00 15									
73	64823	REMOVE SYMPATHETIC NERVES	834.16										
77	64823	REMOVE SYMPATHETIC NERVES	834.16	00 15									
73	64831	REPAIR OF DIGIT NERVE	719.52										
77	64831	REPAIR OF DIGIT NERVE	719.52	00 15									
73	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	354.25									X	
77	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	354.25	00 15								X	
73	64834	REPAIR OF HAND OR FOOT NERVE	778.09										
77	64834	REPAIR OF HAND OR FOOT NERVE	778.09	00 15									
73	64835	REPAIR OF HAND OR FOOT NERVE	861.79										
77	64835	REPAIR OF HAND OR FOOT NERVE	861.79	00 15									
73	64836	REPAIR OF HAND OR FOOT NERVE	861.79										
77	64836	REPAIR OF HAND OR FOOT NERVE	861.79	00 15									
73	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	390.54									X	
77	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	390.54	00 15								X	
73	64840	REPAIR OF LEG NERVE	1,016.71										
77	64840	REPAIR OF LEG NERVE	1,016.71	00 15									
73	64856	REPAIR/TRANSPOSE NERVE	1,065.61										
77	64856	REPAIR/TRANSPOSE NERVE	1,065.61	00 15									
73	64857	REPAIR ARM/LEG NERVE	1,112.89										
77	64857	REPAIR ARM/LEG NERVE	1,112.89	00 15									
73	64858	REPAIR SCIATIC NERVE	1,247.37										
77	64858	REPAIR SCIATIC NERVE	1,247.37	00 15									
73	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	265.48									X	
77	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	265.48	00 15								X	
73	64861	REPAIR OF ARM NERVES	1,675.48										
77	64861	REPAIR OF ARM NERVES	1,675.48	00 15									
73	64862	REPAIR OF LOW BACK NERVES	1,458.77										
77	64862	REPAIR OF LOW BACK NERVES	1,458.77	00 15									
73	64864	REPAIR OF FACIAL NERVE	894.79										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	64864	REPAIR OF FACIAL NERVE	894.79	00 15									
73	64865	REPAIR OF FACIAL NERVE	1,128.34										
77	64865	REPAIR OF FACIAL NERVE	1,128.34	00 15									
73	64866	FUSION OF FACIAL/OTHER NERVE	1,316.07										
77	64866	FUSION OF FACIAL/OTHER NERVE	1,316.07	00 15									
73	64868	FUSION OF FACIAL/OTHER NERVE	1,034.58										
77	64868	FUSION OF FACIAL/OTHER NERVE	1,034.58	00 15									
73	64872	SUBSEQUENT REPAIR OF NERVE	124.92										
77	64872	SUBSEQUENT REPAIR OF NERVE	124.92	00 15									
73	64874	REPAIR & REVISE NERVE	186.94										
77	64874	REPAIR & REVISE NERVE	186.94	00 15									
73	64876	REPAIR NERVE; SHORTEN BONE	210.87										
77	64876	REPAIR NERVE; SHORTEN BONE	210.87	00 15									
73	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,153.16										
77	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,153.16	00 15									
73	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,329.90										
77	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,329.90	00 15									
73	64890	NERVE GRAFT, HAND OR FOOT	1,144.90										
77	64890	NERVE GRAFT, HAND OR FOOT	1,144.90	00 15									
73	64891	NERVE GRAFT, HAND OR FOOT	1,217.19										
77	64891	NERVE GRAFT, HAND OR FOOT	1,217.19	00 15									
73	64892	NERVE GRAFT, ARM OR LEG	1,111.73										
77	64892	NERVE GRAFT, ARM OR LEG	1,111.73	00 15									
73	64893	NERVE GRAFT, ARM OR LEG	1,187.41										
77	64893	NERVE GRAFT, ARM OR LEG	1,187.41	00 15									
73	64895	NERVE GRAFT, HAND OR FOOT	1,408.07										
77	64895	NERVE GRAFT, HAND OR FOOT	1,408.07	00 15									
73	64896	NERVE GRAFT, HAND OR FOOT	1,516.60										
77	64896	NERVE GRAFT, HAND OR FOOT	1,516.60	00 15									
73	64897	NERVE GRAFT, ARM OR LEG	1,344.49										
77	64897	NERVE GRAFT, ARM OR LEG	1,344.49	00 15									
73	64898	NERVE GRAFT, ARM OR LEG	1,455.98										
77	64898	NERVE GRAFT, ARM OR LEG	1,455.98	00 15									
73	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	637.40									X	
77	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	637.40	00 15								X	
73	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	737.67									X	
77	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	737.67	00 15								X	
73	64905	NERVE PEDICLE TRANSFER	1,069.78										
77	64905	NERVE PEDICLE TRANSFER	1,069.78	00 15									
73	64907	NERVE PEDICLE TRANSFER	1,381.94										
77	64907	NERVE PEDICLE TRANSFER	1,381.94	00 15									
73	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	811.68										
77	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	811.68	00 15									
73	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,078.43										
77	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,078.43	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	920.20									X	
77	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	920.20	00 15								X	
73	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	186.32									X	
77	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	186.32	00 15								X	
73	65091	EVISCERATION EYE	722.78										
77	65091	EVISCERATION EYE	722.78	00 15									
73	65093	EVISCERATION EYE WITH IMPLANT	716.69										
77	65093	EVISCERATION EYE WITH IMPLANT	716.69	00 15									
73	65101	REMOVAL OF EYE	828.44										
77	65101	REMOVAL OF EYE	828.44	00 15									
73	65103	REMOVE EYE/INSERT IMPLANT	855.93										
77	65103	REMOVE EYE/INSERT IMPLANT	855.93	00 15									
73	65105	REMOVE EYE/ATTACH IMPLANT	934.09										
77	65105	REMOVE EYE/ATTACH IMPLANT	934.09	00 15									
73	65110	REMOVAL OF EYE	1,302.22										
77	65110	REMOVAL OF EYE	1,302.22	00 15									
73	65112	REMOVE EYE, REVISE SOCKET	1,496.86										
77	65112	REMOVE EYE, REVISE SOCKET	1,496.86	00 15									
73	65114	REMOVE EYE, REVISE SOCKET	1,562.28										
77	65114	REMOVE EYE, REVISE SOCKET	1,562.28	00 15									
73	65125	MODIFICATION OF OCULAR IMPLANT (EG,	458.72										
77	65125	MODIFICATION OF OCULAR IMPLANT (EG,	458.72	00 15									
73	65130	INSERT OCULAR IMPLANT	828.31										
77	65130	INSERT OCULAR IMPLANT	828.31	00 15									
73	65135	INSERT OCULAR IMPLANT	838.20										
77	65135	INSERT OCULAR IMPLANT	838.20	00 15									
73	65140	ATTACH OCULAR IMPLANT	902.67										
77	65140	ATTACH OCULAR IMPLANT	902.67	00 15									
73	65150	REVISE OCULAR IMPLANT	675.82										
77	65150	REVISE OCULAR IMPLANT	675.82	00 15									
73	65155	REINSERT OCULAR IMPLANT	939.41										
77	65155	REINSERT OCULAR IMPLANT	939.41	00 15									
73	65175	REMOVAL OF OCULAR IMPLANT	754.44										
77	65175	REMOVAL OF OCULAR IMPLANT	754.44	00 15									
73	65205	REMOVE FOREIGN BODY FROM EYE	30.05									X	
77	65205	REMOVE FOREIGN BODY FROM EYE	30.05	00 15								X	
73	65210	REMOVE FOREIGN BODY FROM EYE	39.47									X	
77	65210	REMOVE FOREIGN BODY FROM EYE	39.47	00 15								X	
73	65220	REMOVE FOREIGN BODY FROM EYE	61.26									X	
77	65220	REMOVE FOREIGN BODY FROM EYE	61.26	00 15								X	
73	65222	REMOVE FOREIGN BODY FROM EYE	67.57									X	
77	65222	REMOVE FOREIGN BODY FROM EYE	67.57	00 15								X	
73	65235	REMOVE FOREIGN BODY FROM EYE	721.33										
77	65235	REMOVE FOREIGN BODY FROM EYE	721.33	00 15									
73	65260	REMOVE FOREIGN BODY FROM EYE	974.58										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	65260	REMOVE FOREIGN BODY FROM EYE	974.58	00 15									
73	65265	REMOVE FOREIGN BODY FROM EYE	1,095.71										
77	65265	REMOVE FOREIGN BODY FROM EYE	1,095.71	00 15									
73	65270	REPAIR OF EYE WOUND	284.17										
77	65270	REPAIR OF EYE WOUND	284.17	00 15									
73	65272	REPAIR OF EYE WOUND	526.49										
77	65272	REPAIR OF EYE WOUND	526.49	00 15									
73	65273	REPAIR OF EYE WOUND	378.72										
77	65273	REPAIR OF EYE WOUND	378.72	00 15									
73	65275	REPAIR OF EYE WOUND	587.47										
77	65275	REPAIR OF EYE WOUND	587.47	00 15									
73	65280	REPAIR OF EYE WOUND	667.69										
77	65280	REPAIR OF EYE WOUND	667.69	00 15									
73	65285	REPAIR OF EYE WOUND	1,102.94										
77	65285	REPAIR OF EYE WOUND	1,102.94	00 15									
73	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	703.32										
77	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	703.32	00 15									
73	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	487.51										
77	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	487.51	00 15									
73	65400	REMOVAL OF EYE LESION	687.72										
77	65400	REMOVAL OF EYE LESION	687.72	00 15									
73	65410	BIOPSY OF CORNEA	142.62										
77	65410	BIOPSY OF CORNEA	142.62	00 15									
73	65420	REMOVAL OF EYE LESION	536.99										
77	65420	REMOVAL OF EYE LESION	536.99	00 15									
73	65426	REMOVAL OF EYE LESION	669.99										
77	65426	REMOVAL OF EYE LESION	669.99	00 15									
73	65430	CORNEAL SMEAR	114.99									X	
77	65430	CORNEAL SMEAR	114.99	00 15								X	
73	65435	CURETTE/TREAT CORNEA	81.32										
77	65435	CURETTE/TREAT CORNEA	81.32	00 15									
73	65436	CURETTE/TREAT CORNEA	384.37										
77	65436	CURETTE/TREAT CORNEA	384.37	00 15									
73	65450	DESTROY CORNEAL LESION	323.54										
77	65450	DESTROY CORNEAL LESION	323.54	00 15									
73	65600	REVISION OF CORNEA	425.30										
77	65600	REVISION OF CORNEA	425.30	00 15									
73	65710	CORNEAL TRANSPLANT	1,130.88										
77	65710	CORNEAL TRANSPLANT	1,130.88	00 15									
73	65730	CORNEAL TRANSPLANT	1,245.22										
77	65730	CORNEAL TRANSPLANT	1,245.22	00 15									
73	65750	CORNEAL TRANSPLANT	1,253.34										
77	65750	CORNEAL TRANSPLANT	1,253.34	00 15									
73	65755	KERATOPLASTY, PENETRATING	1,247.53										
77	65755	KERATOPLASTY, PENETRATING	1,247.53	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,171.91										
77	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,171.91	00 15									
73	65770	KERATOPROSTHESIS	1,393.56										
77	65770	KERATOPROSTHESIS	1,393.56	00 15									
73	65772	CORNEAL RELAX INCISION,CORR SURG AST	454.42										
77	65772	CORNEAL RELAX INCISION,CORR SURG AST	454.42	00 15									
73	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	564.87										
77	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	564.87	00 15									
73	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,395.73									X	
77	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,395.73	00 15								X	
73	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,206.48									X	
77	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,206.48	00 15								X	
73	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	661.19										
77	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	661.19	00 15									
73	65781	OCULAR RECONST, TRANSPLANT	1,321.24										
77	65781	OCULAR RECONST, TRANSPLANT	1,321.24	00 15									
73	65782	OCULAR RECONST, TRANSPLANT	1,139.53		X								
77	65782	OCULAR RECONST, TRANSPLANT	1,139.53	00 15	X								
73	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,302.31									X	
77	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,302.31	00 15								X	
73	65800	DRAINAGE OF EYE	119.80										
77	65800	DRAINAGE OF EYE	119.80	00 15									
73	65810	DRAINAGE OF EYE	459.82										
77	65810	DRAINAGE OF EYE	459.82	00 15									
73	65815	DRAINAGE OF EYE	645.15										
77	65815	DRAINAGE OF EYE	645.15	00 15									
73	65820	RELIEVE INNER EYE PRESSURE	805.28										
77	65820	RELIEVE INNER EYE PRESSURE	805.28	00 15									
73	65850	TRABECULOTOMY AB EXTERNO	839.69										
77	65850	TRABECULOTOMY AB EXTERNO	839.69	00 15									
73	65855	LASER TRABECULOPLASTY-1/MORE	245.75										
77	65855	LASER TRABECULOPLASTY-1/MORE	245.75	00 15									
73	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	306.95										
77	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	306.95	00 15									
73	65865	INCISE INNER EYE ADHESIONS	473.67										
77	65865	INCISE INNER EYE ADHESIONS	473.67	00 15									
73	65870	INCISE INNER EYE ADHESIONS	589.16										
77	65870	INCISE INNER EYE ADHESIONS	589.16	00 15									
73	65875	INCISE INNER EYE ADHESIONS	629.33										
77	65875	INCISE INNER EYE ADHESIONS	629.33	00 15									
73	65880	INCISE INNER EYE ADHESIONS	662.35										
77	65880	INCISE INNER EYE ADHESIONS	662.35	00 15									
73	65900	REMOVE EYE LESION	984.58										
77	65900	REMOVE EYE LESION	984.58	00 15									
73	65920	REMOVE IMPLANT FROM EYE	785.68										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	65920	REMOVE IMPLANT FROM EYE	785.68	00 15									
73	65930	REMOVE BLOOD CLOT FROM EYE	638.05										
77	65930	REMOVE BLOOD CLOT FROM EYE	638.05	00 15									
73	66020	INJECTION TREATMENT OF EYE	195.82									X	
77	66020	INJECTION TREATMENT OF EYE	195.82	00 15								X	
73	66030	INJECTION TREATMENT OF EYE	175.47									X	
77	66030	INJECTION TREATMENT OF EYE	175.47	00 15								X	
73	66130	REMOVE EYE LESION	708.38										
77	66130	REMOVE EYE LESION	708.38	00 15									
73	66150	INCISION OF EYE	868.64										
77	66150	INCISION OF EYE	868.64	00 15									
73	66155	INCISION OF EYE	868.29										
77	66155	INCISION OF EYE	868.29	00 15									
73	66160	INCISION OF EYE	979.83										
77	66160	INCISION OF EYE	979.83	00 15									
73	66170	INCISION OF EYE	1,084.09										
77	66170	INCISION OF EYE	1,084.09	00 15									
73	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,182.15										
77	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,182.15	00 15									
73	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	936.13									X	
77	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	936.13	00 15								X	
73	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	982.88									X	
77	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	982.88	00 15								X	
73	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,071.25						X				
77	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,071.25	00 15					X				
73	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,131.50										
77	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,131.50	00 15									
73	66183	Insertion of eye fluid drainage devi	1,022.19										
77	66183	Insertion of eye fluid drainage devi	1,022.19	00 15									
73	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	781.38										
77	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	781.38	00 15									
73	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	840.70										
77	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	840.70	00 15									
73	66225	REPAIR/GRAFT EYE LESION	928.94										
77	66225	REPAIR/GRAFT EYE LESION	928.94	00 15									
73	66250	FOLLOW-UP SURGERY OF EYE	755.64										
77	66250	FOLLOW-UP SURGERY OF EYE	755.64	00 15									
73	66500	INCISION OF IRIS	383.41										
77	66500	INCISION OF IRIS	383.41	00 15									
73	66505	INCISION OF THE IRIS	417.76										
77	66505	INCISION OF THE IRIS	417.76	00 15									
73	66600	REMOVE IRIS AND LESION	887.44										
77	66600	REMOVE IRIS AND LESION	887.44	00 15									
73	66605	REMOVAL OF IRIS	1,084.03										
77	66605	REMOVAL OF IRIS	1,084.03	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	66625	REMOVAL OF IRIS	425.35										
77	66625	REMOVAL OF IRIS	425.35	00 15									
73	66630	REMOVAL OF IRIS	562.22										
77	66630	REMOVAL OF IRIS	562.22	00 15									
73	66635	REMOVAL OF IRIS	567.33										
77	66635	REMOVAL OF IRIS	567.33	00 15									
73	66680	REPAIR IRIS & CILIARY BODY	516.53										
77	66680	REPAIR IRIS & CILIARY BODY	516.53	00 15									
73	66682	SUTURE OF IRIS, CILIARY BODY	694.34										
77	66682	SUTURE OF IRIS, CILIARY BODY	694.34	00 15									
73	66710	CILIARY BODY DESTRUCTION;	441.10										
77	66710	CILIARY BODY DESTRUCTION;	441.10	00 15									
73	66711	CILIARY ENDOSCOPIC ABLATION	499.08										
77	66711	CILIARY ENDOSCOPIC ABLATION	499.08	00 15									
73	66720	RELIEVE INNER EYE PRESSURE	459.62										
77	66720	RELIEVE INNER EYE PRESSURE	459.62	00 15									
73	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	297.76										
77	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	297.76	00 15									
73	66762	REVISION OF IRIS	475.18										
77	66762	REVISION OF IRIS	475.18	00 15									
73	66770	REMOVAL OF INNER EYE LESION	525.85										
77	66770	REMOVAL OF INNER EYE LESION	525.85	00 15									
73	66820	INCISION OF LENS LESION	452.23										
77	66820	INCISION OF LENS LESION	452.23	00 15									
73	66821	DISCISSION OF SECONDARY;LASER	330.36										
77	66821	DISCISSION OF SECONDARY;LASER	330.36	00 15									
73	66825	REPOSITIONING OF INTRAOCULAR LENS PR	814.63										
77	66825	REPOSITIONING OF INTRAOCULAR LENS PR	814.63	00 15									
73	66830	REMOVAL OF LENS LESION	706.01										
77	66830	REMOVAL OF LENS LESION	706.01	00 15									
73	66840	REMOVAL OF LENS MATERIAL	688.92										
77	66840	REMOVAL OF LENS MATERIAL	688.92	00 15									
73	66850	REMOVAL OF LENS MATERIAL	782.86										
77	66850	REMOVAL OF LENS MATERIAL	782.86	00 15									
73	66852	REMOVAL LENS MATERIAL, ASPIRATION	834.21										
77	66852	REMOVAL LENS MATERIAL, ASPIRATION	834.21	00 15									
73	66920	EXTRACTION OF LENS	744.10										
77	66920	EXTRACTION OF LENS	744.10	00 15									
73	66930	EXTRACTION OF LENS	851.52										
77	66930	EXTRACTION OF LENS	851.52	00 15									
73	66940	EXTRACTION OF LENS	777.31										
77	66940	EXTRACTION OF LENS	777.31	00 15									
73	66982	CATARACT SURGERY, COMPLEX	741.47										
77	66982	CATARACT SURGERY, COMPLEX	741.47	00 15									
73	66983	INTRA CATARACT EXTRAC W/LENS	719.18										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	66983	INTRA CATARACT EXTRAC W/LENS	719.18	00	15									
73	66984	EXTRA CATARACT REMOVAL W/LENS	540.73											
77	66984	EXTRA CATARACT REMOVAL W/LENS	540.73	00	15									
73	66985	INSERT LENS PROSTHESIS	761.92											
77	66985	INSERT LENS PROSTHESIS	761.92	00	15									
73	66986	EXCHANGE OF INTRAOCULAR LENS	898.99											
77	66986	EXCHANGE OF INTRAOCULAR LENS	898.99	00	15									
73	66990	OPHTHALMIC ENDOSCOPE ADD-ON	90.48											
77	66990	OPHTHALMIC ENDOSCOPE ADD-ON	90.48	00	15									
73	67005	PARTIAL REMOVAL OF EYE FLUID	468.13											
77	67005	PARTIAL REMOVAL OF EYE FLUID	468.13	00	15									
73	67010	PARTIAL REMOVAL OF EYE FLUID	536.85											
77	67010	PARTIAL REMOVAL OF EYE FLUID	536.85	00	15									
73	67015	RELEASE OF EYE FLUID	595.46											
77	67015	RELEASE OF EYE FLUID	595.46	00	15									
73	67025	REPLACE EYE FLUID	738.35											
77	67025	REPLACE EYE FLUID	738.35	00	15									
73	67027	IMPLANT EYE DRUG SYSTEM	843.42											
77	67027	IMPLANT EYE DRUG SYSTEM	843.42	00	15									
73	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	113.29											
77	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	113.29	00	15									
73	67030	INCISE INNER EYE STRANDS	546.60											
77	67030	INCISE INNER EYE STRANDS	546.60	00	15									
73	67031	SEVERING OF VITREOUS STRANDS, VITREO	388.37											
77	67031	SEVERING OF VITREOUS STRANDS, VITREO	388.37	00	15									
73	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	892.16											
77	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	892.16	00	15									
73	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	954.89											
77	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	954.89	00	15									
73	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,032.71											
77	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,032.71	00	15									
73	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,141.13											
77	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,141.13	00	15									
73	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,141.13											
77	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,141.13	00	15									
73	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,203.33											
77	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,203.33	00	15									
73	67101	REPAIR DETACHED RETINA	330.13											
77	67101	REPAIR DETACHED RETINA	330.13	00	15									
73	67105	PHOTOCOAGULATION/DETACHED RET	294.19											
77	67105	PHOTOCOAGULATION/DETACHED RET	294.19	00	15									
73	67107	REPAIR DETACHED RETINA	1,120.04											
77	67107	REPAIR DETACHED RETINA	1,120.04	00	15									
73	67108	REPAIR DETACHED RETINA	1,187.25											
77	67108	REPAIR DETACHED RETINA	1,187.25	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	883.75										
77	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	883.75	00 15									
73	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,327.42										
77	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,327.42	00 15									
73	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	492.96										
77	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	492.96	00 15									
73	67120	REMOVE EYE IMPLANT MATERIAL	666.24										
77	67120	REMOVE EYE IMPLANT MATERIAL	666.24	00 15									
73	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	899.17										
77	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	899.17	00 15									
73	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	520.37										
77	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	520.37	00 15									
73	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	523.51										
77	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	523.51	00 15									
73	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	598.69										
77	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	598.69	00 15									
73	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	512.87										
77	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	512.87	00 15									
73	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,390.57										
77	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,390.57	00 15									
73	67220	TREAT CHOROID LESION	528.48										
77	67220	TREAT CHOROID LESION	528.48	00 15									
73	67221	OCULAR PHOTODYNAMIC THER	276.35										
77	67221	OCULAR PHOTODYNAMIC THER	276.35	00 15									
73	67225	EYE PHOTODYNAMIC THER ADD-ON	29.68										
77	67225	EYE PHOTODYNAMIC THER ADD-ON	29.68	00 15									
73	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	292.74										
77	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	292.74	00 15									
73	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	339.40										
77	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	339.40	00 15									
73	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,155.68	00 00									
77	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,155.68	00 00									
73	67250	REINFORCE EYE WALL	879.98										
77	67250	REINFORCE EYE WALL	879.98	00 15									
73	67255	REINFORCE/GRAFT EYE WALL	680.28										
77	67255	REINFORCE/GRAFT EYE WALL	680.28	00 15									
73	67311	REVISE EYE MUSCLE	593.46										
77	67311	REVISE EYE MUSCLE	593.46	00 15									
73	67312	REVISE TWO EYE MUSCLES	718.83										
77	67312	REVISE TWO EYE MUSCLES	718.83	00 15									
73	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	678.62										
77	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	678.62	00 15									
73	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	803.97										
77	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	803.97	00 15									
73	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	709.36										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	709.36	00 15									
73	67320	REVISE EYE MUSCLE(S)	319.50										
77	67320	REVISE EYE MUSCLE(S)	319.50	00 15									
73	67331	STRABISMUS SURG W/PREV EYE SURG	303.22										
77	67331	STRABISMUS SURG W/PREV EYE SURG	303.22	00 15									
73	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	328.90										
77	67332	STRABISMUS SURG W/SCAR EXTRAOC	328.90	00 15									
73	67334	STRABISMUS SURG,POST FIX SUTURE TECH	298.59										
77	67334	STRABISMUS SURG,POST FIX SUTURE TECH	298.59	00 15									
73	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	146.93										
77	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	146.93	00 15									
73	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	355.15										
77	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	355.15	00 15									
73	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	660.87										
77	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	660.87	00 15									
73	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	245.89										
77	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	245.89	00 15									
73	67346	BIOPSY OF EXTRAOCULAR MUSCLE	189.61										
77	67346	BIOPSY OF EXTRAOCULAR MUSCLE	189.61	00 15									
73	67400	EXPLORE/BIOPSY EYE SOCKET	1,016.60										
77	67400	EXPLORE/BIOPSY EYE SOCKET	1,016.60	00 15									
73	67405	EXPLORE/DRAIN EYE SOCKET	879.54										
77	67405	EXPLORE/DRAIN EYE SOCKET	879.54	00 15									
73	67412	EXPLORE/TREAT EYE SOCKET	967.40										
77	67412	EXPLORE/TREAT EYE SOCKET	967.40	00 15									
73	67413	EXPLORE/TREAT EYE SOCKET	941.68										
77	67413	EXPLORE/TREAT EYE SOCKET	941.68	00 15									
73	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,439.97										
77	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,439.97	00 15									
73	67415	BIOPSY OF EYE	104.34										
77	67415	BIOPSY OF EYE	104.34	00 15									
73	67420	EXPLORE/TREAT EYE SOCKET	1,724.54										
77	67420	EXPLORE/TREAT EYE SOCKET	1,724.54	00 15									
73	67430	EXPLORE/TREAT EYE SOCKET	1,359.92										
77	67430	EXPLORE/TREAT EYE SOCKET	1,359.92	00 15									
73	67440	EXPLORE/DRAIN EYE SOCKET	1,319.77										
77	67440	EXPLORE/DRAIN EYE SOCKET	1,319.77	00 15									
73	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,514.03										
77	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,514.03	00 15									
73	67450	EXPLORE/BIOPSY EYE SOCKET	1,366.72										
77	67450	EXPLORE/BIOPSY EYE SOCKET	1,366.72	00 15									
73	67500	INJECT/TREAT EYE SOCKET	75.79										
77	67500	INJECT/TREAT EYE SOCKET	75.79	00 15									
73	67505	INJECT/TREAT EYE SOCKET	87.17										
77	67505	INJECT/TREAT EYE SOCKET	87.17	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	67515	INJECTION OF MEDICATION OR SUBSTANCE	51.41										
77	67515	INJECTION OF MEDICATION OR SUBSTANCE	51.41	00 15									
73	67550	INSERT EYE SOCKET IMPLANT	1,063.83										
77	67550	INSERT EYE SOCKET IMPLANT	1,063.83	00 15									
73	67560	REVISE EYE SOCKET IMPLANT	1,088.69										
77	67560	REVISE EYE SOCKET IMPLANT	1,088.69	00 15									
73	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,346.11										
77	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,346.11	00 15									
73	67700	DRAINAGE OF EYELID ABSCESS	287.45										
77	67700	DRAINAGE OF EYELID ABSCESS	287.45	00 15									
73	67710	INCISION OF EYELID	244.24										
77	67710	INCISION OF EYELID	244.24	00 15									
73	67715	INCISION OF EYELID FOLD	266.17										
77	67715	INCISION OF EYELID FOLD	266.17	00 15									
73	67800	REMOVE EYELID LESION	127.85										
77	67800	REMOVE EYELID LESION	127.85	00 15									
73	67801	REMOVE EYELID LESIONS	162.47										
77	67801	REMOVE EYELID LESIONS	162.47	00 15									
73	67805	REMOVE EYELID LESIONS	201.21										
77	67805	REMOVE EYELID LESIONS	201.21	00 15									
73	67808	REMOVE EYELID LESION(S)	363.66										
77	67808	REMOVE EYELID LESION(S)	363.66	00 15									
73	67810	BIOPSY OF EYELID	185.13										
77	67810	BIOPSY OF EYELID	185.13	00 15									
73	67820	REVISE EYELASHES	21.08										
77	67820	REVISE EYELASHES	21.08	00 15									
73	67825	REVISE EYELASHES	134.07										
77	67825	REVISE EYELASHES	134.07	00 15									
73	67830	REVISE EYELASHES	274.02										
77	67830	REVISE EYELASHES	274.02	00 15									
73	67835	REVISE EYELASHES	436.87										
77	67835	REVISE EYELASHES	436.87	00 15									
73	67840	REMOVE EYELID LESION	284.09										
77	67840	REMOVE EYELID LESION	284.09	00 15									
73	67850	TREAT EYELID LESION	219.37										
77	67850	TREAT EYELID LESION	219.37	00 15									
73	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	184.68										
77	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	184.68	00 15									
73	67880	REVISION OF EYELID	467.69										
77	67880	REVISION OF EYELID	467.69	00 15									
73	67882	REVISION OF EYELID	571.08										
77	67882	REVISION OF EYELID	571.08	00 15									
73	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	652.99										
77	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	652.99	00 15									
73	67901	REPAIR EYELID DEFECT	794.55										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	67901	REPAIR EYELID DEFECT	794.55	00	15									
73	67902	REPAIR EYELID DEFECT	721.84											
77	67902	REPAIR EYELID DEFECT	721.84	00	15									
73	67903	REPAIR EYELID DEFECT	604.81											
77	67903	REPAIR EYELID DEFECT	604.81	00	15									
73	67904	REPAIR EYELID DEFECT	742.96											
77	67904	REPAIR EYELID DEFECT	742.96	00	15									
73	67906	REPAIR EYELID DEFECT	501.85											
77	67906	REPAIR EYELID DEFECT	501.85	00	15									
73	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	530.24											
77	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	530.24	00	15									
73	67909	REVISE EYELID DEFECT	551.06										X	
77	67909	REVISE EYELID DEFECT	551.06	00	15								X	
73	67911	REVISE EYELID DEFECT	556.68											
77	67911	REVISE EYELID DEFECT	556.68	00	15									
73	67912	CORRECTION EYELID W/ IMPLANT	916.67											
77	67912	CORRECTION EYELID W/ IMPLANT	916.67	00	15									
73	67914	REPAIR EYELID DEFECT	489.28											
77	67914	REPAIR EYELID DEFECT	489.28	00	15									
73	67915	REPAIR EYELID DEFECT	315.26			X								
77	67915	REPAIR EYELID DEFECT	315.26	00	15	X								
73	67916	REPAIR EYELID DEFECT	614.24											
77	67916	REPAIR EYELID DEFECT	614.24	00	15									
73	67917	REPAIR EYELID DEFECT	625.56											
77	67917	REPAIR EYELID DEFECT	625.56	00	15									
73	67921	REPAIR EYELID DEFECT	478.94											
77	67921	REPAIR EYELID DEFECT	478.94	00	15									
73	67922	REPAIR EYELID DEFECT	305.18											
77	67922	REPAIR EYELID DEFECT	305.18	00	15									
73	67923	REPAIR EYELID DEFECT	613.49											
77	67923	REPAIR EYELID DEFECT	613.49	00	15									
73	67924	REPAIR EYELID DEFECT	652.01											
77	67924	REPAIR EYELID DEFECT	652.01	00	15									
73	67930	REPAIR EYELID WOUND	373.84											
77	67930	REPAIR EYELID WOUND	373.84	00	15									
73	67935	REPAIR EYELID WOUND	601.80											
77	67935	REPAIR EYELID WOUND	601.80	00	15									
73	67938	REMOVE EYELID FOREIGN BODY	272.02										X	
77	67938	REMOVE EYELID FOREIGN BODY	272.02	00	15								X	
73	67950	REVISION OF EYELID	586.79											
77	67950	REVISION OF EYELID	586.79	00	15									
73	67961	REVISION OF EYELID	587.14											
77	67961	REVISION OF EYELID	587.14	00	15									
73	67966	REVISION OF EYELID	779.83											
77	67966	REVISION OF EYELID	779.83	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
73	67971	RECONSTRUCTION OF EYELID	717.21										
77	67971	RECONSTRUCTION OF EYELID	717.21	00 15									
73	67973	RECONSTRUCTION OF EYELID	923.04										
77	67973	RECONSTRUCTION OF EYELID	923.04	00 15									
73	67974	RECONSTRUCTION OF EYELID	920.38										
77	67974	RECONSTRUCTION OF EYELID	920.38	00 15									
73	67975	RECONSTRUCTION OF EYELID	678.37										
77	67975	RECONSTRUCTION OF EYELID	678.37	00 15									
73	68020	INCISE/DRAIN EYELID LINING	120.51										
77	68020	INCISE/DRAIN EYELID LINING	120.51	00 15									
73	68040	TREATMENT OF EYELID LESIONS	61.54										
77	68040	TREATMENT OF EYELID LESIONS	61.54	00 15									
73	68100	BIOPSY OF EYELID LINING	180.69										
77	68100	BIOPSY OF EYELID LINING	180.69	00 15									
73	68110	REMOVE EYELID LINING LESION	236.16										
77	68110	REMOVE EYELID LINING LESION	236.16	00 15									
73	68115	REMOVE EYELID LINING LESION	333.65										
77	68115	REMOVE EYELID LINING LESION	333.65	00 15									
73	68130	REMOVE EYELID LINING LESION	552.83										
77	68130	REMOVE EYELID LINING LESION	552.83	00 15									
73	68135	REMOVE EYELID LINING LESION	156.69										
77	68135	REMOVE EYELID LINING LESION	156.69	00 15									
73	68200	TREAT EYELID BY INJECTION	41.44										
77	68200	TREAT EYELID BY INJECTION	41.44	00 15									
73	68320	REVISE/GRAFT EYELID LINING	742.02										
77	68320	REVISE/GRAFT EYELID LINING	742.02	00 15									
73	68325	REVISE/GRAFT EYELID LINING	649.72										
77	68325	REVISE/GRAFT EYELID LINING	649.72	00 15									
73	68326	REVISE/GRAFT EYELID LINING	638.13										
77	68326	REVISE/GRAFT EYELID LINING	638.13	00 15									
73	68328	REVISE/GRAFT EYELID LINING	703.63										
77	68328	REVISE/GRAFT EYELID LINING	703.63	00 15									
73	68330	REVISE EYELID LINING	622.92										
77	68330	REVISE EYELID LINING	622.92	00 15									
73	68335	REVISE/GRAFT EYELID LINING	640.50										
77	68335	REVISE/GRAFT EYELID LINING	640.50	00 15									
73	68340	SEPARATE EYELID ADHESIONS	596.62										
77	68340	SEPARATE EYELID ADHESIONS	596.62	00 15									
73	68360	REVISE EYELID LINING	543.58										
77	68360	REVISE EYELID LINING	543.58	00 15									
73	68362	REVISE EYELID LINING	649.22										
77	68362	REVISE EYELID LINING	649.22	00 15									
73	68371	HARVEST EYE TISSUE, ALOGRAFT	408.57										
77	68371	HARVEST EYE TISSUE, ALOGRAFT	408.57	00 15									
73	68400	INCISE/DRAIN TEAR GLAND	299.35										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	68400	INCISE/DRAIN TEAR GLAND	299.35	00 15									
73	68420	INCISE/DRAIN TEAR SAC	335.78										
77	68420	INCISE/DRAIN TEAR SAC	335.78	00 15									
73	68440	INCISE TEAR DUCT OPENING	102.61										
77	68440	INCISE TEAR DUCT OPENING	102.61	00 15									
73	68500	REMOVAL OF TEAR GLAND	1,038.66										
77	68500	REMOVAL OF TEAR GLAND	1,038.66	00 15									
73	68505	PARTIAL REMOVAL TEAR GLAND	1,033.70										
77	68505	PARTIAL REMOVAL TEAR GLAND	1,033.70	00 15									
73	68510	BIOPSY OF TEAR GLAND	464.62										
77	68510	BIOPSY OF TEAR GLAND	464.62	00 15									
73	68520	REMOVAL OF TEAR SAC	723.33										
77	68520	REMOVAL OF TEAR SAC	723.33	00 15									
73	68525	BIOPSY OF TEAR SAC	263.16										
77	68525	BIOPSY OF TEAR SAC	263.16	00 15									
73	68530	CLEARANCE OF TEAR DUCT	437.80										
77	68530	CLEARANCE OF TEAR DUCT	437.80	00 15									
73	68540	REMOVE TEAR GLAND LESION	968.69										
77	68540	REMOVE TEAR GLAND LESION	968.69	00 15									
73	68550	EXCISION OF LACRIMAL GLAND TUMOR;	1,202.35										
77	68550	REMOVE TEAR GLAND LESION	1,202.35	00 15									
73	68700	REPAIR TEAR DUCTS	598.37										
77	68700	REPAIR TEAR DUCTS	598.37	00 15									
73	68705	REVISE TEAR DUCT OPENING	259.44										
77	68705	REVISE TEAR DUCT OPENING	259.44	00 15									
73	68720	CREATE TEAR SAC DRAIN	796.31										
77	68720	CREATE TEAR SAC DRAIN	796.31	00 15									
73	68745	CREATE TEAR DUCT DRAIN	799.09										
77	68745	CREATE TEAR DUCT DRAIN	799.09	00 15									
73	68750	CREATE TEAR DUCT DRAIN	839.56										
77	68750	CREATE TEAR DUCT DRAIN	839.56	00 15									
73	68760	CLOSE TEAR DUCT OPENING	218.83										
77	68760	CLOSE TEAR DUCT OPENING	218.83	00 15									
73	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	147.58									X	
77	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	147.58	00 15								X	
73	68770	CLOSE TEAR SYSTEM FISTULA	622.63										
77	68770	CLOSE TEAR SYSTEM FISTULA	622.63	00 15									
73	68801	DILATE TEAR DUCT OPENING	93.53										
77	68801	DILATE TEAR DUCT OPENING	93.53	00 15									
73	68810	PROBE NASOLACRIMAL DUCT	160.79										
77	68810	PROBE NASOLACRIMAL DUCT	160.79	00 15									
73	68811	PROBE NASOLACRIMAL DUCT	133.87										
77	68811	PROBE NASOLACRIMAL DUCT	133.87	00 15									
73	68815	PROBE NASOLACRIMAL DUCT	385.87										
77	68815	PROBE NASOLACRIMAL DUCT	385.87	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	839.40										
77	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	839.40	00 15									
73	68840	EXPLORE/IRRIGATE TEAR DUCTS	131.26										
77	68840	EXPLORE/IRRIGATE TEAR DUCTS	131.26	00 15									
73	68850	INJECTION FOR TEAR SAC X-RAY	61.18										
77	68850	INJECTION FOR TEAR SAC X-RAY	61.18	00 15									
73	69000	DRAIN EXTERNAL EAR LESION	189.88										
77	69000	DRAIN EXTERNAL EAR LESION	189.88	00 15									
73	69005	DRAIN EXTERNAL EAR LESION	223.06										
77	69005	DRAIN EXTERNAL EAR LESION	223.06	00 15									
73	69020	DRAIN OUTER EAR CANAL LESION	235.92										
77	69020	DRAIN OUTER EAR CANAL LESION	235.92	00 15									
73	69100	BIOPSY OF EXTERNAL EAR	98.58										
77	69100	BIOPSY OF EXTERNAL EAR	98.58	00 15									
73	69105	BIOPSY OF EXTERNAL EAR CANAL	146.01										
77	69105	BIOPSY OF EXTERNAL EAR CANAL	146.01	00 15									
73	69110	PARTIAL REMOVAL EXTERNAL EAR	475.28										
77	69110	PARTIAL REMOVAL EXTERNAL EAR	475.28	00 15									
73	69120	REMOVAL OF EXTERNAL EAR	406.01										
77	69120	REMOVAL OF EXTERNAL EAR	406.01	00 15									
73	69140	REMOVE EAR CANAL LESION(S)	917.25										
77	69140	REMOVE EAR CANAL LESION(S)	917.25	00 15									
73	69145	REMOVE EAR CANAL LESION(S)	413.51										
77	69145	REMOVE EAR CANAL LESION(S)	413.51	00 15									
73	69150	EXTENSIVE EAR CANAL SURGERY	1,064.03										
77	69150	EXTENSIVE EAR CANAL SURGERY	1,064.03	00 15									
73	69155	EXTENSIVE EAR/NECK SURGERY	1,695.32										
77	69155	EXTENSIVE EAR/NECK SURGERY	1,695.32	00 15									
73	69200	CLEAR OUTER EAR CANAL	81.99										
77	69200	CLEAR OUTER EAR CANAL	81.99	00 15									
73	69205	CLEAR OUTER EAR CANAL	96.96										
77	69205	CLEAR OUTER EAR CANAL	96.96	00 15									
73	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	48.65										
77	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	48.65	00 15									
73	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	80.29										
77	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	80.29	00 15									
73	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	216.53										
77	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	216.53	00 15									
73	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,144.33			X						X	
77	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,144.33	00 15		X						X	
73	69320	REBUILD OUTER EAR CANAL	1,598.65										
77	69320	REBUILD OUTER EAR CANAL	1,598.65	00 15									
73	69420	INCISION OF EARDRUM	191.11										
77	69420	INCISION OF EARDRUM	191.11	00 15									
73	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	152.22										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	152.22	00 15									
73	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	129.99										
77	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	129.99	00 15									
73	69433	OFFICE TYMPANOSTOMY, UNILAT	201.23										
77	69433	OFFICE TYMPANOSTOMY, UNILAT	201.23	00 15									
73	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	160.72										
77	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	160.72	00 15									
73	69440	EXPLORATION OF MIDDLE EAR	713.96										
77	69440	EXPLORATION OF MIDDLE EAR	713.96	00 15									
73	69450	TYMPANOLYSIS, TRANSCANAL	563.75										
77	69450	TYMPANOLYSIS, TRANSCANAL	563.75	00 15									
73	69501	MASTOIDECTOMY	741.32										
77	69501	MASTOIDECTOMY	741.32	00 15									
73	69502	MASTOIDECTOMY	988.99										
77	69502	MASTOIDECTOMY	988.99	00 15									
73	69505	REMOVE MASTOID STRUCTURES	1,258.19										
77	69505	REMOVE MASTOID STRUCTURES	1,258.19	00 15									
73	69511	EXTENSIVE MASTOID SURGERY	1,288.87										
77	69511	EXTENSIVE MASTOID SURGERY	1,288.87	00 15									
73	69530	EXTENSIVE MASTOID SURGERY	1,724.06										
77	69530	EXTENSIVE MASTOID SURGERY	1,724.06	00 15									
73	69535	REMOVE PART OF TEMPORAL BONE	2,754.96										
77	69535	REMOVE PART OF TEMPORAL BONE	2,754.96	00 15									
73	69540	REMOVE EAR LESION	209.65										
77	69540	REMOVE EAR LESION	209.65	00 15									
73	69550	REMOVE EAR LESION	1,087.49										
77	69550	REMOVE EAR LESION	1,087.49	00 15									
73	69552	REMOVE EAR LESION	1,634.75										
77	69552	REMOVE EAR LESION	1,634.75	00 15									
73	69554	REMOVE EAR LESION	2,614.04										
77	69554	REMOVE EAR LESION	2,614.04	00 15									
73	69601	MASTOID SURGERY REVISION	1,063.50										
77	69601	MASTOID SURGERY REVISION	1,063.50	00 15									
73	69602	MASTOID SURGERY REVISION	1,128.95										
77	69602	MASTOID SURGERY REVISION	1,128.95	00 15									
73	69603	MASTOID SURGERY REVISION	1,315.70										
77	69603	MASTOID SURGERY REVISION	1,315.70	00 15									
73	69604	MASTOID SURGERY REVISION	1,152.17										
77	69604	MASTOID SURGERY REVISION	1,152.17	00 15									
73	69610	REPAIR OF EARDRUM	389.17										
77	69610	REPAIR OF EARDRUM	389.17	00 15									
73	69620	REPAIR OF EARDRUM	738.65										
77	69620	REPAIR OF EARDRUM	738.65	00 15									
73	69631	REPAIR EARDRUM STRUCTURES	920.24										
77	69631	REPAIR EARDRUM STRUCTURES	920.24	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	69632	REBUILD EARDRUM STRUCTURES	1,119.61										
77	69632	REBUILD EARDRUM STRUCTURES	1,119.61	00 15									
73	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,086.11										
77	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,086.11	00 15									
73	69635	REPAIR EARDRUM STRUCTURES	1,301.37										
77	69635	REPAIR EARDRUM STRUCTURES	1,301.37	00 15									
73	69636	REBUILD EARDRUM STRUCTURES	1,443.46										
77	69636	REBUILD EARDRUM STRUCTURES	1,443.46	00 15									
73	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,482.27										
77	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,482.27	00 15									
73	69641	REVISE MIDDLE EAR & MASTOID	1,079.77										
77	69641	REVISE MIDDLE EAR & MASTOID	1,079.77	00 15									
73	69642	REVISE MIDDLE EAR & MASTOID	1,387.48										
77	69642	REVISE MIDDLE EAR & MASTOID	1,387.48	00 15									
73	69643	REVISE MIDDLE EAR & MASTOID	1,273.58										
77	69643	REVISE MIDDLE EAR & MASTOID	1,273.58	00 15									
73	69644	REVISE MIDDLE EAR & MASTOID	1,545.24										
77	69644	REVISE MIDDLE EAR & MASTOID	1,545.24	00 15									
73	69645	REVISE MIDDLE EAR & MASTOID	1,522.02										
77	69645	REVISE MIDDLE EAR & MASTOID	1,522.02	00 15									
73	69646	REVISE MIDDLE EAR & MASTOID	1,610.49										
77	69646	REVISE MIDDLE EAR & MASTOID	1,610.49	00 15									
73	69650	RELEASE MIDDLE EAR BONE	831.53										
77	69650	RELEASE MIDDLE EAR BONE	831.53	00 15									
73	69660	REVISE MIDDLE EAR BONE	959.72										
77	69660	REVISE MIDDLE EAR BONE	959.72	00 15									
73	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,251.67										
77	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,251.67	00 15									
73	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,202.83										
77	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,202.83	00 15									
73	69666	REPAIR MIDDLE EAR STRUCTURES	837.06										
77	69666	REPAIR MIDDLE EAR STRUCTURES	837.06	00 15									
73	69667	REPAIR MIDDLE EAR STRUCTURES	837.73										
77	69667	REPAIR MIDDLE EAR STRUCTURES	837.73	00 15									
73	69670	REMOVE MASTOID AIR CELLS	978.05										
77	69670	REMOVE MASTOID AIR CELLS	978.05	00 15									
73	69676	TYMPANIC NEURECTOMY; UNILATERAL	862.25										
77	69676	TYMPANIC NEURECTOMY; UNILATERAL	862.25	00 15									
73	69700	CLOSE MASTOID FISTULA	693.93										
77	69700	CLOSE MASTOID FISTULA	693.93	00 15									
73	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,916.71										
77	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,916.71	00 15									
73	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	3,010.79										
77	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	3,010.79	00 15									
73	69714	IMPLANT TEMPLE BONE W/STIMUL	1,094.69										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	69714	IMPLANT TEMPLE BONE W/STIMUL	1,094.69	00	15									
73	69717	TEMPLE BONE IMPLANT REVISION	1,150.22									X		
77	69717	TEMPLE BONE IMPLANT REVISION	1,150.22	00	15							X		
73	69720	RELEASE FACIAL NERVE	1,229.01											
77	69720	RELEASE FACIAL NERVE	1,229.01	00	15									
73	69725	RELEASE FACIAL NERVE	1,941.88											
77	69725	RELEASE FACIAL NERVE	1,941.88	00	15									
73	69740	REPAIR FACIAL NERVE	1,204.22											
77	69740	REPAIR FACIAL NERVE	1,204.22	00	15									
73	69745	REPAIR FACIAL NERVE	1,283.35											
77	69745	REPAIR FACIAL NERVE	1,283.35	00	15									
73	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	223.91											
77	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	223.91	00	15									
73	69805	EXPLORE INNER EAR	1,071.07											
77	69805	EXPLORE INNER EAR	1,071.07	00	15									
73	69806	EXPLORE INNER EAR	963.06											
77	69806	EXPLORE INNER EAR	963.06	00	15									
73	69905	REMOVE INNER EAR	951.00											
77	69905	REMOVE INNER EAR	951.00	00	15									
73	69910	REMOVE INNER EAR & MASTOID	1,035.81											
77	69910	REMOVE INNER EAR & MASTOID	1,035.81	00	15									
73	69915	INCISE INNER EAR NERVE	1,570.26											
77	69915	INCISE INNER EAR NERVE	1,570.26	00	15									
73	69930	COCHLEAR DEVICE IMPLANTATION	1,266.57	16	20		X						X	
77	69930	COCHLEAR DEVICE IMPLANTATION	1,266.57	01	15		X						X	
73	69950	INCISE INNER EAR NERVE	1,820.92											
77	69950	INCISE INNER EAR NERVE	1,820.92	00	15									
73	69955	RELEASE FACIAL NERVE	2,043.51											
77	69955	RELEASE FACIAL NERVE	2,043.51	00	15									
73	69960	RELEASE INNER EAR CANAL	1,967.43											
77	69960	RELEASE INNER EAR CANAL	1,967.43	00	15									
73	69970	REMOVE INNER EAR LESION	2,213.35											
77	69970	REMOVE INNER EAR LESION	2,213.35	00	15									
73	69990	MICROSURGERY ADD-ON	242.62											
77	69990	MICROSURGERY ADD-ON	242.62	00	15									
73	70010	MYELOGRAPHY; INTERPRETATION ONLY	61.07											
75	70015	CISTERNOGRAPHY; INTERPRET ONLY	58.40											
75	70030	X-RAY EYE; DETECT FOREIGN BODY	9.13										X	
75	70100	X-RAY MANDIBLE; PARTIAL	9.13											
75	70110	X-RAY MANDIBLE; COMPLETE	12.23											
75	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	9.13										X	
75	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	16.68										X	
75	70134	X-RAY INTERNAL AUDITORY MEATI	17.34										X	
75	70140	X-RAY FACIAL BONES; L3 VIEWS	10.12											
75	70150	X-RAY FACIAL BONES; COMPLETE	12.91											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	70160	X-RAY NASAL BONES; COMPLETE	8.77										
75	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	14.63										
75	70190	X-RAY OPTIC FORAMINA	11.16									X	
75	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	13.93									X	
75	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	8.77										
75	70220	X-RAY SINUSES; PARANASAL; COMPLETE	10.86										
75	70240	X-RAY SELLA TURCICA	9.48										
75	70250	X-RAY SKULL; LESS THAN 4 VIEWS	9.13										
75	70260	X-RAY SKULL; COMPLETE	13.93										
75	70300	X-RAY TEETH; SINGLE VIEW	5.35										
75	70310	X-RAY TEETH; PARTIAL EXAM	7.77										
75	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	11.50										
75	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	9.13										
75	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	11.88										
75	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	27.58										
75	70336	MRI,TEMPOROMANDIBULAR JOINT	72.35										
75	70350	CEPHALOGRAM; ORTHODONTIC	8.77										
75	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	10.47										
75	70360	X-RAY NECK; SOFT TISSUE	9.13										
75	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	15.22										
75	70380	X-RAY SALIVARY GLANDFOR CALCULUS	8.45										
75	70390	SIALOGRAPHY; INTERPRETATION ONLY	18.95										
75	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	42.03										
75	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	55.64										
75	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	62.18										
75	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	62.53										
75	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	55.64										
75	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	61.85										
75	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	42.03										
75	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	55.31										
75	70488	CAT;MAXILL..;W/OUT-W/ CONTRAST MATER	62.18										
75	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	62.53										
75	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	67.33										
75	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	80.50										
75	70496	CT ANGIOGRAPHY HEAD	86.36										
75	70498	CT ANGIOGRAPHY NECK	86.36										
75	70540	MRI-ORBIT,FACE AND NECK	65.63										
75	70542	MR IMAGING ORBIT, FACE, AND NECK	80.82										
75	70543	MR IMAGING ORBIT, FACE, AND NECK	105.80										
75	70544	MR ANGIOGRAPHY, HEAD	58.75										
75	70545	MR ANGIOGRAPHY	58.75										
75	70546	MR ANGIOGRAPHY NECK	72.35										
75	70547	MR ANGIOGRAPHY NECK WITHOUT CON	59.07										
75	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	73.38										
75	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	89.08										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	70551	MRI-BRAIN/INCLUDING BRAIN STEM	72.35										
75	70552	MRI,BRAIN W CONTRAST MATERIAL	88.06										
75	70553	MAGNETIC RESONANCE I, BRAIN	113.19										
75	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	123.91										
75	70557	MRI BRAIN W/O DYE	173.94		X								
75	70558	MRI BRAIN W/ DYE	172.61		X								
75	70559	MRI BRAIN W/O & W/ DYE	165.82		X								
75	71045	RADIOLOGICAL EXAMINATION,CHEST;SINGL	9.13									X	
75	71046	RADIOLOGICAL EXAMINATION,CHEST;2 V	10.86									X	
75	71047	RADIOLOGICAL EXAMINATION,CHEST;3 V	13.58									X	
75	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	15.63										
75	71100	X-RAY EXAM OF RIBS	11.18										
75	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	13.26										
75	71110	X-RAY EXAM OF RIBS	14.28										
75	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	15.66										
75	71120	X-RAY EXAM OF BREASTBONE	9.83										
75	71130	X-RAY EXAM OF BREASTBONE	10.86										
75	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	53.24										
75	71260	CAT,THORAX,W/ CONTRAST MATERIAL	57.34										
75	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	61.15										
75	71271	COMPUTED TOMOGRAPHY, THORAX,LOW DOSE	53.24										
75	71275	CT ANGIOGRAPHY, CHEST	89.79										
75	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	71.65										
75	71551	MRI CHEST W/DYE	85.65										
75	71552	MRI CHEST W/O&W DYE	110.95										
75	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	88.78										
75	72020	X-RAY SPINE,SINGLE VIEW	8.10										
75	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	11.18										
75	72050	X-RAY EXAM OF NECK SPINE	13.58										
75	72052	X-RAY EXAM OF NECK SPINE	14.63										
75	72070	X-RAY EXAM OF THORAX SPINE	10.15										
75	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	11.21										
75	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	12.23										
75	72080	X-RAY EXAM OF TRUNK SPINE	10.50										
75	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	12.91										
75	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	15.31										
75	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	17.69										
75	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	20.65										
75	72100	X-RAY EXAM OF LOWER SPINE	11.18										
75	72110	X-RAY EXAM OF LOWER SPINE	12.91										
75	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	14.96										
75	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	11.18										
75	72125	CAT SCAN CERVICAL SPINE W/OUT C M	49.45										
75	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	59.77										
75	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	61.85										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	72128	CAT SCAN THORACIC SPINE W/OUT C M	49.45										
75	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	59.77										
75	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	61.85										
75	72131	CAT SCAN LUMBAR W/OUT CONTRAST	49.45										
75	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	59.77										
75	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	61.85										
75	72141	MRI,SPINAL CANAL...;CERVICAL	72.68										
75	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	88.38										
75	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	72.68										
75	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	88.38										
75	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	72.68										
75	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	88.38										
75	72156	MAGNETIC RESONANCE I, SPINAL CANAL	113.19										
75	72157	MAGNETIC RESONANCE I, SPINAL CANAL	113.19										
75	72158	MAGNETIC RESONANCE I, SPINAL CANAL	113.19										
75	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	89.08										
75	72170	X-RAY EXAM OF PELVIS	8.77										
75	72190	X-RAY EXAM OF PELVIS	12.55										
75	72191	CT ANGIOGRAPH PELV W/O&W DYE	88.78										
75	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	53.58										
75	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	57.02										
75	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	59.77										
75	72195	MRI PELVIS W/O DYE	71.65										
75	72196	MRI, PELVIS	85.98										
75	72197	MRI PELVIS W/O & W DYE	108.20										
75	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	88.11										
75	72200	X-RAY EXAM SACROILIAC JOINTS	8.45										
75	72202	X-RAY EXAM SACROILIA504	11.21										
75	72220	X-RAY EXAM OF TAILBONE	8.77										
75	72240	CONTRAST X-RAY OF NECK SPINE	45.65										
75	72255	CONTRAST X-RAY THORAX SPINE	48.98										
75	72265	CONTRAST X-RAY LOWER SPINE	40.68										
75	72270	RADIOLOGICAL SUPERVISION AND INTERPR	66.77										
75	72285	X-RAY OF NECK SPINE DISK	57.99										
75	72295	X-RAY OF LOWER SPINE DISK	42.19										
75	73000	X-RAY EXAM OF COLLARBONE	8.42									X	
75	73010	X-RAY EXAM OF SHOULDER BLADE	9.10									X	
75	73020	X-RAY EXAM OF SHOULDER	7.75									X	
75	73030	X-RAY EXAM OF SHOULDER	9.45									X	
75	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	28.23									X	
75	73050	X-RAY EXAM OF SHOULDERS	9.45										
75	73060	X-RAY EXAM OF HUMERUS	8.42									X	
75	73070	X-RAY EXAM OF ELBOW	8.42									X	
75	73080	X-RAY EXAM OF ELBOW	8.77									X	
75	73085	X-RAY ELBOW,ARTHROGRAPHY;SUPER/INTER	28.89									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	73090	X-RAY EXAM OF FOREARM	8.10									X	
75	73092	X-RAY EXAM OF ARM, INFANT	8.10									X	
75	73100	X-RAY EXAM OF WRIST	8.42									X	
75	73110	X-RAY EXAM OF WRIST	8.77									X	
75	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	28.55									X	
75	73120	X-RAY EXAM OF HAND	8.42									X	
75	73130	X-RAY EXAM OF HAND	8.77									X	
75	73140	X-RAY EXAM OF FINGER(S)	7.05									X	
75	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	49.45									X	
75	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	57.02									X	
75	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	59.77									X	
75	73206	CT ANGIO UPR EXTRM W/O&W DYE	88.46									X	
75	73218	MRI UPPER EXTREMITY W/O DYE	66.28									X	
75	73219	MRI UPPER EXTREMITY W/DYE	80.82									X	
75	73220	MRI-UPPER EXTREMITY	106.12									X	
75	73221	MRI, ANY JOINT OF UPPER EXTREMITY	67.14									X	
75	73222	MRI JOINT UPR EXTREM W/ DYE	81.14									X	
75	73223	MRI JOINT UPR EXTR W/O&W DYE	106.45									X	
75	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	85.98									X	
75	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	9.45										
75	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	11.18										
75	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	13.58										
75	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	11.18										
75	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	14.60										
75	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	15.31										
75	73525	CONTRAST X-RAY OF HIP	29.74									X	
75	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	8.42										
75	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	9.13										
75	73560	X-RAY EXAM OF KNEE	8.42									X	
75	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	9.45									X	
75	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	11.18									X	
75	73565	RADIOLOGIC EXAM	8.74										
75	73580	CONTRAST X-RAY OF KNEE JOINT	29.10									X	
75	73590	X-RAY EXAM OF LOWER LEG	8.10									X	
75	73592	X-RAY EXAM OF LEG, INFANT	8.10									X	
75	73600	X-RAY EXAM OF ANKLE	8.42									X	
75	73610	X-RAY EXAM OF ANKLE	8.77									X	
75	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	29.42									X	
75	73620	X-RAY EXAM OF FOOT	7.77									X	
75	73630	X-RAY EXAM OF FOOT	8.45									X	
75	73650	X-RAY EXAM OF HEEL	8.10									X	
75	73660	X-RAY EXAM OF TOE(S)	6.72									X	
75	73700	CAT,LOWER EXTREMITY;W/OUT CONTRAST	49.45									X	
75	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT	57.02									X	
75	73702	CAT,LOWER EXT.;W/OUT-W/CONTRAST MAT	59.44									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	73706	CT ANGIO LWR EXTR W/O&W DYE	92.59									X	
75	73718	MRI LOWER EXTREMITY W/O DYE	65.95									X	
75	73719	MRI LOWER EXTREMITY W/DYE	80.82									X	
75	73720	MRI-LOWER EXTREMITY	106.12									X	
75	73721	MRI, ANY JOINT, LOWER EXTREMITY	66.82									X	
75	73722	MRI JOINT OF LWR EXTR W/DYE	81.14									X	
75	73723	MRI JOINT LWR EXTR W/O&W DYE	106.12									X	
75	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	88.81									X	
75	74018	RADIOLOGICAL EXAMINATION,ABDOMEN;1 V	9.13									X	
75	74019	RADIOLOGICAL EXAMINATION,ABDOMEN;2 V	11.53									X	
75	74021	RADIOLOGICAL EXAMINATION,ABDOMEN;3	13.26									X	
75	74022	IMAGING OF ABDOMEN AND CHEST	15.66										
75	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	58.40										
75	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	62.18										
75	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	68.57										
75	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB	107.76										
75	74175	CT ANGIO ABDOM W/O&W DYE	89.46										
75	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	86.33										
75	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	90.11										
75	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	98.72										
75	74181	MRI-ABDOMEN	71.32										
75	74182	MRI ABDOMEN W/DYE	85.65										
75	74183	MRI ABDOMEN W/O&W DYE	108.20										
75	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	88.43										
75	74190	PERITONEOGRAM (EG, AFTER INJECTION O	23.53										
75	74210	CONTRAST XRAY EXAM OF THROAT	29.66										
75	74220	CONTRAST XRAY EXAM,ESOPHAGUS	30.33										
75	74221	RADIOLOGIC EXAMINATION, ESOPHAGUS,	34.82										
75	74230	CINEMA XRAY THROAT/ESOPHAGUS	26.91										
75	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	58.40										
75	74240	X-RAY EXAM UPPER GI TRACT	39.63										
75	74246	X-RAY GASTROINTESTINAL TRACT	44.11										
75	74248	RADIOLOGIC SMALL INTESTINE FOLLOW-TH	34.82										
75	74250	X-RAY EXAM OF SMALL BOWEL	39.98										
75	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	57.37										
75	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	118.35										
75	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	122.83										
75	74270	CONTRAST X-RAY EXAM OF COLON	51.18										
75	74280	CONTRAST X-RAY EXAM OF COLON	61.50										
75	74283	BARIUM ENEMA,THERAPEUTIC	102.97										
75	74290	CONTRAST X-RAY, GALLBLADDER	15.66										
75	74300	CONTRAST X-RAY OF BILE DUCTS	14.44										
75	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	10.50										
75	74328	XRAY FOR BILE DUCT ENDOSCOPY	28.28										
75	74329	X-RAY FOR PANCREAS ENDOSCOPY	28.28										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	74330	XRAY,BILE/PANCREAS ENDOSCOPY	35.99										
75	74340	X-RAY GUIDE FOR GI TUBE	27.26										
75	74355	PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	37.90										
75	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	27.91										
75	74363	DILATION OF BILIARY DUCT STRICTURE	43.09										
75	74400	CONTRAST X-RAY URINARY TRACT	23.78										
75	74410	CONTRAST X-RAY URINARY TRACT	23.78										
75	74415	CONTRAST X-RAY URINARY TRACT	23.78										
75	74420	CONTRAST X-RAY URINARY TRACT	25.16										
75	74425	CONTRAST X-RAY URINARY TRACT	24.81										
75	74430	CONTRAST X-RAY OF BLADDER	15.34										
75	74440	XRAY EXAM MALE GENITAL TRACT	18.09				M						
75	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	54.81				M						
75	74450	X-RAY EXAM URETHRA/BLADDER	16.01										
75	74455	X-RAY EXAM URETHRA/BLADDER	15.69										
75	74470	X-RAY-RENAL CYST STUDY	26.60										
75	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	39.28										
75	74710	X-RAY MEASUREMENT OF PELVIS	16.90										
75	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	148.15		X								
75	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	91.48									X	
75	74740	HYSTEROSALPINGOGRAPHY	18.95	21 59	X		F						
75	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	31.37										
75	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	114.22										
75	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	139.38										
75	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	126.99										
75	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	145.25										
75	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	12.23										
75	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	29.31										
75	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	84.75										
75	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	124.91										
75	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	117.16										
75	75600	CONTRAST X-RAY EXAM OF AORTA	24.96										
75	75605	CONTRAST X-RAY EXAM OF AORTA	56.06										
75	75625	CONTRAST X-RAY EXAM OF AORTA	72.39										
75	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	99.93										
75	75635	CT ANGIO ABDOMINAL ARTERIES	117.80										
75	75705	ARTERY X-RAYS, SPINE	122.61										
75	75710	ARTERY X-RAYS, ARM/LEG	88.45										
75	75716	ARTERY X-RAYS, ARMS/LEGS	98.23										
75	75726	ARTERY X-RAYS, ABDOMEN	97.72										
75	75731	ARTERY X-RAYS, ADRENAL GLAND	55.99										
75	75733	ARTERY X-RAYS,ADRENAL GLANDS	62.72										
75	75736	ARTERY X-RAYS, PELVIS	54.88										
75	75741	ARTERY X-RAYS, LUNG	63.12										
75	75743	ARTERY X-RAYS, LUNGS	80.05										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	75746	ARTERY X-RAYS, LUNG	54.58										
75	75756	ARTERY X-RAYS, CHEST	56.93										
75	75801	LYMPH VESSEL X-RAY, ARM/LEG	46.43										
75	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	57.37										
75	75805	LYMPH VESSEL X-RAY, TRUNK	39.98										
75	75807	LYMPH VESSEL X-RAY, TRUNK	54.65										
75	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	24.47										
75	75810	VEIN X-RAY, SPLEEN/LIVER	49.05										
75	75820	VEIN X-RAY, ARM/LEG	52.70										
75	75822	VEIN X-RAY, ARMS/LEGS	72.85										
75	75825	VEIN X-RAY, TRUNK	57.24										
75	75827	VEIN X-RAY, CHEST	57.56										
75	75831	VEIN X-RAY, KIDNEY	54.24										
75	75833	VEIN X-RAY, KIDNEYS	73.72										
75	75840	VEIN X-RAY, ADRENAL GLAND	55.99										
75	75842	VEIN X-RAY, ADRENAL GLANDS	73.03										
75	75860	VEIN X-RAY, NECK	56.51										
75	75870	VEIN X-RAY, SKULL	65.00										
75	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	55.99										
75	75880	VEIN X-RAY, EYE SOCKET	34.82										
75	75885	VEIN X-RAY, LIVER	67.68										
75	75887	VEIN X-RAY, LIVER	68.33										
75	75889	VEIN X-RAY, LIVER	52.74										
75	75891	VEIN X-RAY, LIVER	53.39										
75	75893	VENOUS SAMPLING BY CATHETER	26.60										
75	75894	XRAYS, TRANSCATHETER THERAPY	74.64										
75	75898	FOLLOW-UP ANGIOGRAM	94.01										
75	75901	REMOVE CVA DEVICE OBSTRUCT	24.20										
75	75902	REMOVE CVA LUMEN OBSTRUCT	19.72										
75	75956	TRANSCATH OCCLUSION;COMPLETE PROC	362.55										
75	75957	XRAY,ENDOVASC THOR AO REPR	311.31										
75	75958	XRAY,PLACE PROX THOR AO	205.97										
75	75959	XRAY,PLACE DIST EXT THOR AO	180.78										
75	75970	TRANSCATH BX;SUPER/INTERP	39.27										
75	75989	RAD GUIDE....SUPERVISION/INTERP ONLY	57.30										
75	76000	FLUOROSCOPY,MD TIME TO 1 HR	16.24										
75	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	9.13										
75	76080	X-RAY EXAM OF FISTULA	26.28										
75	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	15.84									X	
75	76100	X-RAY EXAM OF BODY SECTION	29.96										
75	76120	CINEMATIC X-RAYS	20.34										
75	76125	CINEMATIC X-RAYS	13.26										
73	76145	MEDICAL PHYSICS DOSE EVALUATION FOR	801.72										
75	76376	3D RENDER W/O POSTPROCESS	9.83										
75	76377	3D RENDERING W/POSTPROCESS	39.28										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	47.45										
75	76391	MAGNETIC RESONANCE (EG, VIBRATION)	54.27										
75	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	32.25										
75	76510	OPHTH US, B & QUANT A	39.07										
75	76511	ECHO EXAM OF EYE	35.34									X	
75	76512	ECHO EXAM OF EYE	30.58										
75	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	31.98										
75	76514	ECHO EXAM OF EYE, THICKNESS	8.05										
75	76516	ECHO EXAM OF EYE	22.36										
75	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	30.20										
75	76529	ECHO EXAM OF EYE	31.90										
75	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	28.62										
75	76604	ECHO EXAM OF CHEST	29.02										
75	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	36.19										
75	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	34.12										
75	76700	ECHO EXAM OF ABDOMEN	39.98										
75	76705	ECHO EXAM OF ABDOMEN	29.66										
75	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	27.93										
75	76770	ECHO EXAM ABDOMEN BACK WALL	36.55										
75	76775	ECHO EXAM ABDOMEN BACK WALL	29.31										
75	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	37.57										
75	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	61.21										
75	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	48.89				F						
75	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	41.33				F					X	
75	76805	ULTRASOUND, PREGNANT UTERUS	48.89	10 59			F						
75	76810	EACH ADDITIONAL GESTATION	48.55	10 59			F					X	
75	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	93.05				F	X					
75	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	87.21				F	X				X	
75	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	58.16	10 60			F						
75	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	49.22	10 60			F					X	
75	76815	ECHO EXAM FOR FETAL GROWTH	32.75				F						
75	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	42.35				F						
75	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	37.55				F						
75	76818	FETAL BIOPHYSICAL PROFILE	51.97				F						
75	76819	FETL BIOPHYS PROFIL W/O STRS	38.58										
75	76820	UMBILICAL ARTERY ECHO	24.79	10 59			F						
75	76821	MIDDLE CEREBRAL ARTERY ECHO	34.39	10 59			F						
75	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	81.40	00 60			F						
75	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	41.01										
75	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	28.24										
75	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	27.54										
75	76830	ECHOGRAPHY,TRANSVAGINAL	34.47										
75	76831	ECHO EXAM, UTERUS	36.17										
75	76856	ECHOGRAPHY, PELVIC, REAL TIME	34.47										
75	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	24.13										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	32.06				M						
75	76872	ECHOGRAPHY, TRANSRECTAL	33.08										
75	76873	ECHOGRAP TRANS R, PROS STUDY	77.19				M						
75	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	30.97									X	
75	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	23.78									X	
75	76885	ECHO EXAM, INFANT HIPS	36.88										
75	76886	ECHO EXAM, INFANT HIPS	31.37										
75	76932	ULTRASONIC GUIDANCE ENDOMY0CARDBIO	35.28										
75	76936	ECHO GUIDE FOR ARTERY REPAIR	99.58										
75	76937	US GUIDE, VASCULAR ACCESS	14.19										
75	76940	US GUIDE, TISSUE ABLATION	105.97										
75	76941	ECHO GUIDE FOR TRANSFUSION	65.72										
75	76942	ECHO GUIDE FOR BIOPSY	31.82									X	
75	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	33.02										
75	76946	ECHO GUIDE FOR AMNIOCENTESIS	18.74									X	
75	76965	ECHO GUIDANCE RADIOTHERAPY	67.34										
75	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	41.18										
75	76977	US BONE DENSITY MEASURE	2.93										
75	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	80.50										
75	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	42.03									X	
75	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	29.66										
75	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LES	29.99										
75	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	25.11									X	
75	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	19.37										
75	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	28.23										
75	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	30.01										
75	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	63.84										
75	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	73.36										
75	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	45.28										
75	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	71.54										
75	77046	MAGNETIC RESONANCE IMAGING, BREAST,	70.97										
75	77047	MAGNETIC RESONANCE IMAGING, BREAST,	78.19										
75	77048	MAGNETIC RESONANCE IMAGING, BREAST,	103.72										
75	77049	MAGNETIC RESONANCE IMAGING, BREAST,	113.55										
75	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	17.92										
75	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	22.05										
75	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	30.33	40 99			F						
75	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	39.98										
75	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	49.45										
75	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	37.90	40 99			F		X				
73	77071	MANUAL APPLICATION OF STRESS PERFORM	54.34										
75	77072	BONE AGE STUDIES	9.48										
75	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	13.77										
75	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	21.70										
75	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	27.93										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	34.82										
75	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	17.20										
75	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	12.23										
75	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	9.83										
75	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.15										
75	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	78.19										
75	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	14.96										
75	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	8.45										
73	77261	SIMPLE TREAT PLAN-THERA RADIOL	72.20										
73	77262	INTER TREAT PLAN-THERA RADIOLO	109.83										
73	77263	COMPLEX TREAT PLAN-THERA RADIO	171.01										
75	77280	SIMPLE,RAD SIMU-AIDED FIELD	38.39										
75	77285	INTER,RAD SIMU-AIDED FIELD SET	57.17										
75	77290	COMP,RAD SIMU-AIDED FIELD SET	81.77										
75	77293	Respiratory motion management simula	106.18										
75	77295	MANAGEMENT OF RADIATION THERAPY, 3D	225.14									X	
75	77300	BASIC RAD DOSIMETRY CALCULATION	32.57										
75	77301	RADIOLTHERAPY DOS PLAN, IMRT	419.74										
75	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	73.56										
75	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	153.12										
75	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	73.56										
75	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	96.01										
75	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	152.80										
75	77321	SPEC TELETHERAPY PLAN TOTAL BODY	50.42										
75	77331	SPECIAL DOSIMETRY (SPECIFY)	46.30									X	
75	77332	TREATMENT DEVICES,DESIGN/SIMPLE	24.00										
75	77333	TREATMENT DEVICES/DESIGN-INTER	40.15										
75	77334	TREATMENT DEVICES/DESIGN;COMPL	60.36									X	
75	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	225.14										
73	77427	RADIATION TX MANAGEMENT, X5	192.71										
73	77431	RADIATION THERAPY MANAGEMENT W COMPL	108.05									X	
73	77432	STEREOTACTIC RADIATION TREATMENT MAN	432.06										
73	77435	STEREOTACTIC BODY RADIATION THERAPY,	651.26										
73	77469	INTRAOPERATIVE RADIATION TREATMENT M	322.89										
75	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	107.88										
75	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	70.41										
75	77605	HYPERTHERMIA,EXT GEN/DEEP	107.69										
75	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	69.10										
75	77615	HYPERTHERMIA/INTERSTITIAL/>5	96.68										
75	77620	HYPERTHERMIA...INTRACAVITARY PROBE	91.25										
75	77750	INFUSE/INSTILL RADIOELEMENT	262.91										
75	77761	SIMPLE INTRACAV. RADIOELEMENT	203.21										
75	77762	INTER. INTRACAV.RADIOELEMENT	303.32										
75	77763	COMPLEX-INTRACAV RADIOLOGY	456.44										
75	77767	REMOTE AFTERLOADING HIGH DOES RATE R	55.55										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	77768	REMOTE AFTERLOADING HIGH DOES RATE R	73.88										
75	77770	REMOTE AFTERLOADING HIGH DOES RATE R	102.17										
75	77771	REMOTE AFTERLOADING HIGH DOES RATE R	199.94										
75	77772	REMOTE AFTERLOADING HIGH DOES RATE R	282.03										
75	77778	INTERSTITIAL RAD-ELEMENT-COMPL	460.97										
75	77789	SURFACE APPLICATION RADIOELEMENT	60.33		X								
75	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	9.15										
75	78013	THYROID IMAGING (INCLUDING VASCULAR	17.74										
75	78014	THYROID IMAGING (INCLUDING VASCULAR	24.13										
75	78015	NUCLEAR SCAN OF THYROID	33.12										
75	78016	EXTENSIVE THYROID SCAN	33.84										
75	78018	THYROID CA IMAGING;WHOLE BODY	41.08										
75	78070	PARATHROID IMAGING	38.98										
75	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	57.77										
75	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	75.05										
75	78075	NUCLEAR SCAN OF ADRENALS	36.88										
75	78102	NUCLEAR SCAN OF BONE MARROW	25.89										
75	78103	NUCLEAR SCAN OF BONE MARROW	34.20										
75	78104	NUCLEAR SCAN OF BONE MARROW	38.66										
75	78110	NUCLEAR EXAM, PLASMA VOLUME	8.17										
75	78111	NUCLEAR EXAM, PLASMA VOLUME	9.55										
75	78120	NUCLEAR EXAM OF RBC MASS	9.90										
75	78121	NUCLEAR EXAM OF RBC MASS	13.71										
75	78122	WHOLE BLOOD VOLUME DETERMINATION	20.54										
75	78130	RED CELL SURVIVAL EXAM	25.51										
75	78140	NUCLEAR EXAM,RED BLOOD CELLS	25.51										
75	78185	NUCLEAR SCAN OF SPLEEN	16.84										
75	78195	NUCLEAR SCAN OF LYMPH SYSTEM	57.44										
75	78201	NUCLEAR SCAN OF LIVER	21.06										
75	78202	NUCLEAR SCAN OF LIVER	24.16										
75	78215	NUCLEAR SCAN, LIVER & SPLEEN	23.78										
75	78216	NUCLEAR SCAN, LIVER/SPLEEN	26.92										
75	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	36.22										
75	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	43.78										
75	78230	NUCLEAR SCAN, SALIVARY GLAND	22.05										
75	78231	NUCLEAR SCANS,SALIVARY GLAND	21.70										
75	78264	GASTRIC EMPTYING STUDY	38.63										
75	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	47.24		X								
75	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	49.45										
75	78278	ACUTE GI BLOOD LOSS IMAGING	47.91										
75	78290	INTESTINE IMAGING	33.47										
75	78300	NUCLEAR SCAN OF BONE	31.04										
75	78305	NUCLEAR SCAN OF BONES	40.35										
75	78306	NUCLEAR SCAN OF SKELETON	41.73										
75	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	49.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	78414	DETERMINE VENTRIC EJECT FRACTION	21.84										
75	78445	NUCLEAR SCAN OF BLOOD FLOW	25.51										
75	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	66.36										
75	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	77.70										
75	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	48.60										
75	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	64.96									X	
75	78456	ACUTE VENOUS THROMBUS IMAGE	48.60										
75	78466	MYOCARD IMAGING...AT REST;QUAL.	35.12										
75	78468	MYOCARD IMAGING..AT REST;FIRST PASS	38.98										
75	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	44.82										
75	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	47.24										
75	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	70.17										
75	78481	CARD BLD POOL IMAG-FIRST PASS TECH	47.57										
75	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	71.14										
75	78494	HEART IMAGE, SPECT	57.53										
75	78496	HEART FIRST PASS ADD-ON	24.13										
75	78579	PULMONARY VENTILATION IMAGING (EG, A	23.46										
75	78580	PULMONARY PERFUSION IMAGING (EG, PAR	36.22										
75	78582	PULMONARY VENTILATION (EG, AEROSOL O	51.37										
75	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	35.60										
75	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	40.74										
75	78600	NUCLEAR SCAN OF BRAIN	21.70										
75	78601	NUCLEAR SCAN OF BRAIN	24.48										
75	78605	NUCLEAR SCAN OF BRAIN	25.84										
75	78606	NUCLEAR SCAN OF BRAIN	31.74										
75	78608	BRAIN IMAGING, POSITRON EMISSION TOM	70.57										
75	78610	NUCLEAR SCAN OF BRAIN	14.31										
75	78630	CEREBROSPINAL FLUID SCAN	33.47										
75	78635	CEREBROSPINAL FLUID SCAN	30.69										
75	78645	CEREBROSPINAL FLUID SCAN	26.92										
75	78650	CEREBROSPINAL FLUID SCAN	25.51										
75	78660	NUCLEAR EXAM OF TEAR FLOW	26.48										
75	78700	NUCLEAR SCAN OF KIDNEY	21.73										
75	78701	NUCLEAR SCAN OF KIDNEY	23.78										
75	78707	NUCLEAR SCAN OF KIDNEY	45.89										
75	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	58.11										
75	78709	KIDNEY FLOW & FUNCTION IMAGE	67.08										
75	78725	NUCLEAR EXAM OF KIDNEY	18.09										
75	78730	NUCLEAR EXAM OF BLADDER	7.54										
75	78740	NUCLEAR EXAM OF URETER	27.24										
75	78761	TESTICULAR IMAGING,W/VASCULAR	35.50				M						
75	78800	NUCLEAR EXAM OF LESION	32.27										
75	78801	NUCLEAR EXAM OF LESIONS	36.08										
75	78802	NUCLEAR EXAM OF LESIONS	38.66										
75	78803	TUMOR LOCALIZATION SPECT)	51.42										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	78804	TUMOR IMAGING, WHOLE BODY	48.30										
75	78811	POSITRON EMISSION TOMOGRAPHY (PET)	72.62										
75	78812	POSITRON EMISSION TOMOGRAPHY (PET)	91.06										
75	78813	POSITRON EMISSION TOMOGRAPHY (PET)	91.35										
75	78814	POSITRON EMISSION TOMOGRAPHY (PET)	104.74										
75	78815	POSITRON EMISSION TOMOGRAPHY (PET)	117.27										
75	78816	POSITRON EMISSION TOMOGRAPHY (PET)	117.86										
75	78830	RADIOPHARMACEUTICAL LOCALIZATION OF	70.22										
75	78831	RADIOPHARMACEUTICAL LOCALIZATION OF	85.57										
75	78832	RADIOPHARMACEUTICAL LOCALIZATION OF	100.95										
75	78835	RADIOPHARMACEUTICAL QUANTIFICATION	22.10										
75	79005	NUCLEAR RX, ORAL ADMIN	86.18										
75	79101	NUCLEAR RX, IV ADMIN	96.02										
75	79403	HEMATOPOETIC NUCLEAR THERAPY	105.54										
75	79445	NUCLEAR RX, INTRA-ARTERIAL	113.57										
75	84165	ASSAY SERUM PROTEINS	18.60										
75	84166	PROTEIN E-PHORESIS/URINE/CSF	18.60										
73	85097	BONE MARROW SMEAR INTERPRET	68.48									X	
75	86334	IMMUNOFIXATION ELECTROPHORESIS	18.60										
75	88104	CYTOPATHOLOGY	27.33										
75	88106	CYTOPATHOLOGY	19.37										
75	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	22.47										
75	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	27.65										
75	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	57.78										
75	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	48.17										
75	88125	FORENSIC CYTOPATHOLOGY	13.88										
73	88141	CYTOPATH CERV/VAG INTERPRET	21.36	21 99			F						
75	88160	CYTOPATHOLOGY	25.55										
75	88161	CYTOPATH...;PREP,SCREEN,INTERP.	25.23										
75	88162	CYTOPATH..;EXT.STUDY.+5 SLIDES,MULTI	38.57										
75	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	35.46										
75	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	70.73										
75	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	21.77										
75	88182	FLOW CYTOMETRY	38.27										
73	88187	FLOWCYTOMETRY/READ, 2-8	36.88										
73	88188	FLOWCYTOMETRY/READ, 9-15	62.65										
73	88189	FLOWCYTOMETRY/READ, 16 & >	85.57										
75	88291	CYTO MOLECULAR REPORT	33.71										
75	88300	SURGICAL PATHOLOGY, GROSS	4.64									X	
75	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	7.05									X	
75	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	11.50									X	
75	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	37.24									X	
75	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	82.62										
75	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	145.10										
75	88311	SURGICAL PATHOLOGY; DECALCIFICATION	12.53										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	88312	SPECIAL STAIN INCLUDING INTERPRETATI	26.63										
75	88313	SPECIAL STAIN INCLUDING INTERPRETATI	12.20										
75	88314	SPECIAL STAIN INCLUDING INTERPRETATI	21.52										
73	88321	MICROSLIDE CONSULTATION	98.40										
75	88323	MICROSLIDE CONSULTATION	86.71										
73	88325	COMPREHENSIVE REVIEW OF DATA	165.65										
73	88329	CONSULTATION DURING SURGERY	57.82									X	
75	88331	CONSULTATION DURING SURGERY	61.66									X	
75	88332	PATHOLOGY CONSULTATION DURING SURGER	30.66										
75	88333	INTRAOP CYTO PATH CONSULT, 1	61.69										
75	88334	PATHOLOGY CONSULTATION DURING SURGER	37.52									X	
75	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	28.30									X	
75	88342	IMMUNOCYTOCHEMISTRY	34.84									X	
75	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	37.94										
75	88346	AUTO-ANTIBODY PROFILE	35.91									X	
75	88348	ELECTRON MICROSCOPY	77.53										
75	88350	IMMUNOFLUORESCENCE, PER SPEC;EACH	29.03									X	
75	88358	ANALYSIS, TUMOR	49.67										
75	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	41.72		X								
75	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	43.61										
73	88363	EXAMINATION AND SELECTION OF RETRIEV	23.15										
75	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	34.52										
75	88365	TISSUE HYBRIDATION	43.64									X	
75	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	61.79										
75	88367	INSITU HYBRIDIZATION, AUTO	33.61										
75	88368	INSITU HYBRIDIZATION, MANUAL	41.15										
75	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	32.23										
75	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	26.08										
75	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	43.55										
75	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	64.16										
75	88387	MACROSCOPIC EXAMINATION, DISSECTION,	27.48										
75	88388	MACROSCOPIC EXAMINATION, DISSECTION,	23.47										
73	89049	CHCT FOR MAL HYPERTHERMIA	256.98										
73	90785	INTERACTIVE COMPLEXITY	15.04										
77	90785	INTERACTIVE COMPLEXITY	15.04	00 15									
73	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	181.19										
77	90791	PSYCHIATRIAC DIAGNOSTIC EVALUATION	181.19	00 15									
73	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	201.72										
77	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	201.72	00 15									
73	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	77.91										
77	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	77.91	00 15									
73	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	71.21										
77	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	71.21	00 15									
73	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	103.87										
77	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	103.87	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	90.01										
77	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	90.01	00 15									
73	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	153.29										
77	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	153.29	00 15									
73	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	119.70										
77	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	119.70	00 15									
73	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	146.00										
77	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	146.00	00 15									
73	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	68.94										
77	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	68.94	00 15									
73	90845	MEDICAL PSYCHOANALYSIS	98.63								X	X	
77	90845	MEDICAL PSYCHOANALYSIS	98.63	00 15							X	X	
73	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	100.37								X		
77	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	100.37	00 15							X		
73	90847	SPECIAL FAMILY THERAPY	103.88								X		
77	90847	SPECIAL FAMILY THERAPY	103.88	00 15							X		
73	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	34.77								X		
77	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	34.77	00 15							X		
73	90853	GROUP PSYCHOTHERAPY Y	27.62						X		X		
77	90853	GROUP PSYCHOTHERAPY Y	27.62	00 15					X		X		
73	90870	ELECTROCONLULSIVE THERAPY	173.45								X		
77	90870	ELECTROCONLULSIVE THERAPY	173.45	00 15							X		
73	90880	MEDICAL HYPNOTHERAPY	107.96								X		
77	90880	MEDICAL HYPNOTHERAPY	107.96	00 15							X		
73	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	73.96										
77	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	73.96	00 15									
73	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	106.33										
77	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	106.33	00 15									
73	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	87.05										
77	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	87.05	00 15									
73	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	126.00										
77	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	126.00	00 15									
73	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,210.66	00 01					X				
77	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,210.66	00 01					X				
73	90954	END-STATE RENAL DISEASE (ESRD) RELAT	798.04	02 11					X				
77	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	798.04	02 11					X				
73	90955	END-STATE REANL DISEASE (ESRD) RELAT	537.23	02 11					X				
77	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	537.23	02 11					X				
73	90956	END-STATE RENAL DISEASE (ESRD) RELAT	356.70	02 11					X				
77	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	356.70	02 11					X				
73	90957	END-STATE RENAL DISEASE (ESRD) RELAT	794.88	12 19					X				
77	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	794.88	12 15					X				
73	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	516.89	12 19					X				
77	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	516.89	12 15					X				
73	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	332.71	12 19					X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	332.71	12	15					X				
73	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	363.98	20	99					X				
73	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	300.69	20	99					X				
73	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	205.05	20	99					X				
73	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	623.95	00	01					X				
77	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	623.95	00	01					X				
73	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	535.85	02	11					X				
77	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	535.85	02	11					X				
73	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	515.42	12	19					X				
77	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	515.42	12	15					X				
73	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	300.35	20	99					X				
73	90967	END-STAGE REANL DISEASE (ESRD) RELAT	18.22	00	01									
77	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	18.22	00	01									
73	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	17.87	02	11									
77	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	17.87	02	11									
73	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	17.20	12	19									
77	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	17.20	12	15									
73	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	9.78	20	99									
73	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	91.23											
77	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	91.23	00	15									
75	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	65.77											
75	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	9.45											
75	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	73.99											
75	91022	DUODENAL MOTILITY STUDY	73.45											
75	91030	ACID PERFUSION FOR ESOPHAGITIS	47.06											
75	91034	GASTROESOPHAGEAL REFLUX TEST	50.36											
75	91035	G-ESOPH REFLX TST W/ELECTROD	83.77											
75	91037	ESOPH IMPED FUNCTION TEST	49.81											
75	91038	ESOPH IMPED FUNCT TEST > 1H	56.33											
75	91040	ESOPH BALLOON DISTENSION TST	50.02											
75	91110	GI TRACT IMAGING, INTRALUMINAL	127.91											
73	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	138.18											
77	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	138.18	00	15									
75	91120	RECTAL SENSATION TEST	49.70											
75	91122	ANORECTAL MANOMETRY	89.65											
75	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	11.16							X				
73	92002	EYE EXAM; INTERMEDIATE; NEW PT	84.70											
77	92002	EYE EXAM; INTERMEDIATE; NEW PT	84.70	00	15									
73	92004	EYE EXAM; COMPREHENSIVE; NEW PT	147.79											
77	92004	EYE EXAM; COMPREHENSIVE; NEW PT	147.79	00	15									
73	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	88.06											
77	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	88.06	00	15									
73	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	124.33											
77	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	124.33	00	15									
73	92018	EYE EXAM W/ANESTHESIA-COMPLETE	140.50											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	92018	EYE EXAM W/ANESTHESIA-COMPLETE	140.50	00 15									
73	92019	EYE EXAM W/ANESTHESIA-LIMITED	72.03										
77	92019	EYE EXAM W/ANESTHESIA-LIMITED	72.03	00 15									
73	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	27.49										
77	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	27.49	00 15									
75	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	19.31										
75	92060	SENSORIMOTOR EXAM EYE	36.77										
75	92065	ORTHOPTIC / PLEOPTIC TRAINING	17.74										
75	92081	TANGENT SCREEN; AUTOPLOT	15.93										
75	92082	QUANTITATIVE PERIMETRY	21.07										
75	92083	MEASUREMENT OF FIELD OF VISION DURIN	26.85										
73	92100	SERIAL TONOGRAPHY W/EVALUATION	82.61										
77	92100	SERIAL TONOGRAPHY W/EVALUATION	82.61	00 15									
75	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	16.26										
75	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	21.72										
75	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	25.10										
75	92136	OPHTHALMIC BIOMETRY	30.20										
75	92145	CORNEAL HYSTERESIS DETERMINATION, BY	6.32										
73	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	24.86										
77	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	24.86	00 15									
73	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	15.83										
77	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	15.83	00 15									
73	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	88.53										
77	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	88.53	00 15									
75	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	41.79									X	
75	92240	ICG ANGIOGRAPHY	46.67										
75	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	53.57										
75	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	21.07										
73	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	19.58										
77	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	19.58	00 15									
75	92265	OCULOELECTROMYOGRAPHY	45.20										
75	92270	ELECTRO-OCULOGRAPHY	41.62										
75	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	36.43										
75	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	32.33										
75	92283	COLOR VISION EXAMINATION	9.10										
75	92284	DARK ADAPTATION EXAMINATION	12.20										
75	92285	EXTERNAL OCULAR PHOTOGRAPHY	3.27										
75	92286	SPECULAR ENDOTHELIAL MICROSCOPY	21.72										
73	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	94.73										
77	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	94.73	00 15									
77	92507	SPEECH LANGUAGE HEARING THERAPY	77.20	00 02		X							
77	92508	SPEECH LANGUAGE HEARING THERAPY	23.49	00 02		X							
73	92511	NASOPHARYNGOSCOPY	114.57										
77	92511	NASOPHARYNGOSCOPY	114.57	00 15									
73	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	84.17										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	84.17	00	15									
73	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	78.64											
77	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	78.64	00	15									
73	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	130.27											
77	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	130.27	00	15									
73	92521	EVALUATION OF SPEECH FLUENCY	135.08	01	99		X		X	X				
77	92521	EVALUATION OF SPEECH FLUENCY	135.08	00	15		X		X	X				
73	92522	EVALUATE SPEECH PRODUCTION	113.66	01	99		X		X	X				
77	92522	EVALUATE SPEECH PRODUCTION	113.66	00	15		X		X	X				
73	92523	SPEECH SOUND LANG COMPREHENSION	232.12	01	99		X		X	X				
77	92523	SPEECH SOUND LANG COMPREHENSION	232.12	00	15		X		X	X				
73	92524	BEHAVRAL QUALIT ANALYS VOICE	111.17	01	99		X		X	X				
77	92524	BEHAVRAL QUALIT ANALYS VOICE	111.17	00	15		X		X	X				
73	92526	ORAL FUNCTION THERAPY	85.11											
77	92526	ORAL FUNCTION THERAPY	85.11	00	15									
75	92537	CALORIC VESTIBULAR TEST WITH RECORDI	31.33											
75	92538	CALORIC VESTIBULAR TEST WITH RECORDI	15.93											
75	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	78.48											
75	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	21.07											
75	92542	POSITIONAL NYSTAGMUS W/RECORDING	25.17											
75	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	14.55											
75	92545	OSCILLATING TRACKING W/RECORDING	13.53											
75	92546	TORSION SWING TEST W/RECORDING	14.94											
75	92548	POSTUROGRAPHY	34.65											
75	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY	45.66											
73	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	22.45							X				
77	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	22.45	00	15					X				
73	92557	BASIC COMPREHENSIVE AUDIOMETRY	38.79							X				
77	92557	BASIC COMPREHENSIVE AUDIOMETRY	38.79	00	15					X				
73	92567	TYMPANOMETRY	16.33							X				
77	92567	TYMPANOMETRY	16.33	00	15					X				
73	92568	ACOUSTIC REFLEX TESTING	15.79							X				
77	92568	ACOUSTIC REFLEX TESTING	15.79	00	15					X				
73	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	33.79							X				
77	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	33.79	00	15					X				
73	92579	VISUAL AUDIOMETRY (VRA)	47.18							X				
77	92579	VISUAL AUDIOMETRY (VRA)	47.18	00	15					X				
73	92584	ELECTROCOCHLEOGRAPHY	116.75							X				
77	92584	ELECTROCOCHLEOGRAPHY	116.75	00	15					X				
75	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	18.33											
75	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	28.61											
73	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	166.43	01	06					X				
77	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	166.43	01	06					X				
73	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	105.16	01	06					X				
77	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	105.16	01	06					X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	155.26	07	99					X				
77	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	155.26	07	99					X				
73	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	93.66	07	99					X				
77	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	93.66	07	99					X				
73	92610	EVALUATE SWALLOWING FUNCTION	85.01											
77	92610	EVALUATE SWALLOWING FUNCTION	85.01	00	15									
73	92611	MOTION FLUOROSCOPY/SWALLOW	92.78											
77	92611	MOTION FLUOROSCOPY/SWALLOW	92.78	00	15									
73	92612	ENDOSCOPY SWALLOW TST	192.10											
77	92612	ENDOSCOPY SWALLOW TST	192.10	00	15									
73	92620	AUDITORY FUNCTION, 60 MIN	92.67											
77	92620	AUDITORY FUNCTION, 60 MIN	92.67	00	15									
73	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	22.56										X	
77	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	22.56	00	15								X	
73	92625	TINNITUS ASSESSMENT	70.00											
77	92625	TINNITUS ASSESSMENT	70.00	00	15									
73	92626	EVAL AUD REHAB STATUS	89.82	02	99		X		X					
77	92626	EVAL AUD REHAB STATUS	89.82	02	15		X		X					
73	92627	EVAL AUD STATUS REHAB ADD-ON	21.21	02	99		X		X				X	
77	92627	EVAL AUD STATUS REHAB ADD-ON	21.21	02	15		X		X				X	
73	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	113.17											
77	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	113.17	00	15									
73	92651	AUDITORY EVOKED POTENTIALS; SCREEN	88.79	00	20									
77	92651	AUDITORY EVOKED POTENTIALS; SCREEN	88.79	00	15									
73	92652	AUDITORY EVOKED POTENTIALS; SCREEN	117.24	00	20									
77	92652	AUDITORY EVOKED POTENTIALS; SCREEN	117.24	00	15									
73	92653	AUDITORY EVOKED POTENTIALS; SCREEN	85.34	00	20									
77	92653	AUDITORY EVOKED POTENTIALS; SCREEN	85.34	00	15									
73	92920	BALLOON DILATION OF NARROWED OR BLOC	573.25											
77	92920	BALLOON DILATION OF NARROWED OR BLOC	573.25	00	15									
73	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	683.50											
77	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	683.50	00	15									
73	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	637.93											
77	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	637.93	00	15									
73	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	716.68											
77	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	716.68	00	15									
73	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	637.25											
77	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	637.25	00	15									
73	92941	INSERTION OF STENT, REMOVAL OF PLAQU	716.64											
77	92941	INSERTION OF STENT, REMOVAL OF PLAQU	716.64	00	15									
73	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	717.70											
77	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	717.70	00	15									
73	92950	CARDIOPULMONARY RESUSCITATION	334.47										X	
77	92950	CARDIOPULMONARY RESUSCITATION	334.47	00	15								X	
73	92960	ELECTRICAL CARDIOVERSION	159.13										X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	92960	ELECTRICAL CARDIOVERSION	159.13	00 15								X	
73	92961	CARDIOVERSION, ELECTRIC, INT	265.22										
77	92961	CARDIOVERSION, ELECTRIC, INT	265.22	00 15									
73	92970	CARDIOASSIST, INTERNAL	204.24										
77	92970	CARDIOASSIST, INTERNAL	204.24	00 15									
73	92971	CARDIOASSIST, EXTERNAL	108.43										
77	92971	CARDIOASSIST, EXTERNAL	108.43	00 15									
73	92973	PERCUT CORONARY THROMBECTOMY	191.75										
77	92973	PERCUT CORONARY THROMBECTOMY	191.75	00 15									
73	92974	CATH PLACE, CARDIO BRACHYTX	174.72										
77	92974	CATH PLACE, CARDIO BRACHYTX	174.72	00 15									
75	92978	INTRAVASCULAR US, HEART	101.83										
75	92979	INTRAVASCULAR US, HEART	80.69									X	
73	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,413.31										
77	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,413.31	00 15									
73	92987	REVISION OF MITRAL VALVE	1,462.09										
77	92987	REVISION OF MITRAL VALVE	1,462.09	00 15									
73	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,165.60										
77	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,165.60	00 15									
73	92997	PUL ART BALLOON REPAIR, PERC	679.76										
77	92997	PUL ART BALLOON REPAIR, PERC	679.76	00 15									
73	92998	PUL ART BALLOON REPAIR, PERC	339.52									X	
77	92998	PUL ART BALLOON REPAIR, PERC	339.52	00 15								X	
73	93010	ECG; INTERPRETATION AND REPORT	8.45									X	
77	93010	ECG; INTERPRETATION AND REPORT	8.45	00 15								X	
73	93016	CARDIOVASCULAR STRESS TEST USING MAX	22.05										
77	93016	CARDIOVASCULAR STRESS TEST USING MAX	22.05	00 15									
73	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	14.63										
77	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	14.63	00 15									
73	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.10									X	
77	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.10	00 15								X	
75	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	8.45										
73	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	18.77										
77	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	18.77	00 15									
73	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	26.55						X				
77	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	26.55	00 15					X				
73	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	24.79										
77	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	24.79	00 15									
73	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.19										
77	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.19	00 15									
75	93260	PROGRAMMING DEVICE EVALUATION (IN PE	43.33										
75	93261	INTERROGATION DEVICE EVALUATION (IN	36.78										
73	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	25.16						X				
77	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	25.16	00 15					X				
75	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	12.55										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	93279	PROGRAMMING DEVICE EVALUATION WITH I	31.99										
75	93280	PROGRAMMING DEVICE EVALUATION WITH I	38.90										
75	93281	PROGRAMMING DEVICE EVALUATION WITH I	43.33										
75	93282	PROGRAMMING DEVICE EVALUATION WITH I	43.01										
75	93283	PROGRAMMING DEVICE EVALUATION WITH I	57.43										
75	93284	PROGRAMMING DEVICE EVALUATION WITH I	62.57										
75	93285	PROGRAMMING DEVICE EVALUATION WITH I	26.13										
75	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	15.29										
75	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	23.03										
75	93288	INTERROGATION DEVICE EVALUATION (IN	20.82										
75	93289	INTERROGATION DEVICE EVALUATION (IN	37.87										
75	93290	INTERROGATION DEVICE EVALUATION (IN	21.68										
75	93291	INTERROGATION DEVICE EVALUATION (IN	18.39										
75	93292	INTERROGATION DEVICE EVALUATION (IN	21.36										
75	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	14.99						X				
73	93294	INTERROGATION DEVICE EVALUATION(S) (	30.99						X				
77	93294	INTERROGATION DEVICE EVALUATION(S) (	30.99	00 15					X				
73	93295	INTERROGATION DEVICE EVALUATION(S) (	38.38						X				
77	93295	INTERROGATION DEVICE EVALUATION(S) (	38.38	00 15					X				
73	93297	INTERROGATION DEVICE EVALUATION(S),	27.21						X				
77	93297	INTERROGATION DEVICE EVALUATION(S),	27.21	00 15					X				
73	93298	INTERROGATION DEVICE EVALUATION(S),	27.21						X				
77	93298	INTERROGATION DEVICE EVALUATION(S),	27.21	00 15					X				
75	93303	ECHO TRANSTHORACIC	62.69										
75	93304	ECHO TRANSTHORACIC	37.23										
75	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	70.79										
75	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	45.46										
75	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	25.51										
75	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	109.55										
73	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	11.82										
77	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	11.82	00 15									
75	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	93.28										
75	93315	ECHO TRANSESOPHAGEAL	128.75										
73	93316	ECHO TRANSESOPHAGEAL	28.27								X		
77	93316	ECHO TRANSESOPHAGEAL	28.27	00 15							X		
75	93317	ECHO TRANSESOPHAGEAL	92.00										
75	93318	ECHO TRANSESOPHAGEAL INTRAOP	105.46										
75	93320	DOPPLER ECHOCARDIOGRAPHY	18.09										
75	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	7.42										
75	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	3.11										
75	93350	ECG,REAL-TIME,WINTER + REPORT	70.79										
75	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	84.21										
73	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	233.58										
77	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	233.58	00 15									
73	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	39.40										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	39.40	00 15									
75	93451	RIGHT HEART CATHETERIZATION INCLUDIN	139.47										
75	93452	LEFT HEART CATHETERIZATION INCLUDING	252.06										
75	93453	COMBINED RIGHT AND LEFT HEART CATHET	338.69										
75	93454	CATHETER PLACEMENT IN CORONARY ARTER	255.93										
75	93455	CATHETER PLACEMENT IN CORONARY ARTER	298.39										
75	93456	CATHETER PLACEMENT IN CORONARY ARTER	333.16										
75	93457	CATHETER PLACEMENT IN CORONARY ARTER	375.28										
75	93458	CATHETER PLACEMENT IN CORONARY ARTER	314.99										
75	93459	CATHETER PLACEMENT IN CORONARY ARTER	358.00										
75	93460	CATHETER PLACEMENT IN CORONARY ARTER	401.12										
75	93461	CATHETER PLACEMENT IN CORONARY ARTER	442.30										
73	93462	LEFT HEART CATHETERIZATION BY TRANSS	226.77										
77	93462	LEFT HEART CATHETERIZATION BY TRANSS	226.77	00 15									
73	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	100.94										
77	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	100.94	00 15									
75	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	89.40										
73	93503	INSERTION AND PLACEMENT OF FLOW DIR	91.60										
77	93503	INSERTION AND PLACEMENT OF FLOW DIR	91.60	00 15									
75	93505	ENDOCARDIAL BIOPSY	238.12										
73	93563	INJECTION PROCEDURE DURING CARDIAC C	60.72										
77	93563	INJECTION PROCEDURE DURING CARDIAC C	60.72	00 15									
73	93564	INJECTION PROCEDURE DURING CARDIAC C	65.70										
77	93564	INJECTION PROCEDURE DURING CARDIAC C	65.70	00 15									
73	93565	INJECTION PROCEDURE DURING CARDIAC C	47.42										
77	93565	INJECTION PROCEDURE DURING CARDIAC C	47.42	00 15									
73	93566	INJECTION PROCEDURE DURING CARDIAC C	140.81										
77	93566	INJECTION PROCEDURE DURING CARDIAC C	140.81	00 15									
73	93567	INJECTION PROCEDURE DURING CARDIAC C	121.02										
77	93567	INJECTION PROCEDURE DURING CARDIAC C	121.02	00 15									
73	93568	INJECTION PROCEDURE DURING CARDIAC C	132.40										
77	93568	INJECTION PROCEDURE DURING CARDIAC C	132.40	00 15									
75	93571	HEART FLOW RESERVE MEASURE	77.94										
75	93572	HEART FLOW RESERVE MEASURE	56.63										
73	93580	TRANSCATH CLOSURE OF ASD	1,048.85										
77	93580	TRANSCATH CLOSURE OF ASD	1,048.85	00 15									
73	93581	TRANSCATH CLOSURE OF VSD	1,435.66										
77	93581	TRANSCATH CLOSURE OF VSD	1,435.66	00 15									
73	93582	Closure of congenital heart defect f	718.87										
77	93582	Closure of congenital heart defect f	718.87	00 15									
73	93583	Therapy for reduction of lower heart	803.24										
77	93583	Therapy for reduction of lower heart	803.24	00 15									
73	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,109.09										
77	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,109.09	00 15									
73	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	915.07										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	915.07	00 15									
73	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	403.64									X	
77	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	403.64	00 15								X	
75	93600	BUNDLE OF HIS RECORDING	127.42										
75	93602	INTRA-ATRIAL RECORDING	125.26										
75	93603	RIGHT VENTRICULAR RECORDING	125.26		X								
75	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	295.92										
75	93610	INTR-ATRIAL PAGING	175.59										
75	93612	INTRAVENTRICULAR PACING	173.86										
73	93613	ELECTROPHYS MAP, 3D, ADD-ON	319.92										
77	93613	ELECTROPHYS MAP, 3D, ADD-ON	319.92	00 15									
75	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	37.75										
75	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	234.23										
75	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	417.92										
75	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	668.94										
75	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	125.21										
75	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	183.58										
75	93623	PROGRAMMED STIMULATION & PACING	127.46										
75	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	256.70										
75	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	424.31										
75	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	191.44										
75	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	332.92										
75	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	271.21										
75	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	146.11										
73	93650	INTRACARDIAC CATHETER ABLATION OF	636.06										
77	93650	INTRACARDIAC CATHETER ABLATION OF	636.06	00 15									
73	93653	EVALUATION AND INSERTION OF CATHETER	901.68										
77	93653	EVALUATION AND INSERTION OF CATHETER	901.68	00 15									
73	93654	EVALUATION AND INSERTION OF CATHETER	1,206.94										
77	93654	EVALUATION AND INSERTION OF CATHETER	1,206.94	00 15									
73	93655	INTRACARDIAC CATHETER ABLATION OF A	458.84										
77	93655	INTRACARDIAC CATHETER ABLATION OF A	458.84	00 15									
73	93656	EVALUATION AND INSERTION OF CATHETER	1,210.78										
77	93656	EVALUATION AND INSERTION OF CATHETER	1,210.78	00 15									
75	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	458.51										
75	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	92.37										
75	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	243.11										
73	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	11.40										
77	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	11.40	00 15									
75	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	39.72										
75	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	25.63										
75	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	47.27										
75	93888	TRANSCRANIAL DOPPLER STUDY OF THE	26.18										
75	93892	TCD, EMBOLI DETECT W/O INJ	59.27										
75	93893	TCD, EMBOLI DETECT W/INJ	60.46										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	13.51										
75	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	22.69										
75	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	25.09										
75	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	38.87										
75	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	24.44										
75	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	41.01										
75	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	25.09										
75	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	34.38										
75	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	22.47										
75	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	57.86										
75	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	39.30										
75	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	40.90										
75	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	24.77										
75	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	61.15				M						
75	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	21.38				M						
75	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND	40.78										
75	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND	24.98										
75	93990	DOPPLER FLOW TESTING	25.93										
73	94002	VENTILATION ASSIST AND MANAGEMENT, I	94.73										
77	94002	VENTILATION ASSIST AND MANAGEMENT, I	94.73	00 15									
73	94003	VENTILATION ASSIST AND MANAGEMENT, I	67.59										
77	94003	VENTILATION ASSIST AND MANAGEMENT, I	67.59	00 15									
73	94004	VENTILATION ASSIST AND MANAGEMENT, I	49.34										
77	94004	VENTILATION ASSIST AND MANAGEMENT, I	49.34	00 15									
75	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	8.45										
73	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	88.50	00 02									
77	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	88.50	00 02									
73	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	143.30	00 02									
77	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	143.30	00 02									
73	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	20.42	00 02									
77	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	20.42	00 02									
73	94016	REVIEW PATIENT SPIROMETRY	25.16										
77	94016	REVIEW PATIENT SPIROMETRY	25.16	00 15									
75	94060	BRONCHOSPASM EVALUATION	10.52										
75	94070	BRONCHOSPASM EVALUATION, PROLONGED	28.62										
75	94200	MAXIMUM BREATHING CAPACITY	3.92										
75	94375	RESPIRATORY FLOW VOLUME LOOP	14.65										
75	94450	HYPOXIA RESPONSE CURVE	18.67										
75	94452	HAST W/REPORT	14.33										
75	94453	HAST W/OXYGEN TITRATE	19.01										
75	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	34.17										
75	94618	PULMONARY STRESS TESTING (EG, 6-MINU	22.79										
75	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	23.78										
75	94621	PULM STRESS TEST/COMPLEX	69.27										
73	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	62.50										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	62.50	00 15									
73	94662	CONTINUOUS NEGATIVE PRESSURE	36.49										
77	94662	CONTINUOUS NEGATIVE PRESSURE	36.49	00 15									
75	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	12.58									X	
75	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	10.15									X	
75	94690	OXYGEN UPTAKE; REST, INDIRECT	3.97									X	
75	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	12.25										
75	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	12.25										
75	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	12.58										
75	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	9.15										
73	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	50.18										
77	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	50.18	00 15									
73	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	19.50										
77	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	19.50	00 15									
73	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.14									X	
77	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.14	00 15								X	
73	95017	ALLERGY TESTING, ANY COMBINATION OF	8.51									X	
77	95017	ALLERGY TESTING, ANY COMBINATION OF	8.51	00 15								X	
73	95018	ALLERGY TESTING, ANY COMBINATION OF	20.73									X	
77	95018	ALLERGY TESTING, ANY COMBINATION OF	20.73	00 15								X	
73	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.36									X	
77	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.36	00 15								X	
73	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	116.73										
77	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	116.73	00 15									
73	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	83.92										
77	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	83.92	00 15									
73	95144	PROFESSIONAL SERVICES FOR THE SUPERV	15.97									X	
77	95144	PROFESSIONAL SERVICES FOR THE SUPERV	15.97	00 15								X	
73	95145	PROFESSIONAL SERVICES FOR THE SUPERV	32.88									X	
77	95145	PROFESSIONAL SERVICES FOR THE SUPERV	32.88	00 15								X	
73	95146	PROFESSIONAL SERVICES FOR THE SUPERV	60.19									X	
77	95146	PROFESSIONAL SERVICES FOR THE SUPERV	60.19	00 15								X	
73	95147	PROFESSIONAL SERVICES FOR THE SUPERV	59.53									X	
77	95147	PROFESSIONAL SERVICES FOR THE SUPERV	59.53	00 15								X	
73	95165	PROFESSIONAL SERVICES FOR THE SUPERV	15.32						X			X	
77	95165	PROFESSIONAL SERVICES FOR THE SUPERV	15.32	00 15					X			X	
73	95170	PROFESSIONAL SERVICES FOR THE SUPERV	11.42									X	
77	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	11.42	00 15								X	
73	95180	RAPID DESENSITIZATION; EACH HOUR	135.46		X							X	
77	95180	RAPID DESENSITIZATION; EACH HOUR	135.46	00 15	X							X	
73	95251	GLUC MONITOR, CONT, PHYS I&R	35.79										
77	95251	GLUC MONITOR, CONT, PHYS I&R	35.79	00 15									
73	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	104.30										
77	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	104.30	00 15									
73	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	139.04										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	139.04	00 15									
73	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	161.01										
77	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	161.01	00 15									
73	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	212.48										
77	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	212.48	00 15									
73	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	213.77										
77	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	213.77	00 15									
73	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	260.85										
77	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	260.85	00 15									
73	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	266.07										
77	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	266.07	00 15									
73	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	332.73										
77	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	332.73	00 15									
73	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	304.10										
77	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	304.10	00 15									
73	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	421.97										
77	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	421.97	00 15									
75	95782	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	126.24	00 05									
75	95783	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	136.91	00 05									
75	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	42.03										
75	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	42.03										
75	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	58.54										
75	95806	SLEEP STUDY, UNATTENDED	45.49										
75	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	61.55										
75	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	87.11										
75	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	121.44	06 99									
75	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	125.92	06 99									
75	95812	ELECTROENCEPHALOGRAM (EEG)	57.78										
75	95813	ELECTROENCEPHALOGRAM (EEG)	88.32										
75	95816	ELECTROENCEPHALOGRAM (EEG); INCL	57.78										
75	95819	ELECTROENCEPHALOGRAM (EEG); INCL	58.11										
75	95822	ELECTROENCEPHALOGRAM (EEG); INCL	58.11										
75	95824	ELECTROENCEPHALOGRAM (EEG); INCL	39.80									X	
75	95829	ELECTROCORTICOGRAM AT SURGERY	340.18										
73	95830	MD INSERT SPHENOIDAL ELECTRODE	624.36										
77	95830	MD INSERT SPHENOIDAL ELECTRODE	624.36	00 15									
73	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	22.08									X	
77	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	22.08	00 15								X	
73	95852	RANGE OF MOTION; HAND	17.72										
77	95852	RANGE OF MOTION; HAND	17.72	00 15									
73	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	55.19										
77	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	55.19	00 15									
75	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	51.74										
75	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	82.26										
75	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	99.69										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	107.66										
75	95865	MUSCLE TEST, LARYNX	83.10										
75	95866	MUSCLE TEST, HEMIDIAPHRAGM	65.81										
75	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	42.53										
75	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	63.24										
75	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	20.22										
75	95870	MUSCLE TEST, NON-PARASPINAL	19.90										
75	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	154.89										
75	95873	GUIDE NERV DESTR, ELEC STIM	20.01										
75	95874	GUIDE NERV DESTR, NEEDLE EMG	19.69										
75	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	59.14										
75	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	18.66									X	
75	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	46.28									X	
75	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	38.09										
75	95905	NEEDLE MEASUREMENT AND RECORDING OF	2.93									X	
75	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	53.79										
75	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	67.32										
75	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	80.00										
75	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	108.13										
75	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	134.00										
75	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	160.63										
75	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	190.11										
75	95925	SOMATOSENSORY TESTING,ONE > NERVES	29.21										
75	95926	SOMATOSENSORY TESTING	27.81										
75	95927	SOMATOSENSORY TESTING	27.16										
75	95928	C MOTOR EVOKED, UPPR LIMBS	80.21										
75	95929	C MOTOR EVOKED, LWR LIMBS	79.34										
75	95930	VISUAL EVOKED POTENTIAL TEST	18.66										
75	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	32.26										
75	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	35.34									X	
75	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	46.28										
75	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	120.36										
73	95940	CONTINUOUS MONITORING OF NERVOUS SYS	33.27										
77	95940	CONTINUOUS MONITORING OF NERVOUS SYS	33.27	00 15									
75	95957	EEG DIGITAL ANALYSIS	103.19										
75	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	230.00										
75	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	165.56										
75	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	175.85										
75	95965	MEG, SPONTANEOUS	418.72										
75	95966	MEG, EVOKED, SINGLE	214.07										
75	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	187.33										
73	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	19.94										
77	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	19.94	00 15									
73	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	49.75										
77	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	49.75	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	57.59						X					
77	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	57.59	00	15				X					
73	95991	REFILLING AND MAINTENANCE OF IMPLANT	113.10	04	99				X					
77	95991	REFILLING AND MAINTENANCE OF IMPLANT	113.10	04	15				X					
73	95992	CANALITH REPOSITIONING PROCEDURE(S)	44.38											
77	95992	CANALITH REPOSITIONING PROCEDURE(S)	44.38	00	15									
73	96000	MOTION ANALYSIS, VIDEO/3D	90.59											
77	96000	MOTION ANALYSIS, VIDEO/3D	90.59	00	15									
73	96001	MOTION TEST W/FT PRESS MEAS	114.00											
77	96001	MOTION TEST W/FT PRESS MEAS	114.00	00	15									
73	96002	DYNAMIC SURFACE EMG	23.03											
77	96002	DYNAMIC SURFACE EMG	23.03	00	15									
73	96003	DYNAMIC FINE WIRE EMG	17.09											
77	96003	DYNAMIC FINE WIRE EMG	17.09	00	15									
73	96004	PHYS REVIEW OF MOTION TESTS	113.54											
77	96004	PHYS REVIEW OF MOTION TESTS	113.54	00	15									
73	96105	ASSESSMENT OF APHASIA	101.19										X	
77	96105	ASSESSMENT OF APHASIA	101.19	00	15								X	
73	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	132.07	16	20					X				
77	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	132.07	00	15					X				
73	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	58.64	16	20					X			X	
77	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	58.64	00	15					X			X	
73	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	97.04							X				
77	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	97.04	00	15					X				
73	96121	NEUROBEHAVIORAL STATUS EXAMINATION	83.00										X	
77	96121	NEUROBEHAVIORAL STATUS EXAMINATION	83.00	00	15								X	
73	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	132.85							X				
77	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	132.85	00	15					X				
73	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	103.16							X				
77	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	103.16	00	15					X				
73	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	97.98									X		
77	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	97.98	00	15							X		
73	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	66.86									X		
77	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	66.86	00	15							X		
73	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	23.16									X	X	
77	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	23.16	00	15							X	X	
73	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	9.85									X		
77	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	9.85	00	15							X		
73	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.48									X	X	
77	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.48	00	15							X	X	
73	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	71.34									X		
77	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	71.34	00	15							X		
73	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	25.56									X	X	
77	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	25.56	00	15							X	X	
73	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	83.78											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	83.78	00 15									
73	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	129.90										
77	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	129.90	00 15									
73	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	943.41										
77	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	943.41	00 15									
73	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	176.69										
77	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	176.69	00 15									
73	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	133.88										
77	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	133.88	00 15									
73	96570	PHOTODYNAMIC TX, 30 MIN	58.53										
77	96570	PHOTODYNAMIC TX, 30 MIN	58.53	00 15									
73	96571	PHOTODYNAMIC TX, ADDL 15 MIN	26.64									X	
77	96571	PHOTODYNAMIC TX, ADDL 15 MIN	26.64	00 15								X	
73	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	225.98										
77	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	225.98	00 15									
73	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	279.45										
77	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	279.45	00 15									
73	96920	LASER TX, SKIN < 250 SQ CM	158.75										
77	96920	LASER TX, SKIN < 250 SQ CM	158.75	00 15									
73	96921	LASER TX, SKIN 250-500 SQ CM	173.44										
77	96921	LASER TX, SKIN 250-500 SQ CM	173.44	00 15									
73	96922	LASER TX, SKIN > 500 SQ CM	236.48										
77	96922	LASER TX, SKIN > 500 SQ CM	236.48	00 15									
73	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	45.16										
77	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	45.16	00 15									
73	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	43.10									X	
77	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	43.10	00 15								X	
73	97016	PT-VASOPNEUMATIC DEVICES	12.05										
77	97016	PT-VASOPNEUMATIC DEVICES	12.05	00 15									
73	97018	PT-PARAFFIN BATH	5.89										
77	97018	PT-PARAFFIN BATH	5.89	00 15									
73	97032	ELECTRICAL STIMULATION,EACH 15 MIN	14.84									X	
77	97032	ELECTRICAL STIMULATION,EACH 15 MIN	14.84	00 15								X	
73	97033	ELECTRIC CURRENT THERAPY	20.06										
77	97033	ELECTRIC CURRENT THERAPY	20.06	00 15									
73	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	29.86									X	
77	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	29.86	00 15								X	
73	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	34.54									X	
77	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	34.54	00 15								X	
73	97116	GAIT TRAINING, EACH 15 MIN	29.86									X	
77	97116	GAIT TRAINING, EACH 15 MIN	29.86	00 15								X	
73	97124	MASSAGE, EACH 15 MIN	28.75									X	
77	97124	MASSAGE, EACH 15 MIN	28.75	00 15								X	
73	97140	MANUAL THERAPY	27.53								X		
77	97140	MANUAL THERAPY	27.53	00 15							X		

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	97161	PHYSICAL THERAPY EVALUATION: LOW COM	99.93										
77	97161	PHYSICAL THERAPY EVALUATION: LOW COM	99.93	00 15									
73	97162	PHYSICAL THERAPY EVALUATION: MODERAT	99.93										
77	97162	PHYSICAL THERAPY EVALUATION: MODERAT	99.93	00 15									
73	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	99.93										
77	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	99.93	00 15									
73	97164	RE-EVALUATION OF PHYSCIAL THERAPY	68.33										
77	97164	RE-EVALUATION OF PHYSICAL THERAPY	68.33	00 15									
73	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	97.00										
77	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	97.00	00 15									
73	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	97.00										
77	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	97.00	00 15									
73	97167	OCCUPATIONAL THERAPY EVALUATION: HI	97.00										
77	97167	OCCUPATIONAL THERAPY EVALUATION: HI	97.00	00 15									
73	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	65.39										
77	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	65.39	00 15									
73	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	38.28			X						X	
77	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	38.28	00 15		X						X	
73	97533	SENSORY INTEGRATION	58.22										
77	97533	SENSORY INTEGRATION	58.22	00 15									
73	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	98.61										
77	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	98.61	00 15									
73	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	45.90									X	
77	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	45.90	00 15								X	
73	97610	Low frequency, non-contact, non-ther	389.09		X								
77	97610	Low frequency, non-contact, non-ther	389.09	00 15	X								
73	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	33.76									X	
77	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	33.76	00 15								X	
73	97760	ORTHOTIC MGMT AND TRAINING	48.52			X						X	
77	97760	ORTHOTIC MGMT AND TRAINING	48.52	00 15		X						X	
73	97761	PROSTHETIC TRAINING	41.37			X						X	
77	97761	PROSTHETIC TRAINING	41.37	00 15		X						X	
73	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	53.02									X	
77	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	53.02	00 15								X	
73	97802	MEDICAL NUTRITION, INDIV, IN	36.89								X		
77	97802	MEDICAL NUTRITION, INDIV, IN	36.89	00 15							X		
73	97803	MED NUTRITION, INDIV, SUBSEQ	31.81								X		
77	97803	MED NUTRITION, INDIV, SUBSEQ	31.81	00 15							X		
73	97804	MEDICAL NUTRITION, GROUP	16.79								X		
77	97804	MEDICAL NUTRITION, GROUP	16.79	00 15							X		
73	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	27.72	00 20	X			X					
77	98940	CHIROPR MANIP TX TO TWO REGIONS	27.72	00 15	X			X					
73	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	39.74	00 20	X			X					
77	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	39.74	00 15	X			X					
73	99151	MODERATE SEDATION SERVICES PROVIDED	84.91	00 04	X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	99151	MODERATE SEDATION SERVICES PROVIDED	84.91	00	04	X								
73	99152	MODERATE SEDATION SERVICES PROVIDED	50.15	05	20	X								
77	99152	MODERATE SEDATION SERVICES PROVIDED	50.15	05	15	X								
73	99155	MODERATE SEDATION SERVICES PROVIDED	88.29	00	04	X								
77	99155	MODERATE SEDATION SERVICES PROVIDED	88.29	00	04	X								
73	99156	MODERATE SEDATION SERVICES PROVIDED	79.77	05	20	X								
77	99156	MODERATE SEDATION SERVICES PROVIDED	79.77	05	15	X								
73	99157	MODERATE SEDATION SERVICES PROVIDED	65.01	00	20	X							X	
77	99157	MODERATE SEDATION SERVICES PROVIDED	65.01	00	15	X							X	
73	99170	EXAMINATION OF GENITAL AND ANAL REGI	159.70										X	
77	99170	EXAMINATION OF GENITAL AND ANAL REGI	159.70	00	15								X	
73	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	113.29			X							X	
77	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	113.29	00	15	X							X	
73	99184	INITIATION OF SELECTIVE HEAD OR TOTA	224.61											
77	99184	INITIATION OF SELECTIVE HEAD OR TOTA	224.61	00	15									
73	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	73.20											
73	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	73.20	10	59			F						
77	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	73.20	00	15									
77	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	73.20	10	15			F						
73	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	113.24											
73	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	113.24	10	59			F						
77	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	113.24	00	15									
77	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	113.24	10	15			F						
73	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	169.83											
73	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	169.83	10	59			F						
77	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	169.83	00	15									
77	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	169.83	10	15			F						
73	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	224.54											
73	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	224.54	10	59			F						
77	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	224.54	00	15									
77	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	224.54	10	15			F						
73	99211	OFFICE,EST PT, MINIMAL PROBLEMS	22.13										X	
73	99211 TH	OFFICE,EST PT,MINIMAL	22.13	10	59			F						
77	99211	EST PATIENT OFFICE VISIT	22.13	00	15									
77	99211 TH	OFFICE,EST PT,MINIMAL	22.13	10	15			F						
73	99212	ESTABLISHED PATIENT OFFICE OR OTHER	55.84										X	
73	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	55.84	10	59			F						
77	99212	ESTABLISHED PATIENT OFFICE OR OTHER	55.84	00	15								X	
77	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	55.84	10	15			F						
73	99213	ESTABLISHED PATIENT OFFICE OR OTHER	91.59											
73	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	91.59	10	59			F						
77	99213	ESTABLISHED PATIENT OFFICE OR OTHER	91.59	00	15									
77	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	91.59	10	15			F						
73	99214	ESTABLISHED PATIENT OFFICE OR OTHER	130.11											
73	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	130.11	10	59			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	99214	ESTABLISHED PATIENT OFFICE OR OTHER	130.11	00	15									
77	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	130.11	10	15			F						
73	99215	ESTABLISHED PATIENT OFFICE OR OTHER	182.27											
73	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	182.27	10	59			F						
77	99215	ESTABLISHED PATIENT OFFICE OR OTHER	182.27	00	15									
77	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	182.27	10	15			F						
73	99218	HOSPITAL OBSERVATION CARE TYPICALLY	99.97											
77	99218	HOSPITAL OBSERVATION CARE TYPICALLY	99.97	00	15									
73	99219	HOSPITAL OBSERVATION CARE TYPICALLY	136.04											
77	99219	HOSPITAL OBSERVATION CARE TYPICALLY	136.04	00	15									
73	99220	HOSPITAL OBSERVATION CARE TYPICALLY	183.76											
77	99220	HOSPITAL OBSERVATION CARE TYPICALLY	183.76	00	15									
73	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	103.41											
77	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	103.41	00	15									
73	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	137.90											
77	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	137.90	00	15									
73	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	202.40											
77	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	202.40	00	15									
73	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	39.09											
77	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	39.09	00	15									
73	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	72.64											
77	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	72.64	00	15									
73	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	104.30											
77	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	104.30	00	15									
73	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	38.76											
77	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	38.76	00	15									
73	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	72.64											
77	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	72.64	00	15									
73	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	104.30											
77	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	104.30	00	15									
73	99234	HOSPITAL OBSERVATION OR INPATIENT CA	133.55									X		
77	99234	HOSPITAL OBSERVATION OR INPATIENT CA	133.55	00	15							X		
73	99235	HOSPITAL OBSERVATION OR INPATIENT CA	168.87									X		
77	99235	HOSPITAL OBSERVATION OR INPATIENT CA	168.87	00	15							X		
73	99236	HOSPITAL OBSERVATION OR INPATIENT CA	217.02									X		
77	99236	HOSPITAL OBSERVATION OR INPATIENT CA	217.02	00	15							X		
73	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	72.47											
77	99238	HOSPITAL	72.47	00	15									
73	99239	HOSPITAL DISCHARGE DAY	106.76											
77	99239	HOSPITAL DISCHARGE DAY	106.76	00	15									
73	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	23.09											
77	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	23.09	00	15									
73	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	44.80											
77	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	44.80	00	15									
73	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	75.41											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	75.41	00	15									
73	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	128.12											
77	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	128.12	00	15									
73	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	187.71											
77	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	187.71	00	15									
73	99291	CRITICAL CARE, FIRST HOUR	283.83			X								
77	99291	CRITICAL CARE, FIRST HOUR	283.83	00	15	X								
73	99292	CRITICAL CARE, EVALUATION AND MANAGE	125.60			X							X	
77	99292	CRITICAL CARE, EVALUATION AND MANAGE	125.60	00	15	X							X	
73	99304	INITIAL NURSING FACILITY VISIT, TYPI	90.07											
77	99304	INITIAL NURSING FACILITY VISIT, TYPI	90.07	00	15									
73	99305	INITIAL NURSING FACILITY VISIT, TYPI	129.79											
77	99305	INITIAL NURSING FACILITY VISIT, TYPI	129.79	00	15									
73	99306	INITIAL NURSING FACILITY VISIT, TYPI	167.13											
77	99306	INITIAL NURSING FACILITY VISIT, TYPI	167.13	00	15									
73	99307	SUBSEQUENT NURSING FACILITY VISIT, T	43.96											
77	99307	SUBSEQUENT NURSING FACILITY VISIT, T	43.96	00	15									
73	99308	SUBSEQUENT NURSING FACILITY VISIT, T	69.24											
77	99308	SUBSEQUENT NURSING FACILITY VISIT, T	69.24	00	15									
73	99309	SUBSEQUENT NURSING FACILITY VISIT, T	90.93											
77	99309	SUBSEQUENT NURSING FACILITY VISIT, T	90.93	00	15									
73	99310	SUBSEQUENT NURSING FACILITY VISIT, T	134.99											
77	99310	SUBSEQUENT NURSING FACILITY VISIT, T	134.99	00	15									
73	99315	NURSING FAC DISCHARGE DAY	73.12											
77	99315	NURSING FAC DISCHARGE DAY	73.12	00	15									
73	99316	NURSING FAC DISCHARGE DAY	105.47											
77	99316	NURSING FAC DISCHARGE DAY	105.47	00	15									
73	99324	NEW PATIENT ASSISTED LIVING VISIT, T	54.03											
77	99324	NEW PATIENT ASSISTED LIVING VISIT, T	54.03	00	15									
73	99325	NEW PATIENT ASSISTED LIVING VISIT, T	79.58											
77	99325	NEW PATIENT ASSISTED LIVING VISIT, T	79.58	00	15									
73	99326	NEW PATIENT ASSISTED LIVING VISIT, T	138.75											
77	99326	NEW PATIENT ASSISTED LIVING VISIT, T	138.75	00	15									
73	99327	NEW PATIENT ASSISTED LIVING VISIT, T	186.03											
77	99327	NEW PATIENT ASSISTED LIVING VISIT, T	186.03	00	15									
73	99328	NEW PATIENT ASSISTED LIVING VISIT, T	219.26											
77	99328	NEW PATIENT ASSISTED LIVING VISIT, T	219.26	00	15									
73	99334	ESTABLISHED PATIENT ASSISTED LIVING	59.71											
77	99334	ESTABLISHED PATIENT ASSISTED LIVING	59.71	00	15									
73	99335	ESTABLISHED PATIENT ASSISTED LIVING	95.60											
77	99335	ESTABLISHED PATIENT ASSISTED LIVING	95.60	00	15									
73	99336	ESTABLISHED PATIENT ASSISTED LIVING	135.60											
77	99336	ESTABLISHED PATIENT ASSISTED LIVING	135.60	00	15									
73	99337	ESTABLISHED PATIENT ASSISTED LIVING	194.02											
77	99337	ESTABLISHED PATIENT ASSISTED LIVING	194.02	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	54.36											
77	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	54.36	00	15									
73	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	76.68											
77	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	76.68	00	15									
73	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	127.56											
77	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	127.56	00	15									
73	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	181.81											
77	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	181.81	00	15									
73	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	222.48											
77	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	222.48	00	15									
73	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	54.66											
77	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	54.66	00	15									
73	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	83.92											
77	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	83.92	00	15									
73	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	129.42											
77	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	129.42	00	15									
73	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	179.49											
77	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	179.49	00	15									
73	99406	SMOKING AND TOBACCO USE CESSATION CO	15.67	16	60			F		X				
77	99406	SMOKING AND TOBACCO USE CESSATION CO	15.67	10	15			F		X				
73	99407	SMOKING AND TOBACCO USE CESSATION CO	29.11	16	60			F		X				
77	99407	SMOKING AND TOBACCO USE CESSATION CO	29.11	10	15			F		X				
73	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	36.66											
77	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	36.66	00	15									
73	99460	INITIAL HOSPITAL OR BIRTHING CENTER	96.73	00	00					X				
77	99460	INITIAL HOSPITAL OR BIRTHING CENTER	96.73	00	00					X				
73	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	91.27	00	00					X				
77	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	91.27	00	00					X				
73	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	41.89	00	00									
77	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	41.89	00	00									
73	99463	INITIAL HOSPITAL OR BIRTHING CENTER	111.13	00	00					X				
77	99463	INITIAL HOSPITAL OR BIRTHING CENTER	111.13	00	00					X				
73	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	75.52	00	00									
77	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	75.52	00	00									
73	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	147.61	00	00									
77	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	147.61	00	00									
73	99466	CRITICAL CARE SERVICES DELIVERED BY	240.20	00	01									
77	99466	CRITICAL CARE SERVICES DELIVERED BY	240.20	00	01									
73	99467	CRITICAL CARE SERVICES DELIVERED BY	120.17	00	01								X	
77	99467	CRITICAL CARE SERVICES DELIVERED BY	120.17	00	01								X	
73	99468	INITIAL INPATIENT NEONATAL CRITICAL	924.78	00	00									
77	99468	INITIAL INPATIENT NEONATAL CRITICAL	924.78	00	00									
73	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	399.88	00	00									
77	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	399.88	00	00									
73	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	800.62	00	01									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	800.62	00	01									
73	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	407.46	00	01									
77	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	407.46	00	01									
73	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	579.59	02	05									
77	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	579.59	02	05									
73	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	347.63	02	05									
77	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	347.63	02	05									
73	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	350.57	00	00									
77	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	350.57	00	00									
73	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	137.42	00	00									
77	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	137.42	00	00									
73	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	125.19	00	00									
77	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	125.19	00	00									
73	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	120.17	00	00									
77	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	120.17	00	00									