LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

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

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

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

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

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

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	57.39	16	99								X	
67	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	57.39	00	15					X			X	
63	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	15.82	16	99								X	
67	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	15.82	00	15					X			X	
63	G0117	GLAUCOMA SCRN HGH RISK DIREC	56.01									X		
63	G0118	GLAUCOMA SCRN HGH RISK DIREC	41.08									X		
63	G0124	SCREENING CYTOPATHOLOGY, PHY. INTERP	32.65									X		
63	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NU	23.96									X		
63	G0141	SCR C/V CYTO,AUTOSYS AND MD	32.65									X		
63	G0179	PHYS SERV FO THE RECERT OF MEDICARE	41.73									X		
63	G0180	MD CERTIFICATION HHA PATIENT	54.48									X		
63	G0181	HOME HEALTH CARE SUPERVISION	112.24									X		
63	G0245	INITIAL FOOT EXAM PT LOPS	68.43									X		
63	G0246	FOLLOWUP EVAL OF FOOT PT LOP	40.03									X		
63	G0247	ROUTINE FOOTCARE PT W LOPS	76.27									X		
63	G0250	MD REVIEW INTERPRET OF TEST	9.74									X		
63	G0268	REMOVAL OF IMPACTED WAX MD	51.30									X		
63	G0270	MNT SUBS TX FOR CHANGE DX	33.12									X		
63	G0271	GROUP MNT 2 OR MORE 30 MINS	17.51									X		
63	G0278	ILIAC ART ANGIO,CARDIAC CATH	15.40									X		
63	G0281	ELEC STIM UNATTEND FOR PRESS	14.49									X		
63	G0283	ELEC STIM OTHER THAN WOUND	14.49									X		
63	G0289	ARTHRO, LOOSE BODY + CHONDRO	95.31									X		
63	G0329	ELECTROMAGNTIC TX FOR ULCERS	10.92									X		
63	G0341	PERCUTANEOUS ISLET CELLTRANS	2,065.84									X		
63	G0342	LAPAROSCOPY ISLET CELL TRANS	758.53									X		
63	G0343	LAPAROTOMY ISLET CELL TRANSP	1,253.97									X		
63	G0372	MD SERVICE REQUIRED FOR PMD	9.36									X		
65	G0452	MOLECULAR PATHOLOGY PROCEDURE;PHYS	19.39	19	70									E
01	00100	ANES;SALIVARY GLANDS, BIOPSY	SP						X		5		X	
01	00102	ANES;PLASTIC REPAIR OF CLEFT LIP	SP						X		6		X	
01	00103	ANES FOR PROCEDURES ON EYE, BLEPH	SP						X		5		X	
01	00120	ANES;ALL OF EAR;NOS	SP						X		5		X	
01	00124	ANES; OTOSCOPY	SP						X		4		X	
01	00126	ANES; TYPANOTOMY	SP						X		4		X	
01	00140	ANES;EYE;NOS	SP						X		5		X	
01	00142	ANES;LENS SURGERY	SP						X		4		X	
01	00144	ANES;CORNEAL TRANSPLANT	SP						X		6		X	
01	00145	ANES;VITEORETINAL SURGERY	SP						X		6		X	
01	00147	ANES;IRIDECTOMY	SP						X		4		X	
01	00148	ANES;OPHTHALMOSCOPY	SP						X		4		X	
01	00160	ANES;NOSE/ACC.SINUSES;NOS	SP						X		5		X	
01	00162	ANES;NOSE/SINUSES;RADICAL SURGERY	SP						X		7		X	
01	00164	ANES;NOSE/SINUSES;BIOPSY,SOFT TISSUE	SP						X		4		X	
01	00170	ANES;INTRAORAL PLUS BIOPSY;NOS	SP						X		5		X	

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	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	

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

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COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	00842	ANES;AMNIOCENTESIS	SP					F	X		4		X	
01	00844	ANES;ABDOMINOPERINAEAL RESECTION	SP						X		7		X	
01	00846	ANES;RADICAL HYSTERECTOMY	SP			X		F	X	X	8		X	
01	00848	ANES;PELVIC EXENTERATION	SP			X			X		8		X	
01	00851	ANES;TUBAL LIGATION/TRANSECTION	SP	21	64	X		F	X	X	6		X	
01	00860	ANES;EXTRAPERI,LOWER ABDO,NOT URINAR	SP						X		6		X	
01	00862	ANES;RENAL PROC/DONOR NEPHRECTOMY	SP			X					7		X	
01	00864	ANES;TOTAL CYSTECTOMY	SP			X			X	X	8		X	
01	00865	ANES;REMOVAL OF PROSTATE	SP			X		M	X	X	7		X	
01	00866	ANES;ADRENALECTOMY	SP						X		10		X	
01	00868	ANES;RENAL TRANSPLANT (RECEPIENT)	SP			X			X		10		X	
01	00870	ANES;CYSTOLITHOTOMY	SP			X			X		5		X	
01	00872	ANES;LITHOTRIPSY,ESW;WITH WATER BATH	SP						X		7		X	
01	00873	ANES;LITHOTRIPSY,ESW;W/O WATER BATH	SP						X		5		X	
01	00880	ANES;MAJOR LOW.ABDO VESSEL;NOS	SP						X		15		X	
01	00882	ANES;INFERIOR VENA CAVA LIGATION	SP						X		10		X	
01	00902	ANES;ANORECTAL (INCLUDES ENDOS & BX)	SP						X		5		X	
01	00904	ANES;RADICAL PERINEAL PROCEDURE	SP						X		7		X	
01	00906	ANES;VULVECTOMY	SP					F	X	X	4		X	
01	00908	ANES;PERIENEAL PROSTATECTOMY	SP					M	X	X	6		X	
01	00910	ANES;TRANSURETHAL (INCL URETHROC;NOS	SP						X		3		X	
01	00912	ANES;TRANURETHRAL RESECT.BLADDER TU	SP						X		5		X	
01	00914	ANES;TRANURETHRAL RESECT-PROSTATE	SP					M	X		5		X	
01	00916	ANES;POST-TRANSURETH.RESECT-BLEEDING	SP						X		5		X	
01	00918	ANES;W/FRAGMENT,MANIP/REMO.URET CALC	SP						X		5		X	
01	00920	ANES;MALE EXT GENITALIA;NOS	SP					M	X		3		X	
01	00921	ANES;VASECTOMY,UNILATERNAL/BILATERAL	SP	21	55	X		M	X	X	3		X	
01	00922	ANES;SEMINAL VESICLES	SP			X		M	X	X	6		X	
01	00924	ANES;UNDESCENDED TETIS,UNI-BILATERAL	SP					M	X		4		X	
01	00926	ANES;RAD ORCHIECTOMY, INGUINAL	SP					M	X	X	4		X	
01	00928	ANES;RAD ORCHIECTOMY,ABDOMINAL	SP					M	X	X	6		X	
01	00930	ANES;ORCHIOPEXY,UNI-BILATERAL	SP					M	X		4		X	
01	00932	ANES;COMPLETE PENIS AMPUTATION	SP					M	X	X	4		X	
01	00934	ANES;RAD AMPU.PENIS,BILAT...LYMPHAD.	SP					M	X	X	6		X	
01	00936	ANES;RAD AMPU PENIS...LYMPHAD	SP					M	X	X	8		X	
01	00940	ANES;VAGINAL PROC;NOS	SP					F	X		3		X	
01	00942	ANES;COLPOTOMY,VAGINECTOMY,COLPORRHA	SP					F	X		4		X	
01	00944	ANES;VAGINAL HYSTERECTOMY	SP			X		F	X	X	6		X	
01	00948	ANES; CERVICAL CERCLAGE	SP					F	X		4		X	
01	00950	ANES;CULDOSCOPY	SP					F	X		5		X	
01	00952	HYSTEROSCOPY/HYSTEROSALPINGOGRAPHY	SP			X		F	X		4		X	
01	01112	ANES;BONE APSIRATE/BX,ANTORPOST ILIA	SP						X		5		X	
01	01120	ANES;FOR BONY PELVIS PROCEDURES	SP						X		6		X	
01	01130	ANES;FOR BODY CASRT APPLI./REVISION	SP						X		3		X	
01	01140	ANES;INTERPELVIABDOMINAL AMPUTATION	SP						X		15		X	

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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 SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	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 SHREVEPORT
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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
01	01920	ANES;CARD.CATH,CORO ANGIO/VENTRICULO	SP						X		7		X	
01	01922	ANES;NON-INVASIVE IMAG RAD THERAPHY	SP						X		7		X	
01	01924	ANES, THER INTERVEN RAD,ARTE SYS;NOS	SP						X		5		X	
01	01925	ANES, THER INTERVEN RAD,CAROTID/CORO	SP						X		7		X	
01	01926	ANES;THER INTERV INTRACRAN/CARD,AORT	SP						X		8		X	
01	01930	ANES;THER INTERV RAD, VEN/LYMPHATIC	SP						X		5		X	
01	01931	ANES;THER INTERVEN RAD TIPS	SP						X		7		X	
01	01932	ANES;THER INTERV INTRAHORAC JUGULAR	SP						X		6		X	
01	01933	ANES;THER INTERV RAD INTRACRANIAL	SP						X		7		X	
01	01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GU	SP						X		5		X	
01	01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GU	SP						X		5		X	
01	01951	ANESTH, BURN, LESS THAN ONE PERCENT	SP						X		3		X	
01	01952	ANES;BURN,BETWEEN 4-9 PERCENT	SP						X		5		X	
01	01953	ANES;BURN, EACH ADD 9 PERCENT	SP						X		1		X	
01	01958	ANESTH, ANTEPARTUM MANIPUL	SP					F	X		5		X	
01	01960	ANES;VAGINAL DELIVERY	SP	09	60			F	X	X	5		X	
01	01961	ANES;CESAREAN DELIVERY ONLY	SP	09	60			F	X	X	7		X	
01	01962	ANES;URGENT HYSTERECTOMY FOLLOW.DELI	SP	09	60	X		F	X	X	8		X	
01	01963	ANESTHESIA FOR CESAREAN REMOVAL OF U	SP	09	60	X		F	X	X	8		X	
01	01965	ANESTH, INC/MISSED AB PROC	SP	09	60	X		F	X		4		X	
01	01966	ANESTH, INDUCED AB PROCEDURE	SP	09	60	X		F	X		4		X	
01	01967	ANES;NEURAXIAL LABOR ANALG VAGIN DEL	SP	09	60			F	X	X	5		X	
01	01968	ANES;ANALG CS DELIVER FOLL NEURA LAB	SP	09	60			F	X	X	2		X	
01	01969	ANES;ANALG CS HYST FOLL NEURAX LABOR	SP	09	60			F	X	X	5		X	
01	01991	ANES;FOR DIA OR THER NERVE BLOCK INJ	SP						X	X	3		X	
01	01992	ANES;PRONE POSITION	SP						X	X	5		X	
01	01999	ANES;UNLISTED PROCEDURE (S)	SP			X			X		1		X	
63	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	55.42										X	
67	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	55.42	00	15								X	
63	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	130.13											
67	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	130.13	00	15									
63	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	63.64										X	
67	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	63.64	00	15								X	
63	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	285.07											
67	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	285.07	00	15									
63	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	161.52										X	
67	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	161.52	00	15								X	
63	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	462.41											
67	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	462.41	00	15									
63	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	280.27										X	
67	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	280.27	00	15								X	
63	10021	FNA W/O IMAGE	100.62											
67	10021	FNA W/O IMAGE	100.62	00	15									
63	10030	Fluid collection drainage by cathete	567.87											
67	10030	Fluid collection drainage by cathete	567.87	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	473.88											
67	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	473.88	00	15									
63	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	405.46											
67	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	405.46	00	15									
63	10060	DRAINAGE OF SKIN ABSCESS	121.37											
67	10060	DRAINAGE OF SKIN ABSCESS	121.37	00	15									
63	10061	DRAIN SKIN ABSCESS COMPLICATED	213.70											
67	10061	DRAIN SKIN ABSCESS COMPLICATED	213.70	00	15									
63	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	185.07											
67	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	185.07	00	15									
63	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	281.34											
67	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	281.34	00	15									
63	10120	SIMPLE REMOVAL FOREIGN BODY	153.78											
67	10120	SIMPLE REMOVAL FOREIGN BODY	153.78	00	15									
63	10121	COMPLICATED REMOVAL FOREIGN BODY	280.73											
67	10121	COMPLICATED REMOVAL FOREIGN BODY	280.73	00	15									
63	10140	INCISE/DRAIN SIMPLE HEMATOMA	171.35											
67	10140	INCISE/DRAIN SIMPLE HEMATOMA	171.35	00	15									
63	10160	PUNCTURE DRAINAGE OF LESION	132.95											
67	10160	PUNCTURE DRAINAGE OF LESION	132.95	00	15									
63	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	257.80											
67	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	257.80	00	15									
63	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	56.55											
67	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	56.55	00	15									
63	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	22.73										X	
67	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	22.73	00	15								X	
63	11004	DEBRIDE GENITALIA & PERINEUM	637.68											
67	11004	DEBRIDE GENITALIA & PERINEUM	637.68	00	15									
63	11005	DEBRIDE ABDOM WALL	869.50											
67	11005	DEBRIDE ABDOM WALL	869.50	00	15									
63	11006	DEBRIDE GENIT/PER/ABDOM WALL	782.26											
67	11006	DEBRIDE GENIT/PER/ABDOM WALL	782.26	00	15									
63	11008	REMOVE MESH FROM ABD WALL	305.82											
67	11008	REMOVE MESH FROM ABD WALL	305.82	00	15									
63	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	496.57											
67	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	496.57	00	15									
63	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	551.63											
67	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	551.63	00	15									
63	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	718.24										X	
67	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	718.24	00	15								X	
63	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	123.41											
67	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	123.41	00	15									
63	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	239.65											
67	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	239.65	00	15									
63	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	328.78										X	

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	328.78	00	15								X	
63	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	43.23										X	
67	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	43.23	00	15								X	
63	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	77.65										X	
67	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	77.65	00	15								X	
63	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	131.84										X	
67	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	131.84	00	15								X	
63	11055	TRIM SKIN LESION	55.80											
67	11055	TRIM SKIN LESION	55.80	00	15									
63	11056	TRIM 2 TO 4 SKIN LESIONS	67.10											
67	11056	TRIM 2 TO 4 SKIN LESIONS	67.10	00	15									
63	11057	TRIM OVER 4 SKIN LESIONS	75.01											
67	11057	TRIM OVER 4 SKIN LESIONS	75.01	00	15									
63	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	99.10											
67	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	99.10	00	15									
63	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	53.56										X	
67	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	53.56	00	15								X	
63	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	124.54											
67	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	124.54	00	15									
63	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	61.46										X	
67	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	61.46	00	15								X	
63	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	150.84											
67	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	150.84	00	15									
63	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	72.51										X	
67	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	72.51	00	15								X	
63	11200	EXCISE UP TO 15 SKIN TAGS	90.05											
67	11200	EXCISE UP TO 15 SKIN TAGS	90.05	00	15									
63	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	20.08										X	
67	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	20.08	00	15								X	
63	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	97.70											
67	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	97.70	00	15									
63	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	120.89											
67	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	120.89	00	15									
63	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	141.61											
67	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	141.61	00	15									
63	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	156.77											
67	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	156.77	00	15									
63	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	102.86											
67	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	102.86	00	15									
63	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	122.73											
67	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	122.73	00	15									
63	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	146.00											
67	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	146.00	00	15									
63	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	155.62											
67	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	155.62	00	15									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	114.56										
67	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	114.56	00 15									
63	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	137.75										
67	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	137.75	00 15									
63	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	161.52										
67	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	161.52	00 15									
63	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	190.40										
67	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	190.40	00 15									
63	11400	EXCISE BENIGN LESION TO 0.5 CM	125.43									X	
67	11400	EXCISE BENIGN LESION TO 0.5 CM	125.43	00 15								X	
63	11401	EXCISE BENIGN LESION 0.6 TO 1CM	153.96									X	
67	11401	EXCISE BENIGN LESION 0.6 TO 1CM	153.96	00 15								X	
63	11402	EXCISE BENIGN LESION 1.1 TO 2CM	171.48									X	
67	11402	EXCISE BENIGN LESION 1.1 TO 2CM	171.48	00 15								X	
63	11403	EXCISE BENIGN LESION 2.1 TO 3CM	199.74									X	
67	11403	EXCISE BENIGN LESION 2.1 TO 3CM	199.74	00 15								X	
63	11404	EXCISE BENIGN LESION 3.1 TO 4CM	226.90									X	
67	11404	EXCISE BENIGN LESION 3.1 TO 4CM	226.90	00 15								X	
63	11406	EXCISE BENIGN LESION OVER 4 CM	330.18									X	
67	11406	EXCISE BENIGN LESION OVER 4 CM	330.18	00 15								X	
63	11420	EXCISE BENIGN LESION TO 0.5 CM	125.74									X	
67	11420	EXCISE BENIGN LESION TO 0.5 CM	125.74	00 15								X	
63	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	161.36									X	
67	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	161.36	00 15								X	
63	11422	EXCISE BENIGN LESION 1.1 TO 2CM	182.23									X	
67	11422	EXCISE BENIGN LESION 1.1 TO 2CM	182.23	00 15								X	
63	11423	EXCISE BENIGN LESION 2.1 TO 3CM	208.86									X	
67	11423	EXCISE BENIGN LESION 2.1 TO 3CM	208.86	00 15								X	
63	11424	EXCISE BENIGN LESION 3.1 TO 4CM	243.02									X	
67	11424	EXCISE BENIGN LESION 3.1 TO 4CM	243.02	00 15								X	
63	11426	EXCISE BENIGN LESION OVER 4.0 CM	352.49									X	
67	11426	EXCISE BENIGN LESION OVER 4.0 CM	352.49	00 15								X	
63	11440	EXCISE BENIGN LESION TO 0.5 CM	138.99									X	
67	11440	EXCISE BENIGN LESION TO 0.5 CM	138.99	00 15								X	
63	11441	EXCISE BENIGN LESION 0.6 TO 1CM	173.41									X	
67	11441	EXCISE BENIGN LESION 0.6 TO 1CM	173.41	00 15								X	
63	11442	EXCISE BENIGN LESION 1.1 TO 2CM	194.08									X	
67	11442	EXCISE BENIGN LESION 1.1 TO 2CM	194.08	00 15								X	
63	11443	EXCISE BENIGN LESION 2.1 TO 3CM	232.76									X	
67	11443	EXCISE BENIGN LESION 2.1 TO 3CM	232.76	00 15								X	
63	11444	EXCISE BENIGN LESION 3.1 TO 4CM	293.38									X	
67	11444	EXCISE BENIGN LESION 3.1 TO 4CM	293.38	00 15								X	
63	11446	EXCISE BENIGN LESION OVER 4.0 CM	409.28									X	
67	11446	EXCISE BENIGN LESION OVER 4.0 CM	409.28	00 15								X	
63	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	404.78										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	404.78	00 15									
63	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	511.22										
67	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	511.22	00 15									
63	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	393.14										
67	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	393.14	00 15									
63	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	516.40										
67	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	516.40	00 15									
63	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	433.90										
67	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	433.90	00 15									
63	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	531.88										
67	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	531.88	00 15									
63	11600	EXCISE MALIGNANCY TO 0.5 CM	197.87									X	
67	11600	EXCISE MALIGNANCY TO 0.5 CM	197.87	00 15								X	
63	11601	EXCISE MALIGNANCY 0.6 TO 1CM	234.27									X	
67	11601	EXCISE MALIGNANCY 0.6 TO 1CM	234.27	00 15								X	
63	11602	EXCISE MALIGNANCY 1.1 TO 2CM	253.84									X	
67	11602	EXCISE MALIGNANCY 1.1 TO 2CM	253.84	00 15								X	
63	11603	EXCISE MALIGNANCY 2.1 TO 3CM	291.63									X	
67	11603	EXCISE MALIGNANCY 2.1 TO 3CM	291.63	00 15								X	
63	11604	EXCISE MALIGNANCY 3.1 TO 4CM	323.88									X	
67	11604	EXCISE MALIGNANCY 3.1 TO 4CM	323.88	00 15								X	
63	11606	EXCISE MALIGNANCY OVER 4CM	469.23									X	
67	11606	EXCISE MALIGNANCY OVER 4CM	469.23	00 15								X	
63	11620	EXCISE MALIGNANCY TO 0.5CM	199.39									X	
67	11620	EXCISE MALIGNANCY TO 0.5CM	199.39	00 15								X	
63	11621	EXCISE MALIGNANCY 0.6 TO 1CM	235.45									X	
67	11621	EXCISE MALIGNANCY 0.6 TO 1CM	235.45	00 15								X	
63	11622	EXCISE MALIGNANCY 1.1 TO 2CM	262.96									X	
67	11622	EXCISE MALIGNANCY 1.1 TO 2CM	262.96	00 15								X	
63	11623	EXCISE MALIGNANCY 2.1 TO 3CM	309.80									X	
67	11623	EXCISE MALIGNANCY 2.1 TO 3CM	309.80	00 15								X	
63	11624	EXCISE MALIGNANCY 3.1 TO 4CM	351.38									X	
67	11624	EXCISE MALIGNANCY 3.1 TO 4CM	351.38	00 15								X	
63	11626	EXCISE MALIGNANCY OVER 4CM	425.13									X	
67	11626	EXCISE MALIGNANCY OVER 4CM	425.13	00 15								X	
63	11640	EXCISE MALIGNANCY TO 0.5CM	205.30									X	
67	11640	EXCISE MALIGNANCY TO 0.5CM	205.30	00 15								X	
63	11641	EXCISE MALIGNANCY 0.6 TO 1CM	243.77									X	
67	11641	EXCISE MALIGNANCY 0.6 TO 1CM	243.77	00 15								X	
63	11642	EXCISE MALIGNANCY 1.1 TO 2CM	278.96									X	
67	11642	EXCISE MALIGNANCY 1.1 TO 2CM	278.96	00 15								X	
63	11643	EXCISE MALIGNANCY 2.1 TO 3CM	330.08									X	
67	11643	EXCISE MALIGNANCY 2.1 TO 3CM	330.08	00 15								X	
63	11644	EXCISE MALIGNANCY 3.1 TO 4CM	408.38									X	
67	11644	EXCISE MALIGNANCY 3.1 TO 4CM	408.38	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	11646	EXCISE MALIGNANCY OVER 4CM	537.11										X	
67	11646	EXCISE MALIGNANCY OVER 4CM	537.11	00	15								X	
63	11719	TRIM NAIL(S)	14.79			X						X		
67	11719	TRIM NAIL(S)	14.79	00	15	X						X		
63	11720	DEBRIDE NAIL, 1-5	33.58											
67	11720	DEBRIDE NAIL, 1-5	33.58	00	15									
63	11721	DEBRIDE NAIL, 6 OR MORE	46.66											
67	11721	DEBRIDE NAIL, 6 OR MORE	46.66	00	15									
63	11730	SIMPLE REMOVAL OF NAIL PLATE	110.52											
67	11730	SIMPLE REMOVAL OF NAIL PLATE	110.52	00	15									
63	11732	REMOVE ADDITIONAL NAIL PLATES	33.61										X	
67	11732	REMOVE ADDITIONAL NAIL PLATES	33.61	00	15								X	
63	11740	EVACUATE HEMATOMA UNDER NAIL	51.59										X	
67	11740	EVACUATE HEMATOMA UNDER NAIL	51.59	00	15								X	
63	11750	EXCISION NAIL & NAIL MATRIX	158.16										X	
67	11750	EXCISION NAIL & NAIL MATRIX	158.16	00	15								X	
63	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	124.43											
67	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	124.43	00	15									
63	11760	SIMPLE RECONSTRUCTION NAIL BED	194.78										X	
67	11760	SIMPLE RECONSTRUCTION NAIL BED	194.78	00	15								X	
63	11762	NAIL RECONSTRUCTION; COMPLICATED	293.07										X	
67	11762	NAIL RECONSTRUCTION; COMPLICATED	293.07	00	15								X	
63	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	169.50										X	
67	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	169.50	00	15								X	
63	11770	SIMPLE EXCISION PILONIDAL CYST	293.51											
67	11770	SIMPLE EXCISION PILONIDAL CYST	293.51	00	15									
63	11771	EXCISE PILONIDAL CYST; EXTENSIVE	613.26											
67	11771	EXCISE PILONIDAL CYST; EXTENSIVE	613.26	00	15									
63	11772	PILONIDAL CYST; COMPLICATED	734.33											
67	11772	PILONIDAL CYST; COMPLICATED	734.33	00	15									
63	11900	INTRALESIONAL INJECTION; UP TO 7	55.42											
67	11900	INTRALESIONAL INJECTION; UP TO 7	55.42	00	15									
63	11901	INTRALESIONAL INJECTION; OVER 7	71.05											
67	11901	INTRALESIONAL INJECTION; OVER 7	71.05	00	15									
63	11920	TATOOING; 6SQ CM OR LESS	183.41				X							
63	11921	TATOOING; 6.1 SQ CM TO 20 SQ CM	210.43				X							
63	11960	INSERTION OF TISSUE EXPANDER	1,015.92				X							
67	11960	INSERTION OF TISSUE EXPANDER	1,015.92	00	15		X							
63	11970	REPLACEMENT OF TISSUE EXPANDER WITH	644.58				X						X	
67	11970	REPLACEMENT OF TISSUE EXPANDER WITH	644.58	00	15		X						X	
63	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	481.09				X							
67	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	481.09	00	15		X							
63	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	150.71	10	60			F						
67	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	150.71	10	15			F						
63	11980	IMPLANT HORMONE PELLET(S)	97.62					F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	11980	IMPLANT HORMONE PELLET(S)	97.62	00 15			F						
63	11981	INSERT DRUG IMPLANT DEVICE	147.17										
67	11981	INSERT DRUG IMPLANT DEVICE	147.17	00 15									
63	11982	REMOVE DRUG IMPLANT DEVICE	163.89										
67	11982	REMOVE DRUG IMPLANT DEVICE	163.89	00 15									
63	11983	REMOVE/INSERT DRUG IMPLANT	242.87										
67	11983	REMOVE/INSERT DRUG IMPLANT	242.87	00 15									
63	12001	SIMPLE WOUND REPAIR TO 2.5CM	90.94										
67	12001	SIMPLE WOUND REPAIR TO 2.5CM	90.94	00 15									
63	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	111.41										
67	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	111.41	00 15									
63	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	131.20										
67	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	131.20	00 15									
63	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	171.15										
67	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	171.15	00 15									
63	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	202.70										
67	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	202.70	00 15									
63	12007	SIMPLE WOUND REPAIR OVER 30CM	234.32										
67	12007	SIMPLE WOUND REPAIR OVER 30CM	234.32	00 15									
63	12011	SIMPLE WOUND REPAIR TO 2.5CM	111.33										
67	12011	SIMPLE WOUND REPAIR TO 2.5CM	111.33	00 15									
63	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	117.09										
67	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	117.09	00 15									
63	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	141.30										
67	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	141.30	00 15									
63	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	171.20										
67	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	171.20	00 15									
63	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	217.35										
67	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	217.35	00 15									
63	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	168.61										
67	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	168.61	00 15									
63	12018	SIMPLE WOUND REPAIR OVER 30 CM	191.03										
67	12018	SIMPLE WOUND REPAIR OVER 30 CM	191.03	00 15									
63	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	294.13										
67	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	294.13	00 15									
63	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	173.66										
67	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	173.66	00 15									
63	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	249.60										
67	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	249.60	00 15									
63	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	309.44										
67	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	309.44	00 15									
63	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	326.63										
67	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	326.63	00 15									
63	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	393.68										
67	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	393.68	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	438.76											
67	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	438.76	00	15									
63	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	498.86											
67	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	498.86	00	15									
63	12041	LAYER CLOSURE WOUND TO 2.5CM	249.56											
67	12041	LAYER CLOSURE WOUND TO 2.5CM	249.56	00	15									
63	12042	LAYER CLOSURE 2.6 TO 7.5CM	302.81											
67	12042	LAYER CLOSURE 2.6 TO 7.5CM	302.81	00	15									
63	12044	LAYER CLOSURE 7.6 TO 12.5CM	373.24											
67	12044	LAYER CLOSURE 7.6 TO 12.5CM	373.24	00	15									
63	12045	LAYER CLOSURE 12.6 TO 20CM	412.54											
67	12045	LAYER CLOSURE 12.6 TO 20CM	412.54	00	15									
63	12046	LAYER CLOSURE 20.1 TO 30CM	501.43											
67	12046	LAYER CLOSURE 20.1 TO 30CM	501.43	00	15									
63	12047	LAYER CLOSURE WOUND OVER 30CM	552.72											
67	12047	LAYER CLOSURE WOUND OVER 30CM	552.72	00	15									
63	12051	LAYER CLOSURE WOUND TO 2.5CM	270.87											
67	12051	LAYER CLOSURE WOUND TO 2.5CM	270.87	00	15									
63	12052	LAYER CLOSURE 2.6 TO 5CM	308.04											
67	12052	LAYER CLOSURE 2.6 TO 5CM	308.04	00	15									
63	12053	LAYER CLOSURE 5.1 TO 7.5CM	359.21											
67	12053	LAYER CLOSURE 5.1 TO 7.5CM	359.21	00	15									
63	12054	LAYER CLOSURE 7.6 TO 12.5CM	376.87											
67	12054	LAYER CLOSURE 7.6 TO 12.5CM	376.87	00	15									
63	12055	LAYER CLOSURE 12.6 TO 20CM	489.05											
67	12055	LAYER CLOSURE 12.6 TO 20CM	489.05	00	15									
63	12056	LAYER CLOSURE 20.1 TO 30CM	578.52											
67	12056	LAYER CLOSURE 20.1 TO 30CM	578.52	00	15									
63	12057	LAYER CLOSURE WOUND OVER 30CM	616.63											
67	12057	LAYER CLOSURE WOUND OVER 30CM	616.63	00	15									
63	13100	COMPLEX REPAIR 1.1 TO 2.5CM	346.56											
67	13100	COMPLEX REPAIR 1.1 TO 2.5CM	346.56	00	15									
63	13101	COMPLEX REPAIR 2.6 TO 7.5CM	408.48											
67	13101	COMPLEX REPAIR 2.6 TO 7.5CM	408.48	00	15									
63	13102	REPAIR WOUND/LESION ADD-ON	125.48											
67	13102	REPAIR WOUND/LESION ADD-ON	125.48	00	15									
63	13120	COMPLEX REPAIR 1.1 TO 2.5CM	362.65											
67	13120	COMPLEX REPAIR 1.1 TO 2.5CM	362.65	00	15									
63	13121	COMPLEX REPAIR 2.6 TO 7.5CM	441.06											
67	13121	COMPLEX REPAIR 2.6 TO 7.5CM	441.06	00	15									
63	13122	REPAIR WOUND/LESION ADD-ON	137.58											
67	13122	REPAIR WOUND/LESION ADD-ON	137.58	00	15									
63	13131	COMPLEX REPAIR 1.1 TO 2.5CM	399.64											
67	13131	COMPLEX REPAIR 1.1 TO 2.5CM	399.64	00	15									
63	13132	COMPLEX REPAIR 2.6 TO 7.5CM	493.44											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	13132	COMPLEX REPAIR 2.6 TO 7.5CM	493.44	00 15									
63	13133	REPAIR WOUND/LESION ADD-ON	185.52										
67	13133	REPAIR WOUND/LESION ADD-ON	185.52	00 15									
63	13151	COMPLEX REPAIR 1.1 TO 2.5CM	438.83										
67	13151	COMPLEX REPAIR 1.1 TO 2.5CM	438.83	00 15									
63	13152	COMPLEX REPAIR 2.6 TO 7.5CM	524.82										
67	13152	COMPLEX REPAIR 2.6 TO 7.5CM	524.82	00 15									
63	13153	REPAIR WOUND/LESION ADD-ON	201.77										
67	13153	REPAIR WOUND/LESION ADD-ON	201.77	00 15									
63	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	857.69										
67	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	857.69	00 15									
63	14000	TISSUE TRANSFER; DEFECT TO 10CM	646.05										
67	14000	TISSUE TRANSFER; DEFECT TO 10CM	646.05	00 15									
63	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	833.21										
67	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	833.21	00 15									
63	14020	TISSUE TRANSFER; TO 10 SQ CM	720.33										
67	14020	TISSUE TRANSFER; TO 10 SQ CM	720.33	00 15									
63	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	902.91										
67	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	902.91	00 15									
63	14040	TISSUE TRANSFER; TO 10 SQ CM	789.94										
67	14040	TISSUE TRANSFER; TO 10 SQ CM	789.94	00 15									
63	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	975.65										
67	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	975.65	00 15									
63	14060	TISSUE TRANSFER; TO 10 SQ CM	807.44										
67	14060	TISSUE TRANSFER; TO 10 SQ CM	807.44	00 15									
63	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,048.20										
67	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,048.20	00 15									
63	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,126.33										
67	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,126.33	00 15									
63	14302	ADJACENT TISSUE TRANSFER OR REARRANG	239.40									X	
67	14302	ADJACENT TISSUE TRANSFER OR REARRANG	239.40	00 15								X	
63	14350	FILLETED FINGER OR TOE FLAP	727.70										
67	14350	FILLETED FINGER OR TOE FLAP	727.70	00 15									
63	15002	WOUND PREP, TRK/ARM/LEG	361.17										
67	15002	WOUND PREP, TRK/ARM/LEG	361.17	00 15									
63	15003	SURGICAL PREPARATION OR CREATION +	77.09									X	
67	15003	SURGICAL PREPARATION OR CREATION +	77.09	00 15								X	
63	15004	WOUND PREP, F/N/HF/G	414.01										
67	15004	WOUND PREP, F/N/HF/G	414.01	00 15									
63	15005	SURGICAL PREPARATION OR CREATION +	130.26									X	
67	15005	SURGICAL PREPARATION OR CREATION +	130.26	00 15								X	
63	15040	HARVEST CULTURED SKIN GRAFT	261.21										
67	15040	HARVEST CULTURED SKIN GRAFT	261.21	00 15									
63	15050	PINCH GRAFT; DEFECT UP TO 2CM	583.66										
67	15050	PINCH GRAFT; DEFECT UP TO 2CM	583.66	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	15100	SPLIT GRAFT; UP TO 100 SQ CM	900.74											
67	15100	SPLIT GRAFT; UP TO 100 SQ CM	900.74	00	15									
63	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	192.23										X	
67	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	192.23	00	15								X	
63	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	845.20											
67	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	845.20	00	15									
63	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	125.87										X	
67	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	125.87	00	15								X	
63	15115	EPIDRM A-GRFT FACE/NCK/HF/G	836.46											
67	15115	EPIDRM A-GRFT FACE/NCK/HF/G	836.46	00	15									
63	15116	EPIDRM A-GRFT F/N/HF/G ADDL	178.98										X	
67	15116	EPIDRM A-GRFT F/N/HF/G ADDL	178.98	00	15								X	
63	15120	SPLIT GRAFT; UP TO 100 SQ CM	889.81											
67	15120	SPLIT GRAFT; UP TO 100 SQ CM	889.81	00	15									
63	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	215.54										X	
67	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	215.54	00	15								X	
63	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	695.90											
67	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	695.90	00	15									
63	15131	DERM AUTOGRAFT T/A/L ADD-ON	106.47										X	
67	15131	DERM AUTOGRAFT T/A/L ADD-ON	106.47	00	15								X	
63	15135	DERM AUTOGRAFT FACE/NCK/HF/G	899.76											
67	15135	DERM AUTOGRAFT FACE/NCK/HF/G	899.76	00	15									
63	15136	DERM AUTOGRAFT, F/N/HF/G ADD	105.45										X	
67	15136	DERM AUTOGRAFT, F/N/HF/G ADD	105.45	00	15								X	
63	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	749.35											
67	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	749.35	00	15									
63	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	131.66											
67	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	131.66	00	15									
63	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	162.45										X	
67	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	162.45	00	15								X	
63	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	840.73											
67	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	840.73	00	15									
63	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	177.84											
67	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	177.84	00	15									
63	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	197.31										X	
67	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	197.31	00	15								X	
63	15200	FULL THICK GRAFT TO 20 SQ CM	868.41											
67	15200	FULL THICK GRAFT TO 20 SQ CM	868.41	00	15									
63	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	149.29										X	
67	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	149.29	00	15								X	
63	15220	FULL THICK GRAFT TO 20 SQ CM	800.44											
67	15220	FULL THICK GRAFT TO 20 SQ CM	800.44	00	15									
63	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	139.19										X	
67	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	139.19	00	15								X	
63	15240	FULL THICK GRAFT TO 20 SQ CM	971.46											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	15240	FULL THICK GRAFT TO 20 SQ CM	971.46	00 15									
63	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	189.18									X	
67	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	189.18	00 15								X	
63	15260	FULL THICK GRAFT TO 20 SQ CM	1,052.14										
67	15260	FULL THICK GRAFT TO 20 SQ CM	1,052.14	00 15									
63	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	219.34									X	
67	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	219.34	00 15								X	
63	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	149.71										
67	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	149.71	00 15									
63	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	27.86									X	
67	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	27.86	00 15								X	
63	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	319.40										
67	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	319.40	00 15									
63	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	78.57										
67	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	78.57	00 15									
63	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	158.60										
67	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	158.60	00 15									
63	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	36.19									X	
67	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	36.19	00 15								X	
63	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	350.14										
67	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	350.14	00 15									
63	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	93.05										
67	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	93.05	00 15									
63	15570	FORMATION OF DIRECT OR TUBED PEDICLE	951.22										
67	15570	FORMATION OF DIRECT OR TUBED PEDICLE	951.22	00 15									
63	15572	FORMATION OF DIRECT OR TUBED PEDICLE	925.39										
67	15572	FORMATION OF DIRECT OR TUBED PEDICLE	925.39	00 15									
63	15574	FORMATION OF DIRECT OR TUBED PEDICLE	945.58										
67	15574	FORMATION OF DIRECT OR TUBED PEDICLE	945.58	00 15									
63	15576	FORMATION OF DIRECT OR TUBED PEDICLE	835.91										
67	15576	FORMATION OF DIRECT OR TUBED PEDICLE	835.91	00 15									
63	15600	INTERM DELAY FLAP TRUNK	328.85										
67	15600	INTERM DELAY FLAP TRUNK	328.85	00 15									
63	15610	INTERM DELAY FLAP SCALP/LIMBS	361.24										
67	15610	INTERM DELAY FLAP SCALP/LIMBS	361.24	00 15									
63	15620	INTERM DELAY FLAP CHIN/NECK/FEET	448.81										
67	15620	INTERM DELAY FLAP CHIN/NECK/FEET	448.81	00 15									
63	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	470.08										
67	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	470.08	00 15									
63	15650	TRANS INTER ANY PEDICLE FLAP	523.47										
67	15650	TRANS INTER ANY PEDICLE FLAP	523.47	00 15									
63	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,564.20										
67	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,564.20	00 15									
63	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,177.62										
67	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,177.62	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,117.04											
67	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,117.04	00	15									
63	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,632.24											
67	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,632.24	00	15									
63	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,311.05											
67	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,311.05	00	15									
63	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,403.41											
67	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,403.41	00	15									
63	15740	ISLAND PEDICLE FLAP GRAFT	1,052.58											
67	15740	ISLAND PEDICLE FLAP GRAFT	1,052.58	00	15									
63	15750	NEUROVASCULAR PEDICLE GRAFT	979.93											
67	15750	NEUROVASCULAR PEDICLE GRAFT	979.93	00	15									
63	15756	FREE MUSCLE FLAP, MICROVASC	2,481.35											
67	15756	FREE MUSCLE FLAP, MICROVASC	2,481.35	00	15									
63	15757	FREE SKIN FLAP, MICROVASC	2,456.44											
67	15757	FREE SKIN FLAP, MICROVASC	2,456.44	00	15									
63	15758	FREE FASCIAL FLAP, MICROVASC	2,475.79											
67	15758	FREE FASCIAL FLAP, MICROVASC	2,475.79	00	15									
63	15760	COMPOSITE SKIN GRAFT	884.55											
67	15760	COMPOSITE SKIN GRAFT	884.55	00	15									
63	15770	DERMA-FAT-FASCIA GRAFT	704.10											
67	15770	DERMA-FAT-FASCIA GRAFT	704.10	00	15									
63	15820	BLEPHAROPLASTY LOWER EYELIDS	586.44			X								
67	15820	BLEPHAROPLASTY LOWER EYELIDS	586.44	00	15	X								
63	15821	BLEPHAROPLASTY HERNIATED FAT PAD	628.07			X								
67	15821	BLEPHAROPLASTY HERNIATED FAT PAD	628.07	00	15	X								
63	15822	BLEPHAROPLASTY UPPER EYELID	458.86			X								
67	15822	BLEPHAROPLASTY UPPER EYELID	458.86	00	15	X								
63	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	626.53			X								
67	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	626.53	00	15	X								
63	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,258.45				X							
67	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,258.45	00	15		X							
63	15840	GRAFT FACIAL NERVE PARALYSIS	1,072.66											
67	15840	GRAFT FACIAL NERVE PARALYSIS	1,072.66	00	15									
63	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,906.31											
67	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,906.31	00	15									
63	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,913.48											
67	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,913.48	00	15									
63	15845	REANIMATION MUSCLE TRANS FACE	1,061.38											
67	15845	REANIMATION MUSCLE TRANS FACE	1,061.38	00	15									
63	15852	CHANGE DRESSING UNDER ANESTHESIA	50.48										X	
67	15852	CHANGE DRESSING UNDER ANESTHESIA	50.48	00	15								X	
63	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	117.87											
67	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	117.87	00	15									
63	15920	COCCYGECTOMY PRIMARY SUTURE	663.62											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	15920	COCCYGECTOMY PRIMARY SUTURE	663.62	00 15									
63	15922	COCCYGECTOMY FLAP CLOSURE	831.71										
67	15922	COCCYGECTOMY FLAP CLOSURE	831.71	00 15									
63	15931	EXCISE SACRAL PRESSURE ULCER	748.08										
67	15931	EXCISE SACRAL PRESSURE ULCER	748.08	00 15									
63	15933	REMOVAL OF PRESSURE SORE	915.05										
67	15933	REMOVAL OF PRESSURE SORE	915.05	00 15									
63	15934	EXCISE,WITH SKIN FLAP CLOSURE	1,014.97										
67	15934	EXCISE,WITH SKIN FLAP CLOSURE	1,014.97	00 15									
63	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,180.97										
67	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,180.97	00 15									
63	15936	EXCISE ULCER W/ OTHER FLAP CLO	963.05										
67	15936	EXCISE ULCER W/ OTHER FLAP CLO	963.05	00 15									
63	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,114.85										
67	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,114.85	00 15									
63	15940	EXC ISCHIAL ULCER DIRECT SUTURE	754.47										
67	15940	EXC ISCHIAL ULCER DIRECT SUTURE	754.47	00 15									
63	15941	EXC ISCHIAL ULCER OSTECTOMY	968.54										
67	15941	EXC ISCHIAL ULCER OSTECTOMY	968.54	00 15									
63	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	958.88										
67	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	958.88	00 15									
63	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,055.97										
67	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,055.97	00 15									
63	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,750.85										
67	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,750.85	00 15									
63	15950	EXC TROCHANTERIC ULCER DIR SUTUR	643.38										
67	15950	EXC TROCHANTERIC ULCER DIR SUTUR	643.38	00 15									
63	15951	EXC TROCHAN ULCER OSTECTOMY	936.28										
67	15951	EXC TROCHAN ULCER OSTECTOMY	936.28	00 15									
63	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	963.09										
67	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	963.09	00 15									
63	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,060.44										
67	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,060.44	00 15									
63	15956	EXC TROCH/ULC FLAP CLOSURE	1,246.04										
67	15956	EXC TROCH/ULC FLAP CLOSURE	1,246.04	00 15									
63	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,267.19										
67	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,267.19	00 15									
63	16000	INIT TREAT 1ST DEGREE BURN	73.14										
67	16000	INIT TREAT 1ST DEGREE BURN	73.14	00 15									
63	16020	DRESS/DEBRID BURN SMALL,NO ANES	83.12									X	
67	16020	DRESS/DEBRID BURN SMALL,NO ANES	83.12	00 15								X	
63	16025	DRESS/DEBRID BURN MED,NO ANESTH	155.43									X	
67	16025	DRESS/DEBRID BURN MED,NO ANESTH	155.43	00 15								X	
63	16030	DRESS/DEBRID BURN LG,NO ANESTH	196.60									X	
67	16030	DRESS/DEBRID BURN LG,NO ANESTH	196.60	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	16035	ESCHAROTOMY B	214.44											
67	16035	ESCHAROTOMY B	214.44	00	15									
63	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	89.94										X	
67	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	89.94	00	15								X	
63	17000	DESTROY LESION,FACE-1 LESION	66.47											
67	17000	DESTROY LESION,FACE-1 LESION	66.47	00	15									
63	17003	DESTROY 2-14 LESIONS	5.73										X	
67	17003	DESTROY 2-14 LESIONS	5.73	00	15								X	
63	17004	DESTROY 15 & MORE LESIONS	154.68											
67	17004	DESTROY 15 & MORE LESIONS	154.68	00	15									
63	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	354.47											
67	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	354.47	00	15									
63	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	459.96											
67	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	459.96	00	15									
63	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	669.48											
67	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	669.48	00	15									
63	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	110.49											
67	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	110.49	00	15									
63	17111	DESTRUCT LESION, 15 OR MORE	131.85											
67	17111	DESTRUCT LESION, 15 OR MORE	131.85	00	15									
63	17250	CHEMICAL CAUTERY OF WOUND	81.52											
67	17250	CHEMICAL CAUTERY OF WOUND	81.52	00	15									
63	17260	DESTRUCTION, MALIGNANT LESION, ANY M	97.93											
67	17260	DESTRUCTION, MALIGNANT LESION, ANY M	97.93	00	15									
63	17261	DESTRUCTION, MALIGNANT LESION, ANY M	147.00											
67	17261	DESTRUCTION, MALIGNANT LESION, ANY M	147.00	00	15									
63	17262	DESTRUCTION, MALIGNANT LESION, ANY M	180.08											
67	17262	DESTRUCTION, MALIGNANT LESION, ANY M	180.08	00	15									
63	17263	DESTRUCTION, MALIGNANT LESION, ANY M	196.98											
67	17263	DESTRUCTION, MALIGNANT LESION, ANY M	196.98	00	15									
63	17264	DESTRUCTION, MALIGNANT LESION, ANY M	210.67											
67	17264	DESTRUCTION, MALIGNANT LESION, ANY M	210.67	00	15									
63	17266	DESTRUCTION, MALIGNANT LESION, ANY M	240.76											
67	17266	DESTRUCTION, MALIGNANT LESION, ANY M	240.76	00	15									
63	17270	DESTRUCTION, MALIGNANT LESION, ANY M	152.43											
67	17270	DESTRUCTION, MALIGNANT LESION, ANY M	152.43	00	15									
63	17271	DESTRUCTION, MALIGNANT LESION, ANY M	168.02											
67	17271	DESTRUCTION, MALIGNANT LESION, ANY M	168.02	00	15									
63	17272	DESTRUCTION, MALIGNANT LESION, ANY M	192.14											
67	17272	DESTRUCTION, MALIGNANT LESION, ANY M	192.14	00	15									
63	17273	DESTRUCTION, MALIGNANT LESION, ANY M	214.56											
67	17273	DESTRUCTION, MALIGNANT LESION, ANY M	214.56	00	15									
63	17274	DESTRUCTION, MALIGNANT LESION, ANY M	254.22											
67	17274	DESTRUCTION, MALIGNANT LESION, ANY M	254.22	00	15									
63	17276	DESTRUCTION, MALIGNANT LESION, ANY M	295.09											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	17276	DESTRUCTION, MALIGNANT LESION, ANY M	295.09	00 15									
63	17280	DESTRUCTION, MALIGNANT LESION, ANY M	142.36										
67	17280	DESTRUCTION, MALIGNANT LESION, ANY M	142.36	00 15									
63	17281	DESTRUCTION, MALIGNANT LESION, ANY M	183.76										
67	17281	DESTRUCTION, MALIGNANT LESION, ANY M	183.76	00 15									
63	17282	DESTRUCTION, MALIGNANT LESION, ANY M	211.12										
67	17282	DESTRUCTION, MALIGNANT LESION, ANY M	211.12	00 15									
63	17283	DESTRUCTION, MALIGNANT LESION, ANY M	253.88										
67	17283	DESTRUCTION, MALIGNANT LESION, ANY M	253.88	00 15									
63	17284	DESTRUCTION, MALIGNANT LESION, ANY M	290.12										
67	17284	DESTRUCTION, MALIGNANT LESION, ANY M	290.12	00 15									
63	17286	DESTRUCTION, MALIGNANT LESION, ANY M	374.28										
67	17286	DESTRUCTION, MALIGNANT LESION, ANY M	374.28	00 15									
63	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	683.03										
67	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	683.03	00 15									
63	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	402.84										
67	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	402.84	00 15									
63	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	637.14										
67	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	637.14	00 15									
63	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	383.99										
67	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	383.99	00 15									
63	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	82.13										
67	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	82.13	00 15									
63	19000	PUNCTURE ASPIRATION BREAST CYSTS	110.99										
67	19000	PUNCTURE ASPIRATION BREAST CYSTS	110.99	00 15									
63	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	28.59									X	
67	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	28.59	00 15								X	
63	19020	MASTOTOMY/DRAIN ABSCESS DEEP	485.45										
67	19020	MASTOTOMY/DRAIN ABSCESS DEEP	485.45	00 15									
63	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	169.40										
67	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	169.40	00 15									
63	19081	Biopsy of breast accessed throught t	644.59										
67	19081	Biopsy of breast accessed throught t	644.59	00 15									
63	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	520.12									X	
67	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	520.12	00 15								X	
63	19083	Biopsy of breast accessed throught t	630.62										
67	19083	Biopsy of breast accessed throught t	630.62	00 15									
63	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	501.10									X	
67	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	501.10	00 15								X	
63	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	950.49										
67	19085	Biopsy of breast accessed throught t	950.49	00 15									
63	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	756.49									X	
67	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	756.49	00 15								X	
63	19100	BREAST BIOPSY NEEDLE	155.91									X	
67	19100	BREAST BIOPSY NEEDLE	155.91	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	19101	BREAST BIOPSY INCISIONAL	350.35											
67	19101	BREAST BIOPSY INCISIONAL	350.35	00	15									
63	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,762.57											
67	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,762.57	00	15									
63	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	506.48											
67	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	506.48	00	15									
63	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	474.42											
67	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	474.42	00	15									
63	19120	EXCISE BREAST LESIONS,1 OR MORE	528.14											
67	19120	EXCISE BREAST LESIONS,1 OR MORE	528.14	00	15									
63	19125	EXCISION OF BREAST LESION IDENTIFIED	586.45											
67	19125	EXCISION OF BREAST LESION IDENTIFIED	586.45	00	15									
63	19126	EXCISION OF BREAST LESION IDENTIFIED	180.12											
67	19126	EXCISION OF BREAST LESION IDENTIFIED	180.12	00	15									
63	19281	PLACEMENT OF BREAST LOCALIZATION DEV	245.32											
67	19281	Placement of breast localization dev	245.32	00	15									
63	19282	PLACEMENT OF BREAST LOCALIZATION DEV	169.22										X	
67	19282	PLACEMENT OF BREAST LOCALIZATION DEV	169.22	00	15								X	
63	19283	Placement of breast localization dev	273.89											
67	19283	Placement of breast localization dev	273.89	00	15									
63	19284	PLACEMENT OF BREAST LOCALIZATION DEV	205.39										X	
67	19284	PLACEMENT OF BREAST LOCALIZATION DEV	205.39	00	15								X	
63	19285	PLACEMENT OF BREAST LOCALIZATION DEV	478.08											
67	19285	Placement of breast localization dev	478.08	00	15									
63	19286	PLACEMENT OF BREAST LOCALIZATION DEV	409.54										X	
67	19286	PLACEMENT OF BREAST LOCALIZATION DEV	409.54	00	15								X	
63	19287	Placement of breast localization dev	805.68											
67	19287	Placement of breast localization dev	805.68	00	15									
63	19288	PLACEMENT OF BREAST LOCALIZATION DEV	641.06										X	
67	19288	PLACEMENT OF BREAST LOCALIZATION DEV	641.06	00	15								X	
63	19294	PREPARATION OF TUMOR CAVITY, WITH PL	179.77										X	
67	19294	PREPARATION OF TUMOR CAVITY, WITH PL	179.77	00	15								X	
63	19296	PLACE PO BREAST CATH FOR RAD	3,871.27											
67	19296	PLACE PO BREAST CATH FOR RAD	3,871.27	00	15									
63	19297	PLACE BREAST CATH FOR RAD	105.81											
67	19297	PLACE BREAST CATH FOR RAD	105.81	00	15									
63	19298	PLACE BREAST RAD TUBE/CATHS	994.25											
67	19298	PLACE BREAST RAD TUBE/CATHS	994.25	00	15									
63	19300	MASTECTOMY FOR GYNECOMASTIA	558.80					M						
67	19300	MASTECTOMY FOR GYNECOMASTIA	558.80	00	15			M						
63	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	713.43											
67	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	713.43	00	15									
63	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	983.14											
67	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	983.14	00	15									
63	19303	MASTECTOMY, SIMPLE, COMPLETE	1,048.60											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	19303	MASTECTOMY, SIMPLE, COMPLETE	1,048.60	00	15									
63	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,237.72											
67	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,237.72	00	15									
63	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,311.93											
67	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,311.93	00	15									
63	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,307.11											
67	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,307.11	00	15									
63	19316	MASTOPEXY	825.42				X	F						
63	19318	REDUCTION MAMMAPLASTY	1,175.93	18	99		X							
63	19324	MAMMAPLASTY,W/O PROSTHETIC	561.95				X	F					X	
63	19325	MAMMAPLASTY WITH PROSTHETIC	682.02				X	F					X	
63	19328	REMOVE INTACT MAMMARY IMPLANT	526.68			X		F						
67	19328	REMOVE INTACT MAMMARY IMPLANT	526.68	00	15	X		F						
63	19340	IMMEDIATE INSERTION OF BREAST PROSTH	1,061.78				X	F						
67	19340	IMMEDIATE INSERTION OF BREAST PROSTH	1,061.78	00	15		X	F						
63	19342	DELAYED INSERTION OF BREAST PROSTH	981.82				X	F						
67	19342	DELAYED INSERTION OF BREAST PROSTHES	981.82	00	15		X	F						
63	19350	NIPPLE/AREOLA RECONSTRUCTION	860.52				X						X	
67	19350	NIPPLE/AREOLA RECONSTRUCTION	860.52	00	15		X							
63	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,584.64				X	F						
67	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,584.64	00	15		X	F						
63	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,685.62				X	F						
67	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,685.62	00	15		X	F						
63	19364	RECONSTRUCTION BREAST-FREE FLAP	2,962.79				X	F						
67	19364	RECONSTRUCTION BREAST-FREE FLAP	2,962.79	00	15		X	F						
63	19366	RECONSTRUCTION BREAST-OTHER	1,515.38				X	F						
67	19366	RECONSTRUCTION BREAST-OTHER	1,515.38	00	15		X	F						
63	19367	BREAST RECONSTRUCTION	1,915.68				X	F						
67	19367	BREAST RECONSTRUCTION	1,915.68	00	15		X	F						
63	19368	BREAST RECONSTRUCTION	2,364.30				X	F						
67	19368	BREAST RECONSTRUCTION	2,364.30	00	15		X	F						
63	19369	BREAST RECONSTRUCTION	2,193.52				X	F						
67	19369	BREAST RECONSTRUCTION	2,193.52	00	15		X	F						
63	19370	PERIPROSTHETIC CAPSULECTOMY,OPEN,BRE	729.15				X							
63	19371	PERIPROSTHETIC CAPSULECTOMY,BREAST	834.60				X							
63	19380	REVISION OF RECONSTRUCTED BREAST	822.91				X							
63	19396	PREP MOULAGE FOR CUSTOM IMPLANT	293.53				X							
63	20100	EXPLORE WOUND, NECK	667.02											
67	20100	EXPLORE WOUND, NECK	667.02	00	15									
63	20101	EXPLORE WOUND, CHEST	464.12											
67	20101	EXPLORE WOUND, CHEST	464.12	00	15									
63	20102	EXPLORE WOUND, ABDOMEN	505.17											
67	20102	EXPLORE WOUND, ABDOMEN	505.17	00	15									
63	20103	EXPLORE WOUND, EXTREMITY	598.88											
67	20103	EXPLORE WOUND, EXTREMITY	598.88	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	20150	EXCISE EPIPHYSEAL BAR	1,088.65											
67	20150	EXCISE EPIPHYSEAL BAR	1,088.65	00	15									
63	20200	BIOPSY,MUSCLE,SUPERFICIAL	212.85											
67	20200	BIOPSY,MUSCLE,SUPERFICIAL	212.85	00	15									
63	20205	BIOPSY,MUSCLE,DEEP	301.50											
67	20205	BIOPSY,MUSCLE,DEEP	301.50	00	15									
63	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	233.41											
67	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	233.41	00	15									
63	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	169.61											
67	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	169.61	00	15									
63	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	510.20											
67	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	510.20	00	15									
63	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	161.97											
67	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	161.97	00	15									
63	20245	BIOPSY,EXCISIONAL,BONE,DEEP	382.22											
67	20245	BIOPSY,EXCISIONAL,BONE,DEEP	382.22	00	15									
63	20250	BIOPSY,OPEN,VERTEBRAL BODY	431.26											
67	20250	BIOPSY,OPEN,VERTEBRAL BODY	431.26	00	15									
63	20251	BIOPSY,OPEN,VERTEBRAL BODY	467.99											
67	20251	BIOPSY,OPEN,VERTEBRAL BODY	467.99	00	15									
63	20500	INJECT SINUS TRACT; THERAPEUTIC	112.11											
67	20500	INJECT SINUS TRACT; THERAPEUTIC	112.11	00	15									
63	20501	INJECT SINUS TRACT; DIAGNOSTIC	127.16											
67	20501	INJECT SINUS TRACT; DIAGNOSTIC	127.16	00	15									
63	20520	REMOVE FOREIGN BODY; SIMPLE	210.84											
67	20520	REMOVE FOREIGN BODY; SIMPLE	210.84	00	15									
63	20525	REMOVE FOREIGN BODY; COMPLICATED	485.98											
67	20525	REMOVE FOREIGN BODY; COMPLICATED	485.98	00	15									
63	20526	THER INJECTION CARPAL TUNNEL	80.75									X		
67	20526	THER INJECTION CARPAL TUNNEL	80.75	00	15							X		
63	20527	INJECTION OF ENZYME IN PALM TISSUE	87.71											
67	20527	INJECTION OF ENZYME IN PALM TISSUE	87.71	00	15									
63	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	55.65										X	
67	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	55.65	00	15								X	
63	20551	INJECT TENDON ORIGIN/INSERT	56.20									X		
67	20551	INJECT TENDON ORIGIN/INSERT	56.20	00	15							X		
63	20552	INJECT TRIGGER POINT, 1 OR 2	57.05									X		
67	20552	INJECT TRIGGER POINT, 1 OR 2	57.05	00	15							X		
63	20553	INJECT TRIGGER POINTS, > 3	65.72									X		
67	20553	INJECT TRIGGER POINTS, > 3	65.72	00	15							X		
63	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	357.25											
67	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	357.25	00	15									
63	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	50.71										X	
67	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	50.71	00	15								X	
63	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	76.42											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	76.42	00 15									
63	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	52.84									X	
67	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	52.84	00 15								X	
63	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	84.61										
67	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	84.61	00 15									
63	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	62.97									X	
67	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	62.97	00 15								X	
63	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	95.26										
67	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	95.26	00 15									
63	20612	ASPIRATE/INJ GANGLION CYST	62.23									X	
67	20612	ASPIRATE/INJ GANGLION CYST	62.23	00 15								X	
63	20615	ASPIRATE/INJECTION-BONE CYST	250.00										
67	20615	ASPIRATE/INJECTION-BONE CYST	250.00	00 15									
63	20650	SKELETAL TRACTION; WIRE OR PIN	220.11										
67	20650	SKELETAL TRACTION; WIRE OR PIN	220.11	00 15									
63	20660	APPLY TONGS OR CALIPER AND REMOVE	272.31										
67	20660	APPLY TONGS OR CALIPER AND REMOVE	272.31	00 15									
63	20661	APPLY HALO; CRANIAL	538.25										
67	20661	APPLY HALO; CRANIAL	538.25	00 15									
63	20662	APPLY HALO; PELVIC	544.48										
67	20662	APPLY HALO; PELVIC	544.48	00 15									
63	20663	APPLY HALO; FEMORAL	499.48										
67	20663	APPLY HALO; FEMORAL	499.48	00 15									
63	20664	APPLICATION OF HALO, INCLUDING REMOV	953.84										
67	20664	APPLICATION OF HALO, INCLUDING REMOV	953.84	00 15									
63	20665	REMOVE HALO OR TONGS BY OTHER MD	113.46										
67	20665	REMOVE HALO OR TONGS BY OTHER MD	113.46	00 15									
63	20670	REMOVE IMPLANT; SUPERFICIAL	373.62										
67	20670	REMOVE IMPLANT; SUPERFICIAL	373.62	00 15									
63	20680	REMOVE IMPLANT; DEEP	636.61										
67	20680	REMOVE IMPLANT; DEEP	636.61	00 15									
63	20690	APPLY ESTERNAL FIXATION SYS,STND CON	642.92										
67	20690	APPLY ESTERNAL FIXATION SYS,STND CON	642.92	00 15									
63	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,201.03										
67	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,201.03	00 15									
63	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	471.41										
67	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	471.41	00 15									
63	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	442.83										
67	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	442.83	00 15									
63	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,286.85										
67	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,286.85	00 15									
63	20802	REPLANTATION, ARM, COMPLETE	2,997.80										
67	20802	REPLANTATION, ARM, COMPLETE	2,997.80	00 15									
63	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,574.55										
67	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,574.55	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	20808	REPLANT HAND; COMPLETE AMPUTATION	4,330.88											
67	20808	REPLANT HAND; COMPLETE AMPUTATION	4,330.88	00	15									
63	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,244.98											
67	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,244.98	00	15									
63	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,923.68										X	
67	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,923.68	00	15								X	
63	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,248.38											
67	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,248.38	00	15									
63	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,976.84											
67	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,976.84	00	15									
63	20838	REPLANT FOOT; TOTAL AMPUTATION	3,033.51											
67	20838	REPLANT FOOT; TOTAL AMPUTATION	3,033.51	00	15									
63	20900	BONE GRAFT; ANY DONOR AREA, SMALL	417.41											
67	20900	BONE GRAFT; ANY DONOR AREA, SMALL	417.41	00	15									
63	20902	BONE GRAFT, ANY DONOR AREA; LARGE	308.92											
67	20902	BONE GRAFT, ANY DONOR AREA; LARGE	308.92	00	15									
63	20910	CARTILAGE GRAFT; COSTOCHONDRAL	494.92											
67	20910	CARTILAGE GRAFT; COSTOCHONDRAL	494.92	00	15									
63	20912	CARTILAGE GRAFT;NASAL SEPTUM	502.26											
67	20912	CARTILAGE GRAFT;NASAL SEPTUM	502.26	00	15									
63	20920	FASCIA LATA GRAFT;BY STRIPPER	427.12											
67	20920	FASCIA LATA GRAFT;BY STRIPPER	427.12	00	15									
63	20922	FASCIA LATA GRAFT;BY INCISION	626.03											
67	20922	FASCIA LATA GRAFT;BY INCISION	626.03	00	15									
63	20924	TENDON GRAFT; DISTANT	537.78											
67	20924	TENDON GRAFT; DISTANT	537.78	00	15									
63	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	125.81											
67	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	125.81	00	15									
63	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	780.77											
67	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	780.77	00	15									
63	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	715.75											
67	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	715.75	00	15									
63	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	780.39											
67	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	780.39	00	15									
63	20937	SPINAL BONE AUTOGRAFT	186.78											
67	20937	SPINAL BONE AUTOGRAFT	186.78	00	15									
63	20938	SPINAL BONE AUTOGRAFT	207.84											
67	20938	SPINAL BONE AUTOGRAFT	207.84	00	15									
63	20939	BONE MARROW ASPIRATION FOR BONE GRAF	72.19											
67	20939	BONE MARROW ASPIRATION FOR BONE GRAF	72.19	00	15									
63	20950	MONITOR INTERSTITIAL FLUID	259.93											
67	20950	MONITOR INTERSTITIAL FLUID	259.93	00	15									
63	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,688.67				X							
67	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,688.67	00	15		X							
63	20956	ILIAC BONE GRAFT, MICROVASC	2,884.66											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	20956	ILIAC BONE GRAFT, MICROVASC	2,884.66	00 15									
63	20957	MT BONE GRAFT, MICROVASC	2,999.12										
67	20957	MT BONE GRAFT, MICROVASC	2,999.12	00 15									
63	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,884.37			X							
67	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,884.37	00 15		X							
63	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,970.23			X							
67	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,970.23	00 15		X							
63	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,118.59			X							
67	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,118.59	00 15		X							
63	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,111.59			X							
67	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,111.59	00 15		X							
63	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,288.28			X							
67	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,288.28	00 15		X							
63	20979	US BONE STIMULATION	54.28										
67	20979	US BONE STIMULATION	54.28	00 15									
63	20982	ABLATE, BONE TUMOR(S) PERQ	3,783.76										
67	20982	ABLATE, BONE TUMOR(S) PERQ	3,783.76	00 15									
63	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,602.59										
67	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,602.59	00 15									
63	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	160.79										
67	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	160.79	00 15									
63	21010	ARTHROTOMY,JAW,UNILATERAL	820.93										
67	21010	ARTHROTOMY,JAW,UNILATERAL	820.93	00 15									
63	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	363.23										
67	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	363.23	00 15									
63	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	361.28										
67	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	361.28	00 15									
63	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	545.64										
67	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	545.64	00 15									
63	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	556.68										
67	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	556.68	00 15									
63	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	753.32										
67	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	753.32	00 15									
63	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,089.55										
67	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,089.55	00 15									
63	21025	EXCISE BONE;MANDIBLE	908.65										
67	21025	EXCISE BONE;MANDIBLE	908.65	00 15									
63	21026	EXCISE BONE(S);FACIAL	614.50										
67	21026	EXCISE BONE(S);FACIAL	614.50	00 15									
63	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	802.42										
67	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	802.42	00 15									
63	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	528.18										
67	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	528.18	00 15									
63	21031	EXCISION OF TORUS MANDIBULARIS	405.26										
67	21031	EXCISION OF TORUS MANDIBULARIS	405.26	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21032	EXCISION OF MAXILLARY TORUS PALATINU	407.81											
67	21032	EXCISION OF MAXILLARY TORUS PALATINU	407.81	00	15									
63	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,382.16											
67	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,382.16	00	15									
63	21040	EXCISE BENIGN CYST;MANDIBLE	532.03											
67	21040	EXCISE BENIGN CYST;MANDIBLE	532.03	00	15									
63	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	931.13											
67	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	931.13	00	15									
63	21045	RADICAL RESECTION OF MANDIBLE	1,307.47											
67	21045	RADICAL RESECTION OF MANDIBLE	1,307.47	00	15									
63	21046	REMOVE MANDIBLE CYST COMPLEX	1,163.18											
67	21046	REMOVE MANDIBLE CYST COMPLEX	1,163.18	00	15									
63	21047	EXCISE LWR JAW CYST W/REPAIR	1,406.49											
67	21047	EXCISE LWR JAW CYST W/REPAIR	1,406.49	00	15									
63	21048	REMOVE MAXILLA CYST COMPLEX	1,183.18											
67	21048	REMOVE MAXILLA CYST COMPLEX	1,183.18	00	15									
63	21049	EXCIS UPPR JAW CYST W/REPAIR	1,296.69											
67	21049	EXCIS UPPR JAW CYST W/REPAIR	1,296.69	00	15									
63	21050	TEMPRORMANDIBULAR ARTHRECTOMY	955.77											
67	21050	TEMPRORMANDIBULAR ARTHRECTOMY	955.77	00	15									
63	21060	TEMPOROMANDIBULAR MENISCECTOMY	871.82											
67	21060	TEMPOROMANDIBULAR MENISCECTOMY	871.82	00	15									
63	21070	CORONOIDECTOMY; UNILATERAL	676.46											
67	21070	CORONOIDECTOMY; UNILATERAL	676.46	00	15									
63	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	396.29									X		
67	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	396.29	00	15							X		
63	21076	PREPARE FACE/ORAL PROSTHESIS	1,022.96											
67	21076	PREPARE FACE/ORAL PROSTHESIS	1,022.96	00	15									
63	21077	PREPARE FACE/ORAL PROSTHESIS	2,552.60											
67	21077	PREPARE FACE/ORAL PROSTHESIS	2,552.60	00	15									
63	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,727.61											
67	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,727.61	00	15									
63	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,950.49											
67	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,950.49	00	15									
63	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,794.47											
67	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,794.47	00	15									
63	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,675.00											
67	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,675.00	00	15									
63	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,591.68											
67	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,591.68	00	15									
63	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,826.83											
67	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,826.83	00	15									
63	21085	IMPRES & CUST PREP ORAL SURG SPLINT	772.16											
67	21085	IMPRES & CUST PREP ORAL SURG SPLINT	772.16	00	15									
63	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,895.03											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,895.03	00 15									
63	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,895.03										
67	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,895.03	00 15									
63	21100	MAXILLOFACIAL FIXATION	706.05										
67	21100	MAXILLOFACIAL FIXATION	706.05	00 15									
63	21110	INTERDENTAL FIXATION	832.62										
67	21110	INTERDENTAL FIXATION	832.62	00 15									
63	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	177.83										
67	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	177.83	00 15									
63	21120	GENIOPLASTY;AUGMENTATION	688.53										
67	21120	GENIOPLASTY;AUGMENTATION	688.53	00 15									
63	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	761.62										
67	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	761.62	00 15									
63	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	815.91										
67	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	815.91	00 15									
63	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	959.79										
67	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	959.79	00 15									
63	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,884.80										
67	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,884.80	00 15									
63	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	3,892.43										
67	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	3,892.43	00 15									
63	21137	REDUCTION FOREHEAD;CONTOURING ONLY	799.94										
67	21137	REDUCTION FOREHEAD;CONTOURING ONLY	799.94	00 15									
63	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	979.50										
67	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	979.50	00 15									
63	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,188.32										
67	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,188.32	00 15									
63	21141	RECONSTRUCT MIDFACE, LEFORT	1,465.79										
67	21141	RECONSTRUCT MIDFACE, LEFORT	1,465.79	00 15									
63	21142	RECONSTRUCT MIDFACE, LEFORT	1,507.68										
67	21142	RECONSTRUCT MIDFACE, LEFORT	1,507.68	00 15									
63	21143	RECONSTRUCT MIDFACE, LEFORT	1,572.27										
67	21143	RECONSTRUCT MIDFACE, LEFORT	1,572.27	00 15									
63	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,723.87										
67	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,723.87	00 15									
63	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,796.43										
67	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,796.43	00 15									
63	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,896.42										
67	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,896.42	00 15									
63	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,777.49										
67	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,777.49	00 15									
63	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,959.14										
67	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,959.14	00 15									
63	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,108.30										
67	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,108.30	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21155	RECONSTR MIDFACE III W/LEFORT I	2,342.05											
67	21155	RECONSTR MIDFACE III W/LEFORT I	2,342.05	00	15									
63	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,813.11											
67	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,813.11	00	15									
63	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	3,053.73											
67	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	3,053.73	00	15									
63	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,330.56											
67	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,330.56	00	15									
63	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,382.50											
67	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,382.50	00	15									
63	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,633.86											
67	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,633.86	00	15									
63	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,830.28											
67	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,830.28	00	15									
63	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	788.89											
67	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	788.89	00	15									
63	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,289.34											
67	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,289.34	00	15									
63	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,495.89											
67	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,495.89	00	15									
63	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,688.07											
67	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,688.07	00	15									
63	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,787.89											
67	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,787.89	00	15									
63	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,374.11											
67	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,374.11	00	15									
63	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,579.53											
67	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,579.53	00	15									
63	21195	RECONST MAND RAMUS W/O RIGID FIX	1,515.86											
67	21195	RECONST MAND RAMUS W/O RIGID FIX	1,515.86	00	15									
63	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,563.81											
67	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,563.81	00	15									
63	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,222.32											
67	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,222.32	00	15									
63	21199	RECONSTR LWR JAW W/ADVANCE	1,160.91											
67	21199	RECONSTR LWR JAW W/ADVANCE	1,160.91	00	15									
63	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,261.32											
67	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,261.32	00	15									
63	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,768.57				X							
67	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,768.57	00	15		X							
67	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	925.48	00	15		X							
63	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	2,122.54											
67	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	2,122.54	00	15									
63	21215	BONE GRAFT; MANDIBLE	3,976.23											
67	21215	BONE GRAFT; MANDIBLE	3,976.23	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	794.19											
67	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	794.19	00	15									
63	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	751.77											
67	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	751.77	00	15									
63	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,194.90											
67	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,194.90	00	15									
63	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,112.31											
67	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,112.31	00	15									
63	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,818.58											
67	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,818.58	00	15									
63	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,104.85											
67	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,104.85	00	15									
63	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,269.95											
67	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,269.95	00	15									
63	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	946.88											
67	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	946.88	00	15									
63	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,763.61											
67	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,763.61	00	15									
63	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,138.32											
67	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,138.32	00	15									
63	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,645.54											
67	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,645.54	00	15									
63	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,500.06											
67	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,500.06	00	15									
63	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,328.72											
67	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,328.72	00	15									
63	21260	ORBITAL REVISION; EXTRACRANIAL	1,479.78											
67	21260	ORBITAL REVISION; EXTRACRANIAL	1,479.78	00	15									
63	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,636.27											
67	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,636.27	00	15									
63	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,434.29											
67	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,434.29	00	15									
63	21267	REPOSITION ORBIT; EXTRACRANIAL	1,730.87											
67	21267	REPOSITION ORBIT; EXTRACRANIAL	1,730.87	00	15									
63	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,174.37											
67	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,174.37	00	15									
63	21270	RECONSTRUCT ORBITOFACIAL BONES	1,055.20											
67	21270	RECONSTRUCT ORBITOFACIAL BONES	1,055.20	00	15									
63	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	896.63											
67	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	896.63	00	15									
63	21282	LATERAL CANTHOPEXY	398.66	16	20	X								
67	21282	LATERAL CANTHOPEXY	398.66	00	15	X								
63	21310	TREATMENT OF NASAL FRACTURE	131.26											
67	21310	TREATMENT OF NASAL FRACTURE	131.26	00	15									
63	21315	DIGITAL MANIPULATION OF NASAL FX	277.61											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	21315	DIGITAL MANIPULATION OF NASAL FX	277.61	00 15									
63	21320	MANIPULATE NASAL FX; INSTRUMENTAL	257.09										
67	21320	MANIPULATE NASAL FX; INSTRUMENTAL	257.09	00 15									
63	21325	OPEN TREATMENT NASAL FX; SIMPLE	480.96										
67	21325	OPEN TREATMENT NASAL FX; SIMPLE	480.96	00 15									
63	21330	TREATMENT NASAL FX; COMPLICATED	585.28										
67	21330	TREATMENT NASAL FX; COMPLICATED	585.28	00 15									
63	21335	OPEN TREATMENT FX NASAL SEPTUM	752.47										
67	21335	OPEN TREATMENT FX NASAL SEPTUM	752.47	00 15									
63	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	666.53										
67	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	666.53	00 15									
63	21337	CLOSED TREATMENT FX NASAL SEPTUM	415.83										
67	21337	CLOSED TREATMENT FX NASAL SEPTUM	415.83	00 15									
63	21338	OPEN TREATMENT NASOETHMOID FRACTURE	683.25										
67	21338	OPEN TREATMENT NASOETHMOID FRACTURE	683.25	00 15									
63	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	780.07										
67	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	780.07	00 15									
63	21340	TREAT NASOETHMOID COMPLEX FX	794.75										
67	21340	TREAT NASOETHMOID COMPLEX FX	794.75	00 15									
63	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,135.24										
67	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,135.24	00 15									
63	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,480.08										
67	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,480.08	00 15									
63	21345	TREAT NASOMAXILLARY COMPLEX FX	810.86										
67	21345	TREAT NASOMAXILLARY COMPLEX FX	810.86	00 15									
63	21346	OPEN TREATMENT NASOMAXILLARY FX	973.23										
67	21346	OPEN TREATMENT NASOMAXILLARY FX	973.23	00 15									
63	21347	OPEN TREATMENT NASOMAXILLARY FX	1,068.63										
67	21347	OPEN TREATMENT NASOMAXILLARY FX	1,068.63	00 15									
63	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,161.28										
67	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,161.28	00 15									
63	21355	MANIPULATE FX OF MALAR AREA	441.22										
67	21355	MANIPULATE FX OF MALAR AREA	441.22	00 15									
63	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	516.47										
67	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	516.47	00 15									
63	21360	TREAT DEPRESSED MALAR FRACTURE	540.00										
67	21360	TREAT DEPRESSED MALAR FRACTURE	540.00	00 15									
63	21365	TREAT COMPLICATED FX MALAR AREA	1,190.66										
67	21365	TREAT COMPLICATED FX MALAR AREA	1,190.66	00 15									
63	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,367.33										
67	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,367.33	00 15									
63	21385	TREAT ORBITAL FX; TRANSANTRAL	797.64										
67	21385	TREAT ORBITAL FX; TRANSANTRAL	797.64	00 15									
63	21386	TREAT ORBITAL FX; PERIORBITAL	740.20										
67	21386	TREAT ORBITAL FX; PERIORBITAL	740.20	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21387	TREAT ORBITAL FX; COMBINATION	833.01											
67	21387	TREAT ORBITAL FX; COMBINATION	833.01	00	15									
63	21390	TREAT ORBITAL FX WITH IMPLANT	846.41											
67	21390	TREAT ORBITAL FX WITH IMPLANT	846.41	00	15									
63	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,081.41											
67	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,081.41	00	15									
63	21400	TREAT FX OF ORBIT W/O MANIPULATION	204.11											
67	21400	TREAT FX OF ORBIT W/O MANIPULATION	204.11	00	15									
63	21401	TREAT FX OF ORBIT WITH MANIPULATION	524.66											
67	21401	TREAT FX OF ORBIT WITH MANIPULATION	524.66	00	15									
63	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	609.21											
67	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	609.21	00	15									
63	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	683.66											
67	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	683.66	00	15									
63	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	963.24											
67	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	963.24	00	15									
63	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	729.22											
67	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	729.22	00	15									
63	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	699.38											
67	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	699.38	00	15									
63	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	822.85											
67	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	822.85	00	15									
63	21431	TREAT CRANIOFACIAL SEPARATION	750.35											
67	21431	TREAT CRANIOFACIAL SEPARATION	750.35	00	15									
63	21432	OPEN TX CRANIOFACIAL SEPARATION	757.83											
67	21432	OPEN TX CRANIOFACIAL SEPARATION	757.83	00	15									
63	21433	COMPLICATED TX CRANIOFACIAL FX	1,872.52											
67	21433	COMPLICATED TX CRANIOFACIAL FX	1,872.52	00	15									
63	21435	COMPLICATED TX CRANIOFACIAL FX	1,505.21											
67	21435	COMPLICATED TX CRANIOFACIAL FX	1,505.21	00	15									
63	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,192.21											
67	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,192.21	00	15									
63	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	610.70											
67	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	610.70	00	15									
63	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	796.21											
67	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	796.21	00	15									
63	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	582.68											
67	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	582.68	00	15									
63	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	775.16											
67	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	775.16	00	15									
63	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	666.83											
67	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	666.83	00	15									
63	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	980.50											
67	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	980.50	00	15									
63	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	580.07											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	580.07	00 15									
63	21461	TREAT MANDIBULAR FX W/O FIXATION	2,078.43										
67	21461	TREAT MANDIBULAR FX W/O FIXATION	2,078.43	00 15									
63	21462	TREAT MANDIBULAR FX WITH FIXATION	2,222.95										
67	21462	TREAT MANDIBULAR FX WITH FIXATION	2,222.95	00 15									
63	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	964.07									X	
67	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	964.07	00 15								X	
63	21470	TREAT COMPLICATED MANDIBULAR FX	1,284.53										
67	21470	TREAT COMPLICATED MANDIBULAR FX	1,284.53	00 15									
63	21480	TX TEMPOROMANDIBULAR DISLOCATION	108.05										
67	21480	TX TEMPOROMANDIBULAR DISLOCATION	108.05	00 15									
63	21485	TEMPOROMANDIBULAR MANIPULATION	839.23										
67	21485	TEMPOROMANDIBULAR MANIPULATION	839.23	00 15									
63	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	951.07										
67	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	951.07	00 15									
63	21501	I & D DEEP ABSCESS OR HEMATOMA	474.51										
67	21501	I & D DEEP ABSCESS OR HEMATOMA	474.51	00 15									
63	21502	I & D WITH PARTIAL RIB REMOVAL	548.94										
67	21502	I & D WITH PARTIAL RIB REMOVAL	548.94	00 15									
63	21510	INCISION WITH OPENING OF BONE CORTEX	478.99										
67	21510	INCISION WITH OPENING OF BONE CORTEX	478.99	00 15									
63	21550	EXCISIONAL BIOPSY SOFT TISSUES	266.38										
67	21550	EXCISIONAL BIOPSY SOFT TISSUES	266.38	00 15									
63	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	482.38										
67	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	482.38	00 15									
63	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	791.81										
67	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	791.81	00 15									
63	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	436.93										
67	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	436.93	00 15									
63	21556	EXCISE BENIGN TUMOR; DEEP	566.64										
67	21556	EXCISE BENIGN TUMOR; DEEP	566.64	00 15									
63	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,032.61										
67	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,032.61	00 15									
63	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,463.49										
67	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,463.49	00 15									
63	21600	EXCISION OF RIB; PARTIAL	588.66										
67	21600	EXCISION OF RIB; PARTIAL	588.66	00 15									
63	21610	COSTOTRANSVERSECTOMY	1,340.61										
67	21610	COSTOTRANSVERSECTOMY	1,340.61	00 15									
63	21615	EXCISION CERVICAL RIB	671.19										
67	21615	EXCISION CERVICAL RIB	671.19	00 15									
63	21616	EXCISE RIB WITH SYMPATHECTOMY	788.86										
67	21616	EXCISE RIB WITH SYMPATHECTOMY	788.86	00 15									
63	21620	OSTECTOMY OF STERNUM; PARTIAL	544.02										
67	21620	OSTECTOMY OF STERNUM; PARTIAL	544.02	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21627	STERNAL DEBRIDEMENT	577.07											
67	21627	STERNAL DEBRIDEMENT	577.07	00	15									
63	21630	RADICAL RESECTION OF STERNUM	1,333.69											
67	21630	RADICAL RESECTION OF STERNUM	1,333.69	00	15									
63	21632	MEDIASTINAL LYMPHADENECTOMY	1,326.72											
67	21632	MEDIASTINAL LYMPHADENECTOMY	1,326.72	00	15									
63	21685	HYOID MYOTOMY & SUSPENSION	1,051.37											
67	21685	HYOID MYOTOMY & SUSPENSION	1,051.37	00	15									
63	21700	DIVISION OF SCALENUS ANTICUS	394.72											
67	21700	DIVISION OF SCALENUS ANTICUS	394.72	00	15									
63	21705	DIVIDE SCALENUS AND RESECTION RIB	595.08											
67	21705	DIVIDE SCALENUS AND RESECTION RIB	595.08	00	15									
63	21720	DIVISION STERNOCLEIDOMASTOID	570.41											
67	21720	DIVISION STERNOCLEIDOMASTOID	570.41	00	15									
63	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	578.22											
67	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	578.22	00	15									
63	21740	RECONSTRUCT PECTUS EXCAVATUM	1,140.10			X								
67	21740	RECONSTRUCT PECTUS EXCAVATUM	1,140.10	00	15	X								
63	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	750.57											
67	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	750.57	00	15									
63	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	659.18											
67	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	659.18	00	15									
63	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	807.06											
67	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	807.06	00	15									
63	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,101.70											
67	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,101.70	00	15									
63	21820	TREAT STERNUM FRACTURE; CLOSED	147.42											
67	21820	TREAT STERNUM FRACTURE; CLOSED	147.42	00	15									
63	21825	TREAT STERNUM FRACTURE; OPEN	584.49											
67	21825	TREAT STERNUM FRACTURE; OPEN	584.49	00	15									
63	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	261.07											
67	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	261.07	00	15									
63	21925	BX,SFT TISS-BACK/FLANK; DEEP	476.99											
67	21925	BX,SFT TISS-BACK/FLANK; DEEP	476.99	00	15									
63	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	503.74											
67	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	503.74	00	15									
63	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	509.30											
67	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	509.30	00	15									
63	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	716.83											
67	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	716.83	00	15									
63	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	801.54											
67	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	801.54	00	15									
63	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,117.50											
67	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,117.50	00	15									
63	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,550.00											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,550.00	00 15									
67	22010	I&D, P-SPINE, C/T/CERV-THOR	1,041.78	00 15									
63	22015	I&D, P-SPINE, L/S/LS	1,028.41										
67	22015	I&D, P-SPINE, L/S/LS	1,028.41	00 15									
63	22100	RESECT VERTEBRA,CERVICAL	931.71										
67	22100	RESECT VERTEBRA,CERVICAL	931.71	00 15									
63	22101	RESECT VERTEBRA,THORACIC	929.34										
67	22101	RESECT VERTEBRA,THORACIC	929.34	00 15									
63	22102	RESECT VERTEBRA,LUMBAR	875.99										
67	22102	RESECT VERTEBRA,LUMBAR	875.99	00 15									
63	22103	REMOVE EXTRA SPINE SEGMENT	157.25										
67	22103	REMOVE EXTRA SPINE SEGMENT	157.25	00 15									
63	22110	EXCISE CERVICAL VERTEBRA	1,142.80										
67	22110	EXCISE CERVICAL VERTEBRA	1,142.80	00 15									
63	22112	EXCISE THORACIC VERTEBRA	1,242.89										
67	22112	EXCISE THORACIC VERTEBRA	1,242.89	00 15									
63	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,242.89										
67	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,242.89	00 15									
63	22116	REMOVE EXTRA SPINE SEGMENT	158.56										
67	22116	REMOVE EXTRA SPINE SEGMENT	158.56	00 15									
63	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,717.02										
67	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,717.02	00 15									
63	22207	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,656.82										
67	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POS	2,656.82	00 15									
63	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	665.22									X	
67	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	665.22	00 15								X	
63	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,973.34										
67	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,973.34	00 15									
63	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,627.82										
67	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,627.82	00 15									
63	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,635.38										
67	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,635.38	00 15									
63	22216	REVISE, EXTRA SPINE SEGMENT	406.56										
67	22216	REVISE, EXTRA SPINE SEGMENT	406.56	00 15									
63	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,780.08										
67	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,780.08	00 15									
63	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,951.47										
67	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,951.47	00 15									
63	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,727.04										
67	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,727.04	00 15									
63	22226	REVISE, EXTRA SPINE SEGMENT	405.54										
67	22226	REVISE, EXTRA SPINE SEGMENT	405.54	00 15									
63	22310	TR VERT BODY FX/DISLOCATION EACH	326.30										
67	22310	TR VERT BODY FX/DISLOCATION EACH	326.30	00 15									
63	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	935.55										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	935.55	00 15									
63	22318	TREAT ODONTOID FX W/O GRAFT	1,819.83										
67	22318	TREAT ODONTOID FX W/O GRAFT	1,819.83	00 15									
63	22319	TREAT ODONTOID FX W/GRAFT	2,058.06										
67	22319	TREAT ODONTOID FX W/GRAFT	2,058.06	00 15									
63	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,585.51										
67	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,585.51	00 15									
63	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,651.57										
67	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,651.57	00 15									
63	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,661.26										
67	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,661.26	00 15									
63	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	317.89										
67	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	317.89	00 15									
63	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,739.13										
67	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,739.13	00 15									
63	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,718.95										
67	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,718.95	00 15									
63	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	894.08									X	
67	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	894.08	00 15								X	
63	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,702.61										
67	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,702.61	00 15									
63	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,676.91										
67	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,676.91	00 15									
63	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,872.39									X	
67	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,872.39	00 15								X	
63	22532	LAT THORAX SPINE FUSION	1,993.39										
67	22532	LAT THORAX SPINE FUSION	1,993.39	00 15									
63	22533	LAT LUMBAR SPINE FUSION	1,815.48										
67	22533	LAT LUMBAR SPINE FUSION	1,815.48	00 15									
63	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	403.44									X	
67	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	403.44	00 15								X	
63	22548	ANTHRODESIS,W/BONE GRAFT	2,208.18										
67	22548	ANTHRODESIS,W/BONE GRAFT	2,208.18	00 15									
63	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,892.04										
67	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,892.04	00 15									
63	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	448.50									X	
67	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	448.50	00 15								X	
63	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,378.40										
67	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,378.40	00 15									
63	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,845.66										
67	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,845.66	00 15									
63	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,686.88										
67	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,686.88	00 15									
63	22585	ARTHRODESIS-EACH ADD.INTERSPACE	366.64									X	
67	22585	ARTHRODESIS-EACH ADD.INTERSPACE	366.64	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,288.05											
67	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,288.05	00	15									
63	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,750.17											
67	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,750.17	00	15									
63	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,668.11											
67	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,668.11	00	15									
63	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,418.27											
67	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,418.27	00	15									
63	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,389.06											
67	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,389.06	00	15									
63	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,744.07											
67	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,744.07	00	15									
63	22614	SPINE FUSION, EXTRA SEGMENT	438.92										X	
67	22614	SPINE FUSION, EXTRA SEGMENT	438.92	00	15								X	
63	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,741.79											
67	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,741.79	00	15									
63	22632	SPINE FUSION, EXTRA SEGMENT	362.76											
67	22632	SPINE FUSION, EXTRA SEGMENT	362.76	00	15									
63	22633	FUSION OF LOWER SPINE BONES WITH REM	2,048.02				X							
67	22633	FUSION OF LOWER SPINE BONES WITH REM	2,048.02	00	15		X							
63	22634	FUSION OF LOWER SPINE BONES WITH REM	556.63											
67	22634	FUSION OF LOWER SPINE BONES WITH REM	556.63	00	15									
63	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,482.93											
67	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,482.93	00	15									
63	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,313.77											
67	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,313.77	00	15									
63	22804	FUSION OF SPINE	2,678.93											
67	22804	FUSION OF SPINE	2,678.93	00	15									
63	22808	FUSION OF SPINE	2,041.89											
67	22808	FUSION OF SPINE	2,041.89	00	15									
63	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,295.70											
67	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,295.70	00	15									
63	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,409.67											
67	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,409.67	00	15									
63	22818	KYPHECTOMY, 1-2 SEGMENTS	2,369.34											
67	22818	KYPHECTOMY, 1-2 SEGMENTS	2,369.34	00	15									
63	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,723.80											
67	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,723.80	00	15									
63	22830	EXPLORE SPINAL FUSION	888.77											
67	22830	EXPLORE SPINAL FUSION	888.77	00	15									
63	22840	POSTERIOR INSTRU(NO SEG FIX)	852.84											
67	22840	POSTERIOR INSTRU(NO SEG FIX)	852.84	00	15									
63	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	857.92											
67	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	857.92	00	15									
63	22843	INSERT SPINE FIXATION DEVICE	917.16											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	22843	INSERT SPINE FIXATION DEVICE	917.16	00 15									
63	22844	INSERT SPINE FIXATION DEVICE	1,103.56										
67	22844	INSERT SPINE FIXATION DEVICE	1,103.56	00 15									
63	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	821.35										
67	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	821.35	00 15									
63	22846	INSERT SPINE FIXATION DEVICE	852.77										
67	22846	INSERT SPINE FIXATION DEVICE	852.77	00 15									
63	22847	INSERT SPINE FIXATION DEVICE	892.99										
67	22847	INSERT SPINE FIXATION DEVICE	892.99	00 15									
63	22848	INSERT PELVIC FIXATIONDEVICE	401.92										
67	22848	INSERT PELVIC FIXATIONDEVICE	401.92	00 15									
63	22849	REINSERT SPINAL FIXATION DEVICE	1,429.41										
67	22849	REINSERT SPINAL FIXATION DEVICE	1,429.41	00 15									
63	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	790.96										
67	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	790.96	00 15									
63	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	759.01										
67	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	759.01	00 15									
63	22853	INSERTION OF INTERBODY BIOMECHANICAL	290.19									X	
67	22853	INSERTION OF INTERBODY BIOMECHANICAL	290.19	00 15								X	
63	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	376.05									X	
67	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	376.05	00 15								X	
63	22855	REMOVE ANTERIOR INSTRUMENTATION	1,219.98										
67	22855	REMOVE ANTERIOR INSTRUMENTATION	1,219.98	00 15									
63	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,814.21										
67	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,814.21	00 15									
63	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,931.55										
67	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,931.55	00 15									
63	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	574.40										
67	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	574.40	00 15									
63	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	376.05									X	
67	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	376.05	00 15								X	
63	22861	REVISION INCLUDING REPLACEMENT OF TO	2,636.73										
67	22861	REVISION INCLUDING REPLACEMENT OF TO	2,636.73	00 15									
63	22862	REVISION INCLUDING REPLACEMENT OF TO	2,061.73										
67	22862	REVISION INCLUDING REPLACEMENT OF TO	2,061.73	00 15									
63	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,344.91										
67	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,344.91	00 15									
63	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,176.81										
67	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,176.81	00 15									
63	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,064.69										
67	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,064.69	00 15									
63	22868	INSERTION OF INTERLAMINAR/INTERSPINO	271.50										
67	22868	INSERTION OF INTERLAMINAR/INTERSPINO	271.50	00 15									
63	22869	INSERTION OF INTERLAMINAR/INTERSPINO	492.48										
67	22869	INSERTION OF INTERLAMINAR/INTERSPINO	492.48	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	22870	INSERTION OF INTERLAMINAR/INTERSPINO	136.51											
67	22870	INSERTION OF INTERLAMINAR/INTERSPINO	136.51	00	15									
63	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	610.09											
67	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	610.09	00	15									
63	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	723.94											
67	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	723.94	00	15									
63	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	467.95											
67	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	467.95	00	15									
63	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	476.20											
67	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	476.20	00	15									
63	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,152.76											
67	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,152.76	00	15									
63	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,460.68											
67	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,460.68	00	15									
63	23000	REMOVE SUBDELTOID CAL DEPOSITS	575.83											
67	23000	REMOVE SUBDELTOID CAL DEPOSITS	575.83	00	15									
63	23020	RELEASE SHOULDER MUSCLE ERBS PAL	736.93											
67	23020	RELEASE SHOULDER MUSCLE ERBS PAL	736.93	00	15									
63	23030	I&D SHOULDER DEEP ABSC HEMATOMA	445.37											
67	23030	I&D SHOULDER DEEP ABSC HEMATOMA	445.37	00	15									
63	23031	I&D INFECTED SHOULDER BURSA	406.51											
67	23031	I&D INFECTED SHOULDER BURSA	406.51	00	15									
63	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	723.01											
67	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	723.01	00	15									
63	23040	ARTHROTOMY REMOVE FOREIGN BODY	766.42											
67	23040	ARTHROTOMY REMOVE FOREIGN BODY	766.42	00	15									
63	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	605.96											
67	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	605.96	00	15									
63	23065	BIOPSY SHOULDER SUPERFICIAL	229.74											
67	23065	BIOPSY SHOULDER SUPERFICIAL	229.74	00	15									
63	23066	BIOPSY OF SHOULDER DEEP	579.28											
67	23066	BIOPSY OF SHOULDER DEEP	579.28	00	15									
63	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	452.27											
67	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	452.27	00	15									
63	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	751.14											
67	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	751.14	00	15									
63	23075	EXC BENIGN SHOULDER TUMOR SUBCU	501.41											
67	23075	EXC BENIGN SHOULDER TUMOR SUBCU	501.41	00	15									
63	23076	EXC BENIGN SHOULDER TUMOR DEEP	581.41											
67	23076	EXC BENIGN SHOULDER TUMOR DEEP	581.41	00	15									
63	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,238.56											
67	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,238.56	00	15									
63	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,565.52											
67	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,565.52	00	15									
63	23100	BIOPSY SHOULDER JOINT	532.34											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	23100	BIOPSY SHOULDER JOINT	532.34	00 15									
63	23101	EXCISION TORN CARTILAGE SHOULDER JOI	485.34										
67	23101	EXCISION TORN CARTILAGE SHOULDER JOI	485.34	00 15									
63	23105	ARTHROTOMY;GLENOHUMERAL JOINT	679.29										
67	23105	ARTHROTOMY;GLENOHUMERAL JOINT	679.29	00 15									
63	23106	ARTHROTOMY;STERNOCLAVICULAR JT	528.18										
67	23106	ARTHROTOMY;STERNOCLAVICULAR JT	528.18	00 15									
63	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	705.29										
67	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	705.29	00 15									
63	23120	CLAVICULECTOMY PARTIAL	620.20										
67	23120	CLAVICULECTOMY PARTIAL	620.20	00 15									
63	23125	CLAVICULECTOMY TOTAL	760.33										
67	23125	CLAVICULECTOMY TOTAL	760.33	00 15									
63	23130	ACROMIONECTOMY PARTIAL/TOTAL	651.38										
67	23130	ACROMIONECTOMY PARTIAL/TOTAL	651.38	00 15									
63	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	588.56										
67	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	588.56	00 15									
63	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	744.75										
67	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	744.75	00 15									
63	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	663.08										
67	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	663.08	00 15									
63	23150	EXCISION TUMOR PROXIMAL HUMEROUS	702.37										
67	23150	EXCISION TUMOR PROXIMAL HUMEROUS	702.37	00 15									
63	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	852.67										
67	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	852.67	00 15									
63	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	726.58										
67	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	726.58	00 15									
63	23170	SEQUESTRECTOMY CLAVICLE	598.02										
67	23170	SEQUESTRECTOMY CLAVICLE	598.02	00 15									
63	23172	SEQUESTRECTOMY SCAPULA	604.47										
67	23172	SEQUESTRECTOMY SCAPULA	604.47	00 15									
63	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	812.91										
67	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	812.91	00 15									
63	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	706.82										
67	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	706.82	00 15									
63	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	701.30										
67	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	701.30	00 15									
63	23184	PARTIAL EXCISION PROXIMAL HUMERUS	782.94										
67	23184	PARTIAL EXCISION PROXIMAL HUMERUS	782.94	00 15									
63	23190	OSTECTOMY OF SCAPULA PATTIAL	611.41										
67	23190	OSTECTOMY OF SCAPULA PATTIAL	611.41	00 15									
63	23195	RESECTION HUMERAL HEAD	798.59										
67	23195	RESECTION HUMERAL HEAD	798.59	00 15									
63	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,640.85										
67	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,640.85	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,932.81											
67	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,932.81	00	15									
63	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,117.50											
67	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,117.50	00	15									
63	23330	REMOVE SHOULDER FOREIGN BODY	285.81											
67	23330	REMOVE SHOULDER FOREIGN BODY	285.81	00	15									
63	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	490.14										X	
67	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	490.14	00	15								X	
63	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,153.57										X	
67	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,153.57	00	15								X	
63	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,380.46										X	
67	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,380.46	00	15								X	
63	23350	INJECTION FOR SHOULDER X-RAY	140.33											
67	23350	INJECTION FOR SHOULDER X-RAY	140.33	00	15									
63	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,379.33											
67	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,379.33	00	15									
63	23397	MUSCLE TRANSFER MULTIPLE	1,221.18											
67	23397	MUSCLE TRANSFER MULTIPLE	1,221.18	00	15									
63	23400	FIXATION OF SHOULDERBLADE	1,048.26											
67	23400	FIXATION OF SHOULDERBLADE	1,048.26	00	15									
63	23405	INCISION OF TENDON & MUSCLE	659.69											
67	23405	INCISION OF TENDON & MUSCLE	659.69	00	15									
63	23406	INCISE TENDON(S) & MUSCLE(S)	826.21											
67	23406	INCISE TENDON(S) & MUSCLE(S)	826.21	00	15									
63	23410	REPAIR OF TENDON(S)	879.43											
67	23410	REPAIR OF TENDON(S)	879.43	00	15									
63	23412	REPAIR OF TENDON(S),CHRONIC	913.09											
67	23412	REPAIR OF TENDON(S),CHRONIC	913.09	00	15									
63	23415	CORACOACROMIAL LIGAMENT RELEAS	745.92											
67	23415	CORACOACROMIAL LIGAMENT RELEAS	745.92	00	15									
63	23420	REPAIR COMPLETE SHOULDER	1,041.86											
67	23420	REPAIR COMPLETE SHOULDER	1,041.86	00	15									
63	23430	REPAIR BICEPS TENDON RUPTURE	794.89											
67	23430	REPAIR BICEPS TENDON RUPTURE	794.89	00	15									
63	23440	REMOVAL/TRANSPLANT TENDON	808.10											
67	23440	REMOVAL/TRANSPLANT TENDON	808.10	00	15									
63	23450	CAPSULORRHAPHY,ANTERIOR	1,024.39											
67	23450	CAPSULORRHAPHY,ANTERIOR	1,024.39	00	15									
63	23455	CAPSULORRHAPHY;BANKART TYPE	1,074.49											
67	23455	CAPSULORRHAPHY;BANKART TYPE	1,074.49	00	15									
63	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,177.94											
67	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,177.94	00	15									
63	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,135.87											
67	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,135.87	00	15									
63	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,209.08											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,209.08	00 15									
63	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,196.08										
67	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,196.08	00 15									
63	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,294.44										
67	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,294.44	00 15									
63	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,571.46										
67	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,571.46	00 15									
63	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,755.30									X	
67	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,755.30	00 15								X	
63	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,897.46									X	
67	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,897.46	00 15								X	
63	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	883.79										
67	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	883.79	00 15									
63	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,027.26										
67	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,027.26	00 15									
63	23490	PROPHYLACTIC TREATMENT;CLAVICLE	928.01										
67	23490	PROPHYLACTIC TREATMENT;CLAVICLE	928.01	00 15									
63	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,095.20										
67	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,095.20	00 15									
63	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	226.19										
67	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	226.19	00 15									
63	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	370.04										
67	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	370.04	00 15									
63	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	767.96										
67	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	767.96	00 15									
63	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	243.80										
67	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	243.80	00 15									
63	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	403.55										
67	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	403.55	00 15									
63	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	612.14										
67	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	612.14	00 15									
63	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	667.35										
67	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	667.35	00 15									
63	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	237.27										
67	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	237.27	00 15									
63	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	358.12										
67	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	358.12	00 15									
63	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	605.52										
67	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	605.52	00 15									
63	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	697.57										
67	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	697.57	00 15									
63	23570	TREAT CLSD SCAP FX W/O MANIPULATION	240.36										
67	23570	TREAT CLSD SCAP FX W/O MANIPULATION	240.36	00 15									
63	23575	TREAT CLSD SCAPULAR W/MANIPULATION	422.62										
67	23575	TREAT CLSD SCAPULAR W/MANIPULATION	422.62	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,053.38										
67	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,053.38	00 15									
63	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	337.91										
67	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	337.91	00 15									
63	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	486.31										
67	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	486.31	00 15									
63	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	947.37										
67	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	947.37	00 15									
63	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,336.69										
67	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,336.69	00 15									
63	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	276.54										
67	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	276.54	00 15									
63	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	397.98										
67	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	397.98	00 15									
63	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	834.08										
67	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	834.08	00 15									
63	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	330.90										
67	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	330.90	00 15									
63	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	424.72										
67	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	424.72	00 15									
63	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	620.14										
67	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	620.14	00 15									
63	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	446.92										
67	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	446.92	00 15									
63	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	938.68										
67	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	938.68	00 15									
63	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	576.76										
67	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	576.76	00 15									
63	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	996.47										
67	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	996.47	00 15									
63	23700	FIXATION OF SHOULDER MANIP W/ANESTH	208.91										
67	23700	FIXATION OF SHOULDER MANIP W/ANESTH	208.91	00 15									
63	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,106.92										
67	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,106.92	00 15									
63	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,384.50										
67	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,384.50	00 15									
63	23900	AMPUTATION OF ARM & GIRDLE	1,503.40										
67	23900	AMPUTATION OF ARM & GIRDLE	1,503.40	00 15									
63	23920	AMPUTATION AT SHOULDER JOINT	1,215.80										
67	23920	AMPUTATION AT SHOULDER JOINT	1,215.80	00 15									
63	23921	AMPUTATION FOLLOW-UP SURGERY	496.56										
67	23921	AMPUTATION FOLLOW-UP SURGERY	496.56	00 15									
63	23930	DRAINAGE OF ARM LESION	365.19										
67	23930	DRAINAGE OF ARM LESION	365.19	00 15									
63	23931	DRAINAGE OF ARM BURSA	290.15										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	23931	DRAINAGE OF ARM BURSA	290.15	00 15									
63	23935	DRAIN ARM/ELBOW BONE LESION	538.88										
67	23935	DRAIN ARM/ELBOW BONE LESION	538.88	00 15									
63	24000	EXPLORATORY ELBOW SURGERY	506.16										
67	24000	EXPLORATORY ELBOW SURGERY	506.16	00 15									
63	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	763.06										
67	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	763.06	00 15									
63	24065	BIOPSY ARM/ELBOW SOFT TISSUE	264.67										
67	24065	BIOPSY ARM/ELBOW SOFT TISSUE	264.67	00 15									
63	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	650.95										
67	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	650.95	00 15									
63	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	437.39										
67	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	437.39	00 15									
63	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	749.09										
67	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	749.09	00 15									
63	24075	REMOVE ARM/ELBOW LESION	520.11										
67	24075	REMOVE ARM/ELBOW LESION	520.11	00 15									
63	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	582.95										
67	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	582.95	00 15									
63	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,125.71										
67	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,125.71	00 15									
63	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,441.74										
67	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,441.74	00 15									
63	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	443.25										
67	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	443.25	00 15									
63	24101	EXPLORE/TREAT ELBOW JOINT	530.36										
67	24101	EXPLORE/TREAT ELBOW JOINT	530.36	00 15									
63	24102	REMOVE ELBOW JOINT LINING	656.76										
67	24102	REMOVE ELBOW JOINT LINING	656.76	00 15									
63	24105	REMOVAL OF ELBOW BURSA	369.28										
67	24105	REMOVAL OF ELBOW BURSA	369.28	00 15									
63	24110	REMOVE HUMERUS LESION	623.77										
67	24110	REMOVE HUMERUS LESION	623.77	00 15									
63	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	791.92										
67	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	791.92	00 15									
63	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	928.56										
67	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	928.56	00 15									
63	24120	REMOVE ELBOW LESION	563.13										
67	24120	REMOVE ELBOW LESION	563.13	00 15									
63	24125	EXCISION BONE CYST HEAD/NECK RADIUS	663.12										
67	24125	EXCISION BONE CYST HEAD/NECK RADIUS	663.12	00 15									
63	24126	EXCISION BONE CYST HEAD/NECK RADIUS	694.26										
67	24126	EXCISION BONE CYST HEAD/NECK RADIUS	694.26	00 15									
63	24130	REMOVAL OF HEAD OF RADIUS	541.21										
67	24130	REMOVAL OF HEAD OF RADIUS	541.21	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	802.11										
67	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	802.11	00 15									
63	24136	REMOVAL LESION/RADIAL HEAD OR NECK	675.15										
67	24136	REMOVAL LESION/RADIAL HEAD OR NECK	675.15	00 15									
63	24138	REMOVE BONE LESION/OLECRANON PROCESS	721.03										
67	24138	REMOVE BONE LESION/OLECRANON PROCESS	721.03	00 15									
63	24140	PART.EXCIS.BONE/HUMERUS	749.75										
67	24140	PART.EXCIS.BONE/HUMERUS	749.75	00 15									
63	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	633.10										
67	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	633.10	00 15									
63	24147	PART.EXCIS.BONE,OLECRANON PROCESS	662.09										
67	24147	PART.EXCIS.BONE,OLECRANON PROCESS	662.09	00 15									
63	24149	RADICAL RESECTION OF ELBOW	1,257.13										
67	24149	RADICAL RESECTION OF ELBOW	1,257.13	00 15									
63	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,685.31										
67	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,685.31	00 15									
63	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,461.06										
67	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,461.06	00 15									
63	24155	RESECTION OF ELBOW JOINT	918.64										
67	24155	RESECTION OF ELBOW JOINT	918.64	00 15									
63	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,363.11										
67	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,363.11	00 15									
63	24164	REMOVAL OF HARDWARE OF FOREARM BONE	776.00										
67	24164	REMOVAL OF HARDWARE OF FOREARM BONE	776.00	00 15									
63	24200	REMOVAL OF ARM FOREIGN BODY	215.67										
67	24200	REMOVAL OF ARM FOREIGN BODY	215.67	00 15									
63	24201	REMOVAL OF ARM FOREIGN BODY DEEP	569.86										
67	24201	REMOVAL OF ARM FOREIGN BODY DEEP	569.86	00 15									
63	24220	INJECTION FOR ELBOW X-RAY	167.19										
67	24220	INJECTION FOR ELBOW X-RAY	167.19	00 15									
63	24300	MANIPULATE ELBOW W/ANESTH	436.56										
67	24300	MANIPULATE ELBOW W/ANESTH	436.56	00 15									
63	24301	MUSCLE/TENDON TRANSFER	804.13										
67	24301	MUSCLE/TENDON TRANSFER	804.13	00 15									
63	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	612.73									X	
67	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	612.73	00 15								X	
63	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	495.49									X	
67	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	495.49	00 15								X	
63	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	839.41										
67	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	839.41	00 15									
63	24330	FLEXOR-PLASTY ELBOW	770.29										
67	24330	FLEXOR-PLASTY ELBOW	770.29	00 15									
63	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	845.48										
67	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	845.48	00 15									
63	24332	TENOLYSIS, TRICEPS	653.83										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	24332	TENOLYSIS, TRICEPS	653.83	00 15									
63	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	651.56										
67	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	651.56	00 15									
63	24341	REPAIR TENDON/MUSCLE ARM	790.73										
67	24341	REPAIR TENDON/MUSCLE ARM	790.73	00 15									
63	24342	REINSERTION RUPTURED BICEPS TENDON/D	831.04										
67	24342	REINSERTION RUPTURED BICEPS TENDON/D	831.04	00 15									
63	24343	REPR ELBOW LAT LIGMNT W/TISS	754.02										
67	24343	REPR ELBOW LAT LIGMNT W/TISS	754.02	00 15									
63	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,168.46										
67	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,168.46	00 15									
63	24345	REPR ELBW MED LIGMNT W/TISS	748.46										
67	24345	REPR ELBW MED LIGMNT W/TISS	748.46	00 15									
63	24346	RECONSTRUCT ELBOW MED LIGMNT	1,181.23										
67	24346	RECONSTRUCT ELBOW MED LIGMNT	1,181.23	00 15									
63	24357	INCISION OF TENDON TO REPAIR ELBOW J	439.48										
67	24357	INCISION OF TENDON TO REPAIR ELBOW J	439.48	00 15									
63	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	555.16										
67	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	555.16	00 15									
63	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	705.06										
67	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	705.06	00 15									
63	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	969.72										
67	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	969.72	00 15									
63	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,086.12										
67	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,086.12	00 15									
63	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,144.22										
67	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,144.22	00 15									
63	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,571.20										
67	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,571.20	00 15									
63	24365	ARTHROPLASTY RADIAL HEAD	685.08										
67	24365	ARTHROPLASTY RADIAL HEAD	685.08	00 15									
63	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	727.71										
67	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	727.71	00 15									
63	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,675.54									X	
67	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,675.54	00 15								X	
63	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,926.78									X	
67	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,926.78	00 15								X	
63	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	881.88										
67	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	881.88	00 15									
63	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,140.10										
67	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,140.10	00 15									
63	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,061.62										
67	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,061.62	00 15									
63	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,134.50										
67	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,134.50	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,154.21											
67	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,154.21	00	15									
63	24470	HEMIEPIPHYSEAL ARREST	718.19											
67	24470	HEMIEPIPHYSEAL ARREST	718.19	00	15									
63	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	781.24											
67	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	781.24	00	15									
63	24498	PROPHYLACTIC TREAT...HUMERUS	930.53											
67	24498	PROPHYLACTIC TREAT...HUMERUS	930.53	00	15									
63	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	369.07											
67	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	369.07	00	15									
63	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	520.40											
67	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	520.40	00	15									
63	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	939.66											
67	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	939.66	00	15									
63	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	923.33											
67	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	923.33	00	15									
63	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	392.86											
67	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	392.86	00	15									
63	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	647.82											
67	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	647.82	00	15									
63	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	797.27											
67	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	797.27	00	15									
63	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	997.83											
67	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	997.83	00	15									
63	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,117.25											
67	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,117.25	00	15									
63	24560	TREAT CLSD EPICON FX,W/O MANIP	334.62											
67	24560	TREAT CLSD EPICON FX,W/O MANIP	334.62	00	15									
63	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	561.98											
67	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	561.98	00	15									
63	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	763.86											
67	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	763.86	00	15									
63	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	779.92											
67	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	779.92	00	15									
63	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	352.65											
67	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	352.65	00	15									
63	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	578.74											
67	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	578.74	00	15									
63	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	893.80											
67	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	893.80	00	15									
63	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	862.15											
67	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	862.15	00	15									
63	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,166.20											
67	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,166.20	00	15									
63	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,175.77											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,175.77	00 15									
63	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	385.95										
67	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	385.95	00 15									
63	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	499.58										
67	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	499.58	00 15									
63	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	762.79										
67	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	762.79	00 15									
63	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	586.40										
67	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	586.40	00 15									
63	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	717.44										
67	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	717.44	00 15									
63	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	103.57										
67	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	103.57	00 15									
63	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	267.99										
67	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	267.99	00 15									
63	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	459.96										
67	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	459.96	00 15									
63	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	693.24										
67	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	693.24	00 15									
63	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	781.95										
67	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	781.95	00 15									
63	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	298.67										
67	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	298.67	00 15									
63	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	478.16										
67	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	478.16	00 15									
63	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	694.91										
67	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	694.91	00 15									
63	24800	FUSION OF ELBOW JOINT	891.71										
67	24800	FUSION OF ELBOW JOINT	891.71	00 15									
63	24802	FUSION/GRAFT OF ELBOW JOINT	1,080.39										
67	24802	FUSION/GRAFT OF ELBOW JOINT	1,080.39	00 15									
63	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	789.33										
67	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	789.33	00 15									
63	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	788.01										
67	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	788.01	00 15									
63	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	603.75										
67	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	603.75	00 15									
63	24930	REAMPUTATION UPPER ARM	832.36										
67	24930	REAMPUTATION UPPER ARM	832.36	00 15									
63	24931	AMPUTATE UPPER ARM & IMPLANT	1,006.91										
67	24931	AMPUTATE UPPER ARM & IMPLANT	1,006.91	00 15									
63	24935	STUMP ELONGATION/REVISION UPPER ARM	1,254.62										
67	24935	STUMP ELONGATION/REVISION UPPER ARM	1,254.62	00 15									
63	25000	TENDON SHEATH INCISION; AT RADIAL ST	352.94										
67	25000	TENDON SHEATH INCISION; AT RADIAL ST	352.94	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	25001	INCISE FLEXOR CARPI RADIALIS	360.57										
67	25001	INCISE FLEXOR CARPI RADIALIS	360.57	00 15									
63	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	598.16										
67	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	598.16	00 15									
63	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,173.49										
67	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,173.49	00 15									
63	25024	DECOMPRESS FOREARM 2 SPACES	834.95										
67	25024	DECOMPRESS FOREARM 2 SPACES	834.95	00 15									
63	25025	DECOMPRESS FORARM 2 SPACES	1,302.01										
67	25025	DECOMPRESS FORARM 2 SPACES	1,302.01	00 15									
63	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	550.35										
67	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	550.35	00 15									
63	25031	INCISION/DRAINAGE INFECTED BURSA; FO	367.28										
67	25031	INCISION/DRAINAGE INFECTED BURSA; FO	367.28	00 15									
63	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	621.66										
67	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	621.66	00 15									
63	25040	EXPLORE/TREAT WRIST JOINT	597.28										
67	25040	EXPLORE/TREAT WRIST JOINT	597.28	00 15									
63	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	261.21										
67	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	261.21	00 15									
63	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	378.23										
67	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	378.23	00 15									
63	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	456.20										
67	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	456.20	00 15									
63	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	569.31										
67	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	569.31	00 15									
63	25075	EXCISE SUBCUTANEOUS TUMOR	505.58										
67	25075	EXCISE SUBCUTANEOUS TUMOR	505.58	00 15									
63	25076	EXCISE TUMOR,DEEP	550.20										
67	25076	EXCISE TUMOR,DEEP	550.20	00 15									
63	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	952.31										
67	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	952.31	00 15									
63	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,265.39										
67	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,265.39	00 15									
63	25085	INCISION OF WRIST CAPSULE	475.17										
67	25085	INCISION OF WRIST CAPSULE	475.17	00 15									
63	25100	BIOPSY OF WRIST JOINT	365.60										
67	25100	BIOPSY OF WRIST JOINT	365.60	00 15									
63	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	426.26										
67	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	426.26	00 15									
63	25105	REMOVE WRIST JOINT LINING	510.93										
67	25105	REMOVE WRIST JOINT LINING	510.93	00 15									
63	25107	ARTHROTOMY,WRIST,COMPLEX	651.53										
67	25107	ARTHROTOMY,WRIST,COMPLEX	651.53	00 15									
63	25109	EXCISION OF TENDON, FOREARM AND/OR W	570.43									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	25109	EXCISION OF TENDON, FOREARM AND/OR W	570.43	00 15								X	
63	25110	EXCISION,LESION OF TENDON SHEATH	360.45										
67	25110	EXCISION,LESION OF TENDON SHEATH	360.45	00 15									
63	25111	EXCISION GANGLION;WRIST,PRIMARY	336.31										
67	25111	EXCISION GANGLION;WRIST,PRIMARY	336.31	00 15									
63	25112	EXCISION GANGLION;WRIST,RECURRENT	409.13										
67	25112	EXCISION GANGLION;WRIST,RECURRENT	409.13	00 15									
63	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	806.36										
67	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	806.36	00 15									
63	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	634.79										
67	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	634.79	00 15									
63	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	401.03										
67	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	401.03	00 15									
63	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	522.87										
67	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	522.87	00 15									
63	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	526.43										
67	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	526.43	00 15									
63	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	632.82										
67	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	632.82	00 15									
63	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	636.97										
67	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	636.97	00 15									
63	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	470.81										
67	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	470.81	00 15									
63	25135	EXCISE BONE CYST OF CARPAL BONES W/A	594.50										
67	25135	EXCISE BONE CYST OF CARPAL BONES W/A	594.50	00 15									
63	25136	EXCISE BONE CYST OF CARPAL BONES W/H	524.49										
67	25136	EXCISE BONE CYST OF CARPAL BONES W/H	524.49	00 15									
63	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	550.62										
67	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	550.62	00 15									
63	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	602.46										
67	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	602.46	00 15									
63	25151	PARTIAL REMOVAL OF RADIUS	617.55										
67	25151	PARTIAL REMOVAL OF RADIUS	617.55	00 15									
63	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,602.04										
67	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,602.04	00 15									
63	25210	CARPECTOMY; ONE BONE	515.09										
67	25210	CARPECTOMY; ONE BONE	515.09	00 15									
63	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	656.19										
67	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	656.19	00 15									
63	25230	RADIAL STYLOIDECTOMY	458.23										
67	25230	RADIAL STYLOIDECTOMY	458.23	00 15									
63	25240	EXCISION DISTAL ULNA	452.49										
67	25240	EXCISION DISTAL ULNA	452.49	00 15									
63	25246	INJECTION FOR WRIST X-RAY	173.81										
67	25246	INJECTION FOR WRIST X-RAY	173.81	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	25248	REMOVE FOREARM FOREIGN BODY	439.43											
67	25248	REMOVE FOREARM FOREIGN BODY	439.43	00	15									
63	25250	REMOVAL OF WRIST PROSTHESIS	564.68											
67	25250	REMOVAL OF WRIST PROSTHESIS	564.68	00	15									
63	25251	REMOVE WRIST PROTH,COMPLICATED	771.78											
67	25251	REMOVE WRIST PROTH,COMPLICATED	771.78	00	15									
63	25259	MANIPULATE WRIST W/ANESTHES	434.74											
67	25259	MANIPULATE WRIST W/ANESTHES	434.74	00	15									
63	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	667.43										X	
67	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	667.43	00	15								X	
63	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	669.58										X	
67	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	669.58	00	15								X	
63	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	794.71										X	
67	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	794.71	00	15								X	
63	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	517.60										X	
67	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	517.60	00	15								X	
63	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	587.72										X	
67	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	587.72	00	15								X	
63	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	709.39										X	
67	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	709.39	00	15								X	
63	25275	REPAIR FOREARM TENDON SHEATH	711.81											
67	25275	REPAIR FOREARM TENDON SHEATH	711.81	00	15									
63	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	597.55										X	
67	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	597.55	00	15								X	
63	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	460.96										X	
67	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	460.96	00	15								X	
63	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	557.47										X	
67	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	557.47	00	15								X	
63	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	722.83											
67	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	722.83	00	15									
63	25301	TENODESIS AT WRIST; EXTENSORS OF FI	684.38											
67	25301	TENODESIS AT WRIST; EXTENSORS OF FI	684.38	00	15									
63	25310	TEND TRANSPLANT...SING.;EACH TENDON	656.59										X	
67	25310	TEND TRANSPLANT...SING.;EACH TENDON	656.59	00	15								X	
63	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	765.17										X	
67	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	765.17	00	15								X	
63	25315	REVISE PALSY HAND TENDON(S)	827.62											
67	25315	REVISE PALSY HAND TENDON(S)	827.62	00	15									
63	25316	REVISE PALSY HAND TENDON W/TENDON S	984.91											
67	25316	REVISE PALSY HAND TENDON W/TENDON S	984.91	00	15									
63	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,045.09											
67	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,045.09	00	15									
63	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	899.46											
67	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	899.46	00	15									
63	25335	CENTRALIZATION-WRIST ON ULNA	1,016.78											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	25335	CENTRALIZATION-WRIST ON ULNA	1,016.78	00 15									
63	25337	RECONSTRUCT ULNA/RADIOULNAR	947.01										
67	25337	RECONSTRUCT ULNA/RADIOULNAR	947.01	00 15									
63	25350	REVISION OF RADIUS;DISTAL THIRD	718.10										
67	25350	REVISION OF RADIUS;DISTAL THIRD	718.10	00 15									
63	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	821.84										
67	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	821.84	00 15									
63	25360	REVISION OF ULNA	697.77										
67	25360	REVISION OF ULNA	697.77	00 15									
63	25365	REVISE RADIUS & ULNA	985.97										
67	25365	REVISE RADIUS & ULNA	985.97	00 15									
63	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,084.52										
67	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,084.52	00 15									
63	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,027.35										
67	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,027.35	00 15									
63	25390	SHORTEN RADIUS/ULNA	820.83										
67	25390	SHORTEN RADIUS/ULNA	820.83	00 15									
63	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,075.25										
67	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,075.25	00 15									
63	25392	SHORTEN RADIUS & ULNA	1,093.67										
67	25392	SHORTEN RADIUS & ULNA	1,093.67	00 15									
63	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,222.48										
67	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,222.48	00 15									
63	25394	REPAIR CARPAL BONE, SHORTEN	842.43										
67	25394	REPAIR CARPAL BONE, SHORTEN	842.43	00 15									
63	25400	REPAIR RADIUS OR ULNA	859.72										
67	25400	REPAIR RADIUS OR ULNA	859.72	00 15									
63	25405	REPAIR/GRAFT RADIUS OR ULNA	1,114.55										
67	25405	REPAIR/GRAFT RADIUS OR ULNA	1,114.55	00 15									
63	25415	REPAIR RADIUS & ULNA	1,043.75										
67	25415	REPAIR RADIUS & ULNA	1,043.75	00 15									
63	25420	REPAIR/GRAFT RADIUS & ULNA	1,262.46										
67	25420	REPAIR/GRAFT RADIUS & ULNA	1,262.46	00 15									
63	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,038.42										
67	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,038.42	00 15									
63	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,214.85										
67	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,214.85	00 15									
63	25430	VASC GRAFT INTO CARPAL BONE	781.60										
67	25430	VASC GRAFT INTO CARPAL BONE	781.60	00 15									
63	25431	REPAIR NONUNION CARPAL BONE	846.68										
67	25431	REPAIR NONUNION CARPAL BONE	846.68	00 15									
63	25440	REPAIR/GRAFT WRIST BONE	820.97										
67	25440	REPAIR/GRAFT WRIST BONE	820.97	00 15									
63	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,009.99										
67	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,009.99	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	861.21										
67	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	861.21	00 15									
63	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	839.09										
67	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	839.09	00 15									
63	25444	RECONSTRUCT WRIST JOINT; LUNATE	888.01										
67	25444	RECONSTRUCT WRIST JOINT; LUNATE	888.01	00 15									
63	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	771.14										
67	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	771.14	00 15									
63	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,262.70										
67	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,262.70	00 15									
63	25449	REVISE ARTHROPLASTY,REVDVE	1,107.51										
67	25449	REVISE ARTHROPLASTY,REVDVE	1,107.51	00 15									
63	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	657.90										
67	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	657.90	00 15									
63	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	777.52										
67	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	777.52	00 15									
63	25490	PROPHYLACTIC TREATMENT/RADIUS	770.13										
67	25490	PROPHYLACTIC TREATMENT/RADIUS	770.13	00 15									
63	25491	PROPHYLACTIC TREATMENT; ULNA	793.87										
67	25491	PROPHYLACTIC TREATMENT; ULNA	793.87	00 15									
63	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	973.41										
67	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	973.41	00 15									
63	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	283.76										
67	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	283.76	00 15									
63	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	520.15										
67	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	520.15	00 15									
63	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	712.56										
67	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	712.56	00 15									
63	25520	CLOSED TREATMENT OF BROKEN FOREARM A	601.43										
67	25520	CLOSED TREATMENT OF BROKEN FOREARM A	601.43	00 15									
63	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	841.35										
67	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	841.35	00 15									
63	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,026.02										
67	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,026.02	00 15									
63	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	268.02										
67	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	268.02	00 15									
63	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	511.99										
67	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	511.99	00 15									
63	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	661.14										
67	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	661.14	00 15									
63	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	289.15										
67	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	289.15	00 15									
63	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	537.58										
67	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	537.58	00 15									
63	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	717.79										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	717.79	00 15									
63	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	964.21										
67	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	964.21	00 15									
63	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	337.26										
67	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	337.26	00 15									
63	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	565.07										
67	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	565.07	00 15									
63	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	703.96										
67	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	703.96	00 15									
63	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	781.63										
67	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	781.63	00 15									
63	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	879.33										
67	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	879.33	00 15									
63	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,120.73										
67	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,120.73	00 15									
63	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	313.39										
67	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	313.39	00 15									
63	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	502.06										
67	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	502.06	00 15									
63	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	766.55										
67	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	766.55	00 15									
63	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	314.56									X	
67	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	314.56	00 15								X	
63	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	478.13									X	
67	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	478.13	00 15								X	
63	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	608.02									X	
67	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	608.02	00 15								X	
63	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	332.88										
67	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	332.88	00 15									
63	25651	PIN ULNAR STYLOID FRACTURE	511.65										
67	25651	PIN ULNAR STYLOID FRACTURE	511.65	00 15									
63	25652	TREAT FRACTURE ULNAR STYLOID	662.14										
67	25652	TREAT FRACTURE ULNAR STYLOID	662.14	00 15									
63	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	433.55										
67	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	433.55	00 15									
63	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	644.21										
67	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	644.21	00 15									
63	25671	PIN RADIOULNAR DISLOCATION	558.71										
67	25671	PIN RADIOULNAR DISLOCATION	558.71	00 15									
63	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	455.54										
67	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	455.54	00 15									
63	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	668.91										
67	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	668.91	00 15									
63	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	552.64										
67	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	552.64	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	789.76										
67	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	789.76	00 15									
63	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	511.18										
67	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	511.18	00 15									
63	25695	OPEN TREATMENT LUNATE DISLOCATION	678.25										
67	25695	OPEN TREATMENT LUNATE DISLOCATION	678.25	00 15									
63	25800	FUSION OF WRIST JOINT	779.53										
67	25800	FUSION OF WRIST JOINT	779.53	00 15									
63	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	908.89										
67	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	908.89	00 15									
63	25810	FUSION WRIST JOINT; W/DISTANT BONE	925.52										
67	25810	FUSION WRIST JOINT; W/DISTANT BONE	925.52	00 15									
63	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	654.64										
67	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	654.64	00 15									
63	25825	INTERCARPAL FUSION;W/ BONEGRAFT	807.73										
67	25825	INTERCARPAL FUSION;W/ BONEGRAFT	807.73	00 15									
63	25830	FUSION RADIOULNAR JNT/ULNA	991.37										
67	25830	FUSION RADIOULNAR JNT/ULNA	991.37	00 15									
63	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	758.40										
67	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	758.40	00 15									
63	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	751.71										
67	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	751.71	00 15									
63	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	654.96										
67	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	654.96	00 15									
63	25909	REAMPUTATION FOREARM SURGERY	733.93										
67	25909	REAMPUTATION FOREARM SURGERY	733.93	00 15									
63	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,268.67										
67	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,268.67	00 15									
63	25920	DISARTICULATION THROUGH WRIST	747.75										
67	25920	DISARTICULATION THROUGH WRIST	747.75	00 15									
63	25922	DISARTICULATION WRIST;SECOND CLOSURE	654.70										
67	25922	DISARTICULATION WRIST;SECOND CLOSURE	654.70	00 15									
63	25924	REAMPUTATION WRIST SURGERY	729.55										
67	25924	REAMPUTATION WRIST SURGERY	729.55	00 15									
63	25927	TRANSMETACARPAL AMPUTATION	851.11										
67	25927	TRANSMETACARPAL AMPUTATION	851.11	00 15									
63	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	637.22										
67	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	637.22	00 15									
63	25931	AMPUTATION FOLLOW-UP SURGERY	779.36										
67	25931	AMPUTATION FOLLOW-UP SURGERY	779.36	00 15									
63	26010	DRAINAGE OF FINGER ABSCESS	272.57										
67	26010	DRAINAGE OF FINGER ABSCESS	272.57	00 15									
63	26011	DRAIN FINGER ABSCESS; COMPLICATED	404.87										
67	26011	DRAIN FINGER ABSCESS; COMPLICATED	404.87	00 15									
63	26020	DRAIN HAND TENDON SHEATH	457.51										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	26020	DRAIN HAND TENDON SHEATH	457.51	00 15									
63	26025	DRAINAGE OF PALM BURSA	444.94										
67	26025	DRAINAGE OF PALM BURSA	444.94	00 15									
63	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	520.04										
67	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	520.04	00 15									
63	26034	TREAT HAND BONE LESION	574.40										
67	26034	TREAT HAND BONE LESION	574.40	00 15									
63	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	917.58										
67	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	917.58	00 15									
63	26037	DECOMPRESSIVE FASCIOTOMY, HAND	602.01										
67	26037	DECOMPRESSIVE FASCIOTOMY, HAND	602.01	00 15									
63	26040	RELEASE OF TISSUES OF PALM, ACCESSED	326.80										
67	26040	RELEASE OF TISSUES OF PALM, ACCESSED	326.80	00 15									
63	26045	PARTIAL RELEASE OF TISSUES OF PALM,	496.44										
67	26045	PARTIAL RELEASE OF TISSUES OF PALM,	496.44	00 15									
63	26055	INCISE FINGER TENDON SHEATH	570.31									X	
67	26055	INCISE FINGER TENDON SHEATH	570.31	00 15								X	
63	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	268.36									X	
67	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	268.36	00 15								X	
63	26070	EXPLORE/TREAT HAND JOINT	336.61										
67	26070	EXPLORE/TREAT HAND JOINT	336.61	00 15									
63	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	351.36										
67	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	351.36	00 15									
63	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	411.39									X	
67	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	411.39	00 15								X	
63	26100	BIOPSY HAND JOINT LINING	353.25										
67	26100	BIOPSY HAND JOINT LINING	353.25	00 15									
63	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	355.92										
67	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	355.92	00 15									
63	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	338.08									X	
67	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	338.08	00 15								X	
63	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	442.59										
67	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	442.59	00 15									
63	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	581.12										
67	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	581.12	00 15									
63	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	530.58										
67	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	530.58	00 15									
63	26116	EXCISION BENIGN TUMOR,HAND; DEEP	558.11										
67	26116	EXCISION BENIGN TUMOR,HAND; DEEP	558.11	00 15									
63	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	793.34										
67	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	793.34	00 15									
63	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,126.39										
67	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,126.39	00 15									
63	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	634.22										
67	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	634.22	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	886.58										
67	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	886.58	00 15									
63	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	297.99									X	
67	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	297.99	00 15								X	
63	26130	REMOVE WRIST JOINT LINING	484.45										
67	26130	REMOVE WRIST JOINT LINING	484.45	00 15									
63	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	583.82									X	
67	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	583.82	00 15								X	
63	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	534.69									X	
67	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	534.69	00 15								X	
63	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	543.75									X	
67	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	543.75	00 15								X	
63	26160	REMOVE TENDON SHEATH LESION	589.45										
67	26160	REMOVE TENDON SHEATH LESION	589.45	00 15									
63	26170	EXCISE TENDON,PALM...EACH	428.04									X	
67	26170	EXCISE TENDON,PALM...EACH	428.04	00 15								X	
63	26180	EXCISION OF TENDON,FINGER,FLEXOR	468.52										
67	26180	EXCISION OF TENDON,FINGER,FLEXOR	468.52	00 15									
63	26185	REMOVE FINGER BONE	582.82										
67	26185	REMOVE FINGER BONE	582.82	00 15									
63	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	475.77										
67	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	475.77	00 15									
63	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	643.71										
67	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	643.71	00 15									
63	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	467.17										
67	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	467.17	00 15									
63	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	601.12										
67	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	601.12	00 15									
63	26230	PARTIAL REMOVAL OF HAND BONE	528.09										
67	26230	PARTIAL REMOVAL OF HAND BONE	528.09	00 15									
63	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	521.71										
67	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	521.71	00 15									
63	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	466.21										
67	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	466.21	00 15									
63	26250	RADICAL RESECTION FOR TUMOR,HAND	1,151.66										
67	26250	RADICAL RESECTION FOR TUMOR,HAND	1,151.66	00 15									
63	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	861.48										
67	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	861.48	00 15									
63	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	675.46										
67	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	675.46	00 15									
63	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	365.79										
67	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	365.79	00 15									
63	26340	MANIPULATE FINGER W/ANESTH	346.64									X	
67	26340	MANIPULATE FINGER W/ANESTH	346.64	00 15								X	
63	26341	MANIPULATION OF PALM PRETENDINOUS CO	104.53										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	26341	MANIPULATION OF PALM PRETENDINOUS CO	104.53	00 15									
63	26350	REPAIR OF FINGER TENDON	721.96									X	
67	26350	REPAIR OF FINGER TENDON	721.96	00 15								X	
63	26352	REPAIR OF FINGER TENDON WITH GRAFT	837.06									X	
67	26352	REPAIR OF FINGER TENDON WITH GRAFT	837.06	00 15								X	
63	26356	REPAIR OF FINGER TENDON	837.20									X	
67	26356	REPAIR OF FINGER TENDON	837.20	00 15								X	
63	26357	REPAIR OF FINGER TENDON	944.04									X	
67	26357	REPAIR OF FINGER TENDON	944.04	00 15								X	
63	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,048.03									X	
67	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,048.03	00 15								X	
63	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	770.52									X	
67	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	770.52	00 15								X	
63	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	910.68									X	
67	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	910.68	00 15								X	
63	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	871.98									X	
67	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	871.98	00 15								X	
63	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	868.93										
67	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	868.93	00 15									
63	26392	REMOVAL ROD AND INSERTION OF TENDON	1,007.17										
67	26392	REMOVAL ROD AND INSERTION OF TENDON	1,007.17	00 15									
63	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	570.89									X	
67	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	570.89	00 15								X	
63	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	690.47									X	
67	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	690.47	00 15								X	
63	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	839.68										
67	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	839.68	00 15									
63	26416	REMOVE TUBE/ROD,INSERT GRAFT...	916.07										
67	26416	REMOVE TUBE/ROD,INSERT GRAFT...	916.07	00 15									
63	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	581.33									X	
67	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	581.33	00 15								X	
63	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	722.01									X	
67	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	722.01	00 15								X	
63	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	530.64										
67	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	530.64	00 15									
63	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	776.39										
67	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	776.39	00 15									
63	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	502.57										
67	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	502.57	00 15									
63	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	536.24										
67	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	536.24	00 15									
63	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	664.03										
67	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	664.03	00 15									
63	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	636.24										
67	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	636.24	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	625.06									X	
67	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	625.06	00 15								X	
63	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	986.79									X	
67	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	986.79	00 15								X	
63	26445	TENOLYSIS,EXT TEND...;EACH TENDON	577.72									X	
67	26445	TENOLYSIS,EXT TEND...;EACH TENDON	577.72	00 15								X	
63	26449	TENOLYSIS,COMP,EXT TENDON.....	733.98										
67	26449	TENOLYSIS,COMP,EXT TENDON.....	733.98	00 15									
63	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	413.67									X	
67	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	413.67	00 15								X	
63	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	410.26									X	
67	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	410.26	00 15								X	
63	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	401.09									X	
67	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	401.09	00 15								X	
63	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	627.99										
67	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	627.99	00 15									
63	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	614.72										
67	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	614.72	00 15									
63	26476	TEND LENGTHEN,EXT...SINGLE, EACH	605.60									X	
67	26476	TEND LENGTHEN,EXT...SINGLE, EACH	605.60	00 15								X	
63	26477	TEND SHORTEN,EXT...SINGLE,EACH	590.42									X	
67	26477	TEND SHORTEN,EXT...SINGLE,EACH	590.42	00 15								X	
63	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	641.28									X	
67	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	641.28	00 15								X	
63	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	762.23									X	
67	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	762.23	00 15								X	
63	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	860.70									X	
67	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	860.70	00 15								X	
63	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	822.98									X	
67	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	822.98	00 15								X	
63	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	966.60									X	
67	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	966.60	00 15								X	
63	26490	REVISE THUMB TENDON	824.34										
67	26490	REVISE THUMB TENDON	824.34	00 15									
63	26492	REVISE THUMB TENDON W/GRAFT	918.24										
67	26492	REVISE THUMB TENDON W/GRAFT	918.24	00 15									
63	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	828.13										
67	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	828.13	00 15									
63	26496	REVISE THUMB TENDON; OTHER METHODS	886.27										
67	26496	REVISE THUMB TENDON; OTHER METHODS	886.27	00 15									
63	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	899.53										
67	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	899.53	00 15									
63	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,201.47										
67	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,201.47	00 15									
63	26499	CORRECTION CLAW FINGER,OTHER METHODS	861.21		X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	26499	CORRECTION CLAW FINGER,OTHER METHODS	861.21	00 15	X								
63	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	632.87										
67	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	632.87	00 15									
63	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	731.92										
67	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	731.92	00 15									
63	26508	RELEASE THUMB CONTRACTURE	643.48									X	
67	26508	RELEASE THUMB CONTRACTURE	643.48	00 15								X	
63	26510	CROSS INTRINSIC TRANSFER	605.00										
67	26510	CROSS INTRINSIC TRANSFER	605.00	00 15									
63	26516	FUSION OF KNUCKLE JOINT	717.64										
67	26516	FUSION OF KNUCKLE JOINT	717.64	00 15									
63	26517	FUSION KNUCKLE JOINT,TWO DIGITS	855.48										
67	26517	FUSION KNUCKLE JOINT,TWO DIGITS	855.48	00 15									
63	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	867.20									X	
67	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	867.20	00 15								X	
63	26520	CAPSULECTOMY/OTOMY....;EACH	654.42									X	
67	26520	CAPSULECTOMY/OTOMY....;EACH	654.42	00 15								X	
63	26525	CAPSULECTOMY/OTOMY...;EACH	657.61									X	
67	26525	CAPSULECTOMY/OTOMY...;EACH	657.61	00 15								X	
63	26530	ARTHROPLASTY,META...;SINGLE,EACH	569.49									X	
67	26530	ARTHROPLASTY,META...;SINGLE,EACH	569.49	00 15								X	
63	26531	ARTHROPLASTY,META..;PROSTH...EACH	662.59									X	
67	26531	ARTHROPLASTY,META..;PROSTH...EACH	662.59	00 15								X	
63	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	453.70									X	
67	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	453.70	00 15								X	
63	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	724.83									X	
67	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	724.83	00 15								X	
63	26540	REPAIR COLLATERAL LIGAMENT	672.01									X	
67	26540	REPAIR COLLATERAL LIGAMENT	672.01	00 15								X	
63	26541	RECONSTRUCT/GRAFT HAND JOINT	824.70									X	
67	26541	RECONSTRUCT/GRAFT HAND JOINT	824.70	00 15								X	
63	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	695.77										
67	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	695.77	00 15									
63	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	727.52									X	
67	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	727.52	00 15								X	
63	26546	REPAIR NON-UNION HAND	1,026.02										
67	26546	REPAIR NON-UNION HAND	1,026.02	00 15									
63	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	780.11									X	
67	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	780.11	00 15								X	
63	26550	CONSTRUCT THUMB REPLACEMENT	1,738.12									X	
67	26550	CONSTRUCT THUMB REPLACEMENT	1,738.12	00 15								X	
63	26551	GREAT TOE-HAND TRANSFER	3,545.53										
67	26551	GREAT TOE-HAND TRANSFER	3,545.53	00 15									
63	26553	SINGLE TOE-HAND TRANSFER	3,521.59										
67	26553	SINGLE TOE-HAND TRANSFER	3,521.59	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	26554	DOUBLE TOE-HAND TRANSFER	4,116.36											
67	26554	DOUBLE TOE-HAND TRANSFER	4,116.36	00	15									
63	26555	POSITIONAL CHANGE OF FINGER	1,440.05											
67	26555	POSITIONAL CHANGE OF FINGER	1,440.05	00	15									
63	26556	TOE JOINT TRANSFER	3,658.25											
67	26556	TOE JOINT TRANSFER	3,658.25	00	15									
63	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	603.29										X	
67	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	603.29	00	15								X	
63	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	986.51										X	
67	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	986.51	00	15								X	
63	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,410.85										X	
67	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,410.85	00	15								X	
63	26565	CORRECT METACARPAL FLAW	691.95										X	
67	26565	CORRECT METACARPAL FLAW	691.95	00	15								X	
63	26567	CORRECT FINGER DEFORMITY	698.10										X	
67	26567	CORRECT FINGER DEFORMITY	698.10	00	15								X	
63	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	927.37											
67	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	927.37	00	15									
63	26580	REPAIR HAND DEFORMITY	1,598.55										X	
67	26580	REPAIR HAND DEFORMITY	1,598.55	00	15								X	
63	26587	REPAIR SUPERNUMERARY DIGIT	1,118.02										X	
67	26587	REPAIR SUPERNUMERARY DIGIT	1,118.02	00	15								X	
63	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,488.48										X	
67	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,488.48	00	15								X	
63	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	441.64										X	
67	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	441.64	00	15								X	
63	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	799.11											
67	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	799.11	00	15									
63	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	301.54										X	
67	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	301.54	00	15								X	
63	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	333.49										X	
67	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	333.49	00	15								X	
63	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	495.26										X	
67	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	495.26	00	15								X	
63	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	502.52											
67	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	502.52	00	15									
63	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	607.74										X	
67	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	607.74	00	15								X	
63	26641	TREAT THUMB DISLOCATION W/MANIPU	390.19										X	
67	26641	TREAT THUMB DISLOCATION W/MANIPU	390.19	00	15								X	
63	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	450.13										X	
67	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	450.13	00	15								X	
63	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	502.22										X	
67	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	502.22	00	15								X	
63	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	662.80										X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	662.80	00 15								X	
63	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	358.63										
67	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	358.63	00 15									
63	26675	TREAT HAND DISLOCATION W/ANESTHESIA	478.31										
67	26675	TREAT HAND DISLOCATION W/ANESTHESIA	478.31	00 15									
63	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	528.52										
67	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	528.52	00 15									
63	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	606.48										
67	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	606.48	00 15									
63	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	665.74										
67	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	665.74	00 15									
63	26700	TREAT KNUCKLE DISLOCATION	342.19										
67	26700	TREAT KNUCKLE DISLOCATION	342.19	00 15									
63	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	435.34										
67	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	435.34	00 15									
63	26706	PERC.PINNING,CLOSED METACARPOPHALANG	465.20										
67	26706	PERC.PINNING,CLOSED METACARPOPHALANG	465.20	00 15									
63	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	604.37										
67	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	604.37	00 15									
63	26720	TREAT CLSD FX;W/O MANIP, EACH	201.86									X	
67	26720	TREAT CLSD FX;W/O MANIP, EACH	201.86	00 15								X	
63	26725	TREAT CLSD FX;W/ MANIP, EACH	350.31									X	
67	26725	TREAT CLSD FX;W/ MANIP, EACH	350.31	00 15								X	
63	26727	TREAT FX,MANIP,TRACT/FIX, EACH	495.05									X	
67	26727	TREAT FX,MANIP,TRACT/FIX, EACH	495.05	00 15								X	
63	26735	OPEN TREAT....W/W/O FIX, EACH	629.56									X	
67	26735	OPEN TREAT....W/W/O FIX, EACH	629.56	00 15								X	
63	26740	TREAT CLSD ART FX...W/O MANIP,EACH	236.22									X	
67	26740	TREAT CLSD ART FX...W/O MANIP,EACH	236.22	00 15								X	
63	26742	TREAT CLSD ART FX....W/ MANIP, EACH	386.46									X	
67	26742	TREAT CLSD ART FX....W/ MANIP, EACH	386.46	00 15								X	
63	26746	OPEN TX,CLSD/OPEN FX...EACH	789.12									X	
67	26746	OPEN TX,CLSD/OPEN FX...EACH	789.12	00 15								X	
63	26750	TREAT CLSD FX...W/O MANIP, EACH	189.45									X	
67	26750	TREAT CLSD FX...W/O MANIP, EACH	189.45	00 15								X	
63	26755	TREAT CLSD FX...W/ MANIP, EACH	325.63									X	
67	26755	TREAT CLSD FX...W/ MANIP, EACH	325.63	00 15								X	
63	26756	TREAT CLSD FX..;W/PERC PIN, EACH	436.68									X	
67	26756	TREAT CLSD FX..;W/PERC PIN, EACH	436.68	00 15								X	
63	26765	OPEN TX,CLSD/OPEN FX..;EACH	526.90									X	
67	26765	OPEN TX,CLSD/OPEN FX..;EACH	526.90	00 15								X	
63	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	288.64										
67	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	288.64	00 15									
63	26775	TRMT OF SAME W/ ANESTION	398.30										
67	26775	TRMT OF SAME W/ ANESTION	398.30	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	464.46											
67	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	464.46	00	15									
63	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	577.09											
67	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	577.09	00	15									
63	26820	THUMB FUSION WITH GRAFT	814.50											
67	26820	THUMB FUSION WITH GRAFT	814.50	00	15									
63	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	744.11											
67	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	744.11	00	15									
63	26842	ARTHRODESIS OF THUMB W/ GRAFT	805.13										X	
67	26842	ARTHRODESIS OF THUMB W/ GRAFT	805.13	00	15								X	
63	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	762.69											
67	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	762.69	00	15									
63	26844	ARTHRODESIS OF DIGITS W/ GRAFT	849.04											
67	26844	ARTHRODESIS OF DIGITS W/ GRAFT	849.04	00	15									
63	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	708.14											
67	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	708.14	00	15									
63	26852	ARTHRODESIS KNUCKLE W/ GRAFT	817.75											
67	26852	ARTHRODESIS KNUCKLE W/ GRAFT	817.75	00	15									
63	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	572.50											
67	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	572.50	00	15									
63	26861	ARTHRODESIS...EACH ADD JOINT	112.64										X	
67	26861	ARTHRODESIS...EACH ADD JOINT	112.64	00	15								X	
63	26862	FUSION/GRAFT OF FINGER JOINT	744.23											
67	26862	FUSION/GRAFT OF FINGER JOINT	744.23	00	15									
63	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	252.08										X	
67	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	252.08	00	15								X	
63	26910	AMPUTATE METACARPAL BONE	745.99										X	
67	26910	AMPUTATE METACARPAL BONE	745.99	00	15								X	
63	26951	AMPUTATION OF FINGER/THUMB	665.94										X	
67	26951	AMPUTATION OF FINGER/THUMB	665.94	00	15								X	
63	26952	WITH LOCAL ADVANCEMENT FLAPS	660.05										X	
67	26952	WITH LOCAL ADVANCEMENT FLAPS	660.05	00	15								X	
63	26990	DRAINAGE OF PELVIS LESION	677.13											
67	26990	DRAINAGE OF PELVIS LESION	677.13	00	15									
63	26991	DRAINAGE OF PELVIS BURSA	733.68											
67	26991	DRAINAGE OF PELVIS BURSA	733.68	00	15									
63	26992	DRAINAGE OF BONE LESION	1,037.57											
67	26992	DRAINAGE OF BONE LESION	1,037.57	00	15									
63	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	431.15											
67	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	431.15	00	15									
63	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	572.27											
67	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	572.27	00	15									
63	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	637.18											
67	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	637.18	00	15									
63	27005	TENOTOMY, ILIOPSOAS, OPEN	773.01											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	27005	TENOTOMY, ILIOPSOAS, OPEN	773.01	00 15									
63	27006	TENOTOMY, ABDUCTORS, OPEN	770.27										
67	27006	TENOTOMY, ABDUCTORS, OPEN	770.27	00 15									
63	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	981.81										
67	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	981.81	00 15									
63	27027	INCISION OF TISSUE OF MUSCLE COMPART	950.54										
67	27027	INCISION OF TISSUE OF MUSCLE COMPART	950.54	00 15									
63	27030	ARTHROTOMY OF HIP FOR DRAINAGE	1,009.83										
67	27030	ARTHROTOMY OF HIP FOR DRAINAGE	1,009.83	00 15									
63	27033	HIP ARTHROTOMY FOR EXPLORATION	1,047.10										
67	27033	HIP ARTHROTOMY FOR EXPLORATION	1,047.10	00 15									
63	27035	DENERVATION OF HIP JOINT	1,200.36										
67	27035	DENERVATION OF HIP JOINT	1,200.36	00 15									
63	27036	EXCISION OF HIP JOINT/MUSCLE	1,087.52										
67	27036	EXCISION OF HIP JOINT/MUSCLE	1,087.52	00 15									
63	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	352.11										
67	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	352.11	00 15									
63	27041	DEEP BIOPSY OF SOFT TISSUES	750.63										
67	27041	DEEP BIOPSY OF SOFT TISSUES	750.63	00 15									
63	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	508.74										
67	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	508.74	00 15									
63	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	802.45										
67	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	802.45	00 15									
63	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	497.55										
67	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	497.55	00 15									
63	27048	DEEP TUMOR EXCISION, HIP-PELVIS	659.09										
67	27048	DEEP TUMOR EXCISION, HIP-PELVIS	659.09	00 15									
63	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,458.97										
67	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,458.97	00 15									
63	27050	BIOPSY OF SACROILLIAC JOINT	425.68										
67	27050	BIOPSY OF SACROILLIAC JOINT	425.68	00 15									
63	27052	BIOPSY OF HIP JOINT	616.86										
67	27052	BIOPSY OF HIP JOINT	616.86	00 15									
63	27054	REMOVAL OF HIP JOINT LINING	732.30										
67	27054	REMOVAL OF HIP JOINT LINING	732.30	00 15									
63	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,096.62										
67	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,096.62	00 15									
63	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,987.50										
67	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,987.50	00 15									
63	27060	REMOVAL OF ISCHIAL BURSA	494.50										
67	27060	REMOVAL OF ISCHIAL BURSA	494.50	00 15									
63	27062	EXCISION TROCHANTERIC BURSA	484.46										
67	27062	EXCISION TROCHANTERIC BURSA	484.46	00 15									
63	27065	EXCISION OF BONE CYST OR BENIGN TUMO	551.66										
67	27065	EXCISION OF BONE CYST OR BENIGN TUMO	551.66	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	27066	EXCISION OF BONE CYST OR BENIGN TUMO	860.08										
67	27066	EXCISION OF BONE CYST OR BENIGN TUMO	860.08	00 15									
63	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,115.03										
67	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,115.03	00 15									
63	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	915.74										
67	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	915.74	00 15									
63	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	989.24										
67	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	989.24	00 15									
63	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,286.11										
67	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,286.11	00 15									
63	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,772.03										
67	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,772.03	00 15									
63	27077	INNOMINATE BONE-TOTAL	3,096.36										
67	27077	INNOMINATE BONE-TOTAL	3,096.36	00 15									
63	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,253.87										
67	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,253.87	00 15									
63	27080	COCCYGECTOMY	548.99										
67	27080	COCCYGECTOMY	548.99	00 15									
63	27086	REMOVE HIP FOREIGN BODY	306.40										
67	27086	REMOVE HIP FOREIGN BODY	306.40	00 15									
63	27087	DEEP ODY	659.91										
67	27087	DEEP ODY	659.91	00 15									
63	27090	REMOVAL OF HIP PROSTHESIS	891.88										
67	27090	REMOVAL OF HIP PROSTHESIS	891.88	00 15									
63	27091	COMPLICATED HESIS	1,728.36										
67	27091	COMPLICATED HESIS	1,728.36	00 15									
63	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	201.71										
67	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	201.71	00 15									
63	27095	WITH ANES RAY	267.99										
67	27095	WITH ANES RAY	267.99	00 15									
63	27096	INJECTION PROCEDURE FOR SACROILIAC J	162.82										
67	27096	INJECTION PROCEDURE FOR SACROILIAC J	162.82	00 15									
63	27097	HAMSTRING RECESSION PROXIMAL	731.26										
67	27097	HAMSTRING RECESSION PROXIMAL	731.26	00 15									
63	27098	ADDUCTOR TRANSFER TO ISCHIUM	743.14										
67	27098	ADDUCTOR TRANSFER TO ISCHIUM	743.14	00 15									
63	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	879.91										
67	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	879.91	00 15									
63	27105	TRANSFER PARASPINAL MUSCLE TO HIP	931.89										
67	27105	TRANSFER PARASPINAL MUSCLE TO HIP	931.89	00 15									
63	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,045.21										
67	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,045.21	00 15									
63	27111	TO FEMORAL NECK S MUSCLE	968.84										
67	27111	TO FEMORAL NECK S MUSCLE	968.84	00 15									
63	27120	ACETABULOPLASTY P SOCKET	1,407.80										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	27120	ACETABULOPLASTY P SOCKET	1,407.80	00 15									
63	27122	RESECTION FEMORAL HEAD	1,187.35										
67	27122	RESECTION FEMORAL HEAD	1,187.35	00 15									
63	27125	HEMIARTHROPLASTY; PROSTHESIS	1,223.46										
67	27125	HEMIARTHROPLASTY; PROSTHESIS	1,223.46	00 15									
63	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,466.44										
67	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,466.44	00 15									
63	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,813.84										
67	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,813.84	00 15									
63	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,080.44										
67	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,080.44	00 15									
63	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,595.13										
67	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,595.13	00 15									
63	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,658.03										
67	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,658.03	00 15									
63	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	957.27										
67	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	957.27	00 15									
63	27146	OSTEOTOMY, ILIAC	1,378.95										
67	27146	OSTEOTOMY, ILIAC	1,378.95	00 15									
63	27147	WITH OPEN REDUCTION OF HIP	1,593.94										
67	27147	WITH OPEN REDUCTION OF HIP	1,593.94	00 15									
63	27151	WITH FEMORAL OSTEOTOMY	1,725.99										
67	27151	WITH FEMORAL OSTEOTOMY	1,725.99	00 15									
63	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,862.62										
67	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,862.62	00 15									
63	27158	OSTEOTOMY, PELVIS, BILATERAL	1,520.12										
67	27158	OSTEOTOMY, PELVIS, BILATERAL	1,520.12	00 15									
63	27161	INCISION OF NECK OF FEMUR	1,308.72										
67	27161	INCISION OF NECK OF FEMUR	1,308.72	00 15									
63	27165	INCISION/FIXATION OF FEMUR	1,475.26										
67	27165	INCISION/FIXATION OF FEMUR	1,475.26	00 15									
63	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,267.29										
67	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,267.29	00 15									
63	27175	TREAT SLIPPED EPIPHYSIS	716.68										
67	27175	TREAT SLIPPED EPIPHYSIS	716.68	00 15									
63	27176	BY SINGLE OR MULITPLE PINNING, IN SI	989.75										
67	27176	BY SINGLE OR MULITPLE PINNING, IN SI	989.75	00 15									
63	27177	REPAIR SLIPPED EPIPHYSIS	1,203.96										
67	27177	REPAIR SLIPPED EPIPHYSIS	1,203.96	00 15									
63	27178	CLOSED MANIPULATION YSIS	989.75										
67	27178	CLOSED MANIPULATION YSIS	989.75	00 15									
63	27179	OSTEOPLASTY OF FEMORAL NECK	1,054.36										
67	27179	OSTEOPLASTY OF FEMORAL NECK	1,054.36	00 15									
63	27181	OSTEOTOMY & INTERNAL FIXATION	1,212.40										
67	27181	OSTEOTOMY & INTERNAL FIXATION	1,212.40	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	770.29										
67	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	770.29	00 15									
63	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,069.41										
67	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,069.41	00 15									
63	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	131.55										
67	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	131.55	00 15									
63	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	324.68										
67	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	324.68	00 15									
63	27200	TRMT OF CLOSED COCCYGEAL FX	191.27										
67	27200	TRMT OF CLOSED COCCYGEAL FX	191.27	00 15									
63	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	569.80										
67	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	569.80	00 15									
63	27220	TREAT HIP SOCKET FRACTURE	565.70										
67	27220	TREAT HIP SOCKET FRACTURE	565.70	00 15									
63	27222	WITH MANIPULATION CTURE	1,047.20										
67	27222	WITH MANIPULATION CTURE	1,047.20	00 15									
63	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,139.70										
67	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,139.70	00 15									
63	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,800.42										
67	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,800.42	00 15									
63	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	2,043.86										
67	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	2,043.86	00 15									
63	27230	TRMT OF CLOSED FEMORAL FX	505.87										
67	27230	TRMT OF CLOSED FEMORAL FX	505.87	00 15									
63	27232	WITH MANIPULATION MUR	805.49									X	
67	27232	WITH MANIPULATION MUR	805.49	00 15								X	
63	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	979.44										
67	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	979.44	00 15									
63	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,290.18										
67	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,290.18	00 15									
63	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	489.30										
67	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	489.30	00 15									
63	27240	WITH MANIPULATION RACTURE	1,030.47										
67	27240	WITH MANIPULATION RACTURE	1,030.47	00 15									
63	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,328.87										
67	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,328.87	00 15									
63	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,328.08										
67	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,328.08	00 15									
63	27246	TRMT OF CLOSED GREATER TROCHANTERIC	410.09										
67	27246	TRMT OF CLOSED GREATER TROCHANTERIC	410.09	00 15									
63	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	800.80										
67	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	800.80	00 15									
63	27250	TREAT HIP DISLOCATION	199.19										
67	27250	TREAT HIP DISLOCATION	199.19	00 15									
63	27252	REQUIRING ANES N	814.26										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	27252	REQUIRING ANES N	814.26	00 15									
63	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	1,014.85										
67	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	1,014.85	00 15									
63	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,365.29										
67	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,365.29	00 15									
63	27256	TRMT OF CONGENITAL HIP DISLOCATION	323.37										
67	27256	TRMT OF CONGENITAL HIP DISLOCATION	323.37	00 15									
63	27257	WITH MANIPULATION REQUIRING ANES	392.63										
67	27257	WITH MANIPULATION REQUIRING ANES	392.63	00 15									
63	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,201.19										
67	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,201.19	00 15									
63	27259	W/ FEMORAL SHAFT SHORTENING	1,680.91										
67	27259	W/ FEMORAL SHAFT SHORTENING	1,680.91	00 15									
63	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	424.03										
67	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	424.03	00 15									
63	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	621.62										
67	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	621.62	00 15									
63	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	458.69										
67	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	458.69	00 15									
63	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	576.66										
67	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	576.66	00 15									
63	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,344.12										
67	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,344.12	00 15									
63	27275	MANIPULATION OF HIP JOINT	194.30										
67	27275	MANIPULATION OF HIP JOINT	194.30	00 15									
63	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	748.62										
67	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	748.62	00 15									
63	27280	FUSION OF SACROILIAC JOINT	1,483.89										
67	27280	FUSION OF SACROILIAC JOINT	1,483.89	00 15									
63	27282	FUSION OF PUBIC BONES	920.52										
67	27282	FUSION OF PUBIC BONES	920.52	00 15									
63	27284	FUSION OF HIP JOINT	1,759.64										
67	27284	FUSION OF HIP JOINT	1,759.64	00 15									
63	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,793.54										
67	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,793.54	00 15									
63	27290	AMPUTATION OF LEG AT HIP	1,764.27										
67	27290	AMPUTATION OF LEG AT HIP	1,764.27	00 15									
63	27295	DISARTICULATION OF HIP	1,369.07										
67	27295	DISARTICULATION OF HIP	1,369.07	00 15									
63	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	704.42										
67	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	704.42	00 15									
63	27303	INCISION, DEEP W/ OPENING OF BONE CO	684.19										
67	27303	INCISION, DEEP W/ OPENING OF BONE CO	684.19	00 15									
63	27305	FASCIOTOMY & FASCIA	510.80										
67	27305	FASCIOTOMY & FASCIA	510.80	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27306	TENOTOMY, SINGLE NDON	363.59											
67	27306	TENOTOMY, SINGLE NDON	363.59	00	15									
63	27307	MULTIPLE NDONS	510.42											
67	27307	MULTIPLE NDONS	510.42	00	15									
63	27310	ARTHROTOMY, KNEE JOINT	782.40											
67	27310	ARTHROTOMY, KNEE JOINT	782.40	00	15									
63	27323	BIOPSY THIGH SOFT TISSUES	283.83											
67	27323	BIOPSY THIGH SOFT TISSUES	283.83	00	15									
63	27324	BIOPSY THIGH SOFT TISSUES	429.36											
67	27324	BIOPSY THIGH SOFT TISSUES	429.36	00	15									
63	27325	NEURECTOMY, HAMSTRING MUSCLE	596.27											
67	27325	NEURECTOMY, HAMSTRING MUSCLE	596.27	00	15									
63	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	548.85											
67	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	548.85	00	15									
63	27327	REMOVAL OF THIGH LESION	486.69											
67	27327	REMOVAL OF THIGH LESION	486.69	00	15									
63	27328	REMOVAL OF THIGH LESION	672.46											
67	27328	REMOVAL OF THIGH LESION	672.46	00	15									
63	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,125.46											
67	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,125.46	00	15									
63	27330	BIOPSY KNEE JOINT LINING	441.48											
67	27330	BIOPSY KNEE JOINT LINING	441.48	00	15									
63	27331	EXPLORE/TREAT KNEE JOINT	504.55											
67	27331	EXPLORE/TREAT KNEE JOINT	504.55	00	15									
63	27332	REMOVAL OF KNEE CARTILAGE	687.77											
67	27332	REMOVAL OF KNEE CARTILAGE	687.77	00	15									
63	27333	REMOVAL OF KNEE CARTILAGE	624.80											
67	27333	REMOVAL OF KNEE CARTILAGE	624.80	00	15									
63	27334	REMOVE KNEE JOINT LINING	731.31											
67	27334	REMOVE KNEE JOINT LINING	731.31	00	15									
63	27335	REMOVE KNEE JOINT LINING	817.01											
67	27335	REMOVE KNEE JOINT LINING	817.01	00	15									
63	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	451.25											
67	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	451.25	00	15									
63	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	815.42											
67	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	815.42	00	15									
63	27340	REMOVAL OF KNEECAP BURSA	392.09											
67	27340	REMOVAL OF KNEECAP BURSA	392.09	00	15									
63	27345	REMOVAL OF CYST OF MEMBRANE COVERING	510.18											
67	27345	REMOVAL OF CYST OF MEMBRANE COVERING	510.18	00	15									
63	27347	REMOVE KNEE CYST	561.18											
67	27347	REMOVE KNEE CYST	561.18	00	15									
63	27350	REMOVAL OF KNEECAP	693.36											
67	27350	REMOVAL OF KNEECAP	693.36	00	15									
63	27355	REMOVE FEMUR LESION	644.78											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	27355	REMOVE FEMUR LESION	644.78	00 15									
63	27356	REMOVE FEMUR LESION/GRAFT	793.84										
67	27356	REMOVE FEMUR LESION/GRAFT	793.84	00 15									
63	27357	REMOVE FEMUR LESION/GRAFT	871.52										
67	27357	REMOVE FEMUR LESION/GRAFT	871.52	00 15									
63	27358	WITH INTERNAL FIXATION	306.35										
67	27358	WITH INTERNAL FIXATION	306.35	00 15									
63	27360	PARTIAL REMOVAL LEG BONE(S)	918.37										
67	27360	PARTIAL REMOVAL LEG BONE(S)	918.37	00 15									
63	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,704.85										
67	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,704.85	00 15									
63	27365	EXTENSIVE LEG SURGERY	2,242.98										
67	27365	EXTENSIVE LEG SURGERY	2,242.98	00 15									
63	27369	INJECTION PROCEDURE FOR CONTRAST KNE	142.39										
67	27369	INJECTION PROCEDURE FOR CONTRAST KNE	142.39	00 15									
63	27372	REMOVAL OF FOREIGN BODY	614.80										
67	27372	REMOVAL OF FOREIGN BODY	614.80	00 15									
63	27380	REPAIR OF KNEECAP TENDON	633.49										
67	27380	REPAIR OF KNEECAP TENDON	633.49	00 15									
63	27381	REPAIR/GRAFT KNEECAP TENDON	854.41										
67	27381	REPAIR/GRAFT KNEECAP TENDON	854.41	00 15									
63	27385	REPAIR OF THIGH MUSCLE	610.55										
67	27385	REPAIR OF THIGH MUSCLE	610.55	00 15									
63	27386	REPAIR/GRAFT OF THIGH MUSCLE	889.36										
67	27386	REPAIR/GRAFT OF THIGH MUSCLE	889.36	00 15									
63	27390	INCISION OF THIGH TENDON	476.57										
67	27390	INCISION OF THIGH TENDON	476.57	00 15									
63	27391	INCISION OF THIGH TENDONS	609.61										
67	27391	INCISION OF THIGH TENDONS	609.61	00 15									
63	27392	INCISION OF THIGH TENDONS	763.34										
67	27392	INCISION OF THIGH TENDONS	763.34	00 15									
63	27393	LENGTHENING OF THIGH TENDON	543.24										
67	27393	LENGTHENING OF THIGH TENDON	543.24	00 15									
63	27394	LENGTHENING OF THIGH TENDONS	684.28										
67	27394	LENGTHENING OF THIGH TENDONS	684.28	00 15									
63	27395	LENGTHENING OF THIGH TENDONS	945.25										
67	27395	LENGTHENING OF THIGH TENDONS	945.25	00 15									
63	27396	TRANSPLANT OF THIGH TENDON	658.87										
67	27396	TRANSPLANT OF THIGH TENDON	658.87	00 15									
63	27397	TRANSPLANTS OF THIGH TENDONS	984.29										
67	27397	TRANSPLANTS OF THIGH TENDONS	984.29	00 15									
63	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	743.53										
67	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	743.53	00 15									
63	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	684.24										
67	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	684.24	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27405	REPAIR OF KNEE LIGAMENT	721.52											
67	27405	REPAIR OF KNEE LIGAMENT	721.52	00	15									
63	27407	REPAIR OF KNEE LIGAMENT	851.94											
67	27407	REPAIR OF KNEE LIGAMENT	851.94	00	15									
63	27409	REPAIR OF KNEE LIGAMENTS	1,041.43											
67	27409	REPAIR OF KNEE LIGAMENTS	1,041.43	00	15									
63	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,792.43											
67	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,792.43	00	15									
63	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,456.14			X								
67	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,456.14	00	15	X								
63	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,059.06			X								
67	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,059.06	00	15	X								
63	27418	PLASTY FOR CHONDROMALACIA PATELLAE	887.84											
67	27418	PLASTY FOR CHONDROMALACIA PATELLAE	887.84	00	15									
63	27420	REVISION OF UNSTABLE KNEECAP	795.32											
67	27420	REVISION OF UNSTABLE KNEECAP	795.32	00	15									
63	27422	REVISION OF UNSTABLE KNEECAP	795.10											
67	27422	REVISION OF UNSTABLE KNEECAP	795.10	00	15									
63	27424	REVISION/REMOVAL OF KNEECAP	802.89											
67	27424	REVISION/REMOVAL OF KNEECAP	802.89	00	15									
63	27425	LATERAL RETINACULAR RELEASE ANY METH	475.94											
67	27425	LATERAL RETINACULAR RELEASE ANY METH	475.94	00	15									
63	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	761.26											
67	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	761.26	00	15									
63	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,200.44											
67	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,200.44	00	15									
63	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,349.65											
67	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,349.65	00	15									
63	27430	REVISION OF THIGH MUSCLES	790.54											
67	27430	REVISION OF THIGH MUSCLES	790.54	00	15									
63	27435	INCISION OF KNEE JOINT	863.45											
67	27435	INCISION OF KNEE JOINT	863.45	00	15									
63	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	706.73											
67	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	706.73	00	15									
63	27438	REVISE KNEECAP WITH IMPLANT	900.20											
67	27438	REVISE KNEECAP WITH IMPLANT	900.20	00	15									
63	27440	REVISION OF KNEE JOINT	857.53											
67	27440	REVISION OF KNEE JOINT	857.53	00	15									
63	27441	REVISION OF KNEE JOINT	887.19											
67	27441	REVISION OF KNEE JOINT	887.19	00	15									
63	27442	REVISION OF KNEE JOINT	933.06											
67	27442	REVISION OF KNEE JOINT	933.06	00	15									
63	27443	REVISION OF KNEE JOINT	870.99											
67	27443	REVISION OF KNEE JOINT	870.99	00	15									
63	27445	REVISE KNEE JOINT, IMPLANT	1,352.04											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	27445	REVISE KNEE JOINT, IMPLANT	1,352.04	00 15									
63	27446	TOTAL KNEE REPLACEMENT	1,252.30										
67	27446	TOTAL KNEE REPLACEMENT	1,252.30	00 15									
63	27447	TOTAL KNEE REPLACEMENT	1,465.76										
67	27447	TOTAL KNEE REPLACEMENT	1,465.76	00 15									
63	27448	INCISION OF FEMUR	834.07										
67	27448	INCISION OF FEMUR	834.07	00 15									
63	27450	INCISION OF FEMUR	1,093.63										
67	27450	INCISION OF FEMUR	1,093.63	00 15									
63	27454	REALIGNMENT OF FEMUR	1,405.64										
67	27454	REALIGNMENT OF FEMUR	1,405.64	00 15									
63	27455	REALIGNMENT OF KNEE	1,018.91										
67	27455	REALIGNMENT OF KNEE	1,018.91	00 15									
63	27457	REALIGNMENT OF KNEE	1,040.48										
67	27457	REALIGNMENT OF KNEE	1,040.48	00 15									
63	27465	SHORTENING OF FEMUR	1,356.53										
67	27465	SHORTENING OF FEMUR	1,356.53	00 15									
63	27466	LENGTHENING OF FEMUR	1,280.64										
67	27466	LENGTHENING OF FEMUR	1,280.64	00 15									
63	27468	REVISION OF FEMURS	1,454.39										
67	27468	REVISION OF FEMURS	1,454.39	00 15									
63	27470	REPAIR OF FEMUR	1,268.14										
67	27470	REPAIR OF FEMUR	1,268.14	00 15									
63	27472	REPAIR/GRAFT OF FEMUR	1,362.97										
67	27472	REPAIR/GRAFT OF FEMUR	1,362.97	00 15									
63	27475	REPAIR OF FEMUR EPIPHYSIS	709.36										
67	27475	REPAIR OF FEMUR EPIPHYSIS	709.36	00 15									
63	27477	REPAIR LOWER LEG EPIPHYSES	788.39										
67	27477	REPAIR LOWER LEG EPIPHYSES	788.39	00 15									
63	27479	REPAIR OF LEG EPIPHYSES	992.41										
67	27479	REPAIR OF LEG EPIPHYSES	992.41	00 15									
63	27485	REPAIR OF LEG EPIPHYSIS	719.53										
67	27485	REPAIR OF LEG EPIPHYSIS	719.53	00 15									
63	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,518.18										
67	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,518.18	00 15									
63	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,904.66										
67	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,904.66	00 15									
63	27488	REMOVAL OF KNEE PROSTHESIS	1,295.00										
67	27488	REMOVAL OF KNEE PROSTHESIS	1,295.00	00 15									
63	27495	PROPHYLACTIC TREAT. FEMUR	1,215.86										
67	27495	PROPHYLACTIC TREAT. FEMUR	1,215.86	00 15									
63	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	577.97										
67	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	577.97	00 15									
63	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	622.69										
67	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	622.69	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	700.33											
67	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	700.33	00	15									
63	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	749.98											
67	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	749.98	00	15									
63	27500	TREATMENT OF FEMUR FRACTURE	548.71											
67	27500	TREATMENT OF FEMUR FRACTURE	548.71	00	15									
63	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	535.92											
67	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	535.92	00	15									
63	27502	TREATMENT OF FEMUR FRACTURE	817.03											
67	27502	TREATMENT OF FEMUR FRACTURE	817.03	00	15									
63	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	858.40											
67	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	858.40	00	15									
63	27506	REPAIR OF FEMUR FRACTURE	1,443.60											
67	27506	REPAIR OF FEMUR FRACTURE	1,443.60	00	15									
63	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,050.01											
67	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,050.01	00	15									
63	27508	TREATMENT OF FEMUR FRACTURE	550.74											
67	27508	TREATMENT OF FEMUR FRACTURE	550.74	00	15									
63	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	687.30											
67	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	687.30	00	15									
63	27510	TREATMENT OF FEMUR FRACTURE	731.81											
67	27510	TREATMENT OF FEMUR FRACTURE	731.81	00	15									
63	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,078.85											
67	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,078.85	00	15									
63	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,345.97											
67	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,345.97	00	15									
63	27514	REPAIR OF FEMUR FRACTURE	1,047.02											
67	27514	REPAIR OF FEMUR FRACTURE	1,047.02	00	15									
63	27516	TREATMENT OF FEMUR EPIPHYSIS	536.54											
67	27516	TREATMENT OF FEMUR EPIPHYSIS	536.54	00	15									
63	27517	TREATMENT OF FEMUR EPIPHYSIS	734.45											
67	27517	TREATMENT OF FEMUR EPIPHYSIS	734.45	00	15									
63	27519	REPAIR OF FEMUR EPIPHYSIS	966.87											
67	27519	REPAIR OF FEMUR EPIPHYSIS	966.87	00	15									
63	27520	TREAT KNEECAP FRACTURE	332.76											
67	27520	TREAT KNEECAP FRACTURE	332.76	00	15									
63	27524	REPAIR OF KNEECAP FRACTURE	805.57											
67	27524	REPAIR OF KNEECAP FRACTURE	805.57	00	15									
63	27530	TREATMENT OF KNEE FRACTURE	310.64											
67	27530	TREATMENT OF KNEE FRACTURE	310.64	00	15									
63	27532	TREATMENT OF KNEE FRACTURE	652.19											
67	27532	TREATMENT OF KNEE FRACTURE	652.19	00	15									
63	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	970.92											
67	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	970.92	00	15									
63	27536	REPAIR OF KNEE FRACTURE	1,282.07											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	27536	REPAIR OF KNEE FRACTURE	1,282.07	00 15									
63	27538	TREAT KNEE FRACTURE(S)	498.81										
67	27538	TREAT KNEE FRACTURE(S)	498.81	00 15									
63	27540	REPAIR OF KNEE FRACTURE	872.12										
67	27540	REPAIR OF KNEE FRACTURE	872.12	00 15									
63	27550	TREAT KNEE DISLOCATION	545.69										
67	27550	TREAT KNEE DISLOCATION	545.69	00 15									
63	27552	TREAT KNEE DISLOCATION	668.01										
67	27552	TREAT KNEE DISLOCATION	668.01	00 15									
63	27556	REPAIR OF KNEE DISLOCATION	950.58										
67	27556	REPAIR OF KNEE DISLOCATION	950.58	00 15									
63	27557	REPAIR OF KNEE DISLOCATION	1,138.42										
67	27557	REPAIR OF KNEE DISLOCATION	1,138.42	00 15									
63	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,299.40										
67	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,299.40	00 15									
63	27560	TREAT KNEECAP DISLOCATION	382.27										
67	27560	TREAT KNEECAP DISLOCATION	382.27	00 15									
63	27562	TREAT KNEECAP DISLOCATION	515.06										
67	27562	TREAT KNEECAP DISLOCATION	515.06	00 15									
63	27566	REPAIR KNEECAP DISLOCATION	963.56										
67	27566	REPAIR KNEECAP DISLOCATION	963.56	00 15									
63	27570	FIXATION OF KNEE JOINT	159.68										
67	27570	FIXATION OF KNEE JOINT	159.68	00 15									
63	27580	FUSION OF KNEE	1,554.03										
67	27580	FUSION OF KNEE	1,554.03	00 15									
63	27590	AMPUTATE LEG AT THIGH	874.66										
67	27590	AMPUTATE LEG AT THIGH	874.66	00 15									
63	27591	AMPUTATE LEG AT THIGH	1,043.58										
67	27591	AMPUTATE LEG AT THIGH	1,043.58	00 15									
63	27592	AMPUTATE LEG AT THIGH	744.56										
67	27592	AMPUTATE LEG AT THIGH	744.56	00 15									
63	27594	AMPUTATION FOLLOW-UP SURGERY	547.70										
67	27594	AMPUTATION FOLLOW-UP SURGERY	547.70	00 15									
63	27596	AMPUTATION FOLLOW-UP SURGERY	783.56										
67	27596	AMPUTATION FOLLOW-UP SURGERY	783.56	00 15									
63	27598	AMPUTATE LOWER LEG AT KNEE	774.95										
67	27598	AMPUTATE LOWER LEG AT KNEE	774.95	00 15									
63	27600	DECOMPRESSION OF LOWER LEG	437.90										
67	27600	DECOMPRESSION OF LOWER LEG	437.90	00 15									
63	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	476.38										
67	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	476.38	00 15									
63	27602	DECOMPRESSION OF LOWER LEG	529.00										
67	27602	DECOMPRESSION OF LOWER LEG	529.00	00 15									
63	27603	DRAIN LOWER LEG LESION	552.78										
67	27603	DRAIN LOWER LEG LESION	552.78	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	27604	DRAIN LOWER LEG BURSA	492.05										
67	27604	DRAIN LOWER LEG BURSA	492.05	00 15									
63	27605	INCISION OF ACHILLES TENDON	352.14										
67	27605	INCISION OF ACHILLES TENDON	352.14	00 15									
63	27606	INCISION OF ACHILLES TENDON	298.10										
67	27606	INCISION OF ACHILLES TENDON	298.10	00 15									
63	27607	TREAT LOWER LEG BONE LESION	651.96										
67	27607	TREAT LOWER LEG BONE LESION	651.96	00 15									
63	27610	EXPLORE/TREAT ANKLE JOINT	695.81										
67	27610	EXPLORE/TREAT ANKLE JOINT	695.81	00 15									
63	27612	EXPLORATION OF ANKLE JOINT	604.40										
67	27612	EXPLORATION OF ANKLE JOINT	604.40	00 15									
63	27613	BIOPSY LOWER LEG SOFT TISSUE	257.56										
67	27613	BIOPSY LOWER LEG SOFT TISSUE	257.56	00 15									
63	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	598.25										
67	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	598.25	00 15									
63	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,110.36										
67	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,110.36	00 15									
63	27616	REMOVAL (5 CENTIMETERS OR GREATRE) T	1,380.63										
67	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	1,380.63	00 15									
63	27618	REMOVE LOWER LEGLES ION	476.22										
67	27618	REMOVE LOWER LEGLES ION	476.22	00 15									
63	27619	REMOVE LOWER LEG LESION DEEP	495.51										
67	27619	REMOVE LOWER LEG LESION DEEP	495.51	00 15									
63	27620	BIOPSY OF ANKLE JOINT	479.81										
67	27620	BIOPSY OF ANKLE JOINT	479.81	00 15									
63	27625	REMOVE ANKLE JOINT LINING	609.29										
67	27625	REMOVE ANKLE JOINT LINING	609.29	00 15									
63	27626	REMOVE ANKLE JOINT LINING	650.64										
67	27626	REMOVE ANKLE JOINT LINING	650.64	00 15									
63	27630	REMOVAL OF TENDON LESION	572.09										
67	27630	REMOVAL OF TENDON LESION	572.09	00 15									
63	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	445.30										
67	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	445.30	00 15									
63	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	731.72										
67	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	731.72	00 15									
63	27635	REMOVE LOWER LEG BONE LESION	619.30										
67	27635	REMOVE LOWER LEG BONE LESION	619.30	00 15									
63	27637	REMOVE/GRAFT LEG BONE LESION	796.58										
67	27637	REMOVE/GRAFT LEG BONE LESION	796.58	00 15									
63	27638	REMOVE/GRAFT LEG BONE LESION	820.66										
67	27638	REMOVE/GRAFT LEG BONE LESION	820.66	00 15									
63	27640	PARTIAL REMOVAL OF TIBIA	893.84										
67	27640	PARTIAL REMOVAL OF TIBIA	893.84	00 15									
63	27641	PARTIAL REMOVAL OF FIBULA	710.42										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	27641	PARTIAL REMOVAL OF FIBULA	710.42	00	15									
63	27645	EXTENSIVE LOWER LEG SURGERY	1,932.81											
67	27645	EXTENSIVE LOWER LEG SURGERY	1,932.81	00	15									
63	27646	EXTENSIVE LOWER LEG SURGERY	1,673.09											
67	27646	EXTENSIVE LOWER LEG SURGERY	1,673.09	00	15									
63	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,101.27											
67	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,101.27	00	15									
63	27648	INJECTION FOR ANKLE X-RAY	183.13											
67	27648	INJECTION FOR ANKLE X-RAY	183.13	00	15									
63	27650	REPAIR ACHILLES TENDON	698.72											
67	27650	REPAIR ACHILLES TENDON	698.72	00	15									
63	27652	REPAIR/GRAFT ACHILLES TENDON	720.67											
67	27652	REPAIR/GRAFT ACHILLES TENDON	720.67	00	15									
63	27654	REPAIR OF ACHILLES TENDON	756.72											
67	27654	REPAIR OF ACHILLES TENDON	756.72	00	15									
63	27656	REPAIR FASCIAL DEFECT OF LEG	651.79											
67	27656	REPAIR FASCIAL DEFECT OF LEG	651.79	00	15									
63	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	393.98										X	
67	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	393.98	00	15								X	
63	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	503.38										X	
67	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	503.38	00	15								X	
63	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	382.43										X	
67	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	382.43	00	15								X	
63	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	439.05										X	
67	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	439.05	00	15								X	
63	27675	REPAIR LOWER LEG TENDONS	522.73											
67	27675	REPAIR LOWER LEG TENDONS	522.73	00	15									
63	27676	REPAIR LOWER LEG TENDONS	640.65											
67	27676	REPAIR LOWER LEG TENDONS	640.65	00	15									
63	27680	RELEASE OF LOWER LEG TENDON	451.09											
67	27680	RELEASE OF LOWER LEG TENDON	451.09	00	15									
63	27681	TENOLYSIS....MULTIPLE, EACHS	584.06										X	
67	27681	TENOLYSIS....MULTIPLE, EACHS	584.06	00	15								X	
63	27685	REVISION OF LOWER LEG TENDON	686.48											
67	27685	REVISION OF LOWER LEG TENDON	686.48	00	15									
63	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	582.22										X	
67	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	582.22	00	15								X	
63	27687	REVISION OF CALF TENDON	482.96											
67	27687	REVISION OF CALF TENDON	482.96	00	15									
63	27690	REVISE LOWER LEG TENDON	679.57											
67	27690	REVISE LOWER LEG TENDON	679.57	00	15									
63	27691	REVISE LOWER LEG TENDON	795.34											
67	27691	REVISE LOWER LEG TENDON	795.34	00	15									
63	27692	EACH ADDITIONAL TENDON	114.56										X	
67	27692	EACH ADDITION TENDON	114.56	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	27695	REPAIR OF ANKLE LIGAMENT	503.95										
67	27695	REPAIR OF ANKLE LIGAMENT	503.95	00 15									
63	27696	REPAIR OF ANKLE LIGAMENTS	591.81										
67	27696	REPAIR OF ANKLE LIGAMENTS	591.81	00 15									
63	27698	REPAIR OF ANKLE LIGAMENT	681.67										
67	27698	REPAIR OF ANKLE LIGAMENT	681.67	00 15									
63	27700	REVISION OF ANKLE JOINT	654.24										
67	27700	REVISION OF ANKLE JOINT	654.24	00 15									
63	27702	RECONSTRUCT ANKLE JOINT	1,034.46										
67	27702	RECONSTRUCT ANKLE JOINT	1,034.46	00 15									
63	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,195.52										
67	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,195.52	00 15									
63	27704	REMOVAL OF ANKLE IMPLANT	611.44										
67	27704	REMOVAL OF ANKLE IMPLANT	611.44	00 15									
63	27705	INCISION OF TIBIA	814.57										
67	27705	INCISION OF TIBIA	814.57	00 15									
63	27707	INCISION OF FIBULA	422.41										
67	27707	INCISION OF FIBULA	422.41	00 15									
63	27709	INCISION OF TIBIA & FIBULA	1,259.39										
67	27709	INCISION OF TIBIA & FIBULA	1,259.39	00 15									
63	27712	REALIGNMENT OF LOWER LEG	1,192.21										
67	27712	REALIGNMENT OF LOWER LEG	1,192.21	00 15									
63	27715	REVISION OF LOWER LEG	1,157.14										
67	27715	REVISION OF LOWER LEG	1,157.14	00 15									
63	27720	REPAIR OF TIBIA	937.98										
67	27720	REPAIR OF TIBIA	937.98	00 15									
63	27722	REPAIR/GRAFT OF TIBIA	959.68										
67	27722	REPAIR/GRAFT OF TIBIA	959.68	00 15									
63	27724	REPAIR/GRAFT OF TIBIA	1,369.10										
67	27724	REPAIR/GRAFT OF TIBIA	1,369.10	00 15									
63	27725	REPAIR OF LOWER LEG	1,314.06										
67	27725	REPAIR OF LOWER LEG	1,314.06	00 15									
63	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,036.75										
67	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,036.75	00 15									
63	27727	REPAIR OF LOWER LEG	1,118.85										
67	27727	REPAIR OF LOWER LEG	1,118.85	00 15									
63	27730	REPAIR OF TIBIA EPIPHYSIS	626.83										
67	27730	REPAIR OF TIBIA EPIPHYSIS	626.83	00 15									
63	27732	REPAIR OF FIBULA EPIPHYSIS	476.14										
67	27732	REPAIR OF FIBULA EPIPHYSIS	476.14	00 15									
63	27734	REPAIR LOWER LEG EPIPHYSES	703.24										
67	27734	REPAIR LOWER LEG EPIPHYSES	703.24	00 15									
63	27740	REPAIR OF LEG EPIPHYSES	759.52										
67	27740	REPAIR OF LEG EPIPHYSES	759.52	00 15									
63	27742	REPAIR OF LEG EPIPHYSES	834.75										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	27742	REPAIR OF LEG EPIPHYSES	834.75	00 15									
63	27750	TREATMENT OF TIBIA FRACTURE	357.33										
67	27750	TREATMENT OF TIBIA FRACTURE	357.33	00 15									
63	27752	TREATMENT OF TIBIA FRACTURE	563.54										
67	27752	TREATMENT OF TIBIA FRACTURE	563.54	00 15									
63	27756	REPAIR OF TIBIA FRACTURE	613.75										
67	27756	REPAIR OF TIBIA FRACTURE	613.75	00 15									
63	27758	REPAIR OF TIBIA FRACTURE	958.30										
67	27758	REPAIR OF TIBIA FRACTURE	958.30	00 15									
63	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,076.62										
67	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,076.62	00 15									
63	27760	CLTX MEDIAL ANKLE FX	342.99										
67	27760	CLTX MEDIAL ANKLE FX	342.99	00 15									
63	27762	CLTX MED ANKLE FX W/MNPJ	497.80										
67	27762	CLTX MED ANKLE FX W/MNPJ	497.80	00 15									
63	27766	REPAIR OF ANKLE FRACTURE	645.17										
67	27766	REPAIR OF ANKLE FRACTURE	645.17	00 15									
63	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	291.42										
67	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	291.42	00 15									
63	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	466.45										
67	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	466.45	00 15									
63	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	782.22										
67	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	782.22	00 15									
63	27780	TREATMENT OF FIBULA FRACTURE	314.02										
67	27780	TREATMENT OF FIBULA FRACTURE	314.02	00 15									
63	27781	TREATMENT OF FIBULA FRACTURE	447.96										
67	27781	TREATMENT OF FIBULA FRACTURE	447.96	00 15									
63	27784	REPAIR OF FIBULA FRACTURE	764.47										
67	27784	REPAIR OF FIBULA FRACTURE	764.47	00 15									
63	27786	TREATMENT OF ANKLE FRACTURE	323.91										
67	27786	TREATMENT OF ANKLE FRACTURE	323.91	00 15									
63	27788	TREATMENT OF ANKLE FRACTURE	440.90										
67	27788	TREATMENT OF ANKLE FRACTURE	440.90	00 15									
63	27792	REPAIR OF ANKLE FRACTURE	692.71										
67	27792	REPAIR OF ANKLE FRACTURE	692.71	00 15									
63	27808	TREATMENT OF ANKLE FRACTURE	343.35										
67	27808	TREATMENT OF ANKLE FRACTURE	343.35	00 15									
63	27810	TREATMENT OF ANKLE FRACTURE	489.00										
67	27810	TREATMENT OF ANKLE FRACTURE	489.00	00 15									
63	27814	REPAIR OF ANKLE FRACTURE	823.07										
67	27814	REPAIR OF ANKLE FRACTURE	823.07	00 15									
63	27816	TREATMENT OF ANKLE FRACTURE	334.45										
67	27816	TREATMENT OF ANKLE FRACTURE	334.45	00 15									
63	27818	TREATMENT OF ANKLE FRACTURE	508.75										
67	27818	TREATMENT OF ANKLE FRACTURE	508.75	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27822	REPAIR OF ANKLE FRACTURE	914.04											
67	27822	REPAIR OF ANKLE FRACTURE	914.04	00	15									
63	27823	REPAIR OF ANKLE FRACTURE	1,039.30											
67	27823	REPAIR OF ANKLE FRACTURE	1,039.30	00	15									
63	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	327.83											
67	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	327.83	00	15									
63	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	577.51											
67	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	577.51	00	15									
63	27826	OPEN TREATMENT OF FRACTURE OF LOWER	895.94											
67	27826	OPEN TREATMENT OF FRACTURE OF LOWER	895.94	00	15									
63	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,177.22											
67	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,177.22	00	15									
63	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,409.69											
67	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,409.69	00	15									
63	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	737.21											
67	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	737.21	00	15									
63	27830	TREAT LOWER LEG DISLOCATION	402.05											
67	27830	TREAT LOWER LEG DISLOCATION	402.05	00	15									
63	27831	TREAT LOWER LEG DISLOCATION	425.64											
67	27831	TREAT LOWER LEG DISLOCATION	425.64	00	15									
63	27832	REPAIR LOWER LEG DISLOCATION	810.96											
67	27832	REPAIR LOWER LEG DISLOCATION	810.96	00	15									
63	27840	TREAT ANKLE DISLOCATION	393.26											
67	27840	TREAT ANKLE DISLOCATION	393.26	00	15									
63	27842	TREAT ANKLE DISLOCATION	520.03											
67	27842	TREAT ANKLE DISLOCATION	520.03	00	15									
63	27846	REPAIR ANKLE DISLOCATION	770.36											
67	27846	REPAIR ANKLE DISLOCATION	770.36	00	15									
63	27848	REPAIR ANKLE DISLOCATION	857.14											
67	27848	REPAIR ANKLE DISLOCATION	857.14	00	15									
63	27860	FIXATION OF ANKLE JOINT	181.99											
67	27860	FIXATION OF ANKLE JOINT	181.99	00	15									
63	27870	FUSION OF ANKLE JOINT	1,103.54											
67	27870	FUSION OF ANKLE JOINT	1,103.54	00	15									
63	27871	FUSION OF TIBIOFIBULAR JOINT	735.05											
67	27871	FUSION OF TIBIOFIBULAR JOINT	735.05	00	15									
63	27880	AMPUTATION OF LOWER LEG	1,001.29											
67	27880	AMPUTATION OF LOWER LEG	1,001.29	00	15									
63	27881	AMPUTATION OF LOWER LEG	939.39											
67	27881	AMPUTATION OF LOWER LEG	939.39	00	15									
63	27882	AMPUTATION OF LOWER LEG	653.26											
67	27882	AMPUTATION OF LOWER LEG	653.26	00	15									
63	27884	AMPUTATION FOLLOW-UP SURGERY	619.07											
67	27884	AMPUTATION FOLLOW-UP SURGERY	619.07	00	15									
63	27886	AMPUTATION FOLLOW-UP SURGERY	711.94											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	27886	AMPUTATION FOLLOW-UP SURGERY	711.94	00 15									
63	27888	AMPUTATION OF FOOT AT ANKLE	716.25										
67	27888	AMPUTATION OF FOOT AT ANKLE	716.25	00 15									
63	27889	AMPUTATION OF FOOT AT ANKLE	709.11										
67	27889	AMPUTATION OF FOOT AT ANKLE	709.11	00 15									
63	27892	DECOMPRESSION FASCIOTOMY, LEG;	591.14										
67	27892	DECOMPRESSION FASCIOTOMY, LEG;	591.14	00 15									
63	27893	DECOMPRESSION FASCIOTOMY, LEG;	650.94										
67	27893	DECOMPRESSION FASCIOTOMY, LEG;	650.94	00 15									
63	27894	DECOMPRESSION FASCIOTOMY, LEG;	912.61										
67	27894	DECOMPRESSION FASCIOTOMY, LEG;	912.61	00 15									
63	28001	DRAINAGE OF BURSA OF FOOT	287.70										
67	28001	DRAINAGE OF BURSA OF FOOT	287.70	00 15									
63	28002	TREATMENT OF FOOT INFECTION	463.92										
67	28002	TREATMENT OF FOOT INFECTION	463.92	00 15									
63	28003	TREATMENT OF FOOT INFECTION	733.77										
67	28003	TREATMENT OF FOOT INFECTION	733.77	00 15									
63	28005	TREAT FOOT BONE LESION	615.90										
67	28005	TREAT FOOT BONE LESION	615.90	00 15									
63	28008	INCISION OF FOOT FASCIA	449.71										
67	28008	INCISION OF FOOT FASCIA	449.71	00 15									
63	28010	INCISION OF TOE TENDON	243.10										
67	28010	INCISION OF TOE TENDON	243.10	00 15									
63	28011	INCISION OF TOE TENDONS	333.72										
67	28011	INCISION OF TOE TENDONS	333.72	00 15									
63	28020	EXPLORATION OF A FOOT JOINT	560.04										
67	28020	EXPLORATION OF A FOOT JOINT	560.04	00 15									
63	28022	EXPLORATION OF A FOOT JOINT	504.08										
67	28022	EXPLORATION OF A FOOT JOINT	504.08	00 15									
63	28024	EXPLORATION OF A TOE JOINT	471.06										
67	28024	EXPLORATION OF A TOE JOINT	471.06	00 15									
63	28035	DECOMPRESSION OF TIBIA NERVE	549.36										
67	28035	DECOMPRESSION OF TIBIA NERVE	549.36	00 15									
63	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	519.71										
67	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	519.71	00 15									
63	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	484.74										
67	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	484.74	00 15									
63	28043	EXCISION OF FOOT LESION	411.96										
67	28043	EXCISION OF FOOT LESION	411.96	00 15									
63	28045	EXCISION OF FOOT LESION	512.86										
67	28045	EXCISION OF FOOT LESION	512.86	00 15									
63	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	776.75										
67	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	776.75	00 15									
63	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,131.05										
67	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,131.05	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	28050	BIOPSY OF FOOT JOINT LINING	438.93											
67	28050	BIOPSY OF FOOT JOINT LINING	438.93	00	15									
63	28052	BIOPSY OF FOOT JOINT LINING	458.11											
67	28052	BIOPSY OF FOOT JOINT LINING	458.11	00	15									
63	28054	BIOPSY OF TOE JOINT LINING	386.87											
67	28054	BIOPSY OF TOE JOINT LINING	386.87	00	15									
63	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	407.43											
67	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	407.43	00	15									
63	28060	PARTIAL REMOVAL FOOT FASCIA	540.66											
67	28060	PARTIAL REMOVAL FOOT FASCIA	540.66	00	15									
63	28062	REMOVAL OF FOOT FASCIA	608.91											
67	28062	REMOVAL OF FOOT FASCIA	608.91	00	15									
63	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	555.64										X	
67	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	555.64	00	15								X	
63	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	506.53										X	
67	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	506.53	00	15								X	
63	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	542.69										X	
67	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	542.69	00	15								X	
63	28086	EXCISE FOOT TENDON SHEATH	564.05											
67	28086	EXCISE FOOT TENDON SHEATH	564.05	00	15									
63	28088	EXCISE FOOT TENDON SHEATH	466.16											
67	28088	EXCISE FOOT TENDON SHEATH	466.16	00	15									
63	28090	REMOVAL OF FOOT LESION	486.84											
67	28090	REMOVAL OF FOOT LESION	486.84	00	15									
63	28092	REMOVAL OF TOE LESIONS	439.51											
67	28092	REMOVAL OF TOE LESIONS	439.51	00	15									
63	28100	REMOVAL OF ANKLE/HEEL LESION	635.22											
67	28100	REMOVAL OF ANKLE/HEEL LESION	635.22	00	15									
63	28102	REMOVE/GRAFT FOOT LESION	648.78											
67	28102	REMOVE/GRAFT FOOT LESION	648.78	00	15									
63	28103	REMOVE/GRAFT FOOT LESION	416.61											
67	28103	REMOVE/GRAFT FOOT LESION	416.61	00	15									
63	28104	REMOVAL OF FOOT LESION	553.57											
67	28104	REMOVAL OF FOOT LESION	553.57	00	15									
63	28106	REMOVE/GRAFT FOOT LESION	457.20											
67	28106	REMOVE/GRAFT FOOT LESION	457.20	00	15									
63	28107	REMOVE/GRAFT FOOT LESION	535.32											
67	28107	REMOVE/GRAFT FOOT LESION	535.32	00	15									
63	28108	REMOVAL OF TOE LESIONS	456.04											
67	28108	REMOVAL OF TOE LESIONS	456.04	00	15									
63	28110	PART REMOVAL OF METATARSAL	480.30											
67	28110	PART REMOVAL OF METATARSAL	480.30	00	15									
63	28111	PART REMOVAL OF METATARSAL	509.21											
67	28111	PART REMOVAL OF METATARSAL	509.21	00	15									
63	28112	PART REMOVAL OF METATARSAL	505.22											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	28112	PART REMOVAL OF METATARSAL	505.22	00	15									
63	28113	PART REMOVAL OF METATARSAL	611.49											
67	28113	PART REMOVAL OF METATARSAL	611.49	00	15									
63	28114	REMOVAL OF METATARSAL HEADS	1,115.13											
67	28114	REMOVAL OF METATARSAL HEADS	1,115.13	00	15									
63	28116	REVISION OF FOOT	801.28											
67	28116	REVISION OF FOOT	801.28	00	15									
63	28118	PARTIAL REMOVAL OF HEEL	622.68											
67	28118	PARTIAL REMOVAL OF HEEL	622.68	00	15									
63	28119	REMOVAL OF HEEL SPUR	544.27											
67	28119	REMOVAL OF HEEL SPUR	544.27	00	15									
63	28120	PART REMOVAL OF ANKLE/HEEL	707.89											
67	28120	PART REMOVAL OF ANKLE/HEEL	707.89	00	15									
63	28122	PARTIAL REMOVAL OF FOOT BONE	624.24											
67	28122	PARTIAL REMOVAL OF FOOT BONE	624.24	00	15									
63	28124	PARTIAL REMOVAL OF TOE	496.47											
67	28124	PARTIAL REMOVAL OF TOE	496.47	00	15									
63	28126	CONDYLECTOMY...SING. TOE, EACH	408.06										X	
67	28126	CONDYLECTOMY...SING. TOE, EACH	408.06	00	15								X	
63	28130	REMOVAL OF ANKLE BONE	680.32											
67	28130	REMOVAL OF ANKLE BONE	680.32	00	15									
63	28140	REMOVAL OF METATARSAL	622.25											
67	28140	REMOVAL OF METATARSAL	622.25	00	15									
63	28150	PHALANGECTOMY,TOE, SINGLE, EACH	439.31										X	
67	28150	PHALANGECTOMY,TOE, SINGLE, EACH	439.31	00	15								X	
63	28153	PARTIAL REMOVAL OF TOE	427.00											
67	28153	PARTIAL REMOVAL OF TOE	427.00	00	15									
63	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	430.40										X	
67	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	430.40	00	15								X	
63	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,205.84											
67	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,205.84	00	15									
63	28173	RADICAL RESECTION FOR TUMOR,METATARS	797.17											
67	28173	RADICAL RESECTION FOR TUMOR,METATARS	797.17	00	15									
63	28175	RADICAL RESECTION FOR TUMOR PHALANX	508.21											
67	28175	RADICAL RESECTION FOR TUMOR PHALANX	508.21	00	15									
63	28190	REMOVAL OF FOOT FOREIGN BODY	260.65											
67	28190	REMOVAL OF FOOT FOREIGN BODY	260.65	00	15									
63	28192	REMOVAL OF FOOT FOREIGN BODY	485.68											
67	28192	REMOVAL OF FOOT FOREIGN BODY	485.68	00	15									
63	28193	REMOVAL OF FOOT FOREIGN BODY	554.36											
67	28193	REMOVAL OF FOOT FOREIGN BODY	554.36	00	15									
63	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	511.38										X	
67	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	511.38	00	15								X	
63	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	633.37										X	
67	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	633.37	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	28208	REP/SUT TEND....EACH TENDON	498.14									X	
67	28208	REP/SUT TEND....EACH TENDON	498.14	00 15								X	
63	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	615.38									X	
67	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	615.38	00 15								X	
63	28220	RELEASE OF FOOT TENDON	469.89										
67	28220	RELEASE OF FOOT TENDON	469.89	00 15									
63	28222	RELEASE OF FOOT TENDONS	538.90										
67	28222	RELEASE OF FOOT TENDONS	538.90	00 15									
63	28225	RELEASE OF FOOT TENDON	434.31										
67	28225	RELEASE OF FOOT TENDON	434.31	00 15									
63	28226	RELEASE OF FOOT TENDONS	632.92										
67	28226	RELEASE OF FOOT TENDONS	632.92	00 15									
63	28230	INCISION OF FOOT TENDON(S)	451.32										
67	28230	INCISION OF FOOT TENDON(S)	451.32	00 15									
63	28232	INCISION OF TOE TENDON	399.09										
67	28232	INCISION OF TOE TENDON	399.09	00 15									
63	28234	INCISION OF FOOT TENDON	420.88										
67	28234	INCISION OF FOOT TENDON	420.88	00 15									
63	28238	REVISION OF FOOT TENDON	701.34										
67	28238	REVISION OF FOOT TENDON	701.34	00 15									
63	28240	RELEASE OF BIG TOE	473.28										
67	28240	RELEASE OF BIG TOE	473.28	00 15									
63	28250	REVISION OF FOOT FASCIA	602.09										
67	28250	REVISION OF FOOT FASCIA	602.09	00 15									
63	28260	RELEASE OF MIDFOOT JOINT	720.64										
67	28260	RELEASE OF MIDFOOT JOINT	720.64	00 15									
63	28261	REVISION OF FOOT TENDON	1,087.74										
67	28261	REVISION OF FOOT TENDON	1,087.74	00 15									
63	28262	REVISION OF FOOT AND ANKLE	1,484.13										
67	28262	REVISION OF FOOT AND ANKLE	1,484.13	00 15									
63	28264	RELEASE OF MIDFOOT JOINT	1,063.23										
67	28264	RELEASE OF MIDFOOT JOINT	1,063.23	00 15									
63	28270	CAPSULOTOMY...EACH JOINT	511.96									X	
67	28270	CAPSULOTOMY...EACH JOINT	511.96	00 15								X	
63	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	405.61									X	
67	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	405.61	00 15								X	
63	28280	FUSION OF TOES	534.68										
67	28280	FUSION OF TOES	534.68	00 15									
63	28285	REVISION OF HAMMERTOE	557.35									X	
67	28285	REVISION OF HAMMERTOE	557.35	00 15								X	
63	28286	REVISION OF HAMMERTOE	465.68										
67	28286	REVISION OF HAMMERTOE	465.68	00 15									
63	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	631.76									X	
67	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	631.76	00 15								X	
63	28289	REPAIR HALLUX RIGIDUS	754.61										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	28289	REPAIR HALLUX RIGIDUS	754.61	00 15									
63	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	756.40										
67	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	756.40	00 15									
63	28292	CORRECTION OF BUNION	766.77										
67	28292	CORRECTION OF BUNION	766.77	00 15									
63	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	984.83										
67	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	984.83	00 15									
63	28296	CORRECTION OF BUNION	938.62										
67	28296	CORRECTION OF BUNION	938.62	00 15									
63	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,081.56										
67	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,081.56	00 15									
63	28298	CORRECTION OF BUNION	876.48										
67	28298	CORRECTION OF BUNION	876.48	00 15									
63	28299	CORRECTION OF BUNION	1,043.30										
67	28299	CORRECTION OF BUNION	1,043.30	00 15									
63	28300	INCISION OF HEEL BONE	695.94										
67	28300	INCISION OF HEEL BONE	695.94	00 15									
63	28302	INCISION OF ANKLE BONE	767.92										
67	28302	INCISION OF ANKLE BONE	767.92	00 15									
63	28304	INCISION OF MIDFOOT BONES	860.60										
67	28304	INCISION OF MIDFOOT BONES	860.60	00 15									
63	28305	INCISE/GRAFT MIDFOOT BONES	707.77										
67	28305	INCISE/GRAFT MIDFOOT BONES	707.77	00 15									
63	28306	INCISION OF METATARSAL	635.72										
67	28306	INCISION OF METATARSAL	635.72	00 15									
63	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	668.69										
67	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	668.69	00 15									
63	28308	INCISION OF METATARSAL	589.41									X	
67	28308	INCISION OF METATARSAL	589.41	00 15								X	
63	28309	INCISION OF METATARSALS	953.56										
67	28309	INCISION OF METATARSALS	953.56	00 15									
63	28310	REVISION OF BIG TOE	565.41										
67	28310	REVISION OF BIG TOE	565.41	00 15									
63	28312	REVISION OF TOE	519.98										
67	28312	REVISION OF TOE	519.98	00 15									
63	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	540.64									X	
67	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	540.64	00 15								X	
63	28315	SESAMOIDECTOMY FIRST TOE	500.59										
67	28315	SESAMOIDECTOMY FIRST TOE	500.59	00 15									
63	28320	REPAIR OF FOOT BONES	652.56										
67	28320	REPAIR OF FOOT BONES	652.56	00 15									
63	28322	REPAIR OF METATARSALS	822.46										
67	28322	REPAIR OF METATARSALS	822.46	00 15									
63	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	603.60									X	
67	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	603.60	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	28341	SEE 28340;REQUIRING BONE RESECTION	702.12									X	
67	28341	SEE 28340;REQUIRING BONE RESECTION	702.12	00 15								X	
63	28344	RECONSTRUCT TOE;POLYDATYLY	442.04									X	
67	28344	RECONSTRUCT TOE;POLYDATYLY	442.04	00 15								X	
63	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	543.91									X	
67	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	543.91	00 15								X	
63	28360	RECONSTRUCT CLEFT FOOT	1,169.05										
67	28360	RECONSTRUCT CLEFT FOOT	1,169.05	00 15									
63	28400	TREAT CLSD CALC FX;W/O MANIP	255.16										
67	28400	TREAT CLSD CALC FX;W/O MANIP	255.16	00 15									
63	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	409.97										
67	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	409.97	00 15									
63	28406	TREAT CLSD CALC FX,MANIP/FIXATION	557.75										
67	28406	TREAT CLSD CALC FX,MANIP/FIXATION	557.75	00 15									
63	28415	REPAIR OF HEEL FRACTURE	1,195.16										
67	28415	REPAIR OF HEEL FRACTURE	1,195.16	00 15									
63	28420	REPAIR/GRAFT HEEL FRACTURE	1,371.32										
67	28420	REPAIR/GRAFT HEEL FRACTURE	1,371.32	00 15									
63	28430	TREAT CLSD TALUS FX,W/O MANIP	245.00										
67	28430	TREAT CLSD TALUS FX,W/O MANIP	245.00	00 15									
63	28435	TREAT CLSD TALUS FX,W/ MANIP	378.75										
67	28435	TREAT CLSD TALUS FX,W/ MANIP	378.75	00 15									
63	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	474.67										
67	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	474.67	00 15									
63	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,128.47										
67	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,128.47	00 15									
63	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,322.54		X								
67	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,322.54	00 15	X								
63	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	219.00									X	
67	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	219.00	00 15								X	
63	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	299.86									X	
67	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	299.86	00 15								X	
63	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	333.70									X	
67	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	333.70	00 15								X	
63	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	670.71									X	
67	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	670.71	00 15								X	
63	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	224.90									X	
67	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	224.90	00 15								X	
63	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	267.02									X	
67	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	267.02	00 15								X	
63	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	365.89									X	
67	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	365.89	00 15								X	
63	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	575.33									X	
67	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	575.33	00 15								X	
63	28490	TREAT BIG TOE FRACTURE	146.88										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	28490	TREAT BIG TOE FRACTURE	146.88	00	15									
63	28495	TREAT BIG TOE FRACTURE	183.77											
67	28495	TREAT BIG TOE FRACTURE	183.77	00	15									
63	28496	TREAT CLSD FX GREAT TOE...PINNING	466.31										X	
67	28496	TREAT CLSD FX GREAT TOE...PINNING	466.31	00	15								X	
63	28505	REPAIR BIG TOE FRACTURE	694.39											
67	28505	REPAIR BIG TOE FRACTURE	694.39	00	15									
63	28510	TREAT CLSD FX....W/O MANIP,EACH	125.91										X	
67	28510	TREAT CLSD FX....W/O MANIP,EACH	125.91	00	15								X	
63	28515	TREAT CLSD FX...W/ MANIP., EACH	167.39										X	
67	28515	TREAT CLSD FX...W/ MANIP., EACH	167.39	00	15								X	
63	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	591.08										X	
67	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	591.08	00	15								X	
63	28530	TREAT CLOSED SESAMOID FRACTURE	119.64										X	
67	28530	TREAT CLOSED SESAMOID FRACTURE	119.64	00	15								X	
63	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	348.05											
67	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	348.05	00	15									
63	28540	TREAT FOOT DISLOCATION	200.24											
67	28540	TREAT FOOT DISLOCATION	200.24	00	15									
63	28545	TREAT FOOT DISLOCATION	309.88											
67	28545	TREAT FOOT DISLOCATION	309.88	00	15									
63	28546	TREAT FOOT DISLOCATION	590.89											
67	28546	TREAT FOOT DISLOCATION	590.89	00	15									
63	28555	REPAIR FOOT DISLOCATION	905.27											
67	28555	REPAIR FOOT DISLOCATION	905.27	00	15									
63	28570	TREAT FOOT DISLOCATION	234.20											
67	28570	TREAT FOOT DISLOCATION	234.20	00	15									
63	28575	TREAT FOOT DISLOCATION	383.52											
67	28575	TREAT FOOT DISLOCATION	383.52	00	15									
63	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	414.53											
67	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	414.53	00	15									
63	28585	REPAIR FOOT DISLOCATION	912.85											
67	28585	REPAIR FOOT DISLOCATION	912.85	00	15									
63	28600	TREAT FOOT DISLOCATION	224.61											
67	28600	TREAT FOOT DISLOCATION	224.61	00	15									
63	28605	TREAT FOOT DISLOCATION	343.13											
67	28605	TREAT FOOT DISLOCATION	343.13	00	15									
63	28606	TREAT FOOT DISLOCATION	414.44											
67	28606	TREAT FOOT DISLOCATION	414.44	00	15									
63	28615	REPAIR FOOT DISLOCATION	858.81											
67	28615	REPAIR FOOT DISLOCATION	858.81	00	15									
63	28630	TREAT TOE DISLOCATION	162.69											
67	28630	TREAT TOE DISLOCATION	162.69	00	15									
63	28635	TREAT TOE DISLOCATION	183.65											
67	28635	TREAT TOE DISLOCATION	183.65	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	331.63										
67	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	331.63	00 15									
63	28645	REPAIR TOE DISLOCATION	686.51										
67	28645	REPAIR TOE DISLOCATION	686.51	00 15									
63	28660	TREAT TOE DISLOCATION	122.33										
67	28660	TREAT TOE DISLOCATION	122.33	00 15									
63	28665	TREAT TOE DISLOCATION	162.16										
67	28665	TREAT TOE DISLOCATION	162.16	00 15									
63	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	167.63										
67	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	167.63	00 15									
63	28675	REPAIR OF TOE DISLOCATION	591.19										
67	28675	REPAIR OF TOE DISLOCATION	591.19	00 15									
63	28705	FUSION OF FOOT BONES	1,331.07										
67	28705	FUSION OF FOOT BONES	1,331.07	00 15									
63	28715	FUSION OF FOOT BONES	1,006.51										
67	28715	FUSION OF FOOT BONES	1,006.51	00 15									
63	28725	FUSION OF FOOT BONES	833.44										
67	28725	FUSION OF FOOT BONES	833.44	00 15									
63	28730	FUSION OF FOOT BONES	784.16										
67	28730	FUSION OF FOOT BONES	784.16	00 15									
63	28735	FUSION OF FOOT BONES	835.69										
67	28735	FUSION OF FOOT BONES	835.69	00 15									
63	28737	REVISION OF FOOT BONES	744.54										
67	28737	REVISION OF FOOT BONES	744.54	00 15									
63	28740	FUSION OF FOOT BONES	881.49										
67	28740	FUSION OF FOOT BONES	881.49	00 15									
63	28750	FUSION OF BIG TOE JOINT	836.61										
67	28750	FUSION OF BIG TOE JOINT	836.61	00 15									
63	28755	FUSION OF BIG TOE JOINT	528.31										
67	28755	FUSION OF BIG TOE JOINT	528.31	00 15									
63	28760	FUSION OF BIG TOE JOINT	828.91										
67	28760	FUSION OF BIG TOE JOINT	828.91	00 15									
63	28800	AMPUTATION OF MIDFOOT	574.15										
67	28800	AMPUTATION OF MIDFOOT	574.15	00 15									
63	28805	AMPUTATION THRU METATARSAL	786.70										
67	28805	AMPUTATION THRU METATARSAL	786.70	00 15									
63	28810	AMPUTATION TOE & METATARSAL	461.62									X	
67	28810	AMPUTATION TOE & METATARSAL	461.62	00 15								X	
63	28820	AMPUTATION OF TOE	583.84									X	
67	28820	AMPUTATION OF TOE	583.84	00 15								X	
63	28825	PARTIAL AMPUTATION OF TOE	557.48									X	
67	28825	PARTIAL AMPUTATION OF TOE	557.48	00 15								X	
63	28890	HIGH ENERGY ESWT, PLANTAR F	334.93										
67	28890	HIGH ENERGY ESWT, PLANTAR F	334.93	00 15									
63	29000	APPLICATION OF BODY CAST	357.33										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	29000	APPLICATION OF BODY CAST	357.33	00 15									
63	29010	APPLICATION OF BODY CAST	276.66										
67	29010	APPLICATION OF BODY CAST	276.66	00 15									
63	29015	APPLICATION OF BODY CAST	299.07										
67	29015	APPLICATION OF BODY CAST	299.07	00 15									
63	29035	APPLICATION OF BODY CAST	258.16										
67	29035	APPLICATION OF BODY CAST	258.16	00 15									
63	29040	APPLICATION OF BODY CAST	296.74										
67	29040	APPLICATION OF BODY CAST	296.74	00 15									
63	29044	APPLICATION OF BODY CAST	290.30										
67	29044	APPLICATION OF BODY CAST	290.30	00 15									
63	29046	APPLICATION OF BODY CAST	319.12										
67	29046	APPLICATION OF BODY CAST	319.12	00 15									
63	29049	APPLICATION OF SHOULDER CAST	101.84										
67	29049	APPLICATION OF SHOULDER CAST	101.84	00 15									
63	29055	APPLICATION OF SHOULDER CAST	226.59									X	
67	29055	APPLICATION OF SHOULDER CAST	226.59	00 15								X	
63	29058	APPLICATION OF SHOULDER CAST	129.21									X	
67	29058	APPLICATION OF SHOULDER CAST	129.21	00 15								X	
63	29065	APPLICATION OF LONG ARM CAST	98.01									X	
67	29065	APPLICATION OF LONG ARM CAST	98.01	00 15								X	
63	29075	APPLICATION OF FOREARM CAST	88.50									X	
67	29075	APPLICATION OF FOREARM CAST	88.50	00 15								X	
63	29085	APPLY HAND/WRIST CAST	97.21									X	
67	29085	APPLY HAND/WRIST CAST	97.21	00 15								X	
63	29086	APPLY FINGER CAST	79.65									X	
67	29086	APPLY FINGER CAST	79.65	00 15								X	
63	29105	APPLY LONG ARM SPLINT	83.97									X	
67	29105	APPLY LONG ARM SPLINT	83.97	00 15								X	
63	29125	APPLY FOREARM SPLINT	65.20									X	
67	29125	APPLY FOREARM SPLINT	65.20	00 15								X	
63	29126	APPLY FOREARM SPLINT	78.00									X	
67	29126	APPLY FOREARM SPLINT	78.00	00 15								X	
63	29130	APPLICATION OF FINGER SPLINT	42.76									X	
67	29130	APPLICATION OF FINGER SPLINT	42.76	00 15								X	
63	29131	APPLICATION OF FINGER SPLINT	52.84									X	
67	29131	APPLICATION OF FINGER SPLINT	52.84	00 15								X	
63	29200	STRAPPING OF CHEST	32.85										
67	29200	STRAPPING OF CHEST	32.85	00 15									
63	29240	STRAPPING OF SHOULDER	31.49									X	
67	29240	STRAPPING OF SHOULDER	31.49	00 15								X	
63	29260	STRAPPING OF ELBOW OR WRIST	30.94									X	
67	29260	STRAPPING OF ELBOW OR WRIST	30.94	00 15								X	
63	29280	STRAPPING OF HAND OR FINGER	31.62									X	
67	29280	STRAPPING OF HAND OR FINGER	31.62	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	29305	APPLICATION OF HIP CAST	252.40										
67	29305	APPLICATION OF HIP CAST	252.40	00 15									
63	29325	APPLICATION OF HIP CASTS	279.06										
67	29325	APPLICATION OF HIP CASTS	279.06	00 15									
63	29345	APPLICATION OF LONG LEG CAST	139.90									X	
67	29345	APPLICATION OF LONG LEG CAST	139.90	00 15								X	
63	29355	APPLICATION OF LONG LEG CAST	146.82									X	
67	29355	APPLICATION OF LONG LEG CAST	146.82	00 15								X	
63	29358	APPLY LONG LEG CAST BRACE	165.09									X	
67	29358	APPLY LONG LEG CAST BRACE	165.09	00 15								X	
63	29365	APPLICATION OF LONG LEG CAST	126.35									X	
67	29365	APPLICATION OF LONG LEG CAST	126.35	00 15								X	
63	29405	APPLY SHORT LEG CAST	83.07									X	
67	29405	APPLY SHORT LEG CAST	83.07	00 15								X	
63	29425	APPLY SHORT LEG CAST	79.43									X	
67	29425	APPLY SHORT LEG CAST	79.43	00 15								X	
63	29435	APPLY SHORT LEG CAST	121.48									X	
67	29435	APPLY SHORT LEG CAST	121.48	00 15								X	
63	29440	ADDITION OF WALKER TO CAST	45.09									X	
67	29440	ADDITION OF WALKER TO CAST	45.09	00 15								X	
63	29445	APPLY RIGID LEG CAST	136.87										
67	29445	APPLY RIGID LEG CAST	136.87	00 15									
63	29450	APPLICATION OF LEG CAST	152.44										
67	29450	APPLICATION OF LEG CAST	152.44	00 15									
63	29505	APPLICATION LONG LEG SPLINT	86.65									X	
67	29505	APPLICATION LONG LEG SPLINT	86.65	00 15								X	
63	29515	APPLICATION LOWER LEG SPLINT	73.23									X	
67	29515	APPLICATION LOWER LEG SPLINT	73.23	00 15								X	
63	29520	STRAPPING OF HIP	34.89									X	
67	29520	STRAPPING OF HIP	34.89	00 15								X	
63	29530	STRAPPING OF KNEE	31.15									X	
67	29530	STRAPPING OF KNEE	31.15	00 15								X	
63	29540	STRAPPING OF ANKLE	29.92									X	
67	29540	STRAPPING OF ANKLE	29.92	00 15								X	
63	29550	STRAPPING OF TOES	20.01									X	
67	29550	STRAPPING OF TOES	20.01	00 15								X	
63	29580	APPLICATION OF PASTE BOOT	63.72									X	
67	29580	APPLICATION OF PASTE BOOT	63.72	00 15								X	
63	29581	APPLICATION OF MULTI-LAYER COMPRESSI	86.79									X	
67	29581	APPLICATION OF MULTI-LAYER COMPRESSI	86.79	00 15								X	
63	29584	APPLICATION OF MULTI-LAYER COMPRESSI	79.46										
67	29584	APPLICATION OF MULTI-LAYER COMPRESSI	79.46	00 15									
63	29700	REMOVAL/REVISION OF CAST	65.28										
67	29700	REMOVAL/REVISION OF CAST	65.28	00 15									
63	29705	REMOVAL/REVISION OF CAST	67.60										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	29705	REMOVAL/REVISION OF CAST	67.60	00	15									
63	29710	REMOVAL/REVISION OF CAST	128.33											
67	29710	REMOVAL/REVISION OF CAST	128.33	00	15									
63	29720	REPAIR OF BODY CAST	86.52											
67	29720	REPAIR OF BODY CAST	86.52	00	15									
63	29730	WINDOWING OF CAST	65.40											
67	29730	WINDOWING OF CAST	65.40	00	15									
63	29740	WEDGING OF CAST	103.78											
67	29740	WEDGING OF CAST	103.78	00	15									
63	29750	WEDGING OF CLUBFOOT CAST	112.90											
67	29750	WEDGING OF CLUBFOOT CAST	112.90	00	15									
63	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	563.18											
67	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	563.18	00	15									
63	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	682.71											
67	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	682.71	00	15									
63	29805	SHOULDER ARTHROSCOPY, DX	501.89											
67	29805	SHOULDER ARTHROSCOPY, DX	501.89	00	15									
63	29806	SHOULDER ARTHROSCOPY/SURGERY	1,140.42											
67	29806	SHOULDER ARTHROSCOPY/SURGERY	1,140.42	00	15									
63	29807	SHOULDER ARTHROSCOPY/SURGERY	1,114.44											
67	29807	SHOULDER ARTHROSCOPY/SURGERY	1,114.44	00	15									
63	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	626.08											
67	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	626.08	00	15									
63	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	567.87											
67	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	567.87	00	15									
63	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	622.28											
67	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	622.28	00	15									
63	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	603.65											
67	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	603.65	00	15									
63	29823	ARTHROSCOPY-EXT DEBRIDEMENT	656.87											
67	29823	ARTHROSCOPY-EXT DEBRIDEMENT	656.87	00	15									
63	29824	SHOULDER ARTHROSCOPY/SURGERY	707.98											
67	29824	SHOULDER ARTHROSCOPY/SURGERY	707.98	00	15									
63	29825	ARTHROSCOPY-W/LYSIS & RESECTION	613.34											
67	29825	ARTHROSCOPY-W/LYSIS & RESECTION	613.34	00	15									
63	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	192.24											
67	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	192.24	00	15									
63	29827	ARTHROSCOP ROTATOR CUFF REPR	1,129.60											
67	29827	ARTHROSCOP ROTATOR CUFF REPR	1,129.60	00	15									
63	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	972.28											
67	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	972.28	00	15									
63	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	482.57											
67	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	482.57	00	15									
63	29834	ARTHROSCOPY, ELBOW, SURGICAL;	515.27											
67	29834	ARTHROSCOPY, ELBOW, SURGICAL;	515.27	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	542.71											
67	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	542.71	00	15									
63	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	607.46											
67	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	607.46	00	15									
63	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	557.92											
67	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	557.92	00	15									
63	29838	ARTHROSCOPY EXT DEBRIDEMENT	626.74											
67	29838	ARTHROSCOPY EXT DEBRIDEMENT	626.74	00	15									
63	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	476.58											
67	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	476.58	00	15									
63	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	515.69											
67	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	515.69	00	15									
63	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	526.32											
67	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	526.32	00	15									
63	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	612.31											
67	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	612.31	00	15									
63	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	552.84											
67	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	552.84	00	15									
63	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	581.41											
67	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	581.41	00	15									
63	29848	ARTHROSCOPY, WRIST, SURGICAL;	541.97											
67	29848	ARTHROSCOPY, WRIST, SURGICAL;	541.97	00	15									
63	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	667.43											
67	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	667.43	00	15									
63	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	1,004.98											
67	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	1,004.98	00	15									
63	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	838.56											
67	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	838.56	00	15									
63	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,075.59											
67	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,075.59	00	15									
63	29860	HIP ARTHROSCOPY, DX	714.87											
67	29860	HIP ARTHROSCOPY, DX	714.87	00	15									
63	29861	HIP ARTHROSCOPY/SURGERY	765.32											
67	29861	HIP ARTHROSCOPY/SURGERY	765.32	00	15									
63	29862	HIP ARTHROSCOPY/SURGERY	857.62											
67	29862	HIP ARTHROSCOPY/SURGERY	857.62	00	15									
63	29863	HIP ARTHROSCOPY/SURGERY	859.46											
67	29863	HIP ARTHROSCOPY/SURGERY	859.46	00	15									
63	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,130.33											
67	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,130.33	00	15									
63	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,380.97			X								
67	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,380.97	00	15	X								
63	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,815.10			X								
67	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,815.10	00	15	X								
63	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	593.07											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	593.07	00 15									
63	29871	ARTHROSCOPY, KNEE, SURGICAL;	548.67										
67	29871	ARTHROSCOPY, KNEE, SURGICAL;	548.67	00 15									
63	29873	KNEE ARTHROSCOPY/SURGERY	556.52										
67	29873	KNEE ARTHROSCOPY/SURGERY	556.52	00 15									
63	29874	ARTHROSCOPY, KNEE, SURGICAL;	572.51										
67	29874	ARTHROSCOPY, KNEE, SURGICAL;	572.51	00 15									
63	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	527.76										
67	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	527.76	00 15									
63	29876	ARTHROSCOPY, KNEE, SURGICAL;	702.50										
67	29876	ARTHROSCOPY, KNEE, SURGICAL;	702.50	00 15									
63	29877	ARTHROSCOPY-DEBRIDEMENT	663.33										
67	29877	ARTHROSCOPY-DEBRIDEMENT	663.33	00 15									
63	29879	ARTHROSCOPY-ABRASION ARTHROPLA	707.63										
67	29879	ARTHROSCOPY-ABRASION ARTHROPLA	707.63	00 15									
63	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	598.20										
67	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	598.20	00 15									
63	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	575.87										
67	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	575.87	00 15									
63	29882	ARTHROSCOPY W/ MENISCUS REPAIR	747.78										
67	29882	ARTHROSCOPY W/ MENISCUS REPAIR	747.78	00 15									
63	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	907.56										
67	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	907.56	00 15									
63	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	652.93										
67	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	652.93	00 15									
63	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	809.21										
67	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	809.21	00 15									
63	29886	ARTHROSCOPY-OSTEOCHONDRITIS	681.90										
67	29886	ARTHROSCOPY-OSTEOCHONDRITIS	681.90	00 15									
63	29887	ARTHROSCOPY-INTERNAL FIXATION	805.81										
67	29887	ARTHROSCOPY-INTERNAL FIXATION	805.81	00 15									
63	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,058.68										
67	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,058.68	00 15									
63	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,319.84										
67	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,319.84	00 15									
63	29891	ANKLE ARTHROSCOPY/SURGERY	716.65										
67	29891	ANKLE ARTHROSCOPY/SURGERY	716.65	00 15									
63	29892	ANKLE ARTHROSCOPY/SURGERY	700.06										
67	29892	ANKLE ARTHROSCOPY/SURGERY	700.06	00 15									
63	29893	SCOPE, PLANTAR FASCIOTOMY	640.77										
67	29893	SCOPE, PLANTAR FASCIOTOMY	640.77	00 15									
63	29894	ARTHROSCOPY, ANKLE, SURGICAL;	527.34										
67	29894	ARTHROSCOPY, ANKLE, SURGICAL;	527.34	00 15									
63	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	500.13										
67	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	500.13	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	537.33										
67	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	537.33	00 15									
63	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	601.02										
67	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	601.02	00 15									
63	29899	ANKLE ARTHROSCOPY/SURGERY	1,112.88										
67	29899	ANKLE ARTHROSCOPY/SURGERY	1,112.88	00 15									
63	29900	MCP JOINT ARTHROSCOPY, DX	526.61									X	
67	29900	MCP JOINT ARTHROSCOPY, DX	526.61	00 15								X	
63	29901	MCP JOINT ARTHROSCOPY, SURG	567.95									X	
67	29901	MCP JOINT ARTHROSCOPY, SURG	567.95	00 15								X	
63	29902	MCP JOINT ARTHROSCOPY, SURG	604.82									X	
67	29902	MCP JOINT ARTHROSCOPY, SURG	604.82	00 15								X	
63	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	684.32										
67	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	684.32	00 15									
63	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	554.25										
67	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	554.25	00 15									
63	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	723.29										
67	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	723.29	00 15									
63	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	942.72										
67	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	942.72	00 15									
63	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,054.74									X	
67	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,054.74	00 15								X	
63	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,086.68									X	
67	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,086.68	00 15								X	
63	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,083.14									X	
67	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,083.14	00 15								X	
63	30000	DRAINAGE OF NOSE LESION	241.17										
67	30000	DRAINAGE OF NOSE LESION	241.17	00 15									
63	30020	DRAINAGE OF NOSE LESION	243.43										
67	30020	DRAINAGE OF NOSE LESION	243.43	00 15									
63	30100	INTRANASAL BIOPSY	141.58										
67	30100	INTRANASAL BIOPSY	141.58	00 15									
63	30110	REMOVAL OF NOSE POLYP(S)	236.16										
67	30110	REMOVAL OF NOSE POLYP(S)	236.16	00 15									
63	30115	REMOVAL OF NOSE POLYP(S)	450.57										
67	30115	REMOVAL OF NOSE POLYP(S)	450.57	00 15									
63	30117	REMOVAL OF INTRANASAL LESION	891.50										
67	30117	REMOVAL OF INTRANASAL LESION	891.50	00 15									
63	30118	REMOVAL OF INTRANASAL LESION	812.64										
67	30118	REMOVAL OF INTRANASAL LESION	812.64	00 15									
63	30120	REVISION OF NOSE	532.07										
67	30120	REVISION OF NOSE	532.07	00 15									
63	30124	REMOVAL OF NOSE LESION	297.59										
67	30124	REMOVAL OF NOSE LESION	297.59	00 15									
63	30125	REMOVAL OF NOSE LESION	641.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	30125	REMOVAL OF NOSE LESION	641.31	00	15									
63	30130	REMOVAL OF TURBINATE BONES	395.30											
67	30130	REMOVAL OF TURBINATE BONES	395.30	00	15									
63	30140	REMOVAL OF TURBINATE BONES	287.19											
67	30140	REMOVAL OF TURBINATE BONES	287.19	00	15									
63	30150	PARTIAL REMOVAL OF NOSE	808.66											
67	30150	PARTIAL REMOVAL OF NOSE	808.66	00	15									
63	30160	REMOVAL OF NOSE	815.76											
67	30160	REMOVAL OF NOSE	815.76	00	15									
63	30200	INJECTION TREATMENT OF NOSE	112.77											
67	30200	INJECTION TREATMENT OF NOSE	112.77	00	15									
63	30210	NASAL SINUS THERAPY	151.25											
67	30210	NASAL SINUS THERAPY	151.25	00	15									
63	30220	INSERTION,NASAL SEPTAL PROSTHESIS	301.92											
67	30220	INSERTION,NASAL SEPTAL PROSTHESIS	301.92	00	15									
63	30300	REMOVE NASAL FOREIGN BODY	185.17											
67	30300	REMOVE NASAL FOREIGN BODY	185.17	00	15									
63	30310	REMOVE NASAL FOREIGN BODY	208.15											
67	30310	REMOVE NASAL FOREIGN BODY	208.15	00	15									
63	30320	REMOVE NASAL FOREIGN BODY	470.83											
67	30320	REMOVE NASAL FOREIGN BODY	470.83	00	15									
63	30400	RECONSTRUCTION OF NOSE	1,120.38											
67	30400	RECONSTRUCTION OF NOSE	1,120.38	00	15									
63	30410	RECONSTRUCTION OF NOSE	1,303.63											
67	30410	RECONSTRUCTION OF NOSE	1,303.63	00	15									
63	30420	RECONSTRUCTION OF NOSE	1,442.59											
67	30420	RECONSTRUCTION OF NOSE	1,442.59	00	15									
63	30430	REVISION OF NOSE	977.37											
67	30430	REVISION OF NOSE	977.37	00	15									
63	30435	REVISION WORK WITH OSTEOTOMIES	1,226.73											
67	30435	REVISION WORK WITH OSTEOTOMIES	1,226.73	00	15									
63	30450	REVISION OF NOSE	1,647.57											
67	30450	REVISION OF NOSE	1,647.57	00	15									
63	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	864.64											
67	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	864.64	00	15									
63	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,665.05											
67	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,665.05	00	15									
63	30465	REPAIR NASAL STENOSIS	1,031.09				X							
67	30465	REPAIR NASAL STENOSIS	1,031.09	00	15		X							
63	30520	REPAIR OF NASAL SEPTUM	655.55											
67	30520	REPAIR OF NASAL SEPTUM	655.55	00	15									
63	30540	REPAIR NASAL DEFECT	722.56											
67	30540	REPAIR NASAL DEFECT	722.56	00	15									
63	30545	REPAIR NASAL DEFECT	992.56											
67	30545	REPAIR NASAL DEFECT	992.56	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	30560	RELEASE OF NASAL ADHESIONS	278.48											
67	30560	RELEASE OF NASAL ADHESIONS	278.48	00	15									
63	30580	REPAIR UPPER JAW FISTULA	666.40											
67	30580	REPAIR UPPER JAW FISTULA	666.40	00	15									
63	30600	REPAIR MOUTH/NOSE FISTULA	590.83											
67	30600	REPAIR MOUTH/NOSE FISTULA	590.83	00	15									
63	30620	RECONSTRUCTION INNER NOSE	657.59											
67	30620	RECONSTRUCTION INNER NOSE	657.59	00	15									
63	30630	REPAIR NASAL SEPTUM DEFECT	658.26											
67	30630	REPAIR NASAL SEPTUM DEFECT	658.26	00	15									
63	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	221.53											
67	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	221.53	00	15									
63	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	285.51											
67	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	285.51	00	15									
63	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	139.45											
67	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	139.45	00	15									
63	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	218.66											
67	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	218.66	00	15									
63	30905	CONTROL OF NOSEBLEED	329.88											
67	30905	CONTROL OF NOSEBLEED	329.88	00	15									
63	30906	REPEAT CONTROL OF NOSEBLEED	347.53										X	
67	30906	REPEAT CONTROL OF NOSEBLEED	347.53	00	15								X	
63	30915	LIGATION NASAL SINUS ARTERY	606.81											
67	30915	LIGATION NASAL SINUS ARTERY	606.81	00	15									
63	30920	LIGATION UPPER JAW ARTERY	884.07											
67	30920	LIGATION UPPER JAW ARTERY	884.07	00	15									
63	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	124.39											
67	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	124.39	00	15									
63	31000	IRRIGATION MAXILLARY SINUS	182.94											
67	31000	IRRIGATION MAXILLARY SINUS	182.94	00	15									
63	31002	IRRIGATION SPHENOID SINUS	194.18											
67	31002	IRRIGATION SPHENOID SINUS	194.18	00	15									
63	31020	EXPLORATION MAXILLARY SINUS	483.83											
67	31020	EXPLORATION MAXILLARY SINUS	483.83	00	15									
63	31030	EXPLORATION MAXILLARY SINUS	687.77											
67	31030	EXPLORATION MAXILLARY SINUS	687.77	00	15									
63	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	602.39											
67	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	602.39	00	15									
63	31040	EXPLORATION BEHIND UPPER JAW	809.39											
67	31040	EXPLORATION BEHIND UPPER JAW	809.39	00	15									
63	31050	EXPLORATION SPHENOID SINUS	506.23											
67	31050	EXPLORATION SPHENOID SINUS	506.23	00	15									
63	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	677.00											
67	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	677.00	00	15									
63	31070	EXPLORATION OF FRONTAL SINUS	457.20											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	31070	EXPLORATION OF FRONTAL SINUS	457.20	00 15									
63	31075	EXPLORATION OF FRONTAL SINUS	821.00										
67	31075	EXPLORATION OF FRONTAL SINUS	821.00	00 15									
63	31080	REMOVAL OF FRONTAL SINUS	1,083.73										
67	31080	REMOVAL OF FRONTAL SINUS	1,083.73	00 15									
63	31081	REMOVAL OF FRONTAL SINUS	1,170.48										
67	31081	REMOVAL OF FRONTAL SINUS	1,170.48	00 15									
63	31084	REMOVAL OF FRONTAL SINUS	1,215.40										
67	31084	REMOVAL OF FRONTAL SINUS	1,215.40	00 15									
63	31085	REMOVAL OF FRONTAL SINUS	1,256.29										
67	31085	REMOVAL OF FRONTAL SINUS	1,256.29	00 15									
63	31086	REMOVAL OF FRONTAL SINUS	1,180.28										
67	31086	REMOVAL OF FRONTAL SINUS	1,180.28	00 15									
63	31087	REMOVAL OF FRONTAL SINUS	1,140.09										
67	31087	REMOVAL OF FRONTAL SINUS	1,140.09	00 15									
63	31090	EXPLORATION OF SINUSES	1,075.75										
67	31090	EXPLORATION OF SINUSES	1,075.75	00 15									
63	31200	REMOVAL OF ETHMOID SINUS	596.82										
67	31200	REMOVAL OF ETHMOID SINUS	596.82	00 15									
63	31201	REMOVAL OF ETHMOID SINUS	782.22										
67	31201	REMOVAL OF ETHMOID SINUS	782.22	00 15									
63	31205	REMOVAL OF ETHMOID SINUS	944.09										
67	31205	REMOVAL OF ETHMOID SINUS	944.09	00 15									
63	31225	REMOVAL OF UPPER JAW	1,957.10										
67	31225	REMOVAL OF UPPER JAW	1,957.10	00 15									
63	31230	REMOVAL OF UPPER JAW	2,171.02										
67	31230	REMOVAL OF UPPER JAW	2,171.02	00 15									
63	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	200.06										
67	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	200.06	00 15									
63	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	264.99										
67	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	264.99	00 15									
63	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	303.48										
67	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	303.48	00 15									
63	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	262.43										
67	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	262.43	00 15									
63	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	260.21										
67	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	260.21	00 15									
63	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	647.29										
67	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	647.29	00 15									
63	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	170.82										
67	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	170.82	00 15									
63	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	485.26										
67	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	485.26	00 15									
63	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	545.04										
67	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	545.04	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	426.15										
67	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	426.15	00 15									
63	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	351.67										
67	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	351.67	00 15									
63	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	195.12										
67	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	195.12	00 15									
63	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	486.14										
67	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	486.14	00 15									
63	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	514.89										
67	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	514.89	00 15									
63	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	288.28										
67	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	288.28	00 15									
63	31276	SINUS SURGICAL ENDOSCOPY	411.96										
67	31276	SINUS SURGICAL ENDOSCOPY	411.96	00 15									
63	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	218.25										
67	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	218.25	00 15									
63	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	254.22										
67	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	254.22	00 15									
63	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,229.17										
67	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,229.17	00 15									
63	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,312.58										
67	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,312.58	00 15									
63	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,059.49										
67	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,059.49	00 15									
63	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,152.79										
67	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,152.79	00 15									
63	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,322.03										
67	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,322.03	00 15									
63	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,907.05									X	
67	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,907.05	00 15								X	
63	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,934.18									X	
67	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,934.18	00 15								X	
63	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,891.85									X	
67	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,891.85	00 15								X	
63	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,650.49										
67	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,650.49	00 15									
63	31300	REMOVAL OF LARYNX LESION	1,341.55										
67	31300	REMOVAL OF LARYNX LESION	1,341.55	00 15									
63	31360	REMOVAL OF LARYNX	2,214.17										
67	31360	REMOVAL OF LARYNX	2,214.17	00 15									
63	31365	REMOVAL OF LARYNX	2,744.75										
67	31365	REMOVAL OF LARYNX	2,744.75	00 15									
63	31367	PARTIAL REMOVAL OF LARYNX	2,334.98										
67	31367	PARTIAL REMOVAL OF LARYNX	2,334.98	00 15									
63	31368	PARTIAL REMOVAL OF LARYNX	2,593.76										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	31368	PARTIAL REMOVAL OF LARYNX	2,593.76	00	15									
63	31370	PARTIAL REMOVAL OF LARYNX	2,187.69											
67	31370	PARTIAL REMOVAL OF LARYNX	2,187.69	00	15									
63	31375	PARTIAL REMOVAL OF LARYNX	2,075.04											
67	31375	PARTIAL REMOVAL OF LARYNX	2,075.04	00	15									
63	31380	PARTIAL REMOVAL OF LARYNX	2,045.07											
67	31380	PARTIAL REMOVAL OF LARYNX	2,045.07	00	15									
63	31382	PARTIAL REMOVAL OF LARYNX	2,246.61											
67	31382	PARTIAL REMOVAL OF LARYNX	2,246.61	00	15									
63	31390	REMOVAL OF LARYNX & PHARYNX	3,042.45											
67	31390	REMOVAL OF LARYNX & PHARYNX	3,042.45	00	15									
63	31395	RECONSTRUCT LARYNX & PHARYNX	3,206.20											
67	31395	RECONSTRUCT LARYNX & PHARYNX	3,206.20	00	15									
63	31400	REVISION OF LARYNX	1,026.81											
67	31400	REVISION OF LARYNX	1,026.81	00	15									
63	31420	REMOVAL OF EPIGLOTTIS	870.51											
67	31420	REMOVAL OF EPIGLOTTIS	870.51	00	15									
63	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	155.62										X	
67	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	155.62	00	15								X	
63	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	38.09											
67	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	38.09	00	15									
63	31505	DIAGNOSTIC LARYNGOSCOPY	85.16											
67	31505	DIAGNOSTIC LARYNGOSCOPY	85.16	00	15									
63	31510	LARYNGOSCOPY WITH BIOPSY	215.80											
67	31510	LARYNGOSCOPY WITH BIOPSY	215.80	00	15									
63	31511	REMOVE FOREIGN BODY LARYNX	217.44											
67	31511	REMOVE FOREIGN BODY LARYNX	217.44	00	15									
63	31512	REMOVAL OF LARYNX LESION	213.76											
67	31512	REMOVAL OF LARYNX LESION	213.76	00	15									
63	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	140.59											
67	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	140.59	00	15									
63	31515	LARYNGOSCOPY FOR ASPIRATION	207.32											
67	31515	LARYNGOSCOPY FOR ASPIRATION	207.32	00	15									
63	31520	DIAGNOSTIC LARYNGOSCOPY	167.77											
67	31520	DIAGNOSTIC LARYNGOSCOPY	167.77	00	15									
63	31525	DIAGNOSTIC LARYNGOSCOPY	257.68											
67	31525	DIAGNOSTIC LARYNGOSCOPY	257.68	00	15									
63	31526	DIAGNOSTIC LARYNGOSCOPY	168.16											
67	31526	DIAGNOSTIC LARYNGOSCOPY	168.16	00	15									
63	31527	LARYNGOSCOPY, INSERT OBTURATOR	209.30											
67	31527	LARYNGOSCOPY, INSERT OBTURATOR	209.30	00	15									
63	31528	LARYNGOSCOPY,W DILATATION INITIAL	154.70											
67	31528	LARYNGOSCOPY,W DILATATION INITIAL	154.70	00	15									
63	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	173.29											
67	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	173.29	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	31530	OPERATIVE LARYNGOSCOPY	214.55											
67	31530	OPERATIVE LARYNGOSCOPY	214.55	00	15									
63	31531	OPERATIVE LARYNGOSCOPY	228.24											
67	31531	OPERATIVE LARYNGOSCOPY	228.24	00	15									
63	31535	OPERATIVE LARYNGOSCOPY	203.27											
67	31535	OPERATIVE LARYNGOSCOPY	203.27	00	15									
63	31536	OPERATIVE LARYNGOSCOPY	226.75											
67	31536	OPERATIVE LARYNGOSCOPY	226.75	00	15									
63	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	259.74											
67	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	259.74	00	15									
63	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	283.94											
67	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	283.94	00	15									
63	31545	REMOVE VC LESION W/SCOPE	391.16											
67	31545	REMOVE VC LESION W/SCOPE	391.16	00	15									
63	31546	REMOVE VC LESION SCOPE/GRAFT	594.61											
67	31546	REMOVE VC LESION SCOPE/GRAFT	594.61	00	15									
63	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,528.50	00	11									
67	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,528.50	00	11									
63	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,533.46	12	99									
67	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,533.46	12	15									
63	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,669.26	00	11									
67	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,669.26	00	11									
63	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,741.82	12	99									
67	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,741.82	12	15									
63	31560	OPERATIVE LARYNGOSCOPY	337.79											
67	31560	OPERATIVE LARYNGOSCOPY	337.79	00	15									
63	31561	OPERATIVE LARYNGOSCOPY	369.84											
67	31561	OPERATIVE LARYNGOSCOPY	369.84	00	15									
63	31570	LARYNGOSCOPY WITH INJECTION	351.06											
67	31570	LARYNGOSCOPY WITH INJECTION	351.06	00	15									
63	31571	LARYNGOSCOPY WITH INJECTION	268.40											
67	31571	LARYNGOSCOPY WITH INJECTION	268.40	00	15									
63	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	507.92											
67	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	507.92	00	15									
63	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	273.35											
67	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	273.35	00	15									
63	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	993.19											
67	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	993.19	00	15									
63	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	118.12											
67	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	118.12	00	15									
63	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	267.55											
67	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	267.55	00	15									
63	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	281.46											
67	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	281.46	00	15									
63	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	306.66											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	306.66	00 15									
63	31579	SEE 31575;WITH STROBOSCOPY	189.01										
67	31579	SEE 31575;WITH STROBOSCOPY	189.01	00 15									
63	31580	REVISION OF LARYNX	1,304.38										
67	31580	REVISION OF LARYNX	1,304.38	00 15									
63	31584	REPAIR OF LARYNX FRACTURE	1,454.29										
67	31584	REPAIR OF LARYNX FRACTURE	1,454.29	00 15									
63	31587	LARYNGOPLASTY, CRICOID SPLIT	1,222.02										
67	31587	LARYNGOPLASTY, CRICOID SPLIT	1,222.02	00 15									
63	31590	LARYNGEAL REINNERVATION REPAIR	899.55										
67	31590	LARYNGEAL REINNERVATION REPAIR	899.55	00 15									
63	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,103.99										
67	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,103.99	00 15									
63	31592	CRICOTRACHEAL RESECTION	1,832.69										
67	31592	CRICOTRACHEAL RESECTION	1,832.69	00 15									
63	31600	TRACHEOSTOMY, PLANNED	339.33	02 99									
67	31600	TRACHEOSTOMY, PLANNED	339.33	02 15									
63	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	489.54	00 01									
67	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	489.54	00 01									
63	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	354.83										
67	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	354.83	00 15									
63	31605	INCISION OF NECK CARTILAGES	368.18										
67	31605	INCISION OF NECK CARTILAGES	368.18	00 15									
63	31610	INCISION OF WINDPIPE	999.88										
67	31610	INCISION OF WINDPIPE	999.88	00 15									
63	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	553.66										
67	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	553.66	00 15									
63	31612	PUNCTURE/CLEAR WINDPIPE	86.84										
67	31612	PUNCTURE/CLEAR WINDPIPE	86.84	00 15									
63	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	460.22										
67	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	460.22	00 15									
63	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	768.56										
67	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	768.56	00 15									
63	31615	VISUALIZATION OF WINDPIPE	175.11										
67	31615	VISUALIZATION OF WINDPIPE	175.11	00 15									
63	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	246.65										
67	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	246.65	00 15									
63	31623	DX BRONCHOSCOPE/BRUSH	269.26										
67	31623	DX BRONCHOSCOPE/BRUSH	269.26	00 15									
63	31624	DX BRONCHOSCOPE/LAVAGE	255.44										
67	31624	DX BRONCHOSCOPE/LAVAGE	255.44	00 15									
63	31625	BRONCHOSCOPY WITH BIOPSY	342.63										
67	31625	BRONCHOSCOPY WITH BIOPSY	342.63	00 15									
63	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	835.83									X	
67	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	835.83	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,296.43											
67	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,296.43	00	15									
63	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	364.71											
67	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	364.71	00	15									
63	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	448.08											
67	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	448.08	00	15									
63	31630	BRONCHOSCOPY WITH REPAIR	215.95											
67	31630	BRONCHOSCOPY WITH REPAIR	215.95	00	15									
63	31631	BRONCHOSCOPY-PLACE TRACH STENT	249.33											
67	31631	BRONCHOSCOPY-PLACE TRACH STENT	249.33	00	15									
63	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	66.93										X	
67	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	66.93	00	15								X	
63	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	84.18										X	
67	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	84.18	00	15								X	
63	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,699.85										X	
67	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,699.85	00	15								X	
63	31635	REMOVE FOREIGN BODY, AIRWAY	291.91											
67	31635	REMOVE FOREIGN BODY, AIRWAY	291.91	00	15									
63	31636	BRONCHOSCOPY, BRONCH STENTS	240.29											
67	31636	BRONCHOSCOPY, BRONCH STENTS	240.29	00	15									
63	31637	BRONCHOSCOPY, STENT ADD-ON	84.09											
67	31637	BRONCHOSCOPY, STENT ADD-ON	84.09	00	15									
63	31638	BRONCHOSCOPY, REVISE STENT	272.75											
67	31638	BRONCHOSCOPY, REVISE STENT	272.75	00	15									
63	31640	BRONCHOSCOPY & REMOVE LESION	272.94											
67	31640	BRONCHOSCOPY & REMOVE LESION	272.94	00	15									
63	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	279.24											
67	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	279.24	00	15									
63	31643	DX BRONCHOSCOPE/CATHETER	191.69											
67	31643	DX BRONCHOSCOPE/CATHETER	191.69	00	15									
63	31645	BRONCHOSCOPY, CLEAR AIRWAYS	267.76											
67	31645	BRONCHOSCOPY, CLEAR AIRWAYS	267.76	00	15									
63	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	154.15											
67	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	154.15	00	15									
63	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	230.79											
67	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	230.79	00	15									
63	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	220.08											
67	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	220.08	00	15									
63	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	73.49										X	
67	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	73.49	00	15								X	
63	31651	BRONCHOSCOPY,RIGID OR FLEXIBLE,INC	80.66										X	
67	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	80.66	00	15								X	
63	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	956.14											
67	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	956.14	00	15									
63	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,003.30											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,003.30	00	15									
63	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	127.47											
67	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	127.47	00	15									
63	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	212.03											
67	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	212.03	00	15									
63	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	223.77											
67	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	223.77	00	15									
63	31717	BRONCHIAL BRUSH BIOPSY	282.43											
67	31717	BRONCHIAL BRUSH BIOPSY	282.43	00	15									
63	31720	CLEARANCE OF AIRWAYS	54.15										X	
67	31720	CLEARANCE OF AIRWAYS	54.15	00	15								X	
63	31725	CLEARANCE OF AIRWAYS	87.27										X	
67	31725	CLEARANCE OF AIRWAYS	87.27	00	15								X	
63	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,182.51											
67	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,182.51	00	15									
63	31750	REPAIR OF WINDPIPE	1,439.55											
67	31750	REPAIR OF WINDPIPE	1,439.55	00	15									
63	31755	REPAIR OF WINDPIPE	1,805.08											
67	31755	REPAIR OF WINDPIPE	1,805.08	00	15									
63	31760	REPAIR OF WINDPIPE	1,516.86											
67	31760	REPAIR OF WINDPIPE	1,516.86	00	15									
63	31766	CARINAL RECONSTRUCTION	1,976.80											
67	31766	CARINAL RECONSTRUCTION	1,976.80	00	15									
63	31770	REPAIR/GRAFT OF BRONCHUS	1,477.81											
67	31770	REPAIR/GRAFT OF BRONCHUS	1,477.81	00	15									
63	31775	RECONSTRUCT BRONCHUS	1,551.96											
67	31775	RECONSTRUCT BRONCHUS	1,551.96	00	15									
63	31780	RECONSTRUCT WINDPIPE	1,285.96											
67	31780	RECONSTRUCT WINDPIPE	1,285.96	00	15									
63	31781	RECONSTRUCT WINDPIPE	1,541.68											
67	31781	RECONSTRUCT WINDPIPE	1,541.68	00	15									
63	31785	REMOVE WINDPIPE LESION	1,162.35											
67	31785	REMOVE WINDPIPE LESION	1,162.35	00	15									
63	31786	REMOVE WINDPIPE LESION	1,600.76											
67	31786	REMOVE WINDPIPE LESION	1,600.76	00	15									
63	31800	REPAIR OF WINDPIPE INJURY	751.35											
67	31800	REPAIR OF WINDPIPE INJURY	751.35	00	15									
63	31805	REPAIR OF WINDPIPE INJURY	896.98											
67	31805	REPAIR OF WINDPIPE INJURY	896.98	00	15									
63	31820	CLOSURE OF WINDPIPE LESION	448.76											
67	31820	CLOSURE OF WINDPIPE LESION	448.76	00	15									
63	31825	REPAIR OF WINDPIPE DEFECT	626.38											
67	31825	REPAIR OF WINDPIPE DEFECT	626.38	00	15									
63	31830	REVISE WINDPIPE SCAR	462.64											
67	31830	REVISE WINDPIPE SCAR	462.64	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	32035	EXPLORATION OF CHEST	792.05										
67	32035	EXPLORATION OF CHEST	792.05	00 15									
63	32036	EXPLORATION OF CHEST	847.70										
67	32036	EXPLORATION OF CHEST	847.70	00 15									
63	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	885.57										
67	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	885.57	00 15									
63	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	885.35										
67	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	885.35	00 15									
63	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	837.74										
67	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	837.74	00 15									
63	32100	THORACOTOMY; WITH EXPLORATION	892.50										
67	32100	THORACOTOMY; WITH EXPLORATION	892.50	00 15									
63	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,620.01										
67	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,620.01	00 15									
63	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	957.44										
67	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	957.44	00 15									
63	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	1,017.25										
67	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	1,017.25	00 15									
63	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,093.88										
67	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,093.88	00 15									
63	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,688.93										
67	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,688.93	00 15									
63	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,103.44										
67	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,103.44	00 15									
63	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,109.75										
67	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,109.75	00 15									
63	32160	THORACOTOMY; WITH CARDIAC MASSAGE	871.87										
67	32160	THORACOTOMY; WITH CARDIAC MASSAGE	871.87	00 15									
63	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,251.11										
67	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,251.11	00 15									
63	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	871.68										
67	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	871.68	00 15									
63	32220	RELEASE OF LUNG	1,744.82										
67	32220	RELEASE OF LUNG	1,744.82	00 15									
63	32225	PARTIAL RELEASE OF LUNG	1,092.82										
67	32225	PARTIAL RELEASE OF LUNG	1,092.82	00 15									
63	32310	REMOVAL OF CHEST LINING	1,003.00										
67	32310	REMOVAL OF CHEST LINING	1,003.00	00 15									
63	32320	FREE/REMOVE CHEST LINING	1,761.12										
67	32320	FREE/REMOVE CHEST LINING	1,761.12	00 15									
63	32400	NEEDLE BIOPSY CHEST LINING	159.42									X	
67	32400	NEEDLE BIOPSY CHEST LINING	159.42	00 15								X	
63	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	388.03									X	
67	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	388.03	00 15								X	
63	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,728.03										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,728.03	00 15									
63	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,427.46										
67	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,427.46	00 15									
63	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,945.84										
67	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,945.84	00 15									
63	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,632.79										
67	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,632.79	00 15									
63	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,744.71										
67	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,744.71	00 15									
63	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,584.94										
67	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,584.94	00 15									
63	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,620.86										
67	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,620.86	00 15									
63	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,667.03										
67	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,667.03	00 15									
63	32501	REPAIR BRONCHUS (ADD-ON)	273.34										
67	32501	REPAIR BRONCHUS (ADD-ON)	273.34	00 15									
63	32503	RESECT APICAL LUNG TUMOR	1,996.71										
67	32503	RESECT APICAL LUNG TUMOR	1,996.71	00 15									
63	32504	RESECT APICAL LUNG TUM/CHEST	2,279.00										
67	32504	RESECT APICAL LUNG TUM/CHEST	2,279.00	00 15									
63	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,025.16										
67	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,025.16	00 15									
63	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	175.19									X	
67	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	175.19	00 15								X	
63	32540	REMOVAL OF LUNG LESION	1,903.19										
67	32540	REMOVAL OF LUNG LESION	1,903.19	00 15									
63	32550	INSERTION OF INDWELLING TUNNELED PLE	747.01										
67	32550	INSERTION OF INDWELLING TUNNELED PLE	747.01	00 15									
63	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	173.10										
67	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	173.10	00 15									
63	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	194.03										
67	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	194.03	00 15									
63	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	525.26										
67	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	525.26	00 15									
63	32554	THORACENTESIS, NEEDLE OR CATHETER, A	214.42										
67	32554	THORACENTESIS, NEEDLE OR CATHETER, A	214.42	00 15									
63	32555	THORACENTESIS, NEEDLE OR CATHETER, A	301.33										
67	32555	THORACENTESIS, NEEDLE OR CATHETER, A	301.33	00 15									
63	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	605.89										
67	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	605.89	00 15									
63	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	562.23										
67	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	562.23	00 15									
63	32560	INSTILLATION VIA CHEST TUBE/CATHETER	253.22										
67	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	253.22	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	98.22											
67	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	98.22	00	15									
63	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	87.93											
67	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	87.93	00	15									
63	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	341.00											
67	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	341.00	00	15									
63	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	537.08											
67	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	537.08	00	15									
63	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	512.89											
67	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	512.89	00	15									
63	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	340.66											
67	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	340.66	00	15									
63	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	418.71											
67	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	418.71	00	15									
63	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	284.63											
67	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	284.63	00	15									
63	32650	THORACOSCOPY, SURGICAL;	728.27											
67	32650	THORACOSCOPY, SURGICAL;	728.27	00	15									
63	32651	THORACOSCOPY, SURGICAL;	1,207.06											
67	32651	THORACOSCOPY, SURGICAL;	1,207.06	00	15									
63	32652	THORACOSCOPY, SURGICAL;	1,836.82											
67	32652	THORACOSCOPY, SURGICAL;	1,836.82	00	15									
63	32653	THORACOSCOPY, SURGICAL;	1,168.63											
67	32653	THORACOSCOPY, SURGICAL;	1,168.63	00	15									
63	32654	THORACOSCOPY, SURGICAL;	1,268.81											
67	32654	THORACOSCOPY, SURGICAL;	1,268.81	00	15									
63	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,051.62											
67	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,051.62	00	15									
63	32656	THORACOSCOPY, SURGICAL;	878.64											
67	32656	THORACOSCOPY, SURGICAL;	878.64	00	15									
63	32658	THORACOSCOPY, SURGICAL;	785.21											
67	32658	THORACOSCOPY, SURGICAL;	785.21	00	15									
63	32659	THORACOSCOPY, SURGICAL;	801.82											
67	32659	THORACOSCOPY, SURGICAL;	801.82	00	15									
63	32661	THORACOSCOPY, SURGICAL;	879.23											
67	32661	THORACOSCOPY, SURGICAL;	879.23	00	15									
63	32662	THORACOSCOPY, SURGICAL;	981.43											
67	32662	THORACOSCOPY, SURGICAL;	981.43	00	15									
63	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,548.10											
67	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,548.10	00	15									
63	32664	THORACOSCOPY, SURGICAL;	935.84											
67	32664	THORACOSCOPY, SURGICAL;	935.84	00	15									
63	32665	THORACOSCOPY, SURGICAL;	1,366.97											
67	32665	THORACOSCOPY, SURGICAL;	1,366.97	00	15									
63	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	956.36											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	956.36	00 15									
63	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	175.53									X	
67	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	175.53	00 15								X	
63	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	175.53										
67	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	175.53	00 15									
63	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,485.39										
67	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,485.39	00 15									
63	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,773.87										
67	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,773.87	00 15									
63	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,979.27										
67	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,979.27	00 15									
63	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,690.70										
67	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,690.70	00 15									
63	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,339.33										
67	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,339.33	00 15									
63	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	241.27										
67	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	241.27	00 15									
63	32701	THORACIC TARGET(S) DELINEATION FOR S	238.72										
67	32701	THORACIC TARGET(S) DELINEATION FOR S	238.72	00 15									
63	32800	REPAIR LUNG HERNIA	1,029.33										
67	32800	REPAIR LUNG HERNIA	1,029.33	00 15									
63	32810	CLOSE CHEST AFTER DRAINAGE	992.19										
67	32810	CLOSE CHEST AFTER DRAINAGE	992.19	00 15									
63	32815	CLOSE BRONCHIAL FISTULA	3,110.77										
67	32815	CLOSE BRONCHIAL FISTULA	3,110.77	00 15									
63	32820	RECONSTRUCT INJURED CHEST	1,468.44										
67	32820	RECONSTRUCT INJURED CHEST	1,468.44	00 15									
63	32851	LUNG TRANSPLANT, SINGLE;	3,668.17		X								
67	32851	LUNG TRANSPLANT, SINGLE;	3,668.17	00 15	X								
63	32852	LUNG TRANSPLANT, SINGLE;	3,999.57		X								
67	32852	LUNG TRANSPLANT, SINGLE;	3,999.57	00 15	X								
63	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,148.44		X								
67	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,148.44	00 15	X								
63	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,467.30		X								
67	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,467.30	00 15	X								
63	32900	REMOVAL OF RIB(S)	1,556.08										
67	32900	REMOVAL OF RIB(S)	1,556.08	00 15									
63	32905	REVISE & REPAIR CHEST WALL	1,481.11										
67	32905	REVISE & REPAIR CHEST WALL	1,481.11	00 15									
63	32906	REVISE & REPAIR CHEST WALL	1,834.31										
67	32906	REVISE & REPAIR CHEST WALL	1,834.31	00 15									
63	32940	REVISION OF LUNG	1,367.02										
67	32940	REVISION OF LUNG	1,367.02	00 15									
63	32960	THERAPEUTIC PNEUMOTHORAX	132.34										
67	32960	THERAPEUTIC PNEUMOTHORAX	132.34	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,470.28											
67	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,470.28	00	15									
63	32997	TOTAL LUNG LAVAGE	372.53											
67	32997	TOTAL LUNG LAVAGE	372.53	00	15									
63	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,468.43											
67	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,468.43	00	15									
63	33020	INCISION OF HEART SAC	967.97											
67	33020	INCISION OF HEART SAC	967.97	00	15									
63	33025	INCISION OF HEART SAC	879.00											
67	33025	INCISION OF HEART SAC	879.00	00	15									
63	33030	PARTIAL REMOVAL OF HEART SAC	2,221.00											
67	33030	PARTIAL REMOVAL OF HEART SAC	2,221.00	00	15									
63	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,750.90											
67	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,750.90	00	15									
63	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,110.67											
67	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,110.67	00	15									
63	33120	REMOVAL OF HEART LESION	2,333.44											
67	33120	REMOVAL OF HEART LESION	2,333.44	00	15									
63	33130	REMOVAL OF HEART LESION	1,526.03											
67	33130	REMOVAL OF HEART LESION	1,526.03	00	15									
63	33140	HEART REVASCULARIZE (TMR)	1,749.43			X								
67	33140	HEART REVASCULARIZE (TMR)	1,749.43	00	15	X								
63	33141	HEART TMR W/OTHER PROCEDURE	146.84			X								
67	33141	HEART TMR W/OTHER PROCEDURE	146.84	00	15	X								
63	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	854.84											
67	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	854.84	00	15									
63	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	896.47											
67	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	896.47	00	15									
63	33206	INSERTION OF NEW OR REPLACEMENT OF P	497.45											
67	33206	INSERTION OF NEW OR REPLACEMENT OF P	497.45	00	15									
63	33207	INSERTION OF NEW OR REPLACEMENT OF P	530.21											
67	33207	INSERTION OF NEW OR REPLACEMENT OF P	530.21	00	15									
63	33208	INSERTION OF NEW OR REPLACEMENT OF P	575.34											
67	33208	INSERTION OF NEW OR REPLACEMENT OF P	575.34	00	15									
63	33210	INSERTION OF HEART ELECTRODE	182.75											
67	33210	INSERTION OF HEART ELECTRODE	182.75	00	15									
63	33211	INSERTION OR REPLACEMENT OF TEMPORAR	190.08											
67	33211	INSERTION OR REPLACEMENT OF TEMPORAR	190.08	00	15									
63	33212	INSERTION OF PACEMAKER PULSE GENERAT	351.86											
67	33212	INSERTION OF PACEMAKER PULSE GENERAT	351.86	00	15									
63	33213	INSERTION OF PACEMAKER PULSE GENERAT	368.48											
67	33213	INSERTION OF PACEMAKER PULSE GENERAT	368.48	00	15									
63	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	526.08											
67	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	526.08	00	15									
63	33215	REPOSITION PACING-DEFIB LEAD	341.49											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33215	REPOSITION PACING-DEFIB LEAD	341.49	00 15									
63	33216	REVISION IMPLANTED ELECTRODE	405.45										
67	33216	REVISION IMPLANTED ELECTRODE	405.45	00 15									
63	33217	INSERTION, REPLACEMENT OR REPOSITION	399.65										
67	33217	INSERTION, REPLACEMENT OR REPOSITION	399.65	00 15									
63	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	423.57										
67	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	423.57	00 15									
63	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	426.64										
67	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	426.64	00 15									
63	33221	INSERTION OF PACEMAKER PULSE GENERAT	394.03										
67	33221	INSERTION OF PACEMAKER PULSE GENERAT	394.03	00 15									
63	33222	RELOCATION OF PACEMAKER GENERATOR SK	367.80										
67	33222	RELOCATION OF PACEMAKER GENERATOR SK	367.80	00 15									
63	33223	RELOCATION OF PACING DEFIBRILLATOR D	448.03										
67	33223	RELOCATION OF PACING DEFIBRILLATOR D	448.03	00 15									
63	33224	INSERTION OF PACING ELECTRODE, CARDI	574.61										
67	33224	INSERTION OF PACING ELECTRODE, CARDI	574.61	00 15									
63	33225	INSERTION OF PACING ELECTRODE, CARDI	523.63										
67	33225	INSERTION OF PACING ELECTRODE, CARDI	523.63	00 15									
63	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	553.09										
67	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	553.09	00 15									
63	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	371.07										
67	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	371.07	00 15									
63	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	387.79										
67	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	387.79	00 15									
63	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	410.52										
67	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	410.52	00 15									
63	33230	INSERTION OF PACING CARDIOVERTER-DEF	419.70										
67	33230	INSERTION OF PACING CARDIOVERTER-DEF	419.70	00 15									
63	33231	INSERTION OF PACING CARDIOVERTER-DEF	440.86										
67	33231	INSERTION OF PACING CARDIOVERTER-DEF	440.86	00 15									
63	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	249.35										
67	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	249.35	00 15									
63	33234	REMOVAL OF PERMANENT PACEMAKER;	533.55										
67	33234	REMOVAL OF PERMANENT PACEMAKER;	533.55	00 15									
63	33235	REMOVAL OF PERMANENT PACEMAKER;	699.80										
67	33235	REMOVAL OF PERMANENT PACEMAKER;	699.80	00 15									
63	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	860.67										
67	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	860.67	00 15									
63	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	926.60										
67	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	926.60	00 15									
63	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,027.55										
67	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,027.55	00 15									
63	33240	INSERTION OF PACING CARDIOVERTER-DEF	401.73										
67	33240	INSERTION OF PACING CARDIOVERTER-DEF	401.73	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	233.73										
67	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	233.73	00 15									
63	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,516.51										
67	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,516.51	00 15									
63	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	950.60										
67	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	950.60	00 15									
63	33249	INSERTION OR REPLACEMENT OF PERMANEN	1,012.52										
67	33249	INSERTION OR REPLACEMENT OF PERMANEN	1,012.52	00 15									
63	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,627.93										
67	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,627.93	00 15									
63	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,811.87										
67	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,811.87	00 15									
63	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,508.46										
67	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,508.46	00 15									
63	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,820.30										
67	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,820.30	00 15									
63	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,156.12										
67	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,156.12	00 15									
63	33257	OPERATIVE TISSUE ABLATION AND RECONS	639.08										
67	33257	OPERATIVE TISSUE ABLATION AND RECONS	639.08	00 15									
63	33258	OPERATIVE TISSUE ABLATION AND RECONS	717.92										
67	33258	OPERATIVE TISSUE ABLATION AND RECONS	717.92	00 15									
63	33259	OPERATIVE TISSUE ABLATION AND RECONS	929.10										
67	33259	OPERATIVE TISSUE ABLATION AND RECONS	929.10	00 15									
63	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,804.13										
67	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,804.13	00 15									
63	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	408.92										
67	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	408.92	00 15									
63	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	426.10										
67	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	426.10	00 15									
63	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	444.76										
67	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	444.76	00 15									
63	33265	ABLATE ATRIA, LMTD, ENDO	1,502.55										
67	33265	ABLATE ATRIA, LMTD, ENDO	1,502.55	00 15									
63	33266	ABLATE ATRIA, X10SV, ENDO	2,050.59										
67	33266	ABLATE ATRIA, X10SV, ENDO	2,050.59	00 15									
63	33270	INSERTION OR REPLACEMENT OF PERMANEN	624.27										
67	33270	INSERTION OR REPLACEMENT OF PERMANEN	624.27	00 15									
63	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	503.84										
67	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	503.84	00 15									
63	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	381.24										
67	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	381.24	00 15									
63	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	443.41										
67	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	443.41	00 15									
63	33274	TRANSCATHETER INSERTION OR REPLACEME	538.36										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33274	TRANSCATHETER INSERTION OR REPLACEME	538.36	00 15									
63	33275	TRANSCATHETER REMOVAL OF PERMANENT	574.66										
67	33275	TRANSCATHETER REMOVAL OF PERMANENT	574.66	00 15									
63	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,975.40										
67	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,975.40	00 15									
63	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	139.83										
67	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	139.83	00 15									
63	33289	TRANSCATHETER IMPLANTATION OF WIRELE	364.50										
67	33289	TRANSCATHETER IMPLANTATION OF WIRELE	364.50	00 15									
63	33300	REPAIR OF HEART WOUND	2,731.96										
67	33300	REPAIR OF HEART WOUND	2,731.96	00 15									
63	33305	REPAIR OF HEART WOUND	4,593.31										
67	33305	REPAIR OF HEART WOUND	4,593.31	00 15									
63	33310	EXPLORATORY HEART SURGERY	1,302.13										
67	33310	EXPLORATORY HEART SURGERY	1,302.13	00 15									
63	33315	EXPLORATORY HEART SURGERY	2,128.22										
67	33315	EXPLORATORY HEART SURGERY	2,128.22	00 15									
63	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,168.33										
67	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,168.33	00 15									
63	33321	REPAIR MAJOR VESSEL	1,324.63										
67	33321	REPAIR MAJOR VESSEL	1,324.63	00 15									
63	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,530.57										
67	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,530.57	00 15									
63	33330	INSERT MAJOR VESSEL GRAFT	1,591.89										
67	33330	INSERT MAJOR VESSEL GRAFT	1,591.89	00 15									
63	33335	INSERT MAJOR VESSEL GRAFT	2,096.22										
67	33335	INSERT MAJOR VESSEL GRAFT	2,096.22	00 15									
63	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	881.03										
67	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	881.03	00 15									
63	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,520.43										
67	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,520.43	00 15									
63	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,660.62										
67	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,660.62	00 15									
63	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,720.44										
67	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,720.44	00 15									
63	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,782.69										
67	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,782.69	00 15									
63	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,997.72										
67	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,997.72	00 15									
63	33366	Transcatheter aortic valve replaceme	2,159.94										
67	33366	Transcatheter aortic valve replaceme	2,159.94	00 15									
63	33367	TRANSCATHETER AORTIC VALVE REPLACEME	706.53										
67	33367	TRANSCATHETER AORTIC VALVE REPLACEME	706.53	00 15									
63	33368	TRANSCATHETER AORTIC VALVE REPLACEME	841.15										
67	33368	TRANSCATHETER AORTIC VALVE REPLACEME	841.15	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,110.23											
67	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,110.23	00	15									
63	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,144.81											
67	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,144.81	00	15									
63	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,539.62											
67	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,539.62	00	15									
63	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,957.51											
67	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,957.51	00	15									
63	33405	REPLACEMENT OF AORTIC VALVE	2,523.41											
67	33405	REPLACEMENT OF AORTIC VALVE	2,523.41	00	15									
63	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,198.31											
67	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,198.31	00	15									
63	33410	REPLACEMENT OF AORTIC VALVE	2,829.97											
67	33410	REPLACEMENT OF AORTIC VALVE	2,829.97	00	15									
63	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,747.04											
67	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,747.04	00	15									
63	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,556.32											
67	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,556.32	00	15									
63	33413	REPLACEMENT, AORTIC VALVE;	3,635.57											
67	33413	REPLACEMENT, AORTIC VALVE;	3,635.57	00	15									
63	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,384.85											
67	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,384.85	00	15									
63	33415	REVISION OF AORTIC VALVE	2,255.72											
67	33415	REVISION OF AORTIC VALVE	2,255.72	00	15									
63	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,249.64											
67	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,249.64	00	15									
63	33417	REPAIR OF AORTIC VALVE	1,844.39											
67	33417	REPAIR OF AORTIC VALVE	1,844.39	00	15									
63	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	2,007.25											
67	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	2,007.25	00	15									
63	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	475.79											
67	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	475.79	00	15									
63	33420	REVISION OF MITRAL VALVE	1,622.12											
67	33420	REVISION OF MITRAL VALVE	1,622.12	00	15									
63	33422	REVISION OF MITRAL VALVE	1,861.92											
67	33422	REVISION OF MITRAL VALVE	1,861.92	00	15									
63	33425	REPAIR OF MITRAL VALVE	3,038.09											
67	33425	REPAIR OF MITRAL VALVE	3,038.09	00	15									
63	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,648.39											
67	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,648.39	00	15									
63	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,721.48											
67	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,721.48	00	15									
63	33430	REPLACEMENT OF MITRAL VALVE	3,113.82											
67	33430	REPLACEMENT OF MITRAL VALVE	3,113.82	00	15									
63	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,836.53											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,836.53	00 15									
63	33460	REVISION OF TRICUSPID VALVE	2,707.27										
67	33460	REVISION OF TRICUSPID VALVE	2,707.27	00 15									
63	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,443.17										
67	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,443.17	00 15									
63	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,716.44										
67	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,716.44	00 15									
63	33465	REPLACE TRICUSPID VALVE	3,074.42										
67	33465	REPLACE TRICUSPID VALVE	3,074.42	00 15									
63	33468	REVISION OF TRICUSPID VALVE	2,746.63										
67	33468	REVISION OF TRICUSPID VALVE	2,746.63	00 15									
63	33470	REVISION OF PULMONARY VALVE	1,374.60										
67	33470	REVISION OF PULMONARY VALVE	1,374.60	00 15									
63	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,469.32										
67	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,469.32	00 15									
63	33474	REVISION OF PULMONARY VALVE	2,433.77										
67	33474	REVISION OF PULMONARY VALVE	2,433.77	00 15									
63	33475	REPLACEMENT, PULMONARY VALVE	2,596.82										
67	33475	REPLACEMENT, PULMONARY VALVE	2,596.82	00 15									
63	33476	REVISION OF HEART CHAMBER	1,690.88										
67	33476	REVISION OF HEART CHAMBER	1,690.88	00 15									
63	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,528.74										
67	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,528.74	00 15									
63	33478	REVISION OF HEART CHAMBER	1,747.79										
67	33478	REVISION OF HEART CHAMBER	1,747.79	00 15									
63	33496	REPAIR, PROSTH VALVE CLOT	1,864.11										
67	33496	REPAIR, PROSTH VALVE CLOT	1,864.11	00 15									
63	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,746.38										
67	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,746.38	00 15									
63	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,244.38										
67	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,244.38	00 15									
63	33502	CORONARY ARTERY CORRECTION	1,414.05										
67	33502	CORONARY ARTERY CORRECTION	1,414.05	00 15									
63	33503	CORONARY ARTERY GRAFT	1,467.76										
67	33503	CORONARY ARTERY GRAFT	1,467.76	00 15									
63	33504	CORONARY ARTERY GRAFT	1,627.23										
67	33504	CORONARY ARTERY GRAFT	1,627.23	00 15									
63	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,314.75										
67	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,314.75	00 15									
63	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,300.84										
67	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,300.84	00 15									
63	33507	REPAIR ART, INTRAMURAL	1,926.41										
67	33507	REPAIR ART, INTRAMURAL	1,926.41	00 15									
63	33508	ENDOSCOPIC VEIN HARVEST	18.15										
67	33508	ENDOSCOPIC VEIN HARVEST	18.15	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33510	CORONARY ARTERY BYPASS	2,147.47											
67	33510	CORONARY ARTERY BYPASS	2,147.47	00	15									
63	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,358.99											
67	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,358.99	00	15									
63	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,687.92											
67	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,687.92	00	15									
63	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,770.00											
67	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,770.00	00	15									
63	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,912.72											
67	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,912.72	00	15									
63	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	3,040.79											
67	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	3,040.79	00	15									
63	33517	CORONARY ARTERY BYPASS, USING VENOUS	209.07											
67	33517	CORONARY ARTERY BYPASS, USING VENOUS	209.07	00	15									
63	33518	CORONARY ARTERY BYPASS, USING VENOUS	461.19											
67	33518	CORONARY ARTERY BYPASS, USING VENOUS	461.19	00	15									
63	33519	CORONARY ARTERY BYPASS, USING VENOUS	610.06											
67	33519	CORONARY ARTERY BYPASS, USING VENOUS	610.06	00	15									
63	33521	CORONARY ARTERY BYPASS, USING VENOUS	731.96											
67	33521	CORONARY ARTERY BYPASS, USING VENOUS	731.96	00	15									
63	33522	CORONARY ARTERY BYPASS, USING VENOUS	822.16											
67	33522	CORONARY ARTERY BYPASS, USING VENOUS	822.16	00	15									
63	33523	CORONARY ARTERY BYPASS, USING VENOUS	928.11											
67	33523	CORONARY ARTERY BYPASS, USING VENOUS	928.11	00	15									
63	33530	REOPERATION,CORON ART BYPASS >1MONTH	589.66											
67	33530	REOPERATION,CORON ART BYPASS >1MONTH	589.66	00	15									
63	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,075.58											
67	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,075.58	00	15									
63	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,443.12											
67	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,443.12	00	15									
63	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,727.62											
67	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,727.62	00	15									
63	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,923.40											
67	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,923.40	00	15									
63	33542	REMOVAL OF HEART LESION	2,931.72											
67	33542	REMOVAL OF HEART LESION	2,931.72	00	15									
63	33545	REPAIR OF HEART DAMAGE	3,458.58											
67	33545	REPAIR OF HEART DAMAGE	3,458.58	00	15									
63	33548	RESTORE/REMODEL, VENTRICLE	3,293.00											
67	33548	RESTORE/REMODEL, VENTRICLE	3,293.00	00	15									
63	33572	OPEN CORONARY ENDARTERECTOMY	257.87											
67	33572	OPEN CORONARY ENDARTERECTOMY	257.87	00	15									
63	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,912.24											
67	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,912.24	00	15									
63	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,855.33											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,855.33	00 15									
63	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,979.78										
67	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,979.78	00 15									
63	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	2,004.81										
67	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	2,004.81	00 15									
63	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,976.49										
67	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,976.49	00 15									
63	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,182.55										
67	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,182.55	00 15									
63	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,241.41										
67	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,241.41	00 15									
63	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,228.73										
67	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,228.73	00 15									
63	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,417.31										
67	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,417.31	00 15									
63	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	3,047.71										
67	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	3,047.71	00 15									
63	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,844.47										
67	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,844.47	00 15									
63	33621	TRANSTHORACIC INSERTION OF CATHETER	1,033.61										
67	33621	TRANSTHORACIC INSERTION OF CATHETER	1,033.61	00 15									
63	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,860.13										
67	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,860.13	00 15									
63	33641	REPAIR HEART SEPTUM DEFECT	1,819.43										
67	33641	REPAIR HEART SEPTUM DEFECT	1,819.43	00 15									
63	33645	REVISION OF HEART VEINS	1,933.22										
67	33645	REVISION OF HEART VEINS	1,933.22	00 15									
63	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	2,032.38										
67	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	2,032.38	00 15									
63	33660	REPAIR OF HEART DEFECTS	1,963.35										
67	33660	REPAIR OF HEART DEFECTS	1,963.35	00 15									
63	33665	REPAIR OF HEART DEFECTS	2,140.36										
67	33665	REPAIR OF HEART DEFECTS	2,140.36	00 15									
63	33670	REPAIR OF HEART CHAMBERS	2,213.70										
67	33670	REPAIR OF HEART CHAMBERS	2,213.70	00 15									
63	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,206.00										
67	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,206.00	00 15									
63	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,264.86										
67	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,264.86	00 15									
63	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,352.81										
67	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,352.81	00 15									
63	33681	REPAIR HEART SEPTUM DEFECT	2,029.74										
67	33681	REPAIR HEART SEPTUM DEFECT	2,029.74	00 15									
63	33684	REPAIR HEART SEPTUM DEFECT	2,112.04										
67	33684	REPAIR HEART SEPTUM DEFECT	2,112.04	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	33688	REPAIR HEART SEPTUM DEFECT	2,111.81										
67	33688	REPAIR HEART SEPTUM DEFECT	2,111.81	00 15									
63	33690	REINFORCE PULMONARY ARTERY	1,327.84										
67	33690	REINFORCE PULMONARY ARTERY	1,327.84	00 15									
63	33692	REPAIR OF HEART DEFECTS	2,193.53										
67	33692	REPAIR OF HEART DEFECTS	2,193.53	00 15									
63	33694	REPAIR OF HEART DEFECTS	2,182.55										
67	33694	REPAIR OF HEART DEFECTS	2,182.55	00 15									
63	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,299.47										
67	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,299.47	00 15									
63	33702	REPAIR OF HEART DEFECTS	1,720.17										
67	33702	REPAIR OF HEART DEFECTS	1,720.17	00 15									
63	33710	REPAIR OF HEART DEFECTS	2,296.33										
67	33710	REPAIR OF HEART DEFECTS	2,296.33	00 15									
63	33720	REPAIR OF HEART DEFECT	1,721.28										
67	33720	REPAIR OF HEART DEFECT	1,721.28	00 15									
63	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,814.99										
67	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,814.99	00 15									
63	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,716.47										
67	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,716.47	00 15									
63	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,274.92										
67	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,274.92	00 15									
63	33730	REPAIR HEART-VEIN DEFECT(S)	2,239.38										
67	33730	REPAIR HEART-VEIN DEFECT(S)	2,239.38	00 15									
63	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,832.89										
67	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,832.89	00 15									
63	33735	REVISION OF HEART CHAMBER	1,435.89										
67	33735	REVISION OF HEART CHAMBER	1,435.89	00 15									
63	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,559.81										
67	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,559.81	00 15									
63	33737	REVISION OF HEART CHAMBER	1,440.27										
67	33737	REVISION OF HEART CHAMBER	1,440.27	00 15									
63	33750	MAJOR VESSEL SHUNT	1,404.16										
67	33750	MAJOR VESSEL SHUNT	1,404.16	00 15									
63	33755	MAJOR VESSEL SHUNT	1,459.55										
67	33755	MAJOR VESSEL SHUNT	1,459.55	00 15									
63	33762	MAJOR VESSEL SHUNT	1,426.59										
67	33762	MAJOR VESSEL SHUNT	1,426.59	00 15									
63	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,459.55										
67	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,459.55	00 15									
63	33766	MAJOR VESSEL SHUNT	1,483.49										
67	33766	MAJOR VESSEL SHUNT	1,483.49	00 15									
63	33767	SHUNT;	1,585.39										
67	33767	SHUNT;	1,585.39	00 15									
63	33768	CAVOPULMONARY SHUNTING	468.36										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33768	CAVOPULMONARY SHUNTING	468.36	00 15									
63	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,372.92										
67	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,372.92	00 15									
63	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,445.62										
67	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,445.62	00 15									
63	33774	REPAIR TRANSPO GREAT ARTERIES	2,002.66										
67	33774	REPAIR TRANSPO GREAT ARTERIES	2,002.66	00 15									
63	33775	REAPAIR W REMOVAL PULMONARY BAND	2,066.66										
67	33775	REAPAIR W REMOVAL PULMONARY BAND	2,066.66	00 15									
63	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,183.19										
67	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,183.19	00 15									
63	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,112.95										
67	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,112.95	00 15									
63	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,628.23										
67	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,628.23	00 15									
63	33779	REPAIR W REMOVAL O PULMONARY BAND	2,610.67										
67	33779	REPAIR W REMOVAL O PULMONARY BAND	2,610.67	00 15									
63	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,657.63										
67	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,657.63	00 15									
63	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,597.55										
67	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,597.55	00 15									
63	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,627.86										
67	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,627.86	00 15									
63	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,924.11										
67	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,924.11	00 15									
63	33786	REPAIR ARTERIAL TRUNK	2,550.87										
67	33786	REPAIR ARTERIAL TRUNK	2,550.87	00 15									
63	33788	REVISION OF PULMONARY ARTERY	1,709.19										
67	33788	REVISION OF PULMONARY ARTERY	1,709.19	00 15									
63	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,097.22										
67	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,097.22	00 15									
63	33802	REPAIR VESSEL DEFECT	1,200.67										
67	33802	REPAIR VESSEL DEFECT	1,200.67	00 15									
63	33803	REPAIR VESSEL DEFECT	1,280.60										
67	33803	REPAIR VESSEL DEFECT	1,280.60	00 15									
63	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,375.27										
67	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,375.27	00 15									
63	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,692.24										
67	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,692.24	00 15									
63	33820	REVISE MAJOR VESSEL	1,074.30										
67	33820	REVISE MAJOR VESSEL	1,074.30	00 15									
63	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,133.58	00 17									
67	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,133.58	00 15									
63	33824	REPAIR PATENT DUCTUS ARTERIOSUS	1,307.22	18 99									
63	33840	REMOVE AORTA CONSTRICTION	1,374.50										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33840	REMOVE AORTA CONSTRICTION	1,374.50	00 15									
63	33845	REMOVE AORTA CONSTRICTION	1,479.27										
67	33845	REMOVE AORTA CONSTRICTION	1,479.27	00 15									
63	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,411.57										
67	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,411.57	00 15									
63	33852	EXCISION O COARCTATION W REPAIR ARCH	1,553.98										
67	33852	EXCISION O COARCTATION W REPAIR ARCH	1,553.98	00 15									
63	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	2,041.96										
67	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	2,041.96	00 15									
63	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,521.19										
67	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,521.19	00 15									
63	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,607.11										
67	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,607.11	00 15									
63	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,148.52										
67	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,148.52	00 15									
63	33875	THORACIC AORTA GRAFT	3,071.44										
67	33875	THORACIC AORTA GRAFT	3,071.44	00 15									
63	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	4,067.96										
67	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	4,067.96	00 15									
63	33880	ENDOVASC TAA REPR INCL SUBCL	2,010.39										
67	33880	ENDOVASC TAA REPR INCL SUBCL	2,010.39	00 15									
63	33881	ENDOVASC TAA REPR W/O SUBCL	1,724.99										
67	33881	ENDOVASC TAA REPR W/O SUBCL	1,724.99	00 15									
63	33883	INSERT ENDOVASC PROSTH, TAA	1,245.49										
67	33883	INSERT ENDOVASC PROSTH, TAA	1,245.49	00 15									
63	33884	ENDOVASC PROSTH, TAA, ADD-ON	446.57									X	
67	33884	ENDOVASC PROSTH, TAA, ADD-ON	446.57	00 15								X	
63	33886	ENDOVASC PROSTH, DELAYED	1,067.46										
67	33886	ENDOVASC PROSTH, DELAYED	1,067.46	00 15									
63	33889	ARTERY TRANSPOSE/ENDOVAS TAA	888.81										
67	33889	ARTERY TRANSPOSE/ENDOVAS TAA	888.81	00 15									
63	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,090.07										
67	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,090.07	00 15									
63	33910	REMOVE LUNG ARTERY EMBOLI	2,929.18										
67	33910	REMOVE LUNG ARTERY EMBOLI	2,929.18	00 15									
63	33915	REMOVE LUNG ARTERY EMBOLI	1,543.46										
67	33915	REMOVE LUNG ARTERY EMBOLI	1,543.46	00 15									
63	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,744.23										
67	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,744.23	00 15									
63	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,618.36										
67	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,618.36	00 15									
63	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	2,023.06										
67	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	2,023.06	00 15									
63	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,542.82										
67	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,542.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	33924	REMOVE PULMONARY SHUNT	321.63										
67	33924	REMOVE PULMONARY SHUNT	321.63	00 15									
63	33925	RPR PUL ART UNIFOCAL W/O CPB	1,920.64										
67	33925	RPR PUL ART UNIFOCAL W/O CPB	1,920.64	00 15									
63	33926	REPR PUL ART, UNIFOCAL W/CPB	2,710.39										
67	33926	REPR PUL ART, UNIFOCAL W/CPB	2,710.39	00 15									
63	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,876.01			X							
67	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,876.01	00 15		X							
63	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,556.50		X								
67	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,556.50	00 15	X								
63	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,445.39		X								
67	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,445.39	00 15	X								
63	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	346.23										
67	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	346.23	00 15									
63	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	384.41										
67	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	384.41	00 15									
63	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	264.17										
67	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	264.17	00 15									
63	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	257.63										
67	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	257.63	00 15									
63	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	478.88	00 05									
67	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	478.88	00 05									
63	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	479.50	06 99									
67	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	479.50	06 15									
63	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	535.41	00 05									
67	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	535.41	00 05									
63	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	536.17	06 99									
67	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	536.17	06 15									
63	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	938.99	00 05									
67	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	938.99	00 05									
63	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	935.72	06 99									
67	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	935.72	06 15									
63	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	207.73	00 05									
67	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	207.73	00 05									
63	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	207.73	06 99									
67	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	207.73	06 15									
63	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	264.38	00 05									
67	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	264.38	00 05									
63	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	264.38	06 99									
67	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	264.38	06 15									
63	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	529.25	00 05									
67	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	529.25	00 05									
63	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	558.68	06 99									
67	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	558.68	06 15									
63	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	207.73	00 05									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	207.73	00	05									
63	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	266.41	06	99									
67	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	266.41	06	15									
63	33967	INSERT IA PERCUT DEVICE	291.05											
67	33967	INSERT IA PERCUT DEVICE	291.05	00	15									
63	33968	REMOVE AORTIC ASSIST DEVICE	37.64											
67	33968	REMOVE AORTIC ASSIST DEVICE	37.64	00	15									
63	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	308.52	00	05									
67	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	308.52	00	05									
63	33970	INTERNAL CIRCULATION ASSIST	396.62											
67	33970	INTERNAL CIRCULATION ASSIST	396.62	00	15									
63	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	781.74											
67	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	781.74	00	15									
63	33973	INSERTION OF INTRA-AORTIC BALLOON AS	580.29											
67	33973	INSERTION OF INTRA-AORTIC BALLOON AS	580.29	00	15									
63	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	986.64											
67	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	986.64	00	15									
63	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,466.31											
67	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,466.31	00	15									
63	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,797.15											
67	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,797.15	00	15									
63	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,256.43											
67	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,256.43	00	15									
63	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,500.29											
67	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,500.29	00	15									
63	33979	INSERT INTRACORPOREAL DEVICE	2,191.57											
67	33979	INSERT INTRACORPOREAL DEVICE	2,191.57	00	15									
63	33980	REMOVE INTRACORPOREAL DEVICE	1,999.50									X		
67	33980	REMOVE INTRACORPOREAL DEVICE	1,999.50	00	15							X		
63	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	941.74									X		
67	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	941.74	00	15							X		
63	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,213.50									X		
67	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,213.50	00	15							X		
63	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,597.05									X		
67	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,597.05	00	15							X		
63	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	318.62	06	99									
67	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	318.62	06	15									
63	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	581.16	00	05									
67	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	581.16	00	05									
63	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	585.10	06	99									
67	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	585.10	06	15									
63	33987	ARTERIAL EXPOSURE WITH CREATION OF G	235.83											
67	33987	ARTERIAL EXPOSURE WITH CREATION OF G	235.83	00	15									
63	33988	INSERTION OF LEFT HEART VENT BY THOR	880.13											
67	33988	INSERTION OF LEFT HEART VENT BY THOR	880.13	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33989	REMOVAL OF LEFT HEART VENT BY THORAC	558.68											
67	33989	REMOVAL OF LEFT HEART VENT BY THORAC	558.68	00	15									
63	33990	INSERTION OF VENTRICULAR ASSIST DEVI	477.28											
67	33990	INSERTION OF VENTRICULAR ASSIST DEVI	477.28	00	15									
63	33991	INSERTION OF VENTRICULAR ASSIST DEVI	700.14											
67	33991	INSERTION OF VENTRICULAR ASSIST DEVI	700.14	00	15									
63	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	223.40											
67	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	223.40	00	15									
63	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	195.48											
67	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	195.48	00	15									
63	34001	REMOVAL OF ARTERY CLOT	1,073.29											
67	34001	REMOVAL OF ARTERY CLOT	1,073.29	00	15									
63	34051	REMOVAL OF ARTERY CLOT	1,101.35											
67	34051	REMOVAL OF ARTERY CLOT	1,101.35	00	15									
63	34101	REMOVAL OF ARTERY CLOT	665.99											
67	34101	REMOVAL OF ARTERY CLOT	665.99	00	15									
63	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	667.89											
67	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	667.89	00	15									
63	34151	REMOVAL OF ARTERY CLOT	1,558.79											
67	34151	REMOVAL OF ARTERY CLOT	1,558.79	00	15									
63	34201	REMOVAL OF ARTERY CLOT	1,150.28											
67	34201	REMOVAL OF ARTERY CLOT	1,150.28	00	15									
63	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,061.88											
67	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,061.88	00	15									
63	34401	REMOVAL OF VEIN CLOT	1,623.66											
67	34401	REMOVAL OF VEIN CLOT	1,623.66	00	15									
63	34421	REMOVAL OF VEIN CLOT	820.23											
67	34421	REMOVAL OF VEIN CLOT	820.23	00	15									
63	34451	REMOVAL OF VEIN CLOT	1,611.02											
67	34451	REMOVAL OF VEIN CLOT	1,611.02	00	15									
63	34471	REMOVAL OF VEIN CLOT	1,206.96											
67	34471	REMOVAL OF VEIN CLOT	1,206.96	00	15									
63	34490	REMOVAL OF VEIN CLOT	708.64											
67	34490	REMOVAL OF VEIN CLOT	708.64	00	15									
63	34501	VALVULOPLASTY, FEMORAL VEIN	993.73											
67	34501	VALVULOPLASTY, FEMORAL VEIN	993.73	00	15									
63	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,712.04											
67	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,712.04	00	15									
63	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,142.11											
67	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,142.11	00	15									
63	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,105.77											
67	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,105.77	00	15									
63	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,046.82											
67	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,046.82	00	15									
63	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,383.98											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,383.98	00 15									
63	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,077.72										
67	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,077.72	00 15									
63	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,561.85										
67	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,561.85	00 15									
63	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,605.37										
67	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,605.37	00 15									
63	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,715.65										
67	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,715.65	00 15									
63	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,588.03										
67	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,588.03	00 15									
63	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,290.49										
67	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,290.49	00 15									
63	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,073.20										
67	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,073.20	00 15									
63	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	364.27									X	
67	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	364.27	00 15								X	
63	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	893.78										
67	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	893.78	00 15									
63	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	336.32									X	
67	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	336.32	00 15								X	
63	34712	TRANSCATHETER DELIVERY OF ENHANCED	755.65										
67	34712	TRANSCATHETER DELIVERY OF ENHANCED	755.65	00 15									
63	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	143.69									X	
67	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	143.69	00 15								X	
63	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	301.75									X	
67	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	301.75	00 15								X	
63	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	338.47									X	
67	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	338.47	00 15								X	
63	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	425.81									X	
67	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	425.81	00 15								X	
63	34808	ENDOVASC ABDO OCCLUD DEVICE	237.69										
67	34808	ENDOVASC ABDO OCCLUD DEVICE	237.69	00 15									
63	34812	XPOSE FOR ENDOPROSTH, AORTIC	233.16										
67	34812	XPOSE FOR ENDOPROSTH, AORTIC	233.16	00 15									
63	34813	XPOSE FOR ENDOPROSTH, FEMORL	266.70										
67	34813	XPOSE FOR ENDOPROSTH, FEMORL	266.70	00 15									
63	34820	XPOSE FOR ENDOPROSTH, ILIAC	392.13										
67	34820	XPOSE FOR ENDOPROSTH, ILIAC	392.13	00 15									
63	34830	OPEN AORTIC TUBE PROSTH REPR	1,980.25										
67	34830	OPEN AORTIC TUBE PROSTH REPR	1,980.25	00 15									
63	34831	OPEN AORTOILIAC PROSTH REPR	2,169.83										
67	34831	OPEN AORTOILIAC PROSTH REPR	2,169.83	00 15									
63	34832	OPEN AORTOFEMOR PROSTH REPR	2,130.44										
67	34832	OPEN AORTOFEMOR PROSTH REPR	2,130.44	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	34833	XPOSE FOR ENDOPROSTH, ILIAC	455.89											
67	34833	XPOSE FOR ENDOPROSTH, ILIAC	455.89	00	15									
63	34834	XPOSE, ENDOPROSTH, BRACHIAL	146.09											
67	34834	XPOSE, ENDOPROSTH, BRACHIAL	146.09	00	15									
63	35001	REPAIR DEFECT OF ARTERY	1,240.55											
67	35001	REPAIR DEFECT OF ARTERY	1,240.55	00	15									
63	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,271.79											
67	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,271.79	00	15									
63	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,111.70											
67	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,111.70	00	15									
63	35011	REPAIR DEFECT OF ARTERY	1,118.93											
67	35011	REPAIR DEFECT OF ARTERY	1,118.93	00	15									
63	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,399.97											
67	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,399.97	00	15									
63	35021	REPAIR DEFECT OF ARTERY	1,403.68											
67	35021	REPAIR DEFECT OF ARTERY	1,403.68	00	15									
63	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,610.49											
67	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,610.49	00	15									
63	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,093.09											
67	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,093.09	00	15									
63	35081	REPAIR DEFECT OF ARTERY	1,943.70											
67	35081	REPAIR DEFECT OF ARTERY	1,943.70	00	15									
63	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,451.60											
67	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,451.60	00	15									
63	35091	REPAIR DEFECT OF ARTERY	2,011.82											
67	35091	REPAIR DEFECT OF ARTERY	2,011.82	00	15									
63	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,929.97											
67	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,929.97	00	15									
63	35102	REPAIR DEFECT OF ARTERY	2,111.46											
67	35102	REPAIR DEFECT OF ARTERY	2,111.46	00	15									
63	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,518.42											
67	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,518.42	00	15									
63	35111	REPAIR DEFECT OF ARTERY	1,490.33											
67	35111	REPAIR DEFECT OF ARTERY	1,490.33	00	15									
63	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,835.35											
67	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,835.35	00	15									
63	35121	REPAIR DEFECT OF ARTERY	1,864.00											
67	35121	REPAIR DEFECT OF ARTERY	1,864.00	00	15									
63	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,125.73											
67	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,125.73	00	15									
63	35131	REPAIR DEFECT OF ARTERY	1,553.71											
67	35131	REPAIR DEFECT OF ARTERY	1,553.71	00	15									
63	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,835.35											
67	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,835.35	00	15									
63	35141	REPAIR DEFECT OF ARTERY	1,234.48											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	35141	REPAIR DEFECT OF ARTERY	1,234.48	00 15									
63	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,486.76										
67	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,486.76	00 15									
63	35151	REPAIR DEFECT OF ARTERY	1,386.83										
67	35151	REPAIR DEFECT OF ARTERY	1,386.83	00 15									
63	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,566.85										
67	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,566.85	00 15									
63	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	972.81										
67	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	972.81	00 15									
63	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,991.70										
67	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,991.70	00 15									
63	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,079.47										
67	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,079.47	00 15									
63	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,448.77										
67	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,448.77	00 15									
63	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,693.92										
67	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,693.92	00 15									
63	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	843.89										
67	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	843.89	00 15									
63	35201	REPAIR BLOOD VESSEL LESION	1,045.66										
67	35201	REPAIR BLOOD VESSEL LESION	1,045.66	00 15									
63	35206	REPAIR BLOOD VESSEL LESION	867.11										
67	35206	REPAIR BLOOD VESSEL LESION	867.11	00 15									
63	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	809.88									X	
67	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	809.88	00 15								X	
63	35211	REPAIR BLOOD VESSEL LESION	1,533.97										
67	35211	REPAIR BLOOD VESSEL LESION	1,533.97	00 15									
63	35216	REPAIR BLOOD VESSEL LESION	2,286.26										
67	35216	REPAIR BLOOD VESSEL LESION	2,286.26	00 15									
63	35221	REPAIR BLOOD VESSEL LESION	1,632.79										
67	35221	REPAIR BLOOD VESSEL LESION	1,632.79	00 15									
63	35226	REPAIR BLOOD VESSEL LESION	928.88										
67	35226	REPAIR BLOOD VESSEL LESION	928.88	00 15									
63	35231	REPAIR BLOOD VESSEL LESION	1,353.86										
67	35231	REPAIR BLOOD VESSEL LESION	1,353.86	00 15									
63	35236	REPAIR BLOOD VESSEL LESION	1,112.02										
67	35236	REPAIR BLOOD VESSEL LESION	1,112.02	00 15									
63	35241	REPAIR BLOOD VESSEL LESION	1,603.50										
67	35241	REPAIR BLOOD VESSEL LESION	1,603.50	00 15									
63	35246	REPAIR BLOOD VESSEL LESION	1,752.33										
67	35246	REPAIR BLOOD VESSEL LESION	1,752.33	00 15									
63	35251	REPAIR BLOOD VESSEL LESION	1,938.37										
67	35251	REPAIR BLOOD VESSEL LESION	1,938.37	00 15									
63	35256	REPAIR BLOOD VESSEL LESION	1,143.48										
67	35256	REPAIR BLOOD VESSEL LESION	1,143.48	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	35261	REPAIR BLOOD VESSEL LESION	1,095.72										
67	35261	REPAIR BLOOD VESSEL LESION	1,095.72	00 15									
63	35266	REPAIR BLOOD VESSEL LESION	966.37										
67	35266	REPAIR BLOOD VESSEL LESION	966.37	00 15									
63	35271	REPAIR BLOOD VESSEL LESION	1,533.05										
67	35271	REPAIR BLOOD VESSEL LESION	1,533.05	00 15									
63	35276	REPAIR BLOOD VESSEL LESION	1,626.71										
67	35276	REPAIR BLOOD VESSEL LESION	1,626.71	00 15									
63	35281	REPAIR BLOOD VESSEL LESION	1,804.61										
67	35281	REPAIR BLOOD VESSEL LESION	1,804.61	00 15									
63	35286	REPAIR BLOOD VESSEL LESION	1,038.62										
67	35286	REPAIR BLOOD VESSEL LESION	1,038.62	00 15									
63	35301	RECHANNELING OF ARTERY	1,264.87										
67	35301	RECHANNELING OF ARTERY	1,264.87	00 15									
63	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,255.60										
67	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,255.60	00 15									
63	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,388.69										
67	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,388.69	00 15									
63	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,431.78										
67	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,431.78	00 15									
63	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,376.17										
67	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,376.17	00 15									
63	35306	THROMBOENDARTERECTOMY, INCLUDING P +	504.06									X	
67	35306	THROMBOENDARTERECTOMY, INCLUDING P +	504.06	00 15								X	
63	35311	RECHANNELING OF ARTERY	1,749.57										
67	35311	RECHANNELING OF ARTERY	1,749.57	00 15									
63	35321	RECHANNELING OF ARTERY	996.17										
67	35321	RECHANNELING OF ARTERY	996.17	00 15									
63	35331	RECHANNELING OF ARTERY	1,636.00										
67	35331	RECHANNELING OF ARTERY	1,636.00	00 15									
63	35341	RECHANNELING OF ARTERY	1,543.37										
67	35341	RECHANNELING OF ARTERY	1,543.37	00 15									
63	35351	RECHANNELING OF ARTERY	1,434.44										
67	35351	RECHANNELING OF ARTERY	1,434.44	00 15									
63	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,155.91										
67	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,155.91	00 15									
63	35361	RECHANNELING OF ARTERY	1,708.34										
67	35361	RECHANNELING OF ARTERY	1,708.34	00 15									
63	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,823.14										
67	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,823.14	00 15									
63	35371	RECHANNELING OF ARTERY	913.86										
67	35371	RECHANNELING OF ARTERY	913.86	00 15									
63	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,095.35										
67	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,095.35	00 15									
63	35390	REOPERATION, CAROTID, THROMBOENDARTE	179.10										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	35390	REOPERATION, CAROTID, THROMBOENDARTE	179.10	00 15									
63	35400	ANGIOSCOPY	168.06										
67	35400	ANGIOSCOPY	168.06	00 15									
63	35500	HARVEST VEIN FOR BYPASS	361.32										
67	35500	HARVEST VEIN FOR BYPASS	361.32	00 15									
63	35501	ARTERY BYPASS GRAFT	1,677.13										
67	35501	ARTERY BYPASS GRAFT	1,677.13	00 15									
63	35506	ARTERY BYPASS GRAFT	1,429.87										
67	35506	ARTERY BYPASS GRAFT	1,429.87	00 15									
63	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,488.11										
67	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,488.11	00 15									
63	35509	ARTERY BYPASS GRAFT	1,586.90										
67	35509	ARTERY BYPASS GRAFT	1,586.90	00 15									
63	35510	ARTERY BYPASS GRAFT	1,380.25										
67	35510	ARTERY BYPASS GRAFT	1,380.25	00 15									
63	35511	ARTERY BYPASS GRAFT	1,256.93										
67	35511	ARTERY BYPASS GRAFT	1,256.93	00 15									
63	35512	ARTERY BYPASS GRAFT	1,352.86										
67	35512	ARTERY BYPASS GRAFT	1,352.86	00 15									
63	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,488.11										
67	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,488.11	00 15									
63	35516	ARTERY BYPASS GRAFT	1,369.01										
67	35516	ARTERY BYPASS GRAFT	1,369.01	00 15									
63	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,281.15										
67	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,281.15	00 15									
63	35521	ARTERY BYPASS GRAFT	1,374.55										
67	35521	ARTERY BYPASS GRAFT	1,374.55	00 15									
63	35522	ARTERY BYPASS GRAFT	1,351.65										
67	35522	ARTERY BYPASS GRAFT	1,351.65	00 15									
63	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,431.11										
67	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,431.11	00 15									
63	35525	ARTERY BYPASS GRAFT	1,277.14										
67	35525	ARTERY BYPASS GRAFT	1,277.14	00 15									
63	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,941.78										
67	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,941.78	00 15									
63	35531	ARTERY BYPASS GRAFT	2,192.59										
67	35531	ARTERY BYPASS GRAFT	2,192.59	00 15									
63	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,690.37										
67	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,690.37	00 15									
63	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,139.60										
67	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,139.60	00 15									
63	35536	ARTERY BYPASS GRAFT	1,899.12										
67	35536	ARTERY BYPASS GRAFT	1,899.12	00 15									
63	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,345.00										
67	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,345.00	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,628.63											
67	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,628.63	00	15									
63	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,467.84											
67	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,467.84	00	15									
63	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,752.79											
67	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,752.79	00	15									
63	35556	ARTERY BYPASS GRAFT	1,566.02											
67	35556	ARTERY BYPASS GRAFT	1,566.02	00	15									
63	35558	ARTERY BYPASS GRAFT	1,374.46											
67	35558	ARTERY BYPASS GRAFT	1,374.46	00	15									
63	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,915.52											
67	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,915.52	00	15									
63	35563	ARTERY BYPASS GRAFT	1,483.60											
67	35563	ARTERY BYPASS GRAFT	1,483.60	00	15									
63	35565	ARTERY BYPASS GRAFT	1,473.27											
67	35565	ARTERY BYPASS GRAFT	1,473.27	00	15									
63	35566	ARTERY BYPASS GRAFT	1,872.26											
67	35566	ARTERY BYPASS GRAFT	1,872.26	00	15									
63	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,691.97											
67	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,691.97	00	15									
63	35571	ARTERY BYPASS GRAFT	1,483.72											
67	35571	ARTERY BYPASS GRAFT	1,483.72	00	15									
63	35572	HARVEST FEMOROPOPLITEAL VEIN	389.71											
67	35572	HARVEST FEMOROPOPLITEAL VEIN	389.71	00	15									
63	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,617.96											
67	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,617.96	00	15									
63	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,875.88											
67	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,875.88	00	15									
63	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,527.44											
67	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,527.44	00	15									
63	35600	HARVEST ARTERY FOR CABG	287.30											
67	35600	HARVEST ARTERY FOR CABG	287.30	00	15									
63	35601	ARTERY BYPASS GRAFT	1,566.73											
67	35601	ARTERY BYPASS GRAFT	1,566.73	00	15									
63	35606	ARTERY BYPASS GRAFT	1,314.59											
67	35606	ARTERY BYPASS GRAFT	1,314.59	00	15									
63	35612	ARTERY BYPASS GRAFT	1,167.87											
67	35612	ARTERY BYPASS GRAFT	1,167.87	00	15									
63	35616	ARTERY BYPASS GRAFT	1,236.65											
67	35616	ARTERY BYPASS GRAFT	1,236.65	00	15									
63	35621	ARTERY BYPASS GRAFT	1,227.65											
67	35621	ARTERY BYPASS GRAFT	1,227.65	00	15									
63	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,472.63											
67	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,472.63	00	15									
63	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,770.84											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,770.84	00 15									
63	35631	ARTERY BYPASS GRAFT	2,081.36										
67	35631	ARTERY BYPASS GRAFT	2,081.36	00 15									
63	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,031.07										
67	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,031.07	00 15									
63	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,242.44										
67	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,242.44	00 15									
63	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,987.15										
67	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,987.15	00 15									
63	35636	ARTERY BYPASS GRAFT	1,790.32										
67	35636	ARTERY BYPASS GRAFT	1,790.32	00 15									
63	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,863.55										
67	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,863.55	00 15									
63	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	1,968.75										
67	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,968.75	00 15									
63	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,101.76										
67	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,101.76	00 15									
63	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,058.92										
67	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,058.92	00 15									
63	35646	ARTERY BYPASS GRAFT	1,923.81										
67	35646	ARTERY BYPASS GRAFT	1,923.81	00 15									
63	35647	ARTERY BYPASS GRAFT	1,741.05										
67	35647	ARTERY BYPASS GRAFT	1,741.05	00 15									
63	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,208.79										
67	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,208.79	00 15									
63	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,534.02										
67	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,534.02	00 15									
63	35656	ARTERY BYPASS GRAFT	1,209.73										
67	35656	ARTERY BYPASS GRAFT	1,209.73	00 15									
63	35661	ARTERY BYPASS GRAFT	1,211.79										
67	35661	ARTERY BYPASS GRAFT	1,211.79	00 15									
63	35663	ARTERY BYPASS GRAFT	1,364.02										
67	35663	ARTERY BYPASS GRAFT	1,364.02	00 15									
63	35665	ARTERY BYPASS GRAFT	1,312.94										
67	35665	ARTERY BYPASS GRAFT	1,312.94	00 15									
63	35666	ARTERY BYPASS GRAFT	1,412.40										
67	35666	ARTERY BYPASS GRAFT	1,412.40	00 15									
63	35671	ARTERY BYPASS GRAFT	1,243.91										
67	35671	ARTERY BYPASS GRAFT	1,243.91	00 15									
63	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	90.77										
67	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	90.77	00 15									
63	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	397.85										
67	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	397.85	00 15									
63	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	462.14										
67	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	462.14	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	35685	BYPASS GRAFT PATENCY/PATCH	224.38											
67	35685	BYPASS GRAFT PATENCY/PATCH	224.38	00	15									
63	35686	BYPASS GRAFT/AV FIST PATENCY	182.04											
67	35686	BYPASS GRAFT/AV FIST PATENCY	182.04	00	15									
63	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,057.34											
67	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,057.34	00	15									
63	35693	TRANSPOSITION AND/OR REIMPLANTATION;	929.01											
67	35693	TRANSPOSITION AND/OR REIMPLANTATION;	929.01	00	15									
63	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,105.43											
67	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,105.43	00	15									
63	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,147.20											
67	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,147.20	00	15									
63	35697	REIMPLANT ARTERY EACH	167.38											
67	35697	REIMPLANT ARTERY EACH	167.38	00	15									
63	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	171.93											
67	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	171.93	00	15									
63	35701	EXPLORATION, CAROTID ARTERY	616.31											
67	35701	EXPLORATION, CAROTID ARTERY	616.31	00	15									
63	35800	EXPLORE NECK VESSELS	789.05											
67	35800	EXPLORE NECK VESSELS	789.05	00	15									
63	35820	EXPLORE CHEST VESSELS	2,242.27											
67	35820	EXPLORE CHEST VESSELS	2,242.27	00	15									
63	35840	EXPLORE ABDOMINAL VESSELS	1,323.34											
67	35840	EXPLORE ABDOMINAL VESSELS	1,323.34	00	15									
63	35860	EXPLORE LIMB VESSELS	932.05											
67	35860	EXPLORE LIMB VESSELS	932.05	00	15									
63	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,395.58											
67	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,395.58	00	15									
63	35875	THROMBECTOMY OF ARTERIAL GRAFT	662.46											
67	35875	THROMBECTOMY OF ARTERIAL GRAFT	662.46	00	15									
63	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,057.37											
67	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,057.37	00	15									
63	35879	REVISE GRAFT W/VEIN	1,034.83											
67	35879	REVISE GRAFT W/VEIN	1,034.83	00	15									
63	35881	REVISE GRAFT W/VEIN	1,138.32											
67	35881	REVISE GRAFT W/VEIN	1,138.32	00	15									
63	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,346.45											
67	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,346.45	00	15									
63	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,392.28											
67	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,392.28	00	15									
63	35901	EXCISION OF INFECTED GRAFT;	520.44											
67	35901	EXCISION OF INFECTED GRAFT;	520.44	00	15									
63	35903	EXCISION OF INFECTED GRAFT;	622.57											
67	35903	EXCISION OF INFECTED GRAFT;	622.57	00	15									
63	35905	EXCISION OF INFECTED GRAFT;	1,887.30											

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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	35905	EXCISION OF INFECTED GRAFT;	1,887.30	00 15									
63	35907	EXCISION OF INFECTED GRAFT;	2,141.85										
67	35907	EXCISION OF INFECTED GRAFT;	2,141.85	00 15									
63	36002	PSEUDOANEURYSM INJECTION TRT	164.43										
67	36002	PSEUDOANEURYSM INJECTION TRT	164.43	00 15									
63	36005	INJECTION PROCEDURE FOR CONTRAST VEN	303.63										
67	36005	INJECTION PROCEDURE FOR CONTRAST VEN	303.63	00 15									
63	36010	ESTABLISH ACCESS TO VEIN	499.19										
67	36010	ESTABLISH ACCESS TO VEIN	499.19	00 15									
63	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	835.46										
67	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	835.46	00 15									
63	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	854.22										
67	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	854.22	00 15									
63	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	756.78										
67	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	756.78	00 15									
63	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	801.83										
67	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	801.83	00 15									
63	36015	SELECTIVE CATHETER PLACEMENT, EACH S	868.97										
67	36015	SELECTIVE CATHETER PLACEMENT, EACH S	868.97	00 15									
63	36100	ESTABLISH ACCESS TO ARTERY	524.80									X	
67	36100	ESTABLISH ACCESS TO ARTERY	524.80	00 15								X	
63	36140	ESTABLISH ACCESS TO ARTERY	444.58									X	
67	36140	ESTABLISH ACCESS TO ARTERY	444.58	00 15								X	
63	36160	ESTABLISH ACCESS TO AORTA	511.17										
67	36160	ESTABLISH ACCESS TO AORTA	511.17	00 15									
63	36200	INTRODUCTION OF CATHETER, AORTA	570.65										
67	36200	INTRODUCTION OF CATHETER, AORTA	570.65	00 15									
63	36215	INTRODUCE CATHETER; EACH ADD....	1,024.33									X	
67	36215	INTRODUCE CATHETER; EACH ADD....	1,024.33	00 15								X	
63	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,111.25										
67	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,111.25	00 15									
63	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,847.09										
67	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,847.09	00 15									
63	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	240.70										
67	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	240.70	00 15									
63	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,022.69										
67	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,022.69	00 15									
63	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,217.58									X	
67	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,217.58	00 15								X	
63	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,534.64									X	
67	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,534.64	00 15								X	
63	36224	SELECTIVE CATHETER PLACEMENT, INTERN	1,979.87									X	
67	36224	SELECTIVE CATHETER PLACEMENT, INTERN	1,979.87	00 15								X	
63	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,480.28									X	
67	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,480.28	00 15								X	

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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,874.01									X	
67	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,874.01	00 15								X	
63	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	261.11									X	
67	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	261.11	00 15								X	
63	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,311.30									X	
67	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,311.30	00 15								X	
63	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,301.47									X	
67	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,301.47	00 15								X	
63	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	842.22										
67	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	842.22	00 15									
63	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,486.31										
67	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,486.31	00 15									
63	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	145.37										
67	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	145.37	00 15									
63	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,365.69										
67	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,365.69	00 15									
63	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,488.82										
67	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,488.82	00 15									
63	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,168.64										
67	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,168.64	00 15									
63	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,121.25										
67	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,121.25	00 15									
63	36260	INSERT IMPLANTABLE FUSION PUMP	710.56										
67	36260	INSERT IMPLANTABLE FUSION PUMP	710.56	00 15									
63	36261	REVISION OF IMPLANTED INFUSION PUMP	436.12										
67	36261	REVISION OF IMPLANTED INFUSION PUMP	436.12	00 15									
63	36262	REMOVAL OF IMPLANTED INFUSION PUMP	332.24										
67	36262	REMOVAL OF IMPLANTED INFUSION PUMP	332.24	00 15									
63	36400	ESTABLISH ACCESS TO VEIN	27.38	00 02				X				X	
67	36400	ESTABLISH ACCESS TO VEIN	27.38	00 02				X				X	
63	36405	ESTABLISH ACCESS TO VEIN	24.02	00 02				X				X	
67	36405	ESTABLISH ACCESS TO VEIN	24.02	00 02				X				X	
63	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	16.87	00 02				X				X	
67	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	16.87	00 02				X				X	
63	36410	ESTABLISH ACCESS TO VEIN	17.67	03 99				X					
67	36410	ESTABLISH ACCESS TO VEIN	17.67	03 15				X					
63	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	52.17	00 00								X	
67	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	52.17	00 00								X	
63	36425	ESTABLISH ACCESS TO VEIN	43.91	01 99								X	
67	36425	ESTABLISH ACCESS TO VEIN	43.91	01 15								X	
63	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	54.91	00 01								X	
67	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	54.91	00 01								X	
63	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	185.80	00 00									
67	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	185.80	00 00									
63	36455	EXCHANGE TRANSFUSION SERVICE	142.41									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	36455	EXCHANGE TRANSFUSION SERVICE	142.41	00 15								X	
63	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	114.87	00 00									
67	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	114.87	00 00									
63	36460	TRANSFUSION SERVICE, FETAL	372.00									X	
67	36460	TRANSFUSION SERVICE, FETAL	372.00	00 15								X	
63	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,498.98										
67	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,498.98	00 15									
63	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,579.15										
67	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,579.15	00 15									
63	36470	INJECTION THERAPY OF VEIN	107.56										
67	36470	INJECTION THERAPY OF VEIN	107.56	00 15									
63	36471	INJECTION THERAPY OF VEINS	195.51										
67	36471	INJECTION THERAPY OF VEINS	195.51	00 15									
63	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,430.46										
67	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,430.46	00 15									
63	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	279.36									X	
67	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	279.36	00 15								X	
63	36475	ENDOVENOUS RF, 1ST VEIN	1,415.73										
67	36475	ENDOVENOUS RF, 1ST VEIN	1,415.73	00 15									
63	36476	ENDOVENOUS RF, VEIN ADD-ON	308.64										
67	36476	ENDOVENOUS RF, VEIN ADD-ON	308.64	00 15									
63	36478	ENDOVENOUS LASER, 1ST VEIN	1,125.89										
67	36478	ENDOVENOUS LASER, 1ST VEIN	1,125.89	00 15									
63	36479	ENDOVENOUS LASER VEIN ADDON	324.48										
67	36479	ENDOVENOUS LASER VEIN ADDON	324.48	00 15									
63	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,921.38										
67	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,921.38	00 15									
63	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,994.42										
67	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,994.42	00 15									
63	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	156.55									X	
67	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	156.55	00 15								X	
63	36500	VEIN CATH/SELECT. ORGAN SAMPLE	202.50										
67	36500	VEIN CATH/SELECT. ORGAN SAMPLE	202.50	00 15									
63	36510	UMBILICAL CATH-DX/THER/NEWBORN	85.09	00 01									
67	36510	UMBILICAL CATH-DX/THER/NEWBORN	85.09	00 01									
63	36511	APHERESIS WBC	115.70										
67	36511	APHERESIS WBC	115.70	00 15									
63	36512	APHERESIS RBC	116.04										
67	36512	APHERESIS RBC	116.04	00 15									
63	36513	APHERESIS PLATELETS	119.05										
67	36513	APHERESIS PLATELETS	119.05	00 15									
63	36514	APHERESIS PLASMA	706.60										
67	36514	APHERESIS PLASMA	706.60	00 15									
63	36516	APHERESIS, SELECTIVE	1,922.43										
67	36516	APHERESIS, SELECTIVE	1,922.43	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	36522	PHOTOPHERESIS,EXTRACORPOREAL	2,089.70											
67	36522	PHOTOPHERESIS,EXTRACORPOREAL	2,089.70	00	15									
63	36555	INSERT NON-TUNNEL CV CATH	191.30	00	04									
67	36555	INSERT NON-TUNNEL CV CATH	191.30	00	04									
63	36556	INSERT NON-TUNNEL CV CATH	213.55	05	99									
67	36556	INSERT NON-TUNNEL CV CATH	213.55	05	15									
63	36557	INSERT TUNNELED CV CATH	1,024.08	00	04									
67	36557	INSERT TUNNELED CV CATH	1,024.08	00	04									
63	36558	INSERT TUNNELED CV CATH	764.44	05	99									
67	36558	INSERT TUNNELED CV CATH	764.44	05	15									
63	36560	INSERT TUNNELED CV CATH	1,306.23	00	04									
67	36560	INSERT TUNNELED CV CATH	1,306.23	00	04									
63	36561	INSERT TUNNELED CV CATH	1,076.65	05	99									
67	36561	INSERT TUNNELED CV CATH	1,076.65	05	15									
63	36563	INSERT TUNNELED CV CATH	1,213.37											
67	36563	INSERT TUNNELED CV CATH	1,213.37	00	15									
63	36565	INSERT TUNNELED CV CATH	884.47											
67	36565	INSERT TUNNELED CV CATH	884.47	00	15									
63	36566	INSERT TUNNELED CV CATH	4,656.35											
67	36566	INSERT TUNNELED CV CATH	4,656.35	00	15									
63	36568	INSERT TUNNELED CV CATH	101.35	00	04									
67	36568	INSERT TUNNELED CV CATH	101.35	00	04									
63	36569	INSERT TUNNELED CV CATH	102.71	05	99									
67	36569	INSERT TUNNELED CV CATH	102.71	05	15									
63	36570	INSERT TUNNELED CV CATH	1,426.34	00	04									
67	36570	INSERT TUNNELED CV CATH	1,426.34	00	04									
63	36571	INSERT TUNNELED CV CATH	1,252.97	05	99									
67	36571	INSERT TUNNELED CV CATH	1,252.97	05	15									
63	36572	INSERTION OF PERIPHERALLY INSERTED	414.23	00	04									
67	36572	INSERTION OF PERIPHERALLY INSERTED	414.23	00	04									
63	36573	INSERTION OF PERIPHERALLY INSERTED	390.16	05	99									
67	36573	INSERTION OF PERIPHERALLY INSERTED	390.16	05	15									
63	36575	REPAIR TUNNELED CV CATH	159.98											
67	36575	REPAIR TUNNELED CV CATH	159.98	00	15									
63	36576	REPAIR TUNNELED CV CATH	335.94											
67	36576	REPAIR TUNNELED CV CATH	335.94	00	15									
63	36578	REPLACE TUNNELED CV CATH	464.57											
67	36578	REPLACE TUNNELED CV CATH	464.57	00	15									
63	36580	REPLACE TUNNELED CV CATH	215.81											
67	36580	REPLACE TUNNELED CV CATH	215.81	00	15									
63	36581	REPLACE TUNNELED CV CATH	748.81											
67	36581	REPLACE TUNNELED CV CATH	748.81	00	15									
63	36582	REPLACE TUNNELED CV CATH	994.81											
67	36582	REPLACE TUNNELED CV CATH	994.81	00	15									
63	36583	REPLACE TUNNELED CV CATH	1,256.88											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	36583	REPLACE TUNNELED CV CATH	1,256.88	00 15									
63	36584	REPLACE TUNNELED CV CATH	338.91										
67	36584	REPLACE TUNNELED CV CATH	338.91	00 15									
63	36585	REPLACE TUNNELED CV CATH	1,066.38										
67	36585	REPLACE TUNNELED CV CATH	1,066.38	00 15									
63	36589	REMOVAL TUNNELED CV CATH	173.78										
67	36589	REMOVAL TUNNELED CV CATH	173.78	00 15									
63	36590	REMOVAL TUNNELED CV CATH	235.23										
67	36590	REMOVAL TUNNELED CV CATH	235.23	00 15									
63	36595	MECH REMOV TUNNELED CV CATH	608.18										
67	36595	MECH REMOV TUNNELED CV CATH	608.18	00 15									
63	36596	MECH REMOV TUNNELED CV CATH	125.78										
67	36596	MECH REMOV TUNNELED CV CATH	125.78	00 15									
63	36597	REPOSITION VENOUS CATHETER	132.21										
67	36597	REPOSITION VENOUS CATHETER	132.21	00 15									
63	36598	INJ W/FLUOR, EVAL CV DEVICE	116.20									X	
67	36598	INJ W/FLUOR, EVAL CV DEVICE	116.20	00 15								X	
63	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	31.31									X	
67	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	31.31	00 15								X	
63	36620	ARTERIAL CATHETERIZATION OR CANNULAT	48.79									X	
67	36620	ARTERIAL CATHETERIZATION OR CANNULAT	48.79	00 15								X	
63	36625	ESTABLISH ACCESS TO ARTERY	116.74										
67	36625	ESTABLISH ACCESS TO ARTERY	116.74	00 15									
63	36640	INSERTION CATHETER, ARTERY	123.04										
67	36640	INSERTION CATHETER, ARTERY	123.04	00 15									
63	36660	INSERTION CATHETER, ARTERY	74.43										
67	36660	INSERTION CATHETER, ARTERY	74.43	00 15									
63	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	64.78										
67	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	64.78	00 15									
63	36800	INSERTION OF CANNULA	134.32										
67	36800	INSERTION OF CANNULA	134.32	00 15									
63	36810	INSERTION OF CANNULA	229.34										
67	36810	INSERTION OF CANNULA	229.34	00 15									
63	36815	INSERTION OF CANNULA	151.41										
67	36815	INSERTION OF CANNULA	151.41	00 15									
63	36818	AV FUSE, UPPR ARM, CEPHALIC	771.55										
67	36818	AV FUSE, UPPR ARM, CEPHALIC	771.55	00 15									
63	36819	AV FUSION BY BASILIC VEIN	814.43										
67	36819	AV FUSION BY BASILIC VEIN	814.43	00 15									
63	36820	INSERTION OF CANNULA	814.79										
67	36820	INSERTION FO CANNULA	814.79	00 15									
63	36821	ARTERY-VEIN FUSION	738.76										
67	36821	ARTERY-VEIN FUSION	738.76	00 15									
63	36823	INSERTION CANNULA(S)	1,542.55								X		
67	36823	INSERTION CANNULA(S)	1,542.55	00 15							X		

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	36825	ARTERY-VEIN GRAFT	884.20										
67	36825	ARTERY-VEIN GRAFT	884.20	00 15									
63	36830	ARTERY-VEIN GRAFT	742.75										
67	36830	ARTERY-VEIN GRAFT	742.75	00 15									
63	36831	AV FISTULA EXCISION	684.78										
67	36831	AV FISTULA EXCISION	684.78	00 15									
63	36832	REVISION O ARTERIO FISTULA WW THROMB	839.82										
67	36832	REVISION O ARTERIO FISTULA WW THROMB	839.82	00 15									
63	36833	AV FISTULA REVISION	903.12										
67	36833	AV FISTULA REVISION	903.12	00 15									
63	36835	ARTERY TO VEIN SHUNT	524.52										
67	36835	ARTERY TO VEIN SHUNT	524.52	00 15									
63	36838	DIST REVAS LIGATION, HEMO	1,280.23										
67	36838	DIST REVAS LIGATION, HEMO	1,280.23	00 15									
63	36860	CANNULA DECLOTTING	258.12										
67	36860	CANNULA DECLOTTING	258.12	00 15									
63	36861	CANNULA DECLOTTING	154.83										
67	36861	CANNULA DECLOTTING	154.83	00 15									
63	36901	INTRODUCTION OF NEEDLE(S) AND/OR	643.15										
67	36901	INTRODUCTION OF NEEDLE(S) AND/OR	643.15	00 15									
63	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,255.51										
67	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,255.51	00 15									
63	36903	INTRODUCTION OF NEEDLE(S) AND/OR	5,212.18										
67	36903	INTRODUCTION OF NEEDLE(S) AND/OR	5,212.18	00 15									
63	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,849.96										
67	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,849.96	00 15									
63	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,323.88										
67	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,323.88	00 15									
63	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	6,402.71										
67	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	6,402.71	00 15									
63	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	712.37										
67	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	712.37	00 15									
63	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	2,337.73										
67	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	2,337.73	00 15									
63	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,893.74										
67	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,893.74	00 15									
63	37140	REVISION OF CIRCULATION	2,580.24										
67	37140	REVISION OF CIRCULATION	2,580.24	00 15									
63	37145	REVISION OF CIRCULATION	2,391.86										
67	37145	REVISION OF CIRCULATION	2,391.86	00 15									
63	37160	REVISION OF CIRCULATION	2,457.76										
67	37160	REVISION OF CIRCULATION	2,457.76	00 15									
63	37180	REVISION OF CIRCULATION	2,362.09										
67	37180	REVISION OF CIRCULATION	2,362.09	00 15									
63	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,580.24										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,580.24	00 15									
63	37182	INSERT HEPATIC SHUNT (TIP'S)	899.48										
67	37182	INSERT HEPATIC SHUNT (TIPS)	899.48	00 15									
63	37183	REMOVE HEPATIC SHUNT (TIPS)	5,831.55										
67	37183	REMOVE HEPATIC SHUNT (TIP'S)	5,831.55	00 15									
63	37184	PRIM ART MECH THROMBECTOMY	2,104.47										
67	37184	PRIM ART MECH THROMBECTOMY	2,104.47	00 15									
63	37185	PRIM ART M-THROMBECT ADD-ON	652.89									X	
67	37185	PRIM ART M-THROMBECT ADD-ON	652.89	00 15								X	
63	37186	SEC ART M-THROMBECT ADD-ON	1,305.81										
67	37186	SEC ART M-THROMBECT ADD-ON	1,305.81	00 15									
63	37187	VENOUS MECH THROMBECTOMY	1,935.75										
67	37187	VENOUS MECH THROMBECTOMY	1,935.75	00 15									
63	37188	VENOUS M-THROMBECTOMY ADD-ON	1,621.41										
67	37188	VENOUS M-THROMBECTOMY ADD-ON	1,621.41	00 15									
63	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,403.87			X							
67	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,403.87	00 15		X							
63	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,324.52			X							
67	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,324.52	00 15		X							
63	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,539.68			X							
67	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,539.68	00 15		X							
63	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,512.31										
67	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,512.31	00 15									
63	37200	TRANSCATHETER BIOPSY	238.60										
67	37200	TRANSCATHETER BIOPSY	238.60	00 15									
63	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	430.45									X	
67	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	430.45	00 15								X	
63	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	375.69									X	
67	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	375.69	00 15								X	
63	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	258.57									X	
67	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	258.57	00 15								X	
63	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	136.78									X	
67	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	136.78	00 15								X	
63	37215	TRANSCATH STENT, CCA W/EPS	1,120.54										
67	37215	TRANSCATH STENT, CCA W/EPS	1,120.54	00 15									
63	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,210.08									X	
67	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,210.08	00 15								X	
63	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	909.45										
67	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	909.45	00 15									
63	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,901.28									X	
67	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,901.28	00 15								X	
63	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	4,107.24									X	
67	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	4,107.24	00 15								X	
63	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	795.18									X	
67	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	795.18	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	2,157.20										X	
67	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	2,157.20	00	15								X	
63	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,481.58										X	
67	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,481.58	00	15								X	
63	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	11,816.48										X	
67	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	11,816.48	00	15								X	
63	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	10,249.40										X	
67	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	10,249.40	00	15								X	
63	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	15,218.85										X	
67	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	15,218.85	00	15								X	
63	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	5,033.62										X	
67	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	5,033.62	00	15								X	
63	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	11,836.24										X	
67	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	11,836.24	00	15								X	
63	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	10,090.29										X	
67	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	10,090.29	00	15								X	
63	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	14,463.82										X	
67	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	14,463.82	00	15								X	
63	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	1,084.90										X	
67	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	1,084.90	00	15								X	
63	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,333.17										X	
67	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,333.17	00	15								X	
63	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,768.11										X	
67	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,768.11	00	15								X	
63	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	4,100.09										X	
67	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	4,100.09	00	15								X	
63	37236	Insertion of intravascular stents in	3,512.80											
67	37236	Insertion of intravascular stents in	3,512.80	00	15									
63	37237	INSERTION OF INTRAVASCULAR STENTS IN	2,079.81										X	
67	37237	INSERTION OF INTRAVASCULAR STENTS IN	2,079.81	00	15								X	
63	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,526.53											
67	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,526.53	00	15									
63	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,684.37										X	
67	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,684.37	00	15								X	
63	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,723.23											
67	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,723.23	00	15									
63	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,246.70											
67	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,246.70	00	15									
63	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	9,362.54											
67	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	9,362.54	00	15									
63	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,724.83											
67	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,724.83	00	15									
63	37246	TRANSLUMINAL BALLOON ANGIOPLASTY	2,058.32											
67	37246	TRANSLUMINAL BALLOON ANGIOPLASTYSSED	2,058.32	00	15									
63	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	789.14										X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	789.14	00 15								X	
63	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,476.39										
67	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,476.39	00 15									
63	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	587.84									X	
67	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	587.84	00 15								X	
63	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,228.39										
67	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,228.39	00 15									
63	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	200.26										
67	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	200.26	00 15									
63	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	704.89										
67	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	704.89	00 15									
63	37565	LIGATION OF NECK VEIN	786.76										
67	37565	LIGATION OF NECK VEIN	786.76	00 15									
63	37600	LIGATION OF NECK ARTERY	795.70										
67	37600	LIGATION OF NECK ARTERY	795.70	00 15									
63	37605	LIGATION OF NECK ARTERY	825.66										
67	37605	LIGATION OF NECK ARTERY	825.66	00 15									
63	37606	LIGATION OF NECK ARTERY	794.15										
67	37606	LIGATION OF NECK ARTERY	794.15	00 15									
63	37607	LIGATION OR BANDING OF ANGIOACCESS A	412.12										
67	37607	LIGATION OR BANDING OF ANGIOACCESS A	412.12	00 15									
63	37609	TEMPORAL ARTERY PROCEDURE	321.96										
67	37609	TEMPORAL ARTERY PROCEDURE	321.96	00 15									
63	37615	LIGATION OF NECK ARTERY	573.31										
67	37615	LIGATION OF NECK ARTERY	573.31	00 15									
63	37616	LIGATE MAJOR ARTERY,CHEST	1,223.42										
67	37616	LIGATE MAJOR ARTERY,CHEST	1,223.42	00 15									
63	37617	LIGATION OF ABDOMEN ARTERY	1,485.94										
67	37617	LIGATION OF ABDOMEN ARTERY	1,485.94	00 15									
63	37618	LIGATION OF EXTREMITY ARTERY	419.49										
67	37618	LIGATION OF EXTREMITY ARTERY	419.49	00 15									
63	37619	LIGATION OF INFERIOR VENA CAVA	1,921.49										
67	37619	LIGATION OF INFERIOR VENA CAVA	1,921.49	00 15									
63	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	509.38										
67	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	509.38	00 15									
63	37660	REVISION OF MAJOR VEIN	1,458.65										
67	37660	REVISION OF MAJOR VEIN	1,458.65	00 15									
63	37700	REVISE LEG VEIN	267.22										
67	37700	REVISE LEG VEIN	267.22	00 15									
63	37718	LIGATE/STRIP SHORT LEG VEIN	473.61										
67	37718	LIGATE/STRIP SHORT LEG VEIN	473.61	00 15									
63	37722	LIGATE/STRIP LONG LEG VEIN	524.35										
67	37722	LIGATE/STRIP LONG LEG VEIN	524.35	00 15									
63	37735	REMOVAL OF LEG VEINS/LESION	646.61										
67	37735	REMOVAL OF LEG VEINS/LESION	646.61	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	37760	REVISION OF LEG VEINS	690.57											
67	37760	REVISION OF LEG VEINS	690.57	00	15									
63	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	595.70											
67	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	595.70	00	15									
63	37765	PHLEB VEINS - EXTREM - TO 20	681.59											
67	37765	PHLEB VEINS - EXTREM - TO 20	681.59	00	15									
63	37766	PHLEB VEINS - EXTREM 20+	813.19											
67	37766	PHLEB VEINS - EXTREM 20+	813.19	00	15									
63	37780	REVISION OF LEG VEIN	257.31											
67	37780	REVISION OF LEG VEIN	257.31	00	15									
63	37785	REVISION OF LEG VEIN	369.91											
67	37785	REVISION OF LEG VEIN	369.91	00	15									
63	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,375.22					M						
67	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,375.22	00	15			M						
63	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	526.50					M						
67	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	526.50	00	15			M						
63	38100	REMOVAL OF SPLEEN	1,275.79											
67	38100	REMOVAL OF SPLEEN	1,275.79	00	15									
63	38101	SPLENECTOMY;PARTIAL	1,290.29											
67	38101	SPLENECTOMY;PARTIAL	1,290.29	00	15									
63	38102	SPLENECTOMY;	293.77											
67	38102	SPLENECTOMY;	293.77	00	15									
63	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,411.72											
67	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,411.72	00	15									
63	38120	LAPAROSCOPY, SPLENECTOMY	1,159.13											
67	38120	LAPAROSCOPY, SPLENECTOMY	1,159.13	00	15									
63	38200	INJECTION FOR SPLEEN X-RAY	144.69											
67	38200	INJECTION FOR SPLEEN X-RAY	144.69	00	15									
63	38205	HARVEST ALLOGENIC STEM CELLS	88.46											
67	38205	HARVEST ALLOGENIC STEM CELLS	88.46	00	15									
63	38206	HARVEST AUTO STEM CELLS	88.92											
67	38206	HARVEST AUTO STEM CELLS	88.92	00	15									
63	38220	BONE MARROW ASPIRATION	167.19											
67	38220	BONE MARROW ASPIRATION	167.19	00	15									
63	38221	BONE MARROW BIOPSY	155.82											
67	38221	BONE MARROW BIOPSY	155.82	00	15									
63	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	172.95											
67	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	172.95	00	15									
63	38230	BONE MARROW HARVESTING FOR TRANSPLAN	226.55			X								
67	38230	BONE MARROW HARVESTING FOR TRANSPLAN	226.55	00	15	X								
63	38232	BONE MARROW HARVESTING FOR TRANSPLAN	217.16											
67	38232	BONE MARROW HARVESTING FOR TRANSPLAN	217.16	00	15									
63	38240	BONE MARROW TRANSPLANTATION	242.37											
67	38240	BONE MARROW TRANSPLANTATION	242.37	00	15									
63	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	181.12											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	181.12	00 15	X								
63	38242	LYMPHOCYTE INFUSE TRANSPLANT	127.95										
67	38242	LYMPHOCYTE INFUSE TRANSPLANT	127.95	00 15									
63	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	128.71										
67	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	128.71	00 15									
63	38300	DRAINAGE LYMPH NODE LESION	329.71										
67	38300	DRAINAGE LYMPH NODE LESION	329.71	00 15									
63	38305	DRAINAGE LYMPH NODE LESION	523.99										
67	38305	DRAINAGE LYMPH NODE LESION	523.99	00 15									
63	38308	INCISION OF LYMPH CHANNELS	489.25										
67	38308	INCISION OF LYMPH CHANNELS	489.25	00 15									
63	38380	THORACIC DUCT PROCEDURE	605.89										
67	38380	THORACIC DUCT PROCEDURE	605.89	00 15									
63	38381	THORACIC DUCT PROCEDURE	884.07										
67	38381	THORACIC DUCT PROCEDURE	884.07	00 15									
63	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	740.81										
67	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	740.81	00 15									
63	38500	BIOPSY/REMOVAL OF LYMPH NODE	352.41										
67	38500	BIOPSY/REMOVAL OF LYMPH NODE	352.41	00 15									
63	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	127.24										
67	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	127.24	00 15									
63	38510	BIOPSY/REMOVAL OF LYMPH NODE	552.59										
67	38510	BIOPSY/REMOVAL OF LYMPH NODE	552.59	00 15									
63	38520	BIOPSY/REMOVAL OF LYMPH NODE	503.44										
67	38520	BIOPSY/REMOVAL OF LYMPH NODE	503.44	00 15									
63	38525	BX,EXCISE-DEEP AXILLARY NODES	475.73										
67	38525	BX,EXCISE-DEEP AXILLARY NODES	475.73	00 15									
63	38530	BIOPSY/REMOVAL OF LYMPH NODE	604.64										
67	38530	BIOPSY/REMOVAL OF LYMPH NODE	604.64	00 15									
63	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	472.49										
67	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	472.49	00 15									
63	38542	DISSECTION: DEEP JUGULAR NODE	556.27										
67	38542	DISSECTION: DEEP JUGULAR NODE	556.27	00 15									
63	38550	REMOVAL NECK/ARMPIT LESION	553.67										
67	38550	REMOVAL NECK/ARMPIT LESION	553.67	00 15									
63	38555	REMOVAL NECK/ARMPIT LESION	1,107.83										
67	38555	REMOVAL NECK/ARMPIT LESION	1,107.83	00 15									
63	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	770.70										
67	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	770.70	00 15									
63	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	772.91										
67	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	772.91	00 15									
63	38570	LAPAROSCOPY, LYMPH NODE BIOP	554.72										
67	38570	LAPAROSCOPY, LYMPH NODE BIOP	554.72	00 15									
63	38571	LAPAROSCOPY, LYMPHADENECTOMY	719.77										
67	38571	LAPAROSCOPY, LYMPHADENECTOMY	719.77	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,008.35											
67	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,008.35	00	15									
63	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,276.30											
67	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,276.30	00	15									
63	38700	REMOVAL OF LYMPH NODES, NECK	864.21											
67	38700	REMOVAL OF LYMPH NODES, NECK	864.21	00	15									
63	38720	REMOVAL OF LYMPH NODES, NECK	1,450.45											
67	38720	REMOVAL OF LYMPH NODES, NECK	1,450.45	00	15									
63	38724	CERVICAL LYMPHADENECTOMY	1,563.45											
67	38724	CERVICAL LYMPHADENECTOMY	1,563.45	00	15									
63	38740	REMOVE ARMPIT LYMPH NODES	762.00											
67	38740	REMOVE ARMPIT LYMPH NODES	762.00	00	15									
63	38745	REMOVE ARMPITS LYMPH NODES	964.01											
67	38745	REMOVE ARMPITS LYMPH NODES	964.01	00	15									
63	38746	THORACIC LYMPHADENECTOMY BY THORACOT	240.93											
67	38746	THORACIC LYMPHADENECTOMY BY THORACOT	240.93	00	15									
63	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	298.72											
67	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	298.72	00	15									
63	38760	REMOVE GROIN LYMPH NODES	922.62											
67	38760	REMOVE GROIN LYMPH NODES	922.62	00	15									
63	38765	REMOVE GROIN LYMPH NODES	1,429.27											
67	38765	REMOVE GROIN LYMPH NODES	1,429.27	00	15									
63	38770	REMOVE PELVIS LYMPH NODES	881.73											
67	38770	REMOVE PELVIS LYMPH NODES	881.73	00	15									
63	38780	REMOVE ABDOMEN LYMPH NODES	1,122.96											
67	38780	REMOVE ABDOMEN LYMPH NODES	1,122.96	00	15									
63	38790	INJECTION FOR LYMPHATIC XRAY	89.33											
67	38790	INJECTION FOR LYMPHATIC XRAY	89.33	00	15									
63	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	83.30											
67	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	83.30	00	15									
63	38794	ACCESS THORACIC LYMPH DUCT	316.06											
67	38794	ACCESS THORACIC LYMPH DUCT	316.06	00	15									
63	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	153.82											
67	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	153.82	00	15									
63	39000	EXPLORATION OF MEDIASTINUM	540.55											
67	39000	EXPLORATION OF MEDIASTINUM	540.55	00	15									
63	39010	EXPLORATION OF MEDIASTINUM	865.38											
67	39010	EXPLORATION OF MEDIASTINUM	865.38	00	15									
63	39200	RESECTION OF MEDIASTINAL CYST	967.66											
67	39200	RESECTION OF MEDIASTINAL CYST	967.66	00	15									
63	39220	RESECTION OF MEDIASTINAL TUMOR	1,250.75											
67	39220	RESECTION OF MEDIASTINAL TUMOR	1,250.75	00	15									
63	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	343.38											
67	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	343.38	00	15									
63	39402	MEDIASTINOSCOPY;WITH LYMPH NODE BIOP	450.50											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	450.50	00 15									
63	39501	REPAIR, LACERATION OF DIAPHRAGM	935.97										
67	39501	REPAIR, LACERATION OF DIAPHRAGM	935.97	00 15									
63	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,740.74	00 00									
67	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,740.74	00 00									
63	39540	REPAIR OF DIAPHRAGM HERNIA	959.60										
67	39540	REPAIR OF DIAPHRAGM HERNIA	959.60	00 15									
63	39541	REPAIR OF DIAPHRAGM HERNIA	1,037.97										
67	39541	REPAIR OF DIAPHRAGM HERNIA	1,037.97	00 15									
63	39545	REVISION OF DIAPHRAGM	977.50										
67	39545	REVISION OF DIAPHRAGM	977.50	00 15									
63	39560	RESECT DIAPHRAGM, SIMPLE	880.11										
67	39560	RESECT DIAPHRAGM, SIMPLE	880.11	00 15									
63	39561	RESECT DIAPHRAGM, COMPLEX	1,363.65										
67	39561	RESECT DIAPHRAGM, COMPLEX	1,363.65	00 15									
63	40490	BIOPSY OF LIP	129.33										
67	40490	BIOPSY OF LIP	129.33	00 15									
63	40500	VERMILIONECTOMY (LIP SHAVE)	525.51										
67	40500	VERMILIONECTOMY (LIP SHAVE)	525.51	00 15									
63	40510	PARTIAL EXCISION OF LIP	504.41										
67	40510	PARTIAL EXCISION OF LIP	504.41	00 15									
63	40520	PARTIAL EXCISION OF LIP	511.08										
67	40520	PARTIAL EXCISION OF LIP	511.08	00 15									
63	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	587.50										
67	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	587.50	00 15									
63	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	658.50										
67	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	658.50	00 15									
63	40530	PARTIAL REMOVAL OF LIP	563.01										
67	40530	PARTIAL REMOVAL OF LIP	563.01	00 15									
63	40650	REPAIR LIP	465.58										
67	40650	REPAIR LIP	465.58	00 15									
63	40652	REPAIR LIP	512.55										
67	40652	REPAIR LIP	512.55	00 15									
63	40654	REPAIR LIP	594.81										
67	40654	REPAIR LIP	594.81	00 15									
63	40700	REPAIR CLEFT LIP	1,078.51										
67	40700	REPAIR CLEFT LIP	1,078.51	00 15									
63	40701	REPAIR CLEFT LIP	1,280.94										
67	40701	REPAIR CLEFT LIP	1,280.94	00 15									
63	40702	REPAIR CLEFT LIP	1,073.40										
67	40702	REPAIR CLEFT LIP	1,073.40	00 15									
63	40720	REPAIR CLEFT LIP	1,103.50										
67	40720	REPAIR CLEFT LIP	1,103.50	00 15									
63	40761	REPAIR CLEFT LIP	1,165.80										
67	40761	REPAIR CLEFT LIP	1,165.80	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	40800	DRAINAGE OF MOUTH LESION	214.36											
67	40800	DRAINAGE OF MOUTH LESION	214.36	00	15									
63	40801	DRAINAGE OF MOUTH LESION	317.65											
67	40801	DRAINAGE OF MOUTH LESION	317.65	00	15									
63	40804	REMOVAL FOREIGN BODY, MOUTH	194.15											
67	40804	REMOVAL FOREIGN BODY, MOUTH	194.15	00	15									
63	40805	REMOVAL FOREIGN BODY, MOUTH	320.52											
67	40805	REMOVAL FOREIGN BODY, MOUTH	320.52	00	15									
63	40806	INCISION OF LIP FOLD	101.08											
67	40806	INCISION OF LIP FOLD	101.08	00	15									
63	40808	BIOPSY OF MOUTH LESION	188.79											
67	40808	BIOPSY OF MOUTH LESION	188.79	00	15									
63	40810	EXCISION OF MOUTH LESION	211.98											
67	40810	EXCISION OF MOUTH LESION	211.98	00	15									
63	40812	EXCISE/REPAIR MOUTH LESION	297.02											
67	40812	EXCISE/REPAIR MOUTH LESION	297.02	00	15									
63	40814	EXCISE/REPAIR MOUTH LESION	398.97											
67	40814	EXCISE/REPAIR MOUTH LESION	398.97	00	15									
63	40816	EXCISION OF MOUTH LESION	415.58											
67	40816	EXCISION OF MOUTH LESION	415.58	00	15									
63	40818	EXCISE ORAL MUCOSA FOR GRAFT	373.30											
67	40818	EXCISE ORAL MUCOSA FOR GRAFT	373.30	00	15									
63	40819	EXCISE LIP OR CHEEK FOLD	323.35											
67	40819	EXCISE LIP OR CHEEK FOLD	323.35	00	15									
63	40820	TREATMENT OF MOUTH LESION	264.58											
67	40820	TREATMENT OF MOUTH LESION	264.58	00	15									
63	40830	REPAIR MOUTH LACERATION	275.41											
67	40830	REPAIR MOUTH LACERATION	275.41	00	15									
63	40831	REPAIR MOUTH LACERATION	353.96											
67	40831	REPAIR MOUTH LACERATION	353.96	00	15									
63	40840	RECONSTRUCTION OF MOUTH	857.57											
67	40840	RECONSTRUCTION OF MOUTH	857.57	00	15									
63	40842	RECONSTRUCTION OF MOUTH	831.50											
67	40842	RECONSTRUCTION OF MOUTH	831.50	00	15									
63	40843	RECONSTRUCTION OF MOUTH	1,105.25											
67	40843	RECONSTRUCTION OF MOUTH	1,105.25	00	15									
63	40844	RECONSTRUCTION OF MOUTH	1,438.76											
67	40844	RECONSTRUCTION OF MOUTH	1,438.76	00	15									
63	40845	RECONSTRUCTION OF MOUTH	1,553.56											
67	40845	RECONSTRUCTION OF MOUTH	1,553.56	00	15									
63	41000	DRAINAGE OF MOUTH LESION	166.39											
67	41000	DRAINAGE OF MOUTH LESION	166.39	00	15									
63	41005	DRAINAGE OF MOUTH LESION	223.78											
67	41005	DRAINAGE OF MOUTH LESION	223.78	00	15									
63	41006	DRAINAGE OF MOUTH LESION	367.82											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	41006	DRAINAGE OF MOUTH LESION	367.82	00 15									
63	41007	DRAINAGE OF MOUTH LESION	360.52										
67	41007	DRAINAGE OF MOUTH LESION	360.52	00 15									
63	41008	DRAINAGE OF MOUTH LESION	398.25										
67	41008	DRAINAGE OF MOUTH LESION	398.25	00 15									
63	41009	DRAINAGE OF MOUTH LESION	426.44										
67	41009	DRAINAGE OF MOUTH LESION	426.44	00 15									
63	41010	INCISION OF TONGUE FOLD	207.24										
67	41010	INCISION OF TONGUE FOLD	207.24	00 15									
63	41015	DRAINAGE OF MOUTH LESION	435.80										
67	41015	DRAINAGE OF MOUTH LESION	435.80	00 15									
63	41016	DRAINAGE OF MOUTH LESION	461.64										
67	41016	DRAINAGE OF MOUTH LESION	461.64	00 15									
63	41017	DRAINAGE OF MOUTH LESION	468.56										
67	41017	DRAINAGE OF MOUTH LESION	468.56	00 15									
63	41018	DRAINAGE OF MOUTH LESION	533.39										
67	41018	DRAINAGE OF MOUTH LESION	533.39	00 15									
63	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	513.81										
67	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	513.81	00 15									
63	41100	BIOPSY OF TONGUE	176.55										
67	41100	BIOPSY OF TONGUE	176.55	00 15									
63	41105	BIOPSY OF TONGUE	179.73										
67	41105	BIOPSY OF TONGUE	179.73	00 15									
63	41108	BIOPSY OF FLOOR OF MOUTH	155.32										
67	41108	BIOPSY OF FLOOR OF MOUTH	155.32	00 15									
63	41110	EXCISION OF TONGUE LESION	220.56										
67	41110	EXCISION OF TONGUE LESION	220.56	00 15									
63	41112	EXCISION OF TONGUE LESION	345.49										
67	41112	EXCISION OF TONGUE LESION	345.49	00 15									
63	41113	EXCISION OF TONGUE LESION	377.67										
67	41113	EXCISION OF TONGUE LESION	377.67	00 15									
63	41114	EXCISE TONGUE LESION/LOCAL FLP	669.37										
67	41114	EXCISE TONGUE LESION/LOCAL FLP	669.37	00 15									
63	41115	EXCISION OF TONGUE FOLD	254.54										
67	41115	EXCISION OF TONGUE FOLD	254.54	00 15									
63	41116	EXCISION OF MOUTH LESION	340.15										
67	41116	EXCISION OF MOUTH LESION	340.15	00 15									
63	41120	PARTIAL REMOVAL OF TONGUE	1,116.68										
67	41120	PARTIAL REMOVAL OF TONGUE	1,116.68	00 15									
63	41130	PARTIAL REMOVAL OF TONGUE	1,390.45										
67	41130	PARTIAL REMOVAL OF TONGUE	1,390.45	00 15									
63	41135	TONGUE AND NECK SURGERY	2,323.47										
67	41135	TONGUE AND NECK SURGERY	2,323.47	00 15									
63	41140	REMOVAL OF TONGUE	2,319.52										
67	41140	REMOVAL OF TONGUE	2,319.52	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001	14 SPEC IND
TS	CODE	DESCRIPTION	FEE											
63	41145	TONGUE REMOVAL; NECK SURGERY	2,942.23											
67	41145	TONGUE REMOVAL; NECK SURGERY	2,942.23	00	15									
63	41150	TONGUE, MOUTH, JAW SURGERY	2,340.38											
67	41150	TONGUE, MOUTH, JAW SURGERY	2,340.38	00	15									
63	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,543.66											
67	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,543.66	00	15									
63	41155	TONGUE, JAW, & NECK SURGERY	3,236.23											
67	41155	TONGUE, JAW, & NECK SURGERY	3,236.23	00	15									
63	41250	REPAIR TONGUE LACERATION	278.18											
67	41250	REPAIR TONGUE LACERATION	278.18	00	15									
63	41251	REPAIR TONGUE LACERATION	313.22											
67	41251	REPAIR TONGUE LACERATION	313.22	00	15									
63	41252	REPAIR TONGUE LACERATION	328.75											
67	41252	REPAIR TONGUE LACERATION	328.75	00	15									
63	41510	TONGUE TO LIP SURGERY	463.34											
67	41510	TONGUE TO LIP SURGERY	463.34	00	15									
63	41512	TONGUE BASE SUSPENSION, PERMANENT SU	686.83											
67	41512	TONGUE BASE SUSPENSION, PERMANENT SU	686.83	00	15									
63	41520	RECONSTRUCTION, TONGUE FOLD	360.77											
67	41520	RECONSTRUCTION, TONGUE FOLD	360.77	00	15									
63	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	953.62											
67	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	953.62	00	15									
63	41800	DRAINAGE OF GUM LESION	289.29											
67	41800	DRAINAGE OF GUM LESION	289.29	00	15									
63	41805	REMOVAL FOREIGN BODY, GUM	289.97											
67	41805	REMOVAL FOREIGN BODY, GUM	289.97	00	15									
63	41806	REMOVAL FOREIGN BODY,JAWBONE	404.13											
67	41806	REMOVAL FOREIGN BODY,JAWBONE	404.13	00	15									
63	41822	EXCISION OF GUM LESION	292.89											
67	41822	EXCISION OF GUM LESION	292.89	00	15									
63	41823	EXCISION OF GUM LESION	452.31											
67	41823	EXCISION OF GUM LESION	452.31	00	15									
63	41825	EXCISION OF GUM LESION	219.23											
67	41825	EXCISION OF GUM LESION	219.23	00	15									
63	41826	EXCISION OF GUM LESION	324.16											
67	41826	EXCISION OF GUM LESION	324.16	00	15									
63	41827	EXCISION OF GUM LESION	459.93											
67	41827	EXCISION OF GUM LESION	459.93	00	15									
63	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	326.37										X	
67	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	326.37	00	15								X	
63	41830	REMOVAL OF GUM TISSUE	409.77											
67	41830	REMOVAL OF GUM TISSUE	409.77	00	15									
63	41872	REPAIR GUM	399.40											
67	41872	REPAIR GUM	399.40	00	15									
63	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	400.01										X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	400.01	00 15								X	
63	42000	DRAINAGE MOUTH ROOF LESION	159.05										
67	42000	DRAINAGE MOUTH ROOF LESION	159.05	00 15									
63	42100	BIOPSY ROOF OF MOUTH	153.87										
67	42100	BIOPSY ROOF OF MOUTH	153.87	00 15									
63	42104	EXCISION LESION, MOUTH ROOF	221.15										
67	42104	EXCISION LESION, MOUTH ROOF	221.15	00 15									
63	42106	EXCISION LESION, MOUTH ROOF	278.25										
67	42106	EXCISION LESION, MOUTH ROOF	278.25	00 15									
63	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	482.18										
67	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	482.18	00 15									
63	42120	REMOVE PALATE/LESION	1,062.30										
67	42120	REMOVE PALATE/LESION	1,062.30	00 15									
63	42140	EXCISION OF UVULA	271.03										
67	42140	EXCISION OF UVULA	271.03	00 15									
63	42145	PALATOPHARYNGOPLASTY	738.24										
67	42145	PALATOPHARYNGOPLASTY	738.24	00 15									
63	42160	TREATMENT MOUTH ROOF LESION	238.61										
67	42160	TREATMENT MOUTH ROOF LESION	238.61	00 15									
63	42180	REPAIR PALATE	256.09										
67	42180	REPAIR PALATE	256.09	00 15									
63	42182	REPAIR PALATE	338.06										
67	42182	REPAIR PALATE	338.06	00 15									
63	42200	RECONSTRUCT CLEFT PALATE	1,007.90										
67	42200	RECONSTRUCT CLEFT PALATE	1,007.90	00 15									
63	42205	RECONSTRUCT CLEFT PALATE	1,054.15										
67	42205	RECONSTRUCT CLEFT PALATE	1,054.15	00 15									
63	42210	RECONSTRUCT CLEFT PALATE	1,173.75										
67	42210	RECONSTRUCT CLEFT PALATE	1,173.75	00 15									
63	42215	RECONSTRUCT CLEFT PALATE	760.96										
67	42215	RECONSTRUCT CLEFT PALATE	760.96	00 15									
63	42220	RECONSTRUCT CLEFT PALATE	625.75										
67	42220	RECONSTRUCT CLEFT PALATE	625.75	00 15									
63	42225	RECONSTRUCT CLEFT PALATE	1,028.06										
67	42225	RECONSTRUCT CLEFT PALATE	1,028.06	00 15									
63	42226	LENGTHENING OF PALATE, AND PHARYNGEA	927.81										
67	42226	LENGTHENING OF PALATE, AND PHARYNGEA	927.81	00 15									
63	42227	LENGTHEN PALATE, WITH ISLAND FLAP	870.31										
67	42227	LENGTHEN PALATE, WITH ISLAND FLAP	870.31	00 15									
63	42235	REPAIR PALATE	758.75										
67	42235	REPAIR PALATE	758.75	00 15									
63	42260	REPAIR NOSE TO LIP FISTULA	861.42										
67	42260	REPAIR NOSE TO LIP FISTULA	861.42	00 15									
63	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	183.44										
67	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	183.44	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	42281	INSERT PIN-RETAINED PALATAL PROSTH.	235.59											
67	42281	INSERT PIN-RETAINED PALATAL PROSTH.	235.59	00	15									
63	42300	DRAINAGE OF SALIVARY GLAND	216.52											
67	42300	DRAINAGE OF SALIVARY GLAND	216.52	00	15									
63	42305	DRAINAGE OF SALIVARY GLAND	456.94											
67	42305	DRAINAGE OF SALIVARY GLAND	456.94	00	15									
63	42310	DRAINAGE OF SALIVARY GLAND	182.85											
67	42310	DRAINAGE OF SALIVARY GLAND	182.85	00	15									
63	42320	DRAINAGE OF SALIVARY GLAND	260.64											
67	42320	DRAINAGE OF SALIVARY GLAND	260.64	00	15									
63	42330	REMOVAL OF SALIVARY STONE	239.74											
67	42330	REMOVAL OF SALIVARY STONE	239.74	00	15									
63	42335	REMOVAL OF SALIVARY STONE	399.24											
67	42335	REMOVAL OF SALIVARY STONE	399.24	00	15									
63	42340	REMOVAL OF SALIVARY STONE	498.39											
67	42340	REMOVAL OF SALIVARY STONE	498.39	00	15									
63	42400	BIOPSY OF SALIVARY GLAND	104.60										X	
67	42400	BIOPSY OF SALIVARY GLAND	104.60	00	15								X	
63	42405	BIOPSY OF SALIVARY GLAND	312.14											
67	42405	BIOPSY OF SALIVARY GLAND	312.14	00	15									
63	42408	EXCISION OF SALIVARY CYST	531.27											
67	42408	EXCISION OF SALIVARY CYST	531.27	00	15									
63	42409	DRAINAGE OF SALIVARY CYST	357.15											
67	42409	DRAINAGE OF SALIVARY CYST	357.15	00	15									
63	42410	EXCISE PAROTID GLAND/LESION	668.20											
67	42410	EXCISE PAROTID GLAND/LESION	668.20	00	15									
63	42415	EXCISE PAROTID GLAND/LESION	1,134.57											
67	42415	EXCISE PAROTID GLAND/LESION	1,134.57	00	15									
63	42420	EXCISE PAROTID GLAND/LESION	1,276.58											
67	42420	EXCISE PAROTID GLAND/LESION	1,276.58	00	15									
63	42425	EXCISE PAROTID GLAND/LESION	896.66											
67	42425	EXCISE PAROTID GLAND/LESION	896.66	00	15									
63	42426	EXCISE PAROTID GLAND/LESION	1,457.55											
67	42426	EXCISE PAROTID GLAND/LESION	1,457.55	00	15									
63	42440	EXCISION SUBMAXILLARY GLAND	439.53											
67	42440	EXCISION SUBMAXILLARY GLAND	439.53	00	15									
63	42450	EXCISION SUBLINGUAL GLAND	470.94											
67	42450	EXCISION SUBLINGUAL GLAND	470.94	00	15									
63	42500	REPAIR SALIVARY DUCT	451.40											
67	42500	REPAIR SALIVARY DUCT	451.40	00	15									
63	42505	REPAIR SALIVARY DUCT	581.81											
67	42505	REPAIR SALIVARY DUCT	581.81	00	15									
63	42507	PAROTID DUCT DIVERSION	530.29											
67	42507	PAROTID DUCT DIVERSION	530.29	00	15									
63	42509	PAROTID DUCT DIVERSION	885.33											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	42509	PAROTID DUCT DIVERSION	885.33	00 15									
63	42510	CREATION OF NEW DRAINAGE TRACTS OF M	654.79										
67	42510	CREATION OF NEW DRAINAGE TRACTS OF M	654.79	00 15									
63	42550	INJECTION FOR SALIVARY X-RAY	148.57									X	
67	42550	INJECTION FOR SALIVARY X-RAY	148.57	00 15								X	
63	42600	CLOSURE OF SALIVARY FISTULA	510.79										
67	42600	CLOSURE OF SALIVARY FISTULA	510.79	00 15									
63	42650	DILATION OF SALIVARY DUCT	83.16										
67	42650	DILATION OF SALIVARY DUCT	83.16	00 15									
63	42660	DILATION OF SALIVARY DUCT	131.53										
67	42660	DILATION OF SALIVARY DUCT	131.53	00 15									
63	42665	LIGATION OF SALIVARY DUCT	336.09										
67	42665	LIGATION OF SALIVARY DUCT	336.09	00 15									
63	42700	DRAINAGE OF TONSIL ABSCESS	194.65										
67	42700	DRAINAGE OF TONSIL ABSCESS	194.65	00 15									
63	42720	DRAINAGE OF THROAT ABSCESS	481.17										
67	42720	DRAINAGE OF THROAT ABSCESS	481.17	00 15									
63	42725	DRAINAGE OF THROAT ABSCESS	876.33										
67	42725	DRAINAGE OF THROAT ABSCESS	876.33	00 15									
63	42800	BIOPSY OF THROAT	161.69										
67	42800	BIOPSY OF THROAT	161.69	00 15									
63	42804	BIOPSY OF UPPER NOSE/THROAT	199.88										
67	42804	BIOPSY OF UPPER NOSE/THROAT	199.88	00 15									
63	42806	BIOPSY OF UPPER NOSE/THROAT	224.73										
67	42806	BIOPSY OF UPPER NOSE/THROAT	224.73	00 15									
63	42808	EXCISE PHARYNX LESION	235.84										
67	42808	EXCISE PHARYNX LESION	235.84	00 15									
63	42809	REMOVE PHARYNX FOREIGN BODY	206.71										
67	42809	REMOVE PHARYNX FOREIGN BODY	206.71	00 15									
63	42810	EXCISION OF NECK CYST	396.27										
67	42810	EXCISION OF NECK CYST	396.27	00 15									
63	42815	EXCISION OF NECK CYST	581.45										
67	42815	EXCISION OF NECK CYST	581.45	00 15									
63	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	307.54	00 11									
67	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	307.54	00 11									
63	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	319.26	12 99									
67	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	319.26	12 15									
63	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	276.42	00 11									
67	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	276.42	00 11									
63	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	265.84	12 99									
67	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	265.84	12 15									
63	42830	ADENOIDECTOMY,PRIMARY;<12	218.24	00 11									
67	42830	ADENOIDECTOMY,PRIMARY;<12	218.24	00 11									
63	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	235.61	12 99									
67	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	235.61	12 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	42835	ADENOIDECTOMY,SECONDARY;<12	202.43	00 11									
67	42835	ADENOIDECTOMY,SECONDARY;<12	202.43	00 11									
63	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	254.13	12 99									
67	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	254.13	12 15									
63	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,061.66										
67	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,061.66	00 15									
63	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,465.00										
67	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,465.00	00 15									
63	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,383.86										
67	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,383.86	00 15									
63	42860	EXCISION OF TONSIL TAGS	197.10										
67	42860	EXCISION OF TONSIL TAGS	197.10	00 15									
63	42870	EXCISION OF LINGUAL TONSIL	611.47										
67	42870	EXCISION OF LINGUAL TONSIL	611.47	00 15									
63	42890	PARTIAL REMOVAL OF PHARYNX	1,518.94										
67	42890	PARTIAL REMOVAL OF PHARYNX	1,518.94	00 15									
63	42892	RESECTION OF LATERAL PHARYNGEAL WALL	2,000.69										
67	42892	RESECTION OF LATERAL PHARYNGEAL WALL	2,000.69	00 15									
63	42894	REMOVAL OF THROAT TISSUE	2,534.89										
67	42894	REMOVAL OF THROAT TISSUE	2,534.89	00 15									
63	42900	REPAIR THROAT WOUND	359.97										
67	42900	REPAIR THROAT WOUND	359.97	00 15									
63	42950	RECONSTRUCTION OF THROAT	841.37										
67	42950	RECONSTRUCTION OF THROAT	841.37	00 15									
63	42953	PHARYNGOESOPHAGEAL REPAIR	1,006.69										
67	42953	PHARYNGOESOPHAGEAL REPAIR	1,006.69	00 15									
63	42955	SURGICAL OPENING OF THROAT	798.19										
67	42955	SURGICAL OPENING OF THROAT	798.19	00 15									
63	42960	CONTROL THROAT BLEEDING	178.77									X	
67	42960	CONTROL THROAT BLEEDING	178.77	00 15								X	
63	42961	CONTROL THROAT BLEEDING	441.95									X	
67	42961	CONTROL THROAT BLEEDING	441.95	00 15								X	
63	42962	CONTROL THROAT BLEEDING	548.86									X	
67	42962	CONTROL THROAT BLEEDING	548.86	00 15								X	
63	42970	CONTROL NOSE/THROAT BLEEDING	436.05										
67	42970	CONTROL NOSE/THROAT BLEEDING	436.05	00 15									
63	42971	CONTROL NOSE/THROAT BLEEDING	483.47										
67	42971	CONTROL NOSE/THROAT BLEEDING	483.47	00 15									
63	42972	CONTROL NOSE/THROAT BLEEDING	542.44										
67	42972	CONTROL NOSE/THROAT BLEEDING	542.44	00 15									
63	43020	INCISION OF ESOPHAGUS	608.99										
67	43020	INCISION OF ESOPHAGUS	608.99	00 15									
63	43030	THROAT MUSCLE SURGERY	556.50										
67	43030	THROAT MUSCLE SURGERY	556.50	00 15									
63	43045	INCISION OF ESOPHAGUS	1,437.07										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	43045	INCISION OF ESOPHAGUS	1,437.07	00	15									
63	43100	EXCISION OF ESOPHAGUS LESION	669.96											
67	43100	EXCISION OF ESOPHAGUS LESION	669.96	00	15									
63	43101	EXCISION OF ESOPHAGUS LESION	1,112.83											
67	43101	EXCISION OF ESOPHAGUS LESION	1,112.83	00	15									
63	43107	REMOVAL OF ESOPHAGUS	3,312.17											
67	43107	REMOVAL OF ESOPHAGUS	3,312.17	00	15									
63	43108	REMOVAL OF ESOPHAGUS	5,015.76											
67	43108	REMOVAL OF ESOPHAGUS	5,015.76	00	15									
63	43112	REMOVAL OF ESOPHAGUS	3,899.56											
67	43112	REMOVAL OF ESOPHAGUS	3,899.56	00	15									
63	43113	REMOVAL OF ESOPHAGUS	4,890.09											
67	43113	REMOVAL OF ESOPHAGUS	4,890.09	00	15									
63	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,626.64											
67	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,626.64	00	15									
63	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,620.17											
67	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,620.17	00	15									
63	43118	PARTIAL REMOVAL OF ESOPHAGUS	4,076.01											
67	43118	PARTIAL REMOVAL OF ESOPHAGUS	4,076.01	00	15									
63	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,190.29											
67	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,190.29	00	15									
63	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,833.56											
67	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,833.56	00	15									
63	43123	PARTIAL REMOVAL OF ESOPHAGUS	5,071.94											
67	43123	PARTIAL REMOVAL OF ESOPHAGUS	5,071.94	00	15									
63	43124	REMOVAL OF ESOPHAGUS	4,265.32											
67	43124	REMOVAL OF ESOPHAGUS	4,265.32	00	15									
63	43130	REMOVAL OF ESOPHAGUS POUCH	850.16											
67	43130	REMOVAL OF ESOPHAGUS POUCH	850.16	00	15									
63	43135	REMOVAL OF ESOPHAGUS POUCH	1,640.95											
67	43135	REMOVAL OF ESOPHAGUS POUCH	1,640.95	00	15									
63	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	590.42											
67	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	590.42	00	15									
63	43191	Diagnostic examination of esophagus	167.12											
67	43191	Diagnostic examination of esophagus	167.12	00	15									
63	43192	Injections of substance in tissue li	182.84											
67	43192	Injections of substance in tissue li	182.84	00	15									
63	43193	Biopsy of esophagus using an endosco	182.84											
67	43193	Biopsy of esophagus using an endosco	182.84	00	15									
63	43194	Removal of foreign body of esophagus	211.66											
67	43194	Removal of foreign body of esophagus	211.66	00	15									
63	43195	Balloon dilation of esophagus using	199.36											
67	43195	Balloon dilation of esophagus using	199.36	00	15									
63	43196	Insertion of wire and dilation of es	212.78											
67	43196	Insertion of wire and dilation of es	212.78	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	43197	Diagnostic examination of esophagus	191.06											
67	43197	Diagnostic examination of esophagus	191.06	00	15									
63	43198	Biopsy of esophagus using an endosco	210.95											
67	43198	Biopsy of esophagus using an endosco	210.95	00	15									
63	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	229.69											
67	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	229.69	00	15									
63	43201	INJECTIONS INTO ESOPHAGUS USING AN E	233.05											
67	43201	INJECTIONS INTO ESOPHAGUS USING AN E	233.05	00	15									
63	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	321.76											
67	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	321.76	00	15									
63	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	148.26											
67	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	148.26	00	15									
63	43205	TYING OF ESOPHAGEAL VEINS USING AN E	154.76											
67	43205	TYING OF ESOPHAGEAL VEINS USING AN E	154.76	00	15									
63	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	280.30											
67	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	280.30	00	15									
63	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	475.52											
67	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	475.52	00	15									
63	43211	Removal of tissue lining of esophagu	258.73											
67	43211	Removal of tissue lining of esophagu	258.73	00	15									
63	43212	Placement of stent on esophagus usin	210.18											
67	43212	Placement of stent on esophagus usin	210.18	00	15									
63	43213	Dilation of esophagus using an endos	1,178.51											
67	43213	Dilation of esophagus using an endos	1,178.51	00	15									
63	43214	Balloon dilation of esophagus using	211.00											
67	43214	Balloon dilation of esophagus using	211.00	00	15									
63	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	374.93											
67	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	374.93	00	15									
63	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	374.47											
67	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	374.47	00	15									
63	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	395.98											
67	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	395.98	00	15									
63	43220	BALLOON DILATION OF ESOPHAGUS USING	1,017.34											
67	43220	BALLOON DILATION OF ESOPHAGUS USING	1,017.34	00	15									
63	43226	INSERTION OF GUIDE WIRE FOR DILATION	339.94											
67	43226	INSERTION OF GUIDE WIRE FOR DILATION	339.94	00	15									
63	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	621.80											
67	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	621.80	00	15									
63	43229	Destruction of growths of esophagus	669.54											
67	43229	Destruction of growths of esophagus	669.54	00	15									
63	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	348.80											
67	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	348.80	00	15									
63	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	424.67											
67	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	424.67	00	15									
63	43233	Balloon dilation of esophagus, stoma	251.95											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	43233	Balloon dilation of esophagus, stoma	251.95	00 15									
63	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	271.04										
67	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	271.04	00 15									
63	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	354.39										
67	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	354.39	00 15									
63	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	215.03										
67	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	215.03	00 15									
63	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	255.80										
67	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	255.80	00 15									
63	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	360.50										
67	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	360.50	00 15									
63	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	432.81										
67	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	432.81	00 15									
63	43241	INSERTION OF CATHETER OR TUBE IN ESO	156.69										
67	43241	INSERTION OF CATHETER OR TUBE IN ESO	156.69	00 15									
63	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	288.89										
67	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	288.89	00 15									
63	43243	INJECTION OF DILATED VEINS OF STOMAC	261.05										
67	43243	INJECTION OF DILATED VIENS OF STOMAC	261.05	00 15									
63	43244	TYING OF DILATED VEINS OF STOMACH AN	269.31										
67	43244	TYING OF DILATED VEINS OF STOMACH AN	269.31	00 15									
63	43245	DILATION OF STOMACH OUTLET USING AN	569.98										
67	43245	DILATION OF STOMACH OUTLET USING AN	569.98	00 15									
63	43246	INSERTION OF STOMACH TUBE USING AN E	221.16										
67	43246	INSERTION OF STOMACH TUBE USING AN E	221.16	00 15									
63	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	366.63										
67	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	366.63	00 15									
63	43248	INSERTION OF GUIDE WIRE WITH DILATIO	374.68										
67	43248	INSERTION OF GUIDE WIRE WITH DILATIO	374.68	00 15									
63	43249	BALLOON DILATION OF ESOPHAGUS USING	1,035.13										
67	43249	BALLOON DILATION OF ESOPHAGUS USING	1,035.13	00 15									
63	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	419.40										
67	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	419.40	00 15									
63	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	463.71										
67	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	463.71	00 15									
63	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	322.36										
67	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	322.36	00 15									
63	43253	Injection of diagnostic or therapeut	289.35										
67	43253	Injection of diagnostic or therapeut	289.35	00 15									
63	43254	Removal of tissue lining of esophagu	297.33										
67	43254	Removal of tissue lining of esophagu	297.33	00 15									
63	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	658.73										
67	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	658.73	00 15									
63	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	256.02										
67	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	256.02	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	248.46											
67	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	248.46	00	15									
63	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	355.35											
67	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	355.35	00	15									
63	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	373.11											
67	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	373.11	00	15									
63	43262	OPERATIVE UPPER GI ENDOSCOPY	393.33											
67	43262	OPERATIVE UPPER GI ENDOSCOPY	393.33	00	15									
63	43263	PRESSURE MEASUREMENT OF PANCREATIC O	393.90											
67	43263	PRESSURE MEASUREMENT OF PANCREATIC O	393.90	00	15									
63	43264	REMOVAL OF STONE FROM BILE OR PANCRE	400.93											
67	43264	REMOVAL OF STONE FROM BILE OR PANCRE	400.93	00	15									
63	43265	DESTRUCTION OF STONE IN BILE OR PANC	477.59											
67	43265	DESTRUCTION OF STONE IN BILE OR PANC	477.59	00	15									
63	43266	Placement of stent in esophagus, sto	240.85											
67	43266	Placement of stent in esophagus, sto	240.85	00	15									
63	43270	Destruction of growths on esophagus,	691.30											
67	43270	Destruction of growths on esophagus,	691.30	00	15									
63	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	131.66											
67	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	131.66	00	15									
63	43274	Placement of stent pancreatic or bil	510.50											
67	43274	Placement of stent pancreatic or bil	510.50	00	15									
63	43275	Removal of foreign body or stent fro	415.43											
67	43275	Removal of foreign body or stent fro	415.43	00	15									
63	43276	Replacement of stent pancreatic or b	531.56											
67	43276	Replacement of stent pancreatic or b	531.56	00	15									
63	43277	Balloon dilation of pancreatic or bi	417.19											
67	43277	Balloon dilation of pancreatic or bi	417.19	00	15									
63	43278	Destruction of mass on gallbladder,	477.21											
67	43278	Destruction of mass on gallbladder,	477.21	00	15									
63	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,428.14											
67	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,428.14	00	15									
63	43280	LAPAROSCOPY, FUNDOPLASTY	1,193.87											
67	43280	LAPAROSCOPY, FUNDOPLASTY	1,193.87	00	15									
63	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,711.71											
67	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,711.71	00	15									
63	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,926.21											
67	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,926.21	00	15									
63	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	177.36											
67	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	177.36	00	15									
63	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	712.11											
67	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	712.11	00	15									
63	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	719.79											
67	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	719.79	00	15									
63	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,457.70											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,457.70	00 15									
63	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,966.87										
67	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,966.87	00 15									
63	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,124.23										
67	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,124.23	00 15									
63	43300	REPAIR OF ESOPHAGUS	656.84										
67	43300	REPAIR OF ESOPHAGUS	656.84	00 15									
63	43305	REPAIR ESOPHAGUS AND FISTULA	1,174.72										
67	43305	REPAIR ESOPHAGUS AND FISTULA	1,174.72	00 15									
63	43310	REPAIR OF ESOPHAGUS	1,650.42										
67	43310	REPAIR OF ESOPHAGUS	1,650.42	00 15									
63	43312	REPAIR ESOPHAGUS AND FISTULA	1,783.67										
67	43312	REPAIR ESOPHAGUS AND FISTULA	1,783.67	00 15									
63	43313	ESOPHAGOPLASTY CONGENTIAL	3,043.82										
67	43313	ESOPHAGOPLASTY CONGENTIAL	3,043.82	00 15									
63	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,288.87										
67	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,288.87	00 15									
63	43320	FUSE ESOPHAGUS & STOMACH	1,547.33										
67	43320	FUSE ESOPHAGUS & STOMACH	1,547.33	00 15									
63	43325	REVISE ESOPHAGUS & STOMACH	1,503.47										
67	43325	REVISE ESOPHAGUS & STOMACH	1,503.47	00 15									
63	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	902.87										
67	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	902.87	00 15									
63	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,253.67										
67	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,253.67	00 15									
63	43330	REPAIR OF ESOPHAGUS	1,478.41										
67	43330	REPAIR OF ESOPHAGUS	1,478.41	00 15									
63	43331	REPAIR OF ESOPHAGUS	1,485.29										
67	43331	REPAIR OF ESOPHAGUS	1,485.29	00 15									
63	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,282.14										
67	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,282.14	00 15									
63	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,396.29										
67	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,396.29	00 15									
63	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,388.25										
67	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,388.25	00 15									
63	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,492.20										
67	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,492.20	00 15									
63	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,674.47										
67	43336	REPAIR PARAESOPHAGEAL HIATL HERNIA	1,674.47	00 15									
63	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,724.84										
67	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,724.84	00 15									
63	43338	ESOPHAGEAL LENGTHENING PROCEDURE	130.20										
67	43338	ESOPHAGEAL LENGTHENING PROCEDURE	130.20	00 15									
63	43340	FUSE ESOPHAGUS & INTESTINE	1,527.31										
67	43340	FUSE ESOPHAGUS & INTESTINE	1,527.31	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	43341	FUSE ESOPHAGUS & INTESTINE	1,553.40											
67	43341	FUSE ESOPHAGUS & INTESTINE	1,553.40	00	15									
63	43351	SURGICAL OPENING, ESOPHAGUS	1,453.23											
67	43351	SURGICAL OPENING, ESOPHAGUS	1,453.23	00	15									
63	43352	SURGICAL OPENING, ESOPHAGUS	1,177.08											
67	43352	SURGICAL OPENING, ESOPHAGUS	1,177.08	00	15									
63	43360	GASTROINTESTINAL REPAIR	2,510.25											
67	43360	GASTROINTESTINAL REPAIR	2,510.25	00	15									
63	43361	GASTROINTESTINAL REPAIR	2,992.82											
67	43361	GASTROINTESTINAL REPAIR	2,992.82	00	15									
63	43400	LIGATE ESOPHAGUS VEINS	1,688.79											
67	43400	LIGATE ESOPHAGUS VEINS	1,688.79	00	15									
63	43405	LIGATE/STAPLE ESOPHAGUS	1,610.37											
67	43405	LIGATE/STAPLE ESOPHAGUS	1,610.37	00	15									
63	43410	REPAIR ESOPHAGUS WOUND	1,101.20											
67	43410	REPAIR ESOPHAGUS WOUND	1,101.20	00	15									
63	43415	REPAIR ESOPHAGUS WOUND	2,857.32											
67	43415	REPAIR ESOPHAGUS WOUND	2,857.32	00	15									
63	43420	REPAIR ESOPHAGUS OPENING	1,093.54											
67	43420	REPAIR ESOPHAGUS OPENING	1,093.54	00	15									
63	43425	REPAIR ESOPHAGUS OPENING	1,601.10											
67	43425	REPAIR ESOPHAGUS OPENING	1,601.10	00	15									
63	43450	DILATE ESOPHAGUS	167.32											
67	43450	DILATE ESOPHAGUS	167.32	00	15									
63	43453	DILATE ESOPHAGUS	873.34											
67	43453	DILATE ESOPHAGUS	873.34	00	15									
63	43460	PRESSURE TREATMENT ESOPHAGUS	233.54											
67	43460	PRESSURE TREATMENT ESOPHAGUS	233.54	00	15									
63	43500	SURGICAL OPENING OF STOMACH	863.15											
67	43500	SURGICAL OPENING OF STOMACH	863.15	00	15									
63	43501	GASTROTOMY WITH SUTURE REPAIR	1,487.47											
67	43501	GASTROTOMY WITH SUTURE REPAIR	1,487.47	00	15									
63	43502	SURGICAL REPAIR OF STOMACH	1,692.93											
67	43502	SURGICAL REPAIR OF STOMACH	1,692.93	00	15									
63	43510	SURGICAL OPENING OF STOMACH	1,042.71											
67	43510	SURGICAL OPENING OF STOMACH	1,042.71	00	15									
63	43520	INCISION OF PYLORIC MUSCLE	757.41											
67	43520	INCISION OF PYLORIC MUSCLE	757.41	00	15									
63	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	924.69											
67	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	924.69	00	15									
63	43610	EXCISION OF STOMACH LESION	1,085.51											
67	43610	EXCISION OF STOMACH LESION	1,085.51	00	15									
63	43611	EXCISION, LOCAL;	1,354.30											
67	43611	EXCISION, LOCAL;	1,354.30	00	15									
63	43620	REMOVAL OF STOMACH	2,179.09											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	43620	REMOVAL OF STOMACH	2,179.09	00 15									
63	43621	GASTRECTOMY, TOTAL;	2,525.97										
67	43621	GASTRECTOMY, TOTAL;	2,525.97	00 15									
63	43622	GASTRECTOMY, TOTAL;	2,575.26										
67	43622	GASTRECTOMY, TOTAL;	2,575.26	00 15									
63	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,605.38										
67	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,605.38	00 15									
63	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,259.45										
67	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,259.45	00 15									
63	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,133.56										
67	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,133.56	00 15									
63	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,366.46										
67	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,366.46	00 15									
63	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	125.46										
67	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	125.46	00 15									
63	43640	VAGOTOMY & PYLORUS REPAIR	1,301.70										
67	43640	VAGOTOMY & PYLORUS REPAIR	1,301.70	00 15									
63	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,330.32										
67	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,330.32	00 15									
63	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	1,916.93	16 99		X							
63	43645	LAP GASTR BYPASS INCL SMLL I	2,053.18	16 99		X							
63	43651	LAPAROSCOPY, VAGUS NERVE	718.22										
67	43651	LAPAROSCOPY, VAGUS NERVE	718.22	00 15									
63	43652	LAPAROSCOPY, VAGUS NERVE	841.96										
67	43652	LAPAROSCOPY, VAGUS NERVE	841.96	00 15									
63	43653	LAPAROSCOPY, GASTROSTOMY	625.49										
67	43653	LAPAROSCOPY, GASTROSTOMY	625.49	00 15									
63	43752	INSERTION OF NASAL OR ORAL STOMACH T	44.23										
67	43752	INSERTION OF NASAL OR ORAL STOMACH T	44.23	00 15									
63	43753	INSERTION OF STOMACH TUBE AND ASPIRA	24.08										
67	43753	INSERTION OF STOMACH TUBE AND ASPIRA	24.08	00 15									
63	43754	GASTRIC INTUBATION AND ASPIRATION DI	160.15										
67	43754	GASTRIC INTUBATION AND ASPIRATION DI	160.15	00 15									
63	43755	GASTRIC INTUBATION AND ASPIRATION DI	156.07										
67	43755	GASTRIC INTUBATION AND ASPIRATION DI	156.07	00 15									
63	43756	DUODENAL INTUBATION AND ASPIRATION	226.12										
67	43756	DUODENAL INTUBATION AND ASPIRATION	226.12	00 15									
63	43757	DUODENAL INTUBATION AND ASPIRATION	315.97										
67	43757	DUODENAL INTUBATION AND ASPIRATION	315.97	00 15									
63	43761	REPOSITIONING OF A NASO- OR ORO-GAST	128.26										
67	43761	REPOSITIONING OF THE GASTRIC FEEDING	128.26	00 15									
63	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	219.02										
67	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	219.02	00 15									
63	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	326.96										
67	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	326.96	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	43770	LAP, PLACE GASTR ADJUST BAND	1,236.64	16	99		X							
63	43771	LAP, REVISE ADJUST GAST BAND	1,396.14	16	99		X							
63	43772	LAP, REMOVE ADJUST GAST BAND	1,043.02	16	99		X							
63	43773	LAP, CHANGE ADJUST GAST BAND	1,411.98	16	99		X							
63	43774	LAP REMOV ADJ GAST BAND/PORT	1,057.99	16	99		X							
63	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	1,244.85	16	99		X							
63	43800	RECONSTRUCTION OF PYLORUS	1,027.39											
67	43800	RECONSTRUCTION OF PYLORUS	1,027.39	00	15									
63	43810	FUSION OF STOMACH AND BOWEL	1,126.64											
67	43810	FUSION OF STOMACH AND BOWEL	1,126.64	00	15									
63	43820	FUSION OF STOMACH AND BOWEL	1,485.62											
67	43820	FUSION OF STOMACH AND BOWEL	1,485.62	00	15									
63	43825	FUSION OF STOMACH AND BOWEL	1,449.75											
67	43825	FUSION OF STOMACH AND BOWEL	1,449.75	00	15									
63	43830	SURGICAL OPENING OF STOMACH	766.92											
67	43830	SURGICAL OPENING OF STOMACH	766.92	00	15									
63	43831	GASTROSTOMY, OPEN, NEONATAL	651.18	00	00									
67	43831	GASTROSTOMY, OPEN, NEONATAL	651.18	00	00									
63	43832	SURGICAL OPENING OF STOMACH	1,145.23											
67	43832	SURGICAL OPENING OF STOMACH	1,145.23	00	15									
63	43840	REPAIR OF STOMACH LESION	1,503.26											
67	43840	REPAIR OF STOMACH LESION	1,503.26	00	15									
63	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	1,418.73	16	99		X							
63	43845	GASTROPLASTY DUODENAL SWITCH	2,154.47	16	99		X							
63	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,791.48	16	99		X							
63	43847	GASTRIC BYPASS FOR OBESITY	2,000.57	16	99		X							
63	43848	REVISION GASTROPLASTY	2,133.47	16	99		X							
63	43850	REVISE STOMACH-BOWEL FUSION	1,809.60											
67	43850	REVISE STOMACH-BOWEL FUSION	1,809.60	00	15									
63	43855	REVISE STOMACH-BOWEL FUSION	1,876.98											
67	43855	REVISE STOMACH-BOWEL FUSION	1,876.98	00	15									
63	43860	REVISE STOMACH-BOWEL FUSION	1,809.03											
67	43860	REVISE STOMACH-BOWEL FUSION	1,809.03	00	15									
63	43865	REVISE STOMACH-BOWEL FUSION	1,899.33											
67	43865	REVISE STOMACH-BOWEL FUSION	1,899.33	00	15									
63	43870	REPAIR STOMACH OPENING	780.51											
67	43870	REPAIR STOMACH OPENING	780.51	00	15									
63	43880	REPAIR STOMACH-BOWEL FISTULA	1,761.56											
67	43880	REPAIR STOMACH-BOWEL FISTULA	1,761.56	00	15									
63	43886	REVISE GASTRIC PORT, OPEN	391.14	16	99		X							
63	43887	REMOVE GASTRIC PORT, OPEN	353.45	16	99		X							
63	43888	CHANGE GASTRIC PORT, OPEN	501.28	16	99		X							
63	44005	FREEING OF BOWEL ADHESION	1,210.40											
67	44005	FREEING OF BOWEL ADHESION	1,210.40	00	15									
63	44010	INCISION OF SMALL BOWEL	943.21											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	44010	INCISION OF SMALL BOWEL	943.21	00 15									
63	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	159.12										
67	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	159.12	00 15									
63	44020	EXPLORATION OF SMALL BOWEL	1,075.55										
67	44020	EXPLORATION OF SMALL BOWEL	1,075.55	00 15									
63	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,076.68										
67	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,076.68	00 15									
63	44025	EXPLORATION OF LARGE BOWEL	1,085.82										
67	44025	EXPLORATION OF LARGE BOWEL	1,085.82	00 15									
63	44050	REDUCE BOWEL OBSTRUCTION	1,031.96										
67	44050	REDUCE BOWEL OBSTRUCTION	1,031.96	00 15									
63	44055	CORRECT MALROTATION-CG, LADD PROC.	1,656.90										
67	44055	CORRECT MALROTATION-CG, LADD PROC.	1,656.90	00 15									
63	44100	BIOPSY OF BOWEL	118.77										
67	44100	BIOPSY OF BOWEL	118.77	00 15									
63	44110	EXCISION OF BOWEL LESION(S)	933.99										
67	44110	EXCISION OF BOWEL LESION(S)	933.99	00 15									
63	44111	EXCISION OF BOWEL LESION(S)	1,081.74										
67	44111	EXCISION OF BOWEL LESION(S)	1,081.74	00 15									
63	44120	REMOVAL OF SMALL INTESTINE	1,353.03										
67	44120	REMOVAL OF SMALL INTESTINE	1,353.03	00 15									
63	44121	REMOVAL OF SMALL INTESTINE	270.56										
67	44121	REMOVAL OF SMALL INTESTINE	270.56	00 15									
63	44125	REMOVAL OF SMALL INTESTINE	1,302.04										
67	44125	REMOVAL OF SMALL INTESTINE	1,302.04	00 15									
63	44126	ENTERECTOMY W/TAPER, CONG	2,745.11										
67	44126	ENTERECTOMY W/TAPER, CONG	2,745.11	00 15									
63	44127	ENTERECTOMY W/O TAPER, CONG	3,177.85										
67	44127	ENTERECTOMY W/O TAPER, CONG	3,177.85	00 15									
63	44128	ENTERECTOMY CONG, ADD-ON	273.44										
67	44128	ENTERECTOMY CONG, ADD-ON	273.44	00 15									
63	44130	BOWEL TO BOWEL FUSION	1,451.20										
67	44130	BOWEL TO BOWEL FUSION	1,451.20	00 15									
63	44139	MOBILIZATION OF COLON	134.80										
67	44139	MOBILIZATION OF COLON	134.80	00 15									
63	44140	PARTIAL REMOVAL OF COLON	1,481.79										
67	44140	PARTIAL REMOVAL OF COLON	1,481.79	00 15									
63	44141	PARTIAL REMOVAL OF COLON	2,009.15										
67	44141	PARTIAL REMOVAL OF COLON	2,009.15	00 15									
63	44143	PARTIAL REMOVAL OF COLON	1,836.07										
67	44143	PARTIAL REMOVAL OF COLON	1,836.07	00 15									
63	44144	PARTIAL REMOVAL OF COLON	1,954.85										
67	44144	PARTIAL REMOVAL OF COLON	1,954.85	00 15									
63	44145	PARTIAL REMOVAL OF COLON	1,829.50										
67	44145	PARTIAL REMOVAL OF COLON	1,829.50	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	44146	PARTIAL REMOVAL OF COLON	2,327.46										
67	44146	PARTIAL REMOVAL OF COLON	2,327.46	00 15									
63	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,150.22										
67	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,150.22	00 15									
63	44150	REMOVAL OF COLON	2,047.57										
67	44150	REMOVAL OF COLON	2,047.57	00 15									
63	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,384.69										
67	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,384.69	00 15									
63	44155	REMOVAL OF COLON	2,275.83										
67	44155	REMOVAL OF COLON	2,275.83	00 15									
63	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,554.05										
67	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,554.05	00 15									
63	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,422.97										
67	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,422.97	00 15									
63	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,484.55										
67	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,484.55	00 15									
63	44160	REMOVAL OF COLON	1,369.91										
67	44160	REMOVAL OF COLON	1,369.91	00 15									
63	44186	LAP, JEJUNOSTOMY	715.11										
67	44186	LAP, JEJUNOSTOMY	715.11	00 15									
63	44187	LAP, ILEO/JEJUNO-STOMY	1,199.25										
67	44187	LAP, ILEO/JEJUNO-STOMY	1,199.25	00 15									
63	44188	LAP, COLOSTOMY	1,338.33										
67	44188	LAP, COLOSTOMY	1,338.33	00 15									
63	44202	LAPARO, RESECT INTESTINE	1,527.69										
67	44202	LAPARO, RESECT INTESTINE	1,527.69	00 15									
63	44203	LAP RESECT S/INTESTINE, ADDL	267.25										
67	44203	LAP RESECT S/INTESTINE, ADDL	267.25	00 15									
63	44204	LAPARO PARTIAL COLECTOMY	1,697.49										
67	44204	LAPARO PARTIAL COLECTOMY	1,697.49	00 15									
63	44205	LAP COLECTOMY PART W/ILEUM	1,473.61										
67	44205	LAP COLECTOMY PART W/ILEUM	1,473.61	00 15									
63	44206	LAP PART COLECTOMY W/STOMA	1,927.34										
67	44206	LAP PART COLECTOMY W/STOMA	1,927.34	00 15									
63	44207	L COLECTOMY/COLOPROCTOSTOMY	2,004.08										
67	44207	L COLECTOMY/COLOPROCTOSTOMY	2,004.08	00 15									
63	44208	L COLECTOMY/COLOPROCTOSTOMY	2,177.04										
67	44208	L COLECTOMY/COLOPROCTOSTOMY	2,177.04	00 15									
63	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,947.56										
67	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,947.56	00 15									
63	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,377.13										
67	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,377.13	00 15									
63	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,233.08										
67	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,233.08	00 15									
63	44213	LAP, MOBIL SPLENIC FL ADD-ON	208.75										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	44213	LAP, MOBIL SPLENIC FL ADD-ON	208.75	00	15									
63	44227	LAP, CLOSE ENTEROSTOMY	1,838.59											
67	44227	LAP, CLOSE ENTEROSTOMY	1,838.59	00	15									
63	44300	OPEN BOWEL TO SKIN	928.79											
67	44300	OPEN BOWEL TO SKIN	928.79	00	15									
63	44310	ILEOSTOMY	1,148.39											
67	44310	ILEOSTOMY	1,148.39	00	15									
63	44312	REVISION OF ILEOSTOMY	644.79											
67	44312	REVISION OF ILEOSTOMY	644.79	00	15									
63	44314	REVISION OF ILEOSTOMY	1,101.07											
67	44314	REVISION OF ILEOSTOMY	1,101.07	00	15									
63	44316	DEVISE BOWEL POUCH	1,566.58											
67	44316	DEVISE BOWEL POUCH	1,566.58	00	15									
63	44320	COLOSTOMY	1,323.49											
67	44320	COLOSTOMY	1,323.49	00	15									
63	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,084.07											
67	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,084.07	00	15									
63	44340	REVISION OF COLOSTOMY	677.58											
67	44340	REVISION OF COLOSTOMY	677.58	00	15									
63	44345	REVISION OF COLOSTOMY	1,152.64											
67	44345	REVISION OF COLOSTOMY	1,152.64	00	15									
63	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,299.70											
67	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,299.70	00	15									
63	44360	SMALL BOWEL ENDOSCOPY	157.35											
67	44360	SMALL BOWEL ENDOSCOPY	157.35	00	15									
63	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	174.33											
67	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	174.33	00	15									
63	44363	SMALL BOWEL ENDOSCOPY	211.18											
67	44363	SMALL BOWEL ENDOSCOPY	211.18	00	15									
63	44364	SMALL BOWEL ENDOSCOPY	224.80											
67	44364	SMALL BOWEL ENDOSCOPY	224.80	00	15									
63	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	199.49											
67	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	199.49	00	15									
63	44366	SMALL BOWEL ENDOSCOPY	263.66											
67	44366	SMALL BOWEL ENDOSCOPY	263.66	00	15									
63	44369	SMALL BOWEL ENDOSCOPY	270.03											
67	44369	SMALL BOWEL ENDOSCOPY	270.03	00	15									
63	44370	SMALL BOWEL ENDOSCOPY/STENT	293.18											
67	44370	SMALL BOWEL ENDOSCOPY/STENT	293.18	00	15									
63	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	264.38											
67	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	264.38	00	15									
63	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	211.43											
67	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	211.43	00	15									
63	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	313.42											
67	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	313.42	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	330.02											
67	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	330.02	00	15									
63	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	424.29											
67	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	424.29	00	15									
63	44379	S BOWEL ENDOSCOPE W/STENT	450.73											
67	44379	S BOWEL ENDOSCOPE W/STENT	450.73	00	15									
63	44380	SMALL BOWEL ENDOSCOPY	173.99											
67	44380	SMALL BOWEL ENDOSCOPY	173.99	00	15									
63	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	928.61											
67	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	928.61	00	15									
63	44382	SMALL BOWEL ENDOSCOPY	272.07											
67	44382	SMALL BOWEL ENDOSCOPY	272.07	00	15									
63	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	168.21											
67	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	168.21	00	15									
63	44385	ENDOSCOPY OF BOWEL POUCH	197.55											
67	44385	ENDOSCOPY OF BOWEL POUCH	197.55	00	15									
63	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	293.13											
67	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	293.13	00	15									
63	44388	COLON ENDOSCOPY	151.03											
67	44388	COLON ENDOSCOPY	151.03	00	15									
63	44389	COLON ENDOSCOPY	394.79											
67	44389	COLON ENDOSCOPY	394.79	00	15									
63	44390	COLON ENDOSCOPY	394.43											
67	44390	COLON ENDOSCOPY	394.43	00	15									
63	44391	COLON ENDOSCOPY	680.34											
67	44391	COLON ENDOSCOPY	680.34	00	15									
63	44392	COLON ENDOSCOPY	370.34											
67	44392	COLON ENDOSCOPY	370.34	00	15									
63	44394	COLONOSCOPY THROUGH STOMA;	425.09											
67	44394	COLONOSCOPY THROUGH STOMA;	425.09	00	15									
63	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,957.03											
67	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,957.03	00	15									
63	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	287.86											
67	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	287.86	00	15									
63	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	334.45											
67	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	334.45	00	15									
63	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	385.15											
67	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	385.15	00	15									
63	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	548.19											
67	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	548.19	00	15									
63	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	252.82											
67	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	252.82	00	15									
63	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	303.75											
67	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	303.75	00	15									
63	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	255.03											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	255.03	00	15									
63	44500	INTRODUCTION OF LONG GASTROINTESTINA	21.08											
67	44500	INTRODUCTION OF LONG GASTROINTESTINA	21.08	00	15									
63	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,566.44											
67	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,566.44	00	15									
63	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,794.61											
67	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,794.61	00	15									
63	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,171.03											
67	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,171.03	00	15									
63	44605	REPAIR OF BOWEL LESION	1,437.37											
67	44605	REPAIR OF BOWEL LESION	1,437.37	00	15									
63	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,185.16											
67	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,185.16	00	15									
63	44620	REPAIR BOWEL OPENING	953.49											
67	44620	REPAIR BOWEL OPENING	953.49	00	15									
63	44625	REPAIR BOWEL OPENING	1,116.42											
67	44625	REPAIR BOWEL OPENING	1,116.42	00	15									
63	44626	REPAIR BOWEL OPENING	1,771.62											
67	44626	REPAIR BOWEL OPENING	1,771.62	00	15									
63	44640	REPAIR BOWEL-SKIN FISTULA	1,549.48											
67	44640	REPAIR BOWEL-SKIN FISTULA	1,549.48	00	15									
63	44650	REPAIR BOWEL FISTULA	1,595.04											
67	44650	REPAIR BOWEL FISTULA	1,595.04	00	15									
63	44660	REPAIR BOWEL-BLADDER FISTULA	1,468.31											
67	44660	REPAIR BOWEL-BLADDER FISTULA	1,468.31	00	15									
63	44661	REPAIR BOWEL-BLADDER FISTULA	1,713.51											
67	44661	REPAIR BOWEL-BLADDER FISTULA	1,713.51	00	15									
63	44680	SURGICAL REVISION, INTESTINE	1,183.24											
67	44680	SURGICAL REVISION, INTESTINE	1,183.24	00	15									
63	44700	SUSPEND BOWEL W/PROSTHESIS	1,102.61											
67	44700	SUSPEND BOWEL W/PROSTHESIS	1,102.61	00	15									
63	44701	INTRAOP COLON LAVAGE ADD-ON	190.62											
67	44701	INTRAOP COLON LAVAGE ADD-ON	190.62	00	15									
63	44720	PREP DONOR INTESTINE/VENOUS	307.67			X								
67	44720	PREP DONOR INTESTINE/VENOUS	307.67	00	15	X								
63	44721	PREP DONOR INTESTINE/ARTERY	430.15			X								
67	44721	PREP DONOR INTESTINE/ARTERY	430.15	00	15	X								
63	44800	REPAIR OF CONGENITAL BOWEL DEFECT	840.46											
67	44800	REPAIR OF CONGENITAL BOWEL DEFECT	840.46	00	15									
63	44820	EXCISION OF MESENTERY LESION	921.25											
67	44820	EXCISION OF MESENTERY LESION	921.25	00	15									
63	44850	REPAIR OF MESENTERY	822.59											
67	44850	REPAIR OF MESENTERY	822.59	00	15									
63	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	850.86											
67	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	850.86	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	44950	APPENDECTOMY	708.14			X								
67	44950	APPENDECTOMY	708.14	00	15	X								
63	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	93.95											
67	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	93.95	00	15									
63	44960	APPENDECTOMY	967.51			X								
67	44960	APPENDECTOMY	967.51	00	15	X								
63	44970	LAPAROSCOPY, APPENDECTOMY	659.51			X								
67	44970	LAPAROSCOPY, APPENDECTOMY	659.51	00	15	X								
63	45000	DRAINAGE OF PELVIC ABSCESS	457.93											
67	45000	DRAINAGE OF PELVIC ABSCESS	457.93	00	15									
63	45005	DRAINAGE OF RECTAL ABSCESS	290.42											
67	45005	DRAINAGE OF RECTAL ABSCESS	290.42	00	15									
63	45020	DRAINAGE OF RECTAL ABSCESS	622.21											
67	45020	DRAINAGE OF RECTAL ABSCESS	622.21	00	15									
63	45100	BIOPSY OF RECTUM	320.23											
67	45100	BIOPSY OF RECTUM	320.23	00	15									
63	45108	REMOVAL OF ANORECTAL LESION	400.66											
67	45108	REMOVAL OF ANORECTAL LESION	400.66	00	15									
63	45110	REMOVAL OF RECTUM	2,016.49											
67	45110	REMOVAL OF RECTUM	2,016.49	00	15									
63	45111	PARTIAL REMOVAL OF RECTUM	1,191.76											
67	45111	PARTIAL REMOVAL OF RECTUM	1,191.76	00	15									
63	45112	REMOVAL OF RECTUM	2,048.73											
67	45112	REMOVAL OF RECTUM	2,048.73	00	15									
63	45113	PARTIAL PROCTECTOMY	2,061.43											
67	45113	PARTIAL PROCTECTOMY	2,061.43	00	15									
63	45114	PARTIAL REMOVAL OF RECTUM	2,017.46											
67	45114	PARTIAL REMOVAL OF RECTUM	2,017.46	00	15									
63	45116	PARTIAL REMOVAL OF RECTUM	1,701.33											
67	45116	PARTIAL REMOVAL OF RECTUM	1,701.33	00	15									
63	45119	REMOVE, RECTUM W/RESERVOIR	2,114.32											
67	45119	REMOVE, RECTUM W/RESERVOIR	2,114.32	00	15									
63	45120	REMOVAL OF RECTUM	1,763.39											
67	45120	REMOVAL OF RECTUM	1,763.39	00	15									
63	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,929.04											
67	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,929.04	00	15									
63	45123	PARTIAL PROCTECTOMY	1,226.54											
67	45123	PARTIAL PROCTECTOMY	1,226.54	00	15									
63	45126	PELVIC EXENTERATION	3,050.77			X								
67	45126	PELVIC EXENTERATION	3,050.77	00	15	X								
63	45130	EXCISION OF RECTAL PROLAPSE	1,187.69											
67	45130	EXCISION OF RECTAL PROLAPSE	1,187.69	00	15									
63	45135	EXCISION OF RECTAL PROLAPSE	1,416.40											
67	45135	EXCISION OF RECTAL PROLAPSE	1,416.40	00	15									
63	45136	EXCISE ILEOANAL RESERVOIR	2,010.92											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	45136	EXCISE ILEOANAL RESERVOIR	2,010.92	00	15									
63	45150	EXCISION OF RECTAL STRICTURE	450.92											
67	45150	EXCISION OF RECTAL STRICTURE	450.92	00	15									
63	45160	EXCISION OF RECTAL LESION	1,127.58											
67	45160	EXCISION OF RECTAL LESION	1,127.58	00	15									
63	45171	EXCISION OF RECTAL TUMOR TRANSANAL	646.48											
67	45171	EXCISION OF RECTAL TUMOR TRANSANAL	646.48	00	15									
63	45172	EXCISION OF RECTAL TUMOR TRANSANAL	877.50											
67	45172	EXCISION OF RECTAL TUMOR TRANSANAL	877.50	00	15									
63	45190	DESTRUCTION RECTAL TUMOR	750.74											
67	45190	DESTRUCTION RECTAL TUMOR	750.74	00	15									
63	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	122.95											
67	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	122.95	00	15									
63	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	904.03											
67	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	904.03	00	15									
63	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	156.35											
67	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	156.35	00	15									
63	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	180.99											
67	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	180.99	00	15									
63	45308	PROCTOSIGMOIDOSCOPY, RIGID;	177.01											
67	45308	PROCTOSIGMOIDOSCOPY, RIGID;	177.01	00	15									
63	45309	PROCTOSIGMOIDOSCOPY, RIGID;	183.80											
67	45309	PROCTOSIGMOIDOSCOPY, RIGID;	183.80	00	15									
63	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	203.05											
67	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	203.05	00	15									
63	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	199.54											
67	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	199.54	00	15									
63	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	198.08											
67	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	198.08	00	15									
63	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	113.55											
67	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	113.55	00	15									
63	45327	PROCTOSIGMOIDOSCOPY W/STENT	128.48											
67	45327	PROCTOSIGMOIDOSCOPY W/STENT	128.48	00	15									
63	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	170.93											
67	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	170.93	00	15									
63	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	265.03											
67	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	265.03	00	15									
63	45332	SIGMOIDOSCOPY; DIAGNOSTIC	260.88											
67	45332	SIGMOIDOSCOPY; DIAGNOSTIC	260.88	00	15									
63	45333	SIGMOIDOSCOPY; DIAGNOSTIC	304.25											
67	45333	SIGMOIDOSCOPY; DIAGNOSTIC	304.25	00	15									
63	45334	SIGMOIDOSCOPY; DIAGNOSTIC	534.27											
67	45334	SIGMOIDOSCOPY; DIAGNOSTIC	534.27	00	15									
63	45335	SIGMOIDOSCOPY W/SUBMUC INJ	249.30											
67	45335	SIGMOIDOSCOPY W/SUBMUC INJ	249.30	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	127.34										
67	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	127.34	00 15									
63	45338	SIGMOIDOSCOPY, FLEXIBLE;	280.38										
67	45338	SIGMOIDOSCOPY, FLEXIBLE;	280.38	00 15									
63	45340	SIG W/BALLOON DILATION	436.48										
67	45340	SIG W/BALLOON DILATION	436.48	00 15									
63	45341	SIGMOIDOSCOPY W/ULTRASOUND	135.10			X							
67	45341	SIGMOIDOSCOPY W/ULTRASOUND	135.10	00 15		X							
63	45342	SIGMOIDOSCOPY W/US GUIDE BX	185.90										
67	45342	SIGMOIDOSCOPY W/US GUIDE BX	185.90	00 15									
63	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,816.56										
67	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,816.56	00 15									
63	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	169.70										
67	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	169.70	00 15									
63	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	217.74										
67	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	217.74	00 15									
63	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	567.53										
67	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	567.53	00 15									
63	45378	DIAGNOSTIC COLONOSCOPY	165.81										
67	45378	DIAGNOSTIC COLONOSCOPY	165.81	00 15									
63	45379	COLONOSCOPY	428.67										
67	45379	COLONOSCOPY	428.67	00 15									
63	45380	COLONOSCOPY AND BIOPSY	421.74										
67	45380	COLONOSCOPY AND BIOPSY	421.74	00 15									
63	45381	COLONOSCOPY, SUBMUCOUS INJ	412.56										
67	45381	COLONOSCOPY, SUBMUCOUS INJ	412.56	00 15									
63	45382	COLONOSCOPY,CONTROL BLEEDING	714.91										
67	45382	COLONOSCOPY,CONTROL BLEEDING	714.91	00 15									
63	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	471.28										
67	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	471.28	00 15									
63	45385	COLONOSCOPY, LESION REMOVAL	447.84										
67	45385	COLONOSCOPY, LESION REMOVAL	447.84	00 15									
63	45386	COLONOSCOPY DILATE STRICTURE	600.20										
67	45386	COLONOSCOPY DILATE STRICTURE	600.20	00 15									
63	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,981.71										
67	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,981.71	00 15									
63	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	319.73										
67	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	319.73	00 15									
63	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	366.39										
67	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	366.39	00 15									
63	45391	COLONOSCOPY W/ENDOSCOPE US	283.75										
67	45391	COLONOSCOPY W/ENDOSCOPE US	283.75	00 15									
63	45392	COLONOSCOPY W/ENDOSCOPIC FNB	335.00										
67	45392	COLONOSCOPY W/ENDOSCOPIC FNB	335.00	00 15									
63	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	280.12										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	280.12	00 15									
63	45395	LAP, REMOVAL OF RECTUM	2,156.40										
67	45395	LAP, REMOVAL OF RECTUM	2,156.40	00 15									
63	45397	LAP, REMOVE RECTUM W/POUCH	2,344.57										
67	45397	LAP, REMOVE RECTUM W/POUCH	2,344.57	00 15									
63	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	735.50										
67	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	735.50	00 15									
63	45400	LAPAROSCOPIC PROCTOPEXY	1,244.43										
67	45400	LAPAROSCOPIC PROCTOPEXY	1,244.43	00 15									
63	45402	LAP PROCTOPEXY W/SIG RESECT	1,660.50										
67	45402	LAP PROCTOPEXY W/SIG RESECT	1,660.50	00 15									
63	45500	REPAIR OF RECTUM	605.06										
67	45500	REPAIR OF RECTUM	605.06	00 15									
63	45505	REPAIR OF RECTUM	637.71										
67	45505	REPAIR OF RECTUM	637.71	00 15									
63	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	153.22										
67	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	153.22	00 15									
63	45540	CORRECT RECTAL PROLAPSE	1,156.93										
67	45540	CORRECT RECTAL PROLAPSE	1,156.93	00 15									
63	45541	CORRECT RECTAL PROLAPSE	1,028.31										
67	45541	CORRECT RECTAL PROLAPSE	1,028.31	00 15									
63	45550	REPAIR RECTUM;REMOVE SIGMOID	1,603.52										
67	45550	REPAIR RECTUM;REMOVE SIGMOID	1,603.52	00 15									
63	45560	REPAIR OF RECTOCELE	739.17										
67	45560	REPAIR OF RECTOCELE	739.17	00 15									
63	45562	EXPLORATION/REPAIR OF RECTUM	1,223.65										
67	45562	EXPLORATION/REPAIR OF RECTUM	1,223.65	00 15									
63	45563	EXPLORATION/REPAIR OF RECTUM	1,820.96										
67	45563	EXPLORATION/REPAIR OF RECTUM	1,820.96	00 15									
63	45800	REPAIR RECTUMBLADDER FISTULA	1,394.20										
67	45800	REPAIR RECTUMBLADDER FISTULA	1,394.20	00 15									
63	45805	REPAIR FISTULA; COLOSTOMY	1,615.12										
67	45805	REPAIR FISTULA; COLOSTOMY	1,615.12	00 15									
63	45820	REPAIR RECTOURETHRAL FISTULA	1,397.64										
67	45820	REPAIR RECTOURETHRAL FISTULA	1,397.64	00 15									
63	45825	REPAIR FISTULA; COLOSTOMY	1,684.97										
67	45825	REPAIR FISTULA; COLOSTOMY	1,684.97	00 15									
63	45900	REDUCTION OF RECTAL PROLAPSE	217.79										
67	45900	REDUCTION OF RECTAL PROLAPSE	217.79	00 15									
63	45905	DILATION OF ANAL SPHINCTER	180.71										
67	45905	DILATION OF ANAL SPHINCTER	180.71	00 15									
63	45910	DILATION OF RECTAL NARROWING	205.91										
67	45910	DILATION OF RECTAL NARROWING	205.91	00 15									
63	45915	REMOVE RECTAL OBSTRUCTION	349.58										
67	45915	REMOVE RECTAL OBSTRUCTION	349.58	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	45990	SURG DX EXAM, ANORECTAL	116.76			X								
67	45990	SURG DX EXAM, ANORECTAL	116.76	00	15	X								
63	46020	PLACEMENT OF SETON	291.58											
67	46020	PLACEMENT OF SETON	291.58	00	15									
63	46030	REMOVAL OF RECTAL MARKER	145.39											
67	46030	REMOVAL OF RECTAL MARKER	145.39	00	15									
63	46040	INCISION OF RECTAL ABSCESS	563.44											
67	46040	INCISION OF RECTAL ABSCESS	563.44	00	15									
63	46045	INCISION OF RECTAL ABSCESS	468.02											
67	46045	INCISION OF RECTAL ABSCESS	468.02	00	15									
63	46050	INCISION OF ANAL ABSCESS	211.36											
67	46050	INCISION OF ANAL ABSCESS	211.36	00	15									
63	46060	INCISION OF RECTAL ABSCESS	512.55											
67	46060	INCISION OF RECTAL ABSCESS	512.55	00	15									
63	46070	INCISION OF ANAL SEPTUM	275.68											
67	46070	INCISION OF ANAL SEPTUM	275.68	00	15									
63	46080	INCISION OF ANAL SPHINCTER	268.85											
67	46080	INCISION OF ANAL SPHINCTER	268.85	00	15									
63	46083	EXC EXT.THROMBOSED HEMORRHOID	187.24										X	
67	46083	EXC EXT.THROMBOSED HEMORRHOID	187.24	00	15								X	
63	46200	REMOVAL OF ANAL FISSURE	465.27											
67	46200	REMOVAL OF ANAL FISSURE	465.27	00	15									
63	46220	REMOVAL OF ANAL TAB	222.08											
67	46220	REMOVAL OF ANAL TAB	222.08	00	15									
63	46221	LIGATION OF HEMORRHOID(S)	278.60											
67	46221	LIGATION OF HEMORRHOID(S)	278.60	00	15									
63	46230	REMOVAL OF ANAL TABS	292.59											
67	46230	REMOVAL OF ANAL TABS	292.59	00	15									
63	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	484.99											
67	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	484.99	00	15									
63	46255	HEMORRHOIDECTOMY	533.14											
67	46255	HEMORRHOIDECTOMY	533.14	00	15									
63	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	454.57											
67	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	454.57	00	15									
63	46258	REMOVE HEMORRHOIDS & FISTULA	507.15											
67	46258	REMOVE HEMORRHOIDS & FISTULA	507.15	00	15									
63	46260	HEMORRHOIDECTOMY	513.72											
67	46260	HEMORRHOIDECTOMY	513.72	00	15									
63	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	562.50											
67	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	562.50	00	15									
63	46262	REMOVE HEMORRHOIDS & FISTULA	595.00											
67	46262	REMOVE HEMORRHOIDS & FISTULA	595.00	00	15									
63	46270	SURGICAL TREATMENT OF ANAL FISTULA	536.61											
67	46270	SURGICAL TREATMENT OF ANAL FISTULA	536.61	00	15									
63	46275	REMOVAL OF ANAL FISTULA	566.52											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	46275	REMOVAL OF ANAL FISTULA	566.52	00 15									
63	46280	REMOVAL OF ANAL FISTULA	505.34										
67	46280	REMOVAL OF ANAL FISTULA	505.34	00 15									
63	46285	SURGICAL TREATMENT OF ANAL FISTULA	563.90										
67	46285	SURGICAL TREATMENT OF ANAL FISTULA	563.90	00 15									
63	46288	REPAIR ANAL FISTULA	588.86										
67	46288	REPAIR ANAL FISTULA	588.86	00 15									
63	46320	REMOVAL OF HEMORRHOID CLOT	195.24										
67	46320	REMOVAL OF HEMORRHOID CLOT	195.24	00 15									
63	46500	INJECTION TREATMENT OF ANUS	290.59										
67	46500	INJECTION TREATMENT OF ANUS	290.59	00 15									
63	46505	CHEMODENERVATION ANAL MUSC	304.26										
67	46505	CHEMODENERVATION ANAL MUSC	304.26	00 15									
63	46600	ANOSCOPY; DIAGNOSTIC	95.90										
67	46600	ANOSCOPY; DIAGNOSTIC	95.90	00 15									
63	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	144.01										
67	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	144.01	00 15									
63	46604	ANOSCOPY WITH DIRECT DILATION	628.33										
67	46604	ANOSCOPY WITH DIRECT DILATION	628.33	00 15									
63	46606	ANOSCOPY WITH BIOPSY	241.76										
67	46606	ANOSCOPY WITH BIOPSY	241.76	00 15									
63	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	202.74										
67	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	202.74	00 15									
63	46608	ANOSCOPY;REMOVE FOREIGN BODY	256.20										
67	46608	ANOSCOPY;REMOVE FOREIGN BODY	256.20	00 15									
63	46610	ANOSCOPY; REMOVE POLYP	242.70										
67	46610	ANOSCOPY; REMOVE POLYP	242.70	00 15									
63	46611	ANOSCOPY;	192.68										
67	46611	ANOSCOPY;	192.68	00 15									
63	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	296.07										
67	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	296.07	00 15									
63	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	141.29										
67	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	141.29	00 15									
63	46615	ANOSCOPY;	156.75										
67	46615	ANOSCOPY;	156.75	00 15									
63	46700	REPAIR OF ANAL STRICTURE	707.75										
67	46700	REPAIR OF ANAL STRICTURE	707.75	00 15									
63	46705	REPAIR OF ANAL STRICTURE	601.22										
67	46705	REPAIR OF ANAL STRICTURE	601.22	00 15									
63	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	190.95									X	
67	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	190.95	00 15								X	
63	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	528.70										
67	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	528.70	00 15									
63	46710	REPR PER/VAG POUCH SNGL PROC	1,215.48										
67	46710	REPR PER/VAG POUCH SNGL PROC	1,215.48	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	46712	REPR PER/VAG POUCH DBL PROC	2,464.06											
67	46712	REPR PER/VAG POUCH DBL PROC	2,464.06	00	15									
63	46715	REPAIR OF ANOVAGINAL FISTULA	590.97											
67	46715	REPAIR OF ANOVAGINAL FISTULA	590.97	00	15									
63	46716	REPAIR OF ANOVAGINAL FISTULA	1,320.38											
67	46716	REPAIR OF ANOVAGINAL FISTULA	1,320.38	00	15									
63	46730	CONSTRUCTION OF ABSENT ANUS	2,160.61											
67	46730	CONSTRUCTION OF ABSENT ANUS	2,160.61	00	15									
63	46735	CONSTRUCTION OF ABSENT ANUS	2,499.26											
67	46735	CONSTRUCTION OF ABSENT ANUS	2,499.26	00	15									
63	46740	CONSTRUCTION OF ABSENT ANUS	2,364.38											
67	46740	CONSTRUCTION OF ABSENT ANUS	2,364.38	00	15									
63	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,745.35											
67	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,745.35	00	15									
63	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,912.07					F						
67	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,912.07	00	15			F						
63	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,318.96					F						
67	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,318.96	00	15			F						
63	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,691.70					F						
67	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,691.70	00	15			F						
63	46750	REPAIR OF ANAL SPHINCTER	807.40											
67	46750	REPAIR OF ANAL SPHINCTER	807.40	00	15									
63	46751	REPAIR OF ANAL SPHINCTER	713.38											
67	46751	REPAIR OF ANAL SPHINCTER	713.38	00	15									
63	46753	RECONSTRUCTION OF ANUS	667.92											
67	46753	RECONSTRUCTION OF ANUS	667.92	00	15									
63	46754	REMOVAL OF SUTURE FROM ANUS	325.07											
67	46754	REMOVAL OF SUTURE FROM ANUS	325.07	00	15									
63	46760	REPAIR OF ANAL SPHINCTER	1,183.07											
67	46760	REPAIR OF ANAL SPHINCTER	1,183.07	00	15									
63	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	990.66											
67	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	990.66	00	15									
63	46900	REMOVAL OF ANAL LESION	241.25											
67	46900	REMOVAL OF ANAL LESION	241.25	00	15									
63	46910	REMOVAL OF ANAL LESION	263.14											
67	46910	REMOVAL OF ANAL LESION	263.14	00	15									
63	46916	CRYSOSURGERY-ANAL LESIONS ,	243.50										X	
67	46916	CRYSOSURGERY-ANAL LESIONS ,	243.50	00	15								X	
63	46917	DESTROY ANAL LESION(S); LASER SURG	428.52											
67	46917	DESTROY ANAL LESION(S); LASER SURG	428.52	00	15									
63	46922	DESTROY ANAL LESION(S)-SURG EXCISION	284.59											
67	46922	DESTROY ANAL LESION(S)-SURG EXCISION	284.59	00	15									
63	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	530.39											
67	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	530.39	00	15									
63	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	214.32											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	214.32	00 15									
63	46940	TREATMENT OF ANAL FISSURE	245.25										
67	46940	TREATMENT OF ANAL FISSURE	245.25	00 15									
63	46942	TREATMENT OF ANAL FISSURE	233.02										
67	46942	TREATMENT OF ANAL FISSURE	233.02	00 15									
63	46945	LIGATION OF HEMORRHOIDS	323.07										
67	46945	LIGATION OF HEMORRHOIDS	323.07	00 15									
63	46946	LIGATION OF HEMORRHOIDS	328.42										
67	46946	LIGATION OF HEMORRHOIDS	328.42	00 15									
63	46947	HEMORRHOIDOPEXY BY STAPLING	415.25										
67	46947	HEMORRHOIDOPEXY BY STAPLING	415.25	00 15									
63	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	305.31										
67	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	305.31	00 15									
63	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	116.12										
67	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	116.12	00 15									
63	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,333.23										
67	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,333.23	00 15									
63	47015	INJECT/ASPIRATE LIVER CYST	1,282.31										
67	47015	INJECT/ASPIRATE LIVER CYST	1,282.31	00 15									
63	47100	WEDGE BIOPSY OF LIVER	924.56										
67	47100	WEDGE BIOPSY OF LIVER	924.56	00 15									
63	47120	PARTIAL REMOVAL OF LIVER	2,583.95										
67	47120	PARTIAL REMOVAL OF LIVER	2,583.95	00 15									
63	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,813.22										
67	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,813.22	00 15									
63	47125	PARTIAL REMOVAL OF LIVER	3,424.67										
67	47125	PARTIAL REMOVAL OF LIVER	3,424.67	00 15									
63	47130	PARTIAL REMOVAL OF LIVER	3,680.83										
67	47130	PARTIAL REMOVAL OF LIVER	3,680.83	00 15									
63	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,963.89		X								
67	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,963.89	00 15	X								
63	47140	PARTIAL REMOVAL, DONOR LIVER	3,954.34		X								
67	47140	PARTIAL REMOVAL, DONOR LIVER	3,954.34	00 15	X								
63	47141	PARTIAL REMOVAL, DONOR LIVER	4,738.50		X								
67	47141	PARTIAL REMOVAL, DONOR LIVER	4,738.50	00 15	X								
63	47142	PARTIAL REMOVAL, DONOR LIVER	5,234.14		X								
67	47142	PARTIAL REMOVAL, DONOR LIVER	5,234.14	00 15	X								
63	47146	PREP DONOR LIVER/VENOUS	362.50		X								
67	47146	PREP DONOR LIVER/VENOUS	362.50	00 15	X								
63	47147	PREP DONOR LIVER/ARTERIAL	427.39		X								
67	47147	PREP DONOR LIVER/ARTERIAL	427.39	00 15	X								
63	47300	SURGERY FOR LIVER LESION	1,243.76										
67	47300	SURGERY FOR LIVER LESION	1,243.76	00 15									
63	47350	REPAIR LIVER WOUND	1,508.22										
67	47350	REPAIR LIVER WOUND	1,508.22	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	47360	REPAIR LIVER WOUND	2,080.87											
67	47360	REPAIR LIVER WOUND	2,080.87	00	15									
63	47361	REPAIR LIVER WOUND	3,362.18											
67	47361	REPAIR LIVER WOUND	3,362.18	00	15									
63	47362	REPAIR LIVER WOUND	1,601.59											
67	47362	REPAIR LIVER WOUND	1,601.59	00	15									
63	47370	LAPARO ABLATE LIVER TUMOR RF	1,382.74											
67	47370	LAPARO ABLATE LIVER TUMOR RF	1,382.74	00	15									
63	47371	LAPARO ABLATE LIVER CRYOSUG	1,390.95											
67	47371	LAPARO ABLATE LIVER CRYOSUG	1,390.95	00	15									
63	47380	OPEN ABLATE LIVER TUMOR RF	1,593.86											
67	47380	OPEN ABLATE LIVER TUMOR RF	1,593.86	00	15									
63	47381	OPEN ABLATE LIVER TUMOR CRYO	1,642.05											
67	47381	OPEN ABLATE LIVER TUMOR CRYO	1,642.05	00	15									
63	47382	PERCUT ABLATE LIVER RF	4,521.44											
67	47382	PERCUT ABLATE LIVER RF	4,521.44	00	15									
63	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,716.17											
67	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,716.17	00	15									
63	47400	INCISION OF LIVER DUCT	2,391.38											
67	47400	INCISION OF LIVER DUCT	2,391.38	00	15									
63	47420	INCISION OF BILE DUCT	1,479.28											
67	47420	INCISION OF BILE DUCT	1,479.28	00	15									
63	47425	INCISION OF BILE DUCT	1,510.89											
67	47425	INCISION OF BILE DUCT	1,510.89	00	15									
63	47460	INCISE BILE DUCT SPHINCTER	1,401.14											
67	47460	INCISE BILE DUCT SPHINCTER	1,401.14	00	15									
63	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	958.26											
67	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	958.26	00	15									
63	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	350.55											
67	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	350.55	00	15									
63	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	343.19											
67	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	343.19	00	15									
63	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	812.70											
67	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	812.70	00	15									
63	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,226.73											
67	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,226.73	00	15									
63	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,436.30											
67	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,436.30	00	15									
63	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	988.21											
67	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	988.21	00	15									
63	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	679.85											
67	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	679.85	00	15									
63	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	401.07											
67	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	401.07	00	15									
63	47538	PLACEMENT OF STENT(S) INTO A BILE DU	4,165.20											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	47538	PLACEMENT OF STENT(S) INTO A BILE DU	4,165.20	00 15									
63	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,638.51										
67	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,638.51	00 15									
63	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,718.47										
67	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,718.47	00 15									
63	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,185.62										
67	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,185.62	00 15									
63	47542	BALLOON DILATION OF BILIARY DUCT(S)	488.42										
67	47542	BALLOON DILATION OF BILIARY DUCT(S)	488.42	00 15									
63	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	470.97										
67	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	470.97	00 15									
63	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	1,013.05										
67	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	1,013.05	00 15									
63	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	184.70										
67	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	184.70	00 15									
63	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	339.38										
67	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	339.38	00 15									
63	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	337.20										
67	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	337.20	00 15									
63	47554	BILIARY ENDOSCOPY...; REMOVE STONES	574.49										
67	47554	BILIARY ENDOSCOPY...; REMOVE STONES	574.49	00 15									
63	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	361.98										
67	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	361.98	00 15									
63	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	410.20										
67	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	410.20	00 15									
63	47562	LAPAROSCOPIC CHOLECYSTECTOMY	722.87										
67	47562	LAPAROSCOPIC CHOLECYSTECTOMY	722.87	00 15									
63	47563	LAPARO CHOLECYSTECTOMY/GRAPH	787.53										
67	47563	LAPARO CHOLECYSTECTOMY/GRAPH	787.53	00 15									
63	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,225.51										
67	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,225.51	00 15									
63	47570	LAPARO CHOLECYSTOENTEROSTOMY	855.43										
67	47570	LAPARO CHOLECYSTOENTEROSTOMY	855.43	00 15									
63	47600	REMOVAL OF GALLBLADDER	1,177.15										
67	47600	REMOVAL OF GALLBLADDER	1,177.15	00 15									
63	47605	REMOVAL OF GALLBLADDER	1,240.23										
67	47605	REMOVAL OF GALLBLADDER	1,240.23	00 15									
63	47610	REMOVAL OF GALLBLADDER	1,386.54										
67	47610	REMOVAL OF GALLBLADDER	1,386.54	00 15									
63	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,398.13										
67	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,398.13	00 15									
63	47620	REMOVAL OF GALLBLADDER	1,527.55										
67	47620	REMOVAL OF GALLBLADDER	1,527.55	00 15									
63	47700	EXPLORATION OF BILE DUCTS	1,160.06										
67	47700	EXPLORATION OF BILE DUCTS	1,160.06	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	47701	PORTENTEROSTOMY	1,922.48											
67	47701	PORTENTEROSTOMY	1,922.48	00	15									
63	47711	EXCISION OF BILE DUCT TUMOR	1,718.18											
67	47711	EXCISION OF BILE DUCT TUMOR	1,718.18	00	15									
63	47712	EXCISION OF BILE DUCT TUMOR	2,218.56											
67	47712	EXCISION OF BILE DUCT TUMOR	2,218.56	00	15									
63	47715	EXCISE CHOLEDOCHAL CYST	1,468.97											
67	47715	EXCISE CHOLEDOCHAL CYST	1,468.97	00	15									
63	47720	FUSE GALLBLADDER & BOWEL	1,272.31											
67	47720	FUSE GALLBLADDER & BOWEL	1,272.31	00	15									
63	47721	FUSE UPPER GI STRUCTURES	1,496.32											
67	47721	FUSE UPPER GI STRUCTURES	1,496.32	00	15									
63	47740	FUSE GALLBLADDER & BOWEL	1,449.75											
67	47740	FUSE GALLBLADDER & BOWEL	1,449.75	00	15									
63	47741	FUSE GALLBLADDER & BOWEL	1,632.59											
67	47741	FUSE GALLBLADDER & BOWEL	1,632.59	00	15									
63	47760	FUSE BILE DUCTS AND BOWEL	2,499.48											
67	47760	FUSE BILE DUCTS AND BOWEL	2,499.48	00	15									
63	47765	FUSE LIVER DUCTS & BOWEL	3,383.53											
67	47765	FUSE LIVER DUCTS & BOWEL	3,383.53	00	15									
63	47780	FUSE BILE DUCTS AND BOWEL	2,747.18											
67	47780	FUSE BILE DUCTS AND BOWEL	2,747.18	00	15									
63	47785	FUSE BILE DUCTS AND BOWEL	3,613.71											
67	47785	FUSE BILE DUCTS AND BOWEL	3,613.71	00	15									
63	47800	RECONSTRUCTION OF BILE DUCTS	1,732.55											
67	47800	RECONSTRUCTION OF BILE DUCTS	1,732.55	00	15									
63	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,226.05											
67	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,226.05	00	15									
63	47802	U-TUBE HEPATICOENTEROSTOMY	1,687.71											
67	47802	U-TUBE HEPATICOENTEROSTOMY	1,687.71	00	15									
63	47900	SUTURE BILE DUCT INJURY	1,511.50											
67	47900	SUTURE BILE DUCT INJURY	1,511.50	00	15									
63	48000	DRAINAGE OF ABDOMEN	2,092.70											
67	48000	DRAINAGE OF ABDOMEN	2,092.70	00	15									
63	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,569.56											
67	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,569.56	00	15									
63	48020	REMOVAL OF PANCREATIC STONE	1,299.90											
67	48020	REMOVAL OF PANCREATIC STONE	1,299.90	00	15									
63	48100	BIOPSY OF PANCREAS	981.01											
67	48100	BIOPSY OF PANCREAS	981.01	00	15									
63	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	542.66											
67	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	542.66	00	15									
63	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,146.07											
67	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,146.07	00	15									
63	48120	REMOVAL OF PANCREAS LESION	1,220.82											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	48120	REMOVAL OF PANCREAS LESION	1,220.82	00 15									
63	48140	PARTIAL REMOVAL OF PANCREAS	1,733.39										
67	48140	PARTIAL REMOVAL OF PANCREAS	1,733.39	00 15									
63	48145	PARTIAL REMOVAL OF PANCREAS	1,811.92										
67	48145	PARTIAL REMOVAL OF PANCREAS	1,811.92	00 15									
63	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,079.39										
67	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,079.39	00 15									
63	48148	REMOVAL OF PANCREATIC DUCT	1,380.85										
67	48148	REMOVAL OF PANCREATIC DUCT	1,380.85	00 15									
63	48150	PARTIAL REMOVAL OF PANCREAS	3,460.31										
67	48150	PARTIAL REMOVAL OF PANCREAS	3,460.31	00 15									
63	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,208.13										
67	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,208.13	00 15									
63	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,443.79										
67	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,443.79	00 15									
63	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,222.42										
67	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,222.42	00 15									
63	48155	REMOVAL OF PANCREAS	2,000.81										
67	48155	REMOVAL OF PANCREAS	2,000.81	00 15									
63	48500	SURGERY OF PANCREAS CYST	1,267.20										
67	48500	SURGERY OF PANCREAS CYST	1,267.20	00 15									
63	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,207.10										
67	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,207.10	00 15									
63	48520	FUSE PANCREAS CYST AND BOWEL	1,201.38										
67	48520	FUSE PANCREAS CYST AND BOWEL	1,201.38	00 15									
63	48540	FUSE PANCREAS CYST AND BOWEL	1,452.48										
67	48540	FUSE PANCREAS CYST AND BOWEL	1,452.48	00 15									
63	48545	PANCREATORRHAPHY FOR TRAUMA	1,489.23										
67	48545	PANCREATORRHAPHY FOR TRAUMA	1,489.23	00 15									
63	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,991.04										
67	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,991.04	00 15									
63	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,839.26										
67	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,839.26	00 15									
63	48552	PREP DONOR PANCREAS/VENOUS	264.55		X								
67	48552	PREP DONOR PANCREAS/VENOUS	264.55	00 15	X								
63	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,780.86		X								
67	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,780.86	00 15	X								
63	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,396.43		X								
67	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,396.43	00 15	X								
63	49000	EXPLORATION OF ABDOMEN	846.84		X								
67	49000	EXPLORATION OF ABDOMEN	846.84	00 15	X								
63	49002	REEXPLORATION OF ABDOMEN	1,155.44										
67	49002	REEXPLORATION OF ABDOMEN	1,155.44	00 15									
63	49010	EXPLORE,RETROPERITONEAL AREA	1,025.15										
67	49010	EXPLORE,RETROPERITONEAL AREA	1,025.15	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,754.66											
67	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,754.66	00	15									
63	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,097.38											
67	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,097.38	00	15									
63	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,211.03											
67	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,211.03	00	15									
63	49062	DRAIN TO PERITONEAL CAVITY	811.81											
67	49062	DRAIN TO PERITONEAL CAVITY	811.81	00	15									
63	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	199.99											
67	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	199.99	00	15									
63	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	297.66											
67	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	297.66	00	15									
63	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	120.06											
67	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	120.06	00	15									
63	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	169.36											
67	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	169.36	00	15									
63	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,041.94											
67	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,041.94	00	15									
63	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,318.03											
67	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,318.03	00	15									
63	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,689.27											
67	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,689.27	00	15									
63	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,945.23											
67	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,945.23	00	15									
63	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,444.03											
67	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,444.03	00	15									
63	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	1,072.93											
67	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	1,072.93	00	15									
63	49250	EXCISION OF UMBILICUS	643.92											
67	49250	EXCISION OF UMBILICUS	643.92	00	15									
63	49255	OMENTECTOMY,...RESECT OMENTUM	866.34			X								
67	49255	OMENTECTOMY,...RESECT OMENTUM	866.34	00	15	X								
63	49320	DIAG LAPARO SEPARATE PROC	355.43			X								
67	49320	DIAG LAPARO SEPARATE PROC	355.43	00	15	X								
63	49321	LAPAROSCOPY, BIOPSY	376.15			X								
67	49321	LAPAROSCOPY, BIOPSY	376.15	00	15	X								
63	49322	LAPAROSCOPY, ASPIRATION	404.03			X								
67	49322	LAPAROSCOPY, ASPIRATION	404.03	00	15	X								
63	49323	LAPARO DRAIN LYMPHOCELE	689.92			X								
67	49323	LAPARO DRAIN LYMPHOCELE	689.92	00	15	X								
63	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	424.76											
67	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	424.76	00	15									
63	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	453.97											
67	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	453.97	00	15									
63	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	210.75											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	210.75	00 15									
63	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	145.93										
67	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	145.93	00 15									
63	49400	AIR INJECTION INTO ABDOMEN	144.22										
67	49400	AIR INJECTION INTO ABDOMEN	144.22	00 15									
63	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	943.76										
67	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	943.76	00 15									
63	49405	Fluid collection drainage by cathete	834.81										
67	49405	Fluid collection drainage by cathete	834.81	00 15									
63	49406	Fluid collection drainage by cathete	834.47										
67	49406	Fluid collection drainage by cathete	834.47	00 15									
63	49407	Fluid collection drainage by cathete	683.55										
67	49407	Fluid collection drainage by cathete	683.55	00 15									
63	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	486.49										
67	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	486.49	00 15									
63	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	92.83										
67	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	92.83	00 15									
63	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,249.42										
67	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,249.42	00 15									
63	49419	INSERTION OF TUNNELED INTRAPERITONEA	482.00										
67	49419	INSERTION OF TUNNELED INTRAPERITONEA	482.00	00 15									
63	49421	INSERTION OF TUNNELED INTRAPERITONEA	255.14										
67	49421	INSERTION OF TUNNELED INTRAPERITONEA	255.14	00 15									
63	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	247.51										
67	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	247.51	00 15									
63	49423	EXCHANGE DRAINAGE CATH	556.43										
67	49423	EXCHANGE DRAINAGE CATH	556.43	00 15									
63	49424	ASSESS CYST, CONTRAST INJ	151.97										
67	49424	ASSESS CYST, CONTRAST INJ	151.97	00 15									
63	49425	PERITONEAL-VENOUS SHUNT	787.60										
67	49425	PERITONEAL-VENOUS SHUNT	787.60	00 15									
63	49426	REVISION OF PERITONEAL-VENOUS SHUNT	678.62										
67	49426	REVISION OF PERITONEAL-VENOUS SHUNT	678.62	00 15									
63	49427	INJECTION PROCEDURE (EG, CONTRAST ME	50.15										
67	49427	INJECTION PROCEDURE (EG, CONTRAST ME	50.15	00 15									
63	49428	LIGATION OF SHUNT	474.77										
67	49428	LIGATION OF SHUNT	474.77	00 15									
63	49429	REMOVAL OF SHUNT	506.09										
67	49429	REMOVAL OF SHUNT	506.09	00 15									
63	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	133.21										
67	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	133.21	00 15									
63	49436	DELAYED CREATION OF EXIT SITE FROM E	201.48										
67	49436	DELAYED CREATION OF EXIT SITE FROM E	201.48	00 15									
63	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	938.75										
67	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	938.75	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,067.17											
67	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,067.17	00	15									
63	49442	INSERTION OF CECOSTOMY OR OTHER COLO	886.51											
67	49442	INSERTION OF CECOSTOMY OR OTHER COLO	886.51	00	15									
63	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	898.44											
67	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	898.44	00	15									
63	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	646.39											
67	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	646.39	00	15									
63	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	705.16											
67	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	705.16	00	15									
63	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	870.48											
67	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	870.48	00	15									
63	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	700.04											
67	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	700.04	00	15									
63	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	155.55											
67	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	155.55	00	15									
63	49491	REPAIRING HERN PREMIE REDUC	873.65											
67	49491	REPAIRING HERN PREMIE REDUC	873.65	00	15									
63	49492	RPR ING HERN PREMIE, BLOCKED	1,056.26											
67	49492	RPR ING HERN PREMIE, BLOCKED	1,056.26	00	15									
63	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	447.86											
67	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	447.86	00	15									
63	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	672.68											
67	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	672.68	00	15									
63	49500	REPAIR INITIAL INGUINAL HERNIA..	446.81	00	04					X				
67	49500	REPAIR INITIAL INGUINAL HERNIA..	446.81	00	04					X				
63	49501	REPAIR INITIAL INGUINAL HERNIA..	664.14	00	04									
67	49501	REPAIR INITIAL INGUINAL HERNIA..	664.14	00	04									
63	49505	REPAIR INGUINAL HERNIA	569.00	05	99									
67	49505	REPAIR INGUINAL HERNIA	569.00	05	15									
63	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	641.70	05	99									
67	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	641.70	05	15									
63	49520	REREPAIR INGUINAL HERNIA	693.77											
67	49520	REREPAIR INGUINAL HERNIA	693.77	00	15									
63	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	788.13											
67	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	788.13	00	15									
63	49525	REPAIR INGUINAL HERNIA	628.30											
67	49525	REPAIR INGUINAL HERNIA	628.30	00	15									
63	49540	REPAIR LUMBAR HERNIA	739.46											
67	49540	REPAIR LUMBAR HERNIA	739.46	00	15									
63	49550	REPAIR FEMORAL HERNIA	631.17											
67	49550	REPAIR FEMORAL HERNIA	631.17	00	15									
63	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	693.34											
67	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	693.34	00	15									
63	49555	REPAIR FEMORAL HERNIA	656.07											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	49555	REPAIR FEMORAL HERNIA	656.07	00 15									
63	49557	REPAIR RECURRENT FEMORAL HERNIA;	795.89										
67	49557	REPAIR RECURRENT FEMORAL HERNIA;	795.89	00 15									
63	49560	REPAIR ABDOMINAL HERNIA	811.49										
67	49560	REPAIR ABDOMINAL HERNIA	811.49	00 15									
63	49561	REPAIR INITIAL INCISIONAL HERNIA;	1,025.24										
67	49561	REPAIR INITIAL INCISIONAL HERNIA;	1,025.24	00 15									
63	49565	REREPAIR ABDOMINAL HERNIA	844.43										
67	49565	REREPAIR ABDOMINAL HERNIA	844.43	00 15									
63	49566	REPAIR RECURRENT INCISIONAL HERNIA;	1,034.28										
67	49566	REPAIR RECURRENT INCISIONAL HERNIA;	1,034.28	00 15									
63	49568	IMPLANTATION OF MESH OR OTHER PROSTH	298.83										
67	49568	IMPLANTATION OF MESH OR OTHER PROSTH	298.83	00 15									
63	49570	REPAIR EPIGASTRIC HERNIA	453.27										
67	49570	REPAIR EPIGASTRIC HERNIA	453.27	00 15									
63	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	564.54										
67	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	564.54	00 15									
63	49580	REPAIR UMBILICAL HERNIA	359.56	00 04									
67	49580	REPAIR UMBILICAL HERNIA	359.56	00 04									
63	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	526.23	00 04									
67	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	526.23	00 04									
63	49585	REPAIR UMBILICAL HERNIA	484.23	05 99									
67	49585	REPAIR UMBILICAL HERNIA	484.23	05 15									
63	49587	REPAIR UMBILICAL HERNIA	518.16	05 99									
67	49587	REPAIR UMBILICAL HERNIA	518.16	05 15									
63	49590	REPAIR ABDOMINAL HERNIA	627.14										
67	49590	REPAIR ABDOMINAL HERNIA	627.14	00 15									
63	49600	REPAIR UMBILICAL LESION	805.61										
67	49600	REPAIR UMBILICAL LESION	805.61	00 15									
63	49605	REPAIR UMBILICAL LESION	5,533.50										
67	49605	REPAIR UMBILICAL LESION	5,533.50	00 15									
63	49606	REPAIR UMBILICAL LESION	1,255.89										
67	49606	REPAIR UMBILICAL LESION	1,255.89	00 15									
63	49610	REPAIR UMBILICAL LESION	758.43										
67	49610	REPAIR UMBILICAL LESION	758.43	00 15									
63	49611	REPAIR UMBILICAL LESION	665.74										
67	49611	REPAIR UMBILICAL LESION	665.74	00 15									
63	49650	LAP ING HERNIA REPAIR INIT	467.13										
67	49650	LAP ING HERNIA REPAIR INIT	467.13	00 15									
63	49651	LAP ING HERNIA REPAIR RECUR	608.72										
67	49651	LAP ING HERNIA REPAIR RECUR	608.72	00 15									
63	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	817.51										
67	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	817.51	00 15									
63	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	1,021.35										
67	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	1,021.35	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	930.42											
67	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	930.42	00	15									
63	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	1,136.69											
67	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	1,136.69	00	15									
63	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,010.07											
67	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,010.07	00	15									
63	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,457.20											
67	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,457.20	00	15									
63	49900	REPAIR OF ABDOMINAL WALL	890.90											
67	49900	REPAIR OF ABDOMINAL WALL	890.90	00	15									
63	49904	OMENTAL FLAP, EXTRA-ABDOM	1,544.95											
67	49904	OMENTAL FLAP, EXTRA-ABDOM	1,544.95	00	15									
63	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	393.30											
67	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	393.30	00	15									
63	50010	EXPLORATION OF KIDNEY	797.33											
67	50010	EXPLORATION OF KIDNEY	797.33	00	15									
63	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,098.01											
67	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,098.01	00	15									
63	50040	DRAINAGE OF KIDNEY	1,005.19											
67	50040	DRAINAGE OF KIDNEY	1,005.19	00	15									
63	50045	EXPLORATION OF KIDNEY	1,011.69											
67	50045	EXPLORATION OF KIDNEY	1,011.69	00	15									
63	50060	REMOVAL OF KIDNEY STONE	1,240.01											
67	50060	REMOVAL OF KIDNEY STONE	1,240.01	00	15									
63	50065	INCISION OF KIDNEY	1,314.91											
67	50065	INCISION OF KIDNEY	1,314.91	00	15									
63	50070	INCISION OF KIDNEY	1,289.63											
67	50070	INCISION OF KIDNEY	1,289.63	00	15									
63	50075	REMOVAL OF KIDNEY STONE	1,587.07											
67	50075	REMOVAL OF KIDNEY STONE	1,587.07	00	15									
63	50080	PERCUT NEPHRO/PYELO,W/OR W/O	943.73											
67	50080	PERCUT NEPHRO/PYELO,W/OR W/O	943.73	00	15									
63	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,389.11											
67	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,389.11	00	15									
63	50100	REVISE KIDNEY BLOOD VESSELS	1,189.91											
67	50100	REVISE KIDNEY BLOOD VESSELS	1,189.91	00	15									
63	50120	EXPLORATION OF KIDNEY	1,030.39											
67	50120	EXPLORATION OF KIDNEY	1,030.39	00	15									
63	50125	EXPLORE AND DRAIN KIDNEY	1,066.95											
67	50125	EXPLORE AND DRAIN KIDNEY	1,066.95	00	15									
63	50130	REMOVAL OF KIDNEY STONE	1,122.69											
67	50130	REMOVAL OF KIDNEY STONE	1,122.69	00	15									
63	50135	EXPLORATION OF KIDNEY	1,219.97											
67	50135	EXPLORATION OF KIDNEY	1,219.97	00	15									
63	50200	BIOPSY OF KIDNEY	532.38											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	50200	BIOPSY OF KIDNEY	532.38	00 15									
63	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	828.92										
67	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	828.92	00 15									
63	50220	REMOVAL OF KIDNEY	1,142.21										
67	50220	REMOVAL OF KIDNEY	1,142.21	00 15									
63	50225	REMOVAL OF KIDNEY	1,313.71										
67	50225	REMOVAL OF KIDNEY	1,313.71	00 15									
63	50230	REMOVAL OF KIDNEY	1,398.54										
67	50230	REMOVAL OF KIDNEY	1,398.54	00 15									
63	50234	REMOVAL OF KIDNEY & URETER	1,419.37										
67	50234	REMOVAL OF KIDNEY & URETER	1,419.37	00 15									
63	50236	REMOVAL OF KIDNEY & URETER	1,594.14										
67	50236	REMOVAL OF KIDNEY & URETER	1,594.14	00 15									
63	50240	PARTIAL REMOVAL OF KIDNEY	1,441.34										
67	50240	PARTIAL REMOVAL OF KIDNEY	1,441.34	00 15									
63	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,321.49										
67	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,321.49	00 15									
63	50280	REMOVAL OF KIDNEY LESION	1,040.00										
67	50280	REMOVAL OF KIDNEY LESION	1,040.00	00 15									
63	50290	REMOVAL OF KIDNEY LESION	974.53										
67	50290	REMOVAL OF KIDNEY LESION	974.53	00 15									
63	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,641.60		X								
67	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,641.60	00 15	X								
63	50327	PREP RENAL GRAFT/VENOUS	241.74		X								
67	50327	PREP RENAL GRAFT/VENOUS	241.74	00 15	X								
63	50328	PREP RENAL GRAFT/ARTERIAL	211.75		X								
67	50328	PREP RENAL GRAFT/ARTERIAL	211.75	00 15	X								
63	50329	PREP RENAL GRAFT/URETERAL	201.16		X								
67	50329	PREP RENAL GRAFT/URETERAL	201.16	00 15	X								
63	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,035.30		X								
67	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,035.30	00 15	X								
63	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,663.28		X								
67	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,663.28	00 15	X								
63	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,146.27		X								
67	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,146.27	00 15	X								
63	50370	REMOVE TRANSPLANTED KIDNEY	1,318.02										
67	50370	REMOVE TRANSPLANTED KIDNEY	1,318.02	00 15									
63	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,192.86		X								
67	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,192.86	00 15	X								
63	50382	CHANGE URETER STENT, PERCUT	1,093.84										
67	50382	CHANGE URETER STENT, PERCUT	1,093.84	00 15									
63	50384	REMOVE URETER STENT, PERCUT	876.74										
67	50384	REMOVE URETER STENT, PERCUT	876.74	00 15									
63	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,068.94										
67	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,068.94	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	707.30											
67	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	707.30	00	15									
63	50387	CHANGE EXT/INT URETER STENT	507.61											
67	50387	CHANGE EXT/INT URETER STENT	507.61	00	15									
63	50389	REMOVE RENAL TUBE W/FLUORO	328.50											
67	50389	REMOVE RENAL TUBE W/FLUORO	328.50	00	15									
63	50390	DRAINAGE OF KIDNEY LESION	105.00											
67	50390	DRAINAGE OF KIDNEY LESION	105.00	00	15									
63	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	130.39											
67	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	130.39	00	15									
63	50396	MEASURE KIDNEY PRESSURE	126.07											
67	50396	MEASURE KIDNEY PRESSURE	126.07	00	15									
63	50400	REVISION OF KIDNEY/URETER	1,261.75											
67	50400	REVISION OF KIDNEY/URETER	1,261.75	00	15									
63	50405	REVISION OF KIDNEY/URETER	1,520.15											
67	50405	REVISION OF KIDNEY/URETER	1,520.15	00	15									
63	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	509.61											
67	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	509.61	00	15									
63	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	210.90											
67	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	210.90	00	15									
63	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	820.88											
67	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	820.88	00	15									
63	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,089.22											
67	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,089.22	00	15									
63	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	858.30											
67	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	858.30	00	15									
63	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	507.02											
67	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	507.02	00	15									
63	50436	DILATION OF EXISTING TRACT, PERCUTAN	163.79											
67	50436	DILATION OF EXISTING TRACT, PERCUTAN	163.79	00	15									
63	50437	DILATION OF EXISTING TRACT, PERCUTAN	274.15											
67	50437	DILATION OF EXISTING TRACT, PERCUTAN	274.15	00	15									
63	50500	REPAIR OF KIDNEY WOUND	1,421.72											
67	50500	REPAIR OF KIDNEY WOUND	1,421.72	00	15									
63	50520	CLOSE KIDNEY-SKIN FISTULA	1,278.58											
67	50520	CLOSE KIDNEY-SKIN FISTULA	1,278.58	00	15									
63	50525	REPAIR RENAL-ABDOMEN FISTULA	1,625.58											
67	50525	REPAIR RENAL-ABDOMEN FISTULA	1,625.58	00	15									
63	50526	REPAIR RENAL-ABDOMEN FISTULA	1,743.73											
67	50526	REPAIR RENAL-ABDOMEN FISTULA	1,743.73	00	15									
63	50540	REVISION OF HORSESHOE KIDNEY	1,248.38											
67	50540	REVISION OF HORSESHOE KIDNEY	1,248.38	00	15									
63	50541	LAPARO ABLATE RENAL CYST	999.31											
67	50541	LAPARO ABLATE RENAL CYST	999.31	00	15									
63	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,268.33											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,268.33	00 15									
63	50543	LAPARO PARTIAL NEPHRECTOMY	1,618.84										
67	50543	LAPARO PARTIAL NEPHRECTOMY	1,618.84	00 15									
63	50544	LAPAROSCOPY, PYELOPLASTY	1,356.58										
67	50544	LAPAROSCOPY, PYELOPLASTY	1,356.58	00 15									
63	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,460.14										
67	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,460.14	00 15									
63	50546	LAPAROSCOPIC NEPHRECTOMY	1,310.94										
67	50546	LAPAROSCOPIC NEPHRECTOMY	1,310.94	00 15									
63	50547	LAPARO REMOVAL DONOR KIDNEY	1,759.73										
67	50547	LAPARO REMOVAL DONOR KIDNEY	1,759.73	00 15									
63	50548	LAPARO-ASST REMOVE K/URETER	1,469.15										
67	50548	LAPARO-ASST REMOVE K/URETER	1,469.15	00 15									
63	50551	KIDNEY ENDOSCOPY	386.22										
67	50551	KIDNEY ENDOSCOPY	386.22	00 15									
63	50553	KIDNEY ENDOSCOPY	412.39										
67	50553	KIDNEY ENDOSCOPY	412.39	00 15									
63	50555	KIDNEY ENDOSCOPY & BIOPSY	441.62										
67	50555	KIDNEY ENDOSCOPY & BIOPSY	441.62	00 15									
63	50557	KIDNEY ENDOSCOPY & TREATMENT	449.27										
67	50557	KIDNEY ENDOSCOPY & TREATMENT	449.27	00 15									
63	50561	KIDNEY ENDOSCOPY & TREATMENT	508.92										
67	50561	KIDNEY ENDOSCOPY & TREATMENT	508.92	00 15									
63	50562	RENAL SCOPE W/TUMOR RESECT	632.98										
67	50562	RENAL SCOPE W/TUMOR RESECT	632.98	00 15									
63	50570	KIDNEY ENDOSCOPY	537.45										
67	50570	KIDNEY ENDOSCOPY	537.45	00 15									
63	50572	KIDNEY ENDOSCOPY	581.75										
67	50572	KIDNEY ENDOSCOPY	581.75	00 15									
63	50574	KIDNEY ENDOSCOPY & BIOPSY	618.92										
67	50574	KIDNEY ENDOSCOPY & BIOPSY	618.92	00 15									
63	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	781.71										
67	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	781.71	00 15									
63	50576	KIDNEY ENDOSCOPY & TREATMENT	617.43										
67	50576	KIDNEY ENDOSCOPY & TREATMENT	617.43	00 15									
63	50580	KIDNEY ENDOSCOPY & TREATMENT	664.64										
67	50580	KIDNEY ENDOSCOPY & TREATMENT	664.64	00 15									
63	50590	LITHOTRIPSY,ESW	768.94										
67	50590	LITHOTRIPSY,ESW	768.94	00 15									
63	50592	PERC RF ABLATE RENAL TUMOR	3,175.24										
67	50592	PERC RF ABLATE RENAL TUMOR	3,175.24	00 15									
63	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,312.80										
67	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,312.80	00 15									
63	50600	EXPLORATION OF URETER	1,020.02										
67	50600	EXPLORATION OF URETER	1,020.02	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	50605	URETEROTOMY-INSERT STEAT	1,086.56										
67	50605	URETEROTOMY-INSERT STEAT	1,086.56	00 15									
63	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	655.98										
67	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	655.98	00 15									
63	50610	REMOVAL OF URETER STONE	1,026.94										
67	50610	REMOVAL OF URETER STONE	1,026.94	00 15									
63	50620	REMOVAL OF URETER STONE	981.99										
67	50620	REMOVAL OF URETER STONE	981.99	00 15									
63	50630	REMOVAL OF URETER STONE	969.47										
67	50630	REMOVAL OF URETER STONE	969.47	00 15									
63	50650	REMOVAL OF URETER	1,128.06										
67	50650	REMOVAL OF URETER	1,128.06	00 15									
63	50660	REMOVAL OF URETER	1,243.84										
67	50660	REMOVAL OF URETER	1,243.84	00 15									
63	50684	INJECTION FOR URETER X-RAY	109.61										
67	50684	INJECTION FOR URETER X-RAY	109.61	00 15									
63	50686	MEASURE URETER PRESSURE	144.18										
67	50686	MEASURE URETER PRESSURE	144.18	00 15									
63	50688	CHANGE OF URETER TUBE	82.98										
67	50688	CHANGE OF URETER TUBE	82.98	00 15									
63	50690	INJECTION OF BLADDER AND URINARY DUC	103.89										
67	50690	INJECTION OF BLADDER AND URINARY DUC	103.89	00 15									
63	50693	PLACEMENT OF URETERAL STENT, PERCUTA	998.11										
67	50693	PLACEMENT OF URETERAL STENT, PERCUTA	998.11	00 15									
63	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,105.49										
67	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,105.49	00 15									
63	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,352.14										
67	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,352.14	00 15									
63	50700	REVISION OF URETER	1,004.44										
67	50700	REVISION OF URETER	1,004.44	00 15									
63	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,953.01										
67	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,953.01	00 15									
63	50706	BALLOON DILATION, URETERAL STRICTURE	952.10										
67	50706	BALLOON DILATION, URETERAL STRICTURE	952.10	00 15									
63	50715	RELEASE OF URETER	1,333.55										
67	50715	RELEASE OF URETER	1,333.55	00 15									
63	50722	RELEASE OF URETER	1,092.18				F						
67	50722	RELEASE OF URETER	1,092.18	00 15			F						
63	50725	RELEASE/REVISE URETER	1,198.43										
67	50725	RELEASE/REVISE URETER	1,198.43	00 15									
63	50727	REVISION OF URINARY-CUTANEOUS ANASTO	547.99										
67	50727	REVISION OF URINARY-CUTANEOUS ANASTO	547.99	00 15									
63	50728	REVISION OF URINARY-CUTANEOUS ANASTO	797.23										
67	50728	REVISION OF URINARY-CUTANEOUS ANASTO	797.23	00 15									
63	50740	FUSION OF URETER & KIDNEY	1,350.86										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	50740	FUSION OF URETER & KIDNEY	1,350.86	00 15									
63	50750	FUSION OF URETER & KIDNEY	1,254.80										
67	50750	FUSION OF URETER & KIDNEY	1,254.80	00 15									
63	50760	FUSION OF URETERS	1,231.38										
67	50760	FUSION OF URETERS	1,231.38	00 15									
63	50770	SPLICING OF URETERS	1,254.80										
67	50770	SPLICING OF URETERS	1,254.80	00 15									
63	50780	REIMPLANT URETER IN BLADDER	1,203.77										
67	50780	REIMPLANT URETER IN BLADDER	1,203.77	00 15									
63	50782	URETERONEOCYSTOSTOMY;	1,168.86										
67	50782	URETERONEOCYSTOSTOMY;	1,168.86	00 15									
63	50783	URETERONEOCYSTOSTOMY;	1,226.00										
67	50783	URETERONEOCYSTOSTOMY;	1,226.00	00 15									
63	50785	REIMPLANT URETER IN BLADDER	1,322.24										
67	50785	REIMPLANT URETER IN BLADDER	1,322.24	00 15									
63	50800	IMPLANT URETER IN BOWEL	1,007.85										
67	50800	IMPLANT URETER IN BOWEL	1,007.85	00 15									
63	50810	FUSION OF URETER & BOWEL	1,542.26										
67	50810	FUSION OF URETER & BOWEL	1,542.26	00 15									
63	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,328.59										
67	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,328.59	00 15									
63	50820	CONSTRUCT BOWEL BLADDER	1,430.58										
67	50820	CONSTRUCT BOWEL BLADDER	1,430.58	00 15									
63	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,810.57										
67	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,810.57	00 15									
63	50830	URINARY UNDIVERSION	1,964.03										
67	50830	URINARY UNDIVERSION	1,964.03	00 15									
63	50840	REPLACE URETER BY BOWEL	1,335.73										
67	50840	REPLACE URETER BY BOWEL	1,335.73	00 15									
63	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,356.55										
67	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,356.55	00 15									
63	50860	TRANSPLANT URETER TO SKIN	1,026.43										
67	50860	TRANSPLANT URETER TO SKIN	1,026.43	00 15									
63	50900	REPAIR OF URETER	913.23										
67	50900	REPAIR OF URETER	913.23	00 15									
63	50920	CLOSURE URETER/SKIN FISTULA	956.04										
67	50920	CLOSURE URETER/SKIN FISTULA	956.04	00 15									
63	50930	CLOSURE URETER/BOWEL FISTULA	1,198.05										
67	50930	CLOSURE URETER/BOWEL FISTULA	1,198.05	00 15									
63	50940	RELEASE OF URETER	962.46										
67	50940	RELEASE OF URETER	962.46	00 15									
63	50945	LAPAROSCOPY URETEROLITHOTOMY	1,058.67										
67	50945	LAPAROSCOPY URETEROLITHOTOMY	1,058.67	00 15									
63	50947	LAPARO NEW URETER/BLADDER	1,512.49										
67	50947	LAPARO NEW URETER/BLADDER	1,512.49	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	50948	LAPARO NEW URETER/BLADDER	1,388.93											
67	50948	LAPARO NEW URETER/BLADDER	1,388.93	00	15									
63	50951	ENDOSCOPY OF URETER	403.47											
67	50951	ENDOSCOPY OF URETER	403.47	00	15									
63	50953	ENDOSCOPY OF URETER	427.10											
67	50953	ENDOSCOPY OF URETER	427.10	00	15									
63	50955	URETER ENDOSCOPY & BIOPSY	456.07											
67	50955	URETER ENDOSCOPY & BIOPSY	456.07	00	15									
63	50957	URETER ENDOSCOPY & TREATMENT	460.10											
67	50957	URETER ENDOSCOPY & TREATMENT	460.10	00	15									
63	50961	URETER ENDOSCOPY & TREATMENT	414.36											
67	50961	URETER ENDOSCOPY & TREATMENT	414.36	00	15									
63	50970	URETER ENDOSCOPY	405.33											
67	50970	URETER ENDOSCOPY	405.33	00	15									
63	50972	URETER ENDOSCOPY & CATHETER	391.32											
67	50972	URETER ENDOSCOPY & CATHETER	391.32	00	15									
63	50974	URETER ENDOSCOPY & BIOPSY	517.01											
67	50974	URETER ENDOSCOPY & BIOPSY	517.01	00	15									
63	50976	URETER ENDOSCOPY & TREATMENT	510.22											
67	50976	URETER ENDOSCOPY & TREATMENT	510.22	00	15									
63	50980	URETER ENDOSCOPY & TREATMENT	388.98											
67	50980	URETER ENDOSCOPY & TREATMENT	388.98	00	15									
63	51020	INCISE & TREAT BLADDER	502.50											
67	51020	INCISE & TREAT BLADDER	502.50	00	15									
63	51030	INCISE & TREAT BLADDER	506.54											
67	51030	INCISE & TREAT BLADDER	506.54	00	15									
63	51040	INCISE & DRAIN BLADDER	309.43											
67	51040	INCISE & DRAIN BLADDER	309.43	00	15									
63	51045	INCISE BLADDER, DRAIN URETER	530.30											
67	51045	INCISE BLADDER, DRAIN URETER	530.30	00	15									
63	51050	REMOVAL OF BLADDER STONE	509.29											
67	51050	REMOVAL OF BLADDER STONE	509.29	00	15									
63	51060	REMOVAL OF URETER STONE	627.89											
67	51060	REMOVAL OF URETER STONE	627.89	00	15									
63	51065	REMOVAL OF URETER STONE	625.85											
67	51065	REMOVAL OF URETER STONE	625.85	00	15									
63	51080	DRAINAGE OF BLADDER ABSCESS	439.62											
67	51080	DRAINAGE OF BLADDER ABSCESS	439.62	00	15									
63	51100	ASPIRATION OF BLADDER; BY NEEDLE	66.99											
67	51100	ASPIRATION OF BLADDER; BY NEEDLE	66.99	00	15									
63	51101	ASPIRATION OF BLADDER; BY TROCAR OR	134.66											
67	51101	ASPIRATION OF BLADDER; BY TROCAR OR	134.66	00	15									
63	51102	ASPIRATION OF BLADDER; WITH INSERTIO	239.35											
67	51102	ASPIRATION OF BLADDER; WITH INSERTIO	239.35	00	15									
63	51500	REMOVAL OF BLADDER CYST	688.46											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	51500	REMOVAL OF BLADDER CYST	688.46	00 15									
63	51520	REMOVAL OF BLADDER LESION	642.29										
67	51520	REMOVAL OF BLADDER LESION	642.29	00 15									
63	51525	REMOVAL OF BLADDER LESION	931.80										
67	51525	REMOVAL OF BLADDER LESION	931.80	00 15									
63	51530	REMOVAL OF BLADDER LESION	834.64										
67	51530	REMOVAL OF BLADDER LESION	834.64	00 15									
63	51535	REPAIR OF URETER LESION	844.88										
67	51535	REPAIR OF URETER LESION	844.88	00 15									
63	51550	PARTIAL REMOVAL OF BLADDER	1,049.50										
67	51550	PARTIAL REMOVAL OF BLADDER	1,049.50	00 15									
63	51555	PARTIAL REMOVAL OF BLADDER	1,381.42										
67	51555	PARTIAL REMOVAL OF BLADDER	1,381.42	00 15									
63	51565	REVISE BLADDER & URETER(S)	1,412.22										
67	51565	REVISE BLADDER & URETER(S)	1,412.22	00 15									
63	51570	REMOVAL OF BLADDER	1,604.80										
67	51570	REMOVAL OF BLADDER	1,604.80	00 15									
63	51575	REMOVAL OF BLADDER & NODES	1,986.45										
67	51575	REMOVAL OF BLADDER & NODES	1,986.45	00 15									
63	51580	REMOVE BLADDER; REVISE TRACT	2,065.55										
67	51580	REMOVE BLADDER; REVISE TRACT	2,065.55	00 15									
63	51585	REMOVAL OF BLADDER & NODES	2,301.52										
67	51585	REMOVAL OF BLADDER & NODES	2,301.52	00 15									
63	51590	REMOVE BLADDER; REVISE TRACT	2,109.17										
67	51590	REMOVE BLADDER; REVISE TRACT	2,109.17	00 15									
63	51595	REMOVE BLADDER; REVISE TRACT	2,387.33										
67	51595	REMOVE BLADDER; REVISE TRACT	2,387.33	00 15									
63	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,568.18										
67	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,568.18	00 15									
63	51597	PELVIC EXENTERATION	2,500.72		X								
67	51597	PELVIC EXENTERATION	2,500.72	00 15	X								
63	51600	INJECTION FOR BLADDER X-RAY	194.19										
67	51600	INJECTION FOR BLADDER X-RAY	194.19	00 15									
63	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	41.34										
67	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	41.34	00 15									
63	51610	INJECTION FOR BLADDER X-RAY	114.84										
67	51610	INJECTION FOR BLADDER X-RAY	114.84	00 15									
63	51700	IRRIGATION OF BLADDER	75.37									X	
67	51700	IRRIGATION OF BLADDER	75.37	00 15								X	
63	51701	INSERTION NON-INDWELLNG BLADDR CATH	45.93										
67	51701	INSERTION NON-INDWELLNG BLADDR CATH	45.93	00 15									
63	51702	INSERT TEMP INDWELL BLADDER CATHETER	62.58										
67	51702	INSERT TEMP INDWELL BLADDER CATHETER	62.58	00 15									
63	51703	INSERT INDWELL BLADDER CATH;COMPLICA	136.75										
67	51703	INSERT INDWELL BLADDER CATH;COMPLICA	136.75	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	51705	CHANGE OF BLADDER TUBE	95.84										
67	51705	CHANGE OF BLADDER TUBE	95.84	00 15									
63	51710	CHANGE OF BLADDER TUBE	133.05										
67	51710	CHANGE OF BLADDER TUBE	133.05	00 15									
63	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	329.43										
67	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	329.43	00 15									
63	51720	TREATMENT OF BLADDER LESION	86.42										
67	51720	TREATMENT OF BLADDER LESION	86.42	00 15									
65	51725	SIMPLE CYSTOMETROGRAM	82.53										
65	51726	COMPLEX CYSTOMETROGRAM	92.69										
65	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	115.28										
65	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	113.46										
65	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	136.75										
65	51736	SIMPLE UROFLOWMETRY	9.02										
65	51741	COMPLEX UROFLOWMETRY	9.02										
65	51784	ANAL/URINARY MUSCLE STUDY	40.67										
65	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	102.52										
65	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	43.73										
63	51800	REVISION OF BLADDER/URETHRA	1,142.27										
67	51800	REVISION OF BLADDER/URETHRA	1,142.27	00 15									
63	51820	REVISION OF URINARY TRACT	1,176.93										
67	51820	REVISION OF URINARY TRACT	1,176.93	00 15									
63	51840	ATTACH BLADDER/URETHRA	721.27										
67	51840	ATTACH BLADDER/URETHRA	721.27	00 15									
63	51841	ATTACH BLADDER/URETHRA	841.65										
67	51841	ATTACH BLADDER/URETHRA	841.65	00 15									
63	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	629.34				F						
67	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	629.34	00 15			F						
63	51860	REPAIR OF BLADDER WOUND	809.21										
67	51860	REPAIR OF BLADDER WOUND	809.21	00 15									
63	51865	REPAIR OF BLADDER WOUND	975.00										
67	51865	REPAIR OF BLADDER WOUND	975.00	00 15									
63	51880	REPAIR OF BLADDER OPENING	505.19										
67	51880	REPAIR OF BLADDER OPENING	505.19	00 15									
63	51900	REPAIR BLADDER/VAGINA LESION	892.84				F						
67	51900	REPAIR BLADDER/VAGINA LESION	892.84	00 15			F						
63	51920	CLOSE BLADDER-UTERUS FISTULA	826.19				F						
67	51920	CLOSE BLADDER-UTERUS FISTULA	826.19	00 15			F						
63	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,104.05		X		F		X				
67	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,104.05	00 15	X		F		X				
63	51940	CORRECTION OF BLADDER DEFECT	1,788.46										
67	51940	CORRECTION OF BLADDER DEFECT	1,788.46	00 15									
63	51960	REVISION OF BLADDER & BOWEL	1,506.01										
67	51960	REVISION OF BLADDER & BOWEL	1,506.01	00 15									
63	51980	CONSTRUCT BLADDER OPENING	771.62										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	51980	CONSTRUCT BLADDER OPENING	771.62	00 15									
63	51990	LAPARO URETHRAL SUSPENSION	811.52										
67	51990	LAPARO URETHRAL SUSPENSION	811.52	00 15									
63	51992	LAPARO SLING OPERATION	901.80				F						
67	51992	LAPARO SLING OPERATION	901.80	00 15			F						
63	52000	CYSTOSCOPY	191.84										
67	52000	CYSTOSCOPY	191.84	00 15									
63	52001	CYSTOSCOPY, REMOVAL OF CLOTS	415.46										
67	52001	CYSTOSCOPY, REMOVAL OF CLOTS	415.46	00 15									
63	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	287.09										
67	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	287.09	00 15									
63	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	465.09										
67	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	465.09	00 15									
63	52010	CYSTOSCOPY & DUCT CATHETER	390.66				M						
67	52010	CYSTOSCOPY & DUCT CATHETER	390.66	00 15			M						
63	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	381.97										
67	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	381.97	00 15									
63	52214	CYSTOURETHROSCOPY WITH FULGURATION;	699.55										
67	52214	CYSTOURETHROSCOPY WITH FULGURATION;	699.55	00 15									
63	52224	CYSTOURETHROSCOPY WITH FULGURATION;	733.12										
67	52224	CYSTOURETHROSCOPY WITH FULGURATION;	733.12	00 15									
63	52234	CYSTOURETHROSCOPY WITH FULGURATION;	268.09										
67	52234	CYSTOURETHROSCOPY WITH FULGURATION;	268.09	00 15									
63	52235	CYSTOURETHROSCOPY WITH FULGURATION;	314.18										
67	52235	CYSTOURETHROSCOPY WITH FULGURATION;	314.18	00 15									
63	52240	CYSTOURETHROSCOPY WITH FULGURATION;	427.69										
67	52240	CYSTOURETHROSCOPY WITH FULGURATION;	427.69	00 15									
63	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	260.48										
67	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	260.48	00 15									
63	52260	CYSTOSCOPY & TREATMENT	228.38										
67	52260	CYSTOSCOPY & TREATMENT	228.38	00 15									
63	52265	CYSTOSCOPY & TREATMENT	377.96										
67	52265	CYSTOSCOPY & TREATMENT	377.96	00 15									
63	52270	CYSTOSCOPY & REVISE URETHRA	389.89										
67	52270	CYSTOSCOPY & REVISE URETHRA	389.89	00 15									
63	52275	CYSTOSCOPY & REVISE URETHRA	517.85										
67	52275	CYSTOSCOPY & REVISE URETHRA	517.85	00 15									
63	52276	CYSTOURETHROSCOPY W/DIRECT VISION	288.18										
67	52276	CYSTOURETHROSCOPY W/DIRECT VISION	288.18	00 15									
63	52277	CYSTOSCOPY AND TREATMENT	352.58										
67	52277	CYSTOSCOPY AND TREATMENT	352.58	00 15									
63	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	305.52										
67	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	305.52	00 15									
63	52282	CYSTOSCOPY, IMPLANT STENT	368.35										
67	52282	CYSTOSCOPY, IMPLANT STENT	368.35	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	52283	CYSTOURETHROSCOPY, STEROID INJECTION	316.17											
67	52283	CYSTOURETHROSCOPY, STEROID INJECTION	316.17	00	15									
63	52285	CYSTOSCOPY AND TREATMENT	314.81					F						
67	52285	CYSTOSCOPY AND TREATMENT	314.81	00	15			F						
63	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	346.14											
67	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	346.14	00	15									
63	52290	CYSTOSCOPY AND TREATMENT	266.10											
67	52290	CYSTOSCOPY AND TREATMENT	266.10	00	15									
63	52300	CYSTOSCOPY AND TREATMENT	304.84											
67	52300	CYSTOSCOPY AND TREATMENT	304.84	00	15									
63	52301	CYSTOSCOPY AND TREATMENT	315.80											
67	52301	CYSTOSCOPY AND TREATMENT	315.80	00	15									
63	52305	CYSTOSCOPY AND TREATMENT	303.82											
67	52305	CYSTOSCOPY AND TREATMENT	303.82	00	15									
63	52310	CYSTOSCOPY AND TREATMENT	277.02											
67	52310	CYSTOSCOPY AND TREATMENT	277.02	00	15									
63	52315	CYSTOSCOPY AND TREATMENT	458.37											
67	52315	CYSTOSCOPY AND TREATMENT	458.37	00	15									
63	52317	LITHOLAPAXY,SIMPLE;SMALL	857.32											
67	52317	LITHOLAPAXY,SIMPLE;SMALL	857.32	00	15									
63	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	517.91											
67	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	517.91	00	15									
63	52320	CYSTOSCOPY AND TREATMENT	268.73											
67	52320	CYSTOSCOPY AND TREATMENT	268.73	00	15									
63	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	349.81											
67	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	349.81	00	15									
63	52327	CYSTOSCOPY, INJECT MATERIAL	287.32											
67	52327	CYSTOSCOPY, INJECT MATERIAL	287.32	00	15									
63	52330	CYSTOSCOPY AND TREATMENT	553.79											
67	52330	CYSTOSCOPY AND TREATMENT	553.79	00	15									
63	52332	CYSTOURETHROSCOPY/INSERT STENT	475.88											
67	52332	CYSTOURETHROSCOPY/INSERT STENT	475.88	00	15									
63	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	199.26											
67	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	199.26	00	15									
63	52341	CYSTO W/URETER STRICTURE TX	309.25											
67	52341	CYSTO W/URETER STRICTURE TX	309.25	00	15									
63	52342	CYSTO W/UP STRICTURE TX	336.48											
67	52342	CYSTO W/UP STRICTURE TX	336.48	00	15									
63	52343	CYSTO W/RENAL STRICTURE TX	375.48											
67	52343	CYSTO W/RENAL STRICTURE TX	375.48	00	15									
63	52344	CYSTO/URETERO, STONE REMOVE	403.17											
67	52344	CYSTO/URETERO, STONE REMOVE	403.17	00	15									
63	52345	CYSTO/URETERO W/UP STRICTURE	430.29											
67	52345	CYSTO/URETERO W/UP STRICTURE	430.29	00	15									
63	52346	CYSTOURETERO W/RENAL STRICT	487.62											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	52346	CYSTOURETERO W/RENAL STRICT	487.62	00 15									
63	52351	CYSTOURETRO & OR PYELOSCOPE	329.82										
67	52351	CYSTOURETRO & OR PYELOSCOPE	329.82	00 15									
63	52352	CYSTOURETRO W/STONE REMOVE	386.90										
67	52352	CYSTOURETRO W/STONE REMOVE	386.90	00 15									
63	52353	CYSTOURETERO W/LITHOTRIPSY	427.69										
67	52353	CYSTOURETERO W/LITHOTRIPSY	427.69	00 15									
63	52354	CYSTOURETERO W/BIOPSY	455.84										
67	52354	CYSTOURETERO W/BIOPSY	455.84	00 15									
63	52355	CYSTOURETERO W/EXCISE TUMOR	510.77										
67	52355	CYSTOURETERO W/EXCISE TUMOR	510.77	00 15									
63	52356	CRUSHING OF STONE IN URINARY DUCT (U	454.83									X	
67	52356	CRUSHING OF STONE IN URINARY DUCT (U	454.83	00 15								X	
63	52400	CYSTOURETERO W/CONGEN REPR	519.14			X							
67	52400	CYSTOURETERO W/CONGEN REPR	519.14	00 15		X							
63	52402	CYSTOURETHRO CUT EJACUL DUCT	292.48				M						
67	52402	CYSTOURETHRO CUT EJACUL DUCT	292.48	00 15			M						
63	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,254.65				M						
67	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,254.65	00 15			M						
63	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	928.81				M						
67	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	928.81	00 15			M						
63	52450	TRANSURETHRAL INCISION OF PROSTATE	505.73				M						
67	52450	TRANSURETHRAL INCISION OF PROSTATE	505.73	00 15			M						
63	52500	REVISION OF BLADDER NECK	526.24				M						
67	52500	REVISION OF BLADDER NECK	526.24	00 15			M						
63	52601	PROSTATECTOMY (TUR)	791.10				M						
67	52601	PROSTATECTOMY (TUR)	791.10	00 15			M						
63	52630	REMOVE PROSTATE REGROWTH	430.87				M						
67	52630	REMOVE PROSTATE REGROWTH	430.87	00 15			M						
63	52640	RELIEVE BLADDER CONTRACTURE	337.71				M						
67	52640	RELIEVE BLADDER CONTRACTURE	337.71	00 15			M						
63	52647	LASER SURGERY OF PROSTATE	1,637.13				M						
67	52647	LASER SURGERY OF PROSTATE	1,637.13	00 15			M						
63	52648	LASER SURGERY OF PROSTATE	1,691.17				M						
67	52648	LASER SURGERY OF PROSTATE	1,691.17	00 15			M						
63	52649	PROSTATE LASER ENUCLEATION	892.54			X	M						
67	52649	PROSTATE LASER ENUCLEATION	892.54	00 15		X	M						
63	52700	DRAINAGE OF PROSTATE ABSCESS	476.03				M						
67	52700	DRAINAGE OF PROSTATE ABSCESS	476.03	00 15			M						
63	53000	INCISION OF URETHRA	158.66										
67	53000	INCISION OF URETHRA	158.66	00 15									
63	53010	INCISION OF URETHRA	314.36										
67	53010	INCISION OF URETHRA	314.36	00 15									
63	53020	INCISION OF URETHRA	105.21	01 99									
67	53020	INCISION OF URETHRA	105.21	01 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	53025	INCISION OF URETHRA	73.40	00 00									
67	53025	INCISION OF URETHRA	73.40	00 00									
63	53040	DRAINAGE OF URETHRA ABSCESS	422.72										
67	53040	DRAINAGE OF URETHRA ABSCESS	422.72	00 15									
63	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	193.86				F						
67	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	193.86	00 15			F						
63	53080	DRAINAGE OF URINARY LEAKAGE	451.99										
67	53080	DRAINAGE OF URINARY LEAKAGE	451.99	00 15									
63	53085	DRAINAGE OF URINARY LEAKAGE	701.51										
67	53085	DRAINAGE OF URINARY LEAKAGE	701.51	00 15									
63	53200	BIOPSY OF URETHRA	169.68										
67	53200	BIOPSY OF URETHRA	169.68	00 15									
63	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	834.35				F						
67	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	834.35	00 15			F						
63	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	1,007.86				M						
67	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	1,007.86	00 15			M						
63	53220	TREATMENT OF URETHRA LESION	486.83										
67	53220	TREATMENT OF URETHRA LESION	486.83	00 15									
63	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	654.30				F						
67	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	654.30	00 15			F						
63	53235	EXCISE URETHRAL DIVERTICULUM;MALE	684.81				M						
67	53235	EXCISE URETHRAL DIVERTICULUM;MALE	684.81	00 15			M						
63	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	457.34										
67	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	457.34	00 15									
63	53250	REMOVAL OF SEMINAL FLUID GLAND	425.65										
67	53250	REMOVAL OF SEMINAL FLUID GLAND	425.65	00 15									
63	53260	TREATMENT OF URETHRA LESION	215.56										
67	53260	TREATMENT OF URETHRA LESION	215.56	00 15									
63	53265	TREATMENT OF URETHRA LESION	234.19										
67	53265	TREATMENT OF URETHRA LESION	234.19	00 15									
63	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	221.02				F						
67	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	221.02	00 15			F						
63	53275	REPAIR OF URETHRA DEFECT	283.50										
67	53275	REPAIR OF URETHRA DEFECT	283.50	00 15									
63	53400	REVISE URETHRA, 1ST STAGE	865.83										
67	53400	REVISE URETHRA, 1ST STAGE	865.83	00 15									
63	53405	REVISE URETHRA, 2ND STAGE	947.33										
67	53405	REVISE URETHRA, 2ND STAGE	947.33	00 15									
63	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,061.57				M						
67	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,061.57	00 15			M						
63	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,228.50				M						
67	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,228.50	00 15			M						
63	53420	RECONSTRUCT URETHRA, STAGE 1	912.90				M						
67	53420	RECONSTRUCT URETHRA, STAGE 1	912.90	00 15			M						
63	53425	RECONSTRUCT URETHRA, STAGE 2	1,017.43				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	53425	RECONSTRUCT URETHRA, STAGE 2	1,017.43	00 15			M						
63	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,049.68				F						
67	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,049.68	00 15			F						
63	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,255.30										
67	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,255.30	00 15									
63	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	815.66				M						
67	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	815.66	00 15			M						
63	53442	PERINEAL PROSTHESIS REMOVAL	846.03				M						
67	53442	PERINEAL PROSTHESIS REMOVAL	846.03	00 15			M						
63	53444	INSERT TANDEM CUFF	860.09										
67	53444	INSERT TANDEM CUFF	860.09	00 15									
63	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	813.50		X								
67	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	813.50	00 15	X								
63	53446	REMOVE URO SPHINCTER	693.44			X							
67	53446	REMOVE URO SPHINCTER	693.44	00 15		X							
63	53447	INFLATABLE SPHINCTER REMOVAL	874.88			X							
67	53447	INFLATABLE SPHINCTER REMOVAL	874.88	00 15		X							
63	53448	REMOV/REPLC UR SPHINCTR COMP	1,391.57			X							
67	53448	REMOV/REPLC UR SPHINCTR COMP	1,391.57	00 15		X							
63	53449	CORRECTION OF ABNORMAL SPHINCTER	660.82		X								
67	53449	CORRECTION OF ABNORMAL SPHINCTER	660.82	00 15	X								
63	53450	REVISION OF URETHRA	440.01										
67	53450	REVISION OF URETHRA	440.01	00 15									
63	53460	REVISION OF URETHRA	493.71										
67	53460	REVISION OF URETHRA	493.71	00 15									
63	53500	URETHRLYS, TRANSVAG W/ SCOPE	806.18				F						
67	53500	URETHRLYS, TRANSVAG W/ SCOPE	806.18	00 15			F						
63	53502	URETHRORRHAPHY...SUTURE...,FEMALE	524.50				F						
67	53502	URETHRORRHAPHY...SUTURE...,FEMALE	524.50	00 15			F						
63	53505	URETHRORRHAPHY...SUTURE...;PENILE	524.16				M						
67	53505	URETHRORRHAPHY...SUTURE...;PENILE	524.16	00 15			M						
63	53510	REPAIR OF URETHRA INJURY	682.86										
67	53510	REPAIR OF URETHRA INJURY	682.86	00 15									
63	53515	REPAIR OF URETHRA INJURY	862.72				M						
67	53515	REPAIR OF URETHRA INJURY	862.72	00 15			M						
63	53520	CLOSE URETHROSTOMY....FISTULE,MALE	601.47				M						
67	53520	CLOSE URETHROSTOMY....FISTULE,MALE	601.47	00 15			M						
63	53600	DILATE URETHRAL STRICTURE,MALE;INIT	88.02				M						
67	53600	DILATE URETHRAL STRICTURE,MALE;INIT	88.02	00 15			M						
63	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	83.39				M						
67	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	83.39	00 15			M						
63	53605	DILATE URETH STRICT...MALE	70.77				M						
67	53605	DILATE URETH STRICT...MALE	70.77	00 15			M						
63	53620	DILATE URETH STRICT.,MALE;INITIAL	137.97				M						
67	53620	DILATE URETH STRICT.,MALE;INITIAL	137.97	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	128.64					M						
67	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	128.64	00	15			M						
63	53660	DILATE FEMALE URETHRA...;INITIAL	71.66					F						
67	53660	DILATE FEMALE URETHRA...;INITIAL	71.66	00	15			F						
63	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	70.69					F						
67	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	70.69	00	15			F						
63	53665	DILATE FEMALE URETHRA...	42.43					F						
67	53665	DILATE FEMALE URETHRA...	42.43	00	15			F						
63	53850	PROSTATIC MICROWAVE THERMOTX	1,573.87					M						
67	53850	PROSTATIC MICROWAVE THERMOTX	1,573.87	00	15			M						
63	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,802.94					M						
67	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,802.94	00	15			M						
63	53855	INSERTION OF A TEMPORARY PROSTATIC U	749.49					M						
67	53855	INSERTION OF A TEMPORARY PROSTATIC U	749.49	00	15			M						
63	54000	SLITTING OF PREPUCE	158.58	00	00			M						
67	54000	SLITTING OF PREPUCE	158.58	00	00			M						
63	54001	SLITTING OF PREPUCE	197.57					M						
67	54001	SLITTING OF PREPUCE	197.57	00	15			M						
63	54015	DRAIN PENIS LESION	333.66					M						
67	54015	DRAIN PENIS LESION	333.66	00	15			M						
63	54050	TREATMENT OF PENIS LESION	136.77					M						
67	54050	TREATMENT OF PENIS LESION	136.77	00	15			M						
63	54055	TREATMENT OF PENIS LESION	125.94					M						
67	54055	TREATMENT OF PENIS LESION	125.94	00	15			M						
63	54056	DESTROY PENILE LESION;CRYOSURGERY	144.70					M						
67	54056	DESTROY PENILE LESION;CRYOSURGERY	144.70	00	15			M						
63	54057	DESTROY PENILE LESION; LASER SURGERY	142.31					M						
67	54057	DESTROY PENILE LESION; LASER SURGERY	142.31	00	15			M						
63	54060	TREATMENT OF PENIS LESION	191.11					M						
67	54060	TREATMENT OF PENIS LESION	191.11	00	15			M						
63	54065	TREATMENT OF PENIS LESION	229.10					M						
67	54065	TREATMENT OF PENIS LESION	229.10	00	15			M						
63	54100	BIOPSY OF PENIS	202.90					M						
67	54100	BIOPSY OF PENIS	202.90	00	15			M						
63	54105	BIOPSY OF PENIS	281.25					M						
67	54105	BIOPSY OF PENIS	281.25	00	15			M						
63	54110	TREATMENT OF PENIS LESION	675.89					M						
67	54110	TREATMENT OF PENIS LESION	675.89	00	15			M						
63	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	868.58					M						
67	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	868.58	00	15			M						
63	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	1,018.40					M						
67	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	1,018.40	00	15			M						
63	54115	TREATMENT OF PENIS LESION	484.19					M						
67	54115	TREATMENT OF PENIS LESION	484.19	00	15			M						
63	54120	PARTIAL REMOVAL OF PENIS	684.00					M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	54120	PARTIAL REMOVAL OF PENIS	684.00	00 15			M						
63	54125	REMOVAL OF PENIS	883.60				M						
67	54125	REMOVAL OF PENIS	883.60	00 15			M						
63	54130	REMOVE PENIS & NODES	1,297.40				M						
67	54130	REMOVE PENIS & NODES	1,297.40	00 15			M						
63	54135	REMOVE PENIS & NODES	1,646.54				M						
67	54135	REMOVE PENIS & NODES	1,646.54	00 15			M						
63	54150	CIRCUMCISION USING CLAMP OR OTHER DE	161.20				M		X				
67	54150	CIRCUMCISION USING CLAMP OR OTHER DE	161.20	00 15			M		X				
63	54160	CIRCUMCISION	228.98	00 01			M		X				
67	54160	CIRCUMCISION	228.98	00 15			M		X				
63	54161	CIRCUMCISION	212.64				M		X				
67	54161	CIRCUMCISION	212.64	00 15			M		X				
63	54162	LYSIS PENIL CIRCUMCIS LESION	271.11				M						
67	54162	LYSIS PENIL CIRCUMCIS LESION	271.11	00 15			M						
63	54163	REPAIR OF CIRCUMCISION	233.37				M						
67	54163	REPAIR OF CIRCUMCISION	233.37	00 15			M						
63	54164	FRENULOTOMY OF PENIS	206.48				M						
67	54164	FRENULOTOMY OF PENIS	206.48	00 15			M						
63	54200	TREATMENT OF PENIS LESION	112.62				M						
67	54200	TREATMENT OF PENIS LESION	112.62	00 15			M						
63	54205	TREATMENT OF PENIS LESION	574.07				M						
67	54205	TREATMENT OF PENIS LESION	574.07	00 15			M						
63	54220	TREATMENT OF PENIS LESION	217.08				M						
67	54220	TREATMENT OF PENIS LESION	217.08	00 15			M						
63	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	103.44				M						
67	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	103.44	00 15			M						
63	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	150.25				M						
67	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	150.25	00 15			M						
63	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	93.71				M						
67	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	93.71	00 15			M						
63	54300	REVISION OF PENIS	697.29				M						
67	54300	REVISION OF PENIS	697.29	00 15			M						
63	54304	PLASTIC OPERATION ON PENIS FOR CORRE	812.14				M						
67	54304	PLASTIC OPERATION ON PENIS FOR CORRE	812.14	00 15			M						
63	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	774.33				M						
67	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	774.33	00 15			M						
63	54312	URETHROPLASTY...; MORE THAN 3 CM	886.76				M						
67	54312	URETHROPLASTY...; MORE THAN 3 CM	886.76	00 15			M						
63	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,083.26				M						
67	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,083.26	00 15			M						
63	54318	URETHROPLASTY/RELEASE FROM SCROTUM	768.85				M						
67	54318	URETHROPLASTY/RELEASE FROM SCROTUM	768.85	00 15			M						
63	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	847.05				M						
67	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	847.05	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,051.72					M						
67	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,051.72	00	15			M						
63	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	1,025.71					M						
67	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	1,025.71	00	15			M						
63	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	1,018.91					M						
67	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	1,018.91	00	15			M						
63	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,101.10					M						
67	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,101.10	00	15			M						
63	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,292.35					M						
67	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,292.35	00	15			M						
63	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	614.94					M						
67	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	614.94	00	15			M						
63	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	1,027.92					M						
67	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	1,027.92	00	15			M						
63	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,100.89					M						
67	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,100.89	00	15			M						
63	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,541.74					M						
67	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,541.74	00	15			M						
63	54360	PLASTIC PENILE REPAIR/ANGULATION	780.24					M						
67	54360	PLASTIC PENILE REPAIR/ANGULATION	780.24	00	15			M						
63	54380	REPAIR PENIS	866.17					M						
67	54380	REPAIR PENIS	866.17	00	15			M						
63	54385	REPAIR PENIS	1,007.15					M						
67	54385	REPAIR PENIS	1,007.15	00	15			M						
63	54390	REPAIR PENIS AND BLADDER	1,349.87					M						
67	54390	REPAIR PENIS AND BLADDER	1,349.87	00	15			M						
63	54406	REMOVE MULTI-COMP PENIS PROS	790.81					M				X		
67	54406	REMOVE MULTI-COMP PENIS PROS	790.81	00	15			M				X		
63	54408	REPAIR MULTI-COMP PENIS PROS	855.92					M				X		
67	54408	REPAIR MULTI-COMP PENIS PROS	855.92	00	15			M				X		
63	54410	REMOVE/REPLACE PENIS PROSTH	931.63					M				X		
67	54410	REMOVE/REPLACE PENIS PROSTH	931.63	00	15			M				X		
63	54411	REMV/REPLC PENIS PROS, COMP	1,112.78					M				X		
67	54411	REMV/REPLC PENIS PROS, COMP	1,112.78	00	15			M				X		
63	54415	REMOVE SELF-CONTD PENIS PROS	570.29					M				X		
67	54415	REMOVE SELF-CONTD PENIS PROS	570.29	00	15			M				X		
63	54416	REMV/REPL PENIS CONTAIN PROS	767.42					M				X		
67	54416	REMV/REPL PENIS CONTAIN PROS	767.42	00	15			M				X		
63	54417	REMV/REPLC PENIS PROS, COMPL	974.99					M				X		
67	54417	REMV/REPLC PENIS PROS, COMPL	974.99	00	15			M				X		
63	54420	REVISION OF PENIS	761.76					M						
67	54420	REVISION OF PENIS	761.76	00	15			M						
63	54430	REVISION OF PENIS	692.37					M						
67	54430	REVISION OF PENIS	692.37	00	15			M						
63	54435	PENILE FISTULATION FOR PRIAPISM	447.32					M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	54435	PENILE FISTULATION FOR PRIAPISM	447.32	00	15			M						
63	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	727.26					M						
67	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	727.26	00	15			M						
63	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,455.03					M						
67	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,455.03	00	15			M						
63	54450	PREPUTIAL STRETCHING	74.04					M						
67	54450	PREPUTIAL STRETCHING	74.04	00	15			M						
67	54500	BIOPSY OF TESTIS	80.88	00	15			M					X	
63	54505	BIOPSY OF TESTIS	226.12					M						
67	54505	BIOPSY OF TESTIS	226.12	00	15			M						
63	54512	EXCISE LESION TESTIS	583.96					M						
67	54512	EXCISE LESION TESTIS	583.96	00	15			M						
63	54520	REMOVAL OF TESTIS	352.01					M						
67	54520	REMOVAL OF TESTIS	352.01	00	15			M						
63	54522	ORCHIECTOMY, PARTIAL	637.71					M						
67	54522	ORCHIECTOMY, PARTIAL	637.71	00	15			M						
63	54530	REMOVAL OF TESTIS	545.34					M						
67	54530	REMOVAL OF TESTIS	545.34	00	15			M						
63	54535	EXTENSIVE TESTIS SURGERY	806.18					M						
67	54535	EXTENSIVE TESTIS SURGERY	806.18	00	15			M						
63	54550	EXPLORATION FOR TESTIS	531.16					M						
67	54550	EXPLORATION FOR TESTIS	531.16	00	15			M						
63	54560	EXPLORATION FOR TESTIS	743.61					M						
67	54560	EXPLORATION FOR TESTIS	743.61	00	15			M						
63	54600	REDUCE TESTIS TORSION	488.23					M						
67	54600	REDUCE TESTIS TORSION	488.23	00	15			M						
63	54620	SUSPENSION OF TESTIS	323.70					M						
67	54620	SUSPENSION OF TESTIS	323.70	00	15			M						
63	54640	SUSPENSION OF TESTIS	515.21					M						
67	54640	SUSPENSION OF TESTIS	515.21	00	15			M						
63	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	768.90					M						
67	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	768.90	00	15			M						
63	54660	REVISION OF TESTIS	383.47					M						
67	54660	REVISION OF TESTIS	383.47	00	15			M						
63	54670	REPAIR TESTIS INJURY	436.87					M						
67	54670	REPAIR TESTIS INJURY	436.87	00	15			M						
63	54680	RELOCATION OF TESTIS(ES)	853.89					M						
67	54680	RELOCATION OF TESTIS(ES)	853.89	00	15			M						
63	54690	LAPAROSCOPY, ORCHIECTOMY	712.51					M						
67	54690	LAPAROSCOPY, ORCHIECTOMY	712.51	00	15			M						
63	54692	LAPAROSCOPY, ORCHIOPEXY	823.21					M						
67	54692	LAPAROSCOPY, ORCHIOPEXY	823.21	00	15			M						
63	54700	DRAINAGE OF SCROTUM	229.52					M						
67	54700	DRAINAGE OF SCROTUM	229.52	00	15			M						
63	54800	BIOPSY OF EPIDIDYMIS	136.91					M					X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	54800	BIOPSY OF EPIDIDYMIS	136.91	00	15			M					X	
63	54830	REMOVE EPIDIDYMIS LESION	400.65					M						
67	54830	REMOVE EPIDIDYMIS LESION	400.65	00	15			M						
63	54840	REMOVE EPIDIDYMIS LESION	345.49					M						
67	54840	REMOVE EPIDIDYMIS LESION	345.49	00	15			M						
63	54860	REMOVAL OF EPIDIDYMIS	451.22					M						
67	54860	REMOVAL OF EPIDIDYMIS	451.22	00	15			M						
63	54861	REMOVAL OF EPIDIDYMES	611.84					M						
67	54861	REMOVAL OF EPIDIDYMES	611.84	00	15			M						
63	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	384.96					M						
67	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	384.96	00	15			M						
63	55000	DRAINAGE OF HYDROCELE	121.74					M					X	
67	55000	DRAINAGE OF HYDROCELE	121.74	00	15			M					X	
63	55040	REMOVAL OF HYDROCELE	363.31					M						
67	55040	REMOVAL OF HYDROCELE	363.31	00	15			M						
63	55041	REMOVAL OF HYDROCELES	550.68					M						
67	55041	REMOVAL OF HYDROCELES	550.68	00	15			M						
63	55060	REPAIR OF HYDROCELE	409.43					M						
67	55060	REPAIR OF HYDROCELE	409.43	00	15			M						
63	55100	DRAINAGE OF SCROTUM ABSCESS	227.75					M						
67	55100	DRAINAGE OF SCROTUM ABSCESS	227.75	00	15			M						
63	55110	SCROTAL EXPLORATION	416.91					M						
67	55110	SCROTAL EXPLORATION	416.91	00	15			M						
63	55120	REMOVAL OF SCROTUM LESION	379.99					M						
67	55120	REMOVAL OF SCROTUM LESION	379.99	00	15			M						
63	55150	REMOVAL OF SCROTUM	530.47					M						
67	55150	REMOVAL OF SCROTUM	530.47	00	15			M						
63	55175	SCROTOPLASTY;	390.17					M						
67	55175	SCROTOPLASTY;	390.17	00	15			M						
63	55180	SCROTOPLASTY;COMPLICATED	744.28					M						
67	55180	SCROTOPLASTY;	744.28	00	15			M						
63	55250	VASECTOMY, UNILATERAL OR BILATERAL	381.43	21	99	X		M						
63	55500	REMOVAL OF HYDROCELE	425.94					M						
67	55500	REMOVAL OF HYDROCELE	425.94	00	15			M						
63	55520	REMOVAL OF SPERM CORD LESION	492.68					M						
67	55520	REMOVAL OF SPERM CORD LESION	492.68	00	15			M						
63	55530	REVISE SPERMATIC CORD VEINS	378.32					M						
67	55530	REVISE SPERMATIC CORD VEINS	378.32	00	15			M						
63	55535	REVISE SPERMATIC CORD VEINS	463.71					M						
67	55535	REVISE SPERMATIC CORD VEINS	463.71	00	15			M						
63	55540	REVISE HERNIA & SPERM VEINS	603.76					M						
67	55540	REVISE HERNIA & SPERM VEINS	603.76	00	15			M						
63	55550	LAPARO LIGATE SPERMATIC VEIN	462.06					M						
67	55550	LAPARO LIGATE SPERMATIC VEIN	462.06	00	15			M						
63	55600	INCISE SPERM DUCT POUCH	453.86					M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	55600	INCISE SPERM DUCT POUCH	453.86	00 15			M						
63	55605	INCISE SPERM DUCT POUCH	562.73				M						
67	55605	INCISE SPERM DUCT POUCH	562.73	00 15			M						
63	55650	REMOVE SPERM DUCT POUCH	776.16				M						
67	55650	REMOVE SPERM DUCT POUCH	776.16	00 15			M						
63	55680	REMOVE SPERM POUCH LESION	372.17				M						
67	55680	REMOVE SPERM POUCH LESION	372.17	00 15			M						
63	55700	BIOPSY OF PROSTATE	256.04				M						
67	55700	BIOPSY OF PROSTATE	256.04	00 15			M						
63	55705	BIOPSY OF PROSTATE	286.96				M						
67	55705	BIOPSY OF PROSTATE	286.96	00 15			M						
63	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	401.58				M						
67	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	401.58	00 15			M						
63	55720	DRAINAGE OF PROSTATE ABSCESS	487.72				M						
67	55720	DRAINAGE OF PROSTATE ABSCESS	487.72	00 15			M						
63	55725	DRAINAGE OF PROSTATE ABSCESS	640.68				M						
67	55725	DRAINAGE OF PROSTATE ABSCESS	640.68	00 15			M						
63	55801	REMOVAL OF PROSTATE	1,188.27				M						
67	55801	REMOVAL OF PROSTATE	1,188.27	00 15			M						
63	55810	EXTENSIVE PROSTATE SURGERY	1,430.35				M						
67	55810	EXTENSIVE PROSTATE SURGERY	1,430.35	00 15			M						
63	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,752.22				M						
67	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,752.22	00 15			M						
63	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,921.00				M						
67	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,921.00	00 15			M						
63	55821	REMOVAL OF PROSTATE	948.35				M						
67	55821	REMOVAL OF PROSTATE	948.35	00 15			M						
63	55831	REMOVAL OF PROSTATE	1,026.45				M						
67	55831	REMOVAL OF PROSTATE	1,026.45	00 15			M						
63	55840	EXTENSIVE PROSTATE SURGERY	1,273.55				M						
67	55840	EXTENSIVE PROSTATE SURGERY	1,273.55	00 15			M						
63	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,274.81				M						
67	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,274.81	00 15			M						
63	55845	EXTENSIVE PROSTATE SURGERY	1,484.42				M						
67	55845	EXTENSIVE PROSTATE SURGERY	1,484.42	00 15			M						
63	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	950.39				M						
67	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	950.39	00 15			M						
63	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,192.06				M						
67	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,192.06	00 15			M						
63	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,452.62				M						
67	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,452.62	00 15			M						
63	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,571.40				M						
67	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,571.40	00 15			M						
63	55870	ELECTROEJACULATION	185.82				M						
67	55870	ELECTROEJACULATION	185.82	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	55873	CRYOABLATE PROSTATE	6,076.66					M						
67	55873	CRYOABLATE PROSTATE	6,076.66	00	15			M						
63	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	3,370.01					M						
67	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	3,370.01	00	15			M						
63	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	827.01					M						
67	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	827.01	00	15			M						
63	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	147.29					M						
67	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	147.29	00	15			M						
63	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	486.40											
67	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	486.40	00	15									
63	56405	INCISION AND DRAINAGE OF VULVA OR PE	119.18					F						
67	56405	INCISION AND DRAINAGE OF VULVA OR PE	119.18	00	15			F						
63	56420	INCISION AND DRAINAGE OF FEMALE GENI	139.58					F					X	
67	56420	INCISION AND DRAINAGE OF FEMALE GENI	139.58	00	15			F					X	
63	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	191.85					F						
67	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	191.85	00	15			F						
63	56441	LYSIS OF LABIAL ADHESIONS	158.90					F						
67	56441	LYSIS OF LABIAL ADHESIONS	158.90	00	15			F						
63	56442	HYMENOTOMY, SIMPLE INCISION	49.44					F						
67	56442	HYMENOTOMY, SIMPLE INCISION	49.44	00	15			F						
63	56501	DESTROY VULVA LESION(S);SIMPLE	148.58					F						
67	56501	DESTROY VULVA LESION(S);SIMPLE	148.58	00	15			F						
63	56515	TREATMENT OF VULVA LESIONS	246.75					F						
67	56515	TREATMENT OF VULVA LESIONS	246.75	00	15			F						
63	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	89.02					F						
67	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	89.02	00	15			F						
63	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	40.38					F						
67	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	40.38	00	15			F						
63	56620	PARTIAL REMOVAL OF VULVA	575.90					F						
67	56620	PARTIAL REMOVAL OF VULVA	575.90	00	15			F						
63	56625	REMOVAL OF VULVA	696.46					F						
67	56625	REMOVAL OF VULVA	696.46	00	15			F						
63	56630	EXTENSIVE VULVA SURGERY	1,027.63					F						
67	56630	EXTENSIVE VULVA SURGERY	1,027.63	00	15			F						
63	56631	VULVECTOMY, RADICAL, PARTIAL;	1,302.29					F						
67	56631	VULVECTOMY, RADICAL, PARTIAL;	1,302.29	00	15			F						
63	56632	VULVECTOMY, RADICAL, PARTIAL;	1,533.19					F						
67	56632	VULVECTOMY, RADICAL, PARTIAL;	1,533.19	00	15			F						
63	56633	VULVECTOMY, RADICAL, COMPLETE;	1,335.39					F						
67	56633	VULVECTOMY, RADICAL, COMPLETE;	1,335.39	00	15			F						
63	56634	VULVECTOMY, RADICAL, COMPLETE;	1,446.63					F						
67	56634	VULVECTOMY, RADICAL, COMPLETE;	1,446.63	00	15			F						
63	56637	VULVECTOMY, RADICAL, COMPLETE;	1,664.17					F						
67	56637	VULVECTOMY, RADICAL, COMPLETE;	1,664.17	00	15			F						
63	56640	EXTENSIVE VULVA SURGERY	1,702.44					F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	56640	EXTENSIVE VULVA SURGERY	1,702.44	00 15			F						
63	56700	PARTIAL REMOVAL OF HYMEN	199.09				F						
67	56700	PARTIAL REMOVAL OF HYMEN	199.09	00 15			F						
63	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	323.83				F						
67	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	323.83	00 15			F						
63	56800	REPAIR OF VAGINA	257.94				F						
67	56800	REPAIR OF VAGINA	257.94	00 15			F						
63	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,218.38				F						
67	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,218.38	00 15			F						
63	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	279.47				F						
67	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	279.47	00 15			F						
63	56820	EXAM OF VULVA W/SCOPE	120.84				F						
67	56820	EXAM OF VULVA W/SCOPE	120.84	00 15			F						
63	56821	EXAM/BIOPSY OF VULVA W/SCOPE	160.65				F						
67	56821	EXAM/BIOPSY OF VULVA W/SCOPE	160.65	00 15			F						
63	57000	EXPLORATION OF VAGINA	202.61				F						
67	57000	EXPLORATION OF VAGINA	202.61	00 15			F						
63	57010	DRAINAGE OF PELVIC ABSCESS	461.98				F						
67	57010	DRAINAGE OF PELVIC ABSCESS	461.98	00 15			F						
63	57020	DRAINAGE OF PELVIC FLUID	102.79				F						
67	57020	DRAINAGE OF PELVIC FLUID	102.79	00 15			F						
63	57022	I &D VAGINAL HEMATOMA, OB	180.82				F						
67	57022	I &D VAGINAL HEMATOMA, OB	180.82	00 15			F						
63	57023	I &D VAG HEMATOMA, TRAUMA	329.71				F						
67	57023	I &D VAG HEMATOMA, TRAUMA	329.71	00 15			F						
63	57061	DESTROY VAGINAL LESIONS;SIMPLE	127.30				F						
67	57061	DESTROY VAGINAL LESIONS;SIMPLE	127.30	00 15			F						
63	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	216.14				F						
67	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	216.14	00 15			F						
63	57100	BIOPSY OF VAGINA	97.20				F						
67	57100	BIOPSY OF VAGINA	97.20	00 15			F						
63	57105	BIOPSY OF VAGINA	153.05				F						
67	57105	BIOPSY OF VAGINA	153.05	00 15			F						
63	57106	REMOVE VAGINA WALL, PARTIAL	541.35				F						
67	57106	REMOVE VAGINA WALL, PARTIAL	541.35	00 15			F						
63	57107	REMOVE VAGINA TISSUE/PARTIAL	1,584.73				F						
67	57107	REMOVE VAGINA TISSUE/PARTIAL	1,584.73	00 15			F						
63	57109	VAGINECTOMY PARTIAL W/NODES	1,943.89				F						
67	57109	VAGINECTOMY PARTIAL W/NODES	1,943.89	00 15			F						
63	57110	REMOVAL OF VAGINA	951.71				F						
67	57110	REMOVAL OF VAGINA	951.71	00 15			F						
63	57111	REMOVE VAGINA TISSUE/COMPL	1,943.89				F						
67	57111	REMOVE VAGINA TISSUE/COMPL	1,943.89	00 15			F						
63	57112	VAGINECTOMY COMPLETE W/NODES	2,080.84				F						
67	57112	VAGINECTOMY COMPLETE W/NODES	2,080.84	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	57120	CLOSURE OF VAGINA	543.66					F						
67	57120	CLOSURE OF VAGINA	543.66	00	15			F						
63	57130	REMOVE VAGINA LESION	194.81					F						
67	57130	REMOVE VAGINA LESION	194.81	00	15			F						
63	57135	REMOVE VAGINA LESION	213.12					F						
67	57135	REMOVE VAGINA LESION	213.12	00	15			F						
63	57150	TREAT VAGINA INFECTION	49.78					F					X	
67	57150	TREAT VAGINA INFECTION	49.78	00	15			F					X	
63	57155	INSERTION OF UTERINE TANDEM AND/OR V	390.66					F						
67	57155	INSERTION OF UTERINE TANDEM AND/OR V	390.66	00	15			F						
63	57156	INSERTION OF A VAGINAL RADIATION AFT	215.24					F						
67	57156	INSERTION OF A VAGINAL RADIATION AFT	215.24	00	15			F						
63	57160	INSERTION OF PESSARY	65.89					F						
67	57160	INSERTION OF PESSARY	65.89	00	15			F						
63	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	68.13	10	60			F						
67	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	68.13	10	15			F						
63	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	157.85					F						
67	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	157.85	00	15			F						
63	57200	REPAIR OF VAGINA	328.37					F						
67	57200	REPAIR OF VAGINA	328.37	00	15			F						
63	57210	REPAIR VAGINA/PERINEUM	394.62					F						
67	57210	REPAIR VAGINA/PERINEUM	394.62	00	15			F						
63	57220	REVISION OF URETHRA	341.73					F						
67	57220	REVISION OF URETHRA	341.73	00	15			F						
63	57230	REPAIR OF URETHRAL LESION	421.42					F						
67	57230	REPAIR OF URETHRAL LESION	421.42	00	15			F						
63	57240	REPAIR BLADDER & VAGINA	635.53					F						
67	57240	REPAIR BLADDER & VAGINA	635.53	00	15			F						
63	57250	REPAIR RECTUM & VAGINA	637.01					F						
67	57250	REPAIR RECTUM & VAGINA	637.01	00	15			F						
63	57260	REPAIR OF VAGINA	815.45					F						
67	57260	REPAIR OF VAGINA	815.45	00	15			F						
63	57265	EXTENSIVE REPAIR OF VAGINA	916.53					F						
67	57265	EXTENSIVE REPAIR OF VAGINA	916.53	00	15			F						
63	57267	INSERT MESH/PELVIC FLR ADDON	274.23					F						
67	57267	INSERT MESH/PELVIC FLR ADDON	274.23	00	15			F						
63	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	518.03					F						
67	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	518.03	00	15			F						
63	57270	REPAIR OF BOWEL POUCH	864.38					F						
67	57270	REPAIR OF BOWEL POUCH	864.38	00	15			F						
63	57280	SUSPENSION OF VAGINA	1,023.61					F						
67	57280	SUSPENSION OF VAGINA	1,023.61	00	15			F						
63	57282	FIXATION FOR VAGINAL PROLAPSE	540.48					F						
67	57282	FIXATION FOR VAGINAL PROLAPSE	540.48	00	15			F						
63	57283	COLPOPEXY, INTRAPERITONEAL	733.69					F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	57283	COLPOPEXY, INTRAPERITONEAL	733.69	00 15			F						
63	57284	REPAIR PARAVAGINAL DEFECT	875.39				F						
67	57284	REPAIR PARAVAGINAL DEFECT	875.39	00 15			F						
63	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	721.51				F						
67	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	721.51	00 15			F						
63	57287	REVISE/REMOVE SLING REPAIR	741.50				F						
67	57287	REVISE/REMOVE SLING REPAIR	741.50	00 15			F						
63	57288	REPAIR BLADDER DEFECT	770.17				F						
67	57288	REPAIR BLADDER DEFECT	770.17	00 15			F						
63	57289	REPAIR BLADDER & VAGINA	813.48				F						
67	57289	REPAIR BLADDER & VAGINA	813.48	00 15			F						
63	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	563.37			X	F						
67	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	563.37	00 15		X	F						
63	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	866.94			X	F						
63	57295	CHANGE VAGINAL GRAFT	512.74				F						
67	57295	CHANGE VAGINAL GRAFT	512.74	00 15			F						
63	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,009.63				F						
67	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,009.63	00 15			F						
63	57300	REPAIR RECTUM-VAGINA FISTULA	614.55				F						
67	57300	REPAIR RECTUM-VAGINA FISTULA	614.55	00 15			F						
63	57305	REPAIR RECTUM-VAGINA FISTULA	1,030.45				F						
67	57305	REPAIR RECTUM-VAGINA FISTULA	1,030.45	00 15			F						
63	57307	FISTULA REPAIR & COLOSTOMY	1,122.12				F						
67	57307	FISTULA REPAIR & COLOSTOMY	1,122.12	00 15			F						
63	57308	FISTULA REPAIR, TRANSPERINE	710.79				F						
67	57308	FISTULA REPAIR, TRANSPERINE	710.79	00 15			F						
63	57310	REPAIR URETHRA-VAGINA LESION	504.92				F						
67	57310	REPAIR URETHRA-VAGINA LESION	504.92	00 15			F						
63	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	575.51				F						
67	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	575.51	00 15			F						
63	57320	REPAIR BLADDER-VAGINA LESION	578.82				F						
67	57320	REPAIR BLADDER-VAGINA LESION	578.82	00 15			F						
63	57330	REPAIR BLADDER-VAGINA LESION	810.81				F						
67	57330	REPAIR BLADDER-VAGINA LESION	810.81	00 15			F						
63	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,229.77				F						
67	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,229.77	00 15			F						
63	57400	DILATE VAGINA UNDER ANESTHESIA	143.15		X		F						
67	57400	DILATE VAGINA UNDER ANESTHESIA	143.15	00 15	X		F						
63	57410	PELVIC EXAM UNDER ANESTHESIA	114.23		X		F						
67	57410	PELVIC EXAM UNDER ANESTHESIA	114.23	00 15	X		F						
63	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	174.23				F						
67	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	174.23	00 15			F						
63	57420	EXAM OF VAGINA W/SCOPE	127.29				F						
67	57420	EXAM OF VAGINA W/SCOPE	127.29	00 15			F						
63	57421	EXAM/BIOPSY OF VAG W/SCOPE	170.49				F						

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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	57421	EXAM/BIOPSY OF VAG W/SCOPE	170.49	00 15			F						
63	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	980.67				F						
67	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	980.67	00 15			F						
63	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,038.88				F						
67	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,038.88	00 15			F						
63	57426	REVISION (INCLUDING REMOVAL) OF PROS	906.01				F						
67	57426	REVISION (INCLUDING REMOVAL) OF PROS	906.01	00 15			F						
63	57452	EXAMINATION OF VAGINA	119.46				F						
67	57452	EXAMINATION OF VAGINA	119.46	00 15			F						
63	57454	VAGINA EXAMINATION & BIOPSY	164.56				F						
67	57454	VAGINA EXAMINATION & BIOPSY	164.56	00 15			F						
63	57455	BIOPSY OF CERVIX W/SCOPE	154.36				F						
67	57455	BIOPSY OF CERVIX W/SCOPE	154.36	00 15			F						
63	57456	ENDOCERV CURETTAGE W/SCOPE	145.01				F						
67	57456	ENDOCERV CURETTAGE W/SCOPE	145.01	00 15			F						
63	57460	COLPOSCOPY (VAGINOSCOPY);	298.53				F						
67	57460	COLPOSCOPY (VAGINOSCOPY);	298.53	00 15			F						
63	57461	CONZ OF CERVIX W/SCOPE, LEEP	337.31				F						
67	57461	CONZ OF CERVIX W/SCOPE, LEEP	337.31	00 15			F						
63	57500	BIOPSY OF CERVIX	136.14				F						
67	57500	BIOPSY OF CERVIX	136.14	00 15			F						
63	57505	ENDOCERVICAL CURETTAGE	115.48				F						
67	57505	ENDOCERVICAL CURETTAGE	115.48	00 15			F						
63	57510	CAUTERIZATION OF CERVIX	143.52				F						
67	57510	CAUTERIZATION OF CERVIX	143.52	00 15			F						
63	57511	CRYOCAUTERY OF CERVIX	161.76				F						
67	57511	CRYOCAUTERY OF CERVIX	161.76	00 15			F						
63	57513	LASER SURGERY	168.83				F						
67	57513	LASER SURGERY	168.83	00 15			F						
63	57520	BIOPSY OF CERVIX 10800	336.29				F						
67	57520	BIOPSY OF CERVIX 10800	336.29	00 15			F						
63	57522	CONIZATION OF CERVIX	286.15				F						
67	57522	CONIZATION OF CERVIX	286.15	00 15			F						
63	57530	REMOVAL OF CERVIX	372.76				F						
67	57530	REMOVAL OF CERVIX	372.76	00 15			F						
63	57531	REMOVAL OF CERVIX, RADICAL	1,798.59				F						
67	57531	REMOVAL OF CERVIX, RADICAL	1,798.59	00 15			F						
63	57540	REMOVAL OF RESIDUAL CERVIX	826.84				F						
67	57540	REMOVAL OF RESIDUAL CERVIX	826.84	00 15			F						
63	57545	REMOVE CERVIX, REPAIR PELVIS	872.56				F						
67	57545	REMOVE CERVIX, REPAIR PELVIS	872.56	00 15			F						
63	57550	REMOVAL OF RESIDUAL CERVIX	433.60				F						
67	57550	REMOVAL OF RESIDUAL CERVIX	433.60	00 15			F						
63	57555	REMOVE CERVIX, REPAIR VAGINA	638.42				F						
67	57555	REMOVE CERVIX, REPAIR VAGINA	638.42	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	57556	REMOVE CERVIX, REPAIR BOWEL	604.48					F						
67	57556	REMOVE CERVIX, REPAIR BOWEL	604.48	00	15			F						
63	57558	DILATION AND CURETTAGE OF CERVICAL S	138.99					F						
67	57558	DILATION AND CURETTAGE OF CERVICAL S	138.99	00	15			F						
63	57700	REVISION OF CERVIX	335.11					F						
67	57700	REVISION OF CERVIX	335.11	00	15			F						
63	57720	REVISION OF CERVIX	328.44					F						
67	57720	REVISION OF CERVIX	328.44	00	15			F						
63	57800	DILATION OF CERVICAL CANAL	67.41					F						
67	57800	DILATION OF CERVICAL CANAL	67.41	00	15			F						
63	58100	BIOPSY OF UTERUS LINING	96.76					F						
67	58100	BIOPSY OF UTERUS LINING	96.76	00	15			F						
63	58110	BX DONE W/COLPOSCOPY ADD-ON	53.47					F						
67	58110	BX DONE W/COLPOSCOPY ADD-ON	53.47	00	15			F						
63	58120	DILATION AND CURETTAGE	281.74	12	99			F						
67	58120	DILATION AND CURETTAGE,NONOBSTETRICA	281.74	12	15			F						
63	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	983.49					F						
67	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	983.49	00	15			F						
63	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	589.48					F						
67	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	589.48	00	15			F						
63	58146	MYOMECTOMY ABDOM COMPLEX	1,223.48					F						
67	58146	MYOMECTOMY ABDOM COMPLEX	1,223.48	00	15			F						
63	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,096.97			X		F		X				
67	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,096.97	00	15	X		F		X				
63	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,339.40			X		F		X				
67	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,339.40	00	15	X		F		X				
63	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,030.04			X		F		X				
67	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,030.04	00	15	X		F		X				
63	58200	TAH,W/PART.VAGINECTOMY,...BX	1,504.63			X		F		X				
67	58200	TAH,W/PART.VAGINECTOMY,...BX	1,504.63	00	15	X		F		X				
63	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	2,026.04			X		F		X				
67	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	2,026.04	00	15	X		F		X				
63	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,212.68			X		F		X				
67	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,212.68	00	15	X		F		X				
63	58260	VAGINAL HYSTERECTOMY	879.49			X		F		X				
67	58260	VAGINAL HYSTERECTOMY	879.49	00	15	X		F		X				
63	58262	VAGINAL HYST WITH REMOVAL OF TUBES	978.79			X		F		X				
67	58262	VAGINAL HYST WITH REMOVAL OF TUBES	978.79	00	15	X		F		X				
63	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,053.14			X		F		X				
67	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,053.14	00	15	X		F		X				
63	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,119.48			X		F		X				
67	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,119.48	00	15	X		F		X				
63	58270	VAG HYSTERECT;REPAIR ENTEROCELE	941.00			X		F		X				
67	58270	VAG HYSTERECT;REPAIR ENTEROCELE	941.00	00	15	X		F		X				
63	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,047.40			X		F		X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,047.40	00	15	X		F		X				
63	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,115.72			X		F		X				
67	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,115.72	00	15	X		F		X				
63	58285	VAGINAL HYSTERECTOMY;RADICAL	1,591.71			X		F		X				
67	58285	VAGINAL HYSTERECTOMY;RADICAL	1,591.71	00	15	X		F		X				
63	58290	VAG HYST COMPLEX	1,224.23			X		F		X				
67	58290	VAG HYST COMPLEX	1,224.23	00	15	X		F		X				
63	58291	VAG HYST INCL T/O, COMPLEX	1,339.88			X		F		X				
67	58291	VAG HYST INCL T/O, COMPLEX	1,339.88	00	15	X		F		X				
63	58292	VAG HYST T/O & REPAIR, COMPL	1,393.75			X		F		X				
67	58292	VAG HYST T/O & REPAIR, COMPL	1,393.75	00	15	X		F		X				
63	58293	VAG HYST W/URO REPAIR, COMPL	1,449.74			X		F		X				
67	58293	VAG HYST W/URO REPAIR, COMPL	1,449.74	00	15	X		F		X				
63	58294	VAG HYST W/ENTEROCELE, COMPL	1,291.90			X		F		X				
67	58294	VAG HYST W/ENTEROCELE, COMPL	1,291.90	00	15	X		F		X				
63	58301	REMOVE INTRAUTERINE DEVICE	99.06	10	60			F						
67	58301	REMOVE INTRAUTERINE DEVICE	99.06	10	15			F						
63	58340	INJECT FOR UTERUS/TUBE X-RAY	156.93	21	59	X		F		X				
63	58346	INSERT HEYMAN UTERI CAPSULE	489.86					F						
67	58346	INSERT HEYMAN UTERI CAPSULE	489.86	00	15			F						
63	58353	ENDOMETR ABLATE, THERMAL	974.28			X		F						
67	58353	ENDOMETR ABLATE, THERMAL	974.28	00	15	X		F						
63	58356	ENDOMETRIAL CRYOABLATION	1,808.68			X		F						
67	58356	ENDOMETRIAL CRYOABLATION	1,808.68	00	15	X		F						
63	58400	UTERINE SUSPENSION	472.48					F						
67	58400	UTERINE SUSPENSION	472.48	00	15			F						
63	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	853.56					F						
67	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	853.56	00	15			F						
63	58520	REPAIR OF RUPTURED UTERUS	835.39					F						
67	58520	REPAIR OF RUPTURED UTERUS	835.39	00	15			F						
63	58540	REVISION OF UTERUS	963.71					F						
67	58540	REVISION OF UTERUS	963.71	00	15			F						
63	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	761.46			X		F		X				
67	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	761.46	00	15	X		F		X				
63	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	873.18			X		F		X				
67	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	873.18	00	15	X		F		X				
63	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	882.33			X		F		X				
67	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	882.33	00	15	X		F		X				
63	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	958.42			X		F		X				
67	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	958.42	00	15	X		F		X				
63	58545	LAPAROSCOPIC MYOMECTOMY	963.90					F						
67	58545	LAPAROSCOPIC MYOMECTOMY	963.90	00	15			F						
63	58546	LAPARO-MYOMECTOMY, COMPLEX	1,189.88					F						
67	58546	LAPARO-MYOMECTOMY, COMPLEX	1,189.88	00	15			F						
63	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	2,086.46			X		F		X				

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	2,086.46	00	15	X		F		X				
63	58550	LAPARO-ASST VAG HYSTERECTOMY	933.98			X		F						
67	58550	LAPARO-ASST VAG HYSTERECTOMY	933.98	00	15	X		F						
63	58552	LAPARO-VAG HYST INCL T/O	1,054.29			X		F		X				
67	58552	LAPARO-VAG HYST INCL T/O	1,054.29	00	15	X		F		X				
63	58553	LAPARO-VAG HYST, COMPLEX	1,196.29			X		F		X				
67	58553	LAPARO-VAG HYST, COMPLEX	1,196.29	00	15	X		F		X				
63	58554	LAPARO-VAG HYST W/T/O, COMPL	1,416.93			X		F		X				
67	58554	LAPARO-VAG HYST W/T/O, COMPL	1,416.93	00	15	X		F		X				
63	58555	HYSTEROSCOPY, DX, SEP PROC	300.91			X		F						
67	58555	HYSTEROSCOPY, DX, SEP PROC	300.91	00	15	X		F						
63	58558	HYSTEROSCOPY, BIOPSY	1,345.22			X		F						
67	58558	HYSTEROSCOPY, BIOPSY	1,345.22	00	15	X		F						
63	58559	HYSTEROSCOPY, LYSIS	308.98			X		F						
67	58559	HYSTEROSCOPY, LYSIS	308.98	00	15	X		F						
63	58560	HYSTEROSCOPY, RESECT SEPTUM	337.09			X		F						
67	58560	HYSTEROSCOPY, RESECT SEPTUM	337.09	00	15	X		F						
63	58561	HYSTEROSCOPY, REMOVE MYOMA	386.73			X		F						
67	58561	HYSTEROSCOPY, REMOVE MYOMA	386.73	00	15	X		F						
63	58562	HYSTEROSCOPY, REMOVE FB	376.06			X		F						
67	58562	HYSTEROSCOPY, REMOVE FB	376.06	00	15	X		F						
63	58563	HYSTEROSCOPY, ABLATION	1,732.06			X		F						
67	58563	HYSTEROSCOPY, ABLATION	1,732.06	00	15	X		F						
63	58565	HYSTEROSCOPY, STERILIZATION	1,801.16	21	59	X		F		X				
63	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	841.47			X		F		X				
67	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	841.47	00	15	X		F		X				
63	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	973.55			X		F		X				
67	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	973.55	00	15	X		F		X				
63	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,106.19			X		F		X				
67	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,106.19	00	15	X		F		X				
63	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,322.12			X		F		X				
67	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,322.12	00	15	X		F		X				
63	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,056.22			X		F		X				
67	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,056.22	00	15	X		F		X				
63	58600	DIVISION OF FALLOPIAN TUBE	384.92	21	55	X		F						
63	58605	DIVISION OF FALLOPIAN TUBE	347.93	21	55	X		F						
63	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	82.06	21	55	X		F		X				
63	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	258.64	21	55	X		F						
63	58660	LAPAROSCOPY, LYSIS	722.68			X		F						
67	58660	LAPAROSCOPY, LYSIS	722.68	00	15	X		F						
63	58661	LAPAROSCOPY, REMOVE ADNEXA	699.09			X		F						
67	58661	LAPAROSCOPY, REMOVE ADNEXA	699.09	00	15	X		F						
63	58662	LAPAROSCOPY, EXCISE LESIONS	760.03			X		F						
67	58662	LAPAROSCOPY, EXCISE LESIONS	760.03	00	15	X		F						
63	58670	LAPAROSCOPY, TUBAL CAUTERY	384.80	10	59	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	58670	LAPAROSCOPY, TUBAL CAUTERY	384.80	10 15	X		F						
63	58671	LAPAROSCOPY, TUBAL BLOCK	385.26		X		F						
67	58671	LAPAROSCOPY, TUBAL BLOCK	385.26	00 15	X		F						
63	58673	LAPAROSCOPY, SALPINGOSTOMY	844.99		X		F				X		
67	58673	LAPAROSCOPY, SALPINGOSTOMY	844.99	00 15	X		F				X		
63	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	862.61		X		F						
67	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	862.61	00 15	X		F						
63	58700	REMOVAL OF FALLOPIAN TUBE	840.75		X		F						
67	58700	REMOVAL OF FALLOPIAN TUBE	840.75	00 15	X		F						
63	58720	REMOVAL OF OVARY/TUBE(S)	802.12		X		F						
67	58720	REMOVAL OF OVARY/TUBE(S)	802.12	00 15	X		F						
63	58800	DRAINAGE OF OVARIAN CYST(S)	344.12				F						
67	58800	DRAINAGE OF OVARIAN CYST(S)	344.12	00 15			F						
63	58805	DRAINAGE OF OVARIAN CYST(S)	431.35				F						
67	58805	DRAINAGE OF OVARIAN CYST(S)	431.35	00 15			F						
63	58820	DRAINAGE OF OVARIAN ABSCESS	333.37				F						
67	58820	DRAINAGE OF OVARIAN ABSCESS	333.37	00 15			F						
63	58822	DRAINAGE OF OVARIAN ABSCESS	742.04				F						
67	58822	DRAINAGE OF OVARIAN ABSCESS	742.04	00 15			F						
63	58825	TRANSPOSITION, OVARY(S)	737.15		X		F						
67	58825	TRANSPOSITION, OVARY(S)	737.15	00 15	X		F						
63	58900	BIOPSY OF OVARY(S)	440.82				F						
67	58900	BIOPSY OF OVARY(S)	440.82	00 15			F						
63	58920	PARTIAL REMOVAL OF OVARY(S)	743.22				F						
67	58920	PARTIAL REMOVAL OF OVARY(S)	743.22	00 15			F						
63	58925	REMOVAL OF OVARIAN CYST(S)	806.13				F						
67	58925	REMOVAL OF OVARIAN CYST(S)	806.13	00 15			F						
63	58940	REMOVAL OF OVARY(S)	573.27		X		F						
67	58940	REMOVAL OF OVARY(S)	573.27	00 15	X		F						
63	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,294.35		X		F						
67	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,294.35	00 15	X		F						
63	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,245.27				F						
67	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,245.27	00 15			F						
63	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,597.25		X		F		X				
67	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,597.25	00 15	X		F		X				
63	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,811.68				F						
67	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,811.68	00 15			F						
63	58953	TAH, RAD DISSECT FOR DEBULK	2,235.64		X		F						
67	58953	TAH, RAD DISSECT FOR DEBULK	2,235.64	00 15	X		F						
63	58954	TAH RAD DEBULK/LYMPH REMOVE	2,429.34		X		F						
67	58954	TAH RAD DEBULK/LYMPH REMOVE	2,429.34	00 15	X		F						
63	58956	BSO, OMENTECTOMY W/TAH	1,513.10		X		F		X				
67	58956	BSO, OMENTECTOMY W/TAH	1,513.10	00 15	X		F		X				
63	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,753.85				F						
67	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,753.85	00 15			F						

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,943.20					F						
67	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,943.20	00	15			F						
63	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,068.18					F						
67	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,068.18	00	15			F						
63	59000	AMNIOCENTESIS	129.67	16	60			F					X	
67	59000	AMNIOCENTESIS	129.67	10	15			F					X	
63	59001	AMNIOCENTESIS, THERAPEUTIC	197.22	16	60			F						
67	59001	AMNIOCENTESIS, THERAPEUTIC	197.22	10	15			F						
63	59012	CORDOCENTESIS,ANY METHOD	223.22	16	60			F						
67	59012	CORDECENTESIS, ANY METHOD	223.22	10	15			F						
63	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	168.15	16	60			F	X					
67	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	168.15	10	15			F	X					
65	59020	FETAL OXYTOCIN STRESS TEST	40.68	10	60	X		F	X					
65	59025	FETAL NON-STRESS TEST	32.62	10	60	X		F						
63	59030	FETAL SCALP BLOOD SAMPLE	125.17	16	60			F						
67	59030	FETAL SCALP BLOOD SAMPLE	125.17	10	15			F						
63	59050	INTERNAL FETAL MONITORING/CONSULTAN	56.22	16	60	X		F						
67	59050	INTERNAL FETAL MONITORING/CONSULTANT	56.22	10	15	X		F						
63	59051	FETAL MONITOR/INTERPRET ONL	46.60	16	60			F						
67	59051	FETAL MONITOR/INTERPRET ONL	46.60	10	15			F						
63	59070	TRANSABDOM AMNIOINFUS W/ US	430.57	16	60			F						
67	59070	TRANSABDOM AMNIOINFUS W/ US	430.57	10	15			F						
63	59074	FETAL FLUID DRAINAGE W/ US	416.31	16	60			F						
67	59074	FETAL FLUID DRAINAGE W/ US	416.31	10	15			F						
63	59076	FETAL SHUNT PLACEMENT, W/ US	578.38	16	60			F						
67	59076	FETAL SHUNT PLACEMENT, W/ US	578.38	10	15			F						
63	59100	REMOVE UTERUS LESION	921.27	16	60	X		F						
67	59100	REMOVE UTERUS LESION	921.27	10	15	X		F						
63	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	877.01	16	60	X		F						
67	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	877.01	10	15	X		F						
63	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	878.58	16	60	X		F						
67	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	878.58	10	15	X		F						
63	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,025.58	16	60	X		F						
67	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,025.58	10	15	X		F						
63	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	1,013.20	16	60	X		F		X				
67	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	1,013.20	10	15	X		F		X				
63	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	971.22	16	60	X		F						
67	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	971.22	10	15	X		F						
63	59140	SURG TX ECTOPIC PG, CERVICAL	439.84	16	60	X		F						
67	59140	SURG TX ECTOPIC PG, CERVICAL	439.84	10	15	X		F						
63	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	849.92	16	60	X		F						
67	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	849.92	10	15	X		F						
63	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	827.46	16	60	X		F						
67	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	827.46	10	15	X		F						
63	59160	D&C AFTER DELIVERY	231.37	16	60			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	59160	D&C AFTER DELIVERY	231.37	10 15			F						
63	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	213.95	16 60	X		F						
67	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	213.95	10 15	X		F						
63	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	166.79	16 60			F						
67	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	166.79	10 15			F						
63	59325	CERCLAGE OF CERVIX;ABDOMINAL	266.57	16 60			F						
67	59325	CERCLAGE OF CERVIX;ABDOMINAL	266.57	10 15			F						
63	59350	REPAIR OF UTERUS	311.07	16 60			F						
67	59350	REPAIR OF UTERUS	311.07	10 15			F						
63	59400	OBSTETRICAL CARE	2,284.77	10 60			F						M
67	59400	OBSTRETRICAL CARE	2,284.77	10 60			F						M
63	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	897.14	16 60			F						
67	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	897.14	10 15			F						
63	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,146.60	16 60			F						M
67	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,146.60	10 15			F						M
63	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	112.81	16 60			F						
67	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	112.81	10 15			F						
63	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	102.06	16 60			F						
67	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	102.06	10 15			F						
63	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	206.58	16 60			F						
67	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	206.58	10 15			F						
63	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,540.23	16 60			F						M
67	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,540.23	10 15			F						M
63	59514	CESAREAN DELIVERY ONLY;	1,012.42	16 60			F						
67	59514	CESAREAN DELIVERY ONLY	1,012.42	10 15			F						
63	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,395.24	16 60			F						M
67	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,395.24	10 15			F						M
63	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	537.58	16 60	X		F		X				
67	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	537.58	10 15	X		F		X				
63	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,402.78	16 60			F						M
67	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,402.78	10 15			F						M
63	59612	VBAC DELIVERY ONLY	1,014.38	16 60			F						
67	59612	VBAC DELIVERY ONLY	1,014.38	10 15			F						
63	59614	VBAC DELIVERY INCL POSTPARTUM	1,258.89	16 60			F						M
67	59614	VBAC DELIVERY INCL POSTPARTUM	1,258.89	10 15			F						M
63	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,575.14	16 60			F						M
67	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,575.14	10 15			F						M
63	59620	ATTEMPTED VBAC DELIVERY ONLY	1,049.78	16 60			F						
67	59620	ATTEMPTED VBAC DELIVERY ONLY	1,049.78	10 15			F						
63	59622	ATTEMPTED VBAC-INCL POSTPARTUM	1,437.10	16 60			F						M
67	59622	ATTEMPTED VBAC INCL POSTPARTUM	1,437.10	10 15			F						M
63	59812	TREAT SPONTANEOUS ABORTION	351.20	16 60	X		F						
67	59812	TREAT SPONTANEOUS ABORTION	351.20	10 15	X		F						
63	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	417.68	16 60	X		F						
67	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	417.68	10 15	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	59821	TREAT MISSED ABORTION; SECOND TRIMES	419.93	16	60	X		F						
67	59821	TREAT MISSED ABORTION; SECOND TRIMES	419.93	10	15	X		F						
63	59830	TREATMENT OF SEPTIC ABORTION	482.41	16	60	X		F						
67	59830	TREATMENT OF SEPTIC ABORTION	482.41	10	15	X		F						
63	59840	THERAPUTIC ABORTION	243.15	16	60	X		F						
67	59840	THERAPUTIC ABORTION	243.15	10	15	X		F						
63	59841	ABORTION BY DILATION & EVACUATION	423.81	16	60	X		F						
67	59841	ABORTION BY DILATION & EVACUATION	423.81	10	15	X		F						
63	59850	SALINE ABORTION	376.89	16	60	X		F						
67	59850	SALINE ABORTION	376.89	10	15	X		F						
63	59851	SALINE ABORTION WITH D&C	403.84	16	60	X		F						
67	59851	SALINE ABORTION WITH D&C	403.84	10	15	X		F						
63	59852	SALINE ABORTION WITH HYSTEROTOMY	553.51	16	60	X		F						
67	59852	SALINE ABORTION WITH HYSTEROTOMY	553.51	10	15	X		F						
63	59855	ABORTION	455.41	16	60	X		F						
67	59855	ABORTION	455.41	10	15	X		F						
63	59856	ABORTION	536.85	16	60	X		F						
67	59856	ABORTION	536.85	10	15	X		F						
63	59857	ABORTION	560.25	16	60	X		F						
67	59857	ABORTION	560.25	10	15	X		F						
63	59870	UTERINE EVACUATION & CURETTAGE HYDAT	526.05	16	60	X		F						
67	59870	UTERINE EVACUATION & CURETTAGE HYDAT	526.05	10	15	X		F						
63	59871	REMOVE CERCLAGE SUTURE	145.85	16	60			F						
67	59871	REMOVE CERCLAGE SUTURE	145.85	10	15			F						
63	60000	DRAIN THYROID/TONGUE CYST	176.80											
67	60000	DRAIN THYROID/TONGUE CYST	176.80	00	15									
63	60100	BIOPSY OF THYROID	117.30										X	
67	60100	BIOPSY OF THYROID	117.30	00	15								X	
63	60200	REMOVE THYROID LESION	713.33											
67	60200	REMOVE THYROID LESION	713.33	00	15									
63	60210	PARTIAL EXCISION THYROID	767.35											
67	60210	PARTIAL EXCISION THYROID	767.35	00	15									
63	60212	PARTIAL THYROID EXCISION	1,097.52											
67	60212	PARTIAL THYROID EXCISION	1,097.52	00	15									
63	60220	PARTIAL REMOVAL OF THYROID	763.81											
67	60220	PARTIAL REMOVAL OF THYROID	763.81	00	15									
63	60225	PARTIAL REMOVAL OF THYROID	1,006.86											
67	60225	PARTIAL REMOVAL OF THYROID	1,006.86	00	15									
63	60240	REMOVAL OF THYROID	999.91											
67	60240	REMOVAL OF THYROID	999.91	00	15									
63	60252	REMOVAL OF THYROID	1,437.94											
67	60252	REMOVAL OF THYROID	1,437.94	00	15									
63	60254	EXTENSIVE THYROID SURGERY	1,820.27											
67	60254	EXTENSIVE THYROID SURGERY	1,820.27	00	15									
63	60260	REPEAT THYROID SURGERY	1,188.58											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	60260	REPEAT THYROID SURGERY	1,188.58	00 15									
63	60270	REMOVAL OF THYROID	1,495.30										
67	60270	REMOVAL OF THYROID	1,495.30	00 15									
63	60271	REMOVAL OF THYROID	1,150.52										
67	60271	REMOVAL OF THYROID	1,150.52	00 15									
63	60280	REMOVE THYROID DUCT LESION	468.97										
67	60280	REMOVE THYROID DUCT LESION	468.97	00 15									
63	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	624.92										
67	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	624.92	00 15									
63	60300	ASPIRATION AND/OR INJECTION, THYROID	116.65										
67	60300	ASPIRATION AND/OR INJECTION, THYROID	116.65	00 15									
63	60500	EXPLORE PARATHYROID GLANDS	1,053.26										
67	60500	EXPLORE PARATHYROID GLANDS	1,053.26	00 15									
63	60502	RE-EXPLORE PARATHYROID(S)	1,412.63										
67	60502	RE-EXPLORE PARATHYROID(S)	1,412.63	00 15									
63	60505	EXPLORE PARATHYROID GLANDS	1,517.12										
67	60505	EXPLORE PARATHYROID GLANDS	1,517.12	00 15									
63	60512	AUTOTRANSPLANT, PARATHYROID	268.92										
67	60512	AUTOTRANSPLANT, PARATHYROID	268.92	00 15									
63	60520	REMOVAL OF THYMUS GLAND	1,147.93										
67	60520	REMOVAL OF THYMUS GLAND	1,147.93	00 15									
63	60521	REMOVAL THYMUS GLAND	1,237.16										
67	60521	REMOVAL THYMUS GLAND	1,237.16	00 15									
63	60522	REMOVAL OF THYMUS GLAND	1,508.69										
67	60522	REMOVAL OF THYMUS GLAND	1,508.69	00 15									
63	60540	EXPLORE ADRENAL GLAND	1,169.26										
67	60540	EXPLORE ADRENAL GLAND	1,169.26	00 15									
63	60545	EXPLORE ADRENAL GLAND	1,340.72										
67	60545	EXPLORE ADRENAL GLAND	1,340.72	00 15									
63	60600	REMOVE CAROTID BODY LESION	1,518.66										
67	60600	REMOVE CAROTID BODY LESION	1,518.66	00 15									
63	60605	REMOVE CAROTID BODY LESION	1,856.74										
67	60605	REMOVE CAROTID BODY LESION	1,856.74	00 15									
63	60650	LAPAROSCOPY ADRENALECTOMY	1,311.31										
67	60650	LAPAROSCOPY ADRENALECTOMY	1,311.31	00 15									
63	61000	REMOVE CRANIAL CAVITY FLUID	127.79										
67	61000	REMOVE CRANIAL CAVITY FLUID	127.79	00 15									
63	61001	SUBDURAL TAP....SUBSEQUENT TAPS	121.14									X	
67	61001	SUBDURAL TAP....SUBSEQUENT TAPS	121.14	00 15								X	
63	61020	REMOVE BRAIN CAVITY FLUID	108.27									X	
67	61020	REMOVE BRAIN CAVITY FLUID	108.27	00 15								X	
63	61026	PUNCTURE BURR HOLE FOR INJECT	114.80										
67	61026	PUNCTURE BURR HOLE FOR INJECT	114.80	00 15									
63	61050	REMOVE BRAIN CANAL FLUID	91.48										
67	61050	REMOVE BRAIN CANAL FLUID	91.48	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	61055	CERVICAL PUNTURE FOR INJECTION	137.39										
67	61055	CERVICAL PUNTURE FOR INJECTION	137.39	00 15									
63	61070	BRAIN CANAL SHUNT PROCEDURE	61.39										
67	61070	BRAIN CANAL SHUNT PROCEDURE	61.39	00 15									
63	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	509.78										
67	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	509.78	00 15									
63	61107	TWIST DRILL HOLE/VENTRICULAR CATH	357.48										
67	61107	TWIST DRILL HOLE/VENTRICULAR CATH	357.48	00 15									
63	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	986.61										
67	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	986.61	00 15									
63	61120	PIERCE SKULL FOR EXAMINATION	833.12										
67	61120	PIERCE SKULL FOR EXAMINATION	833.12	00 15									
63	61140	PIERCE SKULL FOR BIOPSY	1,412.33										
67	61140	PIERCE SKULL FOR BIOPSY	1,412.33	00 15									
63	61150	PIERCE SKULL FOR DRAINAGE	1,528.48										
67	61150	PIERCE SKULL FOR DRAINAGE	1,528.48	00 15									
63	61151	PIERCE SKULL FOR DRAINAGE	1,116.98									X	
67	61151	PIERCE SKULL FOR DRAINAGE	1,116.98	00 15								X	
63	61154	PIERCE SKULL FOR DRAINAGE	1,417.96									X	
67	61154	PIERCE SKULL FOR DRAINAGE	1,417.96	00 15								X	
63	61156	PIERCE SKULL FOR DRAINAGE	1,402.48										
67	61156	PIERCE SKULL FOR DRAINAGE	1,402.48	00 15									
63	61210	PIERCE SKULL; IMPLANT DEVICE	422.68										
67	61210	PIERCE SKULL; IMPLANT DEVICE	422.68	00 15									
63	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	560.10										
67	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	560.10	00 15									
63	61250	PIERCE SKULL & EXPLORE	970.15										
67	61250	PIERCE SKULL & EXPLORE	970.15	00 15									
63	61253	PIERCE SKULL & EXPLORE	1,116.98										
67	61253	PIERCE SKULL & EXPLORE	1,116.98	00 15									
63	61304	INCISE SKULL FOR EXPLORATION	1,849.37										
67	61304	INCISE SKULL FOR EXPLORATION	1,849.37	00 15									
63	61305	INCISE SKULL FOR EXPLORATION	2,276.74										
67	61305	INCISE SKULL FOR EXPLORATION	2,276.74	00 15									
63	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,344.99										
67	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,344.99	00 15									
63	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,228.96										
67	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,228.96	00 15									
63	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,043.97										
67	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,043.97	00 15									
63	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,323.88										
67	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,323.88	00 15									
63	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	101.20										
67	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	101.20	00 15									
63	61320	INCISE SKULL FOR DRAINAGE	2,136.74										

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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	61320	INCISE SKULL FOR DRAINAGE	2,136.74	00 15									
63	61321	INCISE SKULL FOR DRAINAGE	2,415.47										
67	61321	INCISE SKULL FOR DRAINAGE	2,415.47	00 15									
63	61322	DECOMPRESSIVE CRANIOTOMY	2,685.35										
67	61322	DECOMPRESSIVE CRANIOTOMY	2,685.35	00 15									
63	61323	DECOMPRESSIVE LOBECTOMY	2,691.91										
67	61323	DECOMPRESSIVE LOBECTOMY	2,691.91	00 15									
63	61330	EXPLORATION OF EYE SOCKET	2,029.94										
67	61330	EXPLORATION OF EYE SOCKET	2,029.94	00 15									
63	61333	EXPLORE ORBIT; REMOVE LESION	2,299.56										
67	61333	EXPLORE ORBIT; REMOVE LESION	2,299.56	00 15									
63	61340	RELIEVE CRANIAL PRESSURE	1,629.30										
67	61340	RELIEVE CRANIAL PRESSURE	1,629.30	00 15									
63	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,465.28										
67	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,465.28	00 15									
63	61345	RELIEVE CRANIAL PRESSURE	2,315.25										
67	61345	RELIEVE CRANIAL PRESSURE	2,315.25	00 15									
63	61450	INCISE SKULL FOR SURGERY	2,181.73										
67	61450	INCISE SKULL FOR SURGERY	2,181.73	00 15									
63	61458	INCISE SKULL FOR SURGERY	2,264.58										
67	61458	INCISE SKULL FOR SURGERY	2,264.58	00 15									
63	61460	INCISE SKULL FOR SURGERY	2,389.34										
67	61460	INCISE SKULL FOR SURGERY	2,389.34	00 15									
63	61500	REMOVAL OF SKULL LESION	1,452.58										
67	61500	REMOVAL OF SKULL LESION	1,452.58	00 15									
63	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,255.77										
67	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,255.77	00 15									
63	61510	REMOVAL OF BRAIN LESION	2,459.83										
67	61510	REMOVAL OF BRAIN LESION	2,459.83	00 15									
63	61512	REMOVE BRAIN LINING LESION	2,882.22										
67	61512	REMOVE BRAIN LINING LESION	2,882.22	00 15									
63	61514	REMOVAL OF BRAIN ABSCESS	2,151.08										
67	61514	REMOVAL OF BRAIN ABSCESS	2,151.08	00 15									
63	61516	REMOVAL OF BRAIN LESION	2,090.83										
67	61516	REMOVAL OF BRAIN LESION	2,090.83	00 15									
63	61517	IMPLT BRAIN CHEMOTX AGENT	100.81										
67	61517	IMPLT BRAIN CHEMOTX AGENT	100.81	00 15									
63	61518	REMOVAL OF BRAIN LESION	3,120.57										
67	61518	REMOVAL OF BRAIN LESION	3,120.57	00 15									
63	61519	REMOVE BRAIN LINING LESION	3,348.97										
67	61519	REMOVE BRAIN LINING LESION	3,348.97	00 15									
63	61520	REMOVAL OF BRAIN LESION	4,253.50										
67	61520	REMOVAL OF BRAIN LESION	4,253.50	00 15									
63	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,645.70										
67	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,645.70	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	61522	REMOVAL OF BRAIN ABSCESS	2,484.80											
67	61522	REMOVAL OF BRAIN ABSCESS	2,484.80	00	15									
63	61524	REMOVAL OF BRAIN LESION	2,363.13											
67	61524	REMOVAL OF BRAIN LESION	2,363.13	00	15									
63	61526	REMOVAL OF BRAIN LESION	3,749.46											
67	61526	REMOVAL OF BRAIN LESION	3,749.46	00	15									
63	61530	REMOVAL OF BRAIN LESION	3,524.24											
67	61530	REMOVAL OF BRAIN LESION	3,524.24	00	15									
63	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,371.58											
67	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,371.58	00	15									
63	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,706.91											
67	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,706.91	00	15									
63	61534	REMOVAL OF BRAIN LESION	1,860.03											
67	61534	REMOVAL OF BRAIN LESION	1,860.03	00	15									
63	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,118.93											
67	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,118.93	00	15									
63	61536	REMOVAL OF BRAIN LESION	2,940.11											
67	61536	REMOVAL OF BRAIN LESION	2,940.11	00	15									
63	61537	REMOVAL OF BRAIN TISSUE	2,798.64											
67	61537	REMOVAL OF BRAIN TISSUE	2,798.64	00	15									
63	61538	REMOVAL OF BRAIN TISSUE	3,049.03											
67	61538	REMOVAL OF BRAIN TISSUE	3,049.03	00	15									
63	61539	REMOVAL OF BRAIN TISSUE	2,686.95											
67	61539	REMOVAL OF BRAIN TISSUE	2,686.95	00	15									
63	61540	REMOVAL OF BRAIN TISSUE	2,477.62											
67	61540	REMOVAL OF BRAIN TISSUE	2,477.62	00	15									
63	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,440.35											
67	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,440.35	00	15									
63	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,468.12											
67	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,468.12	00	15									
63	61544	REMOVE & TREAT BRAIN LESION	2,158.02											
67	61544	REMOVE & TREAT BRAIN LESION	2,158.02	00	15									
63	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,639.95											
67	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,639.95	00	15									
63	61546	REMOVAL OF PITUITARY GLAND	2,624.05											
67	61546	REMOVAL OF PITUITARY GLAND	2,624.05	00	15									
63	61548	REMOVAL OF PITUITARY GLAND	1,756.09											
67	61548	REMOVAL OF PITUITARY GLAND	1,756.09	00	15									
63	61550	RELEASE OF SKULL SEAMS	1,327.48											
67	61550	RELEASE OF SKULL SEAMS	1,327.48	00	15									
63	61552	RELEASE OF SKULL SEAMS	1,668.82											
67	61552	RELEASE OF SKULL SEAMS	1,668.82	00	15									
63	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,929.34											
67	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,929.34	00	15									
63	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,896.29											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,896.29	00 15									
63	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,125.52										
67	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,125.52	00 15									
63	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,714.07										
67	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,714.07	00 15									
63	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,247.60										
67	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,247.60	00 15									
63	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,735.73										
67	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,735.73	00 15									
63	61566	REMOVAL OF BRAIN TISSUE	2,552.08										
67	61566	REMOVAL OF BRAIN TISSUE	2,552.08	00 15									
63	61567	INCISION OF BRAIN TISSUE	2,912.68										
67	61567	INCISION OF BRAIN TISSUE	2,912.68	00 15									
63	61570	REMOVE BRAIN FOREIGN BODY	2,115.70										
67	61570	REMOVE BRAIN FOREIGN BODY	2,115.70	00 15									
63	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,255.56										
67	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,255.56	00 15									
63	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,854.68										
67	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,854.68	00 15									
63	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,748.86										
67	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,748.86	00 15									
63	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,626.17										
67	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,626.17	00 15									
63	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,825.06										
67	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,825.06	00 15									
63	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,356.48										
67	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,356.48	00 15									
63	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,205.13										
67	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,205.13	00 15									
63	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,184.48										
67	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,184.48	00 15									
63	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,634.85										
67	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,634.85	00 15									
63	61586	RESECT NASOPHARYNX, SKULL	2,683.90										
67	61586	RESECT NASOPHARYNX, SKULL	2,683.90	00 15									
63	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,314.81										
67	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,314.81	00 15									
63	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,359.55										
67	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,359.55	00 15									
63	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,528.28										
67	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,528.28	00 15									
63	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,559.04										
67	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,559.04	00 15									
63	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,620.99										
67	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,620.99	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,266.60										
67	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,266.60	00 15									
63	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,180.03										
67	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,180.03	00 15									
63	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,302.59										
67	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,302.59	00 15									
63	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,656.59										
67	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,656.59	00 15									
63	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,316.31										
67	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,316.31	00 15									
63	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,267.86										
67	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,267.86	00 15									
63	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,949.03										
67	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,949.03	00 15									
63	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,664.80										
67	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,664.80	00 15									
63	61611	TRANSECTION OR LIGATION, CAROTID ART	540.52										
67	61611	TRANSECTION OR LIGATION, CAROTID ART	540.52	00 15									
63	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,719.61										
67	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,719.61	00 15									
63	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,132.69										
67	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,132.69	00 15									
63	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,709.31										
67	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,709.31	00 15									
63	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,431.72										
67	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,431.72	00 15									
63	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,572.71										
67	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,572.71	00 15									
63	61623	ENDOVASC TEMPORY VESSEL OCCL	640.24										
67	61623	ENDOVASC TEMPORY VESSEL OCCL	640.24	00 15									
63	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,300.01										
67	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,300.01	00 15									
63	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	977.14										
67	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	977.14	00 15									
63	61630	INTRACRANIAL ANGIOPLASTY	1,558.32		X								
67	61630	INTRACRANIAL ANGIOPLASTY	1,558.32	00 15	X								
63	61635	INTRACRAN ANGIOPLSTY W/STENT	1,630.30		X								
67	61635	INTRACRAN ANGIOPLSTY W/STENT	1,630.30	00 15	X								
63	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	935.24									X	
67	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	935.24	00 15								X	
63	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	620.26										
67	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	620.26	00 15									
63	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	270.52									X	
67	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	270.52	00 15								X	
63	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,542.53										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,542.53	00 15									
63	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,790.90										
67	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,790.90	00 15									
63	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,247.18										
67	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,247.18	00 15									
63	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	5,338.35										
67	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	5,338.35	00 15									
63	61690	SURG..MALFORM;DURAL,SIMPLE	2,479.24										
67	61690	SURG..MALFORM;DURAL,SIMPLE	2,479.24	00 15									
63	61692	SURG..MALFORM;DURAL,COMPLEX	4,217.34										
67	61692	SURG..MALFORM;DURAL,COMPLEX	4,217.34	00 15									
63	61697	BRAIN ANEURYSM REPR, COMPLX	4,863.54										
67	61697	BRAIN ANEURYSM REPR, COMPLX	4,863.54	00 15									
63	61698	BRAIN ANEURYSM REPR, COMPLX	5,494.04										
67	61698	BRAIN ANEURYSM REPR, COMPLX	5,494.04	00 15									
63	61700	INNER SKULL VESSEL SURGERY	3,894.06										
67	61700	INNER SKULL VESSEL SURGERY	3,894.06	00 15									
63	61702	INNER SKULL VESSEL SURGERY	4,660.38										
67	61702	INNER SKULL VESSEL SURGERY	4,660.38	00 15									
63	61703	CLAMP NECK ARTERY	1,531.99										
67	61703	CLAMP NECK ARTERY	1,531.99	00 15									
63	61705	REVISE CIRCULATION TO HEAD	2,968.60										
67	61705	REVISE CIRCULATION TO HEAD	2,968.60	00 15									
63	61708	REVISE CIRCULATION TO HEAD	2,903.18										
67	61708	REVISE CIRCULATION TO HEAD	2,903.18	00 15									
63	61710	REVISE CIRCULATION TO HEAD	2,446.17										
67	61710	REVISE CIRCULATION TO HEAD	2,446.17	00 15									
63	61711	FUSION OF SKULL ARTERIES	2,921.55										
67	61711	FUSION OF SKULL ARTERIES	2,921.55	00 15									
63	61720	INCISE SKULL/BRAIN SURGERY	1,432.42										
67	61720	INCISE SKULL/BRAIN SURGERY	1,432.42	00 15									
63	61735	INCISE SKULL/BRAIN SURGERY	1,798.42										
67	61735	INCISE SKULL/BRAIN SURGERY	1,798.42	00 15									
63	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,591.51										
67	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,591.51	00 15									
63	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,549.79										
67	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,549.79	00 15									
63	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,770.72										
67	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,770.72	00 15									
63	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,839.55										
67	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,839.55	00 15									
63	61781	STEREOTACTIC COMPUTER ASSISTED(NAVIG	269.80										
67	61781	STEREOTACTIC COMPUTER ASSISTED (NAVI	269.80	00 15									
63	61782	STEREOTACTIC COMPUTER ASSISTED(NAVIG	190.00										
67	61782	STEREOTACTIC COMPUTER ASSISTED (NAVI	190.00	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	262.89											
67	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	262.89	00	15									
63	61790	TREAT TRIGEMINAL NERVE	983.19											
67	61790	TREAT TRIGEMINAL NERVE	983.19	00	15									
63	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,265.58											
67	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,265.58	00	15									
63	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,138.98											
67	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,138.98	00	15									
63	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	252.16										X	
67	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	252.16	00	15								X	
63	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,559.74											
67	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,559.74	00	15									
63	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	349.58										X	
67	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	349.58	00	15								X	
63	61800	APPLICATION OF STEREOTACTIC HEADFRAM	174.36											
67	61800	APPLICATION OF STEREOTACTIC HEADFRAM	174.36	00	15									
63	61850	IMPLANT NEUROELECTRODES	1,104.73											
67	61850	IMPLANT NEUROELECTRODES	1,104.73	00	15									
63	61860	IMPLANT NEUROELECTRODES	1,771.73											
67	61860	IMPLANT NEUROELECTRODES	1,771.73	00	15									
63	61863	IMPLANT NEUROELECTRODE	1,684.96											
67	61863	IMPLANT NEUROELECTRODE	1,684.96	00	15									
63	61864	IMPLANT NEUROELECTRDE, ADDqL	325.33											
67	61864	IMPLANT NEUROELECTRDE, ADDqL	325.33	00	15									
63	61867	IMPLANT NEUROELECTRODE	2,576.38											
67	61867	IMPLANT NEUROELECTRODE	2,576.38	00	15									
63	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	573.26											
67	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	573.26	00	15									
63	61870	IMPLANT NEUROELECTRODES	1,334.21											
67	61870	IMPLANT NEUROELECTRODES	1,334.21	00	15									
63	61880	REVISE/REMOVE NEUROELECTRODE	630.23											
67	61880	REVISE/REMOVE NEUROELECTRODE	630.23	00	15									
63	61885	IMPLANT NEURORECEIVER	562.00				X							
67	61885	IMPLANT NEURORECEIVER	562.00	00	15		X							
63	61886	IMPLANT NEUROSTIM ARRAYS	931.71											
67	61886	IMPLANT NEUROSTIM ARRAYS	931.71	00	15									
63	61888	REVISE/REMOVE NEURORECEIVER	440.51				X							
67	61888	REVISE/REMOVE NEURORECEIVER	440.51	00	15		X							
63	62000	REPAIR OF SKULL FRACTURE	1,157.28											
67	62000	REPAIR OF SKULL FRACTURE	1,157.28	00	15									
63	62005	REPAIR OF SKULL FRACTURE	1,433.26											
67	62005	REPAIR OF SKULL FRACTURE	1,433.26	00	15									
63	62010	TREATMENT OF HEAD INJURY	1,730.97											
67	62010	TREATMENT OF HEAD INJURY	1,730.97	00	15									
63	62100	REPAIR BRAIN FLUID LEAKAGE	1,776.99											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	62100	REPAIR BRAIN FLUID LEAKAGE	1,776.99	00 15									
63	62120	REPAIR SKULL CAVITY LESION	2,334.38										
67	62120	REPAIR SKULL CAVITY LESION	2,334.38	00 15									
63	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,722.32										
67	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,722.32	00 15									
63	62140	REPAIR OF SKULL DEFECT	1,141.76										
67	62140	REPAIR OF SKULL DEFECT	1,141.76	00 15									
63	62141	REPAIR OF SKULL DEFECT	1,266.35										
67	62141	REPAIR OF SKULL DEFECT	1,266.35	00 15									
63	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	981.52										
67	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	981.52	00 15									
63	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,159.90										
67	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,159.90	00 15									
63	62145	REPAIR OF SKULL & BRAIN	1,572.45										
67	62145	REPAIR OF SKULL & BRAIN	1,572.45	00 15									
63	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,305.18										
67	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,305.18	00 15									
63	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,606.43										
67	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,606.43	00 15									
63	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	145.23										
67	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	145.23	00 15									
63	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	218.48										
67	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	218.48	00 15									
63	62161	DISSECT BRAIN W/SCOPE	1,692.65										
67	62161	DISSECT BRAIN W/SCOPE	1,692.65	00 15									
63	62162	REMOVE COLLOID CYST W/SCOPE	2,139.93										
67	62162	REMOVE COLLOID CYST W/SCOPE	2,139.93	00 15									
63	62163	NEUROENDOSCOPY W/FB REMOVAL	1,376.09										
67	62163	NEUROENDOSCOPY W/FB REMOVAL	1,376.09	00 15									
63	62164	REMOVE BRAIN TUMOR W/SCOPE	2,364.20										
67	62164	REMOVE BRAIN TUMOR W/SCOPE	2,364.20	00 15									
63	62165	REMOVE PITUIT TUMOR W/SCOPE	1,700.07										
67	62165	REMOVE PITUIT TUMOR W/SCOPE	1,700.07	00 15									
63	62180	ESTABLISH BRAIN CAVITY SHUNT	1,809.79										
67	62180	ESTABLISH BRAIN CAVITY SHUNT	1,809.79	00 15									
63	62190	ESTABLISH BRAIN CAVITY SHUNT	1,035.13										
67	62190	ESTABLISH BRAIN CAVITY SHUNT	1,035.13	00 15									
63	62192	ESTABLISH BRAIN CAVITY SHUNT	1,090.82										
67	62192	ESTABLISH BRAIN CAVITY SHUNT	1,090.82	00 15									
63	62194	REPLACE/IRRIGATE CATHETER	538.37										
67	62194	REPLACE/IRRIGATE CATHETER	538.37	00 15									
63	62200	ESTABLISH BRAIN CAVITY SHUNT	1,554.27										
67	62200	ESTABLISH BRAIN CAVITY SHUNT	1,554.27	00 15									
63	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,351.62										
67	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,351.62	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	62220	ESTABLISH BRAIN CAVITY SHUNT	1,119.43											
67	62220	ESTABLISH BRAIN CAVITY SHUNT	1,119.43	00	15									
63	62223	ESTABLISH BRAIN CAVITY SHUNT	1,155.20											
67	62223	ESTABLISH BRAIN CAVITY SHUNT	1,155.20	00	15									
63	62225	REPLACE/IRRIGATE CATHETER	579.89											
67	62225	REPLACE/IRRIGATE CATHETER	579.89	00	15									
63	62230	REPLACE/REVISE BRAIN SHUNT	936.47											
67	62230	REPLACE/REVISE BRAIN SHUNT	936.47	00	15									
65	62252	CSF SHUNT REPROGRAM	52.31											
63	62256	REMOVE BRAIN CAVITY SHUNT	663.35											
67	62256	REMOVE BRAIN CAVITY SHUNT	663.35	00	15									
63	62258	REPLACE BRAIN CAVITY SHUNT	1,245.46											
67	62258	REPLACE BRAIN CAVITY SHUNT	1,245.46	00	15									
63	62263	LYSIS EPIDURAL ADHESIONS	608.29											
67	62263	LYSIS EPIDURAL ADHESIONS	608.29	00	15									
63	62264	EPIDURAL LYSIS ON SINGLE DAY	438.88											
67	62264	EPIDURAL LYSIS ON SINGLE DAY	438.88	00	15									
63	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	265.68											
67	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	265.68	00	15									
63	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	277.72											
67	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	277.72	00	15									
63	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	287.17											
67	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	287.17	00	15									
63	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	151.51											
67	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	151.51	00	15									
63	62272	SPINAL PUNCTURE, THERAPEUTIC	198.74											
67	62272	SPINAL PUNCTURE, THERAPEUTIC	198.74											
63	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	179.14											
67	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	179.14	00	15									
63	62280	TREAT SPINAL CORD LESION	338.18										X	
67	62280	TREAT SPINAL CORD LESION	338.18	00	15								X	
63	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	250.26											
67	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	250.26	00	15									
63	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	306.15										X	
67	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	306.15	00	15								X	
63	62284	INJECTION FOR MYELOGRAM	199.85											
67	62284	INJECTION FOR MYELOGRAM	199.85	00	15									
63	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	621.80											
67	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	621.80	00	15									
63	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	343.05											
67	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	343.05	00	15									
63	62291	INJECT FOR SPINE DISK X-RAY	330.98											
67	62291	INJECT FOR SPINE DISK X-RAY	330.98	00	15									
63	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	608.04											
67	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	608.04	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	62294	INJECTION INTO SPINAL ARTERY	1,065.99											
67	62294	INJECTION INTO SPINAL ARTERY	1,065.99	00	15									
63	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	254.64											
67	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	254.64	00	15									
63	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	260.07											
67	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	260.07	00	15									
63	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	251.40											
67	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	251.40	00	15									
63	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	272.69											
67	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	272.69	00	15									
63	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	168.76											
67	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	168.76	00	15									
63	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	254.72											
67	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	254.72	00	15									
63	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	156.57											
67	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	156.57	00	15									
63	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	251.35											
67	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	251.35	00	15									
63	62324	INJECTION(S), INCLUDING INDWELLING C	150.01											
67	62324	INJECTION(S), INCLUDING INDWELLING C	150.01	00	15									
63	62325	INJECTION(S), INCLUDING INDWELLING C	238.37											
67	62325	INJECTION(S), INCLUDING INDWELLING C	238.37	00	15									
63	62326	INJECTION(S), INCLUDING INDWELLING C	154.96											
67	62326	INJECTION(S), INCLUDING INDWELLING C	154.96	00	15									
63	62327	INJECTION(S), INCLUDING INDWELLING C	237.51											
67	62327	INJECTION(S), INCLUDING INDWELLING C	237.51	00	15									
63	62350	IMPLANT SPINAL CATHETER	430.80				X		X					
67	62350	IMPLANT SPINAL CATHETER	430.80	00	15		X		X					
63	62351	IMPLANT SPINAL CATHETER	936.59				X		X					
67	62351	IMPLANT SPINAL CATHETER	936.59	00	15		X		X					
63	62355	REMOVE SPINAL CANAL CATHETER	287.05				X		X					
67	62355	REMOVE SPINAL CANAL CATHETER	287.05	00	15		X		X					
63	62360	INSERT SPINE INFUSION DEVICE	340.88				X		X					
67	62360	INSERT SPINE INFUSION DEVICE	340.88	00	15		X		X					
63	62361	IMPLANT SPINE INFUSION PUMP	471.35				X		X					
67	62361	IMPLANT SPINE INFUSION PUMP	471.35	00	15		X		X					
63	62362	IMPLANT SPINE INFUSION PUMP	413.69				X		X					
67	62362	IMPLANT SPINE INFUSION PUMP	413.69	00	15		X		X					
63	62365	REMOVE SPINE INFUSION DEVICE	317.59				X		X					
67	62365	REMOVE SPINE INFUSION DEVICE	317.59	00	15		X		X					
63	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	41.42						X					
67	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	41.42	00	15				X					
63	62368	ANALYZE SPINE INFUSION PUMP	57.09						X					
67	62368	ANALYZE SPINE INFUSION PUMP	57.09	00	15				X					
63	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	117.25						X					

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	117.25	00	15				X					
63	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	122.79						X					
67	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	122.79	00	15				X					
63	63001	RELIEVE SPINAL CORD PRESSURE	1,377.45											
67	63001	RELIEVE SPINAL CORD PRESSURE	1,377.45	00	15									
63	63003	RELIEVE SPINAL CORD PRESSURE	1,373.46											
67	63003	RELIEVE SPINAL CORD PRESSURE	1,373.46	00	15									
63	63005	RELIEVE SPINAL CORD PRESSURE	1,309.03											
67	63005	RELIEVE SPINAL CORD PRESSURE	1,309.03	00	15									
63	63011	RELIEVE PSINAL CORD PRESSURE	1,195.00											
67	63011	RELIEVE PSINAL CORD PRESSURE	1,195.00	00	15									
63	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,316.70											
67	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,316.70	00	15									
63	63015	RELIEVE SPINAL CORD PRESSURE	1,649.61											
67	63015	RELIEVE SPINAL CORD PRESSURE	1,649.61	00	15									
63	63016	RELIEVE SPINAL CORD PRESSURE	1,695.28											
67	63016	RELIEVE SPINAL CORD PRESSURE	1,695.28	00	15									
63	63017	RELIEVE SPINAL CORD PRESSURE	1,397.31											
67	63017	RELIEVE SPINAL CORD PRESSURE	1,397.31	00	15									
63	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,276.73											
67	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,276.73	00	15									
63	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,064.52											
67	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,064.52	00	15									
63	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	214.40										X	
67	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	214.40	00	15								X	
63	63040	NECK SPINE DISK SURGERY	1,539.05											
67	63040	NECK SPINE DISK SURGERY	1,539.05	00	15									
63	63042	LOW BACK DISK SURGERY	1,424.36											
67	63042	LOW BACK DISK SURGERY	1,424.36	00	15									
63	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,421.89											
67	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,421.89	00	15									
63	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,351.73											
67	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,351.73	00	15									
63	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,208.94											
67	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,208.94	00	15									
63	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	237.16										X	
67	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	237.16	00	15								X	
63	63050	CERVICAL LAMINOPLASTY	1,652.03											
67	63050	CERVICAL LAMINOPLASTY	1,652.03	00	15									
63	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,890.56											
67	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,890.56	00	15									
63	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,816.55											
67	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,816.55	00	15									
63	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,647.60											
67	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,647.60	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	358.38										X	
67	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	358.38	00	15								X	
63	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,984.45											
67	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,984.45	00	15									
63	63066	DECOMPRESS...THORACIC;EACH ADD SEG	237.11										X	
67	63066	DECOMPRESS...THORACIC;EACH ADD SEG	237.11	00	15								X	
63	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,491.48											
67	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,491.48	00	15									
63	63076	REMOVAL OF UPPER SPINE DISC AND RELE	277.03										X	
67	63076	REMOVAL OF UPPER SPINE DISC AND RELE	277.03	00	15								X	
63	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,684.90											
67	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,684.90	00	15									
63	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	238.68										X	
67	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	238.68	00	15								X	
63	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,947.93											
67	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,947.93	00	15									
63	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	298.85										X	
67	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	298.85	00	15								X	
63	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,137.29											
67	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,137.29	00	15									
63	63086	VERT CORPECT..,THOR.,EACH ADD SEG	214.69										X	
67	63086	VERT CORPECT..,THOR.,EACH ADD SEG	214.69	00	15								X	
63	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,688.98											
67	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,688.98	00	15									
63	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	289.21										X	
67	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	289.21	00	15								X	
63	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,163.39											
67	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,163.39	00	15									
63	63091	VERT CORPECTOMY;EACH ADD SEGMENT	198.14										X	
67	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	198.14	00	15								X	
63	63101	REMOVAL OF VERTEBRAL BODY	2,592.75											
67	63101	REMOVAL OF VERTEBRAL BODY	2,592.75	00	15									
63	63102	REMOVAL OF VERTEBRAL BODY	2,515.11											
67	63102	REMOVAL OF VERTEBRAL BODY	2,515.11	00	15									
63	63103	REMOVE VERTEBRAL BODY ADD-ON	331.21										X	
67	63103	REMOVE VERTEBRAL BODY ADD-ON	331.21	00	15								X	
63	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,797.78											
67	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,797.78	00	15									
63	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,546.86											
67	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,546.86	00	15									
63	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,951.76											
67	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,951.76	00	15									
63	63180	REVISE SPINAL CORD LIGAMENTS	1,675.41											
67	63180	REVISE SPINAL CORD LIGAMENTS	1,675.41	00	15									
63	63182	REVISE SPINAL CORD LIGAMENTS	1,842.61											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	63182	REVISE SPINAL CORD LIGAMENTS	1,842.61	00 15									
63	63185	INCISE SPINAL COLUMN/NERVES	1,256.35										
67	63185	INCISE SPINAL COLUMN/NERVES	1,256.35	00 15									
63	63190	INCISE SPINAL COLUMN/NERVES	1,355.10										
67	63190	INCISE SPINAL COLUMN/NERVES	1,355.10	00 15									
63	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,553.15										
67	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,553.15	00 15									
63	63194	INCISE SPINAL COLUMN & CORD	1,801.24										
67	63194	INCISE SPINAL COLUMN & CORD	1,801.24	00 15									
63	63195	INCISE SPINAL COLUMN & CORD	1,735.57										
67	63195	INCISE SPINAL COLUMN & CORD	1,735.57	00 15									
63	63196	INCISE SPINAL COLUMN & CORD	2,016.77										
67	63196	INCISE SPINAL COLUMN & CORD	2,016.77	00 15									
63	63197	INCISE SPINAL COLUMN & CORD	1,934.61										
67	63197	INCISE SPINAL COLUMN & CORD	1,934.61	00 15									
63	63198	INCISE SPINAL COLUMN & CORD	2,371.46										
67	63198	INCISE SPINAL COLUMN & CORD	2,371.46	00 15									
63	63199	INCISE SPINAL COLUMN & CORD	2,486.41										
67	63199	INCISE SPINAL COLUMN & CORD	2,486.41	00 15									
63	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,711.02										
67	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,711.02	00 15									
63	63250	REVISE SPINAL CORD VESSELS	3,397.68										
67	63250	REVISE SPINAL CORD VESSELS	3,397.68	00 15									
63	63251	REVISE SPINAL CORD VESSELS	3,471.18										
67	63251	REVISE SPINAL CORD VESSELS	3,471.18	00 15									
63	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,470.34										
67	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,470.34	00 15									
63	63265	LAMINECTOMY,LESION...;CERVICAL	1,861.93										
67	63265	LAMINECTOMY,LESION...;CERVICAL	1,861.93	00 15									
63	63266	LAMINECTOMY,LESION...;THORACIC	1,924.41										
67	63266	LAMINECTOMY,LESION...;THORACIC	1,924.41	00 15									
63	63267	LAMINECTOMY,LESION...;LUMBAR	1,515.26										
67	63267	LAMINECTOMY,LESION...;LUMBAR	1,515.26	00 15									
63	63268	LAMINECTOMY,LESION....;SACRAL	1,570.75										
67	63268	LAMINECTOMY,LESION....;SACRAL	1,570.75	00 15									
63	63270	LAMINECTOMY,LESION....;CERVICAL	2,355.69										
67	63270	LAMINECTOMY,LESION....;CERVICAL	2,355.69	00 15									
63	63271	LAMINECTOMY,LESION...;THORACIC	2,322.54										
67	63271	LAMINECTOMY,LESION...;THORACIC	2,322.54	00 15									
63	63272	LAMINECTOMY,LESION...;LUMBAR	2,113.78										
67	63272	LAMINECTOMY,LESION...;LUMBAR	2,113.78	00 15									
63	63273	LAMINECTOMY,LESION...;SACRAL	2,112.58										
67	63273	LAMINECTOMY,LESION...;SACRAL	2,112.58	00 15									
63	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	2,016.10										
67	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	2,016.10	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	2,002.86										
67	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	2,002.86	00 15									
63	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,730.41										
67	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,730.41	00 15									
63	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,794.19										
67	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,794.19	00 15									
63	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,381.06										
67	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,381.06	00 15									
63	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,352.18										
67	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,352.18	00 15									
63	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,213.84										
67	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,213.84	00 15									
63	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,149.26										
67	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,149.26	00 15									
63	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,980.38										
67	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,980.38	00 15									
63	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,914.98										
67	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,914.98	00 15									
63	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,131.12										
67	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,131.12	00 15									
63	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,186.31										
67	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,186.31	00 15									
63	63295	REPAIR OF LAMINECTOMY DEFECT	382.42										
67	63295	REPAIR OF LAMINECTOMY DEFECT	382.42	00 15									
63	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,052.59										
67	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,052.59	00 15									
63	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,502.05										
67	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,502.05	00 15									
63	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,471.57										
67	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,471.57	00 15									
63	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,420.46										
67	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,420.46	00 15									
63	63304	SEE 63300;INTRADURAL,CERVICAL	2,670.12										
67	63304	SEE 63300;INTRADURAL,CERVICAL	2,670.12	00 15									
63	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,846.53										
67	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,846.53	00 15									
63	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,795.89										
67	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,795.89	00 15									
63	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,739.58										
67	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,739.58	00 15									
63	63308	VERT CORPECTOMY, EA ADD SEGMENT	365.72									X	
67	63308	VERT CORPECTOMY; EA ADD SEGMENT	365.72	00 15								X	
63	63600	REMOVE SPINAL CORD LESION	1,230.39										
67	63600	REMOVE SPINAL CORD LESION	1,230.39	00 15									
63	63610	STIMULATION OF SPINAL CORD	663.79									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	63610	STIMULATION OF SPINAL CORD	663.79	00 15								X	
63	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,261.65										
67	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,261.65	00 15									
63	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	291.26									X	
67	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	291.26	00 15								X	
63	63650	IMPLANT NEUROELECTRODES	1,601.81										
67	63650	IMPLANT NEUROELECTRODES	1,601.81	00 15									
63	63655	IMPLANT NEUROELECTRODES	910.00										
67	63655	IMPLANT NEUROELECTRODES	910.00	00 15									
63	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	627.03										
67	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	627.03	00 15									
63	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	921.38										
67	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	921.38	00 15									
63	63663	REVISION INCLUDING REPLACEMENT WHEN	841.68										
67	63663	REVISION INCLUDING REPLACEMENT WHEN	841.68	00 15									
63	63664	REVISION INCLUDING REPLACEMENT WHEN	956.03										
67	63664	REVISION INCLUDING REPLACEMENT WHEN	956.03	00 15									
63	63685	IMPLANT NEURORECEIVER	388.61										
67	63685	IMPLANT NEURORECEIVER	388.61	00 15									
63	63688	REVISE/REMOVE NEURORECEIVER	401.50										
67	63688	REVISE/REMOVE NEURORECEIVER	401.50	00 15									
63	63700	REPAIR OF SPINAL HERNIATION	1,460.61										
67	63700	REPAIR OF SPINAL HERNIATION	1,460.61	00 15									
63	63702	REPAIR OF SPINAL HERNIATION	1,601.96										
67	63702	REPAIR OF SPINAL HERNIATION	1,601.96	00 15									
63	63704	REPAIR OF SPINAL HERNIATION	1,858.94										
67	63704	REPAIR OF SPINAL HERNIATION	1,858.94	00 15									
63	63706	REPAIR OF SPINAL HERNIATION	2,072.08										
67	63706	REPAIR OF SPINAL HERNIATION	2,072.08	00 15									
63	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,020.40										
67	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,020.40	00 15									
63	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,213.47										
67	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,213.47	00 15									
63	63710	GRAFT REPAIR OF SPINE DEFECT	1,196.26										
67	63710	GRAFT REPAIR OF SPINE DEFECT	1,196.26	00 15									
63	63740	INSTALL SPINAL SHUNT	1,088.22										
67	63740	INSTALL SPINAL SHUNT	1,088.22	00 15									
63	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	746.21										
67	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	746.21	00 15									
63	63744	REVISION OF SPINAL SHUNT	740.99										
67	63744	REVISION OF SPINAL SHUNT	740.99	00 15									
63	63746	REMOVAL OF SPINAL SHUNT	666.13										
67	63746	REMOVAL OF SPINAL SHUNT	666.13	00 15									
63	64400	INJECTION FOR NERVE BLOCK	139.66						X			X	
67	64400	INJECTION FOR NERVE BLOCK	139.66	00 15					X			X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	64405	INJECTION FOR NERVE BLOCK	87.01							X			X	
67	64405	INJECTION FOR NERVE BLOCK	87.01	00	15					X			X	
63	64408	INJECTION FOR NERVE BLOCK	121.28							X			X	
67	64408	INJECTION FOR NERVE BLOCK	121.28	00	15					X			X	
63	64415	INJECTION FOR NERVE BLOCK	122.71							X			X	
67	64415	INJECTION FOR NERVE BLOCK	122.71	00	15					X			X	
63	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	87.00							X				
67	64416	N BLOCK CONT INFUSE, B PLEX	87.00	00	15									
63	64417	INJECTION FOR NERVE BLOCK	135.46							X			X	
67	64417	INJECTION FOR NERVE BLOCK	135.46	00	15					X			X	
63	64418	INJECTION FOR NERVE BLOCK	98.30							X			X	
67	64418	INJECTION FOR NERVE BLOCK	98.30	00	15					X			X	
63	64420	INJECTION FOR NERVE BLOCK	113.49							X			X	
67	64420	INJECTION FOR NERVE BLOCK	113.49	00	15					X			X	
63	64421	INJECTION FOR NERVE BLOCK	160.53							X			X	
67	64421	INJECTION FOR NERVE BLOCK	160.53	00	15					X			X	
63	64425	INJECTION FOR NERVE BLOCK	143.18							X			X	
67	64425	INJECTION FOR NERVE BLOCK	143.18	00	15					X			X	
63	64430	INJECTION FOR NERVE BLOCK	148.70							X			X	
67	64430	INJECTION FOR NERVE BLOCK	148.70	00	15					X			X	
63	64435	INJECTION FOR NERVE BLOCK	144.25							X			X	
67	64435	INJECTION FOR NERVE BLOCK	144.25	00	15					X			X	
63	64445	INJECTION FOR NERVE BLOCK	140.41							X			X	
67	64445	INJECTION FOR NERVE BLOCK	140.41	00	15					X			X	
63	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	87.00							X				
67	64446	N BLK INJ, SCIATIC, CONT INF	87.00	00	15									
63	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	125.52							X				
67	64447	N BLOCK INJ FEM, SINGLE	125.52	00	15									
63	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	78.28							X				
67	64448	N BLOCK INJ FEM, CONT INF	78.28	00	15									
63	64449	N BLOCK INJ, LUMBAR PLEXUS	92.91											
67	64449	N BLOCK INJ, LUMBAR PLEXUS	92.91	00	15									
63	64450	INJECTION FOR NERVE BLOCK	78.52							X			X	
67	64450	INJECTION FOR NERVE BLOCK	78.52	00	15					X			X	
63	64455	INJECTIONS OF ANESTHETIC AND/OR STER	50.18											
67	64455	INJECTIONS OF ANESTHETIC AND/OR STER	50.18	00	15									
63	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	143.84											
67	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	143.84	00	15									
63	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	80.61											
67	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	80.61	00	15									
63	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	184.37											
67	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	184.37	00	15									
63	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	112.73											
67	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	112.73	00	15									
63	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	160.45											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	160.45	00	15									
63	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	138.65											
67	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	138.65	00	15									
63	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	235.48											
67	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	235.48	00	15									
63	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	192.98											
67	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	192.98	00	15									
63	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.30											
67	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.30	00	15									
63	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.98										X	
67	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.98	00	15								X	
63	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	175.01											
67	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	175.01	00	15									
63	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	90.03											
67	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	90.03											
63	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	90.03										X	
67	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	90.03	00	15								X	
63	64505	INJECTION FOR NERVE BLOCK	123.08							X				
67	64505	INJECTION FOR NERVE BLOCK	123.08	00	15									
63	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	134.95							X				
67	64510	INJECTION FOR NERVE BLOCK	134.95	00	15									
63	64517	N BLOCK INJ, HYPOGAS PLXS	196.11											
67	64517	N BLOCK INJ, HYPOGAS PLXS	196.11	00	15									
63	64520	INJECTION FOR NERVE BLOCK	202.83							X				
67	64520	INJECTION FOR NERVE BLOCK	202.83	00	15									
63	64530	INJECTION FOR NERVE BLOCK	203.15							X				
67	64530	INJECTION FOR NERVE BLOCK	203.15	00	15									
63	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	741.98									X		
67	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	741.98	00	15							X		
63	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	126.35											
67	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	126.35	00	15									
63	64568	INCISION FOR IMPLANTATION OF CRANIAL	697.02				X							
67	64568	INCISION FOR IMPLANTATION OF CRANIAL	697.02	00	15		X							
63	64569	REVISION OR REPLACEMENT OF CRANIAL	840.32				X							
67	64569	REVISION OR REPLACMENT OF CRANIAL	840.32	00	15		X							
63	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	813.95				X							
67	64570	REMOVAL OF CRANIAL NERVE (EG,VAGUS	813.95	00	15		X							
63	64581	INCISION FOR IMPLANTATION OF NEUROST	718.61									X		
67	64581	INCISION FOR IMPLANTATION OF NEUROST	718.61	00	15							X		
63	64600	INJECTION TREATMENT OF NERVE	443.69											
67	64600	INJECTION TREATMENT OF NERVE	443.69	00	15									
63	64605	INJECTION TREATMENT OF NERVE	610.94											
67	64605	INJECTION TREATMENT OF NERVE	610.94	00	15									
63	64610	INJECTION TREATMENT OF NERVE	811.12											
67	64610	INJECTION TREATMENT OF NERVE	811.12	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	64611	CHEMODENERVATION OF PAROTID AND SUBM	126.50											
67	64611	CHEMODENERVATION OF PAROTID AND SUBM	126.50	00	15									
63	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	139.86											
67	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	139.86	00	15									
63	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	160.43			X								
67	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	160.43	00	15	X								
63	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	141.99										X	
67	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	141.99	00	15								X	
63	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	168.59										X	
67	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	168.59	00	15								X	
63	64620	INJECTION TREATMENT OF NERVE	216.36											
67	64620	INJECTION TREATMENT OF NERVE	216.36	00	15									
63	64630	INJECTION TREATMENT OF NERVE	248.20											
67	64630	INJECTION TREATMENT OF NERVE	248.20	00	15									
63	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	89.55											
67	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	89.55	00	15									
63	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	424.44											
67	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	424.44	00	15									
63	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	188.52											
67	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	188.52	00	15									
63	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	419.65											
67	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	419.65	00	15									
63	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	170.93											
67	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	170.93	00	15									
63	64640	INJECTION TREATMENT OF NERVE	137.71										X	
67	64640	INJECTION TREATMENT OF NERVE	137.71	00	15								X	
63	64642	Injection of chemical for destructio	152.73											
67	64642	Injection of chemical for destructio	152.73	00	15									
63	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	98.22										X	
67	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	98.22	00	15								X	
63	64644	Injection of chemical for destructio	176.60											
67	64644	Injection of chemical for destructio	176.60	00	15									
63	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	123.02										X	
67	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	123.02	00	15								X	
63	64646	Injection of chemical for destructio	160.78											
67	64646	Injection of chemical for destructio	160.78	00	15									
63	64647	Injection of chemical for destructio	190.56											
67	64647	Injection of chemical for destructio	190.56	00	15									
63	64680	INJECTION TREATMENT OF NERVE	322.69											
67	64680	INJECTION TREATMENT OF NERVE	322.69	00	15									
63	64681	INJECTION TREATMENT OF NERVE	588.16											
67	64681	INJECTION TREATMENT OF NERVE	588.16	00	15									
63	64702	REVISE FINGER/TOE NERVE	531.80											
67	64702	REVISE FINGER/TOE NERVE	531.80	00	15									
63	64704	REVISE HAND/FOOT NERVE	339.98											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	64704	REVISE HAND/FOOT NERVE	339.98	00 15									
63	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	532.10										
67	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	532.10	00 15									
63	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	624.35										
67	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	624.35	00 15									
63	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	842.92										
67	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	842.92	00 15									
63	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	775.79										
67	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	775.79	00 15									
63	64716	REVISION OF CRANIAL NERVE	554.17										
67	64716	REVISION OF CRANIAL NERVE	554.17	00 15									
63	64718	REVISE ULNAR NERVE AT ELBOW	627.43										
67	64718	REVISE ULNAR NERVE AT ELBOW	627.43	00 15									
63	64719	REVISE ULNAR NERVE AT WRIST	425.77										
67	64719	REVISE ULNAR NERVE AT WRIST	425.77	00 15									
63	64721	REVISE MEDIAN NERVE AT WRIST	456.61										
67	64721	REVISE MEDIAN NERVE AT WRIST	456.61	00 15									
63	64722	RELIEVE PRESSURE ON NERVE(S)	379.64										
67	64722	RELIEVE PRESSURE ON NERVE(S)	379.64	00 15									
63	64726	RELEASE FOOT/TOE NERVE	287.89										
67	64726	RELEASE FOOT/TOE NERVE	287.89	00 15									
63	64727	INTERNAL NEUROLYSIS,MICROSCOPE	201.54										
67	64727	INTERNAL NEUROLYSIS, MICROSCOPE	201.54	00 15									
63	64732	INCISION OF BROW NERVE	483.53										
67	64732	INCISION OF BROW NERVE	483.53	00 15									
63	64734	INCISION OF CHEEK NERVE	546.72										
67	64734	INCISION OF CHEEK NERVE	546.72	00 15									
63	64736	INCISION OF CHIN NERVE	399.67										
67	64736	INCISION OF CHIN NERVE	399.67	00 15									
63	64738	INCISION OF JAW NERVE	494.86										
67	64738	INCISION OF JAW NERVE	494.86	00 15									
63	64740	INCISION OF TONGUE NERVE	515.76										
67	64740	INCISION OF TONGUE NERVE	515.76	00 15									
63	64742	INCISION OF FACIAL NERVE	515.08										
67	64742	INCISION OF FACIAL NERVE	515.08	00 15									
63	64744	INCISE NERVE, BACK OF HEAD	543.53										
67	64744	INCISE NERVE, BACK OF HEAD	543.53	00 15									
63	64746	INCISE DIAPHRAGM NERVE	469.05										
67	64746	INCISE DIAPHRAGM NERVE	469.05	00 15									
63	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,015.57										
67	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,015.57	00 15									
63	64760	INCISION OF VAGUS NERVE	561.60										
67	64760	INCISION OF VAGUS NERVE	561.60	00 15									
63	64763	INCISE HIP/THIGH NERVE	556.26										
67	64763	INCISE HIP/THIGH NERVE	556.26	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	64766	INCISE HIP/THIGH NERVE	687.06											
67	64766	INCISE HIP/THIGH NERVE	687.06	00	15									
63	64771	INCISE CRANIAL NERVE, EXTRADURAL	634.18											
67	64771	INCISE CRANIAL NERVE, EXTRADURAL	634.18	00	15									
63	64772	INCISION OF SPINAL NERVE	604.52											
67	64772	INCISION OF SPINAL NERVE	604.52	00	15									
63	64774	REMOVE SKIN NERVE LESION	434.46											
67	64774	REMOVE SKIN NERVE LESION	434.46	00	15									
63	64776	REMOVE DIGIT NERVE LESION	413.79											
67	64776	REMOVE DIGIT NERVE LESION	413.79	00	15									
63	64778	EXCISE NEUROMA;EACH ADD DIGIT	201.13										X	
67	64778	EXCISE NEUROMA;EACH ADD DIGIT	201.13	00	15								X	
63	64782	REMOVE LIMB NERVE LESION	490.25											
67	64782	REMOVE LIMB NERVE LESION	490.25	00	15									
63	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	240.28										X	
67	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	240.28	00	15								X	
63	64784	REMOVE NERVE LESION	779.46											
67	64784	REMOVE NERVE LESION	779.46	00	15									
63	64786	REMOVE SCIATIC NERVE LESION	1,104.90											
67	64786	REMOVE SCIATIC NERVE LESION	1,104.90	00	15									
63	64787	INSERT CAP ON NERVE END	263.13											
67	64787	INSERT CAP ON NERVE END	263.13	00	15									
63	64788	REMOVE SKIN NERVE LESION	428.03											
67	64788	REMOVE SKIN NERVE LESION	428.03	00	15									
63	64790	REMOVAL OF NERVE LESION	909.68											
67	64790	REMOVAL OF NERVE LESION	909.68	00	15									
63	64792	REMOVAL OF NERVE LESION	1,188.33											
67	64792	REMOVAL OF NERVE LESION	1,188.33	00	15									
63	64795	BIOPSY OF NERVE	214.52											
67	64795	BIOPSY OF NERVE	214.52	00	15									
63	64802	REMOVE SYMPATHETIC NERVES	923.43											
67	64802	REMOVE SYMPATHETIC NERVES	923.43	00	15									
63	64804	REMOVE SYMPATHETIC NERVES	1,327.35											
67	64804	REMOVE SYMPATHETIC NERVES	1,327.35	00	15									
63	64809	REMOVE SYMPATHETIC NERVES	1,220.57											
67	64809	REMOVE SYMPATHETIC NERVES	1,220.57	00	15									
63	64818	REMOVE SYMPATHETIC NERVES	844.04											
67	64818	REMOVE SYMPATHETIC NERVES	844.04	00	15									
63	64820	REMOVE SYMPATHETIC NERVES	765.92											
67	64820	REMOVE SYMPATHETIC NERVES	765.92	00	15									
63	64821	REMOVE SYMPATHETIC NERVES	743.19											
67	64821	REMOVE SYMPATHETIC NERVES	743.19	00	15									
63	64822	REMOVE SYMPATHETIC NERVES	743.19											
67	64822	REMOVE SYMPATHETIC NERVES	743.19	00	15									
63	64823	REMOVE SYMPATHETIC NERVES	847.69											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	64823	REMOVE SYMPATHETIC NERVES	847.69	00 15									
63	64831	REPAIR OF DIGIT NERVE	731.86										
67	64831	REPAIR OF DIGIT NERVE	731.86	00 15									
63	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	367.23									X	
67	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	367.23	00 15								X	
63	64834	REPAIR OF HAND OR FOOT NERVE	796.62										
67	64834	REPAIR OF HAND OR FOOT NERVE	796.62	00 15									
63	64835	REPAIR OF HAND OR FOOT NERVE	880.33										
67	64835	REPAIR OF HAND OR FOOT NERVE	880.33	00 15									
63	64836	REPAIR OF HAND OR FOOT NERVE	880.33										
67	64836	REPAIR OF HAND OR FOOT NERVE	880.33	00 15									
63	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	404.21									X	
67	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	404.21	00 15								X	
63	64840	REPAIR OF LEG NERVE	1,040.77										
67	64840	REPAIR OF LEG NERVE	1,040.77	00 15									
63	64856	REPAIR/TRANSPOSE NERVE	1,092.41										
67	64856	REPAIR/TRANSPOSE NERVE	1,092.41	00 15									
63	64857	REPAIR ARM/LEG NERVE	1,137.85										
67	64857	REPAIR ARM/LEG NERVE	1,137.85	00 15									
63	64858	REPAIR SCIATIC NERVE	1,278.85										
67	64858	REPAIR SCIATIC NERVE	1,278.85	00 15									
63	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	274.87									X	
67	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	274.87	00 15								X	
63	64861	REPAIR OF ARM NERVES	1,707.32										
67	64861	REPAIR OF ARM NERVES	1,707.32	00 15									
63	64862	REPAIR OF LOW BACK NERVES	1,498.48										
67	64862	REPAIR OF LOW BACK NERVES	1,498.48	00 15									
63	64864	REPAIR OF FACIAL NERVE	929.78										
67	64864	REPAIR OF FACIAL NERVE	929.78	00 15									
63	64865	REPAIR OF FACIAL NERVE	1,167.53										
67	64865	REPAIR OF FACIAL NERVE	1,167.53	00 15									
63	64866	FUSION OF FACIAL/OTHER NERVE	1,357.69										
67	64866	FUSION OF FACIAL/OTHER NERVE	1,357.69	00 15									
63	64868	FUSION OF FACIAL/OTHER NERVE	1,070.62										
67	64868	FUSION OF FACIAL/OTHER NERVE	1,070.62	00 15									
63	64872	SUBSEQUENT REPAIR OF NERVE	128.73										
67	64872	SUBSEQUENT REPAIR OF NERVE	128.73	00 15									
63	64874	REPAIR & REVISE NERVE	192.85										
67	64874	REPAIR & REVISE NERVE	192.85	00 15									
63	64876	REPAIR NERVE; SHORTEN BONE	218.26										
67	64876	REPAIR NERVE; SHORTEN BONE	218.26	00 15									
63	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,200.70										
67	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,200.70	00 15									
63	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,396.03										
67	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,396.03	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	64890	NERVE GRAFT, HAND OR FOOT	1,173.02										
67	64890	NERVE GRAFT, HAND OR FOOT	1,173.02	00 15									
63	64891	NERVE GRAFT, HAND OR FOOT	1,248.09										
67	64891	NERVE GRAFT, HAND OR FOOT	1,248.09	00 15									
63	64892	NERVE GRAFT, ARM OR LEG	1,140.77										
67	64892	NERVE GRAFT, ARM OR LEG	1,140.77	00 15									
63	64893	NERVE GRAFT, ARM OR LEG	1,217.41										
67	64893	NERVE GRAFT, ARM OR LEG	1,217.41	00 15									
63	64895	NERVE GRAFT, HAND OR FOOT	1,444.72										
67	64895	NERVE GRAFT, HAND OR FOOT	1,444.72	00 15									
63	64896	NERVE GRAFT, HAND OR FOOT	1,558.44										
67	64896	NERVE GRAFT, HAND OR FOOT	1,558.44	00 15									
63	64897	NERVE GRAFT, ARM OR LEG	1,379.83										
67	64897	NERVE GRAFT, ARM OR LEG	1,379.83	00 15									
63	64898	NERVE GRAFT, ARM OR LEG	1,494.20										
67	64898	NERVE GRAFT, ARM OR LEG	1,494.20	00 15									
63	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	660.98									X	
67	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	660.98	00 15								X	
63	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	764.90									X	
67	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	764.90	00 15								X	
63	64905	NERVE PEDICLE TRANSFER	1,101.33										
67	64905	NERVE PEDICLE TRANSFER	1,101.33	00 15									
63	64907	NERVE PEDICLE TRANSFER	1,417.85										
67	64907	NERVE PEDICLE TRANSFER	1,417.85	00 15									
63	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	844.79										
67	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	844.79	00 15									
63	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,102.20										
67	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,102.20	00 15									
63	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	831.71									X	
67	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	831.71	00 15								X	
63	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	171.19									X	
67	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	171.19	00 15								X	
63	65091	EVISCERATION EYE	663.01										
67	65091	EVISCERATION EYE	663.01	00 15									
63	65093	EVISCERATION EYE WITH IMPLANT	655.60										
67	65093	EVISCERATION EYE WITH IMPLANT	655.60	00 15									
63	65101	REMOVAL OF EYE	769.42										
67	65101	REMOVAL OF EYE	769.42	00 15									
63	65103	REMOVE EYE/INSERT IMPLANT	802.26										
67	65103	REMOVE EYE/INSERT IMPLANT	802.26	00 15									
63	65105	REMOVE EYE/ATTACH IMPLANT	884.06										
67	65105	REMOVE EYE/ATTACH IMPLANT	884.06	00 15									
63	65110	REMOVAL OF EYE	1,272.85										
67	65110	REMOVAL OF EYE	1,272.85	00 15									
63	65112	REMOVE EYE, REVISE SOCKET	1,475.23										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	65112	REMOVE EYE, REVISE SOCKET	1,475.23	00 15									
63	65114	REMOVE EYE, REVISE SOCKET	1,547.06										
67	65114	REMOVE EYE, REVISE SOCKET	1,547.06	00 15									
63	65125	MODIFICATION OF OCULAR IMPLANT (EG,	459.88										
67	65125	MODIFICATION OF OCULAR IMPLANT (EG,	459.88	00 15									
63	65130	INSERT OCULAR IMPLANT	763.25										
67	65130	INSERT OCULAR IMPLANT	763.25	00 15									
63	65135	INSERT OCULAR IMPLANT	774.35										
67	65135	INSERT OCULAR IMPLANT	774.35	00 15									
63	65140	ATTACH OCULAR IMPLANT	841.66										
67	65140	ATTACH OCULAR IMPLANT	841.66	00 15									
63	65150	REVISE OCULAR IMPLANT	604.32										
67	65150	REVISE OCULAR IMPLANT	604.32	00 15									
63	65155	REINSERT OCULAR IMPLANT	881.74										
67	65155	REINSERT OCULAR IMPLANT	881.74	00 15									
63	65175	REMOVAL OF OCULAR IMPLANT	685.83										
67	65175	REMOVAL OF OCULAR IMPLANT	685.83	00 15									
63	65205	REMOVE FOREIGN BODY FROM EYE	47.00									X	
67	65205	REMOVE FOREIGN BODY FROM EYE	47.00	00 15								X	
63	65210	REMOVE FOREIGN BODY FROM EYE	57.50									X	
67	65210	REMOVE FOREIGN BODY FROM EYE	57.50	00 15								X	
63	65220	REMOVE FOREIGN BODY FROM EYE	61.01									X	
67	65220	REMOVE FOREIGN BODY FROM EYE	61.01	00 15								X	
63	65222	REMOVE FOREIGN BODY FROM EYE	69.83									X	
67	65222	REMOVE FOREIGN BODY FROM EYE	69.83	00 15								X	
63	65235	REMOVE FOREIGN BODY FROM EYE	735.36										
67	65235	REMOVE FOREIGN BODY FROM EYE	735.36	00 15									
63	65260	REMOVE FOREIGN BODY FROM EYE	996.76										
67	65260	REMOVE FOREIGN BODY FROM EYE	996.76	00 15									
63	65265	REMOVE FOREIGN BODY FROM EYE	1,120.98										
67	65265	REMOVE FOREIGN BODY FROM EYE	1,120.98	00 15									
63	65270	REPAIR OF EYE WOUND	274.88										
67	65270	REPAIR OF EYE WOUND	274.88	00 15									
63	65272	REPAIR OF EYE WOUND	518.92										
67	65272	REPAIR OF EYE WOUND	518.92	00 15									
63	65273	REPAIR OF EYE WOUND	395.64										
67	65273	REPAIR OF EYE WOUND	395.64	00 15									
63	65275	REPAIR OF EYE WOUND	595.09										
67	65275	REPAIR OF EYE WOUND	595.09	00 15									
63	65280	REPAIR OF EYE WOUND	696.32										
67	65280	REPAIR OF EYE WOUND	696.32	00 15									
63	65285	REPAIR OF EYE WOUND	1,152.86										
67	65285	REPAIR OF EYE WOUND	1,152.86	00 15									
63	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	716.56										
67	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	716.56	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	508.35										
67	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	508.35	00 15									
63	65400	REMOVAL OF EYE LESION	699.64										
67	65400	REMOVAL OF EYE LESION	699.64	00 15									
63	65410	BIOPSY OF CORNEA	147.37										
67	65410	BIOPSY OF CORNEA	147.37	00 15									
63	65420	REMOVAL OF EYE LESION	530.13										
67	65420	REMOVAL OF EYE LESION	530.13	00 15									
63	65426	REMOVAL OF EYE LESION	668.93										
67	65426	REMOVAL OF EYE LESION	668.93	00 15									
63	65430	CORNEAL SMEAR	120.17									X	
67	65430	CORNEAL SMEAR	120.17	00 15								X	
63	65435	CURETTE/TREAT CORNEA	83.55										
67	65435	CURETTE/TREAT CORNEA	83.55	00 15									
63	65436	CURETTE/TREAT CORNEA	400.61										
67	65436	CURETTE/TREAT CORNEA	400.61	00 15									
63	65450	DESTROY CORNEAL LESION	334.21										
67	65450	DESTROY CORNEAL LESION	334.21	00 15									
63	65600	REVISION OF CORNEA	408.55										
67	65600	REVISION OF CORNEA	408.55	00 15									
63	65710	CORNEAL TRANSPLANT	1,154.54										
67	65710	CORNEAL TRANSPLANT	1,154.54	00 15									
63	65730	CORNEAL TRANSPLANT	1,279.54										
67	65730	CORNEAL TRANSPLANT	1,279.54	00 15									
63	65750	CORNEAL TRANSPLANT	1,288.17										
67	65750	CORNEAL TRANSPLANT	1,288.17	00 15									
63	65755	KERATOPLASTY, PENETRATING	1,281.58										
67	65755	KERATOPLASTY, PENETRATING	1,281.58	00 15									
63	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,231.16										
67	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,231.16	00 15									
63	65770	KERATOPROSTHESIS	1,448.88										
67	65770	KERATOPROSTHESIS	1,448.88	00 15									
63	65772	CORNEAL RELAX INCISION,CORR SURG AST	464.21										
67	65772	CORNEAL RELAX INCISION,CORR SURG AST	464.21	00 15									
63	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	573.58										
67	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	573.58	00 15									
63	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,367.24									X	
67	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,367.24	00 15								X	
63	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,185.99									X	
67	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,185.99	00 15								X	
63	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	684.56										
67	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	684.56	00 15									
63	65781	OCULAR RECONST, TRANSPLANT	1,382.65										
67	65781	OCULAR RECONST, TRANSPLANT	1,382.65	00 15									
63	65782	OCULAR RECONST, TRANSPLANT	1,190.89		X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	65782	OCULAR RECONST, TRANSPLANT	1,190.89	00 15	X								
63	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,392.14									X	
67	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,392.14	00 15								X	
63	65800	DRAINAGE OF EYE	124.17										
67	65800	DRAINAGE OF EYE	124.17	00 15									
63	65810	DRAINAGE OF EYE	479.86										
67	65810	DRAINAGE OF EYE	479.86	00 15									
63	65815	DRAINAGE OF EYE	651.72										
67	65815	DRAINAGE OF EYE	651.72	00 15									
63	65820	RELIEVE INNER EYE PRESSURE	778.43										
67	65820	RELIEVE INNER EYE PRESSURE	778.43	00 15									
63	65850	TRABECULOTOMY AB EXTERNO	870.27										
67	65850	TRABECULOTOMY AB EXTERNO	870.27	00 15									
63	65855	LASER TRABECULOPLASTY-1/MORE	253.87										
67	65855	LASER TRABECULOPLASTY-1/MORE	253.87	00 15									
63	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	318.08										
67	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	318.08	00 15									
63	65865	INCISE INNER EYE ADHESIONS	487.47										
67	65865	INCISE INNER EYE ADHESIONS	487.47	00 15									
63	65870	INCISE INNER EYE ADHESIONS	608.64										
67	65870	INCISE INNER EYE ADHESIONS	608.64	00 15									
63	65875	INCISE INNER EYE ADHESIONS	649.56										
67	65875	INCISE INNER EYE ADHESIONS	649.56	00 15									
63	65880	INCISE INNER EYE ADHESIONS	684.36										
67	65880	INCISE INNER EYE ADHESIONS	684.36	00 15									
63	65900	REMOVE EYE LESION	1,004.11										
67	65900	REMOVE EYE LESION	1,004.11	00 15									
63	65920	REMOVE IMPLANT FROM EYE	813.51										
67	65920	REMOVE IMPLANT FROM EYE	813.51	00 15									
63	65930	REMOVE BLOOD CLOT FROM EYE	658.32										
67	65930	REMOVE BLOOD CLOT FROM EYE	658.32	00 15									
63	66020	INJECTION TREATMENT OF EYE	193.09									X	
67	66020	INJECTION TREATMENT OF EYE	193.09	00 15								X	
63	66030	INJECTION TREATMENT OF EYE	172.34									X	
67	66030	INJECTION TREATMENT OF EYE	172.34	00 15								X	
63	66130	REMOVE EYE LESION	718.76										
67	66130	REMOVE EYE LESION	718.76	00 15									
63	66150	INCISION OF EYE	902.32										
67	66150	INCISION OF EYE	902.32	00 15									
63	66155	INCISION OF EYE	901.59										
67	66155	INCISION OF EYE	901.59	00 15									
63	66160	INCISION OF EYE	1,019.44										
67	66160	INCISION OF EYE	1,019.44	00 15									
63	66170	INCISION OF EYE	1,130.11										
67	66170	INCISION OF EYE	1,130.11	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,229.33											
67	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,229.33	00	15									
63	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	982.36										X	
67	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	982.36	00	15								X	
63	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	1,029.84										X	
67	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	1,029.84	00	15								X	
63	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,114.73							X				
67	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,114.73	00	15					X				
63	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,177.45											
67	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,177.45	00	15									
63	66183	Insertion of eye fluid drainage devi	1,064.10											
67	66183	Insertion of eye fluid drainage devi	1,064.10	00	15									
63	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	809.00											
67	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	809.00	00	15									
63	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	872.28											
67	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	872.28	00	15									
63	66225	REPAIR/GRAFT EYE LESION	965.53											
67	66225	REPAIR/GRAFT EYE LESION	965.53	00	15									
63	66250	FOLLOW-UP SURGERY OF EYE	764.50											
67	66250	FOLLOW-UP SURGERY OF EYE	764.50	00	15									
63	66500	INCISION OF IRIS	366.47											
67	66500	INCISION OF IRIS	366.47	00	15									
63	66505	INCISION OF THE IRIS	401.61											
67	66505	INCISION OF THE IRIS	401.61	00	15									
63	66600	REMOVE IRIS AND LESION	866.19											
67	66600	REMOVE IRIS AND LESION	866.19	00	15									
63	66605	REMOVAL OF IRIS	1,105.05											
67	66605	REMOVAL OF IRIS	1,105.05	00	15									
63	66625	REMOVAL OF IRIS	442.25											
67	66625	REMOVAL OF IRIS	442.25	00	15									
63	66630	REMOVAL OF IRIS	587.31											
67	66630	REMOVAL OF IRIS	587.31	00	15									
63	66635	REMOVAL OF IRIS	593.25											
67	66635	REMOVAL OF IRIS	593.25	00	15									
63	66680	REPAIR IRIS & CILIARY BODY	533.11											
67	66680	REPAIR IRIS & CILIARY BODY	533.11	00	15									
63	66682	SUTURE OF IRIS, CILIARY BODY	663.10											
67	66682	SUTURE OF IRIS, CILIARY BODY	663.10	00	15									
63	66710	CILIARY BODY DESTRUCTION;	455.04											
67	66710	CILIARY BODY DESTRUCTION;	455.04	00	15									
63	66711	CILIARY ENDOSCOPIC ABLATION	662.43											
67	66711	CILIARY ENDOSCOPIC ABLATION	662.43	00	15									
63	66720	RELIEVE INNER EYE PRESSURE	472.02											
67	66720	RELIEVE INNER EYE PRESSURE	472.02	00	15									
63	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	304.51											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	304.51	00	15									
63	66762	REVISION OF IRIS	489.16											
67	66762	REVISION OF IRIS	489.16	00	15									
63	66770	REMOVAL OF INNER EYE LESION	543.99											
67	66770	REMOVAL OF INNER EYE LESION	543.99	00	15									
63	66820	INCISION OF LENS LESION	410.20											
67	66820	INCISION OF LENS LESION	410.20	00	15									
63	66821	DISCISSION OF SECONDARY;LASER	337.95											
67	66821	DISCISSION OF SECONDARY;LASER	337.95	00	15									
63	66825	REPOSITIONING OF INTRAOCULAR LENS PR	789.39											
67	66825	REPOSITIONING OF INTRAOCULAR LENS PR	789.39	00	15									
63	66830	REMOVAL OF LENS LESION	734.21											
67	66830	REMOVAL OF LENS LESION	734.21	00	15									
63	66840	REMOVAL OF LENS MATERIAL	720.24											
67	66840	REMOVAL OF LENS MATERIAL	720.24	00	15									
63	66850	REMOVAL OF LENS MATERIAL	820.15											
67	66850	REMOVAL OF LENS MATERIAL	820.15	00	15									
63	66852	REMOVAL LENS MATERIAL, ASPIRATION	874.56											
67	66852	REMOVAL LENS MATERIAL, ASPIRATION	874.56	00	15									
63	66920	EXTRACTION OF LENS	780.25											
67	66920	EXTRACTION OF LENS	780.25	00	15									
63	66930	EXTRACTION OF LENS	887.09											
67	66930	EXTRACTION OF LENS	887.09	00	15									
63	66940	EXTRACTION OF LENS	809.39											
67	66940	EXTRACTION OF LENS	809.39	00	15									
63	66982	CATARACT SURGERY, COMPLEX	824.16											
67	66982	CATARACT SURGERY, COMPLEX	824.16	00	15									
63	66983	INTRA CATARACT EXTRAC W/LENS	769.35											
67	66983	INTRA CATARACT EXTRAC W/LENS	769.35	00	15									
63	66984	EXTRA CATARACT REMOVAL W/LENS	661.27											
67	66984	EXTRA CATARACT REMOVAL W/LENS	661.27	00	15									
63	66985	INSERT LENS PROSTHESIS	794.66											
67	66985	INSERT LENS PROSTHESIS	794.66	00	15									
63	66986	EXCHANGE OF INTRAOCULAR LENS	941.60											
67	66986	EXCHANGE OF INTRAOCULAR LENS	941.60	00	15									
63	66990	OPHTHALMIC ENDOSCOPE ADD-ON	94.86											
67	66990	OPHTHALMIC ENDOSCOPE ADD-ON	94.86	00	15									
63	67005	PARTIAL REMOVAL OF EYE FLUID	486.97											
67	67005	PARTIAL REMOVAL OF EYE FLUID	486.97	00	15									
63	67010	PARTIAL REMOVAL OF EYE FLUID	560.74											
67	67010	PARTIAL REMOVAL OF EYE FLUID	560.74	00	15									
63	67015	RELEASE OF EYE FLUID	600.63											
67	67015	RELEASE OF EYE FLUID	600.63	00	15									
63	67025	REPLACE EYE FLUID	750.67											
67	67025	REPLACE EYE FLUID	750.67	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	67027	IMPLANT EYE DRUG SYSTEM	883.40											
67	67027	IMPLANT EYE DRUG SYSTEM	883.40	00	15									
63	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	105.77											
67	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	105.77	00	15									
63	67030	INCISE INNER EYE STRANDS	548.65											
67	67030	INCISE INNER EYE STRANDS	548.65	00	15									
63	67031	SEVERING OF VITREOUS STRANDS, VITREO	400.89											
67	67031	SEVERING OF VITREOUS STRANDS, VITREO	400.89	00	15									
63	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	933.45											
67	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	933.45	00	15									
63	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	1,000.90											
67	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	1,000.90	00	15									
63	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,082.71											
67	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,082.71	00	15									
63	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,198.00											
67	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,198.00	00	15									
63	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,198.00											
67	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,198.00	00	15									
63	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,264.53											
67	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,264.53	00	15									
63	67101	REPAIR DETACHED RETINA	337.74											
67	67101	REPAIR DETACHED RETINA	337.74	00	15									
63	67105	PHOTOCOAGULATION/DETACHED RET	304.86											
67	67105	PHOTOCOAGULATION/DETACHED RET	304.86	00	15									
63	67107	REPAIR DETACHED RETINA	1,177.19											
67	67107	REPAIR DETACHED RETINA	1,177.19	00	15									
63	67108	REPAIR DETACHED RETINA	1,247.95											
67	67108	REPAIR DETACHED RETINA	1,247.95	00	15									
63	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	905.96											
67	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	905.96	00	15									
63	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,392.07											
67	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,392.07	00	15									
63	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	513.99											
67	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	513.99	00	15									
63	67120	REMOVE EYE IMPLANT MATERIAL	677.83											
67	67120	REMOVE EYE IMPLANT MATERIAL	677.83	00	15									
63	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	940.88											
67	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	940.88	00	15									
63	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	538.98											
67	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	538.98	00	15									
63	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	543.23											
67	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	543.23	00	15									
63	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	619.86											
67	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	619.86	00	15									
63	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	533.32											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	533.32	00 15									
63	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,444.13										
67	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,444.13	00 15									
63	67220	TREAT CHOROID LESION	548.96										
67	67220	TREAT CHOROID LESION	548.96	00 15									
63	67221	OCULAR PHOTODYNAMIC THER	292.20										
67	67221	OCULAR PHOTODYNAMIC THER	292.20	00 15									
63	67225	EYE PHOTODYNAMIC THER ADD-ON	30.94										
67	67225	EYE PHOTODYNAMIC THER ADD-ON	30.94	00 15									
63	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	301.71										
67	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	301.71	00 15									
63	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	353.52										
67	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	353.52	00 15									
63	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,211.01	00 00									
67	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,211.01	00 00									
63	67250	REINFORCE EYE WALL	818.30										
67	67250	REINFORCE EYE WALL	818.30	00 15									
63	67255	REINFORCE/GRAFT EYE WALL	703.49										
67	67255	REINFORCE/GRAFT EYE WALL	703.49	00 15									
63	67311	REVISE EYE MUSCLE	616.75										
67	67311	REVISE EYE MUSCLE	616.75	00 15									
63	67312	REVISE TWO EYE MUSCLES	737.75										
67	67312	REVISE TWO EYE MUSCLES	737.75	00 15									
63	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	694.74										
67	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	694.74	00 15									
63	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	829.64										
67	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	829.64	00 15									
63	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	725.76										
67	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	725.76	00 15									
63	67320	REVISE EYE MUSCLE(S)	339.82										
67	67320	REVISE EYE MUSCLE(S)	339.82	00 15									
63	67331	STRABISMUS SURG W/PREV EYE SURG	322.44										
67	67331	STRABISMUS SURG W/PREV EYE SURG	322.44	00 15									
63	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	349.81										
67	67332	STRABISMUS SURG W/SCAR EXTRAOC	349.81	00 15									
63	67334	STRABISMUS SURG,POST FIX SUTURE TECH	318.24										
67	67334	STRABISMUS SURG,POST FIX SUTURE TECH	318.24	00 15									
63	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	156.01										
67	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	156.01	00 15									
63	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	377.45										
67	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	377.45	00 15									
63	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	674.56										
67	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	674.56	00 15									
63	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	254.60										
67	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	254.60	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	67346	BIOPSY OF EXTRAOCULAR MUSCLE	201.87											
67	67346	BIOPSY OF EXTRAOCULAR MUSCLE	201.87	00	15									
63	67400	EXPLORE/BIOPSY EYE SOCKET	968.93											
67	67400	EXPLORE/BIOPSY EYE SOCKET	968.93	00	15									
63	67405	EXPLORE/DRAIN EYE SOCKET	826.34											
67	67405	EXPLORE/DRAIN EYE SOCKET	826.34	00	15									
63	67412	EXPLORE/TREAT EYE SOCKET	892.96											
67	67412	EXPLORE/TREAT EYE SOCKET	892.96	00	15									
63	67413	EXPLORE/TREAT EYE SOCKET	893.38											
67	67413	EXPLORE/TREAT EYE SOCKET	893.38	00	15									
63	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,390.00											
67	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,390.00	00	15									
63	67415	BIOPSY OF EYE	110.12											
67	67415	BIOPSY OF EYE	110.12	00	15									
63	67420	EXPLORE/TREAT EYE SOCKET	1,689.37											
67	67420	EXPLORE/TREAT EYE SOCKET	1,689.37	00	15									
63	67430	EXPLORE/TREAT EYE SOCKET	1,300.96											
67	67430	EXPLORE/TREAT EYE SOCKET	1,300.96	00	15									
63	67440	EXPLORE/DRAIN EYE SOCKET	1,259.23											
67	67440	EXPLORE/DRAIN EYE SOCKET	1,259.23	00	15									
63	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,470.83											
67	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,470.83	00	15									
63	67450	EXPLORE/BIOPSY EYE SOCKET	1,308.75											
67	67450	EXPLORE/BIOPSY EYE SOCKET	1,308.75	00	15									
63	67500	INJECT/TREAT EYE SOCKET	74.84											
67	67500	INJECT/TREAT EYE SOCKET	74.84	00	15									
63	67505	INJECT/TREAT EYE SOCKET	87.08											
67	67505	INJECT/TREAT EYE SOCKET	87.08	00	15									
63	67515	INJECTION OF MEDICATION OR SUBSTANCE	79.97											
67	67515	INJECTION OF MEDICATION OR SUBSTANCE	79.97	00	15									
63	67550	INSERT EYE SOCKET IMPLANT	1,007.84											
67	67550	INSERT EYE SOCKET IMPLANT	1,007.84	00	15									
63	67560	REVISE EYE SOCKET IMPLANT	1,033.06											
67	67560	REVISE EYE SOCKET IMPLANT	1,033.06	00	15									
63	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,242.26											
67	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,242.26	00	15									
63	67700	DRAINAGE OF EYELID ABSCESS	273.16											
67	67700	DRAINAGE OF EYELID ABSCESS	273.16	00	15									
63	67710	INCISION OF EYELID	228.55											
67	67710	INCISION OF EYELID	228.55	00	15									
63	67715	INCISION OF EYELID FOLD	247.46											
67	67715	INCISION OF EYELID FOLD	247.46	00	15									
63	67800	REMOVE EYELID LESION	131.02											
67	67800	REMOVE EYELID LESION	131.02	00	15									
63	67801	REMOVE EYELID LESIONS	167.65											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	67801	REMOVE EYELID LESIONS	167.65	00	15									
63	67805	REMOVE EYELID LESIONS	207.62											
67	67805	REMOVE EYELID LESIONS	207.62	00	15									
63	67808	REMOVE EYELID LESION(S)	379.51											
67	67808	REMOVE EYELID LESION(S)	379.51	00	15									
63	67810	BIOPSY OF EYELID	176.37											
67	67810	BIOPSY OF EYELID	176.37	00	15									
63	67820	REVISE EYELASHES	33.24											
67	67820	REVISE EYELASHES	33.24	00	15									
63	67825	REVISE EYELASHES	133.47											
67	67825	REVISE EYELASHES	133.47	00	15									
63	67830	REVISE EYELASHES	268.79											
67	67830	REVISE EYELASHES	268.79	00	15									
63	67835	REVISE EYELASHES	453.52											
67	67835	REVISE EYELASHES	453.52	00	15									
63	67840	REMOVE EYELID LESION	279.80											
67	67840	REMOVE EYELID LESION	279.80	00	15									
63	67850	TREAT EYELID LESION	218.03											
67	67850	TREAT EYELID LESION	218.03	00	15									
63	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	175.74											
67	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	175.74	00	15									
63	67880	REVISION OF EYELID	470.01											
67	67880	REVISION OF EYELID	470.01	00	15									
63	67882	REVISION OF EYELID	578.52											
67	67882	REVISION OF EYELID	578.52	00	15									
63	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	657.87											
67	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	657.87	00	15									
63	67901	REPAIR EYELID DEFECT	785.03											
67	67901	REPAIR EYELID DEFECT	785.03	00	15									
63	67902	REPAIR EYELID DEFECT	749.94											
67	67902	REPAIR EYELID DEFECT	749.94	00	15									
63	67903	REPAIR EYELID DEFECT	611.27											
67	67903	REPAIR EYELID DEFECT	611.27	00	15									
63	67904	REPAIR EYELID DEFECT	753.72											
67	67904	REPAIR EYELID DEFECT	753.72	00	15									
63	67906	REPAIR EYELID DEFECT	526.75											
67	67906	REPAIR EYELID DEFECT	526.75	00	15									
63	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	509.33											
67	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	509.33	00	15									
63	67909	REVISE EYELID DEFECT	551.54										X	
67	67909	REVISE EYELID DEFECT	551.54	00	15								X	
63	67911	REVISE EYELID DEFECT	582.06											
67	67911	REVISE EYELID DEFECT	582.06	00	15									
63	67912	CORRECTION EYELID W/ IMPLANT	899.02											
67	67912	CORRECTION EYELID W/ IMPLANT	899.02	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	67914	REPAIR EYELID DEFECT	479.43											
67	67914	REPAIR EYELID DEFECT	479.43	00	15									
63	67915	REPAIR EYELID DEFECT	300.15			X								
67	67915	REPAIR EYELID DEFECT	300.15	00	15	X								
63	67916	REPAIR EYELID DEFECT	608.34											
67	67916	REPAIR EYELID DEFECT	608.34	00	15									
63	67917	REPAIR EYELID DEFECT	621.19											
67	67917	REPAIR EYELID DEFECT	621.19	00	15									
63	67921	REPAIR EYELID DEFECT	469.48											
67	67921	REPAIR EYELID DEFECT	469.48	00	15									
63	67922	REPAIR EYELID DEFECT	295.05											
67	67922	REPAIR EYELID DEFECT	295.05	00	15									
63	67923	REPAIR EYELID DEFECT	608.22											
67	67923	REPAIR EYELID DEFECT	608.22	00	15									
63	67924	REPAIR EYELID DEFECT	648.25											
67	67924	REPAIR EYELID DEFECT	648.25	00	15									
63	67930	REPAIR EYELID WOUND	373.64											
67	67930	REPAIR EYELID WOUND	373.64	00	15									
63	67935	REPAIR EYELID WOUND	610.65											
67	67935	REPAIR EYELID WOUND	610.65	00	15									
63	67938	REMOVE EYELID FOREIGN BODY	251.41										X	
67	67938	REMOVE EYELID FOREIGN BODY	251.41	00	15								X	
63	67950	REVISION OF EYELID	588.84											
67	67950	REVISION OF EYELID	588.84	00	15									
63	67961	REVISION OF EYELID	590.52											
67	67961	REVISION OF EYELID	590.52	00	15									
63	67966	REVISION OF EYELID	793.68											
67	67966	REVISION OF EYELID	793.68	00	15									
63	67971	RECONSTRUCTION OF EYELID	752.12											
67	67971	RECONSTRUCTION OF EYELID	752.12	00	15									
63	67973	RECONSTRUCTION OF EYELID	968.56											
67	67973	RECONSTRUCTION OF EYELID	968.56	00	15									
63	67974	RECONSTRUCTION OF EYELID	965.92											
67	67974	RECONSTRUCTION OF EYELID	965.92	00	15									
63	67975	RECONSTRUCTION OF EYELID	710.94											
67	67975	RECONSTRUCTION OF EYELID	710.94	00	15									
63	68020	INCISE/DRAIN EYELID LINING	124.26											
67	68020	INCISE/DRAIN EYELID LINING	124.26	00	15									
63	68040	TREATMENT OF EYELID LESIONS	64.77											
67	68040	TREATMENT OF EYELID LESIONS	64.77	00	15									
63	68100	BIOPSY OF EYELID LINING	175.96											
67	68100	BIOPSY OF EYELID LINING	175.96	00	15									
63	68110	REMOVE EYELID LINING LESION	232.38											
67	68110	REMOVE EYELID LINING LESION	232.38	00	15									
63	68115	REMOVE EYELID LINING LESION	320.85											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	68115	REMOVE EYELID LINING LESION	320.85	00 15									
63	68130	REMOVE EYELID LINING LESION	552.62										
67	68130	REMOVE EYELID LINING LESION	552.62	00 15									
63	68135	REMOVE EYELID LINING LESION	162.46										
67	68135	REMOVE EYELID LINING LESION	162.46	00 15									
63	68200	TREAT EYELID BY INJECTION	42.71										
67	68200	TREAT EYELID BY INJECTION	42.71	00 15									
63	68320	REVISE/GRAFT EYELID LINING	742.34										
67	68320	REVISE/GRAFT EYELID LINING	742.34	00 15									
63	68325	REVISE/GRAFT EYELID LINING	679.99										
67	68325	REVISE/GRAFT EYELID LINING	679.99	00 15									
63	68326	REVISE/GRAFT EYELID LINING	667.65										
67	68326	REVISE/GRAFT EYELID LINING	667.65	00 15									
63	68328	REVISE/GRAFT EYELID LINING	733.58										
67	68328	REVISE/GRAFT EYELID LINING	733.58	00 15									
63	68330	REVISE EYELID LINING	621.08										
67	68330	REVISE EYELID LINING	621.08	00 15									
63	68335	REVISE/GRAFT EYELID LINING	670.20										
67	68335	REVISE/GRAFT EYELID LINING	670.20	00 15									
63	68340	SEPARATE EYELID ADHESIONS	570.63										
67	68340	SEPARATE EYELID ADHESIONS	570.63	00 15									
63	68360	REVISE EYELID LINING	547.64										
67	68360	REVISE EYELID LINING	547.64	00 15									
63	68362	REVISE EYELID LINING	679.47										
67	68362	REVISE EYELID LINING	679.47	00 15									
63	68371	HARVEST EYE TISSUE, ALOGRAFT	425.47										
67	68371	HARVEST EYE TISSUE, ALOGRAFT	425.47	00 15									
63	68400	INCISE/DRAIN TEAR GLAND	289.14										
67	68400	INCISE/DRAIN TEAR GLAND	289.14	00 15									
63	68420	INCISE/DRAIN TEAR SAC	327.72										
67	68420	INCISE/DRAIN TEAR SAC	327.72	00 15									
63	68440	INCISE TEAR DUCT OPENING	104.36										
67	68440	INCISE TEAR DUCT OPENING	104.36	00 15									
63	68500	REMOVAL OF TEAR GLAND	1,013.51										
67	68500	REMOVAL OF TEAR GLAND	1,013.51	00 15									
63	68505	PARTIAL REMOVAL TEAR GLAND	1,008.74										
67	68505	PARTIAL REMOVAL TEAR GLAND	1,008.74	00 15									
63	68510	BIOPSY OF TEAR GLAND	460.61										
67	68510	BIOPSY OF TEAR GLAND	460.61	00 15									
63	68520	REMOVAL OF TEAR SAC	712.52										
67	68520	REMOVAL OF TEAR SAC	712.52	00 15									
63	68525	BIOPSY OF TEAR SAC	279.03										
67	68525	BIOPSY OF TEAR SAC	279.03	00 15									
63	68530	CLEARANCE OF TEAR DUCT	435.93										
67	68530	CLEARANCE OF TEAR DUCT	435.93	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	68540	REMOVE TEAR GLAND LESION	964.25										
67	68540	REMOVE TEAR GLAND LESION	964.25	00 15									
63	68550	EXCISION OF LACRIMAL GLAND TUMOR;	1,184.38										
67	68550	REMOVE TEAR GLAND LESION	1,184.38	00 15									
63	68700	REPAIR TEAR DUCTS	624.57										
67	68700	REPAIR TEAR DUCTS	624.57	00 15									
63	68705	REVISE TEAR DUCT OPENING	248.62										
67	68705	REVISE TEAR DUCT OPENING	248.62	00 15									
63	68720	CREATE TEAR SAC DRAIN	786.45										
67	68720	CREATE TEAR SAC DRAIN	786.45	00 15									
63	68745	CREATE TEAR DUCT DRAIN	788.53										
67	68745	CREATE TEAR DUCT DRAIN	788.53	00 15									
63	68750	CREATE TEAR DUCT DRAIN	817.55										
67	68750	CREATE TEAR DUCT DRAIN	817.55	00 15									
63	68760	CLOSE TEAR DUCT OPENING	210.46										
67	68760	CLOSE TEAR DUCT OPENING	210.46	00 15									
63	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	150.60									X	
67	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	150.60	00 15								X	
63	68770	CLOSE TEAR SYSTEM FISTULA	650.75										
67	68770	CLOSE TEAR SYSTEM FISTULA	650.75	00 15									
63	68801	DILATE TEAR DUCT OPENING	91.50										
67	68801	DILATE TEAR DUCT OPENING	91.50	00 15									
63	68810	PROBE NASOLACRIMAL DUCT	159.91										
67	68810	PROBE NASOLACRIMAL DUCT	159.91	00 15									
63	68811	PROBE NASOLACRIMAL DUCT	140.74										
67	68811	PROBE NASOLACRIMAL DUCT	140.74	00 15									
63	68815	PROBE NASOLACRIMAL DUCT	395.19										
67	68815	PROBE NASOLACRIMAL DUCT	395.19	00 15									
63	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	707.74										
67	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	707.74	00 15									
63	68840	EXPLORE/IRRIGATE TEAR DUCTS	131.43										
67	68840	EXPLORE/IRRIGATE TEAR DUCTS	131.43	00 15									
63	68850	INJECTION FOR TEAR SAC X-RAY	65.14										
67	68850	INJECTION FOR TEAR SAC X-RAY	65.14	00 15									
63	69000	DRAIN EXTERNAL EAR LESION	188.56										
67	69000	DRAIN EXTERNAL EAR LESION	188.56	00 15									
63	69005	DRAIN EXTERNAL EAR LESION	221.52										
67	69005	DRAIN EXTERNAL EAR LESION	221.52	00 15									
63	69020	DRAIN OUTER EAR CANAL LESION	232.55										
67	69020	DRAIN OUTER EAR CANAL LESION	232.55	00 15									
63	69100	BIOPSY OF EXTERNAL EAR	99.64										
67	69100	BIOPSY OF EXTERNAL EAR	99.64	00 15									
63	69105	BIOPSY OF EXTERNAL EAR CANAL	140.73										
67	69105	BIOPSY OF EXTERNAL EAR CANAL	140.73	00 15									
63	69110	PARTIAL REMOVAL EXTERNAL EAR	463.69										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	69110	PARTIAL REMOVAL EXTERNAL EAR	463.69	00 15									
63	69120	REMOVAL OF EXTERNAL EAR	412.83										
67	69120	REMOVAL OF EXTERNAL EAR	412.83	00 15									
63	69140	REMOVE EAR CANAL LESION(S)	899.58										
67	69140	REMOVE EAR CANAL LESION(S)	899.58	00 15									
63	69145	REMOVE EAR CANAL LESION(S)	394.97										
67	69145	REMOVE EAR CANAL LESION(S)	394.97	00 15									
63	69150	EXTENSIVE EAR CANAL SURGERY	1,086.29										
67	69150	EXTENSIVE EAR CANAL SURGERY	1,086.29	00 15									
63	69155	EXTENSIVE EAR/NECK SURGERY	1,741.37										
67	69155	EXTENSIVE EAR/NECK SURGERY	1,741.37	00 15									
63	69200	CLEAR OUTER EAR CANAL	83.38										
67	69200	CLEAR OUTER EAR CANAL	83.38	00 15									
63	69205	CLEAR OUTER EAR CANAL	103.12										
67	69205	CLEAR OUTER EAR CANAL	103.12	00 15									
63	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	49.02										
67	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	49.02	00 15									
63	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	82.86										
67	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	82.86	00 15									
63	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	216.79										
67	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	216.79	00 15									
63	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,121.70			X						X	
67	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,121.70	00 15		X						X	
63	69320	REBUILD OUTER EAR CANAL	1,583.92										
67	69320	REBUILD OUTER EAR CANAL	1,583.92	00 15									
63	69420	INCISION OF EARDRUM	190.54										
67	69420	INCISION OF EARDRUM	190.54	00 15									
63	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	154.24										
67	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	154.24	00 15									
63	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	128.49										
67	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	128.49	00 15									
63	69433	OFFICE TYMPANOSTOMY, UNILAT	202.25										
67	69433	OFFICE TYMPANOSTOMY, UNILAT	202.25	00 15									
63	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	165.33										
67	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	165.33	00 15									
63	69440	EXPLORATION OF MIDDLE EAR	711.10										
67	69440	EXPLORATION OF MIDDLE EAR	711.10	00 15									
63	69450	TYMPANOLYSIS, TRANSCANAL	560.09										
67	69450	TYMPANOLYSIS, TRANSCANAL	560.09	00 15									
63	69501	MASTOIDECTOMY	756.47										
67	69501	MASTOIDECTOMY	756.47	00 15									
63	69502	MASTOIDECTOMY	1,005.79										
67	69502	MASTOIDECTOMY	1,005.79	00 15									
63	69505	REMOVE MASTOID STRUCTURES	1,244.57										
67	69505	REMOVE MASTOID STRUCTURES	1,244.57	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	69511	EXTENSIVE MASTOID SURGERY	1,276.83											
67	69511	EXTENSIVE MASTOID SURGERY	1,276.83	00	15									
63	69530	EXTENSIVE MASTOID SURGERY	1,725.19											
67	69530	EXTENSIVE MASTOID SURGERY	1,725.19	00	15									
63	69535	REMOVE PART OF TEMPORAL BONE	2,838.27											
67	69535	REMOVE PART OF TEMPORAL BONE	2,838.27	00	15									
63	69540	REMOVE EAR LESION	207.07											
67	69540	REMOVE EAR LESION	207.07	00	15									
63	69550	REMOVE EAR LESION	1,075.12											
67	69550	REMOVE EAR LESION	1,075.12	00	15									
63	69552	REMOVE EAR LESION	1,640.88											
67	69552	REMOVE EAR LESION	1,640.88	00	15									
63	69554	REMOVE EAR LESION	2,659.39											
67	69554	REMOVE EAR LESION	2,659.39	00	15									
63	69601	MASTOID SURGERY REVISION	1,083.80											
67	69601	MASTOID SURGERY REVISION	1,083.80	00	15									
63	69602	MASTOID SURGERY REVISION	1,135.03											
67	69602	MASTOID SURGERY REVISION	1,135.03	00	15									
63	69603	MASTOID SURGERY REVISION	1,307.14											
67	69603	MASTOID SURGERY REVISION	1,307.14	00	15									
63	69604	MASTOID SURGERY REVISION	1,162.01											
67	69604	MASTOID SURGERY REVISION	1,162.01	00	15									
63	69605	MASTOID SURGERY REVISION	1,624.60											
67	69605	MASTOID SURGERY REVISION	1,624.60	00	15									
63	69610	REPAIR OF EARDRUM	395.09											
67	69610	REPAIR OF EARDRUM	395.09	00	15									
63	69620	REPAIR OF EARDRUM	709.89											
67	69620	REPAIR OF EARDRUM	709.89	00	15									
63	69631	REPAIR EARDRUM STRUCTURES	914.82											
67	69631	REPAIR EARDRUM STRUCTURES	914.82	00	15									
63	69632	REBUILD EARDRUM STRUCTURES	1,120.05											
67	69632	REBUILD EARDRUM STRUCTURES	1,120.05	00	15									
63	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,084.45											
67	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,084.45	00	15									
63	69635	REPAIR EARDRUM STRUCTURES	1,286.76											
67	69635	REPAIR EARDRUM STRUCTURES	1,286.76	00	15									
63	69636	REBUILD EARDRUM STRUCTURES	1,430.40											
67	69636	REBUILD EARDRUM STRUCTURES	1,430.40	00	15									
63	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,451.82											
67	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,451.82	00	15									
63	69641	REVISE MIDDLE EAR & MASTOID	1,084.62											
67	69641	REVISE MIDDLE EAR & MASTOID	1,084.62	00	15									
63	69642	REVISE MIDDLE EAR & MASTOID	1,397.74											
67	69642	REVISE MIDDLE EAR & MASTOID	1,397.74	00	15									
63	69643	REVISE MIDDLE EAR & MASTOID	1,276.81											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	69643	REVISE MIDDLE EAR & MASTOID	1,276.81	00	15									
63	69644	REVISE MIDDLE EAR & MASTOID	1,537.82											
67	69644	REVISE MIDDLE EAR & MASTOID	1,537.82	00	15									
63	69645	REVISE MIDDLE EAR & MASTOID	1,509.82											
67	69645	REVISE MIDDLE EAR & MASTOID	1,509.82	00	15									
63	69646	REVISE MIDDLE EAR & MASTOID	1,610.28											
67	69646	REVISE MIDDLE EAR & MASTOID	1,610.28	00	15									
63	69650	RELEASE MIDDLE EAR BONE	834.97											
67	69650	RELEASE MIDDLE EAR BONE	834.97	00	15									
63	69660	REVISE MIDDLE EAR BONE	968.79											
67	69660	REVISE MIDDLE EAR BONE	968.79	00	15									
63	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,263.65											
67	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,263.65	00	15									
63	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,214.67											
67	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,214.67	00	15									
63	69666	REPAIR MIDDLE EAR STRUCTURES	839.90											
67	69666	REPAIR MIDDLE EAR STRUCTURES	839.90	00	15									
63	69667	REPAIR MIDDLE EAR STRUCTURES	843.48											
67	69667	REPAIR MIDDLE EAR STRUCTURES	843.48	00	15									
63	69670	REMOVE MASTOID AIR CELLS	982.41											
67	69670	REMOVE MASTOID AIR CELLS	982.41	00	15									
63	69676	TYMPANIC NEURECTOMY; UNILATERAL	860.43											
67	69676	TYMPANIC NEURECTOMY; UNILATERAL	860.43	00	15									
63	69700	CLOSE MASTOID FISTULA	706.54											
67	69700	CLOSE MASTOID FISTULA	706.54	00	15									
63	69714	IMPLANT TEMPLE BONE W/STIMUL	1,123.49											
67	69714	IMPLANT TEMPLE BONE W/STIMUL	1,123.49	00	15									
63	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,393.78									X		
67	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,393.78	00	15							X		
63	69717	TEMPLE BONE IMPLANT REVISION	1,178.56									X		
67	69717	TEMPLE BONE IMPLANT REVISION	1,178.56	00	15							X		
63	69718	REVISE TEMPLE BONE IMPLANT	1,408.13									X		
67	69718	REVISE TEMPLE BONE IMPLANT	1,408.13	00	15							X		
63	69720	RELEASE FACIAL NERVE	1,253.62											
67	69720	RELEASE FACIAL NERVE	1,253.62	00	15									
63	69725	RELEASE FACIAL NERVE	1,987.60											
67	69725	RELEASE FACIAL NERVE	1,987.60	00	15									
63	69740	REPAIR FACIAL NERVE	1,227.46											
67	69740	REPAIR FACIAL NERVE	1,227.46	00	15									
63	69745	REPAIR FACIAL NERVE	1,304.30											
67	69745	REPAIR FACIAL NERVE	1,304.30	00	15									
63	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	210.65											
67	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	210.65	00	15									
63	69805	EXPLORE INNER EAR	1,102.41											
67	69805	EXPLORE INNER EAR	1,102.41	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	69806	EXPLORE INNER EAR	980.70										
67	69806	EXPLORE INNER EAR	980.70	00 15									
63	69905	REMOVE INNER EAR	954.72										
67	69905	REMOVE INNER EAR	954.72	00 15									
63	69910	REMOVE INNER EAR & MASTOID	1,061.26										
67	69910	REMOVE INNER EAR & MASTOID	1,061.26	00 15									
63	69915	INCISE INNER EAR NERVE	1,619.98										
67	69915	INCISE INNER EAR NERVE	1,619.98	00 15									
63	69930	COCHLEAR DEVICE IMPLANTATION	1,291.92	16 20		X						X	
67	69930	COCHLEAR DEVICE IMPLANTATION	1,291.92	01 15		X						X	
63	69950	INCISE INNER EAR NERVE	1,887.30										
67	69950	INCISE INNER EAR NERVE	1,887.30	00 15									
63	69955	RELEASE FACIAL NERVE	2,093.67										
67	69955	RELEASE FACIAL NERVE	2,093.67	00 15									
63	69960	RELEASE INNER EAR CANAL	2,034.66										
67	69960	RELEASE INNER EAR CANAL	2,034.66	00 15									
63	69970	REMOVE INNER EAR LESION	2,270.83										
67	69970	REMOVE INNER EAR LESION	2,270.83	00 15									
63	69990	MICROSURGERY ADD-ON	248.64										
67	69990	MICROSURGERY ADD-ON	248.64	00 15									
63	70010	MYELOGRAPHY; INTERPRETATION ONLY	65.14										
65	70015	CISTERNOGRAPHY; INTERPRET ONLY	63.77										
65	70030	X-RAY EYE; DETECT FOREIGN BODY	9.02									X	
65	70100	X-RAY MANDIBLE; PARTIAL	9.74										
65	70110	X-RAY MANDIBLE; COMPLETE	13.44										
65	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	9.74									X	
65	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	18.36									X	
65	70134	X-RAY INTERNAL AUDITORY MEATI	18.58									X	
65	70140	X-RAY FACIAL BONES; L3 VIEWS	10.80										
65	70150	X-RAY FACIAL BONES; COMPLETE	14.16										
65	70160	X-RAY NASAL BONES; COMPLETE	9.36										
65	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	16.15										
65	70190	X-RAY OPTIC FORAMINA	11.57									X	
65	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	14.93									X	
65	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	9.36										
65	70220	X-RAY SINUSES; PARANASAL; COMPLETE	13.44										
65	70240	X-RAY SELLA TURCICA	10.46										
65	70250	X-RAY SKULL; LESS THAN 4 VIEWS	13.40										
65	70260	X-RAY SKULL; COMPLETE	18.70										
65	70300	X-RAY TEETH; SINGLE VIEW	5.99										
65	70310	X-RAY TEETH; PARTIAL EXAM	8.29										
65	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	13.09										
65	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	9.74										
65	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	13.06										
65	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	28.87										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	70336	MRI,TEMPOROMANDIBULAR JOINT	78.40										
65	70350	CEPHALOGRAM; ORTHODONTIC	10.49										
65	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	11.64										
65	70360	X-RAY NECK; SOFT TISSUE	9.02										
65	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	15.78										
65	70380	X-RAY SALIVARY GLANDFOR CALCULUS	9.02										
65	70390	SIALOGRAPHY; INTERPRETATION ONLY	20.23										
65	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	45.40										
65	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	60.78										
65	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	67.85										
65	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	68.24										
65	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	73.88										
65	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	77.25										
65	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	45.74										
65	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	59.99										
65	70488	CAT;MAXILL..;W/OUT-W/ CONTRAST MATER	67.85										
65	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	68.24										
65	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	73.88										
65	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	86.26										
65	70496	CT ANGIOGRAPHY HEAD	93.40										
65	70498	CT ANGIOGRAPHY NECK	93.40										
65	70540	MRI-ORBIT,FACE AND NECK	72.05										
65	70542	MR IMAGING ORBIT, FACE, AND NECK	86.60										
65	70543	MR IMAGING ORBIT, FACE, AND NECK	114.06										
65	70544	MR ANGIOGRAPHY, HEAD	64.15										
65	70545	MR ANGIOGRAPHY	64.15										
65	70546	MR ANGIOGRAPHY NECK	78.74										
65	70547	MR ANGIOGRAPHY NECK WITHOUT CON	64.15										
65	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	80.30										
65	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	96.00										
65	70551	MRI-BRAIN/INCLUDING BRAIN STEM	79.08										
65	70552	MRI,BRAIN W CONTRAST MATERIAL	95.23										
65	70553	MAGNETIC RESONANCE I, BRAIN	121.93										
65	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	134.35										
65	70557	MRI BRAIN W/O DYE	165.37		X								
65	70558	MRI BRAIN W/ DYE	182.08		X								
65	70559	MRI BRAIN W/O & W/ DYE	175.68		X								
65	71045	RADIOLOGICAL EXAMINATION,CHEST;SINGL	9.74									X	
65	71046	RADIOLOGICAL EXAMINATION,CHEST;2 V	11.61									X	
65	71047	RADIOLOGICAL EXAMINATION,CHEST;3 V	14.88									X	
65	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	17.10										
65	71100	X-RAY EXAM OF RIBS	11.95										
65	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	14.66										
65	71110	X-RAY EXAM OF RIBS	15.65										
65	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	17.60										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	71120	X-RAY EXAM OF BREASTBONE	10.84										
65	71130	X-RAY EXAM OF BREASTBONE	11.61										
65	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	62.28										
65	71260	CAT,THORAX,W/ CONTRAST MATERIAL	66.36										
65	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	73.88										
65	71275	CT ANGIOGRAPHY, CHEST	97.10										
65	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	77.63										
65	71551	MRI CHEST W/DYE	92.30										
65	71552	MRI CHEST W/O&W DYE	120.44										
65	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	95.24										
65	72020	X-RAY SPINE,SINGLE VIEW	8.25										
65	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	11.95										
65	72050	X-RAY EXAM OF NECK SPINE	16.87										
65	72052	X-RAY EXAM OF NECK SPINE	19.47										
65	72070	X-RAY EXAM OF THORAX SPINE	11.95										
65	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	11.61										
65	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	11.61										
65	72080	X-RAY EXAM OF TRUNK SPINE	11.95										
65	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	14.62										
65	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	17.21										
65	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	19.42										
65	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	22.53										
65	72100	X-RAY EXAM OF LOWER SPINE	11.95										
65	72110	X-RAY EXAM OF LOWER SPINE	16.87										
65	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	17.60										
65	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	11.95										
65	72125	CAT SCAN CERVICAL SPINE W/OUT C M	57.01										
65	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	65.26										
65	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	67.51										
65	72128	CAT SCAN THORACIC SPINE W/OUT C M	53.65										
65	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	65.26										
65	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	67.51										
65	72131	CAT SCAN LUMBAR W/OUT CONTRAST	53.65										
65	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	65.26										
65	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	67.97										
65	72141	MRI,SPINAL CANAL...;CERVICAL	79.54										
65	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	95.69										
65	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	79.54										
65	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	95.23										
65	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	79.54										
65	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	95.69										
65	72156	MAGNETIC RESONANCE I, SPINAL CANAL	121.93										
65	72157	MAGNETIC RESONANCE I, SPINAL CANAL	121.93										
65	72158	MAGNETIC RESONANCE I, SPINAL CANAL	121.93										
65	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	96.00										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	72170	X-RAY EXAM OF PELVIS	9.36										
65	72190	X-RAY EXAM OF PELVIS	11.57										
65	72191	CT ANGIOGRAPH PELV W/O&W DYE	96.16										
65	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	58.11										
65	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	62.28										
65	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	64.92										
65	72195	MRI PELVIS W/O DYE	77.98										
65	72196	MRI, PELVIS	92.64										
65	72197	MRI PELVIS W/O & W DYE	117.46										
65	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	94.98										
65	72200	X-RAY EXAM SACROILIAC JOINTS	9.36										
65	72202	X-RAY EXAM SACROILIA504	10.12										
65	72220	X-RAY EXAM OF TAILBONE	9.36										
65	72240	CONTRAST X-RAY OF NECK SPINE	48.39										
65	72255	CONTRAST X-RAY THORAX SPINE	50.78										
65	72265	CONTRAST X-RAY LOWER SPINE	43.61										
65	72270	RADIOLOGICAL SUPERVISION AND INTERPR	71.97										
65	72275	EPIDUROGRAPHY	41.50										
65	72285	X-RAY OF NECK SPINE DISK	63.18										
65	72295	X-RAY OF LOWER SPINE DISK	46.11										
65	73000	X-RAY EXAM OF COLLARBONE	8.97									X	
65	73010	X-RAY EXAM OF SHOULDER BLADE	9.70									X	
65	73020	X-RAY EXAM OF SHOULDER	8.59									X	
65	73030	X-RAY EXAM OF SHOULDER	10.08									X	
65	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	29.21									X	
65	73050	X-RAY EXAM OF SHOULDERS	11.18										
65	73060	X-RAY EXAM OF HUMERUS	8.97									X	
65	73070	X-RAY EXAM OF ELBOW	8.59									X	
65	73080	X-RAY EXAM OF ELBOW	9.36									X	
65	73085	X-RAY ELBOW,ARTHROGRAPHY;SUPER/INTER	30.68									X	
65	73090	X-RAY EXAM OF FOREARM	8.97									X	
65	73092	X-RAY EXAM OF ARM, INFANT	8.63									X	
65	73100	X-RAY EXAM OF WRIST	8.97									X	
65	73110	X-RAY EXAM OF WRIST	9.36									X	
65	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	30.34									X	
65	73120	X-RAY EXAM OF HAND	8.97									X	
65	73130	X-RAY EXAM OF HAND	9.36									X	
65	73140	X-RAY EXAM OF FINGER(S)	7.48									X	
65	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	53.65									X	
65	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	62.28									X	
65	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	65.26									X	
65	73206	CT ANGIO UPR EXTRM W/O&W DYE	95.70									X	
65	73218	MRI UPPER EXTREMITY W/O DYE	72.39									X	
65	73219	MRI UPPER EXTREMITY W/DYE	86.60									X	
65	73220	MRI-UPPER EXTREMITY	114.40									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	73221	MRI, ANY JOINT OF UPPER EXTREMITY	72.73									X	
65	73222	MRI JOINT UPR EXTREM W/ DYE	86.94									X	
65	73223	MRI JOINT UPR EXTR W/O&W DYE	114.74									X	
65	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	90.60									X	
65	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	10.08										
65	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	11.95										
65	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	15.00										
65	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	11.95										
65	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	16.11										
65	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	17.21										
65	73525	CONTRAST X-RAY OF HIP	31.14									X	
65	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	8.97										
65	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	9.74										
65	73560	X-RAY EXAM OF KNEE	8.97									X	
65	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	10.08									X	
65	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	11.95									X	
65	73565	RADIOLOGIC EXAM	9.31										
65	73580	CONTRAST X-RAY OF KNEE JOINT	30.80									X	
65	73590	X-RAY EXAM OF LOWER LEG	8.63									X	
65	73592	X-RAY EXAM OF LEG, INFANT	8.63									X	
65	73600	X-RAY EXAM OF ANKLE	8.97									X	
65	73610	X-RAY EXAM OF ANKLE	9.36									X	
65	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	31.14									X	
65	73620	X-RAY EXAM OF FOOT	8.29									X	
65	73630	X-RAY EXAM OF FOOT	9.02									X	
65	73650	X-RAY EXAM OF HEEL	8.63									X	
65	73660	X-RAY EXAM OF TOE(S)	7.14									X	
65	73700	CAT,LOWER EXTREMITY;W/OUT CONTRAST	53.65									X	
65	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT	62.28									X	
65	73702	CAT,LOWER EXT.;W/OUT-W/CONTRAST MAT	64.92									X	
65	73706	CT ANGIO LWR EXTR W/O&W DYE	100.63									X	
65	73718	MRI LOWER EXTREMITY W/O DYE	72.05									X	
65	73719	MRI LOWER EXTREMITY W/DYE	86.60									X	
65	73720	MRI-LOWER EXTREMITY	114.40									X	
65	73721	MRI, ANY JOINT, LOWER EXTREMITY	72.73									X	
65	73722	MRI JOINT OF LWR EXTR W/DYE	86.94									X	
65	73723	MRI JOINT LWR EXTR W/O&W DYE	114.40									X	
65	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	95.74									X	
65	74018	RADIOLOGICAL EXAMINATION,ABDOMEN;1 V	9.74									X	
65	74019	RADIOLOGICAL EXAMINATION,ABDOMEN;2 V	12.33									X	
65	74021	RADIOLOGICAL EXAMINATION,ABDOMEN;3	14.66									X	
65	74022	IMAGING OF ABDOMEN AND CHEST	17.26										
65	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	63.77										
65	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	67.85										
65	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	74.65										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB	116.44										
65	74175	CT ANGIO ABDOM W/O&W DYE	96.42										
65	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	93.02										
65	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	97.44										
65	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	106.88										
65	74181	MRI-ABDOMEN	77.98										
65	74182	MRI ABDOMEN W/DYE	92.64										
65	74183	MRI ABDOMEN W/O&W DYE	117.46										
65	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	95.32										
65	74190	PERITONEOGRAM (EG, AFTER INJECTION O	24.87										
65	74210	CONTRAST XRAY EXAM OF THROAT	31.46										
65	74220	CONTRAST XRAY EXAM,ESOPHAGUS	36.01										
65	74230	CINEMA XRAY THROAT/ESOPHAGUS	28.48										
65	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	63.77										
65	74240	X-RAY EXAM UPPER GI TRACT	37.12										
65	74246	X-RAY GASTROINTESTINAL TRACT	36.78										
65	74250	X-RAY EXAM OF SMALL BOWEL	25.17										
65	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	36.78										
65	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	128.30										
65	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	133.50										
65	74270	CONTRAST X-RAY EXAM OF COLON	36.78										
65	74280	CONTRAST X-RAY EXAM OF COLON	52.93										
65	74283	BARIUM ENEMA,THERAPEUTIC	110.10										
65	74290	CONTRAST X-RAY, GALLBLADDER	17.26										
65	74300	CONTRAST X-RAY OF BILE DUCTS	19.59										
65	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	11.23										
65	74328	XRAY FOR BILE DUCT ENDOSCOPY	37.84										
65	74329	X-RAY FOR PANCREAS ENDOSCOPY	37.71										
65	74330	XRAY,BILE/PANCREAS ENDOSCOPY	48.33										
65	74340	X-RAY GUIDE FOR GI TUBE	28.87										
65	74355	PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	40.48										
65	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	30.12										
65	74363	DILATION OF BILIARY DUCT STRICTURE	45.88										
65	74400	CONTRAST X-RAY URINARY TRACT	26.27										
65	74410	CONTRAST X-RAY URINARY TRACT	25.93										
65	74415	CONTRAST X-RAY URINARY TRACT	26.27										
65	74420	CONTRAST X-RAY URINARY TRACT	27.30										
65	74425	CONTRAST X-RAY URINARY TRACT	18.79										
65	74430	CONTRAST X-RAY OF BLADDER	17.26										
65	74440	XRAY EXAM MALE GENITAL TRACT	19.44				M						
65	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	58.66				M						
65	74450	X-RAY EXAM URETHRA/BLADDER	17.64										
65	74455	X-RAY EXAM URETHRA/BLADDER	17.64										
65	74470	X-RAY-RENAL CYST STUDY	28.19										
65	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	42.70										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
65	74710	X-RAY MEASUREMENT OF PELVIS	18.36										
65	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	160.15		X								
65	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	99.39									X	
65	74740	HYSTEROSALPINGOGRAPHY	20.23	21 59	X		F						
65	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	33.42										
65	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	123.31										
65	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	151.86										
65	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	136.07										
65	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	155.81										
65	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	13.10										
65	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	30.74										
65	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	92.60										
65	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	134.61										
65	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	126.02										
65	75600	CONTRAST X-RAY EXAM OF AORTA	26.29										
65	75605	CONTRAST X-RAY EXAM OF AORTA	59.83										
65	75625	CONTRAST X-RAY EXAM OF AORTA	60.30										
65	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	94.53										
65	75635	CT ANGIO ABDOMINAL ARTERIES	126.61										
65	75705	ARTERY X-RAYS, SPINE	126.70										
65	75710	ARTERY X-RAYS, ARM/LEG	93.48										
65	75716	ARTERY X-RAYS, ARMS/LEGS	103.70										
65	75726	ARTERY X-RAYS, ABDOMEN	58.91										
65	75731	ARTERY X-RAYS, ADRENAL GLAND	61.18										
65	75733	ARTERY X-RAYS,ADRENAL GLANDS	67.79										
65	75736	ARTERY X-RAYS, PELVIS	59.16										
65	75741	ARTERY X-RAYS, LUNG	67.93										
65	75743	ARTERY X-RAYS, LUNGS	86.11										
65	75746	ARTERY X-RAYS, LUNG	59.48										
65	75756	ARTERY X-RAYS, CHEST	61.79										
65	75801	LYMPH VESSEL X-RAY, ARM/LEG	48.34										
65	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	63.01										
65	75805	LYMPH VESSEL X-RAY, TRUNK	43.53										
65	75807	LYMPH VESSEL X-RAY, TRUNK	60.28										
65	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	25.51										
65	75810	VEIN X-RAY, SPLEEN/LIVER	53.35										
65	75820	VEIN X-RAY, ARM/LEG	37.39										
65	75822	VEIN X-RAY, ARMS/LEGS	55.63										
65	75825	VEIN X-RAY, TRUNK	60.19										
65	75827	VEIN X-RAY, CHEST	60.99										
65	75831	VEIN X-RAY, KIDNEY	59.16										
65	75833	VEIN X-RAY, KIDNEYS	79.08										
65	75840	VEIN X-RAY, ADRENAL GLAND	61.18										
65	75842	VEIN X-RAY, ADRENAL GLANDS	79.92										
65	75860	VEIN X-RAY, NECK	60.51										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
65	75870	VEIN X-RAY, SKULL	70.00										
65	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	61.18										
65	75880	VEIN X-RAY, EYE SOCKET	37.50										
65	75885	VEIN X-RAY, LIVER	72.45										
65	75887	VEIN X-RAY, LIVER	72.79										
65	75889	VEIN X-RAY, LIVER	58.45										
65	75891	VEIN X-RAY, LIVER	59.14										
65	75893	VENOUS SAMPLING BY CATHETER	28.98										
65	75894	XRAYS, TRANSCATHETER THERAPY	78.55										
65	75898	FOLLOW-UP ANGIOGRAM	98.08										
65	75901	REMOVE CVA DEVICE OBSTRUCT	25.25										
65	75902	REMOVE CVA LUMEN OBSTRUCT	20.40										
65	75956	TRANSCATH OCCLUSION;COMPLETE PROC	379.13										
65	75957	XRAY,ENDOVASC THOR AO REPR	325.64										
65	75958	XRAY,PLACE PROX THOR AO	216.14										
65	75959	XRAY,PLACE DIST EXT THOR AO	188.30										
65	75970	TRANSCATH BX;SUPER/INTERP	42.59										
65	75989	RAD GUIDE....SUPERVISION/INTERP ONLY	62.19										
65	76000	FLUOROSCOPY,MD TIME TO 1 HR	16.61										
65	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	9.74										
65	76080	X-RAY EXAM OF FISTULA	27.85										
65	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	8.63									X	
65	76100	X-RAY EXAM OF BODY SECTION	33.35										
65	76101	X-RAY,COMPLEX MOTION,BODY SECT UNIL	31.13										
65	76102	X-RAY,COMPLEX MOTION,BODY SECT,BILAT	36.10										
65	76120	CINEMATIC X-RAYS	19.56										
65	76125	CINEMATIC X-RAYS	15.00										
65	76376	3D RENDER W/O POSTPROCESS	10.50										
65	76377	3D RENDERING W/POSTPROCESS	42.42										
65	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	51.86										
65	76391	MAGNETIC RESONANCE (EG, VIBRATION)	59.18										
65	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	34.26										
65	76510	OPHTH US, B & QUANT A	59.23										
65	76511	ECHO EXAM OF EYE	37.89									X	
65	76512	ECHO EXAM OF EYE	36.19										
65	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	37.65										
65	76514	ECHO EXAM OF EYE, THICKNESS	8.54										
65	76516	ECHO EXAM OF EYE	23.94										
65	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	32.70										
65	76529	ECHO EXAM OF EYE	34.53										
65	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	29.97										
65	76604	ECHO EXAM OF CHEST	28.91										
65	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	38.99										
65	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	36.39										
65	76700	ECHO EXAM OF ABDOMEN	43.07										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
65	76705	ECHO EXAM OF ABDOMEN	31.12										
65	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	29.25										
65	76770	ECHO EXAM ABDOMEN BACK WALL	39.37										
65	76775	ECHO EXAM ABDOMEN BACK WALL	30.74										
65	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	40.48										
65	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	63.78										
65	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	53.27				F						
65	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	45.09				F					X	
65	76805	ULTRASOUND, PREGNANT UTERUS	53.72	10 59			F						
65	76810	EACH ADDITIONAL GESTATION	53.80	10 59			F					X	
65	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	104.28				F	X					
65	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	98.66				F	X				X	
65	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	65.10	10 60			F						
65	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	54.99	10 60			F					X	
65	76815	ECHO EXAM FOR FETAL GROWTH	34.90				F						
65	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	46.66				F						
65	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	40.55				F						
65	76818	FETAL BIOPHYSICAL PROFILE	57.97				F						
65	76819	FETL BIOPHYS PROFIL W/O STRS	42.11										
65	76820	UMBILICAL ARTERY ECHO	27.45	10 59			F						
65	76821	MIDDLE CEREBRAL ARTERY ECHO	38.75	10 59			F						
65	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	89.32	00 60			F						
65	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	43.84										
65	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	30.74										
65	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	30.43										
65	76830	ECHOGRAPHY,TRANSVAGINAL	37.12										
65	76831	ECHO EXAM, UTERUS	39.06										
65	76856	ECHOGRAPHY, PELVIC, REAL TIME	36.78										
65	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	26.65										
65	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	34.18				M						
65	76872	ECHOGRAPHY, TRANSRECTAL	35.51										
65	76873	ECHOGRAP TRANS R, PROS STUDY	82.88				M						
65	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	33.67									X	
65	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	26.27									X	
65	76885	ECHO EXAM, INFANT HIPS	39.71										
65	76886	ECHO EXAM, INFANT HIPS	33.42										
65	76932	ULTRASONIC GUIDANCE ENDOMY0CARDBIO	35.20										
65	76936	ECHO GUIDE FOR ARTERY REPAIR	105.40										
65	76937	US GUIDE, VASCULAR ACCESS	15.47										
65	76940	US GUIDE, TISSUE ABLATION	110.99										
65	76941	ECHO GUIDE FOR TRANSFUSION	74.19										
65	76942	ECHO GUIDE FOR BIOPSY	34.19									X	
65	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	37.27										
65	76946	ECHO GUIDE FOR AMNIOCENTESIS	20.70									X	
65	76965	ECHO GUIDANCE RADIOTHERAPY	71.66										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
65	76970	ULTRASOUND EXAM FOLLOW-UP	20.79										
65	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	44.65										
65	76977	US BONE DENSITY MEASURE	3.05										
65	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	86.39										
65	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	45.40									X	
65	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	31.92										
65	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LES	31.92										
65	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	26.99									X	
65	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	20.02										
65	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	29.55										
65	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	32.30										
65	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	67.03										
65	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	78.94										
65	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	47.32										
65	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	78.03										
65	77046	MAGNETIC RESONANCE IMAGING, BREAST,	77.25										
65	77047	MAGNETIC RESONANCE IMAGING, BREAST,	85.49										
65	77048	MAGNETIC RESONANCE IMAGING, BREAST,	111.81										
65	77049	MAGNETIC RESONANCE IMAGING, BREAST,	122.31										
65	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	19.13										
65	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	24.40										
65	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	31.84	40 99			F						
65	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	43.53										
65	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	53.65										
65	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	40.48	40 99			F		X				
63	77071	MANUAL APPLICATION OF STRESS PERFORM	51.21										
65	77072	BONE AGE STUDIES	10.12										
65	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	15.34										
65	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	24.40										
65	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	28.87										
65	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	37.50										
65	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	17.21										
65	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	13.10										
65	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.50										
65	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.84										
65	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	85.83										
65	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	16.15										
65	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	9.02										
63	77261	SIMPLE TREAT PLAN-THERA RADIOL	75.70										
63	77262	INTER TREAT PLAN-THERA RADIOLO	114.34										
63	77263	COMPLEX TREAT PLAN-THERA RADIO	178.80										
65	77280	SIMPLE,RAD SIMU-AIDED FIELD	39.41										
65	77285	INTER,RAD SIMU-AIDED FIELD SET	59.74										
65	77290	COMP,RAD SIMU-AIDED FIELD SET	86.78										
65	77293	Respiratory motion management simula	111.36										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	77295	MANAGEMENT OF RADIATION THERAPY, 3D	238.24									X	
65	77300	BASIC RAD DOSIMETRY CALCULATION	34.65										
65	77301	RADIOLTHERAPY DOS PLAN, IMRT	443.78										
65	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	77.82										
65	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	160.82										
65	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	78.16										
65	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	101.66										
65	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	160.82										
65	77321	SPEC TELETHERAPY PLAN TOTAL BODY	52.85										
65	77331	SPECIAL DOSIMETRY (SPECIFY)	48.43									X	
65	77332	TREATMENT DEVICES,DESIGN/SIMPLE	25.29										
65	77333	TREATMENT DEVICES/DESIGN-INTER	41.67										
65	77334	TREATMENT DEVICES/DESIGN;COMPL	64.04									X	
65	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	238.24										
63	77427	RADIATION TX MANAGEMENT, X5	199.97										
63	77431	RADIATION THERAPY MANAGEMENT W COMPL	109.99									X	
63	77432	STEREOTACTIC RADIATION TREATMENT MAN	450.65										
63	77435	STEREOTACTIC BODY RADIATION THERAPY,	678.98										
63	77469	INTRAOPERATIVE RADIATION TREATMENT M	335.80										
65	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	112.85										
65	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	75.04										
65	77605	HYPERTHERMIA,EXT GEN/DEEP	111.03										
65	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	72.32										
65	77615	HYPERTHERMIA/INTERSTITIAL/>5	101.82										
65	77620	HYPERTHERMIA...INTRACAVITARY PROBE	94.07										
65	77750	INFUSE/INSTILL RADIOELEMENT	277.37										
65	77761	SIMPLE INTRACAV. RADIOELEMENT	214.01										
65	77762	INTER. INTRACAV.RADIOELEMENT	320.55										
65	77763	COMPLEX-INTRACAV RADIOLOGY	482.99										
65	77767	REMOTE AFTERLOADING HIGH DOES RATE R	58.38										
65	77768	REMOTE AFTERLOADING HIGH DOES RATE R	78.16										
65	77770	REMOTE AFTERLOADING HIGH DOES RATE R	107.96										
65	77771	REMOTE AFTERLOADING HIGH DOES RATE R	211.42										
65	77772	REMOTE AFTERLOADING HIGH DOES RATE R	299.39										
65	77778	INTERSTITIAL RAD-ELEMENT-COMPL	486.76										
65	77789	SURFACE APPLICATION RADIOELEMENT	63.65		X								
65	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	10.12										
65	78013	THYROID IMAGING (INCLUDING VASCULAR	19.51										
65	78014	THYROID IMAGING (INCLUDING VASCULAR	26.31										
65	78015	NUCLEAR SCAN OF THYROID	35.67										
65	78016	EXTENSIVE THYROID SCAN	36.64										
65	78018	THYROID CA IMAGING;WHOLE BODY	43.96										
65	78070	PARATHROID IMAGING	41.67										
65	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	62.68										
65	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	82.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	78075	NUCLEAR SCAN OF ADRENALS	39.71										
65	78102	NUCLEAR SCAN OF BONE MARROW	28.23										
65	78103	NUCLEAR SCAN OF BONE MARROW	37.59										
65	78104	NUCLEAR SCAN OF BONE MARROW	41.33										
65	78110	NUCLEAR EXAM, PLASMA VOLUME	8.76										
65	78111	NUCLEAR EXAM, PLASMA VOLUME	10.25										
65	78120	NUCLEAR EXAM OF RBC MASS	10.63										
65	78121	NUCLEAR EXAM OF RBC MASS	14.76										
65	78122	WHOLE BLOOD VOLUME DETERMINATION	22.58										
65	78130	RED CELL SURVIVAL EXAM	27.23										
65	78135	RED CELL SURVIVAL EXAM	28.72										
65	78140	NUCLEAR EXAM,RED BLOOD CELLS	27.23										
65	78185	NUCLEAR SCAN OF SPLEEN	18.17										
65	78195	NUCLEAR SCAN OF LYMPH SYSTEM	62.79										
65	78201	NUCLEAR SCAN OF LIVER	22.54										
65	78202	NUCLEAR SCAN OF LIVER	25.22										
65	78215	NUCLEAR SCAN, LIVER & SPLEEN	25.93										
65	78216	NUCLEAR SCAN, LIVER/SPLEEN	29.33										
65	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	39.03										
65	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	47.66										
65	78230	NUCLEAR SCAN, SALIVARY GLAND	24.40										
65	78231	NUCLEAR SCANS,SALIVARY GLAND	23.44										
65	78264	GASTRIC EMPTYING STUDY	41.28										
65	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	51.41		X								
65	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	56.71										
65	78278	ACUTE GI BLOOD LOSS IMAGING	52.13										
65	78290	INTESTINE IMAGING	35.71										
65	78300	NUCLEAR SCAN OF BONE	33.08										
65	78305	NUCLEAR SCAN OF BONES	43.95										
65	78306	NUCLEAR SCAN OF SKELETON	44.98										
65	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	53.28										
65	78414	DETERMINE VENTRIC EJECT FRACTION	23.60										
65	78445	NUCLEAR SCAN OF BLOOD FLOW	26.73										
65	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	71.61										
65	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	83.87										
65	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	52.85										
65	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	70.87									X	
65	78456	ACUTE VENOUS THROMBUS IMAGE	51.71										
65	78466	MYOCARD IMAGING...AT REST;QUAL.	36.99										
65	78468	MYOCARD IMAGING..AT REST;FIRST PASS	42.01										
65	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	48.18										
65	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	51.41										
65	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	75.73										
65	78481	CARD BLD POOL IMAG-FIRST PASS TECH	51.41										
65	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	75.27										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	78494	HEART IMAGE, SPECT	61.83										
65	78496	HEART FIRST PASS ADD-ON	25.86										
65	78579	PULMONARY VENTILATION IMAGING (EG, A	25.47										
65	78580	PULMONARY PERFUSION IMAGING (EG, PAR	39.03										
65	78582	PULMONARY VENTILATION (EG, AEROSOL O	56.33										
65	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	37.93										
65	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	43.92										
65	78600	NUCLEAR SCAN OF BRAIN	23.68										
65	78601	NUCLEAR SCAN OF BRAIN	27.04										
65	78605	NUCLEAR SCAN OF BRAIN	28.48										
65	78606	NUCLEAR SCAN OF BRAIN	33.37										
65	78608	BRAIN IMAGING, POSITRON EMISSION TOM	76.67										
65	78610	NUCLEAR SCAN OF BRAIN	16.15										
65	78630	CEREBROSPINAL FLUID SCAN	36.05										
65	78635	CEREBROSPINAL FLUID SCAN	33.02										
65	78645	CEREBROSPINAL FLUID SCAN	29.67										
65	78650	CEREBROSPINAL FLUID SCAN	27.23										
65	78660	NUCLEAR EXAM OF TEAR FLOW	28.03										
65	78700	NUCLEAR SCAN OF KIDNEY	23.26										
65	78701	NUCLEAR SCAN OF KIDNEY	25.93										
65	78707	NUCLEAR SCAN OF KIDNEY	49.62										
65	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	63.06										
65	78709	KIDNEY FLOW & FUNCTION IMAGE	72.87										
65	78725	NUCLEAR EXAM OF KIDNEY	19.56										
65	78730	NUCLEAR EXAM OF BLADDER	8.59										
65	78740	NUCLEAR EXAM OF URETER	29.22										
65	78761	TESTICULAR IMAGING,W/VASCULAR	37.88				M						
65	78800	NUCLEAR EXAM OF LESION	36.32										
65	78801	NUCLEAR EXAM OF LESIONS	42.20										
65	78802	NUCLEAR EXAM OF LESIONS	44.30										
65	78803	TUMOR LOCALIZATION SPECT)	55.62										
65	78804	TUMOR IMAGING, WHOLE BODY	55.53										
65	78811	POSITRON EMISSION TOMOGRAPHY (PET)	80.36										
65	78812	POSITRON EMISSION TOMOGRAPHY (PET)	98.81										
65	78813	POSITRON EMISSION TOMOGRAPHY (PET)	102.18										
65	78814	POSITRON EMISSION TOMOGRAPHY (PET)	113.49										
65	78815	POSITRON EMISSION TOMOGRAPHY (PET)	126.87										
65	78816	POSITRON EMISSION TOMOGRAPHY (PET)	128.50										
65	79005	NUCLEAR RX, ORAL ADMIN	93.72										
65	79101	NUCLEAR RX, IV ADMIN	104.04										
65	79403	HEMATOPOETIC NUCLEAR THERAPY	116.63										
65	79445	NUCLEAR RX, INTRA-ARTERIAL	122.75										
63	80500	CLINICAL PATHOLOGY CONSULTATION; LIM	23.93		X			X					
63	80502	CLINICAL PATHOLOGY CONSULTATION; COM	77.96		X			X					
65	84165	ASSAY SERUM PROTEINS	19.39										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
65	84166	PROTEIN E-PHORESIS/URINE/CSF	19.39										
63	85097	BONE MARROW SMEAR INTERPRET	76.38									X	
65	86334	IMMUNOFIXATION ELECTROPHORESIS	19.39										
65	88104	CYTOPATHOLOGY	30.42										
65	88106	CYTOPATHOLOGY	20.75										
65	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	24.11										
65	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	30.08										
65	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	62.31										
65	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	52.83										
65	88125	FORENSIC CYTOPATHOLOGY	14.84										
63	88141	CYTOPATH CERV/VAG INTERPRET	32.65	21 99			F						
65	88160	CYTOPATHOLOGY	27.77										
65	88161	CYTOPATH...;PREP,SCREEN,INTERP.	27.09										
65	88162	CYTOPATH..;EXT.STUDY.+5 SLIDES,MULTI	41.25										
65	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	38.91										
65	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	76.05										
65	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	23.69										
65	88182	FLOW CYTOMETRY	41.63										
63	88187	FLOWCYTOMETRY/READ, 2-8	40.26										
63	88188	FLOWCYTOMETRY/READ, 9-15	68.11										
63	88189	FLOWCYTOMETRY/READ, 16 & >	91.58										
65	88291	CYTO MOLECULAR REPORT	34.44										
65	88300	SURGICAL PATHOLOGY, GROSS	4.88									X	
65	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	7.48									X	
65	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	12.29									X	
65	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	40.87									X	
65	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	89.27										
65	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	157.75										
65	88311	SURGICAL PATHOLOGY; DECALCIFICATION	13.40										
65	88312	SPECIAL STAIN INCLUDING INTERPRETATI	28.63										
65	88313	SPECIAL STAIN INCLUDING INTERPRETATI	13.06										
65	88314	SPECIAL STAIN INCLUDING INTERPRETATI	24.16										
63	88321	MICROSLIDE CONSULTATION	104.87										
65	88323	MICROSLIDE CONSULTATION	94.27										
63	88325	COMPREHENSIVE REVIEW OF DATA	188.03										
63	88329	CONSULTATION DURING SURGERY	53.34									X	
65	88331	CONSULTATION DURING SURGERY	67.36									X	
65	88332	PATHOLOGY CONSULTATION DURING SURGER	33.27										
65	88333	INTRAOP CYTO PATH CONSULT, 1	67.41										
65	88334	PATHOLOGY CONSULTATION DURING SURGER	41.12									X	
65	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	30.76									X	
65	88342	IMMUNOCYTOCHEMISTRY	38.28									X	
65	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	41.63										
65	88346	AUTO-ANTIBODY PROFILE	39.13									X	
65	88348	ELECTRON MICROSCOPY	82.00										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
65	88358	ANALYSIS, TUMOR	53.64										
65	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	45.73		X								
65	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	49.22										
63	88363	EXAMINATION AND SELECTION OF RETRIEV	24.61										
65	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	37.59										
65	88365	TISSUE HYBRIDATION	47.22									X	
65	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	66.91										
65	88367	INSITU HYBRIDIZATION, AUTO	37.27										
65	88368	INSITU HYBRIDIZATION, MANUAL	45.18										
65	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	35.10										
65	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	29.14										
65	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	47.65										
65	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	69.51										
65	88387	MACROSCOPIC EXAMINATION, DISSECTION,	30.45										
65	88388	MACROSCOPIC EXAMINATION, DISSECTION,	25.52										
63	89049	CHCT FOR MAL HYPERTHERMIA	247.45										
63	90785	INTERACTIVE COMPLEXITY	15.82										
67	90785	INTERACTIVE COMPLEXITY	15.82	00 15									
63	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	146.51										
67	90791	PSYCHIATRIAC DIAGNOSTIC EVALUATION	146.51	00 15									
63	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	164.51										
67	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	164.51	00 15									
63	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	71.67										
67	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	71.67	00 15									
63	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	74.29										
67	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	74.29	00 15									
63	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	95.49										
67	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	95.49	00 15									
63	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	93.81										
67	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	93.81	00 15									
63	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	143.46										
67	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	143.46	00 15									
63	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	123.96										
67	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	123.96	00 15									
63	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	149.45										
67	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	149.45	00 15									
63	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	71.67										
67	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	71.67	00 15									
63	90845	MEDICAL PSYCHOANALYSIS	101.81								X	X	
67	90845	MEDICAL PSYCHOANALYSIS	101.81	00 15							X	X	
63	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	115.46								X		
67	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	115.46	00 15							X		
63	90847	SPECIAL FAMILY THERAPY	119.98								X		
67	90847	SPECIAL FAMILY THERAPY	119.98	00 15							X		
63	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	42.56								X		

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	42.56	00 15							X		
63	90853	GROUP PSYCHOTHERAPY Y	28.62						X		X		
67	90853	GROUP PSYCHOTHERAPY Y	28.62	00 15					X		X		
63	90870	ELECTROCONLULSIVE THERAPY	180.60								X		
67	90870	ELECTROCONLULSIVE THERAPY	180.60	00 15							X		
63	90880	MEDICAL HYPNOTHERAPY	111.72								X		
67	90880	MEDICAL HYPNOTHERAPY	111.72	00 15							X		
63	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	77.84										
67	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	77.84	00 15									
63	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	110.83										
67	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	110.83	00 15									
63	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	90.07										
67	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	90.07	00 15									
63	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	132.00										
67	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	132.00	00 15									
63	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	999.11	00 01					X				
67	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	999.11	00 01					X				
63	90954	END-STATE RENAL DISEASE (ESRD) RELAT	860.88	02 11					X				
67	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	860.88	02 11					X				
63	90955	END-STATE REANL DISEASE (ESRD) RELAT	483.61	02 11					X				
67	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	483.61	02 11					X				
63	90956	END-STATE RENAL DISEASE (ESRD) RELAT	335.83	02 11					X				
67	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	335.83	02 11					X				
63	90957	END-STATE RENAL DISEASE (ESRD) RELAT	680.94	12 19					X				
67	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	680.94	12 15					X				
63	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	461.25	12 19					X				
67	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	461.25	12 15					X				
63	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	313.25	12 19					X				
67	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	313.25	12 15					X				
63	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	298.59	20 99					X				
63	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	250.50	20 99					X				
63	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	192.86	20 99					X				
63	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	577.67	00 01					X				
67	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	577.67	00 01					X				
63	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	503.83	02 11					X				
67	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	503.83	02 11					X				
63	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	479.78	12 19					X				
67	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	479.78	12 15					X				
63	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	249.70	20 99					X				
63	90967	END-STAGE REANL DISEASE (ESRD) RELAT	19.08	00 01									
67	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	19.08	00 01									
63	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	16.83	02 11									
67	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	16.83	02 11									
63	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	16.11	12 19									
67	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	16.11	12 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	8.21	20	99									
63	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	95.15											
67	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	95.15	00	15									
65	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	71.42											
65	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	10.08											
65	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	79.35											
65	91022	DUODENAL MOTILITY STUDY	79.35											
65	91030	ACID PERFUSION FOR ESOPHAGITIS	50.30											
65	91034	GASTROESOPHAGEAL REFLUX TEST	54.32											
65	91035	G-ESOPH REFLX TST W/ELECTROD	89.21											
65	91037	ESOPH IMPED FUNCTION TEST	54.20											
65	91038	ESOPH IMPED FUNCT TEST > 1H	60.76											
65	91040	ESOPH BALLOON DISTENSION TST	54.55											
63	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	147.23											
67	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	147.23	00	15									
65	91120	RECTAL SENSATION TEST	53.18											
65	91122	ANORECTAL MANOMETRY	96.78											
65	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	14.88											
63	92002	EYE EXAM; INTERMEDIATE; NEW PT	84.72											
67	92002	EYE EXAM; INTERMEDIATE; NEW PT	84.72	00	15									
63	92004	EYE EXAM; COMPREHENSIVE; NEW PT	153.50											
67	92004	EYE EXAM; COMPREHENSIVE; NEW PT	153.50	00	15									
63	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	89.09											
67	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	89.09	00	15									
63	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	128.20											
67	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	128.20	00	15									
63	92018	EYE EXAM W/ANESTHESIA-COMPLETE	152.51											
67	92018	EYE EXAM W/ANESTHESIA-COMPLETE	152.51	00	15									
63	92019	EYE EXAM W/ANESTHESIA-LIMITED	75.94											
67	92019	EYE EXAM W/ANESTHESIA-LIMITED	75.94	00	15									
63	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	28.23											
67	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	28.23	00	15									
65	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	21.01											
65	92060	SENSORIMOTOR EXAM EYE	39.82											
65	92065	ORTHOPTIC / PLEOPTIC TRAINING	19.05											
65	92081	TANGENT SCREEN; AUTOPLOT	17.05											
65	92082	QUANTITATIVE PERIMETRY	22.58											
65	92083	MEASUREMENT OF FIELD OF VISION DURIN	29.13											
63	92100	SERIAL TONOGRAPHY W/EVALUATION	81.73											
67	92100	SERIAL TONOGRAPHY W/EVALUATION	81.73	00	15									
65	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	17.39											
65	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	23.26											
65	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	26.88											
65	92136	OPHTHALMIC BIOMETRY	32.70											
65	92145	CORNEAL HYSTERESIS DETERMINATION, BY	10.04											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

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				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	65.15											
67	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	65.15	00	15									
65	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	45.18										X	
65	92240	ICG ANGIOGRAPHY	49.95											
65	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	57.25											
65	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	22.92											
63	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	19.68											
67	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	19.68	00	15									
65	92265	OCULOELECTROMYOGRAPHY	48.83											
65	92270	ELECTRO-OCULOGRAPHY	44.65											
65	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	39.14											
65	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	34.71											
65	92283	COLOR VISION EXAMINATION	9.70											
65	92284	DARK ADAPTATION EXAMINATION	13.40											
65	92285	EXTERNAL OCULAR PHOTOGRAPHY	3.39											
65	92286	SPECULAR ENDOTHELIAL MICROSCOPY	23.26											
63	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	100.64											
67	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	100.64	00	15									
67	92507	SPEECH LANGUAGE HEARING THERAPY	82.02	00	02		X							
67	92508	SPEECH LANGUAGE HEARING THERAPY	24.32	00	02		X							
63	92511	NASOPHARYNGOSCOPY	110.18											
67	92511	NASOPHARYNGOSCOPY	110.18	00	15									
63	92521	EVALUATION OF SPEECH FLUENCY	117.39	01	99		X		X	X				
67	92521	EVALUATION OF SPEECH FLUENCY	117.39	00	15		X		X	X				
63	92522	EVALUATE SPEECH PRODUCTION	95.82	01	99		X		X	X				
67	92522	EVALUATE SPEECH PRODUCTION	95.82	00	15		X		X	X				
63	92523	SPEECH SOUND LANG COMPREHENSION	202.59	01	99		X		X	X				
67	92523	SPEECH SOUND LANG COMPREHENSION	202.59	00	15		X		X	X				
63	92524	BEHAVRAL QUALIT ANALYS VOICE	92.64	01	99		X		X	X				
67	92524	BEHAVRAL QUALIT ANALYS VOICE	92.64	00	15		X		X	X				
63	92526	ORAL FUNCTION THERAPY	89.33											
67	92526	ORAL FUNCTION THERAPY	89.33	00	15									
65	92537	CALORIC VESTIBULAR TEST WITH RECORDI	33.43											
65	92538	CALORIC VESTIBULAR TEST WITH RECORDI	16.71											
65	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	83.57											
65	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	22.24											
65	92542	POSITIONAL NYSTAGMUS W/RECORDING	26.79											
65	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	15.23											
65	92545	OSCILLATING TRACKING W/RECORDING	14.12											
65	92546	TORSION SWING TEST W/RECORDING	15.99											
65	92548	POSTUROGRAPHY	27.56											
63	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	22.83							X				
67	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	22.83	00	15					X				
63	92557	BASIC COMPREHENSIVE AUDIOMETRY	39.66							X				
67	92557	BASIC COMPREHENSIVE AUDIOMETRY	39.66	00	15					X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	92567	TYMPANOMETRY	15.60						X				
67	92567	TYMPANOMETRY	15.60	00 15					X				
63	92568	ACOUSTIC REFLEX TESTING	16.79						X				
67	92568	ACOUSTIC REFLEX TESTING	16.79	00 15					X				
63	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	34.01						X				
67	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	34.01	00 15					X				
63	92579	VISUAL AUDIOMETRY (VRA)	47.91						X				
67	92579	VISUAL AUDIOMETRY (VRA)	47.91	00 15					X				
65	92585	BRAINSTEM EVOKED RESPONSE RECORDING	28.24						X				
65	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	19.31										
65	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	30.36										
63	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	169.97	01 06					X				
67	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	169.97	01 06					X				
63	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	105.35	01 06					X				
67	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	105.35	01 06					X				
63	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	159.34	07 99					X				
67	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	159.34	07 99					X				
63	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	94.38	07 99					X				
67	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	94.38	07 99					X				
63	92610	EVALUATE SWALLOWING FUNCTION	89.62										
67	92610	EVALUATE SWALLOWING FUNCTION	89.62	00 15									
63	92611	MOTION FLUOROSCOPY/SWALLOW	93.42										
67	92611	MOTION FLUOROSCOPY/SWALLOW	93.42	00 15									
63	92612	ENDOSCOPY SWALLOW TST	190.55										
67	92612	ENDOSCOPY SWALLOW TST	190.55	00 15									
63	92620	AUDITORY FUNCTION, 60 MIN	97.95										
67	92620	AUDITORY FUNCTION, 60 MIN	97.95	00 15									
63	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	23.39									X	
67	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	23.39	00 15								X	
63	92625	TINNITUS ASSESSMENT	73.21										
67	92625	TINNITUS ASSESSMENT	73.21	00 15									
63	92626	EVAL AUD REHAB STATUS	93.33	02 99		X		X					
67	92626	EVAL AUD REHAB STATUS	93.33	02 15		X		X					
63	92627	EVAL AUD STATUS REHAB ADD-ON	23.31	02 99		X		X				X	
67	92627	EVAL AUD STATUS REHAB ADD-ON	23.31	02 15		X		X				X	
63	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	118.79										
67	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	118.79	00 15									
63	92920	BALLOON DILATION OF NARROWED OR BLOC	596.01										
67	92920	BALLOON DILATION OF NARROWED OR BLOC	596.01	00 15									
63	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	711.43										
67	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	711.43	00 15									
63	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	663.51										
67	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	663.51	00 15									
63	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	744.47										
67	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	744.47	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	663.26										
67	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	663.26	00 15									
63	92941	INSERTION OF STENT, REMOVAL OF PLAQU	746.38										
67	92941	INSERTION OF STENT, REMOVAL OF PLAQU	746.38	00 15									
63	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	745.92										
67	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	745.92	00 15									
63	92950	CARDIOPULMONARY RESUSCITATION	324.79									X	
67	92950	CARDIOPULMONARY RESUSCITATION	324.79	00 15								X	
63	92960	ELECTRICAL CARDIOVERSION	163.62									X	
67	92960	ELECTRICAL CARDIOVERSION	163.62	00 15								X	
63	92961	CARDIOVERSION, ELECTRIC, INT	276.23										
67	92961	CARDIOVERSION, ELECTRIC, INT	276.23	00 15									
63	92970	CARDIOASSIST, INTERNAL	212.61										
67	92970	CARDIOASSIST, INTERNAL	212.61	00 15									
63	92971	CARDIOASSIST, EXTERNAL	111.23										
67	92971	CARDIOASSIST, EXTERNAL	111.23	00 15									
63	92973	PERCUT CORONARY THROMBECTOMY	198.20										
67	92973	PERCUT CORONARY THROMBECTOMY	198.20	00 15									
63	92974	CATH PLACE, CARDIO BRACHYTX	181.78										
67	92974	CATH PLACE, CARDIO BRACHYTX	181.78	00 15									
65	92978	INTRAVASCULAR US, HEART	106.93										
65	92979	INTRAVASCULAR US, HEART	85.03									X	
63	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,464.56										
67	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,464.56	00 15									
63	92987	REVISION OF MITRAL VALVE	1,510.02										
67	92987	REVISION OF MITRAL VALVE	1,510.02	00 15									
63	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,205.30										
67	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,205.30	00 15									
63	92997	PUL ART BALLOON REPAIR, PERC	734.64										
67	92997	PUL ART BALLOON REPAIR, PERC	734.64	00 15									
63	92998	PUL ART BALLOON REPAIR, PERC	363.51									X	
67	92998	PUL ART BALLOON REPAIR, PERC	363.51	00 15								X	
63	93010	ECG; INTERPRETATION AND REPORT	9.02									X	
67	93010	ECG; INTERPRETATION AND REPORT	9.02	00 15								X	
63	93016	CARDIOVASCULAR STRESS TEST USING MAX	23.60										
67	93016	CARDIOVASCULAR STRESS TEST USING MAX	23.60	00 15									
63	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	15.69										
67	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	15.69	00 15									
63	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.57									X	
67	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.57	00 15								X	
65	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	9.02										
63	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.98										
67	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.98	00 15									
63	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	27.76						X				
67	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	27.76	00 15					X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	93260	PROGRAMMING DEVICE EVALUATION (IN PE	45.50											
65	93261	INTERROGATION DEVICE EVALUATION (IN	39.59											
63	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	26.96							X				
67	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	26.96	00	15					X				
65	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	13.44											
65	93279	PROGRAMMING DEVICE EVALUATION WITH I	34.32											
65	93280	PROGRAMMING DEVICE EVALUATION WITH I	40.74											
65	93281	PROGRAMMING DEVICE EVALUATION WITH I	45.50											
65	93282	PROGRAMMING DEVICE EVALUATION WITH I	45.16											
65	93283	PROGRAMMING DEVICE EVALUATION WITH I	61.20											
65	93284	PROGRAMMING DEVICE EVALUATION WITH I	66.84											
65	93285	PROGRAMMING DEVICE EVALUATION WITH I	27.98											
65	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	16.03											
65	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	24.62											
65	93288	INTERROGATION DEVICE EVALUATION (IN	22.84											
65	93289	INTERROGATION DEVICE EVALUATION (IN	39.64											
65	93290	INTERROGATION DEVICE EVALUATION (IN	23.18											
65	93291	INTERROGATION DEVICE EVALUATION (IN	19.39											
65	93292	INTERROGATION DEVICE EVALUATION (IN	22.84											
65	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	16.08							X				
63	93294	INTERROGATION DEVICE EVALUATION(S) (	32.64							X				
67	93294	INTERROGATION DEVICE EVALUATION(S) (	32.64	00	15					X				
63	93295	INTERROGATION DEVICE EVALUATION(S) (	46.62							X				
67	93295	INTERROGATION DEVICE EVALUATION(S) (	46.62	00	15					X				
63	93297	INTERROGATION DEVICE EVALUATION(S),	28.10							X				
67	93297	INTERROGATION DEVICE EVALUATION(S),	28.10	00	15					X				
63	93298	INTERROGATION DEVICE EVALUATION(S),	28.10							X				
67	93298	INTERROGATION DEVICE EVALUATION(S),	28.10	00	15					X				
65	93303	ECHO TRANSTHORACIC	67.75											
65	93304	ECHO TRANSTHORACIC	38.96											
65	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	77.78											
65	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	47.84											
65	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	27.35											
65	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	116.73											
63	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	12.58											
67	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	12.58	00	15									
65	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	98.75											
65	93315	ECHO TRANSESOPHAGEAL	137.24											
63	93316	ECHO TRANSESOPHAGEAL	30.05									X		
67	93316	ECHO TRANSESOPHAGEAL	30.05	00	15							X		
65	93317	ECHO TRANSESOPHAGEAL	99.48											
65	93318	ECHO TRANSESOPHAGEAL INTRAOP	112.38											
65	93320	DOPPLER ECHOCARDIOGRAPHY	19.44											
65	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	7.91											
65	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	3.36											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
65	93350	ECG,REAL-TIME,WINTER + REPORT	75.57										
65	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	90.54										
63	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	247.17										
67	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	247.17	00 15									
65	93451	RIGHT HEART CATHETERIZATION INCLUDIN	145.13										
65	93452	LEFT HEART CATHETERIZATION INCLUDING	264.49										
65	93453	COMBINED RIGHT AND LEFT HEART CATHET	355.68										
65	93454	CATHETER PLACEMENT IN CORONARY ARTER	268.66										
65	93455	CATHETER PLACEMENT IN CORONARY ARTER	313.25										
65	93456	CATHETER PLACEMENT IN CORONARY ARTER	349.15										
65	93457	CATHETER PLACEMENT IN CORONARY ARTER	392.55										
65	93458	CATHETER PLACEMENT IN CORONARY ARTER	331.62										
65	93459	CATHETER PLACEMENT IN CORONARY ARTER	375.41										
65	93460	CATHETER PLACEMENT IN CORONARY ARTER	419.75										
65	93461	CATHETER PLACEMENT IN CORONARY ARTER	464.68										
63	93462	LEFT HEART CATHETERIZATION BY TRANSS	233.97										
67	93462	LEFT HEART CATHETERIZATION BY TRANSS	233.97	00 15									
63	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	106.05										
67	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	106.05	00 15									
65	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	93.59										
63	93503	INSERTION AND PLACEMENT OF FLOW DIR	97.36										
67	93503	INSERTION AND PLACEMENT OF FLOW DIR	97.36	00 15									
65	93505	ENDOCARDIAL BIOPSY	244.92										
65	93530	RT HEART CATH, CONGENITAL	227.14										
65	93531	R & L HEART CATH, CONGENITAL	471.43										
65	93532	R & L HEART CATH, CONGENITAL	593.78										
65	93533	R & L HEART CATH, CONGENITAL	396.31										
65	93561	INDICATOR DILUTION STUDIES SUCH AS D	48.99										
65	93562	INDICATOR DILUTION STUDIES SUCH AS D	39.72										
63	93563	INJECTION PROCEDURE DURING CARDIAC C	64.63										
67	93563	INJECTION PROCEDURE DURING CARDIAC C	64.63	00 15									
63	93564	INJECTION PROCEDURE DURING CARDIAC C	68.96										
67	93564	INJECTION PROCEDURE DURING CARDIAC C	68.96	00 15									
63	93565	INJECTION PROCEDURE DURING CARDIAC C	50.04										
67	93565	INJECTION PROCEDURE DURING CARDIAC C	50.04	00 15									
63	93566	INJECTION PROCEDURE DURING CARDIAC C	154.86										
67	93566	INJECTION PROCEDURE DURING CARDIAC C	154.86	00 15									
63	93567	INJECTION PROCEDURE DURING CARDIAC C	132.92										
67	93567	INJECTION PROCEDURE DURING CARDIAC C	132.92	00 15									
63	93568	INJECTION PROCEDURE DURING CARDIAC C	141.01										
67	93568	INJECTION PROCEDURE DURING CARDIAC C	141.01	00 15									
65	93571	HEART FLOW RESERVE MEASURE	85.33										
65	93572	HEART FLOW RESERVE MEASURE	68.24										
63	93580	TRANSCATH CLOSURE OF ASD	1,092.19										
67	93580	TRANSCATH CLOSURE OF ASD	1,092.19	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	93581	TRANSCATH CLOSURE OF VSD	1,491.90										
67	93581	TRANSCATH CLOSURE OF VSD	1,491.90	00 15									
63	93582	Closure of congenital heart defect f	748.24										
67	93582	Closure of congenital heart defect f	748.24	00 15									
63	93583	Therapy for reduction of lower heart	832.55										
67	93583	Therapy for reduction of lower heart	832.55	00 15									
63	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,172.52										
67	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,172.52	00 15									
63	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	966.21										
67	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	966.21	00 15									
63	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	428.45									X	
67	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	428.45	00 15								X	
65	93600	BUNDLE OF HIS RECORDING	131.57										
65	93602	INTRA-ATRIAL RECORDING	129.07										
65	93603	RIGHT VENTRICULAR RECORDING	129.41		X								
65	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	309.09										
65	93610	INTR-ATRIAL PAGING	182.24										
65	93612	INTRAVENTRICULAR PACING	180.19										
63	93613	ELECTROPHYS MAP, 3D, ADD-ON	330.42										
67	93613	ELECTROPHYS MAP, 3D, ADD-ON	330.42	00 15									
65	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	40.60										
65	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	245.54										
65	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	433.86										
65	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	697.67										
65	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	129.33										
65	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	191.57										
65	93623	PROGRAMMED STIMULATION & PACING	175.83										
65	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	270.20										
65	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	441.91										
65	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	198.62										
65	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	347.58										
65	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	284.83										
65	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	156.55										
63	93650	INTRACARDIAC CATHETER ABLATION OF	657.25										
67	93650	INTRACARDIAC CATHETER ABLATION OF	657.25	00 15									
63	93653	EVALUATION AND INSERTION OF CATHETER	932.79										
67	93653	EVALUATION AND INSERTION OF CATHETER	932.79	00 15									
63	93654	EVALUATION AND INSERTION OF CATHETER	1,248.24										
67	93654	EVALUATION AND INSERTION OF CATHETER	1,248.24	00 15									
63	93655	INTRACARDIAC CATHETER ABLATION OF A	474.71										
67	93655	INTRACARDIAC CATHETER ABLATION OF A	474.71	00 15									
63	93656	EVALUATION AND INSERTION OF CATHETER	1,251.97										
67	93656	EVALUATION AND INSERTION OF CATHETER	1,251.97	00 15									
65	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	474.04										
65	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	99.77										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	259.50											
63	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	12.45											
67	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	12.45	00	15									
65	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	43.05											
65	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	27.13											
65	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	50.20											
65	93888	TRANSCRANIAL DOPPLER STUDY OF THE	27.91											
65	93892	TCD, EMBOLI DETECT W/O INJ	64.17											
65	93893	TCD, EMBOLI DETECT W/INJ	63.93											
65	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	13.67											
65	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	23.95											
65	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	26.56											
65	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	42.37											
65	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	26.22											
65	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	42.83											
65	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	26.56											
65	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	37.05											
65	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	24.18											
65	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	61.95											
65	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	42.46											
65	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	42.60											
65	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	26.68											
65	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	65.82					M						
65	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	23.34					M						
65	93990	DOPPLER FLOW TESTING	26.91											
63	94002	VENTILATION ASSIST AND MANAGEMENT, I	100.26											
67	94002	VENTILATION ASSIST AND MANAGEMENT, I	100.26	00	15									
63	94003	VENTILATION ASSIST AND MANAGEMENT, I	71.48											
67	94003	VENTILATION ASSIST AND MANAGEMENT, I	71.48	00	15									
63	94004	VENTILATION ASSIST AND MANAGEMENT, I	52.87											
67	94004	VENTILATION ASSIST AND MANAGEMENT, I	52.87	00	15									
65	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	9.02											
63	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	92.84	00	02									
67	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	92.84	00	02									
63	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	150.78	00	02									
67	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	150.78	00	02									
63	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	20.83	00	02									
67	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	20.83	00	02									
63	94016	REVIEW PATIENT SPIROMETRY	26.96											
67	94016	REVIEW PATIENT SPIROMETRY	26.96	00	15									
65	94060	BRONCHOSPASM EVALUATION	13.86											
65	94070	BRONCHOSPASM EVALUATION, PROLONGED	30.82											
65	94200	MAXIMUM BREATHING CAPACITY	6.04											
65	94250	EXPIRED GAS COLLECTION	6.04											
65	94375	RESPIRATORY FLOW VOLUME LOOP	15.74											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
65	94400	CO2 BREATHING RESPONSE CURVE	21.01										
65	94450	HYPOXIA RESPONSE CURVE	21.34										
65	94452	HAST W/REPORT	15.40										
65	94453	HAST W/OXYGEN TITRATE	20.33										
65	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	35.68										
65	94618	PULMONARY STRESS TESTING (EG, 6-MINU	24.41										
65	94621	PULM STRESS TEST/COMPLEX	73.48										
63	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	65.53										
67	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	65.53	00 15									
63	94662	CONTINUOUS NEGATIVE PRESSURE	39.02										
67	94662	CONTINUOUS NEGATIVE PRESSURE	39.02	00 15									
65	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	13.48									X	
65	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	10.84									X	
65	94690	OXYGEN UPTAKE; REST, INDIRECT	4.16									X	
65	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	13.14										
65	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	13.14										
65	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	13.48										
65	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	9.78										
65	94750	PULMONARY COMPLIANCE STUDY	11.65										
63	94770	EXPIRED CARBON DIOXIDE ANALYSIS	7.91										
67	94770	EXPIRED CARBON DIOXIDE ANALYSIS	7.91	00 15									
63	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	51.71										
67	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	51.71	00 15									
63	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	20.23										
67	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	20.23	00 15									
63	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.24									X	
67	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.24	00 15								X	
63	95017	ALLERGY TESTING, ANY COMBINATION OF	8.24									X	
67	95017	ALLERGY TESTING, ANY COMBINATION OF	8.24	00 15								X	
63	95018	ALLERGY TESTING, ANY COMBINATION OF	21.46									X	
67	95018	ALLERGY TESTING, ANY COMBINATION OF	21.46	00 15								X	
63	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	7.98									X	
67	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	7.98	00 15								X	
63	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	123.79										
67	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	123.79	00 15									
63	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	88.82										
67	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	88.82	00 15									
63	95144	PROFESSIONAL SERVICES FOR THE SUPERV	14.31									X	
67	95144	PROFESSIONAL SERVICES FOR THE SUPERV	14.31	00 15								X	
63	95145	PROFESSIONAL SERVICES FOR THE SUPERV	27.91									X	
67	95145	PROFESSIONAL SERVICES FOR THE SUPERV	27.91	00 15								X	
63	95146	PROFESSIONAL SERVICES FOR THE SUPERV	51.36									X	
67	95146	PROFESSIONAL SERVICES FOR THE SUPERV	51.36	00 15								X	
63	95147	PROFESSIONAL SERVICES FOR THE SUPERV	53.06									X	
67	95147	PROFESSIONAL SERVICES FOR THE SUPERV	53.06	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	95165	PROFESSIONAL SERVICES FOR THE SUPERV	13.97							X			X	
67	95165	PROFESSIONAL SERVICES FOR THE SUPERV	13.97	00	15					X			X	
63	95170	PROFESSIONAL SERVICES FOR THE SUPERV	10.58										X	
67	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	10.58	00	15								X	
63	95180	RAPID DESENSITIZATION; EACH HOUR	142.88			X							X	
67	95180	RAPID DESENSITIZATION; EACH HOUR	142.88	00	15	X							X	
63	95251	GLUC MONITOR, CONT, PHYS I&R	37.84											
67	95251	GLUC MONITOR, CONT, PHYS I&R	37.84	00	15									
65	95782	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	134.01	00	05									
65	95783	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	146.00	00	05									
65	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	44.94											
65	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	44.60											
65	95806	SLEEP STUDY, UNATTENDED	52.43											
65	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	66.08											
65	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	93.46											
65	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	129.39	06	99									
65	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	134.25	06	99									
65	95812	ELECTROENCEPHALOGRAM (EEG)	61.47											
65	95813	ELECTROENCEPHALOGRAM (EEG)	92.42											
65	95816	ELECTROENCEPHALOGRAM (EEG); INCL	61.47											
65	95819	ELECTROENCEPHALOGRAM (EEG); INCL	61.47											
65	95822	ELECTROENCEPHALOGRAM (EEG); INCL	61.81											
65	95824	ELECTROENCEPHALOGRAM (EEG); INCL	42.09										X	
65	95829	ELECTROCORTICOGRAM AT SURGERY	363.11											
63	95830	MD INSERT SPHENOIDAL ELECTRODE	381.87											
67	95830	MD INSERT SPHENOIDAL ELECTRODE	381.87	00	15									
63	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	20.86										X	
67	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	20.86	00	15								X	
63	95852	RANGE OF MOTION; HAND	18.61											
67	95852	RANGE OF MOTION; HAND	18.61	00	15									
63	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	55.12											
67	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	55.12	00	15									
65	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	54.60											
65	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	87.95											
65	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	106.03											
65	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	113.59											
65	95865	MUSCLE TEST, LARYNX	88.64											
65	95866	MUSCLE TEST, HEMIDIAPHRAGM	72.31											
65	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	45.14											
65	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	67.34											
65	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	21.21											
65	95870	MUSCLE TEST, NON-PARASPINAL	21.21											
65	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	164.74											
65	95873	GUIDE NERV DESTR, ELEC STIM	21.09											
65	95874	GUIDE NERV DESTR, NEEDLE EMG	21.21											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
65	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	62.92										
65	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	20.11									X	
65	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	49.07									X	
65	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	40.26										
65	95905	NEEDLE MEASUREMENT AND RECORDING OF	3.05									X	
65	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	56.92										
65	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	71.72										
65	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	85.50										
65	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	114.20										
65	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	142.43										
65	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	169.76										
65	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	200.98										
65	95925	SOMATOSENSORY TESTING,ONE > NERVES	29.55										
65	95926	SOMATOSENSORY TESTING	29.21										
65	95927	SOMATOSENSORY TESTING	29.21										
65	95928	C MOTOR EVOKED, UPPR LIMBS	84.48										
65	95929	C MOTOR EVOKED, LWR LIMBS	84.82										
65	95930	VISUAL EVOKED POTENTIAL TEST	19.99										
65	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	33.50										
65	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	36.48									X	
65	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	49.18										
65	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	127.41										
63	95940	CONTINUOUS MONITORING OF NERVOUS SYS	34.68										
67	95940	CONTINUOUS MONITORING OF NERVOUS SYS	34.68	00 15									
65	95957	EEG DIGITAL ANALYSIS	110.03										
65	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	242.78										
65	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	173.79										
65	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	184.76										
65	95965	MEG, SPONTANEOUS	449.84										
65	95966	MEG, EVOKED, SINGLE	227.57										
65	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	198.87										
63	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	20.22										
67	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	20.22	00 15									
63	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	53.16										
67	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	53.16	00 15									
63	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	59.48					X					
67	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	59.48	00 15				X					
63	95991	REFILLING AND MAINTENANCE OF IMPLANT	116.32	04 99				X					
67	95991	REFILLING AND MAINTENANCE OF IMPLANT	116.32	04 15				X					
63	95992	CANALITH REPOSITIONING PROCEDURE(S)	46.21										
67	95992	CANALITH REPOSITIONING PROCEDURE(S)	46.21	00 15									
63	96000	MOTION ANALYSIS, VIDEO/3D	101.91										
67	96000	MOTION ANALYSIS, VIDEO/3D	101.91	00 15									
63	96001	MOTION TEST W/FT PRESS MEAS	138.50										
67	96001	MOTION TEST W/FT PRESS MEAS	138.50	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	96002	DYNAMIC SURFACE EMG	23.55											
67	96002	DYNAMIC SURFACE EMG	23.55	00	15									
63	96003	DYNAMIC FINE WIRE EMG	18.37											
67	96003	DYNAMIC FINE WIRE EMG	18.37	00	15									
63	96004	PHYS REVIEW OF MOTION TESTS	122.56											
67	96004	PHYS REVIEW OF MOTION TESTS	122.56	00	15									
63	96105	ASSESSMENT OF APHASIA	109.25										X	
67	96105	ASSESSMENT OF APHASIA	109.25	00	15								X	
63	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	100.90							X				
67	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	100.90	00	15					X				
63	96121	NEUROBEHAVIORAL STATUS EXAMINATION	87.21										X	
67	96121	NEUROBEHAVIORAL STATUS EXAMINATION	87.21	00	15								X	
63	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	138.25							X				
67	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	138.25	00	15					X				
63	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	105.50							X				
67	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	105.50	00	15					X				
63	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	81.12											
67	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	81.12	00	15									
63	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	121.78											
67	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	121.78	00	15									
63	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	820.65											
67	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	820.65	00	15									
63	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	182.41											
67	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	182.41	00	15									
63	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	132.22											
67	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	132.22	00	15									
63	96570	PHOTODYNAMIC TX, 30 MIN	56.02											
67	96570	PHOTODYNAMIC TX, 30 MIN	56.02	00	15									
63	96571	PHOTODYNAMIC TX, ADDL 15 MIN	31.07										X	
67	96571	PHOTODYNAMIC TX, ADDL 15 MIN	31.07	00	15								X	
63	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	196.16											
67	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	196.16	00	15									
63	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	251.37											
67	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	251.37	00	15									
63	96920	LASER TX, SKIN < 250 SQ CM	163.39											
67	96920	LASER TX, SKIN < 250 SQ CM	163.39	00	15									
63	96921	LASER TX, SKIN 250-500 SQ CM	179.46											
67	96921	LASER TX, SKIN 250-500 SQ CM	179.46	00	15									
63	96922	LASER TX, SKIN > 500 SQ CM	245.26											
67	96922	LASER TX, SKIN > 500 SQ CM	245.26	00	15									
63	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	48.80											
67	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	48.80	00	15									
63	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	46.59										X	
67	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	46.59	00	15								X	
63	97016	PT-VASOPNEUMATIC DEVICES	13.13											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	97016	PT-VASOPNEUMATIC DEVICES	13.13	00	15									
63	97018	PT-PARAFFIN BATH	7.18											
67	97018	PT-PARAFFIN BATH	7.18	00	15									
63	97032	ELECTRICAL STIMULATION,EACH 15 MIN	15.48										X	
67	97032	ELECTRICAL STIMULATION,EACH 15 MIN	15.48	00	15								X	
63	97033	ELECTRIC CURRENT THERAPY	21.30											
67	97033	ELECTRIC CURRENT THERAPY	21.30	00	15									
63	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	31.76										X	
67	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	31.76	00	15								X	
63	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	36.05										X	
67	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	36.05	00	15								X	
63	97116	GAIT TRAINING, EACH 15 MIN	31.42										X	
67	97116	GAIT TRAINING, EACH 15 MIN	31.42	00	15								X	
63	97124	MASSAGE, EACH 15 MIN	29.16										X	
67	97124	MASSAGE, EACH 15 MIN	29.16	00	15								X	
63	97140	MANUAL THERAPY	28.83									X		
67	97140	MANUAL THERAPY	28.83	00	15							X		
63	97161	PHYSICAL THERAPY EVALUATION: LOW COM	87.36											
67	97161	PHYSICAL THERAPY EVALUATION: LOW COM	87.36	00	15									
63	97162	PHYSICAL THERAPY EVALUATION: MODERAT	87.36											
67	97162	PHYSICAL THERAPY EVALUATION: MODERAT	87.36	00	15									
63	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	87.36											
67	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	87.36	00	15									
63	97164	RE-EVALUATION OF PHYSCIAL THERAPY	59.01											
67	97164	RE-EVALUATION OF PHYSICAL THERAPY	59.01	00	15									
63	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	93.48											
67	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	93.48	00	15									
63	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	93.48											
67	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	93.48	00	15									
63	97167	OCCUPATIONAL THERAPY EVALUATION: HI	93.48											
67	97167	OCCUPATIONAL THERAPY EVALUATION: HI	93.48	00	15									
63	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	63.76											
67	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	63.76	00	15									
63	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	40.55				X						X	
67	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	40.55	00	15		X						X	
63	97533	SENSORY INTEGRATION	43.44											
67	97533	SENSORY INTEGRATION	43.44	00	15									
63	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	88.10											
67	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	88.10	00	15									
63	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	28.00										X	
67	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	28.00	00	15								X	
63	97610	Low frequency, non-contact, non-ther	218.93			X								
67	97610	Low frequency, non-contact, non-ther	218.93	00	15	X								
63	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	35.83										X	
67	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	35.83	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	97760	ORTHOTIC MGMT AND TRAINING	48.29				X						X	
67	97760	ORTHOTIC MGMT AND TRAINING	48.29	00	15		X						X	
63	97761	PROSTHETIC TRAINING	41.83				X						X	
67	97761	PROSTHETIC TRAINING	41.83	00	15		X						X	
63	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	50.92										X	
67	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	50.92	00	15								X	
63	97802	MEDICAL NUTRITION, INDIV, IN	38.22									X		
67	97802	MEDICAL NUTRITION, INDIV, IN	38.22	00	15							X		
63	97803	MED NUTRITION, INDIV, SUBSEQ	33.12									X		
67	97803	MED NUTRITION, INDIV, SUBSEQ	33.12	00	15							X		
63	97804	MEDICAL NUTRITION, GROUP	17.51									X		
67	97804	MEDICAL NUTRITION, GROUP	17.51	00	15							X		
63	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	29.42	00	20	X			X					
67	98940	CHIROPR MANIP TX TO TWO REGIONS	29.42	00	15	X			X					
63	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	42.74	00	20	X			X					
67	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	42.74	00	15	X			X					
63	99151	MODERATE SEDATION SERVICES PROVIDED	74.82	00	04	X								
67	99151	MODERATE SEDATION SERVICES PROVIDED	74.82	00	04	X								
63	99152	MODERATE SEDATION SERVICES PROVIDED	50.27	05	20	X								
67	99152	MODERATE SEDATION SERVICES PROVIDED	50.27	05	15	X								
63	99155	MODERATE SEDATION SERVICES PROVIDED	96.71	00	04	X								
67	99155	MODERATE SEDATION SERVICES PROVIDED	96.71	00	04	X								
63	99156	MODERATE SEDATION SERVICES PROVIDED	85.07	05	20	X								
67	99156	MODERATE SEDATION SERVICES PROVIDED	85.07	05	15	X								
63	99157	MODERATE SEDATION SERVICES PROVIDED	68.46	00	20	X							X	
67	99157	MODERATE SEDATION SERVICES PROVIDED	68.46	00	15	X							X	
63	99170	EXAMINATION OF GENITAL AND ANAL REGI	161.15										X	
67	99170	EXAMINATION OF GENITAL AND ANAL REGI	161.15	00	15								X	
63	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	118.16			X							X	
67	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	118.16	00	15	X							X	
63	99184	INITIATION OF SELECTIVE HEAD OR TOTA	238.21											
67	99184	INITIATION OF SELECTIVE HEAD OR TOTA	238.21	00	15									
63	99201	NEW PATIENT OFFICE OR OTHER OUTPATIE	46.52											
63	99201 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	46.52	10	59			F						
67	99201	NEW PATIENT OFFICE OR OTHER OUTPATIE	46.52	00	15									
67	99201 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	46.52	10	15			F						
63	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.06											
63	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.06	10	59			F						
67	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.06	00	15									
67	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.06	10	15			F						
63	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	111.49											
63	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	111.49	10	59			F						
67	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	111.49	00	15									
67	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	111.49	10	15			F						
63	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	170.39											

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	170.39	10 59			F						
67	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	170.39	00 15									
67	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	170.39	10 15			F						
63	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	214.76										
63	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	214.76	10 59			F						
67	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	214.76	00 15									
67	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	214.76	10 15			F						
63	99211	OFFICE,EST PT, MINIMAL PROBLEMS	22.65									X	
63	99211 TH	OFFICE,EST PT,MINIMAL	22.65	10 59			F						
67	99211	EST PATIENT OFFICE VISIT	22.65	00 15									
67	99211 TH	OFFICE,EST PT,MINIMAL	22.65	10 15			F						
63	99212	ESTABLISHED PATIENT OFFICE OR OTHER	45.72									X	
63	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	45.72	10 59			F						
67	99212	ESTABLISHED PATIENT OFFICE OR OTHER	45.72	00 15								X	
67	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	45.72	10 15			F						
63	99213	ESTABLISHED PATIENT OFFICE OR OTHER	76.07										
63	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	76.07	10 59			F						
67	99213	ESTABLISHED PATIENT OFFICE OR OTHER	76.07	00 15									
67	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	76.07	10 15			F						
63	99214	ESTABLISHED PATIENT OFFICE OR OTHER	111.69										
63	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	111.69	10 59			F						
67	99214	ESTABLISHED PATIENT OFFICE OR OTHER	111.69	00 15									
67	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	111.69	10 15			F						
63	99215	ESTABLISHED PATIENT OFFICE OR OTHER	150.27										
63	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	150.27	10 59			F						
67	99215	ESTABLISHED PATIENT OFFICE OR OTHER	150.27	00 15									
67	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	150.27	10 15			F						
63	99218	HOSPITAL OBSERVATION CARE TYPICALLY	105.72										
67	99218	HOSPITAL OBSERVATION CARE TYPICALLY	105.72	00 15									
63	99219	HOSPITAL OBSERVATION CARE TYPICALLY	143.70										
67	99219	HOSPITAL OBSERVATION CARE TYPICALLY	143.70	00 15									
63	99220	HOSPITAL OBSERVATION CARE TYPICALLY	196.15										
67	99220	HOSPITAL OBSERVATION CARE TYPICALLY	196.15	00 15									
63	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	107.79										
67	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	107.79	00 15									
63	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	145.00										
67	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	145.00	00 15									
63	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	213.79										
67	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	213.79	00 15									
63	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	42.07										
67	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	42.07	00 15									
63	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	77.23										
67	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	77.23	00 15									
63	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	110.48										
67	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	110.48	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	41.73											
67	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	41.73	00	15									
63	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	76.89											
67	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	76.89	00	15									
63	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	109.91											
67	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	109.91	00	15									
63	99234	HOSPITAL OBSERVATION OR INPATIENT CA	140.93									X		
67	99234	HOSPITAL OBSERVATION OR INPATIENT CA	140.93	00	15							X		
63	99235	HOSPITAL OBSERVATION OR INPATIENT CA	178.89									X		
67	99235	HOSPITAL OBSERVATION OR INPATIENT CA	178.89	00	15							X		
63	99236	HOSPITAL OBSERVATION OR INPATIENT CA	229.87									X		
67	99236	HOSPITAL OBSERVATION OR INPATIENT CA	229.87	00	15							X		
63	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	76.64											
67	99238	HOSPITAL	76.64	00	15									
63	99239	HOSPITAL DISCHARGE DAY	112.31											
67	99239	HOSPITAL DISCHARGE DAY	112.31	00	15									
63	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	22.82											
67	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	22.82	00	15									
63	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	44.53											
67	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	44.53	00	15									
63	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	66.72											
67	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	66.72	00	15									
63	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	126.67											
67	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	126.67	00	15									
63	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	186.84											
67	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	186.84	00	15									
63	99291	CRITICAL CARE, FIRST HOUR	289.92			X								
67	99291	CRITICAL CARE, FIRST HOUR	289.92	00	15	X								
63	99292	CRITICAL CARE, EVALUATION AND MANAGE	129.73			X							X	
67	99292	CRITICAL CARE, EVALUATION AND MANAGE	129.73	00	15	X							X	
63	99304	INITIAL NURSING FACILITY VISIT, TYPI	94.86											
67	99304	INITIAL NURSING FACILITY VISIT, TYPI	94.86	00	15									
63	99305	INITIAL NURSING FACILITY VISIT, TYPI	136.82											
67	99305	INITIAL NURSING FACILITY VISIT, TYPI	136.82	00	15									
63	99306	INITIAL NURSING FACILITY VISIT, TYPI	175.26											
67	99306	INITIAL NURSING FACILITY VISIT, TYPI	175.26	00	15									
63	99307	SUBSEQUENT NURSING FACILITY VISIT, T	46.04											
67	99307	SUBSEQUENT NURSING FACILITY VISIT, T	46.04	00	15									
63	99308	SUBSEQUENT NURSING FACILITY VISIT, T	71.91											
67	99308	SUBSEQUENT NURSING FACILITY VISIT, T	71.91	00	15									
63	99309	SUBSEQUENT NURSING FACILITY VISIT, T	95.71											
67	99309	SUBSEQUENT NURSING FACILITY VISIT, T	95.71	00	15									
63	99310	SUBSEQUENT NURSING FACILITY VISIT, T	141.92											
67	99310	SUBSEQUENT NURSING FACILITY VISIT, T	141.92	00	15									
63	99315	NURSING FAC DISCHARGE DAY	76.98											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	99315	NURSING FAC DISCHARGE DAY	76.98	00 15									
63	99316	NURSING FAC DISCHARGE DAY	111.06										
67	99316	NURSING FAC DISCHARGE DAY	111.06	00 15									
63	99324	NEW PATIENT ASSISTED LIVING VISIT, T	58.23										
67	99324	NEW PATIENT ASSISTED LIVING VISIT, T	58.23	00 15									
63	99325	NEW PATIENT ASSISTED LIVING VISIT, T	84.59										
67	99325	NEW PATIENT ASSISTED LIVING VISIT, T	84.59	00 15									
63	99326	NEW PATIENT ASSISTED LIVING VISIT, T	146.65										
67	99326	NEW PATIENT ASSISTED LIVING VISIT, T	146.65	00 15									
63	99327	NEW PATIENT ASSISTED LIVING VISIT, T	196.50										
67	99327	NEW PATIENT ASSISTED LIVING VISIT, T	196.50	00 15									
63	99328	NEW PATIENT ASSISTED LIVING VISIT, T	231.32										
67	99328	NEW PATIENT ASSISTED LIVING VISIT, T	231.32	00 15									
63	99334	ESTABLISHED PATIENT ASSISTED LIVING	63.25										
67	99334	ESTABLISHED PATIENT ASSISTED LIVING	63.25	00 15									
63	99335	ESTABLISHED PATIENT ASSISTED LIVING	99.85										
67	99335	ESTABLISHED PATIENT ASSISTED LIVING	99.85	00 15									
63	99336	ESTABLISHED PATIENT ASSISTED LIVING	142.51										
67	99336	ESTABLISHED PATIENT ASSISTED LIVING	142.51	00 15									
63	99337	ESTABLISHED PATIENT ASSISTED LIVING	204.28										
67	99337	ESTABLISHED PATIENT ASSISTED LIVING	204.28	00 15									
63	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	58.23										
67	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	58.23	00 15									
63	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	84.36										
67	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	84.36	00 15									
63	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	137.83										
67	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	137.83	00 15									
63	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	192.08										
67	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	192.08	00 15									
63	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	233.48										
67	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	233.48	00 15									
63	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	58.19										
67	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	58.19	00 15									
63	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	88.62										
67	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	88.62	00 15									
63	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	135.72										
67	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	135.72	00 15									
63	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	188.59										
67	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	188.59	00 15									
63	99460	INITIAL HOSPITAL OR BIRTHING CENTER	101.85	00 00					X				
67	99460	INITIAL HOSPITAL OR BIRTHING CENTER	101.85	00 00					X				
63	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	94.09	00 00					X				
67	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	94.09	00 00					X				
63	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	44.34	00 00									
67	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	44.34	00 00									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2020

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	99463	INITIAL HOSPITAL OR BIRTHING CENTER	117.27	00 00					X				
67	99463	INITIAL HOSPITAL OR BIRTHING CENTER	117.27	00 00					X				
63	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	79.74	00 00									
67	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	79.74	00 00									
63	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	155.32	00 00									
67	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	155.32	00 00									
63	99466	CRITICAL CARE SERVICES DELIVERED BY	253.86	00 01									
67	99466	CRITICAL CARE SERVICES DELIVERED BY	253.86	00 01									
63	99467	CRITICAL CARE SERVICES DELIVERED BY	126.72	00 01								X	
67	99467	CRITICAL CARE SERVICES DELIVERED BY	126.72	00 01								X	
63	99468	INITIAL INPATIENT NEONATAL CRITICAL	977.70	00 00									
67	99468	INITIAL INPATIENT NEONATAL CRITICAL	977.70	00 00									
63	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	422.59	00 00									
67	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	422.59	00 00									
63	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	846.43	00 01									
67	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	846.43	00 01									
63	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	433.75	00 01									
67	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	433.75	00 01									
63	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	595.55	02 05									
67	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	595.55	02 05									
63	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	371.04	02 05									
67	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	371.04	02 05									
63	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	370.34	00 00									
67	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	370.34	00 00									
63	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	145.58	00 00									
67	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	145.58	00 00									
63	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	132.37	00 00									
67	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	132.37	00 00									
63	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	126.72	00 00									
67	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	126.72	00 00									