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

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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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	58.19	16 99								X	
67	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	58.19	00 15					X			X	
63	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	16.14	16 99								X	
67	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	16.14	00 15					X			X	
63	G0117	GLAUCOMA SCRN HGH RISK DIREC	54.85								X		
63	G0118	GLAUCOMA SCRN HGH RISK DIREC	42.56								X		
63	G0124	SCREENING CYTOPATHOLOGY, PHY. INTERP	25.97								X		
63	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NU	23.53								X		
63	G0141	SCR C/V CYTO,AUTOSYS AND MD	25.97								X		
63	G0179	PHYS SERV FO THE RECERT OF MEDICARE	41.31								X		
63	G0180	MD CERTIFICATION HHA PATIENT	54.41								X		
63	G0181	HOME HEALTH CARE SUPERVISION	111.47								X		
63	G0245	INITIAL FOOT EXAM PT LOPS	67.87								X		
63	G0246	FOLLOWUP EVAL OF FOOT PT LOP	39.14								X		
63	G0247	ROUTINE FOOTCARE PT W LOPS	78.50								X		
63	G0250	MD REVIEW INTERPRET OF TEST	9.75								X		
63	G0268	REMOVAL OF IMPACTED WAX MD	52.35								X		
63	G0270	MNT SUBS TX FOR CHANGE DX	33.41								X		
63	G0271	GROUP MNT 2 OR MORE 30 MINS	17.49								X		
63	G0278	ILIAC ART ANGIO,CARDIAC CATH	15.51								X		
63	G0281	ELEC STIM UNATTEND FOR PRESS	14.13								X		
63	G0283	ELEC STIM OTHER THAN WOUND	14.13								X		
63	G0289	ARTHRO, LOOSE BODY + CHONDRO	95.21								X		
63	G0329	ELECTROMAGNTIC TX FOR ULCERS	11.22								X		
63	G0341	PERCUTANEOUS ISLET CELLTRANS	2,056.35								X		
63	G0342	LAPAROSCOPY ISLET CELL TRANS	728.40								X		
63	G0343	LAPAROTOMY ISLET CELL TRANSP	1,203.90								X		
63	G0372	MD SERVICE REQUIRED FOR PMD	9.71								X		
65	G0452	MOLECULAR PATHOLOGY PROCEDURE;PHYS	19.88	19 70									E
01	00100	ANES;SALIVARY GLANDS, BIOPSY	SP					X		5		X	
01	00102	ANES;PLASTIC REPAIR OF CLEFT LIP	SP					X		6		X	
01	00103	ANES FOR PROCEDURES ON EYE, BLEPH	SP					X		5		X	
01	00120	ANES;ALL OF EAR;NOS	SP					X		5		X	
01	00124	ANES; OTOSCOPY	SP					X		4		X	
01	00126	ANES; TYPANOTOMY	SP					X		4		X	
01	00140	ANES;EYE;NOS	SP					X		5		X	
01	00142	ANES;LENS SURGERY	SP					X		4		X	
01	00144	ANES;CORNEAL TRANSPLANT	SP					X		6		X	
01	00145	ANES;VITEORETINAL SURGERY	SP					X		6		X	
01	00147	ANES;IRIDECTOMY	SP					X		4		X	
01	00148	ANES;OPHTHALMOSCOPY	SP					X		4		X	
01	00160	ANES;NOSE/ACC.SINUSES;NOS	SP					X		5		X	
01	00162	ANES;NOSE/SINUSES;RADICAL SURGERY	SP					X		7		X	
01	00164	ANES;NOSE/SINUSES;BIOPSY,SOFT TISSUE	SP					X		4		X	
01	00170	ANES;INTRAORAL PLUS BIOPSY;NOS	SP					X		5		X	

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

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

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

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

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU 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
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	

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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	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	55.21										X	
67	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	55.21	00	15								X	
63	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	132.42											
67	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	132.42	00	15									
63	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	63.27										X	
67	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	63.27	00	15								X	
63	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	295.31											
67	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	295.31	00	15									
63	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	168.75										X	
67	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	168.75	00	15								X	
63	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	462.91											
67	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	462.91	00	15									
63	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	280.31										X	
67	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	280.31	00	15								X	
63	10021	FNA W/O IMAGE	101.09											
67	10021	FNA W/O IMAGE	101.09	00	15									
63	10030	Fluid collection drainage by cathete	607.75											
67	10030	Fluid collection drainage by cathete	607.75	00	15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	442.82										
67	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	442.82	00 15									
63	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	373.54										
67	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	373.54	00 15									
63	10060	DRAINAGE OF SKIN ABSCESS	123.55										
67	10060	DRAINAGE OF SKIN ABSCESS	123.55	00 15									
63	10061	DRAIN SKIN ABSCESS COMPLICATED	217.32										
67	10061	DRAIN SKIN ABSCESS COMPLICATED	217.32	00 15									
63	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	210.42										
67	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	210.42	00 15									
63	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	309.63										
67	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	309.63	00 15									
63	10120	SIMPLE REMOVAL FOREIGN BODY	152.90										
67	10120	SIMPLE REMOVAL FOREIGN BODY	152.90	00 15									
63	10121	COMPLICATED REMOVAL FOREIGN BODY	280.33										
67	10121	COMPLICATED REMOVAL FOREIGN BODY	280.33	00 15									
63	10140	INCISE/DRAIN SIMPLE HEMATOMA	174.07										
67	10140	INCISE/DRAIN SIMPLE HEMATOMA	174.07	00 15									
63	10160	PUNCTURE DRAINAGE OF LESION	133.08										
67	10160	PUNCTURE DRAINAGE OF LESION	133.08	00 15									
63	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	263.92										
67	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	263.92	00 15									
63	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	57.94										
67	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	57.94	00 15									
63	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	24.42									X	
67	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	24.42	00 15								X	
63	11004	DEBRIDE GENITALIA & PERINEUM	641.13										
67	11004	DEBRIDE GENITALIA & PERINEUM	641.13	00 15									
63	11005	DEBRIDE ABDOM WALL	878.90										
67	11005	DEBRIDE ABDOM WALL	878.90	00 15									
63	11006	DEBRIDE GENIT/PER/ABDOM WALL	789.50										
67	11006	DEBRIDE GENIT/PER/ABDOM WALL	789.50	00 15									
63	11008	REMOVE MESH FROM ABD WALL	309.35										
67	11008	REMOVE MESH FROM ABD WALL	309.35	00 15									
63	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	487.14										
67	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	487.14	00 15									
63	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	545.86										
67	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	545.86	00 15									
63	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	702.28									X	
67	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	702.28	00 15								X	
63	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	126.82										
67	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	126.82	00 15									
63	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	242.52										
67	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	242.52	00 15									
63	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	330.42										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	330.42	00 15									
63	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	43.75									X	
67	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	43.75	00 15								X	
63	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	79.01									X	
67	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	79.01	00 15								X	
63	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	132.44									X	
67	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	132.44	00 15								X	
63	11055	TRIM SKIN LESION	62.09										
67	11055	TRIM SKIN LESION	62.09	00 15									
63	11056	TRIM 2 TO 4 SKIN LESIONS	73.87										
67	11056	TRIM 2 TO 4 SKIN LESIONS	73.87	00 15									
63	11057	TRIM OVER 4 SKIN LESIONS	81.64										
67	11057	TRIM OVER 4 SKIN LESIONS	81.64	00 15									
63	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	99.99										
67	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	99.99	00 15									
63	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	53.42									X	
67	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	53.42	00 15								X	
63	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	125.55										
67	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	125.55	00 15									
63	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	60.82									X	
67	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	60.82	00 15								X	
63	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	151.69										
67	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	151.69	00 15									
63	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	72.03									X	
67	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	72.03	00 15								X	
63	11200	EXCISE UP TO 15 SKIN TAGS	90.10										
67	11200	EXCISE UP TO 15 SKIN TAGS	90.10	00 15									
63	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	19.65									X	
67	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	19.65	00 15								X	
63	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	99.43										
67	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	99.43	00 15									
63	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	121.83										
67	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	121.83	00 15									
63	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	141.02										
67	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	141.02	00 15									
63	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	155.59										
67	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	155.59	00 15									
63	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	105.70										
67	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	105.70	00 15									
63	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	123.80										
67	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	123.80	00 15									
63	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	145.09										
67	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	145.09	00 15									
63	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	155.89										
67	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	155.89	00 15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	115.97										
67	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	115.97	00 15									
63	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	138.23										
67	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	138.23	00 15									
63	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	160.01										
67	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	160.01	00 15									
63	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	188.12										
67	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	188.12	00 15									
63	11400	EXCISE BENIGN LESION TO 0.5 CM	126.17									X	
67	11400	EXCISE BENIGN LESION TO 0.5 CM	126.17	00 15								X	
63	11401	EXCISE BENIGN LESION 0.6 TO 1CM	154.81									X	
67	11401	EXCISE BENIGN LESION 0.6 TO 1CM	154.81	00 15								X	
63	11402	EXCISE BENIGN LESION 1.1 TO 2CM	172.37									X	
67	11402	EXCISE BENIGN LESION 1.1 TO 2CM	172.37	00 15								X	
63	11403	EXCISE BENIGN LESION 2.1 TO 3CM	200.76									X	
67	11403	EXCISE BENIGN LESION 2.1 TO 3CM	200.76	00 15								X	
63	11404	EXCISE BENIGN LESION 3.1 TO 4CM	228.65									X	
67	11404	EXCISE BENIGN LESION 3.1 TO 4CM	228.65	00 15								X	
63	11406	EXCISE BENIGN LESION OVER 4 CM	331.44									X	
67	11406	EXCISE BENIGN LESION OVER 4 CM	331.44	00 15								X	
63	11420	EXCISE BENIGN LESION TO 0.5 CM	127.78									X	
67	11420	EXCISE BENIGN LESION TO 0.5 CM	127.78	00 15								X	
63	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	162.53									X	
67	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	162.53	00 15								X	
63	11422	EXCISE BENIGN LESION 1.1 TO 2CM	183.44									X	
67	11422	EXCISE BENIGN LESION 1.1 TO 2CM	183.44	00 15								X	
63	11423	EXCISE BENIGN LESION 2.1 TO 3CM	209.54									X	
67	11423	EXCISE BENIGN LESION 2.1 TO 3CM	209.54	00 15								X	
63	11424	EXCISE BENIGN LESION 3.1 TO 4CM	243.13									X	
67	11424	EXCISE BENIGN LESION 3.1 TO 4CM	243.13	00 15								X	
63	11426	EXCISE BENIGN LESION OVER 4.0 CM	353.55									X	
67	11426	EXCISE BENIGN LESION OVER 4.0 CM	353.55	00 15								X	
63	11440	EXCISE BENIGN LESION TO 0.5 CM	140.35									X	
67	11440	EXCISE BENIGN LESION TO 0.5 CM	140.35	00 15								X	
63	11441	EXCISE BENIGN LESION 0.6 TO 1CM	174.42									X	
67	11441	EXCISE BENIGN LESION 0.6 TO 1CM	174.42	00 15								X	
63	11442	EXCISE BENIGN LESION 1.1 TO 2CM	194.80									X	
67	11442	EXCISE BENIGN LESION 1.1 TO 2CM	194.80	00 15								X	
63	11443	EXCISE BENIGN LESION 2.1 TO 3CM	233.00									X	
67	11443	EXCISE BENIGN LESION 2.1 TO 3CM	233.00	00 15								X	
63	11444	EXCISE BENIGN LESION 3.1 TO 4CM	294.27									X	
67	11444	EXCISE BENIGN LESION 3.1 TO 4CM	294.27	00 15								X	
63	11446	EXCISE BENIGN LESION OVER 4.0 CM	407.77									X	
67	11446	EXCISE BENIGN LESION OVER 4.0 CM	407.77	00 15								X	
63	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	418.59										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	418.59	00 15									
63	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	524.03										
67	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	524.03	00 15									
63	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	406.11										
67	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	406.11	00 15									
63	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	532.60										
67	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	532.60	00 15									
63	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	445.39										
67	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	445.39	00 15									
63	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	544.38										
67	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	544.38	00 15									
63	11600	EXCISE MALIGNANCY TO 0.5 CM	199.80									X	
67	11600	EXCISE MALIGNANCY TO 0.5 CM	199.80	00 15								X	
63	11601	EXCISE MALIGNANCY 0.6 TO 1CM	233.11									X	
67	11601	EXCISE MALIGNANCY 0.6 TO 1CM	233.11	00 15								X	
63	11602	EXCISE MALIGNANCY 1.1 TO 2CM	250.89									X	
67	11602	EXCISE MALIGNANCY 1.1 TO 2CM	250.89	00 15								X	
63	11603	EXCISE MALIGNANCY 2.1 TO 3CM	287.51									X	
67	11603	EXCISE MALIGNANCY 2.1 TO 3CM	287.51	00 15								X	
63	11604	EXCISE MALIGNANCY 3.1 TO 4CM	321.79									X	
67	11604	EXCISE MALIGNANCY 3.1 TO 4CM	321.79	00 15								X	
63	11606	EXCISE MALIGNANCY OVER 4CM	466.69									X	
67	11606	EXCISE MALIGNANCY OVER 4CM	466.69	00 15								X	
63	11620	EXCISE MALIGNANCY TO 0.5CM	201.00									X	
67	11620	EXCISE MALIGNANCY TO 0.5CM	201.00	00 15								X	
63	11621	EXCISE MALIGNANCY 0.6 TO 1CM	234.31									X	
67	11621	EXCISE MALIGNANCY 0.6 TO 1CM	234.31	00 15								X	
63	11622	EXCISE MALIGNANCY 1.1 TO 2CM	259.59									X	
67	11622	EXCISE MALIGNANCY 1.1 TO 2CM	259.59	00 15								X	
63	11623	EXCISE MALIGNANCY 2.1 TO 3CM	307.39									X	
67	11623	EXCISE MALIGNANCY 2.1 TO 3CM	307.39	00 15								X	
63	11624	EXCISE MALIGNANCY 3.1 TO 4CM	349.31									X	
67	11624	EXCISE MALIGNANCY 3.1 TO 4CM	349.31	00 15								X	
63	11626	EXCISE MALIGNANCY OVER 4CM	425.29									X	
67	11626	EXCISE MALIGNANCY OVER 4CM	425.29	00 15								X	
63	11640	EXCISE MALIGNANCY TO 0.5CM	205.38									X	
67	11640	EXCISE MALIGNANCY TO 0.5CM	205.38	00 15								X	
63	11641	EXCISE MALIGNANCY 0.6 TO 1CM	242.62									X	
67	11641	EXCISE MALIGNANCY 0.6 TO 1CM	242.62	00 15								X	
63	11642	EXCISE MALIGNANCY 1.1 TO 2CM	276.12									X	
67	11642	EXCISE MALIGNANCY 1.1 TO 2CM	276.12	00 15								X	
63	11643	EXCISE MALIGNANCY 2.1 TO 3CM	327.76									X	
67	11643	EXCISE MALIGNANCY 2.1 TO 3CM	327.76	00 15								X	
63	11644	EXCISE MALIGNANCY 3.1 TO 4CM	405.83									X	
67	11644	EXCISE MALIGNANCY 3.1 TO 4CM	405.83	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	11646	EXCISE MALIGNANCY OVER 4CM	533.54									X	
67	11646	EXCISE MALIGNANCY OVER 4CM	533.54	00 15								X	
63	11719	TRIM NAIL(S)	14.43		X						X		
67	11719	TRIM NAIL(S)	14.43	00 15	X						X		
63	11720	DEBRIDE NAIL, 1-5	33.28										
67	11720	DEBRIDE NAIL, 1-5	33.28	00 15									
63	11721	DEBRIDE NAIL, 6 OR MORE	46.74										
67	11721	DEBRIDE NAIL, 6 OR MORE	46.74	00 15									
63	11730	SIMPLE REMOVAL OF NAIL PLATE	112.07										
67	11730	SIMPLE REMOVAL OF NAIL PLATE	112.07	00 15									
63	11732	REMOVE ADDITIONAL NAIL PLATES	34.24									X	
67	11732	REMOVE ADDITIONAL NAIL PLATES	34.24	00 15								X	
63	11740	EVACUATE HEMATOMA UNDER NAIL	53.42									X	
67	11740	EVACUATE HEMATOMA UNDER NAIL	53.42	00 15								X	
63	11750	EXCISION NAIL & NAIL MATRIX	159.15									X	
67	11750	EXCISION NAIL & NAIL MATRIX	159.15	00 15								X	
63	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	124.13										
67	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	124.13	00 15									
63	11760	SIMPLE RECONSTRUCTION NAIL BED	197.77									X	
67	11760	SIMPLE RECONSTRUCTION NAIL BED	197.77	00 15								X	
63	11762	NAIL RECONSTRUCTION; COMPLICATED	302.91									X	
67	11762	NAIL RECONSTRUCTION; COMPLICATED	302.91	00 15								X	
63	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	168.85									X	
67	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	168.85	00 15								X	
63	11770	SIMPLE EXCISION PILONIDAL CYST	321.24										
67	11770	SIMPLE EXCISION PILONIDAL CYST	321.24	00 15									
63	11771	EXCISE PILONIDAL CYST; EXTENSIVE	630.95										
67	11771	EXCISE PILONIDAL CYST; EXTENSIVE	630.95	00 15									
63	11772	PILONIDAL CYST; COMPLICATED	763.82										
67	11772	PILONIDAL CYST; COMPLICATED	763.82	00 15									
63	11900	INTRALESIONAL INJECTION; UP TO 7	55.74										
67	11900	INTRALESIONAL INJECTION; UP TO 7	55.74	00 15									
63	11901	INTRALESIONAL INJECTION; OVER 7	71.45										
67	11901	INTRALESIONAL INJECTION; OVER 7	71.45	00 15									
63	11920	TATOOING; 6SQ CM OR LESS	191.26			X							
63	11921	TATOOING; 6.1 SQ CM TO 20 SQ CM	218.90			X							
63	11960	INSERTION OF TISSUE EXPANDER	1,030.42			X							
67	11960	INSERTION OF TISSUE EXPANDER	1,030.42	00 15		X							
63	11970	REPLACEMENT OF TISSUE EXPANDER WITH	651.85			X						X	
67	11970	REPLACEMENT OF TISSUE EXPANDER WITH	651.85	00 15		X						X	
63	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	488.87			X							
67	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	488.87	00 15		X							
63	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	152.25	10 60			F						
67	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	152.25	10 15			F						
63	11980	IMPLANT HORMONE PELLET(S)	97.70				F						

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	11980	IMPLANT HORMONE PELLET(S)	97.70	00	15			F						
63	11981	INSERT DRUG IMPLANT DEVICE	108.29											
67	11981	INSERT DRUG IMPLANT DEVICE	108.29	00	15									
63	11982	REMOVE DRUG IMPLANT DEVICE	123.13											
67	11982	REMOVE DRUG IMPLANT DEVICE	123.13	00	15									
63	11983	REMOVE/INSERT DRUG IMPLANT	153.28											
67	11983	REMOVE/INSERT DRUG IMPLANT	153.28	00	15									
63	12001	SIMPLE WOUND REPAIR TO 2.5CM	93.07											
67	12001	SIMPLE WOUND REPAIR TO 2.5CM	93.07	00	15									
63	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	115.03											
67	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	115.03	00	15									
63	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	135.02											
67	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	135.02	00	15									
63	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	179.19											
67	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	179.19	00	15									
63	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	211.97											
67	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	211.97	00	15									
63	12007	SIMPLE WOUND REPAIR OVER 30CM	243.14											
67	12007	SIMPLE WOUND REPAIR OVER 30CM	243.14	00	15									
63	12011	SIMPLE WOUND REPAIR TO 2.5CM	114.22											
67	12011	SIMPLE WOUND REPAIR TO 2.5CM	114.22	00	15									
63	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	120.07											
67	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	120.07	00	15									
63	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	146.51											
67	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	146.51	00	15									
63	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	177.88											
67	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	177.88	00	15									
63	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	227.66											
67	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	227.66	00	15									
63	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	174.91											
67	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	174.91	00	15									
63	12018	SIMPLE WOUND REPAIR OVER 30 CM	198.57											
67	12018	SIMPLE WOUND REPAIR OVER 30 CM	198.57	00	15									
63	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	302.21											
67	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	302.21	00	15									
63	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	178.63											
67	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	178.63	00	15									
63	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	254.85											
67	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	254.85	00	15									
63	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	305.30											
67	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	305.30	00	15									
63	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	331.31											
67	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	331.31	00	15									
63	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	397.16											
67	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	397.16	00	15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	447.89										
67	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	447.89	00 15									
63	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	510.38										
67	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	510.38	00 15									
63	12041	LAYER CLOSURE WOUND TO 2.5CM	256.12										
67	12041	LAYER CLOSURE WOUND TO 2.5CM	256.12	00 15									
63	12042	LAYER CLOSURE 2.6 TO 7.5CM	305.44										
67	12042	LAYER CLOSURE 2.6 TO 7.5CM	305.44	00 15									
63	12044	LAYER CLOSURE 7.6 TO 12.5CM	378.92										
67	12044	LAYER CLOSURE 7.6 TO 12.5CM	378.92	00 15									
63	12045	LAYER CLOSURE 12.6 TO 20CM	418.85										
67	12045	LAYER CLOSURE 12.6 TO 20CM	418.85	00 15									
63	12046	LAYER CLOSURE 20.1 TO 30CM	508.76										
67	12046	LAYER CLOSURE 20.1 TO 30CM	508.76	00 15									
63	12047	LAYER CLOSURE WOUND OVER 30CM	560.76										
67	12047	LAYER CLOSURE WOUND OVER 30CM	560.76	00 15									
63	12051	LAYER CLOSURE WOUND TO 2.5CM	275.55										
67	12051	LAYER CLOSURE WOUND TO 2.5CM	275.55	00 15									
63	12052	LAYER CLOSURE 2.6 TO 5CM	310.34										
67	12052	LAYER CLOSURE 2.6 TO 5CM	310.34	00 15									
63	12053	LAYER CLOSURE 5.1 TO 7.5CM	363.27										
67	12053	LAYER CLOSURE 5.1 TO 7.5CM	363.27	00 15									
63	12054	LAYER CLOSURE 7.6 TO 12.5CM	385.56										
67	12054	LAYER CLOSURE 7.6 TO 12.5CM	385.56	00 15									
63	12055	LAYER CLOSURE 12.6 TO 20CM	501.71										
67	12055	LAYER CLOSURE 12.6 TO 20CM	501.71	00 15									
63	12056	LAYER CLOSURE 20.1 TO 30CM	588.92										
67	12056	LAYER CLOSURE 20.1 TO 30CM	588.92	00 15									
63	12057	LAYER CLOSURE WOUND OVER 30CM	628.78										
67	12057	LAYER CLOSURE WOUND OVER 30CM	628.78	00 15									
63	13100	COMPLEX REPAIR 1.1 TO 2.5CM	346.78										
67	13100	COMPLEX REPAIR 1.1 TO 2.5CM	346.78	00 15									
63	13101	COMPLEX REPAIR 2.6 TO 7.5CM	406.67										
67	13101	COMPLEX REPAIR 2.6 TO 7.5CM	406.67	00 15									
63	13102	REPAIR WOUND/LESION ADD-ON	124.02										
67	13102	REPAIR WOUND/LESION ADD-ON	124.02	00 15									
63	13120	COMPLEX REPAIR 1.1 TO 2.5CM	362.44										
67	13120	COMPLEX REPAIR 1.1 TO 2.5CM	362.44	00 15									
63	13121	COMPLEX REPAIR 2.6 TO 7.5CM	437.57										
67	13121	COMPLEX REPAIR 2.6 TO 7.5CM	437.57	00 15									
63	13122	REPAIR WOUND/LESION ADD-ON	135.56										
67	13122	REPAIR WOUND/LESION ADD-ON	135.56	00 15									
63	13131	COMPLEX REPAIR 1.1 TO 2.5CM	398.20										
67	13131	COMPLEX REPAIR 1.1 TO 2.5CM	398.20	00 15									
63	13132	COMPLEX REPAIR 2.6 TO 7.5CM	487.87										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	13132	COMPLEX REPAIR 2.6 TO 7.5CM	487.87	00 15									
63	13133	REPAIR WOUND/LESION ADD-ON	182.01										
67	13133	REPAIR WOUND/LESION ADD-ON	182.01	00 15									
63	13151	COMPLEX REPAIR 1.1 TO 2.5CM	436.58										
67	13151	COMPLEX REPAIR 1.1 TO 2.5CM	436.58	00 15									
63	13152	COMPLEX REPAIR 2.6 TO 7.5CM	517.45										
67	13152	COMPLEX REPAIR 2.6 TO 7.5CM	517.45	00 15									
63	13153	REPAIR WOUND/LESION ADD-ON	199.74										
67	13153	REPAIR WOUND/LESION ADD-ON	199.74	00 15									
63	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	860.86										
67	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	860.86	00 15									
63	14000	TISSUE TRANSFER; DEFECT TO 10CM	647.74										
67	14000	TISSUE TRANSFER; DEFECT TO 10CM	647.74	00 15									
63	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	833.69										
67	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	833.69	00 15									
63	14020	TISSUE TRANSFER; TO 10 SQ CM	714.67										
67	14020	TISSUE TRANSFER; TO 10 SQ CM	714.67	00 15									
63	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	893.63										
67	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	893.63	00 15									
63	14040	TISSUE TRANSFER; TO 10 SQ CM	781.59										
67	14040	TISSUE TRANSFER; TO 10 SQ CM	781.59	00 15									
63	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	957.19										
67	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	957.19	00 15									
63	14060	TISSUE TRANSFER; TO 10 SQ CM	796.41										
67	14060	TISSUE TRANSFER; TO 10 SQ CM	796.41	00 15									
63	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,028.04										
67	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,028.04	00 15									
63	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,126.26										
67	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,126.26	00 15									
63	14302	ADJACENT TISSUE TRANSFER OR REARRANG	239.04									X	
67	14302	ADJACENT TISSUE TRANSFER OR REARRANG	239.04	00 15								X	
63	14350	FILLETED FINGER OR TOE FLAP	733.54										
67	14350	FILLETED FINGER OR TOE FLAP	733.54	00 15									
63	15002	WOUND PREP, TRK/ARM/LEG	364.75										
67	15002	WOUND PREP, TRK/ARM/LEG	364.75	00 15									
63	15003	SURGICAL PREPARATION OR CREATION +	76.17									X	
67	15003	SURGICAL PREPARATION OR CREATION +	76.17	00 15								X	
63	15004	WOUND PREP, F/N/HF/G	416.01										
67	15004	WOUND PREP, F/N/HF/G	416.01	00 15									
63	15005	SURGICAL PREPARATION OR CREATION +	130.07									X	
67	15005	SURGICAL PREPARATION OR CREATION +	130.07	00 15								X	
63	15040	HARVEST CULTURED SKIN GRAFT	266.97										
67	15040	HARVEST CULTURED SKIN GRAFT	266.97	00 15									
63	15050	PINCH GRAFT; DEFECT UP TO 2CM	605.11										
67	15050	PINCH GRAFT; DEFECT UP TO 2CM	605.11	00 15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	15100	SPLIT GRAFT; UP TO 100 SQ CM	910.74										
67	15100	SPLIT GRAFT; UP TO 100 SQ CM	910.74	00 15									
63	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	195.14									X	
67	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	195.14	00 15								X	
63	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	859.03										
67	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	859.03	00 15									
63	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	127.07									X	
67	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	127.07	00 15								X	
63	15115	EPIDRM A-GRFT FACE/NCK/HF/G	844.38										
67	15115	EPIDRM A-GRFT FACE/NCK/HF/G	844.38	00 15									
63	15116	EPIDRM A-GRFT F/N/HF/G ADDL	180.15									X	
67	15116	EPIDRM A-GRFT F/N/HF/G ADDL	180.15	00 15								X	
63	15120	SPLIT GRAFT; UP TO 100 SQ CM	891.83										
67	15120	SPLIT GRAFT; UP TO 100 SQ CM	891.83	00 15									
63	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	218.93									X	
67	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	218.93	00 15								X	
63	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	749.70										
67	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	749.70	00 15									
63	15131	DERM AUTOGRAFT T/A/L ADD-ON	107.30									X	
67	15131	DERM AUTOGRAFT T/A/L ADD-ON	107.30	00 15								X	
63	15135	DERM AUTOGRAFT FACE/NCK/HF/G	917.55										
67	15135	DERM AUTOGRAFT FACE/NCK/HF/G	917.55	00 15									
63	15136	DERM AUTOGRAFT, F/N/HF/G ADD	106.29									X	
67	15136	DERM AUTOGRAFT, F/N/HF/G ADD	106.29	00 15								X	
63	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	760.99										
67	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	760.99	00 15									
63	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	133.36										
67	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	133.36	00 15									
63	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	169.84									X	
67	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	169.84	00 15								X	
63	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	850.67										
67	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	850.67	00 15									
63	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	178.60										
67	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	178.60	00 15									
63	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	199.45									X	
67	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	199.45	00 15								X	
63	15200	FULL THICK GRAFT TO 20 SQ CM	870.82										
67	15200	FULL THICK GRAFT TO 20 SQ CM	870.82	00 15									
63	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	151.37									X	
67	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	151.37	00 15								X	
63	15220	FULL THICK GRAFT TO 20 SQ CM	794.83										
67	15220	FULL THICK GRAFT TO 20 SQ CM	794.83	00 15									
63	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	138.44									X	
67	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	138.44	00 15								X	
63	15240	FULL THICK GRAFT TO 20 SQ CM	962.36										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	15240	FULL THICK GRAFT TO 20 SQ CM	962.36	00 15									
63	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	187.37									X	
67	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	187.37	00 15								X	
63	15260	FULL THICK GRAFT TO 20 SQ CM	1,033.22										
67	15260	FULL THICK GRAFT TO 20 SQ CM	1,033.22	00 15									
63	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	216.69									X	
67	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	216.69	00 15								X	
63	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	154.96										
67	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	154.96	00 15									
63	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	27.69									X	
67	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	27.69	00 15								X	
63	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	326.48										
67	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	326.48	00 15									
63	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	82.24										
67	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	82.24	00 15									
63	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	162.32										
67	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	162.32	00 15									
63	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	36.52									X	
67	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	36.52	00 15								X	
63	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	358.81										
67	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	358.81	00 15									
63	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	97.71										
67	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	97.71	00 15									
63	15570	FORMATION OF DIRECT OR TUBED PEDICLE	958.43										
67	15570	FORMATION OF DIRECT OR TUBED PEDICLE	958.43	00 15									
63	15572	FORMATION OF DIRECT OR TUBED PEDICLE	924.55										
67	15572	FORMATION OF DIRECT OR TUBED PEDICLE	924.55	00 15									
63	15574	FORMATION OF DIRECT OR TUBED PEDICLE	940.99										
67	15574	FORMATION OF DIRECT OR TUBED PEDICLE	940.99	00 15									
63	15576	FORMATION OF DIRECT OR TUBED PEDICLE	827.31										
67	15576	FORMATION OF DIRECT OR TUBED PEDICLE	827.31	00 15									
63	15600	INTERM DELAY FLAP TRUNK	333.76										
67	15600	INTERM DELAY FLAP TRUNK	333.76	00 15									
63	15610	INTERM DELAY FLAP SCALP/LIMBS	365.07										
67	15610	INTERM DELAY FLAP SCALP/LIMBS	365.07	00 15									
63	15620	INTERM DELAY FLAP CHIN/NECK/FEET	450.41										
67	15620	INTERM DELAY FLAP CHIN/NECK/FEET	450.41	00 15									
63	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	467.03										
67	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	467.03	00 15									
63	15650	TRANS INTER ANY PEDICLE FLAP	522.01										
67	15650	TRANS INTER ANY PEDICLE FLAP	522.01	00 15									
63	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,536.54										
67	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,536.54	00 15									
63	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,178.93										
67	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,178.93	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,115.18										
67	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,115.18	00 15									
63	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,645.24										
67	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,645.24	00 15									
63	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,315.34										
67	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,315.34	00 15									
63	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,401.34										
67	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,401.34	00 15									
63	15740	ISLAND PEDICLE FLAP GRAFT	1,043.61										
67	15740	ISLAND PEDICLE FLAP GRAFT	1,043.61	00 15									
63	15750	NEUROVASCULAR PEDICLE GRAFT	982.92										
67	15750	NEUROVASCULAR PEDICLE GRAFT	982.92	00 15									
63	15756	FREE MUSCLE FLAP, MICROVASC	2,480.57										
67	15756	FREE MUSCLE FLAP, MICROVASC	2,480.57	00 15									
63	15757	FREE SKIN FLAP, MICROVASC	2,465.91										
67	15757	FREE SKIN FLAP, MICROVASC	2,465.91	00 15									
63	15758	FREE FASCIAL FLAP, MICROVASC	2,479.78										
67	15758	FREE FASCIAL FLAP, MICROVASC	2,479.78	00 15									
63	15760	COMPOSITE SKIN GRAFT	878.62										
67	15760	COMPOSITE SKIN GRAFT	878.62	00 15									
63	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	514.84										
67	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	514.84	00 15									
63	15770	DERMA-FAT-FASCIA GRAFT	702.63										
67	15770	DERMA-FAT-FASCIA GRAFT	702.63	00 15									
63	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	605.94										
67	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	605.94	00 15									
63	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	193.83										
67	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	193.83	00 15									
63	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	611.47										
67	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	611.47	00 15									
63	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	187.59										
67	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	187.59	00 15									
63	15820	BLEPHAROPLASTY LOWER EYELIDS	583.25		X								
67	15820	BLEPHAROPLASTY LOWER EYELIDS	583.25	00 15	X								
63	15821	BLEPHAROPLASTY HERNIATED FAT PAD	628.19		X								
67	15821	BLEPHAROPLASTY HERNIATED FAT PAD	628.19	00 15	X								
63	15822	BLEPHAROPLASTY UPPER EYELID	464.19		X								
67	15822	BLEPHAROPLASTY UPPER EYELID	464.19	00 15	X								
63	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	628.01		X								
67	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	628.01	00 15	X								
63	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,272.14			X							
67	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,272.14	00 15		X							
63	15840	GRAFT FACIAL NERVE PARALYSIS	1,076.48										
67	15840	GRAFT FACIAL NERVE PARALYSIS	1,076.48	00 15									
63	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,925.44										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,925.44	00 15									
63	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,943.46										
67	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,943.46	00 15									
63	15845	REANIMATION MUSCLE TRANS FACE	1,066.68										
67	15845	REANIMATION MUSCLE TRANS FACE	1,066.68	00 15									
63	15852	CHANGE DRESSING UNDER ANESTHESIA	51.05									X	
67	15852	CHANGE DRESSING UNDER ANESTHESIA	51.05	00 15								X	
63	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	119.64										
67	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	119.64	00 15									
63	15920	COCCYGECTOMY PRIMARY SUTURE	673.10										
67	15920	COCCYGECTOMY PRIMARY SUTURE	673.10	00 15									
63	15922	COCCYGECTOMY FLAP CLOSURE	843.30										
67	15922	COCCYGECTOMY FLAP CLOSURE	843.30	00 15									
63	15931	EXCISE SACRAL PRESSURE ULCER	759.95										
67	15931	EXCISE SACRAL PRESSURE ULCER	759.95	00 15									
63	15933	REMOVAL OF PRESSURE SORE	932.94										
67	15933	REMOVAL OF PRESSURE SORE	932.94	00 15									
63	15934	EXCISE,WITH SKIN FLAP CLOSURE	1,024.37										
67	15934	EXCISE,WITH SKIN FLAP CLOSURE	1,024.37	00 15									
63	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,233.59										
67	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,233.59	00 15									
63	15936	EXCISE ULCER W/ OTHER FLAP CLO	977.92										
67	15936	EXCISE ULCER W/ OTHER FLAP CLO	977.92	00 15									
63	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,128.55										
67	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,128.55	00 15									
63	15940	EXC ISCHIAL ULCER DIRECT SUTURE	762.69										
67	15940	EXC ISCHIAL ULCER DIRECT SUTURE	762.69	00 15									
63	15941	EXC ISCHIAL ULCER OSTECTOMY	983.62										
67	15941	EXC ISCHIAL ULCER OSTECTOMY	983.62	00 15									
63	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	977.51										
67	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	977.51	00 15									
63	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,086.78										
67	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,086.78	00 15									
63	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,765.94										
67	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,765.94	00 15									
63	15950	EXC TROCHANTERIC ULCER DIR SUTUR	655.47										
67	15950	EXC TROCHANTERIC ULCER DIR SUTUR	655.47	00 15									
63	15951	EXC TROCHAN ULCER OSTECTOMY	949.55										
67	15951	EXC TROCHAN ULCER OSTECTOMY	949.55	00 15									
63	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	975.67										
67	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	975.67	00 15									
63	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,073.77										
67	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,073.77	00 15									
63	15956	EXC TROCH/ULC FLAP CLOSURE	1,264.19										
67	15956	EXC TROCH/ULC FLAP CLOSURE	1,264.19	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,271.69										
67	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,271.69	00 15									
63	16000	INIT TREAT 1ST DEGREE BURN	76.35										
67	16000	INIT TREAT 1ST DEGREE BURN	76.35	00 15									
63	16020	DRESS/DEBRID BURN SMALL,NO ANES	84.13									X	
67	16020	DRESS/DEBRID BURN SMALL,NO ANES	84.13	00 15								X	
63	16025	DRESS/DEBRID BURN MED,NO ANESTH	160.16									X	
67	16025	DRESS/DEBRID BURN MED,NO ANESTH	160.16	00 15								X	
63	16030	DRESS/DEBRID BURN LG,NO ANESTH	201.82									X	
67	16030	DRESS/DEBRID BURN LG,NO ANESTH	201.82	00 15								X	
63	16035	ESCHAROTOMY B	217.99										
67	16035	ESCHAROTOMY B	217.99	00 15									
63	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	90.91									X	
67	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	90.91	00 15								X	
63	17000	DESTROY LESION,FACE-1 LESION	66.09										
67	17000	DESTROY LESION,FACE-1 LESION	66.09	00 15									
63	17003	DESTROY 2-14 LESIONS	5.92									X	
67	17003	DESTROY 2-14 LESIONS	5.92	00 15								X	
63	17004	DESTROY 15 & MORE LESIONS	159.18										
67	17004	DESTROY 15 & MORE LESIONS	159.18	00 15									
63	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	350.71										
67	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	350.71	00 15									
63	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	460.21										
67	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	460.21	00 15									
63	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	658.94										
67	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	658.94	00 15									
63	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	111.32										
67	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	111.32	00 15									
63	17111	DESTRUCT LESION, 15 OR MORE	131.26										
67	17111	DESTRUCT LESION, 15 OR MORE	131.26	00 15									
63	17250	CHEMICAL CAUTERY OF WOUND	85.24										
67	17250	CHEMICAL CAUTERY OF WOUND	85.24	00 15									
63	17260	DESTRUCTION, MALIGNANT LESION, ANY M	98.17										
67	17260	DESTRUCTION, MALIGNANT LESION, ANY M	98.17	00 15									
63	17261	DESTRUCTION, MALIGNANT LESION, ANY M	146.54										
67	17261	DESTRUCTION, MALIGNANT LESION, ANY M	146.54	00 15									
63	17262	DESTRUCTION, MALIGNANT LESION, ANY M	178.69										
67	17262	DESTRUCTION, MALIGNANT LESION, ANY M	178.69	00 15									
63	17263	DESTRUCTION, MALIGNANT LESION, ANY M	194.94										
67	17263	DESTRUCTION, MALIGNANT LESION, ANY M	194.94	00 15									
63	17264	DESTRUCTION, MALIGNANT LESION, ANY M	208.94										
67	17264	DESTRUCTION, MALIGNANT LESION, ANY M	208.94	00 15									
63	17266	DESTRUCTION, MALIGNANT LESION, ANY M	239.17										
67	17266	DESTRUCTION, MALIGNANT LESION, ANY M	239.17	00 15									
63	17270	DESTRUCTION, MALIGNANT LESION, ANY M	150.56										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	17270	DESTRUCTION, MALIGNANT LESION, ANY M	150.56	00 15									
63	17271	DESTRUCTION, MALIGNANT LESION, ANY M	165.85										
67	17271	DESTRUCTION, MALIGNANT LESION, ANY M	165.85	00 15									
63	17272	DESTRUCTION, MALIGNANT LESION, ANY M	190.46										
67	17272	DESTRUCTION, MALIGNANT LESION, ANY M	190.46	00 15									
63	17273	DESTRUCTION, MALIGNANT LESION, ANY M	212.43										
67	17273	DESTRUCTION, MALIGNANT LESION, ANY M	212.43	00 15									
63	17274	DESTRUCTION, MALIGNANT LESION, ANY M	251.07										
67	17274	DESTRUCTION, MALIGNANT LESION, ANY M	251.07	00 15									
63	17276	DESTRUCTION, MALIGNANT LESION, ANY M	291.72										
67	17276	DESTRUCTION, MALIGNANT LESION, ANY M	291.72	00 15									
63	17280	DESTRUCTION, MALIGNANT LESION, ANY M	140.13										
67	17280	DESTRUCTION, MALIGNANT LESION, ANY M	140.13	00 15									
63	17281	DESTRUCTION, MALIGNANT LESION, ANY M	181.18										
67	17281	DESTRUCTION, MALIGNANT LESION, ANY M	181.18	00 15									
63	17282	DESTRUCTION, MALIGNANT LESION, ANY M	209.01										
67	17282	DESTRUCTION, MALIGNANT LESION, ANY M	209.01	00 15									
63	17283	DESTRUCTION, MALIGNANT LESION, ANY M	250.44										
67	17283	DESTRUCTION, MALIGNANT LESION, ANY M	250.44	00 15									
63	17284	DESTRUCTION, MALIGNANT LESION, ANY M	285.76										
67	17284	DESTRUCTION, MALIGNANT LESION, ANY M	285.76	00 15									
63	17286	DESTRUCTION, MALIGNANT LESION, ANY M	370.89										
67	17286	DESTRUCTION, MALIGNANT LESION, ANY M	370.89	00 15									
63	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	672.39										
67	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	672.39	00 15									
63	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	400.89										
67	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	400.89	00 15									
63	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	628.90										
67	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	628.90	00 15									
63	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	382.49										
67	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	382.49	00 15									
63	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	80.21										
67	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	80.21	00 15									
63	19000	PUNCTURE ASPIRATION BREAST CYSTS	110.37										
67	19000	PUNCTURE ASPIRATION BREAST CYSTS	110.37	00 15									
63	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	28.97									X	
67	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	28.97	00 15								X	
63	19020	MASTOTOMY/DRAIN ABSCESS DEEP	486.80										
67	19020	MASTOTOMY/DRAIN ABSCESS DEEP	486.80	00 15									
63	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	170.38										
67	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	170.38	00 15									
63	19081	Biopsy of breast accessed throught t	604.71										
67	19081	Biopsy of breast accessed throught t	604.71	00 15									
63	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	481.47									X	
67	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	481.47	00 15								X	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	19083	Biopsy of breast accessed throught t	597.75										
67	19083	Biopsy of breast accessed throught t	597.75	00 15									
63	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	467.75									X	
67	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	467.75	00 15								X	
63	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	904.20										
67	19085	Biopsy of breast accessed throught t	904.20	00 15									
63	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	712.18									X	
67	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	712.18	00 15								X	
63	19100	BREAST BIOPSY NEEDLE	158.61									X	
67	19100	BREAST BIOPSY NEEDLE	158.61	00 15								X	
63	19101	BREAST BIOPSY INCISIONAL	350.08										
67	19101	BREAST BIOPSY INCISIONAL	350.08	00 15									
63	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,648.52										
67	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,648.52	00 15									
63	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	508.21										
67	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	508.21	00 15									
63	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	475.95										
67	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	475.95	00 15									
63	19120	EXCISE BREAST LESIONS,1 OR MORE	537.16										
67	19120	EXCISE BREAST LESIONS,1 OR MORE	537.16	00 15									
63	19125	EXCISION OF BREAST LESION IDENTIFIED	595.50										
67	19125	EXCISION OF BREAST LESION IDENTIFIED	595.50	00 15									
63	19126	EXCISION OF BREAST LESION IDENTIFIED	181.21										
67	19126	EXCISION OF BREAST LESION IDENTIFIED	181.21	00 15									
63	19281	PLACEMENT OF BREAST LOCALIZATION DEV	246.66										
67	19281	Placement of breast localization dev	246.66	00 15									
63	19282	PLACEMENT OF BREAST LOCALIZATION DEV	171.88									X	
67	19282	PLACEMENT OF BREAST LOCALIZATION DEV	171.88	00 15								X	
63	19283	Placement of breast localization dev	273.06										
67	19283	Placement of breast localization dev	273.06	00 15									
63	19284	PLACEMENT OF BREAST LOCALIZATION DEV	205.36									X	
67	19284	PLACEMENT OF BREAST LOCALIZATION DEV	205.36	00 15								X	
63	19285	PLACEMENT OF BREAST LOCALIZATION DEV	447.97										
67	19285	Placement of breast localization dev	447.97	00 15									
63	19286	PLACEMENT OF BREAST LOCALIZATION DEV	378.94									X	
67	19286	PLACEMENT OF BREAST LOCALIZATION DEV	378.94	00 15								X	
63	19287	Placement of breast localization dev	760.38										
67	19287	Placement of breast localization dev	760.38	00 15									
63	19288	PLACEMENT OF BREAST LOCALIZATION DEV	600.45									X	
67	19288	PLACEMENT OF BREAST LOCALIZATION DEV	600.45	00 15								X	
63	19294	PREPARATION OF TUMOR CAVITY, WITH PL	186.50									X	
67	19294	PREPARATION OF TUMOR CAVITY, WITH PL	186.50	00 15								X	
63	19296	PLACE PO BREAST CATH FOR RAD	3,881.62										
67	19296	PLACE PO BREAST CATH FOR RAD	3,881.62	00 15									
63	19297	PLACE BREAST CATH FOR RAD	107.44										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	19297	PLACE BREAST CATH FOR RAD	107.44	00	15									
63	19298	PLACE BREAST RAD TUBE/CATHS	998.26											
67	19298	PLACE BREAST RAD TUBE/CATHS	998.26	00	15									
63	19300	MASTECTOMY FOR GYNECOMASTIA	575.50					M						
67	19300	MASTECTOMY FOR GYNECOMASTIA	575.50	00	15			M						
63	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	724.61											
67	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	724.61	00	15									
63	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	996.84											
67	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	996.84	00	15									
63	19303	MASTECTOMY, SIMPLE, COMPLETE	1,060.00											
67	19303	MASTECTOMY, SIMPLE, COMPLETE	1,060.00	00	15									
63	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,255.75											
67	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,255.75	00	15									
63	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,330.82											
67	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,330.82	00	15									
63	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,327.14											
67	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,327.14	00	15									
63	19316	MASTOPEXY	835.69				X	F						
63	19318	REDUCTION MAMMAPLASTY	1,185.45	18	99		X							
63	19325	MAMMAPLASTY WITH PROSTHETIC	692.29				X	F					X	
63	19328	REMOVE INTACT MAMMARY IMPLANT	533.71			X		F						
67	19328	REMOVE INTACT MAMMARY IMPLANT	533.71	00	15	X		F						
63	19340	IMMEDIATE INSERTION OF BREAST PROSTH	1,066.06				X	F						
67	19340	IMMEDIATE INSERTION OF BREAST PROSTH	1,066.06	00	15		X	F						
63	19342	DELAYED INSERTION OF BREAST PROSTH	993.72				X	F						
67	19342	DELAYED INSERTION OF BREAST PROSTHES	993.72	00	15		X	F						
63	19350	NIPPLE/AREOLA RECONSTRUCTION	868.79				X						X	
67	19350	NIPPLE/AREOLA RECONSTRUCTION	868.79	00	15		X							
63	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,595.44				X	F						
67	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,595.44	00	15		X	F						
63	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,701.42				X	F						
67	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,701.42	00	15		X	F						
63	19364	RECONSTRUCTION BREAST-FREE FLAP	2,994.95				X	F						
67	19364	RECONSTRUCTION BREAST-FREE FLAP	2,994.95	00	15		X	F						
63	19367	BREAST RECONSTRUCTION	1,930.14				X	F						
67	19367	BREAST RECONSTRUCTION	1,930.14	00	15		X	F						
63	19368	BREAST RECONSTRUCTION	2,385.83				X	F						
67	19368	BREAST RECONSTRUCTION	2,385.83	00	15		X	F						
63	19369	BREAST RECONSTRUCTION	2,214.85				X	F						
67	19369	BREAST RECONSTRUCTION	2,214.85	00	15		X	F						
63	19370	PERIPROSTHETIC CAPSULECTOMY,OPEN,BRE	737.48				X							
63	19371	PERIPROSTHETIC CAPSULECTOMY,BREAST	844.07				X							
63	19380	REVISION OF RECONSTRUCTED BREAST	832.74				X							
63	19396	PREP MOULAGE FOR CUSTOM IMPLANT	292.24				X							
63	20100	EXPLORE WOUND, NECK	666.98											

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	20100	EXPLORE WOUND, NECK	666.98	00 15									
63	20101	EXPLORE WOUND, CHEST	488.74										
67	20101	EXPLORE WOUND, CHEST	488.74	00 15									
63	20102	EXPLORE WOUND, ABDOMEN	528.54										
67	20102	EXPLORE WOUND, ABDOMEN	528.54	00 15									
63	20103	EXPLORE WOUND, EXTREMITY	597.43										
67	20103	EXPLORE WOUND, EXTREMITY	597.43	00 15									
63	20150	EXCISE EPIPHYSEAL BAR	1,090.65										
67	20150	EXCISE EPIPHYSEAL BAR	1,090.65	00 15									
63	20200	BIOPSY,MUSCLE,SUPERFICIAL	216.53										
67	20200	BIOPSY,MUSCLE,SUPERFICIAL	216.53	00 15									
63	20205	BIOPSY,MUSCLE,DEEP	305.19										
67	20205	BIOPSY,MUSCLE,DEEP	305.19	00 15									
63	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	233.88										
67	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	233.88	00 15									
63	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	246.97										
67	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	246.97	00 15									
63	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	416.71										
67	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	416.71	00 15									
63	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	158.70										
67	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	158.70	00 15									
63	20245	BIOPSY,EXCISIONAL,BONE,DEEP	381.41										
67	20245	BIOPSY,EXCISIONAL,BONE,DEEP	381.41	00 15									
63	20250	BIOPSY,OPEN,VERTEBRAL BODY	428.30										
67	20250	BIOPSY,OPEN,VERTEBRAL BODY	428.30	00 15									
63	20251	BIOPSY,OPEN,VERTEBRAL BODY	466.11										
67	20251	BIOPSY,OPEN,VERTEBRAL BODY	466.11	00 15									
63	20500	INJECT SINUS TRACT; THERAPEUTIC	117.42										
67	20500	INJECT SINUS TRACT; THERAPEUTIC	117.42	00 15									
63	20501	INJECT SINUS TRACT; DIAGNOSTIC	136.55										
67	20501	INJECT SINUS TRACT; DIAGNOSTIC	136.55	00 15									
63	20520	REMOVE FOREIGN BODY; SIMPLE	216.21										
67	20520	REMOVE FOREIGN BODY; SIMPLE	216.21	00 15									
63	20525	REMOVE FOREIGN BODY; COMPLICATED	484.03										
67	20525	REMOVE FOREIGN BODY; COMPLICATED	484.03	00 15									
63	20526	THER INJECTION CARPAL TUNNEL	82.55								X		
67	20526	THER INJECTION CARPAL TUNNEL	82.55	00 15							X		
63	20527	INJECTION OF ENZYME IN PALM TISSUE	89.18										
67	20527	INJECTION OF ENZYME IN PALM TISSUE	89.18	00 15									
63	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	57.39									X	
67	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	57.39	00 15								X	
63	20551	INJECT TENDON ORIGIN/INSERT	58.74								X		
67	20551	INJECT TENDON ORIGIN/INSERT	58.74	00 15							X		
63	20552	INJECT TRIGGER POINT, 1 OR 2	57.99								X		
67	20552	INJECT TRIGGER POINT, 1 OR 2	57.99	00 15							X		

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	20553	INJECT TRIGGER POINTS, > 3	66.16								X		
67	20553	INJECT TRIGGER POINTS, > 3	66.16	00 15							X		
63	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	357.21										
67	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	357.21	00 15									
63	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	52.93									X	
67	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	52.93	00 15								X	
63	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	78.61										
67	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	78.61	00 15									
63	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	54.70									X	
67	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	54.70	00 15								X	
63	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	87.17										
67	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	87.17	00 15									
63	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	65.09									X	
67	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	65.09	00 15								X	
63	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	97.37										
67	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	97.37	00 15									
63	20612	ASPIRATE/INJ GANGLION CYST	63.90									X	
67	20612	ASPIRATE/INJ GANGLION CYST	63.90	00 15								X	
63	20615	ASPIRATE/INJECTION-BONE CYST	254.31										
67	20615	ASPIRATE/INJECTION-BONE CYST	254.31	00 15									
63	20650	SKELETAL TRACTION; WIRE OR PIN	220.24										
67	20650	SKELETAL TRACTION; WIRE OR PIN	220.24	00 15									
63	20660	APPLY TONGS OR CALIPER AND REMOVE	271.17										
67	20660	APPLY TONGS OR CALIPER AND REMOVE	271.17	00 15									
63	20661	APPLY HALO; CRANIAL	534.79										
67	20661	APPLY HALO; CRANIAL	534.79	00 15									
63	20662	APPLY HALO; PELVIC	546.87										
67	20662	APPLY HALO; PELVIC	546.87	00 15									
63	20663	APPLY HALO; FEMORAL	502.04										
67	20663	APPLY HALO; FEMORAL	502.04	00 15									
63	20664	APPLICATION OF HALO, INCLUDING REMOV	944.29										
67	20664	APPLICATION OF HALO, INCLUDING REMOV	944.29	00 15									
63	20665	REMOVE HALO OR TONGS BY OTHER MD	115.20										
67	20665	REMOVE HALO OR TONGS BY OTHER MD	115.20	00 15									
63	20670	REMOVE IMPLANT; SUPERFICIAL	367.48										
67	20670	REMOVE IMPLANT; SUPERFICIAL	367.48	00 15									
63	20680	REMOVE IMPLANT; DEEP	635.29										
67	20680	REMOVE IMPLANT; DEEP	635.29	00 15									
63	20690	APPLY ESTERNAL FIXATION SYS,STND CON	645.23										
67	20690	APPLY ESTERNAL FIXATION SYS,STND CON	645.23	00 15									
63	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,204.45										
67	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,204.45	00 15									
63	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	472.42										
67	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	472.42	00 15									
63	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	444.09										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	444.09	00 15									
63	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,284.60										
67	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,284.60	00 15									
63	20700	MANUAL PREPARATION AND INSERTION OF	93.14										
67	20700	MANUAL PREPARATION AND INSERTION OF	93.14	00 15									
63	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	69.35										
67	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	69.35	00 15									
63	20702	MANUAL PREPARATION AND INSERTION OF	155.14										
67	20702	MANUAL PREPARATION AND INSERTION OF	155.14	00 15									
63	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	110.96										
67	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	110.96	00 15									
63	20704	MANUAL PREPARATION AND INSERTION OF	161.63										
67	20704	MANUAL PREPARATION AND INSERTION OF	161.63	00 15									
63	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	132.80										
67	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	132.80	00 15									
63	20802	REPLANTATION, ARM, COMPLETE	3,001.84										
67	20802	REPLANTATION, ARM, COMPLETE	3,001.84	00 15									
63	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,580.21										
67	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,580.21	00 15									
63	20808	REPLANT HAND; COMPLETE AMPUTATION	4,336.08										
67	20808	REPLANT HAND; COMPLETE AMPUTATION	4,336.08	00 15									
63	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,248.82										
67	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,248.82	00 15									
63	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,927.90									X	
67	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,927.90	00 15								X	
63	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,252.19										
67	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,252.19	00 15									
63	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,981.22										
67	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,981.22	00 15									
63	20838	REPLANT FOOT; TOTAL AMPUTATION	3,041.01										
67	20838	REPLANT FOOT; TOTAL AMPUTATION	3,041.01	00 15									
63	20900	BONE GRAFT; ANY DONOR AREA, SMALL	413.84										
67	20900	BONE GRAFT; ANY DONOR AREA, SMALL	413.84	00 15									
63	20902	BONE GRAFT, ANY DONOR AREA; LARGE	308.83										
67	20902	BONE GRAFT, ANY DONOR AREA; LARGE	308.83	00 15									
63	20910	CARTILAGE GRAFT; COSTOCHONDRAL	496.64										
67	20910	CARTILAGE GRAFT; COSTOCHONDRAL	496.64	00 15									
63	20912	CARTILAGE GRAFT;NASAL SEPTUM	503.85										
67	20912	CARTILAGE GRAFT;NASAL SEPTUM	503.85	00 15									
63	20920	FASCIA LATA GRAFT;BY STRIPPER	414.91										
67	20920	FASCIA LATA GRAFT;BY STRIPPER	414.91	00 15									
63	20922	FASCIA LATA GRAFT;BY INCISION	627.37										
67	20922	FASCIA LATA GRAFT;BY INCISION	627.37	00 15									
63	20924	TENDON GRAFT; DISTANT	540.95										
67	20924	TENDON GRAFT; DISTANT	540.95	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	124.76										
67	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	124.76	00 15									
63	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	785.33										
67	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	785.33	00 15									
63	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	721.89										
67	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	721.89	00 15									
63	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	784.95										
67	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	784.95	00 15									
63	20937	SPINAL BONE AUTOGRAFT	186.58										
67	20937	SPINAL BONE AUTOGRAFT	186.58	00 15									
63	20938	SPINAL BONE AUTOGRAFT	206.76										
67	20938	SPINAL BONE AUTOGRAFT	206.76	00 15									
63	20939	BONE MARROW ASPIRATION FOR BONE GRAF	78.30										
67	20939	BONE MARROW ASPIRATION FOR BONE GRAF	78.30	00 15									
63	20950	MONITOR INTERSTITIAL FLUID	259.75										
67	20950	MONITOR INTERSTITIAL FLUID	259.75	00 15									
63	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,667.35			X							
67	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,667.35	00 15		X							
63	20956	ILIAC BONE GRAFT, MICROVASC	2,889.13										
67	20956	ILIAC BONE GRAFT, MICROVASC	2,889.13	00 15									
63	20957	MT BONE GRAFT, MICROVASC	3,004.49										
67	20957	MT BONE GRAFT, MICROVASC	3,004.49	00 15									
63	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,887.49			X							
67	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,887.49	00 15		X							
63	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,955.39			X							
67	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,955.39	00 15		X							
63	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,122.53			X							
67	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,122.53	00 15		X							
63	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,114.36			X							
67	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,114.36	00 15		X							
63	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,291.27			X							
67	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,291.27	00 15		X							
63	20979	US BONE STIMULATION	55.78										
67	20979	US BONE STIMULATION	55.78	00 15									
63	20982	ABLATE, BONE TUMOR(S) PERQ	3,724.72										
67	20982	ABLATE, BONE TUMOR(S) PERQ	3,724.72	00 15									
63	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,525.10										
67	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,525.10	00 15									
63	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	161.65										
67	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	161.65	00 15									
63	21010	ARTHROTOMY,JAW,UNILATERAL	790.70										
67	21010	ARTHROTOMY,JAW,UNILATERAL	790.70	00 15									
63	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	370.28										
67	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	370.28	00 15									
63	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.98										

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
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.98	00 15									
63	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	550.07										
67	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	550.07	00 15									
63	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	557.53										
67	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	557.53	00 15									
63	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	754.02										
67	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	754.02	00 15									
63	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,091.02										
67	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,091.02	00 15									
63	21025	EXCISE BONE;MANDIBLE	857.86										
67	21025	EXCISE BONE;MANDIBLE	857.86	00 15									
63	21026	EXCISE BONE(S);FACIAL	576.55										
67	21026	EXCISE BONE(S);FACIAL	576.55	00 15									
63	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	790.83										
67	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	790.83	00 15									
63	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	503.95										
67	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	503.95	00 15									
63	21031	EXCISION OF TORUS MANDIBULARIS	394.68										
67	21031	EXCISION OF TORUS MANDIBULARIS	394.68	00 15									
63	21032	EXCISION OF MAXILLARY TORUS PALATINU	395.83										
67	21032	EXCISION OF MAXILLARY TORUS PALATINU	395.83	00 15									
63	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,370.09										
67	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,370.09	00 15									
63	21040	EXCISE BENIGN CYST;MANDIBLE	507.66										
67	21040	EXCISE BENIGN CYST;MANDIBLE	507.66	00 15									
63	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	919.78										
67	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	919.78	00 15									
63	21045	RADICAL RESECTION OF MANDIBLE	1,290.32										
67	21045	RADICAL RESECTION OF MANDIBLE	1,290.32	00 15									
63	21046	REMOVE MANDIBLE CYST COMPLEX	1,098.82										
67	21046	REMOVE MANDIBLE CYST COMPLEX	1,098.82	00 15									
63	21047	EXCISE LWR JAW CYST W/REPAIR	1,364.53										
67	21047	EXCISE LWR JAW CYST W/REPAIR	1,364.53	00 15									
63	21048	REMOVE MAXILLA CYST COMPLEX	1,116.65										
67	21048	REMOVE MAXILLA CYST COMPLEX	1,116.65	00 15									
63	21049	EXCIS UPPR JAW CYST W/REPAIR	1,297.59										
67	21049	EXCIS UPPR JAW CYST W/REPAIR	1,297.59	00 15									
63	21050	TEMPRORMANDIBULAR ARTHRECTOMY	920.37										
67	21050	TEMPRORMANDIBULAR ARTHRECTOMY	920.37	00 15									
63	21060	TEMPOROMANDIBULAR MENISCECTOMY	839.22										
67	21060	TEMPOROMANDIBULAR MENISCECTOMY	839.22	00 15									
63	21070	CORONOIDECTOMY; UNILATERAL	662.29										
67	21070	CORONOIDECTOMY; UNILATERAL	662.29	00 15									
63	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	389.21								X		
67	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	389.21	00 15							X		

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21076	PREPARE FACE/ORAL PROSTHESIS	952.35										
67	21076	PREPARE FACE/ORAL PROSTHESIS	952.35	00 15									
63	21077	PREPARE FACE/ORAL PROSTHESIS	2,357.37										
67	21077	PREPARE FACE/ORAL PROSTHESIS	2,357.37	00 15									
63	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,601.18										
67	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,601.18	00 15									
63	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,828.47										
67	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,828.47	00 15									
63	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,678.89										
67	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,678.89	00 15									
63	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,552.69										
67	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,552.69	00 15									
63	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,476.27										
67	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,476.27	00 15									
63	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,692.36										
67	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,692.36	00 15									
63	21085	IMPRES & CUST PREP ORAL SURG SPLINT	730.85										
67	21085	IMPRES & CUST PREP ORAL SURG SPLINT	730.85	00 15									
63	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,753.21										
67	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,753.21	00 15									
63	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,753.21										
67	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,753.21	00 15									
63	21100	MAXILLOFACIAL FIXATION	666.65										
67	21100	MAXILLOFACIAL FIXATION	666.65	00 15									
63	21110	INTERDENTAL FIXATION	831.05										
67	21110	INTERDENTAL FIXATION	831.05	00 15									
63	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	194.60										
67	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	194.60	00 15									
63	21120	GENIOPLASTY;AUGMENTATION	684.70										
67	21120	GENIOPLASTY;AUGMENTATION	684.70	00 15									
63	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	701.11										
67	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	701.11	00 15									
63	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	808.98										
67	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	808.98	00 15									
63	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	916.16										
67	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	916.16	00 15									
63	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,791.43										
67	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,791.43	00 15									
63	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	3,956.56										
67	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	3,956.56	00 15									
63	21137	REDUCTION FOREHEAD;CONTOURING ONLY	806.95										
67	21137	REDUCTION FOREHEAD;CONTOURING ONLY	806.95	00 15									
63	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	988.47										
67	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	988.47	00 15									
63	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,189.60										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,189.60	00 15									
63	21141	RECONSTRUCT MIDFACE, LEFORT	1,413.85										
67	21141	RECONSTRUCT MIDFACE, LEFORT	1,413.85	00 15									
63	21142	RECONSTRUCT MIDFACE, LEFORT	1,454.39										
67	21142	RECONSTRUCT MIDFACE, LEFORT	1,454.39	00 15									
63	21143	RECONSTRUCT MIDFACE, LEFORT	1,510.57										
67	21143	RECONSTRUCT MIDFACE, LEFORT	1,510.57	00 15									
63	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,658.10										
67	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,658.10	00 15									
63	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,729.96										
67	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,729.96	00 15									
63	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,824.88										
67	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,824.88	00 15									
63	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,766.65										
67	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,766.65	00 15									
63	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,948.10										
67	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,948.10	00 15									
63	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,096.79										
67	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,096.79	00 15									
63	21155	RECONSTR MIDFACE III W/LEFORT I	2,330.55										
67	21155	RECONSTR MIDFACE III W/LEFORT I	2,330.55	00 15									
63	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,800.70										
67	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,800.70	00 15									
63	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	3,040.75										
67	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	3,040.75	00 15									
63	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,312.89										
67	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,312.89	00 15									
63	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,412.35										
67	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,412.35	00 15									
63	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,653.03										
67	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,653.03	00 15									
63	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,850.84										
67	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,850.84	00 15									
63	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	797.02										
67	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	797.02	00 15									
63	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,314.15										
67	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,314.15	00 15									
63	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,522.31										
67	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,522.31	00 15									
63	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,716.07										
67	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,716.07	00 15									
63	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,709.03										
67	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,709.03	00 15									
63	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,319.49										
67	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,319.49	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,520.94										
67	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,520.94	00 15									
63	21195	RECONST MAND RAMUS W/O RIGID FIX	1,447.95										
67	21195	RECONST MAND RAMUS W/O RIGID FIX	1,447.95	00 15									
63	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,512.10										
67	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,512.10	00 15									
63	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,175.63										
67	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,175.63	00 15									
63	21199	RECONSTR LWR JAW W/ADVANCE	1,107.69										
67	21199	RECONSTR LWR JAW W/ADVANCE	1,107.69	00 15									
63	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,203.21										
67	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,203.21	00 15									
63	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,710.43			X							
67	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,710.43	00 15		X							
67	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	822.08	00 15		X							
63	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,975.05										
67	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,975.05	00 15									
63	21215	BONE GRAFT; MANDIBLE	4,028.10										
67	21215	BONE GRAFT; MANDIBLE	4,028.10	00 15									
63	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	797.07										
67	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	797.07	00 15									
63	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	746.76										
67	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	746.76	00 15									
63	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,136.64										
67	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,136.64	00 15									
63	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,071.67										
67	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,071.67	00 15									
63	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,734.83										
67	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,734.83	00 15									
63	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,076.23										
67	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,076.23	00 15									
63	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,244.72										
67	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,244.72	00 15									
63	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	909.46										
67	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	909.46	00 15									
63	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,694.55										
67	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,694.55	00 15									
63	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,065.27										
67	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,065.27	00 15									
63	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,466.24										
67	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,466.24	00 15									
63	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,435.12										
67	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,435.12	00 15									
63	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,340.00										
67	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,340.00	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	21260	ORBITAL REVISION; EXTRACRANIAL	1,480.51											
67	21260	ORBITAL REVISION; EXTRACRANIAL	1,480.51	00	15									
63	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,642.56											
67	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,642.56	00	15									
63	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,440.60											
67	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,440.60	00	15									
63	21267	REPOSITION ORBIT; EXTRACRANIAL	1,729.78											
67	21267	REPOSITION ORBIT; EXTRACRANIAL	1,729.78	00	15									
63	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,178.19											
67	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,178.19	00	15									
63	21270	RECONSTRUCT ORBITOFACIAL BONES	1,060.17											
67	21270	RECONSTRUCT ORBITOFACIAL BONES	1,060.17	00	15									
63	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	907.11											
67	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	907.11	00	15									
63	21282	LATERAL CANTHOPEXY	401.19	16	20	X								
67	21282	LATERAL CANTHOPEXY	401.19	00	15	X								
63	21310	TREATMENT OF NASAL FRACTURE	125.35											
67	21310	TREATMENT OF NASAL FRACTURE	125.35	00	15									
63	21315	DIGITAL MANIPULATION OF NASAL FX	275.59											
67	21315	DIGITAL MANIPULATION OF NASAL FX	275.59	00	15									
63	21320	MANIPULATE NASAL FX; INSTRUMENTAL	256.45											
67	21320	MANIPULATE NASAL FX; INSTRUMENTAL	256.45	00	15									
63	21325	OPEN TREATMENT NASAL FX; SIMPLE	447.35											
67	21325	OPEN TREATMENT NASAL FX; SIMPLE	447.35	00	15									
63	21330	TREATMENT NASAL FX; COMPLICATED	579.35											
67	21330	TREATMENT NASAL FX; COMPLICATED	579.35	00	15									
63	21335	OPEN TREATMENT FX NASAL SEPTUM	746.18											
67	21335	OPEN TREATMENT FX NASAL SEPTUM	746.18	00	15									
63	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	659.06											
67	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	659.06	00	15									
63	21337	CLOSED TREATMENT FX NASAL SEPTUM	417.38											
67	21337	CLOSED TREATMENT FX NASAL SEPTUM	417.38	00	15									
63	21338	OPEN TREATMENT NASOETHMOID FRACTURE	677.30											
67	21338	OPEN TREATMENT NASOETHMOID FRACTURE	677.30	00	15									
63	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	774.51											
67	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	774.51	00	15									
63	21340	TREAT NASOETHMOID COMPLEX FX	795.28											
67	21340	TREAT NASOETHMOID COMPLEX FX	795.28	00	15									
63	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,130.05											
67	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,130.05	00	15									
63	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,480.45											
67	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,480.45	00	15									
63	21345	TREAT NASOMAXILLARY COMPLEX FX	814.49											
67	21345	TREAT NASOMAXILLARY COMPLEX FX	814.49	00	15									
63	21346	OPEN TREATMENT NASOMAXILLARY FX	999.83											

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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	21346	OPEN TREATMENT NASOMAXILLARY FX	999.83	00 15									
63	21347	OPEN TREATMENT NASOMAXILLARY FX	1,069.82										
67	21347	OPEN TREATMENT NASOMAXILLARY FX	1,069.82	00 15									
63	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,163.42										
67	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,163.42	00 15									
63	21355	MANIPULATE FX OF MALAR AREA	442.77										
67	21355	MANIPULATE FX OF MALAR AREA	442.77	00 15									
63	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	512.18										
67	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	512.18	00 15									
63	21360	TREAT DEPRESSED MALAR FRACTURE	541.07										
67	21360	TREAT DEPRESSED MALAR FRACTURE	541.07	00 15									
63	21365	TREAT COMPLICATED FX MALAR AREA	1,178.73										
67	21365	TREAT COMPLICATED FX MALAR AREA	1,178.73	00 15									
63	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,382.07										
67	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,382.07	00 15									
63	21385	TREAT ORBITAL FX; TRANSANTRAL	796.38										
67	21385	TREAT ORBITAL FX; TRANSANTRAL	796.38	00 15									
63	21386	TREAT ORBITAL FX; PERIORBITAL	694.80										
67	21386	TREAT ORBITAL FX; PERIORBITAL	694.80	00 15									
63	21387	TREAT ORBITAL FX; COMBINATION	832.37										
67	21387	TREAT ORBITAL FX; COMBINATION	832.37	00 15									
63	21390	TREAT ORBITAL FX WITH IMPLANT	847.09										
67	21390	TREAT ORBITAL FX WITH IMPLANT	847.09	00 15									
63	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,094.65										
67	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,094.65	00 15									
63	21400	TREAT FX OF ORBIT W/O MANIPULATION	205.44										
67	21400	TREAT FX OF ORBIT W/O MANIPULATION	205.44	00 15									
63	21401	TREAT FX OF ORBIT WITH MANIPULATION	524.63										
67	21401	TREAT FX OF ORBIT WITH MANIPULATION	524.63	00 15									
63	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	617.71										
67	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	617.71	00 15									
63	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	681.81										
67	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	681.81	00 15									
63	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	974.27										
67	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	974.27	00 15									
63	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	681.83										
67	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	681.83	00 15									
63	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	679.02										
67	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	679.02	00 15									
63	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	815.69										
67	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	815.69	00 15									
63	21431	TREAT CRANIOFACIAL SEPARATION	717.86										
67	21431	TREAT CRANIOFACIAL SEPARATION	717.86	00 15									
63	21432	OPEN TX CRANIOFACIAL SEPARATION	763.53										
67	21432	OPEN TX CRANIOFACIAL SEPARATION	763.53	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21433	COMPLICATED TX CRANIOFACIAL FX	1,892.08										
67	21433	COMPLICATED TX CRANIOFACIAL FX	1,892.08	00 15									
63	21435	COMPLICATED TX CRANIOFACIAL FX	1,520.23										
67	21435	COMPLICATED TX CRANIOFACIAL FX	1,520.23	00 15									
63	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,214.52										
67	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,214.52	00 15									
63	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	625.74										
67	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	625.74	00 15									
63	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	786.43										
67	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	786.43	00 15									
63	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	576.30										
67	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	576.30	00 15									
63	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	759.95										
67	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	759.95	00 15									
63	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	693.05										
67	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	693.05	00 15									
63	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,010.77										
67	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,010.77	00 15									
63	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	537.18										
67	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	537.18	00 15									
63	21461	TREAT MANDIBULAR FX W/O FIXATION	1,999.06										
67	21461	TREAT MANDIBULAR FX W/O FIXATION	1,999.06	00 15									
63	21462	TREAT MANDIBULAR FX WITH FIXATION	2,142.96										
67	21462	TREAT MANDIBULAR FX WITH FIXATION	2,142.96	00 15									
63	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	889.82									X	
67	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	889.82	00 15								X	
63	21470	TREAT COMPLICATED MANDIBULAR FX	1,254.26										
67	21470	TREAT COMPLICATED MANDIBULAR FX	1,254.26	00 15									
63	21480	TX TEMPOROMANDIBULAR DISLOCATION	117.06										
67	21480	TX TEMPOROMANDIBULAR DISLOCATION	117.06	00 15									
63	21485	TEMPOROMANDIBULAR MANIPULATION	878.73										
67	21485	TEMPOROMANDIBULAR MANIPULATION	878.73	00 15									
63	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	877.76										
67	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	877.76	00 15									
63	21501	I & D DEEP ABSCESS OR HEMATOMA	482.63										
67	21501	I & D DEEP ABSCESS OR HEMATOMA	482.63	00 15									
63	21502	I & D WITH PARTIAL RIB REMOVAL	552.20										
67	21502	I & D WITH PARTIAL RIB REMOVAL	552.20	00 15									
63	21510	INCISION WITH OPENING OF BONE CORTEX	484.93										
67	21510	INCISION WITH OPENING OF BONE CORTEX	484.93	00 15									
63	21550	EXCISIONAL BIOPSY SOFT TISSUES	266.77										
67	21550	EXCISIONAL BIOPSY SOFT TISSUES	266.77	00 15									
63	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	485.40										
67	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	485.40	00 15									
63	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	797.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	797.63	00 15									
63	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	443.56										
67	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	443.56	00 15									
63	21556	EXCISE BENIGN TUMOR; DEEP	569.28										
67	21556	EXCISE BENIGN TUMOR; DEEP	569.28	00 15									
63	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,039.83										
67	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,039.83	00 15									
63	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,473.70										
67	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,473.70	00 15									
63	21600	EXCISION OF RIB; PARTIAL	593.86										
67	21600	EXCISION OF RIB; PARTIAL	593.86	00 15									
63	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,294.57									X	
67	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,294.57	00 15								X	
63	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,721.09										
67	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,721.09	00 15									
63	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,911.34										
67	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,911.34	00 15									
63	21610	COSTOTRANSVERSECTOMY	1,321.42										
67	21610	COSTOTRANSVERSECTOMY	1,321.42	00 15									
63	21615	EXCISION CERVICAL RIB	686.53										
67	21615	EXCISION CERVICAL RIB	686.53	00 15									
63	21616	EXCISE RIB WITH SYMPATHECTOMY	801.33										
67	21616	EXCISE RIB WITH SYMPATHECTOMY	801.33	00 15									
63	21620	OSTECTOMY OF STERNUM; PARTIAL	549.66										
67	21620	OSTECTOMY OF STERNUM; PARTIAL	549.66	00 15									
63	21627	STERNAL DEBRIDEMENT	581.52										
67	21627	STERNAL DEBRIDEMENT	581.52	00 15									
63	21630	RADICAL RESECTION OF STERNUM	1,330.87										
67	21630	RADICAL RESECTION OF STERNUM	1,330.87	00 15									
63	21632	MEDIASTINAL LYMPHADENECTOMY	1,334.58										
67	21632	MEDIASTINAL LYMPHADENECTOMY	1,334.58	00 15									
63	21685	HYOID MYOTOMY & SUSPENSION	1,049.94										
67	21685	HYOID MYOTOMY & SUSPENSION	1,049.94	00 15									
63	21700	DIVISION OF SCALENUS ANTICUS	400.38										
67	21700	DIVISION OF SCALENUS ANTICUS	400.38	00 15									
63	21705	DIVIDE SCALENUS AND RESECTION RIB	604.20										
67	21705	DIVIDE SCALENUS AND RESECTION RIB	604.20	00 15									
63	21720	DIVISION STERNOCLEIDOMASTOID	563.41										
67	21720	DIVISION STERNOCLEIDOMASTOID	563.41	00 15									
63	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	579.91										
67	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	579.91	00 15									
63	21740	RECONSTRUCT PECTUS EXCAVATUM	1,143.05		X								
67	21740	RECONSTRUCT PECTUS EXCAVATUM	1,143.05	00 15	X								
63	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	752.76										
67	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	752.76	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	665.57										
67	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	665.57	00 15									
63	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	810.98										
67	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	810.98	00 15									
63	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,112.85										
67	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,112.85	00 15									
63	21820	TREAT STERNUM FRACTURE; CLOSED	151.17										
67	21820	TREAT STERNUM FRACTURE; CLOSED	151.17	00 15									
63	21825	TREAT STERNUM FRACTURE; OPEN	588.35										
67	21825	TREAT STERNUM FRACTURE; OPEN	588.35	00 15									
63	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	260.70										
67	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	260.70	00 15									
63	21925	BX,SFT TISS-BACK/FLANK; DEEP	487.90										
67	21925	BX,SFT TISS-BACK/FLANK; DEEP	487.90	00 15									
63	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	513.32										
67	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	513.32	00 15									
63	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	513.84										
67	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	513.84	00 15									
63	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	723.62										
67	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	723.62	00 15									
63	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	808.50										
67	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	808.50	00 15									
63	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,124.36										
67	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,124.36	00 15									
63	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,559.57										
67	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,559.57	00 15									
63	22010	INCISION AND DRAINAGE, OPEN OF DEEP	1,045.50										
67	22010	I&D, P-SPINE, C/T/CERV-THOR	1,045.50	00 15									
63	22015	I&D, P-SPINE, L/S/LS	1,026.28										
67	22015	I&D, P-SPINE, L/S/LS	1,026.28	00 15									
63	22100	RESECT VERTEBRA,CERVICAL	926.66										
67	22100	RESECT VERTEBRA,CERVICAL	926.66	00 15									
63	22101	RESECT VERTEBRA,THORACIC	945.85										
67	22101	RESECT VERTEBRA,THORACIC	945.85	00 15									
63	22102	RESECT VERTEBRA,LUMBAR	885.84										
67	22102	RESECT VERTEBRA,LUMBAR	885.84	00 15									
63	22103	REMOVE EXTRA SPINE SEGMENT	157.99										
67	22103	REMOVE EXTRA SPINE SEGMENT	157.99	00 15									
63	22110	EXCISE CERVICAL VERTEBRA	1,139.19										
67	22110	EXCISE CERVICAL VERTEBRA	1,139.19	00 15									
63	22112	EXCISE THORACIC VERTEBRA	1,229.50										
67	22112	EXCISE THORACIC VERTEBRA	1,229.50	00 15									
63	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,229.50										
67	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,229.50	00 15									
63	22116	REMOVE EXTRA SPINE SEGMENT	157.85										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	22116	REMOVE EXTRA SPINE SEGMENT	157.85	00 15									
63	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,717.96										
67	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,717.96	00 15									
63	22207	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,652.22										
67	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POS	2,652.22	00 15									
63	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	663.50									X	
67	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	663.50	00 15								X	
63	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,969.58										
67	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,969.58	00 15									
63	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,635.68										
67	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,635.68	00 15									
63	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,643.12										
67	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,643.12	00 15									
63	22216	REVISE, EXTRA SPINE SEGMENT	407.27										
67	22216	REVISE, EXTRA SPINE SEGMENT	407.27	00 15									
63	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,802.10										
67	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,802.10	00 15									
63	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,924.62										
67	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,924.62	00 15									
63	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,742.84										
67	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,742.84	00 15									
63	22226	REVISE, EXTRA SPINE SEGMENT	407.56										
67	22226	REVISE, EXTRA SPINE SEGMENT	407.56	00 15									
63	22310	TR VERT BODY FX/DISLOCATION EACH	319.93										
67	22310	TR VERT BODY FX/DISLOCATION EACH	319.93	00 15									
63	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	934.65										
67	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	934.65	00 15									
63	22318	TREAT ODONTOID FX W/O GRAFT	1,817.05										
67	22318	TREAT ODONTOID FX W/O GRAFT	1,817.05	00 15									
63	22319	TREAT ODONTOID FX W/GRAFT	2,027.54										
67	22319	TREAT ODONTOID FX W/GRAFT	2,027.54	00 15									
63	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,593.29										
67	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,593.29	00 15									
63	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,652.16										
67	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,652.16	00 15									
63	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,661.75										
67	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,661.75	00 15									
63	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	316.57										
67	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	316.57	00 15									
63	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,800.06										
67	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,800.06	00 15									
63	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,779.83										
67	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,779.83	00 15									
63	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	850.96									X	
67	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	850.96	00 15								X	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,440.98										
67	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,440.98	00 15									
63	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,409.16										
67	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,409.16	00 15									
63	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,589.67									X	
67	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,589.67	00 15								X	
63	22532	LAT THORAX SPINE FUSION	1,991.15										
67	22532	LAT THORAX SPINE FUSION	1,991.15	00 15									
63	22533	LAT LUMBAR SPINE FUSION	1,820.19										
67	22533	LAT LUMBAR SPINE FUSION	1,820.19	00 15									
63	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	404.38									X	
67	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	404.38	00 15								X	
63	22548	ANTHRODESIS,W/BONE GRAFT	2,174.41										
67	22548	ANTHRODESIS,W/BONE GRAFT	2,174.41	00 15									
63	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,891.46										
67	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,891.46	00 15									
63	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	447.86									X	
67	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	447.86	00 15								X	
63	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,382.80										
67	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,382.80	00 15									
63	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,837.69										
67	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,837.69	00 15									
63	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,691.81										
67	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,691.81	00 15									
63	22585	ARTHRODESIS-EACH ADD.INTERSPACE	367.47									X	
67	22585	ARTHRODESIS-EACH ADD.INTERSPACE	367.47	00 15								X	
63	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,252.39										
67	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,252.39	00 15									
63	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,743.91										
67	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,743.91	00 15									
63	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,660.27										
67	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,660.27	00 15									
63	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,416.84										
67	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,416.84	00 15									
63	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,390.30										
67	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,390.30	00 15									
63	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,750.70										
67	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,750.70	00 15									
63	22614	SPINE FUSION, EXTRA SEGMENT	440.37									X	
67	22614	SPINE FUSION, EXTRA SEGMENT	440.37	00 15								X	
63	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,742.38										
67	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,742.38	00 15									
63	22632	SPINE FUSION, EXTRA SEGMENT	363.89										
67	22632	SPINE FUSION, EXTRA SEGMENT	363.89	00 15									
63	22633	FUSION OF LOWER SPINE BONES WITH REM	2,052.37			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
67	22633	FUSION OF LOWER SPINE BONES WITH REM	2,052.37	00 15		X							
63	22634	FUSION OF LOWER SPINE BONES WITH REM	557.63										
67	22634	FUSION OF LOWER SPINE BONES WITH REM	557.63	00 15									
63	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,490.86										
67	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,490.86	00 15									
63	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,322.95										
67	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,322.95	00 15									
63	22804	FUSION OF SPINE	2,679.35										
67	22804	FUSION OF SPINE	2,679.35	00 15									
63	22808	FUSION OF SPINE	2,026.68										
67	22808	FUSION OF SPINE	2,026.68	00 15									
63	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,276.17										
67	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,276.17	00 15									
63	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,412.14										
67	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,412.14	00 15									
63	22818	KYPHECTOMY, 1-2 SEGMENTS	2,370.49										
67	22818	KYPHECTOMY, 1-2 SEGMENTS	2,370.49	00 15									
63	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,726.00										
67	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,726.00	00 15									
63	22830	EXPLORE SPINAL FUSION	893.81										
67	22830	EXPLORE SPINAL FUSION	893.81	00 15									
63	22840	POSTERIOR INSTRU(NO SEG FIX)	853.78										
67	22840	POSTERIOR INSTRU(NO SEG FIX)	853.78	00 15									
63	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	858.06										
67	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	858.06	00 15									
63	22843	INSERT SPINE FIXATION DEVICE	916.28										
67	22843	INSERT SPINE FIXATION DEVICE	916.28	00 15									
63	22844	INSERT SPINE FIXATION DEVICE	1,102.90										
67	22844	INSERT SPINE FIXATION DEVICE	1,102.90	00 15									
63	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	820.54										
67	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	820.54	00 15									
63	22846	INSERT SPINE FIXATION DEVICE	853.15										
67	22846	INSERT SPINE FIXATION DEVICE	853.15	00 15									
63	22847	INSERT SPINE FIXATION DEVICE	893.53										
67	22847	INSERT SPINE FIXATION DEVICE	893.53	00 15									
63	22848	INSERT PELVIC FIXATIONDEVICE	403.32										
67	22848	INSERT PELVIC FIXATIONDEVICE	403.32	00 15									
63	22849	REINSERT SPINAL FIXATION DEVICE	1,437.56										
67	22849	REINSERT SPINAL FIXATION DEVICE	1,437.56	00 15									
63	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	795.94										
67	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	795.94	00 15									
63	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	763.23										
67	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	763.23	00 15									
63	22853	INSERTION OF INTERBODY BIOMECHANICAL	291.16									X	
67	22853	INSERTION OF INTERBODY BIOMECHANICAL	291.16	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	377.15									X	
67	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	377.15	00 15								X	
63	22855	REMOVE ANTERIOR INSTRUMENTATION	1,223.26										
67	22855	REMOVE ANTERIOR INSTRUMENTATION	1,223.26	00 15									
63	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,812.14										
67	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,812.14	00 15									
63	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,933.54										
67	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,933.54	00 15									
63	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	575.06										
67	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	575.06	00 15									
63	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	377.15									X	
67	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	377.15	00 15								X	
63	22861	REVISION INCLUDING REPLACEMENT OF TO	2,591.82										
67	22861	REVISION INCLUDING REPLACEMENT OF TO	2,591.82	00 15									
63	22862	REVISION INCLUDING REPLACEMENT OF TO	2,578.29										
67	22862	REVISION INCLUDING REPLACEMENT OF TO	2,578.29	00 15									
63	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,307.81										
67	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,307.81	00 15									
63	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,514.83										
67	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,514.83	00 15									
63	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,072.17										
67	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,072.17	00 15									
63	22868	INSERTION OF INTERLAMINAR/INTERSPINO	274.29										
67	22868	INSERTION OF INTERLAMINAR/INTERSPINO	274.29	00 15									
63	22869	INSERTION OF INTERLAMINAR/INTERSPINO	477.38										
67	22869	INSERTION OF INTERLAMINAR/INTERSPINO	477.38	00 15									
63	22870	INSERTION OF INTERLAMINAR/INTERSPINO	135.82										
67	22870	INSERTION OF INTERLAMINAR/INTERSPINO	135.82	00 15									
63	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	615.08										
67	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	615.08	00 15									
63	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	733.00										
67	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	733.00	00 15									
63	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	479.55										
67	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	479.55	00 15									
63	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	479.78										
67	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	479.78	00 15									
63	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,159.72										
67	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,159.72	00 15									
63	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,469.43										
67	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,469.43	00 15									
63	23000	REMOVE SUBDELTOID CAL DEPOSITS	589.16										
67	23000	REMOVE SUBDELTOID CAL DEPOSITS	589.16	00 15									
63	23020	RELEASE SHOULDER MUSCLE ERBS PAL	741.43										
67	23020	RELEASE SHOULDER MUSCLE ERBS PAL	741.43	00 15									
63	23030	I&D SHOULDER DEEP ABSC HEMATOMA	444.73										

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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	23030	I&D SHOULDER DEEP ABSC HEMATOMA	444.73	00	15									
63	23031	I&D INFECTED SHOULDER BURSA	409.26											
67	23031	I&D INFECTED SHOULDER BURSA	409.26	00	15									
63	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	730.77											
67	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	730.77	00	15									
63	23040	ARTHROTOMY REMOVE FOREIGN BODY	770.89											
67	23040	ARTHROTOMY REMOVE FOREIGN BODY	770.89	00	15									
63	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	607.82											
67	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	607.82	00	15									
63	23065	BIOPSY SHOULDER SUPERFICIAL	230.31											
67	23065	BIOPSY SHOULDER SUPERFICIAL	230.31	00	15									
63	23066	BIOPSY OF SHOULDER DEEP	580.38											
67	23066	BIOPSY OF SHOULDER DEEP	580.38	00	15									
63	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	456.18											
67	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	456.18	00	15									
63	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	756.78											
67	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	756.78	00	15									
63	23075	EXC BENIGN SHOULDER TUMOR SUBCU	517.51											
67	23075	EXC BENIGN SHOULDER TUMOR SUBCU	517.51	00	15									
63	23076	EXC BENIGN SHOULDER TUMOR DEEP	583.95											
67	23076	EXC BENIGN SHOULDER TUMOR DEEP	583.95	00	15									
63	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,243.54											
67	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,243.54	00	15									
63	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,576.98											
67	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,576.98	00	15									
63	23100	BIOPSY SHOULDER JOINT	535.63											
67	23100	BIOPSY SHOULDER JOINT	535.63	00	15									
63	23101	EXCISION TORN CARTILAGE SHOULDER JOI	486.78											
67	23101	EXCISION TORN CARTILAGE SHOULDER JOI	486.78	00	15									
63	23105	ARTHROTOMY;GLENOHUMERAL JOINT	681.81											
67	23105	ARTHROTOMY;GLENOHUMERAL JOINT	681.81	00	15									
63	23106	ARTHROTOMY;STERNOCLAVICULAR JT	530.97											
67	23106	ARTHROTOMY;STERNOCLAVICULAR JT	530.97	00	15									
63	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	707.41											
67	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	707.41	00	15									
63	23120	CLAVICULECTOMY PARTIAL	623.48											
67	23120	CLAVICULECTOMY PARTIAL	623.48	00	15									
63	23125	CLAVICULECTOMY TOTAL	762.91											
67	23125	CLAVICULECTOMY TOTAL	762.91	00	15									
63	23130	ACROMIONECTOMY PARTIAL/TOTAL	654.19											
67	23130	ACROMIONECTOMY PARTIAL/TOTAL	654.19	00	15									
63	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	591.72											
67	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	591.72	00	15									
63	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	747.25											
67	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	747.25	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	665.69										
67	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	665.69	00 15									
63	23150	EXCISION TUMOR PROXIMAL HUMEROUS	715.69										
67	23150	EXCISION TUMOR PROXIMAL HUMEROUS	715.69	00 15									
63	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	856.14										
67	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	856.14	00 15									
63	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	728.18										
67	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	728.18	00 15									
63	23170	SEQUESTRECTOMY CLAVICLE	600.24										
67	23170	SEQUESTRECTOMY CLAVICLE	600.24	00 15									
63	23172	SEQUESTRECTOMY SCAPULA	606.73										
67	23172	SEQUESTRECTOMY SCAPULA	606.73	00 15									
63	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	814.72										
67	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	814.72	00 15									
63	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	715.52										
67	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	715.52	00 15									
63	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	705.24										
67	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	705.24	00 15									
63	23184	PARTIAL EXCISION PROXIMAL HUMERUS	791.86										
67	23184	PARTIAL EXCISION PROXIMAL HUMERUS	791.86	00 15									
63	23190	OSTECTOMY OF SCAPULA PATTIAL	613.64										
67	23190	OSTECTOMY OF SCAPULA PATTIAL	613.64	00 15									
63	23195	RESECTION HUMERAL HEAD	804.35										
67	23195	RESECTION HUMERAL HEAD	804.35	00 15									
63	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,642.23										
67	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,642.23	00 15									
63	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,933.57										
67	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,933.57	00 15									
63	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,127.84										
67	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,127.84	00 15									
63	23330	REMOVE SHOULDER FOREIGN BODY	293.88										
67	23330	REMOVE SHOULDER FOREIGN BODY	293.88	00 15									
63	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	496.16									X	
67	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	496.16	00 15								X	
63	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,153.64									X	
67	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,153.64	00 15								X	
63	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,379.80									X	
67	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,379.80	00 15								X	
63	23350	INJECTION FOR SHOULDER X-RAY	152.65										
67	23350	INJECTION FOR SHOULDER X-RAY	152.65	00 15									
63	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,388.22										
67	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,388.22	00 15									
63	23397	MUSCLE TRANSFER MULTIPLE	1,237.55										
67	23397	MUSCLE TRANSFER MULTIPLE	1,237.55	00 15									
63	23400	FIXATION OF SHOULDERBLADE	1,050.79										

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	23400	FIXATION OF SHOULDERBLADE	1,050.79	00 15									
63	23405	INCISION OF TENDON & MUSCLE	664.95										
67	23405	INCISION OF TENDON & MUSCLE	664.95	00 15									
63	23406	INCISE TENDON(S) & MUSCLE(S)	828.14										
67	23406	INCISE TENDON(S) & MUSCLE(S)	828.14	00 15									
63	23410	REPAIR OF TENDON(S)	883.26										
67	23410	REPAIR OF TENDON(S)	883.26	00 15									
63	23412	REPAIR OF TENDON(S),CHRONIC	919.34										
67	23412	REPAIR OF TENDON(S),CHRONIC	919.34	00 15									
63	23415	CORACOACROMIAL LIGAMENT RELEAS	747.09										
67	23415	CORACOACROMIAL LIGAMENT RELEAS	747.09	00 15									
63	23420	REPAIR COMPLETE SHOULDER	1,047.91										
67	23420	REPAIR COMPLETE SHOULDER	1,047.91	00 15									
63	23430	REPAIR BICEPS TENDON RUPTURE	799.87										
67	23430	REPAIR BICEPS TENDON RUPTURE	799.87	00 15									
63	23440	REMOVAL/TRANSPLANT TENDON	815.24										
67	23440	REMOVAL/TRANSPLANT TENDON	815.24	00 15									
63	23450	CAPSULORRHAPHY,ANTERIOR	1,026.58										
67	23450	CAPSULORRHAPHY,ANTERIOR	1,026.58	00 15									
63	23455	CAPSULORRHAPHY;BANKART TYPE	1,076.52										
67	23455	CAPSULORRHAPHY;BANKART TYPE	1,076.52	00 15									
63	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,179.82										
67	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,179.82	00 15									
63	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,159.65										
67	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,159.65	00 15									
63	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,212.59										
67	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,212.59	00 15									
63	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,197.05										
67	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,197.05	00 15									
63	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,303.30										
67	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,303.30	00 15									
63	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,579.33										
67	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,579.33	00 15									
63	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,764.27									X	
67	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,764.27	00 15								X	
63	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,907.72									X	
67	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,907.72	00 15								X	
63	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	885.78										
67	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	885.78	00 15									
63	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,035.56										
67	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,035.56	00 15									
63	23490	PROPHYLACTIC TREATMENT;CLAVICLE	930.18										
67	23490	PROPHYLACTIC TREATMENT;CLAVICLE	930.18	00 15									
63	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,098.55										
67	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,098.55	00 15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	229.59										
67	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	229.59	00 15									
63	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	374.74										
67	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	374.74	00 15									
63	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	772.49										
67	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	772.49	00 15									
63	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	246.58										
67	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	246.58	00 15									
63	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	406.59										
67	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	406.59	00 15									
63	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	614.02										
67	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	614.02	00 15									
63	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	669.57										
67	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	669.57	00 15									
63	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	242.53										
67	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	242.53	00 15									
63	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	358.23										
67	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	358.23	00 15									
63	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	612.80										
67	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	612.80	00 15									
63	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	700.34										
67	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	700.34	00 15									
63	23570	TREAT CLSD SCAP FX W/O MANIPULATION	243.20										
67	23570	TREAT CLSD SCAP FX W/O MANIPULATION	243.20	00 15									
63	23575	TREAT CLSD SCAPULAR W/MANIPULATION	424.96										
67	23575	TREAT CLSD SCAPULAR W/MANIPULATION	424.96	00 15									
63	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,059.40										
67	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,059.40	00 15									
63	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	340.83										
67	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	340.83	00 15									
63	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	491.47										
67	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	491.47	00 15									
63	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	951.32										
67	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	951.32	00 15									
63	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,342.48										
67	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,342.48	00 15									
63	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	278.91										
67	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	278.91	00 15									
63	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	399.35										
67	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	399.35	00 15									
63	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	836.60										
67	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	836.60	00 15									
63	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	335.62										
67	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	335.62	00 15									
63	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	427.75										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	427.75	00 15									
63	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	625.11										
67	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	625.11	00 15									
63	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	450.41										
67	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	450.41	00 15									
63	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	941.35										
67	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	941.35	00 15									
63	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	583.18										
67	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	583.18	00 15									
63	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	1,003.37										
67	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	1,003.37	00 15									
63	23700	FIXATION OF SHOULDER MANIP W/ANESTH	208.86										
67	23700	FIXATION OF SHOULDER MANIP W/ANESTH	208.86	00 15									
63	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,110.80										
67	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,110.80	00 15									
63	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,386.84										
67	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,386.84	00 15									
63	23900	AMPUTATION OF ARM & GIRDLE	1,507.32										
67	23900	AMPUTATION OF ARM & GIRDLE	1,507.32	00 15									
63	23920	AMPUTATION AT SHOULDER JOINT	1,216.69										
67	23920	AMPUTATION AT SHOULDER JOINT	1,216.69	00 15									
63	23921	AMPUTATION FOLLOW-UP SURGERY	498.58										
67	23921	AMPUTATION FOLLOW-UP SURGERY	498.58	00 15									
63	23930	DRAINAGE OF ARM LESION	367.09										
67	23930	DRAINAGE OF ARM LESION	367.09	00 15									
63	23931	DRAINAGE OF ARM BURSA	292.74										
67	23931	DRAINAGE OF ARM BURSA	292.74	00 15									
63	23935	DRAIN ARM/ELBOW BONE LESION	544.56										
67	23935	DRAIN ARM/ELBOW BONE LESION	544.56	00 15									
63	24000	EXPLORATORY ELBOW SURGERY	509.64										
67	24000	EXPLORATORY ELBOW SURGERY	509.64	00 15									
63	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	763.48										
67	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	763.48	00 15									
63	24065	BIOPSY ARM/ELBOW SOFT TISSUE	263.83										
67	24065	BIOPSY ARM/ELBOW SOFT TISSUE	263.83	00 15									
63	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	643.29										
67	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	643.29	00 15									
63	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	440.03										
67	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	440.03	00 15									
63	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	756.63										
67	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	756.63	00 15									
63	24075	REMOVE ARM/ELBOW LESION	534.03										
67	24075	REMOVE ARM/ELBOW LESION	534.03	00 15									
63	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	585.11										
67	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	585.11	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,136.40										
67	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,136.40	00 15									
63	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,452.96										
67	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,452.96	00 15									
63	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	444.45										
67	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	444.45	00 15									
63	24101	EXPLORE/TREAT ELBOW JOINT	533.69										
67	24101	EXPLORE/TREAT ELBOW JOINT	533.69	00 15									
63	24102	REMOVE ELBOW JOINT LINING	659.98										
67	24102	REMOVE ELBOW JOINT LINING	659.98	00 15									
63	24105	REMOVAL OF ELBOW BURSA	371.38										
67	24105	REMOVAL OF ELBOW BURSA	371.38	00 15									
63	24110	REMOVE HUMERUS LESION	627.30										
67	24110	REMOVE HUMERUS LESION	627.30	00 15									
63	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	793.26										
67	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	793.26	00 15									
63	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	930.32										
67	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	930.32	00 15									
63	24120	REMOVE ELBOW LESION	567.71										
67	24120	REMOVE ELBOW LESION	567.71	00 15									
63	24125	EXCISION BONE CYST HEAD/NECK RADIUS	665.30										
67	24125	EXCISION BONE CYST HEAD/NECK RADIUS	665.30	00 15									
63	24126	EXCISION BONE CYST HEAD/NECK RADIUS	695.65										
67	24126	EXCISION BONE CYST HEAD/NECK RADIUS	695.65	00 15									
63	24130	REMOVAL OF HEAD OF RADIUS	542.63										
67	24130	REMOVAL OF HEAD OF RADIUS	542.63	00 15									
63	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	803.94										
67	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	803.94	00 15									
63	24136	REMOVAL LESION/RADIAL HEAD OR NECK	677.82										
67	24136	REMOVAL LESION/RADIAL HEAD OR NECK	677.82	00 15									
63	24138	REMOVE BONE LESION/OLECRANON PROCESS	725.30										
67	24138	REMOVE BONE LESION/OLECRANON PROCESS	725.30	00 15									
63	24140	PART.EXCIS.BONE/HUMERUS	754.46										
67	24140	PART.EXCIS.BONE/HUMERUS	754.46	00 15									
63	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	635.92										
67	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	635.92	00 15									
63	24147	PART.EXCIS.BONE,OLECRANON PROCESS	664.39										
67	24147	PART.EXCIS.BONE,OLECRANON PROCESS	664.39	00 15									
63	24149	RADICAL RESECTION OF ELBOW	1,261.05										
67	24149	RADICAL RESECTION OF ELBOW	1,261.05	00 15									
63	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,686.84										
67	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,686.84	00 15									
63	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,462.31										
67	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,462.31	00 15									
63	24155	RESECTION OF ELBOW JOINT	920.33										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	24155	RESECTION OF ELBOW JOINT	920.33	00 15									
63	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,362.25										
67	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,362.25	00 15									
63	24164	REMOVAL OF HARDWARE OF FOREARM BONE	775.19										
67	24164	REMOVAL OF HARDWARE OF FOREARM BONE	775.19	00 15									
63	24200	REMOVAL OF ARM FOREIGN BODY	221.96										
67	24200	REMOVAL OF ARM FOREIGN BODY	221.96	00 15									
63	24201	REMOVAL OF ARM FOREIGN BODY DEEP	567.39										
67	24201	REMOVAL OF ARM FOREIGN BODY DEEP	567.39	00 15									
63	24220	INJECTION FOR ELBOW X-RAY	180.15										
67	24220	INJECTION FOR ELBOW X-RAY	180.15	00 15									
63	24300	MANIPULATE ELBOW W/ANESTH	442.40										
67	24300	MANIPULATE ELBOW W/ANESTH	442.40	00 15									
63	24301	MUSCLE/TENDON TRANSFER	806.28										
67	24301	MUSCLE/TENDON TRANSFER	806.28	00 15									
63	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	618.43									X	
67	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	618.43	00 15								X	
63	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	502.84									X	
67	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	502.84	00 15								X	
63	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	841.98										
67	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	841.98	00 15									
63	24330	FLEXOR-PLASTY ELBOW	772.13										
67	24330	FLEXOR-PLASTY ELBOW	772.13	00 15									
63	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	847.59										
67	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	847.59	00 15									
63	24332	TENOLYSIS, TRICEPS	655.90										
67	24332	TENOLYSIS, TRICEPS	655.90	00 15									
63	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	657.56										
67	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	657.56	00 15									
63	24341	REPAIR TENDON/MUSCLE ARM	794.02										
67	24341	REPAIR TENDON/MUSCLE ARM	794.02	00 15									
63	24342	REINSERTION RUPTURED BICEPS TENDON/D	834.72										
67	24342	REINSERTION RUPTURED BICEPS TENDON/D	834.72	00 15									
63	24343	REPR ELBOW LAT LIGMNT W/TISS	755.50										
67	24343	REPR ELBOW LAT LIGMNT W/TISS	755.50	00 15									
63	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,176.02										
67	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,176.02	00 15									
63	24345	REPR ELBW MED LIGMNT W/TISS	749.43										
67	24345	REPR ELBW MED LIGMNT W/TISS	749.43	00 15									
63	24346	RECONSTRUCT ELBOW MED LIGMNT	1,185.48										
67	24346	RECONSTRUCT ELBOW MED LIGMNT	1,185.48	00 15									
63	24357	INCISION OF TENDON TO REPAIR ELBOW J	439.64										
67	24357	INCISION OF TENDON TO REPAIR ELBOW J	439.64	00 15									
63	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	560.51										
67	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	560.51	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	709.66										
67	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	709.66	00 15									
63	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	972.92										
67	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	972.92	00 15									
63	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,089.42										
67	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,089.42	00 15									
63	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,148.17										
67	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,148.17	00 15									
63	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,577.63										
67	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,577.63	00 15									
63	24365	ARTHROPLASTY RADIAL HEAD	686.89										
67	24365	ARTHROPLASTY RADIAL HEAD	686.89	00 15									
63	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	734.05										
67	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	734.05	00 15									
63	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,678.37									X	
67	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,678.37	00 15								X	
63	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,938.99									X	
67	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,938.99	00 15								X	
63	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	885.54										
67	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	885.54	00 15									
63	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,143.25										
67	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,143.25	00 15									
63	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,099.20										
67	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,099.20	00 15									
63	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,141.97										
67	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,141.97	00 15									
63	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,158.26										
67	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,158.26	00 15									
63	24470	HEMIEPIPHYSEAL ARREST	720.17										
67	24470	HEMIEPIPHYSEAL ARREST	720.17	00 15									
63	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	852.91										
67	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	852.91	00 15									
63	24498	PROPHYLACTIC TREAT...HUMERUS	935.47										
67	24498	PROPHYLACTIC TREAT...HUMERUS	935.47	00 15									
63	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	371.74										
67	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	371.74	00 15									
63	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	523.74										
67	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	523.74	00 15									
63	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	945.66										
67	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	945.66	00 15									
63	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	927.06										
67	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	927.06	00 15									
63	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	394.81										
67	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	394.81	00 15									
63	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	651.15										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	651.15	00 15									
63	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	815.55										
67	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	815.55	00 15									
63	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	1,003.04										
67	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	1,003.04	00 15									
63	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,121.71										
67	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,121.71	00 15									
63	24560	TREAT CLSD EPICON FX,W/O MANIP	340.06										
67	24560	TREAT CLSD EPICON FX,W/O MANIP	340.06	00 15									
63	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	564.43										
67	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	564.43	00 15									
63	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	766.40										
67	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	766.40	00 15									
63	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	784.44										
67	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	784.44	00 15									
63	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	357.11										
67	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	357.11	00 15									
63	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	580.91										
67	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	580.91	00 15									
63	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	893.72										
67	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	893.72	00 15									
63	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	863.51										
67	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	863.51	00 15									
63	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,176.27										
67	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,176.27	00 15									
63	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,178.00										
67	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,178.00	00 15									
63	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	392.02										
67	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	392.02	00 15									
63	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	501.87										
67	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	501.87	00 15									
63	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	767.41										
67	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	767.41	00 15									
63	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	592.78										
67	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	592.78	00 15									
63	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	720.43										
67	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	720.43	00 15									
63	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	104.57										
67	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	104.57	00 15									
63	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	270.33										
67	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	270.33	00 15									
63	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	461.89										
67	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	461.89	00 15									
63	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	697.93										
67	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	697.93	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
63	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	786.10										
67	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	786.10	00 15									
63	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	301.92										
67	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	301.92	00 15									
63	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	481.44										
67	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	481.44	00 15									
63	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	697.40										
67	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	697.40	00 15									
63	24800	FUSION OF ELBOW JOINT	894.39										
67	24800	FUSION OF ELBOW JOINT	894.39	00 15									
63	24802	FUSION/GRAFT OF ELBOW JOINT	1,083.66										
67	24802	FUSION/GRAFT OF ELBOW JOINT	1,083.66	00 15									
63	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	794.07										
67	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	794.07	00 15									
63	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	788.93										
67	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	788.93	00 15									
63	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	606.00										
67	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	606.00	00 15									
63	24930	REAMPUTATION UPPER ARM	835.28										
67	24930	REAMPUTATION UPPER ARM	835.28	00 15									
63	24931	AMPUTATE UPPER ARM & IMPLANT	1,009.00										
67	24931	AMPUTATE UPPER ARM & IMPLANT	1,009.00	00 15									
63	24935	STUMP ELONGATION/REVISION UPPER ARM	1,279.68										
67	24935	STUMP ELONGATION/REVISION UPPER ARM	1,279.68	00 15									
63	25000	TENDON SHEATH INCISION; AT RADIAL ST	354.03										
67	25000	TENDON SHEATH INCISION; AT RADIAL ST	354.03	00 15									
63	25001	INCISE FLEXOR CARPI RADIALIS	360.30										
67	25001	INCISE FLEXOR CARPI RADIALIS	360.30	00 15									
63	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	663.02										
67	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	663.02	00 15									
63	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,265.36										
67	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,265.36	00 15									
63	25024	DECOMPRESS FOREARM 2 SPACES	840.75										
67	25024	DECOMPRESS FOREARM 2 SPACES	840.75	00 15									
63	25025	DECOMPRESS FORARM 2 SPACES	1,305.23										
67	25025	DECOMPRESS FORARM 2 SPACES	1,305.23	00 15									
63	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	615.68										
67	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	615.68	00 15									
63	25031	INCISION/DRAINAGE INFECTED BURSA; FO	370.99										
67	25031	INCISION/DRAINAGE INFECTED BURSA; FO	370.99	00 15									
63	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	623.48										
67	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	623.48	00 15									
63	25040	EXPLORE/TREAT WRIST JOINT	600.20										
67	25040	EXPLORE/TREAT WRIST JOINT	600.20	00 15									
63	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	261.92										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	261.92	00 15									
63	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	378.55										
67	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	378.55	00 15									
63	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	458.54										
67	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	458.54	00 15									
63	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	573.76										
67	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	573.76	00 15									
63	25075	EXCISE SUBCUTANEOUS TUMOR	519.45										
67	25075	EXCISE SUBCUTANEOUS TUMOR	519.45	00 15									
63	25076	EXCISE TUMOR,DEEP	552.11										
67	25076	EXCISE TUMOR,DEEP	552.11	00 15									
63	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	962.60										
67	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	962.60	00 15									
63	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,269.97										
67	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,269.97	00 15									
63	25085	INCISION OF WRIST CAPSULE	477.07										
67	25085	INCISION OF WRIST CAPSULE	477.07	00 15									
63	25100	BIOPSY OF WRIST JOINT	367.28										
67	25100	BIOPSY OF WRIST JOINT	367.28	00 15									
63	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	427.60										
67	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	427.60	00 15									
63	25105	REMOVE WRIST JOINT LINING	514.62										
67	25105	REMOVE WRIST JOINT LINING	514.62	00 15									
63	25107	ARTHROTOMY,WRIST,COMPLEX	653.35										
67	25107	ARTHROTOMY,WRIST,COMPLEX	653.35	00 15									
63	25109	EXCISION OF TENDON, FOREARM AND/OR W	572.12									X	
67	25109	EXCISION OF TENDON, FOREARM AND/OR W	572.12	00 15								X	
63	25110	EXCISION,LESION OF TENDON SHEATH	361.54										
67	25110	EXCISION,LESION OF TENDON SHEATH	361.54	00 15									
63	25111	EXCISION GANGLION;WRIST,PRIMARY	337.22										
67	25111	EXCISION GANGLION;WRIST,PRIMARY	337.22	00 15									
63	25112	EXCISION GANGLION;WRIST,RECURRENT	410.23										
67	25112	EXCISION GANGLION;WRIST,RECURRENT	410.23	00 15									
63	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	808.28										
67	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	808.28	00 15									
63	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	637.81										
67	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	637.81	00 15									
63	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	401.93										
67	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	401.93	00 15									
63	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	526.44										
67	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	526.44	00 15									
63	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	531.96										
67	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	531.96	00 15									
63	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	634.36										
67	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	634.36	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	639.36										
67	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	639.36	00 15									
63	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	474.27										
67	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	474.27	00 15									
63	25135	EXCISE BONE CYST OF CARPAL BONES W/A	596.80										
67	25135	EXCISE BONE CYST OF CARPAL BONES W/A	596.80	00 15									
63	25136	EXCISE BONE CYST OF CARPAL BONES W/H	528.60										
67	25136	EXCISE BONE CYST OF CARPAL BONES W/H	528.60	00 15									
63	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	553.44										
67	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	553.44	00 15									
63	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	602.58										
67	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	602.58	00 15									
63	25151	PARTIAL REMOVAL OF RADIUS	622.57										
67	25151	PARTIAL REMOVAL OF RADIUS	622.57	00 15									
63	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,602.72										
67	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,602.72	00 15									
63	25210	CARPECTOMY; ONE BONE	520.15										
67	25210	CARPECTOMY; ONE BONE	520.15	00 15									
63	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	659.29										
67	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	659.29	00 15									
63	25230	RADIAL STYLOIDECTOMY	458.28										
67	25230	RADIAL STYLOIDECTOMY	458.28	00 15									
63	25240	EXCISION DISTAL ULNA	454.83										
67	25240	EXCISION DISTAL ULNA	454.83	00 15									
63	25246	INJECTION FOR WRIST X-RAY	185.53										
67	25246	INJECTION FOR WRIST X-RAY	185.53	00 15									
63	25248	REMOVE FOREARM FOREIGN BODY	443.44										
67	25248	REMOVE FOREARM FOREIGN BODY	443.44	00 15									
63	25250	REMOVAL OF WRIST PROSTHESIS	567.57										
67	25250	REMOVAL OF WRIST PROSTHESIS	567.57	00 15									
63	25251	REMOVE WRIST PROTH,COMPLICATED	774.09										
67	25251	REMOVE WRIST PROTH,COMPLICATED	774.09	00 15									
63	25259	MANIPULATE WRIST W/ANESTHES	438.36										
67	25259	MANIPULATE WRIST W/ANESTHES	438.36	00 15									
63	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	671.17									X	
67	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	671.17	00 15								X	
63	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	673.94									X	
67	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	673.94	00 15								X	
63	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	801.05									X	
67	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	801.05	00 15								X	
63	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	523.46									X	
67	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	523.46	00 15								X	
63	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	596.53									X	
67	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	596.53	00 15								X	
63	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	711.84									X	

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

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	711.84	00 15								X	
63	25275	REPAIR FOREARM TENDON SHEATH	718.01										
67	25275	REPAIR FOREARM TENDON SHEATH	718.01	00 15									
63	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	602.87									X	
67	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	602.87	00 15								X	
63	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	461.79									X	
67	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	461.79	00 15								X	
63	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	559.54									X	
67	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	559.54	00 15								X	
63	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	729.76										
67	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	729.76	00 15									
63	25301	TENODESIS AT WRIST; EXTENSORS OF FI	687.58										
67	25301	TENODESIS AT WRIST; EXTENSORS OF FI	687.58	00 15									
63	25310	TEND TRANSPLANT...SING.;EACH TENDON	660.08									X	
67	25310	TEND TRANSPLANT...SING.;EACH TENDON	660.08	00 15								X	
63	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	769.35									X	
67	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	769.35	00 15								X	
63	25315	REVISE PALSY HAND TENDON(S)	830.11										
67	25315	REVISE PALSY HAND TENDON(S)	830.11	00 15									
63	25316	REVISE PALSY HAND TENDON W/TENDON S	988.05										
67	25316	REVISE PALSY HAND TENDON W/TENDON S	988.05	00 15									
63	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,048.04										
67	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,048.04	00 15									
63	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	905.28										
67	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	905.28	00 15									
63	25335	CENTRALIZATION-WRIST ON ULNA	1,019.61										
67	25335	CENTRALIZATION-WRIST ON ULNA	1,019.61	00 15									
63	25337	RECONSTRUCT ULNA/RADIOULNAR	945.04										
67	25337	RECONSTRUCT ULNA/RADIOULNAR	945.04	00 15									
63	25350	REVISION OF RADIUS;DISTAL THIRD	722.56										
67	25350	REVISION OF RADIUS;DISTAL THIRD	722.56	00 15									
63	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	823.30										
67	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	823.30	00 15									
63	25360	REVISION OF ULNA	699.79										
67	25360	REVISION OF ULNA	699.79	00 15									
63	25365	REVISE RADIUS & ULNA	988.78										
67	25365	REVISE RADIUS & ULNA	988.78	00 15									
63	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,088.95										
67	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,088.95	00 15									
63	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,031.68										
67	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,031.68	00 15									
63	25390	SHORTEN RADIUS/ULNA	825.02										
67	25390	SHORTEN RADIUS/ULNA	825.02	00 15									
63	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,078.07										
67	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,078.07	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	25392	SHORTEN RADIUS & ULNA	1,098.01										
67	25392	SHORTEN RADIUS & ULNA	1,098.01	00 15									
63	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,225.16										
67	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,225.16	00 15									
63	25394	REPAIR CARPAL BONE, SHORTEN	845.31										
67	25394	REPAIR CARPAL BONE, SHORTEN	845.31	00 15									
63	25400	REPAIR RADIUS OR ULNA	863.69										
67	25400	REPAIR RADIUS OR ULNA	863.69	00 15									
63	25405	REPAIR/GRAFT RADIUS OR ULNA	1,119.73										
67	25405	REPAIR/GRAFT RADIUS OR ULNA	1,119.73	00 15									
63	25415	REPAIR RADIUS & ULNA	1,046.75										
67	25415	REPAIR RADIUS & ULNA	1,046.75	00 15									
63	25420	REPAIR/GRAFT RADIUS & ULNA	1,264.43										
67	25420	REPAIR/GRAFT RADIUS & ULNA	1,264.43	00 15									
63	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,041.85										
67	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,041.85	00 15									
63	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,218.29										
67	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,218.29	00 15									
63	25430	VASC GRAFT INTO CARPAL BONE	783.28										
67	25430	VASC GRAFT INTO CARPAL BONE	783.28	00 15									
63	25431	REPAIR NONUNION CARPAL BONE	849.68										
67	25431	REPAIR NONUNION CARPAL BONE	849.68	00 15									
63	25440	REPAIR/GRAFT WRIST BONE	823.10										
67	25440	REPAIR/GRAFT WRIST BONE	823.10	00 15									
63	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,012.30										
67	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,012.30	00 15									
63	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	865.08										
67	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	865.08	00 15									
63	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	842.50										
67	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	842.50	00 15									
63	25444	RECONSTRUCT WRIST JOINT; LUNATE	891.68										
67	25444	RECONSTRUCT WRIST JOINT; LUNATE	891.68	00 15									
63	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	774.20										
67	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	774.20	00 15									
63	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,267.26										
67	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,267.26	00 15									
63	25449	REVISE ARTHROPLASTY,REVDVE	1,115.99										
67	25449	REVISE ARTHROPLASTY,REVDVE	1,115.99	00 15									
63	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	660.54										
67	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	660.54	00 15									
63	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	780.92										
67	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	780.92	00 15									
63	25490	PROPHYLACTIC TREATMENT/RADIUS	772.38										
67	25490	PROPHYLACTIC TREATMENT/RADIUS	772.38	00 15									
63	25491	PROPHYLACTIC TREATMENT; ULNA	794.75										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	25491	PROPHYLACTIC TREATMENT; ULNA	794.75	00 15									
63	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	976.92										
67	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	976.92	00 15									
63	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	288.11										
67	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	288.11	00 15									
63	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	529.08										
67	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	529.08	00 15									
63	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	715.91										
67	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	715.91	00 15									
63	25520	CLOSED TREATMENT OF BROKEN FOREARM A	604.38										
67	25520	CLOSED TREATMENT OF BROKEN FOREARM A	604.38	00 15									
63	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	844.94										
67	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	844.94	00 15									
63	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,027.90										
67	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,027.90	00 15									
63	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	270.20										
67	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	270.20	00 15									
63	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	514.60										
67	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	514.60	00 15									
63	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	663.47										
67	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	663.47	00 15									
63	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	293.79										
67	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	293.79	00 15									
63	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	544.23										
67	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	544.23	00 15									
63	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	720.09										
67	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	720.09	00 15									
63	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	967.70										
67	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	967.70	00 15									
63	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	341.12										
67	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	341.12	00 15									
63	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	572.29										
67	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	572.29	00 15									
63	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	706.22										
67	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	706.22	00 15									
63	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	785.25										
67	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	785.25	00 15									
63	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	883.29										
67	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	883.29	00 15									
63	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,125.96										
67	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,125.96	00 15									
63	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	315.87										
67	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	315.87	00 15									
63	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	503.97										
67	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	503.97	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	768.90										
67	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	768.90	00 15									
63	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	317.90									X	
67	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	317.90	00 15								X	
63	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	480.19									X	
67	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	480.19	00 15								X	
63	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	609.88									X	
67	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	609.88	00 15								X	
63	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	338.96										
67	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	338.96	00 15									
63	25651	PIN ULNAR STYLOID FRACTURE	516.53										
67	25651	PIN ULNAR STYLOID FRACTURE	516.53	00 15									
63	25652	TREAT FRACTURE ULNAR STYLOID	663.83										
67	25652	TREAT FRACTURE ULNAR STYLOID	663.83	00 15									
63	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	439.46										
67	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	439.46	00 15									
63	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	651.19										
67	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	651.19	00 15									
63	25671	PIN RADIOULNAR DISLOCATION	563.81										
67	25671	PIN RADIOULNAR DISLOCATION	563.81	00 15									
63	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	465.69										
67	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	465.69	00 15									
63	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	675.34										
67	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	675.34	00 15									
63	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	556.49										
67	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	556.49	00 15									
63	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	790.96										
67	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	790.96	00 15									
63	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	515.10										
67	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	515.10	00 15									
63	25695	OPEN TREATMENT LUNATE DISLOCATION	680.98										
67	25695	OPEN TREATMENT LUNATE DISLOCATION	680.98	00 15									
63	25800	FUSION OF WRIST JOINT	784.38										
67	25800	FUSION OF WRIST JOINT	784.38	00 15									
63	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	912.68										
67	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	912.68	00 15									
63	25810	FUSION WRIST JOINT; W/DISTANT BONE	929.19										
67	25810	FUSION WRIST JOINT; W/DISTANT BONE	929.19	00 15									
63	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	668.64										
67	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	668.64	00 15									
63	25825	INTERCARPAL FUSION;W/ BONEGRAFT	822.18										
67	25825	INTERCARPAL FUSION;W/ BONEGRAFT	822.18	00 15									
63	25830	FUSION RADIOULNAR JNT/ULNA	1,028.02										
67	25830	FUSION RADIOULNAR JNT/ULNA	1,028.02	00 15									
63	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	763.40										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	763.40	00 15									
63	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	754.78										
67	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	754.78	00 15									
63	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	657.98										
67	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	657.98	00 15									
63	25909	REAMPUTATION FOREARM SURGERY	736.90										
67	25909	REAMPUTATION FOREARM SURGERY	736.90	00 15									
63	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,270.65										
67	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,270.65	00 15									
63	25920	DISARTICULATION THROUGH WRIST	762.21										
67	25920	DISARTICULATION THROUGH WRIST	762.21	00 15									
63	25922	DISARTICULATION WRIST;SECOND CLOSURE	668.33										
67	25922	DISARTICULATION WRIST;SECOND CLOSURE	668.33	00 15									
63	25924	REAMPUTATION WRIST SURGERY	743.46										
67	25924	REAMPUTATION WRIST SURGERY	743.46	00 15									
63	25927	TRANSMETACARPAL AMPUTATION	877.50										
67	25927	TRANSMETACARPAL AMPUTATION	877.50	00 15									
63	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	639.67										
67	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	639.67	00 15									
63	25931	AMPUTATION FOLLOW-UP SURGERY	806.49										
67	25931	AMPUTATION FOLLOW-UP SURGERY	806.49	00 15									
63	26010	DRAINAGE OF FINGER ABSCESS	301.99										
67	26010	DRAINAGE OF FINGER ABSCESS	301.99	00 15									
63	26011	DRAIN FINGER ABSCESS; COMPLICATED	436.87										
67	26011	DRAIN FINGER ABSCESS; COMPLICATED	436.87	00 15									
63	26020	DRAIN HAND TENDON SHEATH	587.99										
67	26020	DRAIN HAND TENDON SHEATH	587.99	00 15									
63	26025	DRAINAGE OF PALM BURSA	446.00										
67	26025	DRAINAGE OF PALM BURSA	446.00	00 15									
63	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	523.05										
67	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	523.05	00 15									
63	26034	TREAT HAND BONE LESION	578.49										
67	26034	TREAT HAND BONE LESION	578.49	00 15									
63	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	919.84										
67	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	919.84	00 15									
63	26037	DECOMPRESSIVE FASCIOTOMY, HAND	605.52										
67	26037	DECOMPRESSIVE FASCIOTOMY, HAND	605.52	00 15									
63	26040	RELEASE OF TISSUES OF PALM, ACCESSED	328.22										
67	26040	RELEASE OF TISSUES OF PALM, ACCESSED	328.22	00 15									
63	26045	PARTIAL RELEASE OF TISSUES OF PALM,	497.67										
67	26045	PARTIAL RELEASE OF TISSUES OF PALM,	497.67	00 15									
63	26055	INCISE FINGER TENDON SHEATH	549.30									X	
67	26055	INCISE FINGER TENDON SHEATH	549.30	00 15								X	
63	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	270.03									X	
67	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	270.03	00 15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	26070	EXPLORE/TREAT HAND JOINT	338.18										
67	26070	EXPLORE/TREAT HAND JOINT	338.18	00 15									
63	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	353.05										
67	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	353.05	00 15									
63	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	413.55									X	
67	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	413.55	00 15								X	
63	26100	BIOPSY HAND JOINT LINING	356.00										
67	26100	BIOPSY HAND JOINT LINING	356.00	00 15									
63	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	358.69										
67	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	358.69	00 15									
63	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	339.12									X	
67	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	339.12	00 15								X	
63	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	443.91										
67	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	443.91	00 15									
63	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	582.88										
67	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	582.88	00 15									
63	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	542.44										
67	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	542.44	00 15									
63	26116	EXCISION BENIGN TUMOR,HAND; DEEP	558.96										
67	26116	EXCISION BENIGN TUMOR,HAND; DEEP	558.96	00 15									
63	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	797.90										
67	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	797.90	00 15									
63	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,133.92										
67	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,133.92	00 15									
63	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	636.96										
67	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	636.96	00 15									
63	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	889.31										
67	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	889.31	00 15									
63	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	298.56									X	
67	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	298.56	00 15								X	
63	26130	REMOVE WRIST JOINT LINING	494.18										
67	26130	REMOVE WRIST JOINT LINING	494.18	00 15									
63	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	588.27									X	
67	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	588.27	00 15								X	
63	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	537.06									X	
67	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	537.06	00 15								X	
63	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	546.43									X	
67	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	546.43	00 15								X	
63	26160	REMOVE TENDON SHEATH LESION	576.72										
67	26160	REMOVE TENDON SHEATH LESION	576.72	00 15									
63	26170	EXCISE TENDON,PALM...EACH	430.09									X	
67	26170	EXCISE TENDON,PALM...EACH	430.09	00 15								X	
63	26180	EXCISION OF TENDON,FINGER,FLEXOR	471.44										
67	26180	EXCISION OF TENDON,FINGER,FLEXOR	471.44	00 15									
63	26185	REMOVE FINGER BONE	584.24										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	26185	REMOVE FINGER BONE	584.24	00 15									
63	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	479.95										
67	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	479.95	00 15									
63	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	647.36										
67	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	647.36	00 15									
63	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	469.08										
67	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	469.08	00 15									
63	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	603.70										
67	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	603.70	00 15									
63	26230	PARTIAL REMOVAL OF HAND BONE	532.22										
67	26230	PARTIAL REMOVAL OF HAND BONE	532.22	00 15									
63	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	524.68										
67	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	524.68	00 15									
63	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	467.89										
67	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	467.89	00 15									
63	26250	RADICAL RESECTION FOR TUMOR,HAND	1,152.76										
67	26250	RADICAL RESECTION FOR TUMOR,HAND	1,152.76	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	675.53										
67	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	675.53	00 15									
63	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	367.12										
67	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	367.12	00 15									
63	26340	MANIPULATE FINGER W/ANESTH	350.08									X	
67	26340	MANIPULATE FINGER W/ANESTH	350.08	00 15								X	
63	26341	MANIPULATION OF PALM PRETENDINOUS CO	109.39										
67	26341	MANIPULATION OF PALM PRETENDINOUS CO	109.39	00 15									
63	26350	REPAIR OF FINGER TENDON	747.07									X	
67	26350	REPAIR OF FINGER TENDON	747.07	00 15								X	
63	26352	REPAIR OF FINGER TENDON WITH GRAFT	843.30									X	
67	26352	REPAIR OF FINGER TENDON WITH GRAFT	843.30	00 15								X	
63	26356	REPAIR OF FINGER TENDON	839.80									X	
67	26356	REPAIR OF FINGER TENDON	839.80	00 15								X	
63	26357	REPAIR OF FINGER TENDON	946.31									X	
67	26357	REPAIR OF FINGER TENDON	946.31	00 15								X	
63	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,050.89									X	
67	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,050.89	00 15								X	
63	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	793.93									X	
67	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	793.93	00 15								X	
63	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	935.81									X	
67	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	935.81	00 15								X	
63	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	896.43									X	
67	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	896.43	00 15								X	
63	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	896.42										
67	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	896.42	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	26392	REMOVAL ROD AND INSERTION OF TENDON	1,031.26										
67	26392	REMOVAL ROD AND INSERTION OF TENDON	1,031.26	00 15									
63	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	593.02									X	
67	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	593.02	00 15								X	
63	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	712.85									X	
67	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	712.85	00 15								X	
63	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	865.81										
67	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	865.81	00 15									
63	26416	REMOVE TUBE/ROD,INSERT GRAFT...	941.35										
67	26416	REMOVE TUBE/ROD,INSERT GRAFT...	941.35	00 15									
63	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	606.76									X	
67	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	606.76	00 15								X	
63	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	747.31									X	
67	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	747.31	00 15								X	
63	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	533.55										
67	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	533.55	00 15									
63	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	801.71										
67	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	801.71	00 15									
63	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	525.73										
67	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	525.73	00 15									
63	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	560.85										
67	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	560.85	00 15									
63	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	691.20										
67	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	691.20	00 15									
63	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	660.39										
67	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	660.39	00 15									
63	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	645.32									X	
67	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	645.32	00 15								X	
63	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,006.28									X	
67	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,006.28	00 15								X	
63	26445	TENOLYSIS,EXT TEND...;EACH TENDON	598.96									X	
67	26445	TENOLYSIS,EXT TEND...;EACH TENDON	598.96	00 15								X	
63	26449	TENOLYSIS,COMP,EXT TENDON.....	735.67										
67	26449	TENOLYSIS,COMP,EXT TENDON.....	735.67	00 15									
63	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	438.93									X	
67	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	438.93	00 15								X	
63	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	435.75									X	
67	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	435.75	00 15								X	
63	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	425.19									X	
67	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	425.19	00 15								X	
63	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	652.45										
67	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	652.45	00 15									
63	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	640.32										
67	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	640.32	00 15									
63	26476	TEND LENGTHEN,EXT...SINGLE, EACH	631.15									X	

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	26476	TEND LENGTHEN,EXT...SINGLE, EACH	631.15	00	15								X	
63	26477	TEND SHORTEN,EXT...SINGLE,EACH	613.97										X	
67	26477	TEND SHORTEN,EXT...SINGLE,EACH	613.97	00	15								X	
63	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	667.85										X	
67	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	667.85	00	15								X	
63	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	788.80										X	
67	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	788.80	00	15								X	
63	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	885.54										X	
67	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	885.54	00	15								X	
63	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	847.44										X	
67	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	847.44	00	15								X	
63	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	990.14										X	
67	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	990.14	00	15								X	
63	26490	REVISE THUMB TENDON	849.70											
67	26490	REVISE THUMB TENDON	849.70	00	15									
63	26492	REVISE THUMB TENDON W/GRAFT	945.20											
67	26492	REVISE THUMB TENDON W/GRAFT	945.20	00	15									
63	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	853.49											
67	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	853.49	00	15									
63	26496	REVISE THUMB TENDON; OTHER METHODS	910.97											
67	26496	REVISE THUMB TENDON; OTHER METHODS	910.97	00	15									
63	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	925.64											
67	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	925.64	00	15									
63	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,228.56											
67	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,228.56	00	15									
63	26499	CORRECTION CLAW FINGER,OTHER METHODS	887.12			X								
67	26499	CORRECTION CLAW FINGER,OTHER METHODS	887.12	00	15	X								
63	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	659.82											
67	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	659.82	00	15									
63	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	758.16											
67	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	758.16	00	15									
63	26508	RELEASE THUMB CONTRACTURE	672.58										X	
67	26508	RELEASE THUMB CONTRACTURE	672.58	00	15								X	
63	26510	CROSS INTRINSIC TRANSFER	635.78											
67	26510	CROSS INTRINSIC TRANSFER	635.78	00	15									
63	26516	FUSION OF KNUCKLE JOINT	747.09											
67	26516	FUSION OF KNUCKLE JOINT	747.09	00	15									
63	26517	FUSION KNUCKLE JOINT,TWO DIGITS	881.84											
67	26517	FUSION KNUCKLE JOINT,TWO DIGITS	881.84	00	15									
63	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	894.09										X	
67	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	894.09	00	15								X	
63	26520	CAPSULECTOMY/OTOMY....;EACH	677.97										X	
67	26520	CAPSULECTOMY/OTOMY....;EACH	677.97	00	15								X	
63	26525	CAPSULECTOMY/OTOMY...;EACH	679.95										X	
67	26525	CAPSULECTOMY/OTOMY...;EACH	679.95	00	15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	26530	ARTHROPLASTY,META...;SINGLE,EACH	573.33									X	
67	26530	ARTHROPLASTY,META...;SINGLE,EACH	573.33	00 15								X	
63	26531	ARTHROPLASTY,META..;PROSTH...EACH	667.87									X	
67	26531	ARTHROPLASTY,META..;PROSTH...EACH	667.87	00 15								X	
63	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	459.10									X	
67	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	459.10	00 15								X	
63	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	749.79									X	
67	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	749.79	00 15								X	
63	26540	REPAIR COLLATERAL LIGAMENT	699.34									X	
67	26540	REPAIR COLLATERAL LIGAMENT	699.34	00 15								X	
63	26541	RECONSTRUCT/GRAFT HAND JOINT	851.89									X	
67	26541	RECONSTRUCT/GRAFT HAND JOINT	851.89	00 15								X	
63	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	722.40										
67	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	722.40	00 15									
63	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	754.24									X	
67	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	754.24	00 15								X	
63	26546	REPAIR NON-UNION HAND	1,054.34										
67	26546	REPAIR NON-UNION HAND	1,054.34	00 15									
63	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	808.54									X	
67	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	808.54	00 15								X	
63	26550	CONSTRUCT THUMB REPLACEMENT	1,761.92									X	
67	26550	CONSTRUCT THUMB REPLACEMENT	1,761.92	00 15								X	
63	26551	GREAT TOE-HAND TRANSFER	3,573.48										
67	26551	GREAT TOE-HAND TRANSFER	3,573.48	00 15									
63	26553	SINGLE TOE-HAND TRANSFER	3,550.41										
67	26553	SINGLE TOE-HAND TRANSFER	3,550.41	00 15									
63	26554	DOUBLE TOE-HAND TRANSFER	4,147.19										
67	26554	DOUBLE TOE-HAND TRANSFER	4,147.19	00 15									
63	26555	POSITIONAL CHANGE OF FINGER	1,463.76										
67	26555	POSITIONAL CHANGE OF FINGER	1,463.76	00 15									
63	26556	TOE JOINT TRANSFER	3,685.83										
67	26556	TOE JOINT TRANSFER	3,685.83	00 15									
63	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	628.47									X	
67	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	628.47	00 15								X	
63	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,012.30									X	
67	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,012.30	00 15								X	
63	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,435.65									X	
67	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,435.65	00 15								X	
63	26565	CORRECT METACARPAL FLAW	719.51									X	
67	26565	CORRECT METACARPAL FLAW	719.51	00 15								X	
63	26567	CORRECT FINGER DEFORMITY	723.93									X	
67	26567	CORRECT FINGER DEFORMITY	723.93	00 15								X	
63	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	952.44										
67	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	952.44	00 15									
63	26580	REPAIR HAND DEFORMITY	1,624.40									X	

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	26580	REPAIR HAND DEFORMITY	1,624.40	00	15								X	
63	26587	REPAIR SUPERNUMERARY DIGIT	1,122.17										X	
67	26587	REPAIR SUPERNUMERARY DIGIT	1,122.17	00	15								X	
63	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,515.34										X	
67	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,515.34	00	15								X	
63	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	464.11										X	
67	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	464.11	00	15								X	
63	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	827.29											
67	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	827.29	00	15									
63	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	305.65										X	
67	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	305.65	00	15								X	
63	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	336.78										X	
67	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	336.78	00	15								X	
63	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	512.11										X	
67	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	512.11	00	15								X	
63	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	505.85											
67	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	505.85	00	15									
63	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	609.53										X	
67	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	609.53	00	15								X	
63	26641	TREAT THUMB DISLOCATION W/MANIPU	401.52										X	
67	26641	TREAT THUMB DISLOCATION W/MANIPU	401.52	00	15								X	
63	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	451.73										X	
67	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	451.73	00	15								X	
63	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	503.48										X	
67	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	503.48	00	15								X	
63	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	664.97										X	
67	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	664.97	00	15								X	
63	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	360.38											
67	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	360.38	00	15									
63	26675	TREAT HAND DISLOCATION W/ANESTHESIA	481.07											
67	26675	TREAT HAND DISLOCATION W/ANESTHESIA	481.07	00	15									
63	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	531.97											
67	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	531.97	00	15									
63	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	609.38											
67	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	609.38	00	15									
63	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	668.42											
67	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	668.42	00	15									
63	26700	TREAT KNUCKLE DISLOCATION	350.36											
67	26700	TREAT KNUCKLE DISLOCATION	350.36	00	15									
63	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	439.78											
67	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	439.78	00	15									
63	26706	PERC.PINNING,CLOSED METACARPOPHALANG	467.11											
67	26706	PERC.PINNING,CLOSED METACARPOPHALANG	467.11	00	15									
63	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	606.22											
67	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	606.22	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	26720	TREAT CLSD FX;W/O MANIP, EACH	203.67									X	
67	26720	TREAT CLSD FX;W/O MANIP, EACH	203.67	00 15								X	
63	26725	TREAT CLSD FX;W/ MANIP, EACH	354.18									X	
67	26725	TREAT CLSD FX;W/ MANIP, EACH	354.18	00 15								X	
63	26727	TREAT FX,MANIP,TRACT/FIX, EACH	496.43									X	
67	26727	TREAT FX,MANIP,TRACT/FIX, EACH	496.43	00 15								X	
63	26735	OPEN TREAT....W/W/O FIX, EACH	630.76									X	
67	26735	OPEN TREAT....W/W/O FIX, EACH	630.76	00 15								X	
63	26740	TREAT CLSD ART FX...W/O MANIP,EACH	237.67									X	
67	26740	TREAT CLSD ART FX...W/O MANIP,EACH	237.67	00 15								X	
63	26742	TREAT CLSD ART FX....W/ MANIP, EACH	389.55									X	
67	26742	TREAT CLSD ART FX....W/ MANIP, EACH	389.55	00 15								X	
63	26746	OPEN TX,CLSD/OPEN FX...EACH	791.85									X	
67	26746	OPEN TX,CLSD/OPEN FX...EACH	791.85	00 15								X	
63	26750	TREAT CLSD FX...W/O MANIP, EACH	192.66									X	
67	26750	TREAT CLSD FX...W/O MANIP, EACH	192.66	00 15								X	
63	26755	TREAT CLSD FX...W/ MANIP, EACH	331.20									X	
67	26755	TREAT CLSD FX...W/ MANIP, EACH	331.20	00 15								X	
63	26756	TREAT CLSD FX..;W/PERC PIN, EACH	441.81									X	
67	26756	TREAT CLSD FX..;W/PERC PIN, EACH	441.81	00 15								X	
63	26765	OPEN TX,CLSD/OPEN FX..;EACH	528.62									X	
67	26765	OPEN TX,CLSD/OPEN FX..;EACH	528.62	00 15								X	
63	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	295.75										
67	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	295.75	00 15									
63	26775	TRMT OF SAME W/ ANESTION	400.07										
67	26775	TRMT OF SAME W/ ANESTION	400.07	00 15									
63	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	469.15										
67	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	469.15	00 15									
63	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	577.87										
67	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	577.87	00 15									
63	26820	THUMB FUSION WITH GRAFT	841.10										
67	26820	THUMB FUSION WITH GRAFT	841.10	00 15									
63	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	770.26										
67	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	770.26	00 15									
63	26842	ARTHRODESIS OF THUMB W/ GRAFT	832.39									X	
67	26842	ARTHRODESIS OF THUMB W/ GRAFT	832.39	00 15								X	
63	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	788.28										
67	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	788.28	00 15									
63	26844	ARTHRODESIS OF DIGITS W/ GRAFT	875.35										
67	26844	ARTHRODESIS OF DIGITS W/ GRAFT	875.35	00 15									
63	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	735.37										
67	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	735.37	00 15									
63	26852	ARTHRODESIS KNUCKLE W/ GRAFT	845.50										
67	26852	ARTHRODESIS KNUCKLE W/ GRAFT	845.50	00 15									
63	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	596.37										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	596.37	00 15									
63	26861	ARTHRODESIS...EACH ADD JOINT	113.04									X	
67	26861	ARTHRODESIS...EACH ADD JOINT	113.04	00 15								X	
63	26862	FUSION/GRAFT OF FINGER JOINT	768.74										
67	26862	FUSION/GRAFT OF FINGER JOINT	768.74	00 15									
63	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	252.53									X	
67	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	252.53	00 15								X	
63	26910	AMPUTATE METACARPAL BONE	769.98									X	
67	26910	AMPUTATE METACARPAL BONE	769.98	00 15								X	
63	26951	AMPUTATION OF FINGER/THUMB	690.28									X	
67	26951	AMPUTATION OF FINGER/THUMB	690.28	00 15								X	
63	26952	WITH LOCAL ADVANCEMENT FLAPS	684.67									X	
67	26952	WITH LOCAL ADVANCEMENT FLAPS	684.67	00 15								X	
63	26990	DRAINAGE OF PELVIS LESION	696.46										
67	26990	DRAINAGE OF PELVIS LESION	696.46	00 15									
63	26991	DRAINAGE OF PELVIS BURSA	742.74										
67	26991	DRAINAGE OF PELVIS BURSA	742.74	00 15									
63	26992	DRAINAGE OF BONE LESION	1,064.25										
67	26992	DRAINAGE OF BONE LESION	1,064.25	00 15									
63	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	429.19										
67	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	429.19	00 15									
63	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	580.36										
67	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	580.36	00 15									
63	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	639.63										
67	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	639.63	00 15									
63	27005	TENOTOMY, ILIOPSOAS, OPEN	777.91										
67	27005	TENOTOMY, ILIOPSOAS, OPEN	777.91	00 15									
63	27006	TENOTOMY, ABDUCTORS, OPEN	768.49										
67	27006	TENOTOMY, ABDUCTORS, OPEN	768.49	00 15									
63	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	991.47										
67	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	991.47	00 15									
63	27027	INCISION OF TISSUE OF MUSCLE COMPART	966.12										
67	27027	INCISION OF TISSUE OF MUSCLE COMPART	966.12	00 15									
63	27030	ARTHROTOMY OF HIP FOR DRAINAGE	1,016.96										
67	27030	ARTHROTOMY OF HIP FOR DRAINAGE	1,016.96	00 15									
63	27033	HIP ARTHROTOMY FOR EXPLORATION	1,053.82										
67	27033	HIP ARTHROTOMY FOR EXPLORATION	1,053.82	00 15									
63	27035	DENERVATION OF HIP JOINT	1,206.53										
67	27035	DENERVATION OF HIP JOINT	1,206.53	00 15									
63	27036	EXCISION OF HIP JOINT/MUSCLE	1,092.76										
67	27036	EXCISION OF HIP JOINT/MUSCLE	1,092.76	00 15									
63	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	353.44										
67	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	353.44	00 15									
63	27041	DEEP BIOPSY OF SOFT TISSUES	754.19										
67	27041	DEEP BIOPSY OF SOFT TISSUES	754.19	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	512.15										
67	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	512.15	00 15									
63	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	805.44										
67	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	805.44	00 15									
63	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	506.68										
67	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	506.68	00 15									
63	27048	DEEP TUMOR EXCISION, HIP-PELVIS	662.49										
67	27048	DEEP TUMOR EXCISION, HIP-PELVIS	662.49	00 15									
63	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,471.51										
67	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,471.51	00 15									
63	27050	BIOPSY OF SACROILLIAC JOINT	425.92										
67	27050	BIOPSY OF SACROILLIAC JOINT	425.92	00 15									
63	27052	BIOPSY OF HIP JOINT	616.96										
67	27052	BIOPSY OF HIP JOINT	616.96	00 15									
63	27054	REMOVAL OF HIP JOINT LINING	736.88										
67	27054	REMOVAL OF HIP JOINT LINING	736.88	00 15									
63	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,099.24										
67	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,099.24	00 15									
63	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,987.08										
67	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,987.08	00 15									
63	27060	REMOVAL OF ISCHIAL BURSA	495.86										
67	27060	REMOVAL OF ISCHIAL BURSA	495.86	00 15									
63	27062	EXCISION TROCHANTERIC BURSA	484.27										
67	27062	EXCISION TROCHANTERIC BURSA	484.27	00 15									
63	27065	EXCISION OF BONE CYST OR BENIGN TUMO	554.69										
67	27065	EXCISION OF BONE CYST OR BENIGN TUMO	554.69	00 15									
63	27066	EXCISION OF BONE CYST OR BENIGN TUMO	872.03										
67	27066	EXCISION OF BONE CYST OR BENIGN TUMO	872.03	00 15									
63	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,118.51										
67	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,118.51	00 15									
63	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	940.23										
67	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	940.23	00 15									
63	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,012.77										
67	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,012.77	00 15									
63	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,287.21										
67	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,287.21	00 15									
63	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,773.58										
67	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,773.58	00 15									
63	27077	INNOMINATE BONE-TOTAL	3,097.69										
67	27077	INNOMINATE BONE-TOTAL	3,097.69	00 15									
63	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,253.96										
67	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,253.96	00 15									
63	27080	COCCYGECTOMY	553.35										
67	27080	COCCYGECTOMY	553.35	00 15									
63	27086	REMOVE HIP FOREIGN BODY	310.64										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	27086	REMOVE HIP FOREIGN BODY	310.64	00 15									
63	27087	DEEP ODY	666.99										
67	27087	DEEP ODY	666.99	00 15									
63	27090	REMOVAL OF HIP PROSTHESIS	897.37										
67	27090	REMOVAL OF HIP PROSTHESIS	897.37	00 15									
63	27091	COMPLICATED HESIS	1,739.43										
67	27091	COMPLICATED HESIS	1,739.43	00 15									
63	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	217.69										
67	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	217.69	00 15									
63	27095	WITH ANES RAY	292.23										
67	27095	WITH ANES RAY	292.23	00 15									
63	27096	INJECTION PROCEDURE FOR SACROILIAC J	164.22										
67	27096	INJECTION PROCEDURE FOR SACROILIAC J	164.22	00 15									
63	27097	HAMSTRING RECESSION PROXIMAL	733.87										
67	27097	HAMSTRING RECESSION PROXIMAL	733.87	00 15									
63	27098	ADDUCTOR TRANSFER TO ISCHIUM	745.72										
67	27098	ADDUCTOR TRANSFER TO ISCHIUM	745.72	00 15									
63	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	891.08										
67	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	891.08	00 15									
63	27105	TRANSFER PARASPINAL MUSCLE TO HIP	935.13										
67	27105	TRANSFER PARASPINAL MUSCLE TO HIP	935.13	00 15									
63	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,048.63										
67	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,048.63	00 15									
63	27111	TO FEMORAL NECK S MUSCLE	972.31										
67	27111	TO FEMORAL NECK S MUSCLE	972.31	00 15									
63	27120	ACETABULOPLASTY P SOCKET	1,411.00										
67	27120	ACETABULOPLASTY P SOCKET	1,411.00	00 15									
63	27122	RESECTION FEMORAL HEAD	1,193.26										
67	27122	RESECTION FEMORAL HEAD	1,193.26	00 15									
63	27125	HEMIARTHROPLASTY; PROSTHESIS	1,227.60										
67	27125	HEMIARTHROPLASTY; PROSTHESIS	1,227.60	00 15									
63	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,477.65										
67	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,477.65	00 15									
63	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,826.13										
67	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,826.13	00 15									
63	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,094.29										
67	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,094.29	00 15									
63	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,605.61										
67	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,605.61	00 15									
63	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,669.50										
67	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,669.50	00 15									
63	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	967.36										
67	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	967.36	00 15									
63	27146	OSTEOTOMY, ILIAC	1,387.84										
67	27146	OSTEOTOMY, ILIAC	1,387.84	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27147	WITH OPEN REDUCTION OF HIP	1,595.37										
67	27147	WITH OPEN REDUCTION OF HIP	1,595.37	00 15									
63	27151	WITH FEMORAL OSTEOTOMY	1,728.15										
67	27151	WITH FEMORAL OSTEOTOMY	1,728.15	00 15									
63	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,865.05										
67	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,865.05	00 15									
63	27158	OSTEOTOMY, PELVIS, BILATERAL	1,523.83										
67	27158	OSTEOTOMY, PELVIS, BILATERAL	1,523.83	00 15									
63	27161	INCISION OF NECK OF FEMUR	1,323.10										
67	27161	INCISION OF NECK OF FEMUR	1,323.10	00 15									
63	27165	INCISION/FIXATION OF FEMUR	1,489.34										
67	27165	INCISION/FIXATION OF FEMUR	1,489.34	00 15									
63	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,277.57										
67	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,277.57	00 15									
63	27175	TREAT SLIPPED EPIPHYSIS	719.16										
67	27175	TREAT SLIPPED EPIPHYSIS	719.16	00 15									
63	27176	BY SINGLE OR MULITPLE PINNING, IN SI	992.87										
67	27176	BY SINGLE OR MULITPLE PINNING, IN SI	992.87	00 15									
63	27177	REPAIR SLIPPED EPIPHYSIS	1,206.03										
67	27177	REPAIR SLIPPED EPIPHYSIS	1,206.03	00 15									
63	27178	CLOSED MANIPULATION YSIS	992.87										
67	27178	CLOSED MANIPULATION YSIS	992.87	00 15									
63	27179	OSTEOPLASTY OF FEMORAL NECK	1,057.42										
67	27179	OSTEOPLASTY OF FEMORAL NECK	1,057.42	00 15									
63	27181	OSTEOTOMY & INTERNAL FIXATION	1,212.80										
67	27181	OSTEOTOMY & INTERNAL FIXATION	1,212.80	00 15									
63	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	772.13										
67	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	772.13	00 15									
63	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,076.54										
67	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,076.54	00 15									
63	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	135.53										
67	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	135.53	00 15									
63	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	331.54										
67	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	331.54	00 15									
63	27200	TRMT OF CLOSED COCCYGEAL FX	193.65										
67	27200	TRMT OF CLOSED COCCYGEAL FX	193.65	00 15									
63	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	570.30										
67	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	570.30	00 15									
63	27220	TREAT HIP SOCKET FRACTURE	459.11										
67	27220	TREAT HIP SOCKET FRACTURE	459.11	00 15									
63	27222	WITH MANIPULATION CTURE	1,053.59										
67	27222	WITH MANIPULATION CTURE	1,053.59	00 15									
63	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,146.19										
67	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,146.19	00 15									
63	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,803.59										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,803.59	00 15									
63	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	2,051.98										
67	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	2,051.98	00 15									
63	27230	TRMT OF CLOSED FEMORAL FX	511.67										
67	27230	TRMT OF CLOSED FEMORAL FX	511.67	00 15									
63	27232	WITH MANIPULATION MUR	817.04									X	
67	27232	WITH MANIPULATION MUR	817.04	00 15								X	
63	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	981.77										
67	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	981.77	00 15									
63	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,295.88										
67	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,295.88	00 15									
63	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	494.19										
67	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	494.19	00 15									
63	27240	WITH MANIPULATION RACTURE	1,031.87										
67	27240	WITH MANIPULATION RACTURE	1,031.87	00 15									
63	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,334.46										
67	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,334.46	00 15									
63	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,332.68										
67	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,332.68	00 15									
63	27246	TRMT OF CLOSED GREATER TROCHANTERIC	413.18										
67	27246	TRMT OF CLOSED GREATER TROCHANTERIC	413.18	00 15									
63	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	808.12										
67	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	808.12	00 15									
63	27250	TREAT HIP DISLOCATION	208.56										
67	27250	TREAT HIP DISLOCATION	208.56	00 15									
63	27252	REQUIRING ANES N	818.29										
67	27252	REQUIRING ANES N	818.29	00 15									
63	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	1,020.00										
67	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	1,020.00	00 15									
63	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,383.40										
67	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,383.40	00 15									
63	27256	TRMT OF CONGENITAL HIP DISLOCATION	328.15										
67	27256	TRMT OF CONGENITAL HIP DISLOCATION	328.15	00 15									
63	27257	WITH MANIPULATION REQUIRING ANES	392.16										
67	27257	WITH MANIPULATION REQUIRING ANES	392.16	00 15									
63	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,203.70										
67	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,203.70	00 15									
63	27259	W/ FEMORAL SHAFT SHORTENING	1,683.27										
67	27259	W/ FEMORAL SHAFT SHORTENING	1,683.27	00 15									
63	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	432.52										
67	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	432.52	00 15									
63	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	624.42										
67	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	624.42	00 15									
63	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	465.09										
67	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	465.09	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	580.26										
67	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	580.26	00 15									
63	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,355.09										
67	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,355.09	00 15									
63	27275	MANIPULATION OF HIP JOINT	194.20										
67	27275	MANIPULATION OF HIP JOINT	194.20	00 15									
63	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	957.61										
67	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	957.61	00 15									
63	27280	FUSION OF SACROILIAC JOINT	1,491.29										
67	27280	FUSION OF SACROILIAC JOINT	1,491.29	00 15									
63	27282	FUSION OF PUBIC BONES	923.50										
67	27282	FUSION OF PUBIC BONES	923.50	00 15									
63	27284	FUSION OF HIP JOINT	1,759.91										
67	27284	FUSION OF HIP JOINT	1,759.91	00 15									
63	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,796.40										
67	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,796.40	00 15									
63	27290	AMPUTATION OF LEG AT HIP	1,768.44										
67	27290	AMPUTATION OF LEG AT HIP	1,768.44	00 15									
63	27295	DISARTICULATION OF HIP	1,377.38										
67	27295	DISARTICULATION OF HIP	1,377.38	00 15									
63	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	706.61										
67	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	706.61	00 15									
63	27303	INCISION, DEEP W/ OPENING OF BONE CO	688.76										
67	27303	INCISION, DEEP W/ OPENING OF BONE CO	688.76	00 15									
63	27305	FASCIOTOMY & FASCIA	513.86										
67	27305	FASCIOTOMY & FASCIA	513.86	00 15									
63	27306	TENOTOMY, SINGLE NDON	362.22										
67	27306	TENOTOMY, SINGLE NDON	362.22	00 15									
63	27307	MULTIPLE NDONS	512.29										
67	27307	MULTIPLE NDONS	512.29	00 15									
63	27310	ARTHROTOMY, KNEE JOINT	786.54										
67	27310	ARTHROTOMY, KNEE JOINT	786.54	00 15									
63	27323	BIOPSY THIGH SOFT TISSUES	282.63										
67	27323	BIOPSY THIGH SOFT TISSUES	282.63	00 15									
63	27324	BIOPSY THIGH SOFT TISSUES	432.25										
67	27324	BIOPSY THIGH SOFT TISSUES	432.25	00 15									
63	27325	NEURECTOMY, HAMSTRING MUSCLE	599.52										
67	27325	NEURECTOMY, HAMSTRING MUSCLE	599.52	00 15									
63	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	551.82										
67	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	551.82	00 15									
63	27327	REMOVAL OF THIGH LESION	500.61										
67	27327	REMOVAL OF THIGH LESION	500.61	00 15									
63	27328	REMOVAL OF THIGH LESION	675.41										
67	27328	REMOVAL OF THIGH LESION	675.41	00 15									
63	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,137.42										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,137.42	00 15									
63	27330	BIOPSY KNEE JOINT LINING	437.51										
67	27330	BIOPSY KNEE JOINT LINING	437.51	00 15									
63	27331	EXPLORE/TREAT KNEE JOINT	506.14										
67	27331	EXPLORE/TREAT KNEE JOINT	506.14	00 15									
63	27332	REMOVAL OF KNEE CARTILAGE	690.05										
67	27332	REMOVAL OF KNEE CARTILAGE	690.05	00 15									
63	27333	REMOVAL OF KNEE CARTILAGE	627.25										
67	27333	REMOVAL OF KNEE CARTILAGE	627.25	00 15									
63	27334	REMOVE KNEE JOINT LINING	734.96										
67	27334	REMOVE KNEE JOINT LINING	734.96	00 15									
63	27335	REMOVE KNEE JOINT LINING	823.74										
67	27335	REMOVE KNEE JOINT LINING	823.74	00 15									
63	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	454.83										
67	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	454.83	00 15									
63	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	822.73										
67	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	822.73	00 15									
63	27340	REMOVAL OF KNEECAP BURSA	393.14										
67	27340	REMOVAL OF KNEECAP BURSA	393.14	00 15									
63	27345	REMOVAL OF CYST OF MEMBRANE COVERING	515.51										
67	27345	REMOVAL OF CYST OF MEMBRANE COVERING	515.51	00 15									
63	27347	REMOVE KNEE CYST	562.22										
67	27347	REMOVE KNEE CYST	562.22	00 15									
63	27350	REMOVAL OF KNEECAP	699.55										
67	27350	REMOVAL OF KNEECAP	699.55	00 15									
63	27355	REMOVE FEMUR LESION	648.22										
67	27355	REMOVE FEMUR LESION	648.22	00 15									
63	27356	REMOVE FEMUR LESION/GRAFT	794.67										
67	27356	REMOVE FEMUR LESION/GRAFT	794.67	00 15									
63	27357	REMOVE FEMUR LESION/GRAFT	877.67										
67	27357	REMOVE FEMUR LESION/GRAFT	877.67	00 15									
63	27358	WITH INTERNAL FIXATION	306.14										
67	27358	WITH INTERNAL FIXATION	306.14	00 15									
63	27360	PARTIAL REMOVAL LEG BONE(S)	939.82										
67	27360	PARTIAL REMOVAL LEG BONE(S)	939.82	00 15									
63	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,712.05										
67	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,712.05	00 15									
63	27365	EXTENSIVE LEG SURGERY	2,253.43										
67	27365	EXTENSIVE LEG SURGERY	2,253.43	00 15									
63	27369	INJECTION PROCEDURE FOR CONTRAST KNE	155.97										
67	27369	INJECTION PROCEDURE FOR CONTRAST KNE	155.97	00 15									
63	27372	REMOVAL OF FOREIGN BODY	620.77										
67	27372	REMOVAL OF FOREIGN BODY	620.77	00 15									
63	27380	REPAIR OF KNEECAP TENDON	646.50										
67	27380	REPAIR OF KNEECAP TENDON	646.50	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27381	REPAIR/GRAFT KNEECAP TENDON	867.20										
67	27381	REPAIR/GRAFT KNEECAP TENDON	867.20	00 15									
63	27385	REPAIR OF THIGH MUSCLE	623.81										
67	27385	REPAIR OF THIGH MUSCLE	623.81	00 15									
63	27386	REPAIR/GRAFT OF THIGH MUSCLE	905.29										
67	27386	REPAIR/GRAFT OF THIGH MUSCLE	905.29	00 15									
63	27390	INCISION OF THIGH TENDON	477.08										
67	27390	INCISION OF THIGH TENDON	477.08	00 15									
63	27391	INCISION OF THIGH TENDONS	603.81										
67	27391	INCISION OF THIGH TENDONS	603.81	00 15									
63	27392	INCISION OF THIGH TENDONS	765.56										
67	27392	INCISION OF THIGH TENDONS	765.56	00 15									
63	27393	LENGTHENING OF THIGH TENDON	544.71										
67	27393	LENGTHENING OF THIGH TENDON	544.71	00 15									
63	27394	LENGTHENING OF THIGH TENDONS	702.41										
67	27394	LENGTHENING OF THIGH TENDONS	702.41	00 15									
63	27395	LENGTHENING OF THIGH TENDONS	948.58										
67	27395	LENGTHENING OF THIGH TENDONS	948.58	00 15									
63	27396	TRANSPLANT OF THIGH TENDON	660.96										
67	27396	TRANSPLANT OF THIGH TENDON	660.96	00 15									
63	27397	TRANSPLANTS OF THIGH TENDONS	985.69										
67	27397	TRANSPLANTS OF THIGH TENDONS	985.69	00 15									
63	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	746.10										
67	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	746.10	00 15									
63	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	690.26										
67	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	690.26	00 15									
63	27405	REPAIR OF KNEE LIGAMENT	725.10										
67	27405	REPAIR OF KNEE LIGAMENT	725.10	00 15									
63	27407	REPAIR OF KNEE LIGAMENT	855.42										
67	27407	REPAIR OF KNEE LIGAMENT	855.42	00 15									
63	27409	REPAIR OF KNEE LIGAMENTS	1,044.84										
67	27409	REPAIR OF KNEE LIGAMENTS	1,044.84	00 15									
63	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,793.70										
67	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,793.70	00 15									
63	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,487.80		X								
67	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,487.80	00 15	X								
63	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,061.71		X								
67	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,061.71	00 15	X								
63	27418	PLASTY FOR CHONDROMALACIA PATELLAE	892.05										
67	27418	PLASTY FOR CHONDROMALACIA PATELLAE	892.05	00 15									
63	27420	REVISION OF UNSTABLE KNEECAP	800.19										
67	27420	REVISION OF UNSTABLE KNEECAP	800.19	00 15									
63	27422	REVISION OF UNSTABLE KNEECAP	800.43										
67	27422	REVISION OF UNSTABLE KNEECAP	800.43	00 15									
63	27424	REVISION/REMOVAL OF KNEECAP	804.71										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	27424	REVISION/REMOVAL OF KNEECAP	804.71	00 15									
63	27425	LATERAL RETINACULAR RELEASE ANY METH	477.21										
67	27425	LATERAL RETINACULAR RELEASE ANY METH	477.21	00 15									
63	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	764.57										
67	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	764.57	00 15									
63	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,202.71										
67	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,202.71	00 15									
63	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,352.99										
67	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,352.99	00 15									
63	27430	REVISION OF THIGH MUSCLES	797.70										
67	27430	REVISION OF THIGH MUSCLES	797.70	00 15									
63	27435	INCISION OF KNEE JOINT	869.53										
67	27435	INCISION OF KNEE JOINT	869.53	00 15									
63	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	707.93										
67	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	707.93	00 15									
63	27438	REVISE KNEECAP WITH IMPLANT	908.71										
67	27438	REVISE KNEECAP WITH IMPLANT	908.71	00 15									
63	27440	REVISION OF KNEE JOINT	860.15										
67	27440	REVISION OF KNEE JOINT	860.15	00 15									
63	27441	REVISION OF KNEE JOINT	889.15										
67	27441	REVISION OF KNEE JOINT	889.15	00 15									
63	27442	REVISION OF KNEE JOINT	942.39										
67	27442	REVISION OF KNEE JOINT	942.39	00 15									
63	27443	REVISION OF KNEE JOINT	876.57										
67	27443	REVISION OF KNEE JOINT	876.57	00 15									
63	27445	REVISE KNEE JOINT, IMPLANT	1,363.70										
67	27445	REVISE KNEE JOINT, IMPLANT	1,363.70	00 15									
63	27446	TOTAL KNEE REPLACEMENT	1,260.06										
67	27446	TOTAL KNEE REPLACEMENT	1,260.06	00 15									
63	27447	TOTAL KNEE REPLACEMENT	1,475.67										
67	27447	TOTAL KNEE REPLACEMENT	1,475.67	00 15									
63	27448	INCISION OF FEMUR	886.59										
67	27448	INCISION OF FEMUR	886.59	00 15									
63	27450	INCISION OF FEMUR	1,097.97										
67	27450	INCISION OF FEMUR	1,097.97	00 15									
63	27454	REALIGNMENT OF FEMUR	1,406.98										
67	27454	REALIGNMENT OF FEMUR	1,406.98	00 15									
63	27455	REALIGNMENT OF KNEE	1,027.57										
67	27455	REALIGNMENT OF KNEE	1,027.57	00 15									
63	27457	REALIGNMENT OF KNEE	1,042.66										
67	27457	REALIGNMENT OF KNEE	1,042.66	00 15									
63	27465	SHORTENING OF FEMUR	1,359.39										
67	27465	SHORTENING OF FEMUR	1,359.39	00 15									
63	27466	LENGTHENING OF FEMUR	1,283.95										
67	27466	LENGTHENING OF FEMUR	1,283.95	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27468	REVISION OF FEMURS	1,458.18										
67	27468	REVISION OF FEMURS	1,458.18	00 15									
63	27470	REPAIR OF FEMUR	1,276.17										
67	27470	REPAIR OF FEMUR	1,276.17	00 15									
63	27472	REPAIR/GRAFT OF FEMUR	1,371.17										
67	27472	REPAIR/GRAFT OF FEMUR	1,371.17	00 15									
63	27475	REPAIR OF FEMUR EPIPHYSIS	711.74										
67	27475	REPAIR OF FEMUR EPIPHYSIS	711.74	00 15									
63	27477	REPAIR LOWER LEG EPIPHYSES	789.31										
67	27477	REPAIR LOWER LEG EPIPHYSES	789.31	00 15									
63	27479	REPAIR OF LEG EPIPHYSES	993.88										
67	27479	REPAIR OF LEG EPIPHYSES	993.88	00 15									
63	27485	REPAIR OF LEG EPIPHYSIS	721.52										
67	27485	REPAIR OF LEG EPIPHYSIS	721.52	00 15									
63	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,529.80										
67	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,529.80	00 15									
63	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,918.70										
67	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,918.70	00 15									
63	27488	REMOVAL OF KNEE PROSTHESIS	1,301.72										
67	27488	REMOVAL OF KNEE PROSTHESIS	1,301.72	00 15									
63	27495	PROPHYLACTIC TREAT. FEMUR	1,223.09										
67	27495	PROPHYLACTIC TREAT. FEMUR	1,223.09	00 15									
63	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	580.42										
67	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	580.42	00 15									
63	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	624.36										
67	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	624.36	00 15									
63	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	701.72										
67	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	701.72	00 15									
63	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	753.08										
67	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	753.08	00 15									
63	27500	TREATMENT OF FEMUR FRACTURE	552.96										
67	27500	TREATMENT OF FEMUR FRACTURE	552.96	00 15									
63	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	539.30										
67	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	539.30	00 15									
63	27502	TREATMENT OF FEMUR FRACTURE	824.72										
67	27502	TREATMENT OF FEMUR FRACTURE	824.72	00 15									
63	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	863.82										
67	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	863.82	00 15									
63	27506	REPAIR OF FEMUR FRACTURE	1,449.72										
67	27506	REPAIR OF FEMUR FRACTURE	1,449.72	00 15									
63	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,054.86										
67	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,054.86	00 15									
63	27508	TREATMENT OF FEMUR FRACTURE	554.81										
67	27508	TREATMENT OF FEMUR FRACTURE	554.81	00 15									
63	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	704.08										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	704.08	00 15									
63	27510	TREATMENT OF FEMUR FRACTURE	735.32										
67	27510	TREATMENT OF FEMUR FRACTURE	735.32	00 15									
63	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,087.31										
67	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,087.31	00 15									
63	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,355.07										
67	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,355.07	00 15									
63	27514	REPAIR OF FEMUR FRACTURE	1,052.87										
67	27514	REPAIR OF FEMUR FRACTURE	1,052.87	00 15									
63	27516	TREATMENT OF FEMUR EPIPHYSIS	539.03										
67	27516	TREATMENT OF FEMUR EPIPHYSIS	539.03	00 15									
63	27517	TREATMENT OF FEMUR EPIPHYSIS	736.66										
67	27517	TREATMENT OF FEMUR EPIPHYSIS	736.66	00 15									
63	27519	REPAIR OF FEMUR EPIPHYSIS	968.95										
67	27519	REPAIR OF FEMUR EPIPHYSIS	968.95	00 15									
63	27520	TREAT KNEECAP FRACTURE	334.27										
67	27520	TREAT KNEECAP FRACTURE	334.27	00 15									
63	27524	REPAIR OF KNEECAP FRACTURE	810.03										
67	27524	REPAIR OF KNEECAP FRACTURE	810.03	00 15									
63	27530	TREATMENT OF KNEE FRACTURE	313.05										
67	27530	TREATMENT OF KNEE FRACTURE	313.05	00 15									
63	27532	TREATMENT OF KNEE FRACTURE	655.15										
67	27532	TREATMENT OF KNEE FRACTURE	655.15	00 15									
63	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	975.43										
67	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	975.43	00 15									
63	27536	REPAIR OF KNEE FRACTURE	1,288.17										
67	27536	REPAIR OF KNEE FRACTURE	1,288.17	00 15									
63	27538	TREAT KNEE FRACTURE(S)	500.30										
67	27538	TREAT KNEE FRACTURE(S)	500.30	00 15									
63	27540	REPAIR OF KNEE FRACTURE	872.93										
67	27540	REPAIR OF KNEE FRACTURE	872.93	00 15									
63	27550	TREAT KNEE DISLOCATION	552.30										
67	27550	TREAT KNEE DISLOCATION	552.30	00 15									
63	27552	TREAT KNEE DISLOCATION	672.90										
67	27552	TREAT KNEE DISLOCATION	672.90	00 15									
63	27556	REPAIR OF KNEE DISLOCATION	953.39										
67	27556	REPAIR OF KNEE DISLOCATION	953.39	00 15									
63	27557	REPAIR OF KNEE DISLOCATION	1,140.35										
67	27557	REPAIR OF KNEE DISLOCATION	1,140.35	00 15									
63	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,302.23										
67	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,302.23	00 15									
63	27560	TREAT KNEECAP DISLOCATION	392.10										
67	27560	TREAT KNEECAP DISLOCATION	392.10	00 15									
63	27562	TREAT KNEECAP DISLOCATION	517.23										
67	27562	TREAT KNEECAP DISLOCATION	517.23	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27566	REPAIR KNEECAP DISLOCATION	966.31										
67	27566	REPAIR KNEECAP DISLOCATION	966.31	00 15									
63	27570	FIXATION OF KNEE JOINT	159.71										
67	27570	FIXATION OF KNEE JOINT	159.71	00 15									
63	27580	FUSION OF KNEE	1,579.86										
67	27580	FUSION OF KNEE	1,579.86	00 15									
63	27590	AMPUTATE LEG AT THIGH	883.43										
67	27590	AMPUTATE LEG AT THIGH	883.43	00 15									
63	27591	AMPUTATE LEG AT THIGH	1,045.48										
67	27591	AMPUTATE LEG AT THIGH	1,045.48	00 15									
63	27592	AMPUTATE LEG AT THIGH	747.10										
67	27592	AMPUTATE LEG AT THIGH	747.10	00 15									
63	27594	AMPUTATION FOLLOW-UP SURGERY	555.78										
67	27594	AMPUTATION FOLLOW-UP SURGERY	555.78	00 15									
63	27596	AMPUTATION FOLLOW-UP SURGERY	786.83										
67	27596	AMPUTATION FOLLOW-UP SURGERY	786.83	00 15									
63	27598	AMPUTATE LOWER LEG AT KNEE	783.05										
67	27598	AMPUTATE LOWER LEG AT KNEE	783.05	00 15									
63	27600	DECOMPRESSION OF LOWER LEG	440.74										
67	27600	DECOMPRESSION OF LOWER LEG	440.74	00 15									
63	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	479.29										
67	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	479.29	00 15									
63	27602	DECOMPRESSION OF LOWER LEG	535.04										
67	27602	DECOMPRESSION OF LOWER LEG	535.04	00 15									
63	27603	DRAIN LOWER LEG LESION	555.25										
67	27603	DRAIN LOWER LEG LESION	555.25	00 15									
63	27604	DRAIN LOWER LEG BURSA	491.78										
67	27604	DRAIN LOWER LEG BURSA	491.78	00 15									
63	27605	INCISION OF ACHILLES TENDON	349.41										
67	27605	INCISION OF ACHILLES TENDON	349.41	00 15									
63	27606	INCISION OF ACHILLES TENDON	298.08										
67	27606	INCISION OF ACHILLES TENDON	298.08	00 15									
63	27607	TREAT LOWER LEG BONE LESION	649.86										
67	27607	TREAT LOWER LEG BONE LESION	649.86	00 15									
63	27610	EXPLORE/TREAT ANKLE JOINT	696.11										
67	27610	EXPLORE/TREAT ANKLE JOINT	696.11	00 15									
63	27612	EXPLORATION OF ANKLE JOINT	596.54										
67	27612	EXPLORATION OF ANKLE JOINT	596.54	00 15									
63	27613	BIOPSY LOWER LEG SOFT TISSUE	257.84										
67	27613	BIOPSY LOWER LEG SOFT TISSUE	257.84	00 15									
63	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	601.22										
67	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	601.22	00 15									
63	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,118.36										
67	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,118.36	00 15									
63	27616	REMOVAL (5 CENTIMETERS OR GREATRE) T	1,392.31										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	1,392.31	00 15									
63	27618	REMOVE LOWER LEGLES ION	486.30										
67	27618	REMOVE LOWER LEGLES ION	486.30	00 15									
63	27619	REMOVE LOWER LEG LESION DEEP	496.07										
67	27619	REMOVE LOWER LEG LESION DEEP	496.07	00 15									
63	27620	BIOPSY OF ANKLE JOINT	476.85										
67	27620	BIOPSY OF ANKLE JOINT	476.85	00 15									
63	27625	REMOVE ANKLE JOINT LINING	618.73										
67	27625	REMOVE ANKLE JOINT LINING	618.73	00 15									
63	27626	REMOVE ANKLE JOINT LINING	649.25										
67	27626	REMOVE ANKLE JOINT LINING	649.25	00 15									
63	27630	REMOVAL OF TENDON LESION	566.22										
67	27630	REMOVAL OF TENDON LESION	566.22	00 15									
63	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	447.65										
67	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	447.65	00 15									
63	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	741.04										
67	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	741.04	00 15									
63	27635	REMOVE LOWER LEG BONE LESION	622.69										
67	27635	REMOVE LOWER LEG BONE LESION	622.69	00 15									
63	27637	REMOVE/GRAFT LEG BONE LESION	803.31										
67	27637	REMOVE/GRAFT LEG BONE LESION	803.31	00 15									
63	27638	REMOVE/GRAFT LEG BONE LESION	824.82										
67	27638	REMOVE/GRAFT LEG BONE LESION	824.82	00 15									
63	27640	PARTIAL REMOVAL OF TIBIA	896.95										
67	27640	PARTIAL REMOVAL OF TIBIA	896.95	00 15									
63	27641	PARTIAL REMOVAL OF FIBULA	712.37										
67	27641	PARTIAL REMOVAL OF FIBULA	712.37	00 15									
63	27645	EXTENSIVE LOWER LEG SURGERY	1,933.57										
67	27645	EXTENSIVE LOWER LEG SURGERY	1,933.57	00 15									
63	27646	EXTENSIVE LOWER LEG SURGERY	1,675.14										
67	27646	EXTENSIVE LOWER LEG SURGERY	1,675.14	00 15									
63	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,105.69										
67	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,105.69	00 15									
63	27648	INJECTION FOR ANKLE X-RAY	199.58										
67	27648	INJECTION FOR ANKLE X-RAY	199.58	00 15									
63	27650	REPAIR ACHILLES TENDON	702.14										
67	27650	REPAIR ACHILLES TENDON	702.14	00 15									
63	27652	REPAIR/GRAFT ACHILLES TENDON	714.78										
67	27652	REPAIR/GRAFT ACHILLES TENDON	714.78	00 15									
63	27654	REPAIR OF ACHILLES TENDON	763.18										
67	27654	REPAIR OF ACHILLES TENDON	763.18	00 15									
63	27656	REPAIR FASCIAL DEFECT OF LEG	650.60										
67	27656	REPAIR FASCIAL DEFECT OF LEG	650.60	00 15									
63	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	392.34									X	
67	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	392.34	00 15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	502.55									X	
67	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	502.55	00 15								X	
63	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	382.39									X	
67	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	382.39	00 15								X	
63	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	440.62									X	
67	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	440.62	00 15								X	
63	27675	REPAIR LOWER LEG TENDONS	524.96										
67	27675	REPAIR LOWER LEG TENDONS	524.96	00 15									
63	27676	REPAIR LOWER LEG TENDONS	641.57										
67	27676	REPAIR LOWER LEG TENDONS	641.57	00 15									
63	27680	RELEASE OF LOWER LEG TENDON	452.37										
67	27680	RELEASE OF LOWER LEG TENDON	452.37	00 15									
63	27681	TENOLYSIS....MULTIPLE, EACHS	552.55									X	
67	27681	TENOLYSIS....MULTIPLE, EACHS	552.55	00 15								X	
63	27685	REVISION OF LOWER LEG TENDON	685.33										
67	27685	REVISION OF LOWER LEG TENDON	685.33	00 15									
63	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	580.26									X	
67	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	580.26	00 15								X	
63	27687	REVISION OF CALF TENDON	484.46										
67	27687	REVISION OF CALF TENDON	484.46	00 15									
63	27690	REVISE LOWER LEG TENDON	682.01										
67	27690	REVISE LOWER LEG TENDON	682.01	00 15									
63	27691	REVISE LOWER LEG TENDON	796.89										
67	27691	REVISE LOWER LEG TENDON	796.89	00 15									
63	27692	EACH ADDITIONAL TENDON	114.79									X	
67	27692	EACH ADDITION TENDON	114.79	00 15								X	
63	27695	REPAIR OF ANKLE LIGAMENT	505.46										
67	27695	REPAIR OF ANKLE LIGAMENT	505.46	00 15									
63	27696	REPAIR OF ANKLE LIGAMENTS	598.58										
67	27696	REPAIR OF ANKLE LIGAMENTS	598.58	00 15									
63	27698	REPAIR OF ANKLE LIGAMENT	685.24										
67	27698	REPAIR OF ANKLE LIGAMENT	685.24	00 15									
63	27700	REVISION OF ANKLE JOINT	659.72										
67	27700	REVISION OF ANKLE JOINT	659.72	00 15									
63	27702	RECONSTRUCT ANKLE JOINT	1,043.00										
67	27702	RECONSTRUCT ANKLE JOINT	1,043.00	00 15									
63	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,209.22										
67	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,209.22	00 15									
63	27704	REMOVAL OF ANKLE IMPLANT	613.30										
67	27704	REMOVAL OF ANKLE IMPLANT	613.30	00 15									
63	27705	INCISION OF TIBIA	816.31										
67	27705	INCISION OF TIBIA	816.31	00 15									
63	27707	INCISION OF FIBULA	421.92										
67	27707	INCISION OF FIBULA	421.92	00 15									
63	27709	INCISION OF TIBIA & FIBULA	1,265.76										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	27709	INCISION OF TIBIA & FIBULA	1,265.76	00 15									
63	27712	REALIGNMENT OF LOWER LEG	1,192.01										
67	27712	REALIGNMENT OF LOWER LEG	1,192.01	00 15									
63	27715	REVISION OF LOWER LEG	1,160.71										
67	27715	REVISION OF LOWER LEG	1,160.71	00 15									
63	27720	REPAIR OF TIBIA	943.89										
67	27720	REPAIR OF TIBIA	943.89	00 15									
63	27722	REPAIR/GRAFT OF TIBIA	962.75										
67	27722	REPAIR/GRAFT OF TIBIA	962.75	00 15									
63	27724	REPAIR/GRAFT OF TIBIA	1,372.30										
67	27724	REPAIR/GRAFT OF TIBIA	1,372.30	00 15									
63	27725	REPAIR OF LOWER LEG	1,314.86										
67	27725	REPAIR OF LOWER LEG	1,314.86	00 15									
63	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,037.51										
67	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,037.51	00 15									
63	27727	REPAIR OF LOWER LEG	1,121.91										
67	27727	REPAIR OF LOWER LEG	1,121.91	00 15									
63	27730	REPAIR OF TIBIA EPIPHYSIS	628.57										
67	27730	REPAIR OF TIBIA EPIPHYSIS	628.57	00 15									
63	27732	REPAIR OF FIBULA EPIPHYSIS	478.29										
67	27732	REPAIR OF FIBULA EPIPHYSIS	478.29	00 15									
63	27734	REPAIR LOWER LEG EPIPHYSES	705.10										
67	27734	REPAIR LOWER LEG EPIPHYSES	705.10	00 15									
63	27740	REPAIR OF LEG EPIPHYSES	760.94										
67	27740	REPAIR OF LEG EPIPHYSES	760.94	00 15									
63	27742	REPAIR OF LEG EPIPHYSES	836.33										
67	27742	REPAIR OF LEG EPIPHYSES	836.33	00 15									
63	27750	TREATMENT OF TIBIA FRACTURE	358.93										
67	27750	TREATMENT OF TIBIA FRACTURE	358.93	00 15									
63	27752	TREATMENT OF TIBIA FRACTURE	566.98										
67	27752	TREATMENT OF TIBIA FRACTURE	566.98	00 15									
63	27756	REPAIR OF TIBIA FRACTURE	613.84										
67	27756	REPAIR OF TIBIA FRACTURE	613.84	00 15									
63	27758	REPAIR OF TIBIA FRACTURE	964.71										
67	27758	REPAIR OF TIBIA FRACTURE	964.71	00 15									
63	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,080.89										
67	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,080.89	00 15									
63	27760	CLTX MEDIAL ANKLE FX	345.38										
67	27760	CLTX MEDIAL ANKLE FX	345.38	00 15									
63	27762	CLTX MED ANKLE FX W/MNPJ	504.41										
67	27762	CLTX MED ANKLE FX W/MNPJ	504.41	00 15									
63	27766	REPAIR OF ANKLE FRACTURE	644.49										
67	27766	REPAIR OF ANKLE FRACTURE	644.49	00 15									
63	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	297.06										
67	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	297.06	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	468.87										
67	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	468.87	00 15									
63	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	784.89										
67	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	784.89	00 15									
63	27780	TREATMENT OF FIBULA FRACTURE	317.55										
67	27780	TREATMENT OF FIBULA FRACTURE	317.55	00 15									
63	27781	TREATMENT OF FIBULA FRACTURE	453.32										
67	27781	TREATMENT OF FIBULA FRACTURE	453.32	00 15									
63	27784	REPAIR OF FIBULA FRACTURE	762.48										
67	27784	REPAIR OF FIBULA FRACTURE	762.48	00 15									
63	27786	TREATMENT OF ANKLE FRACTURE	325.66										
67	27786	TREATMENT OF ANKLE FRACTURE	325.66	00 15									
63	27788	TREATMENT OF ANKLE FRACTURE	445.84										
67	27788	TREATMENT OF ANKLE FRACTURE	445.84	00 15									
63	27792	REPAIR OF ANKLE FRACTURE	692.80										
67	27792	REPAIR OF ANKLE FRACTURE	692.80	00 15									
63	27808	TREATMENT OF ANKLE FRACTURE	344.88										
67	27808	TREATMENT OF ANKLE FRACTURE	344.88	00 15									
63	27810	TREATMENT OF ANKLE FRACTURE	494.13										
67	27810	TREATMENT OF ANKLE FRACTURE	494.13	00 15									
63	27814	REPAIR OF ANKLE FRACTURE	824.12										
67	27814	REPAIR OF ANKLE FRACTURE	824.12	00 15									
63	27816	TREATMENT OF ANKLE FRACTURE	337.98										
67	27816	TREATMENT OF ANKLE FRACTURE	337.98	00 15									
63	27818	TREATMENT OF ANKLE FRACTURE	513.91										
67	27818	TREATMENT OF ANKLE FRACTURE	513.91	00 15									
63	27822	REPAIR OF ANKLE FRACTURE	924.41										
67	27822	REPAIR OF ANKLE FRACTURE	924.41	00 15									
63	27823	REPAIR OF ANKLE FRACTURE	1,049.69										
67	27823	REPAIR OF ANKLE FRACTURE	1,049.69	00 15									
63	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	331.24										
67	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	331.24	00 15									
63	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	579.49										
67	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	579.49	00 15									
63	27826	OPEN TREATMENT OF FRACTURE OF LOWER	908.25										
67	27826	OPEN TREATMENT OF FRACTURE OF LOWER	908.25	00 15									
63	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,190.39										
67	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,190.39	00 15									
63	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,420.96										
67	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,420.96	00 15									
63	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	745.26										
67	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	745.26	00 15									
63	27830	TREAT LOWER LEG DISLOCATION	404.44										
67	27830	TREAT LOWER LEG DISLOCATION	404.44	00 15									
63	27831	TREAT LOWER LEG DISLOCATION	427.56										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	27831	TREAT LOWER LEG DISLOCATION	427.56	00 15									
63	27832	REPAIR LOWER LEG DISLOCATION	811.86										
67	27832	REPAIR LOWER LEG DISLOCATION	811.86	00 15									
63	27840	TREAT ANKLE DISLOCATION	400.82										
67	27840	TREAT ANKLE DISLOCATION	400.82	00 15									
63	27842	TREAT ANKLE DISLOCATION	526.28										
67	27842	TREAT ANKLE DISLOCATION	526.28	00 15									
63	27846	REPAIR ANKLE DISLOCATION	768.68										
67	27846	REPAIR ANKLE DISLOCATION	768.68	00 15									
63	27848	REPAIR ANKLE DISLOCATION	861.88										
67	27848	REPAIR ANKLE DISLOCATION	861.88	00 15									
63	27860	FIXATION OF ANKLE JOINT	182.15										
67	27860	FIXATION OF ANKLE JOINT	182.15	00 15									
63	27870	FUSION OF ANKLE JOINT	1,105.16										
67	27870	FUSION OF ANKLE JOINT	1,105.16	00 15									
63	27871	FUSION OF TIBIOFIBULAR JOINT	740.20										
67	27871	FUSION OF TIBIOFIBULAR JOINT	740.20	00 15									
63	27880	AMPUTATION OF LOWER LEG	1,010.17										
67	27880	AMPUTATION OF LOWER LEG	1,010.17	00 15									
63	27881	AMPUTATION OF LOWER LEG	942.38										
67	27881	AMPUTATION OF LOWER LEG	942.38	00 15									
63	27882	AMPUTATION OF LOWER LEG	662.00										
67	27882	AMPUTATION OF LOWER LEG	662.00	00 15									
63	27884	AMPUTATION FOLLOW-UP SURGERY	627.52										
67	27884	AMPUTATION FOLLOW-UP SURGERY	627.52	00 15									
63	27886	AMPUTATION FOLLOW-UP SURGERY	717.85										
67	27886	AMPUTATION FOLLOW-UP SURGERY	717.85	00 15									
63	27888	AMPUTATION OF FOOT AT ANKLE	715.70										
67	27888	AMPUTATION OF FOOT AT ANKLE	715.70	00 15									
63	27889	AMPUTATION OF FOOT AT ANKLE	712.67										
67	27889	AMPUTATION OF FOOT AT ANKLE	712.67	00 15									
63	27892	DECOMPRESSION FASCIOTOMY, LEG;	595.33										
67	27892	DECOMPRESSION FASCIOTOMY, LEG;	595.33	00 15									
63	27893	DECOMPRESSION FASCIOTOMY, LEG;	653.49										
67	27893	DECOMPRESSION FASCIOTOMY, LEG;	653.49	00 15									
63	27894	DECOMPRESSION FASCIOTOMY, LEG;	916.11										
67	27894	DECOMPRESSION FASCIOTOMY, LEG;	916.11	00 15									
63	28001	DRAINAGE OF BURSA OF FOOT	288.63										
67	28001	DRAINAGE OF BURSA OF FOOT	288.63	00 15									
63	28002	TREATMENT OF FOOT INFECTION	463.19										
67	28002	TREATMENT OF FOOT INFECTION	463.19	00 15									
63	28003	TREATMENT OF FOOT INFECTION	736.03										
67	28003	TREATMENT OF FOOT INFECTION	736.03	00 15									
63	28005	TREAT FOOT BONE LESION	617.97										
67	28005	TREAT FOOT BONE LESION	617.97	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	28008	INCISION OF FOOT FASCIA	448.94										
67	28008	INCISION OF FOOT FASCIA	448.94	00 15									
63	28010	INCISION OF TOE TENDON	243.30										
67	28010	INCISION OF TOE TENDON	243.30	00 15									
63	28011	INCISION OF TOE TENDONS	332.20										
67	28011	INCISION OF TOE TENDONS	332.20	00 15									
63	28020	EXPLORATION OF A FOOT JOINT	555.87										
67	28020	EXPLORATION OF A FOOT JOINT	555.87	00 15									
63	28022	EXPLORATION OF A FOOT JOINT	504.01										
67	28022	EXPLORATION OF A FOOT JOINT	504.01	00 15									
63	28024	EXPLORATION OF A TOE JOINT	471.83										
67	28024	EXPLORATION OF A TOE JOINT	471.83	00 15									
63	28035	DECOMPRESSION OF TIBIA NERVE	544.88										
67	28035	DECOMPRESSION OF TIBIA NERVE	544.88	00 15									
63	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	516.65										
67	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	516.65	00 15									
63	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	485.55										
67	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	485.55	00 15									
63	28043	EXCISION OF FOOT LESION	405.97										
67	28043	EXCISION OF FOOT LESION	405.97	00 15									
63	28045	EXCISION OF FOOT LESION	506.50										
67	28045	EXCISION OF FOOT LESION	506.50	00 15									
63	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	773.57										
67	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	773.57	00 15									
63	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,131.37										
67	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,131.37	00 15									
63	28050	BIOPSY OF FOOT JOINT LINING	436.06										
67	28050	BIOPSY OF FOOT JOINT LINING	436.06	00 15									
63	28052	BIOPSY OF FOOT JOINT LINING	458.99										
67	28052	BIOPSY OF FOOT JOINT LINING	458.99	00 15									
63	28054	BIOPSY OF TOE JOINT LINING	383.51										
67	28054	BIOPSY OF TOE JOINT LINING	383.51	00 15									
63	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	413.54										
67	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	413.54	00 15									
63	28060	PARTIAL REMOVAL FOOT FASCIA	541.53										
67	28060	PARTIAL REMOVAL FOOT FASCIA	541.53	00 15									
63	28062	REMOVAL OF FOOT FASCIA	605.96										
67	28062	REMOVAL OF FOOT FASCIA	605.96	00 15									
63	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	547.62									X	
67	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	547.62	00 15								X	
63	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	503.45									X	
67	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	503.45	00 15								X	
63	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	541.58									X	
67	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	541.58	00 15								X	
63	28086	EXCISE FOOT TENDON SHEATH	554.28										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	28086	EXCISE FOOT TENDON SHEATH	554.28	00 15									
63	28088	EXCISE FOOT TENDON SHEATH	446.38										
67	28088	EXCISE FOOT TENDON SHEATH	446.38	00 15									
63	28090	REMOVAL OF FOOT LESION	482.52										
67	28090	REMOVAL OF FOOT LESION	482.52	00 15									
63	28092	REMOVAL OF TOE LESIONS	434.82										
67	28092	REMOVAL OF TOE LESIONS	434.82	00 15									
63	28100	REMOVAL OF ANKLE/HEEL LESION	632.69										
67	28100	REMOVAL OF ANKLE/HEEL LESION	632.69	00 15									
63	28102	REMOVE/GRAFT FOOT LESION	650.88										
67	28102	REMOVE/GRAFT FOOT LESION	650.88	00 15									
63	28103	REMOVE/GRAFT FOOT LESION	417.38										
67	28103	REMOVE/GRAFT FOOT LESION	417.38	00 15									
63	28104	REMOVAL OF FOOT LESION	547.72										
67	28104	REMOVAL OF FOOT LESION	547.72	00 15									
63	28106	REMOVE/GRAFT FOOT LESION	458.36										
67	28106	REMOVE/GRAFT FOOT LESION	458.36	00 15									
63	28107	REMOVE/GRAFT FOOT LESION	530.74										
67	28107	REMOVE/GRAFT FOOT LESION	530.74	00 15									
63	28108	REMOVAL OF TOE LESIONS	452.70										
67	28108	REMOVAL OF TOE LESIONS	452.70	00 15									
63	28110	PART REMOVAL OF METATARSAL	476.37										
67	28110	PART REMOVAL OF METATARSAL	476.37	00 15									
63	28111	PART REMOVAL OF METATARSAL	507.17										
67	28111	PART REMOVAL OF METATARSAL	507.17	00 15									
63	28112	PART REMOVAL OF METATARSAL	503.36										
67	28112	PART REMOVAL OF METATARSAL	503.36	00 15									
63	28113	PART REMOVAL OF METATARSAL	608.32										
67	28113	PART REMOVAL OF METATARSAL	608.32	00 15									
63	28114	REMOVAL OF METATARSAL HEADS	1,106.46										
67	28114	REMOVAL OF METATARSAL HEADS	1,106.46	00 15									
63	28116	REVISION OF FOOT	799.71										
67	28116	REVISION OF FOOT	799.71	00 15									
63	28118	PARTIAL REMOVAL OF HEEL	623.96										
67	28118	PARTIAL REMOVAL OF HEEL	623.96	00 15									
63	28119	REMOVAL OF HEEL SPUR	543.19										
67	28119	REMOVAL OF HEEL SPUR	543.19	00 15									
63	28120	PART REMOVAL OF ANKLE/HEEL	706.27										
67	28120	PART REMOVAL OF ANKLE/HEEL	706.27	00 15									
63	28122	PARTIAL REMOVAL OF FOOT BONE	620.54										
67	28122	PARTIAL REMOVAL OF FOOT BONE	620.54	00 15									
63	28124	PARTIAL REMOVAL OF TOE	494.97										
67	28124	PARTIAL REMOVAL OF TOE	494.97	00 15									
63	28126	CONDYLECTOMY...SING. TOE, EACH	403.58									X	
67	28126	CONDYLECTOMY...SING. TOE, EACH	403.58	00 15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	28130	REMOVAL OF ANKLE BONE	676.37										
67	28130	REMOVAL OF ANKLE BONE	676.37	00 15									
63	28140	REMOVAL OF METATARSAL	618.90										
67	28140	REMOVAL OF METATARSAL	618.90	00 15									
63	28150	PHALANGECTOMY,TOE, SINGLE, EACH	435.60									X	
67	28150	PHALANGECTOMY,TOE, SINGLE, EACH	435.60	00 15								X	
63	28153	PARTIAL REMOVAL OF TOE	424.98										
67	28153	PARTIAL REMOVAL OF TOE	424.98	00 15									
63	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	427.39									X	
67	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	427.39	00 15								X	
63	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,205.97										
67	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,205.97	00 15									
63	28173	RADICAL RESECTION FOR TUMOR,METATARS	797.95										
67	28173	RADICAL RESECTION FOR TUMOR,METATARS	797.95	00 15									
63	28175	RADICAL RESECTION FOR TUMOR PHALANX	507.43										
67	28175	RADICAL RESECTION FOR TUMOR PHALANX	507.43	00 15									
63	28190	REMOVAL OF FOOT FOREIGN BODY	257.55										
67	28190	REMOVAL OF FOOT FOREIGN BODY	257.55	00 15									
63	28192	REMOVAL OF FOOT FOREIGN BODY	484.40										
67	28192	REMOVAL OF FOOT FOREIGN BODY	484.40	00 15									
63	28193	REMOVAL OF FOOT FOREIGN BODY	550.50										
67	28193	REMOVAL OF FOOT FOREIGN BODY	550.50	00 15									
63	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	509.75									X	
67	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	509.75	00 15								X	
63	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	630.65									X	
67	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	630.65	00 15								X	
63	28208	REP/SUT TEND....EACH TENDON	497.22									X	
67	28208	REP/SUT TEND....EACH TENDON	497.22	00 15								X	
63	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	613.35									X	
67	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	613.35	00 15								X	
63	28220	RELEASE OF FOOT TENDON	466.80										
67	28220	RELEASE OF FOOT TENDON	466.80	00 15									
63	28222	RELEASE OF FOOT TENDONS	539.39										
67	28222	RELEASE OF FOOT TENDONS	539.39	00 15									
63	28225	RELEASE OF FOOT TENDON	429.70										
67	28225	RELEASE OF FOOT TENDON	429.70	00 15									
63	28226	RELEASE OF FOOT TENDONS	631.38										
67	28226	RELEASE OF FOOT TENDONS	631.38	00 15									
63	28230	INCISION OF FOOT TENDON(S)	449.74										
67	28230	INCISION OF FOOT TENDON(S)	449.74	00 15									
63	28232	INCISION OF TOE TENDON	395.27										
67	28232	INCISION OF TOE TENDON	395.27	00 15									
63	28234	INCISION OF FOOT TENDON	419.78										
67	28234	INCISION OF FOOT TENDON	419.78	00 15									
63	28238	REVISION OF FOOT TENDON	696.58										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	28238	REVISION OF FOOT TENDON	696.58	00 15									
63	28240	RELEASE OF BIG TOE	463.21										
67	28240	RELEASE OF BIG TOE	463.21	00 15									
63	28250	REVISION OF FOOT FASCIA	604.12										
67	28250	REVISION OF FOOT FASCIA	604.12	00 15									
63	28260	RELEASE OF MIDFOOT JOINT	733.96										
67	28260	RELEASE OF MIDFOOT JOINT	733.96	00 15									
63	28261	REVISION OF FOOT TENDON	1,266.36										
67	28261	REVISION OF FOOT TENDON	1,266.36	00 15									
63	28262	REVISION OF FOOT AND ANKLE	1,486.46										
67	28262	REVISION OF FOOT AND ANKLE	1,486.46	00 15									
63	28264	RELEASE OF MIDFOOT JOINT	1,063.70										
67	28264	RELEASE OF MIDFOOT JOINT	1,063.70	00 15									
63	28270	CAPSULOTOMY...EACH JOINT	509.47									X	
67	28270	CAPSULOTOMY...EACH JOINT	509.47	00 15								X	
63	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	402.08									X	
67	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	402.08	00 15								X	
63	28280	FUSION OF TOES	532.96										
67	28280	FUSION OF TOES	532.96	00 15									
63	28285	REVISION OF HAMMERTOE	556.23									X	
67	28285	REVISION OF HAMMERTOE	556.23	00 15								X	
63	28286	REVISION OF HAMMERTOE	462.16										
67	28286	REVISION OF HAMMERTOE	462.16	00 15									
63	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	629.73									X	
67	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	629.73	00 15								X	
63	28289	REPAIR HALLUX RIGIDUS	737.68										
67	28289	REPAIR HALLUX RIGIDUS	737.68	00 15									
63	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	758.40										
67	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	758.40	00 15									
63	28292	CORRECTION OF BUNION	749.45										
67	28292	CORRECTION OF BUNION	749.45	00 15									
63	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,015.81										
67	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,015.81	00 15									
63	28296	CORRECTION OF BUNION	932.20										
67	28296	CORRECTION OF BUNION	932.20	00 15									
63	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,080.05										
67	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,080.05	00 15									
63	28298	CORRECTION OF BUNION	868.10										
67	28298	CORRECTION OF BUNION	868.10	00 15									
63	28299	CORRECTION OF BUNION	1,038.38										
67	28299	CORRECTION OF BUNION	1,038.38	00 15									
63	28300	INCISION OF HEEL BONE	700.11										
67	28300	INCISION OF HEEL BONE	700.11	00 15									
63	28302	INCISION OF ANKLE BONE	769.74										
67	28302	INCISION OF ANKLE BONE	769.74	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	28304	INCISION OF MIDFOOT BONES	857.94										
67	28304	INCISION OF MIDFOOT BONES	857.94	00 15									
63	28305	INCISE/GRAFT MIDFOOT BONES	719.89										
67	28305	INCISE/GRAFT MIDFOOT BONES	719.89	00 15									
63	28306	INCISION OF METATARSAL	628.66										
67	28306	INCISION OF METATARSAL	628.66	00 15									
63	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	643.52										
67	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	643.52	00 15									
63	28308	INCISION OF METATARSAL	588.48									X	
67	28308	INCISION OF METATARSAL	588.48	00 15								X	
63	28309	INCISION OF METATARSALS	953.54										
67	28309	INCISION OF METATARSALS	953.54	00 15									
63	28310	REVISION OF BIG TOE	566.41										
67	28310	REVISION OF BIG TOE	566.41	00 15									
63	28312	REVISION OF TOE	517.52										
67	28312	REVISION OF TOE	517.52	00 15									
63	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	543.10									X	
67	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	543.10	00 15								X	
63	28315	SESAMOIDECTOMY FIRST TOE	499.34										
67	28315	SESAMOIDECTOMY FIRST TOE	499.34	00 15									
63	28320	REPAIR OF FOOT BONES	657.93										
67	28320	REPAIR OF FOOT BONES	657.93	00 15									
63	28322	REPAIR OF METATARSALS	818.63										
67	28322	REPAIR OF METATARSALS	818.63	00 15									
63	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	599.81									X	
67	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	599.81	00 15								X	
63	28341	SEE 28340;REQUIRING BONE RESECTION	697.38									X	
67	28341	SEE 28340;REQUIRING BONE RESECTION	697.38	00 15								X	
63	28344	RECONSTRUCT TOE;POLYDATYLY	438.80									X	
67	28344	RECONSTRUCT TOE;POLYDATYLY	438.80	00 15								X	
63	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	540.74									X	
67	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	540.74	00 15								X	
63	28360	RECONSTRUCT CLEFT FOOT	1,175.18										
67	28360	RECONSTRUCT CLEFT FOOT	1,175.18	00 15									
63	28400	TREAT CLSD CALC FX;W/O MANIP	255.17										
67	28400	TREAT CLSD CALC FX;W/O MANIP	255.17	00 15									
63	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	406.24										
67	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	406.24	00 15									
63	28406	TREAT CLSD CALC FX,MANIP/FIXATION	572.58										
67	28406	TREAT CLSD CALC FX,MANIP/FIXATION	572.58	00 15									
63	28415	REPAIR OF HEEL FRACTURE	1,201.49										
67	28415	REPAIR OF HEEL FRACTURE	1,201.49	00 15									
63	28420	REPAIR/GRAFT HEEL FRACTURE	1,382.29										
67	28420	REPAIR/GRAFT HEEL FRACTURE	1,382.29	00 15									
63	28430	TREAT CLSD TALUS FX,W/O MANIP	246.36										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	28430	TREAT CLSD TALUS FX,W/O MANIP	246.36	00 15									
63	28435	TREAT CLSD TALUS FX,W/ MANIP	378.99										
67	28435	TREAT CLSD TALUS FX,W/ MANIP	378.99	00 15									
63	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	490.17										
67	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	490.17	00 15									
63	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,118.56										
67	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,118.56	00 15									
63	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,324.25		X								
67	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,324.25	00 15	X								
63	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	218.17									X	
67	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	218.17	00 15								X	
63	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	299.42									X	
67	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	299.42	00 15								X	
63	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	349.82									X	
67	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	349.82	00 15								X	
63	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	671.81									X	
67	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	671.81	00 15								X	
63	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	224.87									X	
67	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	224.87	00 15								X	
63	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	267.86									X	
67	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	267.86	00 15								X	
63	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	381.06									X	
67	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	381.06	00 15								X	
63	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	583.68									X	
67	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	583.68	00 15								X	
63	28490	TREAT BIG TOE FRACTURE	145.00										
67	28490	TREAT BIG TOE FRACTURE	145.00	00 15									
63	28495	TREAT BIG TOE FRACTURE	182.54										
67	28495	TREAT BIG TOE FRACTURE	182.54	00 15									
63	28496	TREAT CLSD FX GREAT TOE...PINNING	454.90									X	
67	28496	TREAT CLSD FX GREAT TOE...PINNING	454.90	00 15								X	
63	28505	REPAIR BIG TOE FRACTURE	692.33										
67	28505	REPAIR BIG TOE FRACTURE	692.33	00 15									
63	28510	TREAT CLSD FX....W/O MANIP,EACH	124.33									X	
67	28510	TREAT CLSD FX....W/O MANIP,EACH	124.33	00 15								X	
63	28515	TREAT CLSD FX...W/ MANIP., EACH	167.34									X	
67	28515	TREAT CLSD FX...W/ MANIP., EACH	167.34	00 15								X	
63	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	592.07									X	
67	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	592.07	00 15								X	
63	28530	TREAT CLOSED SESAMOID FRACTURE	118.04									X	
67	28530	TREAT CLOSED SESAMOID FRACTURE	118.04	00 15								X	
63	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	343.12										
67	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	343.12	00 15									
63	28540	TREAT FOOT DISLOCATION	200.62										
67	28540	TREAT FOOT DISLOCATION	200.62	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	28545	TREAT FOOT DISLOCATION	311.95										
67	28545	TREAT FOOT DISLOCATION	311.95	00 15									
63	28546	TREAT FOOT DISLOCATION	589.71										
67	28546	TREAT FOOT DISLOCATION	589.71	00 15									
63	28555	REPAIR FOOT DISLOCATION	894.88										
67	28555	REPAIR FOOT DISLOCATION	894.88	00 15									
63	28570	TREAT FOOT DISLOCATION	234.79										
67	28570	TREAT FOOT DISLOCATION	234.79	00 15									
63	28575	TREAT FOOT DISLOCATION	384.68										
67	28575	TREAT FOOT DISLOCATION	384.68	00 15									
63	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	410.00										
67	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	410.00	00 15									
63	28585	REPAIR FOOT DISLOCATION	910.21										
67	28585	REPAIR FOOT DISLOCATION	910.21	00 15									
63	28600	TREAT FOOT DISLOCATION	222.03										
67	28600	TREAT FOOT DISLOCATION	222.03	00 15									
63	28605	TREAT FOOT DISLOCATION	344.71										
67	28605	TREAT FOOT DISLOCATION	344.71	00 15									
63	28606	TREAT FOOT DISLOCATION	413.10										
67	28606	TREAT FOOT DISLOCATION	413.10	00 15									
63	28615	REPAIR FOOT DISLOCATION	864.60										
67	28615	REPAIR FOOT DISLOCATION	864.60	00 15									
63	28630	TREAT TOE DISLOCATION	163.44										
67	28630	TREAT TOE DISLOCATION	163.44	00 15									
63	28635	TREAT TOE DISLOCATION	182.39										
67	28635	TREAT TOE DISLOCATION	182.39	00 15									
63	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	321.62										
67	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	321.62	00 15									
63	28645	REPAIR TOE DISLOCATION	685.06										
67	28645	REPAIR TOE DISLOCATION	685.06	00 15									
63	28660	TREAT TOE DISLOCATION	124.60										
67	28660	TREAT TOE DISLOCATION	124.60	00 15									
63	28665	TREAT TOE DISLOCATION	160.89										
67	28665	TREAT TOE DISLOCATION	160.89	00 15									
63	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	176.92										
67	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	176.92	00 15									
63	28675	REPAIR OF TOE DISLOCATION	589.23										
67	28675	REPAIR OF TOE DISLOCATION	589.23	00 15									
63	28705	FUSION OF FOOT BONES	1,333.04										
67	28705	FUSION OF FOOT BONES	1,333.04	00 15									
63	28715	FUSION OF FOOT BONES	1,009.29										
67	28715	FUSION OF FOOT BONES	1,009.29	00 15									
63	28725	FUSION OF FOOT BONES	835.78										
67	28725	FUSION OF FOOT BONES	835.78	00 15									
63	28730	FUSION OF FOOT BONES	788.44										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	28730	FUSION OF FOOT BONES	788.44	00 15									
63	28735	FUSION OF FOOT BONES	835.72										
67	28735	FUSION OF FOOT BONES	835.72	00 15									
63	28737	REVISION OF FOOT BONES	741.28										
67	28737	REVISION OF FOOT BONES	741.28	00 15									
63	28740	FUSION OF FOOT BONES	877.28										
67	28740	FUSION OF FOOT BONES	877.28	00 15									
63	28750	FUSION OF BIG TOE JOINT	831.69										
67	28750	FUSION OF BIG TOE JOINT	831.69	00 15									
63	28755	FUSION OF BIG TOE JOINT	526.20										
67	28755	FUSION OF BIG TOE JOINT	526.20	00 15									
63	28760	FUSION OF BIG TOE JOINT	817.48										
67	28760	FUSION OF BIG TOE JOINT	817.48	00 15									
63	28800	AMPUTATION OF MIDFOOT	576.97										
67	28800	AMPUTATION OF MIDFOOT	576.97	00 15									
63	28805	AMPUTATION THRU METATARSAL	787.40										
67	28805	AMPUTATION THRU METATARSAL	787.40	00 15									
63	28810	AMPUTATION TOE & METATARSAL	463.53									X	
67	28810	AMPUTATION TOE & METATARSAL	463.53	00 15								X	
63	28820	AMPUTATION OF TOE	581.00									X	
67	28820	AMPUTATION OF TOE	581.00	00 15								X	
63	28825	PARTIAL AMPUTATION OF TOE	553.52									X	
67	28825	PARTIAL AMPUTATION OF TOE	553.52	00 15								X	
63	28890	HIGH ENERGY ESWT, PLANTAR F	329.94										
67	28890	HIGH ENERGY ESWT, PLANTAR F	329.94	00 15									
63	29000	APPLICATION OF BODY CAST	349.04										
67	29000	APPLICATION OF BODY CAST	349.04	00 15									
63	29010	APPLICATION OF BODY CAST	272.79										
67	29010	APPLICATION OF BODY CAST	272.79	00 15									
63	29015	APPLICATION OF BODY CAST	295.31										
67	29015	APPLICATION OF BODY CAST	295.31	00 15									
63	29035	APPLICATION OF BODY CAST	253.72										
67	29035	APPLICATION OF BODY CAST	253.72	00 15									
63	29040	APPLICATION OF BODY CAST	292.18										
67	29040	APPLICATION OF BODY CAST	292.18	00 15									
63	29044	APPLICATION OF BODY CAST	286.17										
67	29044	APPLICATION OF BODY CAST	286.17	00 15									
63	29046	APPLICATION OF BODY CAST	314.21										
67	29046	APPLICATION OF BODY CAST	314.21	00 15									
63	29049	APPLICATION OF SHOULDER CAST	100.81										
67	29049	APPLICATION OF SHOULDER CAST	100.81	00 15									
63	29055	APPLICATION OF SHOULDER CAST	223.07									X	
67	29055	APPLICATION OF SHOULDER CAST	223.07	00 15								X	
63	29058	APPLICATION OF SHOULDER CAST	128.34									X	
67	29058	APPLICATION OF SHOULDER CAST	128.34	00 15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	29065	APPLICATION OF LONG ARM CAST	97.40									X	
67	29065	APPLICATION OF LONG ARM CAST	97.40	00 15								X	
63	29075	APPLICATION OF FOREARM CAST	87.40									X	
67	29075	APPLICATION OF FOREARM CAST	87.40	00 15								X	
63	29085	APPLY HAND/WRIST CAST	96.58									X	
67	29085	APPLY HAND/WRIST CAST	96.58	00 15								X	
63	29086	APPLY FINGER CAST	79.05									X	
67	29086	APPLY FINGER CAST	79.05	00 15								X	
63	29105	APPLY LONG ARM SPLINT	83.49									X	
67	29105	APPLY LONG ARM SPLINT	83.49	00 15								X	
63	29125	APPLY FOREARM SPLINT	64.99									X	
67	29125	APPLY FOREARM SPLINT	64.99	00 15								X	
63	29126	APPLY FOREARM SPLINT	77.98									X	
67	29126	APPLY FOREARM SPLINT	77.98	00 15								X	
63	29130	APPLICATION OF FINGER SPLINT	43.41									X	
67	29130	APPLICATION OF FINGER SPLINT	43.41	00 15								X	
63	29131	APPLICATION OF FINGER SPLINT	53.77									X	
67	29131	APPLICATION OF FINGER SPLINT	53.77	00 15								X	
63	29200	STRAPPING OF CHEST	33.47										
67	29200	STRAPPING OF CHEST	33.47	00 15									
63	29240	STRAPPING OF SHOULDER	31.78									X	
67	29240	STRAPPING OF SHOULDER	31.78	00 15								X	
63	29260	STRAPPING OF ELBOW OR WRIST	31.25									X	
67	29260	STRAPPING OF ELBOW OR WRIST	31.25	00 15								X	
63	29280	STRAPPING OF HAND OR FINGER	32.20									X	
67	29280	STRAPPING OF HAND OR FINGER	32.20	00 15								X	
63	29305	APPLICATION OF HIP CAST	249.04										
67	29305	APPLICATION OF HIP CAST	249.04	00 15									
63	29325	APPLICATION OF HIP CASTS	276.55										
67	29325	APPLICATION OF HIP CASTS	276.55	00 15									
63	29345	APPLICATION OF LONG LEG CAST	140.23									X	
67	29345	APPLICATION OF LONG LEG CAST	140.23	00 15								X	
63	29355	APPLICATION OF LONG LEG CAST	147.04									X	
67	29355	APPLICATION OF LONG LEG CAST	147.04	00 15								X	
63	29358	APPLY LONG LEG CAST BRACE	162.77									X	
67	29358	APPLY LONG LEG CAST BRACE	162.77	00 15								X	
63	29365	APPLICATION OF LONG LEG CAST	125.82									X	
67	29365	APPLICATION OF LONG LEG CAST	125.82	00 15								X	
63	29405	APPLY SHORT LEG CAST	81.66									X	
67	29405	APPLY SHORT LEG CAST	81.66	00 15								X	
63	29425	APPLY SHORT LEG CAST	78.49									X	
67	29425	APPLY SHORT LEG CAST	78.49	00 15								X	
63	29435	APPLY SHORT LEG CAST	118.11									X	
67	29435	APPLY SHORT LEG CAST	118.11	00 15								X	
63	29440	ADDITION OF WALKER TO CAST	44.85									X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	29440	ADDITION OF WALKER TO CAST	44.85	00 15								X	
63	29445	APPLY RIGID LEG CAST	136.89										
67	29445	APPLY RIGID LEG CAST	136.89	00 15									
63	29450	APPLICATION OF LEG CAST	151.43										
67	29450	APPLICATION OF LEG CAST	151.43	00 15									
63	29505	APPLICATION LONG LEG SPLINT	86.07									X	
67	29505	APPLICATION LONG LEG SPLINT	86.07	00 15								X	
63	29515	APPLICATION LOWER LEG SPLINT	72.77									X	
67	29515	APPLICATION LOWER LEG SPLINT	72.77	00 15								X	
63	29520	STRAPPING OF HIP	35.83									X	
67	29520	STRAPPING OF HIP	35.83	00 15								X	
63	29530	STRAPPING OF KNEE	31.44									X	
67	29530	STRAPPING OF KNEE	31.44	00 15								X	
63	29540	STRAPPING OF ANKLE	29.56									X	
67	29540	STRAPPING OF ANKLE	29.56	00 15								X	
63	29550	STRAPPING OF TOES	19.66									X	
67	29550	STRAPPING OF TOES	19.66	00 15								X	
63	29580	APPLICATION OF PASTE BOOT	64.41									X	
67	29580	APPLICATION OF PASTE BOOT	64.41	00 15								X	
63	29581	APPLICATION OF MULTI-LAYER COMPRESSI	88.75									X	
67	29581	APPLICATION OF MULTI-LAYER COMPRESSI	88.75	00 15								X	
63	29584	APPLICATION OF MULTI-LAYER COMPRESSI	81.71										
67	29584	APPLICATION OF MULTI-LAYER COMPRESSI	81.71	00 15									
63	29700	REMOVAL/REVISION OF CAST	63.97										
67	29700	REMOVAL/REVISION OF CAST	63.97	00 15									
63	29705	REMOVAL/REVISION OF CAST	66.49										
67	29705	REMOVAL/REVISION OF CAST	66.49	00 15									
63	29710	REMOVAL/REVISION OF CAST	127.47										
67	29710	REMOVAL/REVISION OF CAST	127.47	00 15									
63	29720	REPAIR OF BODY CAST	85.29										
67	29720	REPAIR OF BODY CAST	85.29	00 15									
63	29730	WINDOWING OF CAST	64.42										
67	29730	WINDOWING OF CAST	64.42	00 15									
63	29740	WEDGING OF CAST	103.61										
67	29740	WEDGING OF CAST	103.61	00 15									
63	29750	WEDGING OF CLUBFOOT CAST	112.78										
67	29750	WEDGING OF CLUBFOOT CAST	112.78	00 15									
63	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	564.65										
67	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	564.65	00 15									
63	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	651.81										
67	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	651.81	00 15									
63	29805	SHOULDER ARTHROSCOPY, DX	501.65										
67	29805	SHOULDER ARTHROSCOPY, DX	501.65	00 15									
63	29806	SHOULDER ARTHROSCOPY/SURGERY	1,142.09										
67	29806	SHOULDER ARTHROSCOPY/SURGERY	1,142.09	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	29807	SHOULDER ARTHROSCOPY/SURGERY	1,116.31										
67	29807	SHOULDER ARTHROSCOPY/SURGERY	1,116.31	00 15									
63	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	628.03										
67	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	628.03	00 15									
63	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	575.23										
67	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	575.23	00 15									
63	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	635.04										
67	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	635.04	00 15									
63	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	617.12										
67	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	617.12	00 15									
63	29823	ARTHROSCOPY-EXT DEBRIDEMENT	672.39										
67	29823	ARTHROSCOPY-EXT DEBRIDEMENT	672.39	00 15									
63	29824	SHOULDER ARTHROSCOPY/SURGERY	722.42										
67	29824	SHOULDER ARTHROSCOPY/SURGERY	722.42	00 15									
63	29825	ARTHROSCOPY-W/LYSIS & RESECTION	628.03										
67	29825	ARTHROSCOPY-W/LYSIS & RESECTION	628.03	00 15									
63	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	192.43										
67	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	192.43	00 15									
63	29827	ARTHROSCOP ROTATOR CUFF REPR	1,157.67										
67	29827	ARTHROSCOP ROTATOR CUFF REPR	1,157.67	00 15									
63	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	991.72										
67	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	991.72	00 15									
63	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	487.81										
67	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	487.81	00 15									
63	29834	ARTHROSCOPY, ELBOW, SURGICAL;	525.91										
67	29834	ARTHROSCOPY, ELBOW, SURGICAL;	525.91	00 15									
63	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	544.32										
67	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	544.32	00 15									
63	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	624.77										
67	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	624.77	00 15									
63	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	564.01										
67	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	564.01	00 15									
63	29838	ARTHROSCOPY EXT DEBRIDEMENT	633.26										
67	29838	ARTHROSCOPY EXT DEBRIDEMENT	633.26	00 15									
63	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	479.13										
67	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	479.13	00 15									
63	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	518.53										
67	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	518.53	00 15									
63	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	532.55										
67	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	532.55	00 15									
63	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	622.61										
67	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	622.61	00 15									
63	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	557.72										
67	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	557.72	00 15									
63	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	582.75										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	582.75	00 15									
63	29848	ARTHROSCOPY, WRIST, SURGICAL;	541.77										
67	29848	ARTHROSCOPY, WRIST, SURGICAL;	541.77	00 15									
63	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	668.35										
67	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	668.35	00 15									
63	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	1,005.43										
67	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	1,005.43	00 15									
63	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	840.90										
67	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	840.90	00 15									
63	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,071.09										
67	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,071.09	00 15									
63	29860	HIP ARTHROSCOPY, DX	716.53										
67	29860	HIP ARTHROSCOPY, DX	716.53	00 15									
63	29861	HIP ARTHROSCOPY/SURGERY	776.80										
67	29861	HIP ARTHROSCOPY/SURGERY	776.80	00 15									
63	29862	HIP ARTHROSCOPY/SURGERY	873.34										
67	29862	HIP ARTHROSCOPY/SURGERY	873.34	00 15									
63	29863	HIP ARTHROSCOPY/SURGERY	876.13										
67	29863	HIP ARTHROSCOPY/SURGERY	876.13	00 15									
63	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,132.98										
67	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,132.98	00 15									
63	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,382.84		X								
67	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,382.84	00 15	X								
63	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,818.39		X								
67	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,818.39	00 15	X								
63	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	591.82										
67	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	591.82	00 15									
63	29871	ARTHROSCOPY, KNEE, SURGICAL;	549.22										
67	29871	ARTHROSCOPY, KNEE, SURGICAL;	549.22	00 15									
63	29873	KNEE ARTHROSCOPY/SURGERY	560.49										
67	29873	KNEE ARTHROSCOPY/SURGERY	560.49	00 15									
63	29874	ARTHROSCOPY, KNEE, SURGICAL;	576.45										
67	29874	ARTHROSCOPY, KNEE, SURGICAL;	576.45	00 15									
63	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	530.53										
67	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	530.53	00 15									
63	29876	ARTHROSCOPY, KNEE, SURGICAL;	701.34										
67	29876	ARTHROSCOPY, KNEE, SURGICAL;	701.34	00 15									
63	29877	ARTHROSCOPY-DEBRIDEMENT	665.70										
67	29877	ARTHROSCOPY-DEBRIDEMENT	665.70	00 15									
63	29879	ARTHROSCOPY-ABRASION ARTHROPLA	710.57										
67	29879	ARTHROSCOPY-ABRASION ARTHROPLA	710.57	00 15									
63	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	600.74										
67	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	600.74	00 15									
63	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	578.31										
67	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	578.31	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	29882	ARTHROSCOPY W/ MENISCUS REPAIR	744.86										
67	29882	ARTHROSCOPY W/ MENISCUS REPAIR	744.86	00 15									
63	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	906.42										
67	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	906.42	00 15									
63	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	663.59										
67	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	663.59	00 15									
63	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	810.64										
67	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	810.64	00 15									
63	29886	ARTHROSCOPY-OSTEOCHONDRITIS	682.43										
67	29886	ARTHROSCOPY-OSTEOCHONDRITIS	682.43	00 15									
63	29887	ARTHROSCOPY-INTERNAL FIXATION	806.75										
67	29887	ARTHROSCOPY-INTERNAL FIXATION	806.75	00 15									
63	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,060.60										
67	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,060.60	00 15									
63	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,321.60										
67	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,321.60	00 15									
63	29891	ANKLE ARTHROSCOPY/SURGERY	718.04										
67	29891	ANKLE ARTHROSCOPY/SURGERY	718.04	00 15									
63	29892	ANKLE ARTHROSCOPY/SURGERY	699.02										
67	29892	ANKLE ARTHROSCOPY/SURGERY	699.02	00 15									
63	29893	SCOPE, PLANTAR FASCIOTOMY	654.36										
67	29893	SCOPE, PLANTAR FASCIOTOMY	654.36	00 15									
63	29894	ARTHROSCOPY, ANKLE, SURGICAL;	535.53										
67	29894	ARTHROSCOPY, ANKLE, SURGICAL;	535.53	00 15									
63	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	498.40										
67	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	498.40	00 15									
63	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	536.21										
67	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	536.21	00 15									
63	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	604.95										
67	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	604.95	00 15									
63	29899	ANKLE ARTHROSCOPY/SURGERY	1,115.08										
67	29899	ANKLE ARTHROSCOPY/SURGERY	1,115.08	00 15									
63	29900	MCP JOINT ARTHROSCOPY, DX	527.94									X	
67	29900	MCP JOINT ARTHROSCOPY, DX	527.94	00 15								X	
63	29901	MCP JOINT ARTHROSCOPY, SURG	570.34									X	
67	29901	MCP JOINT ARTHROSCOPY, SURG	570.34	00 15								X	
63	29902	MCP JOINT ARTHROSCOPY, SURG	607.09									X	
67	29902	MCP JOINT ARTHROSCOPY, SURG	607.09	00 15								X	
63	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	684.33										
67	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	684.33	00 15									
63	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	555.88										
67	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	555.88	00 15									
63	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	711.88										
67	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	711.88	00 15									
63	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	944.44										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	944.44	00 15									
63	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,076.09									X	
67	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,076.09	00 15								X	
63	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,108.30									X	
67	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,108.30	00 15								X	
63	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,108.34									X	
67	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,108.34	00 15								X	
63	30000	DRAINAGE OF NOSE LESION	252.19										
67	30000	DRAINAGE OF NOSE LESION	252.19	00 15									
63	30020	DRAINAGE OF NOSE LESION	254.55										
67	30020	DRAINAGE OF NOSE LESION	254.55	00 15									
63	30100	INTRANASAL BIOPSY	142.01										
67	30100	INTRANASAL BIOPSY	142.01	00 15									
63	30110	REMOVAL OF NOSE POLYP(S)	241.26										
67	30110	REMOVAL OF NOSE POLYP(S)	241.26	00 15									
63	30115	REMOVAL OF NOSE POLYP(S)	457.57										
67	30115	REMOVAL OF NOSE POLYP(S)	457.57	00 15									
63	30117	REMOVAL OF INTRANASAL LESION	914.22										
67	30117	REMOVAL OF INTRANASAL LESION	914.22	00 15									
63	30118	REMOVAL OF INTRANASAL LESION	810.33										
67	30118	REMOVAL OF INTRANASAL LESION	810.33	00 15									
63	30120	REVISION OF NOSE	528.69										
67	30120	REVISION OF NOSE	528.69	00 15									
63	30124	REMOVAL OF NOSE LESION	302.12										
67	30124	REMOVAL OF NOSE LESION	302.12	00 15									
63	30125	REMOVAL OF NOSE LESION	654.00										
67	30125	REMOVAL OF NOSE LESION	654.00	00 15									
63	30130	REMOVAL OF TURBINATE BONES	403.30										
67	30130	REMOVAL OF TURBINATE BONES	403.30	00 15									
63	30140	REMOVAL OF TURBINATE BONES	292.48										
67	30140	REMOVAL OF TURBINATE BONES	292.48	00 15									
63	30150	PARTIAL REMOVAL OF NOSE	822.44										
67	30150	PARTIAL REMOVAL OF NOSE	822.44	00 15									
63	30160	REMOVAL OF NOSE	828.48										
67	30160	REMOVAL OF NOSE	828.48	00 15									
63	30200	INJECTION TREATMENT OF NOSE	112.45										
67	30200	INJECTION TREATMENT OF NOSE	112.45	00 15									
63	30210	NASAL SINUS THERAPY	150.40										
67	30210	NASAL SINUS THERAPY	150.40	00 15									
63	30220	INSERTION,NASAL SEPTAL PROSTHESIS	304.12										
67	30220	INSERTION,NASAL SEPTAL PROSTHESIS	304.12	00 15									
63	30300	REMOVE NASAL FOREIGN BODY	189.06										
67	30300	REMOVE NASAL FOREIGN BODY	189.06	00 15									
63	30310	REMOVE NASAL FOREIGN BODY	208.97										
67	30310	REMOVE NASAL FOREIGN BODY	208.97	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	30320	REMOVE NASAL FOREIGN BODY	478.00										
67	30320	REMOVE NASAL FOREIGN BODY	478.00	00 15									
63	30400	RECONSTRUCTION OF NOSE	1,236.03										
67	30400	RECONSTRUCTION OF NOSE	1,236.03	00 15									
63	30410	RECONSTRUCTION OF NOSE	1,444.69										
67	30410	RECONSTRUCTION OF NOSE	1,444.69	00 15									
63	30420	RECONSTRUCTION OF NOSE	1,472.85										
67	30420	RECONSTRUCTION OF NOSE	1,472.85	00 15									
63	30430	REVISION OF NOSE	1,061.65										
67	30430	REVISION OF NOSE	1,061.65	00 15									
63	30435	REVISION WORK WITH OSTEOTOMIES	1,360.28										
67	30435	REVISION WORK WITH OSTEOTOMIES	1,360.28	00 15									
63	30450	REVISION OF NOSE	1,820.76										
67	30450	REVISION OF NOSE	1,820.76	00 15									
63	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	879.31										
67	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	879.31	00 15									
63	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,694.36										
67	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,694.36	00 15									
63	30465	REPAIR NASAL STENOSIS	1,044.37			X							
67	30465	REPAIR NASAL STENOSIS	1,044.37	00 15		X							
63	30520	REPAIR OF NASAL SEPTUM	668.26										
67	30520	REPAIR OF NASAL SEPTUM	668.26	00 15									
63	30540	REPAIR NASAL DEFECT	734.92										
67	30540	REPAIR NASAL DEFECT	734.92	00 15									
63	30545	REPAIR NASAL DEFECT	1,009.34										
67	30545	REPAIR NASAL DEFECT	1,009.34	00 15									
63	30560	RELEASE OF NASAL ADHESIONS	289.96										
67	30560	RELEASE OF NASAL ADHESIONS	289.96	00 15									
63	30580	REPAIR UPPER JAW FISTULA	641.81										
67	30580	REPAIR UPPER JAW FISTULA	641.81	00 15									
63	30600	REPAIR MOUTH/NOSE FISTULA	608.07										
67	30600	REPAIR MOUTH/NOSE FISTULA	608.07	00 15									
63	30620	RECONSTRUCTION INNER NOSE	656.32										
67	30620	RECONSTRUCTION INNER NOSE	656.32	00 15									
63	30630	REPAIR NASAL SEPTUM DEFECT	670.61										
67	30630	REPAIR NASAL SEPTUM DEFECT	670.61	00 15									
63	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	215.88										
67	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	215.88	00 15									
63	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	278.77										
67	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	278.77	00 15									
63	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	145.64										
67	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	145.64	00 15									
63	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	229.92										
67	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	229.92	00 15									
63	30905	CONTROL OF NOSEBLEED	339.16										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	30905	CONTROL OF NOSEBLEED	339.16	00 15									
63	30906	REPEAT CONTROL OF NOSEBLEED	355.31									X	
67	30906	REPEAT CONTROL OF NOSEBLEED	355.31	00 15								X	
63	30915	LIGATION NASAL SINUS ARTERY	614.80										
67	30915	LIGATION NASAL SINUS ARTERY	614.80	00 15									
63	30920	LIGATION UPPER JAW ARTERY	893.79										
67	30920	LIGATION UPPER JAW ARTERY	893.79	00 15									
63	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	122.33										
67	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	122.33	00 15									
63	31000	IRRIGATION MAXILLARY SINUS	182.24										
67	31000	IRRIGATION MAXILLARY SINUS	182.24	00 15									
63	31002	IRRIGATION SPHENOID SINUS	193.62										
67	31002	IRRIGATION SPHENOID SINUS	193.62	00 15									
63	31020	EXPLORATION MAXILLARY SINUS	476.13										
67	31020	EXPLORATION MAXILLARY SINUS	476.13	00 15									
63	31030	EXPLORATION MAXILLARY SINUS	659.70										
67	31030	EXPLORATION MAXILLARY SINUS	659.70	00 15									
63	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	600.63										
67	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	600.63	00 15									
63	31040	EXPLORATION BEHIND UPPER JAW	822.68										
67	31040	EXPLORATION BEHIND UPPER JAW	822.68	00 15									
63	31050	EXPLORATION SPHENOID SINUS	513.66										
67	31050	EXPLORATION SPHENOID SINUS	513.66	00 15									
63	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	688.69										
67	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	688.69	00 15									
63	31070	EXPLORATION OF FRONTAL SINUS	464.80										
67	31070	EXPLORATION OF FRONTAL SINUS	464.80	00 15									
63	31075	EXPLORATION OF FRONTAL SINUS	833.01										
67	31075	EXPLORATION OF FRONTAL SINUS	833.01	00 15									
63	31080	REMOVAL OF FRONTAL SINUS	1,098.84										
67	31080	REMOVAL OF FRONTAL SINUS	1,098.84	00 15									
63	31081	REMOVAL OF FRONTAL SINUS	1,185.49										
67	31081	REMOVAL OF FRONTAL SINUS	1,185.49	00 15									
63	31084	REMOVAL OF FRONTAL SINUS	1,229.28										
67	31084	REMOVAL OF FRONTAL SINUS	1,229.28	00 15									
63	31085	REMOVAL OF FRONTAL SINUS	1,271.17										
67	31085	REMOVAL OF FRONTAL SINUS	1,271.17	00 15									
63	31086	REMOVAL OF FRONTAL SINUS	1,195.66										
67	31086	REMOVAL OF FRONTAL SINUS	1,195.66	00 15									
63	31087	REMOVAL OF FRONTAL SINUS	1,150.38										
67	31087	REMOVAL OF FRONTAL SINUS	1,150.38	00 15									
63	31090	EXPLORATION OF SINUSES	1,096.39										
67	31090	EXPLORATION OF SINUSES	1,096.39	00 15									
63	31200	REMOVAL OF ETHMOID SINUS	605.66										
67	31200	REMOVAL OF ETHMOID SINUS	605.66	00 15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	31201	REMOVAL OF ETHMOID SINUS	799.40										
67	31201	REMOVAL OF ETHMOID SINUS	799.40	00 15									
63	31205	REMOVAL OF ETHMOID SINUS	950.71										
67	31205	REMOVAL OF ETHMOID SINUS	950.71	00 15									
63	31225	REMOVAL OF UPPER JAW	1,935.14										
67	31225	REMOVAL OF UPPER JAW	1,935.14	00 15									
63	31230	REMOVAL OF UPPER JAW	2,155.86										
67	31230	REMOVAL OF UPPER JAW	2,155.86	00 15									
63	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	191.80										
67	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	191.80	00 15									
63	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	265.69										
67	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	265.69	00 15									
63	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	303.19										
67	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	303.19	00 15									
63	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	260.27										
67	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	260.27	00 15									
63	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	257.97										
67	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	257.97	00 15									
63	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	642.23										
67	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	642.23	00 15									
63	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	169.59										
67	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	169.59	00 15									
63	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	483.49										
67	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	483.49	00 15									
63	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	545.26										
67	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	545.26	00 15									
63	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	432.54										
67	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	432.54	00 15									
63	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	352.04										
67	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	352.04	00 15									
63	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	194.98										
67	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	194.98	00 15									
63	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	485.17										
67	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	485.17	00 15									
63	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	513.71										
67	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	513.71	00 15									
63	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	287.44										
67	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	287.44	00 15									
63	31276	SINUS SURGICAL ENDOSCOPY	410.68										
67	31276	SINUS SURGICAL ENDOSCOPY	410.68	00 15									
63	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	218.08										
67	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	218.08	00 15									
63	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	253.38										
67	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	253.38	00 15									
63	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,227.52										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,227.52	00 15									
63	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,315.81										
67	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,315.81	00 15									
63	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,063.36										
67	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,063.36	00 15									
63	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,150.89										
67	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,150.89	00 15									
63	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,320.39										
67	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,320.39	00 15									
63	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,823.62									X	
67	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,823.62	00 15								X	
63	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,850.97									X	
67	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,850.97	00 15								X	
63	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,807.82									X	
67	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,807.82	00 15								X	
63	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,473.72										
67	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,473.72	00 15									
63	31300	REMOVAL OF LARYNX LESION	1,323.59										
67	31300	REMOVAL OF LARYNX LESION	1,323.59	00 15									
63	31360	REMOVAL OF LARYNX	2,196.25										
67	31360	REMOVAL OF LARYNX	2,196.25	00 15									
63	31365	REMOVAL OF LARYNX	2,729.44										
67	31365	REMOVAL OF LARYNX	2,729.44	00 15									
63	31367	PARTIAL REMOVAL OF LARYNX	2,313.80										
67	31367	PARTIAL REMOVAL OF LARYNX	2,313.80	00 15									
63	31368	PARTIAL REMOVAL OF LARYNX	2,568.33										
67	31368	PARTIAL REMOVAL OF LARYNX	2,568.33	00 15									
63	31370	PARTIAL REMOVAL OF LARYNX	2,166.30										
67	31370	PARTIAL REMOVAL OF LARYNX	2,166.30	00 15									
63	31375	PARTIAL REMOVAL OF LARYNX	2,055.47										
67	31375	PARTIAL REMOVAL OF LARYNX	2,055.47	00 15									
63	31380	PARTIAL REMOVAL OF LARYNX	2,025.84										
67	31380	PARTIAL REMOVAL OF LARYNX	2,025.84	00 15									
63	31382	PARTIAL REMOVAL OF LARYNX	2,225.43										
67	31382	PARTIAL REMOVAL OF LARYNX	2,225.43	00 15									
63	31390	REMOVAL OF LARYNX & PHARYNX	3,015.10										
67	31390	REMOVAL OF LARYNX & PHARYNX	3,015.10	00 15									
63	31395	RECONSTRUCT LARYNX & PHARYNX	3,171.06										
67	31395	RECONSTRUCT LARYNX & PHARYNX	3,171.06	00 15									
63	31400	REVISION OF LARYNX	1,021.72										
67	31400	REVISION OF LARYNX	1,021.72	00 15									
63	31420	REMOVAL OF EPIGLOTTIS	867.72										
67	31420	REMOVAL OF EPIGLOTTIS	867.72	00 15									
63	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	159.74									X	
67	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	159.74	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
63	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	38.37										
67	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	38.37	00 15									
63	31505	DIAGNOSTIC LARYNGOSCOPY	87.77										
67	31505	DIAGNOSTIC LARYNGOSCOPY	87.77	00 15									
63	31510	LARYNGOSCOPY WITH BIOPSY	217.18										
67	31510	LARYNGOSCOPY WITH BIOPSY	217.18	00 15									
63	31511	REMOVE FOREIGN BODY LARYNX	218.34										
67	31511	REMOVE FOREIGN BODY LARYNX	218.34	00 15									
63	31512	REMOVAL OF LARYNX LESION	215.66										
67	31512	REMOVAL OF LARYNX LESION	215.66	00 15									
63	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	139.24										
67	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	139.24	00 15									
63	31515	LARYNGOSCOPY FOR ASPIRATION	210.79										
67	31515	LARYNGOSCOPY FOR ASPIRATION	210.79	00 15									
63	31520	DIAGNOSTIC LARYNGOSCOPY	166.66										
67	31520	DIAGNOSTIC LARYNGOSCOPY	166.66	00 15									
63	31525	DIAGNOSTIC LARYNGOSCOPY	258.68										
67	31525	DIAGNOSTIC LARYNGOSCOPY	258.68	00 15									
63	31526	DIAGNOSTIC LARYNGOSCOPY	167.38										
67	31526	DIAGNOSTIC LARYNGOSCOPY	167.38	00 15									
63	31527	LARYNGOSCOPY, INSERT OBTURATOR	208.68										
67	31527	LARYNGOSCOPY, INSERT OBTURATOR	208.68	00 15									
63	31528	LARYNGOSCOPY,W DILATATION INITIAL	153.54										
67	31528	LARYNGOSCOPY,W DILATATION INITIAL	153.54	00 15									
63	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	172.56										
67	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	172.56	00 15									
63	31530	OPERATIVE LARYNGOSCOPY	214.83										
67	31530	OPERATIVE LARYNGOSCOPY	214.83	00 15									
63	31531	OPERATIVE LARYNGOSCOPY	227.37										
67	31531	OPERATIVE LARYNGOSCOPY	227.37	00 15									
63	31535	OPERATIVE LARYNGOSCOPY	202.77										
67	31535	OPERATIVE LARYNGOSCOPY	202.77	00 15									
63	31536	OPERATIVE LARYNGOSCOPY	225.88										
67	31536	OPERATIVE LARYNGOSCOPY	225.88	00 15									
63	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	259.55										
67	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	259.55	00 15									
63	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	283.51										
67	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	283.51	00 15									
63	31545	REMOVE VC LESION W/SCOPE	389.85										
67	31545	REMOVE VC LESION W/SCOPE	389.85	00 15									
63	31546	REMOVE VC LESION SCOPE/GRAFT	593.64										
67	31546	REMOVE VC LESION SCOPE/GRAFT	593.64	00 15									
63	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,612.19	00 11									
67	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,612.19	00 11									
63	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,553.75	12 99									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
67	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,553.75	12 15									
63	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,759.54	00 11									
67	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,759.54	00 11									
63	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,759.88	12 99									
67	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,759.88	12 15									
63	31560	OPERATIVE LARYNGOSCOPY	337.11										
67	31560	OPERATIVE LARYNGOSCOPY	337.11	00 15									
63	31561	OPERATIVE LARYNGOSCOPY	367.65										
67	31561	OPERATIVE LARYNGOSCOPY	367.65	00 15									
63	31570	LARYNGOSCOPY WITH INJECTION	352.44										
67	31570	LARYNGOSCOPY WITH INJECTION	352.44	00 15									
63	31571	LARYNGOSCOPY WITH INJECTION	267.56										
67	31571	LARYNGOSCOPY WITH INJECTION	267.56	00 15									
63	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	517.82										
67	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	517.82	00 15									
63	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	279.62										
67	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	279.62	00 15									
63	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	978.12										
67	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	978.12	00 15									
63	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	123.80										
67	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	123.80	00 15									
63	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	269.85										
67	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	269.85	00 15									
63	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	282.22										
67	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	282.22	00 15									
63	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	305.94										
67	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	305.94	00 15									
63	31579	SEE 31575;WITH STROBOSCOPY	196.62										
67	31579	SEE 31575;WITH STROBOSCOPY	196.62	00 15									
63	31580	REVISION OF LARYNX	1,319.51										
67	31580	REVISION OF LARYNX	1,319.51	00 15									
63	31584	REPAIR OF LARYNX FRACTURE	1,470.57										
67	31584	REPAIR OF LARYNX FRACTURE	1,470.57	00 15									
63	31587	LARYNGOPLASTY, CRICOID SPLIT	1,241.95										
67	31587	LARYNGOPLASTY, CRICOID SPLIT	1,241.95	00 15									
63	31590	LARYNGEAL REINNERVATION REPAIR	893.30										
67	31590	LARYNGEAL REINNERVATION REPAIR	893.30	00 15									
63	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,127.11										
67	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,127.11	00 15									
63	31592	CRICOTRACHEAL RESECTION	1,820.36										
67	31592	CRICOTRACHEAL RESECTION	1,820.36	00 15									
63	31600	TRACHEOSTOMY, PLANNED	340.15	02 99									
67	31600	TRACHEOSTOMY, PLANNED	340.15	02 15									
63	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	488.55	00 01									
67	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	488.55	00 01									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	356.02										
67	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	356.02	00 15									
63	31605	INCISION OF NECK CARTILAGES	374.89										
67	31605	INCISION OF NECK CARTILAGES	374.89	00 15									
63	31610	INCISION OF WINDPIPE	1,001.06										
67	31610	INCISION OF WINDPIPE	1,001.06	00 15									
63	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	549.88										
67	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	549.88	00 15									
63	31612	PUNCTURE/CLEAR WINDPIPE	88.92										
67	31612	PUNCTURE/CLEAR WINDPIPE	88.92	00 15									
63	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	452.25										
67	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	452.25	00 15									
63	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	757.52										
67	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	757.52	00 15									
63	31615	VISUALIZATION OF WINDPIPE	176.73										
67	31615	VISUALIZATION OF WINDPIPE	176.73	00 15									
63	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	248.00										
67	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	248.00	00 15									
63	31623	DX BRONCHOSCOPE/BRUSH	273.72										
67	31623	DX BRONCHOSCOPE/BRUSH	273.72	00 15									
63	31624	DX BRONCHOSCOPE/LAVAGE	257.00										
67	31624	DX BRONCHOSCOPE/LAVAGE	257.00	00 15									
63	31625	BRONCHOSCOPY WITH BIOPSY	348.85										
67	31625	BRONCHOSCOPY WITH BIOPSY	348.85	00 15									
63	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	827.57									X	
67	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	827.57	00 15								X	
63	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,236.52										
67	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,236.52	00 15									
63	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	371.12										
67	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	371.12	00 15									
63	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	455.59										
67	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	455.59	00 15									
63	31630	BRONCHOSCOPY WITH REPAIR	216.79										
67	31630	BRONCHOSCOPY WITH REPAIR	216.79	00 15									
63	31631	BRONCHOSCOPY-PLACE TRACH STENT	249.10										
67	31631	BRONCHOSCOPY-PLACE TRACH STENT	249.10	00 15									
63	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	67.46									X	
67	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	67.46	00 15								X	
63	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	83.64									X	
67	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	83.64	00 15								X	
63	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,673.83									X	
67	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,673.83	00 15								X	
63	31635	REMOVE FOREIGN BODY, AIRWAY	293.61										
67	31635	REMOVE FOREIGN BODY, AIRWAY	293.61	00 15									
63	31636	BRONCHOSCOPY, BRONCH STENTS	240.21										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	31636	BRONCHOSCOPY, BRONCH STENTS	240.21	00 15									
63	31637	BRONCHOSCOPY, STENT ADD-ON	84.08										
67	31637	BRONCHOSCOPY, STENT ADD-ON	84.08	00 15									
63	31638	BRONCHOSCOPY, REVISE STENT	271.95										
67	31638	BRONCHOSCOPY, REVISE STENT	271.95	00 15									
63	31640	BRONCHOSCOPY & REMOVE LESION	273.09										
67	31640	BRONCHOSCOPY & REMOVE LESION	273.09	00 15									
63	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	279.20										
67	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	279.20	00 15									
63	31643	DX BRONCHOSCOPE/CATHETER	190.21										
67	31643	DX BRONCHOSCOPE/CATHETER	190.21	00 15									
63	31645	BRONCHOSCOPY, CLEAR AIRWAYS	270.73										
67	31645	BRONCHOSCOPY, CLEAR AIRWAYS	270.73	00 15									
63	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	153.96										
67	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	153.96	00 15									
63	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	230.31										
67	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	230.31	00 15									
63	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	219.26										
67	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	219.26	00 15									
63	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	74.03									X	
67	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	74.03	00 15								X	
63	31651	BRONCHOSCOPY,RIGID OR FLEXIBLE,INC	80.75									X	
67	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	80.75	00 15								X	
63	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,080.63										
67	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,080.63	00 15									
63	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,129.20										
67	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,129.20	00 15									
63	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	125.45										
67	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	125.45	00 15									
63	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	212.09										
67	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	212.09	00 15									
63	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	225.01										
67	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	225.01	00 15									
63	31717	BRONCHIAL BRUSH BIOPSY	273.72										
67	31717	BRONCHIAL BRUSH BIOPSY	273.72	00 15									
63	31720	CLEARANCE OF AIRWAYS	60.12									X	
67	31720	CLEARANCE OF AIRWAYS	60.12	00 15								X	
63	31725	CLEARANCE OF AIRWAYS	86.80									X	
67	31725	CLEARANCE OF AIRWAYS	86.80	00 15								X	
63	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,162.18										
67	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,162.18	00 15									
63	31750	REPAIR OF WINDPIPE	1,424.94										
67	31750	REPAIR OF WINDPIPE	1,424.94	00 15									
63	31755	REPAIR OF WINDPIPE	1,774.65										
67	31755	REPAIR OF WINDPIPE	1,774.65	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	31760	REPAIR OF WINDPIPE	1,522.76										
67	31760	REPAIR OF WINDPIPE	1,522.76	00 15									
63	31766	CARINAL RECONSTRUCTION	1,983.38										
67	31766	CARINAL RECONSTRUCTION	1,983.38	00 15									
63	31770	REPAIR/GRAFT OF BRONCHUS	1,482.85										
67	31770	REPAIR/GRAFT OF BRONCHUS	1,482.85	00 15									
63	31775	RECONSTRUCT BRONCHUS	1,556.16										
67	31775	RECONSTRUCT BRONCHUS	1,556.16	00 15									
63	31780	RECONSTRUCT WINDPIPE	1,285.79										
67	31780	RECONSTRUCT WINDPIPE	1,285.79	00 15									
63	31781	RECONSTRUCT WINDPIPE	1,547.24										
67	31781	RECONSTRUCT WINDPIPE	1,547.24	00 15									
63	31785	REMOVE WINDPIPE LESION	1,161.18										
67	31785	REMOVE WINDPIPE LESION	1,161.18	00 15									
63	31786	REMOVE WINDPIPE LESION	1,605.72										
67	31786	REMOVE WINDPIPE LESION	1,605.72	00 15									
63	31800	REPAIR OF WINDPIPE INJURY	740.74										
67	31800	REPAIR OF WINDPIPE INJURY	740.74	00 15									
63	31805	REPAIR OF WINDPIPE INJURY	900.99										
67	31805	REPAIR OF WINDPIPE INJURY	900.99	00 15									
63	31820	CLOSURE OF WINDPIPE LESION	449.91										
67	31820	CLOSURE OF WINDPIPE LESION	449.91	00 15									
63	31825	REPAIR OF WINDPIPE DEFECT	625.46										
67	31825	REPAIR OF WINDPIPE DEFECT	625.46	00 15									
63	31830	REVISE WINDPIPE SCAR	479.59										
67	31830	REVISE WINDPIPE SCAR	479.59	00 15									
63	32035	EXPLORATION OF CHEST	797.72										
67	32035	EXPLORATION OF CHEST	797.72	00 15									
63	32036	EXPLORATION OF CHEST	856.16										
67	32036	EXPLORATION OF CHEST	856.16	00 15									
63	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	889.12										
67	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	889.12	00 15									
63	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	889.79										
67	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	889.79	00 15									
63	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	842.79										
67	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	842.79	00 15									
63	32100	THORACOTOMY; WITH EXPLORATION	897.21										
67	32100	THORACOTOMY; WITH EXPLORATION	897.21	00 15									
63	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,628.50										
67	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,628.50	00 15									
63	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	963.53										
67	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	963.53	00 15									
63	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	1,024.32										
67	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	1,024.32	00 15									
63	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,096.16										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,096.16	00 15									
63	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,700.10										
67	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,700.10	00 15									
63	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,109.05										
67	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,109.05	00 15									
63	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,112.48										
67	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,112.48	00 15									
63	32160	THORACOTOMY; WITH CARDIAC MASSAGE	877.60										
67	32160	THORACOTOMY; WITH CARDIAC MASSAGE	877.60	00 15									
63	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,253.65										
67	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,253.65	00 15									
63	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	879.04										
67	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	879.04	00 15									
63	32220	RELEASE OF LUNG	1,758.94										
67	32220	RELEASE OF LUNG	1,758.94	00 15									
63	32225	PARTIAL RELEASE OF LUNG	1,100.95										
67	32225	PARTIAL RELEASE OF LUNG	1,100.95	00 15									
63	32310	REMOVAL OF CHEST LINING	1,008.84										
67	32310	REMOVAL OF CHEST LINING	1,008.84	00 15									
63	32320	FREE/REMOVE CHEST LINING	1,772.16										
67	32320	FREE/REMOVE CHEST LINING	1,772.16	00 15									
63	32400	NEEDLE BIOPSY CHEST LINING	164.13									X	
67	32400	NEEDLE BIOPSY CHEST LINING	164.13	00 15								X	
63	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,741.66										
67	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,741.66	00 15									
63	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,437.25										
67	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,437.25	00 15									
63	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,957.44										
67	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,957.44	00 15									
63	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,645.63										
67	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,645.63	00 15									
63	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,762.30										
67	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,762.30	00 15									
63	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,598.26										
67	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,598.26	00 15									
63	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,635.51										
67	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,635.51	00 15									
63	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,674.28										
67	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,674.28	00 15									
63	32501	REPAIR BRONCHUS (ADD-ON)	274.24										
67	32501	REPAIR BRONCHUS (ADD-ON)	274.24	00 15									
63	32503	RESECT APICAL LUNG TUMOR	2,002.06										
67	32503	RESECT APICAL LUNG TUMOR	2,002.06	00 15									
63	32504	RESECT APICAL LUNG TUM/CHEST	2,284.66										
67	32504	RESECT APICAL LUNG TUM/CHEST	2,284.66	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,031.77										
67	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,031.77	00 15									
63	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	175.85									X	
67	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	175.85	00 15								X	
63	32540	REMOVAL OF LUNG LESION	1,929.54										
67	32540	REMOVAL OF LUNG LESION	1,929.54	00 15									
63	32550	INSERTION OF INDWELLING TUNNELED PLE	782.99										
67	32550	INSERTION OF INDWELLING TUNNELED PLE	782.99	00 15									
63	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	175.51										
67	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	175.51	00 15									
63	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	194.85										
67	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	194.85	00 15									
63	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	530.37										
67	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	530.37	00 15									
63	32554	THORACENTESIS, NEEDLE OR CATHETER, A	224.68										
67	32554	THORACENTESIS, NEEDLE OR CATHETER, A	224.68	00 15									
63	32555	THORACENTESIS, NEEDLE OR CATHETER, A	311.75										
67	32555	THORACENTESIS, NEEDLE OR CATHETER, A	311.75	00 15									
63	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	658.13										
67	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	658.13	00 15									
63	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	610.28										
67	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	610.28	00 15									
63	32560	INSTILLATION VIA CHEST TUBE/CATHETER	259.51										
67	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	259.51	00 15									
63	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	98.04										
67	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	98.04	00 15									
63	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	88.56										
67	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	88.56	00 15									
63	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	344.66										
67	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	344.66	00 15									
63	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	536.94										
67	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	536.94	00 15									
63	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	517.64										
67	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	517.64	00 15									
63	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	344.33										
67	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	344.33	00 15									
63	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	423.80										
67	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	423.80	00 15									
63	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	285.49										
67	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	285.49	00 15									
63	32650	THORACOSCOPY, SURGICAL;	732.92										
67	32650	THORACOSCOPY, SURGICAL;	732.92	00 15									
63	32651	THORACOSCOPY, SURGICAL;	1,215.42										
67	32651	THORACOSCOPY, SURGICAL;	1,215.42	00 15									
63	32652	THORACOSCOPY, SURGICAL;	1,849.46										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	32652	THORACOSCOPY, SURGICAL;	1,849.46	00 15									
63	32653	THORACOSCOPY, SURGICAL;	1,177.77										
67	32653	THORACOSCOPY, SURGICAL;	1,177.77	00 15									
63	32654	THORACOSCOPY, SURGICAL;	1,286.29										
67	32654	THORACOSCOPY, SURGICAL;	1,286.29	00 15									
63	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,058.71										
67	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,058.71	00 15									
63	32656	THORACOSCOPY, SURGICAL;	885.55										
67	32656	THORACOSCOPY, SURGICAL;	885.55	00 15									
63	32658	THORACOSCOPY, SURGICAL;	787.76										
67	32658	THORACOSCOPY, SURGICAL;	787.76	00 15									
63	32659	THORACOSCOPY, SURGICAL;	806.61										
67	32659	THORACOSCOPY, SURGICAL;	806.61	00 15									
63	32661	THORACOSCOPY, SURGICAL;	882.26										
67	32661	THORACOSCOPY, SURGICAL;	882.26	00 15									
63	32662	THORACOSCOPY, SURGICAL;	987.02										
67	32662	THORACOSCOPY, SURGICAL;	987.02	00 15									
63	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,558.09										
67	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,558.09	00 15									
63	32664	THORACOSCOPY, SURGICAL;	938.06										
67	32664	THORACOSCOPY, SURGICAL;	938.06	00 15									
63	32665	THORACOSCOPY, SURGICAL;	1,370.78										
67	32665	THORACOSCOPY, SURGICAL;	1,370.78	00 15									
63	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	960.42										
67	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	960.42	00 15									
63	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	176.18									X	
67	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	176.18	00 15								X	
63	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	176.18										
67	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	176.18	00 15									
63	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,496.24										
67	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,496.24	00 15									
63	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,788.78										
67	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,788.78	00 15									
63	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,984.25										
67	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,984.25	00 15									
63	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,697.88										
67	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,697.88	00 15									
63	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,353.33										
67	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,353.33	00 15									
63	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	242.60										
67	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	242.60	00 15									
63	32701	THORACIC TARGET(S) DELINEATION FOR S	239.23										
67	32701	THORACIC TARGET(S) DELINEATION FOR S	239.23	00 15									
63	32800	REPAIR LUNG HERNIA	1,043.69										
67	32800	REPAIR LUNG HERNIA	1,043.69	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	32810	CLOSE CHEST AFTER DRAINAGE	994.59										
67	32810	CLOSE CHEST AFTER DRAINAGE	994.59	00 15									
63	32815	CLOSE BRONCHIAL FISTULA	3,124.93										
67	32815	CLOSE BRONCHIAL FISTULA	3,124.93	00 15									
63	32820	RECONSTRUCT INJURED CHEST	1,472.94										
67	32820	RECONSTRUCT INJURED CHEST	1,472.94	00 15									
63	32851	LUNG TRANSPLANT, SINGLE;	3,672.42		X								
67	32851	LUNG TRANSPLANT, SINGLE;	3,672.42	00 15	X								
63	32852	LUNG TRANSPLANT, SINGLE;	3,993.79		X								
67	32852	LUNG TRANSPLANT, SINGLE;	3,993.79	00 15	X								
63	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,160.89		X								
67	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,160.89	00 15	X								
63	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,483.28		X								
67	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,483.28	00 15	X								
63	32900	REMOVAL OF RIB(S)	1,572.94										
67	32900	REMOVAL OF RIB(S)	1,572.94	00 15									
63	32905	REVISE & REPAIR CHEST WALL	1,484.73										
67	32905	REVISE & REPAIR CHEST WALL	1,484.73	00 15									
63	32906	REVISE & REPAIR CHEST WALL	1,839.50										
67	32906	REVISE & REPAIR CHEST WALL	1,839.50	00 15									
63	32940	REVISION OF LUNG	1,369.72										
67	32940	REVISION OF LUNG	1,369.72	00 15									
63	32960	THERAPEUTIC PNEUMOTHORAX	132.17										
67	32960	THERAPEUTIC PNEUMOTHORAX	132.17	00 15									
63	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,307.02										
67	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,307.02	00 15									
63	32997	TOTAL LUNG LAVAGE	373.43										
67	32997	TOTAL LUNG LAVAGE	373.43	00 15									
63	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,411.52										
67	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,411.52	00 15									
63	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	264.66										
67	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	264.66	00 15									
63	33017	PERICARDIAL DRAINAGE WITH INSERTION	273.83	06 99									
67	33017	PERICARDIAL DRAINAGE WITH INSERTION	273.83	06 15									
67	33018	PERICARDIAL DRAINAGE WITH INSERTION	311.13	00 05									
63	33019	PERICARDIAL DRAINAGE WITH INSERTION	253.14										
67	33019	PERICARDIAL DRAINAGE WITH INSERTION	253.14	00 15									
63	33020	INCISION OF HEART SAC	918.98										
67	33020	INCISION OF HEART SAC	918.98	00 15									
63	33025	INCISION OF HEART SAC	855.11										
67	33025	INCISION OF HEART SAC	855.11	00 15									
63	33030	PARTIAL REMOVAL OF HEART SAC	2,236.21										
67	33030	PARTIAL REMOVAL OF HEART SAC	2,236.21	00 15									
63	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,774.29										
67	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,774.29	00 15									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,112.62											
67	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,112.62	00	15									
63	33120	REMOVAL OF HEART LESION	2,349.96											
67	33120	REMOVAL OF HEART LESION	2,349.96	00	15									
63	33130	REMOVAL OF HEART LESION	1,523.87											
67	33130	REMOVAL OF HEART LESION	1,523.87	00	15									
63	33140	HEART REVASCULARIZE (TMR)	1,745.46			X								
67	33140	HEART REVASCULARIZE (TMR)	1,745.46	00	15	X								
63	33141	HEART TMR W/OTHER PROCEDURE	148.82			X								
67	33141	HEART TMR W/OTHER PROCEDURE	148.82	00	15	X								
63	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	855.79											
67	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	855.79	00	15									
63	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	896.73											
67	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	896.73	00	15									
63	33206	INSERTION OF NEW OR REPLACEMENT OF P	500.35											
67	33206	INSERTION OF NEW OR REPLACEMENT OF P	500.35	00	15									
63	33207	INSERTION OF NEW OR REPLACEMENT OF P	530.39											
67	33207	INSERTION OF NEW OR REPLACEMENT OF P	530.39	00	15									
63	33208	INSERTION OF NEW OR REPLACEMENT OF P	576.98											
67	33208	INSERTION OF NEW OR REPLACEMENT OF P	576.98	00	15									
63	33210	INSERTION OF HEART ELECTRODE	182.92											
67	33210	INSERTION OF HEART ELECTRODE	182.92	00	15									
63	33211	INSERTION OR REPLACEMENT OF TEMPORAR	189.03											
67	33211	INSERTION OR REPLACEMENT OF TEMPORAR	189.03	00	15									
63	33212	INSERTION OF PACEMAKER PULSE GENERAT	353.54											
67	33212	INSERTION OF PACEMAKER PULSE GENERAT	353.54	00	15									
63	33213	INSERTION OF PACEMAKER PULSE GENERAT	369.47											
67	33213	INSERTION OF PACEMAKER PULSE GENERAT	369.47	00	15									
63	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	527.83											
67	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	527.83	00	15									
63	33215	REPOSITION PACING-DEFIB LEAD	342.37											
67	33215	REPOSITION PACING-DEFIB LEAD	342.37	00	15									
63	33216	REVISION IMPLANTED ELECTRODE	407.95											
67	33216	REVISION IMPLANTED ELECTRODE	407.95	00	15									
63	33217	INSERTION, REPLACEMENT OR REPOSITION	402.27											
67	33217	INSERTION, REPLACEMENT OR REPOSITION	402.27	00	15									
63	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	422.99											
67	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	422.99	00	15									
63	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	414.31											
67	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	414.31	00	15									
63	33221	INSERTION OF PACEMAKER PULSE GENERAT	397.36											
67	33221	INSERTION OF PACEMAKER PULSE GENERAT	397.36	00	15									
63	33222	RELOCATION OF PACEMAKER GENERATOR SK	369.75											
67	33222	RELOCATION OF PACEMAKER GENERATOR SK	369.75	00	15									
63	33223	RELOCATION OF PACING DEFIBRILLATOR D	449.88											

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	33223	RELOCATION OF PACING DEFIBRILLATOR D	449.88	00 15									
63	33224	INSERTION OF PACING ELECTRODE, CARDI	575.63										
67	33224	INSERTION OF PACING ELECTRODE, CARDI	575.63	00 15									
63	33225	INSERTION OF PACING ELECTRODE, CARDI	525.60										
67	33225	INSERTION OF PACING ELECTRODE, CARDI	525.60	00 15									
63	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	553.67										
67	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	553.67	00 15									
63	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	372.38										
67	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	372.38	00 15									
63	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	390.14										
67	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	390.14	00 15									
63	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	411.87										
67	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	411.87	00 15									
63	33230	INSERTION OF PACING CARDIOVERTER-DEF	421.17										
67	33230	INSERTION OF PACING CARDIOVERTER-DEF	421.17	00 15									
63	33231	INSERTION OF PACING CARDIOVERTER-DEF	442.93										
67	33231	INSERTION OF PACING CARDIOVERTER-DEF	442.93	00 15									
63	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	249.64										
67	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	249.64	00 15									
63	33234	REMOVAL OF PERMANENT PACEMAKER;	535.03										
67	33234	REMOVAL OF PERMANENT PACEMAKER;	535.03	00 15									
63	33235	REMOVAL OF PERMANENT PACEMAKER;	701.35										
67	33235	REMOVAL OF PERMANENT PACEMAKER;	701.35	00 15									
63	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	860.85										
67	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	860.85	00 15									
63	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	924.61										
67	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	924.61	00 15									
63	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,037.06										
67	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,037.06	00 15									
63	33240	INSERTION OF PACING CARDIOVERTER-DEF	402.61										
67	33240	INSERTION OF PACING CARDIOVERTER-DEF	402.61	00 15									
63	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	232.55										
67	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	232.55	00 15									
63	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,522.12										
67	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,522.12	00 15									
63	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	954.89										
67	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	954.89	00 15									
63	33249	INSERTION OR REPLACEMENT OF PERMANEN	1,014.31										
67	33249	INSERTION OR REPLACEMENT OF PERMANEN	1,014.31	00 15									
63	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,624.38										
67	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,624.38	00 15									
63	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,816.40										
67	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,816.40	00 15									
63	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,504.98										
67	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,504.98	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,816.29										
67	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,816.29	00 15									
63	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,165.42										
67	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,165.42	00 15									
63	33257	OPERATIVE TISSUE ABLATION AND RECONS	642.47										
67	33257	OPERATIVE TISSUE ABLATION AND RECONS	642.47	00 15									
63	33258	OPERATIVE TISSUE ABLATION AND RECONS	719.92										
67	33258	OPERATIVE TISSUE ABLATION AND RECONS	719.92	00 15									
63	33259	OPERATIVE TISSUE ABLATION AND RECONS	933.28										
67	33259	OPERATIVE TISSUE ABLATION AND RECONS	933.28	00 15									
63	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,800.94										
67	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,800.94	00 15									
63	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	410.62										
67	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	410.62	00 15									
63	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	427.09										
67	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	427.09	00 15									
63	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	446.83										
67	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	446.83	00 15									
63	33265	ABLATE ATRIA, LMTD, ENDO	1,512.92										
67	33265	ABLATE ATRIA, LMTD, ENDO	1,512.92	00 15									
63	33266	ABLATE ATRIA, X10SV, ENDO	2,062.95										
67	33266	ABLATE ATRIA, X10SV, ENDO	2,062.95	00 15									
63	33270	INSERTION OR REPLACEMENT OF PERMANEN	624.95										
67	33270	INSERTION OR REPLACEMENT OF PERMANEN	624.95	00 15									
63	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	503.27										
67	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	503.27	00 15									
63	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	381.88										
67	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	381.88	00 15									
63	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	441.89										
67	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	441.89	00 15									
63	33274	TRANSCATHETER INSERTION OR REPLACEME	537.13										
67	33274	TRANSCATHETER INSERTION OR REPLACEME	537.13	00 15									
63	33275	TRANSCATHETER REMOVAL OF PERMANENT	588.67										
67	33275	TRANSCATHETER REMOVAL OF PERMANENT	588.67	00 15									
63	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,833.69										
67	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,833.69	00 15									
63	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	140.34										
67	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	140.34	00 15									
63	33289	TRANSCATHETER IMPLANTATION OF WIRELE	367.90										
67	33289	TRANSCATHETER IMPLANTATION OF WIRELE	367.90	00 15									
63	33300	REPAIR OF HEART WOUND	2,752.86										
67	33300	REPAIR OF HEART WOUND	2,752.86	00 15									
63	33305	REPAIR OF HEART WOUND	4,624.28										
67	33305	REPAIR OF HEART WOUND	4,624.28	00 15									
63	33310	EXPLORATORY HEART SURGERY	1,299.53										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	33310	EXPLORATORY HEART SURGERY	1,299.53	00 15									
63	33315	EXPLORATORY HEART SURGERY	2,144.72										
67	33315	EXPLORATORY HEART SURGERY	2,144.72	00 15									
63	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,172.78										
67	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,172.78	00 15									
63	33321	REPAIR MAJOR VESSEL	1,321.84										
67	33321	REPAIR MAJOR VESSEL	1,321.84	00 15									
63	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,548.35										
67	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,548.35	00 15									
63	33330	INSERT MAJOR VESSEL GRAFT	1,588.85										
67	33330	INSERT MAJOR VESSEL GRAFT	1,588.85	00 15									
63	33335	INSERT MAJOR VESSEL GRAFT	2,093.09										
67	33335	INSERT MAJOR VESSEL GRAFT	2,093.09	00 15									
63	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	882.57										
67	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	882.57	00 15									
63	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,362.09										
67	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,362.09	00 15									
63	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,485.26										
67	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,485.26	00 15									
63	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,539.72										
67	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,539.72	00 15									
63	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,544.38										
67	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,544.38	00 15									
63	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,624.58										
67	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,624.58	00 15									
63	33366	Transcatheter aortic valve replaceme	1,773.29										
67	33366	Transcatheter aortic valve replaceme	1,773.29	00 15									
63	33367	TRANSCATHETER AORTIC VALVE REPLACEME	711.07										
67	33367	TRANSCATHETER AORTIC VALVE REPLACEME	711.07	00 15									
63	33368	TRANSCATHETER AORTIC VALVE REPLACEME	840.96										
67	33368	TRANSCATHETER AORTIC VALVE REPLACEME	840.96	00 15									
63	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,109.86										
67	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,109.86	00 15									
63	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,162.16										
67	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,162.16	00 15									
63	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,569.45										
67	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,569.45	00 15									
63	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,954.26										
67	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,954.26	00 15									
63	33405	REPLACEMENT OF AORTIC VALVE	2,544.09										
67	33405	REPLACEMENT OF AORTIC VALVE	2,544.09	00 15									
63	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,232.70										
67	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,232.70	00 15									
63	33410	REPLACEMENT OF AORTIC VALVE	2,852.26										
67	33410	REPLACEMENT OF AORTIC VALVE	2,852.26	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,776.89										
67	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,776.89	00 15									
63	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,550.86										
67	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,550.86	00 15									
63	33413	REPLACEMENT, AORTIC VALVE;	3,630.57										
67	33413	REPLACEMENT, AORTIC VALVE;	3,630.57	00 15									
63	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,410.86										
67	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,410.86	00 15									
63	33415	REVISION OF AORTIC VALVE	2,274.48										
67	33415	REVISION OF AORTIC VALVE	2,274.48	00 15									
63	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,262.40										
67	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,262.40	00 15									
63	33417	REPAIR OF AORTIC VALVE	1,858.87										
67	33417	REPAIR OF AORTIC VALVE	1,858.87	00 15									
63	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	2,009.85										
67	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	2,009.85	00 15									
63	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	476.59										
67	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	476.59	00 15									
63	33420	REVISION OF MITRAL VALVE	1,618.38										
67	33420	REVISION OF MITRAL VALVE	1,618.38	00 15									
63	33422	REVISION OF MITRAL VALVE	1,858.70										
67	33422	REVISION OF MITRAL VALVE	1,858.70	00 15									
63	33425	REPAIR OF MITRAL VALVE	3,065.14										
67	33425	REPAIR OF MITRAL VALVE	3,065.14	00 15									
63	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,668.49										
67	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,668.49	00 15									
63	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,739.12										
67	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,739.12	00 15									
63	33430	REPLACEMENT OF MITRAL VALVE	3,139.64										
67	33430	REPLACEMENT OF MITRAL VALVE	3,139.64	00 15									
63	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,861.54										
67	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,861.54	00 15									
63	33460	REVISION OF TRICUSPID VALVE	2,702.81										
67	33460	REVISION OF TRICUSPID VALVE	2,702.81	00 15									
63	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,462.58										
67	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,462.58	00 15									
63	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,735.60										
67	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,735.60	00 15									
63	33465	REPLACE TRICUSPID VALVE	3,093.15										
67	33465	REPLACE TRICUSPID VALVE	3,093.15	00 15									
63	33468	REVISION OF TRICUSPID VALVE	2,753.63										
67	33468	REVISION OF TRICUSPID VALVE	2,753.63	00 15									
63	33470	REVISION OF PULMONARY VALVE	1,378.26										
67	33470	REVISION OF PULMONARY VALVE	1,378.26	00 15									
63	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,473.37										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,473.37	00 15									
63	33474	REVISION OF PULMONARY VALVE	2,439.14										
67	33474	REVISION OF PULMONARY VALVE	2,439.14	00 15									
63	33475	REPLACEMENT, PULMONARY VALVE	2,611.83										
67	33475	REPLACEMENT, PULMONARY VALVE	2,611.83	00 15									
63	33476	REVISION OF HEART CHAMBER	1,694.87										
67	33476	REVISION OF HEART CHAMBER	1,694.87	00 15									
63	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,525.83										
67	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,525.83	00 15									
63	33478	REVISION OF HEART CHAMBER	1,752.11										
67	33478	REVISION OF HEART CHAMBER	1,752.11	00 15									
63	33496	REPAIR, PROSTH VALVE CLOT	1,860.03										
67	33496	REPAIR, PROSTH VALVE CLOT	1,860.03	00 15									
63	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,744.62										
67	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,744.62	00 15									
63	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,242.31										
67	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,242.31	00 15									
63	33502	CORONARY ARTERY CORRECTION	1,417.46										
67	33502	CORONARY ARTERY CORRECTION	1,417.46	00 15									
63	33503	CORONARY ARTERY GRAFT	1,470.91										
67	33503	CORONARY ARTERY GRAFT	1,470.91	00 15									
63	33504	CORONARY ARTERY GRAFT	1,630.67										
67	33504	CORONARY ARTERY GRAFT	1,630.67	00 15									
63	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,321.20										
67	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,321.20	00 15									
63	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,307.00										
67	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,307.00	00 15									
63	33507	REPAIR ART, INTRAMURAL	1,931.21										
67	33507	REPAIR ART, INTRAMURAL	1,931.21	00 15									
63	33508	ENDOSCOPIC VEIN HARVEST	18.78										
67	33508	ENDOSCOPIC VEIN HARVEST	18.78	00 15									
63	33510	CORONARY ARTERY BYPASS	2,166.30										
67	33510	CORONARY ARTERY BYPASS	2,166.30	00 15									
63	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,378.24										
67	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,378.24	00 15									
63	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,710.09										
67	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,710.09	00 15									
63	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,782.95										
67	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,782.95	00 15									
63	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,932.83										
67	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,932.83	00 15									
63	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	3,037.05										
67	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	3,037.05	00 15									
63	33517	CORONARY ARTERY BYPASS, USING VENOUS	211.86										
67	33517	CORONARY ARTERY BYPASS, USING VENOUS	211.86	00 15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33518	CORONARY ARTERY BYPASS, USING VENOUS	465.69										
67	33518	CORONARY ARTERY BYPASS, USING VENOUS	465.69	00 15									
63	33519	CORONARY ARTERY BYPASS, USING VENOUS	615.47										
67	33519	CORONARY ARTERY BYPASS, USING VENOUS	615.47	00 15									
63	33521	CORONARY ARTERY BYPASS, USING VENOUS	739.31										
67	33521	CORONARY ARTERY BYPASS, USING VENOUS	739.31	00 15									
63	33522	CORONARY ARTERY BYPASS, USING VENOUS	828.48										
67	33522	CORONARY ARTERY BYPASS, USING VENOUS	828.48	00 15									
63	33523	CORONARY ARTERY BYPASS, USING VENOUS	941.75										
67	33523	CORONARY ARTERY BYPASS, USING VENOUS	941.75	00 15									
63	33530	REOPERATION,CORON ART BYPASS >1MONTH	594.57										
67	33530	REOPERATION,CORON ART BYPASS >1MONTH	594.57	00 15									
63	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,094.32										
67	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,094.32	00 15									
63	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,462.81										
67	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,462.81	00 15									
63	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,748.90										
67	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,748.90	00 15									
63	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,963.31										
67	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,963.31	00 15									
63	33542	REMOVAL OF HEART LESION	2,949.76										
67	33542	REMOVAL OF HEART LESION	2,949.76	00 15									
63	33545	REPAIR OF HEART DAMAGE	3,455.41										
67	33545	REPAIR OF HEART DAMAGE	3,455.41	00 15									
63	33548	RESTORE/REMODEL, VENTRICLE	3,322.71										
67	33548	RESTORE/REMODEL, VENTRICLE	3,322.71	00 15									
63	33572	OPEN CORONARY ENDARTERECTOMY	260.41										
67	33572	OPEN CORONARY ENDARTERECTOMY	260.41	00 15									
63	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,916.00										
67	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,916.00	00 15									
63	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,859.58										
67	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,859.58	00 15									
63	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,984.99										
67	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,984.99	00 15									
63	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	2,009.69										
67	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	2,009.69	00 15									
63	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,980.78										
67	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,980.78	00 15									
63	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,187.62										
67	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,187.62	00 15									
63	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,246.01										
67	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,246.01	00 15									
63	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,233.82										
67	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,233.82	00 15									
63	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,422.67										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,422.67	00 15									
63	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	3,060.60										
67	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	3,060.60	00 15									
63	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,848.61										
67	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,848.61	00 15									
63	33621	TRANSTHORACIC INSERTION OF CATHETER	1,035.83										
67	33621	TRANSTHORACIC INSERTION OF CATHETER	1,035.83	00 15									
63	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,869.38										
67	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,869.38	00 15									
63	33641	REPAIR HEART SEPTUM DEFECT	1,834.91										
67	33641	REPAIR HEART SEPTUM DEFECT	1,834.91	00 15									
63	33645	REVISION OF HEART VEINS	1,938.55										
67	33645	REVISION OF HEART VEINS	1,938.55	00 15									
63	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	2,036.02										
67	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	2,036.02	00 15									
63	33660	REPAIR OF HEART DEFECTS	1,967.83										
67	33660	REPAIR OF HEART DEFECTS	1,967.83	00 15									
63	33665	REPAIR OF HEART DEFECTS	2,145.22										
67	33665	REPAIR OF HEART DEFECTS	2,145.22	00 15									
63	33670	REPAIR OF HEART CHAMBERS	2,218.44										
67	33670	REPAIR OF HEART CHAMBERS	2,218.44	00 15									
63	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,210.44										
67	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,210.44	00 15									
63	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,268.83										
67	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,268.83	00 15									
63	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,358.67										
67	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,358.67	00 15									
63	33681	REPAIR HEART SEPTUM DEFECT	2,052.58										
67	33681	REPAIR HEART SEPTUM DEFECT	2,052.58	00 15									
63	33684	REPAIR HEART SEPTUM DEFECT	2,117.13										
67	33684	REPAIR HEART SEPTUM DEFECT	2,117.13	00 15									
63	33688	REPAIR HEART SEPTUM DEFECT	2,116.67										
67	33688	REPAIR HEART SEPTUM DEFECT	2,116.67	00 15									
63	33690	REINFORCE PULMONARY ARTERY	1,331.13										
67	33690	REINFORCE PULMONARY ARTERY	1,331.13	00 15									
63	33692	REPAIR OF HEART DEFECTS	2,197.96										
67	33692	REPAIR OF HEART DEFECTS	2,197.96	00 15									
63	33694	REPAIR OF HEART DEFECTS	2,187.62										
67	33694	REPAIR OF HEART DEFECTS	2,187.62	00 15									
63	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,305.37										
67	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,305.37	00 15									
63	33702	REPAIR OF HEART DEFECTS	1,724.41										
67	33702	REPAIR OF HEART DEFECTS	1,724.41	00 15									
63	33710	REPAIR OF HEART DEFECTS	2,300.08										
67	33710	REPAIR OF HEART DEFECTS	2,300.08	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33720	REPAIR OF HEART DEFECT	1,725.67										
67	33720	REPAIR OF HEART DEFECT	1,725.67	00 15									
63	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,820.10										
67	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,820.10	00 15									
63	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,721.07										
67	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,721.07	00 15									
63	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,278.96										
67	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,278.96	00 15									
63	33730	REPAIR HEART-VEIN DEFECT(S)	2,244.13										
67	33730	REPAIR HEART-VEIN DEFECT(S)	2,244.13	00 15									
63	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,837.93										
67	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,837.93	00 15									
63	33735	REVISION OF HEART CHAMBER	1,439.13										
67	33735	REVISION OF HEART CHAMBER	1,439.13	00 15									
63	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,564.26										
67	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,564.26	00 15									
63	33737	REVISION OF HEART CHAMBER	1,443.60										
67	33737	REVISION OF HEART CHAMBER	1,443.60	00 15									
63	33750	MAJOR VESSEL SHUNT	1,408.53										
67	33750	MAJOR VESSEL SHUNT	1,408.53	00 15									
63	33755	MAJOR VESSEL SHUNT	1,462.85										
67	33755	MAJOR VESSEL SHUNT	1,462.85	00 15									
63	33762	MAJOR VESSEL SHUNT	1,430.80										
67	33762	MAJOR VESSEL SHUNT	1,430.80	00 15									
63	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,462.85										
67	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,462.85	00 15									
63	33766	MAJOR VESSEL SHUNT	1,489.00										
67	33766	MAJOR VESSEL SHUNT	1,489.00	00 15									
63	33767	SHUNT;	1,588.40										
67	33767	SHUNT;	1,588.40	00 15									
63	33768	CAVOPULMONARY SHUNTING	470.69										
67	33768	CAVOPULMONARY SHUNTING	470.69	00 15									
63	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,379.07										
67	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,379.07	00 15									
63	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,452.05										
67	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,452.05	00 15									
63	33774	REPAIR TRANSPO GREAT ARTERIES	2,007.08										
67	33774	REPAIR TRANSPO GREAT ARTERIES	2,007.08	00 15									
63	33775	REAPAIR W REMOVAL PULMONARY BAND	2,070.23										
67	33775	REAPAIR W REMOVAL PULMONARY BAND	2,070.23	00 15									
63	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,187.83										
67	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,187.83	00 15									
63	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,118.71										
67	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,118.71	00 15									
63	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,634.05										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,634.05	00	15									
63	33779	REPAIR W REMOVAL O PULMONARY BAND	2,615.93											
67	33779	REPAIR W REMOVAL O PULMONARY BAND	2,615.93	00	15									
63	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,662.34											
67	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,662.34	00	15									
63	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,604.03											
67	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,604.03	00	15									
63	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,636.20											
67	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,636.20	00	15									
63	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,933.78											
67	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,933.78	00	15									
63	33786	REPAIR ARTERIAL TRUNK	2,557.75											
67	33786	REPAIR ARTERIAL TRUNK	2,557.75	00	15									
63	33788	REVISION OF PULMONARY ARTERY	1,714.03											
67	33788	REVISION OF PULMONARY ARTERY	1,714.03	00	15									
63	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,099.69											
67	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,099.69	00	15									
63	33802	REPAIR VESSEL DEFECT	1,202.30											
67	33802	REPAIR VESSEL DEFECT	1,202.30	00	15									
63	33803	REPAIR VESSEL DEFECT	1,284.88											
67	33803	REPAIR VESSEL DEFECT	1,284.88	00	15									
63	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,378.39											
67	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,378.39	00	15									
63	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,696.22											
67	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,696.22	00	15									
63	33820	REVISE MAJOR VESSEL	1,076.05											
67	33820	REVISE MAJOR VESSEL	1,076.05	00	15									
63	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,135.36	00	17									
67	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,135.36	00	15									
63	33824	REPAIR PATENT DUCTUS ARTERIOSUS	1,311.68	18	99									
63	33840	REMOVE AORTA CONSTRICTION	1,376.80											
67	33840	REMOVE AORTA CONSTRICTION	1,376.80	00	15									
63	33845	REMOVE AORTA CONSTRICTION	1,481.91											
67	33845	REMOVE AORTA CONSTRICTION	1,481.91	00	15									
63	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,415.12											
67	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,415.12	00	15									
63	33852	EXCISION O COARCTATION W REPAIR ARCH	1,558.23											
67	33852	EXCISION O COARCTATION W REPAIR ARCH	1,558.23	00	15									
63	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	2,046.19											
67	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	2,046.19	00	15									
63	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,825.67											
67	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,825.67	00	15									
63	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,742.66											
67	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,742.66	00	15									
63	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,548.58											

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,548.58	00 15									
63	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,625.65										
67	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,625.65	00 15									
63	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,042.51										
67	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,042.51	00 15									
63	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,679.64										
67	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,679.64	00 15									
63	33875	THORACIC AORTA GRAFT	3,084.93										
67	33875	THORACIC AORTA GRAFT	3,084.93	00 15									
63	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	4,102.02										
67	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	4,102.02	00 15									
63	33880	ENDOVASC TAA REPR INCL SUBCL	2,029.35										
67	33880	ENDOVASC TAA REPR INCL SUBCL	2,029.35	00 15									
63	33881	ENDOVASC TAA REPR W/O SUBCL	1,741.78										
67	33881	ENDOVASC TAA REPR W/O SUBCL	1,741.78	00 15									
63	33883	INSERT ENDOVASC PROSTH, TAA	1,257.03										
67	33883	INSERT ENDOVASC PROSTH, TAA	1,257.03	00 15									
63	33884	ENDOVASC PROSTH, TAA, ADD-ON	454.21									X	
67	33884	ENDOVASC PROSTH, TAA, ADD-ON	454.21	00 15								X	
63	33886	ENDOVASC PROSTH, DELAYED	1,079.05										
67	33886	ENDOVASC PROSTH, DELAYED	1,079.05	00 15									
63	33889	ARTERY TRANSPOSE/ENDOVAS TAA	901.35										
67	33889	ARTERY TRANSPOSE/ENDOVAS TAA	901.35	00 15									
63	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,108.62										
67	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,108.62	00 15									
63	33910	REMOVE LUNG ARTERY EMBOLI	2,988.23										
67	33910	REMOVE LUNG ARTERY EMBOLI	2,988.23	00 15									
63	33915	REMOVE LUNG ARTERY EMBOLI	1,540.97										
67	33915	REMOVE LUNG ARTERY EMBOLI	1,540.97	00 15									
63	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,754.08										
67	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,754.08	00 15									
63	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,620.44										
67	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,620.44	00 15									
63	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	2,028.36										
67	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	2,028.36	00 15									
63	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,547.32										
67	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,547.32	00 15									
63	33924	REMOVE PULMONARY SHUNT	323.03										
67	33924	REMOVE PULMONARY SHUNT	323.03	00 15									
63	33925	RPR PUL ART UNIFOCAL W/O CPB	1,925.39										
67	33925	RPR PUL ART UNIFOCAL W/O CPB	1,925.39	00 15									
63	33926	REPR PUL ART, UNIFOCAL W/CPB	2,716.76										
67	33926	REPR PUL ART, UNIFOCAL W/CPB	2,716.76	00 15									
63	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,886.52			X							
67	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,886.52	00 15		X							

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,577.43			X								
67	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,577.43	00	15	X								
63	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,474.38			X								
67	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,474.38	00	15	X								
63	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	346.79											
67	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	346.79	00	15									
63	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	386.18											
67	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	386.18	00	15									
63	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	266.31											
67	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	266.31	00	15									
63	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	259.25											
67	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	259.25	00	15									
63	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	479.43	00	05									
67	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	479.43	00	05									
63	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	482.14	06	99									
67	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	482.14	06	15									
63	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	534.17	00	05									
67	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	534.17	00	05									
63	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	537.54	06	99									
67	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	537.54	06	15									
63	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	937.91	00	05									
67	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	937.91	00	05									
63	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	943.60	06	99									
67	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	943.60	06	15									
63	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	208.41	00	05									
67	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	208.41	00	05									
63	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	208.41	06	99									
67	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	208.41	06	15									
63	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	264.26	00	05									
67	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	264.26	00	05									
63	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	264.26	06	99									
67	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	264.26	06	15									
63	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	528.45	00	05									
67	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	528.45	00	05									
63	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	557.65	06	99									
67	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	557.65	06	15									
63	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	208.41	00	05									
67	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	208.41	00	05									
63	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	266.37	06	99									
67	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	266.37	06	15									
63	33967	INSERT IA PERCUT DEVICE	290.84											
67	33967	INSERT IA PERCUT DEVICE	290.84	00	15									
63	33968	REMOVE AORTIC ASSIST DEVICE	37.89											
67	33968	REMOVE AORTIC ASSIST DEVICE	37.89	00	15									
63	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	307.81	00	05									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	307.81	00	05									
63	33970	INTERNAL CIRCULATION ASSIST	399.20											
67	33970	INTERNAL CIRCULATION ASSIST	399.20	00	15									
63	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	781.30											
67	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	781.30	00	15									
63	33973	INSERTION OF INTRA-AORTIC BALLOON AS	577.22											
67	33973	INSERTION OF INTRA-AORTIC BALLOON AS	577.22	00	15									
63	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	985.09											
67	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	985.09	00	15									
63	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,473.61											
67	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,473.61	00	15									
63	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,795.43											
67	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,795.43	00	15									
63	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,264.92											
67	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,264.92	00	15									
63	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,496.83											
67	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,496.83	00	15									
63	33979	INSERT INTRACORPOREAL DEVICE	2,201.70											
67	33979	INSERT INTRACORPOREAL DEVICE	2,201.70	00	15									
63	33980	REMOVE INTRACORPOREAL DEVICE	2,003.03									X		
67	33980	REMOVE INTRACORPOREAL DEVICE	2,003.03	00	15							X		
63	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	941.07									X		
67	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	941.07	00	15							X		
63	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,211.07									X		
67	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,211.07	00	15							X		
63	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,613.31									X		
67	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,613.31	00	15							X		
63	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	321.54	06	99									
67	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	321.54	06	15									
63	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	580.18	00	05									
67	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	580.18	00	05									
63	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	591.33	06	99									
67	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	591.33	06	15									
63	33987	ARTERIAL EXPOSURE WITH CREATION OF G	235.39											
67	33987	ARTERIAL EXPOSURE WITH CREATION OF G	235.39	00	15									
63	33988	INSERTION OF LEFT HEART VENT BY THOR	878.89											
67	33988	INSERTION OF LEFT HEART VENT BY THOR	878.89	00	15									
63	33989	REMOVAL OF LEFT HEART VENT BY THORAC	557.65											
67	33989	REMOVAL OF LEFT HEART VENT BY THORAC	557.65	00	15									
63	33990	INSERTION OF VENTRICULAR ASSIST DEVI	477.03											
67	33990	INSERTION OF VENTRICULAR ASSIST DEVI	477.03	00	15									
63	33991	INSERTION OF VENTRICULAR ASSIST DEVI	700.38											
67	33991	INSERTION OF VENTRICULAR ASSIST DEVI	700.38	00	15									
63	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	224.12											
67	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	224.12	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	194.60										
67	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	194.60	00 15									
63	34001	REMOVAL OF ARTERY CLOT	1,040.38										
67	34001	REMOVAL OF ARTERY CLOT	1,040.38	00 15									
63	34051	REMOVAL OF ARTERY CLOT	1,100.34										
67	34051	REMOVAL OF ARTERY CLOT	1,100.34	00 15									
63	34101	REMOVAL OF ARTERY CLOT	674.24										
67	34101	REMOVAL OF ARTERY CLOT	674.24	00 15									
63	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	676.71										
67	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	676.71	00 15									
63	34151	REMOVAL OF ARTERY CLOT	1,575.38										
67	34151	REMOVAL OF ARTERY CLOT	1,575.38	00 15									
63	34201	REMOVAL OF ARTERY CLOT	1,162.64										
67	34201	REMOVAL OF ARTERY CLOT	1,162.64	00 15									
63	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,075.47										
67	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,075.47	00 15									
63	34401	REMOVAL OF VEIN CLOT	1,628.09										
67	34401	REMOVAL OF VEIN CLOT	1,628.09	00 15									
63	34421	REMOVAL OF VEIN CLOT	833.73										
67	34421	REMOVAL OF VEIN CLOT	833.73	00 15									
63	34451	REMOVAL OF VEIN CLOT	1,637.50										
67	34451	REMOVAL OF VEIN CLOT	1,637.50	00 15									
63	34471	REMOVAL OF VEIN CLOT	1,226.64										
67	34471	REMOVAL OF VEIN CLOT	1,226.64	00 15									
63	34490	REMOVAL OF VEIN CLOT	711.68										
67	34490	REMOVAL OF VEIN CLOT	711.68	00 15									
63	34501	VALVULOPLASTY, FEMORAL VEIN	1,008.40										
67	34501	VALVULOPLASTY, FEMORAL VEIN	1,008.40	00 15									
63	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,726.93										
67	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,726.93	00 15									
63	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,160.72										
67	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,160.72	00 15									
63	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,123.53										
67	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,123.53	00 15									
63	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,064.03										
67	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,064.03	00 15									
63	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,407.88										
67	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,407.88	00 15									
63	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,106.96										
67	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,106.96	00 15									
63	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,555.73										
67	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,555.73	00 15									
63	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,599.32										
67	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,599.32	00 15									
63	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,736.52										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,736.52	00 15									
63	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,622.07										
67	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,622.07	00 15									
63	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,314.36										
67	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,314.36	00 15									
63	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,103.47										
67	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,103.47	00 15									
63	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	369.42									X	
67	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	369.42	00 15								X	
63	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	904.62										
67	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	904.62	00 15									
63	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	340.42									X	
67	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	340.42	00 15								X	
63	34712	TRANSCATHETER DELIVERY OF ENHANCED	742.18										
67	34712	TRANSCATHETER DELIVERY OF ENHANCED	742.18	00 15									
63	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	142.08									X	
67	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	142.08	00 15								X	
63	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	307.18									X	
67	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	307.18	00 15								X	
63	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	342.19									X	
67	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	342.19	00 15								X	
63	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	421.03									X	
67	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	421.03	00 15								X	
63	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	508.07									X	
67	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	508.07	00 15								X	
63	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,408.25									X	
67	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,408.25	00 15								X	
63	34808	ENDOVASC ABDO OCCLUD DEVICE	229.29										
67	34808	ENDOVASC ABDO OCCLUD DEVICE	229.29	00 15									
63	34812	XPOSE FOR ENDOPROSTH, AORTIC	235.66										
67	34812	XPOSE FOR ENDOPROSTH, AORTIC	235.66	00 15									
63	34813	XPOSE FOR ENDOPROSTH, FEMORL	271.32										
67	34813	XPOSE FOR ENDOPROSTH, FEMORL	271.32	00 15									
63	34820	XPOSE FOR ENDOPROSTH, ILIAC	399.53										
67	34820	XPOSE FOR ENDOPROSTH, ILIAC	399.53	00 15									
63	34830	OPEN AORTIC TUBE PROSTH REPR	2,012.17										
67	34830	OPEN AORTIC TUBE PROSTH REPR	2,012.17	00 15									
63	34831	OPEN AORTOILIAC PROSTH REPR	2,196.59										
67	34831	OPEN AORTOILIAC PROSTH REPR	2,196.59	00 15									
63	34832	OPEN AORTOFEMOR PROSTH REPR	2,165.22										
67	34832	OPEN AORTOFEMOR PROSTH REPR	2,165.22	00 15									
63	34833	XPOSE FOR ENDOPROSTH, ILIAC	461.40										
67	34833	XPOSE FOR ENDOPROSTH, ILIAC	461.40	00 15									
63	34834	XPOSE, ENDOPROSTH, BRACHIAL	148.36										
67	34834	XPOSE, ENDOPROSTH, BRACHIAL	148.36	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	35001	REPAIR DEFECT OF ARTERY	1,267.17										
67	35001	REPAIR DEFECT OF ARTERY	1,267.17	00 15									
63	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,292.71										
67	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,292.71	00 15									
63	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,130.05										
67	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,130.05	00 15									
63	35011	REPAIR DEFECT OF ARTERY	1,132.52										
67	35011	REPAIR DEFECT OF ARTERY	1,132.52	00 15									
63	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,423.81										
67	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,423.81	00 15									
63	35021	REPAIR DEFECT OF ARTERY	1,403.72										
67	35021	REPAIR DEFECT OF ARTERY	1,403.72	00 15									
63	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,608.57										
67	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,608.57	00 15									
63	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,102.68										
67	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,102.68	00 15									
63	35081	REPAIR DEFECT OF ARTERY	1,967.27										
67	35081	REPAIR DEFECT OF ARTERY	1,967.27	00 15									
63	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,479.71										
67	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,479.71	00 15									
63	35091	REPAIR DEFECT OF ARTERY	2,039.46										
67	35091	REPAIR DEFECT OF ARTERY	2,039.46	00 15									
63	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,966.50										
67	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,966.50	00 15									
63	35102	REPAIR DEFECT OF ARTERY	2,137.33										
67	35102	REPAIR DEFECT OF ARTERY	2,137.33	00 15									
63	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,546.13										
67	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,546.13	00 15									
63	35111	REPAIR DEFECT OF ARTERY	1,514.40										
67	35111	REPAIR DEFECT OF ARTERY	1,514.40	00 15									
63	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,865.31										
67	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,865.31	00 15									
63	35121	REPAIR DEFECT OF ARTERY	1,804.57										
67	35121	REPAIR DEFECT OF ARTERY	1,804.57	00 15									
63	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,159.99										
67	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,159.99	00 15									
63	35131	REPAIR DEFECT OF ARTERY	1,563.10										
67	35131	REPAIR DEFECT OF ARTERY	1,563.10	00 15									
63	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,865.31										
67	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,865.31	00 15									
63	35141	REPAIR DEFECT OF ARTERY	1,248.61										
67	35141	REPAIR DEFECT OF ARTERY	1,248.61	00 15									
63	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,505.92										
67	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,505.92	00 15									
63	35151	REPAIR DEFECT OF ARTERY	1,404.25										

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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	35151	REPAIR DEFECT OF ARTERY	1,404.25	00	15									
63	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,592.85											
67	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,592.85	00	15									
63	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	977.17											
67	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	977.17	00	15									
63	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,997.88											
67	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,997.88	00	15									
63	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,096.14											
67	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,096.14	00	15									
63	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,426.10											
67	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,426.10	00	15									
63	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,721.62											
67	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,721.62	00	15									
63	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	854.39											
67	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	854.39	00	15									
63	35201	REPAIR BLOOD VESSEL LESION	1,055.97											
67	35201	REPAIR BLOOD VESSEL LESION	1,055.97	00	15									
63	35206	REPAIR BLOOD VESSEL LESION	873.97											
67	35206	REPAIR BLOOD VESSEL LESION	873.97	00	15									
63	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	812.84										X	
67	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	812.84	00	15								X	
63	35211	REPAIR BLOOD VESSEL LESION	1,550.96											
67	35211	REPAIR BLOOD VESSEL LESION	1,550.96	00	15									
63	35216	REPAIR BLOOD VESSEL LESION	2,314.78											
67	35216	REPAIR BLOOD VESSEL LESION	2,314.78	00	15									
63	35221	REPAIR BLOOD VESSEL LESION	1,651.00											
67	35221	REPAIR BLOOD VESSEL LESION	1,651.00	00	15									
63	35226	REPAIR BLOOD VESSEL LESION	937.32											
67	35226	REPAIR BLOOD VESSEL LESION	937.32	00	15									
63	35231	REPAIR BLOOD VESSEL LESION	1,382.70											
67	35231	REPAIR BLOOD VESSEL LESION	1,382.70	00	15									
63	35236	REPAIR BLOOD VESSEL LESION	1,125.96											
67	35236	REPAIR BLOOD VESSEL LESION	1,125.96	00	15									
63	35241	REPAIR BLOOD VESSEL LESION	1,601.51											
67	35241	REPAIR BLOOD VESSEL LESION	1,601.51	00	15									
63	35246	REPAIR BLOOD VESSEL LESION	1,749.72											
67	35246	REPAIR BLOOD VESSEL LESION	1,749.72	00	15									
63	35251	REPAIR BLOOD VESSEL LESION	1,964.53											
67	35251	REPAIR BLOOD VESSEL LESION	1,964.53	00	15									
63	35256	REPAIR BLOOD VESSEL LESION	1,156.90											
67	35256	REPAIR BLOOD VESSEL LESION	1,156.90	00	15									
63	35261	REPAIR BLOOD VESSEL LESION	1,112.20											
67	35261	REPAIR BLOOD VESSEL LESION	1,112.20	00	15									
63	35266	REPAIR BLOOD VESSEL LESION	973.12											
67	35266	REPAIR BLOOD VESSEL LESION	973.12	00	15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	35271	REPAIR BLOOD VESSEL LESION	1,541.09										
67	35271	REPAIR BLOOD VESSEL LESION	1,541.09	00 15									
63	35276	REPAIR BLOOD VESSEL LESION	1,624.78										
67	35276	REPAIR BLOOD VESSEL LESION	1,624.78	00 15									
63	35281	REPAIR BLOOD VESSEL LESION	1,836.82										
67	35281	REPAIR BLOOD VESSEL LESION	1,836.82	00 15									
63	35286	REPAIR BLOOD VESSEL LESION	1,053.83										
67	35286	REPAIR BLOOD VESSEL LESION	1,053.83	00 15									
63	35301	RECHANNELING OF ARTERY	1,280.64										
67	35301	RECHANNELING OF ARTERY	1,280.64	00 15									
63	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,271.41										
67	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,271.41	00 15									
63	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,403.84										
67	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,403.84	00 15									
63	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,448.45										
67	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,448.45	00 15									
63	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,390.69										
67	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,390.69	00 15									
63	35306	THROMBOENDARTERECTOMY, INCLUDING P +	511.77									X	
67	35306	THROMBOENDARTERECTOMY, INCLUDING P +	511.77	00 15								X	
63	35311	RECHANNELING OF ARTERY	1,747.19										
67	35311	RECHANNELING OF ARTERY	1,747.19	00 15									
63	35321	RECHANNELING OF ARTERY	1,008.46										
67	35321	RECHANNELING OF ARTERY	1,008.46	00 15									
63	35331	RECHANNELING OF ARTERY	1,647.59										
67	35331	RECHANNELING OF ARTERY	1,647.59	00 15									
63	35341	RECHANNELING OF ARTERY	1,559.96										
67	35341	RECHANNELING OF ARTERY	1,559.96	00 15									
63	35351	RECHANNELING OF ARTERY	1,456.30										
67	35351	RECHANNELING OF ARTERY	1,456.30	00 15									
63	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,171.72										
67	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,171.72	00 15									
63	35361	RECHANNELING OF ARTERY	1,736.64										
67	35361	RECHANNELING OF ARTERY	1,736.64	00 15									
63	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,853.59										
67	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,853.59	00 15									
63	35371	RECHANNELING OF ARTERY	924.35										
67	35371	RECHANNELING OF ARTERY	924.35	00 15									
63	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,109.25										
67	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,109.25	00 15									
63	35390	REOPERATION, CAROTID, THROMBOENDARTE	182.55										
67	35390	REOPERATION, CAROTID, THROMBOENDARTE	182.55	00 15									
63	35400	ANGIOSCOPY	169.68										
67	35400	ANGIOSCOPY	169.68	00 15									
63	35500	HARVEST VEIN FOR BYPASS	365.04										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	35500	HARVEST VEIN FOR BYPASS	365.04	00 15									
63	35501	ARTERY BYPASS GRAFT	1,666.44										
67	35501	ARTERY BYPASS GRAFT	1,666.44	00 15									
63	35506	ARTERY BYPASS GRAFT	1,453.12										
67	35506	ARTERY BYPASS GRAFT	1,453.12	00 15									
63	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,510.49										
67	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,510.49	00 15									
63	35509	ARTERY BYPASS GRAFT	1,612.14										
67	35509	ARTERY BYPASS GRAFT	1,612.14	00 15									
63	35510	ARTERY BYPASS GRAFT	1,401.13										
67	35510	ARTERY BYPASS GRAFT	1,401.13	00 15									
63	35511	ARTERY BYPASS GRAFT	1,277.39										
67	35511	ARTERY BYPASS GRAFT	1,277.39	00 15									
63	35512	ARTERY BYPASS GRAFT	1,374.29										
67	35512	ARTERY BYPASS GRAFT	1,374.29	00 15									
63	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,510.49										
67	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,510.49	00 15									
63	35516	ARTERY BYPASS GRAFT	1,390.60										
67	35516	ARTERY BYPASS GRAFT	1,390.60	00 15									
63	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,302.31										
67	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,302.31	00 15									
63	35521	ARTERY BYPASS GRAFT	1,396.35										
67	35521	ARTERY BYPASS GRAFT	1,396.35	00 15									
63	35522	ARTERY BYPASS GRAFT	1,380.27										
67	35522	ARTERY BYPASS GRAFT	1,380.27	00 15									
63	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,450.33										
67	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,450.33	00 15									
63	35525	ARTERY BYPASS GRAFT	1,287.81										
67	35525	ARTERY BYPASS GRAFT	1,287.81	00 15									
63	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,939.81										
67	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,939.81	00 15									
63	35531	ARTERY BYPASS GRAFT	2,226.52										
67	35531	ARTERY BYPASS GRAFT	2,226.52	00 15									
63	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,718.49										
67	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,718.49	00 15									
63	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,175.06										
67	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,175.06	00 15									
63	35536	ARTERY BYPASS GRAFT	1,929.69										
67	35536	ARTERY BYPASS GRAFT	1,929.69	00 15									
63	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,383.81										
67	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,383.81	00 15									
63	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,672.68										
67	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,672.68	00 15									
63	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,507.96										
67	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,507.96	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,797.50										
67	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,797.50	00 15									
63	35556	ARTERY BYPASS GRAFT	1,589.05										
67	35556	ARTERY BYPASS GRAFT	1,589.05	00 15									
63	35558	ARTERY BYPASS GRAFT	1,391.37										
67	35558	ARTERY BYPASS GRAFT	1,391.37	00 15									
63	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,945.77										
67	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,945.77	00 15									
63	35563	ARTERY BYPASS GRAFT	1,507.06										
67	35563	ARTERY BYPASS GRAFT	1,507.06	00 15									
63	35565	ARTERY BYPASS GRAFT	1,485.25										
67	35565	ARTERY BYPASS GRAFT	1,485.25	00 15									
63	35566	ARTERY BYPASS GRAFT	1,900.00										
67	35566	ARTERY BYPASS GRAFT	1,900.00	00 15									
63	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,679.48										
67	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,679.48	00 15									
63	35571	ARTERY BYPASS GRAFT	1,505.94										
67	35571	ARTERY BYPASS GRAFT	1,505.94	00 15									
63	35572	HARVEST FEMOROPOPLITEAL VEIN	392.92										
67	35572	HARVEST FEMOROPOPLITEAL VEIN	392.92	00 15									
63	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,640.69										
67	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,640.69	00 15									
63	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,903.89										
67	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,903.89	00 15									
63	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,549.40										
67	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,549.40	00 15									
63	35600	HARVEST ARTERY FOR CABG	289.95										
67	35600	HARVEST ARTERY FOR CABG	289.95	00 15									
63	35601	ARTERY BYPASS GRAFT	1,590.13										
67	35601	ARTERY BYPASS GRAFT	1,590.13	00 15									
63	35606	ARTERY BYPASS GRAFT	1,330.11										
67	35606	ARTERY BYPASS GRAFT	1,330.11	00 15									
63	35612	ARTERY BYPASS GRAFT	1,186.17										
67	35612	ARTERY BYPASS GRAFT	1,186.17	00 15									
63	35616	ARTERY BYPASS GRAFT	1,256.61										
67	35616	ARTERY BYPASS GRAFT	1,256.61	00 15									
63	35621	ARTERY BYPASS GRAFT	1,244.96										
67	35621	ARTERY BYPASS GRAFT	1,244.96	00 15									
63	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,495.98										
67	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,495.98	00 15									
63	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,786.96										
67	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,786.96	00 15									
63	35631	ARTERY BYPASS GRAFT	2,106.73										
67	35631	ARTERY BYPASS GRAFT	2,106.73	00 15									
63	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,063.97										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,063.97	00 15									
63	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,260.78										
67	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,260.78	00 15									
63	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,019.61										
67	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,019.61	00 15									
63	35636	ARTERY BYPASS GRAFT	1,819.51										
67	35636	ARTERY BYPASS GRAFT	1,819.51	00 15									
63	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,893.88										
67	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,893.88	00 15									
63	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	1,979.78										
67	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,979.78	00 15									
63	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,118.03										
67	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,118.03	00 15									
63	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,075.83										
67	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,075.83	00 15									
63	35646	ARTERY BYPASS GRAFT	1,948.21										
67	35646	ARTERY BYPASS GRAFT	1,948.21	00 15									
63	35647	ARTERY BYPASS GRAFT	1,756.61										
67	35647	ARTERY BYPASS GRAFT	1,756.61	00 15									
63	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,163.61										
67	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,163.61	00 15									
63	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,554.93										
67	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,554.93	00 15									
63	35656	ARTERY BYPASS GRAFT	1,223.88										
67	35656	ARTERY BYPASS GRAFT	1,223.88	00 15									
63	35661	ARTERY BYPASS GRAFT	1,226.41										
67	35661	ARTERY BYPASS GRAFT	1,226.41	00 15									
63	35663	ARTERY BYPASS GRAFT	1,385.26										
67	35663	ARTERY BYPASS GRAFT	1,385.26	00 15									
63	35665	ARTERY BYPASS GRAFT	1,330.95										
67	35665	ARTERY BYPASS GRAFT	1,330.95	00 15									
63	35666	ARTERY BYPASS GRAFT	1,438.96										
67	35666	ARTERY BYPASS GRAFT	1,438.96	00 15									
63	35671	ARTERY BYPASS GRAFT	1,268.54										
67	35671	ARTERY BYPASS GRAFT	1,268.54	00 15									
63	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	92.48										
67	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	92.48	00 15									
63	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	404.83										
67	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	404.83	00 15									
63	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	469.42										
67	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	469.42	00 15									
63	35685	BYPASS GRAFT PATENCY/PATCH	227.48										
67	35685	BYPASS GRAFT PATENCY/PATCH	227.48	00 15									
63	35686	BYPASS GRAFT/AV FIST PATENCY	184.69										
67	35686	BYPASS GRAFT/AV FIST PATENCY	184.69	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,074.73										
67	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,074.73	00 15									
63	35693	TRANSPOSITION AND/OR REIMPLANTATION;	943.14										
67	35693	TRANSPOSITION AND/OR REIMPLANTATION;	943.14	00 15									
63	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,123.26										
67	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,123.26	00 15									
63	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,166.37										
67	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,166.37	00 15									
63	35697	REIMPLANT ARTERY EACH	168.67										
67	35697	REIMPLANT ARTERY EACH	168.67	00 15									
63	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	174.52										
67	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	174.52	00 15									
63	35701	EXPLORATION, CAROTID ARTERY	479.75										
67	35701	EXPLORATION, CAROTID ARTERY	479.75	00 15									
63	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	456.66										
67	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	456.66	00 15									
63	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	466.65										
67	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	466.65	00 15									
63	35800	EXPLORE NECK VESSELS	791.94										
67	35800	EXPLORE NECK VESSELS	791.94	00 15									
63	35820	EXPLORE CHEST VESSELS	2,256.46										
67	35820	EXPLORE CHEST VESSELS	2,256.46	00 15									
63	35840	EXPLORE ABDOMINAL VESSELS	1,339.96										
67	35840	EXPLORE ABDOMINAL VESSELS	1,339.96	00 15									
63	35860	EXPLORE LIMB VESSELS	942.24										
67	35860	EXPLORE LIMB VESSELS	942.24	00 15									
63	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,417.92										
67	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,417.92	00 15									
63	35875	THROMBECTOMY OF ARTERIAL GRAFT	670.00										
67	35875	THROMBECTOMY OF ARTERIAL GRAFT	670.00	00 15									
63	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,071.05										
67	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,071.05	00 15									
63	35879	REVISE GRAFT W/VEIN	1,047.80										
67	35879	REVISE GRAFT W/VEIN	1,047.80	00 15									
63	35881	REVISE GRAFT W/VEIN	1,157.31										
67	35881	REVISE GRAFT W/VEIN	1,157.31	00 15									
63	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,364.71										
67	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,364.71	00 15									
63	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,414.27										
67	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,414.27	00 15									
63	35901	EXCISION OF INFECTED GRAFT;	528.19										
67	35901	EXCISION OF INFECTED GRAFT;	528.19	00 15									
63	35903	EXCISION OF INFECTED GRAFT;	630.30										
67	35903	EXCISION OF INFECTED GRAFT;	630.30	00 15									
63	35905	EXCISION OF INFECTED GRAFT;	2,003.47										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	35905	EXCISION OF INFECTED GRAFT;	2,003.47	00 15									
63	35907	EXCISION OF INFECTED GRAFT;	2,167.67										
67	35907	EXCISION OF INFECTED GRAFT;	2,167.67	00 15									
63	36002	PSEUDOANEURYSM INJECTION TRT	162.53										
67	36002	PSEUDOANEURYSM INJECTION TRT	162.53	00 15									
63	36005	INJECTION PROCEDURE FOR CONTRAST VEN	290.93										
67	36005	INJECTION PROCEDURE FOR CONTRAST VEN	290.93	00 15									
63	36010	ESTABLISH ACCESS TO VEIN	522.84										
67	36010	ESTABLISH ACCESS TO VEIN	522.84	00 15									
63	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	853.53										
67	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	853.53	00 15									
63	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	869.26										
67	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	869.26	00 15									
63	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	784.04										
67	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	784.04	00 15									
63	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	821.03										
67	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	821.03	00 15									
63	36015	SELECTIVE CATHETER PLACEMENT, EACH S	889.52										
67	36015	SELECTIVE CATHETER PLACEMENT, EACH S	889.52	00 15									
63	36100	ESTABLISH ACCESS TO ARTERY	524.83									X	
67	36100	ESTABLISH ACCESS TO ARTERY	524.83	00 15								X	
63	36140	ESTABLISH ACCESS TO ARTERY	473.91									X	
67	36140	ESTABLISH ACCESS TO ARTERY	473.91	00 15								X	
63	36160	ESTABLISH ACCESS TO AORTA	541.76										
67	36160	ESTABLISH ACCESS TO AORTA	541.76	00 15									
63	36200	INTRODUCTION OF CATHETER, AORTA	589.78										
67	36200	INTRODUCTION OF CATHETER, AORTA	589.78	00 15									
63	36215	INTRODUCE CATHETER; EACH ADD....	1,063.22									X	
67	36215	INTRODUCE CATHETER; EACH ADD....	1,063.22	00 15								X	
63	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,136.61										
67	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,136.61	00 15									
63	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,865.84										
67	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,865.84	00 15									
63	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	227.85										
67	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	227.85	00 15									
63	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,043.15										
67	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,043.15	00 15									
63	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,240.18									X	
67	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,240.18	00 15								X	
63	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,584.35									X	
67	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,584.35	00 15								X	
63	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,039.12									X	
67	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,039.12	00 15								X	
63	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,521.36									X	
67	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,521.36	00 15								X	

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,929.51										X	
67	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,929.51	00	15								X	
63	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	256.83										X	
67	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	256.83	00	15								X	
63	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,305.61										X	
67	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,305.61	00	15								X	
63	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,320.85										X	
67	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,320.85	00	15								X	
63	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	865.09											
67	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	865.09	00	15									
63	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,500.73											
67	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,500.73	00	15									
63	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	138.48											
67	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	138.48	00	15									
63	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,377.17											
67	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,377.17	00	15									
63	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,495.55											
67	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,495.55	00	15									
63	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,168.73											
67	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,168.73	00	15									
63	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,137.99											
67	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,137.99	00	15									
63	36260	INSERT IMPLANTABLE FUSION PUMP	718.91											
67	36260	INSERT IMPLANTABLE FUSION PUMP	718.91	00	15									
63	36261	REVISION OF IMPLANTED INFUSION PUMP	441.95											
67	36261	REVISION OF IMPLANTED INFUSION PUMP	441.95	00	15									
63	36262	REMOVAL OF IMPLANTED INFUSION PUMP	335.63											
67	36262	REMOVAL OF IMPLANTED INFUSION PUMP	335.63	00	15									
63	36400	ESTABLISH ACCESS TO VEIN	27.82	00	02				X				X	
67	36400	ESTABLISH ACCESS TO VEIN	27.82	00	02				X				X	
63	36405	ESTABLISH ACCESS TO VEIN	23.99	00	02				X				X	
67	36405	ESTABLISH ACCESS TO VEIN	23.99	00	02				X				X	
63	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	16.83	00	02				X				X	
67	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	16.83	00	02				X				X	
63	36410	ESTABLISH ACCESS TO VEIN	17.65	03	99				X					
67	36410	ESTABLISH ACCESS TO VEIN	17.65	03	15				X					
63	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	54.58	00	00								X	
67	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	54.58	00	00								X	
63	36425	ESTABLISH ACCESS TO VEIN	43.60	01	99								X	
67	36425	ESTABLISH ACCESS TO VEIN	43.60	01	15								X	
63	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	55.51	00	01								X	
67	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	55.51	00	01								X	
63	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	185.83	00	00									
67	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	185.83	00	00									
63	36455	EXCHANGE TRANSFUSION SERVICE	143.44										X	

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

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	36455	EXCHANGE TRANSFUSION SERVICE	143.44	00 15								X	
63	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	110.40	00 00									
67	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	110.40	00 00									
63	36460	TRANSFUSION SERVICE, FETAL	386.12									X	
67	36460	TRANSFUSION SERVICE, FETAL	386.12	00 15								X	
63	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,466.11										
67	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,466.11	00 15									
63	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,628.65										
67	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,628.65	00 15									
63	36470	INJECTION THERAPY OF VEIN	109.90										
67	36470	INJECTION THERAPY OF VEIN	109.90	00 15									
63	36471	INJECTION THERAPY OF VEINS	199.52										
67	36471	INJECTION THERAPY OF VEINS	199.52	00 15									
63	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,388.66										
67	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,388.66	00 15									
63	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	290.72									X	
67	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	290.72	00 15								X	
63	36475	ENDOVENOUS RF, 1ST VEIN	1,352.98										
67	36475	ENDOVENOUS RF, 1ST VEIN	1,352.98	00 15									
63	36476	ENDOVENOUS RF, VEIN ADD-ON	317.20										
67	36476	ENDOVENOUS RF, VEIN ADD-ON	317.20	00 15									
63	36478	ENDOVENOUS LASER, 1ST VEIN	1,059.70										
67	36478	ENDOVENOUS LASER, 1ST VEIN	1,059.70	00 15									
63	36479	ENDOVENOUS LASER VEIN ADDON	332.76										
67	36479	ENDOVENOUS LASER VEIN ADDON	332.76	00 15									
63	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,884.08										
67	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,884.08	00 15									
63	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,848.17										
67	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,848.17	00 15									
63	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	163.52									X	
67	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	163.52	00 15								X	
63	36500	VEIN CATH/SELECT. ORGAN SAMPLE	203.33										
67	36500	VEIN CATH/SELECT. ORGAN SAMPLE	203.33	00 15									
63	36510	UMBILICAL CATH-DX/THER/NEWBORN	85.81	00 01									
67	36510	UMBILICAL CATH-DX/THER/NEWBORN	85.81	00 01									
63	36511	APHERESIS WBC	117.40										
67	36511	APHERESIS WBC	117.40	00 15									
63	36512	APHERESIS RBC	116.38										
67	36512	APHERESIS RBC	116.38	00 15									
63	36513	APHERESIS PLATELETS	118.97										
67	36513	APHERESIS PLATELETS	118.97	00 15									
63	36514	APHERESIS PLASMA	657.11										
67	36514	APHERESIS PLASMA	657.11	00 15									
63	36516	APHERESIS, SELECTIVE	1,880.69										
67	36516	APHERESIS, SELECTIVE	1,880.69	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,851.23										
67	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,851.23	00 15									
63	36555	INSERT NON-TUNNEL CV CATH	191.56	00 04									
67	36555	INSERT NON-TUNNEL CV CATH	191.56	00 04									
63	36556	INSERT NON-TUNNEL CV CATH	216.35	05 99									
67	36556	INSERT NON-TUNNEL CV CATH	216.35	05 15									
63	36557	INSERT TUNNELED CV CATH	1,097.48	00 04									
67	36557	INSERT TUNNELED CV CATH	1,097.48	00 04									
63	36558	INSERT TUNNELED CV CATH	811.39	05 99									
67	36558	INSERT TUNNELED CV CATH	811.39	05 15									
63	36560	INSERT TUNNELED CV CATH	1,311.41	00 04									
67	36560	INSERT TUNNELED CV CATH	1,311.41	00 04									
63	36561	INSERT TUNNELED CV CATH	1,072.63	05 99									
67	36561	INSERT TUNNELED CV CATH	1,072.63	05 15									
63	36563	INSERT TUNNELED CV CATH	1,191.51										
67	36563	INSERT TUNNELED CV CATH	1,191.51	00 15									
63	36565	INSERT TUNNELED CV CATH	888.54										
67	36565	INSERT TUNNELED CV CATH	888.54	00 15									
63	36566	INSERT TUNNELED CV CATH	4,506.37										
67	36566	INSERT TUNNELED CV CATH	4,506.37	00 15									
63	36568	INSERT TUNNELED CV CATH	103.20	00 04									
67	36568	INSERT TUNNELED CV CATH	103.20	00 04									
63	36569	INSERT TUNNELED CV CATH	103.48	05 99									
67	36569	INSERT TUNNELED CV CATH	103.48	05 15									
63	36570	INSERT TUNNELED CV CATH	1,469.01	00 04									
67	36570	INSERT TUNNELED CV CATH	1,469.01	00 04									
63	36571	INSERT TUNNELED CV CATH	1,287.16	05 99									
67	36571	INSERT TUNNELED CV CATH	1,287.16	05 15									
63	36572	INSERTION OF PERIPHERALLY INSERTED	426.80	00 04									
67	36572	INSERTION OF PERIPHERALLY INSERTED	426.80	00 04									
63	36573	INSERTION OF PERIPHERALLY INSERTED	394.44	05 99									
67	36573	INSERTION OF PERIPHERALLY INSERTED	394.44	05 15									
63	36575	REPAIR TUNNELED CV CATH	158.53										
67	36575	REPAIR TUNNELED CV CATH	158.53	00 15									
63	36576	REPAIR TUNNELED CV CATH	349.75										
67	36576	REPAIR TUNNELED CV CATH	349.75	00 15									
63	36578	REPLACE TUNNELED CV CATH	475.93										
67	36578	REPLACE TUNNELED CV CATH	475.93	00 15									
63	36580	REPLACE TUNNELED CV CATH	218.02										
67	36580	REPLACE TUNNELED CV CATH	218.02	00 15									
63	36581	REPLACE TUNNELED CV CATH	793.30										
67	36581	REPLACE TUNNELED CV CATH	793.30	00 15									
63	36582	REPLACE TUNNELED CV CATH	987.74										
67	36582	REPLACE TUNNELED CV CATH	987.74	00 15									
63	36583	REPLACE TUNNELED CV CATH	1,257.41										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	36583	REPLACE TUNNELED CV CATH	1,257.41	00 15									
63	36584	REPLACE TUNNELED CV CATH	341.72										
67	36584	REPLACE TUNNELED CV CATH	341.72	00 15									
63	36585	REPLACE TUNNELED CV CATH	1,092.37										
67	36585	REPLACE TUNNELED CV CATH	1,092.37	00 15									
63	36589	REMOVAL TUNNELED CV CATH	175.73										
67	36589	REMOVAL TUNNELED CV CATH	175.73	00 15									
63	36590	REMOVAL TUNNELED CV CATH	238.00										
67	36590	REMOVAL TUNNELED CV CATH	238.00	00 15									
63	36595	MECH REMOV TUNNELED CV CATH	625.36										
67	36595	MECH REMOV TUNNELED CV CATH	625.36	00 15									
63	36596	MECH REMOV TUNNELED CV CATH	121.81										
67	36596	MECH REMOV TUNNELED CV CATH	121.81	00 15									
63	36597	REPOSITION VENOUS CATHETER	135.16										
67	36597	REPOSITION VENOUS CATHETER	135.16	00 15									
63	36598	INJ W/FLUOR, EVAL CV DEVICE	120.61									X	
67	36598	INJ W/FLUOR, EVAL CV DEVICE	120.61	00 15								X	
63	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	30.92									X	
67	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	30.92	00 15								X	
63	36620	ARTERIAL CATHETERIZATION OR CANNULAT	49.11									X	
67	36620	ARTERIAL CATHETERIZATION OR CANNULAT	49.11	00 15								X	
63	36625	ESTABLISH ACCESS TO ARTERY	117.59										
67	36625	ESTABLISH ACCESS TO ARTERY	117.59	00 15									
63	36640	INSERTION CATHETER, ARTERY	123.54										
67	36640	INSERTION CATHETER, ARTERY	123.54	00 15									
63	36660	INSERTION CATHETER, ARTERY	74.23										
67	36660	INSERTION CATHETER, ARTERY	74.23	00 15									
63	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	67.56										
67	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	67.56	00 15									
63	36800	INSERTION OF CANNULA	135.46										
67	36800	INSERTION OF CANNULA	135.46	00 15									
63	36810	INSERTION OF CANNULA	231.78										
67	36810	INSERTION OF CANNULA	231.78	00 15									
63	36815	INSERTION OF CANNULA	153.27										
67	36815	INSERTION OF CANNULA	153.27	00 15									
63	36818	AV FUSE, UPPR ARM, CEPHALIC	777.98										
67	36818	AV FUSE, UPPR ARM, CEPHALIC	777.98	00 15									
63	36819	AV FUSION BY BASILIC VEIN	824.30										
67	36819	AV FUSION BY BASILIC VEIN	824.30	00 15									
63	36820	INSERTION OF CANNULA	820.05										
67	36820	INSERTION FO CANNULA	820.05	00 15									
63	36821	ARTERY-VEIN FUSION	747.14										
67	36821	ARTERY-VEIN FUSION	747.14	00 15									
63	36823	INSERTION CANNULA(S)	1,559.67								X		
67	36823	INSERTION CANNULA(S)	1,559.67	00 15							X		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	36825	ARTERY-VEIN GRAFT	893.60										
67	36825	ARTERY-VEIN GRAFT	893.60	00 15									
63	36830	ARTERY-VEIN GRAFT	751.69										
67	36830	ARTERY-VEIN GRAFT	751.69	00 15									
63	36831	AV FISTULA EXCISION	692.40										
67	36831	AV FISTULA EXCISION	692.40	00 15									
63	36832	REVISION O ARTERIO FISTULA WW THROMB	849.45										
67	36832	REVISION O ARTERIO FISTULA WW THROMB	849.45	00 15									
63	36833	AV FISTULA REVISION	911.45										
67	36833	AV FISTULA REVISION	911.45	00 15									
63	36835	ARTERY TO VEIN SHUNT	526.58										
67	36835	ARTERY TO VEIN SHUNT	526.58	00 15									
63	36838	DIST REVAS LIGATION, HEMO	1,297.88										
67	36838	DIST REVAS LIGATION, HEMO	1,297.88	00 15									
63	36860	CANNULA DECLOTTING	254.15										
67	36860	CANNULA DECLOTTING	254.15	00 15									
63	36861	CANNULA DECLOTTING	157.19										
67	36861	CANNULA DECLOTTING	157.19	00 15									
63	36901	INTRODUCTION OF NEEDLE(S) AND/OR	687.93										
67	36901	INTRODUCTION OF NEEDLE(S) AND/OR	687.93	00 15									
63	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,278.86										
67	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,278.86	00 15									
63	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,978.38										
67	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,978.38	00 15									
63	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,895.90										
67	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,895.90	00 15									
63	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,377.06										
67	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,377.06	00 15									
63	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	6,195.15										
67	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	6,195.15	00 15									
63	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	682.89										
67	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	682.89	00 15									
63	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	2,039.95										
67	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	2,039.95	00 15									
63	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,944.15										
67	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,944.15	00 15									
63	37140	REVISION OF CIRCULATION	2,608.85										
67	37140	REVISION OF CIRCULATION	2,608.85	00 15									
63	37145	REVISION OF CIRCULATION	2,417.88										
67	37145	REVISION OF CIRCULATION	2,417.88	00 15									
63	37160	REVISION OF CIRCULATION	2,483.78										
67	37160	REVISION OF CIRCULATION	2,483.78	00 15									
63	37180	REVISION OF CIRCULATION	2,387.82										
67	37180	REVISION OF CIRCULATION	2,387.82	00 15									
63	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,608.85										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,608.85	00 15									
63	37182	INSERT HEPATIC SHUNT (TIP'S)	900.43										
67	37182	INSERT HEPATIC SHUNT (TIPS)	900.43	00 15									
63	37183	REMOVE HEPATIC SHUNT (TIPS)	5,984.36										
67	37183	REMOVE HEPATIC SHUNT (TIP'S)	5,984.36	00 15									
63	37184	PRIM ART MECH THROMBECTOMY	1,951.66										
67	37184	PRIM ART MECH THROMBECTOMY	1,951.66	00 15									
63	37185	PRIM ART M-THROMBECT ADD-ON	595.08									X	
67	37185	PRIM ART M-THROMBECT ADD-ON	595.08	00 15								X	
63	37186	SEC ART M-THROMBECT ADD-ON	1,304.34										
67	37186	SEC ART M-THROMBECT ADD-ON	1,304.34	00 15									
63	37187	VENOUS MECH THROMBECTOMY	1,909.19										
67	37187	VENOUS MECH THROMBECTOMY	1,909.19	00 15									
63	37188	VENOUS M-THROMBECTOMY ADD-ON	1,599.96										
67	37188	VENOUS M-THROMBECTOMY ADD-ON	1,599.96	00 15									
63	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,324.48			X							
67	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,324.48	00 15		X							
63	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,348.65			X							
67	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,348.65	00 15		X							
63	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,567.38			X							
67	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,567.38	00 15		X							
63	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,580.96										
67	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,580.96	00 15									
63	37200	TRANSCATHETER BIOPSY	239.50										
67	37200	TRANSCATHETER BIOPSY	239.50	00 15									
63	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	433.49									X	
67	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	433.49	00 15								X	
63	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	377.84									X	
67	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	377.84	00 15								X	
63	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	260.39									X	
67	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	260.39	00 15								X	
63	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	137.71									X	
67	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	137.71	00 15								X	
63	37215	TRANSCATH STENT, CCA W/EPS	1,121.56										
67	37215	TRANSCATH STENT, CCA W/EPS	1,121.56	00 15									
63	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,219.96									X	
67	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,219.96	00 15								X	
63	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	916.06										
67	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	916.06	00 15									
63	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,830.11									X	
67	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,830.11	00 15								X	
63	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,824.62									X	
67	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,824.62	00 15								X	
63	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	745.65									X	
67	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	745.65	00 15								X	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,869.59									X	
67	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,869.59	00 15								X	
63	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,360.82									X	
67	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,360.82	00 15								X	
63	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	10,914.30									X	
67	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	10,914.30	00 15								X	
63	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	9,691.49									X	
67	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	9,691.49	00 15								X	
63	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	14,026.48									X	
67	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	14,026.48	00 15								X	
63	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,822.91									X	
67	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,822.91	00 15								X	
63	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	10,970.18									X	
67	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	10,970.18	00 15								X	
63	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,876.97									X	
67	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,876.97	00 15								X	
63	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	13,640.60									X	
67	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	13,640.60	00 15								X	
63	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	1,010.37									X	
67	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	1,010.37	00 15								X	
63	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,253.06									X	
67	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,253.06	00 15								X	
63	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,767.01									X	
67	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,767.01	00 15								X	
63	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	3,983.53									X	
67	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	3,983.53	00 15								X	
63	37236	Insertion of intravascular stents in	3,300.26										
67	37236	Insertion of intravascular stents in	3,300.26	00 15									
63	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,826.96									X	
67	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,826.96	00 15								X	
63	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,090.16										
67	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,090.16	00 15									
63	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,433.91									X	
67	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,433.91	00 15								X	
63	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,788.13										
67	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,788.13	00 15									
63	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,376.49										
67	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,376.49	00 15									
63	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	9,296.64										
67	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	9,296.64	00 15									
63	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,853.27										
67	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,853.27	00 15									
63	37246	TRANSLUMINAL BALLOON ANGIOPLASTY	2,017.01										
67	37246	TRANSLUMINAL BALLOON ANGIOPLASTYSSED	2,017.01	00 15									
63	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	716.86									X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	716.86	00 15								X	
63	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,487.56										
67	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,487.56	00 15									
63	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	548.61									X	
67	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	548.61	00 15								X	
63	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,136.47										
67	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,136.47	00 15									
63	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	192.45										
67	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	192.45	00 15									
63	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	714.23										
67	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	714.23	00 15									
63	37565	LIGATION OF NECK VEIN	795.88										
67	37565	LIGATION OF NECK VEIN	795.88	00 15									
63	37600	LIGATION OF NECK ARTERY	802.93										
67	37600	LIGATION OF NECK ARTERY	802.93	00 15									
63	37605	LIGATION OF NECK ARTERY	838.30										
67	37605	LIGATION OF NECK ARTERY	838.30	00 15									
63	37606	LIGATION OF NECK ARTERY	785.84										
67	37606	LIGATION OF NECK ARTERY	785.84	00 15									
63	37607	LIGATION OR BANDING OF ANGIOACCESS A	416.10										
67	37607	LIGATION OR BANDING OF ANGIOACCESS A	416.10	00 15									
63	37609	TEMPORAL ARTERY PROCEDURE	324.58										
67	37609	TEMPORAL ARTERY PROCEDURE	324.58	00 15									
63	37615	LIGATION OF NECK ARTERY	580.04										
67	37615	LIGATION OF NECK ARTERY	580.04	00 15									
63	37616	LIGATE MAJOR ARTERY,CHEST	1,229.45										
67	37616	LIGATE MAJOR ARTERY,CHEST	1,229.45	00 15									
63	37617	LIGATION OF ABDOMEN ARTERY	1,487.07										
67	37617	LIGATION OF ABDOMEN ARTERY	1,487.07	00 15									
63	37618	LIGATION OF EXTREMITY ARTERY	426.28										
67	37618	LIGATION OF EXTREMITY ARTERY	426.28	00 15									
63	37619	LIGATION OF INFERIOR VENA CAVA	1,943.09										
67	37619	LIGATION OF INFERIOR VENA CAVA	1,943.09	00 15									
63	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	516.64										
67	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	516.64	00 15									
63	37660	REVISION OF MAJOR VEIN	1,473.71										
67	37660	REVISION OF MAJOR VEIN	1,473.71	00 15									
63	37700	REVISE LEG VEIN	269.45										
67	37700	REVISE LEG VEIN	269.45	00 15									
63	37718	LIGATE/STRIP SHORT LEG VEIN	468.69										
67	37718	LIGATE/STRIP SHORT LEG VEIN	468.69	00 15									
63	37722	LIGATE/STRIP LONG LEG VEIN	527.45										
67	37722	LIGATE/STRIP LONG LEG VEIN	527.45	00 15									
63	37735	REMOVAL OF LEG VEINS/LESION	656.38										
67	37735	REMOVAL OF LEG VEINS/LESION	656.38	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	37760	REVISION OF LEG VEINS	697.12										
67	37760	REVISION OF LEG VEINS	697.12	00 15									
63	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	602.67										
67	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	602.67	00 15									
63	37765	PHLEB VEINS - EXTREM - TO 20	464.45										
67	37765	PHLEB VEINS - EXTREM - TO 20	464.45	00 15									
63	37766	PHLEB VEINS - EXTREM 20+	545.63										
67	37766	PHLEB VEINS - EXTREM 20+	545.63	00 15									
63	37780	REVISION OF LEG VEIN	259.93										
67	37780	REVISION OF LEG VEIN	259.93	00 15									
63	37785	REVISION OF LEG VEIN	375.04										
67	37785	REVISION OF LEG VEIN	375.04	00 15									
63	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,378.65				M						
67	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,378.65	00 15			M						
63	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	526.11				M						
67	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	526.11	00 15			M						
63	38100	REMOVAL OF SPLEEN	1,288.83										
67	38100	REMOVAL OF SPLEEN	1,288.83	00 15									
63	38101	SPLENECTOMY;PARTIAL	1,304.17										
67	38101	SPLENECTOMY;PARTIAL	1,304.17	00 15									
63	38102	SPLENECTOMY;	294.51										
67	38102	SPLENECTOMY;	294.51	00 15									
63	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,426.04										
67	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,426.04	00 15									
63	38120	LAPAROSCOPY, SPLENECTOMY	1,171.66										
67	38120	LAPAROSCOPY, SPLENECTOMY	1,171.66	00 15									
63	38200	INJECTION FOR SPLEEN X-RAY	145.27										
67	38200	INJECTION FOR SPLEEN X-RAY	145.27	00 15									
63	38205	HARVEST ALLOGENIC STEM CELLS	90.55										
67	38205	HARVEST ALLOGENIC STEM CELLS	90.55	00 15									
63	38206	HARVEST AUTO STEM CELLS	90.21										
67	38206	HARVEST AUTO STEM CELLS	90.21	00 15									
63	38220	BONE MARROW ASPIRATION	169.04										
67	38220	BONE MARROW ASPIRATION	169.04	00 15									
63	38221	BONE MARROW BIOPSY	158.00										
67	38221	BONE MARROW BIOPSY	158.00	00 15									
63	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	174.88										
67	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	174.88	00 15									
63	38230	BONE MARROW HARVESTING FOR TRANSPLAN	225.54		X								
67	38230	BONE MARROW HARVESTING FOR TRANSPLAN	225.54	00 15	X								
63	38232	BONE MARROW HARVESTING FOR TRANSPLAN	218.56										
67	38232	BONE MARROW HARVESTING FOR TRANSPLAN	218.56	00 15									
63	38240	BONE MARROW TRANSPLANTATION	251.12										
67	38240	BONE MARROW TRANSPLANTATION	251.12	00 15									
63	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	186.25										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	186.25	00 15	X								
63	38242	LYMPHOCYTE INFUSE TRANSPLANT	134.09										
67	38242	LYMPHOCYTE INFUSE TRANSPLANT	134.09	00 15									
63	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	129.47										
67	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	129.47	00 15									
63	38300	DRAINAGE LYMPH NODE LESION	336.17										
67	38300	DRAINAGE LYMPH NODE LESION	336.17	00 15									
63	38305	DRAINAGE LYMPH NODE LESION	530.97										
67	38305	DRAINAGE LYMPH NODE LESION	530.97	00 15									
63	38308	INCISION OF LYMPH CHANNELS	497.33										
67	38308	INCISION OF LYMPH CHANNELS	497.33	00 15									
63	38380	THORACIC DUCT PROCEDURE	610.72										
67	38380	THORACIC DUCT PROCEDURE	610.72	00 15									
63	38381	THORACIC DUCT PROCEDURE	889.53										
67	38381	THORACIC DUCT PROCEDURE	889.53	00 15									
63	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	746.39										
67	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	746.39	00 15									
63	38500	BIOPSY/REMOVAL OF LYMPH NODE	356.42										
67	38500	BIOPSY/REMOVAL OF LYMPH NODE	356.42	00 15									
63	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	126.61										
67	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	126.61	00 15									
63	38510	BIOPSY/REMOVAL OF LYMPH NODE	558.52										
67	38510	BIOPSY/REMOVAL OF LYMPH NODE	558.52	00 15									
63	38520	BIOPSY/REMOVAL OF LYMPH NODE	506.46										
67	38520	BIOPSY/REMOVAL OF LYMPH NODE	506.46	00 15									
63	38525	BX,EXCISE-DEEP AXILLARY NODES	480.00										
67	38525	BX,EXCISE-DEEP AXILLARY NODES	480.00	00 15									
63	38530	BIOPSY/REMOVAL OF LYMPH NODE	614.80										
67	38530	BIOPSY/REMOVAL OF LYMPH NODE	614.80	00 15									
63	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	469.49										
67	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	469.49	00 15									
63	38542	DISSECTION: DEEP JUGULAR NODE	556.81										
67	38542	DISSECTION: DEEP JUGULAR NODE	556.81	00 15									
63	38550	REMOVAL NECK/ARMPIT LESION	560.57										
67	38550	REMOVAL NECK/ARMPIT LESION	560.57	00 15									
63	38555	REMOVAL NECK/ARMPIT LESION	1,123.57										
67	38555	REMOVAL NECK/ARMPIT LESION	1,123.57	00 15									
63	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	767.85										
67	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	767.85	00 15									
63	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	775.62										
67	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	775.62	00 15									
63	38570	LAPAROSCOPY, LYMPH NODE BIOP	558.63										
67	38570	LAPAROSCOPY, LYMPH NODE BIOP	558.63	00 15									
63	38571	LAPAROSCOPY, LYMPHADENECTOMY	723.22										
67	38571	LAPAROSCOPY, LYMPHADENECTOMY	723.22	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	38572	LAPAROSCOPY, LYMPHADENECTOMY	994.01										
67	38572	LAPAROSCOPY, LYMPHADENECTOMY	994.01	00 15									
63	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,267.46										
67	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,267.46	00 15									
63	38700	REMOVAL OF LYMPH NODES, NECK	864.60										
67	38700	REMOVAL OF LYMPH NODES, NECK	864.60	00 15									
63	38720	REMOVAL OF LYMPH NODES, NECK	1,451.95										
67	38720	REMOVAL OF LYMPH NODES, NECK	1,451.95	00 15									
63	38724	CERVICAL LYMPHADENECTOMY	1,562.09										
67	38724	CERVICAL LYMPHADENECTOMY	1,562.09	00 15									
63	38740	REMOVE ARMPIT LYMPH NODES	770.75										
67	38740	REMOVE ARMPIT LYMPH NODES	770.75	00 15									
63	38745	REMOVE ARMPITS LYMPH NODES	973.21										
67	38745	REMOVE ARMPITS LYMPH NODES	973.21	00 15									
63	38746	THORACIC LYMPHADENECTOMY BY THORACOT	242.26										
67	38746	THORACIC LYMPHADENECTOMY BY THORACOT	242.26	00 15									
63	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	301.13										
67	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	301.13	00 15									
63	38760	REMOVE GROIN LYMPH NODES	922.95										
67	38760	REMOVE GROIN LYMPH NODES	922.95	00 15									
63	38765	REMOVE GROIN LYMPH NODES	1,437.50										
67	38765	REMOVE GROIN LYMPH NODES	1,437.50	00 15									
63	38770	REMOVE PELVIS LYMPH NODES	876.42										
67	38770	REMOVE PELVIS LYMPH NODES	876.42	00 15									
63	38780	REMOVE ABDOMEN LYMPH NODES	1,132.79										
67	38780	REMOVE ABDOMEN LYMPH NODES	1,132.79	00 15									
63	38790	INJECTION FOR LYMPHATIC XRAY	88.31										
67	38790	INJECTION FOR LYMPHATIC XRAY	88.31	00 15									
63	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	84.25										
67	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	84.25	00 15									
63	38794	ACCESS THORACIC LYMPH DUCT	314.12										
67	38794	ACCESS THORACIC LYMPH DUCT	314.12	00 15									
63	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	156.14										
67	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	156.14	00 15									
63	39000	EXPLORATION OF MEDIASTINUM	542.19										
67	39000	EXPLORATION OF MEDIASTINUM	542.19	00 15									
63	39010	EXPLORATION OF MEDIASTINUM	871.30										
67	39010	EXPLORATION OF MEDIASTINUM	871.30	00 15									
63	39200	RESECTION OF MEDIASTINAL CYST	969.70										
67	39200	RESECTION OF MEDIASTINAL CYST	969.70	00 15									
63	39220	RESECTION OF MEDIASTINAL TUMOR	1,258.31										
67	39220	RESECTION OF MEDIASTINAL TUMOR	1,258.31	00 15									
63	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	344.38										
67	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	344.38	00 15									
63	39402	MEDIASTINOSCOPY;WITH LYMPH NODE BIOP	451.28										

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	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	451.28	00 15									
63	39501	REPAIR, LACERATION OF DIAPHRAGM	945.89										
67	39501	REPAIR, LACERATION OF DIAPHRAGM	945.89	00 15									
63	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,765.89	00 00									
67	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,765.89	00 00									
63	39540	REPAIR OF DIAPHRAGM HERNIA	969.22										
67	39540	REPAIR OF DIAPHRAGM HERNIA	969.22	00 15									
63	39541	REPAIR OF DIAPHRAGM HERNIA	1,047.42										
67	39541	REPAIR OF DIAPHRAGM HERNIA	1,047.42	00 15									
63	39545	REVISION OF DIAPHRAGM	987.62										
67	39545	REVISION OF DIAPHRAGM	987.62	00 15									
63	39560	RESECT DIAPHRAGM, SIMPLE	882.19										
67	39560	RESECT DIAPHRAGM, SIMPLE	882.19	00 15									
63	39561	RESECT DIAPHRAGM, COMPLEX	1,367.20										
67	39561	RESECT DIAPHRAGM, COMPLEX	1,367.20	00 15									
63	40490	BIOPSY OF LIP	126.98										
67	40490	BIOPSY OF LIP	126.98	00 15									
63	40500	VERMILIONECTOMY (LIP SHAVE)	525.07										
67	40500	VERMILIONECTOMY (LIP SHAVE)	525.07	00 15									
63	40510	PARTIAL EXCISION OF LIP	502.60										
67	40510	PARTIAL EXCISION OF LIP	502.60	00 15									
63	40520	PARTIAL EXCISION OF LIP	511.46										
67	40520	PARTIAL EXCISION OF LIP	511.46	00 15									
63	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	588.23										
67	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	588.23	00 15									
63	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	659.34										
67	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	659.34	00 15									
63	40530	PARTIAL REMOVAL OF LIP	563.55										
67	40530	PARTIAL REMOVAL OF LIP	563.55	00 15									
63	40650	REPAIR LIP	474.88										
67	40650	REPAIR LIP	474.88	00 15									
63	40652	REPAIR LIP	521.45										
67	40652	REPAIR LIP	521.45	00 15									
63	40654	REPAIR LIP	594.30										
67	40654	REPAIR LIP	594.30	00 15									
63	40700	REPAIR CLEFT LIP	1,087.38										
67	40700	REPAIR CLEFT LIP	1,087.38	00 15									
63	40701	REPAIR CLEFT LIP	1,291.28										
67	40701	REPAIR CLEFT LIP	1,291.28	00 15									
63	40702	REPAIR CLEFT LIP	1,082.20										
67	40702	REPAIR CLEFT LIP	1,082.20	00 15									
63	40720	REPAIR CLEFT LIP	1,111.61										
67	40720	REPAIR CLEFT LIP	1,111.61	00 15									
63	40761	REPAIR CLEFT LIP	1,174.79										
67	40761	REPAIR CLEFT LIP	1,174.79	00 15									

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

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	40800	DRAINAGE OF MOUTH LESION	208.45										
67	40800	DRAINAGE OF MOUTH LESION	208.45	00 15									
63	40801	DRAINAGE OF MOUTH LESION	305.66										
67	40801	DRAINAGE OF MOUTH LESION	305.66	00 15									
63	40804	REMOVAL FOREIGN BODY, MOUTH	198.51										
67	40804	REMOVAL FOREIGN BODY, MOUTH	198.51	00 15									
63	40805	REMOVAL FOREIGN BODY, MOUTH	302.88										
67	40805	REMOVAL FOREIGN BODY, MOUTH	302.88	00 15									
63	40806	INCISION OF LIP FOLD	97.94										
67	40806	INCISION OF LIP FOLD	97.94	00 15									
63	40808	BIOPSY OF MOUTH LESION	159.58										
67	40808	BIOPSY OF MOUTH LESION	159.58	00 15									
63	40810	EXCISION OF MOUTH LESION	211.31										
67	40810	EXCISION OF MOUTH LESION	211.31	00 15									
63	40812	EXCISE/REPAIR MOUTH LESION	290.97										
67	40812	EXCISE/REPAIR MOUTH LESION	290.97	00 15									
63	40814	EXCISE/REPAIR MOUTH LESION	388.75										
67	40814	EXCISE/REPAIR MOUTH LESION	388.75	00 15									
63	40816	EXCISION OF MOUTH LESION	410.00										
67	40816	EXCISION OF MOUTH LESION	410.00	00 15									
63	40818	EXCISE ORAL MUCOSA FOR GRAFT	370.91										
67	40818	EXCISE ORAL MUCOSA FOR GRAFT	370.91	00 15									
63	40819	EXCISE LIP OR CHEEK FOLD	286.66										
67	40819	EXCISE LIP OR CHEEK FOLD	286.66	00 15									
63	40820	TREATMENT OF MOUTH LESION	258.35										
67	40820	TREATMENT OF MOUTH LESION	258.35	00 15									
63	40830	REPAIR MOUTH LACERATION	282.18										
67	40830	REPAIR MOUTH LACERATION	282.18	00 15									
63	40831	REPAIR MOUTH LACERATION	361.45										
67	40831	REPAIR MOUTH LACERATION	361.45	00 15									
63	40840	RECONSTRUCTION OF MOUTH	867.52										
67	40840	RECONSTRUCTION OF MOUTH	867.52	00 15									
63	40842	RECONSTRUCTION OF MOUTH	949.25										
67	40842	RECONSTRUCTION OF MOUTH	949.25	00 15									
63	40843	RECONSTRUCTION OF MOUTH	1,244.15										
67	40843	RECONSTRUCTION OF MOUTH	1,244.15	00 15									
63	40844	RECONSTRUCTION OF MOUTH	1,568.74										
67	40844	RECONSTRUCTION OF MOUTH	1,568.74	00 15									
63	40845	RECONSTRUCTION OF MOUTH	1,547.27										
67	40845	RECONSTRUCTION OF MOUTH	1,547.27	00 15									
63	41000	DRAINAGE OF MOUTH LESION	161.54										
67	41000	DRAINAGE OF MOUTH LESION	161.54	00 15									
63	41005	DRAINAGE OF MOUTH LESION	216.78										
67	41005	DRAINAGE OF MOUTH LESION	216.78	00 15									
63	41006	DRAINAGE OF MOUTH LESION	350.39										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	41006	DRAINAGE OF MOUTH LESION	350.39	00 15									
63	41007	DRAINAGE OF MOUTH LESION	343.53										
67	41007	DRAINAGE OF MOUTH LESION	343.53	00 15									
63	41008	DRAINAGE OF MOUTH LESION	391.76										
67	41008	DRAINAGE OF MOUTH LESION	391.76	00 15									
63	41009	DRAINAGE OF MOUTH LESION	421.01										
67	41009	DRAINAGE OF MOUTH LESION	421.01	00 15									
63	41010	INCISION OF TONGUE FOLD	208.66										
67	41010	INCISION OF TONGUE FOLD	208.66	00 15									
63	41015	DRAINAGE OF MOUTH LESION	415.20										
67	41015	DRAINAGE OF MOUTH LESION	415.20	00 15									
63	41016	DRAINAGE OF MOUTH LESION	464.85										
67	41016	DRAINAGE OF MOUTH LESION	464.85	00 15									
63	41017	DRAINAGE OF MOUTH LESION	462.59										
67	41017	DRAINAGE OF MOUTH LESION	462.59	00 15									
63	41018	DRAINAGE OF MOUTH LESION	523.45										
67	41018	DRAINAGE OF MOUTH LESION	523.45	00 15									
63	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	518.76										
67	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	518.76	00 15									
63	41100	BIOPSY OF TONGUE	177.81										
67	41100	BIOPSY OF TONGUE	177.81	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	156.39										
67	41108	BIOPSY OF FLOOR OF MOUTH	156.39	00 15									
63	41110	EXCISION OF TONGUE LESION	222.40										
67	41110	EXCISION OF TONGUE LESION	222.40	00 15									
63	41112	EXCISION OF TONGUE LESION	340.50										
67	41112	EXCISION OF TONGUE LESION	340.50	00 15									
63	41113	EXCISION OF TONGUE LESION	371.35										
67	41113	EXCISION OF TONGUE LESION	371.35	00 15									
63	41114	EXCISE TONGUE LESION/LOCAL FLP	655.21										
67	41114	EXCISE TONGUE LESION/LOCAL FLP	655.21	00 15									
63	41115	EXCISION OF TONGUE FOLD	256.42										
67	41115	EXCISION OF TONGUE FOLD	256.42	00 15									
63	41116	EXCISION OF MOUTH LESION	336.56										
67	41116	EXCISION OF MOUTH LESION	336.56	00 15									
63	41120	PARTIAL REMOVAL OF TONGUE	1,098.52										
67	41120	PARTIAL REMOVAL OF TONGUE	1,098.52	00 15									
63	41130	PARTIAL REMOVAL OF TONGUE	1,371.70										
67	41130	PARTIAL REMOVAL OF TONGUE	1,371.70	00 15									
63	41135	TONGUE AND NECK SURGERY	2,292.96										
67	41135	TONGUE AND NECK SURGERY	2,292.96	00 15									
63	41140	REMOVAL OF TONGUE	2,296.24										
67	41140	REMOVAL OF TONGUE	2,296.24	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	41145	TONGUE REMOVAL; NECK SURGERY	2,913.19										
67	41145	TONGUE REMOVAL; NECK SURGERY	2,913.19	00 15									
63	41150	TONGUE, MOUTH, JAW SURGERY	2,316.96										
67	41150	TONGUE, MOUTH, JAW SURGERY	2,316.96	00 15									
63	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,530.18										
67	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,530.18	00 15									
63	41155	TONGUE, JAW, & NECK SURGERY	3,197.28										
67	41155	TONGUE, JAW, & NECK SURGERY	3,197.28	00 15									
63	41250	REPAIR TONGUE LACERATION	283.27										
67	41250	REPAIR TONGUE LACERATION	283.27	00 15									
63	41251	REPAIR TONGUE LACERATION	315.47										
67	41251	REPAIR TONGUE LACERATION	315.47	00 15									
63	41252	REPAIR TONGUE LACERATION	330.53										
67	41252	REPAIR TONGUE LACERATION	330.53	00 15									
63	41510	TONGUE TO LIP SURGERY	453.89										
67	41510	TONGUE TO LIP SURGERY	453.89	00 15									
63	41512	TONGUE BASE SUSPENSION, PERMANENT SU	679.95										
67	41512	TONGUE BASE SUSPENSION, PERMANENT SU	679.95	00 15									
63	41520	RECONSTRUCTION, TONGUE FOLD	361.41										
67	41520	RECONSTRUCTION, TONGUE FOLD	361.41	00 15									
63	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	937.83										
67	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	937.83	00 15									
63	41800	DRAINAGE OF GUM LESION	291.69										
67	41800	DRAINAGE OF GUM LESION	291.69	00 15									
63	41805	REMOVAL FOREIGN BODY, GUM	292.94										
67	41805	REMOVAL FOREIGN BODY, GUM	292.94	00 15									
63	41806	REMOVAL FOREIGN BODY,JAWBONE	403.01										
67	41806	REMOVAL FOREIGN BODY,JAWBONE	403.01	00 15									
63	41822	EXCISION OF GUM LESION	350.59										
67	41822	EXCISION OF GUM LESION	350.59	00 15									
63	41823	EXCISION OF GUM LESION	517.09										
67	41823	EXCISION OF GUM LESION	517.09	00 15									
63	41825	EXCISION OF GUM LESION	217.19										
67	41825	EXCISION OF GUM LESION	217.19	00 15									
63	41826	EXCISION OF GUM LESION	316.97										
67	41826	EXCISION OF GUM LESION	316.97	00 15									
63	41827	EXCISION OF GUM LESION	454.03										
67	41827	EXCISION OF GUM LESION	454.03	00 15									
63	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	357.92									X	
67	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	357.92	00 15								X	
63	41830	REMOVAL OF GUM TISSUE	465.45										
67	41830	REMOVAL OF GUM TISSUE	465.45	00 15									
63	41872	REPAIR GUM	453.97										
67	41872	REPAIR GUM	453.97	00 15									
63	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	397.15									X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	397.15	00 15								X	
63	42000	DRAINAGE MOUTH ROOF LESION	159.96										
67	42000	DRAINAGE MOUTH ROOF LESION	159.96	00 15									
63	42100	BIOPSY ROOF OF MOUTH	150.94										
67	42100	BIOPSY ROOF OF MOUTH	150.94	00 15									
63	42104	EXCISION LESION, MOUTH ROOF	220.11										
67	42104	EXCISION LESION, MOUTH ROOF	220.11	00 15									
63	42106	EXCISION LESION, MOUTH ROOF	270.29										
67	42106	EXCISION LESION, MOUTH ROOF	270.29	00 15									
63	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	476.48										
67	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	476.48	00 15									
63	42120	REMOVE PALATE/LESION	1,047.50										
67	42120	REMOVE PALATE/LESION	1,047.50	00 15									
63	42140	EXCISION OF UVULA	282.50										
67	42140	EXCISION OF UVULA	282.50	00 15									
63	42145	PALATOPHARYNGOPLASTY	732.16										
67	42145	PALATOPHARYNGOPLASTY	732.16	00 15									
63	42160	TREATMENT MOUTH ROOF LESION	238.35										
67	42160	TREATMENT MOUTH ROOF LESION	238.35	00 15									
63	42180	REPAIR PALATE	258.69										
67	42180	REPAIR PALATE	258.69	00 15									
63	42182	REPAIR PALATE	340.59										
67	42182	REPAIR PALATE	340.59	00 15									
63	42200	RECONSTRUCT CLEFT PALATE	1,009.16										
67	42200	RECONSTRUCT CLEFT PALATE	1,009.16	00 15									
63	42205	RECONSTRUCT CLEFT PALATE	1,056.41										
67	42205	RECONSTRUCT CLEFT PALATE	1,056.41	00 15									
63	42210	RECONSTRUCT CLEFT PALATE	1,176.83										
67	42210	RECONSTRUCT CLEFT PALATE	1,176.83	00 15									
63	42215	RECONSTRUCT CLEFT PALATE	761.37										
67	42215	RECONSTRUCT CLEFT PALATE	761.37	00 15									
63	42220	RECONSTRUCT CLEFT PALATE	624.22										
67	42220	RECONSTRUCT CLEFT PALATE	624.22	00 15									
63	42225	RECONSTRUCT CLEFT PALATE	1,022.22										
67	42225	RECONSTRUCT CLEFT PALATE	1,022.22	00 15									
63	42226	LENGTHENING OF PALATE, AND PHARYNGEA	921.40										
67	42226	LENGTHENING OF PALATE, AND PHARYNGEA	921.40	00 15									
63	42227	LENGTHEN PALATE, WITH ISLAND FLAP	862.85										
67	42227	LENGTHEN PALATE, WITH ISLAND FLAP	862.85	00 15									
63	42235	REPAIR PALATE	750.99										
67	42235	REPAIR PALATE	750.99	00 15									
63	42260	REPAIR NOSE TO LIP FISTULA	870.11										
67	42260	REPAIR NOSE TO LIP FISTULA	870.11	00 15									
63	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	180.58										
67	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	180.58	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	42281	INSERT PIN-RETAINED PALATAL PROSTH.	231.34										
67	42281	INSERT PIN-RETAINED PALATAL PROSTH.	231.34	00 15									
63	42300	DRAINAGE OF SALIVARY GLAND	218.94										
67	42300	DRAINAGE OF SALIVARY GLAND	218.94	00 15									
63	42305	DRAINAGE OF SALIVARY GLAND	454.66										
67	42305	DRAINAGE OF SALIVARY GLAND	454.66	00 15									
63	42310	DRAINAGE OF SALIVARY GLAND	177.64										
67	42310	DRAINAGE OF SALIVARY GLAND	177.64	00 15									
63	42320	DRAINAGE OF SALIVARY GLAND	262.28										
67	42320	DRAINAGE OF SALIVARY GLAND	262.28	00 15									
63	42330	REMOVAL OF SALIVARY STONE	238.41										
67	42330	REMOVAL OF SALIVARY STONE	238.41	00 15									
63	42335	REMOVAL OF SALIVARY STONE	411.99										
67	42335	REMOVAL OF SALIVARY STONE	411.99	00 15									
63	42340	REMOVAL OF SALIVARY STONE	509.55										
67	42340	REMOVAL OF SALIVARY STONE	509.55	00 15									
63	42400	BIOPSY OF SALIVARY GLAND	104.41									X	
67	42400	BIOPSY OF SALIVARY GLAND	104.41	00 15								X	
63	42405	BIOPSY OF SALIVARY GLAND	312.51										
67	42405	BIOPSY OF SALIVARY GLAND	312.51	00 15									
63	42408	EXCISION OF SALIVARY CYST	534.87										
67	42408	EXCISION OF SALIVARY CYST	534.87	00 15									
63	42409	DRAINAGE OF SALIVARY CYST	370.01										
67	42409	DRAINAGE OF SALIVARY CYST	370.01	00 15									
63	42410	EXCISE PAROTID GLAND/LESION	669.02										
67	42410	EXCISE PAROTID GLAND/LESION	669.02	00 15									
63	42415	EXCISE PAROTID GLAND/LESION	1,134.37										
67	42415	EXCISE PAROTID GLAND/LESION	1,134.37	00 15									
63	42420	EXCISE PAROTID GLAND/LESION	1,276.39										
67	42420	EXCISE PAROTID GLAND/LESION	1,276.39	00 15									
63	42425	EXCISE PAROTID GLAND/LESION	897.88										
67	42425	EXCISE PAROTID GLAND/LESION	897.88	00 15									
63	42426	EXCISE PAROTID GLAND/LESION	1,459.61										
67	42426	EXCISE PAROTID GLAND/LESION	1,459.61	00 15									
63	42440	EXCISION SUBMAXILLARY GLAND	438.69										
67	42440	EXCISION SUBMAXILLARY GLAND	438.69	00 15									
63	42450	EXCISION SUBLINGUAL GLAND	475.92										
67	42450	EXCISION SUBLINGUAL GLAND	475.92	00 15									
63	42500	REPAIR SALIVARY DUCT	449.63										
67	42500	REPAIR SALIVARY DUCT	449.63	00 15									
63	42505	REPAIR SALIVARY DUCT	581.52										
67	42505	REPAIR SALIVARY DUCT	581.52	00 15									
63	42507	PAROTID DUCT DIVERSION	522.17										
67	42507	PAROTID DUCT DIVERSION	522.17	00 15									
63	42509	PAROTID DUCT DIVERSION	876.37										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	42509	PAROTID DUCT DIVERSION	876.37	00	15									
63	42510	CREATION OF NEW DRAINAGE TRACTS OF M	647.19											
67	42510	CREATION OF NEW DRAINAGE TRACTS OF M	647.19	00	15									
63	42550	INJECTION FOR SALIVARY X-RAY	155.45										X	
67	42550	INJECTION FOR SALIVARY X-RAY	155.45	00	15								X	
63	42600	CLOSURE OF SALIVARY FISTULA	523.68											
67	42600	CLOSURE OF SALIVARY FISTULA	523.68	00	15									
63	42650	DILATION OF SALIVARY DUCT	81.04											
67	42650	DILATION OF SALIVARY DUCT	81.04	00	15									
63	42660	DILATION OF SALIVARY DUCT	128.28											
67	42660	DILATION OF SALIVARY DUCT	128.28	00	15									
63	42665	LIGATION OF SALIVARY DUCT	348.44											
67	42665	LIGATION OF SALIVARY DUCT	348.44	00	15									
63	42700	DRAINAGE OF TONSIL ABSCESS	195.49											
67	42700	DRAINAGE OF TONSIL ABSCESS	195.49	00	15									
63	42720	DRAINAGE OF THROAT ABSCESS	478.27											
67	42720	DRAINAGE OF THROAT ABSCESS	478.27	00	15									
63	42725	DRAINAGE OF THROAT ABSCESS	859.49											
67	42725	DRAINAGE OF THROAT ABSCESS	859.49	00	15									
63	42800	BIOPSY OF THROAT	160.85											
67	42800	BIOPSY OF THROAT	160.85	00	15									
63	42804	BIOPSY OF UPPER NOSE/THROAT	199.14											
67	42804	BIOPSY OF UPPER NOSE/THROAT	199.14	00	15									
63	42806	BIOPSY OF UPPER NOSE/THROAT	224.37											
67	42806	BIOPSY OF UPPER NOSE/THROAT	224.37	00	15									
63	42808	EXCISE PHARYNX LESION	235.74											
67	42808	EXCISE PHARYNX LESION	235.74	00	15									
63	42809	REMOVE PHARYNX FOREIGN BODY	206.92											
67	42809	REMOVE PHARYNX FOREIGN BODY	206.92	00	15									
63	42810	EXCISION OF NECK CYST	393.44											
67	42810	EXCISION OF NECK CYST	393.44	00	15									
63	42815	EXCISION OF NECK CYST	575.69											
67	42815	EXCISION OF NECK CYST	575.69	00	15									
63	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	306.36	00	11									
67	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	306.36	00	11									
63	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	319.59	12	99									
67	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	319.59	12	15									
63	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	276.81	00	11									
67	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	276.81	00	11									
63	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	265.75	12	99									
67	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	265.75	12	15									
63	42830	ADENOIDECTOMY,PRIMARY;<12	218.30	00	11									
67	42830	ADENOIDECTOMY,PRIMARY;<12	218.30	00	11									
63	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	235.85	12	99									
67	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	235.85	12	15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	42835	ADENOIDECTOMY,SECONDARY;<12	201.48	00 11									
67	42835	ADENOIDECTOMY,SECONDARY;<12	201.48	00 11									
63	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	253.83	12 99									
67	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	253.83	12 15									
63	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,051.72										
67	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,051.72	00 15									
63	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,455.83										
67	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,455.83	00 15									
63	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,369.51										
67	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,369.51	00 15									
63	42860	EXCISION OF TONSIL TAGS	197.40										
67	42860	EXCISION OF TONSIL TAGS	197.40	00 15									
63	42870	EXCISION OF LINGUAL TONSIL	602.63										
67	42870	EXCISION OF LINGUAL TONSIL	602.63	00 15									
63	42890	PARTIAL REMOVAL OF PHARYNX	1,502.55										
67	42890	PARTIAL REMOVAL OF PHARYNX	1,502.55	00 15									
63	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,979.46										
67	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,979.46	00 15									
63	42894	REMOVAL OF THROAT TISSUE	2,508.78										
67	42894	REMOVAL OF THROAT TISSUE	2,508.78	00 15									
63	42900	REPAIR THROAT WOUND	357.33										
67	42900	REPAIR THROAT WOUND	357.33	00 15									
63	42950	RECONSTRUCTION OF THROAT	825.92										
67	42950	RECONSTRUCTION OF THROAT	825.92	00 15									
63	42953	PHARYNGOESOPHAGEAL REPAIR	985.61										
67	42953	PHARYNGOESOPHAGEAL REPAIR	985.61	00 15									
63	42955	SURGICAL OPENING OF THROAT	784.72										
67	42955	SURGICAL OPENING OF THROAT	784.72	00 15									
63	42960	CONTROL THROAT BLEEDING	175.17									X	
67	42960	CONTROL THROAT BLEEDING	175.17	00 15								X	
63	42961	CONTROL THROAT BLEEDING	440.15									X	
67	42961	CONTROL THROAT BLEEDING	440.15	00 15								X	
63	42962	CONTROL THROAT BLEEDING	544.36									X	
67	42962	CONTROL THROAT BLEEDING	544.36	00 15								X	
63	42970	CONTROL NOSE/THROAT BLEEDING	433.99										
67	42970	CONTROL NOSE/THROAT BLEEDING	433.99	00 15									
63	42971	CONTROL NOSE/THROAT BLEEDING	480.33										
67	42971	CONTROL NOSE/THROAT BLEEDING	480.33	00 15									
63	42972	CONTROL NOSE/THROAT BLEEDING	539.55										
67	42972	CONTROL NOSE/THROAT BLEEDING	539.55	00 15									
63	43020	INCISION OF ESOPHAGUS	615.37										
67	43020	INCISION OF ESOPHAGUS	615.37	00 15									
63	43030	THROAT MUSCLE SURGERY	556.10										
67	43030	THROAT MUSCLE SURGERY	556.10	00 15									
63	43045	INCISION OF ESOPHAGUS	1,442.85										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	43045	INCISION OF ESOPHAGUS	1,442.85	00 15									
63	43100	EXCISION OF ESOPHAGUS LESION	671.08										
67	43100	EXCISION OF ESOPHAGUS LESION	671.08	00 15									
63	43101	EXCISION OF ESOPHAGUS LESION	1,116.55										
67	43101	EXCISION OF ESOPHAGUS LESION	1,116.55	00 15									
63	43107	REMOVAL OF ESOPHAGUS	3,335.39										
67	43107	REMOVAL OF ESOPHAGUS	3,335.39	00 15									
63	43108	REMOVAL OF ESOPHAGUS	5,033.38										
67	43108	REMOVAL OF ESOPHAGUS	5,033.38	00 15									
63	43112	REMOVAL OF ESOPHAGUS	3,911.25										
67	43112	REMOVAL OF ESOPHAGUS	3,911.25	00 15									
63	43113	REMOVAL OF ESOPHAGUS	4,905.88										
67	43113	REMOVAL OF ESOPHAGUS	4,905.88	00 15									
63	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,638.83										
67	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,638.83	00 15									
63	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,642.09										
67	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,642.09	00 15									
63	43118	PARTIAL REMOVAL OF ESOPHAGUS	4,089.54										
67	43118	PARTIAL REMOVAL OF ESOPHAGUS	4,089.54	00 15									
63	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,201.10										
67	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,201.10	00 15									
63	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,861.25										
67	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,861.25	00 15									
63	43123	PARTIAL REMOVAL OF ESOPHAGUS	5,089.66										
67	43123	PARTIAL REMOVAL OF ESOPHAGUS	5,089.66	00 15									
63	43124	REMOVAL OF ESOPHAGUS	4,278.92										
67	43124	REMOVAL OF ESOPHAGUS	4,278.92	00 15									
63	43130	REMOVAL OF ESOPHAGUS POUCH	853.58										
67	43130	REMOVAL OF ESOPHAGUS POUCH	853.58	00 15									
63	43135	REMOVAL OF ESOPHAGUS POUCH	1,644.03										
67	43135	REMOVAL OF ESOPHAGUS POUCH	1,644.03	00 15									
63	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	588.85										
67	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	588.85	00 15									
63	43191	Diagnostic examination of esophagus	166.00										
67	43191	Diagnostic examination of esophagus	166.00	00 15									
63	43192	Injections of substance in tissue li	182.47										
67	43192	Injections of substance in tissue li	182.47	00 15									
63	43193	Biopsy of esophagus using an endosco	182.13										
67	43193	Biopsy of esophagus using an endosco	182.13	00 15									
63	43194	Removal of foreign body of esophagus	211.24										
67	43194	Removal of foreign body of esophagus	211.24	00 15									
63	43195	Balloon dilation of esophagus using	198.51										
67	43195	Balloon dilation of esophagus using	198.51	00 15									
63	43196	Insertion of wire and dilation of es	211.57										
67	43196	Insertion of wire and dilation of es	211.57	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	43197	Diagnostic examination of esophagus	196.82										
67	43197	Diagnostic examination of esophagus	196.82	00 15									
63	43198	Biopsy of esophagus using an endosco	217.24										
67	43198	Biopsy of esophagus using an endosco	217.24	00 15									
63	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	241.99										
67	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	241.99	00 15									
63	43201	INJECTIONS INTO ESOPHAGUS USING AN E	243.81										
67	43201	INJECTIONS INTO ESOPHAGUS USING AN E	243.81	00 15									
63	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	336.42										
67	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	336.42	00 15									
63	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	146.08										
67	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	146.08	00 15									
63	43205	TYING OF ESOPHAGEAL VEINS USING AN E	152.47										
67	43205	TYING OF ESOPHAGEAL VEINS USING AN E	152.47	00 15									
63	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	288.77										
67	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	288.77	00 15									
63	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	475.99										
67	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	475.99	00 15									
63	43211	Removal of tissue lining of esophagu	254.15										
67	43211	Removal of tissue lining of esophagu	254.15	00 15									
63	43212	Placement of stent on esophagus usin	208.65										
67	43212	Placement of stent on esophagus usin	208.65	00 15									
63	43213	Dilation of esophagus using an endos	1,210.81										
67	43213	Dilation of esophagus using an endos	1,210.81	00 15									
63	43214	Balloon dilation of esophagus using	209.20										
67	43214	Balloon dilation of esophagus using	209.20	00 15									
63	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	385.67										
67	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	385.67	00 15									
63	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	391.97										
67	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	391.97	00 15									
63	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	402.81										
67	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	402.81	00 15									
63	43220	BALLOON DILATION OF ESOPHAGUS USING	984.03										
67	43220	BALLOON DILATION OF ESOPHAGUS USING	984.03	00 15									
63	43226	INSERTION OF GUIDE WIRE FOR DILATION	358.68										
67	43226	INSERTION OF GUIDE WIRE FOR DILATION	358.68	00 15									
63	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	614.65										
67	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	614.65	00 15									
63	43229	Destruction of growths of esophagus	690.71										
67	43229	Destruction of growths of esophagus	690.71	00 15									
63	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	171.82										
67	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	171.82	00 15									
63	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	215.63										
67	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	215.63	00 15									
63	43233	Balloon dilation of esophagus, stoma	250.35										

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	43233	Balloon dilation of esophagus, stoma	250.35	00 15									
63	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	282.58										
67	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	282.58	00 15									
63	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	374.17										
67	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	374.17	00 15									
63	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	211.64										
67	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	211.64	00 15									
63	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	251.61										
67	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	251.61	00 15									
63	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	373.64										
67	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	373.64	00 15									
63	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	426.52										
67	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	426.52	00 15									
63	43241	INSERTION OF CATHETER OR TUBE IN ESO	153.53										
67	43241	INSERTION OF CATHETER OR TUBE IN ESO	153.53	00 15									
63	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	284.65										
67	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	284.65	00 15									
63	43243	INJECTION OF DILATED VEINS OF STOMAC	257.75										
67	43243	INJECTION OF DILATED VIENS OF STOMAC	257.75	00 15									
63	43244	TYING OF DILATED VEINS OF STOMACH AN	265.97										
67	43244	TYING OF DILATED VEINS OF STOMACH AN	265.97	00 15									
63	43245	DILATION OF STOMACH OUTLET USING AN	586.47										
67	43245	DILATION OF STOMACH OUTLET USING AN	586.47	00 15									
63	43246	INSERTION OF STOMACH TUBE USING AN E	219.47										
67	43246	INSERTION OF STOMACH TUBE USING AN E	219.47	00 15									
63	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	376.39										
67	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	376.39	00 15									
63	43248	INSERTION OF GUIDE WIRE WITH DILATIO	391.47										
67	43248	INSERTION OF GUIDE WIRE WITH DILATIO	391.47	00 15									
63	43249	BALLOON DILATION OF ESOPHAGUS USING	1,064.09										
67	43249	BALLOON DILATION OF ESOPHAGUS USING	1,064.09	00 15									
63	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	436.63										
67	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	436.63	00 15									
63	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	479.88										
67	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	479.88	00 15									
63	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	331.04										
67	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	331.04	00 15									
63	43253	Injection of diagnostic or therapeut	285.61										
67	43253	Injection of diagnostic or therapeut	285.61	00 15									
63	43254	Removal of tissue lining of esophagu	293.15										
67	43254	Removal of tissue lining of esophagu	293.15	00 15									
63	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	652.50										
67	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	652.50	00 15									
63	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	254.20										
67	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	254.20	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	245.17										
67	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	245.17	00 15									
63	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	350.06										
67	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	350.06	00 15									
63	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	366.92										
67	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	366.92	00 15									
63	43262	OPERATIVE UPPER GI ENDOSCOPY	387.19										
67	43262	OPERATIVE UPPER GI ENDOSCOPY	387.19	00 15									
63	43263	PRESSURE MEASUREMENT OF PANCREATIC O	387.19										
67	43263	PRESSURE MEASUREMENT OF PANCREATIC O	387.19	00 15									
63	43264	REMOVAL OF STONE FROM BILE OR PANCRE	394.34										
67	43264	REMOVAL OF STONE FROM BILE OR PANCRE	394.34	00 15									
63	43265	DESTRUCTION OF STONE IN BILE OR PANC	470.81										
67	43265	DESTRUCTION OF STONE IN BILE OR PANC	470.81	00 15									
63	43266	Placement of stent in esophagus, sto	237.23										
67	43266	Placement of stent in esophagus, sto	237.23	00 15									
63	43270	Destruction of growths on esophagus,	711.29										
67	43270	Destruction of growths on esophagus,	711.29	00 15									
63	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	131.02										
67	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	131.02	00 15									
63	43274	Placement of stent pancreatic or bil	502.88										
67	43274	Placement of stent pancreatic or bil	502.88	00 15									
63	43275	Removal of foreign body or stent fro	408.61										
67	43275	Removal of foreign body or stent fro	408.61	00 15									
63	43276	Replacement of stent pancreatic or b	523.06										
67	43276	Replacement of stent pancreatic or b	523.06	00 15									
63	43277	Balloon dilation of pancreatic or bi	410.82										
67	43277	Balloon dilation of pancreatic or bi	410.82	00 15									
63	43278	Destruction of mass on gallbladder,	470.90										
67	43278	Destruction of mass on gallbladder,	470.90	00 15									
63	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,443.70										
67	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,443.70	00 15									
63	43280	LAPAROSCOPY, FUNDOPLASTY	1,207.35										
67	43280	LAPAROSCOPY, FUNDOPLASTY	1,207.35	00 15									
63	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,732.90										
67	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,732.90	00 15									
63	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,950.08										
67	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,950.08	00 15									
63	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	178.46										
67	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	178.46	00 15									
63	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	721.14										
67	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	721.14	00 15									
63	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	743.38										
67	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	743.38	00 15									
63	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,542.72										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,542.72	00 15									
63	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	4,030.65										
67	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	4,030.65	00 15									
63	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,226.97										
67	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,226.97	00 15									
63	43300	REPAIR OF ESOPHAGUS	658.18										
67	43300	REPAIR OF ESOPHAGUS	658.18	00 15									
63	43305	REPAIR ESOPHAGUS AND FISTULA	1,174.49										
67	43305	REPAIR ESOPHAGUS AND FISTULA	1,174.49	00 15									
63	43310	REPAIR OF ESOPHAGUS	1,655.18										
67	43310	REPAIR OF ESOPHAGUS	1,655.18	00 15									
63	43312	REPAIR ESOPHAGUS AND FISTULA	1,789.01										
67	43312	REPAIR ESOPHAGUS AND FISTULA	1,789.01	00 15									
63	43313	ESOPHAGOPLASTY CONGENTIAL	3,053.15										
67	43313	ESOPHAGOPLASTY CONGENTIAL	3,053.15	00 15									
63	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,300.49										
67	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,300.49	00 15									
63	43320	FUSE ESOPHAGUS & STOMACH	1,563.70										
67	43320	FUSE ESOPHAGUS & STOMACH	1,563.70	00 15									
63	43325	REVISE ESOPHAGUS & STOMACH	1,520.00										
67	43325	REVISE ESOPHAGUS & STOMACH	1,520.00	00 15									
63	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	913.70										
67	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	913.70	00 15									
63	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,256.97										
67	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,256.97	00 15									
63	43330	REPAIR OF ESOPHAGUS	1,494.40										
67	43330	REPAIR OF ESOPHAGUS	1,494.40	00 15									
63	43331	REPAIR OF ESOPHAGUS	1,489.83										
67	43331	REPAIR OF ESOPHAGUS	1,489.83	00 15									
63	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,294.64										
67	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,294.64	00 15									
63	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,414.25										
67	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,414.25	00 15									
63	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,396.79										
67	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,396.79	00 15									
63	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,496.73										
67	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,496.73	00 15									
63	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,621.65										
67	43336	REPAIR PARAESOPHAGEAL HIATL HERNIA	1,621.65	00 15									
63	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,731.90										
67	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,731.90	00 15									
63	43338	ESOPHAGEAL LENGTHENING PROCEDURE	131.24										
67	43338	ESOPHAGEAL LENGTHENING PROCEDURE	131.24	00 15									
63	43340	FUSE ESOPHAGUS & INTESTINE	1,543.53										
67	43340	FUSE ESOPHAGUS & INTESTINE	1,543.53	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	43341	FUSE ESOPHAGUS & INTESTINE	1,558.83										
67	43341	FUSE ESOPHAGUS & INTESTINE	1,558.83	00 15									
63	43351	SURGICAL OPENING, ESOPHAGUS	1,458.57										
67	43351	SURGICAL OPENING, ESOPHAGUS	1,458.57	00 15									
63	43352	SURGICAL OPENING, ESOPHAGUS	1,180.29										
67	43352	SURGICAL OPENING, ESOPHAGUS	1,180.29	00 15									
63	43360	GASTROINTESTINAL REPAIR	2,517.20										
67	43360	GASTROINTESTINAL REPAIR	2,517.20	00 15									
63	43361	GASTROINTESTINAL REPAIR	3,023.76										
67	43361	GASTROINTESTINAL REPAIR	3,023.76	00 15									
63	43400	LIGATE ESOPHAGUS VEINS	1,705.82										
67	43400	LIGATE ESOPHAGUS VEINS	1,705.82	00 15									
63	43405	LIGATE/STAPLE ESOPHAGUS	1,615.88										
67	43405	LIGATE/STAPLE ESOPHAGUS	1,615.88	00 15									
63	43410	REPAIR ESOPHAGUS WOUND	1,098.77										
67	43410	REPAIR ESOPHAGUS WOUND	1,098.77	00 15									
63	43415	REPAIR ESOPHAGUS WOUND	2,870.24										
67	43415	REPAIR ESOPHAGUS WOUND	2,870.24	00 15									
63	43420	REPAIR ESOPHAGUS OPENING	1,092.25										
67	43420	REPAIR ESOPHAGUS OPENING	1,092.25	00 15									
63	43425	REPAIR ESOPHAGUS OPENING	1,605.85										
67	43425	REPAIR ESOPHAGUS OPENING	1,605.85	00 15									
63	43450	DILATE ESOPHAGUS	172.06										
67	43450	DILATE ESOPHAGUS	172.06	00 15									
63	43453	DILATE ESOPHAGUS	854.40										
67	43453	DILATE ESOPHAGUS	854.40	00 15									
63	43460	PRESSURE TREATMENT ESOPHAGUS	230.23										
67	43460	PRESSURE TREATMENT ESOPHAGUS	230.23	00 15									
63	43500	SURGICAL OPENING OF STOMACH	871.43										
67	43500	SURGICAL OPENING OF STOMACH	871.43	00 15									
63	43501	GASTROTOMY WITH SUTURE REPAIR	1,506.10										
67	43501	GASTROTOMY WITH SUTURE REPAIR	1,506.10	00 15									
63	43502	SURGICAL REPAIR OF STOMACH	1,709.89										
67	43502	SURGICAL REPAIR OF STOMACH	1,709.89	00 15									
63	43510	SURGICAL OPENING OF STOMACH	1,055.62										
67	43510	SURGICAL OPENING OF STOMACH	1,055.62	00 15									
63	43520	INCISION OF PYLORIC MUSCLE	760.06										
67	43520	INCISION OF PYLORIC MUSCLE	760.06	00 15									
63	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	934.84										
67	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	934.84	00 15									
63	43610	EXCISION OF STOMACH LESION	1,094.33										
67	43610	EXCISION OF STOMACH LESION	1,094.33	00 15									
63	43611	EXCISION, LOCAL;	1,364.36										
67	43611	EXCISION, LOCAL;	1,364.36	00 15									
63	43620	REMOVAL OF STOMACH	2,228.92										

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	43620	REMOVAL OF STOMACH	2,228.92	00 15									
63	43621	GASTRECTOMY, TOTAL;	2,551.44										
67	43621	GASTRECTOMY, TOTAL;	2,551.44	00 15									
63	43622	GASTRECTOMY, TOTAL;	2,603.26										
67	43622	GASTRECTOMY, TOTAL;	2,603.26	00 15									
63	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,623.13										
67	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,623.13	00 15									
63	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,284.42										
67	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,284.42	00 15									
63	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,159.93										
67	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,159.93	00 15									
63	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,392.26										
67	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,392.26	00 15									
63	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	127.56										
67	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	127.56	00 15									
63	43640	VAGOTOMY & PYLORUS REPAIR	1,315.08										
67	43640	VAGOTOMY & PYLORUS REPAIR	1,315.08	00 15									
63	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,345.32										
67	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,345.32	00 15									
63	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	1,947.22	16 99		X							
63	43645	LAP GASTR BYPASS INCL SMLL I	2,074.35	16 99		X							
63	43651	LAPAROSCOPY, VAGUS NERVE	725.86										
67	43651	LAPAROSCOPY, VAGUS NERVE	725.86	00 15									
63	43652	LAPAROSCOPY, VAGUS NERVE	850.44										
67	43652	LAPAROSCOPY, VAGUS NERVE	850.44	00 15									
63	43653	LAPAROSCOPY, GASTROSTOMY	632.00										
67	43653	LAPAROSCOPY, GASTROSTOMY	632.00	00 15									
63	43752	INSERTION OF NASAL OR ORAL STOMACH T	44.85										
67	43752	INSERTION OF NASAL OR ORAL STOMACH T	44.85	00 15									
63	43753	INSERTION OF STOMACH TUBE AND ASPIRA	25.30										
67	43753	INSERTION OF STOMACH TUBE AND ASPIRA	25.30	00 15									
63	43754	GASTRIC INTUBATION AND ASPIRATION DI	178.09										
67	43754	GASTRIC INTUBATION AND ASPIRATION DI	178.09	00 15									
63	43755	GASTRIC INTUBATION AND ASPIRATION DI	170.58										
67	43755	GASTRIC INTUBATION AND ASPIRATION DI	170.58	00 15									
63	43756	DUODENAL INTUBATION AND ASPIRATION	244.67										
67	43756	DUODENAL INTUBATION AND ASPIRATION	244.67	00 15									
63	43757	DUODENAL INTUBATION AND ASPIRATION	336.90										
67	43757	DUODENAL INTUBATION AND ASPIRATION	336.90	00 15									
63	43761	REPOSITIONING OF A NASO- OR ORO-GAST	131.25										
67	43761	REPOSITIONING OF THE GASTRIC FEEDING	131.25	00 15									
63	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	222.75										
67	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	222.75	00 15									
63	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	335.27										
67	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	335.27	00 15									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	43770	LAP, PLACE GASTR ADJUST BAND	1,253.03	16	99		X							
63	43771	LAP, REVISE ADJUST GAST BAND	1,426.22	16	99		X							
63	43772	LAP, REMOVE ADJUST GAST BAND	1,063.37	16	99		X							
63	43773	LAP, CHANGE ADJUST GAST BAND	1,426.22	16	99		X							
63	43774	LAP REMOV ADJ GAST BAND/PORT	1,072.13	16	99		X							
63	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	1,263.02	16	99		X							
63	43800	RECONSTRUCTION OF PYLORUS	1,042.13											
67	43800	RECONSTRUCTION OF PYLORUS	1,042.13	00	15									
63	43810	FUSION OF STOMACH AND BOWEL	1,139.06											
67	43810	FUSION OF STOMACH AND BOWEL	1,139.06	00	15									
63	43820	FUSION OF STOMACH AND BOWEL	1,502.54											
67	43820	FUSION OF STOMACH AND BOWEL	1,502.54	00	15									
63	43825	FUSION OF STOMACH AND BOWEL	1,466.35											
67	43825	FUSION OF STOMACH AND BOWEL	1,466.35	00	15									
63	43830	SURGICAL OPENING OF STOMACH	776.22											
67	43830	SURGICAL OPENING OF STOMACH	776.22	00	15									
63	43831	GASTROSTOMY, OPEN, NEONATAL	659.89	00	00									
67	43831	GASTROSTOMY, OPEN, NEONATAL	659.89	00	00									
63	43832	SURGICAL OPENING OF STOMACH	1,161.59											
67	43832	SURGICAL OPENING OF STOMACH	1,161.59	00	15									
63	43840	REPAIR OF STOMACH LESION	1,521.32											
67	43840	REPAIR OF STOMACH LESION	1,521.32	00	15									
63	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	1,434.47	16	99		X							
63	43845	GASTROPLASTY DUODENAL SWITCH	2,181.84	16	99		X							
63	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,818.18	16	99		X							
63	43847	GASTRIC BYPASS FOR OBESITY	2,023.50	16	99		X							
63	43848	REVISION GASTROPLASTY	2,169.12	16	99		X							
63	43850	REVISE STOMACH-BOWEL FUSION	1,828.29											
67	43850	REVISE STOMACH-BOWEL FUSION	1,828.29	00	15									
63	43855	REVISE STOMACH-BOWEL FUSION	1,897.34											
67	43855	REVISE STOMACH-BOWEL FUSION	1,897.34	00	15									
63	43860	REVISE STOMACH-BOWEL FUSION	1,831.39											
67	43860	REVISE STOMACH-BOWEL FUSION	1,831.39	00	15									
63	43865	REVISE STOMACH-BOWEL FUSION	1,919.87											
67	43865	REVISE STOMACH-BOWEL FUSION	1,919.87	00	15									
63	43870	REPAIR STOMACH OPENING	787.63											
67	43870	REPAIR STOMACH OPENING	787.63	00	15									
63	43880	REPAIR STOMACH-BOWEL FISTULA	1,780.89											
67	43880	REPAIR STOMACH-BOWEL FISTULA	1,780.89	00	15									
63	43886	REVISE GASTRIC PORT, OPEN	394.60	16	99		X							
63	43887	REMOVE GASTRIC PORT, OPEN	356.07	16	99		X							
63	43888	CHANGE GASTRIC PORT, OPEN	506.40	16	99		X							
63	44005	FREEING OF BOWEL ADHESION	1,220.93											
67	44005	FREEING OF BOWEL ADHESION	1,220.93	00	15									
63	44010	INCISION OF SMALL BOWEL	945.00											

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	44010	INCISION OF SMALL BOWEL	945.00	00 15									
63	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	161.03										
67	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	161.03	00 15									
63	44020	EXPLORATION OF SMALL BOWEL	1,087.03										
67	44020	EXPLORATION OF SMALL BOWEL	1,087.03	00 15									
63	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,086.02										
67	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,086.02	00 15									
63	44025	EXPLORATION OF LARGE BOWEL	1,094.13										
67	44025	EXPLORATION OF LARGE BOWEL	1,094.13	00 15									
63	44050	REDUCE BOWEL OBSTRUCTION	1,042.94										
67	44050	REDUCE BOWEL OBSTRUCTION	1,042.94	00 15									
63	44055	CORRECT MALROTATION-CG, LADD PROC.	1,668.88										
67	44055	CORRECT MALROTATION-CG, LADD PROC.	1,668.88	00 15									
63	44100	BIOPSY OF BOWEL	117.38										
67	44100	BIOPSY OF BOWEL	117.38	00 15									
63	44110	EXCISION OF BOWEL LESION(S)	933.62										
67	44110	EXCISION OF BOWEL LESION(S)	933.62	00 15									
63	44111	EXCISION OF BOWEL LESION(S)	1,083.46										
67	44111	EXCISION OF BOWEL LESION(S)	1,083.46	00 15									
63	44120	REMOVAL OF SMALL INTESTINE	1,366.98										
67	44120	REMOVAL OF SMALL INTESTINE	1,366.98	00 15									
63	44121	REMOVAL OF SMALL INTESTINE	272.40										
67	44121	REMOVAL OF SMALL INTESTINE	272.40	00 15									
63	44125	REMOVAL OF SMALL INTESTINE	1,314.15										
67	44125	REMOVAL OF SMALL INTESTINE	1,314.15	00 15									
63	44126	ENTERECTOMY W/TAPER, CONG	2,774.96										
67	44126	ENTERECTOMY W/TAPER, CONG	2,774.96	00 15									
63	44127	ENTERECTOMY W/O TAPER, CONG	3,213.01										
67	44127	ENTERECTOMY W/O TAPER, CONG	3,213.01	00 15									
63	44128	ENTERECTOMY CONG, ADD-ON	275.77										
67	44128	ENTERECTOMY CONG, ADD-ON	275.77	00 15									
63	44130	BOWEL TO BOWEL FUSION	1,465.50										
67	44130	BOWEL TO BOWEL FUSION	1,465.50	00 15									
63	44139	MOBILIZATION OF COLON	135.96										
67	44139	MOBILIZATION OF COLON	135.96	00 15									
63	44140	PARTIAL REMOVAL OF COLON	1,495.81										
67	44140	PARTIAL REMOVAL OF COLON	1,495.81	00 15									
63	44141	PARTIAL REMOVAL OF COLON	2,024.65										
67	44141	PARTIAL REMOVAL OF COLON	2,024.65	00 15									
63	44143	PARTIAL REMOVAL OF COLON	1,851.62										
67	44143	PARTIAL REMOVAL OF COLON	1,851.62	00 15									
63	44144	PARTIAL REMOVAL OF COLON	1,968.91										
67	44144	PARTIAL REMOVAL OF COLON	1,968.91	00 15									
63	44145	PARTIAL REMOVAL OF COLON	1,838.60										
67	44145	PARTIAL REMOVAL OF COLON	1,838.60	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	44146	PARTIAL REMOVAL OF COLON	2,334.28										
67	44146	PARTIAL REMOVAL OF COLON	2,334.28	00 15									
63	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,163.56										
67	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,163.56	00 15									
63	44150	REMOVAL OF COLON	2,059.94										
67	44150	REMOVAL OF COLON	2,059.94	00 15									
63	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,407.27										
67	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,407.27	00 15									
63	44155	REMOVAL OF COLON	2,281.83										
67	44155	REMOVAL OF COLON	2,281.83	00 15									
63	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,577.71										
67	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,577.71	00 15									
63	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,446.33										
67	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,446.33	00 15									
63	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,508.38										
67	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,508.38	00 15									
63	44160	REMOVAL OF COLON	1,382.35										
67	44160	REMOVAL OF COLON	1,382.35	00 15									
63	44186	LAP, JEJUNOSTOMY	723.65										
67	44186	LAP, JEJUNOSTOMY	723.65	00 15									
63	44187	LAP, ILEO/JEJUNO-STOMY	1,200.30										
67	44187	LAP, ILEO/JEJUNO-STOMY	1,200.30	00 15									
63	44188	LAP, COLOSTOMY	1,342.98										
67	44188	LAP, COLOSTOMY	1,342.98	00 15									
63	44202	LAPARO, RESECT INTESTINE	1,544.94										
67	44202	LAPARO, RESECT INTESTINE	1,544.94	00 15									
63	44203	LAP RESECT S/INTESTINE, ADDL	270.49										
67	44203	LAP RESECT S/INTESTINE, ADDL	270.49	00 15									
63	44204	LAPARO PARTIAL COLECTOMY	1,709.65										
67	44204	LAPARO PARTIAL COLECTOMY	1,709.65	00 15									
63	44205	LAP COLECTOMY PART W/ILEUM	1,482.88										
67	44205	LAP COLECTOMY PART W/ILEUM	1,482.88	00 15									
63	44206	LAP PART COLECTOMY W/STOMA	1,940.74										
67	44206	LAP PART COLECTOMY W/STOMA	1,940.74	00 15									
63	44207	L COLECTOMY/COLOPROCTOSTOMY	2,013.71										
67	44207	L COLECTOMY/COLOPROCTOSTOMY	2,013.71	00 15									
63	44208	L COLECTOMY/COLOPROCTOSTOMY	2,185.38										
67	44208	L COLECTOMY/COLOPROCTOSTOMY	2,185.38	00 15									
63	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,947.20										
67	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,947.20	00 15									
63	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,304.12										
67	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,304.12	00 15									
63	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,234.24										
67	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,234.24	00 15									
63	44213	LAP, MOBIL SPLENIC FL ADD-ON	209.00										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	44213	LAP, MOBIL SPLENIC FL ADD-ON	209.00	00 15									
63	44227	LAP, CLOSE ENTEROSTOMY	1,853.41										
67	44227	LAP, CLOSE ENTEROSTOMY	1,853.41	00 15									
63	44300	OPEN BOWEL TO SKIN	938.01										
67	44300	OPEN BOWEL TO SKIN	938.01	00 15									
63	44310	ILEOSTOMY	1,154.50										
67	44310	ILEOSTOMY	1,154.50	00 15									
63	44312	REVISION OF ILEOSTOMY	650.98										
67	44312	REVISION OF ILEOSTOMY	650.98	00 15									
63	44314	REVISION OF ILEOSTOMY	1,108.67										
67	44314	REVISION OF ILEOSTOMY	1,108.67	00 15									
63	44316	DEVISE BOWEL POUCH	1,583.21										
67	44316	DEVISE BOWEL POUCH	1,583.21	00 15									
63	44320	COLOSTOMY	1,332.01										
67	44320	COLOSTOMY	1,332.01	00 15									
63	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,094.68										
67	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,094.68	00 15									
63	44340	REVISION OF COLOSTOMY	680.33										
67	44340	REVISION OF COLOSTOMY	680.33	00 15									
63	44345	REVISION OF COLOSTOMY	1,158.91										
67	44345	REVISION OF COLOSTOMY	1,158.91	00 15									
63	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,309.58										
67	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,309.58	00 15									
63	44360	SMALL BOWEL ENDOSCOPY	155.07										
67	44360	SMALL BOWEL ENDOSCOPY	155.07	00 15									
63	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	171.30										
67	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	171.30	00 15									
63	44363	SMALL BOWEL ENDOSCOPY	208.19										
67	44363	SMALL BOWEL ENDOSCOPY	208.19	00 15									
63	44364	SMALL BOWEL ENDOSCOPY	221.44										
67	44364	SMALL BOWEL ENDOSCOPY	221.44	00 15									
63	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	196.51										
67	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	196.51	00 15									
63	44366	SMALL BOWEL ENDOSCOPY	260.29										
67	44366	SMALL BOWEL ENDOSCOPY	260.29	00 15									
63	44369	SMALL BOWEL ENDOSCOPY	266.68										
67	44369	SMALL BOWEL ENDOSCOPY	266.68	00 15									
63	44370	SMALL BOWEL ENDOSCOPY/STENT	288.46										
67	44370	SMALL BOWEL ENDOSCOPY/STENT	288.46	00 15									
63	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	261.30										
67	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	261.30	00 15									
63	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	209.10										
67	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	209.10	00 15									
63	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	308.22										
67	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	308.22	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	324.55										
67	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	324.55	00 15									
63	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	417.44										
67	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	417.44	00 15									
63	44379	S BOWEL ENDOSCOPE W/STENT	443.49										
67	44379	S BOWEL ENDOSCOPE W/STENT	443.49	00 15									
63	44380	SMALL BOWEL ENDOSCOPY	180.71										
67	44380	SMALL BOWEL ENDOSCOPY	180.71	00 15									
63	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	949.03										
67	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	949.03	00 15									
63	44382	SMALL BOWEL ENDOSCOPY	281.84										
67	44382	SMALL BOWEL ENDOSCOPY	281.84	00 15									
63	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	167.86										
67	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	167.86	00 15									
63	44385	ENDOSCOPY OF BOWEL POUCH	200.31										
67	44385	ENDOSCOPY OF BOWEL POUCH	200.31	00 15									
63	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	297.58										
67	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	297.58	00 15									
63	44388	COLON ENDOSCOPY	155.90										
67	44388	COLON ENDOSCOPY	155.90	00 15									
63	44389	COLON ENDOSCOPY	405.46										
67	44389	COLON ENDOSCOPY	405.46	00 15									
63	44390	COLON ENDOSCOPY	401.53										
67	44390	COLON ENDOSCOPY	401.53	00 15									
63	44391	COLON ENDOSCOPY	675.66										
67	44391	COLON ENDOSCOPY	675.66	00 15									
63	44392	COLON ENDOSCOPY	380.84										
67	44392	COLON ENDOSCOPY	380.84	00 15									
63	44394	COLONOSCOPY THROUGH STOMA;	434.47										
67	44394	COLONOSCOPY THROUGH STOMA;	434.47	00 15									
63	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,732.86										
67	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,732.86	00 15									
63	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	284.12										
67	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	284.12	00 15									
63	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	329.65										
67	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	329.65	00 15									
63	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	403.29										
67	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	403.29	00 15									
63	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	556.63										
67	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	556.63	00 15									
63	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	248.63										
67	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	248.63	00 15									
63	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	298.77										
67	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	298.77	00 15									
63	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	250.84										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	250.84	00 15									
63	44500	INTRODUCTION OF LONG GASTROINTESTINA	21.13										
67	44500	INTRODUCTION OF LONG GASTROINTESTINA	21.13	00 15									
63	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,580.86										
67	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,580.86	00 15									
63	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,809.97										
67	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,809.97	00 15									
63	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,180.14										
67	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,180.14	00 15									
63	44605	REPAIR OF BOWEL LESION	1,451.54										
67	44605	REPAIR OF BOWEL LESION	1,451.54	00 15									
63	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,200.99										
67	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,200.99	00 15									
63	44620	REPAIR BOWEL OPENING	958.78										
67	44620	REPAIR BOWEL OPENING	958.78	00 15									
63	44625	REPAIR BOWEL OPENING	1,118.93										
67	44625	REPAIR BOWEL OPENING	1,118.93	00 15									
63	44626	REPAIR BOWEL OPENING	1,785.56										
67	44626	REPAIR BOWEL OPENING	1,785.56	00 15									
63	44640	REPAIR BOWEL-SKIN FISTULA	1,559.64										
67	44640	REPAIR BOWEL-SKIN FISTULA	1,559.64	00 15									
63	44650	REPAIR BOWEL FISTULA	1,611.27										
67	44650	REPAIR BOWEL FISTULA	1,611.27	00 15									
63	44660	REPAIR BOWEL-BLADDER FISTULA	1,476.07										
67	44660	REPAIR BOWEL-BLADDER FISTULA	1,476.07	00 15									
63	44661	REPAIR BOWEL-BLADDER FISTULA	1,726.58										
67	44661	REPAIR BOWEL-BLADDER FISTULA	1,726.58	00 15									
63	44680	SURGICAL REVISION, INTESTINE	1,181.96										
67	44680	SURGICAL REVISION, INTESTINE	1,181.96	00 15									
63	44700	SUSPEND BOWEL W/PROSTHESIS	1,103.04										
67	44700	SUSPEND BOWEL W/PROSTHESIS	1,103.04	00 15									
63	44701	INTRAOP COLON LAVAGE ADD-ON	192.93										
67	44701	INTRAOP COLON LAVAGE ADD-ON	192.93	00 15									
63	44720	PREP DONOR INTESTINE/VENOUS	311.22		X								
67	44720	PREP DONOR INTESTINE/VENOUS	311.22	00 15	X								
63	44721	PREP DONOR INTESTINE/ARTERY	434.84		X								
67	44721	PREP DONOR INTESTINE/ARTERY	434.84	00 15	X								
63	44800	REPAIR OF CONGENITAL BOWEL DEFECT	849.61										
67	44800	REPAIR OF CONGENITAL BOWEL DEFECT	849.61	00 15									
63	44820	EXCISION OF MESENTERY LESION	926.95										
67	44820	EXCISION OF MESENTERY LESION	926.95	00 15									
63	44850	REPAIR OF MESENTERY	826.77										
67	44850	REPAIR OF MESENTERY	826.77	00 15									
63	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	872.42										
67	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	872.42	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	44950	APPENDECTOMY	716.52		X								
67	44950	APPENDECTOMY	716.52	00 15	X								
63	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	93.66										
67	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	93.66	00 15									
63	44960	APPENDECTOMY	978.76		X								
67	44960	APPENDECTOMY	978.76	00 15	X								
63	44970	LAPAROSCOPY, APPENDECTOMY	665.63		X								
67	44970	LAPAROSCOPY, APPENDECTOMY	665.63	00 15	X								
63	45000	DRAINAGE OF PELVIC ABSCESS	462.00										
67	45000	DRAINAGE OF PELVIC ABSCESS	462.00	00 15									
63	45005	DRAINAGE OF RECTAL ABSCESS	298.33										
67	45005	DRAINAGE OF RECTAL ABSCESS	298.33	00 15									
63	45020	DRAINAGE OF RECTAL ABSCESS	623.92										
67	45020	DRAINAGE OF RECTAL ABSCESS	623.92	00 15									
63	45100	BIOPSY OF RECTUM	320.98										
67	45100	BIOPSY OF RECTUM	320.98	00 15									
63	45108	REMOVAL OF ANORECTAL LESION	404.95										
67	45108	REMOVAL OF ANORECTAL LESION	404.95	00 15									
63	45110	REMOVAL OF RECTUM	2,014.84										
67	45110	REMOVAL OF RECTUM	2,014.84	00 15									
63	45111	PARTIAL REMOVAL OF RECTUM	1,196.41										
67	45111	PARTIAL REMOVAL OF RECTUM	1,196.41	00 15									
63	45112	REMOVAL OF RECTUM	2,053.44										
67	45112	REMOVAL OF RECTUM	2,053.44	00 15									
63	45113	PARTIAL PROCTECTOMY	2,042.89										
67	45113	PARTIAL PROCTECTOMY	2,042.89	00 15									
63	45114	PARTIAL REMOVAL OF RECTUM	2,039.02										
67	45114	PARTIAL REMOVAL OF RECTUM	2,039.02	00 15									
63	45116	PARTIAL REMOVAL OF RECTUM	1,686.08										
67	45116	PARTIAL REMOVAL OF RECTUM	1,686.08	00 15									
63	45119	REMOVE, RECTUM W/RESERVOIR	2,112.82										
67	45119	REMOVE, RECTUM W/RESERVOIR	2,112.82	00 15									
63	45120	REMOVAL OF RECTUM	1,784.58										
67	45120	REMOVAL OF RECTUM	1,784.58	00 15									
63	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,952.00										
67	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,952.00	00 15									
63	45123	PARTIAL PROCTECTOMY	1,219.43										
67	45123	PARTIAL PROCTECTOMY	1,219.43	00 15									
63	45126	PELVIC EXENTERATION	3,044.94		X								
67	45126	PELVIC EXENTERATION	3,044.94	00 15	X								
63	45130	EXCISION OF RECTAL PROLAPSE	1,187.17										
67	45130	EXCISION OF RECTAL PROLAPSE	1,187.17	00 15									
63	45135	EXCISION OF RECTAL PROLAPSE	1,405.65										
67	45135	EXCISION OF RECTAL PROLAPSE	1,405.65	00 15									
63	45136	EXCISE ILEOANAL RESERVOIR	1,946.83										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	45136	EXCISE ILEOANAL RESERVOIR	1,946.83	00 15									
63	45150	EXCISION OF RECTAL STRICTURE	457.32										
67	45150	EXCISION OF RECTAL STRICTURE	457.32	00 15									
63	45160	EXCISION OF RECTAL LESION	1,139.22										
67	45160	EXCISION OF RECTAL LESION	1,139.22	00 15									
63	45171	EXCISION OF RECTAL TUMOR TRANSANAL	649.65										
67	45171	EXCISION OF RECTAL TUMOR TRANSANAL	649.65	00 15									
63	45172	EXCISION OF RECTAL TUMOR TRANSANAL	878.25										
67	45172	EXCISION OF RECTAL TUMOR TRANSANAL	878.25	00 15									
63	45190	DESTRUCTION RECTAL TUMOR	753.02										
67	45190	DESTRUCTION RECTAL TUMOR	753.02	00 15									
63	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	124.01										
67	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	124.01	00 15									
63	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	928.59										
67	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	928.59	00 15									
63	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	164.22										
67	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	164.22	00 15									
63	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	190.93										
67	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	190.93	00 15									
63	45308	PROCTOSIGMOIDOSCOPY, RIGID;	187.70										
67	45308	PROCTOSIGMOIDOSCOPY, RIGID;	187.70	00 15									
63	45309	PROCTOSIGMOIDOSCOPY, RIGID;	194.52										
67	45309	PROCTOSIGMOIDOSCOPY, RIGID;	194.52	00 15									
63	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	213.93										
67	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	213.93	00 15									
63	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	207.78										
67	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	207.78	00 15									
63	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	208.63										
67	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	208.63	00 15									
63	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	115.06										
67	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	115.06	00 15									
63	45327	PROCTOSIGMOIDOSCOPY W/STENT	130.58										
67	45327	PROCTOSIGMOIDOSCOPY W/STENT	130.58	00 15									
63	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	173.44										
67	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	173.44	00 15									
63	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	271.24										
67	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	271.24	00 15									
63	45332	SIGMOIDOSCOPY; DIAGNOSTIC	265.92										
67	45332	SIGMOIDOSCOPY; DIAGNOSTIC	265.92	00 15									
63	45333	SIGMOIDOSCOPY; DIAGNOSTIC	311.21										
67	45333	SIGMOIDOSCOPY; DIAGNOSTIC	311.21	00 15									
63	45334	SIGMOIDOSCOPY; DIAGNOSTIC	519.51										
67	45334	SIGMOIDOSCOPY; DIAGNOSTIC	519.51	00 15									
63	45335	SIGMOIDOSCOPY W/SUBMUC INJ	262.34										
67	45335	SIGMOIDOSCOPY W/SUBMUC INJ	262.34	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	126.28										
67	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	126.28	00 15									
63	45338	SIGMOIDOSCOPY, FLEXIBLE;	285.43										
67	45338	SIGMOIDOSCOPY, FLEXIBLE;	285.43	00 15									
63	45340	SIG W/BALLOON DILATION	443.86										
67	45340	SIG W/BALLOON DILATION	443.86	00 15									
63	45341	SIGMOIDOSCOPY W/ULTRASOUND	133.70			X							
67	45341	SIGMOIDOSCOPY W/ULTRASOUND	133.70	00 15		X							
63	45342	SIGMOIDOSCOPY W/US GUIDE BX	183.36										
67	45342	SIGMOIDOSCOPY W/US GUIDE BX	183.36	00 15									
63	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,657.16										
67	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,657.16	00 15									
63	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	166.69										
67	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	166.69	00 15									
63	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	215.20										
67	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	215.20	00 15									
63	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	611.65										
67	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	611.65	00 15									
63	45378	DIAGNOSTIC COLONOSCOPY	169.77										
67	45378	DIAGNOSTIC COLONOSCOPY	169.77	00 15									
63	45379	COLONOSCOPY	436.99										
67	45379	COLONOSCOPY	436.99	00 15									
63	45380	COLONOSCOPY AND BIOPSY	431.53										
67	45380	COLONOSCOPY AND BIOPSY	431.53	00 15									
63	45381	COLONOSCOPY, SUBMUCOUS INJ	428.49										
67	45381	COLONOSCOPY, SUBMUCOUS INJ	428.49	00 15									
63	45382	COLONOSCOPY,CONTROL BLEEDING	704.18										
67	45382	COLONOSCOPY,CONTROL BLEEDING	704.18	00 15									
63	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	483.27										
67	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	483.27	00 15									
63	45385	COLONOSCOPY, LESION REMOVAL	456.01										
67	45385	COLONOSCOPY, LESION REMOVAL	456.01	00 15									
63	45386	COLONOSCOPY DILATE STRICTURE	611.02										
67	45386	COLONOSCOPY DILATE STRICTURE	611.02	00 15									
63	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,827.29										
67	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,827.29	00 15									
63	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	315.24										
67	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	315.24	00 15									
63	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	360.53										
67	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	360.53	00 15									
63	45391	COLONOSCOPY W/ENDOSCOPE US	279.18										
67	45391	COLONOSCOPY W/ENDOSCOPE US	279.18	00 15									
63	45392	COLONOSCOPY W/ENDOSCOPIC FNB	330.27										
67	45392	COLONOSCOPY W/ENDOSCOPIC FNB	330.27	00 15									
63	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	276.60										

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
				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	276.60	00 15									
63	45395	LAP, REMOVAL OF RECTUM	2,152.72										
67	45395	LAP, REMOVAL OF RECTUM	2,152.72	00 15									
63	45397	LAP, REMOVE RECTUM W/POUCH	2,339.52										
67	45397	LAP, REMOVE RECTUM W/POUCH	2,339.52	00 15									
63	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	782.89										
67	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	782.89	00 15									
63	45400	LAPAROSCOPIC PROCTOPEXY	1,244.67										
67	45400	LAPAROSCOPIC PROCTOPEXY	1,244.67	00 15									
63	45402	LAP PROCTOPEXY W/SIG RESECT	1,668.05										
67	45402	LAP PROCTOPEXY W/SIG RESECT	1,668.05	00 15									
63	45500	REPAIR OF RECTUM	614.99										
67	45500	REPAIR OF RECTUM	614.99	00 15									
63	45505	REPAIR OF RECTUM	640.80										
67	45505	REPAIR OF RECTUM	640.80	00 15									
63	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	153.79										
67	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	153.79	00 15									
63	45540	CORRECT RECTAL PROLAPSE	1,162.13										
67	45540	CORRECT RECTAL PROLAPSE	1,162.13	00 15									
63	45541	CORRECT RECTAL PROLAPSE	1,031.87										
67	45541	CORRECT RECTAL PROLAPSE	1,031.87	00 15									
63	45550	REPAIR RECTUM;REMOVE SIGMOID	1,607.38										
67	45550	REPAIR RECTUM;REMOVE SIGMOID	1,607.38	00 15									
63	45560	REPAIR OF RECTOCELE	753.01										
67	45560	REPAIR OF RECTOCELE	753.01	00 15									
63	45562	EXPLORATION/REPAIR OF RECTUM	1,239.86										
67	45562	EXPLORATION/REPAIR OF RECTUM	1,239.86	00 15									
63	45563	EXPLORATION/REPAIR OF RECTUM	1,843.51										
67	45563	EXPLORATION/REPAIR OF RECTUM	1,843.51	00 15									
63	45800	REPAIR RECTUMBLADDER FISTULA	1,411.13										
67	45800	REPAIR RECTUMBLADDER FISTULA	1,411.13	00 15									
63	45805	REPAIR FISTULA; COLOSTOMY	1,633.23										
67	45805	REPAIR FISTULA; COLOSTOMY	1,633.23	00 15									
63	45820	REPAIR RECTOURETHRAL FISTULA	1,415.08										
67	45820	REPAIR RECTOURETHRAL FISTULA	1,415.08	00 15									
63	45825	REPAIR FISTULA; COLOSTOMY	1,705.29										
67	45825	REPAIR FISTULA; COLOSTOMY	1,705.29	00 15									
63	45900	REDUCTION OF RECTAL PROLAPSE	231.45										
67	45900	REDUCTION OF RECTAL PROLAPSE	231.45	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	206.69										
67	45910	DILATION OF RECTAL NARROWING	206.69	00 15									
63	45915	REMOVE RECTAL OBSTRUCTION	356.46										
67	45915	REMOVE RECTAL OBSTRUCTION	356.46	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	45990	SURG DX EXAM, ANORECTAL	116.35			X								
67	45990	SURG DX EXAM, ANORECTAL	116.35	00	15	X								
63	46020	PLACEMENT OF SETON	294.73											
67	46020	PLACEMENT OF SETON	294.73	00	15									
63	46030	REMOVAL OF RECTAL MARKER	148.31											
67	46030	REMOVAL OF RECTAL MARKER	148.31	00	15									
63	46040	INCISION OF RECTAL ABSCESS	571.68											
67	46040	INCISION OF RECTAL ABSCESS	571.68	00	15									
63	46045	INCISION OF RECTAL ABSCESS	471.04											
67	46045	INCISION OF RECTAL ABSCESS	471.04	00	15									
63	46050	INCISION OF ANAL ABSCESS	220.82											
67	46050	INCISION OF ANAL ABSCESS	220.82	00	15									
63	46060	INCISION OF RECTAL ABSCESS	515.23											
67	46060	INCISION OF RECTAL ABSCESS	515.23	00	15									
63	46070	INCISION OF ANAL SEPTUM	280.44											
67	46070	INCISION OF ANAL SEPTUM	280.44	00	15									
63	46080	INCISION OF ANAL SPHINCTER	280.07											
67	46080	INCISION OF ANAL SPHINCTER	280.07	00	15									
63	46083	EXC EXT.THROMBOSED HEMORRHOID	196.79										X	
67	46083	EXC EXT.THROMBOSED HEMORRHOID	196.79	00	15								X	
63	46200	REMOVAL OF ANAL FISSURE	472.45											
67	46200	REMOVAL OF ANAL FISSURE	472.45	00	15									
63	46220	REMOVAL OF ANAL TAB	232.08											
67	46220	REMOVAL OF ANAL TAB	232.08	00	15									
63	46221	LIGATION OF HEMORRHOID(S)	279.97											
67	46221	LIGATION OF HEMORRHOID(S)	279.97	00	15									
63	46230	REMOVAL OF ANAL TABS	303.09											
67	46230	REMOVAL OF ANAL TABS	303.09	00	15									
63	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	490.44											
67	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	490.44	00	15									
63	46255	HEMORRHOIDECTOMY	538.25											
67	46255	HEMORRHOIDECTOMY	538.25	00	15									
63	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	458.63											
67	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	458.63	00	15									
63	46258	REMOVE HEMORRHOIDS & FISTULA	514.89											
67	46258	REMOVE HEMORRHOIDS & FISTULA	514.89	00	15									
63	46260	HEMORRHOIDECTOMY	517.42											
67	46260	HEMORRHOIDECTOMY	517.42	00	15									
63	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	566.28											
67	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	566.28	00	15									
63	46262	REMOVE HEMORRHOIDS & FISTULA	597.43											
67	46262	REMOVE HEMORRHOIDS & FISTULA	597.43	00	15									
63	46270	SURGICAL TREATMENT OF ANAL FISTULA	544.41											
67	46270	SURGICAL TREATMENT OF ANAL FISTULA	544.41	00	15									
63	46275	REMOVAL OF ANAL FISTULA	573.63											

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	46275	REMOVAL OF ANAL FISTULA	573.63	00 15									
63	46280	REMOVAL OF ANAL FISTULA	507.43										
67	46280	REMOVAL OF ANAL FISTULA	507.43	00 15									
63	46285	SURGICAL TREATMENT OF ANAL FISTULA	570.16										
67	46285	SURGICAL TREATMENT OF ANAL FISTULA	570.16	00 15									
63	46288	REPAIR ANAL FISTULA	591.96										
67	46288	REPAIR ANAL FISTULA	591.96	00 15									
63	46320	REMOVAL OF HEMORRHOID CLOT	202.19										
67	46320	REMOVAL OF HEMORRHOID CLOT	202.19	00 15									
63	46500	INJECTION TREATMENT OF ANUS	299.98										
67	46500	INJECTION TREATMENT OF ANUS	299.98	00 15									
63	46505	CHEMODENERVATION ANAL MUSC	310.74										
67	46505	CHEMODENERVATION ANAL MUSC	310.74	00 15									
63	46600	ANOSCOPY; DIAGNOSTIC	103.00										
67	46600	ANOSCOPY; DIAGNOSTIC	103.00	00 15									
63	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	148.43										
67	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	148.43	00 15									
63	46604	ANOSCOPY WITH DIRECT DILATION	647.43										
67	46604	ANOSCOPY WITH DIRECT DILATION	647.43	00 15									
63	46606	ANOSCOPY WITH BIOPSY	254.85										
67	46606	ANOSCOPY WITH BIOPSY	254.85	00 15									
63	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	208.16										
67	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	208.16	00 15									
63	46608	ANOSCOPY;REMOVE FOREIGN BODY	269.66										
67	46608	ANOSCOPY;REMOVE FOREIGN BODY	269.66	00 15									
63	46610	ANOSCOPY; REMOVE POLYP	255.74										
67	46610	ANOSCOPY; REMOVE POLYP	255.74	00 15									
63	46611	ANOSCOPY;	203.71										
67	46611	ANOSCOPY;	203.71	00 15									
63	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	312.45										
67	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	312.45	00 15									
63	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	148.78										
67	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	148.78	00 15									
63	46615	ANOSCOPY;	165.13										
67	46615	ANOSCOPY;	165.13	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	611.44										
67	46705	REPAIR OF ANAL STRICTURE	611.44	00 15									
63	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	193.30									X	
67	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	193.30	00 15								X	
63	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	538.07										
67	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	538.07	00 15									
63	46710	REPR PER/VAG POUCH SNGL PROC	1,229.69										
67	46710	REPR PER/VAG POUCH SNGL PROC	1,229.69	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	46712	REPR PER/VAG POUCH DBL PROC	2,489.30										
67	46712	REPR PER/VAG POUCH DBL PROC	2,489.30	00 15									
63	46715	REPAIR OF ANOVAGINAL FISTULA	601.38										
67	46715	REPAIR OF ANOVAGINAL FISTULA	601.38	00 15									
63	46716	REPAIR OF ANOVAGINAL FISTULA	1,337.73										
67	46716	REPAIR OF ANOVAGINAL FISTULA	1,337.73	00 15									
63	46730	CONSTRUCTION OF ABSENT ANUS	2,188.16										
67	46730	CONSTRUCTION OF ABSENT ANUS	2,188.16	00 15									
63	46735	CONSTRUCTION OF ABSENT ANUS	2,529.54										
67	46735	CONSTRUCTION OF ABSENT ANUS	2,529.54	00 15									
63	46740	CONSTRUCTION OF ABSENT ANUS	2,392.24										
67	46740	CONSTRUCTION OF ABSENT ANUS	2,392.24	00 15									
63	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,778.57										
67	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,778.57	00 15									
63	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,957.41				F						
67	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,957.41	00 15			F						
63	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,371.19				F						
67	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,371.19	00 15			F						
63	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,748.97				F						
67	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,748.97	00 15			F						
63	46750	REPAIR OF ANAL SPHINCTER	816.54										
67	46750	REPAIR OF ANAL SPHINCTER	816.54	00 15									
63	46751	REPAIR OF ANAL SPHINCTER	724.05										
67	46751	REPAIR OF ANAL SPHINCTER	724.05	00 15									
63	46753	RECONSTRUCTION OF ANUS	677.49										
67	46753	RECONSTRUCTION OF ANUS	677.49	00 15									
63	46754	REMOVAL OF SUTURE FROM ANUS	333.24										
67	46754	REMOVAL OF SUTURE FROM ANUS	333.24	00 15									
63	46760	REPAIR OF ANAL SPHINCTER	1,178.39										
67	46760	REPAIR OF ANAL SPHINCTER	1,178.39	00 15									
63	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	1,004.32										
67	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	1,004.32	00 15									
63	46900	REMOVAL OF ANAL LESION	241.08										
67	46900	REMOVAL OF ANAL LESION	241.08	00 15									
63	46910	REMOVAL OF ANAL LESION	262.42										
67	46910	REMOVAL OF ANAL LESION	262.42	00 15									
63	46916	CRYSOSURGERY-ANAL LESIONS ,	247.54									X	
67	46916	CRYSOSURGERY-ANAL LESIONS ,	247.54	00 15								X	
63	46917	DESTROY ANAL LESION(S); LASER SURG	417.23										
67	46917	DESTROY ANAL LESION(S); LASER SURG	417.23	00 15									
63	46922	DESTROY ANAL LESION(S)-SURG EXCISION	296.87										
67	46922	DESTROY ANAL LESION(S)-SURG EXCISION	296.87	00 15									
63	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	537.81										
67	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	537.81	00 15									
63	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	217.04										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	217.04	00 15									
63	46940	TREATMENT OF ANAL FISSURE	253.29										
67	46940	TREATMENT OF ANAL FISSURE	253.29	00 15									
63	46942	TREATMENT OF ANAL FISSURE	240.28										
67	46942	TREATMENT OF ANAL FISSURE	240.28	00 15									
63	46945	LIGATION OF HEMORRHOIDS	350.97										
67	46945	LIGATION OF HEMORRHOIDS	350.97	00 15									
63	46946	LIGATION OF HEMORRHOIDS	397.80										
67	46946	LIGATION OF HEMORRHOIDS	397.80	00 15									
63	46947	HEMORRHOIDOPEXY BY STAPLING	418.57										
67	46947	HEMORRHOIDOPEXY BY STAPLING	418.57	00 15									
63	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	470.18										
67	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	470.18	00 15									
63	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	308.02										
67	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	308.02	00 15									
63	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	117.95										
67	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	117.95	00 15									
63	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,343.07										
67	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,343.07	00 15									
63	47015	INJECT/ASPIRATE LIVER CYST	1,296.20										
67	47015	INJECT/ASPIRATE LIVER CYST	1,296.20	00 15									
63	47100	WEDGE BIOPSY OF LIVER	934.33										
67	47100	WEDGE BIOPSY OF LIVER	934.33	00 15									
63	47120	PARTIAL REMOVAL OF LIVER	2,606.67										
67	47120	PARTIAL REMOVAL OF LIVER	2,606.67	00 15									
63	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,854.34										
67	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,854.34	00 15									
63	47125	PARTIAL REMOVAL OF LIVER	3,456.39										
67	47125	PARTIAL REMOVAL OF LIVER	3,456.39	00 15									
63	47130	PARTIAL REMOVAL OF LIVER	3,714.15										
67	47130	PARTIAL REMOVAL OF LIVER	3,714.15	00 15									
63	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	6,031.21		X								
67	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	6,031.21	00 15	X								
63	47140	PARTIAL REMOVAL, DONOR LIVER	3,992.02		X								
67	47140	PARTIAL REMOVAL, DONOR LIVER	3,992.02	00 15	X								
63	47141	PARTIAL REMOVAL, DONOR LIVER	4,787.60		X								
67	47141	PARTIAL REMOVAL, DONOR LIVER	4,787.60	00 15	X								
63	47142	PARTIAL REMOVAL, DONOR LIVER	5,288.39		X								
67	47142	PARTIAL REMOVAL, DONOR LIVER	5,288.39	00 15	X								
63	47146	PREP DONOR LIVER/VENOUS	370.87		X								
67	47146	PREP DONOR LIVER/VENOUS	370.87	00 15	X								
63	47147	PREP DONOR LIVER/ARTERIAL	432.44		X								
67	47147	PREP DONOR LIVER/ARTERIAL	432.44	00 15	X								
63	47300	SURGERY FOR LIVER LESION	1,255.81										
67	47300	SURGERY FOR LIVER LESION	1,255.81	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	47350	REPAIR LIVER WOUND	1,523.81										
67	47350	REPAIR LIVER WOUND	1,523.81	00 15									
63	47360	REPAIR LIVER WOUND	2,102.85										
67	47360	REPAIR LIVER WOUND	2,102.85	00 15									
63	47361	REPAIR LIVER WOUND	3,397.16										
67	47361	REPAIR LIVER WOUND	3,397.16	00 15									
63	47362	REPAIR LIVER WOUND	1,618.92										
67	47362	REPAIR LIVER WOUND	1,618.92	00 15									
63	47370	LAPARO ABLATE LIVER TUMOR RF	1,395.19										
67	47370	LAPARO ABLATE LIVER TUMOR RF	1,395.19	00 15									
63	47371	LAPARO ABLATE LIVER CRYOSUG	1,405.84										
67	47371	LAPARO ABLATE LIVER CRYOSUG	1,405.84	00 15									
63	47380	OPEN ABLATE LIVER TUMOR RF	1,613.95										
67	47380	OPEN ABLATE LIVER TUMOR RF	1,613.95	00 15									
63	47381	OPEN ABLATE LIVER TUMOR CRYO	1,659.56										
67	47381	OPEN ABLATE LIVER TUMOR CRYO	1,659.56	00 15									
63	47382	PERCUT ABLATE LIVER RF	4,314.23										
67	47382	PERCUT ABLATE LIVER RF	4,314.23	00 15									
63	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,633.69										
67	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,633.69	00 15									
63	47400	INCISION OF LIVER DUCT	2,417.62										
67	47400	INCISION OF LIVER DUCT	2,417.62	00 15									
63	47420	INCISION OF BILE DUCT	1,495.37										
67	47420	INCISION OF BILE DUCT	1,495.37	00 15									
63	47425	INCISION OF BILE DUCT	1,527.29										
67	47425	INCISION OF BILE DUCT	1,527.29	00 15									
63	47460	INCISE BILE DUCT SPHINCTER	1,417.31										
67	47460	INCISE BILE DUCT SPHINCTER	1,417.31	00 15									
63	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	970.11										
67	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	970.11	00 15									
63	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	351.43										
67	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	351.43	00 15									
63	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	378.28										
67	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	378.28	00 15									
63	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	839.66										
67	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	839.66	00 15									
63	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,239.32										
67	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,239.32	00 15									
63	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,416.85										
67	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,416.85	00 15									
63	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	974.00										
67	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	974.00	00 15									
63	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	685.05										
67	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	685.05	00 15									
63	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	442.89										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	442.89	00 15									
63	47538	PLACEMENT OF STENT(S) INTO A BILE DU	4,138.46										
67	47538	PLACEMENT OF STENT(S) INTO A BILE DU	4,138.46	00 15									
63	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,583.94										
67	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,583.94	00 15									
63	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,676.98										
67	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,676.98	00 15									
63	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,207.60										
67	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,207.60	00 15									
63	47542	BALLOON DILATION OF BILIARY DUCT(S)	515.46										
67	47542	BALLOON DILATION OF BILIARY DUCT(S)	515.46	00 15									
63	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	462.67										
67	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	462.67	00 15									
63	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	973.74										
67	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	973.74	00 15									
63	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	186.29										
67	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	186.29	00 15									
63	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	304.79										
67	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	304.79	00 15									
63	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	309.51										
67	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	309.51	00 15									
63	47554	BILIARY ENDOSCOPY...; REMOVE STONES	580.52										
67	47554	BILIARY ENDOSCOPY...; REMOVE STONES	580.52	00 15									
63	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	368.11										
67	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	368.11	00 15									
63	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	417.02										
67	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	417.02	00 15									
63	47562	LAPAROSCOPIC CHOLECYSTECTOMY	731.72										
67	47562	LAPAROSCOPIC CHOLECYSTECTOMY	731.72	00 15									
63	47563	LAPARO CHOLECYSTECTOMY/GRAPH	797.14										
67	47563	LAPARO CHOLECYSTECTOMY/GRAPH	797.14	00 15									
63	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,240.61										
67	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,240.61	00 15									
63	47570	LAPARO CHOLECYSTOENTEROSTOMY	865.15										
67	47570	LAPARO CHOLECYSTOENTEROSTOMY	865.15	00 15									
63	47600	REMOVAL OF GALLBLADDER	1,191.72										
67	47600	REMOVAL OF GALLBLADDER	1,191.72	00 15									
63	47605	REMOVAL OF GALLBLADDER	1,255.07										
67	47605	REMOVAL OF GALLBLADDER	1,255.07	00 15									
63	47610	REMOVAL OF GALLBLADDER	1,403.99										
67	47610	REMOVAL OF GALLBLADDER	1,403.99	00 15									
63	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,428.40										
67	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,428.40	00 15									
63	47620	REMOVAL OF GALLBLADDER	1,543.03										
67	47620	REMOVAL OF GALLBLADDER	1,543.03	00 15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	47700	EXPLORATION OF BILE DUCTS	1,173.16										
67	47700	EXPLORATION OF BILE DUCTS	1,173.16	00 15									
63	47701	PORTENTEROSTOMY	1,944.08										
67	47701	PORTENTEROSTOMY	1,944.08	00 15									
63	47711	EXCISION OF BILE DUCT TUMOR	1,739.65										
67	47711	EXCISION OF BILE DUCT TUMOR	1,739.65	00 15									
63	47712	EXCISION OF BILE DUCT TUMOR	2,242.10										
67	47712	EXCISION OF BILE DUCT TUMOR	2,242.10	00 15									
63	47715	EXCISE CHOLEDOCHAL CYST	1,486.05										
67	47715	EXCISE CHOLEDOCHAL CYST	1,486.05	00 15									
63	47720	FUSE GALLBLADDER & BOWEL	1,286.11										
67	47720	FUSE GALLBLADDER & BOWEL	1,286.11	00 15									
63	47721	FUSE UPPER GI STRUCTURES	1,512.66										
67	47721	FUSE UPPER GI STRUCTURES	1,512.66	00 15									
63	47740	FUSE GALLBLADDER & BOWEL	1,466.07										
67	47740	FUSE GALLBLADDER & BOWEL	1,466.07	00 15									
63	47741	FUSE GALLBLADDER & BOWEL	1,650.30										
67	47741	FUSE GALLBLADDER & BOWEL	1,650.30	00 15									
63	47760	FUSE BILE DUCTS AND BOWEL	2,523.07										
67	47760	FUSE BILE DUCTS AND BOWEL	2,523.07	00 15									
63	47765	FUSE LIVER DUCTS & BOWEL	3,419.91										
67	47765	FUSE LIVER DUCTS & BOWEL	3,419.91	00 15									
63	47780	FUSE BILE DUCTS AND BOWEL	2,773.16										
67	47780	FUSE BILE DUCTS AND BOWEL	2,773.16	00 15									
63	47785	FUSE BILE DUCTS AND BOWEL	3,652.20										
67	47785	FUSE BILE DUCTS AND BOWEL	3,652.20	00 15									
63	47800	RECONSTRUCTION OF BILE DUCTS	1,760.46										
67	47800	RECONSTRUCTION OF BILE DUCTS	1,760.46	00 15									
63	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,239.96										
67	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,239.96	00 15									
63	47802	U-TUBE HEPATICOENTEROSTOMY	1,705.81										
67	47802	U-TUBE HEPATICOENTEROSTOMY	1,705.81	00 15									
63	47900	SUTURE BILE DUCT INJURY	1,522.08										
67	47900	SUTURE BILE DUCT INJURY	1,522.08	00 15									
63	48000	DRAINAGE OF ABDOMEN	2,116.16										
67	48000	DRAINAGE OF ABDOMEN	2,116.16	00 15									
63	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,596.67										
67	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,596.67	00 15									
63	48020	REMOVAL OF PANCREATIC STONE	1,314.63										
67	48020	REMOVAL OF PANCREATIC STONE	1,314.63	00 15									
63	48100	BIOPSY OF PANCREAS	983.51										
67	48100	BIOPSY OF PANCREAS	983.51	00 15									
63	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	547.11										
67	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	547.11	00 15									
63	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,177.10										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,177.10	00 15									
63	48120	REMOVAL OF PANCREAS LESION	1,231.54										
67	48120	REMOVAL OF PANCREAS LESION	1,231.54	00 15									
63	48140	PARTIAL REMOVAL OF PANCREAS	1,748.05										
67	48140	PARTIAL REMOVAL OF PANCREAS	1,748.05	00 15									
63	48145	PARTIAL REMOVAL OF PANCREAS	1,831.06										
67	48145	PARTIAL REMOVAL OF PANCREAS	1,831.06	00 15									
63	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,102.56										
67	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,102.56	00 15									
63	48148	REMOVAL OF PANCREATIC DUCT	1,395.27										
67	48148	REMOVAL OF PANCREATIC DUCT	1,395.27	00 15									
63	48150	PARTIAL REMOVAL OF PANCREAS	3,491.79										
67	48150	PARTIAL REMOVAL OF PANCREAS	3,491.79	00 15									
63	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,244.65										
67	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,244.65	00 15									
63	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,478.56										
67	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,478.56	00 15									
63	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,258.58										
67	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,258.58	00 15									
63	48155	REMOVAL OF PANCREAS	2,016.91										
67	48155	REMOVAL OF PANCREAS	2,016.91	00 15									
63	48500	SURGERY OF PANCREAS CYST	1,280.18										
67	48500	SURGERY OF PANCREAS CYST	1,280.18	00 15									
63	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,219.28										
67	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,219.28	00 15									
63	48520	FUSE PANCREAS CYST AND BOWEL	1,220.16										
67	48520	FUSE PANCREAS CYST AND BOWEL	1,220.16	00 15									
63	48540	FUSE PANCREAS CYST AND BOWEL	1,468.10										
67	48540	FUSE PANCREAS CYST AND BOWEL	1,468.10	00 15									
63	48545	PANCREATORRHAPHY FOR TRAUMA	1,505.38										
67	48545	PANCREATORRHAPHY FOR TRAUMA	1,505.38	00 15									
63	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	2,013.07										
67	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	2,013.07	00 15									
63	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,864.00										
67	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,864.00	00 15									
63	48552	PREP DONOR PANCREAS/VENOUS	267.27		X								
67	48552	PREP DONOR PANCREAS/VENOUS	267.27	00 15	X								
63	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,814.67		X								
67	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,814.67	00 15	X								
63	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,410.58		X								
67	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,410.58	00 15	X								
63	49000	EXPLORATION OF ABDOMEN	853.65		X								
67	49000	EXPLORATION OF ABDOMEN	853.65	00 15	X								
63	49002	REEXPLORATION OF ABDOMEN	1,165.93										
67	49002	REEXPLORATION OF ABDOMEN	1,165.93	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	49010	EXPLORE,RETROPERITONEAL AREA	1,031.16										
67	49010	EXPLORE,RETROPERITONEAL AREA	1,031.16	00 15									
63	49013	PREPERITONEAL PELVIC PACKING FOR HEM	487.97										
67	49013	PREPERITONEAL PELVIC PACKING FOR HE	487.97	00 15									
63	49014	RE-EXPLORATION OF PELVIC WOUND WITH	402.37										
67	49014	RE-EXPLORATION OF PELVIC WOUND WITH	402.37	00 15									
63	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,772.82										
67	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,772.82	00 15									
63	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,113.72										
67	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,113.72	00 15									
63	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,223.83										
67	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,223.83	00 15									
63	49062	DRAIN TO PERITONEAL CAVITY	854.32										
67	49062	DRAIN TO PERITONEAL CAVITY	854.32	00 15									
63	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	204.63										
67	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	204.63	00 15									
63	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	300.58										
67	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	300.58	00 15									
63	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	122.03										
67	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	122.03	00 15									
63	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	173.81										
67	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	173.81	00 15									
63	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,141.25										
67	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,141.25	00 15									
63	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,322.97										
67	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,322.97	00 15									
63	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,688.90										
67	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,688.90	00 15									
63	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,935.68										
67	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,935.68	00 15									
63	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,464.97										
67	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,464.97	00 15									
63	49250	EXCISION OF UMBILICUS	646.80										
67	49250	EXCISION OF UMBILICUS	646.80	00 15									
63	49255	OMENTECTOMY,...RESECT OMENTUM	866.35		X								
67	49255	OMENTECTOMY,...RESECT OMENTUM	866.35	00 15	X								
63	49320	DIAG LAPARO SEPARATE PROC	361.99		X								
67	49320	DIAG LAPARO SEPARATE PROC	361.99	00 15	X								
63	49321	LAPAROSCOPY, BIOPSY	380.14		X								
67	49321	LAPAROSCOPY, BIOPSY	380.14	00 15	X								
63	49322	LAPAROSCOPY, ASPIRATION	412.36		X								
67	49322	LAPAROSCOPY, ASPIRATION	412.36	00 15	X								
63	49323	LAPARO DRAIN LYMPHOCELE	708.90		X								
67	49323	LAPARO DRAIN LYMPHOCELE	708.90	00 15	X								
63	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	433.34										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	433.34	00 15									
63	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	463.16										
67	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	463.16	00 15									
63	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	214.48										
67	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	214.48	00 15									
63	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	147.73										
67	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	147.73	00 15									
63	49400	AIR INJECTION INTO ABDOMEN	151.71										
67	49400	AIR INJECTION INTO ABDOMEN	151.71	00 15									
63	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	952.46										
67	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	952.46	00 15									
63	49405	Fluid collection drainage by cathete	871.51										
67	49405	Fluid collection drainage by cathete	871.51	00 15									
63	49406	Fluid collection drainage by cathete	871.03										
67	49406	Fluid collection drainage by cathete	871.03	00 15									
63	49407	Fluid collection drainage by cathete	722.09										
67	49407	Fluid collection drainage by cathete	722.09	00 15									
63	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	490.37										
67	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	490.37	00 15									
63	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	93.56										
67	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	93.56	00 15									
63	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,174.43										
67	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,174.43	00 15									
63	49419	INSERTION OF TUNNELED INTRAPERITONEA	473.08										
67	49419	INSERTION OF TUNNELED INTRAPERITONEA	473.08	00 15									
63	49421	INSERTION OF TUNNELED INTRAPERITONEA	257.46										
67	49421	INSERTION OF TUNNELED INTRAPERITONEA	257.46	00 15									
63	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	249.22										
67	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	249.22	00 15									
63	49423	EXCHANGE DRAINAGE CATH	581.20										
67	49423	EXCHANGE DRAINAGE CATH	581.20	00 15									
63	49424	ASSESS CYST, CONTRAST INJ	166.23										
67	49424	ASSESS CYST, CONTRAST INJ	166.23	00 15									
63	49425	PERITONEAL-VENOUS SHUNT	787.10										
67	49425	PERITONEAL-VENOUS SHUNT	787.10	00 15									
63	49426	REVISION OF PERITONEAL-VENOUS SHUNT	740.93										
67	49426	REVISION OF PERITONEAL-VENOUS SHUNT	740.93	00 15									
63	49427	INJECTION PROCEDURE (EG, CONTRAST ME	43.54										
67	49427	INJECTION PROCEDURE (EG, CONTRAST ME	43.54	00 15									
63	49428	LIGATION OF SHUNT	480.30										
67	49428	LIGATION OF SHUNT	480.30	00 15									
63	49429	REMOVAL OF SHUNT	510.97										
67	49429	REMOVAL OF SHUNT	510.97	00 15									
63	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	136.24										
67	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	136.24	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	49436	DELAYED CREATION OF EXIT SITE FROM E	204.61										
67	49436	DELAYED CREATION OF EXIT SITE FROM E	204.61	00 15									
63	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	922.40										
67	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	922.40	00 15									
63	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,047.26										
67	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,047.26	00 15									
63	49442	INSERTION OF CECOSTOMY OR OTHER COLO	872.66										
67	49442	INSERTION OF CECOSTOMY OR OTHER COLO	872.66	00 15									
63	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	881.85										
67	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	881.85	00 15									
63	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	640.77										
67	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	640.77	00 15									
63	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	696.81										
67	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	696.81	00 15									
63	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	856.49										
67	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	856.49	00 15									
63	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	707.57										
67	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	707.57	00 15									
63	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	149.97										
67	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	149.97	00 15									
63	49491	REPAIRING HERN PREMIE REDUC	884.57										
67	49491	REPAIRING HERN PREMIE REDUC	884.57	00 15									
63	49492	RPR ING HERN PREMIE, BLOCKED	1,067.46										
67	49492	RPR ING HERN PREMIE, BLOCKED	1,067.46	00 15									
63	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	451.33										
67	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	451.33	00 15									
63	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	679.65										
67	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	679.65	00 15									
63	49500	REPAIR INITIAL INGUINAL HERNIA..	451.88	00 04					X				
67	49500	REPAIR INITIAL INGUINAL HERNIA..	451.88	00 04					X				
63	49501	REPAIR INITIAL INGUINAL HERNIA..	670.79	00 04									
67	49501	REPAIR INITIAL INGUINAL HERNIA..	670.79	00 04									
63	49505	REPAIR INGUINAL HERNIA	575.72	05 99									
67	49505	REPAIR INGUINAL HERNIA	575.72	05 15									
63	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	649.07	05 99									
67	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	649.07	05 15									
63	49520	REREPAIR INGUINAL HERNIA	700.98										
67	49520	REREPAIR INGUINAL HERNIA	700.98	00 15									
63	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	797.19										
67	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	797.19	00 15									
63	49525	REPAIR INGUINAL HERNIA	635.61										
67	49525	REPAIR INGUINAL HERNIA	635.61	00 15									
63	49540	REPAIR LUMBAR HERNIA	748.44										
67	49540	REPAIR LUMBAR HERNIA	748.44	00 15									
63	49550	REPAIR FEMORAL HERNIA	638.26										

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	49550	REPAIR FEMORAL HERNIA	638.26	00 15									
63	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	699.69										
67	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	699.69	00 15									
63	49555	REPAIR FEMORAL HERNIA	667.47										
67	49555	REPAIR FEMORAL HERNIA	667.47	00 15									
63	49557	REPAIR RECURRENT FEMORAL HERNIA;	804.40										
67	49557	REPAIR RECURRENT FEMORAL HERNIA;	804.40	00 15									
63	49560	REPAIR ABDOMINAL HERNIA	820.67										
67	49560	REPAIR ABDOMINAL HERNIA	820.67	00 15									
63	49561	REPAIR INITIAL INCISIONAL HERNIA;	1,037.32										
67	49561	REPAIR INITIAL INCISIONAL HERNIA;	1,037.32	00 15									
63	49565	REREPAIR ABDOMINAL HERNIA	853.73										
67	49565	REREPAIR ABDOMINAL HERNIA	853.73	00 15									
63	49566	REPAIR RECURRENT INCISIONAL HERNIA;	1,046.74										
67	49566	REPAIR RECURRENT INCISIONAL HERNIA;	1,046.74	00 15									
63	49568	IMPLANTATION OF MESH OR OTHER PROSTH	302.24										
67	49568	IMPLANTATION OF MESH OR OTHER PROSTH	302.24	00 15									
63	49570	REPAIR EPIGASTRIC HERNIA	457.39										
67	49570	REPAIR EPIGASTRIC HERNIA	457.39	00 15									
63	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	571.60										
67	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	571.60	00 15									
63	49580	REPAIR UMBILICAL HERNIA	363.07	00 04									
67	49580	REPAIR UMBILICAL HERNIA	363.07	00 04									
63	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	531.66	00 04									
67	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	531.66	00 04									
63	49585	REPAIR UMBILICAL HERNIA	489.95	05 99									
67	49585	REPAIR UMBILICAL HERNIA	489.95	05 15									
63	49587	REPAIR UMBILICAL HERNIA	524.44	05 99									
67	49587	REPAIR UMBILICAL HERNIA	524.44	05 15									
63	49590	REPAIR ABDOMINAL HERNIA	634.46										
67	49590	REPAIR ABDOMINAL HERNIA	634.46	00 15									
63	49600	REPAIR UMBILICAL LESION	814.86										
67	49600	REPAIR UMBILICAL LESION	814.86	00 15									
63	49605	REPAIR UMBILICAL LESION	5,594.97										
67	49605	REPAIR UMBILICAL LESION	5,594.97	00 15									
63	49606	REPAIR UMBILICAL LESION	1,270.90										
67	49606	REPAIR UMBILICAL LESION	1,270.90	00 15									
63	49610	REPAIR UMBILICAL LESION	767.62										
67	49610	REPAIR UMBILICAL LESION	767.62	00 15									
63	49611	REPAIR UMBILICAL LESION	673.59										
67	49611	REPAIR UMBILICAL LESION	673.59	00 15									
63	49650	LAP ING HERNIA REPAIR INIT	472.79										
67	49650	LAP ING HERNIA REPAIR INIT	472.79	00 15									
63	49651	LAP ING HERNIA REPAIR RECUR	616.41										
67	49651	LAP ING HERNIA REPAIR RECUR	616.41	00 15									

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	827.65										
67	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	827.65	00 15									
63	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	1,033.79										
67	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	1,033.79	00 15									
63	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	941.38										
67	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	941.38	00 15									
63	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	1,151.61										
67	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	1,151.61	00 15									
63	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,022.73										
67	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,022.73	00 15									
63	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,477.61										
67	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,477.61	00 15									
63	49900	REPAIR OF ABDOMINAL WALL	899.12										
67	49900	REPAIR OF ABDOMINAL WALL	899.12	00 15									
63	49904	OMENTAL FLAP, EXTRA-ABDOM	1,538.30										
67	49904	OMENTAL FLAP, EXTRA-ABDOM	1,538.30	00 15									
63	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	398.00										
67	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	398.00	00 15									
63	50010	EXPLORATION OF KIDNEY	801.80										
67	50010	EXPLORATION OF KIDNEY	801.80	00 15									
63	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,099.70										
67	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,099.70	00 15									
63	50040	DRAINAGE OF KIDNEY	1,003.16										
67	50040	DRAINAGE OF KIDNEY	1,003.16	00 15									
63	50045	EXPLORATION OF KIDNEY	1,013.25										
67	50045	EXPLORATION OF KIDNEY	1,013.25	00 15									
63	50060	REMOVAL OF KIDNEY STONE	1,242.02										
67	50060	REMOVAL OF KIDNEY STONE	1,242.02	00 15									
63	50065	INCISION OF KIDNEY	1,317.79										
67	50065	INCISION OF KIDNEY	1,317.79	00 15									
63	50070	INCISION OF KIDNEY	1,291.48										
67	50070	INCISION OF KIDNEY	1,291.48	00 15									
63	50075	REMOVAL OF KIDNEY STONE	1,590.20										
67	50075	REMOVAL OF KIDNEY STONE	1,590.20	00 15									
63	50080	PERCUT NEPHRO/PYELO,W/OR W/O	945.13										
67	50080	PERCUT NEPHRO/PYELO,W/OR W/O	945.13	00 15									
63	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,392.55										
67	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,392.55	00 15									
63	50100	REVISE KIDNEY BLOOD VESSELS	1,203.28										
67	50100	REVISE KIDNEY BLOOD VESSELS	1,203.28	00 15									
63	50120	EXPLORATION OF KIDNEY	1,032.64										
67	50120	EXPLORATION OF KIDNEY	1,032.64	00 15									
63	50125	EXPLORE AND DRAIN KIDNEY	1,067.90										
67	50125	EXPLORE AND DRAIN KIDNEY	1,067.90	00 15									
63	50130	REMOVAL OF KIDNEY STONE	1,124.47										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	50130	REMOVAL OF KIDNEY STONE	1,124.47	00 15									
63	50135	EXPLORATION OF KIDNEY	1,221.76										
67	50135	EXPLORATION OF KIDNEY	1,221.76	00 15									
63	50200	BIOPSY OF KIDNEY	535.97										
67	50200	BIOPSY OF KIDNEY	535.97	00 15									
63	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	836.50										
67	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	836.50	00 15									
63	50220	REMOVAL OF KIDNEY	1,146.90										
67	50220	REMOVAL OF KIDNEY	1,146.90	00 15									
63	50225	REMOVAL OF KIDNEY	1,314.14										
67	50225	REMOVAL OF KIDNEY	1,314.14	00 15									
63	50230	REMOVAL OF KIDNEY	1,402.15										
67	50230	REMOVAL OF KIDNEY	1,402.15	00 15									
63	50234	REMOVAL OF KIDNEY & URETER	1,422.54										
67	50234	REMOVAL OF KIDNEY & URETER	1,422.54	00 15									
63	50236	REMOVAL OF KIDNEY & URETER	1,596.25										
67	50236	REMOVAL OF KIDNEY & URETER	1,596.25	00 15									
63	50240	PARTIAL REMOVAL OF KIDNEY	1,444.54										
67	50240	PARTIAL REMOVAL OF KIDNEY	1,444.54	00 15									
63	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,325.09										
67	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,325.09	00 15									
63	50280	REMOVAL OF KIDNEY LESION	1,045.26										
67	50280	REMOVAL OF KIDNEY LESION	1,045.26	00 15									
63	50290	REMOVAL OF KIDNEY LESION	976.42										
67	50290	REMOVAL OF KIDNEY LESION	976.42	00 15									
63	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,656.92		X								
67	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,656.92	00 15	X								
63	50327	PREP RENAL GRAFT/VENOUS	244.31		X								
67	50327	PREP RENAL GRAFT/VENOUS	244.31	00 15	X								
63	50328	PREP RENAL GRAFT/ARTERIAL	214.10		X								
67	50328	PREP RENAL GRAFT/ARTERIAL	214.10	00 15	X								
63	50329	PREP RENAL GRAFT/URETERAL	203.39		X								
67	50329	PREP RENAL GRAFT/URETERAL	203.39	00 15	X								
63	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,044.33		X								
67	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,044.33	00 15	X								
63	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,689.44		X								
67	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,689.44	00 15	X								
63	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,185.43		X								
67	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,185.43	00 15	X								
63	50370	REMOVE TRANSPLANTED KIDNEY	1,331.57										
67	50370	REMOVE TRANSPLANTED KIDNEY	1,331.57	00 15									
63	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,216.90		X								
67	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,216.90	00 15	X								
63	50382	CHANGE URETER STENT, PERCUT	1,087.95										
67	50382	CHANGE URETER STENT, PERCUT	1,087.95	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	50384	REMOVE URETER STENT, PERCUT	891.46										
67	50384	REMOVE URETER STENT, PERCUT	891.46	00 15									
63	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,064.43										
67	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,064.43	00 15									
63	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	731.04										
67	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	731.04	00 15									
63	50387	CHANGE EXT/INT URETER STENT	537.11										
67	50387	CHANGE EXT/INT URETER STENT	537.11	00 15									
63	50389	REMOVE RENAL TUBE W/FLUORO	366.94										
67	50389	REMOVE RENAL TUBE W/FLUORO	366.94	00 15									
63	50390	DRAINAGE OF KIDNEY LESION	104.82										
67	50390	DRAINAGE OF KIDNEY LESION	104.82	00 15									
63	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	132.13										
67	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	132.13	00 15									
63	50396	MEASURE KIDNEY PRESSURE	125.32										
67	50396	MEASURE KIDNEY PRESSURE	125.32	00 15									
63	50400	REVISION OF KIDNEY/URETER	1,269.79										
67	50400	REVISION OF KIDNEY/URETER	1,269.79	00 15									
63	50405	REVISION OF KIDNEY/URETER	1,522.10										
67	50405	REVISION OF KIDNEY/URETER	1,522.10	00 15									
63	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	562.72										
67	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	562.72	00 15									
63	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	254.64										
67	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	254.64	00 15									
63	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	876.91										
67	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	876.91	00 15									
63	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,133.67										
67	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,133.67	00 15									
63	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	900.95										
67	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	900.95	00 15									
63	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	551.26										
67	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	551.26	00 15									
63	50436	DILATION OF EXISTING TRACT, PERCUTAN	163.50										
67	50436	DILATION OF EXISTING TRACT, PERCUTAN	163.50	00 15									
63	50437	DILATION OF EXISTING TRACT, PERCUTAN	275.13										
67	50437	DILATION OF EXISTING TRACT, PERCUTAN	275.13	00 15									
63	50500	REPAIR OF KIDNEY WOUND	1,369.23										
67	50500	REPAIR OF KIDNEY WOUND	1,369.23	00 15									
63	50520	CLOSE KIDNEY-SKIN FISTULA	1,291.69										
67	50520	CLOSE KIDNEY-SKIN FISTULA	1,291.69	00 15									
63	50525	REPAIR RENAL-ABDOMEN FISTULA	1,643.09										
67	50525	REPAIR RENAL-ABDOMEN FISTULA	1,643.09	00 15									
63	50526	REPAIR RENAL-ABDOMEN FISTULA	1,762.97										
67	50526	REPAIR RENAL-ABDOMEN FISTULA	1,762.97	00 15									
63	50540	REVISION OF HORSESHOE KIDNEY	1,249.94										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	50540	REVISION OF HORSESHOE KIDNEY	1,249.94	00 15									
63	50541	LAPARO ABLATE RENAL CYST	1,000.18										
67	50541	LAPARO ABLATE RENAL CYST	1,000.18	00 15									
63	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,269.60										
67	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,269.60	00 15									
63	50543	LAPARO PARTIAL NEPHRECTOMY	1,622.90										
67	50543	LAPARO PARTIAL NEPHRECTOMY	1,622.90	00 15									
63	50544	LAPAROSCOPY, PYELOPLASTY	1,360.24										
67	50544	LAPAROSCOPY, PYELOPLASTY	1,360.24	00 15									
63	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,462.30										
67	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,462.30	00 15									
63	50546	LAPAROSCOPIC NEPHRECTOMY	1,313.90										
67	50546	LAPAROSCOPIC NEPHRECTOMY	1,313.90	00 15									
63	50547	LAPARO REMOVAL DONOR KIDNEY	1,774.95										
67	50547	LAPARO REMOVAL DONOR KIDNEY	1,774.95	00 15									
63	50548	LAPARO-ASST REMOVE K/URETER	1,471.41										
67	50548	LAPARO-ASST REMOVE K/URETER	1,471.41	00 15									
63	50551	KIDNEY ENDOSCOPY	384.41										
67	50551	KIDNEY ENDOSCOPY	384.41	00 15									
63	50553	KIDNEY ENDOSCOPY	410.60										
67	50553	KIDNEY ENDOSCOPY	410.60	00 15									
63	50555	KIDNEY ENDOSCOPY & BIOPSY	441.87										
67	50555	KIDNEY ENDOSCOPY & BIOPSY	441.87	00 15									
63	50557	KIDNEY ENDOSCOPY & TREATMENT	449.17										
67	50557	KIDNEY ENDOSCOPY & TREATMENT	449.17	00 15									
63	50561	KIDNEY ENDOSCOPY & TREATMENT	508.25										
67	50561	KIDNEY ENDOSCOPY & TREATMENT	508.25	00 15									
63	50562	RENAL SCOPE W/TUMOR RESECT	632.81										
67	50562	RENAL SCOPE W/TUMOR RESECT	632.81	00 15									
63	50570	KIDNEY ENDOSCOPY	538.15										
67	50570	KIDNEY ENDOSCOPY	538.15	00 15									
63	50572	KIDNEY ENDOSCOPY	582.27										
67	50572	KIDNEY ENDOSCOPY	582.27	00 15									
63	50574	KIDNEY ENDOSCOPY & BIOPSY	619.11										
67	50574	KIDNEY ENDOSCOPY & BIOPSY	619.11	00 15									
63	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	784.06										
67	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	784.06	00 15									
63	50576	KIDNEY ENDOSCOPY & TREATMENT	617.62										
67	50576	KIDNEY ENDOSCOPY & TREATMENT	617.62	00 15									
63	50580	KIDNEY ENDOSCOPY & TREATMENT	665.45										
67	50580	KIDNEY ENDOSCOPY & TREATMENT	665.45	00 15									
63	50590	LITHOTRIPSY,ESW	775.59										
67	50590	LITHOTRIPSY,ESW	775.59	00 15									
63	50592	PERC RF ABLATE RENAL TUMOR	3,114.07										
67	50592	PERC RF ABLATE RENAL TUMOR	3,114.07	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,211.52										
67	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,211.52	00 15									
63	50600	EXPLORATION OF URETER	1,022.01										
67	50600	EXPLORATION OF URETER	1,022.01	00 15									
63	50605	URETEROTOMY-INSERT STEAT	1,100.60										
67	50605	URETEROTOMY-INSERT STEAT	1,100.60	00 15									
63	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	619.04										
67	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	619.04	00 15									
63	50610	REMOVAL OF URETER STONE	1,028.93										
67	50610	REMOVAL OF URETER STONE	1,028.93	00 15									
63	50620	REMOVAL OF URETER STONE	983.69										
67	50620	REMOVAL OF URETER STONE	983.69	00 15									
63	50630	REMOVAL OF URETER STONE	971.12										
67	50630	REMOVAL OF URETER STONE	971.12	00 15									
63	50650	REMOVAL OF URETER	1,131.93										
67	50650	REMOVAL OF URETER	1,131.93	00 15									
63	50660	REMOVAL OF URETER	1,245.72										
67	50660	REMOVAL OF URETER	1,245.72	00 15									
63	50684	INJECTION FOR URETER X-RAY	117.47										
67	50684	INJECTION FOR URETER X-RAY	117.47	00 15									
63	50686	MEASURE URETER PRESSURE	145.52										
67	50686	MEASURE URETER PRESSURE	145.52	00 15									
63	50688	CHANGE OF URETER TUBE	82.70										
67	50688	CHANGE OF URETER TUBE	82.70	00 15									
63	50690	INJECTION OF BLADDER AND URINARY DUC	111.18										
67	50690	INJECTION OF BLADDER AND URINARY DUC	111.18	00 15									
63	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,023.97										
67	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,023.97	00 15									
63	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,142.30										
67	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,142.30	00 15									
63	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,386.31										
67	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,386.31	00 15									
63	50700	REVISION OF URETER	1,006.10										
67	50700	REVISION OF URETER	1,006.10	00 15									
63	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,847.43										
67	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,847.43	00 15									
63	50706	BALLOON DILATION, URETERAL STRICTURE	931.82										
67	50706	BALLOON DILATION, URETERAL STRICTURE	931.82	00 15									
63	50715	RELEASE OF URETER	1,316.14										
67	50715	RELEASE OF URETER	1,316.14	00 15									
63	50722	RELEASE OF URETER	1,129.71				F						
67	50722	RELEASE OF URETER	1,129.71	00 15			F						
63	50725	RELEASE/REVISE URETER	1,201.45										
67	50725	RELEASE/REVISE URETER	1,201.45	00 15									
63	50727	REVISION OF URINARY-CUTANEOUS ANASTO	548.82										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	50727	REVISION OF URINARY-CUTANEOUS ANASTO	548.82	00 15									
63	50728	REVISION OF URINARY-CUTANEOUS ANASTO	801.92										
67	50728	REVISION OF URINARY-CUTANEOUS ANASTO	801.92	00 15									
63	50740	FUSION OF URETER & KIDNEY	1,365.32										
67	50740	FUSION OF URETER & KIDNEY	1,365.32	00 15									
63	50750	FUSION OF URETER & KIDNEY	1,256.86										
67	50750	FUSION OF URETER & KIDNEY	1,256.86	00 15									
63	50760	FUSION OF URETERS	1,238.60										
67	50760	FUSION OF URETERS	1,238.60	00 15									
63	50770	SPLICING OF URETERS	1,256.86										
67	50770	SPLICING OF URETERS	1,256.86	00 15									
63	50780	REIMPLANT URETER IN BLADDER	1,209.79										
67	50780	REIMPLANT URETER IN BLADDER	1,209.79	00 15									
63	50782	URETERONEOCYSTOSTOMY;	1,170.48										
67	50782	URETERONEOCYSTOSTOMY;	1,170.48	00 15									
63	50783	URETERONEOCYSTOSTOMY;	1,227.80										
67	50783	URETERONEOCYSTOSTOMY;	1,227.80	00 15									
63	50785	REIMPLANT URETER IN BLADDER	1,324.26										
67	50785	REIMPLANT URETER IN BLADDER	1,324.26	00 15									
63	50800	IMPLANT URETER IN BOWEL	1,007.11										
67	50800	IMPLANT URETER IN BOWEL	1,007.11	00 15									
63	50810	FUSION OF URETER & BOWEL	1,559.84										
67	50810	FUSION OF URETER & BOWEL	1,559.84	00 15									
63	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,332.02										
67	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,332.02	00 15									
63	50820	CONSTRUCT BOWEL BLADDER	1,433.62										
67	50820	CONSTRUCT BOWEL BLADDER	1,433.62	00 15									
63	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,809.89										
67	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,809.89	00 15									
63	50830	URINARY UNDIVERSION	1,967.71										
67	50830	URINARY UNDIVERSION	1,967.71	00 15									
63	50840	REPLACE URETER BY BOWEL	1,338.36										
67	50840	REPLACE URETER BY BOWEL	1,338.36	00 15									
63	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,359.89										
67	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,359.89	00 15									
63	50860	TRANSPLANT URETER TO SKIN	1,028.19										
67	50860	TRANSPLANT URETER TO SKIN	1,028.19	00 15									
63	50900	REPAIR OF URETER	914.14										
67	50900	REPAIR OF URETER	914.14	00 15									
63	50920	CLOSURE URETER/SKIN FISTULA	956.93										
67	50920	CLOSURE URETER/SKIN FISTULA	956.93	00 15									
63	50930	CLOSURE URETER/BOWEL FISTULA	1,200.72										
67	50930	CLOSURE URETER/BOWEL FISTULA	1,200.72	00 15									
63	50940	RELEASE OF URETER	963.84										
67	50940	RELEASE OF URETER	963.84	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	50945	LAPAROSCOPY URETEROLITHOTOMY	1,059.59										
67	50945	LAPAROSCOPY URETEROLITHOTOMY	1,059.59	00 15									
63	50947	LAPARO NEW URETER/BLADDER	1,513.54										
67	50947	LAPARO NEW URETER/BLADDER	1,513.54	00 15									
63	50948	LAPARO NEW URETER/BLADDER	1,390.75										
67	50948	LAPARO NEW URETER/BLADDER	1,390.75	00 15									
63	50951	ENDOSCOPY OF URETER	402.01										
67	50951	ENDOSCOPY OF URETER	402.01	00 15									
63	50953	ENDOSCOPY OF URETER	426.50										
67	50953	ENDOSCOPY OF URETER	426.50	00 15									
63	50955	URETER ENDOSCOPY & BIOPSY	456.67										
67	50955	URETER ENDOSCOPY & BIOPSY	456.67	00 15									
63	50957	URETER ENDOSCOPY & TREATMENT	461.04										
67	50957	URETER ENDOSCOPY & TREATMENT	461.04	00 15									
63	50961	URETER ENDOSCOPY & TREATMENT	414.20										
67	50961	URETER ENDOSCOPY & TREATMENT	414.20	00 15									
63	50970	URETER ENDOSCOPY	405.27										
67	50970	URETER ENDOSCOPY	405.27	00 15									
63	50972	URETER ENDOSCOPY & CATHETER	392.02										
67	50972	URETER ENDOSCOPY & CATHETER	392.02	00 15									
63	50974	URETER ENDOSCOPY & BIOPSY	517.50										
67	50974	URETER ENDOSCOPY & BIOPSY	517.50	00 15									
63	50976	URETER ENDOSCOPY & TREATMENT	510.83										
67	50976	URETER ENDOSCOPY & TREATMENT	510.83	00 15									
63	50980	URETER ENDOSCOPY & TREATMENT	390.15										
67	50980	URETER ENDOSCOPY & TREATMENT	390.15	00 15									
63	51020	INCISE & TREAT BLADDER	503.99										
67	51020	INCISE & TREAT BLADDER	503.99	00 15									
63	51030	INCISE & TREAT BLADDER	508.06										
67	51030	INCISE & TREAT BLADDER	508.06	00 15									
63	51040	INCISE & DRAIN BLADDER	309.59										
67	51040	INCISE & DRAIN BLADDER	309.59	00 15									
63	51045	INCISE BLADDER, DRAIN URETER	541.47										
67	51045	INCISE BLADDER, DRAIN URETER	541.47	00 15									
63	51050	REMOVAL OF BLADDER STONE	508.76										
67	51050	REMOVAL OF BLADDER STONE	508.76	00 15									
63	51060	REMOVAL OF URETER STONE	629.32										
67	51060	REMOVAL OF URETER STONE	629.32	00 15									
63	51065	REMOVAL OF URETER STONE	626.48										
67	51065	REMOVAL OF URETER STONE	626.48	00 15									
63	51080	DRAINAGE OF BLADDER ABSCESS	439.99										
67	51080	DRAINAGE OF BLADDER ABSCESS	439.99	00 15									
63	51100	ASPIRATION OF BLADDER; BY NEEDLE	70.68										
67	51100	ASPIRATION OF BLADDER; BY NEEDLE	70.68	00 15									
63	51101	ASPIRATION OF BLADDER; BY TROCAR OR	143.39										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	51101	ASPIRATION OF BLADDER; BY TROCAR OR	143.39	00 15									
63	51102	ASPIRATION OF BLADDER; WITH INSERTIO	245.51										
67	51102	ASPIRATION OF BLADDER; WITH INSERTIO	245.51	00 15									
63	51500	REMOVAL OF BLADDER CYST	688.96										
67	51500	REMOVAL OF BLADDER CYST	688.96	00 15									
63	51520	REMOVAL OF BLADDER LESION	643.30										
67	51520	REMOVAL OF BLADDER LESION	643.30	00 15									
63	51525	REMOVAL OF BLADDER LESION	934.35										
67	51525	REMOVAL OF BLADDER LESION	934.35	00 15									
63	51530	REMOVAL OF BLADDER LESION	836.28										
67	51530	REMOVAL OF BLADDER LESION	836.28	00 15									
63	51535	REPAIR OF URETER LESION	847.86										
67	51535	REPAIR OF URETER LESION	847.86	00 15									
63	51550	PARTIAL REMOVAL OF BLADDER	1,050.30										
67	51550	PARTIAL REMOVAL OF BLADDER	1,050.30	00 15									
63	51555	PARTIAL REMOVAL OF BLADDER	1,382.70										
67	51555	PARTIAL REMOVAL OF BLADDER	1,382.70	00 15									
63	51565	REVISE BLADDER & URETER(S)	1,420.24										
67	51565	REVISE BLADDER & URETER(S)	1,420.24	00 15									
63	51570	REMOVAL OF BLADDER	1,611.41										
67	51570	REMOVAL OF BLADDER	1,611.41	00 15									
63	51575	REMOVAL OF BLADDER & NODES	1,991.76										
67	51575	REMOVAL OF BLADDER & NODES	1,991.76	00 15									
63	51580	REMOVE BLADDER; REVISE TRACT	2,069.11										
67	51580	REMOVE BLADDER; REVISE TRACT	2,069.11	00 15									
63	51585	REMOVAL OF BLADDER & NODES	2,305.08										
67	51585	REMOVAL OF BLADDER & NODES	2,305.08	00 15									
63	51590	REMOVE BLADDER; REVISE TRACT	2,115.85										
67	51590	REMOVE BLADDER; REVISE TRACT	2,115.85	00 15									
63	51595	REMOVE BLADDER; REVISE TRACT	2,392.65										
67	51595	REMOVE BLADDER; REVISE TRACT	2,392.65	00 15									
63	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,572.06										
67	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,572.06	00 15									
63	51597	PELVIC EXENTERATION	2,508.50		X								
67	51597	PELVIC EXENTERATION	2,508.50	00 15	X								
63	51600	INJECTION FOR BLADDER X-RAY	203.70										
67	51600	INJECTION FOR BLADDER X-RAY	203.70	00 15									
63	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	42.04										
67	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	42.04	00 15									
63	51610	INJECTION FOR BLADDER X-RAY	122.14										
67	51610	INJECTION FOR BLADDER X-RAY	122.14	00 15									
63	51700	IRRIGATION OF BLADDER	76.25									X	
67	51700	IRRIGATION OF BLADDER	76.25	00 15								X	
63	51701	INSERTION NON-INDWELLNG BLADDR CATH	46.64										
67	51701	INSERTION NON-INDWELLNG BLADDR CATH	46.64	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	51702	INSERT TEMP INDWELL BLADDER CATHETER	61.87										
67	51702	INSERT TEMP INDWELL BLADDER CATHETER	61.87	00 15									
63	51703	INSERT INDWELL BLADDER CATH;COMPLICA	143.65										
67	51703	INSERT INDWELL BLADDER CATH;COMPLICA	143.65	00 15									
63	51705	CHANGE OF BLADDER TUBE	97.16										
67	51705	CHANGE OF BLADDER TUBE	97.16	00 15									
63	51710	CHANGE OF BLADDER TUBE	135.57										
67	51710	CHANGE OF BLADDER TUBE	135.57	00 15									
63	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	354.07										
67	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	354.07	00 15									
63	51720	TREATMENT OF BLADDER LESION	85.60										
67	51720	TREATMENT OF BLADDER LESION	85.60	00 15									
65	51725	SIMPLE CYSTOMETROGRAM	82.40										
65	51726	COMPLEX CYSTOMETROGRAM	91.76										
65	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	116.69										
65	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	114.24										
65	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	138.68										
65	51736	SIMPLE UROFLOWMETRY	9.03										
65	51741	COMPLEX UROFLOWMETRY	9.51										
65	51784	ANAL/URINARY MUSCLE STUDY	41.73										
65	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	103.13										
65	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	43.98										
63	51800	REVISION OF BLADDER/URETHRA	1,135.87										
67	51800	REVISION OF BLADDER/URETHRA	1,135.87	00 15									
63	51820	REVISION OF URINARY TRACT	1,178.63										
67	51820	REVISION OF URINARY TRACT	1,178.63	00 15									
63	51840	ATTACH BLADDER/URETHRA	738.28										
67	51840	ATTACH BLADDER/URETHRA	738.28	00 15									
63	51841	ATTACH BLADDER/URETHRA	855.38										
67	51841	ATTACH BLADDER/URETHRA	855.38	00 15									
63	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	630.39				F						
67	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	630.39	00 15			F						
63	51860	REPAIR OF BLADDER WOUND	812.02										
67	51860	REPAIR OF BLADDER WOUND	812.02	00 15									
63	51865	REPAIR OF BLADDER WOUND	979.69										
67	51865	REPAIR OF BLADDER WOUND	979.69	00 15									
63	51880	REPAIR OF BLADDER OPENING	504.53										
67	51880	REPAIR OF BLADDER OPENING	504.53	00 15									
63	51900	REPAIR BLADDER/VAGINA LESION	894.75				F						
67	51900	REPAIR BLADDER/VAGINA LESION	894.75	00 15			F						
63	51920	CLOSE BLADDER-UTERUS FISTULA	827.23				F						
67	51920	CLOSE BLADDER-UTERUS FISTULA	827.23	00 15			F						
63	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,157.30		X		F		X				
67	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,157.30	00 15	X		F		X				
63	51940	CORRECTION OF BLADDER DEFECT	1,791.12										

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

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	51940	CORRECTION OF BLADDER DEFECT	1,791.12	00 15									
63	51960	REVISION OF BLADDER & BOWEL	1,508.94										
67	51960	REVISION OF BLADDER & BOWEL	1,508.94	00 15									
63	51980	CONSTRUCT BLADDER OPENING	773.33										
67	51980	CONSTRUCT BLADDER OPENING	773.33	00 15									
63	51990	LAPARO URETHRAL SUSPENSION	813.32										
67	51990	LAPARO URETHRAL SUSPENSION	813.32	00 15									
63	51992	LAPARO SLING OPERATION	919.04				F						
67	51992	LAPARO SLING OPERATION	919.04	00 15			F						
63	52000	CYSTOSCOPY	211.72										
67	52000	CYSTOSCOPY	211.72	00 15									
63	52001	CYSTOSCOPY, REMOVAL OF CLOTS	435.18										
67	52001	CYSTOSCOPY, REMOVAL OF CLOTS	435.18	00 15									
63	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	297.18										
67	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	297.18	00 15									
63	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	474.71										
67	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	474.71	00 15									
63	52010	CYSTOSCOPY & DUCT CATHETER	401.18				M						
67	52010	CYSTOSCOPY & DUCT CATHETER	401.18	00 15			M						
63	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	386.32										
67	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	386.32	00 15									
63	52214	CYSTOURETHROSCOPY WITH FULGURATION;	724.01										
67	52214	CYSTOURETHROSCOPY WITH FULGURATION;	724.01	00 15									
63	52224	CYSTOURETHROSCOPY WITH FULGURATION;	758.78										
67	52224	CYSTOURETHROSCOPY WITH FULGURATION;	758.78	00 15									
63	52234	CYSTOURETHROSCOPY WITH FULGURATION;	267.85										
67	52234	CYSTOURETHROSCOPY WITH FULGURATION;	267.85	00 15									
63	52235	CYSTOURETHROSCOPY WITH FULGURATION;	314.43										
67	52235	CYSTOURETHROSCOPY WITH FULGURATION;	314.43	00 15									
63	52240	CYSTOURETHROSCOPY WITH FULGURATION;	428.62										
67	52240	CYSTOURETHROSCOPY WITH FULGURATION;	428.62	00 15									
63	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	261.03										
67	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	261.03	00 15									
63	52260	CYSTOSCOPY & TREATMENT	230.11										
67	52260	CYSTOSCOPY & TREATMENT	230.11	00 15									
63	52265	CYSTOSCOPY & TREATMENT	385.53										
67	52265	CYSTOSCOPY & TREATMENT	385.53	00 15									
63	52270	CYSTOSCOPY & REVISE URETHRA	408.06										
67	52270	CYSTOSCOPY & REVISE URETHRA	408.06	00 15									
63	52275	CYSTOSCOPY & REVISE URETHRA	537.13										
67	52275	CYSTOSCOPY & REVISE URETHRA	537.13	00 15									
63	52276	CYSTOURETHROSCOPY W/DIRECT VISION	288.35										
67	52276	CYSTOURETHROSCOPY W/DIRECT VISION	288.35	00 15									
63	52277	CYSTOSCOPY AND TREATMENT	352.03										
67	52277	CYSTOSCOPY AND TREATMENT	352.03	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	326.31										
67	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	326.31	00 15									
63	52282	CYSTOSCOPY, IMPLANT STENT	369.52										
67	52282	CYSTOSCOPY, IMPLANT STENT	369.52	00 15									
63	52283	CYSTOURETHROSCOPY, STEROID INJECTION	337.64										
67	52283	CYSTOURETHROSCOPY, STEROID INJECTION	337.64	00 15									
63	52285	CYSTOSCOPY AND TREATMENT	335.68				F						
67	52285	CYSTOSCOPY AND TREATMENT	335.68	00 15			F						
63	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	366.84										
67	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	366.84	00 15									
63	52290	CYSTOSCOPY AND TREATMENT	265.97										
67	52290	CYSTOSCOPY AND TREATMENT	265.97	00 15									
63	52300	CYSTOSCOPY AND TREATMENT	305.06										
67	52300	CYSTOSCOPY AND TREATMENT	305.06	00 15									
63	52301	CYSTOSCOPY AND TREATMENT	316.06										
67	52301	CYSTOSCOPY AND TREATMENT	316.06	00 15									
63	52305	CYSTOSCOPY AND TREATMENT	304.67										
67	52305	CYSTOSCOPY AND TREATMENT	304.67	00 15									
63	52310	CYSTOSCOPY AND TREATMENT	296.23										
67	52310	CYSTOSCOPY AND TREATMENT	296.23	00 15									
63	52315	CYSTOSCOPY AND TREATMENT	480.65										
67	52315	CYSTOSCOPY AND TREATMENT	480.65	00 15									
63	52317	LITHOLAPAXY,SIMPLE;SMALL	884.53										
67	52317	LITHOLAPAXY,SIMPLE;SMALL	884.53	00 15									
63	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	518.41										
67	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	518.41	00 15									
63	52320	CYSTOSCOPY AND TREATMENT	269.33										
67	52320	CYSTOSCOPY AND TREATMENT	269.33	00 15									
63	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	349.28										
67	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	349.28	00 15									
63	52327	CYSTOSCOPY, INJECT MATERIAL	288.94										
67	52327	CYSTOSCOPY, INJECT MATERIAL	288.94	00 15									
63	52330	CYSTOSCOPY AND TREATMENT	590.74										
67	52330	CYSTOSCOPY AND TREATMENT	590.74	00 15									
63	52332	CYSTOURETHROSCOPY/INSERT STENT	454.45										
67	52332	CYSTOURETHROSCOPY/INSERT STENT	454.45	00 15									
63	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	198.99										
67	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	198.99	00 15									
63	52341	CYSTO W/URETER STRICTURE TX	309.97										
67	52341	CYSTO W/URETER STRICTURE TX	309.97	00 15									
63	52342	CYSTO W/UP STRICTURE TX	336.32										
67	52342	CYSTO W/UP STRICTURE TX	336.32	00 15									
63	52343	CYSTO W/RENAL STRICTURE TX	376.23										
67	52343	CYSTO W/RENAL STRICTURE TX	376.23	00 15									
63	52344	CYSTO/URETERO, STONE REMOVE	402.59										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	52344	CYSTO/URETERO, STONE REMOVE	402.59	00 15									
63	52345	CYSTO/URETERO W/UP STRICTURE	430.88										
67	52345	CYSTO/URETERO W/UP STRICTURE	430.88	00 15									
63	52346	CYSTOURETERO W/RENAL STRICT	487.35										
67	52346	CYSTOURETERO W/RENAL STRICT	487.35	00 15									
63	52351	CYSTOURETRO & OR PYELOSCOPE	329.65										
67	52351	CYSTOURETRO & OR PYELOSCOPE	329.65	00 15									
63	52352	CYSTOURETRO W/STONE REMOVE	387.71										
67	52352	CYSTOURETRO W/STONE REMOVE	387.71	00 15									
63	52353	CYSTOURETERO W/LITHOTRIPSY	428.62										
67	52353	CYSTOURETERO W/LITHOTRIPSY	428.62	00 15									
63	52354	CYSTOURETERO W/BIOPSY	455.94										
67	52354	CYSTOURETERO W/BIOPSY	455.94	00 15									
63	52355	CYSTOURETERO W/EXCISE TUMOR	511.22										
67	52355	CYSTOURETERO W/EXCISE TUMOR	511.22	00 15									
63	52356	CRUSHING OF STONE IN URINARY DUCT (U	454.11									X	
67	52356	CRUSHING OF STONE IN URINARY DUCT (U	454.11	00 15								X	
63	52400	CYSTOURETERO W/CONGEN REPR	519.46			X							
67	52400	CYSTOURETERO W/CONGEN REPR	519.46	00 15		X							
63	52402	CYSTOURETHRO CUT EJACUL DUCT	292.78				M						
67	52402	CYSTOURETHRO CUT EJACUL DUCT	292.78	00 15			M						
63	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,330.57				M						
67	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,330.57	00 15			M						
63	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	956.71				M						
67	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	956.71	00 15			M						
63	52450	TRANSURETHRAL INCISION OF PROSTATE	507.25				M						
67	52450	TRANSURETHRAL INCISION OF PROSTATE	507.25	00 15			M						
63	52500	REVISION OF BLADDER NECK	526.55				M						
67	52500	REVISION OF BLADDER NECK	526.55	00 15			M						
63	52601	PROSTATECTOMY (TUR)	792.59				M						
67	52601	PROSTATECTOMY (TUR)	792.59	00 15			M						
63	52630	REMOVE PROSTATE REGROWTH	432.55				M						
67	52630	REMOVE PROSTATE REGROWTH	432.55	00 15			M						
63	52640	RELIEVE BLADDER CONTRACTURE	337.59				M						
67	52640	RELIEVE BLADDER CONTRACTURE	337.59	00 15			M						
63	52647	LASER SURGERY OF PROSTATE	1,634.11				M						
67	52647	LASER SURGERY OF PROSTATE	1,634.11	00 15			M						
63	52648	LASER SURGERY OF PROSTATE	1,689.21				M						
67	52648	LASER SURGERY OF PROSTATE	1,689.21	00 15			M						
63	52649	PROSTATE LASER ENUCLEATION	895.44			X	M						
67	52649	PROSTATE LASER ENUCLEATION	895.44	00 15		X	M						
63	52700	DRAINAGE OF PROSTATE ABSCESS	476.32				M						
67	52700	DRAINAGE OF PROSTATE ABSCESS	476.32	00 15			M						
63	53000	INCISION OF URETHRA	158.71										
67	53000	INCISION OF URETHRA	158.71	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	53010	INCISION OF URETHRA	314.32											
67	53010	INCISION OF URETHRA	314.32	00	15									
63	53020	INCISION OF URETHRA	105.67	01	99									
67	53020	INCISION OF URETHRA	105.67	01	15									
63	53025	INCISION OF URETHRA	72.73	00	00									
67	53025	INCISION OF URETHRA	72.73	00	00									
63	53040	DRAINAGE OF URETHRA ABSCESS	423.11											
67	53040	DRAINAGE OF URETHRA ABSCESS	423.11	00	15									
63	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	200.07					F						
67	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	200.07	00	15			F						
63	53080	DRAINAGE OF URINARY LEAKAGE	451.90											
67	53080	DRAINAGE OF URINARY LEAKAGE	451.90	00	15									
63	53085	DRAINAGE OF URINARY LEAKAGE	701.85											
67	53085	DRAINAGE OF URINARY LEAKAGE	701.85	00	15									
63	53200	BIOPSY OF URETHRA	169.74											
67	53200	BIOPSY OF URETHRA	169.74	00	15									
63	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	848.51					F						
67	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	848.51	00	15			F						
63	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	1,010.93					M						
67	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	1,010.93	00	15			M						
63	53220	TREATMENT OF URETHRA LESION	487.38											
67	53220	TREATMENT OF URETHRA LESION	487.38	00	15									
63	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	659.77					F						
67	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	659.77	00	15			F						
63	53235	EXCISE URETHRAL DIVERTICULUM;MALE	685.17					M						
67	53235	EXCISE URETHRAL DIVERTICULUM;MALE	685.17	00	15			M						
63	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	456.36											
67	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	456.36	00	15									
63	53250	REMOVAL OF SEMINAL FLUID GLAND	426.34											
67	53250	REMOVAL OF SEMINAL FLUID GLAND	426.34	00	15									
63	53260	TREATMENT OF URETHRA LESION	217.65											
67	53260	TREATMENT OF URETHRA LESION	217.65	00	15									
63	53265	TREATMENT OF URETHRA LESION	238.15											
67	53265	TREATMENT OF URETHRA LESION	238.15	00	15									
63	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	221.29					F						
67	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	221.29	00	15			F						
63	53275	REPAIR OF URETHRA DEFECT	284.62											
67	53275	REPAIR OF URETHRA DEFECT	284.62	00	15									
63	53400	REVISE URETHRA, 1ST STAGE	870.27											
67	53400	REVISE URETHRA, 1ST STAGE	870.27	00	15									
63	53405	REVISE URETHRA, 2ND STAGE	949.15											
67	53405	REVISE URETHRA, 2ND STAGE	949.15	00	15									
63	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,064.22					M						
67	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,064.22	00	15			M						
63	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,230.98					M						

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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	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,230.98	00	15			M						
63	53420	RECONSTRUCT URETHRA, STAGE 1	914.84					M						
67	53420	RECONSTRUCT URETHRA, STAGE 1	914.84	00	15			M						
63	53425	RECONSTRUCT URETHRA, STAGE 2	1,019.57					M						
67	53425	RECONSTRUCT URETHRA, STAGE 2	1,019.57	00	15			M						
63	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,059.66					F						
67	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,059.66	00	15			F						
63	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,256.87											
67	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,256.87	00	15									
63	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	817.22					M						
67	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	817.22	00	15			M						
63	53442	PERINEAL PROSTHESIS REMOVAL	847.80					M						
67	53442	PERINEAL PROSTHESIS REMOVAL	847.80	00	15			M						
63	53444	INSERT TANDEM CUFF	862.31											
67	53444	INSERT TANDEM CUFF	862.31	00	15									
63	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	815.85			X								
67	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	815.85	00	15	X								
63	53446	REMOVE URO SPHINCTER	694.22				X							
67	53446	REMOVE URO SPHINCTER	694.22	00	15		X							
63	53447	INFLATABLE SPHINCTER REMOVAL	876.70				X							
67	53447	INFLATABLE SPHINCTER REMOVAL	876.70	00	15		X							
63	53448	REMOV/REPLC UR SPHINCTR COMP	1,393.47				X							
67	53448	REMOV/REPLC UR SPHINCTR COMP	1,393.47	00	15		X							
63	53449	CORRECTION OF ABNORMAL SPHINCTER	662.50			X								
67	53449	CORRECTION OF ABNORMAL SPHINCTER	662.50	00	15	X								
63	53450	REVISION OF URETHRA	440.76											
67	53450	REVISION OF URETHRA	440.76	00	15									
63	53460	REVISION OF URETHRA	493.81											
67	53460	REVISION OF URETHRA	493.81	00	15									
63	53500	URETHRLYS, TRANSVAG W/ SCOPE	814.82					F						
67	53500	URETHRLYS, TRANSVAG W/ SCOPE	814.82	00	15			F						
63	53502	URETHRORRHAPHY...SUTURE...,FEMALE	524.22					F						
67	53502	URETHRORRHAPHY...SUTURE...,FEMALE	524.22	00	15			F						
63	53505	URETHRORRHAPHY...SUTURE...;PENILE	523.88					M						
67	53505	URETHRORRHAPHY...SUTURE...;PENILE	523.88	00	15			M						
63	53510	REPAIR OF URETHRA INJURY	683.68											
67	53510	REPAIR OF URETHRA INJURY	683.68	00	15									
63	53515	REPAIR OF URETHRA INJURY	864.48					M						
67	53515	REPAIR OF URETHRA INJURY	864.48	00	15			M						
63	53520	CLOSE URETHROSTOMY....FISTULE,MALE	601.86					M						
67	53520	CLOSE URETHROSTOMY....FISTULE,MALE	601.86	00	15			M						
63	53600	DILATE URETHRAL STRICTURE,MALE;INIT	89.44					M						
67	53600	DILATE URETHRAL STRICTURE,MALE;INIT	89.44	00	15			M						
63	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	84.04					M						
67	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	84.04	00	15			M						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
63	53605	DILATE URETH STRICT...MALE	71.17				M						
67	53605	DILATE URETH STRICT...MALE	71.17	00 15			M						
63	53620	DILATE URETH STRICT.,MALE;INITIAL	152.43				M						
67	53620	DILATE URETH STRICT.,MALE;INITIAL	152.43	00 15			M						
63	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	142.66				M						
67	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	142.66	00 15			M						
63	53660	DILATE FEMALE URETHRA...;INITIAL	72.72				F						
67	53660	DILATE FEMALE URETHRA...;INITIAL	72.72	00 15			F						
63	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	71.76				F						
67	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	71.76	00 15			F						
63	53665	DILATE FEMALE URETHRA...	42.26				F						
67	53665	DILATE FEMALE URETHRA...	42.26	00 15			F						
63	53850	PROSTATIC MICROWAVE THERMOTX	1,529.54				M						
67	53850	PROSTATIC MICROWAVE THERMOTX	1,529.54	00 15			M						
63	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,763.04				M						
67	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,763.04	00 15			M						
63	53855	INSERTION OF A TEMPORARY PROSTATIC U	721.66				M						
67	53855	INSERTION OF A TEMPORARY PROSTATIC U	721.66	00 15			M						
63	54000	SLITTING OF PREPUCE	161.40	00 00			M						
67	54000	SLITTING OF PREPUCE	161.40	00 00			M						
63	54001	SLITTING OF PREPUCE	201.47				M						
67	54001	SLITTING OF PREPUCE	201.47	00 15			M						
63	54015	DRAIN PENIS LESION	331.60				M						
67	54015	DRAIN PENIS LESION	331.60	00 15			M						
63	54050	TREATMENT OF PENIS LESION	137.04				M						
67	54050	TREATMENT OF PENIS LESION	137.04	00 15			M						
63	54055	TREATMENT OF PENIS LESION	128.75				M						
67	54055	TREATMENT OF PENIS LESION	128.75	00 15			M						
63	54056	DESTROY PENILE LESION;CRYOSURGERY	142.29				M						
67	54056	DESTROY PENILE LESION;CRYOSURGERY	142.29	00 15			M						
63	54057	DESTROY PENILE LESION; LASER SURGERY	140.75				M						
67	54057	DESTROY PENILE LESION; LASER SURGERY	140.75	00 15			M						
63	54060	TREATMENT OF PENIS LESION	193.76				M						
67	54060	TREATMENT OF PENIS LESION	193.76	00 15			M						
63	54065	TREATMENT OF PENIS LESION	226.67				M						
67	54065	TREATMENT OF PENIS LESION	226.67	00 15			M						
63	54100	BIOPSY OF PENIS	202.78				M						
67	54100	BIOPSY OF PENIS	202.78	00 15			M						
63	54105	BIOPSY OF PENIS	283.37				M						
67	54105	BIOPSY OF PENIS	283.37	00 15			M						
63	54110	TREATMENT OF PENIS LESION	676.41				M						
67	54110	TREATMENT OF PENIS LESION	676.41	00 15			M						
63	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	870.07				M						
67	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	870.07	00 15			M						
63	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	1,019.68				M						

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	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	1,019.68	00 15			M						
63	54115	TREATMENT OF PENIS LESION	484.77				M						
67	54115	TREATMENT OF PENIS LESION	484.77	00 15			M						
63	54120	PARTIAL REMOVAL OF PENIS	684.20				M						
67	54120	PARTIAL REMOVAL OF PENIS	684.20	00 15			M						
63	54125	REMOVAL OF PENIS	886.04				M						
67	54125	REMOVAL OF PENIS	886.04	00 15			M						
63	54130	REMOVE PENIS & NODES	1,299.53				M						
67	54130	REMOVE PENIS & NODES	1,299.53	00 15			M						
63	54135	REMOVE PENIS & NODES	1,650.51				M						
67	54135	REMOVE PENIS & NODES	1,650.51	00 15			M						
63	54150	CIRCUMCISION USING CLAMP OR OTHER DE	160.81				M		X				
67	54150	CIRCUMCISION USING CLAMP OR OTHER DE	160.81	00 15			M		X				
63	54160	CIRCUMCISION	227.91	00 01			M		X				
67	54160	CIRCUMCISION	227.91	00 15			M		X				
63	54161	CIRCUMCISION	212.59				M		X				
67	54161	CIRCUMCISION	212.59	00 15			M		X				
63	54162	LYSIS PENIL CIRCUMCIS LESION	270.25				M						
67	54162	LYSIS PENIL CIRCUMCIS LESION	270.25	00 15			M						
63	54163	REPAIR OF CIRCUMCISION	232.48				M						
67	54163	REPAIR OF CIRCUMCISION	232.48	00 15			M						
63	54164	FRENULOTOMY OF PENIS	204.54				M						
67	54164	FRENULOTOMY OF PENIS	204.54	00 15			M						
63	54200	TREATMENT OF PENIS LESION	113.79				M						
67	54200	TREATMENT OF PENIS LESION	113.79	00 15			M						
63	54205	TREATMENT OF PENIS LESION	574.48				M						
67	54205	TREATMENT OF PENIS LESION	574.48	00 15			M						
63	54220	TREATMENT OF PENIS LESION	220.99				M						
67	54220	TREATMENT OF PENIS LESION	220.99	00 15			M						
63	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	105.17				M						
67	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	105.17	00 15			M						
63	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	150.19				M						
67	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	150.19	00 15			M						
63	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	92.72				M						
67	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	92.72	00 15			M						
63	54300	REVISION OF PENIS	698.52				M						
67	54300	REVISION OF PENIS	698.52	00 15			M						
63	54304	PLASTIC OPERATION ON PENIS FOR CORRE	812.86				M						
67	54304	PLASTIC OPERATION ON PENIS FOR CORRE	812.86	00 15			M						
63	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	775.92				M						
67	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	775.92	00 15			M						
63	54312	URETHROPLASTY...; MORE THAN 3 CM	888.65				M						
67	54312	URETHROPLASTY...; MORE THAN 3 CM	888.65	00 15			M						
63	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,083.71				M						
67	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,083.71	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	54318	URETHROPLASTY/RELEASE FROM SCROTUM	770.85				M						
67	54318	URETHROPLASTY/RELEASE FROM SCROTUM	770.85	00 15			M						
63	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	849.58				M						
67	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	849.58	00 15			M						
63	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,053.07				M						
67	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,053.07	00 15			M						
63	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	1,026.75				M						
67	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	1,026.75	00 15			M						
63	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	1,019.80				M						
67	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	1,019.80	00 15			M						
63	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,101.62				M						
67	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,101.62	00 15			M						
63	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,294.51				M						
67	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,294.51	00 15			M						
63	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	615.64				M						
67	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	615.64	00 15			M						
63	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	1,028.96				M						
67	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	1,028.96	00 15			M						
63	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,100.42				M						
67	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,100.42	00 15			M						
63	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,544.17				M						
67	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,544.17	00 15			M						
63	54360	PLASTIC PENILE REPAIR/ANGULATION	782.49				M						
67	54360	PLASTIC PENILE REPAIR/ANGULATION	782.49	00 15			M						
63	54380	REPAIR PENIS	868.00				M						
67	54380	REPAIR PENIS	868.00	00 15			M						
63	54385	REPAIR PENIS	1,009.25				M						
67	54385	REPAIR PENIS	1,009.25	00 15			M						
63	54390	REPAIR PENIS AND BLADDER	1,352.50				M						
67	54390	REPAIR PENIS AND BLADDER	1,352.50	00 15			M						
63	54406	REMOVE MULTI-COMP PENIS PROS	793.07				M				X		
67	54406	REMOVE MULTI-COMP PENIS PROS	793.07	00 15			M				X		
63	54408	REPAIR MULTI-COMP PENIS PROS	857.68				M				X		
67	54408	REPAIR MULTI-COMP PENIS PROS	857.68	00 15			M				X		
63	54410	REMOVE/REPLACE PENIS PROSTH	933.44				M				X		
67	54410	REMOVE/REPLACE PENIS PROSTH	933.44	00 15			M				X		
63	54411	REMV/REPLC PENIS PROS, COMP	1,118.01				M				X		
67	54411	REMV/REPLC PENIS PROS, COMP	1,118.01	00 15			M				X		
63	54415	REMOVE SELF-CONTD PENIS PROS	570.89				M				X		
67	54415	REMOVE SELF-CONTD PENIS PROS	570.89	00 15			M				X		
63	54416	REMV/REPL PENIS CONTAIN PROS	768.65				M				X		
67	54416	REMV/REPL PENIS CONTAIN PROS	768.65	00 15			M				X		
63	54417	REMV/REPLC PENIS PROS, COMPL	976.87				M				X		
67	54417	REMV/REPLC PENIS PROS, COMPL	976.87	00 15			M				X		
63	54420	REVISION OF PENIS	763.59				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	54420	REVISION OF PENIS	763.59	00 15			M						
63	54430	REVISION OF PENIS	691.71				M						
67	54430	REVISION OF PENIS	691.71	00 15			M						
63	54435	PENILE FISTULATION FOR PRIAPISM	447.01				M						
67	54435	PENILE FISTULATION FOR PRIAPISM	447.01	00 15			M						
63	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	728.87				M						
67	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	728.87	00 15			M						
63	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,457.46				M						
67	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,457.46	00 15			M						
63	54450	PREPUTIAL STRETCHING	73.85				M						
67	54450	PREPUTIAL STRETCHING	73.85	00 15			M						
67	54500	BIOPSY OF TESTIS	80.41	00 15			M					X	
63	54505	BIOPSY OF TESTIS	226.53				M						
67	54505	BIOPSY OF TESTIS	226.53	00 15			M						
63	54512	EXCISE LESION TESTIS	584.05				M						
67	54512	EXCISE LESION TESTIS	584.05	00 15			M						
63	54520	REMOVAL OF TESTIS	350.97				M						
67	54520	REMOVAL OF TESTIS	350.97	00 15			M						
63	54522	ORCHIECTOMY, PARTIAL	638.09				M						
67	54522	ORCHIECTOMY, PARTIAL	638.09	00 15			M						
63	54530	REMOVAL OF TESTIS	547.06				M						
67	54530	REMOVAL OF TESTIS	547.06	00 15			M						
63	54535	EXTENSIVE TESTIS SURGERY	807.57				M						
67	54535	EXTENSIVE TESTIS SURGERY	807.57	00 15			M						
63	54550	EXPLORATION FOR TESTIS	531.76				M						
67	54550	EXPLORATION FOR TESTIS	531.76	00 15			M						
63	54560	EXPLORATION FOR TESTIS	745.13				M						
67	54560	EXPLORATION FOR TESTIS	745.13	00 15			M						
63	54600	REDUCE TESTIS TORSION	488.77				M						
67	54600	REDUCE TESTIS TORSION	488.77	00 15			M						
63	54620	SUSPENSION OF TESTIS	324.20				M						
67	54620	SUSPENSION OF TESTIS	324.20	00 15			M						
63	54640	SUSPENSION OF TESTIS	472.94				M						
67	54640	SUSPENSION OF TESTIS	472.94	00 15			M						
63	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	771.00				M						
67	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	771.00	00 15			M						
63	54660	REVISION OF TESTIS	382.89				M						
67	54660	REVISION OF TESTIS	382.89	00 15			M						
63	54670	REPAIR TESTIS INJURY	438.22				M						
67	54670	REPAIR TESTIS INJURY	438.22	00 15			M						
63	54680	RELOCATION OF TESTIS(ES)	855.59				M						
67	54680	RELOCATION OF TESTIS(ES)	855.59	00 15			M						
63	54690	LAPAROSCOPY, ORCHIECTOMY	712.07				M						
67	54690	LAPAROSCOPY, ORCHIECTOMY	712.07	00 15			M						
63	54692	LAPAROSCOPY, ORCHIOPEXY	825.10				M						

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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	54692	LAPAROSCOPY, ORCHIOPEXY	825.10	00	15			M						
63	54700	DRAINAGE OF SCROTUM	231.29					M						
67	54700	DRAINAGE OF SCROTUM	231.29	00	15			M						
63	54800	BIOPSY OF EPIDIDYMIS	137.12					M					X	
67	54800	BIOPSY OF EPIDIDYMIS	137.12	00	15			M					X	
63	54830	REMOVE EPIDIDYMIS LESION	399.22					M						
67	54830	REMOVE EPIDIDYMIS LESION	399.22	00	15			M						
63	54840	REMOVE EPIDIDYMIS LESION	345.73					M						
67	54840	REMOVE EPIDIDYMIS LESION	345.73	00	15			M						
63	54860	REMOVAL OF EPIDIDYMIS	450.70					M						
67	54860	REMOVAL OF EPIDIDYMIS	450.70	00	15			M						
63	54861	REMOVAL OF EPIDIDYMES	613.56					M						
67	54861	REMOVAL OF EPIDIDYMES	613.56	00	15			M						
63	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	384.38					M						
67	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	384.38	00	15			M						
63	55000	DRAINAGE OF HYDROCELE	123.55					M					X	
67	55000	DRAINAGE OF HYDROCELE	123.55	00	15			M					X	
63	55040	REMOVAL OF HYDROCELE	362.32					M						
67	55040	REMOVAL OF HYDROCELE	362.32	00	15			M						
63	55041	REMOVAL OF HYDROCELES	551.77					M						
67	55041	REMOVAL OF HYDROCELES	551.77	00	15			M						
63	55060	REPAIR OF HYDROCELE	409.16					M						
67	55060	REPAIR OF HYDROCELE	409.16	00	15			M						
63	55100	DRAINAGE OF SCROTUM ABSCESS	233.27					M						
67	55100	DRAINAGE OF SCROTUM ABSCESS	233.27	00	15			M						
63	55110	SCROTAL EXPLORATION	418.00					M						
67	55110	SCROTAL EXPLORATION	418.00	00	15			M						
63	55120	REMOVAL OF SCROTUM LESION	379.42					M						
67	55120	REMOVAL OF SCROTUM LESION	379.42	00	15			M						
63	55150	REMOVAL OF SCROTUM	530.93					M						
67	55150	REMOVAL OF SCROTUM	530.93	00	15			M						
63	55175	SCROTOPLASTY;	389.66					M						
67	55175	SCROTOPLASTY;	389.66	00	15			M						
63	55180	SCROTOPLASTY;COMPLICATED	749.91					M						
67	55180	SCROTOPLASTY;	749.91	00	15			M						
63	55250	VASECTOMY, UNILATERAL OR BILATERAL	369.31	21	99	X		M						
63	55500	REMOVAL OF HYDROCELE	424.60					M						
67	55500	REMOVAL OF HYDROCELE	424.60	00	15			M						
63	55520	REMOVAL OF SPERM CORD LESION	497.79					M						
67	55520	REMOVAL OF SPERM CORD LESION	497.79	00	15			M						
63	55530	REVISE SPERMATIC CORD VEINS	377.68					M						
67	55530	REVISE SPERMATIC CORD VEINS	377.68	00	15			M						
63	55535	REVISE SPERMATIC CORD VEINS	463.70					M						
67	55535	REVISE SPERMATIC CORD VEINS	463.70	00	15			M						
63	55540	REVISE HERNIA & SPERM VEINS	608.91					M						

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
67	55540	REVISE HERNIA & SPERM VEINS	608.91	00 15			M						
63	55550	LAPARO LIGATE SPERMATIC VEIN	462.41				M						
67	55550	LAPARO LIGATE SPERMATIC VEIN	462.41	00 15			M						
63	55600	INCISE SPERM DUCT POUCH	453.68				M						
67	55600	INCISE SPERM DUCT POUCH	453.68	00 15			M						
63	55605	INCISE SPERM DUCT POUCH	563.29				M						
67	55605	INCISE SPERM DUCT POUCH	563.29	00 15			M						
63	55650	REMOVE SPERM DUCT POUCH	778.23				M						
67	55650	REMOVE SPERM DUCT POUCH	778.23	00 15			M						
63	55680	REMOVE SPERM POUCH LESION	372.45				M						
67	55680	REMOVE SPERM POUCH LESION	372.45	00 15			M						
63	55700	BIOPSY OF PROSTATE	254.75				M						
67	55700	BIOPSY OF PROSTATE	254.75	00 15			M						
63	55705	BIOPSY OF PROSTATE	287.70				M						
67	55705	BIOPSY OF PROSTATE	287.70	00 15			M						
63	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	401.35				M						
67	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	401.35	00 15			M						
63	55720	DRAINAGE OF PROSTATE ABSCESS	488.67				M						
67	55720	DRAINAGE OF PROSTATE ABSCESS	488.67	00 15			M						
63	55725	DRAINAGE OF PROSTATE ABSCESS	641.26				M						
67	55725	DRAINAGE OF PROSTATE ABSCESS	641.26	00 15			M						
63	55801	REMOVAL OF PROSTATE	1,190.98				M						
67	55801	REMOVAL OF PROSTATE	1,190.98	00 15			M						
63	55810	EXTENSIVE PROSTATE SURGERY	1,430.17				M						
67	55810	EXTENSIVE PROSTATE SURGERY	1,430.17	00 15			M						
63	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,755.66				M						
67	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,755.66	00 15			M						
63	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,924.64				M						
67	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,924.64	00 15			M						
63	55821	REMOVAL OF PROSTATE	950.58				M						
67	55821	REMOVAL OF PROSTATE	950.58	00 15			M						
63	55831	REMOVAL OF PROSTATE	1,029.67				M						
67	55831	REMOVAL OF PROSTATE	1,029.67	00 15			M						
63	55840	EXTENSIVE PROSTATE SURGERY	1,274.95				M						
67	55840	EXTENSIVE PROSTATE SURGERY	1,274.95	00 15			M						
63	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,275.91				M						
67	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,275.91	00 15			M						
63	55845	EXTENSIVE PROSTATE SURGERY	1,487.00				M						
67	55845	EXTENSIVE PROSTATE SURGERY	1,487.00	00 15			M						
63	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	952.15				M						
67	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	952.15	00 15			M						
63	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,194.21				M						
67	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,194.21	00 15			M						
63	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,455.41				M						
67	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,455.41	00 15			M						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,574.88				M						
67	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,574.88	00 15			M						
63	55870	ELECTROEJACULATION	185.93				M						
67	55870	ELECTROEJACULATION	185.93	00 15			M						
63	55873	CRYOABLATE PROSTATE	6,005.74				M						
67	55873	CRYOABLATE PROSTATE	6,005.74	00 15			M						
63	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	2,955.28				M						
67	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	2,955.28	00 15			M						
63	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	831.19				M						
67	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	831.19	00 15			M						
63	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	150.92				M						
67	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	150.92	00 15			M						
63	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	489.26										
67	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	489.26	00 15									
63	56405	INCISION AND DRAINAGE OF VULVA OR PE	135.10				F						
67	56405	INCISION AND DRAINAGE OF VULVA OR PE	135.10	00 15			F						
63	56420	INCISION AND DRAINAGE OF FEMALE GENI	161.03				F					X	
67	56420	INCISION AND DRAINAGE OF FEMALE GENI	161.03	00 15			F					X	
63	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	197.23				F						
67	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	197.23	00 15			F						
63	56441	LYSIS OF LABIAL ADHESIONS	172.59				F						
67	56441	LYSIS OF LABIAL ADHESIONS	172.59	00 15			F						
63	56442	HYMENOTOMY, SIMPLE INCISION	50.61				F						
67	56442	HYMENOTOMY, SIMPLE INCISION	50.61	00 15			F						
63	56501	DESTROY VULVA LESION(S);SIMPLE	168.96				F						
67	56501	DESTROY VULVA LESION(S);SIMPLE	168.96	00 15			F						
63	56515	TREATMENT OF VULVA LESIONS	265.71				F						
67	56515	TREATMENT OF VULVA LESIONS	265.71	00 15			F						
63	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	95.38				F						
67	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	95.38	00 15			F						
63	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	41.28				F						
67	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	41.28	00 15			F						
63	56620	PARTIAL REMOVAL OF VULVA	588.84				F						
67	56620	PARTIAL REMOVAL OF VULVA	588.84	00 15			F						
63	56625	REMOVAL OF VULVA	694.43				F						
67	56625	REMOVAL OF VULVA	694.43	00 15			F						
63	56630	EXTENSIVE VULVA SURGERY	1,015.78				F						
67	56630	EXTENSIVE VULVA SURGERY	1,015.78	00 15			F						
63	56631	VULVECTOMY, RADICAL, PARTIAL;	1,272.23				F						
67	56631	VULVECTOMY, RADICAL, PARTIAL;	1,272.23	00 15			F						
63	56632	VULVECTOMY, RADICAL, PARTIAL;	1,509.55				F						
67	56632	VULVECTOMY, RADICAL, PARTIAL;	1,509.55	00 15			F						
63	56633	VULVECTOMY, RADICAL, COMPLETE;	1,314.70				F						
67	56633	VULVECTOMY, RADICAL, COMPLETE;	1,314.70	00 15			F						
63	56634	VULVECTOMY, RADICAL, COMPLETE;	1,386.58				F						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	56634	VULVECTOMY, RADICAL, COMPLETE;	1,386.58	00 15			F						
63	56637	VULVECTOMY, RADICAL, COMPLETE;	1,615.63				F						
67	56637	VULVECTOMY, RADICAL, COMPLETE;	1,615.63	00 15			F						
63	56640	EXTENSIVE VULVA SURGERY	1,633.79				F						
67	56640	EXTENSIVE VULVA SURGERY	1,633.79	00 15			F						
63	56700	PARTIAL REMOVAL OF HYMEN	211.36				F						
67	56700	PARTIAL REMOVAL OF HYMEN	211.36	00 15			F						
63	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	334.84				F						
67	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	334.84	00 15			F						
63	56800	REPAIR OF VAGINA	268.68				F						
67	56800	REPAIR OF VAGINA	268.68	00 15			F						
63	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,271.19				F						
67	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,271.19	00 15			F						
63	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	289.48				F						
67	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	289.48	00 15			F						
63	56820	EXAM OF VULVA W/SCOPE	126.10				F						
67	56820	EXAM OF VULVA W/SCOPE	126.10	00 15			F						
63	56821	EXAM/BIOPSY OF VULVA W/SCOPE	168.24				F						
67	56821	EXAM/BIOPSY OF VULVA W/SCOPE	168.24	00 15			F						
63	57000	EXPLORATION OF VAGINA	212.82				F						
67	57000	EXPLORATION OF VAGINA	212.82	00 15			F						
63	57010	DRAINAGE OF PELVIC ABSCESS	483.88				F						
67	57010	DRAINAGE OF PELVIC ABSCESS	483.88	00 15			F						
63	57020	DRAINAGE OF PELVIC FLUID	117.47				F						
67	57020	DRAINAGE OF PELVIC FLUID	117.47	00 15			F						
63	57022	I &D VAGINAL HEMATOMA, OB	191.00				F						
67	57022	I &D VAGINAL HEMATOMA, OB	191.00	00 15			F						
63	57023	I &D VAG HEMATOMA, TRAUMA	344.62				F						
67	57023	I &D VAG HEMATOMA, TRAUMA	344.62	00 15			F						
63	57061	DESTROY VAGINAL LESIONS;SIMPLE	145.65				F						
67	57061	DESTROY VAGINAL LESIONS;SIMPLE	145.65	00 15			F						
63	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	233.22				F						
67	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	233.22	00 15			F						
63	57100	BIOPSY OF VAGINA	101.24				F						
67	57100	BIOPSY OF VAGINA	101.24	00 15			F						
63	57105	BIOPSY OF VAGINA	165.75				F						
67	57105	BIOPSY OF VAGINA	165.75	00 15			F						
63	57106	REMOVE VAGINA WALL, PARTIAL	553.53				F						
67	57106	REMOVE VAGINA WALL, PARTIAL	553.53	00 15			F						
63	57107	REMOVE VAGINA TISSUE/PARTIAL	1,566.98				F						
67	57107	REMOVE VAGINA TISSUE/PARTIAL	1,566.98	00 15			F						
63	57109	VAGINECTOMY PARTIAL W/NODES	1,859.98				F						
67	57109	VAGINECTOMY PARTIAL W/NODES	1,859.98	00 15			F						
63	57110	REMOVAL OF VAGINA	987.52				F						
67	57110	REMOVAL OF VAGINA	987.52	00 15			F						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	57111	REMOVE VAGINA TISSUE/COMPL	1,859.98				F						
67	57111	REMOVE VAGINA TISSUE/COMPL	1,859.98	00 15			F						
63	57120	CLOSURE OF VAGINA	566.01				F						
67	57120	CLOSURE OF VAGINA	566.01	00 15			F						
63	57130	REMOVE VAGINA LESION	217.02				F						
67	57130	REMOVE VAGINA LESION	217.02	00 15			F						
63	57135	REMOVE VAGINA LESION	233.74				F						
67	57135	REMOVE VAGINA LESION	233.74	00 15			F						
63	57150	TREAT VAGINA INFECTION	55.55				F					X	
67	57150	TREAT VAGINA INFECTION	55.55	00 15			F					X	
63	57155	INSERTION OF UTERINE TANDEM AND/OR V	397.57				F						
67	57155	INSERTION OF UTERINE TANDEM AND/OR V	397.57	00 15			F						
63	57156	INSERTION OF A VAGINAL RADIATION AFT	221.96				F						
67	57156	INSERTION OF A VAGINAL RADIATION AFT	221.96	00 15			F						
63	57160	INSERTION OF PESSARY	72.11				F						
67	57160	INSERTION OF PESSARY	72.11	00 15			F						
63	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	74.22	10 60			F						
67	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	74.22	10 15			F						
63	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	178.93				F						
67	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	178.93	00 15			F						
63	57200	REPAIR OF VAGINA	339.56				F						
67	57200	REPAIR OF VAGINA	339.56	00 15			F						
63	57210	REPAIR VAGINA/PERINEUM	412.65				F						
67	57210	REPAIR VAGINA/PERINEUM	412.65	00 15			F						
63	57220	REVISION OF URETHRA	359.29				F						
67	57220	REVISION OF URETHRA	359.29	00 15			F						
63	57230	REPAIR OF URETHRAL LESION	443.13				F						
67	57230	REPAIR OF URETHRAL LESION	443.13	00 15			F						
63	57240	REPAIR BLADDER & VAGINA	657.50				F						
67	57240	REPAIR BLADDER & VAGINA	657.50	00 15			F						
63	57250	REPAIR RECTUM & VAGINA	662.21				F						
67	57250	REPAIR RECTUM & VAGINA	662.21	00 15			F						
63	57260	REPAIR OF VAGINA	846.73				F						
67	57260	REPAIR OF VAGINA	846.73	00 15			F						
63	57265	EXTENSIVE REPAIR OF VAGINA	952.20				F						
67	57265	EXTENSIVE REPAIR OF VAGINA	952.20	00 15			F						
63	57267	INSERT MESH/PELVIC FLR ADDON	279.97				F						
67	57267	INSERT MESH/PELVIC FLR ADDON	279.97	00 15			F						
63	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	535.98				F						
67	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	535.98	00 15			F						
63	57270	REPAIR OF BOWEL POUCH	884.18				F						
67	57270	REPAIR OF BOWEL POUCH	884.18	00 15			F						
63	57280	SUSPENSION OF VAGINA	1,052.63				F						
67	57280	SUSPENSION OF VAGINA	1,052.63	00 15			F						
63	57282	FIXATION FOR VAGINAL PROLAPSE	565.92				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	57282	FIXATION FOR VAGINAL PROLAPSE	565.92	00 15			F						
63	57283	COLPOPEXY, INTRAPERITONEAL	762.67				F						
67	57283	COLPOPEXY, INTRAPERITONEAL	762.67	00 15			F						
63	57284	REPAIR PARAVAGINAL DEFECT	900.51				F						
67	57284	REPAIR PARAVAGINAL DEFECT	900.51	00 15			F						
63	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	748.61				F						
67	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	748.61	00 15			F						
63	57287	REVISE/REMOVE SLING REPAIR	770.93				F						
67	57287	REVISE/REMOVE SLING REPAIR	770.93	00 15			F						
63	57288	REPAIR BLADDER DEFECT	795.26				F						
67	57288	REPAIR BLADDER DEFECT	795.26	00 15			F						
63	57289	REPAIR BLADDER & VAGINA	852.06				F						
67	57289	REPAIR BLADDER & VAGINA	852.06	00 15			F						
63	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	588.19			X	F						
67	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	588.19	00 15		X	F						
63	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	903.72			X	F						
63	57295	CHANGE VAGINAL GRAFT	532.47				F						
67	57295	CHANGE VAGINAL GRAFT	532.47	00 15			F						
63	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,035.17				F						
67	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,035.17	00 15			F						
63	57300	REPAIR RECTUM-VAGINA FISTULA	636.44				F						
67	57300	REPAIR RECTUM-VAGINA FISTULA	636.44	00 15			F						
63	57305	REPAIR RECTUM-VAGINA FISTULA	1,055.33				F						
67	57305	REPAIR RECTUM-VAGINA FISTULA	1,055.33	00 15			F						
63	57307	FISTULA REPAIR & COLOSTOMY	1,135.84				F						
67	57307	FISTULA REPAIR & COLOSTOMY	1,135.84	00 15			F						
63	57308	FISTULA REPAIR, TRANSPERINE	709.08				F						
67	57308	FISTULA REPAIR, TRANSPERINE	709.08	00 15			F						
63	57310	REPAIR URETHRA-VAGINA LESION	515.13				F						
67	57310	REPAIR URETHRA-VAGINA LESION	515.13	00 15			F						
63	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	584.86				F						
67	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	584.86	00 15			F						
63	57320	REPAIR BLADDER-VAGINA LESION	592.46				F						
67	57320	REPAIR BLADDER-VAGINA LESION	592.46	00 15			F						
63	57330	REPAIR BLADDER-VAGINA LESION	820.48				F						
67	57330	REPAIR BLADDER-VAGINA LESION	820.48	00 15			F						
63	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,283.26				F						
67	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,283.26	00 15			F						
63	57400	DILATE VAGINA UNDER ANESTHESIA	144.06		X		F						
67	57400	DILATE VAGINA UNDER ANESTHESIA	144.06	00 15	X		F						
63	57410	PELVIC EXAM UNDER ANESTHESIA	115.55		X		F						
67	57410	PELVIC EXAM UNDER ANESTHESIA	115.55	00 15	X		F						
63	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	181.80				F						
67	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	181.80	00 15			F						
63	57420	EXAM OF VAGINA W/SCOPE	132.92				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	57420	EXAM OF VAGINA W/SCOPE	132.92	00 15			F						
63	57421	EXAM/BIOPSY OF VAG W/SCOPE	179.15				F						
67	57421	EXAM/BIOPSY OF VAG W/SCOPE	179.15	00 15			F						
63	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	1,014.29				F						
67	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	1,014.29	00 15			F						
63	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,069.48				F						
67	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,069.48	00 15			F						
63	57426	REVISION (INCLUDING REMOVAL) OF PROS	935.34				F						
67	57426	REVISION (INCLUDING REMOVAL) OF PROS	935.34	00 15			F						
63	57452	EXAMINATION OF VAGINA	126.77				F						
67	57452	EXAMINATION OF VAGINA	126.77	00 15			F						
63	57454	VAGINA EXAMINATION & BIOPSY	174.98				F						
67	57454	VAGINA EXAMINATION & BIOPSY	174.98	00 15			F						
63	57455	BIOPSY OF CERVIX W/SCOPE	163.44				F						
67	57455	BIOPSY OF CERVIX W/SCOPE	163.44	00 15			F						
63	57456	ENDOCERV CURETTAGE W/SCOPE	153.25				F						
67	57456	ENDOCERV CURETTAGE W/SCOPE	153.25	00 15			F						
63	57460	COLPOSCOPY (VAGINOSCOPY);	315.58				F						
67	57460	COLPOSCOPY (VAGINOSCOPY);	315.58	00 15			F						
63	57461	CONZ OF CERVIX W/SCOPE, LEEP	355.90				F						
67	57461	CONZ OF CERVIX W/SCOPE, LEEP	355.90	00 15			F						
63	57500	BIOPSY OF CERVIX	146.92				F						
67	57500	BIOPSY OF CERVIX	146.92	00 15			F						
63	57505	ENDOCERVICAL CURETTAGE	132.56				F						
67	57505	ENDOCERVICAL CURETTAGE	132.56	00 15			F						
63	57510	CAUTERIZATION OF CERVIX	159.17				F						
67	57510	CAUTERIZATION OF CERVIX	159.17	00 15			F						
63	57511	CRYOCAUTERY OF CERVIX	182.14				F						
67	57511	CRYOCAUTERY OF CERVIX	182.14	00 15			F						
63	57513	LASER SURGERY	184.84				F						
67	57513	LASER SURGERY	184.84	00 15			F						
63	57520	BIOPSY OF CERVIX 10800	351.57				F						
67	57520	BIOPSY OF CERVIX 10800	351.57	00 15			F						
63	57522	CONIZATION OF CERVIX	303.47				F						
67	57522	CONIZATION OF CERVIX	303.47	00 15			F						
63	57530	REMOVAL OF CERVIX	387.67				F						
67	57530	REMOVAL OF CERVIX	387.67	00 15			F						
63	57531	REMOVAL OF CERVIX, RADICAL	2,042.79				F						
67	57531	REMOVAL OF CERVIX, RADICAL	2,042.79	00 15			F						
63	57540	REMOVAL OF RESIDUAL CERVIX	861.89				F						
67	57540	REMOVAL OF RESIDUAL CERVIX	861.89	00 15			F						
63	57545	REMOVE CERVIX, REPAIR PELVIS	909.34				F						
67	57545	REMOVE CERVIX, REPAIR PELVIS	909.34	00 15			F						
63	57550	REMOVAL OF RESIDUAL CERVIX	454.92				F						
67	57550	REMOVAL OF RESIDUAL CERVIX	454.92	00 15			F						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	57555	REMOVE CERVIX, REPAIR VAGINA	667.35				F						
67	57555	REMOVE CERVIX, REPAIR VAGINA	667.35	00 15			F						
63	57556	REMOVE CERVIX, REPAIR BOWEL	631.37				F						
67	57556	REMOVE CERVIX, REPAIR BOWEL	631.37	00 15			F						
63	57558	DILATION AND CURETTAGE OF CERVICAL S	151.50				F						
67	57558	DILATION AND CURETTAGE OF CERVICAL S	151.50	00 15			F						
63	57700	REVISION OF CERVIX	356.15				F						
67	57700	REVISION OF CERVIX	356.15	00 15			F						
63	57720	REVISION OF CERVIX	346.41				F						
67	57720	REVISION OF CERVIX	346.41	00 15			F						
63	57800	DILATION OF CERVICAL CANAL	73.08				F						
67	57800	DILATION OF CERVICAL CANAL	73.08	00 15			F						
63	58100	BIOPSY OF UTERUS LINING	102.78				F						
67	58100	BIOPSY OF UTERUS LINING	102.78	00 15			F						
63	58110	BX DONE W/COLPOSCOPY ADD-ON	54.54				F						
67	58110	BX DONE W/COLPOSCOPY ADD-ON	54.54	00 15			F						
63	58120	DILATION AND CURETTAGE	297.23	12 99			F						
67	58120	DILATION AND CURETTAGE,NONOBSTETRICA	297.23	12 15			F						
63	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	1,018.57				F						
67	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	1,018.57	00 15			F						
63	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	609.05				F						
67	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	609.05	00 15			F						
63	58146	MYOMECTOMY ABDOM COMPLEX	1,272.79				F						
67	58146	MYOMECTOMY ABDOM COMPLEX	1,272.79	00 15			F						
63	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,106.22		X		F		X				
67	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,106.22	00 15	X		F		X				
63	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,377.52		X		F		X				
67	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,377.52	00 15	X		F		X				
63	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,053.50		X		F		X				
67	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,053.50	00 15	X		F		X				
63	58200	TAH,W/PART.VAGINECTOMY,...BX	1,475.58		X		F		X				
67	58200	TAH,W/PART.VAGINECTOMY,...BX	1,475.58	00 15	X		F		X				
63	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,980.43		X		F		X				
67	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,980.43	00 15	X		F		X				
63	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,166.96		X		F		X				
67	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,166.96	00 15	X		F		X				
63	58260	VAGINAL HYSTERECTOMY	913.48		X		F		X				
67	58260	VAGINAL HYSTERECTOMY	913.48	00 15	X		F		X				
63	58262	VAGINAL HYST WITH REMOVAL OF TUBES	1,015.86		X		F		X				
67	58262	VAGINAL HYST WITH REMOVAL OF TUBES	1,015.86	00 15	X		F		X				
63	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,092.60		X		F		X				
67	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,092.60	00 15	X		F		X				
63	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,168.81		X		F		X				
67	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,168.81	00 15	X		F		X				
63	58270	VAG HYSTERECT;REPAIR ENTEROCELE	976.67		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	58270	VAG HYSTERECT;REPAIR ENTEROCELE	976.67	00	15	X		F		X				
63	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,083.31			X		F		X				
67	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,083.31	00	15	X		F		X				
63	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,162.69			X		F		X				
67	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,162.69	00	15	X		F		X				
63	58285	VAGINAL HYSTERECTOMY;RADICAL	1,526.61			X		F		X				
67	58285	VAGINAL HYSTERECTOMY;RADICAL	1,526.61	00	15	X		F		X				
63	58290	VAG HYST COMPLEX	1,268.27			X		F		X				
67	58290	VAG HYST COMPLEX	1,268.27	00	15	X		F		X				
63	58291	VAG HYST INCL T/O, COMPLEX	1,373.70			X		F		X				
67	58291	VAG HYST INCL T/O, COMPLEX	1,373.70	00	15	X		F		X				
63	58292	VAG HYST T/O & REPAIR, COMPL	1,449.95			X		F		X				
67	58292	VAG HYST T/O & REPAIR, COMPL	1,449.95	00	15	X		F		X				
63	58294	VAG HYST W/ENTEROCELE, COMPL	1,344.01			X		F		X				
67	58294	VAG HYST W/ENTEROCELE, COMPL	1,344.01	00	15	X		F		X				
63	58301	REMOVE INTRAUTERINE DEVICE	106.77	10	60			F						
67	58301	REMOVE INTRAUTERINE DEVICE	106.77	10	15			F						
63	58340	INJECT FOR UTERUS/TUBE X-RAY	192.32	21	59	X		F		X				
63	58346	INSERT HEYMAN UTERI CAPSULE	503.23					F						
67	58346	INSERT HEYMAN UTERI CAPSULE	503.23	00	15			F						
63	58353	ENDOMETR ABLATE, THERMAL	986.33			X		F						
67	58353	ENDOMETR ABLATE, THERMAL	986.33	00	15	X		F						
63	58356	ENDOMETRIAL CRYOABLATION	1,799.44			X		F						
67	58356	ENDOMETRIAL CRYOABLATION	1,799.44	00	15	X		F						
63	58400	UTERINE SUSPENSION	491.25					F						
67	58400	UTERINE SUSPENSION	491.25	00	15			F						
63	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	890.50					F						
67	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	890.50	00	15			F						
63	58520	REPAIR OF RUPTURED UTERUS	871.92					F						
67	58520	REPAIR OF RUPTURED UTERUS	871.92	00	15			F						
63	58540	REVISION OF UTERUS	1,004.19					F						
67	58540	REVISION OF UTERUS	1,004.19	00	15			F						
63	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	794.06			X		F		X				
67	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	794.06	00	15	X		F		X				
63	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	905.34			X		F		X				
67	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	905.34	00	15	X		F		X				
63	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	920.99			X		F		X				
67	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	920.99	00	15	X		F		X				
63	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	991.98			X		F		X				
67	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	991.98	00	15	X		F		X				
63	58545	LAPAROSCOPIC MYOMECTOMY	987.06					F						
67	58545	LAPAROSCOPIC MYOMECTOMY	987.06	00	15			F						
63	58546	LAPARO-MYOMECTOMY, COMPLEX	1,233.69					F						
67	58546	LAPARO-MYOMECTOMY, COMPLEX	1,233.69	00	15			F						
63	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	2,038.98			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	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	2,038.98	00	15	X		F		X				
63	58550	LAPARO-ASST VAG HYSTERECTOMY	967.20			X		F						
67	58550	LAPARO-ASST VAG HYSTERECTOMY	967.20	00	15	X		F						
63	58552	LAPARO-VAG HYST INCL T/O	1,078.73			X		F		X				
67	58552	LAPARO-VAG HYST INCL T/O	1,078.73	00	15	X		F		X				
63	58553	LAPARO-VAG HYST, COMPLEX	1,240.95			X		F		X				
67	58553	LAPARO-VAG HYST, COMPLEX	1,240.95	00	15	X		F		X				
63	58554	LAPARO-VAG HYST W/T/O, COMPL	1,445.57			X		F		X				
67	58554	LAPARO-VAG HYST W/T/O, COMPL	1,445.57	00	15	X		F		X				
63	58555	HYSTEROSCOPY, DX, SEP PROC	330.64			X		F						
67	58555	HYSTEROSCOPY, DX, SEP PROC	330.64	00	15	X		F						
63	58558	HYSTEROSCOPY, BIOPSY	1,364.50			X		F						
67	58558	HYSTEROSCOPY, BIOPSY	1,364.50	00	15	X		F						
63	58559	HYSTEROSCOPY, LYSIS	316.72			X		F						
67	58559	HYSTEROSCOPY, LYSIS	316.72	00	15	X		F						
63	58560	HYSTEROSCOPY, RESECT SEPTUM	348.56			X		F						
67	58560	HYSTEROSCOPY, RESECT SEPTUM	348.56	00	15	X		F						
63	58561	HYSTEROSCOPY, REMOVE MYOMA	399.03			X		F						
67	58561	HYSTEROSCOPY, REMOVE MYOMA	399.03	00	15	X		F						
63	58562	HYSTEROSCOPY, REMOVE FB	408.93			X		F						
67	58562	HYSTEROSCOPY, REMOVE FB	408.93	00	15	X		F						
63	58563	HYSTEROSCOPY, ABLATION	1,906.10			X		F						
67	58563	HYSTEROSCOPY, ABLATION	1,906.10	00	15	X		F						
63	58565	HYSTEROSCOPY, STERILIZATION	1,791.30	21	59	X		F		X				
63	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	867.27			X		F		X				
67	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	867.27	00	15	X		F		X				
63	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	977.92			X		F		X				
67	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	977.92	00	15	X		F		X				
63	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,129.56			X		F		X				
67	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,129.56	00	15	X		F		X				
63	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,324.79			X		F		X				
67	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,324.79	00	15	X		F		X				
63	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,076.53			X		F		X				
67	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,076.53	00	15	X		F		X				
63	58600	DIVISION OF FALLOPIAN TUBE	400.18	21	55	X		F						
63	58605	DIVISION OF FALLOPIAN TUBE	361.75	21	55	X		F						
63	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	85.73	21	55	X		F		X				
63	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	271.38	21	55	X		F						
63	58660	LAPAROSCOPY, LYSIS	744.97			X		F						
67	58660	LAPAROSCOPY, LYSIS	744.97	00	15	X		F						
63	58661	LAPAROSCOPY, REMOVE ADNEXA	714.63			X		F						
67	58661	LAPAROSCOPY, REMOVE ADNEXA	714.63	00	15	X		F						
63	58662	LAPAROSCOPY, EXCISE LESIONS	780.34			X		F						
67	58662	LAPAROSCOPY, EXCISE LESIONS	780.34	00	15	X		F						
63	58670	LAPAROSCOPY, TUBAL CAUTERY	401.34	10	59	X		F						

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1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	58670	LAPAROSCOPY, TUBAL CAUTERY	401.34	10	15	X		F						
63	58671	LAPAROSCOPY, TUBAL BLOCK	400.52			X		F						
67	58671	LAPAROSCOPY, TUBAL BLOCK	400.52	00	15	X		F						
63	58673	LAPAROSCOPY, SALPINGOSTOMY	877.55			X		F				X		
67	58673	LAPAROSCOPY, SALPINGOSTOMY	877.55	00	15	X		F				X		
63	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	895.76			X		F						
67	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	895.76	00	15	X		F						
63	58700	REMOVAL OF FALLOPIAN TUBE	864.77			X		F						
67	58700	REMOVAL OF FALLOPIAN TUBE	864.77	00	15	X		F						
63	58720	REMOVAL OF OVARY/TUBE(S)	812.67			X		F						
67	58720	REMOVAL OF OVARY/TUBE(S)	812.67	00	15	X		F						
63	58800	DRAINAGE OF OVARIAN CYST(S)	367.86					F						
67	58800	DRAINAGE OF OVARIAN CYST(S)	367.86	00	15			F						
63	58805	DRAINAGE OF OVARIAN CYST(S)	452.74					F						
67	58805	DRAINAGE OF OVARIAN CYST(S)	452.74	00	15			F						
63	58820	DRAINAGE OF OVARIAN ABSCESS	351.84					F						
67	58820	DRAINAGE OF OVARIAN ABSCESS	351.84	00	15			F						
63	58822	DRAINAGE OF OVARIAN ABSCESS	775.64					F						
67	58822	DRAINAGE OF OVARIAN ABSCESS	775.64	00	15			F						
63	58825	TRANSPOSITION, OVARY(S)	770.78			X		F						
67	58825	TRANSPOSITION, OVARY(S)	770.78	00	15	X		F						
63	58900	BIOPSY OF OVARY(S)	463.07					F						
67	58900	BIOPSY OF OVARY(S)	463.07	00	15			F						
63	58920	PARTIAL REMOVAL OF OVARY(S)	777.73					F						
67	58920	PARTIAL REMOVAL OF OVARY(S)	777.73	00	15			F						
63	58925	REMOVAL OF OVARIAN CYST(S)	830.19					F						
67	58925	REMOVAL OF OVARIAN CYST(S)	830.19	00	15			F						
63	58940	REMOVAL OF OVARY(S)	587.10			X		F						
67	58940	REMOVAL OF OVARY(S)	587.10	00	15	X		F						
63	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,271.07			X		F						
67	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,271.07	00	15	X		F						
63	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,229.56					F						
67	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,229.56	00	15			F						
63	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,562.57			X		F		X				
67	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,562.57	00	15	X		F		X				
63	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,773.02					F						
67	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,773.02	00	15			F						
63	58953	TAH, RAD DISSECT FOR DEBULK	2,178.86			X		F						
67	58953	TAH, RAD DISSECT FOR DEBULK	2,178.86	00	15	X		F						
63	58954	TAH RAD DEBULK/LYMPH REMOVE	2,362.24			X		F						
67	58954	TAH RAD DEBULK/LYMPH REMOVE	2,362.24	00	15	X		F						
63	58956	BSO, OMENTECTOMY W/TAH	1,478.39			X		F		X				
67	58956	BSO, OMENTECTOMY W/TAH	1,478.39	00	15	X		F		X				
63	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,715.98					F						
67	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,715.98	00	15			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
63	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,902.34					F						
67	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,902.34	00	15			F						
63	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,054.95					F						
67	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,054.95	00	15			F						
63	59000	AMNIOCENTESIS	128.09	16	60			F					X	
67	59000	AMNIOCENTESIS	128.09	10	15			F					X	
63	59001	AMNIOCENTESIS, THERAPEUTIC	200.40	16	60			F						
67	59001	AMNIOCENTESIS, THERAPEUTIC	200.40	10	15			F						
63	59012	CORDOCENTESIS,ANY METHOD	227.59	16	60			F						
67	59012	CORDECENTESIS, ANY METHOD	227.59	10	15			F						
63	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	170.94	16	60			F	X					
67	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	170.94	10	15			F	X					
65	59020	FETAL OXYTOCIN STRESS TEST	41.45	10	60	X		F	X					
65	59025	FETAL NON-STRESS TEST	32.37	10	60	X		F						
63	59030	FETAL SCALP BLOOD SAMPLE	127.62	16	60			F						
67	59030	FETAL SCALP BLOOD SAMPLE	127.62	10	15			F						
63	59050	INTERNAL FETAL MONITORING/CONSULTAN	58.11	16	60	X		F						
67	59050	INTERNAL FETAL MONITORING/CONSULTANT	58.11	10	15	X		F						
63	59051	FETAL MONITOR/INTERPRET ONL	47.93	16	60			F						
67	59051	FETAL MONITOR/INTERPRET ONL	47.93	10	15			F						
63	59070	TRANSABDOM AMNIOINFUS W/ US	436.91	16	60			F						
67	59070	TRANSABDOM AMNIOINFUS W/ US	436.91	10	15			F						
63	59074	FETAL FLUID DRAINAGE W/ US	421.73	16	60			F						
67	59074	FETAL FLUID DRAINAGE W/ US	421.73	10	15			F						
63	59076	FETAL SHUNT PLACEMENT, W/ US	589.99	16	60			F						
67	59076	FETAL SHUNT PLACEMENT, W/ US	589.99	10	15			F						
63	59100	REMOVE UTERUS LESION	946.90	16	60	X		F						
67	59100	REMOVE UTERUS LESION	946.90	10	15	X		F						
63	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	901.17	16	60	X		F						
67	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	901.17	10	15	X		F						
63	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	902.80	16	60	X		F						
67	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	902.80	10	15	X		F						
63	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,053.17	16	60	X		F						
67	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,053.17	10	15	X		F						
63	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	1,041.54	16	60	X		F		X				
67	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	1,041.54	10	15	X		F		X				
63	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	998.27	16	60	X		F						
67	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	998.27	10	15	X		F						
63	59140	SURG TX ECTOPIC PG, CERVICAL	453.49	16	60	X		F						
67	59140	SURG TX ECTOPIC PG, CERVICAL	453.49	10	15	X		F						
63	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	874.37	16	60	X		F						
67	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	874.37	10	15	X		F						
63	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	854.60	16	60	X		F						
67	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	854.60	10	15	X		F						
63	59160	D&C AFTER DELIVERY	256.83	16	60			F						

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	59160	D&C AFTER DELIVERY	256.83	10	15			F						
63	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	227.80	16	60	X		F						
67	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	227.80	10	15	X		F						
63	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	168.71	16	60			F						
67	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	168.71	10	15			F						
63	59325	CERCLAGE OF CERVIX;ABDOMINAL	272.17	16	60			F						
67	59325	CERCLAGE OF CERVIX;ABDOMINAL	272.17	10	15			F						
63	59350	REPAIR OF UTERUS	317.67	16	60			F						
67	59350	REPAIR OF UTERUS	317.67	10	15			F						
63	59400	OBSTETRICAL CARE	2,341.24	10	60			F						M
67	59400	OBSTRETRICAL CARE	2,341.24	10	60			F						M
63	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	911.84	16	60			F						
67	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	911.84	10	15			F						
63	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,169.95	16	60			F						M
67	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,169.95	10	15			F						M
63	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	116.01	16	60			F						
67	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	116.01	10	15			F						
63	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	103.50	16	60			F						
67	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	103.50	10	15			F						
63	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	221.38	16	60			F						
67	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	221.38	10	15			F						
63	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,606.82	16	60			F						M
67	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,606.82	10	15			F						M
63	59514	CESAREAN DELIVERY ONLY;	1,033.41	16	60			F						
67	59514	CESAREAN DELIVERY ONLY	1,033.41	10	15			F						
63	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,427.70	16	60			F						M
67	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,427.70	10	15			F						M
63	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	548.89	16	60	X		F		X				
67	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	548.89	10	15	X		F		X				
63	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,475.10	16	60			F						M
67	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,475.10	10	15			F						M
63	59612	VBAC DELIVERY ONLY	1,035.09	16	60			F						
67	59612	VBAC DELIVERY ONLY	1,035.09	10	15			F						
63	59614	VBAC DELIVERY INCL POSTPARTUM	1,284.52	16	60			F						M
67	59614	VBAC DELIVERY INCL POSTPARTUM	1,284.52	10	15			F						M
63	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,642.79	16	60			F						M
67	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,642.79	10	15			F						M
63	59620	ATTEMPTED VBAC DELIVERY ONLY	1,072.71	16	60			F						
67	59620	ATTEMPTED VBAC DELIVERY ONLY	1,072.71	10	15			F						
63	59622	ATTEMPTED VBAC-INCL POSTPARTUM	1,474.95	16	60			F						M
67	59622	ATTEMPTED VBAC INCL POSTPARTUM	1,474.95	10	15			F						M
63	59812	TREAT SPONTANEOUS ABORTION	371.68	16	60	X		F						
67	59812	TREAT SPONTANEOUS ABORTION	371.68	10	15	X		F						
63	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	441.42	16	60	X		F						
67	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	441.42	10	15	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				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	442.53	16	60	X		F						
67	59821	TREAT MISSED ABORTION; SECOND TRIMES	442.53	10	15	X		F						
63	59830	TREATMENT OF SEPTIC ABORTION	499.08	16	60	X		F						
67	59830	TREATMENT OF SEPTIC ABORTION	499.08	10	15	X		F						
63	59840	THERAPUTIC ABORTION	256.73	16	60	X		F						
67	59840	THERAPUTIC ABORTION	256.73	10	15	X		F						
63	59841	ABORTION BY DILATION & EVACUATION	445.60	16	60	X		F						
67	59841	ABORTION BY DILATION & EVACUATION	445.60	10	15	X		F						
63	59850	SALINE ABORTION	429.54	16	60	X		F						
67	59850	SALINE ABORTION	429.54	10	15	X		F						
63	59851	SALINE ABORTION WITH D&C	456.95	16	60	X		F						
67	59851	SALINE ABORTION WITH D&C	456.95	10	15	X		F						
63	59852	SALINE ABORTION WITH HYSTEROTOMY	630.14	16	60	X		F						
67	59852	SALINE ABORTION WITH HYSTEROTOMY	630.14	10	15	X		F						
63	59855	ABORTION	467.88	16	60	X		F						
67	59855	ABORTION	467.88	10	15	X		F						
63	59856	ABORTION	551.49	16	60	X		F						
67	59856	ABORTION	551.49	10	15	X		F						
63	59857	ABORTION	647.31	16	60	X		F						
67	59857	ABORTION	647.31	10	15	X		F						
63	59870	UTERINE EVACUATION & CURETTAGE HYDAT	552.61	16	60	X		F						
67	59870	UTERINE EVACUATION & CURETTAGE HYDAT	552.61	10	15	X		F						
63	59871	REMOVE CERCLAGE SUTURE	148.06	16	60			F						
67	59871	REMOVE CERCLAGE SUTURE	148.06	10	15			F						
63	60000	DRAIN THYROID/TONGUE CYST	180.44											
67	60000	DRAIN THYROID/TONGUE CYST	180.44	00	15									
63	60100	BIOPSY OF THYROID	116.37										X	
67	60100	BIOPSY OF THYROID	116.37	00	15								X	
63	60200	REMOVE THYROID LESION	719.33											
67	60200	REMOVE THYROID LESION	719.33	00	15									
63	60210	PARTIAL EXCISION THYROID	771.32											
67	60210	PARTIAL EXCISION THYROID	771.32	00	15									
63	60212	PARTIAL THYROID EXCISION	1,140.17											
67	60212	PARTIAL THYROID EXCISION	1,140.17	00	15									
63	60220	PARTIAL REMOVAL OF THYROID	766.96											
67	60220	PARTIAL REMOVAL OF THYROID	766.96	00	15									
63	60225	PARTIAL REMOVAL OF THYROID	1,013.53											
67	60225	PARTIAL REMOVAL OF THYROID	1,013.53	00	15									
63	60240	REMOVAL OF THYROID	1,006.38											
67	60240	REMOVAL OF THYROID	1,006.38	00	15									
63	60252	REMOVAL OF THYROID	1,447.92											
67	60252	REMOVAL OF THYROID	1,447.92	00	15									
63	60254	EXTENSIVE THYROID SURGERY	1,830.81											
67	60254	EXTENSIVE THYROID SURGERY	1,830.81	00	15									
63	60260	REPEAT THYROID SURGERY	1,192.73											

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	60260	REPEAT THYROID SURGERY	1,192.73	00 15									
63	60270	REMOVAL OF THYROID	1,503.28										
67	60270	REMOVAL OF THYROID	1,503.28	00 15									
63	60271	REMOVAL OF THYROID	1,156.61										
67	60271	REMOVAL OF THYROID	1,156.61	00 15									
63	60280	REMOVE THYROID DUCT LESION	471.54										
67	60280	REMOVE THYROID DUCT LESION	471.54	00 15									
63	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	626.96										
67	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	626.96	00 15									
63	60300	ASPIRATION AND/OR INJECTION, THYROID	115.07										
67	60300	ASPIRATION AND/OR INJECTION, THYROID	115.07	00 15									
63	60500	EXPLORE PARATHYROID GLANDS	1,061.57										
67	60500	EXPLORE PARATHYROID GLANDS	1,061.57	00 15									
63	60502	RE-EXPLORE PARATHYROID(S)	1,427.27										
67	60502	RE-EXPLORE PARATHYROID(S)	1,427.27	00 15									
63	60505	EXPLORE PARATHYROID GLANDS	1,522.50										
67	60505	EXPLORE PARATHYROID GLANDS	1,522.50	00 15									
63	60512	AUTOTRANSPLANT, PARATHYROID	270.49										
67	60512	AUTOTRANSPLANT, PARATHYROID	270.49	00 15									
63	60520	REMOVAL OF THYMUS GLAND	1,161.25										
67	60520	REMOVAL OF THYMUS GLAND	1,161.25	00 15									
63	60521	REMOVAL THYMUS GLAND	1,244.98										
67	60521	REMOVAL THYMUS GLAND	1,244.98	00 15									
63	60522	REMOVAL OF THYMUS GLAND	1,515.96										
67	60522	REMOVAL OF THYMUS GLAND	1,515.96	00 15									
63	60540	EXPLORE ADRENAL GLAND	1,180.27										
67	60540	EXPLORE ADRENAL GLAND	1,180.27	00 15									
63	60545	EXPLORE ADRENAL GLAND	1,363.54										
67	60545	EXPLORE ADRENAL GLAND	1,363.54	00 15									
63	60600	REMOVE CAROTID BODY LESION	1,533.54										
67	60600	REMOVE CAROTID BODY LESION	1,533.54	00 15									
63	60605	REMOVE CAROTID BODY LESION	1,885.09										
67	60605	REMOVE CAROTID BODY LESION	1,885.09	00 15									
63	60650	LAPAROSCOPY ADRENALECTOMY	1,323.45										
67	60650	LAPAROSCOPY ADRENALECTOMY	1,323.45	00 15									
63	61000	REMOVE CRANIAL CAVITY FLUID	125.28										
67	61000	REMOVE CRANIAL CAVITY FLUID	125.28	00 15									
63	61001	SUBDURAL TAP....SUBSEQUENT TAPS	118.89									X	
67	61001	SUBDURAL TAP....SUBSEQUENT TAPS	118.89	00 15								X	
63	61020	REMOVE BRAIN CAVITY FLUID	116.24									X	
67	61020	REMOVE BRAIN CAVITY FLUID	116.24	00 15								X	
63	61026	PUNCTURE BURR HOLE FOR INJECT	116.75										
67	61026	PUNCTURE BURR HOLE FOR INJECT	116.75	00 15									
63	61050	REMOVE BRAIN CANAL FLUID	91.46										
67	61050	REMOVE BRAIN CANAL FLUID	91.46	00 15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	61055	CERVICAL PUNTURE FOR INJECTION	135.56										
67	61055	CERVICAL PUNTURE FOR INJECTION	135.56	00 15									
63	61070	BRAIN CANAL SHUNT PROCEDURE	61.26										
67	61070	BRAIN CANAL SHUNT PROCEDURE	61.26	00 15									
63	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	500.76										
67	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	500.76	00 15									
63	61107	TWIST DRILL HOLE/VENTRICULAR CATH	355.25										
67	61107	TWIST DRILL HOLE/VENTRICULAR CATH	355.25	00 15									
63	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	983.34										
67	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	983.34	00 15									
63	61120	PIERCE SKULL FOR EXAMINATION	821.05										
67	61120	PIERCE SKULL FOR EXAMINATION	821.05	00 15									
63	61140	PIERCE SKULL FOR BIOPSY	1,403.24										
67	61140	PIERCE SKULL FOR BIOPSY	1,403.24	00 15									
63	61150	PIERCE SKULL FOR DRAINAGE	1,503.49										
67	61150	PIERCE SKULL FOR DRAINAGE	1,503.49	00 15									
63	61151	PIERCE SKULL FOR DRAINAGE	1,099.43									X	
67	61151	PIERCE SKULL FOR DRAINAGE	1,099.43	00 15								X	
63	61154	PIERCE SKULL FOR DRAINAGE	1,405.93									X	
67	61154	PIERCE SKULL FOR DRAINAGE	1,405.93	00 15								X	
63	61156	PIERCE SKULL FOR DRAINAGE	1,381.80										
67	61156	PIERCE SKULL FOR DRAINAGE	1,381.80	00 15									
63	61210	PIERCE SKULL; IMPLANT DEVICE	416.84										
67	61210	PIERCE SKULL; IMPLANT DEVICE	416.84	00 15									
63	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	549.47										
67	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	549.47	00 15									
63	61250	PIERCE SKULL & EXPLORE	957.05										
67	61250	PIERCE SKULL & EXPLORE	957.05	00 15									
63	61253	PIERCE SKULL & EXPLORE	1,099.43										
67	61253	PIERCE SKULL & EXPLORE	1,099.43	00 15									
63	61304	INCISE SKULL FOR EXPLORATION	1,829.60										
67	61304	INCISE SKULL FOR EXPLORATION	1,829.60	00 15									
63	61305	INCISE SKULL FOR EXPLORATION	2,239.31										
67	61305	INCISE SKULL FOR EXPLORATION	2,239.31	00 15									
63	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,321.87										
67	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,321.87	00 15									
63	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,209.28										
67	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,209.28	00 15									
63	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,035.62										
67	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,035.62	00 15									
63	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,306.94										
67	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,306.94	00 15									
63	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	99.44										
67	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	99.44	00 15									
63	61320	INCISE SKULL FOR DRAINAGE	2,120.78										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	61320	INCISE SKULL FOR DRAINAGE	2,120.78	00 15									
63	61321	INCISE SKULL FOR DRAINAGE	2,376.27										
67	61321	INCISE SKULL FOR DRAINAGE	2,376.27	00 15									
63	61322	DECOMPRESSIVE CRANIOTOMY	2,658.07										
67	61322	DECOMPRESSIVE CRANIOTOMY	2,658.07	00 15									
63	61323	DECOMPRESSIVE LOBECTOMY	2,685.55										
67	61323	DECOMPRESSIVE LOBECTOMY	2,685.55	00 15									
63	61330	EXPLORATION OF EYE SOCKET	1,997.09										
67	61330	EXPLORATION OF EYE SOCKET	1,997.09	00 15									
63	61333	EXPLORE ORBIT; REMOVE LESION	2,261.00										
67	61333	EXPLORE ORBIT; REMOVE LESION	2,261.00	00 15									
63	61340	RELIEVE CRANIAL PRESSURE	1,602.43										
67	61340	RELIEVE CRANIAL PRESSURE	1,602.43	00 15									
63	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,453.44										
67	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,453.44	00 15									
63	61345	RELIEVE CRANIAL PRESSURE	2,279.09										
67	61345	RELIEVE CRANIAL PRESSURE	2,279.09	00 15									
63	61450	INCISE SKULL FOR SURGERY	2,146.72										
67	61450	INCISE SKULL FOR SURGERY	2,146.72	00 15									
63	61458	INCISE SKULL FOR SURGERY	2,244.63										
67	61458	INCISE SKULL FOR SURGERY	2,244.63	00 15									
63	61460	INCISE SKULL FOR SURGERY	2,352.93										
67	61460	INCISE SKULL FOR SURGERY	2,352.93	00 15									
63	61500	REMOVAL OF SKULL LESION	1,445.77										
67	61500	REMOVAL OF SKULL LESION	1,445.77	00 15									
63	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,249.22										
67	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,249.22	00 15									
63	61510	REMOVAL OF BRAIN LESION	2,443.44										
67	61510	REMOVAL OF BRAIN LESION	2,443.44	00 15									
63	61512	REMOVE BRAIN LINING LESION	2,859.24										
67	61512	REMOVE BRAIN LINING LESION	2,859.24	00 15									
63	61514	REMOVAL OF BRAIN ABSCESS	2,129.10										
67	61514	REMOVAL OF BRAIN ABSCESS	2,129.10	00 15									
63	61516	REMOVAL OF BRAIN LESION	2,086.39										
67	61516	REMOVAL OF BRAIN LESION	2,086.39	00 15									
63	61517	IMPLT BRAIN CHEMOTX AGENT	99.06										
67	61517	IMPLT BRAIN CHEMOTX AGENT	99.06	00 15									
63	61518	REMOVAL OF BRAIN LESION	3,093.69										
67	61518	REMOVAL OF BRAIN LESION	3,093.69	00 15									
63	61519	REMOVE BRAIN LINING LESION	3,315.72										
67	61519	REMOVE BRAIN LINING LESION	3,315.72	00 15									
63	61520	REMOVAL OF BRAIN LESION	4,200.94										
67	61520	REMOVAL OF BRAIN LESION	4,200.94	00 15									
63	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,583.83										
67	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,583.83	00 15									

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	61522	REMOVAL OF BRAIN ABSCESS	2,446.11										
67	61522	REMOVAL OF BRAIN ABSCESS	2,446.11	00 15									
63	61524	REMOVAL OF BRAIN LESION	2,326.89										
67	61524	REMOVAL OF BRAIN LESION	2,326.89	00 15									
63	61526	REMOVAL OF BRAIN LESION	3,725.28										
67	61526	REMOVAL OF BRAIN LESION	3,725.28	00 15									
63	61530	REMOVAL OF BRAIN LESION	3,464.94										
67	61530	REMOVAL OF BRAIN LESION	3,464.94	00 15									
63	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,350.75										
67	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,350.75	00 15									
63	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,699.33										
67	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,699.33	00 15									
63	61534	REMOVAL OF BRAIN LESION	1,831.46										
67	61534	REMOVAL OF BRAIN LESION	1,831.46	00 15									
63	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,102.73										
67	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,102.73	00 15									
63	61536	REMOVAL OF BRAIN LESION	2,892.84										
67	61536	REMOVAL OF BRAIN LESION	2,892.84	00 15									
63	61537	REMOVAL OF BRAIN TISSUE	2,769.61										
67	61537	REMOVAL OF BRAIN TISSUE	2,769.61	00 15									
63	61538	REMOVAL OF BRAIN TISSUE	2,995.81										
67	61538	REMOVAL OF BRAIN TISSUE	2,995.81	00 15									
63	61539	REMOVAL OF BRAIN TISSUE	2,643.75										
67	61539	REMOVAL OF BRAIN TISSUE	2,643.75	00 15									
63	61540	REMOVAL OF BRAIN TISSUE	2,436.65										
67	61540	REMOVAL OF BRAIN TISSUE	2,436.65	00 15									
63	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,402.59										
67	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,402.59	00 15									
63	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,429.73										
67	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,429.73	00 15									
63	61544	REMOVE & TREAT BRAIN LESION	2,123.23										
67	61544	REMOVE & TREAT BRAIN LESION	2,123.23	00 15									
63	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,579.95										
67	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,579.95	00 15									
63	61546	REMOVAL OF PITUITARY GLAND	2,582.50										
67	61546	REMOVAL OF PITUITARY GLAND	2,582.50	00 15									
63	61548	REMOVAL OF PITUITARY GLAND	1,737.90										
67	61548	REMOVAL OF PITUITARY GLAND	1,737.90	00 15									
63	61550	RELEASE OF SKULL SEAMS	1,309.78										
67	61550	RELEASE OF SKULL SEAMS	1,309.78	00 15									
63	61552	RELEASE OF SKULL SEAMS	1,644.82										
67	61552	RELEASE OF SKULL SEAMS	1,644.82	00 15									
63	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,901.47										
67	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,901.47	00 15									
63	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,869.25										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,869.25	00 15									
63	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,092.77										
67	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,092.77	00 15									
63	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,672.47										
67	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,672.47	00 15									
63	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,214.06										
67	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,214.06	00 15									
63	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,691.83										
67	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,691.83	00 15									
63	61566	REMOVAL OF BRAIN TISSUE	2,510.87										
67	61566	REMOVAL OF BRAIN TISSUE	2,510.87	00 15									
63	61567	INCISION OF BRAIN TISSUE	2,863.36										
67	61567	INCISION OF BRAIN TISSUE	2,863.36	00 15									
63	61570	REMOVE BRAIN FOREIGN BODY	2,083.52										
67	61570	REMOVE BRAIN FOREIGN BODY	2,083.52	00 15									
63	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,221.73										
67	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,221.73	00 15									
63	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,808.47										
67	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,808.47	00 15									
63	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,651.97										
67	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,651.97	00 15									
63	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,633.94										
67	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,633.94	00 15									
63	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,842.18										
67	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,842.18	00 15									
63	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,343.07										
67	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,343.07	00 15									
63	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,179.62										
67	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,179.62	00 15									
63	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,159.81										
67	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,159.81	00 15									
63	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,599.10										
67	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,599.10	00 15									
63	61586	RESECT NASOPHARYNX, SKULL	2,675.81										
67	61586	RESECT NASOPHARYNX, SKULL	2,675.81	00 15									
63	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,300.78										
67	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,300.78	00 15									
63	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,346.74										
67	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,346.74	00 15									
63	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,507.96										
67	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,507.96	00 15									
63	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,568.24										
67	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,568.24	00 15									
63	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,624.38										
67	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,624.38	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,259.95										
67	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,259.95	00 15									
63	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,145.14										
67	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,145.14	00 15									
63	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,296.68										
67	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,296.68	00 15									
63	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,644.19										
67	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,644.19	00 15									
63	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,321.60										
67	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,321.60	00 15									
63	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,243.90										
67	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,243.90	00 15									
63	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,936.57										
67	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,936.57	00 15									
63	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,618.90										
67	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,618.90	00 15									
63	61611	TRANSECTION OR LIGATION, CAROTID ART	531.07										
67	61611	TRANSECTION OR LIGATION, CAROTID ART	531.07	00 15									
63	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,668.49										
67	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,668.49	00 15									
63	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,098.99										
67	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,098.99	00 15									
63	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,672.09										
67	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,672.09	00 15									
63	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,408.76										
67	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,408.76	00 15									
63	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,545.72										
67	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,545.72	00 15									
63	61623	ENDOVASC TEMPORY VESSEL OCCL	641.90										
67	61623	ENDOVASC TEMPORY VESSEL OCCL	641.90	00 15									
63	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,291.94										
67	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,291.94	00 15									
63	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	983.60										
67	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	983.60	00 15									
63	61630	INTRACRANIAL ANGIOPLASTY	1,520.48		X								
67	61630	INTRACRANIAL ANGIOPLASTY	1,520.48	00 15	X								
63	61635	INTRACRAN ANGIOPLSTY W/STENT	1,612.43		X								
67	61635	INTRACRAN ANGIOPLSTY W/STENT	1,612.43	00 15	X								
63	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	933.87									X	
67	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	933.87	00 15								X	
63	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	640.44										
67	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	640.44	00 15									
63	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	274.11									X	
67	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	274.11	00 15								X	
63	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,518.28										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,518.28	00	15									
63	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,845.23											
67	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,845.23	00	15									
63	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,193.65											
67	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,193.65	00	15									
63	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	5,258.24											
67	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	5,258.24	00	15									
63	61690	SURG..MALFORM;DURAL,SIMPLE	2,438.45											
67	61690	SURG..MALFORM;DURAL,SIMPLE	2,438.45	00	15									
63	61692	SURG..MALFORM;DURAL,COMPLEX	4,129.64											
67	61692	SURG..MALFORM;DURAL,COMPLEX	4,129.64	00	15									
63	61697	BRAIN ANEURYSM REPR, COMPLX	4,778.44											
67	61697	BRAIN ANEURYSM REPR, COMPLX	4,778.44	00	15									
63	61698	BRAIN ANEURYSM REPR, COMPLX	5,409.70											
67	61698	BRAIN ANEURYSM REPR, COMPLX	5,409.70	00	15									
63	61700	INNER SKULL VESSEL SURGERY	3,836.23											
67	61700	INNER SKULL VESSEL SURGERY	3,836.23	00	15									
63	61702	INNER SKULL VESSEL SURGERY	4,559.47											
67	61702	INNER SKULL VESSEL SURGERY	4,559.47	00	15									
63	61703	CLAMP NECK ARTERY	1,508.66											
67	61703	CLAMP NECK ARTERY	1,508.66	00	15									
63	61705	REVISE CIRCULATION TO HEAD	2,919.88											
67	61705	REVISE CIRCULATION TO HEAD	2,919.88	00	15									
63	61708	REVISE CIRCULATION TO HEAD	2,854.69											
67	61708	REVISE CIRCULATION TO HEAD	2,854.69	00	15									
63	61710	REVISE CIRCULATION TO HEAD	2,405.75											
67	61710	REVISE CIRCULATION TO HEAD	2,405.75	00	15									
63	61711	FUSION OF SKULL ARTERIES	2,902.94											
67	61711	FUSION OF SKULL ARTERIES	2,902.94	00	15									
63	61720	INCISE SKULL/BRAIN SURGERY	1,411.06											
67	61720	INCISE SKULL/BRAIN SURGERY	1,411.06	00	15									
63	61735	INCISE SKULL/BRAIN SURGERY	1,771.65											
67	61735	INCISE SKULL/BRAIN SURGERY	1,771.65	00	15									
63	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,567.23											
67	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,567.23	00	15									
63	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,527.17											
67	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,527.17	00	15									
63	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,760.09											
67	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,760.09	00	15									
63	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,810.02											
67	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,810.02	00	15									
63	61781	STEREOTACTIC COMPUTER ASSISTED(NAVIG	266.32											
67	61781	STEREOTACTIC COMPUTER ASSISTED (NAVI	266.32	00	15									
63	61782	STEREOTACTIC COMPUTER ASSISTED(NAVIG	190.34											
67	61782	STEREOTACTIC COMPUTER ASSISTED (NAVI	190.34	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	263.34										
67	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	263.34	00 15									
63	61790	TREAT TRIGEMINAL NERVE	967.63										
67	61790	TREAT TRIGEMINAL NERVE	967.63	00 15									
63	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,247.23										
67	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,247.23	00 15									
63	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,123.77										
67	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,123.77	00 15									
63	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	248.55									X	
67	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	248.55	00 15								X	
63	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,536.55										
67	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,536.55	00 15									
63	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	343.72									X	
67	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	343.72	00 15								X	
63	61800	APPLICATION OF STEREOTACTIC HEADFRAM	170.47										
67	61800	APPLICATION OF STEREOTACTIC HEADFRAM	170.47	00 15									
63	61850	IMPLANT NEUROELECTRODES	1,089.40										
67	61850	IMPLANT NEUROELECTRODES	1,089.40	00 15									
63	61860	IMPLANT NEUROELECTRODES	1,743.97										
67	61860	IMPLANT NEUROELECTRODES	1,743.97	00 15									
63	61863	IMPLANT NEUROELECTRODE	1,667.74										
67	61863	IMPLANT NEUROELECTRODE	1,667.74	00 15									
63	61864	IMPLANT NEUROELECTRDE, ADDqL	321.09										
67	61864	IMPLANT NEUROELECTRDE, ADDqL	321.09	00 15									
63	61867	IMPLANT NEUROELECTRODE	2,551.56										
67	61867	IMPLANT NEUROELECTRODE	2,551.56	00 15									
63	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	565.85										
67	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	565.85	00 15									
63	61880	REVISE/REMOVE NEUROELECTRODE	629.41										
67	61880	REVISE/REMOVE NEUROELECTRODE	629.41	00 15									
63	61885	IMPLANT NEURORECEIVER	562.06			X							
67	61885	IMPLANT NEURORECEIVER	562.06	00 15		X							
63	61886	IMPLANT NEUROSTIM ARRAYS	931.08										
67	61886	IMPLANT NEUROSTIM ARRAYS	931.08	00 15									
63	61888	REVISE/REMOVE NEURORECEIVER	434.56			X							
67	61888	REVISE/REMOVE NEURORECEIVER	434.56	00 15		X							
63	62000	REPAIR OF SKULL FRACTURE	1,141.69										
67	62000	REPAIR OF SKULL FRACTURE	1,141.69	00 15									
63	62005	REPAIR OF SKULL FRACTURE	1,411.44										
67	62005	REPAIR OF SKULL FRACTURE	1,411.44	00 15									
63	62010	TREATMENT OF HEAD INJURY	1,706.33										
67	62010	TREATMENT OF HEAD INJURY	1,706.33	00 15									
63	62100	REPAIR BRAIN FLUID LEAKAGE	1,752.99										
67	62100	REPAIR BRAIN FLUID LEAKAGE	1,752.99	00 15									
63	62120	REPAIR SKULL CAVITY LESION	2,289.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	62120	REPAIR SKULL CAVITY LESION	2,289.38	00 15									
63	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,700.64										
67	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,700.64	00 15									
63	62140	REPAIR OF SKULL DEFECT	1,131.66										
67	62140	REPAIR OF SKULL DEFECT	1,131.66	00 15									
63	62141	REPAIR OF SKULL DEFECT	1,261.75										
67	62141	REPAIR OF SKULL DEFECT	1,261.75	00 15									
63	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	974.83										
67	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	974.83	00 15									
63	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,151.15										
67	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,151.15	00 15									
63	62145	REPAIR OF SKULL & BRAIN	1,583.71										
67	62145	REPAIR OF SKULL & BRAIN	1,583.71	00 15									
63	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,241.99										
67	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,241.99	00 15									
63	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,575.82										
67	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,575.82	00 15									
63	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	143.68										
67	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	143.68	00 15									
63	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	214.06										
67	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	214.06	00 15									
63	62161	DISSECT BRAIN W/SCOPE	1,681.13										
67	62161	DISSECT BRAIN W/SCOPE	1,681.13	00 15									
63	62162	REMOVE COLLOID CYST W/SCOPE	2,105.67										
67	62162	REMOVE COLLOID CYST W/SCOPE	2,105.67	00 15									
63	62164	REMOVE BRAIN TUMOR W/SCOPE	2,329.53										
67	62164	REMOVE BRAIN TUMOR W/SCOPE	2,329.53	00 15									
63	62165	REMOVE PITUIT TUMOR W/SCOPE	1,677.90										
67	62165	REMOVE PITUIT TUMOR W/SCOPE	1,677.90	00 15									
63	62180	ESTABLISH BRAIN CAVITY SHUNT	1,781.24										
67	62180	ESTABLISH BRAIN CAVITY SHUNT	1,781.24	00 15									
63	62190	ESTABLISH BRAIN CAVITY SHUNT	1,020.79										
67	62190	ESTABLISH BRAIN CAVITY SHUNT	1,020.79	00 15									
63	62192	ESTABLISH BRAIN CAVITY SHUNT	1,085.17										
67	62192	ESTABLISH BRAIN CAVITY SHUNT	1,085.17	00 15									
63	62194	REPLACE/IRRIGATE CATHETER	531.61										
67	62194	REPLACE/IRRIGATE CATHETER	531.61	00 15									
63	62200	ESTABLISH BRAIN CAVITY SHUNT	1,531.40										
67	62200	ESTABLISH BRAIN CAVITY SHUNT	1,531.40	00 15									
63	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,332.43										
67	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,332.43	00 15									
63	62220	ESTABLISH BRAIN CAVITY SHUNT	1,093.33										
67	62220	ESTABLISH BRAIN CAVITY SHUNT	1,093.33	00 15									
63	62223	ESTABLISH BRAIN CAVITY SHUNT	1,146.62										
67	62223	ESTABLISH BRAIN CAVITY SHUNT	1,146.62	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	62225	REPLACE/IRRIGATE CATHETER	572.67										
67	62225	REPLACE/IRRIGATE CATHETER	572.67	00 15									
63	62230	REPLACE/REVISE BRAIN SHUNT	929.03										
67	62230	REPLACE/REVISE BRAIN SHUNT	929.03	00 15									
65	62252	CSF SHUNT REPROGRAM	51.88										
63	62256	REMOVE BRAIN CAVITY SHUNT	658.85										
67	62256	REMOVE BRAIN CAVITY SHUNT	658.85	00 15									
63	62258	REPLACE BRAIN CAVITY SHUNT	1,230.60										
67	62258	REPLACE BRAIN CAVITY SHUNT	1,230.60	00 15									
63	62263	LYSIS EPIDURAL ADHESIONS	620.20										
67	62263	LYSIS EPIDURAL ADHESIONS	620.20	00 15									
63	62264	EPIDURAL LYSIS ON SINGLE DAY	449.45										
67	62264	EPIDURAL LYSIS ON SINGLE DAY	449.45	00 15									
63	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	274.14										
67	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	274.14	00 15									
63	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	280.22										
67	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	280.22	00 15									
63	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	287.16										
67	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	287.16	00 15									
63	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	141.86										
67	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	141.86	00 15									
63	62272	SPINAL PUNCTURE, THERAPEUTIC	187.98										
67	62272	SPINAL PUNCTURE, THERAPEUTIC	187.98										
63	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	177.97										
67	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	177.97	00 15									
63	62280	TREAT SPINAL CORD LESION	361.00									X	
67	62280	TREAT SPINAL CORD LESION	361.00	00 15								X	
63	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	246.44										
67	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	246.44	00 15									
63	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	309.43									X	
67	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	309.43	00 15								X	
63	62284	INJECTION FOR MYELOGRAM	200.64										
67	62284	INJECTION FOR MYELOGRAM	200.64	00 15									
63	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	623.71										
67	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	623.71	00 15									
63	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	357.93										
67	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	357.93	00 15									
63	62291	INJECT FOR SPINE DISK X-RAY	339.48										
67	62291	INJECT FOR SPINE DISK X-RAY	339.48	00 15									
63	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	619.74										
67	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	619.74	00 15									
63	62294	INJECTION INTO SPINAL ARTERY	1,050.90										
67	62294	INJECTION INTO SPINAL ARTERY	1,050.90	00 15									
63	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	261.93										
67	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	261.93	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	266.65										
67	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	266.65	00 15									
63	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	258.37										
67	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	258.37	00 15									
63	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	280.42										
67	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	280.42	00 15									
63	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	168.45										
67	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	168.45	00 15									
63	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	260.21										
67	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	260.21	00 15									
63	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	153.37										
67	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	153.37	00 15									
63	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	256.82										
67	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	256.82	00 15									
63	62324	INJECTION(S), INCLUDING INDWELLING C	147.86										
67	62324	INJECTION(S), INCLUDING INDWELLING C	147.86	00 15									
63	62325	INJECTION(S), INCLUDING INDWELLING C	247.01										
67	62325	INJECTION(S), INCLUDING INDWELLING C	247.01	00 15									
63	62326	INJECTION(S), INCLUDING INDWELLING C	151.40										
67	62326	INJECTION(S), INCLUDING INDWELLING C	151.40	00 15									
63	62327	INJECTION(S), INCLUDING INDWELLING C	249.86										
67	62327	INJECTION(S), INCLUDING INDWELLING C	249.86	00 15									
63	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	261.06									X	
67	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	261.06	00 15								X	
63	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	325.55										
67	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	325.55	00 15									
63	62350	IMPLANT SPINAL CATHETER	430.34			X		X					
67	62350	IMPLANT SPINAL CATHETER	430.34	00 15		X		X					
63	62351	IMPLANT SPINAL CATHETER	950.02			X		X					
67	62351	IMPLANT SPINAL CATHETER	950.02	00 15		X		X					
63	62355	REMOVE SPINAL CANAL CATHETER	290.41			X		X					
67	62355	REMOVE SPINAL CANAL CATHETER	290.41	00 15		X		X					
63	62360	INSERT SPINE INFUSION DEVICE	338.06			X		X					
67	62360	INSERT SPINE INFUSION DEVICE	338.06	00 15		X		X					
63	62361	IMPLANT SPINE INFUSION PUMP	465.29			X		X					
67	62361	IMPLANT SPINE INFUSION PUMP	465.29	00 15		X		X					
63	62362	IMPLANT SPINE INFUSION PUMP	414.81			X		X					
67	62362	IMPLANT SPINE INFUSION PUMP	414.81	00 15		X		X					
63	62365	REMOVE SPINE INFUSION DEVICE	317.17			X		X					
67	62365	REMOVE SPINE INFUSION DEVICE	317.17	00 15		X		X					
63	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	34.12					X					
67	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	34.12	00 15				X					
63	62368	ANALYZE SPINE INFUSION PUMP	47.91					X					
67	62368	ANALYZE SPINE INFUSION PUMP	47.91	00 15				X					
63	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	96.47					X					

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	96.47	00 15				X					
63	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	100.92					X					
67	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	100.92	00 15				X					
63	63001	RELIEVE SPINAL CORD PRESSURE	1,370.32										
67	63001	RELIEVE SPINAL CORD PRESSURE	1,370.32	00 15									
63	63003	RELIEVE SPINAL CORD PRESSURE	1,369.92										
67	63003	RELIEVE SPINAL CORD PRESSURE	1,369.92	00 15									
63	63005	RELIEVE SPINAL CORD PRESSURE	1,314.06										
67	63005	RELIEVE SPINAL CORD PRESSURE	1,314.06	00 15									
63	63011	RELIEVE PSINAL CORD PRESSURE	1,189.85										
67	63011	RELIEVE PSINAL CORD PRESSURE	1,189.85	00 15									
63	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,318.67										
67	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,318.67	00 15									
63	63015	RELIEVE SPINAL CORD PRESSURE	1,640.51										
67	63015	RELIEVE SPINAL CORD PRESSURE	1,640.51	00 15									
63	63016	RELIEVE SPINAL CORD PRESSURE	1,688.81										
67	63016	RELIEVE SPINAL CORD PRESSURE	1,688.81	00 15									
63	63017	RELIEVE SPINAL CORD PRESSURE	1,391.61										
67	63017	RELIEVE SPINAL CORD PRESSURE	1,391.61	00 15									
63	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,274.30										
67	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,274.30	00 15									
63	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,065.53										
67	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,065.53	00 15									
63	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	214.72									X	
67	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	214.72	00 15								X	
63	63040	NECK SPINE DISK SURGERY	1,538.85										
67	63040	NECK SPINE DISK SURGERY	1,538.85	00 15									
63	63042	LOW BACK DISK SURGERY	1,428.01										
67	63042	LOW BACK DISK SURGERY	1,428.01	00 15									
63	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,421.33										
67	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,421.33	00 15									
63	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,352.57										
67	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,352.57	00 15									
63	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,211.99										
67	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,211.99	00 15									
63	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	237.21									X	
67	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	237.21	00 15								X	
63	63050	CERVICAL LAMINOPLASTY	1,662.43										
67	63050	CERVICAL LAMINOPLASTY	1,662.43	00 15									
63	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,886.03										
67	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,886.03	00 15									
63	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,807.48										
67	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,807.48	00 15									
63	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,647.90										
67	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,647.90	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	359.18									X	
67	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	359.18	00 15								X	
63	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,980.84										
67	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,980.84	00 15									
63	63066	DECOMPRESS...THORACIC;EACH ADD SEG	233.85									X	
67	63066	DECOMPRESS...THORACIC;EACH ADD SEG	233.85	00 15								X	
63	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,491.98										
67	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,491.98	00 15									
63	63076	REMOVAL OF UPPER SPINE DISC AND RELE	276.36									X	
67	63076	REMOVAL OF UPPER SPINE DISC AND RELE	276.36	00 15								X	
63	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,666.83										
67	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,666.83	00 15									
63	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	235.44									X	
67	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	235.44	00 15								X	
63	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,951.39										
67	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,951.39	00 15									
63	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	298.99									X	
67	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	298.99	00 15								X	
63	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,137.87										
67	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,137.87	00 15									
63	63086	VERT CORPECT..,THOR.,EACH ADD SEG	213.95									X	
67	63086	VERT CORPECT..,THOR.,EACH ADD SEG	213.95	00 15								X	
63	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,682.85										
67	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,682.85	00 15									
63	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	287.30									X	
67	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	287.30	00 15								X	
63	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,171.38										
67	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,171.38	00 15									
63	63091	VERT CORPECTOMY;EACH ADD SEGMENT	199.39									X	
67	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	199.39	00 15								X	
63	63101	REMOVAL OF VERTEBRAL BODY	2,584.75										
67	63101	REMOVAL OF VERTEBRAL BODY	2,584.75	00 15									
63	63102	REMOVAL OF VERTEBRAL BODY	2,506.40										
67	63102	REMOVAL OF VERTEBRAL BODY	2,506.40	00 15									
63	63103	REMOVE VERTEBRAL BODY ADD-ON	330.45									X	
67	63103	REMOVE VERTEBRAL BODY ADD-ON	330.45	00 15								X	
63	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,770.43										
67	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,770.43	00 15									
63	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,536.47										
67	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,536.47	00 15									
63	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,920.89										
67	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,920.89	00 15									
63	63185	INCISE SPINAL COLUMN/NERVES	1,258.92										
67	63185	INCISE SPINAL COLUMN/NERVES	1,258.92	00 15									
63	63190	INCISE SPINAL COLUMN/NERVES	1,356.73										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	63190	INCISE SPINAL COLUMN/NERVES	1,356.73	00 15									
63	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,529.21										
67	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,529.21	00 15									
63	63194	INCISE SPINAL COLUMN & CORD	1,773.06										
67	63194	INCISE SPINAL COLUMN & CORD	1,773.06	00 15									
63	63195	INCISE SPINAL COLUMN & CORD	1,708.06										
67	63195	INCISE SPINAL COLUMN & CORD	1,708.06	00 15									
63	63196	INCISE SPINAL COLUMN & CORD	1,984.34										
67	63196	INCISE SPINAL COLUMN & CORD	1,984.34	00 15									
63	63197	INCISE SPINAL COLUMN & CORD	1,904.51										
67	63197	INCISE SPINAL COLUMN & CORD	1,904.51	00 15									
63	63198	INCISE SPINAL COLUMN & CORD	2,333.48										
67	63198	INCISE SPINAL COLUMN & CORD	2,333.48	00 15									
63	63199	INCISE SPINAL COLUMN & CORD	2,446.71										
67	63199	INCISE SPINAL COLUMN & CORD	2,446.71	00 15									
63	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,699.03										
67	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,699.03	00 15									
63	63250	REVISE SPINAL CORD VESSELS	3,340.37										
67	63250	REVISE SPINAL CORD VESSELS	3,340.37	00 15									
63	63251	REVISE SPINAL CORD VESSELS	3,412.38										
67	63251	REVISE SPINAL CORD VESSELS	3,412.38	00 15									
63	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,411.66										
67	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,411.66	00 15									
63	63265	LAMINECTOMY,LESION...;CERVICAL	1,856.63										
67	63265	LAMINECTOMY,LESION...;CERVICAL	1,856.63	00 15									
63	63266	LAMINECTOMY,LESION...;THORACIC	1,913.65										
67	63266	LAMINECTOMY,LESION...;THORACIC	1,913.65	00 15									
63	63267	LAMINECTOMY,LESION...;LUMBAR	1,517.02										
67	63267	LAMINECTOMY,LESION...;LUMBAR	1,517.02	00 15									
63	63268	LAMINECTOMY,LESION....;SACRAL	1,567.85										
67	63268	LAMINECTOMY,LESION....;SACRAL	1,567.85	00 15									
63	63270	LAMINECTOMY,LESION....;CERVICAL	2,320.78										
67	63270	LAMINECTOMY,LESION....;CERVICAL	2,320.78	00 15									
63	63271	LAMINECTOMY,LESION...;THORACIC	2,311.59										
67	63271	LAMINECTOMY,LESION...;THORACIC	2,311.59	00 15									
63	63272	LAMINECTOMY,LESION...;LUMBAR	2,100.03										
67	63272	LAMINECTOMY,LESION...;LUMBAR	2,100.03	00 15									
63	63273	LAMINECTOMY,LESION...;SACRAL	2,080.34										
67	63273	LAMINECTOMY,LESION...;SACRAL	2,080.34	00 15									
63	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	2,008.20										
67	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	2,008.20	00 15									
63	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,991.87										
67	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,991.87	00 15									
63	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,728.20										
67	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,728.20	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,768.09										
67	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,768.09	00 15									
63	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,365.07										
67	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,365.07	00 15									
63	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,337.15										
67	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,337.15	00 15									
63	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,201.81										
67	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,201.81	00 15									
63	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,116.66										
67	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,116.66	00 15									
63	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,931.65										
67	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,931.65	00 15									
63	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,895.42										
67	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,895.42	00 15									
63	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,079.22										
67	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,079.22	00 15									
63	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,132.89										
67	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,132.89	00 15									
63	63295	REPAIR OF LAMINECTOMY DEFECT	373.16										
67	63295	REPAIR OF LAMINECTOMY DEFECT	373.16	00 15									
63	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,044.34										
67	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,044.34	00 15									
63	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,463.26										
67	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,463.26	00 15									
63	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,433.05										
67	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,433.05	00 15									
63	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,591.29										
67	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,591.29	00 15									
63	63304	SEE 63300;INTRADURAL,CERVICAL	2,627.03										
67	63304	SEE 63300;INTRADURAL,CERVICAL	2,627.03	00 15									
63	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,799.93										
67	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,799.93	00 15									
63	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,751.12										
67	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,751.12	00 15									
63	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,695.50										
67	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,695.50	00 15									
63	63308	VERT CORPECTOMY, EA ADD SEGMENT	364.61									X	
67	63308	VERT CORPECTOMY; EA ADD SEGMENT	364.61	00 15								X	
63	63600	REMOVE SPINAL CORD LESION	1,211.88										
67	63600	REMOVE SPINAL CORD LESION	1,211.88	00 15									
63	63610	STIMULATION OF SPINAL CORD	651.35									X	
67	63610	STIMULATION OF SPINAL CORD	651.35	00 15								X	
63	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,243.01										
67	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,243.01	00 15									
63	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	285.74									X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	285.74	00 15								X	
63	63650	IMPLANT NEUROELECTRODES	1,871.61										
67	63650	IMPLANT NEUROELECTRODES	1,871.61	00 15									
63	63655	IMPLANT NEUROELECTRODES	910.01										
67	63655	IMPLANT NEUROELECTRODES	910.01	00 15									
63	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	653.68										
67	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	653.68	00 15									
63	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	921.02										
67	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	921.02	00 15									
63	63663	REVISION INCLUDING REPLACEMENT WHEN	873.18										
67	63663	REVISION INCLUDING REPLACEMENT WHEN	873.18	00 15									
63	63664	REVISION INCLUDING REPLACEMENT WHEN	959.98										
67	63664	REVISION INCLUDING REPLACEMENT WHEN	959.98	00 15									
63	63685	IMPLANT NEURORECEIVER	388.63										
67	63685	IMPLANT NEURORECEIVER	388.63	00 15									
63	63688	REVISE/REMOVE NEURORECEIVER	401.56										
67	63688	REVISE/REMOVE NEURORECEIVER	401.56	00 15									
63	63700	REPAIR OF SPINAL HERNIATION	1,442.36										
67	63700	REPAIR OF SPINAL HERNIATION	1,442.36	00 15									
63	63702	REPAIR OF SPINAL HERNIATION	1,580.96										
67	63702	REPAIR OF SPINAL HERNIATION	1,580.96	00 15									
63	63704	REPAIR OF SPINAL HERNIATION	1,833.70										
67	63704	REPAIR OF SPINAL HERNIATION	1,833.70	00 15									
63	63706	REPAIR OF SPINAL HERNIATION	2,044.98										
67	63706	REPAIR OF SPINAL HERNIATION	2,044.98	00 15									
63	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,017.84										
67	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,017.84	00 15									
63	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,218.74										
67	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,218.74	00 15									
63	63710	GRAFT REPAIR OF SPINE DEFECT	1,192.69										
67	63710	GRAFT REPAIR OF SPINE DEFECT	1,192.69	00 15									
63	63740	INSTALL SPINAL SHUNT	1,074.99										
67	63740	INSTALL SPINAL SHUNT	1,074.99	00 15									
63	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	740.59										
67	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	740.59	00 15									
63	63744	REVISION OF SPINAL SHUNT	747.97										
67	63744	REVISION OF SPINAL SHUNT	747.97	00 15									
63	63746	REMOVAL OF SPINAL SHUNT	659.93										
67	63746	REMOVAL OF SPINAL SHUNT	659.93	00 15									
63	64400	INJECTION FOR NERVE BLOCK	108.94						X			X	
67	64400	INJECTION FOR NERVE BLOCK	108.94	00 15					X			X	
63	64405	INJECTION FOR NERVE BLOCK	77.20						X			X	
67	64405	INJECTION FOR NERVE BLOCK	77.20	00 15					X			X	
63	64408	INJECTION FOR NERVE BLOCK	71.21						X			X	
67	64408	INJECTION FOR NERVE BLOCK	71.21	00 15					X			X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	64415	INJECTION FOR NERVE BLOCK	116.45						X			X	
67	64415	INJECTION FOR NERVE BLOCK	116.45	00 15					X			X	
63	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	70.84						X				
67	64416	N BLOCK CONT INFUSE, B PLEX	70.84	00 15									
63	64417	INJECTION FOR NERVE BLOCK	138.67						X			X	
67	64417	INJECTION FOR NERVE BLOCK	138.67	00 15					X			X	
63	64418	INJECTION FOR NERVE BLOCK	88.45						X			X	
67	64418	INJECTION FOR NERVE BLOCK	88.45	00 15					X			X	
63	64420	INJECTION FOR NERVE BLOCK	102.72						X			X	
67	64420	INJECTION FOR NERVE BLOCK	102.72	00 15					X			X	
63	64421	INJECTION FOR NERVE BLOCK	35.76						X			X	
67	64421	INJECTION FOR NERVE BLOCK	35.76	00 15					X			X	
63	64425	INJECTION FOR NERVE BLOCK	113.82						X			X	
67	64425	INJECTION FOR NERVE BLOCK	113.82	00 15					X			X	
63	64430	INJECTION FOR NERVE BLOCK	92.90						X			X	
67	64430	INJECTION FOR NERVE BLOCK	92.90	00 15					X			X	
63	64435	INJECTION FOR NERVE BLOCK	75.55						X			X	
67	64435	INJECTION FOR NERVE BLOCK	75.55	00 15					X			X	
63	64445	INJECTION FOR NERVE BLOCK	126.34						X			X	
67	64445	INJECTION FOR NERVE BLOCK	126.34	00 15					X			X	
63	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	65.57						X				
67	64446	N BLK INJ, SCIATIC, CONT INF	65.57	00 15									
63	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	91.73						X				
67	64447	N BLOCK INJ FEM, SINGLE	91.73	00 15									
63	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	67.82						X				
67	64448	N BLOCK INJ FEM, CONT INF	67.82	00 15									
63	64449	N BLOCK INJ, LUMBAR PLEXUS	67.99										
67	64449	N BLOCK INJ, LUMBAR PLEXUS	67.99	00 15									
63	64450	INJECTION FOR NERVE BLOCK	78.30						X			X	
67	64450	INJECTION FOR NERVE BLOCK	78.30	00 15					X			X	
63	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	211.24									X	
67	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	211.24	00 15								X	
63	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	213.26									X	
67	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	213.26	00 15								X	
63	64455	INJECTIONS OF ANESTHETIC AND/OR STER	50.88										
67	64455	INJECTIONS OF ANESTHETIC AND/OR STER	50.88	00 15									
63	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	136.47										
67	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	136.47	00 15									
63	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	77.56										
67	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	77.56	00 15									
63	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	203.22										
67	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	203.22	00 15									
63	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	114.39										
67	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	114.39	00 15									
63	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	182.49										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	182.49	00 15									
63	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	140.35										
67	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	140.35	00 15									
63	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	279.71										
67	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	279.71	00 15									
63	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	193.83										
67	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	193.83	00 15									
63	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	98.71										
67	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	98.71	00 15									
63	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	99.38									X	
67	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	99.38	00 15								X	
63	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	175.20										
67	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	175.20	00 15									
63	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	91.27										
67	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	91.27										
63	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	91.27									X	
67	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	91.27	00 15								X	
63	64505	INJECTION FOR NERVE BLOCK	132.42						X				
67	64505	INJECTION FOR NERVE BLOCK	132.42	00 15									
63	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	140.47						X				
67	64510	INJECTION FOR NERVE BLOCK	140.47	00 15									
63	64517	N BLOCK INJ, HYPOGAS PLXS	197.44										
67	64517	N BLOCK INJ, HYPOGAS PLXS	197.44	00 15									
63	64520	INJECTION FOR NERVE BLOCK	213.53						X				
67	64520	INJECTION FOR NERVE BLOCK	213.53	00 15									
63	64530	INJECTION FOR NERVE BLOCK	215.62						X				
67	64530	INJECTION FOR NERVE BLOCK	215.62	00 15									
63	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	755.15								X		
67	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	755.15	00 15							X		
63	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	125.16										
67	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	125.16	00 15									
63	64568	INCISION FOR IMPLANTATION OF CRANIAL	684.34			X							
67	64568	INCISION FOR IMPLANTATION OF CRANIAL	684.34	00 15		X							
63	64569	REVISION OR REPLACEMENT OF CRANIAL	836.35			X							
67	64569	REVISION OR REPLACMENT OF CRANIAL	836.35	00 15		X							
63	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	801.45			X							
67	64570	REMOVAL OF CRANIAL NERVE (EG,VAGUS	801.45	00 15		X							
63	64581	INCISION FOR IMPLANTATION OF NEUROST	725.73								X		
67	64581	INCISION FOR IMPLANTATION OF NEUROST	725.73	00 15							X		
63	64600	INJECTION TREATMENT OF NERVE	455.66										
67	64600	INJECTION TREATMENT OF NERVE	455.66	00 15									
63	64605	INJECTION TREATMENT OF NERVE	642.61										
67	64605	INJECTION TREATMENT OF NERVE	642.61	00 15									
63	64610	INJECTION TREATMENT OF NERVE	816.70										
67	64610	INJECTION TREATMENT OF NERVE	816.70	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	64611	CHEMODENERVATION OF PAROTID AND SUBM	126.84										
67	64611	CHEMODENERVATION OF PAROTID AND SUBM	126.84	00 15									
63	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	139.26										
67	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	139.26	00 15									
63	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	162.62		X								
67	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	162.62	00 15	X								
63	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	142.83									X	
67	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	142.83	00 15								X	
63	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	168.86									X	
67	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	168.86	00 15								X	
63	64620	INJECTION TREATMENT OF NERVE	218.46										
67	64620	INJECTION TREATMENT OF NERVE	218.46	00 15									
63	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	405.28									X	
67	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	405.28	00 15								X	
63	64625	RADIOFREQUENCY ABLATION, NERVES INNE	497.24									X	
67	64625	RADIOFREQUENCY ABLATION, NERVES INNE	497.24	00 15								X	
63	64630	INJECTION TREATMENT OF NERVE	254.12										
67	64630	INJECTION TREATMENT OF NERVE	254.12	00 15									
63	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	91.32										
67	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	91.32	00 15									
63	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	425.84										
67	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	425.84	00 15									
63	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	187.95										
67	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	187.95	00 15									
63	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	420.90										
67	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	420.90	00 15									
63	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	171.22										
67	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	171.22	00 15									
63	64640	INJECTION TREATMENT OF NERVE	249.55									X	
67	64640	INJECTION TREATMENT OF NERVE	249.55	00 15								X	
63	64642	Injection of chemical for destructio	154.00										
67	64642	Injection of chemical for destructio	154.00	00 15									
63	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	98.20									X	
67	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	98.20	00 15								X	
63	64644	Injection of chemical for destructio	178.69										
67	64644	Injection of chemical for destructio	178.69	00 15									
63	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	123.46									X	
67	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	123.46	00 15								X	
63	64646	Injection of chemical for destructio	162.98										
67	64646	Injection of chemical for destructio	162.98	00 15									
63	64647	Injection of chemical for destructio	189.50										
67	64647	Injection of chemical for destructio	189.50	00 15									
63	64680	INJECTION TREATMENT OF NERVE	338.23										
67	64680	INJECTION TREATMENT OF NERVE	338.23	00 15									
63	64681	INJECTION TREATMENT OF NERVE	573.72										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	64681	INJECTION TREATMENT OF NERVE	573.72	00 15									
63	64702	REVISE FINGER/TOE NERVE	532.84										
67	64702	REVISE FINGER/TOE NERVE	532.84	00 15									
63	64704	REVISE HAND/FOOT NERVE	341.70										
67	64704	REVISE HAND/FOOT NERVE	341.70	00 15									
63	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	535.99										
67	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	535.99	00 15									
63	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	631.83										
67	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	631.83	00 15									
63	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	848.17										
67	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	848.17	00 15									
63	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	790.78										
67	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	790.78	00 15									
63	64716	REVISION OF CRANIAL NERVE	548.32										
67	64716	REVISION OF CRANIAL NERVE	548.32	00 15									
63	64718	REVISE ULNAR NERVE AT ELBOW	632.18										
67	64718	REVISE ULNAR NERVE AT ELBOW	632.18	00 15									
63	64719	REVISE ULNAR NERVE AT WRIST	426.90										
67	64719	REVISE ULNAR NERVE AT WRIST	426.90	00 15									
63	64721	REVISE MEDIAN NERVE AT WRIST	459.79										
67	64721	REVISE MEDIAN NERVE AT WRIST	459.79	00 15									
63	64722	RELIEVE PRESSURE ON NERVE(S)	383.66										
67	64722	RELIEVE PRESSURE ON NERVE(S)	383.66	00 15									
63	64726	RELEASE FOOT/TOE NERVE	285.99										
67	64726	RELEASE FOOT/TOE NERVE	285.99	00 15									
63	64727	INTERNAL NEUROLYSIS,MICROSCOPE	201.03										
67	64727	INTERNAL NEUROLYSIS, MICROSCOPE	201.03	00 15									
63	64732	INCISION OF BROW NERVE	478.90										
67	64732	INCISION OF BROW NERVE	478.90	00 15									
63	64734	INCISION OF CHEEK NERVE	540.91										
67	64734	INCISION OF CHEEK NERVE	540.91	00 15									
63	64736	INCISION OF CHIN NERVE	368.21										
67	64736	INCISION OF CHIN NERVE	368.21	00 15									
63	64738	INCISION OF JAW NERVE	476.31										
67	64738	INCISION OF JAW NERVE	476.31	00 15									
63	64740	INCISION OF TONGUE NERVE	492.38										
67	64740	INCISION OF TONGUE NERVE	492.38	00 15									
63	64742	INCISION OF FACIAL NERVE	512.99										
67	64742	INCISION OF FACIAL NERVE	512.99	00 15									
63	64744	INCISE NERVE, BACK OF HEAD	538.32										
67	64744	INCISE NERVE, BACK OF HEAD	538.32	00 15									
63	64746	INCISE DIAPHRAGM NERVE	471.89										
67	64746	INCISE DIAPHRAGM NERVE	471.89	00 15									
63	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,026.83										
67	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,026.83	00 15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	64760	INCISION OF VAGUS NERVE	568.38										
67	64760	INCISION OF VAGUS NERVE	568.38	00 15									
63	64763	INCISE HIP/THIGH NERVE	563.04										
67	64763	INCISE HIP/THIGH NERVE	563.04	00 15									
63	64766	INCISE HIP/THIGH NERVE	695.88										
67	64766	INCISE HIP/THIGH NERVE	695.88	00 15									
63	64771	INCISE CRANIAL NERVE, EXTRADURAL	649.13										
67	64771	INCISE CRANIAL NERVE, EXTRADURAL	649.13	00 15									
63	64772	INCISION OF SPINAL NERVE	606.67										
67	64772	INCISION OF SPINAL NERVE	606.67	00 15									
63	64774	REMOVE SKIN NERVE LESION	439.03										
67	64774	REMOVE SKIN NERVE LESION	439.03	00 15									
63	64776	REMOVE DIGIT NERVE LESION	416.53										
67	64776	REMOVE DIGIT NERVE LESION	416.53	00 15									
63	64778	EXCISE NEUROMA;EACH ADD DIGIT	201.75									X	
67	64778	EXCISE NEUROMA;EACH ADD DIGIT	201.75	00 15								X	
63	64782	REMOVE LIMB NERVE LESION	487.89										
67	64782	REMOVE LIMB NERVE LESION	487.89	00 15									
63	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	240.67									X	
67	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	240.67	00 15								X	
63	64784	REMOVE NERVE LESION	787.64										
67	64784	REMOVE NERVE LESION	787.64	00 15									
63	64786	REMOVE SCIATIC NERVE LESION	1,117.51										
67	64786	REMOVE SCIATIC NERVE LESION	1,117.51	00 15									
63	64787	INSERT CAP ON NERVE END	264.28										
67	64787	INSERT CAP ON NERVE END	264.28	00 15									
63	64788	REMOVE SKIN NERVE LESION	430.64										
67	64788	REMOVE SKIN NERVE LESION	430.64	00 15									
63	64790	REMOVAL OF NERVE LESION	910.21										
67	64790	REMOVAL OF NERVE LESION	910.21	00 15									
63	64792	REMOVAL OF NERVE LESION	1,156.39										
67	64792	REMOVAL OF NERVE LESION	1,156.39	00 15									
63	64795	BIOPSY OF NERVE	212.88										
67	64795	BIOPSY OF NERVE	212.88	00 15									
63	64802	REMOVE SYMPATHETIC NERVES	913.78										
67	64802	REMOVE SYMPATHETIC NERVES	913.78	00 15									
63	64804	REMOVE SYMPATHETIC NERVES	1,309.96										
67	64804	REMOVE SYMPATHETIC NERVES	1,309.96	00 15									
63	64809	REMOVE SYMPATHETIC NERVES	1,202.28										
67	64809	REMOVE SYMPATHETIC NERVES	1,202.28	00 15									
63	64818	REMOVE SYMPATHETIC NERVES	845.16										
67	64818	REMOVE SYMPATHETIC NERVES	845.16	00 15									
63	64820	REMOVE SYMPATHETIC NERVES	784.46										
67	64820	REMOVE SYMPATHETIC NERVES	784.46	00 15									
63	64821	REMOVE SYMPATHETIC NERVES	746.10										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	64821	REMOVE SYMPATHETIC NERVES	746.10	00 15									
63	64822	REMOVE SYMPATHETIC NERVES	746.10										
67	64822	REMOVE SYMPATHETIC NERVES	746.10	00 15									
63	64823	REMOVE SYMPATHETIC NERVES	850.58										
67	64823	REMOVE SYMPATHETIC NERVES	850.58	00 15									
63	64831	REPAIR OF DIGIT NERVE	735.76										
67	64831	REPAIR OF DIGIT NERVE	735.76	00 15									
63	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	368.90									X	
67	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	368.90	00 15								X	
63	64834	REPAIR OF HAND OR FOOT NERVE	798.84										
67	64834	REPAIR OF HAND OR FOOT NERVE	798.84	00 15									
63	64835	REPAIR OF HAND OR FOOT NERVE	883.68										
67	64835	REPAIR OF HAND OR FOOT NERVE	883.68	00 15									
63	64836	REPAIR OF HAND OR FOOT NERVE	883.68										
67	64836	REPAIR OF HAND OR FOOT NERVE	883.68	00 15									
63	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	405.81									X	
67	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	405.81	00 15								X	
63	64840	REPAIR OF LEG NERVE	1,042.62										
67	64840	REPAIR OF LEG NERVE	1,042.62	00 15									
63	64856	REPAIR/TRANSPOSE NERVE	1,096.01										
67	64856	REPAIR/TRANSPOSE NERVE	1,096.01	00 15									
63	64857	REPAIR ARM/LEG NERVE	1,140.88										
67	64857	REPAIR ARM/LEG NERVE	1,140.88	00 15									
63	64858	REPAIR SCIATIC NERVE	1,281.15										
67	64858	REPAIR SCIATIC NERVE	1,281.15	00 15									
63	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	275.78									X	
67	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	275.78	00 15								X	
63	64861	REPAIR OF ARM NERVES	1,682.26										
67	64861	REPAIR OF ARM NERVES	1,682.26	00 15									
63	64862	REPAIR OF LOW BACK NERVES	1,500.12										
67	64862	REPAIR OF LOW BACK NERVES	1,500.12	00 15									
63	64864	REPAIR OF FACIAL NERVE	928.71										
67	64864	REPAIR OF FACIAL NERVE	928.71	00 15									
63	64865	REPAIR OF FACIAL NERVE	1,161.61										
67	64865	REPAIR OF FACIAL NERVE	1,161.61	00 15									
63	64866	FUSION OF FACIAL/OTHER NERVE	1,359.43										
67	64866	FUSION OF FACIAL/OTHER NERVE	1,359.43	00 15									
63	64868	FUSION OF FACIAL/OTHER NERVE	1,064.81										
67	64868	FUSION OF FACIAL/OTHER NERVE	1,064.81	00 15									
63	64872	SUBSEQUENT REPAIR OF NERVE	129.32										
67	64872	SUBSEQUENT REPAIR OF NERVE	129.32	00 15									
63	64874	REPAIR & REVISE NERVE	192.48										
67	64874	REPAIR & REVISE NERVE	192.48	00 15									
63	64876	REPAIR NERVE; SHORTEN BONE	217.56										
67	64876	REPAIR NERVE; SHORTEN BONE	217.56	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,192.96										
67	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,192.96	00 15									
63	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,379.07										
67	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,379.07	00 15									
63	64890	NERVE GRAFT, HAND OR FOOT	1,175.26										
67	64890	NERVE GRAFT, HAND OR FOOT	1,175.26	00 15									
63	64891	NERVE GRAFT, HAND OR FOOT	1,250.68										
67	64891	NERVE GRAFT, HAND OR FOOT	1,250.68	00 15									
63	64892	NERVE GRAFT, ARM OR LEG	1,141.88										
67	64892	NERVE GRAFT, ARM OR LEG	1,141.88	00 15									
63	64893	NERVE GRAFT, ARM OR LEG	1,219.36										
67	64893	NERVE GRAFT, ARM OR LEG	1,219.36	00 15									
63	64895	NERVE GRAFT, HAND OR FOOT	1,447.78										
67	64895	NERVE GRAFT, HAND OR FOOT	1,447.78	00 15									
63	64896	NERVE GRAFT, HAND OR FOOT	1,561.18										
67	64896	NERVE GRAFT, HAND OR FOOT	1,561.18	00 15									
63	64897	NERVE GRAFT, ARM OR LEG	1,382.21										
67	64897	NERVE GRAFT, ARM OR LEG	1,382.21	00 15									
63	64898	NERVE GRAFT, ARM OR LEG	1,496.72										
67	64898	NERVE GRAFT, ARM OR LEG	1,496.72	00 15									
63	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	660.22									X	
67	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	660.22	00 15								X	
63	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	765.80									X	
67	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	765.80	00 15								X	
63	64905	NERVE PEDICLE TRANSFER	1,106.78										
67	64905	NERVE PEDICLE TRANSFER	1,106.78	00 15									
63	64907	NERVE PEDICLE TRANSFER	1,420.83										
67	64907	NERVE PEDICLE TRANSFER	1,420.83	00 15									
63	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	841.01										
67	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	841.01	00 15									
63	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,102.56										
67	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,102.56	00 15									
63	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	983.76									X	
67	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	983.76	00 15								X	
63	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	194.85									X	
67	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	194.85	00 15								X	
63	65091	EVISCERATION EYE	699.82										
67	65091	EVISCERATION EYE	699.82	00 15									
63	65093	EVISCERATION EYE WITH IMPLANT	692.39										
67	65093	EVISCERATION EYE WITH IMPLANT	692.39	00 15									
63	65101	REMOVAL OF EYE	805.63										
67	65101	REMOVAL OF EYE	805.63	00 15									
63	65103	REMOVE EYE/INSERT IMPLANT	836.42										
67	65103	REMOVE EYE/INSERT IMPLANT	836.42	00 15									
63	65105	REMOVE EYE/ATTACH IMPLANT	919.08										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	65105	REMOVE EYE/ATTACH IMPLANT	919.08	00 15									
63	65110	REMOVAL OF EYE	1,304.75										
67	65110	REMOVAL OF EYE	1,304.75	00 15									
63	65112	REMOVE EYE, REVISE SOCKET	1,506.65										
67	65112	REMOVE EYE, REVISE SOCKET	1,506.65	00 15									
63	65114	REMOVE EYE, REVISE SOCKET	1,577.84										
67	65114	REMOVE EYE, REVISE SOCKET	1,577.84	00 15									
63	65125	MODIFICATION OF OCULAR IMPLANT (EG,	455.88										
67	65125	MODIFICATION OF OCULAR IMPLANT (EG,	455.88	00 15									
63	65130	INSERT OCULAR IMPLANT	802.48										
67	65130	INSERT OCULAR IMPLANT	802.48	00 15									
63	65135	INSERT OCULAR IMPLANT	813.09										
67	65135	INSERT OCULAR IMPLANT	813.09	00 15									
63	65140	ATTACH OCULAR IMPLANT	879.67										
67	65140	ATTACH OCULAR IMPLANT	879.67	00 15									
63	65150	REVISE OCULAR IMPLANT	645.52										
67	65150	REVISE OCULAR IMPLANT	645.52	00 15									
63	65155	REINSERT OCULAR IMPLANT	921.23										
67	65155	REINSERT OCULAR IMPLANT	921.23	00 15									
63	65175	REMOVAL OF OCULAR IMPLANT	726.05										
67	65175	REMOVAL OF OCULAR IMPLANT	726.05	00 15									
63	65205	REMOVE FOREIGN BODY FROM EYE	38.32									X	
67	65205	REMOVE FOREIGN BODY FROM EYE	38.32	00 15								X	
63	65210	REMOVE FOREIGN BODY FROM EYE	47.11									X	
67	65210	REMOVE FOREIGN BODY FROM EYE	47.11	00 15								X	
63	65220	REMOVE FOREIGN BODY FROM EYE	61.92									X	
67	65220	REMOVE FOREIGN BODY FROM EYE	61.92	00 15								X	
63	65222	REMOVE FOREIGN BODY FROM EYE	69.71									X	
67	65222	REMOVE FOREIGN BODY FROM EYE	69.71	00 15								X	
63	65235	REMOVE FOREIGN BODY FROM EYE	737.32										
67	65235	REMOVE FOREIGN BODY FROM EYE	737.32	00 15									
63	65260	REMOVE FOREIGN BODY FROM EYE	999.61										
67	65260	REMOVE FOREIGN BODY FROM EYE	999.61	00 15									
63	65265	REMOVE FOREIGN BODY FROM EYE	1,124.03										
67	65265	REMOVE FOREIGN BODY FROM EYE	1,124.03	00 15									
63	65270	REPAIR OF EYE WOUND	278.72										
67	65270	REPAIR OF EYE WOUND	278.72	00 15									
63	65272	REPAIR OF EYE WOUND	522.27										
67	65272	REPAIR OF EYE WOUND	522.27	00 15									
63	65273	REPAIR OF EYE WOUND	393.81										
67	65273	REPAIR OF EYE WOUND	393.81	00 15									
63	65275	REPAIR OF EYE WOUND	594.63										
67	65275	REPAIR OF EYE WOUND	594.63	00 15									
63	65280	REPAIR OF EYE WOUND	692.40										
67	65280	REPAIR OF EYE WOUND	692.40	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	65285	REPAIR OF EYE WOUND	1,147.39										
67	65285	REPAIR OF EYE WOUND	1,147.39	00 15									
63	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	710.35										
67	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	710.35	00 15									
63	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	506.02										
67	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	506.02	00 15									
63	65400	REMOVAL OF EYE LESION	697.51										
67	65400	REMOVAL OF EYE LESION	697.51	00 15									
63	65410	BIOPSY OF CORNEA	146.01										
67	65410	BIOPSY OF CORNEA	146.01	00 15									
63	65420	REMOVAL OF EYE LESION	531.09										
67	65420	REMOVAL OF EYE LESION	531.09	00 15									
63	65426	REMOVAL OF EYE LESION	669.78										
67	65426	REMOVAL OF EYE LESION	669.78	00 15									
63	65430	CORNEAL SMEAR	119.03									X	
67	65430	CORNEAL SMEAR	119.03	00 15								X	
63	65435	CURETTE/TREAT CORNEA	84.00										
67	65435	CURETTE/TREAT CORNEA	84.00	00 15									
63	65436	CURETTE/TREAT CORNEA	397.05										
67	65436	CURETTE/TREAT CORNEA	397.05	00 15									
63	65450	DESTROY CORNEAL LESION	331.63										
67	65450	DESTROY CORNEAL LESION	331.63	00 15									
63	65600	REVISION OF CORNEA	418.75										
67	65600	REVISION OF CORNEA	418.75	00 15									
63	65710	CORNEAL TRANSPLANT	1,156.38										
67	65710	CORNEAL TRANSPLANT	1,156.38	00 15									
63	65730	CORNEAL TRANSPLANT	1,281.65										
67	65730	CORNEAL TRANSPLANT	1,281.65	00 15									
63	65750	CORNEAL TRANSPLANT	1,291.03										
67	65750	CORNEAL TRANSPLANT	1,291.03	00 15									
63	65755	KERATOPLASTY, PENETRATING	1,285.13										
67	65755	KERATOPLASTY, PENETRATING	1,285.13	00 15									
63	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,223.98										
67	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,223.98	00 15									
63	65770	KERATOPROSTHESIS	1,446.15										
67	65770	KERATOPROSTHESIS	1,446.15	00 15									
63	65772	CORNEAL RELAX INCISION,CORR SURG AST	461.13										
67	65772	CORNEAL RELAX INCISION,CORR SURG AST	461.13	00 15									
63	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	576.68										
67	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	576.68	00 15									
63	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,347.72									X	
67	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,347.72	00 15								X	
63	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,175.43									X	
67	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,175.43	00 15								X	
63	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	679.87										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	679.87	00 15									
63	65781	OCULAR RECONST, TRANSPLANT	1,373.82										
67	65781	OCULAR RECONST, TRANSPLANT	1,373.82	00 15									
63	65782	OCULAR RECONST, TRANSPLANT	1,184.97		X								
67	65782	OCULAR RECONST, TRANSPLANT	1,184.97	00 15	X								
63	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,305.84									X	
67	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,305.84	00 15								X	
63	65800	DRAINAGE OF EYE	123.02										
67	65800	DRAINAGE OF EYE	123.02	00 15									
63	65810	DRAINAGE OF EYE	476.52										
67	65810	DRAINAGE OF EYE	476.52	00 15									
63	65815	DRAINAGE OF EYE	648.69										
67	65815	DRAINAGE OF EYE	648.69	00 15									
63	65820	RELIEVE INNER EYE PRESSURE	799.64										
67	65820	RELIEVE INNER EYE PRESSURE	799.64	00 15									
63	65850	TRABECULOTOMY AB EXTERNO	869.83										
67	65850	TRABECULOTOMY AB EXTERNO	869.83	00 15									
63	65855	LASER TRABECULOPLASTY-1/MORE	252.99										
67	65855	LASER TRABECULOPLASTY-1/MORE	252.99	00 15									
63	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	316.33										
67	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	316.33	00 15									
63	65865	INCISE INNER EYE ADHESIONS	486.59										
67	65865	INCISE INNER EYE ADHESIONS	486.59	00 15									
63	65870	INCISE INNER EYE ADHESIONS	607.67										
67	65870	INCISE INNER EYE ADHESIONS	607.67	00 15									
63	65875	INCISE INNER EYE ADHESIONS	647.15										
67	65875	INCISE INNER EYE ADHESIONS	647.15	00 15									
63	65880	INCISE INNER EYE ADHESIONS	682.13										
67	65880	INCISE INNER EYE ADHESIONS	682.13	00 15									
63	65900	REMOVE EYE LESION	1,007.08										
67	65900	REMOVE EYE LESION	1,007.08	00 15									
63	65920	REMOVE IMPLANT FROM EYE	811.49										
67	65920	REMOVE IMPLANT FROM EYE	811.49	00 15									
63	65930	REMOVE BLOOD CLOT FROM EYE	658.66										
67	65930	REMOVE BLOOD CLOT FROM EYE	658.66	00 15									
63	66020	INJECTION TREATMENT OF EYE	194.50									X	
67	66020	INJECTION TREATMENT OF EYE	194.50	00 15								X	
63	66030	INJECTION TREATMENT OF EYE	172.93									X	
67	66030	INJECTION TREATMENT OF EYE	172.93	00 15								X	
63	66130	REMOVE EYE LESION	716.72										
67	66130	REMOVE EYE LESION	716.72	00 15									
63	66150	INCISION OF EYE	897.34										
67	66150	INCISION OF EYE	897.34	00 15									
63	66155	INCISION OF EYE	896.63										
67	66155	INCISION OF EYE	896.63	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	66160	INCISION OF EYE	1,012.59										
67	66160	INCISION OF EYE	1,012.59	00 15									
63	66170	INCISION OF EYE	1,123.04										
67	66170	INCISION OF EYE	1,123.04	00 15									
63	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,221.16										
67	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,221.16	00 15									
63	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	976.18									X	
67	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	976.18	00 15								X	
63	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	1,023.36									X	
67	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	1,023.36	00 15								X	
63	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,109.63						X				
67	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,109.63	00 15					X				
63	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,172.75										
67	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,172.75	00 15									
63	66183	Insertion of eye fluid drainage devi	1,057.35										
67	66183	Insertion of eye fluid drainage devi	1,057.35	00 15									
63	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	804.96										
67	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	804.96	00 15									
63	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	868.57										
67	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	868.57	00 15									
63	66225	REPAIR/GRAFT EYE LESION	962.25										
67	66225	REPAIR/GRAFT EYE LESION	962.25	00 15									
63	66250	FOLLOW-UP SURGERY OF EYE	761.00										
67	66250	FOLLOW-UP SURGERY OF EYE	761.00	00 15									
63	66500	INCISION OF IRIS	377.97										
67	66500	INCISION OF IRIS	377.97	00 15									
63	66505	INCISION OF THE IRIS	413.06										
67	66505	INCISION OF THE IRIS	413.06	00 15									
63	66600	REMOVE IRIS AND LESION	887.93										
67	66600	REMOVE IRIS AND LESION	887.93	00 15									
63	66605	REMOVAL OF IRIS	1,111.13										
67	66605	REMOVAL OF IRIS	1,111.13	00 15									
63	66625	REMOVAL OF IRIS	439.46										
67	66625	REMOVAL OF IRIS	439.46	00 15									
63	66630	REMOVAL OF IRIS	583.22										
67	66630	REMOVAL OF IRIS	583.22	00 15									
63	66635	REMOVAL OF IRIS	588.35										
67	66635	REMOVAL OF IRIS	588.35	00 15									
63	66680	REPAIR IRIS & CILIARY BODY	532.01										
67	66680	REPAIR IRIS & CILIARY BODY	532.01	00 15									
63	66682	SUTURE OF IRIS, CILIARY BODY	685.31										
67	66682	SUTURE OF IRIS, CILIARY BODY	685.31	00 15									
63	66710	CILIARY BODY DESTRUCTION;	453.08										
67	66710	CILIARY BODY DESTRUCTION;	453.08	00 15									
63	66711	CILIARY ENDOSCOPIC ABLATION	512.07										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	66711	CILIARY ENDOSCOPIC ABLATION	512.07	00 15									
63	66720	RELIEVE INNER EYE PRESSURE	468.57										
67	66720	RELIEVE INNER EYE PRESSURE	468.57	00 15									
63	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	303.58										
67	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	303.58	00 15									
63	66762	REVISION OF IRIS	486.38										
67	66762	REVISION OF IRIS	486.38	00 15									
63	66770	REMOVAL OF INNER EYE LESION	541.32										
67	66770	REMOVAL OF INNER EYE LESION	541.32	00 15									
63	66820	INCISION OF LENS LESION	433.72										
67	66820	INCISION OF LENS LESION	433.72	00 15									
63	66821	DISCISSION OF SECONDARY;LASER	336.65										
67	66821	DISCISSION OF SECONDARY;LASER	336.65	00 15									
63	66825	REPOSITIONING OF INTRAOCULAR LENS PR	809.55										
67	66825	REPOSITIONING OF INTRAOCULAR LENS PR	809.55	00 15									
63	66830	REMOVAL OF LENS LESION	730.83										
67	66830	REMOVAL OF LENS LESION	730.83	00 15									
63	66840	REMOVAL OF LENS MATERIAL	714.50										
67	66840	REMOVAL OF LENS MATERIAL	714.50	00 15									
63	66850	REMOVAL OF LENS MATERIAL	815.14										
67	66850	REMOVAL OF LENS MATERIAL	815.14	00 15									
63	66852	REMOVAL LENS MATERIAL, ASPIRATION	869.24										
67	66852	REMOVAL LENS MATERIAL, ASPIRATION	869.24	00 15									
63	66920	EXTRACTION OF LENS	775.66										
67	66920	EXTRACTION OF LENS	775.66	00 15									
63	66930	EXTRACTION OF LENS	884.14										
67	66930	EXTRACTION OF LENS	884.14	00 15									
63	66940	EXTRACTION OF LENS	806.75										
67	66940	EXTRACTION OF LENS	806.75	00 15									
63	66982	CATARACT SURGERY, COMPLEX	773.52										
67	66982	CATARACT SURGERY, COMPLEX	773.52	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	562.83										
67	66984	EXTRA CATARACT REMOVAL W/LENS	562.83	00 15									
63	66985	INSERT LENS PROSTHESIS	789.23										
67	66985	INSERT LENS PROSTHESIS	789.23	00 15									
63	66986	EXCHANGE OF INTRAOCULAR LENS	934.62										
67	66986	EXCHANGE OF INTRAOCULAR LENS	934.62	00 15									
63	66990	OPHTHALMIC ENDOSCOPE ADD-ON	94.59										
67	66990	OPHTHALMIC ENDOSCOPE ADD-ON	94.59	00 15									
63	67005	PARTIAL REMOVAL OF EYE FLUID	484.27										
67	67005	PARTIAL REMOVAL OF EYE FLUID	484.27	00 15									
63	67010	PARTIAL REMOVAL OF EYE FLUID	556.95										
67	67010	PARTIAL REMOVAL OF EYE FLUID	556.95	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	67015	RELEASE OF EYE FLUID	605.69										
67	67015	RELEASE OF EYE FLUID	605.69	00 15									
63	67025	REPLACE EYE FLUID	751.17										
67	67025	REPLACE EYE FLUID	751.17	00 15									
63	67027	IMPLANT EYE DRUG SYSTEM	878.12										
67	67027	IMPLANT EYE DRUG SYSTEM	878.12	00 15									
63	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	104.73										
67	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	104.73	00 15									
63	67030	INCISE INNER EYE STRANDS	553.70										
67	67030	INCISE INNER EYE STRANDS	553.70	00 15									
63	67031	SEVERING OF VITREOUS STRANDS, VITREO	398.37										
67	67031	SEVERING OF VITREOUS STRANDS, VITREO	398.37	00 15									
63	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	927.26										
67	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	927.26	00 15									
63	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	993.94										
67	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	993.94	00 15									
63	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,075.62										
67	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,075.62	00 15									
63	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,190.83										
67	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,190.83	00 15									
63	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,190.49										
67	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,190.49	00 15									
63	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,257.02										
67	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,257.02	00 15									
63	67101	REPAIR DETACHED RETINA	336.82										
67	67101	REPAIR DETACHED RETINA	336.82	00 15									
63	67105	PHOTOCOAGULATION/DETACHED RET	302.78										
67	67105	PHOTOCOAGULATION/DETACHED RET	302.78	00 15									
63	67107	REPAIR DETACHED RETINA	1,169.49										
67	67107	REPAIR DETACHED RETINA	1,169.49	00 15									
63	67108	REPAIR DETACHED RETINA	1,239.97										
67	67108	REPAIR DETACHED RETINA	1,239.97	00 15									
63	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	905.54										
67	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	905.54	00 15									
63	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,385.18										
67	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,385.18	00 15									
63	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	510.53										
67	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	510.53	00 15									
63	67120	REMOVE EYE IMPLANT MATERIAL	677.68										
67	67120	REMOVE EYE IMPLANT MATERIAL	677.68	00 15									
63	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	934.23										
67	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	934.23	00 15									
63	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	536.01										
67	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	536.01	00 15									
63	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	540.46										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	540.46	00 15									
63	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	616.92										
67	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	616.92	00 15									
63	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	530.53										
67	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	530.53	00 15									
63	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,445.26										
67	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,445.26	00 15									
63	67220	TREAT CHOROID LESION	545.37										
67	67220	TREAT CHOROID LESION	545.37	00 15									
63	67221	OCULAR PHOTODYNAMIC THER	288.36										
67	67221	OCULAR PHOTODYNAMIC THER	288.36	00 15									
63	67225	EYE PHOTODYNAMIC THER ADD-ON	31.57										
67	67225	EYE PHOTODYNAMIC THER ADD-ON	31.57	00 15									
63	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	301.08										
67	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	301.08	00 15									
63	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	351.12										
67	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	351.12	00 15									
63	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,204.51	00 00									
67	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,204.51	00 00									
63	67250	REINFORCE EYE WALL	858.40										
67	67250	REINFORCE EYE WALL	858.40	00 15									
63	67255	REINFORCE/GRAFT EYE WALL	700.44										
67	67255	REINFORCE/GRAFT EYE WALL	700.44	00 15									
63	67311	REVISE EYE MUSCLE	613.91										
67	67311	REVISE EYE MUSCLE	613.91	00 15									
63	67312	REVISE TWO EYE MUSCLES	739.85										
67	67312	REVISE TWO EYE MUSCLES	739.85	00 15									
63	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	696.90										
67	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	696.90	00 15									
63	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	829.72										
67	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	829.72	00 15									
63	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	726.90										
67	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	726.90	00 15									
63	67320	REVISE EYE MUSCLE(S)	337.87										
67	67320	REVISE EYE MUSCLE(S)	337.87	00 15									
63	67331	STRABISMUS SURG W/PREV EYE SURG	321.16										
67	67331	STRABISMUS SURG W/PREV EYE SURG	321.16	00 15									
63	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	347.87										
67	67332	STRABISMUS SURG W/SCAR EXTRAOC	347.87	00 15									
63	67334	STRABISMUS SURG,POST FIX SUTURE TECH	316.26										
67	67334	STRABISMUS SURG,POST FIX SUTURE TECH	316.26	00 15									
63	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	154.79										
67	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	154.79	00 15									
63	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	375.49										
67	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	375.49	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	675.84										
67	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	675.84	00 15									
63	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	253.25										
67	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	253.25	00 15									
63	67346	BIOPSY OF EXTRAOCULAR MUSCLE	200.30										
67	67346	BIOPSY OF EXTRAOCULAR MUSCLE	200.30	00 15									
63	67400	EXPLORE/BIOPSY EYE SOCKET	1,004.18										
67	67400	EXPLORE/BIOPSY EYE SOCKET	1,004.18	00 15									
63	67405	EXPLORE/DRAIN EYE SOCKET	862.17										
67	67405	EXPLORE/DRAIN EYE SOCKET	862.17	00 15									
63	67412	EXPLORE/TREAT EYE SOCKET	940.07										
67	67412	EXPLORE/TREAT EYE SOCKET	940.07	00 15									
63	67413	EXPLORE/TREAT EYE SOCKET	929.92										
67	67413	EXPLORE/TREAT EYE SOCKET	929.92	00 15									
63	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,439.90										
67	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,439.90	00 15									
63	67415	BIOPSY OF EYE	109.87										
67	67415	BIOPSY OF EYE	109.87	00 15									
63	67420	EXPLORE/TREAT EYE SOCKET	1,732.08										
67	67420	EXPLORE/TREAT EYE SOCKET	1,732.08	00 15									
63	67430	EXPLORE/TREAT EYE SOCKET	1,346.06										
67	67430	EXPLORE/TREAT EYE SOCKET	1,346.06	00 15									
63	67440	EXPLORE/DRAIN EYE SOCKET	1,303.79										
67	67440	EXPLORE/DRAIN EYE SOCKET	1,303.79	00 15									
63	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,516.78										
67	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,516.78	00 15									
63	67450	EXPLORE/BIOPSY EYE SOCKET	1,353.51										
67	67450	EXPLORE/BIOPSY EYE SOCKET	1,353.51	00 15									
63	67500	INJECT/TREAT EYE SOCKET	76.58										
67	67500	INJECT/TREAT EYE SOCKET	76.58	00 15									
63	67505	INJECT/TREAT EYE SOCKET	86.03										
67	67505	INJECT/TREAT EYE SOCKET	86.03	00 15									
63	67515	INJECTION OF MEDICATION OR SUBSTANCE	65.39										
67	67515	INJECTION OF MEDICATION OR SUBSTANCE	65.39	00 15									
63	67550	INSERT EYE SOCKET IMPLANT	1,047.05										
67	67550	INSERT EYE SOCKET IMPLANT	1,047.05	00 15									
63	67560	REVISE EYE SOCKET IMPLANT	1,073.62										
67	67560	REVISE EYE SOCKET IMPLANT	1,073.62	00 15									
63	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,302.12										
67	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,302.12	00 15									
63	67700	DRAINAGE OF EYELID ABSCESS	275.20										
67	67700	DRAINAGE OF EYELID ABSCESS	275.20	00 15									
63	67710	INCISION OF EYELID	231.56										
67	67710	INCISION OF EYELID	231.56	00 15									
63	67715	INCISION OF EYELID FOLD	250.27										

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
67	67715	INCISION OF EYELID FOLD	250.27	00 15									
63	67800	REMOVE EYELID LESION	130.89										
67	67800	REMOVE EYELID LESION	130.89	00 15									
63	67801	REMOVE EYELID LESIONS	166.22										
67	67801	REMOVE EYELID LESIONS	166.22	00 15									
63	67805	REMOVE EYELID LESIONS	205.76										
67	67805	REMOVE EYELID LESIONS	205.76	00 15									
63	67808	REMOVE EYELID LESION(S)	378.25										
67	67808	REMOVE EYELID LESION(S)	378.25	00 15									
63	67810	BIOPSY OF EYELID	180.08										
67	67810	BIOPSY OF EYELID	180.08	00 15									
63	67820	REVISE EYELASHES	27.07										
67	67820	REVISE EYELASHES	27.07	00 15									
63	67825	REVISE EYELASHES	135.37										
67	67825	REVISE EYELASHES	135.37	00 15									
63	67830	REVISE EYELASHES	266.99										
67	67830	REVISE EYELASHES	266.99	00 15									
63	67835	REVISE EYELASHES	451.87										
67	67835	REVISE EYELASHES	451.87	00 15									
63	67840	REMOVE EYELID LESION	278.78										
67	67840	REMOVE EYELID LESION	278.78	00 15									
63	67850	TREAT EYELID LESION	216.36										
67	67850	TREAT EYELID LESION	216.36	00 15									
63	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	176.82										
67	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	176.82	00 15									
63	67880	REVISION OF EYELID	468.21										
67	67880	REVISION OF EYELID	468.21	00 15									
63	67882	REVISION OF EYELID	577.71										
67	67882	REVISION OF EYELID	577.71	00 15									
63	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	657.49										
67	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	657.49	00 15									
63	67901	REPAIR EYELID DEFECT	790.53										
67	67901	REPAIR EYELID DEFECT	790.53	00 15									
63	67902	REPAIR EYELID DEFECT	748.34										
67	67902	REPAIR EYELID DEFECT	748.34	00 15									
63	67903	REPAIR EYELID DEFECT	611.05										
67	67903	REPAIR EYELID DEFECT	611.05	00 15									
63	67904	REPAIR EYELID DEFECT	751.63										
67	67904	REPAIR EYELID DEFECT	751.63	00 15									
63	67906	REPAIR EYELID DEFECT	522.81										
67	67906	REPAIR EYELID DEFECT	522.81	00 15									
63	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	523.58										
67	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	523.58	00 15									
63	67909	REVISE EYELID DEFECT	553.16									X	
67	67909	REVISE EYELID DEFECT	553.16	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	67911	REVISE EYELID DEFECT	578.06										
67	67911	REVISE EYELID DEFECT	578.06	00 15									
63	67912	CORRECTION EYELID W/ IMPLANT	904.89										
67	67912	CORRECTION EYELID W/ IMPLANT	904.89	00 15									
63	67914	REPAIR EYELID DEFECT	482.10										
67	67914	REPAIR EYELID DEFECT	482.10	00 15									
63	67915	REPAIR EYELID DEFECT	303.66		X								
67	67915	REPAIR EYELID DEFECT	303.66	00 15	X								
63	67916	REPAIR EYELID DEFECT	610.52										
67	67916	REPAIR EYELID DEFECT	610.52	00 15									
63	67917	REPAIR EYELID DEFECT	624.65										
67	67917	REPAIR EYELID DEFECT	624.65	00 15									
63	67921	REPAIR EYELID DEFECT	471.26										
67	67921	REPAIR EYELID DEFECT	471.26	00 15									
63	67922	REPAIR EYELID DEFECT	295.27										
67	67922	REPAIR EYELID DEFECT	295.27	00 15									
63	67923	REPAIR EYELID DEFECT	610.38										
67	67923	REPAIR EYELID DEFECT	610.38	00 15									
63	67924	REPAIR EYELID DEFECT	650.48										
67	67924	REPAIR EYELID DEFECT	650.48	00 15									
63	67930	REPAIR EYELID WOUND	373.42										
67	67930	REPAIR EYELID WOUND	373.42	00 15									
63	67935	REPAIR EYELID WOUND	607.95										
67	67935	REPAIR EYELID WOUND	607.95	00 15									
63	67938	REMOVE EYELID FOREIGN BODY	255.93									X	
67	67938	REMOVE EYELID FOREIGN BODY	255.93	00 15								X	
63	67950	REVISION OF EYELID	589.28										
67	67950	REVISION OF EYELID	589.28	00 15									
63	67961	REVISION OF EYELID	590.12										
67	67961	REVISION OF EYELID	590.12	00 15									
63	67966	REVISION OF EYELID	792.64										
67	67966	REVISION OF EYELID	792.64	00 15									
63	67971	RECONSTRUCTION OF EYELID	747.55										
67	67971	RECONSTRUCTION OF EYELID	747.55	00 15									
63	67973	RECONSTRUCTION OF EYELID	963.11										
67	67973	RECONSTRUCTION OF EYELID	963.11	00 15									
63	67974	RECONSTRUCTION OF EYELID	960.53										
67	67974	RECONSTRUCTION OF EYELID	960.53	00 15									
63	67975	RECONSTRUCTION OF EYELID	708.10										
67	67975	RECONSTRUCTION OF EYELID	708.10	00 15									
63	68020	INCISE/DRAIN EYELID LINING	122.90										
67	68020	INCISE/DRAIN EYELID LINING	122.90	00 15									
63	68040	TREATMENT OF EYELID LESIONS	64.70										
67	68040	TREATMENT OF EYELID LESIONS	64.70	00 15									
63	68100	BIOPSY OF EYELID LINING	178.51										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	68100	BIOPSY OF EYELID LINING	178.51	00 15									
63	68110	REMOVE EYELID LINING LESION	233.93										
67	68110	REMOVE EYELID LINING LESION	233.93	00 15									
63	68115	REMOVE EYELID LINING LESION	323.73										
67	68115	REMOVE EYELID LINING LESION	323.73	00 15									
63	68130	REMOVE EYELID LINING LESION	552.25										
67	68130	REMOVE EYELID LINING LESION	552.25	00 15									
63	68135	REMOVE EYELID LINING LESION	161.06										
67	68135	REMOVE EYELID LINING LESION	161.06	00 15									
63	68200	TREAT EYELID BY INJECTION	43.12										
67	68200	TREAT EYELID BY INJECTION	43.12	00 15									
63	68320	REVISE/GRAFT EYELID LINING	742.53										
67	68320	REVISE/GRAFT EYELID LINING	742.53	00 15									
63	68325	REVISE/GRAFT EYELID LINING	675.09										
67	68325	REVISE/GRAFT EYELID LINING	675.09	00 15									
63	68326	REVISE/GRAFT EYELID LINING	662.65										
67	68326	REVISE/GRAFT EYELID LINING	662.65	00 15									
63	68328	REVISE/GRAFT EYELID LINING	731.11										
67	68328	REVISE/GRAFT EYELID LINING	731.11	00 15									
63	68330	REVISE EYELID LINING	622.04										
67	68330	REVISE EYELID LINING	622.04	00 15									
63	68335	REVISE/GRAFT EYELID LINING	664.86										
67	68335	REVISE/GRAFT EYELID LINING	664.86	00 15									
63	68340	SEPARATE EYELID ADHESIONS	582.87										
67	68340	SEPARATE EYELID ADHESIONS	582.87	00 15									
63	68360	REVISE EYELID LINING	544.28										
67	68360	REVISE EYELID LINING	544.28	00 15									
63	68362	REVISE EYELID LINING	673.65										
67	68362	REVISE EYELID LINING	673.65	00 15									
63	68371	HARVEST EYE TISSUE, ALOGRAFT	422.69										
67	68371	HARVEST EYE TISSUE, ALOGRAFT	422.69	00 15									
63	68400	INCISE/DRAIN TEAR GLAND	289.88										
67	68400	INCISE/DRAIN TEAR GLAND	289.88	00 15									
63	68420	INCISE/DRAIN TEAR SAC	328.99										
67	68420	INCISE/DRAIN TEAR SAC	328.99	00 15									
63	68440	INCISE TEAR DUCT OPENING	104.37										
67	68440	INCISE TEAR DUCT OPENING	104.37	00 15									
63	68500	REMOVAL OF TEAR GLAND	1,039.95										
67	68500	REMOVAL OF TEAR GLAND	1,039.95	00 15									
63	68505	PARTIAL REMOVAL TEAR GLAND	1,035.18										
67	68505	PARTIAL REMOVAL TEAR GLAND	1,035.18	00 15									
63	68510	BIOPSY OF TEAR GLAND	462.52										
67	68510	BIOPSY OF TEAR GLAND	462.52	00 15									
63	68520	REMOVAL OF TEAR SAC	727.77										
67	68520	REMOVAL OF TEAR SAC	727.77	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	68525	BIOPSY OF TEAR SAC	277.92										
67	68525	BIOPSY OF TEAR SAC	277.92	00 15									
63	68530	CLEARANCE OF TEAR DUCT	435.37										
67	68530	CLEARANCE OF TEAR DUCT	435.37	00 15									
63	68540	REMOVE TEAR GLAND LESION	980.45										
67	68540	REMOVE TEAR GLAND LESION	980.45	00 15									
63	68550	EXCISION OF LACRIMAL GLAND TUMOR;	1,211.42										
67	68550	REMOVE TEAR GLAND LESION	1,211.42	00 15									
63	68700	REPAIR TEAR DUCTS	620.88										
67	68700	REPAIR TEAR DUCTS	620.88	00 15									
63	68705	REVISE TEAR DUCT OPENING	254.59										
67	68705	REVISE TEAR DUCT OPENING	254.59	00 15									
63	68720	CREATE TEAR SAC DRAIN	803.97										
67	68720	CREATE TEAR SAC DRAIN	803.97	00 15									
63	68745	CREATE TEAR DUCT DRAIN	805.53										
67	68745	CREATE TEAR DUCT DRAIN	805.53	00 15									
63	68750	CREATE TEAR DUCT DRAIN	839.69										
67	68750	CREATE TEAR DUCT DRAIN	839.69	00 15									
63	68760	CLOSE TEAR DUCT OPENING	214.85										
67	68760	CLOSE TEAR DUCT OPENING	214.85	00 15									
63	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	149.50									X	
67	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	149.50	00 15								X	
63	68770	CLOSE TEAR SYSTEM FISTULA	646.39										
67	68770	CLOSE TEAR SYSTEM FISTULA	646.39	00 15									
63	68801	DILATE TEAR DUCT OPENING	92.21										
67	68801	DILATE TEAR DUCT OPENING	92.21	00 15									
63	68810	PROBE NASOLACRIMAL DUCT	160.84										
67	68810	PROBE NASOLACRIMAL DUCT	160.84	00 15									
63	68811	PROBE NASOLACRIMAL DUCT	138.78										
67	68811	PROBE NASOLACRIMAL DUCT	138.78	00 15									
63	68815	PROBE NASOLACRIMAL DUCT	388.05										
67	68815	PROBE NASOLACRIMAL DUCT	388.05	00 15									
63	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	762.82										
67	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	762.82	00 15									
63	68840	EXPLORE/IRRIGATE TEAR DUCTS	132.12										
67	68840	EXPLORE/IRRIGATE TEAR DUCTS	132.12	00 15									
63	68850	INJECTION FOR TEAR SAC X-RAY	65.57										
67	68850	INJECTION FOR TEAR SAC X-RAY	65.57	00 15									
63	69000	DRAIN EXTERNAL EAR LESION	190.37										
67	69000	DRAIN EXTERNAL EAR LESION	190.37	00 15									
63	69005	DRAIN EXTERNAL EAR LESION	222.91										
67	69005	DRAIN EXTERNAL EAR LESION	222.91	00 15									
63	69020	DRAIN OUTER EAR CANAL LESION	231.17										
67	69020	DRAIN OUTER EAR CANAL LESION	231.17	00 15									
63	69100	BIOPSY OF EXTERNAL EAR	99.15										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	69100	BIOPSY OF EXTERNAL EAR	99.15	00 15									
63	69105	BIOPSY OF EXTERNAL EAR CANAL	140.44										
67	69105	BIOPSY OF EXTERNAL EAR CANAL	140.44	00 15									
63	69110	PARTIAL REMOVAL EXTERNAL EAR	467.56										
67	69110	PARTIAL REMOVAL EXTERNAL EAR	467.56	00 15									
63	69120	REMOVAL OF EXTERNAL EAR	403.80										
67	69120	REMOVAL OF EXTERNAL EAR	403.80	00 15									
63	69140	REMOVE EAR CANAL LESION(S)	892.67										
67	69140	REMOVE EAR CANAL LESION(S)	892.67	00 15									
63	69145	REMOVE EAR CANAL LESION(S)	400.46										
67	69145	REMOVE EAR CANAL LESION(S)	400.46	00 15									
63	69150	EXTENSIVE EAR CANAL SURGERY	1,078.28										
67	69150	EXTENSIVE EAR CANAL SURGERY	1,078.28	00 15									
63	69155	EXTENSIVE EAR/NECK SURGERY	1,727.43										
67	69155	EXTENSIVE EAR/NECK SURGERY	1,727.43	00 15									
63	69200	CLEAR OUTER EAR CANAL	83.07										
67	69200	CLEAR OUTER EAR CANAL	83.07	00 15									
63	69205	CLEAR OUTER EAR CANAL	101.34										
67	69205	CLEAR OUTER EAR CANAL	101.34	00 15									
63	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	49.99										
67	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	49.99	00 15									
63	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	81.32										
67	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	81.32	00 15									
63	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	212.79										
67	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	212.79	00 15									
63	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,118.10			X						X	
67	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,118.10	00 15		X						X	
63	69320	REBUILD OUTER EAR CANAL	1,579.63										
67	69320	REBUILD OUTER EAR CANAL	1,579.63	00 15									
63	69420	INCISION OF EARDRUM	188.23										
67	69420	INCISION OF EARDRUM	188.23	00 15									
63	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	153.85										
67	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	153.85	00 15									
63	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	127.62										
67	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	127.62	00 15									
63	69433	OFFICE TYMPANOSTOMY, UNILAT	200.00										
67	69433	OFFICE TYMPANOSTOMY, UNILAT	200.00	00 15									
63	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	164.45										
67	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	164.45	00 15									
63	69440	EXPLORATION OF MIDDLE EAR	708.89										
67	69440	EXPLORATION OF MIDDLE EAR	708.89	00 15									
63	69450	TYMPANOLYSIS, TRANSCANAL	558.17										
67	69450	TYMPANOLYSIS, TRANSCANAL	558.17	00 15									
63	69501	MASTOIDECTOMY	748.41										
67	69501	MASTOIDECTOMY	748.41	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	69502	MASTOIDECTOMY	997.36										
67	69502	MASTOIDECTOMY	997.36	00 15									
63	69505	REMOVE MASTOID STRUCTURES	1,241.14										
67	69505	REMOVE MASTOID STRUCTURES	1,241.14	00 15									
63	69511	EXTENSIVE MASTOID SURGERY	1,273.08										
67	69511	EXTENSIVE MASTOID SURGERY	1,273.08	00 15									
63	69530	EXTENSIVE MASTOID SURGERY	1,720.67										
67	69530	EXTENSIVE MASTOID SURGERY	1,720.67	00 15									
63	69535	REMOVE PART OF TEMPORAL BONE	2,790.38										
67	69535	REMOVE PART OF TEMPORAL BONE	2,790.38	00 15									
63	69540	REMOVE EAR LESION	205.02										
67	69540	REMOVE EAR LESION	205.02	00 15									
63	69550	REMOVE EAR LESION	1,070.76										
67	69550	REMOVE EAR LESION	1,070.76	00 15									
63	69552	REMOVE EAR LESION	1,636.75										
67	69552	REMOVE EAR LESION	1,636.75	00 15									
63	69554	REMOVE EAR LESION	2,652.02										
67	69554	REMOVE EAR LESION	2,652.02	00 15									
63	69601	MASTOID SURGERY REVISION	1,074.03										
67	69601	MASTOID SURGERY REVISION	1,074.03	00 15									
63	69602	MASTOID SURGERY REVISION	1,132.85										
67	69602	MASTOID SURGERY REVISION	1,132.85	00 15									
63	69603	MASTOID SURGERY REVISION	1,302.23										
67	69603	MASTOID SURGERY REVISION	1,302.23	00 15									
63	69604	MASTOID SURGERY REVISION	1,158.55										
67	69604	MASTOID SURGERY REVISION	1,158.55	00 15									
63	69610	REPAIR OF EARDRUM	392.23										
67	69610	REPAIR OF EARDRUM	392.23	00 15									
63	69620	REPAIR OF EARDRUM	716.00										
67	69620	REPAIR OF EARDRUM	716.00	00 15									
63	69631	REPAIR EARDRUM STRUCTURES	912.54										
67	69631	REPAIR EARDRUM STRUCTURES	912.54	00 15									
63	69632	REBUILD EARDRUM STRUCTURES	1,116.63										
67	69632	REBUILD EARDRUM STRUCTURES	1,116.63	00 15									
63	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,080.41										
67	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,080.41	00 15									
63	69635	REPAIR EARDRUM STRUCTURES	1,274.21										
67	69635	REPAIR EARDRUM STRUCTURES	1,274.21	00 15									
63	69636	REBUILD EARDRUM STRUCTURES	1,425.58										
67	69636	REBUILD EARDRUM STRUCTURES	1,425.58	00 15									
63	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,418.71										
67	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,418.71	00 15									
63	69641	REVISE MIDDLE EAR & MASTOID	1,081.75										
67	69641	REVISE MIDDLE EAR & MASTOID	1,081.75	00 15									
63	69642	REVISE MIDDLE EAR & MASTOID	1,393.57										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	69642	REVISE MIDDLE EAR & MASTOID	1,393.57	00 15									
63	69643	REVISE MIDDLE EAR & MASTOID	1,272.96										
67	69643	REVISE MIDDLE EAR & MASTOID	1,272.96	00 15									
63	69644	REVISE MIDDLE EAR & MASTOID	1,531.30										
67	69644	REVISE MIDDLE EAR & MASTOID	1,531.30	00 15									
63	69645	REVISE MIDDLE EAR & MASTOID	1,505.99										
67	69645	REVISE MIDDLE EAR & MASTOID	1,505.99	00 15									
63	69646	REVISE MIDDLE EAR & MASTOID	1,600.07										
67	69646	REVISE MIDDLE EAR & MASTOID	1,600.07	00 15									
63	69650	RELEASE MIDDLE EAR BONE	832.08										
67	69650	RELEASE MIDDLE EAR BONE	832.08	00 15									
63	69660	REVISE MIDDLE EAR BONE	965.56										
67	69660	REVISE MIDDLE EAR BONE	965.56	00 15									
63	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,261.57										
67	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,261.57	00 15									
63	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,206.42										
67	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,206.42	00 15									
63	69666	REPAIR MIDDLE EAR STRUCTURES	838.91										
67	69666	REPAIR MIDDLE EAR STRUCTURES	838.91	00 15									
63	69667	REPAIR MIDDLE EAR STRUCTURES	838.57										
67	69667	REPAIR MIDDLE EAR STRUCTURES	838.57	00 15									
63	69670	REMOVE MASTOID AIR CELLS	983.39										
67	69670	REMOVE MASTOID AIR CELLS	983.39	00 15									
63	69676	TYMPANIC NEURECTOMY; UNILATERAL	858.56										
67	69676	TYMPANIC NEURECTOMY; UNILATERAL	858.56	00 15									
63	69700	CLOSE MASTOID FISTULA	699.56										
67	69700	CLOSE MASTOID FISTULA	699.56	00 15									
63	69714	IMPLANT TEMPLE BONE W/STIMUL	1,111.38										
67	69714	IMPLANT TEMPLE BONE W/STIMUL	1,111.38	00 15									
63	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,382.56								X		
67	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,382.56	00 15							X		
63	69717	TEMPLE BONE IMPLANT REVISION	1,167.90								X		
67	69717	TEMPLE BONE IMPLANT REVISION	1,167.90	00 15							X		
63	69718	REVISE TEMPLE BONE IMPLANT	1,397.31								X		
67	69718	REVISE TEMPLE BONE IMPLANT	1,397.31	00 15							X		
63	69720	RELEASE FACIAL NERVE	1,237.41										
67	69720	RELEASE FACIAL NERVE	1,237.41	00 15									
63	69725	RELEASE FACIAL NERVE	1,982.95										
67	69725	RELEASE FACIAL NERVE	1,982.95	00 15									
63	69740	REPAIR FACIAL NERVE	1,223.30										
67	69740	REPAIR FACIAL NERVE	1,223.30	00 15									
63	69745	REPAIR FACIAL NERVE	1,301.84										
67	69745	REPAIR FACIAL NERVE	1,301.84	00 15									
63	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	217.64										
67	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	217.64	00 15									

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2021

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	69805	EXPLORE INNER EAR	1,092.83										
67	69805	EXPLORE INNER EAR	1,092.83	00 15									
63	69806	EXPLORE INNER EAR	975.75										
67	69806	EXPLORE INNER EAR	975.75	00 15									
63	69905	REMOVE INNER EAR	951.83										
67	69905	REMOVE INNER EAR	951.83	00 15									
63	69910	REMOVE INNER EAR & MASTOID	1,052.07										
67	69910	REMOVE INNER EAR & MASTOID	1,052.07	00 15									
63	69915	INCISE INNER EAR NERVE	1,608.59										
67	69915	INCISE INNER EAR NERVE	1,608.59	00 15									
63	69930	COCHLEAR DEVICE IMPLANTATION	1,289.08	16 20		X						X	
67	69930	COCHLEAR DEVICE IMPLANTATION	1,289.08	01 15		X						X	
63	69950	INCISE INNER EAR NERVE	1,877.01										
67	69950	INCISE INNER EAR NERVE	1,877.01	00 15									
63	69955	RELEASE FACIAL NERVE	2,088.95										
67	69955	RELEASE FACIAL NERVE	2,088.95	00 15									
63	69960	RELEASE INNER EAR CANAL	2,022.17										
67	69960	RELEASE INNER EAR CANAL	2,022.17	00 15									
63	69970	REMOVE INNER EAR LESION	2,266.37										
67	69970	REMOVE INNER EAR LESION	2,266.37	00 15									
63	69990	MICROSURGERY ADD-ON	246.48										
67	69990	MICROSURGERY ADD-ON	246.48	00 15									
63	70010	MYELOGRAPHY; INTERPRETATION ONLY	64.82										
65	70015	CISTERNOGRAPHY; INTERPRET ONLY	63.39										
65	70030	X-RAY EYE; DETECT FOREIGN BODY	9.03									X	
65	70100	X-RAY MANDIBLE; PARTIAL	9.75										
65	70110	X-RAY MANDIBLE; COMPLETE	13.45										
65	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	9.75									X	
65	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	18.39									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	14.17										
65	70160	X-RAY NASAL BONES; COMPLETE	9.37										
65	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	15.70										
65	70190	X-RAY OPTIC FORAMINA	11.91									X	
65	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	14.94									X	
65	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	9.37										
65	70220	X-RAY SINUSES; PARANASAL; COMPLETE	11.96										
65	70240	X-RAY SELLA TURCICA	10.47										
65	70250	X-RAY SKULL; LESS THAN 4 VIEWS	10.76										
65	70260	X-RAY SKULL; COMPLETE	15.27										
65	70300	X-RAY TEETH; SINGLE VIEW	6.01										
65	70310	X-RAY TEETH; PARTIAL EXAM	8.30										
65	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	12.29										
65	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	9.75										

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
65	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	13.07										
65	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	28.91										
65	70336	MRI,TEMPOROMANDIBULAR JOINT	78.85										
65	70350	CEPHALOGRAM; ORTHODONTIC	9.71										
65	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	11.20										
65	70360	X-RAY NECK; SOFT TISSUE	9.75										
65	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	15.80										
65	70380	X-RAY SALIVARY GLANDFOR CALCULUS	9.03										
65	70390	SIALOGRAPHY; INTERPRETATION ONLY	20.26										
65	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	45.47										
65	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	59.93										
65	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	67.47										
65	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	67.85										
65	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	59.93										
65	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	67.13										
65	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	45.81										
65	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	59.93										
65	70488	CAT;MAXILL..;W/OUT-W/ CONTRAST MATER	67.47										
65	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	68.18										
65	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	73.37										
65	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	86.73										
65	70496	CT ANGIOGRAPHY HEAD	93.06										
65	70498	CT ANGIOGRAPHY NECK	93.06										
65	70540	MRI-ORBIT,FACE AND NECK	71.21										
65	70542	MR IMAGING ORBIT, FACE, AND NECK	86.73										
65	70543	MR IMAGING ORBIT, FACE, AND NECK	113.46										
65	70544	MR ANGIOGRAPHY, HEAD	63.77										
65	70545	MR ANGIOGRAPHY	63.77										
65	70546	MR ANGIOGRAPHY NECK	79.19										
65	70547	MR ANGIOGRAPHY NECK WITHOUT CON	64.11										
65	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	79.95										
65	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	96.00										
65	70551	MRI-BRAIN/INCLUDING BRAIN STEM	79.19										
65	70552	MRI,BRAIN W CONTRAST MATERIAL	94.89										
65	70553	MAGNETIC RESONANCE I, BRAIN	121.82										
65	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	133.78										
65	70557	MRI BRAIN W/O DYE	174.97		X								
65	70558	MRI BRAIN W/ DYE	180.98		X								
65	70559	MRI BRAIN W/O & W/ DYE	175.95		X								
65	71045	RADIOLOGICAL EXAMINATION,CHEST;SINGL	9.75									X	
65	71046	RADIOLOGICAL EXAMINATION,CHEST;2 V	11.62									X	
65	71047	RADIOLOGICAL EXAMINATION,CHEST;3 V	14.56									X	
65	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	17.10										
65	71100	X-RAY EXAM OF RIBS	11.96										
65	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	14.21										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
65	71110	X-RAY EXAM OF RIBS	15.65										
65	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	17.14										
65	71120	X-RAY EXAM OF BREASTBONE	10.86										
65	71130	X-RAY EXAM OF BREASTBONE	11.96										
65	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	61.42										
65	71260	CAT,THORAX,W/ CONTRAST MATERIAL	66.31										
65	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	73.04										
65	71275	CT ANGIOGRAPHY, CHEST	96.76										
65	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	78.08										
65	71551	MRI CHEST W/DYE	91.96										
65	71552	MRI CHEST W/O&W DYE	119.04										
65	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	95.36										
65	72020	X-RAY SPINE,SINGLE VIEW	8.64										
65	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	11.96										
65	72050	X-RAY EXAM OF NECK SPINE	14.56										
65	72052	X-RAY EXAM OF NECK SPINE	16.04										
65	72070	X-RAY EXAM OF THORAX SPINE	10.86										
65	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	12.34										
65	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	13.11										
65	72080	X-RAY EXAM OF TRUNK SPINE	11.58										
65	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	14.17										
65	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	17.25										
65	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	19.45										
65	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	22.09										
65	72100	X-RAY EXAM OF LOWER SPINE	11.96										
65	72110	X-RAY EXAM OF LOWER SPINE	13.83										
65	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	16.04										
65	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	11.96										
65	72125	CAT SCAN CERVICAL SPINE W/OUT C M	53.26										
65	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	64.88										
65	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	67.47										
65	72128	CAT SCAN THORACIC SPINE W/OUT C M	53.26										
65	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	64.88										
65	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	67.47										
65	72131	CAT SCAN LUMBAR W/OUT CONTRAST	53.26										
65	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	64.88										
65	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	67.13										
65	72141	MRI,SPINAL CANAL...;CERVICAL	79.19										
65	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	95.22										
65	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	79.19										
65	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	94.89										
65	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	79.19										
65	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	94.89										
65	72156	MAGNETIC RESONANCE I, SPINAL CANAL	121.82										
65	72157	MAGNETIC RESONANCE I, SPINAL CANAL	121.82										

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65	72158	MAGNETIC RESONANCE I, SPINAL CANAL	121.82										
65	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	96.00										
65	72170	X-RAY EXAM OF PELVIS	9.37										
65	72190	X-RAY EXAM OF PELVIS	13.45										
65	72191	CT ANGIOGRAPH PELV W/O&W DYE	95.36										
65	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	57.72										
65	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	61.42										
65	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	64.88										
65	72195	MRI PELVIS W/O DYE	78.08										
65	72196	MRI, PELVIS	92.30										
65	72197	MRI PELVIS W/O & W DYE	116.06										
65	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	94.65										
65	72200	X-RAY EXAM SACROILIAC JOINTS	9.37										
65	72202	X-RAY EXAM SACROILIA504	12.34										
65	72220	X-RAY EXAM OF TAILBONE	9.37										
65	72240	CONTRAST X-RAY OF NECK SPINE	48.79										
65	72255	CONTRAST X-RAY THORAX SPINE	50.91										
65	72265	CONTRAST X-RAY LOWER SPINE	43.70										
65	72270	RADIOLOGICAL SUPERVISION AND INTERPR	71.46										
65	72275	EPIDUROGRAPHY	42.02										
65	72285	X-RAY OF NECK SPINE DISK	62.91										
65	72295	X-RAY OF LOWER SPINE DISK	45.38										
65	73000	X-RAY EXAM OF COLLARBONE	8.98									X	
65	73010	X-RAY EXAM OF SHOULDER BLADE	9.71									X	
65	73020	X-RAY EXAM OF SHOULDER	8.26									X	
65	73030	X-RAY EXAM OF SHOULDER	10.09									X	
65	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	29.25									X	
65	73050	X-RAY EXAM OF SHOULDERS	10.09										
65	73060	X-RAY EXAM OF HUMERUS	8.98									X	
65	73070	X-RAY EXAM OF ELBOW	8.98									X	
65	73080	X-RAY EXAM OF ELBOW	9.37									X	
65	73085	X-RAY ELBOW,ARTHROGRAPHY;SUPER/INTER	31.22									X	
65	73090	X-RAY EXAM OF FOREARM	8.98									X	
65	73092	X-RAY EXAM OF ARM, INFANT	8.64									X	
65	73100	X-RAY EXAM OF WRIST	8.98									X	
65	73110	X-RAY EXAM OF WRIST	9.37									X	
65	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	29.92									X	
65	73120	X-RAY EXAM OF HAND	8.98									X	
65	73130	X-RAY EXAM OF HAND	9.37									X	
65	73140	X-RAY EXAM OF FINGER(S)	7.50									X	
65	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	53.26									X	
65	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	61.42									X	
65	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	64.88									X	
65	73206	CT ANGIO UPR EXTRM W/O&W DYE	95.36									X	
65	73218	MRI UPPER EXTREMITY W/O DYE	71.88									X	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	73219	MRI UPPER EXTREMITY W/DYE	87.07									X	
65	73220	MRI-UPPER EXTREMITY	113.80									X	
65	73221	MRI, ANY JOINT OF UPPER EXTREMITY	73.18									X	
65	73222	MRI JOINT UPR EXTREM W/ DYE	87.07									X	
65	73223	MRI JOINT UPR EXTR W/O&W DYE	113.80									X	
65	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	92.63									X	
65	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	10.09										
65	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	11.96										
65	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	14.56										
65	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	11.96										
65	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	15.65										
65	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	16.76										
65	73525	CONTRAST X-RAY OF HIP	31.56									X	
65	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	8.98										
65	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	9.75										
65	73560	X-RAY EXAM OF KNEE	8.98									X	
65	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	10.09									X	
65	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	11.96									X	
65	73565	RADIOLOGIC EXAM	9.31										
65	73580	CONTRAST X-RAY OF KNEE JOINT	30.89									X	
65	73590	X-RAY EXAM OF LOWER LEG	8.64									X	
65	73592	X-RAY EXAM OF LEG, INFANT	8.64									X	
65	73600	X-RAY EXAM OF ANKLE	8.98									X	
65	73610	X-RAY EXAM OF ANKLE	9.37									X	
65	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	31.22									X	
65	73620	X-RAY EXAM OF FOOT	8.30									X	
65	73630	X-RAY EXAM OF FOOT	9.03									X	
65	73650	X-RAY EXAM OF HEEL	8.64									X	
65	73660	X-RAY EXAM OF TOE(S)	7.16									X	
65	73700	CAT,LOWER EXTREMITY;W/OUT CONTRAST	53.26									X	
65	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT	61.42									X	
65	73702	CAT,LOWER EXT.;W/OUT-W/CONTRAST MAT	64.54									X	
65	73706	CT ANGIO LWR EXTR W/O&W DYE	99.82									X	
65	73718	MRI LOWER EXTREMITY W/O DYE	71.55									X	
65	73719	MRI LOWER EXTREMITY W/DYE	86.73									X	
65	73720	MRI-LOWER EXTREMITY	113.46									X	
65	73721	MRI, ANY JOINT, LOWER EXTREMITY	71.88									X	
65	73722	MRI JOINT OF LWR EXTR W/DYE	87.07									X	
65	73723	MRI JOINT LWR EXTR W/O&W DYE	113.80									X	
65	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	95.75									X	
65	74018	RADIOLOGICAL EXAMINATION,ABDOMEN;1 V	9.75									X	
65	74019	RADIOLOGICAL EXAMINATION,ABDOMEN;2 V	12.34									X	
65	74021	RADIOLOGICAL EXAMINATION,ABDOMEN;3	14.21									X	
65	74022	IMAGING OF ABDOMEN AND CHEST	16.81										
65	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	63.39										

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65	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	67.80										
65	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	74.76										
65	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB	116.35										
65	74175	CT ANGIO ABDOM W/O&W DYE	96.42										
65	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	92.68										
65	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	97.09										
65	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	106.41										
65	74181	MRI-ABDOMEN	78.08										
65	74182	MRI ABDOMEN W/DYE	92.30										
65	74183	MRI ABDOMEN W/O&W DYE	116.06										
65	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	94.98										
65	74190	PERITONEOGRAM (EG, AFTER INJECTION O	24.92										
65	74210	CONTRAST XRAY EXAM OF THROAT	31.50										
65	74220	CONTRAST XRAY EXAM,ESOPHAGUS	31.89										
65	74221	RADIOLOGIC EXAMINATION, ESOPHAGUS,	37.07										
65	74230	CINEMA XRAY THROAT/ESOPHAGUS	28.05										
65	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	63.39										
65	74240	X-RAY EXAM UPPER GI TRACT	43.22										
65	74246	X-RAY GASTROINTESTINAL TRACT	48.07										
65	74248	RADIOLOGIC SMALL INTESTINE FOLLOW-TH	37.07										
65	74250	X-RAY EXAM OF SMALL BOWEL	43.60										
65	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	62.28										
65	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	127.39										
65	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	132.58										
65	74270	CONTRAST X-RAY EXAM OF COLON	55.13										
65	74280	CONTRAST X-RAY EXAM OF COLON	66.75										
65	74283	BARIUM ENEMA,THERAPEUTIC	109.83										
65	74290	CONTRAST X-RAY, GALLBLADDER	16.81										
65	74300	CONTRAST X-RAY OF BILE DUCTS	19.16										
65	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	11.24										
65	74328	XRAY FOR BILE DUCT ENDOSCOPY	37.74										
65	74329	X-RAY FOR PANCREAS ENDOSCOPY	37.74										
65	74330	XRAY,BILE/PANCREAS ENDOSCOPY	48.74										
65	74340	X-RAY GUIDE FOR GI TUBE	28.91										
65	74355	PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	41.01										
65	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	30.21										
65	74363	DILATION OF BILIARY DUCT STRICTURE	46.62										
65	74400	CONTRAST X-RAY URINARY TRACT	25.84										
65	74410	CONTRAST X-RAY URINARY TRACT	25.50										
65	74415	CONTRAST X-RAY URINARY TRACT	25.84										
65	74420	CONTRAST X-RAY URINARY TRACT	26.98										
65	74425	CONTRAST X-RAY URINARY TRACT	26.60										
65	74430	CONTRAST X-RAY OF BLADDER	16.81										
65	74440	XRAY EXAM MALE GENITAL TRACT	19.45				M						
65	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	58.34				M						

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65	74450	X-RAY EXAM URETHRA/BLADDER	17.19										
65	74455	X-RAY EXAM URETHRA/BLADDER	17.19										
65	74470	X-RAY-RENAL CYST STUDY	28.24										
65	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	42.73										
65	74710	X-RAY MEASUREMENT OF PELVIS	18.39										
65	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	158.80		X								
65	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	98.58									X	
65	74740	HYSTEROSALPINGOGRAPHY	20.26	21 59	X		F						
65	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	32.99										
65	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	122.83										
65	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	150.91										
65	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	135.12										
65	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	156.15										
65	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	13.11										
65	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	30.78										
65	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	92.24										
65	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	134.49										
65	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	125.43										
65	75600	CONTRAST X-RAY EXAM OF AORTA	27.37										
65	75605	CONTRAST X-RAY EXAM OF AORTA	59.20										
65	75625	CONTRAST X-RAY EXAM OF AORTA	76.39										
65	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	105.44										
65	75635	CT ANGIO ABDOMINAL ARTERIES	125.71										
65	75705	ARTERY X-RAYS, SPINE	126.64										
65	75710	ARTERY X-RAYS, ARM/LEG	93.91										
65	75716	ARTERY X-RAYS, ARMS/LEGS	103.28										
65	75726	ARTERY X-RAYS, ABDOMEN	105.00										
65	75731	ARTERY X-RAYS, ADRENAL GLAND	60.64										
65	75733	ARTERY X-RAYS,ADRENAL GLANDS	67.84										
65	75736	ARTERY X-RAYS, PELVIS	58.53										
65	75741	ARTERY X-RAYS, LUNG	67.75										
65	75743	ARTERY X-RAYS, LUNGS	86.18										
65	75746	ARTERY X-RAYS, LUNG	59.10										
65	75756	ARTERY X-RAYS, CHEST	60.64										
65	75801	LYMPH VESSEL X-RAY, ARM/LEG	46.82										
65	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	62.13										
65	75805	LYMPH VESSEL X-RAY, TRUNK	43.60										
65	75807	LYMPH VESSEL X-RAY, TRUNK	59.58										
65	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	25.21										
65	75810	VEIN X-RAY, SPLEEN/LIVER	54.00										
65	75820	VEIN X-RAY, ARM/LEG	37.16										
65	75822	VEIN X-RAY, ARMS/LEGS	55.80										
65	75825	VEIN X-RAY, TRUNK	59.96										
65	75827	VEIN X-RAY, CHEST	60.44										
65	75831	VEIN X-RAY, KIDNEY	58.53										

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65	75833	VEIN X-RAY, KIDNEYS	78.99										
65	75840	VEIN X-RAY, ADRENAL GLAND	60.64										
65	75842	VEIN X-RAY, ADRENAL GLANDS	79.91										
65	75860	VEIN X-RAY, NECK	60.21										
65	75870	VEIN X-RAY, SKULL	69.50										
65	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	60.64										
65	75880	VEIN X-RAY, EYE SOCKET	37.07										
65	75885	VEIN X-RAY, LIVER	73.07										
65	75887	VEIN X-RAY, LIVER	73.74										
65	75889	VEIN X-RAY, LIVER	57.75										
65	75891	VEIN X-RAY, LIVER	58.77										
65	75893	VENOUS SAMPLING BY CATHETER	29.20										
65	75894	XRAYS, TRANSCATHETER THERAPY	78.04										
65	75898	FOLLOW-UP ANGIOGRAM	97.88										
65	75901	REMOVE CVA DEVICE OBSTRUCT	25.30										
65	75902	REMOVE CVA LUMEN OBSTRUCT	20.46										
65	75956	TRANSCATH OCCLUSION;COMPLETE PROC	380.97										
65	75957	XRAY,ENDOVASC THOR AO REPR	326.48										
65	75958	XRAY,PLACE PROX THOR AO	215.85										
65	75959	XRAY,PLACE DIST EXT THOR AO	190.08										
65	75970	TRANSCATH BX;SUPER/INTERP	42.69										
65	75989	RAD GUIDE....SUPERVISION/INTERP ONLY	62.67										
65	76000	FLUOROSCOPY,MD TIME TO 1 HR	16.66										
65	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	9.75										
65	76080	X-RAY EXAM OF FISTULA	27.90										
65	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	16.90									X	
65	76100	X-RAY EXAM OF BODY SECTION	33.09										
65	76101	X-RAY,COMPLEX MOTION,BODY SECT UNIL	30.58										
65	76102	X-RAY,COMPLEX MOTION,BODY SECT,BILAT	33.14										
65	76120	CINEMATIC X-RAYS	20.40										
65	76125	CINEMATIC X-RAYS	14.21										
65	76376	3D RENDER W/O POSTPROCESS	10.52										
65	76377	3D RENDERING W/POSTPROCESS	42.50										
65	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	51.47										
65	76391	MAGNETIC RESONANCE (EG, VIBRATION)	59.11										
65	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	34.33										
65	76510	OPHTH US, B & QUANT A	48.59										
65	76511	ECHO EXAM OF EYE	37.52									X	
65	76512	ECHO EXAM OF EYE	32.76										
65	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	37.61										
65	76514	ECHO EXAM OF EYE, THICKNESS	8.55										
65	76516	ECHO EXAM OF EYE	23.92										
65	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	32.33										
65	76529	ECHO EXAM OF EYE	34.16										
65	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	30.01										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	76604	ECHO EXAM OF CHEST	30.82										
65	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	38.56										
65	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	35.97										
65	76700	ECHO EXAM OF ABDOMEN	43.60										
65	76705	ECHO EXAM OF ABDOMEN	31.16										
65	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	29.29										
65	76770	ECHO EXAM ABDOMEN BACK WALL	38.95										
65	76775	ECHO EXAM ABDOMEN BACK WALL	30.78										
65	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	41.01										
65	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	63.10										
65	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	52.87				F						
65	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	43.75				F					X	
65	76805	ULTRASOUND, PREGNANT UTERUS	52.87	10 59			F						
65	76810	EACH ADDITIONAL GESTATION	52.49	10 59			F					X	
65	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	100.07				F	X					
65	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	93.78				F	X				X	
65	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	62.52	10 60			F						
65	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	52.25	10 60			F					X	
65	76815	ECHO EXAM FOR FETAL GROWTH	34.48				F						
65	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	44.85				F						
65	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	39.67				F						
65	76818	FETAL BIOPHYSICAL PROFILE	55.22				F						
65	76819	FETL BIOPHYS PROFIL W/O STRS	40.77										
65	76820	UMBILICAL ARTERY ECHO	26.56	10 59			F						
65	76821	MIDDLE CEREBRAL ARTERY ECHO	36.60	10 59			F						
65	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	87.05	00 60			F						
65	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	43.41										
65	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	30.30										
65	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	29.54										
65	76830	ECHOGRAPHY,TRANSVAGINAL	36.69										
65	76831	ECHO EXAM, UTERUS	38.18										
65	76856	ECHOGRAPHY, PELVIC, REAL TIME	36.35										
65	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	26.22										
65	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	33.76				M						
65	76872	ECHOGRAPHY, TRANSRECTAL	35.53										
65	76873	ECHOGRAP TRANS R, PROS STUDY	82.79				M						
65	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	33.23									X	
65	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	25.84									X	
65	76885	ECHO EXAM, INFANT HIPS	39.29										
65	76886	ECHO EXAM, INFANT HIPS	32.99										
65	76932	ULTRASONIC GUIDANCE ENDOMY0CARDBIO	36.88										
65	76936	ECHO GUIDE FOR ARTERY REPAIR	105.68										
65	76937	US GUIDE, VASCULAR ACCESS	15.51										
65	76940	US GUIDE, TISSUE ABLATION	111.41										
65	76941	ECHO GUIDE FOR TRANSFUSION	71.02										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	76942	ECHO GUIDE FOR BIOPSY	33.89									X	
65	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	35.11										
65	76946	ECHO GUIDE FOR AMNIOCENTESIS	19.79									X	
65	76965	ECHO GUIDANCE RADIOTHERAPY	72.03										
65	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	43.85										
65	76977	US BONE DENSITY MEASURE	3.07										
65	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	86.04										
65	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	45.95									X	
65	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	31.50										
65	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LES	31.50										
65	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	26.56									X	
65	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	20.07										
65	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	29.58										
65	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	31.89										
65	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	67.96										
65	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	79.08										
65	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	47.55										
65	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	77.65										
65	77046	MAGNETIC RESONANCE IMAGING, BREAST,	77.36										
65	77047	MAGNETIC RESONANCE IMAGING, BREAST,	85.14										
65	77048	MAGNETIC RESONANCE IMAGING, BREAST,	111.21										
65	77049	MAGNETIC RESONANCE IMAGING, BREAST,	122.20										
65	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	19.16										
65	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	23.96										
65	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	31.89	40 99			F						
65	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	43.60										
65	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	53.26										
65	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	41.01	40 99			F		X				
63	77071	MANUAL APPLICATION OF STRESS PERFORM	53.64										
65	77072	BONE AGE STUDIES	10.13										
65	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	14.65										
65	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	23.58										
65	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	29.63										
65	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	37.07										
65	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	18.35										
65	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	13.11										
65	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.52										
65	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.86										
65	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	85.47										
65	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	15.70										
65	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	9.03										
63	77261	SIMPLE TREAT PLAN-THERA RADIOL	76.14										
63	77262	INTER TREAT PLAN-THERA RADIOLO	115.37										
63	77263	COMPLEX TREAT PLAN-THERA RADIO	180.79										
65	77280	SIMPLE,RAD SIMU-AIDED FIELD	39.77										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	77285	INTER,RAD SIMU-AIDED FIELD SET	61.24										
65	77290	COMP,RAD SIMU-AIDED FIELD SET	87.70										
65	77293	Respiratory motion management simula	112.77										
65	77295	MANAGEMENT OF RADIATION THERAPY, 3D	239.27									X	
65	77300	BASIC RAD DOSIMETRY CALCULATION	34.53										
65	77301	RADIOLTHERAPY DOS PLAN, IMRT	445.51										
65	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	78.38										
65	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	162.10										
65	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	78.38										
65	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	103.07										
65	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	161.76										
65	77321	SPEC TELETHERAPY PLAN TOTAL BODY	54.03										
65	77331	SPECIAL DOSIMETRY (SPECIFY)	48.65									X	
65	77332	TREATMENT DEVICES,DESIGN/SIMPLE	25.31										
65	77333	TREATMENT DEVICES/DESIGN-INTER	42.03										
65	77334	TREATMENT DEVICES/DESIGN;COMPL	64.74									X	
65	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	239.27										
63	77427	RADIATION TX MANAGEMENT, X5	202.71										
63	77431	RADIATION THERAPY MANAGEMENT W COMPL	112.13									X	
63	77432	STEREOTACTIC RADIATION TREATMENT MAN	454.93										
63	77435	STEREOTACTIC BODY RADIATION THERAPY,	686.55										
63	77469	INTRAOPERATIVE RADIATION TREATMENT M	339.65										
65	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	114.26										
65	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	75.41										
65	77605	HYPERTHERMIA,EXT GEN/DEEP	112.15										
65	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	73.24										
65	77615	HYPERTHERMIA/INTERSTITIAL/>5	103.45										
65	77620	HYPERTHERMIA...INTRACAVITARY PROBE	94.14										
65	77750	INFUSE/INSTILL RADIOELEMENT	278.75										
65	77761	SIMPLE INTRACAV. RADIOELEMENT	214.68										
65	77762	INTER. INTRACAV.RADIOELEMENT	322.32										
65	77763	COMPLEX-INTRACAV RADIOLOGY	483.94										
65	77767	REMOTE AFTERLOADING HIGH DOES RATE R	59.22										
65	77768	REMOTE AFTERLOADING HIGH DOES RATE R	78.38										
65	77770	REMOTE AFTERLOADING HIGH DOES RATE R	109.36										
65	77771	REMOTE AFTERLOADING HIGH DOES RATE R	211.76										
65	77772	REMOTE AFTERLOADING HIGH DOES RATE R	299.64										
65	77778	INTERSTITIAL RAD-ELEMENT-COMPL	488.87										
65	77789	SURFACE APPLICATION RADIOELEMENT	64.70		X								
65	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	10.13										
65	78013	THYROID IMAGING (INCLUDING VASCULAR	19.06										
65	78014	THYROID IMAGING (INCLUDING VASCULAR	25.88										
65	78015	NUCLEAR SCAN OF THYROID	35.25										
65	78016	EXTENSIVE THYROID SCAN	36.67										
65	78018	THYROID CA IMAGING;WHOLE BODY	43.89										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
65	78070	PARATHROID IMAGING	41.24										
65	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	62.27										
65	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	81.81										
65	78075	NUCLEAR SCAN OF ADRENALS	39.29										
65	78102	NUCLEAR SCAN OF BONE MARROW	28.13										
65	78103	NUCLEAR SCAN OF BONE MARROW	37.16										
65	78104	NUCLEAR SCAN OF BONE MARROW	41.24										
65	78110	NUCLEAR EXAM, PLASMA VOLUME	8.78										
65	78111	NUCLEAR EXAM, PLASMA VOLUME	10.27										
65	78120	NUCLEAR EXAM OF RBC MASS	10.65										
65	78121	NUCLEAR EXAM OF RBC MASS	14.78										
65	78122	WHOLE BLOOD VOLUME DETERMINATION	22.47										
65	78130	RED CELL SURVIVAL EXAM	27.60										
65	78140	NUCLEAR EXAM,RED BLOOD CELLS	27.60										
65	78185	NUCLEAR SCAN OF SPLEEN	18.19										
65	78195	NUCLEAR SCAN OF LYMPH SYSTEM	61.94										
65	78201	NUCLEAR SCAN OF LIVER	22.57										
65	78202	NUCLEAR SCAN OF LIVER	25.59										
65	78215	NUCLEAR SCAN, LIVER & SPLEEN	25.50										
65	78216	NUCLEAR SCAN, LIVER/SPLEEN	28.91										
65	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	38.60										
65	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	47.73										
65	78230	NUCLEAR SCAN, SALIVARY GLAND	23.96										
65	78231	NUCLEAR SCANS,SALIVARY GLAND	23.46										
65	78264	GASTRIC EMPTYING STUDY	41.20										
65	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	51.47		X								
65	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	52.66										
65	78278	ACUTE GI BLOOD LOSS IMAGING	52.19										
65	78290	INTESTINE IMAGING	35.29										
65	78300	NUCLEAR SCAN OF BONE	32.99										
65	78305	NUCLEAR SCAN OF BONES	44.03										
65	78306	NUCLEAR SCAN OF SKELETON	45.52										
65	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	53.68										
65	78414	DETERMINE VENTRIC EJECT FRACTION	23.15										
65	78445	NUCLEAR SCAN OF BLOOD FLOW	27.28										
65	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	71.20										
65	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	83.93										
65	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	52.92										
65	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	70.83									X	
65	78456	ACUTE VENOUS THROMBUS IMAGE	51.28										
65	78466	MYOCARD IMAGING...AT REST;QUAL.	37.36										
65	78468	MYOCARD IMAGING..AT REST;FIRST PASS	41.24										
65	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	47.88										
65	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	51.47										
65	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	75.34										

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
65	78481	CARD BLD POOL IMAG-FIRST PASS TECH	51.47										
65	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	76.01										
65	78494	HEART IMAGE, SPECT	61.89										
65	78496	HEART FIRST PASS ADD-ON	25.88										
65	78579	PULMONARY VENTILATION IMAGING (EG, A	25.50										
65	78580	PULMONARY PERFUSION IMAGING (EG, PAR	38.60										
65	78582	PULMONARY VENTILATION (EG, AEROSOL O	55.93										
65	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	37.50										
65	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	43.51										
65	78600	NUCLEAR SCAN OF BRAIN	23.24										
65	78601	NUCLEAR SCAN OF BRAIN	26.60										
65	78605	NUCLEAR SCAN OF BRAIN	28.05										
65	78606	NUCLEAR SCAN OF BRAIN	33.42										
65	78608	BRAIN IMAGING, POSITRON EMISSION TOM	76.15										
65	78610	NUCLEAR SCAN OF BRAIN	15.70										
65	78630	CEREBROSPINAL FLUID SCAN	35.63										
65	78635	CEREBROSPINAL FLUID SCAN	32.61										
65	78645	CEREBROSPINAL FLUID SCAN	29.24										
65	78650	CEREBROSPINAL FLUID SCAN	27.60										
65	78660	NUCLEAR EXAM OF TEAR FLOW	28.05										
65	78700	NUCLEAR SCAN OF KIDNEY	23.28										
65	78701	NUCLEAR SCAN OF KIDNEY	25.50										
65	78707	NUCLEAR SCAN OF KIDNEY	50.03										
65	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	62.67										
65	78709	KIDNEY FLOW & FUNCTION IMAGE	72.36										
65	78725	NUCLEAR EXAM OF KIDNEY	19.11										
65	78730	NUCLEAR EXAM OF BLADDER	8.11										
65	78740	NUCLEAR EXAM OF URETER	28.91										
65	78761	TESTICULAR IMAGING,W/VASCULAR	37.80				M						
65	78800	NUCLEAR EXAM OF LESION	34.38										
65	78801	NUCLEAR EXAM OF LESIONS	38.85										
65	78802	NUCLEAR EXAM OF LESIONS	40.91										
65	78803	TUMOR LOCALIZATION SPECT)	56.03										
65	78804	TUMOR IMAGING, WHOLE BODY	52.63										
65	78811	POSITRON EMISSION TOMOGRAPHY (PET)	80.47										
65	78812	POSITRON EMISSION TOMOGRAPHY (PET)	98.81										
65	78813	POSITRON EMISSION TOMOGRAPHY (PET)	99.19										
65	78814	POSITRON EMISSION TOMOGRAPHY (PET)	113.03										
65	78815	POSITRON EMISSION TOMOGRAPHY (PET)	126.29										
65	78816	POSITRON EMISSION TOMOGRAPHY (PET)	127.57										
65	78830	RADIOPHARMACEUTICAL LOCALIZATION OF	76.58										
65	78831	RADIOPHARMACEUTICAL LOCALIZATION OF	93.58										
65	78832	RADIOPHARMACEUTICAL LOCALIZATION OF	108.95										
65	78835	RADIOPHARMACEUTICAL QUANTIFICATION	24.05										
65	79005	NUCLEAR RX, ORAL ADMIN	93.83										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	79101	NUCLEAR RX, IV ADMIN	104.35										
65	79403	HEMATOPOETIC NUCLEAR THERAPY	115.81										
65	79445	NUCLEAR RX, INTRA-ARTERIAL	122.00										
63	80500	CLINICAL PATHOLOGY CONSULTATION; LIM	23.59		X			X					
63	80502	CLINICAL PATHOLOGY CONSULTATION; COM	78.49		X			X					
65	84165	ASSAY SERUM PROTEINS	19.88										
65	84166	PROTEIN E-PHORESIS/URINE/CSF	19.88										
63	85097	BONE MARROW SMEAR INTERPRET	71.86									X	
65	86334	IMMUNOFIXATION ELECTROPHORESIS	19.88										
65	88104	CYTOPATHOLOGY	30.07										
65	88106	CYTOPATHOLOGY	20.75										
65	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	24.11										
65	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	29.73										
65	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	62.19										
65	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	52.49										
65	88125	FORENSIC CYTOPATHOLOGY	14.84										
63	88141	CYTOPATH CERV/VAG INTERPRET	25.97	21 99			F						
65	88160	CYTOPATHOLOGY	27.76										
65	88161	CYTOPATH...;PREP,SCREEN,INTERP.	27.09										
65	88162	CYTOPATH..;EXT.STUDY.+5 SLIDES,MULTI	41.11										
65	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	38.42										
65	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	76.03										
65	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	23.68										
65	88182	FLOW CYTOMETRY	41.50										
63	88187	FLOWCYTOMETRY/READ, 2-8	40.91										
63	88188	FLOWCYTOMETRY/READ, 9-15	68.15										
63	88189	FLOWCYTOMETRY/READ, 16 & >	92.16										
65	88291	CYTO MOLECULAR REPORT	35.22										
65	88300	SURGICAL PATHOLOGY, GROSS	4.90									X	
65	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	7.50									X	
65	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	12.29									X	
65	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	40.39									X	
65	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	88.76										
65	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	156.39										
65	88311	SURGICAL PATHOLOGY; DECALCIFICATION	13.40										
65	88312	SPECIAL STAIN INCLUDING INTERPRETATI	28.62										
65	88313	SPECIAL STAIN INCLUDING INTERPRETATI	13.07										
65	88314	SPECIAL STAIN INCLUDING INTERPRETATI	23.82										
63	88321	MICROSLIDE CONSULTATION	104.65										
65	88323	MICROSLIDE CONSULTATION	93.77										
63	88325	COMPREHENSIVE REVIEW OF DATA	182.24										
63	88329	CONSULTATION DURING SURGERY	54.75									X	
65	88331	CONSULTATION DURING SURGERY	66.85									X	
65	88332	PATHOLOGY CONSULTATION DURING SURGER	33.24										
65	88333	INTRAOP CYTO PATH CONSULT, 1	66.91										

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	88334	PATHOLOGY CONSULTATION DURING SURGER	40.64									X	
65	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	30.40									X	
65	88342	IMMUNOCYTOCHEMISTRY	37.80									X	
65	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	41.16										
65	88346	AUTO-ANTIBODY PROFILE	38.66									X	
65	88348	ELECTRON MICROSCOPY	81.83										
65	88358	ANALYSIS, TUMOR	53.61										
65	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	45.24		X								
65	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	48.07										
63	88363	EXAMINATION AND SELECTION OF RETRIEV	24.60										
65	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	37.12										
65	88365	TISSUE HYBRIDATION	47.21									X	
65	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	66.76										
65	88367	INSITU HYBRIDIZATION, AUTO	36.92										
65	88368	INSITU HYBRIDIZATION, MANUAL	44.71										
65	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	35.10										
65	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	28.80										
65	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	47.63										
65	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	69.86										
65	88387	MACROSCOPIC EXAMINATION, DISSECTION,	30.00										
65	88388	MACROSCOPIC EXAMINATION, DISSECTION,	25.51										
63	89049	CHCT FOR MAL HYPERTHERMIA	248.55										
63	90785	INTERACTIVE COMPLEXITY	16.18										
67	90785	INTERACTIVE COMPLEXITY	16.18	00 15									
63	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	151.43										
67	90791	PSYCHIATRIAC DIAGNOSTIC EVALUATION	151.43	00 15									
63	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	167.09										
67	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	167.09	00 15									
63	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	74.26										
67	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	74.26	00 15									
63	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	75.96										
67	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	75.96	00 15									
63	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	98.80										
67	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	98.80	00 15									
63	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	96.32										
67	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	96.32	00 15									
63	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	147.72										
67	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	147.72	00 15									
63	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	126.22										
67	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	126.22	00 15									
63	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	154.06										
67	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	154.06	00 15									
63	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	73.93										
67	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	73.93	00 15									
63	90845	MEDICAL PSYCHOANALYSIS	104.80								X	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
67	90845	MEDICAL PSYCHOANALYSIS	104.80	00	15							X	X	
63	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	109.23									X		
67	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	109.23	00	15							X		
63	90847	SPECIAL FAMILY THERAPY	113.07									X		
67	90847	SPECIAL FAMILY THERAPY	113.07	00	15							X		
63	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	37.42									X		
67	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	37.42	00	15							X		
63	90853	GROUP PSYCHOTHERAPY Y	29.33							X		X		
67	90853	GROUP PSYCHOTHERAPY Y	29.33	00	15					X		X		
63	90870	ELECTROCONLULSIVE THERAPY	181.20									X		
67	90870	ELECTROCONLULSIVE THERAPY	181.20	00	15							X		
63	90880	MEDICAL HYPNOTHERAPY	115.34									X		
67	90880	MEDICAL HYPNOTHERAPY	115.34	00	15							X		
63	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	78.32											
67	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	78.32	00	15									
63	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	111.69											
67	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	111.69	00	15									
63	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	90.83											
67	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	90.83	00	15									
63	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	133.25											
67	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	133.25	00	15									
63	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	999.79	00	01					X				
67	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	999.79	00	01					X				
63	90954	END-STATE RENAL DISEASE (ESRD) RELAT	866.50	02	11					X				
67	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	866.50	02	11					X				
63	90955	END-STATE REANL DISEASE (ESRD) RELAT	486.73	02	11					X				
67	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	486.73	02	11					X				
63	90956	END-STATE RENAL DISEASE (ESRD) RELAT	338.17	02	11					X				
67	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	338.17	02	11					X				
63	90957	END-STATE RENAL DISEASE (ESRD) RELAT	686.54	12	19					X				
67	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	686.54	12	15					X				
63	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	465.28	12	19					X				
67	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	465.28	12	15					X				
63	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	314.07	12	19					X				
67	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	314.07	12	15					X				
63	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	300.68	20	99					X				
63	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	252.18	20	99					X				
63	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	193.75	20	99					X				
63	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	579.65	00	01					X				
67	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	579.65	00	01					X				
63	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	506.47	02	11					X				
67	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	506.47	02	11					X				
63	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	483.71	12	19					X				
67	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	483.71	12	15					X				
63	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	251.85	20	99					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	90967	END-STAGE REANL DISEASE (ESRD) RELAT	19.12	00	01									
67	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	19.12	00	01									
63	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	16.86	02	11									
67	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	16.86	02	11									
63	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	16.14	12	19									
67	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	16.14	12	15									
63	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	8.55	20	99									
63	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	96.46											
67	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	96.46	00	15									
65	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	70.55											
65	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	10.09											
65	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	78.91											
65	91022	DUODENAL MOTILITY STUDY	78.91											
65	91030	ACID PERFUSION FOR ESOPHAGITIS	49.85											
65	91034	GASTROESOPHAGEAL REFLUX TEST	53.94											
65	91035	G-ESOPH REFLX TST W/ELECTROD	88.89											
65	91037	ESOPH IMPED FUNCTION TEST	53.45											
65	91038	ESOPH IMPED FUNCT TEST > 1H	60.46											
65	91040	ESOPH BALLOON DISTENSION TST	54.89											
63	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	145.74											
67	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	145.74	00	15									
65	91120	RECTAL SENSATION TEST	52.78											
65	91122	ANORECTAL MANOMETRY	95.52											
65	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	14.88							X				
63	92002	EYE EXAM; INTERMEDIATE; NEW PT	84.31											
67	92002	EYE EXAM; INTERMEDIATE; NEW PT	84.31	00	15									
63	92004	EYE EXAM; COMPREHENSIVE; NEW PT	151.84											
67	92004	EYE EXAM; COMPREHENSIVE; NEW PT	151.84	00	15									
63	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	88.68											
67	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	88.68	00	15									
63	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	127.04											
67	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	127.04	00	15									
63	92018	EYE EXAM W/ANESTHESIA-COMPLETE	150.12											
67	92018	EYE EXAM W/ANESTHESIA-COMPLETE	150.12	00	15									
63	92019	EYE EXAM W/ANESTHESIA-LIMITED	76.61											
67	92019	EYE EXAM W/ANESTHESIA-LIMITED	76.61	00	15									
63	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	28.16											
67	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	28.16	00	15									
65	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	20.66											
65	92060	SENSORIMOTOR EXAM EYE	39.43											
65	92065	ORTHOPTIC / PLEOPTIC TRAINING	19.06											
65	92081	TANGENT SCREEN; AUTOPLOT	17.05											
65	92082	QUANTITATIVE PERIMETRY	22.57											
65	92083	MEASUREMENT OF FIELD OF VISION DURIN	28.77											
63	92100	SERIAL TONOGRAPHY W/EVALUATION	81.71											

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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	92100	SERIAL TONOGRAPHY W/EVALUATION	81.71	00	15									
65	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	17.38											
65	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	23.25											
65	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	26.52											
65	92136	OPHTHALMIC BIOMETRY	32.33											
65	92145	CORNEAL HYSTERESIS DETERMINATION, BY	8.03											
63	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	26.09											
67	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	26.09	00	15									
63	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	16.53											
67	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	16.53	00	15									
63	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	76.74											
67	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	76.74	00	15									
65	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	44.77										X	
65	92240	ICG ANGIOGRAPHY	49.63											
65	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	56.50											
65	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	22.57											
63	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	19.63											
67	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	19.63	00	15									
65	92265	OCULOELECTROMYOGRAPHY	48.43											
65	92270	ELECTRO-OCULOGRAPHY	45.01											
65	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	38.76											
65	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	34.34											
65	92283	COLOR VISION EXAMINATION	9.71											
65	92284	DARK ADAPTATION EXAMINATION	13.40											
65	92285	EXTERNAL OCULAR PHOTOGRAPHY	3.41											
65	92286	SPECULAR ENDOTHELIAL MICROSCOPY	23.25											
63	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	99.03											
67	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	99.03	00	15									
67	92507	SPEECH LANGUAGE HEARING THERAPY	82.64	00	02		X							
67	92508	SPEECH LANGUAGE HEARING THERAPY	24.61	00	02		X							
63	92511	NASOPHARYNGOSCOPY	110.81											
67	92511	NASOPHARYNGOSCOPY	110.81	00	15									
63	92521	EVALUATION OF SPEECH FLUENCY	117.54	01	99		X		X	X				
67	92521	EVALUATION OF SPEECH FLUENCY	117.54	00	15		X		X	X				
63	92522	EVALUATE SPEECH PRODUCTION	96.47	01	99		X		X	X				
67	92522	EVALUATE SPEECH PRODUCTION	96.47	00	15		X		X	X				
63	92523	SPEECH SOUND LANG COMPREHENSION	201.01	01	99		X		X	X				
67	92523	SPEECH SOUND LANG COMPREHENSION	201.01	00	15		X		X	X				
63	92524	BEHAVRAL QUALIT ANALYS VOICE	94.45	01	99		X		X	X				
67	92524	BEHAVRAL QUALIT ANALYS VOICE	94.45	00	15		X		X	X				
63	92526	ORAL FUNCTION THERAPY	90.58											
67	92526	ORAL FUNCTION THERAPY	90.58	00	15									
65	92537	CALORIC VESTIBULAR TEST WITH RECORDI	33.29											
65	92538	CALORIC VESTIBULAR TEST WITH RECORDI	17.05											
65	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	83.91											

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
65	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	22.24										
65	92542	POSITIONAL NYSTAGMUS W/RECORDING	26.65										
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	36.79										
65	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY	47.49										
63	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	23.16						X				
67	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	23.16	00 15					X				
63	92557	BASIC COMPREHENSIVE AUDIOMETRY	39.65						X				
67	92557	BASIC COMPREHENSIVE AUDIOMETRY	39.65	00 15					X				
63	92567	TYMPANOMETRY	16.25						X				
67	92567	TYMPANOMETRY	16.25	00 15					X				
63	92568	ACOUSTIC REFLEX TESTING	16.81						X				
67	92568	ACOUSTIC REFLEX TESTING	16.81	00 15					X				
63	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	34.69						X				
67	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	34.69	00 15					X				
63	92579	VISUAL AUDIOMETRY (VRA)	48.21						X				
67	92579	VISUAL AUDIOMETRY (VRA)	48.21	00 15					X				
65	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	19.65										
65	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	30.69										
63	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	171.50	01 06					X				
67	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	171.50	01 06					X				
63	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	106.59	01 06					X				
67	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	106.59	01 06					X				
63	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	160.48	07 99					X				
67	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	160.48	07 99					X				
63	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	95.56	07 99					X				
67	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	95.56	07 99					X				
63	92610	EVALUATE SWALLOWING FUNCTION	90.20										
67	92610	EVALUATE SWALLOWING FUNCTION	90.20	00 15									
63	92611	MOTION FLUOROSCOPY/SWALLOW	95.88										
67	92611	MOTION FLUOROSCOPY/SWALLOW	95.88	00 15									
63	92612	ENDOSCOPY SWALLOW TST	198.28										
67	92612	ENDOSCOPY SWALLOW TST	198.28	00 15									
63	92620	AUDITORY FUNCTION, 60 MIN	97.88										
67	92620	AUDITORY FUNCTION, 60 MIN	97.88	00 15									
63	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	23.36									X	
67	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	23.36	00 15								X	
63	92625	TINNITUS ASSESSMENT	73.51										
67	92625	TINNITUS ASSESSMENT	73.51	00 15									
63	92626	EVAL AUD REHAB STATUS	93.56	02 99		X		X					
67	92626	EVAL AUD REHAB STATUS	93.56	02 15		X		X					
63	92627	EVAL AUD STATUS REHAB ADD-ON	22.25	02 99		X		X				X	
67	92627	EVAL AUD STATUS REHAB ADD-ON	22.25	02 15		X		X				X	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	118.31										
67	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	118.31	00 15									
63	92920	BALLOON DILATION OF NARROWED OR BLOC	596.48										
67	92920	BALLOON DILATION OF NARROWED OR BLOC	596.48	00 15									
63	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	711.25										
67	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	711.25	00 15									
63	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	663.56										
67	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	663.56	00 15									
63	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	745.15										
67	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	745.15	00 15									
63	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	662.84										
67	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	662.84	00 15									
63	92941	INSERTION OF STENT, REMOVAL OF PLAQU	746.12										
67	92941	INSERTION OF STENT, REMOVAL OF PLAQU	746.12	00 15									
63	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	746.12										
67	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	746.12	00 15									
63	92950	CARDIOPULMONARY RESUSCITATION	333.11									X	
67	92950	CARDIOPULMONARY RESUSCITATION	333.11	00 15								X	
63	92960	ELECTRICAL CARDIOVERSION	163.26									X	
67	92960	ELECTRICAL CARDIOVERSION	163.26	00 15								X	
63	92961	CARDIOVERSION, ELECTRIC, INT	275.33										
67	92961	CARDIOVERSION, ELECTRIC, INT	275.33	00 15									
63	92970	CARDIOASSIST, INTERNAL	212.80										
67	92970	CARDIOASSIST, INTERNAL	212.80	00 15									
63	92971	CARDIOASSIST, EXTERNAL	111.82										
67	92971	CARDIOASSIST, EXTERNAL	111.82	00 15									
63	92973	PERCUT CORONARY THROMBECTOMY	198.24										
67	92973	PERCUT CORONARY THROMBECTOMY	198.24	00 15									
63	92974	CATH PLACE, CARDIO BRACHYTX	180.96										
67	92974	CATH PLACE, CARDIO BRACHYTX	180.96	00 15									
65	92978	INTRAVASCULAR US, HEART	105.36										
65	92979	INTRAVASCULAR US, HEART	85.10									X	
63	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,464.11										
67	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,464.11	00 15									
63	92987	REVISION OF MITRAL VALVE	1,509.94										
67	92987	REVISION OF MITRAL VALVE	1,509.94	00 15									
63	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,205.02										
67	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,205.02	00 15									
63	92997	PUL ART BALLOON REPAIR, PERC	710.81										
67	92997	PUL ART BALLOON REPAIR, PERC	710.81	00 15									
63	92998	PUL ART BALLOON REPAIR, PERC	362.92									X	
67	92998	PUL ART BALLOON REPAIR, PERC	362.92	00 15								X	
63	93010	ECG; INTERPRETATION AND REPORT	9.03									X	
67	93010	ECG; INTERPRETATION AND REPORT	9.03	00 15								X	
63	93016	CARDIOVASCULAR STRESS TEST USING MAX	23.62										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	93016	CARDIOVASCULAR STRESS TEST USING MAX	23.62	00 15									
63	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	15.70										
67	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	15.70	00 15									
63	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.58									X	
67	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.58	00 15								X	
65	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	9.03										
63	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.99										
67	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.99	00 15									
63	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	28.76						X				
67	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	28.76	00 15					X				
65	93260	PROGRAMMING DEVICE EVALUATION (IN PE	45.87										
65	93261	INTERROGATION DEVICE EVALUATION (IN	39.48										
63	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	26.98						X				
67	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	26.98	00 15					X				
65	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	13.45										
65	93279	PROGRAMMING DEVICE EVALUATION WITH I	34.33										
65	93280	PROGRAMMING DEVICE EVALUATION WITH I	41.10										
65	93281	PROGRAMMING DEVICE EVALUATION WITH I	45.53										
65	93282	PROGRAMMING DEVICE EVALUATION WITH I	45.53										
65	93283	PROGRAMMING DEVICE EVALUATION WITH I	62.05										
65	93284	PROGRAMMING DEVICE EVALUATION WITH I	67.23										
65	93285	PROGRAMMING DEVICE EVALUATION WITH I	27.99										
65	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	16.37										
65	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	24.63										
65	93288	INTERROGATION DEVICE EVALUATION (IN	22.38										
65	93289	INTERROGATION DEVICE EVALUATION (IN	40.00										
65	93290	INTERROGATION DEVICE EVALUATION (IN	23.20										
65	93291	INTERROGATION DEVICE EVALUATION (IN	19.73										
65	93292	INTERROGATION DEVICE EVALUATION (IN	22.86										
65	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	16.09						X				
63	93294	INTERROGATION DEVICE EVALUATION(S) (	33.52						X				
67	93294	INTERROGATION DEVICE EVALUATION(S) (	33.52	00 15					X				
63	93295	INTERROGATION DEVICE EVALUATION(S) (	40.91						X				
67	93295	INTERROGATION DEVICE EVALUATION(S) (	40.91	00 15					X				
63	93297	INTERROGATION DEVICE EVALUATION(S),	29.10						X				
67	93297	INTERROGATION DEVICE EVALUATION(S),	29.10	00 15					X				
63	93298	INTERROGATION DEVICE EVALUATION(S),	29.44						X				
67	93298	INTERROGATION DEVICE EVALUATION(S),	29.44	00 15					X				
65	93303	ECHO TRANSTHORACIC	67.80										
65	93304	ECHO TRANSTHORACIC	38.99										
65	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	77.84										
65	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	47.88										
65	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	27.37										
65	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	117.20										
63	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	12.62										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	12.62	00 15									
65	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	98.10										
65	93315	ECHO TRANSESOPHAGEAL	137.56										
63	93316	ECHO TRANSESOPHAGEAL	29.81								X		
67	93316	ECHO TRANSESOPHAGEAL	29.81	00 15							X		
65	93317	ECHO TRANSESOPHAGEAL	98.15										
65	93318	ECHO TRANSESOPHAGEAL INTRAOP	111.88										
65	93320	DOPPLER ECHOCARDIOGRAPHY	19.45										
65	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	7.92										
65	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	3.36										
65	93350	ECG,REAL-TIME,WINTER + REPORT	75.63										
65	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	90.61										
63	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	248.15										
67	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	248.15	00 15									
63	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	39.51										
67	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	39.51	00 15									
65	93451	RIGHT HEART CATHETERIZATION INCLUDIN	145.95										
65	93452	LEFT HEART CATHETERIZATION INCLUDING	263.26										
65	93453	COMBINED RIGHT AND LEFT HEART CATHET	352.74										
65	93454	CATHETER PLACEMENT IN CORONARY ARTER	266.58										
65	93455	CATHETER PLACEMENT IN CORONARY ARTER	310.52										
65	93456	CATHETER PLACEMENT IN CORONARY ARTER	346.98										
65	93457	CATHETER PLACEMENT IN CORONARY ARTER	391.97										
65	93458	CATHETER PLACEMENT IN CORONARY ARTER	329.49										
65	93459	CATHETER PLACEMENT IN CORONARY ARTER	373.43										
65	93460	CATHETER PLACEMENT IN CORONARY ARTER	417.56										
65	93461	CATHETER PLACEMENT IN CORONARY ARTER	461.84										
63	93462	LEFT HEART CATHETERIZATION BY TRANSS	234.68										
67	93462	LEFT HEART CATHETERIZATION BY TRANSS	234.68	00 15									
63	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	106.27										
67	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	106.27	00 15									
65	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	95.32										
63	93503	INSERTION AND PLACEMENT OF FLOW DIR	97.88										
67	93503	INSERTION AND PLACEMENT OF FLOW DIR	97.88	00 15									
65	93505	ENDOCARDIAL BIOPSY	247.92										
65	93530	RT HEART CATH, CONGENITAL	225.18										
65	93531	R & L HEART CATH, CONGENITAL	466.81										
65	93532	R & L HEART CATH, CONGENITAL	589.20										
65	93533	R & L HEART CATH, CONGENITAL	394.51										
65	93561	INDICATOR DILUTION STUDIES SUCH AS D	49.02										
65	93562	INDICATOR DILUTION STUDIES SUCH AS D	39.75										
63	93563	INJECTION PROCEDURE DURING CARDIAC C	64.06										
67	93563	INJECTION PROCEDURE DURING CARDIAC C	64.06	00 15									
63	93564	INJECTION PROCEDURE DURING CARDIAC C	69.01										
67	93564	INJECTION PROCEDURE DURING CARDIAC C	69.01	00 15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	93565	INJECTION PROCEDURE DURING CARDIAC C	49.36										
67	93565	INJECTION PROCEDURE DURING CARDIAC C	49.36	00 15									
63	93566	INJECTION PROCEDURE DURING CARDIAC C	147.56										
67	93566	INJECTION PROCEDURE DURING CARDIAC C	147.56	00 15									
63	93567	INJECTION PROCEDURE DURING CARDIAC C	127.39										
67	93567	INJECTION PROCEDURE DURING CARDIAC C	127.39	00 15									
63	93568	INJECTION PROCEDURE DURING CARDIAC C	136.19										
67	93568	INJECTION PROCEDURE DURING CARDIAC C	136.19	00 15									
65	93571	HEART FLOW RESERVE MEASURE	81.64										
65	93572	HEART FLOW RESERVE MEASURE	58.83										
63	93580	TRANSCATH CLOSURE OF ASD	1,091.78										
67	93580	TRANSCATH CLOSURE OF ASD	1,091.78	00 15									
63	93581	TRANSCATH CLOSURE OF VSD	1,491.55										
67	93581	TRANSCATH CLOSURE OF VSD	1,491.55	00 15									
63	93582	Closure of congenital heart defect f	747.51										
67	93582	Closure of congenital heart defect f	747.51	00 15									
63	93583	Therapy for reduction of lower heart	834.63										
67	93583	Therapy for reduction of lower heart	834.63	00 15									
63	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,176.74										
67	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,176.74	00 15									
63	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	975.16										
67	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	975.16	00 15									
63	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	429.29									X	
67	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	429.29	00 15								X	
65	93600	BUNDLE OF HIS RECORDING	131.94										
65	93602	INTRA-ATRIAL RECORDING	129.43										
65	93603	RIGHT VENTRICULAR RECORDING	129.43		X								
65	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	308.02										
65	93610	INTR-ATRIAL PAGING	181.64										
65	93612	INTRAVENTRICULAR PACING	179.52										
63	93613	ELECTROPHYS MAP, 3D, ADD-ON	331.99										
67	93613	ELECTROPHYS MAP, 3D, ADD-ON	331.99	00 15									
65	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	40.49										
65	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	244.99										
65	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	433.57										
65	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	694.90										
65	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	130.17										
65	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	190.68										
65	93623	PROGRAMMED STIMULATION & PACING	175.65										
65	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	268.21										
65	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	441.46										
65	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	198.12										
65	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	346.62										
65	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	283.42										
65	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	156.05										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	93650	INTRACARDIAC CATHETER ABLATION OF	659.23										
67	93650	INTRACARDIAC CATHETER ABLATION OF	659.23	00 15									
63	93653	EVALUATION AND INSERTION OF CATHETER	934.51										
67	93653	EVALUATION AND INSERTION OF CATHETER	934.51	00 15									
63	93654	EVALUATION AND INSERTION OF CATHETER	1,251.72										
67	93654	EVALUATION AND INSERTION OF CATHETER	1,251.72	00 15									
63	93655	INTRACARDIAC CATHETER ABLATION OF A	476.81										
67	93655	INTRACARDIAC CATHETER ABLATION OF A	476.81	00 15									
63	93656	EVALUATION AND INSERTION OF CATHETER	1,254.84										
67	93656	EVALUATION AND INSERTION OF CATHETER	1,254.84	00 15									
65	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	476.47										
65	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	99.69										
65	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	259.70										
63	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	12.11										
67	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	12.11	00 15									
65	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	42.69										
65	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	27.75										
65	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	50.62										
65	93888	TRANSCRANIAL DOPPLER STUDY OF THE	28.33										
65	93892	TCD, EMBOLI DETECT W/O INJ	64.16										
65	93893	TCD, EMBOLI DETECT W/INJ	63.88										
65	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	13.74										
65	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	24.06										
65	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	26.64										
65	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	42.02										
65	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	26.31										
65	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	43.45										
65	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	26.64										
65	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	37.16										
65	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	23.77										
65	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	61.65										
65	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	42.55										
65	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	42.78										
65	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	26.79										
65	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	65.55				M						
65	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	22.90				M						
65	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND	42.10										
65	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND	27.42										
65	93990	DOPPLER FLOW TESTING	27.56										
63	94002	VENTILATION ASSIST AND MANAGEMENT, I	100.10										
67	94002	VENTILATION ASSIST AND MANAGEMENT, I	100.10	00 15									
63	94003	VENTILATION ASSIST AND MANAGEMENT, I	72.02										
67	94003	VENTILATION ASSIST AND MANAGEMENT, I	72.02	00 15									
63	94004	VENTILATION ASSIST AND MANAGEMENT, I	53.49										
67	94004	VENTILATION ASSIST AND MANAGEMENT, I	53.49	00 15									

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	9.03										
63	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	92.67	00 02									
67	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	92.67	00 02									
63	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	151.06	00 02									
67	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	151.06	00 02									
63	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	20.88	00 02									
67	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	20.88	00 02									
63	94016	REVIEW PATIENT SPIROMETRY	26.98										
67	94016	REVIEW PATIENT SPIROMETRY	26.98	00 15									
65	94060	BRONCHOSPASM EVALUATION	13.87										
65	94070	BRONCHOSPASM EVALUATION, PROLONGED	30.40										
65	94200	MAXIMUM BREATHING CAPACITY	4.76										
65	94375	RESPIRATORY FLOW VOLUME LOOP	15.75										
65	94450	HYPOXIA RESPONSE CURVE	20.36										
65	94452	HAST W/REPORT	15.42										
65	94453	HAST W/OXYGEN TITRATE	20.36										
65	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	35.72										
65	94618	PULMONARY STRESS TESTING (EG, 6-MINU	24.44										
65	94621	PULM STRESS TEST/COMPLEX	74.86										
63	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	65.44										
67	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	65.44	00 15									
63	94662	CONTINUOUS NEGATIVE PRESSURE	39.13										
67	94662	CONTINUOUS NEGATIVE PRESSURE	39.13	00 15									
65	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	13.49									X	
65	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	10.86									X	
65	94690	OXYGEN UPTAKE; REST, INDIRECT	4.18									X	
65	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	13.15										
65	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	13.15										
65	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	13.49										
65	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	9.79										
63	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	50.88										
67	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	50.88	00 15									
63	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	19.82										
67	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	19.82	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	8.56									X	
67	95017	ALLERGY TESTING, ANY COMBINATION OF	8.56	00 15								X	
63	95018	ALLERGY TESTING, ANY COMBINATION OF	21.03									X	
67	95018	ALLERGY TESTING, ANY COMBINATION OF	21.03	00 15								X	
63	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	7.94									X	
67	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	7.94	00 15								X	
63	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	121.49										
67	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	121.49	00 15									
63	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	88.08										

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1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	88.08	00	15									
63	95144	PROFESSIONAL SERVICES FOR THE SUPERV	14.59										X	
67	95144	PROFESSIONAL SERVICES FOR THE SUPERV	14.59	00	15								X	
63	95145	PROFESSIONAL SERVICES FOR THE SUPERV	29.77										X	
67	95145	PROFESSIONAL SERVICES FOR THE SUPERV	29.77	00	15								X	
63	95146	PROFESSIONAL SERVICES FOR THE SUPERV	54.38										X	
67	95146	PROFESSIONAL SERVICES FOR THE SUPERV	54.38	00	15								X	
63	95147	PROFESSIONAL SERVICES FOR THE SUPERV	54.72										X	
67	95147	PROFESSIONAL SERVICES FOR THE SUPERV	54.72	00	15								X	
63	95165	PROFESSIONAL SERVICES FOR THE SUPERV	14.25							X			X	
67	95165	PROFESSIONAL SERVICES FOR THE SUPERV	14.25	00	15					X			X	
63	95170	PROFESSIONAL SERVICES FOR THE SUPERV	10.88										X	
67	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	10.88	00	15								X	
63	95180	RAPID DESENSITIZATION; EACH HOUR	141.15			X							X	
67	95180	RAPID DESENSITIZATION; EACH HOUR	141.15	00	15	X							X	
63	95251	GLUC MONITOR, CONT, PHYS I&R	38.37											
67	95251	GLUC MONITOR, CONT, PHYS I&R	38.37	00	15									
63	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	110.17											
67	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	110.17	00	15									
63	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	144.71											
67	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	144.71	00	15									
63	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	170.40											
67	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	170.40	00	15									
63	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	223.96											
67	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	223.96	00	15									
63	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	225.65											
67	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	225.65	00	15									
63	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	274.07											
67	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	274.07	00	15									
63	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	279.98											
67	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	279.98	00	15									
63	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	349.86											
67	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	349.86	00	15									
63	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	319.47											
67	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	319.47	00	15									
63	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	442.23											
67	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	442.23	00	15									
65	95782	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	134.44	00	05									
65	95783	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	145.97	00	05									
65	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	44.18											
65	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	44.18											
65	95806	SLEEP STUDY, UNATTENDED	47.92											
65	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	65.68											
65	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	92.92											
65	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	129.26	06	99									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	134.11	06 99									
65	95812	ELECTROENCEPHALOGRAM (EEG)	61.05										
65	95813	ELECTROENCEPHALOGRAM (EEG)	92.70										
65	95816	ELECTROENCEPHALOGRAM (EEG); INCL	61.05										
65	95819	ELECTROENCEPHALOGRAM (EEG); INCL	61.38										
65	95822	ELECTROENCEPHALOGRAM (EEG); INCL	61.38										
65	95824	ELECTROENCEPHALOGRAM (EEG); INCL	41.65									X	
65	95829	ELECTROCORTICOGRAM AT SURGERY	360.47										
63	95830	MD INSERT SPHENOIDAL ELECTRODE	489.70										
67	95830	MD INSERT SPHENOIDAL ELECTRODE	489.70	00 15									
63	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	21.80									X	
67	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	21.80	00 15								X	
63	95852	RANGE OF MOTION; HAND	18.87										
67	95852	RANGE OF MOTION; HAND	18.87	00 15									
63	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	56.13										
67	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	56.13	00 15									
65	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	55.42										
65	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	87.89										
65	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	105.96										
65	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	113.06										
65	95865	MUSCLE TEST, LARYNX	89.38										
65	95866	MUSCLE TEST, HEMIDIAPHRAGM	70.94										
65	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	45.54										
65	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	66.91										
65	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	21.23										
65	95870	MUSCLE TEST, NON-PARASPINAL	21.23										
65	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	161.96										
65	95873	GUIDE NERV DESTR, ELEC STIM	21.08										
65	95874	GUIDE NERV DESTR, NEEDLE EMG	20.75										
65	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	62.48										
65	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	19.65									X	
65	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	48.61									X	
65	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	40.16										
65	95905	NEEDLE MEASUREMENT AND RECORDING OF	3.07									X	
65	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	57.30										
65	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	71.28										
65	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	85.40										
65	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	114.45										
65	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	141.41										
65	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	168.63										
65	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	200.19										
65	95925	SOMATOSENSORY TESTING,ONE > NERVES	29.92										
65	95926	SOMATOSENSORY TESTING	29.10										
65	95927	SOMATOSENSORY TESTING	28.76										
65	95928	C MOTOR EVOKED, UPPR LIMBS	84.73										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	95929	C MOTOR EVOKED, LWR LIMBS	84.73										
65	95930	VISUAL EVOKED POTENTIAL TEST	19.65										
65	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	33.52										
65	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	36.84									X	
65	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	49.23										
65	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	126.74										
63	95940	CONTINUOUS MONITORING OF NERVOUS SYS	35.20										
67	95940	CONTINUOUS MONITORING OF NERVOUS SYS	35.20	00 15									
65	95957	EEG DIGITAL ANALYSIS	109.65										
65	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	243.18										
65	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	173.20										
65	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	183.76										
65	95965	MEG, SPONTANEOUS	447.19										
65	95966	MEG, EVOKED, SINGLE	226.50										
65	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	197.79										
63	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	20.60										
67	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	20.60	00 15									
63	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	53.34										
67	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	53.34	00 15									
63	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	59.65					X					
67	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	59.65	00 15				X					
63	95991	REFILLING AND MAINTENANCE OF IMPLANT	114.15	04 99				X					
67	95991	REFILLING AND MAINTENANCE OF IMPLANT	114.15	04 15				X					
63	95992	CANALITH REPOSITIONING PROCEDURE(S)	47.04										
67	95992	CANALITH REPOSITIONING PROCEDURE(S)	47.04	00 15									
63	96000	MOTION ANALYSIS, VIDEO/3D	100.13										
67	96000	MOTION ANALYSIS, VIDEO/3D	100.13	00 15									
63	96001	MOTION TEST W/FT PRESS MEAS	118.72										
67	96001	MOTION TEST W/FT PRESS MEAS	118.72	00 15									
63	96002	DYNAMIC SURFACE EMG	23.58										
67	96002	DYNAMIC SURFACE EMG	23.58	00 15									
63	96003	DYNAMIC FINE WIRE EMG	18.38										
67	96003	DYNAMIC FINE WIRE EMG	18.38	00 15									
63	96004	PHYS REVIEW OF MOTION TESTS	121.80										
67	96004	PHYS REVIEW OF MOTION TESTS	121.80	00 15									
63	96105	ASSESSMENT OF APHASIA	108.23									X	
67	96105	ASSESSMENT OF APHASIA	108.23	00 15								X	
63	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	144.96	16 20					X				
67	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	144.96	00 15					X				
63	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	64.93	16 20					X			X	
67	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	64.93	00 15					X			X	
63	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	103.01						X				
67	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	103.01	00 15					X				
63	96121	NEUROBEHAVIORAL STATUS EXAMINATION	89.84									X	
67	96121	NEUROBEHAVIORAL STATUS EXAMINATION	89.84	00 15								X	

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

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	140.67						X				
67	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	140.67	00 15					X				
63	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	106.03						X				
67	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	106.03	00 15					X				
63	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	104.47								X		
67	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	104.47	00 15							X		
63	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	71.19								X		
67	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	71.19	00 15							X		
63	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	24.87								X	X	
67	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	24.87	00 15							X	X	
63	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	10.56								X		
67	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	10.56	00 15							X		
63	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.85								X	X	
67	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.85	00 15							X	X	
63	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	76.53								X		
67	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	76.53	00 15							X		
63	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	27.12								X	X	
67	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	27.12	00 15							X	X	
63	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	82.10										
67	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	82.10	00 15									
63	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	126.33										
67	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	126.33	00 15									
63	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	868.02										
67	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	868.02	00 15									
63	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	180.16										
67	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	180.16	00 15									
63	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	130.09										
67	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	130.09	00 15									
63	96570	PHOTODYNAMIC TX, 30 MIN	62.81										
67	96570	PHOTODYNAMIC TX, 30 MIN	62.81	00 15									
63	96571	PHOTODYNAMIC TX, ADDL 15 MIN	28.57									X	
67	96571	PHOTODYNAMIC TX, ADDL 15 MIN	28.57	00 15								X	
63	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	205.89										
67	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	205.89	00 15									
63	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	261.06										
67	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	261.06	00 15									
63	96920	LASER TX, SKIN < 250 SQ CM	161.54										
67	96920	LASER TX, SKIN < 250 SQ CM	161.54	00 15									
63	96921	LASER TX, SKIN 250-500 SQ CM	177.08										
67	96921	LASER TX, SKIN 250-500 SQ CM	177.08	00 15									
63	96922	LASER TX, SKIN > 500 SQ CM	243.42										
67	96922	LASER TX, SKIN > 500 SQ CM	243.42	00 15									
63	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	47.99										
67	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	47.99	00 15									
63	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	45.78									X	

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	45.78	00	15								X	
63	97016	PT-VASOPNEUMATIC DEVICES	12.78											
67	97016	PT-VASOPNEUMATIC DEVICES	12.78	00	15									
63	97018	PT-PARAFFIN BATH	6.16											
67	97018	PT-PARAFFIN BATH	6.16	00	15									
63	97032	ELECTRICAL STIMULATION,EACH 15 MIN	15.47										X	
67	97032	ELECTRICAL STIMULATION,EACH 15 MIN	15.47	00	15								X	
63	97033	ELECTRIC CURRENT THERAPY	21.25											
67	97033	ELECTRIC CURRENT THERAPY	21.25	00	15									
63	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	31.72										X	
67	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	31.72	00	15								X	
63	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	36.34										X	
67	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	36.34	00	15								X	
63	97116	GAIT TRAINING, EACH 15 MIN	31.39										X	
67	97116	GAIT TRAINING, EACH 15 MIN	31.39	00	15								X	
63	97124	MASSAGE, EACH 15 MIN	29.76										X	
67	97124	MASSAGE, EACH 15 MIN	29.76	00	15								X	
63	97140	MANUAL THERAPY	29.27									X		
67	97140	MANUAL THERAPY	29.27	00	15							X		
63	97161	PHYSICAL THERAPY EVALUATION: LOW COM	88.25											
67	97161	PHYSICAL THERAPY EVALUATION: LOW COM	88.25	00	15									
63	97162	PHYSICAL THERAPY EVALUATION: MODERAT	88.25											
67	97162	PHYSICAL THERAPY EVALUATION: MODERAT	88.25	00	15									
63	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	88.25											
67	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	88.25	00	15									
63	97164	RE-EVALUATION OF PHYSCIAL THERAPY	60.24											
67	97164	RE-EVALUATION OF PHYSICAL THERAPY	60.24	00	15									
63	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	93.31											
67	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	93.31	00	15									
63	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	92.97											
67	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	92.97	00	15									
63	97167	OCCUPATIONAL THERAPY EVALUATION: HI	92.97											
67	97167	OCCUPATIONAL THERAPY EVALUATION: HI	92.97	00	15									
63	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	63.95											
67	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	63.95	00	15									
63	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	40.10				X						X	
67	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	40.10	00	15		X						X	
63	97533	SENSORY INTEGRATION	52.10											
67	97533	SENSORY INTEGRATION	52.10	00	15									
63	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	96.85											
67	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	96.85	00	15									
63	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	47.37										X	
67	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	47.37	00	15								X	
63	97610	Low frequency, non-contact, non-ther	310.27			X								
67	97610	Low frequency, non-contact, non-ther	310.27	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	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	35.77										X	
67	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	35.77	00	15								X	
63	97760	ORTHOTIC MGMT AND TRAINING	49.83				X						X	
67	97760	ORTHOTIC MGMT AND TRAINING	49.83	00	15		X						X	
63	97761	PROSTHETIC TRAINING	42.74				X						X	
67	97761	PROSTHETIC TRAINING	42.74	00	15		X						X	
63	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	53.11										X	
67	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	53.11	00	15								X	
63	97802	MEDICAL NUTRITION, INDIV, IN	38.50									X		
67	97802	MEDICAL NUTRITION, INDIV, IN	38.50	00	15							X		
63	97803	MED NUTRITION, INDIV, SUBSEQ	33.41									X		
67	97803	MED NUTRITION, INDIV, SUBSEQ	33.41	00	15							X		
63	97804	MEDICAL NUTRITION, GROUP	17.49									X		
67	97804	MEDICAL NUTRITION, GROUP	17.49	00	15							X		
63	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	29.26	00	20	X			X					
67	98940	CHIROPR MANIP TX TO TWO REGIONS	29.26	00	15	X			X					
63	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	42.23	00	20	X			X					
67	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	42.23	00	15	X			X					
63	99151	MODERATE SEDATION SERVICES PROVIDED	73.87	00	04	X								
67	99151	MODERATE SEDATION SERVICES PROVIDED	73.87	00	04	X								
63	99152	MODERATE SEDATION SERVICES PROVIDED	49.68	05	20	X								
67	99152	MODERATE SEDATION SERVICES PROVIDED	49.68	05	15	X								
63	99155	MODERATE SEDATION SERVICES PROVIDED	93.80	00	04	X								
67	99155	MODERATE SEDATION SERVICES PROVIDED	93.80	00	04	X								
63	99156	MODERATE SEDATION SERVICES PROVIDED	84.68	05	20	X								
67	99156	MODERATE SEDATION SERVICES PROVIDED	84.68	05	15	X								
63	99157	MODERATE SEDATION SERVICES PROVIDED	68.14	00	20	X							X	
67	99157	MODERATE SEDATION SERVICES PROVIDED	68.14	00	15	X							X	
63	99170	EXAMINATION OF GENITAL AND ANAL REGI	160.80										X	
67	99170	EXAMINATION OF GENITAL AND ANAL REGI	160.80	00	15								X	
63	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	120.25			X							X	
67	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	120.25	00	15	X							X	
63	99184	INITIATION OF SELECTIVE HEAD OR TOTA	238.70											
67	99184	INITIATION OF SELECTIVE HEAD OR TOTA	238.70	00	15									
63	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	77.78											
63	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	77.78	10	59			F						
67	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	77.78	00	15									
67	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	77.78	10	15			F						
63	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	110.66											
63	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	110.66	10	59			F						
67	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	110.66	00	15									
67	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	110.66	10	15			F						
63	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	170.60											
63	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	170.60	10	59			F						
67	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	170.60	00	15									

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1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	170.60	10	15			F						
63	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	216.04											
63	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	216.04	10	59			F						
67	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	216.04	00	15									
67	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	216.04	10	15			F						
63	99211	OFFICE,EST PT, MINIMAL PROBLEMS	22.90										X	
63	99211 TH	OFFICE,EST PT,MINIMAL	22.90	10	59			F						
67	99211	EST PATIENT OFFICE VISIT	22.90	00	15									
67	99211 TH	OFFICE,EST PT,MINIMAL	22.90	10	15			F						
63	99212	ESTABLISHED PATIENT OFFICE OR OTHER	46.12										X	
63	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	46.12	10	59			F						
67	99212	ESTABLISHED PATIENT OFFICE OR OTHER	46.12	00	15								X	
67	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	46.12	10	15			F						
63	99213	ESTABLISHED PATIENT OFFICE OR OTHER	76.82											
63	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	76.82	10	59			F						
67	99213	ESTABLISHED PATIENT OFFICE OR OTHER	76.82	00	15									
67	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	76.82	10	15			F						
63	99214	ESTABLISHED PATIENT OFFICE OR OTHER	111.75											
63	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	111.75	10	59			F						
67	99214	ESTABLISHED PATIENT OFFICE OR OTHER	111.75	00	15									
67	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	111.75	10	15			F						
63	99215	ESTABLISHED PATIENT OFFICE OR OTHER	150.57											
63	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	150.57	10	59			F						
67	99215	ESTABLISHED PATIENT OFFICE OR OTHER	150.57	00	15									
67	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	150.57	10	15			F						
63	99218	HOSPITAL OBSERVATION CARE TYPICALLY	106.32											
67	99218	HOSPITAL OBSERVATION CARE TYPICALLY	106.32	00	15									
63	99219	HOSPITAL OBSERVATION CARE TYPICALLY	143.83											
67	99219	HOSPITAL OBSERVATION CARE TYPICALLY	143.83	00	15									
63	99220	HOSPITAL OBSERVATION CARE TYPICALLY	196.32											
67	99220	HOSPITAL OBSERVATION CARE TYPICALLY	196.32	00	15									
63	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	108.78											
67	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	108.78	00	15									
63	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	146.48											
67	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	146.48	00	15									
63	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	214.52											
67	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	214.52	00	15									
63	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	42.17											
67	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	42.17	00	15									
63	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	76.89											
67	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	76.89	00	15									
63	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	110.65											
67	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	110.65	00	15									
63	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	41.83											
67	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	41.83	00	15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	76.55										
67	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	76.55	00 15									
63	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	110.31										
67	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	110.31	00 15									
63	99234	HOSPITAL OBSERVATION OR INPATIENT CA	142.05								X		
67	99234	HOSPITAL OBSERVATION OR INPATIENT CA	142.05	00 15							X		
63	99235	HOSPITAL OBSERVATION OR INPATIENT CA	179.22								X		
67	99235	HOSPITAL OBSERVATION OR INPATIENT CA	179.22	00 15							X		
63	99236	HOSPITAL OBSERVATION OR INPATIENT CA	230.90								X		
67	99236	HOSPITAL OBSERVATION OR INPATIENT CA	230.90	00 15							X		
63	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	76.71										
67	99238	HOSPITAL	76.71	00 15									
63	99239	HOSPITAL DISCHARGE DAY	112.40										
67	99239	HOSPITAL DISCHARGE DAY	112.40	00 15									
63	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	24.53										
67	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	24.53	00 15									
63	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	47.09										
67	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	47.09	00 15									
63	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	70.52										
67	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	70.52	00 15									
63	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	129.94										
67	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	129.94	00 15									
63	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	188.98										
67	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	188.98	00 15									
63	99291	CRITICAL CARE, FIRST HOUR	292.74		X								
67	99291	CRITICAL CARE, FIRST HOUR	292.74	00 15	X								
63	99292	CRITICAL CARE, EVALUATION AND MANAGE	131.17		X							X	
67	99292	CRITICAL CARE, EVALUATION AND MANAGE	131.17	00 15	X							X	
63	99304	INITIAL NURSING FACILITY VISIT, TYPI	95.20										
67	99304	INITIAL NURSING FACILITY VISIT, TYPI	95.20	00 15									
63	99305	INITIAL NURSING FACILITY VISIT, TYPI	135.88										
67	99305	INITIAL NURSING FACILITY VISIT, TYPI	135.88	00 15									
63	99306	INITIAL NURSING FACILITY VISIT, TYPI	175.79										
67	99306	INITIAL NURSING FACILITY VISIT, TYPI	175.79	00 15									
63	99307	SUBSEQUENT NURSING FACILITY VISIT, T	46.07										
67	99307	SUBSEQUENT NURSING FACILITY VISIT, T	46.07	00 15									
63	99308	SUBSEQUENT NURSING FACILITY VISIT, T	72.30										
67	99308	SUBSEQUENT NURSING FACILITY VISIT, T	72.30	00 15									
63	99309	SUBSEQUENT NURSING FACILITY VISIT, T	95.17										
67	99309	SUBSEQUENT NURSING FACILITY VISIT, T	95.17	00 15									
63	99310	SUBSEQUENT NURSING FACILITY VISIT, T	140.61										
67	99310	SUBSEQUENT NURSING FACILITY VISIT, T	140.61	00 15									
63	99315	NURSING FAC DISCHARGE DAY	77.05										
67	99315	NURSING FAC DISCHARGE DAY	77.05	00 15									
63	99316	NURSING FAC DISCHARGE DAY	110.57										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	99316	NURSING FAC DISCHARGE DAY	110.57	00	15									
63	99324	NEW PATIENT ASSISTED LIVING VISIT, T	57.35											
67	99324	NEW PATIENT ASSISTED LIVING VISIT, T	57.35	00	15									
63	99325	NEW PATIENT ASSISTED LIVING VISIT, T	83.76											
67	99325	NEW PATIENT ASSISTED LIVING VISIT, T	83.76	00	15									
63	99326	NEW PATIENT ASSISTED LIVING VISIT, T	145.62											
67	99326	NEW PATIENT ASSISTED LIVING VISIT, T	145.62	00	15									
63	99327	NEW PATIENT ASSISTED LIVING VISIT, T	195.52											
67	99327	NEW PATIENT ASSISTED LIVING VISIT, T	195.52	00	15									
63	99328	NEW PATIENT ASSISTED LIVING VISIT, T	231.69											
67	99328	NEW PATIENT ASSISTED LIVING VISIT, T	231.69	00	15									
63	99334	ESTABLISHED PATIENT ASSISTED LIVING	63.16											
67	99334	ESTABLISHED PATIENT ASSISTED LIVING	63.16	00	15									
63	99335	ESTABLISHED PATIENT ASSISTED LIVING	100.00											
67	99335	ESTABLISHED PATIENT ASSISTED LIVING	100.00	00	15									
63	99336	ESTABLISHED PATIENT ASSISTED LIVING	141.45											
67	99336	ESTABLISHED PATIENT ASSISTED LIVING	141.45	00	15									
63	99337	ESTABLISHED PATIENT ASSISTED LIVING	204.60											
67	99337	ESTABLISHED PATIENT ASSISTED LIVING	204.60	00	15									
63	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	57.35											
67	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	57.35	00	15									
63	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	82.74											
67	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	82.74	00	15									
63	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	136.05											
67	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	136.05	00	15									
63	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	192.55											
67	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	192.55	00	15									
63	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	234.48											
67	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	234.48	00	15									
63	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	57.30											
67	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	57.30	00	15									
63	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	88.47											
67	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	88.47	00	15									
63	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	135.11											
67	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	135.11	00	15									
63	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	189.05											
67	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	189.05	00	15									
63	99460	INITIAL HOSPITAL OR BIRTHING CENTER	101.71	00	00					X				
67	99460	INITIAL HOSPITAL OR BIRTHING CENTER	101.71	00	00					X				
63	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	93.82	00	00					X				
67	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	93.82	00	00					X				
63	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	44.90	00	00									
67	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	44.90	00	00									
63	99463	INITIAL HOSPITAL OR BIRTHING CENTER	116.98	00	00					X				
67	99463	INITIAL HOSPITAL OR BIRTHING CENTER	116.98	00	00					X				

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	79.42	00	00									
67	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	79.42	00	00									
63	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	155.62	00	00									
67	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	155.62	00	00									
63	99466	CRITICAL CARE SERVICES DELIVERED BY	254.01	00	01									
67	99466	CRITICAL CARE SERVICES DELIVERED BY	254.01	00	01									
63	99467	CRITICAL CARE SERVICES DELIVERED BY	127.30	00	01								X	
67	99467	CRITICAL CARE SERVICES DELIVERED BY	127.30	00	01								X	
63	99468	INITIAL INPATIENT NEONATAL CRITICAL	978.89	00	00									
67	99468	INITIAL INPATIENT NEONATAL CRITICAL	978.89	00	00									
63	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	423.86	00	00									
67	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	423.86	00	00									
63	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	847.51	00	01									
67	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	847.51	00	01									
63	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	428.33	00	01									
67	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	428.33	00	01									
63	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	596.48	02	05									
67	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	596.48	02	05									
63	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	368.90	02	05									
67	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	368.90	02	05									
63	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	371.99	00	00									
67	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	371.99	00	00									
63	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	146.21	00	00									
67	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	146.21	00	00									
63	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	132.62	00	00									
67	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	132.62	00	00									
63	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	127.30	00	00									
67	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	127.30	00	00									