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

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

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

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

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

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

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
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	60.19	16 99								X	
67	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	60.19	00 15					X			X	
63	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	16.75	16 99								X	
67	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	16.75	00 15					X			X	
63	G0117	GLAUCOMA SCRN HGH RISK DIREC	59.29								X		
63	G0118	GLAUCOMA SCRN HGH RISK DIREC	42.74								X		
63	G0124	SCREENING CYTOPATHOLOGY, PHY. INTERP	22.93								X		
63	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NU	24.86								X		
63	G0141	SCR C/V CYTO,AUTOSYS AND MD	22.93								X		
63	G0179	PHYS SERV FO THE RECERT OF MEDICARE	43.46								X		
63	G0180	MD CERTIFICATION HHA PATIENT	56.31								X		
63	G0181	HOME HEALTH CARE SUPERVISION	114.40								X		
63	G0245	INITIAL FOOT EXAM PT LOPS	69.96								X		
63	G0246	FOLLOWUP EVAL OF FOOT PT LOP	40.73								X		
63	G0247	ROUTINE FOOTCARE PT W LOPS	85.26								X		
63	G0250	MD REVIEW INTERPRET OF TEST	8.90								X		
63	G0268	REMOVAL OF IMPACTED WAX MD	55.33								X		
63	G0270	MNT SUBS TX FOR CHANGE DX	34.26								X		
63	G0271	GROUP MNT 2 OR MORE 30 MINS	18.11								X		
63	G0278	ILIAC ART ANGIO,CARDIAC CATH	15.38								X		
63	G0281	ELEC STIM UNATTEND FOR PRESS	14.01								X		
63	G0283	ELEC STIM OTHER THAN WOUND	14.01								X		
63	G0289	ARTHRO, LOOSE BODY + CHONDRO	97.65								X		
63	G0329	ELECTROMAGNTIC TX FOR ULCERS	11.37								X		
63	G0341	PERCUTANEOUS ISLET CELLTRANS	2,191.19								X		
63	G0342	LAPAROSCOPY ISLET CELL TRANS	749.44								X		
63	G0343	LAPAROTOMY ISLET CELL TRANSP	1,430.78								X		
63	G0372	MD SERVICE REQUIRED FOR PMD	9.87								X		
65	G0452	MOLECULAR PATHOLOGY PROCEDURE;PHYS	50.63	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
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2022

COLUMN:

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

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	01920	ANES;CARD.CATH,CORO ANGIO/VENTRICULO	SP						X		7		X	
01	01922	ANES;NON-INVASIVE IMAG RAD THERAPHY	SP						X		7		X	
01	01924	ANES, THER INTERVEN RAD,ARTE SYS;NOS	SP						X		5		X	
01	01925	ANES, THER INTERVEN RAD,CAROTID/CORO	SP						X		7		X	
01	01926	ANES;THER INTERV INTRACRAN/CARD,AORT	SP						X		8		X	
01	01930	ANES;THER INTERV RAD, VEN/LYMPHATIC	SP						X		5		X	
01	01931	ANES;THER INTERVEN RAD TIPS	SP						X		7		X	
01	01932	ANES;THER INTERV INTRAHORAC JUGULAR	SP						X		6		X	
01	01933	ANES;THER INTERV RAD INTRACRANIAL	SP						X		7		X	
01	01937	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01938	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01939	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01940	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01941	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		5		X	
01	01942	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		5		X	
01	01951	ANESTH, BURN, LESS THAN ONE PERCENT	SP						X		3		X	
01	01952	ANES;BURN,BETWEEN 4-9 PERCENT	SP						X		5		X	
01	01953	ANES;BURN, EACH ADD 9 PERCENT	SP						X		1		X	
01	01958	ANESTH, ANTEPARTUM MANIPUL	SP					F	X		5		X	
01	01960	ANES;VAGINAL DELIVERY	SP	09	60			F	X	X	5		X	
01	01961	ANES;CESAREAN DELIVERY ONLY	SP	09	60			F	X	X	7		X	
01	01962	ANES;URGENT HYSTERECTOMY FOLLOW.DELI	SP	09	60	X		F	X	X	8		X	
01	01963	ANESTHESIA FOR CESAREAN REMOVAL OF U	SP	09	60	X		F	X	X	8		X	
01	01965	ANESTH, INC/MISSED AB PROC	SP	09	60	X		F	X		4		X	
01	01966	ANESTH, INDUCED AB PROCEDURE	SP	09	60	X		F	X		4		X	
01	01967	ANES;NEURAXIAL LABOR ANALG VAGIN DEL	SP	09	60			F	X	X	5		X	
01	01968	ANES;ANALG CS DELIVER FOLL NEURA LAB	SP	09	60			F	X	X	2		X	
01	01969	ANES;ANALG CS HYST FOLL NEURAX LABOR	SP	09	60			F	X	X	5		X	
01	01991	ANES;FOR DIA OR THER NERVE BLOCK INJ	SP						X	X	3		X	
01	01992	ANES;PRONE POSITION	SP						X	X	5		X	
01	01999	ANES;UNLISTED PROCEDURE (S)	SP			X			X		1		X	
63	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	56.96										X	
67	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	56.96	00	15								X	
63	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	145.75											
67	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	145.75	00	15									
63	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	66.98										X	
67	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	66.98	00	15								X	
63	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	320.85											
67	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	320.85	00	15									
63	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	171.59										X	
67	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	171.59	00	15								X	
63	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	488.64											
67	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	488.64	00	15									
63	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	290.76										X	
67	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	290.76	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	10021	FNA W/O IMAGE	110.38										
67	10021	FNA W/O IMAGE	110.38	00 15									
63	10030	Fluid collection drainage by cathete	683.35										
67	10030	Fluid collection drainage by cathete	683.35	00 15									
63	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	439.17										
67	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	439.17	00 15									
63	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	372.77										
67	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	372.77	00 15									
63	10060	DRAINAGE OF SKIN ABSCESS	131.61										
67	10060	DRAINAGE OF SKIN ABSCESS	131.61	00 15									
63	10061	DRAIN SKIN ABSCESS COMPLICATED	229.03										
67	10061	DRAIN SKIN ABSCESS COMPLICATED	229.03	00 15									
63	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	255.92										
67	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	255.92	00 15									
63	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	360.07										
67	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	360.07	00 15									
63	10120	SIMPLE REMOVAL FOREIGN BODY	161.74										
67	10120	SIMPLE REMOVAL FOREIGN BODY	161.74	00 15									
63	10121	COMPLICATED REMOVAL FOREIGN BODY	292.12										
67	10121	COMPLICATED REMOVAL FOREIGN BODY	292.12	00 15									
63	10140	INCISE/DRAIN SIMPLE HEMATOMA	183.47										
67	10140	INCISE/DRAIN SIMPLE HEMATOMA	183.47	00 15									
63	10160	PUNCTURE DRAINAGE OF LESION	139.24										
67	10160	PUNCTURE DRAINAGE OF LESION	139.24	00 15									
63	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	284.29										
67	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	284.29	00 15									
63	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	61.41										
67	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	61.41	00 15									
63	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	27.38									X	
67	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	27.38	00 15								X	
63	11004	DEBRIDE GENITALIA & PERINEUM	657.46										
67	11004	DEBRIDE GENITALIA & PERINEUM	657.46	00 15									
63	11005	DEBRIDE ABDOM WALL	904.34										
67	11005	DEBRIDE ABDOM WALL	904.34	00 15									
63	11006	DEBRIDE GENIT/PER/ABDOM WALL	810.96										
67	11006	DEBRIDE GENIT/PER/ABDOM WALL	810.96	00 15									
63	11008	REMOVE MESH FROM ABD WALL	318.21										
67	11008	REMOVE MESH FROM ABD WALL	318.21	00 15									
63	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	506.44										
67	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	506.44	00 15									
63	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	565.53										
67	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	565.53	00 15									
63	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	728.44									X	
67	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	728.44	00 15								X	
63	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	137.36										

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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	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	137.36	00 15									
63	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	255.65										
67	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	255.65	00 15									
63	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	343.36										
67	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	343.36	00 15									
63	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	45.25									X	
67	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	45.25	00 15								X	
63	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	82.46									X	
67	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	82.46	00 15								X	
63	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	136.71									X	
67	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	136.71	00 15								X	
63	11055	TRIM SKIN LESION	72.26										
67	11055	TRIM SKIN LESION	72.26	00 15									
63	11056	TRIM 2 TO 4 SKIN LESIONS	83.22										
67	11056	TRIM 2 TO 4 SKIN LESIONS	83.22	00 15									
63	11057	TRIM OVER 4 SKIN LESIONS	91.97										
67	11057	TRIM OVER 4 SKIN LESIONS	91.97	00 15									
63	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	108.03										
67	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	108.03	00 15									
63	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	55.38									X	
67	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	55.38	00 15								X	
63	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	135.78										
67	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	135.78	00 15									
63	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	64.06									X	
67	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	64.06	00 15								X	
63	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	165.97										
67	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	165.97	00 15									
63	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	76.43									X	
67	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	76.43	00 15								X	
63	11200	EXCISE UP TO 15 SKIN TAGS	95.20										
67	11200	EXCISE UP TO 15 SKIN TAGS	95.20	00 15									
63	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	20.52									X	
67	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	20.52	00 15								X	
63	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	107.05										
67	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	107.05	00 15									
63	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	130.69										
67	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	130.69	00 15									
63	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	149.48										
67	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	149.48	00 15									
63	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	165.13										
67	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	165.13	00 15									
63	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	113.33										
67	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	113.33	00 15									
63	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	131.66										
67	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	131.66	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	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	152.97										
67	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	152.97	00 15									
63	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	163.45										
67	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	163.45	00 15									
63	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	124.40										
67	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	124.40	00 15									
63	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	148.03										
67	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	148.03	00 15									
63	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	168.96										
67	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	168.96	00 15									
63	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	196.91										
67	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	196.91	00 15									
63	11400	EXCISE BENIGN LESION TO 0.5 CM	135.46									X	
67	11400	EXCISE BENIGN LESION TO 0.5 CM	135.46	00 15								X	
63	11401	EXCISE BENIGN LESION 0.6 TO 1CM	165.96									X	
67	11401	EXCISE BENIGN LESION 0.6 TO 1CM	165.96	00 15								X	
63	11402	EXCISE BENIGN LESION 1.1 TO 2CM	183.84									X	
67	11402	EXCISE BENIGN LESION 1.1 TO 2CM	183.84	00 15								X	
63	11403	EXCISE BENIGN LESION 2.1 TO 3CM	212.87									X	
67	11403	EXCISE BENIGN LESION 2.1 TO 3CM	212.87	00 15								X	
63	11404	EXCISE BENIGN LESION 3.1 TO 4CM	243.17									X	
67	11404	EXCISE BENIGN LESION 3.1 TO 4CM	243.17	00 15								X	
63	11406	EXCISE BENIGN LESION OVER 4 CM	350.17									X	
67	11406	EXCISE BENIGN LESION OVER 4 CM	350.17	00 15								X	
63	11420	EXCISE BENIGN LESION TO 0.5 CM	136.44									X	
67	11420	EXCISE BENIGN LESION TO 0.5 CM	136.44	00 15								X	
63	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	171.17									X	
67	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	171.17	00 15								X	
63	11422	EXCISE BENIGN LESION 1.1 TO 2CM	193.51									X	
67	11422	EXCISE BENIGN LESION 1.1 TO 2CM	193.51	00 15								X	
63	11423	EXCISE BENIGN LESION 2.1 TO 3CM	221.29									X	
67	11423	EXCISE BENIGN LESION 2.1 TO 3CM	221.29	00 15								X	
63	11424	EXCISE BENIGN LESION 3.1 TO 4CM	255.23									X	
67	11424	EXCISE BENIGN LESION 3.1 TO 4CM	255.23	00 15								X	
63	11426	EXCISE BENIGN LESION OVER 4.0 CM	370.22									X	
67	11426	EXCISE BENIGN LESION OVER 4.0 CM	370.22	00 15								X	
63	11440	EXCISE BENIGN LESION TO 0.5 CM	151.53									X	
67	11440	EXCISE BENIGN LESION TO 0.5 CM	151.53	00 15								X	
63	11441	EXCISE BENIGN LESION 0.6 TO 1CM	185.94									X	
67	11441	EXCISE BENIGN LESION 0.6 TO 1CM	185.94	00 15								X	
63	11442	EXCISE BENIGN LESION 1.1 TO 2CM	206.90									X	
67	11442	EXCISE BENIGN LESION 1.1 TO 2CM	206.90	00 15								X	
63	11443	EXCISE BENIGN LESION 2.1 TO 3CM	247.04									X	
67	11443	EXCISE BENIGN LESION 2.1 TO 3CM	247.04	00 15								X	
63	11444	EXCISE BENIGN LESION 3.1 TO 4CM	310.04									X	

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	11444	EXCISE BENIGN LESION 3.1 TO 4CM	310.04	00	15								X	
63	11446	EXCISE BENIGN LESION OVER 4.0 CM	425.54										X	
67	11446	EXCISE BENIGN LESION OVER 4.0 CM	425.54	00	15								X	
63	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	463.44											
67	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	463.44	00	15									
63	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	572.35											
67	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	572.35	00	15									
63	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	446.85											
67	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	446.85	00	15									
63	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	577.12											
67	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	577.12	00	15									
63	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	489.03											
67	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	489.03	00	15									
63	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	592.53											
67	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	592.53	00	15									
63	11600	EXCISE MALIGNANCY TO 0.5 CM	213.35										X	
67	11600	EXCISE MALIGNANCY TO 0.5 CM	213.35	00	15								X	
63	11601	EXCISE MALIGNANCY 0.6 TO 1CM	246.55										X	
67	11601	EXCISE MALIGNANCY 0.6 TO 1CM	246.55	00	15								X	
63	11602	EXCISE MALIGNANCY 1.1 TO 2CM	263.22										X	
67	11602	EXCISE MALIGNANCY 1.1 TO 2CM	263.22	00	15								X	
63	11603	EXCISE MALIGNANCY 2.1 TO 3CM	300.87										X	
67	11603	EXCISE MALIGNANCY 2.1 TO 3CM	300.87	00	15								X	
63	11604	EXCISE MALIGNANCY 3.1 TO 4CM	337.02										X	
67	11604	EXCISE MALIGNANCY 3.1 TO 4CM	337.02	00	15								X	
63	11606	EXCISE MALIGNANCY OVER 4CM	487.60										X	
67	11606	EXCISE MALIGNANCY OVER 4CM	487.60	00	15								X	
63	11620	EXCISE MALIGNANCY TO 0.5CM	214.09										X	
67	11620	EXCISE MALIGNANCY TO 0.5CM	214.09	00	15								X	
63	11621	EXCISE MALIGNANCY 0.6 TO 1CM	247.28										X	
67	11621	EXCISE MALIGNANCY 0.6 TO 1CM	247.28	00	15								X	
63	11622	EXCISE MALIGNANCY 1.1 TO 2CM	271.91										X	
67	11622	EXCISE MALIGNANCY 1.1 TO 2CM	271.91	00	15								X	
63	11623	EXCISE MALIGNANCY 2.1 TO 3CM	320.71										X	
67	11623	EXCISE MALIGNANCY 2.1 TO 3CM	320.71	00	15								X	
63	11624	EXCISE MALIGNANCY 3.1 TO 4CM	365.48										X	
67	11624	EXCISE MALIGNANCY 3.1 TO 4CM	365.48	00	15								X	
63	11626	EXCISE MALIGNANCY OVER 4CM	445.70										X	
67	11626	EXCISE MALIGNANCY OVER 4CM	445.70	00	15								X	
63	11640	EXCISE MALIGNANCY TO 0.5CM	218.66										X	
67	11640	EXCISE MALIGNANCY TO 0.5CM	218.66	00	15								X	
63	11641	EXCISE MALIGNANCY 0.6 TO 1CM	255.39										X	
67	11641	EXCISE MALIGNANCY 0.6 TO 1CM	255.39	00	15								X	
63	11642	EXCISE MALIGNANCY 1.1 TO 2CM	289.14										X	
67	11642	EXCISE MALIGNANCY 1.1 TO 2CM	289.14	00	15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	11643	EXCISE MALIGNANCY 2.1 TO 3CM	342.69									X	
67	11643	EXCISE MALIGNANCY 2.1 TO 3CM	342.69	00 15								X	
63	11644	EXCISE MALIGNANCY 3.1 TO 4CM	424.08									X	
67	11644	EXCISE MALIGNANCY 3.1 TO 4CM	424.08	00 15								X	
63	11646	EXCISE MALIGNANCY OVER 4CM	556.30									X	
67	11646	EXCISE MALIGNANCY OVER 4CM	556.30	00 15								X	
63	11719	TRIM NAIL(S)	14.99		X						X		
67	11719	TRIM NAIL(S)	14.99	00 15	X						X		
63	11720	DEBRIDE NAIL, 1-5	35.32										
67	11720	DEBRIDE NAIL, 1-5	35.32	00 15									
63	11721	DEBRIDE NAIL, 6 OR MORE	47.65										
67	11721	DEBRIDE NAIL, 6 OR MORE	47.65	00 15									
63	11730	SIMPLE REMOVAL OF NAIL PLATE	123.60										
67	11730	SIMPLE REMOVAL OF NAIL PLATE	123.60	00 15									
63	11732	REMOVE ADDITIONAL NAIL PLATES	36.64									X	
67	11732	REMOVE ADDITIONAL NAIL PLATES	36.64	00 15								X	
63	11740	EVACUATE HEMATOMA UNDER NAIL	58.72									X	
67	11740	EVACUATE HEMATOMA UNDER NAIL	58.72	00 15								X	
63	11750	EXCISION NAIL & NAIL MATRIX	172.58									X	
67	11750	EXCISION NAIL & NAIL MATRIX	172.58	00 15								X	
63	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	134.99										
67	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	134.99	00 15									
63	11760	SIMPLE RECONSTRUCTION NAIL BED	207.22									X	
67	11760	SIMPLE RECONSTRUCTION NAIL BED	207.22	00 15								X	
63	11762	NAIL RECONSTRUCTION; COMPLICATED	317.65									X	
67	11762	NAIL RECONSTRUCTION; COMPLICATED	317.65	00 15								X	
63	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	177.76									X	
67	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	177.76	00 15								X	
63	11770	SIMPLE EXCISION PILONIDAL CYST	375.84										
67	11770	SIMPLE EXCISION PILONIDAL CYST	375.84	00 15									
63	11771	EXCISE PILONIDAL CYST; EXTENSIVE	686.90										
67	11771	EXCISE PILONIDAL CYST; EXTENSIVE	686.90	00 15									
63	11772	PILONIDAL CYST; COMPLICATED	845.26										
67	11772	PILONIDAL CYST; COMPLICATED	845.26	00 15									
63	11900	INTRALESIONAL INJECTION; UP TO 7	59.65										
67	11900	INTRALESIONAL INJECTION; UP TO 7	59.65	00 15									
63	11901	INTRALESIONAL INJECTION; OVER 7	75.69										
67	11901	INTRALESIONAL INJECTION; OVER 7	75.69	00 15									
63	11920	TATOOING; 6SQ CM OR LESS	206.44			X							
63	11921	TATOOING; 6.1 SQ CM TO 20 SQ CM	235.45			X							
63	11960	INSERTION OF TISSUE EXPANDER	1,112.19			X							
67	11960	INSERTION OF TISSUE EXPANDER	1,112.19	00 15		X							
63	11970	REPLACEMENT OF TISSUE EXPANDER WITH	621.86			X						X	
67	11970	REPLACEMENT OF TISSUE EXPANDER WITH	621.86	00 15		X						X	
63	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	603.68			X							

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	603.68	00 15		X							
63	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	158.92	10 60			F						
67	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	158.92	10 15			F						
63	11980	IMPLANT HORMONE PELLET(S)	102.56				F						
67	11980	IMPLANT HORMONE PELLET(S)	102.56	00 15			F						
63	11981	INSERT DRUG IMPLANT DEVICE	113.15										
67	11981	INSERT DRUG IMPLANT DEVICE	113.15	00 15									
63	11982	REMOVE DRUG IMPLANT DEVICE	128.12										
67	11982	REMOVE DRUG IMPLANT DEVICE	128.12	00 15									
63	11983	REMOVE/INSERT DRUG IMPLANT	160.09										
67	11983	REMOVE/INSERT DRUG IMPLANT	160.09	00 15									
63	12001	SIMPLE WOUND REPAIR TO 2.5CM	100.76										
67	12001	SIMPLE WOUND REPAIR TO 2.5CM	100.76	00 15									
63	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	123.02										
67	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	123.02	00 15									
63	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	143.76										
67	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	143.76	00 15									
63	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	193.07										
67	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	193.07	00 15									
63	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	226.00										
67	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	226.00	00 15									
63	12007	SIMPLE WOUND REPAIR OVER 30CM	259.36										
67	12007	SIMPLE WOUND REPAIR OVER 30CM	259.36	00 15									
63	12011	SIMPLE WOUND REPAIR TO 2.5CM	122.68										
67	12011	SIMPLE WOUND REPAIR TO 2.5CM	122.68	00 15									
63	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	128.19										
67	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	128.19	00 15									
63	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	157.37										
67	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	157.37	00 15									
63	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	190.06										
67	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	190.06	00 15									
63	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	243.11										
67	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	243.11	00 15									
63	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	179.70										
67	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	179.70	00 15									
63	12018	SIMPLE WOUND REPAIR OVER 30 CM	203.99										
67	12018	SIMPLE WOUND REPAIR OVER 30 CM	203.99	00 15									
63	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	324.47										
67	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	324.47	00 15									
63	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	190.30										
67	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	190.30	00 15									
63	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	279.57										
67	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	279.57	00 15									
63	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	325.60										
67	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	325.60	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	359.35										
67	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	359.35	00 15									
63	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	427.55										
67	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	427.55	00 15									
63	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	475.81										
67	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	475.81	00 15									
63	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	535.17										
67	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	535.17	00 15									
63	12041	LAYER CLOSURE WOUND TO 2.5CM	281.26										
67	12041	LAYER CLOSURE WOUND TO 2.5CM	281.26	00 15									
63	12042	LAYER CLOSURE 2.6 TO 7.5CM	330.86										
67	12042	LAYER CLOSURE 2.6 TO 7.5CM	330.86	00 15									
63	12044	LAYER CLOSURE 7.6 TO 12.5CM	409.15										
67	12044	LAYER CLOSURE 7.6 TO 12.5CM	409.15	00 15									
63	12045	LAYER CLOSURE 12.6 TO 20CM	441.07										
67	12045	LAYER CLOSURE 12.6 TO 20CM	441.07	00 15									
63	12046	LAYER CLOSURE 20.1 TO 30CM	550.41										
67	12046	LAYER CLOSURE 20.1 TO 30CM	550.41	00 15									
63	12047	LAYER CLOSURE WOUND OVER 30CM	604.57										
67	12047	LAYER CLOSURE WOUND OVER 30CM	604.57	00 15									
63	12051	LAYER CLOSURE WOUND TO 2.5CM	301.49										
67	12051	LAYER CLOSURE WOUND TO 2.5CM	301.49	00 15									
63	12052	LAYER CLOSURE 2.6 TO 5CM	337.22										
67	12052	LAYER CLOSURE 2.6 TO 5CM	337.22	00 15									
63	12053	LAYER CLOSURE 5.1 TO 7.5CM	393.73										
67	12053	LAYER CLOSURE 5.1 TO 7.5CM	393.73	00 15									
63	12054	LAYER CLOSURE 7.6 TO 12.5CM	418.02										
67	12054	LAYER CLOSURE 7.6 TO 12.5CM	418.02	00 15									
63	12055	LAYER CLOSURE 12.6 TO 20CM	547.16										
67	12055	LAYER CLOSURE 12.6 TO 20CM	547.16	00 15									
63	12056	LAYER CLOSURE 20.1 TO 30CM	631.36										
67	12056	LAYER CLOSURE 20.1 TO 30CM	631.36	00 15									
63	12057	LAYER CLOSURE WOUND OVER 30CM	672.15										
67	12057	LAYER CLOSURE WOUND OVER 30CM	672.15	00 15									
63	13100	COMPLEX REPAIR 1.1 TO 2.5CM	369.88										
67	13100	COMPLEX REPAIR 1.1 TO 2.5CM	369.88	00 15									
63	13101	COMPLEX REPAIR 2.6 TO 7.5CM	430.80										
67	13101	COMPLEX REPAIR 2.6 TO 7.5CM	430.80	00 15									
63	13102	REPAIR WOUND/LESION ADD-ON	129.31										
67	13102	REPAIR WOUND/LESION ADD-ON	129.31	00 15									
63	13120	COMPLEX REPAIR 1.1 TO 2.5CM	384.83										
67	13120	COMPLEX REPAIR 1.1 TO 2.5CM	384.83	00 15									
63	13121	COMPLEX REPAIR 2.6 TO 7.5CM	462.25										
67	13121	COMPLEX REPAIR 2.6 TO 7.5CM	462.25	00 15									
63	13122	REPAIR WOUND/LESION ADD-ON	140.71										

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	13122	REPAIR WOUND/LESION ADD-ON	140.71	00 15									
63	13131	COMPLEX REPAIR 1.1 TO 2.5CM	421.73										
67	13131	COMPLEX REPAIR 1.1 TO 2.5CM	421.73	00 15									
63	13132	COMPLEX REPAIR 2.6 TO 7.5CM	511.79										
67	13132	COMPLEX REPAIR 2.6 TO 7.5CM	511.79	00 15									
63	13133	REPAIR WOUND/LESION ADD-ON	186.68										
67	13133	REPAIR WOUND/LESION ADD-ON	186.68	00 15									
63	13151	COMPLEX REPAIR 1.1 TO 2.5CM	460.88										
67	13151	COMPLEX REPAIR 1.1 TO 2.5CM	460.88	00 15									
63	13152	COMPLEX REPAIR 2.6 TO 7.5CM	543.87										
67	13152	COMPLEX REPAIR 2.6 TO 7.5CM	543.87	00 15									
63	13153	REPAIR WOUND/LESION ADD-ON	205.69										
67	13153	REPAIR WOUND/LESION ADD-ON	205.69	00 15									
63	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	892.36										
67	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	892.36	00 15									
63	14000	TISSUE TRANSFER; DEFECT TO 10CM	681.84										
67	14000	TISSUE TRANSFER; DEFECT TO 10CM	681.84	00 15									
63	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	875.07										
67	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	875.07	00 15									
63	14020	TISSUE TRANSFER; TO 10 SQ CM	750.12										
67	14020	TISSUE TRANSFER; TO 10 SQ CM	750.12	00 15									
63	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	930.19										
67	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	930.19	00 15									
63	14040	TISSUE TRANSFER; TO 10 SQ CM	814.58										
67	14040	TISSUE TRANSFER; TO 10 SQ CM	814.58	00 15									
63	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	992.27										
67	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	992.27	00 15									
63	14060	TISSUE TRANSFER; TO 10 SQ CM	826.42										
67	14060	TISSUE TRANSFER; TO 10 SQ CM	826.42	00 15									
63	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,067.90										
67	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,067.90	00 15									
63	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,179.65										
67	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,179.65	00 15									
63	14302	ADJACENT TISSUE TRANSFER OR REARRANG	245.13									X	
67	14302	ADJACENT TISSUE TRANSFER OR REARRANG	245.13	00 15								X	
63	14350	FILLETED FINGER OR TOE FLAP	750.54										
67	14350	FILLETED FINGER OR TOE FLAP	750.54	00 15									
63	15002	WOUND PREP, TRK/ARM/LEG	385.05										
67	15002	WOUND PREP, TRK/ARM/LEG	385.05	00 15									
63	15003	SURGICAL PREPARATION OR CREATION +	78.93									X	
67	15003	SURGICAL PREPARATION OR CREATION +	78.93	00 15								X	
63	15004	WOUND PREP, F/N/HF/G	436.70										
67	15004	WOUND PREP, F/N/HF/G	436.70	00 15									
63	15005	SURGICAL PREPARATION OR CREATION +	134.00									X	
67	15005	SURGICAL PREPARATION OR CREATION +	134.00	00 15								X	

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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	15040	HARVEST CULTURED SKIN GRAFT	289.96										
67	15040	HARVEST CULTURED SKIN GRAFT	289.96	00 15									
63	15050	PINCH GRAFT; DEFECT UP TO 2CM	644.98										
67	15050	PINCH GRAFT; DEFECT UP TO 2CM	644.98	00 15									
63	15100	SPLIT GRAFT; UP TO 100 SQ CM	956.44										
67	15100	SPLIT GRAFT; UP TO 100 SQ CM	956.44	00 15									
63	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	207.49									X	
67	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	207.49	00 15								X	
63	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	915.11										
67	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	915.11	00 15									
63	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	128.44									X	
67	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	128.44	00 15								X	
63	15115	EPIDRM A-GRFT FACE/NCK/HF/G	897.60										
67	15115	EPIDRM A-GRFT FACE/NCK/HF/G	897.60	00 15									
63	15116	EPIDRM A-GRFT F/N/HF/G ADDL	184.99									X	
67	15116	EPIDRM A-GRFT F/N/HF/G ADDL	184.99	00 15								X	
63	15120	SPLIT GRAFT; UP TO 100 SQ CM	928.58										
67	15120	SPLIT GRAFT; UP TO 100 SQ CM	928.58	00 15									
63	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	232.90									X	
67	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	232.90	00 15								X	
63	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	789.64										
67	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	789.64	00 15									
63	15131	DERM AUTOGRAFT T/A/L ADD-ON	109.67									X	
67	15131	DERM AUTOGRAFT T/A/L ADD-ON	109.67	00 15								X	
63	15135	DERM AUTOGRAFT FACE/NCK/HF/G	957.84										
67	15135	DERM AUTOGRAFT FACE/NCK/HF/G	957.84	00 15									
63	15136	DERM AUTOGRAFT, F/N/HF/G ADD	108.30									X	
67	15136	DERM AUTOGRAFT, F/N/HF/G ADD	108.30	00 15								X	
63	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	802.13										
67	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	802.13	00 15									
63	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	137.36										
67	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	137.36	00 15									
63	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	170.17									X	
67	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	170.17	00 15								X	
63	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	883.72										
67	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	883.72	00 15									
63	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	186.40										
67	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	186.40	00 15									
63	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	206.73									X	
67	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	206.73	00 15								X	
63	15200	FULL THICK GRAFT TO 20 SQ CM	912.51										
67	15200	FULL THICK GRAFT TO 20 SQ CM	912.51	00 15									
63	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	158.66									X	
67	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	158.66	00 15								X	
63	15220	FULL THICK GRAFT TO 20 SQ CM	829.23										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	15220	FULL THICK GRAFT TO 20 SQ CM	829.23	00 15									
63	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	145.76									X	
67	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	145.76	00 15								X	
63	15240	FULL THICK GRAFT TO 20 SQ CM	1,002.43										
67	15240	FULL THICK GRAFT TO 20 SQ CM	1,002.43	00 15									
63	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	192.36									X	
67	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	192.36	00 15								X	
63	15260	FULL THICK GRAFT TO 20 SQ CM	1,072.79										
67	15260	FULL THICK GRAFT TO 20 SQ CM	1,072.79	00 15									
63	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	225.72									X	
67	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	225.72	00 15								X	
63	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	166.21										
67	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	166.21	00 15									
63	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	27.71									X	
67	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	27.71	00 15								X	
63	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	347.17										
67	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	347.17	00 15									
63	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	89.82										
67	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	89.82	00 15									
63	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	172.45										
67	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	172.45	00 15									
63	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	36.21									X	
67	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	36.21	00 15								X	
63	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	380.33										
67	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	380.33	00 15									
63	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	105.47										
67	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	105.47	00 15									
63	15570	FORMATION OF DIRECT OR TUBED PEDICLE	999.03										
67	15570	FORMATION OF DIRECT OR TUBED PEDICLE	999.03	00 15									
63	15572	FORMATION OF DIRECT OR TUBED PEDICLE	958.40										
67	15572	FORMATION OF DIRECT OR TUBED PEDICLE	958.40	00 15									
63	15574	FORMATION OF DIRECT OR TUBED PEDICLE	957.89										
67	15574	FORMATION OF DIRECT OR TUBED PEDICLE	957.89	00 15									
63	15576	FORMATION OF DIRECT OR TUBED PEDICLE	858.28										
67	15576	FORMATION OF DIRECT OR TUBED PEDICLE	858.28	00 15									
63	15600	INTERM DELAY FLAP TRUNK	357.45										
67	15600	INTERM DELAY FLAP TRUNK	357.45	00 15									
63	15610	INTERM DELAY FLAP SCALP/LIMBS	390.13										
67	15610	INTERM DELAY FLAP SCALP/LIMBS	390.13	00 15									
63	15620	INTERM DELAY FLAP CHIN/NECK/FEET	476.48										
67	15620	INTERM DELAY FLAP CHIN/NECK/FEET	476.48	00 15									
63	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	491.25										
67	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	491.25	00 15									
63	15650	TRANS INTER ANY PEDICLE FLAP	543.23										
67	15650	TRANS INTER ANY PEDICLE FLAP	543.23	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,587.01										
67	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,587.01	00 15									
63	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,228.31										
67	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,228.31	00 15									
63	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,148.46										
67	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,148.46	00 15									
63	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,699.94										
67	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,699.94	00 15									
63	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,358.22										
67	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,358.22	00 15									
63	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,438.37										
67	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,438.37	00 15									
63	15740	ISLAND PEDICLE FLAP GRAFT	1,088.73										
67	15740	ISLAND PEDICLE FLAP GRAFT	1,088.73	00 15									
63	15750	NEUROVASCULAR PEDICLE GRAFT	1,031.31										
67	15750	NEUROVASCULAR PEDICLE GRAFT	1,031.31	00 15									
63	15756	FREE MUSCLE FLAP, MICROVASC	2,558.25										
67	15756	FREE MUSCLE FLAP, MICROVASC	2,558.25	00 15									
63	15757	FREE SKIN FLAP, MICROVASC	2,545.52										
67	15757	FREE SKIN FLAP, MICROVASC	2,545.52	00 15									
63	15758	FREE FASCIAL FLAP, MICROVASC	2,552.95										
67	15758	FREE FASCIAL FLAP, MICROVASC	2,552.95	00 15									
63	15760	COMPOSITE SKIN GRAFT	917.09										
67	15760	COMPOSITE SKIN GRAFT	917.09	00 15									
63	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	532.16										
67	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	532.16	00 15									
63	15770	DERMA-FAT-FASCIA GRAFT	732.07										
67	15770	DERMA-FAT-FASCIA GRAFT	732.07	00 15									
63	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	627.09										
67	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	627.09	00 15									
63	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	199.30										
67	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	199.30	00 15									
63	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	632.36										
67	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	632.36	00 15									
63	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	193.40										
67	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	193.40	00 15									
63	15820	BLEPHAROPLASTY LOWER EYELIDS	612.73		X								
67	15820	BLEPHAROPLASTY LOWER EYELIDS	612.73	00 15	X								
63	15821	BLEPHAROPLASTY HERNIATED FAT PAD	659.00		X								
67	15821	BLEPHAROPLASTY HERNIATED FAT PAD	659.00	00 15	X								
63	15822	BLEPHAROPLASTY UPPER EYELID	490.89		X								
67	15822	BLEPHAROPLASTY UPPER EYELID	490.89	00 15	X								
63	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	660.89		X								
67	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	660.89	00 15	X								
63	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,312.75			X							

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,312.75	00 15		X							
63	15840	GRAFT FACIAL NERVE PARALYSIS	1,118.78										
67	15840	GRAFT FACIAL NERVE PARALYSIS	1,118.78	00 15									
63	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,985.50										
67	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,985.50	00 15									
63	15842	MICROSUR MUSCLE GRAFT FACE PALSY	3,027.79										
67	15842	MICROSUR MUSCLE GRAFT FACE PALSY	3,027.79	00 15									
63	15845	REANIMATION MUSCLE TRANS FACE	1,095.37										
67	15845	REANIMATION MUSCLE TRANS FACE	1,095.37	00 15									
63	15852	CHANGE DRESSING UNDER ANESTHESIA	53.17									X	
67	15852	CHANGE DRESSING UNDER ANESTHESIA	53.17	00 15								X	
63	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	121.79										
67	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	121.79	00 15									
63	15920	COCCYGECTOMY PRIMARY SUTURE	703.15										
67	15920	COCCYGECTOMY PRIMARY SUTURE	703.15	00 15									
63	15922	COCCYGECTOMY FLAP CLOSURE	877.43										
67	15922	COCCYGECTOMY FLAP CLOSURE	877.43	00 15									
63	15931	EXCISE SACRAL PRESSURE ULCER	796.68										
67	15931	EXCISE SACRAL PRESSURE ULCER	796.68	00 15									
63	15933	REMOVAL OF PRESSURE SORE	970.70										
67	15933	REMOVAL OF PRESSURE SORE	970.70	00 15									
63	15934	EXCISE,WITH SKIN FLAP CLOSURE	1,065.04										
67	15934	EXCISE,WITH SKIN FLAP CLOSURE	1,065.04	00 15									
63	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,279.22										
67	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,279.22	00 15									
63	15936	EXCISE ULCER W/ OTHER FLAP CLO	1,018.68										
67	15936	EXCISE ULCER W/ OTHER FLAP CLO	1,018.68	00 15									
63	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,171.28										
67	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,171.28	00 15									
63	15940	EXC ISCHIAL ULCER DIRECT SUTURE	793.42										
67	15940	EXC ISCHIAL ULCER DIRECT SUTURE	793.42	00 15									
63	15941	EXC ISCHIAL ULCER OSTECTOMY	1,031.63										
67	15941	EXC ISCHIAL ULCER OSTECTOMY	1,031.63	00 15									
63	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	1,021.91										
67	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	1,021.91	00 15									
63	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,126.89										
67	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,126.89	00 15									
63	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,818.97										
67	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,818.97	00 15									
63	15950	EXC TROCHANTERIC ULCER DIR SUTUR	683.64										
67	15950	EXC TROCHANTERIC ULCER DIR SUTUR	683.64	00 15									
63	15951	EXC TROCHAN ULCER OSTECTOMY	989.86										
67	15951	EXC TROCHAN ULCER OSTECTOMY	989.86	00 15									
63	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	1,012.74										
67	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	1,012.74	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,115.59										
67	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,115.59	00 15									
63	15956	EXC TROCH/ULC FLAP CLOSURE	1,310.47										
67	15956	EXC TROCH/ULC FLAP CLOSURE	1,310.47	00 15									
63	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,324.25										
67	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,324.25	00 15									
63	16000	INIT TREAT 1ST DEGREE BURN	80.91										
67	16000	INIT TREAT 1ST DEGREE BURN	80.91	00 15									
63	16020	DRESS/DEBRID BURN SMALL,NO ANES	90.91									X	
67	16020	DRESS/DEBRID BURN SMALL,NO ANES	90.91	00 15								X	
63	16025	DRESS/DEBRID BURN MED,NO ANESTH	169.11									X	
67	16025	DRESS/DEBRID BURN MED,NO ANESTH	169.11	00 15								X	
63	16030	DRESS/DEBRID BURN LG,NO ANESTH	211.85									X	
67	16030	DRESS/DEBRID BURN LG,NO ANESTH	211.85	00 15								X	
63	16035	ESCHAROTOMY B	220.99										
67	16035	ESCHAROTOMY B	220.99	00 15									
63	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	90.26									X	
67	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	90.26	00 15								X	
63	17000	DESTROY LESION,FACE-1 LESION	69.64										
67	17000	DESTROY LESION,FACE-1 LESION	69.64	00 15									
63	17003	DESTROY 2-14 LESIONS	6.67									X	
67	17003	DESTROY 2-14 LESIONS	6.67	00 15								X	
63	17004	DESTROY 15 & MORE LESIONS	174.25										
67	17004	DESTROY 15 & MORE LESIONS	174.25	00 15									
63	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	365.67										
67	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	365.67	00 15									
63	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	479.30										
67	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	479.30	00 15									
63	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	683.53										
67	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	683.53	00 15									
63	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	117.94										
67	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	117.94	00 15									
63	17111	DESTRUCT LESION, 15 OR MORE	139.21										
67	17111	DESTRUCT LESION, 15 OR MORE	139.21	00 15									
63	17250	CHEMICAL CAUTERY OF WOUND	93.10										
67	17250	CHEMICAL CAUTERY OF WOUND	93.10	00 15									
63	17260	DESTRUCTION, MALIGNANT LESION, ANY M	105.10										
67	17260	DESTRUCTION, MALIGNANT LESION, ANY M	105.10	00 15									
63	17261	DESTRUCTION, MALIGNANT LESION, ANY M	156.47										
67	17261	DESTRUCTION, MALIGNANT LESION, ANY M	156.47	00 15									
63	17262	DESTRUCTION, MALIGNANT LESION, ANY M	188.83										
67	17262	DESTRUCTION, MALIGNANT LESION, ANY M	188.83	00 15									
63	17263	DESTRUCTION, MALIGNANT LESION, ANY M	204.86										
67	17263	DESTRUCTION, MALIGNANT LESION, ANY M	204.86	00 15									
63	17264	DESTRUCTION, MALIGNANT LESION, ANY M	219.92										

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	17264	DESTRUCTION, MALIGNANT LESION, ANY M	219.92	00 15									
63	17266	DESTRUCTION, MALIGNANT LESION, ANY M	251.20										
67	17266	DESTRUCTION, MALIGNANT LESION, ANY M	251.20	00 15									
63	17270	DESTRUCTION, MALIGNANT LESION, ANY M	158.75										
67	17270	DESTRUCTION, MALIGNANT LESION, ANY M	158.75	00 15									
63	17271	DESTRUCTION, MALIGNANT LESION, ANY M	176.12										
67	17271	DESTRUCTION, MALIGNANT LESION, ANY M	176.12	00 15									
63	17272	DESTRUCTION, MALIGNANT LESION, ANY M	200.34										
67	17272	DESTRUCTION, MALIGNANT LESION, ANY M	200.34	00 15									
63	17273	DESTRUCTION, MALIGNANT LESION, ANY M	223.53										
67	17273	DESTRUCTION, MALIGNANT LESION, ANY M	223.53	00 15									
63	17274	DESTRUCTION, MALIGNANT LESION, ANY M	262.33										
67	17274	DESTRUCTION, MALIGNANT LESION, ANY M	262.33	00 15									
63	17276	DESTRUCTION, MALIGNANT LESION, ANY M	305.57										
67	17276	DESTRUCTION, MALIGNANT LESION, ANY M	305.57	00 15									
63	17280	DESTRUCTION, MALIGNANT LESION, ANY M	148.97										
67	17280	DESTRUCTION, MALIGNANT LESION, ANY M	148.97	00 15									
63	17281	DESTRUCTION, MALIGNANT LESION, ANY M	190.72										
67	17281	DESTRUCTION, MALIGNANT LESION, ANY M	190.72	00 15									
63	17282	DESTRUCTION, MALIGNANT LESION, ANY M	219.74										
67	17282	DESTRUCTION, MALIGNANT LESION, ANY M	219.74	00 15									
63	17283	DESTRUCTION, MALIGNANT LESION, ANY M	261.39										
67	17283	DESTRUCTION, MALIGNANT LESION, ANY M	261.39	00 15									
63	17284	DESTRUCTION, MALIGNANT LESION, ANY M	298.51										
67	17284	DESTRUCTION, MALIGNANT LESION, ANY M	298.51	00 15									
63	17286	DESTRUCTION, MALIGNANT LESION, ANY M	385.45										
67	17286	DESTRUCTION, MALIGNANT LESION, ANY M	385.45	00 15									
63	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	714.73										
67	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	714.73	00 15									
63	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	431.16										
67	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	431.16	00 15									
63	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	669.12										
67	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	669.12	00 15									
63	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	411.74										
67	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	411.74	00 15									
63	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	82.86										
67	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	82.86	00 15									
63	19000	PUNCTURE ASPIRATION BREAST CYSTS	114.03										
67	19000	PUNCTURE ASPIRATION BREAST CYSTS	114.03	00 15									
63	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	29.85									X	
67	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	29.85	00 15								X	
63	19020	MASTOTOMY/DRAIN ABSCESS DEEP	519.46										
67	19020	MASTOTOMY/DRAIN ABSCESS DEEP	519.46	00 15									
63	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	179.47										
67	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	179.47	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	19081	Biopsy of breast accessed throught t	596.47										
67	19081	Biopsy of breast accessed throught t	596.47	00 15									
63	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	471.11									X	
67	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	471.11	00 15								X	
63	19083	Biopsy of breast accessed throught t	596.20										
67	19083	Biopsy of breast accessed throught t	596.20	00 15									
63	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	462.27									X	
67	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	462.27	00 15								X	
63	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	907.15										
67	19085	Biopsy of breast accessed throught t	907.15	00 15									
63	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	711.92									X	
67	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	711.92	00 15								X	
63	19100	BREAST BIOPSY NEEDLE	170.84									X	
67	19100	BREAST BIOPSY NEEDLE	170.84	00 15								X	
63	19101	BREAST BIOPSY INCISIONAL	374.76										
67	19101	BREAST BIOPSY INCISIONAL	374.76	00 15									
63	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,758.69										
67	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,758.69	00 15									
63	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	546.85										
67	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	546.85	00 15									
63	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	512.37										
67	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	512.37	00 15									
63	19120	EXCISE BREAST LESIONS,1 OR MORE	575.35										
67	19120	EXCISE BREAST LESIONS,1 OR MORE	575.35	00 15									
63	19125	EXCISION OF BREAST LESION IDENTIFIED	636.24										
67	19125	EXCISION OF BREAST LESION IDENTIFIED	636.24	00 15									
63	19126	EXCISION OF BREAST LESION IDENTIFIED	188.16										
67	19126	EXCISION OF BREAST LESION IDENTIFIED	188.16	00 15									
63	19281	PLACEMENT OF BREAST LOCALIZATION DEV	259.31										
67	19281	Placement of breast localization dev	259.31	00 15									
63	19282	PLACEMENT OF BREAST LOCALIZATION DEV	182.62									X	
67	19282	PLACEMENT OF BREAST LOCALIZATION DEV	182.62	00 15								X	
63	19283	Placement of breast localization dev	285.87										
67	19283	Placement of breast localization dev	285.87	00 15									
63	19284	PLACEMENT OF BREAST LOCALIZATION DEV	215.32									X	
67	19284	PLACEMENT OF BREAST LOCALIZATION DEV	215.32	00 15								X	
63	19285	PLACEMENT OF BREAST LOCALIZATION DEV	442.92										
67	19285	Placement of breast localization dev	442.92	00 15									
63	19286	PLACEMENT OF BREAST LOCALIZATION DEV	370.55									X	
67	19286	PLACEMENT OF BREAST LOCALIZATION DEV	370.55	00 15								X	
63	19287	Placement of breast localization dev	758.14										
67	19287	Placement of breast localization dev	758.14	00 15									
63	19288	PLACEMENT OF BREAST LOCALIZATION DEV	594.43									X	
67	19288	PLACEMENT OF BREAST LOCALIZATION DEV	594.43	00 15								X	
63	19294	PREPARATION OF TUMOR CAVITY, WITH PL	192.26									X	

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	19294	PREPARATION OF TUMOR CAVITY, WITH PL	192.26	00	15								X	
63	19296	PLACE PO BREAST CATH FOR RAD	4,239.13											
67	19296	PLACE PO BREAST CATH FOR RAD	4,239.13	00	15									
63	19297	PLACE BREAST CATH FOR RAD	111.27											
67	19297	PLACE BREAST CATH FOR RAD	111.27	00	15									
63	19298	PLACE BREAST RAD TUBE/CATHS	1,043.02											
67	19298	PLACE BREAST RAD TUBE/CATHS	1,043.02	00	15									
63	19300	MASTECTOMY FOR GYNECOMASTIA	631.23					M						
67	19300	MASTECTOMY FOR GYNECOMASTIA	631.23	00	15			M						
63	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	755.58											
67	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	755.58	00	15									
63	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,039.67											
67	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,039.67	00	15									
63	19303	MASTECTOMY, SIMPLE, COMPLETE	1,101.08											
67	19303	MASTECTOMY, SIMPLE, COMPLETE	1,101.08	00	15									
63	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,310.90											
67	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,310.90	00	15									
63	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,393.43											
67	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,393.43	00	15									
63	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,355.94											
67	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,355.94	00	15									
63	19316	MASTOPEXY	883.02				X	F						
63	19318	REDUCTION MAMMAPLASTY	1,223.93	18	99		X							
63	19325	MAMMAPLASTY WITH PROSTHETIC	678.99				X	F					X	
63	19328	REMOVE INTACT MAMMARY IMPLANT	614.46			X		F						
67	19328	REMOVE INTACT MAMMARY IMPLANT	614.46	00	15	X		F						
63	19340	IMMEDIATE INSERTION OF BREAST PROSTH	842.51				X	F						
67	19340	IMMEDIATE INSERTION OF BREAST PROSTH	842.51	00	15		X	F						
63	19342	DELAYED INSERTION OF BREAST PROSTH	845.92				X	F						
67	19342	DELAYED INSERTION OF BREAST PROSTHES	845.92	00	15		X	F						
63	19350	NIPPLE/AREOLA RECONSTRUCTION	907.88				X						X	
67	19350	NIPPLE/AREOLA RECONSTRUCTION	907.88	00	15		X							
63	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,284.75				X	F						
67	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,284.75	00	15		X	F						
63	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,749.29				X	F						
67	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,749.29	00	15		X	F						
63	19364	RECONSTRUCTION BREAST-FREE FLAP	3,072.42				X	F						
67	19364	RECONSTRUCTION BREAST-FREE FLAP	3,072.42	00	15		X	F						
63	19367	BREAST RECONSTRUCTION	1,988.86				X	F						
67	19367	BREAST RECONSTRUCTION	1,988.86	00	15		X	F						
63	19368	BREAST RECONSTRUCTION	2,449.90				X	F						
67	19368	BREAST RECONSTRUCTION	2,449.90	00	15		X	F						
63	19369	BREAST RECONSTRUCTION	2,274.67				X	F						
67	19369	BREAST RECONSTRUCTION	2,274.67	00	15		X	F						
63	19370	PERIPROSTHETIC CAPSULECTOMY,OPEN,BRE	743.49				X							

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	19371	PERIPROSTHETIC CAPSULECTOMY,BREAST	792.84			X							
63	19380	REVISION OF RECONSTRUCTED BREAST	896.71			X							
63	19396	PREP MOULAGE FOR CUSTOM IMPLANT	307.32			X							
63	20100	EXPLORE WOUND, NECK	690.10										
67	20100	EXPLORE WOUND, NECK	690.10	00 15									
63	20101	EXPLORE WOUND, CHEST	642.13										
67	20101	EXPLORE WOUND, CHEST	642.13	00 15									
63	20102	EXPLORE WOUND, ABDOMEN	671.08										
67	20102	EXPLORE WOUND, ABDOMEN	671.08	00 15									
63	20103	EXPLORE WOUND, EXTREMITY	627.13										
67	20103	EXPLORE WOUND, EXTREMITY	627.13	00 15									
63	20150	EXCISE EPIPHYSEAL BAR	1,130.84										
67	20150	EXCISE EPIPHYSEAL BAR	1,130.84	00 15									
63	20200	BIOPSY,MUSCLE,SUPERFICIAL	240.94										
67	20200	BIOPSY,MUSCLE,SUPERFICIAL	240.94	00 15									
63	20205	BIOPSY,MUSCLE,DEEP	337.00										
67	20205	BIOPSY,MUSCLE,DEEP	337.00	00 15									
63	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	248.99										
67	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	248.99	00 15									
63	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	262.16										
67	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	262.16	00 15									
63	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	430.15										
67	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	430.15	00 15									
63	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	160.34										
67	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	160.34	00 15									
63	20245	BIOPSY,EXCISIONAL,BONE,DEEP	394.40										
67	20245	BIOPSY,EXCISIONAL,BONE,DEEP	394.40	00 15									
63	20250	BIOPSY,OPEN,VERTEBRAL BODY	442.11										
67	20250	BIOPSY,OPEN,VERTEBRAL BODY	442.11	00 15									
63	20251	BIOPSY,OPEN,VERTEBRAL BODY	483.58										
67	20251	BIOPSY,OPEN,VERTEBRAL BODY	483.58	00 15									
63	20500	INJECT SINUS TRACT; THERAPEUTIC	127.65										
67	20500	INJECT SINUS TRACT; THERAPEUTIC	127.65	00 15									
63	20501	INJECT SINUS TRACT; DIAGNOSTIC	150.94										
67	20501	INJECT SINUS TRACT; DIAGNOSTIC	150.94	00 15									
63	20520	REMOVE FOREIGN BODY; SIMPLE	232.41										
67	20520	REMOVE FOREIGN BODY; SIMPLE	232.41	00 15									
63	20525	REMOVE FOREIGN BODY; COMPLICATED	513.75										
67	20525	REMOVE FOREIGN BODY; COMPLICATED	513.75	00 15									
63	20526	THER INJECTION CARPAL TUNNEL	88.14										
67	20526	THER INJECTION CARPAL TUNNEL	88.14	00 15									
63	20527	INJECTION OF ENZYME IN PALM TISSUE	94.40										
67	20527	INJECTION OF ENZYME IN PALM TISSUE	94.40	00 15									
63	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	61.14									X	
67	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	61.14	00 15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	20551	INJECT TENDON ORIGIN/INSERT	62.50								X		
67	20551	INJECT TENDON ORIGIN/INSERT	62.50	00 15							X		
63	20552	INJECT TRIGGER POINT, 1 OR 2	58.98								X		
67	20552	INJECT TRIGGER POINT, 1 OR 2	58.98	00 15							X		
63	20553	INJECT TRIGGER POINTS, > 3	67.26								X		
67	20553	INJECT TRIGGER POINTS, > 3	67.26	00 15							X		
63	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	368.19										
67	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	368.19	00 15									
63	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	56.60									X	
67	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	56.60	00 15								X	
63	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	86.87										
67	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	86.87	00 15									
63	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	58.75									X	
67	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	58.75	00 15								X	
63	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	95.76										
67	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	95.76	00 15									
63	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	70.19									X	
67	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	70.19	00 15								X	
63	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	106.82										
67	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	106.82	00 15									
63	20612	ASPIRATE/INJ GANGLION CYST	68.55									X	
67	20612	ASPIRATE/INJ GANGLION CYST	68.55	00 15								X	
63	20615	ASPIRATE/INJECTION-BONE CYST	272.71										
67	20615	ASPIRATE/INJECTION-BONE CYST	272.71	00 15									
63	20650	SKELETAL TRACTION; WIRE OR PIN	236.18										
67	20650	SKELETAL TRACTION; WIRE OR PIN	236.18	00 15									
63	20660	APPLY TONGS OR CALIPER AND REMOVE	282.89										
67	20660	APPLY TONGS OR CALIPER AND REMOVE	282.89	00 15									
63	20661	APPLY HALO; CRANIAL	565.57										
67	20661	APPLY HALO; CRANIAL	565.57	00 15									
63	20662	APPLY HALO; PELVIC	574.76										
67	20662	APPLY HALO; PELVIC	574.76	00 15									
63	20663	APPLY HALO; FEMORAL	527.80										
67	20663	APPLY HALO; FEMORAL	527.80	00 15									
63	20664	APPLICATION OF HALO, INCLUDING REMOV	998.20										
67	20664	APPLICATION OF HALO, INCLUDING REMOV	998.20	00 15									
63	20665	REMOVE HALO OR TONGS BY OTHER MD	122.26										
67	20665	REMOVE HALO OR TONGS BY OTHER MD	122.26	00 15									
63	20670	REMOVE IMPLANT; SUPERFICIAL	395.35										
67	20670	REMOVE IMPLANT; SUPERFICIAL	395.35	00 15									
63	20680	REMOVE IMPLANT; DEEP	667.02										
67	20680	REMOVE IMPLANT; DEEP	667.02	00 15									
63	20690	APPLY ESTERNAL FIXATION SYS,STND CON	670.36										
67	20690	APPLY ESTERNAL FIXATION SYS,STND CON	670.36	00 15									
63	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,248.80										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,248.80	00 15									
63	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	491.09										
67	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	491.09	00 15									
63	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	468.40										
67	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	468.40	00 15									
63	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,334.94										
67	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,334.94	00 15									
63	20700	MANUAL PREPARATION AND INSERTION OF	95.03										
67	20700	MANUAL PREPARATION AND INSERTION OF	95.03	00 15									
63	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	72.22										
67	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	72.22	00 15									
63	20702	MANUAL PREPARATION AND INSERTION OF	159.45										
67	20702	MANUAL PREPARATION AND INSERTION OF	159.45	00 15									
63	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	114.57										
67	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	114.57	00 15									
63	20704	MANUAL PREPARATION AND INSERTION OF	166.07										
67	20704	MANUAL PREPARATION AND INSERTION OF	166.07	00 15									
63	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	137.26										
67	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	137.26	00 15									
63	20802	REPLANTATION, ARM, COMPLETE	3,110.21										
67	20802	REPLANTATION, ARM, COMPLETE	3,110.21	00 15									
63	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,702.36										
67	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,702.36	00 15									
63	20808	REPLANT HAND; COMPLETE AMPUTATION	4,480.26										
67	20808	REPLANT HAND; COMPLETE AMPUTATION	4,480.26	00 15									
63	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,329.09										
67	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,329.09	00 15									
63	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	2,000.41									X	
67	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	2,000.41	00 15								X	
63	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,332.49										
67	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,332.49	00 15									
63	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	2,055.93										
67	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	2,055.93	00 15									
63	20838	REPLANT FOOT; TOTAL AMPUTATION	3,153.24										
67	20838	REPLANT FOOT; TOTAL AMPUTATION	3,153.24	00 15									
63	20900	BONE GRAFT; ANY DONOR AREA, SMALL	436.13										
67	20900	BONE GRAFT; ANY DONOR AREA, SMALL	436.13	00 15									
63	20902	BONE GRAFT, ANY DONOR AREA; LARGE	316.29										
67	20902	BONE GRAFT, ANY DONOR AREA; LARGE	316.29	00 15									
63	20910	CARTILAGE GRAFT; COSTOCHONDRAL	521.81										
67	20910	CARTILAGE GRAFT; COSTOCHONDRAL	521.81	00 15									
63	20912	CARTILAGE GRAFT;NASAL SEPTUM	525.17										
67	20912	CARTILAGE GRAFT;NASAL SEPTUM	525.17	00 15									
63	20920	FASCIA LATA GRAFT;BY STRIPPER	431.81										
67	20920	FASCIA LATA GRAFT;BY STRIPPER	431.81	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	20922	FASCIA LATA GRAFT;BY INCISION	661.80										
67	20922	FASCIA LATA GRAFT;BY INCISION	661.80	00 15									
63	20924	TENDON GRAFT; DISTANT	562.30										
67	20924	TENDON GRAFT; DISTANT	562.30	00 15									
63	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	128.92										
67	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	128.92	00 15									
63	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	867.56										
67	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	867.56	00 15									
63	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	795.80										
67	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	795.80	00 15									
63	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	867.17										
67	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	867.17	00 15									
63	20937	SPINAL BONE AUTOGRAFT	192.91										
67	20937	SPINAL BONE AUTOGRAFT	192.91	00 15									
63	20938	SPINAL BONE AUTOGRAFT	214.99										
67	20938	SPINAL BONE AUTOGRAFT	214.99	00 15									
63	20939	BONE MARROW ASPIRATION FOR BONE GRAF	80.89										
67	20939	BONE MARROW ASPIRATION FOR BONE GRAF	80.89	00 15									
63	20950	MONITOR INTERSTITIAL FLUID	285.25										
67	20950	MONITOR INTERSTITIAL FLUID	285.25	00 15									
63	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,760.98			X							
67	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,760.98	00 15		X							
63	20956	ILIAC BONE GRAFT, MICROVASC	2,993.01										
67	20956	ILIAC BONE GRAFT, MICROVASC	2,993.01	00 15									
63	20957	MT BONE GRAFT, MICROVASC	3,114.42										
67	20957	MT BONE GRAFT, MICROVASC	3,114.42	00 15									
63	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,996.12			X							
67	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,996.12	00 15		X							
63	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	3,032.89			X							
67	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	3,032.89	00 15		X							
63	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,230.01			X							
67	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,230.01	00 15		X							
63	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,221.99			X							
67	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,221.99	00 15		X							
63	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,405.05			X							
67	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,405.05	00 15		X							
63	20979	US BONE STIMULATION	59.13										
67	20979	US BONE STIMULATION	59.13	00 15									
63	20982	ABLATE, BONE TUMOR(S) PERQ	3,975.26										
67	20982	ABLATE, BONE TUMOR(S) PERQ	3,975.26	00 15									
63	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,821.63										
67	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,821.63	00 15									
63	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	165.75										
67	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	165.75	00 15									
63	21010	ARTHROTOMY,JAW,UNILATERAL	814.17										

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	21010	ARTHROTOMY,JAW,UNILATERAL	814.17	00 15									
63	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	397.59										
67	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	397.59	00 15									
63	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	375.58										
67	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	375.58	00 15									
63	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	584.28										
67	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	584.28	00 15									
63	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	581.24										
67	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	581.24	00 15									
63	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	778.95										
67	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	778.95	00 15									
63	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,127.10										
67	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,127.10	00 15									
63	21025	EXCISE BONE;MANDIBLE	866.70										
67	21025	EXCISE BONE;MANDIBLE	866.70	00 15									
63	21026	EXCISE BONE(S);FACIAL	583.66										
67	21026	EXCISE BONE(S);FACIAL	583.66	00 15									
63	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	831.75										
67	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	831.75	00 15									
63	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	511.07										
67	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	511.07	00 15									
63	21031	EXCISION OF TORUS MANDIBULARIS	412.95										
67	21031	EXCISION OF TORUS MANDIBULARIS	412.95	00 15									
63	21032	EXCISION OF MAXILLARY TORUS PALATINU	410.42										
67	21032	EXCISION OF MAXILLARY TORUS PALATINU	410.42	00 15									
63	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,431.65										
67	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,431.65	00 15									
63	21040	EXCISE BENIGN CYST;MANDIBLE	517.54										
67	21040	EXCISE BENIGN CYST;MANDIBLE	517.54	00 15									
63	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	952.37										
67	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	952.37	00 15									
63	21045	RADICAL RESECTION OF MANDIBLE	1,325.39										
67	21045	RADICAL RESECTION OF MANDIBLE	1,325.39	00 15									
63	21046	REMOVE MANDIBLE CYST COMPLEX	1,107.94										
67	21046	REMOVE MANDIBLE CYST COMPLEX	1,107.94	00 15									
63	21047	EXCISE LWR JAW CYST W/REPAIR	1,398.10										
67	21047	EXCISE LWR JAW CYST W/REPAIR	1,398.10	00 15									
63	21048	REMOVE MAXILLA CYST COMPLEX	1,124.74										
67	21048	REMOVE MAXILLA CYST COMPLEX	1,124.74	00 15									
63	21049	EXCIS UPPR JAW CYST W/REPAIR	1,345.63										
67	21049	EXCIS UPPR JAW CYST W/REPAIR	1,345.63	00 15									
63	21050	TEMPRORMANDIBULAR ARTHRECTOMY	949.07										
67	21050	TEMPRORMANDIBULAR ARTHRECTOMY	949.07	00 15									
63	21060	TEMPOROMANDIBULAR MENISCECTOMY	863.37										
67	21060	TEMPOROMANDIBULAR MENISCECTOMY	863.37	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21070	CORONOIDECTOMY; UNILATERAL	678.61										
67	21070	CORONOIDECTOMY; UNILATERAL	678.61	00 15									
63	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	401.09								X		
67	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	401.09	00 15							X		
63	21076	PREPARE FACE/ORAL PROSTHESIS	956.42										
67	21076	PREPARE FACE/ORAL PROSTHESIS	956.42	00 15									
63	21077	PREPARE FACE/ORAL PROSTHESIS	2,342.58										
67	21077	PREPARE FACE/ORAL PROSTHESIS	2,342.58	00 15									
63	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,596.47										
67	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,596.47	00 15									
63	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,841.82										
67	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,841.82	00 15									
63	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,693.85										
67	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,693.85	00 15									
63	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,548.77										
67	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,548.77	00 15									
63	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,473.31										
67	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,473.31	00 15									
63	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,686.90										
67	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,686.90	00 15									
63	21085	IMPRES & CUST PREP ORAL SURG SPLINT	734.45										
67	21085	IMPRES & CUST PREP ORAL SURG SPLINT	734.45	00 15									
63	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,744.19										
67	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,744.19	00 15									
63	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,744.19										
67	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,744.19	00 15									
63	21100	MAXILLOFACIAL FIXATION	678.94										
67	21100	MAXILLOFACIAL FIXATION	678.94	00 15									
63	21110	INTERDENTAL FIXATION	914.63										
67	21110	INTERDENTAL FIXATION	914.63	00 15									
63	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	223.90										
67	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	223.90	00 15									
63	21120	GENIOPLASTY;AUGMENTATION	730.33										
67	21120	GENIOPLASTY;AUGMENTATION	730.33	00 15									
63	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	706.93										
67	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	706.93	00 15									
63	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	841.68										
67	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	841.68	00 15									
63	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	947.31										
67	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	947.31	00 15									
63	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,909.70										
67	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,909.70	00 15									
63	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	4,292.20										
67	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	4,292.20	00 15									
63	21137	REDUCTION FOREHEAD;CONTOURING ONLY	833.82										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	21137	REDUCTION FOREHEAD;CONTOURING ONLY	833.82	00 15									
63	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	1,018.95										
67	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	1,018.95	00 15									
63	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,227.06										
67	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,227.06	00 15									
63	21141	RECONSTRUCT MIDFACE, LEFORT	1,460.84										
67	21141	RECONSTRUCT MIDFACE, LEFORT	1,460.84	00 15									
63	21142	RECONSTRUCT MIDFACE, LEFORT	1,501.34										
67	21142	RECONSTRUCT MIDFACE, LEFORT	1,501.34	00 15									
63	21143	RECONSTRUCT MIDFACE, LEFORT	1,553.73										
67	21143	RECONSTRUCT MIDFACE, LEFORT	1,553.73	00 15									
63	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,707.81										
67	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,707.81	00 15									
63	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,781.59										
67	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,781.59	00 15									
63	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,878.49										
67	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,878.49	00 15									
63	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,832.97										
67	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,832.97	00 15									
63	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	2,020.09										
67	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	2,020.09	00 15									
63	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,172.95										
67	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,172.95	00 15									
63	21155	RECONSTR MIDFACE III W/LEFORT I	2,411.58										
67	21155	RECONSTR MIDFACE III W/LEFORT I	2,411.58	00 15									
63	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,895.61										
67	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,895.61	00 15									
63	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	3,142.00										
67	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	3,142.00	00 15									
63	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,441.83										
67	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,441.83	00 15									
63	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,486.85										
67	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,486.85	00 15									
63	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,705.72										
67	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,705.72	00 15									
63	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,907.50										
67	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,907.50	00 15									
63	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	823.80										
67	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	823.80	00 15									
63	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,380.46										
67	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,380.46	00 15									
63	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,592.90										
67	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,592.90	00 15									
63	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,791.07										
67	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,791.07	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,758.87										
67	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,758.87	00 15									
63	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,357.02										
67	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,357.02	00 15									
63	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,568.30										
67	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,568.30	00 15									
63	21195	RECONST MAND RAMUS W/O RIGID FIX	1,492.00										
67	21195	RECONST MAND RAMUS W/O RIGID FIX	1,492.00	00 15									
63	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,542.40										
67	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,542.40	00 15									
63	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,184.73										
67	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,184.73	00 15									
63	21199	RECONSTR LWR JAW W/ADVANCE	1,130.92										
67	21199	RECONSTR LWR JAW W/ADVANCE	1,130.92	00 15									
63	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,099.68										
67	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,099.68	00 15									
63	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,797.85			X							
67	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,797.85	00 15		X							
67	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	853.09	00 15		X							
63	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,995.04										
67	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,995.04	00 15									
63	21215	BONE GRAFT; MANDIBLE	4,365.40										
67	21215	BONE GRAFT; MANDIBLE	4,365.40	00 15									
63	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	832.68										
67	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	832.68	00 15									
63	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	784.73										
67	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	784.73	00 15									
63	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,157.93										
67	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,157.93	00 15									
63	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,105.92										
67	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,105.92	00 15									
63	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,767.30										
67	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,767.30	00 15									
63	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,111.79										
67	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,111.79	00 15									
63	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,342.44										
67	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,342.44	00 15									
63	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	935.11										
67	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	935.11	00 15									
63	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,741.80										
67	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,741.80	00 15									
63	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,091.92										
67	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,091.92	00 15									
63	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,490.06										
67	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,490.06	00 15									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,483.06											
67	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,483.06	00	15									
63	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,380.23											
67	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,380.23	00	15									
63	21260	ORBITAL REVISION; EXTRACRANIAL	1,535.55											
67	21260	ORBITAL REVISION; EXTRACRANIAL	1,535.55	00	15									
63	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,731.06											
67	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,731.06	00	15									
63	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,522.99											
67	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,522.99	00	15									
63	21267	REPOSITION ORBIT; EXTRACRANIAL	1,794.88											
67	21267	REPOSITION ORBIT; EXTRACRANIAL	1,794.88	00	15									
63	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,254.86											
67	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,254.86	00	15									
63	21270	RECONSTRUCT ORBITOFACIAL BONES	1,103.30											
67	21270	RECONSTRUCT ORBITOFACIAL BONES	1,103.30	00	15									
63	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	940.00											
67	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	940.00	00	15									
63	21282	LATERAL CANTHOPEXY	420.68	16	20	X								
67	21282	LATERAL CANTHOPEXY	420.68	00	15	X								
63	21315	DIGITAL MANIPULATION OF NASAL FX	301.20											
67	21315	DIGITAL MANIPULATION OF NASAL FX	301.20	00	15									
63	21320	MANIPULATE NASAL FX; INSTRUMENTAL	277.78											
67	21320	MANIPULATE NASAL FX; INSTRUMENTAL	277.78	00	15									
63	21325	OPEN TREATMENT NASAL FX; SIMPLE	478.63											
67	21325	OPEN TREATMENT NASAL FX; SIMPLE	478.63	00	15									
63	21330	TREATMENT NASAL FX; COMPLICATED	578.64											
67	21330	TREATMENT NASAL FX; COMPLICATED	578.64	00	15									
63	21335	OPEN TREATMENT FX NASAL SEPTUM	786.52											
67	21335	OPEN TREATMENT FX NASAL SEPTUM	786.52	00	15									
63	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	702.05											
67	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	702.05	00	15									
63	21337	CLOSED TREATMENT FX NASAL SEPTUM	446.25											
67	21337	CLOSED TREATMENT FX NASAL SEPTUM	446.25	00	15									
63	21338	OPEN TREATMENT NASOETHMOID FRACTURE	724.53											
67	21338	OPEN TREATMENT NASOETHMOID FRACTURE	724.53	00	15									
63	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	823.27											
67	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	823.27	00	15									
63	21340	TREAT NASOETHMOID COMPLEX FX	826.12											
67	21340	TREAT NASOETHMOID COMPLEX FX	826.12	00	15									
63	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,188.68											
67	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,188.68	00	15									
63	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,543.85											
67	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,543.85	00	15									
63	21345	TREAT NASOMAXILLARY COMPLEX FX	858.76											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

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				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	21345	TREAT NASOMAXILLARY COMPLEX FX	858.76	00 15									
63	21346	OPEN TREATMENT NASOMAXILLARY FX	1,099.07										
67	21346	OPEN TREATMENT NASOMAXILLARY FX	1,099.07	00 15									
63	21347	OPEN TREATMENT NASOMAXILLARY FX	1,131.09										
67	21347	OPEN TREATMENT NASOMAXILLARY FX	1,131.09	00 15									
63	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,208.57										
67	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,208.57	00 15									
63	21355	MANIPULATE FX OF MALAR AREA	475.55										
67	21355	MANIPULATE FX OF MALAR AREA	475.55	00 15									
63	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	545.92										
67	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	545.92	00 15									
63	21360	TREAT DEPRESSED MALAR FRACTURE	566.73										
67	21360	TREAT DEPRESSED MALAR FRACTURE	566.73	00 15									
63	21365	TREAT COMPLICATED FX MALAR AREA	1,211.64										
67	21365	TREAT COMPLICATED FX MALAR AREA	1,211.64	00 15									
63	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,426.99										
67	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,426.99	00 15									
63	21385	TREAT ORBITAL FX; TRANSANTRAL	822.81										
67	21385	TREAT ORBITAL FX; TRANSANTRAL	822.81	00 15									
63	21386	TREAT ORBITAL FX; PERIORBITAL	768.99										
67	21386	TREAT ORBITAL FX; PERIORBITAL	768.99	00 15									
63	21387	TREAT ORBITAL FX; COMBINATION	859.90										
67	21387	TREAT ORBITAL FX; COMBINATION	859.90	00 15									
63	21390	TREAT ORBITAL FX WITH IMPLANT	881.01										
67	21390	TREAT ORBITAL FX WITH IMPLANT	881.01	00 15									
63	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,129.42										
67	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,129.42	00 15									
63	21400	TREAT FX OF ORBIT W/O MANIPULATION	220.70										
67	21400	TREAT FX OF ORBIT W/O MANIPULATION	220.70	00 15									
63	21401	TREAT FX OF ORBIT WITH MANIPULATION	551.07										
67	21401	TREAT FX OF ORBIT WITH MANIPULATION	551.07	00 15									
63	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	644.33										
67	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	644.33	00 15									
63	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	705.30										
67	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	705.30	00 15									
63	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	1,006.58										
67	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	1,006.58	00 15									
63	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	709.40										
67	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	709.40	00 15									
63	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	704.87										
67	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	704.87	00 15									
63	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	899.19										
67	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	899.19	00 15									
63	21431	TREAT CRANIOFACIAL SEPARATION	756.42										
67	21431	TREAT CRANIOFACIAL SEPARATION	756.42	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	21432	OPEN TX CRANIOFACIAL SEPARATION	797.61										
67	21432	OPEN TX CRANIOFACIAL SEPARATION	797.61	00 15									
63	21433	COMPLICATED TX CRANIOFACIAL FX	1,946.82										
67	21433	COMPLICATED TX CRANIOFACIAL FX	1,946.82	00 15									
63	21435	COMPLICATED TX CRANIOFACIAL FX	1,569.13										
67	21435	COMPLICATED TX CRANIOFACIAL FX	1,569.13	00 15									
63	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,280.69										
67	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,280.69	00 15									
63	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	702.47										
67	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	702.47	00 15									
63	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	847.17										
67	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	847.17	00 15									
63	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	629.23										
67	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	629.23	00 15									
63	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	821.82										
67	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	821.82	00 15									
63	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	790.93										
67	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	790.93	00 15									
63	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,147.26										
67	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,147.26	00 15									
63	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	536.09										
67	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	536.09	00 15									
63	21461	TREAT MANDIBULAR FX W/O FIXATION	2,053.98										
67	21461	TREAT MANDIBULAR FX W/O FIXATION	2,053.98	00 15									
63	21462	TREAT MANDIBULAR FX WITH FIXATION	2,248.79										
67	21462	TREAT MANDIBULAR FX WITH FIXATION	2,248.79	00 15									
63	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	884.52									X	
67	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	884.52	00 15								X	
63	21470	TREAT COMPLICATED MANDIBULAR FX	1,282.08										
67	21470	TREAT COMPLICATED MANDIBULAR FX	1,282.08	00 15									
63	21480	TX TEMPOROMANDIBULAR DISLOCATION	143.20										
67	21480	TX TEMPOROMANDIBULAR DISLOCATION	143.20	00 15									
63	21485	TEMPOROMANDIBULAR MANIPULATION	1,016.84										
67	21485	TEMPOROMANDIBULAR MANIPULATION	1,016.84	00 15									
63	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	871.58										
67	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	871.58	00 15									
63	21501	I & D DEEP ABSCESS OR HEMATOMA	521.91										
67	21501	I & D DEEP ABSCESS OR HEMATOMA	521.91	00 15									
63	21502	I & D WITH PARTIAL RIB REMOVAL	578.38										
67	21502	I & D WITH PARTIAL RIB REMOVAL	578.38	00 15									
63	21510	INCISION WITH OPENING OF BONE CORTEX	510.17										
67	21510	INCISION WITH OPENING OF BONE CORTEX	510.17	00 15									
63	21550	EXCISIONAL BIOPSY SOFT TISSUES	287.95										
67	21550	EXCISIONAL BIOPSY SOFT TISSUES	287.95	00 15									
63	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	505.99										

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	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	505.99	00 15									
63	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	827.18										
67	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	827.18	00 15									
63	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	472.94										
67	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	472.94	00 15									
63	21556	EXCISE BENIGN TUMOR; DEEP	593.92										
67	21556	EXCISE BENIGN TUMOR; DEEP	593.92	00 15									
63	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,078.56										
67	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,078.56	00 15									
63	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,530.22										
67	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,530.22	00 15									
63	21600	EXCISION OF RIB; PARTIAL	622.23										
67	21600	EXCISION OF RIB; PARTIAL	622.23	00 15									
63	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,335.49									X	
67	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,335.49	00 15								X	
63	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,782.73										
67	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,782.73	00 15									
63	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,952.23										
67	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,952.23	00 15									
63	21610	COSTOTRANSVERSECTOMY	1,387.55										
67	21610	COSTOTRANSVERSECTOMY	1,387.55	00 15									
63	21615	EXCISION CERVICAL RIB	708.65										
67	21615	EXCISION CERVICAL RIB	708.65	00 15									
63	21616	EXCISE RIB WITH SYMPATHECTOMY	825.75										
67	21616	EXCISE RIB WITH SYMPATHECTOMY	825.75	00 15									
63	21620	OSTECTOMY OF STERNUM; PARTIAL	573.63										
67	21620	OSTECTOMY OF STERNUM; PARTIAL	573.63	00 15									
63	21627	STERNAL DEBRIDEMENT	607.11										
67	21627	STERNAL DEBRIDEMENT	607.11	00 15									
63	21630	RADICAL RESECTION OF STERNUM	1,360.37										
67	21630	RADICAL RESECTION OF STERNUM	1,360.37	00 15									
63	21632	MEDIASTINAL LYMPHADENECTOMY	1,388.74										
67	21632	MEDIASTINAL LYMPHADENECTOMY	1,388.74	00 15									
63	21685	HYOID MYOTOMY & SUSPENSION	1,096.13										
67	21685	HYOID MYOTOMY & SUSPENSION	1,096.13	00 15									
63	21700	DIVISION OF SCALENUS ANTICUS	412.62										
67	21700	DIVISION OF SCALENUS ANTICUS	412.62	00 15									
63	21705	DIVIDE SCALENUS AND RESECTION RIB	622.39										
67	21705	DIVIDE SCALENUS AND RESECTION RIB	622.39	00 15									
63	21720	DIVISION STERNOCLEIDOMASTOID	596.86										
67	21720	DIVISION STERNOCLEIDOMASTOID	596.86	00 15									
63	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	606.39										
67	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	606.39	00 15									
63	21740	RECONSTRUCT PECTUS EXCAVATUM	1,183.90		X								
67	21740	RECONSTRUCT PECTUS EXCAVATUM	1,183.90	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	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	779.30										
67	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	779.30	00 15									
63	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	688.72										
67	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	688.72	00 15									
63	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	832.93										
67	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	832.93	00 15									
63	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,149.51										
67	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,149.51	00 15									
63	21820	TREAT STERNUM FRACTURE; CLOSED	160.40										
67	21820	TREAT STERNUM FRACTURE; CLOSED	160.40	00 15									
63	21825	TREAT STERNUM FRACTURE; OPEN	616.39										
67	21825	TREAT STERNUM FRACTURE; OPEN	616.39	00 15									
63	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	280.63										
67	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	280.63	00 15									
63	21925	BX,SFT TISS-BACK/FLANK; DEEP	528.73										
67	21925	BX,SFT TISS-BACK/FLANK; DEEP	528.73	00 15									
63	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	550.03										
67	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	550.03	00 15									
63	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	533.82										
67	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	533.82	00 15									
63	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	751.83										
67	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	751.83	00 15									
63	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	841.48										
67	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	841.48	00 15									
63	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,167.01										
67	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,167.01	00 15									
63	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,616.79										
67	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,616.79	00 15									
63	22010	INCISION AND DRAINAGE, OPEN OF DEEP	1,099.36										
67	22010	I&D, P-SPINE, C/T/CERV-THOR	1,099.36	00 15									
63	22015	I&D, P-SPINE, L/S/LS	1,073.78										
67	22015	I&D, P-SPINE, L/S/LS	1,073.78	00 15									
63	22100	RESECT VERTEBRA,CERVICAL	974.15										
67	22100	RESECT VERTEBRA,CERVICAL	974.15	00 15									
63	22101	RESECT VERTEBRA,THORACIC	979.65										
67	22101	RESECT VERTEBRA,THORACIC	979.65	00 15									
63	22102	RESECT VERTEBRA,LUMBAR	931.14										
67	22102	RESECT VERTEBRA,LUMBAR	931.14	00 15									
63	22103	REMOVE EXTRA SPINE SEGMENT	164.26										
67	22103	REMOVE EXTRA SPINE SEGMENT	164.26	00 15									
63	22110	EXCISE CERVICAL VERTEBRA	1,194.31										
67	22110	EXCISE CERVICAL VERTEBRA	1,194.31	00 15									
63	22112	EXCISE THORACIC VERTEBRA	1,293.23										
67	22112	EXCISE THORACIC VERTEBRA	1,293.23	00 15									
63	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,293.23										

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	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,293.23	00 15									
63	22116	REMOVE EXTRA SPINE SEGMENT	165.35										
67	22116	REMOVE EXTRA SPINE SEGMENT	165.35	00 15									
63	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,821.01										
67	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,821.01	00 15									
63	22207	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,755.02										
67	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POS	2,755.02	00 15									
63	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	684.76									X	
67	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	684.76	00 15								X	
63	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	2,055.74										
67	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	2,055.74	00 15									
63	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,714.55										
67	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,714.55	00 15									
63	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,718.28										
67	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,718.28	00 15									
63	22216	REVISE, EXTRA SPINE SEGMENT	422.28										
67	22216	REVISE, EXTRA SPINE SEGMENT	422.28	00 15									
63	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,853.86										
67	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,853.86	00 15									
63	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	2,021.09										
67	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	2,021.09	00 15									
63	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,806.47										
67	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,806.47	00 15									
63	22226	REVISE, EXTRA SPINE SEGMENT	419.73										
67	22226	REVISE, EXTRA SPINE SEGMENT	419.73	00 15									
63	22310	TR VERT BODY FX/DISLOCATION EACH	340.44										
67	22310	TR VERT BODY FX/DISLOCATION EACH	340.44	00 15									
63	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	978.76										
67	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	978.76	00 15									
63	22318	TREAT ODONTOID FX W/O GRAFT	1,896.31										
67	22318	TREAT ODONTOID FX W/O GRAFT	1,896.31	00 15									
63	22319	TREAT ODONTOID FX W/GRAFT	2,123.02										
67	22319	TREAT ODONTOID FX W/GRAFT	2,123.02	00 15									
63	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,675.56										
67	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,675.56	00 15									
63	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,728.24										
67	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,728.24	00 15									
63	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,748.33										
67	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,748.33	00 15									
63	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	329.99										
67	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	329.99	00 15									
63	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,976.60										
67	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,976.60	00 15									
63	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,966.44										
67	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,966.44	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	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	862.78									X	
67	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	862.78	00 15								X	
63	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,721.80										
67	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,721.80	00 15									
63	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,692.10										
67	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,692.10	00 15									
63	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,606.80									X	
67	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,606.80	00 15								X	
63	22532	LAT THORAX SPINE FUSION	2,068.83										
67	22532	LAT THORAX SPINE FUSION	2,068.83	00 15									
63	22533	LAT LUMBAR SPINE FUSION	1,889.02										
67	22533	LAT LUMBAR SPINE FUSION	1,889.02	00 15									
63	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	417.48									X	
67	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	417.48	00 15								X	
63	22548	ANTHRODESIS,W/BONE GRAFT	2,275.21										
67	22548	ANTHRODESIS,W/BONE GRAFT	2,275.21	00 15									
63	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,965.62										
67	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,965.62	00 15									
63	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	461.92									X	
67	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	461.92	00 15								X	
63	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,442.63										
67	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,442.63	00 15									
63	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,912.55										
67	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,912.55	00 15									
63	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,757.21										
67	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,757.21	00 15									
63	22585	ARTHRODESIS-EACH ADD.INTERSPACE	379.71									X	
67	22585	ARTHRODESIS-EACH ADD.INTERSPACE	379.71	00 15								X	
63	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,355.93										
67	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,355.93	00 15									
63	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,822.56										
67	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,822.56	00 15									
63	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,736.60										
67	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,736.60	00 15									
63	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,483.74										
67	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,483.74	00 15									
63	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,456.07										
67	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,456.07	00 15									
63	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,819.53										
67	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,819.53	00 15									
63	22614	SPINE FUSION, EXTRA SEGMENT	455.77									X	
67	22614	SPINE FUSION, EXTRA SEGMENT	455.77	00 15								X	
63	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,818.26										
67	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,818.26	00 15									
63	22632	SPINE FUSION, EXTRA SEGMENT	374.29										

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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	22632	SPINE FUSION, EXTRA SEGMENT	374.29	00 15									
63	22633	FUSION OF LOWER SPINE BONES WITH REM	2,133.64			X							
67	22633	FUSION OF LOWER SPINE BONES WITH REM	2,133.64	00 15		X							
63	22634	FUSION OF LOWER SPINE BONES WITH REM	577.32										
67	22634	FUSION OF LOWER SPINE BONES WITH REM	577.32	00 15									
63	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,545.69										
67	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,545.69	00 15									
63	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,427.56										
67	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,427.56	00 15									
63	22804	FUSION OF SPINE	2,795.75										
67	22804	FUSION OF SPINE	2,795.75	00 15									
63	22808	FUSION OF SPINE	2,092.28										
67	22808	FUSION OF SPINE	2,092.28	00 15									
63	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,405.41										
67	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,405.41	00 15									
63	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,497.59										
67	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,497.59	00 15									
63	22818	KYPHECTOMY, 1-2 SEGMENTS	2,450.31										
67	22818	KYPHECTOMY, 1-2 SEGMENTS	2,450.31	00 15									
63	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,818.16										
67	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,818.16	00 15									
63	22830	EXPLORE SPINAL FUSION	934.37										
67	22830	EXPLORE SPINAL FUSION	934.37	00 15									
63	22840	POSTERIOR INSTRU(NO SEG FIX)	883.30										
67	22840	POSTERIOR INSTRU(NO SEG FIX)	883.30	00 15									
63	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	887.75										
67	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	887.75	00 15									
63	22843	INSERT SPINE FIXATION DEVICE	949.70										
67	22843	INSERT SPINE FIXATION DEVICE	949.70	00 15									
63	22844	INSERT SPINE FIXATION DEVICE	1,145.27										
67	22844	INSERT SPINE FIXATION DEVICE	1,145.27	00 15									
63	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	849.40										
67	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	849.40	00 15									
63	22846	INSERT SPINE FIXATION DEVICE	882.86										
67	22846	INSERT SPINE FIXATION DEVICE	882.86	00 15									
63	22847	INSERT SPINE FIXATION DEVICE	918.92										
67	22847	INSERT SPINE FIXATION DEVICE	918.92	00 15									
63	22848	INSERT PELVIC FIXATIONDEVICE	417.31										
67	22848	INSERT PELVIC FIXATIONDEVICE	417.31	00 15									
63	22849	REINSERT SPINAL FIXATION DEVICE	1,501.95										
67	22849	REINSERT SPINAL FIXATION DEVICE	1,501.95	00 15									
63	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	833.73										
67	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	833.73	00 15									
63	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	800.66										
67	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	800.66	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	22853	INSERTION OF INTERBODY BIOMECHANICAL	301.34									X	
67	22853	INSERTION OF INTERBODY BIOMECHANICAL	301.34	00 15								X	
63	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	390.35									X	
67	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	390.35	00 15								X	
63	22855	REMOVE ANTERIOR INSTRUMENTATION	1,273.08										
67	22855	REMOVE ANTERIOR INSTRUMENTATION	1,273.08	00 15									
63	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,880.00										
67	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,880.00	00 15									
63	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	2,001.73										
67	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	2,001.73	00 15									
63	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	590.09										
67	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	590.09	00 15									
63	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	388.64									X	
67	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	388.64	00 15								X	
63	22861	REVISION INCLUDING REPLACEMENT OF TO	2,701.71										
67	22861	REVISION INCLUDING REPLACEMENT OF TO	2,701.71	00 15									
63	22862	REVISION INCLUDING REPLACEMENT OF TO	2,691.43										
67	22862	REVISION INCLUDING REPLACEMENT OF TO	2,691.43	00 15									
63	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,407.45										
67	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,407.45	00 15									
63	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,625.90										
67	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,625.90	00 15									
63	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,125.58										
67	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,125.58	00 15									
63	22868	INSERTION OF INTERLAMINAR/INTERSPINO	286.81										
67	22868	INSERTION OF INTERLAMINAR/INTERSPINO	286.81	00 15									
63	22869	INSERTION OF INTERLAMINAR/INTERSPINO	485.90										
67	22869	INSERTION OF INTERLAMINAR/INTERSPINO	485.90	00 15									
63	22870	INSERTION OF INTERLAMINAR/INTERSPINO	135.49										
67	22870	INSERTION OF INTERLAMINAR/INTERSPINO	135.49	00 15									
63	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	642.17										
67	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	642.17	00 15									
63	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	760.77										
67	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	760.77	00 15									
63	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	517.63										
67	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	517.63	00 15									
63	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	499.53										
67	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	499.53	00 15									
63	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,192.45										
67	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,192.45	00 15									
63	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,514.03										
67	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,514.03	00 15									
63	23000	REMOVE SUBDELTOID CAL DEPOSITS	612.96										
67	23000	REMOVE SUBDELTOID CAL DEPOSITS	612.96	00 15									
63	23020	RELEASE SHOULDER MUSCLE ERBS PAL	771.86										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	23020	RELEASE SHOULDER MUSCLE ERBS PAL	771.86	00 15									
63	23030	I&D SHOULDER DEEP ABSC HEMATOMA	484.11										
67	23030	I&D SHOULDER DEEP ABSC HEMATOMA	484.11	00 15									
63	23031	I&D INFECTED SHOULDER BURSA	458.92										
67	23031	I&D INFECTED SHOULDER BURSA	458.92	00 15									
63	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	763.70										
67	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	763.70	00 15									
63	23040	ARTHROTOMY REMOVE FOREIGN BODY	803.44										
67	23040	ARTHROTOMY REMOVE FOREIGN BODY	803.44	00 15									
63	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	632.06										
67	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	632.06	00 15									
63	23065	BIOPSY SHOULDER SUPERFICIAL	245.47										
67	23065	BIOPSY SHOULDER SUPERFICIAL	245.47	00 15									
63	23066	BIOPSY OF SHOULDER DEEP	623.98										
67	23066	BIOPSY OF SHOULDER DEEP	623.98	00 15									
63	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	475.34										
67	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	475.34	00 15									
63	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	789.49										
67	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	789.49	00 15									
63	23075	EXC BENIGN SHOULDER TUMOR SUBCU	560.18										
67	23075	EXC BENIGN SHOULDER TUMOR SUBCU	560.18	00 15									
63	23076	EXC BENIGN SHOULDER TUMOR DEEP	608.67										
67	23076	EXC BENIGN SHOULDER TUMOR DEEP	608.67	00 15									
63	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,294.02										
67	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,294.02	00 15									
63	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,635.19										
67	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,635.19	00 15									
63	23100	BIOPSY SHOULDER JOINT	562.45										
67	23100	BIOPSY SHOULDER JOINT	562.45	00 15									
63	23101	EXCISION TORN CARTILAGE SHOULDER JOI	509.65										
67	23101	EXCISION TORN CARTILAGE SHOULDER JOI	509.65	00 15									
63	23105	ARTHROTOMY;GLENOHUMERAL JOINT	717.22										
67	23105	ARTHROTOMY;GLENOHUMERAL JOINT	717.22	00 15									
63	23106	ARTHROTOMY;STERNOCLAVICULAR JT	558.69										
67	23106	ARTHROTOMY;STERNOCLAVICULAR JT	558.69	00 15									
63	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	740.63										
67	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	740.63	00 15									
63	23120	CLAVICULECTOMY PARTIAL	653.37										
67	23120	CLAVICULECTOMY PARTIAL	653.37	00 15									
63	23125	CLAVICULECTOMY TOTAL	796.07										
67	23125	CLAVICULECTOMY TOTAL	796.07	00 15									
63	23130	ACROMIONECTOMY PARTIAL/TOTAL	687.46										
67	23130	ACROMIONECTOMY PARTIAL/TOTAL	687.46	00 15									
63	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	620.35										
67	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	620.35	00 15									

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

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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	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	780.57										
67	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	780.57	00 15									
63	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	696.67										
67	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	696.67	00 15									
63	23150	EXCISION TUMOR PROXIMAL HUMEROUS	737.60										
67	23150	EXCISION TUMOR PROXIMAL HUMEROUS	737.60	00 15									
63	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	893.78										
67	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	893.78	00 15									
63	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	761.07										
67	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	761.07	00 15									
63	23170	SEQUESTRECTOMY CLAVICLE	629.82										
67	23170	SEQUESTRECTOMY CLAVICLE	629.82	00 15									
63	23172	SEQUESTRECTOMY SCAPULA	635.94										
67	23172	SEQUESTRECTOMY SCAPULA	635.94	00 15									
63	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	851.59										
67	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	851.59	00 15									
63	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	743.79										
67	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	743.79	00 15									
63	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	748.53										
67	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	748.53	00 15									
63	23184	PARTIAL EXCISION PROXIMAL HUMERUS	827.00										
67	23184	PARTIAL EXCISION PROXIMAL HUMERUS	827.00	00 15									
63	23190	OSTECTOMY OF SCAPULA PATTIAL	642.70										
67	23190	OSTECTOMY OF SCAPULA PATTIAL	642.70	00 15									
63	23195	RESECTION HUMERAL HEAD	837.13										
67	23195	RESECTION HUMERAL HEAD	837.13	00 15									
63	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,702.08										
67	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,702.08	00 15									
63	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	2,004.01										
67	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	2,004.01	00 15									
63	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,193.71										
67	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,193.71	00 15									
63	23330	REMOVE SHOULDER FOREIGN BODY	322.15										
67	23330	REMOVE SHOULDER FOREIGN BODY	322.15	00 15									
63	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	527.56									X	
67	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	527.56	00 15								X	
63	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,197.43									X	
67	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,197.43	00 15								X	
63	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,428.80									X	
67	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,428.80	00 15								X	
63	23350	INJECTION FOR SHOULDER X-RAY	173.08										
67	23350	INJECTION FOR SHOULDER X-RAY	173.08	00 15									
63	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,440.63										
67	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,440.63	00 15									
63	23397	MUSCLE TRANSFER MULTIPLE	1,275.07										

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	23397	MUSCLE TRANSFER MULTIPLE	1,275.07	00 15									
63	23400	FIXATION OF SHOULDERBLADE	1,094.61										
67	23400	FIXATION OF SHOULDERBLADE	1,094.61	00 15									
63	23405	INCISION OF TENDON & MUSCLE	692.33										
67	23405	INCISION OF TENDON & MUSCLE	692.33	00 15									
63	23406	INCISE TENDON(S) & MUSCLE(S)	850.78										
67	23406	INCISE TENDON(S) & MUSCLE(S)	850.78	00 15									
63	23410	REPAIR OF TENDON(S)	919.59										
67	23410	REPAIR OF TENDON(S)	919.59	00 15									
63	23412	REPAIR OF TENDON(S),CHRONIC	956.01										
67	23412	REPAIR OF TENDON(S),CHRONIC	956.01	00 15									
63	23415	CORACOACROMIAL LIGAMENT RELEAS	779.72										
67	23415	CORACOACROMIAL LIGAMENT RELEAS	779.72	00 15									
63	23420	REPAIR COMPLETE SHOULDER	1,092.11										
67	23420	REPAIR COMPLETE SHOULDER	1,092.11	00 15									
63	23430	REPAIR BICEPS TENDON RUPTURE	832.61										
67	23430	REPAIR BICEPS TENDON RUPTURE	832.61	00 15									
63	23440	REMOVAL/TRANSPLANT TENDON	850.12										
67	23440	REMOVAL/TRANSPLANT TENDON	850.12	00 15									
63	23450	CAPSULORRHAPHY,ANTERIOR	1,067.69										
67	23450	CAPSULORRHAPHY,ANTERIOR	1,067.69	00 15									
63	23455	CAPSULORRHAPHY;BANKART TYPE	1,119.55										
67	23455	CAPSULORRHAPHY;BANKART TYPE	1,119.55	00 15									
63	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,228.15										
67	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,228.15	00 15									
63	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,204.32										
67	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,204.32	00 15									
63	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,261.54										
67	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,261.54	00 15									
63	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,253.43										
67	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,253.43	00 15									
63	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,353.10										
67	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,353.10	00 15									
63	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,636.18										
67	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,636.18	00 15									
63	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,828.29									X	
67	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,828.29	00 15								X	
63	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,972.34									X	
67	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,972.34	00 15								X	
63	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	922.55										
67	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	922.55	00 15									
63	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,069.94										
67	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,069.94	00 15									
63	23490	PROPHYLACTIC TREATMENT;CLAVICLE	968.39										
67	23490	PROPHYLACTIC TREATMENT;CLAVICLE	968.39	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	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,143.42										
67	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,143.42	00 15									
63	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	243.14										
67	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	243.14	00 15									
63	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	393.77										
67	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	393.77	00 15									
63	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	805.18										
67	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	805.18	00 15									
63	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	262.29										
67	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	262.29	00 15									
63	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	430.36										
67	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	430.36	00 15									
63	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	643.43										
67	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	643.43	00 15									
63	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	700.16										
67	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	700.16	00 15									
63	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	258.37										
67	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	258.37	00 15									
63	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	380.03										
67	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	380.03	00 15									
63	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	639.56										
67	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	639.56	00 15									
63	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	732.21										
67	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	732.21	00 15									
63	23570	TREAT CLSD SCAP FX W/O MANIPULATION	256.85										
67	23570	TREAT CLSD SCAP FX W/O MANIPULATION	256.85	00 15									
63	23575	TREAT CLSD SCAPULAR W/MANIPULATION	449.25										
67	23575	TREAT CLSD SCAPULAR W/MANIPULATION	449.25	00 15									
63	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,098.28										
67	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,098.28	00 15									
63	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	362.55										
67	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	362.55	00 15									
63	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	519.80										
67	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	519.80	00 15									
63	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	991.40										
67	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	991.40	00 15									
63	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,393.46										
67	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,393.46	00 15									
63	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	294.07										
67	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	294.07	00 15									
63	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	419.47										
67	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	419.47	00 15									
63	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	872.25										
67	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	872.25	00 15									
63	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	356.52										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	356.52	00 15									
63	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	451.72										
67	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	451.72	00 15									
63	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	653.19										
67	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	653.19	00 15									
63	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	475.58										
67	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	475.58	00 15									
63	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	977.50										
67	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	977.50	00 15									
63	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	608.27										
67	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	608.27	00 15									
63	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	1,041.12										
67	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	1,041.12	00 15									
63	23700	FIXATION OF SHOULDER MANIP W/ANESTH	217.19										
67	23700	FIXATION OF SHOULDER MANIP W/ANESTH	217.19	00 15									
63	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,155.27										
67	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,155.27	00 15									
63	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,442.41										
67	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,442.41	00 15									
63	23900	AMPUTATION OF ARM & GIRDLE	1,564.93										
67	23900	AMPUTATION OF ARM & GIRDLE	1,564.93	00 15									
63	23920	AMPUTATION AT SHOULDER JOINT	1,265.10										
67	23920	AMPUTATION AT SHOULDER JOINT	1,265.10	00 15									
63	23921	AMPUTATION FOLLOW-UP SURGERY	522.93										
67	23921	AMPUTATION FOLLOW-UP SURGERY	522.93	00 15									
63	23930	DRAINAGE OF ARM LESION	399.80										
67	23930	DRAINAGE OF ARM LESION	399.80	00 15									
63	23931	DRAINAGE OF ARM BURSA	326.97										
67	23931	DRAINAGE OF ARM BURSA	326.97	00 15									
63	23935	DRAIN ARM/ELBOW BONE LESION	568.97										
67	23935	DRAIN ARM/ELBOW BONE LESION	568.97	00 15									
63	24000	EXPLORATORY ELBOW SURGERY	530.86										
67	24000	EXPLORATORY ELBOW SURGERY	530.86	00 15									
63	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	796.06										
67	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	796.06	00 15									
63	24065	BIOPSY ARM/ELBOW SOFT TISSUE	280.39										
67	24065	BIOPSY ARM/ELBOW SOFT TISSUE	280.39	00 15									
63	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	685.25										
67	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	685.25	00 15									
63	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	458.11										
67	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	458.11	00 15									
63	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	785.40										
67	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	785.40	00 15									
63	24075	REMOVE ARM/ELBOW LESION	579.40										
67	24075	REMOVE ARM/ELBOW LESION	579.40	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	609.70										
67	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	609.70	00 15									
63	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,166.84										
67	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,166.84	00 15									
63	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,505.28										
67	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,505.28	00 15									
63	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	466.39										
67	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	466.39	00 15									
63	24101	EXPLORE/TREAT ELBOW JOINT	559.54										
67	24101	EXPLORE/TREAT ELBOW JOINT	559.54	00 15									
63	24102	REMOVE ELBOW JOINT LINING	690.93										
67	24102	REMOVE ELBOW JOINT LINING	690.93	00 15									
63	24105	REMOVAL OF ELBOW BURSA	393.19										
67	24105	REMOVAL OF ELBOW BURSA	393.19	00 15									
63	24110	REMOVE HUMERUS LESION	648.54										
67	24110	REMOVE HUMERUS LESION	648.54	00 15									
63	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	827.42										
67	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	827.42	00 15									
63	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	968.06										
67	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	968.06	00 15									
63	24120	REMOVE ELBOW LESION	593.47										
67	24120	REMOVE ELBOW LESION	593.47	00 15									
63	24125	EXCISION BONE CYST HEAD/NECK RADIUS	696.28										
67	24125	EXCISION BONE CYST HEAD/NECK RADIUS	696.28	00 15									
63	24126	EXCISION BONE CYST HEAD/NECK RADIUS	728.48										
67	24126	EXCISION BONE CYST HEAD/NECK RADIUS	728.48	00 15									
63	24130	REMOVAL OF HEAD OF RADIUS	566.95										
67	24130	REMOVAL OF HEAD OF RADIUS	566.95	00 15									
63	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	838.82										
67	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	838.82	00 15									
63	24136	REMOVAL LESION/RADIAL HEAD OR NECK	708.14										
67	24136	REMOVAL LESION/RADIAL HEAD OR NECK	708.14	00 15									
63	24138	REMOVE BONE LESION/OLECRANON PROCESS	761.94										
67	24138	REMOVE BONE LESION/OLECRANON PROCESS	761.94	00 15									
63	24140	PART.EXCIS.BONE/HUMERUS	787.45										
67	24140	PART.EXCIS.BONE/HUMERUS	787.45	00 15									
63	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	665.68										
67	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	665.68	00 15									
63	24147	PART.EXCIS.BONE,OLECRANON PROCESS	698.71										
67	24147	PART.EXCIS.BONE,OLECRANON PROCESS	698.71	00 15									
63	24149	RADICAL RESECTION OF ELBOW	1,314.44										
67	24149	RADICAL RESECTION OF ELBOW	1,314.44	00 15									
63	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,748.74										
67	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,748.74	00 15									
63	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,518.21										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,518.21	00 15									
63	24155	RESECTION OF ELBOW JOINT	959.86										
67	24155	RESECTION OF ELBOW JOINT	959.86	00 15									
63	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,415.37										
67	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,415.37	00 15									
63	24164	REMOVAL OF HARDWARE OF FOREARM BONE	806.39										
67	24164	REMOVAL OF HARDWARE OF FOREARM BONE	806.39	00 15									
63	24200	REMOVAL OF ARM FOREIGN BODY	237.75										
67	24200	REMOVAL OF ARM FOREIGN BODY	237.75	00 15									
63	24201	REMOVAL OF ARM FOREIGN BODY DEEP	602.82										
67	24201	REMOVAL OF ARM FOREIGN BODY DEEP	602.82	00 15									
63	24220	INJECTION FOR ELBOW X-RAY	204.09										
67	24220	INJECTION FOR ELBOW X-RAY	204.09	00 15									
63	24300	MANIPULATE ELBOW W/ANESTH	468.05										
67	24300	MANIPULATE ELBOW W/ANESTH	468.05	00 15									
63	24301	MUSCLE/TENDON TRANSFER	842.17										
67	24301	MUSCLE/TENDON TRANSFER	842.17	00 15									
63	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	645.84									X	
67	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	645.84	00 15								X	
63	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	529.02									X	
67	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	529.02	00 15								X	
63	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	877.09										
67	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	877.09	00 15									
63	24330	FLEXOR-PLASTY ELBOW	804.83										
67	24330	FLEXOR-PLASTY ELBOW	804.83	00 15									
63	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	884.01										
67	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	884.01	00 15									
63	24332	TENOLYSIS, TRICEPS	686.62										
67	24332	TENOLYSIS, TRICEPS	686.62	00 15									
63	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	691.05										
67	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	691.05	00 15									
63	24341	REPAIR TENDON/MUSCLE ARM	828.02										
67	24341	REPAIR TENDON/MUSCLE ARM	828.02	00 15									
63	24342	REINSERTION RUPTURED BICEPS TENDON/D	870.46										
67	24342	REINSERTION RUPTURED BICEPS TENDON/D	870.46	00 15									
63	24343	REPR ELBOW LAT LIGMNT W/TISS	793.17										
67	24343	REPR ELBOW LAT LIGMNT W/TISS	793.17	00 15									
63	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,223.57										
67	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,223.57	00 15									
63	24345	REPR ELBW MED LIGMNT W/TISS	788.57										
67	24345	REPR ELBW MED LIGMNT W/TISS	788.57	00 15									
63	24346	RECONSTRUCT ELBOW MED LIGMNT	1,236.68										
67	24346	RECONSTRUCT ELBOW MED LIGMNT	1,236.68	00 15									
63	24357	INCISION OF TENDON TO REPAIR ELBOW J	459.22										
67	24357	INCISION OF TENDON TO REPAIR ELBOW J	459.22	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	586.55										
67	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	586.55	00 15									
63	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	740.51										
67	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	740.51	00 15									
63	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	1,014.70										
67	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	1,014.70	00 15									
63	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,134.09										
67	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,134.09	00 15									
63	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,195.34										
67	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,195.34	00 15									
63	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,634.85										
67	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,634.85	00 15									
63	24365	ARTHROPLASTY RADIAL HEAD	719.63										
67	24365	ARTHROPLASTY RADIAL HEAD	719.63	00 15									
63	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	763.17										
67	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	763.17	00 15									
63	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,734.56									X	
67	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,734.56	00 15								X	
63	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	2,000.36									X	
67	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	2,000.36	00 15								X	
63	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	925.08										
67	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	925.08	00 15									
63	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,190.54										
67	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,190.54	00 15									
63	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,176.50										
67	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,176.50	00 15									
63	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,187.33										
67	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,187.33	00 15									
63	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,210.72										
67	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,210.72	00 15									
63	24470	HEMIEPIPHYSEAL ARREST	751.82										
67	24470	HEMIEPIPHYSEAL ARREST	751.82	00 15									
63	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	841.36										
67	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	841.36	00 15									
63	24498	PROPHYLACTIC TREAT...HUMERUS	974.10										
67	24498	PROPHYLACTIC TREAT...HUMERUS	974.10	00 15									
63	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	393.56										
67	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	393.56	00 15									
63	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	554.32										
67	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	554.32	00 15									
63	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	986.25										
67	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	986.25	00 15									
63	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	966.84										
67	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	966.84	00 15									
63	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	417.44										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	417.44	00 15									
63	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	688.25										
67	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	688.25	00 15									
63	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	868.76										
67	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	868.76	00 15									
63	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	1,042.31										
67	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	1,042.31	00 15									
63	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,165.71										
67	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,165.71	00 15									
63	24560	TREAT CLSD EPICON FX,W/O MANIP	362.45										
67	24560	TREAT CLSD EPICON FX,W/O MANIP	362.45	00 15									
63	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	595.43										
67	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	595.43	00 15									
63	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	802.89										
67	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	802.89	00 15									
63	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	816.86										
67	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	816.86	00 15									
63	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	380.23										
67	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	380.23	00 15									
63	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	613.11										
67	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	613.11	00 15									
63	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	932.78										
67	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	932.78	00 15									
63	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	905.18										
67	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	905.18	00 15									
63	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,223.01										
67	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,223.01	00 15									
63	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,225.27										
67	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,225.27	00 15									
63	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	412.82										
67	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	412.82	00 15									
63	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	529.51										
67	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	529.51	00 15									
63	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	799.41										
67	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	799.41	00 15									
63	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	627.66										
67	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	627.66	00 15									
63	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	753.74										
67	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	753.74	00 15									
63	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	111.32										
67	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	111.32	00 15									
63	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	286.73										
67	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	286.73	00 15									
63	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	487.81										
67	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	487.81	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	731.95										
67	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	731.95	00 15									
63	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	819.66										
67	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	819.66	00 15									
63	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	318.09										
67	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	318.09	00 15									
63	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	504.75										
67	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	504.75	00 15									
63	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	728.60										
67	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	728.60	00 15									
63	24800	FUSION OF ELBOW JOINT	934.16										
67	24800	FUSION OF ELBOW JOINT	934.16	00 15									
63	24802	FUSION/GRAFT OF ELBOW JOINT	1,128.70										
67	24802	FUSION/GRAFT OF ELBOW JOINT	1,128.70	00 15									
63	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	827.20										
67	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	827.20	00 15									
63	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	822.70										
67	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	822.70	00 15									
63	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	635.21										
67	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	635.21	00 15									
63	24930	REAMPUTATION UPPER ARM	870.47										
67	24930	REAMPUTATION UPPER ARM	870.47	00 15									
63	24931	AMPUTATE UPPER ARM & IMPLANT	1,049.72										
67	24931	AMPUTATE UPPER ARM & IMPLANT	1,049.72	00 15									
63	24935	STUMP ELONGATION/REVISION UPPER ARM	1,358.17										
67	24935	STUMP ELONGATION/REVISION UPPER ARM	1,358.17	00 15									
63	25000	TENDON SHEATH INCISION; AT RADIAL ST	374.67										
67	25000	TENDON SHEATH INCISION; AT RADIAL ST	374.67	00 15									
63	25001	INCISE FLEXOR CARPI RADIALIS	377.57										
67	25001	INCISE FLEXOR CARPI RADIALIS	377.57	00 15									
63	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	769.35										
67	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	769.35	00 15									
63	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,413.38										
67	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,413.38	00 15									
63	25024	DECOMPRESS FOREARM 2 SPACES	875.55										
67	25024	DECOMPRESS FOREARM 2 SPACES	875.55	00 15									
63	25025	DECOMPRESS FORARM 2 SPACES	1,341.59										
67	25025	DECOMPRESS FORARM 2 SPACES	1,341.59	00 15									
63	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	714.75										
67	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	714.75	00 15									
63	25031	INCISION/DRAINAGE INFECTED BURSA; FO	406.66										
67	25031	INCISION/DRAINAGE INFECTED BURSA; FO	406.66	00 15									
63	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	652.63										
67	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	652.63	00 15									
63	25040	EXPLORE/TREAT WRIST JOINT	624.64										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	25040	EXPLORE/TREAT WRIST JOINT	624.64	00 15									
63	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	276.54										
67	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	276.54	00 15									
63	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	398.70										
67	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	398.70	00 15									
63	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	476.88										
67	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	476.88	00 15									
63	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	598.43										
67	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	598.43	00 15									
63	25075	EXCISE SUBCUTANEOUS TUMOR	563.53										
67	25075	EXCISE SUBCUTANEOUS TUMOR	563.53	00 15									
63	25076	EXCISE TUMOR,DEEP	574.69										
67	25076	EXCISE TUMOR,DEEP	574.69	00 15									
63	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	1,001.86										
67	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	1,001.86	00 15									
63	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,319.21										
67	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,319.21	00 15									
63	25085	INCISION OF WRIST CAPSULE	498.69										
67	25085	INCISION OF WRIST CAPSULE	498.69	00 15									
63	25100	BIOPSY OF WRIST JOINT	386.04										
67	25100	BIOPSY OF WRIST JOINT	386.04	00 15									
63	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	447.48										
67	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	447.48	00 15									
63	25105	REMOVE WRIST JOINT LINING	539.58										
67	25105	REMOVE WRIST JOINT LINING	539.58	00 15									
63	25107	ARTHROTOMY,WRIST,COMPLEX	684.38										
67	25107	ARTHROTOMY,WRIST,COMPLEX	684.38	00 15									
63	25109	EXCISION OF TENDON, FOREARM AND/OR W	593.74									X	
67	25109	EXCISION OF TENDON, FOREARM AND/OR W	593.74	00 15								X	
63	25110	EXCISION,LESION OF TENDON SHEATH	379.83										
67	25110	EXCISION,LESION OF TENDON SHEATH	379.83	00 15									
63	25111	EXCISION GANGLION;WRIST,PRIMARY	354.98										
67	25111	EXCISION GANGLION;WRIST,PRIMARY	354.98	00 15									
63	25112	EXCISION GANGLION;WRIST,RECURRENT	429.98										
67	25112	EXCISION GANGLION;WRIST,RECURRENT	429.98	00 15									
63	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	841.24										
67	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	841.24	00 15									
63	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	668.02										
67	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	668.02	00 15									
63	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	420.85										
67	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	420.85	00 15									
63	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	553.14										
67	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	553.14	00 15									
63	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	556.33										
67	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	556.33	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	664.64										
67	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	664.64	00 15									
63	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	669.94										
67	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	669.94	00 15									
63	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	497.82										
67	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	497.82	00 15									
63	25135	EXCISE BONE CYST OF CARPAL BONES W/A	626.10										
67	25135	EXCISE BONE CYST OF CARPAL BONES W/A	626.10	00 15									
63	25136	EXCISE BONE CYST OF CARPAL BONES W/H	555.00										
67	25136	EXCISE BONE CYST OF CARPAL BONES W/H	555.00	00 15									
63	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	580.83										
67	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	580.83	00 15									
63	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	632.38										
67	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	632.38	00 15									
63	25151	PARTIAL REMOVAL OF RADIUS	652.95										
67	25151	PARTIAL REMOVAL OF RADIUS	652.95	00 15									
63	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,661.10										
67	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,661.10	00 15									
63	25210	CARPECTOMY; ONE BONE	545.54										
67	25210	CARPECTOMY; ONE BONE	545.54	00 15									
63	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	688.80										
67	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	688.80	00 15									
63	25230	RADIAL STYLOIDECTOMY	479.29										
67	25230	RADIAL STYLOIDECTOMY	479.29	00 15									
63	25240	EXCISION DISTAL ULNA	476.10										
67	25240	EXCISION DISTAL ULNA	476.10	00 15									
63	25246	INJECTION FOR WRIST X-RAY	209.56										
67	25246	INJECTION FOR WRIST X-RAY	209.56	00 15									
63	25248	REMOVE FOREARM FOREIGN BODY	467.75										
67	25248	REMOVE FOREARM FOREIGN BODY	467.75	00 15									
63	25250	REMOVAL OF WRIST PROSTHESIS	596.13										
67	25250	REMOVAL OF WRIST PROSTHESIS	596.13	00 15									
63	25251	REMOVE WRIST PROTH,COMPLICATED	806.51										
67	25251	REMOVE WRIST PROTH,COMPLICATED	806.51	00 15									
63	25259	MANIPULATE WRIST W/ANESTHES	462.10										
67	25259	MANIPULATE WRIST W/ANESTHES	462.10	00 15									
63	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	702.26									X	
67	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	702.26	00 15								X	
63	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	706.51									X	
67	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	706.51	00 15								X	
63	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	842.48									X	
67	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	842.48	00 15								X	
63	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	548.00									X	
67	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	548.00	00 15								X	
63	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	626.08									X	

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	626.08	00	15								X	
63	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	742.01										X	
67	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	742.01	00	15								X	
63	25275	REPAIR FOREARM TENDON SHEATH	748.06											
67	25275	REPAIR FOREARM TENDON SHEATH	748.06	00	15									
63	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	630.73										X	
67	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	630.73	00	15								X	
63	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	483.17										X	
67	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	483.17	00	15								X	
63	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	585.14										X	
67	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	585.14	00	15								X	
63	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	771.18											
67	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	771.18	00	15									
63	25301	TENODESIS AT WRIST; EXTENSORS OF FI	718.29											
67	25301	TENODESIS AT WRIST; EXTENSORS OF FI	718.29	00	15									
63	25310	TEND TRANSPLANT...SING.;EACH TENDON	690.20										X	
67	25310	TEND TRANSPLANT...SING.;EACH TENDON	690.20	00	15								X	
63	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	797.32										X	
67	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	797.32	00	15								X	
63	25315	REVISE PALSY HAND TENDON(S)	864.96											
67	25315	REVISE PALSY HAND TENDON(S)	864.96	00	15									
63	25316	REVISE PALSY HAND TENDON W/TENDON S	1,030.67											
67	25316	REVISE PALSY HAND TENDON W/TENDON S	1,030.67	00	15									
63	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,090.39											
67	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,090.39	00	15									
63	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	945.19											
67	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	945.19	00	15									
63	25335	CENTRALIZATION-WRIST ON ULNA	1,062.41											
67	25335	CENTRALIZATION-WRIST ON ULNA	1,062.41	00	15									
63	25337	RECONSTRUCT ULNA/RADIOULNAR	986.01											
67	25337	RECONSTRUCT ULNA/RADIOULNAR	986.01	00	15									
63	25350	REVISION OF RADIUS;DISTAL THIRD	752.46											
67	25350	REVISION OF RADIUS;DISTAL THIRD	752.46	00	15									
63	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	859.44											
67	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	859.44	00	15									
63	25360	REVISION OF ULNA	729.77											
67	25360	REVISION OF ULNA	729.77	00	15									
63	25365	REVISE RADIUS & ULNA	1,031.40											
67	25365	REVISE RADIUS & ULNA	1,031.40	00	15									
63	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,135.60											
67	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,135.60	00	15									
63	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,074.28											
67	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,074.28	00	15									
63	25390	SHORTEN RADIUS/ULNA	859.96											
67	25390	SHORTEN RADIUS/ULNA	859.96	00	15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,122.53										
67	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,122.53	00 15									
63	25392	SHORTEN RADIUS & ULNA	1,142.43										
67	25392	SHORTEN RADIUS & ULNA	1,142.43	00 15									
63	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,274.93										
67	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,274.93	00 15									
63	25394	REPAIR CARPAL BONE, SHORTEN	880.79										
67	25394	REPAIR CARPAL BONE, SHORTEN	880.79	00 15									
63	25400	REPAIR RADIUS OR ULNA	899.98										
67	25400	REPAIR RADIUS OR ULNA	899.98	00 15									
63	25405	REPAIR/GRAFT RADIUS OR ULNA	1,163.31										
67	25405	REPAIR/GRAFT RADIUS OR ULNA	1,163.31	00 15									
63	25415	REPAIR RADIUS & ULNA	1,090.51										
67	25415	REPAIR RADIUS & ULNA	1,090.51	00 15									
63	25420	REPAIR/GRAFT RADIUS & ULNA	1,316.66										
67	25420	REPAIR/GRAFT RADIUS & ULNA	1,316.66	00 15									
63	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,085.52										
67	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,085.52	00 15									
63	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,267.56										
67	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,267.56	00 15									
63	25430	VASC GRAFT INTO CARPAL BONE	817.71										
67	25430	VASC GRAFT INTO CARPAL BONE	817.71	00 15									
63	25431	REPAIR NONUNION CARPAL BONE	884.91										
67	25431	REPAIR NONUNION CARPAL BONE	884.91	00 15									
63	25440	REPAIR/GRAFT WRIST BONE	858.84										
67	25440	REPAIR/GRAFT WRIST BONE	858.84	00 15									
63	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,055.44										
67	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,055.44	00 15									
63	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	901.73										
67	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	901.73	00 15									
63	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	879.84										
67	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	879.84	00 15									
63	25444	RECONSTRUCT WRIST JOINT; LUNATE	925.71										
67	25444	RECONSTRUCT WRIST JOINT; LUNATE	925.71	00 15									
63	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	805.62										
67	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	805.62	00 15									
63	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,315.42										
67	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,315.42	00 15									
63	25449	REVISE ARTHROPLASTY,REVDVE	1,157.86										
67	25449	REVISE ARTHROPLASTY,REVDVE	1,157.86	00 15									
63	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	690.95										
67	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	690.95	00 15									
63	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	817.03										
67	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	817.03	00 15									
63	25490	PROPHYLACTIC TREATMENT/RADIUS	805.55										

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	25490	PROPHYLACTIC TREATMENT/RADIUS	805.55	00 15									
63	25491	PROPHYLACTIC TREATMENT; ULNA	828.94										
67	25491	PROPHYLACTIC TREATMENT; ULNA	828.94	00 15									
63	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	1,018.74										
67	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	1,018.74	00 15									
63	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	307.94										
67	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	307.94	00 15									
63	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	554.96										
67	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	554.96	00 15									
63	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	746.75										
67	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	746.75	00 15									
63	25520	CLOSED TREATMENT OF BROKEN FOREARM A	638.37										
67	25520	CLOSED TREATMENT OF BROKEN FOREARM A	638.37	00 15									
63	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	879.47										
67	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	879.47	00 15									
63	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,071.25										
67	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,071.25	00 15									
63	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	286.56										
67	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	286.56	00 15									
63	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	547.02										
67	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	547.02	00 15									
63	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	693.76										
67	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	693.76	00 15									
63	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	313.34										
67	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	313.34	00 15									
63	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	572.63										
67	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	572.63	00 15									
63	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	752.54										
67	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	752.54	00 15									
63	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	1,010.94										
67	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	1,010.94	00 15									
63	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	363.67										
67	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	363.67	00 15									
63	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	600.00										
67	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	600.00	00 15									
63	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	740.05										
67	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	740.05	00 15									
63	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	821.56										
67	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	821.56	00 15									
63	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	922.08										
67	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	922.08	00 15									
63	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,172.61										
67	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,172.61	00 15									
63	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	333.23										
67	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	333.23	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	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	535.55										
67	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	535.55	00 15									
63	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	803.38										
67	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	803.38	00 15									
63	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	334.61									X	
67	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	334.61	00 15								X	
63	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	510.23									X	
67	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	510.23	00 15								X	
63	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	638.71									X	
67	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	638.71	00 15								X	
63	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	360.47										
67	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	360.47	00 15									
63	25651	PIN ULNAR STYLOID FRACTURE	541.66										
67	25651	PIN ULNAR STYLOID FRACTURE	541.66	00 15									
63	25652	TREAT FRACTURE ULNAR STYLOID	693.00										
67	25652	TREAT FRACTURE ULNAR STYLOID	693.00	00 15									
63	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	493.86										
67	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	493.86	00 15									
63	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	681.56										
67	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	681.56	00 15									
63	25671	PIN RADIOULNAR DISLOCATION	590.83										
67	25671	PIN RADIOULNAR DISLOCATION	590.83	00 15									
63	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	491.71										
67	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	491.71	00 15									
63	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	704.53										
67	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	704.53	00 15									
63	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	586.11										
67	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	586.11	00 15									
63	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	824.72										
67	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	824.72	00 15									
63	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	543.37										
67	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	543.37	00 15									
63	25695	OPEN TREATMENT LUNATE DISLOCATION	712.61										
67	25695	OPEN TREATMENT LUNATE DISLOCATION	712.61	00 15									
63	25800	FUSION OF WRIST JOINT	818.66										
67	25800	FUSION OF WRIST JOINT	818.66	00 15									
63	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	951.25										
67	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	951.25	00 15									
63	25810	FUSION WRIST JOINT; W/DISTANT BONE	966.17										
67	25810	FUSION WRIST JOINT; W/DISTANT BONE	966.17	00 15									
63	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	713.72										
67	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	713.72	00 15									
63	25825	INTERCARPAL FUSION;W/ BONEGRAFT	873.13										
67	25825	INTERCARPAL FUSION;W/ BONEGRAFT	873.13	00 15									
63	25830	FUSION RADIOULNAR JNT/ULNA	1,110.51										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	25830	FUSION RADIOULNAR JNT/ULNA	1,110.51	00 15									
63	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	801.03										
67	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	801.03	00 15									
63	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	788.33										
67	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	788.33	00 15									
63	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	688.54										
67	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	688.54	00 15									
63	25909	REAMPUTATION FOREARM SURGERY	768.71										
67	25909	REAMPUTATION FOREARM SURGERY	768.71	00 15									
63	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,320.24										
67	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,320.24	00 15									
63	25920	DISARTICULATION THROUGH WRIST	809.38										
67	25920	DISARTICULATION THROUGH WRIST	809.38	00 15									
63	25922	DISARTICULATION WRIST;SECOND CLOSURE	713.25										
67	25922	DISARTICULATION WRIST;SECOND CLOSURE	713.25	00 15									
63	25924	REAMPUTATION WRIST SURGERY	790.91										
67	25924	REAMPUTATION WRIST SURGERY	790.91	00 15									
63	25927	TRANSMETACARPAL AMPUTATION	950.00										
67	25927	TRANSMETACARPAL AMPUTATION	950.00	00 15									
63	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	669.83										
67	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	669.83	00 15									
63	25931	AMPUTATION FOLLOW-UP SURGERY	876.13										
67	25931	AMPUTATION FOLLOW-UP SURGERY	876.13	00 15									
63	26010	DRAINAGE OF FINGER ABSCESS	352.29										
67	26010	DRAINAGE OF FINGER ABSCESS	352.29	00 15									
63	26011	DRAIN FINGER ABSCESS; COMPLICATED	502.83										
67	26011	DRAIN FINGER ABSCESS; COMPLICATED	502.83	00 15									
63	26020	DRAIN HAND TENDON SHEATH	615.03										
67	26020	DRAIN HAND TENDON SHEATH	615.03	00 15									
63	26025	DRAINAGE OF PALM BURSA	467.46										
67	26025	DRAINAGE OF PALM BURSA	467.46	00 15									
63	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	544.31										
67	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	544.31	00 15									
63	26034	TREAT HAND BONE LESION	607.52										
67	26034	TREAT HAND BONE LESION	607.52	00 15									
63	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	961.55										
67	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	961.55	00 15									
63	26037	DECOMPRESSIVE FASCIOTOMY, HAND	629.58										
67	26037	DECOMPRESSIVE FASCIOTOMY, HAND	629.58	00 15									
63	26040	RELEASE OF TISSUES OF PALM, ACCESSED	346.29										
67	26040	RELEASE OF TISSUES OF PALM, ACCESSED	346.29	00 15									
63	26045	PARTIAL RELEASE OF TISSUES OF PALM,	522.98										
67	26045	PARTIAL RELEASE OF TISSUES OF PALM,	522.98	00 15									
63	26055	INCISE FINGER TENDON SHEATH	621.11									X	
67	26055	INCISE FINGER TENDON SHEATH	621.11	00 15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	281.05									X	
67	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	281.05	00 15								X	
63	26070	EXPLORE/TREAT HAND JOINT	356.05										
67	26070	EXPLORE/TREAT HAND JOINT	356.05	00 15									
63	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	371.86										
67	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	371.86	00 15									
63	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	436.31									X	
67	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	436.31	00 15								X	
63	26100	BIOPSY HAND JOINT LINING	373.48										
67	26100	BIOPSY HAND JOINT LINING	373.48	00 15									
63	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	376.23										
67	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	376.23	00 15									
63	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	356.44									X	
67	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	356.44	00 15								X	
63	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	462.68										
67	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	462.68	00 15									
63	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	607.12										
67	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	607.12	00 15									
63	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	591.80										
67	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	591.80	00 15									
63	26116	EXCISION BENIGN TUMOR,HAND; DEEP	582.52										
67	26116	EXCISION BENIGN TUMOR,HAND; DEEP	582.52	00 15									
63	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	825.77										
67	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	825.77	00 15									
63	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,178.49										
67	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,178.49	00 15									
63	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	666.48										
67	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	666.48	00 15									
63	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	926.76										
67	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	926.76	00 15									
63	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	306.68									X	
67	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	306.68	00 15								X	
63	26130	REMOVE WRIST JOINT LINING	520.06										
67	26130	REMOVE WRIST JOINT LINING	520.06	00 15									
63	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	615.29									X	
67	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	615.29	00 15								X	
63	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	562.48									X	
67	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	562.48	00 15								X	
63	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	571.40									X	
67	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	571.40	00 15								X	
63	26160	REMOVE TENDON SHEATH LESION	647.93										
67	26160	REMOVE TENDON SHEATH LESION	647.93	00 15									
63	26170	EXCISE TENDON,PALM...EACH	450.60									X	
67	26170	EXCISE TENDON,PALM...EACH	450.60	00 15								X	
63	26180	EXCISION OF TENDON,FINGER,FLEXOR	495.55										

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

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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	26180	EXCISION OF TENDON,FINGER,FLEXOR	495.55	00 15									
63	26185	REMOVE FINGER BONE	615.13										
67	26185	REMOVE FINGER BONE	615.13	00 15									
63	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	500.45										
67	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	500.45	00 15									
63	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	678.03										
67	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	678.03	00 15									
63	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	492.84										
67	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	492.84	00 15									
63	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	634.04										
67	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	634.04	00 15									
63	26230	PARTIAL REMOVAL OF HAND BONE	556.48										
67	26230	PARTIAL REMOVAL OF HAND BONE	556.48	00 15									
63	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	547.61										
67	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	547.61	00 15									
63	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	489.45										
67	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	489.45	00 15									
63	26250	RADICAL RESECTION FOR TUMOR,HAND	1,198.19										
67	26250	RADICAL RESECTION FOR TUMOR,HAND	1,198.19	00 15									
63	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	895.62										
67	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	895.62	00 15									
63	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	704.18										
67	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	704.18	00 15									
63	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	385.59										
67	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	385.59	00 15									
63	26340	MANIPULATE FINGER W/ANESTH	372.63									X	
67	26340	MANIPULATE FINGER W/ANESTH	372.63	00 15								X	
63	26341	MANIPULATION OF PALM PRETENDINOUS CO	121.03										
67	26341	MANIPULATION OF PALM PRETENDINOUS CO	121.03	00 15									
63	26350	REPAIR OF FINGER TENDON	809.44									X	
67	26350	REPAIR OF FINGER TENDON	809.44	00 15								X	
63	26352	REPAIR OF FINGER TENDON WITH GRAFT	914.80									X	
67	26352	REPAIR OF FINGER TENDON WITH GRAFT	914.80	00 15								X	
63	26356	REPAIR OF FINGER TENDON	879.98									X	
67	26356	REPAIR OF FINGER TENDON	879.98	00 15								X	
63	26357	REPAIR OF FINGER TENDON	993.77									X	
67	26357	REPAIR OF FINGER TENDON	993.77	00 15								X	
63	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,100.86									X	
67	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,100.86	00 15								X	
63	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	861.61									X	
67	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	861.61	00 15								X	
63	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	1,011.25									X	
67	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	1,011.25	00 15								X	
63	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	970.62									X	
67	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	970.62	00 15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	968.90										
67	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	968.90	00 15									
63	26392	REMOVAL ROD AND INSERTION OF TENDON	1,110.99										
67	26392	REMOVAL ROD AND INSERTION OF TENDON	1,110.99	00 15									
63	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	649.83									X	
67	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	649.83	00 15								X	
63	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	782.00									X	
67	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	782.00	00 15								X	
63	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	938.76										
67	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	938.76	00 15									
63	26416	REMOVE TUBE/ROD,INSERT GRAFT...	1,016.90										
67	26416	REMOVE TUBE/ROD,INSERT GRAFT...	1,016.90	00 15									
63	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	666.73									X	
67	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	666.73	00 15								X	
63	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	812.40									X	
67	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	812.40	00 15								X	
63	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	558.79										
67	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	558.79	00 15									
63	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	872.59										
67	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	872.59	00 15									
63	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	583.10										
67	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	583.10	00 15									
63	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	618.14										
67	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	618.14	00 15									
63	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	756.89										
67	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	756.89	00 15									
63	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	723.02										
67	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	723.02	00 15									
63	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	707.47									X	
67	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	707.47	00 15								X	
63	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,081.54									X	
67	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,081.54	00 15								X	
63	26445	TENOLYSIS,EXT TEND...;EACH TENDON	657.77									X	
67	26445	TENOLYSIS,EXT TEND...;EACH TENDON	657.77	00 15								X	
63	26449	TENOLYSIS,COMP,EXT TENDON.....	770.24										
67	26449	TENOLYSIS,COMP,EXT TENDON.....	770.24	00 15									
63	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	490.64									X	
67	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	490.64	00 15								X	
63	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	486.75									X	
67	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	486.75	00 15								X	
63	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	477.68									X	
67	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	477.68	00 15								X	
63	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	714.90										
67	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	714.90	00 15									
63	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	705.54										

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	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	705.54	00 15									
63	26476	TEND LENGTHEN,EXT...SINGLE, EACH	696.15									X	
67	26476	TEND LENGTHEN,EXT...SINGLE, EACH	696.15	00 15								X	
63	26477	TEND SHORTEN,EXT...SINGLE,EACH	675.57									X	
67	26477	TEND SHORTEN,EXT...SINGLE,EACH	675.57	00 15								X	
63	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	733.52									X	
67	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	733.52	00 15								X	
63	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	856.65									X	
67	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	856.65	00 15								X	
63	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	956.33									X	
67	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	956.33	00 15								X	
63	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	917.45									X	
67	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	917.45	00 15								X	
63	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	1,066.59									X	
67	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	1,066.59	00 15								X	
63	26490	REVISE THUMB TENDON	922.02										
67	26490	REVISE THUMB TENDON	922.02	00 15									
63	26492	REVISE THUMB TENDON W/GRAFT	1,020.17										
67	26492	REVISE THUMB TENDON W/GRAFT	1,020.17	00 15									
63	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	925.89										
67	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	925.89	00 15									
63	26496	REVISE THUMB TENDON; OTHER METHODS	999.60										
67	26496	REVISE THUMB TENDON; OTHER METHODS	999.60	00 15									
63	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	998.47										
67	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	998.47	00 15									
63	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,312.07										
67	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,312.07	00 15									
63	26499	CORRECTION CLAW FINGER,OTHER METHODS	960.11		X								
67	26499	CORRECTION CLAW FINGER,OTHER METHODS	960.11	00 15	X								
63	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	719.63										
67	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	719.63	00 15									
63	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	827.01										
67	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	827.01	00 15									
63	26508	RELEASE THUMB CONTRACTURE	733.16									X	
67	26508	RELEASE THUMB CONTRACTURE	733.16	00 15								X	
63	26510	CROSS INTRINSIC TRANSFER	694.85										
67	26510	CROSS INTRINSIC TRANSFER	694.85	00 15									
63	26516	FUSION OF KNUCKLE JOINT	812.43										
67	26516	FUSION OF KNUCKLE JOINT	812.43	00 15									
63	26517	FUSION KNUCKLE JOINT,TWO DIGITS	953.87										
67	26517	FUSION KNUCKLE JOINT,TWO DIGITS	953.87	00 15									
63	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	966.23									X	
67	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	966.23	00 15								X	
63	26520	CAPSULECTOMY/OTOMY....;EACH	741.37									X	
67	26520	CAPSULECTOMY/OTOMY....;EACH	741.37	00 15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	26525	CAPSULECTOMY/OTOMY...;EACH	743.39									X	
67	26525	CAPSULECTOMY/OTOMY...;EACH	743.39	00 15								X	
63	26530	ARTHROPLASTY,META...;SINGLE,EACH	599.91									X	
67	26530	ARTHROPLASTY,META...;SINGLE,EACH	599.91	00 15								X	
63	26531	ARTHROPLASTY,META..;PROSTH...EACH	699.65									X	
67	26531	ARTHROPLASTY,META..;PROSTH...EACH	699.65	00 15								X	
63	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	483.75									X	
67	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	483.75	00 15								X	
63	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	815.79									X	
67	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	815.79	00 15								X	
63	26540	REPAIR COLLATERAL LIGAMENT	761.66									X	
67	26540	REPAIR COLLATERAL LIGAMENT	761.66	00 15								X	
63	26541	RECONSTRUCT/GRAFT HAND JOINT	915.75									X	
67	26541	RECONSTRUCT/GRAFT HAND JOINT	915.75	00 15								X	
63	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	787.76										
67	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	787.76	00 15									
63	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	799.63									X	
67	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	799.63	00 15								X	
63	26546	REPAIR NON-UNION HAND	1,128.83										
67	26546	REPAIR NON-UNION HAND	1,128.83	00 15									
63	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	874.65									X	
67	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	874.65	00 15								X	
63	26550	CONSTRUCT THUMB REPLACEMENT	1,862.80									X	
67	26550	CONSTRUCT THUMB REPLACEMENT	1,862.80	00 15								X	
63	26551	GREAT TOE-HAND TRANSFER	3,735.00										
67	26551	GREAT TOE-HAND TRANSFER	3,735.00	00 15									
63	26553	SINGLE TOE-HAND TRANSFER	3,710.12										
67	26553	SINGLE TOE-HAND TRANSFER	3,710.12	00 15									
63	26554	DOUBLE TOE-HAND TRANSFER	4,325.09										
67	26554	DOUBLE TOE-HAND TRANSFER	4,325.09	00 15									
63	26555	POSITIONAL CHANGE OF FINGER	1,556.30										
67	26555	POSITIONAL CHANGE OF FINGER	1,556.30	00 15									
63	26556	TOE JOINT TRANSFER	3,853.22										
67	26556	TOE JOINT TRANSFER	3,853.22	00 15									
63	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	690.70									X	
67	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	690.70	00 15								X	
63	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,088.78									X	
67	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,088.78	00 15								X	
63	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,529.10									X	
67	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,529.10	00 15								X	
63	26565	CORRECT METACARPAL FLAW	801.69									X	
67	26565	CORRECT METACARPAL FLAW	801.69	00 15								X	
63	26567	CORRECT FINGER DEFORMITY	786.26									X	
67	26567	CORRECT FINGER DEFORMITY	786.26	00 15								X	
63	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	1,027.88										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	1,027.88	00 15									
63	26580	REPAIR HAND DEFORMITY	1,722.89									X	
67	26580	REPAIR HAND DEFORMITY	1,722.89	00 15								X	
63	26587	REPAIR SUPERNUMERARY DIGIT	1,170.30									X	
67	26587	REPAIR SUPERNUMERARY DIGIT	1,170.30	00 15								X	
63	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,606.31									X	
67	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,606.31	00 15								X	
63	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	518.74									X	
67	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	518.74	00 15								X	
63	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	896.27										
67	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	896.27	00 15									
63	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	324.63									X	
67	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	324.63	00 15								X	
63	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	358.44									X	
67	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	358.44	00 15								X	
63	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	555.96									X	
67	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	555.96	00 15								X	
63	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	532.30										
67	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	532.30	00 15									
63	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	637.98									X	
67	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	637.98	00 15								X	
63	26641	TREAT THUMB DISLOCATION W/MANIPU	458.11									X	
67	26641	TREAT THUMB DISLOCATION W/MANIPU	458.11	00 15								X	
63	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	478.76									X	
67	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	478.76	00 15								X	
63	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	530.62									X	
67	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	530.62	00 15								X	
63	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	694.95									X	
67	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	694.95	00 15								X	
63	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	384.25										
67	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	384.25	00 15									
63	26675	TREAT HAND DISLOCATION W/ANESTHESIA	508.61										
67	26675	TREAT HAND DISLOCATION W/ANESTHESIA	508.61	00 15									
63	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	560.49										
67	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	560.49	00 15									
63	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	637.48										
67	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	637.48	00 15									
63	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	698.65										
67	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	698.65	00 15									
63	26700	TREAT KNUCKLE DISLOCATION	370.61										
67	26700	TREAT KNUCKLE DISLOCATION	370.61	00 15									
63	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	464.47										
67	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	464.47	00 15									
63	26706	PERC.PINNING,CLOSED METACARPOPHALANG	493.47										
67	26706	PERC.PINNING,CLOSED METACARPOPHALANG	493.47	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	634.38										
67	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	634.38	00 15									
63	26720	TREAT CLSD FX;W/O MANIP, EACH	216.04									X	
67	26720	TREAT CLSD FX;W/O MANIP, EACH	216.04	00 15								X	
63	26725	TREAT CLSD FX;W/ MANIP, EACH	373.63									X	
67	26725	TREAT CLSD FX;W/ MANIP, EACH	373.63	00 15								X	
63	26727	TREAT FX,MANIP,TRACT/FIX, EACH	523.14									X	
67	26727	TREAT FX,MANIP,TRACT/FIX, EACH	523.14	00 15								X	
63	26735	OPEN TREAT....W/W/O FIX, EACH	659.83									X	
67	26735	OPEN TREAT....W/W/O FIX, EACH	659.83	00 15								X	
63	26740	TREAT CLSD ART FX...W/O MANIP,EACH	251.31									X	
67	26740	TREAT CLSD ART FX...W/O MANIP,EACH	251.31	00 15								X	
63	26742	TREAT CLSD ART FX....W/ MANIP, EACH	412.63									X	
67	26742	TREAT CLSD ART FX....W/ MANIP, EACH	412.63	00 15								X	
63	26746	OPEN TX,CLSD/OPEN FX...EACH	826.17									X	
67	26746	OPEN TX,CLSD/OPEN FX...EACH	826.17	00 15								X	
63	26750	TREAT CLSD FX...W/O MANIP, EACH	203.46									X	
67	26750	TREAT CLSD FX...W/O MANIP, EACH	203.46	00 15								X	
63	26755	TREAT CLSD FX...W/ MANIP, EACH	351.45									X	
67	26755	TREAT CLSD FX...W/ MANIP, EACH	351.45	00 15								X	
63	26756	TREAT CLSD FX..;W/PERC PIN, EACH	464.62									X	
67	26756	TREAT CLSD FX..;W/PERC PIN, EACH	464.62	00 15								X	
63	26765	OPEN TX,CLSD/OPEN FX..;EACH	552.41									X	
67	26765	OPEN TX,CLSD/OPEN FX..;EACH	552.41	00 15								X	
63	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	313.58										
67	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	313.58	00 15									
63	26775	TRMT OF SAME W/ ANESTION	428.36										
67	26775	TRMT OF SAME W/ ANESTION	428.36	00 15									
63	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	494.93										
67	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	494.93	00 15									
63	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	604.13										
67	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	604.13	00 15									
63	26820	THUMB FUSION WITH GRAFT	911.21										
67	26820	THUMB FUSION WITH GRAFT	911.21	00 15									
63	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	841.02										
67	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	841.02	00 15									
63	26842	ARTHRODESIS OF THUMB W/ GRAFT	914.48									X	
67	26842	ARTHRODESIS OF THUMB W/ GRAFT	914.48	00 15								X	
63	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	858.66										
67	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	858.66	00 15									
63	26844	ARTHRODESIS OF DIGITS W/ GRAFT	947.24										
67	26844	ARTHRODESIS OF DIGITS W/ GRAFT	947.24	00 15									
63	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	800.46										
67	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	800.46	00 15									
63	26852	ARTHRODESIS KNUCKLE W/ GRAFT	912.52										

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	26852	ARTHRODESIS KNUCKLE W/ GRAFT	912.52	00 15									
63	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	656.68										
67	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	656.68	00 15									
63	26861	ARTHRODESIS...EACH ADD JOINT	116.65									X	
67	26861	ARTHRODESIS...EACH ADD JOINT	116.65	00 15								X	
63	26862	FUSION/GRAFT OF FINGER JOINT	835.42										
67	26862	FUSION/GRAFT OF FINGER JOINT	835.42	00 15									
63	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	258.51									X	
67	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	258.51	00 15								X	
63	26910	AMPUTATE METACARPAL BONE	833.84									X	
67	26910	AMPUTATE METACARPAL BONE	833.84	00 15								X	
63	26951	AMPUTATION OF FINGER/THUMB	753.93									X	
67	26951	AMPUTATION OF FINGER/THUMB	753.93	00 15								X	
63	26952	WITH LOCAL ADVANCEMENT FLAPS	742.67									X	
67	26952	WITH LOCAL ADVANCEMENT FLAPS	742.67	00 15								X	
63	26990	DRAINAGE OF PELVIS LESION	747.45										
67	26990	DRAINAGE OF PELVIS LESION	747.45	00 15									
63	26991	DRAINAGE OF PELVIS BURSA	786.43										
67	26991	DRAINAGE OF PELVIS BURSA	786.43	00 15									
63	26992	DRAINAGE OF BONE LESION	1,125.02										
67	26992	DRAINAGE OF BONE LESION	1,125.02	00 15									
63	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	448.97										
67	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	448.97	00 15									
63	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	606.83										
67	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	606.83	00 15									
63	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	669.43										
67	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	669.43	00 15									
63	27005	TENOTOMY, ILIOPSOAS, OPEN	805.89										
67	27005	TENOTOMY, ILIOPSOAS, OPEN	805.89	00 15									
63	27006	TENOTOMY, ABDUCTORS, OPEN	801.50										
67	27006	TENOTOMY, ABDUCTORS, OPEN	801.50	00 15									
63	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	1,035.04										
67	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	1,035.04	00 15									
63	27027	INCISION OF TISSUE OF MUSCLE COMPART	992.89										
67	27027	INCISION OF TISSUE OF MUSCLE COMPART	992.89	00 15									
63	27030	ARTHROTOMY OF HIP FOR DRAINAGE	1,057.06										
67	27030	ARTHROTOMY OF HIP FOR DRAINAGE	1,057.06	00 15									
63	27033	HIP ARTHROTOMY FOR EXPLORATION	1,096.82										
67	27033	HIP ARTHROTOMY FOR EXPLORATION	1,096.82	00 15									
63	27035	DENERVATION OF HIP JOINT	1,248.76										
67	27035	DENERVATION OF HIP JOINT	1,248.76	00 15									
63	27036	EXCISION OF HIP JOINT/MUSCLE	1,140.91										
67	27036	EXCISION OF HIP JOINT/MUSCLE	1,140.91	00 15									
63	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	374.25										
67	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	374.25	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27041	DEEP BIOPSY OF SOFT TISSUES	790.60										
67	27041	DEEP BIOPSY OF SOFT TISSUES	790.60	00 15									
63	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	532.12										
67	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	532.12	00 15									
63	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	834.50										
67	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	834.50	00 15									
63	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	541.17										
67	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	541.17	00 15									
63	27048	DEEP TUMOR EXCISION, HIP-PELVIS	692.16										
67	27048	DEEP TUMOR EXCISION, HIP-PELVIS	692.16	00 15									
63	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,540.95										
67	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,540.95	00 15									
63	27050	BIOPSY OF SACROILLIAC JOINT	447.87										
67	27050	BIOPSY OF SACROILLIAC JOINT	447.87	00 15									
63	27052	BIOPSY OF HIP JOINT	644.49										
67	27052	BIOPSY OF HIP JOINT	644.49	00 15									
63	27054	REMOVAL OF HIP JOINT LINING	769.91										
67	27054	REMOVAL OF HIP JOINT LINING	769.91	00 15									
63	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,141.69										
67	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,141.69	00 15									
63	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	2,059.47										
67	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	2,059.47	00 15									
63	27060	REMOVAL OF ISCHIAL BURSA	519.26										
67	27060	REMOVAL OF ISCHIAL BURSA	519.26	00 15									
63	27062	EXCISION TROCHANTERIC BURSA	507.08										
67	27062	EXCISION TROCHANTERIC BURSA	507.08	00 15									
63	27065	EXCISION OF BONE CYST OR BENIGN TUMO	584.98										
67	27065	EXCISION OF BONE CYST OR BENIGN TUMO	584.98	00 15									
63	27066	EXCISION OF BONE CYST OR BENIGN TUMO	915.92										
67	27066	EXCISION OF BONE CYST OR BENIGN TUMO	915.92	00 15									
63	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,163.73										
67	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,163.73	00 15									
63	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	988.56										
67	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	988.56	00 15									
63	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,078.02										
67	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,078.02	00 15									
63	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,364.73										
67	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,364.73	00 15									
63	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,866.40										
67	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,866.40	00 15									
63	27077	INNOMINATE BONE-TOTAL	3,199.77										
67	27077	INNOMINATE BONE-TOTAL	3,199.77	00 15									
63	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,332.61										
67	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,332.61	00 15									
63	27080	COCCYGECTOMY	575.60										

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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	27080	COCCYGECTOMY	575.60	00 15									
63	27086	REMOVE HIP FOREIGN BODY	336.39										
67	27086	REMOVE HIP FOREIGN BODY	336.39	00 15									
63	27087	DEEP ODY	693.94										
67	27087	DEEP ODY	693.94	00 15									
63	27090	REMOVAL OF HIP PROSTHESIS	931.31										
67	27090	REMOVAL OF HIP PROSTHESIS	931.31	00 15									
63	27091	COMPLICATED HESIS	1,802.05										
67	27091	COMPLICATED HESIS	1,802.05	00 15									
63	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	248.66										
67	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	248.66	00 15									
63	27095	WITH ANES RAY	335.83										
67	27095	WITH ANES RAY	335.83	00 15									
63	27096	INJECTION PROCEDURE FOR SACROILIAC J	175.99										
67	27096	INJECTION PROCEDURE FOR SACROILIAC J	175.99	00 15									
63	27097	HAMSTRING RECESSION PROXIMAL	765.61										
67	27097	HAMSTRING RECESSION PROXIMAL	765.61	00 15									
63	27098	ADDUCTOR TRANSFER TO ISCHIUM	777.96										
67	27098	ADDUCTOR TRANSFER TO ISCHIUM	777.96	00 15									
63	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	930.29										
67	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	930.29	00 15									
63	27105	TRANSFER PARASPINAL MUSCLE TO HIP	976.65										
67	27105	TRANSFER PARASPINAL MUSCLE TO HIP	976.65	00 15									
63	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,091.90										
67	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,091.90	00 15									
63	27111	TO FEMORAL NECK S MUSCLE	1,015.04										
67	27111	TO FEMORAL NECK S MUSCLE	1,015.04	00 15									
63	27120	ACETABULOPLASTY P SOCKET	1,466.31										
67	27120	ACETABULOPLASTY P SOCKET	1,466.31	00 15									
63	27122	RESECTION FEMORAL HEAD	1,242.78										
67	27122	RESECTION FEMORAL HEAD	1,242.78	00 15									
63	27125	HEMIARTHROPLASTY; PROSTHESIS	1,275.84										
67	27125	HEMIARTHROPLASTY; PROSTHESIS	1,275.84	00 15									
63	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,455.12										
67	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,455.12	00 15									
63	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,892.54										
67	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,892.54	00 15									
63	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,165.96										
67	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,165.96	00 15									
63	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,662.35										
67	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,662.35	00 15									
63	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,727.63										
67	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,727.63	00 15									
63	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	1,003.84										
67	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	1,003.84	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27146	OSTEOTOMY, ILIAC	1,443.38										
67	27146	OSTEOTOMY, ILIAC	1,443.38	00 15									
63	27147	WITH OPEN REDUCTION OF HIP	1,653.42										
67	27147	WITH OPEN REDUCTION OF HIP	1,653.42	00 15									
63	27151	WITH FEMORAL OSTEOTOMY	1,790.01										
67	27151	WITH FEMORAL OSTEOTOMY	1,790.01	00 15									
63	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,930.14										
67	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,930.14	00 15									
63	27158	OSTEOTOMY, PELVIS, BILATERAL	1,582.71										
67	27158	OSTEOTOMY, PELVIS, BILATERAL	1,582.71	00 15									
63	27161	INCISION OF NECK OF FEMUR	1,371.66										
67	27161	INCISION OF NECK OF FEMUR	1,371.66	00 15									
63	27165	INCISION/FIXATION OF FEMUR	1,554.44										
67	27165	INCISION/FIXATION OF FEMUR	1,554.44	00 15									
63	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,324.44										
67	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,324.44	00 15									
63	27175	TREAT SLIPPED EPIPHYSIS	749.47										
67	27175	TREAT SLIPPED EPIPHYSIS	749.47	00 15									
63	27176	BY SINGLE OR MULITPLE PINNING, IN SI	1,036.05										
67	27176	BY SINGLE OR MULITPLE PINNING, IN SI	1,036.05	00 15									
63	27177	REPAIR SLIPPED EPIPHYSIS	1,256.06										
67	27177	REPAIR SLIPPED EPIPHYSIS	1,256.06	00 15									
63	27178	CLOSED MANIPULATION YSIS	1,036.05										
67	27178	CLOSED MANIPULATION YSIS	1,036.05	00 15									
63	27179	OSTEOPLASTY OF FEMORAL NECK	1,101.40										
67	27179	OSTEOPLASTY OF FEMORAL NECK	1,101.40	00 15									
63	27181	OSTEOTOMY & INTERNAL FIXATION	1,261.27										
67	27181	OSTEOTOMY & INTERNAL FIXATION	1,261.27	00 15									
63	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	804.83										
67	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	804.83	00 15									
63	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,119.74										
67	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,119.74	00 15									
63	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	145.58										
67	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	145.58	00 15									
63	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	356.82										
67	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	356.82	00 15									
63	27200	TRMT OF CLOSED COCCYGEAL FX	203.05										
67	27200	TRMT OF CLOSED COCCYGEAL FX	203.05	00 15									
63	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	593.71										
67	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	593.71	00 15									
63	27220	TREAT HIP SOCKET FRACTURE	467.84										
67	27220	TREAT HIP SOCKET FRACTURE	467.84	00 15									
63	27222	WITH MANIPULATION CTURE	1,100.40										
67	27222	WITH MANIPULATION CTURE	1,100.40	00 15									
63	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,191.81										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,191.81	00 15									
63	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,870.36										
67	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,870.36	00 15									
63	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	2,128.18										
67	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	2,128.18	00 15									
63	27230	TRMT OF CLOSED FEMORAL FX	538.71										
67	27230	TRMT OF CLOSED FEMORAL FX	538.71	00 15									
63	27232	WITH MANIPULATION MUR	842.90									X	
67	27232	WITH MANIPULATION MUR	842.90	00 15								X	
63	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	1,020.10										
67	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	1,020.10	00 15									
63	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,345.23										
67	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,345.23	00 15									
63	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	518.82										
67	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	518.82	00 15									
63	27240	WITH MANIPULATION RACTURE	1,080.51										
67	27240	WITH MANIPULATION RACTURE	1,080.51	00 15									
63	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,385.36										
67	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,385.36	00 15									
63	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,383.66										
67	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,383.66	00 15									
63	27246	TRMT OF CLOSED GREATER TROCHANTERIC	434.36										
67	27246	TRMT OF CLOSED GREATER TROCHANTERIC	434.36	00 15									
63	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	839.91										
67	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	839.91	00 15									
63	27250	TREAT HIP DISLOCATION	212.36										
67	27250	TREAT HIP DISLOCATION	212.36	00 15									
63	27252	REQUIRING ANES N	853.93										
67	27252	REQUIRING ANES N	853.93	00 15									
63	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	1,060.80										
67	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	1,060.80	00 15									
63	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,437.18										
67	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,437.18	00 15									
63	27256	TRMT OF CONGENITAL HIP DISLOCATION	342.03										
67	27256	TRMT OF CONGENITAL HIP DISLOCATION	342.03	00 15									
63	27257	WITH MANIPULATION REQUIRING ANES	408.84										
67	27257	WITH MANIPULATION REQUIRING ANES	408.84	00 15									
63	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,253.45										
67	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,253.45	00 15									
63	27259	W/ FEMORAL SHAFT SHORTENING	1,743.49										
67	27259	W/ FEMORAL SHAFT SHORTENING	1,743.49	00 15									
63	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	453.10										
67	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	453.10	00 15									
63	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	653.79										
67	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	653.79	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	486.08										
67	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	486.08	00 15									
63	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	608.43										
67	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	608.43	00 15									
63	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,404.58										
67	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,404.58	00 15									
63	27275	MANIPULATION OF HIP JOINT	204.36										
67	27275	MANIPULATION OF HIP JOINT	204.36	00 15									
63	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	979.12										
67	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	979.12	00 15									
63	27280	FUSION OF SACROILIAC JOINT	1,558.73										
67	27280	FUSION OF SACROILIAC JOINT	1,558.73	00 15									
63	27282	FUSION OF PUBIC BONES	963.78										
67	27282	FUSION OF PUBIC BONES	963.78	00 15									
63	27284	FUSION OF HIP JOINT	1,821.10										
67	27284	FUSION OF HIP JOINT	1,821.10	00 15									
63	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,859.63										
67	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,859.63	00 15									
63	27290	AMPUTATION OF LEG AT HIP	1,837.11										
67	27290	AMPUTATION OF LEG AT HIP	1,837.11	00 15									
63	27295	DISARTICULATION OF HIP	1,419.66										
67	27295	DISARTICULATION OF HIP	1,419.66	00 15									
63	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	747.74										
67	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	747.74	00 15									
63	27303	INCISION, DEEP W/ OPENING OF BONE CO	721.55										
67	27303	INCISION, DEEP W/ OPENING OF BONE CO	721.55	00 15									
63	27305	FASCIOTOMY & FASCIA	537.49										
67	27305	FASCIOTOMY & FASCIA	537.49	00 15									
63	27306	TENOTOMY, SINGLE NDON	367.51										
67	27306	TENOTOMY, SINGLE NDON	367.51	00 15									
63	27307	MULTIPLE NDONS	535.52										
67	27307	MULTIPLE NDONS	535.52	00 15									
63	27310	ARTHROTOMY, KNEE JOINT	820.01										
67	27310	ARTHROTOMY, KNEE JOINT	820.01	00 15									
63	27323	BIOPSY THIGH SOFT TISSUES	296.72										
67	27323	BIOPSY THIGH SOFT TISSUES	296.72	00 15									
63	27324	BIOPSY THIGH SOFT TISSUES	454.99										
67	27324	BIOPSY THIGH SOFT TISSUES	454.99	00 15									
63	27325	NEURECTOMY, HAMSTRING MUSCLE	630.11										
67	27325	NEURECTOMY, HAMSTRING MUSCLE	630.11	00 15									
63	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	581.00										
67	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	581.00	00 15									
63	27327	REMOVAL OF THIGH LESION	542.92										
67	27327	REMOVAL OF THIGH LESION	542.92	00 15									
63	27328	REMOVAL OF THIGH LESION	702.55										

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	27328	REMOVAL OF THIGH LESION	702.55	00 15									
63	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,179.95										
67	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,179.95	00 15									
63	27330	BIOPSY KNEE JOINT LINING	465.56										
67	27330	BIOPSY KNEE JOINT LINING	465.56	00 15									
63	27331	EXPLORE/TREAT KNEE JOINT	530.90										
67	27331	EXPLORE/TREAT KNEE JOINT	530.90	00 15									
63	27332	REMOVAL OF KNEE CARTILAGE	721.55										
67	27332	REMOVAL OF KNEE CARTILAGE	721.55	00 15									
63	27333	REMOVAL OF KNEE CARTILAGE	657.07										
67	27333	REMOVAL OF KNEE CARTILAGE	657.07	00 15									
63	27334	REMOVE KNEE JOINT LINING	767.43										
67	27334	REMOVE KNEE JOINT LINING	767.43	00 15									
63	27335	REMOVE KNEE JOINT LINING	859.88										
67	27335	REMOVE KNEE JOINT LINING	859.88	00 15									
63	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	474.31										
67	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	474.31	00 15									
63	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	853.91										
67	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	853.91	00 15									
63	27340	REMOVAL OF KNEECAP BURSA	413.08										
67	27340	REMOVAL OF KNEECAP BURSA	413.08	00 15									
63	27345	REMOVAL OF CYST OF MEMBRANE COVERING	539.60										
67	27345	REMOVAL OF CYST OF MEMBRANE COVERING	539.60	00 15									
63	27347	REMOVE KNEE CYST	588.42										
67	27347	REMOVE KNEE CYST	588.42	00 15									
63	27350	REMOVAL OF KNEECAP	731.24										
67	27350	REMOVAL OF KNEECAP	731.24	00 15									
63	27355	REMOVE FEMUR LESION	677.71										
67	27355	REMOVE FEMUR LESION	677.71	00 15									
63	27356	REMOVE FEMUR LESION/GRAFT	829.14										
67	27356	REMOVE FEMUR LESION/GRAFT	829.14	00 15									
63	27357	REMOVE FEMUR LESION/GRAFT	916.40										
67	27357	REMOVE FEMUR LESION/GRAFT	916.40	00 15									
63	27358	WITH INTERNAL FIXATION	315.67										
67	27358	WITH INTERNAL FIXATION	315.67	00 15									
63	27360	PARTIAL REMOVAL LEG BONE(S)	999.64										
67	27360	PARTIAL REMOVAL LEG BONE(S)	999.64	00 15									
63	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,777.88										
67	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,777.88	00 15									
63	27365	EXTENSIVE LEG SURGERY	2,332.09										
67	27365	EXTENSIVE LEG SURGERY	2,332.09	00 15									
63	27369	INJECTION PROCEDURE FOR CONTRAST KNE	178.91										
67	27369	INJECTION PROCEDURE FOR CONTRAST KNE	178.91	00 15									
63	27372	REMOVAL OF FOREIGN BODY	652.36										
67	27372	REMOVAL OF FOREIGN BODY	652.36	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27380	REPAIR OF KNEECAP TENDON	688.07										
67	27380	REPAIR OF KNEECAP TENDON	688.07	00 15									
63	27381	REPAIR/GRAFT KNEECAP TENDON	916.27										
67	27381	REPAIR/GRAFT KNEECAP TENDON	916.27	00 15									
63	27385	REPAIR OF THIGH MUSCLE	666.57										
67	27385	REPAIR OF THIGH MUSCLE	666.57	00 15									
63	27386	REPAIR/GRAFT OF THIGH MUSCLE	957.46										
67	27386	REPAIR/GRAFT OF THIGH MUSCLE	957.46	00 15									
63	27390	INCISION OF THIGH TENDON	500.01										
67	27390	INCISION OF THIGH TENDON	500.01	00 15									
63	27391	INCISION OF THIGH TENDONS	614.54										
67	27391	INCISION OF THIGH TENDONS	614.54	00 15									
63	27392	INCISION OF THIGH TENDONS	799.08										
67	27392	INCISION OF THIGH TENDONS	799.08	00 15									
63	27393	LENGTHENING OF THIGH TENDON	561.68										
67	27393	LENGTHENING OF THIGH TENDON	561.68	00 15									
63	27394	LENGTHENING OF THIGH TENDONS	734.61										
67	27394	LENGTHENING OF THIGH TENDONS	734.61	00 15									
63	27395	LENGTHENING OF THIGH TENDONS	989.91										
67	27395	LENGTHENING OF THIGH TENDONS	989.91	00 15									
63	27396	TRANSPLANT OF THIGH TENDON	691.57										
67	27396	TRANSPLANT OF THIGH TENDON	691.57	00 15									
63	27397	TRANSPLANTS OF THIGH TENDONS	1,026.23										
67	27397	TRANSPLANTS OF THIGH TENDONS	1,026.23	00 15									
63	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	780.22										
67	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	780.22	00 15									
63	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	722.01										
67	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	722.01	00 15									
63	27405	REPAIR OF KNEE LIGAMENT	756.49										
67	27405	REPAIR OF KNEE LIGAMENT	756.49	00 15									
63	27407	REPAIR OF KNEE LIGAMENT	893.06										
67	27407	REPAIR OF KNEE LIGAMENT	893.06	00 15									
63	27409	REPAIR OF KNEE LIGAMENTS	1,088.53										
67	27409	REPAIR OF KNEE LIGAMENTS	1,088.53	00 15									
63	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,860.89										
67	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,860.89	00 15									
63	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,546.52		X								
67	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,546.52	00 15	X								
63	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,103.20		X								
67	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,103.20	00 15	X								
63	27418	PLASTY FOR CHONDROMALACIA PATELLAE	932.23										
67	27418	PLASTY FOR CHONDROMALACIA PATELLAE	932.23	00 15									
63	27420	REVISION OF UNSTABLE KNEECAP	833.23										
67	27420	REVISION OF UNSTABLE KNEECAP	833.23	00 15									
63	27422	REVISION OF UNSTABLE KNEECAP	833.83										

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	27422	REVISION OF UNSTABLE KNEECAP	833.83	00 15									
63	27424	REVISION/REMOVAL OF KNEECAP	839.59										
67	27424	REVISION/REMOVAL OF KNEECAP	839.59	00 15									
63	27425	LATERAL RETINACULAR RELEASE ANY METH	502.21										
67	27425	LATERAL RETINACULAR RELEASE ANY METH	502.21	00 15									
63	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	798.52										
67	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	798.52	00 15									
63	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,252.32										
67	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,252.32	00 15									
63	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,409.93										
67	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,409.93	00 15									
63	27430	REVISION OF THIGH MUSCLES	832.39										
67	27430	REVISION OF THIGH MUSCLES	832.39	00 15									
63	27435	INCISION OF KNEE JOINT	906.83										
67	27435	INCISION OF KNEE JOINT	906.83	00 15									
63	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	740.76										
67	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	740.76	00 15									
63	27438	REVISE KNEECAP WITH IMPLANT	944.06										
67	27438	REVISE KNEECAP WITH IMPLANT	944.06	00 15									
63	27440	REVISION OF KNEE JOINT	896.64										
67	27440	REVISION OF KNEE JOINT	896.64	00 15									
63	27441	REVISION OF KNEE JOINT	925.62										
67	27441	REVISION OF KNEE JOINT	925.62	00 15									
63	27442	REVISION OF KNEE JOINT	979.32										
67	27442	REVISION OF KNEE JOINT	979.32	00 15									
63	27443	REVISION OF KNEE JOINT	917.47										
67	27443	REVISION OF KNEE JOINT	917.47	00 15									
63	27445	REVISE KNEE JOINT, IMPLANT	1,416.53										
67	27445	REVISE KNEE JOINT, IMPLANT	1,416.53	00 15									
63	27446	TOTAL KNEE REPLACEMENT	1,304.90										
67	27446	TOTAL KNEE REPLACEMENT	1,304.90	00 15									
63	27447	TOTAL KNEE REPLACEMENT	1,453.08										
67	27447	TOTAL KNEE REPLACEMENT	1,453.08	00 15									
63	27448	INCISION OF FEMUR	908.72										
67	27448	INCISION OF FEMUR	908.72	00 15									
63	27450	INCISION OF FEMUR	1,144.28										
67	27450	INCISION OF FEMUR	1,144.28	00 15									
63	27454	REALIGNMENT OF FEMUR	1,460.64										
67	27454	REALIGNMENT OF FEMUR	1,460.64	00 15									
63	27455	REALIGNMENT OF KNEE	1,076.56										
67	27455	REALIGNMENT OF KNEE	1,076.56	00 15									
63	27457	REALIGNMENT OF KNEE	1,084.33										
67	27457	REALIGNMENT OF KNEE	1,084.33	00 15									
63	27465	SHORTENING OF FEMUR	1,411.13										
67	27465	SHORTENING OF FEMUR	1,411.13	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27466	LENGTHENING OF FEMUR	1,334.88										
67	27466	LENGTHENING OF FEMUR	1,334.88	00 15									
63	27468	REVISION OF FEMURS	1,515.54										
67	27468	REVISION OF FEMURS	1,515.54	00 15									
63	27470	REPAIR OF FEMUR	1,328.06										
67	27470	REPAIR OF FEMUR	1,328.06	00 15									
63	27472	REPAIR/GRAFT OF FEMUR	1,426.72										
67	27472	REPAIR/GRAFT OF FEMUR	1,426.72	00 15									
63	27475	REPAIR OF FEMUR EPIPHYSIS	742.97										
67	27475	REPAIR OF FEMUR EPIPHYSIS	742.97	00 15									
63	27477	REPAIR LOWER LEG EPIPHYSES	823.09										
67	27477	REPAIR LOWER LEG EPIPHYSES	823.09	00 15									
63	27479	REPAIR OF LEG EPIPHYSES	1,034.70										
67	27479	REPAIR OF LEG EPIPHYSES	1,034.70	00 15									
63	27485	REPAIR OF LEG EPIPHYSIS	754.02										
67	27485	REPAIR OF LEG EPIPHYSIS	754.02	00 15									
63	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,587.53										
67	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,587.53	00 15									
63	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,986.99										
67	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,986.99	00 15									
63	27488	REMOVAL OF KNEE PROSTHESIS	1,353.01										
67	27488	REMOVAL OF KNEE PROSTHESIS	1,353.01	00 15									
63	27495	PROPHYLACTIC TREAT. FEMUR	1,273.80										
67	27495	PROPHYLACTIC TREAT. FEMUR	1,273.80	00 15									
63	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	609.46										
67	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	609.46	00 15									
63	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	651.28										
67	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	651.28	00 15									
63	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	734.47										
67	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	734.47	00 15									
63	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	786.33										
67	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	786.33	00 15									
63	27500	TREATMENT OF FEMUR FRACTURE	581.00										
67	27500	TREATMENT OF FEMUR FRACTURE	581.00	00 15									
63	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	565.58										
67	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	565.58	00 15									
63	27502	TREATMENT OF FEMUR FRACTURE	855.41										
67	27502	TREATMENT OF FEMUR FRACTURE	855.41	00 15									
63	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	902.64										
67	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	902.64	00 15									
63	27506	REPAIR OF FEMUR FRACTURE	1,506.97										
67	27506	REPAIR OF FEMUR FRACTURE	1,506.97	00 15									
63	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,094.93										
67	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,094.93	00 15									
63	27508	TREATMENT OF FEMUR FRACTURE	582.88										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	27508	TREATMENT OF FEMUR FRACTURE	582.88	00 15									
63	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	746.53										
67	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	746.53	00 15									
63	27510	TREATMENT OF FEMUR FRACTURE	767.24										
67	27510	TREATMENT OF FEMUR FRACTURE	767.24	00 15									
63	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,128.21										
67	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,128.21	00 15									
63	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,404.33										
67	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,404.33	00 15									
63	27514	REPAIR OF FEMUR FRACTURE	1,093.99										
67	27514	REPAIR OF FEMUR FRACTURE	1,093.99	00 15									
63	27516	TREATMENT OF FEMUR EPIPHYSIS	569.80										
67	27516	TREATMENT OF FEMUR EPIPHYSIS	569.80	00 15									
63	27517	TREATMENT OF FEMUR EPIPHYSIS	770.32										
67	27517	TREATMENT OF FEMUR EPIPHYSIS	770.32	00 15									
63	27519	REPAIR OF FEMUR EPIPHYSIS	1,007.38										
67	27519	REPAIR OF FEMUR EPIPHYSIS	1,007.38	00 15									
63	27520	TREAT KNEECAP FRACTURE	354.58										
67	27520	TREAT KNEECAP FRACTURE	354.58	00 15									
63	27524	REPAIR OF KNEECAP FRACTURE	844.68										
67	27524	REPAIR OF KNEECAP FRACTURE	844.68	00 15									
63	27530	TREATMENT OF KNEE FRACTURE	332.54										
67	27530	TREATMENT OF KNEE FRACTURE	332.54	00 15									
63	27532	TREATMENT OF KNEE FRACTURE	687.04										
67	27532	TREATMENT OF KNEE FRACTURE	687.04	00 15									
63	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	1,014.83										
67	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	1,014.83	00 15									
63	27536	REPAIR OF KNEE FRACTURE	1,335.27										
67	27536	REPAIR OF KNEE FRACTURE	1,335.27	00 15									
63	27538	TREAT KNEE FRACTURE(S)	530.52										
67	27538	TREAT KNEE FRACTURE(S)	530.52	00 15									
63	27540	REPAIR OF KNEE FRACTURE	913.35										
67	27540	REPAIR OF KNEE FRACTURE	913.35	00 15									
63	27550	TREAT KNEE DISLOCATION	582.47										
67	27550	TREAT KNEE DISLOCATION	582.47	00 15									
63	27552	TREAT KNEE DISLOCATION	707.05										
67	27552	TREAT KNEE DISLOCATION	707.05	00 15									
63	27556	REPAIR OF KNEE DISLOCATION	991.15										
67	27556	REPAIR OF KNEE DISLOCATION	991.15	00 15									
63	27557	REPAIR OF KNEE DISLOCATION	1,184.27										
67	27557	REPAIR OF KNEE DISLOCATION	1,184.27	00 15									
63	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,351.66										
67	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,351.66	00 15									
63	27560	TREAT KNEECAP DISLOCATION	413.65										
67	27560	TREAT KNEECAP DISLOCATION	413.65	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27562	TREAT KNEECAP DISLOCATION	543.65										
67	27562	TREAT KNEECAP DISLOCATION	543.65	00 15									
63	27566	REPAIR KNEECAP DISLOCATION	1,004.68										
67	27566	REPAIR KNEECAP DISLOCATION	1,004.68	00 15									
63	27570	FIXATION OF KNEE JOINT	166.63										
67	27570	FIXATION OF KNEE JOINT	166.63	00 15									
63	27580	FUSION OF KNEE	1,651.98										
67	27580	FUSION OF KNEE	1,651.98	00 15									
63	27590	AMPUTATE LEG AT THIGH	909.52										
67	27590	AMPUTATE LEG AT THIGH	909.52	00 15									
63	27591	AMPUTATE LEG AT THIGH	1,087.30										
67	27591	AMPUTATE LEG AT THIGH	1,087.30	00 15									
63	27592	AMPUTATE LEG AT THIGH	770.23										
67	27592	AMPUTATE LEG AT THIGH	770.23	00 15									
63	27594	AMPUTATION FOLLOW-UP SURGERY	573.85										
67	27594	AMPUTATION FOLLOW-UP SURGERY	573.85	00 15									
63	27596	AMPUTATION FOLLOW-UP SURGERY	816.39										
67	27596	AMPUTATION FOLLOW-UP SURGERY	816.39	00 15									
63	27598	AMPUTATE LOWER LEG AT KNEE	807.52										
67	27598	AMPUTATE LOWER LEG AT KNEE	807.52	00 15									
63	27600	DECOMPRESSION OF LOWER LEG	457.04										
67	27600	DECOMPRESSION OF LOWER LEG	457.04	00 15									
63	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	496.48										
67	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	496.48	00 15									
63	27602	DECOMPRESSION OF LOWER LEG	552.65										
67	27602	DECOMPRESSION OF LOWER LEG	552.65	00 15									
63	27603	DRAIN LOWER LEG LESION	588.77										
67	27603	DRAIN LOWER LEG LESION	588.77	00 15									
63	27604	DRAIN LOWER LEG BURSA	509.98										
67	27604	DRAIN LOWER LEG BURSA	509.98	00 15									
63	27605	INCISION OF ACHILLES TENDON	364.21										
67	27605	INCISION OF ACHILLES TENDON	364.21	00 15									
63	27606	INCISION OF ACHILLES TENDON	306.64										
67	27606	INCISION OF ACHILLES TENDON	306.64	00 15									
63	27607	TREAT LOWER LEG BONE LESION	670.77										
67	27607	TREAT LOWER LEG BONE LESION	670.77	00 15									
63	27610	EXPLORE/TREAT ANKLE JOINT	725.25										
67	27610	EXPLORE/TREAT ANKLE JOINT	725.25	00 15									
63	27612	EXPLORATION OF ANKLE JOINT	619.21										
67	27612	EXPLORATION OF ANKLE JOINT	619.21	00 15									
63	27613	BIOPSY LOWER LEG SOFT TISSUE	272.66										
67	27613	BIOPSY LOWER LEG SOFT TISSUE	272.66	00 15									
63	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	638.29										
67	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	638.29	00 15									
63	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,159.52										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,159.52	00 15									
63	27616	REMOVAL (5 CENTIMETERS OR GREATRE) T	1,443.34										
67	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	1,443.34	00 15									
63	27618	REMOVE LOWER LEGLES ION	525.56										
67	27618	REMOVE LOWER LEGLES ION	525.56	00 15									
63	27619	REMOVE LOWER LEG LESION DEEP	514.74										
67	27619	REMOVE LOWER LEG LESION DEEP	514.74	00 15									
63	27620	BIOPSY OF ANKLE JOINT	499.03										
67	27620	BIOPSY OF ANKLE JOINT	499.03	00 15									
63	27625	REMOVE ANKLE JOINT LINING	637.59										
67	27625	REMOVE ANKLE JOINT LINING	637.59	00 15									
63	27626	REMOVE ANKLE JOINT LINING	670.61										
67	27626	REMOVE ANKLE JOINT LINING	670.61	00 15									
63	27630	REMOVAL OF TENDON LESION	595.68										
67	27630	REMOVAL OF TENDON LESION	595.68	00 15									
63	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	465.64										
67	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	465.64	00 15									
63	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	763.96										
67	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	763.96	00 15									
63	27635	REMOVE LOWER LEG BONE LESION	649.93										
67	27635	REMOVE LOWER LEG BONE LESION	649.93	00 15									
63	27637	REMOVE/GRAFT LEG BONE LESION	830.42										
67	27637	REMOVE/GRAFT LEG BONE LESION	830.42	00 15									
63	27638	REMOVE/GRAFT LEG BONE LESION	849.31										
67	27638	REMOVE/GRAFT LEG BONE LESION	849.31	00 15									
63	27640	PARTIAL REMOVAL OF TIBIA	932.87										
67	27640	PARTIAL REMOVAL OF TIBIA	932.87	00 15									
63	27641	PARTIAL REMOVAL OF FIBULA	734.93										
67	27641	PARTIAL REMOVAL OF FIBULA	734.93	00 15									
63	27645	EXTENSIVE LOWER LEG SURGERY	2,004.01										
67	27645	EXTENSIVE LOWER LEG SURGERY	2,004.01	00 15									
63	27646	EXTENSIVE LOWER LEG SURGERY	1,734.04										
67	27646	EXTENSIVE LOWER LEG SURGERY	1,734.04	00 15									
63	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,123.53										
67	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,123.53	00 15									
63	27648	INJECTION FOR ANKLE X-RAY	228.91										
67	27648	INJECTION FOR ANKLE X-RAY	228.91	00 15									
63	27650	REPAIR ACHILLES TENDON	732.29										
67	27650	REPAIR ACHILLES TENDON	732.29	00 15									
63	27652	REPAIR/GRAFT ACHILLES TENDON	739.81										
67	27652	REPAIR/GRAFT ACHILLES TENDON	739.81	00 15									
63	27654	REPAIR OF ACHILLES TENDON	791.17										
67	27654	REPAIR OF ACHILLES TENDON	791.17	00 15									
63	27656	REPAIR FASCIAL DEFECT OF LEG	601.17										
67	27656	REPAIR FASCIAL DEFECT OF LEG	601.17	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	408.74									X	
67	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	408.74	00 15								X	
63	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	521.66									X	
67	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	521.66	00 15								X	
63	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	399.64									X	
67	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	399.64	00 15								X	
63	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	465.14									X	
67	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	465.14	00 15								X	
63	27675	REPAIR LOWER LEG TENDONS	545.56										
67	27675	REPAIR LOWER LEG TENDONS	545.56	00 15									
63	27676	REPAIR LOWER LEG TENDONS	667.73										
67	27676	REPAIR LOWER LEG TENDONS	667.73	00 15									
63	27680	RELEASE OF LOWER LEG TENDON	464.65										
67	27680	RELEASE OF LOWER LEG TENDON	464.65	00 15									
63	27681	TENOLYSIS....MULTIPLE, EACHS	574.03									X	
67	27681	TENOLYSIS....MULTIPLE, EACHS	574.03	00 15								X	
63	27685	REVISION OF LOWER LEG TENDON	718.70										
67	27685	REVISION OF LOWER LEG TENDON	718.70	00 15									
63	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	597.45									X	
67	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	597.45	00 15								X	
63	27687	REVISION OF CALF TENDON	502.89										
67	27687	REVISION OF CALF TENDON	502.89	00 15									
63	27690	REVISE LOWER LEG TENDON	712.86										
67	27690	REVISE LOWER LEG TENDON	712.86	00 15									
63	27691	REVISE LOWER LEG TENDON	829.11										
67	27691	REVISE LOWER LEG TENDON	829.11	00 15									
63	27692	EACH ADDITIONAL TENDON	117.30									X	
67	27692	EACH ADDITION TENDON	117.30	00 15								X	
63	27695	REPAIR OF ANKLE LIGAMENT	526.31										
67	27695	REPAIR OF ANKLE LIGAMENT	526.31	00 15									
63	27696	REPAIR OF ANKLE LIGAMENTS	614.89										
67	27696	REPAIR OF ANKLE LIGAMENTS	614.89	00 15									
63	27698	REPAIR OF ANKLE LIGAMENT	712.83										
67	27698	REPAIR OF ANKLE LIGAMENT	712.83	00 15									
63	27700	REVISION OF ANKLE JOINT	676.99										
67	27700	REVISION OF ANKLE JOINT	676.99	00 15									
63	27702	RECONSTRUCT ANKLE JOINT	1,083.05										
67	27702	RECONSTRUCT ANKLE JOINT	1,083.05	00 15									
63	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,255.72										
67	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,255.72	00 15									
63	27704	REMOVAL OF ANKLE IMPLANT	636.07										
67	27704	REMOVAL OF ANKLE IMPLANT	636.07	00 15									
63	27705	INCISION OF TIBIA	848.33										
67	27705	INCISION OF TIBIA	848.33	00 15									
63	27707	INCISION OF FIBULA	439.73										

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	27707	INCISION OF FIBULA	439.73	00 15									
63	27709	INCISION OF TIBIA & FIBULA	1,301.66										
67	27709	INCISION OF TIBIA & FIBULA	1,301.66	00 15									
63	27712	REALIGNMENT OF LOWER LEG	1,239.97										
67	27712	REALIGNMENT OF LOWER LEG	1,239.97	00 15									
63	27715	REVISION OF LOWER LEG	1,208.16										
67	27715	REVISION OF LOWER LEG	1,208.16	00 15									
63	27720	REPAIR OF TIBIA	981.66										
67	27720	REPAIR OF TIBIA	981.66	00 15									
63	27722	REPAIR/GRAFT OF TIBIA	1,004.24										
67	27722	REPAIR/GRAFT OF TIBIA	1,004.24	00 15									
63	27724	REPAIR/GRAFT OF TIBIA	1,423.36										
67	27724	REPAIR/GRAFT OF TIBIA	1,423.36	00 15									
63	27725	REPAIR OF LOWER LEG	1,366.03										
67	27725	REPAIR OF LOWER LEG	1,366.03	00 15									
63	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,081.28										
67	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,081.28	00 15									
63	27727	REPAIR OF LOWER LEG	1,167.90										
67	27727	REPAIR OF LOWER LEG	1,167.90	00 15									
63	27730	REPAIR OF TIBIA EPIPHYSIS	657.82										
67	27730	REPAIR OF TIBIA EPIPHYSIS	657.82	00 15									
63	27732	REPAIR OF FIBULA EPIPHYSIS	503.41										
67	27732	REPAIR OF FIBULA EPIPHYSIS	503.41	00 15									
63	27734	REPAIR LOWER LEG EPIPHYSES	737.19										
67	27734	REPAIR LOWER LEG EPIPHYSES	737.19	00 15									
63	27740	REPAIR OF LEG EPIPHYSES	794.23										
67	27740	REPAIR OF LEG EPIPHYSES	794.23	00 15									
63	27742	REPAIR OF LEG EPIPHYSES	871.86										
67	27742	REPAIR OF LEG EPIPHYSES	871.86	00 15									
63	27750	TREATMENT OF TIBIA FRACTURE	379.55										
67	27750	TREATMENT OF TIBIA FRACTURE	379.55	00 15									
63	27752	TREATMENT OF TIBIA FRACTURE	595.50										
67	27752	TREATMENT OF TIBIA FRACTURE	595.50	00 15									
63	27756	REPAIR OF TIBIA FRACTURE	642.77										
67	27756	REPAIR OF TIBIA FRACTURE	642.77	00 15									
63	27758	REPAIR OF TIBIA FRACTURE	1,005.55										
67	27758	REPAIR OF TIBIA FRACTURE	1,005.55	00 15									
63	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,123.73										
67	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,123.73	00 15									
63	27760	CLTX MEDIAL ANKLE FX	362.42										
67	27760	CLTX MEDIAL ANKLE FX	362.42	00 15									
63	27762	CLTX MED ANKLE FX W/MNPJ	528.16										
67	27762	CLTX MED ANKLE FX W/MNPJ	528.16	00 15									
63	27766	REPAIR OF ANKLE FRACTURE	673.92										
67	27766	REPAIR OF ANKLE FRACTURE	673.92	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	316.31										
67	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	316.31	00 15									
63	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	494.15										
67	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	494.15	00 15									
63	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	820.03										
67	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	820.03	00 15									
63	27780	TREATMENT OF FIBULA FRACTURE	335.82										
67	27780	TREATMENT OF FIBULA FRACTURE	335.82	00 15									
63	27781	TREATMENT OF FIBULA FRACTURE	477.10										
67	27781	TREATMENT OF FIBULA FRACTURE	477.10	00 15									
63	27784	REPAIR OF FIBULA FRACTURE	788.39										
67	27784	REPAIR OF FIBULA FRACTURE	788.39	00 15									
63	27786	TREATMENT OF ANKLE FRACTURE	342.56										
67	27786	TREATMENT OF ANKLE FRACTURE	342.56	00 15									
63	27788	TREATMENT OF ANKLE FRACTURE	467.64										
67	27788	TREATMENT OF ANKLE FRACTURE	467.64	00 15									
63	27792	REPAIR OF ANKLE FRACTURE	720.62										
67	27792	REPAIR OF ANKLE FRACTURE	720.62	00 15									
63	27808	TREATMENT OF ANKLE FRACTURE	364.58										
67	27808	TREATMENT OF ANKLE FRACTURE	364.58	00 15									
63	27810	TREATMENT OF ANKLE FRACTURE	520.60										
67	27810	TREATMENT OF ANKLE FRACTURE	520.60	00 15									
63	27814	REPAIR OF ANKLE FRACTURE	856.83										
67	27814	REPAIR OF ANKLE FRACTURE	856.83	00 15									
63	27816	TREATMENT OF ANKLE FRACTURE	358.99										
67	27816	TREATMENT OF ANKLE FRACTURE	358.99	00 15									
63	27818	TREATMENT OF ANKLE FRACTURE	541.01										
67	27818	TREATMENT OF ANKLE FRACTURE	541.01	00 15									
63	27822	REPAIR OF ANKLE FRACTURE	973.53										
67	27822	REPAIR OF ANKLE FRACTURE	973.53	00 15									
63	27823	REPAIR OF ANKLE FRACTURE	1,100.09										
67	27823	REPAIR OF ANKLE FRACTURE	1,100.09	00 15									
63	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	349.97										
67	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	349.97	00 15									
63	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	604.92										
67	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	604.92	00 15									
63	27826	OPEN TREATMENT OF FRACTURE OF LOWER	948.64										
67	27826	OPEN TREATMENT OF FRACTURE OF LOWER	948.64	00 15									
63	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,248.56										
67	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,248.56	00 15									
63	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,488.29										
67	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,488.29	00 15									
63	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	786.10										
67	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	786.10	00 15									
63	27830	TREAT LOWER LEG DISLOCATION	427.47										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	27830	TREAT LOWER LEG DISLOCATION	427.47	00 15									
63	27831	TREAT LOWER LEG DISLOCATION	451.58										
67	27831	TREAT LOWER LEG DISLOCATION	451.58	00 15									
63	27832	REPAIR LOWER LEG DISLOCATION	847.93										
67	27832	REPAIR LOWER LEG DISLOCATION	847.93	00 15									
63	27840	TREAT ANKLE DISLOCATION	422.14										
67	27840	TREAT ANKLE DISLOCATION	422.14	00 15									
63	27842	TREAT ANKLE DISLOCATION	552.18										
67	27842	TREAT ANKLE DISLOCATION	552.18	00 15									
63	27846	REPAIR ANKLE DISLOCATION	801.84										
67	27846	REPAIR ANKLE DISLOCATION	801.84	00 15									
63	27848	REPAIR ANKLE DISLOCATION	895.50										
67	27848	REPAIR ANKLE DISLOCATION	895.50	00 15									
63	27860	FIXATION OF ANKLE JOINT	186.32										
67	27860	FIXATION OF ANKLE JOINT	186.32	00 15									
63	27870	FUSION OF ANKLE JOINT	1,139.27										
67	27870	FUSION OF ANKLE JOINT	1,139.27	00 15									
63	27871	FUSION OF TIBIOFIBULAR JOINT	770.04										
67	27871	FUSION OF TIBIOFIBULAR JOINT	770.04	00 15									
63	27880	AMPUTATION OF LOWER LEG	1,041.11										
67	27880	AMPUTATION OF LOWER LEG	1,041.11	00 15									
63	27881	AMPUTATION OF LOWER LEG	973.56										
67	27881	AMPUTATION OF LOWER LEG	973.56	00 15									
63	27882	AMPUTATION OF LOWER LEG	680.49										
67	27882	AMPUTATION OF LOWER LEG	680.49	00 15									
63	27884	AMPUTATION FOLLOW-UP SURGERY	652.36										
67	27884	AMPUTATION FOLLOW-UP SURGERY	652.36	00 15									
63	27886	AMPUTATION FOLLOW-UP SURGERY	742.78										
67	27886	AMPUTATION FOLLOW-UP SURGERY	742.78	00 15									
63	27888	AMPUTATION OF FOOT AT ANKLE	739.61										
67	27888	AMPUTATION OF FOOT AT ANKLE	739.61	00 15									
63	27889	AMPUTATION OF FOOT AT ANKLE	729.78										
67	27889	AMPUTATION OF FOOT AT ANKLE	729.78	00 15									
63	27892	DECOMPRESSION FASCIOTOMY, LEG;	603.84										
67	27892	DECOMPRESSION FASCIOTOMY, LEG;	603.84	00 15									
63	27893	DECOMPRESSION FASCIOTOMY, LEG;	684.19										
67	27893	DECOMPRESSION FASCIOTOMY, LEG;	684.19	00 15									
63	27894	DECOMPRESSION FASCIOTOMY, LEG;	938.92										
67	27894	DECOMPRESSION FASCIOTOMY, LEG;	938.92	00 15									
63	28001	DRAINAGE OF BURSA OF FOOT	294.72										
67	28001	DRAINAGE OF BURSA OF FOOT	294.72	00 15									
63	28002	TREATMENT OF FOOT INFECTION	474.91										
67	28002	TREATMENT OF FOOT INFECTION	474.91	00 15									
63	28003	TREATMENT OF FOOT INFECTION	766.64										
67	28003	TREATMENT OF FOOT INFECTION	766.64	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	28005	TREAT FOOT BONE LESION	633.50										
67	28005	TREAT FOOT BONE LESION	633.50	00 15									
63	28008	INCISION OF FOOT FASCIA	467.92										
67	28008	INCISION OF FOOT FASCIA	467.92	00 15									
63	28010	INCISION OF TOE TENDON	250.70										
67	28010	INCISION OF TOE TENDON	250.70	00 15									
63	28011	INCISION OF TOE TENDONS	342.74										
67	28011	INCISION OF TOE TENDONS	342.74	00 15									
63	28020	EXPLORATION OF A FOOT JOINT	593.49										
67	28020	EXPLORATION OF A FOOT JOINT	593.49	00 15									
63	28022	EXPLORATION OF A FOOT JOINT	527.09										
67	28022	EXPLORATION OF A FOOT JOINT	527.09	00 15									
63	28024	EXPLORATION OF A TOE JOINT	492.44										
67	28024	EXPLORATION OF A TOE JOINT	492.44	00 15									
63	28035	DECOMPRESSION OF TIBIA NERVE	572.61										
67	28035	DECOMPRESSION OF TIBIA NERVE	572.61	00 15									
63	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	541.38										
67	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	541.38	00 15									
63	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	497.64										
67	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	497.64	00 15									
63	28043	EXCISION OF FOOT LESION	419.99										
67	28043	EXCISION OF FOOT LESION	419.99	00 15									
63	28045	EXCISION OF FOOT LESION	525.36										
67	28045	EXCISION OF FOOT LESION	525.36	00 15									
63	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	797.19										
67	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	797.19	00 15									
63	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,161.89										
67	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,161.89	00 15									
63	28050	BIOPSY OF FOOT JOINT LINING	450.40										
67	28050	BIOPSY OF FOOT JOINT LINING	450.40	00 15									
63	28052	BIOPSY OF FOOT JOINT LINING	478.72										
67	28052	BIOPSY OF FOOT JOINT LINING	478.72	00 15									
63	28054	BIOPSY OF TOE JOINT LINING	396.41										
67	28054	BIOPSY OF TOE JOINT LINING	396.41	00 15									
63	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	426.51										
67	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	426.51	00 15									
63	28060	PARTIAL REMOVAL FOOT FASCIA	565.80										
67	28060	PARTIAL REMOVAL FOOT FASCIA	565.80	00 15									
63	28062	REMOVAL OF FOOT FASCIA	628.79										
67	28062	REMOVAL OF FOOT FASCIA	628.79	00 15									
63	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	568.58									X	
67	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	568.58	00 15								X	
63	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	525.11									X	
67	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	525.11	00 15								X	
63	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	568.04									X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	568.04	00 15								X	
63	28086	EXCISE FOOT TENDON SHEATH	583.15										
67	28086	EXCISE FOOT TENDON SHEATH	583.15	00 15									
63	28088	EXCISE FOOT TENDON SHEATH	479.35										
67	28088	EXCISE FOOT TENDON SHEATH	479.35	00 15									
63	28090	REMOVAL OF FOOT LESION	501.78										
67	28090	REMOVAL OF FOOT LESION	501.78	00 15									
63	28092	REMOVAL OF TOE LESIONS	450.76										
67	28092	REMOVAL OF TOE LESIONS	450.76	00 15									
63	28100	REMOVAL OF ANKLE/HEEL LESION	665.86										
67	28100	REMOVAL OF ANKLE/HEEL LESION	665.86	00 15									
63	28102	REMOVE/GRAFT FOOT LESION	681.56										
67	28102	REMOVE/GRAFT FOOT LESION	681.56	00 15									
63	28103	REMOVE/GRAFT FOOT LESION	427.23										
67	28103	REMOVE/GRAFT FOOT LESION	427.23	00 15									
63	28104	REMOVAL OF FOOT LESION	571.74										
67	28104	REMOVAL OF FOOT LESION	571.74	00 15									
63	28106	REMOVE/GRAFT FOOT LESION	470.30										
67	28106	REMOVE/GRAFT FOOT LESION	470.30	00 15									
63	28107	REMOVE/GRAFT FOOT LESION	615.13										
67	28107	REMOVE/GRAFT FOOT LESION	615.13	00 15									
63	28108	REMOVAL OF TOE LESIONS	469.20										
67	28108	REMOVAL OF TOE LESIONS	469.20	00 15									
63	28110	PART REMOVAL OF METATARSAL	495.70										
67	28110	PART REMOVAL OF METATARSAL	495.70	00 15									
63	28111	PART REMOVAL OF METATARSAL	526.41										
67	28111	PART REMOVAL OF METATARSAL	526.41	00 15									
63	28112	PART REMOVAL OF METATARSAL	522.10										
67	28112	PART REMOVAL OF METATARSAL	522.10	00 15									
63	28113	PART REMOVAL OF METATARSAL	633.55										
67	28113	PART REMOVAL OF METATARSAL	633.55	00 15									
63	28114	REMOVAL OF METATARSAL HEADS	1,161.25										
67	28114	REMOVAL OF METATARSAL HEADS	1,161.25	00 15									
63	28116	REVISION OF FOOT	836.70										
67	28116	REVISION OF FOOT	836.70	00 15									
63	28118	PARTIAL REMOVAL OF HEEL	654.93										
67	28118	PARTIAL REMOVAL OF HEEL	654.93	00 15									
63	28119	REMOVAL OF HEEL SPUR	565.92										
67	28119	REMOVAL OF HEEL SPUR	565.92	00 15									
63	28120	PART REMOVAL OF ANKLE/HEEL	736.44										
67	28120	PART REMOVAL OF ANKLE/HEEL	736.44	00 15									
63	28122	PARTIAL REMOVAL OF FOOT BONE	644.29										
67	28122	PARTIAL REMOVAL OF FOOT BONE	644.29	00 15									
63	28124	PARTIAL REMOVAL OF TOE	514.94										
67	28124	PARTIAL REMOVAL OF TOE	514.94	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	28126	CONDYLECTOMY...SING. TOE, EACH	419.07									X	
67	28126	CONDYLECTOMY...SING. TOE, EACH	419.07	00 15								X	
63	28130	REMOVAL OF ANKLE BONE	688.29										
67	28130	REMOVAL OF ANKLE BONE	688.29	00 15									
63	28140	REMOVAL OF METATARSAL	638.00										
67	28140	REMOVAL OF METATARSAL	638.00	00 15									
63	28150	PHALANGECTOMY,TOE, SINGLE, EACH	454.71									X	
67	28150	PHALANGECTOMY,TOE, SINGLE, EACH	454.71	00 15								X	
63	28153	PARTIAL REMOVAL OF TOE	439.62										
67	28153	PARTIAL REMOVAL OF TOE	439.62	00 15									
63	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	443.76									X	
67	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	443.76	00 15								X	
63	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,250.50										
67	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,250.50	00 15									
63	28173	RADICAL RESECTION FOR TUMOR,METATARS	812.91										
67	28173	RADICAL RESECTION FOR TUMOR,METATARS	812.91	00 15									
63	28175	RADICAL RESECTION FOR TUMOR PHALANX	518.60										
67	28175	RADICAL RESECTION FOR TUMOR PHALANX	518.60	00 15									
63	28190	REMOVAL OF FOOT FOREIGN BODY	266.85										
67	28190	REMOVAL OF FOOT FOREIGN BODY	266.85	00 15									
63	28192	REMOVAL OF FOOT FOREIGN BODY	501.57										
67	28192	REMOVAL OF FOOT FOREIGN BODY	501.57	00 15									
63	28193	REMOVAL OF FOOT FOREIGN BODY	569.66										
67	28193	REMOVAL OF FOOT FOREIGN BODY	569.66	00 15									
63	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	532.87									X	
67	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	532.87	00 15								X	
63	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	652.14									X	
67	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	652.14	00 15								X	
63	28208	REP/SUT TEND....EACH TENDON	521.84									X	
67	28208	REP/SUT TEND....EACH TENDON	521.84	00 15								X	
63	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	650.75									X	
67	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	650.75	00 15								X	
63	28220	RELEASE OF FOOT TENDON	486.37										
67	28220	RELEASE OF FOOT TENDON	486.37	00 15									
63	28222	RELEASE OF FOOT TENDONS	564.20										
67	28222	RELEASE OF FOOT TENDONS	564.20	00 15									
63	28225	RELEASE OF FOOT TENDON	450.08										
67	28225	RELEASE OF FOOT TENDON	450.08	00 15									
63	28226	RELEASE OF FOOT TENDONS	673.01										
67	28226	RELEASE OF FOOT TENDONS	673.01	00 15									
63	28230	INCISION OF FOOT TENDON(S)	469.15										
67	28230	INCISION OF FOOT TENDON(S)	469.15	00 15									
63	28232	INCISION OF TOE TENDON	409.73										
67	28232	INCISION OF TOE TENDON	409.73	00 15									
63	28234	INCISION OF FOOT TENDON	439.34										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	28234	INCISION OF FOOT TENDON	439.34	00 15									
63	28238	REVISION OF FOOT TENDON	724.53										
67	28238	REVISION OF FOOT TENDON	724.53	00 15									
63	28240	RELEASE OF BIG TOE	483.38										
67	28240	RELEASE OF BIG TOE	483.38	00 15									
63	28250	REVISION OF FOOT FASCIA	627.33										
67	28250	REVISION OF FOOT FASCIA	627.33	00 15									
63	28260	RELEASE OF MIDFOOT JOINT	767.23										
67	28260	RELEASE OF MIDFOOT JOINT	767.23	00 15									
63	28261	REVISION OF FOOT TENDON	1,330.25										
67	28261	REVISION OF FOOT TENDON	1,330.25	00 15									
63	28262	REVISION OF FOOT AND ANKLE	1,540.10										
67	28262	REVISION OF FOOT AND ANKLE	1,540.10	00 15									
63	28264	RELEASE OF MIDFOOT JOINT	998.85										
67	28264	RELEASE OF MIDFOOT JOINT	998.85	00 15									
63	28270	CAPSULOTOMY...EACH JOINT	528.03									X	
67	28270	CAPSULOTOMY...EACH JOINT	528.03	00 15								X	
63	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	415.87									X	
67	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	415.87	00 15								X	
63	28280	FUSION OF TOES	551.15										
67	28280	FUSION OF TOES	551.15	00 15									
63	28285	REVISION OF HAMMERTOE	579.50									X	
67	28285	REVISION OF HAMMERTOE	579.50	00 15								X	
63	28286	REVISION OF HAMMERTOE	477.50										
67	28286	REVISION OF HAMMERTOE	477.50	00 15									
63	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	655.92									X	
67	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	655.92	00 15								X	
63	28289	REPAIR HALLUX RIGIDUS	756.70										
67	28289	REPAIR HALLUX RIGIDUS	756.70	00 15									
63	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	786.60										
67	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	786.60	00 15									
63	28292	CORRECTION OF BUNION	764.85										
67	28292	CORRECTION OF BUNION	764.85	00 15									
63	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,197.42										
67	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,197.42	00 15									
63	28296	CORRECTION OF BUNION	968.33										
67	28296	CORRECTION OF BUNION	968.33	00 15									
63	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,129.16										
67	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,129.16	00 15									
63	28298	CORRECTION OF BUNION	907.24										
67	28298	CORRECTION OF BUNION	907.24	00 15									
63	28299	CORRECTION OF BUNION	1,091.19										
67	28299	CORRECTION OF BUNION	1,091.19	00 15									
63	28300	INCISION OF HEEL BONE	725.53										
67	28300	INCISION OF HEEL BONE	725.53	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	28302	INCISION OF ANKLE BONE	802.20										
67	28302	INCISION OF ANKLE BONE	802.20	00 15									
63	28304	INCISION OF MIDFOOT BONES	902.57										
67	28304	INCISION OF MIDFOOT BONES	902.57	00 15									
63	28305	INCISE/GRAFT MIDFOOT BONES	754.57										
67	28305	INCISE/GRAFT MIDFOOT BONES	754.57	00 15									
63	28306	INCISION OF METATARSAL	653.26										
67	28306	INCISION OF METATARSAL	653.26	00 15									
63	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	663.60										
67	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	663.60	00 15									
63	28308	INCISION OF METATARSAL	616.95									X	
67	28308	INCISION OF METATARSAL	616.95	00 15								X	
63	28309	INCISION OF METATARSALS	993.05										
67	28309	INCISION OF METATARSALS	993.05	00 15									
63	28310	REVISION OF BIG TOE	592.88										
67	28310	REVISION OF BIG TOE	592.88	00 15									
63	28312	REVISION OF TOE	547.78										
67	28312	REVISION OF TOE	547.78	00 15									
63	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	574.25									X	
67	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	574.25	00 15								X	
63	28315	SESAMOIDECTOMY FIRST TOE	521.74										
67	28315	SESAMOIDECTOMY FIRST TOE	521.74	00 15									
63	28320	REPAIR OF FOOT BONES	687.12										
67	28320	REPAIR OF FOOT BONES	687.12	00 15									
63	28322	REPAIR OF METATARSALS	860.20										
67	28322	REPAIR OF METATARSALS	860.20	00 15									
63	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	617.13									X	
67	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	617.13	00 15								X	
63	28341	SEE 28340;REQUIRING BONE RESECTION	718.30									X	
67	28341	SEE 28340;REQUIRING BONE RESECTION	718.30	00 15								X	
63	28344	RECONSTRUCT TOE;POLYDATYLY	453.52									X	
67	28344	RECONSTRUCT TOE;POLYDATYLY	453.52	00 15								X	
63	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	557.16									X	
67	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	557.16	00 15								X	
63	28360	RECONSTRUCT CLEFT FOOT	1,228.25										
67	28360	RECONSTRUCT CLEFT FOOT	1,228.25	00 15									
63	28400	TREAT CLSD CALC FX;W/O MANIP	265.62										
67	28400	TREAT CLSD CALC FX;W/O MANIP	265.62	00 15									
63	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	431.02										
67	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	431.02	00 15									
63	28406	TREAT CLSD CALC FX,MANIP/FIXATION	612.45										
67	28406	TREAT CLSD CALC FX,MANIP/FIXATION	612.45	00 15									
63	28415	REPAIR OF HEEL FRACTURE	1,254.03										
67	28415	REPAIR OF HEEL FRACTURE	1,254.03	00 15									
63	28420	REPAIR/GRAFT HEEL FRACTURE	1,452.40										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	28420	REPAIR/GRAFT HEEL FRACTURE	1,452.40	00 15									
63	28430	TREAT CLSD TALUS FX,W/O MANIP	258.70										
67	28430	TREAT CLSD TALUS FX,W/O MANIP	258.70	00 15									
63	28435	TREAT CLSD TALUS FX,W/ MANIP	362.88										
67	28435	TREAT CLSD TALUS FX,W/ MANIP	362.88	00 15									
63	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	533.32										
67	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	533.32	00 15									
63	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,150.22										
67	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,150.22	00 15									
63	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,378.93		X								
67	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,378.93	00 15	X								
63	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	226.76									X	
67	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	226.76	00 15								X	
63	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	313.35									X	
67	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	313.35	00 15								X	
63	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	388.59									X	
67	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	388.59	00 15								X	
63	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	695.52									X	
67	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	695.52	00 15								X	
63	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	234.59									X	
67	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	234.59	00 15								X	
63	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	278.32									X	
67	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	278.32	00 15								X	
63	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	414.09									X	
67	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	414.09	00 15								X	
63	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	613.29									X	
67	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	613.29	00 15								X	
63	28490	TREAT BIG TOE FRACTURE	149.74										
67	28490	TREAT BIG TOE FRACTURE	149.74	00 15									
63	28495	TREAT BIG TOE FRACTURE	189.08										
67	28495	TREAT BIG TOE FRACTURE	189.08	00 15									
63	28496	TREAT CLSD FX GREAT TOE...PINNING	484.11									X	
67	28496	TREAT CLSD FX GREAT TOE...PINNING	484.11	00 15								X	
63	28505	REPAIR BIG TOE FRACTURE	720.23										
67	28505	REPAIR BIG TOE FRACTURE	720.23	00 15									
63	28510	TREAT CLSD FX....W/O MANIP,EACH	129.48									X	
67	28510	TREAT CLSD FX....W/O MANIP,EACH	129.48	00 15								X	
63	28515	TREAT CLSD FX...W/ MANIP., EACH	172.98									X	
67	28515	TREAT CLSD FX...W/ MANIP., EACH	172.98	00 15								X	
63	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	618.32									X	
67	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	618.32	00 15								X	
63	28530	TREAT CLOSED SESAMOID FRACTURE	121.52									X	
67	28530	TREAT CLOSED SESAMOID FRACTURE	121.52	00 15								X	
63	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	354.97										
67	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	354.97	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	28540	TREAT FOOT DISLOCATION	207.30										
67	28540	TREAT FOOT DISLOCATION	207.30	00 15									
63	28545	TREAT FOOT DISLOCATION	331.78										
67	28545	TREAT FOOT DISLOCATION	331.78	00 15									
63	28546	TREAT FOOT DISLOCATION	633.11										
67	28546	TREAT FOOT DISLOCATION	633.11	00 15									
63	28555	REPAIR FOOT DISLOCATION	942.25										
67	28555	REPAIR FOOT DISLOCATION	942.25	00 15									
63	28570	TREAT FOOT DISLOCATION	249.93										
67	28570	TREAT FOOT DISLOCATION	249.93	00 15									
63	28575	TREAT FOOT DISLOCATION	409.45										
67	28575	TREAT FOOT DISLOCATION	409.45	00 15									
63	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	427.08										
67	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	427.08	00 15									
63	28585	REPAIR FOOT DISLOCATION	954.77										
67	28585	REPAIR FOOT DISLOCATION	954.77	00 15									
63	28600	TREAT FOOT DISLOCATION	232.84										
67	28600	TREAT FOOT DISLOCATION	232.84	00 15									
63	28605	TREAT FOOT DISLOCATION	367.79										
67	28605	TREAT FOOT DISLOCATION	367.79	00 15									
63	28606	TREAT FOOT DISLOCATION	420.00										
67	28606	TREAT FOOT DISLOCATION	420.00	00 15									
63	28615	REPAIR FOOT DISLOCATION	908.84										
67	28615	REPAIR FOOT DISLOCATION	908.84	00 15									
63	28630	TREAT TOE DISLOCATION	168.31										
67	28630	TREAT TOE DISLOCATION	168.31	00 15									
63	28635	TREAT TOE DISLOCATION	192.53										
67	28635	TREAT TOE DISLOCATION	192.53	00 15									
63	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	337.40										
67	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	337.40	00 15									
63	28645	REPAIR TOE DISLOCATION	712.91										
67	28645	REPAIR TOE DISLOCATION	712.91	00 15									
63	28660	TREAT TOE DISLOCATION	131.73										
67	28660	TREAT TOE DISLOCATION	131.73	00 15									
63	28665	TREAT TOE DISLOCATION	162.26										
67	28665	TREAT TOE DISLOCATION	162.26	00 15									
63	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	189.90										
67	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	189.90	00 15									
63	28675	REPAIR OF TOE DISLOCATION	617.64										
67	28675	REPAIR OF TOE DISLOCATION	617.64	00 15									
63	28705	FUSION OF FOOT BONES	1,372.80										
67	28705	FUSION OF FOOT BONES	1,372.80	00 15									
63	28715	FUSION OF FOOT BONES	1,049.29										
67	28715	FUSION OF FOOT BONES	1,049.29	00 15									
63	28725	FUSION OF FOOT BONES	865.80										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	28725	FUSION OF FOOT BONES	865.80	00 15									
63	28730	FUSION OF FOOT BONES	816.20										
67	28730	FUSION OF FOOT BONES	816.20	00 15									
63	28735	FUSION OF FOOT BONES	870.85										
67	28735	FUSION OF FOOT BONES	870.85	00 15									
63	28737	REVISION OF FOOT BONES	760.13										
67	28737	REVISION OF FOOT BONES	760.13	00 15									
63	28740	FUSION OF FOOT BONES	909.65										
67	28740	FUSION OF FOOT BONES	909.65	00 15									
63	28750	FUSION OF BIG TOE JOINT	864.32										
67	28750	FUSION OF BIG TOE JOINT	864.32	00 15									
63	28755	FUSION OF BIG TOE JOINT	549.92										
67	28755	FUSION OF BIG TOE JOINT	549.92	00 15									
63	28760	FUSION OF BIG TOE JOINT	836.36										
67	28760	FUSION OF BIG TOE JOINT	836.36	00 15									
63	28800	AMPUTATION OF MIDFOOT	591.93										
67	28800	AMPUTATION OF MIDFOOT	591.93	00 15									
63	28805	AMPUTATION THRU METATARSAL	802.58										
67	28805	AMPUTATION THRU METATARSAL	802.58	00 15									
63	28810	AMPUTATION TOE & METATARSAL	475.08									X	
67	28810	AMPUTATION TOE & METATARSAL	475.08	00 15								X	
63	28820	AMPUTATION OF TOE	335.31									X	
67	28820	AMPUTATION OF TOE	335.31	00 15								X	
63	28825	PARTIAL AMPUTATION OF TOE	328.00									X	
67	28825	PARTIAL AMPUTATION OF TOE	328.00	00 15								X	
63	28890	HIGH ENERGY ESWT, PLANTAR F	335.18										
67	28890	HIGH ENERGY ESWT, PLANTAR F	335.18	00 15									
63	29000	APPLICATION OF BODY CAST	370.54										
67	29000	APPLICATION OF BODY CAST	370.54	00 15									
63	29010	APPLICATION OF BODY CAST	286.33										
67	29010	APPLICATION OF BODY CAST	286.33	00 15									
63	29015	APPLICATION OF BODY CAST	308.69										
67	29015	APPLICATION OF BODY CAST	308.69	00 15									
63	29035	APPLICATION OF BODY CAST	266.66										
67	29035	APPLICATION OF BODY CAST	266.66	00 15									
63	29040	APPLICATION OF BODY CAST	306.55										
67	29040	APPLICATION OF BODY CAST	306.55	00 15									
63	29044	APPLICATION OF BODY CAST	299.92										
67	29044	APPLICATION OF BODY CAST	299.92	00 15									
63	29046	APPLICATION OF BODY CAST	328.79										
67	29046	APPLICATION OF BODY CAST	328.79	00 15									
63	29049	APPLICATION OF SHOULDER CAST	105.09										
67	29049	APPLICATION OF SHOULDER CAST	105.09	00 15									
63	29055	APPLICATION OF SHOULDER CAST	228.92									X	
67	29055	APPLICATION OF SHOULDER CAST	228.92	00 15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	29058	APPLICATION OF SHOULDER CAST	133.58									X	
67	29058	APPLICATION OF SHOULDER CAST	133.58	00 15								X	
63	29065	APPLICATION OF LONG ARM CAST	101.75									X	
67	29065	APPLICATION OF LONG ARM CAST	101.75	00 15								X	
63	29075	APPLICATION OF FOREARM CAST	92.91									X	
67	29075	APPLICATION OF FOREARM CAST	92.91	00 15								X	
63	29085	APPLY HAND/WRIST CAST	101.24									X	
67	29085	APPLY HAND/WRIST CAST	101.24	00 15								X	
63	29086	APPLY FINGER CAST	77.35									X	
67	29086	APPLY FINGER CAST	77.35	00 15								X	
63	29105	APPLY LONG ARM SPLINT	88.29									X	
67	29105	APPLY LONG ARM SPLINT	88.29	00 15								X	
63	29125	APPLY FOREARM SPLINT	68.41									X	
67	29125	APPLY FOREARM SPLINT	68.41	00 15								X	
63	29126	APPLY FOREARM SPLINT	80.37									X	
67	29126	APPLY FOREARM SPLINT	80.37	00 15								X	
63	29130	APPLICATION OF FINGER SPLINT	44.90									X	
67	29130	APPLICATION OF FINGER SPLINT	44.90	00 15								X	
63	29131	APPLICATION OF FINGER SPLINT	56.05									X	
67	29131	APPLICATION OF FINGER SPLINT	56.05	00 15								X	
63	29200	STRAPPING OF CHEST	35.33										
67	29200	STRAPPING OF CHEST	35.33	00 15									
63	29240	STRAPPING OF SHOULDER	32.94									X	
67	29240	STRAPPING OF SHOULDER	32.94	00 15								X	
63	29260	STRAPPING OF ELBOW OR WRIST	32.60									X	
67	29260	STRAPPING OF ELBOW OR WRIST	32.60	00 15								X	
63	29280	STRAPPING OF HAND OR FINGER	31.93									X	
67	29280	STRAPPING OF HAND OR FINGER	31.93	00 15								X	
63	29305	APPLICATION OF HIP CAST	261.49										
67	29305	APPLICATION OF HIP CAST	261.49	00 15									
63	29325	APPLICATION OF HIP CASTS	288.83										
67	29325	APPLICATION OF HIP CASTS	288.83	00 15									
63	29345	APPLICATION OF LONG LEG CAST	145.28									X	
67	29345	APPLICATION OF LONG LEG CAST	145.28	00 15								X	
63	29355	APPLICATION OF LONG LEG CAST	154.78									X	
67	29355	APPLICATION OF LONG LEG CAST	154.78	00 15								X	
63	29358	APPLY LONG LEG CAST BRACE	169.95									X	
67	29358	APPLY LONG LEG CAST BRACE	169.95	00 15								X	
63	29365	APPLICATION OF LONG LEG CAST	130.21									X	
67	29365	APPLICATION OF LONG LEG CAST	130.21	00 15								X	
63	29405	APPLY SHORT LEG CAST	85.57									X	
67	29405	APPLY SHORT LEG CAST	85.57	00 15								X	
63	29425	APPLY SHORT LEG CAST	80.63									X	
67	29425	APPLY SHORT LEG CAST	80.63	00 15								X	
63	29435	APPLY SHORT LEG CAST	122.20									X	

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	29435	APPLY SHORT LEG CAST	122.20	00	15								X	
63	29440	ADDITION OF WALKER TO CAST	45.93										X	
67	29440	ADDITION OF WALKER TO CAST	45.93	00	15								X	
63	29445	APPLY RIGID LEG CAST	140.88											
67	29445	APPLY RIGID LEG CAST	140.88	00	15									
63	29450	APPLICATION OF LEG CAST	156.34											
67	29450	APPLICATION OF LEG CAST	156.34	00	15									
63	29505	APPLICATION LONG LEG SPLINT	92.17										X	
67	29505	APPLICATION LONG LEG SPLINT	92.17	00	15								X	
63	29515	APPLICATION LOWER LEG SPLINT	75.68										X	
67	29515	APPLICATION LOWER LEG SPLINT	75.68	00	15								X	
63	29520	STRAPPING OF HIP	38.05										X	
67	29520	STRAPPING OF HIP	38.05	00	15								X	
63	29530	STRAPPING OF KNEE	32.61										X	
67	29530	STRAPPING OF KNEE	32.61	00	15								X	
63	29540	STRAPPING OF ANKLE	30.56										X	
67	29540	STRAPPING OF ANKLE	30.56	00	15								X	
63	29550	STRAPPING OF TOES	20.32										X	
67	29550	STRAPPING OF TOES	20.32	00	15								X	
63	29580	APPLICATION OF PASTE BOOT	67.47										X	
67	29580	APPLICATION OF PASTE BOOT	67.47	00	15								X	
63	29581	APPLICATION OF MULTI-LAYER COMPRESSI	93.59										X	
67	29581	APPLICATION OF MULTI-LAYER COMPRESSI	93.59	00	15								X	
63	29584	APPLICATION OF MULTI-LAYER COMPRESSI	86.38											
67	29584	APPLICATION OF MULTI-LAYER COMPRESSI	86.38	00	15									
63	29700	REMOVAL/REVISION OF CAST	65.85											
67	29700	REMOVAL/REVISION OF CAST	65.85	00	15									
63	29705	REMOVAL/REVISION OF CAST	69.71											
67	29705	REMOVAL/REVISION OF CAST	69.71	00	15									
63	29710	REMOVAL/REVISION OF CAST	132.03											
67	29710	REMOVAL/REVISION OF CAST	132.03	00	15									
63	29720	REPAIR OF BODY CAST	89.91											
67	29720	REPAIR OF BODY CAST	89.91	00	15									
63	29730	WINDOWING OF CAST	68.63											
67	29730	WINDOWING OF CAST	68.63	00	15									
63	29740	WEDGING OF CAST	107.43											
67	29740	WEDGING OF CAST	107.43	00	15									
63	29750	WEDGING OF CLUBFOOT CAST	117.16											
67	29750	WEDGING OF CLUBFOOT CAST	117.16	00	15									
63	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	591.54											
67	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	591.54	00	15									
63	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	664.21											
67	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	664.21	00	15									
63	29805	SHOULDER ARTHROSCOPY, DX	524.30											
67	29805	SHOULDER ARTHROSCOPY, DX	524.30	00	15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	29806	SHOULDER ARTHROSCOPY/SURGERY	1,187.81										
67	29806	SHOULDER ARTHROSCOPY/SURGERY	1,187.81	00 15									
63	29807	SHOULDER ARTHROSCOPY/SURGERY	1,159.74										
67	29807	SHOULDER ARTHROSCOPY/SURGERY	1,159.74	00 15									
63	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	657.24										
67	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	657.24	00 15									
63	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	602.57										
67	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	602.57	00 15									
63	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	664.72										
67	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	664.72	00 15									
63	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	604.74										
67	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	604.74	00 15									
63	29823	ARTHROSCOPY-EXT DEBRIDEMENT	662.79										
67	29823	ARTHROSCOPY-EXT DEBRIDEMENT	662.79	00 15									
63	29824	SHOULDER ARTHROSCOPY/SURGERY	755.48										
67	29824	SHOULDER ARTHROSCOPY/SURGERY	755.48	00 15									
63	29825	ARTHROSCOPY-W/LYSIS & RESECTION	656.73										
67	29825	ARTHROSCOPY-W/LYSIS & RESECTION	656.73	00 15									
63	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	199.07										
67	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	199.07	00 15									
63	29827	ARTHROSCOP ROTATOR CUFF REPR	1,202.82										
67	29827	ARTHROSCOP ROTATOR CUFF REPR	1,202.82	00 15									
63	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	1,030.78										
67	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	1,030.78	00 15									
63	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	502.11										
67	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	502.11	00 15									
63	29834	ARTHROSCOPY, ELBOW, SURGICAL;	550.78										
67	29834	ARTHROSCOPY, ELBOW, SURGICAL;	550.78	00 15									
63	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	569.83										
67	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	569.83	00 15									
63	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	650.93										
67	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	650.93	00 15									
63	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	590.17										
67	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	590.17	00 15									
63	29838	ARTHROSCOPY EXT DEBRIDEMENT	662.46										
67	29838	ARTHROSCOPY EXT DEBRIDEMENT	662.46	00 15									
63	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	500.76										
67	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	500.76	00 15									
63	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	542.79										
67	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	542.79	00 15									
63	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	555.83										
67	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	555.83	00 15									
63	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	651.30										
67	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	651.30	00 15									
63	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	582.24										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	582.24	00	15									
63	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	609.43											
67	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	609.43	00	15									
63	29848	ARTHROSCOPY, WRIST, SURGICAL;	565.27											
67	29848	ARTHROSCOPY, WRIST, SURGICAL;	565.27	00	15									
63	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	696.93											
67	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	696.93	00	15									
63	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	1,045.75											
67	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	1,045.75	00	15									
63	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	875.24											
67	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	875.24	00	15									
63	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,110.44											
67	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,110.44	00	15									
63	29860	HIP ARTHROSCOPY, DX	720.00											
67	29860	HIP ARTHROSCOPY, DX	720.00	00	15									
63	29861	HIP ARTHROSCOPY/SURGERY	811.14											
67	29861	HIP ARTHROSCOPY/SURGERY	811.14	00	15									
63	29862	HIP ARTHROSCOPY/SURGERY	910.32											
67	29862	HIP ARTHROSCOPY/SURGERY	910.32	00	15									
63	29863	HIP ARTHROSCOPY/SURGERY	909.13											
67	29863	HIP ARTHROSCOPY/SURGERY	909.13	00	15									
63	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,178.97											
67	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,178.97	00	15									
63	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,438.87			X								
67	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,438.87	00	15	X								
63	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,884.99			X								
67	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,884.99	00	15	X								
63	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	612.59											
67	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	612.59	00	15									
63	29871	ARTHROSCOPY, KNEE, SURGICAL;	573.75											
67	29871	ARTHROSCOPY, KNEE, SURGICAL;	573.75	00	15									
63	29873	KNEE ARTHROSCOPY/SURGERY	591.94											
67	29873	KNEE ARTHROSCOPY/SURGERY	591.94	00	15									
63	29874	ARTHROSCOPY, KNEE, SURGICAL;	601.45											
67	29874	ARTHROSCOPY, KNEE, SURGICAL;	601.45	00	15									
63	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	553.99											
67	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	553.99	00	15									
63	29876	ARTHROSCOPY, KNEE, SURGICAL;	731.44											
67	29876	ARTHROSCOPY, KNEE, SURGICAL;	731.44	00	15									
63	29877	ARTHROSCOPY-DEBRIDEMENT	694.70											
67	29877	ARTHROSCOPY-DEBRIDEMENT	694.70	00	15									
63	29879	ARTHROSCOPY-ABRASION ARTHROPLA	740.72											
67	29879	ARTHROSCOPY-ABRASION ARTHROPLA	740.72	00	15									
63	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	627.99											
67	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	627.99	00	15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	605.08										
67	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	605.08	00 15									
63	29882	ARTHROSCOPY W/ MENISCUS REPAIR	774.42										
67	29882	ARTHROSCOPY W/ MENISCUS REPAIR	774.42	00 15									
63	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	940.73										
67	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	940.73	00 15									
63	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	692.05										
67	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	692.05	00 15									
63	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	845.92										
67	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	845.92	00 15									
63	29886	ARTHROSCOPY-OSTEOCHONDRITIS	711.83										
67	29886	ARTHROSCOPY-OSTEOCHONDRITIS	711.83	00 15									
63	29887	ARTHROSCOPY-INTERNAL FIXATION	842.77										
67	29887	ARTHROSCOPY-INTERNAL FIXATION	842.77	00 15									
63	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,099.65										
67	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,099.65	00 15									
63	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,375.22										
67	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,375.22	00 15									
63	29891	ANKLE ARTHROSCOPY/SURGERY	747.02										
67	29891	ANKLE ARTHROSCOPY/SURGERY	747.02	00 15									
63	29892	ANKLE ARTHROSCOPY/SURGERY	718.70										
67	29892	ANKLE ARTHROSCOPY/SURGERY	718.70	00 15									
63	29893	SCOPE, PLANTAR FASCIOTOMY	702.56										
67	29893	SCOPE, PLANTAR FASCIOTOMY	702.56	00 15									
63	29894	ARTHROSCOPY, ANKLE, SURGICAL;	555.60										
67	29894	ARTHROSCOPY, ANKLE, SURGICAL;	555.60	00 15									
63	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	520.45										
67	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	520.45	00 15									
63	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	554.09										
67	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	554.09	00 15									
63	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	625.16										
67	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	625.16	00 15									
63	29899	ANKLE ARTHROSCOPY/SURGERY	1,149.99										
67	29899	ANKLE ARTHROSCOPY/SURGERY	1,149.99	00 15									
63	29900	MCP JOINT ARTHROSCOPY, DX	554.72									X	
67	29900	MCP JOINT ARTHROSCOPY, DX	554.72	00 15								X	
63	29901	MCP JOINT ARTHROSCOPY, SURG	599.65									X	
67	29901	MCP JOINT ARTHROSCOPY, SURG	599.65	00 15								X	
63	29902	MCP JOINT ARTHROSCOPY, SURG	637.24									X	
67	29902	MCP JOINT ARTHROSCOPY, SURG	637.24	00 15								X	
63	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	715.01										
67	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	715.01	00 15									
63	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	568.86										
67	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	568.86	00 15									
63	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	732.79										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	732.79	00 15									
63	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	983.48										
67	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	983.48	00 15									
63	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,121.94									X	
67	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,121.94	00 15								X	
63	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,150.83									X	
67	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,150.83	00 15								X	
63	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,150.32									X	
67	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,150.32	00 15								X	
63	30000	DRAINAGE OF NOSE LESION	279.69										
67	30000	DRAINAGE OF NOSE LESION	279.69	00 15									
63	30020	DRAINAGE OF NOSE LESION	282.08										
67	30020	DRAINAGE OF NOSE LESION	282.08	00 15									
63	30100	INTRANASAL BIOPSY	152.34										
67	30100	INTRANASAL BIOPSY	152.34	00 15									
63	30110	REMOVAL OF NOSE POLYP(S)	261.28										
67	30110	REMOVAL OF NOSE POLYP(S)	261.28	00 15									
63	30115	REMOVAL OF NOSE POLYP(S)	500.37										
67	30115	REMOVAL OF NOSE POLYP(S)	500.37	00 15									
63	30117	REMOVAL OF INTRANASAL LESION	1,019.52										
67	30117	REMOVAL OF INTRANASAL LESION	1,019.52	00 15									
63	30118	REMOVAL OF INTRANASAL LESION	866.12										
67	30118	REMOVAL OF INTRANASAL LESION	866.12	00 15									
63	30120	REVISION OF NOSE	554.84										
67	30120	REVISION OF NOSE	554.84	00 15									
63	30124	REMOVAL OF NOSE LESION	325.41										
67	30124	REMOVAL OF NOSE LESION	325.41	00 15									
63	30125	REMOVAL OF NOSE LESION	708.79										
67	30125	REMOVAL OF NOSE LESION	708.79	00 15									
63	30130	REMOVAL OF TURBINATE BONES	443.42										
67	30130	REMOVAL OF TURBINATE BONES	443.42	00 15									
63	30140	REMOVAL OF TURBINATE BONES	318.96										
67	30140	REMOVAL OF TURBINATE BONES	318.96	00 15									
63	30150	PARTIAL REMOVAL OF NOSE	878.75										
67	30150	PARTIAL REMOVAL OF NOSE	878.75	00 15									
63	30160	REMOVAL OF NOSE	889.63										
67	30160	REMOVAL OF NOSE	889.63	00 15									
63	30200	INJECTION TREATMENT OF NOSE	119.18										
67	30200	INJECTION TREATMENT OF NOSE	119.18	00 15									
63	30210	NASAL SINUS THERAPY	159.76										
67	30210	NASAL SINUS THERAPY	159.76	00 15									
63	30220	INSERTION,NASAL SEPTAL PROSTHESIS	327.08										
67	30220	INSERTION,NASAL SEPTAL PROSTHESIS	327.08	00 15									
63	30300	REMOVE NASAL FOREIGN BODY	214.40										
67	30300	REMOVE NASAL FOREIGN BODY	214.40	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	30310	REMOVE NASAL FOREIGN BODY	223.42										
67	30310	REMOVE NASAL FOREIGN BODY	223.42	00 15									
63	30320	REMOVE NASAL FOREIGN BODY	522.14										
67	30320	REMOVE NASAL FOREIGN BODY	522.14	00 15									
63	30400	RECONSTRUCTION OF NOSE	1,342.02										
67	30400	RECONSTRUCTION OF NOSE	1,342.02	00 15									
63	30410	RECONSTRUCTION OF NOSE	1,555.07										
67	30410	RECONSTRUCTION OF NOSE	1,555.07	00 15									
63	30420	RECONSTRUCTION OF NOSE	1,583.88										
67	30420	RECONSTRUCTION OF NOSE	1,583.88	00 15									
63	30430	REVISION OF NOSE	1,164.43										
67	30430	REVISION OF NOSE	1,164.43	00 15									
63	30435	REVISION WORK WITH OSTEOTOMIES	1,469.54										
67	30435	REVISION WORK WITH OSTEOTOMIES	1,469.54	00 15									
63	30450	REVISION OF NOSE	1,939.76										
67	30450	REVISION OF NOSE	1,939.76	00 15									
63	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	925.33										
67	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	925.33	00 15									
63	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,784.83										
67	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,784.83	00 15									
63	30465	REPAIR NASAL STENOSIS	1,121.16			X							
67	30465	REPAIR NASAL STENOSIS	1,121.16	00 15		X							
63	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,878.07										
67	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,878.07	00 15									
63	30520	REPAIR OF NASAL SEPTUM	725.23										
67	30520	REPAIR OF NASAL SEPTUM	725.23	00 15									
63	30540	REPAIR NASAL DEFECT	797.73										
67	30540	REPAIR NASAL DEFECT	797.73	00 15									
63	30545	REPAIR NASAL DEFECT	1,089.53										
67	30545	REPAIR NASAL DEFECT	1,089.53	00 15									
63	30560	RELEASE OF NASAL ADHESIONS	330.63										
67	30560	RELEASE OF NASAL ADHESIONS	330.63	00 15									
63	30580	REPAIR UPPER JAW FISTULA	665.67										
67	30580	REPAIR UPPER JAW FISTULA	665.67	00 15									
63	30600	REPAIR MOUTH/NOSE FISTULA	645.55										
67	30600	REPAIR MOUTH/NOSE FISTULA	645.55	00 15									
63	30620	RECONSTRUCTION INNER NOSE	722.00										
67	30620	RECONSTRUCTION INNER NOSE	722.00	00 15									
63	30630	REPAIR NASAL SEPTUM DEFECT	725.09										
67	30630	REPAIR NASAL SEPTUM DEFECT	725.09	00 15									
63	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	235.09										
67	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	235.09	00 15									
63	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	300.58										
67	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	300.58	00 15									
63	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	166.09										

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	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	166.09	00 15									
63	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	260.42										
67	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	260.42	00 15									
63	30905	CONTROL OF NOSEBLEED	376.66										
67	30905	CONTROL OF NOSEBLEED	376.66	00 15									
63	30906	REPEAT CONTROL OF NOSEBLEED	390.98									X	
67	30906	REPEAT CONTROL OF NOSEBLEED	390.98	00 15								X	
63	30915	LIGATION NASAL SINUS ARTERY	657.21										
67	30915	LIGATION NASAL SINUS ARTERY	657.21	00 15									
63	30920	LIGATION UPPER JAW ARTERY	955.67										
67	30920	LIGATION UPPER JAW ARTERY	955.67	00 15									
63	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	126.27										
67	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	126.27	00 15									
63	31000	IRRIGATION MAXILLARY SINUS	194.00										
67	31000	IRRIGATION MAXILLARY SINUS	194.00	00 15									
63	31002	IRRIGATION SPHENOID SINUS	209.55										
67	31002	IRRIGATION SPHENOID SINUS	209.55	00 15									
63	31020	EXPLORATION MAXILLARY SINUS	517.38										
67	31020	EXPLORATION MAXILLARY SINUS	517.38	00 15									
63	31030	EXPLORATION MAXILLARY SINUS	689.08										
67	31030	EXPLORATION MAXILLARY SINUS	689.08	00 15									
63	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	643.60										
67	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	643.60	00 15									
63	31040	EXPLORATION BEHIND UPPER JAW	881.72										
67	31040	EXPLORATION BEHIND UPPER JAW	881.72	00 15									
63	31050	EXPLORATION SPHENOID SINUS	557.13										
67	31050	EXPLORATION SPHENOID SINUS	557.13	00 15									
63	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	749.08										
67	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	749.08	00 15									
63	31070	EXPLORATION OF FRONTAL SINUS	508.69										
67	31070	EXPLORATION OF FRONTAL SINUS	508.69	00 15									
63	31075	EXPLORATION OF FRONTAL SINUS	898.48										
67	31075	EXPLORATION OF FRONTAL SINUS	898.48	00 15									
63	31080	REMOVAL OF FRONTAL SINUS	1,184.19										
67	31080	REMOVAL OF FRONTAL SINUS	1,184.19	00 15									
63	31081	REMOVAL OF FRONTAL SINUS	1,271.30										
67	31081	REMOVAL OF FRONTAL SINUS	1,271.30	00 15									
63	31084	REMOVAL OF FRONTAL SINUS	1,319.72										
67	31084	REMOVAL OF FRONTAL SINUS	1,319.72	00 15									
63	31085	REMOVAL OF FRONTAL SINUS	1,360.46										
67	31085	REMOVAL OF FRONTAL SINUS	1,360.46	00 15									
63	31086	REMOVAL OF FRONTAL SINUS	1,282.21										
67	31086	REMOVAL OF FRONTAL SINUS	1,282.21	00 15									
63	31087	REMOVAL OF FRONTAL SINUS	1,224.67										
67	31087	REMOVAL OF FRONTAL SINUS	1,224.67	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	31090	EXPLORATION OF SINUSES	1,196.45										
67	31090	EXPLORATION OF SINUSES	1,196.45	00 15									
63	31200	REMOVAL OF ETHMOID SINUS	662.43										
67	31200	REMOVAL OF ETHMOID SINUS	662.43	00 15									
63	31201	REMOVAL OF ETHMOID SINUS	864.98										
67	31201	REMOVAL OF ETHMOID SINUS	864.98	00 15									
63	31205	REMOVAL OF ETHMOID SINUS	1,016.07										
67	31205	REMOVAL OF ETHMOID SINUS	1,016.07	00 15									
63	31225	REMOVAL OF UPPER JAW	2,016.51										
67	31225	REMOVAL OF UPPER JAW	2,016.51	00 15									
63	31230	REMOVAL OF UPPER JAW	2,244.68										
67	31230	REMOVAL OF UPPER JAW	2,244.68	00 15									
63	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	205.25										
67	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	205.25	00 15									
63	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	288.13										
67	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	288.13	00 15									
63	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	326.88										
67	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	326.88	00 15									
63	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	275.25										
67	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	275.25	00 15									
63	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	271.17										
67	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	271.17	00 15									
63	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	666.24										
67	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	666.24	00 15									
63	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	175.50										
67	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	175.50	00 15									
63	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	497.37										
67	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	497.37	00 15									
63	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	560.44										
67	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	560.44	00 15									
63	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	470.41										
67	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	470.41	00 15									
63	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	361.14										
67	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	361.14	00 15									
63	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	200.64										
67	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	200.64	00 15									
63	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	499.08										
67	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	499.08	00 15									
63	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	528.56										
67	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	528.56	00 15									
63	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	295.85										
67	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	295.85	00 15									
63	31276	SINUS SURGICAL ENDOSCOPY	422.51										
67	31276	SINUS SURGICAL ENDOSCOPY	422.51	00 15									
63	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	223.88										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	223.88	00 15									
63	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	261.61										
67	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	261.61	00 15									
63	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,275.49										
67	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,275.49	00 15									
63	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,354.64										
67	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,354.64	00 15									
63	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,103.93										
67	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,103.93	00 15									
63	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,196.24										
67	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,196.24	00 15									
63	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,369.31										
67	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,369.31	00 15									
63	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,905.68									X	
67	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,905.68	00 15								X	
63	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,934.23									X	
67	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,934.23	00 15								X	
63	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,889.56									X	
67	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,889.56	00 15								X	
63	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,609.82										
67	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,609.82	00 15									
63	31300	REMOVAL OF LARYNX LESION	1,386.33										
67	31300	REMOVAL OF LARYNX LESION	1,386.33	00 15									
63	31360	REMOVAL OF LARYNX	2,284.92										
67	31360	REMOVAL OF LARYNX	2,284.92	00 15									
63	31365	REMOVAL OF LARYNX	2,830.38										
67	31365	REMOVAL OF LARYNX	2,830.38	00 15									
63	31367	PARTIAL REMOVAL OF LARYNX	2,415.78										
67	31367	PARTIAL REMOVAL OF LARYNX	2,415.78	00 15									
63	31368	PARTIAL REMOVAL OF LARYNX	2,677.72										
67	31368	PARTIAL REMOVAL OF LARYNX	2,677.72	00 15									
63	31370	PARTIAL REMOVAL OF LARYNX	2,264.21										
67	31370	PARTIAL REMOVAL OF LARYNX	2,264.21	00 15									
63	31375	PARTIAL REMOVAL OF LARYNX	2,149.94										
67	31375	PARTIAL REMOVAL OF LARYNX	2,149.94	00 15									
63	31380	PARTIAL REMOVAL OF LARYNX	2,118.83										
67	31380	PARTIAL REMOVAL OF LARYNX	2,118.83	00 15									
63	31382	PARTIAL REMOVAL OF LARYNX	2,326.43										
67	31382	PARTIAL REMOVAL OF LARYNX	2,326.43	00 15									
63	31390	REMOVAL OF LARYNX & PHARYNX	3,131.05										
67	31390	REMOVAL OF LARYNX & PHARYNX	3,131.05	00 15									
63	31395	RECONSTRUCT LARYNX & PHARYNX	3,293.49										
67	31395	RECONSTRUCT LARYNX & PHARYNX	3,293.49	00 15									
63	31400	REVISION OF LARYNX	1,093.52										
67	31400	REVISION OF LARYNX	1,093.52	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	31420	REMOVAL OF EPIGLOTTIS	914.71										
67	31420	REMOVAL OF EPIGLOTTIS	914.71	00 15									
63	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	163.66									X	
67	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	163.66	00 15								X	
63	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	39.51										
67	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	39.51	00 15									
63	31505	DIAGNOSTIC LARYNGOSCOPY	95.85										
67	31505	DIAGNOSTIC LARYNGOSCOPY	95.85	00 15									
63	31510	LARYNGOSCOPY WITH BIOPSY	230.29										
67	31510	LARYNGOSCOPY WITH BIOPSY	230.29	00 15									
63	31511	REMOVE FOREIGN BODY LARYNX	229.79										
67	31511	REMOVE FOREIGN BODY LARYNX	229.79	00 15									
63	31512	REMOVAL OF LARYNX LESION	229.51										
67	31512	REMOVAL OF LARYNX LESION	229.51	00 15									
63	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	144.68										
67	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	144.68	00 15									
63	31515	LARYNGOSCOPY FOR ASPIRATION	229.52										
67	31515	LARYNGOSCOPY FOR ASPIRATION	229.52	00 15									
63	31520	DIAGNOSTIC LARYNGOSCOPY	171.50										
67	31520	DIAGNOSTIC LARYNGOSCOPY	171.50	00 15									
63	31525	DIAGNOSTIC LARYNGOSCOPY	271.81										
67	31525	DIAGNOSTIC LARYNGOSCOPY	271.81	00 15									
63	31526	DIAGNOSTIC LARYNGOSCOPY	173.26										
67	31526	DIAGNOSTIC LARYNGOSCOPY	173.26	00 15									
63	31527	LARYNGOSCOPY, INSERT OBTURATOR	215.07										
67	31527	LARYNGOSCOPY, INSERT OBTURATOR	215.07	00 15									
63	31528	LARYNGOSCOPY,W DILATATION INITIAL	158.81										
67	31528	LARYNGOSCOPY,W DILATATION INITIAL	158.81	00 15									
63	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	178.06										
67	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	178.06	00 15									
63	31530	OPERATIVE LARYNGOSCOPY	220.22										
67	31530	OPERATIVE LARYNGOSCOPY	220.22	00 15									
63	31531	OPERATIVE LARYNGOSCOPY	232.80										
67	31531	OPERATIVE LARYNGOSCOPY	232.80	00 15									
63	31535	OPERATIVE LARYNGOSCOPY	209.41										
67	31535	OPERATIVE LARYNGOSCOPY	209.41	00 15									
63	31536	OPERATIVE LARYNGOSCOPY	231.96										
67	31536	OPERATIVE LARYNGOSCOPY	231.96	00 15									
63	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	267.51										
67	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	267.51	00 15									
63	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	291.82										
67	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	291.82	00 15									
63	31545	REMOVE VC LESION W/SCOPE	401.35										
67	31545	REMOVE VC LESION W/SCOPE	401.35	00 15									
63	31546	REMOVE VC LESION SCOPE/GRAFT	611.26										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	31546	REMOVE VC LESION SCOPE/GRAFT	611.26	00 15									
63	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,691.32	00 11									
67	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,691.32	00 11									
63	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,630.81	12 99									
67	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,630.81	12 15									
63	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,851.17	00 11									
67	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,851.17	00 11									
63	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,851.86	12 99									
67	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,851.86	12 15									
63	31560	OPERATIVE LARYNGOSCOPY	346.35										
67	31560	OPERATIVE LARYNGOSCOPY	346.35	00 15									
63	31561	OPERATIVE LARYNGOSCOPY	378.18										
67	31561	OPERATIVE LARYNGOSCOPY	378.18	00 15									
63	31570	LARYNGOSCOPY WITH INJECTION	372.48										
67	31570	LARYNGOSCOPY WITH INJECTION	372.48	00 15									
63	31571	LARYNGOSCOPY WITH INJECTION	275.53										
67	31571	LARYNGOSCOPY WITH INJECTION	275.53	00 15									
63	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	562.54										
67	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	562.54	00 15									
63	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	301.48										
67	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	301.48	00 15									
63	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	1,044.49										
67	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	1,044.49	00 15									
63	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	134.98										
67	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	134.98	00 15									
63	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	285.49										
67	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	285.49	00 15									
63	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	298.40										
67	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	298.40	00 15									
63	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	321.74										
67	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	321.74	00 15									
63	31579	SEE 31575;WITH STROBOSCOPY	210.51										
67	31579	SEE 31575;WITH STROBOSCOPY	210.51	00 15									
63	31580	REVISION OF LARYNX	1,399.04										
67	31580	REVISION OF LARYNX	1,399.04	00 15									
63	31584	REPAIR OF LARYNX FRACTURE	1,553.73										
67	31584	REPAIR OF LARYNX FRACTURE	1,553.73	00 15									
63	31587	LARYNGOPLASTY, CRICOID SPLIT	1,312.30										
67	31587	LARYNGOPLASTY, CRICOID SPLIT	1,312.30	00 15									
63	31590	LARYNGEAL REINNERVATION REPAIR	976.87										
67	31590	LARYNGEAL REINNERVATION REPAIR	976.87	00 15									
63	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,192.71										
67	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,192.71	00 15									
63	31592	CRICOTRACHEAL RESECTION	1,906.01										
67	31592	CRICOTRACHEAL RESECTION	1,906.01	00 15									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	31600	TRACHEOSTOMY, PLANNED	350.81	02	99									
67	31600	TRACHEOSTOMY, PLANNED	350.81	02	15									
63	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	502.49	00	01									
67	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	502.49	00	01									
63	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	366.64											
67	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	366.64	00	15									
63	31605	INCISION OF NECK CARTILAGES	385.06											
67	31605	INCISION OF NECK CARTILAGES	385.06	00	15									
63	31610	INCISION OF WINDPIPE	1,057.88											
67	31610	INCISION OF WINDPIPE	1,057.88	00	15									
63	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	583.10											
67	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	583.10	00	15									
63	31612	PUNCTURE/CLEAR WINDPIPE	98.89											
67	31612	PUNCTURE/CLEAR WINDPIPE	98.89	00	15									
63	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	475.83											
67	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	475.83	00	15									
63	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	794.63											
67	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	794.63	00	15									
63	31615	VISUALIZATION OF WINDPIPE	187.49											
67	31615	VISUALIZATION OF WINDPIPE	187.49	00	15									
63	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	266.22											
67	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	266.22	00	15									
63	31623	DX BRONCHOSCOPE/BRUSH	296.00											
67	31623	DX BRONCHOSCOPE/BRUSH	296.00	00	15									
63	31624	DX BRONCHOSCOPE/LAVAGE	275.39											
67	31624	DX BRONCHOSCOPE/LAVAGE	275.39	00	15									
63	31625	BRONCHOSCOPY WITH BIOPSY	378.61											
67	31625	BRONCHOSCOPY WITH BIOPSY	378.61	00	15									
63	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	890.27										X	
67	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	890.27	00	15								X	
63	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,290.30											
67	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,290.30	00	15									
63	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	402.95											
67	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	402.95	00	15									
63	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	495.40											
67	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	495.40	00	15									
63	31630	BRONCHOSCOPY WITH REPAIR	223.39											
67	31630	BRONCHOSCOPY WITH REPAIR	223.39	00	15									
63	31631	BRONCHOSCOPY-PLACE TRACH STENT	256.28											
67	31631	BRONCHOSCOPY-PLACE TRACH STENT	256.28	00	15									
63	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	71.05										X	
67	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	71.05	00	15								X	
63	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	88.85										X	
67	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	88.85	00	15								X	
63	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,770.77										X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,770.77	00 15								X	
63	31635	REMOVE FOREIGN BODY, AIRWAY	315.79										
67	31635	REMOVE FOREIGN BODY, AIRWAY	315.79	00 15									
63	31636	BRONCHOSCOPY, BRONCH STENTS	246.10										
67	31636	BRONCHOSCOPY, BRONCH STENTS	246.10	00 15									
63	31637	BRONCHOSCOPY, STENT ADD-ON	87.08										
67	31637	BRONCHOSCOPY, STENT ADD-ON	87.08	00 15									
63	31638	BRONCHOSCOPY, REVISE STENT	279.31										
67	31638	BRONCHOSCOPY, REVISE STENT	279.31	00 15									
63	31640	BRONCHOSCOPY & REMOVE LESION	279.39										
67	31640	BRONCHOSCOPY & REMOVE LESION	279.39	00 15									
63	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	286.82										
67	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	286.82	00 15									
63	31643	DX BRONCHOSCOPE/CATHETER	194.20										
67	31643	DX BRONCHOSCOPE/CATHETER	194.20	00 15									
63	31645	BRONCHOSCOPY, CLEAR AIRWAYS	292.66										
67	31645	BRONCHOSCOPY, CLEAR AIRWAYS	292.66	00 15									
63	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	158.47										
67	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	158.47	00 15									
63	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	233.44										
67	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	233.44	00 15									
63	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	223.92										
67	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	223.92	00 15									
63	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	75.83									X	
67	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	75.83	00 15								X	
63	31651	BRONCHOSCOPY,RIGID OR FLEXIBLE,INC	86.06									X	
67	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	86.06	00 15								X	
63	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,300.89										
67	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,300.89	00 15									
63	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,351.92										
67	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,351.92	00 15									
63	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	132.50										
67	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	132.50	00 15									
63	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	219.40										
67	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	219.40	00 15									
63	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	231.73										
67	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	231.73	00 15									
63	31717	BRONCHIAL BRUSH BIOPSY	306.40										
67	31717	BRONCHIAL BRUSH BIOPSY	306.40	00 15									
63	31720	CLEARANCE OF AIRWAYS	60.98									X	
67	31720	CLEARANCE OF AIRWAYS	60.98	00 15								X	
63	31725	CLEARANCE OF AIRWAYS	88.93									X	
67	31725	CLEARANCE OF AIRWAYS	88.93	00 15								X	
63	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,241.06										
67	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,241.06	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	31750	REPAIR OF WINDPIPE	1,500.21										
67	31750	REPAIR OF WINDPIPE	1,500.21	00 15									
63	31755	REPAIR OF WINDPIPE	1,888.17										
67	31755	REPAIR OF WINDPIPE	1,888.17	00 15									
63	31760	REPAIR OF WINDPIPE	1,578.86										
67	31760	REPAIR OF WINDPIPE	1,578.86	00 15									
63	31766	CARINAL RECONSTRUCTION	2,051.09										
67	31766	CARINAL RECONSTRUCTION	2,051.09	00 15									
63	31770	REPAIR/GRAFT OF BRONCHUS	1,533.01										
67	31770	REPAIR/GRAFT OF BRONCHUS	1,533.01	00 15									
63	31775	RECONSTRUCT BRONCHUS	1,612.66										
67	31775	RECONSTRUCT BRONCHUS	1,612.66	00 15									
63	31780	RECONSTRUCT WINDPIPE	1,328.30										
67	31780	RECONSTRUCT WINDPIPE	1,328.30	00 15									
63	31781	RECONSTRUCT WINDPIPE	1,600.84										
67	31781	RECONSTRUCT WINDPIPE	1,600.84	00 15									
63	31785	REMOVE WINDPIPE LESION	1,198.07										
67	31785	REMOVE WINDPIPE LESION	1,198.07	00 15									
63	31786	REMOVE WINDPIPE LESION	1,662.44										
67	31786	REMOVE WINDPIPE LESION	1,662.44	00 15									
63	31800	REPAIR OF WINDPIPE INJURY	782.84										
67	31800	REPAIR OF WINDPIPE INJURY	782.84	00 15									
63	31805	REPAIR OF WINDPIPE INJURY	935.16										
67	31805	REPAIR OF WINDPIPE INJURY	935.16	00 15									
63	31820	CLOSURE OF WINDPIPE LESION	481.61										
67	31820	CLOSURE OF WINDPIPE LESION	481.61	00 15									
63	31825	REPAIR OF WINDPIPE DEFECT	662.52										
67	31825	REPAIR OF WINDPIPE DEFECT	662.52	00 15									
63	31830	REVISE WINDPIPE SCAR	522.73										
67	31830	REVISE WINDPIPE SCAR	522.73	00 15									
63	32035	EXPLORATION OF CHEST	832.73										
67	32035	EXPLORATION OF CHEST	832.73	00 15									
63	32036	EXPLORATION OF CHEST	898.91										
67	32036	EXPLORATION OF CHEST	898.91	00 15									
63	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	920.80										
67	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	920.80	00 15									
63	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	918.93										
67	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	918.93	00 15									
63	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	870.11										
67	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	870.11	00 15									
63	32100	THORACOTOMY; WITH EXPLORATION	925.05										
67	32100	THORACOTOMY; WITH EXPLORATION	925.05	00 15									
63	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,689.34										
67	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,689.34	00 15									
63	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	998.92										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	998.92	00 15									
63	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	1,059.90										
67	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	1,059.90	00 15									
63	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,135.25										
67	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,135.25	00 15									
63	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,758.59										
67	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,758.59	00 15									
63	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,151.20										
67	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,151.20	00 15									
63	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,152.83										
67	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,152.83	00 15									
63	32160	THORACOTOMY; WITH CARDIAC MASSAGE	908.87										
67	32160	THORACOTOMY; WITH CARDIAC MASSAGE	908.87	00 15									
63	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,300.64										
67	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,300.64	00 15									
63	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	916.45										
67	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	916.45	00 15									
63	32220	RELEASE OF LUNG	1,823.89										
67	32220	RELEASE OF LUNG	1,823.89	00 15									
63	32225	PARTIAL RELEASE OF LUNG	1,138.60										
67	32225	PARTIAL RELEASE OF LUNG	1,138.60	00 15									
63	32310	REMOVAL OF CHEST LINING	1,051.39										
67	32310	REMOVAL OF CHEST LINING	1,051.39	00 15									
63	32320	FREE/REMOVE CHEST LINING	1,839.67										
67	32320	FREE/REMOVE CHEST LINING	1,839.67	00 15									
63	32400	NEEDLE BIOPSY CHEST LINING	174.84									X	
67	32400	NEEDLE BIOPSY CHEST LINING	174.84	00 15								X	
63	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	964.12									X	
67	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	964.12	00 15								X	
63	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,807.11										
67	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,807.11	00 15									
63	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,542.87										
67	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,542.87	00 15									
63	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	4,079.47										
67	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	4,079.47	00 15									
63	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,703.95										
67	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,703.95	00 15									
63	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,823.41										
67	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,823.41	00 15									
63	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,654.07										
67	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,654.07	00 15									
63	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,713.47										
67	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,713.47	00 15									
63	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,762.39										
67	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,762.39	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	32501	REPAIR BRONCHUS (ADD-ON)	284.43										
67	32501	REPAIR BRONCHUS (ADD-ON)	284.43	00 15									
63	32503	RESECT APICAL LUNG TUMOR	2,069.84										
67	32503	RESECT APICAL LUNG TUMOR	2,069.84	00 15									
63	32504	RESECT APICAL LUNG TUM/CHEST	2,360.81										
67	32504	RESECT APICAL LUNG TUM/CHEST	2,360.81	00 15									
63	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,068.21										
67	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,068.21	00 15									
63	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	182.37									X	
67	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	182.37	00 15								X	
63	32540	REMOVAL OF LUNG LESION	1,988.31										
67	32540	REMOVAL OF LUNG LESION	1,988.31	00 15									
63	32550	INSERTION OF INDWELLING TUNNELED PLE	867.49										
67	32550	INSERTION OF INDWELLING TUNNELED PLE	867.49	00 15									
63	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	179.69										
67	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	179.69	00 15									
63	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	203.03										
67	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	203.03	00 15									
63	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	564.39										
67	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	564.39	00 15									
63	32554	THORACENTESIS, NEEDLE OR CATHETER, A	253.47										
67	32554	THORACENTESIS, NEEDLE OR CATHETER, A	253.47	00 15									
63	32555	THORACENTESIS, NEEDLE OR CATHETER, A	342.07										
67	32555	THORACENTESIS, NEEDLE OR CATHETER, A	342.07	00 15									
63	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	770.66										
67	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	770.66	00 15									
63	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	695.08										
67	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	695.08	00 15									
63	32560	INSTILLATION VIA CHEST TUBE/CATHETER	281.70										
67	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	281.70	00 15									
63	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	103.50										
67	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	103.50	00 15									
63	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	92.71										
67	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	92.71	00 15									
63	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	354.93										
67	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	354.93	00 15									
63	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	553.48										
67	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	553.48	00 15									
63	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	533.53										
67	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	533.53	00 15									
63	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	354.59										
67	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	354.59	00 15									
63	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	437.74										
67	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	437.74	00 15									
63	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	294.14										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	294.14	00 15									
63	32650	THORACOSCOPY, SURGICAL;	759.77										
67	32650	THORACOSCOPY, SURGICAL;	759.77	00 15									
63	32651	THORACOSCOPY, SURGICAL;	1,258.06										
67	32651	THORACOSCOPY, SURGICAL;	1,258.06	00 15									
63	32652	THORACOSCOPY, SURGICAL;	1,913.08										
67	32652	THORACOSCOPY, SURGICAL;	1,913.08	00 15									
63	32653	THORACOSCOPY, SURGICAL;	1,216.70										
67	32653	THORACOSCOPY, SURGICAL;	1,216.70	00 15									
63	32654	THORACOSCOPY, SURGICAL;	1,321.43										
67	32654	THORACOSCOPY, SURGICAL;	1,321.43	00 15									
63	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,097.55										
67	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,097.55	00 15									
63	32656	THORACOSCOPY, SURGICAL;	918.52										
67	32656	THORACOSCOPY, SURGICAL;	918.52	00 15									
63	32658	THORACOSCOPY, SURGICAL;	816.10										
67	32658	THORACOSCOPY, SURGICAL;	816.10	00 15									
63	32659	THORACOSCOPY, SURGICAL;	836.15										
67	32659	THORACOSCOPY, SURGICAL;	836.15	00 15									
63	32661	THORACOSCOPY, SURGICAL;	914.27										
67	32661	THORACOSCOPY, SURGICAL;	914.27	00 15									
63	32662	THORACOSCOPY, SURGICAL;	1,022.86										
67	32662	THORACOSCOPY, SURGICAL;	1,022.86	00 15									
63	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,613.26										
67	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,613.26	00 15									
63	32664	THORACOSCOPY, SURGICAL;	972.14										
67	32664	THORACOSCOPY, SURGICAL;	972.14	00 15									
63	32665	THORACOSCOPY, SURGICAL;	1,416.70										
67	32665	THORACOSCOPY, SURGICAL;	1,416.70	00 15									
63	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	996.06										
67	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	996.06	00 15									
63	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	182.37									X	
67	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	182.37	00 15								X	
63	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	182.72										
67	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	182.72	00 15									
63	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,546.41										
67	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,546.41	00 15									
63	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,849.75										
67	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,849.75	00 15									
63	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	2,049.27										
67	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	2,049.27	00 15									
63	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,757.18										
67	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,757.18	00 15									
63	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,397.68										
67	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,397.68	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	250.98										
67	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	250.98	00 15									
63	32701	THORACIC TARGET(S) DELINEATION FOR S	245.50										
67	32701	THORACIC TARGET(S) DELINEATION FOR S	245.50	00 15									
63	32800	REPAIR LUNG HERNIA	1,084.35										
67	32800	REPAIR LUNG HERNIA	1,084.35	00 15									
63	32810	CLOSE CHEST AFTER DRAINAGE	1,030.33										
67	32810	CLOSE CHEST AFTER DRAINAGE	1,030.33	00 15									
63	32815	CLOSE BRONCHIAL FISTULA	3,238.26										
67	32815	CLOSE BRONCHIAL FISTULA	3,238.26	00 15									
63	32820	RECONSTRUCT INJURED CHEST	1,526.67										
67	32820	RECONSTRUCT INJURED CHEST	1,526.67	00 15									
63	32851	LUNG TRANSPLANT, SINGLE;	3,785.20		X								
67	32851	LUNG TRANSPLANT, SINGLE;	3,785.20	00 15	X								
63	32852	LUNG TRANSPLANT, SINGLE;	4,142.43		X								
67	32852	LUNG TRANSPLANT, SINGLE;	4,142.43	00 15	X								
63	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,295.90		X								
67	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,295.90	00 15	X								
63	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,621.99		X								
67	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,621.99	00 15	X								
63	32900	REMOVAL OF RIB(S)	1,634.65										
67	32900	REMOVAL OF RIB(S)	1,634.65	00 15									
63	32905	REVISE & REPAIR CHEST WALL	1,536.19										
67	32905	REVISE & REPAIR CHEST WALL	1,536.19	00 15									
63	32906	REVISE & REPAIR CHEST WALL	1,901.16										
67	32906	REVISE & REPAIR CHEST WALL	1,901.16	00 15									
63	32940	REVISION OF LUNG	1,417.63										
67	32940	REVISION OF LUNG	1,417.63	00 15									
63	32960	THERAPEUTIC PNEUMOTHORAX	138.62										
67	32960	THERAPEUTIC PNEUMOTHORAX	138.62	00 15									
63	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,581.18										
67	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,581.18	00 15									
63	32997	TOTAL LUNG LAVAGE	383.43										
67	32997	TOTAL LUNG LAVAGE	383.43	00 15									
63	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,554.12										
67	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,554.12	00 15									
63	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	272.64										
67	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	272.64	00 15									
63	33017	PERICARDIAL DRAINAGE WITH INSERTION	281.92	06 99									
67	33017	PERICARDIAL DRAINAGE WITH INSERTION	281.92	06 15									
67	33018	PERICARDIAL DRAINAGE WITH INSERTION	320.05	00 05									
63	33019	PERICARDIAL DRAINAGE WITH INSERTION	260.17										
67	33019	PERICARDIAL DRAINAGE WITH INSERTION	260.17	00 15									
63	33020	INCISION OF HEART SAC	951.34										
67	33020	INCISION OF HEART SAC	951.34	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33025	INCISION OF HEART SAC	883.99										
67	33025	INCISION OF HEART SAC	883.99	00 15									
63	33030	PARTIAL REMOVAL OF HEART SAC	2,309.93										
67	33030	PARTIAL REMOVAL OF HEART SAC	2,309.93	00 15									
63	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,864.89										
67	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,864.89	00 15									
63	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,153.49										
67	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,153.49	00 15									
63	33120	REMOVAL OF HEART LESION	2,423.66										
67	33120	REMOVAL OF HEART LESION	2,423.66	00 15									
63	33130	REMOVAL OF HEART LESION	1,574.29										
67	33130	REMOVAL OF HEART LESION	1,574.29	00 15									
63	33140	HEART REVASCULARIZE (TMR)	1,801.34		X								
67	33140	HEART REVASCULARIZE (TMR)	1,801.34	00 15	X								
63	33141	HEART TMR W/OTHER PROCEDURE	154.20		X								
67	33141	HEART TMR W/OTHER PROCEDURE	154.20	00 15	X								
63	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	885.69										
67	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	885.69	00 15									
63	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	929.38										
67	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	929.38	00 15									
63	33206	INSERTION OF NEW OR REPLACEMENT OF P	519.46										
67	33206	INSERTION OF NEW OR REPLACEMENT OF P	519.46	00 15									
63	33207	INSERTION OF NEW OR REPLACEMENT OF P	548.81										
67	33207	INSERTION OF NEW OR REPLACEMENT OF P	548.81	00 15									
63	33208	INSERTION OF NEW OR REPLACEMENT OF P	596.51										
67	33208	INSERTION OF NEW OR REPLACEMENT OF P	596.51	00 15									
63	33210	INSERTION OF HEART ELECTRODE	187.73										
67	33210	INSERTION OF HEART ELECTRODE	187.73	00 15									
63	33211	INSERTION OR REPLACEMENT OF TEMPORAR	196.70										
67	33211	INSERTION OR REPLACEMENT OF TEMPORAR	196.70	00 15									
63	33212	INSERTION OF PACEMAKER PULSE GENERAT	367.64										
67	33212	INSERTION OF PACEMAKER PULSE GENERAT	367.64	00 15									
63	33213	INSERTION OF PACEMAKER PULSE GENERAT	383.29										
67	33213	INSERTION OF PACEMAKER PULSE GENERAT	383.29	00 15									
63	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	547.24										
67	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	547.24	00 15									
63	33215	REPOSITION PACING-DEFIB LEAD	353.57										
67	33215	REPOSITION PACING-DEFIB LEAD	353.57	00 15									
63	33216	REVISION IMPLANTED ELECTRODE	422.63										
67	33216	REVISION IMPLANTED ELECTRODE	422.63	00 15									
63	33217	INSERTION, REPLACEMENT OR REPOSITION	418.73										
67	33217	INSERTION, REPLACEMENT OR REPOSITION	418.73	00 15									
63	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	441.17										
67	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	441.17	00 15									
63	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	429.30										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	429.30	00 15									
63	33221	INSERTION OF PACEMAKER PULSE GENERAT	411.89										
67	33221	INSERTION OF PACEMAKER PULSE GENERAT	411.89	00 15									
63	33222	RELOCATION OF PACEMAKER GENERATOR SK	386.26										
67	33222	RELOCATION OF PACEMAKER GENERATOR SK	386.26	00 15									
63	33223	RELOCATION OF PACING DEFIBRILLATOR D	467.92										
67	33223	RELOCATION OF PACING DEFIBRILLATOR D	467.92	00 15									
63	33224	INSERTION OF PACING ELECTRODE, CARDI	593.65										
67	33224	INSERTION OF PACING ELECTRODE, CARDI	593.65	00 15									
63	33225	INSERTION OF PACING ELECTRODE, CARDI	540.38										
67	33225	INSERTION OF PACING ELECTRODE, CARDI	540.38	00 15									
63	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	568.69										
67	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	568.69	00 15									
63	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	386.05										
67	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	386.05	00 15									
63	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	404.76										
67	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	404.76	00 15									
63	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	427.40										
67	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	427.40	00 15									
63	33230	INSERTION OF PACING CARDIOVERTER-DEF	438.50										
67	33230	INSERTION OF PACING CARDIOVERTER-DEF	438.50	00 15									
63	33231	INSERTION OF PACING CARDIOVERTER-DEF	458.24										
67	33231	INSERTION OF PACING CARDIOVERTER-DEF	458.24	00 15									
63	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	261.41										
67	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	261.41	00 15									
63	33234	REMOVAL OF PERMANENT PACEMAKER;	555.26										
67	33234	REMOVAL OF PERMANENT PACEMAKER;	555.26	00 15									
63	33235	REMOVAL OF PERMANENT PACEMAKER;	726.86										
67	33235	REMOVAL OF PERMANENT PACEMAKER;	726.86	00 15									
63	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	892.54										
67	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	892.54	00 15									
63	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	958.21										
67	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	958.21	00 15									
63	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,078.72										
67	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,078.72	00 15									
63	33240	INSERTION OF PACING CARDIOVERTER-DEF	417.40										
67	33240	INSERTION OF PACING CARDIOVERTER-DEF	417.40	00 15									
63	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	242.87										
67	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	242.87	00 15									
63	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,574.37										
67	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,574.37	00 15									
63	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	990.06										
67	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	990.06	00 15									
63	33249	INSERTION OR REPLACEMENT OF PERMANEN	1,050.61										
67	33249	INSERTION OR REPLACEMENT OF PERMANEN	1,050.61	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,678.64										
67	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,678.64	00 15									
63	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,877.97										
67	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,877.97	00 15									
63	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,560.92										
67	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,560.92	00 15									
63	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,875.51										
67	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,875.51	00 15									
63	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,242.11										
67	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,242.11	00 15									
63	33257	OPERATIVE TISSUE ABLATION AND RECONS	665.73										
67	33257	OPERATIVE TISSUE ABLATION AND RECONS	665.73	00 15									
63	33258	OPERATIVE TISSUE ABLATION AND RECONS	744.60										
67	33258	OPERATIVE TISSUE ABLATION AND RECONS	744.60	00 15									
63	33259	OPERATIVE TISSUE ABLATION AND RECONS	966.00										
67	33259	OPERATIVE TISSUE ABLATION AND RECONS	966.00	00 15									
63	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,859.25										
67	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,859.25	00 15									
63	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	426.13										
67	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	426.13	00 15									
63	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	443.48										
67	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	443.48	00 15									
63	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	463.57										
67	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	463.57	00 15									
63	33265	ABLATE ATRIA, LMTD, ENDO	1,565.36										
67	33265	ABLATE ATRIA, LMTD, ENDO	1,565.36	00 15									
63	33266	ABLATE ATRIA, X10SV, ENDO	2,128.61										
67	33266	ABLATE ATRIA, X10SV, ENDO	2,128.61	00 15									
63	33270	INSERTION OR REPLACEMENT OF PERMANEN	644.53										
67	33270	INSERTION OR REPLACEMENT OF PERMANEN	644.53	00 15									
63	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	519.55										
67	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	519.55	00 15									
63	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	395.07										
67	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	395.07	00 15									
63	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	456.14										
67	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	456.14	00 15									
63	33274	TRANSCATHETER INSERTION OR REPLACEME	553.23										
67	33274	TRANSCATHETER INSERTION OR REPLACEME	553.23	00 15									
63	33275	TRANSCATHETER REMOVAL OF PERMANENT	600.60										
67	33275	TRANSCATHETER REMOVAL OF PERMANENT	600.60	00 15									
63	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	5,089.35										
67	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	5,089.35	00 15									
63	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	150.87										
67	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	150.87	00 15									
63	33289	TRANSCATHETER IMPLANTATION OF WIRELE	384.50										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	33289	TRANSCATHETER IMPLANTATION OF WIRELE	384.50	00 15									
63	33300	REPAIR OF HEART WOUND	2,832.38										
67	33300	REPAIR OF HEART WOUND	2,832.38	00 15									
63	33305	REPAIR OF HEART WOUND	4,750.22										
67	33305	REPAIR OF HEART WOUND	4,750.22	00 15									
63	33310	EXPLORATORY HEART SURGERY	1,342.82										
67	33310	EXPLORATORY HEART SURGERY	1,342.82	00 15									
63	33315	EXPLORATORY HEART SURGERY	2,215.71										
67	33315	EXPLORATORY HEART SURGERY	2,215.71	00 15									
63	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,217.35										
67	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,217.35	00 15									
63	33321	REPAIR MAJOR VESSEL	1,365.77										
67	33321	REPAIR MAJOR VESSEL	1,365.77	00 15									
63	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,601.26										
67	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,601.26	00 15									
63	33330	INSERT MAJOR VESSEL GRAFT	1,640.85										
67	33330	INSERT MAJOR VESSEL GRAFT	1,640.85	00 15									
63	33335	INSERT MAJOR VESSEL GRAFT	2,158.33										
67	33335	INSERT MAJOR VESSEL GRAFT	2,158.33	00 15									
63	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	908.08										
67	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	908.08	00 15									
63	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,401.98										
67	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,401.98	00 15									
63	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,527.95										
67	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,527.95	00 15									
63	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,585.22										
67	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,585.22	00 15									
63	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,590.43										
67	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,590.43	00 15									
63	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,651.60										
67	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,651.60	00 15									
63	33366	Transcatheter aortic valve replaceme	1,822.56										
67	33366	Transcatheter aortic valve replaceme	1,822.56	00 15									
63	33367	TRANSCATHETER AORTIC VALVE REPLACEME	730.61										
67	33367	TRANSCATHETER AORTIC VALVE REPLACEME	730.61	00 15									
63	33368	TRANSCATHETER AORTIC VALVE REPLACEME	865.24										
67	33368	TRANSCATHETER AORTIC VALVE REPLACEME	865.24	00 15									
63	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,142.50										
67	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,142.50	00 15									
63	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,222.36										
67	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,222.36	00 15									
63	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,649.19										
67	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,649.19	00 15									
63	33404	CONSTRUCT APICAL-AORTIC CONDUIT	2,017.42										
67	33404	CONSTRUCT APICAL-AORTIC CONDUIT	2,017.42	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33405	REPLACEMENT OF AORTIC VALVE	2,625.47										
67	33405	REPLACEMENT OF AORTIC VALVE	2,625.47	00 15									
63	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,331.69										
67	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,331.69	00 15									
63	33410	REPLACEMENT OF AORTIC VALVE	2,940.90										
67	33410	REPLACEMENT OF AORTIC VALVE	2,940.90	00 15									
63	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,886.89										
67	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,886.89	00 15									
63	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,653.93										
67	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,653.93	00 15									
63	33413	REPLACEMENT, AORTIC VALVE;	3,736.45										
67	33413	REPLACEMENT, AORTIC VALVE;	3,736.45	00 15									
63	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,487.51										
67	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,487.51	00 15									
63	33415	REVISION OF AORTIC VALVE	2,337.74										
67	33415	REVISION OF AORTIC VALVE	2,337.74	00 15									
63	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,334.70										
67	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,334.70	00 15									
63	33417	REPAIR OF AORTIC VALVE	1,921.74										
67	33417	REPAIR OF AORTIC VALVE	1,921.74	00 15									
63	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	2,071.37										
67	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	2,071.37	00 15									
63	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	491.89										
67	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	491.89	00 15									
63	33420	REVISION OF MITRAL VALVE	1,671.62										
67	33420	REVISION OF MITRAL VALVE	1,671.62	00 15									
63	33422	REVISION OF MITRAL VALVE	1,918.63										
67	33422	REVISION OF MITRAL VALVE	1,918.63	00 15									
63	33425	REPAIR OF MITRAL VALVE	3,161.44										
67	33425	REPAIR OF MITRAL VALVE	3,161.44	00 15									
63	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,750.89										
67	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,750.89	00 15									
63	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,819.26										
67	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,819.26	00 15									
63	33430	REPLACEMENT OF MITRAL VALVE	3,237.98										
67	33430	REPLACEMENT OF MITRAL VALVE	3,237.98	00 15									
63	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,782.07										
67	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,782.07	00 15									
63	33460	REVISION OF TRICUSPID VALVE	2,784.72										
67	33460	REVISION OF TRICUSPID VALVE	2,784.72	00 15									
63	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,540.68										
67	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,540.68	00 15									
63	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,817.03										
67	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,817.03	00 15									
63	33465	REPLACE TRICUSPID VALVE	3,183.63										

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	33465	REPLACE TRICUSPID VALVE	3,183.63	00 15									
63	33468	REVISION OF TRICUSPID VALVE	2,840.00										
67	33468	REVISION OF TRICUSPID VALVE	2,840.00	00 15									
63	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,522.79										
67	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,522.79	00 15									
63	33474	REVISION OF PULMONARY VALVE	2,519.68										
67	33474	REVISION OF PULMONARY VALVE	2,519.68	00 15									
63	33475	REPLACEMENT, PULMONARY VALVE	2,683.32										
67	33475	REPLACEMENT, PULMONARY VALVE	2,683.32	00 15									
63	33476	REVISION OF HEART CHAMBER	1,754.01										
67	33476	REVISION OF HEART CHAMBER	1,754.01	00 15									
63	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,569.24										
67	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,569.24	00 15									
63	33478	REVISION OF HEART CHAMBER	1,812.67										
67	33478	REVISION OF HEART CHAMBER	1,812.67	00 15									
63	33496	REPAIR, PROSTH VALVE CLOT	1,921.05										
67	33496	REPAIR, PROSTH VALVE CLOT	1,921.05	00 15									
63	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,800.70										
67	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,800.70	00 15									
63	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,284.01										
67	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,284.01	00 15									
63	33502	CORONARY ARTERY CORRECTION	1,466.32										
67	33502	CORONARY ARTERY CORRECTION	1,466.32	00 15									
63	33503	CORONARY ARTERY GRAFT	1,522.92										
67	33503	CORONARY ARTERY GRAFT	1,522.92	00 15									
63	33504	CORONARY ARTERY GRAFT	1,687.34										
67	33504	CORONARY ARTERY GRAFT	1,687.34	00 15									
63	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,392.58										
67	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,392.58	00 15									
63	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,378.94										
67	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,378.94	00 15									
63	33507	REPAIR ART, INTRAMURAL	1,992.87										
67	33507	REPAIR ART, INTRAMURAL	1,992.87	00 15									
63	33508	ENDOSCOPIC VEIN HARVEST	18.24										
67	33508	ENDOSCOPIC VEIN HARVEST	18.24	00 15									
63	33510	CORONARY ARTERY BYPASS	2,233.83										
67	33510	CORONARY ARTERY BYPASS	2,233.83	00 15									
63	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,453.29										
67	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,453.29	00 15									
63	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,799.35										
67	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,799.35	00 15									
63	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,878.15										
67	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,878.15	00 15									
63	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	3,035.06										
67	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	3,035.06	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	3,128.43										
67	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	3,128.43	00 15									
63	33517	CORONARY ARTERY BYPASS, USING VENOUS	217.78										
67	33517	CORONARY ARTERY BYPASS, USING VENOUS	217.78	00 15									
63	33518	CORONARY ARTERY BYPASS, USING VENOUS	479.46										
67	33518	CORONARY ARTERY BYPASS, USING VENOUS	479.46	00 15									
63	33519	CORONARY ARTERY BYPASS, USING VENOUS	633.75										
67	33519	CORONARY ARTERY BYPASS, USING VENOUS	633.75	00 15									
63	33521	CORONARY ARTERY BYPASS, USING VENOUS	760.89										
67	33521	CORONARY ARTERY BYPASS, USING VENOUS	760.89	00 15									
63	33522	CORONARY ARTERY BYPASS, USING VENOUS	854.63										
67	33522	CORONARY ARTERY BYPASS, USING VENOUS	854.63	00 15									
63	33523	CORONARY ARTERY BYPASS, USING VENOUS	970.06										
67	33523	CORONARY ARTERY BYPASS, USING VENOUS	970.06	00 15									
63	33530	REOPERATION,CORON ART BYPASS >1MONTH	611.35										
67	33530	REOPERATION,CORON ART BYPASS >1MONTH	611.35	00 15									
63	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,162.47										
67	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,162.47	00 15									
63	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,539.78										
67	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,539.78	00 15									
63	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,832.82										
67	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,832.82	00 15									
63	33536	CORONARY ARTERY BYPASS, USING ARTERI	3,049.41										
67	33536	CORONARY ARTERY BYPASS, USING ARTERI	3,049.41	00 15									
63	33542	REMOVAL OF HEART LESION	3,042.01										
67	33542	REMOVAL OF HEART LESION	3,042.01	00 15									
63	33545	REPAIR OF HEART DAMAGE	3,557.06										
67	33545	REPAIR OF HEART DAMAGE	3,557.06	00 15									
63	33548	RESTORE/REMODEL, VENTRICLE	3,428.90										
67	33548	RESTORE/REMODEL, VENTRICLE	3,428.90	00 15									
63	33572	OPEN CORONARY ENDARTERECTOMY	268.75										
67	33572	OPEN CORONARY ENDARTERECTOMY	268.75	00 15									
63	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,981.64										
67	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,981.64	00 15									
63	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,922.13										
67	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,922.13	00 15									
63	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	2,051.41										
67	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	2,051.41	00 15									
63	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	2,076.67										
67	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	2,076.67	00 15									
63	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,047.02										
67	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,047.02	00 15									
63	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,256.35										
67	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,256.35	00 15									
63	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,317.54										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,317.54	00 15									
63	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,307.84										
67	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,307.84	00 15									
63	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,501.27										
67	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,501.27	00 15									
63	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	3,164.48										
67	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	3,164.48	00 15									
63	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,907.37										
67	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,907.37	00 15									
63	33621	TRANSTHORACIC INSERTION OF CATHETER	1,071.03										
67	33621	TRANSTHORACIC INSERTION OF CATHETER	1,071.03	00 15									
63	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,981.67										
67	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,981.67	00 15									
63	33641	REPAIR HEART SEPTUM DEFECT	1,894.37										
67	33641	REPAIR HEART SEPTUM DEFECT	1,894.37	00 15									
63	33645	REVISION OF HEART VEINS	2,001.05										
67	33645	REVISION OF HEART VEINS	2,001.05	00 15									
63	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	2,101.16										
67	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	2,101.16	00 15									
63	33660	REPAIR OF HEART DEFECTS	2,030.43										
67	33660	REPAIR OF HEART DEFECTS	2,030.43	00 15									
63	33665	REPAIR OF HEART DEFECTS	2,213.26										
67	33665	REPAIR OF HEART DEFECTS	2,213.26	00 15									
63	33670	REPAIR OF HEART CHAMBERS	2,288.38										
67	33670	REPAIR OF HEART CHAMBERS	2,288.38	00 15									
63	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,281.07										
67	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,281.07	00 15									
63	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,341.75										
67	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,341.75	00 15									
63	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,431.83										
67	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,431.83	00 15									
63	33681	REPAIR HEART SEPTUM DEFECT	2,123.75										
67	33681	REPAIR HEART SEPTUM DEFECT	2,123.75	00 15									
63	33684	REPAIR HEART SEPTUM DEFECT	2,184.63										
67	33684	REPAIR HEART SEPTUM DEFECT	2,184.63	00 15									
63	33688	REPAIR HEART SEPTUM DEFECT	2,183.12										
67	33688	REPAIR HEART SEPTUM DEFECT	2,183.12	00 15									
63	33690	REINFORCE PULMONARY ARTERY	1,377.99										
67	33690	REINFORCE PULMONARY ARTERY	1,377.99	00 15									
63	33692	REPAIR OF HEART DEFECTS	2,268.11										
67	33692	REPAIR OF HEART DEFECTS	2,268.11	00 15									
63	33694	REPAIR OF HEART DEFECTS	2,256.35										
67	33694	REPAIR OF HEART DEFECTS	2,256.35	00 15									
63	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,377.71										
67	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,377.71	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33702	REPAIR OF HEART DEFECTS	1,783.75										
67	33702	REPAIR OF HEART DEFECTS	1,783.75	00 15									
63	33710	REPAIR OF HEART DEFECTS	2,373.79										
67	33710	REPAIR OF HEART DEFECTS	2,373.79	00 15									
63	33720	REPAIR OF HEART DEFECT	1,785.39										
67	33720	REPAIR OF HEART DEFECT	1,785.39	00 15									
63	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,777.53										
67	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,777.53	00 15									
63	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,352.64										
67	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,352.64	00 15									
63	33730	REPAIR HEART-VEIN DEFECT(S)	2,318.46										
67	33730	REPAIR HEART-VEIN DEFECT(S)	2,318.46	00 15									
63	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,899.45										
67	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,899.45	00 15									
63	33735	REVISION OF HEART CHAMBER	1,490.38										
67	33735	REVISION OF HEART CHAMBER	1,490.38	00 15									
63	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,618.29										
67	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,618.29	00 15									
63	33737	REVISION OF HEART CHAMBER	1,494.29										
67	33737	REVISION OF HEART CHAMBER	1,494.29	00 15									
63	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	875.73										
67	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	875.73	00 15									
63	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,229.94										
67	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,229.94	00 15									
63	33746	TRANSCATHETER INTRACARDIAC SHUNT	484.59										
67	33746	TRANSCATHETER INTRACARDIAC SHUNT	484.59	00 15									
63	33750	MAJOR VESSEL SHUNT	1,457.45										
67	33750	MAJOR VESSEL SHUNT	1,457.45	00 15									
63	33755	MAJOR VESSEL SHUNT	1,513.66										
67	33755	MAJOR VESSEL SHUNT	1,513.66	00 15									
63	33762	MAJOR VESSEL SHUNT	1,479.60										
67	33762	MAJOR VESSEL SHUNT	1,479.60	00 15									
63	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,513.66										
67	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,513.66	00 15									
63	33766	MAJOR VESSEL SHUNT	1,538.26										
67	33766	MAJOR VESSEL SHUNT	1,538.26	00 15									
63	33767	SHUNT;	1,642.78										
67	33767	SHUNT;	1,642.78	00 15									
63	33768	CAVOPULMONARY SHUNTING	485.08										
67	33768	CAVOPULMONARY SHUNTING	485.08	00 15									
63	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,452.81										
67	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,452.81	00 15									
63	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,528.53										
67	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,528.53	00 15									
63	33774	REPAIR TRANSPO GREAT ARTERIES	2,074.55										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33774	REPAIR TRANSPO GREAT ARTERIES	2,074.55	00	15									
63	33775	REAPAIR W REMOVAL PULMONARY BAND	2,139.60											
67	33775	REAPAIR W REMOVAL PULMONARY BAND	2,139.60	00	15									
63	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,260.44											
67	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,260.44	00	15									
63	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,188.57											
67	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,188.57	00	15									
63	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,719.29											
67	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,719.29	00	15									
63	33779	REPAIR W REMOVAL O PULMONARY BAND	2,698.19											
67	33779	REPAIR W REMOVAL O PULMONARY BAND	2,698.19	00	15									
63	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,746.32											
67	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,746.32	00	15									
63	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,684.98											
67	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,684.98	00	15									
63	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,744.12											
67	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,744.12	00	15									
63	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	4,047.01											
67	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	4,047.01	00	15									
63	33786	REPAIR ARTERIAL TRUNK	2,640.14											
67	33786	REPAIR ARTERIAL TRUNK	2,640.14	00	15									
63	33788	REVISION OF PULMONARY ARTERY	1,772.73											
67	33788	REVISION OF PULMONARY ARTERY	1,772.73	00	15									
63	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,137.32											
67	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,137.32	00	15									
63	33802	REPAIR VESSEL DEFECT	1,245.62											
67	33802	REPAIR VESSEL DEFECT	1,245.62	00	15									
63	33803	REPAIR VESSEL DEFECT	1,329.04											
67	33803	REPAIR VESSEL DEFECT	1,329.04	00	15									
63	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,426.75											
67	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,426.75	00	15									
63	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,755.38											
67	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,755.38	00	15									
63	33820	REVISE MAJOR VESSEL	1,112.75											
67	33820	REVISE MAJOR VESSEL	1,112.75	00	15									
63	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,174.21	00	17									
67	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,174.21	00	15									
63	33824	REPAIR PATENT DUCTUS ARTERIOSUS	1,356.06	18	99									
63	33840	REMOVE AORTA CONSTRICTION	1,425.12											
67	33840	REMOVE AORTA CONSTRICTION	1,425.12	00	15									
63	33845	REMOVE AORTA CONSTRICTION	1,533.20											
67	33845	REMOVE AORTA CONSTRICTION	1,533.20	00	15									
63	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,463.91											
67	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,463.91	00	15									
63	33852	EXCISION O COARCTATION W REPAIR ARCH	1,612.10											

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	33852	EXCISION O COARCTATION W REPAIR ARCH	1,612.10	00 15									
63	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	2,115.06										
67	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	2,115.06	00 15									
63	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,935.77										
67	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,935.77	00 15									
63	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,825.19										
67	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,825.19	00 15									
63	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,652.03										
67	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,652.03	00 15									
63	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,730.51										
67	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,730.51	00 15									
63	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,074.96										
67	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,074.96	00 15									
63	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,780.65										
67	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,780.65	00 15									
63	33875	THORACIC AORTA GRAFT	3,167.61										
67	33875	THORACIC AORTA GRAFT	3,167.61	00 15									
63	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	4,202.61										
67	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	4,202.61	00 15									
63	33880	ENDOVASC TAA REPR INCL SUBCL	2,082.31										
67	33880	ENDOVASC TAA REPR INCL SUBCL	2,082.31	00 15									
63	33881	ENDOVASC TAA REPR W/O SUBCL	1,784.87										
67	33881	ENDOVASC TAA REPR W/O SUBCL	1,784.87	00 15									
63	33883	INSERT ENDOVASC PROSTH, TAA	1,291.55										
67	33883	INSERT ENDOVASC PROSTH, TAA	1,291.55	00 15									
63	33884	ENDOVASC PROSTH, TAA, ADD-ON	464.80									X	
67	33884	ENDOVASC PROSTH, TAA, ADD-ON	464.80	00 15								X	
63	33886	ENDOVASC PROSTH, DELAYED	1,108.15										
67	33886	ENDOVASC PROSTH, DELAYED	1,108.15	00 15									
63	33889	ARTERY TRANSPOSE/ENDOVAS TAA	923.62										
67	33889	ARTERY TRANSPOSE/ENDOVAS TAA	923.62	00 15									
63	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,135.05										
67	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,135.05	00 15									
63	33910	REMOVE LUNG ARTERY EMBOLI	3,030.44										
67	33910	REMOVE LUNG ARTERY EMBOLI	3,030.44	00 15									
63	33915	REMOVE LUNG ARTERY EMBOLI	1,592.32										
67	33915	REMOVE LUNG ARTERY EMBOLI	1,592.32	00 15									
63	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,881.75										
67	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,881.75	00 15									
63	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,676.84										
67	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,676.84	00 15									
63	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	2,094.92										
67	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	2,094.92	00 15									
63	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,600.09										
67	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,600.09	00 15									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	33924	REMOVE PULMONARY SHUNT	332.41											
67	33924	REMOVE PULMONARY SHUNT	332.41	00	15									
63	33925	RPR PUL ART UNIFOCAL W/O CPB	1,986.41											
67	33925	RPR PUL ART UNIFOCAL W/O CPB	1,986.41	00	15									
63	33926	REPR PUL ART, UNIFOCAL W/CPB	2,800.87											
67	33926	REPR PUL ART, UNIFOCAL W/CPB	2,800.87	00	15									
63	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,969.84				X							
67	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,969.84	00	15		X							
63	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,715.68			X								
67	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,715.68	00	15	X								
63	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,620.00			X								
67	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,620.00	00	15	X								
63	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	358.12											
67	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	358.12	00	15									
63	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	399.07											
67	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	399.07	00	15									
63	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	273.78											
67	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	273.78	00	15									
63	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	265.48											
67	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	265.48	00	15									
63	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	492.65	00	05									
67	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	492.65	00	05									
63	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	495.38	06	99									
67	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	495.38	06	15									
63	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	551.08	00	05									
67	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	551.08	00	05									
63	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	553.30	06	99									
67	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	553.30	06	15									
63	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	964.72	00	05									
67	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	964.72	00	05									
63	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	971.37	06	99									
67	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	971.37	06	15									
63	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	213.70	00	05									
67	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	213.70	00	05									
63	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	213.70	06	99									
67	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	213.70	06	15									
63	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	272.65	00	05									
67	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	272.65	00	05									
63	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	272.65	06	99									
67	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	272.65	06	15									
63	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	544.23	00	05									
67	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	544.23	00	05									
63	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	573.64	06	99									
67	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	573.64	06	15									
63	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	213.70	00	05									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	213.70	00	05									
63	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	274.33	06	99									
67	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	274.33	06	15									
63	33967	INSERT IA PERCUT DEVICE	300.89											
67	33967	INSERT IA PERCUT DEVICE	300.89	00	15									
63	33968	REMOVE AORTIC ASSIST DEVICE	39.30											
67	33968	REMOVE AORTIC ASSIST DEVICE	39.30	00	15									
63	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	317.26	00	05									
67	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	317.26	00	05									
63	33970	INTERNAL CIRCULATION ASSIST	409.49											
67	33970	INTERNAL CIRCULATION ASSIST	409.49	00	15									
63	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	804.89											
67	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	804.89	00	15									
63	33973	INSERTION OF INTRA-AORTIC BALLOON AS	586.46											
67	33973	INSERTION OF INTRA-AORTIC BALLOON AS	586.46	00	15									
63	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	1,020.17											
67	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	1,020.17	00	15									
63	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,513.05											
67	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,513.05	00	15									
63	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,847.94											
67	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,847.94	00	15									
63	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,296.37											
67	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,296.37	00	15									
63	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,543.36											
67	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,543.36	00	15									
63	33979	INSERT INTRACORPOREAL DEVICE	2,265.14											
67	33979	INSERT INTRACORPOREAL DEVICE	2,265.14	00	15									
63	33980	REMOVE INTRACORPOREAL DEVICE	2,062.27									X		
67	33980	REMOVE INTRACORPOREAL DEVICE	2,062.27	00	15							X		
63	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	967.65									X		
67	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	967.65	00	15							X		
63	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,274.93									X		
67	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,274.93	00	15							X		
63	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,691.27									X		
67	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,691.27	00	15							X		
63	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	330.89	06	99									
67	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	330.89	06	15									
63	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	597.71	00	05									
67	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	597.71	00	05									
63	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	608.83	06	99									
67	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	608.83	06	15									
63	33987	ARTERIAL EXPOSURE WITH CREATION OF G	243.76											
67	33987	ARTERIAL EXPOSURE WITH CREATION OF G	243.76	00	15									
63	33988	INSERTION OF LEFT HEART VENT BY THOR	905.75											
67	33988	INSERTION OF LEFT HEART VENT BY THOR	905.75	00	15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	33989	REMOVAL OF LEFT HEART VENT BY THORAC	573.64										
67	33989	REMOVAL OF LEFT HEART VENT BY THORAC	573.64	00 15									
63	33990	INSERTION OF VENTRICULAR ASSIST DEVI	418.90										
67	33990	INSERTION OF VENTRICULAR ASSIST DEVI	418.90	00 15									
63	33991	INSERTION OF VENTRICULAR ASSIST DEVI	546.67										
67	33991	INSERTION OF VENTRICULAR ASSIST DEVI	546.67	00 15									
63	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	217.99										
67	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	217.99	00 15									
63	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	190.88										
67	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	190.88	00 15									
63	33995	INSERTION OF VENTRICULAR ASSIST DEVI	419.25										
67	33995	INSERTION OF VENTRICULAR ASSIST DEVI	419.25	00 15									
63	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	186.47										
67	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	186.47	00 15									
63	34001	REMOVAL OF ARTERY CLOT	1,068.61										
67	34001	REMOVAL OF ARTERY CLOT	1,068.61	00 15									
63	34051	REMOVAL OF ARTERY CLOT	1,139.80										
67	34051	REMOVAL OF ARTERY CLOT	1,139.80	00 15									
63	34101	REMOVAL OF ARTERY CLOT	691.46										
67	34101	REMOVAL OF ARTERY CLOT	691.46	00 15									
63	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	694.35										
67	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	694.35	00 15									
63	34151	REMOVAL OF ARTERY CLOT	1,615.82										
67	34151	REMOVAL OF ARTERY CLOT	1,615.82	00 15									
63	34201	REMOVAL OF ARTERY CLOT	1,191.38										
67	34201	REMOVAL OF ARTERY CLOT	1,191.38	00 15									
63	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,102.41										
67	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,102.41	00 15									
63	34401	REMOVAL OF VEIN CLOT	1,692.47										
67	34401	REMOVAL OF VEIN CLOT	1,692.47	00 15									
63	34421	REMOVAL OF VEIN CLOT	850.61										
67	34421	REMOVAL OF VEIN CLOT	850.61	00 15									
63	34451	REMOVAL OF VEIN CLOT	1,680.29										
67	34451	REMOVAL OF VEIN CLOT	1,680.29	00 15									
63	34471	REMOVAL OF VEIN CLOT	1,260.48										
67	34471	REMOVAL OF VEIN CLOT	1,260.48	00 15									
63	34490	REMOVAL OF VEIN CLOT	742.29										
67	34490	REMOVAL OF VEIN CLOT	742.29	00 15									
63	34501	VALVULOPLASTY, FEMORAL VEIN	1,037.08										
67	34501	VALVULOPLASTY, FEMORAL VEIN	1,037.08	00 15									
63	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,783.82										
67	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,783.82	00 15									
63	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,191.65										
67	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,191.65	00 15									
63	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,151.91										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,151.91	00 15									
63	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,094.07										
67	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,094.07	00 15									
63	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,442.57										
67	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,442.57	00 15									
63	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,158.86										
67	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,158.86	00 15									
63	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,600.33										
67	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,600.33	00 15									
63	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,681.13										
67	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,681.13	00 15									
63	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,780.44										
67	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,780.44	00 15									
63	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,684.70										
67	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,684.70	00 15									
63	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,355.22										
67	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,355.22	00 15									
63	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,163.41										
67	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,163.41	00 15									
63	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	378.66									X	
67	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	378.66	00 15								X	
63	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	924.48										
67	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	924.48	00 15									
63	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	349.77									X	
67	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	349.77	00 15								X	
63	34712	TRANSCATHETER DELIVERY OF ENHANCED	759.31										
67	34712	TRANSCATHETER DELIVERY OF ENHANCED	759.31	00 15									
63	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	145.82									X	
67	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	145.82	00 15								X	
63	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	314.52									X	
67	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	314.52	00 15								X	
63	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	352.32									X	
67	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	352.32	00 15								X	
63	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	432.17									X	
67	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	432.17	00 15								X	
63	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	516.82									X	
67	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	516.82	00 15								X	
63	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,431.59									X	
67	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,431.59	00 15								X	
63	34808	ENDOVASC ABDO OCCLUD DEVICE	234.79										
67	34808	ENDOVASC ABDO OCCLUD DEVICE	234.79	00 15									
63	34812	XPOSE FOR ENDOPROSTH, AORTIC	242.00										
67	34812	XPOSE FOR ENDOPROSTH, AORTIC	242.00	00 15									
63	34813	XPOSE FOR ENDOPROSTH, FEMORL	278.50										
67	34813	XPOSE FOR ENDOPROSTH, FEMORL	278.50	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	34820	XPOSE FOR ENDOPROSTH, ILIAC	407.72										
67	34820	XPOSE FOR ENDOPROSTH, ILIAC	407.72	00 15									
63	34830	OPEN AORTIC TUBE PROSTH REPR	2,065.27										
67	34830	OPEN AORTIC TUBE PROSTH REPR	2,065.27	00 15									
63	34831	OPEN AORTOILIAC PROSTH REPR	2,250.31										
67	34831	OPEN AORTOILIAC PROSTH REPR	2,250.31	00 15									
63	34832	OPEN AORTOFEMOR PROSTH REPR	2,219.99										
67	34832	OPEN AORTOFEMOR PROSTH REPR	2,219.99	00 15									
63	34833	XPOSE FOR ENDOPROSTH, ILIAC	462.72										
67	34833	XPOSE FOR ENDOPROSTH, ILIAC	462.72	00 15									
63	34834	XPOSE, ENDOPROSTH, BRACHIAL	152.53										
67	34834	XPOSE, ENDOPROSTH, BRACHIAL	152.53	00 15									
63	35001	REPAIR DEFECT OF ARTERY	1,308.20										
67	35001	REPAIR DEFECT OF ARTERY	1,308.20	00 15									
63	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,328.57										
67	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,328.57	00 15									
63	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,161.14										
67	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,161.14	00 15									
63	35011	REPAIR DEFECT OF ARTERY	1,168.15										
67	35011	REPAIR DEFECT OF ARTERY	1,168.15	00 15									
63	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,462.99										
67	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,462.99	00 15									
63	35021	REPAIR DEFECT OF ARTERY	1,449.53										
67	35021	REPAIR DEFECT OF ARTERY	1,449.53	00 15									
63	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,663.51										
67	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,663.51	00 15									
63	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,129.21										
67	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,129.21	00 15									
63	35081	REPAIR DEFECT OF ARTERY	2,018.82										
67	35081	REPAIR DEFECT OF ARTERY	2,018.82	00 15									
63	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,537.01										
67	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,537.01	00 15									
63	35091	REPAIR DEFECT OF ARTERY	2,097.38										
67	35091	REPAIR DEFECT OF ARTERY	2,097.38	00 15									
63	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	3,029.53										
67	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	3,029.53	00 15									
63	35102	REPAIR DEFECT OF ARTERY	2,193.69										
67	35102	REPAIR DEFECT OF ARTERY	2,193.69	00 15									
63	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,606.11										
67	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,606.11	00 15									
63	35111	REPAIR DEFECT OF ARTERY	1,553.82										
67	35111	REPAIR DEFECT OF ARTERY	1,553.82	00 15									
63	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,913.37										
67	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,913.37	00 15									
63	35121	REPAIR DEFECT OF ARTERY	1,850.57										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	35121	REPAIR DEFECT OF ARTERY	1,850.57	00	15									
63	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,214.61											
67	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,214.61	00	15									
63	35131	REPAIR DEFECT OF ARTERY	1,604.14											
67	35131	REPAIR DEFECT OF ARTERY	1,604.14	00	15									
63	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,913.37											
67	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,913.37	00	15									
63	35141	REPAIR DEFECT OF ARTERY	1,278.72											
67	35141	REPAIR DEFECT OF ARTERY	1,278.72	00	15									
63	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,541.93											
67	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,541.93	00	15									
63	35151	REPAIR DEFECT OF ARTERY	1,438.01											
67	35151	REPAIR DEFECT OF ARTERY	1,438.01	00	15									
63	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,634.27											
67	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,634.27	00	15									
63	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	1,013.36											
67	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	1,013.36	00	15									
63	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	2,065.94											
67	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	2,065.94	00	15									
63	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,125.93											
67	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,125.93	00	15									
63	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,490.95											
67	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,490.95	00	15									
63	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,767.10											
67	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,767.10	00	15									
63	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	880.65											
67	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	880.65	00	15									
63	35201	REPAIR BLOOD VESSEL LESION	1,088.74											
67	35201	REPAIR BLOOD VESSEL LESION	1,088.74	00	15									
63	35206	REPAIR BLOOD VESSEL LESION	900.81											
67	35206	REPAIR BLOOD VESSEL LESION	900.81	00	15									
63	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	841.91										X	
67	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	841.91	00	15								X	
63	35211	REPAIR BLOOD VESSEL LESION	1,608.35											
67	35211	REPAIR BLOOD VESSEL LESION	1,608.35	00	15									
63	35216	REPAIR BLOOD VESSEL LESION	2,398.30											
67	35216	REPAIR BLOOD VESSEL LESION	2,398.30	00	15									
63	35221	REPAIR BLOOD VESSEL LESION	1,702.83											
67	35221	REPAIR BLOOD VESSEL LESION	1,702.83	00	15									
63	35226	REPAIR BLOOD VESSEL LESION	963.95											
67	35226	REPAIR BLOOD VESSEL LESION	963.95	00	15									
63	35231	REPAIR BLOOD VESSEL LESION	1,421.71											
67	35231	REPAIR BLOOD VESSEL LESION	1,421.71	00	15									
63	35236	REPAIR BLOOD VESSEL LESION	1,159.58											
67	35236	REPAIR BLOOD VESSEL LESION	1,159.58	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	35241	REPAIR BLOOD VESSEL LESION	1,655.75										
67	35241	REPAIR BLOOD VESSEL LESION	1,655.75	00 15									
63	35246	REPAIR BLOOD VESSEL LESION	1,807.26										
67	35246	REPAIR BLOOD VESSEL LESION	1,807.26	00 15									
63	35251	REPAIR BLOOD VESSEL LESION	2,009.54										
67	35251	REPAIR BLOOD VESSEL LESION	2,009.54	00 15									
63	35256	REPAIR BLOOD VESSEL LESION	1,192.35										
67	35256	REPAIR BLOOD VESSEL LESION	1,192.35	00 15									
63	35261	REPAIR BLOOD VESSEL LESION	1,141.61										
67	35261	REPAIR BLOOD VESSEL LESION	1,141.61	00 15									
63	35266	REPAIR BLOOD VESSEL LESION	1,003.55										
67	35266	REPAIR BLOOD VESSEL LESION	1,003.55	00 15									
63	35271	REPAIR BLOOD VESSEL LESION	1,597.45										
67	35271	REPAIR BLOOD VESSEL LESION	1,597.45	00 15									
63	35276	REPAIR BLOOD VESSEL LESION	1,679.82										
67	35276	REPAIR BLOOD VESSEL LESION	1,679.82	00 15									
63	35281	REPAIR BLOOD VESSEL LESION	1,878.20										
67	35281	REPAIR BLOOD VESSEL LESION	1,878.20	00 15									
63	35286	REPAIR BLOOD VESSEL LESION	1,083.05										
67	35286	REPAIR BLOOD VESSEL LESION	1,083.05	00 15									
63	35301	RECHANNELING OF ARTERY	1,316.25										
67	35301	RECHANNELING OF ARTERY	1,316.25	00 15									
63	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,305.61										
67	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,305.61	00 15									
63	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,440.31										
67	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,440.31	00 15									
63	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,484.81										
67	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,484.81	00 15									
63	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,434.69										
67	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,434.69	00 15									
63	35306	THROMBOENDARTERECTOMY, INCLUDING P +	524.36									X	
67	35306	THROMBOENDARTERECTOMY, INCLUDING P +	524.36	00 15								X	
63	35311	RECHANNELING OF ARTERY	1,802.64										
67	35311	RECHANNELING OF ARTERY	1,802.64	00 15									
63	35321	RECHANNELING OF ARTERY	1,038.00										
67	35321	RECHANNELING OF ARTERY	1,038.00	00 15									
63	35331	RECHANNELING OF ARTERY	1,689.92										
67	35331	RECHANNELING OF ARTERY	1,689.92	00 15									
63	35341	RECHANNELING OF ARTERY	1,595.19										
67	35341	RECHANNELING OF ARTERY	1,595.19	00 15									
63	35351	RECHANNELING OF ARTERY	1,497.80										
67	35351	RECHANNELING OF ARTERY	1,497.80	00 15									
63	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,202.64										
67	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,202.64	00 15									
63	35361	RECHANNELING OF ARTERY	1,780.66										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	35361	RECHANNELING OF ARTERY	1,780.66	00 15									
63	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,900.86										
67	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,900.86	00 15									
63	35371	RECHANNELING OF ARTERY	949.18										
67	35371	RECHANNELING OF ARTERY	949.18	00 15									
63	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,136.31										
67	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,136.31	00 15									
63	35390	REOPERATION, CAROTID, THROMBOENDARTE	185.88										
67	35390	REOPERATION, CAROTID, THROMBOENDARTE	185.88	00 15									
63	35400	ANGIOSCOPY	173.87										
67	35400	ANGIOSCOPY	173.87	00 15									
63	35500	HARVEST VEIN FOR BYPASS	373.59										
67	35500	HARVEST VEIN FOR BYPASS	373.59	00 15									
63	35501	ARTERY BYPASS GRAFT	1,708.67										
67	35501	ARTERY BYPASS GRAFT	1,708.67	00 15									
63	35506	ARTERY BYPASS GRAFT	1,489.98										
67	35506	ARTERY BYPASS GRAFT	1,489.98	00 15									
63	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,550.31										
67	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,550.31	00 15									
63	35509	ARTERY BYPASS GRAFT	1,653.28										
67	35509	ARTERY BYPASS GRAFT	1,653.28	00 15									
63	35510	ARTERY BYPASS GRAFT	1,438.46										
67	35510	ARTERY BYPASS GRAFT	1,438.46	00 15									
63	35511	ARTERY BYPASS GRAFT	1,311.39										
67	35511	ARTERY BYPASS GRAFT	1,311.39	00 15									
63	35512	ARTERY BYPASS GRAFT	1,409.91										
67	35512	ARTERY BYPASS GRAFT	1,409.91	00 15									
63	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,550.31										
67	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,550.31	00 15									
63	35516	ARTERY BYPASS GRAFT	1,427.17										
67	35516	ARTERY BYPASS GRAFT	1,427.17	00 15									
63	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,336.45										
67	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,336.45	00 15									
63	35521	ARTERY BYPASS GRAFT	1,433.93										
67	35521	ARTERY BYPASS GRAFT	1,433.93	00 15									
63	35522	ARTERY BYPASS GRAFT	1,422.22										
67	35522	ARTERY BYPASS GRAFT	1,422.22	00 15									
63	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,483.83										
67	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,483.83	00 15									
63	35525	ARTERY BYPASS GRAFT	1,322.30										
67	35525	ARTERY BYPASS GRAFT	1,322.30	00 15									
63	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	2,001.45										
67	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	2,001.45	00 15									
63	35531	ARTERY BYPASS GRAFT	2,284.05										
67	35531	ARTERY BYPASS GRAFT	2,284.05	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,763.39										
67	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,763.39	00 15									
63	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,230.11										
67	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,230.11	00 15									
63	35536	ARTERY BYPASS GRAFT	1,979.10										
67	35536	ARTERY BYPASS GRAFT	1,979.10	00 15									
63	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,444.33										
67	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,444.33	00 15									
63	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,738.93										
67	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,738.93	00 15									
63	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,569.05										
67	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,569.05	00 15									
63	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,866.04										
67	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,866.04	00 15									
63	35556	ARTERY BYPASS GRAFT	1,630.92										
67	35556	ARTERY BYPASS GRAFT	1,630.92	00 15									
63	35558	ARTERY BYPASS GRAFT	1,426.05										
67	35558	ARTERY BYPASS GRAFT	1,426.05	00 15									
63	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,996.61										
67	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,996.61	00 15									
63	35563	ARTERY BYPASS GRAFT	1,547.57										
67	35563	ARTERY BYPASS GRAFT	1,547.57	00 15									
63	35565	ARTERY BYPASS GRAFT	1,528.84										
67	35565	ARTERY BYPASS GRAFT	1,528.84	00 15									
63	35566	ARTERY BYPASS GRAFT	1,947.87										
67	35566	ARTERY BYPASS GRAFT	1,947.87	00 15									
63	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,723.45										
67	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,723.45	00 15									
63	35571	ARTERY BYPASS GRAFT	1,545.94										
67	35571	ARTERY BYPASS GRAFT	1,545.94	00 15									
63	35572	HARVEST FEMOROPOPLITEAL VEIN	404.05										
67	35572	HARVEST FEMOROPOPLITEAL VEIN	404.05	00 15									
63	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,682.07										
67	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,682.07	00 15									
63	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,953.32										
67	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,953.32	00 15									
63	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,583.78										
67	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,583.78	00 15									
63	35600	HARVEST ARTERY FOR CABG	298.67										
67	35600	HARVEST ARTERY FOR CABG	298.67	00 15									
63	35601	ARTERY BYPASS GRAFT	1,630.41										
67	35601	ARTERY BYPASS GRAFT	1,630.41	00 15									
63	35606	ARTERY BYPASS GRAFT	1,364.29										
67	35606	ARTERY BYPASS GRAFT	1,364.29	00 15									
63	35612	ARTERY BYPASS GRAFT	1,218.37										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	35612	ARTERY BYPASS GRAFT	1,218.37	00 15									
63	35616	ARTERY BYPASS GRAFT	1,287.86										
67	35616	ARTERY BYPASS GRAFT	1,287.86	00 15									
63	35621	ARTERY BYPASS GRAFT	1,277.96										
67	35621	ARTERY BYPASS GRAFT	1,277.96	00 15									
63	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,536.69										
67	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,536.69	00 15									
63	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,846.20										
67	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,846.20	00 15									
63	35631	ARTERY BYPASS GRAFT	2,163.26										
67	35631	ARTERY BYPASS GRAFT	2,163.26	00 15									
63	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,116.60										
67	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,116.60	00 15									
63	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,316.07										
67	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,316.07	00 15									
63	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,070.70										
67	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,070.70	00 15									
63	35636	ARTERY BYPASS GRAFT	1,866.20										
67	35636	ARTERY BYPASS GRAFT	1,866.20	00 15									
63	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,941.82										
67	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,941.82	00 15									
63	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	2,029.72										
67	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,029.72	00 15									
63	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,148.49										
67	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,148.49	00 15									
63	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,106.10										
67	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,106.10	00 15									
63	35646	ARTERY BYPASS GRAFT	1,996.48										
67	35646	ARTERY BYPASS GRAFT	1,996.48	00 15									
63	35647	ARTERY BYPASS GRAFT	1,807.41										
67	35647	ARTERY BYPASS GRAFT	1,807.41	00 15									
63	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,194.77										
67	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,194.77	00 15									
63	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,593.33										
67	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,593.33	00 15									
63	35656	ARTERY BYPASS GRAFT	1,255.24										
67	35656	ARTERY BYPASS GRAFT	1,255.24	00 15									
63	35661	ARTERY BYPASS GRAFT	1,259.58										
67	35661	ARTERY BYPASS GRAFT	1,259.58	00 15									
63	35663	ARTERY BYPASS GRAFT	1,422.54										
67	35663	ARTERY BYPASS GRAFT	1,422.54	00 15									
63	35665	ARTERY BYPASS GRAFT	1,365.28										
67	35665	ARTERY BYPASS GRAFT	1,365.28	00 15									
63	35666	ARTERY BYPASS GRAFT	1,490.67										
67	35666	ARTERY BYPASS GRAFT	1,490.67	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	35671	ARTERY BYPASS GRAFT	1,310.90										
67	35671	ARTERY BYPASS GRAFT	1,310.90	00 15									
63	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	94.32										
67	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	94.32	00 15									
63	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	415.64										
67	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	415.64	00 15									
63	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	481.91										
67	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	481.91	00 15									
63	35685	BYPASS GRAFT PATENCY/PATCH	233.72										
67	35685	BYPASS GRAFT PATENCY/PATCH	233.72	00 15									
63	35686	BYPASS GRAFT/AV FIST PATENCY	188.84										
67	35686	BYPASS GRAFT/AV FIST PATENCY	188.84	00 15									
63	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,103.78										
67	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,103.78	00 15									
63	35693	TRANSPOSITION AND/OR REIMPLANTATION;	969.15										
67	35693	TRANSPOSITION AND/OR REIMPLANTATION;	969.15	00 15									
63	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,152.91										
67	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,152.91	00 15									
63	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,197.51										
67	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,197.51	00 15									
63	35697	REIMPLANT ARTERY EACH	174.37										
67	35697	REIMPLANT ARTERY EACH	174.37	00 15									
63	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	178.86										
67	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	178.86	00 15									
63	35701	EXPLORATION, CAROTID ARTERY	495.73										
67	35701	EXPLORATION, CAROTID ARTERY	495.73	00 15									
63	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	472.35										
67	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	472.35	00 15									
63	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	483.95										
67	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	483.95	00 15									
63	35800	EXPLORE NECK VESSELS	820.12										
67	35800	EXPLORE NECK VESSELS	820.12	00 15									
63	35820	EXPLORE CHEST VESSELS	2,326.12										
67	35820	EXPLORE CHEST VESSELS	2,326.12	00 15									
63	35840	EXPLORE ABDOMINAL VESSELS	1,387.44										
67	35840	EXPLORE ABDOMINAL VESSELS	1,387.44	00 15									
63	35860	EXPLORE LIMB VESSELS	968.64										
67	35860	EXPLORE LIMB VESSELS	968.64	00 15									
63	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,457.57										
67	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,457.57	00 15									
63	35875	THROMBECTOMY OF ARTERIAL GRAFT	688.03										
67	35875	THROMBECTOMY OF ARTERIAL GRAFT	688.03	00 15									
63	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,099.14										
67	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,099.14	00 15									
63	35879	REVISE GRAFT W/VEIN	1,072.91										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	35879	REVISE GRAFT W/VEIN	1,072.91	00 15									
63	35881	REVISE GRAFT W/VEIN	1,189.36										
67	35881	REVISE GRAFT W/VEIN	1,189.36	00 15									
63	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,402.64										
67	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,402.64	00 15									
63	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,451.00										
67	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,451.00	00 15									
63	35901	EXCISION OF INFECTED GRAFT;	545.23										
67	35901	EXCISION OF INFECTED GRAFT;	545.23	00 15									
63	35903	EXCISION OF INFECTED GRAFT;	650.07										
67	35903	EXCISION OF INFECTED GRAFT;	650.07	00 15									
63	35905	EXCISION OF INFECTED GRAFT;	2,065.25										
67	35905	EXCISION OF INFECTED GRAFT;	2,065.25	00 15									
63	35907	EXCISION OF INFECTED GRAFT;	2,224.80										
67	35907	EXCISION OF INFECTED GRAFT;	2,224.80	00 15									
63	36002	PSEUDOANEURYSM INJECTION TRT	166.12										
67	36002	PSEUDOANEURYSM INJECTION TRT	166.12	00 15									
63	36005	INJECTION PROCEDURE FOR CONTRAST VEN	299.53										
67	36005	INJECTION PROCEDURE FOR CONTRAST VEN	299.53	00 15									
63	36010	ESTABLISH ACCESS TO VEIN	585.98										
67	36010	ESTABLISH ACCESS TO VEIN	585.98	00 15									
63	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	914.68										
67	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	914.68	00 15									
63	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	932.03										
67	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	932.03	00 15									
63	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	858.80										
67	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	858.80	00 15									
63	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	884.46										
67	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	884.46	00 15									
63	36015	SELECTIVE CATHETER PLACEMENT, EACH S	951.96										
67	36015	SELECTIVE CATHETER PLACEMENT, EACH S	951.96	00 15									
63	36100	ESTABLISH ACCESS TO ARTERY	631.04									X	
67	36100	ESTABLISH ACCESS TO ARTERY	631.04	00 15								X	
63	36140	ESTABLISH ACCESS TO ARTERY	541.82									X	
67	36140	ESTABLISH ACCESS TO ARTERY	541.82	00 15								X	
63	36160	ESTABLISH ACCESS TO AORTA	602.84										
67	36160	ESTABLISH ACCESS TO AORTA	602.84	00 15									
63	36200	INTRODUCTION OF CATHETER, AORTA	651.59										
67	36200	INTRODUCTION OF CATHETER, AORTA	651.59	00 15									
63	36215	INTRODUCE CATHETER; EACH ADD....	1,145.48									X	
67	36215	INTRODUCE CATHETER; EACH ADD....	1,145.48	00 15								X	
63	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,206.99										
67	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,206.99	00 15									
63	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,984.21										
67	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,984.21	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	229.33										
67	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	229.33	00 15									
63	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,117.31										
67	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,117.31	00 15									
63	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,342.93									X	
67	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,342.93	00 15								X	
63	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,752.62									X	
67	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,752.62	00 15								X	
63	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,221.56									X	
67	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,221.56	00 15								X	
63	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,664.75									X	
67	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,664.75	00 15								X	
63	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	2,125.52									X	
67	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	2,125.52	00 15								X	
63	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	266.90									X	
67	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	266.90	00 15								X	
63	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,394.49									X	
67	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,394.49	00 15								X	
63	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,402.98									X	
67	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,402.98	00 15								X	
63	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	931.90										
67	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	931.90	00 15									
63	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,599.12										
67	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,599.12	00 15									
63	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	138.39										
67	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	138.39	00 15									
63	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,457.67										
67	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,457.67	00 15									
63	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,587.28										
67	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,587.28	00 15									
63	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,273.00										
67	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,273.00	00 15									
63	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,249.06										
67	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,249.06	00 15									
63	36260	INSERT IMPLANTABLE FUSION PUMP	750.07										
67	36260	INSERT IMPLANTABLE FUSION PUMP	750.07	00 15									
63	36261	REVISION OF IMPLANTED INFUSION PUMP	464.91										
67	36261	REVISION OF IMPLANTED INFUSION PUMP	464.91	00 15									
63	36262	REMOVAL OF IMPLANTED INFUSION PUMP	352.94										
67	36262	REMOVAL OF IMPLANTED INFUSION PUMP	352.94	00 15									
63	36400	ESTABLISH ACCESS TO VEIN	29.83	00 02				X				X	
67	36400	ESTABLISH ACCESS TO VEIN	29.83	00 02				X				X	
63	36405	ESTABLISH ACCESS TO VEIN	25.05	00 02				X				X	
67	36405	ESTABLISH ACCESS TO VEIN	25.05	00 02				X				X	
63	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	18.10	00 02				X				X	

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	18.10	00	02				X				X	
63	36410	ESTABLISH ACCESS TO VEIN	18.62	03	99				X					
67	36410	ESTABLISH ACCESS TO VEIN	18.62	03	15				X					
63	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	55.96	00	00								X	
67	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	55.96	00	00								X	
63	36425	ESTABLISH ACCESS TO VEIN	45.69	01	99								X	
67	36425	ESTABLISH ACCESS TO VEIN	45.69	01	15								X	
63	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	55.89	00	01								X	
67	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	55.89	00	01								X	
63	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	190.51	00	00									
67	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	190.51	00	00									
63	36455	EXCHANGE TRANSFUSION SERVICE	147.35										X	
67	36455	EXCHANGE TRANSFUSION SERVICE	147.35	00	15								X	
63	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	108.94	00	00									
67	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	108.94	00	00									
63	36460	TRANSFUSION SERVICE, FETAL	395.08										X	
67	36460	TRANSFUSION SERVICE, FETAL	395.08	00	15								X	
63	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,527.90											
67	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,527.90	00	15									
63	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,706.56											
67	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,706.56	00	15									
63	36470	INJECTION THERAPY OF VEIN	121.07											
67	36470	INJECTION THERAPY OF VEIN	121.07	00	15									
63	36471	INJECTION THERAPY OF VEINS	213.72											
67	36471	INJECTION THERAPY OF VEINS	213.72	00	15									
63	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,436.23											
67	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,436.23	00	15									
63	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	302.67										X	
67	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	302.67	00	15								X	
63	36475	ENDOVENOUS RF, 1ST VEIN	1,331.28											
67	36475	ENDOVENOUS RF, 1ST VEIN	1,331.28	00	15									
63	36476	ENDOVENOUS RF, VEIN ADD-ON	327.60											
67	36476	ENDOVENOUS RF, VEIN ADD-ON	327.60	00	15									
63	36478	ENDOVENOUS LASER, 1ST VEIN	1,124.89											
67	36478	ENDOVENOUS LASER, 1ST VEIN	1,124.89	00	15									
63	36479	ENDOVENOUS LASER VEIN ADDON	343.26											
67	36479	ENDOVENOUS LASER VEIN ADDON	343.26	00	15									
63	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,967.54											
67	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,967.54	00	15									
63	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,924.30											
67	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,924.30	00	15									
63	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	159.96										X	
67	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	159.96	00	15								X	
63	36500	VEIN CATH/SELECT. ORGAN SAMPLE	208.94											
67	36500	VEIN CATH/SELECT. ORGAN SAMPLE	208.94	00	15									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	36510	UMBILICAL CATH-DX/THER/NEWBORN	89.91	00	01									
67	36510	UMBILICAL CATH-DX/THER/NEWBORN	89.91	00	01									
63	36511	APHERESIS WBC	121.37											
67	36511	APHERESIS WBC	121.37	00	15									
63	36512	APHERESIS RBC	118.81											
67	36512	APHERESIS RBC	118.81	00	15									
63	36513	APHERESIS PLATELETS	121.37											
67	36513	APHERESIS PLATELETS	121.37	00	15									
63	36514	APHERESIS PLASMA	657.71											
67	36514	APHERESIS PLASMA	657.71	00	15									
63	36516	APHERESIS, SELECTIVE	2,005.05											
67	36516	APHERESIS, SELECTIVE	2,005.05	00	15									
63	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,736.42											
67	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,736.42	00	15									
63	36555	INSERT NON-TUNNEL CV CATH	209.06	00	04									
67	36555	INSERT NON-TUNNEL CV CATH	209.06	00	04									
63	36556	INSERT NON-TUNNEL CV CATH	235.75	05	99									
67	36556	INSERT NON-TUNNEL CV CATH	235.75	05	15									
63	36557	INSERT TUNNELED CV CATH	1,260.43	00	04									
67	36557	INSERT TUNNELED CV CATH	1,260.43	00	04									
63	36558	INSERT TUNNELED CV CATH	903.20	05	99									
67	36558	INSERT TUNNELED CV CATH	903.20	05	15									
63	36560	INSERT TUNNELED CV CATH	1,418.25	00	04									
67	36560	INSERT TUNNELED CV CATH	1,418.25	00	04									
63	36561	INSERT TUNNELED CV CATH	1,131.25	05	99									
67	36561	INSERT TUNNELED CV CATH	1,131.25	05	15									
63	36563	INSERT TUNNELED CV CATH	1,284.31											
67	36563	INSERT TUNNELED CV CATH	1,284.31	00	15									
63	36565	INSERT TUNNELED CV CATH	943.91											
67	36565	INSERT TUNNELED CV CATH	943.91	00	15									
63	36566	INSERT TUNNELED CV CATH	4,748.51											
67	36566	INSERT TUNNELED CV CATH	4,748.51	00	15									
63	36568	INSERT TUNNELED CV CATH	104.72	00	04									
67	36568	INSERT TUNNELED CV CATH	104.72	00	04									
63	36569	INSERT TUNNELED CV CATH	105.70	05	99									
67	36569	INSERT TUNNELED CV CATH	105.70	05	15									
63	36570	INSERT TUNNELED CV CATH	1,632.26	00	04									
67	36570	INSERT TUNNELED CV CATH	1,632.26	00	04									
63	36571	INSERT TUNNELED CV CATH	1,424.41	05	99									
67	36571	INSERT TUNNELED CV CATH	1,424.41	05	15									
63	36572	INSERTION OF PERIPHERALLY INSERTED	466.34	00	04									
67	36572	INSERTION OF PERIPHERALLY INSERTED	466.34	00	04									
63	36573	INSERTION OF PERIPHERALLY INSERTED	425.90	05	99									
67	36573	INSERTION OF PERIPHERALLY INSERTED	425.90	05	15									
63	36575	REPAIR TUNNELED CV CATH	168.37											

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	36575	REPAIR TUNNELED CV CATH	168.37	00 15									
63	36576	REPAIR TUNNELED CV CATH	383.11										
67	36576	REPAIR TUNNELED CV CATH	383.11	00 15									
63	36578	REPLACE TUNNELED CV CATH	497.86										
67	36578	REPLACE TUNNELED CV CATH	497.86	00 15									
63	36580	REPLACE TUNNELED CV CATH	221.98										
67	36580	REPLACE TUNNELED CV CATH	221.98	00 15									
63	36581	REPLACE TUNNELED CV CATH	864.39										
67	36581	REPLACE TUNNELED CV CATH	864.39	00 15									
63	36582	REPLACE TUNNELED CV CATH	1,027.81										
67	36582	REPLACE TUNNELED CV CATH	1,027.81	00 15									
63	36583	REPLACE TUNNELED CV CATH	1,340.37										
67	36583	REPLACE TUNNELED CV CATH	1,340.37	00 15									
63	36584	REPLACE TUNNELED CV CATH	367.20										
67	36584	REPLACE TUNNELED CV CATH	367.20	00 15									
63	36585	REPLACE TUNNELED CV CATH	1,210.41										
67	36585	REPLACE TUNNELED CV CATH	1,210.41	00 15									
63	36589	REMOVAL TUNNELED CV CATH	185.26										
67	36589	REMOVAL TUNNELED CV CATH	185.26	00 15									
63	36590	REMOVAL TUNNELED CV CATH	252.02										
67	36590	REMOVAL TUNNELED CV CATH	252.02	00 15									
63	36595	MECH REMOV TUNNELED CV CATH	667.29										
67	36595	MECH REMOV TUNNELED CV CATH	667.29	00 15									
63	36596	MECH REMOV TUNNELED CV CATH	125.34										
67	36596	MECH REMOV TUNNELED CV CATH	125.34	00 15									
63	36597	REPOSITION VENOUS CATHETER	132.40										
67	36597	REPOSITION VENOUS CATHETER	132.40	00 15									
63	36598	INJ W/FLUOR, EVAL CV DEVICE	129.38									X	
67	36598	INJ W/FLUOR, EVAL CV DEVICE	129.38	00 15								X	
63	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	31.91									X	
67	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	31.91	00 15								X	
63	36620	ARTERIAL CATHETERIZATION OR CANNULAT	50.46									X	
67	36620	ARTERIAL CATHETERIZATION OR CANNULAT	50.46	00 15								X	
63	36625	ESTABLISH ACCESS TO ARTERY	121.23										
67	36625	ESTABLISH ACCESS TO ARTERY	121.23	00 15									
63	36640	INSERTION CATHETER, ARTERY	128.85										
67	36640	INSERTION CATHETER, ARTERY	128.85	00 15									
63	36660	INSERTION CATHETER, ARTERY	76.31										
67	36660	INSERTION CATHETER, ARTERY	76.31	00 15									
63	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	68.66										
67	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	68.66	00 15									
63	36800	INSERTION OF CANNULA	139.01										
67	36800	INSERTION OF CANNULA	139.01	00 15									
63	36810	INSERTION OF CANNULA	240.49										
67	36810	INSERTION OF CANNULA	240.49	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	36815	INSERTION OF CANNULA	157.82										
67	36815	INSERTION OF CANNULA	157.82	00 15									
63	36818	AV FUSE, UPPR ARM, CEPHALIC	798.37										
67	36818	AV FUSE, UPPR ARM, CEPHALIC	798.37	00 15									
63	36819	AV FUSION BY BASILIC VEIN	847.31										
67	36819	AV FUSION BY BASILIC VEIN	847.31	00 15									
63	36820	INSERTION OF CANNULA	834.64										
67	36820	INSERTION FO CANNULA	834.64	00 15									
63	36821	ARTERY-VEIN FUSION	766.80										
67	36821	ARTERY-VEIN FUSION	766.80	00 15									
63	36823	INSERTION CANNULA(S)	1,620.79								X		
67	36823	INSERTION CANNULA(S)	1,620.79	00 15							X		
63	36825	ARTERY-VEIN GRAFT	920.33										
67	36825	ARTERY-VEIN GRAFT	920.33	00 15									
63	36830	ARTERY-VEIN GRAFT	771.71										
67	36830	ARTERY-VEIN GRAFT	771.71	00 15									
63	36831	AV FISTULA EXCISION	711.05										
67	36831	AV FISTULA EXCISION	711.05	00 15									
63	36832	REVISION O ARTERIO FISTULA WW THROMB	874.07										
67	36832	REVISION O ARTERIO FISTULA WW THROMB	874.07	00 15									
63	36833	AV FISTULA REVISION	936.46										
67	36833	AV FISTULA REVISION	936.46	00 15									
63	36835	ARTERY TO VEIN SHUNT	550.59										
67	36835	ARTERY TO VEIN SHUNT	550.59	00 15									
63	36838	DIST REVAS LIGATION, HEMO	1,329.96										
67	36838	DIST REVAS LIGATION, HEMO	1,329.96	00 15									
63	36860	CANNULA DECLOTTING	263.44										
67	36860	CANNULA DECLOTTING	263.44	00 15									
63	36861	CANNULA DECLOTTING	162.60										
67	36861	CANNULA DECLOTTING	162.60	00 15									
63	36901	INTRODUCTION OF NEEDLE(S) AND/OR	763.37										
67	36901	INTRODUCTION OF NEEDLE(S) AND/OR	763.37	00 15									
63	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,362.33										
67	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,362.33	00 15									
63	36903	INTRODUCTION OF NEEDLE(S) AND/OR	5,077.18										
67	36903	INTRODUCTION OF NEEDLE(S) AND/OR	5,077.18	00 15									
63	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,004.91										
67	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,004.91	00 15									
63	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,557.20										
67	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,557.20	00 15									
63	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	6,377.45										
67	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	6,377.45	00 15									
63	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	695.66										
67	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	695.66	00 15									
63	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,884.63										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,884.63	00 15									
63	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	2,135.18										
67	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	2,135.18	00 15									
63	37140	REVISION OF CIRCULATION	2,700.78										
67	37140	REVISION OF CIRCULATION	2,700.78	00 15									
63	37145	REVISION OF CIRCULATION	2,504.27										
67	37145	REVISION OF CIRCULATION	2,504.27	00 15									
63	37160	REVISION OF CIRCULATION	2,571.42										
67	37160	REVISION OF CIRCULATION	2,571.42	00 15									
63	37180	REVISION OF CIRCULATION	2,471.97										
67	37180	REVISION OF CIRCULATION	2,471.97	00 15									
63	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,700.78										
67	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,700.78	00 15									
63	37182	INSERT HEPATIC SHUNT (TIP'S)	912.95										
67	37182	INSERT HEPATIC SHUNT (TIPS)	912.95	00 15									
63	37183	REMOVE HEPATIC SHUNT (TIPS)	6,484.99										
67	37183	REMOVE HEPATIC SHUNT (TIP'S)	6,484.99	00 15									
63	37184	PRIM ART MECH THROMBECTOMY	2,000.76										
67	37184	PRIM ART MECH THROMBECTOMY	2,000.76	00 15									
63	37185	PRIM ART M-THROMBECT ADD-ON	580.23									X	
67	37185	PRIM ART M-THROMBECT ADD-ON	580.23	00 15								X	
63	37186	SEC ART M-THROMBECT ADD-ON	1,376.73										
67	37186	SEC ART M-THROMBECT ADD-ON	1,376.73	00 15									
63	37187	VENOUS MECH THROMBECTOMY	1,985.70										
67	37187	VENOUS MECH THROMBECTOMY	1,985.70	00 15									
63	37188	VENOUS M-THROMBECTOMY ADD-ON	1,693.81										
67	37188	VENOUS M-THROMBECTOMY ADD-ON	1,693.81	00 15									
63	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,384.14			X							
67	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,384.14	00 15		X							
63	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,441.42			X							
67	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,441.42	00 15		X							
63	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,673.74			X							
67	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,673.74	00 15		X							
63	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,715.95										
67	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,715.95	00 15									
63	37200	TRANSCATHETER BIOPSY	242.75										
67	37200	TRANSCATHETER BIOPSY	242.75	00 15									
63	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	443.66									X	
67	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	443.66	00 15								X	
63	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	386.52									X	
67	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	386.52	00 15								X	
63	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	265.88									X	
67	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	265.88	00 15								X	
63	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	140.66									X	
67	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	140.66	00 15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	37215	TRANSCATH STENT, CCA W/EPS	1,150.73										
67	37215	TRANSCATH STENT, CCA W/EPS	1,150.73	00 15									
63	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,250.37									X	
67	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,250.37	00 15								X	
63	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	943.50										
67	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	943.50	00 15									
63	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,924.29									X	
67	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,924.29	00 15								X	
63	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,787.06									X	
67	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,787.06	00 15								X	
63	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	736.77									X	
67	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	736.77	00 15								X	
63	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,713.98									X	
67	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,713.98	00 15								X	
63	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,452.03									X	
67	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,452.03	00 15								X	
63	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	10,797.17									X	
67	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	10,797.17	00 15								X	
63	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	9,820.46									X	
67	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	9,820.46	00 15								X	
63	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	13,831.94									X	
67	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	13,831.94	00 15								X	
63	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,927.43									X	
67	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,927.43	00 15								X	
63	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	10,874.85									X	
67	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	10,874.85	00 15								X	
63	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	10,352.14									X	
67	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	10,352.14	00 15								X	
63	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	13,877.71									X	
67	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	13,877.71	00 15								X	
63	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	998.67									X	
67	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	998.67	00 15								X	
63	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,246.33									X	
67	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,246.33	00 15								X	
63	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	4,080.56									X	
67	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	4,080.56	00 15								X	
63	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	4,348.86									X	
67	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	4,348.86	00 15								X	
63	37236	Insertion of intravascular stents in	3,312.90										
67	37236	Insertion of intravascular stents in	3,312.90	00 15									
63	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,687.42									X	
67	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,687.42	00 15								X	
63	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,932.21										
67	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,932.21	00 15									
63	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,968.15									X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,968.15	00 15								X	
63	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	5,101.91										
67	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	5,101.91	00 15									
63	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,949.95										
67	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,949.95	00 15									
63	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	9,772.50										
67	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	9,772.50	00 15									
63	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	7,356.80										
67	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	7,356.80	00 15									
63	37246	TRANSLUMINAL BALLOON ANGIOPLASTY	2,083.82										
67	37246	TRANSLUMINAL BALLOON ANGIOPLASTYSSED	2,083.82	00 15									
63	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	660.86									X	
67	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	660.86	00 15								X	
63	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,546.99										
67	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,546.99	00 15									
63	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	526.41									X	
67	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	526.41	00 15								X	
63	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,139.09										
67	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,139.09	00 15									
63	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	194.35										
67	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	194.35	00 15									
63	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	732.11										
67	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	732.11	00 15									
63	37565	LIGATION OF NECK VEIN	830.92										
67	37565	LIGATION OF NECK VEIN	830.92	00 15									
63	37600	LIGATION OF NECK ARTERY	833.98										
67	37600	LIGATION OF NECK ARTERY	833.98	00 15									
63	37605	LIGATION OF NECK ARTERY	860.43										
67	37605	LIGATION OF NECK ARTERY	860.43	00 15									
63	37606	LIGATION OF NECK ARTERY	828.83										
67	37606	LIGATION OF NECK ARTERY	828.83	00 15									
63	37607	LIGATION OR BANDING OF ANGIOACCESS A	428.84										
67	37607	LIGATION OR BANDING OF ANGIOACCESS A	428.84	00 15									
63	37609	TEMPORAL ARTERY PROCEDURE	347.14										
67	37609	TEMPORAL ARTERY PROCEDURE	347.14	00 15									
63	37615	LIGATION OF NECK ARTERY	606.87										
67	37615	LIGATION OF NECK ARTERY	606.87	00 15									
63	37616	LIGATE MAJOR ARTERY,CHEST	1,266.67										
67	37616	LIGATE MAJOR ARTERY,CHEST	1,266.67	00 15									
63	37617	LIGATION OF ABDOMEN ARTERY	1,533.41										
67	37617	LIGATION OF ABDOMEN ARTERY	1,533.41	00 15									
63	37618	LIGATION OF EXTREMITY ARTERY	444.44										
67	37618	LIGATION OF EXTREMITY ARTERY	444.44	00 15									
63	37619	LIGATION OF INFERIOR VENA CAVA	2,011.57										
67	37619	LIGATION OF INFERIOR VENA CAVA	2,011.57	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	532.32										
67	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	532.32	00 15									
63	37660	REVISION OF MAJOR VEIN	1,528.06										
67	37660	REVISION OF MAJOR VEIN	1,528.06	00 15									
63	37700	REVISE LEG VEIN	278.94										
67	37700	REVISE LEG VEIN	278.94	00 15									
63	37718	LIGATE/STRIP SHORT LEG VEIN	487.39										
67	37718	LIGATE/STRIP SHORT LEG VEIN	487.39	00 15									
63	37722	LIGATE/STRIP LONG LEG VEIN	541.91										
67	37722	LIGATE/STRIP LONG LEG VEIN	541.91	00 15									
63	37735	REMOVAL OF LEG VEINS/LESION	675.30										
67	37735	REMOVAL OF LEG VEINS/LESION	675.30	00 15									
63	37760	REVISION OF LEG VEINS	720.86										
67	37760	REVISION OF LEG VEINS	720.86	00 15									
63	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	615.73										
67	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	615.73	00 15									
63	37765	PHLEB VEINS - EXTREM - TO 20	485.98										
67	37765	PHLEB VEINS - EXTREM - TO 20	485.98	00 15									
63	37766	PHLEB VEINS - EXTREM 20+	567.93										
67	37766	PHLEB VEINS - EXTREM 20+	567.93	00 15									
63	37780	REVISION OF LEG VEIN	268.76										
67	37780	REVISION OF LEG VEIN	268.76	00 15									
63	37785	REVISION OF LEG VEIN	397.51										
67	37785	REVISION OF LEG VEIN	397.51	00 15									
63	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,415.40				M						
67	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,415.40	00 15			M						
63	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	542.10				M						
67	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	542.10	00 15			M						
63	38100	REMOVAL OF SPLEEN	1,332.91										
67	38100	REMOVAL OF SPLEEN	1,332.91	00 15									
63	38101	SPLENECTOMY;PARTIAL	1,351.98										
67	38101	SPLENECTOMY;PARTIAL	1,351.98	00 15									
63	38102	SPLENECTOMY;	302.69										
67	38102	SPLENECTOMY;	302.69	00 15									
63	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,471.25										
67	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,471.25	00 15									
63	38120	LAPAROSCOPY, SPLENECTOMY	1,216.65										
67	38120	LAPAROSCOPY, SPLENECTOMY	1,216.65	00 15									
63	38200	INJECTION FOR SPLEEN X-RAY	146.53										
67	38200	INJECTION FOR SPLEEN X-RAY	146.53	00 15									
63	38205	HARVEST ALLOGENIC STEM CELLS	93.16										
67	38205	HARVEST ALLOGENIC STEM CELLS	93.16	00 15									
63	38206	HARVEST AUTO STEM CELLS	93.32										
67	38206	HARVEST AUTO STEM CELLS	93.32	00 15									
63	38220	BONE MARROW ASPIRATION	177.15										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	38220	BONE MARROW ASPIRATION	177.15	00	15									
63	38221	BONE MARROW BIOPSY	169.38											
67	38221	BONE MARROW BIOPSY	169.38	00	15									
63	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	186.18											
67	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	186.18	00	15									
63	38230	BONE MARROW HARVESTING FOR TRANSPLAN	233.41			X								
67	38230	BONE MARROW HARVESTING FOR TRANSPLAN	233.41	00	15	X								
63	38232	BONE MARROW HARVESTING FOR TRANSPLAN	226.43											
67	38232	BONE MARROW HARVESTING FOR TRANSPLAN	226.43	00	15									
63	38240	BONE MARROW TRANSPLANTATION	261.13											
67	38240	BONE MARROW TRANSPLANTATION	261.13	00	15									
63	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	194.32											
67	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	194.32	00	15	X								
63	38242	LYMPHOCYTE INFUSE TRANSPLANT	139.29											
67	38242	LYMPHOCYTE INFUSE TRANSPLANT	139.29	00	15									
63	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	135.30											
67	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	135.30	00	15									
63	38300	DRAINAGE LYMPH NODE LESION	371.27											
67	38300	DRAINAGE LYMPH NODE LESION	371.27	00	15									
63	38305	DRAINAGE LYMPH NODE LESION	556.32											
67	38305	DRAINAGE LYMPH NODE LESION	556.32	00	15									
63	38308	INCISION OF LYMPH CHANNELS	522.58											
67	38308	INCISION OF LYMPH CHANNELS	522.58	00	15									
63	38380	THORACIC DUCT PROCEDURE	633.18											
67	38380	THORACIC DUCT PROCEDURE	633.18	00	15									
63	38381	THORACIC DUCT PROCEDURE	918.78											
67	38381	THORACIC DUCT PROCEDURE	918.78	00	15									
63	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	778.97											
67	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	778.97	00	15									
63	38500	BIOPSY/REMOVAL OF LYMPH NODE	375.86											
67	38500	BIOPSY/REMOVAL OF LYMPH NODE	375.86	00	15									
63	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	130.52											
67	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	130.52	00	15									
63	38510	BIOPSY/REMOVAL OF LYMPH NODE	586.95											
67	38510	BIOPSY/REMOVAL OF LYMPH NODE	586.95	00	15									
63	38520	BIOPSY/REMOVAL OF LYMPH NODE	526.91											
67	38520	BIOPSY/REMOVAL OF LYMPH NODE	526.91	00	15									
63	38525	BX,EXCISE-DEEP AXILLARY NODES	500.58											
67	38525	BX,EXCISE-DEEP AXILLARY NODES	500.58	00	15									
63	38530	BIOPSY/REMOVAL OF LYMPH NODE	635.81											
67	38530	BIOPSY/REMOVAL OF LYMPH NODE	635.81	00	15									
63	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	505.03											
67	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	505.03	00	15									
63	38542	DISSECTION: DEEP JUGULAR NODE	577.85											
67	38542	DISSECTION: DEEP JUGULAR NODE	577.85	00	15									

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

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	38550	REMOVAL NECK/ARMPIT LESION	588.95										
67	38550	REMOVAL NECK/ARMPIT LESION	588.95	00 15									
63	38555	REMOVAL NECK/ARMPIT LESION	1,173.50										
67	38555	REMOVAL NECK/ARMPIT LESION	1,173.50	00 15									
63	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	794.83										
67	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	794.83	00 15									
63	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	806.80										
67	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	806.80	00 15									
63	38570	LAPAROSCOPY, LYMPH NODE BIOP	581.55										
67	38570	LAPAROSCOPY, LYMPH NODE BIOP	581.55	00 15									
63	38571	LAPAROSCOPY, LYMPHADENECTOMY	744.70										
67	38571	LAPAROSCOPY, LYMPHADENECTOMY	744.70	00 15									
63	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,026.12										
67	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,026.12	00 15									
63	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,317.68										
67	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,317.68	00 15									
63	38700	REMOVAL OF LYMPH NODES, NECK	892.48										
67	38700	REMOVAL OF LYMPH NODES, NECK	892.48	00 15									
63	38720	REMOVAL OF LYMPH NODES, NECK	1,499.41										
67	38720	REMOVAL OF LYMPH NODES, NECK	1,499.41	00 15									
63	38724	CERVICAL LYMPHADENECTOMY	1,614.66										
67	38724	CERVICAL LYMPHADENECTOMY	1,614.66	00 15									
63	38740	REMOVE ARMPIT LYMPH NODES	800.66										
67	38740	REMOVE ARMPIT LYMPH NODES	800.66	00 15									
63	38745	REMOVE ARMPITS LYMPH NODES	1,010.96										
67	38745	REMOVE ARMPITS LYMPH NODES	1,010.96	00 15									
63	38746	THORACIC LYMPHADENECTOMY BY THORACOT	250.63										
67	38746	THORACIC LYMPHADENECTOMY BY THORACOT	250.63	00 15									
63	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	310.80										
67	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	310.80	00 15									
63	38760	REMOVE GROIN LYMPH NODES	956.44										
67	38760	REMOVE GROIN LYMPH NODES	956.44	00 15									
63	38765	REMOVE GROIN LYMPH NODES	1,490.16										
67	38765	REMOVE GROIN LYMPH NODES	1,490.16	00 15									
63	38770	REMOVE PELVIS LYMPH NODES	905.53										
67	38770	REMOVE PELVIS LYMPH NODES	905.53	00 15									
63	38780	REMOVE ABDOMEN LYMPH NODES	1,173.36										
67	38780	REMOVE ABDOMEN LYMPH NODES	1,173.36	00 15									
63	38790	INJECTION FOR LYMPHATIC XRAY	91.07										
67	38790	INJECTION FOR LYMPHATIC XRAY	91.07	00 15									
63	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	88.57										
67	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	88.57	00 15									
63	38794	ACCESS THORACIC LYMPH DUCT	319.58										
67	38794	ACCESS THORACIC LYMPH DUCT	319.58	00 15									
63	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	160.47										

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	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	160.47	00 15									
63	39000	EXPLORATION OF MEDIASTINUM	561.79										
67	39000	EXPLORATION OF MEDIASTINUM	561.79	00 15									
63	39010	EXPLORATION OF MEDIASTINUM	902.34										
67	39010	EXPLORATION OF MEDIASTINUM	902.34	00 15									
63	39200	RESECTION OF MEDIASTINAL CYST	1,002.41										
67	39200	RESECTION OF MEDIASTINAL CYST	1,002.41	00 15									
63	39220	RESECTION OF MEDIASTINAL TUMOR	1,297.33										
67	39220	RESECTION OF MEDIASTINAL TUMOR	1,297.33	00 15									
63	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	354.64										
67	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	354.64	00 15									
63	39402	MEDIASTINOSCOPY;WITH LYMPH NODE BIOP	465.17										
67	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	465.17	00 15									
63	39501	REPAIR, LACERATION OF DIAPHRAGM	981.55										
67	39501	REPAIR, LACERATION OF DIAPHRAGM	981.55	00 15									
63	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,766.75	00 00									
67	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,766.75	00 00									
63	39540	REPAIR OF DIAPHRAGM HERNIA	995.22										
67	39540	REPAIR OF DIAPHRAGM HERNIA	995.22	00 15									
63	39541	REPAIR OF DIAPHRAGM HERNIA	1,082.68										
67	39541	REPAIR OF DIAPHRAGM HERNIA	1,082.68	00 15									
63	39545	REVISION OF DIAPHRAGM	1,024.68										
67	39545	REVISION OF DIAPHRAGM	1,024.68	00 15									
63	39560	RESECT DIAPHRAGM, SIMPLE	914.12										
67	39560	RESECT DIAPHRAGM, SIMPLE	914.12	00 15									
63	39561	RESECT DIAPHRAGM, COMPLEX	1,424.01										
67	39561	RESECT DIAPHRAGM, COMPLEX	1,424.01	00 15									
63	40490	BIOPSY OF LIP	133.99										
67	40490	BIOPSY OF LIP	133.99	00 15									
63	40500	VERMILIONECTOMY (LIP SHAVE)	558.94										
67	40500	VERMILIONECTOMY (LIP SHAVE)	558.94	00 15									
63	40510	PARTIAL EXCISION OF LIP	529.17										
67	40510	PARTIAL EXCISION OF LIP	529.17	00 15									
63	40520	PARTIAL EXCISION OF LIP	541.80										
67	40520	PARTIAL EXCISION OF LIP	541.80	00 15									
63	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	610.41										
67	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	610.41	00 15									
63	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	687.38										
67	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	687.38	00 15									
63	40530	PARTIAL REMOVAL OF LIP	599.86										
67	40530	PARTIAL REMOVAL OF LIP	599.86	00 15									
63	40650	REPAIR LIP	514.95										
67	40650	REPAIR LIP	514.95	00 15									
63	40652	REPAIR LIP	557.88										
67	40652	REPAIR LIP	557.88	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	40654	REPAIR LIP	625.80										
67	40654	REPAIR LIP	625.80	00 15									
63	40700	REPAIR CLEFT LIP	1,121.66										
67	40700	REPAIR CLEFT LIP	1,121.66	00 15									
63	40701	REPAIR CLEFT LIP	1,329.21										
67	40701	REPAIR CLEFT LIP	1,329.21	00 15									
63	40702	REPAIR CLEFT LIP	1,113.98										
67	40702	REPAIR CLEFT LIP	1,113.98	00 15									
63	40720	REPAIR CLEFT LIP	1,143.99										
67	40720	REPAIR CLEFT LIP	1,143.99	00 15									
63	40761	REPAIR CLEFT LIP	1,206.80										
67	40761	REPAIR CLEFT LIP	1,206.80	00 15									
63	40800	DRAINAGE OF MOUTH LESION	220.56										
67	40800	DRAINAGE OF MOUTH LESION	220.56	00 15									
63	40801	DRAINAGE OF MOUTH LESION	315.76										
67	40801	DRAINAGE OF MOUTH LESION	315.76	00 15									
63	40804	REMOVAL FOREIGN BODY, MOUTH	206.25										
67	40804	REMOVAL FOREIGN BODY, MOUTH	206.25	00 15									
63	40805	REMOVAL FOREIGN BODY, MOUTH	310.43										
67	40805	REMOVAL FOREIGN BODY, MOUTH	310.43	00 15									
63	40806	INCISION OF LIP FOLD	105.09										
67	40806	INCISION OF LIP FOLD	105.09	00 15									
63	40808	BIOPSY OF MOUTH LESION	177.41										
67	40808	BIOPSY OF MOUTH LESION	177.41	00 15									
63	40810	EXCISION OF MOUTH LESION	229.03										
67	40810	EXCISION OF MOUTH LESION	229.03	00 15									
63	40812	EXCISE/REPAIR MOUTH LESION	308.33										
67	40812	EXCISE/REPAIR MOUTH LESION	308.33	00 15									
63	40814	EXCISE/REPAIR MOUTH LESION	406.21										
67	40814	EXCISE/REPAIR MOUTH LESION	406.21	00 15									
63	40816	EXCISION OF MOUTH LESION	430.78										
67	40816	EXCISION OF MOUTH LESION	430.78	00 15									
63	40818	EXCISE ORAL MUCOSA FOR GRAFT	400.88										
67	40818	EXCISE ORAL MUCOSA FOR GRAFT	400.88	00 15									
63	40819	EXCISE LIP OR CHEEK FOLD	293.03										
67	40819	EXCISE LIP OR CHEEK FOLD	293.03	00 15									
63	40820	TREATMENT OF MOUTH LESION	279.85										
67	40820	TREATMENT OF MOUTH LESION	279.85	00 15									
63	40830	REPAIR MOUTH LACERATION	300.47										
67	40830	REPAIR MOUTH LACERATION	300.47	00 15									
63	40831	REPAIR MOUTH LACERATION	381.53										
67	40831	REPAIR MOUTH LACERATION	381.53	00 15									
63	40840	RECONSTRUCTION OF MOUTH	923.42										
67	40840	RECONSTRUCTION OF MOUTH	923.42	00 15									
63	40842	RECONSTRUCTION OF MOUTH	1,009.23										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	40842	RECONSTRUCTION OF MOUTH	1,009.23	00 15									
63	40843	RECONSTRUCTION OF MOUTH	1,312.83										
67	40843	RECONSTRUCTION OF MOUTH	1,312.83	00 15									
63	40844	RECONSTRUCTION OF MOUTH	1,648.75										
67	40844	RECONSTRUCTION OF MOUTH	1,648.75	00 15									
63	40845	RECONSTRUCTION OF MOUTH	1,628.36										
67	40845	RECONSTRUCTION OF MOUTH	1,628.36	00 15									
63	41000	DRAINAGE OF MOUTH LESION	168.87										
67	41000	DRAINAGE OF MOUTH LESION	168.87	00 15									
63	41005	DRAINAGE OF MOUTH LESION	230.48										
67	41005	DRAINAGE OF MOUTH LESION	230.48	00 15									
63	41006	DRAINAGE OF MOUTH LESION	361.71										
67	41006	DRAINAGE OF MOUTH LESION	361.71	00 15									
63	41007	DRAINAGE OF MOUTH LESION	354.55										
67	41007	DRAINAGE OF MOUTH LESION	354.55	00 15									
63	41008	DRAINAGE OF MOUTH LESION	421.23										
67	41008	DRAINAGE OF MOUTH LESION	421.23	00 15									
63	41009	DRAINAGE OF MOUTH LESION	450.58										
67	41009	DRAINAGE OF MOUTH LESION	450.58	00 15									
63	41010	INCISION OF TONGUE FOLD	230.51										
67	41010	INCISION OF TONGUE FOLD	230.51	00 15									
63	41015	DRAINAGE OF MOUTH LESION	431.83										
67	41015	DRAINAGE OF MOUTH LESION	431.83	00 15									
63	41016	DRAINAGE OF MOUTH LESION	504.75										
67	41016	DRAINAGE OF MOUTH LESION	504.75	00 15									
63	41017	DRAINAGE OF MOUTH LESION	500.33										
67	41017	DRAINAGE OF MOUTH LESION	500.33	00 15									
63	41018	DRAINAGE OF MOUTH LESION	561.50										
67	41018	DRAINAGE OF MOUTH LESION	561.50	00 15									
63	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	533.95										
67	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	533.95	00 15									
63	41100	BIOPSY OF TONGUE	198.00										
67	41100	BIOPSY OF TONGUE	198.00	00 15									
63	41105	BIOPSY OF TONGUE	198.59										
67	41105	BIOPSY OF TONGUE	198.59	00 15									
63	41108	BIOPSY OF FLOOR OF MOUTH	176.31										
67	41108	BIOPSY OF FLOOR OF MOUTH	176.31	00 15									
63	41110	EXCISION OF TONGUE LESION	244.00										
67	41110	EXCISION OF TONGUE LESION	244.00	00 15									
63	41112	EXCISION OF TONGUE LESION	362.23										
67	41112	EXCISION OF TONGUE LESION	362.23	00 15									
63	41113	EXCISION OF TONGUE LESION	393.30										
67	41113	EXCISION OF TONGUE LESION	393.30	00 15									
63	41114	EXCISE TONGUE LESION/LOCAL FLP	673.82										
67	41114	EXCISE TONGUE LESION/LOCAL FLP	673.82	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	41115	EXCISION OF TONGUE FOLD	279.88										
67	41115	EXCISION OF TONGUE FOLD	279.88	00 15									
63	41116	EXCISION OF MOUTH LESION	359.48										
67	41116	EXCISION OF MOUTH LESION	359.48	00 15									
63	41120	PARTIAL REMOVAL OF TONGUE	1,163.43										
67	41120	PARTIAL REMOVAL OF TONGUE	1,163.43	00 15									
63	41130	PARTIAL REMOVAL OF TONGUE	1,443.72										
67	41130	PARTIAL REMOVAL OF TONGUE	1,443.72	00 15									
63	41135	TONGUE AND NECK SURGERY	2,394.89										
67	41135	TONGUE AND NECK SURGERY	2,394.89	00 15									
63	41140	REMOVAL OF TONGUE	2,407.49										
67	41140	REMOVAL OF TONGUE	2,407.49	00 15									
63	41145	TONGUE REMOVAL; NECK SURGERY	3,045.34										
67	41145	TONGUE REMOVAL; NECK SURGERY	3,045.34	00 15									
63	41150	TONGUE, MOUTH, JAW SURGERY	2,422.95										
67	41150	TONGUE, MOUTH, JAW SURGERY	2,422.95	00 15									
63	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,640.83										
67	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,640.83	00 15									
63	41155	TONGUE, JAW, & NECK SURGERY	3,326.14										
67	41155	TONGUE, JAW, & NECK SURGERY	3,326.14	00 15									
63	41250	REPAIR TONGUE LACERATION	306.10										
67	41250	REPAIR TONGUE LACERATION	306.10	00 15									
63	41251	REPAIR TONGUE LACERATION	338.38										
67	41251	REPAIR TONGUE LACERATION	338.38	00 15									
63	41252	REPAIR TONGUE LACERATION	355.68										
67	41252	REPAIR TONGUE LACERATION	355.68	00 15									
63	41510	TONGUE TO LIP SURGERY	486.87										
67	41510	TONGUE TO LIP SURGERY	486.87	00 15									
63	41512	TONGUE BASE SUSPENSION, PERMANENT SU	726.86										
67	41512	TONGUE BASE SUSPENSION, PERMANENT SU	726.86	00 15									
63	41520	RECONSTRUCTION, TONGUE FOLD	390.32										
67	41520	RECONSTRUCTION, TONGUE FOLD	390.32	00 15									
63	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	1,020.71										
67	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	1,020.71	00 15									
63	41800	DRAINAGE OF GUM LESION	317.99										
67	41800	DRAINAGE OF GUM LESION	317.99	00 15									
63	41805	REMOVAL FOREIGN BODY, GUM	335.20										
67	41805	REMOVAL FOREIGN BODY, GUM	335.20	00 15									
63	41806	REMOVAL FOREIGN BODY,JAWBONE	446.50										
67	41806	REMOVAL FOREIGN BODY,JAWBONE	446.50	00 15									
63	41822	EXCISION OF GUM LESION	380.05										
67	41822	EXCISION OF GUM LESION	380.05	00 15									
63	41823	EXCISION OF GUM LESION	561.05										
67	41823	EXCISION OF GUM LESION	561.05	00 15									
63	41825	EXCISION OF GUM LESION	234.74										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	41825	EXCISION OF GUM LESION	234.74	00 15									
63	41826	EXCISION OF GUM LESION	335.44										
67	41826	EXCISION OF GUM LESION	335.44	00 15									
63	41827	EXCISION OF GUM LESION	472.81										
67	41827	EXCISION OF GUM LESION	472.81	00 15									
63	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	383.86									X	
67	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	383.86	00 15								X	
63	41830	REMOVAL OF GUM TISSUE	507.00										
67	41830	REMOVAL OF GUM TISSUE	507.00	00 15									
63	41872	REPAIR GUM	494.76										
67	41872	REPAIR GUM	494.76	00 15									
63	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	416.65									X	
67	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	416.65	00 15								X	
63	42000	DRAINAGE MOUTH ROOF LESION	170.40										
67	42000	DRAINAGE MOUTH ROOF LESION	170.40	00 15									
63	42100	BIOPSY ROOF OF MOUTH	158.01										
67	42100	BIOPSY ROOF OF MOUTH	158.01	00 15									
63	42104	EXCISION LESION, MOUTH ROOF	231.36										
67	42104	EXCISION LESION, MOUTH ROOF	231.36	00 15									
63	42106	EXCISION LESION, MOUTH ROOF	280.15										
67	42106	EXCISION LESION, MOUTH ROOF	280.15	00 15									
63	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	505.06										
67	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	505.06	00 15									
63	42120	REMOVE PALATE/LESION	1,104.19										
67	42120	REMOVE PALATE/LESION	1,104.19	00 15									
63	42140	EXCISION OF UVULA	319.62										
67	42140	EXCISION OF UVULA	319.62	00 15									
63	42145	PALATOPHARYNGOPLASTY	761.37										
67	42145	PALATOPHARYNGOPLASTY	761.37	00 15									
63	42160	TREATMENT MOUTH ROOF LESION	251.91										
67	42160	TREATMENT MOUTH ROOF LESION	251.91	00 15									
63	42180	REPAIR PALATE	275.34										
67	42180	REPAIR PALATE	275.34	00 15									
63	42182	REPAIR PALATE	359.75										
67	42182	REPAIR PALATE	359.75	00 15									
63	42200	RECONSTRUCT CLEFT PALATE	1,040.07										
67	42200	RECONSTRUCT CLEFT PALATE	1,040.07	00 15									
63	42205	RECONSTRUCT CLEFT PALATE	1,086.59										
67	42205	RECONSTRUCT CLEFT PALATE	1,086.59	00 15									
63	42210	RECONSTRUCT CLEFT PALATE	1,210.42										
67	42210	RECONSTRUCT CLEFT PALATE	1,210.42	00 15									
63	42215	RECONSTRUCT CLEFT PALATE	785.52										
67	42215	RECONSTRUCT CLEFT PALATE	785.52	00 15									
63	42220	RECONSTRUCT CLEFT PALATE	644.74										
67	42220	RECONSTRUCT CLEFT PALATE	644.74	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	42225	RECONSTRUCT CLEFT PALATE	1,079.94										
67	42225	RECONSTRUCT CLEFT PALATE	1,079.94	00 15									
63	42226	LENGTHENING OF PALATE, AND PHARYNGEA	980.16										
67	42226	LENGTHENING OF PALATE, AND PHARYNGEA	980.16	00 15									
63	42227	LENGTHEN PALATE, WITH ISLAND FLAP	916.43										
67	42227	LENGTHEN PALATE, WITH ISLAND FLAP	916.43	00 15									
63	42235	REPAIR PALATE	800.56										
67	42235	REPAIR PALATE	800.56	00 15									
63	42260	REPAIR NOSE TO LIP FISTULA	928.08										
67	42260	REPAIR NOSE TO LIP FISTULA	928.08	00 15									
63	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	192.03										
67	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	192.03	00 15									
63	42281	INSERT PIN-RETAINED PALATAL PROSTH.	244.05										
67	42281	INSERT PIN-RETAINED PALATAL PROSTH.	244.05	00 15									
63	42300	DRAINAGE OF SALIVARY GLAND	232.13										
67	42300	DRAINAGE OF SALIVARY GLAND	232.13	00 15									
63	42305	DRAINAGE OF SALIVARY GLAND	468.84										
67	42305	DRAINAGE OF SALIVARY GLAND	468.84	00 15									
63	42310	DRAINAGE OF SALIVARY GLAND	186.01										
67	42310	DRAINAGE OF SALIVARY GLAND	186.01	00 15									
63	42320	DRAINAGE OF SALIVARY GLAND	280.54										
67	42320	DRAINAGE OF SALIVARY GLAND	280.54	00 15									
63	42330	REMOVAL OF SALIVARY STONE	251.41										
67	42330	REMOVAL OF SALIVARY STONE	251.41	00 15									
63	42335	REMOVAL OF SALIVARY STONE	454.19										
67	42335	REMOVAL OF SALIVARY STONE	454.19	00 15									
63	42340	REMOVAL OF SALIVARY STONE	560.01										
67	42340	REMOVAL OF SALIVARY STONE	560.01	00 15									
63	42400	BIOPSY OF SALIVARY GLAND	108.29									X	
67	42400	BIOPSY OF SALIVARY GLAND	108.29	00 15								X	
63	42405	BIOPSY OF SALIVARY GLAND	327.82										
67	42405	BIOPSY OF SALIVARY GLAND	327.82	00 15									
63	42408	EXCISION OF SALIVARY CYST	581.18										
67	42408	EXCISION OF SALIVARY CYST	581.18	00 15									
63	42409	DRAINAGE OF SALIVARY CYST	412.86										
67	42409	DRAINAGE OF SALIVARY CYST	412.86	00 15									
63	42410	EXCISE PAROTID GLAND/LESION	696.29										
67	42410	EXCISE PAROTID GLAND/LESION	696.29	00 15									
63	42415	EXCISE PAROTID GLAND/LESION	1,173.90										
67	42415	EXCISE PAROTID GLAND/LESION	1,173.90	00 15									
63	42420	EXCISE PAROTID GLAND/LESION	1,319.09										
67	42420	EXCISE PAROTID GLAND/LESION	1,319.09	00 15									
63	42425	EXCISE PAROTID GLAND/LESION	930.10										
67	42425	EXCISE PAROTID GLAND/LESION	930.10	00 15									
63	42426	EXCISE PAROTID GLAND/LESION	1,504.68										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	42426	EXCISE PAROTID GLAND/LESION	1,504.68	00 15									
63	42440	EXCISION SUBMAXILLARY GLAND	456.07										
67	42440	EXCISION SUBMAXILLARY GLAND	456.07	00 15									
63	42450	EXCISION SUBLINGUAL GLAND	508.01										
67	42450	EXCISION SUBLINGUAL GLAND	508.01	00 15									
63	42500	REPAIR SALIVARY DUCT	483.76										
67	42500	REPAIR SALIVARY DUCT	483.76	00 15									
63	42505	REPAIR SALIVARY DUCT	619.43										
67	42505	REPAIR SALIVARY DUCT	619.43	00 15									
63	42507	PAROTID DUCT DIVERSION	547.22										
67	42507	PAROTID DUCT DIVERSION	547.22	00 15									
63	42509	PAROTID DUCT DIVERSION	912.95										
67	42509	PAROTID DUCT DIVERSION	912.95	00 15									
63	42510	CREATION OF NEW DRAINAGE TRACTS OF M	675.73										
67	42510	CREATION OF NEW DRAINAGE TRACTS OF M	675.73	00 15									
63	42550	INJECTION FOR SALIVARY X-RAY	168.88									X	
67	42550	INJECTION FOR SALIVARY X-RAY	168.88	00 15								X	
63	42600	CLOSURE OF SALIVARY FISTULA	575.08										
67	42600	CLOSURE OF SALIVARY FISTULA	575.08	00 15									
63	42650	DILATION OF SALIVARY DUCT	83.37										
67	42650	DILATION OF SALIVARY DUCT	83.37	00 15									
63	42660	DILATION OF SALIVARY DUCT	130.13										
67	42660	DILATION OF SALIVARY DUCT	130.13	00 15									
63	42665	LIGATION OF SALIVARY DUCT	390.18										
67	42665	LIGATION OF SALIVARY DUCT	390.18	00 15									
63	42700	DRAINAGE OF TONSIL ABSCESS	207.41										
67	42700	DRAINAGE OF TONSIL ABSCESS	207.41	00 15									
63	42720	DRAINAGE OF THROAT ABSCESS	494.73										
67	42720	DRAINAGE OF THROAT ABSCESS	494.73	00 15									
63	42725	DRAINAGE OF THROAT ABSCESS	887.42										
67	42725	DRAINAGE OF THROAT ABSCESS	887.42	00 15									
63	42800	BIOPSY OF THROAT	170.34										
67	42800	BIOPSY OF THROAT	170.34	00 15									
63	42804	BIOPSY OF UPPER NOSE/THROAT	219.49										
67	42804	BIOPSY OF UPPER NOSE/THROAT	219.49	00 15									
63	42806	BIOPSY OF UPPER NOSE/THROAT	246.56										
67	42806	BIOPSY OF UPPER NOSE/THROAT	246.56	00 15									
63	42808	EXCISE PHARYNX LESION	248.45										
67	42808	EXCISE PHARYNX LESION	248.45	00 15									
63	42809	REMOVE PHARYNX FOREIGN BODY	217.22										
67	42809	REMOVE PHARYNX FOREIGN BODY	217.22	00 15									
63	42810	EXCISION OF NECK CYST	418.79										
67	42810	EXCISION OF NECK CYST	418.79	00 15									
63	42815	EXCISION OF NECK CYST	597.47										
67	42815	EXCISION OF NECK CYST	597.47	00 15									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	318.59	00	11									
67	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	318.59	00	11									
63	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	332.57	12	99									
67	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	332.57	12	15									
63	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	288.98	00	11									
67	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	288.98	00	11									
63	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	276.26	12	99									
67	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	276.26	12	15									
63	42830	ADENOIDECTOMY,PRIMARY;<12	227.64	00	11									
67	42830	ADENOIDECTOMY,PRIMARY;<12	227.64	00	11									
63	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	246.83	12	99									
67	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	246.83	12	15									
63	42835	ADENOIDECTOMY,SECONDARY;<12	210.96	00	11									
67	42835	ADENOIDECTOMY,SECONDARY;<12	210.96	00	11									
63	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	264.75	12	99									
67	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	264.75	12	15									
63	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,109.95											
67	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,109.95	00	15									
63	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,519.99											
67	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,519.99	00	15									
63	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,466.75											
67	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,466.75	00	15									
63	42860	EXCISION OF TONSIL TAGS	206.31											
67	42860	EXCISION OF TONSIL TAGS	206.31	00	15									
63	42870	EXCISION OF LINGUAL TONSIL	639.46											
67	42870	EXCISION OF LINGUAL TONSIL	639.46	00	15									
63	42890	PARTIAL REMOVAL OF PHARYNX	1,572.37											
67	42890	PARTIAL REMOVAL OF PHARYNX	1,572.37	00	15									
63	42892	RESECTION OF LATERAL PHARYNGEAL WALL	2,063.23											
67	42892	RESECTION OF LATERAL PHARYNGEAL WALL	2,063.23	00	15									
63	42894	REMOVAL OF THROAT TISSUE	2,618.13											
67	42894	REMOVAL OF THROAT TISSUE	2,618.13	00	15									
63	42900	REPAIR THROAT WOUND	369.05											
67	42900	REPAIR THROAT WOUND	369.05	00	15									
63	42950	RECONSTRUCTION OF THROAT	875.08											
67	42950	RECONSTRUCTION OF THROAT	875.08	00	15									
63	42953	PHARYNGOESOPHAGEAL REPAIR	1,054.17											
67	42953	PHARYNGOESOPHAGEAL REPAIR	1,054.17	00	15									
63	42955	SURGICAL OPENING OF THROAT	830.53											
67	42955	SURGICAL OPENING OF THROAT	830.53	00	15									
63	42960	CONTROL THROAT BLEEDING	179.12										X	
67	42960	CONTROL THROAT BLEEDING	179.12	00	15								X	
63	42961	CONTROL THROAT BLEEDING	458.32										X	
67	42961	CONTROL THROAT BLEEDING	458.32	00	15								X	
63	42962	CONTROL THROAT BLEEDING	569.14										X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	42962	CONTROL THROAT BLEEDING	569.14	00 15								X	
63	42970	CONTROL NOSE/THROAT BLEEDING	451.91										
67	42970	CONTROL NOSE/THROAT BLEEDING	451.91	00 15									
63	42971	CONTROL NOSE/THROAT BLEEDING	500.61										
67	42971	CONTROL NOSE/THROAT BLEEDING	500.61	00 15									
63	42972	CONTROL NOSE/THROAT BLEEDING	559.87										
67	42972	CONTROL NOSE/THROAT BLEEDING	559.87	00 15									
63	43020	INCISION OF ESOPHAGUS	642.74										
67	43020	INCISION OF ESOPHAGUS	642.74	00 15									
63	43030	THROAT MUSCLE SURGERY	576.68										
67	43030	THROAT MUSCLE SURGERY	576.68	00 15									
63	43045	INCISION OF ESOPHAGUS	1,495.08										
67	43045	INCISION OF ESOPHAGUS	1,495.08	00 15									
63	43100	EXCISION OF ESOPHAGUS LESION	698.79										
67	43100	EXCISION OF ESOPHAGUS LESION	698.79	00 15									
63	43101	EXCISION OF ESOPHAGUS LESION	1,158.58										
67	43101	EXCISION OF ESOPHAGUS LESION	1,158.58	00 15									
63	43107	REMOVAL OF ESOPHAGUS	3,435.32										
67	43107	REMOVAL OF ESOPHAGUS	3,435.32	00 15									
63	43108	REMOVAL OF ESOPHAGUS	5,169.68										
67	43108	REMOVAL OF ESOPHAGUS	5,169.68	00 15									
63	43112	REMOVAL OF ESOPHAGUS	4,026.01										
67	43112	REMOVAL OF ESOPHAGUS	4,026.01	00 15									
63	43113	REMOVAL OF ESOPHAGUS	5,041.72										
67	43113	REMOVAL OF ESOPHAGUS	5,041.72	00 15									
63	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,782.84										
67	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,782.84	00 15									
63	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,761.39										
67	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,761.39	00 15									
63	43118	PARTIAL REMOVAL OF ESOPHAGUS	4,210.72										
67	43118	PARTIAL REMOVAL OF ESOPHAGUS	4,210.72	00 15									
63	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,306.04										
67	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,306.04	00 15									
63	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,939.31										
67	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,939.31	00 15									
63	43123	PARTIAL REMOVAL OF ESOPHAGUS	5,227.80										
67	43123	PARTIAL REMOVAL OF ESOPHAGUS	5,227.80	00 15									
63	43124	REMOVAL OF ESOPHAGUS	4,408.64										
67	43124	REMOVAL OF ESOPHAGUS	4,408.64	00 15									
63	43130	REMOVAL OF ESOPHAGUS POUCH	887.31										
67	43130	REMOVAL OF ESOPHAGUS POUCH	887.31	00 15									
63	43135	REMOVAL OF ESOPHAGUS POUCH	1,700.08										
67	43135	REMOVAL OF ESOPHAGUS POUCH	1,700.08	00 15									
63	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	608.95										
67	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	608.95	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	43191	Diagnostic examination of esophagus	171.84										
67	43191	Diagnostic examination of esophagus	171.84	00 15									
63	43192	Injections of substance in tissue li	188.83										
67	43192	Injections of substance in tissue li	188.83	00 15									
63	43193	Biopsy of esophagus using an endosco	187.47										
67	43193	Biopsy of esophagus using an endosco	187.47	00 15									
63	43194	Removal of foreign body of esophagus	216.95										
67	43194	Removal of foreign body of esophagus	216.95	00 15									
63	43195	Balloon dilation of esophagus using	204.19										
67	43195	Balloon dilation of esophagus using	204.19	00 15									
63	43196	Insertion of wire and dilation of es	217.31										
67	43196	Insertion of wire and dilation of es	217.31	00 15									
63	43197	Diagnostic examination of esophagus	209.73										
67	43197	Diagnostic examination of esophagus	209.73	00 15									
63	43198	Biopsy of esophagus using an endosco	230.99										
67	43198	Biopsy of esophagus using an endosco	230.99	00 15									
63	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	277.70										
67	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	277.70	00 15									
63	43201	INJECTIONS INTO ESOPHAGUS USING AN E	275.79										
67	43201	INJECTIONS INTO ESOPHAGUS USING AN E	275.79	00 15									
63	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	382.90										
67	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	382.90	00 15									
63	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	149.75										
67	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	149.75	00 15									
63	43205	TYING OF ESOPHAGEAL VEINS USING AN E	156.26										
67	43205	TYING OF ESOPHAGEAL VEINS USING AN E	156.26	00 15									
63	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	324.28										
67	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	324.28	00 15									
63	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	488.80										
67	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	488.80	00 15									
63	43211	Removal of tissue lining of esophagu	260.93										
67	43211	Removal of tissue lining of esophagu	260.93	00 15									
63	43212	Placement of stent on esophagus usin	214.87										
67	43212	Placement of stent on esophagus usin	214.87	00 15									
63	43213	Dilation of esophagus using an endos	1,351.45										
67	43213	Dilation of esophagus using an endos	1,351.45	00 15									
63	43214	Balloon dilation of esophagus using	215.38										
67	43214	Balloon dilation of esophagus using	215.38	00 15									
63	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	429.41										
67	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	429.41	00 15									
63	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	444.04										
67	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	444.04	00 15									
63	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	455.74										
67	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	455.74	00 15									
63	43220	BALLOON DILATION OF ESOPHAGUS USING	1,043.71										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	43220	BALLOON DILATION OF ESOPHAGUS USING	1,043.71	00 15									
63	43226	INSERTION OF GUIDE WIRE FOR DILATION	410.19										
67	43226	INSERTION OF GUIDE WIRE FOR DILATION	410.19	00 15									
63	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	670.93										
67	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	670.93	00 15									
63	43229	Destruction of growths of esophagus	779.35										
67	43229	Destruction of growths of esophagus	779.35	00 15									
63	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	176.45										
67	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	176.45	00 15									
63	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	221.44										
67	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	221.44	00 15									
63	43233	Balloon dilation of esophagus, stoma	258.23										
67	43233	Balloon dilation of esophagus, stoma	258.23	00 15									
63	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	318.85										
67	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	318.85	00 15									
63	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	427.81										
67	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	427.81	00 15									
63	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	217.43										
67	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	217.43	00 15									
63	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	258.69										
67	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	258.69	00 15									
63	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	407.71										
67	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	407.71	00 15									
63	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	436.60										
67	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	436.60	00 15									
63	43241	INSERTION OF CATHETER OR TUBE IN ESO	157.87										
67	43241	INSERTION OF CATHETER OR TUBE IN ESO	157.87	00 15									
63	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	291.85										
67	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	291.85	00 15									
63	43243	INJECTION OF DILATED VEINS OF STOMAC	264.18										
67	43243	INJECTION OF DILATED VIENS OF STOMAC	264.18	00 15									
63	43244	TYING OF DILATED VEINS OF STOMACH AN	272.32										
67	43244	TYING OF DILATED VEINS OF STOMACH AN	272.32	00 15									
63	43245	DILATION OF STOMACH OUTLET USING AN	654.00										
67	43245	DILATION OF STOMACH OUTLET USING AN	654.00	00 15									
63	43246	INSERTION OF STOMACH TUBE USING AN E	224.70										
67	43246	INSERTION OF STOMACH TUBE USING AN E	224.70	00 15									
63	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	416.93										
67	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	416.93	00 15									
63	43248	INSERTION OF GUIDE WIRE WITH DILATIO	442.67										
67	43248	INSERTION OF GUIDE WIRE WITH DILATIO	442.67	00 15									
63	43249	BALLOON DILATION OF ESOPHAGUS USING	1,191.97										
67	43249	BALLOON DILATION OF ESOPHAGUS USING	1,191.97	00 15									
63	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	493.54										
67	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	493.54	00 15									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	539.64											
67	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	539.64	00	15									
63	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	366.63											
67	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	366.63	00	15									
63	43253	Injection of diagnostic or therapeut	291.85											
67	43253	Injection of diagnostic or therapeut	291.85	00	15									
63	43254	Removal of tissue lining of esophagu	300.55											
67	43254	Removal of tissue lining of esophagu	300.55	00	15									
63	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	708.01											
67	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	708.01	00	15									
63	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	258.97											
67	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	258.97	00	15									
63	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	251.27											
67	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	251.27	00	15									
63	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	359.43											
67	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	359.43	00	15									
63	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	376.94											
67	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	376.94	00	15									
63	43262	OPERATIVE UPPER GI ENDOSCOPY	398.27											
67	43262	OPERATIVE UPPER GI ENDOSCOPY	398.27	00	15									
63	43263	PRESSURE MEASUREMENT OF PANCREATIC O	398.95											
67	43263	PRESSURE MEASUREMENT OF PANCREATIC O	398.95	00	15									
63	43264	REMOVAL OF STONE FROM BILE OR PANCRE	405.91											
67	43264	REMOVAL OF STONE FROM BILE OR PANCRE	405.91	00	15									
63	43265	DESTRUCTION OF STONE IN BILE OR PANC	483.58											
67	43265	DESTRUCTION OF STONE IN BILE OR PANC	483.58	00	15									
63	43266	Placement of stent in esophagus, sto	243.36											
67	43266	Placement of stent in esophagus, sto	243.36	00	15									
63	43270	Destruction of growths on esophagus,	799.32											
67	43270	Destruction of growths on esophagus,	799.32	00	15									
63	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	134.32											
67	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	134.32	00	15									
63	43274	Placement of stent pancreatic or bil	516.82											
67	43274	Placement of stent pancreatic or bil	516.82	00	15									
63	43275	Removal of foreign body or stent fro	419.82											
67	43275	Removal of foreign body or stent fro	419.82	00	15									
63	43276	Replacement of stent pancreatic or b	537.68											
67	43276	Replacement of stent pancreatic or b	537.68	00	15									
63	43277	Balloon dilation of pancreatic or bi	422.07											
67	43277	Balloon dilation of pancreatic or bi	422.07	00	15									
63	43278	Destruction of mass on gallbladder,	482.51											
67	43278	Destruction of mass on gallbladder,	482.51	00	15									
63	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,491.41											
67	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,491.41	00	15									
63	43280	LAPAROSCOPY, FUNDOPLASTY	1,250.22											

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	43280	LAPAROSCOPY, FUNDOPLASTY	1,250.22	00 15									
63	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,791.45										
67	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,791.45	00 15									
63	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	2,015.31										
67	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	2,015.31	00 15									
63	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	185.03										
67	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	185.03	00 15									
63	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	749.63										
67	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	749.63	00 15									
63	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	772.44										
67	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	772.44	00 15									
63	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,678.74										
67	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,678.74	00 15									
63	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	4,126.53										
67	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	4,126.53	00 15									
63	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,340.14										
67	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,340.14	00 15									
63	43300	REPAIR OF ESOPHAGUS	685.39										
67	43300	REPAIR OF ESOPHAGUS	685.39	00 15									
63	43305	REPAIR ESOPHAGUS AND FISTULA	1,225.08										
67	43305	REPAIR ESOPHAGUS AND FISTULA	1,225.08	00 15									
63	43310	REPAIR OF ESOPHAGUS	1,713.64										
67	43310	REPAIR OF ESOPHAGUS	1,713.64	00 15									
63	43312	REPAIR ESOPHAGUS AND FISTULA	1,844.87										
67	43312	REPAIR ESOPHAGUS AND FISTULA	1,844.87	00 15									
63	43313	ESOPHAGOPLASTY CONGENTIAL	3,156.97										
67	43313	ESOPHAGOPLASTY CONGENTIAL	3,156.97	00 15									
63	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,409.35										
67	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,409.35	00 15									
63	43320	FUSE ESOPHAGUS & STOMACH	1,621.59										
67	43320	FUSE ESOPHAGUS & STOMACH	1,621.59	00 15									
63	43325	REVISE ESOPHAGUS & STOMACH	1,576.83										
67	43325	REVISE ESOPHAGUS & STOMACH	1,576.83	00 15									
63	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	945.37										
67	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	945.37	00 15									
63	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,299.97										
67	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,299.97	00 15									
63	43330	REPAIR OF ESOPHAGUS	1,551.62										
67	43330	REPAIR OF ESOPHAGUS	1,551.62	00 15									
63	43331	REPAIR OF ESOPHAGUS	1,542.70										
67	43331	REPAIR OF ESOPHAGUS	1,542.70	00 15									
63	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,333.60										
67	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,333.60	00 15									
63	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,462.50										
67	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,462.50	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,443.49										
67	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,443.49	00 15									
63	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,546.90										
67	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,546.90	00 15									
63	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,678.86										
67	43336	REPAIR PARAESOPHAGEAL HIATL HERNIA	1,678.86	00 15									
63	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,790.57										
67	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,790.57	00 15									
63	43338	ESOPHAGEAL LENGTHENING PROCEDURE	134.83										
67	43338	ESOPHAGEAL LENGTHENING PROCEDURE	134.83	00 15									
63	43340	FUSE ESOPHAGUS & INTESTINE	1,601.77										
67	43340	FUSE ESOPHAGUS & INTESTINE	1,601.77	00 15									
63	43341	FUSE ESOPHAGUS & INTESTINE	1,613.76										
67	43341	FUSE ESOPHAGUS & INTESTINE	1,613.76	00 15									
63	43351	SURGICAL OPENING, ESOPHAGUS	1,512.96										
67	43351	SURGICAL OPENING, ESOPHAGUS	1,512.96	00 15									
63	43352	SURGICAL OPENING, ESOPHAGUS	1,225.12										
67	43352	SURGICAL OPENING, ESOPHAGUS	1,225.12	00 15									
63	43360	GASTROINTESTINAL REPAIR	2,600.87										
67	43360	GASTROINTESTINAL REPAIR	2,600.87	00 15									
63	43361	GASTROINTESTINAL REPAIR	3,129.16										
67	43361	GASTROINTESTINAL REPAIR	3,129.16	00 15									
63	43400	LIGATE ESOPHAGUS VEINS	1,769.59										
67	43400	LIGATE ESOPHAGUS VEINS	1,769.59	00 15									
63	43405	LIGATE/STAPLE ESOPHAGUS	1,675.18										
67	43405	LIGATE/STAPLE ESOPHAGUS	1,675.18	00 15									
63	43410	REPAIR ESOPHAGUS WOUND	1,137.80										
67	43410	REPAIR ESOPHAGUS WOUND	1,137.80	00 15									
63	43415	REPAIR ESOPHAGUS WOUND	2,947.58										
67	43415	REPAIR ESOPHAGUS WOUND	2,947.58	00 15									
63	43420	REPAIR ESOPHAGUS OPENING	1,129.09										
67	43420	REPAIR ESOPHAGUS OPENING	1,129.09	00 15									
63	43425	REPAIR ESOPHAGUS OPENING	1,662.77										
67	43425	REPAIR ESOPHAGUS OPENING	1,662.77	00 15									
63	43450	DILATE ESOPHAGUS	200.03										
67	43450	DILATE ESOPHAGUS	200.03	00 15									
63	43453	DILATE ESOPHAGUS	918.14										
67	43453	DILATE ESOPHAGUS	918.14	00 15									
63	43460	PRESSURE TREATMENT ESOPHAGUS	236.57										
67	43460	PRESSURE TREATMENT ESOPHAGUS	236.57	00 15									
63	43500	SURGICAL OPENING OF STOMACH	904.25										
67	43500	SURGICAL OPENING OF STOMACH	904.25	00 15									
63	43501	GASTROTOMY WITH SUTURE REPAIR	1,559.98										
67	43501	GASTROTOMY WITH SUTURE REPAIR	1,559.98	00 15									
63	43502	SURGICAL REPAIR OF STOMACH	1,773.28										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	43502	SURGICAL REPAIR OF STOMACH	1,773.28	00 15									
63	43510	SURGICAL OPENING OF STOMACH	1,097.00										
67	43510	SURGICAL OPENING OF STOMACH	1,097.00	00 15									
63	43520	INCISION OF PYLORIC MUSCLE	789.31										
67	43520	INCISION OF PYLORIC MUSCLE	789.31	00 15									
63	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	966.96										
67	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	966.96	00 15									
63	43610	EXCISION OF STOMACH LESION	1,135.35										
67	43610	EXCISION OF STOMACH LESION	1,135.35	00 15									
63	43611	EXCISION, LOCAL;	1,414.36										
67	43611	EXCISION, LOCAL;	1,414.36	00 15									
63	43620	REMOVAL OF STOMACH	2,308.64										
67	43620	REMOVAL OF STOMACH	2,308.64	00 15									
63	43621	GASTRECTOMY, TOTAL;	2,641.74										
67	43621	GASTRECTOMY, TOTAL;	2,641.74	00 15									
63	43622	GASTRECTOMY, TOTAL;	2,694.12										
67	43622	GASTRECTOMY, TOTAL;	2,694.12	00 15									
63	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,681.06										
67	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,681.06	00 15									
63	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,359.27										
67	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,359.27	00 15									
63	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,231.78										
67	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,231.78	00 15									
63	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,476.08										
67	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,476.08	00 15									
63	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	130.85										
67	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	130.85	00 15									
63	43640	VAGOTOMY & PYLORUS REPAIR	1,366.33										
67	43640	VAGOTOMY & PYLORUS REPAIR	1,366.33	00 15									
63	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,395.85										
67	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,395.85	00 15									
63	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	2,015.91	16 99		X							
63	43645	LAP GASTR BYPASS INCL SMLL I	2,131.80	16 99		X							
63	43651	LAPAROSCOPY, VAGUS NERVE	754.73										
67	43651	LAPAROSCOPY, VAGUS NERVE	754.73	00 15									
63	43652	LAPAROSCOPY, VAGUS NERVE	883.59										
67	43652	LAPAROSCOPY, VAGUS NERVE	883.59	00 15									
63	43653	LAPAROSCOPY, GASTROSTOMY	660.33										
67	43653	LAPAROSCOPY, GASTROSTOMY	660.33	00 15									
63	43752	INSERTION OF NASAL OR ORAL STOMACH T	45.77										
67	43752	INSERTION OF NASAL OR ORAL STOMACH T	45.77	00 15									
63	43753	INSERTION OF STOMACH TUBE AND ASPIRA	25.91										
67	43753	INSERTION OF STOMACH TUBE AND ASPIRA	25.91	00 15									
63	43754	GASTRIC INTUBATION AND ASPIRATION DI	223.30										
67	43754	GASTRIC INTUBATION AND ASPIRATION DI	223.30	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
63	43755	GASTRIC INTUBATION AND ASPIRATION DI	205.99										
67	43755	GASTRIC INTUBATION AND ASPIRATION DI	205.99	00 15									
63	43756	DUODENAL INTUBATION AND ASPIRATION	290.11										
67	43756	DUODENAL INTUBATION AND ASPIRATION	290.11	00 15									
63	43757	DUODENAL INTUBATION AND ASPIRATION	392.53										
67	43757	DUODENAL INTUBATION AND ASPIRATION	392.53	00 15									
63	43761	REPOSITIONING OF A NASO- OR ORO-GAST	138.78										
67	43761	REPOSITIONING OF THE GASTRIC FEEDING	138.78	00 15									
63	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	248.13										
67	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	248.13	00 15									
63	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	375.05										
67	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	375.05	00 15									
63	43770	LAP, PLACE GASTR ADJUST BAND	1,300.64	16 99		X							
67	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,300.64	13 15		X							
63	43771	LAP, REVISE ADJUST GAST BAND	1,481.46	16 99		X							
67	43771	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,481.46	13 15		X							
63	43772	LAP, REMOVE ADJUST GAST BAND	1,097.25	16 99		X							
67	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,097.25	13 15		X							
63	43773	LAP, CHANGE ADJUST GAST BAND	1,481.46	16 99		X							
67	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,481.46	13 15		X							
63	43774	LAP REMOV ADJ GAST BAND/PORT	1,112.01	16 99		X							
67	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,112.01	13 15		X							
63	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	1,303.33	16 99		X							
67	43775	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,303.33	13 15		X							
63	43800	RECONSTRUCTION OF PYLORUS	1,078.35										
67	43800	RECONSTRUCTION OF PYLORUS	1,078.35	00 15									
63	43810	FUSION OF STOMACH AND BOWEL	1,179.77										
67	43810	FUSION OF STOMACH AND BOWEL	1,179.77	00 15									
63	43820	FUSION OF STOMACH AND BOWEL	1,555.89										
67	43820	FUSION OF STOMACH AND BOWEL	1,555.89	00 15									
63	43825	FUSION OF STOMACH AND BOWEL	1,520.87										
67	43825	FUSION OF STOMACH AND BOWEL	1,520.87	00 15									
63	43830	SURGICAL OPENING OF STOMACH	806.86										
67	43830	SURGICAL OPENING OF STOMACH	806.86	00 15									
63	43831	GASTROSTOMY, OPEN, NEONATAL	693.41	00 00									
67	43831	GASTROSTOMY, OPEN, NEONATAL	693.41	00 00									
63	43832	SURGICAL OPENING OF STOMACH	1,207.44										
67	43832	SURGICAL OPENING OF STOMACH	1,207.44	00 15									
63	43840	REPAIR OF STOMACH LESION	1,573.73										
67	43840	REPAIR OF STOMACH LESION	1,573.73	00 15									
63	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	1,489.00	16 99		X							
67	43843	GASTRIC RESTRICTIVE PROCEDURE, WITHO	1,489.00	13 15		X							
63	43845	GASTROPLASTY DUODENAL SWITCH	2,251.66	16 99		X							
67	43845	GASTRIC RESTRICTIVE PROCEDURE, WITH	2,251.66	13 15		X							
63	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,915.20	16 99		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	43846	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,915.20	13	15		X							
63	43847	GASTRIC BYPASS FOR OBESITY	2,099.83	16	99		X							
67	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH	2,099.83	13	15		X							
63	43848	REVISION GASTROPLASTY	2,241.07	16	99		X							
67	43848	REVISION, OPEN, OF GASTRIC RESTRICTI	2,241.07	13	15		X							
63	43860	REVISE STOMACH-BOWEL FUSION	1,892.93											
67	43860	REVISE STOMACH-BOWEL FUSION	1,892.93	00	15									
63	43865	REVISE STOMACH-BOWEL FUSION	1,989.46											
67	43865	REVISE STOMACH-BOWEL FUSION	1,989.46	00	15									
63	43870	REPAIR STOMACH OPENING	817.14											
67	43870	REPAIR STOMACH OPENING	817.14	00	15									
63	43880	REPAIR STOMACH-BOWEL FISTULA	1,836.42											
67	43880	REPAIR STOMACH-BOWEL FISTULA	1,836.42	00	15									
63	43886	REVISE GASTRIC PORT, OPEN	414.50	16	99		X							
63	43887	REMOVE GASTRIC PORT, OPEN	372.72	16	99		X							
63	43888	CHANGE GASTRIC PORT, OPEN	529.74	16	99		X							
63	44005	FREEING OF BOWEL ADHESION	1,263.27											
67	44005	FREEING OF BOWEL ADHESION	1,263.27	00	15									
63	44010	INCISION OF SMALL BOWEL	980.42											
67	44010	INCISION OF SMALL BOWEL	980.42	00	15									
63	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	166.17											
67	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	166.17	00	15									
63	44020	EXPLORATION OF SMALL BOWEL	1,128.28											
67	44020	EXPLORATION OF SMALL BOWEL	1,128.28	00	15									
63	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,126.69											
67	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,126.69	00	15									
63	44025	EXPLORATION OF LARGE BOWEL	1,127.86											
67	44025	EXPLORATION OF LARGE BOWEL	1,127.86	00	15									
63	44050	REDUCE BOWEL OBSTRUCTION	1,081.03											
67	44050	REDUCE BOWEL OBSTRUCTION	1,081.03	00	15									
63	44055	CORRECT MALROTATION-CG, LADD PROC.	1,727.01											
67	44055	CORRECT MALROTATION-CG, LADD PROC.	1,727.01	00	15									
63	44100	BIOPSY OF BOWEL	119.54											
67	44100	BIOPSY OF BOWEL	119.54	00	15									
63	44110	EXCISION OF BOWEL LESION(S)	971.30											
67	44110	EXCISION OF BOWEL LESION(S)	971.30	00	15									
63	44111	EXCISION OF BOWEL LESION(S)	1,118.06											
67	44111	EXCISION OF BOWEL LESION(S)	1,118.06	00	15									
63	44120	REMOVAL OF SMALL INTESTINE	1,413.33											
67	44120	REMOVAL OF SMALL INTESTINE	1,413.33	00	15									
63	44121	REMOVAL OF SMALL INTESTINE	281.01											
67	44121	REMOVAL OF SMALL INTESTINE	281.01	00	15									
63	44125	REMOVAL OF SMALL INTESTINE	1,358.30											
67	44125	REMOVAL OF SMALL INTESTINE	1,358.30	00	15									
63	44126	ENTERECTOMY W/TAPER, CONG	2,872.67											

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	44126	ENTERECTOMY W/TAPER, CONG	2,872.67	00 15									
63	44127	ENTERECTOMY W/O TAPER, CONG	3,322.96										
67	44127	ENTERECTOMY W/O TAPER, CONG	3,322.96	00 15									
63	44128	ENTERECTOMY CONG, ADD-ON	285.78										
67	44128	ENTERECTOMY CONG, ADD-ON	285.78	00 15									
63	44130	BOWEL TO BOWEL FUSION	1,517.18										
67	44130	BOWEL TO BOWEL FUSION	1,517.18	00 15									
63	44139	MOBILIZATION OF COLON	139.88										
67	44139	MOBILIZATION OF COLON	139.88	00 15									
63	44140	PARTIAL REMOVAL OF COLON	1,547.85										
67	44140	PARTIAL REMOVAL OF COLON	1,547.85	00 15									
63	44141	PARTIAL REMOVAL OF COLON	2,094.77										
67	44141	PARTIAL REMOVAL OF COLON	2,094.77	00 15									
63	44143	PARTIAL REMOVAL OF COLON	1,914.91										
67	44143	PARTIAL REMOVAL OF COLON	1,914.91	00 15									
63	44144	PARTIAL REMOVAL OF COLON	2,035.67										
67	44144	PARTIAL REMOVAL OF COLON	2,035.67	00 15									
63	44145	PARTIAL REMOVAL OF COLON	1,894.52										
67	44145	PARTIAL REMOVAL OF COLON	1,894.52	00 15									
63	44146	PARTIAL REMOVAL OF COLON	2,409.84										
67	44146	PARTIAL REMOVAL OF COLON	2,409.84	00 15									
63	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,230.47										
67	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,230.47	00 15									
63	44150	REMOVAL OF COLON	2,126.78										
67	44150	REMOVAL OF COLON	2,126.78	00 15									
63	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,496.79										
67	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,496.79	00 15									
63	44155	REMOVAL OF COLON	2,359.14										
67	44155	REMOVAL OF COLON	2,359.14	00 15									
63	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,672.24										
67	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,672.24	00 15									
63	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,536.78										
67	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,536.78	00 15									
63	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,599.67										
67	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,599.67	00 15									
63	44160	REMOVAL OF COLON	1,427.31										
67	44160	REMOVAL OF COLON	1,427.31	00 15									
63	44186	LAP, JEJUNOSTOMY	750.37										
67	44186	LAP, JEJUNOSTOMY	750.37	00 15									
63	44187	LAP, ILEO/JEJUNO-STOMY	1,241.33										
67	44187	LAP, ILEO/JEJUNO-STOMY	1,241.33	00 15									
63	44188	LAP, COLOSTOMY	1,390.17										
67	44188	LAP, COLOSTOMY	1,390.17	00 15									
63	44202	LAPARO, RESECT INTESTINE	1,598.67										
67	44202	LAPARO, RESECT INTESTINE	1,598.67	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	44203	LAP RESECT S/INTESTINE, ADDL	278.97										
67	44203	LAP RESECT S/INTESTINE, ADDL	278.97	00 15									
63	44204	LAPARO PARTIAL COLECTOMY	1,763.33										
67	44204	LAPARO PARTIAL COLECTOMY	1,763.33	00 15									
63	44205	LAP COLECTOMY PART W/ILEUM	1,529.06										
67	44205	LAP COLECTOMY PART W/ILEUM	1,529.06	00 15									
63	44206	LAP PART COLECTOMY W/STOMA	2,005.46										
67	44206	LAP PART COLECTOMY W/STOMA	2,005.46	00 15									
63	44207	L COLECTOMY/COLOPROCTOSTOMY	2,074.53										
67	44207	L COLECTOMY/COLOPROCTOSTOMY	2,074.53	00 15									
63	44208	L COLECTOMY/COLOPROCTOSTOMY	2,251.75										
67	44208	L COLECTOMY/COLOPROCTOSTOMY	2,251.75	00 15									
63	44210	LAPARO TOTAL PROCTOCOLECTOMY	2,004.27										
67	44210	LAPARO TOTAL PROCTOCOLECTOMY	2,004.27	00 15									
63	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,365.87										
67	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,365.87	00 15									
63	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,299.18										
67	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,299.18	00 15									
63	44213	LAP, MOBIL SPLENIC FL ADD-ON	215.87										
67	44213	LAP, MOBIL SPLENIC FL ADD-ON	215.87	00 15									
63	44227	LAP, CLOSE ENTEROSTOMY	1,912.60										
67	44227	LAP, CLOSE ENTEROSTOMY	1,912.60	00 15									
63	44300	OPEN BOWEL TO SKIN	971.20										
67	44300	OPEN BOWEL TO SKIN	971.20	00 15									
63	44310	ILEOSTOMY	1,190.15										
67	44310	ILEOSTOMY	1,190.15	00 15									
63	44312	REVISION OF ILEOSTOMY	677.35										
67	44312	REVISION OF ILEOSTOMY	677.35	00 15									
63	44314	REVISION OF ILEOSTOMY	1,146.06										
67	44314	REVISION OF ILEOSTOMY	1,146.06	00 15									
63	44316	DEVISE BOWEL POUCH	1,642.39										
67	44316	DEVISE BOWEL POUCH	1,642.39	00 15									
63	44320	COLOSTOMY	1,377.80										
67	44320	COLOSTOMY	1,377.80	00 15									
63	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,147.35										
67	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,147.35	00 15									
63	44340	REVISION OF COLOSTOMY	705.38										
67	44340	REVISION OF COLOSTOMY	705.38	00 15									
63	44345	REVISION OF COLOSTOMY	1,198.52										
67	44345	REVISION OF COLOSTOMY	1,198.52	00 15									
63	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,355.81										
67	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,355.81	00 15									
63	44360	SMALL BOWEL ENDOSCOPY	158.90										
67	44360	SMALL BOWEL ENDOSCOPY	158.90	00 15									
63	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	176.31										

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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	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	176.31	00 15									
63	44363	SMALL BOWEL ENDOSCOPY	213.12										
67	44363	SMALL BOWEL ENDOSCOPY	213.12	00 15									
63	44364	SMALL BOWEL ENDOSCOPY	227.09										
67	44364	SMALL BOWEL ENDOSCOPY	227.09	00 15									
63	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	202.01										
67	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	202.01	00 15									
63	44366	SMALL BOWEL ENDOSCOPY	266.54										
67	44366	SMALL BOWEL ENDOSCOPY	266.54	00 15									
63	44369	SMALL BOWEL ENDOSCOPY	273.06										
67	44369	SMALL BOWEL ENDOSCOPY	273.06	00 15									
63	44370	SMALL BOWEL ENDOSCOPY/STENT	295.05										
67	44370	SMALL BOWEL ENDOSCOPY/STENT	295.05	00 15									
63	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	267.39										
67	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	267.39	00 15									
63	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	214.64										
67	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	214.64	00 15									
63	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	315.75										
67	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	315.75	00 15									
63	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	333.10										
67	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	333.10	00 15									
63	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	428.46										
67	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	428.46	00 15									
63	44379	S BOWEL ENDOSCOPE W/STENT	454.68										
67	44379	S BOWEL ENDOSCOPE W/STENT	454.68	00 15									
63	44380	SMALL BOWEL ENDOSCOPY	207.68										
67	44380	SMALL BOWEL ENDOSCOPY	207.68	00 15									
63	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	1,065.98										
67	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	1,065.98	00 15									
63	44382	SMALL BOWEL ENDOSCOPY	320.90										
67	44382	SMALL BOWEL ENDOSCOPY	320.90	00 15									
63	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	172.96										
67	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	172.96	00 15									
63	44385	ENDOSCOPY OF BOWEL POUCH	227.89										
67	44385	ENDOSCOPY OF BOWEL POUCH	227.89	00 15									
63	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	335.32										
67	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	335.32	00 15									
63	44388	COLON ENDOSCOPY	171.82										
67	44388	COLON ENDOSCOPY	171.82	00 15									
63	44389	COLON ENDOSCOPY	448.32										
67	44389	COLON ENDOSCOPY	448.32	00 15									
63	44390	COLON ENDOSCOPY	441.19										
67	44390	COLON ENDOSCOPY	441.19	00 15									
63	44391	COLON ENDOSCOPY	725.28										
67	44391	COLON ENDOSCOPY	725.28	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	44392	COLON ENDOSCOPY	421.06										
67	44392	COLON ENDOSCOPY	421.06	00 15									
63	44394	COLONOSCOPY THROUGH STOMA;	479.43										
67	44394	COLONOSCOPY THROUGH STOMA;	479.43	00 15									
63	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,830.25										
67	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,830.25	00 15									
63	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	290.34										
67	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	290.34	00 15									
63	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	338.61										
67	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	338.61	00 15									
63	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	450.88										
67	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	450.88	00 15									
63	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	611.84										
67	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	611.84	00 15									
63	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	255.16										
67	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	255.16	00 15									
63	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	306.28										
67	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	306.28	00 15									
63	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	257.91										
67	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	257.91	00 15									
63	44500	INTRODUCTION OF LONG GASTROINTESTINA	22.04										
67	44500	INTRODUCTION OF LONG GASTROINTESTINA	22.04	00 15									
63	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,633.41										
67	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,633.41	00 15									
63	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,869.25										
67	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,869.25	00 15									
63	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,220.06										
67	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,220.06	00 15									
63	44605	REPAIR OF BOWEL LESION	1,494.22										
67	44605	REPAIR OF BOWEL LESION	1,494.22	00 15									
63	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,233.85										
67	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,233.85	00 15									
63	44620	REPAIR BOWEL OPENING	989.59										
67	44620	REPAIR BOWEL OPENING	989.59	00 15									
63	44625	REPAIR BOWEL OPENING	1,154.55										
67	44625	REPAIR BOWEL OPENING	1,154.55	00 15									
63	44626	REPAIR BOWEL OPENING	1,841.56										
67	44626	REPAIR BOWEL OPENING	1,841.56	00 15									
63	44640	REPAIR BOWEL-SKIN FISTULA	1,609.19										
67	44640	REPAIR BOWEL-SKIN FISTULA	1,609.19	00 15									
63	44650	REPAIR BOWEL FISTULA	1,657.90										
67	44650	REPAIR BOWEL FISTULA	1,657.90	00 15									
63	44660	REPAIR BOWEL-BLADDER FISTULA	1,525.36										
67	44660	REPAIR BOWEL-BLADDER FISTULA	1,525.36	00 15									
63	44661	REPAIR BOWEL-BLADDER FISTULA	1,779.05										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
67	44661	REPAIR BOWEL-BLADDER FISTULA	1,779.05	00 15									
63	44680	SURGICAL REVISION, INTESTINE	1,250.55										
67	44680	SURGICAL REVISION, INTESTINE	1,250.55	00 15									
63	44700	SUSPEND BOWEL W/PROSTHESIS	1,132.24										
67	44700	SUSPEND BOWEL W/PROSTHESIS	1,132.24	00 15									
63	44701	INTRAOP COLON LAVAGE ADD-ON	198.03										
67	44701	INTRAOP COLON LAVAGE ADD-ON	198.03	00 15									
63	44720	PREP DONOR INTESTINE/VENOUS	321.61		X								
67	44720	PREP DONOR INTESTINE/VENOUS	321.61	00 15	X								
63	44721	PREP DONOR INTESTINE/ARTERY	449.44		X								
67	44721	PREP DONOR INTESTINE/ARTERY	449.44	00 15	X								
63	44800	REPAIR OF CONGENITAL BOWEL DEFECT	882.18										
67	44800	REPAIR OF CONGENITAL BOWEL DEFECT	882.18	00 15									
63	44820	EXCISION OF MESENTERY LESION	968.03										
67	44820	EXCISION OF MESENTERY LESION	968.03	00 15									
63	44850	REPAIR OF MESENTERY	858.80										
67	44850	REPAIR OF MESENTERY	858.80	00 15									
63	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	907.06										
67	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	907.06	00 15									
63	44950	APPENDECTOMY	743.29		X								
67	44950	APPENDECTOMY	743.29	00 15	X								
63	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	96.54										
67	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	96.54	00 15									
63	44960	APPENDECTOMY	1,015.13		X								
67	44960	APPENDECTOMY	1,015.13	00 15	X								
63	44970	LAPAROSCOPY, APPENDECTOMY	692.25		X								
67	44970	LAPAROSCOPY, APPENDECTOMY	692.25	00 15	X								
63	45000	DRAINAGE OF PELVIC ABSCESS	476.95										
67	45000	DRAINAGE OF PELVIC ABSCESS	476.95	00 15									
63	45005	DRAINAGE OF RECTAL ABSCESS	332.80										
67	45005	DRAINAGE OF RECTAL ABSCESS	332.80	00 15									
63	45020	DRAINAGE OF RECTAL ABSCESS	650.01										
67	45020	DRAINAGE OF RECTAL ABSCESS	650.01	00 15									
63	45100	BIOPSY OF RECTUM	334.54										
67	45100	BIOPSY OF RECTUM	334.54	00 15									
63	45108	REMOVAL OF ANORECTAL LESION	423.20										
67	45108	REMOVAL OF ANORECTAL LESION	423.20	00 15									
63	45110	REMOVAL OF RECTUM	2,076.59										
67	45110	REMOVAL OF RECTUM	2,076.59	00 15									
63	45111	PARTIAL REMOVAL OF RECTUM	1,238.91										
67	45111	PARTIAL REMOVAL OF RECTUM	1,238.91	00 15									
63	45112	REMOVAL OF RECTUM	2,115.59										
67	45112	REMOVAL OF RECTUM	2,115.59	00 15									
63	45113	PARTIAL PROCTECTOMY	2,096.26										
67	45113	PARTIAL PROCTECTOMY	2,096.26	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	45114	PARTIAL REMOVAL OF RECTUM	2,113.27										
67	45114	PARTIAL REMOVAL OF RECTUM	2,113.27	00 15									
63	45116	PARTIAL REMOVAL OF RECTUM	1,730.74										
67	45116	PARTIAL REMOVAL OF RECTUM	1,730.74	00 15									
63	45119	REMOVE, RECTUM W/RESERVOIR	2,110.84										
67	45119	REMOVE, RECTUM W/RESERVOIR	2,110.84	00 15									
63	45120	REMOVAL OF RECTUM	1,853.79										
67	45120	REMOVAL OF RECTUM	1,853.79	00 15									
63	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	2,025.72										
67	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	2,025.72	00 15									
63	45123	PARTIAL PROCTECTOMY	1,259.36										
67	45123	PARTIAL PROCTECTOMY	1,259.36	00 15									
63	45126	PELVIC EXENTERATION	3,108.75		X								
67	45126	PELVIC EXENTERATION	3,108.75	00 15	X								
63	45130	EXCISION OF RECTAL PROLAPSE	1,221.80										
67	45130	EXCISION OF RECTAL PROLAPSE	1,221.80	00 15									
63	45135	EXCISION OF RECTAL PROLAPSE	1,444.61										
67	45135	EXCISION OF RECTAL PROLAPSE	1,444.61	00 15									
63	45136	EXCISE ILEOANAL RESERVOIR	2,000.48										
67	45136	EXCISE ILEOANAL RESERVOIR	2,000.48	00 15									
63	45150	EXCISION OF RECTAL STRICTURE	479.80										
67	45150	EXCISION OF RECTAL STRICTURE	479.80	00 15									
63	45160	EXCISION OF RECTAL LESION	1,184.52										
67	45160	EXCISION OF RECTAL LESION	1,184.52	00 15									
63	45171	EXCISION OF RECTAL TUMOR TRANSANAL	690.61										
67	45171	EXCISION OF RECTAL TUMOR TRANSANAL	690.61	00 15									
63	45172	EXCISION OF RECTAL TUMOR TRANSANAL	925.17										
67	45172	EXCISION OF RECTAL TUMOR TRANSANAL	925.17	00 15									
63	45190	DESTRUCTION RECTAL TUMOR	789.09										
67	45190	DESTRUCTION RECTAL TUMOR	789.09	00 15									
63	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	139.72										
67	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	139.72	00 15									
63	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	1,034.74										
67	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	1,034.74	00 15									
63	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	193.41										
67	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	193.41	00 15									
63	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	218.31										
67	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	218.31	00 15									
63	45308	PROCTOSIGMOIDOSCOPY, RIGID;	221.74										
67	45308	PROCTOSIGMOIDOSCOPY, RIGID;	221.74	00 15									
63	45309	PROCTOSIGMOIDOSCOPY, RIGID;	229.05										
67	45309	PROCTOSIGMOIDOSCOPY, RIGID;	229.05	00 15									
63	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	250.14										
67	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	250.14	00 15									
63	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	237.01										

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
67	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	237.01	00 15									
63	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	245.78										
67	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	245.78	00 15									
63	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	119.27										
67	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	119.27	00 15									
63	45327	PROCTOSIGMOIDOSCOPY W/STENT	134.14										
67	45327	PROCTOSIGMOIDOSCOPY W/STENT	134.14	00 15									
63	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	196.80										
67	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	196.80	00 15									
63	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	307.12										
67	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	307.12	00 15									
63	45332	SIGMOIDOSCOPY; DIAGNOSTIC	297.96										
67	45332	SIGMOIDOSCOPY; DIAGNOSTIC	297.96	00 15									
63	45333	SIGMOIDOSCOPY; DIAGNOSTIC	354.64										
67	45333	SIGMOIDOSCOPY; DIAGNOSTIC	354.64	00 15									
63	45334	SIGMOIDOSCOPY; DIAGNOSTIC	560.39										
67	45334	SIGMOIDOSCOPY; DIAGNOSTIC	560.39	00 15									
63	45335	SIGMOIDOSCOPY W/SUBMUC INJ	306.96										
67	45335	SIGMOIDOSCOPY W/SUBMUC INJ	306.96	00 15									
63	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	129.02										
67	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	129.02	00 15									
63	45338	SIGMOIDOSCOPY, FLEXIBLE;	323.42										
67	45338	SIGMOIDOSCOPY, FLEXIBLE;	323.42	00 15									
63	45340	SIG W/BALLOON DILATION	499.08										
67	45340	SIG W/BALLOON DILATION	499.08	00 15									
63	45341	SIGMOIDOSCOPY W/ULTRASOUND	137.13			X							
67	45341	SIGMOIDOSCOPY W/ULTRASOUND	137.13	00 15		X							
63	45342	SIGMOIDOSCOPY W/US GUIDE BX	188.60										
67	45342	SIGMOIDOSCOPY W/US GUIDE BX	188.60	00 15									
63	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,743.25										
67	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,743.25	00 15									
63	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	171.63										
67	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	171.63	00 15									
63	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	220.75										
67	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	220.75	00 15									
63	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	711.89										
67	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	711.89	00 15									
63	45378	DIAGNOSTIC COLONOSCOPY	185.60										
67	45378	DIAGNOSTIC COLONOSCOPY	185.60	00 15									
63	45379	COLONOSCOPY	475.57										
67	45379	COLONOSCOPY	475.57	00 15									
63	45380	COLONOSCOPY AND BIOPSY	475.54										
67	45380	COLONOSCOPY AND BIOPSY	475.54	00 15									
63	45381	COLONOSCOPY, SUBMUCOUS INJ	479.29										
67	45381	COLONOSCOPY, SUBMUCOUS INJ	479.29	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	45382	COLONOSCOPY,CONTROL BLEEDING	755.39										
67	45382	COLONOSCOPY,CONTROL BLEEDING	755.39	00 15									
63	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	535.99										
67	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	535.99	00 15									
63	45385	COLONOSCOPY, LESION REMOVAL	498.13										
67	45385	COLONOSCOPY, LESION REMOVAL	498.13	00 15									
63	45386	COLONOSCOPY DILATE STRICTURE	673.29										
67	45386	COLONOSCOPY DILATE STRICTURE	673.29	00 15									
63	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,926.44										
67	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,926.44	00 15									
63	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	323.35										
67	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	323.35	00 15									
63	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	370.08										
67	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	370.08	00 15									
63	45391	COLONOSCOPY W/ENDOSCOPE US	286.12										
67	45391	COLONOSCOPY W/ENDOSCOPE US	286.12	00 15									
63	45392	COLONOSCOPY W/ENDOSCOPIC FNB	340.31										
67	45392	COLONOSCOPY W/ENDOSCOPIC FNB	340.31	00 15									
63	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	284.44										
67	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	284.44	00 15									
63	45395	LAP, REMOVAL OF RECTUM	2,219.76										
67	45395	LAP, REMOVAL OF RECTUM	2,219.76	00 15									
63	45397	LAP, REMOVE RECTUM W/POUCH	2,401.42										
67	45397	LAP, REMOVE RECTUM W/POUCH	2,401.42	00 15									
63	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	890.35										
67	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	890.35	00 15									
63	45400	LAPAROSCOPIC PROCTOPEXY	1,277.75										
67	45400	LAPAROSCOPIC PROCTOPEXY	1,277.75	00 15									
63	45402	LAP PROCTOPEXY W/SIG RESECT	1,715.81										
67	45402	LAP PROCTOPEXY W/SIG RESECT	1,715.81	00 15									
63	45500	REPAIR OF RECTUM	646.71										
67	45500	REPAIR OF RECTUM	646.71	00 15									
63	45505	REPAIR OF RECTUM	670.82										
67	45505	REPAIR OF RECTUM	670.82	00 15									
63	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	173.38										
67	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	173.38	00 15									
63	45540	CORRECT RECTAL PROLAPSE	1,195.37										
67	45540	CORRECT RECTAL PROLAPSE	1,195.37	00 15									
63	45541	CORRECT RECTAL PROLAPSE	1,071.40										
67	45541	CORRECT RECTAL PROLAPSE	1,071.40	00 15									
63	45550	REPAIR RECTUM;REMOVE SIGMOID	1,661.95										
67	45550	REPAIR RECTUM;REMOVE SIGMOID	1,661.95	00 15									
63	45560	REPAIR OF RECTOCELE	780.01										
67	45560	REPAIR OF RECTOCELE	780.01	00 15									
63	45562	EXPLORATION/REPAIR OF RECTUM	1,286.27										

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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	45562	EXPLORATION/REPAIR OF RECTUM	1,286.27	00 15									
63	45563	EXPLORATION/REPAIR OF RECTUM	1,918.75										
67	45563	EXPLORATION/REPAIR OF RECTUM	1,918.75	00 15									
63	45800	REPAIR RECTUMBLADDER FISTULA	1,469.53										
67	45800	REPAIR RECTUMBLADDER FISTULA	1,469.53	00 15									
63	45805	REPAIR FISTULA; COLOSTOMY	1,700.83										
67	45805	REPAIR FISTULA; COLOSTOMY	1,700.83	00 15									
63	45820	REPAIR RECTOURETHRAL FISTULA	1,473.06										
67	45820	REPAIR RECTOURETHRAL FISTULA	1,473.06	00 15									
63	45825	REPAIR FISTULA; COLOSTOMY	1,778.30										
67	45825	REPAIR FISTULA; COLOSTOMY	1,778.30	00 15									
63	45900	REDUCTION OF RECTAL PROLAPSE	242.10										
67	45900	REDUCTION OF RECTAL PROLAPSE	242.10	00 15									
63	45905	DILATION OF ANAL SPHINCTER	188.51										
67	45905	DILATION OF ANAL SPHINCTER	188.51	00 15									
63	45910	DILATION OF RECTAL NARROWING	214.16										
67	45910	DILATION OF RECTAL NARROWING	214.16	00 15									
63	45915	REMOVE RECTAL OBSTRUCTION	387.86										
67	45915	REMOVE RECTAL OBSTRUCTION	387.86	00 15									
63	45990	SURG DX EXAM, ANORECTAL	119.00		X								
67	45990	SURG DX EXAM, ANORECTAL	119.00	00 15	X								
63	46020	PLACEMENT OF SETON	311.81										
67	46020	PLACEMENT OF SETON	311.81	00 15									
63	46030	REMOVAL OF RECTAL MARKER	165.18										
67	46030	REMOVAL OF RECTAL MARKER	165.18	00 15									
63	46040	INCISION OF RECTAL ABSCESS	613.66										
67	46040	INCISION OF RECTAL ABSCESS	613.66	00 15									
63	46045	INCISION OF RECTAL ABSCESS	493.36										
67	46045	INCISION OF RECTAL ABSCESS	493.36	00 15									
63	46050	INCISION OF ANAL ABSCESS	250.23										
67	46050	INCISION OF ANAL ABSCESS	250.23	00 15									
63	46060	INCISION OF RECTAL ABSCESS	539.81										
67	46060	INCISION OF RECTAL ABSCESS	539.81	00 15									
63	46070	INCISION OF ANAL SEPTUM	300.54										
67	46070	INCISION OF ANAL SEPTUM	300.54	00 15									
63	46080	INCISION OF ANAL SPHINCTER	310.60										
67	46080	INCISION OF ANAL SPHINCTER	310.60	00 15									
63	46083	EXC EXT.THROMBOSED HEMORRHOID	223.52									X	
67	46083	EXC EXT.THROMBOSED HEMORRHOID	223.52	00 15								X	
63	46200	REMOVAL OF ANAL FISSURE	514.17										
67	46200	REMOVAL OF ANAL FISSURE	514.17	00 15									
63	46220	REMOVAL OF ANAL TAB	264.17										
67	46220	REMOVAL OF ANAL TAB	264.17	00 15									
63	46221	LIGATION OF HEMORRHOID(S)	310.32										
67	46221	LIGATION OF HEMORRHOID(S)	310.32	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	46230	REMOVAL OF ANAL TABS	334.61										
67	46230	REMOVAL OF ANAL TABS	334.61	00 15									
63	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	527.18										
67	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	527.18	00 15									
63	46255	HEMORRHOIDECTOMY	576.70										
67	46255	HEMORRHOIDECTOMY	576.70	00 15									
63	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	477.49										
67	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	477.49	00 15									
63	46258	REMOVE HEMORRHOIDS & FISTULA	542.04										
67	46258	REMOVE HEMORRHOIDS & FISTULA	542.04	00 15									
63	46260	HEMORRHOIDECTOMY	541.08										
67	46260	HEMORRHOIDECTOMY	541.08	00 15									
63	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	588.98										
67	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	588.98	00 15									
63	46262	REMOVE HEMORRHOIDS & FISTULA	626.68										
67	46262	REMOVE HEMORRHOIDS & FISTULA	626.68	00 15									
63	46270	SURGICAL TREATMENT OF ANAL FISTULA	587.23										
67	46270	SURGICAL TREATMENT OF ANAL FISTULA	587.23	00 15									
63	46275	REMOVAL OF ANAL FISTULA	617.48										
67	46275	REMOVAL OF ANAL FISTULA	617.48	00 15									
63	46280	REMOVAL OF ANAL FISTULA	532.07										
67	46280	REMOVAL OF ANAL FISTULA	532.07	00 15									
63	46285	SURGICAL TREATMENT OF ANAL FISTULA	614.93										
67	46285	SURGICAL TREATMENT OF ANAL FISTULA	614.93	00 15									
63	46288	REPAIR ANAL FISTULA	620.06										
67	46288	REPAIR ANAL FISTULA	620.06	00 15									
63	46320	REMOVAL OF HEMORRHOID CLOT	227.88										
67	46320	REMOVAL OF HEMORRHOID CLOT	227.88	00 15									
63	46500	INJECTION TREATMENT OF ANUS	337.36										
67	46500	INJECTION TREATMENT OF ANUS	337.36	00 15									
63	46505	CHEMODENERVATION ANAL MUSC	342.17										
67	46505	CHEMODENERVATION ANAL MUSC	342.17	00 15									
63	46600	ANOSCOPY; DIAGNOSTIC	125.88										
67	46600	ANOSCOPY; DIAGNOSTIC	125.88	00 15									
63	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	164.33										
67	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	164.33	00 15									
63	46604	ANOSCOPY WITH DIRECT DILATION	728.24										
67	46604	ANOSCOPY WITH DIRECT DILATION	728.24	00 15									
63	46606	ANOSCOPY WITH BIOPSY	301.12										
67	46606	ANOSCOPY WITH BIOPSY	301.12	00 15									
63	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	229.64										
67	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	229.64	00 15									
63	46608	ANOSCOPY;REMOVE FOREIGN BODY	318.47										
67	46608	ANOSCOPY;REMOVE FOREIGN BODY	318.47	00 15									
63	46610	ANOSCOPY; REMOVE POLYP	299.14										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	46610	ANOSCOPY; REMOVE POLYP	299.14	00	15									
63	46611	ANOSCOPY;	240.65											
67	46611	ANOSCOPY;	240.65	00	15									
63	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	365.97											
67	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	365.97	00	15									
63	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	178.19											
67	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	178.19	00	15									
63	46615	ANOSCOPY;	193.29											
67	46615	ANOSCOPY;	193.29	00	15									
63	46700	REPAIR OF ANAL STRICTURE	734.77											
67	46700	REPAIR OF ANAL STRICTURE	734.77	00	15									
63	46705	REPAIR OF ANAL STRICTURE	645.73											
67	46705	REPAIR OF ANAL STRICTURE	645.73	00	15									
63	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	202.40										X	
67	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	202.40	00	15								X	
63	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	568.15											
67	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	568.15	00	15									
63	46710	REPR PER/VAG POUCH SNGL PROC	1,282.05											
67	46710	REPR PER/VAG POUCH SNGL PROC	1,282.05	00	15									
63	46712	REPR PER/VAG POUCH DBL PROC	2,582.42											
67	46712	REPR PER/VAG POUCH DBL PROC	2,582.42	00	15									
63	46715	REPAIR OF ANOVAGINAL FISTULA	633.04											
67	46715	REPAIR OF ANOVAGINAL FISTULA	633.04	00	15									
63	46716	REPAIR OF ANOVAGINAL FISTULA	1,402.74											
67	46716	REPAIR OF ANOVAGINAL FISTULA	1,402.74	00	15									
63	46730	CONSTRUCTION OF ABSENT ANUS	2,280.65											
67	46730	CONSTRUCTION OF ABSENT ANUS	2,280.65	00	15									
63	46735	CONSTRUCTION OF ABSENT ANUS	2,632.99											
67	46735	CONSTRUCTION OF ABSENT ANUS	2,632.99	00	15									
63	46740	CONSTRUCTION OF ABSENT ANUS	2,492.04											
67	46740	CONSTRUCTION OF ABSENT ANUS	2,492.04	00	15									
63	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,889.15											
67	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,889.15	00	15									
63	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,098.93					F						
67	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,098.93	00	15			F						
63	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,521.51					F						
67	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,521.51	00	15			F						
63	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,905.23					F						
67	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,905.23	00	15			F						
63	46750	REPAIR OF ANAL SPHINCTER	847.79											
67	46750	REPAIR OF ANAL SPHINCTER	847.79	00	15									
63	46751	REPAIR OF ANAL SPHINCTER	761.83											
67	46751	REPAIR OF ANAL SPHINCTER	761.83	00	15									
63	46753	RECONSTRUCTION OF ANUS	709.37											
67	46753	RECONSTRUCTION OF ANUS	709.37	00	15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	46754	REMOVAL OF SUTURE FROM ANUS	365.34										
67	46754	REMOVAL OF SUTURE FROM ANUS	365.34	00 15									
63	46760	REPAIR OF ANAL SPHINCTER	1,219.64										
67	46760	REPAIR OF ANAL SPHINCTER	1,219.64	00 15									
63	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	1,039.55										
67	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	1,039.55	00 15									
63	46900	REMOVAL OF ANAL LESION	257.33										
67	46900	REMOVAL OF ANAL LESION	257.33	00 15									
63	46910	REMOVAL OF ANAL LESION	286.78										
67	46910	REMOVAL OF ANAL LESION	286.78	00 15									
63	46916	CRYSOSURGERY-ANAL LESIONS ,	272.65									X	
67	46916	CRYSOSURGERY-ANAL LESIONS ,	272.65	00 15								X	
63	46917	DESTROY ANAL LESION(S); LASER SURG	460.15										
67	46917	DESTROY ANAL LESION(S); LASER SURG	460.15	00 15									
63	46922	DESTROY ANAL LESION(S)-SURG EXCISION	333.78										
67	46922	DESTROY ANAL LESION(S)-SURG EXCISION	333.78	00 15									
63	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	590.49										
67	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	590.49	00 15									
63	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	235.05										
67	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	235.05	00 15									
63	46940	TREATMENT OF ANAL FISSURE	284.22										
67	46940	TREATMENT OF ANAL FISSURE	284.22	00 15									
63	46942	TREATMENT OF ANAL FISSURE	268.85										
67	46942	TREATMENT OF ANAL FISSURE	268.85	00 15									
63	46945	LIGATION OF HEMORRHOIDS	371.80										
67	46945	LIGATION OF HEMORRHOIDS	371.80	00 15									
63	46946	LIGATION OF HEMORRHOIDS	420.46										
67	46946	LIGATION OF HEMORRHOIDS	420.46	00 15									
63	46947	HEMORRHOIDOPEXY BY STAPLING	436.52										
67	46947	HEMORRHOIDOPEXY BY STAPLING	436.52	00 15									
63	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	497.83										
67	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	497.83	00 15									
63	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	327.89										
67	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	327.89	00 15									
63	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	121.03										
67	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	121.03	00 15									
63	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,398.23										
67	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,398.23	00 15									
63	47015	INJECT/ASPIRATE LIVER CYST	1,348.27										
67	47015	INJECT/ASPIRATE LIVER CYST	1,348.27	00 15									
63	47100	WEDGE BIOPSY OF LIVER	973.65										
67	47100	WEDGE BIOPSY OF LIVER	973.65	00 15									
63	47120	PARTIAL REMOVAL OF LIVER	2,701.81										
67	47120	PARTIAL REMOVAL OF LIVER	2,701.81	00 15									
63	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,973.75										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,973.75	00	15									
63	47125	PARTIAL REMOVAL OF LIVER	3,570.70											
67	47125	PARTIAL REMOVAL OF LIVER	3,570.70	00	15									
63	47130	PARTIAL REMOVAL OF LIVER	3,840.90											
67	47130	PARTIAL REMOVAL OF LIVER	3,840.90	00	15									
63	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	6,210.16			X								
67	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	6,210.16	00	15	X								
63	47140	PARTIAL REMOVAL, DONOR LIVER	4,127.10			X								
67	47140	PARTIAL REMOVAL, DONOR LIVER	4,127.10	00	15	X								
63	47141	PARTIAL REMOVAL, DONOR LIVER	4,938.68			X								
67	47141	PARTIAL REMOVAL, DONOR LIVER	4,938.68	00	15	X								
63	47142	PARTIAL REMOVAL, DONOR LIVER	5,449.00			X								
67	47142	PARTIAL REMOVAL, DONOR LIVER	5,449.00	00	15	X								
63	47146	PREP DONOR LIVER/VENOUS	383.48			X								
67	47146	PREP DONOR LIVER/VENOUS	383.48	00	15	X								
63	47147	PREP DONOR LIVER/ARTERIAL	445.69			X								
67	47147	PREP DONOR LIVER/ARTERIAL	445.69	00	15	X								
63	47300	SURGERY FOR LIVER LESION	1,310.03											
67	47300	SURGERY FOR LIVER LESION	1,310.03	00	15									
63	47350	REPAIR LIVER WOUND	1,581.75											
67	47350	REPAIR LIVER WOUND	1,581.75	00	15									
63	47360	REPAIR LIVER WOUND	2,180.92											
67	47360	REPAIR LIVER WOUND	2,180.92	00	15									
63	47361	REPAIR LIVER WOUND	3,506.52											
67	47361	REPAIR LIVER WOUND	3,506.52	00	15									
63	47362	REPAIR LIVER WOUND	1,643.87											
67	47362	REPAIR LIVER WOUND	1,643.87	00	15									
63	47370	LAPARO ABLATE LIVER TUMOR RF	1,447.28											
67	47370	LAPARO ABLATE LIVER TUMOR RF	1,447.28	00	15									
63	47371	LAPARO ABLATE LIVER CRYOSUG	1,459.03											
67	47371	LAPARO ABLATE LIVER CRYOSUG	1,459.03	00	15									
63	47380	OPEN ABLATE LIVER TUMOR RF	1,670.08											
67	47380	OPEN ABLATE LIVER TUMOR RF	1,670.08	00	15									
63	47381	OPEN ABLATE LIVER TUMOR CRYO	1,721.38											
67	47381	OPEN ABLATE LIVER TUMOR CRYO	1,721.38	00	15									
63	47382	PERCUT ABLATE LIVER RF	4,341.79											
67	47382	PERCUT ABLATE LIVER RF	4,341.79	00	15									
63	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,774.74											
67	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,774.74	00	15									
63	47400	INCISION OF LIVER DUCT	2,505.51											
67	47400	INCISION OF LIVER DUCT	2,505.51	00	15									
63	47420	INCISION OF BILE DUCT	1,543.85											
67	47420	INCISION OF BILE DUCT	1,543.85	00	15									
63	47425	INCISION OF BILE DUCT	1,587.65											
67	47425	INCISION OF BILE DUCT	1,587.65	00	15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	47460	INCISE BILE DUCT SPHINCTER	1,471.60										
67	47460	INCISE BILE DUCT SPHINCTER	1,471.60	00 15									
63	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	1,007.87										
67	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	1,007.87	00 15									
63	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	362.34										
67	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	362.34	00 15									
63	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	440.93										
67	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	440.93	00 15									
63	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	915.30										
67	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	915.30	00 15									
63	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,308.21										
67	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,308.21	00 15									
63	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,460.13										
67	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,460.13	00 15									
63	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	1,009.51										
67	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	1,009.51	00 15									
63	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	719.61										
67	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	719.61	00 15									
63	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	512.93										
67	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	512.93	00 15									
63	47538	PLACEMENT OF STENT(S) INTO A BILE DU	4,323.60										
67	47538	PLACEMENT OF STENT(S) INTO A BILE DU	4,323.60	00 15									
63	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,766.77										
67	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,766.77	00 15									
63	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,873.42										
67	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,873.42	00 15									
63	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,290.87										
67	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,290.87	00 15									
63	47542	BALLOON DILATION OF BILIARY DUCT(S)	550.51										
67	47542	BALLOON DILATION OF BILIARY DUCT(S)	550.51	00 15									
63	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	460.83										
67	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	460.83	00 15									
63	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	983.35										
67	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	983.35	00 15									
63	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	192.69										
67	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	192.69	00 15									
63	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	310.61										
67	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	310.61	00 15									
63	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	314.54										
67	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	314.54	00 15									
63	47554	BILIARY ENDOSCOPY...; REMOVE STONES	600.00										
67	47554	BILIARY ENDOSCOPY...; REMOVE STONES	600.00	00 15									
63	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	374.23										
67	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	374.23	00 15									
63	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	423.84										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	423.84	00 15									
63	47562	LAPAROSCOPIC CHOLECYSTECTOMY	760.86										
67	47562	LAPAROSCOPIC CHOLECYSTECTOMY	760.86	00 15									
63	47563	LAPARO CHOLECYSTECTOMY/GRAPH	828.18										
67	47563	LAPARO CHOLECYSTECTOMY/GRAPH	828.18	00 15									
63	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,291.10										
67	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,291.10	00 15									
63	47570	LAPARO CHOLECYSTOENTEROSTOMY	898.50										
67	47570	LAPARO CHOLECYSTOENTEROSTOMY	898.50	00 15									
63	47600	REMOVAL OF GALLBLADDER	1,235.38										
67	47600	REMOVAL OF GALLBLADDER	1,235.38	00 15									
63	47605	REMOVAL OF GALLBLADDER	1,303.38										
67	47605	REMOVAL OF GALLBLADDER	1,303.38	00 15									
63	47610	REMOVAL OF GALLBLADDER	1,453.33										
67	47610	REMOVAL OF GALLBLADDER	1,453.33	00 15									
63	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,481.51										
67	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,481.51	00 15									
63	47620	REMOVAL OF GALLBLADDER	1,600.98										
67	47620	REMOVAL OF GALLBLADDER	1,600.98	00 15									
63	47700	EXPLORATION OF BILE DUCTS	1,223.17										
67	47700	EXPLORATION OF BILE DUCTS	1,223.17	00 15									
63	47701	PORTENTEROSTOMY	2,019.54										
67	47701	PORTENTEROSTOMY	2,019.54	00 15									
63	47711	EXCISION OF BILE DUCT TUMOR	1,803.29										
67	47711	EXCISION OF BILE DUCT TUMOR	1,803.29	00 15									
63	47712	EXCISION OF BILE DUCT TUMOR	2,324.76										
67	47712	EXCISION OF BILE DUCT TUMOR	2,324.76	00 15									
63	47715	EXCISE CHOLEDOCHAL CYST	1,542.65										
67	47715	EXCISE CHOLEDOCHAL CYST	1,542.65	00 15									
63	47720	FUSE GALLBLADDER & BOWEL	1,337.93										
67	47720	FUSE GALLBLADDER & BOWEL	1,337.93	00 15									
63	47721	FUSE UPPER GI STRUCTURES	1,571.92										
67	47721	FUSE UPPER GI STRUCTURES	1,571.92	00 15									
63	47740	FUSE GALLBLADDER & BOWEL	1,523.00										
67	47740	FUSE GALLBLADDER & BOWEL	1,523.00	00 15									
63	47741	FUSE GALLBLADDER & BOWEL	1,714.98										
67	47741	FUSE GALLBLADDER & BOWEL	1,714.98	00 15									
63	47760	FUSE BILE DUCTS AND BOWEL	2,611.86										
67	47760	FUSE BILE DUCTS AND BOWEL	2,611.86	00 15									
63	47765	FUSE LIVER DUCTS & BOWEL	3,536.81										
67	47765	FUSE LIVER DUCTS & BOWEL	3,536.81	00 15									
63	47780	FUSE BILE DUCTS AND BOWEL	2,874.32										
67	47780	FUSE BILE DUCTS AND BOWEL	2,874.32	00 15									
63	47785	FUSE BILE DUCTS AND BOWEL	3,763.02										
67	47785	FUSE BILE DUCTS AND BOWEL	3,763.02	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	47800	RECONSTRUCTION OF BILE DUCTS	1,804.30										
67	47800	RECONSTRUCTION OF BILE DUCTS	1,804.30	00 15									
63	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,291.15										
67	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,291.15	00 15									
63	47802	U-TUBE HEPATICOENTEROSTOMY	1,771.88										
67	47802	U-TUBE HEPATICOENTEROSTOMY	1,771.88	00 15									
63	47900	SUTURE BILE DUCT INJURY	1,570.26										
67	47900	SUTURE BILE DUCT INJURY	1,570.26	00 15									
63	48000	DRAINAGE OF ABDOMEN	2,191.27										
67	48000	DRAINAGE OF ABDOMEN	2,191.27	00 15									
63	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,689.18										
67	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,689.18	00 15									
63	48020	REMOVAL OF PANCREATIC STONE	1,366.54										
67	48020	REMOVAL OF PANCREATIC STONE	1,366.54	00 15									
63	48100	BIOPSY OF PANCREAS	1,016.64										
67	48100	BIOPSY OF PANCREAS	1,016.64	00 15									
63	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	574.91										
67	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	574.91	00 15									
63	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,291.47										
67	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,291.47	00 15									
63	48120	REMOVAL OF PANCREAS LESION	1,282.09										
67	48120	REMOVAL OF PANCREAS LESION	1,282.09	00 15									
63	48140	PARTIAL REMOVAL OF PANCREAS	1,810.83										
67	48140	PARTIAL REMOVAL OF PANCREAS	1,810.83	00 15									
63	48145	PARTIAL REMOVAL OF PANCREAS	1,898.41										
67	48145	PARTIAL REMOVAL OF PANCREAS	1,898.41	00 15									
63	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,186.40										
67	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,186.40	00 15									
63	48148	REMOVAL OF PANCREATIC DUCT	1,449.49										
67	48148	REMOVAL OF PANCREATIC DUCT	1,449.49	00 15									
63	48150	PARTIAL REMOVAL OF PANCREAS	3,614.49										
67	48150	PARTIAL REMOVAL OF PANCREAS	3,614.49	00 15									
63	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,362.46										
67	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,362.46	00 15									
63	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,605.37										
67	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,605.37	00 15									
63	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,377.74										
67	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,377.74	00 15									
63	48155	REMOVAL OF PANCREAS	2,100.98										
67	48155	REMOVAL OF PANCREAS	2,100.98	00 15									
63	48500	SURGERY OF PANCREAS CYST	1,330.56										
67	48500	SURGERY OF PANCREAS CYST	1,330.56	00 15									
63	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,269.19										
67	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,269.19	00 15									
63	48520	FUSE PANCREAS CYST AND BOWEL	1,278.06										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	48520	FUSE PANCREAS CYST AND BOWEL	1,278.06	00 15									
63	48540	FUSE PANCREAS CYST AND BOWEL	1,522.62										
67	48540	FUSE PANCREAS CYST AND BOWEL	1,522.62	00 15									
63	48545	PANCREATORRHAPHY FOR TRAUMA	1,564.26										
67	48545	PANCREATORRHAPHY FOR TRAUMA	1,564.26	00 15									
63	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	2,086.53										
67	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	2,086.53	00 15									
63	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,944.14										
67	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,944.14	00 15									
63	48552	PREP DONOR PANCREAS/VENOUS	275.54		X								
67	48552	PREP DONOR PANCREAS/VENOUS	275.54	00 15	X								
63	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,941.34		X								
67	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,941.34	00 15	X								
63	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,468.06		X								
67	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,468.06	00 15	X								
63	49000	EXPLORATION OF ABDOMEN	883.42		X								
67	49000	EXPLORATION OF ABDOMEN	883.42	00 15	X								
63	49002	REEXPLORATION OF ABDOMEN	1,206.16										
67	49002	REEXPLORATION OF ABDOMEN	1,206.16	00 15									
63	49010	EXPLORE,RETROPERITONEAL AREA	1,066.53										
67	49010	EXPLORE,RETROPERITONEAL AREA	1,066.53	00 15									
63	49013	PREPERITONEAL PELVIC PACKING FOR HEM	499.62										
67	49013	PREPERITONEAL PELVIC PACKING FOR HE	499.62	00 15									
63	49014	RE-EXPLORATION OF PELVIC WOUND WITH	411.84										
67	49014	RE-EXPLORATION OF PELVIC WOUND WITH	411.84	00 15									
63	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,837.28										
67	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,837.28	00 15									
63	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,159.75										
67	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,159.75	00 15									
63	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,264.14										
67	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,264.14	00 15									
63	49062	DRAIN TO PERITONEAL CAVITY	886.59										
67	49062	DRAIN TO PERITONEAL CAVITY	886.59	00 15									
63	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	229.45										
67	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	229.45	00 15									
63	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	321.81										
67	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	321.81	00 15									
63	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	125.10										
67	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	125.10	00 15									
63	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	186.27										
67	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	186.27	00 15									
63	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,320.32										
67	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,320.32	00 15									
63	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,369.89										
67	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,369.89	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,744.70										
67	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,744.70	00 15									
63	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	2,003.93										
67	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	2,003.93	00 15									
63	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,548.73										
67	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,548.73	00 15									
63	49250	EXCISION OF UMBILICUS	670.99										
67	49250	EXCISION OF UMBILICUS	670.99	00 15									
63	49255	OMENTECTOMY,...RESECT OMENTUM	900.05		X								
67	49255	OMENTECTOMY,...RESECT OMENTUM	900.05	00 15	X								
63	49320	DIAG LAPARO SEPARATE PROC	375.96		X								
67	49320	DIAG LAPARO SEPARATE PROC	375.96	00 15	X								
63	49321	LAPAROSCOPY, BIOPSY	394.32		X								
67	49321	LAPAROSCOPY, BIOPSY	394.32	00 15	X								
63	49322	LAPAROSCOPY, ASPIRATION	430.20		X								
67	49322	LAPAROSCOPY, ASPIRATION	430.20	00 15	X								
63	49323	LAPARO DRAIN LYMPHOCELE	726.47		X								
67	49323	LAPARO DRAIN LYMPHOCELE	726.47	00 15	X								
63	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	448.94										
67	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	448.94	00 15									
63	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	479.71										
67	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	479.71	00 15									
63	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	221.14										
67	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	221.14	00 15									
63	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	153.39										
67	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	153.39	00 15									
63	49400	AIR INJECTION INTO ABDOMEN	162.66										
67	49400	AIR INJECTION INTO ABDOMEN	162.66	00 15									
63	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	985.84										
67	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	985.84	00 15									
63	49405	Fluid collection drainage by cathete	956.29										
67	49405	Fluid collection drainage by cathete	956.29	00 15									
63	49406	Fluid collection drainage by cathete	956.63										
67	49406	Fluid collection drainage by cathete	956.63	00 15									
63	49407	Fluid collection drainage by cathete	801.54										
67	49407	Fluid collection drainage by cathete	801.54	00 15									
63	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	525.32										
67	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	525.32	00 15									
63	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	96.55										
67	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	96.55	00 15									
63	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,172.87										
67	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,172.87	00 15									
63	49419	INSERTION OF TUNNELED INTRAPERITONEA	487.15										
67	49419	INSERTION OF TUNNELED INTRAPERITONEA	487.15	00 15									
63	49421	INSERTION OF TUNNELED INTRAPERITONEA	265.56										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	49421	INSERTION OF TUNNELED INTRAPERITONEA	265.56	00 15									
63	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	257.86										
67	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	257.86	00 15									
63	49423	EXCHANGE DRAINAGE CATH	643.70										
67	49423	EXCHANGE DRAINAGE CATH	643.70	00 15									
63	49424	ASSESS CYST, CONTRAST INJ	191.46										
67	49424	ASSESS CYST, CONTRAST INJ	191.46	00 15									
63	49425	PERITONEAL-VENOUS SHUNT	800.96										
67	49425	PERITONEAL-VENOUS SHUNT	800.96	00 15									
63	49426	REVISION OF PERITONEAL-VENOUS SHUNT	770.95										
67	49426	REVISION OF PERITONEAL-VENOUS SHUNT	770.95	00 15									
63	49427	INJECTION PROCEDURE (EG, CONTRAST ME	44.13										
67	49427	INJECTION PROCEDURE (EG, CONTRAST ME	44.13	00 15									
63	49428	LIGATION OF SHUNT	497.66										
67	49428	LIGATION OF SHUNT	497.66	00 15									
63	49429	REMOVAL OF SHUNT	530.65										
67	49429	REMOVAL OF SHUNT	530.65	00 15									
63	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	139.97										
67	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	139.97	00 15									
63	49436	DELAYED CREATION OF EXIT SITE FROM E	214.02										
67	49436	DELAYED CREATION OF EXIT SITE FROM E	214.02	00 15									
63	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	952.36										
67	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	952.36	00 15									
63	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,083.53										
67	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,083.53	00 15									
63	49442	INSERTION OF CECOSTOMY OR OTHER COLO	906.00										
67	49442	INSERTION OF CECOSTOMY OR OTHER COLO	906.00	00 15									
63	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	911.74										
67	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	911.74	00 15									
63	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	673.51										
67	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	673.51	00 15									
63	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	727.34										
67	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	727.34	00 15									
63	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	888.43										
67	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	888.43	00 15									
63	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	749.52										
67	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	749.52	00 15									
63	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	152.45										
67	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	152.45	00 15									
63	49491	REPAIRING HERN PREMIE REDUC	920.31										
67	49491	REPAIRING HERN PREMIE REDUC	920.31	00 15									
63	49492	RPR ING HERN PREMIE, BLOCKED	1,109.18										
67	49492	RPR ING HERN PREMIE, BLOCKED	1,109.18	00 15									
63	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	469.80										
67	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	469.80	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	706.58										
67	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	706.58	00 15									
63	49500	REPAIR INITIAL INGUINAL HERNIA..	472.94	00 04					X				
67	49500	REPAIR INITIAL INGUINAL HERNIA..	472.94	00 04					X				
63	49501	REPAIR INITIAL INGUINAL HERNIA..	698.10	00 04									
67	49501	REPAIR INITIAL INGUINAL HERNIA..	698.10	00 04									
63	49505	REPAIR INGUINAL HERNIA	599.66	05 99									
67	49505	REPAIR INGUINAL HERNIA	599.66	05 15									
63	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	673.77	05 99									
67	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	673.77	05 15									
63	49520	REREPAIR INGUINAL HERNIA	729.00										
67	49520	REREPAIR INGUINAL HERNIA	729.00	00 15									
63	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	826.70										
67	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	826.70	00 15									
63	49525	REPAIR INGUINAL HERNIA	659.34										
67	49525	REPAIR INGUINAL HERNIA	659.34	00 15									
63	49540	REPAIR LUMBAR HERNIA	784.35										
67	49540	REPAIR LUMBAR HERNIA	784.35	00 15									
63	49550	REPAIR FEMORAL HERNIA	663.56										
67	49550	REPAIR FEMORAL HERNIA	663.56	00 15									
63	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	727.30										
67	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	727.30	00 15									
63	49555	REPAIR FEMORAL HERNIA	694.16										
67	49555	REPAIR FEMORAL HERNIA	694.16	00 15									
63	49557	REPAIR RECURRENT FEMORAL HERNIA;	833.19										
67	49557	REPAIR RECURRENT FEMORAL HERNIA;	833.19	00 15									
63	49560	REPAIR ABDOMINAL HERNIA	850.18										
67	49560	REPAIR ABDOMINAL HERNIA	850.18	00 15									
63	49561	REPAIR INITIAL INCISIONAL HERNIA;	1,074.37										
67	49561	REPAIR INITIAL INCISIONAL HERNIA;	1,074.37	00 15									
63	49565	REREPAIR ABDOMINAL HERNIA	885.30										
67	49565	REREPAIR ABDOMINAL HERNIA	885.30	00 15									
63	49566	REPAIR RECURRENT INCISIONAL HERNIA;	1,084.31										
67	49566	REPAIR RECURRENT INCISIONAL HERNIA;	1,084.31	00 15									
63	49568	IMPLANTATION OF MESH OR OTHER PROSTH	311.31										
67	49568	IMPLANTATION OF MESH OR OTHER PROSTH	311.31	00 15									
63	49570	REPAIR EPIGASTRIC HERNIA	478.76										
67	49570	REPAIR EPIGASTRIC HERNIA	478.76	00 15									
63	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	595.13										
67	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	595.13	00 15									
63	49580	REPAIR UMBILICAL HERNIA	381.29	00 04									
67	49580	REPAIR UMBILICAL HERNIA	381.29	00 04									
63	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	554.65	00 04									
67	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	554.65	00 04									
63	49585	REPAIR UMBILICAL HERNIA	510.75	05 99									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	49585	REPAIR UMBILICAL HERNIA	510.75	05 15									
63	49587	REPAIR UMBILICAL HERNIA	545.72	05 99									
67	49587	REPAIR UMBILICAL HERNIA	545.72	05 15									
63	49590	REPAIR ABDOMINAL HERNIA	660.56										
67	49590	REPAIR ABDOMINAL HERNIA	660.56	00 15									
63	49600	REPAIR UMBILICAL LESION	846.97										
67	49600	REPAIR UMBILICAL LESION	846.97	00 15									
63	49605	REPAIR UMBILICAL LESION	5,749.78										
67	49605	REPAIR UMBILICAL LESION	5,749.78	00 15									
63	49606	REPAIR UMBILICAL LESION	1,317.22										
67	49606	REPAIR UMBILICAL LESION	1,317.22	00 15									
63	49610	REPAIR UMBILICAL LESION	798.98										
67	49610	REPAIR UMBILICAL LESION	798.98	00 15									
63	49611	REPAIR UMBILICAL LESION	702.26										
67	49611	REPAIR UMBILICAL LESION	702.26	00 15									
63	49650	LAP ING HERNIA REPAIR INIT	493.25										
67	49650	LAP ING HERNIA REPAIR INIT	493.25	00 15									
63	49651	LAP ING HERNIA REPAIR RECUR	642.80										
67	49651	LAP ING HERNIA REPAIR RECUR	642.80	00 15									
63	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	858.36										
67	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	858.36	00 15									
63	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	1,074.55										
67	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	1,074.55	00 15									
63	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	975.68										
67	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	975.68	00 15									
63	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	1,194.89										
67	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	1,194.89	00 15									
63	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,060.43										
67	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,060.43	00 15									
63	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,529.44										
67	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,529.44	00 15									
63	49900	REPAIR OF ABDOMINAL WALL	931.82										
67	49900	REPAIR OF ABDOMINAL WALL	931.82	00 15									
63	49904	OMENTAL FLAP, EXTRA-ABDOM	1,586.51										
67	49904	OMENTAL FLAP, EXTRA-ABDOM	1,586.51	00 15									
63	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	410.19										
67	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	410.19	00 15									
63	50010	EXPLORATION OF KIDNEY	834.30										
67	50010	EXPLORATION OF KIDNEY	834.30	00 15									
63	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,132.88										
67	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,132.88	00 15									
63	50040	DRAINAGE OF KIDNEY	1,032.39										
67	50040	DRAINAGE OF KIDNEY	1,032.39	00 15									
63	50045	EXPLORATION OF KIDNEY	1,041.61										
67	50045	EXPLORATION OF KIDNEY	1,041.61	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	50060	REMOVAL OF KIDNEY STONE	1,275.62										
67	50060	REMOVAL OF KIDNEY STONE	1,275.62	00 15									
63	50065	INCISION OF KIDNEY	1,353.31										
67	50065	INCISION OF KIDNEY	1,353.31	00 15									
63	50070	INCISION OF KIDNEY	1,326.95										
67	50070	INCISION OF KIDNEY	1,326.95	00 15									
63	50075	REMOVAL OF KIDNEY STONE	1,631.73										
67	50075	REMOVAL OF KIDNEY STONE	1,631.73	00 15									
63	50080	PERCUT NEPHRO/PYELO,W/OR W/O	971.67										
67	50080	PERCUT NEPHRO/PYELO,W/OR W/O	971.67	00 15									
63	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,429.88										
67	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,429.88	00 15									
63	50100	REVISE KIDNEY BLOOD VESSELS	1,250.05										
67	50100	REVISE KIDNEY BLOOD VESSELS	1,250.05	00 15									
63	50120	EXPLORATION OF KIDNEY	1,060.92										
67	50120	EXPLORATION OF KIDNEY	1,060.92	00 15									
63	50125	EXPLORE AND DRAIN KIDNEY	1,098.38										
67	50125	EXPLORE AND DRAIN KIDNEY	1,098.38	00 15									
63	50130	REMOVAL OF KIDNEY STONE	1,154.29										
67	50130	REMOVAL OF KIDNEY STONE	1,154.29	00 15									
63	50135	EXPLORATION OF KIDNEY	1,254.41										
67	50135	EXPLORATION OF KIDNEY	1,254.41	00 15									
63	50200	BIOPSY OF KIDNEY	570.64										
67	50200	BIOPSY OF KIDNEY	570.64	00 15									
63	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	863.10										
67	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	863.10	00 15									
63	50220	REMOVAL OF KIDNEY	1,185.24										
67	50220	REMOVAL OF KIDNEY	1,185.24	00 15									
63	50225	REMOVAL OF KIDNEY	1,350.07										
67	50225	REMOVAL OF KIDNEY	1,350.07	00 15									
63	50230	REMOVAL OF KIDNEY	1,439.25										
67	50230	REMOVAL OF KIDNEY	1,439.25	00 15									
63	50234	REMOVAL OF KIDNEY & URETER	1,462.93										
67	50234	REMOVAL OF KIDNEY & URETER	1,462.93	00 15									
63	50236	REMOVAL OF KIDNEY & URETER	1,641.71										
67	50236	REMOVAL OF KIDNEY & URETER	1,641.71	00 15									
63	50240	PARTIAL REMOVAL OF KIDNEY	1,483.66										
67	50240	PARTIAL REMOVAL OF KIDNEY	1,483.66	00 15									
63	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,361.49										
67	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,361.49	00 15									
63	50280	REMOVAL OF KIDNEY LESION	1,087.90										
67	50280	REMOVAL OF KIDNEY LESION	1,087.90	00 15									
63	50290	REMOVAL OF KIDNEY LESION	1,005.05										
67	50290	REMOVAL OF KIDNEY LESION	1,005.05	00 15									
63	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,725.85		X								

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,725.85	00	15	X								
63	50327	PREP RENAL GRAFT/VENOUS	252.93			X								
67	50327	PREP RENAL GRAFT/VENOUS	252.93	00	15	X								
63	50328	PREP RENAL GRAFT/ARTERIAL	220.12			X								
67	50328	PREP RENAL GRAFT/ARTERIAL	220.12	00	15	X								
63	50329	PREP RENAL GRAFT/URETERAL	209.79			X								
67	50329	PREP RENAL GRAFT/URETERAL	209.79	00	15	X								
63	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,088.10			X								
67	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,088.10	00	15	X								
63	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,789.60			X								
67	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,789.60	00	15	X								
63	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,296.62			X								
67	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,296.62	00	15	X								
63	50370	REMOVE TRANSPLANTED KIDNEY	1,384.41											
67	50370	REMOVE TRANSPLANTED KIDNEY	1,384.41	00	15									
63	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,312.19			X								
67	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,312.19	00	15	X								
63	50382	CHANGE URETER STENT, PERCUT	1,142.37											
67	50382	CHANGE URETER STENT, PERCUT	1,142.37	00	15									
63	50384	REMOVE URETER STENT, PERCUT	958.67											
67	50384	REMOVE URETER STENT, PERCUT	958.67	00	15									
63	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,137.24											
67	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,137.24	00	15									
63	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	810.19											
67	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	810.19	00	15									
63	50387	CHANGE EXT/INT URETER STENT	600.54											
67	50387	CHANGE EXT/INT URETER STENT	600.54	00	15									
63	50389	REMOVE RENAL TUBE W/FLUORO	432.95											
67	50389	REMOVE RENAL TUBE W/FLUORO	432.95	00	15									
63	50390	DRAINAGE OF KIDNEY LESION	106.69											
67	50390	DRAINAGE OF KIDNEY LESION	106.69	00	15									
63	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	139.56											
67	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	139.56	00	15									
63	50396	MEASURE KIDNEY PRESSURE	127.26											
67	50396	MEASURE KIDNEY PRESSURE	127.26	00	15									
63	50400	REVISION OF KIDNEY/URETER	1,292.88											
67	50400	REVISION OF KIDNEY/URETER	1,292.88	00	15									
63	50405	REVISION OF KIDNEY/URETER	1,562.23											
67	50405	REVISION OF KIDNEY/URETER	1,562.23	00	15									
63	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	651.92											
67	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	651.92	00	15									
63	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	317.82											
67	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	317.82	00	15									
63	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	970.25											
67	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	970.25	00	15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,231.80										
67	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,231.80	00 15									
63	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	984.84										
67	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	984.84	00 15									
63	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	630.18										
67	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	630.18	00 15									
63	50436	DILATION OF EXISTING TRACT, PERCUTAN	166.99										
67	50436	DILATION OF EXISTING TRACT, PERCUTAN	166.99	00 15									
63	50437	DILATION OF EXISTING TRACT, PERCUTAN	278.15										
67	50437	DILATION OF EXISTING TRACT, PERCUTAN	278.15	00 15									
63	50500	REPAIR OF KIDNEY WOUND	1,417.73										
67	50500	REPAIR OF KIDNEY WOUND	1,417.73	00 15									
63	50520	CLOSE KIDNEY-SKIN FISTULA	1,340.29										
67	50520	CLOSE KIDNEY-SKIN FISTULA	1,340.29	00 15									
63	50525	REPAIR RENAL-ABDOMEN FISTULA	1,706.17										
67	50525	REPAIR RENAL-ABDOMEN FISTULA	1,706.17	00 15									
63	50526	REPAIR RENAL-ABDOMEN FISTULA	1,828.65										
67	50526	REPAIR RENAL-ABDOMEN FISTULA	1,828.65	00 15									
63	50540	REVISION OF HORSESHOE KIDNEY	1,283.18										
67	50540	REVISION OF HORSESHOE KIDNEY	1,283.18	00 15									
63	50541	LAPARO ABLATE RENAL CYST	1,029.38										
67	50541	LAPARO ABLATE RENAL CYST	1,029.38	00 15									
63	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,308.32										
67	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,308.32	00 15									
63	50543	LAPARO PARTIAL NEPHRECTOMY	1,668.24										
67	50543	LAPARO PARTIAL NEPHRECTOMY	1,668.24	00 15									
63	50544	LAPAROSCOPY, PYELOPLASTY	1,394.48										
67	50544	LAPAROSCOPY, PYELOPLASTY	1,394.48	00 15									
63	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,499.48										
67	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,499.48	00 15									
63	50546	LAPAROSCOPIC NEPHRECTOMY	1,351.73										
67	50546	LAPAROSCOPIC NEPHRECTOMY	1,351.73	00 15									
63	50547	LAPARO REMOVAL DONOR KIDNEY	1,843.99										
67	50547	LAPARO REMOVAL DONOR KIDNEY	1,843.99	00 15									
63	50548	LAPARO-ASST REMOVE K/URETER	1,511.37										
67	50548	LAPARO-ASST REMOVE K/URETER	1,511.37	00 15									
63	50551	KIDNEY ENDOSCOPY	400.20										
67	50551	KIDNEY ENDOSCOPY	400.20	00 15									
63	50553	KIDNEY ENDOSCOPY	428.71										
67	50553	KIDNEY ENDOSCOPY	428.71	00 15									
63	50555	KIDNEY ENDOSCOPY & BIOPSY	457.30										
67	50555	KIDNEY ENDOSCOPY & BIOPSY	457.30	00 15									
63	50557	KIDNEY ENDOSCOPY & TREATMENT	465.07										
67	50557	KIDNEY ENDOSCOPY & TREATMENT	465.07	00 15									
63	50561	KIDNEY ENDOSCOPY & TREATMENT	527.81										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	50561	KIDNEY ENDOSCOPY & TREATMENT	527.81	00 15									
63	50562	RENAL SCOPE W/TUMOR RESECT	647.26										
67	50562	RENAL SCOPE W/TUMOR RESECT	647.26	00 15									
63	50570	KIDNEY ENDOSCOPY	551.00										
67	50570	KIDNEY ENDOSCOPY	551.00	00 15									
63	50572	KIDNEY ENDOSCOPY	596.05										
67	50572	KIDNEY ENDOSCOPY	596.05	00 15									
63	50574	KIDNEY ENDOSCOPY & BIOPSY	633.63										
67	50574	KIDNEY ENDOSCOPY & BIOPSY	633.63	00 15									
63	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	801.50										
67	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	801.50	00 15									
63	50576	KIDNEY ENDOSCOPY & TREATMENT	632.11										
67	50576	KIDNEY ENDOSCOPY & TREATMENT	632.11	00 15									
63	50580	KIDNEY ENDOSCOPY & TREATMENT	681.93										
67	50580	KIDNEY ENDOSCOPY & TREATMENT	681.93	00 15									
63	50590	LITHOTRIPSY,ESW	815.48										
67	50590	LITHOTRIPSY,ESW	815.48	00 15									
63	50592	PERC RF ABLATE RENAL TUMOR	3,251.20										
67	50592	PERC RF ABLATE RENAL TUMOR	3,251.20	00 15									
63	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,365.69										
67	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,365.69	00 15									
63	50600	EXPLORATION OF URETER	1,049.48										
67	50600	EXPLORATION OF URETER	1,049.48	00 15									
63	50605	URETEROTOMY-INSERT STEAT	1,143.75										
67	50605	URETEROTOMY-INSERT STEAT	1,143.75	00 15									
63	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	613.71										
67	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	613.71	00 15									
63	50610	REMOVAL OF URETER STONE	1,056.52										
67	50610	REMOVAL OF URETER STONE	1,056.52	00 15									
63	50620	REMOVAL OF URETER STONE	1,010.87										
67	50620	REMOVAL OF URETER STONE	1,010.87	00 15									
63	50630	REMOVAL OF URETER STONE	998.54										
67	50630	REMOVAL OF URETER STONE	998.54	00 15									
63	50650	REMOVAL OF URETER	1,161.60										
67	50650	REMOVAL OF URETER	1,161.60	00 15									
63	50660	REMOVAL OF URETER	1,279.37										
67	50660	REMOVAL OF URETER	1,279.37	00 15									
63	50684	INJECTION FOR URETER X-RAY	131.69										
67	50684	INJECTION FOR URETER X-RAY	131.69	00 15									
63	50686	MEASURE URETER PRESSURE	153.83										
67	50686	MEASURE URETER PRESSURE	153.83	00 15									
63	50688	CHANGE OF URETER TUBE	83.82										
67	50688	CHANGE OF URETER TUBE	83.82	00 15									
63	50690	INJECTION OF BLADDER AND URINARY DUC	123.13										
67	50690	INJECTION OF BLADDER AND URINARY DUC	123.13	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,097.44										
67	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,097.44	00 15									
63	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,225.99										
67	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,225.99	00 15									
63	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,482.37										
67	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,482.37	00 15									
63	50700	REVISION OF URETER	1,034.66										
67	50700	REVISION OF URETER	1,034.66	00 15									
63	50705	URETERAL EMBOLIZATION OR OCCLUSION,	2,003.60										
67	50705	URETERAL EMBOLIZATION OR OCCLUSION,	2,003.60	00 15									
63	50706	BALLOON DILATION, URETERAL STRICTURE	959.03										
67	50706	BALLOON DILATION, URETERAL STRICTURE	959.03	00 15									
63	50715	RELEASE OF URETER	1,359.52										
67	50715	RELEASE OF URETER	1,359.52	00 15									
63	50722	RELEASE OF URETER	1,162.86				F						
67	50722	RELEASE OF URETER	1,162.86	00 15			F						
63	50725	RELEASE/REVISE URETER	1,232.71										
67	50725	RELEASE/REVISE URETER	1,232.71	00 15									
63	50727	REVISION OF URINARY-CUTANEOUS ANASTO	566.38										
67	50727	REVISION OF URINARY-CUTANEOUS ANASTO	566.38	00 15									
63	50728	REVISION OF URINARY-CUTANEOUS ANASTO	824.79										
67	50728	REVISION OF URINARY-CUTANEOUS ANASTO	824.79	00 15									
63	50740	FUSION OF URETER & KIDNEY	1,417.59										
67	50740	FUSION OF URETER & KIDNEY	1,417.59	00 15									
63	50750	FUSION OF URETER & KIDNEY	1,290.59										
67	50750	FUSION OF URETER & KIDNEY	1,290.59	00 15									
63	50760	FUSION OF URETERS	1,286.86										
67	50760	FUSION OF URETERS	1,286.86	00 15									
63	50770	SPLICING OF URETERS	1,290.59										
67	50770	SPLICING OF URETERS	1,290.59	00 15									
63	50780	REIMPLANT URETER IN BLADDER	1,249.15										
67	50780	REIMPLANT URETER IN BLADDER	1,249.15	00 15									
63	50782	URETERONEOCYSTOSTOMY;	1,202.08										
67	50782	URETERONEOCYSTOSTOMY;	1,202.08	00 15									
63	50783	URETERONEOCYSTOSTOMY;	1,261.09										
67	50783	URETERONEOCYSTOSTOMY;	1,261.09	00 15									
63	50785	REIMPLANT URETER IN BLADDER	1,361.20										
67	50785	REIMPLANT URETER IN BLADDER	1,361.20	00 15									
63	50800	IMPLANT URETER IN BOWEL	1,033.25										
67	50800	IMPLANT URETER IN BOWEL	1,033.25	00 15									
63	50810	FUSION OF URETER & BOWEL	1,622.18										
67	50810	FUSION OF URETER & BOWEL	1,622.18	00 15									
63	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,368.85										
67	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,368.85	00 15									
63	50820	CONSTRUCT BOWEL BLADDER	1,472.57										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	50820	CONSTRUCT BOWEL BLADDER	1,472.57	00 15									
63	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,858.95										
67	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,858.95	00 15									
63	50830	URINARY UNDIVERSION	2,020.17										
67	50830	URINARY UNDIVERSION	2,020.17	00 15									
63	50840	REPLACE URETER BY BOWEL	1,376.65										
67	50840	REPLACE URETER BY BOWEL	1,376.65	00 15									
63	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,399.14										
67	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,399.14	00 15									
63	50860	TRANSPLANT URETER TO SKIN	1,056.36										
67	50860	TRANSPLANT URETER TO SKIN	1,056.36	00 15									
63	50900	REPAIR OF URETER	941.09										
67	50900	REPAIR OF URETER	941.09	00 15									
63	50920	CLOSURE URETER/SKIN FISTULA	984.62										
67	50920	CLOSURE URETER/SKIN FISTULA	984.62	00 15									
63	50930	CLOSURE URETER/BOWEL FISTULA	1,231.98										
67	50930	CLOSURE URETER/BOWEL FISTULA	1,231.98	00 15									
63	50940	RELEASE OF URETER	992.03										
67	50940	RELEASE OF URETER	992.03	00 15									
63	50945	LAPAROSCOPY URETEROLITHOTOMY	1,087.88										
67	50945	LAPAROSCOPY URETEROLITHOTOMY	1,087.88	00 15									
63	50947	LAPARO NEW URETER/BLADDER	1,554.68										
67	50947	LAPARO NEW URETER/BLADDER	1,554.68	00 15									
63	50948	LAPARO NEW URETER/BLADDER	1,435.73										
67	50948	LAPARO NEW URETER/BLADDER	1,435.73	00 15									
63	50951	ENDOSCOPY OF URETER	420.30										
67	50951	ENDOSCOPY OF URETER	420.30	00 15									
63	50953	ENDOSCOPY OF URETER	443.75										
67	50953	ENDOSCOPY OF URETER	443.75	00 15									
63	50955	URETER ENDOSCOPY & BIOPSY	473.04										
67	50955	URETER ENDOSCOPY & BIOPSY	473.04	00 15									
63	50957	URETER ENDOSCOPY & TREATMENT	477.84										
67	50957	URETER ENDOSCOPY & TREATMENT	477.84	00 15									
63	50961	URETER ENDOSCOPY & TREATMENT	431.39										
67	50961	URETER ENDOSCOPY & TREATMENT	431.39	00 15									
63	50970	URETER ENDOSCOPY	414.53										
67	50970	URETER ENDOSCOPY	414.53	00 15									
63	50972	URETER ENDOSCOPY & CATHETER	400.16										
67	50972	URETER ENDOSCOPY & CATHETER	400.16	00 15									
63	50974	URETER ENDOSCOPY & BIOPSY	529.06										
67	50974	URETER ENDOSCOPY & BIOPSY	529.06	00 15									
63	50976	URETER ENDOSCOPY & TREATMENT	522.11										
67	50976	URETER ENDOSCOPY & TREATMENT	522.11	00 15									
63	50980	URETER ENDOSCOPY & TREATMENT	398.26										
67	50980	URETER ENDOSCOPY & TREATMENT	398.26	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	51020	INCISE & TREAT BLADDER	521.38										
67	51020	INCISE & TREAT BLADDER	521.38	00 15									
63	51030	INCISE & TREAT BLADDER	525.56										
67	51030	INCISE & TREAT BLADDER	525.56	00 15									
63	51040	INCISE & DRAIN BLADDER	320.45										
67	51040	INCISE & DRAIN BLADDER	320.45	00 15									
63	51045	INCISE BLADDER, DRAIN URETER	564.20										
67	51045	INCISE BLADDER, DRAIN URETER	564.20	00 15									
63	51050	REMOVAL OF BLADDER STONE	525.33										
67	51050	REMOVAL OF BLADDER STONE	525.33	00 15									
63	51060	REMOVAL OF URETER STONE	648.30										
67	51060	REMOVAL OF URETER STONE	648.30	00 15									
63	51065	REMOVAL OF URETER STONE	645.92										
67	51065	REMOVAL OF URETER STONE	645.92	00 15									
63	51080	DRAINAGE OF BLADDER ABSCESS	452.80										
67	51080	DRAINAGE OF BLADDER ABSCESS	452.80	00 15									
63	51100	ASPIRATION OF BLADDER; BY NEEDLE	79.85										
67	51100	ASPIRATION OF BLADDER; BY NEEDLE	79.85	00 15									
63	51101	ASPIRATION OF BLADDER; BY TROCAR OR	162.28										
67	51101	ASPIRATION OF BLADDER; BY TROCAR OR	162.28	00 15									
63	51102	ASPIRATION OF BLADDER; WITH INSERTIO	263.15										
67	51102	ASPIRATION OF BLADDER; WITH INSERTIO	263.15	00 15									
63	51500	REMOVAL OF BLADDER CYST	710.51										
67	51500	REMOVAL OF BLADDER CYST	710.51	00 15									
63	51520	REMOVAL OF BLADDER LESION	663.05										
67	51520	REMOVAL OF BLADDER LESION	663.05	00 15									
63	51525	REMOVAL OF BLADDER LESION	962.07										
67	51525	REMOVAL OF BLADDER LESION	962.07	00 15									
63	51530	REMOVAL OF BLADDER LESION	860.37										
67	51530	REMOVAL OF BLADDER LESION	860.37	00 15									
63	51535	REPAIR OF URETER LESION	871.71										
67	51535	REPAIR OF URETER LESION	871.71	00 15									
63	51550	PARTIAL REMOVAL OF BLADDER	1,079.58										
67	51550	PARTIAL REMOVAL OF BLADDER	1,079.58	00 15									
63	51555	PARTIAL REMOVAL OF BLADDER	1,417.54										
67	51555	PARTIAL REMOVAL OF BLADDER	1,417.54	00 15									
63	51565	REVISE BLADDER & URETER(S)	1,442.19										
67	51565	REVISE BLADDER & URETER(S)	1,442.19	00 15									
63	51570	REMOVAL OF BLADDER	1,647.71										
67	51570	REMOVAL OF BLADDER	1,647.71	00 15									
63	51575	REMOVAL OF BLADDER & NODES	2,041.63										
67	51575	REMOVAL OF BLADDER & NODES	2,041.63	00 15									
63	51580	REMOVE BLADDER; REVISE TRACT	2,125.40										
67	51580	REMOVE BLADDER; REVISE TRACT	2,125.40	00 15									
63	51585	REMOVAL OF BLADDER & NODES	2,366.08										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	51585	REMOVAL OF BLADDER & NODES	2,366.08	00 15									
63	51590	REMOVE BLADDER; REVISE TRACT	2,170.38										
67	51590	REMOVE BLADDER; REVISE TRACT	2,170.38	00 15									
63	51595	REMOVE BLADDER; REVISE TRACT	2,454.17										
67	51595	REMOVE BLADDER; REVISE TRACT	2,454.17	00 15									
63	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,642.56										
67	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,642.56	00 15									
63	51597	PELVIC EXENTERATION	2,573.57		X								
67	51597	PELVIC EXENTERATION	2,573.57	00 15	X								
63	51600	INJECTION FOR BLADDER X-RAY	226.30										
67	51600	INJECTION FOR BLADDER X-RAY	226.30	00 15									
63	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	42.87										
67	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	42.87	00 15									
63	51610	INJECTION FOR BLADDER X-RAY	135.18										
67	51610	INJECTION FOR BLADDER X-RAY	135.18	00 15									
63	51700	IRRIGATION OF BLADDER	83.55									X	
67	51700	IRRIGATION OF BLADDER	83.55	00 15								X	
63	51701	INSERTION NON-INDWELLNG BLADDR CATH	49.16										
67	51701	INSERTION NON-INDWELLNG BLADDR CATH	49.16	00 15									
63	51702	INSERT TEMP INDWELL BLADDER CATHETER	67.04										
67	51702	INSERT TEMP INDWELL BLADDER CATHETER	67.04	00 15									
63	51703	INSERT INDWELL BLADDER CATH;COMPLICA	159.08										
67	51703	INSERT INDWELL BLADDER CATH;COMPLICA	159.08	00 15									
63	51705	CHANGE OF BLADDER TUBE	103.78										
67	51705	CHANGE OF BLADDER TUBE	103.78	00 15									
63	51710	CHANGE OF BLADDER TUBE	145.53										
67	51710	CHANGE OF BLADDER TUBE	145.53	00 15									
63	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	394.31										
67	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	394.31	00 15									
63	51720	TREATMENT OF BLADDER LESION	94.95										
67	51720	TREATMENT OF BLADDER LESION	94.95	00 15									
65	51725	SIMPLE CYSTOMETROGRAM	85.37										
65	51726	COMPLEX CYSTOMETROGRAM	94.88										
65	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	118.85										
65	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	115.96										
65	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	141.79										
65	51736	SIMPLE UROFLOWMETRY	9.19										
65	51741	COMPLEX UROFLOWMETRY	9.71										
65	51784	ANAL/URINARY MUSCLE STUDY	41.55										
65	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	108.11										
65	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	43.85										
63	51800	REVISION OF BLADDER/URETHRA	1,167.41										
67	51800	REVISION OF BLADDER/URETHRA	1,167.41	00 15									
63	51820	REVISION OF URINARY TRACT	1,212.97										
67	51820	REVISION OF URINARY TRACT	1,212.97	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	51840	ATTACH BLADDER/URETHRA	771.99										
67	51840	ATTACH BLADDER/URETHRA	771.99	00 15									
63	51841	ATTACH BLADDER/URETHRA	893.26										
67	51841	ATTACH BLADDER/URETHRA	893.26	00 15									
63	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	649.98				F						
67	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	649.98	00 15			F						
63	51860	REPAIR OF BLADDER WOUND	837.45										
67	51860	REPAIR OF BLADDER WOUND	837.45	00 15									
63	51865	REPAIR OF BLADDER WOUND	1,008.40										
67	51865	REPAIR OF BLADDER WOUND	1,008.40	00 15									
63	51880	REPAIR OF BLADDER OPENING	521.43										
67	51880	REPAIR OF BLADDER OPENING	521.43	00 15									
63	51900	REPAIR BLADDER/VAGINA LESION	919.30				F						
67	51900	REPAIR BLADDER/VAGINA LESION	919.30	00 15			F						
63	51920	CLOSE BLADDER-UTERUS FISTULA	851.89				F						
67	51920	CLOSE BLADDER-UTERUS FISTULA	851.89	00 15			F						
63	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,212.87		X		F		X				
67	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,212.87	00 15	X		F		X				
63	51940	CORRECTION OF BLADDER DEFECT	1,839.79										
67	51940	CORRECTION OF BLADDER DEFECT	1,839.79	00 15									
63	51960	REVISION OF BLADDER & BOWEL	1,548.70										
67	51960	REVISION OF BLADDER & BOWEL	1,548.70	00 15									
63	51980	CONSTRUCT BLADDER OPENING	797.11										
67	51980	CONSTRUCT BLADDER OPENING	797.11	00 15									
63	51990	LAPARO URETHRAL SUSPENSION	834.95										
67	51990	LAPARO URETHRAL SUSPENSION	834.95	00 15									
63	51992	LAPARO SLING OPERATION	944.83				F						
67	51992	LAPARO SLING OPERATION	944.83	00 15			F						
63	52000	CYSTOSCOPY	245.89										
67	52000	CYSTOSCOPY	245.89	00 15									
63	52001	CYSTOSCOPY, REMOVAL OF CLOTS	474.72										
67	52001	CYSTOSCOPY, REMOVAL OF CLOTS	474.72	00 15									
63	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	326.38										
67	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	326.38	00 15									
63	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	504.52										
67	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	504.52	00 15									
63	52010	CYSTOSCOPY & DUCT CATHETER	424.82				M						
67	52010	CYSTOSCOPY & DUCT CATHETER	424.82	00 15			M						
63	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	416.20										
67	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	416.20	00 15									
63	52214	CYSTOURETHROSCOPY WITH FULGURATION;	807.32										
67	52214	CYSTOURETHROSCOPY WITH FULGURATION;	807.32	00 15									
63	52224	CYSTOURETHROSCOPY WITH FULGURATION;	842.77										
67	52224	CYSTOURETHROSCOPY WITH FULGURATION;	842.77	00 15									
63	52234	CYSTOURETHROSCOPY WITH FULGURATION;	274.26										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	52234	CYSTOURETHROSCOPY WITH FULGURATION;	274.26	00 15									
63	52235	CYSTOURETHROSCOPY WITH FULGURATION;	322.47										
67	52235	CYSTOURETHROSCOPY WITH FULGURATION;	322.47	00 15									
63	52240	CYSTOURETHROSCOPY WITH FULGURATION;	438.35										
67	52240	CYSTOURETHROSCOPY WITH FULGURATION;	438.35	00 15									
63	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	266.98										
67	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	266.98	00 15									
63	52260	CYSTOSCOPY & TREATMENT	235.30										
67	52260	CYSTOSCOPY & TREATMENT	235.30	00 15									
63	52265	CYSTOSCOPY & TREATMENT	413.18										
67	52265	CYSTOSCOPY & TREATMENT	413.18	00 15									
63	52270	CYSTOSCOPY & REVISE URETHRA	452.57										
67	52270	CYSTOSCOPY & REVISE URETHRA	452.57	00 15									
63	52275	CYSTOSCOPY & REVISE URETHRA	586.78										
67	52275	CYSTOSCOPY & REVISE URETHRA	586.78	00 15									
63	52276	CYSTOURETHROSCOPY W/DIRECT VISION	295.87										
67	52276	CYSTOURETHROSCOPY W/DIRECT VISION	295.87	00 15									
63	52277	CYSTOSCOPY AND TREATMENT	361.32										
67	52277	CYSTOSCOPY AND TREATMENT	361.32	00 15									
63	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	355.02										
67	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	355.02	00 15									
63	52282	CYSTOSCOPY, IMPLANT STENT	375.25										
67	52282	CYSTOSCOPY, IMPLANT STENT	375.25	00 15									
63	52283	CYSTOURETHROSCOPY, STEROID INJECTION	376.08										
67	52283	CYSTOURETHROSCOPY, STEROID INJECTION	376.08	00 15									
63	52285	CYSTOSCOPY AND TREATMENT	372.20				F						
67	52285	CYSTOSCOPY AND TREATMENT	372.20	00 15			F						
63	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	411.25										
67	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	411.25	00 15									
63	52290	CYSTOSCOPY AND TREATMENT	272.36										
67	52290	CYSTOSCOPY AND TREATMENT	272.36	00 15									
63	52300	CYSTOSCOPY AND TREATMENT	313.77										
67	52300	CYSTOSCOPY AND TREATMENT	313.77	00 15									
63	52301	CYSTOSCOPY AND TREATMENT	324.47										
67	52301	CYSTOSCOPY AND TREATMENT	324.47	00 15									
63	52305	CYSTOSCOPY AND TREATMENT	311.55										
67	52305	CYSTOSCOPY AND TREATMENT	311.55	00 15									
63	52310	CYSTOSCOPY AND TREATMENT	332.66										
67	52310	CYSTOSCOPY AND TREATMENT	332.66	00 15									
63	52315	CYSTOSCOPY AND TREATMENT	515.07										
67	52315	CYSTOSCOPY AND TREATMENT	515.07	00 15									
63	52317	LITHOLAPAXY,SIMPLE;SMALL	965.05										
67	52317	LITHOLAPAXY,SIMPLE;SMALL	965.05	00 15									
63	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	531.38										
67	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	531.38	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	52320	CYSTOSCOPY AND TREATMENT	275.47										
67	52320	CYSTOSCOPY AND TREATMENT	275.47	00 15									
63	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	358.54										
67	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	358.54	00 15									
63	52327	CYSTOSCOPY, INJECT MATERIAL	296.99										
67	52327	CYSTOSCOPY, INJECT MATERIAL	296.99	00 15									
63	52330	CYSTOSCOPY AND TREATMENT	651.31										
67	52330	CYSTOSCOPY AND TREATMENT	651.31	00 15									
63	52332	CYSTOURETHROSCOPY/INSERT STENT	465.55										
67	52332	CYSTOURETHROSCOPY/INSERT STENT	465.55	00 15									
63	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	203.99										
67	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	203.99	00 15									
63	52341	CYSTO W/URETER STRICTURE TX	317.43										
67	52341	CYSTO W/URETER STRICTURE TX	317.43	00 15									
63	52342	CYSTO W/UP STRICTURE TX	345.29										
67	52342	CYSTO W/UP STRICTURE TX	345.29	00 15									
63	52343	CYSTO W/RENAL STRICTURE TX	383.88										
67	52343	CYSTO W/RENAL STRICTURE TX	383.88	00 15									
63	52344	CYSTO/URETERO, STONE REMOVE	412.25										
67	52344	CYSTO/URETERO, STONE REMOVE	412.25	00 15									
63	52345	CYSTO/URETERO W/UP STRICTURE	440.98										
67	52345	CYSTO/URETERO W/UP STRICTURE	440.98	00 15									
63	52346	CYSTOURETERO W/RENAL STRICT	499.77										
67	52346	CYSTOURETERO W/RENAL STRICT	499.77	00 15									
63	52351	CYSTOURETRO & OR PYELOSCOPE	337.98										
67	52351	CYSTOURETRO & OR PYELOSCOPE	337.98	00 15									
63	52352	CYSTOURETRO W/STONE REMOVE	395.61										
67	52352	CYSTOURETRO W/STONE REMOVE	395.61	00 15									
63	52353	CYSTOURETERO W/LITHOTRIPSY	438.35										
67	52353	CYSTOURETERO W/LITHOTRIPSY	438.35	00 15									
63	52354	CYSTOURETERO W/BIOPSY	467.24										
67	52354	CYSTOURETERO W/BIOPSY	467.24	00 15									
63	52355	CYSTOURETERO W/EXCISE TUMOR	522.98										
67	52355	CYSTOURETERO W/EXCISE TUMOR	522.98	00 15									
63	52356	CRUSHING OF STONE IN URINARY DUCT (U	465.88									X	
67	52356	CRUSHING OF STONE IN URINARY DUCT (U	465.88	00 15								X	
63	52400	CYSTOURETERO W/CONGEN REPR	533.18			X							
67	52400	CYSTOURETERO W/CONGEN REPR	533.18	00 15		X							
63	52402	CYSTOURETHRO CUT EJACUL DUCT	300.17				M						
67	52402	CYSTOURETHRO CUT EJACUL DUCT	300.17	00 15			M						
63	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,426.99				M						
67	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,426.99	00 15			M						
63	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	1,003.84				M						
67	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	1,003.84	00 15			M						
63	52450	TRANSURETHRAL INCISION OF PROSTATE	524.38				M						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	52450	TRANSURETHRAL INCISION OF PROSTATE	524.38	00 15			M						
63	52500	REVISION OF BLADDER NECK	544.41				M						
67	52500	REVISION OF BLADDER NECK	544.41	00 15			M						
63	52601	PROSTATECTOMY (TUR)	814.54				M						
67	52601	PROSTATECTOMY (TUR)	814.54	00 15			M						
63	52630	REMOVE PROSTATE REGROWTH	446.20				M						
67	52630	REMOVE PROSTATE REGROWTH	446.20	00 15			M						
63	52640	RELIEVE BLADDER CONTRACTURE	350.22				M						
67	52640	RELIEVE BLADDER CONTRACTURE	350.22	00 15			M						
63	52647	LASER SURGERY OF PROSTATE	1,740.70				M						
67	52647	LASER SURGERY OF PROSTATE	1,740.70	00 15			M						
63	52648	LASER SURGERY OF PROSTATE	1,798.08				M						
67	52648	LASER SURGERY OF PROSTATE	1,798.08	00 15			M						
63	52649	PROSTATE LASER ENUCLEATION	921.32			X	M						
67	52649	PROSTATE LASER ENUCLEATION	921.32	00 15		X	M						
63	52700	DRAINAGE OF PROSTATE ABSCESS	490.41				M						
67	52700	DRAINAGE OF PROSTATE ABSCESS	490.41	00 15			M						
63	53000	INCISION OF URETHRA	163.54										
67	53000	INCISION OF URETHRA	163.54	00 15									
63	53010	INCISION OF URETHRA	324.85										
67	53010	INCISION OF URETHRA	324.85	00 15									
63	53020	INCISION OF URETHRA	108.12	01 99									
67	53020	INCISION OF URETHRA	108.12	01 15									
63	53025	INCISION OF URETHRA	74.96	00 00									
67	53025	INCISION OF URETHRA	74.96	00 00									
63	53040	DRAINAGE OF URETHRA ABSCESS	435.30										
67	53040	DRAINAGE OF URETHRA ABSCESS	435.30	00 15									
63	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	210.41				F						
67	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	210.41	00 15			F						
63	53080	DRAINAGE OF URINARY LEAKAGE	465.93										
67	53080	DRAINAGE OF URINARY LEAKAGE	465.93	00 15									
63	53085	DRAINAGE OF URINARY LEAKAGE	723.59										
67	53085	DRAINAGE OF URINARY LEAKAGE	723.59	00 15									
63	53200	BIOPSY OF URETHRA	175.40										
67	53200	BIOPSY OF URETHRA	175.40	00 15									
63	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	860.59				F						
67	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	860.59	00 15			F						
63	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	1,036.82				M						
67	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	1,036.82	00 15			M						
63	53220	TREATMENT OF URETHRA LESION	501.84										
67	53220	TREATMENT OF URETHRA LESION	501.84	00 15									
63	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	681.05				F						
67	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	681.05	00 15			F						
63	53235	EXCISE URETHRAL DIVERTICULUM;MALE	706.12				M						
67	53235	EXCISE URETHRAL DIVERTICULUM;MALE	706.12	00 15			M						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
63	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	470.99										
67	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	470.99	00 15									
63	53250	REMOVAL OF SEMINAL FLUID GLAND	438.56										
67	53250	REMOVAL OF SEMINAL FLUID GLAND	438.56	00 15									
63	53260	TREATMENT OF URETHRA LESION	229.20										
67	53260	TREATMENT OF URETHRA LESION	229.20	00 15									
63	53265	TREATMENT OF URETHRA LESION	252.38										
67	53265	TREATMENT OF URETHRA LESION	252.38	00 15									
63	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	232.31				F						
67	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	232.31	00 15			F						
63	53275	REPAIR OF URETHRA DEFECT	293.60										
67	53275	REPAIR OF URETHRA DEFECT	293.60	00 15									
63	53400	REVISE URETHRA, 1ST STAGE	892.61										
67	53400	REVISE URETHRA, 1ST STAGE	892.61	00 15									
63	53405	REVISE URETHRA, 2ND STAGE	976.21										
67	53405	REVISE URETHRA, 2ND STAGE	976.21	00 15									
63	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,095.97				M						
67	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,095.97	00 15			M						
63	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,266.20				M						
67	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,266.20	00 15			M						
63	53420	RECONSTRUCT URETHRA, STAGE 1	941.57				M						
67	53420	RECONSTRUCT URETHRA, STAGE 1	941.57	00 15			M						
63	53425	RECONSTRUCT URETHRA, STAGE 2	1,048.14				M						
67	53425	RECONSTRUCT URETHRA, STAGE 2	1,048.14	00 15			M						
63	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,094.20				F						
67	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,094.20	00 15			F						
63	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,290.74										
67	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,290.74	00 15									
63	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	841.42				M						
67	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	841.42	00 15			M						
63	53442	PERINEAL PROSTHESIS REMOVAL	873.58				M						
67	53442	PERINEAL PROSTHESIS REMOVAL	873.58	00 15			M						
63	53444	INSERT TANDEM CUFF	886.44										
67	53444	INSERT TANDEM CUFF	886.44	00 15									
63	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	841.50		X								
67	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	841.50	00 15	X								
63	53446	REMOVE URO SPHINCTER	715.80			X							
67	53446	REMOVE URO SPHINCTER	715.80	00 15		X							
63	53447	INFLATABLE SPHINCTER REMOVAL	901.03			X							
67	53447	INFLATABLE SPHINCTER REMOVAL	901.03	00 15		X							
63	53448	REMOV/REPLC UR SPHINCTR COMP	1,429.74			X							
67	53448	REMOV/REPLC UR SPHINCTR COMP	1,429.74	00 15		X							
63	53449	CORRECTION OF ABNORMAL SPHINCTER	683.88		X								
67	53449	CORRECTION OF ABNORMAL SPHINCTER	683.88	00 15	X								
63	53450	REVISION OF URETHRA	453.60										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
67	53450	REVISION OF URETHRA	453.60	00 15									
63	53460	REVISION OF URETHRA	509.42										
67	53460	REVISION OF URETHRA	509.42	00 15									
63	53500	URETHRLYS, TRANSVAG W/ SCOPE	841.83				F						
67	53500	URETHRLYS, TRANSVAG W/ SCOPE	841.83	00 15			F						
63	53502	URETHRORRHAPHY...SUTURE...,FEMALE	540.75				F						
67	53502	URETHRORRHAPHY...SUTURE...,FEMALE	540.75	00 15			F						
63	53505	URETHRORRHAPHY...SUTURE...;PENILE	540.40				M						
67	53505	URETHRORRHAPHY...SUTURE...;PENILE	540.40	00 15			M						
63	53510	REPAIR OF URETHRA INJURY	704.61										
67	53510	REPAIR OF URETHRA INJURY	704.61	00 15									
63	53515	REPAIR OF URETHRA INJURY	888.64				M						
67	53515	REPAIR OF URETHRA INJURY	888.64	00 15			M						
63	53520	CLOSE URETHROSTOMY....FISTULE,MALE	621.26				M						
67	53520	CLOSE URETHROSTOMY....FISTULE,MALE	621.26	00 15			M						
63	53600	DILATE URETHRAL STRICTURE,MALE;INIT	96.64				M						
67	53600	DILATE URETHRAL STRICTURE,MALE;INIT	96.64	00 15			M						
63	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	92.26				M						
67	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	92.26	00 15			M						
63	53605	DILATE URETH STRICT...MALE	72.64				M						
67	53605	DILATE URETH STRICT...MALE	72.64	00 15			M						
63	53620	DILATE URETH STRICT.,MALE;INITIAL	175.84				M						
67	53620	DILATE URETH STRICT.,MALE;INITIAL	175.84	00 15			M						
63	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	165.64				M						
67	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	165.64	00 15			M						
63	53660	DILATE FEMALE URETHRA...;INITIAL	80.35				F						
67	53660	DILATE FEMALE URETHRA...;INITIAL	80.35	00 15			F						
63	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	79.38				F						
67	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	79.38	00 15			F						
63	53665	DILATE FEMALE URETHRA...	43.65				F						
67	53665	DILATE FEMALE URETHRA...	43.65	00 15			F						
63	53850	PROSTATIC MICROWAVE THERMOTX	1,612.90				M						
67	53850	PROSTATIC MICROWAVE THERMOTX	1,612.90	00 15			M						
63	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,884.34				M						
67	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,884.34	00 15			M						
63	53855	INSERTION OF A TEMPORARY PROSTATIC U	755.98				M						
67	53855	INSERTION OF A TEMPORARY PROSTATIC U	755.98	00 15			M						
63	54000	SLITTING OF PREPUCE	173.64	00 00			M						
67	54000	SLITTING OF PREPUCE	173.64	00 00			M						
63	54001	SLITTING OF PREPUCE	213.50				M						
67	54001	SLITTING OF PREPUCE	213.50	00 15			M						
63	54015	DRAIN PENIS LESION	340.97				M						
67	54015	DRAIN PENIS LESION	340.97	00 15			M						
63	54050	TREATMENT OF PENIS LESION	149.15				M						
67	54050	TREATMENT OF PENIS LESION	149.15	00 15			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
63	54055	TREATMENT OF PENIS LESION	142.49				M						
67	54055	TREATMENT OF PENIS LESION	142.49	00 15			M						
63	54056	DESTROY PENILE LESION;CRYOSURGERY	151.37				M						
67	54056	DESTROY PENILE LESION;CRYOSURGERY	151.37	00 15			M						
63	54057	DESTROY PENILE LESION; LASER SURGERY	150.68				M						
67	54057	DESTROY PENILE LESION; LASER SURGERY	150.68	00 15			M						
63	54060	TREATMENT OF PENIS LESION	208.63				M						
67	54060	TREATMENT OF PENIS LESION	208.63	00 15			M						
63	54065	TREATMENT OF PENIS LESION	238.67				M						
67	54065	TREATMENT OF PENIS LESION	238.67	00 15			M						
63	54100	BIOPSY OF PENIS	217.09				M						
67	54100	BIOPSY OF PENIS	217.09	00 15			M						
63	54105	BIOPSY OF PENIS	301.91				M						
67	54105	BIOPSY OF PENIS	301.91	00 15			M						
63	54110	TREATMENT OF PENIS LESION	697.77				M						
67	54110	TREATMENT OF PENIS LESION	697.77	00 15			M						
63	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	893.72				M						
67	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	893.72	00 15			M						
63	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	1,047.18				M						
67	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	1,047.18	00 15			M						
63	54115	TREATMENT OF PENIS LESION	502.19				M						
67	54115	TREATMENT OF PENIS LESION	502.19	00 15			M						
63	54120	PARTIAL REMOVAL OF PENIS	704.17				M						
67	54120	PARTIAL REMOVAL OF PENIS	704.17	00 15			M						
63	54125	REMOVAL OF PENIS	913.32				M						
67	54125	REMOVAL OF PENIS	913.32	00 15			M						
63	54130	REMOVE PENIS & NODES	1,336.09				M						
67	54130	REMOVE PENIS & NODES	1,336.09	00 15			M						
63	54135	REMOVE PENIS & NODES	1,693.83				M						
67	54135	REMOVE PENIS & NODES	1,693.83	00 15			M						
63	54150	CIRCUMCISION USING CLAMP OR OTHER DE	166.68				M		X				
67	54150	CIRCUMCISION USING CLAMP OR OTHER DE	166.68	00 15			M		X				
63	54160	CIRCUMCISION	240.84	00 01			M		X				
67	54160	CIRCUMCISION	240.84	00 15			M		X				
63	54161	CIRCUMCISION	219.07				M		X				
67	54161	CIRCUMCISION	219.07	00 15			M		X				
63	54162	LYSIS PENIL CIRCUMCIS LESION	284.46				M						
67	54162	LYSIS PENIL CIRCUMCIS LESION	284.46	00 15			M						
63	54163	REPAIR OF CIRCUMCISION	239.84				M						
67	54163	REPAIR OF CIRCUMCISION	239.84	00 15			M						
63	54164	FRENULOTOMY OF PENIS	211.12				M						
67	54164	FRENULOTOMY OF PENIS	211.12	00 15			M						
63	54200	TREATMENT OF PENIS LESION	121.86				M						
67	54200	TREATMENT OF PENIS LESION	121.86	00 15			M						
63	54205	TREATMENT OF PENIS LESION	591.64				M						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	54205	TREATMENT OF PENIS LESION	591.64	00 15			M						
63	54220	TREATMENT OF PENIS LESION	238.24				M						
67	54220	TREATMENT OF PENIS LESION	238.24	00 15			M						
63	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	112.44				M						
67	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	112.44	00 15			M						
63	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	155.12				M						
67	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	155.12	00 15			M						
63	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	96.55				M						
67	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	96.55	00 15			M						
63	54300	REVISION OF PENIS	721.13				M						
67	54300	REVISION OF PENIS	721.13	00 15			M						
63	54304	PLASTIC OPERATION ON PENIS FOR CORRE	835.74				M						
67	54304	PLASTIC OPERATION ON PENIS FOR CORRE	835.74	00 15			M						
63	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	799.76				M						
67	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	799.76	00 15			M						
63	54312	URETHROPLASTY...; MORE THAN 3 CM	913.42				M						
67	54312	URETHROPLASTY...; MORE THAN 3 CM	913.42	00 15			M						
63	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,113.83				M						
67	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,113.83	00 15			M						
63	54318	URETHROPLASTY/RELEASE FROM SCROTUM	794.04				M						
67	54318	URETHROPLASTY/RELEASE FROM SCROTUM	794.04	00 15			M						
63	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	873.98				M						
67	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	873.98	00 15			M						
63	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,082.55				M						
67	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,082.55	00 15			M						
63	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	1,054.02				M						
67	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	1,054.02	00 15			M						
63	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	1,047.41				M						
67	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	1,047.41	00 15			M						
63	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,131.60				M						
67	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,131.60	00 15			M						
63	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,330.40				M						
67	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,330.40	00 15			M						
63	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	634.50				M						
67	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	634.50	00 15			M						
63	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	1,055.92				M						
67	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	1,055.92	00 15			M						
63	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,131.19				M						
67	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,131.19	00 15			M						
63	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,585.55				M						
67	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,585.55	00 15			M						
63	54360	PLASTIC PENILE REPAIR/ANGULATION	805.49				M						
67	54360	PLASTIC PENILE REPAIR/ANGULATION	805.49	00 15			M						
63	54380	REPAIR PENIS	892.52				M						
67	54380	REPAIR PENIS	892.52	00 15			M						

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	54385	REPAIR PENIS	1,039.28				M						
67	54385	REPAIR PENIS	1,039.28	00 15			M						
63	54390	REPAIR PENIS AND BLADDER	1,389.79				M						
67	54390	REPAIR PENIS AND BLADDER	1,389.79	00 15			M						
63	54406	REMOVE MULTI-COMP PENIS PROS	816.77				M				X		
67	54406	REMOVE MULTI-COMP PENIS PROS	816.77	00 15			M				X		
63	54408	REPAIR MULTI-COMP PENIS PROS	882.83				M				X		
67	54408	REPAIR MULTI-COMP PENIS PROS	882.83	00 15			M				X		
63	54410	REMOVE/REPLACE PENIS PROSTH	962.74				M				X		
67	54410	REMOVE/REPLACE PENIS PROSTH	962.74	00 15			M				X		
63	54411	REMV/REPLC PENIS PROS, COMP	1,155.68				M				X		
67	54411	REMV/REPLC PENIS PROS, COMP	1,155.68	00 15			M				X		
63	54415	REMOVE SELF-CONTD PENIS PROS	589.49				M				X		
67	54415	REMOVE SELF-CONTD PENIS PROS	589.49	00 15			M				X		
63	54416	REMV/REPL PENIS CONTAIN PROS	795.52				M				X		
67	54416	REMV/REPL PENIS CONTAIN PROS	795.52	00 15			M				X		
63	54417	REMV/REPLC PENIS PROS, COMPL	1,003.96				M				X		
67	54417	REMV/REPLC PENIS PROS, COMPL	1,003.96	00 15			M				X		
63	54420	REVISION OF PENIS	786.00				M						
67	54420	REVISION OF PENIS	786.00	00 15			M						
63	54430	REVISION OF PENIS	712.60				M						
67	54430	REVISION OF PENIS	712.60	00 15			M						
63	54435	PENILE FISTULATION FOR PRIAPISM	459.26				M						
67	54435	PENILE FISTULATION FOR PRIAPISM	459.26	00 15			M						
63	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	753.29				M						
67	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	753.29	00 15			M						
63	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,495.84				M						
67	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,495.84	00 15			M						
63	54450	PREPUTIAL STRETCHING	76.10				M						
67	54450	PREPUTIAL STRETCHING	76.10	00 15			M						
67	54500	BIOPSY OF TESTIS	82.33	00 15			M					X	
63	54505	BIOPSY OF TESTIS	233.76				M						
67	54505	BIOPSY OF TESTIS	233.76	00 15			M						
63	54512	EXCISE LESION TESTIS	603.31				M						
67	54512	EXCISE LESION TESTIS	603.31	00 15			M						
63	54520	REMOVAL OF TESTIS	364.69				M						
67	54520	REMOVAL OF TESTIS	364.69	00 15			M						
63	54522	ORCHIECTOMY, PARTIAL	656.79				M						
67	54522	ORCHIECTOMY, PARTIAL	656.79	00 15			M						
63	54530	REMOVAL OF TESTIS	565.41				M						
67	54530	REMOVAL OF TESTIS	565.41	00 15			M						
63	54535	EXTENSIVE TESTIS SURGERY	831.04				M						
67	54535	EXTENSIVE TESTIS SURGERY	831.04	00 15			M						
63	54550	EXPLORATION FOR TESTIS	547.97				M						
67	54550	EXPLORATION FOR TESTIS	547.97	00 15			M						

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	54560	EXPLORATION FOR TESTIS	768.37				M						
67	54560	EXPLORATION FOR TESTIS	768.37	00 15			M						
63	54600	REDUCE TESTIS TORSION	503.25				M						
67	54600	REDUCE TESTIS TORSION	503.25	00 15			M						
63	54620	SUSPENSION OF TESTIS	333.75				M						
67	54620	SUSPENSION OF TESTIS	333.75	00 15			M						
63	54640	SUSPENSION OF TESTIS	487.01				M						
67	54640	SUSPENSION OF TESTIS	487.01	00 15			M						
63	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	794.52				M						
67	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	794.52	00 15			M						
63	54660	REVISION OF TESTIS	395.66				M						
67	54660	REVISION OF TESTIS	395.66	00 15			M						
63	54670	REPAIR TESTIS INJURY	451.98				M						
67	54670	REPAIR TESTIS INJURY	451.98	00 15			M						
63	54680	RELOCATION OF TESTIS(ES)	880.41				M						
67	54680	RELOCATION OF TESTIS(ES)	880.41	00 15			M						
63	54690	LAPAROSCOPY, ORCHIECTOMY	733.34				M						
67	54690	LAPAROSCOPY, ORCHIECTOMY	733.34	00 15			M						
63	54692	LAPAROSCOPY, ORCHIOPEXY	847.41				M						
67	54692	LAPAROSCOPY, ORCHIOPEXY	847.41	00 15			M						
63	54700	DRAINAGE OF SCROTUM	237.53				M						
67	54700	DRAINAGE OF SCROTUM	237.53	00 15			M						
63	54800	BIOPSY OF EPIDIDYMIS	139.70				M					X	
67	54800	BIOPSY OF EPIDIDYMIS	139.70	00 15			M					X	
63	54830	REMOVE EPIDIDYMIS LESION	412.51				M						
67	54830	REMOVE EPIDIDYMIS LESION	412.51	00 15			M						
63	54840	REMOVE EPIDIDYMIS LESION	358.06				M						
67	54840	REMOVE EPIDIDYMIS LESION	358.06	00 15			M						
63	54860	REMOVAL OF EPIDIDYMIS	465.07				M						
67	54860	REMOVAL OF EPIDIDYMIS	465.07	00 15			M						
63	54861	REMOVAL OF EPIDIDYMES	632.75				M						
67	54861	REMOVAL OF EPIDIDYMES	632.75	00 15			M						
63	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	397.69				M						
67	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	397.69	00 15			M						
63	55000	DRAINAGE OF HYDROCELE	130.26				M					X	
67	55000	DRAINAGE OF HYDROCELE	130.26	00 15			M					X	
63	55040	REMOVAL OF HYDROCELE	375.65				M						
67	55040	REMOVAL OF HYDROCELE	375.65	00 15			M						
63	55041	REMOVAL OF HYDROCELES	569.56				M						
67	55041	REMOVAL OF HYDROCELES	569.56	00 15			M						
63	55060	REPAIR OF HYDROCELE	422.07				M						
67	55060	REPAIR OF HYDROCELE	422.07	00 15			M						
63	55100	DRAINAGE OF SCROTUM ABSCESS	248.61				M						
67	55100	DRAINAGE OF SCROTUM ABSCESS	248.61	00 15			M						
63	55110	SCROTAL EXPLORATION	430.29				M						

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	55110	SCROTAL EXPLORATION	430.29	00	15			M						
63	55120	REMOVAL OF SCROTUM LESION	392.16					M						
67	55120	REMOVAL OF SCROTUM LESION	392.16	00	15			M						
63	55150	REMOVAL OF SCROTUM	548.15					M						
67	55150	REMOVAL OF SCROTUM	548.15	00	15			M						
63	55175	SCROTOPLASTY;	404.32					M						
67	55175	SCROTOPLASTY;	404.32	00	15			M						
63	55180	SCROTOPLASTY;COMPLICATED	772.55					M						
67	55180	SCROTOPLASTY;	772.55	00	15			M						
63	55250	VASECTOMY, UNILATERAL OR BILATERAL	378.38	21	99	X		M						
63	55500	REMOVAL OF HYDROCELE	439.44					M						
67	55500	REMOVAL OF HYDROCELE	439.44	00	15			M						
63	55520	REMOVAL OF SPERM CORD LESION	520.12					M						
67	55520	REMOVAL OF SPERM CORD LESION	520.12	00	15			M						
63	55530	REVISE SPERMATIC CORD VEINS	391.12					M						
67	55530	REVISE SPERMATIC CORD VEINS	391.12	00	15			M						
63	55535	REVISE SPERMATIC CORD VEINS	478.01					M						
67	55535	REVISE SPERMATIC CORD VEINS	478.01	00	15			M						
63	55540	REVISE HERNIA & SPERM VEINS	635.58					M						
67	55540	REVISE HERNIA & SPERM VEINS	635.58	00	15			M						
63	55550	LAPARO LIGATE SPERMATIC VEIN	476.70					M						
67	55550	LAPARO LIGATE SPERMATIC VEIN	476.70	00	15			M						
63	55600	INCISE SPERM DUCT POUCH	468.26					M						
67	55600	INCISE SPERM DUCT POUCH	468.26	00	15			M						
63	55605	INCISE SPERM DUCT POUCH	581.90					M						
67	55605	INCISE SPERM DUCT POUCH	581.90	00	15			M						
63	55650	REMOVE SPERM DUCT POUCH	802.45					M						
67	55650	REMOVE SPERM DUCT POUCH	802.45	00	15			M						
63	55680	REMOVE SPERM POUCH LESION	384.76					M						
67	55680	REMOVE SPERM POUCH LESION	384.76	00	15			M						
63	55700	BIOPSY OF PROSTATE	267.59					M						
67	55700	BIOPSY OF PROSTATE	267.59	00	15			M						
63	55705	BIOPSY OF PROSTATE	295.68					M						
67	55705	BIOPSY OF PROSTATE	295.68	00	15			M						
63	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	415.57					M						
67	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	415.57	00	15			M						
63	55720	DRAINAGE OF PROSTATE ABSCESS	504.21					M						
67	55720	DRAINAGE OF PROSTATE ABSCESS	504.21	00	15			M						
63	55725	DRAINAGE OF PROSTATE ABSCESS	661.23					M						
67	55725	DRAINAGE OF PROSTATE ABSCESS	661.23	00	15			M						
63	55801	REMOVAL OF PROSTATE	1,224.23					M						
67	55801	REMOVAL OF PROSTATE	1,224.23	00	15			M						
63	55810	EXTENSIVE PROSTATE SURGERY	1,467.03					M						
67	55810	EXTENSIVE PROSTATE SURGERY	1,467.03	00	15			M						
63	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,801.04					M						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,801.04	00 15			M						
63	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,974.87				M						
67	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,974.87	00 15			M						
63	55821	REMOVAL OF PROSTATE	977.21				M						
67	55821	REMOVAL OF PROSTATE	977.21	00 15			M						
63	55831	REMOVAL OF PROSTATE	1,057.93				M						
67	55831	REMOVAL OF PROSTATE	1,057.93	00 15			M						
63	55840	EXTENSIVE PROSTATE SURGERY	1,309.00				M						
67	55840	EXTENSIVE PROSTATE SURGERY	1,309.00	00 15			M						
63	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,311.72				M						
67	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,311.72	00 15			M						
63	55845	EXTENSIVE PROSTATE SURGERY	1,524.78				M						
67	55845	EXTENSIVE PROSTATE SURGERY	1,524.78	00 15			M						
63	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	979.49				M						
67	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	979.49	00 15			M						
63	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,225.78				M						
67	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,225.78	00 15			M						
63	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,494.32				M						
67	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,494.32	00 15			M						
63	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,615.46				M						
67	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,615.46	00 15			M						
63	55870	ELECTROEJACULATION	192.04				M						
67	55870	ELECTROEJACULATION	192.04	00 15			M						
63	55873	CRYOABLATE PROSTATE	6,453.29				M						
67	55873	CRYOABLATE PROSTATE	6,453.29	00 15			M						
63	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	3,202.61				M						
67	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	3,202.61	00 15			M						
63	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	858.61				M						
67	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	858.61	00 15			M						
63	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	160.72				M						
67	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	160.72	00 15			M						
63	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,097.24				M						
67	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,097.24	00 15			M						
63	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	505.41										
67	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	505.41	00 15									
63	56405	INCISION AND DRAINAGE OF VULVA OR PE	154.06				F						
67	56405	INCISION AND DRAINAGE OF VULVA OR PE	154.06	00 15			F						
63	56420	INCISION AND DRAINAGE OF FEMALE GENI	188.56				F					X	
67	56420	INCISION AND DRAINAGE OF FEMALE GENI	188.56	00 15			F					X	
63	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	203.63				F						
67	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	203.63	00 15			F						
63	56441	LYSIS OF LABIAL ADHESIONS	193.67				F						
67	56441	LYSIS OF LABIAL ADHESIONS	193.67	00 15			F						
63	56442	HYMENOTOMY, SIMPLE INCISION	51.93				F						
67	56442	HYMENOTOMY, SIMPLE INCISION	51.93	00 15			F						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	56501	DESTROY VULVA LESION(S);SIMPLE	195.73				F						
67	56501	DESTROY VULVA LESION(S);SIMPLE	195.73	00 15			F						
63	56515	TREATMENT OF VULVA LESIONS	294.50				F						
67	56515	TREATMENT OF VULVA LESIONS	294.50	00 15			F						
63	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	103.24				F						
67	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	103.24	00 15			F						
63	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	43.11				F						
67	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	43.11	00 15			F						
63	56620	PARTIAL REMOVAL OF VULVA	634.67				F						
67	56620	PARTIAL REMOVAL OF VULVA	634.67	00 15			F						
63	56625	REMOVAL OF VULVA	737.19				F						
67	56625	REMOVAL OF VULVA	737.19	00 15			F						
63	56630	EXTENSIVE VULVA SURGERY	1,069.98				F						
67	56630	EXTENSIVE VULVA SURGERY	1,069.98	00 15			F						
63	56631	VULVECTOMY, RADICAL, PARTIAL;	1,326.59				F						
67	56631	VULVECTOMY, RADICAL, PARTIAL;	1,326.59	00 15			F						
63	56632	VULVECTOMY, RADICAL, PARTIAL;	1,590.76				F						
67	56632	VULVECTOMY, RADICAL, PARTIAL;	1,590.76	00 15			F						
63	56633	VULVECTOMY, RADICAL, COMPLETE;	1,377.25				F						
67	56633	VULVECTOMY, RADICAL, COMPLETE;	1,377.25	00 15			F						
63	56634	VULVECTOMY, RADICAL, COMPLETE;	1,448.69				F						
67	56634	VULVECTOMY, RADICAL, COMPLETE;	1,448.69	00 15			F						
63	56637	VULVECTOMY, RADICAL, COMPLETE;	1,688.12				F						
67	56637	VULVECTOMY, RADICAL, COMPLETE;	1,688.12	00 15			F						
63	56640	EXTENSIVE VULVA SURGERY	1,711.78				F						
67	56640	EXTENSIVE VULVA SURGERY	1,711.78	00 15			F						
63	56700	PARTIAL REMOVAL OF HYMEN	224.16				F						
67	56700	PARTIAL REMOVAL OF HYMEN	224.16	00 15			F						
63	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	352.36				F						
67	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	352.36	00 15			F						
63	56800	REPAIR OF VAGINA	281.72				F						
67	56800	REPAIR OF VAGINA	281.72	00 15			F						
63	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,323.04				F						
67	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,323.04	00 15			F						
63	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	302.93				F						
67	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	302.93	00 15			F						
63	56820	EXAM OF VULVA W/SCOPE	134.71				F						
67	56820	EXAM OF VULVA W/SCOPE	134.71	00 15			F						
63	56821	EXAM/BIOPSY OF VULVA W/SCOPE	181.22				F						
67	56821	EXAM/BIOPSY OF VULVA W/SCOPE	181.22	00 15			F						
63	57000	EXPLORATION OF VAGINA	224.04				F						
67	57000	EXPLORATION OF VAGINA	224.04	00 15			F						
63	57010	DRAINAGE OF PELVIC ABSCESS	510.65				F						
67	57010	DRAINAGE OF PELVIC ABSCESS	510.65	00 15			F						
63	57020	DRAINAGE OF PELVIC FLUID	133.34				F						

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	57020	DRAINAGE OF PELVIC FLUID	133.34	00	15			F						
63	57022	I &D VAGINAL HEMATOMA, OB	202.32					F						
67	57022	I &D VAGINAL HEMATOMA, OB	202.32	00	15			F						
63	57023	I &D VAG HEMATOMA, TRAUMA	359.82					F						
67	57023	I &D VAG HEMATOMA, TRAUMA	359.82	00	15			F						
63	57061	DESTROY VAGINAL LESIONS;SIMPLE	170.15					F						
67	57061	DESTROY VAGINAL LESIONS;SIMPLE	170.15	00	15			F						
63	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	261.75					F						
67	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	261.75	00	15			F						
63	57100	BIOPSY OF VAGINA	111.07					F						
67	57100	BIOPSY OF VAGINA	111.07	00	15			F						
63	57105	BIOPSY OF VAGINA	185.46					F						
67	57105	BIOPSY OF VAGINA	185.46	00	15			F						
63	57106	REMOVE VAGINA WALL, PARTIAL	589.39					F						
67	57106	REMOVE VAGINA WALL, PARTIAL	589.39	00	15			F						
63	57107	REMOVE VAGINA TISSUE/PARTIAL	1,631.84					F						
67	57107	REMOVE VAGINA TISSUE/PARTIAL	1,631.84	00	15			F						
63	57109	VAGINECTOMY PARTIAL W/NODES	1,943.23					F						
67	57109	VAGINECTOMY PARTIAL W/NODES	1,943.23	00	15			F						
63	57110	REMOVAL OF VAGINA	1,027.40					F						
67	57110	REMOVAL OF VAGINA	1,027.40	00	15			F						
63	57111	REMOVE VAGINA TISSUE/COMPL	1,943.23					F						
67	57111	REMOVE VAGINA TISSUE/COMPL	1,943.23	00	15			F						
63	57120	CLOSURE OF VAGINA	593.63					F						
67	57120	CLOSURE OF VAGINA	593.63	00	15			F						
63	57130	REMOVE VAGINA LESION	243.72					F						
67	57130	REMOVE VAGINA LESION	243.72	00	15			F						
63	57135	REMOVE VAGINA LESION	262.29					F						
67	57135	REMOVE VAGINA LESION	262.29	00	15			F						
63	57150	TREAT VAGINA INFECTION	62.61					F					X	
67	57150	TREAT VAGINA INFECTION	62.61	00	15			F					X	
63	57155	INSERTION OF UTERINE TANDEM AND/OR V	420.66					F						
67	57155	INSERTION OF UTERINE TANDEM AND/OR V	420.66	00	15			F						
63	57156	INSERTION OF A VAGINAL RADIATION AFT	239.60					F						
67	57156	INSERTION OF A VAGINAL RADIATION AFT	239.60	00	15			F						
63	57160	INSERTION OF PESSARY	79.71					F						
67	57160	INSERTION OF PESSARY	79.71	00	15			F						
63	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	83.40	10	60			F						
67	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	83.40	10	15			F						
63	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	206.54					F						
67	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	206.54	00	15			F						
63	57200	REPAIR OF VAGINA	363.35					F						
67	57200	REPAIR OF VAGINA	363.35	00	15			F						
63	57210	REPAIR VAGINA/PERINEUM	437.23					F						
67	57210	REPAIR VAGINA/PERINEUM	437.23	00	15			F						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	57220	REVISION OF URETHRA	381.50				F						
67	57220	REVISION OF URETHRA	381.50	00 15			F						
63	57230	REPAIR OF URETHRAL LESION	467.76				F						
67	57230	REPAIR OF URETHRAL LESION	467.76	00 15			F						
63	57240	REPAIR BLADDER & VAGINA	687.59				F						
67	57240	REPAIR BLADDER & VAGINA	687.59	00 15			F						
63	57250	REPAIR RECTUM & VAGINA	692.02				F						
67	57250	REPAIR RECTUM & VAGINA	692.02	00 15			F						
63	57260	REPAIR OF VAGINA	880.88				F						
67	57260	REPAIR OF VAGINA	880.88	00 15			F						
63	57265	EXTENSIVE REPAIR OF VAGINA	989.75				F						
67	57265	EXTENSIVE REPAIR OF VAGINA	989.75	00 15			F						
63	57267	INSERT MESH/PELVIC FLR ADDON	288.17				F						
67	57267	INSERT MESH/PELVIC FLR ADDON	288.17	00 15			F						
63	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	564.37				F						
67	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	564.37	00 15			F						
63	57270	REPAIR OF BOWEL POUCH	919.42				F						
67	57270	REPAIR OF BOWEL POUCH	919.42	00 15			F						
63	57280	SUSPENSION OF VAGINA	1,093.88				F						
67	57280	SUSPENSION OF VAGINA	1,093.88	00 15			F						
63	57282	FIXATION FOR VAGINAL PROLAPSE	783.21				F						
67	57282	FIXATION FOR VAGINAL PROLAPSE	783.21	00 15			F						
63	57283	COLPOPEXY, INTRAPERITONEAL	788.98				F						
67	57283	COLPOPEXY, INTRAPERITONEAL	788.98	00 15			F						
63	57284	REPAIR PARAVAGINAL DEFECT	941.62				F						
67	57284	REPAIR PARAVAGINAL DEFECT	941.62	00 15			F						
63	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	782.55				F						
67	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	782.55	00 15			F						
63	57287	REVISE/REMOVE SLING REPAIR	819.30				F						
67	57287	REVISE/REMOVE SLING REPAIR	819.30	00 15			F						
63	57288	REPAIR BLADDER DEFECT	832.20				F						
67	57288	REPAIR BLADDER DEFECT	832.20	00 15			F						
63	57289	REPAIR BLADDER & VAGINA	894.47				F						
67	57289	REPAIR BLADDER & VAGINA	894.47	00 15			F						
63	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	618.58			X	F						
67	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	618.58	00 15		X	F						
63	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	940.87			X	F						
63	57295	CHANGE VAGINAL GRAFT	559.14				F						
67	57295	CHANGE VAGINAL GRAFT	559.14	00 15			F						
63	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,078.26				F						
67	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,078.26	00 15			F						
63	57300	REPAIR RECTUM-VAGINA FISTULA	676.15				F						
67	57300	REPAIR RECTUM-VAGINA FISTULA	676.15	00 15			F						
63	57305	REPAIR RECTUM-VAGINA FISTULA	1,110.68				F						
67	57305	REPAIR RECTUM-VAGINA FISTULA	1,110.68	00 15			F						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	57307	FISTULA REPAIR & COLOSTOMY	1,193.72				F						
67	57307	FISTULA REPAIR & COLOSTOMY	1,193.72	00 15			F						
63	57308	FISTULA REPAIR, TRANSPERINE	735.79				F						
67	57308	FISTULA REPAIR, TRANSPERINE	735.79	00 15			F						
63	57310	REPAIR URETHRA-VAGINA LESION	541.11				F						
67	57310	REPAIR URETHRA-VAGINA LESION	541.11	00 15			F						
63	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	613.48				F						
67	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	613.48	00 15			F						
63	57320	REPAIR BLADDER-VAGINA LESION	623.88				F						
67	57320	REPAIR BLADDER-VAGINA LESION	623.88	00 15			F						
63	57330	REPAIR BLADDER-VAGINA LESION	853.62				F						
67	57330	REPAIR BLADDER-VAGINA LESION	853.62	00 15			F						
63	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,336.34				F						
67	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,336.34	00 15			F						
63	57400	DILATE VAGINA UNDER ANESTHESIA	148.25		X		F						
67	57400	DILATE VAGINA UNDER ANESTHESIA	148.25	00 15	X		F						
63	57410	PELVIC EXAM UNDER ANESTHESIA	118.41		X		F						
67	57410	PELVIC EXAM UNDER ANESTHESIA	118.41	00 15	X		F						
63	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	193.29				F						
67	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	193.29	00 15			F						
63	57420	EXAM OF VAGINA W/SCOPE	142.35				F						
67	57420	EXAM OF VAGINA W/SCOPE	142.35	00 15			F						
63	57421	EXAM/BIOPSY OF VAG W/SCOPE	192.18				F						
67	57421	EXAM/BIOPSY OF VAG W/SCOPE	192.18	00 15			F						
63	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	1,052.71				F						
67	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	1,052.71	00 15			F						
63	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,103.77				F						
67	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,103.77	00 15			F						
63	57426	REVISION (INCLUDING REMOVAL) OF PROS	978.42				F						
67	57426	REVISION (INCLUDING REMOVAL) OF PROS	978.42	00 15			F						
63	57452	EXAMINATION OF VAGINA	136.41				F						
67	57452	EXAMINATION OF VAGINA	136.41	00 15			F						
63	57454	VAGINA EXAMINATION & BIOPSY	186.54				F						
67	57454	VAGINA EXAMINATION & BIOPSY	186.54	00 15			F						
63	57455	BIOPSY OF CERVIX W/SCOPE	175.63				F						
67	57455	BIOPSY OF CERVIX W/SCOPE	175.63	00 15			F						
63	57456	ENDOCERV CURETTAGE W/SCOPE	164.55				F						
67	57456	ENDOCERV CURETTAGE W/SCOPE	164.55	00 15			F						
63	57460	COLPOSCOPY (VAGINOSCOPY);	344.69				F						
67	57460	COLPOSCOPY (VAGINOSCOPY);	344.69	00 15			F						
63	57461	CONZ OF CERVIX W/SCOPE, LEEP	385.66				F						
67	57461	CONZ OF CERVIX W/SCOPE, LEEP	385.66	00 15			F						
63	57465	COMPUTER-AIDED MAPPING OF CERVIX	62.80				F						
67	57465	COMPUTER-AIDED MAPPING OF CERVIX	62.80	00 15			F						
63	57500	BIOPSY OF CERVIX	164.37				F						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	57500	BIOPSY OF CERVIX	164.37	00 15			F						
63	57505	ENDOCERVICAL CURETTAGE	156.66				F						
67	57505	ENDOCERVICAL CURETTAGE	156.66	00 15			F						
63	57510	CAUTERIZATION OF CERVIX	177.40				F						
67	57510	CAUTERIZATION OF CERVIX	177.40	00 15			F						
63	57511	CRYOCAUTERY OF CERVIX	207.79				F						
67	57511	CRYOCAUTERY OF CERVIX	207.79	00 15			F						
63	57513	LASER SURGERY	212.90				F						
67	57513	LASER SURGERY	212.90	00 15			F						
63	57520	BIOPSY OF CERVIX 10800	381.89				F						
67	57520	BIOPSY OF CERVIX 10800	381.89	00 15			F						
63	57522	CONIZATION OF CERVIX	329.80				F						
67	57522	CONIZATION OF CERVIX	329.80	00 15			F						
63	57530	REMOVAL OF CERVIX	411.87				F						
67	57530	REMOVAL OF CERVIX	411.87	00 15			F						
63	57531	REMOVAL OF CERVIX, RADICAL	2,122.33				F						
67	57531	REMOVAL OF CERVIX, RADICAL	2,122.33	00 15			F						
63	57540	REMOVAL OF RESIDUAL CERVIX	898.27				F						
67	57540	REMOVAL OF RESIDUAL CERVIX	898.27	00 15			F						
63	57545	REMOVE CERVIX, REPAIR PELVIS	946.08				F						
67	57545	REMOVE CERVIX, REPAIR PELVIS	946.08	00 15			F						
63	57550	REMOVAL OF RESIDUAL CERVIX	480.57				F						
67	57550	REMOVAL OF RESIDUAL CERVIX	480.57	00 15			F						
63	57555	REMOVE CERVIX, REPAIR VAGINA	698.14				F						
67	57555	REMOVE CERVIX, REPAIR VAGINA	698.14	00 15			F						
63	57556	REMOVE CERVIX, REPAIR BOWEL	661.01				F						
67	57556	REMOVE CERVIX, REPAIR BOWEL	661.01	00 15			F						
63	57558	DILATION AND CURETTAGE OF CERVICAL S	167.31				F						
67	57558	DILATION AND CURETTAGE OF CERVICAL S	167.31	00 15			F						
63	57700	REVISION OF CERVIX	385.99				F						
67	57700	REVISION OF CERVIX	385.99	00 15			F						
63	57720	REVISION OF CERVIX	369.40				F						
67	57720	REVISION OF CERVIX	369.40	00 15			F						
63	57800	DILATION OF CERVICAL CANAL	82.35				F						
67	57800	DILATION OF CERVICAL CANAL	82.35	00 15			F						
63	58100	BIOPSY OF UTERUS LINING	111.96				F						
67	58100	BIOPSY OF UTERUS LINING	111.96	00 15			F						
63	58110	BX DONE W/COLPOSCOPY ADD-ON	56.81				F						
67	58110	BX DONE W/COLPOSCOPY ADD-ON	56.81	00 15			F						
63	58120	DILATION AND CURETTAGE	323.44	12 99			F						
67	58120	DILATION AND CURETTAGE,NONOBSTETRICA	323.44	12 15			F						
63	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	1,060.44				F						
67	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	1,060.44	00 15			F						
63	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	640.03				F						
67	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	640.03	00 15			F						

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	58146	MYOMECTOMY ABDOM COMPLEX	1,319.37					F						
67	58146	MYOMECTOMY ABDOM COMPLEX	1,319.37	00	15			F						
63	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,147.23			X		F		X				
67	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,147.23	00	15	X		F		X				
63	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,414.33			X		F		X				
67	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,414.33	00	15	X		F		X				
63	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,090.04			X		F		X				
67	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,090.04	00	15	X		F		X				
63	58200	TAH,W/PART.VAGINECTOMY,...BX	1,531.89			X		F		X				
67	58200	TAH,W/PART.VAGINECTOMY,...BX	1,531.89	00	15	X		F		X				
63	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	2,059.47			X		F		X				
67	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	2,059.47	00	15	X		F		X				
63	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,305.23			X		F		X				
67	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,305.23	00	15	X		F		X				
63	58260	VAGINAL HYSTERECTOMY	951.10			X		F		X				
67	58260	VAGINAL HYSTERECTOMY	951.10	00	15	X		F		X				
63	58262	VAGINAL HYST WITH REMOVAL OF TUBES	1,053.02			X		F		X				
67	58262	VAGINAL HYST WITH REMOVAL OF TUBES	1,053.02	00	15	X		F		X				
63	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,131.16			X		F		X				
67	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,131.16	00	15	X		F		X				
63	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,215.48			X		F		X				
67	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,215.48	00	15	X		F		X				
63	58270	VAG HYSTERECT;REPAIR ENTEROCELE	1,016.11			X		F		X				
67	58270	VAG HYSTERECT;REPAIR ENTEROCELE	1,016.11	00	15	X		F		X				
63	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,124.72			X		F		X				
67	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,124.72	00	15	X		F		X				
63	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,206.31			X		F		X				
67	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,206.31	00	15	X		F		X				
63	58285	VAGINAL HYSTERECTOMY;RADICAL	1,596.30			X		F		X				
67	58285	VAGINAL HYSTERECTOMY;RADICAL	1,596.30	00	15	X		F		X				
63	58290	VAG HYST COMPLEX	1,315.10			X		F		X				
67	58290	VAG HYST COMPLEX	1,315.10	00	15	X		F		X				
63	58291	VAG HYST INCL T/O, COMPLEX	1,423.33			X		F		X				
67	58291	VAG HYST INCL T/O, COMPLEX	1,423.33	00	15	X		F		X				
63	58292	VAG HYST T/O & REPAIR, COMPL	1,501.13			X		F		X				
67	58292	VAG HYST T/O & REPAIR, COMPL	1,501.13	00	15	X		F		X				
63	58294	VAG HYST W/ENTEROCELE, COMPL	1,392.00			X		F		X				
67	58294	VAG HYST W/ENTEROCELE, COMPL	1,392.00	00	15	X		F		X				
63	58301	REMOVE INTRAUTERINE DEVICE	118.40	10	60			F						
67	58301	REMOVE INTRAUTERINE DEVICE	118.40	10	15			F						
63	58340	INJECT FOR UTERUS/TUBE X-RAY	241.62	21	59	X		F		X				
63	58346	INSERT HEYMAN UTERI CAPSULE	529.25					F						
67	58346	INSERT HEYMAN UTERI CAPSULE	529.25	00	15			F						
63	58353	ENDOMETR ABLATE, THERMAL	1,059.52			X		F						
67	58353	ENDOMETR ABLATE, THERMAL	1,059.52	00	15	X		F						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	58356	ENDOMETRIAL CRYOABLATION	1,915.17		X		F						
67	58356	ENDOMETRIAL CRYOABLATION	1,915.17	00 15	X		F						
63	58400	UTERINE SUSPENSION	516.07				F						
67	58400	UTERINE SUSPENSION	516.07	00 15			F						
63	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	927.21				F						
67	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	927.21	00 15			F						
63	58520	REPAIR OF RUPTURED UTERUS	907.56				F						
67	58520	REPAIR OF RUPTURED UTERUS	907.56	00 15			F						
63	58540	REVISION OF UTERUS	1,043.02				F						
67	58540	REVISION OF UTERUS	1,043.02	00 15			F						
63	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	825.67		X		F		X				
67	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	825.67	00 15	X		F		X				
63	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	942.98		X		F		X				
67	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	942.98	00 15	X		F		X				
63	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	958.09		X		F		X				
67	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	958.09	00 15	X		F		X				
63	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	1,031.24		X		F		X				
67	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	1,031.24	00 15	X		F		X				
63	58545	LAPAROSCOPIC MYOMECTOMY	1,025.70				F						
67	58545	LAPAROSCOPIC MYOMECTOMY	1,025.70	00 15			F						
63	58546	LAPARO-MYOMECTOMY, COMPLEX	1,273.94				F						
67	58546	LAPARO-MYOMECTOMY, COMPLEX	1,273.94	00 15			F						
63	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	2,121.32		X		F		X				
67	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	2,121.32	00 15	X		F		X				
63	58550	LAPARO-ASST VAG HYSTERECTOMY	1,001.66		X		F						
67	58550	LAPARO-ASST VAG HYSTERECTOMY	1,001.66	00 15	X		F						
63	58552	LAPARO-VAG HYST INCL T/O	1,115.09		X		F		X				
67	58552	LAPARO-VAG HYST INCL T/O	1,115.09	00 15	X		F		X				
63	58553	LAPARO-VAG HYST, COMPLEX	1,282.38		X		F		X				
67	58553	LAPARO-VAG HYST, COMPLEX	1,282.38	00 15	X		F		X				
63	58554	LAPARO-VAG HYST W/T/O, COMPL	1,490.90		X		F		X				
67	58554	LAPARO-VAG HYST W/T/O, COMPL	1,490.90	00 15	X		F		X				
63	58555	HYSTEROSCOPY, DX, SEP PROC	383.29		X		F						
67	58555	HYSTEROSCOPY, DX, SEP PROC	383.29	00 15	X		F						
63	58558	HYSTEROSCOPY, BIOPSY	1,492.04		X		F						
67	58558	HYSTEROSCOPY, BIOPSY	1,492.04	00 15	X		F						
63	58559	HYSTEROSCOPY, LYSIS	324.50		X		F						
67	58559	HYSTEROSCOPY, LYSIS	324.50	00 15	X		F						
63	58560	HYSTEROSCOPY, RESECT SEPTUM	358.41		X		F						
67	58560	HYSTEROSCOPY, RESECT SEPTUM	358.41	00 15	X		F						
63	58561	HYSTEROSCOPY, REMOVE MYOMA	408.80		X		F						
67	58561	HYSTEROSCOPY, REMOVE MYOMA	408.80	00 15	X		F						
63	58562	HYSTEROSCOPY, REMOVE FB	463.77		X		F						
67	58562	HYSTEROSCOPY, REMOVE FB	463.77	00 15	X		F						
63	58563	HYSTEROSCOPY, ABLATION	2,238.76		X		F						

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	58563	HYSTEROSCOPY, ABLATION	2,238.76	00	15	X		F						
63	58565	HYSTEROSCOPY, STERILIZATION	1,905.43	21	59	X		F		X				
63	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	907.31			X		F		X				
67	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	907.31	00	15	X		F		X				
63	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,021.08			X		F		X				
67	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,021.08	00	15	X		F		X				
63	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,175.45			X		F		X				
67	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,175.45	00	15	X		F		X				
63	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,377.65			X		F		X				
67	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,377.65	00	15	X		F		X				
63	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,171.46			X		F		X				
67	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,171.46	00	15	X		F		X				
63	58600	DIVISION OF FALLOPIAN TUBE	418.13	21	55	X		F						
63	58605	DIVISION OF FALLOPIAN TUBE	377.86	21	55	X		F						
63	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	87.45	21	55	X		F		X				
63	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	285.68	21	55	X		F						
63	58660	LAPAROSCOPY, LYSIS	775.33			X		F						
67	58660	LAPAROSCOPY, LYSIS	775.33	00	15	X		F						
63	58661	LAPAROSCOPY, REMOVE ADNEXA	741.96			X		F						
67	58661	LAPAROSCOPY, REMOVE ADNEXA	741.96	00	15	X		F						
63	58662	LAPAROSCOPY, EXCISE LESIONS	808.62			X		F						
67	58662	LAPAROSCOPY, EXCISE LESIONS	808.62	00	15	X		F						
63	58670	LAPAROSCOPY, TUBAL CAUTERY	418.81	10	59	X		F						
67	58670	LAPAROSCOPY, TUBAL CAUTERY	418.81	10	15	X		F						
63	58671	LAPAROSCOPY, TUBAL BLOCK	418.81			X		F						
67	58671	LAPAROSCOPY, TUBAL BLOCK	418.81	00	15	X		F						
63	58673	LAPAROSCOPY, SALPINGOSTOMY	907.30			X		F				X		
67	58673	LAPAROSCOPY, SALPINGOSTOMY	907.30	00	15	X		F				X		
63	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	926.57			X		F						
67	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	926.57	00	15	X		F						
63	58700	REMOVAL OF FALLOPIAN TUBE	900.83			X		F						
67	58700	REMOVAL OF FALLOPIAN TUBE	900.83	00	15	X		F						
63	58720	REMOVAL OF OVARY/TUBE(S)	850.56			X		F						
67	58720	REMOVAL OF OVARY/TUBE(S)	850.56	00	15	X		F						
63	58800	DRAINAGE OF OVARIAN CYST(S)	397.39					F						
67	58800	DRAINAGE OF OVARIAN CYST(S)	397.39	00	15			F						
63	58805	DRAINAGE OF OVARIAN CYST(S)	477.89					F						
67	58805	DRAINAGE OF OVARIAN CYST(S)	477.89	00	15			F						
63	58820	DRAINAGE OF OVARIAN ABSCESS	374.28					F						
67	58820	DRAINAGE OF OVARIAN ABSCESS	374.28	00	15			F						
63	58822	DRAINAGE OF OVARIAN ABSCESS	809.65					F						
67	58822	DRAINAGE OF OVARIAN ABSCESS	809.65	00	15			F						
63	58825	TRANSPOSITION, OVARY(S)	804.39			X		F						
67	58825	TRANSPOSITION, OVARY(S)	804.39	00	15	X		F						
63	58900	BIOPSY OF OVARY(S)	487.43					F						

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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	58900	BIOPSY OF OVARY(S)	487.43	00 15			F						
63	58920	PARTIAL REMOVAL OF OVARY(S)	810.69				F						
67	58920	PARTIAL REMOVAL OF OVARY(S)	810.69	00 15			F						
63	58925	REMOVAL OF OVARIAN CYST(S)	866.21				F						
67	58925	REMOVAL OF OVARIAN CYST(S)	866.21	00 15			F						
63	58940	REMOVAL OF OVARY(S)	620.56		X		F						
67	58940	REMOVAL OF OVARY(S)	620.56	00 15	X		F						
63	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,327.36		X		F						
67	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,327.36	00 15	X		F						
63	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,289.10				F						
67	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,289.10	00 15			F						
63	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,625.73		X		F		X				
67	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,625.73	00 15	X		F		X				
63	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,851.86				F						
67	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,851.86	00 15			F						
63	58953	TAH, RAD DISSECT FOR DEBULK	2,263.73		X		F						
67	58953	TAH, RAD DISSECT FOR DEBULK	2,263.73	00 15	X		F						
63	58954	TAH RAD DEBULK/LYMPH REMOVE	2,451.06		X		F						
67	58954	TAH RAD DEBULK/LYMPH REMOVE	2,451.06	00 15	X		F						
63	58956	BSO, OMENTECTOMY W/TAH	1,535.16		X		F		X				
67	58956	BSO, OMENTECTOMY W/TAH	1,535.16	00 15	X		F		X				
63	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,792.86				F						
67	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,792.86	00 15			F						
63	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,890.79				F						
67	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,890.79	00 15			F						
63	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,103.69				F						
67	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,103.69	00 15			F						
63	59000	AMNIOCENTESIS	131.15	16 60			F					X	
67	59000	AMNIOCENTESIS	131.15	10 15			F					X	
63	59001	AMNIOCENTESIS, THERAPEUTIC	206.72	16 60			F						
67	59001	AMNIOCENTESIS, THERAPEUTIC	206.72	10 15			F						
63	59012	CORDOCENTESIS,ANY METHOD	234.81	16 60			F						
67	59012	CORDECENTESIS, ANY METHOD	234.81	10 15			F						
63	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	178.21	16 60			F	X					
67	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	178.21	10 15			F	X					
65	59020	FETAL OXYTOCIN STRESS TEST	42.46	10 60	X		F	X					
65	59025	FETAL NON-STRESS TEST	34.49	10 60	X		F						
63	59030	FETAL SCALP BLOOD SAMPLE	131.18	16 60			F						
67	59030	FETAL SCALP BLOOD SAMPLE	131.18	10 15			F						
63	59050	INTERNAL FETAL MONITORING/CONSULTAN	59.10	16 60	X		F						
67	59050	INTERNAL FETAL MONITORING/CONSULTANT	59.10	10 15	X		F						
63	59051	FETAL MONITOR/INTERPRET ONL	49.16	16 60			F						
67	59051	FETAL MONITOR/INTERPRET ONL	49.16	10 15			F						
63	59070	TRANSABDOM AMNIOINFUS W/ US	455.29	16 60			F						
67	59070	TRANSABDOM AMNIOINFUS W/ US	455.29	10 15			F						

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	59074	FETAL FLUID DRAINAGE W/ US	437.92	16	60			F						
67	59074	FETAL FLUID DRAINAGE W/ US	437.92	10	15			F						
63	59076	FETAL SHUNT PLACEMENT, W/ US	608.88	16	60			F						
67	59076	FETAL SHUNT PLACEMENT, W/ US	608.88	10	15			F						
63	59100	REMOVE UTERUS LESION	988.53	16	60	X		F						
67	59100	REMOVE UTERUS LESION	988.53	10	15	X		F						
63	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	941.27	16	60	X		F						
67	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	941.27	10	15	X		F						
63	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	942.64	16	60	X		F						
67	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	942.64	10	15	X		F						
63	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,098.89	16	60	X		F						
67	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,098.89	10	15	X		F						
63	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	1,041.79	16	60	X		F						
67	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	1,041.79	10	15	X		F						
63	59140	SURG TX ECTOPIC PG, CERVICAL	476.16	16	60	X		F						
67	59140	SURG TX ECTOPIC PG, CERVICAL	476.16	10	15	X		F						
63	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	913.49	16	60	X		F						
67	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	913.49	10	15	X		F						
63	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	890.96	16	60	X		F						
67	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	890.96	10	15	X		F						
63	59160	D&C AFTER DELIVERY	292.04	16	60			F						
67	59160	D&C AFTER DELIVERY	292.04	10	15			F						
63	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	251.46	16	60	X		F						
67	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	251.46	10	15	X		F						
63	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	174.84	16	60			F						
67	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	174.84	10	15			F						
63	59325	CERCLAGE OF CERVIX;ABDOMINAL	280.47	16	60			F						
67	59325	CERCLAGE OF CERVIX;ABDOMINAL	280.47	10	15			F						
63	59350	REPAIR OF UTERUS	327.95	16	60			F						
67	59350	REPAIR OF UTERUS	327.95	10	15			F						
63	59400	OBSTETRICAL CARE	2,733.60	10	60			F						M
67	59400	OBSTRETRICAL CARE	2,733.60	10	60			F						M
63	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	938.18	16	60			F						
67	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	938.18	10	15			F						
63	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,231.32	16	60			F						M
67	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,231.32	10	15			F						M
63	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	119.06	16	60			F						
67	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	119.06	10	15			F						
63	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	106.97	16	60			F						
67	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	106.97	10	15			F						
63	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	289.40	16	60			F						
67	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	289.40	10	15			F						
63	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	3,033.91	16	60			F						M
67	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	3,033.91	10	15			F						M
63	59514	CESAREAN DELIVERY ONLY;	1,065.99	16	60			F						

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	59514	CESAREAN DELIVERY ONLY	1,065.99	10	15			F						
63	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,522.35	16	60			F						M
67	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,522.35	10	15			F						M
63	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	564.69	16	60	X		F		X				
67	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	564.69	10	15	X		F		X				
63	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,873.73	16	60			F						M
67	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,873.73	10	15			F						M
63	59612	VBAC DELIVERY ONLY	1,066.30	16	60			F						
67	59612	VBAC DELIVERY ONLY	1,066.30	10	15			F						
63	59614	VBAC DELIVERY INCL POSTPARTUM	1,344.61	16	60			F						M
67	59614	VBAC DELIVERY INCL POSTPARTUM	1,344.61	10	15			F						M
63	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	3,069.71	16	60			F						M
67	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	3,069.71	10	15			F						M
63	59620	ATTEMPTED VBAC DELIVERY ONLY	1,102.18	16	60			F						
67	59620	ATTEMPTED VBAC DELIVERY ONLY	1,102.18	10	15			F						
63	59622	ATTEMPTED VBAC-INCL POSTPARTUM	1,575.40	16	60			F						M
67	59622	ATTEMPTED VBAC INCL POSTPARTUM	1,575.40	10	15			F						M
63	59812	TREAT SPONTANEOUS ABORTION	403.79	16	60	X		F						
67	59812	TREAT SPONTANEOUS ABORTION	403.79	10	15	X		F						
63	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	480.72	16	60	X		F						
67	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	480.72	10	15	X		F						
63	59821	TREAT MISSED ABORTION; SECOND TRIMES	478.55	16	60	X		F						
67	59821	TREAT MISSED ABORTION; SECOND TRIMES	478.55	10	15	X		F						
63	59830	TREATMENT OF SEPTIC ABORTION	527.76	16	60	X		F						
67	59830	TREATMENT OF SEPTIC ABORTION	527.76	10	15	X		F						
63	59840	THERAPUTIC ABORTION	276.59	16	60	X		F						
67	59840	THERAPUTIC ABORTION	276.59	10	15	X		F						
63	59841	ABORTION BY DILATION & EVACUATION	478.29	16	60	X		F						
67	59841	ABORTION BY DILATION & EVACUATION	478.29	10	15	X		F						
63	59850	SALINE ABORTION	448.54	16	60	X		F						
67	59850	SALINE ABORTION	448.54	10	15	X		F						
63	59851	SALINE ABORTION WITH D&C	483.04	16	60	X		F						
67	59851	SALINE ABORTION WITH D&C	483.04	10	15	X		F						
63	59852	SALINE ABORTION WITH HYSTEROTOMY	667.59	16	60	X		F						
67	59852	SALINE ABORTION WITH HYSTEROTOMY	667.59	10	15	X		F						
63	59855	ABORTION	488.65	16	60	X		F						
67	59855	ABORTION	488.65	10	15	X		F						
63	59856	ABORTION	573.94	16	60	X		F						
67	59856	ABORTION	573.94	10	15	X		F						
63	59857	ABORTION	672.74	16	60	X		F						
67	59857	ABORTION	672.74	10	15	X		F						
63	59870	UTERINE EVACUATION & CURETTAGE HYDAT	594.59	16	60	X		F						
67	59870	UTERINE EVACUATION & CURETTAGE HYDAT	594.59	10	15	X		F						
63	59871	REMOVE CERCLAGE SUTURE	153.17	16	60			F						
67	59871	REMOVE CERCLAGE SUTURE	153.17	10	15			F						

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	60000	DRAIN THYROID/TONGUE CYST	193.13										
67	60000	DRAIN THYROID/TONGUE CYST	193.13	00 15									
63	60100	BIOPSY OF THYROID	121.04									X	
67	60100	BIOPSY OF THYROID	121.04	00 15								X	
63	60200	REMOVE THYROID LESION	749.77										
67	60200	REMOVE THYROID LESION	749.77	00 15									
63	60210	PARTIAL EXCISION THYROID	800.44										
67	60210	PARTIAL EXCISION THYROID	800.44	00 15									
63	60212	PARTIAL THYROID EXCISION	1,186.21										
67	60212	PARTIAL THYROID EXCISION	1,186.21	00 15									
63	60220	PARTIAL REMOVAL OF THYROID	796.15										
67	60220	PARTIAL REMOVAL OF THYROID	796.15	00 15									
63	60225	PARTIAL REMOVAL OF THYROID	1,050.33										
67	60225	PARTIAL REMOVAL OF THYROID	1,050.33	00 15									
63	60240	REMOVAL OF THYROID	1,041.02										
67	60240	REMOVAL OF THYROID	1,041.02	00 15									
63	60252	REMOVAL OF THYROID	1,500.37										
67	60252	REMOVAL OF THYROID	1,500.37	00 15									
63	60254	EXTENSIVE THYROID SURGERY	1,884.22										
67	60254	EXTENSIVE THYROID SURGERY	1,884.22	00 15									
63	60260	REPEAT THYROID SURGERY	1,234.04										
67	60260	REPEAT THYROID SURGERY	1,234.04	00 15									
63	60270	REMOVAL OF THYROID	1,556.20										
67	60270	REMOVAL OF THYROID	1,556.20	00 15									
63	60271	REMOVAL OF THYROID	1,196.44										
67	60271	REMOVAL OF THYROID	1,196.44	00 15									
63	60280	REMOVE THYROID DUCT LESION	494.15										
67	60280	REMOVE THYROID DUCT LESION	494.15	00 15									
63	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	652.87										
67	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	652.87	00 15									
63	60300	ASPIRATION AND/OR INJECTION, THYROID	118.95										
67	60300	ASPIRATION AND/OR INJECTION, THYROID	118.95	00 15									
63	60500	EXPLORE PARATHYROID GLANDS	1,103.57										
67	60500	EXPLORE PARATHYROID GLANDS	1,103.57	00 15									
63	60502	RE-EXPLORE PARATHYROID(S)	1,481.41										
67	60502	RE-EXPLORE PARATHYROID(S)	1,481.41	00 15									
63	60505	EXPLORE PARATHYROID GLANDS	1,582.24										
67	60505	EXPLORE PARATHYROID GLANDS	1,582.24	00 15									
63	60512	AUTOTRANSPLANT, PARATHYROID	278.98										
67	60512	AUTOTRANSPLANT, PARATHYROID	278.98	00 15									
63	60520	REMOVAL OF THYMUS GLAND	1,200.42										
67	60520	REMOVAL OF THYMUS GLAND	1,200.42	00 15									
63	60521	REMOVAL THYMUS GLAND	1,289.18										
67	60521	REMOVAL THYMUS GLAND	1,289.18	00 15									
63	60522	REMOVAL OF THYMUS GLAND	1,572.04										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	60522	REMOVAL OF THYMUS GLAND	1,572.04	00 15									
63	60540	EXPLORE ADRENAL GLAND	1,228.56										
67	60540	EXPLORE ADRENAL GLAND	1,228.56	00 15									
63	60545	EXPLORE ADRENAL GLAND	1,425.81										
67	60545	EXPLORE ADRENAL GLAND	1,425.81	00 15									
63	60600	REMOVE CAROTID BODY LESION	1,573.45										
67	60600	REMOVE CAROTID BODY LESION	1,573.45	00 15									
63	60605	REMOVE CAROTID BODY LESION	1,934.51										
67	60605	REMOVE CAROTID BODY LESION	1,934.51	00 15									
63	60650	LAPAROSCOPY ADRENALECTOMY	1,367.77										
67	60650	LAPAROSCOPY ADRENALECTOMY	1,367.77	00 15									
63	61000	REMOVE CRANIAL CAVITY FLUID	131.34										
67	61000	REMOVE CRANIAL CAVITY FLUID	131.34	00 15									
63	61001	SUBDURAL TAP....SUBSEQUENT TAPS	123.57									X	
67	61001	SUBDURAL TAP....SUBSEQUENT TAPS	123.57	00 15								X	
63	61020	REMOVE BRAIN CAVITY FLUID	120.27									X	
67	61020	REMOVE BRAIN CAVITY FLUID	120.27	00 15								X	
63	61026	PUNCTURE BURR HOLE FOR INJECT	119.81										
67	61026	PUNCTURE BURR HOLE FOR INJECT	119.81	00 15									
63	61050	REMOVE BRAIN CANAL FLUID	91.85										
67	61050	REMOVE BRAIN CANAL FLUID	91.85	00 15									
63	61055	CERVICAL PUNTURE FOR INJECTION	135.48										
67	61055	CERVICAL PUNTURE FOR INJECTION	135.48	00 15									
63	61070	BRAIN CANAL SHUNT PROCEDURE	62.85										
67	61070	BRAIN CANAL SHUNT PROCEDURE	62.85	00 15									
63	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	526.82										
67	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	526.82	00 15									
63	61107	TWIST DRILL HOLE/VENTRICULAR CATH	368.88										
67	61107	TWIST DRILL HOLE/VENTRICULAR CATH	368.88	00 15									
63	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	1,035.04										
67	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	1,035.04	00 15									
63	61120	PIERCE SKULL FOR EXAMINATION	863.42										
67	61120	PIERCE SKULL FOR EXAMINATION	863.42	00 15									
63	61140	PIERCE SKULL FOR BIOPSY	1,473.14										
67	61140	PIERCE SKULL FOR BIOPSY	1,473.14	00 15									
63	61150	PIERCE SKULL FOR DRAINAGE	1,571.56										
67	61150	PIERCE SKULL FOR DRAINAGE	1,571.56	00 15									
63	61151	PIERCE SKULL FOR DRAINAGE	1,151.88									X	
67	61151	PIERCE SKULL FOR DRAINAGE	1,151.88	00 15								X	
63	61154	PIERCE SKULL FOR DRAINAGE	1,475.41									X	
67	61154	PIERCE SKULL FOR DRAINAGE	1,475.41	00 15								X	
63	61156	PIERCE SKULL FOR DRAINAGE	1,446.82										
67	61156	PIERCE SKULL FOR DRAINAGE	1,446.82	00 15									
63	61210	PIERCE SKULL; IMPLANT DEVICE	432.33										
67	61210	PIERCE SKULL; IMPLANT DEVICE	432.33	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	578.55										
67	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	578.55	00 15									
63	61250	PIERCE SKULL & EXPLORE	1,003.97										
67	61250	PIERCE SKULL & EXPLORE	1,003.97	00 15									
63	61253	PIERCE SKULL & EXPLORE	1,151.88										
67	61253	PIERCE SKULL & EXPLORE	1,151.88	00 15									
63	61304	INCISE SKULL FOR EXPLORATION	1,911.99										
67	61304	INCISE SKULL FOR EXPLORATION	1,911.99	00 15									
63	61305	INCISE SKULL FOR EXPLORATION	2,338.77										
67	61305	INCISE SKULL FOR EXPLORATION	2,338.77	00 15									
63	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,419.81										
67	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,419.81	00 15									
63	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,307.08										
67	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,307.08	00 15									
63	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,129.78										
67	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,129.78	00 15									
63	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,408.52										
67	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,408.52	00 15									
63	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	103.15										
67	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	103.15	00 15									
63	61320	INCISE SKULL FOR DRAINAGE	2,212.64										
67	61320	INCISE SKULL FOR DRAINAGE	2,212.64	00 15									
63	61321	INCISE SKULL FOR DRAINAGE	2,478.82										
67	61321	INCISE SKULL FOR DRAINAGE	2,478.82	00 15									
63	61322	DECOMPRESSIVE CRANIOTOMY	2,773.64										
67	61322	DECOMPRESSIVE CRANIOTOMY	2,773.64	00 15									
63	61323	DECOMPRESSIVE LOBECTOMY	2,791.76										
67	61323	DECOMPRESSIVE LOBECTOMY	2,791.76	00 15									
63	61330	EXPLORATION OF EYE SOCKET	2,087.11										
67	61330	EXPLORATION OF EYE SOCKET	2,087.11	00 15									
63	61333	EXPLORE ORBIT; REMOVE LESION	2,356.39										
67	61333	EXPLORE ORBIT; REMOVE LESION	2,356.39	00 15									
63	61340	RELIEVE CRANIAL PRESSURE	1,676.02										
67	61340	RELIEVE CRANIAL PRESSURE	1,676.02	00 15									
63	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,558.69										
67	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,558.69	00 15									
63	61345	RELIEVE CRANIAL PRESSURE	2,381.22										
67	61345	RELIEVE CRANIAL PRESSURE	2,381.22	00 15									
63	61450	INCISE SKULL FOR SURGERY	2,239.86										
67	61450	INCISE SKULL FOR SURGERY	2,239.86	00 15									
63	61458	INCISE SKULL FOR SURGERY	2,347.95										
67	61458	INCISE SKULL FOR SURGERY	2,347.95	00 15									
63	61460	INCISE SKULL FOR SURGERY	2,455.74										
67	61460	INCISE SKULL FOR SURGERY	2,455.74	00 15									
63	61500	REMOVAL OF SKULL LESION	1,499.45										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	61500	REMOVAL OF SKULL LESION	1,499.45	00 15									
63	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,281.85										
67	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,281.85	00 15									
63	61510	REMOVAL OF BRAIN LESION	2,554.56										
67	61510	REMOVAL OF BRAIN LESION	2,554.56	00 15									
63	61512	REMOVE BRAIN LINING LESION	2,979.75										
67	61512	REMOVE BRAIN LINING LESION	2,979.75	00 15									
63	61514	REMOVAL OF BRAIN ABSCESS	2,228.03										
67	61514	REMOVAL OF BRAIN ABSCESS	2,228.03	00 15									
63	61516	REMOVAL OF BRAIN LESION	2,180.34										
67	61516	REMOVAL OF BRAIN LESION	2,180.34	00 15									
63	61517	IMPLT BRAIN CHEMOTX AGENT	102.76										
67	61517	IMPLT BRAIN CHEMOTX AGENT	102.76	00 15									
63	61518	REMOVAL OF BRAIN LESION	3,226.60										
67	61518	REMOVAL OF BRAIN LESION	3,226.60	00 15									
63	61519	REMOVE BRAIN LINING LESION	3,441.96										
67	61519	REMOVE BRAIN LINING LESION	3,441.96	00 15									
63	61520	REMOVAL OF BRAIN LESION	4,356.18										
67	61520	REMOVAL OF BRAIN LESION	4,356.18	00 15									
63	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,693.54										
67	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,693.54	00 15									
63	61522	REMOVAL OF BRAIN ABSCESS	2,552.99										
67	61522	REMOVAL OF BRAIN ABSCESS	2,552.99	00 15									
63	61524	REMOVAL OF BRAIN LESION	2,430.67										
67	61524	REMOVAL OF BRAIN LESION	2,430.67	00 15									
63	61526	REMOVAL OF BRAIN LESION	3,860.74										
67	61526	REMOVAL OF BRAIN LESION	3,860.74	00 15									
63	61530	REMOVAL OF BRAIN LESION	3,594.61										
67	61530	REMOVAL OF BRAIN LESION	3,594.61	00 15									
63	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,417.28										
67	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,417.28	00 15									
63	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,775.91										
67	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,775.91	00 15									
63	61534	REMOVAL OF BRAIN LESION	1,918.51										
67	61534	REMOVAL OF BRAIN LESION	1,918.51	00 15									
63	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,159.38										
67	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,159.38	00 15									
63	61536	REMOVAL OF BRAIN LESION	3,011.94										
67	61536	REMOVAL OF BRAIN LESION	3,011.94	00 15									
63	61537	REMOVAL OF BRAIN TISSUE	2,881.28										
67	61537	REMOVAL OF BRAIN TISSUE	2,881.28	00 15									
63	61538	REMOVAL OF BRAIN TISSUE	3,114.73										
67	61538	REMOVAL OF BRAIN TISSUE	3,114.73	00 15									
63	61539	REMOVAL OF BRAIN TISSUE	2,757.05										
67	61539	REMOVAL OF BRAIN TISSUE	2,757.05	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	61540	REMOVAL OF BRAIN TISSUE	2,541.89										
67	61540	REMOVAL OF BRAIN TISSUE	2,541.89	00 15									
63	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,507.42										
67	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,507.42	00 15									
63	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,535.66										
67	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,535.66	00 15									
63	61544	REMOVE & TREAT BRAIN LESION	2,216.42										
67	61544	REMOVE & TREAT BRAIN LESION	2,216.42	00 15									
63	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,719.69										
67	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,719.69	00 15									
63	61546	REMOVAL OF PITUITARY GLAND	2,694.44										
67	61546	REMOVAL OF PITUITARY GLAND	2,694.44	00 15									
63	61548	REMOVAL OF PITUITARY GLAND	1,816.99										
67	61548	REMOVAL OF PITUITARY GLAND	1,816.99	00 15									
63	61550	RELEASE OF SKULL SEAMS	1,377.43										
67	61550	RELEASE OF SKULL SEAMS	1,377.43	00 15									
63	61552	RELEASE OF SKULL SEAMS	1,724.13										
67	61552	RELEASE OF SKULL SEAMS	1,724.13	00 15									
63	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,988.95										
67	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,988.95	00 15									
63	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,956.29										
67	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,956.29	00 15									
63	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,189.14										
67	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,189.14	00 15									
63	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,791.68										
67	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,791.68	00 15									
63	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,312.75										
67	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,312.75	00 15									
63	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,807.70										
67	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,807.70	00 15									
63	61566	REMOVAL OF BRAIN TISSUE	2,618.15										
67	61566	REMOVAL OF BRAIN TISSUE	2,618.15	00 15									
63	61567	INCISION OF BRAIN TISSUE	2,982.45										
67	61567	INCISION OF BRAIN TISSUE	2,982.45	00 15									
63	61570	REMOVE BRAIN FOREIGN BODY	2,178.63										
67	61570	REMOVE BRAIN FOREIGN BODY	2,178.63	00 15									
63	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,320.48										
67	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,320.48	00 15									
63	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,926.11										
67	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,926.11	00 15									
63	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,861.87										
67	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,861.87	00 15									
63	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,812.91										
67	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,812.91	00 15									
63	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,221.53										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,221.53	00 15									
63	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,439.85										
67	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,439.85	00 15									
63	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,374.68										
67	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,374.68	00 15									
63	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,326.92										
67	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,326.92	00 15									
63	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,801.09										
67	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,801.09	00 15									
63	61586	RESECT NASOPHARYNX, SKULL	2,881.86										
67	61586	RESECT NASOPHARYNX, SKULL	2,881.86	00 15									
63	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,433.73										
67	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,433.73	00 15									
63	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,479.24										
67	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,479.24	00 15									
63	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,680.55										
67	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,680.55	00 15									
63	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,712.13										
67	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,712.13	00 15									
63	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,725.00										
67	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,725.00	00 15									
63	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,442.94										
67	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,442.94	00 15									
63	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,315.61										
67	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,315.61	00 15									
63	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,419.36										
67	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,419.36	00 15									
63	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,790.99										
67	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,790.99	00 15									
63	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,431.53										
67	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,431.53	00 15									
63	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,393.62										
67	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,393.62	00 15									
63	61607	RESECTION OR EXCISION OF NEOPLASTIC,	3,543.60										
67	61607	RESECTION OR EXCISION OF NEOPLASTIC,	3,543.60	00 15									
63	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,794.30										
67	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,794.30	00 15									
63	61611	TRANSECTION OR LIGATION, CAROTID ART	550.57										
67	61611	TRANSECTION OR LIGATION, CAROTID ART	550.57	00 15									
63	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,838.72										
67	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,838.72	00 15									
63	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,268.39										
67	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,268.39	00 15									
63	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,869.64										
67	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,869.64	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,488.13										
67	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,488.13	00 15									
63	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,588.33										
67	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,588.33	00 15									
63	61623	ENDOVASC TEMPORY VESSEL OCCL	662.04										
67	61623	ENDOVASC TEMPORY VESSEL OCCL	662.04	00 15									
63	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,336.75										
67	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,336.75	00 15									
63	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,018.49										
67	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,018.49	00 15									
63	61630	INTRACRANIAL ANGIOPLASTY	1,582.34		X								
67	61630	INTRACRANIAL ANGIOPLASTY	1,582.34	00 15	X								
63	61635	INTRACRAN ANGIOPLSTY W/STENT	1,667.98		X								
67	61635	INTRACRAN ANGIOPLSTY W/STENT	1,667.98	00 15	X								
63	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	969.10									X	
67	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	969.10	00 15								X	
63	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	662.11										
67	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	662.11	00 15									
63	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	284.32									X	
67	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	284.32	00 15								X	
63	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,644.88										
67	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,644.88	00 15									
63	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,873.99										
67	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,873.99	00 15									
63	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,320.47										
67	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,320.47	00 15									
63	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	5,260.34										
67	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	5,260.34	00 15									
63	61690	SURG..MALFORM;DURAL,SIMPLE	2,542.97										
67	61690	SURG..MALFORM;DURAL,SIMPLE	2,542.97	00 15									
63	61692	SURG..MALFORM;DURAL,COMPLEX	4,272.28										
67	61692	SURG..MALFORM;DURAL,COMPLEX	4,272.28	00 15									
63	61697	BRAIN ANEURYSM REPR, COMPLX	4,916.70										
67	61697	BRAIN ANEURYSM REPR, COMPLX	4,916.70	00 15									
63	61698	BRAIN ANEURYSM REPR, COMPLX	5,418.27										
67	61698	BRAIN ANEURYSM REPR, COMPLX	5,418.27	00 15									
63	61700	INNER SKULL VESSEL SURGERY	3,980.88										
67	61700	INNER SKULL VESSEL SURGERY	3,980.88	00 15									
63	61702	INNER SKULL VESSEL SURGERY	4,706.29										
67	61702	INNER SKULL VESSEL SURGERY	4,706.29	00 15									
63	61703	CLAMP NECK ARTERY	1,578.89										
67	61703	CLAMP NECK ARTERY	1,578.89	00 15									
63	61705	REVISE CIRCULATION TO HEAD	3,041.07										
67	61705	REVISE CIRCULATION TO HEAD	3,041.07	00 15									
63	61708	REVISE CIRCULATION TO HEAD	2,973.92										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	61708	REVISE CIRCULATION TO HEAD	2,973.92	00 15									
63	61710	REVISE CIRCULATION TO HEAD	2,507.98										
67	61710	REVISE CIRCULATION TO HEAD	2,507.98	00 15									
63	61711	FUSION OF SKULL ARTERIES	3,000.54										
67	61711	FUSION OF SKULL ARTERIES	3,000.54	00 15									
63	61720	INCISE SKULL/BRAIN SURGERY	1,477.14										
67	61720	INCISE SKULL/BRAIN SURGERY	1,477.14	00 15									
63	61735	INCISE SKULL/BRAIN SURGERY	1,855.79										
67	61735	INCISE SKULL/BRAIN SURGERY	1,855.79	00 15									
63	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,638.02										
67	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,638.02	00 15									
63	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,604.39										
67	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,604.39	00 15									
63	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,843.55										
67	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,843.55	00 15									
63	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,891.82										
67	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,891.82	00 15									
63	61781	STEREOTACTIC COMPUTER ASSISTED(NAVIG	278.39										
67	61781	STEREOTACTIC COMPUTER ASSISTED (NAVI	278.39	00 15									
63	61782	STEREOTACTIC COMPUTER ASSISTED(NAVIG	195.20										
67	61782	STEREOTACTIC COMPUTER ASSISTED (NAVI	195.20	00 15									
63	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	272.27										
67	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	272.27	00 15									
63	61790	TREAT TRIGEMINAL NERVE	1,018.65										
67	61790	TREAT TRIGEMINAL NERVE	1,018.65	00 15									
63	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,307.91										
67	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,307.91	00 15									
63	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,179.11										
67	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,179.11	00 15									
63	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	259.01									X	
67	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	259.01	00 15								X	
63	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,606.10										
67	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,606.10	00 15									
63	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	356.06									X	
67	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	356.06	00 15								X	
63	61800	APPLICATION OF STEREOTACTIC HEADFRAM	177.77										
67	61800	APPLICATION OF STEREOTACTIC HEADFRAM	177.77	00 15									
63	61850	IMPLANT NEUROELECTRODES	1,142.78										
67	61850	IMPLANT NEUROELECTRODES	1,142.78	00 15									
63	61860	IMPLANT NEUROELECTRODES	1,823.16										
67	61860	IMPLANT NEUROELECTRODES	1,823.16	00 15									
63	61863	IMPLANT NEUROELECTRODE	1,745.27										
67	61863	IMPLANT NEUROELECTRODE	1,745.27	00 15									
63	61864	IMPLANT NEUROELECTRDE, ADDqL	333.18										
67	61864	IMPLANT NEUROELECTRDE, ADDqL	333.18	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	61867	IMPLANT NEUROELECTRODE	2,662.09										
67	61867	IMPLANT NEUROELECTRODE	2,662.09	00 15									
63	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	586.95										
67	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	586.95	00 15									
63	61880	REVISE/REMOVE NEUROELECTRODE	662.71										
67	61880	REVISE/REMOVE NEUROELECTRODE	662.71	00 15									
63	61885	IMPLANT NEURORECEIVER	594.19			X							
67	61885	IMPLANT NEURORECEIVER	594.19	00 15		X							
63	61886	IMPLANT NEUROSTIM ARRAYS	986.83										
67	61886	IMPLANT NEUROSTIM ARRAYS	986.83	00 15									
63	61888	REVISE/REMOVE NEURORECEIVER	458.29			X							
67	61888	REVISE/REMOVE NEURORECEIVER	458.29	00 15		X							
63	62000	REPAIR OF SKULL FRACTURE	1,198.87										
67	62000	REPAIR OF SKULL FRACTURE	1,198.87	00 15									
63	62005	REPAIR OF SKULL FRACTURE	1,477.53										
67	62005	REPAIR OF SKULL FRACTURE	1,477.53	00 15									
63	62010	TREATMENT OF HEAD INJURY	1,786.48										
67	62010	TREATMENT OF HEAD INJURY	1,786.48	00 15									
63	62100	REPAIR BRAIN FLUID LEAKAGE	1,803.50										
67	62100	REPAIR BRAIN FLUID LEAKAGE	1,803.50	00 15									
63	62120	REPAIR SKULL CAVITY LESION	2,411.23										
67	62120	REPAIR SKULL CAVITY LESION	2,411.23	00 15									
63	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,780.11										
67	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,780.11	00 15									
63	62140	REPAIR OF SKULL DEFECT	1,172.53										
67	62140	REPAIR OF SKULL DEFECT	1,172.53	00 15									
63	62141	REPAIR OF SKULL DEFECT	1,322.79										
67	62141	REPAIR OF SKULL DEFECT	1,322.79	00 15									
63	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	1,020.49										
67	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	1,020.49	00 15									
63	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,210.18										
67	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,210.18	00 15									
63	62145	REPAIR OF SKULL & BRAIN	1,634.21										
67	62145	REPAIR OF SKULL & BRAIN	1,634.21	00 15									
63	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,452.96										
67	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,452.96	00 15									
63	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,644.11										
67	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,644.11	00 15									
63	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	148.59										
67	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	148.59	00 15									
63	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	223.75										
67	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	223.75	00 15									
63	62161	DISSECT BRAIN W/SCOPE	1,760.81										
67	62161	DISSECT BRAIN W/SCOPE	1,760.81	00 15									
63	62162	REMOVE COLLOID CYST W/SCOPE	2,200.85										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	62162	REMOVE COLLOID CYST W/SCOPE	2,200.85	00 15									
63	62164	REMOVE BRAIN TUMOR W/SCOPE	2,434.67										
67	62164	REMOVE BRAIN TUMOR W/SCOPE	2,434.67	00 15									
63	62165	REMOVE PITUIT TUMOR W/SCOPE	1,740.54										
67	62165	REMOVE PITUIT TUMOR W/SCOPE	1,740.54	00 15									
63	62180	ESTABLISH BRAIN CAVITY SHUNT	1,862.04										
67	62180	ESTABLISH BRAIN CAVITY SHUNT	1,862.04	00 15									
63	62190	ESTABLISH BRAIN CAVITY SHUNT	1,072.92										
67	62190	ESTABLISH BRAIN CAVITY SHUNT	1,072.92	00 15									
63	62192	ESTABLISH BRAIN CAVITY SHUNT	1,135.02										
67	62192	ESTABLISH BRAIN CAVITY SHUNT	1,135.02	00 15									
63	62194	REPLACE/IRRIGATE CATHETER	561.85										
67	62194	REPLACE/IRRIGATE CATHETER	561.85	00 15									
63	62200	ESTABLISH BRAIN CAVITY SHUNT	1,602.29										
67	62200	ESTABLISH BRAIN CAVITY SHUNT	1,602.29	00 15									
63	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,400.63										
67	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,400.63	00 15									
63	62220	ESTABLISH BRAIN CAVITY SHUNT	1,139.27										
67	62220	ESTABLISH BRAIN CAVITY SHUNT	1,139.27	00 15									
63	62223	ESTABLISH BRAIN CAVITY SHUNT	1,197.43										
67	62223	ESTABLISH BRAIN CAVITY SHUNT	1,197.43	00 15									
63	62225	REPLACE/IRRIGATE CATHETER	605.45										
67	62225	REPLACE/IRRIGATE CATHETER	605.45	00 15									
63	62230	REPLACE/REVISE BRAIN SHUNT	972.86										
67	62230	REPLACE/REVISE BRAIN SHUNT	972.86	00 15									
65	62252	CSF SHUNT REPROGRAM	53.93										
63	62256	REMOVE BRAIN CAVITY SHUNT	695.17										
67	62256	REMOVE BRAIN CAVITY SHUNT	695.17	00 15									
63	62258	REPLACE BRAIN CAVITY SHUNT	1,295.27										
67	62258	REPLACE BRAIN CAVITY SHUNT	1,295.27	00 15									
63	62263	LYSIS EPIDURAL ADHESIONS	674.67										
67	62263	LYSIS EPIDURAL ADHESIONS	674.67	00 15									
63	62264	EPIDURAL LYSIS ON SINGLE DAY	488.86										
67	62264	EPIDURAL LYSIS ON SINGLE DAY	488.86	00 15									
63	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	291.21										
67	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	291.21	00 15									
63	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	289.97										
67	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	289.97	00 15									
63	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	291.72										
67	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	291.72	00 15									
63	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	140.97										
67	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	140.97	00 15									
63	62272	SPINAL PUNCTURE, THERAPEUTIC	191.81										
67	62272	SPINAL PUNCTURE, THERAPEUTIC	191.81										
63	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	185.47										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	185.47	00 15									
63	62280	TREAT SPINAL CORD LESION	399.20									X	
67	62280	TREAT SPINAL CORD LESION	399.20	00 15								X	
63	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	263.80										
67	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	263.80	00 15									
63	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	351.04									X	
67	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	351.04	00 15								X	
63	62284	INJECTION FOR MYELOGRAM	211.20										
67	62284	INJECTION FOR MYELOGRAM	211.20	00 15									
63	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	640.64										
67	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	640.64	00 15									
63	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	391.52										
67	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	391.52	00 15									
63	62291	INJECT FOR SPINE DISK X-RAY	367.73										
67	62291	INJECT FOR SPINE DISK X-RAY	367.73	00 15									
63	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	644.08										
67	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	644.08	00 15									
63	62294	INJECTION INTO SPINAL ARTERY	1,101.61										
67	62294	INJECTION INTO SPINAL ARTERY	1,101.61	00 15									
63	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	280.17										
67	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	280.17	00 15									
63	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	284.60										
67	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	284.60	00 15									
63	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	276.91										
67	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	276.91	00 15									
63	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	300.22										
67	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	300.22	00 15									
63	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	179.97										
67	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	179.97	00 15									
63	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	284.09										
67	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	284.09	00 15									
63	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	156.08										
67	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	156.08	00 15									
63	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	279.26										
67	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	279.26	00 15									
63	62324	INJECTION(S), INCLUDING INDWELLING C	153.68										
67	62324	INJECTION(S), INCLUDING INDWELLING C	153.68	00 15									
63	62325	INJECTION(S), INCLUDING INDWELLING C	274.11										
67	62325	INJECTION(S), INCLUDING INDWELLING C	274.11	00 15									
63	62326	INJECTION(S), INCLUDING INDWELLING C	155.87										
67	62326	INJECTION(S), INCLUDING INDWELLING C	155.87	00 15									
63	62327	INJECTION(S), INCLUDING INDWELLING C	280.78										
67	62327	INJECTION(S), INCLUDING INDWELLING C	280.78	00 15									
63	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	273.79									X	
67	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	273.79	00 15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	347.66										
67	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	347.66	00 15									
63	62350	IMPLANT SPINAL CATHETER	449.30			X		X					
67	62350	IMPLANT SPINAL CATHETER	449.30	00 15		X		X					
63	62351	IMPLANT SPINAL CATHETER	1,027.83			X		X					
67	62351	IMPLANT SPINAL CATHETER	1,027.83	00 15		X		X					
63	62355	REMOVE SPINAL CANAL CATHETER	303.82			X		X					
67	62355	REMOVE SPINAL CANAL CATHETER	303.82	00 15		X		X					
63	62360	INSERT SPINE INFUSION DEVICE	359.99			X		X					
67	62360	INSERT SPINE INFUSION DEVICE	359.99	00 15		X		X					
63	62361	IMPLANT SPINE INFUSION PUMP	490.69			X		X					
67	62361	IMPLANT SPINE INFUSION PUMP	490.69	00 15		X		X					
63	62362	IMPLANT SPINE INFUSION PUMP	436.33			X		X					
67	62362	IMPLANT SPINE INFUSION PUMP	436.33	00 15		X		X					
63	62365	REMOVE SPINE INFUSION DEVICE	333.13			X		X					
67	62365	REMOVE SPINE INFUSION DEVICE	333.13	00 15		X		X					
63	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	34.59					X					
67	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	34.59	00 15				X					
63	62368	ANALYZE SPINE INFUSION PUMP	49.50					X					
67	62368	ANALYZE SPINE INFUSION PUMP	49.50	00 15				X					
63	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	101.94					X					
67	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	101.94	00 15				X					
63	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	104.98					X					
67	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	104.98	00 15				X					
63	63001	RELIEVE SPINAL CORD PRESSURE	1,427.56										
67	63001	RELIEVE SPINAL CORD PRESSURE	1,427.56	00 15									
63	63003	RELIEVE SPINAL CORD PRESSURE	1,427.69										
67	63003	RELIEVE SPINAL CORD PRESSURE	1,427.69	00 15									
63	63005	RELIEVE SPINAL CORD PRESSURE	1,376.72										
67	63005	RELIEVE SPINAL CORD PRESSURE	1,376.72	00 15									
63	63011	RELIEVE PSINAL CORD PRESSURE	1,254.61										
67	63011	RELIEVE PSINAL CORD PRESSURE	1,254.61	00 15									
63	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,372.00										
67	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,372.00	00 15									
63	63015	RELIEVE SPINAL CORD PRESSURE	1,711.07										
67	63015	RELIEVE SPINAL CORD PRESSURE	1,711.07	00 15									
63	63016	RELIEVE SPINAL CORD PRESSURE	1,763.46										
67	63016	RELIEVE SPINAL CORD PRESSURE	1,763.46	00 15									
63	63017	RELIEVE SPINAL CORD PRESSURE	1,455.96										
67	63017	RELIEVE SPINAL CORD PRESSURE	1,455.96	00 15									
63	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,329.95										
67	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,329.95	00 15									
63	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,114.44										
67	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,114.44	00 15									
63	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	223.64									X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	223.64	00 15								X	
63	63040	NECK SPINE DISK SURGERY	1,600.27										
67	63040	NECK SPINE DISK SURGERY	1,600.27	00 15									
63	63042	LOW BACK DISK SURGERY	1,483.40										
67	63042	LOW BACK DISK SURGERY	1,483.40	00 15									
63	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,483.57										
67	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,483.57	00 15									
63	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,411.98										
67	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,411.98	00 15									
63	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,265.18										
67	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,265.18	00 15									
63	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	246.19									X	
67	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	246.19	00 15								X	
63	63050	CERVICAL LAMINOPLASTY	1,721.50										
67	63050	CERVICAL LAMINOPLASTY	1,721.50	00 15									
63	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,954.23										
67	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,954.23	00 15									
63	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,886.32										
67	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,886.32	00 15									
63	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,720.91										
67	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,720.91	00 15									
63	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	374.45									X	
67	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	374.45	00 15								X	
63	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	2,073.17										
67	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	2,073.17	00 15									
63	63066	DECOMPRESS...THORACIC;EACH ADD SEG	242.57									X	
67	63066	DECOMPRESS...THORACIC;EACH ADD SEG	242.57	00 15								X	
63	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,561.65										
67	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,561.65	00 15									
63	63076	REMOVAL OF UPPER SPINE DISC AND RELE	284.28									X	
67	63076	REMOVAL OF UPPER SPINE DISC AND RELE	284.28	00 15								X	
63	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,722.79										
67	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,722.79	00 15									
63	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	245.23									X	
67	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	245.23	00 15								X	
63	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	2,026.98										
67	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	2,026.98	00 15									
63	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	309.38									X	
67	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	309.38	00 15								X	
63	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,221.25										
67	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,221.25	00 15									
63	63086	VERT CORPECT..,THOR.,EACH ADD SEG	219.93									X	
67	63086	VERT CORPECT..,THOR.,EACH ADD SEG	219.93	00 15								X	
63	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,786.14										
67	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,786.14	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	301.52									X	
67	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	301.52	00 15								X	
63	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,252.58										
67	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,252.58	00 15									
63	63091	VERT CORPECTOMY;EACH ADD SEGMENT	205.68									X	
67	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	205.68	00 15								X	
63	63101	REMOVAL OF VERTEBRAL BODY	2,694.56										
67	63101	REMOVAL OF VERTEBRAL BODY	2,694.56	00 15									
63	63102	REMOVAL OF VERTEBRAL BODY	2,617.97										
67	63102	REMOVAL OF VERTEBRAL BODY	2,617.97	00 15									
63	63103	REMOVE VERTEBRAL BODY ADD-ON	343.35									X	
67	63103	REMOVE VERTEBRAL BODY ADD-ON	343.35	00 15								X	
63	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,852.54										
67	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,852.54	00 15									
63	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,643.46										
67	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,643.46	00 15									
63	63173	LAMINECTOMY...;TO PERITONEAL SPACE	2,008.77										
67	63173	LAMINECTOMY...;TO PERITONEAL SPACE	2,008.77	00 15									
63	63185	INCISE SPINAL COLUMN/NERVES	1,296.85										
67	63185	INCISE SPINAL COLUMN/NERVES	1,296.85	00 15									
63	63190	INCISE SPINAL COLUMN/NERVES	1,405.76										
67	63190	INCISE SPINAL COLUMN/NERVES	1,405.76	00 15									
63	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,602.49										
67	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,602.49	00 15									
63	63197	INCISE SPINAL COLUMN & CORD	1,991.96										
67	63197	INCISE SPINAL COLUMN & CORD	1,991.96	00 15									
63	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,761.19										
67	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,761.19	00 15									
63	63250	REVISE SPINAL CORD VESSELS	3,469.13										
67	63250	REVISE SPINAL CORD VESSELS	3,469.13	00 15									
63	63251	REVISE SPINAL CORD VESSELS	3,544.21										
67	63251	REVISE SPINAL CORD VESSELS	3,544.21	00 15									
63	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,543.32										
67	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,543.32	00 15									
63	63265	LAMINECTOMY,LESION...;CERVICAL	1,933.47										
67	63265	LAMINECTOMY,LESION...;CERVICAL	1,933.47	00 15									
63	63266	LAMINECTOMY,LESION...;THORACIC	1,998.05										
67	63266	LAMINECTOMY,LESION...;THORACIC	1,998.05	00 15									
63	63267	LAMINECTOMY,LESION...;LUMBAR	1,580.82										
67	63267	LAMINECTOMY,LESION...;LUMBAR	1,580.82	00 15									
63	63268	LAMINECTOMY,LESION....;SACRAL	1,640.69										
67	63268	LAMINECTOMY,LESION....;SACRAL	1,640.69	00 15									
63	63270	LAMINECTOMY,LESION....;CERVICAL	2,422.73										
67	63270	LAMINECTOMY,LESION....;CERVICAL	2,422.73	00 15									
63	63271	LAMINECTOMY,LESION...;THORACIC	2,413.80										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	63271	LAMINECTOMY,LESION...;THORACIC	2,413.80	00 15									
63	63272	LAMINECTOMY,LESION...;LUMBAR	2,162.85										
67	63272	LAMINECTOMY,LESION...;LUMBAR	2,162.85	00 15									
63	63273	LAMINECTOMY,LESION...;SACRAL	2,175.88										
67	63273	LAMINECTOMY,LESION...;SACRAL	2,175.88	00 15									
63	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	2,098.61										
67	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	2,098.61	00 15									
63	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	2,084.31										
67	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	2,084.31	00 15									
63	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,805.11										
67	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,805.11	00 15									
63	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,852.26										
67	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,852.26	00 15									
63	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,472.17										
67	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,472.17	00 15									
63	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,444.96										
67	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,444.96	00 15									
63	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,304.50										
67	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,304.50	00 15									
63	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,214.11										
67	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,214.11	00 15									
63	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	3,053.77										
67	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	3,053.77	00 15									
63	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	3,013.65										
67	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	3,013.65	00 15									
63	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,205.23										
67	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,205.23	00 15									
63	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,260.19										
67	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,260.19	00 15									
63	63295	REPAIR OF LAMINECTOMY DEFECT	386.01										
67	63295	REPAIR OF LAMINECTOMY DEFECT	386.01	00 15									
63	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,115.42										
67	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,115.42	00 15									
63	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,571.71										
67	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,571.71	00 15									
63	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,539.47										
67	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,539.47	00 15									
63	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,702.32										
67	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,702.32	00 15									
63	63304	SEE 63300;INTRADURAL,CERVICAL	2,742.29										
67	63304	SEE 63300;INTRADURAL,CERVICAL	2,742.29	00 15									
63	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,919.74										
67	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,919.74	00 15									
63	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,867.77										
67	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,867.77	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,810.33										
67	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,810.33	00 15									
63	63308	VERT CORPECTOMY, EA ADD SEGMENT	377.28									X	
67	63308	VERT CORPECTOMY; EA ADD SEGMENT	377.28	00 15								X	
63	63600	REMOVE SPINAL CORD LESION	1,269.00										
67	63600	REMOVE SPINAL CORD LESION	1,269.00	00 15									
63	63610	STIMULATION OF SPINAL CORD	678.85									X	
67	63610	STIMULATION OF SPINAL CORD	678.85	00 15								X	
63	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,304.77										
67	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,304.77	00 15									
63	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	296.67									X	
67	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	296.67	00 15								X	
63	63650	IMPLANT NEUROELECTRODES	2,312.61										
67	63650	IMPLANT NEUROELECTRODES	2,312.61	00 15									
63	63655	IMPLANT NEUROELECTRODES	954.66										
67	63655	IMPLANT NEUROELECTRODES	954.66	00 15									
63	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	729.03										
67	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	729.03	00 15									
63	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	967.49										
67	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	967.49	00 15									
63	63663	REVISION INCLUDING REPLACEMENT WHEN	963.77										
67	63663	REVISION INCLUDING REPLACEMENT WHEN	963.77	00 15									
63	63664	REVISION INCLUDING REPLACEMENT WHEN	1,007.37										
67	63664	REVISION INCLUDING REPLACEMENT WHEN	1,007.37	00 15									
63	63685	IMPLANT NEURORECEIVER	407.89										
67	63685	IMPLANT NEURORECEIVER	407.89	00 15									
63	63688	REVISE/REMOVE NEURORECEIVER	419.33										
67	63688	REVISE/REMOVE NEURORECEIVER	419.33	00 15									
63	63700	REPAIR OF SPINAL HERNIATION	1,515.39										
67	63700	REPAIR OF SPINAL HERNIATION	1,515.39	00 15									
63	63702	REPAIR OF SPINAL HERNIATION	1,660.10										
67	63702	REPAIR OF SPINAL HERNIATION	1,660.10	00 15									
63	63704	REPAIR OF SPINAL HERNIATION	1,927.02										
67	63704	REPAIR OF SPINAL HERNIATION	1,927.02	00 15									
63	63706	REPAIR OF SPINAL HERNIATION	2,144.41										
67	63706	REPAIR OF SPINAL HERNIATION	2,144.41	00 15									
63	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,069.73										
67	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,069.73	00 15									
63	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,276.45										
67	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,276.45	00 15									
63	63710	GRAFT REPAIR OF SPINE DEFECT	1,240.14										
67	63710	GRAFT REPAIR OF SPINE DEFECT	1,240.14	00 15									
63	63740	INSTALL SPINAL SHUNT	1,133.29										
67	63740	INSTALL SPINAL SHUNT	1,133.29	00 15									
63	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	772.65										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	772.65	00	15									
63	63744	REVISION OF SPINAL SHUNT	789.97											
67	63744	REVISION OF SPINAL SHUNT	789.97	00	15									
63	63746	REMOVAL OF SPINAL SHUNT	695.76											
67	63746	REMOVAL OF SPINAL SHUNT	695.76	00	15									
63	64400	INJECTION FOR NERVE BLOCK	120.74							X			X	
67	64400	INJECTION FOR NERVE BLOCK	120.74	00	15					X			X	
63	64405	INJECTION FOR NERVE BLOCK	82.86							X			X	
67	64405	INJECTION FOR NERVE BLOCK	82.86	00	15					X			X	
63	64408	INJECTION FOR NERVE BLOCK	83.44							X			X	
67	64408	INJECTION FOR NERVE BLOCK	83.44	00	15					X			X	
63	64415	INJECTION FOR NERVE BLOCK	122.72							X			X	
67	64415	INJECTION FOR NERVE BLOCK	122.72	00	15					X			X	
63	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	73.65							X				
67	64416	N BLOCK CONT INFUSE, B PLEX	73.65	00	15									
63	64417	INJECTION FOR NERVE BLOCK	149.23							X			X	
67	64417	INJECTION FOR NERVE BLOCK	149.23	00	15					X			X	
63	64418	INJECTION FOR NERVE BLOCK	97.12							X			X	
67	64418	INJECTION FOR NERVE BLOCK	97.12	00	15					X			X	
63	64420	INJECTION FOR NERVE BLOCK	107.41							X			X	
67	64420	INJECTION FOR NERVE BLOCK	107.41	00	15					X			X	
63	64421	INJECTION FOR NERVE BLOCK	37.06							X			X	
67	64421	INJECTION FOR NERVE BLOCK	37.06	00	15					X			X	
63	64425	INJECTION FOR NERVE BLOCK	121.99							X			X	
67	64425	INJECTION FOR NERVE BLOCK	121.99	00	15					X			X	
63	64430	INJECTION FOR NERVE BLOCK	104.62							X			X	
67	64430	INJECTION FOR NERVE BLOCK	104.62	00	15					X			X	
63	64435	INJECTION FOR NERVE BLOCK	86.00							X			X	
67	64435	INJECTION FOR NERVE BLOCK	86.00	00	15					X			X	
63	64445	INJECTION FOR NERVE BLOCK	135.45							X			X	
67	64445	INJECTION FOR NERVE BLOCK	135.45	00	15					X			X	
63	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	67.25							X				
67	64446	N BLK INJ, SCIATIC, CONT INF	67.25	00	15									
63	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	96.95							X				
67	64447	N BLOCK INJ FEM, SINGLE	96.95	00	15									
63	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	69.20							X				
67	64448	N BLOCK INJ FEM, CONT INF	69.20	00	15									
63	64449	N BLOCK INJ, LUMBAR PLEXUS	70.54											
67	64449	N BLOCK INJ, LUMBAR PLEXUS	70.54	00	15									
63	64450	INJECTION FOR NERVE BLOCK	83.27							X			X	
67	64450	INJECTION FOR NERVE BLOCK	83.27	00	15					X			X	
63	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	234.26										X	
67	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	234.26	00	15								X	
63	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	233.59										X	
67	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	233.59	00	15								X	

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	64455	INJECTIONS OF ANESTHETIC AND/OR STER	52.96										
67	64455	INJECTIONS OF ANESTHETIC AND/OR STER	52.96	00 15									
63	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	145.84										
67	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	145.84	00 15									
63	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	81.28										
67	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	81.28	00 15									
63	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	238.21										
67	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	238.21	00 15									
63	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	122.66										
67	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	122.66	00 15									
63	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	220.10										
67	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	220.10	00 15									
63	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	151.22										
67	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	151.22	00 15									
63	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	347.72										
67	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	347.72	00 15									
63	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	207.14										
67	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	207.14	00 15									
63	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	106.44										
67	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	106.44	00 15									
63	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	106.78									X	
67	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	106.78	00 15								X	
63	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	188.97										
67	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	188.97	00 15									
63	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	98.32										
67	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	98.32										
63	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	98.32									X	
67	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	98.32	00 15								X	
63	64505	INJECTION FOR NERVE BLOCK	148.48						X				
67	64505	INJECTION FOR NERVE BLOCK	148.48	00 15									
63	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	156.47						X				
67	64510	INJECTION FOR NERVE BLOCK	156.47	00 15									
63	64517	N BLOCK INJ, HYPOGAS PLXS	209.73										
67	64517	N BLOCK INJ, HYPOGAS PLXS	209.73	00 15									
63	64520	INJECTION FOR NERVE BLOCK	241.76						X				
67	64520	INJECTION FOR NERVE BLOCK	241.76	00 15									
63	64530	INJECTION FOR NERVE BLOCK	244.44						X				
67	64530	INJECTION FOR NERVE BLOCK	244.44	00 15									
63	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	816.50								X		
67	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	816.50	00 15							X		
63	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	131.91										
67	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	131.91	00 15									
63	64568	INCISION FOR IMPLANTATION OF CRANIAL	702.60			X							
67	64568	INCISION FOR IMPLANTATION OF CRANIAL	702.60	00 15		X							
63	64569	REVISION OR REPLACEMENT OF CRANIAL	876.56			X							

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	64569	REVISION OR REPLACMENT OF CRANIAL	876.56	00	15		X							
63	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	842.53				X							
67	64570	REMOVAL OF CRANIAL NERVE (EG,VAGUS	842.53	00	15		X							
63	64581	INCISION FOR IMPLANTATION OF NEUROST	745.36									X		
67	64581	INCISION FOR IMPLANTATION OF NEUROST	745.36	00	15							X		
63	64590	INSERTION OR REPLACEMENT OF PERIPHER	291.53											
67	64590	INSERTION OR REPLACEMENT OF PERIPHER	291.53	00	15									
63	64600	INJECTION TREATMENT OF NERVE	499.03											
67	64600	INJECTION TREATMENT OF NERVE	499.03	00	15									
63	64605	INJECTION TREATMENT OF NERVE	695.79											
67	64605	INJECTION TREATMENT OF NERVE	695.79	00	15									
63	64610	INJECTION TREATMENT OF NERVE	879.57											
67	64610	INJECTION TREATMENT OF NERVE	879.57	00	15									
63	64611	CHEMODENERVATION OF PAROTID AND SUBM	137.97											
67	64611	CHEMODENERVATION OF PAROTID AND SUBM	137.97	00	15									
63	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	146.85											
67	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	146.85	00	15									
63	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	173.23			X								
67	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	173.23	00	15	X								
63	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	151.87										X	
67	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	151.87	00	15								X	
63	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	177.40										X	
67	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	177.40	00	15								X	
63	64620	INJECTION TREATMENT OF NERVE	230.04											
67	64620	INJECTION TREATMENT OF NERVE	230.04	00	15									
63	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	431.25										X	
67	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	431.25	00	15								X	
63	64625	RADIOFREQUENCY ABLATION, NERVES INNE	527.49										X	
67	64625	RADIOFREQUENCY ABLATION, NERVES INNE	527.49	00	15								X	
63	64630	INJECTION TREATMENT OF NERVE	278.17											
67	64630	INJECTION TREATMENT OF NERVE	278.17	00	15									
63	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	96.40											
67	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	96.40	00	15									
63	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	452.60											
67	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	452.60	00	15									
63	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	201.58											
67	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	201.58	00	15									
63	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	448.04											
67	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	448.04	00	15									
63	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	183.41											
67	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	183.41	00	15									
63	64640	INJECTION TREATMENT OF NERVE	268.91										X	
67	64640	INJECTION TREATMENT OF NERVE	268.91	00	15								X	
63	64642	Injection of chemical for destructio	163.89											
67	64642	Injection of chemical for destructio	163.89	00	15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	103.33									X	
67	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	103.33	00 15								X	
63	64644	Injection of chemical for destructio	192.16										
67	64644	Injection of chemical for destructio	192.16	00 15									
63	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	132.78									X	
67	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	132.78	00 15								X	
63	64646	Injection of chemical for destructio	173.66										
67	64646	Injection of chemical for destructio	173.66	00 15									
63	64647	Injection of chemical for destructio	199.56										
67	64647	Injection of chemical for destructio	199.56	00 15									
63	64680	INJECTION TREATMENT OF NERVE	372.50										
67	64680	INJECTION TREATMENT OF NERVE	372.50	00 15									
63	64681	INJECTION TREATMENT OF NERVE	507.64										
67	64681	INJECTION TREATMENT OF NERVE	507.64	00 15									
63	64702	REVISE FINGER/TOE NERVE	561.74										
67	64702	REVISE FINGER/TOE NERVE	561.74	00 15									
63	64704	REVISE HAND/FOOT NERVE	356.19										
67	64704	REVISE HAND/FOOT NERVE	356.19	00 15									
63	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	563.60										
67	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	563.60	00 15									
63	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	664.77										
67	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	664.77	00 15									
63	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	886.93										
67	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	886.93	00 15									
63	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	853.58										
67	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	853.58	00 15									
63	64716	REVISION OF CRANIAL NERVE	569.30										
67	64716	REVISION OF CRANIAL NERVE	569.30	00 15									
63	64718	REVISE ULNAR NERVE AT ELBOW	663.45										
67	64718	REVISE ULNAR NERVE AT ELBOW	663.45	00 15									
63	64719	REVISE ULNAR NERVE AT WRIST	448.51										
67	64719	REVISE ULNAR NERVE AT WRIST	448.51	00 15									
63	64721	REVISE MEDIAN NERVE AT WRIST	485.64										
67	64721	REVISE MEDIAN NERVE AT WRIST	485.64	00 15									
63	64722	RELIEVE PRESSURE ON NERVE(S)	397.02										
67	64722	RELIEVE PRESSURE ON NERVE(S)	397.02	00 15									
63	64726	RELEASE FOOT/TOE NERVE	294.49										
67	64726	RELEASE FOOT/TOE NERVE	294.49	00 15									
63	64727	INTERNAL NEUROLYSIS,MICROSCOPE	205.70										
67	64727	INTERNAL NEUROLYSIS, MICROSCOPE	205.70	00 15									
63	64732	INCISION OF BROW NERVE	509.38										
67	64732	INCISION OF BROW NERVE	509.38	00 15									
63	64734	INCISION OF CHEEK NERVE	575.52										
67	64734	INCISION OF CHEEK NERVE	575.52	00 15									
63	64736	INCISION OF CHIN NERVE	366.21										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	64736	INCISION OF CHIN NERVE	366.21	00 15									
63	64738	INCISION OF JAW NERVE	491.41										
67	64738	INCISION OF JAW NERVE	491.41	00 15									
63	64740	INCISION OF TONGUE NERVE	509.44										
67	64740	INCISION OF TONGUE NERVE	509.44	00 15									
63	64742	INCISION OF FACIAL NERVE	529.29										
67	64742	INCISION OF FACIAL NERVE	529.29	00 15									
63	64744	INCISE NERVE, BACK OF HEAD	570.75										
67	64744	INCISE NERVE, BACK OF HEAD	570.75	00 15									
63	64746	INCISE DIAPHRAGM NERVE	492.72										
67	64746	INCISE DIAPHRAGM NERVE	492.72	00 15									
63	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,068.28										
67	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,068.28	00 15									
63	64760	INCISION OF VAGUS NERVE	592.88										
67	64760	INCISION OF VAGUS NERVE	592.88	00 15									
63	64763	INCISE HIP/THIGH NERVE	587.45										
67	64763	INCISE HIP/THIGH NERVE	587.45	00 15									
63	64766	INCISE HIP/THIGH NERVE	726.41										
67	64766	INCISE HIP/THIGH NERVE	726.41	00 15									
63	64771	INCISE CRANIAL NERVE, EXTRADURAL	672.32										
67	64771	INCISE CRANIAL NERVE, EXTRADURAL	672.32	00 15									
63	64772	INCISION OF SPINAL NERVE	627.86										
67	64772	INCISION OF SPINAL NERVE	627.86	00 15									
63	64774	REMOVE SKIN NERVE LESION	451.81										
67	64774	REMOVE SKIN NERVE LESION	451.81	00 15									
63	64776	REMOVE DIGIT NERVE LESION	433.96										
67	64776	REMOVE DIGIT NERVE LESION	433.96	00 15									
63	64778	EXCISE NEUROMA;EACH ADD DIGIT	208.13									X	
67	64778	EXCISE NEUROMA;EACH ADD DIGIT	208.13	00 15								X	
63	64782	REMOVE LIMB NERVE LESION	508.38										
67	64782	REMOVE LIMB NERVE LESION	508.38	00 15									
63	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	247.40									X	
67	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	247.40	00 15								X	
63	64784	REMOVE NERVE LESION	818.17										
67	64784	REMOVE NERVE LESION	818.17	00 15									
63	64786	REMOVE SCIATIC NERVE LESION	1,163.34										
67	64786	REMOVE SCIATIC NERVE LESION	1,163.34	00 15									
63	64787	INSERT CAP ON NERVE END	273.12										
67	64787	INSERT CAP ON NERVE END	273.12	00 15									
63	64788	REMOVE SKIN NERVE LESION	448.50										
67	64788	REMOVE SKIN NERVE LESION	448.50	00 15									
63	64790	REMOVAL OF NERVE LESION	945.09										
67	64790	REMOVAL OF NERVE LESION	945.09	00 15									
63	64792	REMOVAL OF NERVE LESION	1,214.36										
67	64792	REMOVAL OF NERVE LESION	1,214.36	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	64795	BIOPSY OF NERVE	218.36										
67	64795	BIOPSY OF NERVE	218.36	00 15									
63	64802	REMOVE SYMPATHETIC NERVES	965.01										
67	64802	REMOVE SYMPATHETIC NERVES	965.01	00 15									
63	64804	REMOVE SYMPATHETIC NERVES	1,376.65										
67	64804	REMOVE SYMPATHETIC NERVES	1,376.65	00 15									
63	64809	REMOVE SYMPATHETIC NERVES	1,262.19										
67	64809	REMOVE SYMPATHETIC NERVES	1,262.19	00 15									
63	64818	REMOVE SYMPATHETIC NERVES	877.79										
67	64818	REMOVE SYMPATHETIC NERVES	877.79	00 15									
63	64820	REMOVE SYMPATHETIC NERVES	812.82										
67	64820	REMOVE SYMPATHETIC NERVES	812.82	00 15									
63	64821	REMOVE SYMPATHETIC NERVES	780.56										
67	64821	REMOVE SYMPATHETIC NERVES	780.56	00 15									
63	64822	REMOVE SYMPATHETIC NERVES	780.56										
67	64822	REMOVE SYMPATHETIC NERVES	780.56	00 15									
63	64823	REMOVE SYMPATHETIC NERVES	888.05										
67	64823	REMOVE SYMPATHETIC NERVES	888.05	00 15									
63	64831	REPAIR OF DIGIT NERVE	766.78										
67	64831	REPAIR OF DIGIT NERVE	766.78	00 15									
63	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	379.02									X	
67	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	379.02	00 15								X	
63	64834	REPAIR OF HAND OR FOOT NERVE	830.54										
67	64834	REPAIR OF HAND OR FOOT NERVE	830.54	00 15									
63	64835	REPAIR OF HAND OR FOOT NERVE	918.22										
67	64835	REPAIR OF HAND OR FOOT NERVE	918.22	00 15									
63	64836	REPAIR OF HAND OR FOOT NERVE	918.22										
67	64836	REPAIR OF HAND OR FOOT NERVE	918.22	00 15									
63	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	417.27									X	
67	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	417.27	00 15								X	
63	64840	REPAIR OF LEG NERVE	1,083.43										
67	64840	REPAIR OF LEG NERVE	1,083.43	00 15									
63	64856	REPAIR/TRANSPOSE NERVE	1,136.53										
67	64856	REPAIR/TRANSPOSE NERVE	1,136.53	00 15									
63	64857	REPAIR ARM/LEG NERVE	1,187.45										
67	64857	REPAIR ARM/LEG NERVE	1,187.45	00 15									
63	64858	REPAIR SCIATIC NERVE	1,329.93										
67	64858	REPAIR SCIATIC NERVE	1,329.93	00 15									
63	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	283.64									X	
67	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	283.64	00 15								X	
63	64861	REPAIR OF ARM NERVES	1,764.21										
67	64861	REPAIR OF ARM NERVES	1,764.21	00 15									
63	64862	REPAIR OF LOW BACK NERVES	1,555.71										
67	64862	REPAIR OF LOW BACK NERVES	1,555.71	00 15									
63	64864	REPAIR OF FACIAL NERVE	958.31										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	64864	REPAIR OF FACIAL NERVE	958.31	00 15									
63	64865	REPAIR OF FACIAL NERVE	1,208.08										
67	64865	REPAIR OF FACIAL NERVE	1,208.08	00 15									
63	64866	FUSION OF FACIAL/OTHER NERVE	1,402.65										
67	64866	FUSION OF FACIAL/OTHER NERVE	1,402.65	00 15									
63	64868	FUSION OF FACIAL/OTHER NERVE	1,107.96										
67	64868	FUSION OF FACIAL/OTHER NERVE	1,107.96	00 15									
63	64872	SUBSEQUENT REPAIR OF NERVE	133.40										
67	64872	SUBSEQUENT REPAIR OF NERVE	133.40	00 15									
63	64874	REPAIR & REVISE NERVE	199.64										
67	64874	REPAIR & REVISE NERVE	199.64	00 15									
63	64876	REPAIR NERVE; SHORTEN BONE	225.27										
67	64876	REPAIR NERVE; SHORTEN BONE	225.27	00 15									
63	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,235.19										
67	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,235.19	00 15									
63	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,426.69										
67	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,426.69	00 15									
63	64890	NERVE GRAFT, HAND OR FOOT	1,220.54										
67	64890	NERVE GRAFT, HAND OR FOOT	1,220.54	00 15									
63	64891	NERVE GRAFT, HAND OR FOOT	1,297.78										
67	64891	NERVE GRAFT, HAND OR FOOT	1,297.78	00 15									
63	64892	NERVE GRAFT, ARM OR LEG	1,185.34										
67	64892	NERVE GRAFT, ARM OR LEG	1,185.34	00 15									
63	64893	NERVE GRAFT, ARM OR LEG	1,265.92										
67	64893	NERVE GRAFT, ARM OR LEG	1,265.92	00 15									
63	64895	NERVE GRAFT, HAND OR FOOT	1,501.64										
67	64895	NERVE GRAFT, HAND OR FOOT	1,501.64	00 15									
63	64896	NERVE GRAFT, HAND OR FOOT	1,617.44										
67	64896	NERVE GRAFT, HAND OR FOOT	1,617.44	00 15									
63	64897	NERVE GRAFT, ARM OR LEG	1,433.76										
67	64897	NERVE GRAFT, ARM OR LEG	1,433.76	00 15									
63	64898	NERVE GRAFT, ARM OR LEG	1,552.55										
67	64898	NERVE GRAFT, ARM OR LEG	1,552.55	00 15									
63	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	681.02									X	
67	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	681.02	00 15								X	
63	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	788.17									X	
67	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	788.17	00 15								X	
63	64905	NERVE PEDICLE TRANSFER	1,141.51										
67	64905	NERVE PEDICLE TRANSFER	1,141.51	00 15									
63	64907	NERVE PEDICLE TRANSFER	1,473.78										
67	64907	NERVE PEDICLE TRANSFER	1,473.78	00 15									
63	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	865.88										
67	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	865.88	00 15									
63	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,148.05										
67	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,148.05	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	980.54									X	
67	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	980.54	00 15								X	
63	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	199.76									X	
67	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	199.76	00 15								X	
63	65091	EVISCERATION EYE	771.29										
67	65091	EVISCERATION EYE	771.29	00 15									
63	65093	EVISCERATION EYE WITH IMPLANT	764.39										
67	65093	EVISCERATION EYE WITH IMPLANT	764.39	00 15									
63	65101	REMOVAL OF EYE	883.93										
67	65101	REMOVAL OF EYE	883.93	00 15									
63	65103	REMOVE EYE/INSERT IMPLANT	913.89										
67	65103	REMOVE EYE/INSERT IMPLANT	913.89	00 15									
63	65105	REMOVE EYE/ATTACH IMPLANT	997.84										
67	65105	REMOVE EYE/ATTACH IMPLANT	997.84	00 15									
63	65110	REMOVAL OF EYE	1,394.68										
67	65110	REMOVAL OF EYE	1,394.68	00 15									
63	65112	REMOVE EYE, REVISE SOCKET	1,603.89										
67	65112	REMOVE EYE, REVISE SOCKET	1,603.89	00 15									
63	65114	REMOVE EYE, REVISE SOCKET	1,674.81										
67	65114	REMOVE EYE, REVISE SOCKET	1,674.81	00 15									
63	65125	MODIFICATION OF OCULAR IMPLANT (EG,	486.87										
67	65125	MODIFICATION OF OCULAR IMPLANT (EG,	486.87	00 15									
63	65130	INSERT OCULAR IMPLANT	884.02										
67	65130	INSERT OCULAR IMPLANT	884.02	00 15									
63	65135	INSERT OCULAR IMPLANT	894.80										
67	65135	INSERT OCULAR IMPLANT	894.80	00 15									
63	65140	ATTACH OCULAR IMPLANT	963.98										
67	65140	ATTACH OCULAR IMPLANT	963.98	00 15									
63	65150	REVISE OCULAR IMPLANT	720.48										
67	65150	REVISE OCULAR IMPLANT	720.48	00 15									
63	65155	REINSERT OCULAR IMPLANT	1,003.80										
67	65155	REINSERT OCULAR IMPLANT	1,003.80	00 15									
63	65175	REMOVAL OF OCULAR IMPLANT	804.68										
67	65175	REMOVAL OF OCULAR IMPLANT	804.68	00 15									
63	65205	REMOVE FOREIGN BODY FROM EYE	32.42									X	
67	65205	REMOVE FOREIGN BODY FROM EYE	32.42	00 15								X	
63	65210	REMOVE FOREIGN BODY FROM EYE	42.56									X	
67	65210	REMOVE FOREIGN BODY FROM EYE	42.56	00 15								X	
63	65220	REMOVE FOREIGN BODY FROM EYE	65.36									X	
67	65220	REMOVE FOREIGN BODY FROM EYE	65.36	00 15								X	
63	65222	REMOVE FOREIGN BODY FROM EYE	72.49									X	
67	65222	REMOVE FOREIGN BODY FROM EYE	72.49	00 15								X	
63	65235	REMOVE FOREIGN BODY FROM EYE	773.21										
67	65235	REMOVE FOREIGN BODY FROM EYE	773.21	00 15									
63	65260	REMOVE FOREIGN BODY FROM EYE	1,045.28										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	65260	REMOVE FOREIGN BODY FROM EYE	1,045.28	00 15									
63	65265	REMOVE FOREIGN BODY FROM EYE	1,175.69										
67	65265	REMOVE FOREIGN BODY FROM EYE	1,175.69	00 15									
63	65270	REPAIR OF EYE WOUND	301.47										
67	65270	REPAIR OF EYE WOUND	301.47	00 15									
63	65272	REPAIR OF EYE WOUND	560.55										
67	65272	REPAIR OF EYE WOUND	560.55	00 15									
63	65273	REPAIR OF EYE WOUND	406.75										
67	65273	REPAIR OF EYE WOUND	406.75	00 15									
63	65275	REPAIR OF EYE WOUND	627.65										
67	65275	REPAIR OF EYE WOUND	627.65	00 15									
63	65280	REPAIR OF EYE WOUND	717.13										
67	65280	REPAIR OF EYE WOUND	717.13	00 15									
63	65285	REPAIR OF EYE WOUND	1,185.22										
67	65285	REPAIR OF EYE WOUND	1,185.22	00 15									
63	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	749.74										
67	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	749.74	00 15									
63	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	523.43										
67	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	523.43	00 15									
63	65400	REMOVAL OF EYE LESION	735.02										
67	65400	REMOVAL OF EYE LESION	735.02	00 15									
63	65410	BIOPSY OF CORNEA	152.27										
67	65410	BIOPSY OF CORNEA	152.27	00 15									
63	65420	REMOVAL OF EYE LESION	570.99										
67	65420	REMOVAL OF EYE LESION	570.99	00 15									
63	65426	REMOVAL OF EYE LESION	713.64										
67	65426	REMOVAL OF EYE LESION	713.64	00 15									
63	65430	CORNEAL SMEAR	123.31									X	
67	65430	CORNEAL SMEAR	123.31	00 15								X	
63	65435	CURETTE/TREAT CORNEA	87.02										
67	65435	CURETTE/TREAT CORNEA	87.02	00 15									
63	65436	CURETTE/TREAT CORNEA	412.03										
67	65436	CURETTE/TREAT CORNEA	412.03	00 15									
63	65450	DESTROY CORNEAL LESION	345.67										
67	65450	DESTROY CORNEAL LESION	345.67	00 15									
63	65600	REVISION OF CORNEA	453.72										
67	65600	REVISION OF CORNEA	453.72	00 15									
63	65710	CORNEAL TRANSPLANT	1,212.69										
67	65710	CORNEAL TRANSPLANT	1,212.69	00 15									
63	65730	CORNEAL TRANSPLANT	1,336.12										
67	65730	CORNEAL TRANSPLANT	1,336.12	00 15									
63	65750	CORNEAL TRANSPLANT	1,345.84										
67	65750	CORNEAL TRANSPLANT	1,345.84	00 15									
63	65755	KERATOPLASTY, PENETRATING	1,339.51										
67	65755	KERATOPLASTY, PENETRATING	1,339.51	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,260.40										
67	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,260.40	00 15									
63	65770	KERATOPROSTHESIS	1,498.32										
67	65770	KERATOPROSTHESIS	1,498.32	00 15									
63	65772	CORNEAL RELAX INCISION,CORR SURG AST	485.92										
67	65772	CORNEAL RELAX INCISION,CORR SURG AST	485.92	00 15									
63	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	605.20										
67	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	605.20	00 15									
63	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,464.29									X	
67	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,464.29	00 15								X	
63	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,268.78									X	
67	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,268.78	00 15								X	
63	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	707.79										
67	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	707.79	00 15									
63	65781	OCULAR RECONST, TRANSPLANT	1,419.31										
67	65781	OCULAR RECONST, TRANSPLANT	1,419.31	00 15									
63	65782	OCULAR RECONST, TRANSPLANT	1,223.72		X								
67	65782	OCULAR RECONST, TRANSPLANT	1,223.72	00 15	X								
63	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,422.35									X	
67	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,422.35	00 15								X	
63	65800	DRAINAGE OF EYE	128.38										
67	65800	DRAINAGE OF EYE	128.38	00 15									
63	65810	DRAINAGE OF EYE	492.97										
67	65810	DRAINAGE OF EYE	492.97	00 15									
63	65815	DRAINAGE OF EYE	687.50										
67	65815	DRAINAGE OF EYE	687.50	00 15									
63	65820	RELIEVE INNER EYE PRESSURE	860.93										
67	65820	RELIEVE INNER EYE PRESSURE	860.93	00 15									
63	65850	TRABECULOTOMY AB EXTERNO	901.77										
67	65850	TRABECULOTOMY AB EXTERNO	901.77	00 15									
63	65855	LASER TRABECULOPLASTY-1/MORE	263.28										
67	65855	LASER TRABECULOPLASTY-1/MORE	263.28	00 15									
63	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	328.57										
67	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	328.57	00 15									
63	65865	INCISE INNER EYE ADHESIONS	507.37										
67	65865	INCISE INNER EYE ADHESIONS	507.37	00 15									
63	65870	INCISE INNER EYE ADHESIONS	631.61										
67	65870	INCISE INNER EYE ADHESIONS	631.61	00 15									
63	65875	INCISE INNER EYE ADHESIONS	674.40										
67	65875	INCISE INNER EYE ADHESIONS	674.40	00 15									
63	65880	INCISE INNER EYE ADHESIONS	710.02										
67	65880	INCISE INNER EYE ADHESIONS	710.02	00 15									
63	65900	REMOVE EYE LESION	1,055.69										
67	65900	REMOVE EYE LESION	1,055.69	00 15									
63	65920	REMOVE IMPLANT FROM EYE	842.48										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	65920	REMOVE IMPLANT FROM EYE	842.48	00 15									
63	65930	REMOVE BLOOD CLOT FROM EYE	684.63										
67	65930	REMOVE BLOOD CLOT FROM EYE	684.63	00 15									
63	66020	INJECTION TREATMENT OF EYE	208.30									X	
67	66020	INJECTION TREATMENT OF EYE	208.30	00 15								X	
63	66030	INJECTION TREATMENT OF EYE	186.34									X	
67	66030	INJECTION TREATMENT OF EYE	186.34	00 15								X	
63	66130	REMOVE EYE LESION	757.27										
67	66130	REMOVE EYE LESION	757.27	00 15									
63	66150	INCISION OF EYE	930.50										
67	66150	INCISION OF EYE	930.50	00 15									
63	66155	INCISION OF EYE	930.11										
67	66155	INCISION OF EYE	930.11	00 15									
63	66160	INCISION OF EYE	1,050.49										
67	66160	INCISION OF EYE	1,050.49	00 15									
63	66170	INCISION OF EYE	1,162.80										
67	66170	INCISION OF EYE	1,162.80	00 15									
63	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,267.26										
67	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,267.26	00 15									
63	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	1,005.61									X	
67	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	1,005.61	00 15								X	
63	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	1,056.03									X	
67	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	1,056.03	00 15								X	
63	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,149.48						X				
67	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,149.48	00 15					X				
63	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,214.41										
67	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,214.41	00 15									
63	66183	Insertion of eye fluid drainage devi	1,096.43										
67	66183	Insertion of eye fluid drainage devi	1,096.43	00 15									
63	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	837.20										
67	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	837.20	00 15									
63	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	901.30										
67	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	901.30	00 15									
63	66225	REPAIR/GRAFT EYE LESION	997.53										
67	66225	REPAIR/GRAFT EYE LESION	997.53	00 15									
63	66250	FOLLOW-UP SURGERY OF EYE	805.40										
67	66250	FOLLOW-UP SURGERY OF EYE	805.40	00 15									
63	66500	INCISION OF IRIS	409.12										
67	66500	INCISION OF IRIS	409.12	00 15									
63	66505	INCISION OF THE IRIS	445.81										
67	66505	INCISION OF THE IRIS	445.81	00 15									
63	66600	REMOVE IRIS AND LESION	949.41										
67	66600	REMOVE IRIS AND LESION	949.41	00 15									
63	66605	REMOVAL OF IRIS	1,163.18										
67	66605	REMOVAL OF IRIS	1,163.18	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	66625	REMOVAL OF IRIS	455.81										
67	66625	REMOVAL OF IRIS	455.81	00 15									
63	66630	REMOVAL OF IRIS	603.13										
67	66630	REMOVAL OF IRIS	603.13	00 15									
63	66635	REMOVAL OF IRIS	608.68										
67	66635	REMOVAL OF IRIS	608.68	00 15									
63	66680	REPAIR IRIS & CILIARY BODY	553.55										
67	66680	REPAIR IRIS & CILIARY BODY	553.55	00 15									
63	66682	SUTURE OF IRIS, CILIARY BODY	741.66										
67	66682	SUTURE OF IRIS, CILIARY BODY	741.66	00 15									
63	66710	CILIARY BODY DESTRUCTION;	472.04										
67	66710	CILIARY BODY DESTRUCTION;	472.04	00 15									
63	66711	CILIARY ENDOSCOPIC ABLATION	533.70										
67	66711	CILIARY ENDOSCOPIC ABLATION	533.70	00 15									
63	66720	RELIEVE INNER EYE PRESSURE	490.69										
67	66720	RELIEVE INNER EYE PRESSURE	490.69	00 15									
63	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	317.79										
67	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	317.79	00 15									
63	66762	REVISION OF IRIS	508.14										
67	66762	REVISION OF IRIS	508.14	00 15									
63	66770	REMOVAL OF INNER EYE LESION	562.81										
67	66770	REMOVAL OF INNER EYE LESION	562.81	00 15									
63	66820	INCISION OF LENS LESION	481.54										
67	66820	INCISION OF LENS LESION	481.54	00 15									
63	66821	DISCISSION OF SECONDARY;LASER	352.75										
67	66821	DISCISSION OF SECONDARY;LASER	352.75	00 15									
63	66825	REPOSITIONING OF INTRAOCULAR LENS PR	870.97										
67	66825	REPOSITIONING OF INTRAOCULAR LENS PR	870.97	00 15									
63	66830	REMOVAL OF LENS LESION	757.98										
67	66830	REMOVAL OF LENS LESION	757.98	00 15									
63	66840	REMOVAL OF LENS MATERIAL	739.50										
67	66840	REMOVAL OF LENS MATERIAL	739.50	00 15									
63	66850	REMOVAL OF LENS MATERIAL	840.69										
67	66850	REMOVAL OF LENS MATERIAL	840.69	00 15									
63	66852	REMOVAL LENS MATERIAL, ASPIRATION	896.07										
67	66852	REMOVAL LENS MATERIAL, ASPIRATION	896.07	00 15									
63	66920	EXTRACTION OF LENS	799.25										
67	66920	EXTRACTION OF LENS	799.25	00 15									
63	66930	EXTRACTION OF LENS	914.62										
67	66930	EXTRACTION OF LENS	914.62	00 15									
63	66940	EXTRACTION OF LENS	834.51										
67	66940	EXTRACTION OF LENS	834.51	00 15									
63	66982	CATARACT SURGERY, COMPLEX	796.79										
67	66982	CATARACT SURGERY, COMPLEX	796.79	00 15									
63	66983	INTRA CATARACT EXTRAC W/LENS	769.35										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	66983	INTRA CATARACT EXTRAC W/LENS	769.35	00 15									
63	66984	EXTRA CATARACT REMOVAL W/LENS	580.83										
67	66984	EXTRA CATARACT REMOVAL W/LENS	580.83	00 15									
63	66985	INSERT LENS PROSTHESIS	817.58										
67	66985	INSERT LENS PROSTHESIS	817.58	00 15									
63	66986	EXCHANGE OF INTRAOCULAR LENS	965.55										
67	66986	EXCHANGE OF INTRAOCULAR LENS	965.55	00 15									
63	66990	OPHTHALMIC ENDOSCOPE ADD-ON	97.63										
67	66990	OPHTHALMIC ENDOSCOPE ADD-ON	97.63	00 15									
63	67005	PARTIAL REMOVAL OF EYE FLUID	501.84										
67	67005	PARTIAL REMOVAL OF EYE FLUID	501.84	00 15									
63	67010	PARTIAL REMOVAL OF EYE FLUID	576.14										
67	67010	PARTIAL REMOVAL OF EYE FLUID	576.14	00 15									
63	67015	RELEASE OF EYE FLUID	637.68										
67	67015	RELEASE OF EYE FLUID	637.68	00 15									
63	67025	REPLACE EYE FLUID	789.15										
67	67025	REPLACE EYE FLUID	789.15	00 15									
63	67027	IMPLANT EYE DRUG SYSTEM	906.15										
67	67027	IMPLANT EYE DRUG SYSTEM	906.15	00 15									
63	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	121.47										
67	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	121.47	00 15									
63	67030	INCISE INNER EYE STRANDS	584.52										
67	67030	INCISE INNER EYE STRANDS	584.52	00 15									
63	67031	SEVERING OF VITREOUS STRANDS, VITREO	415.55										
67	67031	SEVERING OF VITREOUS STRANDS, VITREO	415.55	00 15									
63	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	958.08										
67	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	958.08	00 15									
63	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	1,025.93										
67	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	1,025.93	00 15									
63	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,109.91										
67	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,109.91	00 15									
63	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,227.02										
67	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,227.02	00 15									
63	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,227.02										
67	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,227.02	00 15									
63	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,294.36										
67	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,294.36	00 15									
63	67101	REPAIR DETACHED RETINA	352.63										
67	67101	REPAIR DETACHED RETINA	352.63	00 15									
63	67105	PHOTOCOAGULATION/DETACHED RET	314.79										
67	67105	PHOTOCOAGULATION/DETACHED RET	314.79	00 15									
63	67107	REPAIR DETACHED RETINA	1,204.43										
67	67107	REPAIR DETACHED RETINA	1,204.43	00 15									
63	67108	REPAIR DETACHED RETINA	1,277.00										
67	67108	REPAIR DETACHED RETINA	1,277.00	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	945.79										
67	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	945.79	00 15									
63	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,427.36										
67	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,427.36	00 15									
63	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	528.31										
67	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	528.31	00 15									
63	67120	REMOVE EYE IMPLANT MATERIAL	711.74										
67	67120	REMOVE EYE IMPLANT MATERIAL	711.74	00 15									
63	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	965.66										
67	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	965.66	00 15									
63	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	557.13										
67	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	557.13	00 15									
63	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	560.70										
67	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	560.70	00 15									
63	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	641.93										
67	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	641.93	00 15									
63	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	549.66										
67	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	549.66	00 15									
63	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,496.31										
67	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,496.31	00 15									
63	67220	TREAT CHOROID LESION	566.00										
67	67220	TREAT CHOROID LESION	566.00	00 15									
63	67221	OCULAR PHOTODYNAMIC THER	296.19										
67	67221	OCULAR PHOTODYNAMIC THER	296.19	00 15									
63	67225	EYE PHOTODYNAMIC THER ADD-ON	31.98										
67	67225	EYE PHOTODYNAMIC THER ADD-ON	31.98	00 15									
63	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	313.47										
67	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	313.47	00 15									
63	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	364.06										
67	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	364.06	00 15									
63	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,242.20	00 00									
67	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,242.20	00 00									
63	67250	REINFORCE EYE WALL	940.55										
67	67250	REINFORCE EYE WALL	940.55	00 15									
63	67255	REINFORCE/GRAFT EYE WALL	728.85										
67	67255	REINFORCE/GRAFT EYE WALL	728.85	00 15									
63	67311	REVISE EYE MUSCLE	636.74										
67	67311	REVISE EYE MUSCLE	636.74	00 15									
63	67312	REVISE TWO EYE MUSCLES	771.69										
67	67312	REVISE TWO EYE MUSCLES	771.69	00 15									
63	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	728.01										
67	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	728.01	00 15									
63	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	863.54										
67	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	863.54	00 15									
63	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	760.82										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	760.82	00 15									
63	67320	REVISE EYE MUSCLE(S)	345.10										
67	67320	REVISE EYE MUSCLE(S)	345.10	00 15									
63	67331	STRABISMUS SURG W/PREV EYE SURG	327.57										
67	67331	STRABISMUS SURG W/PREV EYE SURG	327.57	00 15									
63	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	355.26										
67	67332	STRABISMUS SURG W/SCAR EXTRAOC	355.26	00 15									
63	67334	STRABISMUS SURG,POST FIX SUTURE TECH	322.58										
67	67334	STRABISMUS SURG,POST FIX SUTURE TECH	322.58	00 15									
63	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	158.73										
67	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	158.73	00 15									
63	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	383.69										
67	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	383.69	00 15									
63	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	708.52										
67	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	708.52	00 15									
63	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	262.64										
67	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	262.64	00 15									
63	67346	BIOPSY OF EXTRAOCULAR MUSCLE	204.22										
67	67346	BIOPSY OF EXTRAOCULAR MUSCLE	204.22	00 15									
63	67400	EXPLORE/BIOPSY EYE SOCKET	1,086.61										
67	67400	EXPLORE/BIOPSY EYE SOCKET	1,086.61	00 15									
63	67405	EXPLORE/DRAIN EYE SOCKET	938.84										
67	67405	EXPLORE/DRAIN EYE SOCKET	938.84	00 15									
63	67412	EXPLORE/TREAT EYE SOCKET	1,033.24										
67	67412	EXPLORE/TREAT EYE SOCKET	1,033.24	00 15									
63	67413	EXPLORE/TREAT EYE SOCKET	1,006.20										
67	67413	EXPLORE/TREAT EYE SOCKET	1,006.20	00 15									
63	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,542.45										
67	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,542.45	00 15									
63	67415	BIOPSY OF EYE	112.68										
67	67415	BIOPSY OF EYE	112.68	00 15									
63	67420	EXPLORE/TREAT EYE SOCKET	1,848.02										
67	67420	EXPLORE/TREAT EYE SOCKET	1,848.02	00 15									
63	67430	EXPLORE/TREAT EYE SOCKET	1,454.29										
67	67430	EXPLORE/TREAT EYE SOCKET	1,454.29	00 15									
63	67440	EXPLORE/DRAIN EYE SOCKET	1,411.34										
67	67440	EXPLORE/DRAIN EYE SOCKET	1,411.34	00 15									
63	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,622.42										
67	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,622.42	00 15									
63	67450	EXPLORE/BIOPSY EYE SOCKET	1,461.70										
67	67450	EXPLORE/BIOPSY EYE SOCKET	1,461.70	00 15									
63	67500	INJECT/TREAT EYE SOCKET	81.68										
67	67500	INJECT/TREAT EYE SOCKET	81.68	00 15									
63	67505	INJECT/TREAT EYE SOCKET	93.60										
67	67505	INJECT/TREAT EYE SOCKET	93.60	00 15									

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

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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	67515	INJECTION OF MEDICATION OR SUBSTANCE	55.34										
67	67515	INJECTION OF MEDICATION OR SUBSTANCE	55.34	00 15									
63	67550	INSERT EYE SOCKET IMPLANT	1,136.80										
67	67550	INSERT EYE SOCKET IMPLANT	1,136.80	00 15									
63	67560	REVISE EYE SOCKET IMPLANT	1,163.54										
67	67560	REVISE EYE SOCKET IMPLANT	1,163.54	00 15									
63	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,430.88										
67	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,430.88	00 15									
63	67700	DRAINAGE OF EYELID ABSCESS	303.83										
67	67700	DRAINAGE OF EYELID ABSCESS	303.83	00 15									
63	67710	INCISION OF EYELID	257.90										
67	67710	INCISION OF EYELID	257.90	00 15									
63	67715	INCISION OF EYELID FOLD	281.04										
67	67715	INCISION OF EYELID FOLD	281.04	00 15									
63	67800	REMOVE EYELID LESION	136.65										
67	67800	REMOVE EYELID LESION	136.65	00 15									
63	67801	REMOVE EYELID LESIONS	173.88										
67	67801	REMOVE EYELID LESIONS	173.88	00 15									
63	67805	REMOVE EYELID LESIONS	215.19										
67	67805	REMOVE EYELID LESIONS	215.19	00 15									
63	67808	REMOVE EYELID LESION(S)	389.81										
67	67808	REMOVE EYELID LESION(S)	389.81	00 15									
63	67810	BIOPSY OF EYELID	196.12										
67	67810	BIOPSY OF EYELID	196.12	00 15									
63	67820	REVISE EYELASHES	22.71										
67	67820	REVISE EYELASHES	22.71	00 15									
63	67825	REVISE EYELASHES	143.22										
67	67825	REVISE EYELASHES	143.22	00 15									
63	67830	REVISE EYELASHES	290.42										
67	67830	REVISE EYELASHES	290.42	00 15									
63	67835	REVISE EYELASHES	468.70										
67	67835	REVISE EYELASHES	468.70	00 15									
63	67840	REMOVE EYELID LESION	301.66										
67	67840	REMOVE EYELID LESION	301.66	00 15									
63	67850	TREAT EYELID LESION	233.15										
67	67850	TREAT EYELID LESION	233.15	00 15									
63	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	195.95										
67	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	195.95	00 15									
63	67880	REVISION OF EYELID	498.79										
67	67880	REVISION OF EYELID	498.79	00 15									
63	67882	REVISION OF EYELID	609.95										
67	67882	REVISION OF EYELID	609.95	00 15									
63	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	696.70										
67	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	696.70	00 15									
63	67901	REPAIR EYELID DEFECT	846.84										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	67901	REPAIR EYELID DEFECT	846.84	00	15									
63	67902	REPAIR EYELID DEFECT	775.22											
67	67902	REPAIR EYELID DEFECT	775.22	00	15									
63	67903	REPAIR EYELID DEFECT	646.12											
67	67903	REPAIR EYELID DEFECT	646.12	00	15									
63	67904	REPAIR EYELID DEFECT	793.57											
67	67904	REPAIR EYELID DEFECT	793.57	00	15									
63	67906	REPAIR EYELID DEFECT	539.23											
67	67906	REPAIR EYELID DEFECT	539.23	00	15									
63	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	565.64											
67	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	565.64	00	15									
63	67909	REVISE EYELID DEFECT	587.77										X	
67	67909	REVISE EYELID DEFECT	587.77	00	15								X	
63	67911	REVISE EYELID DEFECT	597.59											
67	67911	REVISE EYELID DEFECT	597.59	00	15									
63	67912	CORRECTION EYELID W/ IMPLANT	971.82											
67	67912	CORRECTION EYELID W/ IMPLANT	971.82	00	15									
63	67914	REPAIR EYELID DEFECT	519.76											
67	67914	REPAIR EYELID DEFECT	519.76	00	15									
63	67915	REPAIR EYELID DEFECT	334.22			X								
67	67915	REPAIR EYELID DEFECT	334.22	00	15	X								
63	67916	REPAIR EYELID DEFECT	653.91											
67	67916	REPAIR EYELID DEFECT	653.91	00	15									
63	67917	REPAIR EYELID DEFECT	666.71											
67	67917	REPAIR EYELID DEFECT	666.71	00	15									
63	67921	REPAIR EYELID DEFECT	508.48											
67	67921	REPAIR EYELID DEFECT	508.48	00	15									
63	67922	REPAIR EYELID DEFECT	323.66											
67	67922	REPAIR EYELID DEFECT	323.66	00	15									
63	67923	REPAIR EYELID DEFECT	653.23											
67	67923	REPAIR EYELID DEFECT	653.23	00	15									
63	67924	REPAIR EYELID DEFECT	694.48											
67	67924	REPAIR EYELID DEFECT	694.48	00	15									
63	67930	REPAIR EYELID WOUND	398.69											
67	67930	REPAIR EYELID WOUND	398.69	00	15									
63	67935	REPAIR EYELID WOUND	642.47											
67	67935	REPAIR EYELID WOUND	642.47	00	15									
63	67938	REMOVE EYELID FOREIGN BODY	287.72										X	
67	67938	REMOVE EYELID FOREIGN BODY	287.72	00	15								X	
63	67950	REVISION OF EYELID	625.97											
67	67950	REVISION OF EYELID	625.97	00	15									
63	67961	REVISION OF EYELID	626.35											
67	67961	REVISION OF EYELID	626.35	00	15									
63	67966	REVISION OF EYELID	834.15											
67	67966	REVISION OF EYELID	834.15	00	15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	67971	RECONSTRUCTION OF EYELID	770.55										
67	67971	RECONSTRUCTION OF EYELID	770.55	00 15									
63	67973	RECONSTRUCTION OF EYELID	992.20										
67	67973	RECONSTRUCTION OF EYELID	992.20	00 15									
63	67974	RECONSTRUCTION OF EYELID	989.49										
67	67974	RECONSTRUCTION OF EYELID	989.49	00 15									
63	67975	RECONSTRUCTION OF EYELID	728.60										
67	67975	RECONSTRUCTION OF EYELID	728.60	00 15									
63	68020	INCISE/DRAIN EYELID LINING	129.03										
67	68020	INCISE/DRAIN EYELID LINING	129.03	00 15									
63	68040	TREATMENT OF EYELID LESIONS	66.23										
67	68040	TREATMENT OF EYELID LESIONS	66.23	00 15									
63	68100	BIOPSY OF EYELID LINING	191.87										
67	68100	BIOPSY OF EYELID LINING	191.87	00 15									
63	68110	REMOVE EYELID LINING LESION	250.91										
67	68110	REMOVE EYELID LINING LESION	250.91	00 15									
63	68115	REMOVE EYELID LINING LESION	354.17										
67	68115	REMOVE EYELID LINING LESION	354.17	00 15									
63	68130	REMOVE EYELID LINING LESION	589.01										
67	68130	REMOVE EYELID LINING LESION	589.01	00 15									
63	68135	REMOVE EYELID LINING LESION	167.82										
67	68135	REMOVE EYELID LINING LESION	167.82	00 15									
63	68200	TREAT EYELID BY INJECTION	44.34										
67	68200	TREAT EYELID BY INJECTION	44.34	00 15									
63	68320	REVISE/GRAFT EYELID LINING	790.15										
67	68320	REVISE/GRAFT EYELID LINING	790.15	00 15									
63	68325	REVISE/GRAFT EYELID LINING	697.41										
67	68325	REVISE/GRAFT EYELID LINING	697.41	00 15									
63	68326	REVISE/GRAFT EYELID LINING	684.78										
67	68326	REVISE/GRAFT EYELID LINING	684.78	00 15									
63	68328	REVISE/GRAFT EYELID LINING	754.98										
67	68328	REVISE/GRAFT EYELID LINING	754.98	00 15									
63	68330	REVISE EYELID LINING	663.76										
67	68330	REVISE EYELID LINING	663.76	00 15									
63	68335	REVISE/GRAFT EYELID LINING	687.37										
67	68335	REVISE/GRAFT EYELID LINING	687.37	00 15									
63	68340	SEPARATE EYELID ADHESIONS	634.68										
67	68340	SEPARATE EYELID ADHESIONS	634.68	00 15									
63	68360	REVISE EYELID LINING	579.47										
67	68360	REVISE EYELID LINING	579.47	00 15									
63	68362	REVISE EYELID LINING	696.79										
67	68362	REVISE EYELID LINING	696.79	00 15									
63	68371	HARVEST EYE TISSUE, ALOGRAFT	437.90										
67	68371	HARVEST EYE TISSUE, ALOGRAFT	437.90	00 15									
63	68400	INCISE/DRAIN TEAR GLAND	316.94										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	68400	INCISE/DRAIN TEAR GLAND	316.94	00 15									
63	68420	INCISE/DRAIN TEAR SAC	356.26										
67	68420	INCISE/DRAIN TEAR SAC	356.26	00 15									
63	68440	INCISE TEAR DUCT OPENING	109.34										
67	68440	INCISE TEAR DUCT OPENING	109.34	00 15									
63	68500	REMOVAL OF TEAR GLAND	1,112.85										
67	68500	REMOVAL OF TEAR GLAND	1,112.85	00 15									
63	68505	PARTIAL REMOVAL TEAR GLAND	1,107.51										
67	68505	PARTIAL REMOVAL TEAR GLAND	1,107.51	00 15									
63	68510	BIOPSY OF TEAR GLAND	495.22										
67	68510	BIOPSY OF TEAR GLAND	495.22	00 15									
63	68520	REMOVAL OF TEAR SAC	774.62										
67	68520	REMOVAL OF TEAR SAC	774.62	00 15									
63	68525	BIOPSY OF TEAR SAC	284.00										
67	68525	BIOPSY OF TEAR SAC	284.00	00 15									
63	68530	CLEARANCE OF TEAR DUCT	465.86										
67	68530	CLEARANCE OF TEAR DUCT	465.86	00 15									
63	68540	REMOVE TEAR GLAND LESION	1,038.38										
67	68540	REMOVE TEAR GLAND LESION	1,038.38	00 15									
63	68550	EXCISION OF LACRIMAL GLAND TUMOR;	1,288.96										
67	68550	REMOVE TEAR GLAND LESION	1,288.96	00 15									
63	68700	REPAIR TEAR DUCTS	642.01										
67	68700	REPAIR TEAR DUCTS	642.01	00 15									
63	68705	REVISE TEAR DUCT OPENING	275.86										
67	68705	REVISE TEAR DUCT OPENING	275.86	00 15									
63	68720	CREATE TEAR SAC DRAIN	853.41										
67	68720	CREATE TEAR SAC DRAIN	853.41	00 15									
63	68745	CREATE TEAR DUCT DRAIN	856.34										
67	68745	CREATE TEAR DUCT DRAIN	856.34	00 15									
63	68750	CREATE TEAR DUCT DRAIN	898.89										
67	68750	CREATE TEAR DUCT DRAIN	898.89	00 15									
63	68760	CLOSE TEAR DUCT OPENING	232.67										
67	68760	CLOSE TEAR DUCT OPENING	232.67	00 15									
63	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	157.42									X	
67	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	157.42	00 15								X	
63	68770	CLOSE TEAR SYSTEM FISTULA	668.29										
67	68770	CLOSE TEAR SYSTEM FISTULA	668.29	00 15									
63	68801	DILATE TEAR DUCT OPENING	99.64										
67	68801	DILATE TEAR DUCT OPENING	99.64	00 15									
63	68810	PROBE NASOLACRIMAL DUCT	171.35										
67	68810	PROBE NASOLACRIMAL DUCT	171.35	00 15									
63	68811	PROBE NASOLACRIMAL DUCT	143.57										
67	68811	PROBE NASOLACRIMAL DUCT	143.57	00 15									
63	68815	PROBE NASOLACRIMAL DUCT	409.43										
67	68815	PROBE NASOLACRIMAL DUCT	409.43	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	883.44										
67	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	883.44	00 15									
63	68840	EXPLORE/IRRIGATE TEAR DUCTS	140.01										
67	68840	EXPLORE/IRRIGATE TEAR DUCTS	140.01	00 15									
63	68850	INJECTION FOR TEAR SAC X-RAY	65.64										
67	68850	INJECTION FOR TEAR SAC X-RAY	65.64	00 15									
63	69000	DRAIN EXTERNAL EAR LESION	201.29										
67	69000	DRAIN EXTERNAL EAR LESION	201.29	00 15									
63	69005	DRAIN EXTERNAL EAR LESION	237.11										
67	69005	DRAIN EXTERNAL EAR LESION	237.11	00 15									
63	69020	DRAIN OUTER EAR CANAL LESION	249.64										
67	69020	DRAIN OUTER EAR CANAL LESION	249.64	00 15									
63	69100	BIOPSY OF EXTERNAL EAR	104.70										
67	69100	BIOPSY OF EXTERNAL EAR	104.70	00 15									
63	69105	BIOPSY OF EXTERNAL EAR CANAL	154.28										
67	69105	BIOPSY OF EXTERNAL EAR CANAL	154.28	00 15									
63	69110	PARTIAL REMOVAL EXTERNAL EAR	503.66										
67	69110	PARTIAL REMOVAL EXTERNAL EAR	503.66	00 15									
63	69120	REMOVAL OF EXTERNAL EAR	431.94										
67	69120	REMOVAL OF EXTERNAL EAR	431.94	00 15									
63	69140	REMOVE EAR CANAL LESION(S)	974.06										
67	69140	REMOVE EAR CANAL LESION(S)	974.06	00 15									
63	69145	REMOVE EAR CANAL LESION(S)	437.53										
67	69145	REMOVE EAR CANAL LESION(S)	437.53	00 15									
63	69150	EXTENSIVE EAR CANAL SURGERY	1,136.08										
67	69150	EXTENSIVE EAR CANAL SURGERY	1,136.08	00 15									
63	69155	EXTENSIVE EAR/NECK SURGERY	1,813.81										
67	69155	EXTENSIVE EAR/NECK SURGERY	1,813.81	00 15									
63	69200	CLEAR OUTER EAR CANAL	87.12										
67	69200	CLEAR OUTER EAR CANAL	87.12	00 15									
63	69205	CLEAR OUTER EAR CANAL	103.62										
67	69205	CLEAR OUTER EAR CANAL	103.62	00 15									
63	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	51.92										
67	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	51.92	00 15									
63	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	85.38										
67	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	85.38	00 15									
63	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	229.14										
67	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	229.14	00 15									
63	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,216.22			X						X	
67	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,216.22	00 15		X						X	
63	69320	REBUILD OUTER EAR CANAL	1,702.62										
67	69320	REBUILD OUTER EAR CANAL	1,702.62	00 15									
63	69420	INCISION OF EARDRUM	202.40										
67	69420	INCISION OF EARDRUM	202.40	00 15									
63	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	162.32										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	162.32	00 15									
63	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	137.59										
67	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	137.59	00 15									
63	69433	OFFICE TYMPANOSTOMY, UNILAT	213.39										
67	69433	OFFICE TYMPANOSTOMY, UNILAT	213.39	00 15									
63	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	171.65										
67	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	171.65	00 15									
63	69440	EXPLORATION OF MIDDLE EAR	760.40										
67	69440	EXPLORATION OF MIDDLE EAR	760.40	00 15									
63	69450	TYMPANOLYSIS, TRANSCANAL	599.77										
67	69450	TYMPANOLYSIS, TRANSCANAL	599.77	00 15									
63	69501	MASTOIDECTOMY	791.56										
67	69501	MASTOIDECTOMY	791.56	00 15									
63	69502	MASTOIDECTOMY	1,056.24										
67	69502	MASTOIDECTOMY	1,056.24	00 15									
63	69505	REMOVE MASTOID STRUCTURES	1,339.44										
67	69505	REMOVE MASTOID STRUCTURES	1,339.44	00 15									
63	69511	EXTENSIVE MASTOID SURGERY	1,372.40										
67	69511	EXTENSIVE MASTOID SURGERY	1,372.40	00 15									
63	69530	EXTENSIVE MASTOID SURGERY	1,839.17										
67	69530	EXTENSIVE MASTOID SURGERY	1,839.17	00 15									
63	69535	REMOVE PART OF TEMPORAL BONE	2,946.92										
67	69535	REMOVE PART OF TEMPORAL BONE	2,946.92	00 15									
63	69540	REMOVE EAR LESION	221.67										
67	69540	REMOVE EAR LESION	221.67	00 15									
63	69550	REMOVE EAR LESION	1,157.35										
67	69550	REMOVE EAR LESION	1,157.35	00 15									
63	69552	REMOVE EAR LESION	1,744.70										
67	69552	REMOVE EAR LESION	1,744.70	00 15									
63	69554	REMOVE EAR LESION	2,796.80										
67	69554	REMOVE EAR LESION	2,796.80	00 15									
63	69601	MASTOID SURGERY REVISION	1,135.97										
67	69601	MASTOID SURGERY REVISION	1,135.97	00 15									
63	69602	MASTOID SURGERY REVISION	1,204.96										
67	69602	MASTOID SURGERY REVISION	1,204.96	00 15									
63	69603	MASTOID SURGERY REVISION	1,401.47										
67	69603	MASTOID SURGERY REVISION	1,401.47	00 15									
63	69604	MASTOID SURGERY REVISION	1,230.14										
67	69604	MASTOID SURGERY REVISION	1,230.14	00 15									
63	69610	REPAIR OF EARDRUM	414.86										
67	69610	REPAIR OF EARDRUM	414.86	00 15									
63	69620	REPAIR OF EARDRUM	783.69										
67	69620	REPAIR OF EARDRUM	783.69	00 15									
63	69631	REPAIR EARDRUM STRUCTURES	980.19										
67	69631	REPAIR EARDRUM STRUCTURES	980.19	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	69632	REBUILD EARDRUM STRUCTURES	1,193.97										
67	69632	REBUILD EARDRUM STRUCTURES	1,193.97	00 15									
63	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,157.52										
67	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,157.52	00 15									
63	69635	REPAIR EARDRUM STRUCTURES	1,384.04										
67	69635	REPAIR EARDRUM STRUCTURES	1,384.04	00 15									
63	69636	REBUILD EARDRUM STRUCTURES	1,537.20										
67	69636	REBUILD EARDRUM STRUCTURES	1,537.20	00 15									
63	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,575.47										
67	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,575.47	00 15									
63	69641	REVISE MIDDLE EAR & MASTOID	1,152.08										
67	69641	REVISE MIDDLE EAR & MASTOID	1,152.08	00 15									
63	69642	REVISE MIDDLE EAR & MASTOID	1,481.31										
67	69642	REVISE MIDDLE EAR & MASTOID	1,481.31	00 15									
63	69643	REVISE MIDDLE EAR & MASTOID	1,359.19										
67	69643	REVISE MIDDLE EAR & MASTOID	1,359.19	00 15									
63	69644	REVISE MIDDLE EAR & MASTOID	1,646.67										
67	69644	REVISE MIDDLE EAR & MASTOID	1,646.67	00 15									
63	69645	REVISE MIDDLE EAR & MASTOID	1,621.25										
67	69645	REVISE MIDDLE EAR & MASTOID	1,621.25	00 15									
63	69646	REVISE MIDDLE EAR & MASTOID	1,716.90										
67	69646	REVISE MIDDLE EAR & MASTOID	1,716.90	00 15									
63	69650	RELEASE MIDDLE EAR BONE	886.98										
67	69650	RELEASE MIDDLE EAR BONE	886.98	00 15									
63	69660	REVISE MIDDLE EAR BONE	1,024.82										
67	69660	REVISE MIDDLE EAR BONE	1,024.82	00 15									
63	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,336.99										
67	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,336.99	00 15									
63	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,284.98										
67	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,284.98	00 15									
63	69666	REPAIR MIDDLE EAR STRUCTURES	892.88										
67	69666	REPAIR MIDDLE EAR STRUCTURES	892.88	00 15									
63	69667	REPAIR MIDDLE EAR STRUCTURES	893.62										
67	69667	REPAIR MIDDLE EAR STRUCTURES	893.62	00 15									
63	69670	REMOVE MASTOID AIR CELLS	1,043.59										
67	69670	REMOVE MASTOID AIR CELLS	1,043.59	00 15									
63	69676	TYMPANIC NEURECTOMY; UNILATERAL	918.96										
67	69676	TYMPANIC NEURECTOMY; UNILATERAL	918.96	00 15									
63	69700	CLOSE MASTOID FISTULA	740.54										
67	69700	CLOSE MASTOID FISTULA	740.54	00 15									
63	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	3,060.43										
67	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	3,060.43	00 15									
63	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	3,161.12										
67	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	3,161.12	00 15									
63	69714	IMPLANT TEMPLE BONE W/STIMUL	1,170.25										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	69714	IMPLANT TEMPLE BONE W/STIMUL	1,170.25	00	15									
63	69717	TEMPLE BONE IMPLANT REVISION	1,229.99									X		
67	69717	TEMPLE BONE IMPLANT REVISION	1,229.99	00	15							X		
63	69720	RELEASE FACIAL NERVE	1,310.85											
67	69720	RELEASE FACIAL NERVE	1,310.85	00	15									
63	69725	RELEASE FACIAL NERVE	2,079.11											
67	69725	RELEASE FACIAL NERVE	2,079.11	00	15									
63	69740	REPAIR FACIAL NERVE	1,287.99											
67	69740	REPAIR FACIAL NERVE	1,287.99	00	15									
63	69745	REPAIR FACIAL NERVE	1,372.12											
67	69745	REPAIR FACIAL NERVE	1,372.12	00	15									
63	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	237.97											
67	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	237.97	00	15									
63	69805	EXPLORE INNER EAR	1,146.01											
67	69805	EXPLORE INNER EAR	1,146.01	00	15									
63	69806	EXPLORE INNER EAR	1,029.36											
67	69806	EXPLORE INNER EAR	1,029.36	00	15									
63	69905	REMOVE INNER EAR	1,014.50											
67	69905	REMOVE INNER EAR	1,014.50	00	15									
63	69910	REMOVE INNER EAR & MASTOID	1,107.61											
67	69910	REMOVE INNER EAR & MASTOID	1,107.61	00	15									
63	69915	INCISE INNER EAR NERVE	1,682.00											
67	69915	INCISE INNER EAR NERVE	1,682.00	00	15									
63	69930	COCHLEAR DEVICE IMPLANTATION	1,355.57	16	20		X						X	
67	69930	COCHLEAR DEVICE IMPLANTATION	1,355.57	01	15		X						X	
63	69950	INCISE INNER EAR NERVE	1,952.36											
67	69950	INCISE INNER EAR NERVE	1,952.36	00	15									
63	69955	RELEASE FACIAL NERVE	2,188.47											
67	69955	RELEASE FACIAL NERVE	2,188.47	00	15									
63	69960	RELEASE INNER EAR CANAL	2,108.77											
67	69960	RELEASE INNER EAR CANAL	2,108.77	00	15									
63	69970	REMOVE INNER EAR LESION	2,371.15											
67	69970	REMOVE INNER EAR LESION	2,371.15	00	15									
63	69990	MICROSURGERY ADD-ON	255.84											
67	69990	MICROSURGERY ADD-ON	255.84	00	15									
63	70010	MYELOGRAPHY; INTERPRETATION ONLY	66.23											
65	70015	CISTERNOGRAPHY; INTERPRET ONLY	63.68											
65	70030	X-RAY EYE; DETECT FOREIGN BODY	9.93										X	
65	70100	X-RAY MANDIBLE; PARTIAL	9.93											
65	70110	X-RAY MANDIBLE; COMPLETE	13.34											
65	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	9.93										X	
65	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	18.22										X	
65	70134	X-RAY INTERNAL AUDITORY MEATI	18.90										X	
65	70140	X-RAY FACIAL BONES; L3 VIEWS	10.99											
65	70150	X-RAY FACIAL BONES; COMPLETE	14.07											

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	70160	X-RAY NASAL BONES; COMPLETE	9.54										
65	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	15.97										
65	70190	X-RAY OPTIC FORAMINA	12.12									X	
65	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	15.19									X	
65	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	9.54										
65	70220	X-RAY SINUSES; PARANASAL; COMPLETE	11.83										
65	70240	X-RAY SELLA TURCICA	10.32										
65	70250	X-RAY SKULL; LESS THAN 4 VIEWS	9.93										
65	70260	X-RAY SKULL; COMPLETE	15.19										
65	70300	X-RAY TEETH; SINGLE VIEW	5.78										
65	70310	X-RAY TEETH; PARTIAL EXAM	8.46										
65	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	12.51										
65	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	9.93										
65	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	12.95										
65	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	29.94										
65	70336	MRI,TEMPOROMANDIBULAR JOINT	78.92										
65	70350	CEPHALOGRAM; ORTHODONTIC	9.54										
65	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	11.38										
65	70360	X-RAY NECK; SOFT TISSUE	9.93										
65	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	16.59										
65	70380	X-RAY SALIVARY GLANDFOR CALCULUS	9.19										
65	70390	SIALOGRAPHY; INTERPRETATION ONLY	20.63										
65	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	45.81										
65	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	60.65										
65	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	67.82										
65	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	68.22										
65	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	60.65										
65	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	67.49										
65	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	45.81										
65	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	60.31										
65	70488	CAT;MAXILL..;W/OUT-W/ CONTRAST MATER	67.82										
65	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	68.22										
65	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	73.49										
65	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	87.63										
65	70496	CT ANGIOGRAPHY HEAD	94.06										
65	70498	CT ANGIOGRAPHY NECK	94.06										
65	70540	MRI-ORBIT,FACE AND NECK	71.63										
65	70542	MR IMAGING ORBIT, FACE, AND NECK	87.96										
65	70543	MR IMAGING ORBIT, FACE, AND NECK	115.31										
65	70544	MR ANGIOGRAPHY, HEAD	64.07										
65	70545	MR ANGIOGRAPHY	64.07										
65	70546	MR ANGIOGRAPHY NECK	78.92										
65	70547	MR ANGIOGRAPHY NECK WITHOUT CON	64.41										
65	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	80.05										
65	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	97.04										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
65	70551	MRI-BRAIN/INCLUDING BRAIN STEM	78.92										
65	70552	MRI,BRAIN W CONTRAST MATERIAL	95.92										
65	70553	MAGNETIC RESONANCE I, BRAIN	123.34										
65	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	135.13										
65	70557	MRI BRAIN W/O DYE	185.80		X								
65	70558	MRI BRAIN W/ DYE	187.49		X								
65	70559	MRI BRAIN W/O & W/ DYE	179.82		X								
65	71045	RADIOLOGICAL EXAMINATION,CHEST;SINGL	9.93									X	
65	71046	RADIOLOGICAL EXAMINATION,CHEST;2 V	11.83									X	
65	71047	RADIOLOGICAL EXAMINATION,CHEST;3 V	14.80									X	
65	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	17.05										
65	71100	X-RAY EXAM OF RIBS	12.17										
65	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	14.46										
65	71110	X-RAY EXAM OF RIBS	15.58										
65	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	17.09										
65	71120	X-RAY EXAM OF BREASTBONE	10.70										
65	71130	X-RAY EXAM OF BREASTBONE	11.83										
65	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	58.02										
65	71260	CAT,THORAX,W/ CONTRAST MATERIAL	62.51										
65	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	66.71										
65	71271	COMPUTED TOMOGRAPHY, THORAX,LOW DOSE	58.02										
65	71275	CT ANGIOGRAPHY, CHEST	97.82										
65	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	78.15										
65	71551	MRI CHEST W/DYE	93.28										
65	71552	MRI CHEST W/O&W DYE	120.96										
65	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	96.75										
65	72020	X-RAY SPINE,SINGLE VIEW	8.80										
65	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	12.17										
65	72050	X-RAY EXAM OF NECK SPINE	14.80										
65	72052	X-RAY EXAM OF NECK SPINE	15.97										
65	72070	X-RAY EXAM OF THORAX SPINE	11.05										
65	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	12.22										
65	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	13.34										
65	72080	X-RAY EXAM OF TRUNK SPINE	11.44										
65	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	14.07										
65	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	16.70										
65	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	19.29										
65	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	22.49										
65	72100	X-RAY EXAM OF LOWER SPINE	12.17										
65	72110	X-RAY EXAM OF LOWER SPINE	14.07										
65	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	16.32										
65	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	12.17										
65	72125	CAT SCAN CERVICAL SPINE W/OUT C M	53.88										
65	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	65.19										
65	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	67.49										

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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	72128	CAT SCAN THORACIC SPINE W/OUT C M	53.88										
65	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	65.19										
65	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	67.49										
65	72131	CAT SCAN LUMBAR W/OUT CONTRAST	53.88										
65	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	65.19										
65	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	67.49										
65	72141	MRI,SPINAL CANAL...;CERVICAL	79.26										
65	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	96.26										
65	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	79.26										
65	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	96.26										
65	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	79.26										
65	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	96.26										
65	72156	MAGNETIC RESONANCE I, SPINAL CANAL	123.34										
65	72157	MAGNETIC RESONANCE I, SPINAL CANAL	123.34										
65	72158	MAGNETIC RESONANCE I, SPINAL CANAL	123.34										
65	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	97.04										
65	72170	X-RAY EXAM OF PELVIS	9.54										
65	72190	X-RAY EXAM OF PELVIS	13.68										
65	72191	CT ANGIOGRAPH PELV W/O&W DYE	96.75										
65	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	58.41										
65	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	62.17										
65	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	65.19										
65	72195	MRI PELVIS W/O DYE	78.15										
65	72196	MRI, PELVIS	93.63										
65	72197	MRI PELVIS W/O & W DYE	117.94										
65	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	96.02										
65	72200	X-RAY EXAM SACROILIAC JOINTS	9.19										
65	72202	X-RAY EXAM SACROILIA504	12.22										
65	72220	X-RAY EXAM OF TAILBONE	9.54										
65	72240	CONTRAST X-RAY OF NECK SPINE	49.68										
65	72255	CONTRAST X-RAY THORAX SPINE	52.91										
65	72265	CONTRAST X-RAY LOWER SPINE	44.34										
65	72270	RADIOLOGICAL SUPERVISION AND INTERPR	72.73										
65	72285	X-RAY OF NECK SPINE DISK	63.19										
65	72295	X-RAY OF LOWER SPINE DISK	45.87										
65	73000	X-RAY EXAM OF COLLARBONE	9.15									X	
65	73010	X-RAY EXAM OF SHOULDER BLADE	9.87									X	
65	73020	X-RAY EXAM OF SHOULDER	8.42									X	
65	73030	X-RAY EXAM OF SHOULDER	10.26									X	
65	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	30.63									X	
65	73050	X-RAY EXAM OF SHOULDERS	10.26										
65	73060	X-RAY EXAM OF HUMERUS	9.15									X	
65	73070	X-RAY EXAM OF ELBOW	9.15									X	
65	73080	X-RAY EXAM OF ELBOW	9.54									X	
65	73085	X-RAY ELBOW,ARTHROGRAPHY;SUPER/INTER	31.31									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	73090	X-RAY EXAM OF FOREARM	8.80									X	
65	73092	X-RAY EXAM OF ARM, INFANT	8.80									X	
65	73100	X-RAY EXAM OF WRIST	9.15									X	
65	73110	X-RAY EXAM OF WRIST	9.54									X	
65	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	30.96									X	
65	73120	X-RAY EXAM OF HAND	9.15									X	
65	73130	X-RAY EXAM OF HAND	9.54									X	
65	73140	X-RAY EXAM OF FINGER(S)	7.63									X	
65	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	53.88									X	
65	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	62.17									X	
65	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	65.19									X	
65	73206	CT ANGIO UPR EXTRM W/O&W DYE	96.41									X	
65	73218	MRI UPPER EXTREMITY W/O DYE	72.31									X	
65	73219	MRI UPPER EXTREMITY W/DYE	87.96									X	
65	73220	MRI-UPPER EXTREMITY	115.65									X	
65	73221	MRI, ANY JOINT OF UPPER EXTREMITY	73.16									X	
65	73222	MRI JOINT UPR EXTREM W/ DYE	88.31									X	
65	73223	MRI JOINT UPR EXTR W/O&W DYE	115.99									X	
65	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	93.63									X	
65	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	10.26										
65	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	12.17										
65	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	14.80										
65	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	12.17										
65	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	15.93										
65	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	16.70										
65	73525	CONTRAST X-RAY OF HIP	32.16									X	
65	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	9.15										
65	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	9.93										
65	73560	X-RAY EXAM OF KNEE	9.15									X	
65	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	10.26									X	
65	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	12.17									X	
65	73565	RADIOLOGIC EXAM	9.48										
65	73580	CONTRAST X-RAY OF KNEE JOINT	31.48									X	
65	73590	X-RAY EXAM OF LOWER LEG	8.80									X	
65	73592	X-RAY EXAM OF LEG, INFANT	8.80									X	
65	73600	X-RAY EXAM OF ANKLE	9.15									X	
65	73610	X-RAY EXAM OF ANKLE	9.54									X	
65	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	31.81									X	
65	73620	X-RAY EXAM OF FOOT	8.46									X	
65	73630	X-RAY EXAM OF FOOT	9.19									X	
65	73650	X-RAY EXAM OF HEEL	8.80									X	
65	73660	X-RAY EXAM OF TOE(S)	7.29									X	
65	73700	CAT,LOWER EXTREMITY;W/OUT CONTRAST	53.88									X	
65	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT	62.17									X	
65	73702	CAT,LOWER EXT.;W/OUT-W/CONTRAST MAT	64.85									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	73706	CT ANGIO LWR EXTR W/O&W DYE	100.95									X	
65	73718	MRI LOWER EXTREMITY W/O DYE	71.98									X	
65	73719	MRI LOWER EXTREMITY W/DYE	87.96									X	
65	73720	MRI-LOWER EXTREMITY	115.65									X	
65	73721	MRI, ANY JOINT, LOWER EXTREMITY	72.83									X	
65	73722	MRI JOINT OF LWR EXTR W/DYE	88.31									X	
65	73723	MRI JOINT LWR EXTR W/O&W DYE	115.65									X	
65	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	96.79									X	
65	74018	RADIOLOGICAL EXAMINATION,ABDOMEN;1 V	9.93									X	
65	74019	RADIOLOGICAL EXAMINATION,ABDOMEN;2 V	12.56									X	
65	74021	RADIOLOGICAL EXAMINATION,ABDOMEN;3	14.46									X	
65	74022	IMAGING OF ABDOMEN AND CHEST	17.09										
65	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	63.68										
65	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	67.82										
65	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	74.78										
65	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB	117.44										
65	74175	CT ANGIO ABDOM W/O&W DYE	97.48										
65	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	94.02										
65	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	98.16										
65	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	107.63										
65	74181	MRI-ABDOMEN	77.80										
65	74182	MRI ABDOMEN W/DYE	93.28										
65	74183	MRI ABDOMEN W/O&W DYE	117.94										
65	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	96.36										
65	74190	PERITONEOGRAM (EG, AFTER INJECTION O	25.56										
65	74210	CONTRAST XRAY EXAM OF THROAT	32.24										
65	74220	CONTRAST XRAY EXAM,ESOPHAGUS	32.97										
65	74221	RADIOLOGIC EXAMINATION, ESOPHAGUS,	37.90										
65	74230	CINEMA XRAY THROAT/ESOPHAGUS	29.22										
65	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	63.68										
65	74240	X-RAY EXAM UPPER GI TRACT	43.16										
65	74246	X-RAY GASTROINTESTINAL TRACT	48.09										
65	74248	RADIOLOGIC SMALL INTESTINE FOLLOW-TH	37.90										
65	74250	X-RAY EXAM OF SMALL BOWEL	43.56										
65	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	62.55										
65	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	128.99										
65	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	133.91										
65	74270	CONTRAST X-RAY EXAM OF COLON	55.78										
65	74280	CONTRAST X-RAY EXAM OF COLON	67.10										
65	74283	BARIUM ENEMA,THERAPEUTIC	112.11										
65	74290	CONTRAST X-RAY, GALLBLADDER	17.09										
65	74300	CONTRAST X-RAY OF BILE DUCTS	15.65										
65	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	11.44										
65	74328	XRAY FOR BILE DUCT ENDOSCOPY	30.62										
65	74329	X-RAY FOR PANCREAS ENDOSCOPY	30.62										

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65	74330	XRAY,BILE/PANCREAS ENDOSCOPY	38.90										
65	74340	X-RAY GUIDE FOR GI TUBE	29.61										
65	74355	PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	41.26										
65	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	30.29										
65	74363	DILATION OF BILIARY DUCT STRICTURE	46.97										
65	74400	CONTRAST X-RAY URINARY TRACT	25.95										
65	74410	CONTRAST X-RAY URINARY TRACT	25.95										
65	74415	CONTRAST X-RAY URINARY TRACT	25.95										
65	74420	CONTRAST X-RAY URINARY TRACT	27.46										
65	74425	CONTRAST X-RAY URINARY TRACT	27.07										
65	74430	CONTRAST X-RAY OF BLADDER	16.76										
65	74440	XRAY EXAM MALE GENITAL TRACT	19.78				M						
65	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	59.85				M						
65	74450	X-RAY EXAM URETHRA/BLADDER	17.49										
65	74455	X-RAY EXAM URETHRA/BLADDER	17.15										
65	74470	X-RAY-RENAL CYST STUDY	28.93										
65	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	42.97										
65	74710	X-RAY MEASUREMENT OF PELVIS	18.39										
65	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	161.45		X								
65	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	99.67									X	
65	74740	HYSTEROSALPINGOGRAPHY	20.63	21 59	X		F						
65	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	34.10										
65	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	124.66										
65	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	152.35										
65	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	138.50										
65	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	158.55										
65	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	13.34										
65	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	31.85										
65	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	92.53										
65	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	136.21										
65	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	127.80										
65	75600	CONTRAST X-RAY EXAM OF AORTA	26.97										
65	75605	CONTRAST X-RAY EXAM OF AORTA	60.87										
65	75625	CONTRAST X-RAY EXAM OF AORTA	78.20										
65	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	108.26										
65	75635	CT ANGIO ABDOMINAL ARTERIES	128.31										
65	75705	ARTERY X-RAYS, SPINE	131.63										
65	75710	ARTERY X-RAYS, ARM/LEG	95.60										
65	75716	ARTERY X-RAYS, ARMS/LEGS	106.40										
65	75726	ARTERY X-RAYS, ABDOMEN	106.47										
65	75731	ARTERY X-RAYS, ADRENAL GLAND	61.04										
65	75733	ARTERY X-RAYS,ADRENAL GLANDS	68.54										
65	75736	ARTERY X-RAYS, PELVIS	59.68										
65	75741	ARTERY X-RAYS, LUNG	68.71										
65	75743	ARTERY X-RAYS, LUNGS	87.15										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
65	75746	ARTERY X-RAYS, LUNG	59.51										
65	75756	ARTERY X-RAYS, CHEST	61.72										
65	75801	LYMPH VESSEL X-RAY, ARM/LEG	49.86										
65	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	62.55										
65	75805	LYMPH VESSEL X-RAY, TRUNK	43.56										
65	75807	LYMPH VESSEL X-RAY, TRUNK	59.66										
65	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	26.53										
65	75810	VEIN X-RAY, SPLEEN/LIVER	53.72										
65	75820	VEIN X-RAY, ARM/LEG	57.19										
65	75822	VEIN X-RAY, ARMS/LEGS	79.09										
65	75825	VEIN X-RAY, TRUNK	61.89										
65	75827	VEIN X-RAY, CHEST	62.24										
65	75831	VEIN X-RAY, KIDNEY	59.00										
65	75833	VEIN X-RAY, KIDNEYS	79.82										
65	75840	VEIN X-RAY, ADRENAL GLAND	61.04										
65	75842	VEIN X-RAY, ADRENAL GLANDS	79.66										
65	75860	VEIN X-RAY, NECK	61.39										
65	75870	VEIN X-RAY, SKULL	69.73										
65	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	61.04										
65	75880	VEIN X-RAY, EYE SOCKET	37.90										
65	75885	VEIN X-RAY, LIVER	73.78										
65	75887	VEIN X-RAY, LIVER	74.46										
65	75889	VEIN X-RAY, LIVER	57.64										
65	75891	VEIN X-RAY, LIVER	58.32										
65	75893	VENOUS SAMPLING BY CATHETER	28.93										
65	75894	XRAYS, TRANSCATHETER THERAPY	80.12										
65	75898	FOLLOW-UP ANGIOGRAM	100.88										
65	75901	REMOVE CVA DEVICE OBSTRUCT	26.29										
65	75902	REMOVE CVA LUMEN OBSTRUCT	21.36										
65	75956	TRANSCATH OCCLUSION;COMPLETE PROC	389.69										
65	75957	XRAY,ENDOVASC THOR AO REPR	334.44										
65	75958	XRAY,PLACE PROX THOR AO	221.43										
65	75959	XRAY,PLACE DIST EXT THOR AO	194.24										
65	75970	TRANSCATH BX;SUPER/INTERP	42.81										
65	75989	RAD GUIDE....SUPERVISION/INTERP ONLY	62.48										
65	76000	FLUOROSCOPY,MD TIME TO 1 HR	17.51										
65	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	9.93										
65	76080	X-RAY EXAM OF FISTULA	28.58										
65	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	17.22									X	
65	76100	X-RAY EXAM OF BODY SECTION	32.53										
65	76120	CINEMATIC X-RAYS	22.00										
65	76125	CINEMATIC X-RAYS	14.46										
63	76145	MEDICAL PHYSICS DOSE EVALUATION FOR	837.17										
65	76376	3D RENDER W/O POSTPROCESS	10.70										
65	76377	3D RENDERING W/POSTPROCESS	42.77										

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

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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	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	51.73										
65	76391	MAGNETIC RESONANCE (EG, VIBRATION)	59.14										
65	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	34.99										
65	76510	OPHTH US, B & QUANT A	42.49										
65	76511	ECHO EXAM OF EYE	38.45									X	
65	76512	ECHO EXAM OF EYE	33.28										
65	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	34.85										
65	76514	ECHO EXAM OF EYE, THICKNESS	8.71										
65	76516	ECHO EXAM OF EYE	24.31										
65	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	32.84										
65	76529	ECHO EXAM OF EYE	34.69										
65	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	31.06										
65	76604	ECHO EXAM OF CHEST	31.56										
65	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	39.41										
65	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	37.12										
65	76700	ECHO EXAM OF ABDOMEN	43.56										
65	76705	ECHO EXAM OF ABDOMEN	32.24										
65	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	30.34										
65	76770	ECHO EXAM ABDOMEN BACK WALL	39.81										
65	76775	ECHO EXAM ABDOMEN BACK WALL	31.85										
65	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	40.93										
65	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	65.93										
65	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	53.32				F						
65	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	45.02				F					X	
65	76805	ULTRASOUND, PREGNANT UTERUS	53.32	10 59			F						
65	76810	EACH ADDITIONAL GESTATION	52.93	10 59			F					X	
65	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	101.63				F	X					
65	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	95.24				F	X				X	
65	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	63.46	10 60			F						
65	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	53.65	10 60			F					X	
65	76815	ECHO EXAM FOR FETAL GROWTH	35.61				F						
65	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	46.14				F						
65	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	40.87				F						
65	76818	FETAL BIOPHYSICAL PROFILE	56.68				F						
65	76819	FETL BIOPHYS PROFIL W/O STRS	42.00										
65	76820	UMBILICAL ARTERY ECHO	27.02	10 59			F						
65	76821	MIDDLE CEREBRAL ARTERY ECHO	37.56	10 59			F						
65	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	88.90	00 60			F						
65	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	44.68										
65	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	30.83										
65	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	30.04										
65	76830	ECHOGRAPHY,TRANSVAGINAL	37.51										
65	76831	ECHO EXAM, UTERUS	39.36										
65	76856	ECHOGRAPHY, PELVIC, REAL TIME	37.51										
65	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	26.34										

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

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	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	34.87				M						
65	76872	ECHOGRAPHY, TRANSRECTAL	36.15										
65	76873	ECHOGRAP TRANS R, PROS STUDY	84.21				M						
65	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	33.81									X	
65	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	25.95									X	
65	76885	ECHO EXAM, INFANT HIPS	40.14										
65	76886	ECHO EXAM, INFANT HIPS	34.10										
65	76932	ULTRASONIC GUIDANCE ENDOMY0CARDBIO	38.26										
65	76936	ECHO GUIDE FOR ARTERY REPAIR	107.87										
65	76937	US GUIDE, VASCULAR ACCESS	15.46										
65	76940	US GUIDE, TISSUE ABLATION	114.38										
65	76941	ECHO GUIDE FOR TRANSFUSION	71.75										
65	76942	ECHO GUIDE FOR BIOPSY	34.68									X	
65	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	36.04										
65	76946	ECHO GUIDE FOR AMNIOCENTESIS	20.46									X	
65	76965	ECHO GUIDANCE RADIOTHERAPY	73.46										
65	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	44.92										
65	76977	US BONE DENSITY MEASURE	3.15										
65	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	87.63										
65	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	45.81									X	
65	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	32.24										
65	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LES	32.59										
65	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	27.36									X	
65	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	20.97										
65	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	30.63										
65	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	32.63										
65	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	69.22										
65	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	79.87										
65	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	49.21										
65	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	78.17										
65	77046	MAGNETIC RESONANCE IMAGING, BREAST,	77.41										
65	77047	MAGNETIC RESONANCE IMAGING, BREAST,	85.31										
65	77048	MAGNETIC RESONANCE IMAGING, BREAST,	113.01										
65	77049	MAGNETIC RESONANCE IMAGING, BREAST,	123.72										
65	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	19.51										
65	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	24.04										
65	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	32.97	40 99			F						
65	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	43.56										
65	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	53.88										
65	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	41.26	40 99			F		X				
63	77071	MANUAL APPLICATION OF STRESS PERFORM	57.56										
65	77072	BONE AGE STUDIES	10.32										
65	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	14.92										
65	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	23.65										
65	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	30.34										

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	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	37.90										
65	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	18.68										
65	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	13.34										
65	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.70										
65	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	11.05										
65	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	85.31										
65	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	16.32										
65	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	9.19										
63	77261	SIMPLE TREAT PLAN-THERA RADIOL	78.19										
63	77262	INTER TREAT PLAN-THERA RADIOLO	118.98										
63	77263	COMPLEX TREAT PLAN-THERA RADIO	185.31										
65	77280	SIMPLE,RAD SIMU-AIDED FIELD	41.64										
65	77285	INTER,RAD SIMU-AIDED FIELD SET	62.13										
65	77290	COMP,RAD SIMU-AIDED FIELD SET	89.03										
65	77293	Respiratory motion management simula	115.41										
65	77295	MANAGEMENT OF RADIATION THERAPY, 3D	245.05									X	
65	77300	BASIC RAD DOSIMETRY CALCULATION	35.45										
65	77301	RADIOLTHERAPY DOS PLAN, IMRT	456.83										
65	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	80.06										
65	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	166.57										
65	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	80.06										
65	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	104.52										
65	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	166.23										
65	77321	SPEC TELETHERAPY PLAN TOTAL BODY	54.82										
65	77331	SPECIAL DOSIMETRY (SPECIFY)	50.33									X	
65	77332	TREATMENT DEVICES,DESIGN/SIMPLE	26.09										
65	77333	TREATMENT DEVICES/DESIGN-INTER	43.60										
65	77334	TREATMENT DEVICES/DESIGN;COMPL	65.70									X	
65	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	245.05										
63	77427	RADIATION TX MANAGEMENT, X5	208.42										
63	77431	RADIATION THERAPY MANAGEMENT W COMPL	116.68									X	
63	77432	STEREOTACTIC RADIATION TREATMENT MAN	468.04										
63	77435	STEREOTACTIC BODY RADIATION THERAPY,	705.42										
63	77469	INTRAOPERATIVE RADIATION TREATMENT M	349.40										
65	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	117.27										
65	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	76.54										
65	77605	HYPERTHERMIA,EXT GEN/DEEP	115.45										
65	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	75.18										
65	77615	HYPERTHERMIA/INTERSTITIAL/>5	105.25										
65	77620	HYPERTHERMIA...INTRACAVITARY PROBE	97.53										
65	77750	INFUSE/INSTILL RADIOELEMENT	286.06										
65	77761	SIMPLE INTRACAV. RADIOELEMENT	221.05										
65	77762	INTER. INTRACAV.RADIOELEMENT	330.04										
65	77763	COMPLEX-INTRACAV RADIOLOGY	496.62										
65	77767	REMOTE AFTERLOADING HIGH DOES RATE R	60.43										

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	77768	REMOTE AFTERLOADING HIGH DOES RATE R	80.40										
65	77770	REMOTE AFTERLOADING HIGH DOES RATE R	111.25										
65	77771	REMOTE AFTERLOADING HIGH DOES RATE R	217.57										
65	77772	REMOTE AFTERLOADING HIGH DOES RATE R	306.96										
65	77778	INTERSTITIAL RAD-ELEMENT-COMPL	501.65										
65	77789	SURFACE APPLICATION RADIOELEMENT	65.64		X								
65	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	9.97										
65	78013	THYROID IMAGING (INCLUDING VASCULAR	19.39										
65	78014	THYROID IMAGING (INCLUDING VASCULAR	26.34										
65	78015	NUCLEAR SCAN OF THYROID	36.04										
65	78016	EXTENSIVE THYROID SCAN	37.31										
65	78018	THYROID CA IMAGING;WHOLE BODY	44.83										
65	78070	PARATHROID IMAGING	42.48										
65	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	63.04										
65	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	82.07										
65	78075	NUCLEAR SCAN OF ADRENALS	40.14										
65	78102	NUCLEAR SCAN OF BONE MARROW	28.30										
65	78103	NUCLEAR SCAN OF BONE MARROW	37.47										
65	78104	NUCLEAR SCAN OF BONE MARROW	42.15										
65	78110	NUCLEAR EXAM, PLASMA VOLUME	8.96										
65	78111	NUCLEAR EXAM, PLASMA VOLUME	10.47										
65	78120	NUCLEAR EXAM OF RBC MASS	10.86										
65	78121	NUCLEAR EXAM OF RBC MASS	15.06										
65	78122	WHOLE BLOOD VOLUME DETERMINATION	22.51										
65	78130	RED CELL SURVIVAL EXAM	28.09										
65	78140	NUCLEAR EXAM,RED BLOOD CELLS	28.09										
65	78185	NUCLEAR SCAN OF SPLEEN	18.51										
65	78195	NUCLEAR SCAN OF LYMPH SYSTEM	62.71										
65	78201	NUCLEAR SCAN OF LIVER	22.97										
65	78202	NUCLEAR SCAN OF LIVER	26.40										
65	78215	NUCLEAR SCAN, LIVER & SPLEEN	25.95										
65	78216	NUCLEAR SCAN, LIVER/SPLEEN	29.42										
65	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	39.46										
65	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	47.75										
65	78230	NUCLEAR SCAN, SALIVARY GLAND	24.04										
65	78231	NUCLEAR SCANS,SALIVARY GLAND	23.89										
65	78264	GASTRIC EMPTYING STUDY	42.09										
65	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	51.56		X								
65	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	54.10										
65	78278	ACUTE GI BLOOD LOSS IMAGING	52.29										
65	78290	INTESTINE IMAGING	36.44										
65	78300	NUCLEAR SCAN OF BONE	33.75										
65	78305	NUCLEAR SCAN OF BONES	43.99										
65	78306	NUCLEAR SCAN OF SKELETON	45.51										
65	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	53.80										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
65	78414	DETERMINE VENTRIC EJECT FRACTION	23.88										
65	78445	NUCLEAR SCAN OF BLOOD FLOW	27.65										
65	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	72.46										
65	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	84.91										
65	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	53.03										
65	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	70.90									X	
65	78456	ACUTE VENOUS THROMBUS IMAGE	53.03										
65	78466	MYOCARD IMAGING...AT REST;QUAL.	38.19										
65	78468	MYOCARD IMAGING..AT REST;FIRST PASS	42.48										
65	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	48.87										
65	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	51.56										
65	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	76.66										
65	78481	CARD BLD POOL IMAG-FIRST PASS TECH	51.90										
65	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	77.69										
65	78494	HEART IMAGE, SPECT	62.83										
65	78496	HEART FIRST PASS ADD-ON	26.34										
65	78579	PULMONARY VENTILATION IMAGING (EG, A	25.61										
65	78580	PULMONARY PERFUSION IMAGING (EG, PAR	39.46										
65	78582	PULMONARY VENTILATION (EG, AEROSOL O	56.09										
65	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	38.83										
65	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	44.44										
65	78600	NUCLEAR SCAN OF BRAIN	23.65										
65	78601	NUCLEAR SCAN OF BRAIN	26.73										
65	78605	NUCLEAR SCAN OF BRAIN	28.20										
65	78606	NUCLEAR SCAN OF BRAIN	34.53										
65	78608	BRAIN IMAGING, POSITRON EMISSION TOM	77.15										
65	78610	NUCLEAR SCAN OF BRAIN	15.64										
65	78630	CEREBROSPINAL FLUID SCAN	36.44										
65	78635	CEREBROSPINAL FLUID SCAN	33.36										
65	78645	CEREBROSPINAL FLUID SCAN	29.42										
65	78650	CEREBROSPINAL FLUID SCAN	28.09										
65	78660	NUCLEAR EXAM OF TEAR FLOW	28.88										
65	78700	NUCLEAR SCAN OF KIDNEY	23.71										
65	78701	NUCLEAR SCAN OF KIDNEY	25.95										
65	78707	NUCLEAR SCAN OF KIDNEY	50.09										
65	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	63.44										
65	78709	KIDNEY FLOW & FUNCTION IMAGE	73.30										
65	78725	NUCLEAR EXAM OF KIDNEY	19.78										
65	78730	NUCLEAR EXAM OF BLADDER	8.24										
65	78740	NUCLEAR EXAM OF URETER	29.75										
65	78761	TESTICULAR IMAGING,W/VASCULAR	38.63				M						
65	78800	NUCLEAR EXAM OF LESION	35.05										
65	78801	NUCLEAR EXAM OF LESIONS	39.23										
65	78802	NUCLEAR EXAM OF LESIONS	42.15										
65	78803	TUMOR LOCALIZATION SPECT)	56.19										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	78804	TUMOR IMAGING, WHOLE BODY	52.73										
65	78811	POSITRON EMISSION TOMOGRAPHY (PET)	79.39										
65	78812	POSITRON EMISSION TOMOGRAPHY (PET)	99.56										
65	78813	POSITRON EMISSION TOMOGRAPHY (PET)	100.09										
65	78814	POSITRON EMISSION TOMOGRAPHY (PET)	114.37										
65	78815	POSITRON EMISSION TOMOGRAPHY (PET)	128.00										
65	78816	POSITRON EMISSION TOMOGRAPHY (PET)	128.81										
65	78830	RADIOPHARMACEUTICAL LOCALIZATION OF	76.76										
65	78831	RADIOPHARMACEUTICAL LOCALIZATION OF	93.57										
65	78832	RADIOPHARMACEUTICAL LOCALIZATION OF	110.22										
65	78835	RADIOPHARMACEUTICAL QUANTIFICATION	24.15										
65	79005	NUCLEAR RX, ORAL ADMIN	94.14										
65	79101	NUCLEAR RX, IV ADMIN	104.82										
65	79403	HEMATOPOETIC NUCLEAR THERAPY	115.47										
65	79445	NUCLEAR RX, INTRA-ARTERIAL	123.88										
65	84165	ASSAY SERUM PROTEINS	20.24										
65	84166	PROTEIN E-PHORESIS/URINE/CSF	20.24										
63	85097	BONE MARROW SMEAR INTERPRET	73.67									X	
65	86334	IMMUNOFIXATION ELECTROPHORESIS	20.24										
65	88104	CYTOPATHOLOGY	29.88										
65	88106	CYTOPATHOLOGY	21.09										
65	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	24.50										
65	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	30.21										
65	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	63.22										
65	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	52.68										
65	88125	FORENSIC CYTOPATHOLOGY	15.09										
63	88141	CYTOPATH CERV/VAG INTERPRET	22.93	21 99			F						
65	88160	CYTOPATHOLOGY	27.87										
65	88161	CYTOPATH...;PREP,SCREEN,INTERP.	27.54										
65	88162	CYTOPATH..;EXT.STUDY.+5 SLIDES,MULTI	42.11										
65	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	38.70										
65	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	77.12										
65	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	23.73										
65	88182	FLOW CYTOMETRY	41.82										
63	88187	FLOWCYTOMETRY/READ, 2-8	40.14										
63	88188	FLOWCYTOMETRY/READ, 9-15	68.16										
63	88189	FLOWCYTOMETRY/READ, 16 & >	93.13										
65	88291	CYTO MOLECULAR REPORT	36.31										
65	88300	SURGICAL PATHOLOGY, GROSS	4.99									X	
65	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	7.63									X	
65	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	12.51									X	
65	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	40.70									X	
65	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	90.03										
65	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	158.24										
65	88311	SURGICAL PATHOLOGY; DECALCIFICATION	13.63										

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

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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	88312	SPECIAL STAIN INCLUDING INTERPRETATI	29.09										
65	88313	SPECIAL STAIN INCLUDING INTERPRETATI	13.29										
65	88314	SPECIAL STAIN INCLUDING INTERPRETATI	23.54										
63	88321	MICROSLIDE CONSULTATION	106.41										
65	88323	MICROSLIDE CONSULTATION	94.98										
63	88325	COMPREHENSIVE REVIEW OF DATA	179.43										
63	88329	CONSULTATION DURING SURGERY	61.94									X	
65	88331	CONSULTATION DURING SURGERY	67.25									X	
65	88332	PATHOLOGY CONSULTATION DURING SURGER	33.44										
65	88333	INTRAOP CYTO PATH CONSULT, 1	67.31										
65	88334	PATHOLOGY CONSULTATION DURING SURGER	40.95									X	
65	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	30.90									X	
65	88342	IMMUNOCYTOCHEMISTRY	38.07									X	
65	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	41.48										
65	88346	AUTO-ANTIBODY PROFILE	39.29									X	
65	88348	ELECTRON MICROSCOPY	84.53										
65	88350	IMMUNOFLUORESCENCE, PER SPEC;EACH	31.73									X	
65	88358	ANALYSIS, TUMOR	54.13										
65	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	45.63		X								
65	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	47.83										
63	88363	EXAMINATION AND SELECTION OF RETRIEV	25.01										
65	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	37.72										
65	88365	TISSUE HYBRIDATION	47.65									X	
65	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	67.51										
65	88367	INSITU HYBRIDIZATION, AUTO	36.86										
65	88368	INSITU HYBRIDIZATION, MANUAL	45.10										
65	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	35.35										
65	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	28.61										
65	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	47.73										
65	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	70.35										
65	88387	MACROSCOPIC EXAMINATION, DISSECTION,	30.18										
65	88388	MACROSCOPIC EXAMINATION, DISSECTION,	25.58										
63	89049	CHCT FOR MAL HYPERTHERMIA	271.81										
63	90785	INTERACTIVE COMPLEXITY	16.47										
67	90785	INTERACTIVE COMPLEXITY	16.47	00 15									
63	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	198.01										
67	90791	PSYCHIATRIAC DIAGNOSTIC EVALUATION	198.01	00 15									
63	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	220.21										
67	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	220.21	00 15									
63	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	85.30										
67	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	85.30	00 15									
63	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	77.83										
67	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	77.83	00 15									
63	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	113.54										
67	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	113.54	00 15									

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	98.40										
67	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	98.40	00 15									
63	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	167.60										
67	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	167.60	00 15									
63	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	130.68										
67	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	130.68	00 15									
63	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	159.55										
67	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	159.55	00 15									
63	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	75.45										
67	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	75.45	00 15									
63	90845	MEDICAL PSYCHOANALYSIS	107.73								X	X	
67	90845	MEDICAL PSYCHOANALYSIS	107.73	00 15							X	X	
63	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	110.26								X		
67	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	110.26	00 15							X		
63	90847	SPECIAL FAMILY THERAPY	114.17								X		
67	90847	SPECIAL FAMILY THERAPY	114.17	00 15							X		
63	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	37.69								X		
67	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	37.69	00 15							X		
63	90853	GROUP PSYCHOTHERAPY Y	30.20						X		X		
67	90853	GROUP PSYCHOTHERAPY Y	30.20	00 15					X		X		
63	90870	ELECTROCONLULSIVE THERAPY	187.05								X		
67	90870	ELECTROCONLULSIVE THERAPY	187.05	00 15							X		
63	90880	MEDICAL HYPNOTHERAPY	117.73								X		
67	90880	MEDICAL HYPNOTHERAPY	117.73	00 15							X		
63	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	80.45										
67	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	80.45	00 15									
63	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	115.62										
67	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	115.62	00 15									
63	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	94.31										
67	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	94.31	00 15									
63	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	137.08										
67	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	137.08	00 15									
63	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,315.88	00 01					X				
67	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,315.88	00 01					X				
63	90954	END-STATE RENAL DISEASE (ESRD) RELAT	867.99	02 11					X				
67	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	867.99	02 11					X				
63	90955	END-STATE REANL DISEASE (ESRD) RELAT	583.59	02 11					X				
67	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	583.59	02 11					X				
63	90956	END-STATE RENAL DISEASE (ESRD) RELAT	386.89	02 11					X				
67	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	386.89	02 11					X				
63	90957	END-STATE RENAL DISEASE (ESRD) RELAT	863.70	12 19					X				
67	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	863.70	12 15					X				
63	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	561.24	12 19					X				
67	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	561.24	12 15					X				
63	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	360.97	12 19					X				

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	360.97	12	15					X				
63	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	394.87	20	99					X				
63	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	326.11	20	99					X				
63	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	222.03	20	99					X				
63	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	677.92	00	01					X				
67	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	677.92	00	01					X				
63	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	581.88	02	11					X				
67	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	581.88	02	11					X				
63	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	559.53	12	19					X				
67	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	559.53	12	15					X				
63	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	325.78	20	99					X				
63	90967	END-STAGE REANL DISEASE (ESRD) RELAT	19.80	00	01									
67	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	19.80	00	01									
63	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	19.41	02	11									
67	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	19.41	02	11									
63	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	18.68	12	19									
67	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	18.68	12	15									
63	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	10.61	20	99									
63	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	99.28											
67	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	99.28	00	15									
65	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	71.62											
65	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	10.26											
65	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	80.60											
65	91022	DUODENAL MOTILITY STUDY	80.08											
65	91030	ACID PERFUSION FOR ESOPHAGITIS	51.21											
65	91034	GASTROESOPHAGEAL REFLUX TEST	54.75											
65	91035	G-ESOPH REFLX TST W/ELECTROD	90.88											
65	91037	ESOPH IMPED FUNCTION TEST	54.23											
65	91038	ESOPH IMPED FUNCT TEST > 1H	61.35											
65	91040	ESOPH BALLOON DISTENSION TST	54.40											
65	91110	GI TRACT IMAGING, INTRALUMINAL	139.32											
63	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	149.67											
67	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	149.67	00	15									
65	91120	RECTAL SENSATION TEST	54.07											
65	91122	ANORECTAL MANOMETRY	97.57											
65	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	12.12							X				
63	92002	EYE EXAM; INTERMEDIATE; NEW PT	90.57											
67	92002	EYE EXAM; INTERMEDIATE; NEW PT	90.57	00	15									
63	92004	EYE EXAM; COMPREHENSIVE; NEW PT	158.79											
67	92004	EYE EXAM; COMPREHENSIVE; NEW PT	158.79	00	15									
63	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	94.18											
67	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	94.18	00	15									
63	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	133.29											
67	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	133.29	00	15									
63	92018	EYE EXAM W/ANESTHESIA-COMPLETE	152.48											

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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	92018	EYE EXAM W/ANESTHESIA-COMPLETE	152.48	00 15									
63	92019	EYE EXAM W/ANESTHESIA-LIMITED	78.25										
67	92019	EYE EXAM W/ANESTHESIA-LIMITED	78.25	00 15									
63	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	29.61										
67	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	29.61	00 15									
65	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	20.99										
65	92060	SENSORIMOTOR EXAM EYE	40.06										
65	92065	ORTHOPTIC / PLEOPTIC TRAINING	19.39										
65	92081	TANGENT SCREEN; AUTOPLOT	17.34										
65	92082	QUANTITATIVE PERIMETRY	22.95										
65	92083	MEASUREMENT OF FIELD OF VISION DURIN	29.24										
63	92100	SERIAL TONOGRAPHY W/EVALUATION	87.86										
67	92100	SERIAL TONOGRAPHY W/EVALUATION	87.86	00 15									
65	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	17.68										
65	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	23.63										
65	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	27.28										
65	92136	OPHTHALMIC BIOMETRY	32.84										
65	92145	CORNEAL HYSTERESIS DETERMINATION, BY	6.81										
63	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	26.87										
67	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	26.87	00 15									
63	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	17.14										
67	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	17.14	00 15									
63	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	93.94										
67	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	93.94	00 15									
65	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	45.47									X	
65	92240	ICG ANGIOGRAPHY	50.48										
65	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	58.22										
65	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	22.95										
63	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	20.92										
67	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	20.92	00 15									
65	92265	OCULOELECTROMYOGRAPHY	49.18										
65	92270	ELECTRO-OCULOGRAPHY	45.44										
65	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	39.73										
65	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	35.24										
65	92283	COLOR VISION EXAMINATION	9.87										
65	92284	DARK ADAPTATION EXAMINATION	13.29										
65	92285	EXTERNAL OCULAR PHOTOGRAPHY	3.48										
65	92286	SPECULAR ENDOTHELIAL MICROSCOPY	23.63										
63	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	102.23										
67	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	102.23	00 15									
67	92507	SPEECH LANGUAGE HEARING THERAPY	83.64	00 02		X							
67	92508	SPEECH LANGUAGE HEARING THERAPY	25.32	00 02		X							
63	92511	NASOPHARYNGOSCOPY	121.23										
67	92511	NASOPHARYNGOSCOPY	121.23	00 15									
63	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	89.83										

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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	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	89.83	00	15									
63	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	84.03											
67	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	84.03	00	15									
63	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	139.00											
67	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	139.00	00	15									
63	92521	EVALUATION OF SPEECH FLUENCY	146.24	01	99		X		X	X				
67	92521	EVALUATION OF SPEECH FLUENCY	146.24	00	15		X		X	X				
63	92522	EVALUATE SPEECH PRODUCTION	123.01	01	99		X		X	X				
67	92522	EVALUATE SPEECH PRODUCTION	123.01	00	15		X		X	X				
63	92523	SPEECH SOUND LANG COMPREHENSION	251.31	01	99		X		X	X				
67	92523	SPEECH SOUND LANG COMPREHENSION	251.31	00	15		X		X	X				
63	92524	BEHAVRAL QUALIT ANALYS VOICE	120.46	01	99		X		X	X				
67	92524	BEHAVRAL QUALIT ANALYS VOICE	120.46	00	15		X		X	X				
63	92526	ORAL FUNCTION THERAPY	92.01											
67	92526	ORAL FUNCTION THERAPY	92.01	00	15									
65	92537	CALORIC VESTIBULAR TEST WITH RECORDI	34.16											
65	92538	CALORIC VESTIBULAR TEST WITH RECORDI	17.34											
65	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	85.50											
65	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	22.95											
65	92542	POSITIONAL NYSTAGMUS W/RECORDING	27.44											
65	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	15.83											
65	92545	OSCILLATING TRACKING W/RECORDING	14.70											
65	92546	TORSION SWING TEST W/RECORDING	16.26											
65	92548	POSTUROGRAPHY	37.75											
65	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY	49.65											
63	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	24.22							X				
67	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	24.22	00	15					X				
63	92557	BASIC COMPREHENSIVE AUDIOMETRY	41.82							X				
67	92557	BASIC COMPREHENSIVE AUDIOMETRY	41.82	00	15					X				
63	92567	TYMPANOMETRY	17.52							X				
67	92567	TYMPANOMETRY	17.52	00	15					X				
63	92568	ACOUSTIC REFLEX TESTING	17.12							X				
67	92568	ACOUSTIC REFLEX TESTING	17.12	00	15					X				
63	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	36.47							X				
67	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	36.47	00	15					X				
63	92579	VISUAL AUDIOMETRY (VRA)	50.84							X				
67	92579	VISUAL AUDIOMETRY (VRA)	50.84	00	15					X				
63	92584	ELECTROCOCHLEOGRAPHY	124.38							X				
67	92584	ELECTROCOCHLEOGRAPHY	124.38	00	15					X				
65	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	19.97											
65	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	31.19											
63	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	179.24	01	06					X				
67	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	179.24	01	06					X				
63	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	112.94	01	06					X				
67	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	112.94	01	06					X				

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	167.41	07	99					X				
67	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	167.41	07	99					X				
63	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	100.77	07	99					X				
67	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	100.77	07	99					X				
63	92610	EVALUATE SWALLOWING FUNCTION	91.81											
67	92610	EVALUATE SWALLOWING FUNCTION	91.81	00	15									
63	92611	MOTION FLUOROSCOPY/SWALLOW	99.85											
67	92611	MOTION FLUOROSCOPY/SWALLOW	99.85	00	15									
63	92612	ENDOSCOPY SWALLOW TST	203.90											
67	92612	ENDOSCOPY SWALLOW TST	203.90	00	15									
63	92620	AUDITORY FUNCTION, 60 MIN	100.31											
67	92620	AUDITORY FUNCTION, 60 MIN	100.31	00	15									
63	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	24.40										X	
67	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	24.40	00	15								X	
63	92625	TINNITUS ASSESSMENT	75.74											
67	92625	TINNITUS ASSESSMENT	75.74	00	15									
63	92626	EVAL AUD REHAB STATUS	97.09	02	99		X		X					
67	92626	EVAL AUD REHAB STATUS	97.09	02	15		X		X					
63	92627	EVAL AUD STATUS REHAB ADD-ON	22.94	02	99		X		X				X	
67	92627	EVAL AUD STATUS REHAB ADD-ON	22.94	02	15		X		X				X	
63	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	122.38											
67	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	122.38	00	15									
63	92651	AUDITORY EVOKED POTENTIALS; SCREEN	95.08	00	20									
67	92651	AUDITORY EVOKED POTENTIALS; SCREEN	95.08	00	15									
63	92652	AUDITORY EVOKED POTENTIALS; SCREEN	125.85	00	20									
67	92652	AUDITORY EVOKED POTENTIALS; SCREEN	125.85	00	15									
63	92653	AUDITORY EVOKED POTENTIALS; SCREEN	91.59	00	20									
67	92653	AUDITORY EVOKED POTENTIALS; SCREEN	91.59	00	15									
63	92920	BALLOON DILATION OF NARROWED OR BLOC	612.33											
67	92920	BALLOON DILATION OF NARROWED OR BLOC	612.33	00	15									
63	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	730.08											
67	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	730.08	00	15									
63	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	681.40											
67	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	681.40	00	15									
63	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	765.36											
67	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	765.36	00	15									
63	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	680.67											
67	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	680.67	00	15									
63	92941	INSERTION OF STENT, REMOVAL OF PLAQU	765.46											
67	92941	INSERTION OF STENT, REMOVAL OF PLAQU	765.46	00	15									
63	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	766.48											
67	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	766.48	00	15									
63	92950	CARDIOPULMONARY RESUSCITATION	357.68										X	
67	92950	CARDIOPULMONARY RESUSCITATION	357.68	00	15								X	
63	92960	ELECTRICAL CARDIOVERSION	170.59										X	

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	92960	ELECTRICAL CARDIOVERSION	170.59	00 15								X	
63	92961	CARDIOVERSION, ELECTRIC, INT	283.07										
67	92961	CARDIOVERSION, ELECTRIC, INT	283.07	00 15									
63	92970	CARDIOASSIST, INTERNAL	218.13										
67	92970	CARDIOASSIST, INTERNAL	218.13	00 15									
63	92971	CARDIOASSIST, EXTERNAL	115.61										
67	92971	CARDIOASSIST, EXTERNAL	115.61	00 15									
63	92973	PERCUT CORONARY THROMBECTOMY	204.72										
67	92973	PERCUT CORONARY THROMBECTOMY	204.72	00 15									
63	92974	CATH PLACE, CARDIO BRACHYTX	186.64										
67	92974	CATH PLACE, CARDIO BRACHYTX	186.64	00 15									
65	92978	INTRAVASCULAR US, HEART	109.12										
65	92979	INTRAVASCULAR US, HEART	86.55									X	
63	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,507.71										
67	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,507.71	00 15									
63	92987	REVISION OF MITRAL VALVE	1,559.46										
67	92987	REVISION OF MITRAL VALVE	1,559.46	00 15									
63	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,242.40										
67	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,242.40	00 15									
63	92997	PUL ART BALLOON REPAIR, PERC	728.40										
67	92997	PUL ART BALLOON REPAIR, PERC	728.40	00 15									
63	92998	PUL ART BALLOON REPAIR, PERC	363.51									X	
67	92998	PUL ART BALLOON REPAIR, PERC	363.51	00 15								X	
63	93010	ECG; INTERPRETATION AND REPORT	9.19									X	
67	93010	ECG; INTERPRETATION AND REPORT	9.19	00 15								X	
63	93016	CARDIOVASCULAR STRESS TEST USING MAX	24.04										
67	93016	CARDIOVASCULAR STRESS TEST USING MAX	24.04	00 15									
63	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	15.97										
67	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	15.97	00 15									
63	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.74									X	
67	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.74	00 15								X	
65	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	9.19										
63	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	20.51										
67	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	20.51	00 15									
63	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	28.82						X				
67	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	28.82	00 15					X				
63	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.02										
67	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.02	00 15									
63	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	29.65										
67	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	29.65	00 15									
65	93260	PROGRAMMING DEVICE EVALUATION (IN PE	47.16										
65	93261	INTERROGATION DEVICE EVALUATION (IN	40.14										
63	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	27.46						X				
67	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	27.46	00 15					X				
65	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	13.68										

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	93279	PROGRAMMING DEVICE EVALUATION WITH I	34.93										
65	93280	PROGRAMMING DEVICE EVALUATION WITH I	42.34										
65	93281	PROGRAMMING DEVICE EVALUATION WITH I	47.16										
65	93282	PROGRAMMING DEVICE EVALUATION WITH I	46.82										
65	93283	PROGRAMMING DEVICE EVALUATION WITH I	62.63										
65	93284	PROGRAMMING DEVICE EVALUATION WITH I	68.24										
65	93285	PROGRAMMING DEVICE EVALUATION WITH I	28.49										
65	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	16.66										
65	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	25.07										
65	93288	INTERROGATION DEVICE EVALUATION (IN	22.76										
65	93289	INTERROGATION DEVICE EVALUATION (IN	41.22										
65	93290	INTERROGATION DEVICE EVALUATION (IN	23.61										
65	93291	INTERROGATION DEVICE EVALUATION (IN	20.07										
65	93292	INTERROGATION DEVICE EVALUATION (IN	23.26										
65	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	16.37						X				
63	93294	INTERROGATION DEVICE EVALUATION(S) (	33.65						X				
67	93294	INTERROGATION DEVICE EVALUATION(S) (	33.65	00 15					X				
63	93295	INTERROGATION DEVICE EVALUATION(S) (	41.68						X				
67	93295	INTERROGATION DEVICE EVALUATION(S) (	41.68	00 15					X				
63	93297	INTERROGATION DEVICE EVALUATION(S),	29.51						X				
67	93297	INTERROGATION DEVICE EVALUATION(S),	29.51	00 15					X				
63	93298	INTERROGATION DEVICE EVALUATION(S),	29.51						X				
67	93298	INTERROGATION DEVICE EVALUATION(S),	29.51	00 15					X				
65	93303	ECHO TRANSTHORACIC	68.48										
65	93304	ECHO TRANSTHORACIC	40.53										
65	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	77.29										
65	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	49.56										
65	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	27.85										
65	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	119.63										
63	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	12.88										
67	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	12.88	00 15									
65	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	101.20										
65	93315	ECHO TRANSESOPHAGEAL	140.66										
63	93316	ECHO TRANSESOPHAGEAL	30.76								X		
67	93316	ECHO TRANSESOPHAGEAL	30.76	00 15							X		
65	93317	ECHO TRANSESOPHAGEAL	100.13										
65	93318	ECHO TRANSESOPHAGEAL INTRAOP	114.79										
65	93320	DOPPLER ECHOCARDIOGRAPHY	19.78										
65	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	8.07										
65	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	3.41										
65	93350	ECG,REAL-TIME,WINTER + REPORT	77.29										
65	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	92.03										
63	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	253.87										
67	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	253.87	00 15									
63	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	41.73										

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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	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	41.73	00 15									
65	93451	RIGHT HEART CATHETERIZATION INCLUDIN	149.60										
65	93452	LEFT HEART CATHETERIZATION INCLUDING	270.42										
65	93453	COMBINED RIGHT AND LEFT HEART CATHET	363.01										
65	93454	CATHETER PLACEMENT IN CORONARY ARTER	274.36										
65	93455	CATHETER PLACEMENT IN CORONARY ARTER	319.83										
65	93456	CATHETER PLACEMENT IN CORONARY ARTER	357.11										
65	93457	CATHETER PLACEMENT IN CORONARY ARTER	402.19										
65	93458	CATHETER PLACEMENT IN CORONARY ARTER	337.73										
65	93459	CATHETER PLACEMENT IN CORONARY ARTER	383.71										
65	93460	CATHETER PLACEMENT IN CORONARY ARTER	429.86										
65	93461	CATHETER PLACEMENT IN CORONARY ARTER	474.13										
63	93462	LEFT HEART CATHETERIZATION BY TRANSS	242.05										
67	93462	LEFT HEART CATHETERIZATION BY TRANSS	242.05	00 15									
63	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	109.62										
67	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	109.62	00 15									
65	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	97.38										
63	93503	INSERTION AND PLACEMENT OF FLOW DIR	99.74										
67	93503	INSERTION AND PLACEMENT OF FLOW DIR	99.74	00 15									
65	93505	ENDOCARDIAL BIOPSY	255.25										
63	93563	INJECTION PROCEDURE DURING CARDIAC C	65.32										
67	93563	INJECTION PROCEDURE DURING CARDIAC C	65.32	00 15									
63	93564	INJECTION PROCEDURE DURING CARDIAC C	70.19										
67	93564	INJECTION PROCEDURE DURING CARDIAC C	70.19	00 15									
63	93565	INJECTION PROCEDURE DURING CARDIAC C	50.96										
67	93565	INJECTION PROCEDURE DURING CARDIAC C	50.96	00 15									
63	93566	INJECTION PROCEDURE DURING CARDIAC C	148.71										
67	93566	INJECTION PROCEDURE DURING CARDIAC C	148.71	00 15									
63	93567	INJECTION PROCEDURE DURING CARDIAC C	127.97										
67	93567	INJECTION PROCEDURE DURING CARDIAC C	127.97	00 15									
63	93568	INJECTION PROCEDURE DURING CARDIAC C	139.78										
67	93568	INJECTION PROCEDURE DURING CARDIAC C	139.78	00 15									
65	93571	HEART FLOW RESERVE MEASURE	83.52										
65	93572	HEART FLOW RESERVE MEASURE	60.68										
63	93580	TRANSCATH CLOSURE OF ASD	1,121.02										
67	93580	TRANSCATH CLOSURE OF ASD	1,121.02	00 15									
63	93581	TRANSCATH CLOSURE OF VSD	1,532.48										
67	93581	TRANSCATH CLOSURE OF VSD	1,532.48	00 15									
63	93582	Closure of congenital heart defect f	767.49										
67	93582	Closure of congenital heart defect f	767.49	00 15									
63	93583	Therapy for reduction of lower heart	857.79										
67	93583	Therapy for reduction of lower heart	857.79	00 15									
63	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,203.61										
67	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,203.61	00 15									
63	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	993.39										

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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	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	993.39	00 15									
63	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	438.30									X	
67	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	438.30	00 15								X	
65	93600	BUNDLE OF HIS RECORDING	136.26										
65	93602	INTRA-ATRIAL RECORDING	134.05										
65	93603	RIGHT VENTRICULAR RECORDING	134.05		X								
65	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	316.80										
65	93610	INTR-ATRIAL PAGING	188.10										
65	93612	INTRAVENTRICULAR PACING	186.40										
63	93613	ELECTROPHYS MAP, 3D, ADD-ON	341.33										
67	93613	ELECTROPHYS MAP, 3D, ADD-ON	341.33	00 15									
65	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	41.16										
65	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	250.89										
65	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	447.37										
65	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	716.25										
65	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	133.95										
65	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	196.50										
65	93623	PROGRAMMED STIMULATION & PACING	134.83										
65	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	275.09										
65	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	454.78										
65	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	204.96										
65	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	356.47										
65	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	290.48										
65	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	159.60										
63	93650	INTRACARDIAC CATHETER ABLATION OF	678.49										
67	93650	INTRACARDIAC CATHETER ABLATION OF	678.49	00 15									
63	93653	EVALUATION AND INSERTION OF CATHETER	962.07										
67	93653	EVALUATION AND INSERTION OF CATHETER	962.07	00 15									
63	93654	EVALUATION AND INSERTION OF CATHETER	1,287.77										
67	93654	EVALUATION AND INSERTION OF CATHETER	1,287.77	00 15									
63	93655	INTRACARDIAC CATHETER ABLATION OF A	489.57										
67	93655	INTRACARDIAC CATHETER ABLATION OF A	489.57	00 15									
63	93656	EVALUATION AND INSERTION OF CATHETER	1,291.79										
67	93656	EVALUATION AND INSERTION OF CATHETER	1,291.79	00 15									
65	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	489.23										
65	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	100.90										
65	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	265.20										
63	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	12.31										
67	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	12.31	00 15									
65	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	43.16										
65	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	27.71										
65	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	51.38										
65	93888	TRANSCRANIAL DOPPLER STUDY OF THE	28.39										
65	93892	TCD, EMBOLI DETECT W/O INJ	64.50										
65	93893	TCD, EMBOLI DETECT W/INJ	65.70										

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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	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	14.53										
65	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	24.56										
65	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	27.19										
65	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	42.31										
65	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	26.51										
65	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	44.36										
65	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	27.19										
65	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	37.39										
65	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	24.39										
65	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	62.84										
65	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	42.83										
65	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	44.18										
65	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	26.85										
65	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	66.71				M						
65	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	23.32				M						
65	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND	44.01										
65	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND	27.02										
65	93990	DOPPLER FLOW TESTING	27.87										
63	94002	VENTILATION ASSIST AND MANAGEMENT, I	103.10										
67	94002	VENTILATION ASSIST AND MANAGEMENT, I	103.10	00 15									
63	94003	VENTILATION ASSIST AND MANAGEMENT, I	73.43										
67	94003	VENTILATION ASSIST AND MANAGEMENT, I	73.43	00 15									
63	94004	VENTILATION ASSIST AND MANAGEMENT, I	53.70										
67	94004	VENTILATION ASSIST AND MANAGEMENT, I	53.70	00 15									
65	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	9.19										
63	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	96.11	00 02									
67	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	96.11	00 02									
63	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	155.76	00 02									
67	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	155.76	00 02									
63	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	22.14	00 02									
67	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	22.14	00 02									
63	94016	REVIEW PATIENT SPIROMETRY	27.46										
67	94016	REVIEW PATIENT SPIROMETRY	27.46	00 15									
65	94060	BRONCHOSPASM EVALUATION	11.49										
65	94070	BRONCHOSPASM EVALUATION, PROLONGED	31.26										
65	94200	MAXIMUM BREATHING CAPACITY	4.16										
65	94375	RESPIRATORY FLOW VOLUME LOOP	16.03										
65	94450	HYPOXIA RESPONSE CURVE	20.40										
65	94452	HAST W/REPORT	15.68										
65	94453	HAST W/OXYGEN TITRATE	20.73										
65	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	37.22										
65	94618	PULMONARY STRESS TESTING (EG, 6-MINU	24.87										
65	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	25.95										
65	94621	PULM STRESS TEST/COMPLEX	75.56										
63	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	66.97										

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	66.97	00	15									
63	94662	CONTINUOUS NEGATIVE PRESSURE	39.73											
67	94662	CONTINUOUS NEGATIVE PRESSURE	39.73	00	15									
65	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	13.74										X	
65	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	11.05										X	
65	94690	OXYGEN UPTAKE; REST, INDIRECT	4.26										X	
65	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	13.39											
65	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	13.39											
65	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	13.74											
65	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	9.97											
63	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	53.48											
67	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	53.48	00	15									
63	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	20.78											
67	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	20.78	00	15									
63	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.31										X	
67	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.31	00	15								X	
63	95017	ALLERGY TESTING, ANY COMBINATION OF	9.03										X	
67	95017	ALLERGY TESTING, ANY COMBINATION OF	9.03	00	15								X	
63	95018	ALLERGY TESTING, ANY COMBINATION OF	21.99										X	
67	95018	ALLERGY TESTING, ANY COMBINATION OF	21.99	00	15								X	
63	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.73										X	
67	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.73	00	15								X	
63	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	125.52											
67	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	125.52	00	15									
63	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	90.85											
67	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	90.85	00	15									
63	95144	PROFESSIONAL SERVICES FOR THE SUPERV	16.81										X	
67	95144	PROFESSIONAL SERVICES FOR THE SUPERV	16.81	00	15								X	
63	95145	PROFESSIONAL SERVICES FOR THE SUPERV	34.53										X	
67	95145	PROFESSIONAL SERVICES FOR THE SUPERV	34.53	00	15								X	
63	95146	PROFESSIONAL SERVICES FOR THE SUPERV	63.15										X	
67	95146	PROFESSIONAL SERVICES FOR THE SUPERV	63.15	00	15								X	
63	95147	PROFESSIONAL SERVICES FOR THE SUPERV	62.46										X	
67	95147	PROFESSIONAL SERVICES FOR THE SUPERV	62.46	00	15								X	
63	95165	PROFESSIONAL SERVICES FOR THE SUPERV	16.14							X			X	
67	95165	PROFESSIONAL SERVICES FOR THE SUPERV	16.14	00	15					X			X	
63	95170	PROFESSIONAL SERVICES FOR THE SUPERV	12.04										X	
67	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	12.04	00	15								X	
63	95180	RAPID DESENSITIZATION; EACH HOUR	146.12			X							X	
67	95180	RAPID DESENSITIZATION; EACH HOUR	146.12	00	15	X							X	
63	95251	GLUC MONITOR, CONT, PHYS I&R	38.92											
67	95251	GLUC MONITOR, CONT, PHYS I&R	38.92	00	15									
63	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	113.19											
67	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	113.19	00	15									
63	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	150.44											

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
67	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	150.44	00 15									
63	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	174.56										
67	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	174.56	00 15									
63	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	230.12										
67	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	230.12	00 15									
63	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	231.48										
67	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	231.48	00 15									
63	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	282.34										
67	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	282.34	00 15									
63	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	287.86										
67	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	287.86	00 15									
63	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	360.19										
67	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	360.19	00 15									
63	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	328.92										
67	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	328.92	00 15									
63	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	456.64										
67	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	456.64	00 15									
65	95782	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	137.82	00 05									
65	95783	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	149.53	00 05									
65	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	45.81										
65	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	45.81										
65	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	63.90										
65	95806	SLEEP STUDY, UNATTENDED	49.61										
65	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	67.20										
65	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	95.04										
65	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	132.56	06 99									
65	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	137.48	06 99									
65	95812	ELECTROENCEPHALOGRAM (EEG)	62.79										
65	95813	ELECTROENCEPHALOGRAM (EEG)	95.85										
65	95816	ELECTROENCEPHALOGRAM (EEG); INCL	62.79										
65	95819	ELECTROENCEPHALOGRAM (EEG); INCL	63.13										
65	95822	ELECTROENCEPHALOGRAM (EEG); INCL	63.13										
65	95824	ELECTROENCEPHALOGRAM (EEG); INCL	43.21									X	
65	95829	ELECTROCORTICOGRAM AT SURGERY	368.52										
63	95830	MD INSERT SPHENOIDAL ELECTRODE	657.33										
67	95830	MD INSERT SPHENOIDAL ELECTRODE	657.33	00 15									
63	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	23.45									X	
67	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	23.45	00 15								X	
63	95852	RANGE OF MOTION; HAND	18.77										
67	95852	RANGE OF MOTION; HAND	18.77	00 15									
63	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	58.85										
67	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	58.85	00 15									
65	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	56.23										
65	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	89.44										
65	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	108.46										

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

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	116.89										
65	95865	MUSCLE TEST, LARYNX	90.45										
65	95866	MUSCLE TEST, HEMIDIAPHRAGM	71.64										
65	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	46.19										
65	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	68.74										
65	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	21.94										
65	95870	MUSCLE TEST, NON-PARASPINAL	21.60										
65	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	168.17										
65	95873	GUIDE NERV DESTR, ELEC STIM	21.77										
65	95874	GUIDE NERV DESTR, NEEDLE EMG	21.44										
65	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	64.25										
65	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	20.32									X	
65	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	50.28									X	
65	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	41.35										
65	95905	NEEDLE MEASUREMENT AND RECORDING OF	3.15									X	
65	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	58.47										
65	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	73.18										
65	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	87.02										
65	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	117.46										
65	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	145.67										
65	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	174.56										
65	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	206.65										
65	95925	SOMATOSENSORY TESTING,ONE > NERVES	31.65										
65	95926	SOMATOSENSORY TESTING	30.29										
65	95927	SOMATOSENSORY TESTING	29.61										
65	95928	C MOTOR EVOKED, UPPR LIMBS	87.20										
65	95929	C MOTOR EVOKED, LWR LIMBS	86.35										
65	95930	VISUAL EVOKED POTENTIAL TEST	20.32										
65	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	34.96										
65	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	38.33									X	
65	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	50.28										
65	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	130.79										
63	95940	CONTINUOUS MONITORING OF NERVOUS SYS	36.03										
67	95940	CONTINUOUS MONITORING OF NERVOUS SYS	36.03	00 15									
65	95957	EEG DIGITAL ANALYSIS	112.24										
65	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	249.04										
65	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	179.00										
65	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	190.60										
65	95965	MEG, SPONTANEOUS	455.46										
65	95966	MEG, EVOKED, SINGLE	232.64										
65	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	203.57										
63	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	21.50										
67	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	21.50	00 15									
63	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	53.62										
67	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	53.62	00 15									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	61.72						X					
67	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	61.72	00	15				X					
63	95991	REFILLING AND MAINTENANCE OF IMPLANT	119.82	04	99				X					
67	95991	REFILLING AND MAINTENANCE OF IMPLANT	119.82	04	15				X					
63	95992	CANALITH REPOSITIONING PROCEDURE(S)	48.02											
67	95992	CANALITH REPOSITIONING PROCEDURE(S)	48.02	00	15									
63	96000	MOTION ANALYSIS, VIDEO/3D	98.57											
67	96000	MOTION ANALYSIS, VIDEO/3D	98.57	00	15									
63	96001	MOTION TEST W/FT PRESS MEAS	123.65											
67	96001	MOTION TEST W/FT PRESS MEAS	123.65	00	15									
63	96002	DYNAMIC SURFACE EMG	24.87											
67	96002	DYNAMIC SURFACE EMG	24.87	00	15									
63	96003	DYNAMIC FINE WIRE EMG	18.71											
67	96003	DYNAMIC FINE WIRE EMG	18.71	00	15									
63	96004	PHYS REVIEW OF MOTION TESTS	123.09											
67	96004	PHYS REVIEW OF MOTION TESTS	123.09	00	15									
63	96105	ASSESSMENT OF APHASIA	109.57										X	
67	96105	ASSESSMENT OF APHASIA	109.57	00	15								X	
63	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	143.59	16	20					X				
67	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	143.59	00	15					X				
63	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	63.87	16	20					X			X	
67	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	63.87	00	15					X			X	
63	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	105.51							X				
67	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	105.51	00	15					X				
63	96121	NEUROBEHAVIORAL STATUS EXAMINATION	90.46										X	
67	96121	NEUROBEHAVIORAL STATUS EXAMINATION	90.46	00	15								X	
63	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	144.60							X				
67	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	144.60	00	15					X				
63	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	112.32							X				
67	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	112.32	00	15					X				
63	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	107.06									X		
67	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	107.06	00	15							X		
63	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	73.15									X		
67	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	73.15	00	15							X		
63	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	25.32									X	X	
67	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	25.32	00	15							X	X	
63	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	10.76									X		
67	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	10.76	00	15							X		
63	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.93									X	X	
67	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.93	00	15							X	X	
63	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	78.08									X		
67	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	78.08	00	15							X		
63	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	27.95									X	X	
67	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	27.95	00	15							X	X	
63	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	88.77											

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	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	88.77	00 15									
63	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	137.69										
67	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	137.69	00 15									
63	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	990.81										
67	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	990.81	00 15									
63	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	187.99										
67	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	187.99	00 15									
63	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	141.69										
67	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	141.69	00 15									
63	96570	PHOTODYNAMIC TX, 30 MIN	63.06										
67	96570	PHOTODYNAMIC TX, 30 MIN	63.06	00 15									
63	96571	PHOTODYNAMIC TX, ADDL 15 MIN	28.97									X	
67	96571	PHOTODYNAMIC TX, ADDL 15 MIN	28.97	00 15								X	
63	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	237.75										
67	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	237.75	00 15									
63	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	294.89										
67	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	294.89	00 15									
63	96920	LASER TX, SKIN < 250 SQ CM	168.73										
67	96920	LASER TX, SKIN < 250 SQ CM	168.73	00 15									
63	96921	LASER TX, SKIN 250-500 SQ CM	184.45										
67	96921	LASER TX, SKIN 250-500 SQ CM	184.45	00 15									
63	96922	LASER TX, SKIN > 500 SQ CM	252.14										
67	96922	LASER TX, SKIN > 500 SQ CM	252.14	00 15									
63	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	48.96										
67	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	48.96	00 15									
63	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	46.71									X	
67	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	46.71	00 15								X	
63	97016	PT-VASOPNEUMATIC DEVICES	13.00										
67	97016	PT-VASOPNEUMATIC DEVICES	13.00	00 15									
63	97018	PT-PARAFFIN BATH	6.26										
67	97018	PT-PARAFFIN BATH	6.26	00 15									
63	97032	ELECTRICAL STIMULATION,EACH 15 MIN	16.06									X	
67	97032	ELECTRICAL STIMULATION,EACH 15 MIN	16.06	00 15								X	
63	97033	ELECTRIC CURRENT THERAPY	21.56										
67	97033	ELECTRIC CURRENT THERAPY	21.56	00 15									
63	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	32.22									X	
67	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	32.22	00 15								X	
63	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	37.24									X	
67	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	37.24	00 15								X	
63	97116	GAIT TRAINING, EACH 15 MIN	32.22									X	
67	97116	GAIT TRAINING, EACH 15 MIN	32.22	00 15								X	
63	97124	MASSAGE, EACH 15 MIN	30.87									X	
67	97124	MASSAGE, EACH 15 MIN	30.87	00 15								X	
63	97140	MANUAL THERAPY	29.74								X		
67	97140	MANUAL THERAPY	29.74	00 15							X		

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	97161	PHYSICAL THERAPY EVALUATION: LOW COM	108.00											
67	97161	PHYSICAL THERAPY EVALUATION: LOW COM	108.00	00	15									
63	97162	PHYSICAL THERAPY EVALUATION: MODERAT	108.00											
67	97162	PHYSICAL THERAPY EVALUATION: MODERAT	108.00	00	15									
63	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	108.00											
67	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	108.00	00	15									
63	97164	RE-EVALUATION OF PHYSCIAL THERAPY	73.60											
67	97164	RE-EVALUATION OF PHYSICAL THERAPY	73.60	00	15									
63	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	104.93											
67	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	104.93	00	15									
63	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	104.93											
67	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	104.93	00	15									
63	97167	OCCUPATIONAL THERAPY EVALUATION: HI	104.93											
67	97167	OCCUPATIONAL THERAPY EVALUATION: HI	104.93	00	15									
63	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	70.53											
67	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	70.53	00	15									
63	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	41.03				X						X	
67	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	41.03	00	15		X						X	
63	97533	SENSORY INTEGRATION	62.00											
67	97533	SENSORY INTEGRATION	62.00	00	15									
63	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	104.83											
67	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	104.83	00	15									
63	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	48.98										X	
67	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	48.98	00	15								X	
63	97610	Low frequency, non-contact, non-ther	408.50			X								
67	97610	Low frequency, non-contact, non-ther	408.50	00	15	X								
63	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	36.31										X	
67	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	36.31	00	15								X	
63	97760	ORTHOTIC MGMT AND TRAINING	51.88				X						X	
67	97760	ORTHOTIC MGMT AND TRAINING	51.88	00	15		X						X	
63	97761	PROSTHETIC TRAINING	44.40				X						X	
67	97761	PROSTHETIC TRAINING	44.40	00	15		X						X	
63	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	56.55										X	
67	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	56.55	00	15								X	
63	97802	MEDICAL NUTRITION, INDIV, IN	39.77									X		
67	97802	MEDICAL NUTRITION, INDIV, IN	39.77	00	15							X		
63	97803	MED NUTRITION, INDIV, SUBSEQ	34.26									X		
67	97803	MED NUTRITION, INDIV, SUBSEQ	34.26	00	15							X		
63	97804	MEDICAL NUTRITION, GROUP	18.11									X		
67	97804	MEDICAL NUTRITION, GROUP	18.11	00	15							X		
63	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	30.06	00	20	X			X					
67	98940	CHIROPR MANIP TX TO TWO REGIONS	30.06	00	15	X			X					
63	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	43.23	00	20	X			X					
67	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	43.23	00	15	X			X					
63	99151	MODERATE SEDATION SERVICES PROVIDED	89.87	00	04	X								

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	99151	MODERATE SEDATION SERVICES PROVIDED	89.87	00	04	X								
63	99152	MODERATE SEDATION SERVICES PROVIDED	53.01	05	20	X								
67	99152	MODERATE SEDATION SERVICES PROVIDED	53.01	05	15	X								
63	99155	MODERATE SEDATION SERVICES PROVIDED	95.83	00	04	X								
67	99155	MODERATE SEDATION SERVICES PROVIDED	95.83	00	04	X								
63	99156	MODERATE SEDATION SERVICES PROVIDED	86.59	05	20	X								
67	99156	MODERATE SEDATION SERVICES PROVIDED	86.59	05	15	X								
63	99157	MODERATE SEDATION SERVICES PROVIDED	70.44	00	20	X							X	
67	99157	MODERATE SEDATION SERVICES PROVIDED	70.44	00	15	X							X	
63	99170	EXAMINATION OF GENITAL AND ANAL REGI	170.70										X	
67	99170	EXAMINATION OF GENITAL AND ANAL REGI	170.70	00	15								X	
63	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	122.25			X							X	
67	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	122.25	00	15	X							X	
63	99184	INITIATION OF SELECTIVE HEAD OR TOTA	244.22											
67	99184	INITIATION OF SELECTIVE HEAD OR TOTA	244.22	00	15									
63	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.38											
63	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.38	10	59			F						
67	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.38	00	15									
67	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.38	10	15			F						
63	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	121.58											
63	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	121.58	10	59			F						
67	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	121.58	00	15									
67	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	121.58	10	15			F						
63	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	182.78											
63	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	182.78	10	59			F						
67	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	182.78	00	15									
67	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	182.78	10	15			F						
63	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	241.77											
63	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	241.77	10	59			F						
67	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	241.77	00	15									
67	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	241.77	10	15			F						
63	99211	OFFICE,EST PT, MINIMAL PROBLEMS	23.55										X	
63	99211 TH	OFFICE,EST PT,MINIMAL	23.55	10	59			F						
67	99211	EST PATIENT OFFICE VISIT	23.55	00	15									
67	99211 TH	OFFICE,EST PT,MINIMAL	23.55	10	15			F						
63	99212	ESTABLISHED PATIENT OFFICE OR OTHER	59.87										X	
63	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	59.87	10	59			F						
67	99212	ESTABLISHED PATIENT OFFICE OR OTHER	59.87	00	15								X	
67	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	59.87	10	15			F						
63	99213	ESTABLISHED PATIENT OFFICE OR OTHER	98.46											
63	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	98.46	10	59			F						
67	99213	ESTABLISHED PATIENT OFFICE OR OTHER	98.46	00	15									
67	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	98.46	10	15			F						
63	99214	ESTABLISHED PATIENT OFFICE OR OTHER	140.05											
63	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	140.05	10	59			F						

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	99214	ESTABLISHED PATIENT OFFICE OR OTHER	140.05	00	15									
67	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	140.05	10	15			F						
63	99215	ESTABLISHED PATIENT OFFICE OR OTHER	196.38											
63	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	196.38	10	59			F						
67	99215	ESTABLISHED PATIENT OFFICE OR OTHER	196.38	00	15									
67	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	196.38	10	15			F						
63	99218	HOSPITAL OBSERVATION CARE TYPICALLY	108.37											
67	99218	HOSPITAL OBSERVATION CARE TYPICALLY	108.37	00	15									
63	99219	HOSPITAL OBSERVATION CARE TYPICALLY	147.53											
67	99219	HOSPITAL OBSERVATION CARE TYPICALLY	147.53	00	15									
63	99220	HOSPITAL OBSERVATION CARE TYPICALLY	199.50											
67	99220	HOSPITAL OBSERVATION CARE TYPICALLY	199.50	00	15									
63	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	111.77											
67	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	111.77	00	15									
63	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	149.45											
67	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	149.45	00	15									
63	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	219.56											
67	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	219.56	00	15									
63	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	42.46											
67	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	42.46	00	15									
63	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	78.82											
67	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	78.82	00	15									
63	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	113.19											
67	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	113.19	00	15									
63	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	42.11											
67	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	42.11	00	15									
63	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	78.82											
67	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	78.82	00	15									
63	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	113.19											
67	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	113.19	00	15									
63	99234	HOSPITAL OBSERVATION OR INPATIENT CA	144.77									X		
67	99234	HOSPITAL OBSERVATION OR INPATIENT CA	144.77	00	15							X		
63	99235	HOSPITAL OBSERVATION OR INPATIENT CA	183.26									X		
67	99235	HOSPITAL OBSERVATION OR INPATIENT CA	183.26	00	15							X		
63	99236	HOSPITAL OBSERVATION OR INPATIENT CA	235.57									X		
67	99236	HOSPITAL OBSERVATION OR INPATIENT CA	235.57	00	15							X		
63	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	78.44											
67	99238	HOSPITAL	78.44	00	15									
63	99239	HOSPITAL DISCHARGE DAY	115.59											
67	99239	HOSPITAL DISCHARGE DAY	115.59	00	15									
63	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	25.05											
67	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	25.05	00	15									
63	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	48.58											
67	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	48.58	00	15									
63	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	81.91											

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	81.91	00	15									
63	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	139.20											
67	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	139.20	00	15									
63	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	203.73											
67	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	203.73	00	15									
63	99291	CRITICAL CARE, FIRST HOUR	305.69			X								
67	99291	CRITICAL CARE, FIRST HOUR	305.69	00	15	X								
63	99292	CRITICAL CARE, EVALUATION AND MANAGE	135.73			X							X	
67	99292	CRITICAL CARE, EVALUATION AND MANAGE	135.73	00	15	X							X	
63	99304	INITIAL NURSING FACILITY VISIT, TYPI	97.60											
67	99304	INITIAL NURSING FACILITY VISIT, TYPI	97.60	00	15									
63	99305	INITIAL NURSING FACILITY VISIT, TYPI	140.66											
67	99305	INITIAL NURSING FACILITY VISIT, TYPI	140.66	00	15									
63	99306	INITIAL NURSING FACILITY VISIT, TYPI	181.16											
67	99306	INITIAL NURSING FACILITY VISIT, TYPI	181.16	00	15									
63	99307	SUBSEQUENT NURSING FACILITY VISIT, T	47.56											
67	99307	SUBSEQUENT NURSING FACILITY VISIT, T	47.56	00	15									
63	99308	SUBSEQUENT NURSING FACILITY VISIT, T	74.76											
67	99308	SUBSEQUENT NURSING FACILITY VISIT, T	74.76	00	15									
63	99309	SUBSEQUENT NURSING FACILITY VISIT, T	98.34											
67	99309	SUBSEQUENT NURSING FACILITY VISIT, T	98.34	00	15									
63	99310	SUBSEQUENT NURSING FACILITY VISIT, T	146.10											
67	99310	SUBSEQUENT NURSING FACILITY VISIT, T	146.10	00	15									
63	99315	NURSING FAC DISCHARGE DAY	79.11											
67	99315	NURSING FAC DISCHARGE DAY	79.11	00	15									
63	99316	NURSING FAC DISCHARGE DAY	114.22											
67	99316	NURSING FAC DISCHARGE DAY	114.22	00	15									
63	99324	NEW PATIENT ASSISTED LIVING VISIT, T	58.69											
67	99324	NEW PATIENT ASSISTED LIVING VISIT, T	58.69	00	15									
63	99325	NEW PATIENT ASSISTED LIVING VISIT, T	86.44											
67	99325	NEW PATIENT ASSISTED LIVING VISIT, T	86.44	00	15									
63	99326	NEW PATIENT ASSISTED LIVING VISIT, T	150.75											
67	99326	NEW PATIENT ASSISTED LIVING VISIT, T	150.75	00	15									
63	99327	NEW PATIENT ASSISTED LIVING VISIT, T	201.89											
67	99327	NEW PATIENT ASSISTED LIVING VISIT, T	201.89	00	15									
63	99328	NEW PATIENT ASSISTED LIVING VISIT, T	237.91											
67	99328	NEW PATIENT ASSISTED LIVING VISIT, T	237.91	00	15									
63	99334	ESTABLISHED PATIENT ASSISTED LIVING	64.78											
67	99334	ESTABLISHED PATIENT ASSISTED LIVING	64.78	00	15									
63	99335	ESTABLISHED PATIENT ASSISTED LIVING	103.62											
67	99335	ESTABLISHED PATIENT ASSISTED LIVING	103.62	00	15									
63	99336	ESTABLISHED PATIENT ASSISTED LIVING	147.00											
67	99336	ESTABLISHED PATIENT ASSISTED LIVING	147.00	00	15									
63	99337	ESTABLISHED PATIENT ASSISTED LIVING	210.50											
67	99337	ESTABLISHED PATIENT ASSISTED LIVING	210.50	00	15									

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

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	59.04											
67	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	59.04	00	15									
63	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	83.55											
67	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	83.55	00	15									
63	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	138.84											
67	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	138.84	00	15									
63	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	197.24											
67	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	197.24	00	15									
63	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	240.97											
67	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	240.97	00	15									
63	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	59.33											
67	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	59.33	00	15									
63	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	91.07											
67	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	91.07	00	15									
63	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	140.22											
67	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	140.22	00	15									
63	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	194.52											
67	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	194.52	00	15									
63	99406	SMOKING AND TOBACCO USE CESSATION CO	16.87	16	60			F		X				
67	99406	SMOKING AND TOBACCO USE CESSATION CO	16.87	10	15			F		X				
63	99407	SMOKING AND TOBACCO USE CESSATION CO	31.44	16	60			F		X				
67	99407	SMOKING AND TOBACCO USE CESSATION CO	31.44	10	15			F		X				
63	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	39.77											
67	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	39.77	00	15									
63	99460	INITIAL HOSPITAL OR BIRTHING CENTER	105.13	00	00					X				
67	99460	INITIAL HOSPITAL OR BIRTHING CENTER	105.13	00	00					X				
63	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	98.08	00	00					X				
67	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	98.08	00	00					X				
63	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	45.58	00	00									
67	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	45.58	00	00									
63	99463	INITIAL HOSPITAL OR BIRTHING CENTER	120.66	00	00					X				
67	99463	INITIAL HOSPITAL OR BIRTHING CENTER	120.66	00	00					X				
63	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	82.09	00	00									
67	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	82.09	00	00									
63	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	160.42	00	00									
67	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	160.42	00	00									
63	99466	CRITICAL CARE SERVICES DELIVERED BY	261.17	00	01									
67	99466	CRITICAL CARE SERVICES DELIVERED BY	261.17	00	01									
63	99467	CRITICAL CARE SERVICES DELIVERED BY	130.69	00	01								X	
67	99467	CRITICAL CARE SERVICES DELIVERED BY	130.69	00	01								X	
63	99468	INITIAL INPATIENT NEONATAL CRITICAL	1,005.56	00	00									
67	99468	INITIAL INPATIENT NEONATAL CRITICAL	1,005.56	00	00									
63	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	434.85	00	00									
67	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	434.85	00	00									
63	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	870.55	00	01									

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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	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	870.55	00	01									
63	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	442.68	00	01									
67	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	442.68	00	01									
63	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	629.10	02	05									
67	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	629.10	02	05									
63	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	377.39	02	05									
67	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	377.39	02	05									
63	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	381.20	00	00									
67	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	381.20	00	00									
63	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	149.47	00	00									
67	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	149.47	00	00									
63	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	136.13	00	00									
67	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	136.13	00	00									
63	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	130.69	00	00									
67	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	130.69	00	00									