LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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

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

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

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

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

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1	2	3	4	5	6	7	8	9	10	11	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	60.03	16 99								X	
67	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	60.03	00 15					X			X	
63	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	16.95	16 99								X	
67	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	16.95	00 15					X			X	
63	G0117	GLAUCOMA SCRN HGH RISK DIREC	65.06								X		
63	G0118	GLAUCOMA SCRN HGH RISK DIREC	42.90								X		
63	G0124	SCREENING CYTOPATHOLOGY, PHY. INTERP	23.42								X		
63	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NU	24.32								X		
63	G0141	SCR C/V CYTO,AUTOSYS AND MD	23.42								X		
63	G0179	PHYS SERV FO THE RECERT OF MEDICARE	43.44								X		
63	G0180	MD CERTIFICATION HHA PATIENT	56.52								X		
63	G0181	HOME HEALTH CARE SUPERVISION	113.80								X		
63	G0245	INITIAL FOOT EXAM PT LOPS	70.06								X		
63	G0246	FOLLOWUP EVAL OF FOOT PT LOP	40.73								X		
63	G0247	ROUTINE FOOTCARE PT W LOPS	86.93								X		
63	G0250	MD REVIEW INTERPRET OF TEST	9.17								X		
63	G0268	REMOVAL OF IMPACTED WAX MD	56.56								X		
63	G0270	MNT SUBS TX FOR CHANGE DX	34.32								X		
63	G0271	GROUP MNT 2 OR MORE 30 MINS	18.30								X		
63	G0278	ILIAC ART ANGIO,CARDIAC CATH	16.26								X		
63	G0281	ELEC STIM UNATTEND FOR PRESS	13.22								X		
63	G0283	ELEC STIM OTHER THAN WOUND	13.22								X		
63	G0289	ARTHRO, LOOSE BODY + CHONDRO	97.01								X		
63	G0329	ELECTROMAGNTIC TX FOR ULCERS	11.27								X		
63	G0341	PERCUTANEOUS ISLET CELLTRANS	1,771.53								X		
63	G0342	LAPAROSCOPY ISLET CELL TRANS	870.88								X		
63	G0343	LAPAROTOMY ISLET CELL TRANSP	1,433.37								X		
63	G0372	MD SERVICE REQUIRED FOR PMD	9.79								X		
65	G0452	MOLECULAR PATHOLOGY PROCEDURE;PHYS	50.22	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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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC 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		10		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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				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	00548	ANES;INTRATHOR,TRACHEA AND BRONCHI	SP						X		17		X	
01	00550	ANESTH,STERNAL DEBRIDEMENT	SP						X		10		X	
01	00560	ANES;HEART,PERICAR,ETC.W/OPUMP OXYGE	SP						X		15		X	
01	00561	ANESTH, HEART SURG < AGE 1	SP	00	00				X		25		X	
01	00562	ANES;HEART,PERICAR,ETC.W/PUMP OXYGE	SP	01	99				X		20		X	
01	00563	ANESTH,HEART PROC W/PUMP	SP						X		25		X	
01	00566	ANES;CORONARY ARTERY BYPASS W/O PUMP	SP						X		25		X	
01	00567	ANESTHESIA FOR DIRECT CORONARY ARTER	SP						X		18		X	
01	00580	ANES;HEART OR HEART/LUNG TRANSPLANT	SP			X			X		20		X	
01	00600	ANES;CERV.SPINE-CORD;NOS	SP						X	X	10		X	
01	00604	ANES;CERV.SPINE-CORD;SITTING POSITIO	SP						X	X	13		X	
01	00620	ANES;THORAC SPINE/CORD;NOS	SP						X	X	10		X	
01	00625	ANESTHESIA FOR PROCEDURES ON THE THO	SP						X		13		X	
01	00626	ANESTHESIA FOR PROCEDURES ON THE THO	SP						X		15		X	
01	00630	ANES;LUMBAR REGIONS;NOS	SP						X	X	8		X	
01	00632	ANES;LUMBAR SYMPATHECTOMY	SP						X		7		X	
01	00635	ANES;LUMBAR PUNCTURE	SP								4		X	
01	00640	ANES;MANIP OF SPINE FOR CLOSED PROCE	SP						X		3		X	
01	00670	ANES;EXT SPINE CORD PROCEDURES	SP						X		13		X	
01	00700	ANES;UPPER ANT. WALL;NOS	SP						X		4		X	
01	00702	ANES;PERCUTANEOUS LIVER BX	SP								4		X	
01	00730	ANES;UPPER POSTERIOR ABDOM WALL;NOS	SP						X		5		X	
01	00731	ANESTHESIA FOR UPPER GASTROINTESTIN	SP						X		5		X	
01	00732	ANESTHESIA FOR UPPER GASTROINTESTIN	SP						X		6		X	
01	00750	ANES;HERNIA REP.UPPER ABDOMEN;NOS	SP						X		4		X	
01	00752	ANES;HERNIA,LUMBAR,VENTRAL/WND DEHIS	SP						X		6		X	
01	00754	ANES;OMPHALOCELE	SP						X		7		X	
01	00756	ANES;TRANSABDOM.REP DIAPHRA.HERNIA	SP						X		7		X	
01	00770	ANES;ALL PROC,MAJOR ABDO.BLD.VESSELS	SP						X		15		X	
01	00790	ANES;INTRAPERI,UPPER ABDO/SHUNTS,NOS	SP						X		7		X	
01	00792	ANES;PARTIAL HEPATECTOMY/NO LIVER BX	SP						X		13		X	
01	00794	ANES;PART./TOT.PANCREATECTOMY	SP						X		8		X	
01	00796	ANES;LIVER TRANSPLANT (RECIPIENT)	SP			X			X		30		X	
01	00797	ANES;GASTRIC RESTR.PROC.MORB.OBESITY	SP			X			X		11		X	
01	00800	ANES;LOWER ANTER.ABDO.WALL;NOS	SP						X		4		X	
01	00802	ANES;PANNICULECTOMY	SP			X			X		5		X	
01	00811	ANESTHESIA FOR LOWER ENDOSCOPIC PROC	SP						X		4		X	
01	00812	ANESTHESIA FOR LOWER ENDOSCOPIC PROC	SP						X		3		X	
01	00813	ANESTHESIA FOR COMBINED UPPER AND L	SP						X		5		X	
01	00820	ANES;LOWER POST. ABDOMINAL WALL	SP						X		5		X	
01	00830	ANES;HERNIA REP. LOWER ABDO;NOS	SP						X		4		X	
01	00832	ANES;LOWER ABDO;VENT/INCIS.HERNIAS	SP						X		6		X	
01	00834	ANES;HERNIA REPAIRS IN LOW ABDOM NOS	SP	00	00				X		5		X	
01	00836	ANES;HENIA REPAIRS NOS INFANTS	SP	00	02				X		6		X	
01	00840	ANES;INTRAPERI,LOWER ABDO;NOSS	SP						X		6		X	

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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	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 JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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 JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	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				X	
63	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	56.83									X	
67	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	56.83	00 15								X	
63	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	148.94										
67	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	148.94	00 15									
63	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	66.77									X	
67	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	66.77	00 15								X	
63	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	317.04										
67	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	317.04	00 15									
63	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	173.90									X	
67	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	173.90	00 15								X	
63	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	473.30										
67	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	473.30	00 15									
63	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	279.42									X	
67	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	279.42	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	109.14										
67	10021	FNA W/O IMAGE	109.14	00 15									
63	10030	Fluid collection drainage by cathete	690.40										
67	10030	Fluid collection drainage by cathete	690.40	00 15									
63	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	395.71										
67	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	395.71	00 15									
63	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	326.81										
67	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	326.81	00 15									
63	10060	DRAINAGE OF SKIN ABSCESS	132.72										
67	10060	DRAINAGE OF SKIN ABSCESS	132.72	00 15									
63	10061	DRAIN SKIN ABSCESS COMPLICATED	231.03										
67	10061	DRAIN SKIN ABSCESS COMPLICATED	231.03	00 15									
63	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	269.86										
67	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	269.86	00 15									
63	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	372.98										
67	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	372.98	00 15									
63	10120	SIMPLE REMOVAL FOREIGN BODY	158.73										
67	10120	SIMPLE REMOVAL FOREIGN BODY	158.73	00 15									
63	10121	COMPLICATED REMOVAL FOREIGN BODY	286.68										
67	10121	COMPLICATED REMOVAL FOREIGN BODY	286.68	00 15									
63	10140	INCISE/DRAIN SIMPLE HEMATOMA	182.64										
67	10140	INCISE/DRAIN SIMPLE HEMATOMA	182.64	00 15									
63	10160	PUNCTURE DRAINAGE OF LESION	138.27										
67	10160	PUNCTURE DRAINAGE OF LESION	138.27	00 15									
63	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	286.02										
67	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	286.02	00 15									
63	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	62.26										
67	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	62.26	00 15									
63	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	28.85									X	
67	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	28.85	00 15								X	
63	11004	DEBRIDE GENITALIA & PERINEUM	655.08										
67	11004	DEBRIDE GENITALIA & PERINEUM	655.08	00 15									
63	11005	DEBRIDE ABDOM WALL	901.63										
67	11005	DEBRIDE ABDOM WALL	901.63	00 15									
63	11006	DEBRIDE GENIT/PER/ABDOM WALL	810.20										
67	11006	DEBRIDE GENIT/PER/ABDOM WALL	810.20	00 15									
63	11008	REMOVE MESH FROM ABD WALL	318.29										
67	11008	REMOVE MESH FROM ABD WALL	318.29	00 15									
63	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	492.31										
67	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	492.31	00 15									
63	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	544.83										
67	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	544.83	00 15									
63	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	711.13									X	
67	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	711.13	00 15								X	
63	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	137.75										

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	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	137.75	00 15									
63	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	254.05										
67	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	254.05	00 15									
63	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	341.72										
67	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	341.72	00 15									
63	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	44.87									X	
67	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	44.87	00 15								X	
63	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	82.12									X	
67	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	82.12	00 15								X	
63	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	135.25									X	
67	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	135.25	00 15								X	
63	11055	TRIM SKIN LESION	75.37										
67	11055	TRIM SKIN LESION	75.37	00 15									
63	11056	TRIM 2 TO 4 SKIN LESIONS	86.59										
67	11056	TRIM 2 TO 4 SKIN LESIONS	86.59	00 15									
63	11057	TRIM OVER 4 SKIN LESIONS	95.61										
67	11057	TRIM OVER 4 SKIN LESIONS	95.61	00 15									
63	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	107.48										
67	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	107.48	00 15									
63	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	53.90									X	
67	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	53.90	00 15								X	
63	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	133.66										
67	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	133.66	00 15									
63	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	62.87									X	
67	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	62.87	00 15								X	
63	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	165.29										
67	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	165.29	00 15									
63	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	76.14									X	
67	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	76.14	00 15								X	
63	11200	EXCISE UP TO 15 SKIN TAGS	95.78										
67	11200	EXCISE UP TO 15 SKIN TAGS	95.78	00 15									
63	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	20.35									X	
67	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	20.35	00 15								X	
63	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	107.52										
67	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	107.52	00 15									
63	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	129.62										
67	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	129.62	00 15									
63	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	146.91										
67	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	146.91	00 15									
63	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	162.26										
67	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	162.26	00 15									
63	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	113.74										
67	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	113.74	00 15									
63	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	130.59										
67	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	130.59	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	150.01										
67	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	150.01	00 15									
63	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	159.92										
67	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	159.92	00 15									
63	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	123.37										
67	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	123.37	00 15									
63	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	146.14										
67	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	146.14	00 15									
63	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	165.55										
67	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	165.55	00 15									
63	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	194.95										
67	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	194.95	00 15									
63	11400	EXCISE BENIGN LESION TO 0.5 CM	135.36									X	
67	11400	EXCISE BENIGN LESION TO 0.5 CM	135.36	00 15								X	
63	11401	EXCISE BENIGN LESION 0.6 TO 1CM	166.96									X	
67	11401	EXCISE BENIGN LESION 0.6 TO 1CM	166.96	00 15								X	
63	11402	EXCISE BENIGN LESION 1.1 TO 2CM	184.19									X	
67	11402	EXCISE BENIGN LESION 1.1 TO 2CM	184.19	00 15								X	
63	11403	EXCISE BENIGN LESION 2.1 TO 3CM	212.29									X	
67	11403	EXCISE BENIGN LESION 2.1 TO 3CM	212.29	00 15								X	
63	11404	EXCISE BENIGN LESION 3.1 TO 4CM	242.52									X	
67	11404	EXCISE BENIGN LESION 3.1 TO 4CM	242.52	00 15								X	
63	11406	EXCISE BENIGN LESION OVER 4 CM	349.66									X	
67	11406	EXCISE BENIGN LESION OVER 4 CM	349.66	00 15								X	
63	11420	EXCISE BENIGN LESION TO 0.5 CM	135.49									X	
67	11420	EXCISE BENIGN LESION TO 0.5 CM	135.49	00 15								X	
63	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	171.28									X	
67	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	171.28	00 15								X	
63	11422	EXCISE BENIGN LESION 1.1 TO 2CM	192.59									X	
67	11422	EXCISE BENIGN LESION 1.1 TO 2CM	192.59	00 15								X	
63	11423	EXCISE BENIGN LESION 2.1 TO 3CM	220.82									X	
67	11423	EXCISE BENIGN LESION 2.1 TO 3CM	220.82	00 15								X	
63	11424	EXCISE BENIGN LESION 3.1 TO 4CM	254.32									X	
67	11424	EXCISE BENIGN LESION 3.1 TO 4CM	254.32	00 15								X	
63	11426	EXCISE BENIGN LESION OVER 4.0 CM	366.32									X	
67	11426	EXCISE BENIGN LESION OVER 4.0 CM	366.32	00 15								X	
63	11440	EXCISE BENIGN LESION TO 0.5 CM	151.63									X	
67	11440	EXCISE BENIGN LESION TO 0.5 CM	151.63	00 15								X	
63	11441	EXCISE BENIGN LESION 0.6 TO 1CM	186.62									X	
67	11441	EXCISE BENIGN LESION 0.6 TO 1CM	186.62	00 15								X	
63	11442	EXCISE BENIGN LESION 1.1 TO 2CM	207.39									X	
67	11442	EXCISE BENIGN LESION 1.1 TO 2CM	207.39	00 15								X	
63	11443	EXCISE BENIGN LESION 2.1 TO 3CM	246.36									X	
67	11443	EXCISE BENIGN LESION 2.1 TO 3CM	246.36	00 15								X	
63	11444	EXCISE BENIGN LESION 3.1 TO 4CM	308.16									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	11444	EXCISE BENIGN LESION 3.1 TO 4CM	308.16	00	15								X	
63	11446	EXCISE BENIGN LESION OVER 4.0 CM	422.71										X	
67	11446	EXCISE BENIGN LESION OVER 4.0 CM	422.71	00	15								X	
63	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	471.79											
67	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	471.79	00	15									
63	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	574.90											
67	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	574.90	00	15									
63	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	456.01											
67	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	456.01	00	15									
63	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	584.19											
67	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	584.19	00	15									
63	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	495.31											
67	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	495.31	00	15									
63	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	596.44											
67	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	596.44	00	15									
63	11600	EXCISE MALIGNANCY TO 0.5 CM	211.26										X	
67	11600	EXCISE MALIGNANCY TO 0.5 CM	211.26	00	15								X	
63	11601	EXCISE MALIGNANCY 0.6 TO 1CM	244.52										X	
67	11601	EXCISE MALIGNANCY 0.6 TO 1CM	244.52	00	15								X	
63	11602	EXCISE MALIGNANCY 1.1 TO 2CM	260.71										X	
67	11602	EXCISE MALIGNANCY 1.1 TO 2CM	260.71	00	15								X	
63	11603	EXCISE MALIGNANCY 2.1 TO 3CM	298.57										X	
67	11603	EXCISE MALIGNANCY 2.1 TO 3CM	298.57	00	15								X	
63	11604	EXCISE MALIGNANCY 3.1 TO 4CM	333.57										X	
67	11604	EXCISE MALIGNANCY 3.1 TO 4CM	333.57	00	15								X	
63	11606	EXCISE MALIGNANCY OVER 4CM	487.64										X	
67	11606	EXCISE MALIGNANCY OVER 4CM	487.64	00	15								X	
63	11620	EXCISE MALIGNANCY TO 0.5CM	211.98										X	
67	11620	EXCISE MALIGNANCY TO 0.5CM	211.98	00	15								X	
63	11621	EXCISE MALIGNANCY 0.6 TO 1CM	245.24										X	
67	11621	EXCISE MALIGNANCY 0.6 TO 1CM	245.24	00	15								X	
63	11622	EXCISE MALIGNANCY 1.1 TO 2CM	269.84										X	
67	11622	EXCISE MALIGNANCY 1.1 TO 2CM	269.84	00	15								X	
63	11623	EXCISE MALIGNANCY 2.1 TO 3CM	318.92										X	
67	11623	EXCISE MALIGNANCY 2.1 TO 3CM	318.92	00	15								X	
63	11624	EXCISE MALIGNANCY 3.1 TO 4CM	364.51										X	
67	11624	EXCISE MALIGNANCY 3.1 TO 4CM	364.51	00	15								X	
63	11626	EXCISE MALIGNANCY OVER 4CM	444.40										X	
67	11626	EXCISE MALIGNANCY OVER 4CM	444.40	00	15								X	
63	11640	EXCISE MALIGNANCY TO 0.5CM	216.86										X	
67	11640	EXCISE MALIGNANCY TO 0.5CM	216.86	00	15								X	
63	11641	EXCISE MALIGNANCY 0.6 TO 1CM	252.78										X	
67	11641	EXCISE MALIGNANCY 0.6 TO 1CM	252.78	00	15								X	
63	11642	EXCISE MALIGNANCY 1.1 TO 2CM	287.27										X	
67	11642	EXCISE MALIGNANCY 1.1 TO 2CM	287.27	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	340.04									X	
67	11643	EXCISE MALIGNANCY 2.1 TO 3CM	340.04	00 15								X	
63	11644	EXCISE MALIGNANCY 3.1 TO 4CM	421.11									X	
67	11644	EXCISE MALIGNANCY 3.1 TO 4CM	421.11	00 15								X	
63	11646	EXCISE MALIGNANCY OVER 4CM	553.74									X	
67	11646	EXCISE MALIGNANCY OVER 4CM	553.74	00 15								X	
63	11719	TRIM NAIL(S)	14.87		X						X		
67	11719	TRIM NAIL(S)	14.87	00 15	X						X		
63	11720	DEBRIDE NAIL, 1-5	34.69										
67	11720	DEBRIDE NAIL, 1-5	34.69	00 15									
63	11721	DEBRIDE NAIL, 6 OR MORE	47.26										
67	11721	DEBRIDE NAIL, 6 OR MORE	47.26	00 15									
63	11730	SIMPLE REMOVAL OF NAIL PLATE	122.59										
67	11730	SIMPLE REMOVAL OF NAIL PLATE	122.59	00 15									
63	11732	REMOVE ADDITIONAL NAIL PLATES	36.34									X	
67	11732	REMOVE ADDITIONAL NAIL PLATES	36.34	00 15								X	
63	11740	EVACUATE HEMATOMA UNDER NAIL	59.93									X	
67	11740	EVACUATE HEMATOMA UNDER NAIL	59.93	00 15								X	
63	11750	EXCISION NAIL & NAIL MATRIX	170.65									X	
67	11750	EXCISION NAIL & NAIL MATRIX	170.65	00 15								X	
63	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	131.85										
67	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	131.85	00 15									
63	11760	SIMPLE RECONSTRUCTION NAIL BED	201.64									X	
67	11760	SIMPLE RECONSTRUCTION NAIL BED	201.64	00 15								X	
63	11762	NAIL RECONSTRUCTION; COMPLICATED	312.84									X	
67	11762	NAIL RECONSTRUCTION; COMPLICATED	312.84	00 15								X	
63	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	174.94									X	
67	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	174.94	00 15								X	
63	11770	SIMPLE EXCISION PILONIDAL CYST	392.17										
67	11770	SIMPLE EXCISION PILONIDAL CYST	392.17	00 15									
63	11771	EXCISE PILONIDAL CYST; EXTENSIVE	696.28										
67	11771	EXCISE PILONIDAL CYST; EXTENSIVE	696.28	00 15									
63	11772	PILONIDAL CYST; COMPLICATED	854.70										
67	11772	PILONIDAL CYST; COMPLICATED	854.70	00 15									
63	11900	INTRALESIONAL INJECTION; UP TO 7	60.17										
67	11900	INTRALESIONAL INJECTION; UP TO 7	60.17	00 15									
63	11901	INTRALESIONAL INJECTION; OVER 7	76.09										
67	11901	INTRALESIONAL INJECTION; OVER 7	76.09	00 15									
63	11920	TATOOING; 6SQ CM OR LESS	208.45			X							
63	11921	TATOOING; 6.1 SQ CM TO 20 SQ CM	238.24			X							
63	11960	INSERTION OF TISSUE EXPANDER	1,105.42			X							
67	11960	INSERTION OF TISSUE EXPANDER	1,105.42	00 15		X							
63	11970	REPLACEMENT OF TISSUE EXPANDER WITH	621.48			X						X	
67	11970	REPLACEMENT OF TISSUE EXPANDER WITH	621.48	00 15		X						X	
63	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	604.96			X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	604.96	00	15		X							
63	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	158.46	10	60			F						
67	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	158.46	10	15			F						
63	11980	IMPLANT HORMONE PELLET(S)	100.03					F						
67	11980	IMPLANT HORMONE PELLET(S)	100.03	00	15			F						
63	11981	INSERT DRUG IMPLANT DEVICE	111.03											
67	11981	INSERT DRUG IMPLANT DEVICE	111.03	00	15									
63	11982	REMOVE DRUG IMPLANT DEVICE	124.69											
67	11982	REMOVE DRUG IMPLANT DEVICE	124.69	00	15									
63	11983	REMOVE/INSERT DRUG IMPLANT	157.92											
67	11983	REMOVE/INSERT DRUG IMPLANT	157.92	00	15									
63	12001	SIMPLE WOUND REPAIR TO 2.5CM	101.61											
67	12001	SIMPLE WOUND REPAIR TO 2.5CM	101.61	00	15									
63	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	123.20											
67	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	123.20	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	194.70											
67	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	194.70	00	15									
63	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	228.19											
67	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	228.19	00	15									
63	12007	SIMPLE WOUND REPAIR OVER 30CM	258.25											
67	12007	SIMPLE WOUND REPAIR OVER 30CM	258.25	00	15									
63	12011	SIMPLE WOUND REPAIR TO 2.5CM	122.00											
67	12011	SIMPLE WOUND REPAIR TO 2.5CM	122.00	00	15									
63	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	127.98											
67	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	127.98	00	15									
63	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	157.59											
67	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	157.59	00	15									
63	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	189.68											
67	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	189.68	00	15									
63	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	243.65											
67	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	243.65	00	15									
63	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	179.24											
67	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	179.24	00	15									
63	12018	SIMPLE WOUND REPAIR OVER 30 CM	203.83											
67	12018	SIMPLE WOUND REPAIR OVER 30 CM	203.83	00	15									
63	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	323.48											
67	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	323.48	00	15									
63	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	192.95											
67	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	192.95	00	15									
63	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	280.99											
67	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	280.99	00	15									
63	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	322.07											
67	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	322.07	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	359.26										
67	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	359.26	00 15									
63	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	421.68										
67	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	421.68	00 15									
63	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	474.77										
67	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	474.77	00 15									
63	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	532.12										
67	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	532.12	00 15									
63	12041	LAYER CLOSURE WOUND TO 2.5CM	282.50										
67	12041	LAYER CLOSURE WOUND TO 2.5CM	282.50	00 15									
63	12042	LAYER CLOSURE 2.6 TO 7.5CM	332.36										
67	12042	LAYER CLOSURE 2.6 TO 7.5CM	332.36	00 15									
63	12044	LAYER CLOSURE 7.6 TO 12.5CM	407.82										
67	12044	LAYER CLOSURE 7.6 TO 12.5CM	407.82	00 15									
63	12045	LAYER CLOSURE 12.6 TO 20CM	441.66										
67	12045	LAYER CLOSURE 12.6 TO 20CM	441.66	00 15									
63	12046	LAYER CLOSURE 20.1 TO 30CM	550.10										
67	12046	LAYER CLOSURE 20.1 TO 30CM	550.10	00 15									
63	12047	LAYER CLOSURE WOUND OVER 30CM	603.65										
67	12047	LAYER CLOSURE WOUND OVER 30CM	603.65	00 15									
63	12051	LAYER CLOSURE WOUND TO 2.5CM	303.57										
67	12051	LAYER CLOSURE WOUND TO 2.5CM	303.57	00 15									
63	12052	LAYER CLOSURE 2.6 TO 5CM	338.51										
67	12052	LAYER CLOSURE 2.6 TO 5CM	338.51	00 15									
63	12053	LAYER CLOSURE 5.1 TO 7.5CM	390.66										
67	12053	LAYER CLOSURE 5.1 TO 7.5CM	390.66	00 15									
63	12054	LAYER CLOSURE 7.6 TO 12.5CM	417.29										
67	12054	LAYER CLOSURE 7.6 TO 12.5CM	417.29	00 15									
63	12055	LAYER CLOSURE 12.6 TO 20CM	546.03										
67	12055	LAYER CLOSURE 12.6 TO 20CM	546.03	00 15									
63	12056	LAYER CLOSURE 20.1 TO 30CM	629.21										
67	12056	LAYER CLOSURE 20.1 TO 30CM	629.21	00 15									
63	12057	LAYER CLOSURE WOUND OVER 30CM	667.64										
67	12057	LAYER CLOSURE WOUND OVER 30CM	667.64	00 15									
63	13100	COMPLEX REPAIR 1.1 TO 2.5CM	365.33										
67	13100	COMPLEX REPAIR 1.1 TO 2.5CM	365.33	00 15									
63	13101	COMPLEX REPAIR 2.6 TO 7.5CM	426.08										
67	13101	COMPLEX REPAIR 2.6 TO 7.5CM	426.08	00 15									
63	13102	REPAIR WOUND/LESION ADD-ON	127.41										
67	13102	REPAIR WOUND/LESION ADD-ON	127.41	00 15									
63	13120	COMPLEX REPAIR 1.1 TO 2.5CM	382.01										
67	13120	COMPLEX REPAIR 1.1 TO 2.5CM	382.01	00 15									
63	13121	COMPLEX REPAIR 2.6 TO 7.5CM	456.26										
67	13121	COMPLEX REPAIR 2.6 TO 7.5CM	456.26	00 15									
63	13122	REPAIR WOUND/LESION ADD-ON	138.20										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	138.20	00 15									
63	13131	COMPLEX REPAIR 1.1 TO 2.5CM	417.08										
67	13131	COMPLEX REPAIR 1.1 TO 2.5CM	417.08	00 15									
63	13132	COMPLEX REPAIR 2.6 TO 7.5CM	507.75										
67	13132	COMPLEX REPAIR 2.6 TO 7.5CM	507.75	00 15									
63	13133	REPAIR WOUND/LESION ADD-ON	183.29										
67	13133	REPAIR WOUND/LESION ADD-ON	183.29	00 15									
63	13151	COMPLEX REPAIR 1.1 TO 2.5CM	456.92										
67	13151	COMPLEX REPAIR 1.1 TO 2.5CM	456.92	00 15									
63	13152	COMPLEX REPAIR 2.6 TO 7.5CM	537.37										
67	13152	COMPLEX REPAIR 2.6 TO 7.5CM	537.37	00 15									
63	13153	REPAIR WOUND/LESION ADD-ON	202.98										
67	13153	REPAIR WOUND/LESION ADD-ON	202.98	00 15									
63	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	890.77										
67	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	890.77	00 15									
63	14000	TISSUE TRANSFER; DEFECT TO 10CM	685.69										
67	14000	TISSUE TRANSFER; DEFECT TO 10CM	685.69	00 15									
63	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	879.69										
67	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	879.69	00 15									
63	14020	TISSUE TRANSFER; TO 10 SQ CM	752.74										
67	14020	TISSUE TRANSFER; TO 10 SQ CM	752.74	00 15									
63	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	932.49										
67	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	932.49	00 15									
63	14040	TISSUE TRANSFER; TO 10 SQ CM	815.15										
67	14040	TISSUE TRANSFER; TO 10 SQ CM	815.15	00 15									
63	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	990.02										
67	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	990.02	00 15									
63	14060	TISSUE TRANSFER; TO 10 SQ CM	826.88										
67	14060	TISSUE TRANSFER; TO 10 SQ CM	826.88	00 15									
63	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,064.86										
67	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	1,064.86	00 15									
63	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,179.75										
67	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,179.75	00 15									
63	14302	ADJACENT TISSUE TRANSFER OR REARRANG	243.62									X	
67	14302	ADJACENT TISSUE TRANSFER OR REARRANG	243.62	00 15								X	
63	14350	FILLETED FINGER OR TOE FLAP	750.27										
67	14350	FILLETED FINGER OR TOE FLAP	750.27	00 15									
63	15002	WOUND PREP, TRK/ARM/LEG	380.36										
67	15002	WOUND PREP, TRK/ARM/LEG	380.36	00 15									
63	15003	SURGICAL PREPARATION OR CREATION +	77.60									X	
67	15003	SURGICAL PREPARATION OR CREATION +	77.60	00 15								X	
63	15004	WOUND PREP, F/N/HF/G	432.60										
67	15004	WOUND PREP, F/N/HF/G	432.60	00 15									
63	15005	SURGICAL PREPARATION OR CREATION +	131.72									X	
67	15005	SURGICAL PREPARATION OR CREATION +	131.72	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	284.36										
67	15040	HARVEST CULTURED SKIN GRAFT	284.36	00 15									
63	15050	PINCH GRAFT; DEFECT UP TO 2CM	645.08										
67	15050	PINCH GRAFT; DEFECT UP TO 2CM	645.08	00 15									
63	15100	SPLIT GRAFT; UP TO 100 SQ CM	956.84										
67	15100	SPLIT GRAFT; UP TO 100 SQ CM	956.84	00 15									
63	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	205.29									X	
67	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	205.29	00 15								X	
63	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	926.67										
67	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	926.67	00 15									
63	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	129.25									X	
67	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	129.25	00 15								X	
63	15115	EPIDRM A-GRFT FACE/NCK/HF/G	892.59										
67	15115	EPIDRM A-GRFT FACE/NCK/HF/G	892.59	00 15									
63	15116	EPIDRM A-GRFT F/N/HF/G ADDL	182.97									X	
67	15116	EPIDRM A-GRFT F/N/HF/G ADDL	182.97	00 15								X	
63	15120	SPLIT GRAFT; UP TO 100 SQ CM	925.16										
67	15120	SPLIT GRAFT; UP TO 100 SQ CM	925.16	00 15									
63	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	230.82									X	
67	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	230.82	00 15								X	
63	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	788.20										
67	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	788.20	00 15									
63	15131	DERM AUTOGRAFT T/A/L ADD-ON	108.94									X	
67	15131	DERM AUTOGRAFT T/A/L ADD-ON	108.94	00 15								X	
63	15135	DERM AUTOGRAFT FACE/NCK/HF/G	960.94										
67	15135	DERM AUTOGRAFT FACE/NCK/HF/G	960.94	00 15									
63	15136	DERM AUTOGRAFT, F/N/HF/G ADD	107.92									X	
67	15136	DERM AUTOGRAFT, F/N/HF/G ADD	107.92	00 15								X	
63	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	803.98										
67	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	803.98	00 15									
63	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	138.09										
67	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	138.09	00 15									
63	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	167.26									X	
67	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	167.26	00 15								X	
63	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	879.84										
67	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	879.84	00 15									
63	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	186.22										
67	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	186.22	00 15									
63	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	206.04									X	
67	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	206.04	00 15								X	
63	15200	FULL THICK GRAFT TO 20 SQ CM	912.94										
67	15200	FULL THICK GRAFT TO 20 SQ CM	912.94	00 15									
63	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	152.97									X	
67	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	152.97	00 15								X	
63	15220	FULL THICK GRAFT TO 20 SQ CM	825.96										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	825.96	00 15									
63	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	141.68									X	
67	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	141.68	00 15								X	
63	15240	FULL THICK GRAFT TO 20 SQ CM	1,000.09										
67	15240	FULL THICK GRAFT TO 20 SQ CM	1,000.09	00 15									
63	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	188.59									X	
67	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	188.59	00 15								X	
63	15260	FULL THICK GRAFT TO 20 SQ CM	1,071.05										
67	15260	FULL THICK GRAFT TO 20 SQ CM	1,071.05	00 15									
63	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	223.35									X	
67	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	223.35	00 15								X	
63	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	167.20										
67	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	167.20	00 15									
63	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	28.15									X	
67	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	28.15	00 15								X	
63	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	348.20										
67	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	348.20	00 15									
63	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	91.79										
67	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	91.79	00 15									
63	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	172.90										
67	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	172.90	00 15									
63	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	36.59									X	
67	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	36.59	00 15								X	
63	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	383.10										
67	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	383.10	00 15									
63	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	106.29										
67	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	106.29	00 15									
63	15570	FORMATION OF DIRECT OR TUBED PEDICLE	998.07										
67	15570	FORMATION OF DIRECT OR TUBED PEDICLE	998.07	00 15									
63	15572	FORMATION OF DIRECT OR TUBED PEDICLE	954.90										
67	15572	FORMATION OF DIRECT OR TUBED PEDICLE	954.90	00 15									
63	15574	FORMATION OF DIRECT OR TUBED PEDICLE	962.17										
67	15574	FORMATION OF DIRECT OR TUBED PEDICLE	962.17	00 15									
63	15576	FORMATION OF DIRECT OR TUBED PEDICLE	848.85										
67	15576	FORMATION OF DIRECT OR TUBED PEDICLE	848.85	00 15									
63	15600	INTERM DELAY FLAP TRUNK	356.70										
67	15600	INTERM DELAY FLAP TRUNK	356.70	00 15									
63	15610	INTERM DELAY FLAP SCALP/LIMBS	388.44										
67	15610	INTERM DELAY FLAP SCALP/LIMBS	388.44	00 15									
63	15620	INTERM DELAY FLAP CHIN/NECK/FEET	477.64										
67	15620	INTERM DELAY FLAP CHIN/NECK/FEET	477.64	00 15									
63	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	491.77										
67	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	491.77	00 15									
63	15650	TRANS INTER ANY PEDICLE FLAP	548.39										
67	15650	TRANS INTER ANY PEDICLE FLAP	548.39	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,530.05										
67	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,530.05	00 15									
63	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,230.70										
67	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,230.70	00 15									
63	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,146.95										
67	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,146.95	00 15									
63	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,700.14										
67	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,700.14	00 15									
63	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,353.97										
67	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,353.97	00 15									
63	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,428.40										
67	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,428.40	00 15									
63	15740	ISLAND PEDICLE FLAP GRAFT	1,092.44										
67	15740	ISLAND PEDICLE FLAP GRAFT	1,092.44	00 15									
63	15750	NEUROVASCULAR PEDICLE GRAFT	1,034.49										
67	15750	NEUROVASCULAR PEDICLE GRAFT	1,034.49	00 15									
63	15756	FREE MUSCLE FLAP, MICROVASC	2,565.42										
67	15756	FREE MUSCLE FLAP, MICROVASC	2,565.42	00 15									
63	15757	FREE SKIN FLAP, MICROVASC	2,551.09										
67	15757	FREE SKIN FLAP, MICROVASC	2,551.09	00 15									
63	15758	FREE FASCIAL FLAP, MICROVASC	2,544.62										
67	15758	FREE FASCIAL FLAP, MICROVASC	2,544.62	00 15									
63	15760	COMPOSITE SKIN GRAFT	914.10										
67	15760	COMPOSITE SKIN GRAFT	914.10	00 15									
63	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	532.01										
67	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	532.01	00 15									
63	15770	DERMA-FAT-FASCIA GRAFT	735.85										
67	15770	DERMA-FAT-FASCIA GRAFT	735.85	00 15									
63	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	643.39										
67	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	643.39	00 15									
63	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	208.98										
67	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	208.98	00 15									
63	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	660.60										
67	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	660.60	00 15									
63	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	204.48										
67	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	204.48	00 15									
63	15820	BLEPHAROPLASTY LOWER EYELIDS	612.93		X								
67	15820	BLEPHAROPLASTY LOWER EYELIDS	612.93	00 15	X								
63	15821	BLEPHAROPLASTY HERNIATED FAT PAD	662.86		X								
67	15821	BLEPHAROPLASTY HERNIATED FAT PAD	662.86	00 15	X								
63	15822	BLEPHAROPLASTY UPPER EYELID	493.78		X								
67	15822	BLEPHAROPLASTY UPPER EYELID	493.78	00 15	X								
63	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	661.03		X								
67	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	661.03	00 15	X								
63	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,312.60			X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,312.60	00	15		X							
63	15840	GRAFT FACIAL NERVE PARALYSIS	1,127.66											
67	15840	GRAFT FACIAL NERVE PARALYSIS	1,127.66	00	15									
63	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,984.88											
67	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,984.88	00	15									
63	15842	MICROSUR MUSCLE GRAFT FACE PALSY	3,021.29											
67	15842	MICROSUR MUSCLE GRAFT FACE PALSY	3,021.29	00	15									
63	15845	REANIMATION MUSCLE TRANS FACE	1,173.81											
67	15845	REANIMATION MUSCLE TRANS FACE	1,173.81	00	15									
63	15852	CHANGE DRESSING UNDER ANESTHESIA	53.74										X	
67	15852	CHANGE DRESSING UNDER ANESTHESIA	53.74	00	15								X	
63	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	121.63											
67	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	121.63	00	15									
63	15920	COCCYGECTOMY PRIMARY SUTURE	716.29											
67	15920	COCCYGECTOMY PRIMARY SUTURE	716.29	00	15									
63	15922	COCCYGECTOMY FLAP CLOSURE	881.02											
67	15922	COCCYGECTOMY FLAP CLOSURE	881.02	00	15									
63	15931	EXCISE SACRAL PRESSURE ULCER	791.99											
67	15931	EXCISE SACRAL PRESSURE ULCER	791.99	00	15									
63	15933	REMOVAL OF PRESSURE SORE	978.76											
67	15933	REMOVAL OF PRESSURE SORE	978.76	00	15									
63	15934	EXCISE,WITH SKIN FLAP CLOSURE	1,067.61											
67	15934	EXCISE,WITH SKIN FLAP CLOSURE	1,067.61	00	15									
63	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,282.55											
67	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,282.55	00	15									
63	15936	EXCISE ULCER W/ OTHER FLAP CLO	1,020.10											
67	15936	EXCISE ULCER W/ OTHER FLAP CLO	1,020.10	00	15									
63	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,174.99											
67	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,174.99	00	15									
63	15940	EXC ISCHIAL ULCER DIRECT SUTURE	792.29											
67	15940	EXC ISCHIAL ULCER DIRECT SUTURE	792.29	00	15									
63	15941	EXC ISCHIAL ULCER OSTECTOMY	1,038.34											
67	15941	EXC ISCHIAL ULCER OSTECTOMY	1,038.34	00	15									
63	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	1,034.28											
67	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	1,034.28	00	15									
63	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,129.78											
67	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,129.78	00	15									
63	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,822.25											
67	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,822.25	00	15									
63	15950	EXC TROCHANTERIC ULCER DIR SUTUR	701.67											
67	15950	EXC TROCHANTERIC ULCER DIR SUTUR	701.67	00	15									
63	15951	EXC TROCHAN ULCER OSTECTOMY	993.88											
67	15951	EXC TROCHAN ULCER OSTECTOMY	993.88	00	15									
63	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	1,014.72											
67	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	1,014.72	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,118.92										
67	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,118.92	00 15									
63	15956	EXC TROCH/ULC FLAP CLOSURE	1,315.07										
67	15956	EXC TROCH/ULC FLAP CLOSURE	1,315.07	00 15									
63	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,331.76										
67	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,331.76	00 15									
63	16000	INIT TREAT 1ST DEGREE BURN	82.44										
67	16000	INIT TREAT 1ST DEGREE BURN	82.44	00 15									
63	16020	DRESS/DEBRID BURN SMALL,NO ANES	90.16									X	
67	16020	DRESS/DEBRID BURN SMALL,NO ANES	90.16	00 15								X	
63	16025	DRESS/DEBRID BURN MED,NO ANESTH	171.27									X	
67	16025	DRESS/DEBRID BURN MED,NO ANESTH	171.27	00 15								X	
63	16030	DRESS/DEBRID BURN LG,NO ANESTH	215.17									X	
67	16030	DRESS/DEBRID BURN LG,NO ANESTH	215.17	00 15								X	
63	16035	ESCHAROTOMY B	218.83										
67	16035	ESCHAROTOMY B	218.83	00 15									
63	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	89.69									X	
67	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	89.69	00 15								X	
63	17000	DESTROY LESION,FACE-1 LESION	71.43										
67	17000	DESTROY LESION,FACE-1 LESION	71.43	00 15									
63	17003	DESTROY 2-14 LESIONS	6.95									X	
67	17003	DESTROY 2-14 LESIONS	6.95	00 15								X	
63	17004	DESTROY 15 & MORE LESIONS	177.72										
67	17004	DESTROY 15 & MORE LESIONS	177.72	00 15									
63	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	365.88										
67	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	365.88	00 15									
63	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	477.39										
67	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	477.39	00 15									
63	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	679.93										
67	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	679.93	00 15									
63	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	118.66										
67	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	118.66	00 15									
63	17111	DESTRUCT LESION, 15 OR MORE	139.59										
67	17111	DESTRUCT LESION, 15 OR MORE	139.59	00 15									
63	17250	CHEMICAL CAUTERY OF WOUND	94.52										
67	17250	CHEMICAL CAUTERY OF WOUND	94.52	00 15									
63	17260	DESTRUCTION, MALIGNANT LESION, ANY M	106.26										
67	17260	DESTRUCTION, MALIGNANT LESION, ANY M	106.26	00 15									
63	17261	DESTRUCTION, MALIGNANT LESION, ANY M	155.85										
67	17261	DESTRUCTION, MALIGNANT LESION, ANY M	155.85	00 15									
63	17262	DESTRUCTION, MALIGNANT LESION, ANY M	189.98										
67	17262	DESTRUCTION, MALIGNANT LESION, ANY M	189.98	00 15									
63	17263	DESTRUCTION, MALIGNANT LESION, ANY M	205.88										
67	17263	DESTRUCTION, MALIGNANT LESION, ANY M	205.88	00 15									
63	17264	DESTRUCTION, MALIGNANT LESION, ANY M	220.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	220.31	00 15									
63	17266	DESTRUCTION, MALIGNANT LESION, ANY M	251.34										
67	17266	DESTRUCTION, MALIGNANT LESION, ANY M	251.34	00 15									
63	17270	DESTRUCTION, MALIGNANT LESION, ANY M	157.44										
67	17270	DESTRUCTION, MALIGNANT LESION, ANY M	157.44	00 15									
63	17271	DESTRUCTION, MALIGNANT LESION, ANY M	175.86										
67	17271	DESTRUCTION, MALIGNANT LESION, ANY M	175.86	00 15									
63	17272	DESTRUCTION, MALIGNANT LESION, ANY M	201.39										
67	17272	DESTRUCTION, MALIGNANT LESION, ANY M	201.39	00 15									
63	17273	DESTRUCTION, MALIGNANT LESION, ANY M	223.05										
67	17273	DESTRUCTION, MALIGNANT LESION, ANY M	223.05	00 15									
63	17274	DESTRUCTION, MALIGNANT LESION, ANY M	261.53										
67	17274	DESTRUCTION, MALIGNANT LESION, ANY M	261.53	00 15									
63	17276	DESTRUCTION, MALIGNANT LESION, ANY M	305.76										
67	17276	DESTRUCTION, MALIGNANT LESION, ANY M	305.76	00 15									
63	17280	DESTRUCTION, MALIGNANT LESION, ANY M	147.75										
67	17280	DESTRUCTION, MALIGNANT LESION, ANY M	147.75	00 15									
63	17281	DESTRUCTION, MALIGNANT LESION, ANY M	191.85										
67	17281	DESTRUCTION, MALIGNANT LESION, ANY M	191.85	00 15									
63	17282	DESTRUCTION, MALIGNANT LESION, ANY M	219.62										
67	17282	DESTRUCTION, MALIGNANT LESION, ANY M	219.62	00 15									
63	17283	DESTRUCTION, MALIGNANT LESION, ANY M	259.76										
67	17283	DESTRUCTION, MALIGNANT LESION, ANY M	259.76	00 15									
63	17284	DESTRUCTION, MALIGNANT LESION, ANY M	297.23										
67	17284	DESTRUCTION, MALIGNANT LESION, ANY M	297.23	00 15									
63	17286	DESTRUCTION, MALIGNANT LESION, ANY M	382.45										
67	17286	DESTRUCTION, MALIGNANT LESION, ANY M	382.45	00 15									
63	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	712.05										
67	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	712.05	00 15									
63	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	430.82										
67	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	430.82	00 15									
63	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	667.51										
67	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	667.51	00 15									
63	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	411.57										
67	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	411.57	00 15									
63	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	82.51										
67	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	82.51	00 15									
63	19000	PUNCTURE ASPIRATION BREAST CYSTS	109.89										
67	19000	PUNCTURE ASPIRATION BREAST CYSTS	109.89	00 15									
63	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	29.61									X	
67	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	29.61	00 15								X	
63	19020	MASTOTOMY/DRAIN ABSCESS DEEP	512.65										
67	19020	MASTOTOMY/DRAIN ABSCESS DEEP	512.65	00 15									
63	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	176.48										
67	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	176.48	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	540.05										
67	19081	Biopsy of breast accessed throught t	540.05	00 15									
63	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	417.08									X	
67	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	417.08	00 15								X	
63	19083	Biopsy of breast accessed throught t	545.36										
67	19083	Biopsy of breast accessed throught t	545.36	00 15									
63	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	411.68									X	
67	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	411.68	00 15								X	
63	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	829.60										
67	19085	Biopsy of breast accessed throught t	829.60	00 15									
63	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	640.36									X	
67	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	640.36	00 15								X	
63	19100	BREAST BIOPSY NEEDLE	168.59									X	
67	19100	BREAST BIOPSY NEEDLE	168.59	00 15								X	
63	19101	BREAST BIOPSY INCISIONAL	366.78										
67	19101	BREAST BIOPSY INCISIONAL	366.78	00 15									
63	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,508.16										
67	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,508.16	00 15									
63	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	537.79										
67	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	537.79	00 15									
63	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	506.80										
67	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	506.80	00 15									
63	19120	EXCISE BREAST LESIONS,1 OR MORE	578.38										
67	19120	EXCISE BREAST LESIONS,1 OR MORE	578.38	00 15									
63	19125	EXCISION OF BREAST LESION IDENTIFIED	640.13										
67	19125	EXCISION OF BREAST LESION IDENTIFIED	640.13	00 15									
63	19126	EXCISION OF BREAST LESION IDENTIFIED	187.96										
67	19126	EXCISION OF BREAST LESION IDENTIFIED	187.96	00 15									
63	19281	PLACEMENT OF BREAST LOCALIZATION DEV	255.16										
67	19281	Placement of breast localization dev	255.16	00 15									
63	19282	PLACEMENT OF BREAST LOCALIZATION DEV	179.09									X	
67	19282	PLACEMENT OF BREAST LOCALIZATION DEV	179.09	00 15								X	
63	19283	Placement of breast localization dev	277.44										
67	19283	Placement of breast localization dev	277.44	00 15									
63	19284	PLACEMENT OF BREAST LOCALIZATION DEV	204.42									X	
67	19284	PLACEMENT OF BREAST LOCALIZATION DEV	204.42	00 15								X	
63	19285	PLACEMENT OF BREAST LOCALIZATION DEV	398.75										
67	19285	Placement of breast localization dev	398.75	00 15									
63	19286	PLACEMENT OF BREAST LOCALIZATION DEV	325.62									X	
67	19286	PLACEMENT OF BREAST LOCALIZATION DEV	325.62	00 15								X	
63	19287	Placement of breast localization dev	686.71										
67	19287	Placement of breast localization dev	686.71	00 15									
63	19288	PLACEMENT OF BREAST LOCALIZATION DEV	529.42									X	
67	19288	PLACEMENT OF BREAST LOCALIZATION DEV	529.42	00 15								X	
63	19294	PREPARATION OF TUMOR CAVITY, WITH PL	192.69									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	192.69	00	15								X	
63	19296	PLACE PO BREAST CATH FOR RAD	3,993.66											
67	19296	PLACE PO BREAST CATH FOR RAD	3,993.66	00	15									
63	19297	PLACE BREAST CATH FOR RAD	109.85											
67	19297	PLACE BREAST CATH FOR RAD	109.85	00	15									
63	19298	PLACE BREAST RAD TUBE/CATHS	930.08											
67	19298	PLACE BREAST RAD TUBE/CATHS	930.08	00	15									
63	19300	MASTECTOMY FOR GYNECOMASTIA	640.73					M						
67	19300	MASTECTOMY FOR GYNECOMASTIA	640.73	00	15			M						
63	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	759.17											
67	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	759.17	00	15									
63	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,043.77											
67	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,043.77	00	15									
63	19303	MASTECTOMY, SIMPLE, COMPLETE	1,103.67											
67	19303	MASTECTOMY, SIMPLE, COMPLETE	1,103.67	00	15									
63	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,318.18											
67	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,318.18	00	15									
63	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,403.08											
67	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,403.08	00	15									
63	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,356.61											
67	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,356.61	00	15									
63	19316	MASTOPEXY	883.18				X	F						
63	19318	REDUCTION MAMMAPLASTY	1,221.97	18	99		X							
63	19325	MAMMAPLASTY WITH PROSTHETIC	679.49				X	F					X	
63	19328	REMOVE INTACT MAMMARY IMPLANT	614.47			X		F						
67	19328	REMOVE INTACT MAMMARY IMPLANT	614.47	00	15	X		F						
63	19340	IMMEDIATE INSERTION OF BREAST PROSTH	844.18				X	F						
67	19340	IMMEDIATE INSERTION OF BREAST PROSTH	844.18	00	15		X	F						
63	19342	DELAYED INSERTION OF BREAST PROSTH	845.37				X	F						
67	19342	DELAYED INSERTION OF BREAST PROSTHES	845.37	00	15		X	F						
63	19350	NIPPLE/AREOLA RECONSTRUCTION	906.15				X						X	
67	19350	NIPPLE/AREOLA RECONSTRUCTION	906.15	00	15		X							
63	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,280.43				X	F						
67	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,280.43	00	15		X	F						
63	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,744.35				X	F						
67	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,744.35	00	15		X	F						
63	19364	RECONSTRUCTION BREAST-FREE FLAP	3,062.01				X	F						
67	19364	RECONSTRUCTION BREAST-FREE FLAP	3,062.01	00	15		X	F						
63	19367	BREAST RECONSTRUCTION	1,983.66				X	F						
67	19367	BREAST RECONSTRUCTION	1,983.66	00	15		X	F						
63	19368	BREAST RECONSTRUCTION	2,441.74				X	F						
67	19368	BREAST RECONSTRUCTION	2,441.74	00	15		X	F						
63	19369	BREAST RECONSTRUCTION	2,267.28				X	F						
67	19369	BREAST RECONSTRUCTION	2,267.28	00	15		X	F						
63	19370	PERIPROSTHETIC CAPSULECTOMY,OPEN,BRE	744.48				X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	791.90			X							
63	19380	REVISION OF RECONSTRUCTED BREAST	896.25			X							
63	19396	PREP MOULAGE FOR CUSTOM IMPLANT	297.54			X							
63	20100	EXPLORE WOUND, NECK	691.68										
67	20100	EXPLORE WOUND, NECK	691.68	00 15									
63	20101	EXPLORE WOUND, CHEST	640.06										
67	20101	EXPLORE WOUND, CHEST	640.06	00 15									
63	20102	EXPLORE WOUND, ABDOMEN	671.65										
67	20102	EXPLORE WOUND, ABDOMEN	671.65	00 15									
63	20103	EXPLORE WOUND, EXTREMITY	615.73										
67	20103	EXPLORE WOUND, EXTREMITY	615.73	00 15									
63	20150	EXCISE EPIPHYSEAL BAR	1,128.80										
67	20150	EXCISE EPIPHYSEAL BAR	1,128.80	00 15									
63	20200	BIOPSY,MUSCLE,SUPERFICIAL	237.44										
67	20200	BIOPSY,MUSCLE,SUPERFICIAL	237.44	00 15									
63	20205	BIOPSY,MUSCLE,DEEP	332.88										
67	20205	BIOPSY,MUSCLE,DEEP	332.88	00 15									
63	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	239.51										
67	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	239.51	00 15									
63	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	253.07										
67	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	253.07	00 15									
63	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	416.32										
67	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	416.32	00 15									
63	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	158.35										
67	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	158.35	00 15									
63	20245	BIOPSY,EXCISIONAL,BONE,DEEP	392.67										
67	20245	BIOPSY,EXCISIONAL,BONE,DEEP	392.67	00 15									
63	20250	BIOPSY,OPEN,VERTEBRAL BODY	435.60										
67	20250	BIOPSY,OPEN,VERTEBRAL BODY	435.60	00 15									
63	20251	BIOPSY,OPEN,VERTEBRAL BODY	477.74										
67	20251	BIOPSY,OPEN,VERTEBRAL BODY	477.74	00 15									
63	20500	INJECT SINUS TRACT; THERAPEUTIC	129.64										
67	20500	INJECT SINUS TRACT; THERAPEUTIC	129.64	00 15									
63	20501	INJECT SINUS TRACT; DIAGNOSTIC	154.42										
67	20501	INJECT SINUS TRACT; DIAGNOSTIC	154.42	00 15									
63	20520	REMOVE FOREIGN BODY; SIMPLE	233.54										
67	20520	REMOVE FOREIGN BODY; SIMPLE	233.54	00 15									
63	20525	REMOVE FOREIGN BODY; COMPLICATED	501.59										
67	20525	REMOVE FOREIGN BODY; COMPLICATED	501.59	00 15									
63	20526	THER INJECTION CARPAL TUNNEL	90.11										
67	20526	THER INJECTION CARPAL TUNNEL	90.11	00 15									
63	20527	INJECTION OF ENZYME IN PALM TISSUE	95.32										
67	20527	INJECTION OF ENZYME IN PALM TISSUE	95.32	00 15									
63	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	62.83									X	
67	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	62.83	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	63.34								X		
67	20551	INJECT TENDON ORIGIN/INSERT	63.34	00 15							X		
63	20552	INJECT TRIGGER POINT, 1 OR 2	58.50								X		
67	20552	INJECT TRIGGER POINT, 1 OR 2	58.50	00 15							X		
63	20553	INJECT TRIGGER POINTS, > 3	67.22								X		
67	20553	INJECT TRIGGER POINTS, > 3	67.22	00 15							X		
63	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	366.01										
67	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	366.01	00 15									
63	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	57.83									X	
67	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	57.83	00 15								X	
63	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	88.19										
67	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	88.19	00 15									
63	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	59.61									X	
67	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	59.61	00 15								X	
63	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	95.99										
67	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	95.99	00 15									
63	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	70.79									X	
67	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	70.79	00 15								X	
63	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	107.46										
67	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	107.46	00 15									
63	20612	ASPIRATE/INJ GANGLION CYST	69.34									X	
67	20612	ASPIRATE/INJ GANGLION CYST	69.34	00 15								X	
63	20615	ASPIRATE/INJECTION-BONE CYST	269.45										
67	20615	ASPIRATE/INJECTION-BONE CYST	269.45	00 15									
63	20650	SKELETAL TRACTION; WIRE OR PIN	241.00										
67	20650	SKELETAL TRACTION; WIRE OR PIN	241.00	00 15									
63	20660	APPLY TONGS OR CALIPER AND REMOVE	280.90										
67	20660	APPLY TONGS OR CALIPER AND REMOVE	280.90	00 15									
63	20661	APPLY HALO; CRANIAL	567.50										
67	20661	APPLY HALO; CRANIAL	567.50	00 15									
63	20662	APPLY HALO; PELVIC	576.45										
67	20662	APPLY HALO; PELVIC	576.45	00 15									
63	20663	APPLY HALO; FEMORAL	529.71										
67	20663	APPLY HALO; FEMORAL	529.71	00 15									
63	20664	APPLICATION OF HALO, INCLUDING REMOV	1,003.16										
67	20664	APPLICATION OF HALO, INCLUDING REMOV	1,003.16	00 15									
63	20665	REMOVE HALO OR TONGS BY OTHER MD	123.95										
67	20665	REMOVE HALO OR TONGS BY OTHER MD	123.95	00 15									
63	20670	REMOVE IMPLANT; SUPERFICIAL	378.58										
67	20670	REMOVE IMPLANT; SUPERFICIAL	378.58	00 15									
63	20680	REMOVE IMPLANT; DEEP	654.43										
67	20680	REMOVE IMPLANT; DEEP	654.43	00 15									
63	20690	APPLY ESTERNAL FIXATION SYS,STND CON	669.41										
67	20690	APPLY ESTERNAL FIXATION SYS,STND CON	669.41	00 15									
63	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,247.82										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,247.82	00 15									
63	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	490.43										
67	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	490.43	00 15									
63	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	466.24										
67	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	466.24	00 15									
63	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,323.62										
67	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,323.62	00 15									
63	20700	MANUAL PREPARATION AND INSERTION OF	97.11										
67	20700	MANUAL PREPARATION AND INSERTION OF	97.11	00 15									
63	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	74.00										
67	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	74.00	00 15									
63	20702	MANUAL PREPARATION AND INSERTION OF	163.71										
67	20702	MANUAL PREPARATION AND INSERTION OF	163.71	00 15									
63	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	119.20										
67	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	119.20	00 15									
63	20704	MANUAL PREPARATION AND INSERTION OF	172.99										
67	20704	MANUAL PREPARATION AND INSERTION OF	172.99	00 15									
63	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	141.37										
67	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	141.37	00 15									
63	20802	REPLANTATION, ARM, COMPLETE	3,098.14										
67	20802	REPLANTATION, ARM, COMPLETE	3,098.14	00 15									
63	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,688.62										
67	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,688.62	00 15									
63	20808	REPLANT HAND; COMPLETE AMPUTATION	4,460.98										
67	20808	REPLANT HAND; COMPLETE AMPUTATION	4,460.98	00 15									
63	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,320.07										
67	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,320.07	00 15									
63	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,995.95									X	
67	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,995.95	00 15								X	
63	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,323.78										
67	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,323.78	00 15									
63	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	2,049.15										
67	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	2,049.15	00 15									
63	20838	REPLANT FOOT; TOTAL AMPUTATION	3,144.53										
67	20838	REPLANT FOOT; TOTAL AMPUTATION	3,144.53	00 15									
63	20900	BONE GRAFT; ANY DONOR AREA, SMALL	421.90										
67	20900	BONE GRAFT; ANY DONOR AREA, SMALL	421.90	00 15									
63	20902	BONE GRAFT, ANY DONOR AREA; LARGE	313.35										
67	20902	BONE GRAFT, ANY DONOR AREA; LARGE	313.35	00 15									
63	20910	CARTILAGE GRAFT; COSTOCHONDRAL	522.24										
67	20910	CARTILAGE GRAFT; COSTOCHONDRAL	522.24	00 15									
63	20912	CARTILAGE GRAFT;NASAL SEPTUM	530.81										
67	20912	CARTILAGE GRAFT;NASAL SEPTUM	530.81	00 15									
63	20920	FASCIA LATA GRAFT;BY STRIPPER	438.22										
67	20920	FASCIA LATA GRAFT;BY STRIPPER	438.22	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	662.10										
67	20922	FASCIA LATA GRAFT;BY INCISION	662.10	00 15									
63	20924	TENDON GRAFT; DISTANT	560.54										
67	20924	TENDON GRAFT; DISTANT	560.54	00 15									
63	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	128.53										
67	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	128.53	00 15									
63	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	862.62										
67	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	862.62	00 15									
63	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	792.30										
67	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	792.30	00 15									
63	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	861.89										
67	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	861.89	00 15									
63	20937	SPINAL BONE AUTOGRAFT	192.67										
67	20937	SPINAL BONE AUTOGRAFT	192.67	00 15									
63	20938	SPINAL BONE AUTOGRAFT	214.07										
67	20938	SPINAL BONE AUTOGRAFT	214.07	00 15									
63	20939	BONE MARROW ASPIRATION FOR BONE GRAF	80.40										
67	20939	BONE MARROW ASPIRATION FOR BONE GRAF	80.40	00 15									
63	20950	MONITOR INTERSTITIAL FLUID	281.54										
67	20950	MONITOR INTERSTITIAL FLUID	281.54	00 15									
63	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,763.43			X							
67	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,763.43	00 15		X							
63	20956	ILIAC BONE GRAFT, MICROVASC	2,983.26										
67	20956	ILIAC BONE GRAFT, MICROVASC	2,983.26	00 15									
63	20957	MT BONE GRAFT, MICROVASC	3,103.32										
67	20957	MT BONE GRAFT, MICROVASC	3,103.32	00 15									
63	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,988.88			X							
67	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,988.88	00 15		X							
63	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	3,040.21			X							
67	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	3,040.21	00 15		X							
63	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,217.29			X							
67	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,217.29	00 15		X							
63	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,208.33			X							
67	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	3,208.33	00 15		X							
63	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,392.91			X							
67	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,392.91	00 15		X							
63	20979	US BONE STIMULATION	59.99										
67	20979	US BONE STIMULATION	59.99	00 15									
63	20982	ABLATE, BONE TUMOR(S) PERQ	3,711.86										
67	20982	ABLATE, BONE TUMOR(S) PERQ	3,711.86	00 15									
63	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,403.03										
67	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,403.03	00 15									
63	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	165.57										
67	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	165.57	00 15									
63	21010	ARTHROTOMY,JAW,UNILATERAL	811.20										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	21010	ARTHROTOMY,JAW,UNILATERAL	811.20	00 15									
63	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	401.58										
67	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	401.58	00 15									
63	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	377.39										
67	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	377.39	00 15									
63	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	584.20										
67	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	584.20	00 15									
63	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	579.99										
67	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	579.99	00 15									
63	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	776.93										
67	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	776.93	00 15									
63	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,132.02										
67	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,132.02	00 15									
63	21025	EXCISE BONE;MANDIBLE	854.83										
67	21025	EXCISE BONE;MANDIBLE	854.83	00 15									
63	21026	EXCISE BONE(S);FACIAL	572.77										
67	21026	EXCISE BONE(S);FACIAL	572.77	00 15									
63	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	826.93										
67	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	826.93	00 15									
63	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	495.22										
67	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	495.22	00 15									
63	21031	EXCISION OF TORUS MANDIBULARIS	408.37										
67	21031	EXCISION OF TORUS MANDIBULARIS	408.37	00 15									
63	21032	EXCISION OF MAXILLARY TORUS PALATINU	395.56										
67	21032	EXCISION OF MAXILLARY TORUS PALATINU	395.56	00 15									
63	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,428.49										
67	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,428.49	00 15									
63	21040	EXCISE BENIGN CYST;MANDIBLE	501.97										
67	21040	EXCISE BENIGN CYST;MANDIBLE	501.97	00 15									
63	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	956.03										
67	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	956.03	00 15									
63	21045	RADICAL RESECTION OF MANDIBLE	1,329.69										
67	21045	RADICAL RESECTION OF MANDIBLE	1,329.69	00 15									
63	21046	REMOVE MANDIBLE CYST COMPLEX	1,093.77										
67	21046	REMOVE MANDIBLE CYST COMPLEX	1,093.77	00 15									
63	21047	EXCISE LWR JAW CYST W/REPAIR	1,386.26										
67	21047	EXCISE LWR JAW CYST W/REPAIR	1,386.26	00 15									
63	21048	REMOVE MAXILLA CYST COMPLEX	1,105.03										
67	21048	REMOVE MAXILLA CYST COMPLEX	1,105.03	00 15									
63	21049	EXCIS UPPR JAW CYST W/REPAIR	1,360.24										
67	21049	EXCIS UPPR JAW CYST W/REPAIR	1,360.24	00 15									
63	21050	TEMPRORMANDIBULAR ARTHRECTOMY	940.08										
67	21050	TEMPRORMANDIBULAR ARTHRECTOMY	940.08	00 15									
63	21060	TEMPOROMANDIBULAR MENISCECTOMY	856.11										
67	21060	TEMPOROMANDIBULAR MENISCECTOMY	856.11	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	667.97										
67	21070	CORONOIDECTOMY; UNILATERAL	667.97	00 15									
63	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	400.32								X		
67	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	400.32	00 15							X		
63	21076	PREPARE FACE/ORAL PROSTHESIS	939.94										
67	21076	PREPARE FACE/ORAL PROSTHESIS	939.94	00 15									
63	21077	PREPARE FACE/ORAL PROSTHESIS	2,313.17										
67	21077	PREPARE FACE/ORAL PROSTHESIS	2,313.17	00 15									
63	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,581.14										
67	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,581.14	00 15									
63	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,824.81										
67	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,824.81	00 15									
63	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,674.35										
67	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,674.35	00 15									
63	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,534.84										
67	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,534.84	00 15									
63	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,461.20										
67	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,461.20	00 15									
63	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,671.50										
67	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,671.50	00 15									
63	21085	IMPRES & CUST PREP ORAL SURG SPLINT	728.75										
67	21085	IMPRES & CUST PREP ORAL SURG SPLINT	728.75	00 15									
63	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,721.07										
67	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,721.07	00 15									
63	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,721.07										
67	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,721.07	00 15									
63	21100	MAXILLOFACIAL FIXATION	658.33										
67	21100	MAXILLOFACIAL FIXATION	658.33	00 15									
63	21110	INTERDENTAL FIXATION	921.47										
67	21110	INTERDENTAL FIXATION	921.47	00 15									
63	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	230.17										
67	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	230.17	00 15									
63	21120	GENIOPLASTY;AUGMENTATION	712.50										
67	21120	GENIOPLASTY;AUGMENTATION	712.50	00 15									
63	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	684.57										
67	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	684.57	00 15									
63	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	823.44										
67	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	823.44	00 15									
63	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	925.84										
67	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	925.84	00 15									
63	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,794.57										
67	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,794.57	00 15									
63	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	4,256.57										
67	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	4,256.57	00 15									
63	21137	REDUCTION FOREHEAD;CONTOURING ONLY	832.36										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	832.36	00 15									
63	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	1,016.99										
67	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	1,016.99	00 15									
63	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,214.77										
67	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,214.77	00 15									
63	21141	RECONSTRUCT MIDFACE, LEFORT	1,456.76										
67	21141	RECONSTRUCT MIDFACE, LEFORT	1,456.76	00 15									
63	21142	RECONSTRUCT MIDFACE, LEFORT	1,496.94										
67	21142	RECONSTRUCT MIDFACE, LEFORT	1,496.94	00 15									
63	21143	RECONSTRUCT MIDFACE, LEFORT	1,543.15										
67	21143	RECONSTRUCT MIDFACE, LEFORT	1,543.15	00 15									
63	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,703.39										
67	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,703.39	00 15									
63	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,776.75										
67	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,776.75	00 15									
63	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,872.67										
67	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,872.67	00 15									
63	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,834.45										
67	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,834.45	00 15									
63	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	2,021.21										
67	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	2,021.21	00 15									
63	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,175.51										
67	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,175.51	00 15									
63	21155	RECONSTR MIDFACE III W/LEFORT I	2,416.07										
67	21155	RECONSTR MIDFACE III W/LEFORT I	2,416.07	00 15									
63	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,902.03										
67	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,902.03	00 15									
63	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	3,149.94										
67	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	3,149.94	00 15									
63	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,453.99										
67	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,453.99	00 15									
63	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,482.27										
67	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,482.27	00 15									
63	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,703.18										
67	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,703.18	00 15									
63	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,904.31										
67	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,904.31	00 15									
63	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	823.27										
67	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	823.27	00 15									
63	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,375.23										
67	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,375.23	00 15									
63	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,586.27										
67	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,586.27	00 15									
63	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,783.31										
67	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,783.31	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,731.73										
67	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,731.73	00 15									
63	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,350.42										
67	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,350.42	00 15									
63	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,563.51										
67	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,563.51	00 15									
63	21195	RECONST MAND RAMUS W/O RIGID FIX	1,467.40										
67	21195	RECONST MAND RAMUS W/O RIGID FIX	1,467.40	00 15									
63	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,570.43										
67	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,570.43	00 15									
63	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,145.26										
67	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,145.26	00 15									
63	21199	RECONSTR LWR JAW W/ADVANCE	1,122.47										
67	21199	RECONSTR LWR JAW W/ADVANCE	1,122.47	00 15									
63	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,067.84										
67	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	1,067.84	00 15									
63	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,760.44			X							
67	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,760.44	00 15		X							
67	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	876.31	00 15		X							
63	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,882.02										
67	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,882.02	00 15									
63	21215	BONE GRAFT; MANDIBLE	4,338.29										
67	21215	BONE GRAFT; MANDIBLE	4,338.29	00 15									
63	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	836.47										
67	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	836.47	00 15									
63	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	788.07										
67	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	788.07	00 15									
63	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,145.89										
67	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,145.89	00 15									
63	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,102.91										
67	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,102.91	00 15									
63	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,759.69										
67	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,759.69	00 15									
63	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,101.80										
67	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,101.80	00 15									
63	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,274.64										
67	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,274.64	00 15									
63	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	931.64										
67	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	931.64	00 15									
63	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,733.56										
67	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,733.56	00 15									
63	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,064.02										
67	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	1,064.02	00 15									
63	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,457.71										
67	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,457.71	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	1,458.53											
67	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,458.53	00	15									
63	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,379.35											
67	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,379.35	00	15									
63	21260	ORBITAL REVISION; EXTRACRANIAL	1,519.54											
67	21260	ORBITAL REVISION; EXTRACRANIAL	1,519.54	00	15									
63	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,705.38											
67	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,705.38	00	15									
63	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,499.54											
67	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,499.54	00	15									
63	21267	REPOSITION ORBIT; EXTRACRANIAL	1,774.04											
67	21267	REPOSITION ORBIT; EXTRACRANIAL	1,774.04	00	15									
63	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,233.44											
67	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,233.44	00	15									
63	21270	RECONSTRUCT ORBITOFACIAL BONES	1,098.79											
67	21270	RECONSTRUCT ORBITOFACIAL BONES	1,098.79	00	15									
63	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	941.06											
67	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	941.06	00	15									
63	21282	LATERAL CANTHOPEXY	424.82	16	20	X								
67	21282	LATERAL CANTHOPEXY	424.82	00	15	X								
63	21315	DIGITAL MANIPULATION OF NASAL FX	159.47											
67	21315	DIGITAL MANIPULATION OF NASAL FX	159.47	00	15									
63	21320	MANIPULATE NASAL FX; INSTRUMENTAL	233.18											
67	21320	MANIPULATE NASAL FX; INSTRUMENTAL	233.18	00	15									
63	21325	OPEN TREATMENT NASAL FX; SIMPLE	480.11											
67	21325	OPEN TREATMENT NASAL FX; SIMPLE	480.11	00	15									
63	21330	TREATMENT NASAL FX; COMPLICATED	581.82											
67	21330	TREATMENT NASAL FX; COMPLICATED	581.82	00	15									
63	21335	OPEN TREATMENT FX NASAL SEPTUM	785.80											
67	21335	OPEN TREATMENT FX NASAL SEPTUM	785.80	00	15									
63	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	699.67											
67	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	699.67	00	15									
63	21337	CLOSED TREATMENT FX NASAL SEPTUM	449.17											
67	21337	CLOSED TREATMENT FX NASAL SEPTUM	449.17	00	15									
63	21338	OPEN TREATMENT NASOETHMOID FRACTURE	729.21											
67	21338	OPEN TREATMENT NASOETHMOID FRACTURE	729.21	00	15									
63	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	828.83											
67	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	828.83	00	15									
63	21340	TREAT NASOETHMOID COMPLEX FX	836.55											
67	21340	TREAT NASOETHMOID COMPLEX FX	836.55	00	15									
63	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,197.98											
67	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,197.98	00	15									
63	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,557.85											
67	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,557.85	00	15									
63	21345	TREAT NASOMAXILLARY COMPLEX FX	870.61											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	21345	TREAT NASOMAXILLARY COMPLEX FX	870.61	00 15									
63	21346	OPEN TREATMENT NASOMAXILLARY FX	1,122.29										
67	21346	OPEN TREATMENT NASOMAXILLARY FX	1,122.29	00 15									
63	21347	OPEN TREATMENT NASOMAXILLARY FX	1,148.30										
67	21347	OPEN TREATMENT NASOMAXILLARY FX	1,148.30	00 15									
63	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,221.95										
67	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,221.95	00 15									
63	21355	MANIPULATE FX OF MALAR AREA	481.11										
67	21355	MANIPULATE FX OF MALAR AREA	481.11	00 15									
63	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	587.19										
67	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	587.19	00 15									
63	21360	TREAT DEPRESSED MALAR FRACTURE	575.25										
67	21360	TREAT DEPRESSED MALAR FRACTURE	575.25	00 15									
63	21365	TREAT COMPLICATED FX MALAR AREA	1,204.72										
67	21365	TREAT COMPLICATED FX MALAR AREA	1,204.72	00 15									
63	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,425.89										
67	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,425.89	00 15									
63	21385	TREAT ORBITAL FX; TRANSANTRAL	812.66										
67	21385	TREAT ORBITAL FX; TRANSANTRAL	812.66	00 15									
63	21386	TREAT ORBITAL FX; PERIORBITAL	768.75										
67	21386	TREAT ORBITAL FX; PERIORBITAL	768.75	00 15									
63	21387	TREAT ORBITAL FX; COMBINATION	848.61										
67	21387	TREAT ORBITAL FX; COMBINATION	848.61	00 15									
63	21390	TREAT ORBITAL FX WITH IMPLANT	881.20										
67	21390	TREAT ORBITAL FX WITH IMPLANT	881.20	00 15									
63	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,128.57										
67	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,128.57	00 15									
63	21400	TREAT FX OF ORBIT W/O MANIPULATION	223.45										
67	21400	TREAT FX OF ORBIT W/O MANIPULATION	223.45	00 15									
63	21401	TREAT FX OF ORBIT WITH MANIPULATION	543.66										
67	21401	TREAT FX OF ORBIT WITH MANIPULATION	543.66	00 15									
63	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	644.77										
67	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	644.77	00 15									
63	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	703.72										
67	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	703.72	00 15									
63	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	1,006.24										
67	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	1,006.24	00 15									
63	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	689.20										
67	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	689.20	00 15									
63	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	688.43										
67	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	688.43	00 15									
63	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	888.93										
67	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	888.93	00 15									
63	21431	TREAT CRANIOFACIAL SEPARATION	752.24										
67	21431	TREAT CRANIOFACIAL SEPARATION	752.24	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	794.59										
67	21432	OPEN TX CRANIOFACIAL SEPARATION	794.59	00 15									
63	21433	COMPLICATED TX CRANIOFACIAL FX	1,944.81										
67	21433	COMPLICATED TX CRANIOFACIAL FX	1,944.81	00 15									
63	21435	COMPLICATED TX CRANIOFACIAL FX	1,569.22										
67	21435	COMPLICATED TX CRANIOFACIAL FX	1,569.22	00 15									
63	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,276.79										
67	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,276.79	00 15									
63	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	725.24										
67	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	725.24	00 15									
63	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	858.28										
67	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	858.28	00 15									
63	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	628.27										
67	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	628.27	00 15									
63	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	820.13										
67	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	820.13	00 15									
63	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	785.62										
67	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	785.62	00 15									
63	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,163.84										
67	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,163.84	00 15									
63	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	530.83										
67	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	530.83	00 15									
63	21461	TREAT MANDIBULAR FX W/O FIXATION	1,941.67										
67	21461	TREAT MANDIBULAR FX W/O FIXATION	1,941.67	00 15									
63	21462	TREAT MANDIBULAR FX WITH FIXATION	2,129.12										
67	21462	TREAT MANDIBULAR FX WITH FIXATION	2,129.12	00 15									
63	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	874.88									X	
67	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	874.88	00 15								X	
63	21470	TREAT COMPLICATED MANDIBULAR FX	1,283.69										
67	21470	TREAT COMPLICATED MANDIBULAR FX	1,283.69	00 15									
63	21480	TX TEMPOROMANDIBULAR DISLOCATION	147.42										
67	21480	TX TEMPOROMANDIBULAR DISLOCATION	147.42	00 15									
63	21485	TEMPOROMANDIBULAR MANIPULATION	1,026.56										
67	21485	TEMPOROMANDIBULAR MANIPULATION	1,026.56	00 15									
63	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	862.04										
67	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	862.04	00 15									
63	21501	I & D DEEP ABSCESS OR HEMATOMA	525.56										
67	21501	I & D DEEP ABSCESS OR HEMATOMA	525.56	00 15									
63	21502	I & D WITH PARTIAL RIB REMOVAL	579.54										
67	21502	I & D WITH PARTIAL RIB REMOVAL	579.54	00 15									
63	21510	INCISION WITH OPENING OF BONE CORTEX	511.88										
67	21510	INCISION WITH OPENING OF BONE CORTEX	511.88	00 15									
63	21550	EXCISIONAL BIOPSY SOFT TISSUES	286.26										
67	21550	EXCISIONAL BIOPSY SOFT TISSUES	286.26	00 15									
63	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	507.40										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	507.40	00	15									
63	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	830.00											
67	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	830.00	00	15									
63	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	474.78											
67	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	474.78	00	15									
63	21556	EXCISE BENIGN TUMOR; DEEP	596.64											
67	21556	EXCISE BENIGN TUMOR; DEEP	596.64	00	15									
63	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,081.17											
67	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,081.17	00	15									
63	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,530.63											
67	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,530.63	00	15									
63	21600	EXCISION OF RIB; PARTIAL	626.24											
67	21600	EXCISION OF RIB; PARTIAL	626.24	00	15									
63	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,316.56										X	
67	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,316.56	00	15								X	
63	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,754.06											
67	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,754.06	00	15									
63	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,916.24											
67	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,916.24	00	15									
63	21610	COSTOTRANSVERSECTOMY	1,392.51											
67	21610	COSTOTRANSVERSECTOMY	1,392.51	00	15									
63	21615	EXCISION CERVICAL RIB	710.60											
67	21615	EXCISION CERVICAL RIB	710.60	00	15									
63	21616	EXCISE RIB WITH SYMPATHECTOMY	830.27											
67	21616	EXCISE RIB WITH SYMPATHECTOMY	830.27	00	15									
63	21620	OSTECTOMY OF STERNUM; PARTIAL	572.80											
67	21620	OSTECTOMY OF STERNUM; PARTIAL	572.80	00	15									
63	21627	STERNAL DEBRIDEMENT	609.03											
67	21627	STERNAL DEBRIDEMENT	609.03	00	15									
63	21630	RADICAL RESECTION OF STERNUM	1,467.43											
67	21630	RADICAL RESECTION OF STERNUM	1,467.43	00	15									
63	21632	MEDIASTINAL LYMPHADENECTOMY	1,389.98											
67	21632	MEDIASTINAL LYMPHADENECTOMY	1,389.98	00	15									
63	21685	HYOID MYOTOMY & SUSPENSION	1,097.93											
67	21685	HYOID MYOTOMY & SUSPENSION	1,097.93	00	15									
63	21700	DIVISION OF SCALENUS ANTICUS	414.12											
67	21700	DIVISION OF SCALENUS ANTICUS	414.12	00	15									
63	21705	DIVIDE SCALENUS AND RESECTION RIB	624.70											
67	21705	DIVIDE SCALENUS AND RESECTION RIB	624.70	00	15									
63	21720	DIVISION STERNOCLEIDOMASTOID	599.89											
67	21720	DIVISION STERNOCLEIDOMASTOID	599.89	00	15									
63	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	606.13											
67	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	606.13	00	15									
63	21740	RECONSTRUCT PECTUS EXCAVATUM	1,182.27			X								
67	21740	RECONSTRUCT PECTUS EXCAVATUM	1,182.27	00	15	X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	779.14										
67	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	779.14	00 15									
63	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	688.80										
67	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	688.80	00 15									
63	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	834.19										
67	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	834.19	00 15									
63	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,148.00										
67	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,148.00	00 15									
63	21820	TREAT STERNUM FRACTURE; CLOSED	161.61										
67	21820	TREAT STERNUM FRACTURE; CLOSED	161.61	00 15									
63	21825	TREAT STERNUM FRACTURE; OPEN	621.61										
67	21825	TREAT STERNUM FRACTURE; OPEN	621.61	00 15									
63	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	277.48										
67	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	277.48	00 15									
63	21925	BX,SFT TISS-BACK/FLANK; DEEP	540.76										
67	21925	BX,SFT TISS-BACK/FLANK; DEEP	540.76	00 15									
63	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	552.77										
67	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	552.77	00 15									
63	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	534.84										
67	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	534.84	00 15									
63	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	754.10										
67	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	754.10	00 15									
63	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	843.17										
67	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	843.17	00 15									
63	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,167.38										
67	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,167.38	00 15									
63	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,619.37										
67	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,619.37	00 15									
63	22010	INCISION AND DRAINAGE, OPEN OF DEEP	1,099.43										
67	22010	I&D, P-SPINE, C/T/CERV-THOR	1,099.43	00 15									
63	22015	I&D, P-SPINE, L/S/LS	1,075.93										
67	22015	I&D, P-SPINE, L/S/LS	1,075.93	00 15									
63	22100	RESECT VERTEBRA,CERVICAL	973.91										
67	22100	RESECT VERTEBRA,CERVICAL	973.91	00 15									
63	22101	RESECT VERTEBRA,THORACIC	967.39										
67	22101	RESECT VERTEBRA,THORACIC	967.39	00 15									
63	22102	RESECT VERTEBRA,LUMBAR	872.16										
67	22102	RESECT VERTEBRA,LUMBAR	872.16	00 15									
63	22103	REMOVE EXTRA SPINE SEGMENT	155.65										
67	22103	REMOVE EXTRA SPINE SEGMENT	155.65	00 15									
63	22110	EXCISE CERVICAL VERTEBRA	1,201.21										
67	22110	EXCISE CERVICAL VERTEBRA	1,201.21	00 15									
63	22112	EXCISE THORACIC VERTEBRA	1,300.82										
67	22112	EXCISE THORACIC VERTEBRA	1,300.82	00 15									
63	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,300.82										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,300.82	00 15									
63	22116	REMOVE EXTRA SPINE SEGMENT	165.00										
67	22116	REMOVE EXTRA SPINE SEGMENT	165.00	00 15									
63	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,821.11										
67	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,821.11	00 15									
63	22207	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,753.63										
67	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POS	2,753.63	00 15									
63	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	686.55									X	
67	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	686.55	00 15								X	
63	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	2,044.07										
67	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	2,044.07	00 15									
63	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,718.85										
67	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,718.85	00 15									
63	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,719.01										
67	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,719.01	00 15									
63	22216	REVISE, EXTRA SPINE SEGMENT	419.82										
67	22216	REVISE, EXTRA SPINE SEGMENT	419.82	00 15									
63	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,848.08										
67	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,848.08	00 15									
63	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	2,028.61										
67	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	2,028.61	00 15									
63	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,798.36										
67	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,798.36	00 15									
63	22226	REVISE, EXTRA SPINE SEGMENT	415.77										
67	22226	REVISE, EXTRA SPINE SEGMENT	415.77	00 15									
63	22310	TR VERT BODY FX/DISLOCATION EACH	342.55										
67	22310	TR VERT BODY FX/DISLOCATION EACH	342.55	00 15									
63	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	974.43										
67	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	974.43	00 15									
63	22318	TREAT ODONTOID FX W/O GRAFT	1,901.65										
67	22318	TREAT ODONTOID FX W/O GRAFT	1,901.65	00 15									
63	22319	TREAT ODONTOID FX W/GRAFT	2,128.70										
67	22319	TREAT ODONTOID FX W/GRAFT	2,128.70	00 15									
63	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,678.16										
67	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,678.16	00 15									
63	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,733.61										
67	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,733.61	00 15									
63	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,750.34										
67	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,750.34	00 15									
63	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	326.61										
67	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	326.61	00 15									
63	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,952.41										
67	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,952.41	00 15									
63	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,945.88										
67	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,945.88	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	792.01									X	
67	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	792.01	00 15								X	
63	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,134.16										
67	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,134.16	00 15									
63	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,098.96										
67	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,098.96	00 15									
63	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,155.75									X	
67	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,155.75	00 15								X	
63	22532	LAT THORAX SPINE FUSION	2,073.92										
67	22532	LAT THORAX SPINE FUSION	2,073.92	00 15									
63	22533	LAT LUMBAR SPINE FUSION	1,883.11										
67	22533	LAT LUMBAR SPINE FUSION	1,883.11	00 15									
63	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	415.40									X	
67	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	415.40	00 15								X	
63	22548	ANTHRODESIS,W/BONE GRAFT	2,279.62										
67	22548	ANTHRODESIS,W/BONE GRAFT	2,279.62	00 15									
63	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,962.45										
67	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,962.45	00 15									
63	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	460.98									X	
67	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	460.98	00 15								X	
63	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,441.90										
67	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,441.90	00 15									
63	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,911.68										
67	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,911.68	00 15									
63	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,753.39										
67	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,753.39	00 15									
63	22585	ARTHRODESIS-EACH ADD.INTERSPACE	377.61									X	
67	22585	ARTHRODESIS-EACH ADD.INTERSPACE	377.61	00 15								X	
63	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,360.03										
67	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,360.03	00 15									
63	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,825.81										
67	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,825.81	00 15									
63	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,743.08										
67	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,743.08	00 15									
63	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,486.06										
67	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,486.06	00 15									
63	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,457.60										
67	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,457.60	00 15									
63	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,816.05										
67	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,816.05	00 15									
63	22614	SPINE FUSION, EXTRA SEGMENT	454.05									X	
67	22614	SPINE FUSION, EXTRA SEGMENT	454.05	00 15								X	
63	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,819.69										
67	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,819.69	00 15									
63	22632	SPINE FUSION, EXTRA SEGMENT	374.08										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	22632	SPINE FUSION, EXTRA SEGMENT	374.08	00 15									
63	22633	FUSION OF LOWER SPINE BONES WITH REM	2,130.62			X							
67	22633	FUSION OF LOWER SPINE BONES WITH REM	2,130.62	00 15		X							
63	22634	FUSION OF LOWER SPINE BONES WITH REM	576.61										
67	22634	FUSION OF LOWER SPINE BONES WITH REM	576.61	00 15									
63	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,544.46										
67	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,544.46	00 15									
63	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,424.49										
67	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,424.49	00 15									
63	22804	FUSION OF SPINE	2,782.03										
67	22804	FUSION OF SPINE	2,782.03	00 15									
63	22808	FUSION OF SPINE	2,093.14										
67	22808	FUSION OF SPINE	2,093.14	00 15									
63	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,273.59										
67	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,273.59	00 15									
63	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,488.69										
67	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,488.69	00 15									
63	22818	KYPHECTOMY, 1-2 SEGMENTS	2,438.59										
67	22818	KYPHECTOMY, 1-2 SEGMENTS	2,438.59	00 15									
63	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,805.79										
67	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,805.79	00 15									
63	22830	EXPLORE SPINAL FUSION	935.14										
67	22830	EXPLORE SPINAL FUSION	935.14	00 15									
63	22840	POSTERIOR INSTRU(NO SEG FIX)	880.42										
67	22840	POSTERIOR INSTRU(NO SEG FIX)	880.42	00 15									
63	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	885.85										
67	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	885.85	00 15									
63	22843	INSERT SPINE FIXATION DEVICE	946.96										
67	22843	INSERT SPINE FIXATION DEVICE	946.96	00 15									
63	22844	INSERT SPINE FIXATION DEVICE	1,136.69										
67	22844	INSERT SPINE FIXATION DEVICE	1,136.69	00 15									
63	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	846.30										
67	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	846.30	00 15									
63	22846	INSERT SPINE FIXATION DEVICE	879.81										
67	22846	INSERT SPINE FIXATION DEVICE	879.81	00 15									
63	22847	INSERT SPINE FIXATION DEVICE	913.89										
67	22847	INSERT SPINE FIXATION DEVICE	913.89	00 15									
63	22848	INSERT PELVIC FIXATIONDEVICE	415.40										
67	22848	INSERT PELVIC FIXATIONDEVICE	415.40	00 15									
63	22849	REINSERT SPINAL FIXATION DEVICE	1,498.05										
67	22849	REINSERT SPINAL FIXATION DEVICE	1,498.05	00 15									
63	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	836.83										
67	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	836.83	00 15									
63	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	802.34										
67	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	802.34	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	299.71									X	
67	22853	INSERTION OF INTERBODY BIOMECHANICAL	299.71	00 15								X	
63	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	389.66									X	
67	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	389.66	00 15								X	
63	22855	REMOVE ANTERIOR INSTRUMENTATION	1,269.03										
67	22855	REMOVE ANTERIOR INSTRUMENTATION	1,269.03	00 15									
63	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,875.01										
67	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,875.01	00 15									
63	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,994.39										
67	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,994.39	00 15									
63	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	586.42										
67	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	586.42	00 15									
63	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	386.28									X	
67	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	386.28	00 15								X	
63	22861	REVISION INCLUDING REPLACEMENT OF TO	2,704.13										
67	22861	REVISION INCLUDING REPLACEMENT OF TO	2,704.13	00 15									
63	22862	REVISION INCLUDING REPLACEMENT OF TO	2,694.96										
67	22862	REVISION INCLUDING REPLACEMENT OF TO	2,694.96	00 15									
63	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,410.61										
67	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,410.61	00 15									
63	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,629.97										
67	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,629.97	00 15									
63	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,228.62										
67	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,228.62	00 15									
63	22868	INSERTION OF INTERLAMINAR/INTERSPINO	283.43										
67	22868	INSERTION OF INTERLAMINAR/INTERSPINO	283.43	00 15									
63	22869	INSERTION OF INTERLAMINAR/INTERSPINO	480.04										
67	22869	INSERTION OF INTERLAMINAR/INTERSPINO	480.04	00 15									
63	22870	INSERTION OF INTERLAMINAR/INTERSPINO	133.88										
67	22870	INSERTION OF INTERLAMINAR/INTERSPINO	133.88	00 15									
63	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	642.79										
67	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	642.79	00 15									
63	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	763.97										
67	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	763.97	00 15									
63	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	521.47										
67	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	521.47	00 15									
63	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	501.50										
67	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	501.50	00 15									
63	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,207.31										
67	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,207.31	00 15									
63	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,523.70										
67	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,523.70	00 15									
63	23000	REMOVE SUBDELTOID CAL DEPOSITS	621.94										
67	23000	REMOVE SUBDELTOID CAL DEPOSITS	621.94	00 15									
63	23020	RELEASE SHOULDER MUSCLE ERBS PAL	771.93										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	23020	RELEASE SHOULDER MUSCLE ERBS PAL	771.93	00 15									
63	23030	I&D SHOULDER DEEP ABSC HEMATOMA	479.28										
67	23030	I&D SHOULDER DEEP ABSC HEMATOMA	479.28	00 15									
63	23031	I&D INFECTED SHOULDER BURSA	455.82										
67	23031	I&D INFECTED SHOULDER BURSA	455.82	00 15									
63	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	764.35										
67	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	764.35	00 15									
63	23040	ARTHROTOMY REMOVE FOREIGN BODY	805.61										
67	23040	ARTHROTOMY REMOVE FOREIGN BODY	805.61	00 15									
63	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	634.63										
67	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	634.63	00 15									
63	23065	BIOPSY SHOULDER SUPERFICIAL	245.65										
67	23065	BIOPSY SHOULDER SUPERFICIAL	245.65	00 15									
63	23066	BIOPSY OF SHOULDER DEEP	608.55										
67	23066	BIOPSY OF SHOULDER DEEP	608.55	00 15									
63	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	475.82										
67	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	475.82	00 15									
63	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	789.24										
67	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	789.24	00 15									
63	23075	EXC BENIGN SHOULDER TUMOR SUBCU	566.05										
67	23075	EXC BENIGN SHOULDER TUMOR SUBCU	566.05	00 15									
63	23076	EXC BENIGN SHOULDER TUMOR DEEP	611.61										
67	23076	EXC BENIGN SHOULDER TUMOR DEEP	611.61	00 15									
63	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,294.18										
67	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,294.18	00 15									
63	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,631.37										
67	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,631.37	00 15									
63	23100	BIOPSY SHOULDER JOINT	563.06										
67	23100	BIOPSY SHOULDER JOINT	563.06	00 15									
63	23101	EXCISION TORN CARTILAGE SHOULDER JOI	509.67										
67	23101	EXCISION TORN CARTILAGE SHOULDER JOI	509.67	00 15									
63	23105	ARTHROTOMY;GLENOHUMERAL JOINT	715.21										
67	23105	ARTHROTOMY;GLENOHUMERAL JOINT	715.21	00 15									
63	23106	ARTHROTOMY;STERNOCLAVICULAR JT	558.83										
67	23106	ARTHROTOMY;STERNOCLAVICULAR JT	558.83	00 15									
63	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	739.10										
67	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	739.10	00 15									
63	23120	CLAVICULECTOMY PARTIAL	653.24										
67	23120	CLAVICULECTOMY PARTIAL	653.24	00 15									
63	23125	CLAVICULECTOMY TOTAL	796.12										
67	23125	CLAVICULECTOMY TOTAL	796.12	00 15									
63	23130	ACROMIONECTOMY PARTIAL/TOTAL	689.74										
67	23130	ACROMIONECTOMY PARTIAL/TOTAL	689.74	00 15									
63	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	620.15										
67	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	620.15	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	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	696.35										
67	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	696.35	00 15									
63	23150	EXCISION TUMOR PROXIMAL HUMEROUS	741.32										
67	23150	EXCISION TUMOR PROXIMAL HUMEROUS	741.32	00 15									
63	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	894.03										
67	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	894.03	00 15									
63	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	760.22										
67	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	760.22	00 15									
63	23170	SEQUESTRECTOMY CLAVICLE	629.88										
67	23170	SEQUESTRECTOMY CLAVICLE	629.88	00 15									
63	23172	SEQUESTRECTOMY SCAPULA	636.46										
67	23172	SEQUESTRECTOMY SCAPULA	636.46	00 15									
63	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	853.54										
67	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	853.54	00 15									
63	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	747.79										
67	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	747.79	00 15									
63	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	749.63										
67	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	749.63	00 15									
63	23184	PARTIAL EXCISION PROXIMAL HUMERUS	825.95										
67	23184	PARTIAL EXCISION PROXIMAL HUMERUS	825.95	00 15									
63	23190	OSTECTOMY OF SCAPULA PATTIAL	642.82										
67	23190	OSTECTOMY OF SCAPULA PATTIAL	642.82	00 15									
63	23195	RESECTION HUMERAL HEAD	831.77										
67	23195	RESECTION HUMERAL HEAD	831.77	00 15									
63	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,695.85										
67	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,695.85	00 15									
63	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,994.28										
67	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,994.28	00 15									
63	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,192.04										
67	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,192.04	00 15									
63	23330	REMOVE SHOULDER FOREIGN BODY	322.38										
67	23330	REMOVE SHOULDER FOREIGN BODY	322.38	00 15									
63	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	526.60									X	
67	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	526.60	00 15								X	
63	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,190.80									X	
67	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,190.80	00 15								X	
63	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,425.32									X	
67	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,425.32	00 15								X	
63	23350	INJECTION FOR SHOULDER X-RAY	177.74										
67	23350	INJECTION FOR SHOULDER X-RAY	177.74	00 15									
63	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,433.35										
67	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,433.35	00 15									
63	23397	MUSCLE TRANSFER MULTIPLE	1,280.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	23397	MUSCLE TRANSFER MULTIPLE	1,280.29	00 15									
63	23400	FIXATION OF SHOULDERBLADE	1,093.37										
67	23400	FIXATION OF SHOULDERBLADE	1,093.37	00 15									
63	23405	INCISION OF TENDON & MUSCLE	691.70										
67	23405	INCISION OF TENDON & MUSCLE	691.70	00 15									
63	23406	INCISE TENDON(S) & MUSCLE(S)	833.15										
67	23406	INCISE TENDON(S) & MUSCLE(S)	833.15	00 15									
63	23410	REPAIR OF TENDON(S)	918.61										
67	23410	REPAIR OF TENDON(S)	918.61	00 15									
63	23412	REPAIR OF TENDON(S),CHRONIC	955.24										
67	23412	REPAIR OF TENDON(S),CHRONIC	955.24	00 15									
63	23415	CORACOACROMIAL LIGAMENT RELEAS	781.07										
67	23415	CORACOACROMIAL LIGAMENT RELEAS	781.07	00 15									
63	23420	REPAIR COMPLETE SHOULDER	1,091.91										
67	23420	REPAIR COMPLETE SHOULDER	1,091.91	00 15									
63	23430	REPAIR BICEPS TENDON RUPTURE	832.86										
67	23430	REPAIR BICEPS TENDON RUPTURE	832.86	00 15									
63	23440	REMOVAL/TRANSPLANT TENDON	850.04										
67	23440	REMOVAL/TRANSPLANT TENDON	850.04	00 15									
63	23450	CAPSULORRHAPHY,ANTERIOR	1,065.85										
67	23450	CAPSULORRHAPHY,ANTERIOR	1,065.85	00 15									
63	23455	CAPSULORRHAPHY;BANKART TYPE	1,118.45										
67	23455	CAPSULORRHAPHY;BANKART TYPE	1,118.45	00 15									
63	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,227.67										
67	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,227.67	00 15									
63	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,203.02										
67	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,203.02	00 15									
63	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,260.28										
67	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,260.28	00 15									
63	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,255.78										
67	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,255.78	00 15									
63	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,349.39										
67	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,349.39	00 15									
63	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,630.50										
67	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,630.50	00 15									
63	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,819.67									X	
67	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,819.67	00 15								X	
63	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,965.23									X	
67	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,965.23	00 15								X	
63	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	921.73										
67	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	921.73	00 15									
63	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,069.92										
67	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,069.92	00 15									
63	23490	PROPHYLACTIC TREATMENT;CLAVICLE	967.18										
67	23490	PROPHYLACTIC TREATMENT;CLAVICLE	967.18	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,142.46										
67	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,142.46	00 15									
63	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	244.02										
67	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	244.02	00 15									
63	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	397.80										
67	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	397.80	00 15									
63	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	804.64										
67	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	804.64	00 15									
63	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	263.84										
67	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	263.84	00 15									
63	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	434.08										
67	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	434.08	00 15									
63	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	644.05										
67	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	644.05	00 15									
63	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	700.31										
67	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	700.31	00 15									
63	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	262.50										
67	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	262.50	00 15									
63	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	386.70										
67	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	386.70	00 15									
63	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	639.02										
67	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	639.02	00 15									
63	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	731.60										
67	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	731.60	00 15									
63	23570	TREAT CLSD SCAP FX W/O MANIPULATION	258.11										
67	23570	TREAT CLSD SCAP FX W/O MANIPULATION	258.11	00 15									
63	23575	TREAT CLSD SCAPULAR W/MANIPULATION	453.49										
67	23575	TREAT CLSD SCAPULAR W/MANIPULATION	453.49	00 15									
63	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,100.56										
67	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,100.56	00 15									
63	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	364.13										
67	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	364.13	00 15									
63	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	519.24										
67	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	519.24	00 15									
63	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	990.01										
67	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	990.01	00 15									
63	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,389.77										
67	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,389.77	00 15									
63	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	296.88										
67	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	296.88	00 15									
63	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	425.32										
67	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	425.32	00 15									
63	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	869.96										
67	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	869.96	00 15									
63	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	362.19										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	362.19	00 15									
63	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	454.08										
67	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	454.08	00 15									
63	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	652.38										
67	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	652.38	00 15									
63	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	479.61										
67	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	479.61	00 15									
63	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	973.18										
67	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	973.18	00 15									
63	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	611.20										
67	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	611.20	00 15									
63	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	1,040.66										
67	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	1,040.66	00 15									
63	23700	FIXATION OF SHOULDER MANIP W/ANESTH	218.27										
67	23700	FIXATION OF SHOULDER MANIP W/ANESTH	218.27	00 15									
63	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,154.21										
67	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,154.21	00 15									
63	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,439.67										
67	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,439.67	00 15									
63	23900	AMPUTATION OF ARM & GIRDLE	1,560.51										
67	23900	AMPUTATION OF ARM & GIRDLE	1,560.51	00 15									
63	23920	AMPUTATION AT SHOULDER JOINT	1,261.79										
67	23920	AMPUTATION AT SHOULDER JOINT	1,261.79	00 15									
63	23921	AMPUTATION FOLLOW-UP SURGERY	522.85										
67	23921	AMPUTATION FOLLOW-UP SURGERY	522.85	00 15									
63	23930	DRAINAGE OF ARM LESION	393.80										
67	23930	DRAINAGE OF ARM LESION	393.80	00 15									
63	23931	DRAINAGE OF ARM BURSA	324.28										
67	23931	DRAINAGE OF ARM BURSA	324.28	00 15									
63	23935	DRAIN ARM/ELBOW BONE LESION	566.48										
67	23935	DRAIN ARM/ELBOW BONE LESION	566.48	00 15									
63	24000	EXPLORATORY ELBOW SURGERY	527.84										
67	24000	EXPLORATORY ELBOW SURGERY	527.84	00 15									
63	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	795.94										
67	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	795.94	00 15									
63	24065	BIOPSY ARM/ELBOW SOFT TISSUE	280.62										
67	24065	BIOPSY ARM/ELBOW SOFT TISSUE	280.62	00 15									
63	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	675.73										
67	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	675.73	00 15									
63	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	459.08										
67	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	459.08	00 15									
63	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	784.17										
67	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	784.17	00 15									
63	24075	REMOVE ARM/ELBOW LESION	583.08										
67	24075	REMOVE ARM/ELBOW LESION	583.08	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	611.79										
67	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	611.79	00 15									
63	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,172.45										
67	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,172.45	00 15									
63	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,507.08										
67	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,507.08	00 15									
63	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	466.60										
67	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	466.60	00 15									
63	24101	EXPLORE/TREAT ELBOW JOINT	560.18										
67	24101	EXPLORE/TREAT ELBOW JOINT	560.18	00 15									
63	24102	REMOVE ELBOW JOINT LINING	691.67										
67	24102	REMOVE ELBOW JOINT LINING	691.67	00 15									
63	24105	REMOVAL OF ELBOW BURSA	394.51										
67	24105	REMOVAL OF ELBOW BURSA	394.51	00 15									
63	24110	REMOVE HUMERUS LESION	658.90										
67	24110	REMOVE HUMERUS LESION	658.90	00 15									
63	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	827.37										
67	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	827.37	00 15									
63	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	967.36										
67	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	967.36	00 15									
63	24120	REMOVE ELBOW LESION	593.66										
67	24120	REMOVE ELBOW LESION	593.66	00 15									
63	24125	EXCISION BONE CYST HEAD/NECK RADIUS	696.97										
67	24125	EXCISION BONE CYST HEAD/NECK RADIUS	696.97	00 15									
63	24126	EXCISION BONE CYST HEAD/NECK RADIUS	728.74										
67	24126	EXCISION BONE CYST HEAD/NECK RADIUS	728.74	00 15									
63	24130	REMOVAL OF HEAD OF RADIUS	566.52										
67	24130	REMOVAL OF HEAD OF RADIUS	566.52	00 15									
63	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	838.51										
67	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	838.51	00 15									
63	24136	REMOVAL LESION/RADIAL HEAD OR NECK	708.40										
67	24136	REMOVAL LESION/RADIAL HEAD OR NECK	708.40	00 15									
63	24138	REMOVE BONE LESION/OLECRANON PROCESS	764.46										
67	24138	REMOVE BONE LESION/OLECRANON PROCESS	764.46	00 15									
63	24140	PART.EXCIS.BONE/HUMERUS	787.40										
67	24140	PART.EXCIS.BONE/HUMERUS	787.40	00 15									
63	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	665.79										
67	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	665.79	00 15									
63	24147	PART.EXCIS.BONE,OLECRANON PROCESS	698.53										
67	24147	PART.EXCIS.BONE,OLECRANON PROCESS	698.53	00 15									
63	24149	RADICAL RESECTION OF ELBOW	1,312.75										
67	24149	RADICAL RESECTION OF ELBOW	1,312.75	00 15									
63	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,742.63										
67	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,742.63	00 15									
63	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,511.96										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,511.96	00 15									
63	24155	RESECTION OF ELBOW JOINT	958.22										
67	24155	RESECTION OF ELBOW JOINT	958.22	00 15									
63	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,404.91										
67	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,404.91	00 15									
63	24164	REMOVAL OF HARDWARE OF FOREARM BONE	812.93										
67	24164	REMOVAL OF HARDWARE OF FOREARM BONE	812.93	00 15									
63	24200	REMOVAL OF ARM FOREIGN BODY	236.98										
67	24200	REMOVAL OF ARM FOREIGN BODY	236.98	00 15									
63	24201	REMOVAL OF ARM FOREIGN BODY DEEP	597.18										
67	24201	REMOVAL OF ARM FOREIGN BODY DEEP	597.18	00 15									
63	24220	INJECTION FOR ELBOW X-RAY	205.45										
67	24220	INJECTION FOR ELBOW X-RAY	205.45	00 15									
63	24300	MANIPULATE ELBOW W/ANESTH	472.82										
67	24300	MANIPULATE ELBOW W/ANESTH	472.82	00 15									
63	24301	MUSCLE/TENDON TRANSFER	841.33										
67	24301	MUSCLE/TENDON TRANSFER	841.33	00 15									
63	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	644.92									X	
67	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	644.92	00 15								X	
63	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	530.57									X	
67	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	530.57	00 15								X	
63	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	876.13										
67	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	876.13	00 15									
63	24330	FLEXOR-PLASTY ELBOW	805.30										
67	24330	FLEXOR-PLASTY ELBOW	805.30	00 15									
63	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	882.32										
67	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	882.32	00 15									
63	24332	TENOLYSIS, TRICEPS	687.22										
67	24332	TENOLYSIS, TRICEPS	687.22	00 15									
63	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	690.94										
67	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	690.94	00 15									
63	24341	REPAIR TENDON/MUSCLE ARM	826.29										
67	24341	REPAIR TENDON/MUSCLE ARM	826.29	00 15									
63	24342	REINSERTION RUPTURED BICEPS TENDON/D	869.03										
67	24342	REINSERTION RUPTURED BICEPS TENDON/D	869.03	00 15									
63	24343	REPR ELBOW LAT LIGMNT W/TISS	793.91										
67	24343	REPR ELBOW LAT LIGMNT W/TISS	793.91	00 15									
63	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,223.13										
67	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,223.13	00 15									
63	24345	REPR ELBW MED LIGMNT W/TISS	790.87										
67	24345	REPR ELBW MED LIGMNT W/TISS	790.87	00 15									
63	24346	RECONSTRUCT ELBOW MED LIGMNT	1,235.80										
67	24346	RECONSTRUCT ELBOW MED LIGMNT	1,235.80	00 15									
63	24357	INCISION OF TENDON TO REPAIR ELBOW J	461.52										
67	24357	INCISION OF TENDON TO REPAIR ELBOW J	461.52	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	587.98										
67	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	587.98	00 15									
63	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	739.98										
67	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	739.98	00 15									
63	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	1,014.64										
67	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	1,014.64	00 15									
63	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,133.71										
67	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,133.71	00 15									
63	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,194.12										
67	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,194.12	00 15									
63	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,627.65										
67	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,627.65	00 15									
63	24365	ARTHROPLASTY RADIAL HEAD	719.28										
67	24365	ARTHROPLASTY RADIAL HEAD	719.28	00 15									
63	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	762.80										
67	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	762.80	00 15									
63	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,730.76									X	
67	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,730.76	00 15								X	
63	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,992.17									X	
67	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,992.17	00 15								X	
63	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	924.23										
67	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	924.23	00 15									
63	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,189.19										
67	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,189.19	00 15									
63	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,191.48										
67	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,191.48	00 15									
63	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,184.15										
67	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,184.15	00 15									
63	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,208.19										
67	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,208.19	00 15									
63	24470	HEMIEPIPHYSEAL ARREST	752.91										
67	24470	HEMIEPIPHYSEAL ARREST	752.91	00 15									
63	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	891.36										
67	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	891.36	00 15									
63	24498	PROPHYLACTIC TREAT...HUMERUS	973.52										
67	24498	PROPHYLACTIC TREAT...HUMERUS	973.52	00 15									
63	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	396.05										
67	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	396.05	00 15									
63	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	556.69										
67	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	556.69	00 15									
63	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	986.75										
67	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	986.75	00 15									
63	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	965.30										
67	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	965.30	00 15									
63	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	419.07										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	419.07	00 15									
63	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	685.63										
67	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	685.63	00 15									
63	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	880.87										
67	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	880.87	00 15									
63	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	1,041.67										
67	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	1,041.67	00 15									
63	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,163.88										
67	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,163.88	00 15									
63	24560	TREAT CLSD EPICON FX,W/O MANIP	363.69										
67	24560	TREAT CLSD EPICON FX,W/O MANIP	363.69	00 15									
63	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	597.47										
67	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	597.47	00 15									
63	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	801.68										
67	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	801.68	00 15									
63	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	817.24										
67	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	817.24	00 15									
63	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	382.68										
67	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	382.68	00 15									
63	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	615.16										
67	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	615.16	00 15									
63	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	931.87										
67	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	931.87	00 15									
63	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	907.02										
67	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	907.02	00 15									
63	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,220.38										
67	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,220.38	00 15									
63	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,225.33										
67	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,225.33	00 15									
63	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	417.54										
67	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	417.54	00 15									
63	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	530.90										
67	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	530.90	00 15									
63	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	799.25										
67	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	799.25	00 15									
63	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	630.43										
67	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	630.43	00 15									
63	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	751.76										
67	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	751.76	00 15									
63	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	112.77										
67	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	112.77	00 15									
63	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	286.58										
67	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	286.58	00 15									
63	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	492.92										
67	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	492.92	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	731.51										
67	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	731.51	00 15									
63	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	817.64										
67	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	817.64	00 15									
63	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	320.37										
67	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	320.37	00 15									
63	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	513.10										
67	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	513.10	00 15									
63	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	727.51										
67	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	727.51	00 15									
63	24800	FUSION OF ELBOW JOINT	934.08										
67	24800	FUSION OF ELBOW JOINT	934.08	00 15									
63	24802	FUSION/GRAFT OF ELBOW JOINT	1,127.86										
67	24802	FUSION/GRAFT OF ELBOW JOINT	1,127.86	00 15									
63	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	828.18										
67	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	828.18	00 15									
63	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	822.69										
67	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	822.69	00 15									
63	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	635.39										
67	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	635.39	00 15									
63	24930	REAMPUTATION UPPER ARM	869.56										
67	24930	REAMPUTATION UPPER ARM	869.56	00 15									
63	24931	AMPUTATE UPPER ARM & IMPLANT	1,048.17										
67	24931	AMPUTATE UPPER ARM & IMPLANT	1,048.17	00 15									
63	24935	STUMP ELONGATION/REVISION UPPER ARM	1,371.31										
67	24935	STUMP ELONGATION/REVISION UPPER ARM	1,371.31	00 15									
63	25000	TENDON SHEATH INCISION; AT RADIAL ST	376.66										
67	25000	TENDON SHEATH INCISION; AT RADIAL ST	376.66	00 15									
63	25001	INCISE FLEXOR CARPI RADIALIS	379.53										
67	25001	INCISE FLEXOR CARPI RADIALIS	379.53	00 15									
63	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	809.81										
67	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	809.81	00 15									
63	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,455.30										
67	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,455.30	00 15									
63	25024	DECOMPRESS FOREARM 2 SPACES	876.46										
67	25024	DECOMPRESS FOREARM 2 SPACES	876.46	00 15									
63	25025	DECOMPRESS FORARM 2 SPACES	1,330.56										
67	25025	DECOMPRESS FORARM 2 SPACES	1,330.56	00 15									
63	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	759.20										
67	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	759.20	00 15									
63	25031	INCISION/DRAINAGE INFECTED BURSA; FO	408.72										
67	25031	INCISION/DRAINAGE INFECTED BURSA; FO	408.72	00 15									
63	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	652.83										
67	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	652.83	00 15									
63	25040	EXPLORE/TREAT WRIST JOINT	624.05										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	624.05	00 15									
63	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	275.61										
67	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	275.61	00 15									
63	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	404.37										
67	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	404.37	00 15									
63	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	477.68										
67	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	477.68	00 15									
63	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	597.39										
67	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	597.39	00 15									
63	25075	EXCISE SUBCUTANEOUS TUMOR	565.15										
67	25075	EXCISE SUBCUTANEOUS TUMOR	565.15	00 15									
63	25076	EXCISE TUMOR,DEEP	575.36										
67	25076	EXCISE TUMOR,DEEP	575.36	00 15									
63	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	1,005.78										
67	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	1,005.78	00 15									
63	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,319.50										
67	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,319.50	00 15									
63	25085	INCISION OF WRIST CAPSULE	497.46										
67	25085	INCISION OF WRIST CAPSULE	497.46	00 15									
63	25100	BIOPSY OF WRIST JOINT	388.43										
67	25100	BIOPSY OF WRIST JOINT	388.43	00 15									
63	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	448.86										
67	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	448.86	00 15									
63	25105	REMOVE WRIST JOINT LINING	539.20										
67	25105	REMOVE WRIST JOINT LINING	539.20	00 15									
63	25107	ARTHROTOMY,WRIST,COMPLEX	682.98										
67	25107	ARTHROTOMY,WRIST,COMPLEX	682.98	00 15									
63	25109	EXCISION OF TENDON, FOREARM AND/OR W	594.94									X	
67	25109	EXCISION OF TENDON, FOREARM AND/OR W	594.94	00 15								X	
63	25110	EXCISION,LESION OF TENDON SHEATH	383.30										
67	25110	EXCISION,LESION OF TENDON SHEATH	383.30	00 15									
63	25111	EXCISION GANGLION;WRIST,PRIMARY	355.61										
67	25111	EXCISION GANGLION;WRIST,PRIMARY	355.61	00 15									
63	25112	EXCISION GANGLION;WRIST,RECURRENT	431.69										
67	25112	EXCISION GANGLION;WRIST,RECURRENT	431.69	00 15									
63	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	839.06										
67	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	839.06	00 15									
63	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	667.42										
67	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	667.42	00 15									
63	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	422.62										
67	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	422.62	00 15									
63	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	559.73										
67	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	559.73	00 15									
63	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	556.66										
67	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	556.66	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	665.09										
67	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	665.09	00 15									
63	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	670.33										
67	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	670.33	00 15									
63	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	498.61										
67	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	498.61	00 15									
63	25135	EXCISE BONE CYST OF CARPAL BONES W/A	625.18										
67	25135	EXCISE BONE CYST OF CARPAL BONES W/A	625.18	00 15									
63	25136	EXCISE BONE CYST OF CARPAL BONES W/H	555.17										
67	25136	EXCISE BONE CYST OF CARPAL BONES W/H	555.17	00 15									
63	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	581.29										
67	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	581.29	00 15									
63	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	632.92										
67	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	632.92	00 15									
63	25151	PARTIAL REMOVAL OF RADIUS	651.64										
67	25151	PARTIAL REMOVAL OF RADIUS	651.64	00 15									
63	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,656.72										
67	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,656.72	00 15									
63	25210	CARPECTOMY; ONE BONE	544.94										
67	25210	CARPECTOMY; ONE BONE	544.94	00 15									
63	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	688.20										
67	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	688.20	00 15									
63	25230	RADIAL STYLOIDECTOMY	479.74										
67	25230	RADIAL STYLOIDECTOMY	479.74	00 15									
63	25240	EXCISION DISTAL ULNA	475.90										
67	25240	EXCISION DISTAL ULNA	475.90	00 15									
63	25246	INJECTION FOR WRIST X-RAY	212.23										
67	25246	INJECTION FOR WRIST X-RAY	212.23	00 15									
63	25248	REMOVE FOREARM FOREIGN BODY	468.64										
67	25248	REMOVE FOREARM FOREIGN BODY	468.64	00 15									
63	25250	REMOVAL OF WRIST PROSTHESIS	596.62										
67	25250	REMOVAL OF WRIST PROSTHESIS	596.62	00 15									
63	25251	REMOVE WRIST PROTH,COMPLICATED	806.80										
67	25251	REMOVE WRIST PROTH,COMPLICATED	806.80	00 15									
63	25259	MANIPULATE WRIST W/ANESTHES	467.42										
67	25259	MANIPULATE WRIST W/ANESTHES	467.42	00 15									
63	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	704.08									X	
67	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	704.08	00 15								X	
63	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	707.46									X	
67	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	707.46	00 15								X	
63	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	836.74									X	
67	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	836.74	00 15								X	
63	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	548.06									X	
67	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	548.06	00 15								X	
63	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	625.82									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	625.82	00	15								X	
63	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	740.63										X	
67	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	740.63	00	15								X	
63	25275	REPAIR FOREARM TENDON SHEATH	748.67											
67	25275	REPAIR FOREARM TENDON SHEATH	748.67	00	15									
63	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	630.43										X	
67	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	630.43	00	15								X	
63	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	483.59										X	
67	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	483.59	00	15								X	
63	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	585.40										X	
67	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	585.40	00	15								X	
63	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	771.26											
67	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	771.26	00	15									
63	25301	TENODESIS AT WRIST; EXTENSORS OF FI	716.10											
67	25301	TENODESIS AT WRIST; EXTENSORS OF FI	716.10	00	15									
63	25310	TEND TRANSPLANT...SING.;EACH TENDON	688.91										X	
67	25310	TEND TRANSPLANT...SING.;EACH TENDON	688.91	00	15								X	
63	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	798.87										X	
67	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	798.87	00	15								X	
63	25315	REVISE PALSY HAND TENDON(S)	864.60											
67	25315	REVISE PALSY HAND TENDON(S)	864.60	00	15									
63	25316	REVISE PALSY HAND TENDON W/TENDON S	1,030.13											
67	25316	REVISE PALSY HAND TENDON W/TENDON S	1,030.13	00	15									
63	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,089.86											
67	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,089.86	00	15									
63	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	943.67											
67	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	943.67	00	15									
63	25335	CENTRALIZATION-WRIST ON ULNA	1,063.13											
67	25335	CENTRALIZATION-WRIST ON ULNA	1,063.13	00	15									
63	25337	RECONSTRUCT ULNA/RADIOULNAR	982.80											
67	25337	RECONSTRUCT ULNA/RADIOULNAR	982.80	00	15									
63	25350	REVISION OF RADIUS;DISTAL THIRD	752.01											
67	25350	REVISION OF RADIUS;DISTAL THIRD	752.01	00	15									
63	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	858.96											
67	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	858.96	00	15									
63	25360	REVISION OF ULNA	731.36											
67	25360	REVISION OF ULNA	731.36	00	15									
63	25365	REVISE RADIUS & ULNA	1,031.19											
67	25365	REVISE RADIUS & ULNA	1,031.19	00	15									
63	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,136.06											
67	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,136.06	00	15									
63	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,073.38											
67	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,073.38	00	15									
63	25390	SHORTEN RADIUS/ULNA	858.79											
67	25390	SHORTEN RADIUS/ULNA	858.79	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,121.41										
67	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,121.41	00 15									
63	25392	SHORTEN RADIUS & ULNA	1,140.97										
67	25392	SHORTEN RADIUS & ULNA	1,140.97	00 15									
63	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,272.71										
67	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,272.71	00 15									
63	25394	REPAIR CARPAL BONE, SHORTEN	880.48										
67	25394	REPAIR CARPAL BONE, SHORTEN	880.48	00 15									
63	25400	REPAIR RADIUS OR ULNA	898.49										
67	25400	REPAIR RADIUS OR ULNA	898.49	00 15									
63	25405	REPAIR/GRAFT RADIUS OR ULNA	1,163.87										
67	25405	REPAIR/GRAFT RADIUS OR ULNA	1,163.87	00 15									
63	25415	REPAIR RADIUS & ULNA	1,089.65										
67	25415	REPAIR RADIUS & ULNA	1,089.65	00 15									
63	25420	REPAIR/GRAFT RADIUS & ULNA	1,313.60										
67	25420	REPAIR/GRAFT RADIUS & ULNA	1,313.60	00 15									
63	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,085.02										
67	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,085.02	00 15									
63	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,265.25										
67	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,265.25	00 15									
63	25430	VASC GRAFT INTO CARPAL BONE	818.42										
67	25430	VASC GRAFT INTO CARPAL BONE	818.42	00 15									
63	25431	REPAIR NONUNION CARPAL BONE	883.71										
67	25431	REPAIR NONUNION CARPAL BONE	883.71	00 15									
63	25440	REPAIR/GRAFT WRIST BONE	856.83										
67	25440	REPAIR/GRAFT WRIST BONE	856.83	00 15									
63	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,054.69										
67	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,054.69	00 15									
63	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	902.93										
67	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	902.93	00 15									
63	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	879.70										
67	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	879.70	00 15									
63	25444	RECONSTRUCT WRIST JOINT; LUNATE	925.52										
67	25444	RECONSTRUCT WRIST JOINT; LUNATE	925.52	00 15									
63	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	802.54										
67	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	802.54	00 15									
63	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,311.86										
67	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,311.86	00 15									
63	25449	REVISE ARTHROPLASTY,REVDVE	1,156.78										
67	25449	REVISE ARTHROPLASTY,REVDVE	1,156.78	00 15									
63	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	691.17										
67	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	691.17	00 15									
63	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	818.42										
67	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	818.42	00 15									
63	25490	PROPHYLACTIC TREATMENT/RADIUS	806.01										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	25490	PROPHYLACTIC TREATMENT/RADIUS	806.01	00 15									
63	25491	PROPHYLACTIC TREATMENT; ULNA	829.71										
67	25491	PROPHYLACTIC TREATMENT; ULNA	829.71	00 15									
63	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	1,018.64										
67	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	1,018.64	00 15									
63	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	310.81										
67	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	310.81	00 15									
63	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	558.17										
67	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	558.17	00 15									
63	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	746.53										
67	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	746.53	00 15									
63	25520	CLOSED TREATMENT OF BROKEN FOREARM A	640.04										
67	25520	CLOSED TREATMENT OF BROKEN FOREARM A	640.04	00 15									
63	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	879.32										
67	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	879.32	00 15									
63	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,071.57										
67	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,071.57	00 15									
63	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	286.06										
67	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	286.06	00 15									
63	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	547.42										
67	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	547.42	00 15									
63	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	694.46										
67	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	694.46	00 15									
63	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	316.67										
67	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	316.67	00 15									
63	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	576.87										
67	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	576.87	00 15									
63	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	752.09										
67	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	752.09	00 15									
63	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	1,010.56										
67	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	1,010.56	00 15									
63	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	367.26										
67	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	367.26	00 15									
63	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	600.64										
67	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	600.64	00 15									
63	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	742.07										
67	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	742.07	00 15									
63	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	821.06										
67	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	821.06	00 15									
63	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	922.44										
67	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	922.44	00 15									
63	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,172.75										
67	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,172.75	00 15									
63	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	335.73										
67	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	335.73	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	539.26										
67	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	539.26	00 15									
63	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	802.35										
67	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	802.35	00 15									
63	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	335.41									X	
67	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	335.41	00 15								X	
63	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	512.46									X	
67	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	512.46	00 15								X	
63	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	639.37									X	
67	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	639.37	00 15								X	
63	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	362.41										
67	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	362.41	00 15									
63	25651	PIN ULNAR STYLOID FRACTURE	540.75										
67	25651	PIN ULNAR STYLOID FRACTURE	540.75	00 15									
63	25652	TREAT FRACTURE ULNAR STYLOID	693.38										
67	25652	TREAT FRACTURE ULNAR STYLOID	693.38	00 15									
63	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	496.55										
67	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	496.55	00 15									
63	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	681.19										
67	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	681.19	00 15									
63	25671	PIN RADIOULNAR DISLOCATION	588.33										
67	25671	PIN RADIOULNAR DISLOCATION	588.33	00 15									
63	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	497.63										
67	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	497.63	00 15									
63	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	703.63										
67	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	703.63	00 15									
63	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	589.39										
67	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	589.39	00 15									
63	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	825.03										
67	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	825.03	00 15									
63	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	546.16										
67	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	546.16	00 15									
63	25695	OPEN TREATMENT LUNATE DISLOCATION	711.82										
67	25695	OPEN TREATMENT LUNATE DISLOCATION	711.82	00 15									
63	25800	FUSION OF WRIST JOINT	817.33										
67	25800	FUSION OF WRIST JOINT	817.33	00 15									
63	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	951.21										
67	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	951.21	00 15									
63	25810	FUSION WRIST JOINT; W/DISTANT BONE	963.11										
67	25810	FUSION WRIST JOINT; W/DISTANT BONE	963.11	00 15									
63	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	718.15										
67	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	718.15	00 15									
63	25825	INTERCARPAL FUSION;W/ BONEGRAFT	878.28										
67	25825	INTERCARPAL FUSION;W/ BONEGRAFT	878.28	00 15									
63	25830	FUSION RADIOULNAR JNT/ULNA	1,141.73										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,141.73	00 15									
63	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	799.34										
67	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	799.34	00 15									
63	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	788.26										
67	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	788.26	00 15									
63	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	687.95										
67	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	687.95	00 15									
63	25909	REAMPUTATION FOREARM SURGERY	769.82										
67	25909	REAMPUTATION FOREARM SURGERY	769.82	00 15									
63	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,317.15										
67	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,317.15	00 15									
63	25920	DISARTICULATION THROUGH WRIST	815.38										
67	25920	DISARTICULATION THROUGH WRIST	815.38	00 15									
63	25922	DISARTICULATION WRIST;SECOND CLOSURE	720.05										
67	25922	DISARTICULATION WRIST;SECOND CLOSURE	720.05	00 15									
63	25924	REAMPUTATION WRIST SURGERY	797.07										
67	25924	REAMPUTATION WRIST SURGERY	797.07	00 15									
63	25927	TRANSMETACARPAL AMPUTATION	958.06										
67	25927	TRANSMETACARPAL AMPUTATION	958.06	00 15									
63	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	670.73										
67	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	670.73	00 15									
63	25931	AMPUTATION FOLLOW-UP SURGERY	885.14										
67	25931	AMPUTATION FOLLOW-UP SURGERY	885.14	00 15									
63	26010	DRAINAGE OF FINGER ABSCESS	368.81										
67	26010	DRAINAGE OF FINGER ABSCESS	368.81	00 15									
63	26011	DRAIN FINGER ABSCESS; COMPLICATED	515.43										
67	26011	DRAIN FINGER ABSCESS; COMPLICATED	515.43	00 15									
63	26020	DRAIN HAND TENDON SHEATH	616.23										
67	26020	DRAIN HAND TENDON SHEATH	616.23	00 15									
63	26025	DRAINAGE OF PALM BURSA	466.14										
67	26025	DRAINAGE OF PALM BURSA	466.14	00 15									
63	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	545.07										
67	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	545.07	00 15									
63	26034	TREAT HAND BONE LESION	610.12										
67	26034	TREAT HAND BONE LESION	610.12	00 15									
63	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	960.74										
67	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	960.74	00 15									
63	26037	DECOMPRESSIVE FASCIOTOMY, HAND	625.25										
67	26037	DECOMPRESSIVE FASCIOTOMY, HAND	625.25	00 15									
63	26040	RELEASE OF TISSUES OF PALM, ACCESSED	346.15										
67	26040	RELEASE OF TISSUES OF PALM, ACCESSED	346.15	00 15									
63	26045	PARTIAL RELEASE OF TISSUES OF PALM,	523.24										
67	26045	PARTIAL RELEASE OF TISSUES OF PALM,	523.24	00 15									
63	26055	INCISE FINGER TENDON SHEATH	631.88									X	
67	26055	INCISE FINGER TENDON SHEATH	631.88	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	280.43									X	
67	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	280.43	00 15								X	
63	26070	EXPLORE/TREAT HAND JOINT	353.62										
67	26070	EXPLORE/TREAT HAND JOINT	353.62	00 15									
63	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	372.53										
67	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	372.53	00 15									
63	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	438.64									X	
67	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	438.64	00 15								X	
63	26100	BIOPSY HAND JOINT LINING	374.97										
67	26100	BIOPSY HAND JOINT LINING	374.97	00 15									
63	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	377.70										
67	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	377.70	00 15									
63	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	358.23									X	
67	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	358.23	00 15								X	
63	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	461.24										
67	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	461.24	00 15									
63	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	606.18										
67	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	606.18	00 15									
63	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	591.67										
67	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	591.67	00 15									
63	26116	EXCISION BENIGN TUMOR,HAND; DEEP	581.79										
67	26116	EXCISION BENIGN TUMOR,HAND; DEEP	581.79	00 15									
63	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	823.21										
67	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	823.21	00 15									
63	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,180.79										
67	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,180.79	00 15									
63	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	665.39										
67	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	665.39	00 15									
63	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	927.58										
67	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	927.58	00 15									
63	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	305.17									X	
67	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	305.17	00 15								X	
63	26130	REMOVE WRIST JOINT LINING	521.53										
67	26130	REMOVE WRIST JOINT LINING	521.53	00 15									
63	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	616.49									X	
67	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	616.49	00 15								X	
63	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	562.74									X	
67	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	562.74	00 15								X	
63	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	572.10									X	
67	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	572.10	00 15								X	
63	26160	REMOVE TENDON SHEATH LESION	659.49										
67	26160	REMOVE TENDON SHEATH LESION	659.49	00 15									
63	26170	EXCISE TENDON,PALM...EACH	451.29									X	
67	26170	EXCISE TENDON,PALM...EACH	451.29	00 15								X	
63	26180	EXCISION OF TENDON,FINGER,FLEXOR	495.36										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	26180	EXCISION OF TENDON,FINGER,FLEXOR	495.36	00 15									
63	26185	REMOVE FINGER BONE	615.99										
67	26185	REMOVE FINGER BONE	615.99	00 15									
63	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	498.19										
67	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	498.19	00 15									
63	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	678.37										
67	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	678.37	00 15									
63	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	493.17										
67	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	493.17	00 15									
63	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	633.73										
67	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	633.73	00 15									
63	26230	PARTIAL REMOVAL OF HAND BONE	555.96										
67	26230	PARTIAL REMOVAL OF HAND BONE	555.96	00 15									
63	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	546.65										
67	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	546.65	00 15									
63	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	490.15										
67	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	490.15	00 15									
63	26250	RADICAL RESECTION FOR TUMOR,HAND	1,194.93										
67	26250	RADICAL RESECTION FOR TUMOR,HAND	1,194.93	00 15									
63	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	894.50										
67	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	894.50	00 15									
63	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	703.46										
67	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	703.46	00 15									
63	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	386.47										
67	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	386.47	00 15									
63	26340	MANIPULATE FINGER W/ANESTH	378.35									X	
67	26340	MANIPULATE FINGER W/ANESTH	378.35	00 15								X	
63	26341	MANIPULATION OF PALM PRETENDINOUS CO	125.78										
67	26341	MANIPULATION OF PALM PRETENDINOUS CO	125.78	00 15									
63	26350	REPAIR OF FINGER TENDON	816.29									X	
67	26350	REPAIR OF FINGER TENDON	816.29	00 15								X	
63	26352	REPAIR OF FINGER TENDON WITH GRAFT	916.23									X	
67	26352	REPAIR OF FINGER TENDON WITH GRAFT	916.23	00 15								X	
63	26356	REPAIR OF FINGER TENDON	877.64									X	
67	26356	REPAIR OF FINGER TENDON	877.64	00 15								X	
63	26357	REPAIR OF FINGER TENDON	990.83									X	
67	26357	REPAIR OF FINGER TENDON	990.83	00 15								X	
63	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,098.23									X	
67	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,098.23	00 15								X	
63	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	864.32									X	
67	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	864.32	00 15								X	
63	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	1,014.42									X	
67	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	1,014.42	00 15								X	
63	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	974.63									X	
67	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	974.63	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	977.31										
67	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	977.31	00 15									
63	26392	REMOVAL ROD AND INSERTION OF TENDON	1,114.18										
67	26392	REMOVAL ROD AND INSERTION OF TENDON	1,114.18	00 15									
63	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	656.99									X	
67	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	656.99	00 15								X	
63	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	787.73									X	
67	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	787.73	00 15								X	
63	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	944.55										
67	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	944.55	00 15									
63	26416	REMOVE TUBE/ROD,INSERT GRAFT...	1,023.89										
67	26416	REMOVE TUBE/ROD,INSERT GRAFT...	1,023.89	00 15									
63	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	677.29									X	
67	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	677.29	00 15								X	
63	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	819.57									X	
67	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	819.57	00 15								X	
63	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	558.59										
67	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	558.59	00 15									
63	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	879.77										
67	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	879.77	00 15									
63	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	592.99										
67	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	592.99	00 15									
63	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	626.41										
67	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	626.41	00 15									
63	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	767.56										
67	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	767.56	00 15									
63	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	731.77										
67	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	731.77	00 15									
63	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	710.94									X	
67	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	710.94	00 15								X	
63	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,086.32									X	
67	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,086.32	00 15								X	
63	26445	TENOLYSIS,EXT TEND...;EACH TENDON	661.99									X	
67	26445	TENOLYSIS,EXT TEND...;EACH TENDON	661.99	00 15								X	
63	26449	TENOLYSIS,COMP,EXT TENDON.....	769.98										
67	26449	TENOLYSIS,COMP,EXT TENDON.....	769.98	00 15									
63	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	506.89									X	
67	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	506.89	00 15								X	
63	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	500.65									X	
67	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	500.65	00 15								X	
63	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	491.82									X	
67	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	491.82	00 15								X	
63	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	723.89										
67	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	723.89	00 15									
63	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	715.44										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	715.44	00 15									
63	26476	TEND LENGTHEN,EXT...SINGLE, EACH	706.81									X	
67	26476	TEND LENGTHEN,EXT...SINGLE, EACH	706.81	00 15								X	
63	26477	TEND SHORTEN,EXT...SINGLE,EACH	684.03									X	
67	26477	TEND SHORTEN,EXT...SINGLE,EACH	684.03	00 15								X	
63	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	743.86									X	
67	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	743.86	00 15								X	
63	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	860.25									X	
67	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	860.25	00 15								X	
63	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	958.60									X	
67	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	958.60	00 15								X	
63	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	917.67									X	
67	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	917.67	00 15								X	
63	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	1,071.49									X	
67	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	1,071.49	00 15								X	
63	26490	REVISE THUMB TENDON	931.65										
67	26490	REVISE THUMB TENDON	931.65	00 15									
63	26492	REVISE THUMB TENDON W/GRAFT	1,030.52										
67	26492	REVISE THUMB TENDON W/GRAFT	1,030.52	00 15									
63	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	934.99										
67	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	934.99	00 15									
63	26496	REVISE THUMB TENDON; OTHER METHODS	1,009.28										
67	26496	REVISE THUMB TENDON; OTHER METHODS	1,009.28	00 15									
63	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,008.17										
67	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,008.17	00 15									
63	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,321.54										
67	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,321.54	00 15									
63	26499	CORRECTION CLAW FINGER,OTHER METHODS	968.09		X								
67	26499	CORRECTION CLAW FINGER,OTHER METHODS	968.09	00 15	X								
63	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	734.66										
67	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	734.66	00 15									
63	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	836.76										
67	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	836.76	00 15									
63	26508	RELEASE THUMB CONTRACTURE	742.01									X	
67	26508	RELEASE THUMB CONTRACTURE	742.01	00 15								X	
63	26510	CROSS INTRINSIC TRANSFER	703.99										
67	26510	CROSS INTRINSIC TRANSFER	703.99	00 15									
63	26516	FUSION OF KNUCKLE JOINT	820.78										
67	26516	FUSION OF KNUCKLE JOINT	820.78	00 15									
63	26517	FUSION KNUCKLE JOINT,TWO DIGITS	962.74										
67	26517	FUSION KNUCKLE JOINT,TWO DIGITS	962.74	00 15									
63	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	976.69									X	
67	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	976.69	00 15								X	
63	26520	CAPSULECTOMY/OTOMY....;EACH	745.58									X	
67	26520	CAPSULECTOMY/OTOMY....;EACH	745.58	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	748.26									X	
67	26525	CAPSULECTOMY/OTOMY...;EACH	748.26	00 15								X	
63	26530	ARTHROPLASTY,META...;SINGLE,EACH	601.23									X	
67	26530	ARTHROPLASTY,META...;SINGLE,EACH	601.23	00 15								X	
63	26531	ARTHROPLASTY,META..;PROSTH...EACH	700.64									X	
67	26531	ARTHROPLASTY,META..;PROSTH...EACH	700.64	00 15								X	
63	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	482.64									X	
67	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	482.64	00 15								X	
63	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	820.23									X	
67	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	820.23	00 15								X	
63	26540	REPAIR COLLATERAL LIGAMENT	770.09									X	
67	26540	REPAIR COLLATERAL LIGAMENT	770.09	00 15								X	
63	26541	RECONSTRUCT/GRAFT HAND JOINT	923.08									X	
67	26541	RECONSTRUCT/GRAFT HAND JOINT	923.08	00 15								X	
63	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	795.97										
67	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	795.97	00 15									
63	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	805.55									X	
67	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	805.55	00 15								X	
63	26546	REPAIR NON-UNION HAND	1,140.49										
67	26546	REPAIR NON-UNION HAND	1,140.49	00 15									
63	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	882.49									X	
67	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	882.49	00 15								X	
63	26550	CONSTRUCT THUMB REPLACEMENT	1,861.34									X	
67	26550	CONSTRUCT THUMB REPLACEMENT	1,861.34	00 15								X	
63	26551	GREAT TOE-HAND TRANSFER	3,726.07										
67	26551	GREAT TOE-HAND TRANSFER	3,726.07	00 15									
63	26553	SINGLE TOE-HAND TRANSFER	3,701.05										
67	26553	SINGLE TOE-HAND TRANSFER	3,701.05	00 15									
63	26554	DOUBLE TOE-HAND TRANSFER	4,313.66										
67	26554	DOUBLE TOE-HAND TRANSFER	4,313.66	00 15									
63	26555	POSITIONAL CHANGE OF FINGER	1,556.84										
67	26555	POSITIONAL CHANGE OF FINGER	1,556.84	00 15									
63	26556	TOE JOINT TRANSFER	3,845.17										
67	26556	TOE JOINT TRANSFER	3,845.17	00 15									
63	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	699.88									X	
67	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	699.88	00 15								X	
63	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,097.06									X	
67	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,097.06	00 15								X	
63	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,537.46									X	
67	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,537.46	00 15								X	
63	26565	CORRECT METACARPAL FLAW	791.05									X	
67	26565	CORRECT METACARPAL FLAW	791.05	00 15								X	
63	26567	CORRECT FINGER DEFORMITY	793.48									X	
67	26567	CORRECT FINGER DEFORMITY	793.48	00 15								X	
63	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	1,033.44										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,033.44	00 15									
63	26580	REPAIR HAND DEFORMITY	1,727.65									X	
67	26580	REPAIR HAND DEFORMITY	1,727.65	00 15								X	
63	26587	REPAIR SUPERNUMERARY DIGIT	1,170.97									X	
67	26587	REPAIR SUPERNUMERARY DIGIT	1,170.97	00 15								X	
63	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,611.33									X	
67	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,611.33	00 15								X	
63	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	527.82									X	
67	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	527.82	00 15								X	
63	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	910.17										
67	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	910.17	00 15									
63	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	327.36									X	
67	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	327.36	00 15								X	
63	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	362.26									X	
67	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	362.26	00 15								X	
63	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	564.39									X	
67	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	564.39	00 15								X	
63	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	532.32										
67	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	532.32	00 15									
63	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	636.79									X	
67	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	636.79	00 15								X	
63	26641	TREAT THUMB DISLOCATION W/MANIPU	461.61									X	
67	26641	TREAT THUMB DISLOCATION W/MANIPU	461.61	00 15								X	
63	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	479.89									X	
67	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	479.89	00 15								X	
63	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	530.32									X	
67	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	530.32	00 15								X	
63	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	688.73									X	
67	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	688.73	00 15								X	
63	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	387.67										
67	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	387.67	00 15									
63	26675	TREAT HAND DISLOCATION W/ANESTHESIA	510.68										
67	26675	TREAT HAND DISLOCATION W/ANESTHESIA	510.68	00 15									
63	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	560.95										
67	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	560.95	00 15									
63	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	637.97										
67	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	637.97	00 15									
63	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	697.80										
67	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	697.80	00 15									
63	26700	TREAT KNUCKLE DISLOCATION	376.02										
67	26700	TREAT KNUCKLE DISLOCATION	376.02	00 15									
63	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	465.73										
67	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	465.73	00 15									
63	26706	PERC.PINNING,CLOSED METACARPOPHALANG	494.82										
67	26706	PERC.PINNING,CLOSED METACARPOPHALANG	494.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	634.57										
67	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	634.57	00 15									
63	26720	TREAT CLSD FX;W/O MANIP, EACH	217.81									X	
67	26720	TREAT CLSD FX;W/O MANIP, EACH	217.81	00 15								X	
63	26725	TREAT CLSD FX;W/ MANIP, EACH	376.48									X	
67	26725	TREAT CLSD FX;W/ MANIP, EACH	376.48	00 15								X	
63	26727	TREAT FX,MANIP,TRACT/FIX, EACH	523.23									X	
67	26727	TREAT FX,MANIP,TRACT/FIX, EACH	523.23	00 15								X	
63	26735	OPEN TREAT....W/W/O FIX, EACH	658.96									X	
67	26735	OPEN TREAT....W/W/O FIX, EACH	658.96	00 15								X	
63	26740	TREAT CLSD ART FX...W/O MANIP,EACH	253.30									X	
67	26740	TREAT CLSD ART FX...W/O MANIP,EACH	253.30	00 15								X	
63	26742	TREAT CLSD ART FX....W/ MANIP, EACH	413.29									X	
67	26742	TREAT CLSD ART FX....W/ MANIP, EACH	413.29	00 15								X	
63	26746	OPEN TX,CLSD/OPEN FX...EACH	825.46									X	
67	26746	OPEN TX,CLSD/OPEN FX...EACH	825.46	00 15								X	
63	26750	TREAT CLSD FX...W/O MANIP, EACH	204.84									X	
67	26750	TREAT CLSD FX...W/O MANIP, EACH	204.84	00 15								X	
63	26755	TREAT CLSD FX...W/ MANIP, EACH	352.43									X	
67	26755	TREAT CLSD FX...W/ MANIP, EACH	352.43	00 15								X	
63	26756	TREAT CLSD FX..;W/PERC PIN, EACH	467.38									X	
67	26756	TREAT CLSD FX..;W/PERC PIN, EACH	467.38	00 15								X	
63	26765	OPEN TX,CLSD/OPEN FX..;EACH	553.44									X	
67	26765	OPEN TX,CLSD/OPEN FX..;EACH	553.44	00 15								X	
63	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	316.40										
67	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	316.40	00 15									
63	26775	TRMT OF SAME W/ ANESTION	430.91										
67	26775	TRMT OF SAME W/ ANESTION	430.91	00 15									
63	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	496.44										
67	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	496.44	00 15									
63	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	603.89										
67	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	603.89	00 15									
63	26820	THUMB FUSION WITH GRAFT	920.95										
67	26820	THUMB FUSION WITH GRAFT	920.95	00 15									
63	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	850.82										
67	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	850.82	00 15									
63	26842	ARTHRODESIS OF THUMB W/ GRAFT	923.17									X	
67	26842	ARTHRODESIS OF THUMB W/ GRAFT	923.17	00 15								X	
63	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	868.65										
67	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	868.65	00 15									
63	26844	ARTHRODESIS OF DIGITS W/ GRAFT	956.17										
67	26844	ARTHRODESIS OF DIGITS W/ GRAFT	956.17	00 15									
63	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	809.75										
67	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	809.75	00 15									
63	26852	ARTHRODESIS KNUCKLE W/ GRAFT	919.88										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	26852	ARTHRODESIS KNUCKLE W/ GRAFT	919.88	00 15									
63	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	666.99										
67	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	666.99	00 15									
63	26861	ARTHRODESIS...EACH ADD JOINT	115.35									X	
67	26861	ARTHRODESIS...EACH ADD JOINT	115.35	00 15								X	
63	26862	FUSION/GRAFT OF FINGER JOINT	844.09										
67	26862	FUSION/GRAFT OF FINGER JOINT	844.09	00 15									
63	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	257.07									X	
67	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	257.07	00 15								X	
63	26910	AMPUTATE METACARPAL BONE	842.70									X	
67	26910	AMPUTATE METACARPAL BONE	842.70	00 15								X	
63	26951	AMPUTATION OF FINGER/THUMB	764.79									X	
67	26951	AMPUTATION OF FINGER/THUMB	764.79	00 15								X	
63	26952	WITH LOCAL ADVANCEMENT FLAPS	752.44									X	
67	26952	WITH LOCAL ADVANCEMENT FLAPS	752.44	00 15								X	
63	26990	DRAINAGE OF PELVIS LESION	758.19										
67	26990	DRAINAGE OF PELVIS LESION	758.19	00 15									
63	26991	DRAINAGE OF PELVIS BURSA	774.89										
67	26991	DRAINAGE OF PELVIS BURSA	774.89	00 15									
63	26992	DRAINAGE OF BONE LESION	1,129.61										
67	26992	DRAINAGE OF BONE LESION	1,129.61	00 15									
63	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	443.42										
67	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	443.42	00 15									
63	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	604.70										
67	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	604.70	00 15									
63	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	669.84										
67	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	669.84	00 15									
63	27005	TENOTOMY, ILIOPSOAS, OPEN	810.74										
67	27005	TENOTOMY, ILIOPSOAS, OPEN	810.74	00 15									
63	27006	TENOTOMY, ABDUCTORS, OPEN	796.43										
67	27006	TENOTOMY, ABDUCTORS, OPEN	796.43	00 15									
63	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	1,034.97										
67	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	1,034.97	00 15									
63	27027	INCISION OF TISSUE OF MUSCLE COMPART	996.53										
67	27027	INCISION OF TISSUE OF MUSCLE COMPART	996.53	00 15									
63	27030	ARTHROTOMY OF HIP FOR DRAINAGE	1,054.96										
67	27030	ARTHROTOMY OF HIP FOR DRAINAGE	1,054.96	00 15									
63	27033	HIP ARTHROTOMY FOR EXPLORATION	1,093.37										
67	27033	HIP ARTHROTOMY FOR EXPLORATION	1,093.37	00 15									
63	27035	DENERVATION OF HIP JOINT	1,246.26										
67	27035	DENERVATION OF HIP JOINT	1,246.26	00 15									
63	27036	EXCISION OF HIP JOINT/MUSCLE	1,142.68										
67	27036	EXCISION OF HIP JOINT/MUSCLE	1,142.68	00 15									
63	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	365.78										
67	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	365.78	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	796.93										
67	27041	DEEP BIOPSY OF SOFT TISSUES	796.93	00 15									
63	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	533.99										
67	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	533.99	00 15									
63	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	833.38										
67	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	833.38	00 15									
63	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	547.20										
67	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	547.20	00 15									
63	27048	DEEP TUMOR EXCISION, HIP-PELVIS	690.01										
67	27048	DEEP TUMOR EXCISION, HIP-PELVIS	690.01	00 15									
63	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,542.63										
67	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,542.63	00 15									
63	27050	BIOPSY OF SACROILLIAC JOINT	449.09										
67	27050	BIOPSY OF SACROILLIAC JOINT	449.09	00 15									
63	27052	BIOPSY OF HIP JOINT	644.43										
67	27052	BIOPSY OF HIP JOINT	644.43	00 15									
63	27054	REMOVAL OF HIP JOINT LINING	768.82										
67	27054	REMOVAL OF HIP JOINT LINING	768.82	00 15									
63	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,137.87										
67	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,137.87	00 15									
63	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	2,060.60										
67	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	2,060.60	00 15									
63	27060	REMOVAL OF ISCHIAL BURSA	518.86										
67	27060	REMOVAL OF ISCHIAL BURSA	518.86	00 15									
63	27062	EXCISION TROCHANTERIC BURSA	507.12										
67	27062	EXCISION TROCHANTERIC BURSA	507.12	00 15									
63	27065	EXCISION OF BONE CYST OR BENIGN TUMO	584.90										
67	27065	EXCISION OF BONE CYST OR BENIGN TUMO	584.90	00 15									
63	27066	EXCISION OF BONE CYST OR BENIGN TUMO	913.28										
67	27066	EXCISION OF BONE CYST OR BENIGN TUMO	913.28	00 15									
63	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,162.61										
67	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,162.61	00 15									
63	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	991.41										
67	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	991.41	00 15									
63	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,087.40										
67	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,087.40	00 15									
63	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,355.59										
67	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,355.59	00 15									
63	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,852.62										
67	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,852.62	00 15									
63	27077	INNOMINATE BONE-TOTAL	3,184.77										
67	27077	INNOMINATE BONE-TOTAL	3,184.77	00 15									
63	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,322.37										
67	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,322.37	00 15									
63	27080	COCCYGECTOMY	577.27										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	27080	COCCYGECTOMY	577.27	00 15									
63	27086	REMOVE HIP FOREIGN BODY	333.11										
67	27086	REMOVE HIP FOREIGN BODY	333.11	00 15									
63	27087	DEEP ODY	696.15										
67	27087	DEEP ODY	696.15	00 15									
63	27090	REMOVAL OF HIP PROSTHESIS	932.43										
67	27090	REMOVAL OF HIP PROSTHESIS	932.43	00 15									
63	27091	COMPLICATED HESIS	1,797.88										
67	27091	COMPLICATED HESIS	1,797.88	00 15									
63	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	252.69										
67	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	252.69	00 15									
63	27095	WITH ANES RAY	340.83										
67	27095	WITH ANES RAY	340.83	00 15									
63	27096	INJECTION PROCEDURE FOR SACROILIAC J	173.19										
67	27096	INJECTION PROCEDURE FOR SACROILIAC J	173.19	00 15									
63	27097	HAMSTRING RECESSION PROXIMAL	767.26										
67	27097	HAMSTRING RECESSION PROXIMAL	767.26	00 15									
63	27098	ADDUCTOR TRANSFER TO ISCHIUM	779.49										
67	27098	ADDUCTOR TRANSFER TO ISCHIUM	779.49	00 15									
63	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	930.23										
67	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	930.23	00 15									
63	27105	TRANSFER PARASPINAL MUSCLE TO HIP	976.89										
67	27105	TRANSFER PARASPINAL MUSCLE TO HIP	976.89	00 15									
63	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,091.53										
67	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,091.53	00 15									
63	27111	TO FEMORAL NECK S MUSCLE	1,014.46										
67	27111	TO FEMORAL NECK S MUSCLE	1,014.46	00 15									
63	27120	ACETABULOPLASTY P SOCKET	1,462.87										
67	27120	ACETABULOPLASTY P SOCKET	1,462.87	00 15									
63	27122	RESECTION FEMORAL HEAD	1,242.19										
67	27122	RESECTION FEMORAL HEAD	1,242.19	00 15									
63	27125	HEMIARTHROPLASTY; PROSTHESIS	1,272.94										
67	27125	HEMIARTHROPLASTY; PROSTHESIS	1,272.94	00 15									
63	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,449.06										
67	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,449.06	00 15									
63	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,886.09										
67	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,886.09	00 15									
63	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,157.43										
67	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,157.43	00 15									
63	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,655.94										
67	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,655.94	00 15									
63	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,722.20										
67	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,722.20	00 15									
63	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	1,004.71										
67	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	1,004.71	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,442.15										
67	27146	OSTEOTOMY, ILIAC	1,442.15	00 15									
63	27147	WITH OPEN REDUCTION OF HIP	1,649.27										
67	27147	WITH OPEN REDUCTION OF HIP	1,649.27	00 15									
63	27151	WITH FEMORAL OSTEOTOMY	1,784.23										
67	27151	WITH FEMORAL OSTEOTOMY	1,784.23	00 15									
63	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,924.39										
67	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,924.39	00 15									
63	27158	OSTEOTOMY, PELVIS, BILATERAL	1,577.79										
67	27158	OSTEOTOMY, PELVIS, BILATERAL	1,577.79	00 15									
63	27161	INCISION OF NECK OF FEMUR	1,373.88										
67	27161	INCISION OF NECK OF FEMUR	1,373.88	00 15									
63	27165	INCISION/FIXATION OF FEMUR	1,551.45										
67	27165	INCISION/FIXATION OF FEMUR	1,551.45	00 15									
63	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,315.41										
67	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,315.41	00 15									
63	27175	TREAT SLIPPED EPIPHYSIS	749.06										
67	27175	TREAT SLIPPED EPIPHYSIS	749.06	00 15									
63	27176	BY SINGLE OR MULITPLE PINNING, IN SI	1,035.30										
67	27176	BY SINGLE OR MULITPLE PINNING, IN SI	1,035.30	00 15									
63	27177	REPAIR SLIPPED EPIPHYSIS	1,254.18										
67	27177	REPAIR SLIPPED EPIPHYSIS	1,254.18	00 15									
63	27178	CLOSED MANIPULATION YSIS	1,035.30										
67	27178	CLOSED MANIPULATION YSIS	1,035.30	00 15									
63	27179	OSTEOPLASTY OF FEMORAL NECK	1,100.96										
67	27179	OSTEOPLASTY OF FEMORAL NECK	1,100.96	00 15									
63	27181	OSTEOTOMY & INTERNAL FIXATION	1,258.34										
67	27181	OSTEOTOMY & INTERNAL FIXATION	1,258.34	00 15									
63	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	805.30										
67	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	805.30	00 15									
63	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,120.65										
67	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,120.65	00 15									
63	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	147.59										
67	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	147.59	00 15									
63	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	357.77										
67	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	357.77	00 15									
63	27200	TRMT OF CLOSED COCCYGEAL FX	206.27										
67	27200	TRMT OF CLOSED COCCYGEAL FX	206.27	00 15									
63	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	592.21										
67	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	592.21	00 15									
63	27220	TREAT HIP SOCKET FRACTURE	468.56										
67	27220	TREAT HIP SOCKET FRACTURE	468.56	00 15									
63	27222	WITH MANIPULATION CTURE	1,107.05										
67	27222	WITH MANIPULATION CTURE	1,107.05	00 15									
63	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,188.77										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,188.77	00 15									
63	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,863.08										
67	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,863.08	00 15									
63	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	2,121.99										
67	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	2,121.99	00 15									
63	27230	TRMT OF CLOSED FEMORAL FX	540.86										
67	27230	TRMT OF CLOSED FEMORAL FX	540.86	00 15									
63	27232	WITH MANIPULATION MUR	840.69									X	
67	27232	WITH MANIPULATION MUR	840.69	00 15								X	
63	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	1,019.99										
67	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	1,019.99	00 15									
63	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,342.78										
67	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,342.78	00 15									
63	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	520.47										
67	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	520.47	00 15									
63	27240	WITH MANIPULATION RACTURE	1,078.89										
67	27240	WITH MANIPULATION RACTURE	1,078.89	00 15									
63	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,381.91										
67	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,381.91	00 15									
63	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,380.56										
67	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,380.56	00 15									
63	27246	TRMT OF CLOSED GREATER TROCHANTERIC	436.03										
67	27246	TRMT OF CLOSED GREATER TROCHANTERIC	436.03	00 15									
63	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	840.43										
67	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	840.43	00 15									
63	27250	TREAT HIP DISLOCATION	212.13										
67	27250	TREAT HIP DISLOCATION	212.13	00 15									
63	27252	REQUIRING ANES N	851.64										
67	27252	REQUIRING ANES N	851.64	00 15									
63	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	1,058.49										
67	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	1,058.49	00 15									
63	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,433.47										
67	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,433.47	00 15									
63	27256	TRMT OF CONGENITAL HIP DISLOCATION	345.47										
67	27256	TRMT OF CONGENITAL HIP DISLOCATION	345.47	00 15									
63	27257	WITH MANIPULATION REQUIRING ANES	406.32										
67	27257	WITH MANIPULATION REQUIRING ANES	406.32	00 15									
63	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,251.24										
67	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,251.24	00 15									
63	27259	W/ FEMORAL SHAFT SHORTENING	1,738.78										
67	27259	W/ FEMORAL SHAFT SHORTENING	1,738.78	00 15									
63	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	458.83										
67	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	458.83	00 15									
63	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	655.16										
67	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	655.16	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	490.86										
67	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	490.86	00 15									
63	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	609.00										
67	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	609.00	00 15									
63	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,400.28										
67	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,400.28	00 15									
63	27275	MANIPULATION OF HIP JOINT	202.51										
67	27275	MANIPULATION OF HIP JOINT	202.51	00 15									
63	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	947.76										
67	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	947.76	00 15									
63	27280	FUSION OF SACROILIAC JOINT	1,561.27										
67	27280	FUSION OF SACROILIAC JOINT	1,561.27	00 15									
63	27282	FUSION OF PUBIC BONES	964.46										
67	27282	FUSION OF PUBIC BONES	964.46	00 15									
63	27284	FUSION OF HIP JOINT	1,814.56										
67	27284	FUSION OF HIP JOINT	1,814.56	00 15									
63	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,853.95										
67	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,853.95	00 15									
63	27290	AMPUTATION OF LEG AT HIP	1,832.48										
67	27290	AMPUTATION OF LEG AT HIP	1,832.48	00 15									
63	27295	DISARTICULATION OF HIP	1,433.31										
67	27295	DISARTICULATION OF HIP	1,433.31	00 15									
63	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	739.73										
67	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	739.73	00 15									
63	27303	INCISION, DEEP W/ OPENING OF BONE CO	716.63										
67	27303	INCISION, DEEP W/ OPENING OF BONE CO	716.63	00 15									
63	27305	FASCIOTOMY & FASCIA	539.32										
67	27305	FASCIOTOMY & FASCIA	539.32	00 15									
63	27306	TENOTOMY, SINGLE NDON	370.75										
67	27306	TENOTOMY, SINGLE NDON	370.75	00 15									
63	27307	MULTIPLE NDONS	460.54										
67	27307	MULTIPLE NDONS	460.54	00 15									
63	27310	ARTHROTOMY, KNEE JOINT	820.18										
67	27310	ARTHROTOMY, KNEE JOINT	820.18	00 15									
63	27323	BIOPSY THIGH SOFT TISSUES	293.94										
67	27323	BIOPSY THIGH SOFT TISSUES	293.94	00 15									
63	27324	BIOPSY THIGH SOFT TISSUES	453.45										
67	27324	BIOPSY THIGH SOFT TISSUES	453.45	00 15									
63	27325	NEURECTOMY, HAMSTRING MUSCLE	630.50										
67	27325	NEURECTOMY, HAMSTRING MUSCLE	630.50	00 15									
63	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	582.13										
67	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	582.13	00 15									
63	27327	REMOVAL OF THIGH LESION	548.76										
67	27327	REMOVAL OF THIGH LESION	548.76	00 15									
63	27328	REMOVAL OF THIGH LESION	702.85										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	702.85	00 15									
63	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,182.23										
67	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,182.23	00 15									
63	27330	BIOPSY KNEE JOINT LINING	469.33										
67	27330	BIOPSY KNEE JOINT LINING	469.33	00 15									
63	27331	EXPLORE/TREAT KNEE JOINT	530.58										
67	27331	EXPLORE/TREAT KNEE JOINT	530.58	00 15									
63	27332	REMOVAL OF KNEE CARTILAGE	721.36										
67	27332	REMOVAL OF KNEE CARTILAGE	721.36	00 15									
63	27333	REMOVAL OF KNEE CARTILAGE	657.40										
67	27333	REMOVAL OF KNEE CARTILAGE	657.40	00 15									
63	27334	REMOVE KNEE JOINT LINING	767.37										
67	27334	REMOVE KNEE JOINT LINING	767.37	00 15									
63	27335	REMOVE KNEE JOINT LINING	859.40										
67	27335	REMOVE KNEE JOINT LINING	859.40	00 15									
63	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	475.31										
67	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	475.31	00 15									
63	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	856.69										
67	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	856.69	00 15									
63	27340	REMOVAL OF KNEECAP BURSA	415.08										
67	27340	REMOVAL OF KNEECAP BURSA	415.08	00 15									
63	27345	REMOVAL OF CYST OF MEMBRANE COVERING	541.24										
67	27345	REMOVAL OF CYST OF MEMBRANE COVERING	541.24	00 15									
63	27347	REMOVE KNEE CYST	586.80										
67	27347	REMOVE KNEE CYST	586.80	00 15									
63	27350	REMOVAL OF KNEECAP	731.98										
67	27350	REMOVAL OF KNEECAP	731.98	00 15									
63	27355	REMOVE FEMUR LESION	680.74										
67	27355	REMOVE FEMUR LESION	680.74	00 15									
63	27356	REMOVE FEMUR LESION/GRAFT	829.42										
67	27356	REMOVE FEMUR LESION/GRAFT	829.42	00 15									
63	27357	REMOVE FEMUR LESION/GRAFT	918.83										
67	27357	REMOVE FEMUR LESION/GRAFT	918.83	00 15									
63	27358	WITH INTERNAL FIXATION	313.92										
67	27358	WITH INTERNAL FIXATION	313.92	00 15									
63	27360	PARTIAL REMOVAL LEG BONE(S)	1,010.00										
67	27360	PARTIAL REMOVAL LEG BONE(S)	1,010.00	00 15									
63	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,777.27										
67	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,777.27	00 15									
63	27365	EXTENSIVE LEG SURGERY	2,321.19										
67	27365	EXTENSIVE LEG SURGERY	2,321.19	00 15									
63	27369	INJECTION PROCEDURE FOR CONTRAST KNE	184.87										
67	27369	INJECTION PROCEDURE FOR CONTRAST KNE	184.87	00 15									
63	27372	REMOVAL OF FOREIGN BODY	646.83										
67	27372	REMOVAL OF FOREIGN BODY	646.83	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	693.56										
67	27380	REPAIR OF KNEECAP TENDON	693.56	00 15									
63	27381	REPAIR/GRAFT KNEECAP TENDON	919.89										
67	27381	REPAIR/GRAFT KNEECAP TENDON	919.89	00 15									
63	27385	REPAIR OF THIGH MUSCLE	672.92										
67	27385	REPAIR OF THIGH MUSCLE	672.92	00 15									
63	27386	REPAIR/GRAFT OF THIGH MUSCLE	959.55										
67	27386	REPAIR/GRAFT OF THIGH MUSCLE	959.55	00 15									
63	27390	INCISION OF THIGH TENDON	499.62										
67	27390	INCISION OF THIGH TENDON	499.62	00 15									
63	27391	INCISION OF THIGH TENDONS	621.65										
67	27391	INCISION OF THIGH TENDONS	621.65	00 15									
63	27392	INCISION OF THIGH TENDONS	799.11										
67	27392	INCISION OF THIGH TENDONS	799.11	00 15									
63	27393	LENGTHENING OF THIGH TENDON	560.94										
67	27393	LENGTHENING OF THIGH TENDON	560.94	00 15									
63	27394	LENGTHENING OF THIGH TENDONS	733.80										
67	27394	LENGTHENING OF THIGH TENDONS	733.80	00 15									
63	27395	LENGTHENING OF THIGH TENDONS	989.03										
67	27395	LENGTHENING OF THIGH TENDONS	989.03	00 15									
63	27396	TRANSPLANT OF THIGH TENDON	691.96										
67	27396	TRANSPLANT OF THIGH TENDON	691.96	00 15									
63	27397	TRANSPLANTS OF THIGH TENDONS	1,025.39										
67	27397	TRANSPLANTS OF THIGH TENDONS	1,025.39	00 15									
63	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	779.89										
67	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	779.89	00 15									
63	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	721.81										
67	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	721.81	00 15									
63	27405	REPAIR OF KNEE LIGAMENT	757.53										
67	27405	REPAIR OF KNEE LIGAMENT	757.53	00 15									
63	27407	REPAIR OF KNEE LIGAMENT	893.30										
67	27407	REPAIR OF KNEE LIGAMENT	893.30	00 15									
63	27409	REPAIR OF KNEE LIGAMENTS	1,087.17										
67	27409	REPAIR OF KNEE LIGAMENTS	1,087.17	00 15									
63	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,856.39										
67	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,856.39	00 15									
63	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,542.07		X								
67	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,542.07	00 15	X								
63	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,103.25		X								
67	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,103.25	00 15	X								
63	27418	PLASTY FOR CHONDROMALACIA PATELLAE	932.16										
67	27418	PLASTY FOR CHONDROMALACIA PATELLAE	932.16	00 15									
63	27420	REVISION OF UNSTABLE KNEECAP	832.12										
67	27420	REVISION OF UNSTABLE KNEECAP	832.12	00 15									
63	27422	REVISION OF UNSTABLE KNEECAP	832.21										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	27422	REVISION OF UNSTABLE KNEECAP	832.21	00 15									
63	27424	REVISION/REMOVAL OF KNEECAP	840.29										
67	27424	REVISION/REMOVAL OF KNEECAP	840.29	00 15									
63	27425	LATERAL RETINACULAR RELEASE ANY METH	502.81										
67	27425	LATERAL RETINACULAR RELEASE ANY METH	502.81	00 15									
63	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	796.35										
67	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	796.35	00 15									
63	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,252.15										
67	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,252.15	00 15									
63	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,408.80										
67	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,408.80	00 15									
63	27430	REVISION OF THIGH MUSCLES	832.63										
67	27430	REVISION OF THIGH MUSCLES	832.63	00 15									
63	27435	INCISION OF KNEE JOINT	899.54										
67	27435	INCISION OF KNEE JOINT	899.54	00 15									
63	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	739.57										
67	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	739.57	00 15									
63	27438	REVISE KNEECAP WITH IMPLANT	943.05										
67	27438	REVISE KNEECAP WITH IMPLANT	943.05	00 15									
63	27440	REVISION OF KNEE JOINT	895.34										
67	27440	REVISION OF KNEE JOINT	895.34	00 15									
63	27441	REVISION OF KNEE JOINT	925.09										
67	27441	REVISION OF KNEE JOINT	925.09	00 15									
63	27442	REVISION OF KNEE JOINT	978.69										
67	27442	REVISION OF KNEE JOINT	978.69	00 15									
63	27443	REVISION OF KNEE JOINT	916.18										
67	27443	REVISION OF KNEE JOINT	916.18	00 15									
63	27445	REVISE KNEE JOINT, IMPLANT	1,412.83										
67	27445	REVISE KNEE JOINT, IMPLANT	1,412.83	00 15									
63	27446	TOTAL KNEE REPLACEMENT	1,301.43										
67	27446	TOTAL KNEE REPLACEMENT	1,301.43	00 15									
63	27447	TOTAL KNEE REPLACEMENT	1,447.54										
67	27447	TOTAL KNEE REPLACEMENT	1,447.54	00 15									
63	27448	INCISION OF FEMUR	910.36										
67	27448	INCISION OF FEMUR	910.36	00 15									
63	27450	INCISION OF FEMUR	1,137.74										
67	27450	INCISION OF FEMUR	1,137.74	00 15									
63	27454	REALIGNMENT OF FEMUR	1,456.05										
67	27454	REALIGNMENT OF FEMUR	1,456.05	00 15									
63	27455	REALIGNMENT OF KNEE	1,079.86										
67	27455	REALIGNMENT OF KNEE	1,079.86	00 15									
63	27457	REALIGNMENT OF KNEE	1,082.85										
67	27457	REALIGNMENT OF KNEE	1,082.85	00 15									
63	27465	SHORTENING OF FEMUR	1,406.45										
67	27465	SHORTENING OF FEMUR	1,406.45	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,332.69										
67	27466	LENGTHENING OF FEMUR	1,332.69	00 15									
63	27468	REVISION OF FEMURS	1,511.19										
67	27468	REVISION OF FEMURS	1,511.19	00 15									
63	27470	REPAIR OF FEMUR	1,325.92										
67	27470	REPAIR OF FEMUR	1,325.92	00 15									
63	27472	REPAIR/GRAFT OF FEMUR	1,422.91										
67	27472	REPAIR/GRAFT OF FEMUR	1,422.91	00 15									
63	27475	REPAIR OF FEMUR EPIPHYSIS	743.79										
67	27475	REPAIR OF FEMUR EPIPHYSIS	743.79	00 15									
63	27477	REPAIR LOWER LEG EPIPHYSES	823.92										
67	27477	REPAIR LOWER LEG EPIPHYSES	823.92	00 15									
63	27479	REPAIR OF LEG EPIPHYSES	1,033.11										
67	27479	REPAIR OF LEG EPIPHYSES	1,033.11	00 15									
63	27485	REPAIR OF LEG EPIPHYSIS	753.39										
67	27485	REPAIR OF LEG EPIPHYSIS	753.39	00 15									
63	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,581.40										
67	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,581.40	00 15									
63	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,979.59										
67	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,979.59	00 15									
63	27488	REMOVAL OF KNEE PROSTHESIS	1,349.30										
67	27488	REMOVAL OF KNEE PROSTHESIS	1,349.30	00 15									
63	27495	PROPHYLACTIC TREAT. FEMUR	1,271.77										
67	27495	PROPHYLACTIC TREAT. FEMUR	1,271.77	00 15									
63	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	610.18										
67	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	610.18	00 15									
63	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	650.82										
67	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	650.82	00 15									
63	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	734.68										
67	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	734.68	00 15									
63	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	785.45										
67	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	785.45	00 15									
63	27500	TREATMENT OF FEMUR FRACTURE	579.94										
67	27500	TREATMENT OF FEMUR FRACTURE	579.94	00 15									
63	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	566.66										
67	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	566.66	00 15									
63	27502	TREATMENT OF FEMUR FRACTURE	859.02										
67	27502	TREATMENT OF FEMUR FRACTURE	859.02	00 15									
63	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	897.75										
67	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	897.75	00 15									
63	27506	REPAIR OF FEMUR FRACTURE	1,503.19										
67	27506	REPAIR OF FEMUR FRACTURE	1,503.19	00 15									
63	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,092.00										
67	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,092.00	00 15									
63	27508	TREATMENT OF FEMUR FRACTURE	583.83										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	583.83	00 15									
63	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	753.22										
67	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	753.22	00 15									
63	27510	TREATMENT OF FEMUR FRACTURE	765.15										
67	27510	TREATMENT OF FEMUR FRACTURE	765.15	00 15									
63	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,124.34										
67	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,124.34	00 15									
63	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,399.87										
67	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,399.87	00 15									
63	27514	REPAIR OF FEMUR FRACTURE	1,091.25										
67	27514	REPAIR OF FEMUR FRACTURE	1,091.25	00 15									
63	27516	TREATMENT OF FEMUR EPIPHYSIS	572.20										
67	27516	TREATMENT OF FEMUR EPIPHYSIS	572.20	00 15									
63	27517	TREATMENT OF FEMUR EPIPHYSIS	770.40										
67	27517	TREATMENT OF FEMUR EPIPHYSIS	770.40	00 15									
63	27519	REPAIR OF FEMUR EPIPHYSIS	1,005.34										
67	27519	REPAIR OF FEMUR EPIPHYSIS	1,005.34	00 15									
63	27520	TREAT KNEECAP FRACTURE	356.23										
67	27520	TREAT KNEECAP FRACTURE	356.23	00 15									
63	27524	REPAIR OF KNEECAP FRACTURE	844.65										
67	27524	REPAIR OF KNEECAP FRACTURE	844.65	00 15									
63	27530	TREATMENT OF KNEE FRACTURE	335.72										
67	27530	TREATMENT OF KNEE FRACTURE	335.72	00 15									
63	27532	TREATMENT OF KNEE FRACTURE	690.33										
67	27532	TREATMENT OF KNEE FRACTURE	690.33	00 15									
63	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	1,011.88										
67	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	1,011.88	00 15									
63	27536	REPAIR OF KNEE FRACTURE	1,334.58										
67	27536	REPAIR OF KNEE FRACTURE	1,334.58	00 15									
63	27538	TREAT KNEE FRACTURE(S)	536.62										
67	27538	TREAT KNEE FRACTURE(S)	536.62	00 15									
63	27540	REPAIR OF KNEE FRACTURE	912.76										
67	27540	REPAIR OF KNEE FRACTURE	912.76	00 15									
63	27550	TREAT KNEE DISLOCATION	572.79										
67	27550	TREAT KNEE DISLOCATION	572.79	00 15									
63	27552	TREAT KNEE DISLOCATION	707.99										
67	27552	TREAT KNEE DISLOCATION	707.99	00 15									
63	27556	REPAIR OF KNEE DISLOCATION	989.25										
67	27556	REPAIR OF KNEE DISLOCATION	989.25	00 15									
63	27557	REPAIR OF KNEE DISLOCATION	1,182.47										
67	27557	REPAIR OF KNEE DISLOCATION	1,182.47	00 15									
63	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,346.46										
67	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,346.46	00 15									
63	27560	TREAT KNEECAP DISLOCATION	408.05										
67	27560	TREAT KNEECAP DISLOCATION	408.05	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	27562	TREAT KNEECAP DISLOCATION	546.10										
67	27562	TREAT KNEECAP DISLOCATION	546.10	00 15									
63	27566	REPAIR KNEECAP DISLOCATION	1,003.69										
67	27566	REPAIR KNEECAP DISLOCATION	1,003.69	00 15									
63	27570	FIXATION OF KNEE JOINT	168.47										
67	27570	FIXATION OF KNEE JOINT	168.47	00 15									
63	27580	FUSION OF KNEE	1,659.00										
67	27580	FUSION OF KNEE	1,659.00	00 15									
63	27590	AMPUTATE LEG AT THIGH	911.49										
67	27590	AMPUTATE LEG AT THIGH	911.49	00 15									
63	27591	AMPUTATE LEG AT THIGH	1,085.44										
67	27591	AMPUTATE LEG AT THIGH	1,085.44	00 15									
63	27592	AMPUTATE LEG AT THIGH	771.14										
67	27592	AMPUTATE LEG AT THIGH	771.14	00 15									
63	27594	AMPUTATION FOLLOW-UP SURGERY	574.87										
67	27594	AMPUTATION FOLLOW-UP SURGERY	574.87	00 15									
63	27596	AMPUTATION FOLLOW-UP SURGERY	817.95										
67	27596	AMPUTATION FOLLOW-UP SURGERY	817.95	00 15									
63	27598	AMPUTATE LOWER LEG AT KNEE	803.08										
67	27598	AMPUTATE LOWER LEG AT KNEE	803.08	00 15									
63	27600	DECOMPRESSION OF LOWER LEG	457.00										
67	27600	DECOMPRESSION OF LOWER LEG	457.00	00 15									
63	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	500.17										
67	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	500.17	00 15									
63	27602	DECOMPRESSION OF LOWER LEG	551.48										
67	27602	DECOMPRESSION OF LOWER LEG	551.48	00 15									
63	27603	DRAIN LOWER LEG LESION	581.57										
67	27603	DRAIN LOWER LEG LESION	581.57	00 15									
63	27604	DRAIN LOWER LEG BURSA	486.02										
67	27604	DRAIN LOWER LEG BURSA	486.02	00 15									
63	27605	INCISION OF ACHILLES TENDON	353.11										
67	27605	INCISION OF ACHILLES TENDON	353.11	00 15									
63	27606	INCISION OF ACHILLES TENDON	304.62										
67	27606	INCISION OF ACHILLES TENDON	304.62	00 15									
63	27607	TREAT LOWER LEG BONE LESION	665.08										
67	27607	TREAT LOWER LEG BONE LESION	665.08	00 15									
63	27610	EXPLORE/TREAT ANKLE JOINT	723.00										
67	27610	EXPLORE/TREAT ANKLE JOINT	723.00	00 15									
63	27612	EXPLORATION OF ANKLE JOINT	620.02										
67	27612	EXPLORATION OF ANKLE JOINT	620.02	00 15									
63	27613	BIOPSY LOWER LEG SOFT TISSUE	270.93										
67	27613	BIOPSY LOWER LEG SOFT TISSUE	270.93	00 15									
63	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	633.88										
67	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	633.88	00 15									
63	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,157.43										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,157.43	00 15									
63	27616	REMOVAL (5 CENTIMETERS OR GREATRE) T	1,441.09										
67	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	1,441.09	00 15									
63	27618	REMOVE LOWER LEGLES ION	531.20										
67	27618	REMOVE LOWER LEGLES ION	531.20	00 15									
63	27619	REMOVE LOWER LEG LESION DEEP	515.58										
67	27619	REMOVE LOWER LEG LESION DEEP	515.58	00 15									
63	27620	BIOPSY OF ANKLE JOINT	498.98										
67	27620	BIOPSY OF ANKLE JOINT	498.98	00 15									
63	27625	REMOVE ANKLE JOINT LINING	639.95										
67	27625	REMOVE ANKLE JOINT LINING	639.95	00 15									
63	27626	REMOVE ANKLE JOINT LINING	670.83										
67	27626	REMOVE ANKLE JOINT LINING	670.83	00 15									
63	27630	REMOVAL OF TENDON LESION	583.35										
67	27630	REMOVAL OF TENDON LESION	583.35	00 15									
63	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	465.86										
67	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	465.86	00 15									
63	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	762.05										
67	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	762.05	00 15									
63	27635	REMOVE LOWER LEG BONE LESION	645.27										
67	27635	REMOVE LOWER LEG BONE LESION	645.27	00 15									
63	27637	REMOVE/GRAFT LEG BONE LESION	820.89										
67	27637	REMOVE/GRAFT LEG BONE LESION	820.89	00 15									
63	27638	REMOVE/GRAFT LEG BONE LESION	840.13										
67	27638	REMOVE/GRAFT LEG BONE LESION	840.13	00 15									
63	27640	PARTIAL REMOVAL OF TIBIA	932.46										
67	27640	PARTIAL REMOVAL OF TIBIA	932.46	00 15									
63	27641	PARTIAL REMOVAL OF FIBULA	729.39										
67	27641	PARTIAL REMOVAL OF FIBULA	729.39	00 15									
63	27645	EXTENSIVE LOWER LEG SURGERY	1,994.28										
67	27645	EXTENSIVE LOWER LEG SURGERY	1,994.28	00 15									
63	27646	EXTENSIVE LOWER LEG SURGERY	1,729.57										
67	27646	EXTENSIVE LOWER LEG SURGERY	1,729.57	00 15									
63	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,116.66										
67	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,116.66	00 15									
63	27648	INJECTION FOR ANKLE X-RAY	230.74										
67	27648	INJECTION FOR ANKLE X-RAY	230.74	00 15									
63	27650	REPAIR ACHILLES TENDON	730.33										
67	27650	REPAIR ACHILLES TENDON	730.33	00 15									
63	27652	REPAIR/GRAFT ACHILLES TENDON	734.40										
67	27652	REPAIR/GRAFT ACHILLES TENDON	734.40	00 15									
63	27654	REPAIR OF ACHILLES TENDON	792.43										
67	27654	REPAIR OF ACHILLES TENDON	792.43	00 15									
63	27656	REPAIR FASCIAL DEFECT OF LEG	589.48										
67	27656	REPAIR FASCIAL DEFECT OF LEG	589.48	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	406.90									X	
67	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	406.90	00 15								X	
63	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	521.93									X	
67	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	521.93	00 15								X	
63	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	402.60									X	
67	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	402.60	00 15								X	
63	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	466.89									X	
67	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	466.89	00 15								X	
63	27675	REPAIR LOWER LEG TENDONS	545.98										
67	27675	REPAIR LOWER LEG TENDONS	545.98	00 15									
63	27676	REPAIR LOWER LEG TENDONS	677.79										
67	27676	REPAIR LOWER LEG TENDONS	677.79	00 15									
63	27680	RELEASE OF LOWER LEG TENDON	463.02										
67	27680	RELEASE OF LOWER LEG TENDON	463.02	00 15									
63	27681	TENOLYSIS....MULTIPLE, EACHS	564.92									X	
67	27681	TENOLYSIS....MULTIPLE, EACHS	564.92	00 15								X	
63	27685	REVISION OF LOWER LEG TENDON	708.22										
67	27685	REVISION OF LOWER LEG TENDON	708.22	00 15									
63	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	592.03									X	
67	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	592.03	00 15								X	
63	27687	REVISION OF CALF TENDON	502.13										
67	27687	REVISION OF CALF TENDON	502.13	00 15									
63	27690	REVISE LOWER LEG TENDON	710.37										
67	27690	REVISE LOWER LEG TENDON	710.37	00 15									
63	27691	REVISE LOWER LEG TENDON	827.86										
67	27691	REVISE LOWER LEG TENDON	827.86	00 15									
63	27692	EACH ADDITIONAL TENDON	114.82									X	
67	27692	EACH ADDITION TENDON	114.82	00 15								X	
63	27695	REPAIR OF ANKLE LIGAMENT	530.76										
67	27695	REPAIR OF ANKLE LIGAMENT	530.76	00 15									
63	27696	REPAIR OF ANKLE LIGAMENTS	611.35										
67	27696	REPAIR OF ANKLE LIGAMENTS	611.35	00 15									
63	27698	REPAIR OF ANKLE LIGAMENT	710.85										
67	27698	REPAIR OF ANKLE LIGAMENT	710.85	00 15									
63	27700	REVISION OF ANKLE JOINT	682.06										
67	27700	REVISION OF ANKLE JOINT	682.06	00 15									
63	27702	RECONSTRUCT ANKLE JOINT	1,080.23										
67	27702	RECONSTRUCT ANKLE JOINT	1,080.23	00 15									
63	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,245.39										
67	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,245.39	00 15									
63	27704	REMOVAL OF ANKLE IMPLANT	635.23										
67	27704	REMOVAL OF ANKLE IMPLANT	635.23	00 15									
63	27705	INCISION OF TIBIA	850.30										
67	27705	INCISION OF TIBIA	850.30	00 15									
63	27707	INCISION OF FIBULA	444.39										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	27707	INCISION OF FIBULA	444.39	00 15									
63	27709	INCISION OF TIBIA & FIBULA	1,286.74										
67	27709	INCISION OF TIBIA & FIBULA	1,286.74	00 15									
63	27712	REALIGNMENT OF LOWER LEG	1,238.22										
67	27712	REALIGNMENT OF LOWER LEG	1,238.22	00 15									
63	27715	REVISION OF LOWER LEG	1,207.34										
67	27715	REVISION OF LOWER LEG	1,207.34	00 15									
63	27720	REPAIR OF TIBIA	980.67										
67	27720	REPAIR OF TIBIA	980.67	00 15									
63	27722	REPAIR/GRAFT OF TIBIA	1,003.75										
67	27722	REPAIR/GRAFT OF TIBIA	1,003.75	00 15									
63	27724	REPAIR/GRAFT OF TIBIA	1,417.06										
67	27724	REPAIR/GRAFT OF TIBIA	1,417.06	00 15									
63	27725	REPAIR OF LOWER LEG	1,363.73										
67	27725	REPAIR OF LOWER LEG	1,363.73	00 15									
63	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,079.49										
67	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,079.49	00 15									
63	27727	REPAIR OF LOWER LEG	1,166.75										
67	27727	REPAIR OF LOWER LEG	1,166.75	00 15									
63	27730	REPAIR OF TIBIA EPIPHYSIS	658.49										
67	27730	REPAIR OF TIBIA EPIPHYSIS	658.49	00 15									
63	27732	REPAIR OF FIBULA EPIPHYSIS	503.16										
67	27732	REPAIR OF FIBULA EPIPHYSIS	503.16	00 15									
63	27734	REPAIR LOWER LEG EPIPHYSES	737.05										
67	27734	REPAIR LOWER LEG EPIPHYSES	737.05	00 15									
63	27740	REPAIR OF LEG EPIPHYSES	793.93										
67	27740	REPAIR OF LEG EPIPHYSES	793.93	00 15									
63	27742	REPAIR OF LEG EPIPHYSES	870.43										
67	27742	REPAIR OF LEG EPIPHYSES	870.43	00 15									
63	27750	TREATMENT OF TIBIA FRACTURE	380.83										
67	27750	TREATMENT OF TIBIA FRACTURE	380.83	00 15									
63	27752	TREATMENT OF TIBIA FRACTURE	595.16										
67	27752	TREATMENT OF TIBIA FRACTURE	595.16	00 15									
63	27756	REPAIR OF TIBIA FRACTURE	645.93										
67	27756	REPAIR OF TIBIA FRACTURE	645.93	00 15									
63	27758	REPAIR OF TIBIA FRACTURE	1,005.38										
67	27758	REPAIR OF TIBIA FRACTURE	1,005.38	00 15									
63	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,121.75										
67	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,121.75	00 15									
63	27760	CLTX MEDIAL ANKLE FX	363.32										
67	27760	CLTX MEDIAL ANKLE FX	363.32	00 15									
63	27762	CLTX MED ANKLE FX W/MNPJ	534.96										
67	27762	CLTX MED ANKLE FX W/MNPJ	534.96	00 15									
63	27766	REPAIR OF ANKLE FRACTURE	672.60										
67	27766	REPAIR OF ANKLE FRACTURE	672.60	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	318.44										
67	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	318.44	00 15									
63	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	495.83										
67	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	495.83	00 15									
63	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	816.15										
67	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	816.15	00 15									
63	27780	TREATMENT OF FIBULA FRACTURE	338.63										
67	27780	TREATMENT OF FIBULA FRACTURE	338.63	00 15									
63	27781	TREATMENT OF FIBULA FRACTURE	480.95										
67	27781	TREATMENT OF FIBULA FRACTURE	480.95	00 15									
63	27784	REPAIR OF FIBULA FRACTURE	790.02										
67	27784	REPAIR OF FIBULA FRACTURE	790.02	00 15									
63	27786	TREATMENT OF ANKLE FRACTURE	343.97										
67	27786	TREATMENT OF ANKLE FRACTURE	343.97	00 15									
63	27788	TREATMENT OF ANKLE FRACTURE	469.54										
67	27788	TREATMENT OF ANKLE FRACTURE	469.54	00 15									
63	27792	REPAIR OF ANKLE FRACTURE	719.76										
67	27792	REPAIR OF ANKLE FRACTURE	719.76	00 15									
63	27808	TREATMENT OF ANKLE FRACTURE	365.81										
67	27808	TREATMENT OF ANKLE FRACTURE	365.81	00 15									
63	27810	TREATMENT OF ANKLE FRACTURE	522.89										
67	27810	TREATMENT OF ANKLE FRACTURE	522.89	00 15									
63	27814	REPAIR OF ANKLE FRACTURE	855.36										
67	27814	REPAIR OF ANKLE FRACTURE	855.36	00 15									
63	27816	TREATMENT OF ANKLE FRACTURE	361.78										
67	27816	TREATMENT OF ANKLE FRACTURE	361.78	00 15									
63	27818	TREATMENT OF ANKLE FRACTURE	542.98										
67	27818	TREATMENT OF ANKLE FRACTURE	542.98	00 15									
63	27822	REPAIR OF ANKLE FRACTURE	976.16										
67	27822	REPAIR OF ANKLE FRACTURE	976.16	00 15									
63	27823	REPAIR OF ANKLE FRACTURE	1,100.84										
67	27823	REPAIR OF ANKLE FRACTURE	1,100.84	00 15									
63	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	349.29										
67	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	349.29	00 15									
63	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	604.85										
67	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	604.85	00 15									
63	27826	OPEN TREATMENT OF FRACTURE OF LOWER	951.31										
67	27826	OPEN TREATMENT OF FRACTURE OF LOWER	951.31	00 15									
63	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,251.29										
67	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,251.29	00 15									
63	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,491.24										
67	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,491.24	00 15									
63	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	786.22										
67	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	786.22	00 15									
63	27830	TREAT LOWER LEG DISLOCATION	430.87										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	27830	TREAT LOWER LEG DISLOCATION	430.87	00 15									
63	27831	TREAT LOWER LEG DISLOCATION	454.44										
67	27831	TREAT LOWER LEG DISLOCATION	454.44	00 15									
63	27832	REPAIR LOWER LEG DISLOCATION	847.04										
67	27832	REPAIR LOWER LEG DISLOCATION	847.04	00 15									
63	27840	TREAT ANKLE DISLOCATION	426.77										
67	27840	TREAT ANKLE DISLOCATION	426.77	00 15									
63	27842	TREAT ANKLE DISLOCATION	554.38										
67	27842	TREAT ANKLE DISLOCATION	554.38	00 15									
63	27846	REPAIR ANKLE DISLOCATION	810.27										
67	27846	REPAIR ANKLE DISLOCATION	810.27	00 15									
63	27848	REPAIR ANKLE DISLOCATION	888.13										
67	27848	REPAIR ANKLE DISLOCATION	888.13	00 15									
63	27860	FIXATION OF ANKLE JOINT	183.60										
67	27860	FIXATION OF ANKLE JOINT	183.60	00 15									
63	27870	FUSION OF ANKLE JOINT	1,134.79										
67	27870	FUSION OF ANKLE JOINT	1,134.79	00 15									
63	27871	FUSION OF TIBIOFIBULAR JOINT	771.30										
67	27871	FUSION OF TIBIOFIBULAR JOINT	771.30	00 15									
63	27880	AMPUTATION OF LOWER LEG	1,040.48										
67	27880	AMPUTATION OF LOWER LEG	1,040.48	00 15									
63	27881	AMPUTATION OF LOWER LEG	975.85										
67	27881	AMPUTATION OF LOWER LEG	975.85	00 15									
63	27882	AMPUTATION OF LOWER LEG	682.67										
67	27882	AMPUTATION OF LOWER LEG	682.67	00 15									
63	27884	AMPUTATION FOLLOW-UP SURGERY	657.64										
67	27884	AMPUTATION FOLLOW-UP SURGERY	657.64	00 15									
63	27886	AMPUTATION FOLLOW-UP SURGERY	741.57										
67	27886	AMPUTATION FOLLOW-UP SURGERY	741.57	00 15									
63	27888	AMPUTATION OF FOOT AT ANKLE	734.71										
67	27888	AMPUTATION OF FOOT AT ANKLE	734.71	00 15									
63	27889	AMPUTATION OF FOOT AT ANKLE	732.39										
67	27889	AMPUTATION OF FOOT AT ANKLE	732.39	00 15									
63	27892	DECOMPRESSION FASCIOTOMY, LEG;	604.61										
67	27892	DECOMPRESSION FASCIOTOMY, LEG;	604.61	00 15									
63	27893	DECOMPRESSION FASCIOTOMY, LEG;	684.47										
67	27893	DECOMPRESSION FASCIOTOMY, LEG;	684.47	00 15									
63	27894	DECOMPRESSION FASCIOTOMY, LEG;	928.50										
67	27894	DECOMPRESSION FASCIOTOMY, LEG;	928.50	00 15									
63	28001	DRAINAGE OF BURSA OF FOOT	187.76										
67	28001	DRAINAGE OF BURSA OF FOOT	187.76	00 15									
63	28002	TREATMENT OF FOOT INFECTION	269.37										
67	28002	TREATMENT OF FOOT INFECTION	269.37	00 15									
63	28003	TREATMENT OF FOOT INFECTION	421.38										
67	28003	TREATMENT OF FOOT INFECTION	421.38	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	631.83										
67	28005	TREAT FOOT BONE LESION	631.83	00 15									
63	28008	INCISION OF FOOT FASCIA	457.66										
67	28008	INCISION OF FOOT FASCIA	457.66	00 15									
63	28010	INCISION OF TOE TENDON	250.33										
67	28010	INCISION OF TOE TENDON	250.33	00 15									
63	28011	INCISION OF TOE TENDONS	340.42										
67	28011	INCISION OF TOE TENDONS	340.42	00 15									
63	28020	EXPLORATION OF A FOOT JOINT	590.14										
67	28020	EXPLORATION OF A FOOT JOINT	590.14	00 15									
63	28022	EXPLORATION OF A FOOT JOINT	519.88										
67	28022	EXPLORATION OF A FOOT JOINT	519.88	00 15									
63	28024	EXPLORATION OF A TOE JOINT	484.67										
67	28024	EXPLORATION OF A TOE JOINT	484.67	00 15									
63	28035	DECOMPRESSION OF TIBIA NERVE	560.98										
67	28035	DECOMPRESSION OF TIBIA NERVE	560.98	00 15									
63	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	531.18										
67	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	531.18	00 15									
63	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	497.26										
67	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	497.26	00 15									
63	28043	EXCISION OF FOOT LESION	409.26										
67	28043	EXCISION OF FOOT LESION	409.26	00 15									
63	28045	EXCISION OF FOOT LESION	512.75										
67	28045	EXCISION OF FOOT LESION	512.75	00 15									
63	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	793.17										
67	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	793.17	00 15									
63	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,158.59										
67	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,158.59	00 15									
63	28050	BIOPSY OF FOOT JOINT LINING	441.97										
67	28050	BIOPSY OF FOOT JOINT LINING	441.97	00 15									
63	28052	BIOPSY OF FOOT JOINT LINING	414.84										
67	28052	BIOPSY OF FOOT JOINT LINING	414.84	00 15									
63	28054	BIOPSY OF TOE JOINT LINING	388.25										
67	28054	BIOPSY OF TOE JOINT LINING	388.25	00 15									
63	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	420.65										
67	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	420.65	00 15									
63	28060	PARTIAL REMOVAL FOOT FASCIA	557.09										
67	28060	PARTIAL REMOVAL FOOT FASCIA	557.09	00 15									
63	28062	REMOVAL OF FOOT FASCIA	611.11										
67	28062	REMOVAL OF FOOT FASCIA	611.11	00 15									
63	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	551.24									X	
67	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	551.24	00 15								X	
63	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	523.49									X	
67	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	523.49	00 15								X	
63	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	564.55									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	564.55	00 15								X	
63	28086	EXCISE FOOT TENDON SHEATH	573.46										
67	28086	EXCISE FOOT TENDON SHEATH	573.46	00 15									
63	28088	EXCISE FOOT TENDON SHEATH	482.84										
67	28088	EXCISE FOOT TENDON SHEATH	482.84	00 15									
63	28090	REMOVAL OF FOOT LESION	494.27										
67	28090	REMOVAL OF FOOT LESION	494.27	00 15									
63	28092	REMOVAL OF TOE LESIONS	443.17										
67	28092	REMOVAL OF TOE LESIONS	443.17	00 15									
63	28100	REMOVAL OF ANKLE/HEEL LESION	659.37										
67	28100	REMOVAL OF ANKLE/HEEL LESION	659.37	00 15									
63	28102	REMOVE/GRAFT FOOT LESION	682.38										
67	28102	REMOVE/GRAFT FOOT LESION	682.38	00 15									
63	28103	REMOVE/GRAFT FOOT LESION	427.10										
67	28103	REMOVE/GRAFT FOOT LESION	427.10	00 15									
63	28104	REMOVAL OF FOOT LESION	559.78										
67	28104	REMOVAL OF FOOT LESION	559.78	00 15									
63	28106	REMOVE/GRAFT FOOT LESION	469.14										
67	28106	REMOVE/GRAFT FOOT LESION	469.14	00 15									
63	28107	REMOVE/GRAFT FOOT LESION	538.46										
67	28107	REMOVE/GRAFT FOOT LESION	538.46	00 15									
63	28108	REMOVAL OF TOE LESIONS	461.45										
67	28108	REMOVAL OF TOE LESIONS	461.45	00 15									
63	28110	PART REMOVAL OF METATARSAL	487.07										
67	28110	PART REMOVAL OF METATARSAL	487.07	00 15									
63	28111	PART REMOVAL OF METATARSAL	515.66										
67	28111	PART REMOVAL OF METATARSAL	515.66	00 15									
63	28112	PART REMOVAL OF METATARSAL	514.77										
67	28112	PART REMOVAL OF METATARSAL	514.77	00 15									
63	28113	PART REMOVAL OF METATARSAL	623.27										
67	28113	PART REMOVAL OF METATARSAL	623.27	00 15									
63	28114	REMOVAL OF METATARSAL HEADS	1,153.23										
67	28114	REMOVAL OF METATARSAL HEADS	1,153.23	00 15									
63	28116	REVISION OF FOOT	836.73										
67	28116	REVISION OF FOOT	836.73	00 15									
63	28118	PARTIAL REMOVAL OF HEEL	647.68										
67	28118	PARTIAL REMOVAL OF HEEL	647.68	00 15									
63	28119	REMOVAL OF HEEL SPUR	562.45										
67	28119	REMOVAL OF HEEL SPUR	562.45	00 15									
63	28120	PART REMOVAL OF ANKLE/HEEL	726.67										
67	28120	PART REMOVAL OF ANKLE/HEEL	726.67	00 15									
63	28122	PARTIAL REMOVAL OF FOOT BONE	635.28										
67	28122	PARTIAL REMOVAL OF FOOT BONE	635.28	00 15									
63	28124	PARTIAL REMOVAL OF TOE	506.81										
67	28124	PARTIAL REMOVAL OF TOE	506.81	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	412.75									X	
67	28126	CONDYLECTOMY...SING. TOE, EACH	412.75	00 15								X	
63	28130	REMOVAL OF ANKLE BONE	678.90										
67	28130	REMOVAL OF ANKLE BONE	678.90	00 15									
63	28140	REMOVAL OF METATARSAL	627.69										
67	28140	REMOVAL OF METATARSAL	627.69	00 15									
63	28150	PHALANGECTOMY,TOE, SINGLE, EACH	443.88									X	
67	28150	PHALANGECTOMY,TOE, SINGLE, EACH	443.88	00 15								X	
63	28153	PARTIAL REMOVAL OF TOE	431.79										
67	28153	PARTIAL REMOVAL OF TOE	431.79	00 15									
63	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	436.58									X	
67	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	436.58	00 15								X	
63	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,246.46										
67	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,246.46	00 15									
63	28173	RADICAL RESECTION FOR TUMOR,METATARS	807.58										
67	28173	RADICAL RESECTION FOR TUMOR,METATARS	807.58	00 15									
63	28175	RADICAL RESECTION FOR TUMOR PHALANX	516.36										
67	28175	RADICAL RESECTION FOR TUMOR PHALANX	516.36	00 15									
63	28190	REMOVAL OF FOOT FOREIGN BODY	257.56										
67	28190	REMOVAL OF FOOT FOREIGN BODY	257.56	00 15									
63	28192	REMOVAL OF FOOT FOREIGN BODY	490.86										
67	28192	REMOVAL OF FOOT FOREIGN BODY	490.86	00 15									
63	28193	REMOVAL OF FOOT FOREIGN BODY	558.91										
67	28193	REMOVAL OF FOOT FOREIGN BODY	558.91	00 15									
63	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	529.50									X	
67	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	529.50	00 15								X	
63	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	640.36									X	
67	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	640.36	00 15								X	
63	28208	REP/SUT TEND....EACH TENDON	514.85									X	
67	28208	REP/SUT TEND....EACH TENDON	514.85	00 15								X	
63	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	629.70									X	
67	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	629.70	00 15								X	
63	28220	RELEASE OF FOOT TENDON	479.67										
67	28220	RELEASE OF FOOT TENDON	479.67	00 15									
63	28222	RELEASE OF FOOT TENDONS	558.54										
67	28222	RELEASE OF FOOT TENDONS	558.54	00 15									
63	28225	RELEASE OF FOOT TENDON	440.13										
67	28225	RELEASE OF FOOT TENDON	440.13	00 15									
63	28226	RELEASE OF FOOT TENDONS	662.23										
67	28226	RELEASE OF FOOT TENDONS	662.23	00 15									
63	28230	INCISION OF FOOT TENDON(S)	460.23										
67	28230	INCISION OF FOOT TENDON(S)	460.23	00 15									
63	28232	INCISION OF TOE TENDON	400.79										
67	28232	INCISION OF TOE TENDON	400.79	00 15									
63	28234	INCISION OF FOOT TENDON	430.67										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	430.67	00 15									
63	28238	REVISION OF FOOT TENDON	724.82										
67	28238	REVISION OF FOOT TENDON	724.82	00 15									
63	28240	RELEASE OF BIG TOE	473.50										
67	28240	RELEASE OF BIG TOE	473.50	00 15									
63	28250	REVISION OF FOOT FASCIA	623.02										
67	28250	REVISION OF FOOT FASCIA	623.02	00 15									
63	28260	RELEASE OF MIDFOOT JOINT	769.03										
67	28260	RELEASE OF MIDFOOT JOINT	769.03	00 15									
63	28261	REVISION OF FOOT TENDON	1,317.46										
67	28261	REVISION OF FOOT TENDON	1,317.46	00 15									
63	28262	REVISION OF FOOT AND ANKLE	1,538.75										
67	28262	REVISION OF FOOT AND ANKLE	1,538.75	00 15									
63	28264	RELEASE OF MIDFOOT JOINT	985.91										
67	28264	RELEASE OF MIDFOOT JOINT	985.91	00 15									
63	28270	CAPSULOTOMY...EACH JOINT	518.62									X	
67	28270	CAPSULOTOMY...EACH JOINT	518.62	00 15								X	
63	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	407.55									X	
67	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	407.55	00 15								X	
63	28280	FUSION OF TOES	546.45										
67	28280	FUSION OF TOES	546.45	00 15									
63	28285	REVISION OF HAMMERTOE	573.73									X	
67	28285	REVISION OF HAMMERTOE	573.73	00 15								X	
63	28286	REVISION OF HAMMERTOE	470.88										
67	28286	REVISION OF HAMMERTOE	470.88	00 15									
63	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	644.79									X	
67	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	644.79	00 15								X	
63	28289	REPAIR HALLUX RIGIDUS	734.61										
67	28289	REPAIR HALLUX RIGIDUS	734.61	00 15									
63	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	760.04										
67	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	760.04	00 15									
63	28292	CORRECTION OF BUNION	742.02										
67	28292	CORRECTION OF BUNION	742.02	00 15									
63	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,162.58										
67	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,162.58	00 15									
63	28296	CORRECTION OF BUNION	944.99										
67	28296	CORRECTION OF BUNION	944.99	00 15									
63	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,106.71										
67	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,106.71	00 15									
63	28298	CORRECTION OF BUNION	887.28										
67	28298	CORRECTION OF BUNION	887.28	00 15									
63	28299	CORRECTION OF BUNION	1,072.59										
67	28299	CORRECTION OF BUNION	1,072.59	00 15									
63	28300	INCISION OF HEEL BONE	723.95										
67	28300	INCISION OF HEEL BONE	723.95	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	802.35										
67	28302	INCISION OF ANKLE BONE	802.35	00 15									
63	28304	INCISION OF MIDFOOT BONES	896.84										
67	28304	INCISION OF MIDFOOT BONES	896.84	00 15									
63	28305	INCISE/GRAFT MIDFOOT BONES	755.80										
67	28305	INCISE/GRAFT MIDFOOT BONES	755.80	00 15									
63	28306	INCISION OF METATARSAL	648.22										
67	28306	INCISION OF METATARSAL	648.22	00 15									
63	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	846.10										
67	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	846.10	00 15									
63	28308	INCISION OF METATARSAL	607.66									X	
67	28308	INCISION OF METATARSAL	607.66	00 15								X	
63	28309	INCISION OF METATARSALS	996.87										
67	28309	INCISION OF METATARSALS	996.87	00 15									
63	28310	REVISION OF BIG TOE	582.26										
67	28310	REVISION OF BIG TOE	582.26	00 15									
63	28312	REVISION OF TOE	550.53										
67	28312	REVISION OF TOE	550.53	00 15									
63	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	563.95									X	
67	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	563.95	00 15								X	
63	28315	SESAMOIDECTOMY FIRST TOE	513.91										
67	28315	SESAMOIDECTOMY FIRST TOE	513.91	00 15									
63	28320	REPAIR OF FOOT BONES	679.11										
67	28320	REPAIR OF FOOT BONES	679.11	00 15									
63	28322	REPAIR OF METATARSALS	849.41										
67	28322	REPAIR OF METATARSALS	849.41	00 15									
63	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	609.18									X	
67	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	609.18	00 15								X	
63	28341	SEE 28340;REQUIRING BONE RESECTION	708.67									X	
67	28341	SEE 28340;REQUIRING BONE RESECTION	708.67	00 15								X	
63	28344	RECONSTRUCT TOE;POLYDATYLY	444.73									X	
67	28344	RECONSTRUCT TOE;POLYDATYLY	444.73	00 15								X	
63	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	549.37									X	
67	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	549.37	00 15								X	
63	28360	RECONSTRUCT CLEFT FOOT	1,228.12										
67	28360	RECONSTRUCT CLEFT FOOT	1,228.12	00 15									
63	28400	TREAT CLSD CALC FX;W/O MANIP	267.32										
67	28400	TREAT CLSD CALC FX;W/O MANIP	267.32	00 15									
63	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	427.31										
67	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	427.31	00 15									
63	28406	TREAT CLSD CALC FX,MANIP/FIXATION	621.94										
67	28406	TREAT CLSD CALC FX,MANIP/FIXATION	621.94	00 15									
63	28415	REPAIR OF HEEL FRACTURE	1,255.88										
67	28415	REPAIR OF HEEL FRACTURE	1,255.88	00 15									
63	28420	REPAIR/GRAFT HEEL FRACTURE	1,453.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,453.29	00 15									
63	28430	TREAT CLSD TALUS FX,W/O MANIP	259.78										
67	28430	TREAT CLSD TALUS FX,W/O MANIP	259.78	00 15									
63	28435	TREAT CLSD TALUS FX,W/ MANIP	404.14										
67	28435	TREAT CLSD TALUS FX,W/ MANIP	404.14	00 15									
63	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	544.13										
67	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	544.13	00 15									
63	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,143.12										
67	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,143.12	00 15									
63	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,376.37		X								
67	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,376.37	00 15	X								
63	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	227.93									X	
67	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	227.93	00 15								X	
63	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	315.17									X	
67	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	315.17	00 15								X	
63	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	400.94									X	
67	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	400.94	00 15								X	
63	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	703.13									X	
67	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	703.13	00 15								X	
63	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	234.86									X	
67	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	234.86	00 15								X	
63	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	277.38									X	
67	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	277.38	00 15								X	
63	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	419.98									X	
67	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	419.98	00 15								X	
63	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	615.50									X	
67	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	615.50	00 15								X	
63	28490	TREAT BIG TOE FRACTURE	150.54										
67	28490	TREAT BIG TOE FRACTURE	150.54	00 15									
63	28495	TREAT BIG TOE FRACTURE	191.07										
67	28495	TREAT BIG TOE FRACTURE	191.07	00 15									
63	28496	TREAT CLSD FX GREAT TOE...PINNING	471.68									X	
67	28496	TREAT CLSD FX GREAT TOE...PINNING	471.68	00 15								X	
63	28505	REPAIR BIG TOE FRACTURE	713.12										
67	28505	REPAIR BIG TOE FRACTURE	713.12	00 15									
63	28510	TREAT CLSD FX....W/O MANIP,EACH	128.08									X	
67	28510	TREAT CLSD FX....W/O MANIP,EACH	128.08	00 15								X	
63	28515	TREAT CLSD FX...W/ MANIP., EACH	174.60									X	
67	28515	TREAT CLSD FX...W/ MANIP., EACH	174.60	00 15								X	
63	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	609.19									X	
67	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	609.19	00 15								X	
63	28530	TREAT CLOSED SESAMOID FRACTURE	120.69									X	
67	28530	TREAT CLOSED SESAMOID FRACTURE	120.69	00 15								X	
63	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	345.97										
67	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	345.97	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	209.31										
67	28540	TREAT FOOT DISLOCATION	209.31	00 15									
63	28545	TREAT FOOT DISLOCATION	334.96										
67	28545	TREAT FOOT DISLOCATION	334.96	00 15									
63	28546	TREAT FOOT DISLOCATION	622.50										
67	28546	TREAT FOOT DISLOCATION	622.50	00 15									
63	28555	REPAIR FOOT DISLOCATION	935.68										
67	28555	REPAIR FOOT DISLOCATION	935.68	00 15									
63	28570	TREAT FOOT DISLOCATION	251.42										
67	28570	TREAT FOOT DISLOCATION	251.42	00 15									
63	28575	TREAT FOOT DISLOCATION	412.33										
67	28575	TREAT FOOT DISLOCATION	412.33	00 15									
63	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	425.93										
67	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	425.93	00 15									
63	28585	REPAIR FOOT DISLOCATION	962.80										
67	28585	REPAIR FOOT DISLOCATION	962.80	00 15									
63	28600	TREAT FOOT DISLOCATION	231.44										
67	28600	TREAT FOOT DISLOCATION	231.44	00 15									
63	28605	TREAT FOOT DISLOCATION	370.01										
67	28605	TREAT FOOT DISLOCATION	370.01	00 15									
63	28606	TREAT FOOT DISLOCATION	421.11										
67	28606	TREAT FOOT DISLOCATION	421.11	00 15									
63	28615	REPAIR FOOT DISLOCATION	912.34										
67	28615	REPAIR FOOT DISLOCATION	912.34	00 15									
63	28630	TREAT TOE DISLOCATION	166.59										
67	28630	TREAT TOE DISLOCATION	166.59	00 15									
63	28635	TREAT TOE DISLOCATION	187.56										
67	28635	TREAT TOE DISLOCATION	187.56	00 15									
63	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	335.47										
67	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	335.47	00 15									
63	28645	REPAIR TOE DISLOCATION	701.47										
67	28645	REPAIR TOE DISLOCATION	701.47	00 15									
63	28660	TREAT TOE DISLOCATION	133.52										
67	28660	TREAT TOE DISLOCATION	133.52	00 15									
63	28665	TREAT TOE DISLOCATION	163.45										
67	28665	TREAT TOE DISLOCATION	163.45	00 15									
63	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	194.41										
67	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	194.41	00 15									
63	28675	REPAIR OF TOE DISLOCATION	617.46										
67	28675	REPAIR OF TOE DISLOCATION	617.46	00 15									
63	28705	FUSION OF FOOT BONES	1,376.20										
67	28705	FUSION OF FOOT BONES	1,376.20	00 15									
63	28715	FUSION OF FOOT BONES	1,045.90										
67	28715	FUSION OF FOOT BONES	1,045.90	00 15									
63	28725	FUSION OF FOOT BONES	863.91										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	28725	FUSION OF FOOT BONES	863.91	00	15									
63	28730	FUSION OF FOOT BONES	812.53											
67	28730	FUSION OF FOOT BONES	812.53	00	15									
63	28735	FUSION OF FOOT BONES	872.81											
67	28735	FUSION OF FOOT BONES	872.81	00	15									
63	28737	REVISION OF FOOT BONES	763.51											
67	28737	REVISION OF FOOT BONES	763.51	00	15									
63	28740	FUSION OF FOOT BONES	896.92											
67	28740	FUSION OF FOOT BONES	896.92	00	15									
63	28750	FUSION OF BIG TOE JOINT	848.09											
67	28750	FUSION OF BIG TOE JOINT	848.09	00	15									
63	28755	FUSION OF BIG TOE JOINT	541.17											
67	28755	FUSION OF BIG TOE JOINT	541.17	00	15									
63	28760	FUSION OF BIG TOE JOINT	823.90											
67	28760	FUSION OF BIG TOE JOINT	823.90	00	15									
63	28800	AMPUTATION OF MIDFOOT	588.75											
67	28800	AMPUTATION OF MIDFOOT	588.75	00	15									
63	28805	AMPUTATION THRU METATARSAL	799.02											
67	28805	AMPUTATION THRU METATARSAL	799.02	00	15									
63	28810	AMPUTATION TOE & METATARSAL	474.21										X	
67	28810	AMPUTATION TOE & METATARSAL	474.21	00	15								X	
63	28820	AMPUTATION OF TOE	325.80										X	
67	28820	AMPUTATION OF TOE	325.80	00	15								X	
63	28825	PARTIAL AMPUTATION OF TOE	319.22										X	
67	28825	PARTIAL AMPUTATION OF TOE	319.22	00	15								X	
63	28890	HIGH ENERGY ESWT, PLANTAR F	329.56											
67	28890	HIGH ENERGY ESWT, PLANTAR F	329.56	00	15									
63	29000	APPLICATION OF BODY CAST	374.43											
67	29000	APPLICATION OF BODY CAST	374.43	00	15									
63	29010	APPLICATION OF BODY CAST	285.84											
67	29010	APPLICATION OF BODY CAST	285.84	00	15									
63	29015	APPLICATION OF BODY CAST	309.53											
67	29015	APPLICATION OF BODY CAST	309.53	00	15									
63	29035	APPLICATION OF BODY CAST	267.35											
67	29035	APPLICATION OF BODY CAST	267.35	00	15									
63	29040	APPLICATION OF BODY CAST	306.22											
67	29040	APPLICATION OF BODY CAST	306.22	00	15									
63	29044	APPLICATION OF BODY CAST	299.65											
67	29044	APPLICATION OF BODY CAST	299.65	00	15									
63	29046	APPLICATION OF BODY CAST	330.13											
67	29046	APPLICATION OF BODY CAST	330.13	00	15									
63	29049	APPLICATION OF SHOULDER CAST	105.92											
67	29049	APPLICATION OF SHOULDER CAST	105.92	00	15									
63	29055	APPLICATION OF SHOULDER CAST	234.63										X	
67	29055	APPLICATION OF SHOULDER CAST	234.63	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	132.65									X	
67	29058	APPLICATION OF SHOULDER CAST	132.65	00 15								X	
63	29065	APPLICATION OF LONG ARM CAST	102.94									X	
67	29065	APPLICATION OF LONG ARM CAST	102.94	00 15								X	
63	29075	APPLICATION OF FOREARM CAST	91.98									X	
67	29075	APPLICATION OF FOREARM CAST	91.98	00 15								X	
63	29085	APPLY HAND/WRIST CAST	101.76									X	
67	29085	APPLY HAND/WRIST CAST	101.76	00 15								X	
63	29086	APPLY FINGER CAST	79.75									X	
67	29086	APPLY FINGER CAST	79.75	00 15								X	
63	29105	APPLY LONG ARM SPLINT	87.06									X	
67	29105	APPLY LONG ARM SPLINT	87.06	00 15								X	
63	29125	APPLY FOREARM SPLINT	68.85									X	
67	29125	APPLY FOREARM SPLINT	68.85	00 15								X	
63	29126	APPLY FOREARM SPLINT	81.40									X	
67	29126	APPLY FOREARM SPLINT	81.40	00 15								X	
63	29130	APPLICATION OF FINGER SPLINT	44.87									X	
67	29130	APPLICATION OF FINGER SPLINT	44.87	00 15								X	
63	29131	APPLICATION OF FINGER SPLINT	56.60									X	
67	29131	APPLICATION OF FINGER SPLINT	56.60	00 15								X	
63	29200	STRAPPING OF CHEST	35.37										
67	29200	STRAPPING OF CHEST	35.37	00 15									
63	29240	STRAPPING OF SHOULDER	32.34									X	
67	29240	STRAPPING OF SHOULDER	32.34	00 15								X	
63	29260	STRAPPING OF ELBOW OR WRIST	32.34									X	
67	29260	STRAPPING OF ELBOW OR WRIST	32.34	00 15								X	
63	29280	STRAPPING OF HAND OR FINGER	31.99									X	
67	29280	STRAPPING OF HAND OR FINGER	31.99	00 15								X	
63	29305	APPLICATION OF HIP CAST	260.53										
67	29305	APPLICATION OF HIP CAST	260.53	00 15									
63	29325	APPLICATION OF HIP CASTS	288.65										
67	29325	APPLICATION OF HIP CASTS	288.65	00 15									
63	29345	APPLICATION OF LONG LEG CAST	145.60									X	
67	29345	APPLICATION OF LONG LEG CAST	145.60	00 15								X	
63	29355	APPLICATION OF LONG LEG CAST	153.00									X	
67	29355	APPLICATION OF LONG LEG CAST	153.00	00 15								X	
63	29358	APPLY LONG LEG CAST BRACE	170.07									X	
67	29358	APPLY LONG LEG CAST BRACE	170.07	00 15								X	
63	29365	APPLICATION OF LONG LEG CAST	131.51									X	
67	29365	APPLICATION OF LONG LEG CAST	131.51	00 15								X	
63	29405	APPLY SHORT LEG CAST	84.69									X	
67	29405	APPLY SHORT LEG CAST	84.69	00 15								X	
63	29425	APPLY SHORT LEG CAST	79.97									X	
67	29425	APPLY SHORT LEG CAST	79.97	00 15								X	
63	29435	APPLY SHORT LEG CAST	120.36									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	120.36	00	15								X	
63	29440	ADDITION OF WALKER TO CAST	45.56										X	
67	29440	ADDITION OF WALKER TO CAST	45.56	00	15								X	
63	29445	APPLY RIGID LEG CAST	139.54											
67	29445	APPLY RIGID LEG CAST	139.54	00	15									
63	29450	APPLICATION OF LEG CAST	159.10											
67	29450	APPLICATION OF LEG CAST	159.10	00	15									
63	29505	APPLICATION LONG LEG SPLINT	91.41										X	
67	29505	APPLICATION LONG LEG SPLINT	91.41	00	15								X	
63	29515	APPLICATION LOWER LEG SPLINT	75.74										X	
67	29515	APPLICATION LOWER LEG SPLINT	75.74	00	15								X	
63	29520	STRAPPING OF HIP	37.40										X	
67	29520	STRAPPING OF HIP	37.40	00	15								X	
63	29530	STRAPPING OF KNEE	32.34										X	
67	29530	STRAPPING OF KNEE	32.34	00	15								X	
63	29540	STRAPPING OF ANKLE	30.30										X	
67	29540	STRAPPING OF ANKLE	30.30	00	15								X	
63	29550	STRAPPING OF TOES	20.50										X	
67	29550	STRAPPING OF TOES	20.50	00	15								X	
63	29580	APPLICATION OF PASTE BOOT	68.26										X	
67	29580	APPLICATION OF PASTE BOOT	68.26	00	15								X	
63	29581	APPLICATION OF MULTI-LAYER COMPRESSI	93.17										X	
67	29581	APPLICATION OF MULTI-LAYER COMPRESSI	93.17	00	15								X	
63	29584	APPLICATION OF MULTI-LAYER COMPRESSI	85.01											
67	29584	APPLICATION OF MULTI-LAYER COMPRESSI	85.01	00	15									
63	29700	REMOVAL/REVISION OF CAST	65.65											
67	29700	REMOVAL/REVISION OF CAST	65.65	00	15									
63	29705	REMOVAL/REVISION OF CAST	68.12											
67	29705	REMOVAL/REVISION OF CAST	68.12	00	15									
63	29710	REMOVAL/REVISION OF CAST	131.79											
67	29710	REMOVAL/REVISION OF CAST	131.79	00	15									
63	29720	REPAIR OF BODY CAST	88.82											
67	29720	REPAIR OF BODY CAST	88.82	00	15									
63	29730	WINDOWING OF CAST	68.91											
67	29730	WINDOWING OF CAST	68.91	00	15									
63	29740	WEDGING OF CAST	107.40											
67	29740	WEDGING OF CAST	107.40	00	15									
63	29750	WEDGING OF CLUBFOOT CAST	116.19											
67	29750	WEDGING OF CLUBFOOT CAST	116.19	00	15									
63	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	590.89											
67	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	590.89	00	15									
63	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	658.57											
67	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	658.57	00	15									
63	29805	SHOULDER ARTHROSCOPY, DX	521.35											
67	29805	SHOULDER ARTHROSCOPY, DX	521.35	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,188.00										
67	29806	SHOULDER ARTHROSCOPY/SURGERY	1,188.00	00 15									
63	29807	SHOULDER ARTHROSCOPY/SURGERY	1,157.97										
67	29807	SHOULDER ARTHROSCOPY/SURGERY	1,157.97	00 15									
63	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	655.05										
67	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	655.05	00 15									
63	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	599.14										
67	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	599.14	00 15									
63	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	663.82										
67	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	663.82	00 15									
63	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	602.98										
67	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	602.98	00 15									
63	29823	ARTHROSCOPY-EXT DEBRIDEMENT	661.90										
67	29823	ARTHROSCOPY-EXT DEBRIDEMENT	661.90	00 15									
63	29824	SHOULDER ARTHROSCOPY/SURGERY	755.18										
67	29824	SHOULDER ARTHROSCOPY/SURGERY	755.18	00 15									
63	29825	ARTHROSCOPY-W/LYSIS & RESECTION	654.88										
67	29825	ARTHROSCOPY-W/LYSIS & RESECTION	654.88	00 15									
63	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	197.26										
67	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	197.26	00 15									
63	29827	ARTHROSCOP ROTATOR CUFF REPR	1,200.02										
67	29827	ARTHROSCOP ROTATOR CUFF REPR	1,200.02	00 15									
63	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	1,028.72										
67	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	1,028.72	00 15									
63	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	504.05										
67	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	504.05	00 15									
63	29834	ARTHROSCOPY, ELBOW, SURGICAL;	547.94										
67	29834	ARTHROSCOPY, ELBOW, SURGICAL;	547.94	00 15									
63	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	569.02										
67	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	569.02	00 15									
63	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	652.51										
67	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	652.51	00 15									
63	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	590.38										
67	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	590.38	00 15									
63	29838	ARTHROSCOPY EXT DEBRIDEMENT	661.58										
67	29838	ARTHROSCOPY EXT DEBRIDEMENT	661.58	00 15									
63	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	498.67										
67	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	498.67	00 15									
63	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	541.70										
67	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	541.70	00 15									
63	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	554.13										
67	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	554.13	00 15									
63	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	650.84										
67	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	650.84	00 15									
63	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	580.67										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	580.67	00 15									
63	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	608.30										
67	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	608.30	00 15									
63	29848	ARTHROSCOPY, WRIST, SURGICAL;	565.35										
67	29848	ARTHROSCOPY, WRIST, SURGICAL;	565.35	00 15									
63	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	696.60										
67	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	696.60	00 15									
63	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	1,043.22										
67	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	1,043.22	00 15									
63	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	874.28										
67	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	874.28	00 15									
63	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,115.67										
67	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,115.67	00 15									
63	29860	HIP ARTHROSCOPY, DX	718.13										
67	29860	HIP ARTHROSCOPY, DX	718.13	00 15									
63	29861	HIP ARTHROSCOPY/SURGERY	804.30										
67	29861	HIP ARTHROSCOPY/SURGERY	804.30	00 15									
63	29862	HIP ARTHROSCOPY/SURGERY	910.60										
67	29862	HIP ARTHROSCOPY/SURGERY	910.60	00 15									
63	29863	HIP ARTHROSCOPY/SURGERY	907.56										
67	29863	HIP ARTHROSCOPY/SURGERY	907.56	00 15									
63	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,178.57										
67	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,178.57	00 15									
63	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,435.31		X								
67	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,435.31	00 15	X								
63	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,880.47		X								
67	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,880.47	00 15	X								
63	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	600.12										
67	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	600.12	00 15									
63	29871	ARTHROSCOPY, KNEE, SURGICAL;	573.26										
67	29871	ARTHROSCOPY, KNEE, SURGICAL;	573.26	00 15									
63	29873	KNEE ARTHROSCOPY/SURGERY	593.49										
67	29873	KNEE ARTHROSCOPY/SURGERY	593.49	00 15									
63	29874	ARTHROSCOPY, KNEE, SURGICAL;	598.70										
67	29874	ARTHROSCOPY, KNEE, SURGICAL;	598.70	00 15									
63	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	552.98										
67	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	552.98	00 15									
63	29876	ARTHROSCOPY, KNEE, SURGICAL;	730.32										
67	29876	ARTHROSCOPY, KNEE, SURGICAL;	730.32	00 15									
63	29877	ARTHROSCOPY-DEBRIDEMENT	694.05										
67	29877	ARTHROSCOPY-DEBRIDEMENT	694.05	00 15									
63	29879	ARTHROSCOPY-ABRASION ARTHROPLA	739.69										
67	29879	ARTHROSCOPY-ABRASION ARTHROPLA	739.69	00 15									
63	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	626.72										
67	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	626.72	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	603.14										
67	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	603.14	00 15									
63	29882	ARTHROSCOPY W/ MENISCUS REPAIR	770.58										
67	29882	ARTHROSCOPY W/ MENISCUS REPAIR	770.58	00 15									
63	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	941.94										
67	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	941.94	00 15									
63	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	690.07										
67	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	690.07	00 15									
63	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	845.89										
67	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	845.89	00 15									
63	29886	ARTHROSCOPY-OSTEOCHONDRITIS	710.36										
67	29886	ARTHROSCOPY-OSTEOCHONDRITIS	710.36	00 15									
63	29887	ARTHROSCOPY-INTERNAL FIXATION	841.92										
67	29887	ARTHROSCOPY-INTERNAL FIXATION	841.92	00 15									
63	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,097.36										
67	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,097.36	00 15									
63	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,373.54										
67	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,373.54	00 15									
63	29891	ANKLE ARTHROSCOPY/SURGERY	745.27										
67	29891	ANKLE ARTHROSCOPY/SURGERY	745.27	00 15									
63	29892	ANKLE ARTHROSCOPY/SURGERY	707.55										
67	29892	ANKLE ARTHROSCOPY/SURGERY	707.55	00 15									
63	29893	SCOPE, PLANTAR FASCIOTOMY	706.74										
67	29893	SCOPE, PLANTAR FASCIOTOMY	706.74	00 15									
63	29894	ARTHROSCOPY, ANKLE, SURGICAL;	561.67										
67	29894	ARTHROSCOPY, ANKLE, SURGICAL;	561.67	00 15									
63	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	521.07										
67	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	521.07	00 15									
63	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	547.85										
67	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	547.85	00 15									
63	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	625.08										
67	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	625.08	00 15									
63	29899	ANKLE ARTHROSCOPY/SURGERY	1,140.53										
67	29899	ANKLE ARTHROSCOPY/SURGERY	1,140.53	00 15									
63	29900	MCP JOINT ARTHROSCOPY, DX	556.24									X	
67	29900	MCP JOINT ARTHROSCOPY, DX	556.24	00 15								X	
63	29901	MCP JOINT ARTHROSCOPY, SURG	599.45									X	
67	29901	MCP JOINT ARTHROSCOPY, SURG	599.45	00 15								X	
63	29902	MCP JOINT ARTHROSCOPY, SURG	636.89									X	
67	29902	MCP JOINT ARTHROSCOPY, SURG	636.89	00 15								X	
63	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	714.70										
67	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	714.70	00 15									
63	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	567.22										
67	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	567.22	00 15									
63	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	727.27										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	727.27	00 15									
63	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	982.49										
67	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	982.49	00 15									
63	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,120.98									X	
67	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,120.98	00 15								X	
63	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,154.54									X	
67	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,154.54	00 15								X	
63	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,146.94									X	
67	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,146.94	00 15								X	
63	30000	DRAINAGE OF NOSE LESION	285.50										
67	30000	DRAINAGE OF NOSE LESION	285.50	00 15									
63	30020	DRAINAGE OF NOSE LESION	288.38										
67	30020	DRAINAGE OF NOSE LESION	288.38	00 15									
63	30100	INTRANASAL BIOPSY	150.92										
67	30100	INTRANASAL BIOPSY	150.92	00 15									
63	30110	REMOVAL OF NOSE POLYP(S)	265.39										
67	30110	REMOVAL OF NOSE POLYP(S)	265.39	00 15									
63	30115	REMOVAL OF NOSE POLYP(S)	508.76										
67	30115	REMOVAL OF NOSE POLYP(S)	508.76	00 15									
63	30117	REMOVAL OF INTRANASAL LESION	1,024.14										
67	30117	REMOVAL OF INTRANASAL LESION	1,024.14	00 15									
63	30118	REMOVAL OF INTRANASAL LESION	878.09										
67	30118	REMOVAL OF INTRANASAL LESION	878.09	00 15									
63	30120	REVISION OF NOSE	551.46										
67	30120	REVISION OF NOSE	551.46	00 15									
63	30124	REMOVAL OF NOSE LESION	330.33										
67	30124	REMOVAL OF NOSE LESION	330.33	00 15									
63	30125	REMOVAL OF NOSE LESION	720.20										
67	30125	REMOVAL OF NOSE LESION	720.20	00 15									
63	30130	REMOVAL OF TURBINATE BONES	451.08										
67	30130	REMOVAL OF TURBINATE BONES	451.08	00 15									
63	30140	REMOVAL OF TURBINATE BONES	321.92										
67	30140	REMOVAL OF TURBINATE BONES	321.92	00 15									
63	30150	PARTIAL REMOVAL OF NOSE	888.08										
67	30150	PARTIAL REMOVAL OF NOSE	888.08	00 15									
63	30160	REMOVAL OF NOSE	901.24										
67	30160	REMOVAL OF NOSE	901.24	00 15									
63	30200	INJECTION TREATMENT OF NOSE	117.87										
67	30200	INJECTION TREATMENT OF NOSE	117.87	00 15									
63	30210	NASAL SINUS THERAPY	161.48										
67	30210	NASAL SINUS THERAPY	161.48	00 15									
63	30220	INSERTION,NASAL SEPTAL PROSTHESIS	324.89										
67	30220	INSERTION,NASAL SEPTAL PROSTHESIS	324.89	00 15									
63	30300	REMOVE NASAL FOREIGN BODY	221.93										
67	30300	REMOVE NASAL FOREIGN BODY	221.93	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	226.49										
67	30310	REMOVE NASAL FOREIGN BODY	226.49	00 15									
63	30320	REMOVE NASAL FOREIGN BODY	531.54										
67	30320	REMOVE NASAL FOREIGN BODY	531.54	00 15									
63	30400	RECONSTRUCTION OF NOSE	1,344.67										
67	30400	RECONSTRUCTION OF NOSE	1,344.67	00 15									
63	30410	RECONSTRUCTION OF NOSE	1,556.30										
67	30410	RECONSTRUCTION OF NOSE	1,556.30	00 15									
63	30420	RECONSTRUCTION OF NOSE	1,604.29										
67	30420	RECONSTRUCTION OF NOSE	1,604.29	00 15									
63	30430	REVISION OF NOSE	1,167.36										
67	30430	REVISION OF NOSE	1,167.36	00 15									
63	30435	REVISION WORK WITH OSTEOTOMIES	1,471.14										
67	30435	REVISION WORK WITH OSTEOTOMIES	1,471.14	00 15									
63	30450	REVISION OF NOSE	1,939.52										
67	30450	REVISION OF NOSE	1,939.52	00 15									
63	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	922.11										
67	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	922.11	00 15									
63	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,781.46										
67	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,781.46	00 15									
63	30465	REPAIR NASAL STENOSIS	1,135.41			X							
67	30465	REPAIR NASAL STENOSIS	1,135.41	00 15		X							
63	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,706.10										
67	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,706.10	00 15									
63	30520	REPAIR OF NASAL SEPTUM	737.67										
67	30520	REPAIR OF NASAL SEPTUM	737.67	00 15									
63	30540	REPAIR NASAL DEFECT	810.93										
67	30540	REPAIR NASAL DEFECT	810.93	00 15									
63	30545	REPAIR NASAL DEFECT	1,107.09										
67	30545	REPAIR NASAL DEFECT	1,107.09	00 15									
63	30560	RELEASE OF NASAL ADHESIONS	343.61										
67	30560	RELEASE OF NASAL ADHESIONS	343.61	00 15									
63	30580	REPAIR UPPER JAW FISTULA	661.88										
67	30580	REPAIR UPPER JAW FISTULA	661.88	00 15									
63	30600	REPAIR MOUTH/NOSE FISTULA	559.17										
67	30600	REPAIR MOUTH/NOSE FISTULA	559.17	00 15									
63	30620	RECONSTRUCTION INNER NOSE	736.68										
67	30620	RECONSTRUCTION INNER NOSE	736.68	00 15									
63	30630	REPAIR NASAL SEPTUM DEFECT	736.03										
67	30630	REPAIR NASAL SEPTUM DEFECT	736.03	00 15									
63	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	232.48										
67	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	232.48	00 15									
63	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	298.61										
67	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	298.61	00 15									
63	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	169.44										

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	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	169.44	00 15									
63	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	263.51										
67	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	263.51	00 15									
63	30905	CONTROL OF NOSEBLEED	375.59										
67	30905	CONTROL OF NOSEBLEED	375.59	00 15									
63	30906	REPEAT CONTROL OF NOSEBLEED	396.72									X	
67	30906	REPEAT CONTROL OF NOSEBLEED	396.72	00 15								X	
63	30915	LIGATION NASAL SINUS ARTERY	665.66										
67	30915	LIGATION NASAL SINUS ARTERY	665.66	00 15									
63	30920	LIGATION UPPER JAW ARTERY	968.07										
67	30920	LIGATION UPPER JAW ARTERY	968.07	00 15									
63	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	127.25										
67	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	127.25	00 15									
63	31000	IRRIGATION MAXILLARY SINUS	195.45										
67	31000	IRRIGATION MAXILLARY SINUS	195.45	00 15									
63	31002	IRRIGATION SPHENOID SINUS	210.36										
67	31002	IRRIGATION SPHENOID SINUS	210.36	00 15									
63	31020	EXPLORATION MAXILLARY SINUS	487.62										
67	31020	EXPLORATION MAXILLARY SINUS	487.62	00 15									
63	31030	EXPLORATION MAXILLARY SINUS	685.78										
67	31030	EXPLORATION MAXILLARY SINUS	685.78	00 15									
63	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	648.43										
67	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	648.43	00 15									
63	31040	EXPLORATION BEHIND UPPER JAW	889.68										
67	31040	EXPLORATION BEHIND UPPER JAW	889.68	00 15									
63	31050	EXPLORATION SPHENOID SINUS	566.39										
67	31050	EXPLORATION SPHENOID SINUS	566.39	00 15									
63	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	761.16										
67	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	761.16	00 15									
63	31070	EXPLORATION OF FRONTAL SINUS	517.68										
67	31070	EXPLORATION OF FRONTAL SINUS	517.68	00 15									
63	31075	EXPLORATION OF FRONTAL SINUS	912.53										
67	31075	EXPLORATION OF FRONTAL SINUS	912.53	00 15									
63	31080	REMOVAL OF FRONTAL SINUS	1,202.33										
67	31080	REMOVAL OF FRONTAL SINUS	1,202.33	00 15									
63	31081	REMOVAL OF FRONTAL SINUS	1,290.91										
67	31081	REMOVAL OF FRONTAL SINUS	1,290.91	00 15									
63	31084	REMOVAL OF FRONTAL SINUS	1,338.76										
67	31084	REMOVAL OF FRONTAL SINUS	1,338.76	00 15									
63	31085	REMOVAL OF FRONTAL SINUS	1,380.34										
67	31085	REMOVAL OF FRONTAL SINUS	1,380.34	00 15									
63	31086	REMOVAL OF FRONTAL SINUS	1,301.21										
67	31086	REMOVAL OF FRONTAL SINUS	1,301.21	00 15									
63	31087	REMOVAL OF FRONTAL SINUS	1,242.30										
67	31087	REMOVAL OF FRONTAL SINUS	1,242.30	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,213.97										
67	31090	EXPLORATION OF SINUSES	1,213.97	00 15									
63	31200	REMOVAL OF ETHMOID SINUS	665.60										
67	31200	REMOVAL OF ETHMOID SINUS	665.60	00 15									
63	31201	REMOVAL OF ETHMOID SINUS	876.95										
67	31201	REMOVAL OF ETHMOID SINUS	876.95	00 15									
63	31205	REMOVAL OF ETHMOID SINUS	1,013.12										
67	31205	REMOVAL OF ETHMOID SINUS	1,013.12	00 15									
63	31225	REMOVAL OF UPPER JAW	2,008.04										
67	31225	REMOVAL OF UPPER JAW	2,008.04	00 15									
63	31230	REMOVAL OF UPPER JAW	2,244.63										
67	31230	REMOVAL OF UPPER JAW	2,244.63	00 15									
63	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	199.01										
67	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	199.01	00 15									
63	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	294.38										
67	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	294.38	00 15									
63	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	334.49										
67	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	334.49	00 15									
63	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	276.86										
67	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	276.86	00 15									
63	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	271.81										
67	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	271.81	00 15									
63	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	665.15										
67	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	665.15	00 15									
63	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	176.25										
67	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	176.25	00 15									
63	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	499.36										
67	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	499.36	00 15									
63	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	563.26										
67	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	563.26	00 15									
63	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	476.49										
67	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	476.49	00 15									
63	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	364.42										
67	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	364.42	00 15									
63	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	200.52										
67	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	200.52	00 15									
63	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	500.55										
67	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	500.55	00 15									
63	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	530.46										
67	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	530.46	00 15									
63	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	297.47										
67	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	297.47	00 15									
63	31276	SINUS SURGICAL ENDOSCOPY	424.43										
67	31276	SINUS SURGICAL ENDOSCOPY	424.43	00 15									
63	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	225.76										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	225.76	00 15									
63	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	263.18										
67	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	263.18	00 15									
63	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,286.95										
67	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,286.95	00 15									
63	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,355.34										
67	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,355.34	00 15									
63	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,116.12										
67	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,116.12	00 15									
63	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,206.49										
67	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,206.49	00 15									
63	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,380.34										
67	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,380.34	00 15									
63	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,771.44									X	
67	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,771.44	00 15								X	
63	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,798.58									X	
67	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,798.58	00 15								X	
63	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,754.78									X	
67	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,754.78	00 15								X	
63	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,332.70										
67	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,332.70	00 15									
63	31300	REMOVAL OF LARYNX LESION	1,378.64										
67	31300	REMOVAL OF LARYNX LESION	1,378.64	00 15									
63	31360	REMOVAL OF LARYNX	2,285.04										
67	31360	REMOVAL OF LARYNX	2,285.04	00 15									
63	31365	REMOVAL OF LARYNX	2,829.91										
67	31365	REMOVAL OF LARYNX	2,829.91	00 15									
63	31367	PARTIAL REMOVAL OF LARYNX	2,411.78										
67	31367	PARTIAL REMOVAL OF LARYNX	2,411.78	00 15									
63	31368	PARTIAL REMOVAL OF LARYNX	2,671.57										
67	31368	PARTIAL REMOVAL OF LARYNX	2,671.57	00 15									
63	31370	PARTIAL REMOVAL OF LARYNX	2,258.59										
67	31370	PARTIAL REMOVAL OF LARYNX	2,258.59	00 15									
63	31375	PARTIAL REMOVAL OF LARYNX	2,145.60										
67	31375	PARTIAL REMOVAL OF LARYNX	2,145.60	00 15									
63	31380	PARTIAL REMOVAL OF LARYNX	2,114.41										
67	31380	PARTIAL REMOVAL OF LARYNX	2,114.41	00 15									
63	31382	PARTIAL REMOVAL OF LARYNX	2,319.96										
67	31382	PARTIAL REMOVAL OF LARYNX	2,319.96	00 15									
63	31390	REMOVAL OF LARYNX & PHARYNX	3,123.04										
67	31390	REMOVAL OF LARYNX & PHARYNX	3,123.04	00 15									
63	31395	RECONSTRUCT LARYNX & PHARYNX	3,275.52										
67	31395	RECONSTRUCT LARYNX & PHARYNX	3,275.52	00 15									
63	31400	REVISION OF LARYNX	1,106.65										
67	31400	REVISION OF LARYNX	1,106.65	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	920.86										
67	31420	REMOVAL OF EPIGLOTTIS	920.86	00 15									
63	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	162.13									X	
67	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	162.13	00 15								X	
63	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	39.54										
67	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	39.54	00 15									
63	31505	DIAGNOSTIC LARYNGOSCOPY	96.76										
67	31505	DIAGNOSTIC LARYNGOSCOPY	96.76	00 15									
63	31510	LARYNGOSCOPY WITH BIOPSY	230.26										
67	31510	LARYNGOSCOPY WITH BIOPSY	230.26	00 15									
63	31511	REMOVE FOREIGN BODY LARYNX	230.44										
67	31511	REMOVE FOREIGN BODY LARYNX	230.44	00 15									
63	31512	REMOVAL OF LARYNX LESION	232.52										
67	31512	REMOVAL OF LARYNX LESION	232.52	00 15									
63	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	144.34										
67	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	144.34	00 15									
63	31515	LARYNGOSCOPY FOR ASPIRATION	229.67										
67	31515	LARYNGOSCOPY FOR ASPIRATION	229.67	00 15									
63	31520	DIAGNOSTIC LARYNGOSCOPY	172.29										
67	31520	DIAGNOSTIC LARYNGOSCOPY	172.29	00 15									
63	31525	DIAGNOSTIC LARYNGOSCOPY	271.95										
67	31525	DIAGNOSTIC LARYNGOSCOPY	271.95	00 15									
63	31526	DIAGNOSTIC LARYNGOSCOPY	174.02										
67	31526	DIAGNOSTIC LARYNGOSCOPY	174.02	00 15									
63	31527	LARYNGOSCOPY, INSERT OBTURATOR	216.00										
67	31527	LARYNGOSCOPY, INSERT OBTURATOR	216.00	00 15									
63	31528	LARYNGOSCOPY,W DILATATION INITIAL	159.19										
67	31528	LARYNGOSCOPY,W DILATATION INITIAL	159.19	00 15									
63	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	179.31										
67	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	179.31	00 15									
63	31530	OPERATIVE LARYNGOSCOPY	222.63										
67	31530	OPERATIVE LARYNGOSCOPY	222.63	00 15									
63	31531	OPERATIVE LARYNGOSCOPY	235.11										
67	31531	OPERATIVE LARYNGOSCOPY	235.11	00 15									
63	31535	OPERATIVE LARYNGOSCOPY	209.55										
67	31535	OPERATIVE LARYNGOSCOPY	209.55	00 15									
63	31536	OPERATIVE LARYNGOSCOPY	234.28										
67	31536	OPERATIVE LARYNGOSCOPY	234.28	00 15									
63	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	269.70										
67	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	269.70	00 15									
63	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	293.31										
67	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	293.31	00 15									
63	31545	REMOVE VC LESION W/SCOPE	404.14										
67	31545	REMOVE VC LESION W/SCOPE	404.14	00 15									
63	31546	REMOVE VC LESION SCOPE/GRAFT	614.51										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	614.51	00	15									
63	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,708.66	00	11									
67	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,708.66	00	11									
63	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,649.32	12	99									
67	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,649.32	12	15									
63	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,859.60	00	11									
67	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,859.60	00	11									
63	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,860.61	12	99									
67	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,860.61	12	15									
63	31560	OPERATIVE LARYNGOSCOPY	348.75											
67	31560	OPERATIVE LARYNGOSCOPY	348.75	00	15									
63	31561	OPERATIVE LARYNGOSCOPY	382.33											
67	31561	OPERATIVE LARYNGOSCOPY	382.33	00	15									
63	31570	LARYNGOSCOPY WITH INJECTION	374.14											
67	31570	LARYNGOSCOPY WITH INJECTION	374.14	00	15									
63	31571	LARYNGOSCOPY WITH INJECTION	277.15											
67	31571	LARYNGOSCOPY WITH INJECTION	277.15	00	15									
63	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	562.14											
67	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	562.14	00	15									
63	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	307.61											
67	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	307.61	00	15									
63	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	1,002.79											
67	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	1,002.79	00	15									
63	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	136.73											
67	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	136.73	00	15									
63	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	285.18											
67	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	285.18	00	15									
63	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	294.42											
67	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	294.42	00	15									
63	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	327.20											
67	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	327.20	00	15									
63	31579	SEE 31575;WITH STROBOSCOPY	213.17											
67	31579	SEE 31575;WITH STROBOSCOPY	213.17	00	15									
63	31580	REVISION OF LARYNX	1,406.45											
67	31580	REVISION OF LARYNX	1,406.45	00	15									
63	31584	REPAIR OF LARYNX FRACTURE	1,559.36											
67	31584	REPAIR OF LARYNX FRACTURE	1,559.36	00	15									
63	31587	LARYNGOPLASTY, CRICOID SPLIT	1,328.35											
67	31587	LARYNGOPLASTY, CRICOID SPLIT	1,328.35	00	15									
63	31590	LARYNGEAL REINNERVATION REPAIR	992.65											
67	31590	LARYNGEAL REINNERVATION REPAIR	992.65	00	15									
63	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,208.92											
67	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,208.92	00	15									
63	31592	CRICOTRACHEAL RESECTION	1,924.79											
67	31592	CRICOTRACHEAL RESECTION	1,924.79	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	31600	TRACHEOSTOMY, PLANNED	349.96	02 99									
67	31600	TRACHEOSTOMY, PLANNED	349.96	02 15									
63	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	504.44	00 01									
67	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	504.44	00 01									
63	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	367.68										
67	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	367.68	00 15									
63	31605	INCISION OF NECK CARTILAGES	385.60										
67	31605	INCISION OF NECK CARTILAGES	385.60	00 15									
63	31610	INCISION OF WINDPIPE	1,058.64										
67	31610	INCISION OF WINDPIPE	1,058.64	00 15									
63	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	586.91										
67	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	586.91	00 15									
63	31612	PUNCTURE/CLEAR WINDPIPE	100.78										
67	31612	PUNCTURE/CLEAR WINDPIPE	100.78	00 15									
63	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	468.37										
67	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	468.37	00 15									
63	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	783.87										
67	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	783.87	00 15									
63	31615	VISUALIZATION OF WINDPIPE	187.65										
67	31615	VISUALIZATION OF WINDPIPE	187.65	00 15									
63	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	267.57										
67	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	267.57	00 15									
63	31623	DX BRONCHOSCOPE/BRUSH	298.13										
67	31623	DX BRONCHOSCOPE/BRUSH	298.13	00 15									
63	31624	DX BRONCHOSCOPE/LAVAGE	276.35										
67	31624	DX BRONCHOSCOPE/LAVAGE	276.35	00 15									
63	31625	BRONCHOSCOPY WITH BIOPSY	379.89										
67	31625	BRONCHOSCOPY WITH BIOPSY	379.89	00 15									
63	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	854.40									X	
67	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	854.40	00 15								X	
63	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,173.62										
67	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,173.62	00 15									
63	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	404.37										
67	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	404.37	00 15									
63	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	493.02										
67	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	493.02	00 15									
63	31630	BRONCHOSCOPY WITH REPAIR	221.72										
67	31630	BRONCHOSCOPY WITH REPAIR	221.72	00 15									
63	31631	BRONCHOSCOPY-PLACE TRACH STENT	253.67										
67	31631	BRONCHOSCOPY-PLACE TRACH STENT	253.67	00 15									
63	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	71.48									X	
67	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	71.48	00 15								X	
63	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	88.79									X	
67	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	88.79	00 15								X	
63	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,663.48									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,663.48	00 15								X	
63	31635	REMOVE FOREIGN BODY, AIRWAY	320.11										
67	31635	REMOVE FOREIGN BODY, AIRWAY	320.11	00 15									
63	31636	BRONCHOSCOPY, BRONCH STENTS	243.07										
67	31636	BRONCHOSCOPY, BRONCH STENTS	243.07	00 15									
63	31637	BRONCHOSCOPY, STENT ADD-ON	86.19										
67	31637	BRONCHOSCOPY, STENT ADD-ON	86.19	00 15									
63	31638	BRONCHOSCOPY, REVISE STENT	276.85										
67	31638	BRONCHOSCOPY, REVISE STENT	276.85	00 15									
63	31640	BRONCHOSCOPY & REMOVE LESION	278.45										
67	31640	BRONCHOSCOPY & REMOVE LESION	278.45	00 15									
63	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	286.32										
67	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	286.32	00 15									
63	31643	DX BRONCHOSCOPE/CATHETER	195.15										
67	31643	DX BRONCHOSCOPE/CATHETER	195.15	00 15									
63	31645	BRONCHOSCOPY, CLEAR AIRWAYS	295.49										
67	31645	BRONCHOSCOPY, CLEAR AIRWAYS	295.49	00 15									
63	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	157.85										
67	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	157.85	00 15									
63	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	230.84										
67	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	230.84	00 15									
63	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	221.41										
67	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	221.41	00 15									
63	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	75.20									X	
67	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	75.20	00 15								X	
63	31651	BRONCHOSCOPY,RIGID OR FLEXIBLE,INC	85.19									X	
67	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	85.19	00 15								X	
63	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,363.32										
67	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,363.32	00 15									
63	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,417.15										
67	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,417.15	00 15									
63	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	131.42										
67	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	131.42	00 15									
63	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	219.46										
67	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	219.46	00 15									
63	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	229.99										
67	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	229.99	00 15									
63	31717	BRONCHIAL BRUSH BIOPSY	312.32										
67	31717	BRONCHIAL BRUSH BIOPSY	312.32	00 15									
63	31720	CLEARANCE OF AIRWAYS	65.72									X	
67	31720	CLEARANCE OF AIRWAYS	65.72	00 15								X	
63	31725	CLEARANCE OF AIRWAYS	88.87									X	
67	31725	CLEARANCE OF AIRWAYS	88.87	00 15								X	
63	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,165.65										
67	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,165.65	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,491.25										
67	31750	REPAIR OF WINDPIPE	1,491.25	00 15									
63	31755	REPAIR OF WINDPIPE	1,883.11										
67	31755	REPAIR OF WINDPIPE	1,883.11	00 15									
63	31760	REPAIR OF WINDPIPE	1,576.84										
67	31760	REPAIR OF WINDPIPE	1,576.84	00 15									
63	31766	CARINAL RECONSTRUCTION	2,045.37										
67	31766	CARINAL RECONSTRUCTION	2,045.37	00 15									
63	31770	REPAIR/GRAFT OF BRONCHUS	1,528.66										
67	31770	REPAIR/GRAFT OF BRONCHUS	1,528.66	00 15									
63	31775	RECONSTRUCT BRONCHUS	1,608.86										
67	31775	RECONSTRUCT BRONCHUS	1,608.86	00 15									
63	31780	RECONSTRUCT WINDPIPE	1,334.58										
67	31780	RECONSTRUCT WINDPIPE	1,334.58	00 15									
63	31781	RECONSTRUCT WINDPIPE	1,617.84										
67	31781	RECONSTRUCT WINDPIPE	1,617.84	00 15									
63	31785	REMOVE WINDPIPE LESION	1,215.06										
67	31785	REMOVE WINDPIPE LESION	1,215.06	00 15									
63	31786	REMOVE WINDPIPE LESION	1,659.24										
67	31786	REMOVE WINDPIPE LESION	1,659.24	00 15									
63	31800	REPAIR OF WINDPIPE INJURY	778.93										
67	31800	REPAIR OF WINDPIPE INJURY	778.93	00 15									
63	31805	REPAIR OF WINDPIPE INJURY	935.57										
67	31805	REPAIR OF WINDPIPE INJURY	935.57	00 15									
63	31820	CLOSURE OF WINDPIPE LESION	486.10										
67	31820	CLOSURE OF WINDPIPE LESION	486.10	00 15									
63	31825	REPAIR OF WINDPIPE DEFECT	670.41										
67	31825	REPAIR OF WINDPIPE DEFECT	670.41	00 15									
63	31830	REVISE WINDPIPE SCAR	539.20										
67	31830	REVISE WINDPIPE SCAR	539.20	00 15									
63	32035	EXPLORATION OF CHEST	834.84										
67	32035	EXPLORATION OF CHEST	834.84	00 15									
63	32036	EXPLORATION OF CHEST	899.96										
67	32036	EXPLORATION OF CHEST	899.96	00 15									
63	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	917.10										
67	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	917.10	00 15									
63	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	918.96										
67	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	918.96	00 15									
63	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	869.37										
67	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	869.37	00 15									
63	32100	THORACOTOMY; WITH EXPLORATION	928.08										
67	32100	THORACOTOMY; WITH EXPLORATION	928.08	00 15									
63	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,690.81										
67	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,690.81	00 15									
63	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	996.61										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	996.61	00 15									
63	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	1,058.62										
67	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	1,058.62	00 15									
63	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,133.52										
67	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,133.52	00 15									
63	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,753.75										
67	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,753.75	00 15									
63	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,154.91										
67	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,154.91	00 15									
63	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,150.09										
67	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,150.09	00 15									
63	32160	THORACOTOMY; WITH CARDIAC MASSAGE	909.00										
67	32160	THORACOTOMY; WITH CARDIAC MASSAGE	909.00	00 15									
63	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,300.42										
67	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,300.42	00 15									
63	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	911.62										
67	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	911.62	00 15									
63	32220	RELEASE OF LUNG	1,825.95										
67	32220	RELEASE OF LUNG	1,825.95	00 15									
63	32225	PARTIAL RELEASE OF LUNG	1,143.08										
67	32225	PARTIAL RELEASE OF LUNG	1,143.08	00 15									
63	32310	REMOVAL OF CHEST LINING	1,051.35										
67	32310	REMOVAL OF CHEST LINING	1,051.35	00 15									
63	32320	FREE/REMOVE CHEST LINING	1,839.22										
67	32320	FREE/REMOVE CHEST LINING	1,839.22	00 15									
63	32400	NEEDLE BIOPSY CHEST LINING	179.81									X	
67	32400	NEEDLE BIOPSY CHEST LINING	179.81	00 15								X	
63	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	916.15									X	
67	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	916.15	00 15								X	
63	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,804.57										
67	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,804.57	00 15									
63	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,531.63										
67	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,531.63	00 15									
63	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	4,067.88										
67	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	4,067.88	00 15									
63	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,702.26										
67	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,702.26	00 15									
63	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,819.90										
67	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,819.90	00 15									
63	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,652.29										
67	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,652.29	00 15									
63	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,703.64										
67	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,703.64	00 15									
63	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,755.37										
67	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,755.37	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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)	281.57										
67	32501	REPAIR BRONCHUS (ADD-ON)	281.57	00 15									
63	32503	RESECT APICAL LUNG TUMOR	2,064.13										
67	32503	RESECT APICAL LUNG TUMOR	2,064.13	00 15									
63	32504	RESECT APICAL LUNG TUM/CHEST	2,354.57										
67	32504	RESECT APICAL LUNG TUM/CHEST	2,354.57	00 15									
63	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,066.86										
67	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	1,066.86	00 15									
63	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	182.06									X	
67	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	182.06	00 15								X	
63	32540	REMOVAL OF LUNG LESION	1,987.48										
67	32540	REMOVAL OF LUNG LESION	1,987.48	00 15									
63	32550	INSERTION OF INDWELLING TUNNELED PLE	860.86										
67	32550	INSERTION OF INDWELLING TUNNELED PLE	860.86	00 15									
63	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	180.07										
67	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	180.07	00 15									
63	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	201.53										
67	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	201.53	00 15									
63	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	549.79										
67	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	549.79	00 15									
63	32554	THORACENTESIS, NEEDLE OR CATHETER, A	255.95										
67	32554	THORACENTESIS, NEEDLE OR CATHETER, A	255.95	00 15									
63	32555	THORACENTESIS, NEEDLE OR CATHETER, A	340.94										
67	32555	THORACENTESIS, NEEDLE OR CATHETER, A	340.94	00 15									
63	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	795.05										
67	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	795.05	00 15									
63	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	712.51										
67	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	712.51	00 15									
63	32560	INSTILLATION VIA CHEST TUBE/CATHETER	279.21										
67	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	279.21	00 15									
63	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	104.68										
67	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	104.68	00 15									
63	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	92.28										
67	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	92.28	00 15									
63	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	354.04										
67	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	354.04	00 15									
63	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	552.30										
67	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	552.30	00 15									
63	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	532.51										
67	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	532.51	00 15									
63	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	353.71										
67	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	353.71	00 15									
63	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	436.34										
67	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	436.34	00 15									
63	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	292.23										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	292.23	00 15									
63	32650	THORACOSCOPY, SURGICAL;	759.94										
67	32650	THORACOSCOPY, SURGICAL;	759.94	00 15									
63	32651	THORACOSCOPY, SURGICAL;	1,256.16										
67	32651	THORACOSCOPY, SURGICAL;	1,256.16	00 15									
63	32652	THORACOSCOPY, SURGICAL;	1,910.01										
67	32652	THORACOSCOPY, SURGICAL;	1,910.01	00 15									
63	32653	THORACOSCOPY, SURGICAL;	1,214.12										
67	32653	THORACOSCOPY, SURGICAL;	1,214.12	00 15									
63	32654	THORACOSCOPY, SURGICAL;	1,329.98										
67	32654	THORACOSCOPY, SURGICAL;	1,329.98	00 15									
63	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,095.11										
67	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,095.11	00 15									
63	32656	THORACOSCOPY, SURGICAL;	918.90										
67	32656	THORACOSCOPY, SURGICAL;	918.90	00 15									
63	32658	THORACOSCOPY, SURGICAL;	815.64										
67	32658	THORACOSCOPY, SURGICAL;	815.64	00 15									
63	32659	THORACOSCOPY, SURGICAL;	835.02										
67	32659	THORACOSCOPY, SURGICAL;	835.02	00 15									
63	32661	THORACOSCOPY, SURGICAL;	913.68										
67	32661	THORACOSCOPY, SURGICAL;	913.68	00 15									
63	32662	THORACOSCOPY, SURGICAL;	1,022.05										
67	32662	THORACOSCOPY, SURGICAL;	1,022.05	00 15									
63	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,608.77										
67	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,608.77	00 15									
63	32664	THORACOSCOPY, SURGICAL;	970.73										
67	32664	THORACOSCOPY, SURGICAL;	970.73	00 15									
63	32665	THORACOSCOPY, SURGICAL;	1,414.51										
67	32665	THORACOSCOPY, SURGICAL;	1,414.51	00 15									
63	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	994.97										
67	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	994.97	00 15									
63	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	182.40									X	
67	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	182.40	00 15								X	
63	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	182.90										
67	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	182.90	00 15									
63	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,542.80										
67	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,542.80	00 15									
63	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,846.86										
67	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,846.86	00 15									
63	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	2,042.04										
67	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	2,042.04	00 15									
63	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,748.64										
67	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,748.64	00 15									
63	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,395.13										
67	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,395.13	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	249.76											
67	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	249.76	00	15									
63	32701	THORACIC TARGET(S) DELINEATION FOR S	246.00											
67	32701	THORACIC TARGET(S) DELINEATION FOR S	246.00	00	15									
63	32800	REPAIR LUNG HERNIA	1,080.17											
67	32800	REPAIR LUNG HERNIA	1,080.17	00	15									
63	32810	CLOSE CHEST AFTER DRAINAGE	1,029.79											
67	32810	CLOSE CHEST AFTER DRAINAGE	1,029.79	00	15									
63	32815	CLOSE BRONCHIAL FISTULA	3,225.29											
67	32815	CLOSE BRONCHIAL FISTULA	3,225.29	00	15									
63	32820	RECONSTRUCT INJURED CHEST	1,524.24											
67	32820	RECONSTRUCT INJURED CHEST	1,524.24	00	15									
63	32851	LUNG TRANSPLANT, SINGLE;	3,774.65			X								
67	32851	LUNG TRANSPLANT, SINGLE;	3,774.65	00	15	X								
63	32852	LUNG TRANSPLANT, SINGLE;	4,096.87			X								
67	32852	LUNG TRANSPLANT, SINGLE;	4,096.87	00	15	X								
63	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,277.68			X								
67	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,277.68	00	15	X								
63	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,602.92			X								
67	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,602.92	00	15	X								
63	32900	REMOVAL OF RIB(S)	1,617.67											
67	32900	REMOVAL OF RIB(S)	1,617.67	00	15									
63	32905	REVISE & REPAIR CHEST WALL	1,532.49											
67	32905	REVISE & REPAIR CHEST WALL	1,532.49	00	15									
63	32906	REVISE & REPAIR CHEST WALL	1,895.98											
67	32906	REVISE & REPAIR CHEST WALL	1,895.98	00	15									
63	32940	REVISION OF LUNG	1,415.26											
67	32940	REVISION OF LUNG	1,415.26	00	15									
63	32960	THERAPEUTIC PNEUMOTHORAX	137.15											
67	32960	THERAPEUTIC PNEUMOTHORAX	137.15	00	15									
63	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,245.63											
67	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,245.63	00	15									
63	32997	TOTAL LUNG LAVAGE	381.79											
67	32997	TOTAL LUNG LAVAGE	381.79	00	15									
63	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,335.55											
67	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,335.55	00	15									
63	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	271.07											
67	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	271.07	00	15									
63	33017	PERICARDIAL DRAINAGE WITH INSERTION	283.48	06	99									
67	33017	PERICARDIAL DRAINAGE WITH INSERTION	283.48	06	15									
67	33018	PERICARDIAL DRAINAGE WITH INSERTION	336.31	00	05									
63	33019	PERICARDIAL DRAINAGE WITH INSERTION	244.53											
67	33019	PERICARDIAL DRAINAGE WITH INSERTION	244.53	00	15									
63	33020	INCISION OF HEART SAC	951.46											
67	33020	INCISION OF HEART SAC	951.46	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	881.62										
67	33025	INCISION OF HEART SAC	881.62	00 15									
63	33030	PARTIAL REMOVAL OF HEART SAC	2,306.30										
67	33030	PARTIAL REMOVAL OF HEART SAC	2,306.30	00 15									
63	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,855.18										
67	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,855.18	00 15									
63	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,150.92										
67	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,150.92	00 15									
63	33120	REMOVAL OF HEART LESION	2,416.55										
67	33120	REMOVAL OF HEART LESION	2,416.55	00 15									
63	33130	REMOVAL OF HEART LESION	1,571.65										
67	33130	REMOVAL OF HEART LESION	1,571.65	00 15									
63	33140	HEART REVASCULARIZE (TMR)	1,797.16		X								
67	33140	HEART REVASCULARIZE (TMR)	1,797.16	00 15	X								
63	33141	HEART TMR W/OTHER PROCEDURE	153.10		X								
67	33141	HEART TMR W/OTHER PROCEDURE	153.10	00 15	X								
63	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	884.15										
67	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	884.15	00 15									
63	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	927.83										
67	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	927.83	00 15									
63	33206	INSERTION OF NEW OR REPLACEMENT OF P	519.07										
67	33206	INSERTION OF NEW OR REPLACEMENT OF P	519.07	00 15									
63	33207	INSERTION OF NEW OR REPLACEMENT OF P	547.67										
67	33207	INSERTION OF NEW OR REPLACEMENT OF P	547.67	00 15									
63	33208	INSERTION OF NEW OR REPLACEMENT OF P	594.47										
67	33208	INSERTION OF NEW OR REPLACEMENT OF P	594.47	00 15									
63	33210	INSERTION OF HEART ELECTRODE	186.70										
67	33210	INSERTION OF HEART ELECTRODE	186.70	00 15									
63	33211	INSERTION OR REPLACEMENT OF TEMPORAR	195.08										
67	33211	INSERTION OR REPLACEMENT OF TEMPORAR	195.08	00 15									
63	33212	INSERTION OF PACEMAKER PULSE GENERAT	367.32										
67	33212	INSERTION OF PACEMAKER PULSE GENERAT	367.32	00 15									
63	33213	INSERTION OF PACEMAKER PULSE GENERAT	383.18										
67	33213	INSERTION OF PACEMAKER PULSE GENERAT	383.18	00 15									
63	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	545.95										
67	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	545.95	00 15									
63	33215	REPOSITION PACING-DEFIB LEAD	353.03										
67	33215	REPOSITION PACING-DEFIB LEAD	353.03	00 15									
63	33216	REVISION IMPLANTED ELECTRODE	422.19										
67	33216	REVISION IMPLANTED ELECTRODE	422.19	00 15									
63	33217	INSERTION, REPLACEMENT OR REPOSITION	418.50										
67	33217	INSERTION, REPLACEMENT OR REPOSITION	418.50	00 15									
63	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	441.09										
67	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	441.09	00 15									
63	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	430.16										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	430.16	00 15									
63	33221	INSERTION OF PACEMAKER PULSE GENERAT	410.36										
67	33221	INSERTION OF PACEMAKER PULSE GENERAT	410.36	00 15									
63	33222	RELOCATION OF PACEMAKER GENERATOR SK	385.79										
67	33222	RELOCATION OF PACEMAKER GENERATOR SK	385.79	00 15									
63	33223	RELOCATION OF PACING DEFIBRILLATOR D	465.93										
67	33223	RELOCATION OF PACING DEFIBRILLATOR D	465.93	00 15									
63	33224	INSERTION OF PACING ELECTRODE, CARDI	592.14										
67	33224	INSERTION OF PACING ELECTRODE, CARDI	592.14	00 15									
63	33225	INSERTION OF PACING ELECTRODE, CARDI	539.48										
67	33225	INSERTION OF PACING ELECTRODE, CARDI	539.48	00 15									
63	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	568.06										
67	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	568.06	00 15									
63	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	386.08										
67	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	386.08	00 15									
63	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	404.64										
67	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	404.64	00 15									
63	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	426.75										
67	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	426.75	00 15									
63	33230	INSERTION OF PACING CARDIOVERTER-DEF	438.27										
67	33230	INSERTION OF PACING CARDIOVERTER-DEF	438.27	00 15									
63	33231	INSERTION OF PACING CARDIOVERTER-DEF	455.15										
67	33231	INSERTION OF PACING CARDIOVERTER-DEF	455.15	00 15									
63	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	261.96										
67	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	261.96	00 15									
63	33234	REMOVAL OF PERMANENT PACEMAKER;	552.88										
67	33234	REMOVAL OF PERMANENT PACEMAKER;	552.88	00 15									
63	33235	REMOVAL OF PERMANENT PACEMAKER;	725.77										
67	33235	REMOVAL OF PERMANENT PACEMAKER;	725.77	00 15									
63	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	893.65										
67	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	893.65	00 15									
63	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	960.29										
67	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	960.29	00 15									
63	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,081.68										
67	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,081.68	00 15									
63	33240	INSERTION OF PACING CARDIOVERTER-DEF	418.86										
67	33240	INSERTION OF PACING CARDIOVERTER-DEF	418.86	00 15									
63	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	243.06										
67	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	243.06	00 15									
63	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,575.26										
67	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,575.26	00 15									
63	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	989.52										
67	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	989.52	00 15									
63	33249	INSERTION OR REPLACEMENT OF PERMANEN	1,049.07										
67	33249	INSERTION OR REPLACEMENT OF PERMANEN	1,049.07	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	1,675.64										
67	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,675.64	00 15									
63	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,872.32										
67	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,872.32	00 15									
63	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,563.62										
67	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,563.62	00 15									
63	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,872.24										
67	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,872.24	00 15									
63	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,222.49										
67	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,222.49	00 15									
63	33257	OPERATIVE TISSUE ABLATION AND RECONS	663.47										
67	33257	OPERATIVE TISSUE ABLATION AND RECONS	663.47	00 15									
63	33258	OPERATIVE TISSUE ABLATION AND RECONS	743.05										
67	33258	OPERATIVE TISSUE ABLATION AND RECONS	743.05	00 15									
63	33259	OPERATIVE TISSUE ABLATION AND RECONS	965.31										
67	33259	OPERATIVE TISSUE ABLATION AND RECONS	965.31	00 15									
63	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,856.61										
67	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,856.61	00 15									
63	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	425.50										
67	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	425.50	00 15									
63	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	442.88										
67	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	442.88	00 15									
63	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	461.62										
67	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	461.62	00 15									
63	33265	ABLATE ATRIA, LMTD, ENDO	1,562.11										
67	33265	ABLATE ATRIA, LMTD, ENDO	1,562.11	00 15									
63	33266	ABLATE ATRIA, X10SV, ENDO	2,120.21										
67	33266	ABLATE ATRIA, X10SV, ENDO	2,120.21	00 15									
63	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE,	1,202.92										
67	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE,	1,202.92	00 15									
63	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE,	151.71										
67	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE,	151.71	00 15									
63	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE,	948.93										
67	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE,	948.93	00 15									
63	33270	INSERTION OR REPLACEMENT OF PERMANEN	643.62										
67	33270	INSERTION OR REPLACEMENT OF PERMANEN	643.62	00 15									
63	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	518.65										
67	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	518.65	00 15									
63	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	395.53										
67	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	395.53	00 15									
63	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	456.28										
67	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	456.28	00 15									
63	33274	TRANSCATHETER INSERTION OR REPLACEME	550.71										
67	33274	TRANSCATHETER INSERTION OR REPLACEME	550.71	00 15									
63	33275	TRANSCATHETER REMOVAL OF PERMANENT	578.09										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33275	TRANSCATHETER REMOVAL OF PERMANENT	578.09	00 15									
63	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,645.19										
67	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,645.19	00 15									
63	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	147.95										
67	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	147.95	00 15									
63	33289	TRANSCATHETER IMPLANTATION OF WIRELE	385.06										
67	33289	TRANSCATHETER IMPLANTATION OF WIRELE	385.06	00 15									
63	33300	REPAIR OF HEART WOUND	2,822.60										
67	33300	REPAIR OF HEART WOUND	2,822.60	00 15									
63	33305	REPAIR OF HEART WOUND	4,733.94										
67	33305	REPAIR OF HEART WOUND	4,733.94	00 15									
63	33310	EXPLORATORY HEART SURGERY	1,342.75										
67	33310	EXPLORATORY HEART SURGERY	1,342.75	00 15									
63	33315	EXPLORATORY HEART SURGERY	2,214.03										
67	33315	EXPLORATORY HEART SURGERY	2,214.03	00 15									
63	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,211.22										
67	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,211.22	00 15									
63	33321	REPAIR MAJOR VESSEL	1,366.02										
67	33321	REPAIR MAJOR VESSEL	1,366.02	00 15									
63	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,597.04										
67	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,597.04	00 15									
63	33330	INSERT MAJOR VESSEL GRAFT	1,639.18										
67	33330	INSERT MAJOR VESSEL GRAFT	1,639.18	00 15									
63	33335	INSERT MAJOR VESSEL GRAFT	2,155.43										
67	33335	INSERT MAJOR VESSEL GRAFT	2,155.43	00 15									
63	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	905.17										
67	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	905.17	00 15									
63	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,398.72										
67	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,398.72	00 15									
63	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,525.69										
67	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,525.69	00 15									
63	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,581.97										
67	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,581.97	00 15									
63	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,584.95										
67	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,584.95	00 15									
63	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,649.84										
67	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,649.84	00 15									
63	33366	Transcatheter aortic valve replaceme	1,818.88										
67	33366	Transcatheter aortic valve replaceme	1,818.88	00 15									
63	33367	TRANSCATHETER AORTIC VALVE REPLACEME	711.93										
67	33367	TRANSCATHETER AORTIC VALVE REPLACEME	711.93	00 15									
63	33368	TRANSCATHETER AORTIC VALVE REPLACEME	862.68										
67	33368	TRANSCATHETER AORTIC VALVE REPLACEME	862.68	00 15									
63	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,138.00										
67	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,138.00	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33370	TRANSCATHETER PLACEMENT AND SUBSEQUE	152.56										
67	33370	TRANSCATHETER PLACEMENT AND SUBSEQUE	152.56	00 15									
63	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,223.82										
67	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,223.82	00 15									
63	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,643.96										
67	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,643.96	00 15									
63	33404	CONSTRUCT APICAL-AORTIC CONDUIT	2,014.33										
67	33404	CONSTRUCT APICAL-AORTIC CONDUIT	2,014.33	00 15									
63	33405	REPLACEMENT OF AORTIC VALVE	2,618.91										
67	33405	REPLACEMENT OF AORTIC VALVE	2,618.91	00 15									
63	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,318.81										
67	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,318.81	00 15									
63	33410	REPLACEMENT OF AORTIC VALVE	2,932.08										
67	33410	REPLACEMENT OF AORTIC VALVE	2,932.08	00 15									
63	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,876.03										
67	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,876.03	00 15									
63	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,642.96										
67	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,642.96	00 15									
63	33413	REPLACEMENT, AORTIC VALVE;	3,727.66										
67	33413	REPLACEMENT, AORTIC VALVE;	3,727.66	00 15									
63	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,479.03										
67	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,479.03	00 15									
63	33415	REVISION OF AORTIC VALVE	2,342.65										
67	33415	REVISION OF AORTIC VALVE	2,342.65	00 15									
63	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,330.36										
67	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,330.36	00 15									
63	33417	REPAIR OF AORTIC VALVE	1,916.74										
67	33417	REPAIR OF AORTIC VALVE	1,916.74	00 15									
63	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	2,069.36										
67	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	2,069.36	00 15									
63	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	490.21										
67	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	490.21	00 15									
63	33420	REVISION OF MITRAL VALVE	1,669.69										
67	33420	REVISION OF MITRAL VALVE	1,669.69	00 15									
63	33422	REVISION OF MITRAL VALVE	1,915.35										
67	33422	REVISION OF MITRAL VALVE	1,915.35	00 15									
63	33425	REPAIR OF MITRAL VALVE	3,151.65										
67	33425	REPAIR OF MITRAL VALVE	3,151.65	00 15									
63	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,745.15										
67	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,745.15	00 15									
63	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,809.58										
67	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,809.58	00 15									
63	33430	REPLACEMENT OF MITRAL VALVE	3,230.77										
67	33430	REPLACEMENT OF MITRAL VALVE	3,230.77	00 15									
63	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,943.52										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,943.52	00 15									
63	33460	REVISION OF TRICUSPID VALVE	2,775.83										
67	33460	REVISION OF TRICUSPID VALVE	2,775.83	00 15									
63	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,531.32										
67	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,531.32	00 15									
63	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,809.21										
67	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,809.21	00 15									
63	33465	REPLACE TRICUSPID VALVE	3,177.37										
67	33465	REPLACE TRICUSPID VALVE	3,177.37	00 15									
63	33468	REVISION OF TRICUSPID VALVE	2,829.29										
67	33468	REVISION OF TRICUSPID VALVE	2,829.29	00 15									
63	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,519.72										
67	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,519.72	00 15									
63	33474	REVISION OF PULMONARY VALVE	2,512.12										
67	33474	REVISION OF PULMONARY VALVE	2,512.12	00 15									
63	33475	REPLACEMENT, PULMONARY VALVE	2,675.11										
67	33475	REPLACEMENT, PULMONARY VALVE	2,675.11	00 15									
63	33476	REVISION OF HEART CHAMBER	1,749.04										
67	33476	REVISION OF HEART CHAMBER	1,749.04	00 15									
63	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,566.13										
67	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,566.13	00 15									
63	33478	REVISION OF HEART CHAMBER	1,807.38										
67	33478	REVISION OF HEART CHAMBER	1,807.38	00 15									
63	33496	REPAIR, PROSTH VALVE CLOT	1,918.25										
67	33496	REPAIR, PROSTH VALVE CLOT	1,918.25	00 15									
63	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,797.88										
67	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,797.88	00 15									
63	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,282.73										
67	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,282.73	00 15									
63	33502	CORONARY ARTERY CORRECTION	1,464.73										
67	33502	CORONARY ARTERY CORRECTION	1,464.73	00 15									
63	33503	CORONARY ARTERY GRAFT	1,519.52										
67	33503	CORONARY ARTERY GRAFT	1,519.52	00 15									
63	33504	CORONARY ARTERY GRAFT	1,683.92										
67	33504	CORONARY ARTERY GRAFT	1,683.92	00 15									
63	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,382.87										
67	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,382.87	00 15									
63	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,370.34										
67	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,370.34	00 15									
63	33507	REPAIR ART, INTRAMURAL	1,985.59										
67	33507	REPAIR ART, INTRAMURAL	1,985.59	00 15									
63	33508	ENDOSCOPIC VEIN HARVEST	19.10										
67	33508	ENDOSCOPIC VEIN HARVEST	19.10	00 15									
63	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1	200.97										
67	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1	200.97	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33510	CORONARY ARTERY BYPASS	2,230.15										
67	33510	CORONARY ARTERY BYPASS	2,230.15	00 15									
63	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,448.81										
67	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,448.81	00 15									
63	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,792.87										
67	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,792.87	00 15									
63	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,862.74										
67	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,862.74	00 15									
63	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	3,014.32										
67	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	3,014.32	00 15									
63	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	3,121.45										
67	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	3,121.45	00 15									
63	33517	CORONARY ARTERY BYPASS, USING VENOUS	218.18										
67	33517	CORONARY ARTERY BYPASS, USING VENOUS	218.18	00 15									
63	33518	CORONARY ARTERY BYPASS, USING VENOUS	476.86										
67	33518	CORONARY ARTERY BYPASS, USING VENOUS	476.86	00 15									
63	33519	CORONARY ARTERY BYPASS, USING VENOUS	632.25										
67	33519	CORONARY ARTERY BYPASS, USING VENOUS	632.25	00 15									
63	33521	CORONARY ARTERY BYPASS, USING VENOUS	758.00										
67	33521	CORONARY ARTERY BYPASS, USING VENOUS	758.00	00 15									
63	33522	CORONARY ARTERY BYPASS, USING VENOUS	850.80										
67	33522	CORONARY ARTERY BYPASS, USING VENOUS	850.80	00 15									
63	33523	CORONARY ARTERY BYPASS, USING VENOUS	963.10										
67	33523	CORONARY ARTERY BYPASS, USING VENOUS	963.10	00 15									
63	33530	REOPERATION,CORON ART BYPASS >1MONTH	609.36										
67	33530	REOPERATION,CORON ART BYPASS >1MONTH	609.36	00 15									
63	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,157.17										
67	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,157.17	00 15									
63	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,534.43										
67	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,534.43	00 15									
63	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,823.71										
67	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,823.71	00 15									
63	33536	CORONARY ARTERY BYPASS, USING ARTERI	3,042.24										
67	33536	CORONARY ARTERY BYPASS, USING ARTERI	3,042.24	00 15									
63	33542	REMOVAL OF HEART LESION	3,020.54										
67	33542	REMOVAL OF HEART LESION	3,020.54	00 15									
63	33545	REPAIR OF HEART DAMAGE	3,548.58										
67	33545	REPAIR OF HEART DAMAGE	3,548.58	00 15									
63	33548	RESTORE/REMODEL, VENTRICLE	3,428.05										
67	33548	RESTORE/REMODEL, VENTRICLE	3,428.05	00 15									
63	33572	OPEN CORONARY ENDARTERECTOMY	267.21										
67	33572	OPEN CORONARY ENDARTERECTOMY	267.21	00 15									
63	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,975.64										
67	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,975.64	00 15									
63	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,917.47										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,917.47	00 15									
63	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	2,045.52										
67	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	2,045.52	00 15									
63	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	2,070.55										
67	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	2,070.55	00 15									
63	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,042.01										
67	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,042.01	00 15									
63	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,249.78										
67	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,249.78	00 15									
63	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,309.62										
67	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,309.62	00 15									
63	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,301.70										
67	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,301.70	00 15									
63	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,493.53										
67	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,493.53	00 15									
63	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	3,159.90										
67	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	3,159.90	00 15									
63	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,901.13										
67	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,901.13	00 15									
63	33621	TRANSTHORACIC INSERTION OF CATHETER	1,067.12										
67	33621	TRANSTHORACIC INSERTION OF CATHETER	1,067.12	00 15									
63	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,966.31										
67	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,966.31	00 15									
63	33641	REPAIR HEART SEPTUM DEFECT	1,888.42										
67	33641	REPAIR HEART SEPTUM DEFECT	1,888.42	00 15									
63	33645	REVISION OF HEART VEINS	1,995.73										
67	33645	REVISION OF HEART VEINS	1,995.73	00 15									
63	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	2,094.85										
67	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	2,094.85	00 15									
63	33660	REPAIR OF HEART DEFECTS	2,023.53										
67	33660	REPAIR OF HEART DEFECTS	2,023.53	00 15									
63	33665	REPAIR OF HEART DEFECTS	2,206.19										
67	33665	REPAIR OF HEART DEFECTS	2,206.19	00 15									
63	33670	REPAIR OF HEART CHAMBERS	2,279.86										
67	33670	REPAIR OF HEART CHAMBERS	2,279.86	00 15									
63	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,273.11										
67	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,273.11	00 15									
63	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,333.80										
67	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,333.80	00 15									
63	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,424.15										
67	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,424.15	00 15									
63	33681	REPAIR HEART SEPTUM DEFECT	2,118.61										
67	33681	REPAIR HEART SEPTUM DEFECT	2,118.61	00 15									
63	33684	REPAIR HEART SEPTUM DEFECT	2,177.30										
67	33684	REPAIR HEART SEPTUM DEFECT	2,177.30	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33688	REPAIR HEART SEPTUM DEFECT	2,175.63										
67	33688	REPAIR HEART SEPTUM DEFECT	2,175.63	00 15									
63	33690	REINFORCE PULMONARY ARTERY	1,375.79										
67	33690	REINFORCE PULMONARY ARTERY	1,375.79	00 15									
63	33692	REPAIR OF HEART DEFECTS	2,259.58										
67	33692	REPAIR OF HEART DEFECTS	2,259.58	00 15									
63	33694	REPAIR OF HEART DEFECTS	2,249.78										
67	33694	REPAIR OF HEART DEFECTS	2,249.78	00 15									
63	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,370.31										
67	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,370.31	00 15									
63	33702	REPAIR OF HEART DEFECTS	1,778.87										
67	33702	REPAIR OF HEART DEFECTS	1,778.87	00 15									
63	33710	REPAIR OF HEART DEFECTS	2,366.93										
67	33710	REPAIR OF HEART DEFECTS	2,366.93	00 15									
63	33720	REPAIR OF HEART DEFECT	1,780.50										
67	33720	REPAIR OF HEART DEFECT	1,780.50	00 15									
63	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,771.01										
67	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,771.01	00 15									
63	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,343.59										
67	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,343.59	00 15									
63	33730	REPAIR HEART-VEIN DEFECT(S)	2,311.89										
67	33730	REPAIR HEART-VEIN DEFECT(S)	2,311.89	00 15									
63	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,894.47										
67	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,894.47	00 15									
63	33735	REVISION OF HEART CHAMBER	1,487.25										
67	33735	REVISION OF HEART CHAMBER	1,487.25	00 15									
63	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,615.97										
67	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,615.97	00 15									
63	33737	REVISION OF HEART CHAMBER	1,490.44										
67	33737	REVISION OF HEART CHAMBER	1,490.44	00 15									
63	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	871.56										
67	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	871.56	00 15									
63	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,244.29										
67	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,244.29	00 15									
63	33746	TRANSCATHETER INTRACARDIAC SHUNT	497.32										
67	33746	TRANSCATHETER INTRACARDIAC SHUNT	497.32	00 15									
63	33750	MAJOR VESSEL SHUNT	1,453.40										
67	33750	MAJOR VESSEL SHUNT	1,453.40	00 15									
63	33755	MAJOR VESSEL SHUNT	1,511.01										
67	33755	MAJOR VESSEL SHUNT	1,511.01	00 15									
63	33762	MAJOR VESSEL SHUNT	1,475.54										
67	33762	MAJOR VESSEL SHUNT	1,475.54	00 15									
63	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,511.01										
67	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,511.01	00 15									
63	33766	MAJOR VESSEL SHUNT	1,533.71										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33766	MAJOR VESSEL SHUNT	1,533.71	00 15									
63	33767	SHUNT;	1,638.88										
67	33767	SHUNT;	1,638.88	00 15									
63	33768	CAVOPULMONARY SHUNTING	483.12										
67	33768	CAVOPULMONARY SHUNTING	483.12	00 15									
63	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,443.61										
67	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,443.61	00 15									
63	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,517.87										
67	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,517.87	00 15									
63	33774	REPAIR TRANSPO GREAT ARTERIES	2,068.81										
67	33774	REPAIR TRANSPO GREAT ARTERIES	2,068.81	00 15									
63	33775	REAPAIR W REMOVAL PULMONARY BAND	2,134.66										
67	33775	REAPAIR W REMOVAL PULMONARY BAND	2,134.66	00 15									
63	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,255.36										
67	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,255.36	00 15									
63	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,181.88										
67	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,181.88	00 15									
63	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,710.94										
67	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,710.94	00 15									
63	33779	REPAIR W REMOVAL O PULMONARY BAND	2,686.63										
67	33779	REPAIR W REMOVAL O PULMONARY BAND	2,686.63	00 15									
63	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,735.72										
67	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,735.72	00 15									
63	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,673.70										
67	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,673.70	00 15									
63	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,730.39										
67	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,730.39	00 15									
63	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	4,031.28										
67	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	4,031.28	00 15									
63	33786	REPAIR ARTERIAL TRUNK	2,630.08										
67	33786	REPAIR ARTERIAL TRUNK	2,630.08	00 15									
63	33788	REVISION OF PULMONARY ARTERY	1,766.59										
67	33788	REVISION OF PULMONARY ARTERY	1,766.59	00 15									
63	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,133.03										
67	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,133.03	00 15									
63	33802	REPAIR VESSEL DEFECT	1,242.80										
67	33802	REPAIR VESSEL DEFECT	1,242.80	00 15									
63	33803	REPAIR VESSEL DEFECT	1,326.22										
67	33803	REPAIR VESSEL DEFECT	1,326.22	00 15									
63	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,423.46										
67	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,423.46	00 15									
63	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,750.39										
67	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,750.39	00 15									
63	33820	REVISE MAJOR VESSEL	1,109.84										
67	33820	REVISE MAJOR VESSEL	1,109.84	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,172.31	00 17									
67	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,172.31	00 15									
63	33824	REPAIR PATENT DUCTUS ARTERIOSUS	1,354.19	18 99									
63	33840	REMOVE AORTA CONSTRICTION	1,422.69										
67	33840	REMOVE AORTA CONSTRICTION	1,422.69	00 15									
63	33845	REMOVE AORTA CONSTRICTION	1,530.71										
67	33845	REMOVE AORTA CONSTRICTION	1,530.71	00 15									
63	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,461.15										
67	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,461.15	00 15									
63	33852	EXCISION O COARCTATION W REPAIR ARCH	1,608.98										
67	33852	EXCISION O COARCTATION W REPAIR ARCH	1,608.98	00 15									
63	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	2,109.15										
67	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	2,109.15	00 15									
63	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,926.19										
67	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,926.19	00 15									
63	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,818.32										
67	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,818.32	00 15									
63	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,639.55										
67	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,639.55	00 15									
63	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,724.65										
67	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,724.65	00 15									
63	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,070.34										
67	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,070.34	00 15									
63	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,769.98										
67	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,769.98	00 15									
63	33875	THORACIC AORTA GRAFT	3,152.70										
67	33875	THORACIC AORTA GRAFT	3,152.70	00 15									
63	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	4,200.79										
67	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	4,200.79	00 15									
63	33880	ENDOVASC TAA REPR INCL SUBCL	2,081.89										
67	33880	ENDOVASC TAA REPR INCL SUBCL	2,081.89	00 15									
63	33881	ENDOVASC TAA REPR W/O SUBCL	1,783.70										
67	33881	ENDOVASC TAA REPR W/O SUBCL	1,783.70	00 15									
63	33883	INSERT ENDOVASC PROSTH, TAA	1,288.36										
67	33883	INSERT ENDOVASC PROSTH, TAA	1,288.36	00 15									
63	33884	ENDOVASC PROSTH, TAA, ADD-ON	465.19									X	
67	33884	ENDOVASC PROSTH, TAA, ADD-ON	465.19	00 15								X	
63	33886	ENDOVASC PROSTH, DELAYED	1,117.27										
67	33886	ENDOVASC PROSTH, DELAYED	1,117.27	00 15									
63	33889	ARTERY TRANSPOSE/ENDOVAS TAA	929.70										
67	33889	ARTERY TRANSPOSE/ENDOVAS TAA	929.70	00 15									
63	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,135.34										
67	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,135.34	00 15									
63	33894	ENDOVASCULAR STENT REPAIR OF COARCTA	1,113.80										
67	33894	ENDOVASCULAR STENT REPAIR OF COARCTA	1,113.80	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	33895	ENDOVASCULAR STENT REPAIR OF COARCTA	886.24											
67	33895	ENDOVASCULAR STENT REPAIR OF COARCTA	886.24	00	15									
63	33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	660.03											
67	33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	660.03	00	15									
63	33910	REMOVE LUNG ARTERY EMBOLI	3,037.59											
67	33910	REMOVE LUNG ARTERY EMBOLI	3,037.59	00	15									
63	33915	REMOVE LUNG ARTERY EMBOLI	1,588.69											
67	33915	REMOVE LUNG ARTERY EMBOLI	1,588.69	00	15									
63	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,827.75											
67	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,827.75	00	15									
63	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,674.02											
67	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,674.02	00	15									
63	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	2,087.99											
67	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	2,087.99	00	15									
63	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,596.39											
67	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,596.39	00	15									
63	33924	REMOVE PULMONARY SHUNT	330.68											
67	33924	REMOVE PULMONARY SHUNT	330.68	00	15									
63	33925	RPR PUL ART UNIFOCAL W/O CPB	1,980.20											
67	33925	RPR PUL ART UNIFOCAL W/O CPB	1,980.20	00	15									
63	33926	REPR PUL ART, UNIFOCAL W/CPB	2,790.50											
67	33926	REPR PUL ART, UNIFOCAL W/CPB	2,790.50	00	15									
63	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,958.07				X							
67	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,958.07	00	15		X							
63	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,701.76			X								
67	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,701.76	00	15	X								
63	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,611.93			X								
67	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,611.93	00	15	X								
63	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	357.54											
67	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	357.54	00	15									
63	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	395.79											
67	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	395.79	00	15									
63	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	272.22											
67	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	272.22	00	15									
63	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	264.47											
67	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	264.47	00	15									
63	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	491.81	00	05									
67	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	491.81	00	05									
63	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	494.17	06	99									
67	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	494.17	06	15									
63	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	550.43	00	05									
67	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	550.43	00	05									
63	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	553.81	06	99									
67	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	553.81	06	15									
63	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	961.69	00	05									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	961.69	00 05									
63	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	967.93	06 99									
67	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	967.93	06 15									
63	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	214.14	00 05									
67	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	214.14	00 05									
63	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	214.14	06 99									
67	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	214.14	06 15									
63	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	271.09	00 05									
67	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	271.09	00 05									
63	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	271.09	06 99									
67	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	271.09	06 15									
63	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	542.63	00 05									
67	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	542.63	00 05									
63	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	572.29	06 99									
67	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	572.29	06 15									
63	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	214.14	00 05									
67	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	214.14	00 05									
63	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	272.75	06 99									
67	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	272.75	06 15									
63	33967	INSERT IA PERCUT DEVICE	298.92										
67	33967	INSERT IA PERCUT DEVICE	298.92	00 15									
63	33968	REMOVE AORTIC ASSIST DEVICE	37.96										
67	33968	REMOVE AORTIC ASSIST DEVICE	37.96	00 15									
63	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	315.50	00 05									
67	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	315.50	00 05									
63	33970	INTERNAL CIRCULATION ASSIST	410.00										
67	33970	INTERNAL CIRCULATION ASSIST	410.00	00 15									
63	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	810.60										
67	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	810.60	00 15									
63	33973	INSERTION OF INTRA-AORTIC BALLOON AS	583.67										
67	33973	INSERTION OF INTRA-AORTIC BALLOON AS	583.67	00 15									
63	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	1,019.20										
67	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	1,019.20	00 15									
63	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,509.21										
67	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,509.21	00 15									
63	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,840.84										
67	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,840.84	00 15									
63	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,291.28										
67	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,291.28	00 15									
63	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,538.43										
67	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,538.43	00 15									
63	33979	INSERT INTRACORPOREAL DEVICE	2,257.14										
67	33979	INSERT INTRACORPOREAL DEVICE	2,257.14	00 15									
63	33980	REMOVE INTRACORPOREAL DEVICE	2,056.96								X		
67	33980	REMOVE INTRACORPOREAL DEVICE	2,056.96	00 15							X		

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	965.10									X		
67	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	965.10	00	15							X		
63	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,267.70									X		
67	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,267.70	00	15							X		
63	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,678.76									X		
67	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,678.76	00	15							X		
63	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	329.52	06	99									
67	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	329.52	06	15									
63	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	595.68	00	05									
67	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	595.68	00	05									
63	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	606.36	06	99									
67	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	606.36	06	15									
63	33987	ARTERIAL EXPOSURE WITH CREATION OF G	242.44											
67	33987	ARTERIAL EXPOSURE WITH CREATION OF G	242.44	00	15									
63	33988	INSERTION OF LEFT HEART VENT BY THOR	902.18											
67	33988	INSERTION OF LEFT HEART VENT BY THOR	902.18	00	15									
63	33989	REMOVAL OF LEFT HEART VENT BY THORAC	572.29											
67	33989	REMOVAL OF LEFT HEART VENT BY THORAC	572.29	00	15									
63	33990	INSERTION OF VENTRICULAR ASSIST DEVI	417.48											
67	33990	INSERTION OF VENTRICULAR ASSIST DEVI	417.48	00	15									
63	33991	INSERTION OF VENTRICULAR ASSIST DEVI	546.91											
67	33991	INSERTION OF VENTRICULAR ASSIST DEVI	546.91	00	15									
63	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	218.73											
67	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	218.73	00	15									
63	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	191.00											
67	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	191.00	00	15									
63	33995	INSERTION OF VENTRICULAR ASSIST DEVI	414.96											
67	33995	INSERTION OF VENTRICULAR ASSIST DEVI	414.96	00	15									
63	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	184.42											
67	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	184.42	00	15									
63	34001	REMOVAL OF ARTERY CLOT	1,069.62											
67	34001	REMOVAL OF ARTERY CLOT	1,069.62	00	15									
63	34051	REMOVAL OF ARTERY CLOT	1,139.20											
67	34051	REMOVAL OF ARTERY CLOT	1,139.20	00	15									
63	34101	REMOVAL OF ARTERY CLOT	692.19											
67	34101	REMOVAL OF ARTERY CLOT	692.19	00	15									
63	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	695.06											
67	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	695.06	00	15									
63	34151	REMOVAL OF ARTERY CLOT	1,617.39											
67	34151	REMOVAL OF ARTERY CLOT	1,617.39	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	1,103.81											
67	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,103.81	00	15									
63	34401	REMOVAL OF VEIN CLOT	1,705.73											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	34401	REMOVAL OF VEIN CLOT	1,705.73	00 15									
63	34421	REMOVAL OF VEIN CLOT	811.51										
67	34421	REMOVAL OF VEIN CLOT	811.51	00 15									
63	34451	REMOVAL OF VEIN CLOT	1,682.50										
67	34451	REMOVAL OF VEIN CLOT	1,682.50	00 15									
63	34471	REMOVAL OF VEIN CLOT	1,262.44										
67	34471	REMOVAL OF VEIN CLOT	1,262.44	00 15									
63	34490	REMOVAL OF VEIN CLOT	746.64										
67	34490	REMOVAL OF VEIN CLOT	746.64	00 15									
63	34501	VALVULOPLASTY, FEMORAL VEIN	1,040.02										
67	34501	VALVULOPLASTY, FEMORAL VEIN	1,040.02	00 15									
63	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,773.54										
67	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,773.54	00 15									
63	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,193.84										
67	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,193.84	00 15									
63	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,155.27										
67	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,155.27	00 15									
63	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,098.06										
67	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,098.06	00 15									
63	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,440.67										
67	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,440.67	00 15									
63	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,154.96										
67	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,154.96	00 15									
63	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,599.49										
67	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,599.49	00 15									
63	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,669.37										
67	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,669.37	00 15									
63	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,777.62										
67	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,777.62	00 15									
63	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,664.81										
67	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,664.81	00 15									
63	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,344.58										
67	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,344.58	00 15									
63	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,152.89										
67	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,152.89	00 15									
63	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	376.89									X	
67	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	376.89	00 15								X	
63	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	922.11										
67	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	922.11	00 15									
63	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	345.03									X	
67	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	345.03	00 15								X	
63	34712	TRANSCATHETER DELIVERY OF ENHANCED	755.25										
67	34712	TRANSCATHETER DELIVERY OF ENHANCED	755.25	00 15									
63	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	144.45									X	
67	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	144.45	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	313.44									X	
67	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	313.44	00 15								X	
63	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	350.43									X	
67	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	350.43	00 15								X	
63	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	430.81									X	
67	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	430.81	00 15								X	
63	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	521.00									X	
67	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	521.00	00 15								X	
63	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,438.05									X	
67	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,438.05	00 15								X	
63	34808	ENDOVASC ABDO OCCLUD DEVICE	233.88										
67	34808	ENDOVASC ABDO OCCLUD DEVICE	233.88	00 15									
63	34812	XPOSE FOR ENDOPROSTH, AORTIC	241.02										
67	34812	XPOSE FOR ENDOPROSTH, AORTIC	241.02	00 15									
63	34813	XPOSE FOR ENDOPROSTH, FEMORL	277.05										
67	34813	XPOSE FOR ENDOPROSTH, FEMORL	277.05	00 15									
63	34820	XPOSE FOR ENDOPROSTH, ILIAC	396.59										
67	34820	XPOSE FOR ENDOPROSTH, ILIAC	396.59	00 15									
63	34830	OPEN AORTIC TUBE PROSTH REPR	2,066.35										
67	34830	OPEN AORTIC TUBE PROSTH REPR	2,066.35	00 15									
63	34831	OPEN AORTOILIAC PROSTH REPR	2,251.56										
67	34831	OPEN AORTOILIAC PROSTH REPR	2,251.56	00 15									
63	34832	OPEN AORTOFEMOR PROSTH REPR	2,222.68										
67	34832	OPEN AORTOFEMOR PROSTH REPR	2,222.68	00 15									
63	34833	XPOSE FOR ENDOPROSTH, ILIAC	462.79										
67	34833	XPOSE FOR ENDOPROSTH, ILIAC	462.79	00 15									
63	34834	XPOSE, ENDOPROSTH, BRACHIAL	151.78										
67	34834	XPOSE, ENDOPROSTH, BRACHIAL	151.78	00 15									
63	35001	REPAIR DEFECT OF ARTERY	1,305.55										
67	35001	REPAIR DEFECT OF ARTERY	1,305.55	00 15									
63	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,330.14										
67	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,330.14	00 15									
63	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,164.42										
67	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,164.42	00 15									
63	35011	REPAIR DEFECT OF ARTERY	1,171.89										
67	35011	REPAIR DEFECT OF ARTERY	1,171.89	00 15									
63	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,464.97										
67	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,464.97	00 15									
63	35021	REPAIR DEFECT OF ARTERY	1,449.60										
67	35021	REPAIR DEFECT OF ARTERY	1,449.60	00 15									
63	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,661.47										
67	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,661.47	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	2,018.08										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	35081	REPAIR DEFECT OF ARTERY	2,018.08	00 15									
63	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,530.31										
67	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,530.31	00 15									
63	35091	REPAIR DEFECT OF ARTERY	2,092.95										
67	35091	REPAIR DEFECT OF ARTERY	2,092.95	00 15									
63	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	3,044.31										
67	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	3,044.31	00 15									
63	35102	REPAIR DEFECT OF ARTERY	2,191.01										
67	35102	REPAIR DEFECT OF ARTERY	2,191.01	00 15									
63	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,592.61										
67	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,592.61	00 15									
63	35111	REPAIR DEFECT OF ARTERY	1,556.07										
67	35111	REPAIR DEFECT OF ARTERY	1,556.07	00 15									
63	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,914.35										
67	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,914.35	00 15									
63	35121	REPAIR DEFECT OF ARTERY	1,852.57										
67	35121	REPAIR DEFECT OF ARTERY	1,852.57	00 15									
63	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,216.99										
67	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,216.99	00 15									
63	35131	REPAIR DEFECT OF ARTERY	1,596.35										
67	35131	REPAIR DEFECT OF ARTERY	1,596.35	00 15									
63	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,914.35										
67	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,914.35	00 15									
63	35141	REPAIR DEFECT OF ARTERY	1,277.49										
67	35141	REPAIR DEFECT OF ARTERY	1,277.49	00 15									
63	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,539.71										
67	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,539.71	00 15									
63	35151	REPAIR DEFECT OF ARTERY	1,442.22										
67	35151	REPAIR DEFECT OF ARTERY	1,442.22	00 15									
63	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,635.86										
67	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,635.86	00 15									
63	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	916.52										
67	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	916.52	00 15									
63	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	2,060.94										
67	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	2,060.94	00 15									
63	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,128.31										
67	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,128.31	00 15									
63	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,492.36										
67	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,492.36	00 15									
63	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,767.25										
67	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,767.25	00 15									
63	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	884.06										
67	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	884.06	00 15									
63	35201	REPAIR BLOOD VESSEL LESION	1,086.38										
67	35201	REPAIR BLOOD VESSEL LESION	1,086.38	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	35206	REPAIR BLOOD VESSEL LESION	902.68										
67	35206	REPAIR BLOOD VESSEL LESION	902.68	00 15									
63	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	843.60									X	
67	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	843.60	00 15								X	
63	35211	REPAIR BLOOD VESSEL LESION	1,605.60										
67	35211	REPAIR BLOOD VESSEL LESION	1,605.60	00 15									
63	35216	REPAIR BLOOD VESSEL LESION	2,398.16										
67	35216	REPAIR BLOOD VESSEL LESION	2,398.16	00 15									
63	35221	REPAIR BLOOD VESSEL LESION	1,708.24										
67	35221	REPAIR BLOOD VESSEL LESION	1,708.24	00 15									
63	35226	REPAIR BLOOD VESSEL LESION	964.97										
67	35226	REPAIR BLOOD VESSEL LESION	964.97	00 15									
63	35231	REPAIR BLOOD VESSEL LESION	1,409.34										
67	35231	REPAIR BLOOD VESSEL LESION	1,409.34	00 15									
63	35236	REPAIR BLOOD VESSEL LESION	1,154.09										
67	35236	REPAIR BLOOD VESSEL LESION	1,154.09	00 15									
63	35241	REPAIR BLOOD VESSEL LESION	1,653.79										
67	35241	REPAIR BLOOD VESSEL LESION	1,653.79	00 15									
63	35246	REPAIR BLOOD VESSEL LESION	1,803.04										
67	35246	REPAIR BLOOD VESSEL LESION	1,803.04	00 15									
63	35251	REPAIR BLOOD VESSEL LESION	2,013.61										
67	35251	REPAIR BLOOD VESSEL LESION	2,013.61	00 15									
63	35256	REPAIR BLOOD VESSEL LESION	1,181.53										
67	35256	REPAIR BLOOD VESSEL LESION	1,181.53	00 15									
63	35261	REPAIR BLOOD VESSEL LESION	1,144.54										
67	35261	REPAIR BLOOD VESSEL LESION	1,144.54	00 15									
63	35266	REPAIR BLOOD VESSEL LESION	1,000.20										
67	35266	REPAIR BLOOD VESSEL LESION	1,000.20	00 15									
63	35271	REPAIR BLOOD VESSEL LESION	1,592.26										
67	35271	REPAIR BLOOD VESSEL LESION	1,592.26	00 15									
63	35276	REPAIR BLOOD VESSEL LESION	1,678.50										
67	35276	REPAIR BLOOD VESSEL LESION	1,678.50	00 15									
63	35281	REPAIR BLOOD VESSEL LESION	1,880.14										
67	35281	REPAIR BLOOD VESSEL LESION	1,880.14	00 15									
63	35286	REPAIR BLOOD VESSEL LESION	1,081.91										
67	35286	REPAIR BLOOD VESSEL LESION	1,081.91	00 15									
63	35301	RECHANNELING OF ARTERY	1,313.86										
67	35301	RECHANNELING OF ARTERY	1,313.86	00 15									
63	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,305.51										
67	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,305.51	00 15									
63	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,437.07										
67	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,437.07	00 15									
63	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,487.29										
67	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,487.29	00 15									
63	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,429.14										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,429.14	00 15									
63	35306	THROMBOENDARTERECTOMY, INCLUDING P +	524.94									X	
67	35306	THROMBOENDARTERECTOMY, INCLUDING P +	524.94	00 15								X	
63	35311	RECHANNELING OF ARTERY	1,798.11										
67	35311	RECHANNELING OF ARTERY	1,798.11	00 15									
63	35321	RECHANNELING OF ARTERY	1,037.22										
67	35321	RECHANNELING OF ARTERY	1,037.22	00 15									
63	35331	RECHANNELING OF ARTERY	1,689.70										
67	35331	RECHANNELING OF ARTERY	1,689.70	00 15									
63	35341	RECHANNELING OF ARTERY	1,609.26										
67	35341	RECHANNELING OF ARTERY	1,609.26	00 15									
63	35351	RECHANNELING OF ARTERY	1,500.51										
67	35351	RECHANNELING OF ARTERY	1,500.51	00 15									
63	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,201.03										
67	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,201.03	00 15									
63	35361	RECHANNELING OF ARTERY	1,782.73										
67	35361	RECHANNELING OF ARTERY	1,782.73	00 15									
63	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,903.29										
67	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,903.29	00 15									
63	35371	RECHANNELING OF ARTERY	947.80										
67	35371	RECHANNELING OF ARTERY	947.80	00 15									
63	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,134.39										
67	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,134.39	00 15									
63	35390	REOPERATION, CAROTID, THROMBOENDARTE	185.53										
67	35390	REOPERATION, CAROTID, THROMBOENDARTE	185.53	00 15									
63	35400	ANGIOSCOPY	173.78										
67	35400	ANGIOSCOPY	173.78	00 15									
63	35500	HARVEST VEIN FOR BYPASS	373.22										
67	35500	HARVEST VEIN FOR BYPASS	373.22	00 15									
63	35501	ARTERY BYPASS GRAFT	1,709.65										
67	35501	ARTERY BYPASS GRAFT	1,709.65	00 15									
63	35506	ARTERY BYPASS GRAFT	1,492.59										
67	35506	ARTERY BYPASS GRAFT	1,492.59	00 15									
63	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,552.08										
67	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,552.08	00 15									
63	35509	ARTERY BYPASS GRAFT	1,654.37										
67	35509	ARTERY BYPASS GRAFT	1,654.37	00 15									
63	35510	ARTERY BYPASS GRAFT	1,440.13										
67	35510	ARTERY BYPASS GRAFT	1,440.13	00 15									
63	35511	ARTERY BYPASS GRAFT	1,311.75										
67	35511	ARTERY BYPASS GRAFT	1,311.75	00 15									
63	35512	ARTERY BYPASS GRAFT	1,410.98										
67	35512	ARTERY BYPASS GRAFT	1,410.98	00 15									
63	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,552.08										
67	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,552.08	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	35516	ARTERY BYPASS GRAFT	1,428.95										
67	35516	ARTERY BYPASS GRAFT	1,428.95	00 15									
63	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,337.11										
67	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,337.11	00 15									
63	35521	ARTERY BYPASS GRAFT	1,436.65										
67	35521	ARTERY BYPASS GRAFT	1,436.65	00 15									
63	35522	ARTERY BYPASS GRAFT	1,370.16										
67	35522	ARTERY BYPASS GRAFT	1,370.16	00 15									
63	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,488.51										
67	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,488.51	00 15									
63	35525	ARTERY BYPASS GRAFT	1,321.22										
67	35525	ARTERY BYPASS GRAFT	1,321.22	00 15									
63	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,997.99										
67	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,997.99	00 15									
63	35531	ARTERY BYPASS GRAFT	2,287.21										
67	35531	ARTERY BYPASS GRAFT	2,287.21	00 15									
63	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,764.94										
67	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,764.94	00 15									
63	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,231.36										
67	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,231.36	00 15									
63	35536	ARTERY BYPASS GRAFT	1,981.39										
67	35536	ARTERY BYPASS GRAFT	1,981.39	00 15									
63	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,444.32										
67	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,444.32	00 15									
63	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,739.70										
67	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,739.70	00 15									
63	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,571.22										
67	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,571.22	00 15									
63	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,867.46										
67	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,867.46	00 15									
63	35556	ARTERY BYPASS GRAFT	1,627.47										
67	35556	ARTERY BYPASS GRAFT	1,627.47	00 15									
63	35558	ARTERY BYPASS GRAFT	1,431.53										
67	35558	ARTERY BYPASS GRAFT	1,431.53	00 15									
63	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,998.76										
67	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,998.76	00 15									
63	35563	ARTERY BYPASS GRAFT	1,549.03										
67	35563	ARTERY BYPASS GRAFT	1,549.03	00 15									
63	35565	ARTERY BYPASS GRAFT	1,527.23										
67	35565	ARTERY BYPASS GRAFT	1,527.23	00 15									
63	35566	ARTERY BYPASS GRAFT	1,945.69										
67	35566	ARTERY BYPASS GRAFT	1,945.69	00 15									
63	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,725.32										
67	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,725.32	00 15									
63	35571	ARTERY BYPASS GRAFT	1,545.71										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	35571	ARTERY BYPASS GRAFT	1,545.71	00 15									
63	35572	HARVEST FEMOROPOPLITEAL VEIN	401.39										
67	35572	HARVEST FEMOROPOPLITEAL VEIN	401.39	00 15									
63	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,679.03										
67	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,679.03	00 15									
63	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,949.40										
67	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,949.40	00 15									
63	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,580.88										
67	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,580.88	00 15									
63	35600	HARVEST ARTERY FOR CABG	217.06										
67	35600	HARVEST ARTERY FOR CABG	217.06	00 15									
63	35601	ARTERY BYPASS GRAFT	1,637.26										
67	35601	ARTERY BYPASS GRAFT	1,637.26	00 15									
63	35606	ARTERY BYPASS GRAFT	1,364.21										
67	35606	ARTERY BYPASS GRAFT	1,364.21	00 15									
63	35612	ARTERY BYPASS GRAFT	1,221.18										
67	35612	ARTERY BYPASS GRAFT	1,221.18	00 15									
63	35616	ARTERY BYPASS GRAFT	1,289.09										
67	35616	ARTERY BYPASS GRAFT	1,289.09	00 15									
63	35621	ARTERY BYPASS GRAFT	1,279.10										
67	35621	ARTERY BYPASS GRAFT	1,279.10	00 15									
63	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,538.74										
67	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,538.74	00 15									
63	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,845.20										
67	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,845.20	00 15									
63	35631	ARTERY BYPASS GRAFT	2,156.95										
67	35631	ARTERY BYPASS GRAFT	2,156.95	00 15									
63	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,118.26										
67	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,118.26	00 15									
63	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,317.11										
67	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,317.11	00 15									
63	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,072.75										
67	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,072.75	00 15									
63	35636	ARTERY BYPASS GRAFT	1,869.08										
67	35636	ARTERY BYPASS GRAFT	1,869.08	00 15									
63	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,943.24										
67	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,943.24	00 15									
63	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	2,023.49										
67	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,023.49	00 15									
63	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,152.56										
67	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,152.56	00 15									
63	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,106.96										
67	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,106.96	00 15									
63	35646	ARTERY BYPASS GRAFT	1,990.70										
67	35646	ARTERY BYPASS GRAFT	1,990.70	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	35647	ARTERY BYPASS GRAFT	1,805.21										
67	35647	ARTERY BYPASS GRAFT	1,805.21	00 15									
63	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,196.26										
67	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,196.26	00 15									
63	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,592.72										
67	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,592.72	00 15									
63	35656	ARTERY BYPASS GRAFT	1,252.52										
67	35656	ARTERY BYPASS GRAFT	1,252.52	00 15									
63	35661	ARTERY BYPASS GRAFT	1,259.53										
67	35661	ARTERY BYPASS GRAFT	1,259.53	00 15									
63	35663	ARTERY BYPASS GRAFT	1,424.85										
67	35663	ARTERY BYPASS GRAFT	1,424.85	00 15									
63	35665	ARTERY BYPASS GRAFT	1,362.66										
67	35665	ARTERY BYPASS GRAFT	1,362.66	00 15									
63	35666	ARTERY BYPASS GRAFT	1,494.45										
67	35666	ARTERY BYPASS GRAFT	1,494.45	00 15									
63	35671	ARTERY BYPASS GRAFT	1,317.33										
67	35671	ARTERY BYPASS GRAFT	1,317.33	00 15									
63	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	93.21										
67	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	93.21	00 15									
63	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	414.93										
67	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	414.93	00 15									
63	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	482.84										
67	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	482.84	00 15									
63	35685	BYPASS GRAFT PATENCY/PATCH	232.47										
67	35685	BYPASS GRAFT PATENCY/PATCH	232.47	00 15									
63	35686	BYPASS GRAFT/AV FIST PATENCY	190.32										
67	35686	BYPASS GRAFT/AV FIST PATENCY	190.32	00 15									
63	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,106.19										
67	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,106.19	00 15									
63	35693	TRANSPOSITION AND/OR REIMPLANTATION;	971.83										
67	35693	TRANSPOSITION AND/OR REIMPLANTATION;	971.83	00 15									
63	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,155.93										
67	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,155.93	00 15									
63	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,199.65										
67	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,199.65	00 15									
63	35697	REIMPLANT ARTERY EACH	172.10										
67	35697	REIMPLANT ARTERY EACH	172.10	00 15									
63	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	178.06										
67	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	178.06	00 15									
63	35701	EXPLORATION, CAROTID ARTERY	494.01										
67	35701	EXPLORATION, CAROTID ARTERY	494.01	00 15									
63	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	467.95										
67	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	467.95	00 15									
63	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	483.35										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	483.35	00 15									
63	35800	EXPLORE NECK VESSELS	826.21										
67	35800	EXPLORE NECK VESSELS	826.21	00 15									
63	35820	EXPLORE CHEST VESSELS	2,322.87										
67	35820	EXPLORE CHEST VESSELS	2,322.87	00 15									
63	35840	EXPLORE ABDOMINAL VESSELS	1,393.59										
67	35840	EXPLORE ABDOMINAL VESSELS	1,393.59	00 15									
63	35860	EXPLORE LIMB VESSELS	971.99										
67	35860	EXPLORE LIMB VESSELS	971.99	00 15									
63	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,459.93										
67	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,459.93	00 15									
63	35875	THROMBECTOMY OF ARTERIAL GRAFT	687.10										
67	35875	THROMBECTOMY OF ARTERIAL GRAFT	687.10	00 15									
63	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,096.86										
67	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,096.86	00 15									
63	35879	REVISE GRAFT W/VEIN	1,072.70										
67	35879	REVISE GRAFT W/VEIN	1,072.70	00 15									
63	35881	REVISE GRAFT W/VEIN	1,189.71										
67	35881	REVISE GRAFT W/VEIN	1,189.71	00 15									
63	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,402.25										
67	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,402.25	00 15									
63	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,452.23										
67	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,452.23	00 15									
63	35901	EXCISION OF INFECTED GRAFT;	549.01										
67	35901	EXCISION OF INFECTED GRAFT;	549.01	00 15									
63	35903	EXCISION OF INFECTED GRAFT;	650.47										
67	35903	EXCISION OF INFECTED GRAFT;	650.47	00 15									
63	35905	EXCISION OF INFECTED GRAFT;	1,970.74										
67	35905	EXCISION OF INFECTED GRAFT;	1,970.74	00 15									
63	35907	EXCISION OF INFECTED GRAFT;	2,228.29										
67	35907	EXCISION OF INFECTED GRAFT;	2,228.29	00 15									
63	36002	PSEUDOANEURYSM INJECTION TRT	165.27										
67	36002	PSEUDOANEURYSM INJECTION TRT	165.27	00 15									
63	36005	INJECTION PROCEDURE FOR CONTRAST VEN	275.28										
67	36005	INJECTION PROCEDURE FOR CONTRAST VEN	275.28	00 15									
63	36010	ESTABLISH ACCESS TO VEIN	587.92										
67	36010	ESTABLISH ACCESS TO VEIN	587.92	00 15									
63	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	877.27										
67	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	877.27	00 15									
63	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	899.54										
67	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	899.54	00 15									
63	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	834.51										
67	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	834.51	00 15									
63	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	849.83										
67	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	849.83	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	36015	SELECTIVE CATHETER PLACEMENT, EACH S	917.62										
67	36015	SELECTIVE CATHETER PLACEMENT, EACH S	917.62	00 15									
63	36100	ESTABLISH ACCESS TO ARTERY	594.10									X	
67	36100	ESTABLISH ACCESS TO ARTERY	594.10	00 15								X	
63	36140	ESTABLISH ACCESS TO ARTERY	551.38									X	
67	36140	ESTABLISH ACCESS TO ARTERY	551.38	00 15								X	
63	36160	ESTABLISH ACCESS TO AORTA	599.91										
67	36160	ESTABLISH ACCESS TO AORTA	599.91	00 15									
63	36200	INTRODUCTION OF CATHETER, AORTA	646.41										
67	36200	INTRODUCTION OF CATHETER, AORTA	646.41	00 15									
63	36215	INTRODUCE CATHETER; EACH ADD....	1,109.20									X	
67	36215	INTRODUCE CATHETER; EACH ADD....	1,109.20	00 15								X	
63	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,151.97										
67	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,151.97	00 15									
63	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,889.70										
67	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,889.70	00 15									
63	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	216.12										
67	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	216.12	00 15									
63	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,071.47										
67	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,071.47	00 15									
63	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,299.29									X	
67	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,299.29	00 15								X	
63	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,709.67									X	
67	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,709.67	00 15								X	
63	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,138.10									X	
67	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,138.10	00 15								X	
63	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,626.06									X	
67	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,626.06	00 15								X	
63	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	2,063.45									X	
67	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	2,063.45	00 15								X	
63	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	257.94									X	
67	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	257.94	00 15								X	
63	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,333.03									X	
67	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,333.03	00 15								X	
63	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,335.20									X	
67	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,335.20	00 15								X	
63	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	912.75										
67	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	912.75	00 15									
63	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,536.49										
67	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,536.49	00 15									
63	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	126.78										
67	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	126.78	00 15									
63	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,387.08										
67	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,387.08	00 15									
63	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,510.22										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,510.22	00 15									
63	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,155.34										
67	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,155.34	00 15									
63	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,148.49										
67	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,148.49	00 15									
63	36260	INSERT IMPLANTABLE FUSION PUMP	753.35										
67	36260	INSERT IMPLANTABLE FUSION PUMP	753.35	00 15									
63	36261	REVISION OF IMPLANTED INFUSION PUMP	466.82										
67	36261	REVISION OF IMPLANTED INFUSION PUMP	466.82	00 15									
63	36262	REMOVAL OF IMPLANTED INFUSION PUMP	354.76										
67	36262	REMOVAL OF IMPLANTED INFUSION PUMP	354.76	00 15									
63	36400	ESTABLISH ACCESS TO VEIN	29.92	00 02				X				X	
67	36400	ESTABLISH ACCESS TO VEIN	29.92	00 02				X				X	
63	36405	ESTABLISH ACCESS TO VEIN	25.52	00 02				X				X	
67	36405	ESTABLISH ACCESS TO VEIN	25.52	00 02				X				X	
63	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	18.29	00 02				X				X	
67	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	18.29	00 02				X				X	
63	36410	ESTABLISH ACCESS TO VEIN	18.79	03 99				X					
67	36410	ESTABLISH ACCESS TO VEIN	18.79	03 15				X					
63	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	55.50	00 00								X	
67	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	55.50	00 00								X	
63	36425	ESTABLISH ACCESS TO VEIN	45.31	01 99								X	
67	36425	ESTABLISH ACCESS TO VEIN	45.31	01 15								X	
63	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	56.79	00 01								X	
67	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	56.79	00 01								X	
63	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	191.14	00 00									
67	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	191.14	00 00									
63	36455	EXCHANGE TRANSFUSION SERVICE	146.31									X	
67	36455	EXCHANGE TRANSFUSION SERVICE	146.31	00 15								X	
63	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	108.55	00 00									
67	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	108.55	00 00									
63	36460	TRANSFUSION SERVICE, FETAL	393.18									X	
67	36460	TRANSFUSION SERVICE, FETAL	393.18	00 15								X	
63	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,393.73										
67	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,393.73	00 15									
63	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,544.06										
67	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,544.06	00 15									
63	36470	INJECTION THERAPY OF VEIN	122.28										
67	36470	INJECTION THERAPY OF VEIN	122.28	00 15									
63	36471	INJECTION THERAPY OF VEINS	214.16										
67	36471	INJECTION THERAPY OF VEINS	214.16	00 15									
63	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,310.58										
67	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,310.58	00 15									
63	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	279.58									X	
67	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	279.58	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	36475	ENDOVENOUS RF, 1ST VEIN	1,172.55										
67	36475	ENDOVENOUS RF, 1ST VEIN	1,172.55	00 15									
63	36476	ENDOVENOUS RF, VEIN ADD-ON	316.29										
67	36476	ENDOVENOUS RF, VEIN ADD-ON	316.29	00 15									
63	36478	ENDOVENOUS LASER, 1ST VEIN	1,072.23										
67	36478	ENDOVENOUS LASER, 1ST VEIN	1,072.23	00 15									
63	36479	ENDOVENOUS LASER VEIN ADDON	330.14										
67	36479	ENDOVENOUS LASER VEIN ADDON	330.14	00 15									
63	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,857.45										
67	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,857.45	00 15									
63	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,780.63										
67	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,780.63	00 15									
63	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	153.07									X	
67	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	153.07	00 15								X	
63	36500	VEIN CATH/SELECT. ORGAN SAMPLE	207.56										
67	36500	VEIN CATH/SELECT. ORGAN SAMPLE	207.56	00 15									
63	36510	UMBILICAL CATH-DX/THER/NEWBORN	92.22	00 01									
67	36510	UMBILICAL CATH-DX/THER/NEWBORN	92.22	00 01									
63	36511	APHERESIS WBC	119.70										
67	36511	APHERESIS WBC	119.70	00 15									
63	36512	APHERESIS RBC	117.34										
67	36512	APHERESIS RBC	117.34	00 15									
63	36513	APHERESIS PLATELETS	118.51										
67	36513	APHERESIS PLATELETS	118.51	00 15									
63	36514	APHERESIS PLASMA	591.00										
67	36514	APHERESIS PLASMA	591.00	00 15									
63	36516	APHERESIS, SELECTIVE	1,858.52										
67	36516	APHERESIS, SELECTIVE	1,858.52	00 15									
63	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,423.54										
67	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,423.54	00 15									
63	36555	INSERT NON-TUNNEL CV CATH	206.33	00 04									
67	36555	INSERT NON-TUNNEL CV CATH	206.33	00 04									
63	36556	INSERT NON-TUNNEL CV CATH	231.95	05 99									
67	36556	INSERT NON-TUNNEL CV CATH	231.95	05 15									
63	36557	INSERT TUNNELED CV CATH	1,272.35	00 04									
67	36557	INSERT TUNNELED CV CATH	1,272.35	00 04									
63	36558	INSERT TUNNELED CV CATH	905.23	05 99									
67	36558	INSERT TUNNELED CV CATH	905.23	05 15									
63	36560	INSERT TUNNELED CV CATH	1,361.48	00 04									
67	36560	INSERT TUNNELED CV CATH	1,361.48	00 04									
63	36561	INSERT TUNNELED CV CATH	1,080.06	05 99									
67	36561	INSERT TUNNELED CV CATH	1,080.06	05 15									
63	36563	INSERT TUNNELED CV CATH	1,231.87										
67	36563	INSERT TUNNELED CV CATH	1,231.87	00 15									
63	36565	INSERT TUNNELED CV CATH	912.50										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	36565	INSERT TUNNELED CV CATH	912.50	00 15									
63	36566	INSERT TUNNELED CV CATH	4,567.08										
67	36566	INSERT TUNNELED CV CATH	4,567.08	00 15									
63	36568	INSERT TUNNELED CV CATH	104.19	00 04									
67	36568	INSERT TUNNELED CV CATH	104.19	00 04									
63	36569	INSERT TUNNELED CV CATH	106.02	05 99									
67	36569	INSERT TUNNELED CV CATH	106.02	05 15									
63	36570	INSERT TUNNELED CV CATH	1,593.85	00 04									
67	36570	INSERT TUNNELED CV CATH	1,593.85	00 04									
63	36571	INSERT TUNNELED CV CATH	1,388.38	05 99									
67	36571	INSERT TUNNELED CV CATH	1,388.38	05 15									
63	36572	INSERTION OF PERIPHERALLY INSERTED	400.19	00 04									
67	36572	INSERTION OF PERIPHERALLY INSERTED	400.19	00 04									
63	36573	INSERTION OF PERIPHERALLY INSERTED	412.43	05 99									
67	36573	INSERTION OF PERIPHERALLY INSERTED	412.43	05 15									
63	36575	REPAIR TUNNELED CV CATH	158.37										
67	36575	REPAIR TUNNELED CV CATH	158.37	00 15									
63	36576	REPAIR TUNNELED CV CATH	383.17										
67	36576	REPAIR TUNNELED CV CATH	383.17	00 15									
63	36578	REPLACE TUNNELED CV CATH	479.92										
67	36578	REPLACE TUNNELED CV CATH	479.92	00 15									
63	36580	REPLACE TUNNELED CV CATH	205.96										
67	36580	REPLACE TUNNELED CV CATH	205.96	00 15									
63	36581	REPLACE TUNNELED CV CATH	842.93										
67	36581	REPLACE TUNNELED CV CATH	842.93	00 15									
63	36582	REPLACE TUNNELED CV CATH	966.83										
67	36582	REPLACE TUNNELED CV CATH	966.83	00 15									
63	36583	REPLACE TUNNELED CV CATH	1,263.65										
67	36583	REPLACE TUNNELED CV CATH	1,263.65	00 15									
63	36584	REPLACE TUNNELED CV CATH	351.35										
67	36584	REPLACE TUNNELED CV CATH	351.35	00 15									
63	36585	REPLACE TUNNELED CV CATH	1,260.59										
67	36585	REPLACE TUNNELED CV CATH	1,260.59	00 15									
63	36589	REMOVAL TUNNELED CV CATH	184.07										
67	36589	REMOVAL TUNNELED CV CATH	184.07	00 15									
63	36590	REMOVAL TUNNELED CV CATH	251.31										
67	36590	REMOVAL TUNNELED CV CATH	251.31	00 15									
63	36595	MECH REMOV TUNNELED CV CATH	645.41										
67	36595	MECH REMOV TUNNELED CV CATH	645.41	00 15									
63	36596	MECH REMOV TUNNELED CV CATH	120.59										
67	36596	MECH REMOV TUNNELED CV CATH	120.59	00 15									
63	36597	REPOSITION VENOUS CATHETER	120.17										
67	36597	REPOSITION VENOUS CATHETER	120.17	00 15									
63	36598	INJ W/FLUOR, EVAL CV DEVICE	129.66									X	
67	36598	INJ W/FLUOR, EVAL CV DEVICE	129.66	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	30.97									X	
67	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	30.97	00 15								X	
63	36620	ARTERIAL CATHETERIZATION OR CANNULAT	50.05									X	
67	36620	ARTERIAL CATHETERIZATION OR CANNULAT	50.05	00 15								X	
63	36625	ESTABLISH ACCESS TO ARTERY	120.91										
67	36625	ESTABLISH ACCESS TO ARTERY	120.91	00 15									
63	36640	INSERTION CATHETER, ARTERY	126.95										
67	36640	INSERTION CATHETER, ARTERY	126.95	00 15									
63	36660	INSERTION CATHETER, ARTERY	76.35										
67	36660	INSERTION CATHETER, ARTERY	76.35	00 15									
63	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	68.43										
67	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	68.43	00 15									
63	36800	INSERTION OF CANNULA	137.53										
67	36800	INSERTION OF CANNULA	137.53	00 15									
63	36810	INSERTION OF CANNULA	235.64										
67	36810	INSERTION OF CANNULA	235.64	00 15									
63	36815	INSERTION OF CANNULA	157.71										
67	36815	INSERTION OF CANNULA	157.71	00 15									
63	36818	AV FUSE, UPPR ARM, CEPHALIC	797.04										
67	36818	AV FUSE, UPPR ARM, CEPHALIC	797.04	00 15									
63	36819	AV FUSION BY BASILIC VEIN	846.93										
67	36819	AV FUSION BY BASILIC VEIN	846.93	00 15									
63	36820	INSERTION OF CANNULA	832.16										
67	36820	INSERTION FO CANNULA	832.16	00 15									
63	36821	ARTERY-VEIN FUSION	766.24										
67	36821	ARTERY-VEIN FUSION	766.24	00 15									
63	36823	INSERTION CANNULA(S)	1,625.19								X		
67	36823	INSERTION CANNULA(S)	1,625.19	00 15							X		
63	36825	ARTERY-VEIN GRAFT	918.17										
67	36825	ARTERY-VEIN GRAFT	918.17	00 15									
63	36830	ARTERY-VEIN GRAFT	771.78										
67	36830	ARTERY-VEIN GRAFT	771.78	00 15									
63	36831	AV FISTULA EXCISION	710.94										
67	36831	AV FISTULA EXCISION	710.94	00 15									
63	36832	REVISION O ARTERIO FISTULA WW THROMB	873.64										
67	36832	REVISION O ARTERIO FISTULA WW THROMB	873.64	00 15									
63	36833	AV FISTULA REVISION	935.17										
67	36833	AV FISTULA REVISION	935.17	00 15									
63	36835	ARTERY TO VEIN SHUNT	550.29										
67	36835	ARTERY TO VEIN SHUNT	550.29	00 15									
63	36838	DIST REVAS LIGATION, HEMO	1,331.01										
67	36838	DIST REVAS LIGATION, HEMO	1,331.01	00 15									
63	36860	CANNULA DECLOTTING	255.69										
67	36860	CANNULA DECLOTTING	255.69	00 15									
63	36861	CANNULA DECLOTTING	161.78										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	36861	CANNULA DECLOTTING	161.78	00 15									
63	36901	INTRODUCTION OF NEEDLE(S) AND/OR	760.48										
67	36901	INTRODUCTION OF NEEDLE(S) AND/OR	760.48	00 15									
63	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,299.11										
67	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,299.11	00 15									
63	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,597.81										
67	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,597.81	00 15									
63	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,941.64										
67	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,941.64	00 15									
63	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,457.46										
67	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,457.46	00 15									
63	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	5,828.62										
67	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	5,828.62	00 15									
63	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	638.43										
67	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	638.43	00 15									
63	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,526.10										
67	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,526.10	00 15									
63	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	2,070.83										
67	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	2,070.83	00 15									
63	37140	REVISION OF CIRCULATION	2,703.38										
67	37140	REVISION OF CIRCULATION	2,703.38	00 15									
63	37145	REVISION OF CIRCULATION	2,507.14										
67	37145	REVISION OF CIRCULATION	2,507.14	00 15									
63	37160	REVISION OF CIRCULATION	2,574.25										
67	37160	REVISION OF CIRCULATION	2,574.25	00 15									
63	37180	REVISION OF CIRCULATION	2,473.43										
67	37180	REVISION OF CIRCULATION	2,473.43	00 15									
63	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,703.38										
67	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,703.38	00 15									
63	37182	INSERT HEPATIC SHUNT (TIP'S)	906.62										
67	37182	INSERT HEPATIC SHUNT (TIPS)	906.62	00 15									
63	37183	REMOVE HEPATIC SHUNT (TIPS)	6,237.26										
67	37183	REMOVE HEPATIC SHUNT (TIP'S)	6,237.26	00 15									
63	37184	PRIM ART MECH THROMBECTOMY	1,869.79										
67	37184	PRIM ART MECH THROMBECTOMY	1,869.79	00 15									
63	37185	PRIM ART M-THROMBECT ADD-ON	519.22									X	
67	37185	PRIM ART M-THROMBECT ADD-ON	519.22	00 15								X	
63	37186	SEC ART M-THROMBECT ADD-ON	1,290.09										
67	37186	SEC ART M-THROMBECT ADD-ON	1,290.09	00 15									
63	37187	VENOUS MECH THROMBECTOMY	1,862.64										
67	37187	VENOUS MECH THROMBECTOMY	1,862.64	00 15									
63	37188	VENOUS M-THROMBECTOMY ADD-ON	1,582.76										
67	37188	VENOUS M-THROMBECTOMY ADD-ON	1,582.76	00 15									
63	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,179.09			X							
67	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,179.09	00 15		X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,400.18			X							
67	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,400.18	00 15		X							
63	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,614.53			X							
67	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,614.53	00 15		X							
63	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,680.56										
67	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,680.56	00 15									
63	37200	TRANSCATHETER BIOPSY	239.24										
67	37200	TRANSCATHETER BIOPSY	239.24	00 15									
63	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	442.04									X	
67	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	442.04	00 15								X	
63	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	383.85									X	
67	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	383.85	00 15								X	
63	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	264.70									X	
67	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	264.70	00 15								X	
63	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	138.84									X	
67	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	138.84	00 15								X	
63	37215	TRANSCATH STENT, CCA W/EPS	1,147.34										
67	37215	TRANSCATH STENT, CCA W/EPS	1,147.34	00 15									
63	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,254.61									X	
67	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,254.61	00 15								X	
63	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	938.62										
67	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	938.62	00 15									
63	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,713.10									X	
67	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,713.10	00 15								X	
63	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,347.86									X	
67	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,347.86	00 15								X	
63	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	671.93									X	
67	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	671.93	00 15								X	
63	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,385.74									X	
67	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,385.74	00 15								X	
63	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,169.46									X	
67	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,169.46	00 15								X	
63	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	9,425.61									X	
67	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	9,425.61	00 15								X	
63	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	8,788.31									X	
67	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	8,788.31	00 15								X	
63	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	12,070.27									X	
67	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	12,070.27	00 15								X	
63	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,491.86									X	
67	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,491.86	00 15								X	
63	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	9,554.16									X	
67	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	9,554.16	00 15								X	
63	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,615.58									X	
67	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,615.58	00 15								X	
63	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	12,511.89									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	12,511.89	00 15								X	
63	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	891.15									X	
67	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	891.15	00 15								X	
63	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,129.86									X	
67	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,129.86	00 15								X	
63	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,874.05									X	
67	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,874.05	00 15								X	
63	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	4,155.36									X	
67	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	4,155.36	00 15								X	
63	37236	Insertion of intravascular stents in	2,973.88										
67	37236	Insertion of intravascular stents in	2,973.88	00 15									
63	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,394.35									X	
67	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,394.35	00 15								X	
63	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,682.17										
67	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,682.17	00 15									
63	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,820.40									X	
67	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,820.40	00 15								X	
63	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,998.65										
67	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,998.65	00 15									
63	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,615.52										
67	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,615.52	00 15									
63	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	9,175.48										
67	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	9,175.48	00 15									
63	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	7,036.03										
67	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	7,036.03	00 15									
63	37246	TRANSLUMINAL BALLOON ANGIOPLASTY	1,975.98										
67	37246	TRANSLUMINAL BALLOON ANGIOPLASTYSSED	1,975.98	00 15									
63	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	599.52									X	
67	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	599.52	00 15								X	
63	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,474.47										
67	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,474.47	00 15									
63	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	482.55									X	
67	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	482.55	00 15								X	
63	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,016.22										
67	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,016.22	00 15									
63	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	182.62										
67	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	182.62	00 15									
63	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	733.01										
67	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	733.01	00 15									
63	37565	LIGATION OF NECK VEIN	829.15										
67	37565	LIGATION OF NECK VEIN	829.15	00 15									
63	37600	LIGATION OF NECK ARTERY	832.35										
67	37600	LIGATION OF NECK ARTERY	832.35	00 15									
63	37605	LIGATION OF NECK ARTERY	862.13										
67	37605	LIGATION OF NECK ARTERY	862.13	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	37606	LIGATION OF NECK ARTERY	832.99										
67	37606	LIGATION OF NECK ARTERY	832.99	00 15									
63	37607	LIGATION OR BANDING OF ANGIOACCESS A	428.18										
67	37607	LIGATION OR BANDING OF ANGIOACCESS A	428.18	00 15									
63	37609	TEMPORAL ARTERY PROCEDURE	344.45										
67	37609	TEMPORAL ARTERY PROCEDURE	344.45	00 15									
63	37615	LIGATION OF NECK ARTERY	609.82										
67	37615	LIGATION OF NECK ARTERY	609.82	00 15									
63	37616	LIGATE MAJOR ARTERY,CHEST	1,267.56										
67	37616	LIGATE MAJOR ARTERY,CHEST	1,267.56	00 15									
63	37617	LIGATION OF ABDOMEN ARTERY	1,521.47										
67	37617	LIGATION OF ABDOMEN ARTERY	1,521.47	00 15									
63	37618	LIGATION OF EXTREMITY ARTERY	443.47										
67	37618	LIGATION OF EXTREMITY ARTERY	443.47	00 15									
63	37619	LIGATION OF INFERIOR VENA CAVA	2,012.93										
67	37619	LIGATION OF INFERIOR VENA CAVA	2,012.93	00 15									
63	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	534.86										
67	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	534.86	00 15									
63	37660	REVISION OF MAJOR VEIN	1,527.82										
67	37660	REVISION OF MAJOR VEIN	1,527.82	00 15									
63	37700	REVISE LEG VEIN	279.51										
67	37700	REVISE LEG VEIN	279.51	00 15									
63	37718	LIGATE/STRIP SHORT LEG VEIN	455.84										
67	37718	LIGATE/STRIP SHORT LEG VEIN	455.84	00 15									
63	37722	LIGATE/STRIP LONG LEG VEIN	540.16										
67	37722	LIGATE/STRIP LONG LEG VEIN	540.16	00 15									
63	37735	REMOVAL OF LEG VEINS/LESION	677.35										
67	37735	REMOVAL OF LEG VEINS/LESION	677.35	00 15									
63	37760	REVISION OF LEG VEINS	671.01										
67	37760	REVISION OF LEG VEINS	671.01	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	476.91										
67	37765	PHLEB VEINS - EXTREM - TO 20	476.91	00 15									
63	37766	PHLEB VEINS - EXTREM 20+	559.03										
67	37766	PHLEB VEINS - EXTREM 20+	559.03	00 15									
63	37780	REVISION OF LEG VEIN	270.09										
67	37780	REVISION OF LEG VEIN	270.09	00 15									
63	37785	REVISION OF LEG VEIN	395.25										
67	37785	REVISION OF LEG VEIN	395.25	00 15									
63	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,408.32				M						
67	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,408.32	00 15			M						
63	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	538.32				M						
67	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	538.32	00 15			M						
63	38100	REMOVAL OF SPLEEN	1,332.25										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	38100	REMOVAL OF SPLEEN	1,332.25	00 15									
63	38101	SPLENECTOMY;PARTIAL	1,353.69										
67	38101	SPLENECTOMY;PARTIAL	1,353.69	00 15									
63	38102	SPLENECTOMY;	302.56										
67	38102	SPLENECTOMY;	302.56	00 15									
63	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,503.21										
67	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,503.21	00 15									
63	38120	LAPAROSCOPY, SPLENECTOMY	1,220.15										
67	38120	LAPAROSCOPY, SPLENECTOMY	1,220.15	00 15									
63	38200	INJECTION FOR SPLEEN X-RAY	145.84										
67	38200	INJECTION FOR SPLEEN X-RAY	145.84	00 15									
63	38205	HARVEST ALLOGENIC STEM CELLS	93.91										
67	38205	HARVEST ALLOGENIC STEM CELLS	93.91	00 15									
63	38206	HARVEST AUTO STEM CELLS	92.90										
67	38206	HARVEST AUTO STEM CELLS	92.90	00 15									
63	38220	BONE MARROW ASPIRATION	164.20										
67	38220	BONE MARROW ASPIRATION	164.20	00 15									
63	38221	BONE MARROW BIOPSY	171.02										
67	38221	BONE MARROW BIOPSY	171.02	00 15									
63	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	185.66										
67	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	185.66	00 15									
63	38230	BONE MARROW HARVESTING FOR TRANSPLAN	232.33		X								
67	38230	BONE MARROW HARVESTING FOR TRANSPLAN	232.33	00 15	X								
63	38232	BONE MARROW HARVESTING FOR TRANSPLAN	223.72										
67	38232	BONE MARROW HARVESTING FOR TRANSPLAN	223.72	00 15									
63	38240	BONE MARROW TRANSPLANTATION	264.56										
67	38240	BONE MARROW TRANSPLANTATION	264.56	00 15									
63	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	195.42										
67	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	195.42	00 15	X								
63	38242	LYMPHOCYTE INFUSE TRANSPLANT	137.47										
67	38242	LYMPHOCYTE INFUSE TRANSPLANT	137.47	00 15									
63	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	134.19										
67	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	134.19	00 15									
63	38300	DRAINAGE LYMPH NODE LESION	370.08										
67	38300	DRAINAGE LYMPH NODE LESION	370.08	00 15									
63	38305	DRAINAGE LYMPH NODE LESION	560.36										
67	38305	DRAINAGE LYMPH NODE LESION	560.36	00 15									
63	38308	INCISION OF LYMPH CHANNELS	526.05										
67	38308	INCISION OF LYMPH CHANNELS	526.05	00 15									
63	38380	THORACIC DUCT PROCEDURE	635.74										
67	38380	THORACIC DUCT PROCEDURE	635.74	00 15									
63	38381	THORACIC DUCT PROCEDURE	918.99										
67	38381	THORACIC DUCT PROCEDURE	918.99	00 15									
63	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	779.82										
67	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	779.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	38500	BIOPSY/REMOVAL OF LYMPH NODE	375.97										
67	38500	BIOPSY/REMOVAL OF LYMPH NODE	375.97	00 15									
63	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	190.29										
67	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	190.29	00 15									
63	38510	BIOPSY/REMOVAL OF LYMPH NODE	589.89										
67	38510	BIOPSY/REMOVAL OF LYMPH NODE	589.89	00 15									
63	38520	BIOPSY/REMOVAL OF LYMPH NODE	527.82										
67	38520	BIOPSY/REMOVAL OF LYMPH NODE	527.82	00 15									
63	38525	BX,EXCISE-DEEP AXILLARY NODES	502.88										
67	38525	BX,EXCISE-DEEP AXILLARY NODES	502.88	00 15									
63	38530	BIOPSY/REMOVAL OF LYMPH NODE	634.12										
67	38530	BIOPSY/REMOVAL OF LYMPH NODE	634.12	00 15									
63	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	508.48										
67	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	508.48	00 15									
63	38542	DISSECTION: DEEP JUGULAR NODE	586.43										
67	38542	DISSECTION: DEEP JUGULAR NODE	586.43	00 15									
63	38550	REMOVAL NECK/ARMPIT LESION	594.23										
67	38550	REMOVAL NECK/ARMPIT LESION	594.23	00 15									
63	38555	REMOVAL NECK/ARMPIT LESION	1,179.72										
67	38555	REMOVAL NECK/ARMPIT LESION	1,179.72	00 15									
63	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	793.87										
67	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	793.87	00 15									
63	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	807.26										
67	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	807.26	00 15									
63	38570	LAPAROSCOPY, LYMPH NODE BIOP	581.67										
67	38570	LAPAROSCOPY, LYMPH NODE BIOP	581.67	00 15									
63	38571	LAPAROSCOPY, LYMPHADENECTOMY	741.29										
67	38571	LAPAROSCOPY, LYMPHADENECTOMY	741.29	00 15									
63	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,023.42										
67	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,023.42	00 15									
63	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,324.06										
67	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,324.06	00 15									
63	38700	REMOVAL OF LYMPH NODES, NECK	903.55										
67	38700	REMOVAL OF LYMPH NODES, NECK	903.55	00 15									
63	38720	REMOVAL OF LYMPH NODES, NECK	1,511.06										
67	38720	REMOVAL OF LYMPH NODES, NECK	1,511.06	00 15									
63	38724	CERVICAL LYMPHADENECTOMY	1,628.40										
67	38724	CERVICAL LYMPHADENECTOMY	1,628.40	00 15									
63	38740	REMOVE ARMPIT LYMPH NODES	803.54										
67	38740	REMOVE ARMPIT LYMPH NODES	803.54	00 15									
63	38745	REMOVE ARMPITS LYMPH NODES	1,013.96										
67	38745	REMOVE ARMPITS LYMPH NODES	1,013.96	00 15									
63	38746	THORACIC LYMPHADENECTOMY BY THORACOT	249.76										
67	38746	THORACIC LYMPHADENECTOMY BY THORACOT	249.76	00 15									
63	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	310.43										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	310.43	00 15									
63	38760	REMOVE GROIN LYMPH NODES	953.98										
67	38760	REMOVE GROIN LYMPH NODES	953.98	00 15									
63	38765	REMOVE GROIN LYMPH NODES	1,494.96										
67	38765	REMOVE GROIN LYMPH NODES	1,494.96	00 15									
63	38770	REMOVE PELVIS LYMPH NODES	903.83										
67	38770	REMOVE PELVIS LYMPH NODES	903.83	00 15									
63	38780	REMOVE ABDOMEN LYMPH NODES	1,175.18										
67	38780	REMOVE ABDOMEN LYMPH NODES	1,175.18	00 15									
63	38790	INJECTION FOR LYMPHATIC XRAY	90.17										
67	38790	INJECTION FOR LYMPHATIC XRAY	90.17	00 15									
63	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	87.84										
67	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	87.84	00 15									
63	38794	ACCESS THORACIC LYMPH DUCT	319.64										
67	38794	ACCESS THORACIC LYMPH DUCT	319.64	00 15									
63	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	160.33										
67	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	160.33	00 15									
63	39000	EXPLORATION OF MEDIASTINUM	564.10										
67	39000	EXPLORATION OF MEDIASTINUM	564.10	00 15									
63	39010	EXPLORATION OF MEDIASTINUM	901.67										
67	39010	EXPLORATION OF MEDIASTINUM	901.67	00 15									
63	39200	RESECTION OF MEDIASTINAL CYST	1,000.25										
67	39200	RESECTION OF MEDIASTINAL CYST	1,000.25	00 15									
63	39220	RESECTION OF MEDIASTINAL TUMOR	1,296.29										
67	39220	RESECTION OF MEDIASTINAL TUMOR	1,296.29	00 15									
63	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	354.41										
67	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	354.41	00 15									
63	39402	MEDIASTINOSCOPY;WITH LYMPH NODE BIOP	463.87										
67	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	463.87	00 15									
63	39501	REPAIR, LACERATION OF DIAPHRAGM	981.75										
67	39501	REPAIR, LACERATION OF DIAPHRAGM	981.75	00 15									
63	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,742.67	00 00									
67	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,742.67	00 00									
63	39540	REPAIR OF DIAPHRAGM HERNIA	996.83										
67	39540	REPAIR OF DIAPHRAGM HERNIA	996.83	00 15									
63	39541	REPAIR OF DIAPHRAGM HERNIA	1,085.09										
67	39541	REPAIR OF DIAPHRAGM HERNIA	1,085.09	00 15									
63	39545	REVISION OF DIAPHRAGM	1,025.19										
67	39545	REVISION OF DIAPHRAGM	1,025.19	00 15									
63	39560	RESECT DIAPHRAGM, SIMPLE	913.70										
67	39560	RESECT DIAPHRAGM, SIMPLE	913.70	00 15									
63	39561	RESECT DIAPHRAGM, COMPLEX	1,422.77										
67	39561	RESECT DIAPHRAGM, COMPLEX	1,422.77	00 15									
63	40490	BIOPSY OF LIP	131.19										
67	40490	BIOPSY OF LIP	131.19	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	40500	VERMILIONECTOMY (LIP SHAVE)	561.94										
67	40500	VERMILIONECTOMY (LIP SHAVE)	561.94	00 15									
63	40510	PARTIAL EXCISION OF LIP	530.41										
67	40510	PARTIAL EXCISION OF LIP	530.41	00 15									
63	40520	PARTIAL EXCISION OF LIP	543.93										
67	40520	PARTIAL EXCISION OF LIP	543.93	00 15									
63	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	609.78										
67	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	609.78	00 15									
63	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	695.91										
67	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	695.91	00 15									
63	40530	PARTIAL REMOVAL OF LIP	607.10										
67	40530	PARTIAL REMOVAL OF LIP	607.10	00 15									
63	40650	REPAIR LIP	517.81										
67	40650	REPAIR LIP	517.81	00 15									
63	40652	REPAIR LIP	556.33										
67	40652	REPAIR LIP	556.33	00 15									
63	40654	REPAIR LIP	628.92										
67	40654	REPAIR LIP	628.92	00 15									
63	40700	REPAIR CLEFT LIP	1,120.21										
67	40700	REPAIR CLEFT LIP	1,120.21	00 15									
63	40701	REPAIR CLEFT LIP	1,326.71										
67	40701	REPAIR CLEFT LIP	1,326.71	00 15									
63	40702	REPAIR CLEFT LIP	1,112.43										
67	40702	REPAIR CLEFT LIP	1,112.43	00 15									
63	40720	REPAIR CLEFT LIP	1,142.18										
67	40720	REPAIR CLEFT LIP	1,142.18	00 15									
63	40761	REPAIR CLEFT LIP	1,204.81										
67	40761	REPAIR CLEFT LIP	1,204.81	00 15									
63	40800	DRAINAGE OF MOUTH LESION	214.51										
67	40800	DRAINAGE OF MOUTH LESION	214.51	00 15									
63	40801	DRAINAGE OF MOUTH LESION	308.78										
67	40801	DRAINAGE OF MOUTH LESION	308.78	00 15									
63	40804	REMOVAL FOREIGN BODY, MOUTH	198.31										
67	40804	REMOVAL FOREIGN BODY, MOUTH	198.31	00 15									
63	40805	REMOVAL FOREIGN BODY, MOUTH	304.50										
67	40805	REMOVAL FOREIGN BODY, MOUTH	304.50	00 15									
63	40806	INCISION OF LIP FOLD	102.87										
67	40806	INCISION OF LIP FOLD	102.87	00 15									
63	40808	BIOPSY OF MOUTH LESION	177.65										
67	40808	BIOPSY OF MOUTH LESION	177.65	00 15									
63	40810	EXCISION OF MOUTH LESION	229.17										
67	40810	EXCISION OF MOUTH LESION	229.17	00 15									
63	40812	EXCISE/REPAIR MOUTH LESION	305.11										
67	40812	EXCISE/REPAIR MOUTH LESION	305.11	00 15									
63	40814	EXCISE/REPAIR MOUTH LESION	400.33										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	40814	EXCISE/REPAIR MOUTH LESION	400.33	00 15									
63	40816	EXCISION OF MOUTH LESION	429.77										
67	40816	EXCISION OF MOUTH LESION	429.77	00 15									
63	40818	EXCISE ORAL MUCOSA FOR GRAFT	390.16										
67	40818	EXCISE ORAL MUCOSA FOR GRAFT	390.16	00 15									
63	40819	EXCISE LIP OR CHEEK FOLD	287.41										
67	40819	EXCISE LIP OR CHEEK FOLD	287.41	00 15									
63	40820	TREATMENT OF MOUTH LESION	275.53										
67	40820	TREATMENT OF MOUTH LESION	275.53	00 15									
63	40830	REPAIR MOUTH LACERATION	251.72										
67	40830	REPAIR MOUTH LACERATION	251.72	00 15									
63	40831	REPAIR MOUTH LACERATION	333.13										
67	40831	REPAIR MOUTH LACERATION	333.13	00 15									
63	40840	RECONSTRUCTION OF MOUTH	941.66										
67	40840	RECONSTRUCTION OF MOUTH	941.66	00 15									
63	40842	RECONSTRUCTION OF MOUTH	1,012.42										
67	40842	RECONSTRUCTION OF MOUTH	1,012.42	00 15									
63	40843	RECONSTRUCTION OF MOUTH	1,311.32										
67	40843	RECONSTRUCTION OF MOUTH	1,311.32	00 15									
63	40844	RECONSTRUCTION OF MOUTH	1,647.86										
67	40844	RECONSTRUCTION OF MOUTH	1,647.86	00 15									
63	40845	RECONSTRUCTION OF MOUTH	1,636.75										
67	40845	RECONSTRUCTION OF MOUTH	1,636.75	00 15									
63	41000	DRAINAGE OF MOUTH LESION	162.58										
67	41000	DRAINAGE OF MOUTH LESION	162.58	00 15									
63	41005	DRAINAGE OF MOUTH LESION	226.23										
67	41005	DRAINAGE OF MOUTH LESION	226.23	00 15									
63	41006	DRAINAGE OF MOUTH LESION	387.45										
67	41006	DRAINAGE OF MOUTH LESION	387.45	00 15									
63	41007	DRAINAGE OF MOUTH LESION	350.79										
67	41007	DRAINAGE OF MOUTH LESION	350.79	00 15									
63	41008	DRAINAGE OF MOUTH LESION	416.75										
67	41008	DRAINAGE OF MOUTH LESION	416.75	00 15									
63	41009	DRAINAGE OF MOUTH LESION	449.92										
67	41009	DRAINAGE OF MOUTH LESION	449.92	00 15									
63	41010	INCISION OF TONGUE FOLD	230.98										
67	41010	INCISION OF TONGUE FOLD	230.98	00 15									
63	41015	DRAINAGE OF MOUTH LESION	427.43										
67	41015	DRAINAGE OF MOUTH LESION	427.43	00 15									
63	41016	DRAINAGE OF MOUTH LESION	504.31										
67	41016	DRAINAGE OF MOUTH LESION	504.31	00 15									
63	41017	DRAINAGE OF MOUTH LESION	497.39										
67	41017	DRAINAGE OF MOUTH LESION	497.39	00 15									
63	41018	DRAINAGE OF MOUTH LESION	561.27										
67	41018	DRAINAGE OF MOUTH LESION	561.27	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	534.46										
67	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	534.46	00 15									
63	41100	BIOPSY OF TONGUE	200.42										
67	41100	BIOPSY OF TONGUE	200.42	00 15									
63	41105	BIOPSY OF TONGUE	200.33										
67	41105	BIOPSY OF TONGUE	200.33	00 15									
63	41108	BIOPSY OF FLOOR OF MOUTH	177.73										
67	41108	BIOPSY OF FLOOR OF MOUTH	177.73	00 15									
63	41110	EXCISION OF TONGUE LESION	244.69										
67	41110	EXCISION OF TONGUE LESION	244.69	00 15									
63	41112	EXCISION OF TONGUE LESION	362.28										
67	41112	EXCISION OF TONGUE LESION	362.28	00 15									
63	41113	EXCISION OF TONGUE LESION	391.42										
67	41113	EXCISION OF TONGUE LESION	391.42	00 15									
63	41114	EXCISE TONGUE LESION/LOCAL FLP	674.70										
67	41114	EXCISE TONGUE LESION/LOCAL FLP	674.70	00 15									
63	41115	EXCISION OF TONGUE FOLD	279.95										
67	41115	EXCISION OF TONGUE FOLD	279.95	00 15									
63	41116	EXCISION OF MOUTH LESION	357.37										
67	41116	EXCISION OF MOUTH LESION	357.37	00 15									
63	41120	PARTIAL REMOVAL OF TONGUE	1,155.71										
67	41120	PARTIAL REMOVAL OF TONGUE	1,155.71	00 15									
63	41130	PARTIAL REMOVAL OF TONGUE	1,436.92										
67	41130	PARTIAL REMOVAL OF TONGUE	1,436.92	00 15									
63	41135	TONGUE AND NECK SURGERY	2,387.36										
67	41135	TONGUE AND NECK SURGERY	2,387.36	00 15									
63	41140	REMOVAL OF TONGUE	2,404.58										
67	41140	REMOVAL OF TONGUE	2,404.58	00 15									
63	41145	TONGUE REMOVAL; NECK SURGERY	3,039.38										
67	41145	TONGUE REMOVAL; NECK SURGERY	3,039.38	00 15									
63	41150	TONGUE, MOUTH, JAW SURGERY	2,422.28										
67	41150	TONGUE, MOUTH, JAW SURGERY	2,422.28	00 15									
63	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,642.59										
67	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,642.59	00 15									
63	41155	TONGUE, JAW, & NECK SURGERY	3,318.54										
67	41155	TONGUE, JAW, & NECK SURGERY	3,318.54	00 15									
63	41250	REPAIR TONGUE LACERATION	304.10										
67	41250	REPAIR TONGUE LACERATION	304.10	00 15									
63	41251	REPAIR TONGUE LACERATION	337.12										
67	41251	REPAIR TONGUE LACERATION	337.12	00 15									
63	41252	REPAIR TONGUE LACERATION	356.47										
67	41252	REPAIR TONGUE LACERATION	356.47	00 15									
63	41510	TONGUE TO LIP SURGERY	486.24										
67	41510	TONGUE TO LIP SURGERY	486.24	00 15									
63	41512	TONGUE BASE SUSPENSION, PERMANENT SU	725.79										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	41512	TONGUE BASE SUSPENSION, PERMANENT SU	725.79	00 15									
63	41520	RECONSTRUCTION, TONGUE FOLD	391.68										
67	41520	RECONSTRUCTION, TONGUE FOLD	391.68	00 15									
63	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	983.77										
67	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	983.77	00 15									
63	41800	DRAINAGE OF GUM LESION	305.92										
67	41800	DRAINAGE OF GUM LESION	305.92	00 15									
63	41805	REMOVAL FOREIGN BODY, GUM	327.55										
67	41805	REMOVAL FOREIGN BODY, GUM	327.55	00 15									
63	41806	REMOVAL FOREIGN BODY,JAWBONE	437.25										
67	41806	REMOVAL FOREIGN BODY,JAWBONE	437.25	00 15									
63	41822	EXCISION OF GUM LESION	377.09										
67	41822	EXCISION OF GUM LESION	377.09	00 15									
63	41823	EXCISION OF GUM LESION	563.53										
67	41823	EXCISION OF GUM LESION	563.53	00 15									
63	41825	EXCISION OF GUM LESION	231.96										
67	41825	EXCISION OF GUM LESION	231.96	00 15									
63	41826	EXCISION OF GUM LESION	324.40										
67	41826	EXCISION OF GUM LESION	324.40	00 15									
63	41827	EXCISION OF GUM LESION	465.20										
67	41827	EXCISION OF GUM LESION	465.20	00 15									
63	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	380.88									X	
67	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	380.88	00 15								X	
63	41830	REMOVAL OF GUM TISSUE	501.82										
67	41830	REMOVAL OF GUM TISSUE	501.82	00 15									
63	41872	REPAIR GUM	498.63										
67	41872	REPAIR GUM	498.63	00 15									
63	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	411.70									X	
67	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	411.70	00 15								X	
63	42000	DRAINAGE MOUTH ROOF LESION	172.70										
67	42000	DRAINAGE MOUTH ROOF LESION	172.70	00 15									
63	42100	BIOPSY ROOF OF MOUTH	158.41										
67	42100	BIOPSY ROOF OF MOUTH	158.41	00 15									
63	42104	EXCISION LESION, MOUTH ROOF	231.31										
67	42104	EXCISION LESION, MOUTH ROOF	231.31	00 15									
63	42106	EXCISION LESION, MOUTH ROOF	275.82										
67	42106	EXCISION LESION, MOUTH ROOF	275.82	00 15									
63	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	496.02										
67	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	496.02	00 15									
63	42120	REMOVE PALATE/LESION	1,101.52										
67	42120	REMOVE PALATE/LESION	1,101.52	00 15									
63	42140	EXCISION OF UVULA	329.66										
67	42140	EXCISION OF UVULA	329.66	00 15									
63	42145	PALATOPHARYNGOPLASTY	761.70										
67	42145	PALATOPHARYNGOPLASTY	761.70	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	42160	TREATMENT MOUTH ROOF LESION	249.34										
67	42160	TREATMENT MOUTH ROOF LESION	249.34	00 15									
63	42180	REPAIR PALATE	277.63										
67	42180	REPAIR PALATE	277.63	00 15									
63	42182	REPAIR PALATE	363.72										
67	42182	REPAIR PALATE	363.72	00 15									
63	42200	RECONSTRUCT CLEFT PALATE	1,029.66										
67	42200	RECONSTRUCT CLEFT PALATE	1,029.66	00 15									
63	42205	RECONSTRUCT CLEFT PALATE	1,076.64										
67	42205	RECONSTRUCT CLEFT PALATE	1,076.64	00 15									
63	42210	RECONSTRUCT CLEFT PALATE	1,200.63										
67	42210	RECONSTRUCT CLEFT PALATE	1,200.63	00 15									
63	42215	RECONSTRUCT CLEFT PALATE	776.52										
67	42215	RECONSTRUCT CLEFT PALATE	776.52	00 15									
63	42220	RECONSTRUCT CLEFT PALATE	637.41										
67	42220	RECONSTRUCT CLEFT PALATE	637.41	00 15									
63	42225	RECONSTRUCT CLEFT PALATE	1,071.56										
67	42225	RECONSTRUCT CLEFT PALATE	1,071.56	00 15									
63	42226	LENGTHENING OF PALATE, AND PHARYNGEA	988.82										
67	42226	LENGTHENING OF PALATE, AND PHARYNGEA	988.82	00 15									
63	42227	LENGTHEN PALATE, WITH ISLAND FLAP	923.26										
67	42227	LENGTHEN PALATE, WITH ISLAND FLAP	923.26	00 15									
63	42235	REPAIR PALATE	806.81										
67	42235	REPAIR PALATE	806.81	00 15									
63	42260	REPAIR NOSE TO LIP FISTULA	941.39										
67	42260	REPAIR NOSE TO LIP FISTULA	941.39	00 15									
63	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	189.62										
67	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	189.62	00 15									
63	42281	INSERT PIN-RETAINED PALATAL PROSTH.	241.20										
67	42281	INSERT PIN-RETAINED PALATAL PROSTH.	241.20	00 15									
63	42300	DRAINAGE OF SALIVARY GLAND	232.24										
67	42300	DRAINAGE OF SALIVARY GLAND	232.24	00 15									
63	42305	DRAINAGE OF SALIVARY GLAND	472.59										
67	42305	DRAINAGE OF SALIVARY GLAND	472.59	00 15									
63	42310	DRAINAGE OF SALIVARY GLAND	184.14										
67	42310	DRAINAGE OF SALIVARY GLAND	184.14	00 15									
63	42320	DRAINAGE OF SALIVARY GLAND	282.81										
67	42320	DRAINAGE OF SALIVARY GLAND	282.81	00 15									
63	42330	REMOVAL OF SALIVARY STONE	251.88										
67	42330	REMOVAL OF SALIVARY STONE	251.88	00 15									
63	42335	REMOVAL OF SALIVARY STONE	463.29										
67	42335	REMOVAL OF SALIVARY STONE	463.29	00 15									
63	42340	REMOVAL OF SALIVARY STONE	575.00										
67	42340	REMOVAL OF SALIVARY STONE	575.00	00 15									
63	42400	BIOPSY OF SALIVARY GLAND	105.03									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	42400	BIOPSY OF SALIVARY GLAND	105.03	00 15								X	
63	42405	BIOPSY OF SALIVARY GLAND	329.34										
67	42405	BIOPSY OF SALIVARY GLAND	329.34	00 15									
63	42408	EXCISION OF SALIVARY CYST	582.65										
67	42408	EXCISION OF SALIVARY CYST	582.65	00 15									
63	42409	DRAINAGE OF SALIVARY CYST	423.48										
67	42409	DRAINAGE OF SALIVARY CYST	423.48	00 15									
63	42410	EXCISE PAROTID GLAND/LESION	702.89										
67	42410	EXCISE PAROTID GLAND/LESION	702.89	00 15									
63	42415	EXCISE PAROTID GLAND/LESION	1,184.52										
67	42415	EXCISE PAROTID GLAND/LESION	1,184.52	00 15									
63	42420	EXCISE PAROTID GLAND/LESION	1,329.86										
67	42420	EXCISE PAROTID GLAND/LESION	1,329.86	00 15									
63	42425	EXCISE PAROTID GLAND/LESION	937.48										
67	42425	EXCISE PAROTID GLAND/LESION	937.48	00 15									
63	42426	EXCISE PAROTID GLAND/LESION	1,517.97										
67	42426	EXCISE PAROTID GLAND/LESION	1,517.97	00 15									
63	42440	EXCISION SUBMAXILLARY GLAND	460.94										
67	42440	EXCISION SUBMAXILLARY GLAND	460.94	00 15									
63	42450	EXCISION SUBLINGUAL GLAND	511.77										
67	42450	EXCISION SUBLINGUAL GLAND	511.77	00 15									
63	42500	REPAIR SALIVARY DUCT	486.37										
67	42500	REPAIR SALIVARY DUCT	486.37	00 15									
63	42505	REPAIR SALIVARY DUCT	625.99										
67	42505	REPAIR SALIVARY DUCT	625.99	00 15									
63	42507	PAROTID DUCT DIVERSION	543.56										
67	42507	PAROTID DUCT DIVERSION	543.56	00 15									
63	42509	PAROTID DUCT DIVERSION	908.15										
67	42509	PAROTID DUCT DIVERSION	908.15	00 15									
63	42510	CREATION OF NEW DRAINAGE TRACTS OF M	672.02										
67	42510	CREATION OF NEW DRAINAGE TRACTS OF M	672.02	00 15									
63	42550	INJECTION FOR SALIVARY X-RAY	169.01									X	
67	42550	INJECTION FOR SALIVARY X-RAY	169.01	00 15								X	
63	42600	CLOSURE OF SALIVARY FISTULA	589.60										
67	42600	CLOSURE OF SALIVARY FISTULA	589.60	00 15									
63	42650	DILATION OF SALIVARY DUCT	81.00										
67	42650	DILATION OF SALIVARY DUCT	81.00	00 15									
63	42660	DILATION OF SALIVARY DUCT	127.53										
67	42660	DILATION OF SALIVARY DUCT	127.53	00 15									
63	42665	LIGATION OF SALIVARY DUCT	402.00										
67	42665	LIGATION OF SALIVARY DUCT	402.00	00 15									
63	42700	DRAINAGE OF TONSIL ABSCESS	207.07										
67	42700	DRAINAGE OF TONSIL ABSCESS	207.07	00 15									
63	42720	DRAINAGE OF THROAT ABSCESS	497.58										
67	42720	DRAINAGE OF THROAT ABSCESS	497.58	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	42725	DRAINAGE OF THROAT ABSCESS	890.58										
67	42725	DRAINAGE OF THROAT ABSCESS	890.58	00 15									
63	42800	BIOPSY OF THROAT	170.28										
67	42800	BIOPSY OF THROAT	170.28	00 15									
63	42804	BIOPSY OF UPPER NOSE/THROAT	228.66										
67	42804	BIOPSY OF UPPER NOSE/THROAT	228.66	00 15									
63	42806	BIOPSY OF UPPER NOSE/THROAT	255.17										
67	42806	BIOPSY OF UPPER NOSE/THROAT	255.17	00 15									
63	42808	EXCISE PHARYNX LESION	250.63										
67	42808	EXCISE PHARYNX LESION	250.63	00 15									
63	42809	REMOVE PHARYNX FOREIGN BODY	219.49										
67	42809	REMOVE PHARYNX FOREIGN BODY	219.49	00 15									
63	42810	EXCISION OF NECK CYST	417.54										
67	42810	EXCISION OF NECK CYST	417.54	00 15									
63	42815	EXCISION OF NECK CYST	596.27										
67	42815	EXCISION OF NECK CYST	596.27	00 15									
63	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	321.88	00 11									
67	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	321.88	00 11									
63	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	335.57	12 99									
67	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	335.57	12 15									
63	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	294.04	00 11									
67	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	294.04	00 11									
63	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	280.90	12 99									
67	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	280.90	12 15									
63	42830	ADENOIDECTOMY,PRIMARY;<12	231.85	00 11									
67	42830	ADENOIDECTOMY,PRIMARY;<12	231.85	00 11									
63	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	251.05	12 99									
67	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	251.05	12 15									
63	42835	ADENOIDECTOMY,SECONDARY;<12	214.80	00 11									
67	42835	ADENOIDECTOMY,SECONDARY;<12	214.80	00 11									
63	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	267.47	12 99									
67	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	267.47	12 15									
63	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,109.77										
67	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,109.77	00 15									
63	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,511.37										
67	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,511.37	00 15									
63	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,451.87										
67	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,451.87	00 15									
63	42860	EXCISION OF TONSIL TAGS	209.84										
67	42860	EXCISION OF TONSIL TAGS	209.84	00 15									
63	42870	EXCISION OF LINGUAL TONSIL	637.74										
67	42870	EXCISION OF LINGUAL TONSIL	637.74	00 15									
63	42890	PARTIAL REMOVAL OF PHARYNX	1,568.04										
67	42890	PARTIAL REMOVAL OF PHARYNX	1,568.04	00 15									
63	42892	RESECTION OF LATERAL PHARYNGEAL WALL	2,073.12										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	42892	RESECTION OF LATERAL PHARYNGEAL WALL	2,073.12	00 15									
63	42894	REMOVAL OF THROAT TISSUE	2,621.93										
67	42894	REMOVAL OF THROAT TISSUE	2,621.93	00 15									
63	42900	REPAIR THROAT WOUND	369.91										
67	42900	REPAIR THROAT WOUND	369.91	00 15									
63	42950	RECONSTRUCTION OF THROAT	868.23										
67	42950	RECONSTRUCTION OF THROAT	868.23	00 15									
63	42953	PHARYNGOESOPHAGEAL REPAIR	1,037.06										
67	42953	PHARYNGOESOPHAGEAL REPAIR	1,037.06	00 15									
63	42955	SURGICAL OPENING OF THROAT	825.39										
67	42955	SURGICAL OPENING OF THROAT	825.39	00 15									
63	42960	CONTROL THROAT BLEEDING	178.82									X	
67	42960	CONTROL THROAT BLEEDING	178.82	00 15								X	
63	42961	CONTROL THROAT BLEEDING	462.48									X	
67	42961	CONTROL THROAT BLEEDING	462.48	00 15								X	
63	42962	CONTROL THROAT BLEEDING	570.03									X	
67	42962	CONTROL THROAT BLEEDING	570.03	00 15								X	
63	42970	CONTROL NOSE/THROAT BLEEDING	455.46										
67	42970	CONTROL NOSE/THROAT BLEEDING	455.46	00 15									
63	42971	CONTROL NOSE/THROAT BLEEDING	503.07										
67	42971	CONTROL NOSE/THROAT BLEEDING	503.07	00 15									
63	42972	CONTROL NOSE/THROAT BLEEDING	563.04										
67	42972	CONTROL NOSE/THROAT BLEEDING	563.04	00 15									
63	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH	125.79										
67	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH	125.79	00 15									
63	43020	INCISION OF ESOPHAGUS	647.24										
67	43020	INCISION OF ESOPHAGUS	647.24	00 15									
63	43030	THROAT MUSCLE SURGERY	583.42										
67	43030	THROAT MUSCLE SURGERY	583.42	00 15									
63	43045	INCISION OF ESOPHAGUS	1,495.12										
67	43045	INCISION OF ESOPHAGUS	1,495.12	00 15									
63	43100	EXCISION OF ESOPHAGUS LESION	706.89										
67	43100	EXCISION OF ESOPHAGUS LESION	706.89	00 15									
63	43101	EXCISION OF ESOPHAGUS LESION	1,156.99										
67	43101	EXCISION OF ESOPHAGUS LESION	1,156.99	00 15									
63	43107	REMOVAL OF ESOPHAGUS	3,426.48										
67	43107	REMOVAL OF ESOPHAGUS	3,426.48	00 15									
63	43108	REMOVAL OF ESOPHAGUS	5,151.30										
67	43108	REMOVAL OF ESOPHAGUS	5,151.30	00 15									
63	43112	REMOVAL OF ESOPHAGUS	4,006.57										
67	43112	REMOVAL OF ESOPHAGUS	4,006.57	00 15									
63	43113	REMOVAL OF ESOPHAGUS	5,025.41										
67	43113	REMOVAL OF ESOPHAGUS	5,025.41	00 15									
63	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,762.64										
67	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,762.64	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,752.23										
67	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,752.23	00 15									
63	43118	PARTIAL REMOVAL OF ESOPHAGUS	4,197.53										
67	43118	PARTIAL REMOVAL OF ESOPHAGUS	4,197.53	00 15									
63	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,296.23										
67	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,296.23	00 15									
63	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,948.05										
67	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,948.05	00 15									
63	43123	PARTIAL REMOVAL OF ESOPHAGUS	5,211.14										
67	43123	PARTIAL REMOVAL OF ESOPHAGUS	5,211.14	00 15									
63	43124	REMOVAL OF ESOPHAGUS	4,395.85										
67	43124	REMOVAL OF ESOPHAGUS	4,395.85	00 15									
63	43130	REMOVAL OF ESOPHAGUS POUCH	894.38										
67	43130	REMOVAL OF ESOPHAGUS POUCH	894.38	00 15									
63	43135	REMOVAL OF ESOPHAGUS POUCH	1,696.06										
67	43135	REMOVAL OF ESOPHAGUS POUCH	1,696.06	00 15									
63	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	613.41										
67	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	613.41	00 15									
63	43191	Diagnostic examination of esophagus	172.28										
67	43191	Diagnostic examination of esophagus	172.28	00 15									
63	43192	Injections of substance in tissue li	188.80										
67	43192	Injections of substance in tissue li	188.80	00 15									
63	43193	Biopsy of esophagus using an endosco	188.46										
67	43193	Biopsy of esophagus using an endosco	188.46	00 15									
63	43194	Removal of foreign body of esophagus	218.88										
67	43194	Removal of foreign body of esophagus	218.88	00 15									
63	43195	Balloon dilation of esophagus using	205.22										
67	43195	Balloon dilation of esophagus using	205.22	00 15									
63	43196	Insertion of wire and dilation of es	217.05										
67	43196	Insertion of wire and dilation of es	217.05	00 15									
63	43197	Diagnostic examination of esophagus	207.50										
67	43197	Diagnostic examination of esophagus	207.50	00 15									
63	43198	Biopsy of esophagus using an endosco	229.43										
67	43198	Biopsy of esophagus using an endosco	229.43	00 15									
63	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	282.84										
67	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	282.84	00 15									
63	43201	INJECTIONS INTO ESOPHAGUS USING AN E	281.29										
67	43201	INJECTIONS INTO ESOPHAGUS USING AN E	281.29	00 15									
63	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	386.35										
67	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	386.35	00 15									
63	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	148.86										
67	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	148.86	00 15									
63	43205	TYING OF ESOPHAGEAL VEINS USING AN E	154.81										
67	43205	TYING OF ESOPHAGEAL VEINS USING AN E	154.81	00 15									
63	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	327.69										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	327.69	00 15									
63	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	489.17										
67	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	489.17	00 15									
63	43211	Removal of tissue lining of esophagu	259.80										
67	43211	Removal of tissue lining of esophagu	259.80	00 15									
63	43212	Placement of stent on esophagus usin	213.94										
67	43212	Placement of stent on esophagus usin	213.94	00 15									
63	43213	Dilation of esophagus using an endos	1,340.34										
67	43213	Dilation of esophagus using an endos	1,340.34	00 15									
63	43214	Balloon dilation of esophagus using	215.13										
67	43214	Balloon dilation of esophagus using	215.13	00 15									
63	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	428.42										
67	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	428.42	00 15									
63	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	444.61										
67	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	444.61	00 15									
63	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	456.89										
67	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	456.89	00 15									
63	43220	BALLOON DILATION OF ESOPHAGUS USING	969.42										
67	43220	BALLOON DILATION OF ESOPHAGUS USING	969.42	00 15									
63	43226	INSERTION OF GUIDE WIRE FOR DILATION	417.29										
67	43226	INSERTION OF GUIDE WIRE FOR DILATION	417.29	00 15									
63	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	644.65										
67	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	644.65	00 15									
63	43229	Destruction of growths of esophagus	772.43										
67	43229	Destruction of growths of esophagus	772.43	00 15									
63	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	175.51										
67	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	175.51	00 15									
63	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	221.31										
67	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	221.31	00 15									
63	43233	Balloon dilation of esophagus, stoma	257.63										
67	43233	Balloon dilation of esophagus, stoma	257.63	00 15									
63	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	321.64										
67	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	321.64	00 15									
63	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	434.93										
67	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	434.93	00 15									
63	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	217.33										
67	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	217.33	00 15									
63	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	257.07										
67	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	257.07	00 15									
63	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	409.26										
67	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	409.26	00 15									
63	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	435.55										
67	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	435.55	00 15									
63	43241	INSERTION OF CATHETER OR TUBE IN ESO	158.43										
67	43241	INSERTION OF CATHETER OR TUBE IN ESO	158.43	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	291.98										
67	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	291.98	00 15									
63	43243	INJECTION OF DILATED VEINS OF STOMAC	263.70										
67	43243	INJECTION OF DILATED VIENS OF STOMAC	263.70	00 15									
63	43244	TYING OF DILATED VEINS OF STOMACH AN	271.60										
67	43244	TYING OF DILATED VEINS OF STOMACH AN	271.60	00 15									
63	43245	DILATION OF STOMACH OUTLET USING AN	647.10										
67	43245	DILATION OF STOMACH OUTLET USING AN	647.10	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	418.90										
67	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	418.90	00 15									
63	43248	INSERTION OF GUIDE WIRE WITH DILATIO	449.33										
67	43248	INSERTION OF GUIDE WIRE WITH DILATIO	449.33	00 15									
63	43249	BALLOON DILATION OF ESOPHAGUS USING	1,170.86										
67	43249	BALLOON DILATION OF ESOPHAGUS USING	1,170.86	00 15									
63	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	493.71										
67	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	493.71	00 15									
63	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	541.12										
67	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	541.12	00 15									
63	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	369.35										
67	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	369.35	00 15									
63	43253	Injection of diagnostic or therapeut	291.65										
67	43253	Injection of diagnostic or therapeut	291.65	00 15									
63	43254	Removal of tissue lining of esophagu	301.12										
67	43254	Removal of tissue lining of esophagu	301.12	00 15									
63	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	682.42										
67	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	682.42	00 15									
63	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	261.07										
67	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	261.07	00 15									
63	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	249.72										
67	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	249.72	00 15									
63	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	358.50										
67	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	358.50	00 15									
63	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	375.86										
67	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	375.86	00 15									
63	43262	OPERATIVE UPPER GI ENDOSCOPY	397.87										
67	43262	OPERATIVE UPPER GI ENDOSCOPY	397.87	00 15									
63	43263	PRESSURE MEASUREMENT OF PANCREATIC O	397.87										
67	43263	PRESSURE MEASUREMENT OF PANCREATIC O	397.87	00 15									
63	43264	REMOVAL OF STONE FROM BILE OR PANCRE	404.60										
67	43264	REMOVAL OF STONE FROM BILE OR PANCRE	404.60	00 15									
63	43265	DESTRUCTION OF STONE IN BILE OR PANC	482.99										
67	43265	DESTRUCTION OF STONE IN BILE OR PANC	482.99	00 15									
63	43266	Placement of stent in esophagus, sto	243.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	43266	Placement of stent in esophagus, sto	243.38	00 15									
63	43270	Destruction of growths on esophagus,	793.92										
67	43270	Destruction of growths on esophagus,	793.92	00 15									
63	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	133.21										
67	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	133.21	00 15									
63	43274	Placement of stent pancreatic or bil	515.09										
67	43274	Placement of stent pancreatic or bil	515.09	00 15									
63	43275	Removal of foreign body or stent fro	418.40										
67	43275	Removal of foreign body or stent fro	418.40	00 15									
63	43276	Replacement of stent pancreatic or b	536.30										
67	43276	Replacement of stent pancreatic or b	536.30	00 15									
63	43277	Balloon dilation of pancreatic or bi	420.96										
67	43277	Balloon dilation of pancreatic or bi	420.96	00 15									
63	43278	Destruction of mass on gallbladder,	482.26										
67	43278	Destruction of mass on gallbladder,	482.26	00 15									
63	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,491.47										
67	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,491.47	00 15									
63	43280	LAPAROSCOPY, FUNDOPLASTY	1,250.92										
67	43280	LAPAROSCOPY, FUNDOPLASTY	1,250.92	00 15									
63	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,790.56										
67	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,790.56	00 15									
63	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	2,014.62										
67	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	2,014.62	00 15									
63	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	185.01										
67	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	185.01	00 15									
63	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	751.57										
67	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	751.57	00 15									
63	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	774.70										
67	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	774.70	00 15									
63	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,667.05										
67	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,667.05	00 15									
63	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	4,102.21										
67	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	4,102.21	00 15									
63	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,315.93										
67	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,315.93	00 15									
63	43300	REPAIR OF ESOPHAGUS	694.27										
67	43300	REPAIR OF ESOPHAGUS	694.27	00 15									
63	43305	REPAIR ESOPHAGUS AND FISTULA	1,226.50										
67	43305	REPAIR ESOPHAGUS AND FISTULA	1,226.50	00 15									
63	43310	REPAIR OF ESOPHAGUS	1,710.02										
67	43310	REPAIR OF ESOPHAGUS	1,710.02	00 15									
63	43312	REPAIR ESOPHAGUS AND FISTULA	1,839.15										
67	43312	REPAIR ESOPHAGUS AND FISTULA	1,839.15	00 15									
63	43313	ESOPHAGOPLASTY CONGENTIAL	3,364.04										
67	43313	ESOPHAGOPLASTY CONGENTIAL	3,364.04	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,623.46										
67	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,623.46	00 15									
63	43320	FUSE ESOPHAGUS & STOMACH	1,623.96										
67	43320	FUSE ESOPHAGUS & STOMACH	1,623.96	00 15									
63	43325	REVISE ESOPHAGUS & STOMACH	1,579.56										
67	43325	REVISE ESOPHAGUS & STOMACH	1,579.56	00 15									
63	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	947.55										
67	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	947.55	00 15									
63	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,297.38										
67	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,297.38	00 15									
63	43330	REPAIR OF ESOPHAGUS	1,552.88										
67	43330	REPAIR OF ESOPHAGUS	1,552.88	00 15									
63	43331	REPAIR OF ESOPHAGUS	1,539.97										
67	43331	REPAIR OF ESOPHAGUS	1,539.97	00 15									
63	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,334.11										
67	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,334.11	00 15									
63	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,457.73										
67	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,457.73	00 15									
63	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,438.71										
67	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,438.71	00 15									
63	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,541.60										
67	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,541.60	00 15									
63	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,673.17										
67	43336	REPAIR PARAESOPHAGEAL HIATL HERNIA	1,673.17	00 15									
63	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,784.28										
67	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,784.28	00 15									
63	43338	ESOPHAGEAL LENGTHENING PROCEDURE	134.24										
67	43338	ESOPHAGEAL LENGTHENING PROCEDURE	134.24	00 15									
63	43340	FUSE ESOPHAGUS & INTESTINE	1,603.97										
67	43340	FUSE ESOPHAGUS & INTESTINE	1,603.97	00 15									
63	43341	FUSE ESOPHAGUS & INTESTINE	1,611.63										
67	43341	FUSE ESOPHAGUS & INTESTINE	1,611.63	00 15									
63	43351	SURGICAL OPENING, ESOPHAGUS	1,511.84										
67	43351	SURGICAL OPENING, ESOPHAGUS	1,511.84	00 15									
63	43352	SURGICAL OPENING, ESOPHAGUS	1,223.15										
67	43352	SURGICAL OPENING, ESOPHAGUS	1,223.15	00 15									
63	43360	GASTROINTESTINAL REPAIR	2,594.34										
67	43360	GASTROINTESTINAL REPAIR	2,594.34	00 15									
63	43361	GASTROINTESTINAL REPAIR	3,133.65										
67	43361	GASTROINTESTINAL REPAIR	3,133.65	00 15									
63	43400	LIGATE ESOPHAGUS VEINS	1,771.58										
67	43400	LIGATE ESOPHAGUS VEINS	1,771.58	00 15									
63	43405	LIGATE/STAPLE ESOPHAGUS	1,673.73										
67	43405	LIGATE/STAPLE ESOPHAGUS	1,673.73	00 15									
63	43410	REPAIR ESOPHAGUS WOUND	1,149.22										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	43410	REPAIR ESOPHAGUS WOUND	1,149.22	00 15									
63	43415	REPAIR ESOPHAGUS WOUND	2,945.44										
67	43415	REPAIR ESOPHAGUS WOUND	2,945.44	00 15									
63	43420	REPAIR ESOPHAGUS OPENING	1,139.07										
67	43420	REPAIR ESOPHAGUS OPENING	1,139.07	00 15									
63	43425	REPAIR ESOPHAGUS OPENING	1,659.89										
67	43425	REPAIR ESOPHAGUS OPENING	1,659.89	00 15									
63	43450	DILATE ESOPHAGUS	201.59										
67	43450	DILATE ESOPHAGUS	201.59	00 15									
63	43453	DILATE ESOPHAGUS	861.95										
67	43453	DILATE ESOPHAGUS	861.95	00 15									
63	43460	PRESSURE TREATMENT ESOPHAGUS	235.14										
67	43460	PRESSURE TREATMENT ESOPHAGUS	235.14	00 15									
63	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	889.04										
67	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	889.04	00 15									
63	43500	SURGICAL OPENING OF STOMACH	909.65										
67	43500	SURGICAL OPENING OF STOMACH	909.65	00 15									
63	43501	GASTROTOMY WITH SUTURE REPAIR	1,567.75										
67	43501	GASTROTOMY WITH SUTURE REPAIR	1,567.75	00 15									
63	43502	SURGICAL REPAIR OF STOMACH	1,776.08										
67	43502	SURGICAL REPAIR OF STOMACH	1,776.08	00 15									
63	43510	SURGICAL OPENING OF STOMACH	1,099.13										
67	43510	SURGICAL OPENING OF STOMACH	1,099.13	00 15									
63	43520	INCISION OF PYLORIC MUSCLE	797.35										
67	43520	INCISION OF PYLORIC MUSCLE	797.35	00 15									
63	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	969.14										
67	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	969.14	00 15									
63	43610	EXCISION OF STOMACH LESION	1,134.62										
67	43610	EXCISION OF STOMACH LESION	1,134.62	00 15									
63	43611	EXCISION, LOCAL;	1,413.54										
67	43611	EXCISION, LOCAL;	1,413.54	00 15									
63	43620	REMOVAL OF STOMACH	2,311.94										
67	43620	REMOVAL OF STOMACH	2,311.94	00 15									
63	43621	GASTRECTOMY, TOTAL;	2,643.64										
67	43621	GASTRECTOMY, TOTAL;	2,643.64	00 15									
63	43622	GASTRECTOMY, TOTAL;	2,695.76										
67	43622	GASTRECTOMY, TOTAL;	2,695.76	00 15									
63	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,681.92										
67	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,681.92	00 15									
63	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,364.18										
67	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,364.18	00 15									
63	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,234.03										
67	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,234.03	00 15									
63	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,477.84										
67	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,477.84	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	131.13											
67	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	131.13	00	15									
63	43640	VAGOTOMY & PYLORUS REPAIR	1,383.13											
67	43640	VAGOTOMY & PYLORUS REPAIR	1,383.13	00	15									
63	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,399.40											
67	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,399.40	00	15									
63	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	2,019.76	16	99		X							
63	43645	LAP GASTR BYPASS INCL SMLL I	2,137.06	16	99		X							
63	43651	LAPAROSCOPY, VAGUS NERVE	756.97											
67	43651	LAPAROSCOPY, VAGUS NERVE	756.97	00	15									
63	43652	LAPAROSCOPY, VAGUS NERVE	885.10											
67	43652	LAPAROSCOPY, VAGUS NERVE	885.10	00	15									
63	43653	LAPAROSCOPY, GASTROSTOMY	661.99											
67	43653	LAPAROSCOPY, GASTROSTOMY	661.99	00	15									
63	43752	INSERTION OF NASAL OR ORAL STOMACH T	45.39											
67	43752	INSERTION OF NASAL OR ORAL STOMACH T	45.39	00	15									
63	43753	INSERTION OF STOMACH TUBE AND ASPIRA	25.70											
67	43753	INSERTION OF STOMACH TUBE AND ASPIRA	25.70	00	15									
63	43754	GASTRIC INTUBATION AND ASPIRATION DI	238.69											
67	43754	GASTRIC INTUBATION AND ASPIRATION DI	238.69	00	15									
63	43755	GASTRIC INTUBATION AND ASPIRATION DI	216.79											
67	43755	GASTRIC INTUBATION AND ASPIRATION DI	216.79	00	15									
63	43756	DUODENAL INTUBATION AND ASPIRATION	298.21											
67	43756	DUODENAL INTUBATION AND ASPIRATION	298.21	00	15									
63	43757	DUODENAL INTUBATION AND ASPIRATION	399.77											
67	43757	DUODENAL INTUBATION AND ASPIRATION	399.77	00	15									
63	43761	REPOSITIONING OF A NASO- OR ORO-GAST	140.00											
67	43761	REPOSITIONING OF THE GASTRIC FEEDING	140.00	00	15									
63	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	242.54											
67	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	242.54	00	15									
63	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	368.60											
67	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	368.60	00	15									
63	43770	LAP, PLACE GASTR ADJUST BAND	1,305.48	16	99		X							
67	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,305.48	13	15		X							
63	43771	LAP, REVISE ADJUST GAST BAND	1,483.80	16	99		X							
67	43771	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,483.80	13	15		X							
63	43772	LAP, REMOVE ADJUST GAST BAND	1,102.74	16	99		X							
67	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,102.74	13	15		X							
63	43773	LAP, CHANGE ADJUST GAST BAND	1,483.80	16	99		X							
67	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,483.80	13	15		X							
63	43774	LAP REMOV ADJ GAST BAND/PORT	1,114.52	16	99		X							
67	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,114.52	13	15		X							
63	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	1,302.74	16	99		X							
67	43775	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,302.74	13	15		X							
63	43800	RECONSTRUCTION OF PYLORUS	1,079.95											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	43800	RECONSTRUCTION OF PYLORUS	1,079.95	00	15									
63	43810	FUSION OF STOMACH AND BOWEL	1,181.88											
67	43810	FUSION OF STOMACH AND BOWEL	1,181.88	00	15									
63	43820	FUSION OF STOMACH AND BOWEL	1,558.28											
67	43820	FUSION OF STOMACH AND BOWEL	1,558.28	00	15									
63	43825	FUSION OF STOMACH AND BOWEL	1,524.40											
67	43825	FUSION OF STOMACH AND BOWEL	1,524.40	00	15									
63	43830	SURGICAL OPENING OF STOMACH	808.34											
67	43830	SURGICAL OPENING OF STOMACH	808.34	00	15									
63	43831	GASTROSTOMY, OPEN, NEONATAL	698.18	00	00									
67	43831	GASTROSTOMY, OPEN, NEONATAL	698.18	00	00									
63	43832	SURGICAL OPENING OF STOMACH	1,210.51											
67	43832	SURGICAL OPENING OF STOMACH	1,210.51	00	15									
63	43840	REPAIR OF STOMACH LESION	1,576.66											
67	43840	REPAIR OF STOMACH LESION	1,576.66	00	15									
63	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	1,492.63	16	99		X							
67	43843	GASTRIC RESTRICTIVE PROCEDURE, WITHO	1,492.63	13	15		X							
63	43845	GASTROPLASTY DUODENAL SWITCH	2,272.48	16	99		X							
67	43845	GASTRIC RESTRICTIVE PROCEDURE, WITH	2,272.48	13	15		X							
63	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,919.55	16	99		X							
67	43846	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,919.55	13	15		X							
63	43847	GASTRIC BYPASS FOR OBESITY	2,103.83	16	99		X							
67	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH	2,103.83	13	15		X							
63	43848	REVISION GASTROPLASTY	2,242.07	16	99		X							
67	43848	REVISION, OPEN, OF GASTRIC RESTRICTI	2,242.07	13	15		X							
63	43860	REVISE STOMACH-BOWEL FUSION	1,899.14											
67	43860	REVISE STOMACH-BOWEL FUSION	1,899.14	00	15									
63	43865	REVISE STOMACH-BOWEL FUSION	1,992.02											
67	43865	REVISE STOMACH-BOWEL FUSION	1,992.02	00	15									
63	43870	REPAIR STOMACH OPENING	818.35											
67	43870	REPAIR STOMACH OPENING	818.35	00	15									
63	43880	REPAIR STOMACH-BOWEL FISTULA	1,855.60											
67	43880	REPAIR STOMACH-BOWEL FISTULA	1,855.60	00	15									
63	43886	REVISE GASTRIC PORT, OPEN	415.66	16	99		X							
63	43887	REMOVE GASTRIC PORT, OPEN	375.22	16	99		X							
63	43888	CHANGE GASTRIC PORT, OPEN	531.30	16	99		X							
63	44005	FREEING OF BOWEL ADHESION	1,265.55											
67	44005	FREEING OF BOWEL ADHESION	1,265.55	00	15									
63	44010	INCISION OF SMALL BOWEL	974.55											
67	44010	INCISION OF SMALL BOWEL	974.55	00	15									
63	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	165.65											
67	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	165.65	00	15									
63	44020	EXPLORATION OF SMALL BOWEL	1,129.81											
67	44020	EXPLORATION OF SMALL BOWEL	1,129.81	00	15									
63	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,124.01											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,124.01	00 15									
63	44025	EXPLORATION OF LARGE BOWEL	1,131.25										
67	44025	EXPLORATION OF LARGE BOWEL	1,131.25	00 15									
63	44050	REDUCE BOWEL OBSTRUCTION	1,083.28										
67	44050	REDUCE BOWEL OBSTRUCTION	1,083.28	00 15									
63	44055	CORRECT MALROTATION-CG, LADD PROC.	1,728.34										
67	44055	CORRECT MALROTATION-CG, LADD PROC.	1,728.34	00 15									
63	44100	BIOPSY OF BOWEL	119.41										
67	44100	BIOPSY OF BOWEL	119.41	00 15									
63	44110	EXCISION OF BOWEL LESION(S)	969.22										
67	44110	EXCISION OF BOWEL LESION(S)	969.22	00 15									
63	44111	EXCISION OF BOWEL LESION(S)	1,125.90										
67	44111	EXCISION OF BOWEL LESION(S)	1,125.90	00 15									
63	44120	REMOVAL OF SMALL INTESTINE	1,414.88										
67	44120	REMOVAL OF SMALL INTESTINE	1,414.88	00 15									
63	44121	REMOVAL OF SMALL INTESTINE	279.72										
67	44121	REMOVAL OF SMALL INTESTINE	279.72	00 15									
63	44125	REMOVAL OF SMALL INTESTINE	1,357.94										
67	44125	REMOVAL OF SMALL INTESTINE	1,357.94	00 15									
63	44126	ENTERECTOMY W/TAPER, CONG	2,875.72										
67	44126	ENTERECTOMY W/TAPER, CONG	2,875.72	00 15									
63	44127	ENTERECTOMY W/O TAPER, CONG	3,325.69										
67	44127	ENTERECTOMY W/O TAPER, CONG	3,325.69	00 15									
63	44128	ENTERECTOMY CONG, ADD-ON	283.94										
67	44128	ENTERECTOMY CONG, ADD-ON	283.94	00 15									
63	44130	BOWEL TO BOWEL FUSION	1,519.73										
67	44130	BOWEL TO BOWEL FUSION	1,519.73	00 15									
63	44139	MOBILIZATION OF COLON	140.08										
67	44139	MOBILIZATION OF COLON	140.08	00 15									
63	44140	PARTIAL REMOVAL OF COLON	1,549.81										
67	44140	PARTIAL REMOVAL OF COLON	1,549.81	00 15									
63	44141	PARTIAL REMOVAL OF COLON	2,091.55										
67	44141	PARTIAL REMOVAL OF COLON	2,091.55	00 15									
63	44143	PARTIAL REMOVAL OF COLON	1,910.30										
67	44143	PARTIAL REMOVAL OF COLON	1,910.30	00 15									
63	44144	PARTIAL REMOVAL OF COLON	2,032.95										
67	44144	PARTIAL REMOVAL OF COLON	2,032.95	00 15									
63	44145	PARTIAL REMOVAL OF COLON	1,895.32										
67	44145	PARTIAL REMOVAL OF COLON	1,895.32	00 15									
63	44146	PARTIAL REMOVAL OF COLON	2,404.71										
67	44146	PARTIAL REMOVAL OF COLON	2,404.71	00 15									
63	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,229.86										
67	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,229.86	00 15									
63	44150	REMOVAL OF COLON	2,119.93										
67	44150	REMOVAL OF COLON	2,119.93	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,492.29										
67	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,492.29	00 15									
63	44155	REMOVAL OF COLON	2,357.13										
67	44155	REMOVAL OF COLON	2,357.13	00 15									
63	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,665.96										
67	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,665.96	00 15									
63	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,533.30										
67	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,533.30	00 15									
63	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,596.53										
67	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,596.53	00 15									
63	44160	REMOVAL OF COLON	1,430.77										
67	44160	REMOVAL OF COLON	1,430.77	00 15									
63	44186	LAP, JEJUNOSTOMY	752.12										
67	44186	LAP, JEJUNOSTOMY	752.12	00 15									
63	44187	LAP, ILEO/JEJUNO-STOMY	1,238.03										
67	44187	LAP, ILEO/JEJUNO-STOMY	1,238.03	00 15									
63	44188	LAP, COLOSTOMY	1,386.68										
67	44188	LAP, COLOSTOMY	1,386.68	00 15									
63	44202	LAPARO, RESECT INTESTINE	1,602.07										
67	44202	LAPARO, RESECT INTESTINE	1,602.07	00 15									
63	44203	LAP RESECT S/INTESTINE, ADDL	279.72										
67	44203	LAP RESECT S/INTESTINE, ADDL	279.72	00 15									
63	44204	LAPARO PARTIAL COLECTOMY	1,765.55										
67	44204	LAPARO PARTIAL COLECTOMY	1,765.55	00 15									
63	44205	LAP COLECTOMY PART W/ILEUM	1,530.50										
67	44205	LAP COLECTOMY PART W/ILEUM	1,530.50	00 15									
63	44206	LAP PART COLECTOMY W/STOMA	2,000.78										
67	44206	LAP PART COLECTOMY W/STOMA	2,000.78	00 15									
63	44207	L COLECTOMY/COLOPROCTOSTOMY	2,074.01										
67	44207	L COLECTOMY/COLOPROCTOSTOMY	2,074.01	00 15									
63	44208	L COLECTOMY/COLOPROCTOSTOMY	2,249.28										
67	44208	L COLECTOMY/COLOPROCTOSTOMY	2,249.28	00 15									
63	44210	LAPARO TOTAL PROCTOCOLECTOMY	2,006.03										
67	44210	LAPARO TOTAL PROCTOCOLECTOMY	2,006.03	00 15									
63	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,361.79										
67	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,361.79	00 15									
63	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,289.05										
67	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,289.05	00 15									
63	44213	LAP, MOBIL SPLENIC FL ADD-ON	215.95										
67	44213	LAP, MOBIL SPLENIC FL ADD-ON	215.95	00 15									
63	44227	LAP, CLOSE ENTEROSTOMY	1,910.38										
67	44227	LAP, CLOSE ENTEROSTOMY	1,910.38	00 15									
63	44300	OPEN BOWEL TO SKIN	972.84										
67	44300	OPEN BOWEL TO SKIN	972.84	00 15									
63	44310	ILEOSTOMY	1,193.02										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	44310	ILEOSTOMY	1,193.02	00 15									
63	44312	REVISION OF ILEOSTOMY	680.06										
67	44312	REVISION OF ILEOSTOMY	680.06	00 15									
63	44314	REVISION OF ILEOSTOMY	1,146.94										
67	44314	REVISION OF ILEOSTOMY	1,146.94	00 15									
63	44316	DEVISE BOWEL POUCH	1,644.60										
67	44316	DEVISE BOWEL POUCH	1,644.60	00 15									
63	44320	COLOSTOMY	1,378.63										
67	44320	COLOSTOMY	1,378.63	00 15									
63	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,144.16										
67	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,144.16	00 15									
63	44340	REVISION OF COLOSTOMY	710.21										
67	44340	REVISION OF COLOSTOMY	710.21	00 15									
63	44345	REVISION OF COLOSTOMY	1,199.97										
67	44345	REVISION OF COLOSTOMY	1,199.97	00 15									
63	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,354.45										
67	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,354.45	00 15									
63	44360	SMALL BOWEL ENDOSCOPY	158.43										
67	44360	SMALL BOWEL ENDOSCOPY	158.43	00 15									
63	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	175.70										
67	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	175.70	00 15									
63	44363	SMALL BOWEL ENDOSCOPY	212.89										
67	44363	SMALL BOWEL ENDOSCOPY	212.89	00 15									
63	44364	SMALL BOWEL ENDOSCOPY	226.41										
67	44364	SMALL BOWEL ENDOSCOPY	226.41	00 15									
63	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	201.02										
67	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	201.02	00 15									
63	44366	SMALL BOWEL ENDOSCOPY	265.03										
67	44366	SMALL BOWEL ENDOSCOPY	265.03	00 15									
63	44369	SMALL BOWEL ENDOSCOPY	271.99										
67	44369	SMALL BOWEL ENDOSCOPY	271.99	00 15									
63	44370	SMALL BOWEL ENDOSCOPY/STENT	295.16										
67	44370	SMALL BOWEL ENDOSCOPY/STENT	295.16	00 15									
63	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	267.38										
67	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	267.38	00 15									
63	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	213.39										
67	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	213.39	00 15									
63	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	315.68										
67	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	315.68	00 15									
63	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	332.22										
67	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	332.22	00 15									
63	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	427.80										
67	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	427.80	00 15									
63	44379	S BOWEL ENDOSCOPE W/STENT	454.82										
67	44379	S BOWEL ENDOSCOPE W/STENT	454.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	44380	SMALL BOWEL ENDOSCOPY	208.01										
67	44380	SMALL BOWEL ENDOSCOPY	208.01	00 15									
63	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	1,037.80										
67	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	1,037.80	00 15									
63	44382	SMALL BOWEL ENDOSCOPY	319.95										
67	44382	SMALL BOWEL ENDOSCOPY	319.95	00 15									
63	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	172.71										
67	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	172.71	00 15									
63	44385	ENDOSCOPY OF BOWEL POUCH	230.07										
67	44385	ENDOSCOPY OF BOWEL POUCH	230.07	00 15									
63	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	335.76										
67	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	335.76	00 15									
63	44388	COLON ENDOSCOPY	172.25										
67	44388	COLON ENDOSCOPY	172.25	00 15									
63	44389	COLON ENDOSCOPY	448.19										
67	44389	COLON ENDOSCOPY	448.19	00 15									
63	44390	COLON ENDOSCOPY	440.77										
67	44390	COLON ENDOSCOPY	440.77	00 15									
63	44391	COLON ENDOSCOPY	696.68										
67	44391	COLON ENDOSCOPY	696.68	00 15									
63	44392	COLON ENDOSCOPY	423.18										
67	44392	COLON ENDOSCOPY	423.18	00 15									
63	44394	COLONOSCOPY THROUGH STOMA;	481.40										
67	44394	COLONOSCOPY THROUGH STOMA;	481.40	00 15									
63	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,568.32										
67	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,568.32	00 15									
63	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	290.48										
67	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	290.48	00 15									
63	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	337.34										
67	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	337.34	00 15									
63	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	459.84										
67	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	459.84	00 15									
63	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	602.92										
67	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	602.92	00 15									
63	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	253.57										
67	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	253.57	00 15									
63	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	306.29										
67	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	306.29	00 15									
63	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	255.95										
67	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	255.95	00 15									
63	44500	INTRODUCTION OF LONG GASTROINTESTINA	21.86										
67	44500	INTRODUCTION OF LONG GASTROINTESTINA	21.86	00 15									
63	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,634.32										
67	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,634.32	00 15									
63	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,866.54										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,866.54	00 15									
63	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,217.28										
67	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,217.28	00 15									
63	44605	REPAIR OF BOWEL LESION	1,499.16										
67	44605	REPAIR OF BOWEL LESION	1,499.16	00 15									
63	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,234.85										
67	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,234.85	00 15									
63	44620	REPAIR BOWEL OPENING	989.39										
67	44620	REPAIR BOWEL OPENING	989.39	00 15									
63	44625	REPAIR BOWEL OPENING	1,154.84										
67	44625	REPAIR BOWEL OPENING	1,154.84	00 15									
63	44626	REPAIR BOWEL OPENING	1,841.45										
67	44626	REPAIR BOWEL OPENING	1,841.45	00 15									
63	44640	REPAIR BOWEL-SKIN FISTULA	1,612.00										
67	44640	REPAIR BOWEL-SKIN FISTULA	1,612.00	00 15									
63	44650	REPAIR BOWEL FISTULA	1,662.84										
67	44650	REPAIR BOWEL FISTULA	1,662.84	00 15									
63	44660	REPAIR BOWEL-BLADDER FISTULA	1,519.24										
67	44660	REPAIR BOWEL-BLADDER FISTULA	1,519.24	00 15									
63	44661	REPAIR BOWEL-BLADDER FISTULA	1,776.41										
67	44661	REPAIR BOWEL-BLADDER FISTULA	1,776.41	00 15									
63	44680	SURGICAL REVISION, INTESTINE	1,252.75										
67	44680	SURGICAL REVISION, INTESTINE	1,252.75	00 15									
63	44700	SUSPEND BOWEL W/PROSTHESIS	1,133.39										
67	44700	SUSPEND BOWEL W/PROSTHESIS	1,133.39	00 15									
63	44701	INTRAOP COLON LAVAGE ADD-ON	198.26										
67	44701	INTRAOP COLON LAVAGE ADD-ON	198.26	00 15									
63	44720	PREP DONOR INTESTINE/VENOUS	320.82		X								
67	44720	PREP DONOR INTESTINE/VENOUS	320.82	00 15	X								
63	44721	PREP DONOR INTESTINE/ARTERY	448.44		X								
67	44721	PREP DONOR INTESTINE/ARTERY	448.44	00 15	X								
63	44800	REPAIR OF CONGENITAL BOWEL DEFECT	882.34										
67	44800	REPAIR OF CONGENITAL BOWEL DEFECT	882.34	00 15									
63	44820	EXCISION OF MESENTERY LESION	987.09										
67	44820	EXCISION OF MESENTERY LESION	987.09	00 15									
63	44850	REPAIR OF MESENTERY	864.74										
67	44850	REPAIR OF MESENTERY	864.74	00 15									
63	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	909.40										
67	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	909.40	00 15									
63	44950	APPENDECTOMY	743.76		X								
67	44950	APPENDECTOMY	743.76	00 15	X								
63	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	96.25										
67	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	96.25	00 15									
63	44960	APPENDECTOMY	1,018.43		X								
67	44960	APPENDECTOMY	1,018.43	00 15	X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	44970	LAPAROSCOPY, APPENDECTOMY	694.15		X								
67	44970	LAPAROSCOPY, APPENDECTOMY	694.15	00 15	X								
63	45000	DRAINAGE OF PELVIC ABSCESS	481.48										
67	45000	DRAINAGE OF PELVIC ABSCESS	481.48	00 15									
63	45005	DRAINAGE OF RECTAL ABSCESS	348.30										
67	45005	DRAINAGE OF RECTAL ABSCESS	348.30	00 15									
63	45020	DRAINAGE OF RECTAL ABSCESS	648.89										
67	45020	DRAINAGE OF RECTAL ABSCESS	648.89	00 15									
63	45100	BIOPSY OF RECTUM	335.67										
67	45100	BIOPSY OF RECTUM	335.67	00 15									
63	45108	REMOVAL OF ANORECTAL LESION	425.13										
67	45108	REMOVAL OF ANORECTAL LESION	425.13	00 15									
63	45110	REMOVAL OF RECTUM	2,066.43										
67	45110	REMOVAL OF RECTUM	2,066.43	00 15									
63	45111	PARTIAL REMOVAL OF RECTUM	1,238.85										
67	45111	PARTIAL REMOVAL OF RECTUM	1,238.85	00 15									
63	45112	REMOVAL OF RECTUM	2,099.04										
67	45112	REMOVAL OF RECTUM	2,099.04	00 15									
63	45113	PARTIAL PROCTECTOMY	2,090.00										
67	45113	PARTIAL PROCTECTOMY	2,090.00	00 15									
63	45114	PARTIAL REMOVAL OF RECTUM	2,115.31										
67	45114	PARTIAL REMOVAL OF RECTUM	2,115.31	00 15									
63	45116	PARTIAL REMOVAL OF RECTUM	1,730.02										
67	45116	PARTIAL REMOVAL OF RECTUM	1,730.02	00 15									
63	45119	REMOVE, RECTUM W/RESERVOIR	2,105.47										
67	45119	REMOVE, RECTUM W/RESERVOIR	2,105.47	00 15									
63	45120	REMOVAL OF RECTUM	1,856.96										
67	45120	REMOVAL OF RECTUM	1,856.96	00 15									
63	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	2,030.00										
67	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	2,030.00	00 15									
63	45123	PARTIAL PROCTECTOMY	1,263.01										
67	45123	PARTIAL PROCTECTOMY	1,263.01	00 15									
63	45126	PELVIC EXENTERATION	3,108.67		X								
67	45126	PELVIC EXENTERATION	3,108.67	00 15	X								
63	45130	EXCISION OF RECTAL PROLAPSE	1,222.55										
67	45130	EXCISION OF RECTAL PROLAPSE	1,222.55	00 15									
63	45135	EXCISION OF RECTAL PROLAPSE	1,446.24										
67	45135	EXCISION OF RECTAL PROLAPSE	1,446.24	00 15									
63	45136	EXCISE ILEOANAL RESERVOIR	1,993.32										
67	45136	EXCISE ILEOANAL RESERVOIR	1,993.32	00 15									
63	45150	EXCISION OF RECTAL STRICTURE	482.10										
67	45150	EXCISION OF RECTAL STRICTURE	482.10	00 15									
63	45160	EXCISION OF RECTAL LESION	1,186.42										
67	45160	EXCISION OF RECTAL LESION	1,186.42	00 15									
63	45171	EXCISION OF RECTAL TUMOR TRANSANAL	689.49										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	45171	EXCISION OF RECTAL TUMOR TRANSANAL	689.49	00 15									
63	45172	EXCISION OF RECTAL TUMOR TRANSANAL	925.83										
67	45172	EXCISION OF RECTAL TUMOR TRANSANAL	925.83	00 15									
63	45190	DESTRUCTION RECTAL TUMOR	790.70										
67	45190	DESTRUCTION RECTAL TUMOR	790.70	00 15									
63	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	137.23										
67	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	137.23	00 15									
63	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	1,014.24										
67	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	1,014.24	00 15									
63	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	195.87										
67	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	195.87	00 15									
63	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	236.94										
67	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	236.94	00 15									
63	45308	PROCTOSIGMOIDOSCOPY, RIGID;	224.48										
67	45308	PROCTOSIGMOIDOSCOPY, RIGID;	224.48	00 15									
63	45309	PROCTOSIGMOIDOSCOPY, RIGID;	231.56										
67	45309	PROCTOSIGMOIDOSCOPY, RIGID;	231.56	00 15									
63	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	251.97										
67	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	251.97	00 15									
63	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	240.29										
67	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	240.29	00 15									
63	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	247.81										
67	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	247.81	00 15									
63	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	118.45										
67	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	118.45	00 15									
63	45327	PROCTOSIGMOIDOSCOPY W/STENT	134.22										
67	45327	PROCTOSIGMOIDOSCOPY W/STENT	134.22	00 15									
63	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	197.55										
67	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	197.55	00 15									
63	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	306.29										
67	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	306.29	00 15									
63	45332	SIGMOIDOSCOPY; DIAGNOSTIC	299.73										
67	45332	SIGMOIDOSCOPY; DIAGNOSTIC	299.73	00 15									
63	45333	SIGMOIDOSCOPY; DIAGNOSTIC	354.93										
67	45333	SIGMOIDOSCOPY; DIAGNOSTIC	354.93	00 15									
63	45334	SIGMOIDOSCOPY; DIAGNOSTIC	532.99										
67	45334	SIGMOIDOSCOPY; DIAGNOSTIC	532.99	00 15									
63	45335	SIGMOIDOSCOPY W/SUBMUC INJ	311.19										
67	45335	SIGMOIDOSCOPY W/SUBMUC INJ	311.19	00 15									
63	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	128.13										
67	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	128.13	00 15									
63	45338	SIGMOIDOSCOPY, FLEXIBLE;	324.13										
67	45338	SIGMOIDOSCOPY, FLEXIBLE;	324.13	00 15									
63	45340	SIG W/BALLOON DILATION	492.61										
67	45340	SIG W/BALLOON DILATION	492.61	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	45341	SIGMOIDOSCOPY W/ULTRASOUND	137.17			X							
67	45341	SIGMOIDOSCOPY W/ULTRASOUND	137.17	00 15		X							
63	45342	SIGMOIDOSCOPY W/US GUIDE BX	187.88										
67	45342	SIGMOIDOSCOPY W/US GUIDE BX	187.88	00 15									
63	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,479.34										
67	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,479.34	00 15									
63	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	171.06										
67	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	171.06	00 15									
63	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	220.12										
67	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	220.12	00 15									
63	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	722.60										
67	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	722.60	00 15									
63	45378	DIAGNOSTIC COLONOSCOPY	185.75										
67	45378	DIAGNOSTIC COLONOSCOPY	185.75	00 15									
63	45379	COLONOSCOPY	477.57										
67	45379	COLONOSCOPY	477.57	00 15									
63	45380	COLONOSCOPY AND BIOPSY	473.83										
67	45380	COLONOSCOPY AND BIOPSY	473.83	00 15									
63	45381	COLONOSCOPY, SUBMUCOUS INJ	482.95										
67	45381	COLONOSCOPY, SUBMUCOUS INJ	482.95	00 15									
63	45382	COLONOSCOPY,CONTROL BLEEDING	727.73										
67	45382	COLONOSCOPY,CONTROL BLEEDING	727.73	00 15									
63	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	535.97										
67	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	535.97	00 15									
63	45385	COLONOSCOPY, LESION REMOVAL	498.93										
67	45385	COLONOSCOPY, LESION REMOVAL	498.93	00 15									
63	45386	COLONOSCOPY DILATE STRICTURE	664.54										
67	45386	COLONOSCOPY DILATE STRICTURE	664.54	00 15									
63	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,655.96										
67	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,655.96	00 15									
63	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	322.54										
67	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	322.54	00 15									
63	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	369.08										
67	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	369.08	00 15									
63	45391	COLONOSCOPY W/ENDOSCOPE US	286.30										
67	45391	COLONOSCOPY W/ENDOSCOPE US	286.30	00 15									
63	45392	COLONOSCOPY W/ENDOSCOPIC FNB	337.51										
67	45392	COLONOSCOPY W/ENDOSCOPIC FNB	337.51	00 15									
63	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	283.29										
67	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	283.29	00 15									
63	45395	LAP, REMOVAL OF RECTUM	2,210.29										
67	45395	LAP, REMOVAL OF RECTUM	2,210.29	00 15									
63	45397	LAP, REMOVE RECTUM W/POUCH	2,399.23										
67	45397	LAP, REMOVE RECTUM W/POUCH	2,399.23	00 15									
63	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	900.42										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	900.42	00 15									
63	45400	LAPAROSCOPIC PROCTOPEXY	1,280.58										
67	45400	LAPAROSCOPIC PROCTOPEXY	1,280.58	00 15									
63	45402	LAP PROCTOPEXY W/SIG RESECT	1,721.11										
67	45402	LAP PROCTOPEXY W/SIG RESECT	1,721.11	00 15									
63	45500	REPAIR OF RECTUM	649.83										
67	45500	REPAIR OF RECTUM	649.83	00 15									
63	45505	REPAIR OF RECTUM	672.74										
67	45505	REPAIR OF RECTUM	672.74	00 15									
63	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	170.27										
67	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	170.27	00 15									
63	45540	CORRECT RECTAL PROLAPSE	1,194.67										
67	45540	CORRECT RECTAL PROLAPSE	1,194.67	00 15									
63	45541	CORRECT RECTAL PROLAPSE	1,070.02										
67	45541	CORRECT RECTAL PROLAPSE	1,070.02	00 15									
63	45550	REPAIR RECTUM;REMOVE SIGMOID	1,653.02										
67	45550	REPAIR RECTUM;REMOVE SIGMOID	1,653.02	00 15									
63	45560	REPAIR OF RECTOCELE	779.33										
67	45560	REPAIR OF RECTOCELE	779.33	00 15									
63	45562	EXPLORATION/REPAIR OF RECTUM	1,299.67										
67	45562	EXPLORATION/REPAIR OF RECTUM	1,299.67	00 15									
63	45563	EXPLORATION/REPAIR OF RECTUM	1,919.69										
67	45563	EXPLORATION/REPAIR OF RECTUM	1,919.69	00 15									
63	45800	REPAIR RECTUMBLADDER FISTULA	1,472.81										
67	45800	REPAIR RECTUMBLADDER FISTULA	1,472.81	00 15									
63	45805	REPAIR FISTULA; COLOSTOMY	1,700.35										
67	45805	REPAIR FISTULA; COLOSTOMY	1,700.35	00 15									
63	45820	REPAIR RECTOURETHRAL FISTULA	1,476.82										
67	45820	REPAIR RECTOURETHRAL FISTULA	1,476.82	00 15									
63	45825	REPAIR FISTULA; COLOSTOMY	1,779.21										
67	45825	REPAIR FISTULA; COLOSTOMY	1,779.21	00 15									
63	45900	REDUCTION OF RECTAL PROLAPSE	242.47										
67	45900	REDUCTION OF RECTAL PROLAPSE	242.47	00 15									
63	45905	DILATION OF ANAL SPHINCTER	188.14										
67	45905	DILATION OF ANAL SPHINCTER	188.14	00 15									
63	45910	DILATION OF RECTAL NARROWING	216.45										
67	45910	DILATION OF RECTAL NARROWING	216.45	00 15									
63	45915	REMOVE RECTAL OBSTRUCTION	386.19										
67	45915	REMOVE RECTAL OBSTRUCTION	386.19	00 15									
63	45990	SURG DX EXAM, ANORECTAL	118.87		X								
67	45990	SURG DX EXAM, ANORECTAL	118.87	00 15	X								
63	46020	PLACEMENT OF SETON	130.48										
67	46020	PLACEMENT OF SETON	130.48	00 15									
63	46030	REMOVAL OF RECTAL MARKER	275.71										
67	46030	REMOVAL OF RECTAL MARKER	275.71	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	46040	INCISION OF RECTAL ABSCESS	613.33										
67	46040	INCISION OF RECTAL ABSCESS	613.33	00 15									
63	46045	INCISION OF RECTAL ABSCESS	493.20										
67	46045	INCISION OF RECTAL ABSCESS	493.20	00 15									
63	46050	INCISION OF ANAL ABSCESS	253.07										
67	46050	INCISION OF ANAL ABSCESS	253.07	00 15									
63	46060	INCISION OF RECTAL ABSCESS	541.61										
67	46060	INCISION OF RECTAL ABSCESS	541.61	00 15									
63	46070	INCISION OF ANAL SEPTUM	302.97										
67	46070	INCISION OF ANAL SEPTUM	302.97	00 15									
63	46080	INCISION OF ANAL SPHINCTER	315.82										
67	46080	INCISION OF ANAL SPHINCTER	315.82	00 15									
63	46083	EXC EXT.THROMBOSED HEMORRHOID	226.58									X	
67	46083	EXC EXT.THROMBOSED HEMORRHOID	226.58	00 15								X	
63	46200	REMOVAL OF ANAL FISSURE	512.65										
67	46200	REMOVAL OF ANAL FISSURE	512.65	00 15									
63	46220	REMOVAL OF ANAL TAB	270.27										
67	46220	REMOVAL OF ANAL TAB	270.27	00 15									
63	46221	LIGATION OF HEMORRHOID(S)	308.27										
67	46221	LIGATION OF HEMORRHOID(S)	308.27	00 15									
63	46230	REMOVAL OF ANAL TABS	338.27										
67	46230	REMOVAL OF ANAL TABS	338.27	00 15									
63	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	523.86										
67	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	523.86	00 15									
63	46255	HEMORRHOIDECTOMY	573.31										
67	46255	HEMORRHOIDECTOMY	573.31	00 15									
63	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	459.56										
67	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	459.56	00 15									
63	46258	REMOVE HEMORRHOIDS & FISTULA	546.86										
67	46258	REMOVE HEMORRHOIDS & FISTULA	546.86	00 15									
63	46260	HEMORRHOIDECTOMY	543.39										
67	46260	HEMORRHOIDECTOMY	543.39	00 15									
63	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	594.77										
67	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	594.77	00 15									
63	46262	REMOVE HEMORRHOIDS & FISTULA	668.63										
67	46262	REMOVE HEMORRHOIDS & FISTULA	668.63	00 15									
63	46270	SURGICAL TREATMENT OF ANAL FISTULA	587.46										
67	46270	SURGICAL TREATMENT OF ANAL FISTULA	587.46	00 15									
63	46275	REMOVAL OF ANAL FISTULA	618.99										
67	46275	REMOVAL OF ANAL FISTULA	618.99	00 15									
63	46280	REMOVAL OF ANAL FISTULA	535.13										
67	46280	REMOVAL OF ANAL FISTULA	535.13	00 15									
63	46285	SURGICAL TREATMENT OF ANAL FISTULA	615.61										
67	46285	SURGICAL TREATMENT OF ANAL FISTULA	615.61	00 15									
63	46288	REPAIR ANAL FISTULA	622.05										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	46288	REPAIR ANAL FISTULA	622.05	00	15									
63	46320	REMOVAL OF HEMORRHOID CLOT	231.07											
67	46320	REMOVAL OF HEMORRHOID CLOT	231.07	00	15									
63	46500	INJECTION TREATMENT OF ANUS	336.45											
67	46500	INJECTION TREATMENT OF ANUS	336.45	00	15									
63	46505	CHEMODENERVATION ANAL MUSC	346.11											
67	46505	CHEMODENERVATION ANAL MUSC	346.11	00	15									
63	46600	ANOSCOPY; DIAGNOSTIC	127.88											
67	46600	ANOSCOPY; DIAGNOSTIC	127.88	00	15									
63	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	165.85											
67	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	165.85	00	15									
63	46604	ANOSCOPY WITH DIRECT DILATION	715.65											
67	46604	ANOSCOPY WITH DIRECT DILATION	715.65	00	15									
63	46606	ANOSCOPY WITH BIOPSY	302.70											
67	46606	ANOSCOPY WITH BIOPSY	302.70	00	15									
63	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	230.97											
67	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	230.97	00	15									
63	46608	ANOSCOPY;REMOVE FOREIGN BODY	319.06											
67	46608	ANOSCOPY;REMOVE FOREIGN BODY	319.06	00	15									
63	46610	ANOSCOPY; REMOVE POLYP	300.06											
67	46610	ANOSCOPY; REMOVE POLYP	300.06	00	15									
63	46611	ANOSCOPY;	244.24											
67	46611	ANOSCOPY;	244.24	00	15									
63	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	367.01											
67	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	367.01	00	15									
63	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	180.60											
67	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	180.60	00	15									
63	46615	ANOSCOPY;	196.94											
67	46615	ANOSCOPY;	196.94	00	15									
63	46700	REPAIR OF ANAL STRICTURE	734.14											
67	46700	REPAIR OF ANAL STRICTURE	734.14	00	15									
63	46705	REPAIR OF ANAL STRICTURE	648.86											
67	46705	REPAIR OF ANAL STRICTURE	648.86	00	15									
63	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	203.10										X	
67	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	203.10	00	15								X	
63	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	571.76											
67	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	571.76	00	15									
63	46710	REPR PER/VAG POUCH SNGL PROC	1,282.31											
67	46710	REPR PER/VAG POUCH SNGL PROC	1,282.31	00	15									
63	46712	REPR PER/VAG POUCH DBL PROC	2,577.22											
67	46712	REPR PER/VAG POUCH DBL PROC	2,577.22	00	15									
63	46715	REPAIR OF ANOVAGINAL FISTULA	635.94											
67	46715	REPAIR OF ANOVAGINAL FISTULA	635.94	00	15									
63	46716	REPAIR OF ANOVAGINAL FISTULA	1,409.62											
67	46716	REPAIR OF ANOVAGINAL FISTULA	1,409.62	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	46730	CONSTRUCTION OF ABSENT ANUS	2,288.58										
67	46730	CONSTRUCTION OF ABSENT ANUS	2,288.58	00 15									
63	46735	CONSTRUCTION OF ABSENT ANUS	2,640.88										
67	46735	CONSTRUCTION OF ABSENT ANUS	2,640.88	00 15									
63	46740	CONSTRUCTION OF ABSENT ANUS	2,500.58										
67	46740	CONSTRUCTION OF ABSENT ANUS	2,500.58	00 15									
63	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,897.30										
67	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,897.30	00 15									
63	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,105.91				F						
67	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,105.91	00 15			F						
63	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,527.56				F						
67	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,527.56	00 15			F						
63	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,910.15				F						
67	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,910.15	00 15			F						
63	46750	REPAIR OF ANAL SPHINCTER	845.55										
67	46750	REPAIR OF ANAL SPHINCTER	845.55	00 15									
63	46751	REPAIR OF ANAL SPHINCTER	765.37										
67	46751	REPAIR OF ANAL SPHINCTER	765.37	00 15									
63	46753	RECONSTRUCTION OF ANUS	711.31										
67	46753	RECONSTRUCTION OF ANUS	711.31	00 15									
63	46754	REMOVAL OF SUTURE FROM ANUS	372.30										
67	46754	REMOVAL OF SUTURE FROM ANUS	372.30	00 15									
63	46760	REPAIR OF ANAL SPHINCTER	1,223.96										
67	46760	REPAIR OF ANAL SPHINCTER	1,223.96	00 15									
63	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	1,035.40										
67	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	1,035.40	00 15									
63	46900	REMOVAL OF ANAL LESION	254.86										
67	46900	REMOVAL OF ANAL LESION	254.86	00 15									
63	46910	REMOVAL OF ANAL LESION	284.93										
67	46910	REMOVAL OF ANAL LESION	284.93	00 15									
63	46916	CRYSOSURGERY-ANAL LESIONS ,	277.00									X	
67	46916	CRYSOSURGERY-ANAL LESIONS ,	277.00	00 15								X	
63	46917	DESTROY ANAL LESION(S); LASER SURG	460.92										
67	46917	DESTROY ANAL LESION(S); LASER SURG	460.92	00 15									
63	46922	DESTROY ANAL LESION(S)-SURG EXCISION	337.80										
67	46922	DESTROY ANAL LESION(S)-SURG EXCISION	337.80	00 15									
63	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	584.80										
67	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	584.80	00 15									
63	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	233.28										
67	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	233.28	00 15									
63	46940	TREATMENT OF ANAL FISSURE	287.45										
67	46940	TREATMENT OF ANAL FISSURE	287.45	00 15									
63	46942	TREATMENT OF ANAL FISSURE	272.38										
67	46942	TREATMENT OF ANAL FISSURE	272.38	00 15									
63	46945	LIGATION OF HEMORRHOIDS	371.61										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	46945	LIGATION OF HEMORRHOIDS	371.61	00	15									
63	46946	LIGATION OF HEMORRHOIDS	421.39											
67	46946	LIGATION OF HEMORRHOIDS	421.39	00	15									
63	46947	HEMORRHOIDOPEXY BY STAPLING	439.69											
67	46947	HEMORRHOIDOPEXY BY STAPLING	439.69	00	15									
63	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	497.95											
67	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	497.95	00	15									
63	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	320.98											
67	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	320.98	00	15									
63	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	120.37											
67	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	120.37	00	15									
63	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,401.59											
67	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,401.59	00	15									
63	47015	INJECT/ASPIRATE LIVER CYST	1,349.00											
67	47015	INJECT/ASPIRATE LIVER CYST	1,349.00	00	15									
63	47100	WEDGE BIOPSY OF LIVER	974.93											
67	47100	WEDGE BIOPSY OF LIVER	974.93	00	15									
63	47120	PARTIAL REMOVAL OF LIVER	2,699.69											
67	47120	PARTIAL REMOVAL OF LIVER	2,699.69	00	15									
63	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,989.36											
67	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,989.36	00	15									
63	47125	PARTIAL REMOVAL OF LIVER	3,574.59											
67	47125	PARTIAL REMOVAL OF LIVER	3,574.59	00	15									
63	47130	PARTIAL REMOVAL OF LIVER	3,834.63											
67	47130	PARTIAL REMOVAL OF LIVER	3,834.63	00	15									
63	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	6,226.28			X								
67	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	6,226.28	00	15	X								
63	47140	PARTIAL REMOVAL, DONOR LIVER	4,134.87			X								
67	47140	PARTIAL REMOVAL, DONOR LIVER	4,134.87	00	15	X								
63	47141	PARTIAL REMOVAL, DONOR LIVER	4,947.20			X								
67	47141	PARTIAL REMOVAL, DONOR LIVER	4,947.20	00	15	X								
63	47142	PARTIAL REMOVAL, DONOR LIVER	5,440.50			X								
67	47142	PARTIAL REMOVAL, DONOR LIVER	5,440.50	00	15	X								
63	47146	PREP DONOR LIVER/VENOUS	383.19			X								
67	47146	PREP DONOR LIVER/VENOUS	383.19	00	15	X								
63	47147	PREP DONOR LIVER/ARTERIAL	444.73			X								
67	47147	PREP DONOR LIVER/ARTERIAL	444.73	00	15	X								
63	47300	SURGERY FOR LIVER LESION	1,308.21											
67	47300	SURGERY FOR LIVER LESION	1,308.21	00	15									
63	47350	REPAIR LIVER WOUND	1,579.89											
67	47350	REPAIR LIVER WOUND	1,579.89	00	15									
63	47360	REPAIR LIVER WOUND	2,180.71											
67	47360	REPAIR LIVER WOUND	2,180.71	00	15									
63	47361	REPAIR LIVER WOUND	3,502.17											
67	47361	REPAIR LIVER WOUND	3,502.17	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	47362	REPAIR LIVER WOUND	1,644.03										
67	47362	REPAIR LIVER WOUND	1,644.03	00 15									
63	47370	LAPARO ABLATE LIVER TUMOR RF	1,449.40										
67	47370	LAPARO ABLATE LIVER TUMOR RF	1,449.40	00 15									
63	47371	LAPARO ABLATE LIVER CRYOSUG	1,463.07										
67	47371	LAPARO ABLATE LIVER CRYOSUG	1,463.07	00 15									
63	47380	OPEN ABLATE LIVER TUMOR RF	1,676.27										
67	47380	OPEN ABLATE LIVER TUMOR RF	1,676.27	00 15									
63	47381	OPEN ABLATE LIVER TUMOR CRYO	1,723.61										
67	47381	OPEN ABLATE LIVER TUMOR CRYO	1,723.61	00 15									
63	47382	PERCUT ABLATE LIVER RF	3,957.31										
67	47382	PERCUT ABLATE LIVER RF	3,957.31	00 15									
63	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,324.65										
67	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,324.65	00 15									
63	47400	INCISION OF LIVER DUCT	2,504.66										
67	47400	INCISION OF LIVER DUCT	2,504.66	00 15									
63	47420	INCISION OF BILE DUCT	1,545.85										
67	47420	INCISION OF BILE DUCT	1,545.85	00 15									
63	47425	INCISION OF BILE DUCT	1,587.25										
67	47425	INCISION OF BILE DUCT	1,587.25	00 15									
63	47460	INCISE BILE DUCT SPHINCTER	1,473.51										
67	47460	INCISE BILE DUCT SPHINCTER	1,473.51	00 15									
63	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	1,001.62										
67	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	1,001.62	00 15									
63	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	360.03										
67	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	360.03	00 15									
63	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	453.85										
67	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	453.85	00 15									
63	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	905.92										
67	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	905.92	00 15									
63	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,255.90										
67	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,255.90	00 15									
63	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,379.04										
67	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,379.04	00 15									
63	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	954.42										
67	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	954.42	00 15									
63	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	683.80										
67	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	683.80	00 15									
63	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	528.98										
67	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	528.98	00 15									
63	47538	PLACEMENT OF STENT(S) INTO A BILE DU	4,035.55										
67	47538	PLACEMENT OF STENT(S) INTO A BILE DU	4,035.55	00 15									
63	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,497.20										
67	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,497.20	00 15									
63	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,555.34										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,555.34	00 15									
63	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,252.05										
67	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,252.05	00 15									
63	47542	BALLOON DILATION OF BILIARY DUCT(S)	537.54										
67	47542	BALLOON DILATION OF BILIARY DUCT(S)	537.54	00 15									
63	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	424.78										
67	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	424.78	00 15									
63	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	902.12										
67	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	902.12	00 15									
63	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	192.12										
67	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	192.12	00 15									
63	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	309.23										
67	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	309.23	00 15									
63	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	313.64										
67	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	313.64	00 15									
63	47554	BILIARY ENDOSCOPY...; REMOVE STONES	599.11										
67	47554	BILIARY ENDOSCOPY...; REMOVE STONES	599.11	00 15									
63	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	373.01										
67	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	373.01	00 15									
63	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	423.22										
67	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	423.22	00 15									
63	47562	LAPAROSCOPIC CHOLECYSTECTOMY	763.39										
67	47562	LAPAROSCOPIC CHOLECYSTECTOMY	763.39	00 15									
63	47563	LAPARO CHOLECYSTECTOMY/GRAPH	831.17										
67	47563	LAPARO CHOLECYSTECTOMY/GRAPH	831.17	00 15									
63	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,291.13										
67	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,291.13	00 15									
63	47570	LAPARO CHOLECYSTOENTEROSTOMY	900.57										
67	47570	LAPARO CHOLECYSTOENTEROSTOMY	900.57	00 15									
63	47600	REMOVAL OF GALLBLADDER	1,237.05										
67	47600	REMOVAL OF GALLBLADDER	1,237.05	00 15									
63	47605	REMOVAL OF GALLBLADDER	1,307.02										
67	47605	REMOVAL OF GALLBLADDER	1,307.02	00 15									
63	47610	REMOVAL OF GALLBLADDER	1,457.08										
67	47610	REMOVAL OF GALLBLADDER	1,457.08	00 15									
63	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,482.50										
67	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,482.50	00 15									
63	47620	REMOVAL OF GALLBLADDER	1,601.66										
67	47620	REMOVAL OF GALLBLADDER	1,601.66	00 15									
63	47700	EXPLORATION OF BILE DUCTS	1,226.11										
67	47700	EXPLORATION OF BILE DUCTS	1,226.11	00 15									
63	47701	PORTENTEROSTOMY	2,019.82										
67	47701	PORTENTEROSTOMY	2,019.82	00 15									
63	47711	EXCISION OF BILE DUCT TUMOR	1,804.33										
67	47711	EXCISION OF BILE DUCT TUMOR	1,804.33	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	47712	EXCISION OF BILE DUCT TUMOR	2,325.56										
67	47712	EXCISION OF BILE DUCT TUMOR	2,325.56	00 15									
63	47715	EXCISE CHOLEDOCHAL CYST	1,543.80										
67	47715	EXCISE CHOLEDOCHAL CYST	1,543.80	00 15									
63	47720	FUSE GALLBLADDER & BOWEL	1,338.24										
67	47720	FUSE GALLBLADDER & BOWEL	1,338.24	00 15									
63	47721	FUSE UPPER GI STRUCTURES	1,572.67										
67	47721	FUSE UPPER GI STRUCTURES	1,572.67	00 15									
63	47740	FUSE GALLBLADDER & BOWEL	1,524.82										
67	47740	FUSE GALLBLADDER & BOWEL	1,524.82	00 15									
63	47741	FUSE GALLBLADDER & BOWEL	1,715.56										
67	47741	FUSE GALLBLADDER & BOWEL	1,715.56	00 15									
63	47760	FUSE BILE DUCTS AND BOWEL	2,613.00										
67	47760	FUSE BILE DUCTS AND BOWEL	2,613.00	00 15									
63	47765	FUSE LIVER DUCTS & BOWEL	3,534.73										
67	47765	FUSE LIVER DUCTS & BOWEL	3,534.73	00 15									
63	47780	FUSE BILE DUCTS AND BOWEL	2,871.45										
67	47780	FUSE BILE DUCTS AND BOWEL	2,871.45	00 15									
63	47785	FUSE BILE DUCTS AND BOWEL	3,746.08										
67	47785	FUSE BILE DUCTS AND BOWEL	3,746.08	00 15									
63	47800	RECONSTRUCTION OF BILE DUCTS	1,771.92										
67	47800	RECONSTRUCTION OF BILE DUCTS	1,771.92	00 15									
63	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,291.85										
67	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,291.85	00 15									
63	47802	U-TUBE HEPATICOENTEROSTOMY	1,771.65										
67	47802	U-TUBE HEPATICOENTEROSTOMY	1,771.65	00 15									
63	47900	SUTURE BILE DUCT INJURY	1,581.82										
67	47900	SUTURE BILE DUCT INJURY	1,581.82	00 15									
63	48000	DRAINAGE OF ABDOMEN	2,193.34										
67	48000	DRAINAGE OF ABDOMEN	2,193.34	00 15									
63	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,690.03										
67	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,690.03	00 15									
63	48020	REMOVAL OF PANCREATIC STONE	1,368.81										
67	48020	REMOVAL OF PANCREATIC STONE	1,368.81	00 15									
63	48100	BIOPSY OF PANCREAS	1,013.52										
67	48100	BIOPSY OF PANCREAS	1,013.52	00 15									
63	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	560.55										
67	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	560.55	00 15									
63	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,287.03										
67	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,287.03	00 15									
63	48120	REMOVAL OF PANCREAS LESION	1,278.30										
67	48120	REMOVAL OF PANCREAS LESION	1,278.30	00 15									
63	48140	PARTIAL REMOVAL OF PANCREAS	1,811.82										
67	48140	PARTIAL REMOVAL OF PANCREAS	1,811.82	00 15									
63	48145	PARTIAL REMOVAL OF PANCREAS	1,899.86										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	48145	PARTIAL REMOVAL OF PANCREAS	1,899.86	00 15									
63	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,187.50										
67	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,187.50	00 15									
63	48148	REMOVAL OF PANCREATIC DUCT	1,451.92										
67	48148	REMOVAL OF PANCREATIC DUCT	1,451.92	00 15									
63	48150	PARTIAL REMOVAL OF PANCREAS	3,609.24										
67	48150	PARTIAL REMOVAL OF PANCREAS	3,609.24	00 15									
63	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,361.83										
67	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,361.83	00 15									
63	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,606.11										
67	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,606.11	00 15									
63	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,376.82										
67	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,376.82	00 15									
63	48155	REMOVAL OF PANCREAS	2,101.26										
67	48155	REMOVAL OF PANCREAS	2,101.26	00 15									
63	48500	SURGERY OF PANCREAS CYST	1,331.95										
67	48500	SURGERY OF PANCREAS CYST	1,331.95	00 15									
63	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,268.54										
67	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,268.54	00 15									
63	48520	FUSE PANCREAS CYST AND BOWEL	1,280.21										
67	48520	FUSE PANCREAS CYST AND BOWEL	1,280.21	00 15									
63	48540	FUSE PANCREAS CYST AND BOWEL	1,522.60										
67	48540	FUSE PANCREAS CYST AND BOWEL	1,522.60	00 15									
63	48545	PANCREATORRHAPHY FOR TRAUMA	1,564.40										
67	48545	PANCREATORRHAPHY FOR TRAUMA	1,564.40	00 15									
63	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	2,087.10										
67	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	2,087.10	00 15									
63	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,945.89										
67	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,945.89	00 15									
63	48552	PREP DONOR PANCREAS/VENOUS	275.81		X								
67	48552	PREP DONOR PANCREAS/VENOUS	275.81	00 15	X								
63	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,964.61		X								
67	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,964.61	00 15	X								
63	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,475.75		X								
67	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,475.75	00 15	X								
63	49000	EXPLORATION OF ABDOMEN	885.78		X								
67	49000	EXPLORATION OF ABDOMEN	885.78	00 15	X								
63	49002	REEXPLORATION OF ABDOMEN	1,206.71										
67	49002	REEXPLORATION OF ABDOMEN	1,206.71	00 15									
63	49010	EXPLORE,RETROPERITONEAL AREA	1,069.74										
67	49010	EXPLORE,RETROPERITONEAL AREA	1,069.74	00 15									
63	49013	PREPERITONEAL PELVIC PACKING FOR HEM	535.35										
67	49013	PREPERITONEAL PELVIC PACKING FOR HE	535.35	00 15									
63	49014	RE-EXPLORATION OF PELVIC WOUND WITH	442.54										
67	49014	RE-EXPLORATION OF PELVIC WOUND WITH	442.54	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,839.23										
67	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,839.23	00 15									
63	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,163.21										
67	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,163.21	00 15									
63	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,266.58										
67	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,266.58	00 15									
63	49062	DRAIN TO PERITONEAL CAVITY	887.74										
67	49062	DRAIN TO PERITONEAL CAVITY	887.74	00 15									
63	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	228.25										
67	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	228.25	00 15									
63	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	316.12										
67	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	316.12	00 15									
63	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	123.74										
67	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	123.74	00 15									
63	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	187.26										
67	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	187.26	00 15									
63	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,352.53										
67	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,352.53	00 15									
63	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,374.66										
67	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,374.66	00 15									
63	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,748.08										
67	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,748.08	00 15									
63	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	2,006.69										
67	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	2,006.69	00 15									
63	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,540.60										
67	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,540.60	00 15									
63	49250	EXCISION OF UMBILICUS	677.63										
67	49250	EXCISION OF UMBILICUS	677.63	00 15									
63	49255	OMENTECTOMY,...RESECT OMENTUM	902.28		X								
67	49255	OMENTECTOMY,...RESECT OMENTUM	902.28	00 15	X								
63	49320	DIAG LAPARO SEPARATE PROC	376.07		X								
67	49320	DIAG LAPARO SEPARATE PROC	376.07	00 15	X								
63	49321	LAPAROSCOPY, BIOPSY	393.77		X								
67	49321	LAPAROSCOPY, BIOPSY	393.77	00 15	X								
63	49322	LAPAROSCOPY, ASPIRATION	430.54		X								
67	49322	LAPAROSCOPY, ASPIRATION	430.54	00 15	X								
63	49323	LAPARO DRAIN LYMPHOCELE	726.40		X								
67	49323	LAPARO DRAIN LYMPHOCELE	726.40	00 15	X								
63	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	448.29										
67	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	448.29	00 15									
63	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	479.81										
67	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	479.81	00 15									
63	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	221.85										
67	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	221.85	00 15									
63	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	152.64										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	152.64	00 15									
63	49400	AIR INJECTION INTO ABDOMEN	166.05										
67	49400	AIR INJECTION INTO ABDOMEN	166.05	00 15									
63	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	985.51										
67	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	985.51	00 15									
63	49405	Fluid collection drainage by cathete	951.64										
67	49405	Fluid collection drainage by cathete	951.64	00 15									
63	49406	Fluid collection drainage by cathete	951.30										
67	49406	Fluid collection drainage by cathete	951.30	00 15									
63	49407	Fluid collection drainage by cathete	806.94										
67	49407	Fluid collection drainage by cathete	806.94	00 15									
63	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	515.44										
67	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	515.44	00 15									
63	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	96.77										
67	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	96.77	00 15									
63	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,057.33										
67	49418	INSERTION OF TUNNELED INTRAPERITONEA	1,057.33	00 15									
63	49419	INSERTION OF TUNNELED INTRAPERITONEA	485.51										
67	49419	INSERTION OF TUNNELED INTRAPERITONEA	485.51	00 15									
63	49421	INSERTION OF TUNNELED INTRAPERITONEA	264.56										
67	49421	INSERTION OF TUNNELED INTRAPERITONEA	264.56	00 15									
63	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	257.61										
67	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	257.61	00 15									
63	49423	EXCHANGE DRAINAGE CATH	632.83										
67	49423	EXCHANGE DRAINAGE CATH	632.83	00 15									
63	49424	ASSESS CYST, CONTRAST INJ	196.31										
67	49424	ASSESS CYST, CONTRAST INJ	196.31	00 15									
63	49425	PERITONEAL-VENOUS SHUNT	791.51										
67	49425	PERITONEAL-VENOUS SHUNT	791.51	00 15									
63	49426	REVISION OF PERITONEAL-VENOUS SHUNT	774.23										
67	49426	REVISION OF PERITONEAL-VENOUS SHUNT	774.23	00 15									
63	49427	INJECTION PROCEDURE (EG, CONTRAST ME	44.10										
67	49427	INJECTION PROCEDURE (EG, CONTRAST ME	44.10	00 15									
63	49428	LIGATION OF SHUNT	497.80										
67	49428	LIGATION OF SHUNT	497.80	00 15									
63	49429	REMOVAL OF SHUNT	530.00										
67	49429	REMOVAL OF SHUNT	530.00	00 15									
63	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	139.84										
67	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	139.84	00 15									
63	49436	DELAYED CREATION OF EXIT SITE FROM E	214.62										
67	49436	DELAYED CREATION OF EXIT SITE FROM E	214.62	00 15									
63	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	895.89										
67	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	895.89	00 15									
63	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,015.69										
67	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	1,015.69	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	49442	INSERTION OF CECOSTOMY OR OTHER COLO	854.12											
67	49442	INSERTION OF CECOSTOMY OR OTHER COLO	854.12	00	15									
63	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	855.27											
67	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	855.27	00	15									
63	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	635.04											
67	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	635.04	00	15									
63	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	685.22											
67	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	685.22	00	15									
63	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	832.49											
67	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	832.49	00	15									
63	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	709.23											
67	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	709.23	00	15									
63	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	142.41											
67	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	142.41	00	15									
63	49491	REPAIRING HERN PREMIE REDUC	923.56											
67	49491	REPAIRING HERN PREMIE REDUC	923.56	00	15									
63	49492	RPR ING HERN PREMIE, BLOCKED	1,113.05											
67	49492	RPR ING HERN PREMIE, BLOCKED	1,113.05	00	15									
63	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	469.99											
67	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	469.99	00	15									
63	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	710.05											
67	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	710.05	00	15									
63	49500	REPAIR INITIAL INGUINAL HERNIA..	474.29	00	04					X				
67	49500	REPAIR INITIAL INGUINAL HERNIA..	474.29	00	04					X				
63	49501	REPAIR INITIAL INGUINAL HERNIA..	700.30	00	04									
67	49501	REPAIR INITIAL INGUINAL HERNIA..	700.30	00	04									
63	49505	REPAIR INGUINAL HERNIA	601.82	05	99									
67	49505	REPAIR INGUINAL HERNIA	601.82	05	15									
63	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	676.50	05	99									
67	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	676.50	05	15									
63	49520	REREPAIR INGUINAL HERNIA	732.30											
67	49520	REREPAIR INGUINAL HERNIA	732.30	00	15									
63	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	828.68											
67	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	828.68	00	15									
63	49525	REPAIR INGUINAL HERNIA	661.69											
67	49525	REPAIR INGUINAL HERNIA	661.69	00	15									
63	49540	REPAIR LUMBAR HERNIA	780.27											
67	49540	REPAIR LUMBAR HERNIA	780.27	00	15									
63	49550	REPAIR FEMORAL HERNIA	664.69											
67	49550	REPAIR FEMORAL HERNIA	664.69	00	15									
63	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	730.60											
67	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	730.60	00	15									
63	49555	REPAIR FEMORAL HERNIA	698.92											
67	49555	REPAIR FEMORAL HERNIA	698.92	00	15									
63	49557	REPAIR RECURRENT FEMORAL HERNIA;	838.67											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	49557	REPAIR RECURRENT FEMORAL HERNIA;	838.67	00 15									
63	49600	REPAIR UMBILICAL LESION	850.98										
67	49600	REPAIR UMBILICAL LESION	850.98	00 15									
63	49605	REPAIR UMBILICAL LESION	5,748.07										
67	49605	REPAIR UMBILICAL LESION	5,748.07	00 15									
63	49606	REPAIR UMBILICAL LESION	1,321.41										
67	49606	REPAIR UMBILICAL LESION	1,321.41	00 15									
63	49610	REPAIR UMBILICAL LESION	803.56										
67	49610	REPAIR UMBILICAL LESION	803.56	00 15									
63	49611	REPAIR UMBILICAL LESION	704.93										
67	49611	REPAIR UMBILICAL LESION	704.93	00 15									
63	49650	LAP ING HERNIA REPAIR INIT	495.44										
67	49650	LAP ING HERNIA REPAIR INIT	495.44	00 15									
63	49651	LAP ING HERNIA REPAIR RECUR	647.82										
67	49651	LAP ING HERNIA REPAIR RECUR	647.82	00 15									
63	49900	REPAIR OF ABDOMINAL WALL	938.17										
67	49900	REPAIR OF ABDOMINAL WALL	938.17	00 15									
63	49904	OMENTAL FLAP, EXTRA-ABDOM	1,583.77										
67	49904	OMENTAL FLAP, EXTRA-ABDOM	1,583.77	00 15									
63	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	409.19										
67	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	409.19	00 15									
63	50010	EXPLORATION OF KIDNEY	782.54										
67	50010	EXPLORATION OF KIDNEY	782.54	00 15									
63	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,128.80										
67	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,128.80	00 15									
63	50040	DRAINAGE OF KIDNEY	1,029.65										
67	50040	DRAINAGE OF KIDNEY	1,029.65	00 15									
63	50045	EXPLORATION OF KIDNEY	1,037.77										
67	50045	EXPLORATION OF KIDNEY	1,037.77	00 15									
63	50060	REMOVAL OF KIDNEY STONE	1,269.02										
67	50060	REMOVAL OF KIDNEY STONE	1,269.02	00 15									
63	50065	INCISION OF KIDNEY	1,346.24										
67	50065	INCISION OF KIDNEY	1,346.24	00 15									
63	50070	INCISION OF KIDNEY	1,320.59										
67	50070	INCISION OF KIDNEY	1,320.59	00 15									
63	50075	REMOVAL OF KIDNEY STONE	1,624.06										
67	50075	REMOVAL OF KIDNEY STONE	1,624.06	00 15									
63	50080	PERCUT NEPHRO/PYELO,W/OR W/O	966.04										
67	50080	PERCUT NEPHRO/PYELO,W/OR W/O	966.04	00 15									
63	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,424.02										
67	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,424.02	00 15									
63	50100	REVISE KIDNEY BLOOD VESSELS	1,253.78										
67	50100	REVISE KIDNEY BLOOD VESSELS	1,253.78	00 15									
63	50120	EXPLORATION OF KIDNEY	1,056.42										
67	50120	EXPLORATION OF KIDNEY	1,056.42	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	50125	EXPLORE AND DRAIN KIDNEY	1,094.57										
67	50125	EXPLORE AND DRAIN KIDNEY	1,094.57	00 15									
63	50130	REMOVAL OF KIDNEY STONE	1,149.36										
67	50130	REMOVAL OF KIDNEY STONE	1,149.36	00 15									
63	50135	EXPLORATION OF KIDNEY	1,249.50										
67	50135	EXPLORATION OF KIDNEY	1,249.50	00 15									
63	50200	BIOPSY OF KIDNEY	553.62										
67	50200	BIOPSY OF KIDNEY	553.62	00 15									
63	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	866.64										
67	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	866.64	00 15									
63	50220	REMOVAL OF KIDNEY	1,185.46										
67	50220	REMOVAL OF KIDNEY	1,185.46	00 15									
63	50225	REMOVAL OF KIDNEY	1,348.77										
67	50225	REMOVAL OF KIDNEY	1,348.77	00 15									
63	50230	REMOVAL OF KIDNEY	1,434.00										
67	50230	REMOVAL OF KIDNEY	1,434.00	00 15									
63	50234	REMOVAL OF KIDNEY & URETER	1,459.84										
67	50234	REMOVAL OF KIDNEY & URETER	1,459.84	00 15									
63	50236	REMOVAL OF KIDNEY & URETER	1,633.78										
67	50236	REMOVAL OF KIDNEY & URETER	1,633.78	00 15									
63	50240	PARTIAL REMOVAL OF KIDNEY	1,479.22										
67	50240	PARTIAL REMOVAL OF KIDNEY	1,479.22	00 15									
63	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,355.19										
67	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,355.19	00 15									
63	50280	REMOVAL OF KIDNEY LESION	1,074.90										
67	50280	REMOVAL OF KIDNEY LESION	1,074.90	00 15									
63	50290	REMOVAL OF KIDNEY LESION	1,000.50										
67	50290	REMOVAL OF KIDNEY LESION	1,000.50	00 15									
63	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,734.62		X								
67	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,734.62	00 15	X								
63	50327	PREP RENAL GRAFT/VENOUS	252.37		X								
67	50327	PREP RENAL GRAFT/VENOUS	252.37	00 15	X								
63	50328	PREP RENAL GRAFT/ARTERIAL	221.18		X								
67	50328	PREP RENAL GRAFT/ARTERIAL	221.18	00 15	X								
63	50329	PREP RENAL GRAFT/URETERAL	208.90		X								
67	50329	PREP RENAL GRAFT/URETERAL	208.90	00 15	X								
63	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,094.86		X								
67	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,094.86	00 15	X								
63	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,798.75		X								
67	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,798.75	00 15	X								
63	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,323.04		X								
67	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,323.04	00 15	X								
63	50370	REMOVE TRANSPLANTED KIDNEY	1,389.90										
67	50370	REMOVE TRANSPLANTED KIDNEY	1,389.90	00 15									
63	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,327.29		X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,327.29	00	15	X								
63	50382	CHANGE URETER STENT, PERCUT	1,087.04											
67	50382	CHANGE URETER STENT, PERCUT	1,087.04	00	15									
63	50384	REMOVE URETER STENT, PERCUT	930.52											
67	50384	REMOVE URETER STENT, PERCUT	930.52	00	15									
63	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,084.82											
67	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,084.82	00	15									
63	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	800.83											
67	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	800.83	00	15									
63	50387	CHANGE EXT/INT URETER STENT	597.96											
67	50387	CHANGE EXT/INT URETER STENT	597.96	00	15									
63	50389	REMOVE RENAL TUBE W/FLUORO	445.60											
67	50389	REMOVE RENAL TUBE W/FLUORO	445.60	00	15									
63	50390	DRAINAGE OF KIDNEY LESION	106.49											
67	50390	DRAINAGE OF KIDNEY LESION	106.49	00	15									
63	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	138.25											
67	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	138.25	00	15									
63	50396	MEASURE KIDNEY PRESSURE	127.57											
67	50396	MEASURE KIDNEY PRESSURE	127.57	00	15									
63	50400	REVISION OF KIDNEY/URETER	1,287.66											
67	50400	REVISION OF KIDNEY/URETER	1,287.66	00	15									
63	50405	REVISION OF KIDNEY/URETER	1,553.95											
67	50405	REVISION OF KIDNEY/URETER	1,553.95	00	15									
63	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	674.76											
67	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	674.76	00	15									
63	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	344.26											
67	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	344.26	00	15									
63	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	971.90											
67	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	971.90	00	15									
63	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,211.54											
67	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,211.54	00	15									
63	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	972.52											
67	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	972.52	00	15									
63	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	643.40											
67	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	643.40	00	15									
63	50436	DILATION OF EXISTING TRACT, PERCUTAN	165.62											
67	50436	DILATION OF EXISTING TRACT, PERCUTAN	165.62	00	15									
63	50437	DILATION OF EXISTING TRACT, PERCUTAN	274.51											
67	50437	DILATION OF EXISTING TRACT, PERCUTAN	274.51	00	15									
63	50500	REPAIR OF KIDNEY WOUND	1,436.29											
67	50500	REPAIR OF KIDNEY WOUND	1,436.29	00	15									
63	50520	CLOSE KIDNEY-SKIN FISTULA	1,344.80											
67	50520	CLOSE KIDNEY-SKIN FISTULA	1,344.80	00	15									
63	50525	REPAIR RENAL-ABDOMEN FISTULA	1,709.53											
67	50525	REPAIR RENAL-ABDOMEN FISTULA	1,709.53	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	50526	REPAIR RENAL-ABDOMEN FISTULA	1,831.69										
67	50526	REPAIR RENAL-ABDOMEN FISTULA	1,831.69	00 15									
63	50540	REVISION OF HORSESHOE KIDNEY	1,277.02										
67	50540	REVISION OF HORSESHOE KIDNEY	1,277.02	00 15									
63	50541	LAPARO ABLATE RENAL CYST	1,022.76										
67	50541	LAPARO ABLATE RENAL CYST	1,022.76	00 15									
63	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,301.11										
67	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,301.11	00 15									
63	50543	LAPARO PARTIAL NEPHRECTOMY	1,660.76										
67	50543	LAPARO PARTIAL NEPHRECTOMY	1,660.76	00 15									
63	50544	LAPAROSCOPY, PYELOPLASTY	1,387.57										
67	50544	LAPAROSCOPY, PYELOPLASTY	1,387.57	00 15									
63	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,490.70										
67	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,490.70	00 15									
63	50546	LAPAROSCOPIC NEPHRECTOMY	1,344.84										
67	50546	LAPAROSCOPIC NEPHRECTOMY	1,344.84	00 15									
63	50547	LAPARO REMOVAL DONOR KIDNEY	1,851.79										
67	50547	LAPARO REMOVAL DONOR KIDNEY	1,851.79	00 15									
63	50548	LAPARO-ASST REMOVE K/URETER	1,500.12										
67	50548	LAPARO-ASST REMOVE K/URETER	1,500.12	00 15									
63	50551	KIDNEY ENDOSCOPY	396.91										
67	50551	KIDNEY ENDOSCOPY	396.91	00 15									
63	50553	KIDNEY ENDOSCOPY	425.52										
67	50553	KIDNEY ENDOSCOPY	425.52	00 15									
63	50555	KIDNEY ENDOSCOPY & BIOPSY	453.70										
67	50555	KIDNEY ENDOSCOPY & BIOPSY	453.70	00 15									
63	50557	KIDNEY ENDOSCOPY & TREATMENT	461.41										
67	50557	KIDNEY ENDOSCOPY & TREATMENT	461.41	00 15									
63	50561	KIDNEY ENDOSCOPY & TREATMENT	523.64										
67	50561	KIDNEY ENDOSCOPY & TREATMENT	523.64	00 15									
63	50562	RENAL SCOPE W/TUMOR RESECT	642.61										
67	50562	RENAL SCOPE W/TUMOR RESECT	642.61	00 15									
63	50570	KIDNEY ENDOSCOPY	546.48										
67	50570	KIDNEY ENDOSCOPY	546.48	00 15									
63	50572	KIDNEY ENDOSCOPY	591.65										
67	50572	KIDNEY ENDOSCOPY	591.65	00 15									
63	50574	KIDNEY ENDOSCOPY & BIOPSY	629.08										
67	50574	KIDNEY ENDOSCOPY & BIOPSY	629.08	00 15									
63	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	795.76										
67	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	795.76	00 15									
63	50576	KIDNEY ENDOSCOPY & TREATMENT	627.58										
67	50576	KIDNEY ENDOSCOPY & TREATMENT	627.58	00 15									
63	50580	KIDNEY ENDOSCOPY & TREATMENT	676.15										
67	50580	KIDNEY ENDOSCOPY & TREATMENT	676.15	00 15									
63	50590	LITHOTRIPSY,ESW	810.97										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	50590	LITHOTRIPSY,ESW	810.97	00 15									
63	50592	PERC RF ABLATE RENAL TUMOR	3,031.08										
67	50592	PERC RF ABLATE RENAL TUMOR	3,031.08	00 15									
63	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,052.81										
67	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	4,052.81	00 15									
63	50600	EXPLORATION OF URETER	1,044.40										
67	50600	EXPLORATION OF URETER	1,044.40	00 15									
63	50605	URETEROTOMY-INSERT STEAT	1,153.08										
67	50605	URETEROTOMY-INSERT STEAT	1,153.08	00 15									
63	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	520.67										
67	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	520.67	00 15									
63	50610	REMOVAL OF URETER STONE	1,051.39										
67	50610	REMOVAL OF URETER STONE	1,051.39	00 15									
63	50620	REMOVAL OF URETER STONE	1,005.10										
67	50620	REMOVAL OF URETER STONE	1,005.10	00 15									
63	50630	REMOVAL OF URETER STONE	993.70										
67	50630	REMOVAL OF URETER STONE	993.70	00 15									
63	50650	REMOVAL OF URETER	1,158.98										
67	50650	REMOVAL OF URETER	1,158.98	00 15									
63	50660	REMOVAL OF URETER	1,272.90										
67	50660	REMOVAL OF URETER	1,272.90	00 15									
63	50684	INJECTION FOR URETER X-RAY	135.00										
67	50684	INJECTION FOR URETER X-RAY	135.00	00 15									
63	50686	MEASURE URETER PRESSURE	153.92										
67	50686	MEASURE URETER PRESSURE	153.92	00 15									
63	50688	CHANGE OF URETER TUBE	83.47										
67	50688	CHANGE OF URETER TUBE	83.47	00 15									
63	50690	INJECTION OF BLADDER AND URINARY DUC	128.19										
67	50690	INJECTION OF BLADDER AND URINARY DUC	128.19	00 15									
63	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,064.26										
67	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,064.26	00 15									
63	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,195.63										
67	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,195.63	00 15									
63	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,439.94										
67	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,439.94	00 15									
63	50700	REVISION OF URETER	1,030.37										
67	50700	REVISION OF URETER	1,030.37	00 15									
63	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,962.63										
67	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,962.63	00 15									
63	50706	BALLOON DILATION, URETERAL STRICTURE	901.50										
67	50706	BALLOON DILATION, URETERAL STRICTURE	901.50	00 15									
63	50715	RELEASE OF URETER	1,358.82										
67	50715	RELEASE OF URETER	1,358.82	00 15									
63	50722	RELEASE OF URETER	1,159.03				F						
67	50722	RELEASE OF URETER	1,159.03	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	50725	RELEASE/REVISE URETER	1,226.11										
67	50725	RELEASE/REVISE URETER	1,226.11	00 15									
63	50727	REVISION OF URINARY-CUTANEOUS ANASTO	567.64										
67	50727	REVISION OF URINARY-CUTANEOUS ANASTO	567.64	00 15									
63	50728	REVISION OF URINARY-CUTANEOUS ANASTO	822.22										
67	50728	REVISION OF URINARY-CUTANEOUS ANASTO	822.22	00 15									
63	50740	FUSION OF URETER & KIDNEY	1,420.79										
67	50740	FUSION OF URETER & KIDNEY	1,420.79	00 15									
63	50750	FUSION OF URETER & KIDNEY	1,283.53										
67	50750	FUSION OF URETER & KIDNEY	1,283.53	00 15									
63	50760	FUSION OF URETERS	1,283.20										
67	50760	FUSION OF URETERS	1,283.20	00 15									
63	50770	SPLICING OF URETERS	1,283.53										
67	50770	SPLICING OF URETERS	1,283.53	00 15									
63	50780	REIMPLANT URETER IN BLADDER	1,244.96										
67	50780	REIMPLANT URETER IN BLADDER	1,244.96	00 15									
63	50782	URETERONEOCYSTOSTOMY;	1,196.41										
67	50782	URETERONEOCYSTOSTOMY;	1,196.41	00 15									
63	50783	URETERONEOCYSTOSTOMY;	1,255.27										
67	50783	URETERONEOCYSTOSTOMY;	1,255.27	00 15									
63	50785	REIMPLANT URETER IN BLADDER	1,355.24										
67	50785	REIMPLANT URETER IN BLADDER	1,355.24	00 15									
63	50800	IMPLANT URETER IN BOWEL	1,027.97										
67	50800	IMPLANT URETER IN BOWEL	1,027.97	00 15									
63	50810	FUSION OF URETER & BOWEL	1,627.59										
67	50810	FUSION OF URETER & BOWEL	1,627.59	00 15									
63	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,363.16										
67	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,363.16	00 15									
63	50820	CONSTRUCT BOWEL BLADDER	1,464.34										
67	50820	CONSTRUCT BOWEL BLADDER	1,464.34	00 15									
63	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,835.91										
67	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,835.91	00 15									
63	50830	URINARY UNDIVERSION	2,008.45										
67	50830	URINARY UNDIVERSION	2,008.45	00 15									
63	50840	REPLACE URETER BY BOWEL	1,370.06										
67	50840	REPLACE URETER BY BOWEL	1,370.06	00 15									
63	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,394.21										
67	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,394.21	00 15									
63	50860	TRANSPLANT URETER TO SKIN	1,051.89										
67	50860	TRANSPLANT URETER TO SKIN	1,051.89	00 15									
63	50900	REPAIR OF URETER	937.91										
67	50900	REPAIR OF URETER	937.91	00 15									
63	50920	CLOSURE URETER/SKIN FISTULA	980.07										
67	50920	CLOSURE URETER/SKIN FISTULA	980.07	00 15									
63	50930	CLOSURE URETER/BOWEL FISTULA	1,225.73										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	50930	CLOSURE URETER/BOWEL FISTULA	1,225.73	00 15									
63	50940	RELEASE OF URETER	987.59										
67	50940	RELEASE OF URETER	987.59	00 15									
63	50945	LAPAROSCOPY URETEROLITHOTOMY	1,083.66										
67	50945	LAPAROSCOPY URETEROLITHOTOMY	1,083.66	00 15									
63	50947	LAPARO NEW URETER/BLADDER	1,545.61										
67	50947	LAPARO NEW URETER/BLADDER	1,545.61	00 15									
63	50948	LAPARO NEW URETER/BLADDER	1,424.26										
67	50948	LAPARO NEW URETER/BLADDER	1,424.26	00 15									
63	50951	ENDOSCOPY OF URETER	415.66										
67	50951	ENDOSCOPY OF URETER	415.66	00 15									
63	50953	ENDOSCOPY OF URETER	440.10										
67	50953	ENDOSCOPY OF URETER	440.10	00 15									
63	50955	URETER ENDOSCOPY & BIOPSY	469.66										
67	50955	URETER ENDOSCOPY & BIOPSY	469.66	00 15									
63	50957	URETER ENDOSCOPY & TREATMENT	473.57										
67	50957	URETER ENDOSCOPY & TREATMENT	473.57	00 15									
63	50961	URETER ENDOSCOPY & TREATMENT	428.35										
67	50961	URETER ENDOSCOPY & TREATMENT	428.35	00 15									
63	50970	URETER ENDOSCOPY	412.98										
67	50970	URETER ENDOSCOPY	412.98	00 15									
63	50972	URETER ENDOSCOPY & CATHETER	399.08										
67	50972	URETER ENDOSCOPY & CATHETER	399.08	00 15									
63	50974	URETER ENDOSCOPY & BIOPSY	526.57										
67	50974	URETER ENDOSCOPY & BIOPSY	526.57	00 15									
63	50976	URETER ENDOSCOPY & TREATMENT	518.83										
67	50976	URETER ENDOSCOPY & TREATMENT	518.83	00 15									
63	50980	URETER ENDOSCOPY & TREATMENT	396.85										
67	50980	URETER ENDOSCOPY & TREATMENT	396.85	00 15									
63	51020	INCISE & TREAT BLADDER	519.96										
67	51020	INCISE & TREAT BLADDER	519.96	00 15									
63	51030	INCISE & TREAT BLADDER	524.10										
67	51030	INCISE & TREAT BLADDER	524.10	00 15									
63	51040	INCISE & DRAIN BLADDER	320.35										
67	51040	INCISE & DRAIN BLADDER	320.35	00 15									
63	51045	INCISE BLADDER, DRAIN URETER	567.16										
67	51045	INCISE BLADDER, DRAIN URETER	567.16	00 15									
63	51050	REMOVAL OF BLADDER STONE	522.37										
67	51050	REMOVAL OF BLADDER STONE	522.37	00 15									
63	51060	REMOVAL OF URETER STONE	646.17										
67	51060	REMOVAL OF URETER STONE	646.17	00 15									
63	51065	REMOVAL OF URETER STONE	643.81										
67	51065	REMOVAL OF URETER STONE	643.81	00 15									
63	51080	DRAINAGE OF BLADDER ABSCESS	451.26										
67	51080	DRAINAGE OF BLADDER ABSCESS	451.26	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	51100	ASPIRATION OF BLADDER; BY NEEDLE	79.37										
67	51100	ASPIRATION OF BLADDER; BY NEEDLE	79.37	00 15									
63	51101	ASPIRATION OF BLADDER; BY TROCAR OR	165.67										
67	51101	ASPIRATION OF BLADDER; BY TROCAR OR	165.67	00 15									
63	51102	ASPIRATION OF BLADDER; WITH INSERTIO	262.50										
67	51102	ASPIRATION OF BLADDER; WITH INSERTIO	262.50	00 15									
63	51500	REMOVAL OF BLADDER CYST	708.04										
67	51500	REMOVAL OF BLADDER CYST	708.04	00 15									
63	51520	REMOVAL OF BLADDER LESION	660.80										
67	51520	REMOVAL OF BLADDER LESION	660.80	00 15									
63	51525	REMOVAL OF BLADDER LESION	956.85										
67	51525	REMOVAL OF BLADDER LESION	956.85	00 15									
63	51530	REMOVAL OF BLADDER LESION	857.35										
67	51530	REMOVAL OF BLADDER LESION	857.35	00 15									
63	51535	REPAIR OF URETER LESION	867.24										
67	51535	REPAIR OF URETER LESION	867.24	00 15									
63	51550	PARTIAL REMOVAL OF BLADDER	1,077.62										
67	51550	PARTIAL REMOVAL OF BLADDER	1,077.62	00 15									
63	51555	PARTIAL REMOVAL OF BLADDER	1,411.28										
67	51555	PARTIAL REMOVAL OF BLADDER	1,411.28	00 15									
63	51565	REVISE BLADDER & URETER(S)	1,436.23										
67	51565	REVISE BLADDER & URETER(S)	1,436.23	00 15									
63	51570	REMOVAL OF BLADDER	1,641.92										
67	51570	REMOVAL OF BLADDER	1,641.92	00 15									
63	51575	REMOVAL OF BLADDER & NODES	2,034.30										
67	51575	REMOVAL OF BLADDER & NODES	2,034.30	00 15									
63	51580	REMOVE BLADDER; REVISE TRACT	2,113.83										
67	51580	REMOVE BLADDER; REVISE TRACT	2,113.83	00 15									
63	51585	REMOVAL OF BLADDER & NODES	2,354.22										
67	51585	REMOVAL OF BLADDER & NODES	2,354.22	00 15									
63	51590	REMOVE BLADDER; REVISE TRACT	2,158.79										
67	51590	REMOVE BLADDER; REVISE TRACT	2,158.79	00 15									
63	51595	REMOVE BLADDER; REVISE TRACT	2,440.91										
67	51595	REMOVE BLADDER; REVISE TRACT	2,440.91	00 15									
63	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,628.25										
67	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,628.25	00 15									
63	51597	PELVIC EXENTERATION	2,568.27		X								
67	51597	PELVIC EXENTERATION	2,568.27	00 15	X								
63	51600	INJECTION FOR BLADDER X-RAY	226.47										
67	51600	INJECTION FOR BLADDER X-RAY	226.47	00 15									
63	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	42.86										
67	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	42.86	00 15									
63	51610	INJECTION FOR BLADDER X-RAY	138.46										
67	51610	INJECTION FOR BLADDER X-RAY	138.46	00 15									
63	51700	IRRIGATION OF BLADDER	81.85									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	51700	IRRIGATION OF BLADDER	81.85	00 15								X	
63	51701	INSERTION NON-INDWELLNG BLADDR CATH	48.75										
67	51701	INSERTION NON-INDWELLNG BLADDR CATH	48.75	00 15									
63	51702	INSERT TEMP INDWELL BLADDER CATHETER	66.16										
67	51702	INSERT TEMP INDWELL BLADDER CATHETER	66.16	00 15									
63	51703	INSERT INDWELL BLADDER CATH;COMPLICA	162.50										
67	51703	INSERT INDWELL BLADDER CATH;COMPLICA	162.50	00 15									
63	51705	CHANGE OF BLADDER TUBE	103.60										
67	51705	CHANGE OF BLADDER TUBE	103.60	00 15									
63	51710	CHANGE OF BLADDER TUBE	146.71										
67	51710	CHANGE OF BLADDER TUBE	146.71	00 15									
63	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	405.93										
67	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	405.93	00 15									
63	51720	TREATMENT OF BLADDER LESION	93.49										
67	51720	TREATMENT OF BLADDER LESION	93.49	00 15									
65	51725	SIMPLE CYSTOMETROGRAM	84.16										
65	51726	COMPLEX CYSTOMETROGRAM	93.59										
65	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	118.04										
65	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	115.68										
65	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	140.29										
65	51736	SIMPLE UROFLOWMETRY	9.12										
65	51741	COMPLEX UROFLOWMETRY	9.63										
65	51784	ANAL/URINARY MUSCLE STUDY	41.89										
65	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	107.72										
65	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	44.50										
63	51800	REVISION OF BLADDER/URETHRA	1,155.11										
67	51800	REVISION OF BLADDER/URETHRA	1,155.11	00 15									
63	51820	REVISION OF URINARY TRACT	1,207.22										
67	51820	REVISION OF URINARY TRACT	1,207.22	00 15									
63	51840	ATTACH BLADDER/URETHRA	776.11										
67	51840	ATTACH BLADDER/URETHRA	776.11	00 15									
63	51841	ATTACH BLADDER/URETHRA	897.23										
67	51841	ATTACH BLADDER/URETHRA	897.23	00 15									
63	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	647.51				F						
67	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	647.51	00 15			F						
63	51860	REPAIR OF BLADDER WOUND	837.14										
67	51860	REPAIR OF BLADDER WOUND	837.14	00 15									
63	51865	REPAIR OF BLADDER WOUND	1,005.01										
67	51865	REPAIR OF BLADDER WOUND	1,005.01	00 15									
63	51880	REPAIR OF BLADDER OPENING	518.32										
67	51880	REPAIR OF BLADDER OPENING	518.32	00 15									
63	51900	REPAIR BLADDER/VAGINA LESION	915.78				F						
67	51900	REPAIR BLADDER/VAGINA LESION	915.78	00 15			F						
63	51920	CLOSE BLADDER-UTERUS FISTULA	848.09				F						
67	51920	CLOSE BLADDER-UTERUS FISTULA	848.09	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,221.81		X		F		X				
67	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,221.81	00 15	X		F		X				
63	51940	CORRECTION OF BLADDER DEFECT	1,830.40										
67	51940	CORRECTION OF BLADDER DEFECT	1,830.40	00 15									
63	51960	REVISION OF BLADDER & BOWEL	1,541.87										
67	51960	REVISION OF BLADDER & BOWEL	1,541.87	00 15									
63	51980	CONSTRUCT BLADDER OPENING	793.09										
67	51980	CONSTRUCT BLADDER OPENING	793.09	00 15									
63	51990	LAPARO URETHRAL SUSPENSION	831.29										
67	51990	LAPARO URETHRAL SUSPENSION	831.29	00 15									
63	51992	LAPARO SLING OPERATION	943.98				F						
67	51992	LAPARO SLING OPERATION	943.98	00 15			F						
63	52000	CYSTOSCOPY	257.72										
67	52000	CYSTOSCOPY	257.72	00 15									
63	52001	CYSTOSCOPY, REMOVAL OF CLOTS	482.81										
67	52001	CYSTOSCOPY, REMOVAL OF CLOTS	482.81	00 15									
63	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	327.58										
67	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	327.58	00 15									
63	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	486.02										
67	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	486.02	00 15									
63	52010	CYSTOSCOPY & DUCT CATHETER	412.04				M						
67	52010	CYSTOSCOPY & DUCT CATHETER	412.04	00 15			M						
63	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	407.55										
67	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	407.55	00 15									
63	52214	CYSTOURETHROSCOPY WITH FULGURATION;	801.54										
67	52214	CYSTOURETHROSCOPY WITH FULGURATION;	801.54	00 15									
63	52224	CYSTOURETHROSCOPY WITH FULGURATION;	840.23										
67	52224	CYSTOURETHROSCOPY WITH FULGURATION;	840.23	00 15									
63	52234	CYSTOURETHROSCOPY WITH FULGURATION;	273.19										
67	52234	CYSTOURETHROSCOPY WITH FULGURATION;	273.19	00 15									
63	52235	CYSTOURETHROSCOPY WITH FULGURATION;	319.99										
67	52235	CYSTOURETHROSCOPY WITH FULGURATION;	319.99	00 15									
63	52240	CYSTOURETHROSCOPY WITH FULGURATION;	436.10										
67	52240	CYSTOURETHROSCOPY WITH FULGURATION;	436.10	00 15									
63	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	265.96										
67	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	265.96	00 15									
63	52260	CYSTOSCOPY & TREATMENT	234.55										
67	52260	CYSTOSCOPY & TREATMENT	234.55	00 15									
63	52265	CYSTOSCOPY & TREATMENT	405.91										
67	52265	CYSTOSCOPY & TREATMENT	405.91	00 15									
63	52270	CYSTOSCOPY & REVISE URETHRA	455.79										
67	52270	CYSTOSCOPY & REVISE URETHRA	455.79	00 15									
63	52275	CYSTOSCOPY & REVISE URETHRA	587.35										
67	52275	CYSTOSCOPY & REVISE URETHRA	587.35	00 15									
63	52276	CYSTOURETHROSCOPY W/DIRECT VISION	293.61										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	52276	CYSTOURETHROSCOPY W/DIRECT VISION	293.61	00 15									
63	52277	CYSTOSCOPY AND TREATMENT	359.03										
67	52277	CYSTOSCOPY AND TREATMENT	359.03	00 15									
63	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	353.28										
67	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	353.28	00 15									
63	52282	CYSTOSCOPY, IMPLANT STENT	373.16										
67	52282	CYSTOSCOPY, IMPLANT STENT	373.16	00 15									
63	52283	CYSTOURETHROSCOPY, STEROID INJECTION	385.83										
67	52283	CYSTOURETHROSCOPY, STEROID INJECTION	385.83	00 15									
63	52285	CYSTOSCOPY AND TREATMENT	381.47				F						
67	52285	CYSTOSCOPY AND TREATMENT	381.47	00 15			F						
63	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	420.87										
67	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	420.87	00 15									
63	52290	CYSTOSCOPY AND TREATMENT	270.97										
67	52290	CYSTOSCOPY AND TREATMENT	270.97	00 15									
63	52300	CYSTOSCOPY AND TREATMENT	310.34										
67	52300	CYSTOSCOPY AND TREATMENT	310.34	00 15									
63	52301	CYSTOSCOPY AND TREATMENT	321.64										
67	52301	CYSTOSCOPY AND TREATMENT	321.64	00 15									
63	52305	CYSTOSCOPY AND TREATMENT	308.65										
67	52305	CYSTOSCOPY AND TREATMENT	308.65	00 15									
63	52310	CYSTOSCOPY AND TREATMENT	343.95										
67	52310	CYSTOSCOPY AND TREATMENT	343.95	00 15									
63	52315	CYSTOSCOPY AND TREATMENT	512.53										
67	52315	CYSTOSCOPY AND TREATMENT	512.53	00 15									
63	52317	LITHOLAPAXY,SIMPLE;SMALL	958.98										
67	52317	LITHOLAPAXY,SIMPLE;SMALL	958.98	00 15									
63	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	527.00										
67	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	527.00	00 15									
63	52320	CYSTOSCOPY AND TREATMENT	273.88										
67	52320	CYSTOSCOPY AND TREATMENT	273.88	00 15									
63	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	355.94										
67	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	355.94	00 15									
63	52327	CYSTOSCOPY, INJECT MATERIAL	295.05										
67	52327	CYSTOSCOPY, INJECT MATERIAL	295.05	00 15									
63	52330	CYSTOSCOPY AND TREATMENT	654.57										
67	52330	CYSTOSCOPY AND TREATMENT	654.57	00 15									
63	52332	CYSTOURETHROSCOPY/INSERT STENT	432.84										
67	52332	CYSTOURETHROSCOPY/INSERT STENT	432.84	00 15									
63	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	202.14										
67	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	202.14	00 15									
63	52341	CYSTO W/URETER STRICTURE TX	314.98										
67	52341	CYSTO W/URETER STRICTURE TX	314.98	00 15									
63	52342	CYSTO W/UP STRICTURE TX	343.13										
67	52342	CYSTO W/UP STRICTURE TX	343.13	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	52343	CYSTO W/RENAL STRICTURE TX	381.89										
67	52343	CYSTO W/RENAL STRICTURE TX	381.89	00 15									
63	52344	CYSTO/URETERO, STONE REMOVE	411.07										
67	52344	CYSTO/URETERO, STONE REMOVE	411.07	00 15									
63	52345	CYSTO/URETERO W/UP STRICTURE	438.37										
67	52345	CYSTO/URETERO W/UP STRICTURE	438.37	00 15									
63	52346	CYSTOURETERO W/RENAL STRICT	495.83										
67	52346	CYSTOURETERO W/RENAL STRICT	495.83	00 15									
63	52351	CYSTOURETRO & OR PYELOSCOPE	335.88										
67	52351	CYSTOURETRO & OR PYELOSCOPE	335.88	00 15									
63	52352	CYSTOURETRO W/STONE REMOVE	393.02										
67	52352	CYSTOURETRO W/STONE REMOVE	393.02	00 15									
63	52353	CYSTOURETERO W/LITHOTRIPSY	436.10										
67	52353	CYSTOURETERO W/LITHOTRIPSY	436.10	00 15									
63	52354	CYSTOURETERO W/BIOPSY	463.73										
67	52354	CYSTOURETERO W/BIOPSY	463.73	00 15									
63	52355	CYSTOURETERO W/EXCISE TUMOR	519.19										
67	52355	CYSTOURETERO W/EXCISE TUMOR	519.19	00 15									
63	52356	CRUSHING OF STONE IN URINARY DUCT (U	462.38									X	
67	52356	CRUSHING OF STONE IN URINARY DUCT (U	462.38	00 15								X	
63	52400	CYSTOURETERO W/CONGEN REPR	531.17			X							
67	52400	CYSTOURETERO W/CONGEN REPR	531.17	00 15		X							
63	52402	CYSTOURETHRO CUT EJACUL DUCT	297.02				M						
67	52402	CYSTOURETHRO CUT EJACUL DUCT	297.02	00 15			M						
63	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,353.61				M						
67	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,353.61	00 15			M						
63	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	918.23				M						
67	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	918.23	00 15			M						
63	52450	TRANSURETHRAL INCISION OF PROSTATE	523.62				M						
67	52450	TRANSURETHRAL INCISION OF PROSTATE	523.62	00 15			M						
63	52500	REVISION OF BLADDER NECK	542.63				M						
67	52500	REVISION OF BLADDER NECK	542.63	00 15			M						
63	52601	PROSTATECTOMY (TUR)	810.55				M						
67	52601	PROSTATECTOMY (TUR)	810.55	00 15			M						
63	52630	REMOVE PROSTATE REGROWTH	446.08				M						
67	52630	REMOVE PROSTATE REGROWTH	446.08	00 15			M						
63	52640	RELIEVE BLADDER CONTRACTURE	351.22				M						
67	52640	RELIEVE BLADDER CONTRACTURE	351.22	00 15			M						
63	52647	LASER SURGERY OF PROSTATE	1,685.68				M						
67	52647	LASER SURGERY OF PROSTATE	1,685.68	00 15			M						
63	52648	LASER SURGERY OF PROSTATE	1,741.57				M						
67	52648	LASER SURGERY OF PROSTATE	1,741.57	00 15			M						
63	52649	PROSTATE LASER ENUCLEATION	916.96			X	M						
67	52649	PROSTATE LASER ENUCLEATION	916.96	00 15		X	M						
63	52700	DRAINAGE OF PROSTATE ABSCESS	489.75				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	52700	DRAINAGE OF PROSTATE ABSCESS	489.75	00 15			M						
63	53000	INCISION OF URETHRA	162.70										
67	53000	INCISION OF URETHRA	162.70	00 15									
63	53010	INCISION OF URETHRA	325.05										
67	53010	INCISION OF URETHRA	325.05	00 15									
63	53020	INCISION OF URETHRA	107.24	01 99									
67	53020	INCISION OF URETHRA	107.24	01 15									
63	53025	INCISION OF URETHRA	74.17	00 00									
67	53025	INCISION OF URETHRA	74.17	00 00									
63	53040	DRAINAGE OF URETHRA ABSCESS	433.58										
67	53040	DRAINAGE OF URETHRA ABSCESS	433.58	00 15									
63	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	209.19				F						
67	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	209.19	00 15			F						
63	53080	DRAINAGE OF URINARY LEAKAGE	465.31										
67	53080	DRAINAGE OF URINARY LEAKAGE	465.31	00 15									
63	53085	DRAINAGE OF URINARY LEAKAGE	720.33										
67	53085	DRAINAGE OF URINARY LEAKAGE	720.33	00 15									
63	53200	BIOPSY OF URETHRA	175.14										
67	53200	BIOPSY OF URETHRA	175.14	00 15									
63	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	864.15				F						
67	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	864.15	00 15			F						
63	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	1,033.87				M						
67	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	1,033.87	00 15			M						
63	53220	TREATMENT OF URETHRA LESION	499.90										
67	53220	TREATMENT OF URETHRA LESION	499.90	00 15									
63	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	679.34				F						
67	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	679.34	00 15			F						
63	53235	EXCISE URETHRAL DIVERTICULUM;MALE	703.69				M						
67	53235	EXCISE URETHRAL DIVERTICULUM;MALE	703.69	00 15			M						
63	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	470.83										
67	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	470.83	00 15									
63	53250	REMOVAL OF SEMINAL FLUID GLAND	437.48										
67	53250	REMOVAL OF SEMINAL FLUID GLAND	437.48	00 15									
63	53260	TREATMENT OF URETHRA LESION	228.16										
67	53260	TREATMENT OF URETHRA LESION	228.16	00 15									
63	53265	TREATMENT OF URETHRA LESION	251.48										
67	53265	TREATMENT OF URETHRA LESION	251.48	00 15									
63	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	232.25				F						
67	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	232.25	00 15			F						
63	53275	REPAIR OF URETHRA DEFECT	293.89										
67	53275	REPAIR OF URETHRA DEFECT	293.89	00 15									
63	53400	REVISE URETHRA, 1ST STAGE	889.15										
67	53400	REVISE URETHRA, 1ST STAGE	889.15	00 15									
63	53405	REVISE URETHRA, 2ND STAGE	970.88										
67	53405	REVISE URETHRA, 2ND STAGE	970.88	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,091.85				M						
67	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,091.85	00 15			M						
63	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,259.50				M						
67	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,259.50	00 15			M						
63	53420	RECONSTRUCT URETHRA, STAGE 1	936.70				M						
67	53420	RECONSTRUCT URETHRA, STAGE 1	936.70	00 15			M						
63	53425	RECONSTRUCT URETHRA, STAGE 2	1,043.40				M						
67	53425	RECONSTRUCT URETHRA, STAGE 2	1,043.40	00 15			M						
63	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,090.09				F						
67	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,090.09	00 15			F						
63	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,283.66										
67	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,283.66	00 15									
63	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	837.21				M						
67	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	837.21	00 15			M						
63	53442	PERINEAL PROSTHESIS REMOVAL	870.61				M						
67	53442	PERINEAL PROSTHESIS REMOVAL	870.61	00 15			M						
63	53444	INSERT TANDEM CUFF	882.70										
67	53444	INSERT TANDEM CUFF	882.70	00 15									
63	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	838.30		X								
67	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	838.30	00 15	X								
63	53446	REMOVE URO SPHINCTER	713.29			X							
67	53446	REMOVE URO SPHINCTER	713.29	00 15		X							
63	53447	INFLATABLE SPHINCTER REMOVAL	897.00			X							
67	53447	INFLATABLE SPHINCTER REMOVAL	897.00	00 15		X							
63	53448	REMOV/REPLC UR SPHINCTR COMP	1,422.38			X							
67	53448	REMOV/REPLC UR SPHINCTR COMP	1,422.38	00 15		X							
63	53449	CORRECTION OF ABNORMAL SPHINCTER	680.79		X								
67	53449	CORRECTION OF ABNORMAL SPHINCTER	680.79	00 15	X								
63	53450	REVISION OF URETHRA	452.24										
67	53450	REVISION OF URETHRA	452.24	00 15									
63	53460	REVISION OF URETHRA	507.93										
67	53460	REVISION OF URETHRA	507.93	00 15									
63	53500	URETHRLYS, TRANSVAG W/ SCOPE	838.29				F						
67	53500	URETHRLYS, TRANSVAG W/ SCOPE	838.29	00 15			F						
63	53502	URETHRORRHAPHY...SUTURE...,FEMALE	539.00				F						
67	53502	URETHRORRHAPHY...SUTURE...,FEMALE	539.00	00 15			F						
63	53505	URETHRORRHAPHY...SUTURE...;PENILE	538.67				M						
67	53505	URETHRORRHAPHY...SUTURE...;PENILE	538.67	00 15			M						
63	53510	REPAIR OF URETHRA INJURY	702.19										
67	53510	REPAIR OF URETHRA INJURY	702.19	00 15									
63	53515	REPAIR OF URETHRA INJURY	885.04				M						
67	53515	REPAIR OF URETHRA INJURY	885.04	00 15			M						
63	53520	CLOSE URETHROSTOMY....FISTULE,MALE	618.35				M						
67	53520	CLOSE URETHROSTOMY....FISTULE,MALE	618.35	00 15			M						
63	53600	DILATE URETHRAL STRICTURE,MALE;INIT	96.53				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	53600	DILATE URETHRAL STRICTURE,MALE;INIT	96.53	00 15			M						
63	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	91.16				M						
67	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	91.16	00 15			M						
63	53605	DILATE URETH STRICT...MALE	71.19				M						
67	53605	DILATE URETH STRICT...MALE	71.19	00 15			M						
63	53620	DILATE URETH STRICT.,MALE;INITIAL	185.71				M						
67	53620	DILATE URETH STRICT.,MALE;INITIAL	185.71	00 15			M						
63	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	175.76				M						
67	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	175.76	00 15			M						
63	53660	DILATE FEMALE URETHRA...;INITIAL	80.36				F						
67	53660	DILATE FEMALE URETHRA...;INITIAL	80.36	00 15			F						
63	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	79.06				F						
67	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	79.06	00 15			F						
63	53665	DILATE FEMALE URETHRA...	43.29				F						
67	53665	DILATE FEMALE URETHRA...	43.29	00 15			F						
63	53850	PROSTATIC MICROWAVE THERMOTX	1,510.28				M						
67	53850	PROSTATIC MICROWAVE THERMOTX	1,510.28	00 15			M						
63	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,783.55				M						
67	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,783.55	00 15			M						
63	53855	INSERTION OF A TEMPORARY PROSTATIC U	697.57				M						
67	53855	INSERTION OF A TEMPORARY PROSTATIC U	697.57	00 15			M						
63	54000	SLITTING OF PREPUCE	175.09	00 00			M						
67	54000	SLITTING OF PREPUCE	175.09	00 00			M						
63	54001	SLITTING OF PREPUCE	213.60				M						
67	54001	SLITTING OF PREPUCE	213.60	00 15			M						
63	54015	DRAIN PENIS LESION	338.67				M						
67	54015	DRAIN PENIS LESION	338.67	00 15			M						
63	54050	TREATMENT OF PENIS LESION	149.95				M						
67	54050	TREATMENT OF PENIS LESION	149.95	00 15			M						
63	54055	TREATMENT OF PENIS LESION	143.67				M						
67	54055	TREATMENT OF PENIS LESION	143.67	00 15			M						
63	54056	DESTROY PENILE LESION;CRYOSURGERY	150.63				M						
67	54056	DESTROY PENILE LESION;CRYOSURGERY	150.63	00 15			M						
63	54057	DESTROY PENILE LESION; LASER SURGERY	149.95				M						
67	54057	DESTROY PENILE LESION; LASER SURGERY	149.95	00 15			M						
63	54060	TREATMENT OF PENIS LESION	210.12				M						
67	54060	TREATMENT OF PENIS LESION	210.12	00 15			M						
63	54065	TREATMENT OF PENIS LESION	237.72				M						
67	54065	TREATMENT OF PENIS LESION	237.72	00 15			M						
63	54100	BIOPSY OF PENIS	216.14				M						
67	54100	BIOPSY OF PENIS	216.14	00 15			M						
63	54105	BIOPSY OF PENIS	300.10				M						
67	54105	BIOPSY OF PENIS	300.10	00 15			M						
63	54110	TREATMENT OF PENIS LESION	697.26				M						
67	54110	TREATMENT OF PENIS LESION	697.26	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	889.24				M						
67	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	889.24	00 15			M						
63	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	1,043.29				M						
67	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	1,043.29	00 15			M						
63	54115	TREATMENT OF PENIS LESION	502.61				M						
67	54115	TREATMENT OF PENIS LESION	502.61	00 15			M						
63	54120	PARTIAL REMOVAL OF PENIS	702.94				M						
67	54120	PARTIAL REMOVAL OF PENIS	702.94	00 15			M						
63	54125	REMOVAL OF PENIS	914.76				M						
67	54125	REMOVAL OF PENIS	914.76	00 15			M						
63	54130	REMOVE PENIS & NODES	1,330.00				M						
67	54130	REMOVE PENIS & NODES	1,330.00	00 15			M						
63	54135	REMOVE PENIS & NODES	1,684.98				M						
67	54135	REMOVE PENIS & NODES	1,684.98	00 15			M						
63	54150	CIRCUMCISION USING CLAMP OR OTHER DE	162.94				M		X				
67	54150	CIRCUMCISION USING CLAMP OR OTHER DE	162.94	00 15			M		X				
63	54160	CIRCUMCISION	238.02	00 01			M		X				
67	54160	CIRCUMCISION	238.02	00 15			M		X				
63	54161	CIRCUMCISION	218.45				M		X				
67	54161	CIRCUMCISION	218.45	00 15			M		X				
63	54162	LYSIS PENIL CIRCUMCIS LESION	281.28				M						
67	54162	LYSIS PENIL CIRCUMCIS LESION	281.28	00 15			M						
63	54163	REPAIR OF CIRCUMCISION	239.06				M						
67	54163	REPAIR OF CIRCUMCISION	239.06	00 15			M						
63	54164	FRENULOTOMY OF PENIS	211.58				M						
67	54164	FRENULOTOMY OF PENIS	211.58	00 15			M						
63	54200	TREATMENT OF PENIS LESION	122.37				M						
67	54200	TREATMENT OF PENIS LESION	122.37	00 15			M						
63	54205	TREATMENT OF PENIS LESION	589.31				M						
67	54205	TREATMENT OF PENIS LESION	589.31	00 15			M						
63	54220	TREATMENT OF PENIS LESION	238.48				M						
67	54220	TREATMENT OF PENIS LESION	238.48	00 15			M						
63	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	114.91				M						
67	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	114.91	00 15			M						
63	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	155.36				M						
67	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	155.36	00 15			M						
63	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	95.07				M						
67	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	95.07	00 15			M						
63	54300	REVISION OF PENIS	718.91				M						
67	54300	REVISION OF PENIS	718.91	00 15			M						
63	54304	PLASTIC OPERATION ON PENIS FOR CORRE	832.42				M						
67	54304	PLASTIC OPERATION ON PENIS FOR CORRE	832.42	00 15			M						
63	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	796.22				M						
67	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	796.22	00 15			M						
63	54312	URETHROPLASTY...; MORE THAN 3 CM	909.11				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	54312	URETHROPLASTY...; MORE THAN 3 CM	909.11	00 15			M						
63	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,108.72				M						
67	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,108.72	00 15			M						
63	54318	URETHROPLASTY/RELEASE FROM SCROTUM	790.04				M						
67	54318	URETHROPLASTY/RELEASE FROM SCROTUM	790.04	00 15			M						
63	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	869.49				M						
67	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	869.49	00 15			M						
63	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,078.04				M						
67	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	1,078.04	00 15			M						
63	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	1,048.55				M						
67	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	1,048.55	00 15			M						
63	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	1,042.51				M						
67	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	1,042.51	00 15			M						
63	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,125.33				M						
67	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,125.33	00 15			M						
63	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,323.01				M						
67	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,323.01	00 15			M						
63	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	631.81				M						
67	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	631.81	00 15			M						
63	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	1,051.80				M						
67	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	1,051.80	00 15			M						
63	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,125.09				M						
67	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,125.09	00 15			M						
63	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,576.90				M						
67	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,576.90	00 15			M						
63	54360	PLASTIC PENILE REPAIR/ANGULATION	802.07				M						
67	54360	PLASTIC PENILE REPAIR/ANGULATION	802.07	00 15			M						
63	54380	REPAIR PENIS	888.73				M						
67	54380	REPAIR PENIS	888.73	00 15			M						
63	54385	REPAIR PENIS	1,035.64				M						
67	54385	REPAIR PENIS	1,035.64	00 15			M						
63	54390	REPAIR PENIS AND BLADDER	1,383.76				M						
67	54390	REPAIR PENIS AND BLADDER	1,383.76	00 15			M						
63	54406	REMOVE MULTI-COMP PENIS PROS	813.09				M				X		
67	54406	REMOVE MULTI-COMP PENIS PROS	813.09	00 15			M				X		
63	54408	REPAIR MULTI-COMP PENIS PROS	878.94				M				X		
67	54408	REPAIR MULTI-COMP PENIS PROS	878.94	00 15			M				X		
63	54410	REMOVE/REPLACE PENIS PROSTH	959.05				M				X		
67	54410	REMOVE/REPLACE PENIS PROSTH	959.05	00 15			M				X		
63	54411	REMV/REPLC PENIS PROS, COMP	1,143.98				M				X		
67	54411	REMV/REPLC PENIS PROS, COMP	1,143.98	00 15			M				X		
63	54415	REMOVE SELF-CONTD PENIS PROS	588.18				M				X		
67	54415	REMOVE SELF-CONTD PENIS PROS	588.18	00 15			M				X		
63	54416	REMV/REPL PENIS CONTAIN PROS	794.05				M				X		
67	54416	REMV/REPL PENIS CONTAIN PROS	794.05	00 15			M				X		

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	54417	REMV/REPLC PENIS PROS, COMPL	1,000.75				M				X		
67	54417	REMV/REPLC PENIS PROS, COMPL	1,000.75	00 15			M				X		
63	54420	REVISION OF PENIS	781.40				M						
67	54420	REVISION OF PENIS	781.40	00 15			M						
63	54430	REVISION OF PENIS	709.44				M						
67	54430	REVISION OF PENIS	709.44	00 15			M						
63	54435	PENILE FISTULATION FOR PRIAPISM	456.83				M						
67	54435	PENILE FISTULATION FOR PRIAPISM	456.83	00 15			M						
63	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	750.64				M						
67	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	750.64	00 15			M						
63	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,489.45				M						
67	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,489.45	00 15			M						
63	54450	PREPUTIAL STRETCHING	74.80				M						
67	54450	PREPUTIAL STRETCHING	74.80	00 15			M						
67	54500	BIOPSY OF TESTIS	82.67	00 15			M					X	
63	54505	BIOPSY OF TESTIS	231.34				M						
67	54505	BIOPSY OF TESTIS	231.34	00 15			M						
63	54512	EXCISE LESION TESTIS	596.83				M						
67	54512	EXCISE LESION TESTIS	596.83	00 15			M						
63	54520	REMOVAL OF TESTIS	363.72				M						
67	54520	REMOVAL OF TESTIS	363.72	00 15			M						
63	54522	ORCHIECTOMY, PARTIAL	652.90				M						
67	54522	ORCHIECTOMY, PARTIAL	652.90	00 15			M						
63	54530	REMOVAL OF TESTIS	563.13				M						
67	54530	REMOVAL OF TESTIS	563.13	00 15			M						
63	54535	EXTENSIVE TESTIS SURGERY	826.90				M						
67	54535	EXTENSIVE TESTIS SURGERY	826.90	00 15			M						
63	54550	EXPLORATION FOR TESTIS	545.32				M						
67	54550	EXPLORATION FOR TESTIS	545.32	00 15			M						
63	54560	EXPLORATION FOR TESTIS	763.58				M						
67	54560	EXPLORATION FOR TESTIS	763.58	00 15			M						
63	54600	REDUCE TESTIS TORSION	501.30				M						
67	54600	REDUCE TESTIS TORSION	501.30	00 15			M						
63	54620	SUSPENSION OF TESTIS	331.01				M						
67	54620	SUSPENSION OF TESTIS	331.01	00 15			M						
63	54640	SUSPENSION OF TESTIS	483.50				M						
67	54640	SUSPENSION OF TESTIS	483.50	00 15			M						
63	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	790.51				M						
67	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	790.51	00 15			M						
63	54660	REVISION OF TESTIS	394.95				M						
67	54660	REVISION OF TESTIS	394.95	00 15			M						
63	54670	REPAIR TESTIS INJURY	451.48				M						
67	54670	REPAIR TESTIS INJURY	451.48	00 15			M						
63	54680	RELOCATION OF TESTIS(ES)	876.88				M						
67	54680	RELOCATION OF TESTIS(ES)	876.88	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	54690	LAPAROSCOPY, ORCHIECTOMY	730.17					M						
67	54690	LAPAROSCOPY, ORCHIECTOMY	730.17	00	15			M						
63	54692	LAPAROSCOPY, ORCHIOPEXY	842.98					M						
67	54692	LAPAROSCOPY, ORCHIOPEXY	842.98	00	15			M						
63	54700	DRAINAGE OF SCROTUM	235.91					M						
67	54700	DRAINAGE OF SCROTUM	235.91	00	15			M						
63	54800	BIOPSY OF EPIDIDYMIS	139.06					M					X	
67	54800	BIOPSY OF EPIDIDYMIS	139.06	00	15			M					X	
63	54830	REMOVE EPIDIDYMIS LESION	411.65					M						
67	54830	REMOVE EPIDIDYMIS LESION	411.65	00	15			M						
63	54840	REMOVE EPIDIDYMIS LESION	356.14					M						
67	54840	REMOVE EPIDIDYMIS LESION	356.14	00	15			M						
63	54860	REMOVAL OF EPIDIDYMIS	464.10					M						
67	54860	REMOVAL OF EPIDIDYMIS	464.10	00	15			M						
63	54861	REMOVAL OF EPIDIDYMES	630.75					M						
67	54861	REMOVAL OF EPIDIDYMES	630.75	00	15			M						
63	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	396.45					M						
67	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	396.45	00	15			M						
63	55000	DRAINAGE OF HYDROCELE	131.23					M					X	
67	55000	DRAINAGE OF HYDROCELE	131.23	00	15			M					X	
63	55040	REMOVAL OF HYDROCELE	374.60					M						
67	55040	REMOVAL OF HYDROCELE	374.60	00	15			M						
63	55041	REMOVAL OF HYDROCELES	567.58					M						
67	55041	REMOVAL OF HYDROCELES	567.58	00	15			M						
63	55060	REPAIR OF HYDROCELE	420.28					M						
67	55060	REPAIR OF HYDROCELE	420.28	00	15			M						
63	55100	DRAINAGE OF SCROTUM ABSCESS	250.11					M						
67	55100	DRAINAGE OF SCROTUM ABSCESS	250.11	00	15			M						
63	55110	SCROTAL EXPLORATION	431.47					M						
67	55110	SCROTAL EXPLORATION	431.47	00	15			M						
63	55120	REMOVAL OF SCROTUM LESION	391.30					M						
67	55120	REMOVAL OF SCROTUM LESION	391.30	00	15			M						
63	55150	REMOVAL OF SCROTUM	549.21					M						
67	55150	REMOVAL OF SCROTUM	549.21	00	15			M						
63	55175	SCROTOPLASTY;	403.52					M						
67	55175	SCROTOPLASTY;	403.52	00	15			M						
63	55180	SCROTOPLASTY;COMPLICATED	770.43					M						
67	55180	SCROTOPLASTY;	770.43	00	15			M						
63	55250	VASECTOMY, UNILATERAL OR BILATERAL	361.59	21	99	X		M						
63	55500	REMOVAL OF HYDROCELE	438.36					M						
67	55500	REMOVAL OF HYDROCELE	438.36	00	15			M						
63	55520	REMOVAL OF SPERM CORD LESION	522.94					M						
67	55520	REMOVAL OF SPERM CORD LESION	522.94	00	15			M						
63	55530	REVISE SPERMATIC CORD VEINS	391.44					M						
67	55530	REVISE SPERMATIC CORD VEINS	391.44	00	15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	55535	REVISE SPERMATIC CORD VEINS	477.29				M						
67	55535	REVISE SPERMATIC CORD VEINS	477.29	00 15			M						
63	55540	REVISE HERNIA & SPERM VEINS	637.45				M						
67	55540	REVISE HERNIA & SPERM VEINS	637.45	00 15			M						
63	55550	LAPARO LIGATE SPERMATIC VEIN	476.33				M						
67	55550	LAPARO LIGATE SPERMATIC VEIN	476.33	00 15			M						
63	55600	INCISE SPERM DUCT POUCH	467.62				M						
67	55600	INCISE SPERM DUCT POUCH	467.62	00 15			M						
63	55605	INCISE SPERM DUCT POUCH	579.82				M						
67	55605	INCISE SPERM DUCT POUCH	579.82	00 15			M						
63	55650	REMOVE SPERM DUCT POUCH	799.23				M						
67	55650	REMOVE SPERM DUCT POUCH	799.23	00 15			M						
63	55680	REMOVE SPERM POUCH LESION	383.62				M						
67	55680	REMOVE SPERM POUCH LESION	383.62	00 15			M						
63	55700	BIOPSY OF PROSTATE	261.17				M						
67	55700	BIOPSY OF PROSTATE	261.17	00 15			M						
63	55705	BIOPSY OF PROSTATE	294.76				M						
67	55705	BIOPSY OF PROSTATE	294.76	00 15			M						
63	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	415.35				M						
67	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	415.35	00 15			M						
63	55720	DRAINAGE OF PROSTATE ABSCESS	502.25				M						
67	55720	DRAINAGE OF PROSTATE ABSCESS	502.25	00 15			M						
63	55725	DRAINAGE OF PROSTATE ABSCESS	659.51				M						
67	55725	DRAINAGE OF PROSTATE ABSCESS	659.51	00 15			M						
63	55801	REMOVAL OF PROSTATE	1,218.22				M						
67	55801	REMOVAL OF PROSTATE	1,218.22	00 15			M						
63	55810	EXTENSIVE PROSTATE SURGERY	1,458.34				M						
67	55810	EXTENSIVE PROSTATE SURGERY	1,458.34	00 15			M						
63	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,792.46				M						
67	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,792.46	00 15			M						
63	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,964.02				M						
67	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,964.02	00 15			M						
63	55821	REMOVAL OF PROSTATE	971.21				M						
67	55821	REMOVAL OF PROSTATE	971.21	00 15			M						
63	55831	REMOVAL OF PROSTATE	1,053.79				M						
67	55831	REMOVAL OF PROSTATE	1,053.79	00 15			M						
63	55840	EXTENSIVE PROSTATE SURGERY	1,302.29				M						
67	55840	EXTENSIVE PROSTATE SURGERY	1,302.29	00 15			M						
63	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,302.62				M						
67	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,302.62	00 15			M						
63	55845	EXTENSIVE PROSTATE SURGERY	1,517.13				M						
67	55845	EXTENSIVE PROSTATE SURGERY	1,517.13	00 15			M						
63	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	973.80				M						
67	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	973.80	00 15			M						
63	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,220.09				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,220.09	00 15			M						
63	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,487.94				M						
67	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,487.94	00 15			M						
63	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,607.25				M						
67	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,607.25	00 15			M						
63	55870	ELECTROEJACULATION	192.32				M						
67	55870	ELECTROEJACULATION	192.32	00 15			M						
63	55873	CRYOABLATE PROSTATE	6,107.18				M						
67	55873	CRYOABLATE PROSTATE	6,107.18	00 15			M						
63	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	3,022.25				M						
67	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	3,022.25	00 15			M						
63	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	856.79				M						
67	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	856.79	00 15			M						
63	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	163.11				M						
67	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	163.11	00 15			M						
63	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,092.78				M						
67	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,092.78	00 15			M						
63	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	504.13										
67	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	504.13	00 15									
63	56405	INCISION AND DRAINAGE OF VULVA OR PE	162.59				F						
67	56405	INCISION AND DRAINAGE OF VULVA OR PE	162.59	00 15			F						
63	56420	INCISION AND DRAINAGE OF FEMALE GENI	201.87				F					X	
67	56420	INCISION AND DRAINAGE OF FEMALE GENI	201.87	00 15			F					X	
63	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	202.63				F						
67	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	202.63	00 15			F						
63	56441	LYSIS OF LABIAL ADHESIONS	202.38				F						
67	56441	LYSIS OF LABIAL ADHESIONS	202.38	00 15			F						
63	56442	HYMENOTOMY, SIMPLE INCISION	51.84				F						
67	56442	HYMENOTOMY, SIMPLE INCISION	51.84	00 15			F						
63	56501	DESTROY VULVA LESION(S);SIMPLE	208.81				F						
67	56501	DESTROY VULVA LESION(S);SIMPLE	208.81	00 15			F						
63	56515	TREATMENT OF VULVA LESIONS	306.44				F						
67	56515	TREATMENT OF VULVA LESIONS	306.44	00 15			F						
63	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	106.44				F						
67	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	106.44	00 15			F						
63	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	42.75				F						
67	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	42.75	00 15			F						
63	56620	PARTIAL REMOVAL OF VULVA	649.71				F						
67	56620	PARTIAL REMOVAL OF VULVA	649.71	00 15			F						
63	56625	REMOVAL OF VULVA	747.85				F						
67	56625	REMOVAL OF VULVA	747.85	00 15			F						
63	56630	EXTENSIVE VULVA SURGERY	1,079.59				F						
67	56630	EXTENSIVE VULVA SURGERY	1,079.59	00 15			F						
63	56631	VULVECTOMY, RADICAL, PARTIAL;	1,335.78				F						
67	56631	VULVECTOMY, RADICAL, PARTIAL;	1,335.78	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	56632	VULVECTOMY, RADICAL, PARTIAL;	1,609.60				F						
67	56632	VULVECTOMY, RADICAL, PARTIAL;	1,609.60	00 15			F						
63	56633	VULVECTOMY, RADICAL, COMPLETE;	1,386.20				F						
67	56633	VULVECTOMY, RADICAL, COMPLETE;	1,386.20	00 15			F						
63	56634	VULVECTOMY, RADICAL, COMPLETE;	1,457.04				F						
67	56634	VULVECTOMY, RADICAL, COMPLETE;	1,457.04	00 15			F						
63	56637	VULVECTOMY, RADICAL, COMPLETE;	1,710.54				F						
67	56637	VULVECTOMY, RADICAL, COMPLETE;	1,710.54	00 15			F						
63	56640	EXTENSIVE VULVA SURGERY	1,721.85				F						
67	56640	EXTENSIVE VULVA SURGERY	1,721.85	00 15			F						
63	56700	PARTIAL REMOVAL OF HYMEN	226.71				F						
67	56700	PARTIAL REMOVAL OF HYMEN	226.71	00 15			F						
63	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	357.23				F						
67	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	357.23	00 15			F						
63	56800	REPAIR OF VAGINA	284.29				F						
67	56800	REPAIR OF VAGINA	284.29	00 15			F						
63	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,328.03				F						
67	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,328.03	00 15			F						
63	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	306.35				F						
67	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	306.35	00 15			F						
63	56820	EXAM OF VULVA W/SCOPE	137.99				F						
67	56820	EXAM OF VULVA W/SCOPE	137.99	00 15			F						
63	56821	EXAM/BIOPSY OF VULVA W/SCOPE	185.13				F						
67	56821	EXAM/BIOPSY OF VULVA W/SCOPE	185.13	00 15			F						
63	57000	EXPLORATION OF VAGINA	227.43				F						
67	57000	EXPLORATION OF VAGINA	227.43	00 15			F						
63	57010	DRAINAGE OF PELVIC ABSCESS	514.39				F						
67	57010	DRAINAGE OF PELVIC ABSCESS	514.39	00 15			F						
63	57020	DRAINAGE OF PELVIC FLUID	140.69				F						
67	57020	DRAINAGE OF PELVIC FLUID	140.69	00 15			F						
63	57022	I &D VAGINAL HEMATOMA, OB	203.87				F						
67	57022	I &D VAGINAL HEMATOMA, OB	203.87	00 15			F						
63	57023	I &D VAG HEMATOMA, TRAUMA	362.78				F						
67	57023	I &D VAG HEMATOMA, TRAUMA	362.78	00 15			F						
63	57061	DESTROY VAGINAL LESIONS;SIMPLE	181.59				F						
67	57061	DESTROY VAGINAL LESIONS;SIMPLE	181.59	00 15			F						
63	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	272.26				F						
67	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	272.26	00 15			F						
63	57100	BIOPSY OF VAGINA	114.03				F						
67	57100	BIOPSY OF VAGINA	114.03	00 15			F						
63	57105	BIOPSY OF VAGINA	193.57				F						
67	57105	BIOPSY OF VAGINA	193.57	00 15			F						
63	57106	REMOVE VAGINA WALL, PARTIAL	600.24				F						
67	57106	REMOVE VAGINA WALL, PARTIAL	600.24	00 15			F						
63	57107	REMOVE VAGINA TISSUE/PARTIAL	1,649.14				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	57107	REMOVE VAGINA TISSUE/PARTIAL	1,649.14	00 15			F						
63	57109	VAGINECTOMY PARTIAL W/NODES	1,952.75				F						
67	57109	VAGINECTOMY PARTIAL W/NODES	1,952.75	00 15			F						
63	57110	REMOVAL OF VAGINA	1,028.07				F						
67	57110	REMOVAL OF VAGINA	1,028.07	00 15			F						
63	57111	REMOVE VAGINA TISSUE/COMPL	1,952.75				F						
67	57111	REMOVE VAGINA TISSUE/COMPL	1,952.75	00 15			F						
63	57120	CLOSURE OF VAGINA	597.86				F						
67	57120	CLOSURE OF VAGINA	597.86	00 15			F						
63	57130	REMOVE VAGINA LESION	254.72				F						
67	57130	REMOVE VAGINA LESION	254.72	00 15			F						
63	57135	REMOVE VAGINA LESION	272.46				F						
67	57135	REMOVE VAGINA LESION	272.46	00 15			F						
63	57150	TREAT VAGINA INFECTION	64.47				F					X	
67	57150	TREAT VAGINA INFECTION	64.47	00 15			F					X	
63	57155	INSERTION OF UTERINE TANDEM AND/OR V	425.14				F						
67	57155	INSERTION OF UTERINE TANDEM AND/OR V	425.14	00 15			F						
63	57156	INSERTION OF A VAGINAL RADIATION AFT	244.04				F						
67	57156	INSERTION OF A VAGINAL RADIATION AFT	244.04	00 15			F						
63	57160	INSERTION OF PESSARY	81.43				F						
67	57160	INSERTION OF PESSARY	81.43	00 15			F						
63	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	85.91	10 60			F						
67	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	85.91	10 15			F						
63	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	216.66				F						
67	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	216.66	00 15			F						
63	57200	REPAIR OF VAGINA	370.33				F						
67	57200	REPAIR OF VAGINA	370.33	00 15			F						
63	57210	REPAIR VAGINA/PERINEUM	442.25				F						
67	57210	REPAIR VAGINA/PERINEUM	442.25	00 15			F						
63	57220	REVISION OF URETHRA	387.66				F						
67	57220	REVISION OF URETHRA	387.66	00 15			F						
63	57230	REPAIR OF URETHRAL LESION	471.68				F						
67	57230	REPAIR OF URETHRAL LESION	471.68	00 15			F						
63	57240	REPAIR BLADDER & VAGINA	691.90				F						
67	57240	REPAIR BLADDER & VAGINA	691.90	00 15			F						
63	57250	REPAIR RECTUM & VAGINA	697.31				F						
67	57250	REPAIR RECTUM & VAGINA	697.31	00 15			F						
63	57260	REPAIR OF VAGINA	884.10				F						
67	57260	REPAIR OF VAGINA	884.10	00 15			F						
63	57265	EXTENSIVE REPAIR OF VAGINA	991.58				F						
67	57265	EXTENSIVE REPAIR OF VAGINA	991.58	00 15			F						
63	57267	INSERT MESH/PELVIC FLR ADDON	286.13				F						
67	57267	INSERT MESH/PELVIC FLR ADDON	286.13	00 15			F						
63	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	568.51				F						
67	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	568.51	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
63	57270	REPAIR OF BOWEL POUCH	923.00				F						
67	57270	REPAIR OF BOWEL POUCH	923.00	00 15			F						
63	57280	SUSPENSION OF VAGINA	1,096.53				F						
67	57280	SUSPENSION OF VAGINA	1,096.53	00 15			F						
63	57282	FIXATION FOR VAGINAL PROLAPSE	785.55				F						
67	57282	FIXATION FOR VAGINAL PROLAPSE	785.55	00 15			F						
63	57283	COLPOPEXY, INTRAPERITONEAL	791.77				F						
67	57283	COLPOPEXY, INTRAPERITONEAL	791.77	00 15			F						
63	57284	REPAIR PARAVAGINAL DEFECT	944.68				F						
67	57284	REPAIR PARAVAGINAL DEFECT	944.68	00 15			F						
63	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	784.39				F						
67	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	784.39	00 15			F						
63	57287	REVISE/REMOVE SLING REPAIR	830.47				F						
67	57287	REVISE/REMOVE SLING REPAIR	830.47	00 15			F						
63	57288	REPAIR BLADDER DEFECT	836.00				F						
67	57288	REPAIR BLADDER DEFECT	836.00	00 15			F						
63	57289	REPAIR BLADDER & VAGINA	899.94				F						
67	57289	REPAIR BLADDER & VAGINA	899.94	00 15			F						
63	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	621.27			X	F						
67	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	621.27	00 15		X	F						
63	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	942.41			X	F						
63	57295	CHANGE VAGINAL GRAFT	564.00				F						
67	57295	CHANGE VAGINAL GRAFT	564.00	00 15			F						
63	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,092.19				F						
67	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,092.19	00 15			F						
63	57300	REPAIR RECTUM-VAGINA FISTULA	688.65				F						
67	57300	REPAIR RECTUM-VAGINA FISTULA	688.65	00 15			F						
63	57305	REPAIR RECTUM-VAGINA FISTULA	1,123.17				F						
67	57305	REPAIR RECTUM-VAGINA FISTULA	1,123.17	00 15			F						
63	57307	FISTULA REPAIR & COLOSTOMY	1,209.91				F						
67	57307	FISTULA REPAIR & COLOSTOMY	1,209.91	00 15			F						
63	57308	FISTULA REPAIR, TRANSPERINE	739.87				F						
67	57308	FISTULA REPAIR, TRANSPERINE	739.87	00 15			F						
63	57310	REPAIR URETHRA-VAGINA LESION	545.94				F						
67	57310	REPAIR URETHRA-VAGINA LESION	545.94	00 15			F						
63	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	616.88				F						
67	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	616.88	00 15			F						
63	57320	REPAIR BLADDER-VAGINA LESION	638.16				F						
67	57320	REPAIR BLADDER-VAGINA LESION	638.16	00 15			F						
63	57330	REPAIR BLADDER-VAGINA LESION	856.40				F						
67	57330	REPAIR BLADDER-VAGINA LESION	856.40	00 15			F						
63	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,340.55				F						
67	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,340.55	00 15			F						
63	57400	DILATE VAGINA UNDER ANESTHESIA	147.55		X		F						
67	57400	DILATE VAGINA UNDER ANESTHESIA	147.55	00 15	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	57410	PELVIC EXAM UNDER ANESTHESIA	118.29		X		F						
67	57410	PELVIC EXAM UNDER ANESTHESIA	118.29	00 15	X		F						
63	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	195.93				F						
67	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	195.93	00 15			F						
63	57420	EXAM OF VAGINA W/SCOPE	145.24				F						
67	57420	EXAM OF VAGINA W/SCOPE	145.24	00 15			F						
63	57421	EXAM/BIOPSY OF VAG W/SCOPE	195.84				F						
67	57421	EXAM/BIOPSY OF VAG W/SCOPE	195.84	00 15			F						
63	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	1,054.86				F						
67	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	1,054.86	00 15			F						
63	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,105.16				F						
67	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,105.16	00 15			F						
63	57426	REVISION (INCLUDING REMOVAL) OF PROS	983.89				F						
67	57426	REVISION (INCLUDING REMOVAL) OF PROS	983.89	00 15			F						
63	57452	EXAMINATION OF VAGINA	139.51				F						
67	57452	EXAMINATION OF VAGINA	139.51	00 15			F						
63	57454	VAGINA EXAMINATION & BIOPSY	189.39				F						
67	57454	VAGINA EXAMINATION & BIOPSY	189.39	00 15			F						
63	57455	BIOPSY OF CERVIX W/SCOPE	178.76				F						
67	57455	BIOPSY OF CERVIX W/SCOPE	178.76	00 15			F						
63	57456	ENDOCERV CURETTAGE W/SCOPE	167.42				F						
67	57456	ENDOCERV CURETTAGE W/SCOPE	167.42	00 15			F						
63	57460	COLPOSCOPY (VAGINOSCOPY);	344.72				F						
67	57460	COLPOSCOPY (VAGINOSCOPY);	344.72	00 15			F						
63	57461	CONZ OF CERVIX W/SCOPE, LEEP	387.21				F						
67	57461	CONZ OF CERVIX W/SCOPE, LEEP	387.21	00 15			F						
63	57465	COMPUTER-AIDED MAPPING OF CERVIX	60.09				F						
67	57465	COMPUTER-AIDED MAPPING OF CERVIX	60.09	00 15			F						
63	57500	BIOPSY OF CERVIX	168.09				F						
67	57500	BIOPSY OF CERVIX	168.09	00 15			F						
63	57505	ENDOCERVICAL CURETTAGE	168.37				F						
67	57505	ENDOCERVICAL CURETTAGE	168.37	00 15			F						
63	57510	CAUTERIZATION OF CERVIX	185.91				F						
67	57510	CAUTERIZATION OF CERVIX	185.91	00 15			F						
63	57511	CRYOCAUTERY OF CERVIX	219.77				F						
67	57511	CRYOCAUTERY OF CERVIX	219.77	00 15			F						
63	57513	LASER SURGERY	226.52				F						
67	57513	LASER SURGERY	226.52	00 15			F						
63	57520	BIOPSY OF CERVIX 10800	389.90				F						
67	57520	BIOPSY OF CERVIX 10800	389.90	00 15			F						
63	57522	CONIZATION OF CERVIX	336.38				F						
67	57522	CONIZATION OF CERVIX	336.38	00 15			F						
63	57530	REMOVAL OF CERVIX	417.94				F						
67	57530	REMOVAL OF CERVIX	417.94	00 15			F						
63	57531	REMOVAL OF CERVIX, RADICAL	2,127.83				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	57531	REMOVAL OF CERVIX, RADICAL	2,127.83	00	15			F						
63	57540	REMOVAL OF RESIDUAL CERVIX	900.01					F						
67	57540	REMOVAL OF RESIDUAL CERVIX	900.01	00	15			F						
63	57545	REMOVE CERVIX, REPAIR PELVIS	948.94					F						
67	57545	REMOVE CERVIX, REPAIR PELVIS	948.94	00	15			F						
63	57550	REMOVAL OF RESIDUAL CERVIX	485.06					F						
67	57550	REMOVAL OF RESIDUAL CERVIX	485.06	00	15			F						
63	57555	REMOVE CERVIX, REPAIR VAGINA	701.34					F						
67	57555	REMOVE CERVIX, REPAIR VAGINA	701.34	00	15			F						
63	57556	REMOVE CERVIX, REPAIR BOWEL	665.36					F						
67	57556	REMOVE CERVIX, REPAIR BOWEL	665.36	00	15			F						
63	57558	DILATION AND CURETTAGE OF CERVICAL S	173.87					F						
67	57558	DILATION AND CURETTAGE OF CERVICAL S	173.87	00	15			F						
63	57700	REVISION OF CERVIX	395.48					F						
67	57700	REVISION OF CERVIX	395.48	00	15			F						
63	57720	REVISION OF CERVIX	374.47					F						
67	57720	REVISION OF CERVIX	374.47	00	15			F						
63	57800	DILATION OF CERVICAL CANAL	84.55					F						
67	57800	DILATION OF CERVICAL CANAL	84.55	00	15			F						
63	58100	BIOPSY OF UTERUS LINING	113.07					F						
67	58100	BIOPSY OF UTERUS LINING	113.07	00	15			F						
63	58110	BX DONE W/COLPOSCOPY ADD-ON	55.84					F						
67	58110	BX DONE W/COLPOSCOPY ADD-ON	55.84	00	15			F						
63	58120	DILATION AND CURETTAGE	330.58	12	99			F						
67	58120	DILATION AND CURETTAGE,NONOBSTETRICA	330.58	12	15			F						
63	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	1,064.21					F						
67	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	1,064.21	00	15			F						
63	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	642.02					F						
67	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	642.02	00	15			F						
63	58146	MYOMECTOMY ABDOM COMPLEX	1,319.16					F						
67	58146	MYOMECTOMY ABDOM COMPLEX	1,319.16	00	15			F						
63	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,149.28			X		F		X				
67	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,149.28	00	15	X		F		X				
63	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,412.83			X		F		X				
67	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,412.83	00	15	X		F		X				
63	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,091.20			X		F		X				
67	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,091.20	00	15	X		F		X				
63	58200	TAH,W/PART.VAGINECTOMY,...BX	1,526.73			X		F		X				
67	58200	TAH,W/PART.VAGINECTOMY,...BX	1,526.73	00	15	X		F		X				
63	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	2,063.65			X		F		X				
67	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	2,063.65	00	15	X		F		X				
63	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,328.03			X		F		X				
67	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,328.03	00	15	X		F		X				
63	58260	VAGINAL HYSTERECTOMY	953.25			X		F		X				
67	58260	VAGINAL HYSTERECTOMY	953.25	00	15	X		F		X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	58262	VAGINAL HYST WITH REMOVAL OF TUBES	1,055.00			X		F		X				
67	58262	VAGINAL HYST WITH REMOVAL OF TUBES	1,055.00	00	15	X		F		X				
63	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,131.83			X		F		X				
67	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,131.83	00	15	X		F		X				
63	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,218.83			X		F		X				
67	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,218.83	00	15	X		F		X				
63	58270	VAG HYSTERECT;REPAIR ENTEROCELE	1,019.40			X		F		X				
67	58270	VAG HYSTERECT;REPAIR ENTEROCELE	1,019.40	00	15	X		F		X				
63	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,124.92			X		F		X				
67	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,124.92	00	15	X		F		X				
63	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,208.20			X		F		X				
67	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,208.20	00	15	X		F		X				
63	58285	VAGINAL HYSTERECTOMY;RADICAL	1,604.45			X		F		X				
67	58285	VAGINAL HYSTERECTOMY;RADICAL	1,604.45	00	15	X		F		X				
63	58290	VAG HYST COMPLEX	1,314.42			X		F		X				
67	58290	VAG HYST COMPLEX	1,314.42	00	15	X		F		X				
63	58291	VAG HYST INCL T/O, COMPLEX	1,421.41			X		F		X				
67	58291	VAG HYST INCL T/O, COMPLEX	1,421.41	00	15	X		F		X				
63	58292	VAG HYST T/O & REPAIR, COMPL	1,498.57			X		F		X				
67	58292	VAG HYST T/O & REPAIR, COMPL	1,498.57	00	15	X		F		X				
63	58294	VAG HYST W/ENTEROCELE, COMPL	1,391.19			X		F		X				
67	58294	VAG HYST W/ENTEROCELE, COMPL	1,391.19	00	15	X		F		X				
63	58301	REMOVE INTRAUTERINE DEVICE	121.81	10	60			F						
67	58301	REMOVE INTRAUTERINE DEVICE	121.81	10	15			F						
63	58340	INJECT FOR UTERUS/TUBE X-RAY	262.10	21	59	X		F		X				
63	58346	INSERT HEYMAN UTERI CAPSULE	538.76					F						
67	58346	INSERT HEYMAN UTERI CAPSULE	538.76	00	15			F						
63	58353	ENDOMETR ABLATE, THERMAL	1,008.93			X		F						
67	58353	ENDOMETR ABLATE, THERMAL	1,008.93	00	15	X		F						
63	58356	ENDOMETRIAL CRYOABLATION	1,811.26			X		F						
67	58356	ENDOMETRIAL CRYOABLATION	1,811.26	00	15	X		F						
63	58400	UTERINE SUSPENSION	520.44					F						
67	58400	UTERINE SUSPENSION	520.44	00	15			F						
63	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	928.21					F						
67	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	928.21	00	15			F						
63	58520	REPAIR OF RUPTURED UTERUS	909.22					F						
67	58520	REPAIR OF RUPTURED UTERUS	909.22	00	15			F						
63	58540	REVISION OF UTERUS	1,045.08					F						
67	58540	REVISION OF UTERUS	1,045.08	00	15			F						
63	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	825.80			X		F		X				
67	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	825.80	00	15	X		F		X				
63	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	944.17			X		F		X				
67	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	944.17	00	15	X		F		X				
63	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	959.33			X		F		X				
67	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	959.33	00	15	X		F		X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	1,031.19			X		F		X				
67	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	1,031.19	00	15	X		F		X				
63	58545	LAPAROSCOPIC MYOMECTOMY	1,026.55					F						
67	58545	LAPAROSCOPIC MYOMECTOMY	1,026.55	00	15			F						
63	58546	LAPARO-MYOMECTOMY, COMPLEX	1,272.76					F						
67	58546	LAPARO-MYOMECTOMY, COMPLEX	1,272.76	00	15			F						
63	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	2,128.53			X		F		X				
67	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	2,128.53	00	15	X		F		X				
63	58550	LAPARO-ASST VAG HYSTERECTOMY	1,002.20			X		F						
67	58550	LAPARO-ASST VAG HYSTERECTOMY	1,002.20	00	15	X		F						
63	58552	LAPARO-VAG HYST INCL T/O	1,114.36			X		F		X				
67	58552	LAPARO-VAG HYST INCL T/O	1,114.36	00	15	X		F		X				
63	58553	LAPARO-VAG HYST, COMPLEX	1,279.78			X		F		X				
67	58553	LAPARO-VAG HYST, COMPLEX	1,279.78	00	15	X		F		X				
63	58554	LAPARO-VAG HYST W/T/O, COMPL	1,487.25			X		F		X				
67	58554	LAPARO-VAG HYST W/T/O, COMPL	1,487.25	00	15	X		F		X				
63	58555	HYSTEROSCOPY, DX, SEP PROC	395.17			X		F						
67	58555	HYSTEROSCOPY, DX, SEP PROC	395.17	00	15	X		F						
63	58558	HYSTEROSCOPY, BIOPSY	1,436.19			X		F						
67	58558	HYSTEROSCOPY, BIOPSY	1,436.19	00	15	X		F						
63	58559	HYSTEROSCOPY, LYSIS	324.02			X		F						
67	58559	HYSTEROSCOPY, LYSIS	324.02	00	15	X		F						
63	58560	HYSTEROSCOPY, RESECT SEPTUM	356.31			X		F						
67	58560	HYSTEROSCOPY, RESECT SEPTUM	356.31	00	15	X		F						
63	58561	HYSTEROSCOPY, REMOVE MYOMA	407.14			X		F						
67	58561	HYSTEROSCOPY, REMOVE MYOMA	407.14	00	15	X		F						
63	58562	HYSTEROSCOPY, REMOVE FB	476.34			X		F						
67	58562	HYSTEROSCOPY, REMOVE FB	476.34	00	15	X		F						
63	58563	HYSTEROSCOPY, ABLATION	2,275.42			X		F						
67	58563	HYSTEROSCOPY, ABLATION	2,275.42	00	15	X		F						
63	58565	HYSTEROSCOPY, STERILIZATION	1,807.17	21	59	X		F		X				
63	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	912.18			X		F		X				
67	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	912.18	00	15	X		F		X				
63	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,027.54			X		F		X				
67	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,027.54	00	15	X		F		X				
63	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,176.25			X		F		X				
67	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,176.25	00	15	X		F		X				
63	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,381.35			X		F		X				
67	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,381.35	00	15	X		F		X				
63	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,189.40			X		F		X				
67	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,189.40	00	15	X		F		X				
63	58600	DIVISION OF FALLOPIAN TUBE	418.75	21	55	X		F						
63	58605	DIVISION OF FALLOPIAN TUBE	381.68	21	55	X		F						
63	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	86.90	21	55	X		F		X				
63	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	286.88	21	55	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	58660	LAPAROSCOPY, LYSIS	779.26			X		F						
67	58660	LAPAROSCOPY, LYSIS	779.26	00	15	X		F						
63	58661	LAPAROSCOPY, REMOVE ADNEXA	742.27			X		F						
67	58661	LAPAROSCOPY, REMOVE ADNEXA	742.27	00	15	X		F						
63	58662	LAPAROSCOPY, EXCISE LESIONS	808.55			X		F						
67	58662	LAPAROSCOPY, EXCISE LESIONS	808.55	00	15	X		F						
63	58670	LAPAROSCOPY, TUBAL CAUTERY	420.10	10	59	X		F						
67	58670	LAPAROSCOPY, TUBAL CAUTERY	420.10	10	15	X		F						
63	58671	LAPAROSCOPY, TUBAL BLOCK	419.43			X		F						
67	58671	LAPAROSCOPY, TUBAL BLOCK	419.43	00	15	X		F						
63	58673	LAPAROSCOPY, SALPINGOSTOMY	905.40			X		F				X		
67	58673	LAPAROSCOPY, SALPINGOSTOMY	905.40	00	15	X		F				X		
63	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	926.55			X		F						
67	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	926.55	00	15	X		F						
63	58700	REMOVAL OF FALLOPIAN TUBE	909.79			X		F						
67	58700	REMOVAL OF FALLOPIAN TUBE	909.79	00	15	X		F						
63	58720	REMOVAL OF OVARY/TUBE(S)	857.92			X		F						
67	58720	REMOVAL OF OVARY/TUBE(S)	857.92	00	15	X		F						
63	58800	DRAINAGE OF OVARIAN CYST(S)	404.93					F						
67	58800	DRAINAGE OF OVARIAN CYST(S)	404.93	00	15			F						
63	58805	DRAINAGE OF OVARIAN CYST(S)	481.73					F						
67	58805	DRAINAGE OF OVARIAN CYST(S)	481.73	00	15			F						
63	58820	DRAINAGE OF OVARIAN ABSCESS	379.48					F						
67	58820	DRAINAGE OF OVARIAN ABSCESS	379.48	00	15			F						
63	58822	DRAINAGE OF OVARIAN ABSCESS	812.11					F						
67	58822	DRAINAGE OF OVARIAN ABSCESS	812.11	00	15			F						
63	58825	TRANSPOSITION, OVARY(S)	806.90			X		F						
67	58825	TRANSPOSITION, OVARY(S)	806.90	00	15	X		F						
63	58900	BIOPSY OF OVARY(S)	492.21					F						
67	58900	BIOPSY OF OVARY(S)	492.21	00	15			F						
63	58920	PARTIAL REMOVAL OF OVARY(S)	812.64					F						
67	58920	PARTIAL REMOVAL OF OVARY(S)	812.64	00	15			F						
63	58925	REMOVAL OF OVARIAN CYST(S)	871.92					F						
67	58925	REMOVAL OF OVARIAN CYST(S)	871.92	00	15			F						
63	58940	REMOVAL OF OVARY(S)	627.63			X		F						
67	58940	REMOVAL OF OVARY(S)	627.63	00	15	X		F						
63	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,323.88			X		F						
67	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,323.88	00	15	X		F						
63	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,299.10					F						
67	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,299.10	00	15			F						
63	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,632.29			X		F		X				
67	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,632.29	00	15	X		F		X				
63	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,861.28					F						
67	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,861.28	00	15			F						
63	58953	TAH, RAD DISSECT FOR DEBULK	2,265.89			X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	58953	TAH, RAD DISSECT FOR DEBULK	2,265.89	00	15	X		F						
63	58954	TAH RAD DEBULK/LYMPH REMOVE	2,453.53			X		F						
67	58954	TAH RAD DEBULK/LYMPH REMOVE	2,453.53	00	15	X		F						
63	58956	BSO, OMENTECTOMY W/TAH	1,537.06			X		F		X				
67	58956	BSO, OMENTECTOMY W/TAH	1,537.06	00	15	X		F		X				
63	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,801.26					F						
67	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,801.26	00	15			F						
63	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,891.28					F						
67	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,891.28	00	15			F						
63	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,120.30					F						
67	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,120.30	00	15			F						
63	59000	AMNIOCENTESIS	129.56	16	60			F					X	
67	59000	AMNIOCENTESIS	129.56	10	15			F					X	
63	59001	AMNIOCENTESIS, THERAPEUTIC	206.88	16	60			F						
67	59001	AMNIOCENTESIS, THERAPEUTIC	206.88	10	15			F						
63	59012	CORDOCENTESIS,ANY METHOD	233.72	16	60			F						
67	59012	CORDECENTESIS, ANY METHOD	233.72	10	15			F						
63	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	177.41	16	60			F	X					
67	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	177.41	10	15			F	X					
65	59020	FETAL OXYTOCIN STRESS TEST	43.13	10	60	X		F	X					
65	59025	FETAL NON-STRESS TEST	32.85	10	60	X		F						
63	59030	FETAL SCALP BLOOD SAMPLE	131.28	16	60			F						
67	59030	FETAL SCALP BLOOD SAMPLE	131.28	10	15			F						
63	59050	INTERNAL FETAL MONITORING/CONSULTAN	58.62	16	60	X		F						
67	59050	INTERNAL FETAL MONITORING/CONSULTANT	58.62	10	15	X		F						
63	59051	FETAL MONITOR/INTERPRET ONL	48.76	16	60			F						
67	59051	FETAL MONITOR/INTERPRET ONL	48.76	10	15			F						
63	59070	TRANSABDOM AMNIOINFUS W/ US	451.21	16	60			F						
67	59070	TRANSABDOM AMNIOINFUS W/ US	451.21	10	15			F						
63	59074	FETAL FLUID DRAINAGE W/ US	434.66	16	60			F						
67	59074	FETAL FLUID DRAINAGE W/ US	434.66	10	15			F						
63	59076	FETAL SHUNT PLACEMENT, W/ US	606.91	16	60			F						
67	59076	FETAL SHUNT PLACEMENT, W/ US	606.91	10	15			F						
63	59100	REMOVE UTERUS LESION	992.05	16	60	X		F						
67	59100	REMOVE UTERUS LESION	992.05	10	15	X		F						
63	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	946.20	16	60	X		F						
67	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	946.20	10	15	X		F						
63	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	947.55	16	60	X		F						
67	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	947.55	10	15	X		F						
63	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,101.18	16	60	X		F						
67	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,101.18	10	15	X		F						
63	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	1,045.04	16	60	X		F						
67	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	1,045.04	10	15	X		F						
63	59140	SURG TX ECTOPIC PG, CERVICAL	479.67	16	60	X		F						
67	59140	SURG TX ECTOPIC PG, CERVICAL	479.67	10	15	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	918.47	16	60	X		F						
67	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	918.47	10	15	X		F						
63	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	898.67	16	60	X		F						
67	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	898.67	10	15	X		F						
63	59160	D&C AFTER DELIVERY	307.20	16	60			F						
67	59160	D&C AFTER DELIVERY	307.20	10	15			F						
63	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	258.51	16	60	X		F						
67	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	258.51	10	15	X		F						
63	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	175.42	16	60			F						
67	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	175.42	10	15			F						
63	59325	CERCLAGE OF CERVIX;ABDOMINAL	279.35	16	60			F						
67	59325	CERCLAGE OF CERVIX;ABDOMINAL	279.35	10	15			F						
63	59350	REPAIR OF UTERUS	325.59	16	60			F						
67	59350	REPAIR OF UTERUS	325.59	10	15			F						
63	59400	OBSTETRICAL CARE	2,743.37	10	60			F						M
67	59400	OBSTRETRICAL CARE	2,743.37	10	60			F						M
63	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	935.70	16	60			F						
67	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	935.70	10	15			F						
63	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,230.99	16	60			F						M
67	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,230.99	10	15			F						M
63	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	119.26	16	60			F						
67	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	119.26	10	15			F						
63	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	105.26	16	60			F						
67	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	105.26	10	15			F						
63	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	297.49	16	60			F						
67	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	297.49	10	15			F						
63	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	3,045.60	16	60			F						M
67	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	3,045.60	10	15			F						M
63	59514	CESAREAN DELIVERY ONLY;	1,062.29	16	60			F						
67	59514	CESAREAN DELIVERY ONLY	1,062.29	10	15			F						
63	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,522.15	16	60			F						M
67	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,522.15	10	15			F						M
63	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	564.10	16	60	X		F		X				
67	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	564.10	10	15	X		F		X				
63	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,886.41	16	60			F						M
67	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,886.41	10	15			F						M
63	59612	VBAC DELIVERY ONLY	1,062.59	16	60			F						
67	59612	VBAC DELIVERY ONLY	1,062.59	10	15			F						
63	59614	VBAC DELIVERY INCL POSTPARTUM	1,341.82	16	60			F						M
67	59614	VBAC DELIVERY INCL POSTPARTUM	1,341.82	10	15			F						M
63	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	3,080.60	16	60			F						M
67	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	3,080.60	10	15			F						M
63	59620	ATTEMPTED VBAC DELIVERY ONLY	1,100.20	16	60			F						
67	59620	ATTEMPTED VBAC DELIVERY ONLY	1,100.20	10	15			F						
63	59622	ATTEMPTED VBAC-INCL POSTPARTUM	1,576.46	16	60			F						M

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	59622	ATTEMPTED VBAC INCL POSTPARTUM	1,576.46	10 15			F						M
63	59812	TREAT SPONTANEOUS ABORTION	411.95	16 60	X		F						
67	59812	TREAT SPONTANEOUS ABORTION	411.95	10 15	X		F						
63	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	492.80	16 60	X		F						
67	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	492.80	10 15	X		F						
63	59821	TREAT MISSED ABORTION; SECOND TRIMES	489.14	16 60	X		F						
67	59821	TREAT MISSED ABORTION; SECOND TRIMES	489.14	10 15	X		F						
63	59830	TREATMENT OF SEPTIC ABORTION	533.21	16 60	X		F						
67	59830	TREATMENT OF SEPTIC ABORTION	533.21	10 15	X		F						
63	59840	THERAPUTIC ABORTION	283.95	16 60	X		F						
67	59840	THERAPUTIC ABORTION	283.95	10 15	X		F						
63	59841	ABORTION BY DILATION & EVACUATION	488.20	16 60	X		F						
67	59841	ABORTION BY DILATION & EVACUATION	488.20	10 15	X		F						
63	59850	SALINE ABORTION	451.26	16 60	X		F						
67	59850	SALINE ABORTION	451.26	10 15	X		F						
63	59851	SALINE ABORTION WITH D&C	489.54	16 60	X		F						
67	59851	SALINE ABORTION WITH D&C	489.54	10 15	X		F						
63	59852	SALINE ABORTION WITH HYSTEROTOMY	675.77	16 60	X		F						
67	59852	SALINE ABORTION WITH HYSTEROTOMY	675.77	10 15	X		F						
63	59855	ABORTION	490.21	16 60	X		F						
67	59855	ABORTION	490.21	10 15	X		F						
63	59856	ABORTION	576.14	16 60	X		F						
67	59856	ABORTION	576.14	10 15	X		F						
63	59857	ABORTION	674.80	16 60	X		F						
67	59857	ABORTION	674.80	10 15	X		F						
63	59870	UTERINE EVACUATION & CURETTAGE HYDAT	606.26	16 60	X		F						
67	59870	UTERINE EVACUATION & CURETTAGE HYDAT	606.26	10 15	X		F						
63	59871	REMOVE CERCLAGE SUTURE	152.42	16 60			F						
67	59871	REMOVE CERCLAGE SUTURE	152.42	10 15			F						
63	60000	DRAIN THYROID/TONGUE CYST	198.64										
67	60000	DRAIN THYROID/TONGUE CYST	198.64	00 15									
63	60100	BIOPSY OF THYROID	119.54									X	
67	60100	BIOPSY OF THYROID	119.54	00 15								X	
63	60200	REMOVE THYROID LESION	753.41										
67	60200	REMOVE THYROID LESION	753.41	00 15									
63	60210	PARTIAL EXCISION THYROID	803.65										
67	60210	PARTIAL EXCISION THYROID	803.65	00 15									
63	60212	PARTIAL THYROID EXCISION	1,189.28										
67	60212	PARTIAL THYROID EXCISION	1,189.28	00 15									
63	60220	PARTIAL REMOVAL OF THYROID	800.42										
67	60220	PARTIAL REMOVAL OF THYROID	800.42	00 15									
63	60225	PARTIAL REMOVAL OF THYROID	1,059.94										
67	60225	PARTIAL REMOVAL OF THYROID	1,059.94	00 15									
63	60240	REMOVAL OF THYROID	1,046.30										
67	60240	REMOVAL OF THYROID	1,046.30	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	60252	REMOVAL OF THYROID	1,508.46										
67	60252	REMOVAL OF THYROID	1,508.46	00 15									
63	60254	EXTENSIVE THYROID SURGERY	1,903.51										
67	60254	EXTENSIVE THYROID SURGERY	1,903.51	00 15									
63	60260	REPEAT THYROID SURGERY	1,239.94										
67	60260	REPEAT THYROID SURGERY	1,239.94	00 15									
63	60270	REMOVAL OF THYROID	1,556.58										
67	60270	REMOVAL OF THYROID	1,556.58	00 15									
63	60271	REMOVAL OF THYROID	1,201.63										
67	60271	REMOVAL OF THYROID	1,201.63	00 15									
63	60280	REMOVE THYROID DUCT LESION	502.24										
67	60280	REMOVE THYROID DUCT LESION	502.24	00 15									
63	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	661.52										
67	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	661.52	00 15									
63	60300	ASPIRATION AND/OR INJECTION, THYROID	115.26										
67	60300	ASPIRATION AND/OR INJECTION, THYROID	115.26	00 15									
63	60500	EXPLORE PARATHYROID GLANDS	1,107.84										
67	60500	EXPLORE PARATHYROID GLANDS	1,107.84	00 15									
63	60502	RE-EXPLORE PARATHYROID(S)	1,489.15										
67	60502	RE-EXPLORE PARATHYROID(S)	1,489.15	00 15									
63	60505	EXPLORE PARATHYROID GLANDS	1,598.45										
67	60505	EXPLORE PARATHYROID GLANDS	1,598.45	00 15									
63	60512	AUTOTRANSPLANT, PARATHYROID	278.03										
67	60512	AUTOTRANSPLANT, PARATHYROID	278.03	00 15									
63	60520	REMOVAL OF THYMUS GLAND	1,208.62										
67	60520	REMOVAL OF THYMUS GLAND	1,208.62	00 15									
63	60521	REMOVAL THYMUS GLAND	1,289.21										
67	60521	REMOVAL THYMUS GLAND	1,289.21	00 15									
63	60522	REMOVAL OF THYMUS GLAND	1,569.58										
67	60522	REMOVAL OF THYMUS GLAND	1,569.58	00 15									
63	60540	EXPLORE ADRENAL GLAND	1,226.07										
67	60540	EXPLORE ADRENAL GLAND	1,226.07	00 15									
63	60545	EXPLORE ADRENAL GLAND	1,427.94										
67	60545	EXPLORE ADRENAL GLAND	1,427.94	00 15									
63	60600	REMOVE CAROTID BODY LESION	1,574.01										
67	60600	REMOVE CAROTID BODY LESION	1,574.01	00 15									
63	60605	REMOVE CAROTID BODY LESION	1,931.42										
67	60605	REMOVE CAROTID BODY LESION	1,931.42	00 15									
63	60650	LAPAROSCOPY ADRENALECTOMY	1,364.97										
67	60650	LAPAROSCOPY ADRENALECTOMY	1,364.97	00 15									
63	61000	REMOVE CRANIAL CAVITY FLUID	130.77										
67	61000	REMOVE CRANIAL CAVITY FLUID	130.77	00 15									
63	61001	SUBDURAL TAP....SUBSEQUENT TAPS	124.41									X	
67	61001	SUBDURAL TAP....SUBSEQUENT TAPS	124.41	00 15								X	
63	61020	REMOVE BRAIN CAVITY FLUID	121.81									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
67	61020	REMOVE BRAIN CAVITY FLUID	121.81	00 15								X	
63	61026	PUNCTURE BURR HOLE FOR INJECT	121.35										
67	61026	PUNCTURE BURR HOLE FOR INJECT	121.35	00 15									
63	61050	REMOVE BRAIN CANAL FLUID	88.89										
67	61050	REMOVE BRAIN CANAL FLUID	88.89	00 15									
63	61055	CERVICAL PUNTURE FOR INJECTION	132.35										
67	61055	CERVICAL PUNTURE FOR INJECTION	132.35	00 15									
63	61070	BRAIN CANAL SHUNT PROCEDURE	63.69										
67	61070	BRAIN CANAL SHUNT PROCEDURE	63.69	00 15									
63	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	528.57										
67	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	528.57	00 15									
63	61107	TWIST DRILL HOLE/VENTRICULAR CATH	367.53										
67	61107	TWIST DRILL HOLE/VENTRICULAR CATH	367.53	00 15									
63	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	1,039.53										
67	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	1,039.53	00 15									
63	61120	PIERCE SKULL FOR EXAMINATION	865.77										
67	61120	PIERCE SKULL FOR EXAMINATION	865.77	00 15									
63	61140	PIERCE SKULL FOR BIOPSY	1,474.54										
67	61140	PIERCE SKULL FOR BIOPSY	1,474.54	00 15									
63	61150	PIERCE SKULL FOR DRAINAGE	1,572.98										
67	61150	PIERCE SKULL FOR DRAINAGE	1,572.98	00 15									
63	61151	PIERCE SKULL FOR DRAINAGE	1,154.22									X	
67	61151	PIERCE SKULL FOR DRAINAGE	1,154.22	00 15								X	
63	61154	PIERCE SKULL FOR DRAINAGE	1,479.32									X	
67	61154	PIERCE SKULL FOR DRAINAGE	1,479.32	00 15								X	
63	61156	PIERCE SKULL FOR DRAINAGE	1,447.42										
67	61156	PIERCE SKULL FOR DRAINAGE	1,447.42	00 15									
63	61210	PIERCE SKULL; IMPLANT DEVICE	431.14										
67	61210	PIERCE SKULL; IMPLANT DEVICE	431.14	00 15									
63	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	584.76										
67	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	584.76	00 15									
63	61250	PIERCE SKULL & EXPLORE	1,006.35										
67	61250	PIERCE SKULL & EXPLORE	1,006.35	00 15									
63	61253	PIERCE SKULL & EXPLORE	1,154.22										
67	61253	PIERCE SKULL & EXPLORE	1,154.22	00 15									
63	61304	INCISE SKULL FOR EXPLORATION	1,914.16										
67	61304	INCISE SKULL FOR EXPLORATION	1,914.16	00 15									
63	61305	INCISE SKULL FOR EXPLORATION	2,341.48										
67	61305	INCISE SKULL FOR EXPLORATION	2,341.48	00 15									
63	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,420.33										
67	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,420.33	00 15									
63	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,310.73										
67	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,310.73	00 15									
63	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,132.54										
67	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,132.54	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,408.97										
67	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,408.97	00 15									
63	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	103.82										
67	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	103.82	00 15									
63	61320	INCISE SKULL FOR DRAINAGE	2,210.48										
67	61320	INCISE SKULL FOR DRAINAGE	2,210.48	00 15									
63	61321	INCISE SKULL FOR DRAINAGE	2,481.56										
67	61321	INCISE SKULL FOR DRAINAGE	2,481.56	00 15									
63	61322	DECOMPRESSIVE CRANIOTOMY	2,779.53										
67	61322	DECOMPRESSIVE CRANIOTOMY	2,779.53	00 15									
63	61323	DECOMPRESSIVE LOBECTOMY	2,792.60										
67	61323	DECOMPRESSIVE LOBECTOMY	2,792.60	00 15									
63	61330	EXPLORATION OF EYE SOCKET	2,091.22										
67	61330	EXPLORATION OF EYE SOCKET	2,091.22	00 15									
63	61333	EXPLORE ORBIT; REMOVE LESION	2,357.10										
67	61333	EXPLORE ORBIT; REMOVE LESION	2,357.10	00 15									
63	61340	RELIEVE CRANIAL PRESSURE	1,676.76										
67	61340	RELIEVE CRANIAL PRESSURE	1,676.76	00 15									
63	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,564.31										
67	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,564.31	00 15									
63	61345	RELIEVE CRANIAL PRESSURE	2,384.43										
67	61345	RELIEVE CRANIAL PRESSURE	2,384.43	00 15									
63	61450	INCISE SKULL FOR SURGERY	2,243.56										
67	61450	INCISE SKULL FOR SURGERY	2,243.56	00 15									
63	61458	INCISE SKULL FOR SURGERY	2,350.58										
67	61458	INCISE SKULL FOR SURGERY	2,350.58	00 15									
63	61460	INCISE SKULL FOR SURGERY	2,460.36										
67	61460	INCISE SKULL FOR SURGERY	2,460.36	00 15									
63	61500	REMOVAL OF SKULL LESION	1,495.56										
67	61500	REMOVAL OF SKULL LESION	1,495.56	00 15									
63	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,289.03										
67	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,289.03	00 15									
63	61510	REMOVAL OF BRAIN LESION	2,560.24										
67	61510	REMOVAL OF BRAIN LESION	2,560.24	00 15									
63	61512	REMOVE BRAIN LINING LESION	2,984.12										
67	61512	REMOVE BRAIN LINING LESION	2,984.12	00 15									
63	61514	REMOVAL OF BRAIN ABSCESS	2,232.51										
67	61514	REMOVAL OF BRAIN ABSCESS	2,232.51	00 15									
63	61516	REMOVAL OF BRAIN LESION	2,178.97										
67	61516	REMOVAL OF BRAIN LESION	2,178.97	00 15									
63	61517	IMPLT BRAIN CHEMOTX AGENT	103.10										
67	61517	IMPLT BRAIN CHEMOTX AGENT	103.10	00 15									
63	61518	REMOVAL OF BRAIN LESION	3,231.64										
67	61518	REMOVAL OF BRAIN LESION	3,231.64	00 15									
63	61519	REMOVE BRAIN LINING LESION	3,434.77										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	61519	REMOVE BRAIN LINING LESION	3,434.77	00 15									
63	61520	REMOVAL OF BRAIN LESION	4,358.35										
67	61520	REMOVAL OF BRAIN LESION	4,358.35	00 15									
63	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,710.26										
67	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,710.26	00 15									
63	61522	REMOVAL OF BRAIN ABSCESS	2,556.98										
67	61522	REMOVAL OF BRAIN ABSCESS	2,556.98	00 15									
63	61524	REMOVAL OF BRAIN LESION	2,433.98										
67	61524	REMOVAL OF BRAIN LESION	2,433.98	00 15									
63	61526	REMOVAL OF BRAIN LESION	3,872.05										
67	61526	REMOVAL OF BRAIN LESION	3,872.05	00 15									
63	61530	REMOVAL OF BRAIN LESION	3,598.13										
67	61530	REMOVAL OF BRAIN LESION	3,598.13	00 15									
63	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,420.15										
67	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,420.15	00 15									
63	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,780.05										
67	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,780.05	00 15									
63	61534	REMOVAL OF BRAIN LESION	1,923.50										
67	61534	REMOVAL OF BRAIN LESION	1,923.50	00 15									
63	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,162.51										
67	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,162.51	00 15									
63	61536	REMOVAL OF BRAIN LESION	3,015.35										
67	61536	REMOVAL OF BRAIN LESION	3,015.35	00 15									
63	61537	REMOVAL OF BRAIN TISSUE	2,880.04										
67	61537	REMOVAL OF BRAIN TISSUE	2,880.04	00 15									
63	61538	REMOVAL OF BRAIN TISSUE	3,116.30										
67	61538	REMOVAL OF BRAIN TISSUE	3,116.30	00 15									
63	61539	REMOVAL OF BRAIN TISSUE	2,760.37										
67	61539	REMOVAL OF BRAIN TISSUE	2,760.37	00 15									
63	61540	REMOVAL OF BRAIN TISSUE	2,543.27										
67	61540	REMOVAL OF BRAIN TISSUE	2,543.27	00 15									
63	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,511.28										
67	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,511.28	00 15									
63	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,539.29										
67	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,539.29	00 15									
63	61544	REMOVE & TREAT BRAIN LESION	2,217.78										
67	61544	REMOVE & TREAT BRAIN LESION	2,217.78	00 15									
63	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,724.38										
67	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,724.38	00 15									
63	61546	REMOVAL OF PITUITARY GLAND	2,697.27										
67	61546	REMOVAL OF PITUITARY GLAND	2,697.27	00 15									
63	61548	REMOVAL OF PITUITARY GLAND	1,821.96										
67	61548	REMOVAL OF PITUITARY GLAND	1,821.96	00 15									
63	61550	RELEASE OF SKULL SEAMS	1,382.49										
67	61550	RELEASE OF SKULL SEAMS	1,382.49	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	61552	RELEASE OF SKULL SEAMS	1,730.04										
67	61552	RELEASE OF SKULL SEAMS	1,730.04	00 15									
63	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,992.34										
67	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,992.34	00 15									
63	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,961.47										
67	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,961.47	00 15									
63	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,193.60										
67	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,193.60	00 15									
63	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,797.09										
67	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,797.09	00 15									
63	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,316.01										
67	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,316.01	00 15									
63	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,812.30										
67	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,812.30	00 15									
63	61566	REMOVAL OF BRAIN TISSUE	2,619.59										
67	61566	REMOVAL OF BRAIN TISSUE	2,619.59	00 15									
63	61567	INCISION OF BRAIN TISSUE	2,983.42										
67	61567	INCISION OF BRAIN TISSUE	2,983.42	00 15									
63	61570	REMOVE BRAIN FOREIGN BODY	2,182.83										
67	61570	REMOVE BRAIN FOREIGN BODY	2,182.83	00 15									
63	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,325.03										
67	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,325.03	00 15									
63	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,929.73										
67	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,929.73	00 15									
63	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,835.05										
67	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,835.05	00 15									
63	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,809.37										
67	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,809.37	00 15									
63	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,178.02										
67	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,178.02	00 15									
63	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,431.82										
67	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,431.82	00 15									
63	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,365.50										
67	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,365.50	00 15									
63	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,321.35										
67	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,321.35	00 15									
63	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,807.99										
67	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,807.99	00 15									
63	61586	RESECT NASOPHARYNX, SKULL	2,894.47										
67	61586	RESECT NASOPHARYNX, SKULL	2,894.47	00 15									
63	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,445.18										
67	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,445.18	00 15									
63	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,466.68										
67	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,466.68	00 15									
63	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,665.81										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,665.81	00	15									
63	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,723.43											
67	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,723.43	00	15									
63	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,738.40											
67	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,738.40	00	15									
63	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,456.33											
67	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,456.33	00	15									
63	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,306.39											
67	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,306.39	00	15									
63	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,409.77											
67	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,409.77	00	15									
63	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,801.12											
67	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,801.12	00	15									
63	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,431.96											
67	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,431.96	00	15									
63	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,366.39											
67	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,366.39	00	15									
63	61607	RESECTION OR EXCISION OF NEOPLASTIC,	3,046.83											
67	61607	RESECTION OR EXCISION OF NEOPLASTIC,	3,046.83	00	15									
63	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,805.97											
67	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,805.97	00	15									
63	61611	TRANSECTION OR LIGATION, CAROTID ART	551.27											
67	61611	TRANSECTION OR LIGATION, CAROTID ART	551.27	00	15									
63	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,831.12											
67	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,831.12	00	15									
63	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,259.57											
67	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,259.57	00	15									
63	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,858.58											
67	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,858.58	00	15									
63	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,485.19											
67	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,485.19	00	15									
63	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,626.24											
67	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,626.24	00	15									
63	61623	ENDOVASC TEMPORY VESSEL OCCL	668.42											
67	61623	ENDOVASC TEMPORY VESSEL OCCL	668.42	00	15									
63	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,339.78											
67	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,339.78	00	15									
63	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,026.66											
67	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,026.66	00	15									
63	61630	INTRACRANIAL ANGIOPLASTY	1,573.88			X								
67	61630	INTRACRANIAL ANGIOPLASTY	1,573.88	00	15	X								
63	61635	INTRACRAN ANGIOPLSTY W/STENT	1,670.31			X								
67	61635	INTRACRAN ANGIOPLSTY W/STENT	1,670.31	00	15	X								
63	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	970.58										X	
67	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	970.58	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
63	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	667.48										
67	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	667.48	00 15									
63	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	280.45									X	
67	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	280.45	00 15								X	
63	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,638.83										
67	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,638.83	00 15									
63	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,880.83										
67	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,880.83	00 15									
63	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,324.23										
67	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,324.23	00 15									
63	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	5,260.63										
67	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	5,260.63	00 15									
63	61690	SURG..MALFORM;DURAL,SIMPLE	2,545.36										
67	61690	SURG..MALFORM;DURAL,SIMPLE	2,545.36	00 15									
63	61692	SURG..MALFORM;DURAL,COMPLEX	4,272.77										
67	61692	SURG..MALFORM;DURAL,COMPLEX	4,272.77	00 15									
63	61697	BRAIN ANEURYSM REPR, COMPLX	4,943.95										
67	61697	BRAIN ANEURYSM REPR, COMPLX	4,943.95	00 15									
63	61698	BRAIN ANEURYSM REPR, COMPLX	5,419.12										
67	61698	BRAIN ANEURYSM REPR, COMPLX	5,419.12	00 15									
63	61700	INNER SKULL VESSEL SURGERY	3,975.66										
67	61700	INNER SKULL VESSEL SURGERY	3,975.66	00 15									
63	61702	INNER SKULL VESSEL SURGERY	4,707.09										
67	61702	INNER SKULL VESSEL SURGERY	4,707.09	00 15									
63	61703	CLAMP NECK ARTERY	1,581.95										
67	61703	CLAMP NECK ARTERY	1,581.95	00 15									
63	61705	REVISE CIRCULATION TO HEAD	3,045.27										
67	61705	REVISE CIRCULATION TO HEAD	3,045.27	00 15									
63	61708	REVISE CIRCULATION TO HEAD	2,977.65										
67	61708	REVISE CIRCULATION TO HEAD	2,977.65	00 15									
63	61710	REVISE CIRCULATION TO HEAD	2,509.97										
67	61710	REVISE CIRCULATION TO HEAD	2,509.97	00 15									
63	61711	FUSION OF SKULL ARTERIES	2,999.33										
67	61711	FUSION OF SKULL ARTERIES	2,999.33	00 15									
63	61720	INCISE SKULL/BRAIN SURGERY	1,481.19										
67	61720	INCISE SKULL/BRAIN SURGERY	1,481.19	00 15									
63	61735	INCISE SKULL/BRAIN SURGERY	1,860.44										
67	61735	INCISE SKULL/BRAIN SURGERY	1,860.44	00 15									
63	61736	LASER INTERSTITIAL THERMAL THERAPY	1,033.67										
67	61736	LASER INTERSTITIAL THERMAL THERAPY	1,033.67	00 15									
63	61737	LASER INTERSTITIAL THERMAL THERAPY	1,233.29										
67	61737	LASER INTERSTITIAL THERMAL THERAPY	1,233.29	00 15									
63	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,642.78										
67	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,642.78	00 15									
63	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,608.42										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,608.42	00 15									
63	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,851.52										
67	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,851.52	00 15									
63	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,895.68										
67	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,895.68	00 15									
63	61781	STEREOTACTIC COMPUTER ASSISTED(NAVIG	276.78										
67	61781	STEREOTACTIC COMPUTER ASSISTED (NAVI	276.78	00 15									
63	61782	STEREOTACTIC COMPUTER ASSISTED(NAVIG	194.95										
67	61782	STEREOTACTIC COMPUTER ASSISTED (NAVI	194.95	00 15									
63	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	271.56										
67	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	271.56	00 15									
63	61790	TREAT TRIGEMINAL NERVE	1,022.10										
67	61790	TREAT TRIGEMINAL NERVE	1,022.10	00 15									
63	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,310.83										
67	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,310.83	00 15									
63	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,181.91										
67	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,181.91	00 15									
63	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	258.22									X	
67	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	258.22	00 15								X	
63	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,610.11										
67	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,610.11	00 15									
63	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	356.34									X	
67	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	356.34	00 15								X	
63	61800	APPLICATION OF STEREOTACTIC HEADFRAM	177.15										
67	61800	APPLICATION OF STEREOTACTIC HEADFRAM	177.15	00 15									
63	61850	IMPLANT NEUROELECTRODES	1,145.55										
67	61850	IMPLANT NEUROELECTRODES	1,145.55	00 15									
63	61860	IMPLANT NEUROELECTRODES	1,826.56										
67	61860	IMPLANT NEUROELECTRODES	1,826.56	00 15									
63	61863	IMPLANT NEUROELECTRODE	1,749.82										
67	61863	IMPLANT NEUROELECTRODE	1,749.82	00 15									
63	61864	IMPLANT NEUROELECTRDE, ADDñL	332.29										
67	61864	IMPLANT NEUROELECTRDE, ADDñL	332.29	00 15									
63	61867	IMPLANT NEUROELECTRODE	2,662.99										
67	61867	IMPLANT NEUROELECTRODE	2,662.99	00 15									
63	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	587.01										
67	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	587.01	00 15									
63	61880	REVISE/REMOVE NEUROELECTRODE	670.43										
67	61880	REVISE/REMOVE NEUROELECTRODE	670.43	00 15									
63	61885	IMPLANT NEURORECEIVER	596.74			X							
67	61885	IMPLANT NEURORECEIVER	596.74	00 15		X							
63	61886	IMPLANT NEUROSTIM ARRAYS	994.25										
67	61886	IMPLANT NEUROSTIM ARRAYS	994.25	00 15									
63	61888	REVISE/REMOVE NEURORECEIVER	460.60			X							
67	61888	REVISE/REMOVE NEURORECEIVER	460.60	00 15		X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	62000	REPAIR OF SKULL FRACTURE	1,200.99										
67	62000	REPAIR OF SKULL FRACTURE	1,200.99	00 15									
63	62005	REPAIR OF SKULL FRACTURE	1,481.92										
67	62005	REPAIR OF SKULL FRACTURE	1,481.92	00 15									
63	62010	TREATMENT OF HEAD INJURY	1,792.73										
67	62010	TREATMENT OF HEAD INJURY	1,792.73	00 15									
63	62100	REPAIR BRAIN FLUID LEAKAGE	1,825.47										
67	62100	REPAIR BRAIN FLUID LEAKAGE	1,825.47	00 15									
63	62120	REPAIR SKULL CAVITY LESION	2,383.80										
67	62120	REPAIR SKULL CAVITY LESION	2,383.80	00 15									
63	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,787.93										
67	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,787.93	00 15									
63	62140	REPAIR OF SKULL DEFECT	1,174.88										
67	62140	REPAIR OF SKULL DEFECT	1,174.88	00 15									
63	62141	REPAIR OF SKULL DEFECT	1,319.35										
67	62141	REPAIR OF SKULL DEFECT	1,319.35	00 15									
63	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	1,029.83										
67	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	1,029.83	00 15									
63	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,211.37										
67	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,211.37	00 15									
63	62145	REPAIR OF SKULL & BRAIN	1,632.42										
67	62145	REPAIR OF SKULL & BRAIN	1,632.42	00 15									
63	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,455.53										
67	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,455.53	00 15									
63	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,655.23										
67	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,655.23	00 15									
63	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	148.89										
67	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	148.89	00 15									
63	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	223.25										
67	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	223.25	00 15									
63	62161	DISSECT BRAIN W/SCOPE	1,766.92										
67	62161	DISSECT BRAIN W/SCOPE	1,766.92	00 15									
63	62162	REMOVE COLLOID CYST W/SCOPE	2,203.86										
67	62162	REMOVE COLLOID CYST W/SCOPE	2,203.86	00 15									
63	62164	REMOVE BRAIN TUMOR W/SCOPE	2,440.31										
67	62164	REMOVE BRAIN TUMOR W/SCOPE	2,440.31	00 15									
63	62165	REMOVE PITUIT TUMOR W/SCOPE	1,741.78										
67	62165	REMOVE PITUIT TUMOR W/SCOPE	1,741.78	00 15									
63	62180	ESTABLISH BRAIN CAVITY SHUNT	1,864.97										
67	62180	ESTABLISH BRAIN CAVITY SHUNT	1,864.97	00 15									
63	62190	ESTABLISH BRAIN CAVITY SHUNT	1,076.43										
67	62190	ESTABLISH BRAIN CAVITY SHUNT	1,076.43	00 15									
63	62192	ESTABLISH BRAIN CAVITY SHUNT	1,142.73										
67	62192	ESTABLISH BRAIN CAVITY SHUNT	1,142.73	00 15									
63	62194	REPLACE/IRRIGATE CATHETER	563.64										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	62194	REPLACE/IRRIGATE CATHETER	563.64	00 15									
63	62200	ESTABLISH BRAIN CAVITY SHUNT	1,605.32										
67	62200	ESTABLISH BRAIN CAVITY SHUNT	1,605.32	00 15									
63	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,401.77										
67	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,401.77	00 15									
63	62220	ESTABLISH BRAIN CAVITY SHUNT	1,135.47										
67	62220	ESTABLISH BRAIN CAVITY SHUNT	1,135.47	00 15									
63	62223	ESTABLISH BRAIN CAVITY SHUNT	1,199.92										
67	62223	ESTABLISH BRAIN CAVITY SHUNT	1,199.92	00 15									
63	62225	REPLACE/IRRIGATE CATHETER	608.07										
67	62225	REPLACE/IRRIGATE CATHETER	608.07	00 15									
63	62230	REPLACE/REVISE BRAIN SHUNT	974.99										
67	62230	REPLACE/REVISE BRAIN SHUNT	974.99	00 15									
65	62252	CSF SHUNT REPROGRAM	53.48										
63	62256	REMOVE BRAIN CAVITY SHUNT	698.06										
67	62256	REMOVE BRAIN CAVITY SHUNT	698.06	00 15									
63	62258	REPLACE BRAIN CAVITY SHUNT	1,293.74										
67	62258	REPLACE BRAIN CAVITY SHUNT	1,293.74	00 15									
63	62263	LYSIS EPIDURAL ADHESIONS	675.03										
67	62263	LYSIS EPIDURAL ADHESIONS	675.03	00 15									
63	62264	EPIDURAL LYSIS ON SINGLE DAY	477.93										
67	62264	EPIDURAL LYSIS ON SINGLE DAY	477.93	00 15									
63	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	291.01										
67	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	291.01	00 15									
63	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	285.22										
67	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	285.22	00 15									
63	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	288.82										
67	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	288.82	00 15									
63	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	136.77										
67	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	136.77	00 15									
63	62272	SPINAL PUNCTURE, THERAPEUTIC	188.04										
67	62272	SPINAL PUNCTURE, THERAPEUTIC	188.04										
63	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	183.44										
67	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	183.44	00 15									
63	62280	TREAT SPINAL CORD LESION	350.48									X	
67	62280	TREAT SPINAL CORD LESION	350.48	00 15								X	
63	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	257.57										
67	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	257.57	00 15									
63	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	342.25									X	
67	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	342.25	00 15								X	
63	62284	INJECTION FOR MYELOGRAM	207.60										
67	62284	INJECTION FOR MYELOGRAM	207.60	00 15									
63	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	633.69										
67	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	633.69	00 15									
63	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	385.26										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	385.26	00 15									
63	62291	INJECT FOR SPINE DISK X-RAY	350.36										
67	62291	INJECT FOR SPINE DISK X-RAY	350.36	00 15									
63	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	635.74										
67	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	635.74	00 15									
63	62294	INJECTION INTO SPINAL ARTERY	1,104.88										
67	62294	INJECTION INTO SPINAL ARTERY	1,104.88	00 15									
63	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	279.56										
67	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	279.56	00 15									
63	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	284.28										
67	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	284.28	00 15									
63	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	276.32										
67	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	276.32	00 15									
63	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	300.63										
67	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	300.63	00 15									
63	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	178.82										
67	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	178.82	00 15									
63	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	280.58										
67	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	280.58	00 15									
63	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	151.75										
67	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	151.75	00 15									
63	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	275.94										
67	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	275.94	00 15									
63	62324	INJECTION(S), INCLUDING INDWELLING C	151.41										
67	62324	INJECTION(S), INCLUDING INDWELLING C	151.41	00 15									
63	62325	INJECTION(S), INCLUDING INDWELLING C	273.54										
67	62325	INJECTION(S), INCLUDING INDWELLING C	273.54	00 15									
63	62326	INJECTION(S), INCLUDING INDWELLING C	152.55										
67	62326	INJECTION(S), INCLUDING INDWELLING C	152.55	00 15									
63	62327	INJECTION(S), INCLUDING INDWELLING C	282.69										
67	62327	INJECTION(S), INCLUDING INDWELLING C	282.69	00 15									
63	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	257.86									X	
67	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	257.86	00 15								X	
63	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	328.25										
67	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	328.25	00 15									
63	62350	IMPLANT SPINAL CATHETER	447.47			X		X					
67	62350	IMPLANT SPINAL CATHETER	447.47	00 15		X		X					
63	62351	IMPLANT SPINAL CATHETER	1,039.30			X		X					
67	62351	IMPLANT SPINAL CATHETER	1,039.30	00 15		X		X					
63	62355	REMOVE SPINAL CANAL CATHETER	303.18			X		X					
67	62355	REMOVE SPINAL CANAL CATHETER	303.18	00 15		X		X					
63	62360	INSERT SPINE INFUSION DEVICE	363.78			X		X					
67	62360	INSERT SPINE INFUSION DEVICE	363.78	00 15		X		X					
63	62361	IMPLANT SPINE INFUSION PUMP	494.09			X		X					
67	62361	IMPLANT SPINE INFUSION PUMP	494.09	00 15		X		X					

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	62362	IMPLANT SPINE INFUSION PUMP	433.75			X		X					
67	62362	IMPLANT SPINE INFUSION PUMP	433.75	00 15		X		X					
63	62365	REMOVE SPINE INFUSION DEVICE	331.75			X		X					
67	62365	REMOVE SPINE INFUSION DEVICE	331.75	00 15		X		X					
63	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	35.32					X					
67	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	35.32	00 15				X					
63	62368	ANALYZE SPINE INFUSION PUMP	49.09					X					
67	62368	ANALYZE SPINE INFUSION PUMP	49.09	00 15				X					
63	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	98.07					X					
67	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	98.07	00 15				X					
63	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	100.05					X					
67	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	100.05	00 15				X					
63	63001	RELIEVE SPINAL CORD PRESSURE	1,428.81										
67	63001	RELIEVE SPINAL CORD PRESSURE	1,428.81	00 15									
63	63003	RELIEVE SPINAL CORD PRESSURE	1,427.27										
67	63003	RELIEVE SPINAL CORD PRESSURE	1,427.27	00 15									
63	63005	RELIEVE SPINAL CORD PRESSURE	1,378.23										
67	63005	RELIEVE SPINAL CORD PRESSURE	1,378.23	00 15									
63	63011	RELIEVE PSINAL CORD PRESSURE	1,249.19										
67	63011	RELIEVE PSINAL CORD PRESSURE	1,249.19	00 15									
63	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,375.07										
67	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,375.07	00 15									
63	63015	RELIEVE SPINAL CORD PRESSURE	1,711.18										
67	63015	RELIEVE SPINAL CORD PRESSURE	1,711.18	00 15									
63	63016	RELIEVE SPINAL CORD PRESSURE	1,766.18										
67	63016	RELIEVE SPINAL CORD PRESSURE	1,766.18	00 15									
63	63017	RELIEVE SPINAL CORD PRESSURE	1,456.47										
67	63017	RELIEVE SPINAL CORD PRESSURE	1,456.47	00 15									
63	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,328.12										
67	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,328.12	00 15									
63	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,113.38										
67	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,113.38	00 15									
63	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	222.14									X	
67	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	222.14	00 15								X	
63	63040	NECK SPINE DISK SURGERY	1,588.81										
67	63040	NECK SPINE DISK SURGERY	1,588.81	00 15									
63	63042	LOW BACK DISK SURGERY	1,481.16										
67	63042	LOW BACK DISK SURGERY	1,481.16	00 15									
63	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,483.53										
67	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,483.53	00 15									
63	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,409.31										
67	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,409.31	00 15									
63	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,264.06										
67	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,264.06	00 15									
63	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	244.50									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	244.50	00 15								X	
63	63050	CERVICAL LAMINOPLASTY	1,698.40										
67	63050	CERVICAL LAMINOPLASTY	1,698.40	00 15									
63	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,950.31										
67	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,950.31	00 15									
63	63052	LAMINECTOMY, FACETECTOMY, OR FORAMIN	300.21										
67	63052	LAMINECTOMY, FACETECTOMY, OR FORAMIN	300.21	00 15									
63	63053	LAMINECTOMY, FACETECTOMY, OR FORAMIN	224.37									X	
67	63053	LAMINECTOMY, FACETECTOMY, OR FORAMIN	224.37	00 15								X	
63	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,883.13										
67	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,883.13	00 15									
63	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,721.11										
67	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,721.11	00 15									
63	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	373.73									X	
67	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	373.73	00 15								X	
63	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	2,062.04										
67	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	2,062.04	00 15									
63	63066	DECOMPRESS...THORACIC;EACH ADD SEG	241.94									X	
67	63066	DECOMPRESS...THORACIC;EACH ADD SEG	241.94	00 15								X	
63	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,563.16										
67	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,563.16	00 15									
63	63076	REMOVAL OF UPPER SPINE DISC AND RELE	282.12									X	
67	63076	REMOVAL OF UPPER SPINE DISC AND RELE	282.12	00 15								X	
63	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,731.24										
67	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,731.24	00 15									
63	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	243.55									X	
67	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	243.55	00 15								X	
63	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	2,027.86										
67	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	2,027.86	00 15									
63	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	307.68									X	
67	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	307.68	00 15								X	
63	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,227.63										
67	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,227.63	00 15									
63	63086	VERT CORPECT..,THOR.,EACH ADD SEG	221.33									X	
67	63086	VERT CORPECT..,THOR.,EACH ADD SEG	221.33	00 15								X	
63	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,779.44										
67	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,779.44	00 15									
63	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	297.36									X	
67	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	297.36	00 15								X	
63	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,253.30										
67	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,253.30	00 15									
63	63091	VERT CORPECTOMY;EACH ADD SEGMENT	205.01									X	
67	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	205.01	00 15								X	
63	63101	REMOVAL OF VERTEBRAL BODY	2,692.32										
67	63101	REMOVAL OF VERTEBRAL BODY	2,692.32	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	63102	REMOVAL OF VERTEBRAL BODY	2,611.81										
67	63102	REMOVAL OF VERTEBRAL BODY	2,611.81	00 15									
63	63103	REMOVE VERTEBRAL BODY ADD-ON	341.71									X	
67	63103	REMOVE VERTEBRAL BODY ADD-ON	341.71	00 15								X	
63	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,856.55										
67	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,856.55	00 15									
63	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,645.81										
67	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,645.81	00 15									
63	63173	LAMINECTOMY...;TO PERITONEAL SPACE	2,012.68										
67	63173	LAMINECTOMY...;TO PERITONEAL SPACE	2,012.68	00 15									
63	63185	INCISE SPINAL COLUMN/NERVES	1,295.47										
67	63185	INCISE SPINAL COLUMN/NERVES	1,295.47	00 15									
63	63190	INCISE SPINAL COLUMN/NERVES	1,401.30										
67	63190	INCISE SPINAL COLUMN/NERVES	1,401.30	00 15									
63	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,606.01										
67	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,606.01	00 15									
63	63197	INCISE SPINAL COLUMN & CORD	1,994.99										
67	63197	INCISE SPINAL COLUMN & CORD	1,994.99	00 15									
63	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,753.63										
67	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,753.63	00 15									
63	63250	REVISE SPINAL CORD VESSELS	3,472.18										
67	63250	REVISE SPINAL CORD VESSELS	3,472.18	00 15									
63	63251	REVISE SPINAL CORD VESSELS	3,547.31										
67	63251	REVISE SPINAL CORD VESSELS	3,547.31	00 15									
63	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,546.58										
67	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,546.58	00 15									
63	63265	LAMINECTOMY,LESION...;CERVICAL	1,935.98										
67	63265	LAMINECTOMY,LESION...;CERVICAL	1,935.98	00 15									
63	63266	LAMINECTOMY,LESION...;THORACIC	1,997.32										
67	63266	LAMINECTOMY,LESION...;THORACIC	1,997.32	00 15									
63	63267	LAMINECTOMY,LESION...;LUMBAR	1,582.17										
67	63267	LAMINECTOMY,LESION...;LUMBAR	1,582.17	00 15									
63	63268	LAMINECTOMY,LESION....;SACRAL	1,638.19										
67	63268	LAMINECTOMY,LESION....;SACRAL	1,638.19	00 15									
63	63270	LAMINECTOMY,LESION....;CERVICAL	2,428.12										
67	63270	LAMINECTOMY,LESION....;CERVICAL	2,428.12	00 15									
63	63271	LAMINECTOMY,LESION...;THORACIC	2,416.40										
67	63271	LAMINECTOMY,LESION...;THORACIC	2,416.40	00 15									
63	63272	LAMINECTOMY,LESION...;LUMBAR	2,171.23										
67	63272	LAMINECTOMY,LESION...;LUMBAR	2,171.23	00 15									
63	63273	LAMINECTOMY,LESION...;SACRAL	2,180.10										
67	63273	LAMINECTOMY,LESION...;SACRAL	2,180.10	00 15									
63	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	2,104.32										
67	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	2,104.32	00 15									
63	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	2,078.48										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	2,078.48	00 15									
63	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,803.60										
67	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,803.60	00 15									
63	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,857.29										
67	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,857.29	00 15									
63	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,471.42										
67	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,471.42	00 15									
63	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,445.12										
67	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,445.12	00 15									
63	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,306.14										
67	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,306.14	00 15									
63	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,218.53										
67	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,218.53	00 15									
63	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	3,057.69										
67	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	3,057.69	00 15									
63	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	3,012.17										
67	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	3,012.17	00 15									
63	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,208.08										
67	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,208.08	00 15									
63	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,262.75										
67	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,262.75	00 15									
63	63295	REPAIR OF LAMINECTOMY DEFECT	385.21										
67	63295	REPAIR OF LAMINECTOMY DEFECT	385.21	00 15									
63	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,098.19										
67	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	2,098.19	00 15									
63	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,575.87										
67	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,575.87	00 15									
63	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,544.75										
67	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,544.75	00 15									
63	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,706.60										
67	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,706.60	00 15									
63	63304	SEE 63300;INTRADURAL,CERVICAL	2,745.07										
67	63304	SEE 63300;INTRADURAL,CERVICAL	2,745.07	00 15									
63	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,922.74										
67	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,922.74	00 15									
63	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,871.19										
67	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,871.19	00 15									
63	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,814.74										
67	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,814.74	00 15									
63	63308	VERT CORPECTOMY, EA ADD SEGMENT	370.98									X	
67	63308	VERT CORPECTOMY; EA ADD SEGMENT	370.98	00 15								X	
63	63600	REMOVE SPINAL CORD LESION	1,273.08										
67	63600	REMOVE SPINAL CORD LESION	1,273.08	00 15									
63	63610	STIMULATION OF SPINAL CORD	678.00									X	
67	63610	STIMULATION OF SPINAL CORD	678.00	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,307.38										
67	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,307.38	00 15									
63	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	296.93									X	
67	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	296.93	00 15								X	
63	63650	IMPLANT NEUROELECTRODES	2,439.69										
67	63650	IMPLANT NEUROELECTRODES	2,439.69	00 15									
63	63655	IMPLANT NEUROELECTRODES	955.92										
67	63655	IMPLANT NEUROELECTRODES	955.92	00 15									
63	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	737.06										
67	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	737.06	00 15									
63	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	968.31										
67	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	968.31	00 15									
63	63663	REVISION INCLUDING REPLACEMENT WHEN	970.71										
67	63663	REVISION INCLUDING REPLACEMENT WHEN	970.71	00 15									
63	63664	REVISION INCLUDING REPLACEMENT WHEN	1,008.71										
67	63664	REVISION INCLUDING REPLACEMENT WHEN	1,008.71	00 15									
63	63685	IMPLANT NEURORECEIVER	405.88										
67	63685	IMPLANT NEURORECEIVER	405.88	00 15									
63	63688	REVISE/REMOVE NEURORECEIVER	418.42										
67	63688	REVISE/REMOVE NEURORECEIVER	418.42	00 15									
63	63700	REPAIR OF SPINAL HERNIATION	1,520.65										
67	63700	REPAIR OF SPINAL HERNIATION	1,520.65	00 15									
63	63702	REPAIR OF SPINAL HERNIATION	1,665.70										
67	63702	REPAIR OF SPINAL HERNIATION	1,665.70	00 15									
63	63704	REPAIR OF SPINAL HERNIATION	1,935.16										
67	63704	REPAIR OF SPINAL HERNIATION	1,935.16	00 15									
63	63706	REPAIR OF SPINAL HERNIATION	2,152.27										
67	63706	REPAIR OF SPINAL HERNIATION	2,152.27	00 15									
63	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,072.42										
67	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,072.42	00 15									
63	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,280.82										
67	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,280.82	00 15									
63	63710	GRAFT REPAIR OF SPINE DEFECT	1,239.74										
67	63710	GRAFT REPAIR OF SPINE DEFECT	1,239.74	00 15									
63	63740	INSTALL SPINAL SHUNT	1,137.98										
67	63740	INSTALL SPINAL SHUNT	1,137.98	00 15									
63	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	778.46										
67	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	778.46	00 15									
63	63744	REVISION OF SPINAL SHUNT	795.47										
67	63744	REVISION OF SPINAL SHUNT	795.47	00 15									
63	63746	REMOVAL OF SPINAL SHUNT	700.34										
67	63746	REMOVAL OF SPINAL SHUNT	700.34	00 15									
63	64400	INJECTION FOR NERVE BLOCK	121.60						X			X	
67	64400	INJECTION FOR NERVE BLOCK	121.60	00 15					X			X	
63	64405	INJECTION FOR NERVE BLOCK	83.87						X			X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	64405	INJECTION FOR NERVE BLOCK	83.87	00 15					X			X	
63	64408	INJECTION FOR NERVE BLOCK	88.00						X			X	
67	64408	INJECTION FOR NERVE BLOCK	88.00	00 15					X			X	
63	64415	INJECTION FOR NERVE BLOCK	121.71						X			X	
67	64415	INJECTION FOR NERVE BLOCK	121.71	00 15					X			X	
63	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	72.02						X				
67	64416	N BLOCK CONT INFUSE, B PLEX	72.02	00 15									
63	64417	INJECTION FOR NERVE BLOCK	149.35						X			X	
67	64417	INJECTION FOR NERVE BLOCK	149.35	00 15					X			X	
63	64418	INJECTION FOR NERVE BLOCK	95.98						X			X	
67	64418	INJECTION FOR NERVE BLOCK	95.98	00 15					X			X	
63	64420	INJECTION FOR NERVE BLOCK	105.17						X			X	
67	64420	INJECTION FOR NERVE BLOCK	105.17	00 15					X			X	
63	64421	INJECTION FOR NERVE BLOCK	36.43						X			X	
67	64421	INJECTION FOR NERVE BLOCK	36.43	00 15					X			X	
63	64425	INJECTION FOR NERVE BLOCK	119.13						X			X	
67	64425	INJECTION FOR NERVE BLOCK	119.13	00 15					X			X	
63	64430	INJECTION FOR NERVE BLOCK	106.12						X			X	
67	64430	INJECTION FOR NERVE BLOCK	106.12	00 15					X			X	
63	64435	INJECTION FOR NERVE BLOCK	87.32						X			X	
67	64435	INJECTION FOR NERVE BLOCK	87.32	00 15					X			X	
63	64445	INJECTION FOR NERVE BLOCK	133.66						X			X	
67	64445	INJECTION FOR NERVE BLOCK	133.66	00 15					X			X	
63	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	66.69						X				
67	64446	N BLK INJ, SCIATIC, CONT INF	66.69	00 15									
63	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	95.81						X				
67	64447	N BLOCK INJ FEM, SINGLE	95.81	00 15									
63	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	68.63						X				
67	64448	N BLOCK INJ FEM, CONT INF	68.63	00 15									
63	64449	N BLOCK INJ, LUMBAR PLEXUS	68.96										
67	64449	N BLOCK INJ, LUMBAR PLEXUS	68.96	00 15									
63	64450	INJECTION FOR NERVE BLOCK	81.58						X			X	
67	64450	INJECTION FOR NERVE BLOCK	81.58	00 15					X			X	
63	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	243.98									X	
67	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	243.98	00 15								X	
63	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	238.07									X	
67	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	238.07	00 15								X	
63	64455	INJECTIONS OF ANESTHETIC AND/OR STER	54.56										
67	64455	INJECTIONS OF ANESTHETIC AND/OR STER	54.56	00 15									
63	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	148.69										
67	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	148.69	00 15									
63	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	79.94										
67	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	79.94	00 15									
63	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	251.79										
67	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	251.79	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	121.65										
67	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	121.65	00 15									
63	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	232.14										
67	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	232.14	00 15									
63	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	150.48										
67	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	150.48	00 15									
63	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	376.78										
67	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	376.78	00 15									
63	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	204.94										
67	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	204.94	00 15									
63	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	104.55										
67	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	104.55	00 15									
63	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	104.89									X	
67	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	104.89	00 15								X	
63	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	186.22										
67	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	186.22	00 15									
63	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.85										
67	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.85										
63	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.51									X	
67	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.51	00 15								X	
63	64505	INJECTION FOR NERVE BLOCK	156.03						X				
67	64505	INJECTION FOR NERVE BLOCK	156.03	00 15									
63	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	156.54						X				
67	64510	INJECTION FOR NERVE BLOCK	156.54	00 15									
63	64517	N BLOCK INJ, HYPOGAS PLXS	208.85										
67	64517	N BLOCK INJ, HYPOGAS PLXS	208.85	00 15									
63	64520	INJECTION FOR NERVE BLOCK	243.48						X				
67	64520	INJECTION FOR NERVE BLOCK	243.48	00 15									
63	64530	INJECTION FOR NERVE BLOCK	246.98						X				
67	64530	INJECTION FOR NERVE BLOCK	246.98	00 15									
63	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	801.51								X		
67	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	801.51	00 15							X		
63	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	125.42										
67	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	125.42	00 15									
63	64568	INCISION FOR IMPLANTATION OF CRANIAL	692.44			X							
67	64568	INCISION FOR IMPLANTATION OF CRANIAL	692.44	00 15		X							
63	64569	REVISION OR REPLACEMENT OF CRANIAL	884.21			X							
67	64569	REVISION OR REPLACMENT OF CRANIAL	884.21	00 15		X							
63	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	844.05			X							
67	64570	REMOVAL OF CRANIAL NERVE (EG,VAGUS	844.05	00 15		X							
63	64581	INCISION FOR IMPLANTATION OF NEUROST	740.58								X		
67	64581	INCISION FOR IMPLANTATION OF NEUROST	740.58	00 15							X		
63	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NER	983.90										
67	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NER	983.90	00 15									
63	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	880.20										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	880.20	00 15									
63	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	740.29										
67	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	740.29	00 15									
63	64590	INSERTION OR REPLACEMENT OF PERIPHER	284.74										
67	64590	INSERTION OR REPLACEMENT OF PERIPHER	284.74	00 15									
63	64600	INJECTION TREATMENT OF NERVE	499.15										
67	64600	INJECTION TREATMENT OF NERVE	499.15	00 15									
63	64605	INJECTION TREATMENT OF NERVE	694.29										
67	64605	INJECTION TREATMENT OF NERVE	694.29	00 15									
63	64610	INJECTION TREATMENT OF NERVE	886.35										
67	64610	INJECTION TREATMENT OF NERVE	886.35	00 15									
63	64611	CHEMODENERVATION OF PAROTID AND SUBM	141.06										
67	64611	CHEMODENERVATION OF PAROTID AND SUBM	141.06	00 15									
63	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	147.84										
67	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	147.84	00 15									
63	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	174.34		X								
67	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	174.34	00 15	X								
63	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	154.51									X	
67	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	154.51	00 15								X	
63	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	177.12									X	
67	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	177.12	00 15								X	
63	64620	INJECTION TREATMENT OF NERVE	229.32										
67	64620	INJECTION TREATMENT OF NERVE	229.32	00 15									
63	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	415.71									X	
67	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	415.71	00 15								X	
63	64625	RADIOFREQUENCY ABLATION, NERVES INNE	506.09									X	
67	64625	RADIOFREQUENCY ABLATION, NERVES INNE	506.09	00 15								X	
63	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS	521.82										
67	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS	521.82	00 15									
63	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS	248.53									X	
67	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS	248.53	00 15								X	
63	64630	INJECTION TREATMENT OF NERVE	286.35										
67	64630	INJECTION TREATMENT OF NERVE	286.35	00 15									
63	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	97.63										
67	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	97.63	00 15									
63	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	469.95										
67	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	469.95	00 15									
63	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	273.74										
67	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	273.74	00 15									
63	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	473.83										
67	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	473.83	00 15									
63	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	257.91										
67	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	257.91	00 15									
63	64640	INJECTION TREATMENT OF NERVE	264.17									X	
67	64640	INJECTION TREATMENT OF NERVE	264.17	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	64642	Injection of chemical for destructio	167.44										
67	64642	Injection of chemical for destructio	167.44	00 15									
63	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	104.00									X	
67	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	104.00	00 15								X	
63	64644	Injection of chemical for destructio	195.13										
67	64644	Injection of chemical for destructio	195.13	00 15									
63	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	134.23									X	
67	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	134.23	00 15								X	
63	64646	Injection of chemical for destructio	175.28										
67	64646	Injection of chemical for destructio	175.28	00 15									
63	64647	Injection of chemical for destructio	202.48										
67	64647	Injection of chemical for destructio	202.48	00 15									
63	64680	INJECTION TREATMENT OF NERVE	374.17										
67	64680	INJECTION TREATMENT OF NERVE	374.17	00 15									
63	64681	INJECTION TREATMENT OF NERVE	503.98										
67	64681	INJECTION TREATMENT OF NERVE	503.98	00 15									
63	64702	REVISE FINGER/TOE NERVE	560.83										
67	64702	REVISE FINGER/TOE NERVE	560.83	00 15									
63	64704	REVISE HAND/FOOT NERVE	356.31										
67	64704	REVISE HAND/FOOT NERVE	356.31	00 15									
63	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	555.41										
67	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	555.41	00 15									
63	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	665.55										
67	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	665.55	00 15									
63	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	892.31										
67	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	892.31	00 15									
63	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	849.59										
67	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	849.59	00 15									
63	64716	REVISION OF CRANIAL NERVE	566.65										
67	64716	REVISION OF CRANIAL NERVE	566.65	00 15									
63	64718	REVISE ULNAR NERVE AT ELBOW	663.57										
67	64718	REVISE ULNAR NERVE AT ELBOW	663.57	00 15									
63	64719	REVISE ULNAR NERVE AT WRIST	450.07										
67	64719	REVISE ULNAR NERVE AT WRIST	450.07	00 15									
63	64721	REVISE MEDIAN NERVE AT WRIST	487.89										
67	64721	REVISE MEDIAN NERVE AT WRIST	487.89	00 15									
63	64722	RELIEVE PRESSURE ON NERVE(S)	402.02										
67	64722	RELIEVE PRESSURE ON NERVE(S)	402.02	00 15									
63	64726	RELEASE FOOT/TOE NERVE	295.79										
67	64726	RELEASE FOOT/TOE NERVE	295.79	00 15									
63	64727	INTERNAL NEUROLYSIS,MICROSCOPE	203.51										
67	64727	INTERNAL NEUROLYSIS, MICROSCOPE	203.51	00 15									
63	64732	INCISION OF BROW NERVE	511.96										
67	64732	INCISION OF BROW NERVE	511.96	00 15									
63	64734	INCISION OF CHEEK NERVE	579.40										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	64734	INCISION OF CHEEK NERVE	579.40	00 15									
63	64736	INCISION OF CHIN NERVE	361.01										
67	64736	INCISION OF CHIN NERVE	361.01	00 15									
63	64738	INCISION OF JAW NERVE	489.91										
67	64738	INCISION OF JAW NERVE	489.91	00 15									
63	64740	INCISION OF TONGUE NERVE	500.36										
67	64740	INCISION OF TONGUE NERVE	500.36	00 15									
63	64742	INCISION OF FACIAL NERVE	529.15										
67	64742	INCISION OF FACIAL NERVE	529.15	00 15									
63	64744	INCISE NERVE, BACK OF HEAD	573.82										
67	64744	INCISE NERVE, BACK OF HEAD	573.82	00 15									
63	64746	INCISE DIAPHRAGM NERVE	492.38										
67	64746	INCISE DIAPHRAGM NERVE	492.38	00 15									
63	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,069.63										
67	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,069.63	00 15									
63	64760	INCISION OF VAGUS NERVE	597.46										
67	64760	INCISION OF VAGUS NERVE	597.46	00 15									
63	64763	INCISE HIP/THIGH NERVE	591.23										
67	64763	INCISE HIP/THIGH NERVE	591.23	00 15									
63	64766	INCISE HIP/THIGH NERVE	730.57										
67	64766	INCISE HIP/THIGH NERVE	730.57	00 15									
63	64771	INCISE CRANIAL NERVE, EXTRADURAL	643.50										
67	64771	INCISE CRANIAL NERVE, EXTRADURAL	643.50	00 15									
63	64772	INCISION OF SPINAL NERVE	627.42										
67	64772	INCISION OF SPINAL NERVE	627.42	00 15									
63	64774	REMOVE SKIN NERVE LESION	464.82										
67	64774	REMOVE SKIN NERVE LESION	464.82	00 15									
63	64776	REMOVE DIGIT NERVE LESION	436.30										
67	64776	REMOVE DIGIT NERVE LESION	436.30	00 15									
63	64778	EXCISE NEUROMA;EACH ADD DIGIT	205.91									X	
67	64778	EXCISE NEUROMA;EACH ADD DIGIT	205.91	00 15								X	
63	64782	REMOVE LIMB NERVE LESION	505.88										
67	64782	REMOVE LIMB NERVE LESION	505.88	00 15									
63	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	246.21									X	
67	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	246.21	00 15								X	
63	64784	REMOVE NERVE LESION	815.49										
67	64784	REMOVE NERVE LESION	815.49	00 15									
63	64786	REMOVE SCIATIC NERVE LESION	1,165.75										
67	64786	REMOVE SCIATIC NERVE LESION	1,165.75	00 15									
63	64787	INSERT CAP ON NERVE END	270.37										
67	64787	INSERT CAP ON NERVE END	270.37	00 15									
63	64788	REMOVE SKIN NERVE LESION	451.06										
67	64788	REMOVE SKIN NERVE LESION	451.06	00 15									
63	64790	REMOVAL OF NERVE LESION	948.29										
67	64790	REMOVAL OF NERVE LESION	948.29	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	64792	REMOVAL OF NERVE LESION	1,211.47										
67	64792	REMOVAL OF NERVE LESION	1,211.47	00 15									
63	64795	BIOPSY OF NERVE	217.75										
67	64795	BIOPSY OF NERVE	217.75	00 15									
63	64802	REMOVE SYMPATHETIC NERVES	969.90										
67	64802	REMOVE SYMPATHETIC NERVES	969.90	00 15									
63	64804	REMOVE SYMPATHETIC NERVES	1,382.38										
67	64804	REMOVE SYMPATHETIC NERVES	1,382.38	00 15									
63	64809	REMOVE SYMPATHETIC NERVES	1,264.13										
67	64809	REMOVE SYMPATHETIC NERVES	1,264.13	00 15									
63	64818	REMOVE SYMPATHETIC NERVES	875.81										
67	64818	REMOVE SYMPATHETIC NERVES	875.81	00 15									
63	64820	REMOVE SYMPATHETIC NERVES	811.88										
67	64820	REMOVE SYMPATHETIC NERVES	811.88	00 15									
63	64821	REMOVE SYMPATHETIC NERVES	767.06										
67	64821	REMOVE SYMPATHETIC NERVES	767.06	00 15									
63	64822	REMOVE SYMPATHETIC NERVES	780.89										
67	64822	REMOVE SYMPATHETIC NERVES	780.89	00 15									
63	64823	REMOVE SYMPATHETIC NERVES	886.65										
67	64823	REMOVE SYMPATHETIC NERVES	886.65	00 15									
63	64831	REPAIR OF DIGIT NERVE	768.41										
67	64831	REPAIR OF DIGIT NERVE	768.41	00 15									
63	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	375.57									X	
67	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	375.57	00 15								X	
63	64834	REPAIR OF HAND OR FOOT NERVE	828.60										
67	64834	REPAIR OF HAND OR FOOT NERVE	828.60	00 15									
63	64835	REPAIR OF HAND OR FOOT NERVE	917.09										
67	64835	REPAIR OF HAND OR FOOT NERVE	917.09	00 15									
63	64836	REPAIR OF HAND OR FOOT NERVE	917.09										
67	64836	REPAIR OF HAND OR FOOT NERVE	917.09	00 15									
63	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	414.51									X	
67	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	414.51	00 15								X	
63	64840	REPAIR OF LEG NERVE	1,082.80										
67	64840	REPAIR OF LEG NERVE	1,082.80	00 15									
63	64856	REPAIR/TRANSPOSE NERVE	1,136.14										
67	64856	REPAIR/TRANSPOSE NERVE	1,136.14	00 15									
63	64857	REPAIR ARM/LEG NERVE	1,185.79										
67	64857	REPAIR ARM/LEG NERVE	1,185.79	00 15									
63	64858	REPAIR SCIATIC NERVE	1,326.24										
67	64858	REPAIR SCIATIC NERVE	1,326.24	00 15									
63	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	282.32									X	
67	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	282.32	00 15								X	
63	64861	REPAIR OF ARM NERVES	1,768.44										
67	64861	REPAIR OF ARM NERVES	1,768.44	00 15									
63	64862	REPAIR OF LOW BACK NERVES	1,550.18										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	64862	REPAIR OF LOW BACK NERVES	1,550.18	00 15									
63	64864	REPAIR OF FACIAL NERVE	955.67										
67	64864	REPAIR OF FACIAL NERVE	955.67	00 15									
63	64865	REPAIR OF FACIAL NERVE	1,207.60										
67	64865	REPAIR OF FACIAL NERVE	1,207.60	00 15									
63	64866	FUSION OF FACIAL/OTHER NERVE	1,384.87										
67	64866	FUSION OF FACIAL/OTHER NERVE	1,384.87	00 15									
63	64868	FUSION OF FACIAL/OTHER NERVE	1,109.65										
67	64868	FUSION OF FACIAL/OTHER NERVE	1,109.65	00 15									
63	64872	SUBSEQUENT REPAIR OF NERVE	131.46										
67	64872	SUBSEQUENT REPAIR OF NERVE	131.46	00 15									
63	64874	REPAIR & REVISE NERVE	197.33										
67	64874	REPAIR & REVISE NERVE	197.33	00 15									
63	64876	REPAIR NERVE; SHORTEN BONE	223.41										
67	64876	REPAIR NERVE; SHORTEN BONE	223.41	00 15									
63	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,232.81										
67	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,232.81	00 15									
63	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,435.38										
67	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,435.38	00 15									
63	64890	NERVE GRAFT, HAND OR FOOT	1,217.76										
67	64890	NERVE GRAFT, HAND OR FOOT	1,217.76	00 15									
63	64891	NERVE GRAFT, HAND OR FOOT	1,294.87										
67	64891	NERVE GRAFT, HAND OR FOOT	1,294.87	00 15									
63	64892	NERVE GRAFT, ARM OR LEG	1,183.53										
67	64892	NERVE GRAFT, ARM OR LEG	1,183.53	00 15									
63	64893	NERVE GRAFT, ARM OR LEG	1,262.76										
67	64893	NERVE GRAFT, ARM OR LEG	1,262.76	00 15									
63	64895	NERVE GRAFT, HAND OR FOOT	1,497.39										
67	64895	NERVE GRAFT, HAND OR FOOT	1,497.39	00 15									
63	64896	NERVE GRAFT, HAND OR FOOT	1,612.92										
67	64896	NERVE GRAFT, HAND OR FOOT	1,612.92	00 15									
63	64897	NERVE GRAFT, ARM OR LEG	1,429.06										
67	64897	NERVE GRAFT, ARM OR LEG	1,429.06	00 15									
63	64898	NERVE GRAFT, ARM OR LEG	1,546.04										
67	64898	NERVE GRAFT, ARM OR LEG	1,546.04	00 15									
63	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	676.60									X	
67	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	676.60	00 15								X	
63	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	783.38									X	
67	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	783.38	00 15								X	
63	64905	NERVE PEDICLE TRANSFER	1,128.74										
67	64905	NERVE PEDICLE TRANSFER	1,128.74	00 15									
63	64907	NERVE PEDICLE TRANSFER	1,468.42										
67	64907	NERVE PEDICLE TRANSFER	1,468.42	00 15									
63	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	853.35										
67	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	853.35	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,143.67										
67	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,143.67	00 15									
63	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	984.81									X	
67	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	984.81	00 15								X	
63	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	198.45									X	
67	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	198.45	00 15								X	
63	65091	EVISCERATION EYE	793.99										
67	65091	EVISCERATION EYE	793.99	00 15									
63	65093	EVISCERATION EYE WITH IMPLANT	786.83										
67	65093	EVISCERATION EYE WITH IMPLANT	786.83	00 15									
63	65101	REMOVAL OF EYE	905.55										
67	65101	REMOVAL OF EYE	905.55	00 15									
63	65103	REMOVE EYE/INSERT IMPLANT	934.74										
67	65103	REMOVE EYE/INSERT IMPLANT	934.74	00 15									
63	65105	REMOVE EYE/ATTACH IMPLANT	1,018.18										
67	65105	REMOVE EYE/ATTACH IMPLANT	1,018.18	00 15									
63	65110	REMOVAL OF EYE	1,412.10										
67	65110	REMOVAL OF EYE	1,412.10	00 15									
63	65112	REMOVE EYE, REVISE SOCKET	1,618.06										
67	65112	REMOVE EYE, REVISE SOCKET	1,618.06	00 15									
63	65114	REMOVE EYE, REVISE SOCKET	1,691.27										
67	65114	REMOVE EYE, REVISE SOCKET	1,691.27	00 15									
63	65125	MODIFICATION OF OCULAR IMPLANT (EG,	476.45										
67	65125	MODIFICATION OF OCULAR IMPLANT (EG,	476.45	00 15									
63	65130	INSERT OCULAR IMPLANT	909.02										
67	65130	INSERT OCULAR IMPLANT	909.02	00 15									
63	65135	INSERT OCULAR IMPLANT	919.71										
67	65135	INSERT OCULAR IMPLANT	919.71	00 15									
63	65140	ATTACH OCULAR IMPLANT	989.17										
67	65140	ATTACH OCULAR IMPLANT	989.17	00 15									
63	65150	REVISE OCULAR IMPLANT	747.66										
67	65150	REVISE OCULAR IMPLANT	747.66	00 15									
63	65155	REINSERT OCULAR IMPLANT	1,028.82										
67	65155	REINSERT OCULAR IMPLANT	1,028.82	00 15									
63	65175	REMOVAL OF OCULAR IMPLANT	829.65										
67	65175	REMOVAL OF OCULAR IMPLANT	829.65	00 15									
63	65205	REMOVE FOREIGN BODY FROM EYE	31.81									X	
67	65205	REMOVE FOREIGN BODY FROM EYE	31.81	00 15								X	
63	65210	REMOVE FOREIGN BODY FROM EYE	42.21									X	
67	65210	REMOVE FOREIGN BODY FROM EYE	42.21	00 15								X	
63	65220	REMOVE FOREIGN BODY FROM EYE	64.82									X	
67	65220	REMOVE FOREIGN BODY FROM EYE	64.82	00 15								X	
63	65222	REMOVE FOREIGN BODY FROM EYE	71.89									X	
67	65222	REMOVE FOREIGN BODY FROM EYE	71.89	00 15								X	
63	65235	REMOVE FOREIGN BODY FROM EYE	774.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	65235	REMOVE FOREIGN BODY FROM EYE	774.29	00 15									
63	65260	REMOVE FOREIGN BODY FROM EYE	1,043.78										
67	65260	REMOVE FOREIGN BODY FROM EYE	1,043.78	00 15									
63	65265	REMOVE FOREIGN BODY FROM EYE	1,176.33										
67	65265	REMOVE FOREIGN BODY FROM EYE	1,176.33	00 15									
63	65270	REPAIR OF EYE WOUND	298.81										
67	65270	REPAIR OF EYE WOUND	298.81	00 15									
63	65272	REPAIR OF EYE WOUND	556.44										
67	65272	REPAIR OF EYE WOUND	556.44	00 15									
63	65273	REPAIR OF EYE WOUND	404.57										
67	65273	REPAIR OF EYE WOUND	404.57	00 15									
63	65275	REPAIR OF EYE WOUND	623.33										
67	65275	REPAIR OF EYE WOUND	623.33	00 15									
63	65280	REPAIR OF EYE WOUND	713.26										
67	65280	REPAIR OF EYE WOUND	713.26	00 15									
63	65285	REPAIR OF EYE WOUND	1,178.35										
67	65285	REPAIR OF EYE WOUND	1,178.35	00 15									
63	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	737.67										
67	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	737.67	00 15									
63	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	520.48										
67	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	520.48	00 15									
63	65400	REMOVAL OF EYE LESION	729.82										
67	65400	REMOVAL OF EYE LESION	729.82	00 15									
63	65410	BIOPSY OF CORNEA	150.35										
67	65410	BIOPSY OF CORNEA	150.35	00 15									
63	65420	REMOVAL OF EYE LESION	565.80										
67	65420	REMOVAL OF EYE LESION	565.80	00 15									
63	65426	REMOVAL OF EYE LESION	705.40										
67	65426	REMOVAL OF EYE LESION	705.40	00 15									
63	65430	CORNEAL SMEAR	122.31									X	
67	65430	CORNEAL SMEAR	122.31	00 15								X	
63	65435	CURETTE/TREAT CORNEA	86.98										
67	65435	CURETTE/TREAT CORNEA	86.98	00 15									
63	65436	CURETTE/TREAT CORNEA	410.16										
67	65436	CURETTE/TREAT CORNEA	410.16	00 15									
63	65450	DESTROY CORNEAL LESION	343.34										
67	65450	DESTROY CORNEAL LESION	343.34	00 15									
63	65600	REVISION OF CORNEA	460.96										
67	65600	REVISION OF CORNEA	460.96	00 15									
63	65710	CORNEAL TRANSPLANT	1,212.34										
67	65710	CORNEAL TRANSPLANT	1,212.34	00 15									
63	65730	CORNEAL TRANSPLANT	1,332.22										
67	65730	CORNEAL TRANSPLANT	1,332.22	00 15									
63	65750	CORNEAL TRANSPLANT	1,345.25										
67	65750	CORNEAL TRANSPLANT	1,345.25	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	65755	KERATOPLASTY, PENETRATING	1,338.96										
67	65755	KERATOPLASTY, PENETRATING	1,338.96	00 15									
63	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,255.78										
67	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,255.78	00 15									
63	65770	KERATOPROSTHESIS	1,502.04										
67	65770	KERATOPROSTHESIS	1,502.04	00 15									
63	65772	CORNEAL RELAX INCISION,CORR SURG AST	481.76										
67	65772	CORNEAL RELAX INCISION,CORR SURG AST	481.76	00 15									
63	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	607.82										
67	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	607.82	00 15									
63	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,384.69									X	
67	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,384.69	00 15								X	
63	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,210.89									X	
67	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,210.89	00 15								X	
63	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	703.15										
67	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	703.15	00 15									
63	65781	OCULAR RECONST, TRANSPLANT	1,410.01										
67	65781	OCULAR RECONST, TRANSPLANT	1,410.01	00 15									
63	65782	OCULAR RECONST, TRANSPLANT	1,215.85		X								
67	65782	OCULAR RECONST, TRANSPLANT	1,215.85	00 15	X								
63	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,254.65									X	
67	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,254.65	00 15								X	
63	65800	DRAINAGE OF EYE	126.66										
67	65800	DRAINAGE OF EYE	126.66	00 15									
63	65810	DRAINAGE OF EYE	489.42										
67	65810	DRAINAGE OF EYE	489.42	00 15									
63	65815	DRAINAGE OF EYE	676.61										
67	65815	DRAINAGE OF EYE	676.61	00 15									
63	65820	RELIEVE INNER EYE PRESSURE	873.78										
67	65820	RELIEVE INNER EYE PRESSURE	873.78	00 15									
63	65850	TRABECULOTOMY AB EXTERNO	899.08										
67	65850	TRABECULOTOMY AB EXTERNO	899.08	00 15									
63	65855	LASER TRABECULOPLASTY-1/MORE	261.29										
67	65855	LASER TRABECULOPLASTY-1/MORE	261.29	00 15									
63	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	325.35										
67	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	325.35	00 15									
63	65865	INCISE INNER EYE ADHESIONS	505.05										
67	65865	INCISE INNER EYE ADHESIONS	505.05	00 15									
63	65870	INCISE INNER EYE ADHESIONS	629.96										
67	65870	INCISE INNER EYE ADHESIONS	629.96	00 15									
63	65875	INCISE INNER EYE ADHESIONS	671.06										
67	65875	INCISE INNER EYE ADHESIONS	671.06	00 15									
63	65880	INCISE INNER EYE ADHESIONS	706.39										
67	65880	INCISE INNER EYE ADHESIONS	706.39	00 15									
63	65900	REMOVE EYE LESION	1,053.77										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	65900	REMOVE EYE LESION	1,053.77	00 15									
63	65920	REMOVE IMPLANT FROM EYE	838.77										
67	65920	REMOVE IMPLANT FROM EYE	838.77	00 15									
63	65930	REMOVE BLOOD CLOT FROM EYE	682.54										
67	65930	REMOVE BLOOD CLOT FROM EYE	682.54	00 15									
63	66020	INJECTION TREATMENT OF EYE	206.42									X	
67	66020	INJECTION TREATMENT OF EYE	206.42	00 15								X	
63	66030	INJECTION TREATMENT OF EYE	185.47									X	
67	66030	INJECTION TREATMENT OF EYE	185.47	00 15								X	
63	66130	REMOVE EYE LESION	750.20										
67	66130	REMOVE EYE LESION	750.20	00 15									
63	66150	INCISION OF EYE	924.55										
67	66150	INCISION OF EYE	924.55	00 15									
63	66155	INCISION OF EYE	924.15										
67	66155	INCISION OF EYE	924.15	00 15									
63	66160	INCISION OF EYE	1,043.20										
67	66160	INCISION OF EYE	1,043.20	00 15									
63	66170	INCISION OF EYE	1,156.96										
67	66170	INCISION OF EYE	1,156.96	00 15									
63	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,261.23										
67	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,261.23	00 15									
63	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	790.71									X	
67	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	790.71	00 15								X	
63	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	838.59									X	
67	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	838.59	00 15								X	
63	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,144.75						X				
67	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,144.75	00 15					X				
63	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,208.31										
67	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,208.31	00 15									
63	66183	Insertion of eye fluid drainage devi	1,089.44										
67	66183	Insertion of eye fluid drainage devi	1,089.44	00 15									
63	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	834.37										
67	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	834.37	00 15									
63	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	899.11										
67	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	899.11	00 15									
63	66225	REPAIR/GRAFT EYE LESION	995.25										
67	66225	REPAIR/GRAFT EYE LESION	995.25	00 15									
63	66250	FOLLOW-UP SURGERY OF EYE	794.55										
67	66250	FOLLOW-UP SURGERY OF EYE	794.55	00 15									
63	66500	INCISION OF IRIS	416.06										
67	66500	INCISION OF IRIS	416.06	00 15									
63	66505	INCISION OF THE IRIS	452.79										
67	66505	INCISION OF THE IRIS	452.79	00 15									
63	66600	REMOVE IRIS AND LESION	961.70										
67	66600	REMOVE IRIS AND LESION	961.70	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	66605	REMOVAL OF IRIS	1,162.06										
67	66605	REMOVAL OF IRIS	1,162.06	00 15									
63	66625	REMOVAL OF IRIS	452.23										
67	66625	REMOVAL OF IRIS	452.23	00 15									
63	66630	REMOVAL OF IRIS	599.52										
67	66630	REMOVAL OF IRIS	599.52	00 15									
63	66635	REMOVAL OF IRIS	605.54										
67	66635	REMOVAL OF IRIS	605.54	00 15									
63	66680	REPAIR IRIS & CILIARY BODY	551.88										
67	66680	REPAIR IRIS & CILIARY BODY	551.88	00 15									
63	66682	SUTURE OF IRIS, CILIARY BODY	755.66										
67	66682	SUTURE OF IRIS, CILIARY BODY	755.66	00 15									
63	66710	CILIARY BODY DESTRUCTION;	468.66										
67	66710	CILIARY BODY DESTRUCTION;	468.66	00 15									
63	66711	CILIARY ENDOSCOPIC ABLATION	529.48										
67	66711	CILIARY ENDOSCOPIC ABLATION	529.48	00 15									
63	66720	RELIEVE INNER EYE PRESSURE	489.19										
67	66720	RELIEVE INNER EYE PRESSURE	489.19	00 15									
63	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	315.00										
67	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	315.00	00 15									
63	66762	REVISION OF IRIS	503.46										
67	66762	REVISION OF IRIS	503.46	00 15									
63	66770	REMOVAL OF INNER EYE LESION	558.52										
67	66770	REMOVAL OF INNER EYE LESION	558.52	00 15									
63	66820	INCISION OF LENS LESION	496.33										
67	66820	INCISION OF LENS LESION	496.33	00 15									
63	66821	DISCISSION OF SECONDARY;LASER	350.52										
67	66821	DISCISSION OF SECONDARY;LASER	350.52	00 15									
63	66825	REPOSITIONING OF INTRAOCULAR LENS PR	884.42										
67	66825	REPOSITIONING OF INTRAOCULAR LENS PR	884.42	00 15									
63	66830	REMOVAL OF LENS LESION	753.09										
67	66830	REMOVAL OF LENS LESION	753.09	00 15									
63	66840	REMOVAL OF LENS MATERIAL	735.28										
67	66840	REMOVAL OF LENS MATERIAL	735.28	00 15									
63	66850	REMOVAL OF LENS MATERIAL	835.46										
67	66850	REMOVAL OF LENS MATERIAL	835.46	00 15									
63	66852	REMOVAL LENS MATERIAL, ASPIRATION	891.75										
67	66852	REMOVAL LENS MATERIAL, ASPIRATION	891.75	00 15									
63	66920	EXTRACTION OF LENS	794.54										
67	66920	EXTRACTION OF LENS	794.54	00 15									
63	66930	EXTRACTION OF LENS	911.15										
67	66930	EXTRACTION OF LENS	911.15	00 15									
63	66940	EXTRACTION OF LENS	831.87										
67	66940	EXTRACTION OF LENS	831.87	00 15									
63	66982	CATARACT SURGERY, COMPLEX	792.09										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	66982	CATARACT SURGERY, COMPLEX	792.09	00 15									
63	66984	EXTRA CATARACT REMOVAL W/LENS	577.58										
67	66984	EXTRA CATARACT REMOVAL W/LENS	577.58	00 15									
63	66985	INSERT LENS PROSTHESIS	814.73										
67	66985	INSERT LENS PROSTHESIS	814.73	00 15									
63	66986	EXCHANGE OF INTRAOCULAR LENS	959.80										
67	66986	EXCHANGE OF INTRAOCULAR LENS	959.80	00 15									
63	66989	EXTRACAPSULAR CATARACT REMOVAL WITH	911.86										
67	66989	EXTRACAPSULAR CATARACT REMOVAL WITH	911.86	00 15									
63	66990	OPHTHALMIC ENDOSCOPE ADD-ON	95.47										
67	66990	OPHTHALMIC ENDOSCOPE ADD-ON	95.47	00 15									
63	66991	EXTRACAPSULAR CATARACT REMOVAL WITH	724.37										
67	66991	EXTRACAPSULAR CATARACT REMOVAL WITH	724.37	00 15									
63	67005	PARTIAL REMOVAL OF EYE FLUID	500.08										
67	67005	PARTIAL REMOVAL OF EYE FLUID	500.08	00 15									
63	67010	PARTIAL REMOVAL OF EYE FLUID	575.29										
67	67010	PARTIAL REMOVAL OF EYE FLUID	575.29	00 15									
63	67015	RELEASE OF EYE FLUID	640.71										
67	67015	RELEASE OF EYE FLUID	640.71	00 15									
63	67025	REPLACE EYE FLUID	783.68										
67	67025	REPLACE EYE FLUID	783.68	00 15									
63	67027	IMPLANT EYE DRUG SYSTEM	901.06										
67	67027	IMPLANT EYE DRUG SYSTEM	901.06	00 15									
63	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	120.47										
67	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	120.47	00 15									
63	67030	INCISE INNER EYE STRANDS	586.46										
67	67030	INCISE INNER EYE STRANDS	586.46	00 15									
63	67031	SEVERING OF VITREOUS STRANDS, VITREO	411.97										
67	67031	SEVERING OF VITREOUS STRANDS, VITREO	411.97	00 15									
63	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	952.06										
67	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	952.06	00 15									
63	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	1,018.84										
67	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	1,018.84	00 15									
63	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,101.62										
67	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,101.62	00 15									
63	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,217.95										
67	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,217.95	00 15									
63	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,217.95										
67	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,217.95	00 15									
63	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,285.24										
67	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,285.24	00 15									
63	67101	REPAIR DETACHED RETINA	350.58										
67	67101	REPAIR DETACHED RETINA	350.58	00 15									
63	67105	PHOTOCOAGULATION/DETACHED RET	311.86										
67	67105	PHOTOCOAGULATION/DETACHED RET	311.86	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	67107	REPAIR DETACHED RETINA	1,197.40										
67	67107	REPAIR DETACHED RETINA	1,197.40	00 15									
63	67108	REPAIR DETACHED RETINA	1,268.53										
67	67108	REPAIR DETACHED RETINA	1,268.53	00 15									
63	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	940.89										
67	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	940.89	00 15									
63	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,417.14										
67	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,417.14	00 15									
63	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	524.30										
67	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	524.30	00 15									
63	67120	REMOVE EYE IMPLANT MATERIAL	709.08										
67	67120	REMOVE EYE IMPLANT MATERIAL	709.08	00 15									
63	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	959.08										
67	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	959.08	00 15									
63	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	282.10										
67	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	282.10	00 15									
63	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	254.39										
67	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	254.39	00 15									
63	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	639.19										
67	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	639.19	00 15									
63	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	546.32										
67	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	546.32	00 15									
63	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,491.43										
67	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,491.43	00 15									
63	67220	TREAT CHOROID LESION	561.52										
67	67220	TREAT CHOROID LESION	561.52	00 15									
63	67221	OCULAR PHOTODYNAMIC THER	289.53										
67	67221	OCULAR PHOTODYNAMIC THER	289.53	00 15									
63	67225	EYE PHOTODYNAMIC THER ADD-ON	31.71										
67	67225	EYE PHOTODYNAMIC THER ADD-ON	31.71	00 15									
63	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	311.39										
67	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	311.39	00 15									
63	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	360.91										
67	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	360.91	00 15									
63	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,233.33	00 00									
67	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,233.33	00 00									
63	67250	REINFORCE EYE WALL	965.58										
67	67250	REINFORCE EYE WALL	965.58	00 15									
63	67255	REINFORCE/GRAFT EYE WALL	726.41										
67	67255	REINFORCE/GRAFT EYE WALL	726.41	00 15									
63	67311	REVISE EYE MUSCLE	509.06										
67	67311	REVISE EYE MUSCLE	509.06	00 15									
63	67312	REVISE TWO EYE MUSCLES	709.33										
67	67312	REVISE TWO EYE MUSCLES	709.33	00 15									
63	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	577.30										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	577.30	00 15									
63	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	759.62										
67	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	759.62	00 15									
63	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	733.79										
67	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	733.79	00 15									
63	67320	REVISE EYE MUSCLE(S)	268.39										
67	67320	REVISE EYE MUSCLE(S)	268.39	00 15									
63	67331	STRABISMUS SURG W/PREV EYE SURG	249.92										
67	67331	STRABISMUS SURG W/PREV EYE SURG	249.92	00 15									
63	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	278.63										
67	67332	STRABISMUS SURG W/SCAR EXTRAOC	278.63	00 15									
63	67334	STRABISMUS SURG,POST FIX SUTURE TECH	246.84										
67	67334	STRABISMUS SURG,POST FIX SUTURE TECH	246.84	00 15									
63	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	203.99										
67	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	203.99	00 15									
63	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	317.47										
67	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	317.47	00 15									
63	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	709.29										
67	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	709.29	00 15									
63	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	261.50										
67	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	261.50	00 15									
63	67346	BIOPSY OF EXTRAOCULAR MUSCLE	203.73										
67	67346	BIOPSY OF EXTRAOCULAR MUSCLE	203.73	00 15									
63	67400	EXPLORE/BIOPSY EYE SOCKET	1,106.56										
67	67400	EXPLORE/BIOPSY EYE SOCKET	1,106.56	00 15									
63	67405	EXPLORE/DRAIN EYE SOCKET	965.40										
67	67405	EXPLORE/DRAIN EYE SOCKET	965.40	00 15									
63	67412	EXPLORE/TREAT EYE SOCKET	1,062.90										
67	67412	EXPLORE/TREAT EYE SOCKET	1,062.90	00 15									
63	67413	EXPLORE/TREAT EYE SOCKET	1,032.55										
67	67413	EXPLORE/TREAT EYE SOCKET	1,032.55	00 15									
63	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,581.78										
67	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,581.78	00 15									
63	67415	BIOPSY OF EYE	110.74										
67	67415	BIOPSY OF EYE	110.74	00 15									
63	67420	EXPLORE/TREAT EYE SOCKET	1,877.58										
67	67420	EXPLORE/TREAT EYE SOCKET	1,877.58	00 15									
63	67430	EXPLORE/TREAT EYE SOCKET	1,479.99										
67	67430	EXPLORE/TREAT EYE SOCKET	1,479.99	00 15									
63	67440	EXPLORE/DRAIN EYE SOCKET	1,437.22										
67	67440	EXPLORE/DRAIN EYE SOCKET	1,437.22	00 15									
63	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,643.03										
67	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,643.03	00 15									
63	67450	EXPLORE/BIOPSY EYE SOCKET	1,487.00										
67	67450	EXPLORE/BIOPSY EYE SOCKET	1,487.00	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	67500	INJECT/TREAT EYE SOCKET	82.35										
67	67500	INJECT/TREAT EYE SOCKET	82.35	00 15									
63	67505	INJECT/TREAT EYE SOCKET	92.83										
67	67505	INJECT/TREAT EYE SOCKET	92.83	00 15									
63	67515	INJECTION OF MEDICATION OR SUBSTANCE	56.24										
67	67515	INJECTION OF MEDICATION OR SUBSTANCE	56.24	00 15									
63	67550	INSERT EYE SOCKET IMPLANT	1,159.54										
67	67550	INSERT EYE SOCKET IMPLANT	1,159.54	00 15									
63	67560	REVISE EYE SOCKET IMPLANT	1,184.55										
67	67560	REVISE EYE SOCKET IMPLANT	1,184.55	00 15									
63	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,501.69										
67	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,501.69	00 15									
63	67700	DRAINAGE OF EYELID ABSCESS	298.29										
67	67700	DRAINAGE OF EYELID ABSCESS	298.29	00 15									
63	67710	INCISION OF EYELID	254.09										
67	67710	INCISION OF EYELID	254.09	00 15									
63	67715	INCISION OF EYELID FOLD	277.71										
67	67715	INCISION OF EYELID FOLD	277.71	00 15									
63	67800	REMOVE EYELID LESION	135.86										
67	67800	REMOVE EYELID LESION	135.86	00 15									
63	67801	REMOVE EYELID LESIONS	172.29										
67	67801	REMOVE EYELID LESIONS	172.29	00 15									
63	67805	REMOVE EYELID LESIONS	215.10										
67	67805	REMOVE EYELID LESIONS	215.10	00 15									
63	67808	REMOVE EYELID LESION(S)	388.47										
67	67808	REMOVE EYELID LESION(S)	388.47	00 15									
63	67810	BIOPSY OF EYELID	195.18										
67	67810	BIOPSY OF EYELID	195.18	00 15									
63	67820	REVISE EYELASHES	20.84										
67	67820	REVISE EYELASHES	20.84	00 15									
63	67825	REVISE EYELASHES	143.05										
67	67825	REVISE EYELASHES	143.05	00 15									
63	67830	REVISE EYELASHES	282.96										
67	67830	REVISE EYELASHES	282.96	00 15									
63	67835	REVISE EYELASHES	466.36										
67	67835	REVISE EYELASHES	466.36	00 15									
63	67840	REMOVE EYELID LESION	296.81										
67	67840	REMOVE EYELID LESION	296.81	00 15									
63	67850	TREAT EYELID LESION	227.18										
67	67850	TREAT EYELID LESION	227.18	00 15									
63	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	191.97										
67	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	191.97	00 15									
63	67880	REVISION OF EYELID	493.86										
67	67880	REVISION OF EYELID	493.86	00 15									
63	67882	REVISION OF EYELID	604.59										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	67882	REVISION OF EYELID	604.59	00 15									
63	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	689.96										
67	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	689.96	00 15									
63	67901	REPAIR EYELID DEFECT	842.25										
67	67901	REPAIR EYELID DEFECT	842.25	00 15									
63	67902	REPAIR EYELID DEFECT	772.40										
67	67902	REPAIR EYELID DEFECT	772.40	00 15									
63	67903	REPAIR EYELID DEFECT	641.64										
67	67903	REPAIR EYELID DEFECT	641.64	00 15									
63	67904	REPAIR EYELID DEFECT	786.37										
67	67904	REPAIR EYELID DEFECT	786.37	00 15									
63	67906	REPAIR EYELID DEFECT	537.16										
67	67906	REPAIR EYELID DEFECT	537.16	00 15									
63	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	572.48										
67	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	572.48	00 15									
63	67909	REVISE EYELID DEFECT	583.27									X	
67	67909	REVISE EYELID DEFECT	583.27	00 15								X	
63	67911	REVISE EYELID DEFECT	593.52										
67	67911	REVISE EYELID DEFECT	593.52	00 15									
63	67912	CORRECTION EYELID W/ IMPLANT	960.11										
67	67912	CORRECTION EYELID W/ IMPLANT	960.11	00 15									
63	67914	REPAIR EYELID DEFECT	514.47										
67	67914	REPAIR EYELID DEFECT	514.47	00 15									
63	67915	REPAIR EYELID DEFECT	331.81		X								
67	67915	REPAIR EYELID DEFECT	331.81	00 15	X								
63	67916	REPAIR EYELID DEFECT	645.99										
67	67916	REPAIR EYELID DEFECT	645.99	00 15									
63	67917	REPAIR EYELID DEFECT	662.42										
67	67917	REPAIR EYELID DEFECT	662.42	00 15									
63	67921	REPAIR EYELID DEFECT	501.42										
67	67921	REPAIR EYELID DEFECT	501.42	00 15									
63	67922	REPAIR EYELID DEFECT	321.68										
67	67922	REPAIR EYELID DEFECT	321.68	00 15									
63	67923	REPAIR EYELID DEFECT	645.32										
67	67923	REPAIR EYELID DEFECT	645.32	00 15									
63	67924	REPAIR EYELID DEFECT	687.58										
67	67924	REPAIR EYELID DEFECT	687.58	00 15									
63	67930	REPAIR EYELID WOUND	392.88										
67	67930	REPAIR EYELID WOUND	392.88	00 15									
63	67935	REPAIR EYELID WOUND	637.35										
67	67935	REPAIR EYELID WOUND	637.35	00 15									
63	67938	REMOVE EYELID FOREIGN BODY	285.36									X	
67	67938	REMOVE EYELID FOREIGN BODY	285.36	00 15								X	
63	67950	REVISION OF EYELID	621.50										
67	67950	REVISION OF EYELID	621.50	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	67961	REVISION OF EYELID	621.37										
67	67961	REVISION OF EYELID	621.37	00 15									
63	67966	REVISION OF EYELID	827.63										
67	67966	REVISION OF EYELID	827.63	00 15									
63	67971	RECONSTRUCTION OF EYELID	767.08										
67	67971	RECONSTRUCTION OF EYELID	767.08	00 15									
63	67973	RECONSTRUCTION OF EYELID	985.73										
67	67973	RECONSTRUCTION OF EYELID	985.73	00 15									
63	67974	RECONSTRUCTION OF EYELID	983.38										
67	67974	RECONSTRUCTION OF EYELID	983.38	00 15									
63	67975	RECONSTRUCTION OF EYELID	725.30										
67	67975	RECONSTRUCTION OF EYELID	725.30	00 15									
63	68020	INCISE/DRAIN EYELID LINING	128.31										
67	68020	INCISE/DRAIN EYELID LINING	128.31	00 15									
63	68040	TREATMENT OF EYELID LESIONS	66.03										
67	68040	TREATMENT OF EYELID LESIONS	66.03	00 15									
63	68100	BIOPSY OF EYELID LINING	190.29										
67	68100	BIOPSY OF EYELID LINING	190.29	00 15									
63	68110	REMOVE EYELID LINING LESION	247.50										
67	68110	REMOVE EYELID LINING LESION	247.50	00 15									
63	68115	REMOVE EYELID LINING LESION	350.75										
67	68115	REMOVE EYELID LINING LESION	350.75	00 15									
63	68130	REMOVE EYELID LINING LESION	582.80										
67	68130	REMOVE EYELID LINING LESION	582.80	00 15									
63	68135	REMOVE EYELID LINING LESION	165.42										
67	68135	REMOVE EYELID LINING LESION	165.42	00 15									
63	68200	TREAT EYELID BY INJECTION	44.32										
67	68200	TREAT EYELID BY INJECTION	44.32	00 15									
63	68320	REVISE/GRAFT EYELID LINING	783.15										
67	68320	REVISE/GRAFT EYELID LINING	783.15	00 15									
63	68325	REVISE/GRAFT EYELID LINING	693.70										
67	68325	REVISE/GRAFT EYELID LINING	693.70	00 15									
63	68326	REVISE/GRAFT EYELID LINING	681.18										
67	68326	REVISE/GRAFT EYELID LINING	681.18	00 15									
63	68328	REVISE/GRAFT EYELID LINING	750.79										
67	68328	REVISE/GRAFT EYELID LINING	750.79	00 15									
63	68330	REVISE EYELID LINING	656.44										
67	68330	REVISE EYELID LINING	656.44	00 15									
63	68335	REVISE/GRAFT EYELID LINING	682.89										
67	68335	REVISE/GRAFT EYELID LINING	682.89	00 15									
63	68340	SEPARATE EYELID ADHESIONS	636.71										
67	68340	SEPARATE EYELID ADHESIONS	636.71	00 15									
63	68360	REVISE EYELID LINING	573.19										
67	68360	REVISE EYELID LINING	573.19	00 15									
63	68362	REVISE EYELID LINING	692.25										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	68362	REVISE EYELID LINING	692.25	00 15									
63	68371	HARVEST EYE TISSUE, ALOGRAFT	435.14										
67	68371	HARVEST EYE TISSUE, ALOGRAFT	435.14	00 15									
63	68400	INCISE/DRAIN TEAR GLAND	310.28										
67	68400	INCISE/DRAIN TEAR GLAND	310.28	00 15									
63	68420	INCISE/DRAIN TEAR SAC	350.80										
67	68420	INCISE/DRAIN TEAR SAC	350.80	00 15									
63	68440	INCISE TEAR DUCT OPENING	109.12										
67	68440	INCISE TEAR DUCT OPENING	109.12	00 15									
63	68500	REMOVAL OF TEAR GLAND	1,131.57										
67	68500	REMOVAL OF TEAR GLAND	1,131.57	00 15									
63	68505	PARTIAL REMOVAL TEAR GLAND	1,126.27										
67	68505	PARTIAL REMOVAL TEAR GLAND	1,126.27	00 15									
63	68510	BIOPSY OF TEAR GLAND	481.35										
67	68510	BIOPSY OF TEAR GLAND	481.35	00 15									
63	68520	REMOVAL OF TEAR SAC	786.32										
67	68520	REMOVAL OF TEAR SAC	786.32	00 15									
63	68525	BIOPSY OF TEAR SAC	281.50										
67	68525	BIOPSY OF TEAR SAC	281.50	00 15									
63	68530	CLEARANCE OF TEAR DUCT	458.48										
67	68530	CLEARANCE OF TEAR DUCT	458.48	00 15									
63	68540	REMOVE TEAR GLAND LESION	1,048.24										
67	68540	REMOVE TEAR GLAND LESION	1,048.24	00 15									
63	68550	EXCISION OF LACRIMAL GLAND TUMOR;	1,305.89										
67	68550	REMOVE TEAR GLAND LESION	1,305.89	00 15									
63	68700	REPAIR TEAR DUCTS	637.74										
67	68700	REPAIR TEAR DUCTS	637.74	00 15									
63	68705	REVISE TEAR DUCT OPENING	277.66										
67	68705	REVISE TEAR DUCT OPENING	277.66	00 15									
63	68720	CREATE TEAR SAC DRAIN	864.29										
67	68720	CREATE TEAR SAC DRAIN	864.29	00 15									
63	68745	CREATE TEAR DUCT DRAIN	867.20										
67	68745	CREATE TEAR DUCT DRAIN	867.20	00 15									
63	68750	CREATE TEAR DUCT DRAIN	917.00										
67	68750	CREATE TEAR DUCT DRAIN	917.00	00 15									
63	68760	CLOSE TEAR DUCT OPENING	231.77										
67	68760	CLOSE TEAR DUCT OPENING	231.77	00 15									
63	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	155.12									X	
67	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	155.12	00 15								X	
63	68770	CLOSE TEAR SYSTEM FISTULA	664.32										
67	68770	CLOSE TEAR SYSTEM FISTULA	664.32	00 15									
63	68801	DILATE TEAR DUCT OPENING	100.50										
67	68801	DILATE TEAR DUCT OPENING	100.50	00 15									
63	68810	PROBE NASOLACRIMAL DUCT	169.60										
67	68810	PROBE NASOLACRIMAL DUCT	169.60	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	68811	PROBE NASOLACRIMAL DUCT	141.72										
67	68811	PROBE NASOLACRIMAL DUCT	141.72	00 15									
63	68815	PROBE NASOLACRIMAL DUCT	396.10										
67	68815	PROBE NASOLACRIMAL DUCT	396.10	00 15									
63	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	900.17										
67	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	900.17	00 15									
63	68840	EXPLORE/IRRIGATE TEAR DUCTS	139.87										
67	68840	EXPLORE/IRRIGATE TEAR DUCTS	139.87	00 15									
63	68841	INSERTION OF DRUG-ELUTING IMPLANT,	40.60										
67	68841	INSERTION OF DRUG-ELUTING IMPLANT,	40.60	00 15									
63	68850	INJECTION FOR TEAR SAC X-RAY	64.43										
67	68850	INJECTION FOR TEAR SAC X-RAY	64.43	00 15									
63	69000	DRAIN EXTERNAL EAR LESION	200.48										
67	69000	DRAIN EXTERNAL EAR LESION	200.48	00 15									
63	69005	DRAIN EXTERNAL EAR LESION	238.04										
67	69005	DRAIN EXTERNAL EAR LESION	238.04	00 15									
63	69020	DRAIN OUTER EAR CANAL LESION	250.45										
67	69020	DRAIN OUTER EAR CANAL LESION	250.45	00 15									
63	69100	BIOPSY OF EXTERNAL EAR	102.82										
67	69100	BIOPSY OF EXTERNAL EAR	102.82	00 15									
63	69105	BIOPSY OF EXTERNAL EAR CANAL	154.37										
67	69105	BIOPSY OF EXTERNAL EAR CANAL	154.37	00 15									
63	69110	PARTIAL REMOVAL EXTERNAL EAR	504.41										
67	69110	PARTIAL REMOVAL EXTERNAL EAR	504.41	00 15									
63	69120	REMOVAL OF EXTERNAL EAR	425.86										
67	69120	REMOVAL OF EXTERNAL EAR	425.86	00 15									
63	69140	REMOVE EAR CANAL LESION(S)	980.74										
67	69140	REMOVE EAR CANAL LESION(S)	980.74	00 15									
63	69145	REMOVE EAR CANAL LESION(S)	439.85										
67	69145	REMOVE EAR CANAL LESION(S)	439.85	00 15									
63	69150	EXTENSIVE EAR CANAL SURGERY	1,123.36										
67	69150	EXTENSIVE EAR CANAL SURGERY	1,123.36	00 15									
63	69155	EXTENSIVE EAR/NECK SURGERY	1,809.03										
67	69155	EXTENSIVE EAR/NECK SURGERY	1,809.03	00 15									
63	69200	CLEAR OUTER EAR CANAL	86.07										
67	69200	CLEAR OUTER EAR CANAL	86.07	00 15									
63	69205	CLEAR OUTER EAR CANAL	103.44										
67	69205	CLEAR OUTER EAR CANAL	103.44	00 15									
63	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	51.83										
67	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	51.83	00 15									
63	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	83.33										
67	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	83.33	00 15									
63	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	230.29										
67	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	230.29	00 15									
63	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,222.77			X						X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,222.77	00	15		X						X	
63	69320	REBUILD OUTER EAR CANAL	1,713.44											
67	69320	REBUILD OUTER EAR CANAL	1,713.44	00	15									
63	69420	INCISION OF EARDRUM	203.43											
67	69420	INCISION OF EARDRUM	203.43	00	15									
63	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	165.04											
67	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	165.04	00	15									
63	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	136.97											
67	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	136.97	00	15									
63	69433	OFFICE TYMPANOSTOMY, UNILAT	215.52											
67	69433	OFFICE TYMPANOSTOMY, UNILAT	215.52	00	15									
63	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	174.12											
67	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	174.12	00	15									
63	69440	EXPLORATION OF MIDDLE EAR	757.87											
67	69440	EXPLORATION OF MIDDLE EAR	757.87	00	15									
63	69450	TYMPANOLYSIS, TRANSCANAL	600.08											
67	69450	TYMPANOLYSIS, TRANSCANAL	600.08	00	15									
63	69501	MASTOIDECTOMY	786.40											
67	69501	MASTOIDECTOMY	786.40	00	15									
63	69502	MASTOIDECTOMY	1,045.19											
67	69502	MASTOIDECTOMY	1,045.19	00	15									
63	69505	REMOVE MASTOID STRUCTURES	1,346.83											
67	69505	REMOVE MASTOID STRUCTURES	1,346.83	00	15									
63	69511	EXTENSIVE MASTOID SURGERY	1,379.53											
67	69511	EXTENSIVE MASTOID SURGERY	1,379.53	00	15									
63	69530	EXTENSIVE MASTOID SURGERY	1,850.05											
67	69530	EXTENSIVE MASTOID SURGERY	1,850.05	00	15									
63	69535	REMOVE PART OF TEMPORAL BONE	2,966.42											
67	69535	REMOVE PART OF TEMPORAL BONE	2,966.42	00	15									
63	69540	REMOVE EAR LESION	224.91											
67	69540	REMOVE EAR LESION	224.91	00	15									
63	69550	REMOVE EAR LESION	1,164.38											
67	69550	REMOVE EAR LESION	1,164.38	00	15									
63	69552	REMOVE EAR LESION	1,755.02											
67	69552	REMOVE EAR LESION	1,755.02	00	15									
63	69554	REMOVE EAR LESION	2,816.69											
67	69554	REMOVE EAR LESION	2,816.69	00	15									
63	69601	MASTOID SURGERY REVISION	1,129.50											
67	69601	MASTOID SURGERY REVISION	1,129.50	00	15									
63	69602	MASTOID SURGERY REVISION	1,203.66											
67	69602	MASTOID SURGERY REVISION	1,203.66	00	15									
63	69603	MASTOID SURGERY REVISION	1,410.21											
67	69603	MASTOID SURGERY REVISION	1,410.21	00	15									
63	69604	MASTOID SURGERY REVISION	1,230.50											
67	69604	MASTOID SURGERY REVISION	1,230.50	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	69610	REPAIR OF EARDRUM	419.05										
67	69610	REPAIR OF EARDRUM	419.05	00 15									
63	69620	REPAIR OF EARDRUM	800.21										
67	69620	REPAIR OF EARDRUM	800.21	00 15									
63	69631	REPAIR EARDRUM STRUCTURES	976.02										
67	69631	REPAIR EARDRUM STRUCTURES	976.02	00 15									
63	69632	REBUILD EARDRUM STRUCTURES	1,197.16										
67	69632	REBUILD EARDRUM STRUCTURES	1,197.16	00 15									
63	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,157.46										
67	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,157.46	00 15									
63	69635	REPAIR EARDRUM STRUCTURES	1,393.26										
67	69635	REPAIR EARDRUM STRUCTURES	1,393.26	00 15									
63	69636	REBUILD EARDRUM STRUCTURES	1,545.85										
67	69636	REBUILD EARDRUM STRUCTURES	1,545.85	00 15									
63	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,581.09										
67	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,581.09	00 15									
63	69641	REVISE MIDDLE EAR & MASTOID	1,151.55										
67	69641	REVISE MIDDLE EAR & MASTOID	1,151.55	00 15									
63	69642	REVISE MIDDLE EAR & MASTOID	1,481.12										
67	69642	REVISE MIDDLE EAR & MASTOID	1,481.12	00 15									
63	69643	REVISE MIDDLE EAR & MASTOID	1,355.27										
67	69643	REVISE MIDDLE EAR & MASTOID	1,355.27	00 15									
63	69644	REVISE MIDDLE EAR & MASTOID	1,657.45										
67	69644	REVISE MIDDLE EAR & MASTOID	1,657.45	00 15									
63	69645	REVISE MIDDLE EAR & MASTOID	1,630.04										
67	69645	REVISE MIDDLE EAR & MASTOID	1,630.04	00 15									
63	69646	REVISE MIDDLE EAR & MASTOID	1,729.98										
67	69646	REVISE MIDDLE EAR & MASTOID	1,729.98	00 15									
63	69650	RELEASE MIDDLE EAR BONE	886.61										
67	69650	RELEASE MIDDLE EAR BONE	886.61	00 15									
63	69660	REVISE MIDDLE EAR BONE	1,024.33										
67	69660	REVISE MIDDLE EAR BONE	1,024.33	00 15									
63	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,332.59										
67	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,332.59	00 15									
63	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,285.90										
67	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,285.90	00 15									
63	69666	REPAIR MIDDLE EAR STRUCTURES	891.45										
67	69666	REPAIR MIDDLE EAR STRUCTURES	891.45	00 15									
63	69667	REPAIR MIDDLE EAR STRUCTURES	891.84										
67	69667	REPAIR MIDDLE EAR STRUCTURES	891.84	00 15									
63	69670	REMOVE MASTOID AIR CELLS	1,045.47										
67	69670	REMOVE MASTOID AIR CELLS	1,045.47	00 15									
63	69676	TYMPANIC NEURECTOMY; UNILATERAL	917.48										
67	69676	TYMPANIC NEURECTOMY; UNILATERAL	917.48	00 15									
63	69700	CLOSE MASTOID FISTULA	734.62										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	69700	CLOSE MASTOID FISTULA	734.62	00 15									
63	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,893.56										
67	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,893.56	00 15									
63	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,995.45										
67	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,995.45	00 15									
63	69714	IMPLANT TEMPLE BONE W/STIMUL	713.57										
67	69714	IMPLANT TEMPLE BONE W/STIMUL	713.57	00 15									
63	69716	IMPLANTATION, OSSEOINTEGRATED IMPLAN	669.11								X		
67	69716	IMPLANTATION, OSSEOINTEGRATED IMPLAN	669.11	00 15							X		
63	69717	TEMPLE BONE IMPLANT REVISION	720.02								X		
67	69717	TEMPLE BONE IMPLANT REVISION	720.02	00 15							X		
63	69719	REVISION OR REPLACEMENT (INCLUDING	669.11								X		
67	69719	REVISION OR REPLACEMENT (INCLUDING	669.11	00 15							X		
63	69720	RELEASE FACIAL NERVE	1,310.72										
67	69720	RELEASE FACIAL NERVE	1,310.72	00 15									
63	69725	RELEASE FACIAL NERVE	2,083.45										
67	69725	RELEASE FACIAL NERVE	2,083.45	00 15									
63	69726	REMOVAL, OSSEOINTEGRATED IMPLANT,	451.30								X		
67	69726	REMOVAL, OSSEOINTEGRATED IMPLANT,	451.30	00 15							X		
63	69727	REMOVAL, OSSEOINTEGRATED IMPLANT,	518.38								X		
67	69727	REMOVAL, OSSEOINTEGRATED IMPLANT,	518.38	00 15							X		
63	69740	REPAIR FACIAL NERVE	1,290.06										
67	69740	REPAIR FACIAL NERVE	1,290.06	00 15									
63	69745	REPAIR FACIAL NERVE	1,373.00										
67	69745	REPAIR FACIAL NERVE	1,373.00	00 15									
63	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	245.65										
67	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	245.65	00 15									
63	69805	EXPLORE INNER EAR	1,143.68										
67	69805	EXPLORE INNER EAR	1,143.68	00 15									
63	69806	EXPLORE INNER EAR	1,023.93										
67	69806	EXPLORE INNER EAR	1,023.93	00 15									
63	69905	REMOVE INNER EAR	1,013.43										
67	69905	REMOVE INNER EAR	1,013.43	00 15									
63	69910	REMOVE INNER EAR & MASTOID	1,102.22										
67	69910	REMOVE INNER EAR & MASTOID	1,102.22	00 15									
63	69915	INCISE INNER EAR NERVE	1,678.98										
67	69915	INCISE INNER EAR NERVE	1,678.98	00 15									
63	69930	COCHLEAR DEVICE IMPLANTATION	1,356.07	16 20		X						X	
67	69930	COCHLEAR DEVICE IMPLANTATION	1,356.07	01 15		X						X	
63	69950	INCISE INNER EAR NERVE	1,952.85										
67	69950	INCISE INNER EAR NERVE	1,952.85	00 15									
63	69955	RELEASE FACIAL NERVE	2,193.61										
67	69955	RELEASE FACIAL NERVE	2,193.61	00 15									
63	69960	RELEASE INNER EAR CANAL	2,108.14										
67	69960	RELEASE INNER EAR CANAL	2,108.14	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	69970	REMOVE INNER EAR LESION	2,375.46										
67	69970	REMOVE INNER EAR LESION	2,375.46	00 15									
63	69990	MICROSURGERY ADD-ON	255.09										
67	69990	MICROSURGERY ADD-ON	255.09	00 15									
63	70010	MYELOGRAPHY; INTERPRETATION ONLY	65.69										
65	70015	CISTERNOGRAPHY; INTERPRET ONLY	64.16										
65	70030	X-RAY EYE; DETECT FOREIGN BODY	9.84									X	
65	70100	X-RAY MANDIBLE; PARTIAL	9.84										
65	70110	X-RAY MANDIBLE; COMPLETE	13.23										
65	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	9.84									X	
65	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	18.57									X	
65	70134	X-RAY INTERNAL AUDITORY MEATI	19.09									X	
65	70140	X-RAY FACIAL BONES; L3 VIEWS	10.90										
65	70150	X-RAY FACIAL BONES; COMPLETE	13.96										
65	70160	X-RAY NASAL BONES; COMPLETE	9.46										
65	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	15.84										
65	70190	X-RAY OPTIC FORAMINA	12.02									X	
65	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	15.07									X	
65	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	9.46										
65	70220	X-RAY SINUSES; PARANASAL; COMPLETE	11.73										
65	70240	X-RAY SELLA TURCICA	10.23										
65	70250	X-RAY SKULL; LESS THAN 4 VIEWS	9.84										
65	70260	X-RAY SKULL; COMPLETE	15.07										
65	70300	X-RAY TEETH; SINGLE VIEW	5.73										
65	70310	X-RAY TEETH; PARTIAL EXAM	8.73										
65	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	12.07										
65	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	9.84										
65	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	12.84										
65	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	29.70										
65	70336	MRI,TEMPOROMANDIBULAR JOINT	78.95										
65	70350	CEPHALOGRAM; ORTHODONTIC	9.46										
65	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	10.96										
65	70360	X-RAY NECK; SOFT TISSUE	9.84										
65	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	16.79										
65	70380	X-RAY SALIVARY GLANDFOR CALCULUS	9.12										
65	70390	SIALOGRAPHY; INTERPRETATION ONLY	20.46										
65	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	45.09										
65	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	60.16										
65	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	68.28										
65	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	68.66										
65	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	59.82										
65	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	67.95										
65	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	45.43										
65	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	59.82										
65	70488	CAT;MAXILL..;W/OUT-W/ CONTRAST MATER	67.95										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	68.66										
65	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	73.89										
65	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	86.56										
65	70496	CT ANGIOGRAPHY HEAD	93.29										
65	70498	CT ANGIOGRAPHY NECK	93.29										
65	70540	MRI-ORBIT,FACE AND NECK	72.06										
65	70542	MR IMAGING ORBIT, FACE, AND NECK	86.40										
65	70543	MR IMAGING ORBIT, FACE, AND NECK	114.02										
65	70544	MR ANGIOGRAPHY, HEAD	64.56										
65	70545	MR ANGIOGRAPHY	64.22										
65	70546	MR ANGIOGRAPHY NECK	79.29										
65	70547	MR ANGIOGRAPHY NECK WITHOUT CON	64.56										
65	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	80.40										
65	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	96.25										
65	70551	MRI-BRAIN/INCLUDING BRAIN STEM	79.29										
65	70552	MRI,BRAIN W CONTRAST MATERIAL	95.13										
65	70553	MAGNETIC RESONANCE I, BRAIN	121.98										
65	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	133.35										
65	70557	MRI BRAIN W/O DYE	181.73		X								
65	70558	MRI BRAIN W/ DYE	185.44		X								
65	70559	MRI BRAIN W/O & W/ DYE	177.83		X								
65	71045	RADIOLOGICAL EXAMINATION,CHEST;SINGL	9.84									X	
65	71046	RADIOLOGICAL EXAMINATION,CHEST;2 V	11.73									X	
65	71047	RADIOLOGICAL EXAMINATION,CHEST;3 V	14.34									X	
65	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	16.57										
65	71100	X-RAY EXAM OF RIBS	12.07										
65	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	14.34										
65	71110	X-RAY EXAM OF RIBS	15.46										
65	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	16.96										
65	71120	X-RAY EXAM OF BREASTBONE	10.62										
65	71130	X-RAY EXAM OF BREASTBONE	11.73										
65	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	57.55										
65	71260	CAT,THORAX,W/ CONTRAST MATERIAL	61.66										
65	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	67.16										
65	71271	COMPUTED TOMOGRAPHY, THORAX,LOW DOSE	57.55										
65	71275	CT ANGIOGRAPHY, CHEST	97.02										
65	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	78.18										
65	71551	MRI CHEST W/DYE	92.52										
65	71552	MRI CHEST W/O&W DYE	119.98										
65	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	95.95										
65	72020	X-RAY SPINE,SINGLE VIEW	8.73										
65	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	12.07										
65	72050	X-RAY EXAM OF NECK SPINE	14.69										
65	72052	X-RAY EXAM OF NECK SPINE	15.84										
65	72070	X-RAY EXAM OF THORAX SPINE	10.96										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	12.12										
65	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	13.23										
65	72080	X-RAY EXAM OF TRUNK SPINE	11.34										
65	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	13.96										
65	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	17.07										
65	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	19.13										
65	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	22.63										
65	72100	X-RAY EXAM OF LOWER SPINE	12.07										
65	72110	X-RAY EXAM OF LOWER SPINE	13.96										
65	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	16.19										
65	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	12.07										
65	72125	CAT SCAN CERVICAL SPINE W/OUT C M	53.43										
65	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	65.33										
65	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	68.45										
65	72128	CAT SCAN THORACIC SPINE W/OUT C M	53.43										
65	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	65.66										
65	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	67.95										
65	72131	CAT SCAN LUMBAR W/OUT CONTRAST	53.43										
65	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	65.33										
65	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	68.45										
65	72141	MRI,SPINAL CANAL...;CERVICAL	79.62										
65	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	95.46										
65	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	79.29										
65	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	95.13										
65	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	79.62										
65	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	95.13										
65	72156	MAGNETIC RESONANCE I, SPINAL CANAL	121.98										
65	72157	MAGNETIC RESONANCE I, SPINAL CANAL	121.98										
65	72158	MAGNETIC RESONANCE I, SPINAL CANAL	121.98										
65	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	96.25										
65	72170	X-RAY EXAM OF PELVIS	9.46										
65	72190	X-RAY EXAM OF PELVIS	13.57										
65	72191	CT ANGIOGRAPH PELV W/O&W DYE	95.62										
65	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	57.93										
65	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	61.66										
65	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	65.33										
65	72195	MRI PELVIS W/O DYE	78.51										
65	72196	MRI, PELVIS	92.52										
65	72197	MRI PELVIS W/O & W DYE	116.98										
65	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	95.23										
65	72200	X-RAY EXAM SACROILIAC JOINTS	9.12										
65	72202	X-RAY EXAM SACROILIA504	12.12										
65	72220	X-RAY EXAM OF TAILBONE	9.46										
65	72240	CONTRAST X-RAY OF NECK SPINE	49.26										
65	72255	CONTRAST X-RAY THORAX SPINE	50.28										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
65	72265	CONTRAST X-RAY LOWER SPINE	44.32										
65	72270	RADIOLOGICAL SUPERVISION AND INTERPR	74.65										
65	72285	X-RAY OF NECK SPINE DISK	62.33										
65	72295	X-RAY OF LOWER SPINE DISK	45.16										
65	73000	X-RAY EXAM OF COLLARBONE	9.07									X	
65	73010	X-RAY EXAM OF SHOULDER BLADE	9.79									X	
65	73020	X-RAY EXAM OF SHOULDER	8.34									X	
65	73030	X-RAY EXAM OF SHOULDER	10.19									X	
65	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	30.38									X	
65	73050	X-RAY EXAM OF SHOULDERS	10.19										
65	73060	X-RAY EXAM OF HUMERUS	8.73									X	
65	73070	X-RAY EXAM OF ELBOW	9.07									X	
65	73080	X-RAY EXAM OF ELBOW	9.46									X	
65	73085	X-RAY ELBOW,ARTHROGRAPHY;SUPER/INTER	31.22									X	
65	73090	X-RAY EXAM OF FOREARM	8.73									X	
65	73092	X-RAY EXAM OF ARM, INFANT	8.73									X	
65	73100	X-RAY EXAM OF WRIST	9.07									X	
65	73110	X-RAY EXAM OF WRIST	9.46									X	
65	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	30.72									X	
65	73120	X-RAY EXAM OF HAND	9.07									X	
65	73130	X-RAY EXAM OF HAND	9.46									X	
65	73140	X-RAY EXAM OF FINGER(S)	7.57									X	
65	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	53.43									X	
65	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	61.32									X	
65	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	65.33									X	
65	73206	CT ANGIO UPR EXTRM W/O&W DYE	95.62									X	
65	73218	MRI UPPER EXTREMITY W/O DYE	72.73									X	
65	73219	MRI UPPER EXTREMITY W/DYE	87.25									X	
65	73220	MRI-UPPER EXTREMITY	114.69									X	
65	73221	MRI, ANY JOINT OF UPPER EXTREMITY	73.24									X	
65	73222	MRI JOINT UPR EXTREM W/ DYE	87.58									X	
65	73223	MRI JOINT UPR EXTR W/O&W DYE	114.69									X	
65	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	92.85									X	
65	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	10.19										
65	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	12.07										
65	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	14.69										
65	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	12.07										
65	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	15.79										
65	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	16.57										
65	73525	CONTRAST X-RAY OF HIP	31.89									X	
65	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	9.07										
65	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	9.84										
65	73560	X-RAY EXAM OF KNEE	9.07									X	
65	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	10.19									X	
65	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	12.07									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	73565	RADIOLOGIC EXAM	9.40										
65	73580	CONTRAST X-RAY OF KNEE JOINT	32.23									X	
65	73590	X-RAY EXAM OF LOWER LEG	8.73									X	
65	73592	X-RAY EXAM OF LEG, INFANT	8.73									X	
65	73600	X-RAY EXAM OF ANKLE	8.73									X	
65	73610	X-RAY EXAM OF ANKLE	9.46									X	
65	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	31.22									X	
65	73620	X-RAY EXAM OF FOOT	8.40									X	
65	73630	X-RAY EXAM OF FOOT	9.12									X	
65	73650	X-RAY EXAM OF HEEL	8.73									X	
65	73660	X-RAY EXAM OF TOE(S)	7.23									X	
65	73700	CAT,LOWER EXTREMITY;W/OUT CONTRAST	53.43									X	
65	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT	61.66									X	
65	73702	CAT,LOWER EXT.;W/OUT-W/CONTRAST MAT	65.33									X	
65	73706	CT ANGIO LWR EXTR W/O&W DYE	100.12									X	
65	73718	MRI LOWER EXTREMITY W/O DYE	72.06									X	
65	73719	MRI LOWER EXTREMITY W/DYE	86.91									X	
65	73720	MRI-LOWER EXTREMITY	114.36									X	
65	73721	MRI, ANY JOINT, LOWER EXTREMITY	73.24									X	
65	73722	MRI JOINT OF LWR EXTR W/DYE	87.58									X	
65	73723	MRI JOINT LWR EXTR W/O&W DYE	114.36									X	
65	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	95.66									X	
65	74018	RADIOLOGICAL EXAMINATION,ABDOMEN;1 V	9.84									X	
65	74019	RADIOLOGICAL EXAMINATION,ABDOMEN;2 V	12.46									X	
65	74021	RADIOLOGICAL EXAMINATION,ABDOMEN;3	14.34									X	
65	74022	IMAGING OF ABDOMEN AND CHEST	16.96										
65	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	64.16										
65	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	68.28										
65	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	75.18										
65	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB	116.46										
65	74175	CT ANGIO ABDOM W/O&W DYE	96.35										
65	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	92.91										
65	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	97.35										
65	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	106.75										
65	74181	MRI-ABDOMEN	78.18										
65	74182	MRI ABDOMEN W/DYE	92.52										
65	74183	MRI ABDOMEN W/O&W DYE	116.63										
65	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	95.23										
65	74190	PERITONEOGRAM (EG, AFTER INJECTION O	25.34										
65	74210	CONTRAST XRAY EXAM OF THROAT	31.97										
65	74220	CONTRAST XRAY EXAM,ESOPHAGUS	32.36										
65	74221	RADIOLOGIC EXAMINATION, ESOPHAGUS,	37.59										
65	74230	CINEMA XRAY THROAT/ESOPHAGUS	28.97										
65	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	64.16										
65	74240	X-RAY EXAM UPPER GI TRACT	42.82										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	74246	X-RAY GASTROINTESTINAL TRACT	47.70										
65	74248	RADIOLOGIC SMALL INTESTINE FOLLOW-TH	37.59										
65	74250	X-RAY EXAM OF SMALL BOWEL	43.20										
65	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	63.06										
65	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	127.59										
65	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	132.82										
65	74270	CONTRAST X-RAY EXAM OF COLON	55.32										
65	74280	CONTRAST X-RAY EXAM OF COLON	67.56										
65	74283	BARIUM ENEMA,THERAPEUTIC	111.69										
65	74290	CONTRAST X-RAY, GALLBLADDER	16.96										
65	74300	CONTRAST X-RAY OF BILE DUCTS	14.85										
65	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	11.34										
65	74328	XRAY FOR BILE DUCT ENDOSCOPY	25.63										
65	74329	X-RAY FOR PANCREAS ENDOSCOPY	25.63										
65	74330	XRAY,BILE/PANCREAS ENDOSCOPY	31.82										
65	74340	X-RAY GUIDE FOR GI TUBE	29.36										
65	74355	PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	40.93										
65	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	30.38										
65	74363	DILATION OF BILIARY DUCT STRICTURE	46.59										
65	74400	CONTRAST X-RAY URINARY TRACT	25.74										
65	74410	CONTRAST X-RAY URINARY TRACT	25.74										
65	74415	CONTRAST X-RAY URINARY TRACT	25.74										
65	74420	CONTRAST X-RAY URINARY TRACT	27.24										
65	74425	CONTRAST X-RAY URINARY TRACT	26.51										
65	74430	CONTRAST X-RAY OF BLADDER	16.62										
65	74440	XRAY EXAM MALE GENITAL TRACT	19.62				M						
65	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	59.36				M						
65	74450	X-RAY EXAM URETHRA/BLADDER	17.34										
65	74455	X-RAY EXAM URETHRA/BLADDER	17.00										
65	74470	X-RAY-RENAL CYST STUDY	28.34										
65	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	42.63										
65	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	159.11		X								
65	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	98.85									X	
65	74740	HYSTEROSALPINGOGRAPHY	20.46	21 59	X		F						
65	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	33.47										
65	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	123.63										
65	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	153.79										
65	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	136.86										
65	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	156.92										
65	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	13.23										
65	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	31.25										
65	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	92.79										
65	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	135.09										
65	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	126.41										
65	75600	CONTRAST X-RAY EXAM OF AORTA	27.76										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	75605	CONTRAST X-RAY EXAM OF AORTA	60.87										
65	75625	CONTRAST X-RAY EXAM OF AORTA	78.07										
65	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	107.36										
65	75635	CT ANGIO ABDOMINAL ARTERIES	125.90										
65	75705	ARTERY X-RAYS, SPINE	131.90										
65	75710	ARTERY X-RAYS, ARM/LEG	94.80										
65	75716	ARTERY X-RAYS, ARMS/LEGS	105.53										
65	75726	ARTERY X-RAYS, ABDOMEN	105.08										
65	75731	ARTERY X-RAYS, ADRENAL GLAND	60.54										
65	75733	ARTERY X-RAYS,ADRENAL GLANDS	67.97										
65	75736	ARTERY X-RAYS, PELVIS	59.19										
65	75741	ARTERY X-RAYS, LUNG	67.80										
65	75743	ARTERY X-RAYS, LUNGS	86.43										
65	75746	ARTERY X-RAYS, LUNG	60.03										
65	75756	ARTERY X-RAYS, CHEST	61.89										
65	75801	LYMPH VESSEL X-RAY, ARM/LEG	47.75										
65	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	62.04										
65	75805	LYMPH VESSEL X-RAY, TRUNK	43.20										
65	75807	LYMPH VESSEL X-RAY, TRUNK	59.84										
65	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	25.97										
65	75810	VEIN X-RAY, SPLEEN/LIVER	54.63										
65	75820	VEIN X-RAY, ARM/LEG	56.38										
65	75822	VEIN X-RAY, ARMS/LEGS	77.43										
65	75825	VEIN X-RAY, TRUNK	60.03										
65	75827	VEIN X-RAY, CHEST	60.71										
65	75831	VEIN X-RAY, KIDNEY	58.51										
65	75833	VEIN X-RAY, KIDNEYS	80.35										
65	75840	VEIN X-RAY, ADRENAL GLAND	60.54										
65	75842	VEIN X-RAY, ADRENAL GLANDS	80.01										
65	75860	VEIN X-RAY, NECK	60.54										
65	75870	VEIN X-RAY, SKULL	67.30										
65	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	60.54										
65	75880	VEIN X-RAY, EYE SOCKET	37.59										
65	75885	VEIN X-RAY, LIVER	72.84										
65	75887	VEIN X-RAY, LIVER	73.85										
65	75889	VEIN X-RAY, LIVER	58.18										
65	75891	VEIN X-RAY, LIVER	58.51										
65	75893	VENOUS SAMPLING BY CATHETER	28.34										
65	75894	XRAYS, TRANSCATHETER THERAPY	80.46										
65	75898	FOLLOW-UP ANGIOGRAM	101.91										
65	75901	REMOVE CVA DEVICE OBSTRUCT	26.07										
65	75902	REMOVE CVA LUMEN OBSTRUCT	21.19										
65	75956	TRANSCATH OCCLUSION;COMPLETE PROC	389.35										
65	75957	XRAY,ENDOVASC THOR AO REPR	332.71										
65	75958	XRAY,PLACE PROX THOR AO	221.47										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	75959	XRAY,PLACE DIST EXT THOR AO	194.51										
65	75970	TRANSCATH BX;SUPER/INTERP	42.46										
65	75989	RAD GUIDE....SUPERVISION/INTERP ONLY	62.65										
65	76000	FLUOROSCOPY,MD TIME TO 1 HR	17.36										
65	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	9.84										
65	76080	X-RAY EXAM OF FISTULA	28.34										
65	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	17.07									X	
65	76100	X-RAY EXAM OF BODY SECTION	31.59										
65	76120	CINEMATIC X-RAYS	21.82										
65	76125	CINEMATIC X-RAYS	14.34										
63	76145	MEDICAL PHYSICS DOSE EVALUATION FOR	822.68										
65	76376	3D RENDER W/O POSTPROCESS	10.62										
65	76377	3D RENDERING W/POSTPROCESS	42.43										
65	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	51.30										
65	76391	MAGNETIC RESONANCE (EG, VIBRATION)	58.66										
65	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	34.70										
65	76510	OPHTH US, B & QUANT A	42.15										
65	76511	ECHO EXAM OF EYE	38.14									X	
65	76512	ECHO EXAM OF EYE	33.01										
65	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	34.89										
65	76514	ECHO EXAM OF EYE, THICKNESS	8.63										
65	76516	ECHO EXAM OF EYE	24.11										
65	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	32.57										
65	76529	ECHO EXAM OF EYE	34.41										
65	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	30.82										
65	76604	ECHO EXAM OF CHEST	31.30										
65	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	39.09										
65	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	36.47										
65	76700	ECHO EXAM OF ABDOMEN	43.20										
65	76705	ECHO EXAM OF ABDOMEN	31.97										
65	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	29.75										
65	76770	ECHO EXAM ABDOMEN BACK WALL	39.47										
65	76775	ECHO EXAM ABDOMEN BACK WALL	31.25										
65	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	40.59										
65	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	67.58										
65	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	52.53				F						
65	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	44.65				F					X	
65	76805	ULTRASOUND, PREGNANT UTERUS	52.87	10 59			F						
65	76810	EACH ADDITIONAL GESTATION	52.15	10 59			F					X	
65	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	101.47				F	X					
65	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	95.47				F	X				X	
65	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	62.93	10 60			F						
65	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	53.22	10 60			F					X	
65	76815	ECHO EXAM FOR FETAL GROWTH	34.97				F						
65	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	45.76				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
65	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	40.53					F						
65	76818	FETAL BIOPHYSICAL PROFILE	56.22					F						
65	76819	FETL BIOPHYS PROFIL W/O STRS	41.65											
65	76820	UMBILICAL ARTERY ECHO	26.80	10	59			F						
65	76821	MIDDLE CEREBRAL ARTERY ECHO	37.25	10	59			F						
65	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	88.16	00	60			F						
65	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	44.65											
65	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	30.57											
65	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	29.80											
65	76830	ECHOGRAPHY,TRANSVAGINAL	37.20											
65	76831	ECHO EXAM, UTERUS	39.03											
65	76856	ECHOGRAPHY, PELVIC, REAL TIME	37.20											
65	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	26.13											
65	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	34.59					M						
65	76872	ECHOGRAPHY, TRANSRECTAL	35.85											
65	76873	ECHOGRAP TRANS R, PROS STUDY	83.85					M						
65	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	33.53										X	
65	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	25.74										X	
65	76885	ECHO EXAM, INFANT HIPS	39.82											
65	76886	ECHO EXAM, INFANT HIPS	33.47											
65	76932	ULTRASONIC GUIDANCE ENDOMY0CARDBIO	40.31											
65	76936	ECHO GUIDE FOR ARTERY REPAIR	107.48											
65	76937	US GUIDE, VASCULAR ACCESS	15.34											
65	76940	US GUIDE, TISSUE ABLATION	113.10											
65	76941	ECHO GUIDE FOR TRANSFUSION	71.16											
65	76942	ECHO GUIDE FOR BIOPSY	34.40										X	
65	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	35.41											
65	76946	ECHO GUIDE FOR AMNIOCENTESIS	19.96										X	
65	76965	ECHO GUIDANCE RADIOTHERAPY	73.19											
65	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	44.55											
65	76977	US BONE DENSITY MEASURE	3.12											
65	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	86.91											
65	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	45.43										X	
65	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	32.32											
65	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LES	32.32											
65	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	27.13										X	
65	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	20.80											
65	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	30.38											
65	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	32.36											
65	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	68.48											
65	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	78.87											
65	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	49.14											
65	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	77.87											
65	77046	MAGNETIC RESONANCE IMAGING, BREAST,	77.79											
65	77047	MAGNETIC RESONANCE IMAGING, BREAST,	85.29											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	77048	MAGNETIC RESONANCE IMAGING, BREAST,	111.75										
65	77049	MAGNETIC RESONANCE IMAGING, BREAST,	122.36										
65	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	19.35										
65	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	23.85										
65	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	32.70	40 99			F						
65	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	43.20										
65	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	53.43										
65	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	40.59	40 99			F		X				
63	77071	MANUAL APPLICATION OF STRESS PERFORM	59.12										
65	77072	BONE AGE STUDIES	10.23										
65	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	14.80										
65	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	23.46										
65	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	30.09										
65	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	37.59										
65	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	18.53										
65	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	13.23										
65	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.62										
65	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.96										
65	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	85.62										
65	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	16.19										
65	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	9.12										
63	77261	SIMPLE TREAT PLAN-THERA RADIOL	78.22										
63	77262	INTER TREAT PLAN-THERA RADIOLO	118.34										
63	77263	COMPLEX TREAT PLAN-THERA RADIO	185.64										
65	77280	SIMPLE,RAD SIMU-AIDED FIELD	41.64										
65	77285	INTER,RAD SIMU-AIDED FIELD SET	61.96										
65	77290	COMP,RAD SIMU-AIDED FIELD SET	90.32										
65	77293	Respiratory motion management simula	115.48										
65	77295	MANAGEMENT OF RADIATION THERAPY, 3D	246.40									X	
65	77300	BASIC RAD DOSIMETRY CALCULATION	35.51										
65	77301	RADIOLTHERAPY DOS PLAN, IMRT	457.63										
65	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	80.07										
65	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	166.22										
65	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	80.07										
65	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	105.68										
65	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	166.22										
65	77321	SPEC TELETHERAPY PLAN TOTAL BODY	54.71										
65	77331	SPECIAL DOSIMETRY (SPECIFY)	50.25									X	
65	77332	TREATMENT DEVICES,DESIGN/SIMPLE	26.22										
65	77333	TREATMENT DEVICES/DESIGN-INTER	43.58										
65	77334	TREATMENT DEVICES/DESIGN;COMPL	65.83									X	
65	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	246.40										
63	77427	RADIATION TX MANAGEMENT, X5	209.07										
63	77431	RADIATION THERAPY MANAGEMENT W COMPL	116.40									X	
63	77432	STEREOTACTIC RADIATION TREATMENT MAN	469.26										

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	77435	STEREOTACTIC BODY RADIATION THERAPY,	707.23										
63	77469	INTRAOPERATIVE RADIATION TREATMENT M	349.75										
65	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	117.31										
65	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	76.93										
65	77605	HYPERTHERMIA,EXT GEN/DEEP	115.51										
65	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	75.23										
65	77615	HYPERTHERMIA/INTERSTITIAL/>5	106.06										
65	77620	HYPERTHERMIA...INTRACAVITARY PROBE	97.24										
65	77750	INFUSE/INSTILL RADIOELEMENT	287.60										
65	77761	SIMPLE INTRACAV. RADIOELEMENT	220.41										
65	77762	INTER. INTRACAV.RADIOELEMENT	330.55										
65	77763	COMPLEX-INTRACAV RADIOLOGY	496.76										
65	77767	REMOTE AFTERLOADING HIGH DOES RATE R	60.27										
65	77768	REMOTE AFTERLOADING HIGH DOES RATE R	80.41										
65	77770	REMOTE AFTERLOADING HIGH DOES RATE R	112.35										
65	77771	REMOTE AFTERLOADING HIGH DOES RATE R	216.78										
65	77772	REMOTE AFTERLOADING HIGH DOES RATE R	307.14										
65	77778	INTERSTITIAL RAD-ELEMENT-COMPL	502.42										
65	77789	SURFACE APPLICATION RADIOELEMENT	65.78		X								
65	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	9.90										
65	78013	THYROID IMAGING (INCLUDING VASCULAR	19.23										
65	78014	THYROID IMAGING (INCLUDING VASCULAR	26.13										
65	78015	NUCLEAR SCAN OF THYROID	36.09										
65	78016	EXTENSIVE THYROID SCAN	37.00										
65	78018	THYROID CA IMAGING;WHOLE BODY	44.46										
65	78070	PARATHROID IMAGING	41.80										
65	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	62.53										
65	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	82.41										
65	78075	NUCLEAR SCAN OF ADRENALS	39.82										
65	78102	NUCLEAR SCAN OF BONE MARROW	28.06										
65	78103	NUCLEAR SCAN OF BONE MARROW	33.95										
65	78104	NUCLEAR SCAN OF BONE MARROW	41.80										
65	78110	NUCLEAR EXAM, PLASMA VOLUME	8.88										
65	78111	NUCLEAR EXAM, PLASMA VOLUME	10.38										
65	78120	NUCLEAR EXAM OF RBC MASS	10.77										
65	78121	NUCLEAR EXAM OF RBC MASS	14.93										
65	78122	WHOLE BLOOD VOLUME DETERMINATION	22.67										
65	78130	RED CELL SURVIVAL EXAM	27.85										
65	78140	NUCLEAR EXAM,RED BLOOD CELLS	27.85										
65	78185	NUCLEAR SCAN OF SPLEEN	18.37										
65	78195	NUCLEAR SCAN OF LYMPH SYSTEM	62.19										
65	78201	NUCLEAR SCAN OF LIVER	22.79										
65	78202	NUCLEAR SCAN OF LIVER	26.17										
65	78215	NUCLEAR SCAN, LIVER & SPLEEN	25.74										
65	78216	NUCLEAR SCAN, LIVER/SPLEEN	29.17										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	39.13										
65	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	47.36										
65	78230	NUCLEAR SCAN, SALIVARY GLAND	23.85										
65	78231	NUCLEAR SCANS,SALIVARY GLAND	23.69										
65	78264	GASTRIC EMPTYING STUDY	41.75										
65	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	51.13		X								
65	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	54.34										
65	78278	ACUTE GI BLOOD LOSS IMAGING	51.86										
65	78290	INTESTINE IMAGING	35.80										
65	78300	NUCLEAR SCAN OF BONE	33.47										
65	78305	NUCLEAR SCAN OF BONES	43.63										
65	78306	NUCLEAR SCAN OF SKELETON	44.80										
65	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	53.03										
65	78414	DETERMINE VENTRIC EJECT FRACTION	23.69										
65	78445	NUCLEAR SCAN OF BLOOD FLOW	27.93										
65	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	71.87										
65	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	85.22										
65	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	52.25										
65	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	71.33									X	
65	78456	ACUTE VENOUS THROMBUS IMAGE	52.59										
65	78466	MYOCARD IMAGING...AT REST;QUAL.	37.88										
65	78468	MYOCARD IMAGING..AT REST;FIRST PASS	42.13										
65	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	48.47										
65	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	51.47										
65	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	76.03										
65	78481	CARD BLD POOL IMAG-FIRST PASS TECH	51.47										
65	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	77.04										
65	78494	HEART IMAGE, SPECT	62.31										
65	78496	HEART FIRST PASS ADD-ON	26.46										
65	78579	PULMONARY VENTILATION IMAGING (EG, A	25.40										
65	78580	PULMONARY PERFUSION IMAGING (EG, PAR	39.13										
65	78582	PULMONARY VENTILATION (EG, AEROSOL O	55.63										
65	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	37.50										
65	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	44.07										
65	78600	NUCLEAR SCAN OF BRAIN	23.46										
65	78601	NUCLEAR SCAN OF BRAIN	26.51										
65	78605	NUCLEAR SCAN OF BRAIN	27.96										
65	78606	NUCLEAR SCAN OF BRAIN	33.91										
65	78608	BRAIN IMAGING, POSITRON EMISSION TOM	76.51										
65	78610	NUCLEAR SCAN OF BRAIN	15.50										
65	78630	CEREBROSPINAL FLUID SCAN	36.13										
65	78635	CEREBROSPINAL FLUID SCAN	33.09										
65	78645	CEREBROSPINAL FLUID SCAN	29.17										
65	78650	CEREBROSPINAL FLUID SCAN	27.85										
65	78660	NUCLEAR EXAM OF TEAR FLOW	27.96										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	78700	NUCLEAR SCAN OF KIDNEY	23.51										
65	78701	NUCLEAR SCAN OF KIDNEY	25.74										
65	78707	NUCLEAR SCAN OF KIDNEY	49.34										
65	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	62.92										
65	78709	KIDNEY FLOW & FUNCTION IMAGE	73.70										
65	78725	NUCLEAR EXAM OF KIDNEY	19.62										
65	78730	NUCLEAR EXAM OF BLADDER	8.17										
65	78740	NUCLEAR EXAM OF URETER	28.67										
65	78761	TESTICULAR IMAGING,W/VASCULAR	38.32				M						
65	78800	NUCLEAR EXAM OF LESION	34.76										
65	78801	NUCLEAR EXAM OF LESIONS	38.07										
65	78802	NUCLEAR EXAM OF LESIONS	41.80										
65	78803	TUMOR LOCALIZATION SPECT)	55.73										
65	78804	TUMOR IMAGING, WHOLE BODY	52.63										
65	78811	POSITRON EMISSION TOMOGRAPHY (PET)	79.41										
65	78812	POSITRON EMISSION TOMOGRAPHY (PET)	100.10										
65	78813	POSITRON EMISSION TOMOGRAPHY (PET)	100.61										
65	78814	POSITRON EMISSION TOMOGRAPHY (PET)	114.10										
65	78815	POSITRON EMISSION TOMOGRAPHY (PET)	126.60										
65	78816	POSITRON EMISSION TOMOGRAPHY (PET)	127.75										
65	78830	RADIOPHARMACEUTICAL LOCALIZATION OF	75.79										
65	78831	RADIOPHARMACEUTICAL LOCALIZATION OF	93.81										
65	78832	RADIOPHARMACEUTICAL LOCALIZATION OF	108.97										
65	78835	RADIOPHARMACEUTICAL QUANTIFICATION	23.94										
65	79005	NUCLEAR RX, ORAL ADMIN	94.39										
65	79101	NUCLEAR RX, IV ADMIN	104.13										
65	79403	HEMATOPOETIC NUCLEAR THERAPY	101.35										
65	79445	NUCLEAR RX, INTRA-ARTERIAL	121.85										
63	80503	PATHOLOGY CLINICAL CONSULT;5-20 MIN	28.48										
63	80504	PATHOLOGY CLINICAL CONSULT;21-40 MIN	57.38										
63	80505	PATHOLOGY CLINICAL CONSULT;41-60 MIN	104.41										
63	80506	PATHOLOGY CLINICAL CONSULT;ADD'L 30"	46.87										
65	84165	ASSAY SERUM PROTEINS	20.07										
65	84166	PROTEIN E-PHORESIS/URINE/CSF	20.07										
63	85097	BONE MARROW SMEAR INTERPRET	73.40									X	
65	86334	IMMUNOFIXATION ELECTROPHORESIS	20.07										
65	88104	CYTOPATHOLOGY	29.63										
65	88106	CYTOPATHOLOGY	20.59										
65	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	24.30										
65	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	29.97										
65	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	63.03										
65	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	52.25										
65	88125	FORENSIC CYTOPATHOLOGY	14.97										
63	88141	CYTOPATH CERV/VAG INTERPRET	23.42	21 99			F						
65	88160	CYTOPATHOLOGY	27.65										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	88161	CYTOPATH...;PREP,SCREEN,INTERP.	27.30										
65	88162	CYTOPATH..;EXT.STUDY.+5 SLIDES,MULTI	42.11										
65	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	38.05										
65	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	76.14										
65	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	23.53										
65	88182	FLOW CYTOMETRY	41.48										
63	88187	FLOWCYTOMETRY/READ, 2-8	39.47										
63	88188	FLOWCYTOMETRY/READ, 9-15	68.78										
63	88189	FLOWCYTOMETRY/READ, 16 & >	92.37										
65	88291	CYTO MOLECULAR REPORT	36.02										
65	88300	SURGICAL PATHOLOGY, GROSS	4.96									X	
65	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	7.57									X	
65	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	12.40									X	
65	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	40.37									X	
65	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	88.96										
65	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	155.92										
65	88311	SURGICAL PATHOLOGY; DECALCIFICATION	13.52										
65	88312	SPECIAL STAIN INCLUDING INTERPRETATI	28.52										
65	88313	SPECIAL STAIN INCLUDING INTERPRETATI	13.19										
65	88314	SPECIAL STAIN INCLUDING INTERPRETATI	23.00										
63	88321	MICROSLIDE CONSULTATION	105.19										
65	88323	MICROSLIDE CONSULTATION	94.20										
63	88325	COMPREHENSIVE REVIEW OF DATA	171.20										
63	88329	CONSULTATION DURING SURGERY	60.75									X	
65	88331	CONSULTATION DURING SURGERY	66.71									X	
65	88332	PATHOLOGY CONSULTATION DURING SURGER	32.82										
65	88333	INTRAOP CYTO PATH CONSULT, 1	66.41										
65	88334	PATHOLOGY CONSULTATION DURING SURGER	40.26									X	
65	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	30.30									X	
65	88342	IMMUNOCYTOCHEMISTRY	37.42									X	
65	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	41.15										
65	88346	AUTO-ANTIBODY PROFILE	38.97									X	
65	88348	ELECTRON MICROSCOPY	83.83										
65	88350	IMMUNOFLUORESCENCE, PER SPEC;EACH	31.47									X	
65	88358	ANALYSIS, TUMOR	53.35										
65	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	44.92		X								
65	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	47.44										
63	88363	EXAMINATION AND SELECTION OF RETRIEV	24.81										
65	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	37.09										
65	88365	TISSUE HYBRIDATION	47.26									X	
65	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	66.95										
65	88367	INSITU HYBRIDIZATION, AUTO	36.56										
65	88368	INSITU HYBRIDIZATION, MANUAL	44.73										
65	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	35.06										
65	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	28.04										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	47.00										
65	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	69.44										
65	88387	MACROSCOPIC EXAMINATION, DISSECTION,	29.25										
65	88388	MACROSCOPIC EXAMINATION, DISSECTION,	25.37										
63	89049	CHCT FOR MAL HYPERTHERMIA	276.84										
63	90785	INTERACTIVE COMPLEXITY	16.33										
67	90785	INTERACTIVE COMPLEXITY	16.33	00 15									
63	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	195.70										
67	90791	PSYCHIATRIAC DIAGNOSTIC EVALUATION	195.70	00 15									
63	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	219.08										
67	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	219.08	00 15									
63	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	85.61										
67	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	85.61	00 15									
63	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	78.20										
67	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	78.20	00 15									
63	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	112.95										
67	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	112.95	00 15									
63	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	98.60										
67	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	98.60	00 15									
63	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	165.55										
67	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	165.55	00 15									
63	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	129.60										
67	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	129.60	00 15									
63	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	158.41										
67	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	158.41	00 15									
63	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	79.56										
67	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	79.56	00 15									
63	90845	MEDICAL PSYCHOANALYSIS	106.85								X	X	
67	90845	MEDICAL PSYCHOANALYSIS	106.85	00 15							X	X	
63	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	109.35								X		
67	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	109.35	00 15							X		
63	90847	SPECIAL FAMILY THERAPY	113.23								X		
67	90847	SPECIAL FAMILY THERAPY	113.23	00 15							X		
63	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	37.71								X		
67	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	37.71	00 15							X		
63	90853	GROUP PSYCHOTHERAPY Y	29.94						X		X		
67	90853	GROUP PSYCHOTHERAPY Y	29.94	00 15					X		X		
63	90870	ELECTROCONLULSIVE THERAPY	186.53								X		
67	90870	ELECTROCONLULSIVE THERAPY	186.53	00 15							X		
63	90880	MEDICAL HYPNOTHERAPY	117.09								X		
67	90880	MEDICAL HYPNOTHERAPY	117.09	00 15							X		
63	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	80.13										
67	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	80.13	00 15									
63	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	114.50										
67	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	114.50	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	94.21											
67	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	94.21	00	15									
63	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	138.15											
67	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	138.15	00	15									
63	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,318.74	00	01					X				
67	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,318.74	00	01					X				
63	90954	END-STATE RENAL DISEASE (ESRD) RELAT	1,134.33	02	11					X				
67	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	1,134.33	02	11					X				
63	90955	END-STATE REANL DISEASE (ESRD) RELAT	582.84	02	11					X				
67	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	582.84	02	11					X				
63	90956	END-STATE RENAL DISEASE (ESRD) RELAT	384.73	02	11					X				
67	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	384.73	02	11					X				
63	90957	END-STATE RENAL DISEASE (ESRD) RELAT	864.02	12	19					X				
67	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	864.02	12	15					X				
63	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	560.67	12	19					X				
67	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	560.67	12	15					X				
63	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	361.21	12	19					X				
67	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	361.21	12	15					X				
63	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	393.13	20	99					X				
63	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	325.63	20	99					X				
63	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	222.40	20	99					X				
63	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	678.26	00	01					X				
67	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	678.26	00	01					X				
63	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	580.97	02	11					X				
67	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	580.97	02	11					X				
63	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	557.96	12	19					X				
67	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	557.96	12	15					X				
63	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	325.63	20	99					X				
63	90967	END-STAGE REANL DISEASE (ESRD) RELAT	19.63	00	01									
67	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	19.63	00	01									
63	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	19.25	02	11									
67	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	19.25	02	11									
63	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	18.86	12	19									
67	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	18.86	12	15									
63	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	10.52	20	99									
63	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	98.81											
67	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	98.81	00	15									
65	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	72.04											
65	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	10.19											
65	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	80.27											
65	91022	DUODENAL MOTILITY STUDY	79.77											
65	91030	ACID PERFUSION FOR ESOPHAGITIS	51.12											
65	91034	GASTROESOPHAGEAL REFLUX TEST	55.31											
65	91035	G-ESOPH REFLX TST W/ELECTROD	90.13											
65	91037	ESOPH IMPED FUNCTION TEST	54.12											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	91038	ESOPH IMPED FUNCT TEST > 1H	61.19										
65	91040	ESOPH BALLOON DISTENSION TST	54.97										
65	91110	GI TRACT IMAGING, INTRALUMINAL	124.60										
63	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	149.80										
67	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	149.80	00 15									
65	91120	RECTAL SENSATION TEST	53.62										
65	91122	ANORECTAL MANOMETRY	96.77										
65	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	11.69						X				
63	92002	EYE EXAM; INTERMEDIATE; NEW PT	90.50										
67	92002	EYE EXAM; INTERMEDIATE; NEW PT	90.50	00 15									
63	92004	EYE EXAM; COMPREHENSIVE; NEW PT	158.16										
67	92004	EYE EXAM; COMPREHENSIVE; NEW PT	158.16	00 15									
63	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	93.74										
67	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	93.74	00 15									
63	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	133.21										
67	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	133.21	00 15									
63	92018	EYE EXAM W/ANESTHESIA-COMPLETE	149.88										
67	92018	EYE EXAM W/ANESTHESIA-COMPLETE	149.88	00 15									
63	92019	EYE EXAM W/ANESTHESIA-LIMITED	77.60										
67	92019	EYE EXAM W/ANESTHESIA-LIMITED	77.60	00 15									
63	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	29.70										
67	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	29.70	00 15									
65	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	20.82										
65	92060	SENSORIMOTOR EXAM EYE	39.74										
65	92065	ORTHOPTIC / PLEOPTIC TRAINING	19.23										
65	92081	TANGENT SCREEN; AUTOPLOT	17.19										
65	92082	QUANTITATIVE PERIMETRY	22.42										
65	92083	MEASUREMENT OF FIELD OF VISION DURIN	28.99										
63	92100	SERIAL TONOGRAPHY W/EVALUATION	87.81										
67	92100	SERIAL TONOGRAPHY W/EVALUATION	87.81	00 15									
65	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	17.53										
65	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	23.43										
65	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	27.06										
65	92136	OPHTHALMIC BIOMETRY	32.57										
65	92145	CORNEAL HYSTERESIS DETERMINATION, BY	6.07										
63	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	26.64										
67	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	26.64	00 15									
63	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	16.99										
67	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	16.99	00 15									
63	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	100.94										
67	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	100.94	00 15									
65	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	45.10									X	
65	92240	ICG ANGIOGRAPHY	52.10										
65	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	58.76										
65	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	22.76										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	20.75										
67	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	20.75	00 15									
65	92265	OCULOELECTROMYOGRAPHY	48.77										
65	92270	ELECTRO-OCULOGRAPHY	45.74										
65	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	39.39										
65	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	34.95										
65	92283	COLOR VISION EXAMINATION	9.79										
65	92284	DARK ADAPTATION EXAMINATION	13.19										
65	92285	EXTERNAL OCULAR PHOTOGRAPHY	3.46										
65	92286	SPECULAR ENDOTHELIAL MICROSCOPY	23.43										
63	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	103.09										
67	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	103.09	00 15									
67	92507	SPEECH LANGUAGE HEARING THERAPY	83.63	00 02		X							
67	92508	SPEECH LANGUAGE HEARING THERAPY	25.46	00 02		X							
63	92511	NASOPHARYNGOSCOPY	122.94										
67	92511	NASOPHARYNGOSCOPY	122.94	00 15									
63	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	73.04										
67	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	73.04	00 15									
63	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	68.99										
67	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	68.99	00 15									
63	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	113.36										
67	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	113.36	00 15									
63	92521	EVALUATION OF SPEECH FLUENCY	145.04	01 99		X		X	X				
67	92521	EVALUATION OF SPEECH FLUENCY	145.04	00 15		X		X	X				
63	92522	EVALUATE SPEECH PRODUCTION	122.17	01 99		X		X	X				
67	92522	EVALUATE SPEECH PRODUCTION	122.17	00 15		X		X	X				
63	92523	SPEECH SOUND LANG COMPREHENSION	247.05	01 99		X		X	X				
67	92523	SPEECH SOUND LANG COMPREHENSION	247.05	00 15		X		X	X				
63	92524	BEHAVRAL QUALIT ANALYS VOICE	120.48	01 99		X		X	X				
67	92524	BEHAVRAL QUALIT ANALYS VOICE	120.48	00 15		X		X	X				
63	92526	ORAL FUNCTION THERAPY	92.27										
67	92526	ORAL FUNCTION THERAPY	92.27	00 15									
65	92537	CALORIC VESTIBULAR TEST WITH RECORDI	33.88										
65	92538	CALORIC VESTIBULAR TEST WITH RECORDI	17.53										
65	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	85.13										
65	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	22.76										
65	92542	POSITIONAL NYSTAGMUS W/RECORDING	27.21										
65	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	15.69										
65	92545	OSCILLATING TRACKING W/RECORDING	14.59										
65	92546	TORSION SWING TEST W/RECORDING	16.47										
65	92548	POSTUROGRAPHY	37.44										
65	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY	48.39										
63	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	24.37						X				
67	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	24.37	00 15					X				
63	92557	BASIC COMPREHENSIVE AUDIOMETRY	41.15						X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	92557	BASIC COMPREHENSIVE AUDIOMETRY	41.15	00	15					X				
63	92567	TYMPANOMETRY	17.71							X				
67	92567	TYMPANOMETRY	17.71	00	15					X				
63	92568	ACOUSTIC REFLEX TESTING	17.32							X				
67	92568	ACOUSTIC REFLEX TESTING	17.32	00	15					X				
63	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	36.17							X				
67	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	36.17	00	15					X				
63	92579	VISUAL AUDIOMETRY (VRA)	50.08							X				
67	92579	VISUAL AUDIOMETRY (VRA)	50.08	00	15					X				
63	92584	ELECTROCOCHLEOGRAPHY	120.65							X				
67	92584	ELECTROCOCHLEOGRAPHY	120.65	00	15					X				
65	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	19.80											
65	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	31.28											
63	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	175.73	01	06					X				
67	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	175.73	01	06					X				
63	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	110.32	01	06					X				
67	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	110.32	01	06					X				
63	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	165.02	07	99					X				
67	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	165.02	07	99					X				
63	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	98.92	07	99					X				
67	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	98.92	07	99					X				
63	92610	EVALUATE SWALLOWING FUNCTION	92.75											
67	92610	EVALUATE SWALLOWING FUNCTION	92.75	00	15									
63	92611	MOTION FLUOROSCOPY/SWALLOW	99.70											
67	92611	MOTION FLUOROSCOPY/SWALLOW	99.70	00	15									
63	92612	ENDOSCOPY SWALLOW TST	201.54											
67	92612	ENDOSCOPY SWALLOW TST	201.54	00	15									
63	92620	AUDITORY FUNCTION, 60 MIN	99.65											
67	92620	AUDITORY FUNCTION, 60 MIN	99.65	00	15									
63	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	23.87										X	
67	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	23.87	00	15								X	
63	92625	TINNITUS ASSESSMENT	74.78											
67	92625	TINNITUS ASSESSMENT	74.78	00	15									
63	92626	EVAL AUD REHAB STATUS	95.61	02	99		X		X					
67	92626	EVAL AUD REHAB STATUS	95.61	02	15		X		X					
63	92627	EVAL AUD STATUS REHAB ADD-ON	22.41	02	99		X		X				X	
67	92627	EVAL AUD STATUS REHAB ADD-ON	22.41	02	15		X		X				X	
63	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	120.70											
67	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	120.70	00	15									
63	92651	AUDITORY EVOKED POTENTIALS; SCREEN	93.96	00	20									
67	92651	AUDITORY EVOKED POTENTIALS; SCREEN	93.96	00	15									
63	92652	AUDITORY EVOKED POTENTIALS; SCREEN	124.48	00	20									
67	92652	AUDITORY EVOKED POTENTIALS; SCREEN	124.48	00	15									
63	92653	AUDITORY EVOKED POTENTIALS; SCREEN	92.18	00	20									
67	92653	AUDITORY EVOKED POTENTIALS; SCREEN	92.18	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	92920	BALLOON DILATION OF NARROWED OR BLOC	611.36										
67	92920	BALLOON DILATION OF NARROWED OR BLOC	611.36	00 15									
63	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	728.81										
67	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	728.81	00 15									
63	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	680.35										
67	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	680.35	00 15									
63	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	763.27										
67	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	763.27	00 15									
63	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	679.63										
67	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	679.63	00 15									
63	92941	INSERTION OF STENT, REMOVAL OF PLAQU	764.73										
67	92941	INSERTION OF STENT, REMOVAL OF PLAQU	764.73	00 15									
63	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	764.90										
67	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	764.90	00 15									
63	92950	CARDIOPULMONARY RESUSCITATION	358.97									X	
67	92950	CARDIOPULMONARY RESUSCITATION	358.97	00 15								X	
63	92960	ELECTRICAL CARDIOVERSION	167.66									X	
67	92960	ELECTRICAL CARDIOVERSION	167.66	00 15								X	
63	92961	CARDIOVERSION, ELECTRIC, INT	281.25										
67	92961	CARDIOVERSION, ELECTRIC, INT	281.25	00 15									
63	92970	CARDIOASSIST, INTERNAL	219.20										
67	92970	CARDIOASSIST, INTERNAL	219.20	00 15									
63	92971	CARDIOASSIST, EXTERNAL	114.66										
67	92971	CARDIOASSIST, EXTERNAL	114.66	00 15									
63	92973	PERCUT CORONARY THROMBECTOMY	203.88										
67	92973	PERCUT CORONARY THROMBECTOMY	203.88	00 15									
63	92974	CATH PLACE, CARDIO BRACHYTX	186.11										
67	92974	CATH PLACE, CARDIO BRACHYTX	186.11	00 15									
65	92978	INTRAVASCULAR US, HEART	108.22										
65	92979	INTRAVASCULAR US, HEART	86.34									X	
63	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,510.84										
67	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,510.84	00 15									
63	92987	REVISION OF MITRAL VALVE	1,563.52										
67	92987	REVISION OF MITRAL VALVE	1,563.52	00 15									
63	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,243.33										
67	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,243.33	00 15									
63	92997	PUL ART BALLOON REPAIR, PERC	730.85										
67	92997	PUL ART BALLOON REPAIR, PERC	730.85	00 15									
63	92998	PUL ART BALLOON REPAIR, PERC	365.58									X	
67	92998	PUL ART BALLOON REPAIR, PERC	365.58	00 15								X	
63	93010	ECG; INTERPRETATION AND REPORT	9.12									X	
67	93010	ECG; INTERPRETATION AND REPORT	9.12	00 15								X	
63	93016	CARDIOVASCULAR STRESS TEST USING MAX	23.85										
67	93016	CARDIOVASCULAR STRESS TEST USING MAX	23.85	00 15									
63	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	15.84										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	15.84	00 15									
63	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.67									X	
67	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.67	00 15								X	
65	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	9.12										
63	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	20.34										
67	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	20.34	00 15									
63	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	28.39						X				
67	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	28.39	00 15					X				
63	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	26.80										
67	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	26.80	00 15									
63	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	29.42										
67	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	29.42	00 15									
65	93260	PROGRAMMING DEVICE EVALUATION (IN PE	46.78										
65	93261	INTERROGATION DEVICE EVALUATION (IN	40.82										
63	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	27.24						X				
67	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	27.24	00 15					X				
65	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	13.57										
65	93279	PROGRAMMING DEVICE EVALUATION WITH I	34.63										
65	93280	PROGRAMMING DEVICE EVALUATION WITH I	41.99										
65	93281	PROGRAMMING DEVICE EVALUATION WITH I	46.43										
65	93282	PROGRAMMING DEVICE EVALUATION WITH I	46.43										
65	93283	PROGRAMMING DEVICE EVALUATION WITH I	62.12										
65	93284	PROGRAMMING DEVICE EVALUATION WITH I	67.34										
65	93285	PROGRAMMING DEVICE EVALUATION WITH I	28.25										
65	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	16.52										
65	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	24.86										
65	93288	INTERROGATION DEVICE EVALUATION (IN	23.07										
65	93289	INTERROGATION DEVICE EVALUATION (IN	40.88										
65	93290	INTERROGATION DEVICE EVALUATION (IN	23.42										
65	93291	INTERROGATION DEVICE EVALUATION (IN	19.90										
65	93292	INTERROGATION DEVICE EVALUATION (IN	23.07										
65	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	16.23						X				
63	93294	INTERROGATION DEVICE EVALUATION(S) (	33.38						X				
67	93294	INTERROGATION DEVICE EVALUATION(S) (	33.38	00 15					X				
63	93295	INTERROGATION DEVICE EVALUATION(S) (	41.33						X				
67	93295	INTERROGATION DEVICE EVALUATION(S) (	41.33	00 15					X				
63	93297	INTERROGATION DEVICE EVALUATION(S),	29.26						X				
67	93297	INTERROGATION DEVICE EVALUATION(S),	29.26	00 15					X				
63	93298	INTERROGATION DEVICE EVALUATION(S),	29.26						X				
67	93298	INTERROGATION DEVICE EVALUATION(S),	29.26	00 15					X				
65	93303	ECHO TRANSTHORACIC	68.26										
65	93304	ECHO TRANSTHORACIC	40.20										
65	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	76.66										
65	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	48.82										
65	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	27.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	118.99										
63	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	12.77										
67	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	12.77	00 15									
65	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	101.05										
65	93315	ECHO TRANSESOPHAGEAL	139.50										
63	93316	ECHO TRANSESOPHAGEAL	29.48								X		
67	93316	ECHO TRANSESOPHAGEAL	29.48	00 15							X		
65	93317	ECHO TRANSESOPHAGEAL	98.63										
65	93318	ECHO TRANSESOPHAGEAL INTRAOP	114.02										
63	93319	3D ECHOCARDIOLOGRAPHIC IMAGING AND	63.78										
67	93319	3D ECHOCARDIOLOGRAPHIC IMAGING AND	63.78	00 15									
65	93320	DOPPLER ECHOCARDIOGRAPHY	19.62										
65	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	8.00										
65	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	3.39										
65	93350	ECG,REAL-TIME,WINTER + REPORT	76.66										
65	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	92.28										
63	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	252.29										
67	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	252.29	00 15									
63	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	39.69										
67	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	39.69	00 15									
65	93451	RIGHT HEART CATHETERIZATION INCLUDIN	148.53										
65	93452	LEFT HEART CATHETERIZATION INCLUDING	270.89										
65	93453	COMBINED RIGHT AND LEFT HEART CATHET	360.02										
65	93454	CATHETER PLACEMENT IN CORONARY ARTER	274.31										
65	93455	CATHETER PLACEMENT IN CORONARY ARTER	318.21										
65	93456	CATHETER PLACEMENT IN CORONARY ARTER	354.68										
65	93457	CATHETER PLACEMENT IN CORONARY ARTER	400.40										
65	93458	CATHETER PLACEMENT IN CORONARY ARTER	336.98										
65	93459	CATHETER PLACEMENT IN CORONARY ARTER	382.41										
65	93460	CATHETER PLACEMENT IN CORONARY ARTER	428.18										
65	93461	CATHETER PLACEMENT IN CORONARY ARTER	473.10										
63	93462	LEFT HEART CATHETERIZATION BY TRANSS	241.58										
67	93462	LEFT HEART CATHETERIZATION BY TRANSS	241.58	00 15									
63	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	110.07										
67	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	110.07	00 15									
65	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	98.27										
63	93503	INSERTION AND PLACEMENT OF FLOW DIR	100.28										
67	93503	INSERTION AND PLACEMENT OF FLOW DIR	100.28	00 15									
65	93505	ENDOCARDIAL BIOPSY	257.70										
63	93563	INJECTION PROCEDURE DURING CARDIAC C	66.13										
67	93563	INJECTION PROCEDURE DURING CARDIAC C	66.13	00 15									
63	93564	INJECTION PROCEDURE DURING CARDIAC C	69.60										
67	93564	INJECTION PROCEDURE DURING CARDIAC C	69.60	00 15									
63	93565	INJECTION PROCEDURE DURING CARDIAC C	53.57										
67	93565	INJECTION PROCEDURE DURING CARDIAC C	53.57	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	93566	INJECTION PROCEDURE DURING CARDIAC C	138.70										
67	93566	INJECTION PROCEDURE DURING CARDIAC C	138.70	00 15									
63	93567	INJECTION PROCEDURE DURING CARDIAC C	119.65										
67	93567	INJECTION PROCEDURE DURING CARDIAC C	119.65	00 15									
63	93568	INJECTION PROCEDURE DURING CARDIAC C	132.04										
67	93568	INJECTION PROCEDURE DURING CARDIAC C	132.04	00 15									
65	93571	HEART FLOW RESERVE MEASURE	82.33										
65	93572	HEART FLOW RESERVE MEASURE	60.68										
63	93580	TRANSCATH CLOSURE OF ASD	1,120.07										
67	93580	TRANSCATH CLOSURE OF ASD	1,120.07	00 15									
63	93581	TRANSCATH CLOSURE OF VSD	1,530.34										
67	93581	TRANSCATH CLOSURE OF VSD	1,530.34	00 15									
63	93582	Closure of congenital heart defect f	766.76										
67	93582	Closure of congenital heart defect f	766.76	00 15									
63	93583	Therapy for reduction of lower heart	855.12										
67	93583	Therapy for reduction of lower heart	855.12	00 15									
63	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,194.90										
67	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,194.90	00 15									
63	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	987.09										
67	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	987.09	00 15									
63	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	436.39									X	
67	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	436.39	00 15								X	
65	93593	RIGHT HEART CATHETERIZATION FOR CONG	208.61										
65	93594	RIGHT HEART CATH...ABN NATIVE CONN	329.36										
65	93595	LEFT HEART CATHETERIZATION FOR CONG	297.34										
65	93596	RIGHT AND LEFT HEART CATHETERIZATION	358.87										
65	93597	R/L HEART CATH...ABN NATIVE CONN	479.77										
65	93598	CARDIAC OUTPUT MEASUREMENT(S), THERM	78.75										
65	93600	BUNDLE OF HIS RECORDING	133.79										
65	93602	INTRA-ATRIAL RECORDING	132.10										
65	93603	RIGHT VENTRICULAR RECORDING	132.10		X								
65	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	314.54										
65	93610	INTR-ATRIAL PAGING	186.73										
65	93612	INTRAVENTRICULAR PACING	185.20										
63	93613	ELECTROPHYS MAP, 3D, ADD-ON	339.36										
67	93613	ELECTROPHYS MAP, 3D, ADD-ON	339.36	00 15									
65	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	40.82										
65	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	249.17										
65	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	442.34										
65	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	711.37										
65	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	105.73										
65	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	195.06										
65	93623	PROGRAMMED STIMULATION & PACING	109.90										
65	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	274.86										
65	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	453.92										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	202.95										
65	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	353.88										
65	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	289.44										
65	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	158.29										
63	93650	INTRACARDIAC CATHETER ABLATION OF	675.60										
67	93650	INTRACARDIAC CATHETER ABLATION OF	675.60	00 15									
63	93653	EVALUATION AND INSERTION OF CATHETER	957.86										
67	93653	EVALUATION AND INSERTION OF CATHETER	957.86	00 15									
63	93654	EVALUATION AND INSERTION OF CATHETER	1,281.57										
67	93654	EVALUATION AND INSERTION OF CATHETER	1,281.57	00 15									
63	93655	INTRACARDIAC CATHETER ABLATION OF A	357.93										
67	93655	INTRACARDIAC CATHETER ABLATION OF A	357.93	00 15									
63	93656	EVALUATION AND INSERTION OF CATHETER	1,285.21										
67	93656	EVALUATION AND INSERTION OF CATHETER	1,285.21	00 15									
65	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	357.59										
65	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	101.42										
65	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	264.02										
63	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	12.21										
67	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	12.21	00 15									
65	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	43.82										
65	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	28.15										
65	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	50.96										
65	93888	TRANSCRANIAL DOPPLER STUDY OF THE	28.15										
65	93892	TCD, EMBOLI DETECT W/O INJ	65.32										
65	93893	TCD, EMBOLI DETECT W/INJ	66.50										
65	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	14.07										
65	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	25.37										
65	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	27.99										
65	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	42.98										
65	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	26.29										
65	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	43.66										
65	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	26.97										
65	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	38.09										
65	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	24.19										
65	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	62.33										
65	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	42.47										
65	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	43.82										
65	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	26.63										
65	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	65.31				M						
65	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	23.13				M						
65	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND	43.66										
65	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND	27.81										
65	93990	DOPPLER FLOW TESTING	27.64										
63	94002	VENTILATION ASSIST AND MANAGEMENT, I	103.94										
67	94002	VENTILATION ASSIST AND MANAGEMENT, I	103.94	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	94003	VENTILATION ASSIST AND MANAGEMENT, I	72.83										
67	94003	VENTILATION ASSIST AND MANAGEMENT, I	72.83	00 15									
63	94004	VENTILATION ASSIST AND MANAGEMENT, I	53.93										
67	94004	VENTILATION ASSIST AND MANAGEMENT, I	53.93	00 15									
65	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	9.12										
63	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	95.32	00 02									
67	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	95.32	00 02									
63	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	156.34	00 02									
67	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	156.34	00 02									
63	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	21.96	00 02									
67	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	21.96	00 02									
63	94016	REVIEW PATIENT SPIROMETRY	27.24										
67	94016	REVIEW PATIENT SPIROMETRY	27.24	00 15									
65	94060	BRONCHOSPASM EVALUATION	11.40										
65	94070	BRONCHOSPASM EVALUATION, PROLONGED	31.01										
65	94200	MAXIMUM BREATHING CAPACITY	3.46										
65	94375	RESPIRATORY FLOW VOLUME LOOP	15.90										
65	94450	HYPOXIA RESPONSE CURVE	19.71										
65	94452	HAST W/REPORT	15.90										
65	94453	HAST W/OXYGEN TITRATE	20.90										
65	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	35.40										
65	94618	PULMONARY STRESS TESTING (EG, 6-MINU	24.67										
65	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	24.90										
65	94621	PULM STRESS TEST/COMPLEX	76.79										
63	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH	67.14								X		
67	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH	67.14	00 15							X		
63	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH	76.76								X		
67	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH	76.76	00 15							X		
63	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	68.45										
67	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	68.45	00 15									
63	94662	CONTINUOUS NEGATIVE PRESSURE	40.42										
67	94662	CONTINUOUS NEGATIVE PRESSURE	40.42	00 15									
65	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	14.46									X	
65	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	10.96									X	
65	94690	OXYGEN UPTAKE; REST, INDIRECT	4.23									X	
65	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	13.28										
65	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	13.28										
65	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	13.62										
65	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	9.90										
63	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	54.40										
67	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	54.40	00 15									
63	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	21.28										
67	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	21.28	00 15									
63	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.28									X	
67	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.28	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	95017	ALLERGY TESTING, ANY COMBINATION OF	9.30									X	
67	95017	ALLERGY TESTING, ANY COMBINATION OF	9.30	00 15								X	
63	95018	ALLERGY TESTING, ANY COMBINATION OF	21.47									X	
67	95018	ALLERGY TESTING, ANY COMBINATION OF	21.47	00 15								X	
63	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.66									X	
67	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.66	00 15								X	
63	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	127.19										
67	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	127.19	00 15									
63	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	91.12										
67	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	91.12	00 15									
63	95144	PROFESSIONAL SERVICES FOR THE SUPERV	17.35									X	
67	95144	PROFESSIONAL SERVICES FOR THE SUPERV	17.35	00 15								X	
63	95145	PROFESSIONAL SERVICES FOR THE SUPERV	34.93									X	
67	95145	PROFESSIONAL SERVICES FOR THE SUPERV	34.93	00 15								X	
63	95146	PROFESSIONAL SERVICES FOR THE SUPERV	63.64									X	
67	95146	PROFESSIONAL SERVICES FOR THE SUPERV	63.64	00 15								X	
63	95147	PROFESSIONAL SERVICES FOR THE SUPERV	61.26									X	
67	95147	PROFESSIONAL SERVICES FOR THE SUPERV	61.26	00 15								X	
63	95165	PROFESSIONAL SERVICES FOR THE SUPERV	16.01						X			X	
67	95165	PROFESSIONAL SERVICES FOR THE SUPERV	16.01	00 15					X			X	
63	95170	PROFESSIONAL SERVICES FOR THE SUPERV	11.96									X	
67	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	11.96	00 15								X	
63	95180	RAPID DESENSITIZATION; EACH HOUR	146.26		X							X	
67	95180	RAPID DESENSITIZATION; EACH HOUR	146.26	00 15	X							X	
63	95251	GLUC MONITOR, CONT, PHYS I&R	38.60										
67	95251	GLUC MONITOR, CONT, PHYS I&R	38.60	00 15									
63	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	112.26										
67	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	112.26	00 15									
63	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	150.21										
67	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	150.21	00 15									
63	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	174.30										
67	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	174.30	00 15									
63	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	231.44										
67	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	231.44	00 15									
63	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	230.75										
67	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	230.75	00 15									
63	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	281.54										
67	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	281.54	00 15									
63	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	283.81										
67	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	283.81	00 15									
63	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	357.22										
67	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	357.22	00 15									
63	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	325.71										
67	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	325.71	00 15									
63	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	454.06										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	454.06	00 15									
65	95782	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	137.71	00 05									
65	95783	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	149.65	00 05									
65	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	45.43										
65	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	45.43										
65	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	63.37										
65	95806	SLEEP STUDY, UNATTENDED	49.20										
65	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	66.30										
65	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	96.28										
65	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	131.46	06 99									
65	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	136.35	06 99									
65	95812	ELECTROENCEPHALOGRAM (EEG)	62.27										
65	95813	ELECTROENCEPHALOGRAM (EEG)	95.06										
65	95816	ELECTROENCEPHALOGRAM (EEG); INCL	62.27										
65	95819	ELECTROENCEPHALOGRAM (EEG); INCL	62.61										
65	95822	ELECTROENCEPHALOGRAM (EEG); INCL	62.61										
65	95824	ELECTROENCEPHALOGRAM (EEG); INCL	42.85									X	
65	95829	ELECTROCORTICOGRAM AT SURGERY	365.48										
63	95830	MD INSERT SPHENOIDAL ELECTRODE	735.70										
67	95830	MD INSERT SPHENOIDAL ELECTRODE	735.70	00 15									
63	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	21.57									X	
67	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	21.57	00 15								X	
63	95852	RANGE OF MOTION; HAND	17.94										
67	95852	RANGE OF MOTION; HAND	17.94	00 15									
63	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	66.47										
67	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	66.47	00 15									
65	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	55.77										
65	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	89.72										
65	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	108.58										
65	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	116.27										
65	95865	MUSCLE TEST, LARYNX	90.72										
65	95866	MUSCLE TEST, HEMIDIAPHRAGM	70.38										
65	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	45.81										
65	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	68.51										
65	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	21.76										
65	95870	MUSCLE TEST, NON-PARASPINAL	21.43										
65	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	166.29										
65	95873	GUIDE NERV DESTR, ELEC STIM	21.26										
65	95874	GUIDE NERV DESTR, NEEDLE EMG	21.26										
65	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	64.06										
65	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	20.15									X	
65	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	49.87									X	
65	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	41.35										
65	95905	NEEDLE MEASUREMENT AND RECORDING OF	3.12									X	
65	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	58.00										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	72.57										
65	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	87.32										
65	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	116.48										
65	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	144.47										
65	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	172.12										
65	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	204.45										
65	95925	SOMATOSENSORY TESTING,ONE > NERVES	31.72										
65	95926	SOMATOSENSORY TESTING	30.38										
65	95927	SOMATOSENSORY TESTING	29.36										
65	95928	C MOTOR EVOKED, UPPR LIMBS	87.16										
65	95929	C MOTOR EVOKED, LWR LIMBS	86.99										
65	95930	VISUAL EVOKED POTENTIAL TEST	20.15										
65	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	34.68										
65	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	38.01									X	
65	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	49.87										
65	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	130.05										
63	95940	CONTINUOUS MONITORING OF NERVOUS SYS	35.74										
67	95940	CONTINUOUS MONITORING OF NERVOUS SYS	35.74	00 15									
65	95957	EEG DIGITAL ANALYSIS	112.00										
65	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	252.74										
65	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	179.40										
65	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	191.06										
65	95965	MEG, SPONTANEOUS	455.61										
65	95966	MEG, EVOKED, SINGLE	231.75										
65	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	202.91										
63	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	21.32										
67	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	21.32	00 15									
63	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	53.85										
67	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	53.85	00 15									
63	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	61.22					X					
67	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	61.22	00 15				X					
63	95976	ELECTRONIC ANALYSIS OF IMPLANTED NEU	45.17										
67	95976	ELECTRONIC ANALYSIS OF IMPLANTED NEU	45.17	00 15									
63	95977	ELECTRONIC ANALYSIS OF IMPLANTED NEU	59.53										
67	95977	ELECTRONIC ANALYSIS OF IMPLANTED NEU	59.53	00 15									
63	95991	REFILLING AND MAINTENANCE OF IMPLANT	115.45	04 99				X					
67	95991	REFILLING AND MAINTENANCE OF IMPLANT	115.45	04 15				X					
63	95992	CANALITH REPOSITIONING PROCEDURE(S)	47.63										
67	95992	CANALITH REPOSITIONING PROCEDURE(S)	47.63	00 15									
63	96000	MOTION ANALYSIS, VIDEO/3D	95.23										
67	96000	MOTION ANALYSIS, VIDEO/3D	95.23	00 15									
63	96001	MOTION TEST W/FT PRESS MEAS	124.32										
67	96001	MOTION TEST W/FT PRESS MEAS	124.32	00 15									
63	96002	DYNAMIC SURFACE EMG	24.32										
67	96002	DYNAMIC SURFACE EMG	24.32	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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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	96003	DYNAMIC FINE WIRE EMG	18.56										
67	96003	DYNAMIC FINE WIRE EMG	18.56	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	107.99									X	
67	96105	ASSESSMENT OF APHASIA	107.99	00 15								X	
63	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	140.71	16 20					X				
67	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	140.71	00 15					X				
63	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	66.38	16 20					X			X	
67	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	66.38	00 15					X			X	
63	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	104.31						X				
67	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	104.31	00 15					X				
63	96121	NEUROBEHAVIORAL STATUS EXAMINATION	87.86									X	
67	96121	NEUROBEHAVIORAL STATUS EXAMINATION	87.86	00 15								X	
63	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	143.92						X				
67	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	143.92	00 15					X				
63	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	111.39						X				
67	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	111.39	00 15					X				
63	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	107.19								X		
67	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	107.19	00 15							X		
63	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	73.90								X		
67	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	73.90	00 15							X		
63	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	25.11								X	X	
67	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	25.11	00 15							X	X	
63	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	11.00								X		
67	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	11.00	00 15							X		
63	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.89								X	X	
67	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.89	00 15							X	X	
63	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	78.45								X		
67	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	78.45	00 15							X		
63	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	27.73								X	X	
67	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	27.73	00 15							X	X	
63	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	88.04										
67	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	88.04	00 15									
63	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	139.25										
67	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	139.25	00 15									
63	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	798.59										
67	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	798.59	00 15									
63	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	179.18										
67	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	179.18	00 15									
63	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	137.65										
67	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	137.65	00 15									
63	96570	PHOTODYNAMIC TX, 30 MIN	57.97										
67	96570	PHOTODYNAMIC TX, 30 MIN	57.97	00 15									
63	96571	PHOTODYNAMIC TX, ADDL 15 MIN	28.73									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	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	96571	PHOTODYNAMIC TX, ADDL 15 MIN	28.73	00 15								X	
63	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	238.16										
67	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	238.16	00 15									
63	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	293.15										
67	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	293.15	00 15									
63	96920	LASER TX, SKIN < 250 SQ CM	164.29										
67	96920	LASER TX, SKIN < 250 SQ CM	164.29	00 15									
63	96921	LASER TX, SKIN 250-500 SQ CM	179.56										
67	96921	LASER TX, SKIN 250-500 SQ CM	179.56	00 15									
63	96922	LASER TX, SKIN > 500 SQ CM	246.36										
67	96922	LASER TX, SKIN > 500 SQ CM	246.36	00 15									
63	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	48.21										
67	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	48.21	00 15									
63	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	46.33									X	
67	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	46.33	00 15								X	
63	97016	PT-VASOPNEUMATIC DEVICES	12.88										
67	97016	PT-VASOPNEUMATIC DEVICES	12.88	00 15									
63	97018	PT-PARAFFIN BATH	6.21										
67	97018	PT-PARAFFIN BATH	6.21	00 15									
63	97032	ELECTRICAL STIMULATION,EACH 15 MIN	15.93									X	
67	97032	ELECTRICAL STIMULATION,EACH 15 MIN	15.93	00 15								X	
63	97033	ELECTRIC CURRENT THERAPY	21.04										
67	97033	ELECTRIC CURRENT THERAPY	21.04	00 15									
63	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	31.96									X	
67	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	31.96	00 15								X	
63	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	36.93									X	
67	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	36.93	00 15								X	
63	97116	GAIT TRAINING, EACH 15 MIN	31.96									X	
67	97116	GAIT TRAINING, EACH 15 MIN	31.96	00 15								X	
63	97124	MASSAGE, EACH 15 MIN	31.63									X	
67	97124	MASSAGE, EACH 15 MIN	31.63	00 15								X	
63	97140	MANUAL THERAPY	29.50								X		
67	97140	MANUAL THERAPY	29.50	00 15							X		
63	97161	PHYSICAL THERAPY EVALUATION: LOW COM	108.81										
67	97161	PHYSICAL THERAPY EVALUATION: LOW COM	108.81	00 15									
63	97162	PHYSICAL THERAPY EVALUATION: MODERAT	108.81										
67	97162	PHYSICAL THERAPY EVALUATION: MODERAT	108.81	00 15									
63	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	108.81										
67	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	108.81	00 15									
63	97164	RE-EVALUATION OF PHYSCIAL THERAPY	74.34										
67	97164	RE-EVALUATION OF PHYSICAL THERAPY	74.34	00 15									
63	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	109.48										
67	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	109.48	00 15									
63	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	109.48										
67	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	109.48	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	97167	OCCUPATIONAL THERAPY EVALUATION: HI	109.48											
67	97167	OCCUPATIONAL THERAPY EVALUATION: HI	109.48	00	15									
63	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	74.69											
67	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	74.69	00	15									
63	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	39.67				X						X	
67	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	39.67	00	15		X						X	
63	97533	SENSORY INTEGRATION	67.23											
67	97533	SENSORY INTEGRATION	67.23	00	15									
63	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	107.35											
67	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	107.35	00	15									
63	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	49.26										X	
67	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	49.26	00	15								X	
63	97610	Low frequency, non-contact, non-ther	459.87			X								
67	97610	Low frequency, non-contact, non-ther	459.87	00	15	X								
63	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	36.01										X	
67	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	36.01	00	15								X	
63	97760	ORTHOTIC MGMT AND TRAINING	51.46				X						X	
67	97760	ORTHOTIC MGMT AND TRAINING	51.46	00	15		X						X	
63	97761	PROSTHETIC TRAINING	44.36				X						X	
67	97761	PROSTHETIC TRAINING	44.36	00	15		X						X	
63	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	56.76										X	
67	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	56.76	00	15								X	
63	97802	MEDICAL NUTRITION, INDIV, IN	39.45									X		
67	97802	MEDICAL NUTRITION, INDIV, IN	39.45	00	15							X		
63	97803	MED NUTRITION, INDIV, SUBSEQ	34.32									X		
67	97803	MED NUTRITION, INDIV, SUBSEQ	34.32	00	15							X		
63	97804	MEDICAL NUTRITION, GROUP	18.30									X		
67	97804	MEDICAL NUTRITION, GROUP	18.30	00	15							X		
63	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	29.81	00	20	X			X					
67	98940	CHIROPR MANIP TX TO TWO REGIONS	29.81	00	15	X			X					
63	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	42.87	00	20	X			X					
67	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	42.87	00	15	X			X					
63	99151	MODERATE SEDATION SERVICES PROVIDED	72.74	00	04	X								
67	99151	MODERATE SEDATION SERVICES PROVIDED	72.74	00	04	X								
63	99152	MODERATE SEDATION SERVICES PROVIDED	52.93	05	20	X								
67	99152	MODERATE SEDATION SERVICES PROVIDED	52.93	05	15	X								
63	99155	MODERATE SEDATION SERVICES PROVIDED	95.05	00	04	X								
67	99155	MODERATE SEDATION SERVICES PROVIDED	95.05	00	04	X								
63	99156	MODERATE SEDATION SERVICES PROVIDED	86.54	05	20	X								
67	99156	MODERATE SEDATION SERVICES PROVIDED	86.54	05	15	X								
63	99157	MODERATE SEDATION SERVICES PROVIDED	69.53	00	20	X							X	
67	99157	MODERATE SEDATION SERVICES PROVIDED	69.53	00	15	X							X	
63	99170	EXAMINATION OF GENITAL AND ANAL REGI	172.33										X	
67	99170	EXAMINATION OF GENITAL AND ANAL REGI	172.33	00	15								X	
63	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	120.74			X							X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	120.74	00	15	X							X	
63	99184	INITIATION OF SELECTIVE HEAD OR TOTA	242.37											
67	99184	INITIATION OF SELECTIVE HEAD OR TOTA	242.37	00	15									
63	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.41											
63	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.41	10	59			F						
67	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.41	00	15									
67	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	78.41	10	15			F						
63	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	121.94											
63	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	121.94	10	59			F						
67	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	121.94	00	15									
67	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	121.94	10	15			F						
63	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	182.46											
63	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	182.46	10	59			F						
67	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	182.46	00	15									
67	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	182.46	10	15			F						
63	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	241.64											
63	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	241.64	10	59			F						
67	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	241.64	00	15									
67	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	241.64	10	15			F						
63	99211	OFFICE,EST PT, MINIMAL PROBLEMS	24.03										X	
63	99211 TH	OFFICE,EST PT,MINIMAL	24.03	10	59			F						
67	99211	EST PATIENT OFFICE VISIT	24.03	00	15									
67	99211 TH	OFFICE,EST PT,MINIMAL	24.03	10	15			F						
63	99212	ESTABLISHED PATIENT OFFICE OR OTHER	60.73										X	
63	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	60.73	10	59			F						
67	99212	ESTABLISHED PATIENT OFFICE OR OTHER	60.73	00	15								X	
67	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	60.73	10	15			F						
63	99213	ESTABLISHED PATIENT OFFICE OR OTHER	97.98											
63	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	97.98	10	59			F						
67	99213	ESTABLISHED PATIENT OFFICE OR OTHER	97.98	00	15									
67	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	97.98	10	15			F						
63	99214	ESTABLISHED PATIENT OFFICE OR OTHER	138.21											
63	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	138.21	10	59			F						
67	99214	ESTABLISHED PATIENT OFFICE OR OTHER	138.21	00	15									
67	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	138.21	10	15			F						
63	99215	ESTABLISHED PATIENT OFFICE OR OTHER	196.12											
63	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	196.12	10	59			F						
67	99215	ESTABLISHED PATIENT OFFICE OR OTHER	196.12	00	15									
67	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	196.12	10	15			F						
63	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	111.36											
67	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	111.36	00	15									
63	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	148.72											
67	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	148.72	00	15									
63	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	217.59											
67	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	217.59	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
63	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	42.78											
67	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	42.78	00	15									
63	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	78.17											
67	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	78.17	00	15									
63	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	112.26											
67	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	112.26	00	15									
63	99234	HOSPITAL OBSERVATION OR INPATIENT CA	143.75									X		
67	99234	HOSPITAL OBSERVATION OR INPATIENT CA	143.75	00	15							X		
63	99235	HOSPITAL OBSERVATION OR INPATIENT CA	181.58									X		
67	99235	HOSPITAL OBSERVATION OR INPATIENT CA	181.58	00	15							X		
63	99236	HOSPITAL OBSERVATION OR INPATIENT CA	232.78									X		
67	99236	HOSPITAL OBSERVATION OR INPATIENT CA	232.78	00	15							X		
63	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	78.12											
67	99238	HOSPITAL	78.12	00	15									
63	99239	HOSPITAL DISCHARGE DAY	114.13											
67	99239	HOSPITAL DISCHARGE DAY	114.13	00	15									
63	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	24.84											
67	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	24.84	00	15									
63	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	48.18											
67	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	48.18	00	15									
63	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	82.24											
67	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	82.24	00	15									
63	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	138.56											
67	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	138.56	00	15									
63	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	201.55											
67	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	201.55	00	15									
63	99291	CRITICAL CARE, FIRST HOUR	304.87			X								
67	99291	CRITICAL CARE, FIRST HOUR	304.87	00	15	X								
63	99292	CRITICAL CARE, EVALUATION AND MANAGE	134.95			X							X	
67	99292	CRITICAL CARE, EVALUATION AND MANAGE	134.95	00	15	X							X	
63	99304	INITIAL NURSING FACILITY VISIT, TYPI	96.79											
67	99304	INITIAL NURSING FACILITY VISIT, TYPI	96.79	00	15									
63	99305	INITIAL NURSING FACILITY VISIT, TYPI	139.33											
67	99305	INITIAL NURSING FACILITY VISIT, TYPI	139.33	00	15									
63	99306	INITIAL NURSING FACILITY VISIT, TYPI	179.34											
67	99306	INITIAL NURSING FACILITY VISIT, TYPI	179.34	00	15									
63	99307	SUBSEQUENT NURSING FACILITY VISIT, T	47.17											
67	99307	SUBSEQUENT NURSING FACILITY VISIT, T	47.17	00	15									
63	99308	SUBSEQUENT NURSING FACILITY VISIT, T	74.48											
67	99308	SUBSEQUENT NURSING FACILITY VISIT, T	74.48	00	15									
63	99309	SUBSEQUENT NURSING FACILITY VISIT, T	97.87											
67	99309	SUBSEQUENT NURSING FACILITY VISIT, T	97.87	00	15									
63	99310	SUBSEQUENT NURSING FACILITY VISIT, T	144.40											
67	99310	SUBSEQUENT NURSING FACILITY VISIT, T	144.40	00	15									
63	99315	NURSING FAC DISCHARGE DAY	78.46											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
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				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
67	99315	NURSING FAC DISCHARGE DAY	78.46	00	15									
63	99316	NURSING FAC DISCHARGE DAY	112.28											
67	99316	NURSING FAC DISCHARGE DAY	112.28	00	15									
63	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	58.54											
67	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	58.54	00	15									
63	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	83.88											
67	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	83.88	00	15									
63	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	196.12											
67	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	196.12	00	15									
63	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	237.81											
67	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	237.81	00	15									
63	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	59.17											
67	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	59.17	00	15									
63	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	90.32											
67	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	90.32	00	15									
63	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	138.90											
67	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	138.90	00	15									
63	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	193.43											
67	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	193.43	00	15									
63	99406	SMOKING AND TOBACCO USE CESSATION CO	16.72	16	60					X				
67	99406	SMOKING AND TOBACCO USE CESSATION CO	16.72	10	15					X				
63	99407	SMOKING AND TOBACCO USE CESSATION CO	31.19	16	60					X				
67	99407	SMOKING AND TOBACCO USE CESSATION CO	31.19	10	15					X				
63	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	39.78											
67	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	39.78	00	15									
63	99460	INITIAL HOSPITAL OR BIRTHING CENTER	104.44	00	00					X				
67	99460	INITIAL HOSPITAL OR BIRTHING CENTER	104.44	00	00					X				
63	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	98.97	00	00					X				
67	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	98.97	00	00					X				
63	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	46.56	00	00									
67	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	46.56	00	00									
63	99463	INITIAL HOSPITAL OR BIRTHING CENTER	119.66	00	00					X				
67	99463	INITIAL HOSPITAL OR BIRTHING CENTER	119.66	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	160.11	00	00									
67	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	160.11	00	00									
63	99466	CRITICAL CARE SERVICES DELIVERED BY	261.21	00	01									
67	99466	CRITICAL CARE SERVICES DELIVERED BY	261.21	00	01									
63	99467	CRITICAL CARE SERVICES DELIVERED BY	131.64	00	01								X	
67	99467	CRITICAL CARE SERVICES DELIVERED BY	131.64	00	01								X	
63	99468	INITIAL INPATIENT NEONATAL CRITICAL	1,007.59	00	00									
67	99468	INITIAL INPATIENT NEONATAL CRITICAL	1,007.59	00	00									
63	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	436.51	00	00									
67	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	436.51	00	00									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU SHREVEPORT
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	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	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	872.00	00	01									
67	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	872.00	00	01									
63	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	444.95	00	01									
67	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	444.95	00	01									
63	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	626.96	02	05									
67	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	626.96	02	05									
63	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	375.97	02	05									
67	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	375.97	02	05									
63	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	381.10	00	00									
67	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	381.10	00	00									
63	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	150.60	00	00									
67	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	150.60	00	00									
63	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	137.37	00	00									
67	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	137.37	00	00									
63	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	131.64	00	00									
67	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	131.64	00	00									
63	99497	ADVANCE CARE PLANNING INCLUDING	92.56											
67	99497	ADVANCE CARE PLANNING INCLUDING	92.56	00	15									
63	99498	ADVANCE CARE PLANNING INCLUDING	80.74										X	
67	99498	ADVANCE CARE PLANNING INCLUDING	80.74	00	15								X	