

To: AmeriHealth Caritas Louisiana Providers

Date: April 15, 2025

**Subject: [Informational Bulletin 25-12](#): LSU Enhanced Professional Service Fee
Schedule Update Effective 1/1/2025**

Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.

LSU Enhanced Professional Service Fee Schedule Update Effective 1/1/2025

Effective for dates of service on or after January 1, 2025, LSU professional service providers will receive an enhanced fee for certain procedures. The only codes that are to be paid at these enhanced rates are those specific codes and specific types of service combinations that are listed on this enhanced fee schedule.

If the code and the type of service code are not listed on this enhanced fee schedule, then the rate paid to these LSU providers would be paid from the regular existing fee schedule.

There are two different LSU payment groups:

Group 1: LSU Essential Provider – Shreveport

This group includes providers:

#2430769, NPI 1013374222, TAX ID 364774713

#1948705, NPI 1992888101, TAX ID 721365685

#1174173, NPI 1144265976, TAX ID 352756292

Group 2: LSU Essential Provider – New Orleans

This group includes providers:

#1038296, NPI 1992975775, TAX ID 261531455

#1940046, NPI 1558303420, TAX ID 726000749

#1167347, NPI 1477582526, TAX ID 721304948

#1169269, NPI 1477582526, TAX ID 721304948

#1177130, NPI 1932492626, TAX ID 452297609

#1945846, NPI 1477582526, TAX ID 721304948

#2436473, NPI 1275984973, TAX ID 812574422

#2518755, NPI 1285285510, TAX ID 841945250

#1444944, NPI 1477582526, TAX ID 721304948

Each payment group has its own assigned payment, which is outlined on the fee schedules that are posted on lamedicaid.com.

Effective for dates of service January 1, 2025 and forward, claims submitted by professional service providers are to be paid according to the new published rates. AmeriHealth Caritas Louisiana will revise our reimbursement rates for these services by **May 9, 2025** and recycle any claims that were not paid in accordance with the updated rates within 15 days.

For additional details, please review [Informational Bulletin 25-12](#).

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#). The Provider Service Department can be reached between 7:00 am and 7:00 pm daily.

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