

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
MULTI-SYSTEMIC THERAPY FEE SCHEDULE  
FEES EFFECTIVE FOR AUGUST 4, 2009-JANUARY 21, 2009

COLUMN:

1	2	3	4
CODE	MODIFIER	DESCRIPTION	FEE
H2033		MULTISYSTEMIC THERAPY	36.59
H2033	HN	MULTISYSTEMIC THERAPY	29.27

## LEGEND

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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 Unisys Provider Relations at 1-800-473-2783.  
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COLUMN 1. CODE: The medical billing procedure code.

COLUMN 2. MODIFIER: The modifier used with the procedure code, where applicable.

HN BACHELORS DEGREE LEVEL

COLUMN 3. DESCRIPTION: A short description of the medical billing procedure code.

COLUMN 4. FEE: The listed fee refers to the maximum allowable payment for one unit of service.