

LAM5M127
RUN:

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
MULTI-SYSTEMIC THERAPY FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

REPORT NO: RF-0-76MST
PAGE: 1

COLUMN:

1	2	3	4
CODE	MODIFIER	DESCRIPTION	FEE
H2033		MULTI-SYSTEMIC THERAPY	33.85
H2033	HN	MULTI-SYSTEMIC THERAPY	27.08

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.

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.