LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76GNO RUN: 09/23/11 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 1

GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION FEE SCHEDULE

COLUMN: 1 CODE	2 MODIFIER	3 DESCRIPTION	4 FEE
T1015 T1015 T1015	TF TG	CLINIC VISIT/ENCOUNTER ALL INCLUSIVE CLINIC VISIT/ENCOUNTER ALL INCLUSIVE CLINIC VISIT/ENCOUNTER ALL INCLUSIVE	235.51 101.72 107.52

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GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION FEE SCHEDULE
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.

COLUMN 1. CODE: The medical billing procedure code.

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

TF INTERMEDIATE LEVEL OF CARE

TG COMPLEX/HIGH TECH LEVEL OF CARE

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.