

CFR Attachment A(22d) - Q Codes Hospital Outpatient Imaging (Proposed to be effective March 1, 2024)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2024		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	Q0035	cardiokymography	0-999	F	HOSP	\$19.65	\$19.65	\$18.24	\$18.24	-7.18%

<b>*Type of Service (TOS)</b>	
4	Radiology
<b>Provider Type</b>	
HOSP	Hospital

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