

CFR Attachment A(9c) - Gastroenterology (Rural Hospitals) (Proposed to be effective March 1, 2024)

TOS*	Procedure Code	Long Description	Modifier Group	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	91110	**	RHMG	0-999	F	HOSP	\$1,020.10	\$1,020.10	\$1,040.14	\$1,040.14	1.96%
4	91111	**	RHMG	0-999	F	HOSP	\$1,020.10	\$1,020.10	\$1,040.14	\$1,040.14	1.96%
4	91112	**	RHMG	0-999	F	HOSP	\$1,020.10	\$1,020.10	\$1,040.14	\$1,040.14	1.96%

<b>*Type of Service (TOS)</b>	
4	Radiology
<b>Modifier Group</b>	
RHMG	Rural Hospital Modifier Group
<b>Provider Type/ Provider Specialty</b>	
HOSP	Hospital Facility Pricing

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