

**CFR Attachment A(14b) - Noninvasive Vascular Diagnostic (Hospitals) (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	93880	**	0-999	F	HOSP	\$195.46	\$195.46	\$191.46	\$191.46	-2.05%
4	93882	**	0-999	F	HOSP	\$108.97	\$108.97	\$106.88	\$106.88	-1.92%
4	93886	**	0-999	F	HOSP	\$230.13	\$230.13	\$233.52	\$233.52	1.47%
4	93888	**	0-999	F	HOSP	\$108.97	\$108.97	\$106.88	\$106.88	-1.92%
4	93890	**	0-999	F	HOSP	\$230.13	\$230.13	\$233.52	\$233.52	1.47%
4	93892	**	0-999	F	HOSP	\$108.97	\$108.97	\$106.88	\$106.88	-1.92%
4	93893	**	0-999	F	HOSP	\$108.97	\$108.97	\$106.88	\$106.88	-1.92%
4	93923	**	0-999	F	HOSP	\$129.31	\$129.31	\$128.31	\$128.31	-0.77%
4	93924	**	0-999	F	HOSP	\$160.39	\$160.39	\$157.71	\$157.71	-1.67%
4	93925	**	0-999	F	HOSP	\$230.13	\$230.13	\$233.52	\$233.52	1.47%
4	93926	**	0-999	F	HOSP	\$108.97	\$108.97	\$106.88	\$106.88	-1.92%
4	93930	**	0-999	F	HOSP	\$202.15	\$202.15	\$196.14	\$196.14	-2.97%
4	93931	**	0-999	F	HOSP	\$108.97	\$108.97	\$106.88	\$106.88	-1.92%
4	93970	**	0-999	F	HOSP	\$191.79	\$191.79	\$188.79	\$188.79	-1.56%
4	93971	**	0-999	F	HOSP	\$108.97	\$108.97	\$106.88	\$106.88	-1.92%
4	93975	**	0-999	F	HOSP	\$230.13	\$230.13	\$233.52	\$233.52	1.47%
4	93976	**	0-999	F	HOSP	\$108.97	\$108.97	\$106.88	\$106.88	-1.92%
4	93978	**	0-999	F	HOSP	\$184.78	\$184.78	\$180.76	\$180.76	-2.18%
4	93979	**	0-999	F	HOSP	\$108.97	\$108.97	\$106.88	\$106.88	-1.92%
4	93980	**	0-999	F	HOSP	\$108.97	\$108.97	\$106.88	\$106.88	-1.92%
4	93981	**	0-999	F	HOSP	\$71.50	\$71.50	\$70.16	\$70.16	-1.87%
4	93990	**	0-999	F	HOSP	\$108.97	\$108.97	\$106.88	\$106.88	-1.92%

**\*Type of Service (TOS)**

4	Radiology
<b>Provider Type/ Provider Specialty</b>	
HOSP	Hospital

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