

CFR Attachment A(9b) - Gastroenterology (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	91110	**	0-999	F	HOSP	\$809.60	\$809.60	\$783.43	\$783.43	-3.23%
4	91111	**	0-999	F	HOSP	\$809.60	\$809.60	\$825.51	\$825.51	1.97%
4	91112	**	0-999	F	HOSP	\$809.60	\$809.60	\$825.51	\$825.51	1.97%

***Type of Service (TOS)**

4	Radiology
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Provider Type/ Provider Specialty

HOSP	Hospital Facility Pricing
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