

CFR Attachment A(22a) - Q Codes (Proposed to be effective March 1, 2024)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	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			0-20	N/F		\$15.72	\$15.72	\$14.59	\$14.59	-7.19%
I	Q0035	cardiokymography			0-20	N/F		\$7.02	\$7.02	\$6.74	\$6.74	-3.99%
T	Q0035	cardiokymography			0-20	N		\$8.70	\$8.70	\$7.86	\$7.86	-9.66%
1	Q3014	telehealth originating site facility fee			0-999	N/F		\$22.29	\$22.29	\$22.94	\$22.94	2.92%
1	Q3014	telehealth originating site facility fee			0-999	N/F	46	\$22.29	\$22.29	\$22.94	\$22.94	2.92%
1	Q3014	telehealth originating site facility fee			0-999	N/F	CT023	\$22.29	\$22.29	\$22.94	\$22.94	2.92%

*Type of Service (TOS)	
1	Medical Services
4	Radiology
I	Professional Component
T	Technical Component
Provider Type	
46	Federally Qualified Health Centers (FQHC)
CT023	Outpatient Hospital Claims

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