

CFR Attachment A(22e) - Q Codes Rural Hospital Outpatient Imaging (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	Q0035	cardiokymography	RHMG	0-999	F	HOSP	\$42.64	\$42.64	\$42.79	\$42.79	0.35%

*Type of Service (TOS)	
4	Radiology
Modifier Group	
RHMG	Rural Hospital Modifier Group
Provider Type	
HOSP	Hospital

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