

CFR Attachment A(23b) - Radiation Oncology (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	77063	**	0-999	F	HOSP	\$51.79	\$51.79	\$52.79	\$52.79	1.93%

*Type of Service (TOS)	
4	Radiology
Provider Type	
HOSP	Hospital

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