

CFR Attachment A(7b) - Dialysis Services E1629(Proposed to be effective March 1, 2024)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		3/1/2024		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
L	E1629	tablo hemodialysis system for the billable dialysis service	0-999	N/F	\$23.68	\$23.68	\$23.68	\$23.68	0.00%

***Type of Service (TOS)**

L	DME Rental - Monthly
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