

CFR Attachment A(11) - Topic (Proposed to be effective September 1, 2024)

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		9/1/2024		Percent Change from Current Medicaid Fee
								Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	R0070	transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen			0-999	N/F		\$85.39	\$85.39	\$92.06	\$92.06	7.81%
4	R0075	transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen	UN		0-999	N/F		\$42.70	\$42.70	\$46.03	\$46.03	7.80%
4	R0075	transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen	UP		0-999	N/F		\$28.46	\$28.46	\$30.69	\$30.69	7.84%
4	R0075	transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen	UQ		0-999	N/F		\$21.35	\$21.35	\$23.02	\$23.02	7.82%
4	R0075	transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen	UR		0-999	N/F		\$17.08	\$17.08	\$18.41	\$18.41	7.79%
4	R0075	transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen	US		0-999	N/F		\$14.23	\$14.23	\$15.34	\$15.34	7.80%

*Type of Service (TOS)	
4	Radiology
Modifier	
UN	Two Patients Served
UP	Three Patients Served
UQ	Four Patients Served
UR	Five Patients Served
US	Six or More Patients Served

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