HCPCS ATTACHMENT 4 - TOS 5-I-T - NONCLINICAL LABORATORY SERVICES (Proposed to be effective January 1, 2018)

					CURRENT		PROPOSED		
TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
5	94617	**	0-20	N/F	Not A Benefit	Not A Benefit	$75.78	$75.78	100.00%
5	94617	**	21-999	N/F	Not A Benefit	Not A Benefit	$72.17	$72.17	100.00%
I	94617	**	0-20	N/F	Not A Benefit	Not A Benefit	$26.66	$26.66	100.00%
I	94617	**	21-999	N/F	Not A Benefit	Not A Benefit	$25.39	$25.39	100.00%
T	94617	**	0-20	N/F	Not A Benefit	Not A Benefit	$49.12	$49.12	100.00%
T	94617	**	21-999	N/F	Not A Benefit	Not A Benefit	$46.78	$46.78	100.00%
5	94618	**	0-20	N/F	Not A Benefit	Not A Benefit	$27.23	$27.23	100.00%
5	94618	**	21-999	N/F	Not A Benefit	Not A Benefit	$25.93	$25.93	100.00%
I	94618	**	0-20	N/F	Not A Benefit	Not A Benefit	$18.24	$18.24	100.00%
I	94618	**	21-999	N/F	Not A Benefit	Not A Benefit	$17.37	$17.37	100.00%
T	94618	**	0-20	N/F	Not A Benefit	Not A Benefit	$8.98	$8.98	100.00%
T	94618	**	21-999	N/F	Not A Benefit	Not A Benefit	$8.55	$8.55	100.00%
5	94620	**	0-20	N/F	$44.63	$44.63	Not A Benefit	Not A Benefit	-100.00%
5	94620	**	21-999	N/F	$42.50	$42.50	Not A Benefit	Not A Benefit	-100.00%
I	94620	**	0-20	N/F	$24.42	$24.42	Not A Benefit	Not A Benefit	-100.00%
I	94620	**	21-999	N/F	$23.26	$23.26	Not A Benefit	Not A Benefit	-100.00%
T	94620	**	0-20	N/F	$20.21	$20.21	Not A Benefit	Not A Benefit	-100.00%
T	94620	**	21-999	N/F	$19.25	$19.25	Not A Benefit	Not A Benefit	-100.00%

*Type of Service (TOS)	
5	Laboratory Services
I	Interpretation Component
T	Technical Component

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					CURRENT		PROPOSED		
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