HCPCS ATTACHMENT 10 - TOS 4-I-T - DIAGNOSTIC RADIOLOGY (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
4	71045	**	0-20	N	Not A Benefit	Not A Benefit	$15.72	$15.72	100.00%
4	71045	**	21-999	N	Not A Benefit	Not A Benefit	$14.97	$14.97	100.00%
I	71045	**	0-20	F/N	Not A Benefit	Not A Benefit	$7.30	$7.30	100.00%
I	71045	**	21-999	F/N	Not A Benefit	Not A Benefit	$6.95	$6.95	100.00%
T	71045	**	0-20	N	Not A Benefit	Not A Benefit	$8.42	$8.42	100.00%
T	71045	**	21-999	N	Not A Benefit	Not A Benefit	$8.02	$8.02	100.00%
D	71045	**	0-20	N	Not A Benefit	Not A Benefit	$15.72	$14.93	100.00%
D	71045	**	21-999	N	Not A Benefit	Not A Benefit	$14.97	$14.22	100.00%
4	71046	**	0-20	N	Not A Benefit	Not A Benefit	$24.14	$24.14	100.00%
4	71046	**	21-999	N	Not A Benefit	Not A Benefit	$22.99	$22.99	100.00%
I	71046	**	0-20	F/N	Not A Benefit	Not A Benefit	$8.70	$8.70	100.00%
I	71046	**	21-999	F/N	Not A Benefit	Not A Benefit	$8.29	$8.29	100.00%
T	71046	**	0-20	N	Not A Benefit	Not A Benefit	$15.44	$15.44	100.00%
T	71046	**	21-999	N	Not A Benefit	Not A Benefit	$14.70	$14.70	100.00%
D	71046	**	0-20	N	Not A Benefit	Not A Benefit	$24.14	$22.93	100.00%
D	71046	**	21-999	N	Not A Benefit	Not A Benefit	$22.99	$21.84	100.00%
4	71047	**	0-20	N	Not A Benefit	Not A Benefit	$30.87	$30.87	100.00%
4	71047	**	21-999	N	Not A Benefit	Not A Benefit	$29.40	$29.40	100.00%
I	71047	**	0-20	F/N	Not A Benefit	Not A Benefit	$11.23	$11.23	100.00%
I	71047	**	21-999	F/N	Not A Benefit	Not A Benefit	$10.69	$10.69	100.00%
T	71047	**	0-20	N	Not A Benefit	Not A Benefit	$19.65	$19.65	100.00%
T	71047	**	21-999	N	Not A Benefit	Not A Benefit	$18.71	$18.71	100.00%
D	71047	**	0-20	N	Not A Benefit	Not A Benefit	$30.87	$29.33	100.00%

HCPCS ATTACHMENT 10 - TOS 4-I-T - DIAGNOSTIC RADIOLOGY (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
D	71047	**	21-999	N	Not A Benefit	Not A Benefit	$29.40	$27.93	100.00%
4	71048	**	0-20	N	Not A Benefit	Not A Benefit	$33.12	$33.12	100.00%
4	71048	**	21-999	N	Not A Benefit	Not A Benefit	$31.54	$31.54	100.00%
I	71048	**	0-20	F/N	Not A Benefit	Not A Benefit	$12.91	$12.91	100.00%
I	71048	**	21-999	F/N	Not A Benefit	Not A Benefit	$12.30	$12.30	100.00%
T	71048	**	0-20	N	Not A Benefit	Not A Benefit	$20.21	$20.21	100.00%
T	71048	**	21-999	N	Not A Benefit	Not A Benefit	$19.25	$19.25	100.00%
D	71048	**	0-20	N	Not A Benefit	Not A Benefit	$33.12	$31.46	100.00%
D	71048	**	21-999	N	Not A Benefit	Not A Benefit	$31.54	$29.96	100.00%
4	74018	**	0-20	N	Not A Benefit	Not A Benefit	$21.61	$21.61	100.00%
4	74018	**	21-999	N	Not A Benefit	Not A Benefit	$20.58	$20.58	100.00%
I	74018	**	0-20	N/F	Not A Benefit	Not A Benefit	$7.30	$7.30	100.00%
I	74018	**	21-999	N/F	Not A Benefit	Not A Benefit	$6.95	$6.95	100.00%
T	74018	**	0-20	N	Not A Benefit	Not A Benefit	$14.31	$14.31	100.00%
T	74018	**	21-999	N	Not A Benefit	Not A Benefit	$13.63	$13.63	100.00%
4	74019	**	0-20	N	Not A Benefit	Not A Benefit	$26.38	$26.38	100.00%
4	74019	**	21-999	N	Not A Benefit	Not A Benefit	$25.13	$25.13	100.00%
I	74019	**	0-20	N/F	Not A Benefit	Not A Benefit	$9.26	$9.26	100.00%
I	74019	**	21-999	N/F	Not A Benefit	Not A Benefit	$8.82	$8.82	100.00%
T	74019	**	0-20	N	Not A Benefit	Not A Benefit	$17.12	$17.12	100.00%
T	74019	**	21-999	N	Not A Benefit	Not A Benefit	$16.31	$16.31	100.00%
4	74021	**	0-20	N	Not A Benefit	Not A Benefit	$30.87	$30.87	100.00%
4	74021	**	21-999	N	Not A Benefit	Not A Benefit	$29.40	$29.40	100.00%

HCPCS ATTACHMENT 10 - TOS 4-I-T - DIAGNOSTIC RADIOLOGY (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
I	74021	**	0-20	N/F	Not A Benefit	Not A Benefit	$10.95	$10.95	100.00%
I	74021	**	21-999	N/F	Not A Benefit	Not A Benefit	$10.42	$10.42	100.00%
T	74021	**	0-20	N	Not A Benefit	Not A Benefit	$19.93	$19.93	100.00%
T	74021	**	21-999	N	Not A Benefit	Not A Benefit	$18.98	$18.98	100.00%
4	71010	**	0-20	N	$17.96	$17.96	Not A Benefit	Not A Benefit	-100.00%
4	71010	**	21-999	N	$17.11	$17.11	Not A Benefit	Not A Benefit	-100.00%
D	71010	**	0-20	N	$17.96	$17.06	Not A Benefit	Not A Benefit	-100.00%
D	71010	**	21-999	N	$17.11	$16.25	Not A Benefit	Not A Benefit	-100.00%
I	71010	**	0-20	N/F	$7.30	$7.30	Not A Benefit	Not A Benefit	-100.00%
I	71010	**	21-999	N/F	$6.95	$6.95	Not A Benefit	Not A Benefit	-100.00%
T	71010	**	0-20	N	$10.67	$10.67	Not A Benefit	Not A Benefit	-100.00%
T	71010	**	21-999	N	$10.16	$10.16	Not A Benefit	Not A Benefit	-100.00%
4	71015	**	0-20	N	$21.89	$21.89	Not A Benefit	Not A Benefit	-100.00%
4	71015	**	21-999	N	$20.85	$20.85	Not A Benefit	Not A Benefit	-100.00%
I	71015	**	0-20	F/N	$8.70	$8.70	Not A Benefit	Not A Benefit	-100.00%
I	71015	**	21-999	F/N	$8.29	$8.29	Not A Benefit	Not A Benefit	-100.00%
T	71015	**	0-20	N	$13.19	$13.19	Not A Benefit	Not A Benefit	-100.00%
T	71015	**	21-999	N	$12.56	$12.56	Not A Benefit	Not A Benefit	-100.00%
4	71020	**	0-20	N	$22.17	$22.17	Not A Benefit	Not A Benefit	-100.00%
4	71020	**	21-999	N	$21.12	$21.12	Not A Benefit	Not A Benefit	-100.00%
D	71020	**	0-20	N	$22.17	$21.06	Not A Benefit	Not A Benefit	-100.00%
D	71020	**	21-999	N	$21.12	$20.06	Not A Benefit	Not A Benefit	-100.00%
I	71020	**	0-20	F/N	$8.70	$8.70	Not A Benefit	Not A Benefit	-100.00%

HCPCS ATTACHMENT 10 - TOS 4-I-T - DIAGNOSTIC RADIOLOGY (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
I	71020	**	21-999	F/N	$8.29	$8.29	Not A Benefit	Not A Benefit	-100.00%
T	71020	**	0-20	N	$13.47	$13.47	Not A Benefit	Not A Benefit	-100.00%
T	71020	**	21-999	N	$12.83	$12.83	Not A Benefit	Not A Benefit	-100.00%
4	71021	**	0-20	N	$26.94	$26.94	Not A Benefit	Not A Benefit	-100.00%
4	71021	**	21-999	N	$25.66	$25.66	Not A Benefit	Not A Benefit	-100.00%
D	71021	**	0-20	N	$26.94	$25.59	Not A Benefit	Not A Benefit	-100.00%
D	71021	**	21-999	N	$25.66	$24.38	Not A Benefit	Not A Benefit	-100.00%
I	71021	**	0-20	F/N	$10.95	$10.95	Not A Benefit	Not A Benefit	-100.00%
I	71021	**	21-999	F/N	$10.42	$10.42	Not A Benefit	Not A Benefit	-100.00%
T	71021	**	0-20	N	$16.00	$16.00	Not A Benefit	Not A Benefit	-100.00%
T	71021	**	21-999	N	$15.24	$15.24	Not A Benefit	Not A Benefit	-100.00%
4	71022	**	0-20	N	$32.84	$32.84	Not A Benefit	Not A Benefit	-100.00%
4	71022	**	21-999	N	$31.27	$31.27	Not A Benefit	Not A Benefit	-100.00%
D	71022	**	0-20	N	$32.84	$31.20	Not A Benefit	Not A Benefit	-100.00%
D	71022	**	21-999	N	$31.27	$29.71	Not A Benefit	Not A Benefit	-100.00%
I	71022	**	0-20	F/N	$13.19	$13.19	Not A Benefit	Not A Benefit	-100.00%
I	71022	**	21-999	F/N	$12.56	$12.56	Not A Benefit	Not A Benefit	-100.00%
T	71022	**	0-20	N	$19.65	$19.65	Not A Benefit	Not A Benefit	-100.00%
T	71022	**	21-999	N	$18.71	$18.71	Not A Benefit	Not A Benefit	-100.00%
4	71023	**	0-20	N	$50.24	$50.24	Not A Benefit	Not A Benefit	-100.00%
4	71023	**	21-999	N	$47.85	$47.85	Not A Benefit	Not A Benefit	-100.00%
I	71023	**	0-20	F/N	$15.16	$15.16	Not A Benefit	Not A Benefit	-100.00%
I	71023	**	21-999	F/N	$14.43	$14.43	Not A Benefit	Not A Benefit	-100.00%

HCPCS ATTACHMENT 10 - TOS 4-I-T - DIAGNOSTIC RADIOLOGY (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
T	71023	**	0-20	F/N	$35.08	$35.08	Not A Benefit	Not A Benefit	-100.00%
T	71023	**	21-999	F/N	$33.41	$33.41	Not A Benefit	Not A Benefit	-100.00%
4	71030	**	0-20	N	$33.12	$33.12	Not A Benefit	Not A Benefit	-100.00%
4	71030	**	21-999	N	$31.54	$31.54	Not A Benefit	Not A Benefit	-100.00%
D	71030	**	0-20	N	$33.12	$31.46	Not A Benefit	Not A Benefit	-100.00%
D	71030	**	21-999	N	$31.54	$29.96	Not A Benefit	Not A Benefit	-100.00%
I	71030	**	0-20	F/N	$12.63	$12.63	Not A Benefit	Not A Benefit	-100.00%
I	71030	**	21-999	F/N	$12.03	$12.03	Not A Benefit	Not A Benefit	-100.00%
T	71030	**	0-20	N	$20.49	$20.49	Not A Benefit	Not A Benefit	-100.00%
T	71030	**	21-999	N	$19.51	$19.51	Not A Benefit	Not A Benefit	-100.00%
4	71034	**	0-20	N	$65.40	$65.40	Not A Benefit	Not A Benefit	-100.00%
4	71034	**	21-999	N	$62.28	$62.28	Not A Benefit	Not A Benefit	-100.00%
I	71034	**	0-20	F/N	$18.52	$18.52	Not A Benefit	Not A Benefit	-100.00%
I	71034	**	21-999	F/N	$17.64	$17.64	Not A Benefit	Not A Benefit	-100.00%
T	71034	**	0-20	N	$46.87	$46.87	Not A Benefit	Not A Benefit	-100.00%
T	71034	**	21-999	N	$44.64	$44.64	Not A Benefit	Not A Benefit	-100.00%
4	71035	**	0-20	F/N	$25.82	$25.82	Not A Benefit	Not A Benefit	-100.00%
4	71035	**	21-999	F/N	$24.59	$24.59	Not A Benefit	Not A Benefit	-100.00%
D	71035	**	0-20	N	$25.82	$24.53	Not A Benefit	Not A Benefit	-100.00%
D	71035	**	21-999	N	$24.59	$23.36	Not A Benefit	Not A Benefit	-100.00%
I	71035	**	0-20	F/N	$7.30	$7.30	Not A Benefit	Not A Benefit	-100.00%
I	71035	**	21-999	F/N	$6.95	$6.95	Not A Benefit	Not A Benefit	-100.00%
T	71035	**	0-20	N	$18.52	$18.52	Not A Benefit	Not A Benefit	-100.00%

HCPCS ATTACHMENT 10 - TOS 4-I-T - DIAGNOSTIC RADIOLOGY (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
T	71035	**	21-999	N	$17.64	$17.64	Not A Benefit	Not A Benefit	-100.00%
4	74000	**	0-20	N	$18.52	$18.52	Not A Benefit	Not A Benefit	-100.00%
4	74000	**	21-999	N	$17.64	$17.64	Not A Benefit	Not A Benefit	-100.00%
I	74000	**	0-20	N/F	$7.30	$7.30	Not A Benefit	Not A Benefit	-100.00%
I	74000	**	21-999	N/F	$6.95	$6.95	Not A Benefit	Not A Benefit	-100.00%
T	74000	**	0-20	N	$11.23	$11.23	Not A Benefit	Not A Benefit	-100.00%
T	74000	**	21-999	N	$10.69	$10.69	Not A Benefit	Not A Benefit	-100.00%
4	74010	**	0-20	N	$27.51	$27.51	Not A Benefit	Not A Benefit	-100.00%
4	74010	**	21-999	N	$26.20	$26.20	Not A Benefit	Not A Benefit	-100.00%
I	74010	**	0-20	N/F	$9.26	$9.26	Not A Benefit	Not A Benefit	-100.00%
I	74010	**	21-999	N/F	$8.82	$8.82	Not A Benefit	Not A Benefit	-100.00%
T	74010	**	0-20	N	$18.24	$18.24	Not A Benefit	Not A Benefit	-100.00%
T	74010	**	21-999	N	$17.37	$17.37	Not A Benefit	Not A Benefit	-100.00%
4	74020	**	0-20	N	$29.75	$29.75	Not A Benefit	Not A Benefit	-100.00%
4	74020	**	21-999	N	$28.33	$28.33	Not A Benefit	Not A Benefit	-100.00%
I	74020	**	0-20	F/N	$10.95	$10.95	Not A Benefit	Not A Benefit	-100.00%
I	74020	**	21-999	F/N	$10.42	$10.42	Not A Benefit	Not A Benefit	-100.00%
T	74020	**	0-20	N	$18.81	$18.81	Not A Benefit	Not A Benefit	-100.00%
T	74020	**	21-999	N	$17.91	$17.91	Not A Benefit	Not A Benefit	-100.00%

*Type of Service (TOS)	
4	Laboratory Services
D	Interpretation Component
I	Technical Component
T	TB Clinic

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HCPCS ATTACHMENT 10 - TOS 4-I-T - DIAGNOSTIC RADIOLOGY (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

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