HCPCS ATTACHMENT 2 - TOS 1 - MEDICAL SERVICES (Proposed to be effective January 1, 2018)

						CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Provider Type (PT) / Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	96573		**	0-20		Not a Benefit	Not a Benefit	$150.72	$150.72	100.00%
1	96573		**	21-999		Not a Benefit	Not a Benefit	$143.54	$143.54	100.00%
1	96574		**	0-20		Not a Benefit	Not a Benefit	$194.23	$194.23	100.00%
1	96574		**	21-999		Not a Benefit	Not a Benefit	$184.98	$184.98	100.00%
1	97763	UB	**	0-20	44	Not a Benefit	Not a Benefit	$30.31	$30.31	100.00%
1	97763	U5	**	0-20	44	Not a Benefit	Not a Benefit	$35.66	$35.66	100.00%
1	97763	UB	**	21-999	44	Not a Benefit	Not a Benefit	$30.31	$30.31	100.00%
1	97763	U5	**	21-999	44	Not a Benefit	Not a Benefit	$35.66	$35.66	100.00%
1	97763	UB	**	0-20	65/25	Not a Benefit	Not a Benefit	$30.31	$30.31	100.00%
1	97763	U5	**	0-20	65/25	Not a Benefit	Not a Benefit	$35.66	$35.66	100.00%
1	97763	U5	**	21-999	65/25	Not a Benefit	Not a Benefit	$35.66	$35.66	100.00%
1	97763	UB	**	21-999	65/25	Not a Benefit	Not a Benefit	$30.31	$30.31	100.00%
1	97763	U5	**	0-20	11, 19, 20, 21, 22, 34,35, 50, 98	Not a Benefit	Not a Benefit	$35.66	$35.66	100.00%
1	97763	UB	**	0-20	11, 19, 20, 21, 22, 34,35, 50, 98	Not a Benefit	Not a Benefit	$30.31	$30.31	100.00%
1	97763	U5	**	21-999	11, 19, 20, 21, 22, 34,35, 50, 98	Not a Benefit	Not a Benefit	$35.66	$35.66	100.00%
1	97763	UB	**	21-999	11, 19, 20, 21, 22, 34,35, 50, 98	Not a Benefit	Not a Benefit	$30.31	$30.31	100.00%

TOS*	Procedure Code	Modifier	Long Description	Age Range	Provider Type (PT) / Provider Specialty (PS)	CURRENT Current Medicaid Fee	CURRENT Current Adjusted Medicaid Fee	PROPOSED Proposed Medicaid Fee	PROPOSED Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee

*Type of Service (TOS)	
1	Medical Services
***Type of Service (TOS)**	
U5	Services provided by licensed therapist
UB	Services provided by therapy assistant
Provider Type	
65/25	Comprehensive Outpatient Rehabilitation Facility/Outpatient Rehabilitation Facility
44	Home Health Agency
11, 19, 20, 21, 22, 34,35, 50, 98	Independently Practicing Therapists, Early Childhood Intervention (ECI) and Physicians providing therapy services

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