HCPCS ATTACHMENT 3 - TOS 2-8 - SURGERY AND ASSISTANT SURGERY (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
2	15730	**	0-20	N	Not a Benefit	Not a Benefit	$1,241.69	$1,241.69	100.00%
2	15730	**	0-20	F	Not a Benefit	Not a Benefit	$741.54	$741.54	100.00%
2	15730	**	21-999	N	Not a Benefit	Not a Benefit	$1,182.56	$1,182.56	100.00%
2	15730	**	21-999	F	Not a Benefit	Not a Benefit	$706.22	$706.22	100.00%
2	15733	**	0-20	N/F	Not a Benefit	Not a Benefit	$846.79	$846.79	100.00%
2	15733	**	21-999	N/F	Not a Benefit	Not a Benefit	$806.46	$806.46	100.00%
2	19294	**	0-20	F	Not a Benefit	Not a Benefit	$132.48	$132.48	100.00%
2	19294	**	21-999	F	Not a Benefit	Not a Benefit	$126.17	$126.17	100.00%
2	20939	**	0-20	F	Not a Benefit	Not a Benefit	$54.45	$54.45	100.00%
2	20939	**	21-999	F	Not a Benefit	Not a Benefit	$51.86	$51.86	100.00%
2	31241	**	0-20	N/F	Not a Benefit	Not a Benefit	$360.10	$360.10	100.00%
2	31241	**	21-999	N/F	Not a Benefit	Not a Benefit	$342.95	$342.95	100.00%
2	31253	**	0-20	N/F	Not a Benefit	Not a Benefit	$403.61	$403.61	100.00%
2	31253	**	21-999	N/F	Not a Benefit	Not a Benefit	$384.38	$384.38	100.00%
2	31257	**	0-20	F	Not a Benefit	Not a Benefit	$359.26	$359.26	100.00%
2	31257	**	21-999	F	Not a Benefit	Not a Benefit	$342.15	$342.15	100.00%
2	31259	**	0-20	N/F	Not a Benefit	Not a Benefit	$380.87	$380.87	100.00%
2	31259	**	21-999	N/F	Not a Benefit	Not a Benefit	$362.73	$362.73	100.00%
2	31298	**	0-20	N	Not a Benefit	Not a Benefit	$3,082.90	$3,082.90	100.00%
2	31298	**	0-20	F	Not a Benefit	Not a Benefit	$205.73	$205.73	100.00%
2	31298	**	21-999	N	Not a Benefit	Not a Benefit	$2,936.08	$2,936.08	100.00%
2	31298	**	21-999	F	Not a Benefit	Not a Benefit	$195.93	$195.93	100.00%
2	34701	**	0-20	F	Not a Benefit	Not a Benefit	$1,002.56	$1,002.56	100.00%
2	34701	**	21-999	F	Not a Benefit	Not a Benefit	$954.81	$954.81	100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - SURGERY AND ASSISTANT SURGERY (Proposed to be effective January 1, 2018)

					CURRENT		PROPOSED		
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8	34701	**	0-20	F	Not a Benefit	Not a Benefit	$160.41	$160.41	100.00%
8	34701	**	21-999	F	Not a Benefit	Not a Benefit	$152.77	$152.77	100.00%
2	34702	**	0-20	F	Not a Benefit	Not a Benefit	$1,497.67	$1,497.67	100.00%
2	34702	**	21-999	F	Not a Benefit	Not a Benefit	$1,426.34	$1,426.34	100.00%
8	34702	**	0-20	F	Not a Benefit	Not a Benefit	$239.63	$239.63	100.00%
8	34702	**	21-999	F	Not a Benefit	Not a Benefit	$228.21	$228.21	100.00%
2	34703	**	0-20	F	Not a Benefit	Not a Benefit	$1,129.70	$1,129.70	100.00%
2	34703	**	21-999	F	Not a Benefit	Not a Benefit	$1,075.90	$1,075.90	100.00%
8	34703	**	0-20	F	Not a Benefit	Not a Benefit	$180.75	$180.75	100.00%
8	34703	**	21-999	F	Not a Benefit	Not a Benefit	$172.14	$172.14	100.00%
2	34704	**	0-20	F	Not a Benefit	Not a Benefit	$1,879.10	$1,879.10	100.00%
2	34704	**	21-999	F	Not a Benefit	Not a Benefit	$1,789.61	$1,789.61	100.00%
8	34704	**	0-20	F	Not a Benefit	Not a Benefit	$300.66	$300.66	100.00%
8	34704	**	21-999	F	Not a Benefit	Not a Benefit	$286.34	$286.34	100.00%
2	34705	**	0-20	F	Not a Benefit	Not a Benefit	$1,244.50	$1,244.50	100.00%
2	34705	**	21-999	F	Not a Benefit	Not a Benefit	$1,185.23	$1,185.23	100.00%
8	34705	**	0-20	F	Not a Benefit	Not a Benefit	$199.12	$199.12	100.00%
8	34705	**	21-999	F	Not a Benefit	Not a Benefit	$189.64	$189.64	100.00%
2	34706	**	0-20	F	Not a Benefit	Not a Benefit	$1,873.20	$1,873.20	100.00%
2	34706	**	21-999	F	Not a Benefit	Not a Benefit	$1,783.99	$1,783.99	100.00%
8	34706	**	0-20	F	Not a Benefit	Not a Benefit	$299.71	$299.71	100.00%
8	34706	**	21-999	F	Not a Benefit	Not a Benefit	$285.44	$285.44	100.00%
2	34707	**	0-20	F	Not a Benefit	Not a Benefit	$934.92	$934.92	100.00%

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					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
2	34707	**	21-999	F	Not a Benefit	Not a Benefit	$890.39	$890.39	100.00%
8	34707	**	0-20	F	Not a Benefit	Not a Benefit	$149.59	$149.59	100.00%
8	34707	**	21-999	F	Not a Benefit	Not a Benefit	$142.46	$142.46	100.00%
2	34708	**	0-20	F	Not a Benefit	Not a Benefit	$1,504.68	$1,504.68	100.00%
2	34708	**	21-999	F	Not a Benefit	Not a Benefit	$1,433.02	$1,433.02	100.00%
8	34708	**	0-20	F	Not a Benefit	Not a Benefit	$240.75	$240.75	100.00%
8	34708	**	21-999	F	Not a Benefit	Not a Benefit	$229.28	$229.28	100.00%
2	34709	**	0-20	F	Not a Benefit	Not a Benefit	$263.27	$263.27	100.00%
2	34709	**	21-999	F	Not a Benefit	Not a Benefit	$250.73	$250.73	100.00%
8	34709	**	0-20	F	Not a Benefit	Not a Benefit	$42.12	$42.12	100.00%
8	34709	**	21-999	F	Not a Benefit	Not a Benefit	$40.12	$40.12	100.00%
2	34710	**	0-20	F	Not a Benefit	Not a Benefit	$652.56	$652.56	100.00%
2	34710	**	21-999	F	Not a Benefit	Not a Benefit	$621.48	$621.48	100.00%
8	34710	**	0-20	F	Not a Benefit	Not a Benefit	$104.41	$104.41	100.00%
8	34710	**	21-999	F	Not a Benefit	Not a Benefit	$99.44	$99.44	100.00%
2	34711	**	0-20	F	Not a Benefit	Not a Benefit	$243.06	$243.06	100.00%
2	34711	**	21-999	F	Not a Benefit	Not a Benefit	$231.49	$231.49	100.00%
8	34711	**	0-20	F	Not a Benefit	Not a Benefit	$38.89	$38.89	100.00%
8	34711	**	21-999	F	Not a Benefit	Not a Benefit	$37.04	$37.04	100.00%
2	34712	**	0-20	F	Not a Benefit	Not a Benefit	$557.70	$557.70	100.00%
2	34712	**	21-999	F	Not a Benefit	Not a Benefit	$531.14	$531.14	100.00%
8	34712	**	0-999	F	Not a Benefit	Not a Benefit	$84.98	$84.98	100.00%
2	34713	**	0-20	F	Not a Benefit	Not a Benefit	$104.97	$104.97	100.00%

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					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
2	34713	**	21-999	F	Not a Benefit	Not a Benefit	$99.97	$99.97	100.00%
8	34713	**	0-999	F	Not a Benefit	Not a Benefit	$16.00	$16.00	100.00%
2	34714	**	0-20	F	Not a Benefit	Not a Benefit	$220.33	$220.33	100.00%
2	34714	**	21-999	F	Not a Benefit	Not a Benefit	$209.83	$209.83	100.00%
8	34714	**	0-20	F	Not a Benefit	Not a Benefit	$35.25	$35.25	100.00%
8	34714	**	21-999	F	Not a Benefit	Not a Benefit	$33.57	$33.57	100.00%
2	34715	**	0-20	F	Not a Benefit	Not a Benefit	$246.15	$246.15	100.00%
2	34715	**	21-999	F	Not a Benefit	Not a Benefit	$234.43	$234.43	100.00%
8	34715	**	0-20	F	Not a Benefit	Not a Benefit	$39.38	$39.38	100.00%
8	34715	**	21-999	F	Not a Benefit	Not a Benefit	$37.51	$37.51	100.00%
2	34716	**	0-20	F	Not a Benefit	Not a Benefit	$305.65	$305.65	100.00%
2	34716	**	21-999	F	Not a Benefit	Not a Benefit	$291.10	$291.10	100.00%
8	34716	**	0-20	F	Not a Benefit	Not a Benefit	$48.90	$48.90	100.00%
8	34716	**	21-999	F	Not a Benefit	Not a Benefit	$46.58	$46.58	100.00%
2	34800	**	0-20	F	$936.88	$936.88	Not a Benefit	Not a Benefit	-100.00%
2	34800	**	21-999	F	$892.26	$892.26	Not a Benefit	Not a Benefit	-100.00%
8	34800	**	0-20	F	$149.90	$149.90	Not a Benefit	Not a Benefit	-100.00%
8	34800	**	21-999	F	$142.76	$142.76	Not a Benefit	Not a Benefit	-100.00%
2	34802	**	0-20	F	$1,032.59	$1,032.59	Not a Benefit	Not a Benefit	-100.00%
2	34802	**	21-999	F	$983.42	$983.42	Not a Benefit	Not a Benefit	-100.00%
8	34802	**	0-20	F	$165.21	$165.21	Not a Benefit	Not a Benefit	-100.00%
8	34802	**	21-999	F	$157.35	$157.35	Not a Benefit	Not a Benefit	-100.00%
2	34803	**	0-20	F	$1,066.27	$1,066.27	Not a Benefit	Not a Benefit	-100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - SURGERY AND ASSISTANT SURGERY (Proposed to be effective January 1, 2018)

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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
2	34803	**	21-999	F	$1,015.49	$1,015.49	Not a Benefit	Not a Benefit	-100.00%
8	34803	**	0-20	F	$170.60	$170.60	Not a Benefit	Not a Benefit	-100.00%
8	34803	**	21-999	F	$162.48	$162.48	Not a Benefit	Not a Benefit	-100.00%
2	34804	**	0-20	F	$1,031.75	$1,031.75	Not a Benefit	Not a Benefit	-100.00%
2	34804	**	21-999	F	$982.61	$982.61	Not a Benefit	Not a Benefit	-100.00%
8	34804	**	0-20	F	$165.08	$165.08	Not a Benefit	Not a Benefit	-100.00%
8	34804	**	21-999	F	$157.22	$157.22	Not a Benefit	Not a Benefit	-100.00%
2	34825	**	0-20	F	$574.82	$574.82	Not a Benefit	Not a Benefit	-100.00%
2	34825	**	21-999	F	$547.44	$547.44	Not a Benefit	Not a Benefit	-100.00%
8	34825	**	0-20	F	$91.97	$91.97	Not a Benefit	Not a Benefit	-100.00%
8	34825	**	21-999	F	$87.59	$87.59	Not a Benefit	Not a Benefit	-100.00%
2	34826	**	0-20	F	$169.25	$169.25	Not a Benefit	Not a Benefit	-100.00%
2	34826	**	21-999	F	$161.18	$161.18	Not a Benefit	Not a Benefit	-100.00%
8	34826	**	0-20	F	$27.08	$27.08	Not a Benefit	Not a Benefit	-100.00%
8	34826	**	21-999	F	$25.79	$25.79	Not a Benefit	Not a Benefit	-100.00%
2	34900	**	0-20	F	$742.38	$742.38	Not a Benefit	Not a Benefit	-100.00%
2	34900	**	21-999	F	$707.02	$707.02	Not a Benefit	Not a Benefit	-100.00%
8	34900	**	0-20	F	$118.78	$118.78	Not a Benefit	Not a Benefit	-100.00%
8	34900	**	21-999	F	$113.12	$113.12	Not a Benefit	Not a Benefit	-100.00%
2	36120	**	0-20	N	$335.96	$335.96	Not a Benefit	Not a Benefit	-100.00%
2	36120	**	0-20	F	$82.24	$82.24	Not a Benefit	Not a Benefit	-100.00%
2	36120	**	21-999	N	$319.96	$319.96	Not a Benefit	Not a Benefit	-100.00%
2	36120	**	21-999	F	$78.32	$78.32	Not a Benefit	Not a Benefit	-100.00%

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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
2	36465	**	0-20	N	Not a Benefit	Not a Benefit	$1,266.39	$1,266.39	100.00%
2	36465	**	0-20	F	Not a Benefit	Not a Benefit	$97.11	$97.11	100.00%
2	36465	**	21-999	N	Not a Benefit	Not a Benefit	$1,206.08	$1,206.08	100.00%
2	36465	**	21-999	F	Not a Benefit	Not a Benefit	$92.49	$92.49	100.00%
2	36466	**	0-20	N	Not a Benefit	Not a Benefit	$1,323.09	$1,323.09	100.00%
2	36466	**	0-20	F	Not a Benefit	Not a Benefit	$123.50	$123.50	100.00%
2	36466	**	21-999	N	Not a Benefit	Not a Benefit	$1,260.08	$1,260.08	100.00%
2	36466	**	21-999	F	Not a Benefit	Not a Benefit	$117.61	$117.61	100.00%
2	36515	**	0-20	F	$70.73	$70.73	Not a Benefit	Not a Benefit	-100.00%
2	36515	**	21-999	F	$67.36	$67.36	Not a Benefit	Not a Benefit	-100.00%
2	38222	**	0-20	N	Not a Benefit	Not a Benefit	$135.85	$135.85	100.00%
2	38222	**	0-20	F	Not a Benefit	Not a Benefit	$62.87	$62.87	100.00%
2	38222	**	21-999	N	Not a Benefit	Not a Benefit	$129.38	$129.38	100.00%
2	38222	**	21-999	F	Not a Benefit	Not a Benefit	$59.88	$59.88	100.00%
2	38573	**	0-20	F	Not a Benefit	Not a Benefit	$942.78	$942.78	100.00%
2	38573	**	21-999	F	Not a Benefit	Not a Benefit	$897.88	$897.88	100.00%
8	38573	**	0-20	F	Not a Benefit	Not a Benefit	$150.84	$150.84	100.00%
8	38573	**	21-999	F	Not a Benefit	Not a Benefit	$143.66	$143.66	100.00%
2	43286	**	0-20	F	Not a Benefit	Not a Benefit	$2,555.80	$2,555.80	100.00%
2	43286	**	21-999	F	Not a Benefit	Not a Benefit	$2,434.08	$2,434.08	100.00%
8	43286	**	0-20	F	Not a Benefit	Not a Benefit	$408.93	$408.93	100.00%
8	43286	**	21-999	F	Not a Benefit	Not a Benefit	$389.45	$389.45	100.00%
2	43287	**	0-20	F	Not a Benefit	Not a Benefit	$2,918.99	$2,918.99	100.00%

HCPCS ATTACHMENT 3 - TOS 2-8 - SURGERY AND ASSISTANT SURGERY (Proposed to be effective January 1, 2018)

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2	43287	**	21-999	F	Not a Benefit	Not a Benefit	$2,779.97	$2,779.97	100.00%
8	43287	**	0-20	F	Not a Benefit	Not a Benefit	$467.04	$467.04	100.00%
8	43287	**	21-999	F	Not a Benefit	Not a Benefit	$444.80	$444.80	100.00%
2	43288	**	0-20	F	Not a Benefit	Not a Benefit	$3,045.57	$3,045.57	100.00%
2	43288	**	21-999	F	Not a Benefit	Not a Benefit	$2,900.53	$2,900.53	100.00%
8	43288	**	0-20	F	Not a Benefit	Not a Benefit	$487.29	$487.29	100.00%
8	43288	**	21-999	F	Not a Benefit	Not a Benefit	$464.08	$464.08	100.00%
2	55874	**	0-20	N	Not a Benefit	Not a Benefit	$2,960.53	$2,960.53	100.00%
2	55874	**	0-20	F	Not a Benefit	Not a Benefit	$135.00	$135.00	100.00%
2	55874	**	21-999	N	Not a Benefit	Not a Benefit	$2,819.53	$2,819.53	100.00%
2	55874	**	21-999	F	Not a Benefit	Not a Benefit	$128.57	$128.57	100.00%
2	58575	**	0-20	N/F	Not a Benefit	Not a Benefit	$1,504.96	$1,504.96	100.00%
2	58575	**	21-999	N/F	Not a Benefit	Not a Benefit	$1,433.29	$1,433.29	100.00%
2	64912	**	0-20	F	Not a Benefit	Not a Benefit	$628.42	$628.42	100.00%
2	64912	**	21-999	F	Not a Benefit	Not a Benefit	$598.50	$598.50	100.00%
8	64912	**	0-20	F	Not a Benefit	Not a Benefit	$100.55	$100.55	100.00%
8	64912	**	21-999	F	Not a Benefit	Not a Benefit	$95.76	$95.76	100.00%
2	64913	**	0-20	F	Not a Benefit	Not a Benefit	$127.43	$127.43	100.00%
2	64913	**	21-999	F	Not a Benefit	Not a Benefit	$121.36	$121.36	100.00%
8	64913	**	0-20	F	Not a Benefit	Not a Benefit	$20.39	$20.39	100.00%
8	64913	**	21-999	F	Not a Benefit	Not a Benefit	$19.42	$19.42	100.00%
2	C9738	Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)	0-20	N	Not a Benefit	Not a Benefit	$132.76	$132.76	100.00%

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2	C9738	Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)	0-20	F	Not a Benefit	Not a Benefit	$66.80	$66.80	100.00%
2	C9738	Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)	21-999	N	Not a Benefit	Not a Benefit	$126.44	$126.44	100.00%
2	C9738	Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)	21-999	F	Not a Benefit	Not a Benefit	$63.62	$63.62	100.00%
2	C9748	Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy	0-20	F	Not a Benefit	Not a Benefit	$493.70	$493.70	100.00%
2	C9748	Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy	21-999	F	Not a Benefit	Not a Benefit	$470.19	$470.19	100.00%
2	G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	0-20	N	Not a Benefit	Not a Benefit	$186.65	$186.65	100.00%
2	G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	0-20	F	Not a Benefit	Not a Benefit	$86.73	$86.73	100.00%
2	G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	21-999	N	Not a Benefit	Not a Benefit	$177.76	$177.76	100.00%
2	G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	21-999	F	Not a Benefit	Not a Benefit	$82.60	$82.60	100.00%

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2	G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	0-20	N	Not a Benefit	Not a Benefit	$205.17	$205.17	100.00%
2	G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	0-20	F	Not a Benefit	Not a Benefit	$98.52	$98.52	100.00%
2	G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	21-999	N	Not a Benefit	Not a Benefit	$195.40	$195.40	100.00%
2	G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	21-999	F	Not a Benefit	Not a Benefit	$93.82	$93.82	100.00%
2	G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	0-20	N	Not a Benefit	Not a Benefit	$354.21	$354.21	100.00%
2	G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	0-20	F	Not a Benefit	Not a Benefit	$159.70	$159.70	100.00%
2	G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	21-999	N	Not a Benefit	Not a Benefit	$337.34	$337.34	100.00%
2	G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	21-999	F	Not a Benefit	Not a Benefit	$152.10	$152.10	100.00%

*Type of Service (TOS)	
2	Surgery
8	Assistant Surgery

HCPCS ATTACHMENT 3 - TOS 2-8 - SURGERY AND ASSISTANT SURGERY (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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