

Calendar Fee Review (CFR) Attachment 10 - R Codes - (Proposed to be effective January 1, 2020)

| TOS* | Procedure Code | Long Description | Modifier | Age Range | Non-Facility (N)/ Facility (F) | Provider Type (PT) /Provider Specialty (PS) | CURRENT | | 1/1/2020 | | Percent Change from Current Medicaid Fee |
|------|----------------|---|----------|-----------|--------------------------------|---|----------------------|-------------------------------|-----------------------|--------------------------------|--|
| | | | | | | | Current Medicaid Fee | Current Adjusted Medicaid Fee | Proposed Medicaid Fee | Proposed Adjusted Medicaid Fee | |
| 4 | R0070 | transportation or portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen | | 0-999 | N/F | | \$131.02 | \$131.02 | \$100.29 | \$100.29 | -23.45% |
| 4 | R0075 | transportation or portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen, per patient | UN | 0-999 | N/F | | \$65.51 | \$65.51 | \$50.15 | \$50.15 | -23.45% |
| 4 | R0075 | transportation or portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen, per patient | UP | 0-999 | N/F | | \$43.67 | \$43.67 | \$33.43 | \$33.43 | -23.45% |
| 4 | R0075 | transportation or portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen, per patient | UQ | 0-999 | N/F | | \$32.76 | \$32.76 | \$25.07 | \$25.07 | -23.47% |
| 4 | R0075 | transportation or portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen, per patient | UR | 0-999 | N/F | | \$26.20 | \$26.20 | \$20.06 | \$20.06 | -23.44% |
| 4 | R0075 | transportation or portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen, per patient | US | 0-999 | N/F | | \$21.84 | \$21.84 | \$16.72 | \$16.72 | -23.44% |

***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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