ATTACHMENT 3 - Rural Hospital Outpatient Diagnostic Radiology (proposed to be effective February 1, 2017)

			CURRENT	PROPOSED	
TOS *	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent change from Current Medicaid Fee
4	70010	**	$76.84	$225.80	193.86%
4	70015	**	$151.01	$225.80	49.52%
4	70030	**	$30.40	$39.03	28.40%
4	70100	**	$36.41	$39.03	7.20%
4	70110	**	$40.43	$64.64	59.91%
4	70120	**	$37.75	$39.03	3.40%
4	70130	**	$48.04	$64.64	34.56%
4	70134	**	$46.78	$64.64	38.20%
4	70140	**	$32.08	$39.03	21.69%
4	70150	**	$43.76	$64.64	47.71%
4	70160	**	$34.74	$39.03	12.37%
4	70170	**	$56.95	$225.80	296.48%
4	70190	**	$37.41	$39.03	4.33%
4	70200	**	$44.43	$64.64	45.51%
4	70210	**	$33.08	$39.03	18.02%
4	70220	**	$40.43	$39.03	-3.44%
4	70240	**	$31.40	$39.03	24.31%
4	70250	**	$38.76	$64.64	66.77%
4	70260	**	$48.10	$64.64	34.39%
4	70300	**	$17.38	$39.03	124.65%
4	70310	**	$33.48	$123.24	268.11%
4	70320	**	$33.48	$123.24	268.11%
4	70328	**	$32.74	$39.03	19.23%
4	70330	**	$48.04	$39.03	-18.75%
4	70332	**	$89.86	$123.24	37.15%
4	70336	**	$374.93	$175.61	-53.16%
4	70350	**	$24.05	$39.03	62.30%
4	70355	**	$23.39	$39.03	66.90%
4	70360	**	$29.40	$39.03	32.77%
4	70370	**	$90.86	$39.03	-57.04%
4	70371	**	$91.50	$64.64	-29.35%
4	70380	**	$42.76	$39.03	-8.72%
4	70390	**	$104.56	$123.24	17.87%
4	70450	**	$173.38	$72.22	-58.35%
4	70460	**	$223.16	$152.06	-31.86%
4	70470	**	$265.60	$152.06	-42.75%
4	70480	**	$208.85	$72.22	-65.42%
4	70481	**	$314.81	$152.06	-51.70%
4	70482	**	$366.24	$152.06	-58.48%
4	70486	**	$208.85	$72.22	-65.42%
4	70487	**	$278.29	$152.06	-45.36%
4	70488	**	$349.75	$152.06	-56.52%
4	70490	**	$208.85	$72.22	-65.42%
4	70491	**	$272.61	$152.06	-44.22%
4	70492	**	$339.40	$152.06	-55.20%
4	70496	**	$370.53	$152.06	-58.96%
4	70498	**	$370.53	$152.06	-58.96%
4	70540	**	$374.93	$175.61	-53.16%
4	70542	**	$468.98	$291.67	-37.81%
4	70543	**	$565.60	$291.67	-48.43%
4	70544	**	$374.93	$175.61	-53.16%

ATTACHMENT 3 - Rural Hospital Outpatient Diagnostic Radiology (proposed to be effective February 1, 2017)

			CURRENT	PROPOSED	
TOS *	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent change from Current Medicaid Fee
4	70545	**	$468.98	$291.67	-37.81%
4	70546	**	$565.60	$291.67	-48.43%
4	70547	**	$374.93	$175.61	-53.16%
4	70548	**	$468.98	$291.67	-37.81%
4	70549	**	$565.60	$291.67	-48.43%
4	70551	**	$374.93	$175.61	-53.16%
4	70552	**	$468.98	$291.67	-37.81%
4	70553	**	$565.60	$291.67	-48.43%
4	70554	**	$374.93	$175.61	-53.16%
4	71010	**	$25.05	$39.03	55.82%
4	71015	**	$31.40	$39.03	24.31%
4	71020	**	$31.74	$39.03	22.99%
4	71021	**	$39.09	$39.03	-0.14%
4	71022	**	$47.44	$39.03	-17.72%
4	71023	**	$69.83	$64.64	-7.42%
4	71030	**	$46.11	$39.03	-15.35%
4	71034	**	$82.53	$64.64	-21.67%
4	71035	**	$36.75	$39.03	6.21%
4	71100	**	$33.74	$39.03	15.70%
4	71101	**	$40.75	$64.64	58.63%
4	71110	**	$42.09	$64.64	53.59%
4	71111	**	$53.46	$64.64	20.91%
4	71120	**	$32.74	$39.03	19.23%
4	71130	**	$38.09	$39.03	2.48%
4	71250	**	$208.85	$72.22	-65.42%
4	71260	**	$266.60	$152.06	-42.96%
4	71270	**	$337.74	$223.24	-33.90%
4	71275	**	$370.53	$152.06	-58.96%
4	71550	**	$374.93	$175.61	-53.16%
4	71551	**	$468.98	$291.67	-37.81%
4	71552	**	$565.60	$291.67	-48.43%
4	72020	**	$25.38	$39.03	53.83%
4	72040	**	$41.43	$64.64	56.05%
4	72050	**	$53.46	$64.64	20.91%
4	72052	**	$67.83	$64.64	-4.69%
4	72070	**	$35.08	$64.64	84.30%
4	72072	**	$38.09	$64.64	69.72%
4	72074	**	$44.78	$64.64	44.37%
4	72080	**	$38.41	$39.03	1.62%
4	72081	**	$39.43	$39.03	-0.99%
4	72082	**	$61.48	$64.64	5.15%
4	72083	**	$66.49	$123.24	85.37%
4	72084	**	$78.51	$123.24	56.97%
4	72100	**	$43.10	$64.64	49.98%
4	72110	**	$56.46	$64.64	14.49%
4	72114	**	$75.84	$64.64	-14.76%
4	72120	**	$48.04	$39.03	-18.75%
4	72125	**	$208.85	$72.22	-65.42%
4	72126	**	$266.28	$223.24	-16.16%
4	72127	**	$333.05	$152.06	-54.34%
4	72128	**	$208.85	$72.22	-65.42%

ATTACHMENT 3 - Rural Hospital Outpatient Diagnostic Radiology (proposed to be effective February 1, 2017)

			CURRENT	PROPOSED	
TOS *	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent change from Current Medicaid Fee
4	72129	**	$267.26	$152.06	-43.10%
4	72130	**	$333.05	$152.06	-54.34%
4	72131	**	$208.85	$72.22	-65.42%
4	72132	**	$266.28	$223.24	-16.16%
4	72133	**	$332.71	$152.06	-54.30%
4	72141	**	$374.93	$175.61	-53.16%
4	72142	**	$468.98	$291.67	-37.81%
4	72146	**	$374.93	$175.61	-53.16%
4	72147	**	$450.34	$291.67	-35.23%
4	72148	**	$374.93	$175.61	-53.16%
4	72149	**	$468.98	$291.67	-37.81%
4	72156	**	$565.60	$291.67	-48.43%
4	72157	**	$536.88	$291.67	-45.67%
4	72158	**	$562.60	$291.67	-48.16%
4	72170	**	$29.06	$64.64	122.43%
4	72190	**	$44.43	$64.64	45.51%
4	72191	**	$370.53	$152.06	-58.96%
4	72192	**	$208.85	$72.22	-65.42%
4	72193	**	$252.56	$152.06	-39.79%
4	72194	**	$335.40	$152.06	-54.66%
4	72195	**	$374.93	$175.61	-53.16%
4	72196	**	$468.98	$291.67	-37.81%
4	72197	**	$565.60	$291.67	-48.43%
4	72200	**	$31.06	$64.64	108.11%
4	72202	**	$35.41	$64.64	82.54%
4	72220	**	$30.40	$39.03	28.40%
4	72240	**	$131.63	$428.81	225.78%
4	72255	**	$128.63	$428.81	233.38%
4	72265	**	$129.29	$428.81	231.67%
4	72270	**	$203.79	$428.81	110.42%
4	72285	**	$124.28	$1,745.49	1304.54%
4	72295	**	$108.24	$1,745.49	1512.65%
4	73000	**	$31.06	$39.03	25.66%
4	73010	**	$33.40	$39.03	16.87%
4	73020	**	$26.05	$39.03	49.84%
4	73030	**	$33.08	$39.03	18.02%
4	73040	**	$109.91	$225.80	105.43%
4	73050	**	$41.43	$39.03	-5.77%
4	73060	**	$31.06	$39.03	25.66%
4	73070	**	$30.40	$39.03	28.40%
4	73080	**	$35.08	$39.03	11.29%
4	73085	**	$101.23	$225.80	123.07%
4	73090	**	$29.73	$39.03	31.32%
4	73092	**	$36.65	$64.64	76.38%
4	73100	**	$34.08	$39.03	14.55%
4	73110	**	$39.09	$39.03	-0.14%
4	73115	**	$116.60	$123.24	5.70%
4	73120	**	$29.73	$64.64	117.47%
4	73130	**	$34.41	$39.03	13.43%
4	73140	**	$35.08	$39.03	11.29%
4	73200	**	$208.85	$72.22	-65.42%

ATTACHMENT 3 - Rural Hospital Outpatient Diagnostic Radiology (proposed to be effective February 1, 2017)

			CURRENT	PROPOSED	
TOS *	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent change from Current Medicaid Fee
4	73201	**	$261.93	$223.24	-14.77%
4	73202	**	$345.75	$152.06	-56.02%
4	73206	**	$370.53	$152.06	-58.96%
4	73218	**	$374.93	$175.61	-53.16%
4	73219	**	$468.98	$291.67	-37.81%
4	73220	**	$565.60	$291.67	-48.43%
4	73221	**	$374.93	$175.61	-53.16%
4	73222	**	$448.99	$291.67	-35.04%
4	73223	**	$550.91	$291.67	-47.06%
4	73501	**	$31.06	$39.03	25.66%
4	73502	**	$41.76	$39.03	-6.53%
4	73503	**	$51.45	$64.64	25.64%
4	73521	**	$40.43	$64.64	59.91%
4	73522	**	$48.78	$64.64	32.53%
4	73523	**	$56.13	$123.24	119.59%
4	73525	**	$106.91	$225.80	111.20%
4	73551	**	$29.06	$39.03	34.31%
4	73552	**	$33.40	$39.03	16.87%
4	73560	**	$33.08	$39.03	18.02%
4	73562	**	$39.43	$39.03	-0.99%
4	73564	**	$45.10	$64.64	43.33%
4	73565	**	$37.75	$39.03	3.40%
4	73580	**	$142.33	$225.80	58.65%
4	73590	**	$29.40	$39.03	32.77%
4	73592	**	$37.03	$39.03	5.42%
4	73600	**	$30.74	$39.03	26.99%
4	73610	**	$35.41	$39.03	10.23%
4	73615	**	$111.59	$225.80	102.35%
4	73620	**	$30.06	$39.03	29.84%
4	73630	**	$33.40	$39.03	16.87%
4	73650	**	$30.74	$39.03	26.99%
4	73660	**	$32.40	$39.03	20.47%
4	73700	**	$208.85	$72.22	-65.42%
4	73701	**	$264.60	$152.06	-42.53%
4	73702	**	$348.09	$152.06	-56.31%
4	73706	**	$370.53	$152.06	-58.96%
4	73718	**	$374.93	$175.61	-53.16%
4	73719	**	$468.98	$291.67	-37.81%
4	73720	**	$565.60	$291.67	-48.43%
4	73721	**	$374.93	$175.61	-53.16%
4	73722	**	$460.36	$291.67	-36.64%
4	73723	**	$550.56	$291.67	-47.02%
4	74000	**	$23.80	$39.03	64.01%
4	74010	**	$35.39	$39.03	10.30%
4	74020	**	$41.09	$39.03	-5.00%
4	74022	**	$48.45	$64.64	33.42%
4	74150	**	$208.85	$72.22	-65.42%
4	74160	**	$288.33	$152.06	-47.26%
4	74170	**	$366.24	$152.06	-58.48%
4	74174	**	$583.65	$223.24	-61.75%
4	74175	**	$370.53	$152.06	-58.96%

ATTACHMENT 3 - Rural Hospital Outpatient Diagnostic Radiology (proposed to be effective February 1, 2017)

			CURRENT	PROPOSED	
TOS *	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent change from Current Medicaid Fee
4	74176	**	$208.85	$123.24	-40.99%
4	74177	**	$314.81	$223.24	-29.09%
4	74178	**	$366.24	$223.24	-39.05%
4	74181	**	$374.93	$175.61	-53.16%
4	74182	**	$468.98	$291.67	-37.81%
4	74183	**	$565.60	$291.67	-48.43%
4	74190	**	$78.45	$225.80	187.82%
4	74210	**	$77.18	$64.64	-16.24%
4	74220	**	$94.54	$64.64	-31.62%
4	74230	**	$94.72	$64.64	-31.75%
4	74240	**	$94.72	$64.64	-31.75%
4	74241	**	$94.72	$64.64	-31.75%
4	74245	**	$149.98	$123.24	-17.83%
4	74246	**	$94.72	$64.64	-31.75%
4	74247	**	$94.72	$64.64	-31.75%
4	74249	**	$149.98	$123.24	-17.83%
4	74250	**	$94.72	$64.64	-31.75%
4	74251	**	$149.98	$123.24	-17.83%
4	74260	**	$94.72	$123.24	30.11%
4	74261	**	$208.85	$72.22	-65.42%
4	74262	**	$314.81	$152.06	-51.70%
4	74270	**	$94.72	$64.64	-31.75%
4	74280	**	$149.98	$123.24	-17.83%
4	74283	**	$94.72	$123.24	30.11%
4	74290	**	$69.83	$123.24	76.51%
4	74400	**	$113.91	$123.24	8.19%
4	74410	**	$113.91	$123.24	8.19%
4	74415	**	$137.31	$123.24	-10.25%
4	74420	**	$133.44	$225.80	69.22%
4	74425	**	$73.00	$225.80	209.31%
4	74430	**	$41.76	$123.24	195.11%
4	74440	**	$89.53	$123.24	37.67%
4	74445	**	$110.26	$225.80	104.78%
4	74450	**	$77.63	$123.24	58.77%
4	74455	**	$89.86	$225.80	151.27%
4	74470	**	$79.46	$225.80	184.16%
4	74485	**	$103.24	$967.12	836.79%
4	74710	**	$37.75	$39.03	3.40%
4	74740	**	$69.83	$225.80	223.38%
4	74775	**	$101.60	$123.24	21.30%
4	75557	**	$374.93	$175.61	-53.16%
4	75559	**	$374.93	$283.35	-24.43%
4	75561	**	$502.46	$291.67	-41.95%
4	75563	**	$565.60	$711.63	25.82%
4	75571	**	$49.23	$8.15	-83.44%
4	75572	**	$271.86	$152.06	-44.07%
4	75573	**	$271.86	$152.06	-44.07%
4	75574	**	$271.86	$152.06	-44.07%
4	75600	**	$214.14	$1,745.49	715.13%
4	75605	**	$155.01	$1,745.49	1026.03%
4	75625	**	$166.03	$1,745.49	951.34%

ATTACHMENT 3 - Rural Hospital Outpatient Diagnostic Radiology (proposed to be effective February 1, 2017)

			CURRENT	PROPOSED	
TOS *	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent change from Current Medicaid Fee
4	75630	**	$195.76	$1,745.49	791.64%
4	75635	**	$370.53	$152.06	-58.96%
4	75658	**	$197.10	$1,745.49	785.59%
4	75705	**	$238.88	$1,745.49	630.71%
4	75710	**	$186.08	$1,745.49	838.06%
4	75716	**	$220.15	$1,745.49	692.86%
4	75726	**	$184.40	$1,745.49	846.58%
4	75731	**	$182.06	$1,745.49	858.73%
4	75733	**	$209.80	$1,745.49	731.98%
4	75736	**	$180.73	$1,745.49	865.83%
4	75741	**	$170.71	$1,745.49	922.47%
4	75743	**	$195.76	$1,745.49	791.64%
4	75746	**	$176.73	$1,745.49	887.69%
4	75756	**	$187.75	$1,745.49	829.69%
4	75801	**	$290.49	$123.24	-57.57%
4	75803	**	$292.29	$428.81	46.71%
4	75805	**	$301.65	$428.81	42.16%
4	75807	**	$150.00	$1,745.49	1063.66%
4	75809	**	$78.86	$64.64	-18.03%
4	75810	**	$595.84	$1,745.49	192.95%
4	75820	**	$129.29	$428.81	231.67%
4	75822	**	$165.36	$428.81	159.32%
4	75825	**	$152.69	$1,745.49	1043.18%
4	75827	**	$165.03	$428.81	159.85%
4	75831	**	$168.38	$1,745.49	936.67%
4	75833	**	$195.76	$1,745.49	791.64%
4	75840	**	$156.36	$1,745.49	1016.31%
4	75842	**	$194.76	$1,745.49	796.21%
4	75860	**	$155.35	$1,745.49	1023.58%
4	75870	**	$154.03	$428.81	178.40%
4	75872	**	$279.96	$1,745.49	523.47%
4	75880	**	$224.50	$1,745.49	677.50%
4	75885	**	$176.05	$1,745.49	891.47%
4	75887	**	$178.06	$428.81	140.82%
4	75889	**	$156.01	$1,745.49	1018.81%
4	75891	**	$156.01	$1,745.49	1018.81%
4	75893	**	$124.95	$1,745.49	1296.95%
4	75898	**	$78.86	$428.81	443.76%
4	76000	**	$52.79	$123.24	133.47%
4	76010	**	$28.53	$123.24	332.06%
4	76080	**	$60.81	$225.80	271.30%
4	76098	**	$20.04	$225.80	1026.88%
4	76100	**	$78.86	$64.64	-18.03%
4	76101	**	$154.69	$64.64	-58.21%
4	76102	**	$211.46	$123.24	-41.72%
4	76120	**	$74.84	$64.64	-13.62%
4	76380	**	$121.49	$39.03	-67.87%
4	76496	**	$91.50	$39.03	-57.34%
4	76497	**	$121.49	$39.03	-67.87%
4	76498	**	$374.93	$175.61	-53.16%
4	76499	**	$48.04	$39.03	-18.75%

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			CURRENT	PROPOSED	
TOS *	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent change from Current Medicaid Fee
4	76506	**	$65.25	$59.11	-9.41%
4	76510	**	$184.08	$58.54	-68.20%
4	76511	**	$104.28	$59.11	-43.32%
4	76512	**	$97.21	$59.11	-39.20%
4	76513	**	$95.54	$98.60	3.20%
4	76514	**	$17.38	$19.59	12.73%
4	76516	**	$65.25	$59.11	-9.41%
4	76519	**	$81.53	$59.11	-27.50%
4	76529	**	$65.25	$59.11	-9.41%
4	76536	**	$104.28	$98.60	-5.45%
4	76604	**	$65.25	$59.11	-9.41%
4	76641	**	$99.69	$59.11	-40.71%
4	76642	**	$92.20	$59.11	-35.89%
4	76700	**	$104.28	$98.60	-5.45%
4	76705	**	$104.28	$98.60	-5.45%
4	76770	**	$104.28	$98.60	-5.45%
4	76775	**	$104.28	$98.60	-5.45%
4	76776	**	$104.28	$98.60	-5.45%
4	76800	**	$104.28	$59.11	-43.32%
4	76801	**	$104.28	$98.60	-5.45%
4	76805	**	$104.28	$98.60	-5.45%
4	76811	**	$167.99	$98.60	-41.31%
4	76813	**	$65.25	$59.11	-9.41%
4	76815	**	$65.25	$98.60	51.11%
4	76816	**	$65.25	$59.11	-9.41%
4	76817	**	$65.25	$98.60	51.11%
4	76818	**	$104.28	$98.60	-5.45%
4	76819	**	$93.88	$98.60	5.03%
4	76820	**	$42.44	$59.11	39.28%
4	76821	**	$65.25	$59.11	-9.41%
4	76825	**	$231.85	$267.59	15.41%
4	76826	**	$133.96	$267.59	99.75%
4	76827	**	$62.14	$98.60	58.68%
4	76828	**	$46.78	$98.60	110.79%
4	76830	**	$104.28	$98.60	-5.45%
4	76831	**	$129.96	$98.60	-24.13%
4	76856	**	$104.28	$98.60	-5.45%
4	76857	**	$53.79	$59.11	9.89%
4	76870	**	$104.28	$98.60	-5.45%
4	76872	**	$104.28	$98.60	-5.45%
4	76873	**	$104.28	$98.60	-5.45%
4	76881	**	$104.28	$98.60	-5.45%
4	76882	**	$33.35	$59.11	77.24%
4	76885	**	$65.25	$59.11	-9.41%
4	76886	**	$65.25	$98.60	51.11%
4	76936	**	$114.48	$141.46	23.57%
4	76970	**	$65.25	$59.11	-9.41%
4	76975	**	$116.04	$98.60	-15.03%
4	76977	**	$10.03	$19.59	95.39%
4	76999	**	$65.25	$59.11	-9.41%
4	77053	**	$57.80	$123.24	113.23%

ATTACHMENT 3 - Rural Hospital Outpatient Diagnostic Radiology (proposed to be effective February 1, 2017)

			CURRENT	PROPOSED	
TOS *	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent change from Current Medicaid Fee
4	77054	**	$77.51	$123.24	59.00%
4	77071	**	$48.04	$39.03	-18.75%
4	77072	**	$25.38	$64.64	154.75%
4	77073	**	$40.75	$39.03	-4.21%
4	77074	**	$68.83	$64.64	-6.08%
4	77075	**	$78.86	$64.64	-18.03%
4	77076	**	$78.86	$64.64	-18.03%
4	77077	**	$42.44	$64.64	52.33%
4	77078	**	$73.52	$39.03	-46.91%
4	77080	**	$73.52	$64.64	-12.07%
4	77081	**	$31.40	$39.03	24.31%
4	77084	**	$374.93	$175.61	-53.16%
4	77085	**	$55.79	$64.64	15.87%
4	77086	**	$36.41	$39.03	7.21%
4	78012	**	$89.86	$213.56	137.65%
4	78013	**	$165.04	$213.56	29.40%
4	78014	**	$247.94	$213.56	-13.87%
4	78015	**	$228.51	$213.56	-6.54%
4	78016	**	$289.33	$213.56	-26.19%
4	78018	**	$305.11	$213.56	-30.01%
4	78070	**	$234.49	$213.56	-8.93%
4	78071	**	$354.04	$213.56	-39.68%
4	78075	**	$465.36	$711.63	52.92%
4	78099	**	$140.79	$213.56	51.69%
4	78102	**	$179.39	$213.56	19.05%
4	78103	**	$228.85	$213.56	-6.68%
4	78104	**	$252.24	$213.56	-15.33%
4	78110	**	$101.23	$213.56	110.97%
4	78111	**	$93.20	$213.56	129.14%
4	78120	**	$98.89	$213.56	115.96%
4	78121	**	$80.85	$213.56	164.15%
4	78122	**	$100.89	$283.35	180.86%
4	78130	**	$167.36	$213.56	27.60%
4	78135	**	$372.15	$213.56	-42.61%
4	78140	**	$139.31	$213.56	53.30%
4	78185	**	$220.49	$213.56	-3.14%
4	78190	**	$188.90	$711.63	276.72%
4	78191	**	$176.39	$213.56	21.08%
4	78195	**	$272.02	$213.56	-21.49%
4	78199	**	$272.02	$213.56	-21.49%
4	78201	**	$197.44	$213.56	8.17%
4	78202	**	$209.46	$213.56	1.96%
4	78205	**	$218.83	$213.56	-2.41%
4	78206	**	$280.13	$213.56	-23.76%
4	78215	**	$203.11	$213.56	5.14%
4	78216	**	$129.63	$213.56	64.75%
4	78226	**	$308.43	$213.56	-30.76%
4	78227	**	$308.43	$213.56	-30.76%
4	78230	**	$182.40	$213.56	17.08%
4	78231	**	$133.30	$213.56	60.21%
4	78232	**	$103.56	$213.56	106.21%

ATTACHMENT 3 - Rural Hospital Outpatient Diagnostic Radiology (proposed to be effective February 1, 2017)

			CURRENT	PROPOSED	
TOS *	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent change from Current Medicaid Fee
4	78258	**	$228.18	$213.56	-6.40%
4	78261	**	$254.30	$213.56	-16.02%
4	78262	**	$251.23	$213.56	-14.99%
4	78264	**	$254.30	$213.56	-16.02%
4	78265	**	$358.95	$213.56	-40.50%
4	78266	**	$358.95	$283.35	-21.06%
4	78270	**	$94.20	$213.56	126.71%
4	78271	**	$95.54	$213.56	123.54%
4	78272	**	$101.89	$213.56	109.60%
4	78278	**	$254.30	$213.56	-16.02%
4	78282	**	$48.68	$213.56	338.75%
4	78290	**	$254.30	$213.56	-16.02%
4	78291	**	$254.30	$213.56	-16.02%
4	78299	**	$254.30	$213.56	-16.02%
4	78300	**	$189.75	$213.56	12.55%
4	78305	**	$238.54	$213.56	-10.47%
4	78306	**	$259.25	$213.56	-17.62%
4	78315	**	$259.70	$213.56	-17.77%
4	78320	**	$235.86	$213.56	-9.46%
4	78399	**	$259.70	$213.56	-17.77%
4	78414	**	$119.34	$283.35	137.44%
4	78428	**	$190.09	$213.56	12.35%
4	78445	**	$189.09	$213.56	12.94%
4	78451	**	$362.79	$711.63	96.16%
4	78452	**	$490.10	$711.63	45.20%
4	78453	**	$310.04	$283.35	-8.61%
4	78454	**	$454.34	$711.63	56.63%
4	78456	**	$215.35	$711.63	230.45%
4	78457	**	$215.35	$283.35	31.58%
4	78458	**	$204.11	$213.56	4.63%
4	78466	**	$203.79	$213.56	4.80%
4	78468	**	$202.11	$213.56	5.66%
4	78472	**	$237.86	$213.56	-10.22%
4	78473	**	$294.66	$213.56	-27.52%
4	78481	**	$184.08	$283.35	53.93%
4	78483	**	$245.21	$283.35	15.55%
4	78494	**	$231.85	$213.56	-7.89%
4	78499	**	$306.39	$213.56	-30.30%
4	78579	**	$193.76	$213.56	10.22%
4	78580	**	$211.83	$213.56	0.82%
4	78582	**	$348.42	$283.35	-18.67%
4	78597	**	$210.80	$213.56	1.31%
4	78598	**	$312.04	$283.35	-9.19%
4	78599	**	$211.83	$213.56	0.82%
4	78600	**	$193.43	$213.56	10.41%
4	78601	**	$223.16	$213.56	-4.30%
4	78605	**	$207.46	$283.35	36.58%
4	78606	**	$354.78	$283.35	-20.13%
4	78607	**	$373.81	$711.63	90.37%
4	78608	**	$1,317.17	$825.08	-37.36%
4	78610	**	$183.74	$213.56	16.23%

ATTACHMENT 3 - Rural Hospital Outpatient Diagnostic Radiology (proposed to be effective February 1, 2017)

			CURRENT	PROPOSED	
TOS *	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent change from Current Medicaid Fee
4	78630	**	$361.45	$283.35	-21.61%
4	78635	**	$362.45	$283.35	-21.82%
4	78645	**	$255.23	$213.56	-16.33%
4	78647	**	$372.48	$711.63	91.05%
4	78650	**	$356.11	$711.63	99.83%
4	78660	**	$185.74	$213.56	14.98%
4	78699	**	$236.33	$213.56	-9.63%
4	78700	**	$181.06	$213.56	17.95%
4	78701	**	$218.83	$213.56	-2.41%
4	78707	**	$239.88	$283.35	18.13%
4	78708	**	$183.06	$283.35	54.78%
4	78709	**	$353.46	$283.35	-19.83%
4	78710	**	$206.46	$283.35	37.24%
4	78725	**	$112.59	$160.49	42.54%
4	78740	**	$226.84	$213.56	-5.85%
4	78761	**	$219.15	$213.56	-2.55%
4	78799	**	$353.46	$213.56	-39.58%
4	78800	**	$199.44	$213.56	7.08%
4	78801	**	$261.25	$213.56	-18.25%
4	78802	**	$346.75	$283.35	-18.28%
4	78803	**	$362.45	$283.35	-21.82%
4	78804	**	$584.99	$711.63	21.65%
4	78805	**	$191.09	$711.63	272.41%
4	78806	**	$355.44	$711.63	100.21%
4	78807	**	$362.79	$283.35	-21.90%
4	78811	**	$1,073.99	$825.08	-23.18%
4	78812	**	$1,073.99	$825.08	-23.18%
4	78813	**	$1,073.99	$825.08	-23.18%
4	78814	**	$1,073.99	$825.08	-23.18%
4	78815	**	$1,073.99	$825.08	-23.18%
4	78816	**	$1,073.99	$825.08	-23.18%
4	78999	**	$108.77	$213.56	96.34%
4	79005	**	$136.98	$160.49	17.17%
4	79101	**	$142.65	$160.49	12.50%
4	79200	**	$136.31	$160.49	17.73%
4	79440	**	$129.63	$160.49	23.81%
4	79445	**	$239.12	$160.49	-32.88%
4	79999	**	$239.12	$160.49	-32.88%
4	91110	**	$733.55	$478.52	-34.77%
4	91111	**	$643.73	$478.52	-25.66%
4	91112	**	$334.60	$478.52	43.01%
4	93278	**	$21.42	$35.91	67.66%
4	93303	**	$205.25	$448.53	118.53%
4	93304	**	$132.45	$267.59	102.03%
4	93307	**	$118.13	$267.59	126.53%
4	93308	**	$100.40	$98.60	-1.79%
4	93312	**	$303.03	$448.53	48.02%
4	93313	**	$24.39	$448.53	1739.00%
4	93315	**	$380.25	$448.53	17.96%
4	93316	**	$39.09	$448.53	1047.44%
4	93318	**	$303.03	$448.53	48.02%

ATTACHMENT 3 - Rural Hospital Outpatient Diagnostic Radiology (proposed to be effective February 1, 2017)

			CURRENT	PROPOSED	
TOS *	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent change from Current Medicaid Fee
4	93350	**	$209.34	$267.59	27.82%
4	93880	**	$167.99	$98.60	-41.31%
4	93882	**	$129.63	$98.60	-23.94%
4	93886	**	$167.99	$98.60	-41.31%
4	93888	**	$65.25	$98.60	51.11%
4	93890	**	$104.28	$98.60	-5.45%
4	93892	**	$104.28	$59.11	-43.32%
4	93893	**	$104.28	$59.11	-43.32%
4	93923	**	$114.48	$83.30	-27.24%
4	93924	**	$114.48	$83.30	-27.24%
4	93925	**	$167.99	$98.60	-41.31%
4	93926	**	$104.28	$98.60	-5.45%
4	93930	**	$167.99	$98.60	-41.31%
4	93931	**	$104.28	$98.60	-5.45%
4	93965	**	$114.48	$83.30	-27.24%
4	93970	**	$167.99	$98.60	-41.31%
4	93971	**	$104.28	$98.60	-5.45%
4	93975	**	$167.99	$98.60	-41.31%
4	93976	**	$167.99	$98.60	-41.31%
4	93978	**	$167.99	$98.60	-41.31%
4	93979	**	$104.28	$98.60	-5.45%
4	93980	**	$120.94	$98.60	-18.47%
4	93981	**	$70.83	$98.60	39.20%
4	93990	**	$104.28	$59.11	-43.32%
4	95965	**	$2,389.85	$549.83	-76.99%
4	95966	**	$1,399.80	$549.83	-60.72%
4	76802	**	$65.25	$41.89	-35.80%
4	76810	**	$102.23	$65.63	-35.80%
4	76812	**	$65.25	$41.89	-35.80%
4	76814	**	$65.25	$41.89	-35.80%
4	78730	**	$69.83	$44.83	-35.80%
4	93355	**	$228.85	$146.92	-35.80%
4	95967	**	$1,189.35	$763.56	-35.80%
4	G0106	**	$93.43	$225.80	141.68%
4	G0120	**	$93.43	$225.80	141.68%
4	G0130	**	$36.75	$39.03	6.21%
4	G0365	**	$167.99	$98.60	-41.31%
4	G0389	**	$104.28	$59.11	-43.32%
4	Q0035	**	$193.42	$19.59	-89.87%

*Type of Service (TOS)	
4	Radiology

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