## ATTACHMENT - ESOPHAGEAL PH PROBE MONITORING

							Proposed	
					Current	Proposed	Medicaid	Proposed
	Procedure	Long	Provider	Age	Medicaid	Medicaid	Conversion	Medicaid
TOS*	Code	Description	Type	Range	Fee	RVU***	Factor	Fee
2	91034	**		0-20	\$143.93	5.39	\$28.640	\$154.37
2	91034	**		21-999	\$141.84	5.39	\$27.276	\$147.02
2	91034	**	75	0-20	\$143.93	5.39	\$28.640	\$154.37
2	91034	**	75	21-999	\$141.84	5.39	\$27.276	\$147.02
					Not a			
I	91034	**		0-20	Benefit	1.53	\$28.640	\$43.82
					Not a			
I	91034	**		21-999	Benefit	1.53	\$27.276	\$41.73
					Not a			
T	91034	**		0-20	Benefit	3.86	\$28.640	\$110.55
					Not a			
T	91034	**		21-999	Benefit	3.86	\$27.276	\$105.29
2	91035	**		0-20	\$358.00	13.64	\$28.640	\$390.65
2	91035	**		21-999	\$340.95	13.64	\$27.276	\$372.04
2	91035	**	75	0-20	\$358.00	13.64	\$28.640	\$390.65
2	91035	**	75	21-999	\$340.95	13.64	\$27.276	\$372.04
					Not a			
I	91035	**		0-20	Benefit	2.52	\$28.640	\$72.17
					Not a			
I	91035	**		21-999	Benefit	2.52	\$27.276	\$68.74
					Not a			
T	91035	**		0-20	Benefit	11.12	\$28.640	\$318.48
					Not a			
T	91035	**		21-999	Benefit	11.12	\$27.276	\$303.31

*Type of Service (TOS)					
2	Surgery				
I	Professional Component				
T	Technical Component				
Provider Type					
	Portable X-Ray Supplier,				
	Radiological Lab, Physiological				
75	Lab				
*** <b>RV</b> U	Relative Value Unit				

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