

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
RATE ANALYSIS DEPARTMENT**

**Proposed Medicaid Payment Rates for Medicaid
Biennial Calendar Fee Review for:**

- (1) Nonclinical Laboratory Services**
- (2) Temporary National Codes - S Codes (Drugs,
Services and Supplies)**
- (3) Physician-Administered Drugs – Oncology**
- (4) Physician-Administered Drugs – Non-Oncology**
- (5) Durable Medical Equipment – E Codes**

**Payment rates are proposed to be effective
April 1, 2015**

SUMMARY OF PROPOSED MEDICAID PAYMENT RATES

Effective April 1, 2015

Included in this document is information relating to the proposed Medicaid payment rates for Medicaid Biennial Calendar Fee Review for (1) Nonclinical Laboratory Services, (2) Temporary National Codes - S Codes (Drugs, Services and Supplies), (3) Physician-Administered Drugs – Oncology, (4) Physician-Administered Drugs – Non-Oncology and (5) Durable Medical Equipment – E Codes. The rates are proposed to be effective April 1, 2015.

Hearing

The Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed Medicaid rates detailed in this document on February 18, 2015, at 1:30 p.m. in the Public Hearing Room in the Brown-Heatly Building at 4900 North Lamar Boulevard, Austin, Texas 78751, with entrance through Security at the front of the building facing Lamar Boulevard. HHSC will consider concerns expressed at the hearing prior to final rate approval. This public hearing is held in compliance with the provisions of Human Resources Code §32.0282 and the Texas Administrative Code, Title 1 (1 TAC), §355.201, which require a public hearing on proposed payment rates. Should you have any questions regarding the information in this document, please contact:

Tim Villasana, Acute Care Rate Analysis
Texas Health and Human Services Commission
(512) 707-6092; FAX: (512) 730-7475
E-mail: tim.villasana@hhsc.state.tx.us

HHSC also will broadcast the public hearing; the broadcast can be accessed at <http://www.hhsc.state.tx.us/news/meetings.asp>. The broadcast will be archived and can be accessed on demand at the same website.

Background

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program. Proposed rates are calculated utilizing established methodologies that conform to the Social Security Act and related federal regulations, the federally approved Texas Medicaid State Plan, all applicable state statutes and rules, and other requirements. HHSC reviews the Medicaid reimbursement rates for all acute care services every two years. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are conducted to ensure that rates continue to be based on established rate methodologies.

Methodology

The specific administrative rules that govern the establishment of the fees in this proposal include these rules in 1 TAC:

- §355.8021, which addresses the reimbursement methodology for home health services and durable medical equipment, prosthetics, orthotics, and supplies;
- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners; and
- §355.8441, which addresses the reimbursement methodology for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services (known in Texas as Texas Health Steps).

Proposed Rates

The methodologies used to determine the proposed fee-for-service Medicaid rates are summarized below:

- Procedure codes and descriptions used in the Texas Medicaid Program are national standard code sets as required by federal laws; Healthcare Common Procedural Coding System (HCPCS) and Current Procedural Terminology (CPT).
- Resource-based fee (RBF) methodology uses relative value units (RVUs) established by Medicare times a conversion factor. Current conversion factors include \$28.0672 for most services provided to children 20 years of age and younger and \$26.7305 for services provided to adults 21 years of age and older. Fees for services provided to children and identified as having access-to-care issues may be assigned a higher conversion factor, currently \$30.00.
- Access-based fees (ABFs) allow the state to reimburse for procedure codes not covered by Medicare or for which the Medicare fee is inadequate, or account for particularly difficult procedures, or encourage provider participation to ensure access to care.
- ABFs may also be established based on the Medicare fee for a service that is not priced using RVUs.
- For services and items that are not covered by Medicare or for which the Medicare rate is insufficient, different approaches are used to develop fees based on available information. These alternate methods include, as applicable:
 - The median or mean of the Medicaid fees from 14 states (the 10 most populous and the 4 bordering Texas) or the median or mean of the states that cover the service
 - Regional Medicare pricing from Novitas
 - The current Medicaid fee for a similar service (comparable code)
 - The most recent *HCPCS Fee Analyzer* or the (CPT) *Customized Fee Analyzer*, customized listings of the 25th, 50th, 75th, and 85th percentiles of reimbursement

rates charged for each of the procedures in the Healthcare Common Procedure Coding System (HCPCS) and the Current Procedural Terminology (CPT) respectively, in the Dallas area

- 82 percent of the manufacturer suggested retail price (MSRP) supplied by provider associations or manufacturers
- 89.5 percent of the average wholesale price for enteral and parenteral products
- Cost shown on a manufacturer's invoice submitted by the provider to HHSC

Proposed payment rates are listed in the attachments outlined below:

Attachment 1 – Nonclinical Laboratory Services

Attachment 2 – S Codes

Attachment 3 – PA Drugs – Oncology

Attachment 4 – PA Drugs – Non-Oncology

Attachment 5 – DME – E Codes

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	80050		****	0-20	N/F		\$42.09	\$42.09	\$42.09	\$42.09
5	80050		****	21-999	N/F		\$42.09	\$42.09	\$42.09	\$42.09
5	80055		****	0-20	N/F		\$33.55	\$33.55	\$35.60	\$35.60
5	80055		****	21-999	N/F		\$33.55	\$33.55	\$35.60	\$35.60
5	80100		****	0-20	N/F		\$12.61	\$12.61	\$13.00	\$13.00
5	80100		****	21-999	N/F		\$12.61	\$12.61	\$13.00	\$13.00
5	80101		****	0-20	N/F		\$15.90	\$15.90	Discontinued	Discontinued
5	80101		****	21-999	N/F		\$15.90	\$15.90	Discontinued	Discontinued
5	80104		****	0-20	N/F		\$14.71	\$14.71	\$15.29	\$15.29
5	80104		****	21-999	N/F		\$14.71	\$14.71	\$15.29	\$15.29
3	80500		****	0-20	N		\$16.84	\$16.84	\$18.24	\$18.24
3	80500		****	21-999	N		\$16.04	\$16.04	\$17.37	\$17.37
3	80502		****	0-20	N		\$53.89	\$53.89	\$57.54	\$57.54
3	80502		****	21-999	N		\$51.32	\$51.32	\$54.80	\$54.80
5	81099		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	81099		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	81287		****	0-20	N/F		\$88.17	\$88.17	\$83.01	\$83.01
5	81287		****	21-999	N/F		\$88.17	\$88.17	\$83.01	\$83.01
5	81507		****	0-20	N/F		\$481.64	\$481.64	\$481.64	\$481.64
5	81507		****	21-999	N/F		\$481.64	\$481.64	\$481.64	\$481.64
5	84999		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	84999		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	85060		****	0-20	N/F		\$19.93	\$19.93	\$19.65	\$19.65
5	85060		****	21-999	N/F		\$18.98	\$18.98	\$18.71	\$18.71

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TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	85097		****	0-20	N		\$71.01	\$71.01	\$69.89	\$69.89
5	85097		****	0-20	F		\$39.01	\$39.01	\$39.01	\$39.01
5	85097		****	21-999	N		\$67.63	\$67.63	\$66.56	\$66.56
5	85097		****	21-999	F		\$37.16	\$37.16	\$37.16	\$37.16
5	85396		****	0-20	N/F		\$16.56	\$16.56	\$16.28	\$16.28
5	85396		****	21-999	N/F		\$15.77	\$15.77	\$15.50	\$15.50
5	85999		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	85999		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	86077		****	0-20	N		\$44.07	\$44.07	\$44.35	\$44.35
5	86077		****	0-20	F		\$40.98	\$40.98	\$41.26	\$41.26
5	86077		****	21-999	N		\$41.97	\$41.97	\$42.23	\$42.23
5	86077		****	21-999	F		\$39.03	\$39.03	\$39.29	\$39.29
5	86078		****	0-20	N		\$44.35	\$44.35	\$44.07	\$44.07
5	86078		****	0-20	F		\$40.98	\$40.98	\$40.98	\$40.98
5	86078		****	21-999	N		\$42.23	\$42.23	\$41.97	\$41.97
5	86078		****	21-999	F		\$39.03	\$39.03	\$39.03	\$39.03
5	86079		****	0-20	N		\$41.97	\$41.97	\$43.22	\$43.22
5	86079		****	0-20	F		\$38.76	\$38.76	\$40.42	\$40.42
5	86079		****	21-999	N		\$41.97	\$41.97	\$41.16	\$41.16
5	86079		****	21-999	F		\$38.76	\$38.76	\$38.49	\$38.49
5	86485		****	0-20	N/F		\$7.15	\$7.15	\$6.92	\$6.92
5	86485		****	21-999	N/F		\$7.15	\$7.15	\$6.92	\$6.92
5	86486		****	0-20	N/F		\$4.77	\$4.77	\$3.93	\$3.93
5	86486		****	21-999	N/F		\$4.54	\$4.54	\$3.74	\$3.74
5	86490		****	0-20	N/F		\$4.21	\$4.21	\$5.33	\$5.33
5	86490		****	21-999	N/F		\$4.01	\$4.01	\$5.08	\$5.08

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							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	86510		****	0-20	N/F		\$5.33	\$5.33	\$4.77	\$4.77
5	86510		****	21-999	N/F		\$5.08	\$5.08	\$4.54	\$4.54
5	86580		****	0-20	N		\$6.74	\$6.74	\$6.17	\$6.17
5	86580		****	21-999	N		\$6.42	\$6.42	\$5.88	\$5.88
D	86580		****	0-20	N	AB/AC	\$6.74	\$6.40	\$6.17	\$6.17
D	86580		****	21-999	N/F	AB/AC	\$6.42	\$6.10	\$5.88	\$5.88
S	86580		****	0-20	N/F		\$6.42	\$6.42	\$6.17	\$6.17
5	86711		****	0-20	N		\$19.98	\$19.98	\$19.98	\$19.98
5	86711		****	21-999	N		\$19.98	\$19.98	\$19.98	\$19.98
5	86849		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	86849		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	86850		****	0-20	N/F		\$7.15	\$7.15	\$6.92	\$6.92
5	86850		****	21-999	N/F		\$7.15	\$7.15	\$6.92	\$6.92
5	86860		****	0-20	N/F		\$26.55	\$26.55	\$25.71	\$25.71
5	86860		****	21-999	N/F		\$26.55	\$26.55	\$25.71	\$25.71
5	86870		****	0-20	N/F		\$9.87	\$9.87	\$9.56	\$9.56
5	86870		****	21-999	N/F		\$9.87	\$9.87	\$9.56	\$9.56
5	86920		****	0-20	N/F		\$12.25	\$12.25	\$11.87	\$11.87
5	86920		****	21-999	N/F		\$12.25	\$12.25	\$11.87	\$11.87
5	86921		****	0-20	N/F		\$14.30	\$14.30	\$13.84	\$13.84
5	86921		****	21-999	N/F		\$14.30	\$14.30	\$13.84	\$13.84
5	86922		****	0-20	N/F		\$14.30	\$14.30	\$13.84	\$13.84
5	86922		****	21-999	N/F		\$14.30	\$14.30	\$13.84	\$13.84
5	86923		****	0-20	N/F		\$13.96	\$13.96	\$13.51	\$13.51
5	86923		****	21-999	N/F		\$13.96	\$13.96	\$13.51	\$13.51
5	86950		****	0-20	N/F		\$55.14	\$55.14	\$53.40	\$53.40

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5	86950		****	21-999	N/F		\$55.14	\$55.14	\$53.40	\$53.40
5	86960		****	0-20	N/F		\$22.81	\$22.81	\$22.08	\$22.08
5	86960		****	21-999	N/F		\$22.81	\$22.81	\$22.08	\$22.08
5	86999		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	86999		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	87999		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	87999		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	88104		****	0-20	N/F		\$62.87	\$62.87	\$58.94	\$58.94
5	88104		****	21-999	N/F		\$59.88	\$59.88	\$56.13	\$56.13
I	88104		****	0-20	N/F		\$23.58	\$23.58	\$23.30	\$23.30
I	88104		****	21-999	N/F		\$22.45	\$22.45	\$22.19	\$22.19
T	88104		****	0-20	N		\$39.29	\$39.29	\$35.65	\$35.65
T	88104		****	21-999	N		\$37.42	\$37.42	\$33.95	\$33.95
5	88106		****	0-20	N/F		\$70.45	\$70.45	\$68.76	\$68.76
5	88106		****	21-999	N/F		\$67.09	\$67.09	\$65.49	\$65.49
I	88106		****	0-20	N/F		\$15.72	\$15.72	\$15.72	\$15.72
I	88106		****	21-999	N/F		\$14.97	\$14.97	\$14.97	\$14.97
T	88106		****	0-20	N		\$54.73	\$54.73	\$53.05	\$53.05
T	88106		****	21-999	N		\$52.12	\$52.12	\$50.52	\$50.52
5	88108		****	0-20	N/F		\$65.12	\$65.12	\$66.52	\$66.52
5	88108		****	21-999	N/F		\$62.01	\$62.01	\$63.35	\$63.35
I	88108		****	0-20	N/F		\$18.24	\$18.24	\$18.52	\$18.52
I	88108		****	21-999	N/F		\$17.37	\$17.37	\$17.64	\$17.64
T	88108		****	0-20	N		\$46.87	\$46.87	\$47.99	\$47.99

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T	88108		****	21-999	N		\$44.64	\$44.64	\$45.71	\$45.71
5	88112		****	0-20	N/F		\$90.38	\$90.38	\$50.80	\$50.80
5	88112		****	21-999	N/F		\$86.07	\$86.07	\$48.38	\$48.38
I	88112		****	0-20	N/F		\$47.99	\$47.99	\$22.45	\$22.45
I	88112		****	21-999	N/F		\$45.71	\$45.71	\$21.38	\$21.38
T	88112		****	0-20	N		\$42.38	\$42.38	\$28.35	\$28.35
T	88112		****	21-999	N		\$40.36	\$40.36	\$27.00	\$27.00
5	88120		****	0-20	N/F		\$512.79	\$512.79	\$490.05	\$490.05
5	88120		****	21-999	N/F		\$488.37	\$488.37	\$466.71	\$466.71
I	88120		****	0-20	N/F		\$46.59	\$46.59	\$46.31	\$46.31
I	88120		****	21-999	N/F		\$44.37	\$44.37	\$44.11	\$44.11
T	88120		****	0-20	N/F		\$466.20	\$466.20	\$443.74	\$443.74
T	88120		****	21-999	N/F		\$443.99	\$443.99	\$422.61	\$422.61
5	88121		****	0-20	N/F		\$461.42	\$461.42	\$435.60	\$435.60
5	88121		****	21-999	N/F		\$439.45	\$439.45	\$414.86	\$414.86
I	88121		****	0-20	N/F		\$40.70	\$40.70	\$40.42	\$40.42
I	88121		****	21-999	N/F		\$38.76	\$38.76	\$38.49	\$38.49
T	88121		****	0-20	N/F		\$420.73	\$420.73	\$395.19	\$395.19
T	88121		****	21-999	N/F		\$400.69	\$400.69	\$376.37	\$376.37
5	88141		****	0-20	N/F		\$26.10	\$26.10	\$25.26	\$25.26
5	88141		****	21-999	N/F		\$24.86	\$24.86	\$24.06	\$24.06
5	88160		****	0-20	N/F		\$52.20	\$52.20	\$52.77	\$52.77
5	88160		****	21-999	N/F		\$49.72	\$49.72	\$50.25	\$50.25
I	88160		****	0-20	N/F		\$20.77	\$20.77	\$21.05	\$21.05
I	88160		****	21-999	N/F		\$19.78	\$19.78	\$20.05	\$20.05
T	88160		****	0-20	N/F		\$31.44	\$31.44	\$31.72	\$31.72
T	88160		****	21-999	N/F		\$29.94	\$29.94	\$30.21	\$30.21
5	88161		****	0-20	N/F		\$49.96	\$49.96	\$47.71	\$47.71

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5	88161		****	21-999	N/F		\$47.58	\$47.58	\$45.44	\$45.44
I	88161		****	0-20	N/F		\$20.21	\$20.21	\$20.21	\$20.21
I	88161		****	21-999	N/F		\$19.25	\$19.25	\$19.25	\$19.25
T	88161		****	0-20	N/F		\$29.75	\$29.75	\$27.51	\$27.51
T	88161		****	21-999	N/F		\$28.33	\$28.33	\$26.20	\$26.20
5	88162		****	0-20	N/F		\$79.43	\$79.43	\$78.59	\$78.59
5	88162		****	21-999	N/F		\$75.65	\$75.65	\$74.85	\$74.85
I	88162		****	0-20	N/F		\$32.28	\$32.28	\$32.28	\$32.28
I	88162		****	21-999	N/F		\$30.74	\$30.74	\$30.74	\$30.74
T	88162		****	0-20	N/F		\$47.15	\$47.15	\$46.31	\$46.31
T	88162		****	21-999	N/F		\$44.91	\$44.91	\$44.11	\$44.11
5	88172		****	0-20	N/F		\$45.19	\$45.19	\$44.63	\$44.63
5	88172		****	21-999	N/F		\$43.04	\$43.04	\$42.50	\$42.50
I	88172		****	0-20	N/F		\$29.19	\$29.19	\$29.19	\$29.19
I	88172		****	21-999	N/F		\$27.80	\$27.80	\$27.80	\$27.80
T	88172		****	0-20	N		\$16.00	\$16.00	\$15.44	\$15.44
T	88172		****	21-999	N		\$15.24	\$15.24	\$14.70	\$14.70
5	88173		****	0-20	N/F		\$123.50	\$123.50	\$119.00	\$119.00
5	88173		****	21-999	N/F		\$117.61	\$117.61	\$113.34	\$113.34
I	88173		****	0-20	N/F		\$57.54	\$57.54	\$56.70	\$56.70
I	88173		****	21-999	N/F		\$54.80	\$54.80	\$54.00	\$54.00
T	88173		****	0-20	N		\$65.96	\$65.96	\$62.31	\$62.31
T	88173		****	21-999	N		\$62.82	\$62.82	\$59.34	\$59.34
5	88177		****	0-20	N/F		\$24.42	\$24.42	\$23.86	\$23.86
5	88177		****	21-999	N/F		\$23.26	\$23.26	\$22.72	\$22.72
I	88177		****	0-20	N/F		\$17.96	\$17.96	\$17.96	\$17.96
I	88177		****	21-999	N/F		\$17.11	\$17.11	\$17.11	\$17.11
T	88177		****	0-20	N/F		\$6.46	\$6.46	\$5.89	\$5.89

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							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
T	88177		****	21-999	N/F		\$6.15	\$6.15	\$5.61	\$5.61
5	88182		****	0-20	N/F		\$90.10	\$90.10	\$85.04	\$85.04
5	88182		****	21-999	N/F		\$85.80	\$85.80	\$80.99	\$80.99
I	88182		****	0-20	N/F		\$28.91	\$28.91	\$28.35	\$28.35
I	88182		****	21-999	N/F		\$27.53	\$27.53	\$27.00	\$27.00
T	88182		****	0-20	N		\$61.19	\$61.19	\$56.70	\$56.70
T	88182		****	21-999	N		\$58.27	\$58.27	\$54.00	\$54.00
T	88184		****	0-20	N		\$73.26	\$73.26	\$73.54	\$73.54
T	88184		****	21-999	N		\$69.77	\$69.77	\$70.03	\$70.03
T	88185		****	0-20	N		\$44.63	\$44.63	\$44.63	\$44.63
T	88185		****	21-999	N		\$42.50	\$42.50	\$42.50	\$42.50
I	88187		****	0-20	N/F		\$56.70	\$56.70	\$56.70	\$56.70
I	88187		****	21-999	N/F		\$54.00	\$54.00	\$54.00	\$54.00
I	88188		****	0-20	N/F		\$72.13	\$72.13	\$71.85	\$71.85
I	88188		****	21-999	N/F		\$68.70	\$68.70	\$68.43	\$68.43
I	88189		****	0-20	N/F		\$87.85	\$87.85	\$88.69	\$88.69
I	88189		****	21-999	N/F		\$83.67	\$83.67	\$84.47	\$84.47
5	88199		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	88199		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	88291		****	0-20	N/F		\$25.26	\$25.26	\$24.98	\$24.98
5	88291		****	21-999	N/F		\$24.06	\$24.06	\$23.79	\$23.79
5	88299		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	88299		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	88300		****	0-20	N/F		\$12.07	\$12.07	\$12.07	\$12.07

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	88300		****	21-999	N/F		\$11.49	\$11.49	\$11.49	\$11.49
I	88300		****	0-20	N/F		\$3.65	\$3.65	\$3.65	\$3.65
I	88300		****	21-999	N/F		\$3.47	\$3.47	\$3.47	\$3.47
T	88300		****	0-20	N		\$8.42	\$8.42	\$8.42	\$8.42
T	88300		****	21-999	N		\$8.02	\$8.02	\$8.02	\$8.02
5	88302		****	0-20	N/F		\$25.54	\$25.54	\$25.26	\$25.26
5	88302		****	21-999	N/F		\$24.32	\$24.32	\$24.06	\$24.06
I	88302		****	0-20	N/F		\$5.61	\$5.61	\$5.61	\$5.61
I	88302		****	21-999	N/F		\$5.35	\$5.35	\$5.35	\$5.35
T	88302		****	0-20	N		\$19.93	\$19.93	\$19.65	\$19.65
T	88302		****	21-999	N		\$18.98	\$18.98	\$18.71	\$18.71
5	88304		****	0-20	N/F		\$36.77	\$36.77	\$35.93	\$35.93
5	88304		****	21-999	N/F		\$35.02	\$35.02	\$34.22	\$34.22
I	88304		****	0-20	N/F		\$9.26	\$9.26	\$9.26	\$9.26
I	88304		****	21-999	N/F		\$8.82	\$8.82	\$8.82	\$8.82
T	88304		****	0-20	N		\$27.51	\$27.51	\$26.66	\$26.66
T	88304		****	21-999	N		\$26.20	\$26.20	\$25.39	\$25.39
5	88305		****	0-20	N		\$58.10	\$58.10	\$57.26	\$57.26
5	88305		****	21-999	N		\$55.33	\$55.33	\$54.53	\$54.53
I	88305		****	0-20	N/F		\$30.31	\$30.31	\$30.59	\$30.59
I	88305		****	21-999	N/F		\$28.87	\$28.87	\$29.14	\$29.14
T	88305		****	0-20	N		\$27.79	\$27.79	\$26.66	\$26.66
T	88305		****	21-999	N		\$26.46	\$26.46	\$25.39	\$25.39
5	88307		****	0-20	N/F		\$245.31	\$245.31	\$240.82	\$240.82
5	88307		****	21-999	N/F		\$233.62	\$233.62	\$229.35	\$229.35
I	88307		****	0-20	N/F		\$67.64	\$67.64	\$67.64	\$67.64
I	88307		****	21-999	N/F		\$64.42	\$64.42	\$64.42	\$64.42
T	88307		****	0-20	N		\$177.67	\$177.67	\$173.17	\$173.17

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
T	88307		****	21-999	N		\$169.20	\$169.20	\$164.93	\$164.93
5	88309		****	0-20	N/F		\$370.77	\$370.77	\$364.59	\$364.59
5	88309		****	21-999	N/F		\$353.11	\$353.11	\$347.23	\$347.23
I	88309		****	0-20	N/F		\$119.57	\$119.57	\$119.00	\$119.00
I	88309		****	21-999	N/F		\$113.87	\$113.87	\$113.34	\$113.34
T	88309		****	0-20	N		\$251.20	\$251.20	\$245.59	\$245.59
T	88309		****	21-999	N		\$239.24	\$239.24	\$233.89	\$233.89
5	88311		****	0-20	N/F		\$16.84	\$16.84	\$16.56	\$16.56
5	88311		****	21-999	N/F		\$16.04	\$16.04	\$15.77	\$15.77
I	88311		****	0-20	N/F		\$10.10	\$10.10	\$10.10	\$10.10
I	88311		****	21-999	N/F		\$9.62	\$9.62	\$9.62	\$9.62
T	88311		****	0-20	N		\$6.74	\$6.74	\$6.46	\$6.46
T	88311		****	21-999	N		\$6.42	\$6.42	\$6.15	\$6.15
5	88312		****	0-20	N/F		\$80.83	\$80.83	\$76.62	\$76.62
5	88312		****	21-999	N/F		\$76.98	\$76.98	\$72.97	\$72.97
I	88312		****	0-20	N/F		\$21.89	\$21.89	\$21.89	\$21.89
I	88312		****	21-999	N/F		\$20.85	\$20.85	\$20.85	\$20.85
T	88312		****	0-20	N		\$58.94	\$58.94	\$54.73	\$54.73
T	88312		****	21-999	N		\$56.13	\$56.13	\$52.12	\$52.12
5	88313		****	0-20	N/F		\$55.85	\$55.85	\$53.33	\$53.33
5	88313		****	21-999	N/F		\$53.19	\$53.19	\$50.79	\$50.79
I	88313		****	0-20	N/F		\$9.82	\$9.82	\$9.82	\$9.82
I	88313		****	21-999	N/F		\$9.36	\$9.36	\$9.36	\$9.36
T	88313		****	0-20	N		\$46.03	\$46.03	\$43.50	\$43.50
T	88313		****	21-999	N		\$43.84	\$43.84	\$41.43	\$41.43
5	88314		****	0-20	N/F		\$66.80	\$66.80	\$58.66	\$58.66
5	88314		****	21-999	N/F		\$63.62	\$63.62	\$55.87	\$55.87
I	88314		****	0-20	N/F		\$18.52	\$18.52	\$17.96	\$17.96

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
I	88314		****	21-999	N/F		\$17.64	\$17.64	\$17.11	\$17.11
T	88314		****	0-20	N		\$48.28	\$48.28	\$40.70	\$40.70
T	88314		****	21-999	N		\$45.98	\$45.98	\$38.76	\$38.76
5	88319		****	0-20	N/F		\$72.13	\$72.13	\$69.61	\$69.61
5	88319		****	21-999	N/F		\$68.70	\$68.70	\$66.29	\$66.29
I	88319		****	0-20	N/F		\$22.45	\$22.45	\$22.17	\$22.17
I	88319		****	21-999	N/F		\$21.38	\$21.38	\$21.12	\$21.12
T	88319		****	0-20	N		\$49.68	\$49.68	\$47.43	\$47.43
T	88319		****	21-999	N		\$47.31	\$47.31	\$45.17	\$45.17
5	88331		****	0-20	N		\$81.96	\$81.96	\$80.83	\$80.83
5	88331		****	21-999	N		\$78.05	\$78.05	\$76.98	\$76.98
I	88331		****	0-20	F		\$50.24	\$50.24	\$50.52	\$50.52
I	88331		****	21-999	F		\$47.85	\$47.85	\$48.11	\$48.11
T	88331		****	0-20	N		\$31.72	\$31.72	\$30.31	\$30.31
T	88331		****	21-999	N		\$30.21	\$30.21	\$28.87	\$28.87
5	88332		****	0-20	N		\$35.93	\$35.93	\$35.65	\$35.65
5	88332		****	21-999	N		\$34.22	\$34.22	\$33.95	\$33.95
I	88332		****	0-20	F		\$24.98	\$24.98	\$24.98	\$24.98
I	88332		****	21-999	F		\$23.79	\$23.79	\$23.79	\$23.79
T	88332		****	0-20	N		\$10.95	\$10.95	\$10.67	\$10.67
T	88332		****	21-999	N		\$10.42	\$10.42	\$10.16	\$10.16
5	88342		****	0-20	F		\$95.43	\$95.43	\$71.01	\$71.01
5	88342		****	21-999	F		\$90.88	\$90.88	\$67.63	\$67.63
I	88342		****	0-20	N/F		\$34.80	\$34.80	\$28.63	\$28.63
I	88342		****	21-999	N/F		\$33.15	\$33.15	\$27.27	\$27.27
T	88342		****	0-20	N		\$60.63	\$60.63	\$42.38	\$42.38
T	88342		****	21-999	N		\$57.74	\$57.74	\$40.36	\$40.36
5	88346		****	0-20	N/F		\$90.10	\$90.10	\$86.45	\$86.45

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	88346		****	21-999	N/F		\$85.80	\$85.80	\$82.33	\$82.33
I	88346		****	0-20	N/F		\$34.52	\$34.52	\$34.24	\$34.24
I	88346		****	21-999	N/F		\$32.88	\$32.88	\$32.61	\$32.61
T	88346		****	0-20	N		\$55.57	\$55.57	\$52.20	\$52.20
T	88346		****	21-999	N		\$52.93	\$52.93	\$49.72	\$49.72
5	88347		****	0-20	N/F		\$65.40	\$65.40	\$72.97	\$72.97
5	88347		****	21-999	N/F		\$62.28	\$62.28	\$69.50	\$69.50
I	88347		****	0-20	N/F		\$31.44	\$31.44	\$33.68	\$33.68
I	88347		****	21-999	N/F		\$29.94	\$29.94	\$32.08	\$32.08
T	88347		****	0-20	N		\$33.96	\$33.96	\$39.29	\$39.29
T	88347		****	21-999	N		\$32.34	\$32.34	\$37.42	\$37.42
5	88348		****	0-20	N/F		\$598.39	\$598.39	\$165.04	\$165.04
5	88348		****	21-999	N/F		\$569.89	\$569.89	\$157.18	\$157.18
I	88348		****	0-20	N/F		\$61.19	\$61.19	\$61.19	\$61.19
I	88348		****	21-999	N/F		\$58.27	\$58.27	\$58.27	\$58.27
T	88348		****	0-20	N		\$537.21	\$537.21	\$103.85	\$103.85
T	88348		****	21-999	N		\$511.62	\$511.62	\$98.90	\$98.90
5	88349		****	0-20	N/F		\$360.94	\$360.94	\$174.33	\$174.33
5	88349		****	21-999	N/F		\$343.75	\$343.75	\$174.33	\$174.33
I	88349		****	0-20	N/F		\$33.12	\$33.12	\$22.61	\$22.61
I	88349		****	21-999	N/F		\$31.54	\$31.54	\$22.61	\$22.61
T	88349		****	0-20	N		\$327.82	\$327.82	\$151.71	\$151.71
T	88349		****	21-999	N		\$312.21	\$312.21	\$151.71	\$151.71
5	88355		****	0-20	N/F		\$150.72	\$150.72	\$137.25	\$137.25
5	88355		****	21-999	N/F		\$143.54	\$143.54	\$130.71	\$130.71
I	88355		****	0-20	N/F		\$68.20	\$68.20	\$65.40	\$65.40
I	88355		****	21-999	N/F		\$64.96	\$64.96	\$62.28	\$62.28
T	88355		****	0-20	N		\$82.52	\$82.52	\$71.85	\$71.85

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
T	88355		****	21-999	N		\$78.59	\$78.59	\$68.43	\$68.43
5	88356		****	0-20	N/F		\$229.03	\$229.03	\$161.39	\$161.39
5	88356		****	21-999	N/F		\$218.12	\$218.12	\$153.70	\$153.70
I	88356		****	0-20	N/F		\$105.25	\$105.25	\$95.99	\$95.99
I	88356		****	21-999	N/F		\$100.24	\$100.24	\$91.42	\$91.42
T	88356		****	0-20	N		\$123.78	\$123.78	\$65.40	\$65.40
T	88356		****	21-999	N		\$117.88	\$117.88	\$62.28	\$62.28
5	88358		****	0-20	N/F		\$67.64	\$67.64	\$66.24	\$66.24
5	88358		****	21-999	N/F		\$64.42	\$64.42	\$63.08	\$63.08
5	88360		****	0-20	N/F		\$104.97	\$104.97	\$106.66	\$106.66
5	88360		****	21-999	N/F		\$99.97	\$99.97	\$101.58	\$101.58
I	88360		****	0-20	N/F		\$43.22	\$43.22	\$43.50	\$43.50
I	88360		****	21-999	N/F		\$41.16	\$41.16	\$41.43	\$41.43
T	88360		****	0-20	N		\$61.75	\$61.75	\$63.15	\$63.15
T	88360		****	21-999	N		\$58.81	\$58.81	\$60.14	\$60.14
5	88361		****	0-20	N/F		\$129.11	\$129.11	\$132.76	\$132.76
5	88361		****	21-999	N/F		\$122.96	\$122.96	\$126.44	\$126.44
I	88361		****	0-20	N/F		\$47.15	\$47.15	\$47.15	\$47.15
I	88361		****	21-999	N/F		\$44.91	\$44.91	\$44.91	\$44.91
T	88361		****	0-20	N		\$81.96	\$81.96	\$85.60	\$85.60
T	88361		****	21-999	N		\$78.05	\$78.05	\$81.53	\$81.53
5	88362		****	0-20	N/F		\$257.10	\$257.10	\$232.40	\$232.40
5	88362		****	21-999	N/F		\$244.85	\$244.85	\$221.33	\$221.33
I	88362		****	0-20	N/F		\$89.82	\$89.82	\$88.41	\$88.41
I	88362		****	21-999	N/F		\$85.54	\$85.54	\$84.20	\$84.20
5	88367		****	0-20	N/F		\$213.31	\$213.31	\$84.20	\$84.20
5	88367		****	21-999	N/F		\$203.15	\$203.15	\$80.19	\$80.19
I	88367		****	0-20	N/F		\$49.40	\$49.40	\$27.79	\$27.79

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

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							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
I	88367		****	21-999	N/F		\$47.05	\$47.05	\$26.46	\$26.46
5	88368		****	0-20	N/F		\$191.42	\$191.42	\$85.32	\$85.32
5	88368		****	21-999	N/F		\$182.30	\$182.30	\$81.26	\$81.26
I	88368		****	0-20	N/F		\$50.80	\$50.80	\$32.28	\$32.28
I	88368		****	21-999	N/F		\$48.38	\$48.38	\$30.74	\$30.74
5	88387		****	0-20	N/F		\$27.79	\$27.79	\$33.68	\$33.68
5	88387		****	21-999	N/F		\$26.46	\$26.46	\$32.08	\$32.08
I	88387		****	0-20	N/F		\$22.73	\$22.73	\$25.82	\$25.82
I	88387		****	21-999	N/F		\$21.65	\$21.65	\$24.59	\$24.59
T	88387		****	0-20	N		\$5.05	\$5.05	\$7.86	\$7.86
T	88387		****	21-999	N		\$4.81	\$4.81	\$7.48	\$7.48
5	88388		****	0-20	N/F		\$27.23	\$27.23	\$26.94	\$26.94
5	88388		****	21-999	N/F		\$25.93	\$25.93	\$25.66	\$25.66
I	88388		****	0-20	N/F		\$19.37	\$19.37	\$19.37	\$19.37
I	88388		****	21-999	N/F		\$18.44	\$18.44	\$18.44	\$18.44
T	88388		****	0-20	N		\$7.86	\$7.86	\$7.58	\$7.58
T	88388		****	21-999	N		\$7.48	\$7.48	\$7.22	\$7.22
5	88399		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	88399		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
I	88399		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
I	88399		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
I	88399		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
I	88399		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	88749		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	88749		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	89049		****	0-20	N		\$225.94	\$225.94	\$189.45	\$189.45
5	89049		****	0-20	F		\$53.61	\$53.61	\$49.12	\$49.12
5	89049		****	21-999	N		\$215.18	\$215.18	\$180.43	\$180.43
5	89049		****	21-999	F		\$51.06	\$51.06	\$46.78	\$46.78
5	89220		****	0-20	N/F		\$14.59	\$14.59	\$12.35	\$12.35
5	89220		****	21-999	N/F		\$13.90	\$13.90	\$11.76	\$11.76
D	89220		****	0-20	N	AB/AC	\$14.59	\$13.86	\$12.35	\$12.35
D	89220		****	21-999	N/F	AB/AC	\$13.90	\$13.21	\$11.76	\$11.76
5	89230		****	0-20	N/F		\$1.96	\$1.96	\$1.96	\$1.96
5	89230		****	21-999	N/F		\$1.87	\$1.87	\$1.87	\$1.87
5	89240		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	89240		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	92550		****	0-20	N/F		\$17.12	\$17.12	\$16.56	\$16.56
5	92550		****	21-999	N/F		\$16.31	\$16.31	\$15.77	\$15.77
5	92551		****	0-20	N/F		\$10.38	\$10.38	\$9.54	\$9.54
5	92551		****	21-999	N/F		\$9.89	\$9.89	\$9.09	\$9.09
5	92552		****	0-20	N/F		\$26.66	\$26.66	\$24.42	\$24.42
5	92552		****	21-999	N/F		\$25.39	\$25.39	\$23.26	\$23.26
5	92553		****	0-20	N/F		\$32.28	\$32.28	\$29.19	\$29.19
5	92553		****	21-999	N/F		\$30.74	\$30.74	\$27.80	\$27.80

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	92555		****	0-20	N/F		\$20.21	\$20.21	\$18.24	\$18.24
5	92555		****	21-999	N/F		\$19.25	\$19.25	\$17.37	\$17.37
5	92556		****	0-20	N/F		\$31.72	\$31.72	\$29.47	\$29.47
5	92556		****	21-999	N/F		\$30.21	\$30.21	\$28.07	\$28.07
5	92557		****	0-20	N		\$30.87	\$30.87	\$29.47	\$29.47
5	92557		****	0-20	F		\$26.38	\$26.38	\$25.54	\$25.54
5	92557		****	21-999	N		\$29.40	\$29.40	\$28.07	\$28.07
5	92557		****	21-999	F		\$25.13	\$25.13	\$24.32	\$24.32
I	92562		****	0-20	N/F		\$40.42	\$40.42	\$36.21	\$36.21
I	92562		****	21-999	N/F		\$38.49	\$38.49	\$34.48	\$34.48
5	92563		****	0-20	N/F		\$27.23	\$27.23	\$24.42	\$24.42
5	92563		****	21-999	N/F		\$25.93	\$25.93	\$23.26	\$23.26
5	92564		****	0-20	N/F		\$24.70	\$24.70	\$22.45	\$22.45
5	92564		****	21-999	N/F		\$23.52	\$23.52	\$21.38	\$21.38
5	92565		****	0-20	N/F		\$14.59	\$14.59	\$12.35	\$12.35
5	92565		****	21-999	N/F		\$13.90	\$13.90	\$11.76	\$11.76
5	92567		****	0-20	N		\$11.79	\$11.79	\$11.51	\$11.51
5	92567		****	0-20	F		\$8.70	\$8.70	\$8.70	\$8.70
5	92567		****	21-999	N		\$11.23	\$11.23	\$10.96	\$10.96
5	92567		****	21-999	F		\$8.29	\$8.29	\$8.29	\$8.29
5	92568		****	0-20	N/F		\$12.63	\$12.63	\$12.07	\$12.07
5	92568		****	21-999	N/F		\$12.03	\$12.03	\$11.49	\$11.49
5	92570		****	0-20	N		\$26.38	\$26.38	\$25.26	\$25.26
5	92570		****	0-20	F		\$24.42	\$24.42	\$23.58	\$23.58
5	92570		****	21-999	N		\$25.13	\$25.13	\$24.06	\$24.06
5	92570		****	21-999	F		\$23.26	\$23.26	\$22.45	\$22.45
5	92571		****	0-20	N/F		\$23.58	\$23.58	\$21.33	\$21.33
5	92571		****	21-999	N/F		\$22.45	\$22.45	\$20.32	\$20.32

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	92572		****	0-20	N/F		\$45.47	\$45.47	\$24.42	\$24.42
5	92572		****	21-999	N/F		\$43.30	\$43.30	\$23.26	\$23.26
5	92575		****	0-20	N/F		\$65.40	\$65.40	\$55.85	\$55.85
5	92575		****	21-999	N/F		\$62.28	\$62.28	\$53.19	\$53.19
5	92576		****	0-20	N/F		\$29.19	\$29.19	\$27.79	\$27.79
5	92576		****	21-999	N/F		\$27.80	\$27.80	\$26.46	\$26.46
5	92577		****	0-20	N/F		\$16.00	\$16.00	\$12.35	\$12.35
5	92577		****	21-999	N/F		\$15.24	\$15.24	\$11.76	\$11.76
5	92579		****	0-20	N		\$34.24	\$34.24	\$35.65	\$35.65
5	92579		****	0-20	F		\$30.31	\$30.31	\$30.03	\$30.03
5	92579		****	21-999	N		\$32.61	\$32.61	\$33.95	\$33.95
5	92579		****	21-999	F		\$28.87	\$28.87	\$28.60	\$28.60
5	92582		****	0-20	N/F		\$62.03	\$62.03	\$56.42	\$56.42
5	92582		****	21-999	N/F		\$59.07	\$59.07	\$53.73	\$53.73
5	92583		****	0-20	N/F		\$44.63	\$44.63	\$39.86	\$39.86
5	92583		****	21-999	N/F		\$42.50	\$42.50	\$37.96	\$37.96
5	92584		****	0-20	N/F		\$60.34	\$60.34	\$58.38	\$58.38
5	92584		****	21-999	N/F		\$57.47	\$57.47	\$55.60	\$55.60
5	92585		****	0-20	N/F		\$102.91	\$102.91	\$106.94	\$106.94
5	92585		****	21-999	N/F		\$102.91	\$102.91	\$101.84	\$101.84
I	92585		****	0-20	N/F		\$21.33	\$21.33	\$21.05	\$21.05
I	92585		****	21-999	N/F		\$20.32	\$20.32	\$20.05	\$20.05
T	92585		****	0-20	N		\$86.73	\$86.73	\$85.89	\$85.89
T	92585		****	21-999	N		\$82.60	\$82.60	\$81.80	\$81.80
5	92586		****	0-20	N/F		\$73.82	\$73.82	\$65.96	\$65.96
5	92586		****	21-999	N/F		\$70.30	\$70.30	\$62.82	\$62.82
5	92587		****	0-20	N/F		\$17.96	\$17.96	\$16.84	\$16.84
5	92587		****	21-999	N/F		\$17.11	\$17.11	\$16.04	\$16.04

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
I	92587		****	0-20	N/F		\$15.44	\$15.44	\$14.59	\$14.59
I	92587		****	21-999	N/F		\$14.70	\$14.70	\$13.90	\$13.90
T	92587		****	0-20	N		\$2.53	\$2.53	\$2.25	\$2.25
T	92587		****	21-999	N		\$2.41	\$2.41	\$2.14	\$2.14
5	92588		****	0-20	N/F		\$27.23	\$27.23	\$26.10	\$26.10
5	92588		****	21-999	N/F		\$25.93	\$25.93	\$24.86	\$24.86
I	92588		****	0-20	N/F		\$23.86	\$23.86	\$23.02	\$23.02
I	92588		****	21-999	N/F		\$22.72	\$22.72	\$21.92	\$21.92
T	92588		****	0-20	N		\$3.37	\$3.37	\$3.09	\$3.09
T	92588		****	21-999	N		\$3.21	\$3.21	\$2.94	\$2.94
5	93000		****	0-20	N/F		\$15.16	\$15.16	\$13.47	\$13.47
5	93000		****	21-999	N/F		\$14.43	\$14.43	\$12.83	\$12.83
T	93005		****	0-20	N/F		\$8.42	\$8.42	\$6.74	\$6.74
T	93005		****	21-999	N/F		\$8.02	\$8.02	\$6.42	\$6.42
I	93010		****	0-20	N/F		\$6.74	\$6.74	\$6.74	\$6.74
I	93010		****	21-999	N/F		\$6.42	\$6.42	\$6.42	\$6.42
5	93561		****	0-20	N/F		\$42.24	\$42.24	\$41.20	\$41.20
5	93561		****	21-999	N/F		\$40.22	\$40.22	\$41.20	\$41.20
I	93561		****	0-20	N/F		\$19.65	\$19.65	\$19.65	\$19.65
I	93561		****	21-999	N/F		\$18.71	\$18.71	\$18.71	\$18.71
T	93561		****	0-20	N		\$22.59	\$22.59	\$21.55	\$21.55
T	93561		****	21-999	N		\$21.51	\$21.51	\$22.49	\$22.49
5	93562		****	0-20	N/F		\$19.55	\$19.55	\$18.79	\$18.79
5	93562		****	21-999	N/F		\$18.62	\$18.62	\$18.79	\$18.79
I	93562		****	0-20	N/F		\$6.17	\$6.17	\$6.46	\$6.46
I	93562		****	21-999	N/F		\$5.88	\$5.88	\$6.15	\$6.15
T	93562		****	0-20	N		\$13.38	\$13.38	\$12.33	\$12.33
T	93562		****	21-999	N		\$12.74	\$12.74	\$12.64	\$12.64

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	93701		****	0-20	N/F		\$20.77	\$20.77	\$19.37	\$19.37
5	93701		****	21-999	N/F		\$19.78	\$19.78	\$18.44	\$18.44
5	93724		****	0-20	N/F		\$217.80	\$217.80	\$216.96	\$216.96
5	93724		****	21-999	N/F		\$207.43	\$207.43	\$206.63	\$206.63
I	93724		****	0-20	N/F		\$193.94	\$193.94	\$194.51	\$194.51
I	93724		****	21-999	N/F		\$184.71	\$184.71	\$185.24	\$185.24
T	93724		****	0-20	N/F		\$23.86	\$23.86	\$22.45	\$22.45
T	93724		****	21-999	N/F		\$22.72	\$22.72	\$21.38	\$21.38
5	93740		****	0-20	N/F		\$7.02	\$7.02	\$6.46	\$6.46
5	93740		****	21-999	N/F		\$6.68	\$6.68	\$6.15	\$6.15
I	93740		****	0-20	N/F		\$5.72	\$5.72	\$5.15	\$5.15
I	93740		****	21-999	N/F		\$5.45	\$5.45	\$4.84	\$4.84
T	93740		****	0-20	N/F		\$1.30	\$1.30	\$1.31	\$1.31
T	93740		****	21-999	N/F		\$1.23	\$1.23	\$1.31	\$1.31
5	93770		****	0-20	N/F		\$7.02	\$7.02	\$6.46	\$6.46
5	93770		****	21-999	N/F		\$6.68	\$6.68	\$6.15	\$6.15
I	93770		****	0-20	N/F		\$6.44	\$6.44	\$5.99	\$5.99
I	93770		****	21-999	N/F		\$6.12	\$6.12	\$5.68	\$5.68
T	93770		****	0-20	N/F		\$0.58	\$0.58	\$0.47	\$0.47
T	93770		****	21-999	N/F		\$0.56	\$0.56	\$0.47	\$0.47
5	93784		****	0-20	N/F		\$46.03	\$46.03	\$42.66	\$42.66
5	93784		****	21-999	N/F		\$43.84	\$43.84	\$40.63	\$40.63
5	93786		****	0-20	N/F		\$26.10	\$26.10	\$23.58	\$23.58
5	93786		****	21-999	N/F		\$24.86	\$24.86	\$22.45	\$22.45
5	93788		****	0-20	N/F		\$4.77	\$4.77	\$4.21	\$4.21
5	93788		****	21-999	N/F		\$4.54	\$4.54	\$4.01	\$4.01
5	93790		****	0-20	N/F		\$15.16	\$15.16	\$14.88	\$14.88
5	93790		****	21-999	N/F		\$14.43	\$14.43	\$14.17	\$14.17

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	93797		****	0-20	F		\$7.30	\$7.30	\$7.02	\$7.02
5	93797		****	21-999	F		\$6.95	\$6.95	\$6.68	\$6.68
5	93798		****	0-20	F		\$11.23	\$11.23	\$11.23	\$11.23
5	93798		****	21-999	F		\$10.69	\$10.69	\$10.69	\$10.69
5	93799		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	93799		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
I	93799		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
I	93799		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
T	93799		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
T	93799		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	94010		****	0-20	N/F		\$30.87	\$30.87	\$28.63	\$28.63
5	94010		****	21-999	N/F		\$29.40	\$29.40	\$27.27	\$27.27
I	94010		****	0-20	N/F		\$6.74	\$6.74	\$6.74	\$6.74
I	94010		****	21-999	N/F		\$6.42	\$6.42	\$6.42	\$6.42
T	94010		****	0-20	N/F		\$24.14	\$24.14	\$21.89	\$21.89
T	94010		****	21-999	N/F		\$22.99	\$22.99	\$20.85	\$20.85
5	94014		****	0-20	N/F		\$40.98	\$40.98	\$44.35	\$44.35
5	94014		****	21-999	N/F		\$39.03	\$39.03	\$42.23	\$42.23
5	94015		****	0-20	N/F		\$21.05	\$21.05	\$24.14	\$24.14
5	94015		****	21-999	N/F		\$20.05	\$20.05	\$22.99	\$22.99
5	94016		****	0-20	N		\$18.98	\$18.98	\$20.21	\$20.21
5	94016		****	21-999	N		\$18.98	\$18.98	\$19.25	\$19.25

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	94060		****	0-20	N/F		\$50.52	\$50.52	\$48.28	\$48.28
5	94060		****	21-999	N/F		\$50.52	\$50.52	\$45.98	\$45.98
I	94060		****	0-20	N/F		\$10.67	\$10.67	\$10.38	\$10.38
I	94060		****	21-999	N/F		\$10.16	\$10.16	\$9.89	\$9.89
T	94060		****	0-20	N/F		\$42.38	\$42.38	\$37.89	\$37.89
T	94060		****	21-999	N/F		\$40.36	\$40.36	\$36.09	\$36.09
5	94070		****	0-20	N/F		\$50.52	\$50.52	\$46.87	\$46.87
5	94070		****	21-999	N/F		\$48.11	\$48.11	\$44.64	\$44.64
I	94070		****	0-20	N/F		\$23.58	\$23.58	\$22.73	\$22.73
I	94070		****	21-999	N/F		\$22.45	\$22.45	\$21.65	\$21.65
T	94070		****	0-20	N/F		\$26.94	\$26.94	\$24.14	\$24.14
T	94070		****	21-999	N/F		\$25.66	\$25.66	\$22.99	\$22.99
5	94150		****	0-20	N/F		\$21.61	\$21.61	\$19.93	\$19.93
5	94150		****	21-999	N/F		\$20.58	\$20.58	\$18.98	\$18.98
I	94150		****	0-20	N/F		\$3.09	\$3.09	\$3.09	\$3.09
I	94150		****	21-999	N/F		\$2.94	\$2.94	\$2.94	\$2.94
T	94150		****	0-20	N/F		\$18.52	\$18.52	\$16.84	\$16.84
T	94150		****	21-999	N/F		\$17.64	\$17.64	\$16.04	\$16.04
5	94200		****	0-20	N/F		\$21.61	\$21.61	\$20.21	\$20.21
5	94200		****	21-999	N/F		\$20.58	\$20.58	\$19.25	\$19.25
I	94200		****	0-20	N/F		\$4.49	\$4.49	\$4.49	\$4.49
I	94200		****	21-999	N/F		\$4.28	\$4.28	\$4.28	\$4.28
T	94200		****	0-20	N/F		\$17.12	\$17.12	\$15.72	\$15.72
T	94200		****	21-999	N/F		\$16.31	\$16.31	\$14.97	\$14.97
5	94250		****	0-20	N/F		\$21.89	\$21.89	\$20.77	\$20.77
5	94250		****	21-999	N/F		\$20.85	\$20.85	\$19.78	\$19.78
I	94250		****	0-20	N/F		\$4.49	\$4.49	\$4.21	\$4.21
I	94250		****	21-999	N/F		\$4.28	\$4.28	\$4.01	\$4.01

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
T	94250		****	0-20	N/F		\$17.40	\$17.40	\$16.56	\$16.56
T	94250		****	21-999	N/F		\$16.57	\$16.57	\$15.77	\$15.77
5	94375		****	0-20	N/F		\$33.40	\$33.40	\$31.15	\$31.15
5	94375		****	21-999	N/F		\$31.81	\$31.81	\$29.67	\$29.67
I	94375		****	0-20	N/F		\$12.07	\$12.07	\$11.79	\$11.79
I	94375		****	21-999	N/F		\$11.49	\$11.49	\$11.23	\$11.23
T	94375		****	0-20	N/F		\$21.33	\$21.33	\$19.37	\$19.37
T	94375		****	21-999	N/F		\$20.32	\$20.32	\$18.44	\$18.44
5	94400		****	0-20	N/F		\$49.40	\$49.40	\$44.91	\$44.91
5	94400		****	21-999	N/F		\$47.05	\$47.05	\$42.77	\$42.77
I	94400		****	0-20	N/F		\$15.44	\$15.44	\$15.44	\$15.44
I	94400		****	21-999	N/F		\$14.70	\$14.70	\$14.70	\$14.70
T	94400		****	0-20	N/F		\$33.96	\$33.96	\$29.47	\$29.47
T	94400		****	21-999	N/F		\$32.34	\$32.34	\$28.07	\$28.07
5	94450		****	0-20	N/F		\$58.10	\$58.10	\$52.77	\$52.77
5	94450		****	21-999	N/F		\$55.33	\$55.33	\$50.25	\$50.25
I	94450		****	0-20	N/F		\$16.00	\$16.00	\$15.44	\$15.44
I	94450		****	21-999	N/F		\$15.24	\$15.24	\$14.70	\$14.70
T	94450		****	0-20	N/F		\$42.10	\$42.10	\$37.33	\$37.33
T	94450		****	21-999	N/F		\$40.10	\$40.10	\$35.55	\$35.55
5	94452		****	0-20	N/F		\$50.80	\$50.80	\$45.47	\$45.47
5	94452		****	21-999	N/F		\$48.38	\$48.38	\$43.30	\$43.30
I	94452		****	0-20	N/F		\$12.07	\$12.07	\$11.51	\$11.51
I	94452		****	21-999	N/F		\$11.49	\$11.49	\$10.96	\$10.96
T	94452		****	0-20	N		\$38.73	\$38.73	\$33.96	\$33.96
T	94452		****	21-999	N		\$36.89	\$36.89	\$32.34	\$32.34
5	94453		****	0-20	N/F		\$71.29	\$71.29	\$63.15	\$63.15
5	94453		****	21-999	N/F		\$67.90	\$67.90	\$60.14	\$60.14

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
I	94453		****	0-20	N/F		\$15.44	\$15.44	\$15.16	\$15.16
I	94453		****	21-999	N/F		\$14.70	\$14.70	\$14.43	\$14.43
T	94453		****	0-20	N		\$55.85	\$55.85	\$47.99	\$47.99
T	94453		****	21-999	N		\$53.19	\$53.19	\$45.71	\$45.71
5	94620		****	0-20	N/F		\$47.15	\$47.15	\$44.35	\$44.35
5	94620		****	21-999	N/F		\$44.91	\$44.91	\$42.23	\$42.23
I	94620		****	0-20	N/F		\$24.98	\$24.98	\$24.14	\$24.14
I	94620		****	21-999	N/F		\$23.79	\$23.79	\$22.99	\$22.99
T	94620		****	0-20	N/F		\$22.17	\$22.17	\$20.21	\$20.21
T	94620		****	21-999	N/F		\$21.12	\$21.12	\$19.25	\$19.25
5	94621		****	0-20	N/F		\$138.09	\$138.09	\$129.67	\$129.67
5	94621		****	21-999	N/F		\$131.51	\$131.51	\$123.49	\$123.49
I	94621		****	0-20	N/F		\$55.85	\$55.85	\$54.73	\$54.73
I	94621		****	21-999	N/F		\$53.19	\$53.19	\$52.12	\$52.12
T	94621		****	0-20	N		\$82.24	\$82.24	\$74.94	\$74.94
T	94621		****	21-999	N		\$78.32	\$78.32	\$71.37	\$71.37
5	94680		****	0-20	N/F		\$50.52	\$50.52	\$45.19	\$45.19
5	94680		****	21-999	N/F		\$48.11	\$48.11	\$43.04	\$43.04
I	94680		****	0-20	N/F		\$10.38	\$10.38	\$10.10	\$10.10
I	94680		****	21-999	N/F		\$9.89	\$9.89	\$9.62	\$9.62
T	94680		****	0-20	N/F		\$40.14	\$40.14	\$35.08	\$35.08
T	94680		****	21-999	N/F		\$38.22	\$38.22	\$33.41	\$33.41
5	94681		****	0-20	N/F		\$45.47	\$45.47	\$42.10	\$42.10
5	94681		****	21-999	N/F		\$43.30	\$43.30	\$40.10	\$40.10
I	94681		****	0-20	N/F		\$8.14	\$8.14	\$7.86	\$7.86
I	94681		****	21-999	N/F		\$7.75	\$7.75	\$7.48	\$7.48
T	94681		****	0-20	N/F		\$37.33	\$37.33	\$34.24	\$34.24
T	94681		****	21-999	N/F		\$35.55	\$35.55	\$32.61	\$32.61

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	94690		****	0-20	N/F		\$42.66	\$42.66	\$39.29	\$39.29
5	94690		****	21-999	N/F		\$40.63	\$40.63	\$37.42	\$37.42
I	94690		****	0-20	N/F		\$3.09	\$3.09	\$3.09	\$3.09
I	94690		****	21-999	N/F		\$2.94	\$2.94	\$2.94	\$2.94
T	94690		****	0-20	N/F		\$39.57	\$39.57	\$36.21	\$36.21
T	94690		****	21-999	N/F		\$37.69	\$37.69	\$34.48	\$34.48
5	94726		****	0-20	N/F		\$49.96	\$49.96	\$41.82	\$41.82
5	94726		****	21-999	N/F		\$47.58	\$47.58	\$39.83	\$39.83
I	94726		****	0-20	N/F		\$10.38	\$10.38	\$9.82	\$9.82
I	94726		****	21-999	N/F		\$9.89	\$9.89	\$9.36	\$9.36
T	94726		****	0-20	N/F		\$39.57	\$39.57	\$32.00	\$32.00
T	94726		****	21-999	N/F		\$37.69	\$37.69	\$30.47	\$30.47
5	94727		****	0-20	N/F		\$39.01	\$39.01	\$33.40	\$33.40
5	94727		****	21-999	N/F		\$37.16	\$37.16	\$31.81	\$31.81
I	94727		****	0-20	N/F		\$10.38	\$10.38	\$9.82	\$9.82
I	94727		****	21-999	N/F		\$9.89	\$9.89	\$9.36	\$9.36
T	94727		****	0-20	N/F		\$28.63	\$28.63	\$23.58	\$23.58
T	94727		****	21-999	N/F		\$27.27	\$27.27	\$22.45	\$22.45
5	94728		****	0-20	N/F		\$37.61	\$37.61	\$31.15	\$31.15
5	94728		****	21-999	N/F		\$35.82	\$35.82	\$29.67	\$29.67
I	94728		****	0-20	N/F		\$10.38	\$10.38	\$9.82	\$9.82
I	94728		****	21-999	N/F		\$9.89	\$9.89	\$9.36	\$9.36
T	94728		****	0-20	N/F		\$27.23	\$27.23	\$21.33	\$21.33
T	94728		****	21-999	N/F		\$25.93	\$25.93	\$20.32	\$20.32
5	94729		****	0-20	N/F		\$51.64	\$51.64	\$43.22	\$43.22
5	94729		****	21-999	N/F		\$49.18	\$49.18	\$41.16	\$41.16
I	94729		****	0-20	N/F		\$7.86	\$7.86	\$7.30	\$7.30
I	94729		****	21-999	N/F		\$7.48	\$7.48	\$6.95	\$6.95

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
T	94729		****	0-20	N/F		\$43.78	\$43.78	\$35.93	\$35.93
T	94729		****	21-999	N/F		\$41.70	\$41.70	\$34.22	\$34.22
5	94750		****	0-20	N/F		\$72.13	\$72.13	\$63.99	\$63.99
5	94750		****	21-999	N/F		\$68.70	\$68.70	\$60.95	\$60.95
I	94750		****	0-20	N/F		\$8.98	\$8.98	\$8.98	\$8.98
I	94750		****	21-999	N/F		\$8.55	\$8.55	\$8.55	\$8.55
T	94750		****	0-20	N/F		\$63.15	\$63.15	\$55.01	\$55.01
T	94750		****	21-999	N/F		\$60.14	\$60.14	\$52.39	\$52.39
5	94760		****	0-20	N/F		\$2.81	\$2.81	\$2.53	\$2.53
5	94760		****	21-999	N/F		\$2.67	\$2.67	\$2.41	\$2.41
5	94761		****	0-20	N/F		\$4.21	\$4.21	\$3.93	\$3.93
5	94761		****	21-999	N/F		\$4.01	\$4.01	\$3.74	\$3.74
5	94762		****	0-20	N		\$20.77	\$20.77	\$19.37	\$19.37
5	94770		****	0-20	N/F		\$6.74	\$6.74	\$5.89	\$5.89
5	94770		****	21-999	N/F		\$6.42	\$6.42	\$5.61	\$5.61
I	94770		****	0-20	N/F		\$1.33	\$1.33	\$1.33	\$1.33
I	94770		****	21-999	N/F		\$1.27	\$1.27	\$1.27	\$1.27
T	94770		****	0-20	N/F		\$5.41	\$5.41	\$4.56	\$4.56
T	94770		****	21-999	N/F		\$5.15	\$5.15	\$4.34	\$4.34
5	94772		****	0-20	N/F		\$88.42	\$88.42	\$97.83	\$97.83
I	94772		****	0-20	N/F		\$24.18	\$24.18	\$26.75	\$26.75
T	94772		****	0-20	N		\$64.24	\$64.24	\$71.08	\$71.08
5	94799		****	0-20	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	94799		****	21-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	95782		****	0-20	N/F		\$879.91	\$879.91	\$723.01	\$723.01
I	95782		****	0-20	N/F		\$105.25	\$105.25	\$96.83	\$96.83

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
T	95782		****	0-20	F		\$774.65	\$774.65	\$626.18	\$626.18
5	95783		****	0-20	N/F		\$921.45	\$921.45	\$985.16	\$985.16
I	95783		****	0-20	N/F		\$114.79	\$114.79	\$117.04	\$117.04
T	95783		****	0-20	F		\$806.65	\$806.65	\$868.12	\$868.12
5	95803		****	0-20	N/F		\$125.74	\$125.74	\$111.71	\$111.71
5	95803		****	21-999	N/F		\$119.75	\$119.75	\$106.39	\$106.39
I	95803		****	0-20	N/F		\$36.21	\$36.21	\$34.24	\$34.24
I	95803		****	21-999	N/F		\$34.48	\$34.48	\$32.61	\$32.61
T	95803		****	0-20	N/F		\$89.53	\$89.53	\$77.47	\$77.47
T	95803		****	21-999	N/F		\$85.27	\$85.27	\$73.78	\$73.78
5	95805		****	0-20	N/F		\$354.21	\$354.21	\$332.32	\$332.32
5	95805		****	21-999	N/F		\$337.34	\$337.34	\$316.49	\$316.49
I	95805		****	0-20	N/F		\$47.43	\$47.43	\$46.87	\$46.87
I	95805		****	21-999	N/F		\$45.17	\$45.17	\$44.64	\$44.64
T	95805		****	0-20	N		\$306.77	\$306.77	\$285.44	\$285.44
T	95805		****	21-999	N		\$292.16	\$292.16	\$271.85	\$271.85
5	95807		****	0-20	F		\$412.31	\$412.31	\$371.05	\$371.05
I	95807		****	0-20	N/F		\$50.24	\$50.24	\$49.12	\$49.12
5	95808		****	0-20	N/F		\$539.73	\$539.73	\$476.86	\$476.86
5	95808		****	21-999	N/F		\$514.03	\$514.03	\$454.15	\$454.15
I	95808		****	0-20	N/F		\$69.89	\$69.89	\$68.76	\$68.76
I	95808		****	21-999	N/F		\$66.56	\$66.56	\$65.49	\$65.49
T	95808		****	0-20	N		\$469.84	\$469.84	\$408.10	\$408.10
T	95808		****	21-999	N		\$447.47	\$447.47	\$388.66	\$388.66
5	95810		****	0-20	N/F		\$533.00	\$533.00	\$491.46	\$491.46
5	95810		****	21-999	N/F		\$507.61	\$507.61	\$468.05	\$468.05
I	95810		****	0-20	N/F		\$98.80	\$98.80	\$96.27	\$96.27
I	95810		****	21-999	N/F		\$94.09	\$94.09	\$91.69	\$91.69

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
T	95810		****	0-20	N		\$434.20	\$434.20	\$395.19	\$395.19
T	95810		****	21-999	N		\$413.52	\$413.52	\$376.37	\$376.37
5	95811		****	0-20	N/F		\$559.10	\$559.10	\$516.16	\$516.16
5	95811		****	21-999	N/F		\$532.47	\$532.47	\$491.57	\$491.57
I	95811		****	0-20	N/F		\$102.73	\$102.73	\$100.20	\$100.20
I	95811		****	21-999	N/F		\$97.83	\$97.83	\$95.43	\$95.43
T	95811		****	0-20	N		\$456.37	\$456.37	\$415.96	\$415.96
T	95811		****	21-999	N		\$434.64	\$434.64	\$396.15	\$396.15
5	95812		****	0-20	N/F		\$373.86	\$373.86	\$331.19	\$331.19
5	95812		****	21-999	N/F		\$356.05	\$356.05	\$315.42	\$315.42
I	95812		****	0-20	N/F		\$46.03	\$46.03	\$45.75	\$45.75
I	95812		****	21-999	N/F		\$43.84	\$43.84	\$43.57	\$43.57
T	95812		****	0-20	N/F		\$327.82	\$327.82	\$285.44	\$285.44
T	95812		****	21-999	N/F		\$312.21	\$312.21	\$271.85	\$271.85
5	95813		****	0-20	N/F		\$429.71	\$429.71	\$396.03	\$396.03
5	95813		****	21-999	N/F		\$409.24	\$409.24	\$377.17	\$377.17
I	95813		****	0-20	N/F		\$73.82	\$73.82	\$73.26	\$73.26
I	95813		****	21-999	N/F		\$70.30	\$70.30	\$69.77	\$69.77
T	95813		****	0-20	N/F		\$355.89	\$355.89	\$322.77	\$322.77
T	95813		****	21-999	N/F		\$338.94	\$338.94	\$307.40	\$307.40
5	95816		****	0-20	N/F		\$342.98	\$342.98	\$284.04	\$284.04
5	95816		****	21-999	N/F		\$326.65	\$326.65	\$270.51	\$270.51
I	95816		****	0-20	N/F		\$46.59	\$46.59	\$45.75	\$45.75
I	95816		****	21-999	N/F		\$44.37	\$44.37	\$43.57	\$43.57
T	95816		****	0-20	N/F		\$296.39	\$296.39	\$238.29	\$238.29
T	95816		****	21-999	N/F		\$282.27	\$282.27	\$226.94	\$226.94
5	95819		****	0-20	N/F		\$394.06	\$394.06	\$323.90	\$323.90
5	95819		****	21-999	N/F		\$375.30	\$375.30	\$308.47	\$308.47

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
I	95819		****	0-20	N/F		\$46.31	\$46.31	\$45.75	\$45.75
I	95819		****	21-999	N/F		\$44.11	\$44.11	\$43.57	\$43.57
T	95819		****	0-20	N/F		\$347.75	\$347.75	\$278.15	\$278.15
T	95819		****	21-999	N/F		\$331.19	\$331.19	\$264.90	\$264.90
5	95822		****	0-20	N/F		\$352.24	\$352.24	\$292.74	\$292.74
5	95822		****	21-999	N/F		\$335.47	\$335.47	\$278.80	\$278.80
I	95822		****	0-20	N/F		\$46.31	\$46.31	\$45.75	\$45.75
I	95822		****	21-999	N/F		\$44.11	\$44.11	\$43.57	\$43.57
T	95822		****	0-20	N/F		\$305.93	\$305.93	\$246.99	\$246.99
T	95822		****	21-999	N/F		\$291.36	\$291.36	\$235.23	\$235.23
I	95824		****	0-20	F		\$32.28	\$32.28	\$32.00	\$32.00
I	95824		****	21-999	F		\$30.74	\$30.74	\$30.47	\$30.47
5	95827		****	0-20	N/F		\$670.24	\$670.24	\$620.85	\$620.85
5	95827		****	21-999	N/F		\$638.32	\$638.32	\$591.28	\$591.28
I	95827		****	0-20	N/F		\$46.31	\$46.31	\$45.47	\$45.47
I	95827		****	21-999	N/F		\$44.11	\$44.11	\$43.30	\$43.30
T	95827		****	0-20	N/F		\$623.93	\$623.93	\$575.38	\$575.38
T	95827		****	21-999	N/F		\$594.22	\$594.22	\$547.98	\$547.98
5	95829		****	0-20	F		\$1,626.77	\$1,626.77	\$1,491.49	\$1,491.49
5	95829		****	21-999	F		\$1,549.30	\$1,549.30	\$1,420.46	\$1,420.46
I	95829		****	0-20	F		\$262.71	\$262.71	\$262.99	\$262.99
I	95829		****	21-999	F		\$250.20	\$250.20	\$250.46	\$250.46
T	95829		****	0-20	N		\$1,364.07	\$1,364.07	\$1,228.50	\$1,228.50
T	95829		****	21-999	N		\$1,299.10	\$1,299.10	\$1,169.99	\$1,169.99
5	95831		****	0-20	N		\$23.86	\$23.86	\$24.42	\$24.42
5	95831		****	0-20	F		\$11.79	\$11.79	\$12.07	\$12.07
5	95831		****	21-999	N		\$22.72	\$22.72	\$23.26	\$23.26
5	95831		****	21-999	F		\$11.23	\$11.23	\$11.49	\$11.49

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
I	95831		****	0-20	F		\$23.86	\$23.86	\$12.07	\$12.07
I	95831		****	21-999	F		\$22.72	\$22.72	\$11.49	\$11.49
5	95832		****	0-20	N		\$22.73	\$22.73	\$24.14	\$24.14
5	95832		****	0-20	F		\$12.35	\$12.35	\$12.91	\$12.91
5	95832		****	21-999	N		\$21.65	\$21.65	\$22.99	\$22.99
5	95832		****	21-999	F		\$11.76	\$11.76	\$12.30	\$12.30
I	95832		****	0-20	F		\$22.73	\$22.73	\$12.91	\$12.91
I	95832		****	21-999	F		\$21.65	\$21.65	\$12.30	\$12.30
5	95833		****	0-20	N		\$30.87	\$30.87	\$29.75	\$29.75
5	95833		****	0-20	F		\$17.12	\$17.12	\$17.12	\$17.12
5	95833		****	21-999	N		\$29.40	\$29.40	\$28.33	\$28.33
5	95833		****	21-999	F		\$16.31	\$16.31	\$16.31	\$16.31
I	95833		****	0-20	F		\$12.35	\$12.35	\$17.12	\$17.12
I	95833		****	21-999	F		\$11.76	\$11.76	\$16.31	\$16.31
5	95834		****	0-20	N		\$42.94	\$42.94	\$40.14	\$40.14
5	95834		****	0-20	F		\$24.98	\$24.98	\$24.98	\$24.98
5	95834		****	21-999	N		\$40.90	\$40.90	\$38.22	\$38.22
5	95834		****	21-999	F		\$23.79	\$23.79	\$23.79	\$23.79
I	95834		****	0-20	F		\$42.94	\$42.94	\$24.98	\$24.98
I	95834		****	21-999	F		\$40.90	\$40.90	\$23.79	\$23.79
5	95851		****	0-20	N		\$15.16	\$15.16	\$14.59	\$14.59
5	95851		****	0-20	F		\$6.17	\$6.17	\$6.17	\$6.17
5	95851		****	21-999	N		\$14.43	\$14.43	\$13.90	\$13.90
5	95851		****	21-999	F		\$5.88	\$5.88	\$5.88	\$5.88
I	95851		****	0-20	F		\$15.16	\$15.16	\$6.17	\$6.17
I	95851		****	21-999	F		\$14.43	\$14.43	\$5.88	\$5.88
5	95852		****	0-20	N		\$14.03	\$14.03	\$12.91	\$12.91
5	95852		****	0-20	F		\$4.77	\$4.77	\$4.77	\$4.77

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	95852		****	21-999	N		\$13.37	\$13.37	\$12.30	\$12.30
5	95852		****	21-999	F		\$4.54	\$4.54	\$4.54	\$4.54
I	95852		****	0-20	F		\$14.03	\$14.03	\$4.77	\$4.77
I	95852		****	21-999	F		\$13.37	\$13.37	\$4.54	\$4.54
5	95857		****	0-20	N		\$44.35	\$44.35	\$42.38	\$42.38
5	95857		****	0-20	F		\$24.14	\$24.14	\$23.30	\$23.30
5	95857		****	21-999	N		\$42.23	\$42.23	\$40.36	\$40.36
5	95857		****	21-999	F		\$22.99	\$22.99	\$22.19	\$22.19
5	95860		****	0-20	N/F		\$104.97	\$104.97	\$97.11	\$97.11
5	95860		****	21-999	N/F		\$99.97	\$99.97	\$92.49	\$92.49
I	95860		****	0-20	N/F		\$41.82	\$41.82	\$41.26	\$41.26
I	95860		****	21-999	N/F		\$39.83	\$39.83	\$39.29	\$39.29
T	95860		****	0-20	N/F		\$63.15	\$63.15	\$55.85	\$55.85
T	95860		****	21-999	N/F		\$60.14	\$60.14	\$53.19	\$53.19
5	95861		****	0-20	N/F		\$143.98	\$143.98	\$136.41	\$136.41
5	95861		****	21-999	N/F		\$137.13	\$137.13	\$129.91	\$129.91
I	95861		****	0-20	N/F		\$66.80	\$66.80	\$65.40	\$65.40
I	95861		****	21-999	N/F		\$63.62	\$63.62	\$62.28	\$62.28
T	95861		****	0-20	N/F		\$77.18	\$77.18	\$71.01	\$71.01
T	95861		****	21-999	N/F		\$73.51	\$73.51	\$67.63	\$67.63
5	95863		****	0-20	N/F		\$175.98	\$175.98	\$168.68	\$168.68
5	95863		****	21-999	N/F		\$167.60	\$167.60	\$160.65	\$160.65
I	95863		****	0-20	N/F		\$80.55	\$80.55	\$79.99	\$79.99
I	95863		****	21-999	N/F		\$76.72	\$76.72	\$76.18	\$76.18
T	95863		****	0-20	N/F		\$95.43	\$95.43	\$88.69	\$88.69
T	95863		****	21-999	N/F		\$90.88	\$90.88	\$84.47	\$84.47
5	95864		****	0-20	N/F		\$201.52	\$201.52	\$191.98	\$191.98
5	95864		****	21-999	N/F		\$191.92	\$191.92	\$182.84	\$182.84

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
I	95864		****	0-20	N/F		\$85.60	\$85.60	\$85.04	\$85.04
I	95864		****	21-999	N/F		\$81.53	\$81.53	\$80.99	\$80.99
T	95864		****	0-20	N/F		\$115.92	\$115.92	\$106.94	\$106.94
T	95864		****	21-999	N/F		\$110.40	\$110.40	\$101.84	\$101.84
5	95865		****	0-20	N/F		\$112.27	\$112.27	\$113.67	\$113.67
5	95865		****	21-999	N/F		\$106.92	\$106.92	\$108.26	\$108.26
I	95865		****	0-20	N/F		\$66.24	\$66.24	\$66.52	\$66.52
I	95865		****	21-999	N/F		\$63.08	\$63.08	\$63.35	\$63.35
T	95865		****	0-20	N		\$46.03	\$46.03	\$47.15	\$47.15
T	95865		****	21-999	N		\$43.84	\$43.84	\$44.91	\$44.91
5	95866		****	0-20	N/F		\$114.79	\$114.79	\$105.25	\$105.25
5	95866		****	21-999	N/F		\$109.33	\$109.33	\$100.24	\$100.24
I	95866		****	0-20	N/F		\$54.17	\$54.17	\$53.89	\$53.89
I	95866		****	21-999	N/F		\$51.59	\$51.59	\$51.32	\$51.32
T	95866		****	0-20	N		\$60.63	\$60.63	\$51.36	\$51.36
T	95866		****	21-999	N		\$57.74	\$57.74	\$48.92	\$48.92
5	95867		****	0-20	N/F		\$95.15	\$95.15	\$74.10	\$74.10
5	95867		****	21-999	N/F		\$90.62	\$90.62	\$70.57	\$70.57
I	95867		****	0-20	N/F		\$33.96	\$33.96	\$33.40	\$33.40
I	95867		****	21-999	N/F		\$32.34	\$32.34	\$31.81	\$31.81
T	95867		****	0-20	N/F		\$61.19	\$61.19	\$40.70	\$40.70
T	95867		****	21-999	N/F		\$58.27	\$58.27	\$38.76	\$38.76
5	95868		****	0-20	N/F		\$119.29	\$119.29	\$104.41	\$104.41
5	95868		****	21-999	N/F		\$113.60	\$113.60	\$99.44	\$99.44
I	95868		****	0-20	N/F		\$50.52	\$50.52	\$50.24	\$50.24
I	95868		****	21-999	N/F		\$48.11	\$48.11	\$47.85	\$47.85
T	95868		****	0-20	N/F		\$68.76	\$68.76	\$54.17	\$54.17
T	95868		****	21-999	N/F		\$65.49	\$65.49	\$51.59	\$51.59

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	95869		****	0-20	N/F		\$71.85	\$71.85	\$64.55	\$64.55
5	95869		****	21-999	N/F		\$68.43	\$68.43	\$61.48	\$61.48
I	95869		****	0-20	N/F		\$15.72	\$15.72	\$15.72	\$15.72
I	95869		****	21-999	N/F		\$14.97	\$14.97	\$14.97	\$14.97
T	95869		****	0-20	N/F		\$56.13	\$56.13	\$48.84	\$48.84
T	95869		****	21-999	N/F		\$53.46	\$53.46	\$46.51	\$46.51
5	95870		****	0-20	N/F		\$75.50	\$75.50	\$69.61	\$69.61
5	95870		****	21-999	N/F		\$71.91	\$71.91	\$66.29	\$66.29
I	95870		****	0-20	N/F		\$16.00	\$16.00	\$15.44	\$15.44
I	95870		****	21-999	N/F		\$15.24	\$15.24	\$14.70	\$14.70
T	95870		****	0-20	N/F		\$59.50	\$59.50	\$54.17	\$54.17
T	95870		****	21-999	N/F		\$56.67	\$56.67	\$51.59	\$51.59
5	95872		****	0-20	N/F		\$167.28	\$167.28	\$156.33	\$156.33
5	95872		****	21-999	N/F		\$159.31	\$159.31	\$148.89	\$148.89
I	95872		****	0-20	N/F		\$123.78	\$123.78	\$122.09	\$122.09
I	95872		****	21-999	N/F		\$117.88	\$117.88	\$116.28	\$116.28
T	95872		****	0-20	N/F		\$43.50	\$43.50	\$34.24	\$34.24
T	95872		****	21-999	N/F		\$41.43	\$41.43	\$32.61	\$32.61
5	95873		****	0-20	N/F		\$59.50	\$59.50	\$58.66	\$58.66
5	95873		****	21-999	N/F		\$56.67	\$56.67	\$55.87	\$55.87
I	95873		****	0-20	N/F		\$16.28	\$16.28	\$16.00	\$16.00
I	95873		****	21-999	N/F		\$15.50	\$15.50	\$15.24	\$15.24
T	95873		****	0-20	N		\$43.22	\$43.22	\$42.66	\$42.66
T	95873		****	21-999	N		\$41.16	\$41.16	\$40.63	\$40.63
5	95874		****	0-20	N/F		\$56.70	\$56.70	\$56.98	\$56.98
5	95874		****	21-999	N/F		\$54.00	\$54.00	\$54.26	\$54.26
I	95874		****	0-20	N/F		\$15.72	\$15.72	\$15.72	\$15.72
I	95874		****	21-999	N/F		\$14.97	\$14.97	\$14.97	\$14.97

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
T	95874		****	0-20	N		\$40.98	\$40.98	\$41.26	\$41.26
T	95874		****	21-999	N		\$39.03	\$39.03	\$39.29	\$39.29
5	95875		****	0-20	N/F		\$105.81	\$105.81	\$95.43	\$95.43
5	95875		****	21-999	N/F		\$100.77	\$100.77	\$90.88	\$90.88
I	95875		****	0-20	N/F		\$47.43	\$47.43	\$46.31	\$46.31
I	95875		****	21-999	N/F		\$45.17	\$45.17	\$44.11	\$44.11
T	95875		****	0-20	N/F		\$58.38	\$58.38	\$49.12	\$49.12
T	95875		****	21-999	N/F		\$55.60	\$55.60	\$46.78	\$46.78
5	95885		****	0-20	N/F		\$50.52	\$50.52	\$46.31	\$46.31
5	95885		****	21-999	N/F		\$48.11	\$48.11	\$44.11	\$44.11
I	95885		****	0-20	N/F		\$15.16	\$15.16	\$14.88	\$14.88
I	95885		****	21-999	N/F		\$14.43	\$14.43	\$14.17	\$14.17
T	95885		****	0-20	N/F		\$35.36	\$35.36	\$31.44	\$31.44
T	95885		****	21-999	N/F		\$33.68	\$33.68	\$29.94	\$29.94
5	95886		****	0-20	N/F		\$69.89	\$69.89	\$71.85	\$71.85
5	95886		****	21-999	N/F		\$66.56	\$66.56	\$68.43	\$68.43
I	95886		****	0-20	N/F		\$30.31	\$30.31	\$36.49	\$36.49
I	95886		****	21-999	N/F		\$28.87	\$28.87	\$34.75	\$34.75
T	95886		****	0-20	N/F		\$39.57	\$39.57	\$35.36	\$35.36
T	95886		****	21-999	N/F		\$37.69	\$37.69	\$33.68	\$33.68
5	95887		****	0-20	N/F		\$58.66	\$58.66	\$64.55	\$64.55
5	95887		****	21-999	N/F		\$55.87	\$55.87	\$61.48	\$61.48
I	95887		****	0-20	N/F		\$19.93	\$19.93	\$30.31	\$30.31
I	95887		****	21-999	N/F		\$18.98	\$18.98	\$28.87	\$28.87
T	95887		****	0-20	N/F		\$38.73	\$38.73	\$34.24	\$34.24
T	95887		****	21-999	N/F		\$36.89	\$36.89	\$32.61	\$32.61
5	95905		****	0-20	N/F		\$58.66	\$58.66	\$56.70	\$56.70
5	95905		****	21-999	N/F		\$55.87	\$55.87	\$54.00	\$54.00

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
I	95905		****	0-20	N/F		\$2.25	\$2.25	\$2.25	\$2.25
I	95905		****	21-999	N/F		\$2.14	\$2.14	\$2.14	\$2.14
T	95905		****	0-20	N		\$56.42	\$56.42	\$54.45	\$54.45
T	95905		****	21-999	N		\$53.73	\$53.73	\$51.86	\$51.86
5	95907		****	0-20	N/F		\$78.03	\$78.03	\$76.90	\$76.90
5	95907		****	21-999	N/F		\$74.31	\$74.31	\$73.24	\$73.24
I	95907		****	0-20	N/F		\$42.66	\$42.66	\$42.38	\$42.38
I	95907		****	21-999	N/F		\$40.63	\$40.63	\$40.36	\$40.36
T	95907		****	0-20	N		\$35.36	\$35.36	\$34.52	\$34.52
T	95907		****	21-999	N		\$33.68	\$33.68	\$32.88	\$32.88
5	95908		****	0-20	N/F		\$96.27	\$96.27	\$98.80	\$98.80
5	95908		****	21-999	N/F		\$91.69	\$91.69	\$94.09	\$94.09
I	95908		****	0-20	N/F		\$53.61	\$53.61	\$53.61	\$53.61
I	95908		****	21-999	N/F		\$51.06	\$51.06	\$51.06	\$51.06
T	95908		****	0-20	N		\$42.66	\$42.66	\$45.19	\$45.19
T	95908		****	21-999	N		\$40.63	\$40.63	\$43.04	\$43.04
5	95909		****	0-20	N/F		\$115.36	\$115.36	\$117.04	\$117.04
5	95909		****	21-999	N/F		\$109.86	\$109.86	\$111.47	\$111.47
I	95909		****	0-20	N/F		\$63.99	\$63.99	\$63.99	\$63.99
I	95909		****	21-999	N/F		\$60.95	\$60.95	\$60.95	\$60.95
T	95909		****	0-20	N		\$51.36	\$51.36	\$53.05	\$53.05
T	95909		****	21-999	N		\$48.92	\$48.92	\$50.52	\$50.52
5	95910		****	0-20	N/F		\$151.84	\$151.84	\$154.93	\$154.93
5	95910		****	21-999	N/F		\$144.61	\$144.61	\$147.55	\$147.55
I	95910		****	0-20	N/F		\$85.60	\$85.60	\$85.32	\$85.32
I	95910		****	21-999	N/F		\$81.53	\$81.53	\$81.26	\$81.26
T	95910		****	0-20	N		\$66.24	\$66.24	\$69.61	\$69.61
T	95910		****	21-999	N		\$63.08	\$63.08	\$66.29	\$66.29

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	95911		****	0-20	N/F		\$183.56	\$183.56	\$184.68	\$184.68
5	95911		****	21-999	N/F		\$174.82	\$174.82	\$175.89	\$175.89
I	95911		****	0-20	N/F		\$106.66	\$106.66	\$106.37	\$106.37
I	95911		****	21-999	N/F		\$101.58	\$101.58	\$101.31	\$101.31
T	95911		****	0-20	N		\$76.90	\$76.90	\$78.31	\$78.31
T	95911		****	21-999	N		\$73.24	\$73.24	\$74.58	\$74.58
5	95912		****	0-20	N/F		\$215.28	\$215.28	\$205.45	\$205.45
5	95912		****	21-999	N/F		\$205.02	\$205.02	\$195.67	\$195.67
I	95912		****	0-20	N/F		\$128.27	\$128.27	\$126.02	\$126.02
I	95912		****	21-999	N/F		\$122.16	\$122.16	\$120.02	\$120.02
T	95912		****	0-20	N		\$87.01	\$87.01	\$79.43	\$79.43
T	95912		****	21-999	N		\$82.86	\$82.86	\$75.65	\$75.65
5	95913		****	0-20	N/F		\$249.24	\$249.24	\$233.80	\$233.80
5	95913		****	21-999	N/F		\$237.37	\$237.37	\$222.67	\$222.67
I	95913		****	0-20	N/F		\$151.84	\$151.84	\$149.32	\$149.32
I	95913		****	21-999	N/F		\$144.61	\$144.61	\$142.21	\$142.21
T	95913		****	0-20	N		\$97.39	\$97.39	\$84.48	\$84.48
T	95913		****	21-999	N		\$92.75	\$92.75	\$80.46	\$80.46
5	95921		****	0-20	N/F		\$74.66	\$74.66	\$69.05	\$69.05
5	95921		****	21-999	N/F		\$71.10	\$71.10	\$65.76	\$65.76
I	95921		****	0-20	N/F		\$37.05	\$37.05	\$36.21	\$36.21
I	95921		****	21-999	N/F		\$35.28	\$35.28	\$34.48	\$34.48
T	95921		****	0-20	N/F		\$37.61	\$37.61	\$32.84	\$32.84
T	95921		****	21-999	N/F		\$35.82	\$35.82	\$31.27	\$31.27
5	95922		****	0-20	N/F		\$89.82	\$89.82	\$79.43	\$79.43
5	95922		****	21-999	N/F		\$85.54	\$85.54	\$75.65	\$75.65
I	95922		****	0-20	N/F		\$39.86	\$39.86	\$38.45	\$38.45
I	95922		****	21-999	N/F		\$37.96	\$37.96	\$36.62	\$36.62

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
T	95922		****	0-20	N/F		\$49.96	\$49.96	\$40.98	\$40.98
T	95922		****	21-999	N/F		\$47.58	\$47.58	\$39.03	\$39.03
5	95923		****	0-20	N/F		\$216.96	\$216.96	\$151.84	\$151.84
5	95923		****	21-999	N/F		\$206.63	\$206.63	\$144.61	\$144.61
I	95923		****	0-20	N/F		\$38.45	\$38.45	\$36.49	\$36.49
I	95923		****	21-999	N/F		\$36.62	\$36.62	\$34.75	\$34.75
T	95923		****	0-20	N/F		\$178.51	\$178.51	\$115.36	\$115.36
T	95923		****	21-999	N/F		\$170.01	\$170.01	\$109.86	\$109.86
5	95924		****	0-20	N/F		\$121.53	\$121.53	\$120.97	\$120.97
5	95924		****	21-999	N/F		\$115.74	\$115.74	\$115.21	\$115.21
I	95924		****	0-20	N/F		\$71.29	\$71.29	\$70.45	\$70.45
I	95924		****	21-999	N/F		\$67.90	\$67.90	\$67.09	\$67.09
T	95924		****	0-20	N		\$50.24	\$50.24	\$50.52	\$50.52
T	95924		****	21-999	N		\$47.85	\$47.85	\$48.11	\$48.11
5	95925		****	0-20	N/F		\$162.51	\$162.51	\$124.62	\$124.62
5	95925		****	21-999	N/F		\$154.77	\$154.77	\$118.68	\$118.68
I	95925		****	0-20	N/F		\$22.73	\$22.73	\$22.45	\$22.45
I	95925		****	21-999	N/F		\$21.65	\$21.65	\$21.38	\$21.38
T	95925		****	0-20	N/F		\$139.77	\$139.77	\$102.16	\$102.16
T	95925		****	21-999	N/F		\$133.12	\$133.12	\$97.30	\$97.30
5	95926		****	0-20	N/F		\$157.18	\$157.18	\$113.95	\$113.95
5	95926		****	21-999	N/F		\$149.69	\$149.69	\$108.53	\$108.53
I	95926		****	0-20	N/F		\$23.30	\$23.30	\$21.61	\$21.61
I	95926		****	21-999	N/F		\$22.19	\$22.19	\$20.58	\$20.58
T	95926		****	0-20	N/F		\$133.88	\$133.88	\$92.34	\$92.34
T	95926		****	21-999	N/F		\$127.50	\$127.50	\$87.94	\$87.94
5	95927		****	0-20	N/F		\$142.30	\$142.30	\$120.69	\$120.69
5	95927		****	21-999	N/F		\$135.52	\$135.52	\$114.94	\$114.94

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
I	95927		****	0-20	N/F		\$22.17	\$22.17	\$21.89	\$21.89
I	95927		****	21-999	N/F		\$21.12	\$21.12	\$20.85	\$20.85
T	95927		****	0-20	N/F		\$120.13	\$120.13	\$98.80	\$98.80
T	95927		****	21-999	N/F		\$114.41	\$114.41	\$94.09	\$94.09
5	95928		****	0-20	N/F		\$244.47	\$244.47	\$205.17	\$205.17
5	95928		****	21-999	N/F		\$232.82	\$232.82	\$195.40	\$195.40
I	95928		****	0-20	N/F		\$64.55	\$64.55	\$63.71	\$63.71
I	95928		****	21-999	N/F		\$61.48	\$61.48	\$60.68	\$60.68
T	95928		****	0-20	N/F		\$179.91	\$179.91	\$141.46	\$141.46
T	95928		****	21-999	N/F		\$171.34	\$171.34	\$134.72	\$134.72
5	95929		****	0-20	N/F		\$245.87	\$245.87	\$204.89	\$204.89
5	95929		****	21-999	N/F		\$234.16	\$234.16	\$195.13	\$195.13
I	95929		****	0-20	N/F		\$64.55	\$64.55	\$62.31	\$62.31
I	95929		****	21-999	N/F		\$61.48	\$61.48	\$59.34	\$59.34
T	95929		****	0-20	N/F		\$181.31	\$181.31	\$142.58	\$142.58
T	95929		****	21-999	N/F		\$172.68	\$172.68	\$135.79	\$135.79
5	95930		****	0-20	N/F		\$135.56	\$135.56	\$101.32	\$101.32
5	95930		****	21-999	N/F		\$129.11	\$129.11	\$96.50	\$96.50
I	95930		****	0-20	N/F		\$14.88	\$14.88	\$14.59	\$14.59
I	95930		****	21-999	N/F		\$14.17	\$14.17	\$13.90	\$13.90
T	95930		****	0-20	N/F		\$120.69	\$120.69	\$86.73	\$86.73
T	95930		****	21-999	N/F		\$114.94	\$114.94	\$82.60	\$82.60
5	95933		****	0-20	N/F		\$76.06	\$76.06	\$66.52	\$66.52
5	95933		****	21-999	N/F		\$72.44	\$72.44	\$63.35	\$63.35
I	95933		****	0-20	N/F		\$25.54	\$25.54	\$24.98	\$24.98
I	95933		****	21-999	N/F		\$24.32	\$24.32	\$23.79	\$23.79
T	95933		****	0-20	N/F		\$50.52	\$50.52	\$41.54	\$41.54
T	95933		****	21-999	N/F		\$48.11	\$48.11	\$39.56	\$39.56

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	95937		****	0-20	N/F		\$65.40	\$65.40	\$65.40	\$65.40
5	95937		****	21-999	N/F		\$62.28	\$62.28	\$62.28	\$62.28
I	95937		****	0-20	N/F		\$27.79	\$27.79	\$27.51	\$27.51
I	95937		****	21-999	N/F		\$26.46	\$26.46	\$26.20	\$26.20
T	95937		****	0-20	N/F		\$37.61	\$37.61	\$37.89	\$37.89
T	95937		****	21-999	N/F		\$35.82	\$35.82	\$36.09	\$36.09
5	95938		****	0-20	N/F		\$275.34	\$275.34	\$270.01	\$270.01
5	95938		****	21-999	N/F		\$262.23	\$262.23	\$257.15	\$257.15
I	95938		****	0-20	N/F		\$37.05	\$37.05	\$36.21	\$36.21
I	95938		****	21-999	N/F		\$35.28	\$35.28	\$34.48	\$34.48
T	95938		****	0-20	N/F		\$238.29	\$238.29	\$233.80	\$233.80
T	95938		****	21-999	N/F		\$226.94	\$226.94	\$222.67	\$222.67
5	95939		****	0-20	N/F		\$420.17	\$420.17	\$398.27	\$398.27
5	95939		****	21-999	N/F		\$400.16	\$400.16	\$379.31	\$379.31
I	95939		****	0-20	N/F		\$96.83	\$96.83	\$96.55	\$96.55
I	95939		****	21-999	N/F		\$92.22	\$92.22	\$91.95	\$91.95
T	95939		****	0-20	N/F		\$323.33	\$323.33	\$301.72	\$301.72
T	95939		****	21-999	N/F		\$307.94	\$307.94	\$287.35	\$287.35
5	95940		****	0-20	F		\$26.10	\$26.10	\$26.10	\$26.10
5	95940		****	21-999	F		\$24.86	\$24.86	\$24.86	\$24.86
5	95941		****	0-20	F		\$130.71	\$130.71	\$130.71	\$130.71
5	95941		****	21-999	F		\$130.71	\$130.71	\$130.71	\$130.71
5	95943		****	0-20	N/F		\$148.62	\$148.62	\$87.40	\$87.40
5	95943		****	21-999	N/F		\$148.62	\$148.62	\$87.40	\$87.40
I	95943		****	0-20	N/F		\$73.77	\$73.77	\$45.85	\$45.85
I	95943		****	21-999	N/F		\$73.77	\$73.77	\$45.85	\$45.85
T	95943		****	0-20	N		\$74.84	\$74.84	\$41.99	\$41.99
T	95943		****	21-999	N		\$74.84	\$74.84	\$41.99	\$41.99

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	95950		****	0-20	N/F		\$288.53	\$288.53	\$260.18	\$260.18
5	95950		****	21-999	N/F		\$274.79	\$274.79	\$247.79	\$247.79
I	95950		****	0-20	N/F		\$64.84	\$64.84	\$63.43	\$63.43
I	95950		****	21-999	N/F		\$61.75	\$61.75	\$60.41	\$60.41
T	95950		****	0-20	N/F		\$223.70	\$223.70	\$196.75	\$196.75
T	95950		****	21-999	N/F		\$213.04	\$213.04	\$187.38	\$187.38
5	95951		****	0-20	N/F		\$1,586.89	\$1,586.89	\$1,493.09	\$1,493.09
5	95951		****	21-999	N/F		\$1,511.31	\$1,511.31	\$1,421.98	\$1,421.98
I	95951		****	0-20	N/F		\$263.83	\$263.83	\$259.90	\$259.90
I	95951		****	21-999	N/F		\$251.27	\$251.27	\$247.52	\$247.52
T	95951		****	0-20	N		\$1,290.19	\$1,290.19	\$1,361.80	\$1,361.80
T	95951		****	21-999	N		\$1,228.75	\$1,228.75	\$1,374.18	\$1,374.18
5	95953		****	0-20	N/F		\$365.72	\$365.72	\$331.19	\$331.19
5	95953		****	21-999	N/F		\$348.30	\$348.30	\$315.42	\$315.42
I	95953		****	0-20	N/F		\$132.20	\$132.20	\$130.51	\$130.51
I	95953		****	21-999	N/F		\$125.90	\$125.90	\$124.30	\$124.30
T	95953		****	0-20	N		\$233.52	\$233.52	\$200.68	\$200.68
T	95953		****	21-999	N		\$222.40	\$222.40	\$191.12	\$191.12
5	95954		****	0-20	N/F		\$393.78	\$393.78	\$363.47	\$363.47
5	95954		****	21-999	N/F		\$375.03	\$375.03	\$346.16	\$346.16
I	95954		****	0-20	N/F		\$99.92	\$99.92	\$99.08	\$99.08
I	95954		****	21-999	N/F		\$95.16	\$95.16	\$94.36	\$94.36
T	95954		****	0-20	N/F		\$293.86	\$293.86	\$264.39	\$264.39
T	95954		****	21-999	N/F		\$279.87	\$279.87	\$251.80	\$251.80
5	95955		****	0-20	F		\$197.03	\$197.03	\$168.96	\$168.96
5	95955		****	21-999	F		\$187.65	\$187.65	\$160.92	\$160.92
5	95956		****	0-20	N/F		\$1,436.20	\$1,436.20	\$1,321.12	\$1,321.12
5	95956		****	21-999	N/F		\$1,367.80	\$1,367.80	\$1,258.20	\$1,258.20

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
I	95956		****	0-20	N/F		\$154.37	\$154.37	\$152.40	\$152.40
I	95956		****	21-999	N/F		\$147.02	\$147.02	\$145.15	\$145.15
T	95956		****	0-20	N/F		\$1,281.83	\$1,281.83	\$1,168.72	\$1,168.72
T	95956		****	21-999	N/F		\$1,220.78	\$1,220.78	\$1,113.06	\$1,113.06
5	95957		****	0-20	N/F		\$384.24	\$384.24	\$250.36	\$250.36
I	95957		****	0-20	N/F		\$85.04	\$85.04	\$83.64	\$83.64
T	95957		****	0-20	N		\$299.20	\$299.20	\$166.72	\$166.72
5	95958		****	0-20	N/F		\$483.88	\$483.88	\$460.02	\$460.02
5	95958		****	21-999	N/F		\$460.83	\$460.83	\$438.11	\$438.11
I	95958		****	0-20	N/F		\$180.19	\$180.19	\$178.51	\$178.51
I	95958		****	21-999	N/F		\$171.61	\$171.61	\$170.01	\$170.01
T	95958		****	0-20	N/F		\$303.69	\$303.69	\$281.51	\$281.51
T	95958		****	21-999	N/F		\$289.22	\$289.22	\$268.11	\$268.11
5	95970		****	0-20	N		\$59.22	\$59.22	\$53.05	\$53.05
5	95970		****	0-20	F		\$19.65	\$19.65	\$19.09	\$19.09
5	95970		****	21-999	N		\$56.40	\$56.40	\$50.52	\$50.52
5	95970		****	21-999	F		\$18.71	\$18.71	\$18.18	\$18.18
5	95971		****	0-20	N		\$49.68	\$49.68	\$45.47	\$45.47
5	95971		****	0-20	F		\$33.12	\$33.12	\$32.28	\$32.28
5	95971		****	21-999	N		\$47.31	\$47.31	\$43.30	\$43.30
5	95971		****	21-999	F		\$31.54	\$31.54	\$30.74	\$30.74
5	95972		****	0-20	N		\$90.66	\$90.66	\$43.78	\$43.78
5	95972		****	0-20	F		\$90.66	\$90.66	\$33.12	\$33.12
5	95972		****	21-999	N		\$86.34	\$86.34	\$41.70	\$41.70
5	95972		****	21-999	F		\$86.34	\$86.34	\$31.54	\$31.54
5	95973		****	0-20	N		\$51.92	\$51.92	\$49.96	\$49.96
5	95973		****	0-20	F		\$39.57	\$39.57	\$38.73	\$38.73
5	95973		****	21-999	N		\$49.45	\$49.45	\$47.58	\$47.58

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	95973		****	21-999	F		\$37.69	\$37.69	\$36.89	\$36.89
5	95974		****	0-20	N		\$169.53	\$169.53	\$164.75	\$164.75
5	95974		****	0-20	F		\$131.64	\$131.64	\$130.51	\$130.51
5	95974		****	21-999	N		\$161.45	\$161.45	\$156.91	\$156.91
5	95974		****	21-999	F		\$125.37	\$125.37	\$124.30	\$124.30
5	95975		****	0-20	N		\$90.66	\$90.66	\$88.69	\$88.69
5	95975		****	0-20	F		\$74.38	\$74.38	\$74.10	\$74.10
5	95975		****	21-999	N		\$86.34	\$86.34	\$84.47	\$84.47
5	95975		****	21-999	F		\$70.84	\$70.84	\$70.57	\$70.57
5	95978		****	0-20	N		\$206.29	\$206.29	\$197.59	\$197.59
5	95978		****	0-20	F		\$156.90	\$156.90	\$153.25	\$153.25
5	95978		****	21-999	N		\$196.47	\$196.47	\$188.18	\$188.18
5	95978		****	21-999	F		\$149.42	\$149.42	\$145.95	\$145.95
5	95979		****	0-20	N		\$88.41	\$88.41	\$85.89	\$85.89
5	95979		****	0-20	F		\$72.41	\$72.41	\$71.57	\$71.57
5	95979		****	21-999	N		\$84.20	\$84.20	\$81.80	\$81.80
5	95979		****	21-999	F		\$68.96	\$68.96	\$68.16	\$68.16
5	95980		****	0-20	N/F		\$38.17	\$38.17	\$36.77	\$36.77
5	95981		****	0-20	N		\$27.79	\$27.79	\$25.26	\$25.26
5	95981		****	0-20	F		\$14.59	\$14.59	\$14.03	\$14.03
5	95982		****	0-20	N		\$43.78	\$43.78	\$41.82	\$41.82
5	95982		****	0-20	F		\$29.47	\$29.47	\$29.19	\$29.19
5	95999		****	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
5	95999		****	21-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
4	96000		****	0-20	N/F		\$81.11	\$81.11	\$75.50	\$75.50
4	96001		****	0-20	N/F		\$80.55	\$80.55	\$80.55	\$80.55

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
4	96002		****	0-20	N/F		\$17.40	\$17.40	\$17.40	\$17.40
4	96003		****	0-20	N/F		\$15.72	\$15.72	\$15.16	\$15.16
5	P9012		cryoprecipitate, each unit	0-20	N		\$45.96	\$45.96	\$39.57	\$39.57
5	P9012		cryoprecipitate, each unit	21-999	N		\$45.96	\$45.96	\$39.57	\$39.57
I	P9012		cryoprecipitate, each unit	0-20	F		\$45.96	\$45.96	\$39.57	\$39.57
I	P9012		cryoprecipitate, each unit	21-999	F		\$45.96	\$45.96	\$39.57	\$39.57
5	Q3031		collagen skin test	0-20	N/F		\$12.07	\$12.07	\$12.07	\$12.07
5	Q3031		collagen skin test	21-999	N/F		\$11.49	\$11.49	\$11.49	\$11.49
5	S3722		dose optimization by area under the curve (auc) analysis, for infusional 5-fluorouracil	0-20	N/F		\$294.00	\$294.00	\$294.00	\$294.00
5	S3722		dose optimization by area under the curve (auc) analysis, for infusional 5-fluorouracil	21-999	N/F		\$294.00	\$294.00	\$294.00	\$294.00
5	S3800		genetic testing for amyotrophic lateral sclerosis (als)	0-20	N/F		\$90.37	\$90.37	\$90.37	\$90.37
5	S3800		genetic testing for amyotrophic lateral sclerosis (als)	21-999	N/F		\$90.37	\$90.37	\$90.37	\$90.37
5	S3840		dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	0-20	N		\$251.66	\$251.66	\$251.66	\$251.66
5	S3840		dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	21-999	N		\$251.66	\$251.66	\$251.66	\$251.66
5	S3841		genetic testing for retinoblastoma	0-20	N		\$799.68	\$799.68	\$799.68	\$799.68
5	S3841		genetic testing for retinoblastoma	21-999	N		\$799.68	\$799.68	\$799.68	\$799.68
5	S3842		genetic testing for von hippel-lindau disease	0-20	N		\$467.46	\$467.46	\$467.46	\$467.46

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	S3842		genetic testing for von hippel-lindau disease	21-999	N		\$467.46	\$467.46	\$467.46	\$467.46
5	S3844		dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	0-20	N		\$252.84	\$252.84	\$252.84	\$252.84
5	S3844		dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	21-999	N		\$252.84	\$252.84	\$252.84	\$252.84
5	S3846		genetic testing for hemoglobin e beta-thalassemia	0-20	N		\$348.15	\$348.15	\$348.15	\$348.15
5	S3846		genetic testing for hemoglobin e beta-thalassemia	21-999	N		\$348.15	\$348.15	\$348.15	\$348.15
5	S3849		genetic testing for niemann-pick disease	0-20	N		\$135.24	\$135.24	\$135.24	\$135.24
5	S3849		genetic testing for niemann-pick disease	21-999	N		\$135.24	\$135.24	\$135.24	\$135.24
5	S3850		genetic testing for sickle cell anemia	0-20	N		\$248.68	\$248.68	\$248.68	\$248.68
5	S3850		genetic testing for sickle cell anemia	21-999	N		\$248.68	\$248.68	\$248.68	\$248.68
5	S3853		genetic testing for myotonic muscular dystrophy	0-20	N		\$88.56	\$88.56	\$90.37	\$90.37
5	S3853		genetic testing for myotonic muscular dystrophy	21-999	N		\$88.56	\$88.56	\$90.37	\$90.37

*Type of Service (TOS)	
3	Consultation
4	Radiology
5	Laboratory
D	TB Clinic
I	Professional Component

CFR ATTACHMENT 1 - NONCLINICAL LABORATORY SERVICES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
S	Texas Health Steps Medical									
T	Technical Component									
**Modifier										
***Provider Type (PT)/Provider Specialty (PS)										
AB/AC	TB Clinic (Individual and Group)									

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CFR ATTACHMENT 2 - S CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	S0620		routine ophthalmological examination including refraction; new patient	0-20	N		\$68.48	\$68.48	\$68.48	\$68.48
1	S0620		routine ophthalmological examination including refraction; new patient	0-20	F		\$39.86	\$39.86	\$39.86	\$39.86
1	S0620		routine ophthalmological examination including refraction; new patient	21-999	N		\$65.22	\$65.22	\$65.22	\$65.22
1	S0620		routine ophthalmological examination including refraction; new patient	21-999	F		\$37.96	\$37.96	\$37.96	\$37.96
1	S0621		routine ophthalmological examination including refraction; established patient	0-20	N		\$72.13	\$72.13	\$72.13	\$72.13
1	S0621		routine ophthalmological examination including refraction; established patient	0-20	F		\$43.78	\$43.78	\$43.78	\$43.78
1	S0621		routine ophthalmological examination including refraction; established patient	21-999	N		\$68.70	\$68.70	\$68.70	\$68.70
1	S0621		routine ophthalmological examination including refraction; established patient	21-999	F		\$41.70	\$41.70	\$41.70	\$41.70
2	S2053		transplantation of small intestine and liver allografts	0-20	F		\$7,000.39	\$7,000.39	\$6,926.42	\$6,926.42
8	S2053		transplantation of small intestine and liver allografts	0-20	F		\$1,120.06	\$1,120.06	\$1,108.23	\$1,108.23
2	S2068		breast reconstruction with deep inferior epigastric perforator (diep) flap or superficial inferior epigastric artery (siew) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	0-999	F		\$16,687.05	\$16,687.05	\$16,687.05	\$16,687.05
8	S2068		breast reconstruction with deep inferior epigastric perforator (diep) flap or superficial inferior epigastric artery (siew) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	0-999	F		\$2,669.93	\$2,669.93	\$2,669.93	\$2,669.93
2	S2079		laparoscopic esophagomyotomy (heller type)	0-20	F		\$1,021.65	\$1,021.65	\$1,005.65	\$1,005.65
2	S2079		laparoscopic esophagomyotomy (heller type)	21-999	F		\$972.99	\$972.99	\$957.75	\$957.75
2	S2095		transcatheter occlusion or embolization for tumor destruction, percutaneous any method, using yttrium - 90 microspheres	0-20	F		\$636.84	\$636.84	\$1,315.23	\$1,315.23
2	S2095		transcatheter occlusion or embolization for tumor destruction, percutaneous any method, using yttrium - 90 microspheres	21-999	F		\$606.52	\$606.52	\$1,252.59	\$1,252.59
2	S2118		metal-on-metal total hip resurfacing, including acetabular and femoral components	0-20	F		\$1,199.87	\$1,199.87	\$1,550.71	\$1,550.71
2	S2118		metal-on-metal total hip resurfacing, including acetabular and femoral components	21-999	F		\$1,142.73	\$1,142.73	\$1,476.86	\$1,476.86
2	S2142		cord blood-derived stem-cell transplantation, allogeneic	0-20	F		\$136.41	\$136.41	\$66.24	\$66.24

CFR ATTACHMENT 2 - S CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
2	S2142		cord blood-derived stem-cell transplantation, allogeneic	21-999	F		\$129.91	\$129.91	\$63.08	\$63.08
2	S2225		myringotomy, laser-assisted	0-20	F		\$114.79	\$114.79	\$97.39	\$97.39
2	S2225		myringotomy, laser-assisted	21-999	F		\$109.33	\$109.33	\$92.75	\$92.75
2	S2235		implantation of auditory brain stem implant	0-20	F		\$797.11	\$797.11	\$1,073.57	\$1,073.57
2	S2235		implantation of auditory brain stem implant	21-999	F		\$759.15	\$759.15	\$1,022.44	\$1,022.44
8	S2235		implantation of auditory brain stem implant	0-20	F		\$122.46	\$120.01	\$171.77	\$171.77
8	S2235		implantation of auditory brain stem implant	21-999	F		\$116.63	\$114.30	\$163.59	\$163.59
2	S2325		hip core decompression	0-20	F		\$765.39	\$765.39	\$737.04	\$737.04
2	S2325		hip core decompression	21-999	F		\$728.94	\$728.94	\$701.94	\$701.94
8	S2325		hip core decompression	0-20	F		\$122.46	\$122.46	\$117.88	\$117.88
8	S2325		hip core decompression	21-999	F		\$116.63	\$116.63	\$112.27	\$112.27
2	S2401		repair, urinary tract obstruction in the fetus, procedure performed in utero	0-20	F		\$1,195.10	\$1,195.10	\$786.30	\$786.30
8	S2401		repair, urinary tract obstruction in the fetus, procedure performed in utero	0-20	F		\$191.22	\$191.22	\$125.81	\$125.81
2	S2402		repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	0-20	F		\$1,231.31	\$1,231.31	\$1,627.34	\$1,627.34
8	S2402		repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	0-20	F		\$197.01	\$197.01	\$260.46	\$260.46
2	S2403		repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	0-20	F		\$1,519.28	\$1,519.28	\$1,627.34	\$1,627.34
8	S2403		repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	0-20	F		\$243.08	\$243.08	\$260.46	\$260.46
2	S2405		repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	0-20	F		\$1,463.14	\$1,463.14	\$2,156.40	\$2,156.40
8	S2405		repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	0-20	F		\$234.10	\$234.10	\$344.95	\$344.95
2	S2409		repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	0-20	F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
8	S2409		repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	0-20	F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
2	S2411		fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	0-20	F		\$575.94	\$575.94	\$360.95	\$360.95
8	S2411		fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	0-20	F		\$92.15	\$92.15	\$57.75	\$57.75
2	S8030		scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	0-20	F		\$1,275.65	\$1,275.65	\$936.18	\$936.18
2	S8030		scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	21-999	F		\$1,275.65	\$1,275.65	\$921.97	\$921.97
1	S9441		asthma education, non-physician provider, per session	0-20	NF		\$23.86	\$23.86	\$22.17	\$22.17

CFR ATTACHMENT 2 - S CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	S9470		nutritional counseling, dietitian visit	0-20	N		\$58.38	\$58.38	\$55.02	\$55.02
1	S9470		nutritional counseling, dietitian visit	0-20	F		\$58.38	\$58.38	\$51.64	\$51.64
E	S0515		scleral lens, liquid bandage device, per lens	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	S1015		iv tubing extension set	0-999	N		\$10.50	\$9.19	\$10.50	\$10.50
9	S1040		cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	0-999	N		\$2,418.18	\$2,369.82	\$2,418.18	\$2,418.18
9	S5036		home infusion therapy, repair of infusion device (e.g. pump repair)	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	S8101		holding chamber or spacer for use with an inhaler or nebulizer with mask	0-999	N		\$37.00	\$34.04	\$30.34	\$30.34
J	S8185		flutter device	0-999	N		\$40.92	\$37.65	\$61.50	\$61.50
J	S8189		tracheostomy supply, not otherwise classified	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	S8262		mandibular orthopedic repositioning device, each	0-999	N/F		\$900.00	\$882.00	\$871.44	\$871.44
9	S8265		haberman feeder for cleft lip/palate	0-999	N		\$28.54	\$27.97	\$49.08	\$49.08
J	S8270		enuresis alarm, using auditory buzzer and/or vibration device	0-999	N		\$64.31	\$63.02	\$64.31	\$64.31
9	S8415		supplies for home delivery of infant	0-20	N		\$75.00	\$73.50	\$75.00	\$75.00
9	S8420		gradient pressure aid (sleeve and glove combination), custom made	0-20	N		\$409.59	\$401.40	\$335.86	\$335.86
9	S8421		gradient pressure aid (sleeve and glove combination), ready made	0-20	N		\$80.00	\$78.40	\$109.88	\$109.88
9	S8422		gradient pressure aid (sleeve), custom made, medium weight	0-20	N		\$357.93	\$350.77	\$293.50	\$293.50
9	S8423		gradient pressure aid (sleeve), custom made, heavy weight	0-20	N		\$257.07	\$251.93	\$210.80	\$210.80
9	S8424		gradient pressure aid (sleeve), ready made	0-20	N		\$30.00	\$29.40	\$62.24	\$62.24
9	S8425		gradient pressure aid (glove), custom made, medium weight	0-20	N		\$168.51	\$165.14	\$138.18	\$138.18
9	S8426		gradient pressure aid (glove), custom made, heavy weight	0-20	N		\$174.00	\$170.52	\$142.68	\$142.68
9	S8427		gradient pressure aid (glove), ready made	0-20	N		\$57.20	\$56.06	\$46.90	\$46.90
9	S8428		gradient pressure aid (gauntlet), ready made	0-20	N		\$42.00	\$41.16	\$72.70	\$72.70
9	S8429		gradient pressure exterior wrap	0-20	N		\$20.00	\$19.60	\$16.40	\$16.40
9	S8450		splint, prefabricated, digit (specify digit by use of modifier)	0-20	N		\$8.00	\$7.84	\$6.56	\$6.56
9	S8451		splint, prefabricated, wrist or ankle	0-20	N		\$20.00	\$18.40	\$20.00	\$20.00
9	S8452		splint, prefabricated, elbow	0-20	N		\$22.00	\$21.56	\$18.04	\$18.04
J	S8999		resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	0-999	N		\$58.26	\$53.60	\$58.26	\$58.26

*Type of Service (TOS)	
1	Medical Services
2	Surgery
8	Assistant Surgery

CFR ATTACHMENT 2 - S CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	Other Durable Medical Equipment (DME)									
E	Eyeglasses									

CFR ATTACHMENT 3 - PHYSICIAN-ADMINISTERED DRUGS - ONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J0129		injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	0-999	N/F		\$32.21	\$32.21	\$33.15	\$33.15
1	J0171		injection, adrenalin, epinephrine, 0.1 mg	0-999	N/F		\$0.15	\$0.15	\$0.14	\$0.14
1	J0207		injection, amifostine, 500 mg	0-999	N/F		\$294.47	\$294.47	\$479.05	\$479.05
1	J0461		injection, atropine sulfate, 0.01 mg	0-999	N/F		\$0.04	\$0.04	\$0.05	\$0.05
1	J0600		injection, edetate calcium disodium, up to 1000 mg	0-999	N/F		\$1,679.96	\$1,679.96	\$3,063.72	\$3,063.72
1	J0610		injection, calcium gluconate, per 10 ml	0-999	N/F		\$1.39	\$1.39	\$2.07	\$2.07
1	J0640		injection, leucovorin calcium, per 50 mg	0-999	N/F		\$4.05	\$4.05	\$3.99	\$3.99
1	J0641		injection, levoleucovorin calcium, 0.5 mg	0-999	N/F		\$1.72	\$1.72	\$1.75	\$1.75
1	J0692		injection, cefepime hydrochloride, 500 mg	0-999	N/F		\$2.38	\$2.38	\$2.52	\$2.52
1	J0696		injection, ceftriaxone sodium, per 250 mg	0-999	N/F		\$0.66	\$0.66	\$0.68	\$0.68
1	J0713		injection, ceftazidime, per 500 mg	0-999	N/F		\$2.02	\$2.02	\$2.06	\$2.06
1	J0743		injection, cilastatin sodium; imipenem, per 250 mg	0-999	N/F		\$5.35	\$5.35	\$5.12	\$5.12
1	J0744		injection, ciprofloxacin for intravenous infusion, 200 mg	0-999	N/F		\$1.18	\$1.18	\$1.10	\$1.10
1	J0780		injection, prochlorperazine, up to 10 mg	0-999	N/F		\$9.80	\$9.80	\$13.84	\$13.84
1	J0881		injection, darbepoetin alfa, 1 microgram (non-esrd use)	0-999	N/F		\$3.70	\$3.70	\$3.90	\$3.90
1	J0885		injection, epoetin alfa, (for non-esrd use), 1000 units	0-999	N/F		\$11.38	\$11.38	\$11.89	\$11.89
1	J0894		injection, decitabine, 1 mg	0-999	N/F		\$29.40	\$29.40	\$27.27	\$27.27
1	J0895		injection, deferoxamine mesylate, 500 mg	0-999	N/F		\$8.21	\$8.21	\$8.93	\$8.93
1	J0897		injection, denosumab, 1 mg	0-999	N/F		\$14.44	\$14.44	\$14.69	\$14.69

CFR ATTACHMENT 3 - PHYSICIAN-ADMINISTERED DRUGS - ONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J1030		injection, methylprednisolone acetate, 40 mg	0-999	N/F		\$3.14	\$3.14	\$3.35	\$3.35
1	J1040		injection, methylprednisolone acetate, 80 mg	0-999	N/F		\$5.95	\$5.95	\$6.15	\$6.15
1	J1100		injection, dexamethasone sodium phosphate, 1mg	0-999	N/F		\$0.15	\$0.15	\$0.15	\$0.15
1	J1120		injection, acetazolamide sodium, up to 500 mg	0-999	N/F		\$23.26	\$23.26	\$21.40	\$21.40
1	J1170		injection, hydromorphone, up to 4 mg	0-999	N/F		\$2.01	\$2.01	\$2.13	\$2.13
1	J1190		injection, dexrazoxane hydrochloride, per 250 mg	0-999	N/F		\$141.05	\$141.05	\$138.61	\$138.61
1	J1200		injection, diphenhydramine hcl, up to 50 mg	0-999	N/F		\$0.61	\$0.61	\$0.60	\$0.60
1	J1260		injection, dolasetron mesylate, 10 mg	0-999	N/F		\$5.72	\$5.72	\$6.76	\$6.76
1	J1300		injection, eculizumab, 10 mg	0-999	N/F		\$206.14	\$206.14	\$210.35	\$210.35
1	J1410		injection, estrogen conjugated, per 25 mg	0-999	N/F		\$173.60	\$173.60	\$190.66	\$190.66
1	J1453		injection, fosaprepitant, 1 mg	0-999	N/F		\$1.72	\$1.72	\$1.73	\$1.73
1	J1459		injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg	0-999	N/F		\$37.07	\$37.07	\$36.66	\$36.66
1	J1561		injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g. liquid), 500 mg	0-999	N/F		\$40.32	\$40.32	\$40.22	\$40.22
1	J1566		injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg	0-999	N/F		\$28.71	\$28.71	\$26.73	\$26.73

CFR ATTACHMENT 3 - PHYSICIAN-ADMINISTERED DRUGS - ONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J1568		injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	0-999	N/F		\$31.96	\$31.96	\$36.87	\$36.87
1	J1569		injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	0-999	N/F		\$39.68	\$39.68	\$39.15	\$39.15
1	J1572		injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g. liquid), 500 mg	0-999	N/F		\$38.80	\$38.80	\$36.14	\$36.14
1	J1626		injection, granisetron hydrochloride, 100 mcg	0-999	N/F		\$0.45	\$0.45	\$0.49	\$0.49
1	J1630		injection, haloperidol, up to 5 mg	0-999	N/F		\$1.68	\$1.68	\$2.79	\$2.79
1	J1642		injection, heparin sodium, (heparin lock flush), per 10 units	0-999	N/F		\$0.18	\$0.18	\$0.19	\$0.19
1	J1644		injection, heparin sodium, per 1000 units	0-999	N/F		\$0.21	\$0.21	\$0.18	\$0.18
1	J1645		injection, dalteparin sodium, per 2500 iu	0-999	N/F		\$14.12	\$14.12	\$12.86	\$12.86
1	J1650		injection, enoxaparin sodium, 10 mg	0-999	N/F		\$1.93	\$1.93	\$1.55	\$1.55
1	J1652		injection, fondaparinux sodium, 0.5 mg	0-999	N/F		\$4.16	\$4.16	\$3.89	\$3.89
1	J1720		injection, hydrocortisone sodium succinate, up to 100 mg	0-999	N/F		\$5.77	\$5.77	\$6.35	\$6.35
1	J1740		injection, ibandronate sodium, 1 mg	0-999	N/F		\$160.36	\$160.36	\$123.88	\$123.88
1	J1745		injection infliximab, 10 mg	0-999	N/F		\$72.05	\$72.05	\$74.11	\$74.11
1	J1750		injection, iron dextran, 50 mg	0-999	N/F		\$11.83	\$11.83	\$12.12	\$12.12
1	J1756		injection, iron sucrose, 1 mg	0-999	N/F		\$0.31	\$0.31	\$0.21	\$0.21
1	J1756		injection, iron sucrose, 1 mg	0-999	N/F	72	\$0.31	\$0.31	\$0.21	\$0.21
1	J1756		injection, iron sucrose, 1 mg	0-999	N/F	73	\$0.31	\$0.31	\$0.21	\$0.21
1	J1790		injection, droperidol, up to 5 mg	0-999	N/F		\$2.14	\$2.14	\$2.14	\$2.14

CFR ATTACHMENT 3 - PHYSICIAN-ADMINISTERED DRUGS - ONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J1940		injection, furosemide, up to 20 mg	0-999	N/F		\$5.30	\$5.30	\$4.77	\$4.77
1	J1956		injection, levofloxacin, 250 mg	0-999	N/F		\$2.46	\$2.46	\$2.18	\$2.18
1	J2060		injection, lorazepam, 2 mg	0-999	N/F		\$0.67	\$0.67	\$0.70	\$0.70
1	J2150		injection, mannitol, 25% in 50 ml	0-999	N/F		\$1.99	\$1.99	\$1.74	\$1.74
1	J2175		injection, meperidine hydrochloride, per 100 mg	0-999	N/F		\$5.05	\$5.05	\$5.00	\$5.00
1	J2250		injection, midazolam hydrochloride, per 1 mg	0-20	N/F		\$0.12	\$0.12	\$0.13	\$0.13
1	J2270		injection, morphine sulfate, up to 10 mg	0-999	N/F		\$2.03	\$2.03	\$1.81	\$1.81
1	J2310		injection, naloxone hydrochloride, per 1 mg	0-999	N/F		\$48.44	\$48.44	\$35.93	\$35.93
1	J2323		injection, natalizumab, 1 mg	0-999	N/F		\$14.95	\$14.95	\$15.49	\$15.49
1	J2353		injection, octreotide, depot form for intramuscular injection, 1 mg	0-999	N/F		\$140.48	\$140.48	\$143.32	\$143.32
1	J2354		injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	0-999	N/F		\$1.10	\$1.10	\$1.14	\$1.14
1	J2355		injection, oprelvekin, 5 mg	0-999	N/F		\$317.39	\$317.39	\$322.70	\$322.70
1	J2405		injection, ondansetron hydrochloride, per 1 mg	0-999	N/F		\$0.09	\$0.09	\$0.08	\$0.08
1	J2430		injection, pamidronate disodium, per 30 mg	0-999	N/F		\$11.01	\$11.01	\$12.97	\$12.97
1	J2469		injection, palonosetron hcl, 25 mcg	0-999	N/F		\$19.26	\$19.26	\$20.15	\$20.15
1	J2505		injection, pegfilgrastim, 6 mg	0-999	N/F		\$3,368.78	\$3,368.78	\$3,495.46	\$3,495.46
1	J2545		pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg	0-999	N/F		\$86.91	\$86.91	\$97.37	\$97.37

CFR ATTACHMENT 3 - PHYSICIAN-ADMINISTERED DRUGS - ONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J2550		injection, promethazine hcl, up to 50 mg	0-999	N/F		\$1.58	\$1.58	\$1.56	\$1.56
1	J2597		injection, desmopressin acetate, per 1 mcg	0-999	N/F		\$5.16	\$5.16	\$5.04	\$5.04
1	J2765		injection, metoclopramide hcl, up to 10 mg	0-999	N/F		\$0.80	\$0.80	\$0.73	\$0.73
1	J2780		injection, ranitidine hydrochloride, 25 mg	0-999	N/F		\$1.21	\$1.21	\$1.08	\$1.08
1	J2792		injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	0-999	N/F		\$18.96	\$18.96	\$18.64	\$18.64
1	J2796		injection, romiplostim, 10 micrograms	0-999	N/F		\$53.31	\$53.31	\$54.99	\$54.99
1	J2820		injection, sargramostim (gm-csf), 50 mcg	0-999	N/F		\$33.37	\$33.37	\$33.15	\$33.15
1	J2916		injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	0-999	N/F		\$2.56	\$2.56	\$2.77	\$2.77
1	J2920		injection, methylprednisolone sodium succinate, up to 40 mg	0-999	N/F		\$1.93	\$1.93	\$2.05	\$2.05
1	J2930		injection, methylprednisolone sodium succinate, up to 125 mg	0-999	N/F		\$2.90	\$2.90	\$2.97	\$2.97
1	J2997		injection, alteplase recombinant, 1 mg	0-999	N/F		\$63.73	\$63.73	\$68.19	\$68.19
1	J3010		injection, fentanyl citrate, 0.1 mg	0-999	N/F		\$0.54	\$0.54	\$0.57	\$0.57
1	J3240		injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	0-999	N/F		\$1,431.81	\$1,431.81	\$1,428.67	\$1,428.67
1	J3315		injection, triptorelin pamoate, 3.75 mg	0-999	N/F		\$185.89	\$185.89	\$169.45	\$169.45
1	J3360		injection, diazepam, up to 5 mg	0-999	N/F		\$4.64	\$4.64	\$4.60	\$4.60
1	J3365		injection, iv, urokinase, 250,000 i.u. vial	0-999	N/F		\$457.73	\$457.73	\$457.73	\$457.73
1	J3370		injection, vancomycin hcl, 500 mg	0-999	N/F		\$2.30	\$2.30	\$2.06	\$2.06
1	J3420		injection, vitamin b-12 cyanocobalamin, up to 1000 mcg	0-999	N/F		\$2.20	\$2.20	\$3.32	\$3.32
1	J3430		injection, phytonadione (vitamin k), per 1 mg	0-999	N/F		\$1.19	\$1.19	\$2.94	\$2.94

CFR ATTACHMENT 3 - PHYSICIAN-ADMINISTERED DRUGS - ONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J3470		injection, hyaluronidase, up to 150 units	0-999	N/F		\$24.00	\$24.00	\$24.00	\$24.00
1	J3475		injection, magnesium sulfate, per 500 mg	0-999	N/F		\$0.20	\$0.20	\$0.23	\$0.23
1	J3480		injection, potassium chloride, per 2 meq	0-999	N/F		\$0.12	\$0.12	\$0.13	\$0.13
1	J3490		unclassified drugs	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	J7040		infusion, normal saline solution, sterile (500 ml=1 unit)	0-20	N/F		\$0.69	\$0.69	\$0.74	\$0.74
1	J7042		5% dextrose/normal saline (500 ml = 1 unit)	0-20	N/F		\$0.59	\$0.59	\$0.57	\$0.57
1	J7050		infusion, normal saline solution , 250 cc	0-20	N/F		\$0.35	\$0.35	\$0.37	\$0.37
1	J7060		5% dextrose/water (500 ml = 1 unit)	0-20	N/F		\$1.23	\$1.23	\$1.28	\$1.28
1	J7070		infusion, d5w, 1000 cc	0-20	N/F		\$2.43	\$2.43	\$2.43	\$2.43
1	J7187		injection, von willebrand factor complex (humate-p), per iu vwf:rco	0-999	N/F		\$0.95	\$0.95	\$0.96	\$0.96
1	J7190		factor viii (antihemophilic factor, human) per i.u.	0-999	N/F		\$0.93	\$0.93	\$0.94	\$0.94
1	J7192		factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	0-999	N/F		\$1.14	\$1.14	\$1.14	\$1.14
1	J7195		factor ix (antihemophilic factor, recombinant) per i.u.	0-999	N/F		\$1.37	\$1.37	\$1.35	\$1.35
1	J9000		injection, doxorubicin hydrochloride, 10 mg	0-999	N/F		\$2.95	\$2.95	\$3.48	\$3.48
1	J9010		injection, alemtuzumab, 10 mg	0-999	N/F		\$706.00	\$706.00	\$706.00	\$706.00
1	J9015		injection, aldesleukin, per single use vial	0-999	N/F		\$1,828.73	\$1,828.73	\$2,936.78	\$2,936.78
1	J9017		injection, arsenic trioxide, 1 mg	0-20	N/F		\$51.04	\$51.04	\$53.72	\$53.72
1	J9019		injection, asparaginase (erwinaze), 1,000 iu	0-999	N/F		\$354.76	\$354.76	\$364.68	\$364.68

CFR ATTACHMENT 3 - PHYSICIAN-ADMINISTERED DRUGS - ONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J9020		injection, asparaginase, not otherwise specified, 10,000 units	0-999	N/F		\$64.56	\$64.56	\$64.56	\$64.56
1	J9025		injection, azacitidine, 1 mg	0-999	N/F		\$4.43	\$4.43	\$3.67	\$3.67
1	J9031		bcg (intravesical) per instillation	0-999	N/F		\$122.18	\$122.18	\$120.44	\$120.44
1	J9033		injection, bendamustine hcl, 1 mg	0-999	N/F		\$21.72	\$21.72	\$22.72	\$22.72
1	J9035		injection, bevacizumab, 10 mg	0-999	N/F		\$66.55	\$66.55	\$67.90	\$67.90
1	J9040		injection, bleomycin sulfate, 15 units	0-999	N/F		\$21.21	\$21.21	\$23.32	\$23.32
1	J9041		injection, bortezomib, 0.1 mg	0-999	N/F		\$46.08	\$46.08	\$46.55	\$46.55
1	J9042		injection, brentuximab vedotin, 1 mg	0-999	N/F		\$110.93	\$110.93	\$115.39	\$115.39
1	J9043		injection, cabazitaxel, 1 mg	0-999	N/F		\$143.11	\$143.11	\$142.38	\$142.38
1	J9045		injection, carboplatin, 50 mg	0-999	N/F		\$3.47	\$3.47	\$3.55	\$3.55
1	J9047		injection, carfilzomib, 1 mg	0-999	N/F		\$29.67	\$29.67	\$30.03	\$30.03
1	J9050		injection, carmustine, 100 mg	0-999	N/F		\$1,422.77	\$1,422.77	\$1,982.07	\$1,982.07
1	J9055		injection, cetuximab, 10 mg	0-999	N/F		\$53.38	\$53.38	\$53.75	\$53.75
1	J9060		injection, cisplatin, powder or solution, 10 mg	0-999	N/F		\$1.97	\$1.97	\$2.18	\$2.18
1	J9065		injection, cladribine, per 1 mg	0-999	N/F		\$21.83	\$21.83	\$21.98	\$21.98
1	J9070		cyclophosphamide, 100 mg	0-999	N/F		\$64.55	\$64.55	\$58.02	\$58.02
1	J9098		injection, cytarabine liposome, 10 mg	0-20	N/F		\$553.83	\$553.83	\$559.09	\$559.09
1	J9100		injection, cytarabine, 100 mg	0-999	N/F		\$0.91	\$0.91	\$0.92	\$0.92
1	J9120		injection, dactinomycin, 0.5 mg	0-999	N/F		\$685.42	\$685.42	\$807.19	\$807.19
1	J9130		dacarbazine, 100 mg	0-999	N/F		\$4.10	\$4.10	\$4.32	\$4.32
1	J9150		injection, daunorubicin, 10 mg	0-999	N/F		\$23.87	\$23.87	\$27.70	\$27.70
1	J9151		injection, daunorubicin citrate, liposomal formulation, 10 mg	0-999	N/F		\$68.00	\$68.00	\$68.00	\$68.00
1	J9155		injection, degarelix, 1 mg	0-999	N/F		\$3.44	\$3.44	\$3.42	\$3.42
1	J9160		injection, denileukin diftitox, 300 micrograms	0-999	N/F		\$1,863.60	\$1,863.60	\$1,863.60	\$1,863.60

CFR ATTACHMENT 3 - PHYSICIAN-ADMINISTERED DRUGS - ONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J9171		injection, docetaxel, 1 mg	0-999	N/F		\$4.97	\$4.97	\$3.98	\$3.98
1	J9178		injection, epirubicin hcl, 2 mg	0-999	N/F		\$1.46	\$1.46	\$1.28	\$1.28
1	J9179		injection, eribulin mesylate, 0.1 mg	0-999	N/F		\$99.22	\$99.22	\$100.08	\$100.08
1	J9181		injection, etoposide, 10 mg	0-999	N/F		\$0.73	\$0.73	\$0.67	\$0.67
1	J9185		injection, fludarabine phosphate, 50 mg	0-999	N/F		\$78.21	\$78.21	\$88.90	\$88.90
1	J9190		injection, fluorouracil, 500 mg	0-999	N/F		\$1.87	\$1.87	\$2.00	\$2.00
1	J9200		injection, floxuridine, 500 mg	0-999	N/F		\$68.14	\$68.14	\$60.25	\$60.25
1	J9201		injection, gemcitabine hydrochloride, 200 mg	0-999	N/F		\$6.27	\$6.27	\$7.12	\$7.12
1	J9202		goserelin acetate implant, per 3.6 mg	0-999	N/F		\$221.53	\$221.53	\$230.01	\$230.01
1	J9206		injection, irinotecan, 20 mg	0-999	N/F		\$4.35	\$4.35	\$4.17	\$4.17
1	J9207		injection, ixabepilone, 1 mg	0-999	N/F		\$70.32	\$70.32	\$71.34	\$71.34
1	J9208		injection, ifosfamide, 1 gram	0-999	N/F		\$31.77	\$31.77	\$30.83	\$30.83
1	J9209		injection, mesna, 200 mg	0-999	N/F		\$2.84	\$2.84	\$2.76	\$2.76
1	J9211		injection, idarubicin hydrochloride, 5 mg	0-999	N/F		\$46.76	\$46.76	\$42.26	\$42.26
1	J9214		injection, interferon, alfa-2b, recombinant, 1 million units	0-999	N/F		\$20.72	\$20.72	\$21.28	\$21.28
1	J9217		leuprolide acetate (for depot suspension), 7.5 mg	0-999	N/F		\$233.76	\$233.76	\$237.16	\$237.16
1	J9218		leuprolide acetate, per 1 mg	0-999	N/F		\$7.29	\$7.29	\$7.07	\$7.07
1	J9228		injection, ipilimumab, 1 mg	0-999	N/F		\$131.68	\$131.68	\$133.66	\$133.66
1	J9230		injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	0-999	N/F		\$154.70	\$154.70	\$194.13	\$194.13
1	J9245		injection, melphalan hydrochloride, 50 mg	0-999	N/F		\$1,220.50	\$1,220.50	\$1,292.71	\$1,292.71
1	J9250		methotrexate sodium, 5 mg	0-999	N/F		\$0.22	\$0.22	\$0.25	\$0.25
1	J9260		methotrexate sodium, 50 mg	0-999	N/F		\$2.21	\$2.21	\$2.49	\$2.49
1	J9262		injection, omacetaxine mepesuccinate, 0.01 mg	0-999	N/F		\$2.86	\$2.86	\$2.86	\$2.86

CFR ATTACHMENT 3 - PHYSICIAN-ADMINISTERED DRUGS - ONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J9263		injection, oxaliplatin, 0.5 mg	0-999	N/F		\$0.57	\$0.57	\$0.59	\$0.59
1	J9264		injection, paclitaxel protein-bound particles, 1 mg	0-999	N/F		\$9.80	\$9.80	\$9.69	\$9.69
1	J9266		injection, pegaspargase, per single dose vial	0-999	N/F		\$6,144.57	\$6,144.57	\$6,200.82	\$6,200.82
1	J9268		injection, pentostatin, 10 mg	0-999	N/F		\$1,432.43	\$1,432.43	\$1,510.36	\$1,510.36
1	J9280		injection, mitomycin, 5 mg	0-999	N/F		\$22.96	\$22.96	\$39.86	\$39.86
1	J9293		injection, mitoxantrone hydrochloride, per 5 mg	0-999	N/F		\$34.46	\$34.46	\$34.79	\$34.79
1	J9300		injection, gemtuzumab ozogamicin, 5 mg	0-999	N/F		\$2,742.59	\$2,742.59	\$2,742.59	\$2,742.59
1	J9302		injection, ofatumumab, 10 mg	0-999	N/F		\$47.72	\$47.72	\$48.35	\$48.35
1	J9303		injection, panitumumab, 10 mg	0-999	N/F		\$94.57	\$94.57	\$96.98	\$96.98
1	J9305		injection, pemetrexed, 10 mg	0-999	N/F		\$60.33	\$60.33	\$60.70	\$60.70
1	J9306		injection, pertuzumab, 1 mg	0-999	N/F		\$10.22	\$10.22	\$10.22	\$10.22
1	J9307		injection, pralatrexate, 1 mg	0-999	N/F		\$197.28	\$197.28	\$204.47	\$204.47
1	J9310		injection, rituximab, 100 mg	0-999	N/F		\$707.47	\$707.47	\$725.44	\$725.44
1	J9315		injection, romidepsin, 1 mg	0-999	N/F		\$270.24	\$270.24	\$279.81	\$279.81
1	J9320		injection, streptozocin, 1 gram	0-999	N/F		\$335.13	\$335.13	\$336.01	\$336.01
1	J9328		injection, temozolomide, 1 mg	0-999	N/F		\$5.17	\$5.17	\$5.71	\$5.71
1	J9330		injection, temsirolimus, 1 mg	0-999	N/F		\$58.22	\$58.22	\$60.04	\$60.04
1	J9340		injection, thiotepa, 15 mg	0-999	N/F		\$714.00	\$714.00	\$714.00	\$714.00
1	J9351		injection, topotecan, 0.1 mg	0-999	N/F		\$2.06	\$2.06	\$1.53	\$1.53
1	J9354		injection, ado-trastuzumab emtansine, 1 mg	0-999	N/F		\$29.14	\$29.14	\$29.17	\$29.17
1	J9355		injection, trastuzumab, 10 mg	0-999	N/F		\$82.37	\$82.37	\$84.45	\$84.45
1	J9357		injection, valrubicin, intravesical, 200 mg	0-999	N/F		\$1,071.33	\$1,071.33	\$1,098.82	\$1,098.82
1	J9360		injection, vinblastine sulfate, 1 mg	0-999	N/F		\$2.01	\$2.01	\$2.64	\$2.64
1	J9370		vincristine sulfate, 1 mg	0-999	N/F		\$6.80	\$6.80	\$4.86	\$4.86

CFR ATTACHMENT 3 - PHYSICIAN-ADMINISTERED DRUGS - ONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J9371		injection, vincristine sulfate liposome, 1 mg	0-999	N/F		\$2,062.34	\$2,062.34	\$2,142.60	\$2,142.60
1	J9390		injection, vinorelbine tartrate, 10 mg	0-999	N/F		\$10.98	\$10.98	\$10.40	\$10.40
1	J9395		injection, fulvestrant, 25 mg	0-999	N/F		\$90.93	\$90.93	\$91.30	\$91.30
1	J9400		injection, ziv-aflibercept, 1 mg	0-999	N/F		\$7.10	\$7.10	\$7.62	\$7.62
1	Q0138		injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	0-999	N/F		\$0.73	\$0.73	\$0.78	\$0.78
1	Q2049		injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	0-999	N/F		\$498.26	\$498.26	\$508.43	\$508.43
1	Q2050		injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10mg	0-999	N/F		\$490.84	\$490.84	\$489.99	\$489.99

*Type of Service (TOS)	
1	Medical Services
**Provider Type (PT)/Provider Specialty (PS)	
72	Nephrology (Hemodialysis, Renal Dialysis)
73	Renal Dialysis Facility

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	90284		****	0-999	N/F		\$14.79	\$14.79	\$15.40	\$15.40
1	90287		****	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	90288		****	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	90291		****	0-999	N/F		\$23.75	\$23.75	\$23.75	\$23.75
1	90371		****	0-999	N/F		\$95.21	\$95.21	\$95.21	\$95.21
1	90375		****	0-999	N/F		\$180.78	\$180.78	\$182.69	\$182.69
1	90376		****	0-999	N/F		\$173.24	\$173.24	\$173.24	\$173.24
1	90460		****	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84
S	90460		****	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84
1	90461		****	0-20	N/F		\$3.92	\$3.92	\$3.92	\$3.92
S	90461		****	0-20	N/F		\$3.92	\$3.92	\$3.92	\$3.92
1	90471		****	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84
1	90471		****	21-999	N/F		\$7.84	\$7.84	\$7.84	\$7.84
S	90471		****	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84
1	90472		****	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84
1	90472		****	21-999	N/F		\$7.84	\$7.84	\$7.84	\$7.84
S	90472		****	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84
1	90473		****	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84
1	90473		****	21-999	N/F		\$7.84	\$7.84	\$7.84	\$7.84
S	90473		****	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84
1	90474		****	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84
1	90474		****	21-999	N/F		\$7.84	\$7.84	\$7.84	\$7.84
S	90474		****	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84
1	90585		****	0-999	N/F		\$107.28	\$107.28	\$107.79	\$107.79
1	90586		****	0-999	N/F		\$111.33	\$111.33	\$107.79	\$107.79
1	90632		****	19-20	N/F		\$44.41	\$44.41	\$45.54	\$45.54

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	90632		****	21-999	N/F		\$44.41	\$44.41	\$45.54	\$45.54
S	90632		****	19-20	N/F		\$44.41	\$44.41	\$45.54	\$45.54
1	90633		****	19-20	N/F		\$30.73	\$30.73	\$30.73	\$30.73
S	90633		****	19-20	N/F		\$30.73	\$30.73	\$30.73	\$30.73
1	90636		****	19-20	N/F		\$99.08	\$99.08	\$99.08	\$99.08
1	90636		****	21-999	N/F		\$99.08	\$99.08	\$99.08	\$99.08
S	90636		****	19-20	N/F		\$99.08	\$99.08	\$99.08	\$99.08
1	90648		****	19-20	N/F		\$24.39	\$24.39	\$24.39	\$24.39
S	90648		****	19-20	N/F		\$24.39	\$24.39	\$24.39	\$24.39
1	90649		****	19-20	N/F		\$151.34	\$151.34	\$158.07	\$158.07
1	90649		****	21-26	N/F		\$151.34	\$151.34	\$158.07	\$158.07
S	90649		****	19-20	N/F		\$151.34	\$151.34	\$158.07	\$158.07
1	90650	U1	****	9-18	N/F		\$138.14	\$138.14	\$138.14	\$138.14
1	90650		****	9-18	N/F		\$138.14	\$138.14	\$138.14	\$138.14
1	90650		****	19-26	N/F		\$138.14	\$138.14	\$138.14	\$138.14
S	90650		****	9-18	N/F		\$138.14	\$138.14	\$138.14	\$138.14
S	90650	U1	****	9-18	N/F		\$138.14	\$138.14	\$138.14	\$138.14
S	90650		****	19-20	N/F		\$138.14	\$138.14	\$138.14	\$138.14
1	90654		****	19-999	N/F		\$17.82	\$17.82	\$17.82	\$17.82
S	90654		****	19-999	N/F		\$17.82	\$17.82	\$17.82	\$17.82
1	90656	U1	****	0-999	N/F		\$11.68	\$11.68	\$13.28	\$13.28
1	90656		****	0-999	N/F		\$11.68	\$11.68	\$13.28	\$13.28
1	90656		****	19-20	N/F		\$11.68	\$11.68	\$13.28	\$13.28
S	90656		****	19-20	N/F		\$11.68	\$11.68	\$13.28	\$13.28
1	90658		****	19-20	N/F		\$18.53	\$18.53	\$16.16	\$16.16
1	90658		****	21-999	N/F		\$18.53	\$18.53	\$16.16	\$16.16
S	90658		****	19-20	N/F		\$18.53	\$18.53	\$16.16	\$16.16
1	90660		****	19-20	N/F		\$21.02	\$21.02	\$22.10	\$22.10

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
S	90660		****	19-20	N/F		\$21.02	\$21.02	\$22.10	\$22.10
1	90662		****	60-999	N/F		\$29.98	\$29.98	\$31.44	\$31.44
1	90670		****	19-20	N/F		\$145.05	\$145.05	\$145.05	\$145.05
1	90670		****	21-999	N/F		\$145.05	\$145.05	\$145.05	\$145.05
1	90672	U1	****	0-18	N/F		\$23.17	\$23.17	\$24.25	\$24.25
1	90672		****	19-20	N/F		\$23.17	\$23.17	\$24.25	\$24.25
1	90672	U1	****	19-20	N/F		\$23.17	\$23.17	\$24.25	\$24.25
S	90672	U1	****	0-18	N/F		\$23.17	\$23.17	\$24.25	\$24.25
S	90672		****	19-20	N/F		\$23.17	\$23.17	\$24.25	\$24.25
S	90672	U1	****	19-20	N/F		\$23.17	\$23.17	\$24.25	\$24.25
1	90673		****	19-999	N/F		\$34.37	\$34.37	\$35.04	\$35.04
S	90673		****	19-999	N/F		\$34.37	\$34.37	\$35.04	\$35.04
1	90675		****	0-999	N/F		\$177.64	\$177.64	\$209.69	\$209.69
1	90680		****	19-20	N/F		\$80.63	\$80.63	\$80.63	\$80.63
S	90680		****	19-20	N/F		\$80.63	\$80.63	\$80.63	\$80.63
1	90681	U1	****	0-999	N/F		\$109.95	\$109.95	\$114.32	\$114.32
1	90681		****	19-20	N/F		\$109.95	\$109.95	\$114.32	\$114.32
S	90681	U1	****	0-999	N/F		\$109.95	\$109.95	\$114.32	\$114.32
S	90681		****	19-20	N/F		\$109.95	\$109.95	\$114.32	\$114.32
1	90685	U1	****	0-999	N/F		\$21.89	\$21.89	\$22.52	\$22.52
S	90685	U1	****	0-999	N/F		\$21.89	\$21.89	\$22.52	\$22.52
1	90686		****	19-999	N/F		\$18.29	\$18.29	\$16.94	\$16.94
S	90686		****	19-20	N/F		\$18.29	\$18.29	\$16.94	\$16.94
1	90687	U1	****	0-999	N/F		\$18.28	\$18.28	\$8.60	\$8.60
S	90687	U1	****	0-999	N/F		\$18.28	\$18.28	\$8.60	\$8.60
1	90688	U1	****	3-18	N/F		\$15.84	\$15.84	\$15.87	\$15.87
1	90688		****	19-999	N/F		\$15.84	\$15.84	\$15.87	\$15.87
S	90688	U1	****	3-18	N/F		\$15.84	\$15.84	\$15.87	\$15.87

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
S	90688		****	19-20	N/F		\$15.84	\$15.84	\$15.87	\$15.87
1	90696		****	19-20	N/F		\$51.02	\$51.02	\$51.02	\$51.02
S	90696		****	19-20	N/F		\$51.02	\$51.02	\$51.02	\$51.02
1	90703		****	19-20	N/F		\$30.83	\$30.83	\$35.54	\$35.54
1	90703		****	21-999	N/F		\$30.83	\$30.83	\$35.54	\$35.54
S	90703		****	19-20	N/F		\$30.83	\$30.83	\$35.54	\$35.54
1	90707		****	19-20	N/F		\$59.89	\$59.89	\$63.94	\$63.94
1	90707		****	21-999	N/F		\$59.89	\$59.89	\$63.94	\$63.94
S	90707		****	19-20	N/F		\$59.89	\$59.89	\$63.94	\$63.94
1	90710		****	19-20	N/F		\$166.09	\$166.09	\$180.40	\$180.40
S	90710		****	19-20	N/F		\$166.09	\$166.09	\$180.40	\$180.40
1	90713		****	19-20	N/F		\$29.33	\$29.33	\$30.77	\$30.77
S	90713		****	19-20	N/F		\$29.33	\$29.33	\$30.77	\$30.77
1	90714		****	19-20	N/F		\$18.37	\$18.37	\$19.32	\$19.32
1	90714		****	21-999	N/F		\$18.37	\$18.37	\$19.32	\$19.32
S	90714		****	19-20	N/F		\$18.37	\$18.37	\$19.32	\$19.32
1	90715		****	19-20	N/F		\$31.84	\$31.84	\$32.46	\$32.46
1	90715		****	21-999	N/F		\$31.84	\$31.84	\$32.46	\$32.46
S	90715		****	19-20	N/F		\$31.84	\$31.84	\$32.46	\$32.46
1	90716		****	19-20	N/F		\$105.91	\$105.91	\$113.28	\$113.28
S	90716		****	19-20	N/F		\$105.91	\$105.91	\$113.28	\$113.28
1	90721		****	19-20	N/F		\$50.64	\$50.64	\$50.64	\$50.64
S	90721		****	19-20	N/F		\$50.64	\$50.64	\$50.64	\$50.64
1	90723		****	19-20	N/F		\$75.29	\$75.29	\$75.29	\$75.29
S	90723		****	19-20	N/F		\$75.29	\$75.29	\$75.29	\$75.29
1	90732		****	19-20	N/F		\$73.34	\$73.34	\$73.34	\$73.34
1	90732		****	21-999	N/F		\$73.34	\$73.34	\$73.34	\$73.34
S	90732		****	19-20	N/F		\$73.34	\$73.34	\$73.34	\$73.34

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	90733		****	19-20	N/F		\$101.34	\$101.34	\$132.15	\$132.15
S	90733		****	19-20	N/F		\$101.34	\$101.34	\$132.15	\$132.15
1	90734		****	19-20	N/F		\$121.15	\$121.15	\$121.15	\$121.15
S	90734		****	19-20	N/F		\$121.15	\$121.15	\$121.15	\$121.15
1	90736		****	60-999	N/F		\$196.04	\$196.04	\$196.04	\$196.04
1	90740		****	19-20	N/F		\$112.50	\$112.50	\$112.51	\$112.51
1	90740		****	21-999	N/F		\$112.50	\$112.50	\$112.51	\$112.51
1	90743		****	19-20	N/F		\$22.81	\$22.81	\$22.82	\$22.82
S	90743		****	19-20	N/F		\$22.81	\$22.81	\$22.82	\$22.82
1	90744		****	19-20	N/F		\$22.81	\$22.81	\$22.82	\$22.82
S	90744		****	19-20	N/F		\$22.81	\$22.81	\$22.82	\$22.82
1	90746		****	19-20	N/F		\$56.25	\$56.25	\$56.25	\$56.25
1	90746		****	21-999	N/F		\$56.25	\$56.25	\$56.25	\$56.25
S	90746		****	19-20	N/F		\$56.25	\$56.25	\$56.25	\$56.25
1	90747		****	19-20	N/F		\$112.50	\$112.50	\$112.51	\$112.51
1	90747		****	21-999	N/F		\$112.50	\$112.50	\$112.51	\$112.51
1	90748		****	19-20	N/F		\$46.51	\$46.51	\$46.51	\$46.51
S	90748		****	19-20	N/F		\$46.51	\$46.51	\$46.51	\$46.51
1	C9250		human plasma fibrin sealant, vapor-heated, solvent-detergent (artiss), 2ml	0-999	N/F		\$214.61	\$214.61	\$214.61	\$214.61
1	C9254		injection, lacosamide, 1 mg	0-999	N/F		\$0.26	\$0.26	\$0.26	\$0.26
1	C9257		injection, bevacizumab, 0.25 mg	0-999	N/F		\$1.66	\$1.66	\$1.69	\$1.69
1	C9275		injection, hexaminolevulinate hydrochloride, 100 mg, per study dose	0-999	N/F		\$816.20	\$816.20	\$816.20	\$816.20
9	C9359		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold putty, integra os oteoconductive scaffold putty), per 0.5 cc	0-999	N/F	51	\$122.40	\$122.40	\$131.07	\$131.07

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	C9359		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold putty, integra os oteoconductive scaffold putty), per 0.5 cc	0-999	N/F	52	\$122.40	\$122.40	\$131.07	\$131.07
9	C9360		dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	0-999	N/F		\$12.34	\$12.34	\$12.34	\$12.34
9	C9360		dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	0-999	N/F	51	\$12.34	\$12.34	\$12.34	\$12.34
9	C9360		dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	0-999	N/F	52	\$12.34	\$12.34	\$12.34	\$12.34
9	C9361		collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	0-999	N/F		\$332.52	\$332.52	\$345.78	\$345.78
9	C9361		collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	0-999	N/F	51	\$332.52	\$332.52	\$345.78	\$345.78
9	C9361		collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	0-999	N/F	52	\$332.52	\$332.52	\$345.78	\$345.78
9	C9362		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	0-999	N/F		\$122.40	\$122.40	\$131.07	\$131.07

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	C9362		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	0-999	N/F	51	\$122.40	\$122.40	\$131.07	\$131.07
9	C9362		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	0-999	N/F	52	\$122.40	\$122.40	\$131.07	\$131.07
9	C9367		skin substitute, endoform dermal template, per square centimeter	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	G9018		zanamivir, inhalation powder administered through inhaler, per 10 mg (for use as a medicare approved demonstration project)	0-999	N/F		\$6.02	\$6.02	\$6.02	\$6.02
1	G9019		oseltamivir phosphate, oral, per 75 mg (for use as a medicare approved demonstration project)	0-999	N/F		\$11.29	\$11.29	\$12.30	\$12.30
1	J0120		injection, tetracycline, up to 250 mg	0-999	N/F		\$1.25	\$1.25	\$1.25	\$1.25
1	J0130		injection abciximab, 10 mg	0-999	N/F		\$555.63	\$555.63	\$603.28	\$603.28
1	J0131		injection, acetaminophen, 10 mg	0-999	N/F		\$0.36	\$0.36	\$0.36	\$0.36
1	J0132		injection, acetylcysteine, 100 mg	0-999	N/F		\$2.39	\$2.39	\$1.56	\$1.56
1	J0133		injection, acyclovir, 5 mg	0-999	N/F		\$0.05	\$0.05	\$0.05	\$0.05
1	J0135		injection, adalimumab, 20 mg	0-999	N/F		\$460.76	\$460.76	\$472.99	\$472.99
1	J0178		injection, aflibercept, 1 mg	0-999	N/F		\$960.89	\$960.89	\$960.89	\$960.89
1	J0180		injection, agalsidase beta, 1 mg	0-999	N/F		\$133.49	\$133.49	\$133.49	\$133.49
1	J0190		injection, biperiden lactate, per 5 mg	0-999	N/F		\$2.92	\$2.92	\$2.92	\$2.92
1	J0205		injection, alglucerase, per 10 units	0-999	N/F		\$41.14	\$41.14	\$41.14	\$41.14
1	J0210		injection, methylodpate hcl, up to 250 mg	0-999	N/F		\$35.60	\$35.60	\$35.60	\$35.60
1	J0215		injection, alefacept, 0.5 mg	0-999	N/F		\$31.23	\$31.23	\$31.23	\$31.23
1	J0220		injection, alglucosidase alfa, 10 mg, not otherwise specified	0-999	N/F		\$154.98	\$154.98	\$154.98	\$154.98

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
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1	J0221		injection, alglucosidase alfa, (lumizyme), 10 mg	0-999	N/F		\$142.80	\$142.80	\$142.80	\$142.80
1	J0256		injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	0-999	N/F		\$3.69	\$3.69	\$3.69	\$3.69
1	J0257		injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	0-999	N/F		\$3.84	\$3.84	\$3.84	\$3.84
1	J0278		injection, amikacin sulfate, 100 mg	0-999	N/F		\$1.04	\$1.04	\$1.04	\$1.04
D	J0278		injection, amikacin sulfate, 100 mg	0-999	N/F		\$1.04	\$1.04	\$1.04	\$1.04
1	J0280		injection, aminophyllin, up to 250 mg	0-999	N/F		\$2.80	\$2.80	\$2.80	\$2.80
1	J0282		injection, amiodarone hydrochloride, 30 mg	0-999	N/F		\$0.29	\$0.29	\$0.29	\$0.29
1	J0285		injection, amphotericin b, 50 mg	0-999	N/F		\$11.96	\$11.96	\$15.13	\$15.13
1	J0287		injection, amphotericin b lipid complex, 10 mg	0-999	N/F		\$10.03	\$10.03	\$9.85	\$9.85
1	J0288		injection, amphotericin b cholesteryl sulfate complex, 10 mg	0-999	N/F		\$15.87	\$15.87	\$15.87	\$15.87
1	J0289		injection, amphotericin b liposome, 10 mg	0-999	N/F		\$14.29	\$14.29	\$15.20	\$15.20
1	J0290		injection, ampicillin sodium, 500 mg	0-999	N/F		\$1.49	\$1.49	\$1.18	\$1.18
1	J0295		injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	0-999	N/F		\$1.75	\$1.75	\$1.75	\$1.75
1	J0300		injection, amobarbital, up to 125 mg	0-999	N/F		\$186.93	\$186.93	\$186.93	\$186.93
1	J0330		injection, succinylcholine chloride, up to 20 mg	0-999	N/F		\$0.62	\$0.62	\$0.62	\$0.62
1	J0348		injection, anadulafungin, 1 mg	0-999	N/F		\$0.71	\$0.71	\$0.66	\$0.66
1	J0360		injection, hydralazine hcl, up to 20 mg	0-999	N/F		\$2.35	\$2.35	\$2.35	\$2.35
1	J0364		injection, apomorphine hydrochloride, 1 mg	0-999	N/F		\$33.83	\$33.83	\$33.83	\$33.83

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

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1	J0380		injection, metaraminol bitartrate, per 10 mg	0-999	N/F		\$1.20	\$1.20	\$1.20	\$1.20
1	J0390		injection, chloroquine hydrochloride, up to 250 mg	0-999	N/F		\$15.55	\$15.55	\$15.55	\$15.55
1	J0395		injection, arbutamine hcl, 1 mg	0-999	N/F		\$19.76	\$19.76	\$19.76	\$19.76
1	J0400		injection, aripiprazole, intramuscular, 0.25 mg	0-999	N/F		\$0.48	\$0.48	\$0.49	\$0.49
1	J0401		injection, aripiprazole, extended release, 1 mg	0-999	N/F		\$3.87	\$3.87	\$3.87	\$3.87
1	J0456		injection, azithromycin, 500 mg	0-999	N/F		\$2.43	\$2.43	\$2.43	\$2.43
1	J0470		injection, dimercaprol, per 100 mg	0-999	N/F		\$27.01	\$27.01	\$27.01	\$27.01
1	J0475		injection, baclofen, 10 mg	0-999	N/F		\$163.54	\$163.54	\$142.97	\$142.97
1	J0476		injection, baclofen, 50 mcg for intrathecal trial	0-999	N/F		\$74.72	\$74.72	\$67.88	\$67.88
1	J0480		injection, basiliximab, 20 mg	0-999	N/F		\$2,183.17	\$2,183.17	\$2,183.17	\$2,183.17
1	J0485		injection, belatacept, 1 mg	0-999	N/F		\$3.80	\$3.80	\$3.80	\$3.80
1	J0490		injection, belimumab, 10 mg	0-999	N/F		\$37.55	\$37.55	\$37.55	\$37.55
1	J0500		injection, dicyclomine hcl, up to 20 mg	0-999	N/F		\$30.20	\$30.20	\$30.66	\$30.66
1	J0515		injection, bethanechol mesylate, per 1 mg	0-999	N/F		\$20.89	\$20.89	\$19.60	\$19.60
1	J0520		injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg	0-999	N/F		\$4.93	\$4.93	\$4.93	\$4.93
1	J0558		injection, penicillin g benzathine and penicillin g procaine, 100,000 units	0-999	N/F		\$3.57	\$3.57	\$3.94	\$3.94
1	J0561		injection, penicillin g benzathine, 100,000 units	0-999	N/F		\$4.49	\$4.49	\$4.96	\$4.96
1	J0583		injection, bivalirudin, 1 mg	0-999	N/F		\$2.58	\$2.58	\$2.66	\$2.66
1	J0585		injection, onabotulinumtoxina, 1 unit	0-999	N/F		\$5.41	\$5.41	\$5.41	\$5.41
1	J0586		injection, abobotulinumtoxina, 5 units	0-999	N/F		\$6.81	\$6.81	\$6.81	\$6.81

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J0587		injection, rimabotulinumtoxinb, 100 units	0-999	N/F		\$10.13	\$10.13	\$10.13	\$10.13
1	J0588		injection, incobotulinumtoxin a, 1 unit	0-999	N/F		\$4.38	\$4.38	\$4.38	\$4.38
1	J0592		injection, buprenorphine hydrochloride, 0.1 mg	0-999	N/F		\$2.50	\$2.50	\$2.50	\$2.50
1	J0594		injection, busulfan, 1 mg	0-999	N/F		\$21.70	\$21.70	\$24.65	\$24.65
1	J0595		injection, butorphanol tartrate, 1 mg	0-999	N/F		\$1.37	\$1.37	\$1.37	\$1.37
1	J0598		injection, c-1 esterase inhibitor (human), cinryze, 10 units	0-999	N/F		\$40.51	\$40.51	\$40.51	\$40.51
1	J0620		injection, calcium glycerophosphate and calcium lactate, per 10 ml	0-999	N/F		\$13.09	\$13.09	\$13.09	\$13.09
1	J0636		injection, calcitriol, 0.1 mcg	0-999	N/F		\$0.36	\$0.36	\$0.36	\$0.36
1	J0637		injection, caspofungin acetate, 5 mg	0-999	N/F		\$11.36	\$11.36	\$11.36	\$11.36
1	J0638		injection, canakinumab, 1 mg	0-999	N/F		\$87.36	\$87.36	\$87.36	\$87.36
1	J0670		injection, mepivacaine hydrochloride, per 10 ml	0-999	N/F		\$1.89	\$1.89	\$1.89	\$1.89
1	J0690		injection, cefazolin sodium, 500 mg	0-999	N/F		\$0.60	\$0.60	\$0.68	\$0.68
1	J0694		injection, cefoxitin sodium, 1 gm	0-999	N/F		\$4.63	\$4.63	\$4.63	\$4.63
1	J0697		injection, sterile cefuroxime sodium, per 750 mg	0-999	N/F		\$2.85	\$2.85	\$2.72	\$2.72
1	J0698		injection, cefotaxime sodium, per gm	0-999	N/F		\$1.71	\$1.71	\$1.71	\$1.71
1	J0702		injection, betamethasone acetate 3mg and betamethasone sodium phosphate 3mg	0-999	N/F		\$5.42	\$5.42	\$5.42	\$5.42
1	J0706		injection, caffeine citrate, 5mg	0-999	N/F		\$1.42	\$1.42	\$0.69	\$0.69
1	J0710		injection, cephapirin sodium, up to 1 gm	0-999	N/F		\$1.44	\$1.44	\$1.44	\$1.44
1	J0715		injection, ceftizoxime sodium, per 500 mg	0-999	N/F		\$5.14	\$5.14	\$5.14	\$5.14
1	J0716		injection, centrurides immune f(ab)2, up to 120 milligrams	0-999	N/F		\$3,718.75	\$3,718.75	\$3,718.75	\$3,718.75

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J0717		injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	0-999	N/F		\$4.89	\$4.89	\$4.95	\$4.95
1	J0720		injection, chloramphenicol sodium succinate, up to 1 gm	0-999	N/F		\$23.80	\$23.80	\$23.81	\$23.81
1	J0725		injection, chorionic gonadotropin, per 1,000 usp units	0-999	N/F		\$12.74	\$12.74	\$13.80	\$13.80
1	J0735		injection, clonidine hydrochloride, 1 mg	0-999	N/F		\$20.74	\$20.74	\$20.74	\$20.74
1	J0740		injection, cidofovir, 375 mg	0-999	N/F		\$600.91	\$600.91	\$584.51	\$584.51
1	J0745		injection, codeine phosphate, per 30 mg	0-999	N/F		\$1.06	\$1.06	\$1.06	\$1.06
1	J0760		injection, colchicine, per 1mg	0-999	N/F		\$6.44	\$6.44	\$6.44	\$6.44
1	J0770		injection, colistimethate sodium, up to 150 mg	0-999	N/F		\$11.35	\$11.35	\$11.35	\$11.35
1	J0775		injection, collagenase, clostridium histolyticum, 0.01 mg	0-999	N/F		\$36.76	\$36.76	\$36.76	\$36.76
1	J0795		injection, corticorelin ovine triflutate, 1 microgram	0-999	N/F		\$5.83	\$5.83	\$5.83	\$5.83
1	J0800		injection, corticotropin, up to 40 units	0-999	N/F		\$2,474.65	\$2,474.65	\$2,493.71	\$2,493.71
1	J0833		injection, cosyntropin, not otherwise specified, 0.25 mg	0-999	N/F		\$97.84	\$97.84	\$81.80	\$81.80
1	J0834		injection, cosyntropin (cortrosyn), 0.25 mg	0-999	N/F		\$62.63	\$62.63	\$47.02	\$47.02
1	J0840		injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	0-999	N/F		\$1,863.31	\$1,863.31	\$1,869.84	\$1,869.84
1	J0850		injection, cytomegalovirus immune globulin intravenous (human), per vial	0-999	N/F		\$861.25	\$861.25	\$861.25	\$861.25

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J0878		injection, daptomycin, 1 mg	0-999	N/F		\$0.50	\$0.50	\$0.53	\$0.53
1	J0878		injection, daptomycin, 1 mg	0-999	N/F	72	\$0.50	\$0.50	\$0.53	\$0.53
1	J0882		injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	0-999	N/F		\$2.82	\$2.82	\$2.93	\$2.93
1	J0886		injection, epoetin alfa, 1000 units (for esrd on dialysis)	0-999	N/F		\$9.25	\$9.25	\$9.25	\$9.25
1	J0945		injection, brompheniramine maleate, per 10 mg	0-999	N/F		\$0.83	\$0.83	\$0.83	\$0.83
1	J1020		injection, methylprednisolone acetate, 20 mg	0-999	N/F		\$2.61	\$2.61	\$2.61	\$2.61
1	J1094		injection, dexamethasone acetate, 1 mg	0-999	N/F		\$0.24	\$0.24	\$0.24	\$0.24
1	J1110		injection, dihydroergotamine mesylate, per 1 mg	0-999	N/F		\$33.44	\$33.44	\$40.27	\$40.27
1	J1160		injection, digoxin, up to 0.5 mg	0-999	N/F		\$3.18	\$3.18	\$7.10	\$7.10
1	J1162		injection, digoxin immune fab (ovine), per vial	0-999	N/F		\$1,234.42	\$1,234.42	\$1,538.72	\$1,538.72
1	J1165		injection, phenytoin sodium, per 50 mg	0-999	N/F		\$0.46	\$0.46	\$0.46	\$0.46
1	J1205		injection, chlorothiazide sodium, per 500 mg	0-999	N/F		\$131.93	\$131.93	\$119.20	\$119.20
1	J1212		injection, dmso, dimethyl sulfoxide, 50%, 50 ml	0-999	N/F		\$70.70	\$70.70	\$70.70	\$70.70
1	J1230		injection, methadone hcl, up to 10 mg	0-999	N/F		\$6.83	\$6.83	\$8.33	\$8.33
1	J1240		injection, dimenhydrinate, up to 50 mg	0-999	N/F		\$3.92	\$3.92	\$4.01	\$4.01
1	J1245		injection, dipyridamole, per 10 mg	0-999	N/F		\$0.81	\$0.81	\$0.80	\$0.80
1	J1250		injection, dobutamine hydrochloride, per 250 mg	0-999	N/F		\$5.99	\$5.99	\$5.73	\$5.73
1	J1265		injection, dopamine hcl, 40 mg	0-999	N/F		\$0.41	\$0.41	\$0.47	\$0.47
1	J1265		injection, dopamine hcl, 40 mg	0-999	N/F	51	\$0.41	\$0.41	\$0.47	\$0.47

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J1265		injection, dopamine hcl, 40 mg	0-999	N/F	52	\$0.41	\$0.41	\$0.47	\$0.47
1	J1267		injection, doripenem, 10 mg	0-999	N/F		\$0.46	\$0.46	\$0.49	\$0.49
1	J1270		injection, doxercalciferol, 1 mcg	0-999	N/F		\$1.30	\$1.30	\$1.30	\$1.30
1	J1324		injection, enfuvirtide, 1 mg	0-999	N/F		\$0.53	\$0.53	\$0.55	\$0.55
1	J1325		injection, epoprostenol, 0.5 mg	0-999	N/F		\$11.74	\$11.74	\$13.72	\$13.72
1	J1327		injection, eptifibatide, 5 mg	0-999	N/F		\$30.24	\$30.24	\$36.70	\$36.70
1	J1330		injection, ergonovine maleate, up to 0.2 mg	0-999	N/F		\$8.03	\$8.03	\$8.03	\$8.03
1	J1335		injection, ertapenem sodium, 500 mg	0-999	N/F		\$26.46	\$26.46	\$27.36	\$27.36
1	J1364		injection, erythromycin lactobionate, per 500 mg	0-999	N/F		\$34.05	\$34.05	\$34.05	\$34.05
1	J1380		injection, estradiol valerate, up to 10 mg	0-999	N/F		\$7.35	\$7.35	\$7.35	\$7.35
1	J1430		injection, ethanolamine oleate, 100 mg	0-999	N/F		\$233.13	\$233.13	\$233.34	\$233.34
1	J1435		injection, estrone, per 1 mg	0-999	N/F		\$0.25	\$0.25	\$0.25	\$0.25
1	J1436		injection, etidronate disodium, per 300 mg	0-999	N/F		\$58.77	\$58.77	\$58.77	\$58.77
1	J1438		injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	0-999	N/F		\$210.10	\$210.10	\$224.53	\$224.53
1	J1442		injection, filgrastim (g-csf), 1 microgram	0-999	N/F		\$0.99	\$0.99	\$0.99	\$0.99
1	J1450		injection fluconazole, 200 mg	0-999	N/F		\$3.76	\$3.76	\$3.76	\$3.76
1	J1451		injection, fomepizole, 15 mg	0-999	N/F		\$7.43	\$7.43	\$10.97	\$10.97
1	J1455		injection, foscarnet sodium, per 1000 mg	0-999	N/F		\$3.85	\$3.85	\$40.10	\$40.10
1	J1457		injection, gallium nitrate, 1 mg	0-999	N/F		\$2.04	\$2.04	\$2.04	\$2.04
1	J1458		injection, galsulfase, 1 mg	0-999	N/F		\$331.62	\$331.62	\$331.62	\$331.62
1	J1460		injection, gamma globulin, intramuscular, 1 cc	0-999	N/F		\$21.51	\$21.51	\$21.67	\$21.67

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J1556		injection, immune globulin (bivigam), 500 mg	0-999	N/F		\$37.92	\$37.92	\$37.92	\$37.92
1	J1557		injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	0-999	N/F		\$36.54	\$36.54	\$35.92	\$35.92
1	J1559		injection, immune globulin (hizentra), 100 mg	0-999	N/F		\$7.13	\$7.13	\$7.13	\$7.13
1	J1560		injection, gamma globulin, intramuscular, over 10 cc	0-999	N/F		\$215.09	\$215.09	\$216.71	\$216.71
1	J1570		injection, ganciclovir sodium, 500 mg	0-999	N/F		\$57.10	\$57.10	\$67.55	\$67.55
1	J1571		injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml	0-999	N/F		\$47.20	\$47.20	\$47.20	\$47.20
1	J1573		injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml	0-999	N/F		\$68.74	\$68.74	\$65.28	\$65.28
1	J1580		injection, garamycin, gentamicin, up to 80 mg	0-999	N/F		\$1.01	\$1.01	\$1.09	\$1.09
1	J1590		injection, gatifloxacin, 10 mg	0-999	N/F		\$0.78	\$0.78	\$0.78	\$0.78
1	J1595		injection, glatiramer acetate, 20 mg	0-999	N/F		\$172.05	\$172.05	\$189.04	\$189.04
1	J1599		injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	J1600		injection, gold sodium thiomalate, up to 50 mg	0-999	N/F		\$22.61	\$22.61	\$22.61	\$22.61
1	J1602		injection, golimumab, 1 mg, for intravenous use	0-999	N/F		\$17.94	\$17.94	\$17.94	\$17.94
1	J1610		injection, glucagon hydrochloride, per 1 mg	0-999	N/F		\$105.39	\$105.39	\$121.56	\$121.56
1	J1620		injection, gonadorelin hydrochloride, per 100 mcg	0-999	N/F		\$176.69	\$176.69	\$176.69	\$176.69

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J1631		injection, haloperidol decanoate, per 50 mg	0-999	N/F		\$14.97	\$14.97	\$14.97	\$14.97
1	J1640		injection, hemin, 1 mg	0-20	N/F		\$14.26	\$14.26	\$15.55	\$15.55
1	J1655		injection, tinzaparin sodium, 1000 iu	0-20	N/F		\$4.46	\$4.46	\$4.46	\$4.46
1	J1670		injection, tetanus immune globulin, human, up to 250 units	0-999	N/F		\$229.37	\$229.37	\$246.30	\$246.30
1	J1700		injection, hydrocortisone acetate, up to 25 mg	0-999	N/F		\$0.30	\$0.30	\$0.30	\$0.30
1	J1710		injection, hydrocortisone sodium phosphate, up to 50 mg	0-999	N/F		\$4.90	\$4.90	\$4.90	\$4.90
1	J1725		injection, hydroxyprogesterone caproate, 1 mg	0-999	N/F		\$0.10	\$0.10	\$0.10	\$0.10
1	J1725	U1	injection, hydroxyprogesterone caproate, 1 mg	0-999	N/F		\$2.82	\$2.82	\$2.82	\$2.82
1	J1730		injection, diazoxide, up to 300 mg	0-999	N/F		\$109.61	\$109.61	\$109.61	\$109.61
1	J1741		injection, ibuprofen, 100 mg	0-999	N/F		\$1.96	\$1.96	\$1.96	\$1.96
1	J1742		injection, ibutilide fumarate, 1 mg	0-999	N/F		\$105.39	\$105.39	\$105.39	\$105.39
1	J1743		injection, idursulfase, 1 mg	0-999	N/F		\$445.93	\$445.93	\$445.93	\$445.93
1	J1786		injection, imiglucerase, 10 units	0-999	N/F		\$41.15	\$41.15	\$41.15	\$41.15
1	J1800		injection, propranolol hcl, up to 1 mg	0-999	N/F		\$0.71	\$0.71	\$2.21	\$2.21
1	J1826		injection, interferon beta-1a, 30 mcg	0-999	N/F		\$1,158.98	\$1,158.98	\$1,216.86	\$1,216.86
1	J1830		injection interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	0-999	N/F		\$297.48	\$297.48	\$297.48	\$297.48
1	J1840		injection, kanamycin sulfate, up to 500 mg	0-999	N/F		\$7.54	\$7.54	\$7.54	\$7.54
D	J1840		injection, kanamycin sulfate, up to 500 mg	0-999	N/F		\$7.54	\$7.54	\$7.54	\$7.54

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J1850		injection, kanamycin sulfate, up to 75 mg	0-999	N/F		\$1.13	\$1.13	\$1.13	\$1.13
1	J1885		injection, ketorolac tromethamine, per 15 mg	0-999	N/F		\$0.29	\$0.29	\$0.35	\$0.35
1	J1890		injection, cephalothin sodium, up to 1 gram	0-999	N/F		\$9.51	\$9.51	\$9.51	\$9.51
1	J1930		injection, lanreotide, 1 mg	0-999	N/F		\$29.74	\$29.74	\$35.03	\$35.03
1	J1931		injection, laronidase, 0.1 mg	0-999	N/F		\$25.05	\$25.05	\$25.05	\$25.05
1	J1945		injection, lepirudin, 50 mg	0-999	N/F		\$549.01	\$549.01	\$549.01	\$549.01
1	J1950		injection, leuprolide acetate (for depot suspension), per 3.75 mg	0-999	N/F		\$618.37	\$618.37	\$618.37	\$618.37
1	J1953		injection, levetiracetam, 10 mg	0-999	N/F		\$0.13	\$0.13	\$0.12	\$0.12
1	J1955		injection, levocarnitine, per 1 gm	0-20	N/F		\$6.29	\$6.29	\$6.44	\$6.44
1	J1955		injection, levocarnitine, per 1 gm	21-999	N/F		\$6.29	\$6.29	\$6.44	\$6.44
D	J1956		injection, levofloxacin, 250 mg	0-999	N/F		\$2.46	\$2.46	\$2.18	\$2.18
1	J1960		injection, levorphanol tartrate, up to 2 mg	0-999	N/F		\$3.37	\$3.37	\$3.37	\$3.37
1	J1980		injection, hyoscyamine sulfate, up to 0.25 mg	0-999	N/F		\$13.84	\$13.84	\$13.91	\$13.91
1	J1990		injection, chlordiazepoxide hcl, up to 100 mg	0-999	N/F		\$20.63	\$20.63	\$20.63	\$20.63
1	J2010		injection, lincomycin hcl, up to 300 mg	0-999	N/F		\$6.69	\$6.69	\$7.17	\$7.17
D	J2020		injection, linezolid, 200 mg	0-999	N/F		\$33.51	\$33.51	\$35.81	\$35.81
1	J2180		injection, meperidine and promethazine hcl, up to 50 mg	0-999	N/F		\$3.71	\$3.71	\$3.71	\$3.71
1	J2185		injection, meropenem, 100 mg	0-999	N/F		\$1.03	\$1.03	\$1.03	\$1.03
1	J2210		injection, methylegonovine maleate, up to 0.2 mg	0-999	N/F		\$3.72	\$3.72	\$3.79	\$3.79
1	J2248		injection, micafungin sodium, 1 mg	0-999	N/F		\$0.92	\$0.92	\$0.92	\$0.92
1	J2260		injection, milrinone lactate, 5 mg	0-999	N/F		\$3.32	\$3.32	\$2.86	\$2.86

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J2278		injection, ziconotide, 1 microgram	0-999	N/F		\$6.28	\$6.28	\$6.28	\$6.28
D	J2280		injection, moxifloxacin, 100 mg	0-999	N/F		\$4.23	\$4.23	\$4.23	\$4.23
1	J2300		injection, nalbuphine hydrochloride, per 10 mg	0-999	N/F		\$1.90	\$1.90	\$1.90	\$1.90
1	J2315		injection, naltrexone, depot form, 1 mg	0-999	N/F		\$2.30	\$2.30	\$2.30	\$2.30
1	J2320		injection, nandrolone decanoate, up to 50 mg	0-999	N/F		\$3.68	\$3.68	\$3.68	\$3.68
1	J2325		injection, nesiritide, 0.1 mg	0-999	N/F		\$65.49	\$65.49	\$65.49	\$65.49
1	J2357		injection, omalizumab, 5 mg	0-999	N/F		\$26.57	\$26.57	\$26.57	\$26.57
1	J2358		injection, olanzapine, long-acting, 1 mg	0-999	N/F		\$2.70	\$2.70	\$2.70	\$2.70
1	J2360		injection, orphenadrine citrate, up to 60 mg	0-999	N/F		\$5.99	\$5.99	\$5.75	\$5.75
1	J2370		injection, phenylephrine hcl, up to 1 ml	0-999	N/F		\$2.42	\$2.42	\$2.51	\$2.51
1	J2400		injection, chlorprocaine hydrochloride, per 30 ml	0-999	N/F		\$18.24	\$18.24	\$16.73	\$16.73
1	J2410		injection, oxymorphone hcl, up to 1 mg	0-999	N/F		\$2.17	\$2.17	\$2.17	\$2.17
1	J2425		injection, palifermin, 50 micrograms	0-999	N/F		\$11.15	\$11.15	\$11.42	\$11.42
1	J2426		injection, paliperidone palmitate extended release, 1 mg	0-999	N/F		\$6.38	\$6.38	\$6.38	\$6.38
1	J2440		injection, papaverine hcl, up to 60 mg	0-999	N/F		\$2.99	\$2.99	\$11.95	\$11.95
1	J2460		injection, oxytetracycline hcl, up to 50 mg	0-999	N/F		\$0.92	\$0.92	\$0.92	\$0.92
1	J2501		injection, paricalcitol, 1 mcg	0-999	N/F		\$1.64	\$1.64	\$1.42	\$1.42
1	J2503		injection, pegaptanib sodium, 0.3 mg	0-999	N/F		\$1,001.05	\$1,001.05	\$1,001.05	\$1,001.05
1	J2504		injection, pegademase bovine, 25 iu	0-999	N/F		\$242.38	\$242.38	\$242.38	\$242.38
1	J2507		injection, pegloticase, 1 mg	0-999	N/F		\$555.19	\$555.19	\$754.85	\$754.85
1	J2510		injection, penicillin g procaine, aqueous, up to 600,000 units	0-999	N/F		\$12.34	\$12.34	\$13.44	\$13.44
1	J2515		injection, pentobarbital sodium, per 50 mg	0-999	N/F		\$26.17	\$26.17	\$26.88	\$26.88

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J2540		injection, penicillin g potassium, up to 600,000 units	0-999	N/F		\$0.54	\$0.54	\$0.54	\$0.54
1	J2543		injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	0-999	N/F		\$1.55	\$1.55	\$1.32	\$1.32
1	J2560		injection, phenobarbital sodium, up to 120 mg	0-999	N/F		\$14.64	\$14.64	\$17.63	\$17.63
1	J2562		injection, plerixafor, 1 mg	0-999	N/F		\$263.35	\$263.35	\$263.35	\$263.35
1	J2590		injection, oxytocin, up to 10 units	0-999	N/F		\$0.57	\$0.57	\$0.82	\$0.82
1	J2650		injection, prednisolone acetate, up to 1 ml	0-999	N/F		\$0.18	\$0.18	\$0.18	\$0.18
1	J2670		injection, tolazoline hcl, up to 25 mg	0-999	N/F		\$2.13	\$2.13	\$2.13	\$2.13
1	J2675		injection, progesterone, per 50 mg	0-999	N/F		\$1.09	\$1.09	\$1.09	\$1.09
1	J2680		injection, fluphenazine decanoate, up to 25 mg	0-999	N/F		\$17.30	\$17.30	\$17.46	\$17.46
1	J2690		injection, procainamide hcl, up to 1 gm	0-999	N/F		\$34.52	\$34.52	\$42.95	\$42.95
1	J2700		injection, oxacillin sodium, up to 250 mg	0-999	N/F		\$1.72	\$1.72	\$1.72	\$1.72
1	J2710		injection, neostigmine methylsulfate, up to 0.5 mg	0-999	N/F		\$0.43	\$0.43	\$0.72	\$0.72
1	J2720		injection, protamine sulfate, per 10 mg	0-999	N/F		\$0.79	\$0.79	\$0.79	\$0.79
1	J2724		injection, protein c concentrate, intravenous, human, 10 iu	0-999	N/F		\$12.85	\$12.85	\$12.85	\$12.85
1	J2730		injection, pralidoxime chloride, up to 1 gm	0-999	N/F		\$83.09	\$83.09	\$83.09	\$83.09
1	J2760		injection, phentolamine mesylate, up to 5 mg	0-999	N/F		\$99.39	\$99.39	\$119.25	\$119.25
1	J2770		injection, quinupristin/dalfopristin, 500 mg (150/350)	0-999	N/F		\$174.64	\$174.64	\$196.72	\$196.72
1	J2778		injection, ranibizumab, 0.1 mg	0-999	N/F		\$396.61	\$396.61	\$396.05	\$396.05

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J2785		injection, regadenoson, 0.1 mg	0-999	N/F		\$49.72	\$49.72	\$49.72	\$49.72
1	J2788		injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)	0-999	N/F		\$6.17	\$6.17	\$19.65	\$19.65
1	J2790		injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	0-999	N/F		\$75.92	\$75.92	\$75.92	\$75.92
1	J2791		injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	0-999	N/F		\$4.72	\$4.72	\$4.72	\$4.72
1	J2793		injection, riloncept, 1 mg	0-999	N/F		\$23.18	\$23.18	\$23.18	\$23.18
1	J2794		injection, risperidone, long acting, 0.5 mg	0-999	N/F		\$4.95	\$4.95	\$4.95	\$4.95
1	J2795		injection, ropivacaine hydrochloride, 1 mg	0-999	N/F		\$0.08	\$0.08	\$0.09	\$0.09
1	J2800		injection, methocarbamol, up to 10 ml	0-999	N/F		\$30.11	\$30.11	\$34.93	\$34.93
1	J2805		injection, sincalide, 5 micrograms	0-20	N/F		\$62.01	\$62.01	\$65.24	\$65.24
1	J2810		injection, theophylline, per 40 mg	0-999	N/F		\$0.20	\$0.20	\$0.20	\$0.20
1	J2850		injection, secretin, synthetic, human, 1 microgram	0-20	N/F		\$20.62	\$20.62	\$26.09	\$26.09
1	J2950		injection, promazine hcl, up to 25 mg	0-999	N/F		\$0.37	\$0.37	\$0.37	\$0.37
1	J2993		injection, reteplase, 18.1 mg	0-999	N/F		\$1,726.43	\$1,726.43	\$1,726.43	\$1,726.43
1	J3000		injection, streptomycin, up to 1 gm	0-999	N/F		\$10.12	\$10.12	\$10.12	\$10.12
D	J3000		injection, streptomycin, up to 1 gm	0-999	N/F		\$10.12	\$10.12	\$10.12	\$10.12
1	J3030		injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	0-999	N/F		\$52.25	\$52.25	\$78.37	\$78.37
1	J3060		injection, taliglucerase alfa, 10 units	0-999	N/F		\$30.90	\$30.90	\$30.90	\$30.90
1	J3070		injection, pentazocine, 30 mg	0-999	N/F		\$118.46	\$118.46	\$113.72	\$113.72
1	J3101		injection, tenecteplase, 1 mg	0-999	N/F		\$59.82	\$59.82	\$64.67	\$64.67

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J3105		injection, terbutaline sulfate, up to 1 mg	0-999	N/F		\$2.48	\$2.48	\$3.60	\$3.60
1	J3110		injection, teriparatide, 10 mcg	0-999	N/F		\$24.10	\$24.10	\$26.27	\$26.27
1	J3230		injection, chlorpromazine hcl, up to 50 mg	0-999	N/F		\$18.81	\$18.81	\$18.81	\$18.81
1	J3243		injection, tigecycline, 1 mg	0-999	N/F		\$1.46	\$1.46	\$1.56	\$1.56
1	J3246		injection, tirofiban hcl, 0.25mg	0-999	N/F		\$10.56	\$10.56	\$10.56	\$10.56
1	J3250		injection, trimethobenzamide hcl, up to 200 mg	0-999	N/F		\$14.64	\$14.64	\$15.54	\$15.54
1	J3260		injection, tobramycin sulfate, up to 80 mg	0-999	N/F		\$2.08	\$2.08	\$2.11	\$2.11
1	J3262		injection, tocilizumab, 1 mg	0-999	N/F		\$3.40	\$3.40	\$3.40	\$3.40
1	J3265		injection, torsemide, 10 mg/ml	0-999	N/F		\$3.88	\$3.88	\$3.88	\$3.88
1	J3280		injection, thiethylperazine maleate, up to 10 mg	0-999	N/F		\$4.96	\$4.96	\$4.96	\$4.96
1	J3285		injection, treprostinil, 1 mg	0-999	N/F		\$54.77	\$54.77	\$54.77	\$54.77
1	J3300		injection, triamcinolone acetoneide, preservative free, 1 mg	0-999	N/F		\$3.16	\$3.16	\$3.16	\$3.16
1	J3301		injection, triamcinolone acetoneide, not otherwise specified, 10 mg	0-999	N/F		\$1.52	\$1.52	\$1.52	\$1.52
1	J3302		injection, triamcinolone diacetate, per 5mg	0-999	N/F		\$0.27	\$0.27	\$0.27	\$0.27
1	J3303		injection, triamcinolone hexacetoneide, per 5mg	0-999	N/F		\$1.29	\$1.29	\$1.61	\$1.61
1	J3305		injection, trimetrexate glucuronate, per 25 mg	0-999	N/F		\$142.16	\$142.16	\$142.16	\$142.16
1	J3310		injection, perphenazine, up to 5 mg	0-999	N/F		\$6.05	\$6.05	\$6.05	\$6.05
1	J3320		injection, spectinomycin dihydrochloride, up to 2 gm	0-999	N/F		\$30.95	\$30.95	\$30.95	\$30.95
1	J3350		injection, urea, up to 40 gm	0-999	N/F		\$0.83	\$0.83	\$0.83	\$0.83
1	J3357		injection, ustekinumab, 1 mg	0-999	N/F		\$117.70	\$117.70	\$120.36	\$120.36

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J3364		injection, urokinase, 5000 iu vial	0-999	N/F		\$8.97	\$8.97	\$8.97	\$8.97
1	J3385		injection, velaglucerase alfa, 100 units	0-999	N/F		\$343.58	\$343.58	\$343.58	\$343.58
1	J3396		injection, verteporfin, 0.1 mg	0-999	N/F		\$9.31	\$9.31	\$9.31	\$9.31
1	J3400		injection, triflupromazine hcl, up to 20 mg	0-999	N/F		\$10.94	\$10.94	\$10.94	\$10.94
1	J3410		injection, hydroxyzine hcl, up to 25 mg	0-999	N/F		\$0.34	\$0.34	\$0.34	\$0.34
1	J3411		injection, thiamine hcl, 100 mg	0-999	N/F		\$3.07	\$3.07	\$3.07	\$3.07
1	J3415		injection, pyridoxine hcl, 100 mg	0-999	N/F		\$6.25	\$6.25	\$6.25	\$6.25
1	J3465		injection, voriconazole, 10 mg	0-999	N/F		\$4.10	\$4.10	\$3.73	\$3.73
1	J3471		injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)	0-999	N/F		\$0.27	\$0.27	\$0.27	\$0.27
1	J3472		injection, hyaluronidase, ovine, preservative free, per 1000 usp units	0-999	N/F		\$269.53	\$269.53	\$269.53	\$269.53
1	J3473		injection, hyaluronidase, recombinant, 1 usp unit	0-999	N/F		\$0.31	\$0.31	\$0.31	\$0.31
1	J3485		injection, zidovudine, 10 mg	0-999	N/F		\$1.28	\$1.28	\$1.28	\$1.28
1	J3486		injection, ziprasidone mesylate, 10 mg	0-20	N/F		\$8.56	\$8.56	\$9.28	\$9.28
1	J3486		injection, ziprasidone mesylate, 10 mg	21-999	N/F		\$8.56	\$8.56	\$9.28	\$9.28
1	J3489		injection, zoledronic acid, 1 mg	0-999	N/F		\$61.58	\$61.58	\$41.29	\$41.29
1	J3520		edetate disodium, per 150 mg	0-999	N/F		\$1.27	\$1.27	\$1.27	\$1.27
1	J3535		drug administered through a metered dose inhaler	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	J3590		unclassified biologics	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	J7030		infusion, normal saline solution , 1000 cc	0-20	N/F		\$1.04	\$1.04	\$1.12	\$1.12
1	J7120		ringers lactate infusion, up to 1000 cc	0-20	N/F		\$0.98	\$0.98	\$0.98	\$0.98
1	J7178		injection, human fibrinogen concentrate, 1 mg	0-999	N/F		\$0.01	\$0.01	\$0.01	\$0.01

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J7180		injection, factor xiii (antihemophilic factor, human), 1 i.u.	0-999	N/F		\$8.36	\$8.36	\$7.06	\$7.06
1	J7183		injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	0-999	N/F		\$0.86	\$0.86	\$0.86	\$0.86
1	J7185		injection, factor viii (antihemophilic factor, recombinant) (xynta), per i.u.	0-999	N/F		\$1.05	\$1.05	\$1.05	\$1.05
1	J7186		injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	0-999	N/F		\$0.89	\$0.89	\$0.89	\$0.89
1	J7189		factor viia (antihemophilic factor, recombinant), per 1 microgram	0-999	N/F		\$1.33	\$1.33	\$1.33	\$1.33
1	J7191		factor viii (antihemophilic factor (porcine)), per i.u.	0-999	N/F		\$1.09	\$1.09	\$1.09	\$1.09
1	J7193		factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	0-999	N/F		\$0.88	\$0.88	\$0.88	\$0.88
1	J7194		factor ix, complex, per i.u.	0-999	N/F		\$0.85	\$0.85	\$0.86	\$0.86
1	J7197		antithrombin iii (human), per i.u.	0-999	N/F		\$2.35	\$2.35	\$2.45	\$2.45
1	J7198		anti-inhibitor, per i.u.	0-999	N/F		\$1.52	\$1.52	\$1.52	\$1.52
1	J7199		hemophilia clotting factor, not otherwise classified	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	J7308		aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	0-20	N/F		\$186.83	\$186.83	\$186.83	\$186.83
1	J7311		fluocinolone acetonide, intravitreal implant	0-999	N/F		\$18,958.10	\$18,958.10	\$18,958.10	\$18,958.10
1	J7312		injection, dexamethasone, intravitreal implant, 0.1 mg	0-999	N/F		\$190.43	\$190.43	\$190.43	\$190.43
1	J7316		injection, ocriplasmin, 0.125 mg	0-999	N/F		\$1,046.75	\$1,046.75	\$1,046.75	\$1,046.75

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J7321		hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	0-999	N/F		\$88.95	\$88.95	\$88.90	\$88.90
1	J7323		hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	0-999	N/F		\$121.41	\$121.41	\$121.41	\$121.41
1	J7324		hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	0-999	N/F		\$165.66	\$165.66	\$165.66	\$165.66
1	J7325		hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	0-999	N/F		\$11.51	\$11.51	\$11.51	\$11.51
1	J7326		hyaluronan or derivative, gel-one, for intra-articular injection, per dose	0-999	N/F		\$461.18	\$461.18	\$461.18	\$461.18
1	J7501		azathioprine, parenteral, 100 mg	0-999	N/F		\$162.98	\$162.98	\$162.98	\$162.98
1	J7504		lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	0-999	N/F		\$618.09	\$618.09	\$676.69	\$676.69
1	J7505		muromonab-cd3, parenteral, 5 mg	0-999	N/F		\$1,112.45	\$1,112.45	\$1,112.45	\$1,112.45
1	J7511		lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25mg	0-999	N/F		\$451.69	\$451.69	\$451.69	\$451.69
1	J7513		daclizumab, parenteral, 25 mg	0-999	N/F		\$506.48	\$506.48	\$506.48	\$506.48
1	J7516		cyclosporin, parenteral, 250 mg	0-999	N/F		\$30.41	\$30.41	\$30.41	\$30.41
1	J7525		tacrolimus, parenteral, 5 mg	0-999	N/F		\$136.16	\$136.16	\$136.16	\$136.16
1	J7599		immunosuppressive drug, not otherwise classified	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J7605		arformoterol, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 15 micrograms	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	J7608		acetylcysteine, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per gram	0-999	N/F		\$3.81	\$3.81	\$4.04	\$4.04
1	J7611		albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg	0-999	N/F		\$0.09	\$0.09	\$0.09	\$0.09
1	J7612		levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg	0-999	N/F		\$0.18	\$0.18	\$0.17	\$0.17
1	J7613		albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg	0-999	N/F		\$0.05	\$0.05	\$0.05	\$0.05
1	J7614		levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg	0-999	N/F		\$0.09	\$0.09	\$0.09	\$0.09
1	J7620		albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme	0-999	N/F		\$0.18	\$0.18	\$0.18	\$0.18

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J7622		beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	0-999	N/F		\$133.00	\$133.00	\$133.00	\$133.00
1	J7626		budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 0.5 mg	0-999	N/F		\$4.21	\$4.21	\$4.21	\$4.21
1	J7631		cromolyn sodium, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	0-999	N/F		\$0.40	\$0.40	\$0.47	\$0.47
1	J7633		budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 0.25 milligram	0-999	N/F		\$8.00	\$8.00	\$8.00	\$8.00
1	J7639		dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	0-999	N/F		\$26.52	\$26.52	\$26.81	\$26.81
1	J7644		ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	0-999	N/F		\$0.23	\$0.23	\$0.23	\$0.23
1	J7665		mannitol, administered through an inhaler, 5 mg	0-999	N/F		\$0.56	\$0.56	\$0.56	\$0.56
1	J7674		methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	0-999	N/F		\$0.45	\$0.45	\$0.45	\$0.45

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J7682		tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams	0-999	N/F		\$90.28	\$90.28	\$89.26	\$89.26
1	J7699		noc drugs, inhalation solution administered through dme	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	J7799		noc drugs, other than inhalation drugs, administered through dme	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	J8999		prescription drug, oral, chemotherapeutic, nos	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	J9027		injection, clofarabine, 1 mg	0-999	N/F		\$114.02	\$114.02	\$114.02	\$114.02
1	J9165		injection, diethylstilbestrol diphosphate, 250 mg	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	J9175		injection, elliotts' b solution, 1 ml	0-20	N/F		\$4.00	\$4.00	\$6.93	\$6.93
1	J9212		injection, interferon alfacon-1, recombinant, 1 microgram	0-999	N/F		\$16.41	\$16.41	\$16.41	\$16.41
1	J9213		injection, interferon, alfa-2a, recombinant, 3 million units	0-999	N/F		\$37.06	\$37.06	\$37.06	\$37.06
1	J9215		injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	0-999	N/F		\$30.72	\$30.72	\$30.72	\$30.72
1	J9216		injection, interferon, gamma 1-b, 3 million units	0-999	N/F		\$461.81	\$461.81	\$2,582.69	\$2,582.69
1	J9219		leuprolide acetate implant, 65 mg	0-999	N/F		\$4,723.42	\$4,723.42	\$4,723.42	\$4,723.42
1	J9225		histrelin implant (vantas), 50 mg	0-999	N/F		\$2,859.43	\$2,859.43	\$2,859.43	\$2,859.43
1	J9226		histrelin implant (supprelin la), 50 mg	0-999	N/F		\$14,690.63	\$14,690.63	\$15,086.60	\$15,086.60
1	J9261		injection, nelarabine, 50 mg	0-999	N/F		\$103.79	\$103.79	\$107.19	\$107.19
1	J9600		injection, porfimer sodium, 75 mg	0-999	N/F		\$18,976.03	\$18,976.03	\$19,640.20	\$19,640.20

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	J9999		not otherwise classified, antineoplastic drugs	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	Q0139		injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	0-999	N/F		\$0.63	\$0.63	\$0.63	\$0.63
1	Q0163		diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	0-20	N/F		\$0.17	\$0.17	\$0.17	\$0.17
1	Q0164		prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$0.03	\$0.03	\$0.03	\$0.03
1	Q0166		granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a of chemotherapy treatment, not to exceed a 24 hour dosage regimen	0-20	N/F		\$2.03	\$2.03	\$1.48	\$1.48
1	Q0167		dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$2.83	\$2.83	\$5.15	\$5.15

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	Q0169		promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$0.07	\$0.07	\$0.06	\$0.06
1	Q0173		trimethobenzamide hydrochloride, 250 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$2.11	\$2.11	\$2.11	\$2.11
1	Q0175		perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$1.35	\$1.35	\$2.03	\$2.03
1	Q0177		hydroxyzine pamoate, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$2.15	\$2.15	\$2.15	\$2.15

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	Q0180		dolasetron mesylate, 100 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	0-20	N/F		\$65.41	\$65.41	\$65.41	\$65.41
1	Q0181		unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	Q2009		injection, fosphenytoin, 50 mg phenytoin equivalent	0-999	N/F		\$1.27	\$1.27	\$1.56	\$1.56
1	Q2017		injection, teniposide, 50 mg	0-999	N/F		\$320.07	\$320.07	\$1,989.00	\$1,989.00
1	Q2026		injection, radiesse, 0.1 ml	0-999	N/F		\$21.42	\$21.42	\$21.42	\$21.42
1	Q3027		injection, interferon beta-1a, 1 mcg for intramuscular use	0-999	N/F		\$36.01	\$36.01	\$36.01	\$36.01
1	Q3028		injection, interferon beta-1a, 1 mcg for subcutaneous use	0-999	N/F		\$18.68	\$18.68	\$19.99	\$19.99
1	Q4081		injection, epoetin alfa, 100 units (for esrd on dialysis)	0-999	N/F		\$0.92	\$0.92	\$0.92	\$0.92
1	Q4081		injection, epoetin alfa, 100 units (for esrd on dialysis)	0-999	N/F	72	\$0.92	\$0.92	\$0.92	\$0.92
1	Q4081		injection, epoetin alfa, 100 units (for esrd on dialysis)	0-999	N/F	73	\$0.92	\$0.92	\$0.92	\$0.92
1	Q4100		skin substitute, not otherwise specified	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	Q4101		apligraf, per square centimeter	0-999	N/F		\$32.06	\$32.06	\$32.06	\$32.06

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	Q4102		oasis wound matrix, per square centimeter	0-999	N/F		\$7.27	\$7.27	\$7.27	\$7.27
1	Q4103		oasis burn matrix, per square centimeter	0-999	N/F		\$7.27	\$7.27	\$7.27	\$7.27
1	Q4104		integra bilayer matrix wound dressing (bmwd), per square centimeter	0-999	N/F		\$19.39	\$19.39	\$19.39	\$19.39
1	Q4105		integra dermal regeneration template (drt), per square centimeter	0-999	N/F		\$11.39	\$11.39	\$13.19	\$13.19
1	Q4106		dermagraft, per square centimeter	0-999	N/F		\$39.30	\$39.30	\$35.42	\$35.42
1	Q4107		graftjacket, per square centimeter	0-999	N/F		\$90.20	\$90.20	\$90.20	\$90.20
1	Q4108		integra matrix, per square centimeter	0-999	N/F		\$22.72	\$22.72	\$22.72	\$22.72
1	Q4110		primatrix, per square centimeter	0-999	N/F		\$30.86	\$30.86	\$30.86	\$30.86
1	Q4111		gammagraft, per square centimeter	0-999	N/F		\$6.78	\$6.78	\$6.78	\$6.78
1	Q4112		cymetra, injectable, 1cc	0-999	N/F		\$331.65	\$331.65	\$326.65	\$326.65
1	Q4113		graftjacket xpress, injectable, 1cc	0-999	N/F		\$331.65	\$331.65	\$326.65	\$326.65
1	Q4114		allograft, integra flowable wound matrix, injectable, 1cc	0-999	N/F		\$992.57	\$992.57	\$1,008.39	\$1,008.39
1	Q4115		alloskin, per square centimeter	0-999	N/F		\$7.61	\$7.61	\$7.61	\$7.61
1	Q4116		alلودerm, per square centimeter	0-999	N/F		\$31.08	\$31.08	\$31.08	\$31.08
1	Q4119		matristem wound matrix, psmx, rs, or psm, per square centimeter	0-999	N/F		\$4.68	\$4.68	\$5.92	\$5.92
1	Q4120		matristem burn matrix, per square centimeter	0-999	N/F		\$15.18	\$15.18	\$18.21	\$18.21
1	Q4121		theraskin, per square centimeter	0-999	N/F		\$21.84	\$21.84	\$27.26	\$27.26
1	Q4122		dermacell, per square centimeter	0-999	N/F		\$76.50	\$76.50	\$91.80	\$91.80
1	Q4123		alloskin rt, per square centimeter	0-999	N/F		\$12.12	\$12.12	\$12.12	\$12.12
1	Q4124		oasis ultra tri-layer wound matrix, per square centimeter	0-999	N/F		\$12.12	\$12.12	\$12.48	\$12.48
1	Q4126		memoderm, dermaspan, tranzgraft or integuply, per square centimeter	0-999	N/F		\$106.91	\$106.91	\$106.91	\$106.91

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	Q4127		talymed, per square centimeter	0-999	N/F		\$13.26	\$13.26	\$13.26	\$13.26
1	Q4128		flex hd, allopatch hd, or matrix hd, per square centimeter	0-999	N/F		\$31.39	\$31.39	\$38.03	\$38.03
1	Q4129		unite biomatrix, per square centimeter	0-999	N/F		\$37.72	\$37.72	\$37.72	\$37.72
1	Q4130		strattice tm, per square centimeter	0-999	N/F		\$34.35	\$34.35	\$35.39	\$35.39
1	Q4131		epifix, per square centimeter	0-999	N/F		\$224.74	\$224.74	\$216.23	\$216.23
1	Q4134		hmatrix, per square centimeter	0-999	N/F		\$30.60	\$30.60	\$30.60	\$30.60
1	Q4135		mediskin, per square centimeter	0-999	N/F		\$2.06	\$2.06	\$2.06	\$2.06
1	Q4136		ez-derm, per square centimeter	0-999	N/F		\$2.03	\$2.03	\$2.03	\$2.03
1	Q4137		amnioexcel or biodexcel, per square centimeter	0-999	N/F		\$165.04	\$165.04	\$119.53	\$119.53
1	Q4138		biodfence dryflex, per square centimeter	0-999	N/F		\$229.06	\$229.06	\$152.73	\$152.73
1	Q4140		biodfence, per square centimeter	0-999	N/F		\$146.24	\$146.24	\$140.78	\$140.78
1	Q4142		xcm biologic tissue matrix, per square centimeter	0-999	N/F		\$30.53	\$30.53	\$33.37	\$33.37
1	Q4143		repriza, per square centimeter	0-999	N/F		\$21.91	\$21.91	\$21.91	\$21.91
1	Q4146		tensix, per square centimeter	0-999	N/F		\$153.29	\$153.29	\$141.89	\$141.89
1	Q4147		architect extracellular matrix, per square centimeter	0-999	N/F		\$58.91	\$58.91	\$58.91	\$58.91
1	Q4148		neox 1k, per square centimeter	0-999	N/F		\$230.96	\$230.96	\$220.72	\$220.72
1	Q4149		excellagen, 0.1 cc	0-999	N/F		\$43.35	\$43.35	\$43.35	\$43.35
1	Q9956		injection, octafluoropropane microspheres, per ml	0-20	N/F		\$36.95	\$36.95	\$36.95	\$36.95
1	Q9957		injection, perflutren lipid microspheres, per ml	0-20	N/F		\$55.42	\$55.42	\$55.42	\$55.42
1	S0017		injection, aminocaproic acid, 5 grams	0-20	N/F		\$1.56	\$1.56	\$1.88	\$1.88
1	S0020		injection, bupivacaine, hcl, 30 ml	0-999	N/F		\$2.67	\$2.67	\$2.34	\$2.34
1	S0021		injection, ceftoperazone sodium, 1 g	0-999	N/F		\$16.05	\$16.05	\$16.05	\$16.05

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	S0023		injection, cimetidine hcl, 300 mg	0-999	N/F		\$1.42	\$1.42	\$1.42	\$1.42
1	S0028		injection, famotidine, 20 mg	0-20	N/F		\$0.72	\$0.72	\$0.72	\$0.72
1	S0142		colistimethate sodium, inhalation solution administered through dme, concentrated form, per mg	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	S0145		injection, pegylated interferon alfa-2a, 180 mcg per ml	0-999	N/F		\$786.69	\$786.69	\$883.85	\$883.85
1	S0148		injection, pegylated interferon alfa-2b, 10 mcg	0-999	N/F		\$143.40	\$143.40	\$153.44	\$153.44
1	S0164		injection, pantoprazole sodium, 40 mg	0-999	N/F		\$5.10	\$5.10	\$5.10	\$5.10
1	S0166		injection, olanzapine, 2.5 mg	0-20	N/F		\$5.94	\$5.94	\$8.77	\$8.77
1	S0189		testosterone pellet, 75mg	0-20	N/F		\$90.32	\$90.32	\$90.32	\$90.32
1	S5010		5% dextrose and 0.45% normal saline, 1000 ml	0-20	N/F		\$1.79	\$1.79	\$1.79	\$1.79
1	S5011		5% dextrose in lactated ringers, 1000 ml	0-20	N/F		\$1.79	\$1.79	\$1.79	\$1.79
1	S5550		insulin, rapid onset, 5 units	0-20	N/F		\$0.46	\$0.46	\$0.56	\$0.56
1	S5551		insulin, most rapid onset (lispro or aspart); 5 units	0-20	N/F		\$1.03	\$1.03	\$1.21	\$1.21
1	S5552		insulin, intermediate acting (nph or lente); 5 units	0-20	N/F		\$0.46	\$0.46	\$0.56	\$0.56
1	S5553		insulin, long acting; 5 units	0-20	N/F		\$1.13	\$1.13	\$1.27	\$1.27

*Type of Service (TOS)	
1	Medical Services
9	Other Durable Medical Equipment (DME)
D	Tuberculosis Clinic

CFR ATTACHMENT 4 - PHYSICIAN-ADMINISTERED DRUGS NONONCOLOGY (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier **	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
S	Texas Health Steps Medical									
**Modifier										
U1	Vaccine(s)/toxoid(s) privately purchased by provider when Texas Vaccines for Children vaccine/toxoid is unavailable									
***Provider Type (PT)/Provider Specialty (PS)										
51	Ambulatory Surgical Center - Freestanding/Independent									
52	Ambulatory Surgical Center - Hospital Based									
72	Nephrology (Hemodialysis, Renal Dialysis)									
73	Renal Dialysis Facility									

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CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0100		cane, includes canes of all materials, adjustable or fixed, with tip	0-999	N		\$15.27	\$15.27	\$15.27	\$15.27
J	E0105		cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	0-999	N		\$36.35	\$36.35	\$36.35	\$36.35
J	E0110		crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	0-999	N		\$54.34	\$54.34	\$54.34	\$54.34
L	E0110		crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	0-999	N		\$9.38	\$9.38	\$5.43	\$5.43
J	E0111		crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	0-999	N		\$35.87	\$35.87	\$35.87	\$35.87
L	E0111		crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	0-999	N		\$6.56	\$6.56	\$3.59	\$3.59
J	E0112		crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	0-999	N		\$28.78	\$28.78	\$28.78	\$28.78
L	E0112		crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	0-999	N		\$6.17	\$6.17	\$2.88	\$2.88
J	E0113		crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	0-999	N		\$16.76	\$16.76	\$16.76	\$16.76
L	E0113		crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	0-999	N		\$4.00	\$4.00	\$1.68	\$1.68
J	E0114		crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	0-999	N		\$32.30	\$32.30	\$32.30	\$32.30
L	E0114		crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	0-999	N		\$6.67	\$6.67	\$3.23	\$3.23
J	E0116		crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	0-999	N		\$20.72	\$20.72	\$20.72	\$20.72
L	E0116		crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	0-999	N		\$4.20	\$4.20	\$2.07	\$2.07
J	E0130		walker, rigid (pickup), adjustable or fixed height	0-999	N		\$54.34	\$54.34	\$54.34	\$54.34
L	E0130		walker, rigid (pickup), adjustable or fixed height	0-999	N		\$9.45	\$9.45	\$5.43	\$5.43
J	E0135		walker, folding (pickup), adjustable or fixed height	0-999	N		\$69.81	\$69.81	\$69.81	\$69.81
L	E0135		walker, folding (pickup), adjustable or fixed height	0-999	N		\$11.11	\$11.11	\$6.98	\$6.98
J	E0140		walker, with trunk support, adjustable or fixed height, any type	0-999	N		\$360.71	\$331.85	\$345.08	\$345.08
J	E0141		walker, rigid, wheeled, adjustable or fixed height	0-999	N		\$88.39	\$88.39	\$88.39	\$88.39
L	E0141		walker, rigid, wheeled, adjustable or fixed height	0-999	N		\$15.82	\$15.82	\$8.84	\$8.84
J	E0143		walker, folding, wheeled, adjustable or fixed height	0-999	N		\$92.22	\$92.22	\$92.22	\$92.22

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E0143		walker, folding, wheeled, adjustable or fixed height	0-999	N		\$14.62	\$14.62	\$9.22	\$9.22
J	E0144		walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	0-999	N		\$150.94	\$150.94	\$198.12	\$198.12
L	E0144		walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	0-999	N		\$15.10	\$15.10	\$19.81	\$19.81
J	E0147		walker, heavy duty, multiple braking system, variable wheel resistance	0-999	N		\$478.58	\$478.58	\$478.58	\$478.58
L	E0147		walker, heavy duty, multiple braking system, variable wheel resistance	0-999	N		\$47.86	\$47.86	\$47.86	\$47.86
J	E0148		walker, heavy duty, without wheels, rigid or folding, any type, each	0-999	N		\$105.78	\$105.78	\$105.78	\$105.78
L	E0148		walker, heavy duty, without wheels, rigid or folding, any type, each	0-999	N		\$10.59	\$10.59	\$10.58	\$10.58
J	E0149		walker, heavy duty, wheeled, rigid or folding, any type	0-999	N		\$157.56	\$157.56	\$157.56	\$157.56
L	E0149		walker, heavy duty, wheeled, rigid or folding, any type	0-999	N		\$15.76	\$15.76	\$15.76	\$15.76
J	E0153		platform attachment, forearm crutch, each	0-999	N		\$63.52	\$63.52	\$63.52	\$63.52
J	E0154		platform attachment, walker, each	0-999	N		\$58.71	\$58.71	\$58.71	\$58.71
J	E0155		wheel attachment, rigid pick-up walker, per pair	0-999	N		\$25.22	\$25.22	\$25.22	\$25.22
J	E0157		crutch attachment, walker, each	0-999	N		\$41.94	\$41.94	\$41.94	\$41.94
J	E0158		leg extensions for walker, per set of four (4)	0-999	N		\$21.42	\$21.42	\$21.42	\$21.42
J	E0159		brake attachment for wheeled walker, replacement, each	0-999	N		\$14.88	\$14.88	\$14.88	\$14.88
J	E0160		sitz type bath or equipment, portable, used with or without commode	0-999	N		\$20.81	\$20.81	\$20.81	\$20.81
J	E0161		sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	0-999	N		\$21.54	\$21.54	\$21.54	\$21.54
J	E0162		sitz bath chair	0-999	N		\$119.64	\$119.64	\$119.64	\$119.64
L	E0162		sitz bath chair	0-999	N		\$12.55	\$12.55	\$11.96	\$11.96
J	E0163		commode chair, mobile or stationary, with fixed arms	0-999	N		\$97.06	\$97.06	\$97.06	\$97.06
J	E0163	TG	commode chair, stationary, with fixed arms, complex/high tech level of care	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E0165		commode chair, mobile or stationary, with detachable arms	0-999	N		\$171.69	\$171.69	\$171.69	\$171.69
J	E0165	TG	commode chair, stationary, with detachable arms, complex/high tech level of care	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E0167		pail or pan for use with commode chair, replacement only	0-999	N		\$9.09	\$9.09	\$9.09	\$9.09
L	E0167		pail or pan for use with commode chair, replacement only	0-999	N		\$0.91	\$0.91	\$0.91	\$0.91
J	E0168		commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	0-999	N		\$132.81	\$132.81	\$132.81	\$132.81

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0168	TF	commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each, intermediate level of care	0-999	N		\$319.26	\$319.26	\$319.26	\$319.26
J	E0168	TG ¹	commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each, complex/high tech level of care	0-999	N		\$1,544.22	\$1,544.22	\$1,544.22	\$1,544.22
J	E0170		commode chair with integrated seat lift mechanism, electric, any type	0-999	N		\$1,653.85	\$1,653.85	\$1,653.85	\$1,653.85
J	E0171		commode chair with integrated seat lift mechanism, non-electric, any type	0-999	N		\$297.63	\$297.63	\$297.63	\$297.63
J	E0172		seat lift mechanism placed over or on top of toilet, any type	0-999	N		\$1,806.79	\$1,806.79	\$1,806.79	\$1,806.79
J	E0175		foot rest, for use with commode chair, each	0-999	N		\$51.06	\$51.06	\$51.06	\$51.06
L	E0175		foot rest, for use with commode chair, each	0-999	N		\$5.11	\$5.11	\$5.11	\$5.11
J	E0181		powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	0-999	N		\$251.71	\$251.71	\$251.71	\$251.71
L	E0181		powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	0-999	N		\$25.17	\$25.17	\$25.17	\$25.17
L	E0182		pump for alternating pressure pad, for replacement only	0-999	N		\$17.98	\$17.98	\$17.98	\$17.98
J	E0185		gel or gel-like pressure pad for mattress, standard mattress length and width	0-999	N		\$280.68	\$280.68	\$280.68	\$280.68
L	E0185		gel or gel-like pressure pad for mattress, standard mattress length and width	0-999	N		\$39.43	\$39.43	\$28.07	\$28.07
J	E0187		water pressure mattress	0-999	N/F		\$224.20	\$224.20	\$224.20	\$224.20
L	E0187		water pressure mattress	0-999	N		\$22.42	\$22.42	\$22.42	\$22.42
J	E0188		synthetic sheepskin pad	0-999	N		\$20.67	\$20.67	\$20.67	\$20.67
J	E0189		lambswool sheepskin pad, any size	0-999	N		\$47.80	\$47.80	\$47.80	\$47.80
J	E0190		positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	0-999	N		\$47.99	\$47.99	\$47.99	\$47.99
J	E0190	UD	positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	0-20	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E0191		heel or elbow protector, each	0-999	N		\$7.74	\$7.74	\$7.74	\$7.74
L	E0193		powered air flotation bed (low air loss therapy)	0-999	N		\$752.22	\$752.22	\$752.22	\$752.22
L	E0194		air fluidized bed	0-999	N		\$2,258.07	\$2,258.07	\$2,258.07	\$2,258.07
J	E0196		gel pressure mattress	0-999	N		\$313.81	\$313.81	\$313.81	\$313.81
L	E0196		gel pressure mattress	0-999	N		\$31.38	\$31.38	\$31.38	\$31.38
J	E0197		air pressure pad for mattress, standard mattress length and width	0-999	N		\$173.27	\$173.27	\$173.27	\$173.27
L	E0197		air pressure pad for mattress, standard mattress length and width	0-999	N		\$17.32	\$17.32	\$17.33	\$17.33
J	E0198		water pressure pad for mattress, standard mattress length and width	0-999	N		\$126.49	\$126.49	\$135.92	\$135.92

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E0198		water pressure pad for mattress, standard mattress length and width	0-999	N		\$18.28	\$18.28	\$13.59	\$13.59
J	E0199		dry pressure pad for mattress, standard mattress length and width	0-999	N/F		\$30.15	\$30.15	\$30.15	\$30.15
L	E0202		phototherapy (bilirubin) light with photometer	0-999	N		\$53.90	\$53.90	\$53.90	\$53.90
J	E0210		electric heat pad, standard	0-999	N		\$24.09	\$24.09	\$24.09	\$24.09
J	E0217		water circulating heat pad with pump	0-999	N		\$435.67	\$435.67	\$435.67	\$435.67
L	E0217		water circulating heat pad with pump	0-999	N		\$43.57	\$43.57	\$43.57	\$43.57
J	E0218		water circulating cold pad with pump	0-999	N		\$360.49	\$360.49	\$360.49	\$360.49
L	E0218		water circulating cold pad with pump	0-999	N		\$50.59	\$50.59	\$36.05	\$36.05
L	E0225		hydrocollator unit, includes pads	0-999	N		\$37.01	\$37.01	\$37.01	\$37.01
J	E0235		paraffin bath unit, portable (see medical supply code a4265 for paraffin)	0-999	N		\$166.70	\$166.70	\$166.70	\$166.70
L	E0235		paraffin bath unit, portable (see medical supply code a4265 for paraffin)	0-999	N		\$16.67	\$16.67	\$16.67	\$16.67
J	E0236		pump for water circulating pad	0-999	N		\$427.43	\$427.43	\$427.43	\$427.43
J	E0240		bath/shower chair, with or without wheels, any size	0-999	N		\$83.13	\$83.13	\$83.13	\$83.13
J	E0240	TF ¹	bath/shower chair, with or without wheels, any size	0-999	N		\$1,434.28	\$1,434.28	\$1,434.28	\$1,434.28
J	E0240	TG ²	bath/shower chair, with or without wheels, any size	0-999	N		\$1,935.82	\$1,935.82	\$1,935.82	\$1,935.82
J	E0243		toilet rail, each	0-999	N		\$28.14	\$28.14	\$40.00	\$40.00
J	E0244		raised toilet seat	0-999	N		\$28.90	\$25.29	\$28.90	\$28.90
J	E0245		tub stool or bench	0-999	N		\$32.20	\$29.62	\$39.00	\$39.00
J	E0246		transfer tub rail attachment	0-999	N		\$41.49	\$41.49	\$41.49	\$41.49
J	E0247		transfer bench for tub or toilet with or without commode opening	0-999	N		\$88.70	\$88.70	\$88.70	\$88.70
J	E0248		transfer bench, heavy duty, for tub or toilet with or without commode opening	0-999	N		\$138.62	\$138.62	\$138.62	\$138.62
J	E0250		hospital bed, fixed height, with any type side rails, with mattress	0-999	N		\$738.59	\$738.59	\$738.59	\$738.59
L	E0250		hospital bed, fixed height, with any type side rails, with mattress	0-999	N		\$73.86	\$73.86	\$73.86	\$73.86
J	E0255		hospital bed, variable height, hi-lo, with any type side rails, with mattress	0-999	N		\$930.30	\$930.30	\$930.30	\$930.30
L	E0255		hospital bed, variable height, hi-lo, with any type side rails, with mattress	0-999	N		\$93.03	\$93.03	\$93.03	\$93.03
J	E0260		hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	0-999	N		\$1,118.66	\$1,118.66	\$1,118.66	\$1,118.66
L	E0260		hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	0-999	N		\$111.87	\$111.87	\$111.87	\$111.87
J	E0265		hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	0-999	N		\$1,772.72	\$1,772.72	\$1,772.72	\$1,772.72
L	E0265		hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	0-999	N		\$177.27	\$177.27	\$177.27	\$177.27
J	E0271		mattress, innerspring	0-999	N		\$148.48	\$148.48	\$148.48	\$148.48
J	E0275		bed pan, standard, metal or plastic	0-999	N		\$14.07	\$14.07	\$14.85	\$14.85

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0276		bed pan, fracture, metal or plastic	0-999	N		\$12.22	\$12.22	\$12.22	\$12.22
L	E0277		powered pressure-reducing air mattress	0-999	N		\$506.13	\$506.13	\$506.13	\$506.13
J	E0280		bed cradle, any type	0-999	N		\$30.25	\$30.25	\$30.25	\$30.25
L	E0280		bed cradle, any type	0-999	N		\$3.26	\$3.26	\$3.03	\$3.03
J	E0300		pediatric crib, hospital grade, fully enclosed, with or without top enclosure	0-999	N		\$2,838.62	\$2,483.79	\$2,838.62	\$2,838.62
L	E0300		pediatric crib, hospital grade, fully enclosed, with or without top enclosure	0-999	N		\$256.89	\$224.78	\$283.86	\$283.86
J	E0305		bed side rails, half length	0-999	N		\$140.88	\$140.88	\$140.88	\$140.88
J	E0310		bed side rails, full length	0-999	N		\$121.94	\$121.94	\$121.94	\$121.94
J	E0315		bed accessory: board, table, or support device, any type	0-999	N		\$150.68	\$150.68	\$150.68	\$150.68
J	E0325		urinal; male, jug-type, any material	0-999	N		\$13.91	\$13.91	\$11.23	\$11.23
L	E0325		urinal; male, jug-type, any material	0-999	N		\$1.39	\$1.39	\$1.12	\$1.12
J	E0326		urinal; female, jug-type, any material	0-999	N		\$7.81	\$7.81	\$7.81	\$7.81
9	E0350		control unit for electronic bowel irrigation/evacuation system	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	E0352		disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system	0-999	N/F		\$56.25	\$56.25	\$56.25	\$56.25
J	E0370		air pressure elevator for heel	0-999	N		\$21.78	\$21.78	\$21.78	\$21.78
L	E0370		air pressure elevator for heel	0-999	N		\$2.18	\$2.18	\$2.18	\$2.18
J	E0371		nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	0-999	N		\$3,519.69	\$3,519.69	\$3,519.69	\$3,519.69
L	E0371		nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	0-999	N		\$351.97	\$351.97	\$351.97	\$351.97
J	E0372		powered air overlay for mattress, standard mattress length and width	0-999	N		\$4,270.88	\$4,270.88	\$4,270.88	\$4,270.88
L	E0372		powered air overlay for mattress, standard mattress length and width	0-999	N		\$427.09	\$427.09	\$427.09	\$427.09
J	E0373		nonpowered advanced pressure reducing mattress	0-999	N		\$4,865.88	\$4,865.88	\$4,865.88	\$4,865.88
L	E0373		nonpowered advanced pressure reducing mattress	0-999	N		\$486.59	\$486.59	\$486.59	\$486.59
L	E0424		stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	0-999	N		\$159.32	\$159.32	\$159.32	\$159.32
L	E0431		portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	0-999	N		\$26.47	\$26.47	\$26.47	\$26.47
L	E0433		portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	0-999	N		\$47.50	\$47.50	\$47.50	\$47.50

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
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L	E0434		portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	0-999	N		\$26.47	\$26.47	\$26.47	\$26.47
L	E0439		stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	0-999	N		\$159.32	\$159.32	\$159.32	\$159.32
L	E0441		oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned)	0-999	N		\$7.13	\$7.13	\$7.13	\$7.13
L	E0442		stationary oxygen contents, liquid, 1 month's supply = 1 unit	0-999	N		\$7.13	\$7.13	\$7.13	\$7.13
L	E0443		portable oxygen contents, gaseous, 1 month's supply = 1 unit	0-999	N		\$7.13	\$7.13	\$7.13	\$7.13
L	E0444		portable oxygen contents, liquid, 1 month's supply = 1 unit	0-999	N		\$7.13	\$7.13	\$7.13	\$7.13
L	E0450		volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	0-999	N		\$873.81	\$873.81	\$873.81	\$873.81
J	E0457		chest shell (cuirass)	0-999	N		\$574.41	\$574.41	\$574.41	\$574.41
L	E0457		chest shell (cuirass)	0-999	N		\$57.44	\$57.44	\$57.44	\$57.44
J	E0459		chest wrap	0-999	N		\$445.12	\$445.12	\$445.12	\$445.12
L	E0459		chest wrap	0-999	N		\$44.51	\$44.51	\$44.51	\$44.51
L	E0460		negative pressure ventilator; portable or stationary	0-999	N		\$643.72	\$643.72	\$643.72	\$643.72
L	E0463		pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)	0-999	N		\$1,058.00	\$1,058.00	\$1,058.00	\$1,058.00
L	E0464		pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	0-999	N		\$1,058.00	\$1,058.00	\$1,058.00	\$1,058.00
J	E0470		respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	0-999	N		\$2,777.35	\$2,777.35	\$2,777.35	\$2,777.35
L	E0470		respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive arway pressure device)	0-999	N		\$213.64	\$213.64	\$277.74	\$277.74

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E0471		respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	0-999	N		\$363.60	\$363.60	\$363.60	\$363.60
L	E0472		respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	0-999	N		\$363.60	\$363.60	\$363.60	\$363.60
J	E0480		percussor, electric or pneumatic, home model	0-999	N		\$359.08	\$359.08	\$359.08	\$359.08
L	E0480		percussor, electric or pneumatic, home model	0-999	N		\$35.91	\$35.91	\$35.91	\$35.91
L	E0482		cough stimulating device, alternating positive and negative airway pressure	0-999	N		\$266.76	\$266.76	\$266.76	\$266.76
J	E0483		high frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	0-999	N		\$9,253.45	\$9,253.45	\$9,253.45	\$9,253.45
L	E0483		high frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	0-999	N		\$925.35	\$925.35	\$925.35	\$925.35
L	E0500		ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	0-999	N		\$95.39	\$95.39	\$95.39	\$95.39
J	E0550		humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery	0-999	N		\$427.43	\$427.43	\$427.43	\$427.43
L	E0550		humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery	0-999	N		\$42.74	\$42.74	\$42.74	\$42.74
J	E0561		humidifier, non-heated, used with positive airway pressure device	0-999	N		\$89.09	\$89.09	\$89.09	\$89.09
L	E0561		humidifier, non-heated, used with positive airway pressure device	0-999	N		\$8.90	\$8.90	\$8.91	\$8.91
J	E0562		humidifier, heated, used with positive airway pressure device	0-999	N		\$250.79	\$250.79	\$250.79	\$250.79
L	E0562		humidifier, heated, used with positive airway pressure device	0-999	N		\$25.07	\$25.07	\$25.08	\$25.08
J	E0565		compressor, air power source for equipment which is not self- contained or cylinder driven	0-999	N		\$589.35	\$589.35	\$589.35	\$589.35
L	E0565		compressor, air power source for equipment which is not self- contained or cylinder driven	0-999	N		\$58.94	\$58.94	\$58.94	\$58.94
J	E0570		nebulizer, with compressor	0-999	N		\$129.63	\$129.63	\$129.63	\$129.63
J	E0574		ultrasonic/electronic aerosol generator with small volume nebulizer	0-999	N		\$388.88	\$388.88	\$388.88	\$388.88
J	E0575		nebulizer, ultrasonic, large volume	0-999	N		\$992.86	\$992.86	\$992.86	\$992.86

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0580		nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	0-999	N		\$118.88	\$118.88	\$118.88	\$118.88
L	E0580		nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	0-999	N		\$11.89	\$11.89	\$11.89	\$11.89
J	E0585		nebulizer, with compressor and heater	0-999	N		\$322.64	\$322.64	\$322.64	\$322.64
J	E0600		respiratory suction pump, home model, portable or stationary, electric	0-999	N		\$442.34	\$442.34	\$442.34	\$442.34
J	E0601		continuous positive airway pressure (cpap) device	0-999	N		\$1,112.52	\$1,112.52	\$1,112.52	\$1,112.52
L	E0601		continuous positive airway pressure (cpap) device	0-999	N		\$85.58	\$85.58	\$85.58	\$85.58
J	E0602		breast pump, manual, any type	0-999	N		\$16.66	\$16.66	\$16.66	\$16.66
J	E0603		breast pump, electric (ac and/or dc), any type	0-999	N		\$152.88	\$152.88	\$152.88	\$152.88
L	E0604		breast pump, hospital grade, electric (ac and / or dc), any type	0-999	N		\$69.15	\$69.15	\$69.15	\$69.15
J	E0605		vaporizer, room type	0-999	N		\$24.20	\$24.20	\$24.20	\$24.20
J	E0606		postural drainage board	0-999	N		\$158.15	\$158.15	\$158.15	\$158.15
J	E0610		pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	0-999	N		\$229.77	\$229.77	\$229.77	\$229.77
J	E0615		pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	0-999	N		\$450.27	\$450.27	\$450.27	\$450.27
9	E0616		implantable cardiac event recorder with memory, activator and programmer	0-20	N/F		\$3,033.59	\$3,033.59	\$3,033.59	\$3,033.59
J	E0616		implantable cardiac event recorder with memory, activator and programmer	0-20	N		\$3,033.59	\$3,033.59	\$3,033.59	\$3,033.59
J	E0617		external defibrillator with integrated electrocardiogram analysis	0-20	N		\$2,346.51	\$2,346.51	\$2,346.51	\$2,346.51
L	E0617		external defibrillator with integrated electrocardiogram analysis	0-20	N		\$234.65	\$234.65	\$234.65	\$234.65
J	E0618		apnea monitor, without recording feature	0-999	N		\$2,335.34	\$2,335.34	\$2,335.34	\$2,335.34
J	E0619		apnea monitor, with recording feature	0-999	N		\$2,276.20	\$2,094.10	\$2,094.10	\$2,094.10
L	E0619		apnea monitor, with recording feature	0-999	N		\$227.62	\$209.41	\$209.41	\$209.41
J	E0621		slings or seats, patient lift, canvas or nylon	0-999	N		\$87.88	\$87.88	\$87.88	\$87.88
J	E0625	U1	patient lift, bathroom or toilet, not otherwise classified	0-999	N		\$980.71	\$980.71	\$980.71	\$980.71
J	E0625		patient lift, bathroom or toilet, not otherwise classified	0-999	N		\$463.75	\$463.75	\$463.75	\$463.75
J	E0625	U2	patient lift, bathroom or toilet, not otherwise classified	0-999	N		\$2,376.36	\$2,376.36	\$2,376.36	\$2,376.36
J	E0625	U3	patient lift, bathroom or toilet, not otherwise classified	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E0625		patient lift, bathroom or toilet, not otherwise classified	0-999	N		\$46.38	\$46.38	\$46.38	\$46.38
J	E0628		separate seat lift mechanism for use with patient owned furniture-electric	0-999	N		\$319.48	\$319.48	\$319.48	\$319.48

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0629		separate seat lift mechanism for use with patient owned furniture-non-electric	0-999	N		\$319.47	\$319.47	\$319.47	\$319.47
J	E0630		patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	0-999	N		\$984.22	\$984.22	\$984.22	\$984.22
L	E0630		patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	0-999	N		\$98.42	\$98.42	\$98.42	\$98.42
J	E0635		patient lift, electric with seat or sling	0-20	N		\$2,177.65	\$2,003.44	\$1,765.53	\$1,765.53
J	E0635		patient lift, electric with seat or sling	21-999	N		\$2,177.65	\$2,003.44	\$1,765.53	\$1,765.53
L	E0635		patient lift, electric with seat or sling	0-999	N		\$112.57	\$112.57	\$176.55	\$176.55
J	E0637		combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	0-999	N		\$3,556.34	\$3,271.83	\$3,271.83	\$3,271.83
J	E0638	UA	standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	0-999	N		\$2,349.30	\$2,302.31	\$2,302.31	\$2,302.31
J	E0638	UB	standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	0-999	N		\$2,927.40	\$2,868.85	\$2,868.85	\$2,868.85
J	E0641		standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	0-999	N		\$2,813.58	\$2,588.49	\$2,588.49	\$2,588.49
J	E0642		standing frame/table system, mobile (dynamic stander), any size including pediatric	0-999	N		\$3,452.89	\$3,452.89	\$3,452.89	\$3,452.89
J	E0650		pneumatic compressor, non-segmental home model	0-999	N		\$532.16	\$532.16	\$532.16	\$532.16
L	E0650		pneumatic compressor, non-segmental home model	0-999	N		\$53.21	\$53.21	\$53.22	\$53.22
J	E0651		pneumatic compressor, segmental home model without calibrated gradient pressure	0-999	N		\$887.19	\$887.19	\$887.19	\$887.19
L	E0651		pneumatic compressor, segmental home model without calibrated gradient pressure	0-999	N		\$88.72	\$88.72	\$88.72	\$88.72
J	E0652		pneumatic compressor, segmental home model with calibrated gradient pressure	0-999	N		\$4,170.41	\$4,170.41	\$4,170.41	\$4,170.41
L	E0652		pneumatic compressor, segmental home model with calibrated gradient pressure	0-999	N		\$417.05	\$417.05	\$417.04	\$417.04
J	E0655		non-segmental pneumatic appliance for use with pneumatic compressor, half arm	0-999	N		\$84.77	\$84.77	\$84.77	\$84.77
L	E0655		non-segmental pneumatic appliance for use with pneumatic compressor, half arm	0-999	N		\$8.48	\$8.48	\$8.48	\$8.48

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0660		non-segmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N		\$120.92	\$120.92	\$120.92	\$120.92
L	E0660		non-segmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N		\$12.09	\$12.09	\$12.09	\$12.09
J	E0665		non-segmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N		\$103.33	\$103.33	\$103.33	\$103.33
L	E0665		non-segmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N		\$10.33	\$10.33	\$10.33	\$10.33
J	E0666		non-segmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N		\$98.84	\$98.84	\$98.84	\$98.84
L	E0666		non-segmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N		\$9.88	\$9.88	\$9.88	\$9.88
J	E0667		segmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N		\$312.76	\$312.76	\$312.76	\$312.76
L	E0667		segmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N		\$35.32	\$35.32	\$31.28	\$31.28
J	E0668		segmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N		\$399.35	\$399.35	\$399.35	\$399.35
L	E0668		segmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N		\$39.94	\$39.94	\$39.94	\$39.94
J	E0669		segmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N		\$152.75	\$152.75	\$152.75	\$152.75
L	E0669		segmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N		\$15.28	\$15.28	\$15.28	\$15.28
J	E0670		segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	0-999	N		\$1,020.77	\$1,020.77	\$1,020.77	\$1,020.77
L	E0670		segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	0-999	N		\$102.08	\$102.08	\$102.08	\$102.08
J	E0671		segmental gradient pressure pneumatic appliance, full leg	0-999	N		\$364.48	\$364.48	\$364.48	\$364.48
L	E0671		segmental gradient pressure pneumatic appliance, full leg	0-999	N		\$36.45	\$36.45	\$36.45	\$36.45
J	E0672		segmental gradient pressure pneumatic appliance, full arm	0-999	N		\$301.67	\$301.67	\$301.67	\$301.67
L	E0672		segmental gradient pressure pneumatic appliance, full arm	0-999	N		\$30.17	\$30.17	\$30.17	\$30.17
J	E0673		segmental gradient pressure pneumatic appliance, half leg	0-999	N		\$235.33	\$235.33	\$235.33	\$235.33
L	E0673		segmental gradient pressure pneumatic appliance, half leg	0-999	N		\$23.53	\$23.53	\$23.53	\$23.53
J	E0676		intermittent limb compression device (includes all accessories), not otherwise specified	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E0676		intermittent limb compression device (includes all accessories), not otherwise specified	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0700		safety equipment, device or accessory, any type	0-999	N		\$23.92	\$23.92	\$35.00	\$35.00
J	E0705		transfer device, any type, each	0-999	N		\$34.88	\$34.88	\$34.88	\$34.88
J	E0710		restraints, any type (body, chest, wrist or ankle)	0-999	N/F		\$31.80	\$31.80	\$31.80	\$31.80
L	E0710		restraints, any type (body, chest, wrist or ankle)	0-999	N		\$3.18	\$3.18	\$3.18	\$3.18
J	E0720		transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	0-999	N		\$321.77	\$321.77	\$321.77	\$321.77
L	E0720		transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	0-999	N		\$32.18	\$32.18	\$32.18	\$32.18
J	E0730		transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	0-999	N		\$329.14	\$329.14	\$329.14	\$329.14
L	E0730		transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	0-999	N		\$32.92	\$32.92	\$32.91	\$32.91
J	E0731		form fitting conductive garment for delivery of tens or names (with conductive fibers separated from the patient's skin by layers of fabric)	0-999	N		\$278.93	\$278.93	\$278.93	\$278.93
L	E0731		form fitting conductive garment for delivery of tens or names (with conductive fibers separated from the patient's skin by layers of fabric)	0-999	N		\$27.89	\$27.89	\$27.89	\$27.89
9	E0740		incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer	0-999	N/F		\$481.04	\$481.04	\$481.04	\$481.04
J	E0740		incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer	0-999	N		\$481.04	\$481.04	\$481.04	\$481.04
J	E0745		neuromuscular stimulator, electronic shock unit	0-999	N		\$823.49	\$823.49	\$823.49	\$823.49
L	E0745		neuromuscular stimulator, electronic shock unit	0-999	N		\$82.35	\$82.35	\$82.35	\$82.35
J	E0747		osteogenesis stimulator, electrical, non-invasive, other than spinal applications	0-999	N		\$3,602.78	\$3,602.78	\$3,602.78	\$3,602.78
J	E0748		osteogenesis stimulator, electrical, non-invasive, spinal applications	0-999	N		\$3,579.44	\$3,579.44	\$3,579.44	\$3,579.44
9	E0749		osteogenesis stimulator, electrical, surgically implanted	0-999	N/F		\$2,786.83	\$2,786.83	\$2,786.83	\$2,786.83
J	E0760		ostogenesis stimulator, low intensity ultrasound, non-invasive	0-999	N		\$2,974.45	\$2,974.45	\$2,974.45	\$2,974.45
J	E0762		transcutaneous electrical joint stimulation device system, includes all accessories	0-999	N		\$915.94	\$915.94	\$915.94	\$915.94
L	E0762		transcutaneous electrical joint stimulation device system, includes all accessories	0-999	N		\$91.60	\$91.60	\$91.59	\$91.59

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0764		functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	0-999	N		\$10,845.48	\$10,845.48	\$10,845.48	\$10,845.48
L	E0764		functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	0-999	N		\$1,084.54	\$1,084.54	\$1,084.55	\$1,084.55
J	E0776		iv pole	0-999	N		\$79.62	\$79.62	\$79.62	\$79.62
L	E0776		iv pole	0-999	N		\$10.41	\$10.41	\$7.96	\$7.96
J	E0781		ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	0-999	N		\$2,106.90	\$2,106.90	\$2,106.90	\$2,106.90
L	E0781		ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	0-999	N		\$210.69	\$210.69	\$210.69	\$210.69
9	E0782		infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	F		\$3,753.51	\$3,753.51	\$3,753.51	\$3,753.51
9	E0782		infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	F	CT 023	\$3,753.51	\$3,753.51	\$3,753.51	\$3,753.51
J	E0782		infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	N		\$3,753.51	\$3,753.51	\$3,753.51	\$3,753.51
9	E0783		infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	N/F		\$7,480.40	\$7,480.40	\$7,480.40	\$7,480.40
J	E0783		infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	N	CT 023	\$8,130.87	\$8,130.87	\$8,130.87	\$8,130.87
J	E0783		infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	N		\$7,480.40	\$7,480.40	\$7,480.40	\$7,480.40
J	E0784		external ambulatory infusion pump, insulin	0-999	N		\$4,032.91	\$4,032.91	\$4,032.91	\$4,032.91
J	E0784	U1 ¹	external ambulatory infusion pump, insulin	0-999	N		\$602.77	\$602.77	\$724.36	\$724.36
L	E0784	U1 ²	external ambulatory infusion pump, insulin	0-999	N		\$60.28	\$60.28	\$72.44	\$72.44

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E0784		external ambulatory infusion pump, insulin	0-999	N		\$403.29	\$403.29	\$403.29	\$403.29
J	E0786		implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	0-999	N		\$5,571.34	\$5,571.34	\$5,571.34	\$5,571.34
J	E0791		parenteral infusion pump, stationary, single or multi-channel	0-999	N		\$3,054.49	\$3,054.49	\$3,054.49	\$3,054.49
L	E0791		parenteral infusion pump, stationary, single or multi-channel	0-999	N		\$305.45	\$305.45	\$305.45	\$305.45
J	E0840		traction frame, attached to headboard, cervical traction	0-999	N		\$53.11	\$53.11	\$53.11	\$53.11
L	E0840		traction frame, attached to headboard, cervical traction	0-999	N		\$15.78	\$15.78	\$5.31	\$5.31
J	E0850		traction stand, free standing, cervical traction	0-999	N		\$82.50	\$82.50	\$82.50	\$82.50
L	E0850		traction stand, free standing, cervical traction	0-999	N		\$12.62	\$12.62	\$8.25	\$8.25
J	E0855		cervical traction equipment not requiring additional stand or frame	0-999	N		\$461.97	\$461.97	\$461.97	\$461.97
L	E0855		cervical traction equipment not requiring additional stand or frame	0-999	N		\$46.22	\$46.22	\$46.20	\$46.20
J	E0856		cervical traction device, cervical collar with inflatable air bladder	0-999	N		\$150.95	\$150.95	\$150.95	\$150.95
J	E0860		traction equipment, overdoor, cervical	0-999	N		\$24.82	\$24.82	\$24.82	\$24.82
L	E0860		traction equipment, overdoor, cervical	0-999	N		\$5.35	\$5.35	\$2.48	\$2.48
J	E0880		traction stand, free standing, extremity traction, (e.g., buck's)	0-999	N		\$89.85	\$89.85	\$89.85	\$89.85
L	E0880		traction stand, free standing, extremity traction, (e.g., buck's)	0-999	N		\$16.19	\$16.19	\$8.99	\$8.99
J	E0900		traction stand, free standing, pelvic traction, (e.g., buck's)	0-999	N		\$90.45	\$90.45	\$90.45	\$90.45
L	E0900		traction stand, free standing, pelvic traction, (e.g., buck's)	0-999	N		\$15.43	\$15.43	\$9.05	\$9.05
J	E0910		trapeze bars, a/k/a patient helper, attached to bed, with grab bar	0-999	N		\$150.23	\$150.23	\$150.23	\$150.23
L	E0910		trapeze bars, a/k/a patient helper, attached to bed, with grab bar	0-999	N		\$15.02	\$15.02	\$15.02	\$15.02
J	E0911		trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	0-999	N		\$415.01	\$415.01	\$415.01	\$415.01
L	E0911		trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	0-999	N		\$41.50	\$41.50	\$41.50	\$41.50
J	E0912		trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	0-999	N		\$953.12	\$953.12	\$953.12	\$953.12
L	E0912		trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	0-999	N		\$95.31	\$95.31	\$95.31	\$95.31
J	E0920		fracture frame, attached to bed, includes weights	0-999	N		\$445.74	\$445.74	\$445.74	\$445.74

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E0920		fracture frame, attached to bed, includes weights	0-999	N		\$44.57	\$44.57	\$44.57	\$44.57
J	E0930		fracture frame, free standing, includes weights	0-999	N		\$441.32	\$441.32	\$441.32	\$441.32
L	E0930		fracture frame, free standing, includes weights	0-999	N		\$44.13	\$44.13	\$44.13	\$44.13
L	E0935		continuous passive motion exercise device for use on knee only	0-999	N		\$19.81	\$19.81	\$19.81	\$19.81
J	E0940		trapeze bar, free standing, complete with grab bar	0-999	N		\$286.78	\$286.78	\$286.78	\$286.78
L	E0940		trapeze bar, free standing, complete with grab bar	0-999	N		\$28.68	\$28.68	\$28.68	\$28.68
J	E0941		gravity assisted traction device, any type	0-999	N		\$419.34	\$419.34	\$419.34	\$419.34
L	E0941		gravity assisted traction device, any type	0-999	N		\$41.93	\$41.93	\$41.93	\$41.93
J	E0942		cervical head harness/halter	0-999	N		\$18.62	\$18.62	\$18.62	\$18.62
J	E0944		pelvic belt/harness/boot	0-999	N		\$28.90	\$28.90	\$28.90	\$28.90
J	E0945		extremity belt/harness	0-999	N		\$24.45	\$24.45	\$24.45	\$24.45
J	E0946		fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster)	0-999	N		\$372.79	\$372.79	\$372.79	\$372.79
L	E0946		fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster)	0-999	N		\$37.28	\$37.28	\$37.28	\$37.28
J	E0959		manual wheelchair accessory, adapter for amputee, each	0-999	N		\$35.11	\$35.11	\$35.11	\$35.11
L	E0959		manual wheelchair accessory, hand rim with projections, any type, each	0-999	N		\$3.51	\$3.51	\$3.51	\$3.51
J	E0967		manual wheelchair accessory, hand rim with projections, any type, each	0-999	N		\$53.31	\$53.31	\$53.31	\$53.31
L	E0967		manual wheelchair accessory, adapter for amputee, each	0-999	N		\$5.33	\$5.33	\$5.33	\$5.33
J	E0969		narrowing device, wheelchair	0-999	N		\$146.66	\$146.66	\$146.66	\$146.66
J	E1005		wheelchair accessory, power seatng system, recline only, with power shear reduction	0-999	N		\$4,781.68	\$4,781.68	\$4,781.68	\$4,781.68
J	E1017		heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1018		heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1031		rollabout chair, any and all types with castors 5" or greater	0-999	N		\$41.92	\$41.92	\$41.92	\$41.92
J	E1035		multi-positional patient transfer system, with integrated seat, operated by care giver	0-999	N		\$3,069.08	\$3,069.08	\$4,424.10	\$4,424.10
J	E1035	TF ²	multi-positional patient transfer system, with integrated seat, operated by care giver, intermediate level of care	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1035	TG ³	multi-positional patient transfer system, with integrated seat, operated by care giver, complex/high tech level of care	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1050		fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N		\$668.05	\$668.05	\$721.63	\$721.63
L	E1050		fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N		\$66.80	\$66.80	\$72.16	\$72.16
J	E1060		fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests	0-999	N		\$1,069.90	\$1,069.90	\$1,069.90	\$1,069.90
L	E1060		fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests	0-999	N		\$106.99	\$106.99	\$106.99	\$106.99
J	E1070		fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	0-999	N		\$842.08	\$842.08	\$842.08	\$842.08
L	E1070		fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	0-999	N		\$84.21	\$84.21	\$84.21	\$84.21
J	E1083		hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest	0-999	N		\$453.32	\$453.32	\$482.89	\$482.89
L	E1083		hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest	0-999	N		\$45.33	\$45.33	\$48.29	\$48.29
J	E1084		hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests	0-999	N		\$770.70	\$770.70	\$770.70	\$770.70
L	E1084		hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests	0-999	N		\$77.07	\$77.07	\$77.07	\$77.07
J	E1085		hemi-wheelchair, fixed full length arms, swing away detachable foot rests	0-999	N		\$861.32	\$861.32	\$861.32	\$861.32
L	E1085		hemi-wheelchair, fixed full length arms, swing away detachable foot rests	0-999	N		\$86.13	\$86.13	\$86.13	\$86.13
J	E1086		hemi-wheelchair detachable arms desk or full length, swing away detachable footrests	0-999	N		\$808.59	\$808.59	\$808.59	\$808.59
L	E1086		hemi-wheelchair detachable arms desk or full length, swing away detachable footrests	0-999	N		\$80.86	\$80.86	\$80.86	\$80.86
J	E1087		high strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N		\$1,095.19	\$1,095.19	\$1,095.19	\$1,095.19
L	E1087		high strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N		\$109.52	\$109.52	\$109.52	\$109.52
J	E1088		high strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	0-999	N		\$1,147.05	\$1,147.05	\$1,147.05	\$1,147.05
L	E1088		high strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	0-999	N		\$114.71	\$114.71	\$114.71	\$114.71

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1089		high strength lightweight wheelchair, fixed length arms, swing away detachable footrest	0-999	N		\$1,320.57	\$1,320.57	\$1,320.57	\$1,320.57
L	E1089		high strength lightweight wheelchair, fixed length arms, swing away detachable footrest	0-999	N		\$132.06	\$132.06	\$132.06	\$132.06
J	E1092		wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests	0-999	N		\$1,052.53	\$1,052.53	\$1,052.53	\$1,052.53
L	E1092		wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests	0-999	N		\$105.25	\$105.25	\$105.25	\$105.25
J	E1093		wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	0-999	N		\$1,067.66	\$1,067.66	\$1,067.66	\$1,067.66
L	E1093		wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	0-999	N		\$106.77	\$106.77	\$106.77	\$106.77
J	E1100		semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N		\$1,002.80	\$1,002.80	\$1,002.80	\$1,002.80
L	E1100		semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N		\$100.28	\$100.28	\$100.28	\$100.28
J	E1110		semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest	0-999	N		\$982.01	\$982.01	\$982.01	\$982.01
L	E1110		semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest	0-999	N		\$98.20	\$98.20	\$98.20	\$98.20
J	E1130		standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	0-999	N		\$526.33	\$526.33	\$526.33	\$526.33
L	E1130		standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	0-999	N		\$45.61	\$35.58	\$52.63	\$52.63
J	E1140		wheelchair, detachable arms, desk or full length, swing away detachable footrests	0-999	N		\$446.24	\$446.24	\$446.24	\$446.24
L	E1140		wheelchair, detachable arms, desk or full length, swing away detachable footrests	0-999	N		\$44.62	\$44.62	\$44.62	\$44.62
J	E1150		wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	0-999	N		\$587.90	\$587.90	\$588.51	\$588.51
L	E1150		wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	0-999	N		\$58.79	\$58.79	\$58.85	\$58.85
J	E1160		wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N		\$509.31	\$509.31	\$509.31	\$509.31
L	E1160		wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N		\$50.93	\$50.93	\$50.93	\$50.93

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1170		amputee wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N		\$919.04	\$919.04	\$919.04	\$919.04
L	E1170		amputee wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N		\$91.90	\$91.90	\$91.90	\$91.90
J	E1171		amputee wheelchair, fixed full length arms, without footrests or legrest	0-999	N		\$824.77	\$824.77	\$824.77	\$824.77
L	E1171		amputee wheelchair, fixed full length arms, without footrests or legrest	0-999	N		\$82.48	\$82.48	\$82.48	\$82.48
J	E1172		amputee wheelchair, detachable arms (desk or full length) without footrests or legrest	0-999	N		\$779.54	\$779.54	\$779.54	\$779.54
L	E1172		amputee wheelchair, detachable arms (desk or full length) without footrests or legrest	0-999	N		\$77.95	\$77.95	\$77.95	\$77.95
J	E1180		amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests	0-999	N		\$922.56	\$922.56	\$922.56	\$922.56
L	E1180		amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests	0-999	N		\$92.26	\$92.26	\$92.26	\$92.26
J	E1200		amputee wheelchair, fixed full length arms, swing away detachable footrest	0-999	N		\$692.89	\$692.89	\$692.89	\$692.89
L	E1200		amputee wheelchair, fixed full length arms, swing away detachable footrest	0-999	N		\$69.29	\$69.29	\$69.29	\$69.29
J	E1225		wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	0-999	N		\$312.00	\$312.00	\$312.00	\$312.00
L	E1225		wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	0-999	N		\$31.20	\$31.20	\$31.20	\$31.20
J	E1226		wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	0-999	N		\$376.63	\$376.63	\$376.63	\$376.63
L	E1226		wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	0-999	N		\$37.66	\$37.66	\$37.66	\$37.66
J	E1240		lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	0-999	N		\$764.25	\$764.25	\$764.25	\$764.25
L	E1240		lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	0-999	N		\$76.42	\$76.42	\$76.43	\$76.43
J	E1250		lightweight wheelchair, fixed full length arms, swing away detachable footrest	0-999	N		\$885.41	\$885.41	\$885.41	\$885.41
L	E1250		lightweight wheelchair, fixed full length arms, swing away detachable footrest	0-999	N		\$88.54	\$88.54	\$88.54	\$88.54
J	E1260		lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest	0-999	N		\$750.67	\$750.67	\$750.67	\$750.67

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E1260		lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest	0-999	N		\$75.07	\$75.07	\$75.07	\$75.07
J	E1270		lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N		\$762.59	\$762.59	\$762.59	\$762.59
L	E1270		lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N		\$76.26	\$76.26	\$76.26	\$76.26
J	E1280		heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	0-999	N		\$1,075.00	\$1,075.00	\$1,075.00	\$1,075.00
L	E1280		heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	0-999	N		\$107.50	\$107.50	\$107.50	\$107.50
J	E1285		heavy duty wheelchair, fixed full length arms, swing away detachable footrest	0-999	N		\$1,239.33	\$1,239.33	\$1,239.33	\$1,239.33
L	E1285		heavy duty wheelchair, fixed full length arms, swing away detachable footrest	0-999	N		\$123.93	\$123.93	\$123.93	\$123.93
J	E1296		special wheelchair seat height from floor	0-999	N		\$384.49	\$384.49	\$384.49	\$384.49
J	E1297		special wheelchair seat depth, by upholstery	0-999	N		\$81.81	\$81.81	\$81.81	\$81.81
J	E1298		special wheelchair seat depth and/or width, by construction	0-999	N		\$331.29	\$331.29	\$331.29	\$331.29
J	E1300		whirlpool, portable (overtub type)	0-999	N		\$156.40	\$156.40	\$156.40	\$156.40
L	E1300		whirlpool, portable (overtub type)	0-999	N		\$15.64	\$15.64	\$15.64	\$15.64
J	E1310		whirlpool, non-portable (built-in type)	0-999	N		\$2,074.39	\$2,074.39	\$2,074.39	\$2,074.39
J	E1353		regulator	0-999	N		\$27.37	\$27.37	\$27.37	\$27.37
J	E1355		stand/rack	0-999	N		\$20.61	\$20.61	\$20.61	\$20.61
L	E1355		stand/rack	0-999	N		\$2.06	\$2.06	\$2.06	\$2.06
J	E1372		immersion external heater for nebulizer	0-999	N		\$149.99	\$149.99	\$149.99	\$149.99
L	E1390		oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	0-999	N		\$161.05	\$161.05	\$161.05	\$161.05
J	E1399		durable medical equipment, miscellaneous	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1399		durable medical equipment, miscellaneous	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1510		kidney, dialysate delivery syst. kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v.poles, pressure gauge, concentrate container	0-999	N		\$9,928.69	\$9,928.69	\$9,928.69	\$9,928.69
L	E1510		kidney, dialysate delivery syst. kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v.poles, pressure gauge, concentrate container	0-999	N		\$992.87	\$992.87	\$992.87	\$992.87
J	E1520		heparin infusion pump for hemodialysis	0-999	N		\$372.70	\$372.70	\$372.70	\$372.70
L	E1520		heparin infusion pump for hemodialysis	0-999	N		\$37.27	\$37.27	\$37.27	\$37.27

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1530		air bubble detector for hemodialysis, each, replacement	0-999	N		\$536.28	\$536.28	\$536.28	\$536.28
J	E1540		pressure alarm for hemodialysis, each, replacement	0-999	N		\$22.50	\$22.50	\$22.50	\$22.50
L	E1540		pressure alarm for hemodialysis, each, replacement	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1550		bath conductivity meter for hemodialysis, each	0-999	N		\$274.08	\$274.08	\$274.08	\$274.08
L	E1550		bath conductivity meter for hemodialysis, each	0-999	N		\$27.41	\$27.41	\$27.41	\$27.41
J	E1560		blood leak detector for hemodialysis, each, replacement	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1560		blood leak detector for hemodialysis, each, replacement	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1570		adjustable chair, for esrd patients	0-999	N		\$184.21	\$184.21	\$556.28	\$556.28
L	E1570		adjustable chair, for esrd patients	0-999	N		\$18.42	\$18.42	\$55.63	\$55.63
J	E1575		transducer protectors/fluid barriers, for hemodialysis, any size, per 10	0-999	N/F		\$1.60	\$1.60	\$1.60	\$1.60
L	E1575		transducer protectors/fluid barriers, for hemodialysis, any size, per 10	0-999	N/F		\$0.16	\$0.16	\$0.16	\$0.16
J	E1580		unipuncture control system for hemodialysis	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1580		unipuncture control system for hemodialysis	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1590		hemodialysis machine	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1590		hemodialysis machine	0-999	N		\$284.20	\$284.20	\$284.20	\$284.20
J	E1592		automatic intermittent peritoneal dialysis system	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1592		automatic intermittent peritoneal dialysis system	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1594		cycler dialysis machine for peritoneal dialysis	0-999	N		\$6,020.48	\$6,020.48	\$6,020.48	\$6,020.48
L	E1594		cycler dialysis machine for peritoneal dialysis	0-999	N		\$602.05	\$602.05	\$602.05	\$602.05
L	E1600		delivery and/or installation charges for hemodialysis equipment	0-999	N		\$35.75	\$35.75	\$35.75	\$35.75
J	E1620		blood pump for hemodialysis, replacement	0-999	N		\$1,719.65	\$1,719.65	\$1,719.65	\$1,719.65
L	E1620		blood pump for hemodialysis, replacement	0-999	N		\$171.96	\$171.96	\$171.97	\$171.97
J	E1630		reciprocating peritoneal dialysis system	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1630		reciprocating peritoneal dialysis system	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1632		wearable artificial kidney, each	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1632		wearable artificial kidney, each	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1635		compact (portable) travel hemodialyzer system	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1635		compact (portable) travel hemodialyzer system	0-999	N		\$616.30	\$616.30	\$616.30	\$616.30
J	E1637		hemostats, each	0-999	N		\$3.92	\$3.92	\$3.92	\$3.92

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

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							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1639		scale, each	0-999	N		\$210.39	\$210.39	\$252.47	\$252.47
L	E1639		scale, each	0-999	N		\$21.04	\$21.04	\$25.25	\$25.25
J	E1699		dialysis equipment, not otherwise specified	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1699		dialysis equipment, not otherwise specified	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1700		jaw motion rehabilitation system	0-999	N		\$27.77	\$27.77	\$27.77	\$27.77
L	E1701		replacement cushions for jaw motion rehabilitation system, pkg. of 6	0-999	N		\$1.06	\$1.06	\$1.06	\$1.06
L	E1702		replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	0-999	N		\$2.02	\$2.02	\$2.02	\$2.02
J	E1800		dynamic adjustable elbow extension/flexion device, includes soft interface material	0-999	N		\$1,026.35	\$1,026.35	\$1,026.35	\$1,026.35
L	E1800		dynamic adjustable elbow extension/flexion device, includes soft interface material	0-999	N		\$102.64	\$102.64	\$102.64	\$102.64
J	E1801		static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$1,327.41	\$1,327.41	\$1,327.41	\$1,327.41
L	E1801		static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$104.75	\$104.75	\$132.74	\$132.74
J	E1802		dynamic adjustable forearm pronation/supination device, includes soft interface material	0-999	N		\$3,156.89	\$3,156.89	\$3,156.89	\$3,156.89
L	E1802		dynamic adjustable forearm pronation/supination device, includes soft interface material	0-999	N		\$315.69	\$315.69	\$315.69	\$315.69
J	E1805		dynamic adjustable wrist extension/flexion device, includes soft interface material	0-999	N		\$1,037.39	\$1,037.39	\$1,037.39	\$1,037.39
L	E1805		dynamic adjustable wrist extension/flexion device, includes soft interface material	0-999	N		\$103.74	\$103.74	\$103.74	\$103.74
J	E1806		static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$974.37	\$974.37	\$974.37	\$974.37
L	E1806		static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$86.01	\$86.01	\$97.44	\$97.44
J	E1810		dynamic adjustable knee extension/flexion device, includes soft interface material	0-999	N		\$1,040.43	\$1,040.43	\$1,040.43	\$1,040.43

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E1810		dynamic adjustable knee extension/flexion device, includes soft interface material	0-999	N		\$104.04	\$104.04	\$104.04	\$104.04
J	E1811		static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$1,314.38	\$1,314.38	\$1,314.38	\$1,314.38
L	E1811		static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$108.92	\$108.92	\$131.44	\$131.44
J	E1812		dynamic knee, extension/flexion device with active resistance control	0-999	N		\$842.70	\$842.70	\$842.70	\$842.70
L	E1812		dynamic knee, extension/flexion device with active resistance control	0-999	N		\$84.27	\$84.27	\$84.27	\$84.27
J	E1815		dynamic adjustable ankle extension/flexion device, includes soft interface material	0-999	N		\$1,040.43	\$1,040.43	\$1,040.43	\$1,040.43
L	E1815		dynamic adjustable ankle extension/flexion device, includes soft interface material	0-999	N		\$104.04	\$104.04	\$104.04	\$104.04
J	E1816		static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$1,335.15	\$1,335.15	\$1,335.15	\$1,335.15
L	E1816		static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$110.63	\$110.63	\$133.52	\$133.52
J	E1818		static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$1,363.08	\$1,363.08	\$1,363.08	\$1,363.08
L	E1818		static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$112.94	\$112.94	\$136.31	\$136.31
J	E1820		replacement soft interface material, dynamic adjustable extension/flexion device	0-999	N		\$69.78	\$69.78	\$69.78	\$69.78
L	E1820		replacement soft interface material, dynamic adjustable extension/flexion device	0-999	N		\$6.97	\$6.97	\$6.98	\$6.98
J	E1821		replacement soft interface material/cuffs for bi-directional static progressive stretch device	0-999	N/F		\$108.30	\$108.30	\$108.30	\$108.30
J	E1825		dynamic adjustable finger extension/flexion device, includes soft interface material	0-999	N		\$1,037.39	\$1,037.39	\$1,037.39	\$1,037.39

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E1825		dynamic adjustable finger extension/flexion device, includes soft interface material	0-999	N		\$103.74	\$103.74	\$103.74	\$103.74
J	E1830		dynamic adjustable toe extension/flexion device, includes soft interface material	0-999	N		\$1,037.39	\$1,037.39	\$1,037.39	\$1,037.39
L	E1830		dynamic adjustable toe extension/flexion device, includes soft interface material	0-999	N		\$103.74	\$103.74	\$103.74	\$103.74
L	E1831		static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N		\$62.79	\$62.79	\$62.79	\$62.79
J	E1840		dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	0-999	N		\$3,697.02	\$3,697.02	\$3,697.02	\$3,697.02
L	E1840		dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	0-999	N		\$369.70	\$369.70	\$369.70	\$369.70
J	E1841		static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	0-999	N		\$3,678.45	\$3,678.45	\$3,678.45	\$3,678.45
L	E1841		static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	0-999	N		\$476.84	\$476.84	\$367.85	\$367.85
J	E2100		blood glucose monitor with integrated voice synthesizer	0-999	N		\$312.80	\$312.80	\$312.80	\$312.80
J	E2300		wheelchair accessory, power seat elevation system, any type	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2359		power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	0-999	N		\$134.87	\$134.87	\$134.87	\$134.87
J	E2378		power wheelchair component, actuator, replacement only	0-999	N		\$692.90	\$692.90	\$692.90	\$692.90
L	E2378		power wheelchair component, actuator, replacement only	0-999	N		\$69.29	\$69.29	\$69.29	\$69.29
J	E2386		power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	0-999	N		\$139.34	\$139.34	\$139.34	\$139.34
L	E2402		negative pressure wound therapy electrical pump, stationary or portable	0-999	N		\$1,289.32	\$1,289.32	\$1,289.32	\$1,289.32
J	E2500		speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	0-999	N		\$344.20	\$344.20	\$344.20	\$344.20
L	E2500		speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	0-999	N		\$34.42	\$34.42	\$34.42	\$34.42

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E2502		speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	0-999	N		\$1,155.14	\$1,155.14	\$1,155.14	\$1,155.14
L	E2502		speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	0-999	N		\$115.52	\$115.52	\$115.51	\$115.51
J	E2504		speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	0-999	N		\$1,545.87	\$1,545.87	\$1,545.87	\$1,545.87
L	E2504		speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	0-999	N		\$154.60	\$154.60	\$154.59	\$154.59
J	E2506		speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	0-999	N		\$2,127.92	\$2,127.92	\$2,127.92	\$2,127.92
L	E2506		speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	0-999	N		\$212.79	\$212.79	\$212.79	\$212.79
J	E2508		speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	0-999	N		\$3,290.48	\$3,290.48	\$3,290.48	\$3,290.48
L	E2508		speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	0-999	N		\$329.06	\$329.06	\$329.05	\$329.05
J	E2510		speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	0-999	N		\$6,226.79	\$6,226.79	\$6,226.79	\$6,226.79
L	E2510		speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	0-999	N		\$622.67	\$622.67	\$622.68	\$622.68
J	E2511		speech generating software program, for personal computer or personal digital assistant	0-999	N		\$354.37	\$354.37	\$354.37	\$354.37
J	E2512		accessory for speech generating device, mounting system	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E2512		accessory for speech generating device, mounting system	0-999	N		\$82.71	\$82.71	\$82.71	\$82.71
J	E2599		accessory for speech generating device, not otherwise classified	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2599	U1 ³	accessory for speech generating device, not otherwise classified	0-999	N		\$80.41	\$80.41	\$139.00	\$139.00
L	E2599		accessory for speech generating device, not otherwise classified	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2625		skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	0-999	N		\$412.58	\$412.58	\$412.58	\$412.58

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E2626		wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	0-999	N		\$446.66	\$446.66	\$446.66	\$446.66
J	E2627		wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	0-999	N		\$773.31	\$773.31	\$773.31	\$773.31
J	E2628		wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	0-999	N		\$527.86	\$527.86	\$527.86	\$527.86
J	E2629		wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	0-999	N		\$705.36	\$705.36	\$705.36	\$705.36
J	E2630		wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	0-999	N		\$513.92	\$513.92	\$513.92	\$513.92
J	E2631		wheelchair accessory, addition to mobile arm support, elevating proximal arm	0-999	N		\$204.43	\$204.43	\$204.43	\$204.43
J	E2632		wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	0-999	N		\$172.94	\$172.94	\$172.94	\$172.94
J	E2633		wheelchair accessory, addition to mobile arm support, supinator	0-999	N		\$138.56	\$138.56	\$138.56	\$138.56
J	E8001		gait trainer, pediatric size, upright support, includes all accessories and components	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E8001		gait trainer, pediatric size, upright support, includes all accessories and components	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced

*Type of Service (TOS)	
9	Other Durable Medical Equipment (DME)
J	DME Purchase - New
L	DME Rental - Monthly
**Modifier	
TF	Mobile extra-wide heavy-duty commode chair
TF ¹	Level 2 bath or shower chair
TF ²	Level 2 stroller with tray for oxygen or ventilator
TG	Custom stationary or mobile commode chair
TG ¹	Custom extra-wide heavy-duty commode chair
TG ²	Level 3 bath or shower chair
TG ³	Level 3 stroller with positioning inserts
U1	Level 1 bath lift
U1 ¹	Purchase of tubeless insulin pump
U1 ²	Rental of tubeless insulin pump
U1 ³	Carrying case for Augmentative Communication Device
U2	Level 2 bath lift

CFR ATTACHMENT 5 - DURABLE MEDICAL EQUIPMENT - E CODES (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
U3	Level 3 bath lift									
UA	Upright/prone									
UB	Supine									
UD	Purchase of reflex wedges and positional devices									
***Provider Type (PT)/Provider Specialty (PS)										
CT 023	Claim Type - Outpatient Hospital/Home Health Agency (HHA)									