CFR ATTACHMENT 1 - G CODES (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	G0102		prostate cancer screening; digital rectal examination	0-20	N		$15.44	$15.44	$16.84	$16.84	9.07%
1	G0102		prostate cancer screening; digital rectal examination	0-20	F		$7.02	$7.02	$7.02	$7.02	0.00%
1	G0102		prostate cancer screening; digital rectal examination	21-999	N		$14.70	$14.70	$16.04	$16.04	9.12%
1	G0102		prostate cancer screening; digital rectal examination	21-999	F		$6.68	$6.68	$6.68	$6.68	0.00%
2	G0104		colorectal cancer screening; flexible sigmoidoscopy	0-20	N		$133.04	$133.04	$135.00	$135.00	1.47%
2	G0104		colorectal cancer screening; flexible sigmoidoscopy	0-20	F		$45.75	$45.75	$46.03	$46.03	0.61%
2	G0104		colorectal cancer screening; flexible sigmoidoscopy	21-999	N		$126.70	$126.70	$128.57	$128.57	1.48%
2	G0104		colorectal cancer screening; flexible sigmoidoscopy	21-999	F		$43.57	$43.57	$43.84	$43.84	0.62%
2	G0105		colorectal cancer screening; colonoscopy on individual at high risk	0-20	N		$302.28	$302.28	$252.89	$252.89	-16.34%
2	G0105		colorectal cancer screening; colonoscopy on individual at high risk	0-20	F		$156.61	$156.61	$152.40	$152.40	-2.69%
2	G0105		colorectal cancer screening; colonoscopy on individual at high risk	21-999	N		$287.89	$287.89	$240.84	$240.84	-16.34%
2	G0105		colorectal cancer screening; colonoscopy on individual at high risk	21-999	F		$149.16	$149.16	$145.15	$145.15	-2.69%
4	G0106		colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema	0-20	N/F		$167.28	$167.28	$168.68	$168.68	0.84%
4	G0106		colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema	21-999	N/F		$159.31	$159.31	$160.65	$160.65	0.84%
I	G0106		colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema	0-20	N/F		$39.57	$39.57	$39.29	$39.29	-0.71%
I	G0106		colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema	21-999	N/F		$37.69	$37.69	$37.42	$37.42	-0.72%

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T	G0106		colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema	0-20	N		$127.71	$127.71	$129.39	$129.39	1.32%
T	G0106		colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema	21-999	N		$121.62	$121.62	$123.23	$123.23	1.32%
4	G0120		colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema.	0-20	N/F		$168.68	$168.68	$170.65	$170.65	1.17%
4	G0120		colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema.	21-999	N/F		$160.65	$160.65	$162.52	$162.52	1.16%
I	G0120		colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema.	0-20	N/F		$40.98	$40.98	$41.26	$41.26	0.68%
I	G0120		colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema.	21-999	N/F		$39.03	$39.03	$39.29	$39.29	0.67%
T	G0120		colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema.	0-20	N		$127.71	$127.71	$129.39	$129.39	1.32%
T	G0120		colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema.	21-999	N		$121.62	$121.62	$123.23	$123.23	1.32%
2	G0121		colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	0-20	N		$302.56	$302.56	$253.17	$253.17	-16.32%
2	G0121		colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	0-20	F		$156.90	$156.90	$152.69	$152.69	-2.68%
2	G0121		colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	21-999	N		$288.15	$288.15	$241.11	$241.11	-16.32%

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2	G0121		colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	21-999	F		$149.42	$149.42	$145.41	$145.41	-2.68%
4	G0122		colorectal cancer screening; barium enema	21-999	N/F		$202.08	$202.08	$204.49	$204.49	1.19%
I	G0122		colorectal cancer screening; barium enema	21-999	N/F		$37.42	$37.42	$37.69	$37.69	0.72%
T	G0122		colorectal cancer screening; barium enema	21-999	N		$164.66	$164.66	$166.80	$166.80	1.30%
2	G0127		trimming of dystrophic nails, any number	0-20	N		$18.52	$18.52	$19.37	$19.37	4.59%
2	G0127		trimming of dystrophic nails, any number	21-999	N		$17.64	$17.64	$18.44	$18.44	4.54%
4	G0130		single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	0-20	N/F		$26.94	$26.94	$27.79	$27.79	3.16%
4	G0130		single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	21-999	N/F		$25.66	$25.66	$26.46	$26.46	3.12%
I	G0130		single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	0-20	N/F		$8.98	$8.98	$8.98	$8.98	0.00%
I	G0130		single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	21-999	N/F		$8.55	$8.55	$8.55	$8.55	0.00%
T	G0130		single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	0-20	N/F		$17.96	$17.96	$18.81	$18.81	4.73%
T	G0130		single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	21-999	N/F		$17.11	$17.11	$17.91	$17.91	4.68%
1	G0166		external counterpulsation, per treatment session	0-20	N/F		$108.90	$108.90	$111.43	$111.43	2.32%

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1	G0166		external counterpulsation, per treatment session	21-999	N/F		$103.71	$103.71	$106.12	$106.12	2.32%
2	G0186		destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	0-20	N		$425.22	$425.22	$427.46	$427.46	0.53%
2	G0186		destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	0-20	F		$398.55	$398.55	$400.80	$400.80	0.56%
2	G0186		destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	21-999	N		$404.97	$404.97	$407.11	$407.11	0.53%
2	G0186		destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	21-999	F		$379.57	$379.57	$381.71	$381.71	0.56%
1	G0257		unscheduled or emergency dialysis treatment for an esrd patient in a hospital outpatient department that is not certified as an esrd facility	0-20	F		$82.24	$82.24	$82.52	$82.52	0.34%
1	G0257		unscheduled or emergency dialysis treatment for an esrd patient in a hospital outpatient department that is not certified as an esrd facility	21-999	F		$78.32	$78.32	$78.59	$78.59	0.34%
6	G0339		image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	0-20	N/F		$2,138.22	$2,138.22	$2,138.22	$2,138.22	0.00%

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6	G0339		image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	21-999	N/F		$2,036.39	$2,036.39	$2,036.39	$2,036.39	0.00%
6	G0340		image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	0-20	N/F		$1,608.07	$1,608.07	$1,608.07	$1,608.07	0.00%
6	G0340		image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	21-999	N/F		$1,531.49	$1,531.49	$1,531.49	$1,531.49	0.00%
4	G0365	52	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	0-20	N/F		$79.15	$79.15	$78.45	$78.45	-0.88%
4	G0365		Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	0-20	N/F		$158.30	$158.30	$156.90	$156.90	-0.88%

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I	G0365	52	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	0-20	N/F		$4.91	$4.91	$4.91	$4.91	0.00%
I	G0365		Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	0-20	N/F		$9.82	$9.82	$9.82	$9.82	0.00%
T	G0365	52	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	0-20	N		$74.24	$74.24	$73.54	$73.54	-0.94%
T	G0365		Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	0-20	N		$148.48	$148.48	$147.07	$147.07	-0.95%
5	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	0-20	N		$122.63	$122.63	$122.63	$122.63	0.00%

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5	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	21-999	N		$116.79	$116.79	$116.79	$116.79	0.00%
I	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	0-20	N		$81.75	$81.75	$81.75	$81.75	0.00%
I	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	21-999	N		$77.86	$77.86	$77.86	$77.86	0.00%
T	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	0-20	N		$40.88	$40.88	$40.88	$40.88	0.00%
T	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	21-999	N		$38.93	$38.93	$38.93	$38.93	0.00%
5	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	0-20	N		$102.20	$102.20	$102.20	$102.20	0.00%

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5	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	21-999	N		$97.33	$97.33	$97.33	$97.33	0.00%
I	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	0-20	N		$69.49	$69.49	$69.49	$69.49	0.00%
I	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	21-999	N		$66.18	$66.18	$66.18	$66.18	0.00%
T	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	0-20	N		$32.71	$32.71	$32.71	$32.71	0.00%
T	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	21-999	N		$31.15	$31.15	$31.15	$31.15	0.00%
5	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	0-20	N		$80.67	$80.67	$72.13	$72.13	-10.59%
5	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	21-999	N		$76.83	$76.83	$68.70	$68.70	-10.58%
I	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	0-20	N		$43.78	$43.78	$39.29	$39.29	-10.26%
I	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	21-999	N		$41.70	$41.70	$37.42	$37.42	-10.26%

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T	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	0-20	N		$36.89	$36.89	$32.84	$32.84	-10.98%
T	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	21-999	N		$35.13	$35.13	$31.27	$31.27	-10.99%
3	G0406		follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	0-20	N		$30.87	$30.87	$30.59	$30.59	-0.91%
3	G0406		follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	21-999	N		$29.40	$29.40	$29.14	$29.14	-0.88%
3	G0407		follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	0-20	N		$56.42	$56.42	$57.26	$57.26	1.49%
3	G0407		follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	21-999	N		$53.73	$53.73	$54.53	$54.53	1.49%
3	G0408		follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	0-20	N		$81.11	$81.11	$82.24	$82.24	1.39%
3	G0408		follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	21-999	N		$77.25	$77.25	$78.32	$78.32	1.39%
3	G0425		telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	0-20	N		$78.59	$78.59	$79.15	$79.15	0.71%

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3	G0425		telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	21-999	N		$74.85	$74.85	$75.38	$75.38	0.71%
3	G0426		telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	0-20	N		$106.94	$106.94	$107.22	$107.22	0.26%
3	G0426		telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	21-999	N		$101.84	$101.84	$102.11	$102.11	0.27%
3	G0427		telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	0-20	N		$158.86	$158.86	$159.98	$159.98	0.71%
3	G0427		telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	21-999	N		$151.29	$151.29	$152.36	$152.36	0.71%
1	G0459		inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	0-20	N		$32.28	$32.28	$32.56	$32.56	0.87%
1	G0459		inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	21-999	N		$30.74	$30.74	$31.01	$31.01	0.88%
5	G0475		hiv antigen/antibody, combination assay, screening	0-999	N/F		$28.44	$28.44	$28.44	$28.44	0.00%
6	G6001		ultrasonic guidance for placement of radiation therapy fields	0-20	N/F		$40.98	$40.98	$42.66	$42.66	4.10%

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6	G6001		ultrasonic guidance for placement of radiation therapy fields	21-999	N/F		$39.03	$39.03	$40.63	$40.63	4.10%
I	G6001		ultrasonic guidance for placement of radiation therapy fields	0-20	N/F		$23.58	$23.58	$24.14	$24.14	2.37%
I	G6001		ultrasonic guidance for placement of radiation therapy fields	21-999	N/F		$22.45	$22.45	$22.99	$22.99	2.41%
T	G6001		ultrasonic guidance for placement of radiation therapy fields	0-20	N/F		$17.40	$17.40	$18.52	$18.52	6.44%
T	G6001		ultrasonic guidance for placement of radiation therapy fields	21-999	N/F		$16.57	$16.57	$17.64	$17.64	6.46%
6	G6002		stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	0-20	N/F		$59.50	$59.50	$61.19	$61.19	2.84%
6	G6002		stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	21-999	N/F		$56.67	$56.67	$58.27	$58.27	2.82%
I	G6002		stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	0-20	N/F		$16.00	$16.00	$16.28	$16.28	1.75%
I	G6002		stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	21-999	N/F		$15.24	$15.24	$15.50	$15.50	1.71%
T	G6002		stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	0-20	N		$43.50	$43.50	$44.91	$44.91	3.24%
T	G6002		stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	21-999	N		$41.43	$41.43	$42.77	$42.77	3.23%
6	G6003		radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	0-20	N/F		$147.91	$147.91	$157.74	$157.74	6.65%

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6	G6003		radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	21-999	N/F		$140.87	$140.87	$150.23	$150.23	6.64%
6	G6004		radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	0-20	N/F		$113.95	$113.95	$117.04	$117.04	2.71%
6	G6004		radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	21-999	N/F		$108.53	$108.53	$111.47	$111.47	2.71%
6	G6005		radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	0-20	N/F		$113.67	$113.67	$116.76	$116.76	2.72%
6	G6005		radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	21-999	N/F		$108.26	$108.26	$111.20	$111.20	2.72%
6	G6006		radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	0-20	N/F		$113.39	$113.39	$117.04	$117.04	3.22%
6	G6006		radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	21-999	N/F		$107.99	$107.99	$111.47	$111.47	3.22%
6	G6007		radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	0-20	N/F		$238.57	$238.57	$236.89	$236.89	-0.70%

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							CURRENT		PROPOSED		
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6	G6007		radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	21-999	N/F		$227.21	$227.21	$225.61	$225.61	-0.70%
6	G6008		radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	0-20	N/F		$157.74	$157.74	$161.95	$161.95	2.67%
6	G6008		radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	21-999	N/F		$150.23	$150.23	$154.23	$154.23	2.66%
6	G6009		radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	0-20	N/F		$156.33	$156.33	$161.39	$161.39	3.24%
6	G6009		radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	21-999	N/F		$148.89	$148.89	$153.70	$153.70	3.23%
6	G6010		radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	0-20	N/F		$156.05	$156.05	$160.26	$160.26	2.70%
6	G6010		radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	21-999	N/F		$148.62	$148.62	$152.63	$152.63	2.70%
6	G6011		radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	0-20	N/F		$254.29	$254.29	$225.10	$225.10	-11.48%

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6	G6011		radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	21-999	N/F		$242.18	$242.18	$214.38	$214.38	-11.48%
6	G6012		radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	0-20	N/F		$207.70	$207.70	$214.15	$214.15	3.11%
6	G6012		radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	21-999	N/F		$197.81	$197.81	$203.95	$203.95	3.10%
6	G6013		radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	0-20	N/F		$207.98	$207.98	$214.15	$214.15	2.97%
6	G6013		radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	21-999	N/F		$198.07	$198.07	$203.95	$203.95	2.97%
6	G6014		radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	0-20	N/F		$207.98	$207.98	$214.43	$214.43	3.10%
6	G6014		radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	21-999	N/F		$198.07	$198.07	$204.22	$204.22	3.10%

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6	G6015		intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	0-20	N/F		$272.25	$272.25	$279.55	$279.55	2.68%
6	G6015		intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	21-999	N/F		$259.29	$259.29	$266.24	$266.24	2.68%
6	G6016		compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	0-20	N/F		$271.41	$271.41	$278.71	$278.71	2.69%
6	G6016		compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	21-999	N/F		$258.48	$258.48	$265.43	$265.43	2.69%
6	G6017		intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment	0-999	N/F		$105.41	$105.41	$56.15	$56.15	-46.73%

*Type of Service (TOS)	
1	Medical Services
2	Surgery
3	Consultation
4	Radiology
5	Laboratory
6	Radiation Therapy
I	Professional Component
T	Technical Component

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Modifier	
52	reduced or eliminated at the provider's discretion.