CFR ATTACHMENT 2 - G CODES - HOSPITAL OUTPATIENT DIAGNOSTIC RADIOLOGY (Proposed to be effective April 1, 2018)

			CURRENT	PROPOSED	
TOS*	**Procedure Code**	**Long Description**	**Current Medicaid Fee**	**Proposed Medicaid Fee**	**Percent Change from Current Medicaid Fee**
4	G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	$198.81	$200.15	0.67%
4	G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	$198.81	$203.83	2.53%
4	G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more site; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	$32.41	$32.41	0.00%
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)	$152.99	$112.73	-26.32%

***Type of Service (TOS)**	
4	Radiology