CFR ATTACHMENT 7 - PROTON THERAPY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
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	
6	77520		**	0-999	N/F		$768.97	$768.97	$780.55	$780.55	1.51%
6	77522		**	0-999	N/F		$768.97	$768.97	$780.55	$780.55	1.51%
6	77523		**	0-999	N/F		$882.97	$882.97	$896.28	$896.28	1.51%
6	77525		**	0-999	N/F		$996.97	$996.97	$1,011.99	$1,011.99	1.51%

*Type of Service (TOS)	
6	Radiation Therapy

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