CFR ATTACHMENT 8 - PULMONARY SERVICES (Proposed to be effective July 1, 2017)

						CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	94002		**	0-20	F	$73.82	$73.82	$73.82	$73.82	0.00%
1	94002		**	21-999	F	$70.30	$70.30	$70.30	$70.30	0.00%
1	94003		**	0-20	F	$53.33	$53.33	$53.33	$53.33	0.00%
1	94003		**	21-999	F	$50.79	$50.79	$50.79	$50.79	0.00%
1	94011		**	0-20	N/F	$79.71	$79.71	$73.26	$73.26	-8.09%
1	94012		**	0-20	N/F	$131.64	$131.64	$117.88	$117.88	-10.45%
1	94013		**	0-20	N/F	$24.70	$24.70	$16.00	$16.00	-35.22%
1	94640		**	0-20	N/F	$14.59	$14.59	$14.59	$14.59	0.00%
1	94640		**	21-999	N/F	$13.90	$13.90	$13.90	$13.90	0.00%
1	94642		**	0-20	N/F	$14.65	$14.65	$14.59	$14.59	-0.41%
1	94642		**	21-999	N/F	$13.69	$13.69	$13.90	$13.90	1.53%
1	94644		**	0-20	N/F	$34.52	$34.52	$35.08	$35.08	1.62%
1	94644		**	21-999	N/F	$32.88	$32.88	$33.41	$33.41	1.61%
1	94645		**	0-20	F	$10.95	$10.95	$11.51	$11.51	5.11%
1	94645		**	21-999	F	$10.42	$10.42	$10.96	$10.96	5.18%
1	94660		**	0-20	N	$49.68	$49.68	$50.52	$50.52	1.69%
1	94662		**	0-20	N	$27.23	$27.23	$28.07	$28.07	3.08%
1	94667		**	0-20	N	$20.77	$20.77	$21.05	$21.05	1.35%
1	94668		**	0-20	N	$22.73	$22.73	$23.30	$23.30	2.51%
1	94774		**	0-20	N	$144.75	$144.75	$209.08	$209.08	44.44%
1	94774		**	21-999	N	$144.75	$144.75	$209.08	$209.08	44.44%
1	94777		**	0-20	N	$31.85	$31.85	$31.68	$31.68	-0.53%

*Type of Service (TOS)	
1	Medical Services

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