CFR ATTACHMENT 13 - RURAL HOSPITAL OUTPATIENT DIAGNOSTIC RADIOLOGY (Proposed to be effective July 1, 2017)

			CURRENT	PROPOSED	
TOS*	Procedure Code	Long Description **	Current Medicaid Fee	Proposed Medicaid Fee	Percent Change from Current Medicaid Fee
4	91110	**	$478.52	$449.27	-6.11%
4	91111	**	$478.52	$449.27	-6.11%
4	91112	**	$478.52	$449.27	-6.11%
4	93278	**	$35.91	$35.02	-2.48%
4	93303	**	$448.53	$288.69	-35.64%
4	93304	**	$267.59	$288.69	7.89%
4	93307	**	$267.59	$288.69	7.89%
4	93308	**	$98.60	$145.03	47.10%
4	93312	**	$448.53	$288.69	-35.64%
4	93313	**	$448.53	$288.69	-35.64%
4	93315	**	$448.53	$288.69	-35.64%
4	93316	**	$448.53	$288.69	-35.64%
4	93318	**	$448.53	$288.69	-35.64%
4	93350	**	$267.59	$288.69	7.89%
4	93880	**	$98.60	$145.03	47.10%
4	93882	**	$98.60	$72.37	-26.60%
4	93886	**	$98.60	$145.03	47.10%
4	93888	**	$98.60	$72.37	-26.60%
4	93890	**	$98.60	$145.03	47.10%
4	93892	**	$59.11	$72.37	22.44%
4	93893	**	$59.11	$72.37	22.44%
4	93923	**	$83.30	$81.60	-2.04%
4	93924	**	$83.30	$81.60	-2.04%
4	93925	**	$98.60	$145.03	47.10%
4	93926	**	$98.60	$72.37	-26.60%
4	93930	**	$98.60	$145.03	47.10%
4	93931	**	$98.60	$72.37	-26.60%
4	93970	**	$98.60	$145.03	47.10%
4	93971	**	$98.60	$72.37	-26.60%
4	93975	**	$98.60	$145.03	47.10%
4	93976	**	$98.60	$72.37	-26.60%
4	93978	**	$98.60	$145.03	47.10%
4	93979	**	$98.60	$72.37	-26.60%
4	93980	**	$98.60	$72.37	-26.60%
4	93981	**	$98.60	$145.03	47.10%
4	93990	**	$59.11	$72.37	22.44%

*Type of Service (TOS)	
4	Radiology

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			CURRENT	PROPOSED	
TOS*	**Procedure Code**	**Long Description ****	**Current Medicaid Fee**	**Proposed Medicaid Fee**	**Percent Change from Current Medicaid Fee**

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