CFR ATTACHMENT 5 - DIALYSIS (Proposed to be effective July 1, 2017)

						CURRENT		PROPOSED		
TOS*	Proce-dure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provi-der Type (PT) / Provi-der Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	90935	**	0-20	N/F		$57.54	$57.54	$57.26	$57.26	-0.49%
1	90935	**	21-999	N/F		$54.80	$54.80	$54.53	$54.53	-0.49%
1	90937	**	0-20	N/F		$82.52	$82.52	$82.52	$82.52	0.00%
1	90937	**	21-999	N/F		$78.59	$78.59	$78.59	$78.59	0.00%
1	90940	**	0-20	F		$71.01	$71.01	$70.45	$70.45	-0.79%
1	90940	**	21-999	F		$67.63	$67.63	$67.09	$67.09	-0.80%
1	90945	**	0-20	N/F		$67.92	$67.92	$67.92	$67.92	0.00%
1	90945	**	21-999	N/F		$64.69	$64.69	$64.69	$64.69	0.00%
1	90947	**	0-20	N/F		$98.24	$98.24	$98.24	$98.24	0.00%
1	90947	**	21-999	N/F		$93.56	$93.56	$93.56	$93.56	0.00%
1	90951	**	0-20	N		$744.34	$744.34	$747.43	$747.43	0.42%
1	90951	**	0-20	F		$744.06	$744.06	$747.43	$747.43	0.45%
1	90952	**	0-20	N		$558.26	$558.26	$560.57	$560.57	0.41%
1	90952	**	0-20	F		$558.05	$558.05	$560.57	$560.57	0.45%
1	90953	**	0-20	N		$186.09	$186.09	$186.86	$186.86	0.41%
1	90953	**	0-20	F		$186.02	$186.02	$186.86	$186.86	0.45%
1	90954	**	0-20	N		$648.07	$648.07	$645.83	$645.83	-0.35%
1	90954	**	0-20	F		$647.79	$647.79	$645.83	$645.83	-0.30%
1	90955	**	0-20	N		$362.63	$362.63	$362.91	$362.91	0.08%
1	90955	**	0-20	F		$362.35	$362.35	$362.91	$362.91	0.15%
1	90956	**	0-20	N/F		$253.73	$253.73	$252.04	$252.04	-0.67%
1	90957	**	0-20	N		$510.82	$510.82	$510.26	$510.26	-0.11%
1	90957	**	0-20	F		$510.54	$510.54	$510.26	$510.26	-0.05%
1	90958	**	0-20	N		$344.67	$344.67	$345.23	$345.23	0.16%
1	90958	**	0-20	F		$344.38	$344.38	$345.23	$345.23	0.25%
1	90959	**	0-20	N/F		$234.36	$234.36	$234.64	$234.64	0.12%
1	90960	**	0-20	N/F		$224.82	$224.82	$224.54	$224.54	-0.12%
1	90960	**	21-999	N/F		$214.11	$214.11	$213.84	$213.84	-0.13%
1	90961	**	0-20	N/F		$189.17	$189.17	$188.61	$188.61	-0.30%
1	90961	**	21-999	N/F		$180.16	$180.16	$179.63	$179.63	-0.29%
1	90962	**	0-20	N/F		$145.67	$145.67	$145.39	$145.39	-0.19%
1	90962	**	21-999	N/F		$138.73	$138.73	$138.46	$138.46	-0.19%
1	90963	**	0-20	N		$431.95	$431.95	$431.67	$431.67	-0.06%
1	90963	**	0-20	F		$431.67	$431.67	$431.67	$431.67	0.00%
1	90964	**	0-20	N		$376.38	$376.38	$377.50	$377.50	0.30%
1	90964	**	0-20	F		$376.10	$376.10	$377.50	$377.50	0.37%
1	90965	**	0-20	N		$358.98	$358.98	$359.26	$359.26	0.08%
1	90965	**	0-20	F		$358.70	$358.70	$359.26	$359.26	0.16%
1	90966	**	0-20	N/F		$188.33	$188.33	$188.05	$188.05	-0.15%
1	90966	**	21-999	N/F		$179.36	$179.36	$179.09	$179.09	-0.15%
1	90967	**	0-20	N/F		$14.31	$14.31	$14.31	$14.31	0.00%

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1	90968	**	0-20	N/F		$12.35	$12.35	$12.35	$12.35	0.00%
1	90969	**	0-20	N/F		$12.07	$12.07	$12.07	$12.07	0.00%
1	90970	**	0-20	N/F		$6.17	$6.17	$6.17	$6.17	0.00%
1	90970	**	21-999	N/F		$5.88	$5.88	$5.88	$5.88	0.00%
1	90989	**	0-20	N/F		$490.00	$490.00	$400.00	$400.00	-18.37%
1	90989	**	21-999	N/F		$490.00	$490.00	$400.00	$400.00	-18.37%
1	90993	**	0-999	N/F		$20.00	$20.00	$23.34	$23.34	16.70%
1	90997	**	0-20	N/F	72	$74.94	$74.94	$71.29	$71.29	-4.87%
1	90997	**	21-999	N/F	72	$71.37	$71.37	$67.90	$67.90	-4.86%
1	90997	**	0-20	N/F		$74.94	$74.94	$71.29	$71.29	-4.87%
1	90997	**	21-999	N/F		$71.37	$71.37	$67.90	$67.90	-4.86%
1	90999	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%

***Type of Service (TOS)**	
1	Medical Services
***Provider Type**	
72	Nephrology (Hemodialysis, Renal Dialysis)

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