CFR ATTACHMENT 10 - INTRAVENOUS TREATMENT INCLUDING CHEMOTHERAPY (Proposed to be effective July 1,

					CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	96360	**	0-20	N/F	$45.47	$45.47	$45.75	$45.75	0.62%
1	96360	**	21-999	N/F	$43.30	$43.30	$43.57	$43.57	0.62%
1	96361	**	0-20	N/F	$12.07	$12.07	$12.07	$12.07	0.00%
1	96361	**	21-999	N/F	$11.49	$11.49	$11.49	$11.49	0.00%
1	96365	**	0-20	N/F	$55.01	$55.01	$54.73	$54.73	-0.51%
1	96365	**	21-999	N/F	$52.39	$52.39	$52.12	$52.12	-0.52%
D	96365	**	0-20	N	$55.01	$52.26	$54.73	$51.99	-0.52%
D	96365	**	21-999	N	$52.39	$49.77	$52.12	$49.51	-0.52%
1	96366	**	0-20	N/F	$14.88	$14.88	$14.88	$14.88	0.00%
1	96366	**	21-999	N/F	$14.17	$14.17	$14.17	$14.17	0.00%
D	96366	**	0-20	N	$14.88	$14.14	$14.88	$14.14	0.00%
D	96366	**	21-999	N	$14.17	$13.46	$14.17	$13.46	0.00%
1	96367	**	0-20	N/F	$23.86	$23.86	$24.42	$24.42	2.35%
1	96367	**	21-999	N/F	$22.72	$22.72	$23.26	$23.26	2.38%
D	96367	**	0-20	N	$23.86	$22.67	$24.42	$23.20	2.34%
D	96367	**	21-999	N	$22.72	$21.58	$23.26	$22.10	2.41%
1	96368	**	0-20	N/F	$16.28	$16.28	$16.28	$16.28	0.00%
1	96368	**	21-999	N/F	$15.50	$15.50	$15.50	$15.50	0.00%
D	96368	**	0-20	N	$16.28	$15.47	$16.28	$15.47	0.00%
D	96368	**	21-999	N	$15.50	$14.73	$15.50	$14.73	0.00%
1	96369	**	0-20	N/F	$153.81	$153.81	$141.18	$141.18	-8.21%
1	96369	**	21-999	N/F	$146.48	$146.48	$134.45	$134.45	-8.21%
1	96370	**	0-20	N/F	$12.07	$12.07	$12.07	$12.07	0.00%
1	96370	**	21-999	N/F	$11.49	$11.49	$11.49	$11.49	0.00%
1	96371	**	0-20	N/F	$71.01	$71.01	$54.17	$54.17	-23.71%
1	96371	**	21-999	N/F	$67.63	$67.63	$51.59	$51.59	-23.72%
1	96372	**	0-20	N/F	$19.93	$19.93	$20.21	$20.21	1.40%
1	96372	**	21-999	N/F	$18.98	$18.98	$19.25	$19.25	1.42%
1	96373	**	0-20	N	$15.44	$15.44	$15.16	$15.16	-1.81%
1	96373	**	21-999	N	$14.70	$14.70	$14.43	$14.43	-1.84%
1	96374	**	0-20	N/F	$44.91	$44.91	$45.47	$45.47	1.25%
1	96374	**	21-999	N/F	$42.77	$42.77	$43.30	$43.30	1.24%
D	96374	**	0-20	N	$44.91	$42.66	$45.47	$43.20	1.27%
D	96374	**	21-999	N	$42.77	$40.63	$43.30	$41.14	1.26%
1	96375	**	0-20	N/F	$17.68	$17.68	$17.68	$17.68	0.00%
1	96375	**	21-999	N/F	$16.84	$16.84	$16.84	$16.84	0.00%
D	96375	**	0-20	N	$17.68	$16.80	$17.68	$16.80	0.00%
D	96375	**	21-999	N	$16.84	$16.00	$16.84	$16.00	0.00%
1	96376	**	0-20	F	$17.68	$17.68	$17.68	$17.68	0.00%
1	96376	**	21-999	F	$16.84	$16.84	$16.84	$16.84	0.00%
1	96377	**	0-20	N/F	$20.21	$20.21	$20.21	$20.21	0.00%
1	96377	**	21-999	N/F	$19.25	$19.25	$19.25	$19.25	0.00%

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					CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	96379	**	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	96401	**	0-20	N/F	$58.94	$58.94	$58.94	$58.94	0.00%
1	96401	**	21-999	N/F	$56.13	$56.13	$56.13	$56.13	0.00%
1	96402	**	0-20	N/F	$25.54	$25.54	$25.82	$25.82	1.10%
1	96402	**	21-999	N/F	$24.32	$24.32	$24.59	$24.59	1.11%
1	96405	**	0-20	N	$64.55	$64.55	$64.84	$64.84	0.45%
1	96405	**	0-20	F	$23.58	$23.58	$24.14	$24.14	2.37%
1	96405	**	21-999	N	$61.48	$61.48	$61.75	$61.75	0.44%
1	96405	**	21-999	F	$22.45	$22.45	$22.99	$22.99	2.41%
1	96406	**	0-20	N	$93.74	$93.74	$94.87	$94.87	1.21%
1	96406	**	0-20	F	$36.77	$36.77	$37.05	$37.05	0.76%
1	96406	**	21-999	N	$89.28	$89.28	$90.35	$90.35	1.20%
1	96406	**	21-999	F	$35.02	$35.02	$35.28	$35.28	0.74%
1	96409	**	0-20	N/F	$87.29	$87.29	$87.85	$87.85	0.64%
1	96409	**	21-999	N/F	$83.13	$83.13	$83.67	$83.67	0.65%
1	96411	**	0-20	N/F	$48.84	$48.84	$49.40	$49.40	1.15%
1	96411	**	21-999	N/F	$46.51	$46.51	$47.05	$47.05	1.16%
1	96413	**	0-20	N/F	$106.66	$106.66	$109.18	$109.18	2.36%
1	96413	**	21-999	N/F	$101.58	$101.58	$103.98	$103.98	2.36%
1	96415	**	0-20	N/F	$22.17	$22.17	$22.45	$22.45	1.26%
1	96415	**	21-999	N/F	$21.12	$21.12	$21.38	$21.38	1.23%
1	96416	**	0-20	N/F	$110.58	$110.58	$110.30	$110.30	-0.25%
1	96416	**	21-999	N/F	$105.32	$105.32	$105.05	$105.05	-0.26%
1	96417	**	0-20	N/F	$49.40	$49.40	$51.64	$51.64	4.53%
1	96417	**	21-999	N/F	$47.05	$47.05	$49.18	$49.18	4.53%
1	96420	**	0-20	N/F	$81.96	$81.96	$84.20	$84.20	2.73%
1	96420	**	21-999	N/F	$78.05	$78.05	$80.19	$80.19	2.74%
1	96422	**	0-20	N/F	$134.16	$134.16	$146.51	$146.51	9.21%
1	96422	**	21-999	N/F	$127.77	$127.77	$139.53	$139.53	9.20%
1	96423	**	0-20	N/F	$62.31	$62.31	$59.50	$59.50	-4.51%
1	96423	**	21-999	N/F	$59.34	$59.34	$56.67	$56.67	-4.50%
1	96425	**	0-20	N/F	$142.30	$142.30	$145.11	$145.11	1.97%
1	96425	**	21-999	N/F	$135.52	$135.52	$138.20	$138.20	1.98%
1	96440	**	0-20	F	$112.55	$112.55	$100.76	$100.76	-10.48%
1	96440	**	21-999	F	$107.19	$107.19	$95.96	$95.96	-10.48%
1	96446	**	0-20	N	$158.86	$158.86	$160.83	$160.83	1.24%
1	96446	**	0-20	F	$23.30	$23.30	$23.02	$23.02	-1.20%
1	96446	**	21-999	N	$151.29	$151.29	$153.17	$153.17	1.24%
1	96446	**	21-999	F	$22.19	$22.19	$21.92	$21.92	-1.22%
1	96450	**	0-20	N	$143.98	$143.98	$143.98	$143.98	0.00%
1	96450	**	0-20	F	$64.27	$64.27	$64.55	$64.55	0.44%
1	96450	**	21-999	N	$137.13	$137.13	$137.13	$137.13	0.00%

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TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	96450	**	21-999	F	$61.21	$61.21	$61.48	$61.48	0.44%
1	96521	**	0-20	N/F	$108.90	$108.90	$110.87	$110.87	1.81%
1	96521	**	21-999	N/F	$103.71	$103.71	$105.59	$105.59	1.81%
1	96522	**	0-20	N/F	$89.82	$89.82	$90.38	$90.38	0.62%
1	96522	**	21-999	N/F	$85.54	$85.54	$86.07	$86.07	0.62%
1	96523	**	0-20	N/F	$19.65	$19.65	$19.65	$19.65	0.00%
1	96523	**	21-999	N/F	$18.71	$18.71	$18.71	$18.71	0.00%
1	96542	**	0-20	N	$94.59	$94.59	$98.52	$98.52	4.15%
1	96542	**	0-20	F	$33.40	$33.40	$33.68	$33.68	0.84%
1	96542	**	21-999	N	$90.08	$90.08	$93.82	$93.82	4.15%
1	96542	**	21-999	F	$31.81	$31.81	$32.08	$32.08	0.85%
1	96549	**	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%

*Type of Service (TOS)	
1	Medical Services
D	Tuberculosis Clinic

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