ATTACHMENT 3 - MAGNETOENCEPHALOGRAPHY HOSPITAL OUTPATIENT RADIOLOGY
(Proposed to be effective April 1, 2019)

			CURRENT	PROPOSED	Percent Change from Current Medicaid Fee
TOS*	**Procedure Code**	**Long Description**	**Current Medicaid Fee**	**Proposed Medicaid Fee**	
4	95965	**	$2,357.85	$881.94	-62.60%
4	95966	**	$1,367.80	$513.01	-62.49%
4	95967	**	$1,157.35	$1,050.51	-9.23%

***Type of Service (TOS)**	
4	Radiology

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