ATTACHMENT 4 - MAGNETOENCEPHALOGRAPHY RURAL HOSPITAL OUTPATIENT DIAGNOSTIC 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	**	$549.83	$586.01	6.58%
4	95966	**	$549.83	$586.01	6.58%
4	95967	**	$763.56	$539.54	-29.34%

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

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