

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
RATE ANALYSIS DEPARTMENT**

**Notice of Proposed Adjustments to Fees, Rates or
Charges for Medicaid Biennial Calendar Fee Review
of the following:**

- (1) Durable Medical Equipment ('E Codes')**
- (2) TOS 1, 2, I, T Combinations**
- (3) Magnetoencephalography Hospital Diagnostic
Radiology**
- (4) Magnetoencephalography Rural Hospital
Diagnostic Radiology**
- (5) Nonclinical Laboratory**
- (6) TOS 1, 2, 8 ('S codes' – Texas Health Steps
Medical)**
- (7) TOS 9, E, J ('S Codes' – Other Medical Items or
Services, Eyeglasses and Durable Medical
Equipment Purchases – New)**
- (8) Physician Administered Toxoids**
- (9) Physician Administered Vaccines**
- (10) Physician Administered Drugs - Oncology**
- (11) Medical and Surgical Supplies**
- (12) Physician Administered Drugs NDCX List**

**Adjustments are proposed to be effective
April 1, 2019**

SUMMARY OF PROPOSED ADJUSTMENTS

To Be Effective April 1, 2019

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for the Medicaid Biennial Calendar Fee Review of: (1) Durable Medical Equipment ('E Codes'); (2) TOS 1, 2, I, T Combinations; (3) Magnetoencephalography Hospital Diagnostic Radiology; (4) Magnetoencephalography Rural Hospital Diagnostic Radiology; (5) TOS 5, I, T Nonclinical Laboratory; (6) TOS 1, 2, 8 ('S codes' – Texas Health Steps Medical); (7) TOS 9, E, J ('S Codes' – Other Medical Items or Services, Eyeglasses and Durable Medical Equipment Purchases – New); (8) Physician Administered Toxoids; (9) Physician Administered Vaccines; (10) Physician Administered Drugs – Oncology; (11) Medical and Surgical Supplies; and (12) Physician Administered Drugs NDCX List. The Texas Health and Human Services Commission (HHSC) intends to submit an amendment to the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act to update the fee schedules to reflect these proposed adjustments. The rates are proposed to be effective April 1, 2019.

Hearing

The Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed adjustments to Medicaid rates detailed in this document on February 11, 2019, at 1:30 p.m. in the Public Hearing Room in the Brown-Heatly Building at 4900 North Lamar Boulevard, Austin, Texas 78751, with entrance through Security at the front of the building facing Lamar Boulevard. HHSC will consider all concerns expressed at the hearing prior to final rate approval. This public hearing will be held in compliance with the provisions of Human Resources Code §32.0282 which requires a public hearing on proposed payment rate adjustments. Should you have any questions regarding the information in this document, please contact:

Rate Analysis for Acute Care Services
Texas Health and Human Services Commission
E-mail: RADAcuteCare@hsc.state.tx.us

HHSC will broadcast the public hearing; the broadcast can be accessed at <https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings>. The broadcast will be archived and can be accessed on demand at the same website.

Background

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program. Proposed rates are calculated utilizing established methodologies that conform to the Social Security Act and related federal regulations, the federally approved Texas Medicaid State Plan, all applicable state statutes and rules, and other requirements. HHSC reviews the Medicaid reimbursement rates for all acute care services every two years. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are conducted to ensure that rates continue to be based on established rate methodologies.

Methodology

The specific administrative rules that govern the establishment of the fees in this proposal include these rules in the TAC:

- §355.8021, which addresses the reimbursement methodology for home health services;
- §355.8023, which addresses the reimbursement methodology for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS);
- §355.8061, which addresses outpatient hospital reimbursement;
- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners; and
- §355.8441, which addresses the reimbursement methodologies for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services (known in Texas as Texas Health Steps).

Proposed Rate Adjustments

A summary of the methodologies used to determine the proposed fee-for-service Medicaid rates is listed below:

- Procedure codes and descriptions used in the Texas Medicaid Program are national standard code sets as required by federal laws; Healthcare

Common Procedural Coding System (HCPCS) and Current Procedural Terminology (CPT).

- Resource-based fee (RBF) methodology uses relative value units (RVUs) established by Medicare times a conversion factor. Current conversion factors include \$28.0672 for most services provided to children 20 years of age and younger and \$26.7305 for services provided to adults 21 years of age and older. Fees for services provided to children and identified as having access-to-care issues may be assigned a higher conversion factor, currently \$30.00.
- Access-based fees (ABFs) allow the state to reimburse for procedure codes not covered by Medicare or for which the Medicare fee is inadequate, or account for particularly difficult procedures, or encourage provider participation to ensure access to care.
- ABFs may also be established based on the Medicare fee for a service that is not priced using RVUs. Physician-administered drug pricing methodologies are outlined in §355.8085.
- For services and items that are not covered by Medicare or for which the Medicare rate is insufficient, different approaches are used to develop fees based on available information. These alternate methods include, as applicable:
 - The median or mean of the Medicaid fees from 14 states (the 10 most populous and the 4 bordering Texas) or the median or mean of the states that cover the service
 - Regional Medicare pricing from Novitas or a percentage of the Medicare fee
 - The current Medicaid fee for a similar service (comparable code)
 - 82 percent of the manufacturer suggested retail price (MSRP) supplied by provider associations or manufacturers
 - 89.5 percent of the average wholesale price for enteral and parenteral products
 - Cost shown on a manufacturer's invoice submitted by the provider to HHSC
- Rate determination methodologies related to outpatient hospital services are addressed in §355.8061.

Specific proposed payment rate adjustments are listed in the attachments outlined below:

Att 1 – Durable Medical Equipment ('E Codes')

Att 2 – TOS 1, 2, I, T Combinations

Att 3 - Magnetoencephalography Hospital Diagnostic Radiology

Att 4 - Magnetoencephalography Rural Hospital Diagnostic Radiology

- Att 5 – TOS 5, I, T Nonclinical Laboratory
- Att 6 – TOS 1, 2, 8 ('S codes' – Texas Health Steps Medical)
- Att 7 – TOS 9, E, J ('S Codes' – Other Medical Items or Services, Eyeglasses and Durable Medical Equipment Purchases – New)
- Att 8 – Physician Administered Toxoids
- Att 9 – Physician Administered Vaccines
- Att 10 – Physician Administered Drugs - Oncology
- Att 11 – Medical and Surgical Supplies
- Att 12 – Physician Administered Drugs NDCX List

Written Comments

Written comments regarding the proposed payment rate adjustments will be accepted in lieu of, or in addition to, oral testimony until 5 p.m. the day of the hearing. Written comments may be sent by U.S. mail to the Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Rate Analysis at (512) 730-7475; or by e-mail to RADAcuteCare@hhsc.state.tx.us. In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, Brown-Heatly Building, 4900 North Lamar, Austin, Texas 78751

Persons with disabilities who wish to attend the hearing and required auxiliary aids or services were advised to contact Rate Analysis at (512) 730-7401 at least 72 hours in advance, so appropriate arrangements could be made.

This public rate hearing briefing packet presents proposed payment rates and is distributed at HHSC public rate hearings and posted by the proposed effective date on the HHSC website at <http://rad.hhs.texas.gov/rate-packets>. Proposed rates may or may not be adopted, depending on HHSC management decisions after review of public comments and additional information. Provider and public notification about adoption decisions are published on the Texas Medicaid and Healthcare Partnership (TMHP) website at <http://www.tmhp.com> in banner messages, bulletins, notices, and updates to the Texas Medicaid fee schedules. The fee schedules are available in static files or online lookup at <http://public.tmhp.com/FeeSchedules>.

CFR ATTACHMENT 1 - Durable Medical Equipment - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Mod-ifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
J	E0100		Cane, includes canes of all materials, adjustable or fixed, with tip	0-999	N		\$15.27	\$15.27	\$15.27	\$15.27	0.00%
J	E0105		Cane, quad or 3-prong, includes canes of all materials, adjustable or fixed, with tips	0-999	N		\$36.35	\$36.35	\$36.35	\$36.35	0.00%
J	E0110		Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	0-999	N		\$54.34	\$54.34	\$54.34	\$54.34	0.00%
L	E0110		Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	0-999	N		\$5.43	\$5.43	\$5.43	\$5.43	0.00%
J	E0111		Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	0-999	N		\$35.87	\$35.87	\$35.87	\$35.87	0.00%
L	E0111		Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	0-999	N		\$3.59	\$3.59	\$3.59	\$3.59	0.00%
J	E0112		Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips	0-999	N		\$28.78	\$28.78	\$28.78	\$28.78	0.00%
L	E0112		Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips	0-999	N		\$2.88	\$2.88	\$2.88	\$2.88	0.00%
J	E0113		Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip	0-999	N		\$16.76	\$16.76	\$16.76	\$16.76	0.00%
L	E0113		Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip	0-999	N		\$1.68	\$1.68	\$1.68	\$1.68	0.00%
J	E0114		Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	0-999	N		\$32.30	\$32.30	\$32.30	\$32.30	0.00%
L	E0114		Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	0-999	N		\$3.23	\$3.23	\$3.23	\$3.23	0.00%
J	E0116		Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	0-999	N		\$20.72	\$20.72	\$20.72	\$20.72	0.00%
L	E0116		Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	0-999	N		\$2.07	\$2.07	\$2.07	\$2.07	0.00%
J	E0130		Walker, rigid (pickup), adjustable or fixed height	0-999	N		\$54.34	\$54.34	\$54.34	\$54.34	0.00%
L	E0130		Walker, rigid (pickup), adjustable or fixed height	0-999	N		\$5.43	\$5.43	\$5.43	\$5.43	0.00%

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J	E0135		Walker, folding (pickup), adjustable or fixed height	0-999	N		\$62.35	\$62.35	\$62.35	\$62.35	0.00%
L	E0135		Walker, folding (pickup), adjustable or fixed height	0-999	N		\$6.23	\$6.23	\$6.24	\$6.24	0.16%
J	E0140		Walker, with trunk support, adjustable or fixed height, any type	0-999	N		\$285.60	\$285.60	\$285.60	\$285.60	0.00%
J	E0141		Walker, rigid, wheeled, adjustable or fixed height	0-999	N		\$88.39	\$88.39	\$76.79	\$76.79	-13.12%
L	E0141		Walker, rigid, wheeled, adjustable or fixed height	0-999	N		\$8.84	\$8.84	\$7.68	\$7.68	-13.12%
J	E0143		Walker, folding, wheeled, adjustable or fixed height	0-999	N		\$92.22	\$92.22	\$81.48	\$81.48	-11.65%
L	E0143		Walker, folding, wheeled, adjustable or fixed height	0-999	N		\$9.22	\$9.22	\$8.15	\$8.15	-11.61%
J	E0144		Walker, enclosed, 4 sided framed, rigid or folding, wheeled with posterior seat	0-999	N		\$198.12	\$198.12	\$198.12	\$198.12	0.00%
L	E0144		Walker, heavy-duty, wheeled, rigid or folding, any type	0-999	N		\$19.81	\$19.81	\$19.81	\$19.81	0.00%
J	E0147		Walker, heavy-duty, multiple braking system, variable wheel resistance	0-999	N		\$343.73	\$343.73	\$343.73	\$343.73	0.00%
L	E0147		Walker, heavy-duty, multiple braking system, variable wheel resistance	0-999	N		\$34.37	\$34.37	\$34.37	\$34.37	0.00%
J	E0148		Walker, heavy-duty, without wheels, rigid or folding, any type, each	0-999	N		\$105.78	\$105.78	\$105.72	\$105.72	-0.06%
L	E0148		Walker, heavy-duty, without wheels, rigid or folding, any type, each	0-999	N		\$10.58	\$10.58	\$10.57	\$10.57	-0.09%
J	E0149		Walker, heavy-duty, wheeled, rigid or folding, any type	0-999	N		\$170.82	\$170.82	\$170.82	\$170.82	0.00%
L	E0149		Walker, heavy-duty, wheeled, rigid or folding, any type	0-999	N		\$17.08	\$17.08	\$17.08	\$17.08	0.00%
J	E0153		Platform attachment, forearm crutch, each	0-999	N		\$63.52	\$63.52	\$63.52	\$63.52	0.00%
J	E0154		Platform attachment, walker, each	0-999	N		\$53.45	\$53.45	\$53.45	\$53.45	0.00%
J	E0155		Wheel attachment, rigid pick-up walker, per pair	0-999	N		\$23.56	\$23.56	\$23.56	\$23.56	0.00%
J	E0157		Crutch attachment, walker, each	0-999	N		\$56.63	\$56.63	\$56.63	\$56.63	0.00%
J	E0158		Leg extensions for walker, per set of 4	0-999	N		\$21.42	\$21.42	\$21.42	\$21.42	0.00%
J	E0159		Brake attachment for wheeled walker, replacement, each	0-999	N		\$14.88	\$14.88	\$14.88	\$14.88	0.00%
J	E0160		Sitz type bath or equipment, portable, used with or without commode	0-999	N		\$10.04	\$10.04	\$15.61	\$15.61	55.48%
J	E0161		Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)	0-999	N		\$21.54	\$21.54	\$21.54	\$21.54	0.00%
J	E0162		Sitz bath chair	0-999	N		\$119.64	\$119.64	\$119.64	\$119.64	0.00%
L	E0162		Sitz bath chair	0-999	N		\$11.96	\$11.96	\$11.96	\$11.96	0.00%
J	E0163		Commode chair, mobile or stationary, with fixed arms	0-999	N		\$88.70	\$88.70	\$88.70	\$88.70	0.00%

CFR ATTACHMENT 1 - Durable Medical Equipment - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Mod-ifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
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J	E0163	TG	Commode chair, stationary, with fixed arms, complex/high tech level of care	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E0165	TG	Commode chair, stationary, with detachable arms, complex/high tech level of care	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E0165		Commode chair, mobile or stationary, with detachable arms	0-999	N		\$148.65	\$148.65	\$148.65	\$148.65	0.00%
J	E0167		Pail or pan for use with commode chair, replacement only	0-999	N		\$9.09	\$9.09	\$9.09	\$9.09	0.00%
L	E0167		Pail or pan for use with commode chair, replacement only	0-999	N		\$0.91	\$0.91	\$0.91	\$0.91	0.00%
J	E0168	TG	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each, complex/high tech level of care	0-999	N		\$1,544.22	\$1,544.22	\$1,544.22	\$1,544.22	0.00%
J	E0168	TF	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each, intermediate level of care	0-999	N		\$319.26	\$319.26	\$319.26	\$319.26	0.00%
J	E0168		Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each	0-999	N		\$120.74	\$120.74	\$120.74	\$120.74	0.00%
J	E0170		Commode chair with integrated seat lift mechanism, electric, any type	0-999	N		\$1,653.85	\$1,653.85	\$1,653.85	\$1,653.85	0.00%
J	E0171		Commode chair with integrated seat lift mechanism, nonelectric, any type	0-999	N		\$297.63	\$297.63	\$297.63	\$297.63	0.00%
J	E0172		Seat lift mechanism placed over or on top of toilet, any type	0-999	N		\$1,433.64	\$1,433.64	\$1,329.43	\$1,329.43	-7.27%
J	E0175		Footrest, for use with commode chair, each	0-999	N		\$51.06	\$51.06	\$51.06	\$51.06	0.00%
L	E0175		Footrest, for use with commode chair, each	0-999	N		\$5.11	\$5.11	\$5.11	\$5.11	0.00%
J	E0181		Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty	0-999	N		\$206.40	\$206.40	\$206.40	\$206.40	0.00%
L	E0181		Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty	0-999	N		\$20.64	\$20.64	\$20.64	\$20.64	0.00%
L	E0182		Pump for alternating pressure pad, for replacement only	0-999	N		\$21.64	\$21.64	\$20.64	\$20.64	-4.62%
J	E0184		Dry pressure mattress	0-999	N		\$143.82	\$143.82	\$143.82	\$143.82	0.00%
L	E0184		Dry pressure mattress	0-999	N		\$14.38	\$14.38	\$14.38	\$14.38	0.00%
J	E0185		Gel or gel-like pressure pad for mattress, standard mattress length and width	0-999	N		\$225.12	\$225.12	\$225.12	\$225.12	0.00%
L	E0185		Gel or gel-like pressure pad for mattress, standard mattress length and width	0-999	N		\$22.51	\$22.51	\$22.51	\$22.51	0.00%

CFR ATTACHMENT 1 - Durable Medical Equipment - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Mod-ifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
J	E0186		Air pressure mattress	0-999	N		\$157.86	\$157.86	\$157.86	\$157.86	0.00%
L	E0186		Air pressure mattress	0-999	N		\$15.79	\$15.79	\$15.79	\$15.79	0.00%
J	E0187		Water pressure mattress	0-999	N/F		\$147.23	\$147.23	\$158.67	\$158.67	7.77%
L	E0187		Water pressure mattress	0-999	N		\$14.72	\$14.72	\$15.87	\$15.87	7.81%
J	E0188		Synthetic sheepskin pad	0-999	N		\$20.67	\$20.67	\$20.67	\$20.67	0.00%
J	E0189		Lambswool sheepskin pad, any size	0-999	N		\$38.62	\$38.62	\$38.62	\$38.62	0.00%
J	E0190	UD	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	0-20	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E0190		Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	0-999	N		\$52.16	\$52.16	\$41.58	\$41.58	-20.28%
J	E0191		Heel or elbow protector, each	0-999	N		\$7.74	\$7.74	\$7.74	\$7.74	0.00%
L	E0193		Powered air flotation bed (low air loss therapy)	0-999	N		\$669.13	\$669.13	\$669.13	\$669.13	0.00%
L	E0194		Air fluidized bed	0-999	N		\$2,258.07	\$2,258.07	\$2,258.07	\$2,258.07	0.00%
J	E0196		Gel pressure mattress	0-999	N		\$237.63	\$237.63	\$237.63	\$237.63	0.00%
L	E0196		Gel pressure mattress	0-999	N		\$23.76	\$23.76	\$23.76	\$23.76	0.00%
J	E0197		Air pressure pad for mattress, standard mattress length and width	0-999	N		\$156.87	\$156.87	\$157.95	\$157.95	0.69%
L	E0197		Air pressure pad for mattress, standard mattress length and width	0-999	N		\$15.69	\$15.69	\$15.80	\$15.80	0.70%
J	E0198		Water pressure pad for mattress, standard mattress length and width	0-999	N		\$135.92	\$135.92	\$137.80	\$137.80	1.38%
L	E0198		Water pressure pad for mattress, standard mattress length and width	0-999	N		\$13.59	\$13.59	\$13.78	\$13.78	1.40%
J	E0199		Dry pressure pad for mattress, standard mattress length and width	0-999	N/F		\$24.71	\$24.71	\$24.71	\$24.71	0.00%
L	E0202		Phototherapy (bilirubin) light with photometer	0-999	N		\$53.90	\$53.90	\$53.90	\$53.90	0.00%
J	E0210		Electric heat pad, standard	0-999	N		\$24.09	\$24.09	\$24.09	\$24.09	0.00%
J	E0217		Water circulating heat pad with pump	0-999	N		\$435.67	\$435.67	\$435.67	\$435.67	0.00%
L	E0217		Water circulating heat pad with pump	0-999	N		\$43.57	\$43.57	\$43.57	\$43.57	0.00%
J	E0218		Water circulating cold pad with pump	0-999	N		\$259.65	\$259.65	\$265.52	\$265.52	2.26%
L	E0218		Water circulating cold pad with pump	0-999	N		\$25.97	\$25.97	\$26.55	\$26.55	2.23%
L	E0225		Hydrocollator unit, includes pads	0-999	N		\$37.01	\$37.01	\$37.01	\$37.01	0.00%
J	E0235		Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	0-999	N		\$166.70	\$166.70	\$166.70	\$166.70	0.00%
L	E0235		Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	0-999	N		\$16.67	\$16.67	\$16.67	\$16.67	0.00%
J	E0236		Pump for water circulating pad	0-999	N		\$427.43	\$427.43	\$427.43	\$427.43	0.00%
J	E0240		Bath/shower chair, with or without wheels, any size	0-999	N		\$86.42	\$86.42	\$86.42	\$86.42	0.00%

CFR ATTACHMENT 1 - Durable Medical Equipment - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Mod-ifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
J	E0240	TF	Bath/shower chair, with or without wheels, any size	0-999	N		\$1,434.28	\$1,434.28	\$1,434.28	\$1,434.28	0.00%
J	E0240	TG	Bath/shower chair, with or without wheels, any size	0-999	N		\$1,935.82	\$1,935.82	\$1,935.82	\$1,935.82	0.00%
J	E0243		Toilet rail, each	0-999	N		\$61.50	\$61.50	\$61.50	\$61.50	0.00%
J	E0244		Raised toilet seat	0-999	N		\$35.41	\$35.41	\$32.05	\$32.05	-9.49%
J	E0245		Tub stool or bench	0-999	N		\$45.00	\$45.00	\$41.47	\$41.47	-7.84%
J	E0246		Transfer tub rail attachment	0-999	N		\$48.10	\$48.10	\$52.40	\$52.40	8.94%
J	E0247		Transfer bench for tub or toilet with or without commode opening	0-999	N		\$92.00	\$92.00	\$93.76	\$93.76	1.91%
J	E0248		Transfer bench, heavy-duty, for tub or toilet with or without commode opening	0-999	N		\$176.30	\$176.30	\$193.12	\$193.12	9.54%
J	E0250		Hospital bed, fixed height, with any type side rails, with mattress	0-999	N		\$883.21	\$883.21	\$883.21	\$883.21	0.00%
L	E0250		Hospital bed, fixed height, with any type side rails, with mattress	0-999	N		\$88.32	\$88.32	\$88.32	\$88.32	0.00%
J	E0255		Hospital bed, variable height, hi-lo, with any type side rails, with mattress	0-999	N		\$930.30	\$930.30	\$930.30	\$930.30	0.00%
L	E0255		Hospital bed, variable height, hi-lo, with any type side rails, with mattress	0-999	N		\$93.03	\$93.03	\$93.03	\$93.03	0.00%
J	E0260		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	0-999	N		\$1,243.16	\$1,243.16	\$1,243.16	\$1,243.16	0.00%
L	E0260		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	0-999	N		\$124.32	\$124.32	\$124.32	\$124.32	0.00%
J	E0265		Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	0-999	N		\$1,600.68	\$1,600.68	\$1,600.68	\$1,600.68	0.00%
L	E0265		Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	0-999	N		\$160.07	\$160.07	\$160.07	\$160.07	0.00%
J	E0271		Mattress, innerspring	0-999	N		\$163.40	\$163.40	\$163.40	\$163.40	0.00%
J	E0275		Bed pan, standard, metal or plastic	0-999	N		\$10.38	\$10.38	\$10.38	\$10.38	0.00%
J	E0276		Bed pan, fracture, metal or plastic	0-999	N		\$12.22	\$12.22	\$12.22	\$12.22	0.00%
L	E0277		Powered pressure-reducing air mattress	0-999	N		\$421.54	\$421.54	\$421.54	\$421.54	0.00%
J	E0280		Bed cradle, any type	0-999	N		\$30.25	\$30.25	\$30.25	\$30.25	0.00%
L	E0280		Bed cradle, any type	0-999	N		\$3.03	\$3.03	\$3.03	\$3.03	0.00%
J	E0300		Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	0-999	N		\$2,473.19	\$2,473.19	\$2,473.19	\$2,473.19	0.00%
L	E0300		Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	0-999	N/F		\$247.32	\$247.32	\$247.32	\$247.32	0.00%

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J	E0303		Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	0-999	N		\$2,733.11	\$2,733.11	\$2,733.11	\$2,733.11	0.00%
L	E0303		Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	0-999	N		\$273.31	\$273.31	\$273.31	\$273.31	0.00%
J	E0304		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	0-999	N		\$5,237.67	\$5,237.67	\$5,237.67	\$5,237.67	0.00%
L	E0304		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	0-999	N/F		\$523.77	\$523.77	\$523.77	\$523.77	0.00%
J	E0305		Bedside rails, half-length	0-999	N		\$135.48	\$135.48	\$135.48	\$135.48	0.00%
J	E0310		Bedside rails, full-length	0-999	N		\$140.20	\$140.20	\$140.20	\$140.20	0.00%
J	E0315		Bed accessory: board, table, or support device, any type	0-999	N		\$147.60	\$147.60	\$90.38	\$90.38	-38.77%
J	E0316		Safety enclosure frame/canopy for use with hospital bed, any type	0-999	N		\$1,729.42	\$1,729.42	\$1,729.42	\$1,729.42	0.00%
L	E0316		Safety enclosure frame/canopy for use with hospital bed, any type	0-999	N		\$172.94	\$172.94	\$172.94	\$172.94	0.00%
J	E0325		Urinal; male, jug-type, any material	0-999	N		\$7.59	\$7.59	\$7.59	\$7.59	0.00%
L	E0325		Urinal; male, jug-type, any material	0-999	N		\$0.76	\$0.76	\$0.76	\$0.76	0.00%
J	E0326		Urinal; female, jug-type, any material	0-999	N		\$7.81	\$7.81	\$7.81	\$7.81	0.00%
J	E0328		Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	0-999	N		\$5,059.53	\$5,059.53	\$4,510.00	\$4,510.00	-10.86%
L	E0328		Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	0-999	N		\$505.95	\$505.95	\$451.00	\$451.00	-10.86%
J	E0329		Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	0-999	N		\$6,746.03	\$6,746.03	\$6,000.00	\$6,000.00	-11.06%

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L	E0329		Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	0-999	N		\$674.60	\$674.60	\$600.00	\$600.00	-11.06%
9	E0350		Control unit for electronic bowel irrigation/evacuation system	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
9	E0352		Disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system	0-999	N		\$51.34	\$51.34	\$51.34	\$51.34	0.00%
J	E0370		Air pressure elevator for heel	0-999	N		\$51.10	\$51.10	\$61.50	\$61.50	20.35%
L	E0370		Air pressure elevator for heel	0-999	N		\$5.11	\$5.11	\$6.15	\$6.15	20.35%
J	E0371		Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	0-999	N		\$3,801.20	\$3,801.20	\$3,801.20	\$3,801.20	0.00%
L	E0371		Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	0-999	N		\$380.12	\$380.12	\$380.12	\$380.12	0.00%
J	E0372		Powered air overlay for mattress, standard mattress length and width	0-999	N		\$4,270.88	\$4,270.88	\$4,270.88	\$4,270.88	0.00%
L	E0372		Powered air overlay for mattress, standard mattress length and width	0-999	N		\$427.09	\$427.09	\$427.09	\$427.09	0.00%
J	E0373		Nonpowered advanced pressure reducing mattress	0-999	N		\$4,865.88	\$4,865.88	\$4,865.88	\$4,865.88	0.00%
L	E0373		Nonpowered advanced pressure reducing mattress	0-999	N		\$486.59	\$486.59	\$486.59	\$486.59	0.00%
L	E0424		Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	0-999	N		\$173.17	\$173.17	\$157.90	\$157.90	-8.82%
L	E0431		Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	0-999	N		\$26.47	\$26.47	\$26.47	\$26.47	0.00%
L	E0433		system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	0-999	N		\$41.30	\$41.30	\$41.30	\$41.30	0.00%

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L	E0434		Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	0-999	N		\$28.26	\$28.26	\$28.26	\$28.26	0.00%
L	E0439		Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	0-999	N		\$159.32	\$159.32	\$157.90	\$157.90	-0.89%
9	E0441		Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	0-999	N		\$50.45	\$50.45	\$50.45	\$50.45	0.00%
9	E0442		Stationary oxygen contents, liquid, 1 month's supply = 1 unit	0-999	N		\$50.45	\$50.45	\$50.45	\$50.45	0.00%
9	E0443		Portable oxygen contents, gaseous, 1 month's supply = 1 unit	0-999	N		\$49.79	\$49.79	\$49.79	\$49.79	0.00%
9	E0444		Portable oxygen contents, liquid, 1 month's supply = 1 unit	0-999	N		\$49.79	\$49.79	\$49.79	\$49.79	0.00%
J	E0445	U4	Oximeter device for measuring blood oxygen levels noninvasively	0-999	N		\$2,036.88	\$2,036.88	\$2,036.88	\$2,036.88	0.00%
L	E0445		Oximeter device for measuring blood oxygen levels noninvasively	0-999	N		\$50.92	\$50.92	\$50.92	\$50.92	0.00%
L	E0445	U4	Oximeter device for measuring blood oxygen levels noninvasively	0-20	N		\$203.69	\$203.69	\$203.69	\$203.69	0.00%
J	E0457		Chest shell (cuirass)	0-999	N		\$450.00	\$450.00	\$403.90	\$403.90	-10.24%
L	E0457		Chest shell (cuirass)	0-999	N		\$45.00	\$45.00	\$40.39	\$40.39	-10.24%
J	E0459		Chest wrap	0-999	N		\$346.25	\$346.25	\$346.25	\$346.25	0.00%
L	E0459		Chest wrap	0-999	N		\$34.63	\$34.63	\$34.63	\$34.63	0.00%
L	E0465		Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	0-999	N		\$1,059.64	\$1,059.64	\$1,059.64	\$1,059.64	0.00%
L	E0466		Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	0-999	N		\$1,059.64	\$1,059.64	\$1,059.64	\$1,059.64	0.00%
J	E0470		Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	0-999	N		\$2,257.02	\$2,257.02	\$2,257.02	\$2,257.02	0.00%
L	E0470		Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	0-999	N		\$225.70	\$225.70	\$225.70	\$225.70	0.00%

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L	E0471		Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	0-999	N		\$436.67	\$436.67	\$436.67	\$436.67	0.00%
L	E0472		Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	0-999	N		\$397.03	\$397.03	\$397.03	\$397.03	0.00%
J	E0480		Percussor, electric or pneumatic, home model	0-999	N		\$359.08	\$359.08	\$359.08	\$359.08	0.00%
L	E0480		Percussor, electric or pneumatic, home model	0-999	N		\$35.91	\$35.91	\$35.91	\$35.91	0.00%
L	E0482		Cough stimulating device, alternating positive and negative airway pressure	0-999	N		\$266.76	\$266.76	\$314.60	\$314.60	17.93%
J	E0483		High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	0-999	N		\$9,253.45	\$9,253.45	\$9,253.45	\$9,253.45	0.00%
L	E0483		High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	0-999	N		\$925.35	\$925.35	\$925.35	\$925.35	0.00%
J	E0500		IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	0-999	N		\$953.90	\$953.90	\$953.90	\$953.90	0.00%
L	E0500		IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	0-999	N		\$95.39	\$95.39	\$95.39	\$95.39	0.00%
J	E0550		Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	0-999	N		\$427.43	\$427.43	\$427.43	\$427.43	0.00%
L	E0550		Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	0-999	N		\$42.74	\$42.74	\$42.74	\$42.74	0.00%
J	E0561		Humidifier, nonheated, used with positive airway pressure device	0-999	N		\$89.09	\$89.09	\$89.09	\$89.09	0.00%
L	E0561		Humidifier, nonheated, used with positive airway pressure device	0-999	N		\$8.91	\$8.91	\$8.91	\$8.91	0.00%
J	E0562		Humidifier, heated, used with positive airway pressure device	0-999	N		\$235.61	\$235.61	\$220.52	\$220.52	-6.40%
L	E0562		Humidifier, heated, used with positive airway pressure device	0-999	N		\$23.56	\$23.56	\$22.05	\$22.05	-6.41%

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J	E0565		Compressor, air power source for equipment which is not self-contained or cylinder driven	0-999	N		\$414.40	\$414.40	\$414.40	\$414.40	0.00%
L	E0565		Compressor, air power source for equipment which is not self-contained or cylinder driven	0-999	N		\$41.44	\$41.44	\$41.44	\$41.44	0.00%
J	E0570		Nebulizer, with compressor	0-999	N		\$129.63	\$129.63	\$129.63	\$129.63	0.00%
J	E0574		Ultrasonic/electronic aerosol generator with small volume nebulizer	0-999	N		\$388.88	\$388.88	\$388.88	\$388.88	0.00%
J	E0575		Nebulizer, ultrasonic, large volume	0-999	N		\$992.86	\$992.86	\$992.86	\$992.86	0.00%
J	E0580		nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	0-999	N		\$118.88	\$118.88	\$118.88	\$118.88	0.00%
L	E0580		nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	0-999	N		\$11.89	\$11.89	\$11.89	\$11.89	0.00%
J	E0585		Nebulizer, with compressor and heater	0-999	N		\$248.10	\$248.10	\$248.10	\$248.10	0.00%
J	E0600		Respiratory suction pump, home model, portable or stationary, electric	0-999	N		\$442.34	\$442.34	\$442.34	\$442.34	0.00%
J	E0601		Continuous positive airway pressure (CPAP) device	0-999	N		\$811.38	\$811.38	\$811.38	\$811.38	0.00%
L	E0601		Continuous positive airway pressure (CPAP) device	0-999	N		\$81.14	\$81.14	\$81.14	\$81.14	0.00%
J	E0602		Breast pump, manual, any type	0-999	N		\$16.66	\$16.66	\$16.66	\$16.66	0.00%
J	E0603		Breast pump, electric (AC and/or DC), any type	0-999	N		\$173.47	\$173.47	\$173.47	\$173.47	0.00%
L	E0604		Breast pump, hospital grade, electric (AC and/or DC), any type	0-999	N		\$69.15	\$69.15	\$46.81	\$46.81	-32.31%
J	E0606		Postural drainage board	0-999	N		\$158.15	\$158.15	\$158.15	\$158.15	0.00%
J	E0610		Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	0-999	N		\$229.77	\$229.77	\$229.77	\$229.77	0.00%
J	E0615		Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	0-999	N		\$450.27	\$450.27	\$450.27	\$450.27	0.00%
9	E0616		Implantable cardiac event recorder with memory, activator, and programmer	0-20	F		\$3,033.59	\$3,033.59	\$2,180.91	\$2,180.91	-28.11%
J	E0616		Implantable cardiac event recorder with memory, activator, and programmer	0-20	N		\$3,033.59	\$3,033.59	\$2,180.91	\$2,180.91	-28.11%
J	E0617		External defibrillator with integrated electrocardiogram analysis	0-20	N		\$2,346.51	\$2,346.51	\$2,346.51	\$2,346.51	0.00%
L	E0617		External defibrillator with integrated electrocardiogram analysis	0-20	N		\$234.65	\$234.65	\$234.65	\$234.65	0.00%
J	E0618		Apnea monitor, without recording feature	0-999	N		\$2,335.34	\$2,335.34	\$2,335.34	\$2,335.34	0.00%

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L	E0618		Apnea monitor, without recording feature	0-999	N		\$233.53	\$233.53	\$233.53	\$233.53	0.00%
J	E0619		Apnea monitor, with recording feature	21-999	N		\$1,956.52	\$1,956.52	\$1,829.70	\$1,829.70	-6.48%
J	E0619		Apnea monitor, with recording feature	0-20	N		\$1,956.52	\$1,956.52	\$1,829.70	\$1,829.70	-6.48%
L	E0619		Apnea monitor, with recording feature	21-999	N		\$195.65	\$195.65	\$182.97	\$182.97	-6.48%
L	E0619		Apnea monitor, with recording feature	0-20	N		\$195.65	\$195.65	\$182.97	\$182.97	-6.48%
J	E0621		Sling or seat, patient lift, canvas or nylon	0-999	N		\$70.64	\$70.64	\$70.64	\$70.64	0.00%
J	E0625	U3	Patient lift, bathroom or toilet, not otherwise classified	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E0625	U2	Patient lift, bathroom or toilet, not otherwise classified	0-999	N		\$2,376.36	\$2,376.36	\$2,376.36	\$2,376.36	0.00%
J	E0625	U1	Patient lift, bathroom or toilet, not otherwise classified	0-999	N		\$1,188.49	\$1,188.49	\$1,188.49	\$1,188.49	0.00%
J	E0625		Patient lift, bathroom or toilet, not otherwise classified	0-999	N		\$529.99	\$529.99	\$529.99	\$529.99	0.00%
L	E0625		Patient lift, bathroom or toilet, not otherwise classified	0-999	N		\$53.00	\$53.00	\$53.00	\$53.00	0.00%
J	E0627		Seat lift mechanism, electric, any type	0-999	N		\$165.67	\$165.67	\$165.67	\$165.67	0.00%
J	E0629		Seat lift mechanism, non-electric, any type	0-999	N		\$243.35	\$243.35	\$243.35	\$243.35	0.00%
J	E0630		Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	0-999	N		\$852.38	\$852.38	\$852.38	\$852.38	0.00%
L	E0630		Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	0-999	N		\$85.24	\$85.24	\$85.24	\$85.24	0.00%
J	E0635		Patient lift, electric, with seat or sling	0-20	N		\$1,765.53	\$1,765.53	\$1,708.98	\$1,708.98	-3.20%
J	E0635	TG	Patient lift, electric, with seat or sling	21-999	N	40	Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E0635		Patient lift, electric, with seat or sling	21-999	N		\$1,765.53	\$1,765.53	\$1,708.98	\$1,708.98	-3.20%
J	E0635	TG	Patient lift, electric, with seat or sling	0-20	N	40	Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E0635		Patient lift, electric, with seat or sling	0-999	N		\$176.55	\$176.55	\$170.90	\$170.90	-3.20%
J	E0637		Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	0-999	N		\$3,271.83	\$3,271.83	\$3,271.83	\$3,271.83	0.00%
J	E0638	UB	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	0-999	N		\$2,595.30	\$2,595.30	\$2,595.30	\$2,595.30	0.00%
J	E0638	UA	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	0-999	N		\$2,302.31	\$2,302.31	\$2,302.31	\$2,302.31	0.00%
J	E0641		Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	0-999	N		\$2,588.49	\$2,588.49	\$2,588.49	\$2,588.49	0.00%

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							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
J	E0642		Standing frame/table system, mobile (dynamic stander), any size including pediatric	0-999	N		\$3,337.40	\$3,337.40	\$3,004.20	\$3,004.20	-9.98%
J	E0650		Pneumatic compressor, nonsegmental home model	0-999	N		\$532.16	\$532.16	\$532.16	\$532.16	0.00%
L	E0650		Pneumatic compressor, nonsegmental home model	0-999	N		\$53.22	\$53.22	\$53.22	\$53.22	0.00%
J	E0651		Pneumatic compressor, segmental home model without calibrated gradient pressure	0-999	N		\$887.19	\$887.19	\$887.19	\$887.19	0.00%
L	E0651		Pneumatic compressor, segmental home model without calibrated gradient pressure	0-999	N		\$88.72	\$88.72	\$88.72	\$88.72	0.00%
J	E0652		Pneumatic compressor, segmental home model with calibrated gradient pressure	0-999	N		\$4,170.41	\$4,170.41	\$4,170.41	\$4,170.41	0.00%
L	E0652		Pneumatic compressor, segmental home model with calibrated gradient pressure	0-999	N		\$417.04	\$417.04	\$417.04	\$417.04	0.00%
J	E0655		nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	0-999	N		\$84.77	\$84.77	\$84.77	\$84.77	0.00%
L	E0655		nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	0-999	N		\$8.48	\$8.48	\$8.48	\$8.48	0.00%
J	E0660		nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N		\$120.92	\$120.92	\$120.92	\$120.92	0.00%
L	E0660		nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N		\$12.09	\$12.09	\$12.09	\$12.09	0.00%
J	E0665		nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N		\$103.33	\$103.33	\$103.33	\$103.33	0.00%
L	E0665		nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N		\$10.33	\$10.33	\$10.33	\$10.33	0.00%
J	E0666		nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N		\$98.84	\$98.84	\$98.84	\$98.84	0.00%
L	E0666		nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N		\$9.88	\$9.88	\$9.88	\$9.88	0.00%
J	E0667		Segmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N		\$312.76	\$312.76	\$312.76	\$312.76	0.00%
L	E0667		Segmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N		\$31.28	\$31.28	\$31.28	\$31.28	0.00%
J	E0668		Segmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N		\$399.35	\$399.35	\$399.35	\$399.35	0.00%
L	E0668		Segmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N		\$39.94	\$39.94	\$39.94	\$39.94	0.00%

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J	E0669		Segmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N		\$152.75	\$152.75	\$152.75	\$152.75	0.00%
L	E0669		Segmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N		\$15.28	\$15.28	\$15.28	\$15.28	0.00%
J	E0670		Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	0-999	N		\$1,020.77	\$1,020.77	\$1,020.77	\$1,020.77	0.00%
L	E0670		Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	0-999	N		\$102.08	\$102.08	\$102.08	\$102.08	0.00%
J	E0671		Segmental gradient pressure pneumatic appliance, full leg	0-999	N		\$364.48	\$364.48	\$364.48	\$364.48	0.00%
L	E0671		Segmental gradient pressure pneumatic appliance, full leg	0-999	N		\$36.45	\$36.45	\$36.45	\$36.45	0.00%
J	E0672		Segmental gradient pressure pneumatic appliance, full arm	0-999	N		\$301.67	\$301.67	\$301.67	\$301.67	0.00%
L	E0672		Segmental gradient pressure pneumatic appliance, full arm	0-999	N		\$30.17	\$30.17	\$30.17	\$30.17	0.00%
J	E0673		Segmental gradient pressure pneumatic appliance, half leg	0-999	N		\$235.33	\$235.33	\$235.33	\$235.33	0.00%
L	E0673		Segmental gradient pressure pneumatic appliance, half leg	0-999	N		\$23.53	\$23.53	\$23.53	\$23.53	0.00%
J	E0676		Intermittent limb compression device (includes all accessories), not otherwise specified	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E0676		Intermittent limb compression device (includes all accessories), not otherwise specified	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E0700		Safety equipment, device or accessory, any type	0-999	N		\$33.96	\$33.96	\$33.96	\$33.96	0.00%
J	E0705		Transfer device, any type, each	0-999	N		\$40.96	\$40.96	\$40.96	\$40.96	0.00%
J	E0710		Restraints, any type (body, chest, wrist, or ankle)	0-999	N/F		\$31.80	\$31.80	\$31.80	\$31.80	0.00%
L	E0710		Restraints, any type (body, chest, wrist, or ankle)	0-999	N		\$3.18	\$3.18	\$3.18	\$3.18	0.00%
J	E0720		Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation	0-999	N		\$294.06	\$294.06	\$232.51	\$232.51	-20.93%
L	E0720		Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation	0-999	N		\$29.41	\$29.41	\$23.25	\$23.25	-20.95%
J	E0730		Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation	0-999	N		\$274.09	\$274.09	\$237.38	\$237.38	-13.39%

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L	E0730		Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation	0-999	N		\$27.41	\$27.41	\$23.74	\$23.74	-13.39%
J	E0731		Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	0-999	N		\$278.93	\$278.93	\$215.31	\$215.31	-22.81%
L	E0731		Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	0-999	N		\$27.89	\$27.89	\$21.53	\$21.53	-22.80%
J	E0740		Non-implanted pelvic floor electrical stimulator, complete system	0-999	N		\$481.04	\$481.04	\$481.04	\$481.04	0.00%
J	E0745		Neuromuscular stimulator, electronic shock unit	0-999	N		\$823.49	\$823.49	\$823.49	\$823.49	0.00%
L	E0745		Neuromuscular stimulator, electronic shock unit	0-999	N		\$82.35	\$82.35	\$82.35	\$82.35	0.00%
J	E0747		Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	0-999	N		\$3,602.78	\$3,602.78	\$3,602.78	\$3,602.78	0.00%
J	E0748		Osteogenesis stimulator, electrical, noninvasive, spinal applications	0-999	N		\$3,579.44	\$3,579.44	\$3,579.44	\$3,579.44	0.00%
9	E0749		Osteogenesis stimulator, electrical, surgically implanted	0-999	F		\$2,786.83	\$2,786.83	\$2,786.83	\$2,786.83	0.00%
J	E0760		Osteogenesis stimulator, low intensity ultrasound, noninvasive	0-999	N		\$2,974.45	\$2,974.45	\$2,974.45	\$2,974.45	0.00%
J	E0762		Transcutaneous electrical joint stimulation device system, includes all accessories	0-999	N		\$915.94	\$915.94	\$915.94	\$915.94	0.00%
L	E0762		Transcutaneous electrical joint stimulation device system, includes all accessories	0-999	N		\$91.59	\$91.59	\$91.59	\$91.59	0.00%
J	E0764		Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	0-999	N		\$10,845.48	\$10,845.48	\$10,845.48	\$10,845.48	0.00%
L	E0764		Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	0-999	N		\$1,084.55	\$1,084.55	\$1,084.55	\$1,084.55	0.00%

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J	E0776		IV pole	0-999	N		\$96.85	\$96.85	\$96.85	\$96.85	0.00%
L	E0776		IV pole	0-999	N		\$9.69	\$9.69	\$9.69	\$9.69	0.00%
J	E0779		Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	0-999	N		\$153.74	\$153.74	\$153.74	\$153.74	0.00%
L	E0779		Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	0-999	N		\$15.37	\$15.37	\$15.37	\$15.37	0.00%
J	E0780		Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	0-999	N		\$9.53	\$9.53	\$9.53	\$9.53	0.00%
L	E0780		Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	0-999	N		\$0.95	\$0.95	\$0.95	\$0.95	0.00%
J	E0781		Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	0-999	N		\$2,106.90	\$2,106.90	\$2,106.90	\$2,106.90	0.00%
L	E0781		Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	0-999	N		\$210.69	\$210.69	\$210.69	\$210.69	0.00%
9	E0782		Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	F		\$3,753.51	\$3,753.51	\$3,753.51	\$3,753.51	0.00%
9	E0782		Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	F		\$3,753.51	\$3,753.51	\$3,753.51	\$3,753.51	0.00%
J	E0782		Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	N		\$3,753.51	\$3,753.51	\$3,753.51	\$3,753.51	0.00%
9	E0783		Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	F		\$7,480.40	\$7,480.40	\$7,480.40	\$7,480.40	0.00%
J	E0783		Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	N		\$7,480.40	\$7,480.40	\$7,480.40	\$7,480.40	0.00%
J	E0784		External ambulatory infusion pump, insulin	0-999	N		\$3,903.99	\$3,903.99	\$3,903.99	\$3,903.99	0.00%
J	E0784	U1	External ambulatory infusion pump, insulin	0-999	N		\$827.10	\$827.10	\$827.10	\$827.10	0.00%
L	E0784		External ambulatory infusion pump, insulin	0-999	N		\$390.40	\$390.40	\$390.40	\$390.40	0.00%
L	E0784	U1	External ambulatory infusion pump, insulin	0-999	N		\$82.71	\$82.71	\$82.71	\$82.71	0.00%

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J	E0786		Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	0-999	N		\$5,571.34	\$5,571.34	\$5,571.34	\$5,571.34	0.00%
J	E0791		Parenteral infusion pump, stationary, single, or multichannel	0-999	N		\$2,284.76	\$2,284.76	\$2,284.76	\$2,284.76	0.00%
L	E0791		Parenteral infusion pump, stationary, single, or multichannel	0-999	N		\$228.48	\$228.48	\$228.48	\$228.48	0.00%
J	E0840		Traction frame, attached to headboard, cervical traction	0-999	N		\$53.11	\$53.11	\$53.11	\$53.11	0.00%
L	E0840		Traction frame, attached to headboard, cervical traction	0-999	N		\$5.31	\$5.31	\$5.31	\$5.31	0.00%
J	E0850		Traction stand, freestanding, cervical traction	0-999	N		\$82.50	\$82.50	\$82.50	\$82.50	0.00%
L	E0850		Traction stand, freestanding, cervical traction	0-999	N		\$8.25	\$8.25	\$8.25	\$8.25	0.00%
J	E0855		Cervical traction equipment not requiring additional stand or frame	0-999	N		\$461.97	\$461.97	\$461.97	\$461.97	0.00%
L	E0855		Cervical traction equipment not requiring additional stand or frame	0-999	N		\$46.20	\$46.20	\$46.20	\$46.20	0.00%
J	E0856		Cervical traction device, with inflatable air bladder(s)	0-999	N		\$150.95	\$150.95	\$150.95	\$150.95	0.00%
J	E0860		Traction equipment, overdoor, cervical	0-999	N		\$24.82	\$24.82	\$24.82	\$24.82	0.00%
L	E0860		Traction equipment, overdoor, cervical	0-999	N		\$2.48	\$2.48	\$2.48	\$2.48	0.00%
J	E0880		Traction stand, freestanding, extremity traction (e.g., Buck's)	0-999	N		\$89.85	\$89.85	\$89.85	\$89.85	0.00%
L	E0880		Traction stand, freestanding, extremity traction (e.g., Buck's)	0-999	F		\$8.99	\$8.99	\$8.99	\$8.99	0.00%
J	E0900		Traction stand, freestanding, pelvic traction (e.g., Buck's)	0-999	N		\$90.45	\$90.45	\$90.45	\$90.45	0.00%
L	E0900		Traction stand, freestanding, pelvic traction (e.g., Buck's)	0-999	N		\$9.05	\$9.05	\$9.05	\$9.05	0.00%
J	E0910		Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	0-999	N		\$165.33	\$165.33	\$165.33	\$165.33	0.00%
L	E0910		Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	0-999	N		\$16.53	\$16.53	\$16.53	\$16.53	0.00%
J	E0911		Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	0-999	N		\$443.97	\$443.97	\$443.97	\$443.97	0.00%
L	E0911		Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	0-999	N		\$44.40	\$44.40	\$44.40	\$44.40	0.00%
J	E0912		Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	0-999	N		\$1,046.97	\$1,046.97	\$1,046.97	\$1,046.97	0.00%

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L	E0912		Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	0-999	N		\$104.70	\$104.70	\$104.70	\$104.70	0.00%
J	E0920		Fracture frame, attached to bed, includes weights	0-999	N		\$445.74	\$445.74	\$445.74	\$445.74	0.00%
L	E0920		Fracture frame, attached to bed, includes weights	0-999	N		\$44.57	\$44.57	\$44.57	\$44.57	0.00%
J	E0930		Fracture frame, freestanding, includes weights	0-999	N		\$441.32	\$441.32	\$441.32	\$441.32	0.00%
L	E0930		Fracture frame, freestanding, includes weights	0-999	N		\$44.13	\$44.13	\$44.13	\$44.13	0.00%
L	E0935		Continuous passive motion exercise device for use on knee only	0-999	N		\$19.81	\$19.81	\$19.81	\$19.81	0.00%
J	E0940		Trapeze bar, freestanding, complete with grab bar	0-999	N		\$254.98	\$254.98	\$254.98	\$254.98	0.00%
L	E0940		Trapeze bar, freestanding, complete with grab bar	0-999	N		\$25.50	\$25.50	\$25.50	\$25.50	0.00%
J	E0941		Gravity assisted traction device, any type	0-999	N		\$419.34	\$419.34	\$419.34	\$419.34	0.00%
L	E0941		Gravity assisted traction device, any type	0-999	N		\$41.93	\$41.93	\$41.93	\$41.93	0.00%
J	E0942		Cervical head harness/halter	0-999	N		\$18.62	\$18.62	\$18.62	\$18.62	0.00%
J	E0944		Pelvic belt/harness/boot	0-999	N		\$28.90	\$28.90	\$28.90	\$28.90	0.00%
J	E0945		Extremity belt/harness	0-999	N		\$24.45	\$24.45	\$24.45	\$24.45	0.00%
J	E0946		Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 Poster)	0-999	N		\$372.79	\$372.79	\$372.79	\$372.79	0.00%
L	E0946		Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 Poster)	0-999	N		\$37.28	\$37.28	\$37.28	\$37.28	0.00%
J	E0950		Wheelchair accessory, tray, each	0-999	N		\$148.97	\$148.97	\$90.42	\$90.42	-39.30%
J	E0951		Heel loop/holder, any type, with or without ankle strap, each	0-999	N		\$12.05	\$12.05	\$12.05	\$12.05	0.00%
J	E0952		Toe loop/holder, any type, each	0-999	N		\$12.58	\$12.58	\$12.58	\$12.58	0.00%
J	E0953		Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	0-999	N		\$110.63	\$110.63	\$87.97	\$87.97	-20.48%
J	E0954		Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	0-999	N		\$201.32	\$201.32	\$49.92	\$49.92	-75.20%
J	E0955		Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	0-999	N		\$182.29	\$182.29	\$182.29	\$182.29	0.00%
J	E0956		Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	0-999	N		\$93.92	\$93.92	\$87.97	\$87.97	-6.34%
J	E0957		Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	0-999	N		\$134.51	\$134.51	\$130.08	\$130.08	-3.29%

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J	E0958		Manual wheelchair accessory, one-arm drive attachment, each	0-999	N		\$400.47	\$400.47	\$400.47	\$400.47	0.00%
J	E0959		Manual wheelchair accessory, adapter for amputee, each	0-999	N		\$35.11	\$35.11	\$35.11	\$35.11	0.00%
L	E0959		Manual wheelchair accessory, adapter for amputee, each	0-999	N		\$4.45	\$4.45	\$3.51	\$3.51	-21.12%
J	E0960		Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	0-999	N		\$88.72	\$88.72	\$82.21	\$82.21	-7.34%
J	E0961		Manual wheelchair accessory, wheel lock brake extension (handle), each	0-999	N		\$22.55	\$22.55	\$22.55	\$22.55	0.00%
J	E0967		Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	0-999	N		\$63.08	\$63.08	\$63.08	\$63.08	0.00%
L	E0967		Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	0-999	N		\$6.31	\$6.31	\$6.31	\$6.31	0.00%
J	E0969		Narrowing device, wheelchair	0-999	N		\$146.66	\$146.66	\$146.66	\$146.66	0.00%
J	E0970		No. 2 footplates, except for elevating legrest	0-999	N		\$39.63	\$39.63	\$35.83	\$35.83	-9.59%
J	E0971		Manual wheelchair accessory, antitipping device, each	0-999	N		\$38.51	\$38.51	\$38.51	\$38.51	0.00%
J	E0973		Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	0-999	N		\$68.33	\$68.33	\$68.33	\$68.33	0.00%
J	E0974		Manual wheelchair accessory, antirollback device, each	0-999	N		\$64.82	\$64.82	\$64.82	\$64.82	0.00%
J	E0978		Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	0-999	N		\$35.40	\$35.40	\$32.95	\$32.95	-6.92%
J	E0980		Safety vest, wheelchair	0-999	N		\$28.79	\$28.79	\$28.79	\$28.79	0.00%
J	E0981		Wheelchair accessory, seat upholstery, replacement only, each	0-999	N		\$37.19	\$37.19	\$37.19	\$37.19	0.00%
J	E0982		Wheelchair accessory, back upholstery, replacement only, each	0-999	N		\$41.22	\$41.22	\$41.22	\$41.22	0.00%
J	E0990		Wheelchair accessory, elevating legrest, complete assembly, each	0-999	N		\$124.59	\$124.59	\$91.33	\$91.33	-26.70%
L	E0990		Wheelchair accessory, elevating legrest, complete assembly, each	0-999	N		\$12.46	\$12.46	\$9.13	\$9.13	-26.73%
J	E0992		Manual wheelchair accessory, solid seat insert	0-999	N		\$82.82	\$82.82	\$82.82	\$82.82	0.00%
J	E0994		Armrest, each	0-999	N		\$13.24	\$13.24	\$13.24	\$13.24	0.00%
J	E0995		Wheelchair accessory, calf rest/pad, replacement only, each	0-999	N		\$22.12	\$22.12	\$22.12	\$22.12	0.00%
J	E1002		Wheelchair accessory, power seating system, tilt only	0-999	N		\$3,661.00	\$3,661.00	\$3,661.00	\$3,661.00	0.00%
J	E1003		Wheelchair accessory, power seating system, recline only, without shear reduction	0-999	N		\$4,282.40	\$4,282.40	\$4,282.40	\$4,282.40	0.00%
J	E1004		Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	0-999	N		\$4,748.30	\$4,748.30	\$4,748.30	\$4,748.30	0.00%

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J	E1005		wheelchair accessory, power seating system, recline only, with power shear reduction	0-999	N		\$4,289.37	\$4,289.37	\$4,289.37	\$4,289.37	0.00%
J	E1006		Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	0-999	N		\$6,295.60	\$6,295.60	\$6,295.60	\$6,295.60	0.00%
J	E1007		wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	0-999	N		\$7,861.02	\$7,861.02	\$7,861.02	\$7,861.02	0.00%
J	E1008		Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	0-999	N		\$7,881.83	\$7,881.83	\$7,881.83	\$7,881.83	0.00%
J	E1009		Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1010		wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	0-999	N		\$1,595.33	\$1,595.33	\$1,372.67	\$1,372.67	-13.96%
J	E1011		modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1012		Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	0-999	N		\$926.15	\$926.15	\$926.15	\$926.15	0.00%
J	E1014		Reclining back, addition to pediatric size wheelchair	0-999	N		\$319.87	\$319.87	\$319.87	\$319.87	0.00%
J	E1015		Shock absorber for manual wheelchair, each	0-999	N		\$101.31	\$101.31	\$101.31	\$101.31	0.00%
J	E1016		Shock absorber for power wheelchair, each	0-999	N		\$114.93	\$114.93	\$114.93	\$114.93	0.00%
J	E1017		heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1018		heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1020		Residual limb support system for wheelchair, any type	0-999	N		\$204.67	\$204.67	\$204.67	\$204.67	0.00%
L	E1020		Residual limb support system for wheelchair, any type	0-999	N		\$20.47	\$20.47	\$20.47	\$20.47	0.00%
J	E1028		wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	0-999	N		\$165.23	\$165.23	\$165.23	\$165.23	0.00%
J	E1029		Wheelchair accessory, ventilator tray, fixed	0-999	N		\$326.14	\$326.14	\$326.14	\$326.14	0.00%
L	E1031		Rollabout chair, any and all types with castors 5 in or greater	0-999	N		\$34.67	\$34.67	\$34.67	\$34.67	0.00%

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J	E1035	TF	Multi-positional patient transfer system, with integrated seat, operated by care giver, intermediate level of care	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1035	TG	Multi-positional patient transfer system, with integrated seat, operated by care giver, complex/high tech level of care	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1035		Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	0-999	N		\$4,424.10	\$4,424.10	\$4,424.10	\$4,424.10	0.00%
J	E1050		Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$721.63	\$721.63	\$731.71	\$731.71	1.40%
L	E1050		Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$72.16	\$72.16	\$73.17	\$73.17	1.40%
J	E1060		Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	0-999	N		\$1,069.90	\$1,069.90	\$1,069.90	\$1,069.90	0.00%
L	E1060		Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	0-999	N		\$106.99	\$106.99	\$106.99	\$106.99	0.00%
J	E1070		Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	0-999	N		\$842.08	\$842.08	\$842.08	\$842.08	0.00%
L	E1070		Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	0-999	N		\$84.21	\$84.21	\$84.21	\$84.21	0.00%
J	E1083		Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	0-999	N		\$482.89	\$482.89	\$489.65	\$489.65	1.40%
L	E1083		Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	0-999	N		\$48.29	\$48.29	\$48.96	\$48.96	1.39%
J	E1084		Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	0-999	N		\$770.70	\$770.70	\$770.70	\$770.70	0.00%
L	E1084		Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	0-999	N		\$77.07	\$77.07	\$77.07	\$77.07	0.00%
J	E1085		Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	0-999	N		\$739.19	\$739.19	\$569.53	\$569.53	-22.95%
L	E1085		Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	0-999	N		\$73.92	\$73.92	\$56.95	\$56.95	-22.96%

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J	E1086		Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	0-999	N		\$786.60	\$786.60	\$740.06	\$740.06	-5.92%
L	E1086		Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	0-999	N		\$78.66	\$78.66	\$74.01	\$74.01	-5.91%
J	E1087		High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$1,095.19	\$1,095.19	\$1,095.19	\$1,095.19	0.00%
L	E1087		High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$109.52	\$109.52	\$109.52	\$109.52	0.00%
J	E1088		High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	0-999	N		\$1,147.05	\$1,147.05	\$1,147.05	\$1,147.05	0.00%
L	E1088		High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	0-999	N		\$114.71	\$114.71	\$114.71	\$114.71	0.00%
J	E1089		High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	0-999	N		\$1,320.57	\$1,320.57	\$1,146.13	\$1,146.13	-13.21%
L	E1089		High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	0-999	N		\$132.06	\$132.06	\$114.61	\$114.61	-13.21%
J	E1090		High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	0-999	N		\$1,251.19	\$1,251.19	\$1,217.19	\$1,217.19	-2.72%
L	E1090		High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	0-999	N		\$125.12	\$125.12	\$121.72	\$121.72	-2.72%
J	E1092		Wide heavy-duty wheelchair, detachable arms (desk or full-length), swing-away detachable elevating legrests	0-999	N		\$1,052.53	\$1,052.53	\$1,052.53	\$1,052.53	0.00%
L	E1092		Wide heavy-duty wheelchair, detachable arms (desk or full-length), swing-away detachable elevating legrests	0-999	N		\$105.25	\$105.25	\$105.25	\$105.25	0.00%
J	E1093		Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	0-999	N		\$1,067.66	\$1,067.66	\$1,067.66	\$1,067.66	0.00%
L	E1093		Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	0-999	N		\$106.77	\$106.77	\$106.77	\$106.77	0.00%

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J	E1100		Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$1,002.80	\$1,002.80	\$1,002.80	\$1,002.80	0.00%
L	E1100		Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$100.28	\$100.28	\$100.28	\$100.28	0.00%
J	E1110		Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	0-999	N		\$982.01	\$982.01	\$982.01	\$982.01	0.00%
L	E1110		Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	0-999	N		\$98.20	\$98.20	\$98.20	\$98.20	0.00%
J	E1130		Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	0-999	N		\$386.02	\$386.02	\$346.30	\$346.30	-10.29%
L	E1130		Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	0-999	N		\$38.60	\$38.60	\$34.63	\$34.63	-10.28%
J	E1140		Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	0-999	N		\$489.58	\$489.58	\$411.22	\$411.22	-16.01%
L	E1140		Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	0-999	N		\$48.96	\$48.96	\$41.12	\$41.12	-16.01%
J	E1150		Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	0-999	N		\$588.51	\$588.51	\$596.77	\$596.77	1.40%
L	E1150		Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	0-999	N		\$58.85	\$58.85	\$59.68	\$59.68	1.41%
J	E1160		Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$509.31	\$509.31	\$509.31	\$509.31	0.00%
L	E1160		Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$50.93	\$50.93	\$50.93	\$50.93	0.00%
J	E1161		Manual adult size wheelchair, includes tilt in space	0-999	N		\$2,422.78	\$2,422.78	\$2,422.78	\$2,422.78	0.00%
L	E1161		Manual adult size wheelchair, includes tilt in space	0-999	N		\$242.28	\$242.28	\$242.28	\$242.28	0.00%
J	E1170		Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$919.04	\$919.04	\$919.04	\$919.04	0.00%
L	E1170		Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$91.90	\$91.90	\$91.90	\$91.90	0.00%
J	E1171		Amputee wheelchair, fixed full-length arms, without footrests or legrest	0-999	N		\$824.77	\$824.77	\$824.77	\$824.77	0.00%
L	E1171		Amputee wheelchair, fixed full-length arms, without footrests or legrest	0-999	N		\$82.48	\$82.48	\$82.48	\$82.48	0.00%
J	E1172		Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	0-999	N		\$779.54	\$779.54	\$779.54	\$779.54	0.00%

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L	E1172		Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	0-999	N		\$77.95	\$77.95	\$77.95	\$77.95	0.00%
J	E1180		Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	0-999	N		\$922.56	\$922.56	\$922.56	\$922.56	0.00%
L	E1180		Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	0-999	N		\$92.26	\$92.26	\$92.26	\$92.26	0.00%
J	E1190		Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	0-999	N		\$1,028.84	\$1,028.84	\$1,028.84	\$1,028.84	0.00%
L	E1190		Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	0-999	N		\$102.88	\$102.88	\$102.88	\$102.88	0.00%
J	E1195		Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$979.89	\$979.89	\$979.89	\$979.89	0.00%
L	E1195		Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$106.51	\$106.51	\$97.99	\$97.99	-8.00%
J	E1200		Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	0-999	N		\$692.89	\$692.89	\$692.89	\$692.89	0.00%
L	E1200		Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	0-999	N		\$69.29	\$69.29	\$69.29	\$69.29	0.00%
J	E1220		wheelchair, specially sized or constructed, (indicate brand name, model number, if any) and justification	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1225		Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	0-999	N		\$390.67	\$390.67	\$390.67	\$390.67	0.00%
L	E1225		Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	0-999	N		\$39.07	\$39.07	\$39.07	\$39.07	0.00%
J	E1226		wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	0-999	N		\$481.92	\$481.92	\$459.95	\$459.95	-4.56%
L	E1226		wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	0-999	N		\$48.19	\$48.19	\$46.00	\$46.00	-4.54%
J	E1229		Wheelchair, pediatric size, not otherwise specified	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1230		Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	0-999	N		\$1,353.82	\$1,353.82	\$1,353.82	\$1,353.82	0.00%

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L	E1230		Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	0-999	N		\$135.38	\$135.38	\$135.38	\$135.38	0.00%
J	E1231		wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E1231		wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1232		wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	0-999	N		\$2,189.65	\$2,189.65	\$2,189.65	\$2,189.65	0.00%
L	E1232		wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	0-999	N		\$218.97	\$218.97	\$218.97	\$218.97	0.00%
J	E1233		wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	0-999	N		\$2,268.82	\$2,268.82	\$2,268.82	\$2,268.82	0.00%
L	E1233		wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	0-999	N		\$226.88	\$226.88	\$226.88	\$226.88	0.00%
J	E1234		wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	0-999	N		\$1,975.17	\$1,975.17	\$1,975.17	\$1,975.17	0.00%
L	E1234		wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	0-999	N		\$197.52	\$197.52	\$197.52	\$197.52	0.00%
J	E1235		Wheelchair, pediatric size, rigid, adjustable, with seating system	0-999	N		\$2,680.34	\$2,680.34	\$2,680.34	\$2,680.34	0.00%
L	E1235		Wheelchair, pediatric size, rigid, adjustable, with seating system	0-999	N		\$190.20	\$190.20	\$268.03	\$268.03	40.92%
J	E1236		Wheelchair, pediatric size, folding, adjustable, with seating system	0-999	N		\$2,364.57	\$2,364.57	\$2,364.57	\$2,364.57	0.00%
L	E1236		Wheelchair, pediatric size, folding, adjustable, with seating system	0-999	N		\$167.80	\$167.80	\$236.46	\$236.46	40.92%
J	E1237		Wheelchair, pediatric size, rigid, adjustable, without seating system	0-999	N		\$1,439.40	\$1,439.40	\$1,439.40	\$1,439.40	0.00%
L	E1237		Wheelchair, pediatric size, rigid, adjustable, without seating system	0-999	N		\$143.94	\$143.94	\$143.94	\$143.94	0.00%
J	E1238		Wheelchair, pediatric size, folding, adjustable, without seating system	0-999	N		\$1,599.33	\$1,599.33	\$1,599.33	\$1,599.33	0.00%
L	E1238		Wheelchair, pediatric size, folding, adjustable, without seating system	0-999	N		\$159.93	\$159.93	\$159.93	\$159.93	0.00%
J	E1239		Power wheelchair, pediatric size, not otherwise specified	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1240		Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	0-999	N		\$764.25	\$764.25	\$764.25	\$764.25	0.00%
L	E1240		Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	0-999	N		\$76.43	\$76.43	\$76.43	\$76.43	0.00%

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J	E1250		Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	0-999	N		\$630.67	\$630.67	\$432.87	\$432.87	-31.36%
L	E1250		Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	0-999	N		\$63.07	\$63.07	\$43.29	\$43.29	-31.36%
J	E1260		Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	0-999	N		\$777.07	\$777.07	\$777.07	\$777.07	0.00%
L	E1260		Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	0-999	N		\$77.71	\$77.71	\$77.71	\$77.71	0.00%
J	E1270		Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$762.59	\$762.59	\$762.59	\$762.59	0.00%
L	E1270		Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	0-999	N		\$76.26	\$76.26	\$76.26	\$76.26	0.00%
J	E1280		Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	0-999	N		\$1,075.00	\$1,075.00	\$1,075.00	\$1,075.00	0.00%
L	E1280		Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	0-999	N		\$107.50	\$107.50	\$107.50	\$107.50	0.00%
J	E1285		Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	0-999	N		\$1,007.87	\$1,007.87	\$999.66	\$999.66	-0.81%
L	E1285		Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	0-999	N		\$100.79	\$100.79	\$99.97	\$99.97	-0.81%
J	E1290		Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	0-999	N		\$1,034.50	\$1,034.50	\$1,280.08	\$1,280.08	23.74%
L	E1290		Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	0-999	N		\$103.45	\$103.45	\$128.01	\$128.01	23.74%
J	E1295		Heavy-duty wheelchair, fixed full-length arms, elevating legrest	0-999	N		\$1,113.60	\$1,113.60	\$1,113.60	\$1,113.60	0.00%
L	E1295		Heavy-duty wheelchair, fixed full-length arms, elevating legrest	0-999	N		\$111.36	\$111.36	\$111.36	\$111.36	0.00%
J	E1296		Special wheelchair seat height from floor	0-999	N		\$384.49	\$384.49	\$384.49	\$384.49	0.00%
J	E1297		Special wheelchair seat depth, by upholstery	0-999	N		\$81.81	\$81.81	\$81.81	\$81.81	0.00%
J	E1298		Special wheelchair seat depth and/or width, by construction	0-999	N		\$331.29	\$331.29	\$331.29	\$331.29	0.00%
J	E1300		Whirlpool, portable (overtub type)	0-999	N		\$170.00	\$170.00	\$170.00	\$170.00	0.00%
L	E1300		Whirlpool, portable (overtub type)	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1310		Whirlpool, nonportable (built-in type)	0-999	N		\$2,074.39	\$2,074.39	\$2,074.39	\$2,074.39	0.00%
J	E1353		Regulator	0-999	N		\$27.37	\$27.37	\$27.37	\$27.37	0.00%
J	E1355		Stand/rack	0-999	N		\$20.61	\$20.61	\$20.61	\$20.61	0.00%
L	E1355		Stand/rack	0-999	N		\$2.06	\$2.06	\$2.06	\$2.06	0.00%

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J	E1372		Immersion external heater for nebulizer	0-999	N		\$158.46	\$158.46	\$157.72	\$157.72	-0.47%
L	E1390		Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	0-999	N		\$148.76	\$148.76	\$148.76	\$148.76	0.00%
J	E1399		Durable medical equipment, miscellaneous	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E1399		Durable medical equipment, miscellaneous	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1510		Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container	0-999	N		\$9,928.69	\$9,928.69	\$9,928.69	\$9,928.69	0.00%
L	E1510		Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container	0-999	N		\$992.87	\$992.87	\$992.87	\$992.87	0.00%
J	E1520		Heparin infusion pump for hemodialysis	0-999	N		\$340.31	\$340.31	\$340.31	\$340.31	0.00%
L	E1520		Heparin infusion pump for hemodialysis	0-999	N		\$34.03	\$34.03	\$34.03	\$34.03	0.00%
J	E1530		Air bubble detector for hemodialysis, each, replacement	0-999	N		\$489.67	\$489.67	\$489.67	\$489.67	0.00%
J	E1540		Pressure alarm for hemodialysis, each, replacement	0-999	N		\$22.50	\$22.50	\$22.50	\$22.50	0.00%
L	E1540		Pressure alarm for hemodialysis, each, replacement	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1550		Bath conductivity meter for hemodialysis, each	0-999	N		\$274.08	\$274.08	\$274.08	\$274.08	0.00%
L	E1550		Bath conductivity meter for hemodialysis, each	0-999	N		\$27.41	\$27.41	\$27.41	\$27.41	0.00%
J	E1560		Blood leak detector for hemodialysis, each, replacement	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E1560		Blood leak detector for hemodialysis, each, replacement	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1570		Adjustable chair, for ESRD patients	0-999	N		\$556.28	\$556.28	\$556.28	\$556.28	0.00%
L	E1570		Adjustable chair, for ESRD patients	0-999	N		\$55.63	\$55.63	\$55.63	\$55.63	0.00%
J	E1575		Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	0-999	N/F		\$1.60	\$1.60	\$1.81	\$1.81	13.13%
L	E1575		Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	0-999	N/F		\$0.16	\$0.16	\$0.18	\$0.18	12.50%
J	E1580		Unipuncture control system for hemodialysis	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E1580		Unipuncture control system for hemodialysis	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1590		Hemodialysis machine	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%

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L	E1590		Hemodialysis machine	0-999	N		\$284.20	\$284.20	\$284.20	\$284.20	0.00%
J	E1592		Automatic intermittent peritoneal dialysis system	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E1592		Automatic intermittent peritoneal dialysis system	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1594		Cycler dialysis machine for peritoneal dialysis	0-999	N		\$6,020.48	\$6,020.48	\$6,020.48	\$6,020.48	0.00%
L	E1594		Cycler dialysis machine for peritoneal dialysis	0-999	N		\$602.05	\$602.05	\$602.05	\$602.05	0.00%
L	E1600		Delivery and/or installation charges for hemodialysis equipment	0-999	N		\$35.75	\$35.75	\$35.75	\$35.75	0.00%
J	E1620		Blood pump for hemodialysis, replacement	0-999	N		\$1,719.65	\$1,719.65	\$1,719.65	\$1,719.65	0.00%
L	E1620		Blood pump for hemodialysis, replacement	0-999	N		\$171.97	\$171.97	\$171.97	\$171.97	0.00%
J	E1630		Reciprocating peritoneal dialysis system	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E1630		Reciprocating peritoneal dialysis system	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1632		Wearable artificial kidney, each	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E1632		Wearable artificial kidney, each	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E1635		Compact (portable) travel hemodialyzer system	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E1635		Compact (portable) travel hemodialyzer system	0-999	N		\$616.30	\$616.30	\$616.30	\$616.30	0.00%
J	E1637		Hemostats, each	0-999	N		\$3.92	\$3.92	\$3.92	\$3.92	0.00%
J	E1639		Scale, each	0-999	N		\$252.47	\$252.47	\$252.47	\$252.47	0.00%
L	E1639		Scale, each	0-999	N		\$25.25	\$25.25	\$25.25	\$25.25	0.00%
J	E1699		Dialysis equipment, not otherwise specified	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E1699		Dialysis equipment, not otherwise specified	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E1700		Jaw motion rehabilitation system	0-999	N		\$27.77	\$27.77	\$27.77	\$27.77	0.00%
L	E1701		Replacement cushions for jaw motion rehabilitation system, package of 6	0-999	N		\$1.06	\$1.06	\$1.06	\$1.06	0.00%
L	E1702		Replacement measuring scales for jaw motion rehabilitation system, package of 200	0-999	N		\$2.02	\$2.02	\$2.02	\$2.02	0.00%
J	E1800		Dynamic adjustable elbow extension/flexion device, includes soft interface material	0-999	N		\$1,026.35	\$1,026.35	\$1,026.35	\$1,026.35	0.00%
L	E1800		Dynamic adjustable elbow extension/flexion device, includes soft interface material	0-999	N		\$102.64	\$102.64	\$102.64	\$102.64	0.00%
J	E1801		Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$1,327.41	\$1,327.41	\$1,327.41	\$1,327.41	0.00%
L	E1801		Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$132.74	\$132.74	\$132.74	\$132.74	0.00%

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J	E1802		Dynamic adjustable forearm pronation/supination device, includes soft interface material	0-999	N		\$3,156.89	\$3,156.89	\$3,156.89	\$3,156.89	0.00%
L	E1802		Dynamic adjustable forearm pronation/supination device, includes soft interface material	0-999	N		\$315.69	\$315.69	\$315.69	\$315.69	0.00%
J	E1805		Dynamic adjustable wrist extension/flexion device, includes soft interface material	0-999	N		\$1,037.39	\$1,037.39	\$1,037.39	\$1,037.39	0.00%
L	E1805		Dynamic adjustable wrist extension/flexion device, includes soft interface material	0-999	N		\$103.74	\$103.74	\$103.74	\$103.74	0.00%
J	E1806		Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$974.37	\$974.37	\$974.37	\$974.37	0.00%
L	E1806		Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$97.44	\$97.44	\$97.44	\$97.44	0.00%
J	E1810		Dynamic adjustable knee extension/flexion device, includes soft interface material	0-999	N		\$1,040.43	\$1,040.43	\$1,040.43	\$1,040.43	0.00%
L	E1810		Dynamic adjustable knee extension/flexion device, includes soft interface material	0-999	N		\$104.04	\$104.04	\$104.04	\$104.04	0.00%
J	E1811		Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$1,314.38	\$1,314.38	\$1,314.38	\$1,314.38	0.00%
L	E1811		Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$131.44	\$131.44	\$131.44	\$131.44	0.00%
J	E1812		Dynamic knee, extension/flexion device with active resistance control	0-999	N		\$842.70	\$842.70	\$842.70	\$842.70	0.00%
L	E1812		Dynamic knee, extension/flexion device with active resistance control	0-999	N		\$84.27	\$84.27	\$84.27	\$84.27	0.00%
J	E1815		Dynamic adjustable ankle extension/flexion device, includes soft interface material	0-999	N		\$1,040.43	\$1,040.43	\$1,040.43	\$1,040.43	0.00%
L	E1815		Dynamic adjustable ankle extension/flexion device, includes soft interface material	0-999	N		\$104.04	\$104.04	\$104.04	\$104.04	0.00%

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J	E1816		ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$1,335.15	\$1,335.15	\$1,335.15	\$1,335.15	0.00%
L	E1816		ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$133.52	\$133.52	\$133.52	\$133.52	0.00%
J	E1818		forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$1,363.08	\$1,363.08	\$1,363.08	\$1,363.08	0.00%
L	E1818		forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	0-999	N/F		\$136.31	\$136.31	\$136.31	\$136.31	0.00%
J	E1820		Replacement soft interface material, dynamic adjustable extension/flexion device	0-999	N		\$69.78	\$69.78	\$69.78	\$69.78	0.00%
L	E1820		Replacement soft interface material, dynamic adjustable extension/flexion device	0-999	N		\$6.98	\$6.98	\$6.98	\$6.98	0.00%
J	E1821		Replacement soft interface material/cuffs for bi-directional static progressive stretch device	0-999	N/F		\$108.30	\$108.30	\$108.30	\$108.30	0.00%
J	E1825		Dynamic adjustable finger extension/flexion device, includes soft interface material	0-999	N		\$1,037.39	\$1,037.39	\$1,037.39	\$1,037.39	0.00%
L	E1825		Dynamic adjustable finger extension/flexion device, includes soft interface material	0-999	N		\$103.74	\$103.74	\$103.74	\$103.74	0.00%
J	E1830		Dynamic adjustable toe extension/flexion device, includes soft interface material	0-999	N		\$1,037.39	\$1,037.39	\$1,037.39	\$1,037.39	0.00%
L	E1830		Dynamic adjustable toe extension/flexion device, includes soft interface material	0-999	N		\$103.74	\$103.74	\$103.74	\$103.74	0.00%
L	E1831		Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N		\$62.79	\$62.79	\$62.79	\$62.79	0.00%
J	E1840		Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	0-999	N		\$3,697.02	\$3,697.02	\$3,697.02	\$3,697.02	0.00%
L	E1840		Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	0-999	N		\$369.70	\$369.70	\$369.70	\$369.70	0.00%

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J	E1841		Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	0-999	N		\$3,678.45	\$3,678.45	\$3,678.45	\$3,678.45	0.00%
L	E1841		Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	0-999	N		\$367.85	\$367.85	\$367.85	\$367.85	0.00%
J	E2100		Blood glucose monitor with integrated voice synthesizer	0-999	N		\$312.80	\$312.80	\$312.80	\$312.80	0.00%
J	E2101		Blood glucose monitor with integrated lancing/blood sample	0-999	N		\$173.48	\$173.48	\$173.48	\$173.48	0.00%
J	E2201		Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	0-999	N		\$363.85	\$363.85	\$363.85	\$363.85	0.00%
J	E2202		Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	0-999	N		\$462.23	\$462.23	\$462.23	\$462.23	0.00%
J	E2203		Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	0-999	N		\$431.91	\$431.91	\$431.91	\$431.91	0.00%
J	E2204		Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	0-999	N		\$651.05	\$651.05	\$651.05	\$651.05	0.00%
J	E2205		Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	0-999	N		\$33.45	\$33.45	\$33.45	\$33.45	0.00%
J	E2206		Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	0-999	N		\$41.65	\$41.65	\$41.65	\$41.65	0.00%
J	E2207		Wheelchair accessory, crutch and cane holder, each	0-999	N		\$42.25	\$42.25	\$42.25	\$42.25	0.00%
L	E2207		Wheelchair accessory, crutch and cane holder, each	0-999	N		\$4.23	\$4.23	\$4.23	\$4.23	0.00%
J	E2208		Wheelchair accessory, cylinder tank carrier, each	0-999	N		\$105.58	\$105.58	\$97.57	\$97.57	-7.59%
L	E2208		Wheelchair accessory, cylinder tank carrier, each	0-999	N		\$10.56	\$10.56	\$9.76	\$9.76	-7.58%
J	E2209		Accessory, arm trough, with or without hand support, each	0-999	N		\$104.51	\$104.51	\$95.57	\$95.57	-8.55%
L	E2209		Accessory, arm trough, with or without hand support, each	0-999	N		\$10.45	\$10.45	\$9.56	\$9.56	-8.52%
J	E2210		Wheelchair accessory, bearings, any type, replacement only, each	0-999	N		\$6.39	\$6.39	\$5.96	\$5.96	-6.73%
J	E2211		Manual wheelchair accessory, pneumatic propulsion tire, any size, each	0-999	N		\$28.51	\$28.51	\$28.51	\$28.51	0.00%
J	E2212		Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	0-999	N		\$5.73	\$5.73	\$5.73	\$5.73	0.00%

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J	E2213		Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	0-999	N		\$28.51	\$28.51	\$28.51	\$28.51	0.00%
J	E2214		Manual wheelchair accessory, pneumatic caster tire, any size, each	0-999	N		\$29.84	\$29.84	\$29.84	\$29.84	0.00%
J	E2215		Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	0-999	N		\$8.41	\$8.41	\$8.41	\$8.41	0.00%
J	E2216		Manual wheelchair accessory, foam filled propulsion tire, any size, each	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2217		Manual wheelchair accessory, foam filled caster tire, any size, each	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2218		Manual wheelchair accessory, foam propulsion tire, any size, each	0-999	N		\$35.03	\$35.03	\$38.00	\$38.00	8.48%
J	E2219		Manual wheelchair accessory, foam caster tire, any size, each	0-999	N		\$32.07	\$32.07	\$32.07	\$32.07	0.00%
J	E2220		Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	0-999	N		\$23.64	\$23.64	\$23.64	\$23.64	0.00%
J	E2221		Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	0-999	N		\$24.92	\$24.92	\$24.92	\$24.92	0.00%
J	E2222		Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	0-999	N		\$18.54	\$18.54	\$18.54	\$18.54	0.00%
J	E2224		Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	0-999	N		\$78.37	\$78.37	\$78.37	\$78.37	0.00%
J	E2225		Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	0-999	N		\$16.36	\$16.36	\$16.36	\$16.36	0.00%
J	E2226		Manual wheelchair accessory, caster fork, any size, replacement only, each	0-999	N		\$34.90	\$34.90	\$34.90	\$34.90	0.00%
J	E2227		Manual wheelchair accessory, gear reduction drive wheel, each	0-999	N		\$1,530.22	\$1,530.22	\$1,530.22	\$1,530.22	0.00%
J	E2228		Manual wheelchair accessory, wheel braking system and lock, complete, each	0-999	N		\$913.04	\$913.04	\$913.04	\$913.04	0.00%
J	E2291		Back, planar, for pediatric size wheelchair including fixed attaching hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2292		Seat, planar, for pediatric size wheelchair including fixed attaching hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%

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J	E2293		back, contoured, for pediatric size wheelchair including fixed attaching hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2294		Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2300		Wheelchair accessory, power seat elevation system, any type	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2310		accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	0-999	N		\$1,141.22	\$1,141.22	\$1,141.22	\$1,141.22	0.00%
J	E2311		Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	0-999	N		\$2,136.07	\$2,136.07	\$2,136.07	\$2,136.07	0.00%
J	E2312		Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	0-999	N		\$1,891.09	\$1,891.09	\$1,891.09	\$1,891.09	0.00%
J	E2312	KC	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	0-999	N		\$2,411.85	\$2,411.85	\$2,411.85	\$2,411.85	0.00%
L	E2312		Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	0-999	N		\$189.11	\$189.11	\$189.11	\$189.11	0.00%
L	E2312	KC	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	0-999	N		\$241.19	\$241.19	\$241.19	\$241.19	0.00%
J	E2313		Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	0-999	N		\$300.29	\$300.29	\$300.29	\$300.29	0.00%

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J	E2321	KC	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	0-999	N		\$2,284.45	\$2,284.45	\$1,819.09	\$1,819.09	-20.37%
J	E2321		Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	0-999	N		\$1,719.28	\$1,719.28	\$1,719.28	\$1,719.28	0.00%
J	E2323		Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	0-999	N		\$63.04	\$63.04	\$63.04	\$63.04	0.00%
J	E2324		Power wheelchair accessory, chin cup for chin control interface	0-999	N		\$43.39	\$43.39	\$42.51	\$42.51	-2.03%
J	E2325		Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	0-999	N		\$1,313.43	\$1,313.43	\$1,313.43	\$1,313.43	0.00%
J	E2326		Power wheelchair accessory, breath tube kit for sip and puff interface	0-999	N		\$311.67	\$311.67	\$311.67	\$311.67	0.00%
J	E2327		accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	0-999	N		\$2,248.95	\$2,248.95	\$2,248.95	\$2,248.95	0.00%
J	E2328		accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	0-999	N		\$3,781.16	\$3,781.16	\$3,781.16	\$3,781.16	0.00%
J	E2329		Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	0-999	N		\$2,181.89	\$2,181.89	\$2,181.89	\$2,181.89	0.00%
J	E2330		Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	0-999	N		\$3,250.60	\$3,250.60	\$3,250.60	\$3,250.60	0.00%

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J	E2340		Power wheelchair accessory, nonstandard seat frame width, 20-23 in	0-999	N		\$306.43	\$306.43	\$306.43	\$306.43	0.00%
J	E2341		Power wheelchair accessory, nonstandard seat frame width, 24-27 in	0-999	N		\$451.49	\$451.49	\$451.49	\$451.49	0.00%
J	E2342		Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	0-999	N		\$436.92	\$436.92	\$436.92	\$436.92	0.00%
J	E2343		Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	0-999	N		\$733.96	\$733.96	\$733.96	\$733.96	0.00%
J	E2351		Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	0-999	N		\$681.30	\$681.30	\$670.02	\$670.02	-1.66%
J	E2359		Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	0-999	N		\$171.07	\$171.07	\$171.07	\$171.07	0.00%
J	E2361		Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	0-999	N		\$151.41	\$151.41	\$127.83	\$127.83	-15.57%
J	E2363		Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	0-999	N		\$196.79	\$196.79	\$166.30	\$166.30	-15.49%
J	E2366		Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	0-999	N		\$237.68	\$237.68	\$209.70	\$209.70	-11.77%
J	E2368		Power wheelchair component, drive wheel motor, replacement only	0-999	N		\$455.91	\$455.91	\$455.91	\$455.91	0.00%
J	E2369		Power wheelchair component, drive wheel gear box, replacement only	0-999	N		\$397.10	\$397.10	\$397.10	\$397.10	0.00%
J	E2370		Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	0-999	N		\$854.42	\$854.42	\$854.42	\$854.42	0.00%
J	E2371		Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	0-999	N		\$167.31	\$167.31	\$146.15	\$146.15	-12.65%
J	E2373		Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	0-999	N		\$1,179.92	\$1,179.92	\$975.26	\$975.26	-17.35%
J	E2373	KC	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	0-999	N		\$1,067.83	\$1,067.83	\$975.26	\$975.26	-8.67%

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J	E2374		Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	0-999	N		\$520.78	\$520.78	\$520.78	\$520.78	0.00%
J	E2375		Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	0-999	N		\$835.33	\$835.33	\$835.33	\$835.33	0.00%
J	E2376		Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	0-999	N		\$1,259.56	\$1,259.56	\$1,259.56	\$1,259.56	0.00%
J	E2377		Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	0-999	N		\$473.66	\$473.66	\$473.66	\$473.66	0.00%
J	E2378		Power wheelchair component, actuator, replacement only	0-999	N		\$511.76	\$511.76	\$511.76	\$511.76	0.00%
L	E2378		Power wheelchair component, actuator, replacement only	0-999	N		\$51.18	\$51.18	\$51.18	\$51.18	0.00%
J	E2381		Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	0-999	N		\$57.47	\$57.47	\$57.47	\$57.47	0.00%
J	E2382		Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	0-999	N		\$20.26	\$20.26	\$17.30	\$17.30	-14.61%
J	E2383		Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	0-999	N		\$113.88	\$113.88	\$113.88	\$113.88	0.00%
J	E2384		Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	0-999	N		\$60.67	\$60.67	\$60.67	\$60.67	0.00%
J	E2385		Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	0-999	N		\$48.27	\$48.27	\$41.51	\$41.51	-14.00%
J	E2386		Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	0-999	N		\$121.69	\$121.69	\$121.69	\$121.69	0.00%
J	E2387		Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	0-999	N		\$58.55	\$58.55	\$57.19	\$57.19	-2.32%
J	E2388		Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	0-999	N		\$49.14	\$49.14	\$45.17	\$45.17	-8.08%

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J	E2389		Power wheelchair accessory, foam caster tire, any size, replacement only, each	0-999	N		\$26.68	\$26.68	\$25.25	\$25.25	-5.36%
J	E2390		Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	0-999	N		\$41.73	\$41.73	\$39.09	\$39.09	-6.33%
J	E2391		Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	0-999	N		\$19.99	\$19.99	\$19.16	\$19.16	-4.15%
J	E2392		Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	0-999	N		\$52.54	\$52.54	\$48.18	\$48.18	-8.30%
J	E2394		Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	0-999	N		\$74.85	\$74.85	\$67.64	\$67.64	-9.63%
J	E2395		Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	0-999	N		\$53.20	\$53.20	\$49.23	\$49.23	-7.46%
J	E2396		Power wheelchair accessory, caster fork, any size, replacement only, each	0-999	N		\$44.74	\$44.74	\$44.74	\$44.74	0.00%
L	E2402		Negative pressure wound therapy electrical pump, stationary or portable	0-999	N		\$1,256.24	\$1,256.24	\$1,256.24	\$1,256.24	0.00%
J	E2500		Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time	0-999	N		\$344.20	\$344.20	\$344.20	\$344.20	0.00%
L	E2500		Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time	0-999	N		\$34.42	\$34.42	\$34.42	\$34.42	0.00%
J	E2502		Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	0-999	N		\$1,155.14	\$1,155.14	\$1,155.14	\$1,155.14	0.00%
L	E2502		Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	0-999	N		\$115.51	\$115.51	\$115.51	\$115.51	0.00%
J	E2504		Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	0-999	N		\$1,545.87	\$1,545.87	\$1,545.87	\$1,545.87	0.00%

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L	E2504		Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	0-999	N		\$154.59	\$154.59	\$154.59	\$154.59	0.00%
J	E2506		Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	0-999	N		\$2,127.92	\$2,127.92	\$2,127.92	\$2,127.92	0.00%
L	E2506		Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	0-999	N		\$212.79	\$212.79	\$212.79	\$212.79	0.00%
J	E2508		Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	0-999	N		\$3,290.48	\$3,290.48	\$3,290.48	\$3,290.48	0.00%
L	E2508		Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	0-999	N		\$329.05	\$329.05	\$329.05	\$329.05	0.00%
J	E2510		Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	0-999	N		\$6,226.79	\$6,226.79	\$6,226.79	\$6,226.79	0.00%
L	E2510		Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	0-999	N		\$622.68	\$622.68	\$622.68	\$622.68	0.00%
J	E2511		Speech generating software program, for personal computer or personal digital assistant	0-999	N		\$374.12	\$374.12	\$408.29	\$408.29	9.13%
J	E2512		Accessory for speech generating device, mounting system	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E2512		Accessory for speech generating device, mounting system	0-999	N		\$116.28	\$116.28	\$116.28	\$116.28	0.00%
J	E2599	U1	Accessory for speech generating device, not otherwise classified	0-999	N		\$216.96	\$216.96	\$246.01	\$246.01	13.39%
J	E2599		Accessory for speech generating device, not otherwise classified	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E2599		Accessory for speech generating device, not otherwise classified	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2601		General use wheelchair seat cushion, width less than 22 in, any depth	0-999	N		\$53.98	\$53.98	\$50.02	\$50.02	-7.34%
J	E2602		General use wheelchair seat cushion, width 22 in or greater, any depth	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%

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J	E2603		Skin protection wheelchair seat cushion, width less than 22 in, any depth	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2604		Skin protection wheelchair seat cushion, width 22 in or greater, any depth	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2605		Positioning wheelchair seat cushion, width less than 22 in, any depth	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2606		Positioning wheelchair seat cushion, width 22 in or greater, any depth	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2607		Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2608		Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2609		Custom fabricated wheelchair seat cushion, any size	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2611		General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2612		General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2613		Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2614		Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2615		Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2616		Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2617		Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2619		Replacement cover for wheelchair seat cushion or back cushion, each	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
J	E2620		Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%

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J	E2621		Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	0-999	N		\$507.26	\$507.26	\$507.26	\$507.26	0.00%
J	E2622		Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	0-999	N		\$323.25	\$323.25	\$295.02	\$295.02	-8.73%
J	E2623		Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	0-999	N		\$411.32	\$411.32	\$373.07	\$373.07	-9.30%
J	E2624		Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	0-999	N		\$325.89	\$325.89	\$299.79	\$299.79	-8.01%
J	E2625		Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth	0-999	N		\$374.84	\$374.84	\$371.02	\$371.02	-1.02%
J	E2626		wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	0-999	N		\$567.09	\$567.09	\$567.09	\$567.09	0.00%
J	E2627		wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	0-999	N		\$839.65	\$839.65	\$839.65	\$839.65	0.00%
J	E2628		wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	0-999	N		\$714.04	\$714.04	\$714.04	\$714.04	0.00%
J	E2629		Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	0-999	N		\$945.56	\$945.56	\$945.56	\$945.56	0.00%
J	E2630		Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	0-999	N		\$572.95	\$572.95	\$572.95	\$572.95	0.00%
J	E2631		wheelchair accessory, addition to mobile arm support, elevating proximal arm	0-999	N		\$245.90	\$245.90	\$245.90	\$245.90	0.00%
J	E2632		wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	0-999	N		\$155.69	\$155.69	\$155.69	\$155.69	0.00%
J	E2633		Wheelchair accessory, addition to mobile arm support, supinator	0-999	N		\$129.10	\$129.10	\$129.10	\$129.10	0.00%
J	E8001		Gait trainer, pediatric size, upright support, includes all accessories and components	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%
L	E8001		Gait trainer, pediatric size, upright support, includes all accessories and components	0-999	N		Manually priced	Manually priced	Manually priced	Manually Priced	0.00%

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TOS*	Procedure Code	Mod-ifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	L3761		Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	0-999	N/F		\$329.44	\$329.44	\$329.44	\$329.44	0.00%
9	L7700		Gasket or seal, for use with prosthetic socket insert, any type, each	0-999	N		\$92.88	\$92.88	\$92.88	\$92.88	0.00%
9	L8625		External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	0-999	F		\$1,251.03	\$1,251.03	\$184.65	\$184.65	-85.24%
J	L8625		External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	0-999	N		\$1,251.03	\$1,251.03	\$184.65	\$184.65	-85.24%
9	L8694		Auditory osseointegrated device, transducer/actuator, replacement only, each	0-999	F		\$1,933.91	\$1,933.91	\$923.29	\$923.29	-52.26%
J	L8694		Auditory osseointegrated device, transducer/actuator, replacement only, each	0-999	N		\$1,933.91	\$1,933.91	\$923.29	\$923.29	-52.26%
J	Q0477		Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only	0-999	N		\$212.19	\$212.19	\$379.25	\$379.25	78.73%

*Type of Service (TOS)	
9	Other Medical Items or Services
E	Eyeglasses
J	DME Purchase
Modifier	
KC	Replacement of special power wheelchair interface
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
U1	Medicaid Level of Care 1
U2	Medicaid Level of Care 2
U3	Medicaid Level of Care 3
UA	Medicaid Level of Care 10
UB	Medicaid Level of Care 11
UD	Medicaid Level of Care 13

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CFR ATTACHMENT 2 - 1-2-I-T Codes - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	51725	**	0-20	N/F	\$148.76	\$148.76	\$150.72	\$150.72	1.32%
2	51725	**	21-999	N/F	\$141.67	\$141.67	\$143.54	\$143.54	1.32%
I	51725	**	0-20	N/F	\$61.47	\$61.47	\$61.75	\$61.75	0.46%
I	51725	**	21-999	N/F	\$58.54	\$58.54	\$58.81	\$58.81	0.46%
T	51725	**	0-20	N/F	\$87.29	\$87.29	\$88.97	\$88.97	1.92%
T	51725	**	21-999	N/F	\$83.13	\$83.13	\$84.74	\$84.74	1.94%
2	51727	**	0-20	N/F	\$247.27	\$247.27	\$250.64	\$250.64	1.36%
2	51727	**	21-999	N/F	\$235.50	\$235.50	\$238.70	\$238.70	1.36%
I	51727	**	0-20	N/F	\$86.17	\$86.17	\$86.17	\$86.17	0.00%
I	51727	**	21-999	N/F	\$82.06	\$82.06	\$82.06	\$82.06	0.00%
T	51727	**	0-20	N	\$161.11	\$161.11	\$164.47	\$164.47	2.09%
T	51727	**	21-999	N	\$153.43	\$153.43	\$156.64	\$156.64	2.09%
2	51728	**	0-20	N/F	\$249.52	\$249.52	\$255.41	\$255.41	2.36%
2	51728	**	21-999	N/F	\$237.63	\$237.63	\$243.25	\$243.25	2.37%
I	51728	**	0-20	N/F	\$84.20	\$84.20	\$84.76	\$84.76	0.67%
I	51728	**	21-999	N/F	\$80.19	\$80.19	\$80.73	\$80.73	0.67%
T	51728	**	0-20	N	\$165.32	\$165.32	\$170.65	\$170.65	3.22%
T	51728	**	21-999	N	\$157.44	\$157.44	\$162.52	\$162.52	3.23%
2	51729	**	0-20	N/F	\$269.73	\$269.73	\$274.22	\$274.22	1.66%
2	51729	**	21-999	N/F	\$256.88	\$256.88	\$261.16	\$261.16	1.67%
I	51729	**	0-20	N/F	\$101.88	\$101.88	\$102.16	\$102.16	0.27%
I	51729	**	21-999	N/F	\$97.03	\$97.03	\$97.30	\$97.30	0.28%
T	51729	**	0-20	N	\$167.84	\$167.84	\$172.05	\$172.05	2.51%
T	51729	**	21-999	N	\$159.85	\$159.85	\$163.86	\$163.86	2.51%
2	51736	**	0-20	N/F	\$12.35	\$12.35	\$12.35	\$12.35	0.00%
2	51736	**	21-999	N/F	\$11.76	\$11.76	\$11.76	\$11.76	0.00%
I	51736	**	0-20	N/F	\$6.74	\$6.74	\$6.74	\$6.74	0.00%
I	51736	**	21-999	N/F	\$6.42	\$6.42	\$6.42	\$6.42	0.00%
T	51736	**	0-20	N/F	\$5.61	\$5.61	\$5.61	\$5.61	0.00%
T	51736	**	21-999	N/F	\$5.35	\$5.35	\$5.35	\$5.35	0.00%
2	51741	**	0-20	N/F	\$12.63	\$12.63	\$12.63	\$12.63	0.00%
2	51741	**	21-999	N/F	\$12.03	\$12.03	\$12.03	\$12.03	0.00%
I	51741	**	0-20	N/F	\$6.74	\$6.74	\$6.74	\$6.74	0.00%
I	51741	**	21-999	N/F	\$6.42	\$6.42	\$6.42	\$6.42	0.00%
T	51741	**	0-20	N/F	\$5.89	\$5.89	\$5.89	\$5.89	0.00%
T	51741	**	21-999	N/F	\$5.61	\$5.61	\$5.61	\$5.61	0.00%
2	51784	**	0-20	N/F	\$152.69	\$152.69	\$55.57	\$55.57	-63.61%
2	51784	**	21-999	N/F	\$145.41	\$145.41	\$52.93	\$52.93	-63.60%
I	51784	**	0-20	N/F	\$61.75	\$61.75	\$30.31	\$30.31	-50.91%
I	51784	**	21-999	N/F	\$58.81	\$58.81	\$28.87	\$28.87	-50.91%
T	51784	**	0-20	N/F	\$90.94	\$90.94	\$25.26	\$25.26	-72.22%
T	51784	**	21-999	N/F	\$86.61	\$86.61	\$24.06	\$24.06	-72.22%
2	51785	**	0-20	N/F	\$209.94	\$209.94	\$220.61	\$220.61	5.08%
2	51785	**	21-999	N/F	\$199.94	\$199.94	\$210.10	\$210.10	5.08%
I	51785	**	0-20	N/F	\$71.01	\$71.01	\$73.26	\$73.26	3.17%
I	51785	**	21-999	N/F	\$67.63	\$67.63	\$69.77	\$69.77	3.16%
T	51785	**	0-20	N/F	\$138.93	\$138.93	\$147.35	\$147.35	6.06%
T	51785	**	21-999	N/F	\$132.32	\$132.32	\$140.34	\$140.34	6.06%
2	51792	**	0-20	N/F	\$167.84	\$167.84	\$170.93	\$170.93	1.84%
2	51792	**	21-999	N/F	\$159.85	\$159.85	\$162.79	\$162.79	1.84%
I	51792	**	0-20	N/F	\$44.63	\$44.63	\$44.63	\$44.63	0.00%
I	51792	**	21-999	N/F	\$42.50	\$42.50	\$42.50	\$42.50	0.00%
T	51792	**	0-20	N/F	\$123.22	\$123.22	\$126.30	\$126.30	2.50%
T	51792	**	21-999	N/F	\$117.35	\$117.35	\$120.29	\$120.29	2.51%
2	51797	**	0-20	N/F	\$88.69	\$88.69	\$90.94	\$90.94	2.54%
2	51797	**	21-999	N/F	\$84.47	\$84.47	\$86.61	\$86.61	2.53%
I	51797	**	0-20	N/F	\$32.28	\$32.28	\$32.56	\$32.56	0.87%
I	51797	**	21-999	N/F	\$30.74	\$30.74	\$31.01	\$31.01	0.88%
T	51797	**	0-20	N/F	\$56.42	\$56.42	\$58.38	\$58.38	3.47%
T	51797	**	21-999	N/F	\$53.73	\$53.73	\$55.60	\$55.60	3.48%
2	62252	**	0-20	F	\$69.33	\$69.33	\$68.20	\$68.20	-1.63%
2	62252	**	21-999	F	\$66.02	\$66.02	\$64.96	\$64.96	-1.61%
I	62252	**	0-20	N/F	\$38.45	\$38.45	\$37.89	\$37.89	-1.46%
I	62252	**	21-999	N/F	\$36.62	\$36.62	\$36.09	\$36.09	-1.45%
T	62252	**	0-20	N/F	\$30.87	\$30.87	\$30.31	\$30.31	-1.81%
T	62252	**	21-999	N/F	\$29.40	\$29.40	\$28.87	\$28.87	-1.80%
2	91030	**	0-20	N/F	\$107.78	\$107.78	\$109.46	\$109.46	1.56%
2	91030	**	21-999	N/F	\$102.65	\$102.65	\$104.25	\$104.25	1.56%
I	91030	**	0-20	N/F	\$37.61	\$37.61	\$38.17	\$38.17	1%
I	91030	**	21-999	N/F	\$35.82	\$35.82	\$36.35	\$36.35	1.48%
T	91030	**	0-20	N	\$70.17	\$70.17	\$71.29	\$71.29	1.60%
T	91030	**	21-999	N	\$66.83	\$66.83	\$67.90	\$67.90	1.60%

CFR ATTACHMENT 2 - 1-2-I-T Codes - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	91065	**	0-20	N/F	\$61.75	\$61.75	\$57.54	\$57.54	-6.82%
2	91065	**	21-999	N/F	\$58.81	\$58.81	\$54.80	\$54.80	-6.82%
I	91065	**	0-20	N/F	\$8.14	\$8.14	\$8.14	\$8.14	0.00%
I	91065	**	21-999	N/F	\$7.75	\$7.75	\$7.75	\$7.75	0.00%
T	91065	**	0-20	N	\$53.61	\$53.61	\$49.40	\$49.40	-7.85%
T	91065	**	21-999	N	\$51.06	\$51.06	\$47.05	\$47.05	-7.85%
1	92540	**	0-20	N/F	\$80.55	\$80.55	\$80.83	\$80.83	0.35%
1	92540	**	21-999	N/F	\$76.72	\$76.72	\$76.98	\$76.98	0.34%
I	92540	**	0-20	N/F	\$63.15	\$63.15	\$63.43	\$63.43	0.44%
I	92540	**	21-999	N/F	\$60.14	\$60.14	\$60.41	\$60.41	0.45%
T	92540	**	0-20	N	\$17.40	\$17.40	\$17.40	\$17.40	0.00%
T	92540	**	21-999	N	\$16.57	\$16.57	\$16.57	\$16.57	0.00%
1	92541	**	0-20	N/F	\$19.09	\$19.09	\$19.65	\$19.65	2.93%
1	92541	**	21-999	N/F	\$18.18	\$18.18	\$18.71	\$18.71	2.92%
I	92541	**	0-20	N/F	\$16.56	\$16.56	\$16.84	\$16.84	1.69%
I	92541	**	21-999	N/F	\$15.77	\$15.77	\$16.04	\$16.04	1.71%
T	92541	**	0-20	N/F	\$2.53	\$2.53	\$2.81	\$2.81	11.07%
T	92541	**	21-999	N/F	\$2.41	\$2.41	\$2.67	\$2.67	10.79%
1	92542	**	0-20	N/F	\$22.17	\$22.17	\$22.45	\$22.45	1.26%
1	92542	**	21-999	N/F	\$21.12	\$21.12	\$21.38	\$21.38	1.23%
I	92542	**	0-20	N/F	\$19.93	\$19.93	\$19.93	\$19.93	0.00%
I	92542	**	21-999	N/F	\$18.98	\$18.98	\$18.98	\$18.98	0.00%
T	92542	**	0-20	N/F	\$2.25	\$2.25	\$2.53	\$2.53	12.44%
T	92542	**	21-999	N/F	\$2.14	\$2.14	\$2.41	\$2.41	12.62%
1	92544	**	0-20	N/F	\$13.19	\$13.19	\$13.47	\$13.47	2.12%
1	92544	**	21-999	N/F	\$12.56	\$12.56	\$12.83	\$12.83	2.15%
I	92544	**	0-20	N/F	\$11.23	\$11.23	\$11.51	\$11.51	2.49%
I	92544	**	21-999	N/F	\$10.69	\$10.69	\$10.96	\$10.96	2.53%
T	92544	**	0-20	N/F	\$1.96	\$1.96	\$1.96	\$1.96	0.00%
T	92544	**	21-999	N/F	\$1.87	\$1.87	\$1.87	\$1.87	0.00%
1	92545	**	0-20	N/F	\$12.07	\$12.07	\$12.63	\$12.63	4.64%
1	92545	**	21-999	N/F	\$11.49	\$11.49	\$12.03	\$12.03	4.70%
I	92545	**	0-20	N/F	\$10.38	\$10.38	\$10.67	\$10.67	2.79%
I	92545	**	21-999	N/F	\$9.89	\$9.89	\$10.16	\$10.16	2.73%
T	92545	**	0-20	N/F	\$1.68	\$1.68	\$1.96	\$1.96	16.67%
T	92545	**	21-999	N/F	\$1.60	\$1.60	\$1.87	\$1.87	16.88%
1	92546	**	0-20	N/F	\$81.68	\$81.68	\$83.08	\$83.08	1.71%
1	92546	**	21-999	N/F	\$77.79	\$77.79	\$79.12	\$79.12	1.71%
I	92546	**	0-20	N/F	\$11.79	\$11.79	\$12.07	\$12.07	2.37%
I	92546	**	21-999	N/F	\$11.23	\$11.23	\$11.49	\$11.49	2.32%
T	92546	**	0-20	N/F	\$69.89	\$69.89	\$71.01	\$71.01	1.60%
T	92546	**	21-999	N/F	\$66.56	\$66.56	\$67.63	\$67.63	1.61%
2	92978	**	0-20	N/F	\$237.50	\$237.50	\$237.71	\$237.71	0.09%
2	92978	**	21-999	N/F	\$226.19	\$226.19	\$226.39	\$226.39	0.09%
I	92978	**	0-20	F	\$78.03	\$78.03	\$77.75	\$77.75	-0.36%
I	92978	**	21-999	F	\$74.31	\$74.31	\$74.04	\$74.04	-0.36%
T	92978	**	0-20	N/F	\$159.47	\$159.47	\$159.96	\$159.96	0.31%
T	92978	**	21-999	N/F	\$151.88	\$151.88	\$152.35	\$152.35	0.31%
I	92979	**	0-20	N/F	\$62.31	\$62.31	\$62.59	\$62.59	0.45%
I	92979	**	21-999	N/F	\$59.34	\$59.34	\$59.61	\$59.61	0.46%
2	93505	**	0-20	N/F	\$607.65	\$607.65	\$560.78	\$560.78	-7.71%
2	93505	**	21-999	N/F	\$578.72	\$578.72	\$534.08	\$534.08	-7.71%
I	93505	**	0-20	N/F	\$188.89	\$188.89	\$177.95	\$177.95	-5.79%
I	93505	**	21-999	N/F	\$179.90	\$179.90	\$169.47	\$169.47	-5.80%
T	93505	**	0-20	N/F	\$418.76	\$418.76	\$382.84	\$382.84	-8.58%
T	93505	**	21-999	N/F	\$398.82	\$398.82	\$364.60	\$364.60	-8.58%
2	93530	**	0-20	N/F	\$757.66	\$757.66	\$748.59	\$748.59	-1.20%
2	93530	**	21-999	N/F	\$721.58	\$721.58	\$712.94	\$712.94	-1.20%
I	93530	**	0-20	N/F	\$178.79	\$178.79	\$167.00	\$167.00	-6.59%
I	93530	**	21-999	N/F	\$170.27	\$170.27	\$159.05	\$159.05	-7%
T	93530	**	0-20	N/F	\$578.87	\$578.87	\$581.59	\$581.59	0.47%
T	93530	**	21-999	N/F	\$551.31	\$551.31	\$553.89	\$553.89	0.47%
2	93531	**	0-20	N/F	\$2,033.15	\$2,033.15	\$2,038.36	\$2,038.36	0.26%
2	93531	**	21-999	N/F	\$1,936.32	\$1,936.32	\$1,941.28	\$1,941.28	0.26%
I	93531	**	0-20	N/F	\$349.44	\$349.44	\$347.47	\$347.47	-0.56%
I	93531	**	21-999	N/F	\$332.79	\$332.79	\$330.92	\$330.92	-0.56%
T	93531	**	0-20	N/F	\$1,683.71	\$1,683.71	\$1,690.89	\$1,690.89	0.43%
T	93531	**	21-999	N/F	\$1,603.53	\$1,603.53	\$1,610.36	\$1,610.36	0.43%
2	93532	**	0-20	N/F	\$1,438.32	\$1,438.32	\$757.66	\$757.66	-47.32%
2	93532	**	21-999	N/F	\$1,369.82	\$1,369.82	\$721.58	\$721.58	-47.32%
I	93532	**	0-20	N/F	\$433.36	\$433.36	\$418.48	\$418.48	-3.43%
I	93532	**	21-999	N/F	\$412.72	\$412.72	\$398.55	\$398.55	-3.43%
T	93532	**	0-20	N/F	\$1,004.96	\$1,004.96	\$339.18	\$339.18	-66.25%
T	93532	**	21-999	N/F	\$957.10	\$957.10	\$323.03	\$323.03	-66.25%

CFR ATTACHMENT 2 - 1-2-I-T Codes - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	93533	**	0-20	N/F	\$1,278.25	\$1,278.25	\$568.25	\$568.25	-55.54%
I	93533	**	21-999	N/F	\$1,252.85	\$1,252.85	\$541.19	\$541.19	-56.80%
I	93533	**	0-20	N/F	\$289.09	\$289.09	\$281.79	\$281.79	-2.53%
I	93533	**	21-999	N/F	\$275.32	\$275.32	\$268.37	\$268.37	-2.52%
T	93533	**	0-20	N/F	\$989.16	\$989.16	\$286.46	\$286.46	-71.04%
T	93533	**	21-999	N/F	\$977.53	\$977.53	\$272.82	\$272.82	-72.09%
2	93571	**	0-20	N/F	\$231.36	\$231.36	\$231.88	\$231.88	0.22%
2	93571	**	21-999	N/F	\$220.34	\$220.34	\$220.83	\$220.83	0.22%
I	93571	**	0-20	N/F	\$77.75	\$77.75	\$77.75	\$77.75	0.00%
I	93571	**	21-999	N/F	\$74.04	\$74.04	\$74.04	\$74.04	0.00%
T	93571	**	0-20	N/F	\$153.61	\$153.61	\$154.13	\$154.13	0.34%
T	93571	**	21-999	N/F	\$146.30	\$146.30	\$146.79	\$146.79	0.33%
2	93572	**	0-20	N/F	\$152.86	\$152.86	\$153.36	\$153.36	0.33%
2	93572	**	21-999	N/F	\$145.58	\$145.58	\$146.05	\$146.05	0.32%
I	93572	**	0-20	N/F	\$62.31	\$62.31	\$62.59	\$62.59	0.45%
I	93572	**	21-999	N/F	\$59.34	\$59.34	\$59.61	\$59.61	0.46%
T	93572	**	0-20	N/F	\$90.55	\$90.55	\$90.77	\$90.77	0.24%
T	93572	**	21-999	N/F	\$86.24	\$86.24	\$86.44	\$86.44	0.23%
2	93600	**	0-20	N/F	\$162.05	\$162.05	\$163.13	\$163.13	0.67%
2	93600	**	21-999	N/F	\$154.33	\$154.33	\$155.37	\$155.37	0.67%
I	93600	**	0-20	N/F	\$95.99	\$95.99	\$97.11	\$97.11	1.17%
I	93600	**	21-999	N/F	\$91.42	\$91.42	\$92.49	\$92.49	1.17%
T	93600	**	0-20	N/F	\$66.06	\$66.06	\$66.02	\$66.02	-0.06%
T	93600	**	21-999	N/F	\$62.91	\$62.91	\$62.88	\$62.88	-0.05%
2	93602	**	0-20	N/F	\$130.70	\$130.70	\$130.93	\$130.93	0.18%
2	93602	**	21-999	N/F	\$124.48	\$124.48	\$124.70	\$124.70	0.18%
I	93602	**	0-20	N/F	\$94.03	\$94.03	\$94.31	\$94.31	0.30%
I	93602	**	21-999	N/F	\$89.55	\$89.55	\$89.81	\$89.81	0.29%
T	93602	**	0-20	N/F	\$36.67	\$36.67	\$36.62	\$36.62	-0.14%
T	93602	**	21-999	N/F	\$34.93	\$34.93	\$34.89	\$34.89	-0.11%
2	93603	**	0-20	N/F	\$150.42	\$150.42	\$150.75	\$150.75	0.22%
2	93603	**	21-999	N/F	\$143.26	\$143.26	\$143.57	\$143.57	0.22%
I	93603	**	0-20	N/F	\$94.03	\$94.03	\$94.31	\$94.31	0.30%
I	93603	**	21-999	N/F	\$89.55	\$89.55	\$89.81	\$89.81	0.29%
T	93603	**	0-20	N/F	\$56.39	\$56.39	\$56.44	\$56.44	0.09%
T	93603	**	21-999	N/F	\$53.71	\$53.71	\$53.76	\$53.76	0.09%
2	93609	**	0-20	N/F	\$314.97	\$314.97	\$317.00	\$317.00	0.64%
2	93609	**	21-999	N/F	\$299.97	\$299.97	\$301.90	\$301.90	0.64%
I	93609	**	0-20	N/F	\$224.82	\$224.82	\$227.06	\$227.06	1.00%
I	93609	**	21-999	N/F	\$214.11	\$214.11	\$216.25	\$216.25	1.00%
T	93609	**	0-20	N/F	\$90.15	\$90.15	\$89.94	\$89.94	-0.23%
T	93609	**	21-999	N/F	\$85.86	\$85.86	\$85.65	\$85.65	-0.24%
2	93610	**	0-20	N/F	\$178.50	\$178.50	\$178.36	\$178.36	-0.08%
2	93610	**	21-999	N/F	\$169.99	\$169.99	\$169.87	\$169.87	-0.07%
I	93610	**	0-20	N/F	\$133.60	\$133.60	\$133.60	\$133.60	0.00%
I	93610	**	21-999	N/F	\$127.24	\$127.24	\$127.24	\$127.24	0.00%
T	93610	**	0-20	N/F	\$44.90	\$44.90	\$44.76	\$44.76	-0.31%
T	93610	**	21-999	N/F	\$42.75	\$42.75	\$42.63	\$42.63	-0.28%
2	93612	**	0-20	N/F	\$186.09	\$186.09	\$186.06	\$186.06	-0.02%
2	93612	**	21-999	N/F	\$177.23	\$177.23	\$177.20	\$177.20	-0.02%
I	93612	**	0-20	N/F	\$132.48	\$132.48	\$132.48	\$132.48	0.00%
I	93612	**	21-999	N/F	\$126.17	\$126.17	\$126.17	\$126.17	0.00%
T	93612	**	0-20	N/F	\$53.61	\$53.61	\$53.58	\$53.58	-0.06%
T	93612	**	21-999	N/F	\$51.06	\$51.06	\$51.03	\$51.03	-0.06%
2	93613	**	0-20	N/F	\$323.61	\$323.61	\$263.27	\$263.27	-18.65%
2	93613	**	21-999	N/F	\$308.20	\$308.20	\$250.73	\$250.73	-18.65%
2	93615	**	0-20	N/F	\$53.16	\$53.16	\$42.09	\$42.09	-20.82%
2	93615	**	21-999	N/F	\$50.63	\$50.63	\$40.08	\$40.08	-20.84%
I	93615	**	0-20	N/F	\$41.82	\$41.82	\$30.87	\$30.87	-26%
I	93615	**	21-999	N/F	\$39.83	\$39.83	\$29.40	\$29.40	-26.19%
T	93615	**	0-20	N/F	\$11.34	\$11.34	\$11.22	\$11.22	-1.06%
T	93615	**	21-999	N/F	\$10.80	\$10.80	\$10.68	\$10.68	-1.11%
2	93616	**	0-20	N/F	\$66.02	\$66.02	\$59.08	\$59.08	-10.51%
2	93616	**	21-999	N/F	\$62.88	\$62.88	\$56.27	\$56.27	-10.51%
I	93616	**	0-20	N/F	\$51.36	\$51.36	\$49.68	\$49.68	-3.27%
I	93616	**	21-999	N/F	\$48.92	\$48.92	\$47.31	\$47.31	-3.29%
T	93616	**	0-20	N/F	\$14.66	\$14.66	\$9.40	\$9.40	-35.88%
T	93616	**	21-999	N/F	\$13.96	\$13.96	\$8.96	\$8.96	-35.82%
2	93618	**	0-20	N/F	\$324.87	\$324.87	\$313.96	\$313.96	-3%
2	93618	**	21-999	N/F	\$309.39	\$309.39	\$299.01	\$299.01	-3.35%
I	93618	**	0-20	F	\$191.98	\$191.98	\$180.75	\$180.75	-6%
I	93618	**	21-999	F	\$182.84	\$182.84	\$172.14	\$172.14	-5.85%
T	93618	**	0-20	N/F	\$132.89	\$132.89	\$133.21	\$133.21	0.24%
T	93618	**	21-999	N/F	\$126.55	\$126.55	\$126.87	\$126.87	0.25%

CFR ATTACHMENT 2 - 1-2-I-T Codes - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	93619	**	0-20	F	\$587.00	\$587.00	\$578.75	\$578.75	-1.41%
I	93619	**	21-999	F	\$559.05	\$559.05	\$551.19	\$551.19	-1.41%
I	93619	**	0-20	F	\$327.82	\$327.82	\$319.12	\$319.12	-2.65%
T	93619	**	21-999	F	\$312.21	\$312.21	\$303.93	\$303.93	-2.65%
T	93619	**	0-20	N/F	\$259.18	\$259.18	\$259.63	\$259.63	0.17%
T	93619	**	21-999	N/F	\$246.84	\$246.84	\$247.26	\$247.26	0.17%
2	93620	**	0-20	N/F	\$901.35	\$901.35	\$894.37	\$894.37	-0.77%
2	93620	**	21-999	N/F	\$858.42	\$858.42	\$851.78	\$851.78	-0.77%
I	93620	**	0-20	F	\$520.09	\$520.09	\$512.51	\$512.51	-1.46%
I	93620	**	21-999	F	\$495.32	\$495.32	\$488.10	\$488.10	-1.46%
T	93620	**	0-20	N/F	\$381.26	\$381.26	\$381.86	\$381.86	0.16%
T	93620	**	21-999	N/F	\$363.10	\$363.10	\$363.68	\$363.68	0.16%
2	93621	**	0-20	N/F	\$374.60	\$374.60	\$305.51	\$305.51	-18.44%
2	93621	**	21-999	N/F	\$0.00	\$0.00	\$290.96	\$290.96	0.00%
I	93621	**	0-20	F	\$94.87	\$94.87	\$95.71	\$95.71	0.89%
I	93621	**	21-999	F	\$90.35	\$90.35	\$91.15	\$91.15	0.89%
T	93621	**	0-20	N/F	\$279.73	\$279.73	\$209.80	\$209.80	-25.00%
T	93621	**	21-999	N/F	\$284.25	\$284.25	\$199.81	\$199.81	-29.71%
2	93622	**	0-999	N/F	\$374.60	\$374.60	\$350.42	\$350.42	-6.45%
2	93622	**	0-999	N/F	\$0.00	\$0.00	\$333.73	\$333.73	0.00%
I	93622	**	0-20	F	\$138.65	\$138.65	\$140.62	\$140.62	1.42%
I	93622	**	21-999	F	\$132.05	\$132.05	\$133.92	\$133.92	1.42%
T	93622	**	0-20	N/F	\$235.95	\$235.95	\$209.80	\$209.80	-11.08%
T	93622	**	21-999	N/F	\$242.55	\$242.55	\$199.81	\$199.81	-17.62%
2	93623	**	0-20	N/F	\$168.23	\$168.23	\$173.74	\$173.74	3.28%
2	93623	**	21-999	N/F	\$160.22	\$160.22	\$165.47	\$165.47	3.28%
I	93623	**	0-20	N/F	\$128.83	\$128.83	\$129.67	\$129.67	0.65%
I	93623	**	21-999	N/F	\$122.69	\$122.69	\$123.49	\$123.49	0.65%
T	93623	**	0-20	N/F	\$39.40	\$39.40	\$44.07	\$44.07	11.85%
T	93623	**	21-999	N/F	\$37.53	\$37.53	\$41.98	\$41.98	11.86%
2	93624	**	0-20	N/F	\$278.10	\$278.10	\$268.57	\$268.57	-3.43%
2	93624	**	21-999	N/F	\$264.85	\$264.85	\$255.78	\$255.78	-3%
I	93624	**	0-20	F	\$213.03	\$213.03	\$203.49	\$203.49	-4%
I	93624	**	21-999	F	\$202.88	\$202.88	\$193.80	\$193.80	-4.48%
T	93624	**	0-20	N/F	\$65.07	\$65.07	\$65.08	\$65.08	0.02%
T	93624	**	21-999	N/F	\$61.97	\$61.97	\$61.98	\$61.98	0.02%
2	93631	**	0-20	N/F	\$503.67	\$503.67	\$539.61	\$539.61	7.14%
2	93631	**	21-999	N/F	\$479.68	\$479.68	\$513.92	\$513.92	7.14%
I	93631	**	0-20	F	\$323.61	\$323.61	\$323.05	\$323.05	-0.17%
I	93631	**	21-999	F	\$308.20	\$308.20	\$307.67	\$307.67	-0.17%
T	93631	**	0-20	N/F	\$180.06	\$180.06	\$216.56	\$216.56	20.27%
T	93631	**	21-999	N/F	\$171.48	\$171.48	\$206.25	\$206.25	20.28%
2	93640	**	0-20	N/F	\$398.91	\$398.91	\$389.79	\$389.79	-2.29%
2	93640	**	21-999	N/F	\$379.91	\$379.91	\$371.22	\$371.22	-2.29%
I	93640	**	0-20	F	\$156.05	\$156.05	\$145.95	\$145.95	-6.47%
I	93640	**	21-999	F	\$148.62	\$148.62	\$139.00	\$139.00	-6.47%
T	93640	**	0-20	N/F	\$242.86	\$242.86	\$243.84	\$243.84	0.40%
T	93640	**	21-999	N/F	\$231.29	\$231.29	\$232.22	\$232.22	0.40%
2	93641	**	0-20	F	\$506.49	\$506.49	\$496.97	\$496.97	-1.88%
2	93641	**	21-999	F	\$482.37	\$482.37	\$473.31	\$473.31	-1.88%
I	93641	**	0-20	F	\$265.24	\$265.24	\$255.13	\$255.13	-3.81%
I	93641	**	21-999	F	\$252.60	\$252.60	\$242.98	\$242.98	-3.81%
T	93641	**	0-20	N/F	\$241.25	\$241.25	\$241.84	\$241.84	0.24%
T	93641	**	21-999	N/F	\$229.77	\$229.77	\$230.33	\$230.33	0.24%
2	93642	**	0-20	N/F	\$340.74	\$340.74	\$275.62	\$275.62	-19.11%
2	93642	**	21-999	N/F	\$324.51	\$324.51	\$262.49	\$262.49	-19.11%
I	93642	**	0-20	N/F	\$220.05	\$220.05	\$209.38	\$209.38	-4.85%
I	93642	**	21-999	N/F	\$209.57	\$209.57	\$199.41	\$199.41	-4.85%
T	93642	**	0-20	N	\$120.69	\$120.69	\$66.24	\$66.24	-45.12%
T	93642	**	21-999	N	\$114.94	\$114.94	\$63.08	\$63.08	-45.12%
2	93660	**	0-20	N/F	\$125.18	\$125.18	\$127.43	\$127.43	1.80%
2	93660	**	21-999	N/F	\$119.22	\$119.22	\$121.36	\$121.36	1.80%
I	93660	**	0-20	N/F	\$74.94	\$74.94	\$74.94	\$74.94	0.00%
I	93660	**	21-999	N/F	\$71.37	\$71.37	\$71.37	\$71.37	0.00%
T	93660	**	0-20	N/F	\$50.24	\$50.24	\$52.49	\$52.49	4.48%
T	93660	**	21-999	N/F	\$47.85	\$47.85	\$49.99	\$49.99	4.47%
2	93662	**	0-20	N/F	\$184.61	\$184.61	\$241.70	\$241.70	30.92%
2	93662	**	21-999	N/F	\$175.81	\$175.81	\$230.19	\$230.19	30.93%
I	93662	**	0-20	N/F	\$113.67	\$113.67	\$114.51	\$114.51	0.74%
I	93662	**	21-999	N/F	\$108.26	\$108.26	\$109.06	\$109.06	0.74%
T	93662	**	0-20	N	\$70.94	\$70.94	\$127.19	\$127.19	79.29%
T	93662	**	21-999	N	\$67.55	\$67.55	\$121.13	\$121.13	79.32%
1	95076	**	0-20	N	\$92.34	\$92.34	\$95.15	\$95.15	3.04%
1	95076	**	0-20	F	\$58.38	\$58.38	\$59.22	\$59.22	1.44%

CFR ATTACHMENT 2 - 1-2-I-T Codes - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	95076	**	21-999	N	\$87.94	\$87.94	\$90.62	\$90.62	3.05%
1	95076	**	21-999	F	\$55.60	\$55.60	\$56.40	\$56.40	1.44%

*Type of Service (TOS)	
1	Medical Services
2	Surgery
I	Professional Component
T	Technical Component

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

TOS*	Procedure Code	Long Description	CURRENT	PROPOSED	Percent Change from Current Medicaid Fee
			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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ATTACHMENT 4 - MAGNETOENCEPHALOGRAPHY RURAL HOSPITAL OUTPATIENT DIAGNOSTIC RADIOLOGY
 (Proposed to be effective APRIL 1, 2019)

TOS*	Procedure Code	Long Description	CURRENT	PROPOSED	Percent Change from Current Medicaid Fee
			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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CFR ATTACHMENT 5 - Nonclinical Labs (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
5	80050	**	0-999	N/F		\$32.24	\$32.24	\$31.13	\$31.13	-3.44%
5	80055	**	0-999	N/F		\$35.53	\$35.53	\$33.63	\$33.63	-5.35%
3	80500	**	0-20	N		\$18.52	\$18.52	\$18.52	\$18.52	0.00%
3	80500	**	0-20	F		\$16.00	\$16.00	\$15.72	\$15.72	-1.75%
3	80500	**	21-999	N		\$17.64	\$17.64	\$17.64	\$17.64	0.00%
3	80500	**	21-999	F		\$15.24	\$15.24	\$14.97	\$14.97	-1.77%
3	80502	**	0-20	N		\$58.66	\$58.66	\$58.94	\$58.94	0.48%
3	80502	**	0-20	F		\$56.42	\$56.42	\$56.70	\$56.70	0.50%
3	80502	**	21-999	N		\$55.87	\$55.87	\$56.13	\$56.13	0.47%
3	80502	**	21-999	F		\$53.73	\$53.73	\$54.00	\$54.00	0.50%
5	81099	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	84999	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	85060	**	0-20	N/F		\$19.93	\$19.93	\$19.93	\$19.93	0.00%
5	85060	**	21-999	N/F		\$18.98	\$18.98	\$18.98	\$18.98	0.00%
5	85097	**	0-20	N		\$72.13	\$72.13	\$72.97	\$72.97	1.16%
5	85097	**	0-20	F		\$40.14	\$40.14	\$40.14	\$40.14	0.00%
5	85097	**	21-999	N		\$68.70	\$68.70	\$69.50	\$69.50	1.16%
5	85097	**	21-999	F		\$38.22	\$38.22	\$38.22	\$38.22	0.00%
5	85396	**	0-20	N/F		\$16.56	\$16.56	\$16.56	\$16.56	0.00%
5	85396	**	21-999	N/F		\$15.77	\$15.77	\$15.77	\$15.77	0.00%
5	85999	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	86077	**	0-20	N		\$44.91	\$44.91	\$44.91	\$44.91	0.00%
5	86077	**	0-20	F		\$41.82	\$41.82	\$41.82	\$41.82	0.00%
5	86077	**	21-999	N		\$42.77	\$42.77	\$42.77	\$42.77	0.00%
5	86077	**	21-999	F		\$39.83	\$39.83	\$39.83	\$39.83	0.00%
5	86078	**	0-20	N		\$44.91	\$44.91	\$44.91	\$44.91	0.00%
5	86078	**	0-20	F		\$41.54	\$41.54	\$41.82	\$41.82	0.67%
5	86078	**	21-999	N		\$42.77	\$42.77	\$42.77	\$42.77	0.00%
5	86078	**	21-999	F		\$39.56	\$39.56	\$39.83	\$39.83	0.68%
5	86079	**	0-20	N		\$44.63	\$44.63	\$44.63	\$44.63	0.00%
5	86079	**	0-20	F		\$41.54	\$41.54	\$41.54	\$41.54	0.00%
5	86079	**	21-999	N		\$42.50	\$42.50	\$42.50	\$42.50	0.00%
5	86079	**	21-999	F		\$39.56	\$39.56	\$39.56	\$39.56	0.00%
5	86485	**	0-999	N/F		\$12.94	\$12.94	\$12.35	\$12.35	-4.56%
5	86486	**	0-20	N/F		\$3.93	\$3.93	\$3.93	\$3.93	0.00%
5	86486	**	21-999	N/F		\$3.74	\$3.74	\$3.74	\$3.74	0.00%
5	86490	**	0-20	N/F		\$57.82	\$57.82	\$71.29	\$71.29	23.30%
5	86490	**	21-999	N/F		\$55.06	\$55.06	\$67.90	\$67.90	23.32%
5	86510	**	0-20	N/F		\$4.77	\$4.77	\$5.05	\$5.05	5.87%
5	86510	**	21-999	N/F		\$4.54	\$4.54	\$4.81	\$4.81	5.95%
5	86580	**	0-20	N/F		\$6.46	\$6.46	\$6.46	\$6.46	0.00%
5	86580	**	21-999	N/F		\$6.15	\$6.15	\$6.15	\$6.15	0.00%
D	86580	**	0-20	N	AB	\$6.46	\$6.14	\$6.46	\$6.14	0.00%
D	86580	**	21-999	N	AB	\$6.15	\$5.84	\$6.15	\$5.84	0.00%
D	86580	**	0-20	N	AC	\$6.46	\$6.14	\$6.46	\$6.14	0.00%
D	86580	**	21-999	N	AC	\$6.15	\$5.84	\$6.15	\$5.84	0.00%
S	86580	**	0-20	N/F		\$6.46	\$6.46	\$6.46	\$6.46	0.00%
S	86580	**	21-999	N/F		\$6.15	\$6.15	\$6.15	\$6.15	0.00%
5	86711	**	0-999	N		\$10.38	\$10.38	\$10.76	\$10.76	3.66%
5	86849	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	86850	**	0-999	N/F		\$6.91	\$6.91	\$8.27	\$8.27	19.68%
5	86860	**	0-999	N/F		\$25.66	\$25.66	\$24.77	\$24.77	-3.47%
5	86870	**	0-999	N/F		\$9.54	\$9.54	\$9.21	\$9.21	-3.46%
5	86920	**	0-999	N/F		\$11.84	\$11.84	\$12.99	\$12.99	9.71%
5	86921	**	0-999	N/F		\$13.82	\$13.82	\$14.95	\$14.95	8.18%
5	86922	**	0-999	N/F		\$13.82	\$13.82	\$13.34	\$13.34	-3.47%
5	86923	**	0-999	N/F		\$13.49	\$13.49	\$13.02	\$13.02	-3.48%
5	86950	**	0-999	N/F		\$53.29	\$53.29	\$51.45	\$51.45	-3.45%
5	86960	**	0-999	N/F		\$22.04	\$22.04	\$21.28	\$21.28	-3.45%
5	86999	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	87999	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	88104	**	0-20	N/F		\$58.94	\$58.94	\$57.82	\$57.82	-1.90%
5	88104	**	21-999	N/F		\$56.13	\$56.13	\$55.06	\$55.06	-1.91%
I	88104	**	0-20	N/F		\$23.58	\$23.58	\$23.30	\$23.30	-1.19%
I	88104	**	21-999	N/F		\$22.45	\$22.45	\$22.19	\$22.19	-1.16%
T	88104	**	0-20	N		\$35.36	\$35.36	\$34.52	\$34.52	-2.38%
T	88104	**	21-999	N		\$33.68	\$33.68	\$32.88	\$32.88	-2.38%
5	88106	**	0-20	N/F		\$50.80	\$50.80	\$51.36	\$51.36	1%
5	88106	**	21-999	N/F		\$48.38	\$48.38	\$48.92	\$48.92	1.12%
I	88106	**	0-20	N/F		\$16.00	\$16.00	\$16.00	\$16.00	0.00%
I	88106	**	21-999	N/F		\$15.24	\$15.24	\$15.24	\$15.24	0.00%
T	88106	**	0-20	N		\$34.80	\$34.80	\$35.36	\$35.36	1.61%
T	88106	**	21-999	N		\$33.15	\$33.15	\$33.68	\$33.68	1.60%
5	88108	**	0-20	N/F		\$49.68	\$49.68	\$48.56	\$48.56	-2.25%
5	88108	**	21-999	N/F		\$47.31	\$47.31	\$46.24	\$46.24	-2.26%
I	88108	**	0-20	N/F		\$18.52	\$18.52	\$18.52	\$18.52	0.00%
I	88108	**	21-999	N/F		\$17.64	\$17.64	\$17.64	\$17.64	0.00%
T	88108	**	0-20	N		\$31.15	\$31.15	\$30.03	\$30.03	-3.60%
T	88108	**	21-999	N		\$29.67	\$29.67	\$28.60	\$28.60	-3.61%
5	88112	**	0-20	N/F		\$53.89	\$53.89	\$54.73	\$54.73	1.56%
5	88112	**	21-999	N/F		\$51.32	\$51.32	\$52.12	\$52.12	1.56%
I	88112	**	0-20	N/F		\$22.73	\$22.73	\$23.02	\$23.02	1.28%
I	88112	**	21-999	N/F		\$21.65	\$21.65	\$21.92	\$21.92	1.25%
T	88112	**	0-20	N		\$31.15	\$31.15	\$31.72	\$31.72	1.83%
T	88112	**	21-999	N		\$29.67	\$29.67	\$30.21	\$30.21	1.82%
5	88120	**	0-20	N/F		\$501.28	\$501.28	\$506.61	\$506.61	1.06%
5	88120	**	21-999	N/F		\$477.41	\$477.41	\$482.49	\$482.49	1.06%
I	88120	**	0-20	N/F		\$47.43	\$47.43	\$47.43	\$47.43	0.00%
I	88120	**	21-999	N/F		\$45.17	\$45.17	\$45.17	\$45.17	0.00%
T	88120	**	0-20	N/F		\$453.85	\$453.85	\$459.18	\$459.18	1.17%
T	88120	**	21-999	N/F		\$432.23	\$432.23	\$437.31	\$437.31	1.18%
5	88121	**	0-20	N/F		\$433.08	\$433.08	\$422.41	\$422.41	-2.46%
5	88121	**	21-999	N/F		\$412.45	\$412.45	\$402.29	\$402.29	-2.46%
I	88121	**	0-20	N/F		\$40.70	\$40.70	\$40.70	\$40.70	0.00%
I	88121	**	21-999	N/F		\$38.76	\$38.76	\$38.76	\$38.76	0.00%
T	88121	**	0-20	N/F		\$392.38	\$392.38	\$381.71	\$381.71	-2.72%
T	88121	**	21-999	N/F		\$373.69	\$373.69	\$363.53	\$363.53	-2.72%
5	88141	**	0-20	N/F		\$25.82	\$25.82	\$25.82	\$25.82	0.00%
5	88141	**	21-999	N/F		\$24.59	\$24.59	\$24.59	\$24.59	0.00%

CFR ATTACHMENT 5 - Nonclinical Labs (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
5	88160	**	0-20	N/F		\$57.54	\$57.54	\$57.82	\$57.82	0.49%
5	88160	**	21-999	N/F		\$54.80	\$54.80	\$55.06	\$55.06	0.47%
I	88160	**	0-20	N/F		\$21.33	\$21.33	\$21.33	\$21.33	0.00%
I	88160	**	21-999	N/F		\$20.32	\$20.32	\$20.32	\$20.32	0.00%
T	88160	**	0-20	N/F		\$36.21	\$36.21	\$36.49	\$36.49	0.77%
T	88160	**	21-999	N/F		\$34.48	\$34.48	\$34.75	\$34.75	0.78%
5	88161	**	0-20	N/F		\$51.92	\$51.92	\$52.49	\$52.49	1.10%
5	88161	**	21-999	N/F		\$49.45	\$49.45	\$49.99	\$49.99	1.09%
I	88161	**	0-20	N/F		\$20.49	\$20.49	\$20.49	\$20.49	0.00%
I	88161	**	21-999	N/F		\$19.51	\$19.51	\$19.51	\$19.51	0.00%
T	88161	**	0-20	N/F		\$31.44	\$31.44	\$32.00	\$32.00	1.78%
T	88161	**	21-999	N/F		\$29.94	\$29.94	\$30.47	\$30.47	1.77%
5	88162	**	0-20	N/F		\$79.15	\$79.15	\$77.18	\$77.18	-2.49%
5	88162	**	21-999	N/F		\$75.38	\$75.38	\$73.51	\$73.51	-2.48%
I	88162	**	0-20	N/F		\$32.00	\$32.00	\$31.72	\$31.72	-0.88%
I	88162	**	21-999	N/F		\$30.47	\$30.47	\$30.21	\$30.21	-0.85%
T	88162	**	0-20	N/F		\$47.15	\$47.15	\$45.47	\$45.47	-3.56%
T	88162	**	21-999	N/F		\$44.91	\$44.91	\$43.30	\$43.30	-3.58%
5	88172	**	0-20	N/F		\$45.47	\$45.47	\$46.03	\$46.03	1.23%
5	88172	**	21-999	N/F		\$43.30	\$43.30	\$43.84	\$43.84	1.25%
I	88172	**	0-20	N/F		\$29.75	\$29.75	\$29.75	\$29.75	0.00%
I	88172	**	21-999	N/F		\$28.33	\$28.33	\$28.33	\$28.33	0.00%
T	88172	**	0-20	N		\$15.72	\$15.72	\$16.28	\$16.28	3.56%
T	88172	**	21-999	N		\$14.97	\$14.97	\$15.50	\$15.50	3.54%
5	88173	**	0-20	N/F		\$121.81	\$121.81	\$123.22	\$123.22	1.16%
5	88173	**	21-999	N/F		\$116.01	\$116.01	\$117.35	\$117.35	1.16%
I	88173	**	0-20	N/F		\$58.10	\$58.10	\$58.38	\$58.38	0.48%
I	88173	**	21-999	N/F		\$55.33	\$55.33	\$55.60	\$55.60	0.49%
T	88173	**	0-20	N		\$63.71	\$63.71	\$64.84	\$64.84	1.77%
T	88173	**	21-999	N		\$60.68	\$60.68	\$61.75	\$61.75	1.76%
5	88177	**	0-20	N/F		\$24.14	\$24.14	\$24.42	\$24.42	1.16%
5	88177	**	21-999	N/F		\$22.99	\$22.99	\$23.26	\$23.26	1%
I	88177	**	0-20	N/F		\$18.24	\$18.24	\$18.24	\$18.24	0.00%
I	88177	**	21-999	N/F		\$17.37	\$17.37	\$17.37	\$17.37	0.00%
T	88177	**	0-20	N/F		\$5.89	\$5.89	\$6.17	\$6.17	4.75%
T	88177	**	21-999	N/F		\$5.61	\$5.61	\$5.88	\$5.88	4.81%
5	88182	**	0-20	N/F		\$94.87	\$94.87	\$104.41	\$104.41	10.06%
5	88182	**	21-999	N/F		\$90.35	\$90.35	\$99.44	\$99.44	10.06%
I	88182	**	0-20	N/F		\$30.31	\$30.31	\$31.72	\$31.72	4.65%
I	88182	**	21-999	N/F		\$28.87	\$28.87	\$30.21	\$30.21	4.64%
T	88182	**	0-20	N		\$64.55	\$64.55	\$72.69	\$72.69	12.61%
T	88182	**	21-999	N		\$61.48	\$61.48	\$69.23	\$69.23	12.61%
T	88184	**	0-20	N		\$48.28	\$48.28	\$53.05	\$53.05	9.88%
T	88184	**	21-999	N		\$45.98	\$45.98	\$50.52	\$50.52	9.87%
T	88185	**	0-20	N		\$29.47	\$29.47	\$23.86	\$23.86	-19.04%
T	88185	**	21-999	N		\$28.07	\$28.07	\$22.72	\$22.72	-19.06%
I	88187	**	0-20	N/F		\$46.31	\$46.31	\$37.61	\$37.61	-18.79%
I	88187	**	21-999	N/F		\$44.11	\$44.11	\$35.82	\$35.82	-18.79%
I	88188	**	0-20	N/F		\$58.94	\$58.94	\$51.92	\$51.92	-11.91%
I	88188	**	21-999	N/F		\$56.13	\$56.13	\$49.45	\$49.45	-11.90%
I	88189	**	0-20	N/F		\$72.41	\$72.41	\$69.33	\$69.33	-4.25%
I	88189	**	21-999	N/F		\$68.96	\$68.96	\$66.02	\$66.02	-4.26%
5	88199	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	88291	**	0-20	N/F		\$25.82	\$25.82	\$26.38	\$26.38	2.17%
5	88291	**	21-999	N/F		\$24.59	\$24.59	\$25.13	\$25.13	2.20%
5	88299	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	88300	**	0-20	N/F		\$12.91	\$12.91	\$13.19	\$13.19	2.17%
5	88300	**	21-999	N/F		\$12.30	\$12.30	\$12.56	\$12.56	2.11%
I	88300	**	0-20	N/F		\$3.65	\$3.65	\$3.65	\$3.65	0.00%
I	88300	**	21-999	N/F		\$3.47	\$3.47	\$3.47	\$3.47	0.00%
T	88300	**	0-20	N		\$9.26	\$9.26	\$9.54	\$9.54	3.02%
T	88300	**	21-999	N		\$8.82	\$8.82	\$9.09	\$9.09	3.06%
5	88302	**	0-20	N/F		\$24.42	\$24.42	\$24.70	\$24.70	1.15%
5	88302	**	21-999	N/F		\$23.26	\$23.26	\$23.52	\$23.52	1.12%
I	88302	**	0-20	N/F		\$5.89	\$5.89	\$5.89	\$5.89	0.00%
I	88302	**	21-999	N/F		\$5.61	\$5.61	\$5.61	\$5.61	0.00%
T	88302	**	0-20	N		\$18.52	\$18.52	\$18.81	\$18.81	1.57%
T	88302	**	21-999	N		\$17.64	\$17.64	\$17.91	\$17.91	1.53%
5	88304	**	0-20	N/F		\$32.56	\$32.56	\$32.56	\$32.56	0.00%
5	88304	**	21-999	N/F		\$31.01	\$31.01	\$31.01	\$31.01	0.00%
I	88304	**	0-20	N/F		\$9.54	\$9.54	\$9.54	\$9.54	0.00%
I	88304	**	21-999	N/F		\$9.09	\$9.09	\$9.09	\$9.09	0.00%
T	88304	**	0-20	N		\$23.02	\$23.02	\$23.02	\$23.02	0.00%
T	88304	**	21-999	N		\$21.92	\$21.92	\$21.92	\$21.92	0.00%
5	88305	**	0-20	N/F		\$54.45	\$54.45	\$54.73	\$54.73	0.51%
5	88305	**	21-999	N/F		\$51.86	\$51.86	\$52.12	\$52.12	0.50%
I	88305	**	0-20	N/F		\$31.15	\$31.15	\$31.15	\$31.15	0.00%
I	88305	**	21-999	N/F		\$29.67	\$29.67	\$29.67	\$29.67	0.00%
T	88305	**	0-20	N		\$23.30	\$23.30	\$23.58	\$23.58	1.20%
T	88305	**	21-999	N		\$22.19	\$22.19	\$22.45	\$22.45	1.17%
5	88307	**	0-20	N/F		\$211.07	\$211.07	\$210.50	\$210.50	-0.27%
5	88307	**	21-999	N/F		\$201.01	\$201.01	\$200.48	\$200.48	-0.26%
I	88307	**	0-20	N/F		\$68.76	\$68.76	\$68.48	\$68.48	-0.41%
I	88307	**	21-999	N/F		\$65.49	\$65.49	\$65.22	\$65.22	-0.41%
T	88307	**	0-20	N		\$142.30	\$142.30	\$142.02	\$142.02	-0.20%
T	88307	**	21-999	N		\$135.52	\$135.52	\$135.26	\$135.26	-0.19%
5	88309	**	0-20	N/F		\$323.61	\$323.61	\$319.69	\$319.69	-1.21%
5	88309	**	21-999	N/F		\$308.20	\$308.20	\$304.46	\$304.46	-1.21%
I	88309	**	0-20	N/F		\$121.53	\$121.53	\$121.53	\$121.53	0.00%
I	88309	**	21-999	N/F		\$115.74	\$115.74	\$115.74	\$115.74	0.00%
T	88309	**	0-20	N		\$202.08	\$202.08	\$198.15	\$198.15	-1.94%
T	88309	**	21-999	N		\$192.46	\$192.46	\$188.72	\$188.72	-1.94%
5	88311	**	0-20	N/F		\$17.68	\$17.68	\$17.68	\$17.68	0.00%
5	88311	**	21-999	N/F		\$16.84	\$16.84	\$16.84	\$16.84	0.00%
I	88311	**	0-20	N/F		\$10.38	\$10.38	\$10.38	\$10.38	0.00%
I	88311	**	21-999	N/F		\$9.89	\$9.89	\$9.89	\$9.89	0.00%
T	88311	**	0-20	N		\$7.30	\$7.30	\$7.30	\$7.30	0.00%
T	88311	**	21-999	N		\$6.95	\$6.95	\$6.95	\$6.95	0.00%
5	88312	**	0-20	N/F		\$78.03	\$78.03	\$77.47	\$77.47	-0.72%
5	88312	**	21-999	N/F		\$74.31	\$74.31	\$73.78	\$73.78	-0.71%
I	88312	**	0-20	N/F		\$22.17	\$22.17	\$21.89	\$21.89	-1.26%
I	88312	**	21-999	N/F		\$21.12	\$21.12	\$20.85	\$20.85	-1.28%
T	88312	**	0-20	N		\$55.85	\$55.85	\$55.57	\$55.57	-0.50%

CFR ATTACHMENT 5 - Nonclinical Labs (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT)/ Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
T	88312	**	21-999	N		\$53.19	\$53.19	\$53.00	\$53.00	-0.36%
5	88313	**	0-20	N/F		\$55.29	\$55.29	\$56.13	\$56.13	2%
5	88313	**	21-999	N/F		\$52.66	\$52.66	\$53.46	\$53.46	1.52%
I	88313	**	0-20	N/F		\$9.82	\$9.82	\$9.82	\$9.82	0.00%
I	88313	**	21-999	N/F		\$9.36	\$9.36	\$9.36	\$9.36	0.00%
T	88313	**	0-20	N		\$45.47	\$45.47	\$46.31	\$46.31	1.85%
T	88313	**	21-999	N		\$43.30	\$43.30	\$44.11	\$44.11	1.87%
5	88314	**	0-20	N/F		\$62.03	\$62.03	\$67.92	\$67.92	9.50%
5	88314	**	21-999	N/F		\$59.07	\$59.07	\$64.69	\$64.69	9.51%
I	88314	**	0-20	N/F		\$18.24	\$18.24	\$18.52	\$18.52	1.54%
I	88314	**	21-999	N/F		\$17.37	\$17.37	\$17.64	\$17.64	1.55%
T	88314	**	0-20	N		\$43.78	\$43.78	\$49.40	\$49.40	13%
T	88314	**	21-999	N		\$41.70	\$41.70	\$47.05	\$47.05	12.83%
5	88319	**	0-20	N/F		\$70.45	\$70.45	\$70.17	\$70.17	0%
5	88319	**	21-999	N/F		\$67.09	\$67.09	\$66.83	\$66.83	-0.39%
I	88319	**	0-20	N/F		\$21.89	\$21.89	\$21.89	\$21.89	0.00%
I	88319	**	21-999	N/F		\$20.85	\$20.85	\$20.85	\$20.85	0.00%
T	88319	**	0-20	N		\$48.56	\$48.56	\$48.28	\$48.28	-0.58%
T	88319	**	21-999	N		\$46.24	\$46.24	\$45.98	\$45.98	-0.56%
5	88331	**	0-20	N/F		\$77.18	\$77.18	\$77.75	\$77.75	0.74%
5	88331	**	21-999	N/F		\$73.51	\$73.51	\$74.04	\$74.04	0.72%
I	88331	**	0-20	F		\$51.64	\$51.64	\$51.92	\$51.92	0.54%
I	88331	**	21-999	F		\$49.18	\$49.18	\$49.45	\$49.45	0.55%
T	88331	**	0-20	N		\$25.54	\$25.54	\$25.82	\$25.82	1.10%
T	88331	**	21-999	N		\$24.32	\$24.32	\$24.59	\$24.59	1.11%
5	88332	**	0-20	N/F		\$41.82	\$41.82	\$42.38	\$42.38	1.34%
5	88332	**	21-999	N/F		\$39.83	\$39.83	\$40.36	\$40.36	1.33%
I	88332	**	0-20	F		\$25.54	\$25.54	\$25.54	\$25.54	0.00%
I	88332	**	21-999	F		\$24.32	\$24.32	\$24.32	\$24.32	0.00%
T	88332	**	0-20	N		\$16.28	\$16.28	\$16.84	\$16.84	3.44%
T	88332	**	21-999	N		\$15.50	\$15.50	\$16.04	\$16.04	3.48%
5	88341	**	0-20	N/F		\$72.13	\$72.13	\$73.82	\$73.82	2.34%
5	88341	**	21-999	N/F		\$68.70	\$68.70	\$70.30	\$70.30	2.33%
I	88341	**	0-20	N/F		\$23.30	\$23.30	\$23.30	\$23.30	0.00%
I	88341	**	21-999	N/F		\$22.19	\$22.19	\$22.19	\$22.19	0.00%
T	88341	**	0-20	N/F		\$48.84	\$48.84	\$50.52	\$50.52	3.44%
T	88341	**	21-999	N/F		\$46.51	\$46.51	\$48.11	\$48.11	3.44%
5	88342	**	0-20	N/F		\$84.76	\$84.76	\$87.01	\$87.01	2.65%
5	88342	**	21-999	N/F		\$80.73	\$80.73	\$82.86	\$82.86	2.64%
I	88342	**	0-20	N/F		\$29.19	\$29.19	\$29.19	\$29.19	0.00%
I	88342	**	21-999	N/F		\$27.80	\$27.80	\$27.80	\$27.80	0.00%
T	88342	**	0-20	N		\$55.57	\$55.57	\$57.82	\$57.82	4.05%
T	88342	**	21-999	N		\$52.93	\$52.93	\$55.06	\$55.06	4.02%
5	88344	**	0-20	N/F		\$136.69	\$136.69	\$139.21	\$139.21	1.84%
5	88344	**	21-999	N/F		\$130.18	\$130.18	\$132.58	\$132.58	1.84%
I	88344	**	0-20	N/F		\$32.00	\$32.00	\$32.00	\$32.00	0.00%
I	88344	**	21-999	N/F		\$30.47	\$30.47	\$30.47	\$30.47	0.00%
T	88344	**	0-20	N/F		\$104.69	\$104.69	\$107.22	\$107.22	2.42%
T	88344	**	21-999	N/F		\$99.70	\$99.70	\$102.11	\$102.11	2%
5	88346	**	0-20	N/F		\$74.94	\$74.94	\$74.66	\$74.66	0%
5	88346	**	21-999	N/F		\$71.37	\$71.37	\$71.10	\$71.10	-0.38%
I	88346	**	0-20	N/F		\$29.75	\$29.75	\$29.47	\$29.47	-0.94%
I	88346	**	21-999	N/F		\$28.33	\$28.33	\$28.07	\$28.07	-0.92%
T	88346	**	0-20	N		\$45.19	\$45.19	\$45.19	\$45.19	0.00%
T	88346	**	21-999	N		\$43.04	\$43.04	\$43.04	\$43.04	0.00%
5	88348	**	0-20	N/F		\$274.78	\$274.78	\$276.18	\$276.18	0.51%
5	88348	**	21-999	N/F		\$261.69	\$261.69	\$263.03	\$263.03	0.51%
I	88348	**	0-20	N/F		\$62.31	\$62.31	\$62.31	\$62.31	0.00%
I	88348	**	21-999	N/F		\$59.34	\$59.34	\$59.34	\$59.34	0.00%
T	88348	**	0-20	N		\$212.47	\$212.47	\$213.87	\$213.87	0.66%
T	88348	**	21-999	N		\$202.35	\$202.35	\$203.69	\$203.69	0.66%
5	88350	**	0-20	N/F		\$58.10	\$58.10	\$57.54	\$57.54	-0.96%
5	88350	**	21-999	N/F		\$55.33	\$55.33	\$54.80	\$54.80	-0.96%
I	88350	**	0-20	N/F		\$23.58	\$23.58	\$23.58	\$23.58	0.00%
I	88350	**	21-999	N/F		\$22.45	\$22.45	\$22.45	\$22.45	0.00%
T	88350	**	0-20	N		\$34.52	\$34.52	\$33.96	\$33.96	-1.62%
T	88350	**	21-999	N		\$32.88	\$32.88	\$32.34	\$32.34	-1.64%
5	88355	**	0-20	N/F		\$113.11	\$113.11	\$104.69	\$104.69	-7.44%
5	88355	**	21-999	N/F		\$107.72	\$107.72	\$99.70	\$99.70	-7.45%
I	88355	**	0-20	N/F		\$66.24	\$66.24	\$66.80	\$66.80	0.85%
I	88355	**	21-999	N/F		\$63.08	\$63.08	\$63.62	\$63.62	0.86%
T	88355	**	0-20	N		\$46.87	\$46.87	\$37.89	\$37.89	-19.16%
T	88355	**	21-999	N		\$44.64	\$44.64	\$36.09	\$36.09	-19.15%
5	88356	**	0-20	N/F		\$165.88	\$165.88	\$175.70	\$175.70	5.92%
5	88356	**	21-999	N/F		\$157.98	\$157.98	\$167.33	\$167.33	5.92%
I	88356	**	0-20	N/F		\$97.67	\$97.67	\$101.04	\$101.04	3.45%
I	88356	**	21-999	N/F		\$93.02	\$93.02	\$96.23	\$96.23	3.45%
T	88356	**	0-20	N		\$68.20	\$68.20	\$74.66	\$74.66	9.47%
T	88356	**	21-999	N		\$64.96	\$64.96	\$71.10	\$71.10	9.45%
5	88358	**	0-20	N/F		\$67.36	\$67.36	\$75.50	\$75.50	12.08%
5	88358	**	21-999	N/F		\$64.15	\$64.15	\$71.91	\$71.91	12.10%
5	88360	**	0-20	N/F		\$95.43	\$95.43	\$106.37	\$106.37	11.46%
5	88360	**	21-999	N/F		\$90.88	\$90.88	\$101.31	\$101.31	11.48%
I	88360	**	0-20	N/F		\$44.91	\$44.91	\$36.49	\$36.49	-18.75%
I	88360	**	21-999	N/F		\$42.77	\$42.77	\$34.75	\$34.75	-18.75%
T	88360	**	0-20	N		\$66.24	\$66.24	\$69.89	\$69.89	5.51%
T	88360	**	21-999	N		\$63.08	\$63.08	\$66.56	\$66.56	5.52%
5	88361	**	0-20	N/F		\$122.65	\$122.65	\$115.64	\$115.64	-5.72%
5	88361	**	21-999	N/F		\$116.81	\$116.81	\$110.13	\$110.13	-5.72%
I	88361	**	0-20	N/F		\$47.71	\$47.71	\$38.73	\$38.73	-18.82%
I	88361	**	21-999	N/F		\$45.44	\$45.44	\$36.89	\$36.89	-18.82%
T	88361	**	0-20	N		\$74.94	\$74.94	\$76.90	\$76.90	2.62%
T	88361	**	21-999	N		\$71.37	\$71.37	\$73.24	\$73.24	2.62%
5	88362	**	0-20	N/F		\$183.56	\$183.56	\$166.44	\$166.44	-9.33%
5	88362	**	21-999	N/F		\$174.82	\$174.82	\$158.51	\$158.51	-9.33%
I	88362	**	0-20	N/F		\$89.53	\$89.53	\$90.38	\$90.38	0.95%
I	88362	**	21-999	N/F		\$85.27	\$85.27	\$86.07	\$86.07	0.94%
5	88364	**	0-20	N/F		\$104.13	\$104.13	\$105.25	\$105.25	1.08%
5	88364	**	21-999	N/F		\$99.17	\$99.17	\$100.24	\$100.24	1.08%
I	88364	**	0-20	N/F		\$28.63	\$28.63	\$28.63	\$28.63	0.00%
I	88364	**	21-999	N/F		\$27.27	\$27.27	\$27.27	\$27.27	0.00%
T	88364	**	0-20	N/F		\$75.50	\$75.50	\$76.62	\$76.62	1.48%
T	88364	**	21-999	N/F		\$71.91	\$71.91	\$72.97	\$72.97	1.47%
5	88365	**	0-20	N/F		\$139.77	\$139.77	\$143.14	\$143.14	2.41%
5	88365	**	21-999	N/F		\$133.12	\$133.12	\$136.33	\$136.33	2.41%

CFR ATTACHMENT 5 - Nonclinical Labs (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
I	88365	**	0-20	N/F		\$36.21	\$36.21	\$36.21	\$36.21	0.00%
I	88365	**	21-999	N/F		\$34.48	\$34.48	\$34.48	\$34.48	0.00%
T	88365	**	0-20	N		\$104.41	\$104.41	\$106.94	\$106.94	2.42%
T	88365	**	21-999	N		\$99.44	\$99.44	\$101.84	\$101.84	2.41%
5	88366	**	0-20	N/F		\$203.49	\$203.49	\$209.10	\$209.10	2.76%
5	88366	**	21-999	N/F		\$193.80	\$193.80	\$199.14	\$199.14	2.76%
I	88366	**	0-20	N/F		\$50.80	\$50.80	\$51.08	\$51.08	0.55%
I	88366	**	21-999	N/F		\$48.38	\$48.38	\$48.65	\$48.65	0.56%
T	88366	**	0-20	N/F		\$152.69	\$152.69	\$158.02	\$158.02	3.49%
T	88366	**	21-999	N/F		\$145.41	\$145.41	\$150.49	\$150.49	3.49%
5	88367	**	0-20	N/F		\$83.92	\$83.92	\$85.32	\$85.32	1.67%
5	88367	**	21-999	N/F		\$79.92	\$79.92	\$81.26	\$81.26	1.68%
I	88367	**	0-20	N/F		\$28.35	\$28.35	\$28.35	\$28.35	0.00%
I	88367	**	21-999	N/F		\$27.00	\$27.00	\$27.00	\$27.00	0.00%
T	88367	**	0-20	N		\$55.57	\$55.57	\$56.98	\$56.98	2.54%
T	88367	**	21-999	N		\$52.93	\$52.93	\$54.26	\$54.26	2.51%
5	88368	**	0-20	N/F		\$92.62	\$92.62	\$96.27	\$96.27	3.94%
5	88368	**	21-999	N/F		\$88.21	\$88.21	\$91.69	\$91.69	3.95%
I	88368	**	0-20	N/F		\$33.12	\$33.12	\$33.96	\$33.96	2.54%
I	88368	**	21-999	N/F		\$31.54	\$31.54	\$32.34	\$32.34	2.54%
T	88368	**	0-20	N		\$59.50	\$59.50	\$62.31	\$62.31	4.72%
T	88368	**	21-999	N		\$56.67	\$56.67	\$59.34	\$59.34	4.71%
5	88369	**	0-20	N/F		\$84.76	\$84.76	\$87.01	\$87.01	2.65%
5	88369	**	21-999	N/F		\$80.73	\$80.73	\$82.86	\$82.86	2.64%
I	88369	**	0-20	N/F		\$26.10	\$26.10	\$26.38	\$26.38	1.07%
I	88369	**	21-999	N/F		\$24.86	\$24.86	\$25.13	\$25.13	1.09%
T	88369	**	0-20	N/F		\$58.66	\$58.66	\$60.63	\$60.63	3.36%
T	88369	**	21-999	N/F		\$55.87	\$55.87	\$57.74	\$57.74	3.35%
5	88373	**	0-20	N/F		\$62.59	\$62.59	\$62.59	\$62.59	0.00%
5	88373	**	21-999	N/F		\$59.61	\$59.61	\$59.61	\$59.61	0.00%
I	88373	**	0-20	N/F		\$22.45	\$22.45	\$22.45	\$22.45	0.00%
I	88373	**	21-999	N/F		\$21.38	\$21.38	\$21.38	\$21.38	0.00%
T	88373	**	0-20	N/F		\$40.14	\$40.14	\$40.14	\$40.14	0.00%
T	88373	**	21-999	N/F		\$38.22	\$38.22	\$38.22	\$38.22	0.00%
5	88374	**	0-20	N/F		\$268.60	\$268.60	\$273.94	\$273.94	1.99%
5	88374	**	21-999	N/F		\$255.81	\$255.81	\$260.89	\$260.89	1.99%
I	88374	**	0-20	N/F		\$36.21	\$36.21	\$35.93	\$35.93	-0.77%
I	88374	**	21-999	N/F		\$34.48	\$34.48	\$34.22	\$34.22	-0.75%
T	88374	**	0-20	N/F		\$232.40	\$232.40	\$238.01	\$238.01	2.41%
T	88374	**	21-999	N/F		\$221.33	\$221.33	\$226.67	\$226.67	2.41%
5	88377	**	0-20	N/F		\$320.81	\$320.81	\$325.58	\$325.58	1.49%
5	88377	**	21-999	N/F		\$305.53	\$305.53	\$310.07	\$310.07	1.49%
I	88377	**	0-20	N/F		\$52.20	\$52.20	\$52.20	\$52.20	0.00%
I	88377	**	21-999	N/F		\$49.72	\$49.72	\$49.72	\$49.72	0.00%
T	88377	**	0-20	N/F		\$268.60	\$268.60	\$273.37	\$273.37	1.78%
T	88377	**	21-999	N/F		\$255.81	\$255.81	\$260.36	\$260.36	1.78%
5	88387	**	0-20	N/F		\$30.31	\$30.31	\$27.79	\$27.79	-8.31%
5	88387	**	21-999	N/F		\$28.87	\$28.87	\$26.46	\$26.46	-8.35%
I	88387	**	0-20	N/F		\$24.42	\$24.42	\$23.02	\$23.02	-5.73%
I	88387	**	21-999	N/F		\$23.26	\$23.26	\$21.92	\$21.92	-5.76%
T	88387	**	0-20	N		\$5.89	\$5.89	\$4.77	\$4.77	-19.02%
T	88387	**	21-999	N		\$5.61	\$5.61	\$4.54	\$4.54	-19.07%
5	88388	**	0-20	N/F		\$27.51	\$27.51	\$27.51	\$27.51	0.00%
5	88388	**	21-999	N/F		\$26.20	\$26.20	\$26.20	\$26.20	0.00%
I	88388	**	0-20	N/F		\$19.65	\$19.65	\$19.65	\$19.65	0.00%
I	88388	**	21-999	N/F		\$18.71	\$18.71	\$18.71	\$18.71	0%
T	88388	**	0-20	N		\$7.86	\$7.86	\$7.86	\$7.86	0.00%
T	88388	**	21-999	N		\$7.48	\$7.48	\$7.48	\$7.48	0%
5	88399	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
I	88399	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
I	88399	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	88749	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	89049	**	0-20	N		\$211.63	\$211.63	\$193.38	\$193.38	-9%
5	89049	**	0-20	F		\$52.49	\$52.49	\$49.68	\$49.68	-5%
5	89049	**	21-999	N		\$201.55	\$201.55	\$184.00	\$184.00	-8.71%
5	89049	**	21-999	F		\$49.99	\$49.99	\$47.31	\$47.31	-5.36%
5	89220	**	0-20	N/F		\$12.91	\$12.91	\$12.91	\$12.91	0.00%
5	89220	**	21-999	N/F		\$12.30	\$12.30	\$12.30	\$12.30	0.00%
D	89220	**	0-20	N	AB	\$12.91	\$12.26	\$12.91	\$12.26	0.00%
D	89220	**	21-999	N	AB	\$12.30	\$11.69	\$12.30	\$11.69	0%
D	89220	**	0-20	N	AC	\$12.91	\$12.26	\$12.91	\$12.26	0%
D	89220	**	21-999	N	AC	\$12.30	\$11.69	\$12.30	\$11.69	0.00%
5	89230	**	0-20	N/F		\$3.37	\$3.37	\$2.81	\$2.81	-16.62%
5	89230	**	21-999	N/F		\$3.21	\$3.21	\$2.67	\$2.67	-16.82%
5	89240	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	92550	**	0-20	N/F		\$16.84	\$16.84	\$17.12	\$17.12	1.66%
5	92550	**	21-999	N/F		\$16.04	\$16.04	\$16.31	\$16.31	1.68%
5	92551	**	0-20	N/F		\$9.54	\$9.54	\$9.82	\$9.82	2.94%
5	92551	**	21-999	N/F		\$9.09	\$9.09	\$9.36	\$9.36	2.97%
5	92552	**	0-20	N/F		\$24.98	\$24.98	\$25.26	\$25.26	1.12%
5	92552	**	21-999	N/F		\$23.79	\$23.79	\$24.06	\$24.06	1.13%
5	92553	**	0-20	N/F		\$29.75	\$29.75	\$30.31	\$30.31	1.88%
5	92553	**	21-999	N/F		\$28.33	\$28.33	\$28.87	\$28.87	1.91%
5	92555	**	0-20	N/F		\$18.52	\$18.52	\$19.09	\$19.09	3.08%
5	92555	**	21-999	N/F		\$17.64	\$17.64	\$18.18	\$18.18	3.06%
5	92556	**	0-20	N/F		\$30.03	\$30.03	\$30.31	\$30.31	0.93%
5	92556	**	21-999	N/F		\$28.60	\$28.60	\$28.87	\$28.87	0.94%
5	92557	**	0-20	N		\$30.03	\$30.03	\$30.03	\$30.03	0.00%
5	92557	**	0-20	F		\$26.10	\$26.10	\$26.10	\$26.10	0.00%
5	92557	**	21-999	N		\$28.60	\$28.60	\$28.60	\$28.60	0.00%
5	92557	**	21-999	F		\$24.86	\$24.86	\$24.86	\$24.86	0.00%
5	92563	**	0-20	N/F		\$24.42	\$24.42	\$24.70	\$24.70	1.15%
5	92563	**	21-999	N/F		\$23.26	\$23.26	\$23.52	\$23.52	1.12%
5	92564	**	0-20	N/F		\$21.61	\$21.61	\$20.77	\$20.77	-3.89%
5	92564	**	21-999	N/F		\$20.58	\$20.58	\$19.78	\$19.78	-3.89%
5	92565	**	0-20	N/F		\$12.35	\$12.35	\$12.35	\$12.35	0.00%
5	92565	**	21-999	N/F		\$11.76	\$11.76	\$11.76	\$11.76	0.00%
5	92567	**	0-20	N		\$11.51	\$11.51	\$11.51	\$11.51	0.00%
5	92567	**	0-20	F		\$8.70	\$8.70	\$8.70	\$8.70	0.00%
5	92567	**	21-999	N		\$10.96	\$10.96	\$10.96	\$10.96	0.00%

CFR ATTACHMENT 5 - Nonclinical Labs (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
5	92567	**	21-999	F		\$8.29	\$8.29	\$8.29	\$8.29	0.00%
5	92568	**	0-20	N		\$12.63	\$12.63	\$12.63	\$12.63	0.00%
5	92568	**	0-20	F		\$12.35	\$12.35	\$12.35	\$12.35	0.00%
5	92568	**	21-999	N		\$12.03	\$12.03	\$12.03	\$12.03	0.00%
5	92568	**	21-999	F		\$11.76	\$11.76	\$11.76	\$11.76	0.00%
5	92570	**	0-20	N		\$25.54	\$25.54	\$25.54	\$25.54	0.00%
5	92570	**	0-20	F		\$23.86	\$23.86	\$23.86	\$23.86	0.00%
5	92570	**	21-999	N		\$24.32	\$24.32	\$24.32	\$24.32	0.00%
5	92570	**	21-999	F		\$22.72	\$22.72	\$22.72	\$22.72	0.00%
5	92571	**	0-20	N/F		\$21.61	\$21.61	\$21.89	\$21.89	1.30%
5	92571	**	21-999	N/F		\$20.58	\$20.58	\$20.85	\$20.85	1.31%
5	92572	**	0-20	N/F		\$24.98	\$24.98	\$42.10	\$42.10	68.53%
5	92572	**	21-999	N/F		\$23.79	\$23.79	\$40.10	\$40.10	68.56%
5	92575	**	0-20	N/F		\$46.31	\$46.31	\$37.61	\$37.61	-18.79%
5	92575	**	21-999	N/F		\$44.11	\$44.11	\$35.82	\$35.82	-18.79%
5	92576	**	0-20	N/F		\$28.91	\$28.91	\$30.03	\$30.03	3.87%
5	92576	**	21-999	N/F		\$27.53	\$27.53	\$28.60	\$28.60	3.89%
5	92577	**	0-20	N/F		\$12.07	\$12.07	\$11.51	\$11.51	-4.64%
5	92577	**	21-999	N/F		\$11.49	\$11.49	\$10.96	\$10.96	-4.61%
5	92579	**	0-20	N		\$36.21	\$36.21	\$36.49	\$36.49	0.77%
5	92579	**	0-20	F		\$30.59	\$30.59	\$30.59	\$30.59	0.00%
5	92579	**	21-999	N		\$34.48	\$34.48	\$34.75	\$34.75	0.78%
5	92579	**	21-999	F		\$29.14	\$29.14	\$29.14	\$29.14	0.00%
5	92582	**	0-20	N/F		\$53.05	\$53.05	\$54.17	\$54.17	2.11%
5	92582	**	21-999	N/F		\$50.52	\$50.52	\$51.59	\$51.59	2.12%
5	92583	**	0-20	N/F		\$39.86	\$39.86	\$39.29	\$39.29	-1.43%
5	92583	**	21-999	N/F		\$37.96	\$37.96	\$37.42	\$37.42	-1.42%
5	92584	**	0-20	N/F		\$58.38	\$58.38	\$58.94	\$58.94	0.96%
5	92584	**	21-999	N/F		\$55.60	\$55.60	\$56.13	\$56.13	0.95%
5	92585	**	0-20	N/F		\$107.50	\$107.50	\$107.78	\$107.78	0.26%
5	92585	**	21-999	N/F		\$102.38	\$102.38	\$102.65	\$102.65	0.26%
I	92585	**	0-20	N/F		\$21.33	\$21.33	\$21.33	\$21.33	0.00%
I	92585	**	21-999	N/F		\$20.32	\$20.32	\$20.32	\$20.32	0.00%
T	92585	**	0-20	N		\$86.17	\$86.17	\$86.45	\$86.45	0.32%
T	92585	**	21-999	N		\$82.06	\$82.06	\$82.33	\$82.33	0.33%
5	92586	**	0-20	N/F		\$68.48	\$68.48	\$71.01	\$71.01	3.69%
5	92586	**	21-999	N/F		\$65.22	\$65.22	\$67.63	\$67.63	3.70%
5	92587	**	0-20	N/F		\$17.12	\$17.12	\$17.12	\$17.12	0.00%
5	92587	**	21-999	N/F		\$16.31	\$16.31	\$16.31	\$16.31	0.00%
I	92587	**	0-20	N/F		\$14.59	\$14.59	\$14.59	\$14.59	0.00%
I	92587	**	21-999	N/F		\$13.90	\$13.90	\$13.90	\$13.90	0.00%
T	92587	**	0-20	N		\$2.53	\$2.53	\$2.53	\$2.53	0.00%
T	92587	**	21-999	N		\$2.41	\$2.41	\$2.41	\$2.41	0.00%
5	92588	**	0-20	N/F		\$26.38	\$26.38	\$26.10	\$26.10	-1.06%
5	92588	**	21-999	N/F		\$25.13	\$25.13	\$24.86	\$24.86	-1.07%
I	92588	**	0-20	N/F		\$23.30	\$23.30	\$23.02	\$23.02	-1.20%
I	92588	**	21-999	N/F		\$22.19	\$22.19	\$21.92	\$21.92	-1.22%
T	92588	**	0-20	N		\$3.09	\$3.09	\$3.09	\$3.09	0.00%
T	92588	**	21-999	N		\$2.94	\$2.94	\$2.94	\$2.94	0.00%
5	93000	**	0-20	N/F		\$13.47	\$13.47	\$13.47	\$13.47	0.00%
5	93000	**	21-999	N/F		\$12.83	\$12.83	\$12.83	\$12.83	0.00%
T	93005	**	0-20	N/F		\$6.74	\$6.74	\$6.74	\$6.74	0.00%
T	93005	**	21-999	N/F		\$6.42	\$6.42	\$6.42	\$6.42	0.00%
I	93010	**	0-20	N/F		\$6.74	\$6.74	\$6.74	\$6.74	0.00%
I	93010	**	21-999	N/F		\$6.42	\$6.42	\$6.42	\$6.42	0.00%
5	93561	**	0-20	N/F		\$29.31	\$29.31	\$28.90	\$28.90	-1.40%
5	93561	**	21-999	N/F		\$27.92	\$27.92	\$27.53	\$27.53	-1.40%
I	93561	**	0-20	N/F		\$10.38	\$10.38	\$9.82	\$9.82	-5.39%
I	93561	**	21-999	N/F		\$9.89	\$9.89	\$9.36	\$9.36	-5.36%
T	93561	**	0-20	N		\$18.93	\$18.93	\$19.08	\$19.08	0.79%
T	93561	**	21-999	N		\$18.03	\$18.03	\$18.17	\$18.17	0.78%
5	93562	**	0-20	N/F		\$12.59	\$12.59	\$12.62	\$12.62	0.24%
5	93562	**	21-999	N/F		\$11.99	\$11.99	\$12.02	\$12.02	0.25%
I	93562	**	0-20	N/F		\$0.84	\$0.84	\$0.84	\$0.84	0.00%
I	93562	**	21-999	N/F		\$0.80	\$0.80	\$0.80	\$0.80	0.00%
T	93562	**	0-20	N		\$11.75	\$11.75	\$11.78	\$11.78	0.26%
T	93562	**	21-999	N		\$11.19	\$11.19	\$11.22	\$11.22	0.27%
5	93701	**	0-20	N/F		\$19.37	\$19.37	\$19.37	\$19.37	0.00%
5	93701	**	21-999	N/F		\$18.44	\$18.44	\$18.44	\$18.44	0.00%
5	93724	**	0-20	N/F		\$215.84	\$215.84	\$216.96	\$216.96	0.52%
5	93724	**	21-999	N/F		\$205.56	\$205.56	\$206.63	\$206.63	0.52%
I	93724	**	0-20	N/F		\$193.66	\$193.66	\$193.94	\$193.94	0.14%
I	93724	**	21-999	N/F		\$184.44	\$184.44	\$184.71	\$184.71	0.15%
T	93724	**	0-20	N/F		\$22.17	\$22.17	\$23.02	\$23.02	3.83%
T	93724	**	21-999	N/F		\$21.12	\$21.12	\$21.92	\$21.92	3.79%
5	93740	**	0-20	N/F		\$6.46	\$6.46	\$6.46	\$6.46	0.00%
5	93740	**	21-999	N/F		\$6.15	\$6.15	\$6.15	\$6.15	0.00%
5	93770	**	0-20	N/F		\$6.46	\$6.46	\$6.46	\$6.46	0.00%
5	93770	**	21-999	N/F		\$6.15	\$6.15	\$6.15	\$6.15	0.00%
5	93784	**	0-20	N/F		\$42.66	\$42.66	\$42.66	\$42.66	0.00%
5	93784	**	21-999	N/F		\$40.63	\$40.63	\$40.63	\$40.63	0.00%
5	93786	**	0-20	N/F		\$23.58	\$23.58	\$23.58	\$23.58	0.00%
5	93786	**	21-999	N/F		\$22.45	\$22.45	\$22.45	\$22.45	0.00%
5	93788	**	0-20	N/F		\$4.21	\$4.21	\$4.21	\$4.21	0.00%
5	93788	**	21-999	N/F		\$4.01	\$4.01	\$4.01	\$4.01	0.00%
5	93790	**	0-20	N/F		\$14.88	\$14.88	\$14.88	\$14.88	0.00%
5	93790	**	21-999	N/F		\$14.17	\$14.17	\$14.17	\$14.17	0.00%
5	93797	**	0-20	F		\$7.02	\$7.02	\$7.02	\$7.02	0.00%
5	93797	**	21-999	F		\$6.68	\$6.68	\$6.68	\$6.68	0.00%
5	93798	**	0-20	F		\$11.23	\$11.23	\$11.23	\$11.23	0.00%
5	93798	**	21-999	F		\$10.69	\$10.69	\$10.69	\$10.69	0.00%
5	93799	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
I	93799	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
T	93799	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	94010	**	0-20	N/F		\$28.35	\$28.35	\$28.63	\$28.63	0.99%
5	94010	**	21-999	N/F		\$27.00	\$27.00	\$27.27	\$27.27	1.00%
I	94010	**	0-20	N/F		\$6.74	\$6.74	\$6.74	\$6.74	0.00%
I	94010	**	21-999	N/F		\$6.42	\$6.42	\$6.42	\$6.42	0.00%
T	94010	**	0-20	N/F		\$21.61	\$21.61	\$21.89	\$21.89	1.30%
T	94010	**	21-999	N/F		\$20.58	\$20.58	\$20.85	\$20.85	1.31%
5	94014	**	0-20	N/F		\$44.91	\$44.91	\$44.91	\$44.91	0.00%

CFR ATTACHMENT 5 - Nonclinical Labs (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
5	94014	**	21-999	N/F		\$42.77	\$42.77	\$42.77	\$42.77	0.00%
5	94015	**	0-20	N/F		\$24.70	\$24.70	\$24.70	\$24.70	0.00%
5	94015	**	21-999	N/F		\$23.52	\$23.52	\$23.52	\$23.52	0.00%
5	94016	**	0-20	N		\$20.21	\$20.21	\$20.21	\$20.21	0.00%
5	94016	**	21-999	N		\$19.25	\$19.25	\$19.25	\$19.25	0.00%
5	94060	**	0-20	N/F		\$48.28	\$48.28	\$48.28	\$48.28	0.00%
5	94060	**	21-999	N/F		\$45.98	\$45.98	\$45.98	\$45.98	0.00%
I	94060	**	0-20	N/F		\$10.38	\$10.38	\$10.38	\$10.38	0.00%
I	94060	**	21-999	N/F		\$9.89	\$9.89	\$9.89	\$9.89	0.00%
T	94060	**	0-20	N/F		\$37.89	\$37.89	\$37.89	\$37.89	0.00%
T	94060	**	21-999	N/F		\$36.09	\$36.09	\$36.09	\$36.09	0.00%
5	94070	**	0-20	N/F		\$47.71	\$47.71	\$48.28	\$48.28	1.19%
5	94070	**	21-999	N/F		\$45.44	\$45.44	\$45.98	\$45.98	1.19%
I	94070	**	0-20	N/F		\$23.02	\$23.02	\$23.02	\$23.02	0.00%
I	94070	**	21-999	N/F		\$21.92	\$21.92	\$21.92	\$21.92	0.00%
T	94070	**	0-20	N/F		\$24.70	\$24.70	\$25.26	\$25.26	2.27%
T	94070	**	21-999	N/F		\$23.52	\$23.52	\$24.06	\$24.06	2.30%
5	94150	**	0-20	N/F		\$19.93	\$19.93	\$20.49	\$20.49	2.81%
5	94150	**	21-999	N/F		\$18.98	\$18.98	\$19.51	\$19.51	2.79%
I	94150	**	0-20	N/F		\$3.09	\$3.09	\$3.09	\$3.09	0.00%
I	94150	**	21-999	N/F		\$2.94	\$2.94	\$2.94	\$2.94	0.00%
T	94150	**	0-20	N/F		\$16.84	\$16.84	\$17.40	\$17.40	3.33%
T	94150	**	21-999	N/F		\$16.04	\$16.04	\$16.57	\$16.57	3.30%
5	94200	**	0-20	N/F		\$20.49	\$20.49	\$21.89	\$21.89	6.83%
5	94200	**	21-999	N/F		\$19.51	\$19.51	\$20.85	\$20.85	6.87%
I	94200	**	0-20	N/F		\$4.49	\$4.49	\$4.49	\$4.49	0.00%
I	94200	**	21-999	N/F		\$4.28	\$4.28	\$4.28	\$4.28	0.00%
T	94200	**	0-20	N/F		\$16.00	\$16.00	\$17.40	\$17.40	8.75%
T	94200	**	21-999	N/F		\$15.24	\$15.24	\$16.57	\$16.57	8.73%
5	94250	**	0-20	N/F		\$21.05	\$21.05	\$22.45	\$22.45	6.65%
5	94250	**	21-999	N/F		\$20.05	\$20.05	\$27.53	\$27.53	37.31%
I	94250	**	0-20	N/F		\$4.49	\$4.49	\$4.49	\$4.49	0.00%
I	94250	**	21-999	N/F		\$4.28	\$4.28	\$4.28	\$4.28	0.00%
T	94250	**	0-20	N/F		\$16.56	\$16.56	\$17.96	\$17.96	8.45%
T	94250	**	21-999	N/F		\$15.77	\$15.77	\$17.11	\$17.11	8.50%
5	94375	**	0-20	N/F		\$31.44	\$31.44	\$31.72	\$31.72	0.89%
5	94375	**	21-999	N/F		\$29.94	\$29.94	\$30.21	\$30.21	0.90%
I	94375	**	0-20	N/F		\$11.79	\$11.79	\$11.79	\$11.79	0.00%
I	94375	**	21-999	N/F		\$11.23	\$11.23	\$11.23	\$11.23	0.00%
T	94375	**	0-20	N/F		\$19.65	\$19.65	\$19.93	\$19.93	1.42%
T	94375	**	21-999	N/F		\$18.71	\$18.71	\$18.98	\$18.98	1.44%
5	94400	**	0-20	N/F		\$45.19	\$45.19	\$46.03	\$46.03	1.86%
5	94400	**	21-999	N/F		\$43.04	\$43.04	\$43.84	\$43.84	1.86%
I	94400	**	0-20	N/F		\$15.72	\$15.72	\$15.72	\$15.72	0.00%
I	94400	**	21-999	N/F		\$14.97	\$14.97	\$14.97	\$14.97	0.00%
T	94400	**	0-20	N/F		\$29.47	\$29.47	\$30.31	\$30.31	2.85%
T	94400	**	21-999	N/F		\$28.07	\$28.07	\$28.87	\$28.87	2.85%
5	94450	**	0-20	N/F		\$55.01	\$55.01	\$56.98	\$56.98	3.58%
5	94450	**	21-999	N/F		\$52.39	\$52.39	\$54.26	\$54.26	3.57%
I	94450	**	0-20	N/F		\$16.00	\$16.00	\$16.00	\$16.00	0.00%
I	94450	**	21-999	N/F		\$15.24	\$15.24	\$15.24	\$15.24	0.00%
T	94450	**	0-20	N/F		\$39.01	\$39.01	\$40.98	\$40.98	5.05%
T	94450	**	21-999	N/F		\$37.16	\$37.16	\$39.03	\$39.03	5.03%
5	94452	**	0-20	N/F		\$45.75	\$45.75	\$46.03	\$46.03	0.61%
5	94452	**	21-999	N/F		\$43.57	\$43.57	\$43.84	\$43.84	0.62%
I	94452	**	0-20	N/F		\$11.51	\$11.51	\$11.51	\$11.51	0.00%
I	94452	**	21-999	N/F		\$10.96	\$10.96	\$10.96	\$10.96	0.00%
T	94452	**	0-20	N		\$34.24	\$34.24	\$34.52	\$34.52	0.82%
T	94452	**	21-999	N		\$32.61	\$32.61	\$32.88	\$32.88	0.83%
5	94453	**	0-20	N/F		\$63.43	\$63.43	\$63.71	\$63.71	0.44%
5	94453	**	21-999	N/F		\$60.41	\$60.41	\$60.68	\$60.68	0.45%
I	94453	**	0-20	N/F		\$15.16	\$15.16	\$15.16	\$15.16	0.00%
I	94453	**	21-999	N/F		\$14.43	\$14.43	\$14.43	\$14.43	0.00%
T	94453	**	0-20	N		\$48.28	\$48.28	\$48.56	\$48.56	0.58%
T	94453	**	21-999	N		\$45.98	\$45.98	\$46.24	\$46.24	0.57%
5	94621	**	0-20	N/F		\$129.11	\$129.11	\$131.35	\$131.35	1.73%
5	94621	**	21-999	N/F		\$122.96	\$122.96	\$125.10	\$125.10	1.74%
I	94621	**	0-20	N/F		\$55.01	\$55.01	\$55.01	\$55.01	0.00%
I	94621	**	21-999	N/F		\$52.39	\$52.39	\$52.39	\$52.39	0.00%
T	94621	**	0-20	N		\$74.10	\$74.10	\$76.34	\$76.34	3.02%
T	94621	**	21-999	N		\$70.57	\$70.57	\$72.71	\$72.71	3.03%
5	94680	**	0-20	N/F		\$45.19	\$45.19	\$46.59	\$46.59	3.10%
5	94680	**	21-999	N/F		\$43.04	\$43.04	\$44.37	\$44.37	3.09%
I	94680	**	0-20	N/F		\$10.10	\$10.10	\$10.10	\$10.10	0.00%
I	94680	**	21-999	N/F		\$9.62	\$9.62	\$9.62	\$9.62	0.00%
T	94680	**	0-20	N/F		\$35.08	\$35.08	\$36.49	\$36.49	4.02%
T	94680	**	21-999	N/F		\$33.41	\$33.41	\$34.75	\$34.75	4.01%
5	94681	**	0-20	N/F		\$42.94	\$42.94	\$45.47	\$45.47	5.89%
5	94681	**	21-999	N/F		\$40.90	\$40.90	\$43.30	\$43.30	5.87%
I	94681	**	0-20	N/F		\$8.14	\$8.14	\$8.14	\$8.14	0.00%
I	94681	**	21-999	N/F		\$7.75	\$7.75	\$7.75	\$7.75	0.00%
T	94681	**	0-20	N/F		\$34.80	\$34.80	\$37.33	\$37.33	7.27%
T	94681	**	21-999	N/F		\$33.15	\$33.15	\$35.55	\$35.55	7.24%
5	94690	**	0-20	N/F		\$40.70	\$40.70	\$44.35	\$44.35	8.97%
5	94690	**	21-999	N/F		\$38.76	\$38.76	\$42.23	\$42.23	8.95%
I	94690	**	0-20	N/F		\$3.09	\$3.09	\$3.09	\$3.09	0.00%
I	94690	**	21-999	N/F		\$2.94	\$2.94	\$2.94	\$2.94	0.00%
T	94690	**	0-20	N/F		\$37.61	\$37.61	\$41.26	\$41.26	9.70%
T	94690	**	21-999	N/F		\$35.82	\$35.82	\$39.29	\$39.29	9.69%
5	94726	**	0-20	N/F		\$41.82	\$41.82	\$43.78	\$43.78	4.69%
5	94726	**	21-999	N/F		\$39.83	\$39.83	\$41.70	\$41.70	4.69%
I	94726	**	0-20	N/F		\$9.82	\$9.82	\$9.82	\$9.82	0.00%
I	94726	**	21-999	N/F		\$9.36	\$9.36	\$9.36	\$9.36	0.00%
T	94726	**	0-20	N/F		\$32.00	\$32.00	\$33.96	\$33.96	6.13%
T	94726	**	21-999	N/F		\$30.47	\$30.47	\$32.34	\$32.34	6.14%
5	94727	**	0-20	N/F		\$33.40	\$33.40	\$35.08	\$35.08	5.03%
5	94727	**	21-999	N/F		\$31.81	\$31.81	\$33.41	\$33.41	5.03%
I	94727	**	0-20	N/F		\$9.82	\$9.82	\$9.82	\$9.82	0.00%
I	94727	**	21-999	N/F		\$9.36	\$9.36	\$9.36	\$9.36	0.00%
T	94727	**	0-20	N/F		\$23.58	\$23.58	\$25.26	\$25.26	7.12%
T	94727	**	21-999	N/F		\$22.45	\$22.45	\$24.06	\$24.06	7.17%
5	94728	**	0-20	N/F		\$31.44	\$31.44	\$32.84	\$32.84	4.45%
5	94728	**	21-999	N/F		\$29.94	\$29.94	\$31.27	\$31.27	4.44%
I	94728	**	0-20	N/F		\$10.10	\$10.10	\$10.10	\$10.10	0.00%
I	94728	**	21-999	N/F		\$9.62	\$9.62	\$9.62	\$9.62	0.00%

CFR ATTACHMENT 5 - Nonclinical Labs (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
T	94728	**	0-20	N/F		\$21.33	\$21.33	\$22.73	\$22.73	6.56%
T	94728	**	21-999	N/F		\$20.32	\$20.32	\$21.65	\$21.65	6.55%
5	94729	**	0-20	N/F		\$43.22	\$43.22	\$43.50	\$43.50	0.65%
5	94729	**	21-999	N/F		\$41.16	\$41.16	\$41.43	\$41.43	0.66%
I	94729	**	0-20	N/F		\$7.30	\$7.30	\$7.30	\$7.30	0.00%
I	94729	**	21-999	N/F		\$6.95	\$6.95	\$6.95	\$6.95	0.00%
T	94729	**	0-20	N/F		\$35.93	\$35.93	\$36.21	\$36.21	0.78%
T	94729	**	21-999	N/F		\$34.22	\$34.22	\$34.48	\$34.48	0.76%
5	94750	**	0-20	N/F		\$62.59	\$62.59	\$65.68	\$65.68	4.94%
5	94750	**	21-999	N/F		\$59.61	\$59.61	\$62.55	\$62.55	4.93%
I	94750	**	0-20	N/F		\$8.70	\$8.70	\$8.70	\$8.70	0.00%
I	94750	**	21-999	N/F		\$8.29	\$8.29	\$8.29	\$8.29	0.00%
T	94750	**	0-20	N/F		\$53.89	\$53.89	\$56.98	\$56.98	5.73%
T	94750	**	21-999	N/F		\$51.32	\$51.32	\$54.26	\$54.26	5.73%
5	94760	**	0-20	N/F		\$2.53	\$2.53	\$2.25	\$2.25	-11.07%
5	94760	**	21-999	N/F		\$2.41	\$2.41	\$2.14	\$2.14	-11.20%
5	94761	**	0-20	N/F		\$3.65	\$3.65	\$3.65	\$3.65	0.00%
5	94761	**	21-999	N/F		\$3.47	\$3.47	\$3.47	\$3.47	0.00%
5	94762	**	0-20	N		\$19.37	\$19.37	\$19.65	\$19.65	1.45%
5	94770	**	0-20	N/F		\$5.89	\$5.89	\$5.89	\$5.89	0.00%
5	94770	**	21-999	N/F		\$5.61	\$5.61	\$5.61	\$5.61	0.00%
5	94772	**	0-999	N/F		\$93.69	\$93.69	\$127.71	\$127.71	36.31%
I	94772	**	0-999	N/F		\$42.25	\$42.25	\$76.63	\$76.63	81.37%
T	94772	**	0-999	N		\$51.44	\$51.44	\$51.08	\$51.08	-0.70%
5	94799	**	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
5	95782	**	0-20	N/F		\$809.74	\$809.74	\$729.47	\$729.47	-9.91%
5	95782	**	21-999	N/F		\$771.17	\$771.17	\$694.73	\$694.73	-9.91%
I	95782	**	0-20	N/F		\$100.76	\$100.76	\$100.76	\$100.76	0.00%
I	95782	**	21-999	N/F		\$95.96	\$95.96	\$95.96	\$95.96	0.00%
T	95782	**	0-20	N		\$708.98	\$708.98	\$628.71	\$628.71	-11.32%
T	95782	**	21-999	N		\$675.21	\$675.21	\$598.76	\$598.76	-11.32%
5	95783	**	0-20	N/F		\$920.32	\$920.32	\$778.02	\$778.02	-15.46%
5	95783	**	21-999	N/F		\$876.49	\$876.49	\$740.97	\$740.97	-15.46%
I	95783	**	0-20	N/F		\$114.51	\$114.51	\$109.74	\$109.74	-4.17%
I	95783	**	21-999	N/F		\$109.06	\$109.06	\$104.52	\$104.52	-4.16%
T	95783	**	0-20	N		\$805.81	\$805.81	\$668.28	\$668.28	-17.07%
T	95783	**	21-999	N		\$767.43	\$767.43	\$636.45	\$636.45	-17.07%
5	95803	**	0-20	N/F		\$111.71	\$111.71	\$113.95	\$113.95	2.01%
5	95803	**	21-999	N/F		\$106.39	\$106.39	\$108.53	\$108.53	2.01%
I	95803	**	0-20	N/F		\$34.80	\$34.80	\$35.08	\$35.08	0.80%
I	95803	**	21-999	N/F		\$33.15	\$33.15	\$33.41	\$33.41	0.78%
T	95803	**	0-20	N/F		\$76.90	\$76.90	\$78.87	\$78.87	2.56%
T	95803	**	21-999	N/F		\$73.24	\$73.24	\$75.11	\$75.11	2.55%
5	95805	**	0-20	N/F		\$339.33	\$339.33	\$343.54	\$343.54	1.24%
5	95805	**	21-999	N/F		\$323.17	\$323.17	\$327.18	\$327.18	1.24%
I	95805	**	0-20	N/F		\$47.15	\$47.15	\$47.15	\$47.15	0.00%
I	95805	**	21-999	N/F		\$44.91	\$44.91	\$44.91	\$44.91	0.00%
T	95805	**	0-20	N		\$292.18	\$292.18	\$296.39	\$296.39	1.44%
T	95805	**	21-999	N		\$278.26	\$278.26	\$282.27	\$282.27	1.44%
5	95807	**	0-20	F		\$368.80	\$368.80	\$366.28	\$366.28	-0.68%
5	95807	**	21-999	F		\$351.24	\$351.24	\$348.83	\$348.83	-0.69%
I	95807	**	0-20	N/F		\$49.68	\$49.68	\$49.68	\$49.68	0.00%
I	95807	**	21-999	N/F		\$47.31	\$47.31	\$47.31	\$47.31	0.00%
5	95808	**	0-20	N/F		\$507.45	\$507.45	\$557.41	\$557.41	9.85%
5	95808	**	21-999	N/F		\$483.29	\$483.29	\$530.87	\$530.87	9.85%
I	95808	**	0-20	N/F		\$70.45	\$70.45	\$70.73	\$70.73	0.40%
I	95808	**	21-999	N/F		\$67.09	\$67.09	\$67.36	\$67.36	0.40%
T	95808	**	0-20	N		\$437.01	\$437.01	\$486.69	\$486.69	11.37%
T	95808	**	21-999	N		\$416.19	\$416.19	\$463.51	\$463.51	11.37%
5	95810	**	0-20	N/F		\$493.70	\$493.70	\$498.19	\$498.19	0.91%
5	95810	**	21-999	N/F		\$470.19	\$470.19	\$474.47	\$474.47	0.91%
I	95810	**	0-20	N/F		\$97.11	\$97.11	\$97.11	\$97.11	0.00%
I	95810	**	21-999	N/F		\$92.49	\$92.49	\$92.49	\$92.49	0.00%
T	95810	**	0-20	N		\$396.59	\$396.59	\$401.08	\$401.08	1.13%
T	95810	**	21-999	N		\$377.70	\$377.70	\$381.98	\$381.98	1.13%
5	95811	**	0-20	N/F		\$518.68	\$518.68	\$523.17	\$523.17	0.87%
5	95811	**	21-999	N/F		\$493.98	\$493.98	\$498.26	\$498.26	0.87%
I	95811	**	0-20	N/F		\$101.04	\$101.04	\$101.04	\$101.04	0.00%
I	95811	**	21-999	N/F		\$96.23	\$96.23	\$96.23	\$96.23	0.00%
T	95811	**	0-20	N		\$417.64	\$417.64	\$422.13	\$422.13	1.08%
T	95811	**	21-999	N		\$397.75	\$397.75	\$402.03	\$402.03	1.08%
5	95812	**	0-20	N/F		\$256.81	\$256.81	\$257.10	\$257.10	0.11%
5	95812	**	21-999	N/F		\$244.58	\$244.58	\$244.85	\$244.85	0.11%
I	95812	**	0-20	N/F		\$46.03	\$46.03	\$46.31	\$46.31	0.61%
I	95812	**	21-999	N/F		\$43.84	\$43.84	\$44.11	\$44.11	0.62%
T	95812	**	0-20	N/F		\$210.78	\$210.78	\$210.78	\$210.78	0.00%
T	95812	**	21-999	N/F		\$200.75	\$200.75	\$200.75	\$200.75	0.00%
5	95813	**	0-20	N/F		\$323.61	\$323.61	\$323.05	\$323.05	-0.17%
5	95813	**	21-999	N/F		\$308.20	\$308.20	\$307.67	\$307.67	-0.17%
I	95813	**	0-20	N/F		\$69.61	\$69.61	\$69.33	\$69.33	-0.40%
I	95813	**	21-999	N/F		\$66.29	\$66.29	\$66.02	\$66.02	-0.41%
T	95813	**	0-20	N/F		\$254.01	\$254.01	\$253.73	\$253.73	-0.11%
T	95813	**	21-999	N/F		\$241.91	\$241.91	\$241.64	\$241.64	-0.11%
5	95816	**	0-20	N/F		\$286.57	\$286.57	\$289.93	\$289.93	1.17%
5	95816	**	21-999	N/F		\$272.92	\$272.92	\$276.13	\$276.13	1.18%
I	95816	**	0-20	N/F		\$46.03	\$46.03	\$46.31	\$46.31	0.61%
I	95816	**	21-999	N/F		\$43.84	\$43.84	\$44.11	\$44.11	0.62%
T	95816	**	0-20	N/F		\$240.54	\$240.54	\$243.62	\$243.62	1.28%
T	95816	**	21-999	N/F		\$229.08	\$229.08	\$232.02	\$232.02	1.28%
5	95819	**	0-20	N/F		\$329.51	\$329.51	\$337.09	\$337.09	2.30%
5	95819	**	21-999	N/F		\$313.82	\$313.82	\$321.03	\$321.03	2.30%
I	95819	**	0-20	N/F		\$46.31	\$46.31	\$46.31	\$46.31	0.00%
I	95819	**	21-999	N/F		\$44.11	\$44.11	\$44.11	\$44.11	0.00%
T	95819	**	0-20	N/F		\$283.20	\$283.20	\$290.78	\$290.78	2.68%
T	95819	**	21-999	N/F		\$269.71	\$269.71	\$276.93	\$276.93	2.68%
5	95822	**	0-20	N/F		\$297.51	\$297.51	\$303.69	\$303.69	2.08%
5	95822	**	21-999	N/F		\$283.34	\$283.34	\$289.22	\$289.22	2.08%
I	95822	**	0-20	N/F		\$46.31	\$46.31	\$46.31	\$46.31	0.00%
I	95822	**	21-999	N/F		\$44.11	\$44.11	\$44.11	\$44.11	0.00%
T	95822	**	0-20	N/F		\$251.20	\$251.20	\$257.38	\$257.38	2.46%
T	95822	**	21-999	N/F		\$239.24	\$239.24	\$245.12	\$245.12	2.46%
I	95824	**	0-20	F		\$31.44	\$31.44	\$31.72	\$31.72	0.89%
I	95824	**	21-999	F		\$29.94	\$29.94	\$30.21	\$30.21	0.90%
5	95827	**	0-20	N/F		\$526.82	\$526.82	\$499.32	\$499.32	-5.22%

CFR ATTACHMENT 5 - Nonclinical Labs (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
5	95827	**	21-999	N/F		\$501.73	\$501.73	\$475.54	\$475.54	-5.22%
I	95827	**	0-20	N/F		\$45.47	\$45.47	\$45.19	\$45.19	-0.62%
I	95827	**	21-999	N/F		\$43.30	\$43.30	\$43.04	\$43.04	-0.60%
T	95827	**	0-20	N/F		\$481.35	\$481.35	\$454.13	\$454.13	-5.65%
T	95827	**	21-999	N/F		\$458.43	\$458.43	\$432.50	\$432.50	-5.66%
5	95829	**	0-20	F		\$1,519.28	\$1,519.28	\$1,523.21	\$1,523.21	0.26%
5	95829	**	21-999	F		\$1,446.92	\$1,446.92	\$1,450.66	\$1,450.66	0.26%
I	95829	**	0-20	F		\$269.45	\$269.45	\$270.29	\$270.29	0.31%
I	95829	**	21-999	F		\$256.61	\$256.61	\$257.41	\$257.41	0.31%
T	95829	**	0-20	N		\$1,249.83	\$1,249.83	\$1,252.92	\$1,252.92	0.25%
T	95829	**	21-999	N		\$1,190.31	\$1,190.31	\$1,193.25	\$1,193.25	0.25%
5	95831	**	0-20	N		\$24.98	\$24.98	\$26.10	\$26.10	4.48%
5	95831	**	0-20	F		\$12.63	\$12.63	\$12.35	\$12.35	-2.22%
5	95831	**	21-999	N		\$23.79	\$23.79	\$24.86	\$24.86	4.50%
5	95831	**	21-999	F		\$12.03	\$12.03	\$11.76	\$11.76	-2.24%
5	95832	**	0-20	N		\$24.70	\$24.70	\$25.82	\$25.82	4.53%
5	95832	**	0-20	F		\$13.47	\$13.47	\$13.47	\$13.47	0.00%
5	95832	**	21-999	N		\$23.52	\$23.52	\$24.59	\$24.59	4.55%
5	95832	**	21-999	F		\$12.83	\$12.83	\$12.83	\$12.83	0.00%
5	95833	**	0-20	N		\$29.47	\$29.47	\$32.56	\$32.56	10.49%
5	95833	**	0-20	F		\$17.12	\$17.12	\$17.68	\$17.68	3.27%
5	95833	**	21-999	N		\$28.07	\$28.07	\$31.01	\$31.01	10.47%
5	95833	**	21-999	F		\$16.31	\$16.31	\$16.84	\$16.84	3.25%
5	95834	**	0-20	N		\$41.54	\$41.54	\$43.22	\$43.22	4.04%
5	95834	**	0-20	F		\$24.98	\$24.98	\$25.26	\$25.26	1.12%
5	95834	**	21-999	N		\$39.56	\$39.56	\$41.16	\$41.16	4.04%
5	95834	**	21-999	F		\$23.79	\$23.79	\$24.06	\$24.06	1.13%
5	95851	**	0-20	N		\$14.31	\$14.31	\$16.00	\$16.00	11.81%
5	95851	**	0-20	F		\$6.17	\$6.17	\$6.17	\$6.17	0.00%
5	95851	**	21-999	N		\$13.63	\$13.63	\$15.24	\$15.24	11.81%
5	95851	**	21-999	F		\$5.88	\$5.88	\$5.88	\$5.88	0.00%
5	95852	**	0-20	N		\$12.35	\$12.35	\$14.59	\$14.59	18.14%
5	95852	**	0-20	F		\$4.49	\$4.49	\$4.77	\$4.77	6.24%
5	95852	**	21-999	N		\$11.76	\$11.76	\$13.90	\$13.90	18.20%
5	95852	**	21-999	F		\$4.28	\$4.28	\$4.54	\$4.54	6.07%
5	95857	**	0-20	N		\$42.94	\$42.94	\$42.94	\$42.94	0.00%
5	95857	**	0-20	F		\$23.86	\$23.86	\$23.86	\$23.86	0.00%
5	95857	**	21-999	N		\$40.90	\$40.90	\$40.90	\$40.90	0.00%
5	95857	**	21-999	F		\$22.72	\$22.72	\$22.72	\$22.72	0.00%
5	95860	**	0-20	N/F		\$97.11	\$97.11	\$98.24	\$98.24	1.16%
5	95860	**	21-999	N/F		\$92.49	\$92.49	\$93.56	\$93.56	1.16%
I	95860	**	0-20	N/F		\$41.26	\$41.26	\$41.54	\$41.54	0.68%
I	95860	**	21-999	N/F		\$39.29	\$39.29	\$39.56	\$39.56	0.69%
T	95860	**	0-20	N/F		\$55.85	\$55.85	\$56.70	\$56.70	1.52%
T	95860	**	21-999	N/F		\$53.19	\$53.19	\$54.00	\$54.00	1.52%
5	95861	**	0-20	N/F		\$138.09	\$138.09	\$139.21	\$139.21	0.81%
5	95861	**	21-999	N/F		\$131.51	\$131.51	\$132.58	\$132.58	0.81%
I	95861	**	0-20	N/F		\$66.24	\$66.24	\$66.24	\$66.24	0.00%
I	95861	**	21-999	N/F		\$63.08	\$63.08	\$63.08	\$63.08	0.00%
T	95861	**	0-20	N/F		\$71.85	\$71.85	\$72.97	\$72.97	1.56%
T	95861	**	21-999	N/F		\$68.43	\$68.43	\$69.50	\$69.50	1.56%
5	95863	**	0-20	N/F		\$173.46	\$173.46	\$177.67	\$177.67	2.43%
5	95863	**	21-999	N/F		\$165.19	\$165.19	\$169.20	\$169.20	2.43%
I	95863	**	0-20	N/F		\$79.99	\$79.99	\$79.99	\$79.99	0.00%
I	95863	**	21-999	N/F		\$76.18	\$76.18	\$76.18	\$76.18	0.00%
T	95863	**	0-20	N/F		\$93.46	\$93.46	\$97.67	\$97.67	4.50%
T	95863	**	21-999	N/F		\$89.01	\$89.01	\$93.02	\$93.02	4.51%
5	95864	**	0-20	N/F		\$195.07	\$195.07	\$198.72	\$198.72	1.87%
5	95864	**	21-999	N/F		\$185.78	\$185.78	\$189.25	\$189.25	1.87%
I	95864	**	0-20	N/F		\$85.89	\$85.89	\$85.32	\$85.32	-0.66%
I	95864	**	21-999	N/F		\$81.80	\$81.80	\$81.26	\$81.26	-0.66%
T	95864	**	0-20	N/F		\$109.18	\$109.18	\$113.39	\$113.39	3.86%
T	95864	**	21-999	N/F		\$103.98	\$103.98	\$107.99	\$107.99	3.86%
5	95865	**	0-20	N/F		\$116.48	\$116.48	\$117.32	\$117.32	0.72%
5	95865	**	21-999	N/F		\$110.93	\$110.93	\$111.73	\$111.73	0.72%
I	95865	**	0-20	N/F		\$67.64	\$67.64	\$67.08	\$67.08	-0.83%
I	95865	**	21-999	N/F		\$64.42	\$64.42	\$63.89	\$63.89	-0.82%
T	95865	**	0-20	N		\$48.84	\$48.84	\$50.24	\$50.24	2.87%
T	95865	**	21-999	N		\$46.51	\$46.51	\$47.85	\$47.85	2.88%
5	95866	**	0-20	N/F		\$107.78	\$107.78	\$107.50	\$107.50	-0.26%
5	95866	**	21-999	N/F		\$102.65	\$102.65	\$102.38	\$102.38	-0.26%
I	95866	**	0-20	N/F		\$54.17	\$54.17	\$53.89	\$53.89	-0.52%
I	95866	**	21-999	N/F		\$51.59	\$51.59	\$51.32	\$51.32	-0.52%
T	95866	**	0-20	N		\$53.61	\$53.61	\$53.61	\$53.61	0.00%
T	95866	**	21-999	N		\$51.06	\$51.06	\$51.06	\$51.06	0.00%
5	95867	**	0-20	N/F		\$76.90	\$76.90	\$81.11	\$81.11	5.47%
5	95867	**	21-999	N/F		\$73.24	\$73.24	\$77.25	\$77.25	5.48%
I	95867	**	0-20	N/F		\$33.40	\$33.40	\$33.96	\$33.96	1.68%
I	95867	**	21-999	N/F		\$31.81	\$31.81	\$32.34	\$32.34	1.67%
T	95867	**	0-20	N/F		\$43.50	\$43.50	\$47.15	\$47.15	8.39%
T	95867	**	21-999	N/F		\$41.43	\$41.43	\$44.91	\$44.91	8.40%
5	95868	**	0-20	N/F		\$106.94	\$106.94	\$108.06	\$108.06	1.05%
5	95868	**	21-999	N/F		\$101.84	\$101.84	\$102.91	\$102.91	1.05%
I	95868	**	0-20	N/F		\$50.80	\$50.80	\$50.52	\$50.52	-0.55%
I	95868	**	21-999	N/F		\$48.38	\$48.38	\$48.11	\$48.11	-0.56%
T	95868	**	0-20	N/F		\$56.13	\$56.13	\$57.54	\$57.54	2.51%
T	95868	**	21-999	N/F		\$53.46	\$53.46	\$54.80	\$54.80	2.51%
5	95869	**	0-20	N/F		\$72.69	\$72.69	\$74.66	\$74.66	2.71%
5	95869	**	21-999	N/F		\$69.23	\$69.23	\$71.10	\$71.10	2.70%
I	95869	**	0-20	N/F		\$16.00	\$16.00	\$16.00	\$16.00	0.00%
I	95869	**	21-999	N/F		\$15.24	\$15.24	\$15.24	\$15.24	0.00%
T	95869	**	0-20	N/F		\$56.70	\$56.70	\$58.66	\$58.66	3.46%
T	95869	**	21-999	N/F		\$54.00	\$54.00	\$55.87	\$55.87	3.46%
5	95870	**	0-20	N/F		\$73.54	\$73.54	\$75.78	\$75.78	3.05%
5	95870	**	21-999	N/F		\$70.03	\$70.03	\$72.17	\$72.17	3.06%
I	95870	**	0-20	N/F		\$16.00	\$16.00	\$16.00	\$16.00	0.00%
I	95870	**	21-999	N/F		\$15.24	\$15.24	\$15.24	\$15.24	0.00%
T	95870	**	0-20	N/F		\$57.54	\$57.54	\$59.78	\$59.78	3.89%
T	95870	**	21-999	N/F		\$54.80	\$54.80	\$56.94	\$56.94	3.91%
5	95872	**	0-20	N/F		\$156.61	\$156.61	\$157.46	\$157.46	0.54%
5	95872	**	21-999	N/F		\$149.16	\$149.16	\$149.96	\$149.96	0.54%
I	95872	**	0-20	N/F		\$123.22	\$123.22	\$123.78	\$123.78	0.45%
I	95872	**	21-999	N/F		\$117.35	\$117.35	\$117.88	\$117.88	0.45%
T	95872	**	0-20	N/F		\$33.40	\$33.40	\$33.68	\$33.68	0.84%
T	95872	**	21-999	N/F		\$31.81	\$31.81	\$32.08	\$32.08	0.85%

CFR ATTACHMENT 5 - Nonclinical Labs (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
5	95873	**	0-20	N/F		\$58.10	\$58.10	\$58.66	\$58.66	0.96%
5	95873	**	21-999	N/F		\$55.33	\$55.33	\$55.87	\$55.87	0.98%
I	95873	**	0-20	N/F		\$16.00	\$16.00	\$16.00	\$16.00	0.00%
I	95873	**	21-999	N/F		\$15.24	\$15.24	\$15.24	\$15.24	0.00%
T	95873	**	0-20	N		\$42.10	\$42.10	\$42.66	\$42.66	1.33%
T	95873	**	21-999	N		\$40.10	\$40.10	\$40.63	\$40.63	1.32%
5	95874	**	0-20	N/F		\$58.66	\$58.66	\$59.78	\$59.78	1.91%
5	95874	**	21-999	N/F		\$55.87	\$55.87	\$56.94	\$56.94	1.92%
I	95874	**	0-20	N/F		\$16.00	\$16.00	\$16.00	\$16.00	0.00%
I	95874	**	21-999	N/F		\$15.24	\$15.24	\$15.24	\$15.24	0.00%
T	95874	**	0-20	N		\$42.66	\$42.66	\$43.78	\$43.78	2.63%
T	95874	**	21-999	N		\$40.63	\$40.63	\$41.70	\$41.70	2.63%
5	95875	**	0-20	N/F		\$93.18	\$93.18	\$104.13	\$104.13	11.75%
5	95875	**	21-999	N/F		\$88.75	\$88.75	\$99.17	\$99.17	11.74%
I	95875	**	0-20	N/F		\$47.15	\$47.15	\$47.43	\$47.43	0.59%
I	95875	**	21-999	N/F		\$44.91	\$44.91	\$45.17	\$45.17	0.58%
T	95875	**	0-20	N/F		\$46.03	\$46.03	\$56.70	\$56.70	23.18%
T	95875	**	21-999	N/F		\$43.84	\$43.84	\$54.00	\$54.00	23.18%
5	95885	**	0-20	N/F		\$46.59	\$46.59	\$47.15	\$47.15	1.20%
5	95885	**	21-999	N/F		\$44.37	\$44.37	\$44.91	\$44.91	1.22%
I	95885	**	0-20	N/F		\$15.16	\$15.16	\$15.16	\$15.16	0.00%
I	95885	**	21-999	N/F		\$14.43	\$14.43	\$14.43	\$14.43	0.00%
T	95885	**	0-20	N/F		\$31.44	\$31.44	\$32.00	\$32.00	1.78%
T	95885	**	21-999	N/F		\$29.94	\$29.94	\$30.47	\$30.47	1.77%
5	95886	**	0-20	N/F		\$72.41	\$72.41	\$72.97	\$72.97	0.77%
5	95886	**	21-999	N/F		\$68.96	\$68.96	\$69.50	\$69.50	0.78%
I	95886	**	0-20	N/F		\$37.05	\$37.05	\$37.05	\$37.05	0.00%
I	95886	**	21-999	N/F		\$35.28	\$35.28	\$35.28	\$35.28	0.00%
T	95886	**	0-20	N/F		\$35.36	\$35.36	\$35.93	\$35.93	1.61%
T	95886	**	21-999	N/F		\$33.68	\$33.68	\$34.22	\$34.22	1.60%
5	95887	**	0-20	N/F		\$63.99	\$63.99	\$64.55	\$64.55	0.88%
5	95887	**	21-999	N/F		\$60.95	\$60.95	\$61.48	\$61.48	0.87%
I	95887	**	0-20	N/F		\$30.31	\$30.31	\$30.59	\$30.59	0.92%
I	95887	**	21-999	N/F		\$28.87	\$28.87	\$29.14	\$29.14	0.94%
T	95887	**	0-20	N/F		\$33.68	\$33.68	\$33.96	\$33.96	0.83%
T	95887	**	21-999	N/F		\$32.08	\$32.08	\$32.34	\$32.34	0.81%
5	95905	**	0-20	N/F		\$56.70	\$56.70	\$57.82	\$57.82	1.98%
5	95905	**	21-999	N/F		\$54.00	\$54.00	\$55.06	\$55.06	1.96%
I	95905	**	0-20	N/F		\$2.25	\$2.25	\$2.25	\$2.25	0.00%
I	95905	**	21-999	N/F		\$2.14	\$2.14	\$2.14	\$2.14	0.00%
T	95905	**	0-20	N		\$54.45	\$54.45	\$55.57	\$55.57	2.06%
T	95905	**	21-999	N		\$51.86	\$51.86	\$52.93	\$52.93	2.06%
5	95907	**	0-20	N/F		\$77.47	\$77.47	\$78.03	\$78.03	0.72%
5	95907	**	21-999	N/F		\$73.78	\$73.78	\$74.31	\$74.31	0.72%
I	95907	**	0-20	N/F		\$42.94	\$42.94	\$42.94	\$42.94	0.00%
I	95907	**	21-999	N/F		\$40.90	\$40.90	\$40.90	\$40.90	0.00%
T	95907	**	0-20	N		\$34.52	\$34.52	\$35.08	\$35.08	1.62%
T	95907	**	21-999	N		\$32.88	\$32.88	\$33.41	\$33.41	1.61%
5	95908	**	0-20	N/F		\$99.64	\$99.64	\$101.04	\$101.04	1.41%
5	95908	**	21-999	N/F		\$94.89	\$94.89	\$96.23	\$96.23	1.41%
I	95908	**	0-20	N/F		\$53.89	\$53.89	\$54.17	\$54.17	0.52%
I	95908	**	21-999	N/F		\$51.32	\$51.32	\$51.59	\$51.59	0.53%
T	95908	**	0-20	N		\$45.75	\$45.75	\$46.87	\$46.87	2.45%
T	95908	**	21-999	N		\$43.57	\$43.57	\$44.64	\$44.64	2.46%
5	95909	**	0-20	N/F		\$118.72	\$118.72	\$120.41	\$120.41	1.42%
5	95909	**	21-999	N/F		\$113.07	\$113.07	\$114.67	\$114.67	1.42%
I	95909	**	0-20	N/F		\$64.55	\$64.55	\$64.55	\$64.55	0.00%
I	95909	**	21-999	N/F		\$61.48	\$61.48	\$61.48	\$61.48	0.00%
T	95909	**	0-20	N		\$54.17	\$54.17	\$55.85	\$55.85	3.10%
T	95909	**	21-999	N		\$51.59	\$51.59	\$53.19	\$53.19	3.10%
5	95910	**	0-20	N/F		\$156.90	\$156.90	\$158.58	\$158.58	1.07%
5	95910	**	21-999	N/F		\$149.42	\$149.42	\$151.03	\$151.03	1.08%
I	95910	**	0-20	N/F		\$86.17	\$86.17	\$86.17	\$86.17	0.00%
I	95910	**	21-999	N/F		\$82.06	\$82.06	\$82.06	\$82.06	0.00%
T	95910	**	0-20	N		\$70.73	\$70.73	\$72.41	\$72.41	2.38%
T	95910	**	21-999	N		\$67.36	\$67.36	\$68.96	\$68.96	2.38%
5	95911	**	0-20	N/F		\$186.93	\$186.93	\$189.17	\$189.17	1.20%
5	95911	**	21-999	N/F		\$178.03	\$178.03	\$180.16	\$180.16	1.20%
I	95911	**	0-20	N/F		\$107.50	\$107.50	\$107.50	\$107.50	0.00%
I	95911	**	21-999	N/F		\$102.38	\$102.38	\$102.38	\$102.38	0.00%
T	95911	**	0-20	N		\$79.43	\$79.43	\$81.68	\$81.68	2.83%
T	95911	**	21-999	N		\$75.65	\$75.65	\$77.79	\$77.79	2.83%
5	95912	**	0-20	N/F		\$206.29	\$206.29	\$209.94	\$209.94	1.77%
5	95912	**	21-999	N/F		\$196.47	\$196.47	\$199.94	\$199.94	1.77%
I	95912	**	0-20	N/F		\$127.14	\$127.14	\$127.71	\$127.71	0.45%
I	95912	**	21-999	N/F		\$121.09	\$121.09	\$121.62	\$121.62	0.44%
T	95912	**	0-20	N		\$79.15	\$79.15	\$82.24	\$82.24	3.90%
T	95912	**	21-999	N		\$75.38	\$75.38	\$78.32	\$78.32	3.90%
5	95913	**	0-20	N/F		\$236.89	\$236.89	\$242.22	\$242.22	2.25%
5	95913	**	21-999	N/F		\$225.61	\$225.61	\$230.68	\$230.68	2.25%
I	95913	**	0-20	N/F		\$150.44	\$150.44	\$151.28	\$151.28	0.56%
I	95913	**	21-999	N/F		\$143.28	\$143.28	\$144.08	\$144.08	0.56%
T	95913	**	0-20	N		\$86.45	\$86.45	\$90.94	\$90.94	5.19%
T	95913	**	21-999	N		\$82.33	\$82.33	\$86.61	\$86.61	5.20%
5	95921	**	0-20	N/F		\$67.64	\$67.64	\$66.52	\$66.52	-1.66%
5	95921	**	21-999	N/F		\$64.42	\$64.42	\$63.35	\$63.35	-1.66%
I	95921	**	0-20	N/F		\$36.21	\$36.21	\$36.21	\$36.21	0.00%
I	95921	**	21-999	N/F		\$34.48	\$34.48	\$34.48	\$34.48	0.00%
T	95921	**	0-20	N/F		\$31.44	\$31.44	\$30.31	\$30.31	-3.59%
T	95921	**	21-999	N/F		\$29.94	\$29.94	\$28.87	\$28.87	-3.57%
5	95922	**	0-20	N/F		\$79.43	\$79.43	\$77.75	\$77.75	-2.12%
5	95922	**	21-999	N/F		\$75.65	\$75.65	\$74.04	\$74.04	-2.13%
I	95922	**	0-20	N/F		\$38.73	\$38.73	\$38.73	\$38.73	0.00%
I	95922	**	21-999	N/F		\$36.89	\$36.89	\$36.89	\$36.89	0.00%
T	95922	**	0-20	N/F		\$40.70	\$40.70	\$39.01	\$39.01	-4.15%
T	95922	**	21-999	N/F		\$38.76	\$38.76	\$37.16	\$37.16	-4.13%
5	95923	**	0-20	N/F		\$111.99	\$111.99	\$103.57	\$103.57	-7.52%
5	95923	**	21-999	N/F		\$106.65	\$106.65	\$98.64	\$98.64	-7.51%

CFR ATTACHMENT 5 - Nonclinical Labs (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
I	95923	**	0-20	N/F		\$36.77	\$36.77	\$36.77	\$36.77	0.00%
I	95923	**	21-999	N/F		\$35.02	\$35.02	\$35.02	\$35.02	0.00%
T	95923	**	0-20	N/F		\$75.22	\$75.22	\$66.80	\$66.80	-11.19%
T	95923	**	21-999	N/F		\$71.64	\$71.64	\$63.62	\$63.62	-11.19%
5	95924	**	0-20	N/F		\$121.25	\$121.25	\$120.41	\$120.41	-0.69%
5	95924	**	21-999	N/F		\$115.48	\$115.48	\$114.67	\$114.67	-0.70%
I	95924	**	0-20	N/F		\$71.85	\$71.85	\$71.29	\$71.29	-0.78%
I	95924	**	21-999	N/F		\$68.43	\$68.43	\$67.90	\$67.90	-0.77%
T	95924	**	0-20	N		\$49.40	\$49.40	\$49.12	\$49.12	-0.57%
T	95924	**	21-999	N		\$47.05	\$47.05	\$46.78	\$46.78	-0.57%
5	95925	**	0-20	N/F		\$110.02	\$110.02	\$105.53	\$105.53	-4.08%
5	95925	**	21-999	N/F		\$104.78	\$104.78	\$100.51	\$100.51	-4.08%
I	95925	**	0-20	N/F		\$22.17	\$22.17	\$22.17	\$22.17	0.00%
I	95925	**	21-999	N/F		\$21.12	\$21.12	\$21.12	\$21.12	0.00%
T	95925	**	0-20	N/F		\$87.85	\$87.85	\$83.36	\$83.36	-5.11%
T	95925	**	21-999	N/F		\$83.67	\$83.67	\$79.39	\$79.39	-5.12%
5	95926	**	0-20	N/F		\$106.66	\$106.66	\$103.57	\$103.57	-2.90%
5	95926	**	21-999	N/F		\$101.58	\$101.58	\$98.64	\$98.64	-2.89%
I	95926	**	0-20	N/F		\$21.89	\$21.89	\$21.89	\$21.89	0.00%
I	95926	**	21-999	N/F		\$20.85	\$20.85	\$20.85	\$20.85	0.00%
T	95926	**	0-20	N/F		\$84.76	\$84.76	\$81.68	\$81.68	-3.63%
T	95926	**	21-999	N/F		\$80.73	\$80.73	\$77.79	\$77.79	-3.64%
5	95927	**	0-20	N/F		\$109.46	\$109.46	\$108.62	\$108.62	-0.77%
5	95927	**	21-999	N/F		\$104.25	\$104.25	\$103.45	\$103.45	-0.77%
I	95927	**	0-20	N/F		\$21.89	\$21.89	\$21.89	\$21.89	0.00%
I	95927	**	21-999	N/F		\$20.85	\$20.85	\$20.85	\$20.85	0.00%
T	95927	**	0-20	N/F		\$87.57	\$87.57	\$86.73	\$86.73	-0.96%
T	95927	**	21-999	N/F		\$83.40	\$83.40	\$82.60	\$82.60	-0.96%
5	95928	**	0-20	N/F		\$169.53	\$169.53	\$169.81	\$169.81	0.17%
5	95928	**	21-999	N/F		\$161.45	\$161.45	\$161.72	\$161.72	0.17%
I	95928	**	0-20	N/F		\$64.27	\$64.27	\$63.99	\$63.99	-0.44%
I	95928	**	21-999	N/F		\$61.21	\$61.21	\$60.95	\$60.95	-0.42%
T	95928	**	0-20	N/F		\$105.25	\$105.25	\$105.81	\$105.81	0.53%
T	95928	**	21-999	N/F		\$100.24	\$100.24	\$100.77	\$100.77	0.53%
5	95929	**	0-20	N/F		\$174.58	\$174.58	\$174.58	\$174.58	0.00%
5	95929	**	21-999	N/F		\$166.26	\$166.26	\$166.26	\$166.26	0.00%
I	95929	**	0-20	N/F		\$64.55	\$64.55	\$64.55	\$64.55	0.00%
I	95929	**	21-999	N/F		\$61.48	\$61.48	\$61.48	\$61.48	0.00%
T	95929	**	0-20	N/F		\$110.02	\$110.02	\$110.02	\$110.02	0.00%
T	95929	**	21-999	N/F		\$104.78	\$104.78	\$104.78	\$104.78	0.00%
5	95930	**	0-20	N/F		\$102.73	\$102.73	\$55.57	\$55.57	-45.91%
5	95930	**	21-999	N/F		\$97.83	\$97.83	\$52.93	\$52.93	-45.90%
I	95930	**	0-20	N/F		\$14.88	\$14.88	\$15.16	\$15.16	1.88%
I	95930	**	21-999	N/F		\$14.17	\$14.17	\$14.43	\$14.43	1.83%
T	95930	**	0-20	N/F		\$87.85	\$87.85	\$40.42	\$40.42	-53.99%
T	95930	**	21-999	N/F		\$83.67	\$83.67	\$38.49	\$38.49	-54.00%
5	95933	**	0-20	N/F		\$60.91	\$60.91	\$62.31	\$62.31	2.30%
5	95933	**	21-999	N/F		\$58.01	\$58.01	\$59.34	\$59.34	2.29%
I	95933	**	0-20	N/F		\$25.26	\$25.26	\$25.26	\$25.26	0.00%
I	95933	**	21-999	N/F		\$24.06	\$24.06	\$24.06	\$24.06	0.00%
T	95933	**	0-20	N/F		\$35.65	\$35.65	\$37.05	\$37.05	3.93%
T	95933	**	21-999	N/F		\$33.95	\$33.95	\$35.28	\$35.28	3.92%
5	95937	**	0-20	N/F		\$65.12	\$65.12	\$65.40	\$65.40	0.43%
5	95937	**	21-999	N/F		\$62.01	\$62.01	\$62.28	\$62.28	0.44%
I	95937	**	0-20	N/F		\$27.51	\$27.51	\$27.51	\$27.51	0.00%
I	95937	**	21-999	N/F		\$26.20	\$26.20	\$26.20	\$26.20	0.00%
T	95937	**	0-20	N/F		\$37.61	\$37.61	\$37.89	\$37.89	0.74%
T	95937	**	21-999	N/F		\$35.82	\$35.82	\$36.09	\$36.09	0.75%
5	95938	**	0-20	N/F		\$271.97	\$271.97	\$275.06	\$275.06	1.14%
5	95938	**	21-999	N/F		\$259.02	\$259.02	\$261.96	\$261.96	1.14%
I	95938	**	0-20	N/F		\$37.05	\$37.05	\$37.05	\$37.05	0.00%
I	95938	**	21-999	N/F		\$35.28	\$35.28	\$35.28	\$35.28	0.00%
T	95938	**	0-20	N/F		\$234.92	\$234.92	\$238.01	\$238.01	1.32%
T	95938	**	21-999	N/F		\$223.73	\$223.73	\$226.67	\$226.67	1.31%
5	95939	**	0-20	N/F		\$400.80	\$400.80	\$404.17	\$404.17	0.84%
5	95939	**	21-999	N/F		\$381.71	\$381.71	\$384.92	\$384.92	0.84%
I	95939	**	0-20	N/F		\$95.99	\$95.99	\$95.99	\$95.99	0.00%
I	95939	**	21-999	N/F		\$91.42	\$91.42	\$91.42	\$91.42	0.00%
T	95939	**	0-20	N/F		\$304.81	\$304.81	\$308.18	\$308.18	1.11%
T	95939	**	21-999	N/F		\$290.29	\$290.29	\$293.50	\$293.50	1.11%
5	95940	**	0-20	F		\$26.10	\$26.10	\$26.10	\$26.10	0.00%
5	95940	**	21-999	F		\$24.86	\$24.86	\$24.86	\$24.86	0.00%
5	95941	**	0-999	F		\$128.47	\$128.47	\$163.25	\$163.25	27.07%
5	95943	**	0-999	N/F		\$75.76	\$75.76	\$72.28	\$72.28	-4.59%
I	95943	**	0-999	N/F		\$38.63	\$38.63	\$36.87	\$36.87	-4.56%
T	95943	**	0-999	N		\$37.13	\$37.13	\$35.42	\$35.42	-4.61%
5	95950	**	0-20	N/F		\$264.67	\$264.67	\$273.09	\$273.09	3.18%
5	95950	**	21-999	N/F		\$252.07	\$252.07	\$260.09	\$260.09	3.18%
I	95950	**	0-20	N/F		\$63.99	\$63.99	\$64.27	\$64.27	0.44%
I	95950	**	21-999	N/F		\$60.95	\$60.95	\$61.21	\$61.21	0.43%
T	95950	**	0-20	N/F		\$200.68	\$200.68	\$208.82	\$208.82	4.06%
T	95950	**	21-999	N/F		\$191.12	\$191.12	\$198.87	\$198.87	4.06%
5	95951	**	0-20	N/F		\$1,505.60	\$1,505.60	\$1,507.97	\$1,507.97	0.16%
5	95951	**	21-999	N/F		\$1,433.90	\$1,433.90	\$1,436.15	\$1,436.15	0.16%
I	95951	**	0-20	N/F		\$255.97	\$255.97	\$256.25	\$256.25	0.11%
I	95951	**	21-999	N/F		\$243.78	\$243.78	\$244.05	\$244.05	0.11%
T	95951	**	0-20	N		\$1,249.63	\$1,249.63	\$1,251.72	\$1,251.72	0.17%
T	95951	**	21-999	N		\$1,190.12	\$1,190.12	\$1,192.10	\$1,192.10	0.17%
5	95953	**	0-20	N/F		\$336.81	\$336.81	\$345.23	\$345.23	2.50%
5	95953	**	21-999	N/F		\$320.77	\$320.77	\$328.79	\$328.79	2.50%
I	95953	**	0-20	N/F		\$131.35	\$131.35	\$131.35	\$131.35	0.00%
I	95953	**	21-999	N/F		\$125.10	\$125.10	\$125.10	\$125.10	0.00%
T	95953	**	0-20	N		\$205.45	\$205.45	\$213.87	\$213.87	4.10%
T	95953	**	21-999	N		\$195.67	\$195.67	\$203.69	\$203.69	4.10%
5	95954	**	0-20	N/F		\$359.54	\$359.54	\$340.17	\$340.17	-5.39%
5	95954	**	21-999	N/F		\$342.42	\$342.42	\$323.97	\$323.97	-5.39%
I	95954	**	0-20	N/F		\$100.48	\$100.48	\$96.55	\$96.55	-3.91%
I	95954	**	21-999	N/F		\$95.70	\$95.70	\$91.95	\$91.95	-3.92%
T	95954	**	0-20	N/F		\$259.06	\$259.06	\$243.62	\$243.62	-5.96%
T	95954	**	21-999	N/F		\$246.72	\$246.72	\$232.02	\$232.02	-5.96%
5	95955	**	0-20	F		\$169.81	\$169.81	\$170.93	\$170.93	0.66%

CFR ATTACHMENT 5 - Nonclinical Labs (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
5	95955	**	21-999	F		\$161.72	\$161.72	\$162.79	\$162.79	0.66%
5	95956	**	0-20	N/F		\$1,293.06	\$1,293.06	\$1,269.76	\$1,269.76	-1.80%
5	95956	**	21-999	N/F		\$1,231.47	\$1,231.47	\$1,209.29	\$1,209.29	-1.80%
I	95956	**	0-20	N/F		\$152.97	\$152.97	\$153.25	\$153.25	0.18%
I	95956	**	21-999	N/F		\$145.68	\$145.68	\$145.95	\$145.95	0.19%
T	95956	**	0-20	N/F		\$1,140.09	\$1,140.09	\$1,116.51	\$1,116.51	-2.07%
T	95956	**	21-999	N/F		\$1,085.79	\$1,085.79	\$1,063.34	\$1,063.34	-2.07%
5	95957	**	0-20	N/F		\$242.50	\$242.50	\$229.31	\$229.31	-5.44%
I	95957	**	0-20	N/F		\$83.92	\$83.92	\$83.36	\$83.36	-0.67%
I	95957	**	21-999	N/F		\$79.92	\$79.92	\$79.39	\$79.39	-0.66%
T	95957	**	0-20	N		\$158.58	\$158.58	\$145.95	\$145.95	-7.96%
T	95957	**	21-999	N		\$151.03	\$151.03	\$139.00	\$139.00	-7.97%
5	95958	**	0-20	N/F		\$461.14	\$461.14	\$463.67	\$463.67	0.55%
5	95958	**	21-999	N/F		\$439.18	\$439.18	\$441.59	\$441.59	0.55%
I	95958	**	0-20	N/F		\$181.03	\$181.03	\$182.16	\$182.16	0.62%
I	95958	**	21-999	N/F		\$172.41	\$172.41	\$173.48	\$173.48	0.62%
I	95958	**	0-20	N/F	RADS	\$178.51	\$178.51	\$182.16	\$182.16	2.04%
T	95958	**	0-20	N/F		\$280.11	\$280.11	\$281.51	\$281.51	0.50%
T	95958	**	21-999	N/F		\$266.77	\$266.77	\$268.11	\$268.11	0.50%
4	95965	**	0-999	F		\$1,886.28	\$1,886.28	\$705.55	\$705.55	-62.60%
I	95965	**	0-20	N/F		\$337.09	\$337.09	\$338.77	\$338.77	0.50%
I	95965	**	21-999	N/F		\$321.03	\$321.03	\$322.64	\$322.64	0.50%
4	95966	**	0-999	F		\$1,094.24	\$1,094.24	\$410.41	\$410.41	-62.49%
I	95966	**	0-20	N/F		\$168.96	\$168.96	\$172.33	\$172.33	1.99%
I	95966	**	21-999	N/F		\$160.92	\$160.92	\$164.13	\$164.13	1.99%
4	95967	**	0-999	F		\$925.88	\$925.88	\$840.41	\$840.41	-9.23%
I	95967	**	0-20	N/F		\$148.19	\$148.19	\$151.84	\$151.84	2.46%
I	95967	**	21-999	N/F		\$141.14	\$141.14	\$144.61	\$144.61	2.46%
5	95970	**	0-20	N		\$54.17	\$54.17	\$55.29	\$55.29	2.07%
5	95970	**	0-20	F		\$19.37	\$19.37	\$19.37	\$19.37	0.00%
5	95970	**	21-999	N		\$51.59	\$51.59	\$52.66	\$52.66	2.07%
5	95970	**	21-999	F		\$18.44	\$18.44	\$18.44	\$18.44	0.00%
5	95971	**	0-20	N		\$40.14	\$40.14	\$40.70	\$40.70	1.40%
5	95971	**	0-20	F		\$32.56	\$32.56	\$32.84	\$32.84	0.86%
5	95971	**	21-999	N		\$38.22	\$38.22	\$38.76	\$38.76	1.41%
5	95971	**	21-999	F		\$31.01	\$31.01	\$31.27	\$31.27	0.84%
5	95972	**	0-20	N		\$46.31	\$46.31	\$46.87	\$46.87	1.21%
5	95972	**	0-20	F		\$33.40	\$33.40	\$33.40	\$33.40	0.00%
5	95972	**	21-999	N		\$44.11	\$44.11	\$44.64	\$44.64	1.20%
5	95972	**	21-999	F		\$31.81	\$31.81	\$31.81	\$31.81	0.00%
5	95980	**	0-20	N/F		\$37.05	\$37.05	\$37.05	\$37.05	0.00%
5	95980	**	21-999	N/F		\$35.28	\$35.28	\$35.28	\$35.28	0.00%
5	95981	**	0-20	N		\$25.54	\$25.54	\$26.66	\$26.66	4.39%
5	95981	**	0-20	F		\$14.31	\$14.31	\$14.31	\$14.31	0.00%
5	95981	**	21-999	N		\$24.32	\$24.32	\$25.39	\$25.39	4.40%
5	95981	**	21-999	F		\$13.63	\$13.63	\$13.63	\$13.63	0.00%
5	95982	**	0-20	N		\$42.10	\$42.10	\$42.94	\$42.94	2.00%
5	95982	**	0-20	F		\$29.19	\$29.19	\$29.47	\$29.47	0.96%
5	95982	**	21-999	N		\$40.10	\$40.10	\$40.90	\$40.90	2.00%
5	95982	**	21-999	F		\$27.80	\$27.80	\$28.07	\$28.07	0.97%
5	95999	**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
4	96000	**	0-20	N/F		\$76.06	\$76.06	\$77.18	\$77.18	1.47%
4	96001	**	0-20	N/F		\$97.39	\$97.39	\$103.57	\$103.57	6.35%
4	96002	**	0-20	N/F		\$17.40	\$17.40	\$17.68	\$17.68	1.61%
4	96003	**	0-20	N/F		\$13.19	\$13.19	\$13.75	\$13.75	4.25%
5	96105	**	0-20	N/F		\$85.32	\$85.32	\$86.17	\$86.17	1.00%
5	96105	**	21-999	N/F		\$81.26	\$81.26	\$82.06	\$82.06	0.98%
5	96110	**	0-20	N/F		\$7.58	\$7.58	\$8.14	\$8.14	7.39%
5	96110	**	21-999	N/F		\$7.22	\$7.22	\$7.75	\$7.75	7.34%
S	96110	**	0-20	N/F		\$7.58	\$7.58	\$8.14	\$8.14	7.39%
5	Q3031	Collagen skin test	0-999	N/F		\$27.50	\$27.50	\$27.50	\$27.50	0.00%
5	S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil	0-999	N/F		\$294.00	\$294.00	\$294.00	\$294.00	0.00%
5	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	0-999	N/F		\$90.37	\$90.37	\$90.37	\$90.37	0.00%
5	S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	0-999	N		\$251.66	\$251.66	\$257.92	\$257.92	2.49%
5	S3841	Genetic testing for retinoblastoma	0-999	N		\$799.68	\$799.68	\$799.68	\$799.68	0.00%
5	S3842	Genetic testing for Von Hippel-Lindau disease	0-999	N		\$467.46	\$467.46	\$467.46	\$467.46	0.00%
5	S3846	Genetic testing for hemoglobin E beta-thalassemia	0-999	N		\$348.15	\$348.15	\$348.15	\$348.15	0.00%

*Type of Service (TOS)	
3	Consultation
4	Radiology
5	Laboratory
D	TB Clinic
I	Professional Component
S	THSTEPS Medical
T	Technical Component
Provider Type (PT)/Provider Specialty	
AB	Tuberculosis Clinic - Individual
AC	Tuberculosis Clinic - Group
RADS	Radiology Specialty Pricing

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CFR ATTACHMENT 6 - "S" Codes TOS 1-2-8 (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	S0620	Routine ophthalmological examination including refraction; new patient	0-20	N	\$68.48	\$68.48	\$68.48	\$68.48	0.00%
1	S0620	Routine ophthalmological examination including refraction; new patient	0-20	F	\$39.86	\$39.86	\$39.86	\$39.86	0.00%
1	S0620	Routine ophthalmological examination including refraction; new patient	21-999	N	\$65.22	\$65.22	\$65.22	\$65.22	0.00%
1	S0620	Routine ophthalmological examination including refraction; new patient	21-999	F	\$37.96	\$37.96	\$37.96	\$37.96	0.00%
1	S0621	Routine ophthalmological examination including refraction; established patient	0-20	N	\$72.13	\$72.13	\$72.13	\$72.13	0.00%
1	S0621	Routine ophthalmological examination including refraction; established patient	0-20	F	\$43.78	\$43.78	\$43.78	\$43.78	0.00%
1	S0621	Routine ophthalmological examination including refraction; established patient	21-999	N	\$68.70	\$68.70	\$68.70	\$68.70	0.00%
1	S0621	Routine ophthalmological examination including refraction; established patient	21-999	F	\$41.70	\$41.70	\$41.70	\$41.70	0.00%
2	S2053	Transplantation of small intestine and liver allografts	0-20	F	\$5,457.11	\$5,457.11	\$5,437.46	\$5,437.46	-0.36%
2	S2053	Transplantation of small intestine and liver allografts	21-999	F	\$5,197.21	\$5,197.21	\$5,178.50	\$5,178.50	-0.36%
8	S2053	Transplantation of small intestine and liver allografts	0-20	F	\$873.14	\$873.14	\$869.99	\$869.99	-0.36%
8	S2053	Transplantation of small intestine and liver allografts	21-999	F	\$831.55	\$831.55	\$828.56	\$828.56	-0.36%
2	S2054	Transplantation of multivisceral organs	0-20	F	\$4,365.57	\$4,365.57	\$2,008.00	\$2,008.00	-54.00%
2	S2054	Transplantation of multivisceral organs	21-999	F	\$4,157.66	\$4,157.66	\$2,008.00	\$2,008.00	-51.70%
8	S2054	Transplantation of multivisceral organs	0-20	F	\$698.49	\$698.49	\$321.28	\$321.28	-54.00%
8	S2054	Transplantation of multivisceral organs	21-999	F	\$665.23	\$665.23	\$321.28	\$321.28	-51.70%
2	S2060	Lobar lung transplantation	0-20	F	\$2,684.07	\$2,684.07	\$2,668.63	\$2,668.63	-0.58%
2	S2060	Lobar lung transplantation	21-999	F	\$2,556.24	\$2,556.24	\$2,541.54	\$2,541.54	-0.58%
8	S2060	Lobar lung transplantation	0-20	F	\$429.45	\$429.45	\$426.98	\$426.98	-0.58%
8	S2060	Lobar lung transplantation	21-999	F	\$409.00	\$409.00	\$406.65	\$406.65	-0.57%
2	S2065	Simultaneous pancreas kidney transplantation	0-20	F	\$3,055.40	\$3,055.40	\$3,050.62	\$3,050.62	-0.16%
2	S2065	Simultaneous pancreas kidney transplantation	21-999	F	\$2,909.88	\$2,909.88	\$2,905.34	\$2,905.34	-0.16%
8	S2065	Simultaneous pancreas kidney transplantation	0-20	F	\$488.86	\$488.86	\$488.10	\$488.10	-0.16%
8	S2065	Simultaneous pancreas kidney transplantation	21-999	F	\$465.58	\$465.58	\$464.85	\$464.85	-0.16%
2	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	0-999	F	\$16,687.05	\$16,687.05	\$16,687.05	\$16,687.05	0.00%
8	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	0-999	F	\$2,669.93	\$2,669.93	\$2,669.93	\$2,669.93	0.00%
2	S2079	Laparoscopic esophagomyotomy (Heller type)	0-20	F	\$1,003.12	\$1,003.12	\$1,048.03	\$1,048.03	4.48%
2	S2079	Laparoscopic esophagomyotomy (Heller type)	21-999	F	\$955.35	\$955.35	\$998.12	\$998.12	4.48%
2	S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	0-20	F	\$1,266.67	\$1,266.67	\$1,270.88	\$1,270.88	0.33%

CFR ATTACHMENT 6 - "S" Codes TOS 1-2-8 (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
2	S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	21-999	F	\$1,206.35	\$1,206.35	\$1,210.36	\$1,210.36	0.33%
2	S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	0-20	F	\$1,552.96	\$1,552.96	\$1,553.80	\$1,553.80	0.05%
2	S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	21-999	F	\$1,479.00	\$1,479.00	\$1,479.80	\$1,479.80	0.05%
2	S2142	Cord blood-derived stem-cell transplantation, allogeneic	0-20	F	\$67.36	\$67.36	\$67.64	\$67.64	0.42%
2	S2142	Cord blood-derived stem-cell transplantation, allogeneic	21-999	F	\$64.15	\$64.15	\$64.42	\$64.42	0.42%
2	S2225	Myringotomy, laser-assisted	0-20	F	\$96.55	\$96.55	\$95.43	\$95.43	-1.16%
2	S2225	Myringotomy, laser-assisted	21-999	F	\$91.95	\$91.95	\$90.88	\$90.88	-1.16%
2	S2235	Implantation of auditory brain stem implant	0-20	F	\$1,109.78	\$1,109.78	\$1,053.92	\$1,053.92	-5.03%
2	S2235	Implantation of auditory brain stem implant	21-999	F	\$1,056.92	\$1,056.92	\$1,003.73	\$1,003.73	-5.03%
8	S2235	Implantation of auditory brain stem implant	0-20	F	\$177.56	\$177.56	\$168.63	\$168.63	-5.03%
8	S2235	Implantation of auditory brain stem implant	21-999	F	\$169.11	\$169.11	\$160.60	\$160.60	-5.03%
2	S2325	Hip core decompression	0-20	F	\$738.45	\$738.45	\$740.69	\$740.69	0.30%
2	S2325	Hip core decompression	21-999	F	\$703.28	\$703.28	\$705.42	\$705.42	0.30%
8	S2325	Hip core decompression	0-20	F	\$118.15	\$118.15	\$118.51	\$118.51	0.30%
8	S2325	Hip core decompression	21-999	F	\$112.52	\$112.52	\$112.87	\$112.87	0.31%
2	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	0-20	F	\$379.19	\$379.19	\$424.38	\$424.38	11.92%
2	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	21-999	F	\$361.13	\$361.13	\$404.17	\$404.17	11.92%
8	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	0-20	F	\$60.67	\$60.67	\$67.90	\$67.90	11.92%
8	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	21-999	F	\$57.78	\$57.78	\$64.67	\$64.67	11.92%
2	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	0-20	F	\$1,639.12	\$1,639.12	\$1,679.54	\$1,679.54	2.47%
2	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	21-999	F	\$1,561.06	\$1,561.06	\$1,599.55	\$1,599.55	2.47%
8	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	0-20	F	\$262.26	\$262.26	\$268.73	\$268.73	2.47%
8	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	21-999	F	\$249.77	\$249.77	\$255.93	\$255.93	2.47%
2	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	0-20	F	\$1,639.12	\$1,639.12	\$1,679.54	\$1,679.54	2.47%
2	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	21-999	F	\$1,561.06	\$1,561.06	\$1,599.55	\$1,599.55	2.47%
8	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	0-20	F	\$262.26	\$262.26	\$268.73	\$268.73	2.47%
8	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	21-999	F	\$249.77	\$249.77	\$255.93	\$255.93	2.47%
2	S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	0-20	F	\$2,184.75	\$2,184.75	\$2,229.94	\$2,229.94	2.07%
2	S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	21-999	F	\$2,080.70	\$2,080.70	\$2,123.74	\$2,123.74	2.07%
8	S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	0-20	F	\$349.56	\$349.56	\$356.79	\$356.79	2.07%

CFR ATTACHMENT 6 - "S" Codes TOS 1-2-8 (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Long Description	Age Range	NON-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
8	S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	21-999	F	\$332.91	\$332.91	\$339.80	\$339.80	2.07%
2	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	0-999	F	Manually Priced	#VALUE!	Manually Priced	Manually Priced	0.00%
8	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	0-999	F	Manually Priced	#VALUE!	Manually Priced	Manually Priced	0.00%
2	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	0-20	F	\$146.23	\$146.23	\$145.39	\$145.39	-0.57%
2	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	21-999	F	\$139.27	\$139.27	\$138.46	\$138.46	-0.58%
8	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	0-20	F	\$23.40	\$23.40	\$23.26	\$23.26	-0.60%
8	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	21-999	F	\$22.28	\$22.28	\$22.15	\$22.15	-0.58%
2	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	0-20	F	\$597.83	\$597.83	\$602.32	\$602.32	0.75%
2	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	21-999	F	\$569.36	\$569.36	\$573.64	\$573.64	0.75%
1	S9441	Asthma education, nonphysician provider, per session	0-999	N/F	\$22.17	\$22.17	\$21.12	\$21.12	-4.74%
1	S9445	patient education, not otherwise classified, non-physician provider, individual, per session	0-999	F	\$80.87	\$80.87	\$80.87	\$80.87	0.00%
1	S9470	Nutritional counseling, dietitian visit	0-999	N	\$55.02	\$55.02	\$55.02	\$55.02	0.00%
1	S9470	Nutritional counseling, dietitian visit	0-999	F	\$51.64	\$51.64	\$51.64	\$51.64	0.00%

*Type of Service (TOS)	
1	Medical Services
2	Surgery
8	Assistant Surgery

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CFR ATTACHMENT 7 - S CODES '9-E-J' (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
E	S0515	Scleral lens, liquid bandage device, per lens	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	S1015	IV tubing extension set	0-999	N/F		\$8.79	\$8.79	\$8.79	\$8.79	0.00%
9	S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	0-999	N/F		\$2,337.00	\$2,337.00	\$1,820.61	\$1,820.61	-22.10%
9	S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	0-999	N/F		\$27.73	\$27.73	\$27.73	\$27.73	0.00%
J	S8185	Flutter device	0-999	N/F		\$46.03	\$46.03	\$43.37	\$43.37	-5.78%
9	S8265	Haberman feeder for cleft lip/palate	0-999	N/F		\$20.94	\$20.94	\$20.94	\$20.94	0.00%
J	S8270	Enuresis alarm, using auditory buzzer and/or vibration device	0-999	N/F		\$47.36	\$47.36	\$47.13	\$47.13	-0.49%
9	S8415	Supplies for home delivery of infant	0-999	N/F		\$61.00	\$61.00	\$56.25	\$56.25	-7.79%
9	S8420	Gradient pressure aid (sleeve and glove combination), custom made	0-999	N/F		\$369.00	\$369.00	\$369.00	\$369.00	0.00%
9	S8421	Gradient pressure aid (sleeve and glove combination), ready made	0-999	N/F		\$113.98	\$113.98	\$98.82	\$98.82	-13.30%
9	S8422	Gradient pressure aid (sleeve), custom made, medium weight	0-999	N/F		\$190.24	\$190.24	\$59.98	\$190.24	0.00%
9	S8423	Gradient pressure aid (sleeve), custom made, heavy weight	0-999	N/F		\$172.20	\$172.20	\$91.85	\$172.20	0.00%
9	S8424	Gradient pressure aid (sleeve), ready made	0-999	N/F		\$78.16	\$78.16	\$36.06	\$36.06	-53.86%
9	S8425	Gradient pressure aid (glove), custom made, medium weight	0-999	N/F		\$320.67	\$320.67	\$62.50	\$320.67	0.00%
9	S8426	Gradient pressure aid (glove), custom made, heavy weight	0-999	N/F		\$350.01	\$350.01	\$152.32	\$350.01	0.00%
9	S8427	Gradient pressure aid (glove), ready made	0-999	N/F		\$44.18	\$44.18	\$44.18	\$44.18	0.00%
9	S8428	Gradient pressure aid (gauntlet), ready made	0-999	N/F		\$51.66	\$51.66	\$60.44	\$60.44	17.00%
9	S8429	Gradient pressure exterior wrap	0-999	N/F		\$49.37	\$49.37	\$52.61	\$52.61	6.56%

CFR ATTACHMENT 7 - S CODES '9-E-J' (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	S8450	Splint, prefabricated, digit (specify digit by use of modifier)	0-999	N/F		\$54.67	\$54.67	\$11.50	\$11.50	-78.96%
9	S8451	Splint, prefabricated, wrist or ankle	0-999	N/F		\$25.95	\$25.95	\$16.61	\$16.61	-35.99%
9	S8452	Splint, prefabricated, elbow	0-999	N/F		\$24.72	\$24.72	\$24.84	\$24.84	0.49%
J	S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	0-999	N/F		\$141.04	\$141.04	\$152.15	\$152.15	7.88%
J	S8189	Tracheostomy supply, not otherwise classified	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%

*Type of Service (TOS)	
9	Other Medical Items or Services
E	Eyeglasses
J	DME Purchase

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CFR ATTACHMENT 8 - PHYSICIAN ADMINISTERED DRUGS - (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	90284		**	0-999	N/F		\$17.14	\$17.14	\$17.49	\$17.49	2.04%
1	90287		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	A9589		injection, nexaminolevulinate hydrochloride, 100 mg, per study dose	0-999	N/F		\$816.20	\$816.20	\$1,045.50	\$1,045.50	28.09%
1	C9132		prothrombin complex concentrate(human), kcentra, per i.u. of factor ix activity	0-999	N/F		\$2.35	\$2.35	\$2.35	\$2.35	0.00%
1	C9250		human plasma fibrin sealant, vapor-heated, solvent-detergent (artiss), 2ml	0-999	N/F		\$98.99	\$98.99	\$98.99	\$98.99	0.00%
1	C9254		injection, lacosamide, 1 mg	0-999	N/F		\$0.36	\$0.36	\$0.36	\$0.36	0.00%
1	C9257		injection, bevacizumab, 0.25 mg	0-999	N/F		\$1.98	\$1.98	\$2.03	\$2.03	2.53%
9	C9359		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold putty, integra os oteoconductive scaffold putty), per 0.5 cc	0-999	N/F	52	\$150.09	\$150.09	\$150.09	\$150.09	0.00%
9	C9359		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold putty, integra os oteoconductive scaffold putty), per 0.5 cc	0-999	N/F	51	\$150.09	\$150.09	\$150.09	\$150.09	0.00%
9	C9360		dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	0-999	N/F	52	\$177.43	\$177.43	\$177.43	\$177.43	0.00%
9	C9360		dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	0-999	N/F		\$177.43	\$177.43	\$177.43	\$177.43	0.00%
9	C9360		dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	0-999	N/F	51	\$177.43	\$177.43	\$177.43	\$177.43	0.00%
9	C9361		collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	0-999	N/F	52	\$396.37	\$396.37	\$396.37	\$396.37	0.00%
9	C9361		collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	0-999	N/F		\$396.37	\$396.37	\$396.37	\$396.37	0.00%
9	C9361		collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	0-999	N/F	51	\$396.37	\$396.37	\$396.37	\$396.37	0.00%
9	C9362		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	0-999	N/F	52	\$150.09	\$150.09	\$150.09	\$150.09	0.00%
9	C9362		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	0-999	N/F		\$150.09	\$150.09	\$150.09	\$150.09	0.00%
9	C9362		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	0-999	N/F	51	\$150.09	\$150.09	\$150.09	\$150.09	0.00%
9	C9367		skin substitute, endoform dermal template, per square centimeter	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	C9460		injection, cangrelor, 1 mg	0-999	N/F		\$15.28	\$15.28	\$15.28	\$15.28	0.00%
1	C9462		injection, delafloxacin, 1 mg	0-999	N/F		\$0.47	\$0.47	\$0.45	\$0.45	-4.26%
1	C9468		injection, factor ix (antihemophilic factor, recombinant), glycopegylated, rebinyin, 1 i.u.	0-999	N/F		\$4.30	\$4.30	\$4.30	\$4.30	0.00%
1	C9482		injection, sotalol hydrochloride, 1 mg	0-999	N/F		\$9.61	\$9.61	\$9.61	\$9.61	0.00%

CFR ATTACHMENT 8 - PHYSICIAN ADMINISTERED DRUGS - (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	G9018		zanamivir, inhalation powder administered through inhaler, per 10 mg (for use as a medicare approved demonstration project)	0-999	N/F		\$6.02	\$6.02	\$6.02	\$6.02	0.00%
1	G9019		oseltamivir phosphate, oral, per 75 mg (for use as a medicare approved demonstration project)	0-999	N/F		\$13.14	\$13.14	\$13.14	\$13.14	0.00%
1	J0130		injection abciximab, 10 mg	0-999	N/F		\$964.23	\$964.23	\$1,262.76	\$1,262.76	30.96%
1	J0132		injection, acetylcysteine, 100 mg	0-999	N/F		\$1.22	\$1.22	\$1.45	\$1.45	18.85%
1	J0133		injection, acyclovir, 5 mg	0-999	N/F		\$0.05	\$0.05	\$0.05	\$0.05	0.00%
1	J0135		injection, adalimumab, 20 mg	0-999	N/F		\$993.90	\$993.90	\$993.90	\$993.90	0.00%
1	J0178		injection, aflibercept, 1 mg	0-999	N/F		\$960.89	\$960.89	\$770.83	\$770.83	-19.78%
1	J0180		injection, agalsidase beta, 1 mg	0-999	N/F		\$133.49	\$133.49	\$171.77	\$171.77	28.68%
1	J0185		injection, aprepitant, 1 mg	0-999	N/F		\$2.10	\$2.10	\$2.10	\$2.10	0.00%
1	J0202		injection, alemtuzumab, 1 mg	0-999	N/F		\$1,720.72	\$1,720.72	\$1,582.77	\$1,582.77	-8.02%
1	J0210		injection, methyldopate hcl, up to 250 mg	0-999	N/F		\$40.80	\$40.80	\$40.80	\$40.80	0.00%
1	J0220		injection, alglucosidase alfa, 10 mg, not otherwise specified	0-999	N/F		\$156.89	\$156.89	\$160.14	\$160.14	2.07%
1	J0221		injection, alglucosidase alfa, (lumizyme), 10 mg	0-999	N/F		\$142.80	\$142.80	\$160.14	\$160.14	12.14%
1	J0256		injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	0-999	N/F		\$3.69	\$3.69	\$0.10	\$0.10	-97.29%
1	J0257		injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	0-999	N/F		\$3.84	\$3.84	\$0.28	\$0.28	-92.71%
1	J0278		injection, amikacin sulfate, 100 mg	0-999	N/F		\$1.12	\$1.12	\$1.18	\$1.18	5.36%
D	J0278		injection, amikacin sulfate, 100 mg	0-999	N/F		\$1.12	\$1.12	\$1.18	\$1.18	5.36%
1	J0280		injection, aminophyllin, up to 250 mg	0-999	N/F		\$6.69	\$6.69	\$0.09	\$0.09	-98.65%
1	J0282		injection, amiodarone hydrochloride, 30 mg	0-999	N/F		\$0.74	\$0.74	\$0.74	\$0.74	0.00%
1	J0285		injection, amphotericin b, 50 mg	0-999	N/F		\$25.26	\$25.26	\$31.67	\$31.67	25.38%
1	J0287		injection, amphotericin b lipid complex, 10 mg	0-999	N/F		\$14.51	\$14.51	\$8.07	\$8.07	-44.38%
1	J0289		injection, amphotericin b liposome, 10 mg	0-999	N/F		\$36.05	\$36.05	\$22.19	\$22.19	-38.45%
1	J0290		injection, ampicillin sodium, 500 mg	0-999	N/F		\$1.12	\$1.12	\$1.00	\$1.00	-10.71%
1	J0295		injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	0-999	N/F		\$2.39	\$2.39	\$2.62	\$2.62	9.62%
1	J0300		injection, amobarbital, up to 125 mg	0-999	N/F		\$186.93	\$186.93	\$186.93	\$186.93	0.00%
1	J0330		injection, succinylcholine chloride, up to 20 mg	0-999	N/F		\$3.88	\$3.88	\$3.83	\$3.83	-1.29%
1	J0348		injection, anadulafungin, 1 mg	0-999	N/F		\$0.50	\$0.50	\$0.56	\$0.56	12.00%
1	J0360		injection, hydralazine hcl, up to 20 mg	0-999	N/F		\$2.84	\$2.84	\$2.58	\$2.58	-9.15%
1	J0364		injection, apomorphine hydrochloride, 1 mg	0-999	N/F		\$34.27	\$34.27	\$35.97	\$35.97	4.96%
1	J0400		injection, aripiprazole, intramuscular, 0.25 mg	0-999	N/F		\$1.50	\$1.50	\$1.50	\$1.50	0.00%
1	J0401		injection, aripiprazole, extended release, 1 mg	0-999	N/F		\$3.93	\$3.93	\$5.47	\$5.47	39.19%
1	J0456		injection, azithromycin, 500 mg	0-999	N/F		\$3.05	\$3.05	\$2.76	\$2.76	-9.51%
1	J0470		injection, dimercaprol, per 100 mg	0-999	N/F		\$38.43	\$38.43	\$54.42	\$54.42	41.61%
1	J0475		injection, baclofen, 10 mg	0-999	N/F		\$146.85	\$146.85	\$169.75	\$169.75	15.59%
1	J0476		injection, baclofen, 50 mcg for intrathecal trial	0-999	N/F		\$59.39	\$59.39	\$44.35	\$44.35	-25.32%
1	J0480		injection, basiliximab, 20 mg	0-999	N/F		\$2,742.01	\$2,742.01	\$3,656.04	\$3,656.04	33.33%
1	J0485		injection, belatacept, 1 mg	0-999	N/F		\$3.80	\$3.80	\$3.79	\$3.79	-0.26%
1	J0490		injection, belimumab, 10 mg	0-999	N/F		\$39.79	\$39.79	\$43.39	\$43.39	9.05%
1	J0500		injection, dicyclomine hcl, up to 20 mg	0-999	N/F		\$57.84	\$57.84	\$69.65	\$69.65	20.42%
1	J0515		injection, bztropine mesylate, per 1 mg	0-999	N/F		\$16.68	\$16.68	\$18.67	\$18.67	11.93%

CFR ATTACHMENT 8 - PHYSICIAN ADMINISTERED DRUGS - (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J0517		injection, benralizumab, 1 mg	0-999	N/F		\$161.57	\$161.57	\$161.57	\$161.57	0.00%
1	J0558		injection, penicillin g benzathine and penicillin g procaine, 100,000 units	0-999	N/F		\$8.20	\$8.20	\$10.66	\$10.66	30.00%
1	J0561		injection, penicillin g benzathine, 100,000 units	0-999	N/F		\$10.46	\$10.46	\$13.38	\$13.38	27.92%
1	J0565		injection, bezlotoxumab, 10 mg	0-999	N/F		\$38.76	\$38.76	\$38.76	\$38.76	0.00%
1	J0567		injection, cerliponase alfa, 1 mg	0-999	N/F		\$91.80	\$91.80	\$91.80	\$91.80	0.00%
1	J0570		buprenorphine implant, 74.2 mg	0-999	N/F		\$1,088.44	\$1,088.44	\$1,262.25	\$1,262.25	15.97%
1	J0583		injection, bivalirudin, 1 mg	0-999	N/F		\$0.96	\$0.96	\$0.80	\$0.80	-16.67%
1	J0585		injection, onabotulinumtoxina, 1 unit	0-999	N/F		\$5.93	\$5.93	\$6.13	\$6.13	3.37%
1	J0586		injection, abobotulinumtoxina, 5 units	0-999	N/F		\$8.01	\$8.01	\$8.35	\$8.35	4.24%
1	J0587		injection, rimabotulinumtoxina, 100 units	0-999	N/F		\$10.13	\$10.13	\$11.85	\$11.85	16.98%
1	J0588		injection, incobotulinumtoxin a, 1 unit	0-999	N/F		\$4.38	\$4.38	\$5.08	\$5.08	15.98%
1	J0592		injection, buprenorphine hydrochloride, 0.1 mg	0-999	N/F		\$2.94	\$2.94	\$4.05	\$4.05	37.76%
1	J0594		injection, busulfan, 1 mg	0-999	N/F		\$20.27	\$20.27	\$10.82	\$10.82	-46.62%
1	J0595		injection, butorphanol tartrate, 1 mg	0-999	N/F		\$2.03	\$2.03	\$2.24	\$2.24	10.34%
1	J0596		injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	0-999	N/F		\$27.72	\$27.72	\$27.46	\$27.46	-0.94%
1	J0598		injection, c-1 esterase inhibitor (human), cinryze, 10 units	0-999	N/F		\$42.88	\$42.88	\$54.02	\$54.02	25.98%
1	J0599		injection, c-1 esterase inhibitor (human), Haegarda, 10 units	0-999	N/F		\$9.59	\$9.59	\$9.59	\$9.59	0.00%
1	J0636		injection, calcitriol, 0.1 mcg	0-999	N/F		\$0.47	\$0.47	\$0.45	\$0.45	-4.26%
1	J0637		injection, caspofungin acetate, 5 mg	0-999	N/F		\$13.60	\$13.60	\$10.02	\$10.02	-26.32%
1	J0638		injection, canakinumab, 1 mg	0-999	N/F		\$87.36	\$87.36	\$90.98	\$90.98	4.14%
1	J0670		injection, mepivacaine hydrochloride, per 10 ml	0-999	N/F		\$2.06	\$2.06	\$2.27	\$2.27	10.19%
1	J0690		injection, cefazolin sodium, 500 mg	0-999	N/F		\$0.76	\$0.76	\$0.83	\$0.83	9.21%
1	J0694		injection, cefoxitin sodium, 1 gm	0-999	N/F		\$3.83	\$3.83	\$3.54	\$3.54	-7.57%
1	J0695		injection, ceftolozane 50 mg and tazobactam 25 mg	0-999	N/F		\$5.38	\$5.38	\$5.38	\$5.38	0.00%
1	J0697		injection, sterile cefuroxime sodium, per 750 mg	0-999	N/F		\$1.99	\$1.99	\$2.09	\$2.09	5.03%
1	J0698		injection, cefotaxime sodium, per gm	0-999	N/F		\$5.13	\$5.13	\$5.13	\$5.13	0.00%
1	J0702		injection, betamethasone acetate 3mg and betamethasone sodium phosphate 3mg	0-999	N/F		\$5.73	\$5.73	\$6.89	\$6.89	20.24%
1	J0706		injection, caffeine citrate, 5mg	0-999	N/F		\$2.83	\$2.83	\$2.83	\$2.83	0.00%
1	J0714		injection, ceftazidime and avibactam, 0.5 g/0.125 g	0-999	N/F		\$83.56	\$83.56	\$83.56	\$83.56	0.00%
1	J0715		injection, ceftizoxime sodium, per 500 mg	0-999	N/F		\$5.14	\$5.14	\$5.14	\$5.14	0.00%
1	J0716		injection, centrurioide immune f(ab)2, up to 120 milligrams	0-999	N/F		\$4,509.68	\$4,509.68	\$4,509.68	\$4,509.68	0.00%
1	J0717		injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	0-999	N/F		\$6.02	\$6.02	\$7.89	\$7.89	31.06%
1	J0720		injection, chloramphenicol sodium succinate, up to 1 g	0-999	N/F		\$30.95	\$30.95	\$39.34	\$39.34	27.11%
1	J0725		injection, chorionic gonadotropin, per 1,000 usp units	0-999	N/F		\$18.08	\$18.08	\$10.35	\$10.35	-42.75%
1	J0735		injection, clonidine hydrochloride, 1 mg	0-999	N/F		\$11.55	\$11.55	\$13.43	\$13.43	16.28%
1	J0740		injection, cidofovir, 375 mg	0-999	N/F		\$465.88	\$465.88	\$150.96	\$150.96	-67.60%
1	J0770		injection, colistimethate sodium, up to 150 mg	0-999	N/F		\$12.09	\$12.09	\$15.30	\$15.30	26.55%

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TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J0775		injection, collagenase, clostridium histolyticum, 0.01 mg	0-999	N/F		\$36.76	\$36.76	\$45.06	\$45.06	22.58%
1	J0795		injection, corticorelin ovine triflutate, 1 microgram	0-999	N/F		\$6.46	\$6.46	\$8.93	\$8.93	38.24%
1	J0800		injection, corticotropin, up to 40 units	0-999	N/F		\$2,992.63	\$2,992.63	\$3,966.98	\$3,966.98	32.56%
1	J0833		injection, cosyntropin, not otherwise specified, 0.25 mg	0-999	N/F		\$89.94	\$89.94	\$89.94	\$89.94	0.00%
1	J0834		injection, cosyntropin (cortrosyn), 0.25 mg	0-999	N/F		\$33.15	\$33.15	\$43.01	\$43.01	29.74%
1	J0850		injection, cytomegalovirus immune globulin intravenous (human), per vial	0-999	N/F		\$861.25	\$861.25	\$1,129.15	\$1,129.15	31.11%
1	J0875		injection, dalbavancin, 5mg	0-999	N/F		\$12.40	\$12.40	\$13.55	\$13.55	9.27%
1	J0878		injection, daptomycin, 1 mg	0-999	N/F	72	\$0.36	\$0.36	\$0.41	\$0.41	13.89%
1	J0878		injection, daptomycin, 1 mg	0-999	N/F		\$0.36	\$0.36	\$0.41	\$0.41	13.89%
1	J0882		injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	0-999	N/F		\$3.11	\$3.11	\$3.83	\$3.83	23.15%
1	J0883		injection, argatroban, 1 mg (for non-esrd use)	0-999	N/F		\$2.08	\$2.08	\$2.08	\$2.08	0.00%
1	J0884		injection, argatroban, 1 mg (for esrd on dialysis)	0-999	N/F		\$2.08	\$2.08	\$2.08	\$2.08	0.00%
1	J1020		injection, methylprednisolone acetate, 20 mg	0-999	N/F		\$4.18	\$4.18	\$4.01	\$4.01	-4.07%
1	J1071		injection, testosterone cypionate, 1mg	0-999	N/F		\$0.02	\$0.02	\$0.03	\$0.03	50.00%
1	J1110		injection, dihydroergotamine mesylate, per 1 mg	0-999	N/F		\$83.01	\$83.01	\$69.10	\$69.10	-16.76%
1	J1130		injection, diclofenac sodium, 0.5 mg	0-999	N/F		\$0.21	\$0.21	\$0.21	\$0.21	0.00%
1	J1160		injection, digoxin, up to 0.5 mg	0-999	N/F		\$6.99	\$6.99	\$3.86	\$3.86	-44.78%
1	J1165		injection, phenytoin sodium, per 50 mg	0-999	N/F		\$0.50	\$0.50	\$0.87	\$0.87	74.00%
1	J1205		injection, chlorothiazide sodium, per 500 mg	0-999	N/F		\$61.49	\$61.49	\$73.20	\$73.20	19.04%
1	J1212		injection, dmsol, dimethyl sulfoxide, 50%, 50 ml	0-999	N/F		\$415.93	\$415.93	\$541.61	\$541.61	30.22%
1	J1230		injection, methadone hcl, up to 10 mg	0-999	N/F		\$14.54	\$14.54	\$18.29	\$18.29	25.79%
1	J1240		injection, dimenhydrinate, up to 50 mg	0-999	N/F		\$6.06	\$6.06	\$6.85	\$6.85	13.04%
1	J1245		injection, dipyridamole, per 10 mg	0-999	N/F		\$0.76	\$0.76	\$1.67	\$1.67	119.74%
1	J1250		injection, dobutamine hydrochloride, per 250 mg	0-999	N/F		\$5.06	\$5.06	\$5.66	\$5.66	11.86%
1	J1265		injection, dopamine hcl, 40 mg	0-999	N/F	52	\$0.49	\$0.49	\$0.54	\$0.54	10.20%
1	J1265		injection, dopamine hcl, 40 mg	0-999	N/F		\$0.49	\$0.49	\$0.54	\$0.54	10.20%
1	J1265		injection, dopamine hcl, 40 mg	0-999	N/F	51	\$0.49	\$0.49	\$0.54	\$0.54	10.20%
1	J1267		injection, doripenem, 10 mg	0-999	N/F		\$0.66	\$0.66	\$0.85	\$0.85	28.79%
1	J1270		injection, doxercalciferol, 1 mcg	0-999	N/F		\$0.43	\$0.43	\$0.47	\$0.47	9.30%
1	J1301		injection, edaravone, 1 mg	0-999	N/F		\$19.82	\$19.82	\$19.82	\$19.82	0.00%
1	J1322		injection, elosulfase alfa, 1mg	0-999	N/F		\$232.36	\$232.36	\$232.36	\$232.36	0.00%
1	J1324		injection, enfuvirtide, 1 mg	0-999	N/F		\$0.68	\$0.68	\$0.68	\$0.68	0.00%
1	J1325		injection, epoprostenol, 0.5 mg	0-999	N/F		\$13.81	\$13.81	\$16.16	\$16.16	17.02%
1	J1327		injection, eptifibatide, 5 mg	0-999	N/F		\$39.90	\$39.90	\$39.90	\$39.90	0.00%
1	J1335		injection, ertapenem sodium, 500 mg	0-999	N/F		\$47.09	\$47.09	\$53.61	\$53.61	13.85%
1	J1364		injection, erythromycin lactobionate, per 500 mg	0-999	N/F		\$59.15	\$59.15	\$75.89	\$75.89	28.30%
1	J1380		injection, estradiol valerate, up to 10 mg	0-999	N/F		\$11.81	\$11.81	\$12.47	\$12.47	5.59%
1	J1428		injection, eteplirsen, 10 mg	0-999	N/F		\$163.20	\$163.20	\$163.20	\$163.20	0.00%
1	J1438		injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	0-999	N/F		\$621.18	\$621.18	\$621.18	\$621.18	0.00%
1	J1439		injection, ferric carboxymaltose, 1mg	0-999	N/F		\$1.05	\$1.05	\$1.08	\$1.08	2.86%
1	J1447		injection, tbo-filgrastim, 1 microgram	0-999	N/F		\$0.59	\$0.59	\$0.58	\$0.58	-1.69%
1	J1450		injection fluconazole, 200 mg	0-999	N/F		\$3.76	\$3.76	\$1.02	\$1.02	-72.87%

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TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J1451		injection, fomepizole, 15 mg	0-999	N/F		\$9.63	\$9.63	\$9.63	\$9.63	0.00%
1	J1458		injection, galsulfase, 1 mg	0-999	N/F		\$331.62	\$331.62	\$382.91	\$382.91	15.47%
1	J1460		injection, foscarnet sodium, per 1000 mg	0-999	N/F		\$28.86	\$28.86	\$39.97	\$39.97	38.50%
1	J1555		injection, immune globulin (cuvitru), 100 mg	0-999	N/F		\$11.72	\$11.72	\$13.61	\$13.61	16.13%
1	J1556		injection, immune globulin (bivigam), 500 mg	0-999	N/F		\$52.89	\$52.89	\$67.86	\$67.86	28.30%
1	J1557		injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	0-999	N/F		\$41.83	\$41.83	\$45.89	\$45.89	9.71%
1	J1559		injection, immune globulin (hizentra), 100 mg	0-999	N/F		\$7.38	\$7.38	\$10.11	\$10.11	36.99%
1	J1560		injection, gamma globulin, intramuscular, 1 cc	0-999	N/F		\$288.61	\$288.61	\$399.72	\$399.72	38.50%
1	J1570		injection, ganciclovir sodium, 500 mg	0-999	N/F		\$58.12	\$58.12	\$56.25	\$56.25	-3.22%
1	J1571		injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml	0-999	N/F		\$50.92	\$50.92	\$64.34	\$64.34	26.36%
1	J1573		injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml	0-999	N/F		\$75.68	\$75.68	\$79.47	\$79.47	5.01%
1	J1575		injection, immunoglobulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	0-999	N/F		\$10.91	\$10.91	\$14.18	\$14.18	29.97%
1	J1580		injection, garamycin, gentamicin, up to 80 mg	0-999	N/F		\$1.19	\$1.19	\$1.22	\$1.22	2.52%
1	J1595		injection, glatiramer acetate, 20 mg	0-999	N/F		\$183.95	\$183.95	\$183.95	\$183.95	0.00%
1	J1599		injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J1602		injection, golimumab, 1 mg, for intravenous use	0-999	N/F		\$23.52	\$23.52	\$23.33	\$23.33	-0.81%
1	J1610		injection, glucagon hydrochloride, per 1 mg	0-999	N/F		\$164.36	\$164.36	\$219.92	\$219.92	33.80%
1	J1628		injection, guselkumab, 1 mg	0-999	N/F		\$103.62	\$103.62	\$103.62	\$103.62	0.00%
1	J1631		injection, haloperidol decanoate, per 50 mg	0-999	N/F		\$15.22	\$15.22	\$17.35	\$17.35	13.99%
1	J1640		injection, hemin, 1 mg	0-20	N/F		\$17.80	\$17.80	\$21.71	\$21.71	21.97%
1	J1670		injection, tetanus immune globulin, human, up to 250 units	0-999	N/F		\$312.43	\$312.43	\$418.61	\$418.61	33.99%
1	J1726		injection, hydroxyprogesterone caproate, (makena), 10 mg	0-999	N/F		\$32.76	\$32.76	\$32.76	\$32.76	0.00%
1	J1729		injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	0-999	N/F		\$15.72	\$15.72	\$15.72	\$15.72	0.00%
1	J1741		injection, ibuprofen, 100 mg	0-999	N/F		\$2.03	\$2.03	\$2.13	\$2.13	4.93%
1	J1742		injection, ibutilide fumarate, 1 mg	0-999	N/F		\$223.99	\$223.99	\$235.48	\$235.48	5.13%
1	J1743		injection, idursulfase, 1 mg	0-999	N/F		\$445.93	\$445.93	\$533.09	\$533.09	19.55%
1	J1745		injection, infliximab, excludes biosimilar, 10 mg	0-999	N/F		\$76.89	\$76.89	\$76.65	\$76.65	-0.31%
1	J1786		injection, imiglucerase, 10 units	0-999	N/F		\$41.15	\$41.15	\$41.06	\$41.06	-0.22%
1	J1800		injection, propranolol hcl, up to 1 mg	0-999	N/F		\$3.40	\$3.40	\$3.66	\$3.66	7.65%
1	J1826		injection, interferon beta-1a, 30 mcg	0-999	N/F		\$1,731.44	\$1,731.44	\$1,731.44	\$1,731.44	0.00%
1	J1830		injection interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	0-999	N/F		\$517.76	\$517.76	\$517.76	\$517.76	0.00%
1	J1833		injection, isavuconazonium, 1 mg	0-999	N/F		\$0.82	\$0.82	\$0.82	\$0.82	0.00%
1	J1840		injection, kanamycin sulfate, up to 500 mg	0-999	N/F		\$7.71	\$7.71	\$7.71	\$7.71	0.00%
D	J1840		injection, kanamycin sulfate, up to 500 mg	0-999	N/F		\$7.71	\$7.71	\$7.71	\$7.71	0.00%

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1	J1850		injection, kanamycin sulfate, up to 75 mg	0-999	N/F		\$1.16	\$1.16	\$1.16	\$1.16	0.00%
1	J1885		injection, ketorolac tromethamine, per 15 mg	0-999	N/F		\$0.57	\$0.57	\$0.51	\$0.51	-10.53%
1	J1931		injection, laronidase, 0.1 mg	0-999	N/F		\$25.05	\$25.05	\$30.07	\$30.07	20.04%
1	J1942		injection, aripiprazole lauroxil, 1 mg	0-999	N/F		\$2.36	\$2.36	\$2.57	\$2.57	8.90%
1	J1950		injection, leuprolide acetate (for depot suspension), per 3.75 mg	0-999	N/F		\$897.68	\$897.68	\$1,188.99	\$1,188.99	32.45%
1	J1953		injection, levetiracetam, 10 mg	0-999	N/F		\$0.09	\$0.09	\$0.14	\$0.14	55.56%
1	J1955		injection, levocarnitine, per 1 gm	0-999	N/F		\$24.06	\$24.06	\$20.56	\$20.56	-14.55%
1	J1980		injection, hyoscyamine sulfate, up to 0.25 mg	0-999	N/F		\$22.76	\$22.76	\$29.11	\$29.11	27.90%
1	J2010		injection, lincomycin hcl, up to 300 mg	0-999	N/F		\$10.05	\$10.05	\$13.46	\$13.46	33.93%
D	J2020		injection, linezolid, 200 mg	0-999	N/F		\$11.92	\$11.92	\$8.51	\$8.51	-28.61%
1	J2182		injection, mepolizumab, 1 mg	0-999	N/F		\$29.26	\$29.26	\$29.26	\$29.26	0.00%
1	J2185		injection, meropenem, 100 mg	0-999	N/F		\$0.81	\$0.81	\$1.03	\$1.03	27.16%
1	J2210		injection, methylergonovine maleate, up to 0.2 mg	0-999	N/F		\$13.22	\$13.22	\$15.77	\$15.77	19.29%
1	J2248		injection, micafungin sodium, 1 mg	0-999	N/F		\$0.73	\$0.73	\$1.04	\$1.04	42.47%
1	J2260		injection, milrinone lactate, 5 mg	0-999	N/F		\$1.60	\$1.60	\$1.40	\$1.40	-12.50%
1	J2278		injection, ziconotide, 1 microgram	0-999	N/F		\$6.28	\$6.28	\$7.60	\$7.60	21.02%
D	J2280		injection, moxifloxacin, 100 mg	0-999	N/F		\$7.30	\$7.30	\$8.11	\$8.11	11.10%
1	J2300		injection, nalbuphine hydrochloride, per 10 mg	0-999	N/F		\$2.18	\$2.18	\$2.93	\$2.93	34.40%
1	J2315		injection, naltrexone, depot form, 1 mg	0-999	N/F		\$3.18	\$3.18	\$3.25	\$3.25	2.20%
1	J2323		injection, natalizumab, 1 mg	0-999	N/F		\$19.42	\$19.42	\$19.73	\$19.73	1.60%
1	J2325		injection, nesiritide, 0.1 mg	0-999	N/F		\$71.98	\$71.98	\$71.98	\$71.98	0.00%
1	J2326		injection, nusinersen, 0.1 mg	0-999	N/F		\$1,062.50	\$1,062.50	\$1,062.50	\$1,062.50	0.00%
1	J2350		injection, ocrelizumab, 1 mg	0-999	N/F		\$51.09	\$51.09	\$55.25	\$55.25	8.14%
1	J2353		injection, octreotide, depot form for intramuscular injection, 1 mg	0-999	N/F		\$149.27	\$149.27	\$197.88	\$197.88	32.57%
1	J2357		injection, omalizumab, 5 mg	0-999	N/F		\$35.01	\$35.01	\$36.88	\$36.88	5.34%
1	J2358		injection, olanzapine, long-acting, 1 mg	0-999	N/F		\$2.70	\$2.70	\$2.92	\$2.92	8.15%
1	J2360		injection, orphenadrine citrate, up to 60 mg	0-999	N/F		\$5.86	\$5.86	\$5.94	\$5.94	1.37%
1	J2370		injection, phenylephrine hcl, up to 1 ml	0-999	N/F		\$12.24	\$12.24	\$6.12	\$6.12	-50.00%
1	J2400		injection, chloroprocaine hydrochloride, per 30 ml	0-999	N/F		\$18.79	\$18.79	\$18.86	\$18.86	0.37%
1	J2407		injection, oritavancin, 10 mg	0-999	N/F		\$24.35	\$24.35	\$23.66	\$23.66	-2.83%
1	J2410		injection, oxymorphone hcl, up to 1 mg	0-999	N/F		\$3.19	\$3.19	\$3.19	\$3.19	0.00%
1	J2425		injection, palifermin, 50 micrograms	0-999	N/F		\$15.26	\$15.26	\$19.86	\$19.86	30.14%
1	J2426		injection, paliperidone palmitate extended release, 1 mg	0-999	N/F		\$7.78	\$7.78	\$10.91	\$10.91	40.23%
1	J2440		injection, papaverine hcl, up to 60 mg	0-999	N/F		\$2.75	\$2.75	\$2.75	\$2.75	0.00%
1	J2501		injection, paricalcitol, 1 mcg	0-999	N/F	72	\$0.75	\$0.75	\$0.64	\$0.64	-14.67%
1	J2501		injection, paricalcitol, 1 mcg	0-999	N/F		\$0.75	\$0.75	\$0.64	\$0.64	-14.67%
1	J2502		injection, pasireotide long acting, 1 mg	0-999	N/F		\$209.25	\$209.25	\$209.25	\$209.25	0.00%
1	J2503		injection, pegaptanib sodium, 0.3 mg	0-999	N/F		\$717.87	\$717.87	\$716.48	\$716.48	-0.19%
1	J2504		injection, pegademase bovine, 25 iu	0-999	N/F		\$275.97	\$275.97	\$354.08	\$354.08	28.30%
1	J2507		injection, pegloticase, 1 mg	0-999	N/F		\$1,741.55	\$1,741.55	\$2,361.05	\$2,361.05	35.57%
1	J2510		injection, penicillin g procaine, aqueous, up to 600,000 units	0-999	N/F		\$21.97	\$21.97	\$29.29	\$29.29	33.32%
1	J2515		injection, pentobarbital sodium, per 50 mg	0-999	N/F		\$38.40	\$38.40	\$47.96	\$47.96	24.90%
1	J2540		injection, penicillin g potassium, up to 600,000 units	0-999	N/F		\$0.82	\$0.82	\$1.03	\$1.03	25.61%
1	J2543		injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	0-999	N/F		\$2.21	\$2.21	\$1.94	\$1.94	-12.22%

CFR ATTACHMENT 8 - PHYSICIAN ADMINISTERED DRUGS - (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J2547		injection, peramivir, 1 mg	0-999	N/F		\$1.62	\$1.62	\$1.62	\$1.62	0.00%
1	J2560		injection, phenobarbital sodium, up to 120 mg	0-999	N/F		\$28.63	\$28.63	\$39.20	\$39.20	36.92%
1	J2562		injection, plerixafor, 1 mg	0-999	N/F		\$263.35	\$263.35	\$324.50	\$324.50	23.22%
1	J2590		injection, oxytocin, up to 10 units	0-999	N/F		\$1.52	\$1.52	\$1.52	\$1.52	0.00%
1	J2675		injection, progesterone, per 50 mg	0-999	N/F		\$1.10	\$1.10	\$1.85	\$1.85	68.18%
1	J2680		injection, fluphenazine decanoate, up to 25 mg	0-999	N/F		\$13.94	\$13.94	\$15.45	\$15.45	10.83%
1	J2690		injection, procainamide hcl, up to 1 gm	0-999	N/F		\$53.16	\$53.16	\$73.12	\$73.12	37.55%
1	J2700		injection, oxacillin sodium, up to 250 mg	0-999	N/F		\$1.70	\$1.70	\$1.93	\$1.93	13.53%
1	J2710		injection, neostigmine methylsulfate, up to 0.5 mg	0-999	N/F		\$9.84	\$9.84	\$4.69	\$4.69	-52.34%
1	J2720		injection, protamine sulfate, per 10 mg	0-999	N/F		\$0.88	\$0.88	\$1.01	\$1.01	14.77%
1	J2724		injection, protein c concentrate, intravenous, human, 10 iu	0-999	N/F		\$12.85	\$12.85	\$15.13	\$15.13	17.74%
1	J2730		injection, pralidoxime chloride, up to 1 gm	0-999	N/F		\$88.43	\$88.43	\$88.43	\$88.43	0.00%
1	J2760		injection, phentolamine mesylate, up to 5 mg	0-999	N/F		\$428.20	\$428.20	\$428.20	\$428.20	0.00%
1	J2770		injection, quinupristin/dalfopristin, 500 mg (150/350)	0-999	N/F		\$328.73	\$328.73	\$413.80	\$413.80	25.88%
1	J2778		injection, ranibizumab, 0.1 mg	0-999	N/F		\$373.50	\$373.50	\$363.98	\$363.98	-2.55%
1	J2785		injection, regadenoson, 0.1 mg	0-999	N/F		\$49.72	\$49.72	\$57.71	\$57.71	16.07%
1	J2786		injection, reslizumab, 1 mg	0-999	N/F		\$8.96	\$8.96	\$9.14	\$9.14	2.01%
1	J2788		injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)	0-999	N/F		\$20.25	\$20.25	\$28.62	\$28.62	41.33%
1	J2790		injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	0-999	N/F		\$75.92	\$75.92	\$81.89	\$81.89	7.86%
1	J2791		injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	0-999	N/F		\$4.72	\$4.72	\$4.83	\$4.83	2.33%
1	J2793		injection, rilonacept, 1 mg	0-999	N/F		\$23.18	\$23.18	\$23.18	\$23.18	0.00%
1	J2794		injection, risperidone, long acting, 0.5 mg	0-999	N/F		\$7.05	\$7.05	\$9.41	\$9.41	33.48%
1	J2795		injection, ropivacaine hydrochloride, 1 mg	0-999	N/F		\$0.07	\$0.07	\$0.03	\$0.03	-57.14%
1	J2797		injection, rolapitant, 0.5 mg	0-999	N/F		\$0.95	\$0.95	\$0.90	\$0.90	-5.26%
1	J2800		injection, methocarbamol, up to 10 ml	0-999	N/F		\$24.13	\$24.13	\$19.18	\$19.18	-20.51%
1	J2810		injection, theophylline, per 40 mg	0-999	N/F		\$0.24	\$0.24	\$0.32	\$0.32	33.33%
1	J2840		injection, sebelipase alfa, 1 mg	0-999	N/F		\$520.71	\$520.71	\$520.71	\$520.71	0.00%
1	J2860		injection, siltuximab, 10 mg	0-999	N/F		\$92.85	\$92.85	\$92.85	\$92.85	0.00%
1	J3000		injection, streptomycin, up to 1 gm	0-999	N/F		\$16.46	\$16.46	\$6.39	\$6.39	-61.18%
D	J3000		injection, streptomycin, up to 1 gm	0-999	N/F		\$16.46	\$16.46	\$6.39	\$6.39	-61.18%
1	J3030		injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	0-999	N/F		\$72.25	\$72.25	\$72.25	\$72.25	0.00%
1	J3060		injection, taliglucerase alfa, 10 units	0-999	N/F		\$30.90	\$30.90	\$39.75	\$39.75	28.64%
1	J3070		injection, pentazocine, 30 mg	0-999	N/F		\$81.29	\$81.29	\$104.30	\$104.30	28.31%
1	J3090		injection, tedizolid phosphate, 1 mg	0-999	N/F		\$1.27	\$1.27	\$1.41	\$1.41	11.02%
1	J3101		injection, tenecteplase, 1 mg	0-999	N/F		\$90.77	\$90.77	\$119.58	\$119.58	31.74%
1	J3105		injection, terbutaline sulfate, up to 1 mg	0-999	N/F		\$2.18	\$2.18	\$1.84	\$1.84	-15.60%
1	J3110		injection, teriparatide, 10 mcg	0-999	N/F		\$56.01	\$56.01	\$56.01	\$56.01	0.00%
1	J3121		injection, testosterone enanthate, 1mg	0-999	N/F		\$0.04	\$0.04	\$0.05	\$0.05	25.00%

CFR ATTACHMENT 8 - PHYSICIAN ADMINISTERED DRUGS - (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J3145		injection, testosterone undecanoate, 1 mg	0-999	N/F		\$1.45	\$1.45	\$1.36	\$1.36	-6.21%
1	J3230		injection, chlorpromazine hcl, up to 50 mg	0-999	N/F		\$22.01	\$22.01	\$29.29	\$29.29	33.08%
1	J3243		injection, tigecycline, 1 mg	0-999	N/F		\$2.26	\$2.26	\$1.87	\$1.87	-17.26%
1	J3246		injection, tirofiban hcl, 0.25mg	0-999	N/F		\$12.61	\$12.61	\$12.61	\$12.61	0.00%
1	J3250		injection, trimethobenzamide hcl, up to 200 mg	0-999	N/F		\$24.18	\$24.18	\$32.77	\$32.77	35.53%
1	J3260		injection, tobramycin sulfate, up to 80 mg	0-999	N/F		\$2.25	\$2.25	\$2.48	\$2.48	10.22%
1	J3262		injection, tocilizumab, 1 mg	0-999	N/F		\$3.65	\$3.65	\$4.93	\$4.93	35.07%
1	J3285		injection, treprostinil, 1 mg	0-999	N/F		\$54.77	\$54.77	\$64.94	\$64.94	18.57%
1	J3300		injection, triamcinolone acetonide, preservative free, 1 mg	0-999	N/F		\$3.16	\$3.16	\$3.83	\$3.83	21.20%
1	J3301		injection, triamcinolone acetonide, not otherwise specified, 10 mg	0-999	N/F		\$1.52	\$1.52	\$1.70	\$1.70	11.84%
1	J3303		injection, triamcinolone hexacetonide, per 5mg	0-999	N/F		\$1.82	\$1.82	\$1.82	\$1.82	0.00%
1	J3304		injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	0-999	N/F		\$16.61	\$16.61	\$16.61	\$16.61	0.00%
1	J3357		ustekinumab, for subcutaneous injection, 1 mg	0-999	N/F		\$146.66	\$146.66	\$184.05	\$184.05	25.49%
1	J3358		ustekinumab, for intravenous injection, 1 mg	0-999	N/F		\$12.55	\$12.55	\$12.19	\$12.19	-2.87%
1	J3380		injection, vedolizumab, 1 mg	0-999	N/F		\$16.38	\$16.38	\$20.04	\$20.04	22.34%
1	J3385		injection, velaglucease alfa, 100 units	0-999	N/F		\$342.19	\$342.19	\$345.62	\$345.62	1.00%
1	J3396		injection, verteporfin, 0.1 mg	0-999	N/F		\$9.31	\$9.31	\$10.98	\$10.98	17.94%
1	J3398		injection, voretigene neparvovec-rzyl, 1 billion vector genome	0-999	N/F		\$2,833.33	\$2,833.33	\$2,833.33	\$2,833.33	0.00%
1	J3410		injection, hydroxyzine hcl, up to 25 mg	0-999	N/F		\$5.45	\$5.45	\$6.36	\$6.36	16.70%
1	J3411		injection, thiamine hcl, 100 mg	0-999	N/F		\$2.91	\$2.91	\$3.02	\$3.02	3.78%
1	J3415		injection, pyridoxine hcl, 100 mg	0-999	N/F		\$8.38	\$8.38	\$10.16	\$10.16	21.24%
1	J3465		injection, voriconazole, 10 mg	0-999	N/F		\$1.94	\$1.94	\$1.78	\$1.78	-8.25%
1	J3471		injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)	0-999	N/F		\$0.31	\$0.31	\$0.40	\$0.40	29.03%
1	J3472		injection, hyaluronidase, ovine, preservative free, per 1000 usp units	0-999	N/F		\$398.55	\$398.55	\$398.55	\$398.55	0.00%
1	J3473		injection, hyaluronidase, recombinant, 1 usp unit	0-999	N/F		\$0.31	\$0.31	\$0.36	\$0.36	16.13%
1	J3485		injection, zidovudine, 10 mg	0-999	N/F		\$1.28	\$1.28	\$1.49	\$1.49	16.41%
1	J3486		injection, ziprasidone mesylate, 10 mg	0-999	N/F		\$17.48	\$17.48	\$18.10	\$18.10	3.55%
1	J3489		injection, zoledronic acid, 1 mg	0-999	N/F		\$12.03	\$12.03	\$9.41	\$9.41	-21.78%
1	J3535		drug administered through a metered dose inhaler	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J3590		unclassified biologics	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J7030		infusion, normal saline solution , 1000 cc	0-20	N/F		\$1.88	\$1.88	\$2.52	\$2.52	34.04%
1	J7120		ringers lactate infusion, up to 1000 cc	0-20	N/F		\$2.04	\$2.04	\$2.21	\$2.21	8.33%
1	J7170		injection, emicizumab-kxwh, 0.5 mg	0-999	N/F		\$48.46	\$48.46	\$48.46	\$48.46	0.00%
1	J7175		injection, factor x, (human), 1 iu	0-999	N/F		\$8.71	\$8.71	\$8.71	\$8.71	0.00%
1	J7178		injection, human fibrinogen concentrate, 1 mg	0-999	N/F		\$0.06	\$0.06	\$0.06	\$0.06	0.00%
1	J7179		injection, von willebrand factor (recombinant), (vonvendi), 1 iu vwf:rco	0-999	N/F		\$2.02	\$2.02	\$2.02	\$2.02	0.00%
1	J7180		injection, factor xiii (antihemophilic factor, human), 1 i.u.	0-999	N/F		\$7.06	\$7.06	\$8.21	\$8.21	16.29%
1	J7181		injection, factor xiii a-subunit, (recombinant), per iu	0-999	N/F		\$0.01	\$0.01	\$0.01	\$0.01	0.00%

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TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
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1	J7182		injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	0-999	N/F		\$1.12	\$1.12	\$1.33	\$1.33	18.75%
1	J7183		injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	0-999	N/F		\$0.80	\$0.80	\$1.02	\$1.02	27.50%
1	J7185		injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	0-999	N/F		\$0.96	\$0.96	\$1.22	\$1.22	27.08%
1	J7186		injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	0-999	N/F		\$0.89	\$0.89	\$1.00	\$1.00	12.36%
1	J7188		injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	0-999	N/F		\$0.01	\$0.01	\$0.01	\$0.01	0.00%
1	J7189		factor viia (antihemophilic factor, recombinant), per 1 microgram	0-999	N/F		\$1.55	\$1.55	\$2.08	\$2.08	34.19%
1	J7190		factor viii (antihemophilic factor, human) per i.u.	0-999	N/F		\$0.98	\$0.98	\$1.08	\$1.08	10.20%
1	J7192		factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	0-999	N/F		\$1.20	\$1.20	\$1.30	\$1.30	8.33%
1	J7193		factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	0-999	N/F		\$0.88	\$0.88	\$1.14	\$1.14	29.55%
1	J7194		factor ix, complex, per i.u.	0-999	N/F		\$1.07	\$1.07	\$1.33	\$1.33	24.30%
1	J7195		injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	0-999	N/F		\$1.50	\$1.50	\$1.50	\$1.50	0.00%
1	J7197		antithrombin iii (human), per i.u.	0-999	N/F		\$2.80	\$2.80	\$3.50	\$3.50	25.00%
1	J7198		anti-inhibitor, per i.u.	0-999	N/F		\$1.61	\$1.61	\$2.00	\$2.00	24.22%
1	J7199		hemophilia clotting factor, not otherwise classified	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J7200		injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	0-999	N/F		\$1.24	\$1.24	\$1.31	\$1.31	5.65%
1	J7201		injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	0-999	N/F		\$2.81	\$2.81	\$3.00	\$3.00	6.76%
1	J7202		injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 iu	0-999	N/F		\$0.02	\$0.02	\$0.02	\$0.02	0.00%
1	J7205		injection, factor viii fc fusion protein (recombinant), per iu	0-999	N/F		\$1.52	\$1.52	\$2.01	\$2.01	32.24%
1	J7207		injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 iu	0-999	N/F		\$2.06	\$2.06	\$1.69	\$1.69	-17.96%
1	J7209		injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 iu	0-999	N/F		\$1.73	\$1.73	\$1.73	\$1.73	0.00%
1	J7210		injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	0-999	N/F		\$1.68	\$1.68	\$1.68	\$1.68	0.00%
1	J7211		injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	0-999	N/F		\$1.78	\$1.78	\$1.78	\$1.78	0.00%
1	J7311		fluocinolone acetonide, intravitreal implant	0-999	N/F		\$18,958.10	\$18,958.10	\$19,405.50	\$19,405.50	2.36%
1	J7312		injection, dexamethasone, intravitreal implant, 0.1 mg	0-999	N/F		\$190.43	\$190.43	\$194.23	\$194.23	2.00%
1	J7313		injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	0-999	N/F		\$490.20	\$490.20	\$328.91	\$328.91	-32.90%
1	J7316		injection, ocriplasmin, 0.125 mg	0-999	N/F		\$908.37	\$908.37	\$1,007.42	\$1,007.42	10.90%
1	J7318		hyaluronan or derivative, durolane, for intra-articular injection, per dose	0-999	N/F		\$349.05	\$349.05	\$349.05	\$349.05	0.00%
1	J7320		hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	0-999	N/F		\$6.25	\$6.25	\$6.93	\$6.93	10.88%

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							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J7321		hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	0-999	N/F		\$83.18	\$83.18	\$79.91	\$79.91	-3.93%
1	J7322		hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	0-999	N/F		\$18.53	\$18.53	\$18.53	\$18.53	0.00%
1	J7323		hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	0-999	N/F		\$121.41	\$121.41	\$141.03	\$141.03	16.16%
1	J7324		hyaluronan or derivative, ortnovisc, for intra-articular injection, per dose	0-999	N/F		\$140.11	\$140.11	\$146.91	\$146.91	4.85%
1	J7325		hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	0-999	N/F		\$11.51	\$11.51	\$11.86	\$11.86	3.04%
1	J7326		hyaluronan or derivative, gel-one, for intra-articular injection, per dose	0-999	N/F		\$461.18	\$461.18	\$339.32	\$339.32	-26.42%
1	J7328		hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	0-999	N/F		\$2.09	\$2.09	\$2.09	\$2.09	0.00%
1	J7340		carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	0-999	N/F		\$2.06	\$2.06	\$2.06	\$2.06	0.00%
1	J7501		azathioprine, parenteral, 100 mg	0-999	N/F		\$255.00	\$255.00	\$255.00	\$255.00	0.00%
1	J7504		lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	0-999	N/F		\$1,579.88	\$1,579.88	\$2,033.71	\$2,033.71	28.73%
1	J7511		lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25mg	0-999	N/F		\$544.27	\$544.27	\$731.32	\$731.32	34.37%
1	J7516		cyclosporin, parenteral, 250 mg	0-999	N/F		\$33.15	\$33.15	\$39.89	\$39.89	20.33%
1	J7525		tacrolimus, parenteral, 5 mg	0-999	N/F		\$154.74	\$154.74	\$206.01	\$206.01	33.13%
1	J7599		immunosuppressive drug, not otherwise classified	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J7605		arformoterol, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 15 micrograms	0-999	N/F		\$7.40	\$7.40	\$8.25	\$8.25	11.49%
1	J7608		acetylcysteine, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per gram	0-999	N/F		\$4.11	\$4.11	\$2.61	\$2.61	-36.50%
1	J7611		albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg	0-999	N/F		\$0.12	\$0.12	\$0.15	\$0.15	25.00%
1	J7612		levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg	0-999	N/F		\$0.18	\$0.18	\$0.22	\$0.22	22.22%
1	J7613		albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg	0-999	N/F		\$0.05	\$0.05	\$0.04	\$0.04	-20.00%
1	J7614		levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg	0-999	N/F		\$0.06	\$0.06	\$0.06	\$0.06	0.00%
1	J7620		albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme	0-999	N/F		\$0.12	\$0.12	\$0.13	\$0.13	8.33%
1	J7622		decimethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	0-999	N/F		\$0.50	\$0.50	\$0.50	\$0.50	0.00%

CFR ATTACHMENT 8 - PHYSICIAN ADMINISTERED DRUGS - (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J7626		budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 0.5 mg	0-999	N/F		\$2.75	\$2.75	\$2.24	\$2.24	-18.55%
1	J7631		chromolyn sodium, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	0-999	N/F		\$5.78	\$5.78	\$0.81	\$0.81	-85.99%
1	J7639		dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	0-999	N/F		\$35.80	\$35.80	\$46.89	\$46.89	30.98%
1	J7644		ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	0-999	N/F		\$0.21	\$0.21	\$0.21	\$0.21	0.00%
1	J7665		mannitol, administered through an inhaler, 5 mg	0-999	N/F		\$0.64	\$0.64	\$0.64	\$0.64	0.00%
1	J7682		cebutamide, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams	0-999	N/F		\$39.70	\$39.70	\$39.67	\$39.67	-0.08%
1	J7699		noc drugs, inhalation solution administered through dme	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J7799		noc drugs, other than inhalation drugs, administered through dme	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J8999		prescription drug, oral, chemotherapeutic, nos	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J9027		injection, clofarabine, 1 mg	0-999	N/F		\$114.32	\$114.32	\$94.93	\$94.93	-16.96%
1	J9039		injection, blinatumomab, 1 microgram	0-999	N/F		\$97.17	\$97.17	\$108.04	\$108.04	11.19%
1	J9153		injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	0-999	N/F		\$211.36	\$211.36	\$185.05	\$185.05	-12.45%
1	J9173		injection, durvalumab, 10 mg	0-999	N/F		\$84.12	\$84.12	\$75.29	\$75.29	-10.50%
1	J9175		injection, elliotts' b solution, 1 ml	0-20	N/F		\$0.92	\$0.92	\$0.92	\$0.92	0.00%
1	J9212		injection, interferon alfacon-1, recombinant, 1 microgram	0-999	N/F		\$16.41	\$16.41	\$16.41	\$16.41	0.00%
1	J9216		injection, interferon, gamma 1-b, 3 million units	0-999	N/F		\$6,671.03	\$6,671.03	\$6,671.03	\$6,671.03	0.00%
1	J9225		histrelin implant (vantas), 50 mg	0-999	N/F		\$2,859.43	\$2,859.43	\$3,659.73	\$3,659.73	27.99%
1	J9226		histrelin implant (supprelin la), 50 mg	0-999	N/F		\$22,831.43	\$22,831.43	\$31,864.23	\$31,864.23	39.56%
1	J9261		injection, nelarabine, 50 mg	0-999	N/F		\$114.06	\$114.06	\$150.02	\$150.02	31.53%
1	J9308		injection, ramucirumab, 5 mg	0-999	N/F		\$52.02	\$52.02	\$56.59	\$56.59	8.79%
1	J9311		injection, rituximab and hyaluronidase, 10 mg	0-999	N/F		\$47.78	\$47.78	\$47.78	\$47.78	0.00%
1	J9999		not otherwise classified, antineoplastic drugs	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	Q0139		injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	0-999	N/F		\$0.72	\$0.72	\$1.01	\$1.01	40.28%
1	Q0163		diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	0-20	N/F		\$0.21	\$0.21	\$0.08	\$0.08	-61.90%

CFR ATTACHMENT 8 - PHYSICIAN ADMINISTERED DRUGS - (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Speciality (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	Q0164		prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$0.03	\$0.03	\$0.04	\$0.04	33.33%
1	Q0166		granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a of chemotherapy treatment, not to exceed a 24 hour dosage regimen	0-20	N/F		\$1.47	\$1.47	\$2.87	\$2.87	95.24%
1	Q0167		dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$2.40	\$2.40	\$1.17	\$1.17	-51.25%
1	Q0169		promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$0.02	\$0.02	\$0.02	\$0.02	0.00%
1	Q0173		trimethobenzamide hydrochloride, 250 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$3.53	\$3.53	\$3.86	\$3.86	9.35%
1	Q0175		perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$1.79	\$1.79	\$1.79	\$1.79	0.00%
1	Q0177		hydroxyzine pamoate, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		\$2.51	\$2.51	\$2.51	\$2.51	0.00%
1	Q0180		dolasetron mesylate, 100 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	0-20	N/F		\$97.42	\$97.42	\$97.42	\$97.42	0.00%
1	Q0181		unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	Q2009		injection, fosphenytoin, 50 mg phenytoin equivalent	0-999	N/F		\$7.65	\$7.65	\$7.65	\$7.65	0.00%
1	Q2017		injection, teniposide, 50 mg	0-999	N/F		\$2,545.87	\$2,545.87	\$2,545.87	\$2,545.87	0.00%
1	Q2026		injection, radiesse, 0.1 ml	0-999	N/F		\$23.46	\$23.46	\$23.46	\$23.46	0.00%

CFR ATTACHMENT 8 - PHYSICIAN ADMINISTERED DRUGS - (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	Q3027		injection, interferon beta-1a, 1 mcg for intramuscular use	0-999	N/F		\$40.64	\$40.64	\$53.63	\$53.63	31.96%
1	Q3028		injection, interferon beta-1a, 1 mcg for subcutaneous use	0-999	N/F		\$28.13	\$28.13	\$28.13	\$28.13	0.00%
1	Q4081		injection, epoetin alfa, 100 units (for esrd on dialysis)	0-999	N/F	72	\$1.04	\$1.04	\$1.20	\$1.20	15.38%
1	Q4081		injection, epoetin alfa, 100 units (for esrd on dialysis)	0-999	N/F	73	\$1.04	\$1.04	\$1.20	\$1.20	15.38%
1	Q4081		injection, epoetin alfa, 100 units (for esrd on dialysis)	0-999	N/F		\$1.04	\$1.04	\$1.20	\$1.20	15.38%
1	Q4100		skin substitute, not otherwise specified	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	Q4101		apligraf, per square centimeter	0-999	N/F		\$30.80	\$30.80	\$30.49	\$30.49	-1.01%
1	Q4102		oasis wound matrix, per square centimeter	0-999	N/F		\$8.42	\$8.42	\$10.95	\$10.95	30.05%
1	Q4103		oasis burn matrix, per square centimeter	0-999	N/F		\$7.27	\$7.27	\$7.27	\$7.27	0.00%
1	Q4104		integra bilayer matrix wound dressing (bmwd), per square centimeter	0-999	N/F		\$61.76	\$61.76	\$61.76	\$61.76	0.00%
1	Q4105		integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter	0-999	N/F		\$61.76	\$61.76	\$61.76	\$61.76	0.00%
1	Q4106		dermagraft, per square centimeter	0-999	N/F		\$32.78	\$32.78	\$32.82	\$32.82	0.12%
1	Q4107		graftjacket, per square centimeter	0-999	N/F		\$88.20	\$88.20	\$88.20	\$88.20	0.00%
1	Q4108		integra matrix, per square centimeter	0-999	N/F		\$57.61	\$57.61	\$57.61	\$57.61	0.00%
1	Q4110		primatrix, per square centimeter	0-999	N/F		\$96.20	\$96.20	\$96.20	\$96.20	0.00%
1	Q4111		gammagraft, per square centimeter	0-999	N/F		\$6.78	\$6.78	\$6.78	\$6.78	0.00%
1	Q4112		cymetra, injectable, 1cc	0-999	N/F		\$729.41	\$729.41	\$729.41	\$729.41	0.00%
1	Q4113		graftjacket xpress, injectable, 1cc	0-999	N/F		\$729.41	\$729.41	\$729.41	\$729.41	0.00%
1	Q4114		allograft, integra flowable wound matrix, injectable, 1cc	0-999	N/F		\$1,918.28	\$1,918.28	\$1,918.28	\$1,918.28	0.00%
1	Q4115		alloskin, per square centimeter	0-999	N/F		\$7.54	\$7.54	\$7.54	\$7.54	0.00%
1	Q4116		allderm, per square centimeter	0-999	N/F		\$31.03	\$31.03	\$31.03	\$31.03	0.00%
1	Q4121		theraskin, per square centimeter	0-999	N/F		\$33.68	\$33.68	\$33.68	\$33.68	0.00%
1	Q4122		dermacell, per square centimeter	0-999	N/F		\$100.79	\$100.79	\$103.79	\$103.79	2.98%
1	Q4123		alloskin rt, per square centimeter	0-999	N/F		\$24.33	\$24.33	\$24.33	\$24.33	0.00%
1	Q4124		oasis ultra tri-layer wound matrix, per square centimeter	0-999	N/F		\$12.48	\$12.48	\$12.48	\$12.48	0.00%
1	Q4126		memoderm, dermaspan, tranzgraft or integuply, per square centimeter	0-999	N/F		\$109.05	\$109.05	\$111.23	\$111.23	2.00%
1	Q4127		talymed, per square centimeter	0-999	N/F		\$36.83	\$36.83	\$36.83	\$36.83	0.00%
1	Q4128		flex hd, allopatch hd, or matrix hd, per square centimeter	0-999	N/F		\$22.19	\$22.19	\$22.19	\$22.19	0.00%
1	Q4130		strattice tm, per square centimeter	0-999	N/F		\$37.54	\$37.54	\$37.53	\$37.53	-0.03%
1	Q4134		hmatrix, per square centimeter	0-999	N/F		\$21.42	\$21.42	\$21.42	\$21.42	0.00%
1	Q4135		mediskin, per square centimeter	0-999	N/F		\$2.05	\$2.05	\$2.05	\$2.05	0.00%
1	Q4136		ez-derm, per square centimeter	0-999	N/F		\$2.03	\$2.03	\$2.03	\$2.03	0.00%
1	Q4137		amnioexcel or biodexcel, per square centimeter	0-999	N/F		\$119.53	\$119.53	\$59.90	\$59.90	-49.89%
1	Q4138		biodfence dryflex, per square centimeter	0-999	N/F		\$166.79	\$166.79	\$166.79	\$166.79	0.00%
1	Q4140		biodfence, per square centimeter	0-999	N/F		\$140.78	\$140.78	\$140.78	\$140.78	0.00%
1	Q4142		xcm biologic tissue matrix, per square centimeter	0-999	N/F		\$36.76	\$36.76	\$36.76	\$36.76	0.00%
1	Q4143		repriza, per square centimeter	0-999	N/F		\$17.85	\$17.85	\$17.85	\$17.85	0.00%
1	Q4146		tensix, per square centimeter	0-999	N/F		\$118.24	\$118.24	\$118.24	\$118.24	0.00%
1	Q4147		architect, architect px, or architect fx, extracellular matrix, per square centimeter	0-999	N/F		\$119.71	\$119.71	\$119.71	\$119.71	0.00%
1	Q4148		neox cord 1k, neox cord rt, or clarix cord 1k, per sq cm	0-999	N/F		\$354.45	\$354.45	\$354.45	\$354.45	0.00%
1	Q4149		excellagen, 0.1 cc	0-999	N/F		\$43.35	\$43.35	\$43.35	\$43.35	0.00%

CFR ATTACHMENT 8 - PHYSICIAN ADMINISTERED DRUGS - (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	Q5101		injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	0-999	N/F		\$0.65	\$0.65	\$0.64	\$0.64	-1.54%
1	Q5103		injection, infliximab-dyyb, biosimilar, (inflectra), 10mg	0-999	N/F		\$55.23	\$55.23	\$57.28	\$57.28	3.71%
1	Q5104		injection, infliximab-abda, biosimilar, (renflexis), 10 mg	0-999	N/F		\$58.84	\$58.84	\$61.90	\$61.90	5.20%
1	Q9956		injection, octafluoropropane microspheres, per ml	0-20	N/F		\$33.06	\$33.06	\$32.46	\$32.46	-1.81%
1	Q9957		injection, perflutren lipid microspheres, per ml	0-20	N/F		\$49.59	\$49.59	\$48.69	\$48.69	-1.81%
1	Q9991		injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	0-999	N/F		\$1,498.95	\$1,498.95	\$1,674.80	\$1,674.80	11.73%
1	Q9992		injection, buprenorphine extended-release (Sublocade), greater than 100 mg	0-999	N/F		\$1,498.95	\$1,498.95	\$1,074.40	\$1,074.40	-28.32%
1	S0017		injection, aminocaproic acid, 5 grams	0-20	N/F		\$4.28	\$4.28	\$6.58	\$6.58	53.74%
1	S0020		injection, bupivacaine, hcl, 30 ml	0-999	N/F		\$2.39	\$2.39	\$0.13	\$0.13	-94.56%
1	S0023		injection, cimetidine hcl, 300 mg	0-999	N/F		\$1.42	\$1.42	\$1.42	\$1.42	0.00%
1	S0028		injection, famotidine, 20 mg	0-20	N/F		\$0.69	\$0.69	\$0.74	\$0.74	7.25%
1	S0142		colistimethate sodium, inhalation solution administered through dme, concentrated form, per mg	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	S0145		injection, pegylated interferon alfa-2a, 180 mcg per ml	0-999	N/F		\$1,041.92	\$1,041.92	\$1,041.92	\$1,041.92	0.00%
1	S0148		injection, pegylated interferon alfa-2b, 10 mcg	0-999	N/F		\$153.44	\$153.44	\$153.44	\$153.44	0.00%
1	S0164		injection, pantoprazole sodium, 40 mg	0-999	N/F		\$6.63	\$6.63	\$6.63	\$6.63	0.00%
1	S0166		injection, olanzapine, 2.5 mg	0-20	N/F		\$6.44	\$6.44	\$8.82	\$8.82	36.96%
1	S0189		testosterone pellet, 75mg	0-20	N/F		\$95.64	\$95.64	\$101.28	\$101.28	5.90%
1	S5010		5% dextrose and 0.45% normal saline, 1000 ml	0-20	N/F		\$4.73	\$4.73	\$4.73	\$4.73	0.00%
1	S5550		insulin, rapid onset, 5 units	0-20	N/F		\$0.76	\$0.76	\$0.76	\$0.76	0.00%
1	S5551		insulin, most rapid onset (lispro or aspart); 5 units	0-20	N/F		\$1.78	\$1.78	\$1.78	\$1.78	0.00%
1	S5552		insulin, intermediate acting (nph or lente); 5 units	0-20	N/F		\$0.76	\$0.76	\$0.76	\$0.76	0.00%
1	S5553		insulin, long acting; 5 units	0-20	N/F		\$1.43	\$1.43	\$1.50	\$1.50	4.90%

*Type of Service (TOS)	
1	Medical Services
9	Other Medical Items or Services
D	Tuberculosis Clinic
Modifier	
*Provider Type/Provider Specialty	
51	Ambulatory Surgical Center - Freestanding/Independent
52	Ambulatory Surgical Center - Hospital Based
72	Nephrology (Hemodialysis, Renal Dialysis)
73	Renal Dialysis Facility

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CFR ATTACHMENT 9 - PHYSICIAN ADMINISTERED DRUGS - VACCINE - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Speciality (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	90291		**	0-999	N/F		\$27.60	\$27.60	\$27.60	\$27.60	0.00%
1	90371		**	0-999	N/F		\$104.82	\$104.82	\$100.51	\$100.51	-4.11%
1	90375		**	0-999	N/F		\$264.76	\$264.76	\$299.73	\$299.73	13.21%
1	90376		**	0-999	N/F		\$273.37	\$273.37	\$290.74	\$290.74	6.35%
1	90460		**	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
S	90460		**	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
1	90461		**	0-20	N/F		\$3.92	\$3.92	\$3.92	\$3.92	0.00%
S	90461		**	0-20	N/F		\$3.92	\$3.92	\$3.92	\$3.92	0.00%
1	90471		**	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
1	90471		**	21-999	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
S	90471		**	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
1	90472		**	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
1	90472		**	21-999	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
S	90472		**	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
1	90473		**	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
S	90473		**	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
1	90474		**	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
S	90474		**	0-20	N/F		\$7.84	\$7.84	\$7.84	\$7.84	0.00%
1	90585		**	0-999	N/F		\$123.61	\$123.61	\$125.82	\$125.82	1.79%
1	90586		**	0-999	N/F		\$123.61	\$123.61	\$125.82	\$125.82	1.79%
1	90620		**	19-999	N/F		\$177.88	\$177.88	\$177.88	\$177.88	0.00%
S	90620		**	19-20	N/F		\$177.88	\$177.88	\$177.88	\$177.88	0.00%
1	90621		**	19-999	N/F		\$143.38	\$143.38	\$95.59	\$95.59	-33.33%
S	90621		**	19-20	N/F		\$95.59	\$95.59	\$95.59	\$95.59	0.00%
1	90630		**	19-999	N/F		\$19.16	\$19.16	\$19.17	\$19.17	0.05%
S	90630		**	19-999	N/F		\$19.16	\$19.16	\$19.17	\$19.17	0.05%
1	90632		**	19-20	N/F		\$53.41	\$53.41	\$52.47	\$52.47	-1.76%
1	90632		**	21-999	N/F		\$53.41	\$53.41	\$52.47	\$52.47	-1.76%
S	90632		**	19-20	N/F		\$53.41	\$53.41	\$52.47	\$52.47	-1.76%
1	90633		**	19-20	N/F		\$34.18	\$34.18	\$34.18	\$34.18	0.00%
S	90633		**	19-20	N/F		\$34.18	\$34.18	\$34.18	\$34.18	0.00%
1	90636		**	19-20	N/F		\$108.21	\$108.21	\$108.21	\$108.21	0.00%
1	90636		**	21-999	N/F		\$108.21	\$108.21	\$108.21	\$108.21	0.00%
S	90636		**	19-20	N/F		\$108.21	\$108.21	\$108.21	\$108.21	0.00%
1	90648		**	19-20	N/F		\$17.10	\$17.10	\$17.10	\$17.10	0.00%
S	90648		**	19-20	N/F		\$17.10	\$17.10	\$17.10	\$17.10	0.00%
1	90651		**	19-999	N/F		\$219.89	\$219.89	\$146.59	\$146.59	-33.33%
S	90651		**	19-20	N/F		\$219.89	\$219.89	\$146.59	\$146.59	-33.33%
1	90654		**	19-999	N/F		\$35.43	\$35.43	\$22.69	\$22.69	-35.96%
S	90654		**	19-999	N/F		\$35.43	\$35.43	\$22.69	\$22.69	-35.96%
1	90656		**	0-999	N/F		\$18.14	\$18.14	\$17.69	\$17.69	-2.48%
1	90656	U1	**	0-999	N/F		\$18.14	\$18.14	\$17.69	\$17.69	-2.48%
1	90656		**	19-20	N/F		\$18.14	\$18.14	\$17.69	\$17.69	-2.48%
S	90656		**	19-20	N/F		\$18.14	\$18.14	\$17.69	\$17.69	-2.48%
1	90658		**	19-20	N/F		\$16.66	\$16.66	\$35.86	\$35.86	115.25%
1	90658		**	21-999	N/F		\$16.66	\$16.66	\$35.86	\$35.86	115.25%
S	90658		**	19-20	N/F		\$16.66	\$16.66	\$35.86	\$35.86	115.25%
1	90660		**	19-20	N/F		\$24.65	\$24.65	\$24.65	\$24.65	0.00%
S	90660		**	19-20	N/F		\$24.65	\$24.65	\$24.65	\$24.65	0.00%
1	90661		**	18-999	N/F		\$42.95	\$42.95	\$42.95	\$42.95	0.00%
S	90661		**	18-20	N/F		\$42.95	\$42.95	\$42.95	\$42.95	0.00%
1	90662		**	60-999	N/F		\$46.19	\$46.19	\$47.75	\$47.75	3.38%
1	90670		**	19-999	N/F		\$193.24	\$193.24	\$183.52	\$183.52	-5.03%
1	90672	U1	**	0-18	N/F		\$24.65	\$24.65	\$24.65	\$24.65	0.00%
1	90672		**	19-20	N/F		\$24.65	\$24.65	\$24.65	\$24.65	0.00%
1	90672	U1	**	19-20	N/F		\$24.65	\$24.65	\$24.65	\$24.65	0.00%
S	90672	U1	**	0-18	N/F		\$24.65	\$24.65	\$24.65	\$24.65	0.00%
S	90672		**	19-20	N/F		\$24.65	\$24.65	\$24.65	\$24.65	0.00%
S	90672	U1	**	19-20	N/F		\$24.65	\$24.65	\$24.65	\$24.65	0.00%
1	90673		**	19-999	N/F		\$38.26	\$38.26	\$38.26	\$38.26	0.00%
S	90673		**	19-999	N/F		\$38.26	\$38.26	\$38.26	\$38.26	0.00%
1	90674		**	0-999	N/F		\$22.66	\$22.66	\$21.52	\$21.52	-5.03%
1	90674	U1	**	0-999	N/F		\$22.66	\$22.66	\$21.52	\$21.52	-5.03%
S	90674		**	0-999	N/F		\$22.66	\$22.66	\$21.52	\$21.52	-5.03%
S	90674	U1	**	0-999	N/F		\$22.66	\$22.66	\$21.52	\$21.52	-5.03%
1	90675		**	0-999	N/F		\$272.23	\$272.23	\$260.76	\$260.76	-4.21%
1	90680		**	19-20	N/F		\$133.34	\$133.34	\$133.34	\$133.34	0.00%
S	90680		**	19-20	N/F		\$133.34	\$133.34	\$133.34	\$133.34	0.00%

CFR ATTACHMENT 9 - PHYSICIAN ADMINISTERED DRUGS - VACCINE - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	90681	U1	**	0-999	N/F		\$126.01	\$126.01	\$126.01	\$126.01	0.00%
1	90681		**	19-20	N/F		\$126.01	\$126.01	\$126.01	\$126.01	0.00%
S	90681	U1	**	0-999	N/F		\$126.01	\$126.01	\$126.01	\$126.01	0.00%

CFR ATTACHMENT 9 - PHYSICIAN ADMINISTERED DRUGS - VACCINE - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
S	90681		**	19-20	N/F		\$126.01	\$126.01	\$126.01	\$126.01	0.00%
1	90682		**	0-999	N/F		\$43.63	\$43.63	\$47.75	\$47.75	9.44%
S	90682		**	0-999	N/F		\$43.63	\$43.63	\$47.75	\$47.75	9.44%
1	90685	U1	**	0-999	N/F		\$19.97	\$19.97	\$19.51	\$19.51	-2.30%
S	90685	U1	**	0-999	N/F		\$19.97	\$19.97	\$19.51	\$19.51	-2.30%
1	90686		**	19-999	N/F		\$17.93	\$17.93	\$17.03	\$17.03	-5.02%
S	90686		**	19-20	N/F		\$17.93	\$17.93	\$17.03	\$17.03	-5.02%
1	90687	U1	**	0-999	N/F		\$8.86	\$8.86	\$8.41	\$8.41	-5.08%
S	90687	U1	**	0-999	N/F		\$8.86	\$8.86	\$8.41	\$8.41	-5.08%
1	90688	U1	**	0-18	N/F		\$16.81	\$16.81	\$15.96	\$15.96	-5.06%
1	90688		**	19-999	N/F		\$16.81	\$16.81	\$15.96	\$15.96	-5.06%
S	90688	U1	**	0-18	N/F		\$16.81	\$16.81	\$15.96	\$15.96	-5.06%
S	90688		**	19-20	N/F		\$16.81	\$16.81	\$15.96	\$15.96	-5.06%
1	90696		**	19-20	N/F		\$53.91	\$53.91	\$53.91	\$53.91	0.00%
S	90696		**	19-20	N/F		\$53.91	\$53.91	\$53.91	\$53.91	0.00%
1	90707		**	19-20	N/F		\$75.76	\$75.76	\$75.76	\$75.76	0.00%
1	90707		**	21-999	N/F		\$75.76	\$75.76	\$75.76	\$75.76	0.00%
S	90707		**	19-20	N/F		\$75.76	\$75.76	\$75.76	\$75.76	0.00%
1	90710		**	19-20	N/F		\$216.94	\$216.94	\$216.94	\$216.94	0.00%
S	90710		**	19-20	N/F		\$216.94	\$216.94	\$216.94	\$216.94	0.00%
1	90713		**	19-20	N/F		\$34.20	\$34.20	\$34.20	\$34.20	0.00%
S	90713		**	19-20	N/F		\$34.20	\$34.20	\$34.20	\$34.20	0.00%
1	90714		**	19-20	N/F		\$21.23	\$21.23	\$20.71	\$20.71	-2.45%
1	90714		**	21-999	N/F		\$21.23	\$21.23	\$20.71	\$20.71	-2.45%
S	90714		**	19-20	N/F		\$21.23	\$21.23	\$20.71	\$20.71	-2.45%
1	90715		**	19-20	N/F		\$27.70	\$27.70	\$27.65	\$27.65	-0.18%
1	90715		**	21-999	N/F		\$27.70	\$27.70	\$27.65	\$27.65	-0.18%
S	90715		**	19-20	N/F		\$27.70	\$27.70	\$27.65	\$27.65	-0.18%
1	90716		**	19-20	N/F		\$130.91	\$130.91	\$130.91	\$130.91	0.00%
S	90716		**	19-20	N/F		\$130.91	\$130.91	\$130.91	\$130.91	0.00%
1	90723		**	19-20	N/F		\$81.97	\$81.97	\$81.97	\$81.97	0.00%
S	90723		**	19-20	N/F		\$81.97	\$81.97	\$81.97	\$81.97	0.00%
1	90732		**	19-20	N/F		\$101.51	\$101.51	\$96.41	\$96.41	-5.02%
1	90732		**	21-999	N/F		\$101.51	\$101.51	\$96.41	\$96.41	-5.02%
S	90732		**	19-20	N/F		\$101.51	\$101.51	\$96.41	\$96.41	-5.02%
1	90733		**	19-20	N/F		\$132.15	\$132.15	\$132.15	\$132.15	0.00%
S	90733		**	19-20	N/F		\$132.15	\$132.15	\$132.15	\$132.15	0.00%
1	90734		**	19-20	N/F		\$124.77	\$124.77	\$124.77	\$124.77	0.00%
S	90734		**	19-20	N/F		\$124.77	\$124.77	\$124.77	\$124.77	0.00%
1	90736		**	60-999	N/F		\$228.40	\$228.40	\$228.40	\$228.40	0.00%
1	90740		**	19-20	N/F		\$122.71	\$122.71	\$116.54	\$116.54	-5.03%
1	90740		**	21-999	N/F		\$122.71	\$122.71	\$116.54	\$116.54	-5.03%
1	90743		**	19-20	N/F		\$24.63	\$24.63	\$33.38	\$33.38	35.53%
S	90743		**	19-20	N/F		\$24.63	\$24.63	\$33.38	\$33.38	35.53%
1	90744		**	19-20	N/F		\$24.63	\$24.63	\$23.39	\$23.39	-5.03%
S	90744		**	19-20	N/F		\$24.63	\$24.63	\$23.39	\$23.39	-5.03%
1	90746		**	19-20	N/F		\$61.35	\$61.35	\$58.27	\$58.27	-5.02%
1	90746		**	21-999	N/F		\$61.35	\$61.35	\$58.27	\$58.27	-5.02%
S	90746		**	19-20	N/F		\$61.35	\$61.35	\$58.27	\$58.27	-5.02%
1	90747		**	19-999	N/F	72	\$122.71	\$122.71	\$116.54	\$116.54	-5.03%
1	90747		**	19-20	N/F		\$122.71	\$122.71	\$116.54	\$116.54	-5.03%
1	90747		**	21-999	N/F		\$122.71	\$122.71	\$116.54	\$116.54	-5.03%
1	90748		**	19-20	N/F		\$45.17	\$45.17	\$45.17	\$45.17	0.00%
S	90748		**	19-20	N/F		\$45.17	\$45.17	\$45.17	\$45.17	0.00%
1	90756		**	19-999	N/F		\$21.47	\$21.47	\$20.39	\$20.39	-5.03%
S	90756		**	19-999	N/F		\$21.47	\$21.47	\$20.39	\$20.39	-5.03%

*Type of Service (TOS)	
1	Medical Services
S	THSTEPS MEDICAL
Modifier	
U1	Vaccine(s)/toxoid(s) privately purchased by provider when Texas Vaccines
*Provider Type/Provider Specialty	
72	Nephrology (Hemodialysis, Renal Dialysis)

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CFR ATTACHMENT 9 - PHYSICIAN ADMINISTERED DRUGS - VACCINE - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	

modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHS and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.

CFR ATTACHMENT 10 - PHYSICIAN ADMINISTERED DRUGS - Oncology (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N) / Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J3316		injection, triptorelin extended release, 3.75 mg	0-999	N/F		\$3,280.00	\$3,280.00	\$3,280.00	\$3,280.00	0.00%
1	J9929		injection, inotuzumab ozogamicin, 0.1 mg	0-999	N/F		\$2,493.33	\$2,493.33	\$2,493.33	\$2,493.33	0.00%
1	J9057		injection, copanlisib, 1 mg	0-999	N/F		\$91.48	\$91.48	\$91.48	\$91.48	0.00%
1	J0129		injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	0-999	N/F		\$51.63	\$51.63	\$51.61	\$51.61	-0.04%
1	J0171		injection, adrenalin, epinephrine, 0.1 mg	0-999	N/F		\$0.58	\$0.58	\$0.74	\$0.74	27.59%
1	J0207		injection, amifostine, 500 mg	0-999	N/F		\$976.56	\$976.56	\$979.75	\$979.75	0.33%
1	J0461		injection, atropine sulfate, 0.01 mg	0-999	N/F		\$0.07	\$0.07	\$0.07	\$0.07	0.00%
1	J0600		injection, edetate calcium disodium, up to 1000 mg	0-999	N/F		\$5,594.42	\$5,594.42	\$5,594.42	\$5,594.42	0.00%
1	J0610		injection, calcium gluconate, per 10 ml	0-999	N/F		\$4.16	\$4.16	\$4.36	\$4.36	4.81%
1	J0640		injection, leucovorin calcium, per 50 mg	0-999	N/F		\$3.13	\$3.13	\$3.35	\$3.35	7.03%
1	J0641		injection, levoleucovorin calcium, 0.5 mg	0-999	N/F		\$0.23	\$0.23	\$0.12	\$0.12	-47.83%
1	J0692		injection, cefepime hydrochloride, 500 mg	0-999	N/F		\$2.50	\$2.50	\$2.47	\$2.47	-1.20%
1	J0696		injection, ceftriaxone sodium, per 250 mg	0-999	N/F		\$0.59	\$0.59	\$0.65	\$0.65	10.17%
1	J0713		injection, ceftazidime, per 500 mg	0-999	N/F		\$2.32	\$2.32	\$2.10	\$2.10	-9.48%
1	J0743		injection, cilastatin sodium; imipenem, per 250 mg	0-999	N/F		\$6.96	\$6.96	\$6.95	\$6.95	-0.14%
1	J0744		injection, ciprofloxacin for intravenous infusion, 200 mg	0-999	N/F		\$3.22	\$3.22	\$1.45	\$1.45	-54.97%
1	J0780		injection, prochlorperazine, up to 10 mg	0-999	N/F		\$10.05	\$10.05	\$10.06	\$10.06	0.10%
1	J0881		injection, darbepoetin alfa, 1 microgram (non-esrd use)	0-999	N/F		\$3.78	\$3.78	\$3.83	\$3.83	1.32%
1	J0885		injection, epoetin alfa, (for non-esrd use), 1000 units	0-999	N/F		\$13.33	\$13.33	\$11.95	\$11.95	-10.35%
1	J0894		injection, decitabine, 1 mg	0-999	N/F		\$14.50	\$14.50	\$12.63	\$12.63	-12.90%
1	J0895		injection, deferoxamine mesylate, 500 mg	0-999	N/F		\$20.16	\$20.16	\$9.62	\$9.62	-52.33%
1	J0897		injection, denosumab, 1 mg	0-999	N/F		\$17.94	\$17.94	\$18.61	\$18.61	3.73%
1	J1030		injection, methylprednisolone acetate, 40 mg	0-999	N/F		\$7.00	\$7.00	\$6.60	\$6.60	-5.71%
1	J1040		injection, methylprednisolone acetate, 80 mg	0-999	N/F		\$13.51	\$13.51	\$12.86	\$12.86	-4.81%
1	J1100		injection, dexamethasone sodium phosphate, 1mg	0-999	N/F		\$0.12	\$0.12	\$0.11	\$0.11	-8.33%
1	J1120		injection, acetazolamide sodium, up to 500 mg	0-999	N/F		\$15.17	\$15.17	\$14.52	\$14.52	-4.28%
1	J1170		injection, hydromorphone, up to 4 mg	0-999	N/F		\$1.37	\$1.37	\$2.71	\$2.71	97.81%
1	J1190		injection, dexrazoxane hydrochloride, per 250 mg	0-999	N/F		\$236.49	\$236.49	\$220.97	\$220.97	-6.56%
1	J1200		injection, diphenhydramine hcl, up to 50 mg	0-999	N/F		\$0.59	\$0.59	\$0.54	\$0.54	-8.47%
1	J1260		injection, dolasetron mesylate, 10 mg	0-999	N/F		\$7.04	\$7.04	\$7.04	\$7.04	0.00%
1	J1300		injection, eculizumab, 10 mg	0-999	N/F		\$230.48	\$230.48	\$230.48	\$230.48	0.00%
1	J1410		injection, erythromycin lactobionate, per 500 mg	0-999	N/F		\$310.39	\$310.39	\$308.91	\$308.91	-0.48%
1	J1442		injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	0-999	N/F		\$1.02	\$1.02	\$1.00	\$1.00	-1.96%
1	J1453		injection, fosaprepitant, 1 mg	0-999	N/F		\$2.08	\$2.08	\$2.10	\$2.10	0.96%
1	J1459		injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg	0-999	N/F		\$39.67	\$39.67	\$40.32	\$40.32	1.64%
1	J1561		injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g. liquid), 500 mg	0-999	N/F		\$41.21	\$41.21	\$40.11	\$40.11	-2.67%
1	J1566		injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg	0-999	N/F		\$41.40	\$41.40	\$43.11	\$43.11	4.13%

CFR ATTACHMENT 10 - PHYSICIAN ADMINISTERED DRUGS - Oncology (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N) / Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J1568		injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	0-999	N/F		\$33.16	\$33.16	\$35.47	\$35.47	6.97%
1	J1569		injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	0-999	N/F		\$50.55	\$50.55	\$42.23	\$42.23	-16.46%
1	J1572		injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g. liquid), 500 mg	0-999	N/F		\$36.07	\$36.07	\$34.40	\$34.40	-4.63%
1	J1626		injection, granisetron hydrochloride, 100 mcg	0-999	N/F		\$0.32	\$0.32	\$0.44	\$0.44	37.50%
1	J1627		injection, granisetron, extended-release, 0.1 mg	0-999	N/F		\$3.89	\$3.89	\$2.73	\$2.73	-29.82%
1	J1630		injection, haloperidol, up to 5 mg	0-999	N/F		\$0.99	\$0.99	\$1.09	\$1.09	10.10%
1	J1642		injection, heparin sodium, (heparin lock flush), per 10 units	0-999	N/F		\$0.18	\$0.18	\$0.18	\$0.18	0.00%
1	J1644		injection, heparin sodium, per 1000 units	0-999	N/F		\$0.20	\$0.20	\$0.20	\$0.20	0.00%
1	J1645		injection, dalteparin sodium, per 2500 ju	0-999	N/F		\$14.98	\$14.98	\$13.94	\$13.94	-6.94%
1	J1650		injection, enoxaparin sodium, 10 mg	0-999	N/F		\$0.87	\$0.87	\$0.77	\$0.77	-11.49%
1	J1652		injection, fondaparinux sodium, 0.5 mg	0-999	N/F		\$2.28	\$2.28	\$2.07	\$2.07	-9.65%
1	J1720		injection, hydrocortisone sodium succinate, up to 100 mg	0-999	N/F		\$13.18	\$13.18	\$12.99	\$12.99	-1.44%
1	J1740		injection, ibandronate sodium, 1 mg	0-999	N/F		\$78.11	\$78.11	\$55.44	\$55.44	-29.02%
1	J1750		injection, iron dextran, 50 mg	0-999	N/F		\$13.67	\$13.67	\$13.62	\$13.62	-0.37%
1	J1756		injection, iron sucrose, 1 mg	0-999	N/F	72	\$0.23	\$0.23	\$0.24	\$0.24	0.00%
1	J1756		injection, iron sucrose, 1 mg	0-999	N/F	73	\$0.23	\$0.23	\$0.24	\$0.24	0.00%
1	J1756		injection, iron sucrose, 1 mg	0-999	N/F		\$0.23	\$0.23	\$0.24	\$0.24	0.00%
1	J1790		injection, droperidol, up to 5 mg	0-999	N/F		\$4.08	\$4.08	\$8.16	\$8.16	100.00%
1	J1930		injection, lanreotide, 1 mg	0-999	N/F		\$58.98	\$58.98	\$58.77	\$58.77	-0.36%
1	J1940		injection, furosemide, up to 20 mg	0-999	N/F		\$0.88	\$0.88	\$0.83	\$0.83	-5.68%
1	J1956		injection, levofloxacin, 250 mg	0-999	N/F		\$1.25	\$1.25	\$1.47	\$1.47	17.60%
D	J1956		injection, levofloxacin, 250 mg	0-999	N/F		\$1.25	\$1.25	\$1.47	\$1.47	17.60%
1	J2060		injection, lorazepam, 2 mg	0-999	N/F		\$0.76	\$0.76	\$0.73	\$0.73	-3.95%
1	J2150		injection, mannitol, 25% in 50 ml	0-999	N/F		\$2.32	\$2.32	\$3.80	\$3.80	63.79%
1	J2175		injection, meperidine hydrochloride, per 100 mg	0-999	N/F		\$3.77	\$3.77	\$4.05	\$4.05	7.43%
1	J2250		injection, midazolam hydrochloride, per 1 mg	0-999	N/F		\$0.12	\$0.12	\$0.13	\$0.13	8.33%
1	J2270		injection, morphine sulfate, up to 10 mg	0-999	N/F		\$2.43	\$2.43	\$2.77	\$2.77	13.99%
1	J2310		injection, naloxone hydrochloride, per 1 mg	0-999	N/F		\$23.87	\$23.87	\$17.72	\$17.72	-25.76%
1	J2354		injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	0-999	N/F		\$0.93	\$0.93	\$0.91	\$0.91	-2.15%
1	J2355		injection, oprelvekin, 5 mg	0-999	N/F		\$426.92	\$426.92	\$528.92	\$528.92	23.89%
1	J2405		injection, ondansetron hydrochloride, per 1 mg	0-999	N/F		\$0.08	\$0.08	\$0.17	\$0.17	112.50%
1	J2430		injection, pamidronate disodium, per 30 mg	0-999	N/F		\$10.05	\$10.05	\$11.91	\$11.91	18.51%
1	J2469		injection, palonosetron hcl, 25 mcg	0-999	N/F		\$22.60	\$22.60	\$14.95	\$14.95	-33.85%
1	J2505		injection, pegfilgrastim, 6 mg	0-999	N/F		\$4,500.88	\$4,500.88	\$4,681.81	\$4,681.81	4.02%
1	J2545		pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg	0-999	N/F		\$115.48	\$115.48	\$109.69	\$109.69	-5.01%
1	J2550		injection, promethazine hcl, up to 50 mg	0-999	N/F		\$1.93	\$1.93	\$2.05	\$2.05	6.22%
1	J2597		injection, desmopressin acetate, per 1 mcg	0-999	N/F		\$12.90	\$12.90	\$12.46	\$12.46	-3.41%
1	J2765		injection, metoclopramide hcl, up to 10 mg	0-999	N/F		\$0.85	\$0.85	\$1.92	\$1.92	125.88%
1	J2780		injection, ranitidine hydrochloride, 25 mg	0-999	N/F		\$5.03	\$5.03	\$5.06	\$5.06	0.60%

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1	J2792		injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	0-999	N/F		\$27.32	\$27.32	\$27.78	\$27.78	1.68%
1	J2796		injection, romiplostim, 10 micrograms	0-999	N/F		\$68.50	\$68.50	\$71.61	\$71.61	4.54%
1	J2820		injection, sargramostim (gm-csf), 50 mcg	0-999	N/F		\$35.62	\$35.62	\$38.96	\$38.96	9.38%
1	J2916		injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	0-999	N/F		\$2.18	\$2.18	\$1.94	\$1.94	-11.01%
1	J2920		injection, methylprednisolone sodium succinate, up to 40 mg	0-999	N/F		\$4.81	\$4.81	\$4.87	\$4.87	1.25%
1	J2930		injection, methylprednisolone sodium succinate, up to 125 mg	0-999	N/F		\$6.97	\$6.97	\$6.93	\$6.93	-0.57%
1	J2997		injection, alteplase recombinant, 1 mg	0-999	N/F		\$87.62	\$87.62	\$87.75	\$87.75	0.15%
1	J3010		injection, fentanyl citrate, 0.1 mg	0-999	N/F		\$0.60	\$0.60	\$0.83	\$0.83	38.33%
1	J3240		injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	0-999	N/F		\$1,608.72	\$1,608.72	\$1,653.59	\$1,653.59	2.79%
1	J3315		injection, triptorelin pamoate, 3.75 mg	0-999	N/F		\$262.10	\$262.10	\$244.50	\$244.50	-6.72%
1	J3360		injection, diazepam, up to 5 mg	0-999	N/F		\$6.96	\$6.96	\$6.88	\$6.88	-1.15%
1	J3370		injection, vancomycin hcl, 500 mg	0-999	N/F		\$3.91	\$3.91	\$4.24	\$4.24	8.44%
1	J3420		injection, vitamin b-12 cyanocobalamin, up to 1000 mcg	0-999	N/F		\$1.91	\$1.91	\$1.74	\$1.74	-8.90%
1	J3430		injection, phytonadione (vitamin k), per 1 mg	0-999	N/F		\$4.27	\$4.27	\$4.23	\$4.23	-0.94%
1	J3470		injection, hyaluronidase, up to 150 units	0-999	N/F		\$66.96	\$66.96	\$66.96	\$66.96	0.00%
1	J3475		injection, magnesium sulfate, per 500 mg	0-999	N/F		\$0.51	\$0.51	\$0.56	\$0.56	9.80%
1	J3480		injection, potassium chloride, per 2 meq	0-999	N/F		\$0.12	\$0.12	\$0.14	\$0.14	16.67%
1	J3490		unclassified drugs	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J7040		infusion, normal saline solution, sterile (500 ml=1 unit)	0-999	N/F		\$1.26	\$1.26	\$1.26	\$1.26	0.00%
1	J7042		5% dextrose/normal saline (500 ml = 1 unit)	0-999	N/F		\$1.01	\$1.01	\$1.00	\$1.00	-0.99%
1	J7050		infusion, normal saline solution , 250 cc	0-999	N/F		\$0.62	\$0.62	\$0.63	\$0.63	1.61%
1	J7060		5% dextrose/water (500 ml = 1 unit)	0-999	N/F		\$2.28	\$2.28	\$2.48	\$2.48	8.77%
1	J7070		infusion, d5w, 1000 cc	0-999	N/F		\$4.49	\$4.49	\$4.56	\$4.56	1.56%
1	J7187		injection, von willebrand factor complex (humate-p), per iu vwf:rc0	0-999	N/F		\$1.12	\$1.12	\$1.13	\$1.13	0.89%
1	J7308		aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	0-999	N/F		\$404.59	\$404.59	\$404.59	\$404.59	0.00%
1	J9000		injection, doxorubicin hydrochloride, 10 mg	0-999	N/F		\$3.07	\$3.07	\$3.06	\$3.06	-0.33%
1	J9015		injection, aldesleukin, per single use vial	0-999	N/F		\$4,684.70	\$4,684.70	\$4,684.70	\$4,684.70	0.00%
1	J9017		injection, arsenic trioxide, 1 mg	0-999	N/F		\$77.06	\$77.06	\$76.91	\$76.91	-0.19%
1	J9019		injection, asparaginase (erwinaze), 1,000 iu	0-999	N/F		\$414.83	\$414.83	\$414.82	\$414.82	0.00%
1	J9020		injection, asparaginase, not otherwise specified, 10,000 units	0-999	N/F		\$73.09	\$73.09	\$73.09	\$73.09	0.00%
1	J9022		injection, atezolizumab, 10 mg	0-999	N/F		\$76.90	\$76.90	\$77.76	\$77.76	1.12%
1	J9023		injection, avelumab, 10 mg	0-999	N/F		\$80.59	\$80.59	\$81.81	\$81.81	1.51%
1	J9025		injection, azacitidine, 1 mg	0-999	N/F		\$1.51	\$1.51	\$1.31	\$1.31	-13.25%
1	J9031		bcg (intravesical) per instillation	0-999	N/F		\$138.11	\$138.11	\$140.26	\$140.26	1.56%
1	J9032		injection, belinostat, 10 mg	0-999	N/F		\$37.26	\$37.26	\$38.24	\$38.24	2.63%
1	J9033		injection, bendamustine hcl (treanda), 1 mg	0-999	N/F		\$30.75	\$30.75	\$30.27	\$30.27	-1.56%
1	J9034		injection, bendamustine hcl (bendeke), 1 mg	0-999	N/F		\$23.45	\$23.45	\$23.83	\$23.83	1.62%
1	J9035		injection, bevacizumab, 10 mg	0-999	N/F		\$78.85	\$78.85	\$81.18	\$81.18	2.95%
1	J9040		injection, bleomycin sulfate, 15 units	0-999	N/F		\$27.82	\$27.82	\$28.78	\$28.78	3.41%
1	J9041		injection, bortezomib,(VELOCADE), 0.1 mg	0-999	N/F		\$46.75	\$46.75	\$45.61	\$45.61	-2.44%

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1	J9042		injection, brentuximab vedotin, 1 mg	0-999	N/F		\$150.82	\$150.82	\$156.72	\$156.72	3.91%
1	J9043		injection, cabazitaxel, 1 mg	0-999	N/F		\$163.59	\$163.59	\$168.31	\$168.31	2.89%
1	J9045		injection, carboplatin, 50 mg	0-999	N/F		\$3.24	\$3.24	\$3.25	\$3.25	0.31%
1	J9047		injection, carfilzomib, 1 mg	0-999	N/F		\$34.11	\$34.11	\$36.30	\$36.30	6.42%
1	J9050		injection, carmustine, 100 mg	0-999	N/F		\$3,921.51	\$3,921.51	\$4,052.35	\$4,052.35	3.34%
1	J9055		injection, cetuximab, 10 mg	0-999	N/F		\$60.78	\$60.78	\$60.57	\$60.57	-0.35%
1	J9060		injection, cisplatin, powder or solution, 10 mg	0-999	N/F		\$1.98	\$1.98	\$1.85	\$1.85	-6.57%
1	J9065		injection, cladribine, per 1 mg	0-999	N/F		\$22.27	\$22.27	\$21.88	\$21.88	-1.75%
1	J9070		cyclophosphamide, 100 mg	0-999	N/F		\$41.83	\$41.83	\$37.82	\$37.82	-9.59%
1	J9098		injection, cytarabine liposome, 10 mg	0-999	N/F		\$628.37	\$628.37	\$628.37	\$628.37	0.00%
1	J9100		injection, cytarabine, 100 mg	0-999	N/F		\$0.60	\$0.60	\$0.77	\$0.77	28.33%
1	J9120		injection, dactinomycin, 0.5 mg	0-999	N/F		\$1,574.07	\$1,574.07	\$1,455.38	\$1,455.38	-7.54%
1	J9130		dacarbazine, 100 mg	0-999	N/F		\$3.93	\$3.93	\$4.67	\$4.67	18.83%
1	J9145		injection, daratumumab, 10 mg	0-999	N/F		\$50.95	\$50.95	\$52.30	\$52.30	2.65%
1	J9150		injection, daunorubicin, 10 mg	0-999	N/F		\$42.30	\$42.30	\$48.17	\$48.17	13.88%
1	J9151		injection, daunorubicin citrate, liposomal formulation, 10 mg	0-999	N/F		\$276.00	\$276.00	\$68.00	\$68.00	-75.36%
1	J9155		injection, degarelix, 1 mg	0-999	N/F		\$3.66	\$3.66	\$3.80	\$3.80	3.83%
1	J9160		injection, denileukin diftitox, 300 micrograms	0-999	N/F		\$1,863.60	\$1,863.60	\$931.80	\$931.80	-50.00%
1	J9171		injection, docetaxel, 1 mg	0-999	N/F		\$1.81	\$1.81	\$1.35	\$1.35	-25.97%
1	J9176		injection, elotuzumab, 1 mg	0-999	N/F		\$6.42	\$6.42	\$6.40	\$6.40	-0.31%
1	J9178		injection, epirubicin hcl, 2 mg	0-999	N/F		\$1.29	\$1.29	\$1.19	\$1.19	-7.75%
1	J9179		injection, eribulin mesylate, 0.1 mg	0-999	N/F		\$112.99	\$112.99	\$115.31	\$115.31	2.05%
1	J9181		injection, etoposide, 10 mg	0-999	N/F		\$1.35	\$1.35	\$0.70	\$0.70	-48.15%
1	J9185		injection, fludarabine phosphate, 50 mg	0-999	N/F		\$74.28	\$74.28	\$79.51	\$79.51	7.04%
1	J9190		injection, fluorouracil, 500 mg	0-999	N/F		\$1.74	\$1.74	\$1.79	\$1.79	2.87%
1	J9200		injection, floxuridine, 500 mg	0-999	N/F		\$89.21	\$89.21	\$75.59	\$75.59	-15.27%
1	J9201		injection, gemcitabine hydrochloride, 200 mg	0-999	N/F		\$6.50	\$6.50	\$5.93	\$5.93	-8.77%
1	J9202		goserelin acetate implant, per 3.6 mg	0-999	N/F		\$467.58	\$467.58	\$501.21	\$501.21	7.19%
1	J9203		injection, gemtuzumab ozogamicin, 0.1 mg	0-999	N/F		\$193.16	\$193.16	\$218.67	\$218.67	13.21%
1	J9205		injection, irinotecan liposome, 1 mg	0-999	N/F		\$45.63	\$45.63	\$45.65	\$45.65	0.04%
1	J9206		injection, irinotecan, 20 mg	0-999	N/F		\$3.07	\$3.07	\$2.86	\$2.86	-6.84%
1	J9207		injection, ixabepilone, 1 mg	0-999	N/F		\$70.59	\$70.59	\$76.90	\$76.90	8.92%
1	J9208		injection, ifosfamide, 1 gram	0-999	N/F		\$26.27	\$26.27	\$25.45	\$25.45	-3.12%
1	J9209		injection, mesna, 200 mg	0-999	N/F		\$2.47	\$2.47	\$2.10	\$2.10	-14.98%
1	J9211		injection, idarubicin hydrochloride, 5 mg	0-999	N/F		\$35.45	\$35.45	\$32.80	\$32.80	-7.48%
1	J9214		injection, interferon, alfa-2b, recombinant, 1 million units	0-999	N/F		\$34.38	\$34.38	\$34.03	\$34.03	-1.02%
1	J9217		leuprolide acetate (for depot suspension), 7.5 mg	0-999	N/F		\$218.17	\$218.17	\$236.15	\$236.15	8.24%
1	J9218		leuprolide acetate, per 1 mg	0-999	N/F		\$33.20	\$33.20	\$20.49	\$20.49	-38.28%
1	J9228		injection, ipilimumab, 1 mg	0-999	N/F		\$148.63	\$148.63	\$150.90	\$150.90	1.53%
1	J9230		injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	0-999	N/F		\$322.66	\$322.66	\$320.09	\$320.09	-0.80%
1	J9245		injection, melphalan hydrochloride, 50 mg	0-999	N/F		\$1,055.92	\$1,055.92	\$804.63	\$804.63	-23.80%
1	J9250		methotrexate sodium, 5 mg	0-999	N/F		\$0.25	\$0.25	\$0.25	\$0.25	0.00%
1	J9260		methotrexate sodium, 50 mg	0-999	N/F		\$2.46	\$2.46	\$2.52	\$2.52	2.44%
1	J9262		injection, omacetaxine mepesuccinate, 0.01 mg	0-999	N/F		\$3.43	\$3.43	\$3.43	\$3.43	0.00%
1	J9263		injection, oxaliplatin, 0.5 mg	0-999	N/F		\$0.21	\$0.21	\$0.19	\$0.19	-9.52%
1	J9264		injection, paclitaxel protein-bound particles, 1 mg	0-999	N/F		\$11.23	\$11.23	\$11.87	\$11.87	5.70%
1	J9266		injection, pegaspargase, per single dose vial	0-999	N/F		\$15,030.18	\$15,030.18	\$15,061.17	\$15,061.17	0.21%
1	J9267		injection, paclitaxel, 1 mg	0-999	N/F		\$0.13	\$0.13	\$0.15	\$0.15	15.38%
1	J9268		injection, pentostatin, 10 mg	0-999	N/F		\$2,005.21	\$2,005.21	\$2,017.33	\$2,017.33	0.60%
1	J9271		injection, pembrolizumab, 1 mg	0-999	N/F		\$48.57	\$48.57	\$48.99	\$48.99	0.86%
1	J9280		injection, mitomycin, 5 mg	0-999	N/F		\$144.08	\$144.08	\$125.07	\$125.07	-13.19%
1	J9285		injection, olaratumab, 10 mg	0-999	N/F		\$51.04	\$51.04	\$51.04	\$51.04	0.00%
1	J9293		injection, mitoxantrone hydrochloride, per 5 mg	0-999	N/F		\$29.88	\$29.88	\$27.58	\$27.58	-7.70%

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1	J9295		injection, necitumumab, 1 mg	0-999	N/F		\$5.51	\$5.51	\$5.61	\$5.61	1.81%
1	J9299		injection, nivolumab, 1 mg	0-999	N/F		\$27.16	\$27.16	\$27.50	\$27.50	1.25%
1	J9301		injection, obinutuzumab, 10 mg	0-999	N/F		\$62.84	\$62.84	\$64.62	\$64.62	2.83%
1	J9302		injection, ofatumumab, 10 mg	0-999	N/F		\$58.44	\$58.44	\$58.49	\$58.49	0.09%
1	J9303		injection, panitumumab, 10 mg	0-999	N/F		\$111.94	\$111.94	\$114.70	\$114.70	2.47%
1	J9305		injection, pemetrexed, 10 mg	0-999	N/F		\$67.46	\$67.46	\$68.11	\$68.11	0.96%
1	J9306		injection, pertuzumab, 1 mg	0-999	N/F		\$11.81	\$11.81	\$12.20	\$12.20	3.30%
1	J9307		injection, pralatrexate, 1 mg	0-999	N/F		\$267.08	\$267.08	\$276.23	\$276.23	3.43%
1	J9310		injection, rituximab, 100 mg	0-999	N/F		\$91.53	\$915.30	\$1,127.42	\$1,127.42	23.17%
1	J9315		injection, romidepsin, 1 mg	0-999	N/F		\$329.04	\$329.04	\$316.78	\$316.78	-3.73%
1	J9320		injection, streptozocin, 1 gram	0-999	N/F		\$343.99	\$343.99	\$346.38	\$346.38	0.69%
1	J9328		injection, temozolomide, 1 mg	0-999	N/F		\$10.56	\$10.56	\$10.46	\$10.46	-0.95%
1	J9330		injection, temsirolimus, 1 mg	0-999	N/F		\$73.77	\$73.77	\$65.56	\$65.56	-11.13%
1	J9340		injection, thiotepea, 15 mg	0-999	N/F		\$1,080.00	\$1,080.00	\$1,080.00	\$1,080.00	0.00%
1	J9351		injection, topotecan, 0.1 mg	0-999	N/F		\$1.04	\$1.04	\$0.98	\$0.98	-5.77%
1	J9352		injection, trabectedin, 0.1 mg	0-999	N/F		\$296.42	\$296.42	\$300.63	\$300.63	1.42%
1	J9354		injection, ado-trastuzumab emtansine, 1 mg	0-999	N/F		\$30.69	\$30.69	\$31.22	\$31.22	1.73%
1	J9355		injection, trastuzumab, 10 mg	0-999	N/F		\$103.73	\$103.73	\$107.00	\$107.00	3.15%
1	J9357		injection, valrubicin, intravesical, 200 mg	0-999	N/F		\$1,249.17	\$1,249.17	\$1,331.12	\$1,331.12	6.56%
1	J9360		injection, vinblastine sulfate, 1 mg	0-999	N/F		\$3.81	\$3.81	\$3.69	\$3.69	-3.15%
1	J9370		vincristine sulfate, 1 mg	0-999	N/F		\$5.22	\$5.22	\$4.95	\$4.95	-5.17%
1	J9371		injection, vincristine sulfate liposome, 1 mg	0-999	N/F		\$2,807.15	\$2,807.15	\$2,916.62	\$2,916.62	3.90%
1	J9390		injection, vinorelbine tartrate, 10 mg	0-999	N/F		\$17.23	\$17.23	\$8.27	\$8.27	-52.00%
1	J9395		injection, fulvestrant, 25 mg	0-999	N/F		\$97.24	\$97.24	\$97.49	\$97.49	0.26%
1	J9400		injection, ziv-aflibercept, 1 mg	0-999	N/F		\$8.09	\$8.09	\$8.08	\$8.08	-0.12%
1	Q0138		injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	0-999	N/F		\$0.96	\$0.96	\$1.01	\$1.01	5.21%
1	Q2041		axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car t cells, including leukapheresis and dose preparation procedures, per infusion	0-999	N/F		\$373,000.00	\$373,000.00	\$447,600.00	\$447,600.00	20.00%
1	Q2042		TISAGENLECLEUCEL CAR-POS T	0-999	N/F		\$447,600.00	\$447,600.00	\$447,600.00	\$447,600.00	0.00%
1	Q2042	U1	TISAGENLECLEUCEL CAR-POS T	0-999	N/F		\$570,000.00	\$570,000.00	\$570,000.00	\$570,000.00	0.00%
1	Q2043		sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	0-999	N/F		\$41,532.64	\$41,532.64	\$42,616.29	\$42,616.29	2.61%
1	Q2049		injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	0-999	N/F		\$575.58	\$575.58	\$575.58	\$575.58	0.00%
1	Q2050		injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10mg	0-999	N/F		\$372.49	\$372.49	\$381.33	\$381.33	2.37%

*Type of Service (TOS)	
1	Medical Services
D	Tuberculosis Clinic
Modifier	
U1	Vaccine(s)/toxoid(s) privately purchased by provider when Texas Vaccines for Children vaccine/toxoid is unavailable
*Provider Type/Provider Specialty	
72	Nephrology (Hemodialysis, Renal Dialysis)
73	Renal Dialysis Facility

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CFR ATTACHMENT 11 - Medical and Surgical Supplies - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4206		Syringe with needle, sterile, 1 cc or less, each	0-999	N	\$0.25	\$0.25	\$0.26	\$0.26	4.00%
9	A4207		Syringe with needle, sterile 2 cc, each	0-999	N	\$0.29	\$0.29	\$0.29	\$0.29	0.00%
9	A4208		Syringe with needle, sterile 3 cc, each	0-999	N	\$0.35	\$0.35	\$0.35	\$0.35	0.00%
9	A4209		Syringe with needle, sterile 5 cc or greater, each	0-999	N	\$0.40	\$0.40	\$0.40	\$0.40	0.00%
9	A4211	U4	Supplies for self-administered injections	0-999	N	\$2.04	\$2.04	\$2.04	\$2.04	0.00%
9	A4212		Noncoring needle or stylet with or without catheter	0-999	N	\$20.76	\$20.76	\$20.76	\$20.76	0.00%
9	A4213		Syringe, sterile, 20 cc or greater, each	0-999	N	\$0.49	\$0.49	\$0.49	\$0.49	0.00%
9	A4215		Needle, sterile, any size, each	0-999	N	\$0.20	\$0.20	\$0.23	\$0.23	15.00%
9	A4216		Sterile water, saline and/or dextrose, diluent/flush, 10 ml	0-999	N	\$0.39	\$0.39	\$0.39	\$0.39	0.00%
9	A4217		Sterile water/saline, 500 ml	0-999	N	\$3.13	\$3.13	\$3.13	\$3.13	0.00%
9	A4220		Refill kit for implantable infusion pump	0-999	N	\$50.00	\$50.00	\$43.62	\$43.62	-12.76%
9	A4222		Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	0-999	N	\$35.89	\$35.89	\$35.89	\$35.89	0.00%
9	A4224		Supplies for maintenance of insulin infusion catheter, per week	0-999	N	\$27.59	\$27.59	\$19.71	\$19.71	-28.56%
9	A4225		Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	0-999	N	\$27.59	\$27.59	\$2.64	\$2.64	-90.43%
9	A4230		Infusion set for external insulin pump, nonneedle cannula type	0-999	N	\$12.00	\$12.00	\$11.55	\$11.55	-3.75%
9	A4231		Infusion set for external insulin pump, needle type	0-999	N	\$7.40	\$7.40	\$6.27	\$6.27	-15.27%
9	A4232		Syringe with needle for external insulin pump, sterile, 3 cc	0-999	N	\$2.65	\$2.65	\$2.61	\$2.61	-1.51%
9	A4233		Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	0-999	N	\$0.77	\$0.77	\$0.51	\$0.51	-33.77%
9	A4234		Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	0-999	N	\$3.51	\$3.51	\$2.36	\$2.36	-32.76%
9	A4235		Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	0-999	N	\$2.26	\$2.26	\$1.00	\$1.00	-55.75%

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9	A4236		Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	0-999	N	\$1.62	\$1.62	\$1.16	\$1.16	-28.40%
9	A4244		Alcohol or peroxide, per pint	0-999	N	\$1.78	\$1.78	\$0.85	\$0.85	-52.25%
9	A4245		Alcohol wipes, per box	0-999	N	\$2.06	\$2.06	\$1.88	\$1.88	-8.74%
9	A4246		Betadine or pHisoHex solution, per pint	0-999	N	\$6.25	\$6.25	\$4.95	\$4.95	-20.80%
9	A4247		Betadine or iodine swabs/wipes, per box	0-999	N	\$7.88	\$7.88	\$7.58	\$7.58	-3.81%
9	A4248		Chlorhexidine containing antiseptic, 1 ml	0-999	N	\$0.29	\$0.29	\$0.29	\$0.29	0.00%
9	A4250		Urine test or reagent strips or tablets (100 tablets or strips)	0-999	N	\$15.12	\$15.12	\$15.12	\$15.12	0.00%
9	A4252		Blood ketone test or reagent strip, each	0-999	N	\$6.24	\$6.24	\$6.24	\$6.24	0.00%
9	A4253		Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	0-999	N	\$28.28	\$28.28	\$28.28	\$28.28	0.00%
9	A4256		Normal, low, and high calibrator solution/chips	0-999	N	\$7.07	\$7.07	\$3.38	\$3.38	-52.19%
9	A4258		Spring-powered device for lancet, each	0-999	N	\$14.65	\$14.65	\$2.12	\$2.12	-85.53%
9	A4259		Lancets, per box of 100	0-999	N	\$11.10	\$11.10	\$11.10	\$11.10	0.00%
9	A4263		Permanent, long-term, nondissolvable lacrimal duct implant, each	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4265		Paraffin, per pound	0-999	N/F	\$3.23	\$3.23	\$3.23	\$3.23	0.00%
9	A4280		Adhesive skin support attachment for use with external breast prosthesis, each	0-999	N	\$4.71	\$4.71	\$4.71	\$4.71	0.00%
9	A4281		Tubing for breast pump, replacement	0-999	N	\$4.65	\$4.65	\$4.65	\$4.65	0.00%
9	A4282		Adapter for breast pump, replacement	0-999	N	\$0.62	\$0.62	\$0.62	\$0.62	0.00%
9	A4283		Cap for breast pump bottle, replacement	0-999	N	\$0.69	\$0.69	\$0.69	\$0.69	0.00%
9	A4284		Breast shield and splash protector for use with breast pump, replacement	0-999	N	\$9.09	\$9.09	\$9.09	\$9.09	0.00%
9	A4285		Polycarbonate bottle for use with breast pump, replacement	0-999	N	\$2.87	\$2.87	\$2.87	\$2.87	0.00%
9	A4286		Locking ring for breast pump, replacement	0-999	N	\$0.57	\$0.57	\$0.57	\$0.57	0.00%
9	A4290		Sacral nerve stimulation test lead, each	0-999	N/F	\$490.36	\$490.36	\$490.36	\$490.36	0.00%
9	A4300		Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	0-999	N	\$10.86	\$10.86	\$10.86	\$10.86	0.00%
9	A4301		Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)	0-999	N/F	\$41.86	\$41.86	\$41.86	\$41.86	0.00%
9	A4305		Disposable drug delivery system, flow rate of 50 ml or greater per hour	0-999	N	\$20.93	\$20.93	\$20.93	\$20.93	0.00%

CFR ATTACHMENT 11 - Medical and Surgical Supplies - (Proposed to be effective April 1, 2019)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
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9	A4306		Disposable drug delivery system, flow rate of less than 50 ml per hour	0-999	N	\$18.33	\$18.33	\$18.33	\$18.33	0.00%
9	A4310		Insertion tray without drainage bag and without catheter (accessories only)	0-999	N	\$5.47	\$5.47	\$5.47	\$5.47	0.00%
9	A4311		Insertion tray without drainage bag with indwelling catheter, Foley type, 2-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	0-999	N	\$10.72	\$10.72	\$10.72	\$10.72	0.00%
9	A4312		Insertion tray without drainage bag with indwelling catheter, Foley type, 2-way, all silicone	0-999	N	\$14.65	\$14.65	\$14.65	\$14.65	0.00%
9	A4313		Insertion tray without drainage bag with indwelling catheter, Foley type, 3-way, for continuous irrigation	0-999	N	\$17.01	\$17.01	\$17.01	\$17.01	0.00%
9	A4314		Insertion tray with drainage bag with indwelling catheter, Foley type, 2-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	0-999	N	\$20.64	\$20.64	\$20.64	\$20.64	0.00%
9	A4315		Insertion tray with drainage bag with indwelling catheter, Foley type, 2-way, all silicone	0-999	N	\$20.64	\$20.64	\$20.64	\$20.64	0.00%
9	A4316		Insertion tray with drainage bag with indwelling catheter, Foley type, 3-way, for continuous irrigation	0-999	N	\$23.01	\$23.01	\$23.01	\$23.01	0.00%
9	A4320		Irrigation tray with bulb or piston syringe, any purpose	0-999	N	\$3.65	\$3.65	\$3.65	\$3.65	0.00%
9	A4321		Therapeutic agent for urinary catheter irrigation	0-999	N	\$8.28	\$8.28	\$8.28	\$8.28	0.00%
9	A4322		Irrigation syringe, bulb or piston, each	0-999	N	\$2.35	\$2.35	\$2.35	\$2.35	0.00%
9	A4326		Male external catheter with integral collection chamber, any type, each	0-999	N	\$10.79	\$10.79	\$10.79	\$10.79	0.00%
9	A4327		Female external urinary collection device; meatal cup, each	0-999	N	\$38.54	\$38.54	\$38.54	\$38.54	0.00%
9	A4328		Female external urinary collection device; pouch, each	0-999	N	\$6.83	\$6.83	\$6.83	\$6.83	0.00%
9	A4330		Perianal fecal collection pouch with adhesive, each	0-999	N	\$5.65	\$5.65	\$5.65	\$5.65	0.00%
9	A4331		Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	0-999	N	\$2.50	\$2.50	\$2.50	\$2.50	0.00%
9	A4332		Lubricant, individual sterile packet, each	0-999	N	\$0.10	\$0.10	\$0.10	\$0.10	0.00%

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9	A4333		Urinary catheter anchoring device, adhesive skin attachment, each	0-999	N	\$1.73	\$1.73	\$1.73	\$1.73	0.00%
9	A4334		Urinary catheter anchoring device, leg strap, each	0-999	N	\$3.88	\$3.88	\$3.88	\$3.88	0.00%
1	A4335		Incontinence supply; miscellaneous	0-999	N	\$3.09	\$2.84	\$3.09	\$2.84	0.00%
9	A4335		Incontinence supply; miscellaneous	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4338		Indwelling catheter; Foley type, 2-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	0-999	N	\$10.44	\$10.44	\$10.44	\$10.44	0.00%
9	A4340		Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each	0-999	N	\$17.55	\$17.55	\$17.87	\$17.87	1.82%
9	A4344		Indwelling catheter, Foley type, 2-way, all silicone, each	0-999	N	\$10.66	\$10.66	\$10.66	\$10.66	0.00%
9	A4346		Indwelling catheter; Foley type, 3-way for continuous irrigation, each	0-999	N	\$13.27	\$13.27	\$13.27	\$13.27	0.00%
9	A4349		Male external catheter, with or without adhesive, disposable, each	0-999	N	\$1.80	\$1.80	\$1.80	\$1.80	0.00%
9	A4351	SC	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	0-999	N	\$3.65	\$3.65	\$3.65	\$3.65	0.00%
9	A4351		Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	0-999	N	\$1.81	\$1.81	\$1.81	\$1.81	0.00%
9	A4352		Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	0-999	N	\$5.07	\$5.07	\$5.07	\$5.07	0.00%
9	A4353		Intermittent urinary catheter, with insertion supplies	0-999	N	\$6.66	\$6.66	\$6.66	\$6.66	0.00%
9	A4354		Insertion tray with drainage bag but without catheter	0-999	N	\$10.06	\$10.06	\$10.06	\$10.06	0.00%
9	A4355		Irrigation tubing set for continuous bladder irrigation through a 3-way indwelling Foley catheter, each	0-999	N	\$7.94	\$7.94	\$7.94	\$7.94	0.00%
9	A4356		External urethral clamp or compression device (not to be used for catheter clamp), each	0-999	N	\$30.40	\$30.40	\$30.40	\$30.40	0.00%

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9	A4357		Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each	0-999	N	\$7.65	\$7.65	\$7.65	\$7.65	0.00%
9	A4358		Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	0-999	N	\$6.23	\$6.23	\$6.23	\$6.23	0.00%
9	A4360		Disposable external urethral clamp or compression device, with pad and/or pouch, each	0-999	N	\$0.43	\$0.43	\$0.43	\$0.43	0.00%
9	A4361		Ostomy faceplate, each	0-999	N	\$18.37	\$18.37	\$18.37	\$18.37	0.00%
9	A4362		Skin barrier; solid, 4 x 4 or equivalent; each	0-999	N	\$2.64	\$2.64	\$2.64	\$2.64	0.00%
9	A4363		Ostomy clamp, any type, replacement only, each	0-999	N	\$2.17	\$2.17	\$2.17	\$2.17	0.00%
9	A4364		Adhesive, liquid or equal, any type, per oz	0-999	N	\$2.84	\$2.84	\$2.84	\$2.84	0.00%
9	A4366		Ostomy vent, any type, each	0-999	N	\$1.03	\$1.03	\$1.03	\$1.03	0.00%
9	A4367		Ostomy belt, each	0-999	N	\$7.15	\$7.15	\$7.15	\$7.15	0.00%
9	A4368		Ostomy filter, any type, each	0-999	N	\$0.25	\$0.25	\$0.25	\$0.25	0.00%
9	A4369		Ostomy skin barrier, liquid (spray, brush, etc.), per oz	0-999	N	\$2.30	\$2.30	\$2.30	\$2.30	0.00%
9	A4371		Ostomy skin barrier, powder, per oz	0-999	N	\$3.83	\$3.83	\$3.83	\$3.83	0.00%
9	A4372		Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each	0-999	N	\$3.98	\$3.98	\$3.98	\$3.98	0.00%
9	A4373		Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each	0-999	N	\$5.99	\$5.99	\$5.99	\$5.99	0.00%
9	A4375		Ostomy pouch, drainable, with faceplate attached, plastic, each	0-999	N	\$16.38	\$16.38	\$16.38	\$16.38	0.00%
9	A4376		Ostomy pouch, drainable, with faceplate attached, rubber, each	0-999	N	\$45.38	\$45.38	\$45.38	\$45.38	0.00%
9	A4377		Ostomy pouch, drainable, for use on faceplate, plastic, each	0-999	N	\$4.09	\$4.09	\$4.09	\$4.09	0.00%
9	A4378		Ostomy pouch, drainable, for use on faceplate, rubber, each	0-999	N	\$29.33	\$29.33	\$29.33	\$29.33	0.00%
9	A4379		Ostomy pouch, urinary, with faceplate attached, plastic, each	0-999	N	\$14.33	\$14.33	\$14.33	\$14.33	0.00%
9	A4380		Ostomy pouch, urinary, with faceplate attached, rubber, each	0-999	N	\$35.60	\$35.60	\$35.60	\$35.60	0.00%
9	A4381		Ostomy pouch, urinary, for use on faceplate, plastic, each	0-999	N	\$4.40	\$4.40	\$4.40	\$4.40	0.00%
9	A4382		Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	0-999	N	\$23.48	\$23.48	\$23.48	\$23.48	0.00%
9	A4383		Ostomy pouch, urinary, for use on faceplate, rubber, each	0-999	N	\$26.89	\$26.89	\$26.89	\$26.89	0.00%
9	A4384		Ostomy faceplate equivalent, silicone ring, each	0-999	N	\$9.18	\$9.18	\$9.18	\$9.18	0.00%

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TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
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9	A4385		Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each	0-999	N	\$5.25	\$5.25	\$5.25	\$5.25	0.00%
9	A4387		Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each	0-999	N	\$2.45	\$2.45	\$2.45	\$2.45	0.00%
9	A4388		Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	0-999	N	\$4.58	\$4.58	\$4.58	\$4.58	0.00%
9	A4389		Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	0-999	N	\$5.93	\$5.93	\$5.93	\$5.93	0.00%
9	A4390		Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	0-999	N	\$9.17	\$9.17	\$9.17	\$9.17	0.00%
9	A4391		Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	0-999	N	\$6.74	\$6.74	\$6.74	\$6.74	0.00%
9	A4392		Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	0-999	N	\$6.34	\$6.34	\$6.34	\$6.34	0.00%
9	A4393		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	0-999	N	\$8.75	\$8.75	\$8.75	\$8.75	0.00%
9	A4394		Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fl oz	0-999	N	\$2.50	\$2.50	\$2.50	\$2.50	0.00%
9	A4395		Ostomy deodorant for use in ostomy pouch, solid, per tablet	0-999	N	\$0.05	\$0.05	\$0.05	\$0.05	0.00%
9	A4396		Ostomy belt with peristomal hernia support	0-999	N	\$38.61	\$38.61	\$38.61	\$38.61	0.00%
9	A4397		Irrigation supply; sleeve, each	0-999	N	\$4.41	\$4.41	\$4.41	\$4.41	0.00%
9	A4398		Ostomy irrigation supply; bag, each	0-999	N	\$10.84	\$10.84	\$10.84	\$10.84	0.00%
9	A4399		Ostomy irrigation supply; cone/catheter, with or without brush	0-999	N	\$8.18	\$8.18	\$8.18	\$8.18	0.00%
9	A4400		Ostomy irrigation set	0-999	N	\$46.88	\$46.88	\$46.88	\$46.88	0.00%
9	A4402		Lubricant, per oz	0-999	N	\$1.52	\$1.52	\$1.52	\$1.52	0.00%
9	A4404		Ostomy ring, each	0-999	N	\$1.55	\$1.55	\$1.55	\$1.55	0.00%
9	A4405		Ostomy skin barrier, nonpectin-based, paste, per oz	0-999	N	\$3.35	\$3.35	\$3.35	\$3.35	0.00%
9	A4406		Ostomy skin barrier, pectin-based, paste, per oz	0-999	N	\$6.02	\$6.02	\$6.02	\$6.02	0.00%
9	A4407		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 in or smaller, each	0-999	N	\$9.19	\$9.19	\$9.19	\$9.19	0.00%

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9	A4408		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 in, each	0-999	N	\$9.87	\$9.87	\$9.87	\$9.87	0.00%
9	A4409		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 in or smaller, each	0-999	N	\$6.52	\$6.52	\$6.52	\$6.52	0.00%
9	A4410		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 in, each	0-999	N	\$9.04	\$9.04	\$9.04	\$9.04	0.00%
9	A4411		Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each	0-999	N	\$3.72	\$3.72	\$3.72	\$3.72	0.00%
9	A4412		Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	0-999	N	\$2.84	\$2.84	\$2.84	\$2.84	0.00%
9	A4413		Ostomy pouch, drainable, high output, for use on a barrier with flange (2-piece system), with filter, each	0-999	N	\$5.50	\$5.50	\$5.50	\$5.50	0.00%
9	A4414		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 in or smaller, each	0-999	N	\$5.17	\$5.17	\$5.17	\$5.17	0.00%
9	A4415		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in, each	0-999	N	\$6.29	\$6.29	\$6.29	\$6.29	0.00%
9	A4416		Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	0-999	N	\$2.17	\$2.17	\$2.17	\$2.17	0.00%
9	A4417		Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	0-999	N	\$2.93	\$2.93	\$2.93	\$2.93	0.00%
9	A4418		Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	0-999	N	\$1.81	\$1.81	\$1.81	\$1.81	0.00%
9	A4419		Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (2 piece), each	0-999	N	\$1.37	\$1.37	\$1.37	\$1.37	0.00%
9	A4420		Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	0-999	N	\$1.89	\$1.89	\$1.89	\$1.89	0.00%
9	A4421		Ostomy supply; miscellaneous	0-999	N	\$23.00	\$23.00	\$23.00	\$23.00	0.00%
9	A4422		Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	0-999	N	\$0.12	\$0.12	\$0.12	\$0.12	0.00%

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9	A4423		Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	0-999	N	\$1.46	\$1.46	\$1.46	\$1.46	0.00%
9	A4424		Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	0-999	N	\$3.74	\$3.74	\$3.74	\$3.74	0.00%
9	A4425		Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (2-piece system), each	0-999	N	\$2.82	\$2.82	\$2.82	\$2.82	0.00%
9	A4426		Ostomy pouch, drainable; for use on barrier with locking flange (2-piece system), each	0-999	N	\$2.15	\$2.15	\$2.15	\$2.15	0.00%
9	A4427		Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2-piece system), each	0-999	N	\$2.19	\$2.19	\$2.19	\$2.19	0.00%
9	A4428		Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	0-999	N	\$6.83	\$6.83	\$6.83	\$6.83	0.00%
9	A4429		Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	0-999	N	\$6.49	\$6.49	\$6.49	\$6.49	0.00%
9	A4430		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	0-999	N	\$6.70	\$6.70	\$6.70	\$6.70	0.00%
9	A4431		Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	0-999	N	\$4.89	\$4.89	\$4.89	\$4.89	0.00%
9	A4432		Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (2 piece), each	0-999	N	\$2.83	\$2.83	\$2.83	\$2.83	0.00%
9	A4433		Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	0-999	N	\$2.63	\$2.63	\$2.63	\$2.63	0.00%
9	A4434		Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	0-999	N	\$2.96	\$2.96	\$2.96	\$2.96	0.00%
9	A4435		Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	0-999	N	\$4.70	\$4.70	\$4.70	\$4.70	0.00%
9	A4450		Tape, nonwaterproof, per 18 sq in	0-999	N	\$0.09	\$0.09	\$0.09	\$0.09	0.00%
9	A4452		Tape, waterproof, per 18 sq in	0-999	N	\$0.36	\$0.36	\$0.36	\$0.36	0.00%

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9	A4455		Adhesive remover or solvent (for tape, cement or other adhesive), per oz	0-999	N	\$1.22	\$1.22	\$1.22	\$1.22	0.00%
9	A4456		Adhesive remover, wipes, any type, each	0-999	N	\$0.26	\$0.26	\$0.26	\$0.26	0.00%
9	A4461		Surgical dressing holder, nonreusable, each	0-999	N	\$3.29	\$3.29	\$3.29	\$3.29	0.00%
9	A4465		Nonelastic binder for extremity	0-999	N	\$18.31	\$18.31	\$18.31	\$18.31	0.00%
9	A4467		Belt, strap, sleeve, garment, or covering, any type	0-999	N	\$54.00	\$54.00	\$54.00	\$54.00	0.00%
9	A4481		Tracheostoma filter, any type, any size, each	0-999	N	\$0.37	\$0.37	\$0.37	\$0.37	0.00%
9	A4483		Moisture exchanger, disposable, for use with invasive mechanical ventilation	0-999	N	\$4.28	\$4.28	\$4.28	\$4.28	0.00%
9	A4490		Surgical stockings above knee length, each	0-999	N/F	\$17.80	\$17.80	\$17.80	\$17.80	0.00%
9	A4495		Surgical stockings thigh length, each	0-999	N/F	\$39.27	\$39.27	\$39.27	\$39.27	0.00%
9	A4500		Surgical stockings below knee length, each	0-999	N/F	\$14.97	\$14.97	\$14.97	\$14.97	0.00%
9	A4510		Surgical stockings full-length, each	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4554		Disposable underpads, all sizes	0-999	N	\$0.41	\$0.38	\$0.31	\$0.31	-18.42%
9	A4556		Electrodes (e.g., apnea monitor), per pair	0-999	N	\$12.14	\$12.14	\$12.14	\$12.14	0.00%
9	A4557		Lead wires (e.g., apnea monitor), per pair	0-999	N	\$15.97	\$15.97	\$15.97	\$15.97	0.00%
9	A4558		Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz	0-999	N	\$2.57	\$2.57	\$2.61	\$2.61	1.56%
9	A4561		Pessary, rubber, any type	0-999	N	\$19.00	\$19.00	\$19.00	\$19.00	0.00%
9	A4562		Pessary, nonrubber, any type	0-999	N	\$47.26	\$47.26	\$47.26	\$47.26	0.00%
9	A4565		Slings	0-999	N/F	\$8.41	\$8.41	\$8.41	\$8.41	0.00%
9	A4566		Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	0-999	N	\$105.10	\$105.10	\$105.10	\$105.10	0.00%
9	A4570		Splint	0-999	N/F	\$31.01	\$31.01	\$31.01	\$31.01	0.00%
9	A4595		Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	0-999	N	\$22.86	\$22.86	\$21.69	\$21.69	-5.12%
9	A4600		Sleeve for intermittent limb compression device, replacement only, each	0-999	N	\$39.26	\$39.26	\$39.26	\$39.26	0.00%
9	A4601		Lithium ion battery, rechargeable, for nonprosthetic use, replacement	0-999	N	\$2.67	\$2.67	\$2.67	\$2.67	0.00%
9	A4602		Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	0-999	N	\$2.45	\$2.45	\$2.45	\$2.45	0.00%
9	A4605		Tracheal suction catheter, closed system, each	0-999	N	\$16.40	\$16.40	\$16.40	\$16.40	0.00%
9	A4606	U5	Oxygen probe for use with oximeter device, replacement	0-999	N	\$187.13	\$187.13	\$187.13	\$187.13	0.00%

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9	A4606		Oxygen probe for use with oximeter device, replacement	0-999	N	\$36.90	\$36.90	\$35.44	\$35.44	-3.96%
9	A4611		Battery, heavy-duty; replacement for patient-owned ventilator	0-999	N	\$144.56	\$144.56	\$144.56	\$144.56	0.00%
9	A4612		Battery cables; replacement for patient-owned ventilator	0-999	N	\$60.00	\$60.00	\$60.00	\$60.00	0.00%
9	A4613		Battery charger; replacement for patient-owned ventilator	0-999	N	\$112.68	\$112.68	\$112.68	\$112.68	0.00%
9	A4614		Peak expiratory flow rate meter, hand held	0-999	N	\$22.68	\$22.68	\$22.68	\$22.68	0.00%
9	A4615		Cannula, nasal	0-999	N	\$0.75	\$0.75	\$0.75	\$0.75	0.00%
9	A4616		Tubing (oxygen), per foot	0-999	N	\$0.07	\$0.07	\$0.07	\$0.07	0.00%
9	A4617		Mouthpiece	0-999	N	\$3.25	\$3.25	\$3.25	\$3.25	0.00%
9	A4618		Breathing circuits	0-999	N	\$4.18	\$4.18	\$4.26	\$4.26	1.91%
9	A4619		Face tent	0-999	N	\$1.21	\$1.21	\$1.21	\$1.21	0.00%
9	A4620		Variable concentration mask	0-999	N	\$0.62	\$0.62	\$0.62	\$0.62	0.00%
9	A4623	U3	Tracheostomy, inner cannula	0-999	N	\$2.57	\$2.57	\$3.15	\$3.15	22.57%
9	A4623		Tracheostomy, inner cannula	0-999	N	\$5.28	\$5.28	\$5.28	\$5.28	0.00%
9	A4624		Tracheal suction catheter, any type other than closed system, each	0-999	N	\$2.38	\$2.38	\$2.38	\$2.38	0.00%
9	A4627		Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	0-999	N	\$30.82	\$30.82	\$30.82	\$30.82	0.00%
9	A4628		Oropharyngeal suction catheter, each	0-999	N	\$3.65	\$3.65	\$3.65	\$3.65	0.00%
9	A4629		Tracheostomy care kit for established tracheostomy	0-999	N	\$4.30	\$4.30	\$4.30	\$4.30	0.00%
9	A4630		Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	0-999	N	\$6.56	\$6.56	\$6.56	\$6.56	0.00%
9	A4635		Underarm pad, crutch, replacement, each	0-999	N	\$2.58	\$2.58	\$2.58	\$2.58	0.00%
9	A4636		Replacement, handgrip, cane, crutch, or walker, each	0-999	N	\$3.20	\$3.20	\$3.01	\$3.01	-5.94%
9	A4637		Replacement, tip, cane, crutch, walker, each	0-999	N	\$1.64	\$1.64	\$1.64	\$1.64	0.00%
9	A4640		Replacement pad for use with medically necessary alternating pressure pad owned by patient	0-999	N	\$45.89	\$45.89	\$45.89	\$45.89	0.00%
9	A4648		Tissue marker, implantable, any type, each	0-20	F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4651		Calibrated microcapillary tube, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4652		Microcapillary tube sealant	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4657		Syringe, with or without needle, each	0-999	N	\$0.70	\$0.70	\$0.70	\$0.70	0.00%
9	A4660		Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	0-999	N	\$26.90	\$26.90	\$28.20	\$28.20	4.83%
9	A4663		Blood pressure cuff only	0-999	N/F	\$25.76	\$25.76	\$25.76	\$25.76	0.00%

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9	A4670		Automatic blood pressure monitor	0-999	N	\$62.30	\$62.30	\$62.30	\$62.30	0.00%
9	A4680		Activated carbon filter for hemodialysis, each	0-999	N	\$182.74	\$182.74	\$182.74	\$182.74	0.00%
9	A4690		Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4706		Bicarbonate concentrate, solution, for hemodialysis, per gallon	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4707		Bicarbonate concentrate, powder, for hemodialysis, per packet	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4708		Acetate concentrate solution, for hemodialysis, per gallon	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4709		Acid concentrate, solution, for hemodialysis, per gallon	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4714		Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4719		"Y set" tubing for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4720		Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4721		Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4722		Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4723		Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4724		Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4725		Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%

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9	A4726		Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4730		Fistula cannulation set for hemodialysis, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4736		Topical anesthetic, for dialysis, per g	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4737		Injectable anesthetic, for dialysis, per 10 ml	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4740		Shunt accessory, for hemodialysis, any type, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4750		Blood tubing, arterial or venous, for hemodialysis, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4755		Blood tubing, arterial and venous combined, for hemodialysis, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4760		Dialysate solution test kit, for peritoneal dialysis, any type, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4765		Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4766		Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4772		Blood glucose test strips, for dialysis, per 50	0-999	N	\$33.23	\$33.23	\$33.23	\$33.23	0.00%
9	A4773		Occult blood test strips, for dialysis, per 50	0-999	N	\$27.46	\$27.46	\$27.46	\$27.46	0.00%
9	A4774		Ammonia test strips, for dialysis, per 50	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4802		Protamine sulfate, for hemodialysis, per 50 mg	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4860		Disposable catheter tips for peritoneal dialysis, per 10	0-999	N	\$6.15	\$6.15	\$6.15	\$6.15	0.00%
9	A4911		Drain bag/bottle, for dialysis, each	0-999	N	\$6.15	\$6.15	\$6.15	\$6.15	0.00%
9	A4913		Miscellaneous dialysis supplies, not otherwise specified	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4918		Venous pressure clamp, for hemodialysis, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4927		Gloves, nonsterile, per 100	0-999	N	\$7.97	\$7.97	\$7.78	\$7.78	-2.38%
9	A4928		Surgical mask, per 20	0-999	N	\$24.16	\$24.16	\$24.16	\$24.16	0.00%
9	A4929		Tourniquet for dialysis, each	0-999	N	\$1.24	\$1.24	\$1.24	\$1.24	0.00%
9	A4930		Gloves, sterile, per pair	0-999	N	\$0.77	\$0.77	\$0.77	\$0.77	0.00%
9	A4931		Oral thermometer, reusable, any type, each	0-999	N	\$5.42	\$5.42	\$5.42	\$5.42	0.00%
9	A4932		Rectal thermometer, reusable, any type, each	0-999	N	\$5.42	\$5.42	\$5.42	\$5.42	0.00%
9	A5051		Ostomy pouch, closed; with barrier attached (1 piece), each	0-999	N	\$1.80	\$1.80	\$1.80	\$1.80	0.00%
9	A5052		Ostomy pouch, closed; without barrier attached (1 piece), each	0-999	N	\$1.31	\$1.31	\$1.31	\$1.31	0.00%
9	A5053		Ostomy pouch, closed; for use on faceplate, each	0-999	N	\$1.36	\$1.36	\$1.36	\$1.36	0.00%

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9	A5054		Ostomy pouch, closed; for use on barrier with flange (2 piece), each	0-999	N	\$1.90	\$1.90	\$1.90	\$1.90	0.00%
9	A5055		Stoma cap	0-999	N	\$1.12	\$1.12	\$1.12	\$1.12	0.00%
9	A5056		Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	0-999	N	\$3.76	\$3.76	\$3.76	\$3.76	0.00%
9	A5057		Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each	0-999	N	\$7.74	\$7.74	\$7.74	\$7.74	0.00%
9	A5061		Ostomy pouch, drainable; with barrier attached, (1 piece), each	0-999	N	\$3.90	\$3.90	\$3.90	\$3.90	0.00%
9	A5062		Ostomy pouch, drainable; without barrier attached (1 piece), each	0-999	N	\$2.09	\$2.09	\$2.09	\$2.09	0.00%
9	A5063		Ostomy pouch, drainable; for use on barrier with flange (2-piece system), each	0-999	N	\$2.99	\$2.99	\$2.99	\$2.99	0.00%
9	A5071		Ostomy pouch, urinary; with barrier attached (1 piece), each	0-999	N	\$4.95	\$4.95	\$4.95	\$4.95	0.00%
9	A5072		Ostomy pouch, urinary; without barrier attached (1 piece), each	0-999	N	\$3.60	\$3.60	\$3.60	\$3.60	0.00%
9	A5073		Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	0-999	N	\$3.34	\$3.34	\$3.34	\$3.34	0.00%
9	A5081		Stoma plug or seal, any type	0-999	N	\$2.14	\$2.14	\$2.14	\$2.14	0.00%
9	A5082		Continent device; catheter for continent stoma	0-999	N	\$9.66	\$9.66	\$9.66	\$9.66	0.00%
9	A5083		Continent device, stoma absorptive cover for continent stoma	0-999	N	\$0.63	\$0.63	\$0.63	\$0.63	0.00%
9	A5093		Ostomy accessory; convex insert	0-999	N	\$1.58	\$1.58	\$1.58	\$1.58	0.00%
9	A5102		Bedside drainage bottle with or without tubing, rigid or expandable, each	0-999	N	\$23.52	\$23.52	\$23.52	\$23.52	0.00%
9	A5105		Urinary suspensory with leg bag, with or without tube, each	0-999	N	\$34.23	\$34.23	\$34.23	\$34.23	0.00%
9	A5112		Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	0-999	N	\$30.86	\$30.86	\$30.86	\$30.86	0.00%
9	A5113		Leg strap; latex, replacement only, per set	0-999	N	\$3.55	\$3.55	\$3.55	\$3.55	0.00%
9	A5114		Leg strap; foam or fabric, replacement only, per set	0-999	N	\$8.94	\$8.94	\$8.94	\$8.94	0.00%
9	A5120		Skin barrier, wipes or swabs, each	0-999	N	\$0.26	\$0.26	\$0.26	\$0.26	0.00%
9	A5121		Skin barrier; solid, 6 x 6 or equivalent, each	0-999	N	\$5.88	\$5.88	\$5.88	\$5.88	0.00%
9	A5122		Skin barrier; solid, 8 x 8 or equivalent, each	0-999	N	\$8.78	\$8.78	\$8.78	\$8.78	0.00%
9	A5126		Adhesive or nonadhesive; disk or foam pad	0-999	N	\$1.32	\$1.32	\$1.32	\$1.32	0.00%

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9	A5131		Appliance cleaner, incontinence and ostomy appliances, per 16 oz	0-999	N	\$13.81	\$13.81	\$13.81	\$13.81	0.00%
9	A5200		Percutaneous catheter/tube anchoring device, adhesive skin attachment	0-999	N	\$10.77	\$10.77	\$10.77	\$10.77	0.00%
9	A5500		For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	0-999	N	\$66.76	\$66.76	\$66.76	\$66.76	0.00%
9	A5501		For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	0-999	N	\$200.25	\$200.25	\$200.25	\$200.25	0.00%
9	A5503		For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	0-999	N	\$29.69	\$29.69	\$29.69	\$29.69	0.00%
9	A5504		For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	0-999	N	\$29.69	\$29.69	\$29.69	\$29.69	0.00%
9	A5505		For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	0-999	N	\$29.69	\$29.69	\$29.69	\$29.69	0.00%
9	A5506		For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	0-999	N	\$29.69	\$29.69	\$29.69	\$29.69	0.00%
9	A5507		For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	0-999	N	\$29.69	\$29.69	\$29.69	\$29.69	0.00%
9	A6010		Collagen based wound filler, dry form, sterile, per g of collagen	0-999	N	\$32.51	\$32.51	\$32.51	\$32.51	0.00%
9	A6011		Collagen based wound filler, gel/paste, per g of collagen	0-999	N	\$2.39	\$2.39	\$2.39	\$2.39	0.00%
9	A6021		Collagen dressing, sterile, size 16 sq in or less, each	0-999	N	\$20.79	\$20.79	\$20.79	\$20.79	0.00%
9	A6022		Collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 sq in, each	0-999	N	\$20.79	\$20.79	\$20.79	\$20.79	0.00%

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9	A6023		Collagen dressing, sterile, size more than 48 sq in, each	0-999	N	\$188.23	\$188.23	\$188.23	\$188.23	0.00%
9	A6024		Collagen dressing wound filler, sterile, per 6 in	0-999	N	\$6.12	\$6.12	\$6.12	\$6.12	0.00%
9	A6025		Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	0-999	N	\$15.30	\$15.30	\$15.30	\$15.30	0.00%
9	A6154		Wound pouch, each	0-999	N	\$13.29	\$13.29	\$13.29	\$13.29	0.00%
9	A6196		Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing	0-999	N	\$7.01	\$7.01	\$7.01	\$7.01	0.00%
9	A6197		Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing	0-999	N	\$15.68	\$15.68	\$15.68	\$15.68	0.00%
9	A6198		Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing	0-999	N	\$19.42	\$19.42	\$19.42	\$19.42	0.00%
9	A6199		Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in	0-999	N	\$5.04	\$5.04	\$5.04	\$5.04	0.00%
9	A6203		Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	0-999	N	\$3.19	\$3.19	\$3.19	\$3.19	0.00%
9	A6204		Composite dressing, sterile, pad size more than 16 sq in, but less than or equal to 48 sq in, with any size adhesive border, each dressing	0-999	N	\$5.94	\$5.94	\$5.94	\$5.94	0.00%
9	A6205		Composite dressing, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	0-999	N	\$5.17	\$5.17	\$5.17	\$5.17	0.00%
9	A6206		Contact layer, sterile, 16 sq in or less, each dressing	0-999	N	\$4.25	\$4.25	\$4.25	\$4.25	0.00%
9	A6207		Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	0-999	N	\$7.00	\$7.00	\$7.00	\$7.00	0.00%
9	A6208		Contact layer, sterile, more than 48 sq in, each dressing	0-999	N	\$66.61	\$66.61	\$66.61	\$66.61	0.00%
9	A6209		Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	0-999	N	\$7.14	\$7.14	\$7.14	\$7.14	0.00%
9	A6210		Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	0-999	N	\$19.00	\$19.00	\$19.00	\$19.00	0.00%

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9	A6211		Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	0-999	N	\$28.01	\$28.01	\$28.01	\$28.01	0.00%
9	A6212		Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	0-999	N	\$9.25	\$9.25	\$9.25	\$9.25	0.00%
9	A6213		Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	0-999	N	\$9.38	\$9.38	\$9.38	\$9.38	0.00%
9	A6214		Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	0-999	N	\$9.82	\$9.82	\$9.82	\$9.82	0.00%
9	A6215		Foam dressing, wound filler, sterile, per g	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6216		Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing	0-999	N	\$0.05	\$0.05	\$0.05	\$0.05	0.00%
9	A6217		Gauze, nonimpregnated, nonsterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	0-999	N	\$0.11	\$0.11	\$0.11	\$0.11	0.00%
9	A6218		Gauze, nonimpregnated, nonsterile, pad size more than 48 sq in, without adhesive border, each dressing	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6219		Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	0-999	N	\$0.91	\$0.91	\$0.91	\$0.91	0.00%
9	A6220		Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	0-999	N	\$2.46	\$2.46	\$2.46	\$2.46	0.00%
9	A6221		Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	0-999	N	\$2.42	\$2.42	\$2.42	\$2.42	0.00%
9	A6222		Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing	0-999	N	\$2.03	\$2.03	\$2.03	\$2.03	0.00%

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9	A6223		Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in, but less than or equal to 48 sq in, without adhesive border, each dressing	0-999	N	\$2.30	\$2.30	\$2.30	\$2.30	0.00%
9	A6224		Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	0-999	N	\$3.44	\$3.44	\$3.44	\$3.44	0.00%
9	A6228		Gauze, impregnated, water or normal saline, sterile, pad size 16 sq in or less, without adhesive border, each dressing	0-999	N	\$1.80	\$1.80	\$1.80	\$1.80	0.00%
9	A6229		Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	0-999	N	\$3.44	\$3.44	\$3.44	\$3.44	0.00%
9	A6230		Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq in, without adhesive border, each dressing	0-999	N	\$1.77	\$1.77	\$1.77	\$1.77	0.00%
9	A6231		Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing	0-999	N	\$4.61	\$4.61	\$4.61	\$4.61	0.00%
9	A6232		Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq in, but less than or equal to 48 sq in, each dressing	0-999	N	\$6.81	\$6.81	\$6.81	\$6.81	0.00%
9	A6233		Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing	0-999	N	\$18.98	\$18.98	\$18.98	\$18.98	0.00%
9	A6234		Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	0-999	N	\$6.24	\$6.24	\$6.24	\$6.24	0.00%
9	A6235		Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	0-999	N	\$16.05	\$16.05	\$16.05	\$16.05	0.00%
9	A6236		Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	0-999	N	\$25.99	\$25.99	\$25.99	\$25.99	0.00%

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9	A6237		Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	0-999	N	\$7.54	\$7.54	\$7.54	\$7.54	0.00%
9	A6238		Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	0-999	N	\$21.74	\$21.74	\$21.74	\$21.74	0.00%
9	A6239		Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	0-999	N	\$17.25	\$17.25	\$17.25	\$17.25	0.00%
9	A6240		Hydrocolloid dressing, wound filler, paste, sterile, per oz	0-999	N	\$11.68	\$11.68	\$11.68	\$11.68	0.00%
9	A6241		Hydrocolloid dressing, wound filler, dry form, sterile, per g	0-999	N	\$2.45	\$2.45	\$2.45	\$2.45	0.00%
9	A6242		Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	0-999	N	\$5.79	\$5.79	\$5.79	\$5.79	0.00%
9	A6243		Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	0-999	N	\$11.75	\$11.75	\$11.75	\$11.75	0.00%
9	A6244		Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	0-999	N	\$37.46	\$37.46	\$37.46	\$37.46	0.00%
9	A6245		Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	0-999	N	\$6.93	\$6.93	\$6.93	\$6.93	0.00%
9	A6246		Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	0-999	N	\$9.46	\$9.46	\$9.46	\$9.46	0.00%
9	A6247		Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	0-999	N	\$22.68	\$22.68	\$22.68	\$22.68	0.00%
9	A6248		Hydrogel dressing, wound filler, gel, per fl oz	0-999	N	\$15.49	\$15.49	\$15.49	\$15.49	0.00%
1	A6250		Skin sealants, protectants, moisturizers, ointments, any type, any size	0-999	N	\$5.16	\$5.16	\$5.16	\$5.16	0.00%
9	A6250		Skin sealants, protectants, moisturizers, ointments, any type, any size	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%

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9	A6251		Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	0-999	N	\$1.90	\$1.90	\$1.90	\$1.90	0.00%
9	A6252		Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	0-999	N	\$3.10	\$3.10	\$3.10	\$3.10	0.00%
9	A6253		Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	0-999	N	\$6.05	\$6.05	\$6.05	\$6.05	0.00%
9	A6254		Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	0-999	N	\$1.16	\$1.16	\$1.16	\$1.16	0.00%
9	A6255		Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	0-999	N	\$2.89	\$2.89	\$2.89	\$2.89	0.00%
9	A6256		Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6257		Transparent film, sterile, 16 sq in or less, each dressing	0-999	N	\$1.46	\$1.46	\$1.46	\$1.46	0.00%
9	A6258		Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	0-999	N	\$4.10	\$4.10	\$4.10	\$4.10	0.00%
9	A6259		Transparent film, sterile, more than 48 sq in, each dressing	0-999	N	\$10.43	\$10.43	\$10.43	\$10.43	0.00%
9	A6260		Wound cleansers, any type, any size	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6261		Wound filler, gel/paste, per fl oz, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6262		Wound filler, dry form, per g, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6266		Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd	0-999	N	\$1.83	\$1.83	\$1.83	\$1.83	0.00%
9	A6402		Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing	0-999	N	\$0.12	\$0.12	\$0.12	\$0.12	0.00%

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9	A6403		Gauze, nonimpregnated, sterile, pad size more than 16 sq in, less than or equal to 48 sq in, without adhesive border, each dressing	0-999	N	\$0.41	\$0.41	\$0.41	\$0.41	0.00%
9	A6404		Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing	0-999	N	\$0.61	\$0.61	\$0.61	\$0.61	0.00%
9	A6407		Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd	0-999	N	\$1.88	\$1.88	\$1.88	\$1.88	0.00%
9	A6410		Eye pad, sterile, each	0-999	N	\$0.34	\$0.34	\$0.34	\$0.34	0.00%
9	A6411		Eye pad, nonsterile, each	0-999	N	\$0.31	\$0.31	\$0.31	\$0.31	0.00%
9	A6412		Eye patch, occlusive, each	0-999	N	\$0.40	\$0.40	\$0.40	\$0.40	0.00%
9	A6441		Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd	0-999	N	\$0.67	\$0.67	\$0.67	\$0.67	0.00%
9	A6442		Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd	0-999	N	\$0.17	\$0.17	\$0.17	\$0.17	0.00%
9	A6443		Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 3 in and less than 5 in, per yd	0-999	N	\$0.29	\$0.29	\$0.29	\$0.29	0.00%
9	A6444		Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 5 in, per yd	0-999	N	\$0.56	\$0.56	\$0.56	\$0.56	0.00%
9	A6445		Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd	0-999	N	\$0.32	\$0.32	\$0.32	\$0.32	0.00%
9	A6446		Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd	0-999	N	\$0.41	\$0.41	\$0.41	\$0.41	0.00%
9	A6447		Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd	0-999	N	\$0.67	\$0.67	\$0.67	\$0.67	0.00%
9	A6448		Light compression bandage, elastic, knitted/woven, width less than 3 in, per yd	0-999	N	\$1.16	\$1.16	\$1.16	\$1.16	0.00%
9	A6449		Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	0-999	N	\$1.75	\$1.75	\$1.75	\$1.75	0.00%

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9	A6450		Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd	0-999	N	\$1.94	\$1.94	\$1.94	\$1.94	0.00%
9	A6451		Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd	0-999	N	\$1.94	\$1.94	\$1.94	\$1.94	0.00%
9	A6452		High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd	0-999	N	\$4.72	\$4.72	\$4.72	\$4.72	0.00%
9	A6453		Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd	0-999	N	\$0.61	\$0.61	\$0.61	\$0.61	0.00%
9	A6454		Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd	0-999	N	\$0.70	\$0.70	\$0.70	\$0.70	0.00%
9	A6455		Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd	0-999	N	\$0.77	\$0.77	\$0.77	\$0.77	0.00%
9	A6456		Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	0-999	N	\$1.14	\$1.14	\$1.14	\$1.14	0.00%
9	A6457		Tubular dressing with or without elastic, any width, per linear yd	0-999	N	\$1.14	\$1.14	\$1.14	\$1.14	0.00%
9	A6501		Compression burn garment, bodysuit (head to foot), custom fabricated	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6502		Compression burn garment, chin strap, custom fabricated	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6503		Compression burn garment, facial hood, custom fabricated	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6504		Compression burn garment, glove to wrist, custom fabricated	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6505		Compression burn garment, glove to elbow, custom fabricated	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6506		Compression burn garment, glove to axilla, custom fabricated	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6507		Compression burn garment, foot to knee length, custom fabricated	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%

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9	A6508		Compression burn garment, foot to thigh length, custom fabricated	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6509		Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6510		Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6511		Compression burn garment, lower trunk including leg openings (panty), custom fabricated	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6512		Compression burn garment, not otherwise classified	0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6513		Compression burn mask, face and/or neck, plastic or equal, custom fabricated	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6530		Gradient compression stocking, below knee, 18-30 mm Hg, each	0-999	N	\$40.62	\$40.62	\$40.62	\$40.62	0.00%
9	A6531		Gradient compression stocking, below knee, 30-40 mm Hg, each	0-999	N	\$43.27	\$43.27	\$43.27	\$43.27	0.00%
9	A6532		Gradient compression stocking, below knee, 40-50 mm Hg, each	0-999	N	\$60.96	\$60.96	\$60.96	\$60.96	0.00%
9	A6533		Gradient compression stocking, thigh length, 18-30 mm Hg, each	0-999	N	\$67.33	\$67.33	\$67.33	\$67.33	0.00%
9	A6534		Gradient compression stocking, thigh length, 30-40 mm Hg, each	0-999	N	\$59.68	\$59.68	\$59.68	\$59.68	0.00%
9	A6535		Gradient compression stocking, thigh length, 40-50 mm Hg, each	0-999	N	\$73.64	\$73.64	\$73.64	\$73.64	0.00%
9	A6536		Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each	0-999	N	\$70.76	\$70.76	\$70.76	\$70.76	0.00%
9	A6537		Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each	0-999	N	\$70.76	\$70.76	\$70.76	\$70.76	0.00%
9	A6538		Gradient compression stocking, full-length/chap style, 40-50 mm Hg, each	0-999	N	\$79.51	\$79.51	\$79.51	\$79.51	0.00%
9	A6539		Gradient compression stocking, waist length, 18-30 mm Hg, each	0-999	N	\$41.43	\$41.43	\$41.43	\$41.43	0.00%
9	A6540		Gradient compression stocking, waist length, 30-40 mm Hg, each	0-999	N	\$86.78	\$86.78	\$85.00	\$85.00	-2.05%
9	A6541		Gradient compression stocking, waist length, 40-50 mm Hg, each	0-999	N	\$130.78	\$130.78	\$130.78	\$130.78	0.00%
9	A6544		Gradient compression stocking, quarter belt	0-999	N/F	\$36.18	\$36.18	\$36.18	\$36.18	0.00%
9	A6545	AW	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, each	0-999	N	\$65.84	\$65.84	\$65.84	\$65.84	0.00%

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9	A6549		Gradient compression stocking/sleeve, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6550		Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	0-999	N	\$24.82	\$24.82	\$24.82	\$24.82	0.00%
9	A7000		Canister, disposable, used with suction pump, each	0-999	N	\$8.24	\$8.24	\$8.24	\$8.24	0.00%
9	A7002		Tubing, used with suction pump, each	0-999	N	\$3.10	\$3.10	\$3.10	\$3.10	0.00%
9	A7003		Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	0-999	N	\$2.18	\$2.18	\$2.18	\$2.18	0.00%
9	A7004		Small volume nonfiltered pneumatic nebulizer, disposable	0-999	N	\$1.34	\$1.34	\$1.34	\$1.34	0.00%
9	A7005		Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable	0-999	N	\$22.23	\$22.23	\$21.12	\$21.12	-4.99%
9	A7006		Administration set, with small volume filtered pneumatic nebulizer	0-999	N	\$7.74	\$7.74	\$7.74	\$7.74	0.00%
9	A7007		Large volume nebulizer, disposable, unfilled, used with aerosol compressor	0-999	N	\$3.29	\$3.29	\$3.29	\$3.29	0.00%
9	A7009		Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer	0-999	N	\$37.24	\$37.24	\$37.24	\$37.24	0.00%
9	A7010		Corrugated tubing, disposable, used with large volume nebulizer, 100 ft	0-999	N	\$19.50	\$19.50	\$19.50	\$19.50	0.00%
9	A7012		Water collection device, used with large volume nebulizer	0-999	N	\$2.97	\$2.97	\$2.97	\$2.97	0.00%
9	A7013		Filter, disposable, used with aerosol compressor or ultrasonic generator	0-999	N	\$0.65	\$0.65	\$0.65	\$0.65	0.00%
9	A7014		Filter, nondisposable, used with aerosol compressor or ultrasonic generator	0-999	N	\$3.31	\$3.31	\$3.31	\$3.31	0.00%
9	A7015		Aerosol mask, used with DME nebulizer	0-999	N	\$1.48	\$1.48	\$1.48	\$1.48	0.00%
9	A7016		Dome and mouthpiece, used with small volume ultrasonic nebulizer	0-999	N	\$5.54	\$5.54	\$5.54	\$5.54	0.00%
9	A7017		Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	0-999	N	\$100.46	\$100.46	\$100.46	\$100.46	0.00%
9	A7018		Water, distilled, used with large volume nebulizer, 1000 ml	0-999	N	\$0.34	\$0.34	\$0.34	\$0.34	0.00%
9	A7025		High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	0-999	N	\$468.88	\$468.88	\$48.96	\$48.96	-89.56%
9	A7026		High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each	0-999	N	\$30.19	\$30.19	\$30.19	\$30.19	0.00%

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9	A7027		Combination oral/nasal mask, used with continuous positive airway pressure device, each	0-999	N	\$149.22	\$149.22	\$149.22	\$149.22	0.00%
9	A7028		Oral cushion for combination oral/nasal mask, replacement only, each	0-999	N	\$39.63	\$39.63	\$39.63	\$39.63	0.00%
9	A7029		Nasal pillows for combination oral/nasal mask, replacement only, pair	0-999	N	\$16.19	\$16.19	\$16.19	\$16.19	0.00%
9	A7030		Full face mask used with positive airway pressure device, each	0-999	N	\$142.07	\$142.07	\$139.91	\$139.91	-1.52%
9	A7031		Face mask interface, replacement for full face mask, each	0-999	N	\$55.82	\$55.82	\$52.25	\$52.25	-6.40%
9	A7032		Cushion for use on nasal mask interface, replacement only, each	0-999	N	\$31.82	\$31.82	\$29.95	\$29.95	-5.88%
9	A7033		Pillow for use on nasal cannula type interface, replacement only, pair	0-999	N	\$22.73	\$22.73	\$22.21	\$22.21	-2.29%
9	A7034		Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	0-999	N	\$90.63	\$90.63	\$87.34	\$87.34	-3.63%
9	A7035		Headgear used with positive airway pressure device	0-999	N	\$29.26	\$29.26	\$26.83	\$26.83	-8.30%
9	A7036		Chinstrap used with positive airway pressure device	0-999	N	\$9.62	\$9.62	\$9.62	\$9.62	0.00%
9	A7037		Tubing used with positive airway pressure device	0-999	N	\$31.38	\$31.38	\$25.09	\$25.09	-20.04%
9	A7038		Filter, disposable, used with positive airway pressure device	0-999	N	\$4.02	\$4.02	\$3.63	\$3.63	-9.70%
9	A7039		Filter, nondisposable, used with positive airway pressure device	0-999	N	\$11.08	\$11.08	\$9.61	\$9.61	-13.27%
9	A7046		Water chamber for humidifier, used with positive airway pressure device, replacement, each	0-999	N	\$15.61	\$15.61	\$15.61	\$15.61	0.00%
9	A7048		Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	0-999	N	\$35.41	\$35.41	\$35.41	\$35.41	0.00%
9	A7520	U2	Tracheostomy/laryngectomy tube, noncuffed, polyvinylchloride (PVC), silicone or equal, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A7520		Tracheostomy/laryngectomy tube, noncuffed, polyvinylchloride (PVC), silicone or equal, each	0-999	N	\$45.01	\$45.01	\$45.01	\$45.01	0.00%
9	A7520	U1	Tracheostomy/laryngectomy tube, noncuffed, polyvinylchloride (PVC), silicone or equal, each	0-999	N	\$104.86	\$104.86	\$53.44	\$53.44	-49.04%

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9	A7521	U1	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	0-999	N	\$104.86	\$104.86	\$52.94	\$52.94	-49.51%
9	A7521		Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	0-999	N	\$45.01	\$45.01	\$45.01	\$45.01	0.00%
9	A7521	U2	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A7522		Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	0-999	N	\$45.01	\$45.01	\$45.01	\$45.01	0.00%
9	A7523		Tracheostomy shower protector, each	0-999	N	\$13.90	\$13.90	\$13.90	\$13.90	0.00%
9	A7525		Tracheostomy mask, each	0-999	N	\$1.40	\$1.40	\$1.40	\$1.40	0.00%
9	A7526		Tracheostomy tube collar/holder, each	0-999	N	\$1.87	\$1.87	\$1.91	\$1.91	2.14%
9	A8000		Helmet, protective, soft, prefabricated, includes all components and accessories	0-999	N	\$153.35	\$153.35	\$153.35	\$153.35	0.00%
9	A8001		Helmet, protective, hard, prefabricated, includes all components and accessories	0-999	N	\$153.35	\$153.35	\$153.35	\$153.35	0.00%
9	A8002		Helmet, protective, soft, custom fabricated, includes all components and accessories	0-999	N	\$426.00	\$426.00	\$426.00	\$426.00	0.00%
9	A8003		Helmet, protective, hard, custom fabricated, includes all components and accessories	0-999	N	\$433.63	\$433.63	\$433.63	\$433.63	0.00%
9	A8004		Soft interface for helmet, replacement only	0-999	N	\$90.00	\$90.00	\$90.00	\$90.00	0.00%
1	A9150		Nonprescription drugs	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A9152		Single vitamin/mineral/trace element, oral, per dose, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A9153		Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A9272		Wound suction, disposable, includes dressing, all accessories and components, any type, each	0-999	N	\$345.68	\$345.68	\$345.68	\$345.68	0.00%
9	A9273		Hot water bottle, ice cap or collar, heat and/or cold wrap, any type	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A9274		External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	0-20	N	\$43.50	\$43.50	\$43.50	\$43.50	0.00%
9	A9275		Home glucose disposable monitor, includes test strips	0-999	N	\$35.00	\$35.00	\$35.00	\$35.00	0.00%

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J	A9279	U1*	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	0-999	N	\$2,104.78	\$2,104.78	\$2,104.78	\$2,104.78	0.00%
L	A9279	U1*	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	0-999	N	\$210.48	\$210.48	\$210.48	\$210.48	0.00%
9	A9284		Spirometer, nonelectronic, includes all accessories	0-999	N	\$14.87	\$14.87	\$14.87	\$14.87	0.00%
9	A9900		Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	T1999		Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	T4521		Adult sized disposable incontinence product, brief/diaper, small, each	0-999	N	\$0.58	\$0.53	\$0.53	\$0.53	0.00%
9	T4522		Adult sized disposable incontinence product, brief/diaper, medium, each	0-999	N	\$0.61	\$0.56	\$0.56	\$0.56	0.00%
9	T4523		Adult sized disposable incontinence product, brief/diaper, large, each	0-999	N	\$0.65	\$0.60	\$0.65	\$0.60	0.00%
9	T4524		Adult sized disposable incontinence product, brief/diaper, extra large, each	0-999	N	\$0.75	\$0.75	\$0.75	\$0.75	0.00%
9	T4525		Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	0-999	N	\$0.58	\$0.53	\$0.58	\$0.53	0.00%
9	T4526		Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	0-999	N	\$0.68	\$0.63	\$0.68	\$0.63	0.00%
9	T4527		Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	0-999	N	\$0.83	\$0.76	\$0.83	\$0.76	0.00%
9	T4528		Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	0-999	N	\$0.92	\$0.92	\$0.92	\$0.92	0.00%
9	T4529		Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	0-999	N	\$0.30	\$0.30	\$0.30	\$0.30	0.00%
9	T4530		Pediatric sized disposable incontinence product, brief/diaper, large size, each	0-999	N	\$0.52	\$0.48	\$0.54	\$0.50	4.17%

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						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	T4531		Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	0-999	N	\$0.63	\$0.58	\$0.70	\$0.64	10.34%
9	T4532		Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	0-999	N	\$0.75	\$0.75	\$0.80	\$0.80	6.67%
9	T4533		Youth sized disposable incontinence product, brief/diaper, each	0-999	N	\$0.58	\$0.53	\$0.58	\$0.53	0.00%
9	T4534		Youth sized disposable incontinence product, protective underwear/pull-on, each	0-999	N	\$0.62	\$0.62	\$0.62	\$0.62	0.00%
9	T4535		Disposable liner/shield/guard/pad/undergarment, for incontinence, each	0-999	N	\$0.29	\$0.27	\$0.29	\$0.27	0.00%
9	T4543		Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	0-999	N	\$0.94	\$0.94	\$0.94	\$0.94	0.00%
9	T4544		Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	0-999	N	\$1.36	\$1.36	\$1.29	\$1.29	-5.15%
1	T5999		Supply, not otherwise specified	3-18	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	Z0055		Antimonilia medication for genital infection	0-999	N	\$14.00	\$14.00	\$14.00	\$14.00	0.00%

*Type of Service (TOS)	
1	Medical Services
9	Other Medical Items or Services
J	DME Purchase-New
L	DME Rental-Monthly
Modifier	
AW	Item Furnished in Conjunction with a Surgical Dressing
SC	Medically Necessary Service or Supply
U1	Tracheostomy with specialized functions
U1*	Hospital Grade Blood Pressure Devices
U2	Custom-made tracheostomy
U3	Disposable tracheostomy - up to 31 per calendar month
U4	Subcutaneous Injection Parts
U5	Reusable oxygen probe - 1 unit per 6 calendar months

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CFR ATTACHMENT 12 - PHYSICIAN ADMINISTERED DRUGS - NDCX List (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	J0120	injection, tetracycline, up to 250 mg	0-999	N/F	\$1.25	\$1.25	Not a Benefit	Not a Benefit	-100.00%
1	J0215	injection, alefacept, 0.5 mg	0-999	N/F	\$40.07	\$40.07	Not a Benefit	Not a Benefit	-100.00%
1	J0620	injection, calcium glycerophosphate and calcium lactate, per 10 ml	0-999	N/F	\$13.09	\$13.09	Not a Benefit	Not a Benefit	-100.00%
1	J0710	injection, cephapirin sodium, up to 1 gm	0-999	N/F	\$1.44	\$1.44	Not a Benefit	Not a Benefit	-100.00%
1	J0945	injection, brompheniramine maleate, per 10 mg	0-999	N/F	\$0.83	\$0.83	Not a Benefit	Not a Benefit	-100.00%
1	J1094	injection, dexamethasone acetate, 1 mg	0-999	N/F	\$0.24	\$0.24	Not a Benefit	Not a Benefit	-100.00%
1	J1430	injection, ethanolamine oleate, 100 mg	0-999	N/F	\$333.08	\$333.08	Not a Benefit	Not a Benefit	-100.00%
1	J1700	injection, hydrocortisone acetate, up to 25 mg	0-999	N/F	\$0.30	\$0.30	Not a Benefit	Not a Benefit	-100.00%
1	J1710	injection, hydrocortisone sodium phosphate, up to 50 mg	0-999	N/F	\$4.90	\$4.90	Not a Benefit	Not a Benefit	-100.00%
1	J1730	injection, diazoxide, up to 300 mg	0-999	N/F	\$109.61	\$109.61	Not a Benefit	Not a Benefit	-100.00%
1	J1890	injection, cephalothin sodium, up to 1 gram	0-999	N/F	\$9.51	\$9.51	Not a Benefit	Not a Benefit	-100.00%
1	J1990	injection, chlordiazepoxide hcl, up to 100 mg	0-999	N/F	\$20.63	\$20.63	Not a Benefit	Not a Benefit	-100.00%
1	J2180	injection, meperidine and promethazine hcl, up to 50 mg	0-999	N/F	\$3.71	\$3.71	Not a Benefit	Not a Benefit	-100.00%
1	J2460	injection, oxytetracycline hcl, up to 50 mg	0-999	N/F	\$0.92	\$0.92	Not a Benefit	Not a Benefit	-100.00%
1	J2650	injection, prednisolone acetate, up to 1 ml	0-999	N/F	\$0.18	\$0.18	Not a Benefit	Not a Benefit	-100.00%
1	J3302	injection, triamcinolone diacetate, per 5mg	0-999	N/F	\$0.27	\$0.27	Not a Benefit	Not a Benefit	-100.00%
1	J3310	injection, perphenazine, up to 5 mg	0-999	N/F	\$6.05	\$6.05	Not a Benefit	Not a Benefit	-100.00%
1	J3320	injection, spectinomycin dihydrochloride, up to 2 gm	0-999	N/F	\$30.95	\$30.95	Not a Benefit	Not a Benefit	-100.00%
1	J3520	edetate disodium, per 150 mg	0-999	N/F	\$1.27	\$1.27	Not a Benefit	Not a Benefit	-100.00%
1	J7191	factor viii (antihemophilic factor (porcine)), per i.u.	0-999	N/F	\$1.09	\$1.09	Not a Benefit	Not a Benefit	-100.00%
1	J7505	muromonab-cd3, parenteral, 5 mg	0-999	N/F	\$1,112.45	\$1,112.45	Not a Benefit	Not a Benefit	-100.00%
1	J7513	daclizumab, parenteral, 25 mg	0-999	N/F	\$506.48	\$506.48	Not a Benefit	Not a Benefit	-100.00%
1	J7674	methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	0-999	N/F	\$0.45	\$0.45	Not a Benefit	Not a Benefit	-100.00%
1	J9213	injection, interferon, alfa-2a, recombinant, 3 million units	0-999	N/F	\$37.06	\$37.06	Not a Benefit	Not a Benefit	-100.00%
1	J9215	injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	0-999	N/F	\$30.72	\$30.72	Not a Benefit	Not a Benefit	-100.00%
1	J9219	leuprolide acetate implant, 65 mg	0-999	N/F	\$4,723.42	\$4,723.42	Not a Benefit	Not a Benefit	-100.00%
1	J9160	injection, eptifibatide, 5 mg	0-999	N/F	\$1,863.60	\$1,863.60	Not a Benefit	Not a Benefit	-100.00%
1	J9600	injection, porfimer sodium, 75 mg	0-999	N/F	\$20,835.54	\$20,835.54	Not a Benefit	Not a Benefit	-100.00%

CFR ATTACHMENT 12 - PHYSICIAN ADMINISTERED DRUGS - NDCX List (Proposed to be effective April 1, 2019)

TOS *	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	S0021	injection, ceftoperazone sodium, 1 g	0-999	N/F	\$16.05	\$16.05	Not a Benefit	Not a Benefit	-100.00%

***Type of Service (TOS)**

1	Medical Services
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CFR ATTACHMENT 12 - PHYSICIAN ADMINISTERED DRUGS - NDCX List (Proposed to be effective April 1, 2019)

TOS *	Proce- dure Code	Long Description	Age Range	Non- Facility (N)/ Facility (F)	CURRENT		4/1/2019		Percent Change from Current Medicaid Fee
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