

HCPCS Attachment 5 - Radiological Services TOS 4,6,I & T - (Proposed to be effective January 1,2021)

					CURRENT		1/1/2021		Percent Change from Current Medicaid Fee
TOS*	Procedure Code	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	71271	**	0-20	N/F	Not a Benefit	Not a Benefit	\$121.25	\$121.25	100.00%
4	71271	**	21-999	N/F	Not a Benefit	Not a Benefit	\$115.48	\$115.48	100.00%
I	71271	**	0-20	N/F	Not a Benefit	Not a Benefit	\$42.66	\$42.66	100.00%
I	71271	**	21-999	N/F	Not a Benefit	Not a Benefit	\$40.63	\$40.63	100.00%
T	71271	**	0-20	N/F	Not a Benefit	Not a Benefit	\$78.59	\$78.59	100.00%
T	71271	**	21-999	N/F	Not a Benefit	Not a Benefit	\$74.85	\$74.85	100.00%
6	76145	**	0-20	N/F	Not a Benefit	Not a Benefit	\$682.31	\$682.31	100.00%
6	76145	**	21-999	N/F	Not a Benefit	Not a Benefit	\$649.82	\$649.82	100.00%

*Type of Service (TOS)	
4	Radiology
6	Radiation Therapy
I	Professional Component
T	Technical Component

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