

HCPCS Attachment 8 -TOS F Ambulatory Surgical Center and Hospital Ambulatory Surgical Center - (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 Group Number	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Group Number	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
F	30468	**	0-999	F		Not a Benefit	Not a Benefit	9	\$1,081.33	\$1,081.33	100.00%
F	32408	**	0-999	F		Not a Benefit	Not a Benefit	3	\$425.95	\$425.95	100.00%
F	69705	**	0-999	F		Not a Benefit	Not a Benefit	9	\$1,081.33	\$1,081.33	100.00%
F	69706	**	0-999	F		Not a Benefit	Not a Benefit	9	\$1,081.33	\$1,081.33	100.00%
F	C9772	**	0-999	F		Not a Benefit	Not a Benefit	9	\$1,081.33	\$1,081.33	100.00%
F	C9773	**	0-999	F		Not a Benefit	Not a Benefit	9	\$1,081.33	\$1,081.33	100.00%
F	C9774	**	0-999	F		Not a Benefit	Not a Benefit	9	\$1,081.33	\$1,081.33	100.00%
F	C9775	**	0-999	F		Not a Benefit	Not a Benefit	9	\$1,081.33	\$1,081.33	100.00%

*Type of Service (TOS)	
F	Ambulatory Surgical Center

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