

CFR ATTACHMENT 6 - G Codes (Proposed to be effective March 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2021		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	G0130	**	RHMG	0-999	F	HOSP	\$72.37	72.37	\$72.23	\$72.23	-0.19%
4	G0130	**		0-999	F	HOSP	\$32.41	\$32.41	\$33.08	\$33.08	2.07%

*Type of Service (TOS)	
4	Radiology
Modifier	
RHGM	Rural Hospital Modifier Group
Provider Type/Provider Specialty	
HOSP	Hospital

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