

CFR Attachment 13- Non-Clinical Labs Rural Hospitals (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	95965	**	RHMG	0-999	F	HOSP	\$590.52	\$590.52	\$590.52	\$590.52	0.00%
4	95966	**	RHMG	0-999	F	HOSP	\$590.52	\$590.52	\$590.52	\$590.52	0.00%
4	95967	**	RHMG	0-999	F	HOSP	\$539.54	\$539.54	\$539.54	\$539.54	0.00%

*Type of Service (TOS)	
4	Radiology
*Modifier	
RHMG	Rural Hospital Modifier Grouping
*Provider Type/ Provider Specialty	
HOSP	Hospital Facility Pricing

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