

**CFR Attachment 12- Non-Clinical Labs 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	**		0-999	F	HOSP	\$881.94	\$881.94	\$911.91	\$911.91	3.40%
4	95966	**		0-999	F	HOSP	\$513.01	\$513.01	\$513.01	\$513.01	0.00%
4	95967	**		0-999	F	HOSP	\$1,050.51	\$1,050.51	\$910.36	\$910.36	-13.34%

<b>*Type of Service (TOS)</b>	
4	Radiology
<b>*Provider Type/ Provider Specialty</b>	
HOSP	Hospital Facility Pricing

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