

**CFR Attachment A(30) - Q Codes TOS 1,4,I,T (Proposed to be effective March 1, 2022)**

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2022		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	Q0035	cardiokymography	0-20	N/F		\$16.00	\$16.00	\$15.72	\$15.72	-1.75%
I	Q0035	cardiokymography	0-20	N/F		\$7.02	\$7.02	\$7.02	\$7.02	0.00%
T	Q0035	cardiokymography	0-20	N		\$8.98	\$8.98	\$8.70	\$8.70	-3.12%
1	Q3014	telehealth originating site facility fee	0-20	N/F		\$20.95	\$20.95	\$22.29	\$22.29	6.40%
1	Q3014	telehealth originating site facility fee	21-999	N/F		\$19.95	\$19.95	\$22.29	\$22.29	11.73%
1	Q3014	telehealth originating site facility fee	0-20	N/F	46	\$20.95	\$20.95	\$22.29	\$22.29	6.40%
1	Q3014	telehealth originating site facility fee	21-999	N/F	46	\$19.95	\$19.95	\$22.29	\$22.29	11.73%
1	Q3014	telehealth originating site facility fee	0-20	N/F	CT023	\$20.95	\$20.95	\$22.29	\$22.29	6.40%
1	Q3014	telehealth originating site facility fee	21-999	N/F	CT023	\$19.95	\$19.95	\$22.29	\$22.29	11.73%

**\*Type of Service (TOS)**

1	Medical Services
4	Radiology
I	Professional Component
T	Technical Component
<b>Provider Type</b>	
46	Federally Qualified Health Centers (FQHC)
CT023	Outpatient Hospital Claims

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