

CFR Attachment A(4)- Cardiovascular Services Cardiography and Echocardiography- Hospital (Proposed to be effective March 1, 2022)

TOS*	Procedure Code	Long Description	Modifier 1	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	93278	**	CT023	0-999	F	HOSP	\$29.08	\$29.08	\$29.08	\$29.08	0.00%
4	93303	**	CT023	0-999	F	HOSP	\$222.20	\$222.20	\$227.88	\$227.88	2.56%
4	93304	**	CT023	0-999	F	HOSP	\$151.36	\$151.36	\$159.71	\$159.71	5.52%
4	93307	**	CT023	0-999	F	HOSP	\$132.65	\$132.65	\$140.68	\$140.68	6.05%
4	93308	**	CT023	0-999	F	HOSP	\$92.89	\$92.89	\$98.56	\$98.56	6.10%
4	93312	**	CT023	0-999	F	HOSP	\$232.89	\$232.89	\$241.58	\$241.58	3.73%
4	93313	**	CT023	0-999	F	HOSP	\$11.03	\$11.03	\$11.03	\$11.03	0.00%
4	93315	**	CT023	0-999	F	HOSP	\$335.60	\$335.60	\$353.04	\$353.04	5.20%
4	93316	**	CT023	0-999	F	HOSP	\$26.40	\$26.40	\$26.40	\$26.40	0.00%
4	93318	**	CT023	0-999	F	HOSP	\$232.89	\$232.89	\$249.26	\$249.26	7.03%
4	93350	**	CT023	0-999	F	HOSP	\$177.43	\$177.43	\$188.45	\$188.45	6.21%

*Type of Service (TOS)	
4	Radiology
Provider Type	
HOSP	Hospital
Modifier	
CT023	Outpatient Hospital Claims

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