

**CFR Attachment A(10) - Gastroenterology Hospital (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	91110	**	0-999	F	HOSP	\$761.55	\$761.55	\$809.60	\$809.60	6.31%
4	91111	**	0-999	F	HOSP	\$761.55	\$761.55	\$809.60	\$809.60	6.31%
4	91112	**	0-999	F	HOSP	\$761.55	\$761.55	\$809.60	\$809.60	6.31%

*Type of Service (TOS)	
4	Radiology

Provider Type/ Provider Specialty	
HOSP	Hospital Facility Pricing

\*\* Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2022 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.