

CFR Attachment A(33) - Q Codes Hospital OP Imaging (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	0-999	F	HOSP	\$20.00	\$20.00	\$19.65	\$19.65	-1.75%

*Type of Service (TOS)	
4	Radiology
Provider Type/ Provider Specialty	
HOSP	Hospital

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