CFR ATTACHMENT A(14)b - G Codes Rural Hospital - (Proposed to be effective September 1, 2022)

							CURRENT		9/1/2022		Percent Change from Current Medicaid Fee
TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
4	G0130	single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	RHMG	0-999	F	HOSP	$137.30	$137.30	$140.10	$140.10	2.04%

*Type of Service (TOS)	
4	Radiology
RVU	Relative Value Unit
Modifier	
RHMG	Rural Hospital Modifier Group
Provider type/ Provider Spealty	
HOSP	Hospital

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