CFR ATTACHMENT A(13) - G Codes Acute Care - (Proposed to be effective September 1, 2022)

					CURRENT		9/1/2022		
TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	G0102	prostate cancer screening; digital rectal examination	0-20	N	$17.96	$17.96	$19.09	$19.09	6.29%
1	G0102	prostate cancer screening; digital rectal examination	0-20	F	$7.02	$7.02	$7.30	$7.30	3.99%
1	G0102	prostate cancer screening; digital rectal examination	21-999	N	$17.11	$17.11	$18.18	$18.18	6.25%
1	G0102	prostate cancer screening; digital rectal examination	21-999	F	$6.68	$6.68	$6.95	$6.95	4.04%
2	G0104	colorectal cancer screening; flexible sigmoidoscopy	21-999	N	$133.12	$133.12	$151.56	$151.56	13.85%
2	G0104	colorectal cancer screening; flexible sigmoidoscopy	21-999	F	$43.04	$43.04	$43.84	$43.84	1.86%
2	G0105	colorectal cancer screening; colonoscopy on individual at high risk	0-20	N	$264.11	$264.11	$289.65	$289.65	9.67%
2	G0105	colorectal cancer screening; colonoscopy on individual at high risk	0-20	F	$149.88	$149.88	$151.56	$151.56	1.12%
2	G0105	colorectal cancer screening; colonoscopy on individual at high risk	21-999	N	$251.53	$251.53	$275.86	$275.86	9.67%
2	G0105	colorectal cancer screening; colonoscopy on individual at high risk	21-999	F	$142.74	$142.74	$144.34	$144.34	1.12%
2	G0121	colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	21-999	N	$252.07	$252.07	$276.13	$276.13	9.54%
2	G0121	colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	21-999	F	$143.28	$143.28	$144.61	$144.61	0.93%
2	G0127	trimming of dystrophic nails, any number	0-20	N	$18.81	$18.81	$19.37	$19.37	2.98%
2	G0127	trimming of dystrophic nails, any number	21-999	N	$17.91	$17.91	$18.44	$18.44	2.96%
4	G0130	single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	0-20	N/F	$27.79	$27.79	$30.03	$30.03	8.06%
4	G0130	single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	21-999	N/F	$26.46	$26.46	$28.60	$28.60	8.09%
I	G0130	single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	0-20	N/F	$8.98	$8.98	$8.98	$8.98	0.00%
I	G0130	single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	21-999	N/F	$8.55	$8.55	$8.55	$8.55	0.00%
T	G0130	single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	0-20	N/F	$18.81	$18.81	$21.05	$21.05	11.91%
T	G0130	single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	21-999	N/F	$17.91	$17.91	$20.05	$20.05	11.95%
1	G0166	external counterpulsation, per treatment session	0-20	N/F	$81.11	$81.11	$90.10	$90.10	11.08%
1	G0166	external counterpulsation, per treatment session	21-999	N/F	$77.25	$77.25	$85.80	$85.80	11.07%
2	G0186	destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	0-20	N	$447.73	$447.73	$480.45	$480.45	7.31%
2	G0186	destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	0-20	F	$420.59	$420.59	$480.45	$480.45	14.23%
2	G0186	destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	21-999	N	$426.40	$426.40	$457.56	$457.56	7.31%
2	G0186	destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	21-999	F	$400.56	$400.56	$457.56	$457.56	14.23%
1	G0257	unscheduled or emergency dialysis treatment for an esrd patient in a hospital outpatient department that is not certified as an esrd facility	0-20	F	$83.36	$83.36	$140.90	$140.90	69.03%
1	G0257	unscheduled or emergency dialysis treatment for an esrd patient in a hospital outpatient department that is not certified as an esrd facility	21-999	F	$79.39	$79.39	$129.38	$129.38	62.97%
6	G0339	image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	0-20	N/F	$2,160.11	$2,160.11	$2,317.96	$2,317.96	7.31%
6	G0339	image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	21-999	N/F	$2,057.23	$2,057.23	$2,207.57	$2,207.57	7.31%

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6	G0340	image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	0-20	N/F	$1,624.52	$1,624.52	$1,743.24	$1,743.24	7.31%
6	G0340	image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	21-999	N/F	$1,547.16	$1,547.16	$1,660.22	$1,660.22	7.31%
5	G0398	home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	0-20	N	$123.89	$123.89	$83.78	$83.78	-32.38%
5	G0398	home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	21-999	N	$117.99	$117.99	$79.79	$79.79	-32.38%
I	G0398	home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	0-20	N	$82.58	$82.58	$36.82	$36.82	-55.41%
I	G0398	home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	21-999	N	$78.65	$78.65	$35.06	$35.06	-55.42%
T	G0398	home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	0-20	N	$41.29	$41.29	$46.96	$46.96	13.73%
T	G0398	home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	21-999	N	$39.32	$39.32	$44.73	$44.73	13.76%
5	G0399	home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	0-20	N	$103.25	$103.25	$83.78	$83.78	-18.86%
5	G0399	home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	21-999	N	$98.33	$98.33	$79.79	$79.79	-18.85%
I	G0399	home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	0-20	N	$70.21	$70.21	$36.82	$36.82	-47.56%
I	G0399	home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	21-999	N	$66.87	$66.87	$35.07	$35.07	-47.55%
T	G0399	home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	0-20	N	$28.90	$28.90	$46.96	$46.96	62.49%
T	G0399	home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	21-999	N	$27.52	$27.52	$44.72	$44.72	62.50%
5	G0400	home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	0-20	N	$81.50	$81.50	$83.78	$83.78	2.80%
5	G0400	home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	21-999	N	$77.61	$77.61	$79.79	$79.79	2.81%
I	G0400	home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	0-20	N	$44.23	$44.23	$36.82	$36.82	-16.75%
I	G0400	home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	21-999	N	$42.12	$42.12	$35.07	$35.07	-16.74%
T	G0400	home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	0-20	N	$37.28	$37.28	$46.96	$46.96	25.97%
T	G0400	home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	21-999	N	$35.50	$35.50	$44.72	$44.72	25.97%
3	G0406	follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	0-20	N	$30.87	$30.87	$31.44	$31.44	1.85%

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3	G0406	follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	21-999	N	$29.40	$29.40	$29.94	$29.94	1.84%
3	G0407	follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	0-20	N	$56.98	$56.98	$57.82	$57.82	1.47%
3	G0407	follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	21-999	N	$54.26	$54.26	$55.06	$55.06	1.47%
3	G0408	follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	0-20	N	$81.96	$81.96	$83.08	$83.08	1.37%
3	G0408	follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	21-999	N	$78.05	$78.05	$79.12	$79.12	1.37%
3	G0425	telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	0-20	N	$79.15	$79.15	$81.68	$81.68	3.20%
3	G0425	telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	21-999	N	$75.38	$75.38	$77.79	$77.79	3.20%
3	G0426	telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	0-20	N	$107.50	$107.50	$109.74	$109.74	2.08%
3	G0426	telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	21-999	N	$102.38	$102.38	$104.52	$104.52	2.09%
3	G0427	telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	0-20	N	$159.42	$159.42	$160.83	$160.83	0.88%
3	G0427	telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	21-999	N	$151.83	$151.83	$153.17	$153.17	0.88%
1	G0459	inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	0-20	N	$33.12	$33.12	$34.24	$34.24	3.38%
1	G0459	inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	21-999	N	$31.54	$31.54	$32.61	$32.61	3.39%
5	G0475	hiv antigen/antibody, combination assay, screening	0-999	N/F	$26.75	$26.75	$24.08	$24.08	-9.98%
1	G0498	chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	0-20	N/F	$129.25	$129.25	$138.69	$138.69	7.30%
1	G0498	chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	21-999	N/F	$123.09	$123.09	$132.09	$132.09	7.31%
2	G0516	insertion of nonbiodegradable drug delivery implants, four or more (services for subdermal rod implant)	0-20	N	$209.66	$209.66	$167.56	$167.56	-20.08%
2	G0516	insertion of nonbiodegradable drug delivery implants, four or more (services for subdermal rod implant)	0-20	F	$90.38	$90.38	$79.43	$79.43	-12.12%
2	G0516	insertion of nonbiodegradable drug delivery implants, four or more (services for subdermal rod implant)	21-999	N	$199.68	$199.68	$159.58	$159.58	-20.08%
2	G0516	insertion of nonbiodegradable drug delivery implants, four or more (services for subdermal rod implant)	21-999	F	$86.07	$86.07	$75.65	$75.65	-12.11%
2	G0517	removal of nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	0-20	N	$194.79	$194.79	$184.96	$184.96	-5.05%
2	G0517	removal of nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	0-20	F	$92.34	$92.34	$90.66	$90.66	-1.82%
2	G0517	removal of nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	21-999	N	$185.51	$185.51	$176.15	$176.15	-5.05%
2	G0517	removal of nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	21-999	F	$87.94	$87.94	$86.34	$86.34	-1.82%

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2	G0518	removal with reinsertion, nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	0-20	N	$416.52	$416.52	$326.42	$326.42	-21.63%
2	G0518	removal with reinsertion, nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	0-20	F	$167.28	$167.28	$149.88	$149.88	-10.40%
2	G0518	removal with reinsertion, nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	21-999	N	$396.68	$396.68	$310.88	$310.88	-21.63%
2	G0518	removal with reinsertion, nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	21-999	F	$159.31	$159.31	$142.74	$142.74	-10.40%
1	G2011	alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	0-20	N/F	$13.47	$13.47	$13.75	$13.75	2.08%
1	G2011	alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	21-999	N/F	$12.83	$12.83	$13.10	$13.10	2.10%
6	G6001	ultrasonic guidance for placement of radiation therapy fields	0-20	N/F	$92.90	$92.90	$148.76	$148.76	60.13%
6	G6001	ultrasonic guidance for placement of radiation therapy fields	21-999	N/F	$88.48	$88.48	$141.67	$141.67	60.12%
I	G6001	ultrasonic guidance for placement of radiation therapy fields	0-20	N/F	$25.54	$25.54	$25.82	$25.82	1.10%
I	G6001	ultrasonic guidance for placement of radiation therapy fields	21-999	N/F	$24.32	$24.32	$24.59	$24.59	1.11%
T	G6001	ultrasonic guidance for placement of radiation therapy fields	0-20	N/F	$67.36	$67.36	$122.93	$122.93	82.50%
T	G6001	ultrasonic guidance for placement of radiation therapy fields	21-999	N/F	$64.15	$64.15	$117.08	$117.08	82.51%
6	G6002	stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	0-20	N/F	$59.50	$59.50	$60.91	$60.91	2.37%
6	G6002	stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	21-999	N/F	$56.67	$56.67	$58.01	$58.01	2.36%
I	G6002	stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	0-20	N/F	$16.28	$16.28	$16.56	$16.56	1.72%
I	G6002	stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	21-999	N/F	$15.50	$15.50	$15.77	$15.77	1.74%
T	G6002	stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	0-20	N	$43.22	$43.22	$44.35	$44.35	2.61%
T	G6002	stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	21-999	N	$41.16	$41.16	$42.23	$42.23	2.60%
6	G6003	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	0-20	N/F	$147.63	$147.63	$122.09	$122.09	-17.30%
6	G6003	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	21-999	N/F	$140.60	$140.60	$116.28	$116.28	-17.30%
6	G6004	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	0-20	N/F	$111.71	$111.71	$109.74	$109.74	-1.76%
6	G6004	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	21-999	N/F	$106.39	$106.39	$104.52	$104.52	-1.76%
6	G6005	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	0-20	N/F	$111.71	$111.71	$109.74	$109.74	-1.76%
6	G6005	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	21-999	N/F	$106.39	$106.39	$104.52	$104.52	-1.76%
6	G6006	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	0-20	N/F	$111.71	$111.71	$109.74	$109.74	-1.76%
6	G6006	radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	21-999	N/F	$106.39	$106.39	$104.52	$104.52	-1.76%
6	G6007	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev	0-20	N/F	$209.66	$209.66	$202.08	$202.08	-3.62%
6	G6007	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev	21-999	N/F	$199.68	$199.68	$192.46	$192.46	-3.62%
6	G6008	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev	0-20	N/F	$154.09	$154.09	$151.00	$151.00	-2.01%
6	G6008	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev	21-999	N/F	$146.75	$146.75	$143.81	$143.81	-2.00%
6	G6009	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev	0-20	N/F	$152.97	$152.97	$150.72	$150.72	-1.47%
6	G6009	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev	21-999	N/F	$145.68	$145.68	$143.54	$143.54	-1.47%

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6	G6010	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	0-20	N/F	$152.97	$152.97	$149.88	$149.88	-2.02%
6	G6010	radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	21-999	N/F	$145.68	$145.68	$142.74	$142.74	-2.02%
6	G6011	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	0-20	N/F	$207.14	$207.14	$200.12	$200.12	-3.39%
6	G6011	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	21-999	N/F	$197.27	$197.27	$190.59	$190.59	-3.39%
6	G6012	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	0-20	N/F	$204.33	$204.33	$199.84	$199.84	-2.20%
6	G6012	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	21-999	N/F	$194.60	$194.60	$190.32	$190.32	-2.20%
6	G6013	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	0-20	N/F	$204.61	$204.61	$200.40	$200.40	-2.06%
6	G6013	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	21-999	N/F	$194.87	$194.87	$190.86	$190.86	-2.06%
6	G6014	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	0-20	N/F	$204.61	$204.61	$199.28	$199.28	-2.60%

CFR ATTACHMENT A(13) - G Codes Acute Care - (Proposed to be effective September 1, 2022)

					CURRENT		9/1/2022		
TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
6	G6014	radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	21-999	N/F	$194.87	$194.87	$189.79	$189.79	-2.61%
6	G6015	intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	0-20	N/F	$287.69	$287.69	$304.25	$304.25	5.76%
6	G6015	intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	21-999	N/F	$273.99	$273.99	$289.76	$289.76	5.76%
6	G6016	compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	0-20	N/F	$286.57	$286.57	$303.13	$303.13	5.78%
6	G6016	compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	21-999	N/F	$272.92	$272.92	$288.69	$288.69	5.78%
6	G6017	intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	0-999	N/F	$46.27	$46.27	$49.65	$49.65	7.30%
S	G8431	screening for depression is documented as being positive and a follow-up plan is documented	0-20	N	$11.90	$11.90	$14.43	$14.43	21.26%
S	G8510	screening for depression is documented as negative, a follow-up plan is not required	0-999	N	$11.90	$11.90	$14.43	$14.43	21.26%

*Type of Service (TOS)	
1	Medical Services
2	Surgery
3	Consultation
4	Radiology
5	Laboratory
6	Ratiation Therapy
I	Professional Component
T	Technical Component
S	THSteps Medical
RVU	Relative Value Unit

CFR ATTACHMENT A(13) - G Codes Acute Care - (Proposed to be effective September 1, 2022)

					CURRENT		9/1/2022		
TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee

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