Annual HCPCS Attachment D(4a) - TOS 4 (Proposed to be effective January 1, 2023)

					Current		1/1/2023		
TOS*	**Procedure Code**	**Long Description**	**Age Range**	**Non-Facility (N)/ Facility (F)**	**Current Medicaid Fee**	**Current Adjusted Medicaid Fee**	**Medicaid Fee**	**Adjusted Medicaid Fee**	**Percent Change from Current Medicaid Fee**
4	76883	**	0-20	N	$60.34	$60.34	$60.34	$60.34	0.00%
4	76883	**	0-20	F	$49.12	$49.12	$49.12	$49.12	0.00%
4	76883	**	21-999	N	$57.47	$57.47	$57.47	$57.47	0.00%
4	76883	**	21-999	F	$46.78	$46.78	$46.78	$46.78	0.00%

***Type of Service (TOS)**	
4	Radiology
RVU	Relative Value Unit

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