Annual HCPCS Attachment D(4b1) - TOS 4 Hospital (Proposed to be effective January 1, 2023)

						Current		1/1/2023		
TOS*	**Procedure Code**	**Long Description**	**Age Range**	**Non-Facility (N)/ Facility (F)**	**Provider Type/ Provider Specialty**	**Current Medicaid Fee**	**Current Adjusted Medicaid Fee**	**Medicaid Fee**	**Adjusted Medicaid Fee**	**Percent Change from Current Medicaid Fee**
4	76883	**	0-999	F	HOSP	$58.48	$58.48	$58.48	$58.48	0.00%

***Type of Service (TOS)**	
4	Radiology
RVU	Relative Value Unit
Provider Type/ Provider Specialty	
HOSP	Hospital

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