

**Calendar Fee Review Attachment A(1b) - Ambulatory Surgical Center (ASC) / Hospital Ambulatory Surgical Center (HASC) Non-Medicare
Covered Codes - (Proposed to be effective June 1,2023)**

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	Current			6/1/2023			Percent Change From Current Medicaid Fee
						Current Group Number	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Group Number	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
F	11981	**		0-999	F	1	\$298.26	\$277.38		\$46.38	\$46.38	-83.28%
F	11982	**		0-999	F	1	\$298.26	\$277.38		\$54.42	\$54.42	-80.38%
F	11983	**		0-999	F	1	\$298.26	\$277.38		\$76.00	\$76.00	-72.60%
F	53601	**		0-999	F	1	\$298.26	\$277.38		\$39.07	\$39.07	-85.91%
F	53601	**		0-999	F	1	\$298.26	\$277.38		\$39.07	\$39.07	-85.91%
F	53661	**		0-999	F	1	\$298.26	\$277.38		\$29.60	\$29.60	-89.33%
F	53661	**		0-999	F	1	\$298.26	\$277.38		\$29.60	\$29.60	-89.33%
F	64486	**		0-999	F		\$56.38	\$56.38		\$41.42	\$41.42	-26.53%
F	64487	**		0-999	F		\$64.97	\$64.97		\$47.45	\$47.45	-26.97%
F	64488	**		0-999	F		\$69.97	\$69.97		\$51.26	\$51.26	-26.74%
F	64489	**		0-999	F		\$78.57	\$78.57		\$57.57	\$57.57	-26.73%
F	93590	**		0-999	F	9	\$1,162.72	\$1,081.33		\$801.09	\$801.09	-25.92%
F	93591	**		0-999	F	9	\$1,162.72	\$1,081.33		\$661.87	\$661.87	-38.79%

***Type of Service (TOS)**

F Ambulatory Surgical Center

Modifier

U3 Medicaid Level of Care 3: Dental Anesthesia

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