CFR Attachement A(11b) - Non-Clinical Labs Hospitals (Proposed to be effective September 1, 2023)

						CURRENT		9/1/2023		
TOS*	**Procedure Code**	**Long Description**	**Age Range**	**Non-Facility (N)/ Facility (F)**	**Provider Type/ Provider Specialty**	**Current Medicaid Fee**	**Current Adjusted Medicaid Fee**	**Proposed Medicaid Fee**	**Proposed Adjusted Medicaid Fee**	**Percent Change from Current Medicaid Fee**
4	95965	**	0-999	F	HOSP	$911.91	$911.91	$945.16	$945.16	3.65%
4	95966	**	0-999	F	HOSP	$513.01	$513.01	$553.31	$553.31	7.86%
4	95967	**	0-999	F	HOSP	$910.36	$910.36	$910.36	$910.36	0.00%

***Type of Service (TOS)**

4 Radiology

***Provider Type/ Provider Specialty**

HOSP Hospital Facility Pricing

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