CFR Attachment A(11c) - Non-Clincial labs Rural Hospitals (Proposed to be effective September 1, 2023)

							CURRENT		9/1/2023		
TOS*	**Procedure Code**	**Long Description**	**Modifier Group**	**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	**	RHMG	0-999	F	HOSP	$1,158.97	$1,158.97	$1,177.32	$1,177.32	1.58%
4	95966	**	RHMG	0-999	F	HOSP	$1,158.97	$1,158.97	$1,177.32	$1,177.32	1.58%
4	95967	**	RHMG	0-999	F	HOSP	$728.29	$728.29	$728.29	$728.29	0.00%

***Type of Service (TOS)**	
4	Radiology
***Modifier Group**	
RHMG	Rural Hospital Modifier Grouping
***Provider Type/ Provider Specialty**	
HOSP	Hospital Facility Pricing

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