

**CFR Attachment A(10) - Proton Therapy (Proposed to be effective September 1, 2024)**

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		9/1/2024		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
6	77520	**	0-999	N/F		\$737.84	\$737.84	\$779.02	\$779.02	5.58%
6	77522	**	0-999	N/F		\$737.84	\$737.84	\$779.02	\$779.02	5.58%
6	77523	**	0-999	N/F		\$847.24	\$847.24	\$894.53	\$894.53	5.58%
6	77525	**	0-999	N/F		\$956.64	\$956.64	\$1,010.02	\$1,010.02	5.58%

**\*Type of Service (TOS)**

6	Therapeutic Radiology
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