

CFR ATTACHMENT - INDIAN HEALTH (proposed to be effective January 1, 2014)

TOS*	Procedure Code	Modifier**	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)***	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	T1015		Clinic visit/encounter, all inclusive	0-999	N/F		\$330.00	\$330.00	\$342.00	\$342.00

*Type of Service (TOS)	
1	Medical Services