

**ATTACHMENT 1 - EVOKED RESPONSE TESTS AND NEUROMUSCULAR PROCEDURES**

TOS*	Procedure Code	Long Description	Provider Type	Age Range	CURRENT		PROPOSED			
					Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid RVU**	Proposed Medicaid Conversion Factor	Proposed Medicaid Fee	Proposed Adjusted Fee
1	95873	***		0-20	\$56.99	\$55.85	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit
1	95873	***	34,35,51,52,54, 72	0-999	\$54.28	\$53.19	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit
1	95873	***		21-999	\$54.28	\$53.19	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit
5	95873	***		0-20	Not a Benefit	Not a Benefit	2.12	\$28.0672	\$59.50	\$59.50
5	95873	***		21-999	Not a Benefit	Not a Benefit	2.12	\$26.7305	\$56.67	\$56.67
I	95873	***		0-20	Not a Benefit	Not a Benefit	0.58	\$28.0672	\$16.28	\$16.28
I	95873	***		21-999	Not a Benefit	Not a Benefit	0.58	\$26.7305	\$15.50	\$15.50
T	95873	***		0-20	Not a Benefit	Not a Benefit	1.54	\$28.0672	\$43.22	\$43.22
T	95873	***		21-999	Not a Benefit	Not a Benefit	1.54	\$26.7305	\$41.16	\$41.16
1	95874	***		0-20	\$54.99	\$53.89	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit
1	95874	***	34,35,51,52,54, 72	0-999	\$52.37	\$51.32	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit
1	95874	***		21-999	\$52.37	\$51.32	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit
5	95874	***		0-20	Not a Benefit	Not a Benefit	2.02	\$28.0672	\$56.70	\$56.70
5	95874	***		21-999	Not a Benefit	Not a Benefit	2.02	\$26.7305	\$54.00	\$54.00
I	95874	***		0-20	Not a Benefit	Not a Benefit	0.56	\$28.0672	\$15.72	\$15.72
I	95874	***		21-999	Not a Benefit	Not a Benefit	0.56	\$26.7305	\$14.97	\$14.97
T	95874	***		0-20	Not a Benefit	Not a Benefit	1.46	\$28.0672	\$40.98	\$40.98
T	95874	***		21-999	Not a Benefit	Not a Benefit	1.46	\$26.7305	\$39.03	\$39.03
I	95955	***		0-999	\$41.73	\$40.90	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit
T	95955	***		0-999	\$112.92	\$110.66	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit
4	96000	***		0-20	Not a Benefit	Not a Benefit	2.89	\$28.0672	\$81.11	\$81.11
4	96001	***		0-20	Not a Benefit	Not a Benefit	2.87	\$28.0672	\$80.55	\$80.55
4	96002	***		0-20	Not a Benefit	Not a Benefit	0.62	\$28.0672	\$17.40	\$17.40
4	96003	***		0-20	Not a Benefit	Not a Benefit	0.56	\$28.0672	\$15.72	\$15.72

<b>*Type of Service (TOS)</b>	
4	Radiology Services
5	Laboratory Services
I	Professional Component
T	Technical Component
<b>**RVU</b>	Relative Value Unit
<b>Provider Type</b>	
34	Physical Therapist
35	Occupational Therapist
51	Ambulatory Surgical Center-Freestanding/Independent

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	52	Ambulatory Surgical Center- Hospital Based									
	54	Medical Supply Company									
	72	Nephrology (hemodialysis, renal dialysis)									

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