

ATTACHMENT - G CODES (proposed to be effective October 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	G0102		prostate cancer screening; digital rectal examination	0-20	N		\$14.89	\$14.59	\$15.44	\$15.44
1	G0102		prostate cancer screening; digital rectal examination	0-20	F		\$14.89	\$14.59	\$7.02	\$7.02
1	G0102		prostate cancer screening; digital rectal examination	21-999	N		\$14.18	\$13.90	\$14.70	\$14.70
1	G0102		prostate cancer screening; digital rectal examination	21-999	F		\$14.18	\$13.90	\$6.68	\$6.68
2	G0104		colorectal cancer screening; flexible sigmoidoscopy	0-20	N		\$46.97	\$46.03	\$108.34	\$108.34
2	G0104		colorectal cancer screening; flexible sigmoidoscopy	0-20	F		\$46.97	\$46.03	\$50.80	\$50.80
2	G0104		colorectal cancer screening; flexible sigmoidoscopy	21-999	N		\$44.73	\$43.84	\$103.18	\$103.18
2	G0104		colorectal cancer screening; flexible sigmoidoscopy	21-999	F		\$44.73	\$43.84	\$48.38	\$48.38
2	G0105		colorectal cancer screening; colonoscopy on individual at high risk	0-20	N		\$164.68	\$161.39	\$309.58	\$309.58
2	G0105		colorectal cancer screening; colonoscopy on individual at high risk	0-20	F		\$164.68	\$161.39	\$173.74	\$173.74
2	G0105		colorectal cancer screening; colonoscopy on individual at high risk	21-999	N		\$156.84	\$153.70	\$294.84	\$294.84
2	G0105		colorectal cancer screening; colonoscopy on individual at high risk	21-999	F		\$156.84	\$153.70	\$165.46	\$165.46
2	G0121		colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	0-20	N		\$164.97	\$161.67	\$309.58	\$309.58
2	G0121		colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	0-20	F		\$164.97	\$161.67	\$173.74	\$173.74
2	G0121		colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	21-999	N		\$157.11	\$153.97	\$294.84	\$294.84
2	G0121		colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	21-999	F		\$157.11	\$153.97	\$165.46	\$165.46
2	G0127		trimming of dystrophic nails, any number	0-20	N		\$15.47	\$15.16	\$18.24	\$18.24
2	G0127		trimming of dystrophic nails, any number	21-999	N		\$14.73	\$14.44	\$17.37	\$17.37
1	G0166		external counterpulsation, per treatment session	0-20	N/F		\$115.42	\$113.11	\$107.22	\$107.22

ATTACHMENT - G CODES (proposed to be effective October 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	G0166		external counterpulsation, per treatment session	21-999	N/F		\$109.92	\$107.72	\$102.11	\$102.11
2	G0186		destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	0-20	N		Manually Priced	Manually Priced	\$441.50	\$441.50
2	G0186		destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	0-20	F		Manually Priced	Manually Priced	\$415.11	\$415.11
2	G0186		destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	21-999	N		Manually Priced	Manually Priced	\$420.47	\$420.47
2	G0186		destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	21-999	F		Manually Priced	Manually Priced	\$395.34	\$395.34
1	G0257		unscheduled or emergency dialysis treatment for an esrd patient in a hospital outpatient department that is not certified as an esrd facility	0-999	F	60,61,62	\$477.43	\$467.88	\$598.06	\$598.06
3	G0406		follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	0-20	N		\$31.44	\$30.81	\$30.87	\$30.87
3	G0406		follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	21-999	N		\$29.94	\$29.34	\$29.40	\$29.40

ATTACHMENT - G CODES (proposed to be effective October 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
3	G0407		follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	0-20	N		\$57.82	\$56.66	\$56.70	\$56.70
3	G0407		follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	21-999	N		\$55.06	\$53.96	\$54.00	\$54.00
3	G0408		follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	0-20	N		\$83.36	\$81.69	\$81.68	\$81.68
3	G0408		follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	21-999	N		\$79.39	\$77.80	\$77.79	\$77.79
3	G0425		telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	0-20	N		\$79.05	\$77.47	\$79.99	\$79.99
3	G0425		telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	21-999	N		\$75.28	\$73.77	\$76.18	\$76.18
3	G0426		telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	0-20	N		\$107.40	\$105.25	\$108.62	\$108.62
3	G0426		telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	21-999	N		\$102.29	\$100.24	\$103.45	\$103.45
3	G0427		telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	0-20	N		\$157.81	\$154.65	\$159.98	\$159.98

ATTACHMENT - G CODES (proposed to be effective October 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
3	G0427		telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	21-999	N		\$150.29	\$147.28	\$152.36	\$152.36

*Type of Service (TOS)	
1	Medical Services
2	Surgery
3	Consultation