

ATTACHMENT -NEUROSTIMULATORS AND NEUROMUSCULAR STIMULATORS (proposed to be effective October

TOS *	Procedure Code	Modifier	Long Description **	Age Range	Non-Facility (N) /Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		PROP
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee
2	43647		**	0-20	F		Not a benefit	Not a benefit	\$397.56
2	43647		**	21-999	F		Not a benefit	Not a benefit	\$397.56
8	43647		**	0-20	F		Not a benefit	Not a benefit	\$31.80
8	43647		**	21-999	F		Not a benefit	Not a benefit	\$31.80
2	43648		**	0-20	F		Not a benefit	Not a benefit	\$217.07
2	43648		**	21-999	F		Not a benefit	Not a benefit	\$217.07
8	43648		**	0-20	F		Not a benefit	Not a benefit	\$17.37
8	43648		**	21-999	F		Not a benefit	Not a benefit	\$17.37
2	43881		**	0-20	F		Not a benefit	Not a benefit	\$556.92
2	43881		**	21-999	F		Not a benefit	Not a benefit	\$556.92
8	43881		**	0-20	F		Not a benefit	Not a benefit	\$44.55
8	43881		**	21-999	F		Not a benefit	Not a benefit	\$44.55
2	43882		**	0-20	F		Not a benefit	Not a benefit	\$591.48
2	43882		**	21-999	F		Not a benefit	Not a benefit	\$591.48
8	43882		**	0-20	F		Not a benefit	Not a benefit	\$47.32
8	43882		**	21-999	F		Not a benefit	Not a benefit	\$47.32
2	64569		**	0-20	F		Not a benefit	Not a benefit	\$625.90
2	64569		**	21-999	F		Not a benefit	Not a benefit	\$596.09
8	64569		**	0-20	F		Not a benefit	Not a benefit	\$49.96
8	64569		**	21-999	F		Not a benefit	Not a benefit	\$47.58
F	64569		**	0-999	F		Not a benefit	Not a benefit	Group 9 - \$1081.33
2	64570		**	0-20	F		Not a benefit	Not a benefit	\$555.17
2	64570		**	21-999	F		Not a benefit	Not a benefit	\$528.73
8	64570		**	0-20	F		Not a benefit	Not a benefit	\$44.35
8	64570		**	21-999	F		Not a benefit	Not a benefit	\$42.23

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							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee
F	64570		**	0-999	F		Not a benefit	Not a benefit	Group 9 - \$1081.33
2	64575		**	21-999	F		Not a benefit	Not a benefit	\$234.96
2	64575		**	0-20	F		\$261.77	\$256.53	\$246.71
F	64575		**	0-999	F		Group 9 - \$1081.33	Group 9 - \$1081.33	Group 9 - \$1081.33
5	95980		**	21-999	N/F		Not a benefit	Not a benefit	\$33.95
5	95980		**	0-20	N/F		\$38.17	\$38.17	\$35.65
5	95981		**	21-999	N		Not a benefit	Not a benefit	\$24.06
5	95981		**	21-999	F		Not a benefit	Not a benefit	\$13.37
5	95981		**	0-20	N		\$27.79	\$27.79	\$25.26
5	95981		**	0-20	F		\$14.59	\$14.59	\$14.03
5	95982		**	21-999	N		Not a benefit	Not a benefit	\$38.76
5	95982		**	21-999	F		Not a benefit	Not a benefit	\$27.00
5	95982		**	0-20	N		\$43.78	\$43.78	\$40.70
5	95982		**	0-20	F		\$29.47	\$29.47	\$28.35
9	L8695		external recharging system for battery (external) for use with implantable neurostimulator, replacement only	0-999	F		\$11.40	\$9.46	\$11.86
J	L8695		external recharging system for battery (external) for use with implantable neurostimulator, replacement only	0-999	N		\$11.40	\$9.46	\$11.86

*Type of Service (TOS)	
2	Surgery
5	Laboratory
8	Assistant Surgery
9	Other Durable Medical Equipment (DME)
F	Ambulatory Surgical Center
J	Purchase DME

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·1, 2014)

OSD
Proposed Adjusted Medicaid Fee
\$397.56
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\$31.80
\$31.80
\$217.07
\$217.07
\$17.37
\$17.37
\$556.92
\$556.92
\$44.55
\$44.55
\$591.48
\$591.48
\$47.32
\$47.32
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\$596.09
\$49.96
\$47.58
Group 9 - \$1081.33
\$555.17
\$528.73
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·1, 2014)

OSD
Proposed Adjusted Medicaid Fee
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