

HCPCS ATTACHMENT - 3RD QUARTER 2014 HCPCS UPDATE (proposed to be effective January 1, 2015)

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	Q9970		Injection, Ferric Carboxymaltose, 1mg	0-999	N/F		Not a Benefit	Not a Benefit	\$1.15	\$1.15
1	C9134		Factor XIII (antihemophilic factor, recombinant), Tretten, per 10 i.u.	0-999	N/F		Not a Benefit	Not a Benefit	\$0.06	\$0.06

*Type of Service (TOS)	
1	Medical Services