

ATTACHMENT - CERTIFIED RESPIRATORY CARE PRACTITIONER - COMPREHENSIVE CARE PROGRAM

TOS*	Procedure Code	Long Description	POS**	Age Range	CURRENT		PROPOSED			
					Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid RVU***	Proposed Medicaid Conversion Factor	Proposed Medicaid Fee	Proposed Adjusted Fee
1	98960	****	2	0-20	Not a Benefit	Not a Benefit	0.85	\$28.0672	\$23.86	\$23.86
1	S9441	asthma education, non-physician provider per session	2	0-20	Not a Benefit	Not a Benefit			\$23.86	\$23.86

*Type of Service (TOS)	
1	Medical Service
**Place of Service (POS)	
2	Home
***RVU Relative Value Unit	

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