

HCPCS Attachment A(2) - TOS 1 Non-Drugs (Proposed to be effective January 1, 2026)

TOS*	Procedure Code	Long Description	Modifier 1	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		1/1/2026		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	91124	**		0-20	N/F	\$646.39	\$646.39	\$646.39	\$646.39	0.00%
1	91124	**		21-999	N/F	\$615.60	\$615.60	\$615.60	\$615.60	0.00%
1	91125	**		0-20	N/F	\$292.18	\$292.18	\$292.18	\$292.18	0.00%
1	91125	**		21-999	N/F	\$278.26	\$278.26	\$278.26	\$278.26	0.00%
1	92628	**		0-999	N/F	\$21.68	\$21.68	\$21.68	\$21.68	0.00%
1	92629	**		0-999	N/F	\$10.84	\$10.84	\$10.84	\$10.84	0.00%
1	92631	**		0-999	N/F	\$21.68	\$21.68	\$21.68	\$21.68	0.00%
1	92632	**		0-999	N/F	\$10.84	\$10.84	\$10.84	\$10.84	0.00%
1	92634	**		0-20	N	\$122.37	\$122.37	\$122.37	\$122.37	0.00%
1	92634	**		0-20	F	\$80.55	\$80.55	\$80.55	\$80.55	0.00%
1	92634	**		21-999	N	\$116.54	\$116.54	\$116.54	\$116.54	0.00%
1	92634	**		21-999	F	\$76.72	\$76.72	\$76.72	\$76.72	0.00%
1	92635	**		0-20	N	\$30.59	\$30.59	\$30.59	\$30.59	0.00%
1	92635	**		0-20	F	\$20.14	\$20.14	\$20.14	\$20.14	0.00%
1	92635	**		21-999	N	\$29.14	\$29.14	\$29.14	\$29.14	0.00%
1	92635	**		21-999	F	\$19.18	\$19.18	\$19.18	\$19.18	0.00%
1	92636	**		0-999	N/F	\$11.97	\$11.97	\$11.97	\$11.97	0.00%
1	92637	**		0-999	N/F	\$5.99	\$5.99	\$5.99	\$5.99	0.00%
1	92638	**		0-999	N/F	\$23.94	\$23.94	\$23.94	\$23.94	0.00%
1	92639	**		0-999	N/F	\$23.94	\$23.94	\$23.94	\$23.94	0.00%
1	92639	**	52	0-999	N/F	\$11.97	\$11.97	\$11.97	\$11.97	0.00%
1	92641	**		0-999	N/F	\$27.45	\$27.45	\$27.45	\$27.45	0.00%
1	92641	**	52	0-999	N/F	\$13.73	\$13.73	\$13.73	\$13.73	0.00%

<b>*Type of Service (TOS)</b>	
1	Medical Services
<b>Modifier</b>	
52	Unilateral Procedure

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