Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
10021		fine needle aspiration; without imaging guidance	53.98	103.59	10/1/2009
10022		fine needle aspiration; with imaging guidance	53.58	106.36	10/1/2009
10040		acne surgery	65.49	74.43	10/1/2009
10060		drainage of abscess	69.47	80.14	10/1/2009
10061		drainage of abscess	123.86	137.99	10/1/2009
10080		drainage of pilonidal cyst	71.00	118.30	10/1/2009
10081		drainage of pilonidal cyst	124.44	186.74	10/1/2009
10120		foreign body removal, skin	68.12	97.83	10/1/2009
10121		foreign body removal, skin	139.47	190.81	10/1/2009
10140		drainage of blood effusion	89.00	112.65	10/1/2009
10160		puncture drainage of lesion	71.67	91.56	10/1/2009
10180		incision and drainage, complex	131.34	169.12	10/1/2009
11000		surgical cleansing of skin	25.28	39.70	10/1/2009
11001		debridement of extensive eczematous or infected skin; each a	12.74	16.78	10/1/2009
11004		debridement of skin, subcutaneous tissue, muscle and fascia	452.66	452.66	10/1/2009
11005		debridement of skin, subcutaneous tissue, muscle and fascia	590.74	590.74	10/1/2009
11006		debridement of skin, subcutaneous tissue, muscle and fascia	558.93	558.93	10/1/2009
11008		removal of prosthetic material or mesh, abdominal wall for ne	212.95	212.95	10/1/2009
11010		debridement including removal of foreign material assoc.w/op	215.51	341.25	10/1/2009
11011		debridement including removal of foreign material assoc.w/op	232.40	380.63	10/1/2009
11012		debridement including removal of foreign material assoc.w/op	336.35	520.07	10/1/2009
11042		debridement skin and subcutaneous tissue	36.17	54.91	10/1/2009
11043		debridement skin subcutaneous and muscle	175.81	200.33	10/1/2009
11044		debridement skin subcutaneous tissue muscle bone	241.91	273.65	10/1/2009
11045		Debridement, subcutaneous tissue (includes epidermis and d	14.65	25.31	1/1/2011
11046		Debridement, muscle and/or fascia (includes epidermis, derm	31.20	44.10	1/1/2011
11047		Debridement, bone (includes epidermis, dermis, subcutaneou	54.20	72.43	1/1/2011
11055		paring or cutting of benign hyperkeratotic lesion (eg, corn or c	18.15	35.45	10/1/2009
11056		paring or cutting of benign hyperkeratotic lesion (eg, corn or c	25.60	43.48	10/1/2009
11057		paring or cutting of benign hyperkeratotic lesion (eg, corn or c	33.24	52.56	10/1/2009
11100		biopsy of skin lesion	37.38	75.17	10/1/2009
11101		biopsy of skin, subcutaneous tissue and/or mucous membran	19.24	24.72	10/1/2009
11200		removal of skin tags	50.51	59.46	10/1/2009
11201		removal of skin tags, multiple fibrocutaneous tags, any area; e	12.89	14.05	10/1/2009
11300		shaving of epidermal or dermal lesion, single lesion, trunk, arr	22.84	49.09	10/1/2009
11301		shaving of epidermal or dermal lesion, single lesion, trunk, arr	38.83	67.67	10/1/2009
11302		shaving of epidermal or dermal lesion, single lesion, trunk, arr	48.15	81.03	10/1/2009
11303		shaving of epidermal or dermal lesion, single lesion, trunk, arr	56.48	95.13	10/1/2009
11305		shaving of epidermal or dermal lesion, single lesion, scalp,	28.91	50.82	10/1/2009
11306		shaving of epidermal or dermal lesion, single lesion, scalp,	43.79	70.32	10/1/2009
11307		shaving of epidermal or dermal lesion, single lesion, scalp,	51.63	83.07	10/1/2009
11308		shaving of epidermal or dermal lesion, single lesion, scalp,	62.11	93.55	10/1/2009
11310		shaving of epidermal or dermal lesion, single lesion, face,	33.07	61.33	10/1/2009
11311		shaving of epidermal or dermal lesion, single lesion, face,	48.44	78.14	10/1/2009
11312		shaving of epidermal or dermal lesion, single lesion, face,	55.62	90.23	10/1/2009
11313		shaving of epidermal or dermal lesion, single lesion, face,	74.41	113.06	10/1/2009
11400		removal of skin lesion	55.14	83.40	10/1/2009
11401		removal of skin lesion	73.54	102.96	10/1/2009
11402		removal of skin lesion	81.45	114.91	10/1/2009
11403		removal skin lesion	103.63	132.48	10/1/2009
11404		removal skin lesion	115.44	150.91	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
11406		excision benign skinlesion over 4 cm	173.07	213.73	10/1/2009
11420		removal of skin lesion	59.78	84.58	10/1/2009
11421		removal of skin lesion	80.92	110.06	10/1/2009
11422		removal of skin lesion	97.58	122.96	10/1/2009
11423		excision benign lesion diameter 2 to 3 cm	113.97	143.39	10/1/2009
11424		excision benign lesion diameter 3 to 4 cm	131.51	165.55	10/1/2009
11426		ex ben les ex sk tag sc ne ha fe gen over 4 cm	201.28	238.20	10/1/2009
11440		removal of skin lesion	71.45	92.51	10/1/2009
11441		removal of skin lesion	94.04	117.69	10/1/2009
11442		removal of skin lesion	105.00	132.69	10/1/2009
11443		ex ot ben le face ears eyelids nose lips mucus mem	130.02	159.72	10/1/2009
11444		ex oth ben le face ears eyelid nose lips mucus mem	167.04	201.94	10/1/2009
11446		excision other benign lesion over 4 cm	236.78	275.72	10/1/2009
11450		exc skin for hidradenitis primary suture/axillary	172.11	251.42	10/1/2009
11451		exc skin for hidradenitis w other closure/axillary	227.73	329.25	10/1/2009
11462		exc skin for hidradenitis w prim suture/inguinal	165.44	247.92	10/1/2009
11463		exc skin for hidradenitis w oth closure/inguinal	232.25	338.39	10/1/2009
11470		exc skin for hidradenitis w primary closure	196.15	276.32	10/1/2009
11471		exc skin for hidradenitis with other closure	247.10	347.76	10/1/2009
11600		removal of skin lesion	83.26	128.82	10/1/2009
11601		removal of skin lesion	107.75	159.38	10/1/2009
11602		removal of skin lesion	118.60	175.13	10/1/2009
11603		excision malignant lesion trunk arms or legs diame	141.16	199.42	10/1/2009
11604		excision malignant lesion trunk arms or legs diame	155.16	220.35	10/1/2009
11606		exc malignant lesion on trunk arms legs over 4 cm	230.43	311.18	10/1/2009
11620		removal of skin lesion	84.52	131.53	10/1/2009
11621		removal of skin lesion	108.93	160.84	10/1/2009
11622		removal of skin lesion	125.67	182.20	10/1/2009
11623		excision malignant lesion diameter 2 to 3 cm	155.03	213.29	10/1/2009
11624		excision malignant lesion diameter 3 to 4 cm	176.35	240.09	10/1/2009
11626		excision malignant lesion over 4 cm	220.87	292.68	10/1/2009
11640		removal of skin lesion	89.03	137.48	10/1/2009
11641		removal of skin lesion	116.27	169.34	10/1/2009
11642		removal of skin lesion	137.25	195.50	10/1/2009
11643		excision malignant lesion diameter 2 to 3 cm	171.64	230.48	10/1/2009
11644		excision malignant lesion diameter 3 to 4 cm	214.04	284.70	10/1/2009
11646		exc malignant lesion of face ears eyelids nose lip	301.44	376.14	10/1/2009
11719		trim nail(s)	7.13	15.51	10/1/2009
11720		debridement of nail(s) by any method(s); one to five	13.36	22.88	10/1/2009
11721		debridement of nail(s) by any method(s); six or more	22.83	32.93	10/1/2009
11730		avulsion of nail plate, partial or complete, simple;	46.29	72.54	10/1/2009
11732		avulsion of nail plate, partial or complete, simple; each additio	24.06	33.86	10/1/2009
11740		evacuation of subungual hematoma	23.86	32.81	10/1/2009
11750		removal of nail bed	131.67	157.05	10/1/2009
11752		exc nail with amputation of tuft of distal phalanx	196.76	223.58	10/1/2009
11755		biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proxir	65.53	97.54	10/1/2009
11760		reconstruction of nail bed	97.88	145.75	10/1/2009
11762		reconstruction of nail bed	151.21	197.06	10/1/2009
11765		wedge excision of skin of nail fold (eg, for ingrown toenail)	50.25	92.37	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
11770		removal of pilonidal lesion	132.65	188.02	10/1/2009
11771		removal of pilonidal lesion	307.22	386.82	10/1/2009
11772		removal of pilonidal lesion	400.21	469.42	10/1/2009
11900		injection into skin lesions	23.82	41.12	10/1/2009
11901		injection into skin lesions	37.07	52.36	10/1/2009
11921		correct skin color defects	102.83	151.28	10/1/2009
11950		therapy for contour defects	38.91	55.64	10/1/2009
11951		therapy for contour defects	54.27	74.47	10/1/2009
11952		subcutaneous injection of filling material 5 to 10	78.35	104.89	10/1/2009
11954		therapy for contour defects	88.01	119.73	10/1/2009
11960		insertion of tissue expender	676.63	676.63	10/1/2009
11970		replacement of tissue expander	445.22	445.22	10/1/2009
11971		tissue expander removal	219.47	328.20	10/1/2009
11975		insert/reinsert implantable contraceptive capsule	64.50	98.83	10/1/2009
11976		remove w/o reinsert- contraceptive capsule implant	75.51	111.27	10/1/2009
11977		removal with reinsertion, implantable contraceptive capsules	143.37	179.72	10/1/2009
11980		subcutaneous hormone pellet implantation (implantation of es	63.43	79.29	10/1/2009
11981		insertion, non-biodegradable drug delivery implant	66.68	101.87	10/1/2009
11982		removal, non-biodegradable drug delivery implant	81.35	117.41	10/1/2009
11983		removal with reinsertion, non-biodegradable drug delivery imp	148.97	182.72	10/1/2009
12001		repair of recent wound	77.94	107.64	10/1/2009
12002		simple rep superf wds sca neck axil ext gen tru/ex	86.49	114.76	10/1/2009
12004		simple rep superf wds sca neck axil ext gen tru/ex	101.73	135.47	10/1/2009
12005		simple rep superf wds sca neck axil ext gen tru/ex	126.86	168.97	10/1/2009
12006		simple rep superf wds sca neck axil ext gen tru/ex	160.31	209.91	10/1/2009
12007		simple rep superf wds sca neck axil ext gen tru/ex	183.24	237.75	10/1/2009
12011		simp rep superf wds of face ea eyel no li muc memb	80.58	114.32	10/1/2009
12013		simp rep superf wds of face ea eyel no li muc memb	91.90	126.22	10/1/2009
12014		simp rep superf wds of face ea eyel no li muc memb	110.71	149.08	10/1/2009
12015		simple rep superf wds of face ears eye nose lip 7.	138.98	187.44	10/1/2009
12016		simple repair superficial wound 12.5 to 20.0 cm.	169.68	224.19	10/1/2009
12017		simple repair superficial wound 20.0 to 30.0 cm.	202.03	202.03	10/1/2009
12018		simple repair superifcial wound over 30.0 cm.	249.70	249.70	10/1/2009
12020		treatment of superficial wound dehiscence	140.16	194.38	10/1/2009
12021		treatment of superficial wound with packing	101.67	115.81	10/1/2009
12031		layer closure of wounds up to 2.5 cm.	117.45	171.67	10/1/2009
12032		layer closure of wounds 2.5 to 7.5 cm.	144.25	220.68	10/1/2009
12034		layer closure of wounds 7.5 to 12.5 cm.	151.12	218.32	10/1/2009
12035		layer closure of wounds 12.5 to 20.0 cm.	177.27	266.09	10/1/2009
12036		layer closure of wounds 20.0 to 30.0 cm.	204.66	292.34	10/1/2009
12037		layer closure wounds over 30.0 cm.	238.28	329.99	10/1/2009
12041		layer closure of wounds up to 2.5 cm.	125.86	180.09	10/1/2009
12042		layer closure of wounds 2.5 to 7.5 cm.	147.10	209.97	10/1/2009
12044		layer closure of wounds 7.5 to 12.5 cm.	158.67	242.31	10/1/2009
12045		layer closure of wounds 12.5 to 20.0 cm.	184.21	268.71	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
12046		layer closure wounds 20.0 to 30.0 cm.	217.04	318.28	10/1/2009
12047		layer closure of wounds over 30.0 cm.	237.52	341.63	10/1/2009
12051		layer closure of wounds up to 2.5 cm.	134.66	193.49	10/1/2009
12052		layer closure of wounds 2.5 to 5.0 cm.	157.89	219.32	10/1/2009
12053		layer closure of wounds 5.0 to 7.5 cm.	160.71	241.18	10/1/2009
12054		layer closure of wounds 7.5 to 12.5 cm.	170.94	255.45	10/1/2009
12055		layer closure of wounds 12.5 to 20.0 cm.	208.76	308.26	10/1/2009
12056		layer closure of wounds 20.0 to 30.0 cm.	254.67	363.98	10/1/2009
12057		layer closure of wounds over 30.0 cm.	291.52	406.89	10/1/2009
13100		repair of wound or lesion	175.72	229.95	10/1/2009
13101		repair complex trunk 2.5 to 7.5 cm.	213.62	290.34	10/1/2009
13102		complex repair trunk each additional	57.38	79.02	10/1/2009
13120		repair of wound or lesion	183.65	239.02	10/1/2009
13121		repair complex scalp arms and/or legs 2.5 to 7.5 c	242.11	321.43	10/1/2009
13122		each additional -complex repair to scalp,arms and / or legs	65.75	88.53	10/1/2009
13131		repair of wound or lesion	207.26	264.08	10/1/2009
13132		repair complex 2.5 to 7.5 cm.	349.40	423.52	10/1/2009
13133		each additional-complex repair to forehead,cheeks,chin,moutl	102.13	125.49	10/1/2009
13150		repair complex eye nose ears and/or lips up to 1.0	206.30	263.11	10/1/2009
13151		repair of wound or lesion	240.08	300.06	10/1/2009
13152		repair complex eye nose ear and lips 2.5 to 7.5 cm	323.55	413.82	10/1/2009
13153		each additional -complex repair to eyelids,nose,ears and /or li	110.67	137.79	10/1/2009
13160		secondary closure of surgical wound dehiscence	606.98	606.98	10/1/2009
14000		adjacent tissue transfer or rearrangement trunk up	370.22	447.79	10/1/2009
14001		adjacent tissue transfer or rearran trunk defect 1	491.96	583.10	10/1/2009
14020		skin tissue rearrangement scalp arms and/or legs u	423.61	504.37	10/1/2009
14021		adjacent tissue transf/rearrang scalp arms legs de	548.18	640.19	10/1/2009
14040		skin tissue rearrangement defect up to 10 sq cm	482.49	561.52	10/1/2009
14041		adjacent tissue trans/rearrange 10 sq cm to 30 sq	596.21	698.89	10/1/2009
14060		skin tissue rearrangement defect up to 10 sq cm	509.66	571.96	10/1/2009
14061		adjacent tissue transf/rearrange eye nose ear lip	635.74	748.52	10/1/2009
14300		skin tissue rearrangement more than 30 sq cm any a	712.67	811.88	10/1/2009
14301		Adjacent tissue transfer or rearrangement, any area; defect 3(	548.82	647.74	01/1/2010
14302		Adjacent tissue transfer or rearrangement, any area; each ad(	142.46	142.46	01/1/2010
14350		filleted finger or toe flap including prep of reci	563.72	563.72	10/1/2009
15002		surgical preparation or creation of recipient site by excision of	173.39	244.04	10/1/2009
15003		surgical preparation or creation of recipient site by excision of	35.19	53.07	10/1/2009
15004		surgical preparation or creation of recipient site by excision of	216.78	296.38	10/1/2009
15005		surgical preparation or creation of recipient site by excision of	69.81	89.71	10/1/2009
15040		harvest of skin for tissue cultured skin autograft, 100 sq cm or	97.39	183.91	10/1/2009
15050		pinch graft single or multiple to cove sm ulcer up	324.35	392.13	10/1/2009
15100		split-thickness autograft, trunk, arms, legs; first 100 sq cm or l	532.90	632.11	10/1/2009
15101		split graft, trunk, arms, legs; each additional 100 sq cm, or ea(	85.78	138.27	10/1/2009
15110		epidermal autograft, trunk, arms, legs; first 100 sq cm or less,	550.00	626.43	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
15111		epidermal autograft, trunk, arms, legs; each additional 100 sq	83.01	91.96	10/1/2009
15115		epidermal autograft, face, scalp, eyelids, mouth, neck, ears, o	569.49	634.38	10/1/2009
15116		epidermal autograft, face, scalp, eyelids, mouth, neck, ears, o	114.47	124.85	10/1/2009
15120		split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genit	584.72	687.40	10/1/2009
15121		split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genit	131.32	195.63	10/1/2009
15130		dermal autograft, trunk, arms, legs; first 100 sq cm or less, or	416.34	491.33	10/1/2009
15131		dermal autograft, trunk, arms, legs; each additional 100 sq cm	67.94	74.86	10/1/2009
15135		dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbit	573.29	635.88	10/1/2009
15136		dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbit	64.56	69.18	10/1/2009
15150		tissue cultured epidermal autograft, trunk, arms, legs; first 25	477.19	516.99	10/1/2009
15151		tissue cultured epidermal autograft, trunk, arms, legs; addition	89.82	97.02	10/1/2009
15152		tissue cultured epidermal autograft, trunk, arms, legs; each ac	118.04	126.11	10/1/2009
15155		tissue cultured epidermal autograft, face, scalp, eyelids, mout	511.48	544.65	10/1/2009
15156		tissue cultured epidermal autograft, face, scalp, eyelids, mout	128.05	134.68	10/1/2009
15157		tissue cultured epidermal autograft, face, scalp, eyelids, mout	139.03	148.55	10/1/2009
15170		acellular dermal replacement, trunk, arms, legs; first 100 sq cr	275.79	316.18	10/1/2009
15171		acellular dermal replacement, trunk, arms, legs; each addition	68.23	71.41	10/1/2009
15175		acellular dermal replacement, face, scalp, eyelids, mouth, nec	364.84	402.91	10/1/2009
15176		acellular dermal replacement, face, scalp, eyelids, mouth, nec	108.08	114.13	10/1/2009
15200		skin graft procedure	487.96	586.89	10/1/2009
15201		full thickness graft, free, including direct closure of donor site,	61.35	107.79	10/1/2009
15220		skin graft procedure	460.61	557.51	10/1/2009
15221		full thickness graft, free, including direct closure of donor site,	56.13	100.25	10/1/2009
15240		skin graft procedure	588.46	670.37	10/1/2009
15241		full thickness graft, free, including direct closure of donor site,	87.63	134.64	10/1/2009
15260		skin graft procedure	638.44	727.56	10/1/2009
15261		full thickness graft, free, including direct closure of donor site,	110.02	157.03	10/1/2009
15271		application of skin substitute graft to trunk, arms, legs, total w	50.91	83.56	1/1/2012
15272		each additional 25 sq cm wound surface area, or part thereof	10.14	15.85	1/1/2012
15273		application of skin substitute graft to trunk, arms, legs, total w	121.18	171.53	1/1/2012
15274		each additional 100 sq cm wound surface area, or part thereo	25.82	40.57	1/1/2012
15275		application of skin substitute graft to face, scalp, eyelids, mou	58.99	89.67	1/1/2012
15276		each additional 25 sq cm wound surface area, or part thereof	14.53	19.64	1/1/2012
15277		application of skin substitute graft to face, scalp, eyelids, mou	125.72	173.12	1/1/2012
15278		each additional 100 sq cm wound surface area, or part thereo	31.96	47.89	1/1/2012
15300		allograft skin for temporary wound closure, trunk, arms, legs;	219.27	253.60	10/1/2009
15301		allograft skin for temporary wound closure, trunk, arms, legs;	44.62	48.08	10/1/2009
15320		allograft skin for temporary wound closure, face, scalp, eyelid	248.38	286.17	10/1/2009
15321		allograft skin for temporary wound closure, face, scalp, eyelid	67.08	71.69	10/1/2009
15330		acellular dermal allograft, trunk, arms, legs; first 100 sq cm or	198.70	233.88	10/1/2009
15331		acellular dermal allograft, trunk, arms, legs; each additional 1	44.91	48.08	10/1/2009
15335		acellular dermal allograft, face, scalp, eyelids, mouth, neck, e	212.61	246.94	10/1/2009
15336		acellular dermal allograft, face, scalp, eyelids, mouth, neck, e	61.81	67.00	10/1/2009
15340		tissue cultured allogeneic skin substitute; first 25 sq cm or les	202.35	233.50	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
15341		tissue cultured allogeneic skin substitute; each additional 25 s	21.39	34.66	10/1/2009
15341		tissue cultured allogeneic skin substitute; each additional 25 s	21.39	34.66	10/1/2009
15360		tissue cultured allogeneic dermal substitute; trunk, arms, legs;	227.36	263.99	10/1/2009
15361		tissue cultured allogeneic dermal substitute; each additional 1	49.29	53.91	10/1/2009
15365		tissue cultured allogeneic dermal substitute, face, scalp, eyeli	227.46	260.34	10/1/2009
15366		tissue cultured allogeneic dermal substitute, face, scalp, eyeli	61.55	66.45	10/1/2009
15400		application of xenograft, skin; 100 sq cm or less	261.80	288.91	10/1/2009
15401		application of xenograft, skin; each additional 100 sq cm (list	44.33	69.13	10/1/2009
15420		xenograft skin (dermal), for temporary wound closure, face, sc	290.52	325.70	10/1/2009
15421		xenograft skin (dermal), for temporary wound closure, face, sc	66.20	85.53	10/1/2009
15430		acellular xenograft implant; first 100 sq cm or less, or one per	370.70	383.97	10/1/2009
15431		acellular xenograft implant; each additional 100 sq cm, or eac	131.14	134.00	10/1/2009
15570		pedicle flap graft; trunk	533.25	645.44	10/1/2009
15572		pedicle flap graft; scalp, arms, or legs	539.58	626.67	10/1/2009
15574		pedicle flap-face,neck,axilla,genitalia,hands,feet	570.06	661.20	10/1/2009
15576		pedicle flap; eyelids,nose,ears,lips,intraoral	500.55	587.37	10/1/2009
15600		skin graft procedure	147.47	234.28	10/1/2009
15610		skin graft procedure	174.76	236.48	10/1/2009
15620		skin graft procedure	232.27	314.47	10/1/2009
15630		skin graft procedure	253.90	332.63	10/1/2009
15650		skin graft procedure	286.51	371.59	10/1/2009
15731		forehead flap with preservation of vascular pedicle (eg, axial p	758.88	834.43	10/1/2009
15732		muscle, myocutaneous, or fasciocutaneous flap; head and ne	990.06	1,106.58	10/1/2009
15734		muscle flap trunk	1,014.53	1,136.24	10/1/2009
15736		muscle flap upper extremity	876.14	1,005.92	10/1/2009
15738		muscle flap lower extremity	955.43	1,075.12	10/1/2009
15740		skin graft procedure	643.15	744.10	10/1/2009
15750		skin graft procedure	682.54	682.54	10/1/2009
15756		free muscle flap with or without skin with microvascular anast	1,804.18	1,804.18	10/1/2009
15757		free skin flap with microvascular anastomosis	1,786.97	1,786.97	10/1/2009
15758		free fascial flap with microvascular anastomosis	1,787.91	1,787.91	10/1/2009
15760		skin graft procedure	527.44	617.99	10/1/2009
15770		skin graft procedure	488.21	488.21	10/1/2009
15777		implantation of biologic implant (eg, acellular dermal matrix) fo	123.33	123.33	1/1/2012
15780		abrasion treatment of skin	481.60	606.49	10/1/2009
15781		abrasion skin removal tattoos less total face	315.84	387.94	10/1/2009
15782		abrasion skin removal tattoos regional not face	302.73	408.87	10/1/2009
15783		superficial dermabrasion	273.79	352.82	10/1/2009
15786		abrasion single lesion eg keratosis scar	103.59	172.81	10/1/2009
15787		abrasion; each additional four lesions or less (list separately ir	14.54	35.31	10/1/2009
15788		chemical peel, facial;	172.90	304.41	10/1/2009
15789		chemical peel, facial;	314.81	411.14	10/1/2009
15792		chemical peel, nonfacial;	189.20	299.08	10/1/2009
15793		chemical peel, nonfacial;	260.72	341.48	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
15819		cervicoplasty	550.06	550.06	10/1/2009
15820		removal of skin furrows	354.40	390.16	10/1/2009
15821		removal of skin furrows	376.04	415.27	10/1/2009
15822		blepharoplasty, upper eyelid;	271.09	305.12	10/1/2009
15823		blepharoplasty, upper eyelid; w/excessive skin weighting lid	446.78	483.98	10/1/2009
15830		excision, excessive skin and subcutaneous tissue (includes lip	877.01	877.01	10/1/2009
15832		removal of skin furrows	665.76	665.76	10/1/2009
15833		removal of skin furrows	627.58	627.58	10/1/2009
15834		removal of skin furrows	625.39	625.39	10/1/2009
15835		removal of skin furrows	661.43	661.43	10/1/2009
15836		removal of skin furrows	550.94	550.94	10/1/2009
15837		removal of skin furrows	498.62	567.55	10/1/2009
15838		excision excess skin submental fat pad	429.50	429.50	10/1/2009
15839		excision excessive skin and subq tissue other area	540.28	627.67	10/1/2009
15840		skin repair for nerve palsy	758.28	758.28	10/1/2009
15841		facial nerve paralysis free muscle graft	1,270.48	1,270.48	10/1/2009
15842		graft for facial nerve paralysis; free muscle flap by microsurgic	2,007.18	2,007.18	10/1/2009
15845		skin and muscle repair, face	711.33	711.33	10/1/2009
15847		excision, excessive skin and subcutaneous tissue (includes lip	284.42	284.42	10/1/2009
15850		removal of sutures w/ anesthesia, same surgeon	33.10	66.55	10/1/2009
15851		removal sutures in hosp er under anesthesia	35.50	68.09	10/1/2009
15852		dressing change w/ anesthesia, excludes burns	36.96	36.96	10/1/2009
15860		intravenous injection of agent (eg, fluorescein) to test vascula	86.91	86.91	10/1/2009
15920		removal of tail bone	436.47	436.47	10/1/2009
15922		removal of tail bone	554.41	554.41	10/1/2009
15931		excision sacral decubitus ulcer primary suture	498.22	498.22	10/1/2009
15933		exc sacral decubitus ulcer with ostectomy/primary	612.37	612.37	10/1/2009
15934		excision sacral decubitus ulcer skin flap closur	683.67	683.67	10/1/2009
15935		exc sacral pressure ulcer local skin flap	812.82	812.82	10/1/2009
15936		excision, sacral pressure ulcer, in preparation for muscle or m	662.78	662.78	10/1/2009
15937		exc sacral pressure ulcer with ostectomy	774.53	774.53	10/1/2009
15940		removal of pressure sore	512.15	512.15	10/1/2009
15941		excision sacral decubitus ulcer with ostectomy	663.93	663.93	10/1/2009
15944		exc ischial pressure ulcer local skin flap closure	654.28	654.28	10/1/2009
15945		exc ischial pressure ulcer with ostectomy	726.74	726.74	10/1/2009
15946		excision, ischial pressure ulcer, with ostectomy, in preparatior	1,217.17	1,217.17	10/1/2009
15950		removal of pressure sore	423.50	423.50	10/1/2009
15951		excision trochanteric decubitus ulcer w ostectomy	604.12	604.12	10/1/2009
15952		removal of pressure sore	635.40	635.40	10/1/2009
15953		removal of pressure sore	707.45	707.45	10/1/2009
15956		excision, trochanteric pressure ulcer, in preparation for muscle	852.45	852.45	10/1/2009
15958		exc trochanteric ulcer myocutan flap w ostectomy	869.30	869.30	10/1/2009
16000		initial treatment, first degree burn, when no more than local	36.25	50.96	10/1/2009
16020		dressings and/or debridement, initial or subsequent;	42.68	59.40	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
16025		dressings and/or debridement, initial or subsequent;	87.69	108.45	10/1/2009
16030		dressings and/or debridement, initial or subsequent;	99.59	129.58	10/1/2009
16035		escharotomy; initial incision	164.93	164.93	10/1/2009
16036		escharotomy; each additional incision (list separately in additi	65.72	65.72	10/1/2009
17000		destruction any method premalignant lesions one le	40.11	57.13	10/1/2009
17003		destruction by any method, including laser, with or without sur	3.53	5.55	10/1/2009
17004		destruction (eg, laser surgery, electrosurgery, cryosurgery, ch	101.32	128.72	10/1/2009
17106		destruction of vascular proliferative lesions	209.17	253.01	10/1/2009
17107		destruction vascular proliferative lesion 10sq les	276.62	335.17	10/1/2009
17108		destruction vascular lesions over 50.0 sq cm	361.00	428.77	10/1/2009
17110		destruction (eg, laser surgery, electrosurgery, cryosurgery, ch	49.85	78.99	10/1/2009
17111		destruction by any method of flat warts, molluscum contagiosu	62.31	94.04	10/1/2009
17250		chemical cauterization of wound	27.45	53.69	10/1/2009
17260		destruction, malignant lesion (eg, laser surgery, electrosurger	50.27	69.30	10/1/2009
17261		destruct.malig. lesion-trunk,arms,legs; 0.6-1.0 cm	67.80	102.98	10/1/2009
17262		destruct.malig. lesion-trunk,arms,legs; 1.1-2.0 cm	86.83	125.77	10/1/2009
17263		destruct.malig. lesion-trunk,arms,legs; 2.1-3.0 cm	96.18	138.87	10/1/2009
17264		destruct.malig. lesion-trunk,arms,legs; 3.1-4.0 cm	102.78	148.64	10/1/2009
17266		destruct.malig. lesion-trunk,arms,legs; over 4. cm	119.77	169.10	10/1/2009
17270		destruction, malignant lesion (eg, laser surgery, electrosurger	73.34	107.09	10/1/2009
17271		destruction malignant lesion scalp,neck-0.6-1.0 cm	82.59	118.35	10/1/2009
17272		destruction malignant lesion scalp,neck-1.1-2.0 cm	95.84	135.64	10/1/2009
17273		destruction malignant lesion scalp,neck-2.1-3.0 cm	108.24	151.50	10/1/2009
17274		destruction malignant lesion scalp,neck-3.1-4.0 cm	132.96	179.69	10/1/2009
17276		destruction malignant lesion scalp,neck over 4. cm	160.09	208.54	10/1/2009
17280		destruction, malignant lesion (eg, laser surgery, electrosurger	66.65	100.39	10/1/2009
17281		destruction malignant lesion face 0.6-1.0 cm	93.13	128.60	10/1/2009
17282		destruction malignant lesion face 1.1-2.0 cm	108.21	149.16	10/1/2009
17283		destruction malignant lesion face 2.1-3.0 cm	135.58	180.58	10/1/2009
17284		destruction malignant lesion face 3.1-4.0 cm	161.83	210.28	10/1/2009
17286		destruction malignant lesion face over 4.0 cm	217.71	266.74	10/1/2009
17311		mohs micrographic technique, including removal of all gross t	292.08	505.21	10/1/2009
17312		mohs micrographic technique, including removal of all gross t	155.36	301.87	10/1/2009
17313		mohs micrographic technique, including removal of all gross t	262.22	460.92	10/1/2009
17314		mohs micrographic technique, including removal of all gross t	144.22	279.77	10/1/2009
17315		mohs micrographic technique, including removal of all gross t	40.99	60.60	10/1/2009
17340		cryotherapy (co2 slush, liquid n2) for acne	35.35	36.51	10/1/2009
17360		acne therapy	75.21	96.84	10/1/2009
19000		puncture aspiration of cyst of breast;	36.43	83.44	10/1/2009
19001		puncture aspiration of cyst of breast; each additional cyst (list	18.21	21.39	10/1/2009
19020		incision of breast lesion	210.87	313.27	10/1/2009
19030		injection procedure only for mammary ductogram or galactogr	65.92	128.51	10/1/2009
19100		biopsy of breast; percutaneous, needle core, not using imagin	53.44	102.47	10/1/2009
19101		biopsy of breast; open, incisional	160.55	234.10	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
19102		biopsy of breast; percutaneous, needle core, using imaging gu	86.18	168.38	10/1/2009
19103		biopsy of breast; percutaneous, automated vacuum assisted c	158.19	421.51	10/1/2009
19110		nipple exploration w/ or w/o excision	238.33	325.72	10/1/2009
19112		excision of lactiferous duct fistula	213.73	304.00	10/1/2009
19120		excision of cyst, fibroadenoma, or other benign or malignant tu	293.14	339.86	10/1/2009
19125		excision of breast lesion identified by preoperative placement	325.41	376.46	10/1/2009
19126		excision of breast lesion identified by preoperative placement	123.39	123.39	10/1/2009
19260		removal of chest wall lesion	896.20	896.20	10/1/2009
19271		removal of chest wall lesion	1,213.49	1,213.49	10/1/2009
19272		removal of chest wall lesion	1,345.69	1,345.69	10/1/2009
19290		pre-op placement of needle localization, breast	54.54	124.33	10/1/2009
19291		preoperative placement of needle localization wire, breast; ea	27.06	53.89	10/1/2009
19295		image guided placement, metallic localization clip, percutaneo	67.97	67.98	10/1/2009
19296		placement of radiotherapy afterloading balloon catheter into th	158.37	2,845.50	10/1/2009
19297		placement of radiotherapy afterloading balloon catheter into th	71.70	71.70	10/1/2009
19298		placement of radiotherapy afterloading brachytherapy cathete	261.05	977.18	10/1/2009
19300		mastectomy for gynecomastia	283.93	360.64	10/1/2009
19301		mastectomy, partial (eg, lumpectomy, tylectomy, quadrantecto	455.18	455.18	10/1/2009
19302		mastectomy, partial (eg, lumpectomy, tylectomy, quadrantecto	651.50	651.50	10/1/2009
19303		mastectomy, simple, complete	704.29	704.29	10/1/2009
19304		mastectomy, subcutaneous	406.26	406.26	10/1/2009
19305		mastectomy, radical, including pectoral muscles, axillary lymp	812.17	812.17	10/1/2009
19306		mastectomy, radical, including pectoral muscles, axillary and i	850.90	850.90	10/1/2009
19307		mastectomy, modified radical, including axillary lymph nodes,	855.87	855.87	10/1/2009
19316		mastopexy	580.41	580.41	10/1/2009
19318		reduction mammaplasty	854.51	854.51	10/1/2009
19324		mammaplasty augmentation w/o prosthetic implant	354.03	354.03	10/1/2009
19325		mammaplasty augmentation with prosthetic implant	479.99	479.99	10/1/2009
19328		removal of intact mammary implant	361.92	361.92	10/1/2009
19330		removal of implant material	465.89	465.89	10/1/2009
19340		immediate insertion of breast prothesis following mastectomy	304.24	304.24	10/1/2009
19342		delayed insertion breast prosthesis following mastectomy or in	685.17	685.17	10/1/2009
19350		nipple/areola reconstruction	504.59	621.39	10/1/2009
19355		correction of inverted nipples	418.75	517.39	10/1/2009
19357		breast reconstruction, immediate or delayed, with tissue expa	1,150.56	1,150.56	10/1/2009
19361		breast reconstruction with latissimus dorsi flap, with or w/o imp	1,237.77	1,237.77	10/1/2009
19364		breast reconstruction with free flap	2,119.10	2,119.10	10/1/2009
19366		breast reconstruction with other technique	1,047.14	1,047.14	10/1/2009
19367		breast reconstruction with tram single pedicle,including closur	1,369.23	1,369.23	10/1/2009
19368		breast reconstruction tram single pedicle,including closure of c	1,698.52	1,698.52	10/1/2009
19369		breast reconstruction tram double pedicle,including closure do	1,548.67	1,548.67	10/1/2009
19370		open periprosthetic capsulotomy breast	504.81	504.81	10/1/2009
19371		periprosthetic capsulectomy breast	582.45	582.45	10/1/2009
19380		revision of reconstructed breast	569.75	569.75	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
20005		incision of abscess	180.34	224.19	10/1/2009
20100		exploration of penetrating wound (separate procedure); neck	452.14	452.14	10/1/2009
20101		exploration of penetrating wound (separate procedure); chest	154.09	286.47	10/1/2009
20102		exploration of penetrating wound (separate procedure); abdor	187.93	335.60	10/1/2009
20103		exploration of penetrating wound (separate procedure); extrer	267.20	409.96	10/1/2009
20150		excision of epiphyseal bar, with or without autogenous soft tis	729.74	729.74	10/1/2009
20200		muscle biopsy	71.13	138.90	10/1/2009
20205		muscle biopsy	113.25	190.25	10/1/2009
20206		biopsy, muscle, percutaneous needle	49.84	191.45	10/1/2009
20220		bone biopsy	62.23	132.90	10/1/2009
20225		biopsy, bone, trocar, or needle; deep (eg, vertebral body, fem	94.38	497.58	10/1/2009
20240		biopsy, bone, excisional; superficial (eg, ilium, sternum, spino	173.19	173.19	10/1/2009
20245		bone biopsy	472.67	472.67	10/1/2009
20250		bone biopsy	284.30	284.30	10/1/2009
20251		bone biopsy	315.22	315.22	10/1/2009
20500		injection of sinus tract;	71.92	86.91	10/1/2009
20501		injection of sinus tract diagnostic sinogram	32.85	96.88	10/1/2009
20520		removal of foreign body	106.59	139.18	10/1/2009
20525		removal of foreign body	187.30	337.85	10/1/2009
20526		injection, therapeutic (eg, local anesthetic, corticosteroid), car	44.85	56.68	10/1/2009
20527		injection, enzyme (eg, collagenase), palmar fascial cord (ie, D	34.61	44.06	1/1/2012
20550		injection; tendon sheath, ligament, ganglion cyst	32.95	43.91	10/1/2009
20551		injection; tendon origin/insertion	33.62	43.43	10/1/2009
20552		injection; single or multiple trigger point(s), one or two muscle	28.49	39.45	10/1/2009
20553		injection; single or multiple trigger point(s), three or more mus	31.68	44.07	10/1/2009
20555		placement of needles or catheters into muscle and/or soft tiss	262.78	262.78	10/1/2009
20600		drainage of joint	31.39	41.20	10/1/2009
20605		drainage of joint or bursa	32.59	44.13	10/1/2009
20610		drainage of joint or bursa	38.92	56.80	10/1/2009
20612		aspiration and/or injection of ganglion cyst(s) any location	33.61	43.99	10/1/2009
20615		aspiration and injection for treatment of bone cyst	120.66	160.17	10/1/2009
20650		insertion & removal bone pin	118.96	146.08	10/1/2009
20660		application of tongs or caliper including removal	182.53	192.91	10/1/2009
20661		fixation procedure	345.75	345.75	10/1/2009
20662		application of halo pelvic	359.40	359.40	10/1/2009
20663		fixation procedure	332.54	332.54	10/1/2009
20664		application of halo, including removal, cranial, 6 or more pins	569.00	569.00	10/1/2009
20665		removal of fixation device	76.38	90.51	10/1/2009
20670		removal of implant superficial eg buried wire pin	111.75	283.64	10/1/2009
20680		removal of buried support	311.55	433.54	10/1/2009
20690		application ext fixation standard configuration	411.16	411.16	10/1/2009
20692		application of multiplane unilateral external fix	768.81	768.81	10/1/2009
20693		adjustment or revision external fixation req anest	344.82	344.82	10/1/2009
20694		removal under anesthesia external fixation system	251.71	311.69	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
20696		application of multiplane (pins or wires in more than one plane	826.14	826.14	10/1/2009
20697		application of multiplane (pins or wires in more than one plane	954.26	954.26	10/1/2009
20802		replantation of arm	1,890.19	1,890.19	10/1/2009
20805		replantation forearm, complete amputation	2,315.10	2,315.10	10/1/2009
20808		reimplantation of hand	3,126.24	3,126.24	10/1/2009
20816		reimplantation of digit	1,724.94	1,724.94	10/1/2009
20822		replantation digit excl thumb, complete amputation	1,462.36	1,462.36	10/1/2009
20824		replantation thumb, complete amputation	1,718.36	1,718.36	10/1/2009
20827		replantation thumb, complete amputation	1,519.47	1,519.47	10/1/2009
20838		replantation foot complete	1,908.09	1,908.09	10/1/2009
20900		removal of bone for graft	199.80	308.53	10/1/2009
20902		removal of bone for graft	276.66	276.66	10/1/2009
20910		remove cartilage for graft	323.75	323.75	10/1/2009
20912		cartilage graft costochondral nasal septum	363.79	363.79	10/1/2009
20920		removal of tissue for graft	306.63	306.63	10/1/2009
20922		removal of tissue for graft	375.93	451.49	10/1/2009
20924		removal of tendon for graft	379.47	379.47	10/1/2009
20926		removal of tissue for graft	327.59	327.59	10/1/2009
20931		allograft for spine surgery only; structural	87.43	87.43	10/1/2009
20937		autograft for spine surgery only (includes harvesting the graft)	133.14	133.14	10/1/2009
20938		autograft for spine surgery only (includes harvesting the graft)	144.60	144.60	10/1/2009
20950		monitor interstitial pressure	69.20	178.21	10/1/2009
20955		fibula graft w/microvascular anastomosis	1,957.55	1,957.55	10/1/2009
20956		bone graft with microvascular anastomosis; iliac crest	2,042.73	2,042.73	10/1/2009
20957		bone graft with microvascular anastomosis; metatarsal	1,954.80	1,954.80	10/1/2009
20962		bone graft with microvascular anastomosis; other than fibula,	1,999.92	1,999.92	10/1/2009
20969		free osteocutaneous flap with microvascular anastomosis; oth	2,169.08	2,169.08	10/1/2009
20970		free osteocutaneous flap with microvascular anastomosis; ilia	2,179.12	2,179.12	10/1/2009
20972		osteocutaneous flap microvascular anastomo metarsa	1,994.35	1,994.35	10/1/2009
20973		free osteocutaneous flap great toe web space	2,093.80	2,093.80	10/1/2009
20974		bio-ostegen system	36.22	48.33	10/1/2009
20975		invasive electrical stimulation to aid bone healing	136.43	136.43	10/1/2009
20979		low intensity ultrasound stimulation to aid bone healing, nonin	28.03	39.86	10/1/2009
20982		ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) rad	324.24	2,736.23	10/1/2009
21010		arthrotomy, temporomandibular joint	550.13	550.13	10/1/2009
21011		Excision, tumor, soft tissue of face or scalp, subcutaneous; les	151.11	192.89	01/1/2010
21012		Excision, tumor, soft tissue of face or scalp, subcutaneous; 2	206.70	206.70	01/1/2010
21013		Excision, tumor, soft tissue of face and scalp, subfascial (e.g.,	243.67	299.91	01/1/2010
21014		Excision, tumor, soft tissue of face and scalp, subfascial (e.g.,	319.43	319.43	01/1/2010
21015		radical resection of tumor soft face or scalp	319.65	319.65	10/1/2009
21016		Radical resection of tumor (e.g., malignant neoplasm), soft tis	640.35	640.35	01/1/2010
21025		excision of bone, mandible	561.11	654.26	10/1/2009
21026		excision of bone, facial bones	359.09	430.90	10/1/2009
21029		removal by contouring benign tumor facial bone	469.94	551.27	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
21030		excision benign tumor or cyst of facial bone other	298.77	360.78	10/1/2009
21031		excision of torus mandibularis	213.80	276.97	10/1/2009
21032		excision of maxillary torus palatinus	210.77	280.57	10/1/2009
21034		exc malignant tumor facial bone toher than mandibl	886.60	990.73	10/1/2009
21040		removal of bone lesion	297.04	363.66	10/1/2009
21044		excision malignant tumor mandible	662.77	662.77	10/1/2009
21045		exc malignancy mandible radical	924.99	924.99	10/1/2009
21046		excision of benign tumor or cyst of mandible; requiring intra-o	814.98	814.98	10/1/2009
21047		excision of benign tumor or cyst of mandible; requiring extra-c	989.76	989.76	10/1/2009
21048		excision of benign tumor or cyst of maxilla; requiring intra-oral	826.20	826.20	10/1/2009
21049		excision of benign tumor or cyst of maxilla; requiring extra-ora	956.86	956.86	10/1/2009
21050		arthrectomy temporomandibular joint unilateral	649.59	649.59	10/1/2009
21060		menisectomy temporomandibular joint unilateral	593.86	593.86	10/1/2009
21070		coronoidectomy	482.22	482.22	10/1/2009
21073		manipulation of temporomandibular joint(s) (tmj), therapeutic,	179.52	268.07	10/1/2009
21100		maxillofacial fixation	295.70	514.31	10/1/2009
21110		applica interdental fixation device cond oth than	464.45	543.19	10/1/2009
21116		injection procedure for temporomandibular joint arthrography	33.94	108.93	10/1/2009
21120		genioplasty; augmentation	365.30	451.53	10/1/2009
21121		genioplasty; augmentation sliding osteotomy single	486.00	565.90	10/1/2009
21122		genioplasty; augmentation 2 or more osteotomies	535.86	535.86	10/1/2009
21123		genioplasty; augmentation sliding interpositional	642.85	642.85	10/1/2009
21125		augmentation mandibular body or angle prosthetic	562.91	2,184.06	10/1/2009
21127		augmentation mandibular body angle w/ bone graft	657.70	2,599.29	10/1/2009
21137		reduction forehead; contouring only	542.37	542.37	10/1/2009
21138		reduction forehead-contouring & application graft	677.52	677.52	10/1/2009
21139		reduction forehead contouring, setback sinus wall	760.74	760.74	10/1/2009
21141		reconstruction midface, lefort i; single piece, segment movem	1,019.82	1,019.82	10/1/2009
21142		reconstruction midface, lefort i; two pieces, segment moveme	1,008.81	1,008.81	10/1/2009
21143		reconstruction midface, lefort i; three or more pieces, segmen	1,046.65	1,046.65	10/1/2009
21145		reconstruction midface, lefort i; single piece, segment movem	1,173.55	1,173.55	10/1/2009
21146		reconstruction midface, lefort i; two pieces, segment moveme	1,252.41	1,252.41	10/1/2009
21147		reconstruction midface, lefort i; three or more pieces, segmen	1,289.71	1,289.71	10/1/2009
21150		reconstruction midface anterior intrusion	1,280.40	1,280.40	10/1/2009
21151		reconstruct midface any direction req bone graft	1,545.94	1,545.94	10/1/2009
21154		reconstruction midface any type req bone graft	1,563.32	1,563.32	10/1/2009
21155		reconstruct midface any type w graft, w lefort i	1,774.05	1,774.05	10/1/2009
21159		reconstruct midface, lefort iii, w bone grafts	2,146.32	2,146.32	10/1/2009
21160		reconstruct midface, lefort iii w/ lefort i, graft	2,210.23	2,210.23	10/1/2009
21172		reconstruct orbital rim/forehead w/wo grafts	1,358.59	1,358.59	10/1/2009
21175		reconstruct bifrontal orbital rims/forehead, graft	1,640.42	1,640.42	10/1/2009
21179		reconstruct forehead/orbital rims with grafts	1,123.44	1,123.44	10/1/2009
21180		reconstruct forehead/orbital rims with autograft	1,280.73	1,280.73	10/1/2009
21181		removal by contouring of benign tumor cranial bone	534.72	534.72	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
21182		reconstruction of orbital walls, rims, forehead, nasoethmoid cc	1,558.78	1,558.78	10/1/2009
21183		reconstruction of orbital walls, rims, forehead, nasoethmoid cc	1,743.30	1,743.30	10/1/2009
21184		reconstruction of orbital walls, rims, forehead, nasoethmoid cc	1,864.62	1,864.62	10/1/2009
21188		reconstr. midface, osteotomies, w bone grafts	1,232.60	1,232.60	10/1/2009
21193		reconstruction of mandibular rami, horizontal, vertical, "c", or '	942.74	942.74	10/1/2009
21194		reconstr. mandibular ramus, osteotomy w bone graft	1,076.58	1,076.58	10/1/2009
21195		reconstruction of mandibular rami and/or body, sagittal split; w	1,010.15	1,010.15	10/1/2009
21196		reconstr. mandibular ramus w inter. rigid fixation	1,100.92	1,100.92	10/1/2009
21198		osteotomy, mandible, segmental	865.01	865.01	10/1/2009
21199		osteotomy, mandible, segmental; with genioglossus advancer	785.93	785.93	10/1/2009
21206		osteotomy, maxilla, segmental	852.17	852.17	10/1/2009
21208		augmentation osteoplasty of facial bones	620.12	1,249.72	10/1/2009
21209		reduction osteoplasty of facial bones	475.35	596.77	10/1/2009
21210		bone graft	619.95	1,492.40	10/1/2009
21215		bone graft	646.53	2,527.54	10/1/2009
21230		cartilage graft	578.87	578.87	10/1/2009
21235		cartilage graft	422.83	530.70	10/1/2009
21240		arthroplasty, temporomandibular joint w/wo graft	836.99	836.99	10/1/2009
21242		arthroplasty temporomandibular joint w alloplastic	766.54	766.54	10/1/2009
21243		arthroplasty, temporomandibular joint	1,259.29	1,259.29	10/1/2009
21244		reconstruction of mandible	781.86	781.86	10/1/2009
21247		reconst. mandibular condyle w bone/cartilage graft	1,225.65	1,225.65	10/1/2009
21255		reconst. zygomatic arch, glenoid fossa w bone/cart	1,080.93	1,080.93	10/1/2009
21256		reconst. orbit w osteotomies and bone grafts	885.15	885.15	10/1/2009
21260		orbital hypertelorism correction osteotomies	995.40	995.40	10/1/2009
21261		orbital hypertelorism comb with intra and extracranial approac	1,707.11	1,707.11	10/1/2009
21263		orbital hypertelorism with forehead advancement	1,536.47	1,536.47	10/1/2009
21267		orbital repositioning	1,161.72	1,161.72	10/1/2009
21268		orbital repositioning intra and external approach	1,445.23	1,445.23	10/1/2009
21270		malar augmentation, bone or alloplastic material.	528.26	671.90	10/1/2009
21275		secondary rev orbitocraniofacial reconostruction	608.52	608.52	10/1/2009
21280		medial canthoplasty	391.64	391.64	10/1/2009
21282		lateral canthopexy	258.17	258.17	10/1/2009
21295		reduction masseter muscle extraoral approach	128.84	128.84	10/1/2009
21296		reduction masseter muscle intraoral approach	313.55	313.55	10/1/2009
21310		treatment of closed or open nasal fracture manipul	22.53	76.76	10/1/2009
21315		treatment of nose fracture	109.89	188.34	10/1/2009
21320		manipulation instrumental complicated nasal fractu	103.08	181.54	10/1/2009
21325		repair of nose fracture	343.28	343.28	10/1/2009
21330		repair of nose fracture	422.36	422.36	10/1/2009
21335		repair of nose fracture	548.26	548.26	10/1/2009
21336		open tx nasal septal fx, w/wo stabilization	471.81	471.81	10/1/2009
21337		closed treatment of nasal septal fracture,w/wo stabilization	210.43	283.11	10/1/2009
21338		open treatment nasoethmoid fracture without extern	539.33	539.33	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
21339		open treatment nasoethmoid fracture with external	602.44	602.44	10/1/2009
21340		tr closed/open nasoeth com fr w splint wire headca	605.86	605.86	10/1/2009
21343		open treatment of depressed frontal sinus	857.20	857.20	10/1/2009
21344		open tx of frontal sinus fracture	1,130.98	1,130.98	10/1/2009
21345		tr nasomax comp fr with interdental wire fix or fi	491.15	590.94	10/1/2009
21346		op tr nasomax com fr w wiring a/o local fixation	709.35	709.35	10/1/2009
21347		op tr nasomac com fr w wir a/o lo fi w mul aproach	822.89	822.89	10/1/2009
21348		open tx nasomaxillary fx with bone grafting	878.33	878.33	10/1/2009
21355		repair cheek bone fracture	242.07	319.36	10/1/2009
21356		open tx depressed zygomatic arch fracture	277.63	357.53	10/1/2009
21360		open treatment of closed or open depressed fx inc	395.62	395.62	10/1/2009
21365		repair cheek bone fracture	832.20	832.20	10/1/2009
21366		open tx malar area fx inc zygomatic arch w/graft	925.19	925.19	10/1/2009
21385		repair eye socket fracture	533.91	533.91	10/1/2009
21386		repair eye socket fracture	499.30	499.30	10/1/2009
21387		repair eye socket fracture	557.24	557.24	10/1/2009
21390		repair eye socket fracture	577.81	577.81	10/1/2009
21395		repair eye socket fracture	730.04	730.04	10/1/2009
21400		treat eye socket fracture	105.83	128.05	10/1/2009
21401		repair eye socket fracture	218.33	340.90	10/1/2009
21406		repair eye socket fracture	403.87	403.87	10/1/2009
21407		repair eye socket fracture	478.67	478.67	10/1/2009
21408		open tx of fx orbit except "blowout" w/bone graft	659.14	659.14	10/1/2009
21421		tr pal/alv ri fr cl man w interd wi fi offi de de	452.53	527.24	10/1/2009
21422		tr pa/al ri fr cl man w intd wi fi o fi de/sp op t	500.04	500.04	10/1/2009
21423		open tx of palatal or maxillary fx, mult approach	594.96	594.96	10/1/2009
21431		repair upper jaw fracture	543.29	543.29	10/1/2009
21432		open rx craniofacial separation	498.82	498.82	10/1/2009
21433		dp tr cranioe sep w wi/loc fix complicated	1,287.79	1,287.79	10/1/2009
21435		repair upper jaw fracture	1,014.55	1,014.55	10/1/2009
21436		open tx craniofacial separation w/bone graft	1,493.91	1,493.91	10/1/2009
21440		repair dental ridge fracture	318.30	381.46	10/1/2009
21445		repair dental ridge fracture	452.35	544.36	10/1/2009
21450		treat lower jaw fracture	333.81	397.54	10/1/2009
21451		treatment closed or open mandibular fracture with	450.34	526.48	10/1/2009
21452		treatment of open mandibular fracture without mani	240.56	428.60	10/1/2009
21453		rx open mandibular fracture with manipulation	542.97	609.59	10/1/2009
21454		open rx closed or open mandibular fx with external	411.95	411.95	10/1/2009
21461		op tr o clos o op mand fr witho interdenfixation	673.07	1,370.45	10/1/2009
21462		op tr clos o op mandfract w interdental fixation	747.09	1,483.12	10/1/2009
21465		open treatment mandibular condylar fracture	684.76	684.76	10/1/2009
21470		repair lower jaw fracture	894.31	894.31	10/1/2009
21480		reset dislocated jaw	25.40	65.48	10/1/2009
21485		complicated manipulative treatment of temporomandi	403.22	470.13	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
21490		reset dislocated jaw	693.66	693.66	10/1/2009
21495		repair hyoid bone fracture	499.71	499.71	10/1/2009
21497		interdental wiring f condition o than fracture	407.33	474.54	10/1/2009
21501		incision / drainage deep abscess or hematoma	233.57	316.63	10/1/2009
21502		drainage of rib abscess	392.16	392.16	10/1/2009
21510		inc deep opening of bone cortex osteomyelitis bone	345.80	345.80	10/1/2009
21550		excisional biopsy soft tissues	119.06	185.69	10/1/2009
21552		Excision, tumor, soft tissue of neck or anterior thorax, subcuta	275.15	275.15	01/1/2010
21554		Excision, tumor, soft tissue of neck or anterior thorax, subfasc	452.44	452.44	01/1/2010
21555		excision benign tumor subcutaneous	246.90	313.52	10/1/2009
21556		excision deep subfacial intramuscular	308.95	308.95	10/1/2009
21557		radical resection of soft tissue tumor	439.04	439.04	10/1/2009
21558		Radical resection of tumor (e.g., malignant neoplasm), soft tis	849.26	849.26	01/1/2010
21600		excision of rib partial	412.93	412.93	10/1/2009
21610		partial removal of rib	806.94	806.94	10/1/2009
21615		excision first and/or cervical rib;	510.19	510.19	10/1/2009
21616		exc first a/o cerv rib f outlet comp synd oth caus	650.32	650.32	10/1/2009
21620		partial removal of sternum	393.17	393.17	10/1/2009
21627		sternal debridement	412.47	412.47	10/1/2009
21630		radical resection of sternum;	964.35	964.35	10/1/2009
21632		radical resection of sternum w mediastinal lymphad	955.08	955.08	10/1/2009
21685		hyoid myotomy and suspension	752.29	752.29	10/1/2009
21700		revision of neck muscle	319.40	319.40	10/1/2009
21705		revision of neck muscle	491.66	491.66	10/1/2009
21720		division sternocleidomastoid for torticollis open	307.95	307.95	10/1/2009
21725		revision of neck muscle	399.31	399.31	10/1/2009
21740		reconstructive repair of pectus excavatum or carin	832.39	832.39	10/1/2009
21742		reconstructive repair of pectus excavatum or carinatum; minin	832.39	832.39	10/1/2009
21743		reconstructive repair of pectus excavatum or carinatum; minin	965.30	965.30	10/1/2009
21750		closure of median sternotomy separation with or without debri	551.66	551.66	10/1/2009
21800		treatment of rib fracture(s)	72.14	70.98	10/1/2009
21805		treatment of rib fracture(s)	190.56	190.56	10/1/2009
21810		treatment of rib fracture(s)	375.67	375.67	10/1/2009
21820		treatment, sternum fracture	95.92	94.77	10/1/2009
21825		treatment of sternum fracture open	426.30	426.30	10/1/2009
21920		biopsy, soft tissue, back, superficial	118.96	185.29	10/1/2009
21925		deep biopsy, soft tissue, back, deep	250.90	307.14	10/1/2009
21930		excision tumor, soft tissue of back	278.10	342.71	10/1/2009
21931		Excision, tumor, soft tissue of back or flank, subcutaneous; 3	287.76	287.76	01/1/2010
21932		Excision, tumor, soft tissue of back or flank, subfascial (e.g. in	413.22	413.22	01/1/2010
21933		Excision, tumor, soft tissue of back or flank, subfascial (e.g. in	455.69	455.69	01/1/2010
21935		radical resection of tumor, soft tissue of back	882.25	882.25	10/1/2009
21936		Radical resection of tumor (e.g., malignant neoplasm), soft tis	882.97	882.97	01/1/2010
22010		incision and drainage, open, of deep abscess (subfascial), po	676.96	676.96	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
22015		incision and drainage, open, of deep abscess (subfascial), po	673.13	673.13	10/1/2009
22100		partial excision of posterior vertebral component (eg, spinous	610.64	610.64	10/1/2009
22101		removal part of vertebra	609.16	609.16	10/1/2009
22102		removal part of vertebra	606.84	606.84	10/1/2009
22103		partial excision of posterior vertebral component (eg, spinous	111.37	111.37	10/1/2009
22110		partial excision of vertebral body, for intrinsic bony lesion, with	759.31	759.31	10/1/2009
22112		removal part of vertebra	735.99	735.99	10/1/2009
22114		removal part of vertebra	754.60	754.60	10/1/2009
22116		partial excision of vertebral body, for intrinsic bony lesion, with	110.77	110.77	10/1/2009
22206		osteotomy of spine, posterior or posterolateral approach, thre	1,814.40	1,814.40	10/1/2009
22207		osteotomy of spine, posterior or posterolateral approach, thre	1,790.74	1,790.74	10/1/2009
22208		osteotomy of spine, posterior or posterolateral approach, thre	457.19	457.19	10/1/2009
22210		osteotomy of spine, posterior or posterolateral approach, one	1,329.86	1,329.86	10/1/2009
22212		posterior approach osteotomy spine, thoracic	1,099.76	1,099.76	10/1/2009
22214		posterior approach osteotomy spine, lumbar	1,106.37	1,106.37	10/1/2009
22216		osteotomy of spine, posterior or posterolateral approach, one	290.24	290.24	10/1/2009
22220		osteotomy of spine, including diskectomy, anterior approach,	1,197.53	1,197.53	10/1/2009
22222		anterior appoach osteotomy spine, thoracic	1,095.75	1,095.75	10/1/2009
22224		anterior approach osteotomy spine, lumbar	1,185.77	1,185.77	10/1/2009
22226		osteotomy of spine, including diskectomy, anterior approach,	289.08	289.08	10/1/2009
22305		closed treatment of vertebral process fracture(s)	125.92	136.02	10/1/2009
22310		closed treatment of vertebral body fracture(s), without manipu	197.62	211.17	10/1/2009
22315		closed treatment of vertebral fracture(s) and/or dislocation(s)	561.21	628.11	10/1/2009
22318		open treatment and/or reduction of odontoid fracture (cervical	1,196.05	1,196.05	10/1/2009
22319		open treatment and/or reduction of odontoid fracture (cervical	1,315.04	1,315.04	10/1/2009
22325		open treatment and/or reduction of vertebral fracture(s) and/ c	1,047.23	1,047.23	10/1/2009
22326		open treatment and/or reduction of vertebral fracture(s) and/ c	1,091.92	1,091.92	10/1/2009
22327		open treatment and/or reduction of vertebral fracture(s) and/ c	1,083.52	1,083.52	10/1/2009
22328		open treatment and/or reduction of vertebral fracture(s) and/o	218.83	218.83	10/1/2009
22505		manipulation of spine	93.11	93.11	10/1/2009
22520		percutaneous vertebroplasty, one vertebral body, unilateral or	449.13	1,678.62	10/1/2009
22521		percutaneous vertebroplasty, one vertebral body, unilateral or	423.21	1,634.25	10/1/2009
22522		percutaneous vertebroplasty, one vertebral body, unilateral or	198.44	198.44	10/1/2009
22523		percutaneous vertebral augmentation,including cavity creatior	469.41	469.41	10/1/2009
22524		percutaneous vertebral augmentation,including cavity creatior	449.66	449.66	10/1/2009
22525		percutaneous vertebral augmentation,including cavity creatior	210.96	210.96	10/1/2009
22532		arthrodesis, lateral extracavitary technique, including minimal	1,306.34	1,306.34	10/1/2009
22533		arthrodesis, lateral extracavitary technique, including minimal	1,231.27	1,231.27	10/1/2009
22534		arthrodesis, lateral extracavitary technique, including minimal	286.46	286.46	10/1/2009
22548		arthrodesis, anterior transoral or extraoral technique, clivus-c1	1,389.94	1,389.94	10/1/2009
22551		Arthrodesis, anterior interbody, including disc space preparati	1,398.27	1,398.27	1/1/2011
22552		Arthrodesis, anterior interbody, including disc space preparati	326.57	326.57	1/1/2011
22554		arthrodesis, anterior interbody technique, including minimal di	959.80	959.80	10/1/2009
22556		arthrodesis, anterior interbody technique, including minimal di	1,245.88	1,245.88	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
22558		arthrodesis, anterior interbody technique, including minimal di	1,146.36	1,146.36	10/1/2009
22585		arthrodesis, anterior interbody technique, including minimal di	264.60	264.60	10/1/2009
22590		arthrodesis, posterior technique, craniocervical (occiput-c2)	1,153.39	1,153.39	10/1/2009
22595		arthrodesis, posterior technique, atlas-axis (c1-c2)	1,095.09	1,095.09	10/1/2009
22600		arthrodesis, posterior or posterolateral technique, single level;	938.24	938.24	10/1/2009
22610		arthrodesis, posterior or posterolateral technique, single level;	926.22	926.22	10/1/2009
22612		arthrodesis, posterior or posterolateral technique, single level;	1,201.51	1,201.51	10/1/2009
22614		arthrodesis, posterior or posterolateral technique, single level;	308.81	308.81	10/1/2009
22630		arthrodesis, posterior interbody technique, including laminectc	1,154.42	1,154.42	10/1/2009
22632		arthrodesis, posterior interbody technique, single interspace;	250.87	250.87	10/1/2009
22633		arthrodesis, combined posterior or posterolateral technique w	1066.77	1066.77	1/1/2012
22634		each additional interspace and segment (List separately in ad	287.04	287.04	1/1/2012
22800		arthrodesis, posterior, for spinal deformity, with or without cas	1,019.88	1,019.88	10/1/2009
22802		arthrodesis, posterior, for spinal deformity, with or without cas	1,623.94	1,623.94	10/1/2009
22804		arthrodesis, posterior, for spinal deformity, with or without cas	1,876.76	1,876.76	10/1/2009
22808		arthrodesis, anterior, for spinal deformity, with or without cast;	1,381.88	1,381.88	10/1/2009
22810		arthrodesis, anterior, for spinal deformity, with or without cast;	1,542.65	1,542.65	10/1/2009
22812		arthrodesis, anterior, for spinal deformity, with or without cast;	1,687.77	1,687.77	10/1/2009
22818		kyphectomy, circumferential exposure of spine and resection	1,701.22	1,701.22	10/1/2009
22819		kyphectomy, circumferential exposure of spine and resection	1,959.58	1,959.58	10/1/2009
22830		exploration of spinal fusion	607.36	607.36	10/1/2009
22840		posterior non-segmental instrumentation (eg, harrington rod te	602.70	602.70	10/1/2009
22842		posterior segmental instrumentation (eg, pedicle fixation, dual	604.03	604.03	10/1/2009
22843		posterior segmental instrumentation (eg, pedicle fixation, dual	643.16	643.16	10/1/2009
22844		posterior segmental instrumentation (eg, pedicle fixation, dual	787.88	787.88	10/1/2009
22845		anterior instrumentation; 2 to 3 vertebral segments	576.49	576.49	10/1/2009
22846		anterior instrumentation; 4 to 7 vertebral segments	598.58	598.58	10/1/2009
22847		anterior instrumentation; 8 or more vertebral segments	660.56	660.56	10/1/2009
22848		pelvic fixation (attachment of caudal end of instrumentation to	287.08	287.08	10/1/2009
22849		reinsertion of spinal fixation device	986.95	986.95	10/1/2009
22850		harrington rod removal	537.16	537.16	10/1/2009
22851		application of intervertebral biomechanical device(s) (eg, synt	321.42	321.42	10/1/2009
22852		removal of segmental instrumentation	513.53	513.53	10/1/2009
22855		dwyer instrument removal	834.99	834.99	10/1/2009
22864		removal of total disc arthroplasty (artificial disc), anterior appr	1,403.61	1,403.61	10/1/2009
22865		removal of total disc arthroplasty (artificial disc), anterior appr	1,611.60	1,611.60	10/1/2009
22900		excision abdominal wall tumor subfascial	307.99	307.99	10/1/2009
22901		Excision, tumor, soft tissue of abdominal wall, subfascial (e.g.	406.93	406.93	01/1/2010
22902		Excision, tumor, soft tissue of abdominal wall, subcutaneous;	206.28	257.55	01/1/2010
22903		Excision, tumor, soft tissue of abdominal wall, subcutaneous;	269.52	269.52	01/1/2010
22904		Radical resection of tumor (e.g., malignant neoplasm), soft tis	636.92	636.92	01/1/2010
22905		Radical resection of tumor (e.g., malignant neoplasm), soft tis	825.63	825.63	01/1/2010
23000		removal of subdeltoid calcareous deposits, open	265.71	383.96	10/1/2009
23020		capsular contracture release (eg, sever type procedure)	517.54	517.54	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
23030		incision and drainage deep abscess or hematoma	192.36	306.28	10/1/2009
23031		incision and drainage infected bursa	159.18	278.87	10/1/2009
23035		incision, bone cortex (eg, osteomyelitis or bone abscess), sho	513.10	513.10	10/1/2009
23040		arthrotomy, glenohumeral joint, including exploration, drainag	538.97	538.97	10/1/2009
23044		arthrotomy, acromioclavicular, sternoclavicular joint, including	427.04	427.04	10/1/2009
23065		biopsy soft tissues superficial	124.65	156.37	10/1/2009
23066		biopsy soft tissues deep	251.30	365.22	10/1/2009
23071		Excision, tumor, soft tissue of shoulder area, subcutaneous; 3	255.64	255.64	01/1/2010
23073		Excision, tumor, soft tissue of shoulder area, subfacial (e.g. in	423.88	423.88	01/1/2010
23075		excision, soft tissue tumor, shoulder area; subcutaneous	132.62	187.71	10/1/2009
23076		exc yumor subfascial/intramuscular	421.21	421.21	10/1/2009
23077		radical resection soft tissue tumor, shoulder	897.53	897.53	10/1/2009
23078		Radical resection of tumor (e.g., malignant neoplasm), soft tis	859.10	859.10	01/1/2010
23100		arthrotomy, glenohumeral joint, including biopsy	362.73	362.73	10/1/2009
23101		arthrotomy, acromioclavicular joint or sternoclavicular joint, in	333.53	333.53	10/1/2009
23105		arthrotomy; glenohumeral joint, with synovectomy, with or wit	476.20	476.20	10/1/2009
23106		arthrotomy; sternoclavicular joint, with synovectomy, with or w	354.07	354.07	10/1/2009
23107		arthrotomy, glenohumeral joint, w/ joint explor.	494.93	494.93	10/1/2009
23120		partial removal, collarbone	427.41	427.41	10/1/2009
23125		removal of collarbone	526.99	526.99	10/1/2009
23130		acromioplasty or acromionectomy, partial, with or without cora	449.62	449.62	10/1/2009
23140		removal bone lesion	383.84	383.84	10/1/2009
23145		removal bone lesion	517.23	517.23	10/1/2009
23146		removal bone lesion	449.08	449.08	10/1/2009
23150		removal bone lesion	489.36	489.36	10/1/2009
23155		removal bone lesion	593.26	593.26	10/1/2009
23156		removal bone lesion	503.77	503.77	10/1/2009
23170		sequestrectomy for osteomyelitis bone abcess clavi	395.80	395.80	10/1/2009
23172		sequestrectomy for osteomyelitis of bone abcess sc	405.68	405.68	10/1/2009
23174		sequestrec for osteomyelitis or bone abcess humer	563.08	563.08	10/1/2009
23180		partial excision (craterization, saucerization, or diaphysectomy	512.08	512.08	10/1/2009
23182		partial excision (craterization, saucerization, or diaphysectomy	493.93	493.93	10/1/2009
23184		partial excision (craterization, saucerization, or diaphysectomy	558.04	558.04	10/1/2009
23190		partial removal of shoulder	415.56	415.56	10/1/2009
23195		removal of head of humerus	564.49	564.49	10/1/2009
23200		removal of collarbone	667.35	667.35	10/1/2009
23210		removal of shoulderblade	697.91	697.91	10/1/2009
23220		radical resection of bone tumor, proximal humerus;	808.76	808.76	10/1/2009
23221		partial removal of humerus	945.13	945.13	10/1/2009
23222		partial removal of humerus	1,287.47	1,287.47	10/1/2009
23330		removal of foreign body subcutaneous	110.35	161.69	10/1/2009
23331		removal of foreign body, shoulder; deep (eg, neer hemiarthrop	438.08	438.08	10/1/2009
23332		removal of foreign body, shoulder; complicated (eg, total shou	667.18	667.18	10/1/2009
23350		injection procedure for shoulder arthrography or enhanced ct/	43.03	116.30	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
23395		muscle transfer, any type, shoulder or upper arm; single	973.04	973.04	10/1/2009
23397		muscle transfers	872.03	872.03	10/1/2009
23400		fixation of scapula	738.33	738.33	10/1/2009
23405		tenotomy, shoulder area; single tendon	473.78	473.78	10/1/2009
23406		tenotomy, shoulder area; multiple tendons through same incis	593.04	593.04	10/1/2009
23410		repair of ruptured musculotendinous cuff (eg, rotator cuff); acu	628.67	628.67	10/1/2009
23412		repair of tendon(s)	657.13	657.13	10/1/2009
23415		release of shoulder ligament	522.83	522.83	10/1/2009
23420		reconstruction of complete shoulder (rotator) cuff avulsion, ch	736.68	736.68	10/1/2009
23430		tenodesis of long tendon of biceps	557.43	557.43	10/1/2009
23440		resection or transplantation of long tendon of biceps	575.33	575.33	10/1/2009
23450		capsulorrhaphy, anterior; putti-platt procedure or magnuson ty	722.70	722.70	10/1/2009
23455		capsulorrhaphy, anterior; with labral repair (eg, bankart proce	771.02	771.02	10/1/2009
23460		capsulorrhaphy, anterior, any type; with bone block	834.42	834.42	10/1/2009
23462		capsulorrhaphy f recur disloc poster w/w bn block	819.00	819.00	10/1/2009
23465		capsulorrhaphy, glenohumeral joint, posterior, with or without	854.24	854.24	10/1/2009
23466		capsulorrhaphy, glenohumeral joint, any type multi-directional	841.11	841.11	10/1/2009
23470		arthroplasty, glenohumeral joint; hemiarthroplasty	929.80	929.80	10/1/2009
23472		arthroplasty, glenohumeral joint; total shoulder (glenoid and p	1,152.41	1,152.41	10/1/2009
23480		revision of collarbone	620.45	620.45	10/1/2009
23485		revision of collarbone	733.78	733.78	10/1/2009
23490		prophylactic treatment clavicle	633.75	633.75	10/1/2009
23491		prophylactic treatment (nailing, pinning, plating or wiring) with	772.38	772.38	10/1/2009
23500		treatment clavicle fracture	149.06	149.92	10/1/2009
23505		treatment clavicle fracture	235.38	247.78	10/1/2009
23515		repair clavicle fracture	526.06	526.06	10/1/2009
23520		treat clavicle dislocation	156.38	155.52	10/1/2009
23525		repair clavicle dislocation	227.35	242.35	10/1/2009
23530		repair clavicle dislocation	403.20	403.20	10/1/2009
23532		open treat of closed/open sternoclav dislocation w	463.22	463.22	10/1/2009
23540		treat clavicle dislocation	151.81	153.83	10/1/2009
23545		repair clavicle dislocation	205.61	222.34	10/1/2009
23550		repair clavicle dislocation	427.23	427.23	10/1/2009
23552		repair clavicle dislocation	492.21	492.21	10/1/2009
23570		treat scapula fracture	162.43	160.41	10/1/2009
23575		repair scapula fracture	259.52	274.52	10/1/2009
23585		repair scapula fracture	716.02	716.02	10/1/2009
23600		treat humerus fracture	207.72	223.87	10/1/2009
23605		repair humerus fracture	307.92	332.14	10/1/2009
23615		repair humerus fx w/wo tuberosity	654.21	654.21	10/1/2009
23616		open tx proximal humeral fx; w prosthetice replace	978.31	978.31	10/1/2009
23620		closed treatment of greater humeral tuberosity fracture; withou	174.30	184.40	10/1/2009
23625		repair humerus fracture	253.59	269.17	10/1/2009
23630		open treatment of greater humeral tuberosity fracture, with or	561.62	561.62	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
23650		repair shoulder dislocation	192.79	209.81	10/1/2009
23655		repair shoulder dislocation	279.44	279.44	10/1/2009
23660		repair shoulder dislocation	433.09	433.09	10/1/2009
23665		closed treatment of shoulder dislocation, with fracture of great	283.06	299.80	10/1/2009
23670		open treatment of shoulder dislocation, with fracture of greate	631.76	631.76	10/1/2009
23675		repair dislocation/fracture	364.53	392.22	10/1/2009
23680		repair dislocation/fracture	684.10	684.10	10/1/2009
23700		fixation of shoulder	145.57	145.57	10/1/2009
23800		arthrodesis, glenohumeral joint;	777.29	777.29	10/1/2009
23802		arthrodesis, glenohumeral joint; with autogenous graft (includ	944.85	944.85	10/1/2009
23900		amputation of arm	1,011.29	1,011.29	10/1/2009
23920		amputation of arm	817.73	817.73	10/1/2009
23921		disarticulation of shoulder secondary closure	295.60	295.60	10/1/2009
23930		incision and drainage deep abscess or hematoma	161.64	254.52	10/1/2009
23931		incision and drainage, upper arm or elbow area; bursa	115.91	197.52	10/1/2009
23935		incision deep w/opening of cortex for osteomyeliti	368.82	368.82	10/1/2009
24000		arthrotomy, elbow, including exploration, drainage, or remova	350.72	350.72	10/1/2009
24006		arthrotomy elbow w/capsular release	532.35	532.35	10/1/2009
24065		biopsy soft tissues superficial	123.63	181.61	10/1/2009
24066		biopsy, soft tissue of upper arm or elbow area; deep (subfasci	295.76	422.66	10/1/2009
24071		Excision, tumor, soft tissue of upper arm or elbow area, subcu	248.23	248.23	01/1/2010
24073		Excision, tumor, soft tissue of upper arm or elbow area, subfa	426.12	426.12	01/1/2010
24075		excision, tumor, soft tissue of upper arm or elbow area; subcu	230.87	341.91	10/1/2009
24076		excision benign tumor deep subfascial or intramusc	353.22	353.22	10/1/2009
24077		radical resection soft tissue tumor, arm/elbow	613.59	613.59	10/1/2009
24079		Radical resection of tumor (eg, malignant neoplasm), soft tiss	792.16	792.16	01/1/2010
24100		arthrotomy elbow with synovial biopsy only	298.98	298.98	10/1/2009
24101		exploration of elbow joint	368.53	368.53	10/1/2009
24102		arthrotomy, elbow; with synovectomy	458.64	458.64	10/1/2009
24105		removal of elbow bursa	246.18	246.18	10/1/2009
24110		removal of bone lesion	433.26	433.26	10/1/2009
24115		removal of bone lesion/graft	548.62	548.62	10/1/2009
24116		removal of bone lesion/graft	652.21	652.21	10/1/2009
24120		removal of bone lesion	387.86	387.86	10/1/2009
24125		removal of bone lesion/graft	448.68	448.68	10/1/2009
24126		removal of bone lesion/graft	476.29	476.29	10/1/2009
24130		removal of head of radius	374.20	374.20	10/1/2009
24134		sequestrectomy for osteomyelitis or bone abscess s	564.22	564.22	10/1/2009
24136		seques for osteo/bone abscess radial head or neck	446.69	446.69	10/1/2009
24138		seques for osteo/bone abscess olecranon process	491.86	491.86	10/1/2009
24140		partial excision (craterization, saucerization, or diaphysectomy	537.01	537.01	10/1/2009
24145		partial excision (craterization, saucerization, or diaphysectomy	449.67	449.67	10/1/2009
24147		partial excision (craterization, saucerization, or diaphysectomy	466.49	466.49	10/1/2009
24149		radical resection of capsule, soft tissue, and heterotopic bone	867.29	867.29	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
24150		removal of humerus lesion	735.67	735.67	10/1/2009
24151		removal of humerus lesion	846.36	846.36	10/1/2009
24152		removal of radius lesion	552.73	552.73	10/1/2009
24153		radical resection tumor radial head/neck graft	592.93	592.93	10/1/2009
24155		removal of elbow joint	640.37	640.37	10/1/2009
24160		removal of prosthetic device	451.10	451.10	10/1/2009
24164		implant removal radial head	368.30	368.30	10/1/2009
24200		removal of foreign body subcutaneous	100.41	141.94	10/1/2009
24201		removal of foreign body, upper arm or elbow area; deep (subf	269.30	395.91	10/1/2009
24220		injection procedure for elbow arthrography	56.85	128.08	10/1/2009
24300		manipulation, elbow, under anesthesia	285.49	285.49	10/1/2009
24301		muscle or tendon transfer any type single	565.57	565.57	10/1/2009
24305		tendon lengthening, upper arm or elbow, each tendon	430.80	430.80	10/1/2009
24310		tenotomy, open, elbow to shoulder, each tendon	352.35	352.35	10/1/2009
24320		repair of arm tendon	582.98	582.98	10/1/2009
24330		revision of arm muscles	537.33	537.33	10/1/2009
24331		revision of arm muscles	594.65	594.65	10/1/2009
24332		tenolysis, triceps	449.43	449.43	10/1/2009
24340		tenodesis of biceps tendon at elbow (separate procedure)	457.35	457.35	10/1/2009
24341		repair, tendon or muscle, upper arm or elbow, each tendon or	537.93	537.93	10/1/2009
24342		reinsertion of ruptured biceps or triceps tendon, distal, with or	591.12	591.12	10/1/2009
24343		repair lateral collateral ligament, elbow, with local tissue	522.86	522.86	10/1/2009
24344		reconstruction lateral collateral ligament, elbow, with tendon g	818.17	818.17	10/1/2009
24345		repair medial collateral ligament, elbow, with local tissue	519.60	519.60	10/1/2009
24346		reconstruction medial collateral ligament, elbow, with tendon g	819.88	819.88	10/1/2009
24357		tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elb	326.70	326.70	10/1/2009
24358		tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elb	386.29	386.29	10/1/2009
24359		tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elb	487.84	487.84	10/1/2009
24360		arthroplasty, elbow; with membrane (eg, fascial)	680.02	680.02	10/1/2009
24361		arthroplasty, elbow w/ humeral prosthetic replace.	763.08	763.08	10/1/2009
24362		repair of elbow joint	807.54	807.54	10/1/2009
24363		arthroplasty, elbow; with distal humerus and proximal ulnar pr	1,134.95	1,134.95	10/1/2009
24365		repair of head of radius	478.95	478.95	10/1/2009
24366		repair of head of radius	513.42	513.42	10/1/2009
24400		revision of humerus	620.09	620.09	10/1/2009
24410		revision of humerus	794.04	794.04	10/1/2009
24420		repair of humerus	744.54	744.54	10/1/2009
24430		repair of humerus	792.08	792.08	10/1/2009
24435		repair/graft of humerus	802.58	802.58	10/1/2009
24470		hemiepiphyseal arrest (eg, cubitus varus or valgus, distal hum	472.95	472.95	10/1/2009
24495		decompression of forearm	490.35	490.35	10/1/2009
24498		prophylactic treatment (nailing, pinning, plating or wiring), with	659.45	659.45	10/1/2009
24500		treatment humerus fracture	221.78	243.69	10/1/2009
24505		treatment humerus fracture	326.64	355.49	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
24515		repair humerus fracture	660.51	660.51	10/1/2009
24516		open tx humeral shaft fx w/intramedullary implant	653.83	653.83	10/1/2009
24530		treatment humerus fx w/wo intercondylar extension	238.81	262.46	10/1/2009
24535		repair humerus fracture	416.84	445.97	10/1/2009
24538		fixation humeral fx w/wo intercondylar extension	555.91	555.91	10/1/2009
24545		repair humerus fx with without intercondylar	688.08	688.08	10/1/2009
24546		open tx humeral supraltranscondylar fx; w/wo fix.	799.54	799.54	10/1/2009
24560		treat humerus fracture	195.09	218.74	10/1/2009
24565		repair humerus fracture	340.46	366.42	10/1/2009
24566		percutaneous skeletal fixation of humeral epicondylar fracture	519.99	519.99	10/1/2009
24575		repair humerus fracture	551.86	551.86	10/1/2009
24576		treat humerus fracture	207.47	229.97	10/1/2009
24577		repair humerus fracture	353.22	381.20	10/1/2009
24579		repair humerus fracture	628.00	628.00	10/1/2009
24582		percutaneous skeletal fixation of humeral condylar fracture,	580.18	580.18	10/1/2009
24586		repair elbow fracture	831.90	831.90	10/1/2009
24587		repair elbow fracture	828.40	828.40	10/1/2009
24600		treat elbow dislocation	237.06	258.99	10/1/2009
24605		treat elbow dislocation	335.88	335.88	10/1/2009
24615		repair elbow dislocation	537.74	537.74	10/1/2009
24620		treat elbow fracture	406.85	406.85	10/1/2009
24635		repair elbow fracture	562.12	562.12	10/1/2009
24640		treat elbow dislocation	63.20	85.11	10/1/2009
24650		treat radius fracture	160.93	177.37	10/1/2009
24655		treat radius fracture	283.59	308.11	10/1/2009
24665		repair radius fracture	482.60	482.60	10/1/2009
24666		repair radius fracture	549.14	549.14	10/1/2009
24670		treat ulna fracture	180.03	199.64	10/1/2009
24675		treat ulna fracture	301.20	325.72	10/1/2009
24685		repair ulna fracture	484.75	484.75	10/1/2009
24800		arthrodesis, elbow joint; local	597.62	597.62	10/1/2009
24802		arthrodesis, elbow joint; with autogenous graft (includes obtai	757.39	757.39	10/1/2009
24900		amputation of arm	539.69	539.69	10/1/2009
24920		amputation of arm	536.33	536.33	10/1/2009
24925		amputation arm, w secondary closure	414.86	414.86	10/1/2009
24930		amputation follow-up surgery	569.06	569.06	10/1/2009
24931		amputation follow-up surgery	638.89	638.89	10/1/2009
24935		revision of amputation	775.49	775.49	10/1/2009
24940		amputation of arm	890.70	890.70	10/1/2009
25000		incision, extensor tendon sheath, wrist (eg, dequervain s dise	254.84	254.84	10/1/2009
25001		incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	242.13	242.13	10/1/2009
25020		decompression fasciotomy, forearm and/or wrist, flexor or ext	422.85	422.85	10/1/2009
25023		decomp fasciotomy flex/exten comp w debr nonviable	818.75	818.75	10/1/2009
25024		decompression fasciotomy, forearm and/or wrist, flexor and e	574.61	574.61	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
25025		decompression fasciotomy, forearm and/or wrist, flexor and e:	889.03	889.03	10/1/2009
25028		incision and drainage deep abscess or hematoma	376.52	376.52	10/1/2009
25031		incision and drainage, forearm and/or wrist; bursa	277.48	277.48	10/1/2009
25035		incision, deep, bone cortex, forearm and/or wrist (eg, osteomy	480.82	480.82	10/1/2009
25040		arthrotomy, radiocarpal or midcarpal joint, with exploration, dr	426.82	426.82	10/1/2009
25065		biopsy soft tissues superficial	121.88	180.13	10/1/2009
25066		biopsy, soft tissue of forearm and/or wrist; deep (subfascial or	277.96	277.96	10/1/2009
25071		Excision, tumor, soft tissue of forearm and /or wrist area, subc	260.15	260.15	01/1/2010
25073		Excision, tumor, soft tissue of forearm and /or wrist area, subf	324.08	324.08	01/1/2010
25075		excision, tumor, soft tissue of forearm and/or wrist area; subcu	243.52	243.52	10/1/2009
25076		removal of forearm lesion	328.79	328.79	10/1/2009
25077		radical resection soft tissue tumor, forearm/wrist	560.56	560.56	10/1/2009
25078		Radical resection of tumor (eg, malignant neoplasm), soft tiss	691.66	691.66	01/1/2010
25085		capsulotomy, wrist (eg, contracture)	343.00	343.00	10/1/2009
25100		arthrotomy, wrist joint; with biopsy	254.20	254.20	10/1/2009
25101		arthrotomy with joint exploration	299.90	299.90	10/1/2009
25105		arthrotomy, wrist joint; with synovectomy	364.84	364.84	10/1/2009
25107		arthrotomy, distal radioulnar joint including repair of triangular	453.86	453.86	10/1/2009
25109		excision of tendon, forearm and/or wrist, flexor or extensor, ea	388.50	388.50	10/1/2009
25110		excision lesion of tendon sheath	266.09	266.09	10/1/2009
25111		exicsion of ganglion wrist dorsal or volar primary	230.79	230.79	10/1/2009
25112		excision ganglion wrist recurrent	282.96	282.96	10/1/2009
25115		removal wrist/forearm lesion	598.44	598.44	10/1/2009
25116		removal wrist/forearm lesion	482.77	482.77	10/1/2009
25118		explore wrist tendon sheath	283.35	283.35	10/1/2009
25119		synovectomy wrist w resection ulna	375.88	375.88	10/1/2009
25120		removal of forearm lesion	411.70	411.70	10/1/2009
25125		removal of forearm lesion	479.88	479.88	10/1/2009
25126		removal of forearm lesion	484.78	484.78	10/1/2009
25130		removal of wrist lesion	332.81	332.81	10/1/2009
25135		removal of wrist lesion	416.28	416.28	10/1/2009
25136		removal of wrist lesion	367.87	367.87	10/1/2009
25145		sequestrectomy for osteomyelitis or bone abscess	422.91	422.91	10/1/2009
25150		partial exc bone for osteomyelitis ulna	431.78	431.78	10/1/2009
25151		partial removal radius/ulna	476.82	476.82	10/1/2009
25170		removal radius/ulna lesion	665.35	665.35	10/1/2009
25210		removal of wrist bone	365.15	365.15	10/1/2009
25215		removal of wrist bones	471.14	471.14	10/1/2009
25230		partial removal of radius	323.30	323.30	10/1/2009
25240		excision distal ulna partial or complete (eg, darrach type or ma	327.59	327.59	10/1/2009
25246		injection procedure for wrist arthrography	62.56	130.34	10/1/2009
25248		exploration with removal of deep foreign body, forearm or wris	326.05	326.05	10/1/2009
25250		removal of wrist prosthesis separate procedure	388.84	388.84	10/1/2009
25251		removal wrist prosthesis complicated total wrist	532.41	532.41	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
25259		manipulation, wrist, under anesthesia	286.33	286.33	10/1/2009
25260		repair tendon or muscle flexor primary single each	505.45	505.45	10/1/2009
25263		repair additional tendon	504.70	504.70	10/1/2009
25265		repair tendon or muscle secondary with free graft	600.34	600.34	10/1/2009
25270		repair tendon or muscle extensor primary single ea	405.29	405.29	10/1/2009
25272		repair additional tendon	456.74	456.74	10/1/2009
25274		repair, tendon or muscle, extensor, forearm and/or wrist; seco	542.13	542.13	10/1/2009
25275		repair, tendon sheath, extensor, forearm and/or wrist, with fre	500.77	500.77	10/1/2009
25280		lengthening or shortening of flexor or extensor te	462.92	462.92	10/1/2009
25290		tenotomy open single flexor or extensor tendon eac	390.65	390.65	10/1/2009
25295		tenolysis sing flexor or extensor tendon each tend	430.64	430.64	10/1/2009
25300		fusion of wrist tendons	510.02	510.02	10/1/2009
25301		fusion of wrist tendons	485.71	485.71	10/1/2009
25310		transplant wrist tendon	501.35	501.35	10/1/2009
25312		transplant wrist tendon	581.52	581.52	10/1/2009
25315		flexor origin slide (eg, for cerebral palsy, volkmann contractur	623.81	623.81	10/1/2009
25316		revise palsy hand	722.59	722.59	10/1/2009
25320		capsulorrhaphy or reconstruction, wrist, any method (eg, caps	717.78	717.78	10/1/2009
25332		arthroplasty, wrist, with or without interposition, with or withou	635.42	635.42	10/1/2009
25335		realignment of hand	721.52	721.52	10/1/2009
25337		reconstruction for stabilization of unstable distal ulna	660.78	660.78	10/1/2009
25350		revision of radius	552.54	552.54	10/1/2009
25355		revision of radius	622.00	622.00	10/1/2009
25360		revision of ulna	536.03	536.03	10/1/2009
25365		revision radius & ulna	731.87	731.87	10/1/2009
25370		revision radius or ulna	797.72	797.72	10/1/2009
25375		revision radius & ulna	769.86	769.86	10/1/2009
25390		revise radius or ulna	625.82	625.82	10/1/2009
25391		revise radius or ulna	796.82	796.82	10/1/2009
25392		revise radius & ulna	808.91	808.91	10/1/2009
25393		revise/graft radius/ulna	909.65	909.65	10/1/2009
25394		osteoplasty, carpal bone, shortening	583.69	583.69	10/1/2009
25400		repair radius or ulna	656.69	656.69	10/1/2009
25405		repair of nonunion or malunion, radius or ulna; with autograft (	836.18	836.18	10/1/2009
25415		repair radius & ulna	785.10	785.10	10/1/2009
25420		repair of nonunion or malunion, radius and ulna; with autograf	935.76	935.76	10/1/2009
25425		repair/graft radius or ulna	807.08	807.08	10/1/2009
25426		repair/graft radius & ulna	849.09	849.09	10/1/2009
25430		insertion of vascular pedicle into carpal bone (eg, harii proced	531.73	531.73	10/1/2009
25431		repair of nonunion of carpal bone (excluding carpal scaphoid (	589.53	589.53	10/1/2009
25440		repair of nonunion, scaphoid carpal (navicular) bone, with or v	585.58	585.58	10/1/2009
25441		arthroplasty prosthetic repl distal radius	710.41	710.41	10/1/2009
25442		arthroplasty with prosthetic replacement distal ul	604.77	604.77	10/1/2009
25443		arthroplasty with prosthetic replacement; scaphoid carpal (nav	580.05	580.05	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
25444		arthroplasty with prosthetic replacement lunate	619.03	619.03	10/1/2009
25445		arthroplasty with prothetic replacement trapezium	541.74	541.74	10/1/2009
25446		arthroplasty w prost repla distal radius a part or	894.39	894.39	10/1/2009
25447		arthroplasty, interposition, intercarpal or carpometacarpal join	611.18	611.18	10/1/2009
25449		arthroplasty with removal of implant	783.08	783.08	10/1/2009
25450		revision of wrist joint	453.55	453.55	10/1/2009
25455		revision of wrist joint	517.53	517.53	10/1/2009
25490		prophylactic treatment radius	569.31	569.31	10/1/2009
25491		prophylactic treatment ulna	600.75	600.75	10/1/2009
25492		prophylactic treatment radius and ulna	725.03	725.03	10/1/2009
25500		treat fracture of radius	166.80	182.37	10/1/2009
25505		repair fracture of radius	331.29	357.25	10/1/2009
25515		repair fracture of radius	498.96	498.96	10/1/2009
25520		closed treatment of radial shaft fracture and closed treatment	377.68	395.27	10/1/2009
25525		open tx radial shaft fx & closed tx radioulnar jnt	603.09	603.09	10/1/2009
25526		open treatment of radial shaft fracture, with internal and/or ext	740.60	740.60	10/1/2009
25530		treat fracture of ulna	158.84	176.14	10/1/2009
25535		repair fracture of ulna	325.71	346.47	10/1/2009
25545		repair fracture of ulna	466.35	466.35	10/1/2009
25560		treat fracture radius & ulna	165.91	184.66	10/1/2009
25565		repair fracture radius/ulna	344.37	374.37	10/1/2009
25574		open tx radial/ulnar shaft fxs	490.87	490.87	10/1/2009
25575		repair fracture radius/ulna	668.79	668.79	10/1/2009
25600		treat fracture radius/ulna	182.45	201.19	10/1/2009
25605		repair fracture radius/ulna	418.04	440.54	10/1/2009
25606		percutaneous skeletal fixaton of distal radial fracture or epiphy	490.31	490.31	10/1/2009
25607		open treatment of distal radial extra-articular fracture or epiph	530.98	530.98	10/1/2009
25608		open treatment of distal radial extra-articular fracture or epiph	606.29	606.29	10/1/2009
25609		open treatment of distal radial extra-articular fracture or epiph	774.56	774.56	10/1/2009
25622		rx closed carpal scaphoid fx without manipulation	186.27	206.17	10/1/2009
25624		rx closed carpal scaphoid fx with manipulation	300.11	327.22	10/1/2009
25628		open rx closef or open carpal scaphoid fracture	533.56	533.56	10/1/2009
25630		treat wrist fracture(s)	191.99	211.60	10/1/2009
25635		repair wrist fracture(s)	278.01	309.75	10/1/2009
25645		open treatment of carpal bone fracture (other than carpal scap	420.66	420.66	10/1/2009
25650		treatment of closed ulnar styloid fracture	203.95	220.68	10/1/2009
25651		percutaneous skeletal fixation of ulnar styloid fracture	347.25	347.25	10/1/2009
25652		open treatment of ulnar styloid fracture	458.33	458.33	10/1/2009
25660		repair wrist dislocation	290.14	290.14	10/1/2009
25670		open rx of closed or open radiocarpal or intercarp	454.08	454.08	10/1/2009
25671		percutaneous skeletal fixation of distal radioulnar dislocation	382.37	382.37	10/1/2009
25675		repair wrist dislocation	282.94	305.71	10/1/2009
25676		repair wrist dislocation	470.13	470.13	10/1/2009
25680		repair wrist fracture	336.22	336.22	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
25685		repair wrist fracture	547.84	547.84	10/1/2009
25690		repair wrist dislocation	338.76	338.76	10/1/2009
25695		repair wrist dislocation	472.01	472.01	10/1/2009
25800		arthrodesis, wrist; complete, without bone graft (includes radic	558.45	558.45	10/1/2009
25805		fusion/graft of wrist	644.03	644.03	10/1/2009
25810		fusion/graft of wrist	650.20	650.20	10/1/2009
25820		arthrodesis, wrist; limited, without bone graft (eg, intercarpal o	455.28	455.28	10/1/2009
25825		intercarpal fusion, w/ autogenous bone graft	561.53	561.53	10/1/2009
25830		arthrodesis, distal radioulnar joint with segmental resection of	699.37	699.37	10/1/2009
25900		amputation forearm through radius and ulna	559.46	559.46	10/1/2009
25905		amputation of forearm	553.41	553.41	10/1/2009
25907		amputation forearm, w secondary closure	482.54	482.54	10/1/2009
25909		amputation follow-up surgery	544.03	544.03	10/1/2009
25915		amputation of forearm	954.76	954.76	10/1/2009
25920		disarticulation through wrist	511.88	511.88	10/1/2009
25922		amputation secondary closure or scar revision	432.59	432.59	10/1/2009
25924		reamputation	499.82	499.82	10/1/2009
25927		transmetacarpal amputation	578.80	578.80	10/1/2009
25929		transmetacarp amput sec closure or scar revision	419.25	419.25	10/1/2009
25931		transmetacarpal reamputation	526.96	526.96	10/1/2009
26010		drainage of finger abscess	96.90	179.10	10/1/2009
26011		drainage of finger abscess complicated	135.42	272.99	10/1/2009
26020		drainage of tendon sheath, digit and/or palm, each	312.16	312.16	10/1/2009
26025		drainage of palmar bursa; single, bursa	305.30	305.30	10/1/2009
26030		drainage of palmar bursa; multiple bursa	361.38	361.38	10/1/2009
26034		incision, bone cortex, hand or finger (eg, osteomyelitis or bone	391.33	391.33	10/1/2009
26035		decompression finger/hand	611.75	611.75	10/1/2009
26037		decompressive fasciotomy hand	422.55	422.55	10/1/2009
26040		fasciotomy, palmar (eg, dupuytren s contracture); percutaneou	223.44	223.44	10/1/2009
26045		release palm contracture	341.86	341.86	10/1/2009
26055		tendon sheath incision (eg, for trigger finger)	213.65	398.53	10/1/2009
26060		tenotomy, percutaneous, single, each digit	191.20	191.20	10/1/2009
26070		arthrotomy, with exploration, drainage, or removal of loose or	218.66	218.66	10/1/2009
26075		arthrotomy, with exploration, drainage, or removal of loose or	231.41	231.41	10/1/2009
26080		exploration of finger joint	278.78	278.78	10/1/2009
26100		arthrotomy with biopsy; carpometacarpal joint, each	234.22	234.22	10/1/2009
26105		arthrotomy with biopsy; metacarpophalangeal joint, each	239.62	239.62	10/1/2009
26110		arthrotomy with synovial biopsy; interphalangeal joint, each	229.94	229.94	10/1/2009
26111		Excision, tumor or vascular malformation, soft tissue of hand c	252.45	252.45	01/1/2010
26113		Excison, tumor, soft tissue, or vacular malformation, of hand c	332.26	332.26	01/1/2010
26115		excision, tumor or vascular malformation, soft tissue of hand c	260.50	438.74	10/1/2009
26116		excision, tumor or vascular malformation, soft tissue of hand c	351.31	351.31	10/1/2009
26117		radical resection soft tissue tumor, hand/finger	481.72	481.72	10/1/2009
26118		Radical resection of tumor (eg, malignant neoplasm), soft tiss	650.98	650.98	01/1/2010

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
26121		fasciectomy, palm only, with or without z-plasty, other local tis	442.11	442.11	10/1/2009
26123		fasciectomy, partial palmar with release of single digit includin	605.43	605.43	10/1/2009
26125		fasciectomy, partial palmar with release of single digit includin	218.41	218.41	10/1/2009
26130		exploration hand joint	334.22	334.22	10/1/2009
26135		exploration finger joint	407.60	407.60	10/1/2009
26140		exploration finger joint	370.20	370.20	10/1/2009
26145		synovectomy, tendon sheath, radical (tenosynovectomy), flex	376.44	376.44	10/1/2009
26160		excision of lesion of tendon sheath or joint capsule (eg, cyst, r	233.22	399.93	10/1/2009
26170		removal of palm tendon	295.44	295.44	10/1/2009
26180		excision of tendon, finger, flexor (separate procedure), each te	323.00	323.00	10/1/2009
26185		sesamoidectomy, thumb or finger (separate procedure)	386.11	386.11	10/1/2009
26200		removal of joint lesion	332.08	332.08	10/1/2009
26205		removal/graft joint lesion	446.94	446.94	10/1/2009
26210		removal of finger lesion	321.40	321.40	10/1/2009
26215		removal/graft finger lesion	409.61	409.61	10/1/2009
26230		partial excision (craterization, saucerization, or diaphysectomy	372.04	372.04	10/1/2009
26235		partial removal finger bone	365.34	365.34	10/1/2009
26236		partial removal finger bone	323.32	323.32	10/1/2009
26250		radical resection, metacarpal; (eg, tumor)	432.05	432.05	10/1/2009
26255		removal/graft of hand bone	660.06	660.06	10/1/2009
26260		radical resection, proximal or middle phalanx of finger (eg, tun	404.56	404.56	10/1/2009
26261		partial removal/graft finger	502.24	502.24	10/1/2009
26262		radical resection, distal phalanx of finger (eg, tumor)	337.36	337.36	10/1/2009
26320		removal of implant from hand	251.21	251.21	10/1/2009
26340		manipulation, finger joint, under anesthesia, each joint	223.51	223.51	10/1/2009
26341		manipulation, palmar fascial cord (ie, Dupuytren's cord), post	43.23	57.20	1/1/2012
26350		repair or advancement, flexor tendon, not in zone 2 digital flex	517.97	517.97	10/1/2009
26352		repair/graft tendon	590.75	590.75	10/1/2009
26356		repair or advancement, flexor tendon, in zone 2 digital flexor te	772.02	772.02	10/1/2009
26357		flexor tendon repair,secondary,each tendon	635.17	635.17	10/1/2009
26358		repair/graft tendon	671.81	671.81	10/1/2009
26370		repair or advancement of profundus tendon, with intact superf	562.09	562.09	10/1/2009
26372		repair or advancement of profundus tendon, with intact superf	652.97	652.97	10/1/2009
26373		repair or advancement of profundus tendon, with intact superf	620.24	620.24	10/1/2009
26390		excision flexor tendon, with implantation of synthetic rod for de	611.27	611.27	10/1/2009
26392		removal of synthetic rod and insertion of flexor tendon graft, h	713.75	713.75	10/1/2009
26410		repair, extensor tendon, hand, primary or secondary; without f	411.56	411.56	10/1/2009
26412		repair/graft tendon	501.30	501.30	10/1/2009
26415		excision of extensor tendon, with implantation of synthetic rod	530.76	530.76	10/1/2009
26416		removal of synthetic rod and insertion of extensor tendon graf	569.23	569.23	10/1/2009
26418		repair, extensor tendon, finger, primary or secondary; without	412.44	412.44	10/1/2009
26420		repair/graft tendon	521.37	521.37	10/1/2009
26426		repair of extensor tendon, central slip, secondary (eg, boutonr	421.21	421.21	10/1/2009
26428		repair of extensor tendon, central slip, secondary (eg, boutonr	548.19	548.19	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
26432		closed treatment of distal extensor tendon insertion, with or w	359.90	359.90	10/1/2009
26433		repair of extensor tendon, distal insertion, primary or seconda	386.68	386.68	10/1/2009
26434		repair/graft tendon	465.38	465.38	10/1/2009
26437		realignment of extensor tendon, hand, each tendon	453.29	453.29	10/1/2009
26440		tenolysis, flexor tendon; palm or finger; each tendon	453.53	453.53	10/1/2009
26442		release tendon palm & finger	690.83	690.83	10/1/2009
26445		tenolysis, extensor tendon, hand or finger; each tendon	420.18	420.18	10/1/2009
26449		tenolysis, complex, extensor tendon, finger, including forearm	556.14	556.14	10/1/2009
26450		tenotomy, flexor, palm, open, each tendon	292.31	292.31	10/1/2009
26455		tenotomy, flexor, finger, open, each tendon	290.31	290.31	10/1/2009
26460		tenotomy, extensor, hand or finger, open, each tendon	282.09	282.09	10/1/2009
26471		tenodesis; of proximal interphalangeal joint, each joint	446.54	446.54	10/1/2009
26474		tenodesis; of distal joint, each joint	427.92	427.92	10/1/2009
26476		lengthenig of tendon, extensor, hand or finger, each tendon	416.65	416.65	10/1/2009
26477		shortening of tendon, extensor, hand or finger, each tendon	420.15	420.15	10/1/2009
26478		lengthening of tendon, flexor, hand or finger, each tendon	456.61	456.61	10/1/2009
26479		shortening of tendon, flexor, hand or finger, each tendon	451.68	451.68	10/1/2009
26480		transfer or transplant of tendon, carpometacarpal area or dors	548.77	548.77	10/1/2009
26483		tendon transplant	621.28	621.28	10/1/2009
26485		transfer or transplant of tendon, palmar; without free tendon g	594.66	594.66	10/1/2009
26489		tendon transplant & graft	645.85	645.85	10/1/2009
26490		opponensplasty; superficialis tendon transfer type, each tendc	576.73	576.73	10/1/2009
26492		opponensplasty; tendon transfer with graft (includes obtaining	643.33	643.33	10/1/2009
26494		tendon/muscle transfer	583.74	583.74	10/1/2009
26496		repair thumb tendon	634.13	634.13	10/1/2009
26497		transfer of tendon to restore intrinsic function; ring and small f	634.45	634.45	10/1/2009
26498		sublimis transfer to correct claw finger 2/3/4/5	850.44	850.44	10/1/2009
26499		correction claw finger, other methods	605.92	605.92	10/1/2009
26500		reconstruction of tendon pulley, each tendon; with local tissue	456.12	456.12	10/1/2009
26502		tendon reconstruction/graft	515.92	515.92	10/1/2009
26508		release of thenar muscle(s) (eg, thumb contracture)	458.69	458.69	10/1/2009
26510		cross intrinsic transfer, each tendon	434.25	434.25	10/1/2009
26516		capsulodesis, metacarpophalangeal joint; single digit	514.49	514.49	10/1/2009
26517		fusion of knuckle joints	606.91	606.91	10/1/2009
26518		fusion of knuckle joints	612.79	612.79	10/1/2009
26520		capsulectomy or capsulotomy; metacarpophalangeal joint, ea	474.23	474.23	10/1/2009
26525		capsulectomy or capsulotomy; interphalangeal joint, each join	476.23	476.23	10/1/2009
26530		arthroplasty, metacarpophalangeal joint; each joint	395.15	395.15	10/1/2009
26531		arthroplasty, metacarpophalangeal joint; with prosthetic impla	460.30	460.30	10/1/2009
26535		arthroplasty, interphalangeal joint; each joint	296.67	296.67	10/1/2009
26536		arthroplasty, interphalangeal joint; with prosthetic implant, eac	489.43	489.43	10/1/2009
26540		repair of collateral ligament, metacarpophalangeal or interpha	482.36	482.36	10/1/2009
26541		reconstruction, collateral ligament, metacarpophalangeal joint	591.30	591.30	10/1/2009
26542		prim repair collateral ligament w/ local tissue	499.06	499.06	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
26545		reconstruct finger joint	508.08	508.08	10/1/2009
26546		repair non-union, metacarpal or phalanx, (includes obtaining b	715.00	715.00	10/1/2009
26548		repair/reconstruct finger volar plate	560.36	560.36	10/1/2009
26550		construct thumb replacement	1,115.65	1,115.65	10/1/2009
26551		transfer, toe-to-hand with microvascular anastomosis; great to	2,434.49	2,434.49	10/1/2009
26553		toe-to-hand transfer with microvascular anastomosis; other th	2,138.98	2,138.98	10/1/2009
26554		toe-to-hand transfer with microvascular anastomosis; other th	2,788.94	2,788.94	10/1/2009
26555		transfer, finger to another position without microvascular anas	1,019.25	1,019.25	10/1/2009
26556		transfer, free toe joint, with microvascular anastomosis	2,209.70	2,209.70	10/1/2009
26560		repair of web finger	415.11	415.11	10/1/2009
26561		repair of web finger	670.68	670.68	10/1/2009
26562		repair of web finger	977.29	977.29	10/1/2009
26565		osteotomy; metacarpal, each	494.53	494.53	10/1/2009
26567		osteotomy; phalanx of finger, each	499.54	499.54	10/1/2009
26568		osteoplasty, lengthening, metacarpal or phalanx	657.96	657.96	10/1/2009
26580		repair hand deformity	1,042.62	1,042.62	10/1/2009
26587		reconstruction of polydactylous digit, soft tissue and bone	715.92	715.92	10/1/2009
26590		repair macrodactylia, each digit	951.07	951.07	10/1/2009
26591		repair, intrinsic muscles of hand, each muscle	315.72	315.72	10/1/2009
26593		release, intrinsic muscles of hand, each muscle	432.93	432.93	10/1/2009
26596		excision of constricting ring w/ z-plasties	542.26	542.26	10/1/2009
26600		treat metacarpal fracture	177.85	191.98	10/1/2009
26605		repair metacarpal fracture	203.12	221.87	10/1/2009
26607		closed treatment of metacarpal fracture, with manipulation, wi	321.12	321.12	10/1/2009
26608		percutaneous fix. metacarpal fx, each bone	346.77	346.77	10/1/2009
26615		repair metacarpal fracture	403.48	403.48	10/1/2009
26641		treatment carpometacarp disloc thumb w/manipulatio	235.13	256.18	10/1/2009
26645		repair thumb dislocation	270.87	292.50	10/1/2009
26650		repair thumb dislocation	346.53	346.53	10/1/2009
26665		repair thumb dislocation	448.12	448.12	10/1/2009
26670		closed treatment of carpometacarpal dislocation, other than th	209.98	231.61	10/1/2009
26675		repair hand dislocation	289.55	312.05	10/1/2009
26676		percutaneous skeletal fixation of carpometacarpal dislocation,	363.34	363.34	10/1/2009
26685		open treatment of carpometacarpal dislocation, other than thu	413.80	413.80	10/1/2009
26686		open treat clo/open carpometaca dislo cmpl/mul/del	459.54	459.54	10/1/2009
26700		repair finger dislocation	206.88	221.30	10/1/2009
26705		repair finger dislocation	263.84	286.04	10/1/2009
26706		treatment of closed metacarpophalangeal dislocatio	315.70	315.70	10/1/2009
26715		repair finger dislocation	404.09	404.09	10/1/2009
26720		treat finger fractures	122.07	133.02	10/1/2009
26725		rx closed phalangeal shaft fx prox or mid phalanx	215.39	238.75	10/1/2009
26727		repair finger fractures	340.77	340.77	10/1/2009
26735		repair finger fractures	421.08	421.08	10/1/2009
26740		closed treatment of articular fracture, involving metacarpopha	145.75	154.99	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
26742		treat clsd art fx w/manipulation	239.20	261.99	10/1/2009
26746		open treatment of articular fracture, involving metacarpophala	516.87	516.87	10/1/2009
26750		treat finger fracture	121.48	124.65	10/1/2009
26755		repair finger fracture	192.17	219.29	10/1/2009
26756		treatment of closed distal phalangeal fx w/ pinnin	299.90	299.90	10/1/2009
26765		open rx closed or open distal phalangeal fx finger	341.90	341.90	10/1/2009
26770		repair finger dislocation	172.30	187.58	10/1/2009
26775		repair finger dislocation	240.44	266.39	10/1/2009
26776		treatment of closed interphalangeal joint dislocat	319.35	319.35	10/1/2009
26785		open rx closed or open interphalangeal joint dislo	373.45	373.45	10/1/2009
26820		thumb fusion with graft	577.59	577.59	10/1/2009
26841		thumb fusion	533.66	533.66	10/1/2009
26842		thumb fusion with graft	580.96	580.96	10/1/2009
26843		arthrodesis, carpometacarpal joint, digit, other than thumb, ea	537.60	537.60	10/1/2009
26844		fusion/graft of hand joint	600.47	600.47	10/1/2009
26850		fusion of knuckle	508.94	508.94	10/1/2009
26852		fusion of knuckle with graft	584.68	584.68	10/1/2009
26860		finger joint fusion	406.26	406.26	10/1/2009
26861		arthrodesis, interphalangeal joint, with or without internal fixati	82.37	82.37	10/1/2009
26862		fusion/graft of finger joint	530.88	530.88	10/1/2009
26863		arthrodesis, interphalangeal joint, with or without internal fixati	183.69	183.69	10/1/2009
26910		amputation metacarpal bone	523.38	523.38	10/1/2009
26951		amputation of finger	450.52	450.52	10/1/2009
26952		amputation of finger	472.93	472.93	10/1/2009
26990		incision/drainage abscess or hematoma	458.34	458.34	10/1/2009
26991		incison/drainage infected bursa	387.80	508.35	10/1/2009
26992		incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis	724.82	724.82	10/1/2009
27000		tenotomy, adductor of hip, percutaneous (separate procedure	332.84	332.84	10/1/2009
27001		tenotomy, adductor of hip, open	404.11	404.11	10/1/2009
27003		incision of hip tendon	434.12	434.12	10/1/2009
27005		tenotomy, hip flexor(s), open (separate procedure)	548.94	548.94	10/1/2009
27006		tenotomy, abductors and/or extensor(s) of hip, open (separate	554.48	554.48	10/1/2009
27025		incision of hip fascia	672.71	672.71	10/1/2009
27027		decompression fasciotomy(ies), pelvic (buttock) compartment	657.90	657.90	10/1/2009
27030		arthrotomy, hip, with drainage (eg, infection)	717.96	717.96	10/1/2009
27033		arthrotomy, hip, including exploration or removal of loose or fo	743.28	743.28	10/1/2009
27035		denervation, hip joint, intrapelvic or extrapelvic intra-articular b	834.88	834.88	10/1/2009
27036		capsulectomy or capsulotomy, hip, with or without excision of	759.55	759.55	10/1/2009
27040		biopsy soft tissue superficial	152.55	246.86	10/1/2009
27041		biopsy, soft tissue of pelvis and hip area; deep, subfascial or i	519.76	519.76	10/1/2009
27043		Excision, tumor, soft tissue of pelvis and hip area, subcutaneo	287.31	287.31	01/1/2010
27045		Excision, tumor, soft tissue of pelvis and hip area, subfascial (	456.93	456.93	01/1/2010
27047		excision, tumor, pelvis and hip area; subcutaneous tissue	387.77	457.85	10/1/2009
27048		excision benign tumor deep	355.40	355.40	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
27049		radical resection of tumor, soft tissue of pelvis and hip area (e	757.12	757.12	10/1/2009
27050		arthrotomy, with biopsy; sacroiliac joint	259.81	259.81	10/1/2009
27052		biopsy of hip joint	414.44	414.44	10/1/2009
27054		arthrotomy with synovectomy, hip joint	509.46	509.46	10/1/2009
27057		decompression fasciotomy(ies), pelvic (buttock) compartment	730.53	730.53	10/1/2009
27059		Radical resection of tumor (eg, malignant neoplasm), soft tiss	1,121.28	1,121.28	01/1/2010
27060		removal of ischial bursa	320.63	320.63	10/1/2009
27062		removal of femur lesion	334.16	334.16	10/1/2009
27065		removal of hip bone lesion	373.05	373.05	10/1/2009
27066		excision of bone cyst or tumor deep with or withou	607.99	607.99	10/1/2009
27067		excision benign tumor w/bone graft req seperate in	772.34	772.34	10/1/2009
27070		partial excision (craterization, saucerization) (eg, osteomyelitis	636.44	636.44	10/1/2009
27071		partial excision (craterization, saucerization) (eg, osteomyelitis	683.14	683.14	10/1/2009
27075		radical resection of tumor or infection; wing of ilium, one pubic	1,772.02	1,772.02	10/1/2009
27076		partial removal of hip bone	1,219.96	1,219.96	10/1/2009
27077		removal of hip bone	2,047.94	2,047.94	10/1/2009
27078		partial removal of hip bones	769.11	769.11	10/1/2009
27079		partial removal of hip bones	738.20	738.20	10/1/2009
27080		coccygectomy primary	368.84	368.84	10/1/2009
27086		removal foreign body subcutaneous tissue	110.31	176.64	10/1/2009
27087		removal of foreign body, pelvis or hip; deep (subfascial or intra	474.79	474.79	10/1/2009
27090		removal of hip prosthesis	628.87	628.87	10/1/2009
27091		removal of hip prosthesis; complicated, including total hip pros	1,222.48	1,222.48	10/1/2009
27093		injection procedure for hip arthrography;	57.52	143.18	10/1/2009
27095		injection procedure for hip arthrography with anes	65.68	172.69	10/1/2009
27096		injection procedure for sacroiliac joint, arthography and/or ane	55.33	131.76	10/1/2009
27097		release or recession, hamstring, proximal	501.23	501.23	10/1/2009
27098		transfer, adductor to ischium	468.88	468.88	10/1/2009
27100		transfer of abdominal muscle	617.89	617.89	10/1/2009
27105		transfer of spinal muscle	647.21	647.21	10/1/2009
27110		transfer iliopsoas; to greater trochanter of femur	723.80	723.80	10/1/2009
27111		transfer iliopsoas to femoral neck	646.24	646.24	10/1/2009
27120		reconstruction of hip	983.09	983.09	10/1/2009
27122		acetabuloplasty; resection, femoral head (eg, girdlestone proc	840.98	840.98	10/1/2009
27125		hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bip	856.65	856.65	10/1/2009
27130		arthroplasty, acetabular and proximal femoral prosthetic repla	1,106.00	1,106.00	10/1/2009
27132		conversion of previous hip surgery to total hip arthroplasty, wi	1,293.03	1,293.03	10/1/2009
27134		revision of total hip, both components	1,501.64	1,501.64	10/1/2009
27137		revision of total hip, acetabular component only	1,143.28	1,143.28	10/1/2009
27138		revision of total hip, femoral component only	1,190.23	1,190.23	10/1/2009
27140		osteotomy and transfer of greater trochanter of femur (separa	681.79	681.79	10/1/2009
27146		incision of hip bone	963.68	963.68	10/1/2009
27147		osteotomy with open reduction of hip	1,123.28	1,123.28	10/1/2009
27151		incision of hip bones	1,172.86	1,172.86	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
27156		revision of hip bones	1,311.78	1,311.78	10/1/2009
27158		osteotomy, pelvis, bilateral (eg, congenital malformation)	1,054.04	1,054.04	10/1/2009
27161		incision of neck of femur	931.29	931.29	10/1/2009
27165		osteotomy including internal or external fixation	1,040.82	1,040.82	10/1/2009
27170		repair/graft femur	901.82	901.82	10/1/2009
27175		treatment of slipped femoral epiphysis;	500.22	500.22	10/1/2009
27176		treatment slipped epiphysis	691.45	691.45	10/1/2009
27177		repair slipped epiphysis	844.42	844.42	10/1/2009
27178		open rx slipped fem epiphysis closed manip w/singl	684.37	684.37	10/1/2009
27179		revision of neck of femur	737.48	737.48	10/1/2009
27181		fixation slipped epiphysis	822.02	822.02	10/1/2009
27185		epiphyseal arrest by epiphysiodesis or stapling, greater trocha	521.42	521.42	10/1/2009
27187		prophylactic tx femoral neck and proximal femur	756.04	756.04	10/1/2009
27193		closed treatment of pelvic ring fracture, dislocation, diastasis	347.62	344.74	10/1/2009
27194		closed tx pelvic ring fx; w/ manipulation	539.28	539.28	10/1/2009
27200		repair tail bone fracture	127.00	124.41	10/1/2009
27202		repair tail bone fracture	475.72	475.72	10/1/2009
27215		open tx of iliac spine w/internal fixation	558.49	558.49	10/1/2009
27216		percutaneous skeletal fx post pelvic ring fx/dislocation	817.50	817.50	10/1/2009
27217		open tx ant. ring fx/dislocation w/internal fix	773.13	773.13	10/1/2009
27218		open tx post ring fx/dislocation w/internal fix.	1,058.45	1,058.45	10/1/2009
27220		treatment hipsocket fracture	385.84	388.44	10/1/2009
27222		repair hipsocket fracture	741.23	741.23	10/1/2009
27226		open tx post/ant. acetabular wall fx, internal fix	790.23	790.23	10/1/2009
27227		open treatment acetabular fx w/internal fix.	1,280.74	1,280.74	10/1/2009
27228		open tx acetabular fx w/internal fixation	1,467.52	1,467.52	10/1/2009
27230		treatment fracture of femur	340.69	345.01	10/1/2009
27232		repair fracture of femur	590.10	590.10	10/1/2009
27235		fixation of femur fracture	691.25	691.25	10/1/2009
27236		open treatment of femoral fracture, proximal end, neck, intern	905.83	905.83	10/1/2009
27238		treatment of femur fracture	333.91	333.91	10/1/2009
27240		rx closed intertrochanteric or pertro femoral fx w	723.48	723.48	10/1/2009
27244		fixation of femur fracture	931.99	931.99	10/1/2009
27245		open tx femoral fx; w/intramedullary implant	964.99	964.99	10/1/2009
27246		treatment of femur fracture	283.23	282.66	10/1/2009
27248		repair of femur fracture	571.06	571.06	10/1/2009
27250		repair of hip dislocation	180.97	180.97	10/1/2009
27252		repair of hip dislocation	571.73	571.73	10/1/2009
27253		repair of hip dislocation	718.54	718.54	10/1/2009
27254		repair of hip dislocation	972.93	972.93	10/1/2009
27256		treatment of hip dislocation	187.18	219.47	10/1/2009
27257		repair of hip dislocation	256.01	256.01	10/1/2009
27258		repair of hip dislocation	843.22	843.22	10/1/2009
27259		open rx closed/open acetab fx w/femoral shaft shor	1,184.15	1,184.15	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
27265		tx atraumatic hip dislocation w/o anesthesia	289.76	289.76	10/1/2009
27266		tx atraumatic hip dislocation w/ gen anesthesia	433.08	433.08	10/1/2009
27267		closed treatment of femoral fracture, proximal end, head; with	308.78	308.78	10/1/2009
27268		closed treatment of femoral fracture, proximal end, head; with	383.37	383.37	10/1/2009
27269		open treatment of femoral fracture, proximal end, head, includ	927.78	927.78	10/1/2009
27275		manipulation of hip joint	134.20	134.20	10/1/2009
27280		fusion of sacroiliac joint	779.45	779.45	10/1/2009
27282		fusion of pubic bones	611.47	611.47	10/1/2009
27284		arthrodesis, hip joint (including obtaining graft);	1,192.68	1,192.68	10/1/2009
27286		fusion of hip joint	1,256.61	1,256.61	10/1/2009
27290		amputation of leg at hip	1,201.36	1,201.36	10/1/2009
27295		amputation of leg at hip	970.01	970.01	10/1/2009
27301		incision and drainage, deep abscess, bursa, or hematoma, thi	369.27	480.03	10/1/2009
27303		incision, deep, with opening of bone cortex, femur or knee (eg	478.21	478.21	10/1/2009
27305		incision of tendon & fascia	348.28	348.28	10/1/2009
27306		tenotomy, percutaneous, adductor or hamstring; single tendor	281.22	281.22	10/1/2009
27307		tenotomy, percutaneous, adductor or hamstring; multiple tend	346.86	346.86	10/1/2009
27310		arthrotomy, knee, with exploration, drainage, or removal of for	545.81	545.81	10/1/2009
27323		biopsy soft tissues superficial	132.70	192.11	10/1/2009
27324		biopsy, soft tissue of thigh or knee area; deep (subfascial or ir	283.67	283.67	10/1/2009
27325		neurectomy, hamstring muscle	393.74	393.74	10/1/2009
27326		neurectomy, popliteal (gastrocnemius)	362.89	362.89	10/1/2009
27327		excision benign tumor subcutaneous	259.14	327.21	10/1/2009
27328		exc bengin tumor deep	313.26	313.26	10/1/2009
27329		radical resection soft tissue tumor thigh/knee	786.35	786.35	10/1/2009
27330		arthrotomy, knee; with synovial biopsy only	296.96	296.96	10/1/2009
27331		arthrotomy, knee; including joint exploration, biopsy, or remov	351.00	351.00	10/1/2009
27332		arthrotomy, with excision of semilunar cartilage (meniscectom	477.21	477.21	10/1/2009
27333		arthrotomy knee exc semilunar cartilage medial and	431.92	431.92	10/1/2009
27334		arthrotomy, with synovectomy knee; anterior or posterior	508.48	508.48	10/1/2009
27335		arthrotomy knee anterior and posterior including p	575.82	575.82	10/1/2009
27337		Excision, tumor, soft tissue of thigh or knee area, subcutaneo	256.32	256.32	01/1/2010
27339		Excision, tumor, soft tissue of thigh or knee area, subfascial (e	461.68	461.68	01/1/2010
27340		removal of kneecap bursa	267.83	267.83	10/1/2009
27345		excision of synovial cyst of popliteal space (eg, baker s cyst)	355.33	355.33	10/1/2009
27347		excision of lesion of meniscus or capsule (eg, cyst, ganglion),	381.43	381.43	10/1/2009
27350		removal of kneecap	485.65	485.65	10/1/2009
27355		removal of femur lesion	450.05	450.05	10/1/2009
27356		removal & graft femur lesion	552.86	552.86	10/1/2009
27357		removal & graft femur lesion	613.08	613.08	10/1/2009
27358		excision or curettage of bone cyst or benign tumor of femur; w	225.41	225.41	10/1/2009
27360		partial excision (craterization, saucerization, or diaphysectomy	637.69	637.69	10/1/2009
27364		Radical resection of tumor (eg, malignant neoplasm), soft tiss	964.66	964.66	01/1/2010
27365		radical resection of tumor, bone, femur or knee	933.10	933.10	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
27370		injection for knee x-ray	41.90	122.08	10/1/2009
27372		removal foreign body deep	299.68	429.18	10/1/2009
27380		repair kneecap tendon	439.68	439.68	10/1/2009
27381		repair/graft kneecap tendon	601.52	601.52	10/1/2009
27385		repair of thigh muscle	471.29	471.29	10/1/2009
27386		repair/graft of thigh muscle	623.71	623.71	10/1/2009
27390		tenotomy, open, hamstring, knee to hip; single tendon	325.95	325.95	10/1/2009
27391		tenotomy, open, hamstring, knee to hip; multiple tendons, one	425.73	425.73	10/1/2009
27392		tenotomy, open, hamstring, knee to hip; multiple tendons, bila	525.98	525.98	10/1/2009
27393		lengthening of hamstring tendon; single tendon	377.27	377.27	10/1/2009
27394		lengthening of hamstring tendon; multiple tendons, one leg	488.61	488.61	10/1/2009
27395		lengthening of hamstring tendon; multiple tendons, bilateral	662.94	662.94	10/1/2009
27396		transplant, hamstring tendon to patella; single tendon	458.88	458.88	10/1/2009
27397		transplant, hamstring tendon to patella; multiple tendons	677.61	677.61	10/1/2009
27400		transfer, tendon or muscle, hamstrings to femur (eg, egger s t	511.77	511.77	10/1/2009
27403		arthrotomy with meniscus repair, knee	480.70	480.70	10/1/2009
27405		repair of knee ligament	506.50	506.50	10/1/2009
27407		repair of knee ligament	579.86	579.86	10/1/2009
27409		repair of knee ligaments	729.75	729.75	10/1/2009
27415		osteochondral allograft, knee, open	1,059.42	1,059.42	10/1/2009
27416		osteochondral autograft(s), knee, open (eg, mosaicplasty) (inc	732.43	732.43	10/1/2009
27418		anterior tibial tubercleplasty (eg, maquet type procedure)	628.87	628.87	10/1/2009
27420		reconstruction of dislocating patella; (eg, hauser type procedu	562.73	562.73	10/1/2009
27422		reconstruction of dislocating patella; with extensor realignmen	560.39	560.39	10/1/2009
27424		revision/removal of kneecap	561.90	561.90	10/1/2009
27425		lateral retinacular release	325.76	325.76	10/1/2009
27427		reconstruction knee extra-articular	539.37	539.37	10/1/2009
27428		reconstruction knee intra-articular	832.02	832.02	10/1/2009
27429		reconstruction knee intra and extra articular	932.01	932.01	10/1/2009
27430		quadricepsplasty (eg, bennett or thompson type)	556.90	556.90	10/1/2009
27435		capsulotomy, posterior capsular release, knee	597.04	597.04	10/1/2009
27437		arthrplasty patella w/o prosthesis	494.81	494.81	10/1/2009
27438		arthroplasty patella w/prosthesis	635.59	635.59	10/1/2009
27440		repair of knee joint	581.06	581.06	10/1/2009
27441		repair of knee joint	600.23	600.23	10/1/2009
27442		arthroplasty, femoral condyles or tibial plateau(s), knee;	658.52	658.52	10/1/2009
27443		repair of knee joint	616.18	616.18	10/1/2009
27445		arthroplasty, knee, hinge prosthesis (eg, walldius type)	962.99	962.99	10/1/2009
27446		total knee replacement	853.53	853.53	10/1/2009
27447		arthroplasty, knee, condyle and plateau; medial and lateral co	1,184.01	1,184.01	10/1/2009
27448		osteotomy femur shaft or supracondylar w/o fixatio	620.87	620.87	10/1/2009
27450		osteotomy femur shaft or supracondylar with fixati	774.35	774.35	10/1/2009
27454		osteotomy, multiple, with realignment on intramedullary rod, fe	978.97	978.97	10/1/2009
27455		osteotomy proximal tibia unilateral before epiphys	715.13	715.13	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
27457		osteotomy proximal tibia after epiphyseal closure	737.45	737.45	10/1/2009
27465		revision of femur	930.85	930.85	10/1/2009
27466		revision of femur	901.41	901.41	10/1/2009
27468		osteoplasty, femur;	1,022.29	1,022.29	10/1/2009
27470		repair of femur	898.55	898.55	10/1/2009
27472		repair/graft of femur	972.14	972.14	10/1/2009
27475		arrest, epiphyseal, any method (eg, epiphydiodesis); distal fer	492.24	492.24	10/1/2009
27477		repair lower leg epiphyses	552.48	552.48	10/1/2009
27479		repair of leg epiphyses	712.37	712.37	10/1/2009
27485		arrest, hemiepiphyseal, distal femur or proximal tibia or fibula	503.86	503.86	10/1/2009
27486		revision of total knee arthroplasty, one component	1,079.70	1,079.70	10/1/2009
27487		revision of total knee arthroplasty, with or without allograft; fer	1,363.84	1,363.84	10/1/2009
27488		removal of prosthesis, including total knee prosthesis, methylr	912.41	912.41	10/1/2009
27495		prophylactic treatment femur	864.20	864.20	10/1/2009
27496		decompression fasciotomy, thigh/knee, 1 compart.	375.18	375.18	10/1/2009
27497		decompression fasciotomy, thigh/knee w/ debridement	408.75	408.75	10/1/2009
27498		decompression fasciotomy, thigh/knee, multiple	445.95	445.95	10/1/2009
27499		decompression fasciotomy; thigh/knee w/ debridement	494.40	494.40	10/1/2009
27500		treatment of femur fracture	351.93	376.74	10/1/2009
27501		closed treatment of supracondylar or transcondylar femoral	365.99	370.90	10/1/2009
27502		treatment of closed femoral shaft fracture with ma	595.23	595.23	10/1/2009
27503		closed tx supra/transcondylar fem fx; w/manipula.	605.10	605.10	10/1/2009
27506		repair of femur fx w/insertion intramedullary implant	1,014.30	1,014.30	10/1/2009
27507		open tx fem shaft fx with plate screws	751.67	751.67	10/1/2009
27508		treatment of femur fracture	359.30	379.49	10/1/2009
27509		percutaneous skeletal fixation of femoral fracture, distal end, r	479.01	479.01	10/1/2009
27510		repair of femur fracture	525.30	525.30	10/1/2009
27511		open tx femoral fx wo intercondylar extension	778.57	778.57	10/1/2009
27513		open tx femoral fx w/intercondylar extension	980.16	980.16	10/1/2009
27514		repair of femur fracture	785.79	785.79	10/1/2009
27516		treatment of femur epiphysis	335.34	354.37	10/1/2009
27517		repair of femur epiphysis	503.11	503.11	10/1/2009
27519		repair of femur epiphysis	710.57	710.57	10/1/2009
27520		treatment kneecap fracture	201.88	222.07	10/1/2009
27524		repair of kneecap fracture	568.48	568.48	10/1/2009
27530		treatment of knee fracture	261.22	279.69	10/1/2009
27532		repair of knee fracture	427.89	450.68	10/1/2009
27535		open tx tibial fx, proximal; unicondylar	694.60	694.60	10/1/2009
27536		tx tibial fx bicondylar	903.65	903.65	10/1/2009
27538		treatment of knee fracture	315.44	335.34	10/1/2009
27540		repair knee fracture	628.38	628.38	10/1/2009
27550		repair knee dislocation	332.95	356.03	10/1/2009
27552		repair knee dislocation	462.73	462.73	10/1/2009
27556		open rx closed or open knee disloc w/o primary lig	698.63	698.63	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
27557		osteotomy proximal tibia bilateral with primary li	836.98	836.98	10/1/2009
27558		open tx knee dislocation; w/lig repair	940.44	940.44	10/1/2009
27560		repair kneecap dislocation	236.46	259.53	10/1/2009
27562		repair kneecap dislocation	341.18	341.18	10/1/2009
27566		repair kneecap dislocation	678.08	678.08	10/1/2009
27570		fixation of knee joint	109.26	109.26	10/1/2009
27580		arthrodesis, knee, any technique	1,100.62	1,100.62	10/1/2009
27590		amputation of leg	633.11	633.11	10/1/2009
27591		amputation thigh thru fem immed fit tech includ fi	699.16	699.16	10/1/2009
27592		amputation of leg	536.00	536.00	10/1/2009
27594		amputation follow-up surgery	385.90	385.90	10/1/2009
27596		amputation follow-up surgery	560.96	560.96	10/1/2009
27598		amputation of lower leg	569.60	569.60	10/1/2009
27600		decompression of leg	320.46	320.46	10/1/2009
27601		fasciotomy leg for closedspace decompression, ant.	331.67	331.67	10/1/2009
27602		decompression of leg	393.95	393.95	10/1/2009
27603		incision and drainage deep abscess or hematoma	289.63	379.91	10/1/2009
27604		incision and drainage infected bursa	255.20	333.36	10/1/2009
27605		tenotomy, percutaneous, achilles tendon (separate procedure	153.30	264.05	10/1/2009
27606		tenotomy achilles tendon subcutaneous general anes	225.23	225.23	10/1/2009
27607		incision (eg, osteomyelitis or bone abscess), leg or ankle	463.71	463.71	10/1/2009
27610		arthrotomy, ankle, including exploration, drainage, or removal	494.92	494.92	10/1/2009
27612		arthrotomy, posterior capsular release, ankle, with or without a	432.16	432.16	10/1/2009
27613		biopsy soft tissues superficial	124.72	180.39	10/1/2009
27614		biopsy, soft tissue of leg or ankle area; deep (subfascial or int	309.97	408.61	10/1/2009
27615		radical resection soft tissue tumor leg/ankle	668.24	668.24	10/1/2009
27616		Radical resection of tumor (eg, malignant neoplasm), soft tiss	787.58	787.58	01/1/2010
27618		excision, tumor, leg or ankle area; subcutaneous tissue	286.98	357.06	10/1/2009
27619		excision benign tumor deep subfascial or intramusc	446.27	570.29	10/1/2009
27620		biopsy of ankle joint	347.38	347.38	10/1/2009
27625		arthrotomy, ankle, with synovectomy;	450.96	450.96	10/1/2009
27626		exploration of ankle joint	486.91	486.91	10/1/2009
27630		removal of tendon lesion	279.48	389.08	10/1/2009
27632		Excision, tumor, soft tissue of leg or ankle area, subcutaneous	253.59	253.59	01/1/2010
27634		Excision, tumor, soft tissue of leg or ankle area, subfascial (eg	414.01	414.01	01/1/2010
27635		removal of bone lesion	447.30	447.30	10/1/2009
27637		removal/graft of bone lesion	567.66	567.66	10/1/2009
27638		removal/graft of bone lesion	592.38	592.38	10/1/2009
27640		partial excision (craterization, saucerization, or diaphysectomy	656.32	656.32	10/1/2009
27641		partial removal of fibula	526.05	526.05	10/1/2009
27645		radical resection of tumor, bone; tibia	796.50	796.50	10/1/2009
27646		removal of fibula	704.68	704.68	10/1/2009
27647		radical resection of tumor, bone; talus or calcaneus	626.09	626.09	10/1/2009
27648		injection procedure for ankle arthrography	41.61	117.74	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
27650		repair achilles tendon	511.06	511.06	10/1/2009
27652		repair/graft achilles tendon	564.46	564.46	10/1/2009
27654		repair, secondary, achilles tendon, with or without graft	550.86	550.86	10/1/2009
27656		repair fascial defect of leg	264.11	390.73	10/1/2009
27658		repair, flexor tendon, leg; primary, without graft, each tendon	289.54	289.54	10/1/2009
27659		repair, flexor tendon, leg; secondary, with or without graft, eac	381.39	381.39	10/1/2009
27664		repair, extensor tendon, leg; primary, without graft, each tend	275.64	275.64	10/1/2009
27665		repair, extensor tendon, leg; secondary, with or without graft,	316.18	316.18	10/1/2009
27675		repair, dislocating peroneal tendons; without fibular osteotomy	389.01	389.01	10/1/2009
27676		repair disloc peroneal tendons with fibular osteo	471.76	471.76	10/1/2009
27680		tenolysis, flexor or extensor tendon, leg and/or ankle; single, e	328.41	328.41	10/1/2009
27681		tenolysis, flexor or extensor tendon, leg and/or ankle; multiple	391.40	391.40	10/1/2009
27685		lengthening or shortening of tendon, leg or ankle; single tend	362.75	463.69	10/1/2009
27686		lengthening or shortening of tendon, leg or ankle; multiple ten	427.41	427.41	10/1/2009
27687		gastrocnemius recession	351.75	351.75	10/1/2009
27690		revision of leg tendon	485.05	485.05	10/1/2009
27691		transfer or transplant of single tendon (with muscle redirection	568.68	568.68	10/1/2009
27692		transfer or transplant of single tendon (with muscle redirection	87.41	87.41	10/1/2009
27695		repair, primary, disrupted ligament, ankle; collateral	374.16	374.16	10/1/2009
27696		repair of ankle ligaments	448.28	448.28	10/1/2009
27698		repair, secondary disrupted ligament, ankle, collateral (eg, wa	503.48	503.48	10/1/2009
27700		repair of ankle	477.45	477.45	10/1/2009
27702		arthroplasty ankle with implant	760.81	760.81	10/1/2009
27703		arthroplasty, ankle; revision, total ankle	881.10	881.10	10/1/2009
27704		removal ankle implant	429.85	429.85	10/1/2009
27705		incision of tibia	583.21	583.21	10/1/2009
27707		incision of fibula	294.17	294.17	10/1/2009
27709		incision of tibia & fibula	854.76	854.76	10/1/2009
27712		osteotomy; multiple, with realignment on intramedullary rod (e	832.37	832.37	10/1/2009
27715		osteoplasty, tibia and fibula, lengthening or shortening	813.00	813.00	10/1/2009
27720		repair of lower leg	667.27	667.27	10/1/2009
27722		repair/graft of lower leg	665.95	665.95	10/1/2009
27724		repair/graft of lower leg	983.42	983.42	10/1/2009
27725		repair malunion tibia by synostosis with fibula	912.97	912.97	10/1/2009
27726		repair of fibula nonunion and/or malunion with internal fixation	698.00	698.00	10/1/2009
27727		repair congenital pseudarthrosis tibia	743.05	743.05	10/1/2009
27730		arrest, epiphyseal (epiphysiodesis), any method; distal tibia	443.03	443.03	10/1/2009
27732		repair of fibula epiphysis	301.19	301.19	10/1/2009
27734		repair lower leg epiphyses	453.45	453.45	10/1/2009
27740		arrest, epiphyseal (epiphysiodesis), any method, combined, p	502.98	502.98	10/1/2009
27742		repair of leg epiphyses	530.80	530.80	10/1/2009
27745		prophylactic treatment tibia	572.13	572.13	10/1/2009
27750		treatment of tibia fracture	221.25	240.29	10/1/2009
27752		repair of tibia fracture	364.86	389.67	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
27756		repair of tibia fracture	424.43	424.43	10/1/2009
27758		open rx closed or open tibial shaft fx complicated	672.68	672.68	10/1/2009
27759		open tx tibial shaft fx by intermedullary implant	763.09	763.09	10/1/2009
27760		treatment of ankle fracture	210.82	231.29	10/1/2009
27762		repair of ankle fracture	323.16	348.25	10/1/2009
27766		repair of ankle fracture	456.67	456.67	10/1/2009
27767		closed treatment of posterior malleolus fracture; without mani	184.54	183.67	10/1/2009
27768		closed treatment of posterior malleolus fracture; with manipula	298.71	298.71	10/1/2009
27769		open treatment of posterior malleoulus fracture, includes inter	523.31	523.31	10/1/2009
27780		treatment of fibula fracture	188.09	206.83	10/1/2009
27781		repair of fibula fracture	281.85	301.18	10/1/2009
27784		repair of fibula fracture	519.55	519.55	10/1/2009
27786		treatment of ankle fracture	198.17	219.23	10/1/2009
27788		repair of ankle fracture	281.31	303.80	10/1/2009
27792		repair of ankle fracture	525.17	525.17	10/1/2009
27808		treatment of ankle fracture	206.54	229.04	10/1/2009
27810		repair of ankle fracture	315.05	340.72	10/1/2009
27814		repair of ankle fracture	586.14	586.14	10/1/2009
27816		treatment of ankle fracture	196.54	217.31	10/1/2009
27818		repair of ankle fracture	322.55	351.68	10/1/2009
27822		open rx closed or open trimalleolar ankle fx med a	640.86	640.86	10/1/2009
27823		open rx closed or open trimalleolar ankle fx w/int	731.17	731.17	10/1/2009
27824		close tx fx wt bearing portion distal tibia	211.06	218.85	10/1/2009
27825		closed tx fx wt bearing portion tibia; with skel trac	370.73	401.30	10/1/2009
27826		open tx fx distal tibia with fixation of fibula only	615.27	615.27	10/1/2009
27827		open tx fx tibia with fixation fibula or tibia only	820.90	820.90	10/1/2009
27828		open tx fx tibia with int & ext fix of both tibia and fibula	983.44	983.44	10/1/2009
27829		open tx tibiofibular joint	491.21	491.21	10/1/2009
27830		repair lower leg dislocation	239.45	254.74	10/1/2009
27831		repair lower leg dislocation	279.32	279.32	10/1/2009
27832		repair lower leg dislocation	530.32	530.32	10/1/2009
27840		repair ankle dislocation	258.19	258.19	10/1/2009
27842		repair ankle dislocation	361.36	361.36	10/1/2009
27846		repair ankle dislocation	559.69	559.69	10/1/2009
27848		repair ankle dislocation	633.75	633.75	10/1/2009
27860		fixation of ankle	134.93	134.93	10/1/2009
27870		fusion of ankle	800.56	800.56	10/1/2009
27871		arthrodesis tibiofibular joint proximal or distal	524.43	524.43	10/1/2009
27880		amputation of lower leg	711.28	711.28	10/1/2009
27881		amputation leg w/immediate fitting technique inc a	683.07	683.07	10/1/2009
27882		amputation of lower leg	481.88	481.88	10/1/2009
27884		amputation follow-up surgery	447.23	447.23	10/1/2009
27886		amputation follow-up surgery	510.22	510.22	10/1/2009
27888		amputation, ankle, through malleoli of tibia and fibula (eg, syn	539.17	539.17	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
27889		ankle disarticulation	528.08	528.08	10/1/2009
27892		decompression fasciotomy, leg: ant &/or lat compar	413.52	413.52	10/1/2009
27893		decompression fasciotomy, leg; posterior compart.	418.34	418.34	10/1/2009
27894		decompression fasciotomy, leg; ant &/or lat & post	643.39	643.39	10/1/2009
28001		incision and drainage, bursa, foot	140.72	197.82	10/1/2009
28002		incision and drainage below fascia, with or without tendon she	296.68	370.22	10/1/2009
28003		drainage of foot	438.19	512.60	10/1/2009
28005		incision, bone cortex (eg, osteomyelitis or bone abscess), foot	476.43	476.43	10/1/2009
28008		incision of foot ligaments	237.81	312.79	10/1/2009
28010		tenotomy, percutaneous, toe; single tendon	164.14	174.81	10/1/2009
28011		tenotomy, percutaneous, toe; multiple tendons	231.71	247.87	10/1/2009
28020		arthrotomy, including exploration, drainage, or removal of loos	278.71	370.72	10/1/2009
28022		exploration of a foot joint	258.06	342.28	10/1/2009
28024		exploration of a toe joint	244.48	325.23	10/1/2009
28035		release, tarsal tunnel (posterior tibial nerve decompression)	281.39	373.11	10/1/2009
28039		Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 c	211.15	293.58	01/1/2010
28041		Excision, tumor, soft tissue of foot or toe, subfascial (eg, intrar	277.45	277.45	01/1/2010
28043		excision, tumor, foot; subcutaneous tissue	201.76	249.06	10/1/2009
28045		excision benign tumor deep subfascial intramuscula	256.93	348.65	10/1/2009
28046		radical resection soft tissue tumor foot	527.14	639.05	10/1/2009
28047		Radical resection of tumor (eg, malignant neoplasm), soft tiss	588.26	588.26	01/1/2010
28050		arthrotomy with biopsy; intertarsal or tarsometatarsal joint	242.26	327.35	10/1/2009
28052		biopsy of a foot joint	220.52	301.85	10/1/2009
28054		biopsy to toe joint	200.68	282.88	10/1/2009
28055		neurectomy, intrinsic musculature of foot	309.75	309.75	10/1/2009
28060		fasciectomy, plantar fascia; partial (separate procedure)	282.89	368.27	10/1/2009
28062		removal of foot fascia	332.61	434.12	10/1/2009
28070		exploration of a foot joint	276.81	365.06	10/1/2009
28072		exploration of a foot joint	267.11	358.83	10/1/2009
28080		excision, interdigital (morton) neuroma, single, each	269.64	352.12	10/1/2009
28086		synovectomy tendon sheath flexor	278.97	384.81	10/1/2009
28088		synovectomy tendon sheath extensor	232.00	326.03	10/1/2009
28090		excision of lesion, tendon, tendon sheath, or capsule (includin	243.59	330.40	10/1/2009
28092		excision of lesion, tendon, tendon sheath, or capsule (includin	213.29	297.50	10/1/2009
28100		removal of heel lesion	316.27	426.15	10/1/2009
28102		excision or curettage of bone cyst or benign tumor, talus or ca	431.58	431.58	10/1/2009
28103		removal/graft heel lesion	349.14	349.14	10/1/2009
28104		excision or curettage of bone cyst or benign tumor, tarsal or m	277.13	366.26	10/1/2009
28106		excision or curettage of bone cyst or benign tumor, tarsal	369.49	369.49	10/1/2009
28107		removal/graft foot lesion	302.34	406.17	10/1/2009
28108		removal of toe lesions	228.56	307.87	10/1/2009
28110		partial removal metatarsal	227.99	322.59	10/1/2009
28111		partial removal metatarsal	267.06	367.99	10/1/2009
28112		partial removal metatarsals	249.37	347.71	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
28113		partial removal metatarsal	325.57	416.72	10/1/2009
28114		ostectomy, complete excision; all metatarsal heads, with parti	630.31	759.81	10/1/2009
28116		revision of foot	448.79	544.54	10/1/2009
28118		partial removal of heel	324.00	420.04	10/1/2009
28119		removal of heel spur	286.73	374.41	10/1/2009
28120		partial excision (craterization, saucerization, sequestrectomy,	308.17	414.60	10/1/2009
28122		partial excision (craterization, saucerization, sequestrectomy,	396.12	484.37	10/1/2009
28124		partial excision (craterization, saucerization, sequestrectomy,	264.10	342.54	10/1/2009
28126		resection, partial or complete, phalangeal base, each toe	198.34	275.93	10/1/2009
28130		removal of bone of ankle	492.26	492.26	10/1/2009
28140		removal of metatarsal	360.82	455.71	10/1/2009
28150		phalangectomy, toe, each toe	226.66	307.99	10/1/2009
28153		resection, condyle(s), distal end of phalanx, each toe	206.01	286.77	10/1/2009
28160		hemiphalangectomy or interphalangeal joint excision, toe, pro	214.67	294.27	10/1/2009
28171		radical resection of tumor, bone; tarsal (except talus or calcan	483.97	483.97	10/1/2009
28173		radical resection of tumor, bone; metatarsal	441.60	544.56	10/1/2009
28175		radical resection of tumor, bone; phalanx of toe	310.93	398.32	10/1/2009
28190		remove foreign body subcutaneous	105.31	175.10	10/1/2009
28192		removal foreign body deep	252.32	338.55	10/1/2009
28193		removal foreign body complicated	300.52	389.35	10/1/2009
28200		repair, tendon, flexor, foot; primary or secondary, without free	251.64	338.46	10/1/2009
28202		repair/graft of foot tendon	352.38	451.89	10/1/2009
28208		repair, tendon, extensor, foot; primary or secondary, each ten	241.57	325.79	10/1/2009
28210		repair/graft of foot tendon	328.93	420.93	10/1/2009
28220		tenolysis, flexor, foot; single tendon	244.05	322.21	10/1/2009
28222		tenolysis, flexor, foot; multiple tendons	291.08	373.28	10/1/2009
28225		tenolysis, extensor, foot; single tendon	202.04	279.33	10/1/2009
28226		tenolysis, extensor, foot; multiple tendons	252.04	335.96	10/1/2009
28230		tenotomy, open, tendon flexor; foot, single or multiple tendon(	232.00	309.29	10/1/2009
28232		tenotomy, open, tendon flexor; toe, single tendon (separate pı	196.69	273.41	10/1/2009
28234		tenotomy, open, extensor, foot or toe, each tendon	205.63	283.21	10/1/2009
28238		reconstruction (advancement), posterior tibial tendon with exc	395.79	496.16	10/1/2009
28240		release of big toe	238.07	318.25	10/1/2009
28250		division of plantar fascia and muscle (eg, steindler stripping) (	316.27	405.68	10/1/2009
28260		release of midfoot joint	409.15	497.70	10/1/2009
28261		capulotomy with tendon legthening	624.21	724.29	10/1/2009
28262		capsulotomy, midfoot; extensive, including posterior talotibial	872.77	1,010.63	10/1/2009
28264		capsulotomy, midtarsal (eg, heyman type procedure)	548.25	645.74	10/1/2009
28270		capsulotomy; metatarsophalangeal joint, with or without tenor	263.48	344.24	10/1/2009
28272		capsulotomy; interphalangeal joint, each joint (separate proce	205.54	281.11	10/1/2009
28280		syndactylization, toes (eg, webbing or kelikian type procedure	286.54	377.68	10/1/2009
28285		correction, hammertoe (eg, interphalangeal fusion, partial or t	252.98	333.44	10/1/2009
28286		correction, cock-up fifth toe, with plastic skin closure (eg, ruiz-	243.26	326.03	10/1/2009
28288		ostectomy, partial, exostectomy or condylectomy, metatarsal	328.98	417.53	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
28289		hallux rigidus correction with cheilectomy, debridement and ca	429.07	529.72	10/1/2009
28290		correction, hallux valgus (bunion), with or without sesamoidec	313.39	411.73	10/1/2009
28292		removal of big toe joint	461.77	563.00	10/1/2009
28293		removal of big toe joint	559.94	750.00	10/1/2009
28294		correction, hallux valgus (bunion), with or without sesamoidec	427.63	544.72	10/1/2009
28296		incision of metatarsal	424.46	533.77	10/1/2009
28297		hallux valgus correction,lapidus type procedure	477.02	603.06	10/1/2009
28298		incision of toe	406.35	520.56	10/1/2009
28299		correction, hallux valgus (bunion), with or without sesamoidec	550.94	671.21	10/1/2009
28300		osteotomy; calcaneus (eg, dwyer or chambers type procedure	514.09	514.09	10/1/2009
28302		incision of ankle bone	509.43	509.43	10/1/2009
28304		osteotomy, tarsal bones, other than calcaneus or talus;	469.07	579.23	10/1/2009
28305		osteotomy, tarsal bones, other than calcaneus or talus; with a	539.11	539.11	10/1/2009
28306		osteotomy, with or without lengthening, shortening or angular	316.82	431.60	10/1/2009
28307		osteotomy, with or without lengthening, shortening or angular	356.62	507.46	10/1/2009
28308		osteotomy, with or without lengthening, shortening or angular	290.27	390.93	10/1/2009
28309		osteotomy, with or without lengthening, shortening or angular	695.85	695.85	10/1/2009
28310		osteotomy, shortening, angular or rotational correction; proxin	283.63	385.44	10/1/2009
28312		incision of big toes	252.21	352.00	10/1/2009
28313		reconstruction, angular deformity of toe, soft tissue procedure	288.43	370.34	10/1/2009
28315		sesamoidectomy first toe	258.12	340.61	10/1/2009
28320		repair, nonunion or malunion; tarsal bones	486.55	486.55	10/1/2009
28322		repair of metatarsals	448.84	561.61	10/1/2009
28340		reconst toe, macrodactyly; soft tissue resection	350.90	448.09	10/1/2009
28341		reconst, toe, macrodactyly; w/ bone resection	415.88	517.40	10/1/2009
28344		reconstruction, toe(s); polydactyly	244.84	341.45	10/1/2009
28345		reconstruct toes syndactyly w/wo graft	320.80	413.96	10/1/2009
28360		reconstruction cleft foot	749.84	749.84	10/1/2009
28400		treatment of heel fracture	160.35	173.91	10/1/2009
28405		repair of heel fracture	269.54	286.56	10/1/2009
28406		treat closed calcan fixation w/manipulation skelet	393.77	393.77	10/1/2009
28415		repair of heel fracture	870.25	870.25	10/1/2009
28420		repair/graft heel fracture	917.38	917.38	10/1/2009
28430		treatment of ankle fracture	145.82	162.84	10/1/2009
28435		repair of ankle fracture	215.06	231.21	10/1/2009
28436		treatment of closed talusfx w/ manip and pinning	314.73	314.73	10/1/2009
28445		repair of ankle fracture	821.81	821.81	10/1/2009
28450		treatment midfoot fracture	135.55	150.55	10/1/2009
28455		repair midfoot fracture	196.90	210.16	10/1/2009
28456		treatment of closed tarsal bone fx w/ manip,pinnin	201.16	201.16	10/1/2009
28465		repair midfoot fracture(s)	466.78	466.78	10/1/2009
28470		treat metatarsal fractures	136.33	150.46	10/1/2009
28475		repair metatarsal fractures	178.31	192.15	10/1/2009
28476		treatment of closed metatarsal fx w/ manip,pinning	249.20	249.20	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
28485		repair metatarsal fractures	402.31	402.31	10/1/2009
28490		treat big toe fracture	84.98	96.52	10/1/2009
28495		repair big toe fracture	109.26	122.53	10/1/2009
28496		treatment of closed toe fx w/ manip and pinning	167.29	293.90	10/1/2009
28505		repair of big toe fracture	370.72	476.86	10/1/2009
28510		treatment of toe fracture	82.68	84.12	10/1/2009
28515		repair of toe fracture	102.53	110.89	10/1/2009
28525		repair of toe fracture	294.14	399.98	10/1/2009
28530		treatment of closed sesamoid fracture	75.38	81.14	10/1/2009
28531		open tx sesamoid fx	145.55	260.62	10/1/2009
28540		repair foot dislocation	135.51	144.45	10/1/2009
28545		repair foot dislocation	164.31	177.58	10/1/2009
28546		treatment tarsal disloc with percutaneous skeletal	221.57	331.45	10/1/2009
28555		repair of foot dislocation	497.86	623.90	10/1/2009
28570		repair foot dislocation	112.64	124.46	10/1/2009
28575		repair foot dislocation	224.03	238.75	10/1/2009
28576		percutaneous skeletal fix talotarsel jntdisloc.	264.07	264.07	10/1/2009
28585		repair of foot dislocation	560.44	667.45	10/1/2009
28600		repair foot dislocation	135.62	150.04	10/1/2009
28605		repair foot dislocation	182.56	194.67	10/1/2009
28606		treat clsd tars/metatars desloc w/percut skel fix	292.30	292.30	10/1/2009
28615		repair foot dislocation	586.60	586.60	10/1/2009
28630		repair of toe dislocation	84.40	107.76	10/1/2009
28635		repair of toe dislocation	105.11	128.48	10/1/2009
28636		percu. skeletal fix met at arsophalangeal jnt disloc	155.72	210.81	10/1/2009
28645		repair of toe dislocation	362.27	452.26	10/1/2009
28660		repair of toe dislocation	64.33	78.46	10/1/2009
28665		repair of toe dislocation	104.57	114.94	10/1/2009
28666		percu. skeletal fix metatarsophalangeal joint dislocation	149.12	149.12	10/1/2009
28675		open treatment of closed or open interphalangeal j	301.14	409.00	10/1/2009
28705		arthrodesis; pantalar	1,015.48	1,015.48	10/1/2009
28715		arthrodesis; triple	750.59	750.59	10/1/2009
28725		arthrodesis; subtalar	618.13	618.13	10/1/2009
28730		fusion of foot bones	645.81	645.81	10/1/2009
28735		arthrodesis, midtarsal or tarsometatarsal, multiple or transvers	618.46	618.46	10/1/2009
28737		arthrodesis, with tendon lengthening and advancement, midta	548.72	548.72	10/1/2009
28740		fusion of foot bones	484.05	617.29	10/1/2009
28750		fusion of big toe joint	460.11	599.99	10/1/2009
28755		fusion of big toe joint	261.70	360.62	10/1/2009
28760		arthrodesis, with extensor hallucis longus transfer to first meta	454.95	569.74	10/1/2009
28800		amputation, foot; midtarsal (eg, chopart type procedure)	442.99	442.99	10/1/2009
28805		amputation thru metatarsal	585.37	585.37	10/1/2009
28810		amputation toe & metatarsal	340.85	340.85	10/1/2009
28820		amputation of toe	268.36	381.13	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
28825		partial amputation of toe	306.21	414.08	10/1/2009
29000		application of body cast	129.02	193.05	10/1/2009
29010		application of body cast	118.98	176.09	10/1/2009
29015		application of body cast	122.50	171.82	10/1/2009
29020		application of body cast	109.97	163.90	10/1/2009
29025		application of body cast	133.72	186.20	10/1/2009
29035		application of body cast	105.42	171.18	10/1/2009
29040		application of body cast	118.45	166.61	10/1/2009
29044		application of body cast	122.91	186.08	10/1/2009
29046		application of body cast	140.84	203.42	10/1/2009
29049		application, cast; figure-of-eight	46.18	62.04	10/1/2009
29055		application of shoulder cast	101.52	147.67	10/1/2009
29058		application of shoulder cast	63.25	80.54	10/1/2009
29065		application of long arm cast	50.86	67.29	10/1/2009
29075		application of forearm cast	45.90	62.34	10/1/2009
29085		application hand/wrist cast	49.50	66.52	10/1/2009
29086		application, cast; finger (eg, contracture)	36.29	50.71	10/1/2009
29105		application long arm splint	44.78	61.80	10/1/2009
29125		application forearm splint	31.90	47.76	10/1/2009
29126		application short arm splint dynamic	39.24	55.10	10/1/2009
29130		application finger splint static	22.26	29.47	10/1/2009
29131		application finger splint dynamic	24.95	36.20	10/1/2009
29200		strapping of chest	30.87	38.94	10/1/2009
29220		strapping of low back	32.00	40.07	10/1/2009
29240		strapping of shoulder	34.28	43.52	10/1/2009
29260		strapping of elbow or wrist	28.23	37.46	10/1/2009
29280		strapping;	26.59	36.11	10/1/2009
29305		application of hip cast	118.38	166.83	10/1/2009
29325		application of hip spica cast; 1 & 1/2 spica or both legs	133.89	185.80	10/1/2009
29345		application of long leg cast	76.95	97.13	10/1/2009
29355		application of long leg cast	81.97	100.72	10/1/2009
29358		application long leg clast brace	78.37	108.95	10/1/2009
29365		application of long leg cast	66.70	86.90	10/1/2009
29405		application short leg cast	48.90	63.90	10/1/2009
29425		application short leg cast	54.07	69.35	10/1/2009
29435		application patellar tendon bearing cast	65.26	84.88	10/1/2009
29440		adding walker to previously applied cast	26.85	38.10	10/1/2009
29445		application of rigid total contact leg cast	87.09	107.27	10/1/2009
29450		application clubfoot cast, long or short leg	97.02	113.74	10/1/2009
29505		application long leg splint	36.07	54.25	10/1/2009
29515		application lower leg splint	37.81	51.08	10/1/2009
29520		strapping;	28.10	36.46	10/1/2009
29530		strapping;	28.86	38.08	10/1/2009
29540		strapping;	25.74	31.50	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
29550		strapping;	24.21	30.55	10/1/2009
29580		strapping;	28.34	38.43	10/1/2009
29581		Application of multi-layer venous wound compression system,	20.36	54.46	01/1/2010
29582		application of multi-layer compression system; thigh and leg, i	9.13	40.60	1/1/2012
29583		application of multi-layer compression system; upper arm and	6.67	25.16	1/1/2012
29584		application of multi-layer compression system; upper arm, fore	9.13	40.60	1/1/2012
29590		denis-browne splint strapping	33.26	41.62	10/1/2009
29700		removal or bivalving;	27.15	46.17	10/1/2009
29705		removal or bivalving;	37.23	49.05	10/1/2009
29710		removal or bivalving;	63.90	85.82	10/1/2009
29715		removal or bivalving;	43.78	65.12	10/1/2009
29720		repair of spica, body cast or jacket	34.24	57.03	10/1/2009
29730		revision of cast	35.85	47.67	10/1/2009
29740		revision of cast	52.33	68.48	10/1/2009
29750		revision of cast	59.88	74.87	10/1/2009
29800		arthroscopy, tm joint with or w/o synovial biopsy	387.75	387.75	10/1/2009
29804		arthroscopy, tm joint, surgical	482.28	482.28	10/1/2009
29805		arthroscopy, shoulder, diagnostic, with or without synovial bio	350.73	350.73	10/1/2009
29806		arthroscopy, shoulder, surgical; capsulorrhaphy	806.56	806.56	10/1/2009
29807		arthroscopy, shoulder, surgical; repair of slap lesion	785.42	785.42	10/1/2009
29819		arthroscopy shoulder surgical removal of fb	440.33	440.33	10/1/2009
29820		arthroscopy synovectomy partial	406.47	406.47	10/1/2009
29821		arthroscopy synovectomy complete	443.93	443.93	10/1/2009
29822		arthroscopy debridement limited	431.02	431.02	10/1/2009
29823		arthroscopy debridement extensive	471.68	471.68	10/1/2009
29824		arthroscopy, shoulder, surgical; distal claviculectomy including	502.66	502.66	10/1/2009
29825		arthroscopy with lysis of adhesions	439.76	439.76	10/1/2009
29826		arthroscopy shoulder w/ decompr subacromial space	505.19	505.19	10/1/2009
29827		arthroscopy, shoulder, surgical; with rotator cuff repair	827.22	827.22	10/1/2009
29828		arthroscopy, shoulder, surgical; biceps tenodesis	692.23	692.23	10/1/2009
29830		arthroscopy elbow diagnostic	338.57	338.57	10/1/2009
29834		arthroscopy elbow surgical with removal of fb	368.98	368.98	10/1/2009
29835		arthroscopy elbow synovectomy partial	378.80	378.80	10/1/2009
29836		arthroscopy elbow synovectomy complete	435.60	435.60	10/1/2009
29837		arthroscopy elbow debridement limited	397.33	397.33	10/1/2009
29838		arthroscopy elbow debridement extensive	444.18	444.18	10/1/2009
29840		arthroscopy, wrist, diagnostic, with or without synovial biopsy	331.64	331.64	10/1/2009
29843		surgical arthroscopy for infection	356.53	356.53	10/1/2009
29844		surgical arthroscopy for partial synovectomy	370.71	370.71	10/1/2009
29845		surgical arthroscopy for complete synovectomy	423.77	423.77	10/1/2009
29846		surgical arthroscopy for excision fibrocartilage	390.07	390.07	10/1/2009
29847		surgical arthroscopy for fixation of fracture	405.17	405.17	10/1/2009
29848		endoscopy, wrist, surgical, with release of transverse carpal li	368.46	368.46	10/1/2009
29850		arthroscopically aided tx of fx knee	430.89	430.89	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
29851		arthroscopically aided tx fx of knee	709.53	709.53	10/1/2009
29855		arthroscopically aided tx of tibial fx	593.19	593.19	10/1/2009
29856		arthroscopically aided tx of tibial fx	760.53	760.53	10/1/2009
29860		arthroscopy, hip, diagnostic with or without synovial biopsy (se	488.56	488.56	10/1/2009
29861		arthroscopy, hip, surgical; with removal of loose body or foreig	542.41	542.41	10/1/2009
29862		arthroscopy, hip, surgical; with debridement/shaving of articula	605.37	605.37	10/1/2009
29863		arthroscopy, hip, surgical; with synovectomy	599.11	599.11	10/1/2009
29866		arthroscopy, knee, surgical; osteochondral autograft(s) (eg, m	790.22	790.22	10/1/2009
29867		arthroscopy, knee, surgical; osteochondral allograft (eg, mosa	959.15	959.15	10/1/2009
29870		arthroscopy knee diagnostic	304.19	304.19	10/1/2009
29871		arthroscopy knee surgical	382.91	382.91	10/1/2009
29873		arthroscopy, knee, surgical; with lateral release	381.18	381.18	10/1/2009
29874		arthroscopy knee with removal of foreign body	401.95	401.95	10/1/2009
29875		arthroscopy knee synovectomy limited	370.40	370.40	10/1/2009
29876		arthroscopy knee synovectomy major	487.59	487.59	10/1/2009
29877		arthroscopy knee debridement/shaving	461.12	461.12	10/1/2009
29879		arthroscopy, knee, surgical; abrasion arthroplasty (includes ch	493.75	493.75	10/1/2009
29880		arthroscopy w/meniscectomy, knee	515.72	515.72	10/1/2009
29881		arthroscopy knee with meniscectomy	480.28	480.28	10/1/2009
29882		arthroscopy knee with meniscus repair	520.71	520.71	10/1/2009
29883		arthroscopy w/meniscus repair, knee	636.07	636.07	10/1/2009
29884		arthroscopy knee with lysis of adhesions	459.71	459.71	10/1/2009
29885		surgical arthroscopy w/bone grafting, knee	558.26	558.26	10/1/2009
29886		arthroscopy knee drilling	470.32	470.32	10/1/2009
29887		arthroscopy knee drilling with internal fixation	555.05	555.05	10/1/2009
29888		ligament repair by arthroscopy, anterior	754.92	754.92	10/1/2009
29889		ligament repair by arthroscopy, posterior	921.85	921.85	10/1/2009
29891		arthroscopy, ankle, surgical; excision of osteochondral defect	523.49	523.49	10/1/2009
29892		arthroscopically aided repair of large osteochondritis dissecan	535.95	535.95	10/1/2009
29893		endoscopic plantar fasciotomy	329.22	432.18	10/1/2009
29894		arthroscopy ankle surgical	393.30	393.30	10/1/2009
29895		arthroscopy ankle synovectomy partial	380.46	380.46	10/1/2009
29897		arthroscopy ankle debridement limited	398.24	398.24	10/1/2009
29898		arthroscopy ankle debridement extensive	445.79	445.79	10/1/2009
29899		endoscopic plantar fasciotomy with ankle arthrodesis	802.22	802.22	10/1/2009
29900		arthroscopy, metacarpophalangeal joint, diagnostic, includes s	340.90	340.90	10/1/2009
29901		arthroscopy, metacarpophalangeal joint, surgical; with debride	374.06	374.06	10/1/2009
29902		arthroscopy, metacarpophalangeal joint, surgical; with reducti	400.23	400.23	10/1/2009
29904		arthroscopy, subtalar joint, surgical; with removal of loose boc	465.09	465.09	10/1/2009
29905		arthroscopy, subtalar joint, surgical; with synovectomy	500.24	500.24	10/1/2009
29906		arthroscopy, subtalar joint, surgical; with debridement	526.94	526.94	10/1/2009
29907		arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	646.77	646.77	10/1/2009
29914		Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of	842.48	842.48	1/1/2011
29915		Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment	858.51	858.51	1/1/2011

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
29916		Arthroscopy, hip, surgical; with labral repair	858.51	858.51	1/1/2011
30000		drainage of nose lesion	87.39	164.10	10/1/2009
30020		drainage of nose lesion	87.96	158.91	10/1/2009
30100		biopsy of nose	53.19	99.91	10/1/2009
30110		removal of nose polyp(s)	97.48	161.22	10/1/2009
30115		removal of nose polyp(s)	315.70	315.70	10/1/2009
30117		excision or destruction (eg, laser), intranasal lesion; internal a	244.22	585.41	10/1/2009
30118		removal of nose lesion	574.52	574.52	10/1/2009
30120		revision of nose	333.61	379.75	10/1/2009
30124		removal of nose lesion	200.62	200.62	10/1/2009
30125		removal of nose lesion	456.74	456.74	10/1/2009
30130		excision turbinate, partial or complete, any method	274.54	274.54	10/1/2009
30140		submucous resection turbinate, partial or complete, any meth	312.69	312.69	10/1/2009
30150		partial removal of nose	587.00	587.00	10/1/2009
30160		removal of nose	590.79	590.79	10/1/2009
30200		injection into turbinate(s), therapeutic	45.41	80.02	10/1/2009
30210		displacement therapy (proetz type)	73.28	105.30	10/1/2009
30220		insertion, nasal septal prosthesis (button)	93.41	205.89	10/1/2009
30300		remove foreign body,nose	88.56	159.51	10/1/2009
30310		remove foreign body,nose	149.98	149.98	10/1/2009
30320		remove foreign body,nose	331.30	331.30	10/1/2009
30400		reconstruction of nose	763.44	763.44	10/1/2009
30410		reconstruction of nose	907.80	907.80	10/1/2009
30420		reconstruction of nose	1,022.95	1,022.95	10/1/2009
30430		revision of nose	664.59	664.59	10/1/2009
30435		rhinoplasty secondary intermediate revision	881.84	881.84	10/1/2009
30450		rhinoplasty secondary major revision	1,177.92	1,177.92	10/1/2009
30460		rhinoplasty for nasal deformity; tip only	572.10	572.10	10/1/2009
30462		rhinoplasty for nasal deformity; tip,septum,osteot	1,149.97	1,149.97	10/1/2009
30465		repair of nasal vestibular stenosis (eg, spreader grafting, later	730.42	730.42	10/1/2009
30520		repair of nasal septum	445.33	445.33	10/1/2009
30540		repair nasal lesion	497.58	497.58	10/1/2009
30545		repair nasal lesion	720.58	720.58	10/1/2009
30560		release of nasal adhesions	101.01	188.98	10/1/2009
30580		repair upper jaw fistula	375.46	463.14	10/1/2009
30600		repair mouth/nose fistula	333.17	425.75	10/1/2009
30620		reconstruction inner nose	452.24	452.24	10/1/2009
30630		repair nasal septal perforations	461.75	461.75	10/1/2009
30801		cautery and/or ablation, mucosa of turbinates, unilateral or bil	96.38	158.97	10/1/2009
30802		cauterization and/or ablation, mucosa of turbinates, unilateral	138.61	206.96	10/1/2009
30901		control nasal hemorrhage, anterior, simple	49.13	77.10	10/1/2009
30903		control nasal hemorrhage, anterior, complex any method	63.85	139.70	10/1/2009
30905		control nasal hemorrhage, posterior, with posterior nasal pack	82.09	174.09	10/1/2009
30906		control hemorrhage posterior subsequent w posterio	106.88	200.61	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
30915		ligation nasal sinus artery	430.43	430.43	10/1/2009
30920		ligation upper jaw artery	620.74	620.74	10/1/2009
30930		fracture nasal turbinate(s), therapeutic	89.58	89.58	10/1/2009
31000		lavage by cannulation; maxillary sinus	77.49	127.38	10/1/2009
31002		irrigation of sinus	147.36	147.36	10/1/2009
31020		exploration of sinus	255.86	344.69	10/1/2009
31030		sinusotomy, maxillary; radical w/o removal polyps	386.87	505.98	10/1/2009
31032		sinusotomy, maxillary, radical w removal of polyps	422.82	422.82	10/1/2009
31040		exploration behind upper jaw	559.21	559.21	10/1/2009
31050		exploration of sinus	364.16	364.16	10/1/2009
31051		sinusotomy w/mucosal stripping or polyp removal	476.33	476.33	10/1/2009
31070		exploration of sinus	319.00	319.00	10/1/2009
31075		exploration of sinus	583.06	583.06	10/1/2009
31080		sinusotomy frontalobliterative wo osteoplas flap b	754.19	754.19	10/1/2009
31081		sinusotomy frontal obliterative w/o osteoplast fla	919.09	919.09	10/1/2009
31084		removal of sinus	880.85	880.85	10/1/2009
31085		removal of sinus	931.50	931.50	10/1/2009
31086		nonobliterative w osteoplastic flap brow incision	834.13	834.13	10/1/2009
31087		nonobliterative w osteoplastic flap coronal incis	827.56	827.56	10/1/2009
31090		sinusotomy, unilateral, three or more paranasal sinuses (front	738.81	738.81	10/1/2009
31200		removal of sinus	391.56	391.56	10/1/2009
31201		removal of sinus	542.81	542.81	10/1/2009
31205		removal of sinus	637.63	637.63	10/1/2009
31225		removal of upper jaw	1,382.75	1,382.75	10/1/2009
31230		removal of upper jaw	1,552.17	1,552.17	10/1/2009
31231		nasal endoscopy, diagnostic, unilateral or bilateral (separate p	59.44	137.02	10/1/2009
31233		nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy	107.69	194.50	10/1/2009
31235		nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy	128.69	223.87	10/1/2009
31237		nasal/sinus endoscopy, surgical;	143.44	241.50	10/1/2009
31238		nasal/sinus endoscopy, surgical; with control of nasal hemorrh	155.73	249.17	10/1/2009
31239		nasal/sinus endoscopy, surgical;	501.93	501.93	10/1/2009
31240		nasal/sinus endoscopy, surgical;	127.36	127.36	10/1/2009
31254		nasal/sinus endoscopy, surgical, with osteomeatal complex (c	218.46	218.46	10/1/2009
31255		nasal/sinus endoscopy, surgical, with osteomeatal complex (c	322.84	322.84	10/1/2009
31256		nasal/sinus endoscopy, surgical, with osteomeatal complex (c	158.13	158.13	10/1/2009
31267		nasal/sinus endoscopy, surgical, with anterior and posterior	254.93	254.93	10/1/2009
31276		nasal/sinus endoscopy, surgical with frontal sinus exploration,	407.16	407.16	10/1/2009
31287		nasal/sinus endoscopy, surgical, with sphenoidotomy;	185.86	185.86	10/1/2009
31288		nasal/sinus endoscopy, surgical, with sphenoidotomy;	215.62	215.62	10/1/2009
31290		nasal/sinus endoscopy, surgical, with repair of cerebrospinal f	896.37	896.37	10/1/2009
31291		nasal/sinus endoscopy, surgical, with repair of cerebrospinal f	944.70	944.70	10/1/2009
31292		nasal/sinus endoscopy, surgical;	775.24	775.24	10/1/2009
31293		nasal/sinus endoscopy, surgical;	844.90	844.90	10/1/2009
31294		nasal/sinus endoscopy, surgical;	970.70	970.70	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
31300		removal of larynx lesion	942.41	942.41	10/1/2009
31320		incision of larynx	474.46	474.46	10/1/2009
31360		removal of larynx	1,514.55	1,514.55	10/1/2009
31365		removal of larynx	1,899.08	1,899.08	10/1/2009
31367		partial removal of larynx	1,633.21	1,633.21	10/1/2009
31368		partial removal of larynx	1,825.05	1,825.05	10/1/2009
31370		partial removal of larynx	1,533.70	1,533.70	10/1/2009
31375		partial removal of larynx	1,450.52	1,450.52	10/1/2009
31380		partial removal of larynx	1,429.30	1,429.30	10/1/2009
31382		partial laryngectomy antero-latero-vertical	1,566.67	1,566.67	10/1/2009
31390		removal of larynx & pharynx	2,114.48	2,114.48	10/1/2009
31395		reconstruct larynx & pharynx	2,240.68	2,240.68	10/1/2009
31400		revision of larynx	746.97	746.97	10/1/2009
31420		removal of epiglottis	630.38	630.38	10/1/2009
31500		intubation, endotracheal, emergency procedure	89.28	89.28	10/1/2009
31502		tracheotomy tube change prior to establishment of fistula tract	28.17	28.17	10/1/2009
31505		visualization of larynx	37.31	60.96	10/1/2009
31510		biopsy/removal larynx lesion	94.75	156.47	10/1/2009
31511		laryngoscopy indirect with removal foreign body	101.97	157.34	10/1/2009
31512		laryngoscopy indirect with removal lesion	102.13	155.20	10/1/2009
31513		laryngoscopy indirect with voca cord injection	104.02	104.02	10/1/2009
31515		visualization of larynx	86.58	154.35	10/1/2009
31520		visualization of larynx	121.27	121.27	10/1/2009
31525		visualization of larynx	125.95	186.80	10/1/2009
31526		laryngoscopy diagnostic w operating microscope	124.95	124.95	10/1/2009
31527		laryngoscopy direct with insertion of obturator	152.95	152.95	10/1/2009
31528		laryngoscopy direct, with or without tracheoscopy; with dilation	114.00	114.00	10/1/2009
31529		laryngoscopy direct, with or without tracheoscopy; with dilation	128.57	128.57	10/1/2009
31530		removal foreign body, larynx	157.56	157.56	10/1/2009
31531		removal foreign body, larynx	169.56	169.56	10/1/2009
31535		biopsy of larynx	150.68	150.68	10/1/2009
31536		biopsy of larynx	168.33	168.33	10/1/2009
31540		removal of larynx lesion	193.53	193.53	10/1/2009
31541		removal of larynx lesion	211.69	211.69	10/1/2009
31545		laryngoscopy, direct, operative, with operating microscope or	286.80	286.80	10/1/2009
31546		laryngoscopy, direct, operative, with operating microscope or	437.34	437.34	10/1/2009
31560		removal of larynx lesion	250.82	250.82	10/1/2009
31561		removal of larynx lesion	274.90	274.90	10/1/2009
31570		injection therapy of larynx	181.28	260.60	10/1/2009
31571		injection therapy of larynx	199.74	199.74	10/1/2009
31575		laryngoscopy flexible fiberscopic diagnostic	59.44	86.26	10/1/2009
31576		laryngoscopy flexible fiberscopic with biopsy	97.07	167.16	10/1/2009
31577		laryngoscopy flex fiberscopic w/removal foreign bo	118.08	181.24	10/1/2009
31578		laryngoscopy flex fiberscopic w/removal of lesion	134.34	210.48	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
31579		laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	110.66	163.44	10/1/2009
31580		revision of larynx	898.34	898.34	10/1/2009
31582		revision of larynx	1,428.24	1,428.24	10/1/2009
31584		repair of larynx	1,147.56	1,147.56	10/1/2009
31587		laryngoplasty, cricoid split	753.64	753.64	10/1/2009
31588		laryngoplasty nos	849.71	849.71	10/1/2009
31590		laryngeal reinnervation by neuromuscular pedicle	656.26	656.26	10/1/2009
31595		section recurrent laryngeal nerve, therapeutic (separate proce	572.08	572.08	10/1/2009
31600		incision of windpipe	314.93	314.93	10/1/2009
31601		tracheostomy under two years	207.49	207.49	10/1/2009
31603		tracheostomy emergency procedure transtrachael	177.87	177.87	10/1/2009
31605		cricothyroidostomy	146.91	146.91	10/1/2009
31610		incision of windpipe	534.27	534.27	10/1/2009
31611		const trach fistula w/ insert speech prosthesis	398.16	398.16	10/1/2009
31612		tracheal puncture, percutaneous with transtracheal aspiration	38.32	60.82	10/1/2009
31613		tracheostoma revision;	328.88	328.88	10/1/2009
31614		tracheostoma revision complex with flap rotation	547.24	547.24	10/1/2009
31615		visualization of windpipe	100.35	138.41	10/1/2009
31620		endobronchial ultrasound (ebus) during bronchoscopic diagnc	57.37	212.81	10/1/2009
31622		bronchoscopy, (rigid or flexible); diagnostic, with or without ce	117.93	241.65	10/1/2009
31623		bronchoscopy; with brushing or protected brushings	119.48	264.26	10/1/2009
31624		bronchoscopy; with bronchial alveolar lavage	119.77	246.09	10/1/2009
31625		biopsy of bronchi	139.47	265.79	10/1/2009
31628		bronchoscopy w transbronchial lung biopsy	155.78	318.74	10/1/2009
31629		bronchoscopy diag w/ transbronchial needle biopsy	166.74	484.28	10/1/2009
31630		visualization of bronchi	166.08	166.08	10/1/2009
31631		bronchoscopy diag w/ tracheal dilation and stent	187.37	187.37	10/1/2009
31632		bronchoscopy, rigid or flexible, with or without fluoroscopic gu	43.17	59.61	10/1/2009
31633		bronchoscopy, rigid or flexible, with or without fluoroscopic gu	54.13	72.01	10/1/2009
31635		remove foreign body,bronchus	154.65	273.47	10/1/2009
31636		bronchoscopy, rigid or flexible, with or without fluoroscopic gu	183.17	183.17	10/1/2009
31637		bronchoscopy, rigid or flexible, with or without fluoroscopic gu	65.10	65.10	10/1/2009
31638		bronchoscopy, rigid or flexible, with or without fluoroscopic gu	205.53	205.53	10/1/2009
31640		removal of bronchial lesion	212.70	212.70	10/1/2009
31641		bronchoscopy, (rigid or flexible); with destruction of tumor or r	210.46	210.46	10/1/2009
31643		bronchoscopy; with placement of catheter(s) for intracavitary r	144.50	144.50	10/1/2009
31645		clearance windpipe/bronchi	131.11	238.40	10/1/2009
31646		clearance windpipe/bronchi	113.53	216.21	10/1/2009
31656		injection for bronchus x-ray	91.96	245.12	10/1/2009
31715		injection for bronchus x-ray	45.51	45.51	10/1/2009
31717		cath with bronchial brush biopsy	90.21	230.38	10/1/2009
31720		catheter aspiration (separate procedure); nasotracheal	42.80	42.80	10/1/2009
31725		catheter aspiration (separate procedure);	77.15	77.15	10/1/2009
31730		transtracheal intro dilator/stent/tube for oxygen	117.82	648.49	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
31750		repair of windpipe	1,000.83	1,000.83	10/1/2009
31755		repair of windpipe	1,264.04	1,264.04	10/1/2009
31760		repair of windpipe	1,097.01	1,097.01	10/1/2009
31766		carinal reconstruction	1,434.72	1,434.72	10/1/2009
31770		repair/graft of bronchus	1,062.81	1,062.81	10/1/2009
31775		repair of bronchus	1,099.34	1,099.34	10/1/2009
31780		excision tracheal stenosis and anastomosis cervica	926.91	926.91	10/1/2009
31781		excision tracheal stenosis and anastamosis cervico	1,125.69	1,125.69	10/1/2009
31785		excis tracheal tumor or car cinoma cervical	849.17	849.17	10/1/2009
31786		excis tracheal tumor or carcinoma thoracic	1,181.81	1,181.81	10/1/2009
31800		suture of tracheal wound or injury; cervical	524.57	524.57	10/1/2009
31805		repair of windpipe injury	649.96	649.96	10/1/2009
31820		closure of windpipe lesion	248.67	318.17	10/1/2009
31825		repair of windpipe defect	367.12	446.44	10/1/2009
31830		revision trach scar	257.26	320.42	10/1/2009
32035		thoracostomy w/rib resection	552.93	552.93	10/1/2009
32036		thoracostomy w/open flap draining for empyema	599.90	599.90	10/1/2009
32095		biopsy thru chest wall	492.37	492.37	10/1/2009
32096		thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (e	473.94	473.94	1/1/2012
32097		thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or r	473.94	473.94	1/1/2012
32098		thoracotomy, with biopsy(ies) of pleura	445.48	445.48	1/1/2012
32100		exploration/biopsy of chest	762.24	762.24	10/1/2009
32110		thoracotomy major w cont of tram hem and or repair	1,150.37	1,150.37	10/1/2009
32120		exploration of chest	682.79	682.79	10/1/2009
32124		explore chest,free adhesions	726.37	726.37	10/1/2009
32140		thoracotomy major w cyst removal w or wo pleural p	777.30	777.30	10/1/2009
32141		thoracot major w/exc-plica bullae w/wo pleur proce	1,177.73	1,177.73	10/1/2009
32150		removal of lung lesion(s)	783.37	783.37	10/1/2009
32151		thoracot major w/removal intrapulmonary for body	800.69	800.69	10/1/2009
32160		open chest heart massage	601.73	601.73	10/1/2009
32200		drainage of lung lesion	878.65	878.65	10/1/2009
32201		pneumonostomy; with percutaneous drainage of abscess or c	172.41	707.12	10/1/2009
32215		pleural scarification for repeat pneumothorax	629.79	629.79	10/1/2009
32220		release of lung	1,260.02	1,260.02	10/1/2009
32225		partial release of lung	784.11	784.11	10/1/2009
32310		pleurectomy, parietal (separate procedure)	723.05	723.05	10/1/2009
32320		decortication/parietal pleurectomy	1,263.68	1,263.68	10/1/2009
32400		biopsy, pleura;	74.16	119.44	10/1/2009
32402		biopsy, pleura;	443.12	443.12	10/1/2009
32405		biopsy, lung or mediastinum, percutaneous needle	83.40	83.69	10/1/2009
32420		pneumocentesis, puncture of lung for aspiration	92.26	92.26	10/1/2009
32421		thoracentesis, puncture of pleural cavity for aspiration, initial c	64.02	123.72	10/1/2009
32422		thoracentesis with insertion of tube, includes water seal (eg, f	102.09	156.60	10/1/2009
32440		removal of lung, total pneumonectomy;	1,263.88	1,263.88	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
32442		removal of lung, total pneumonectomy;	2,358.32	2,358.32	10/1/2009
32445		removal of lung, total pneumonectomy; extrapleural	2,678.67	2,678.67	10/1/2009
32480		removal of lung, other than total pneumonectomy; single lobe	1,192.97	1,192.97	10/1/2009
32482		removal of lung, other than total pneumonectomy;	1,272.11	1,272.11	10/1/2009
32484		removal of lung, other than total pneumonectomy;	1,151.49	1,151.49	10/1/2009
32486		removal of lung, other than total pneumonectomy;	1,841.01	1,841.01	10/1/2009
32488		removal of lung, other than total pneumonectomy;	1,864.41	1,864.41	10/1/2009
32491		removal of lung, other than total pneumonectomy; excision-pli	1,183.46	1,183.46	10/1/2009
32500		removal of lung, other than total pneumonectomy; wedge rese	1,152.47	1,152.47	10/1/2009
32501		resection and repair of portion of bronchus (bronchoplasty) wl	202.03	202.03	10/1/2009
32503		resection of apical lung tumor (eg, pancoast tumor), including	1,456.63	1,456.63	10/1/2009
32504		resection of apical lung tumor (eg, pancoast tumor), including	1,673.39	1,673.39	10/1/2009
32505		thoracotomy; with therapeutic wedge resection (eg, mass, noc	547.25	547.25	1/1/2012
32506		thoracotomy; with therapeutic wedge resection (eg, mass or n	92.14	92.14	1/1/2012
32507		thoracotomy; with diagnostic wedge resection followed by ana	92.14	92.14	1/1/2012
32540		removal of lung lesion	1,325.71	1,325.71	10/1/2009
32550		insertion of indwelling tunneled pleural catheter with cuff	185.62	603.82	10/1/2009
32551		tube thoracostomy, includes water seal(eg, for abscess, hemc	143.67	143.67	10/1/2009
32552		Removal of indwelling tunneled pleural catheter with cuff	100.19	113.06	01/1/2010
32560		chemical pleurodesis (eg, for recurrent or persistant pneumotl	91.57	227.42	10/1/2009
32561		Instillation, via chest tube/catheter, agent for fibrinolysis (eg, fi	45.48	59.26	01/1/2010
32562		Instillation, via chest tube/catheter, agent for fibrinolysis (eg, fi	40.71	52.68	01/1/2010
32601		thoracoscopy, diagnostic (separate procedure);	250.63	250.63	10/1/2009
32602		thoracoscopy, diagnostic (separate procedure);	271.94	271.94	10/1/2009
32603		thoracoscopy, diagnostic (separate procedure);	352.55	352.55	10/1/2009
32604		thoracoscopy, diagnostic (separate procedure);	395.92	395.92	10/1/2009
32605		thoracoscopy, diagnostic (separate procedure);	312.54	312.54	10/1/2009
32606		thoracoscopy, diagnostic (separate procedure);	378.30	378.30	10/1/2009
32607		thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (e	181.55	181.55	1/1/2012
32608		thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or	222.93	222.93	1/1/2012
32609		thoracoscopy; with biopsy(ies) of pleura	154.00	154.00	1/1/2012
32650		thoracoscopy, surgical; with pleurodesis (eg, mechanical or cl	534.61	534.61	10/1/2009
32651		thoracoscopy, surgical;	847.00	847.00	10/1/2009
32652		thoracoscopy, surgical;	1,287.25	1,287.25	10/1/2009
32653		thoracoscopy, surgical;	820.88	820.88	10/1/2009
32654		thoracoscopy, surgical;	907.76	907.76	10/1/2009
32655		thoracoscopy, surgical;	748.63	748.63	10/1/2009
32656		thoracoscopy, surgical;	640.59	640.59	10/1/2009
32657		thoracoscopy, surgical;	631.70	631.70	10/1/2009
32658		thoracoscopy, surgical;	577.10	577.10	10/1/2009
32659		thoracoscopy, surgical;	586.39	586.39	10/1/2009
32660		thoracoscopy, surgical;	829.38	829.38	10/1/2009
32661		thoracoscopy, surgical;	645.14	645.14	10/1/2009
32662		thoracoscopy, surgical;	722.28	722.28	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
32663		thoracoscopy, surgical;	1,114.79	1,114.79	10/1/2009
32664		thoracoscopy, surgical;	686.42	686.42	10/1/2009
32665		thoracoscopy, surgical;	965.30	965.30	10/1/2009
32666		thoracoscopy, surgical; with therapeutic wedge resection (eg,	511.57	511.57	1/1/2012
32667		thoracoscopy, surgical; with therapeutic wedge resection (eg,	92.14	92.14	1/1/2012
32668		thoracoscopy, surgical; with diagnostic wedge resection follow	92.63	92.63	1/1/2012
32669		thoracoscopy, surgical; with removal of a single lung segment	787.63	787.63	1/1/2012
32670		thoracoscopy, surgical; with removal of two lobes (bilobectom	940.09	940.09	1/1/2012
32671		thoracoscopy, surgical; with removal of lung (pneumonectomy	1042.98	1042.98	1/1/2012
32672		thoracoscopy, surgical; with resection-plication for emphysem	892.15	892.15	1/1/2012
32673		thoracoscopy, surgical; with resection of thymus, unilateral or	705.39	705.39	1/1/2012
32674		thoracoscopy, surgical; with mediastinal and regional lymphac	126.38	126.38	1/1/2012
32800		repair lung hernia thru chest wall	738.27	738.27	10/1/2009
32810		close chest wall foll open flap drain for empyema	713.88	713.88	10/1/2009
32815		open closure of major bronchial fistula	2,122.57	2,122.57	10/1/2009
32820		major reconstruct chest wall post trauma	1,063.80	1,063.80	10/1/2009
32851		lung transplant, single;	2,053.61	2,053.61	10/1/2009
32852		lung transplant, single;	2,272.01	2,272.01	10/1/2009
32853		lung transplant, double (bilateral sequential or en bloc);	2,456.36	2,456.36	10/1/2009
32854		lung transplant, double (bilateral sequential or en bloc);	2,673.50	2,673.50	10/1/2009
32900		resection ribs extrapleural all stages	1,087.20	1,087.20	10/1/2009
32905		thoracoplasty schede type or extrapleural	1,072.15	1,072.15	10/1/2009
32906		thoracoplasty with closure bronchopleural fistula	1,332.29	1,332.29	10/1/2009
32940		revision of lung	982.37	982.37	10/1/2009
32960		pneumothorax, therapeutic, intrapleural injection of air	81.30	109.56	10/1/2009
32997		total lung lavage (unilateral)	292.44	292.44	10/1/2009
33010		pericardiocentesis;	101.45	101.45	10/1/2009
33011		pericardiocentesis;	99.34	99.34	10/1/2009
33015		incision of heart sac	428.57	428.57	10/1/2009
33020		incision of heart sac	695.06	695.06	10/1/2009
33025		incision of heart sac	641.64	641.64	10/1/2009
33030		partial removal of heart sac	1,027.67	1,027.67	10/1/2009
33031		pericardiectomy w/o cardiopulmonary bypass	1,148.27	1,148.27	10/1/2009
33050		removal of heart sac lesion	793.70	793.70	10/1/2009
33120		removal of heart lesion	1,255.23	1,255.23	10/1/2009
33130		removal of heart lesion	1,105.29	1,105.29	10/1/2009
33140		transmyocardial laser revascularization, by thoracotomy (sepa	1,262.42	1,262.42	10/1/2009
33141		transmyocardial laser revascularization, by thoracotomy; perfo	122.54	122.54	10/1/2009
33202		insertion for epicardial electrode(s); open incision (eg, thoracc	625.81	625.81	10/1/2009
33203		insertion for epicardial electrode(s); endoscopic approach (eg	659.64	659.64	10/1/2009
33206		insertion or replacement of permanent pacemaker with transv	381.54	381.54	10/1/2009
33207		insertion permanent pacemaker ventricular	408.76	408.76	10/1/2009
33208		insertion or replacement of permanent pacemaker with transv	440.71	440.71	10/1/2009
33210		insertion or replacement of temporary transvenous single cha	152.02	152.02	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
33211		insertion or replacement of temporary transvenous dual cham	152.83	152.83	10/1/2009
33212		insertion or replacement of pacemaker pulse generator only; s	285.29	285.29	10/1/2009
33213		insertion or replacement of pacemaker pulse generator only;	325.73	325.73	10/1/2009
33214		upgrade of implanted pacemaker system, conversion of single	403.73	403.73	10/1/2009
33215		insert transvenous electrode; single chamber (1 electrode) pe	257.84	257.84	10/1/2009
33216		insertion or repositioning of a transvenous electrode (15 days	317.19	317.19	10/1/2009
33217		insertion or repositioning of a transvenous electrode (15 days	314.54	314.54	10/1/2009
33218		repair of single transvenous electrode for a single chamber, p	327.85	327.85	10/1/2009
33220		repair of two transvenous electrodes for a dual chamber perm	330.93	330.93	10/1/2009
33221		insertion of pacemaker pulse generator only; with existing mu	205.98	205.98	1/1/2012
33222		revision or relocation of skin pocket for pacemaker	288.24	288.24	10/1/2009
33223		revision of skin pocket for single or dual chamber pacing	349.69	349.69	10/1/2009
33224		insertion of pacing electrode, cardiac venous system, for left v	428.96	428.96	10/1/2009
33225		insertion of pacing electrode, cardiac venous system, for left v	387.16	387.16	10/1/2009
33226		repositioning of previously implanted cardiac venous system (	414.40	414.40	10/1/2009
33227		removal of permanent pacemaker pulse generator with replac	196.55	196.55	1/1/2012
33228		removal of permanent pacemaker pulse generator with replac	204.96	204.96	1/1/2012
33229		removal of permanent pacemaker pulse generator with replac	213.38	213.38	1/1/2012
33230		insertion of pacing cardioverter-defibrillator pulse generator or	221.61	221.61	1/1/2012
33231		insertion of pacing cardioverter-defibrillator pulse generator or	230.02	230.02	1/1/2012
33233		removal of permanent pacemaker pulse generator	201.34	201.34	10/1/2009
33234		removal of transvenous pacemaker electrode(s); single lead s	409.85	409.85	10/1/2009
33235		removal of transvenous pacemaker electrode(s); dual lead sy	529.39	529.39	10/1/2009
33236		removal of permanent epicardial pacemaker and electrodes b	626.81	626.81	10/1/2009
33237		removal of permanent epicardial pacemaker and electrodes b	692.04	692.04	10/1/2009
33238		removal of permanent transvenous electrode(s) by thoracoton	747.57	747.57	10/1/2009
33240		insertion or replacement of implantable cardioverter-defibrillat	391.89	391.89	10/1/2009
33241		removal of implantable cardioverter-defibrillator pulse generat	190.57	190.57	10/1/2009
33243		removal of single or dual chamber pacing cardioverter-defibril	1,101.11	1,101.11	10/1/2009
33244		removal of single or dual chamber pacing cardioverter-defibril	720.18	720.18	10/1/2009
33249		insertion or repositioning of electrode lead(s) for single or dua	762.73	762.73	10/1/2009
33250		operative ablation of supraventricular arrhythmogenic focus o	1,180.95	1,180.95	10/1/2009
33251		ablat supravent arrhyth focus with card-pul bypass	1,309.17	1,309.17	10/1/2009
33254		operative tissue ablation and reconstruction of atria, limited (e	1,100.81	1,100.81	10/1/2009
33255		operative tissue ablation and reconstruction of atria, extensive	1,346.73	1,346.73	10/1/2009
33256		operative tissue ablation and reconstruction of atria, extensive	1,606.80	1,606.80	10/1/2009
33257		operative tissue ablation and reconstruction of atria, performe	463.50	463.50	10/1/2009
33258		operative tissue ablation and reconstruction of atria, performe	523.72	523.72	10/1/2009
33259		operative tissue ablation and reconstruction of atria, performe	683.15	683.15	10/1/2009
33261		operative ablation of ventricular arrhythmogenic focus with ca	1,302.95	1,302.95	10/1/2009
33262		emoval of pacing cardioverter-defibrillator pulse generator wit	213.59	213.59	1/1/2012
33263		removal of pacing cardioverter-defibrillator pulse generator wi	222.01	222.01	1/1/2012
33264		removal of pacing cardioverter-defibrillator pulse generator wi	230.42	230.42	1/1/2012
33265		endoscopy, surgical; operative tissue ablation and reconstruct	1,098.50	1,098.50	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
33266		endoscopy, surgical;operative tissue ablation and reconstructi	1,508.63	1,508.63	10/1/2009
33282		implantation of patient-activated cardiac event recorder	270.78	270.78	10/1/2009
33284		removal of an implantable, patient-activated cardiac event rec	194.46	194.46	10/1/2009
33300		repair of heart wound	1,873.03	1,873.03	10/1/2009
33305		repair of heart wound	3,128.59	3,128.59	10/1/2009
33310		cardiotomy/explor without bypass	941.22	941.22	10/1/2009
33315		cardiotomy explor with bypass	1,197.50	1,197.50	10/1/2009
33320		suture repair of aorta or great vessels; without shunt or cardio	853.48	853.48	10/1/2009
33321		suture repair of aorta or great vessels;	962.53	962.53	10/1/2009
33322		repair major blood vessels	1,117.90	1,117.90	10/1/2009
33330		insertion of graft, aorta or great vessels; without shunt, or carc	1,129.53	1,129.53	10/1/2009
33332		insertion of graft, aorta or great vessels;	1,127.12	1,127.12	10/1/2009
33335		insertion of heart graft	1,523.78	1,523.78	10/1/2009
33400		repair of aortic valve	1,836.64	1,836.64	10/1/2009
33401		valvuloplasty, aortic valve;	1,208.91	1,208.91	10/1/2009
33403		valvuloplasty, aortic valve;	1,216.57	1,216.57	10/1/2009
33404		construction of apical/aortic conduit	1,443.83	1,443.83	10/1/2009
33405		replacement, aortic valve, with cardiopulmonary bypass; with	1,872.74	1,872.74	10/1/2009
33406		replacement, aortic valve, with cardiopulmonary bypass; with	2,313.82	2,313.82	10/1/2009
33406		replacement, aortic valve, with cardiopulmonary bypass; with	2,313.82	2,313.82	10/1/2009
33410		replacement, aortic valve, with cardiopulmonary bypass; with	2,041.58	2,041.58	10/1/2009
33411		replacement aortic valve w/ annulus enlargement	2,668.62	2,668.62	10/1/2009
33412		replacement aortic valve, konno procedure	2,020.28	2,020.28	10/1/2009
33413		replacement, aortic valve; by translocation of autologous pulm	2,628.57	2,628.57	10/1/2009
33414		repair of left ventricular outflow tract obstruction by patch	1,755.79	1,755.79	10/1/2009
33415		revision of aortic valve	1,628.75	1,628.75	10/1/2009
33416		ventriculomyotomy/myectomy for subaortic stenosis	1,634.61	1,634.61	10/1/2009
33416		ventriculomyotomy/myectomy for subaortic stenosis	1,634.61	1,634.61	10/1/2009
33417		revision of aortic valve	1,360.88	1,360.88	10/1/2009
33417		revision of aortic valve	1,360.88	1,360.88	10/1/2009
33420		valvotomy, mitral valve; closed heart	1,107.47	1,107.47	10/1/2009
33422		valvotomy, mitral valve; open heart, with cardiopulmonary byp	1,366.82	1,366.82	10/1/2009
33425		revision of mitral valve	2,136.55	2,136.55	10/1/2009
33426		valvuloplasty mv w/ card-pul bypass w/ prosth ring	1,935.42	1,935.42	10/1/2009
33427		valvuloplasty mv w/ cpb radical reconstr w/wo ring	2,019.41	2,019.41	10/1/2009
33430		replacement of mitral valve	2,240.10	2,240.10	10/1/2009
33460		valvectomy, tricuspid valve, with cardiopulmonary bypass	1,901.57	1,901.57	10/1/2009
33463		valvuloplasty, tricuspid valve;	2,403.63	2,403.63	10/1/2009
33464		valvuloplasty, tricuspid valve;	1,934.14	1,934.14	10/1/2009
33465		replacement, tricuspid valve, with cardiopulmonary bypass	2,166.28	2,166.28	10/1/2009
33468		revision of tricuspid valve	1,522.55	1,522.55	10/1/2009
33470		valvotomy, pulmonary valve, closed heart; transventricular	961.99	961.99	10/1/2009
33471		valvotomy, pulmonary valve, closed heart via pulmonary arter	1,072.16	1,072.16	10/1/2009
33472		valvotomy, pulmonary valve, open heart; with inflow occlusion	1,082.41	1,082.41	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
33474		revision of tricuspid valve	1,668.20	1,668.20	10/1/2009
33475		replacement, pulmonary valve	1,875.72	1,875.72	10/1/2009
33476		revision of heart chamber	1,186.24	1,186.24	10/1/2009
33478		revision of heart chamber	1,274.38	1,274.38	10/1/2009
33496		repair of non-structural prosthetic valve dysfunction with cardi	1,363.89	1,363.89	10/1/2009
33500		repair coronary fistula w/cardio-pulmonary bypass	1,279.63	1,279.63	10/1/2009
33501		repair of coronary fistula; wo cp bypass	887.86	887.86	10/1/2009
33502		repair of anomalous coronary artery; by ligation	1,024.87	1,024.87	10/1/2009
33503		anomalous coronary artery graft without bypass	1,095.89	1,095.89	10/1/2009
33504		anomalous coronary artery graft with bypass	1,171.08	1,171.08	10/1/2009
33505		repair of anomalous coronary artery;	1,615.99	1,615.99	10/1/2009
33506		repair of anomalous coronary artery;	1,672.75	1,672.75	10/1/2009
33507		repair of anomalous (eg, intramural) aortic origin of coronary a	1,413.93	1,413.93	10/1/2009
33508		endoscopy, surgical, including video-assisted harvest of vein(	13.34	13.34	10/1/2009
33510		coronary artery bypass single venous graft	1,592.32	1,592.32	10/1/2009
33511		coronary artery bypass 2 coronary venous grafts	1,738.37	1,738.37	10/1/2009
33512		coronary artery bypass 3 coronary venous grafts	1,958.83	1,958.83	10/1/2009
33513		coronary artery bypass 4 coronary venous grafts	2,001.71	2,001.71	10/1/2009
33514		coronary artery bypass 5 coronary venous grafts	2,121.24	2,121.24	10/1/2009
33516		coronary artery bypass 6 or more venous grafts	2,205.25	2,205.25	10/1/2009
33517		coronary artery bypass;single vein graft	152.00	152.00	10/1/2009
33518		coronary artery bypass; 2 venous grafts	329.17	329.17	10/1/2009
33519		coronary artery bypass; 3 venous grafts	439.06	439.06	10/1/2009
33521		coronary artery bypass; 4 venous grafts	531.25	531.25	10/1/2009
33522		coronary artery bypass; 5 venous grafts	604.12	604.12	10/1/2009
33523		coronary artery bypass; 6 or more venous grafts	689.41	689.41	10/1/2009
33530		reoperation coronary bypass for more than 1 month after origi	418.62	418.62	10/1/2009
33533		coronary artery bypass; single arterial graft	1,550.30	1,550.30	10/1/2009
33534		coronary artery bypass; 2 arterial grafts	1,803.32	1,803.32	10/1/2009
33535		coronary artery bypass; 3 arterial grafts	2,002.94	2,002.94	10/1/2009
33536		coronary artery bypass; 4 or more arterial grafts	2,146.84	2,146.84	10/1/2009
33542		removal of heart lesion	2,070.81	2,070.81	10/1/2009
33545		repair of heart defect	2,443.62	2,443.62	10/1/2009
33572		coronary endarterectomy, open, any method, of left anterior	192.82	192.82	10/1/2009
33600		closure of atrioventricular valve (mitral or tricuspid) by suture	1,387.95	1,387.95	10/1/2009
33602		closure of semilunar valve (aortic or pulmonary) by suture or p	1,322.78	1,322.78	10/1/2009
33606		anastomosis of pulmonary artery to aorta (damus-kaye-stanse	1,440.50	1,440.50	10/1/2009
33608		repair of complex cardiac anomaly other than pulmonary atres	1,478.42	1,478.42	10/1/2009
33610		repair of complex cardiac anomalies (eg, single ventricle with	1,442.88	1,442.88	10/1/2009
33611		repair of double outlet right ventricle with intraventricular tunne	1,587.50	1,587.50	10/1/2009
33612		repair of double outlet right ventricle with intraventricular tunne	1,639.37	1,639.37	10/1/2009
33615		repair of complex cardiac anomalies (eg, tricuspid atresia)	1,632.71	1,632.71	10/1/2009
33617		repair of complex cardiac anomalies (eg, single ventricle)	1,752.91	1,752.91	10/1/2009
33619		repair of single ventricle with aortic outflow obstruction	2,148.90	2,148.90	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
33641		repair of heart defect	1,305.23	1,305.23	10/1/2009
33645		revision of heart veins	1,284.19	1,284.19	10/1/2009
33647		repair of asd and vsd, direct or patch closure	1,365.25	1,365.25	10/1/2009
33660		repair of incomplete or partial atrioventricular canal (ostium pr	1,432.01	1,432.01	10/1/2009
33665		repair of intermediate or transitional atrioventricular canal, witl	1,549.95	1,549.95	10/1/2009
33670		repair of heart chambers	1,612.60	1,612.60	10/1/2009
33675		closure of multiple ventricle septal defects;	1,608.51	1,608.51	10/1/2009
33676		closure of multiple ventricle septal defects; with pulmonary va	1,673.60	1,673.60	10/1/2009
33677		closure of multiple ventricle septal defects; with removal of pu	1,739.53	1,739.53	10/1/2009
33681		repair of heart defect	1,486.11	1,486.11	10/1/2009
33684		repair of heart defect	1,518.60	1,518.60	10/1/2009
33688		repair of heart defect	1,525.79	1,525.79	10/1/2009
33690		banding of pulmonary artery	935.84	935.84	10/1/2009
33692		complete repair tetralogy of fallot without pulmonary atresia;	1,434.66	1,434.66	10/1/2009
33694		repair of heart defects	1,616.16	1,616.16	10/1/2009
33697		complete repair tetralogy of fallot with pulmonary atresia	1,739.21	1,739.21	10/1/2009
33702		repair of heart defects	1,244.22	1,244.22	10/1/2009
33710		repair of heart defects	1,502.66	1,502.66	10/1/2009
33720		repair of heart defect	1,260.40	1,260.40	10/1/2009
33722		closure of aortico-left ventricular tunnel	1,256.51	1,256.51	10/1/2009
33724		repair of isolated partial anomalous pulmonary venous return	1,279.26	1,279.26	10/1/2009
33726		repair of pulmonary venous stenosis	1,672.53	1,672.53	10/1/2009
33730		complete repair anomalous venous return	1,594.84	1,594.84	10/1/2009
33732		repair of cor triatriatum or supravalvular mitral ring by resectio	1,329.50	1,329.50	10/1/2009
33735		atrial septectomy or septostomy; closed heart (blalock-hanlon	1,012.41	1,012.41	10/1/2009
33736		atrial septectomy or septostomy;	1,128.75	1,128.75	10/1/2009
33737		atrial septectomy or septostomy; open heart, with inflow occlu	1,052.67	1,052.67	10/1/2009
33750		shunt subclavian to pulmonary artery	1,058.87	1,058.87	10/1/2009
33755		shunt ascending aorta to pulmonary artery	1,046.75	1,046.75	10/1/2009
33762		shunt descending aorta to pulmonary artery	1,044.96	1,044.96	10/1/2009
33764		shunt,central w/ prosthetic graft	1,029.99	1,029.99	10/1/2009
33766		shunt; superior vena cava to pulmonary artery for flow to one	1,132.71	1,132.71	10/1/2009
33767		shunt;	1,147.49	1,147.49	10/1/2009
33768		anastomosis, cavopulmonary, second superior vena cava (list	350.26	350.26	10/1/2009
33770		repair of transposition of the great arteries with ventricular	1,745.70	1,745.70	10/1/2009
33771		repair of transposition of the great arteries with ventricular	1,789.98	1,789.98	10/1/2009
33774		rep transposition grt arteries w cardiopulm bypass	1,470.15	1,470.15	10/1/2009
33775		rep transposition grt art w cpb w rem pulm band	1,529.51	1,529.51	10/1/2009
33776		rep transpo grt art w cpb w cl vent septal defect	1,609.29	1,609.29	10/1/2009
33777		rep transpo grt art w cpb w rep subpulm obstruct	1,576.62	1,576.62	10/1/2009
33778		repair transpo grt arteries w cardiopulm bypass	1,937.99	1,937.99	10/1/2009
33779		rep transpo grt arteries w cpb w removal pulm band	1,861.12	1,861.12	10/1/2009
33780		repair aortic artery w/ closure septal defect	1,933.73	1,933.73	10/1/2009
33781		repair aortic artery w/ repair of obstruction	1,901.83	1,901.83	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
33782		Aortic root translocation with ventricular septal defect and pulr	2,049.87	2,049.87	01/1/2010
33783		Aortic root translocation with ventricular septal defect and pulr	2,215.78	2,215.78	01/1/2010
33786		total repair truncus arteriosus	1,869.14	1,869.14	10/1/2009
33788		revision of pulmonary artery	1,260.71	1,260.71	10/1/2009
33800		aortic suspension for tracheal decompression	790.92	790.92	10/1/2009
33802		division aberrant vessel	850.09	850.09	10/1/2009
33803		division of aberrant vessel w/ reanastomosis	925.50	925.50	10/1/2009
33813		obliteration septal defect w/o bypass	1,047.42	1,047.42	10/1/2009
33814		obliteration septal defect with bypass	1,236.13	1,236.13	10/1/2009
33820		repair of patent ductus arteriosus; by ligation	791.04	791.04	10/1/2009
33822		patent ductus arteriosus division under 18 yrs	840.04	840.04	10/1/2009
33824		patene ductus arteriosus division 18 yrs older	950.04	950.04	10/1/2009
33840		exc of coarctation of aorta w/wo assoc pat duc w/d	961.28	961.28	10/1/2009
33845		exc coarctation of aorta w/wo assoc pat duc art wi	1,107.31	1,107.31	10/1/2009
33851		excision coarctation of aorta waldhusen procedure	1,019.28	1,019.28	10/1/2009
33852		repair of hypoplastic or interrupted aortic arch using autogeno	1,107.48	1,107.48	10/1/2009
33853		repair of hypoplastic or interrupted aortic arch using autogeno	1,526.66	1,526.66	10/1/2009
33860		ascending aorta graft, with cardiopulmonary bypass, with or w	2,556.14	2,556.14	10/1/2009
33863		ascending aorta graft, with cardiopulmonary bypass, with or	2,553.51	2,553.51	10/1/2009
33864		ascending aorta graft, with cardiopulmonary bypass with valve	2,623.90	2,623.90	10/1/2009
33870		transverse arch graft w/bypass	2,075.74	2,075.74	10/1/2009
33875		descend thoracic aorta graft w/o bypass	1,610.91	1,610.91	10/1/2009
33877		repair thoracoaaa w/ grft, w/wo cp bypass	2,872.11	2,872.11	10/1/2009
33910		pulmonary artery embolectomy with bypass	1,347.61	1,347.61	10/1/2009
33915		pulmonary artery embolectomy without bypass	1,078.67	1,078.67	10/1/2009
33916		pulmonary endarterectomy w/ bypass	1,347.46	1,347.46	10/1/2009
33917		repair of pulmonary artery stenosis by reconstruction with pat	1,218.95	1,218.95	10/1/2009
33920		repair of pulmonary atresia with ventricular septal defect,	1,475.33	1,475.33	10/1/2009
33922		transection of pulmonary artery with cardiopulmonary bypass	1,114.94	1,114.94	10/1/2009
33924		ligation and takedown of a systemic-to-pulmonary artery shun	236.42	236.42	10/1/2009
33925		repair of pulmonary artery arborization anomalies by unifocali	1,435.23	1,435.23	10/1/2009
33926		repair of pulmonary artery arborization anomalies by unifocali	1,914.65	1,914.65	10/1/2009
33935		heart lung transplant with recipient cardiectomy	2,824.44	2,824.44	10/1/2009
33945		heart transplant with or without recip cardiectomy	3,765.60	3,765.60	10/1/2009
33960		prolonged extracorporeal circulation for cardiopulmonary insu	821.89	821.89	10/1/2009
33961		prolonged extracorporeal circulation for cardiopulmonary insu	457.93	457.93	10/1/2009
33967		insertion of intra-aortic balloon assist device, percutaneous	224.45	224.45	10/1/2009
33968		removal of intra-aortic balloon assist device, percutaneous	28.84	28.84	10/1/2009
33970		insertion of intra-aortic balloon assist device through the femo	301.92	301.92	10/1/2009
33971		removal of intra-aortic balloon assist device including repair o	578.05	578.05	10/1/2009
33973		insertion of intra-aortic balloon assist device through the asce	439.95	439.95	10/1/2009
33974		removal of intra-aortic balloon assist device from the ascendir	736.12	736.12	10/1/2009
33975		insertion of ventricular assist device; extracorporeal, single ve	911.80	911.80	10/1/2009
33976		insertion of ventricular assist device; extracorporeal, biventric	1,012.52	1,012.52	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
33977		removal of ventricular assist device; extracorporeal, single ve	975.79	975.79	10/1/2009
33978		removal of ventricular assist device; extracorporeal, biventricu	1,075.31	1,075.31	10/1/2009
33979		insertion of ventricular assist device, implantable intracorpore	1,999.60	1,999.60	10/1/2009
33980		removal of ventricular assist device, implantable intracorporea	2,933.33	2,933.33	10/1/2009
33981		Replacement of extracorporeal ventricular assist device, singl	788.75	788.75	01/1/2010
33982		Replacement of ventricular assist device pump(s); implantable	1,551.95	1,551.95	01/1/2010
33983		Replacement of ventricular assist device pump(s); implantable	1,551.95	1,551.95	01/1/2010
34001		removal blood clot artery	788.21	788.21	10/1/2009
34051		removal of blood clot,artery	788.97	788.97	10/1/2009
34101		removal of blood clot,artery	501.15	501.15	10/1/2009
34111		embolectomy/thrombectomy, radial or ulnar artery	500.96	500.96	10/1/2009
34151		removal of blood clot,artery	1,162.63	1,162.63	10/1/2009
34201		removal blood clot artery	820.10	820.10	10/1/2009
34203		embolectomy/thrombectomy,popliteal-tibio-peroneal	802.22	802.22	10/1/2009
34401		removal of blood clot, vein	1,197.09	1,197.09	10/1/2009
34421		removal of blood clot, vein	607.40	607.40	10/1/2009
34451		removal of blood clot, vein	1,255.33	1,255.33	10/1/2009
34471		removal of blood clot, vein	880.27	880.27	10/1/2009
34490		removal of blood clot, vein	503.69	503.69	10/1/2009
34501		valvuloplasty femoral vein	780.96	780.96	10/1/2009
34502		reconstruction of vena cava, any method	1,265.46	1,265.46	10/1/2009
34510		venous valve transposition any vein donor	888.09	888.09	10/1/2009
34520		cross-over vein graft to venous system	852.95	852.95	10/1/2009
34530		saphenopopliteal vein anastomosis	801.31	801.31	10/1/2009
34800		endovascular repair of infrarenal abdominal aortic aneurysm c	954.53	954.53	10/1/2009
34802		endovascular repair of infrarenal abdominal aortic aneurysm c	1,042.59	1,042.59	10/1/2009
34803		endovascular repair of infrarenal abdominal aortic aneurysm c	1,067.51	1,067.51	10/1/2009
34804		endovascular repair of infrarenal abdominal aortic aneurysm c	1,042.00	1,042.00	10/1/2009
34805		endovascular repair of infrarenal abdominal aortic aneurysm c	979.13	979.13	10/1/2009
34806		transcatheter placement of wireless physiologic sensor in ane	88.62	88.62	10/1/2009
34808		endovascular placement of iliac artery occlusion device (list se	174.45	174.45	10/1/2009
34812		open femoral artery exposure for delivery of endovascular pro	288.56	288.56	10/1/2009
34813		placement of femoral-femoral prosthetic graft during endovasc	200.66	200.66	10/1/2009
34820		open iliac artery exposure for delivery of endovascular prosthe	414.39	414.39	10/1/2009
34825		placement of proximal or distal extension prosthesis for endov	582.85	582.85	10/1/2009
34826		placement of proximal or distal extension prosthesis for endov	173.21	173.21	10/1/2009
34830		open repair of infrarenal aortic aneurysm or dissection, plus re	1,526.69	1,526.69	10/1/2009
34831		open repair of infrarenal aortic aneurysm or dissection, plus re	1,618.87	1,618.87	10/1/2009
34832		open repair of infrarenal aortic aneurysm or dissection, plus re	1,640.58	1,640.58	10/1/2009
34833		open iliac artery exposure with creation of conduit for delivery	515.29	515.29	10/1/2009
34834		open brachial artery exposure to assist in the deployment of ir	233.43	233.43	10/1/2009
34900		endovascular graft replacement for repair of iliac artery (eg, ar	757.38	757.38	10/1/2009
35001		direct repair of aneurysm, pseudoaneurysm, or excision (parti	944.39	944.39	10/1/2009
35002		repair rupture aneurysm artery neck incision	997.61	997.61	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
35005		direct repair of aneurysm, pseudoaneurysm, or excision (parti	867.49	867.49	10/1/2009
35011		direct repair of aneurysm, false aneurysm, or excision (partial	829.41	829.41	10/1/2009
35013		repair ruptured aneurysm artery arm incision	1,029.27	1,029.27	10/1/2009
35021		direct repair of aneurysm, pseudoaneurysm, or excision (parti	1,008.53	1,008.53	10/1/2009
35022		ruptured aneurysm innominate artery thoracic	1,141.25	1,141.25	10/1/2009
35045		direct repair of aneurysm, pseudoaneurysm, or excision (parti	806.51	806.51	10/1/2009
35081		direct repair of aneurysm, pseudoaneurysm, or excision (parti	1,447.37	1,447.37	10/1/2009
35082		repair ruptured aneurysm abdominal aorta	1,818.10	1,818.10	10/1/2009
35091		direct repair of aneurysm, pseudoaneurysm, or excision (parti	1,531.73	1,531.73	10/1/2009
35092		repair rupt aneurysm abd aorta visceral vessels	2,172.79	2,172.79	10/1/2009
35102		direct repair of aneurysm, pseudoaneurysm, or excision (parti	1,570.68	1,570.68	10/1/2009
35103		repair rupt aneurysm abd aorta iliac vessels	1,879.12	1,879.12	10/1/2009
35111		direct repair of aneurysm, pseudoaneurysm, or excision (parti	1,156.54	1,156.54	10/1/2009
35112		repair ruptured aneurysm splenic artery	1,417.73	1,417.73	10/1/2009
35121		direct repair of aneurysm, pseudoaneurysm, or excision (parti	1,373.82	1,373.82	10/1/2009
35122		repair rupt aneurysm hepatic celiac renal mesenter	1,644.73	1,644.73	10/1/2009
35131		direct repair of aneurysm, pseudoaneurysm, or excision (parti	1,170.84	1,170.84	10/1/2009
35132		rupture aneurysm iliac artery	1,416.03	1,416.03	10/1/2009
35141		direct repair of aneurysm, pseudoaneurysm, or excision (parti	928.59	928.59	10/1/2009
35142		repair defect of artery	1,111.03	1,111.03	10/1/2009
35151		direct repair of aneurysm, pseudoaneurysm, or excision (parti	1,047.36	1,047.36	10/1/2009
35152		rupture aneurysm popliteal artery	1,216.42	1,216.42	10/1/2009
35180		repair congenital a-v fistula, head and neck	694.57	694.57	10/1/2009
35182		repair congential a-v fistula, thorax and abdomen	1,428.76	1,428.76	10/1/2009
35184		repair congential a-v fistula, extremities	841.93	841.93	10/1/2009
35188		repair acq or traumatic a-v fistula, head and neck	704.90	704.90	10/1/2009
35189		repair acq or traumatic a-v fistula, thorax/abd	1,319.45	1,319.45	10/1/2009
35190		repair acq or traumatic a-v fistula, extremities	615.89	615.89	10/1/2009
35201		repair blood vessel lesion	772.92	772.92	10/1/2009
35206		repair blood vessel lesion	631.55	631.55	10/1/2009
35207		repair blood vessels hand, finger	568.29	568.29	10/1/2009
35211		repair blood vessel lesion	1,122.20	1,122.20	10/1/2009
35216		repair blood vessel lesion	1,565.31	1,565.31	10/1/2009
35221		repair blood vessel lesion	1,158.02	1,158.02	10/1/2009
35226		repair blood vessel lesion	697.34	697.34	10/1/2009
35231		repair blood vessel lesion	969.06	969.06	10/1/2009
35236		repair blood vessel lesion	808.71	808.71	10/1/2009
35241		repair blood vessel lesion	1,172.02	1,172.02	10/1/2009
35246		repair blood vessel lesion	1,275.01	1,275.01	10/1/2009
35251		repair blood vessel lesion	1,377.49	1,377.49	10/1/2009
35256		repair blood vessel lesion	850.57	850.57	10/1/2009
35261		repair blood vessel lesion	859.17	859.17	10/1/2009
35266		repair blood vessel lesion	712.28	712.28	10/1/2009
35271		repair blood vessel lesion	1,120.55	1,120.55	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
35276		repair blood vessel lesion	1,176.36	1,176.36	10/1/2009
35281		repair blood vessel lesion	1,315.38	1,315.38	10/1/2009
35286		repair blood vessel lesion	779.69	779.69	10/1/2009
35301		rechanneling of artery	875.34	875.34	10/1/2009
35302		thromboendarterectomy, including patch graft, if performed; su	932.06	932.06	10/1/2009
35303		thromboendarterectomy, including patch graft, if performed; p	1,025.92	1,025.92	10/1/2009
35304		thromboendarterectomy, including patch graft, if performed; til	1,066.98	1,066.98	10/1/2009
35305		thromboendarterectomy, including patch graft, if performed; til	1,024.77	1,024.77	10/1/2009
35306		thromboendarterectomy, including patch graft, if performed; e	384.41	384.41	10/1/2009
35311		rechanneling of artery	1,255.65	1,255.65	10/1/2009
35321		rechanneling of artery	744.13	744.13	10/1/2009
35331		rechanneling of artery	1,229.32	1,229.32	10/1/2009
35341		rechanneling of artery	1,157.31	1,157.31	10/1/2009
35351		rechanneling of artery	1,076.21	1,076.21	10/1/2009
35355		thromboendarterectomy w/ or w/o patch, iliofemoral	873.71	873.71	10/1/2009
35361		rechanneling of artery	1,324.55	1,324.55	10/1/2009
35363		thromboendarterectomy w/ or w/o patch aortoiliofem	1,441.20	1,441.20	10/1/2009
35371		rechanneling of artery	687.91	687.91	10/1/2009
35372		thromboendartectomy, w/wo patch grft, deep femoral	826.09	826.09	10/1/2009
35390		reoperation, carotid, thromboendarterectomy, more than one	135.38	135.38	10/1/2009
35450		transluminal angioplasty, intraoperative, renal	432.95	432.95	10/1/2009
35452		transluminal angioplasty, intraoperative, aortic	300.35	300.35	10/1/2009
35458		transluminal balloon angioplasty, open; brachiocephalic trunk	409.32	409.32	10/1/2009
35460		transluminal angioplasty,open; tibioperoneal	261.23	261.23	10/1/2009
35471		transluminal angioplasty percutan; renal/visleral.	458.69	2,431.72	10/1/2009
35472		transluminal angioplasty percutaneous; aortic	307.07	1,686.55	10/1/2009
35475		transluminal balloon angioplasty, percutaneous; brachiocepha	411.67	1,741.53	10/1/2009
35476		transluminal angioplasty,percutaneous; venous	262.80	1,312.90	10/1/2009
35500		harvest of upper extremity vein, one segment, for lower extrer	271.10	271.10	10/1/2009
35501		artery bypass graft	1,303.93	1,303.93	10/1/2009
35506		artery bypass graft	1,110.17	1,110.17	10/1/2009
35508		bypass graft w/ vein, carotid-vertebral	1,146.80	1,146.80	10/1/2009
35509		artery bypass graft	1,253.62	1,253.62	10/1/2009
35510		bypass graft, with vein; carotid-brachial	1,052.78	1,052.78	10/1/2009
35511		artery bypass graft	989.48	989.48	10/1/2009
35512		bypass graft, with vein; subclavian-brachial	1,026.52	1,026.52	10/1/2009
35515		bypass graft w/ vein, subclavian-vertebral	1,108.73	1,108.73	10/1/2009
35516		artery bypass graft	1,015.75	1,015.75	10/1/2009
35518		bypass graft w/ vein, axillary-axillary	1,007.32	1,007.32	10/1/2009
35521		artery bypass graft	1,060.24	1,060.24	10/1/2009
35522		bypass graft, with vein; axillary-brachial	1,002.57	1,002.57	10/1/2009
35523		bypass graft, with vein; brachial-ulnar or -radial	1,060.86	1,060.86	10/1/2009
35525		bypass graft, with vein; brachial-brachial	940.90	940.90	10/1/2009
35526		artery bypass graft	1,388.11	1,388.11	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
35531		artery bypass graft	1,694.16	1,694.16	10/1/2009
35533		bypass graft w/ vein, axillary-femoral-femoral	1,310.96	1,310.96	10/1/2009
35535		bypass graft, with vein; hepatorenal	1,679.88	1,679.88	10/1/2009
35536		artery bypass graft	1,460.83	1,460.83	10/1/2009
35537		bypass graft, with vein; aortoiliac	1,811.96	1,811.96	10/1/2009
35538		bypass graft, with vein; aortobi-iliac	2,033.76	2,033.76	10/1/2009
35539		bypass graft, with vein; aortofemoral	1,886.85	1,886.85	10/1/2009
35540		bypass graft, with vein; aortobifemoral	2,113.56	2,113.56	10/1/2009
35548		artery bypass graft	1,005.19	1,005.19	10/1/2009
35549		artery bypass graft	1,092.08	1,092.08	10/1/2009
35551		artery bypass graft	1,244.43	1,244.43	10/1/2009
35556		artery bypass graft	1,157.48	1,157.48	10/1/2009
35558		artery bypass graft	1,024.18	1,024.18	10/1/2009
35560		bypass graft w/ vein, aortorenal	1,490.93	1,490.93	10/1/2009
35563		artery bypass graft	1,142.69	1,142.69	10/1/2009
35565		artery bypass graft	1,106.61	1,106.61	10/1/2009
35566		artery bypass graft	1,389.50	1,389.50	10/1/2009
35570		bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/per	1,297.31	1,297.31	10/1/2009
35571		artery bypass graft	1,122.78	1,122.78	10/1/2009
35572		harvest of femoropopliteal vein, one segment, for vascular rec	293.34	293.34	10/1/2009
35583		in-situ vein bypass; femoral-popliteal	1,195.53	1,195.53	10/1/2009
35585		in-situ vein bypass; femoral-ant tib,post tib,pero	1,399.89	1,399.89	10/1/2009
35587		in-situ vein bypass; popliteal-tibial, peroneal	1,157.60	1,157.60	10/1/2009
35600		harvest of upper extremity artery, one segment, for coronary a	215.76	215.76	10/1/2009
35601		artery bypass graft	1,205.50	1,205.50	10/1/2009
35606		artery bypass graft	981.85	981.85	10/1/2009
35612		artery bypass graft	767.10	767.10	10/1/2009
35616		artery bypass graft	940.24	940.24	10/1/2009
35621		artery bypass graft	927.54	927.54	10/1/2009
35623		bypass graft, with other than vein;	1,138.44	1,138.44	10/1/2009
35626		artery bypass graft	1,306.30	1,306.30	10/1/2009
35631		artery bypass graft	1,558.88	1,558.88	10/1/2009
35632		bypass graft, with other than vein; ilio-celiac	1,594.78	1,594.78	10/1/2009
35633		bypass graft, with other than vein; ilio-mesenteric	1,722.25	1,722.25	10/1/2009
35634		bypass graft, with other than vein; iliorenal	1,560.74	1,560.74	10/1/2009
35636		bypass graft, with other than vein; splenorenal (splenic to rena	1,383.34	1,383.34	10/1/2009
35637		bypass graft, with other than vein; aortoiliac	1,431.46	1,431.46	10/1/2009
35638		bypass graft, with vein; aortobi-iliac	1,462.30	1,462.30	10/1/2009
35642		bypass graft w/ other than vein, carotid-vertebral	864.69	864.69	10/1/2009
35645		bypass graft w/ other than vein, subclavian-vert	820.55	820.55	10/1/2009
35646		bypass graft, with other than vein; aortobifemoral	1,443.67	1,443.67	10/1/2009
35647		bypass graft, with other than vein; aortofemoral	1,306.69	1,306.69	10/1/2009
35650		bypass graft w/ other than vein, axillary-axillary	893.28	893.28	10/1/2009
35651		artery bypass graft	1,156.49	1,156.49	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
35654		bypass graft w/ other than vein, axil-fem-fem	1,153.40	1,153.40	10/1/2009
35656		artery bypass graft	908.56	908.56	10/1/2009
35661		artery bypass graft	909.18	909.18	10/1/2009
35663		artery bypass graft	1,054.76	1,054.76	10/1/2009
35665		artery bypass graft	987.94	987.94	10/1/2009
35666		artery bypass graft	1,064.64	1,064.64	10/1/2009
35671		artery bypass graft	937.88	937.88	10/1/2009
35681		bypass graft; composite, prosthetic and vein (list separately in	67.70	67.70	10/1/2009
35682		bypass graft; autogenous composite, two segments of veins fi	302.23	302.23	10/1/2009
35683		bypass graft; autogenous composite, three or more segments	356.50	356.50	10/1/2009
35685		placement of vein patch or cuff at distal anastomosis of bypas	169.73	169.73	10/1/2009
35686		creation of distal arteriovenous fistula during lower extremity b	141.99	141.99	10/1/2009
35691		transposition and/or reimplantation;	826.89	826.89	10/1/2009
35693		transposition and/or reimplantation;	732.27	732.27	10/1/2009
35694		transposition and/or reimplantation;	855.33	855.33	10/1/2009
35695		transposition and/or reimplantation;	890.83	890.83	10/1/2009
35697		reimplantation, visceral artery to infrarenal aortic prosthesis, e	126.44	126.44	10/1/2009
35700		reoperation, femoral-popliteal or femoral (popliteal) -anterior	130.11	130.11	10/1/2009
35701		exploration,carotid artery	441.74	441.74	10/1/2009
35721		exploration,femoral artery	375.14	375.14	10/1/2009
35741		exploration popliteal artery	411.16	411.16	10/1/2009
35761		exploration of artery/vein	302.77	302.77	10/1/2009
35800		exploration of neck	390.19	390.19	10/1/2009
35820		exploration of chest	1,538.13	1,538.13	10/1/2009
35840		exploration of abdomen	510.77	510.77	10/1/2009
35860		exploration of limb	329.64	329.64	10/1/2009
35870		repair of graft-enteric fistula	1,071.75	1,071.75	10/1/2009
35875		thrombectomy of arterial or venous graft (other than hemodial	492.87	492.87	10/1/2009
35876		thrombectomy of arterial or venous graft;	790.64	790.64	10/1/2009
35879		revision, lower extremity arterial bypass, without thrombectom	773.63	773.63	10/1/2009
35881		revision, lower extremity arterial bypass, without thrombectom	860.13	860.13	10/1/2009
35883		revision, femoral anastamosis of synthetic arterial bypass grat	1,004.16	1,004.16	10/1/2009
35884		revision, femoral anastamosis of synthetic arterial bypass grat	1,059.60	1,059.60	10/1/2009
35901		excision of infected graft;	412.37	412.37	10/1/2009
35903		excision of infected graft;	466.55	466.55	10/1/2009
35905		excision of infected graft;	1,458.51	1,458.51	10/1/2009
35907		excision of infected graft;	1,607.42	1,607.42	10/1/2009
36000		insertion vein access device	7.83	19.66	10/1/2009
36002		injection procedures (eg, thrombin) for percutaneous treatmer	91.29	134.55	10/1/2009
36005		injection procedure for extremity venography (including introd	41.28	263.07	10/1/2009
36010		insertion vein access device	103.95	456.10	10/1/2009
36011		selective catheter placement, venous system;	134.39	720.44	10/1/2009
36012		selective catheter placement, venous system;	151.48	678.70	10/1/2009
36013		introduction of catheter, right heart or main pulmonary artery	108.89	625.44	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
36014		selective catheter placement, left or right pulmonary artery	131.66	653.40	10/1/2009
36015		selective catheter placement, segmental or subsegmental pul	152.24	716.95	10/1/2009
36100		establish access to artery	133.33	418.00	10/1/2009
36120		introduction of needle or intracatheter;	84.18	344.62	10/1/2009
36140		introduction of needle or intracatheter;	86.60	380.20	10/1/2009
36145		arteriovenous shunt for dialysis	84.75	376.62	10/1/2009
36147		Introduction of needle and/or catheter, arteriovenous shunt cr	120.95	482.30	01/1/2010
36148		Introduction of needle and/or catheter, arteriovenous shunt cr	32.28	151.75	01/1/2010
36160		introduction of needle or intracatheter, aortic, translumbar	112.56	419.14	10/1/2009
36200		establish access to aorta	129.47	509.03	10/1/2009
36215		arterial cath. placement; 1st order thoracic or brachiocephalic	205.17	895.05	10/1/2009
36216		selective catheter placement, arterial system;	231.30	978.58	10/1/2009
36217		selective catheter placement, arterial system;	276.92	1,589.20	10/1/2009
36218		selective catheter placement, arterial system; additional secor	44.13	150.55	10/1/2009
36245		introduction of catheter aorta, each additional	211.15	986.11	10/1/2009
36246		selective catheter placement, arterial system;	230.67	970.44	10/1/2009
36247		selective catheter placement, arterial system;	274.63	1,519.13	10/1/2009
36248		selective catheter placement, arterial system; additional secor	44.13	129.78	10/1/2009
36251		selective catheter placement (first-order), main renal artery ar	163.32	849.75	1/1/2012
36252		selective catheter placement (first-order), main renal artery ar	212.74	932.80	1/1/2012
36253		superselective catheter placement (one or more second order	227.28	1299.99	1/1/2012
36254		superselective catheter placement (one or more second order	245.19	1352.52	1/1/2012
36260		insertion implantable infusion pump	469.54	469.54	10/1/2009
36261		revision of implanted intra-arterial infusion pump	285.23	285.23	10/1/2009
36262		removal of implanted infusion pump	216.84	216.84	10/1/2009
36400		venipuncture, under age 3 years; femoral or jugular	14.75	20.52	10/1/2009
36405		venipuncture, under age 3 years;	12.86	18.62	10/1/2009
36406		venipuncture, under age 3 years;	7.54	13.30	10/1/2009
36410		venipuncture, child over age 3 years or adult, necessitating	7.25	14.75	10/1/2009
36415		collection of venous blood by venipuncture	2.78	2.78	10/1/2009
36420		venipuncture, cutdown;	40.09	40.09	10/1/2009
36425		venipuncture, cutdown;	31.51	31.51	10/1/2009
36430		blood transfusion service	28.30	28.30	10/1/2009
36440		push transfusion, blood, 2 years or under	42.17	42.17	10/1/2009
36450		exchange transfusion, blood;	96.75	96.75	10/1/2009
36455		exchange transfusion, blood;	105.55	105.55	10/1/2009
36460		transfusion, intrauterine, fetal	276.16	276.16	10/1/2009
36470		injection of sclerosing solution;	55.68	106.44	10/1/2009
36471		injection of sclerosing solution;	78.45	131.80	10/1/2009
36475		endovenous ablation therapy of incompetent vein, extremity, i	280.29	1,370.78	10/1/2009
36476		endovenous ablation therapy of incompetent vein, extremity, i	137.21	298.43	10/1/2009
36478		endovenous ablation therapy of incompetent vein, extremity, i	282.89	1,132.26	10/1/2009
36479		endovenous ablation therapy of incompetent vein, extremity, i	138.07	313.43	10/1/2009
36481		percutaneous portal vein catheterization by any method	338.97	338.97	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
36500		venous catheterization for selective organ blood sampling	151.46	151.46	10/1/2009
36510		catheterization of umbilical vein for diagnosis or therapy, newl	46.92	85.86	10/1/2009
36511		therapeutic apheresis; for white blood cells	73.72	73.72	10/1/2009
36512		therapeutic apheresis; for red blood cells	74.87	74.87	10/1/2009
36513		therapeutic apheresis; for platelets	77.22	77.22	10/1/2009
36514		therapeutic apheresis; for plasma pheresis	73.14	399.34	10/1/2009
36515		therapeutic apheresis; with extracorporeal immunoadsorption	71.70	1,479.14	10/1/2009
36516		therapeutic apheresis; with extracorporeal selective adsorptio	51.44	1,672.90	10/1/2009
36522		photopheresis, extracorporeal	82.62	1,045.34	10/1/2009
36555		insertion of non-tunneled centrally inserted central venous cat	105.06	215.23	10/1/2009
36556		insertion of non-tunneled centrally inserted central venous cat	99.59	184.09	10/1/2009
36557		insertion of tunneled centrally inserted central venous cathete	244.43	654.26	10/1/2009
36558		insertion of tunneled centrally inserted central venous cathete	233.63	632.80	10/1/2009
36560		insertion of tunneled centrally inserted central venous access	289.52	896.62	10/1/2009
36561		insertion of tunneled centrally inserted central venous access	279.99	886.80	10/1/2009
36563		insertion of tunneled centrally inserted central venous access	290.70	896.94	10/1/2009
36565		insertion of tunneled centrally inserted central venous access	275.95	752.12	10/1/2009
36566		insertion of tunneled centrally inserted central venous access	295.58	2,771.30	10/1/2009
36568		insertion of peripherally inserted central venous catheter (picc	80.50	242.01	10/1/2009
36569		insertion of peripherally inserted central venous catheter (picc	80.40	210.77	10/1/2009
36570		insertion of peripherally inserted central venous access device	258.21	909.44	10/1/2009
36571		insertion of peripherally inserted central venous access device	251.24	942.85	10/1/2009
36575		repair of tunneled or non-tunneled central venous access cath	32.05	124.63	10/1/2009
36576		repair of central venous access device, with subcutaneous po	152.30	281.22	10/1/2009
36578		replacement, catheter only, of central venous access device,	174.06	391.23	10/1/2009
36580		replacement, complete, of a non-tunneled centrally inserted c	57.87	180.44	10/1/2009
36581		replacement, complete, of a tunneled centrally inserted centra	164.97	586.63	10/1/2009
36582		replacement, complete, of a tunneled centrally inserted centra	242.34	819.16	10/1/2009
36583		replacement, complete, of a tunneled centrally inserted centra	242.75	819.57	10/1/2009
36584		replacement, complete, of a peripherally inserted central venc	59.34	177.59	10/1/2009
36585		replacement, complete, of a peripherally inserted central venc	227.56	840.15	10/1/2009
36589		removal of tunneled central venous catheter, without subcutar	113.30	132.91	10/1/2009
36590		removal of tunneled central venous access device, with subcu	160.67	215.47	10/1/2009
36593		declotting by thrombolytic agent of implanted vascular access	27.79	27.79	10/1/2009
36595		mechanical removal of pericatheter obstructive material (eg, fi	159.63	475.16	10/1/2009
36596		mechanical removal of intraluminal (intracatheter) obstructive	37.64	106.57	10/1/2009
36597		repositioning of previously placed central venous catheter unc	53.24	101.12	10/1/2009
36598		contrast injection(s) for radiologic evaluation of existing centra	49.44	90.11	10/1/2009
36600		arterial puncture, withdrawal of blood for diagnosis	12.68	24.22	10/1/2009
36620		arterial catheterization or cannulation for sampling, monitoring	42.14	42.14	10/1/2009
36625		arterial catheterization or cannulation for sampling, monitoring	87.08	87.08	10/1/2009
36640		arterial catheterization for prolonged infusion therapy (chemot	97.32	97.32	10/1/2009
36660		catheterization, umbilical artery, newborn, for diagnosis or the	55.36	55.36	10/1/2009
36680		placement of needle for intraosseous infusion	48.82	48.82	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
36800		insertion of cannula for hemodialysis, other purpose (separate	127.43	127.43	10/1/2009
36810		redirection of blood flow	171.88	171.88	10/1/2009
36815		redirection of blood flow	121.20	121.20	10/1/2009
36818		arteriovenous anastomosis, open; by upper arm cephalic vein	551.15	551.15	10/1/2009
36819		arteriovenous anastomosis, open; by upper arm basilic vein tr	649.79	649.79	10/1/2009
36820		arteriovenous anastomosis, open; by forearm vein transpositi	651.91	651.91	10/1/2009
36821		arteriovenous anastomosis, open; direct, any site (eg, cimino	541.52	541.52	10/1/2009
36822		insertion of cannula(s) for prolonged extracorporeal circulatior	302.49	302.49	10/1/2009
36823		insertion of arterial and venous cannula(s) for isolated extracc	1,037.16	1,037.16	10/1/2009
36825		creation of arteriovenous fistula by other than direct arteriover	470.00	470.00	10/1/2009
36830		arteriovenous fistula nonautogenous graft	538.48	538.48	10/1/2009
36831		thrombectomy, open, arteriovenous fistula without revision, au	371.37	371.37	10/1/2009
36832		revision, open, arteriovenous fistula; without thrombectomy, a	474.67	474.67	10/1/2009
36833		revision, arteriovenous fistula; with thrombectomy, autogenou	536.45	536.45	10/1/2009
36834		plastic repair of arteriovenous aneurysm (separate procedure)	503.28	503.28	10/1/2009
36835		insertion of thomas shunt (separate procedure)	370.72	370.72	10/1/2009
36838		distal revascularization and interval ligation (dril), upper extrer	958.99	958.99	10/1/2009
36860		external cannula declotting (separate procedure); without ball	84.46	150.50	10/1/2009
36861		cannula declotting with balloon catheter	122.27	122.27	10/1/2009
36870		thrombectomy, percutaneous, arteriovenous fistula, autogeno	251.72	1,424.98	10/1/2009
37140		venous anastomosis; portocaval	1,096.58	1,096.58	10/1/2009
37145		venous anastomosis; renoportal	1,182.29	1,182.29	10/1/2009
37160		venous anastomosis; caval-mesenteric	1,028.71	1,028.71	10/1/2009
37180		venous anastomosis; splenorenal, proximal	1,152.92	1,152.92	10/1/2009
37181		splenorenal distal (selective decompression)	1,246.18	1,246.18	10/1/2009
37182		insertion of transvenous intrahepatic portosystemic shunt(s) (t	745.29	745.29	10/1/2009
37183		revision of transvenous intrahepatic portosystemic shunt(s) (ti	354.17	354.17	10/1/2009
37184		primary percutaneous transluminal mechanical thrombectomy	381.25	1,878.40	10/1/2009
37185		primary percutaneous transluminal mechanical thrombectomy	140.45	621.81	10/1/2009
37186		secondary percutaneous transluminal thrombectomy (eg, non	215.68	1,264.34	10/1/2009
37187		percutaneous transluminal mechanical thrombectomy, vein(s)	354.19	1,799.42	10/1/2009
37188		percutaneous transluminal mechanical thrombectomy, vein(s)	256.30	1,527.04	10/1/2009
37191		insertion of intravascular vena cava filter, endovascular appro	140.06	1545.16	1/1/2012
37192		repositioning of intravascular vena cava filter, endovascular a	217.11	1037.48	1/1/2012
37193		retrieval (removal) of intravascular vena cava filter, endovascu	216.91	990.08	1/1/2012
37195		thrombolysis, cerebral, by intravenous infusion	251.02	251.02	10/1/2009
37200		transcatheter biopsy	197.96	197.96	10/1/2009
37201		transcatheter therapy, infusion for thrombolysis other than cor	233.63	233.63	10/1/2009
37202		transcatheter therapy, infusion other than for thrombolysis,	280.46	280.46	10/1/2009
37203		transcatheter retrieval, percutaneous, of intravascular foreign	224.84	1,041.91	10/1/2009
37204		transcatheter occulsion/embolization, percutaneous	786.58	786.58	10/1/2009
37205		transcatheter placement of an intravascular stent(s), (non-cor	369.51	2,575.86	10/1/2009
37206		transcatheter placement of an intravascular stent(s), (non-cor	180.15	1,537.42	10/1/2009
37207		transcatheter placement of an intravascular stent(s), (non-cor	358.86	358.86	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
37208		transcatheter placement of an intravascular stent(s), (non-cor	173.86	173.86	10/1/2009
37209		exchange of a previously placed arterial catheter during	97.11	97.11	10/1/2009
37210		uterine fibroid embolization (ufe, embolization of the uterine a	468.40	2,737.04	10/1/2009
37215		transcatheter placement of intravascular stent(s), cervical car	916.71	916.71	10/1/2009
37216		transcatheter placement of intravascular stent(s), cervical car	842.49	842.49	10/1/2009
37220		Revascularization, endovasuclar, open or percutaneous, iliac	355.26	2,613.63	1/1/2011
37221		Revascularization, endovasucular, open or percutaneous, ilia	433.50	3,864.40	1/1/2011
37222		Revascularization, endovasular, open or percutaneous, iliac a	161.33	752.91	1/1/2011
37223		Revascularization, endovasular, open or percutaneous, iliac a	183.40	2,128.45	1/1/2011
37224		Revascularization, endovascular, open or percutaneous, fem	391.51	3,140.77	1/1/2011
37225		Revascularization, endovascular, open or percutaneous, fem	526.60	8,873.43	1/1/2011
37226		Revascularization, endovascular, open or percutaneous, fem	441.22	7,434.88	1/1/2011
37227		Revascularization, endovascular, open or percutaneous, fem	636.02	11,997.20	1/1/2011
37228		Revascularization, endovascular, open or percutaneous, tibial	478.03	4,471.36	1/1/2011
37229		Revascularization, endovascular, open or percutaneous, tibial	616.47	8,796.11	1/1/2011
37230		Revascularization, endovascular, open or percutaneous, tibial	597.21	6,911.75	1/1/2011
37231		Revascularization, endovascular, open or percutaneous, tibial	649.08	11,093.28	1/1/2011
37232		Revascularization, endovascular, open or percutaneous, tibial	172.90	1,003.49	1/1/2011
37233		Revascularization, endovascular, open or percutaneous, tibial	283.83	1,225.22	1/1/2011
37234		Revascularization, endovascular, open or percutaneous, tibial	237.12	3,199.57	1/1/2011
37235		Revascularization, endovascular, open or percutaneous, tibial	336.53	3,417.36	1/1/2011
37250		intravascular ultrasound (non-coronary vessel) during diagnos	92.13	92.13	10/1/2009
37251		intravascular ultrasound (non-coronary vessel) during therape	68.64	68.64	10/1/2009
37500		vascular endoscopy, surgical, with ligation of perforator veins,	559.27	559.27	10/1/2009
37565		ligation, internal jugular vein	556.41	556.41	10/1/2009
37600		ligation of neck artery	569.23	569.23	10/1/2009
37605		ligation of neck artery	651.68	651.68	10/1/2009
37606		ligation of neck artery	423.97	423.97	10/1/2009
37607		ligation or banding of angioaccess arteriovenous fistula	302.68	302.68	10/1/2009
37609		ligation or biopsy temporal artery	155.79	224.43	10/1/2009
37615		ligation major artery neck	374.99	374.99	10/1/2009
37616		ligation major artery chest	874.14	874.14	10/1/2009
37617		ligate major artery abdomen	1,042.75	1,042.75	10/1/2009
37618		ligation major artery extremity	299.42	299.42	10/1/2009
37619		ligation of inferior vena cava	953.51	953.51	1/1/2012
37620		interruption, partial or complete, of inferior vena cava by sutur	542.94	542.94	10/1/2009
37650		ligation of femoral vein	409.37	409.37	10/1/2009
37660		ligation of common iliac vein	976.18	976.18	10/1/2009
37700		revise leg vein	200.39	200.39	10/1/2009
37718		ligation, division, and stripping, short saphenous vein	331.03	331.03	10/1/2009
37722		ligation, division, and stripping, long (greater) saphenous vein	383.15	383.15	10/1/2009
37735		removal of leg veins/lesion	509.94	509.94	10/1/2009
37760		revision of leg veins	502.23	502.23	10/1/2009
37761		Ligation of perforator vein(s), subfascial, open, including ultra	359.77	359.77	01/1/2010

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
37765		stab phlebectomy of varicose veins, one extremity; 10-20 stab	360.73	360.73	10/1/2009
37766		stab phlebectomy of varicose veins, one extremity; more than	439.13	439.13	10/1/2009
37780		revision of leg vein	206.71	206.71	10/1/2009
37785		revision leg vein	207.19	274.39	10/1/2009
38100		removal of spleen	844.89	844.89	10/1/2009
38101		splenectomy partial	849.19	849.19	10/1/2009
38102		splenectomy; total, en bloc for extensive disease, in conjuncti	202.47	202.47	10/1/2009
38115		repair ruptured spleen w/wo partial splenectomy	939.94	939.94	10/1/2009
38120		laparoscopy, surgical, splenectomy	781.54	781.54	10/1/2009
38200		injection for spleen x-ray	113.35	113.35	10/1/2009
38204		management of recipient hematopoietic progenitor cell donor	82.86	82.86	10/1/2009
38205		blood-derived hematopoietic progenitor cell harvesting for trar	65.46	65.46	10/1/2009
38206		blood-derived hematopoietic progenitor cell harvesting for trar	65.46	65.46	10/1/2009
38207		transplant preparation of hematopoietic progenitor cells; cryop	40.64	40.64	10/1/2009
38208		transplant preparation of hematopoietic progenitor cells; thawi	25.94	25.94	10/1/2009
38209		transplant preparation of hematopoietic progenitor cells; thawi	11.14	11.14	10/1/2009
38220		bone marrow; aspiration only	49.09	119.75	10/1/2009
38221		bone marrow; biopsy, needle or trocar	62.27	133.21	10/1/2009
38230		bone marrow harvesting for transplantation.	250.00	250.00	10/1/2009
38232		bone marrow harvesting for transplantation; autologous	106.63	106.63	1/1/2012
38240		bone marrow or blood-derived peripheral stem cell transplanta	101.15	101.15	10/1/2009
38241		bone marrow transplant, autologous	101.72	101.72	10/1/2009
38242		bone marrow or blood-derived peripheral stem cell transplanta	77.10	77.10	10/1/2009
38300		drainage of lymph node abscess or lymphadenitis;	135.44	198.61	10/1/2009
38305		drainage lymph node lesion	345.06	345.06	10/1/2009
38308		incision of lymph channels	331.91	331.91	10/1/2009
38380		suture and or ligation of thoracic duct cervical a	426.94	426.94	10/1/2009
38381		suture and or ligation of thoracic duct thoracic a	638.20	638.20	10/1/2009
38382		suture/ligation thoracic duct abdominal approach	515.13	515.13	10/1/2009
38500		biopsy or excision of lymph node(s); open, superficial	186.91	234.79	10/1/2009
38505		biopsy or excision of lymph node(s);	59.53	97.89	10/1/2009
38510		biopsy or excision of lymph node(s); open, deep cervical node	317.43	380.87	10/1/2009
38520		biopsy or excision of lymph node(s); open, deep cervical node	346.65	346.65	10/1/2009
38525		biopsy or excision of lymph node(s); open, deep axillary node	314.17	314.17	10/1/2009
38530		biopsy or excision of lymph node(s); open, internal mammary	404.28	404.28	10/1/2009
38542		dissection deep jugular node	386.12	386.12	10/1/2009
38550		excision of cystic hygroma, axillary or cervical; without deep n	357.34	357.34	10/1/2009
38555		excision of cystic hygroma, axillary or cervical; with deep neur	744.87	744.87	10/1/2009
38562		limited lymphadenectomy for staging pelvic	534.94	534.94	10/1/2009
38564		limited lymphadenectomy for staging retroperitonea	531.55	531.55	10/1/2009
38570		laparoscopy, surgical; with retroperitoneal lymph node sampli	433.68	433.68	10/1/2009
38571		laparoscopy, surgical; with bilateral total pelvic lymphadenect	682.10	682.10	10/1/2009
38572		laparoscopy, surgical; with bilateral total pelvic lymphadenect	750.62	750.62	10/1/2009
38700		removal of lymph nodes, neck	600.81	600.81	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
38720		removal of lymph nodes, neck	998.87	998.87	10/1/2009
38724		cervical lymphadenectomy	1,083.58	1,083.58	10/1/2009
38740		removal lymph nodes, armpit	503.33	503.33	10/1/2009
38745		removal lymph nodes, armpits	640.98	640.98	10/1/2009
38746		thoracic lymphadenectomy, regional, including mediastinal an	211.67	211.67	10/1/2009
38747		abdominal lymphadenectomy, regional, including celiac, gastr	206.34	206.34	10/1/2009
38760		inguiofemoral lymphadenectomy superfic incl cloq n	632.28	632.28	10/1/2009
38765		inguinofemoral lymphadenectomy, superficial	984.23	984.23	10/1/2009
38770		pelvic lymphadenectomy inc ext iliac hypogastric w	659.11	659.11	10/1/2009
38780		retroperitoneal lymphadenectomy extens inc pel aor	830.03	830.03	10/1/2009
38790		injection procedure; lymphangiography	64.71	64.71	10/1/2009
38792		injection procedure; for identification of sentinel node	31.24	31.24	10/1/2009
38794		cannulation, thoracic duct	245.01	245.01	10/1/2009
38900		Intraoperative identification (eg, mapping) of sentinel lymph n	111.66	111.66	1/1/2011
39000		mediastinotomy with exploration, drainage, removal of foreign	382.35	382.35	10/1/2009
39010		mediastinotomy with exploration, drainage, removal of foreign	635.06	635.06	10/1/2009
39200		removal mediastinal lesion	704.61	704.61	10/1/2009
39220		removal mediastinal lesion	907.48	907.48	10/1/2009
39400		visualization of mediastinum	394.28	394.28	10/1/2009
39501		repair, laceration of diaphragm, any approach	645.94	645.94	10/1/2009
39503		repair diaphragmatic hernia neonatal	4,534.60	4,534.60	10/1/2009
39540		repair of diaphragm hernia	660.47	660.47	10/1/2009
39541		repari diaphr hernia traumatic chronic	712.48	712.48	10/1/2009
39545		imbrication of diaphragm for eventration, transthoracic or tran	700.65	700.65	10/1/2009
39560		resection, diaphragm; with simple repair (eg, primary suture)	605.71	605.71	10/1/2009
39561		resection, diaphragm; with complex repair (eg, prosthetic mat	941.40	941.40	10/1/2009
40490		biopsy lip	56.91	95.84	10/1/2009
40500		partial excision of lip	268.89	361.76	10/1/2009
40510		partial excision of lip	267.08	351.58	10/1/2009
40520		partial excision of lip	269.91	361.04	10/1/2009
40525		excision lip full thickness local flap	419.92	419.92	10/1/2009
40527		excision lip full thickness cross lip flap	496.38	496.38	10/1/2009
40530		partial removal of lip	306.26	398.84	10/1/2009
40650		repair lip	214.86	299.36	10/1/2009
40652		repair lip	261.78	352.34	10/1/2009
40654		repair lip	318.02	416.08	10/1/2009
40700		repair cleft lip	704.99	704.99	10/1/2009
40701		repair cleft lip	874.80	874.80	10/1/2009
40702		repair cleft lip	680.23	680.23	10/1/2009
40720		repair cleft lip	748.79	748.79	10/1/2009
40761		repair cleft lip	810.78	810.78	10/1/2009
40800		drainage mouth lesion	93.32	143.50	10/1/2009
40801		drainage mouth lesion	163.26	221.81	10/1/2009
40804		removal foreign body, mouth	94.53	146.45	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
40805		removal of embedded foreign body, vestibule of mouth;	169.31	232.48	10/1/2009
40808		biopsy mouth lesion	78.39	128.87	10/1/2009
40810		excision mouth lesion	93.36	143.83	10/1/2009
40812		excision mouth lesion	145.67	203.36	10/1/2009
40814		excision mouth lesion	224.70	274.30	10/1/2009
40816		exc lesion of mucosa and submucosa w/o repair	235.17	289.11	10/1/2009
40818		excision oral mucosa, graft	200.29	253.06	10/1/2009
40820		destruction of lesion or scar of vestibule of mouth by physical	124.91	186.62	10/1/2009
40830		repair mouth laceration	117.52	173.18	10/1/2009
40831		repair mouth laceration	165.21	230.10	10/1/2009
40840		reconstruction mouth	479.70	595.06	10/1/2009
40842		reconstruction mouth	469.89	586.12	10/1/2009
40843		reconstruction mouth	612.18	766.48	10/1/2009
40844		reconstruction mouth	854.11	1,016.49	10/1/2009
40845		reconstruction mouth	957.78	1,108.04	10/1/2009
41000		drainage mouth lesion	82.76	115.05	10/1/2009
41005		drainage mouth lesion	93.91	160.24	10/1/2009
41006		drainage mouth lesion	193.69	260.02	10/1/2009
41007		incision/drainage abscess mouth submental space	187.96	260.35	10/1/2009
41008		incision/drainage mouth submandibular space	200.84	268.32	10/1/2009
41009		incision/drainage mouth masticator space	217.94	285.14	10/1/2009
41010		incision tongue fold	80.63	143.79	10/1/2009
41015		drainage extraoral abscess/cyst/hematoma floor of	249.75	306.86	10/1/2009
41016		incision/drainage extraoral lesion submental	259.18	315.13	10/1/2009
41017		incision/drainage mouth lesion submandibular lesio	260.33	317.44	10/1/2009
41018		extraoral incision and drainage of abscess, cyst, or hematoma	305.22	364.64	10/1/2009
41019		placement of needles, catheters, or other device(s) into the he	389.10	389.10	10/1/2009
41100		biopsy tongue	82.36	121.58	10/1/2009
41105		posterior one-third	83.52	121.88	10/1/2009
41108		biopsy floor of mouth	67.07	104.27	10/1/2009
41110		excision tongue lesion	97.86	150.07	10/1/2009
41112		excision tongue lesion	185.64	237.55	10/1/2009
41113		excision tongue lesion	206.64	260.87	10/1/2009
41114		exc lesion tongue local tongue flap	480.64	480.64	10/1/2009
41115		excision of lingual frenum (frenectomy)	110.64	174.67	10/1/2009
41116		excision lesion floor of mouth	162.61	232.11	10/1/2009
41120		partial removal of tongue	778.60	778.60	10/1/2009
41130		partial removal of tongue	965.17	965.17	10/1/2009
41135		tongue and neck surgery	1,617.82	1,617.82	10/1/2009
41140		removal of tongue	1,660.15	1,660.15	10/1/2009
41145		tongue removal; neck surgery	2,081.92	2,081.92	10/1/2009
41150		mouth and jaw surgery	1,645.96	1,645.96	10/1/2009
41153		glossectomy composite proc w/resection floor mouth	1,787.46	1,787.46	10/1/2009
41155		mouth, jaw, and neck surgery	2,227.63	2,227.63	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
41250		repair laceration tongue	106.13	163.82	10/1/2009
41251		repair laceration to 2cm posterior one third tongu	123.62	170.06	10/1/2009
41252		repair laceration tongue	160.11	222.98	10/1/2009
41500		fixation tongue	327.89	327.89	10/1/2009
41510		tongue to lip surgery	301.01	301.01	10/1/2009
41520		reconstruction, tongue fold	188.03	248.31	10/1/2009
41800		drainage gum lesion	94.61	161.23	10/1/2009
41805		removal foreign body, gum	119.77	166.49	10/1/2009
41806		removal foreign body,jawbone	188.19	245.29	10/1/2009
41820		excision, gum	348.61	348.61	10/1/2009
41821		excision, gum flap	290.53	290.53	10/1/2009
41822		excision gum lesion	131.60	206.01	10/1/2009
41823		excision gum lesion	236.40	307.05	10/1/2009
41825		excision gum lesion	93.51	146.58	10/1/2009
41826		excision gum lesion	151.01	206.97	10/1/2009
41827		excision gum lesion	224.42	307.49	10/1/2009
41830		alveolectomy inc/currettage of osteitis or sequest	207.82	277.90	10/1/2009
41850		destruction of lesion except excision	34.86	34.86	10/1/2009
41870		graft gum	464.83	464.83	10/1/2009
41872		gingivoplasty, each quadrant (specify)	192.68	260.17	10/1/2009
41874		alveoloplasty, each quadrant (specify)	189.84	264.54	10/1/2009
42000		drainage mouth roof lesion	76.82	113.45	10/1/2009
42100		biopsy roof of mouth	81.54	108.06	10/1/2009
42104		excision lesion roof mouth	102.51	150.10	10/1/2009
42106		excision lesion, mouth roof	134.21	190.44	10/1/2009
42107		excision lesion palate, uvula local flap closure	259.13	332.39	10/1/2009
42120		resection palate or extensive resection of lesion	726.94	726.94	10/1/2009
42140		excision uvula	114.87	178.61	10/1/2009
42145		palatopharyngoplasty	530.86	530.86	10/1/2009
42160		destruction of lesion, palate or uvula (thermal, cryo or chemica	114.33	173.16	10/1/2009
42180		repair palate	139.25	177.32	10/1/2009
42182		repair palate	203.49	243.58	10/1/2009
42200		reconstruction cleft palate	673.64	673.64	10/1/2009
42205		reconstruction cleft palate	718.82	718.82	10/1/2009
42210		reconstruction cleft palate	810.62	810.62	10/1/2009
42215		reconstruction cleft palate	530.04	530.04	10/1/2009
42220		reconstruction cleft palate	411.96	411.96	10/1/2009
42225		reconstruction cleft palate	703.22	703.22	10/1/2009
42226		lengthening palate and pharyngeal flap	699.76	699.76	10/1/2009
42227		lengthening of palate with island flap	679.99	679.99	10/1/2009
42235		repair palate	555.06	555.06	10/1/2009
42260		repair nose to lip fistula	521.23	621.60	10/1/2009
42300		drainage salivary gland	114.72	151.35	10/1/2009
42305		drainage salivary gland	328.64	328.64	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
42310		drainage salivary gland	93.66	117.88	10/1/2009
42320		drainage salivary gland	134.58	182.16	10/1/2009
42330		treatment salivary stone	124.92	169.61	10/1/2009
42335		treatment salivary stone	195.55	269.96	10/1/2009
42340		treatment salivary stone	257.67	340.16	10/1/2009
42400		biopsy salivary gland	44.83	79.73	10/1/2009
42405		biopsy salivary gland	174.50	224.11	10/1/2009
42408		excision salivary cyst	250.05	333.11	10/1/2009
42409		treatment salivary cyst	169.19	240.14	10/1/2009
42410		excision parotid gland	477.34	477.34	10/1/2009
42415		ex parotid tumor parotid gl lat lob w dissecan pre	863.18	863.18	10/1/2009
42420		excision parotid gland	989.92	989.92	10/1/2009
42425		excision parotid gland	650.91	650.91	10/1/2009
42426		excision parotid tumor or parotid gland total	1,059.57	1,059.57	10/1/2009
42440		excision submaxillary gland	358.96	358.96	10/1/2009
42450		excision sublingual gland	271.84	332.99	10/1/2009
42500		repair salivary duct	258.50	317.34	10/1/2009
42505		repair salivary duct	346.73	413.07	10/1/2009
42507		parotid duct divers bilateral	388.07	388.07	10/1/2009
42508		parotid duct divers bilat w/exc one submanolb glan	553.19	553.19	10/1/2009
42509		parotid duct diversion bilat w/exc both submandibu	635.43	635.43	10/1/2009
42510		parotid duct diversion bilat ligat submandibular	479.40	479.40	10/1/2009
42550		injection for sialography	53.92	113.04	10/1/2009
42600		closure salivary fistula	269.92	356.73	10/1/2009
42650		dilation salivary duct	45.01	60.87	10/1/2009
42660		dilation and catheterization of salivary duct, with or without inj	60.09	78.54	10/1/2009
42665		ligation salivary duct, intraoral	156.49	224.56	10/1/2009
42700		drainage tonsil abscess	102.16	136.76	10/1/2009
42720		drainage throat abscess	305.52	345.32	10/1/2009
42725		drainage throat abscess	622.09	622.09	10/1/2009
42800		biopsy throat	84.49	114.78	10/1/2009
42802		biopsy throat	102.35	173.87	10/1/2009
42804		biopsy upper nose/throat	86.54	145.09	10/1/2009
42806		biopsy uper nose/throat	101.77	164.07	10/1/2009
42808		excision lesion pharynx	125.70	168.10	10/1/2009
42809		removal of foreign body from pharynx	98.58	125.41	10/1/2009
42810		excision throat cyst	214.19	281.67	10/1/2009
42815		excision throat cyst	420.92	420.92	10/1/2009
42820		removal tonsils and adenoids	222.96	222.96	10/1/2009
42821		removal tonsils and adenoids	232.73	232.73	10/1/2009
42825		removal of tonsils	199.04	199.04	10/1/2009
42826		removal of tonsils	192.39	192.39	10/1/2009
42830		removal of adenoids	156.55	156.55	10/1/2009
42831		removal of adenoids	168.83	168.83	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
42835		removal of adenoids	141.11	141.11	10/1/2009
42836		removal of adenoids	184.54	184.54	10/1/2009
42842		radical resection tonsil without closure	730.87	730.87	10/1/2009
42844		radical resection tonsil closure with local flap	1,028.76	1,028.76	10/1/2009
42845		radical resection tonsil closure with other flap	1,689.72	1,689.72	10/1/2009
42860		excision tonsil tags	141.49	141.49	10/1/2009
42870		excision lingual tonsil	428.36	428.36	10/1/2009
42890		partial removal pharynx	1,048.48	1,048.48	10/1/2009
42892		resect lateral pharyngeal wall direct closure	1,377.08	1,377.08	10/1/2009
42894		resect pharyngeal wall with myocutaneous flap	1,765.56	1,765.56	10/1/2009
42900		repair throat wound	266.18	266.18	10/1/2009
42950		reconstruction of throat	593.98	593.98	10/1/2009
42953		pharyngoesophageal repair	729.38	729.38	10/1/2009
42955		surgical opening of throat	559.82	559.82	10/1/2009
42960		control oropharyngeal hemorrhage, primary or secondary (eg,	129.23	129.23	10/1/2009
42961		control oropharyngeal hemorrhage, primary or secondary (eg,	320.42	320.42	10/1/2009
42962		control bleeding, throat	397.44	397.44	10/1/2009
42970		control of nasopharyngeal hemorrhage, primary or secondary	297.77	297.77	10/1/2009
42971		control of nasopharyngeal hemorrhage, primary or secondary	350.41	350.41	10/1/2009
42972		control bleeding,nose/throat	394.13	394.13	10/1/2009
43020		incision of esophagus	405.98	405.98	10/1/2009
43030		cricopharyngeal myotomy	401.79	401.79	10/1/2009
43045		esophagotomy, thoracic approach, with removal of foreign bo	1,023.13	1,023.13	10/1/2009
43100		excision of lesion, esophagus, with primary repair; cervical ap	480.54	480.54	10/1/2009
43101		excision of lesion, esophagus, with primary repair; thoracic or	799.41	799.41	10/1/2009
43107		total or near total esophagectomy, without thoracotomy;	1,980.42	1,980.42	10/1/2009
43108		total or near total esophagectomy, without thoracotomy; with c	3,348.71	3,348.71	10/1/2009
43112		total or near total esophagectomy, with thoracotomy;	2,117.37	2,117.37	10/1/2009
43113		total or near total esophagectomy, with thoracotomy; with colc	3,341.27	3,341.27	10/1/2009
43116		partial esophagectomy, cervical, with free intestinal graft,	3,803.28	3,803.28	10/1/2009
43117		partial esophagectomy, distal two-thirds, with thoracotomy	1,937.14	1,937.14	10/1/2009
43118		partial esophagectomy, distal two-thirds, with thoracotomy an	2,754.85	2,754.85	10/1/2009
43121		partial esophagectomy, distal two-thirds, with thoracotomy	2,185.37	2,185.37	10/1/2009
43122		partial esophagectomy, thoracoabdominal or abdominal appro	1,958.89	1,958.89	10/1/2009
43123		partial esophagectomy, thoracoabdominal or abdominal appro	3,366.16	3,366.16	10/1/2009
43124		total or partial esophagectomy, without reconstruction	2,873.57	2,873.57	10/1/2009
43130		removal esophagus pouch	609.16	609.16	10/1/2009
43135		removal esophagus pouch	1,144.40	1,144.40	10/1/2009
43200		esophagoscopy, rigid or flexible; diagnostic, with or without cc	81.56	160.88	10/1/2009
43201		esophagoscopy, rigid or flexible; with directed submucosal inj	102.74	220.98	10/1/2009
43202		esophagoscopy, rigid or flexible; with biopsy, single or multipl	90.74	211.00	10/1/2009
43204		esophagoscopy, rigid or flexible; with injection sclerosis of esc	178.83	178.83	10/1/2009
43205		esophagoscopy, rigid or flexible;	179.34	179.34	10/1/2009
43215		esophagoscopy, rigid or flexible; with removal of foreign body	122.62	122.62	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
43216		esophagoscopy, rigid or flexible;	114.26	151.75	10/1/2009
43217		esophagoscopy, rigid or flexible; with removal of tumor(s), pol	134.78	283.32	10/1/2009
43219		esophagoscopy, rigid or flexible; with insertion of plastic tube	136.17	136.17	10/1/2009
43220		esophagoscopy, rigid or flexible;	100.86	100.86	10/1/2009
43226		esophagoscopy, rigid or flexible;	112.48	112.48	10/1/2009
43227		esophagoscopy, rigid or flexible; with control of bleeding (eg, i	167.65	167.65	10/1/2009
43228		esophagoscopy, rigid or flexible;	178.75	178.75	10/1/2009
43231		esophagoscopy, rigid or flexible; with endoscopic ultrasound e	152.17	152.17	10/1/2009
43232		esophagoscopy, rigid or flexible; with transendoscopic ultraso	209.84	209.84	10/1/2009
43234		upper gastrointestinal endoscopy, simple primary examinatior	94.88	209.66	10/1/2009
43235		upper gastrointestinal endoscopy including esophagus, stoma	115.77	227.10	10/1/2009
43236		upper gastrointestinal endoscopy including esophagus, stoma	140.77	282.66	10/1/2009
43237		upper gastrointestinal endoscopy including esophagus, stoma	191.72	191.72	10/1/2009
43238		upper gastrointestinal endoscopy including esophagus, stoma	237.70	237.70	10/1/2009
43239		upper gastrointestinal endoscopy including esophagus, stoma	137.10	263.14	10/1/2009
43240		upper gastrointestinal endoscopy including esophagus, stoma	319.25	319.25	10/1/2009
43241		upper gastrointestinal endoscopy including esophagus, stoma	124.42	124.42	10/1/2009
43242		upper gastrointestinal endoscopy including esophagus, stoma	340.48	340.48	10/1/2009
43243		upper gastrointestinal endoscopy including esophagus, stoma	214.46	214.46	10/1/2009
43244		upper gastrointestinal endoscopy including esophagus, stoma	237.72	237.72	10/1/2009
43245		upper gastrointestinal endoscopy including esophagus, stoma	149.86	149.86	10/1/2009
43246		upper gastrointestinal endoscopy including esophagus, stoma	200.83	200.83	10/1/2009
43247		upper gastrointestinal endoscopy including esophagus, stoma	160.33	160.33	10/1/2009
43248		upper gastrointestinal endoscopy including esophagus, stoma	151.51	151.51	10/1/2009
43249		upper gastrointestinal endoscopy including esophagus, stoma	139.48	139.48	10/1/2009
43250		upper gastrointestinal endoscopy including esophagus, stoma	149.90	149.90	10/1/2009
43251		upper gastrointestinal endoscopy including esophagus, stoma	174.43	174.43	10/1/2009
43255		upper gastrointestinal endoscopy including esophagus, stoma	226.98	226.98	10/1/2009
43256		upper gastrointestinal endoscopy including esophagus, stoma	203.94	203.94	10/1/2009
43258		upper gastrointestinal endoscopy including esophagus, stoma	213.84	213.84	10/1/2009
43259		upper gastrointestinal endoscopy including esophagus, stoma	243.73	243.73	10/1/2009
43260		endoscopic retrograde cholangiopancreatography (ercp);	279.10	279.10	10/1/2009
43261		endoscopic retrograde cholangiopancreatography (ercp);	293.39	293.39	10/1/2009
43262		endoscopic retrograde cholangiopancreatography (ercp);	344.61	344.61	10/1/2009
43263		endoscopic retrograde cholangiopancreatography (ercp);	340.91	340.91	10/1/2009
43264		endoscopic retrograde cholangiopancreatography (ercp); with	413.77	413.77	10/1/2009
43265		endoscopic retrograde cholangiopancreatography (ercp); with	464.37	464.37	10/1/2009
43267		endoscopic retrograde cholangiopancreatography (ercp);	343.17	343.17	10/1/2009
43268		endoscopic retrograde cholangiopancreatography (ercp);	348.65	348.65	10/1/2009
43269		endoscopic retrograde cholangiopancreatography (ercp);	382.04	382.04	10/1/2009
43271		endoscopic retrograde cholangiopancreatography (ercp);	344.32	344.32	10/1/2009
43272		endoscopic retrograde cholangiopancreatography (ercp);	343.74	343.74	10/1/2009
43273		endoscopic cannulation of papilla with direct visualization of c	104.15	104.15	10/1/2009
43279		laparoscopy, surgical, esophagomyotomy (heller type) with fu	970.49	970.49	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
43280		laparoscopy, surgical, esophagogastric fundoplasty (eg, nisse	809.34	809.34	10/1/2009
43281		Laparoscopy, surgical, repair of paraesophageal hernia, inclu	966.09	966.09	01/1/2010
43282		Laparoscopy, surgical, repair of paraesophageal hernia, inclu	1,086.64	1,086.64	01/1/2010
43283		Laparoscopy, surgical, esophageal lengthening procedure (eg	133.75	133.75	1/1/2011
43300		repair of esophagus	476.87	476.87	10/1/2009
43305		repair esophagus and fistula	856.39	856.39	10/1/2009
43310		repair of esophagus	1,197.11	1,197.11	10/1/2009
43312		esophagoplasty with repair of tracheoesophageal fi	1,322.32	1,322.32	10/1/2009
43313		esophagoplasty for congenital defect, (plastic repair or recons	2,106.70	2,106.70	10/1/2009
43314		esophagoplasty for congenital defect, (plastic repair or recons	2,412.20	2,412.20	10/1/2009
43320		esophagogastrostomy (cardioplasty), with or without vagotom	1,051.76	1,051.76	10/1/2009
43325		esophagogastric fundoplasty with fundic patch (tha	1,004.37	1,004.37	10/1/2009
43327		Esophagogastric fundoplasty partial or complete; laparotomy	672.96	672.96	1/1/2011
43328		Esophagogastric fundoplasty partial or complete; thoracotomy	981.90	981.90	1/1/2011
43330		esophagomyotomy (heller type); abdominal approach	985.25	985.25	10/1/2009
43331		esophagomyotomy thoracic approach	1,066.67	1,066.67	10/1/2009
43332		Repair, paraesophageal hiatal hernia (including fundoplicatior	963.51	963.51	1/1/2011
43333		Repair, paraesophageal hiatal hernia (including fundoplicatior	1,046.34	1,046.34	1/1/2011
43334		Repair, paraesophageal hiatal hernia (including fundoplicatior	1,057.22	1,057.22	1/1/2011
43335		Repair, paraesophageal hiatal hernia (including fundoplicatior	1,139.22	1,139.22	1/1/2011
43336		Repair, paraesophageal hiatal hernia (including fundoplicatior	1,245.23	1,245.23	1/1/2011
43337		Repair, paraesophageal hiatal hernia (including fundoplicatior	1,359.59	1,359.59	1/1/2011
43338		Esophageal lengthening procedure (eg, Collis gastroplasty or	110.74	110.74	1/1/2011
43340		esophagojejunostomy w tot gastrec abd approach	1,022.69	1,022.69	10/1/2009
43341		esophagojejunostomy thoracic approach	1,124.67	1,124.67	10/1/2009
43350		esophagostomy fistulization esopha ext abd app	872.13	872.13	10/1/2009
43351		esophagostomy thoracic approach	1,023.18	1,023.18	10/1/2009
43352		esophagomyotomy cervical approach	836.55	836.55	10/1/2009
43360		gastrointestinal reconstruction for previous esophagectomy,	1,794.55	1,794.55	10/1/2009
43361		gastrointestinal reconstruction for previous esophagectomy, fc	2,005.43	2,005.43	10/1/2009
43400		ligation esophageal veins	1,231.18	1,231.18	10/1/2009
43401		transection of esoph w/ repair for esoph varices	1,168.29	1,168.29	10/1/2009
43405		ligation or stapling at gastroesophageal junction for pre-existir	1,130.49	1,130.49	10/1/2009
43410		repair wound,esophagus	772.91	772.91	10/1/2009
43415		suture of esophageal wound or injury; transthoracic or transab	1,317.94	1,317.94	10/1/2009
43420		repair opening,esophagus	773.81	773.81	10/1/2009
43425		closure of esophagostomy or fistula; transthoracic or transabc	1,157.58	1,157.58	10/1/2009
43450		dilation of esophagus	70.58	120.77	10/1/2009
43453		dilation of esophagus, over guide wire	76.66	224.61	10/1/2009
43456		dilation esophagus	123.89	453.54	10/1/2009
43458		dilation of esophagus with balloon (30 mm diameter or larger)	144.85	294.26	10/1/2009
43460		esophagogastric tamponade, with balloon (sengstaaken type)	175.92	175.92	10/1/2009
43500		incision of stomach	578.39	578.39	10/1/2009
43501		gastrotomy; with suture repair of bleeding ulcer	995.83	995.83	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
43502		gastrotomy;	1,127.90	1,127.90	10/1/2009
43510		gastrotomy; with esophageal dilation and insertion of permane	713.86	713.86	10/1/2009
43520		incision pyloric muscle	522.92	522.92	10/1/2009
43605		biopsy of stomach	614.29	614.29	10/1/2009
43610		excision, local; ulcer or benign tumor of stomach	725.88	725.88	10/1/2009
43611		excision, local;	903.29	903.29	10/1/2009
43620		gastrectomy, total; with esophagoenterostomy	1,473.60	1,473.60	10/1/2009
43621		gastrectomy, total;	1,678.66	1,678.66	10/1/2009
43622		gastrectomy, total;	1,703.43	1,703.43	10/1/2009
43631		gastrectomy, partial, distal;	1,079.99	1,079.99	10/1/2009
43632		gastrectomy, partial, distal;	1,473.44	1,473.44	10/1/2009
43633		gastrectomy, partial, distal;	1,401.79	1,401.79	10/1/2009
43634		gastrectomy, partial, distal;	1,548.27	1,548.27	10/1/2009
43635		vagotomy when performed with partial distal gastrectomy (list	86.59	86.59	10/1/2009
43640		division vagus nerve	867.96	867.96	10/1/2009
43641		vagotomy w/ pyloroplasty parietal cell	875.56	875.56	10/1/2009
43644		laparoscopy, surgical, gastric restrictive procedure; with gastri	1,285.36	1,285.36	10/1/2009
43645		laparoscopy, surgical, gastric restrictive procedure; with gastri	1,375.43	1,375.43	10/1/2009
43651		laparoscopy, surgical; transection of vagus nerves, truncal	481.15	481.15	10/1/2009
43652		laparoscopy, surgical; transection of vagus nerves, selective c	563.73	563.73	10/1/2009
43653		laparoscopy, surgical; gastrostomy, without construction of ga	410.17	410.17	10/1/2009
43753		Gastric intubation and aspiration(s) therapeutic, necessitating	17.38	17.38	1/1/2011
43754		Gastric intubation and aspiration, diagnostic; single specimen	26.26	65.26	1/1/2011
43755		Gastric intubation and aspiration, diagnostic; collection of mul	48.09	99.71	1/1/2011
43756		Duodenal intubation and aspiration, diagnostic, includes imag	43.39	180.56	1/1/2011
43757		Duodenal intubation and aspiration, diagnostic, includes imag	62.77	232.48	1/1/2011
43760		change of gastrostomy tube	40.51	251.05	10/1/2009
43761		repositioning of the gastric feeding tube, any method, through	86.87	97.83	10/1/2009
43770		laparoscopy, surgical, gastric restrictive procedure; placemen	822.50	822.50	10/1/2009
43771		laparoscopy, surgical, gastric restrictive procedure; revision o	938.53	938.53	10/1/2009
43772		laparoscopy, surgical, gastric restrictive procedure; removal o	709.76	709.76	10/1/2009
43773		laparoscopy, surgical, gastric restrictive procedure; removal a	939.30	939.30	10/1/2009
43774		laparoscopy, surgical, gastric restrictive procedure; removal o	710.58	710.58	10/1/2009
43775		Laparoscopy, surgical, gastric restrictive procedure; longitudir	811.08	811.08	01/1/2010
43800		reconstruction of pylorus	688.79	688.79	10/1/2009
43810		fusion stomach and bowel	746.76	746.76	10/1/2009
43820		gastrojejunostomy; without vagotomy	968.04	968.04	10/1/2009
43825		fusion stomach and bowel	960.83	960.83	10/1/2009
43830		gastrostomy, open; without construction of gastric tube (eg, st	510.16	510.16	10/1/2009
43831		temporary opening,stomach	425.56	425.56	10/1/2009
43832		gastrostomy, open; with construction of gastric tube (eg, janev	786.39	786.39	10/1/2009
43840		repair lesion,stomach	981.83	981.83	10/1/2009
43842		gastric restrictive procedure, without gastric bypass, for morbi	954.18	954.18	10/1/2009
43843		gastric restrictive procedure, without gastric bypass, for morbi	936.63	936.63	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
43845		gastric restrictive procedure with partial gastrectomy, pylorus-	1,450.95	1,450.95	10/1/2009
43846		gastric restrictive procedure, with gastric bypass for morbid ob	1,207.99	1,207.99	10/1/2009
43847		gastric restrictive procedure, with gastric bypass for morbid ob	1,320.36	1,320.36	10/1/2009
43848		revision of gastric restrictive procedure for morbid obesity	1,432.83	1,432.83	10/1/2009
43850		revision stomachbowel fusion	1,200.19	1,200.19	10/1/2009
43855		revision stomachbowel fusion	1,254.13	1,254.13	10/1/2009
43860		revision of gastrojejunal anastomosis (gastrojejunostomy) with	1,218.53	1,218.53	10/1/2009
43865		revision stomachbowel fusion	1,267.58	1,267.58	10/1/2009
43870		repair opening,stomach	521.20	521.20	10/1/2009
43880		repair stomach-bowel fistula	1,190.41	1,190.41	10/1/2009
44005		freeing of bowel adhesion	813.15	813.15	10/1/2009
44010		duodenotomy	638.94	638.94	10/1/2009
44015		tube or needle catheter jejunostomy for enteral alimentation, i	111.10	111.10	10/1/2009
44020		enterotomy, small intestine, other than duodenum; for explora	718.54	718.54	10/1/2009
44021		enterotomy small bowel for decompression	726.73	726.73	10/1/2009
44025		exploration of large bowel	731.54	731.54	10/1/2009
44050		reduction bowel obstruction	692.38	692.38	10/1/2009
44055		correction of malrotation	1,110.23	1,110.23	10/1/2009
44100		biopsy of intestine by capsule, tube, peroral (one or more spe	91.99	91.99	10/1/2009
44110		excision of one or more lesions of small or large intestine not	626.55	626.55	10/1/2009
44111		excision bowel lesions	729.82	729.82	10/1/2009
44120		enterectomy, resection of small intestine; single resection and	904.57	904.57	10/1/2009
44121		enterectomy, resection of small intestine; each additional rese	186.82	186.82	10/1/2009
44125		enterectomy, resection of small intestine; with enterostomy	877.98	877.98	10/1/2009
44126		enterectomy, resection of small intestine for congenital atresia	1,814.44	1,814.44	10/1/2009
44127		enterectomy, resection of small intestine for congenital atresia	2,113.05	2,113.05	10/1/2009
44128		enterectomy, resection of small intestine for congenital atresia	187.70	187.70	10/1/2009
44130		enteroenterostomy, anastomosis of intestine, with or without c	947.46	947.46	10/1/2009
44139		mobilization (take-down) of splenic flexure performed in	93.52	93.52	10/1/2009
44140		partial removal of colon	999.02	999.02	10/1/2009
44141		colectomy partial with cecostomy colostomy	1,315.62	1,315.62	10/1/2009
44143		colectomy partial with end colostomy closure dista	1,230.97	1,230.97	10/1/2009
44144		colectomy partial w/resec colos ileos mucofistula	1,293.88	1,293.88	10/1/2009
44145		partial removal of colon	1,245.70	1,245.70	10/1/2009
44146		colectomy partial w/coloproctostomy colostomy	1,556.75	1,556.75	10/1/2009
44147		colectomy partial abd and transanal approach	1,405.89	1,405.89	10/1/2009
44150		removal of colon	1,363.76	1,363.76	10/1/2009
44151		colectomy total with continent ileostomy	1,559.96	1,559.96	10/1/2009
44155		removal of colon	1,528.68	1,528.68	10/1/2009
44156		colectomy total abd w/ proctectomy w/ continent	1,679.60	1,679.60	10/1/2009
44157		colectomy, total, abdominal,with proctectomy; with ileoanal an	1,595.53	1,595.53	10/1/2009
44158		colectomy, total, abdominal,with proctectomy;with ileoanal ana	1,635.62	1,635.62	10/1/2009
44160		colectomy, partial, with removal of terminal ileum with ileocolo	920.59	920.59	10/1/2009
44180		laparoscopy, surgical, enterolysis (freeing of intestinal adhesic	686.03	686.03	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
44186		laparoscopy, surgical; jejunostomy (eg, for decompression or	483.25	483.25	10/1/2009
44187		laparoscopy, surgical; ileostomy or jejunostomy, non-tube	814.30	814.30	10/1/2009
44188		laparoscopy, surgical, colostomy or skin level cecostomy	901.05	901.05	10/1/2009
44202		laparoscopy, surgical; enterectomy, resection of small intestin	1,033.93	1,033.93	10/1/2009
44203		laparoscopy, surgical; each additional small intestine resectio	186.05	186.05	10/1/2009
44204		laparoscopy, surgical; colectomy, partial, with anastomosis	1,154.89	1,154.89	10/1/2009
44205		laparoscopy, surgical; colectomy, partial, with removal of term	1,008.24	1,008.24	10/1/2009
44206		laparoscopy, surgical; colectomy, partial, with end colostomy	1,310.08	1,310.08	10/1/2009
44207		laparoscopy, surgical; colectomy, partial, with anastomosis, w	1,377.25	1,377.25	10/1/2009
44208		laparoscopy, surgical; colectomy, partial, with anastomosis, w	1,496.41	1,496.41	10/1/2009
44210		laparoscopy, surgical; colectomy, total, abdominal, without pro	1,336.98	1,336.98	10/1/2009
44211		laparoscopy, surgical; colectomy, total, abdominal, with procte	1,641.57	1,641.57	10/1/2009
44212		laparoscopy, surgical; colectomy, total, abdominal, with procte	1,539.47	1,539.47	10/1/2009
44213		laparoscopy, surgical, mobilization (take-down) of splenic flex	146.66	146.66	10/1/2009
44227		laparoscopy, surgical, closure of enterostomy, large or small i	1,250.46	1,250.46	10/1/2009
44300		surgical opening of bowel	621.62	621.62	10/1/2009
44310		ileostomy	777.90	777.90	10/1/2009
44312		repair small bowel opening	441.48	441.48	10/1/2009
44314		repair small bowel opening	752.64	752.64	10/1/2009
44316		continent ileostomy	1,031.46	1,031.46	10/1/2009
44320		colostomy or skin level cecostomy	886.88	886.88	10/1/2009
44322		colostomy or skin level cecostomy; with multiple biopsies (eg,	700.89	700.89	10/1/2009
44340		repair large bowel opening	443.81	443.81	10/1/2009
44345		repair large bowel opening	775.93	775.93	10/1/2009
44346		revision of colostomy w/ repair paracolostomy hern	871.53	871.53	10/1/2009
44360		small intestinal endoscopy, enteroscopy beyond second portic	126.04	126.04	10/1/2009
44361		small intestinal endoscopy, enteroscopy beyond second portic	138.92	138.92	10/1/2009
44363		sm intest endoscopy enteroscopy w/remov foreign bo	164.63	164.63	10/1/2009
44364		small intestinal endoscopy, enteroscopy beyond second portic	177.30	177.30	10/1/2009
44365		small intestinal endoscopy, enteroscopy beyond second portic	157.85	157.85	10/1/2009
44366		small intestinal endoscopy, enteroscopy beyond second portic	208.98	208.98	10/1/2009
44369		small intestinal endoscopy, enteroscopy beyond second portic	213.48	213.48	10/1/2009
44370		small intestinal endoscopy, enteroscopy beyond second portic	229.92	229.92	10/1/2009
44372		small intest, endo, entero, placement j tube	203.52	203.52	10/1/2009
44373		small int. endoscopy conversion of gtube to jtube	164.63	164.63	10/1/2009
44376		small intestinal endoscopy, enteroscopy beyond second portic	243.53	243.53	10/1/2009
44377		small intestinal endoscopy, enteroscopy beyond second portic	258.18	258.18	10/1/2009
44378		small intestinal endoscopy, enteroscopy beyond second portic	331.20	331.20	10/1/2009
44379		small intestinal endoscopy, enteroscopy beyond second portic	351.00	351.00	10/1/2009
44380		ileoscopy, through stoma; diagnostic, with or without collectio	54.80	54.80	10/1/2009
44382		ileoscopy, through stoma; with biopsy, single or multiple	65.91	65.91	10/1/2009
44383		ileoscopy, through stoma; with transendoscopic stent placeme	141.68	141.68	10/1/2009
44385		endoscopic evaluation of small intestinal (abdominal or pelvic)	84.51	186.61	10/1/2009
44386		endoscopic evaluation of small intestinal (abdominal or pelvic)	99.18	258.68	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
44388		colonoscopy through stoma; diagnostic, with or without collect	131.71	259.20	10/1/2009
44389		colonoscopy through stoma; with biopsy, single or multiple	147.06	300.78	10/1/2009
44390		fiberoptic colonoscopy w removal foreign body	176.48	347.79	10/1/2009
44391		colonoscopy through stoma; with control of bleeding (eg, injec	201.09	389.72	10/1/2009
44392		colonoscopy through stoma; with removal of tumor(s), polyp(s	173.68	326.83	10/1/2009
44393		colonoscopy through stoma; with ablation of tumor(s), polyp(s	221.19	380.69	10/1/2009
44394		colonoscopy through stoma;	204.74	382.40	10/1/2009
44397		colonoscopy through stoma; with transendoscopic stent place	220.88	220.88	10/1/2009
44500		introduction of long gastrointestinal tube (eg, miller-abbott)	21.07	21.07	10/1/2009
44602		suture of small intestine (enterorrhaphy) for perforated ulcer,	1,028.21	1,028.21	10/1/2009
44603		suture of small intestine (enterorrhaphy) for perforated ulcer,	1,178.20	1,178.20	10/1/2009
44604		suture of large intestine (colorrhaphy) for perforated ulcer,	789.31	789.31	10/1/2009
44605		repair bowel lesion	972.84	972.84	10/1/2009
44615		intestinal stricturoplasty (enterotomy and enterorrhaphy) with	801.35	801.35	10/1/2009
44620		repair bowel opening	639.66	639.66	10/1/2009
44625		closure of enterostomy, large or small intestine; with resection	757.93	757.93	10/1/2009
44626		closure of enterostomy, large or small intestine; with resection	1,206.05	1,206.05	10/1/2009
44640		repair bowel-skin fistula	1,051.87	1,051.87	10/1/2009
44650		repair bowel fistula	1,093.90	1,093.90	10/1/2009
44660		repair bowel-bladder fistula	1,059.89	1,059.89	10/1/2009
44661		closure of enterovesical fistula; with intestine and/or bladder r	1,189.03	1,189.03	10/1/2009
44680		surgical folding intestine	791.42	791.42	10/1/2009
44700		exclusion of small intestine from pelvis by mesh or other prost	766.37	766.37	10/1/2009
44701		intraoperative colonic lavage (list separately in addition to cod	129.35	129.35	10/1/2009
44800		excision bowel pouch	562.28	562.28	10/1/2009
44820		excision mesentery lesion	621.67	621.67	10/1/2009
44850		repair of mesentery	548.50	548.50	10/1/2009
44900		incision and drainage of appendiceal abscess; open	562.13	562.13	10/1/2009
44901		incision and drainage of appendiceal abscess; percutaneous	145.19	739.60	10/1/2009
44950		appendectomy	476.19	476.19	10/1/2009
44955		appendectomy; when done for indicated purpose at time of ot	64.93	64.93	10/1/2009
44960		appendectomy for rupt appen w/abscess or generaliz	641.54	641.54	10/1/2009
44970		laparoscopy, surgical, appendectomy	437.22	437.22	10/1/2009
45000		transrectal drainage of pelvic abscess	304.82	304.82	10/1/2009
45005		drainage of rectal abscess	112.87	180.94	10/1/2009
45020		drainage of rectal abscess	398.31	398.31	10/1/2009
45100		biopsy of rectum	211.19	211.19	10/1/2009
45108		anorectal myomectomy	257.35	257.35	10/1/2009
45110		proctectomy; complete, combined abdominoperineal, with col	1,375.48	1,375.48	10/1/2009
45111		proctectomy; partial resection of rectum, transabdominal appr	807.83	807.83	10/1/2009
45112		proctectomy, combined abdominoperineal, pull-through proce	1,420.45	1,420.45	10/1/2009
45113		proctectomy, partial, with rectal mucosectomy, ileoanal	1,455.18	1,455.18	10/1/2009
45114		proctectomy, partial, with anastomosis; abdominal and transs	1,329.76	1,329.76	10/1/2009
45116		partial removal of rectum	1,194.85	1,194.85	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
45119		proctectomy, combined abdominoperineal pull-through procec	1,457.55	1,457.55	10/1/2009
45120		proctectomy, complete (for congenital megacolon), abdomina	1,164.20	1,164.20	10/1/2009
45121		proctectomy, complete (for congenital megacolon), abdomina	1,274.30	1,274.30	10/1/2009
45123		proctectomy, partial, without anastomosis, perineal approach	825.75	825.75	10/1/2009
45126		pelvic exenteration for colorectal malignancy, with proctectom	2,153.04	2,153.04	10/1/2009
45130		excision of rectal prolapse	807.64	807.64	10/1/2009
45135		excision of rectal prolapse	988.49	988.49	10/1/2009
45136		excision of ileoanal reservoir with ileostomy	1,368.40	1,368.40	10/1/2009
45150		excision rectal stricture	292.91	292.91	10/1/2009
45160		excision of rectal lesion	734.08	734.08	10/1/2009
45170		excision rectal tumor simple transanal approach	573.57	573.57	10/1/2009
45171		Excision of rectal tumor, transanal approach; not including mu	365.17	365.17	01/1/2010
45172		Excision of rectal tumor, transanal approach; including muscu	501.81	501.81	01/1/2010
45190		destruction of rectal tumor (eg, electrodessication, electrosurg	498.05	498.05	10/1/2009
45300		proctosigmoidoscopy, rigid; diagnostic, with or without collecti	37.85	78.81	10/1/2009
45303		proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide w	64.77	602.08	10/1/2009
45305		proctosigmoidoscopy, rigid; with biopsy, single or multiple	58.17	128.25	10/1/2009
45307		proctosigm w/removal of foreign body	73.64	143.43	10/1/2009
45308		proctosigmoidoscopy, rigid;	62.44	131.09	10/1/2009
45309		proctosigmoidoscopy, rigid;	72.46	147.45	10/1/2009
45315		proctosigmoidoscopy, rigid; with removal of multiple tumors, p	82.45	159.17	10/1/2009
45317		proctosigmoidoscopy, rigid; with control of bleeding (eg, inject	86.96	154.45	10/1/2009
45320		proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s)	82.60	154.99	10/1/2009
45321		proctosigmoidoscopy for decompression of volvulus	79.92	79.92	10/1/2009
45327		proctosigmoidoscopy, rigid; with transendoscopic stent placer	93.21	93.21	10/1/2009
45330		sigmoidoscopy, flexible; diagnostic, with or without collection c	48.82	101.60	10/1/2009
45331		sigmoidoscopy, flexible; with biopsy, single or multiple	59.27	129.07	10/1/2009
45332		sigmoidoscopy w/removal of foreign body	86.95	211.83	10/1/2009
45333		sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or	86.47	213.08	10/1/2009
45334		sigmoidoscopy, flexible; with control of bleeding (eg, injection,	131.19	131.19	10/1/2009
45335		sigmoidoscopy, flexible; with directed submucosal injection(s)	72.21	182.10	10/1/2009
45337		sigmoidoscopy, flexible; with decompression of volvulus, any	112.35	112.35	10/1/2009
45338		sigmoidoscopy, flexible;	112.48	238.51	10/1/2009
45339		sigmoidoscopy, flexible;	148.90	248.98	10/1/2009
45340		sigmoidoscopy, flexible; with dilation by balloon, 1 or more str	91.03	323.20	10/1/2009
45341		sigmoidoscopy, flexible; with endoscopic ultrasound examinat	125.20	125.20	10/1/2009
45342		sigmoidoscopy, flexible; with transendoscopic ultrasound guid	191.62	191.62	10/1/2009
45345		sigmoidoscopy, flexible; with transendoscopic stent placemen	139.14	139.14	10/1/2009
45355		colonoscopy, rigid or flexible, transabdominal via colotomy, si	160.40	160.40	10/1/2009
45378		colonoscopy, flexible, proximal to splenic flexure; diagnostic, v	172.32	300.96	10/1/2009
45379		colonoscopy fiberoptic beyond splenic flexure w/re	215.92	382.05	10/1/2009
45380		colonoscopy, flexible, proximal to splenic flexure; with biopsy,	207.63	361.35	10/1/2009
45381		colonoscopy, flexible, proximal to splenic flexure; with directec	196.56	351.44	10/1/2009
45382		colonoscopy, flexible, proximal to splenic flexure; with control	265.38	475.92	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
45383		colonoscopy, flexible, proximal to splenic flexure; with ablatior	267.19	431.29	10/1/2009
45384		colonoscopy, flexible, proximal to splenic flexure;	215.75	355.63	10/1/2009
45385		colonoscopy, flexible, proximal to splenic flexure; with remova	246.52	408.03	10/1/2009
45386		colonoscopy, flexible, proximal to splenic flexure; with dilation	211.92	499.46	10/1/2009
45387		colonoscopy, flexible, proximal to splenic flexure; with transen	276.22	276.22	10/1/2009
45391		colonoscopy, flexible, proximal to splenic flexure; with endosc	238.53	238.53	10/1/2009
45392		colonoscopy, flexible, proximal to splenic flexure; with transen	301.91	301.91	10/1/2009
45395		colonoscopy through stoma; with ablation of tumor(s), polyp(s	1,486.38	1,486.38	10/1/2009
45397		colonoscopy through stoma; with transendoscopic stent place	1,611.29	1,611.29	10/1/2009
45400		laparoscopy, surgical; proctopexy (for prolapse)	858.51	858.51	10/1/2009
45402		laparoscopy, surgical; proctopexy (for prolapse), with sigmoid	1,149.37	1,149.37	10/1/2009
45500		repair of rectum	376.19	376.19	10/1/2009
45505		repair of rectum	412.27	412.27	10/1/2009
45520		treatment of rectal prolapse	29.09	90.82	10/1/2009
45540		fixation of rectal prolapse	792.53	792.53	10/1/2009
45541		proctopexy for prolapse perineal approach	679.67	679.67	10/1/2009
45550		fixation of rectal prolapse	1,089.79	1,089.79	10/1/2009
45560		repair rectocele separate procedure	537.61	537.61	10/1/2009
45562		exploration, repair, and presacral drainage for rectal injury;	824.74	824.74	10/1/2009
45563		exploration, repair, and presacral drainage for rectal injury;	1,195.39	1,195.39	10/1/2009
45800		repair rectobladder fistula	926.41	926.41	10/1/2009
45805		repair rectobladder fistula	1,047.27	1,047.27	10/1/2009
45820		repair rectourethral fistula	920.15	920.15	10/1/2009
45825		repair rectourethral fistula	1,107.12	1,107.12	10/1/2009
45900		reduction of rectal prolapse	145.52	145.52	10/1/2009
45905		dilation of anal sphincter	123.24	123.24	10/1/2009
45910		dilation rectal narrowing	146.06	146.06	10/1/2009
45915		removal rectal obstruction	163.58	225.59	10/1/2009
45990		anorectal exam, surgical, requiring anesthesia (general, spina	81.69	81.69	10/1/2009
46020		placement of seton	161.24	183.16	10/1/2009
46030		removal of anal seton, other marker	64.22	91.61	10/1/2009
46040		incision of rectal abscess	289.03	356.52	10/1/2009
46045		drainage transanal abscess under anesthesia	298.21	298.21	10/1/2009
46050		incision anal abscess	67.60	126.44	10/1/2009
46060		incision and drainage of ischiorectal or intramural abscess, wi	328.07	328.07	10/1/2009
46070		incision anal septum	166.67	166.67	10/1/2009
46080		incision anal sphincter	117.04	166.94	10/1/2009
46083		incision of thrombosed hemorrhoid, external	78.10	125.40	10/1/2009
46200		removal anal fissure	217.44	278.59	10/1/2009
46210		cryptectomy;	182.67	254.78	10/1/2009
46211		removal anal crypts	266.74	346.05	10/1/2009
46220		papillectomy or excision of single tag, anus (separate procedu	83.77	133.95	10/1/2009
46221		hemorrhoidectomy by simple ligature	132.52	175.78	10/1/2009
46230		excision of external hemorrhoid tags and/or multiple papillae	125.63	184.46	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
46250		hemorrhoidectomy	220.84	306.79	10/1/2009
46255		hemorrhoidectomy	251.59	342.72	10/1/2009
46257		hemorrhoidectomy with fissurectomy	294.16	294.16	10/1/2009
46258		hemorrhoidectomy with fistulectomy	321.73	321.73	10/1/2009
46260		hemorrhoidectomy	334.56	334.56	10/1/2009
46261		hemorrhoidectomy int and external complex or exten	374.36	374.36	10/1/2009
46262		hemorrhoidectomy int and ext complx or exten w/fis	390.54	390.54	10/1/2009
46270		surgical treatment of anal fistula (fistulectomy/fistulotomy); sul	264.63	332.11	10/1/2009
46275		removal anal fistula	284.00	352.06	10/1/2009
46280		surgical treatment of anal fistula (fistulectomy/fistulotomy); cor	325.66	325.66	10/1/2009
46285		removal anal fistula	280.40	342.41	10/1/2009
46288		closure of anal fistula with rectal advancement flap	385.44	385.44	10/1/2009
46320		removal hemorrhoid clot	79.73	121.27	10/1/2009
46500		injection treatment of anus	90.06	146.87	10/1/2009
46505		chemodenervation of internal anal sphincter	164.67	193.52	10/1/2009
46600		anoscopy; diagnostic, with or without collection of specimen(s	28.81	58.80	10/1/2009
46604		anoscopy; with dilation (eg, balloon, guide wire, bougie)	50.06	361.26	10/1/2009
46606		anoscopy; with biopsy, single or multiple	55.35	149.94	10/1/2009
46608		anoscopy;	61.00	155.03	10/1/2009
46610		anoscopy; with removal of single tumor, polyp, or other lesion	60.47	153.34	10/1/2009
46611		anoscopy;	62.46	121.59	10/1/2009
46612		anoscopy; with removal of multiple tumors, polyps, or other le	73.94	183.82	10/1/2009
46614		anoscopy; with control of bleeding (eg, injection, bipolar caute	52.73	93.39	10/1/2009
46615		anoscopy;	75.21	108.38	10/1/2009
46700		repair anal stricture	464.89	464.89	10/1/2009
46705		repair of anal stricture	382.35	382.35	10/1/2009
46706		repair of anal fistula with fibrin glue	122.79	122.79	10/1/2009
46707		Repair of anorectal fistula with plug (eg, porcine small intestin	280.72	280.72	01/1/2010
46710		repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal),	792.41	792.41	10/1/2009
46712		repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal),	1,620.30	1,620.30	10/1/2009
46715		repair of low imperforate anus; with anoperineal fistula ("cut-b	378.45	378.45	10/1/2009
46716		repair of low imperforate anus; with transposition of anoperine	923.29	923.29	10/1/2009
46730		repair of high imperforate anus without fistula; perineal or sac	1,405.40	1,405.40	10/1/2009
46735		repair of high imperforate anus without fistula; combined trans	1,642.26	1,642.26	10/1/2009
46740		construction of anus	1,509.79	1,509.79	10/1/2009
46742		repair of high imperforate anus with rectourethral or rectovagi	1,784.95	1,784.95	10/1/2009
46744		repair of cloacal anomaly by anorectovaginoplasty and urethr	2,550.61	2,550.61	10/1/2009
46746		repair of cloacal anomaly by anorectovaginoplasty and urethr	2,942.44	2,942.44	10/1/2009
46748		repair of cloacal anomaly by anorectovaginoplasty and urethr	3,075.89	3,075.89	10/1/2009
46750		repair anal sphincter	562.65	562.65	10/1/2009
46751		repair anal sphincter	466.06	466.06	10/1/2009
46753		reconstruction of anus	424.51	424.51	10/1/2009
46754		removal of suture from anus	155.27	199.98	10/1/2009
46760		repair anal sphincter	796.45	796.45	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
46761		sphincteroplasty, levatormuscle imbrication	689.28	689.28	10/1/2009
46762		sphincteroplasty w/ artificial sphincter	678.88	678.88	10/1/2009
46900		destruction of lesion(s), anus (eg, condyloma, papilloma,	101.27	160.97	10/1/2009
46910		destruction of lesion(s), anus (eg, condyloma, papilloma,	96.98	167.64	10/1/2009
46916		destruction of lesion(s), anus (eg, condyloma, papilloma,	106.36	166.07	10/1/2009
46917		destruction of lesion(s), anus (eg, condyloma, papilloma,	97.67	316.28	10/1/2009
46922		destruction anal lesion, simple; surgical excision	97.00	174.58	10/1/2009
46924		destruction of lesion(s), anus (eg, condyloma, papilloma, moll	135.65	359.75	10/1/2009
46930		destruction of internal hemorrhoid(s) by thermal energy (eg, ir	112.08	153.90	10/1/2009
46937		cryosurgery of rectal tumor;	129.64	181.26	10/1/2009
46938		cryosurgery of rectal tumor;	263.28	316.63	10/1/2009
46940		curettage or cautery of anal fissure, including dilation of anal s	108.34	152.76	10/1/2009
46942		treatment of anal fissure	96.22	141.22	10/1/2009
46945		ligation of internal hemorrhoids;	151.50	195.34	10/1/2009
46946		ligation of internal hemorrhoids;	160.82	212.15	10/1/2009
46947		hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by	274.26	274.26	10/1/2009
47000		biopsy of liver, needle; percutaneous	82.66	248.50	10/1/2009
47001		biopsy of liver, needle; when done for indicated purpose at tim	80.04	80.04	10/1/2009
47010		hepatotomy; for open drainage of abscess or cyst, one or two	882.92	882.92	10/1/2009
47011		hepatotomy; for percutaneous drainage of abscess or cyst, or	160.07	160.07	10/1/2009
47015		laparotomy, with aspiration and/or injection of hepatic	837.86	837.86	10/1/2009
47100		biopsy of liver, wedge	612.73	612.73	10/1/2009
47120		partial removal of liver	1,729.94	1,729.94	10/1/2009
47122		resection of liver, trisegmentectomy	2,577.36	2,577.36	10/1/2009
47125		partial removal of liver	2,308.01	2,308.01	10/1/2009
47130		partial removal of liver	2,481.98	2,481.98	10/1/2009
47135		liver allotransplantation; orthotopic, partial or whole, from cada	3,651.58	3,651.58	10/1/2009
47136		liver allotransplantation;	3,113.17	3,113.17	10/1/2009
47140		donor hepatectomy (including cold preservation), from living d	2,598.27	2,598.27	10/1/2009
47141		donor hepatectomy, with preparation and maintenance of allo	3,092.81	3,092.81	10/1/2009
47142		donor hepatectomy, with preparation and maintenance of allo	3,405.84	3,405.84	10/1/2009
47300		treatment,liver lesion	824.41	824.41	10/1/2009
47350		management of liver hemorrhage; simple suture of liver woun	1,012.27	1,012.27	10/1/2009
47360		management of liver hemorrhage; complex suture of liver wou	1,378.74	1,378.74	10/1/2009
47361		management of liver hemorrhage; exploration of hepatic wour	2,268.87	2,268.87	10/1/2009
47362		management of liver hemorrhage; re-exploration of hepatic w	1,050.64	1,050.64	10/1/2009
47370		laparoscopy, surgical, ablation of one or more liver tumor(s); r	926.11	926.11	10/1/2009
47371		laparoscopy, surgical, ablation of one or more liver tumor(s); c	942.67	942.67	10/1/2009
47380		ablation, open, of one or more liver tumor(s); radiofrequency	1,083.21	1,083.21	10/1/2009
47381		ablation, open, of one or more liver tumor(s); cryosurgical	1,103.98	1,103.98	10/1/2009
47382		ablation, one or more liver tumor(s), percutaneous, radiofrequ	684.10	684.10	10/1/2009
47400		incision of bile duct	1,573.82	1,573.82	10/1/2009
47420		choledochotomy or choledochostomy with exploration, drainag	991.27	991.27	10/1/2009
47425		incision of bile duct	1,001.25	1,001.25	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
47460		transduodenal sphincterotomy or sphincteroplasty, with or witl	944.25	944.25	10/1/2009
47480		incision of gallbladder	627.79	627.79	10/1/2009
47490		percutaneous cholecystostomy	420.72	420.72	10/1/2009
47500		injection for liver x-rays	85.11	85.11	10/1/2009
47505		inj proc cholangiography thr existing cath.	32.85	32.85	10/1/2009
47510		introduction transhepatic cath or stent	399.14	399.14	10/1/2009
47511		intro transhepatic stent for biliary drainage	502.87	502.87	10/1/2009
47525		change percutaneous biliary drainage catheter	102.70	453.70	10/1/2009
47530		revision and/or reinsertion of transhepatic tube	299.85	1,100.20	10/1/2009
47550		biliary endoscopy, intraoperative (choledochoscopy) (list sepa	128.03	128.03	10/1/2009
47552		biliary endoscopy, percutaneous via t-tube or other tract; diag	273.32	273.32	10/1/2009
47553		biliary endoscopy, percutaneous via t-tube or other tract; with	273.92	273.92	10/1/2009
47554		biliary endoscopy, percutaneous via t-tube or other tract; with	400.95	400.95	10/1/2009
47555		biliary endoscopy, percutaneous via t-tube or other tract; with	328.52	328.52	10/1/2009
47556		biliary endoscopy, percutaneous via t-tube or other tract; with	371.64	371.64	10/1/2009
47560		laparoscopy, surgical; with guided transhepatic cholangiograp	206.82	206.82	10/1/2009
47561		laparoscopy, surgical; with guided transhepatic cholangiograp	224.14	224.14	10/1/2009
47562		laparoscopy, surgical; cholecystectomy	544.92	544.92	10/1/2009
47563		laparoscopy, surgical; cholecystectomy with cholangiography	558.03	558.03	10/1/2009
47564		laparoscopy, surgical; cholecystectomy with exploration of coı	645.40	645.40	10/1/2009
47570		laparoscopy, surgical; cholecystoenterostomy	575.94	575.94	10/1/2009
47600		removal of gallbladder	782.47	782.47	10/1/2009
47605		removal of gallbladder	724.08	724.08	10/1/2009
47610		removal of gallbladder	929.16	929.16	10/1/2009
47612		cholecystectomy w/ choledochoenterostomy	938.87	938.87	10/1/2009
47620		removal of gallbladder	1,019.31	1,019.31	10/1/2009
47630		biliary duct stone extraction, percutaneous via t-tube tract,	456.02	456.02	10/1/2009
47700		explor for cong atresia bile ducts with or w/o liv	771.73	771.73	10/1/2009
47701		portoenterostomy	1,328.51	1,328.51	10/1/2009
47711		excision of bile duct tumor, with or without primary repair of bi	1,153.35	1,153.35	10/1/2009
47712		excision of bile duct tumor, with or without primary repair of bi	1,478.03	1,478.03	10/1/2009
47715		excision of choledochal cyst	968.88	968.88	10/1/2009
47720		fusion gallbladder & bowel	836.47	836.47	10/1/2009
47721		cholecystoenterostomy w/gastroenterostomy	987.70	987.70	10/1/2009
47740		fusion gallbladder & bowel	954.34	954.34	10/1/2009
47741		cholecystoenterostomy;	1,081.61	1,081.61	10/1/2009
47760		anastomosis, of extrahepatic biliary ducts and gastrointestinal	1,631.45	1,631.45	10/1/2009
47765		anastomosis, of intrahepatic ducts and gastrointestinal tract	2,155.55	2,155.55	10/1/2009
47780		fusion bile ducts and bowel	1,784.56	1,784.56	10/1/2009
47785		anastomosis, roux-en-y, of intrahepatic biliary ducts and	2,328.10	2,328.10	10/1/2009
47800		reconstruction of bile ducts	1,164.67	1,164.67	10/1/2009
47801		placement of choledochal stent	821.44	821.44	10/1/2009
47802		u-tube hepaticoenterostomy	1,117.63	1,117.63	10/1/2009
47900		suture of extrahepatic biliary duct for pre-existing injury	1,007.29	1,007.29	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
48000		placement of drains, peripancreatic, for acute pancreatitis;	1,397.80	1,397.80	10/1/2009
48001		placement of drains, peripancreatic, for acute pancreatitis;	1,719.28	1,719.28	10/1/2009
48020		removal of pancreatic stone	860.82	860.82	10/1/2009
48100		biopsy of pancreas, open (eg, fine needle aspiration, needle c	653.43	653.43	10/1/2009
48102		biopsy pancreas needle percutaneous	210.87	419.10	10/1/2009
48105		resection or debridement of pancreas and peripancreatic tissu	2,119.47	2,119.47	10/1/2009
48120		removal pancreas lesion	816.94	816.94	10/1/2009
48140		pancreatectomy, distal subtotal, with or without splenectomy;	1,157.12	1,157.12	10/1/2009
48145		partial removal of pancreas	1,201.81	1,201.81	10/1/2009
48146		pancreatectomy, distal, near-total with preservation of duoden	1,370.11	1,370.11	10/1/2009
48148		excision of ampulla of vater	909.91	909.91	10/1/2009
48150		pancreatectomy, proximal subtotal with total duodenectomy, p	2,315.63	2,315.63	10/1/2009
48152		pancreatectomy, proximal subtotal with total duodenectomy,	2,140.75	2,140.75	10/1/2009
48153		pancreatectomy, proximal subtotal with near-total duodenecto	2,312.50	2,312.50	10/1/2009
48154		pancreatectomy, proximal subtotal with near-total duodenecto	2,146.40	2,146.40	10/1/2009
48155		removal of pancreas	1,328.55	1,328.55	10/1/2009
48400		injection procedure for intraoperative pancreatography (list se	84.24	84.24	10/1/2009
48500		marsupialization of pancreatic cyst	831.88	831.88	10/1/2009
48510		external drainage, pseudocyst of pancreas; open	789.89	789.89	10/1/2009
48511		external drainage, pseudocyst of pancreas; percutaneous	173.28	718.37	10/1/2009
48520		fusion pancreas cyst - bowel	807.47	807.47	10/1/2009
48540		fusion pancreas cyst - bowel	965.64	965.64	10/1/2009
48545		pancreatorrhaphy for injury	977.52	977.52	10/1/2009
48547		duodenal exclusion with gastrojejunostomy for pancreatic inju	1,319.39	1,319.39	10/1/2009
48548		pancreaticojejunostomy, side-to-side anastomisis (puestow-ty	1,235.12	1,235.12	10/1/2009
48554		transplantation of pancreatic allograft	1,825.48	1,825.48	10/1/2009
48556		removal of transplanted pancreatic allograft	911.26	911.26	10/1/2009
49000		exploration of abdomen	573.96	573.96	10/1/2009
49002		reexploration of abdomen	754.83	754.83	10/1/2009
49010		exploration behind abdomen	712.10	712.10	10/1/2009
49020		drainage of peritoneal abscess or localized peritonitis, exclusi	1,178.41	1,178.41	10/1/2009
49021		drainage of peritoneal abscess or localized peritonitis, exclusi	146.24	685.57	10/1/2009
49040		drainage of subdiaphragmatic or subphrenic abscess; open	738.21	738.21	10/1/2009
49041		drainage of subdiaphragmatic or subphrenic abscess; percuta	172.99	701.07	10/1/2009
49060		drainage of retroperitoneal abscess; open	826.39	826.39	10/1/2009
49061		drainage of retroperitoneal abscess; percutaneous	160.07	688.44	10/1/2009
49062		drainage of extraperitoneal lymphocele to peritoneal cavity, op	561.12	561.12	10/1/2009
49080		removal of abdominal fluid	58.38	131.64	10/1/2009
49081		peritoneocentesis, abdominal paracentesis, or peritoneal lava	54.91	122.98	10/1/2009
49082		abdominal paracentesis (diagnostic or therapeutic); without im	40.94	95.22	1/1/2012
49083		abdominal paracentesis (diagnostic or therapeutic); with imag	63.13	179.77	1/1/2012
49084		peritoneal lavage, including imaging guidance, when performe	57.82	57.82	1/1/2012
49180		needle biopsy retroperitoneal mass percutaneous	74.96	132.92	10/1/2009
49203		excision or destruction, open, intra-abdominal tumors, cysts o	900.06	900.06	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
49204		excision or destruction, open, intra-abdominal tumors, cysts o	1,150.28	1,150.28	10/1/2009
49205		excision or destruction, open, intra-abdominal tumors, cysts o	1,317.54	1,317.54	10/1/2009
49215		excision of presacral or sacroccygeal tumor	1,652.19	1,652.19	10/1/2009
49220		staging laparotomy for hodgkins disease or lymphoma (includ	717.53	717.53	10/1/2009
49250		excision of umbilicus	427.84	427.84	10/1/2009
49255		removal of omentum	581.34	581.34	10/1/2009
49320		laparoscopy, abdomen, peritoneum, and omentum, diagnostic	245.10	245.10	10/1/2009
49321		laparoscopy, surgical; with biopsy (single or multiple)	258.04	258.04	10/1/2009
49322		laparoscopy, surgical, abdomen, peritoneum, and omentum; v	280.62	280.62	10/1/2009
49323		laparoscopy, surgical, abdomen, peritoneum, and omentum; v	476.57	476.57	10/1/2009
49324		laparoscopy, surgical; with insertion of intraperitoneal cannula	292.13	292.13	10/1/2009
49325		laparoscopy, surgical; with revision of previously placed intrap	313.74	313.74	10/1/2009
49326		laparoscopy, surgical; with omentopexy (omental tacking proc	145.23	145.23	10/1/2009
49400		injection of air or contrast into peritoneal cavity (separate proc	81.20	138.59	10/1/2009
49402		removal of peritoneal foreign body from peritoneal cavity	633.82	633.82	10/1/2009
49418		Insertion of tunneled intraperitoneal catheter (eg, dialysis, intra	193.30	1,253.63	1/1/2011
49419		insertion of intraperitoneal cannula or catheter, with subcutane	338.46	338.46	10/1/2009
49421		insertion intraperitoneal cannula permanent	289.94	289.94	10/1/2009
49422		removal of permanent intraperitoneal cannula or catheter	291.48	291.48	10/1/2009
49423		exchange of previously placed abscess or cyst drainage cathe	64.61	432.33	10/1/2009
49424		contrast injection for assessment of abscess or cyst via previc	33.72	118.22	10/1/2009
49425		insertion of peritoneal-venous shunt	569.00	569.00	10/1/2009
49426		revision of peritoneal-venous shunt	484.68	484.68	10/1/2009
49427		inj proc. for eval previously placed shunt.	38.94	38.94	10/1/2009
49428		ligation of peritoneal-venous shunt	325.87	325.87	10/1/2009
49429		removal of peritoneal-venous shunt	344.65	344.65	10/1/2009
49435		insertion of subcutaneous extension to intraperitoneal cannula	92.99	92.99	10/1/2009
49436		delayed creation of exit site from embedded subcutaneous se	135.84	135.84	10/1/2009
49440		insertion of gastrostomy tube, percutaneous, under fluoroscop	195.10	844.32	10/1/2009
49441		insertion of duodenostomy or jejunostomy tube, percutaneous	215.61	917.02	10/1/2009
49442		insertion of cecostomy or other colonic tube, percutaneous, ur	178.21	821.37	10/1/2009
49446		conversion of gastrostomy tube to gastro-jejunostomy tube, pe	143.68	766.36	10/1/2009
49450		replacement of gastrostomy or cecostomy (or other colonic) tu	57.54	570.92	10/1/2009
49451		replacement of doudenostomy or jejunostomy tube, percutane	80.03	544.65	10/1/2009
49452		replacement of gastro-jejunostomy tube, percutaneous, under	124.74	687.15	10/1/2009
49460		mechanical removal of obstructive material from gastrostomy,	41.01	624.76	10/1/2009
49465		contrast injection(s) for radiological evaluation of existing gast	26.85	131.54	10/1/2009
49491		repair, initial inguinal hernia, preterm infant (less than 37 weel	572.40	572.40	10/1/2009
49492		repair, initial inguinal hernia, preterm infant (less than 37 weel	699.48	699.48	10/1/2009
49495		repair, initial inguinal hernia, full term infant under age 6 mont	290.89	290.89	10/1/2009
49496		repair initial inguinal hernia, under age 6 months, with or	441.24	441.24	10/1/2009
49500		repair initial inguinal hernia, age 6 months to under 5 years, w	288.81	288.81	10/1/2009
49501		repair initial inguinal hernia, age 6 months to under 5 years,	438.10	438.10	10/1/2009
49505		repair initial inguinal hernia, age 5 years or over; reducible	379.41	379.41	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
49507		repair initial inguinal hernia, age 5 years or over;	467.49	467.49	10/1/2009
49520		repair recurrent inguinal hernia, any age; reducible	464.08	464.08	10/1/2009
49521		repair recurrent inguinal hernia, any age;	566.49	566.49	10/1/2009
49525		repair inguinal hernia, sliding, any age	419.41	419.41	10/1/2009
49540		repair lumbar hernia	496.45	496.45	10/1/2009
49550		repair initial femoral hernia, any age, reducible;	421.48	421.48	10/1/2009
49553		repair initial femoral hernia, any age;	461.40	461.40	10/1/2009
49555		repair recurrent femoral hernia; reducible	438.88	438.88	10/1/2009
49557		repair recurrent femoral hernia;	533.37	533.37	10/1/2009
49560		repair initial incisional or ventral hernia; reducible	545.44	545.44	10/1/2009
49561		repair initial incisional hernia;	688.61	688.61	10/1/2009
49565		repair recurrent incisional or ventral hernia; reducible	565.53	565.53	10/1/2009
49566		repair recurrent incisional hernia;	695.70	695.70	10/1/2009
49568		implantation of mesh or other prosthesis for incisional or ventr	205.76	205.76	10/1/2009
49570		repair epigastric hernia (eg, preperitoneal fat); reducible (sepa	298.16	298.16	10/1/2009
49572		repair epigastric hernia (eg, preperitoneal fat);	370.17	370.17	10/1/2009
49580		repair umbilical hernia, under age 5 years; reducible	231.77	231.77	10/1/2009
49582		repair umbilical hernia, under age 5 years;	345.08	345.08	10/1/2009
49585		repair umbilical hernia, age 5 years or over;	320.71	320.71	10/1/2009
49587		repair umbilical hernia, age 5 years or over;	380.53	380.53	10/1/2009
49590		repair abdominal hernia	417.90	417.90	10/1/2009
49600		repair of small omphalocele, with primary closure	539.47	539.47	10/1/2009
49605		repair of large omphalocele or gastroschisis; with or without p	3,739.48	3,739.48	10/1/2009
49606		repair omphalocele stag clo prosth red op room ane	845.63	845.63	10/1/2009
49610		repair umbilical hernia	501.88	501.88	10/1/2009
49611		repair umbilical hernia	451.23	451.23	10/1/2009
49650		laparoscopy, surgical; repair initial inguinal hernia	312.01	312.01	10/1/2009
49651		laparoscopy, surgical; repair recurrent inguinal hernia	403.59	403.59	10/1/2009
49652		laparoscopy, surgical, repair, ventral, umbilical, spigelian or e	588.12	588.12	10/1/2009
49653		laparoscopy, surgical, repair, ventral, umbilical, spigelian or e	734.85	734.85	10/1/2009
49654		laparoscopy, surgical, repair, incisional hernia (includes mesh	675.94	675.94	10/1/2009
49655		laparoscopy, surgical, repair, incisional hernia (includes mesh	813.64	813.64	10/1/2009
49656		laparoscopy, surgical, repair, recurrent incisional hernia (inclu	678.38	678.38	10/1/2009
49657		laparoscopy, surgical, repair, recurrent incisional hernia (inclu	979.88	979.88	10/1/2009
49900		repair of abdominal wall	599.16	599.16	10/1/2009
49904		omental flap, extra-abdominal (eg, for reconstruction of sterna	1,115.50	1,115.50	10/1/2009
49905		omental flap for reconstrution of chest wall	274.69	274.69	10/1/2009
50010		exploration of kidney	586.66	586.66	10/1/2009
50020		drainage of perirenal or renal abscess; open	837.78	837.78	10/1/2009
50021		drainage of perirenal or renal abscess; percutaneous	145.95	721.04	10/1/2009
50040		drainage of kidney	788.87	788.87	10/1/2009
50045		exploration of kidney	796.63	796.63	10/1/2009
50060		removal of kidney stone	981.43	981.43	10/1/2009
50065		incision of kidney	1,032.15	1,032.15	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
50070		incision of kidney	1,025.49	1,025.49	10/1/2009
50075		removal of kidney stone	1,261.01	1,261.01	10/1/2009
50080		percutaneous nephrostolithotomy, up to 2 cm	749.25	749.25	10/1/2009
50081		percutaneous nephrostolithotomy, over 2 cm	1,101.05	1,101.05	10/1/2009
50100		revise kidney blood vessels	802.98	802.98	10/1/2009
50120		exploration of kidney	812.24	812.24	10/1/2009
50125		exploration/drainage kidney	839.94	839.94	10/1/2009
50130		removal of kidney stone	888.89	888.89	10/1/2009
50135		exploration of kidney	962.97	962.97	10/1/2009
50200		biopsy of kidney	121.79	121.79	10/1/2009
50205		biopsy of kidney	565.56	565.56	10/1/2009
50220		nephrectomy, including partial ureterectomy, any open approa	875.27	875.27	10/1/2009
50225		removal of kidney	1,014.34	1,014.34	10/1/2009
50230		removal of kidney	1,100.07	1,100.07	10/1/2009
50234		nephrectomy with total ureterectomy and bladder cu	1,116.66	1,116.66	10/1/2009
50236		removal of kidney & ureter	1,263.28	1,263.28	10/1/2009
50240		partial removal of kidney	1,134.59	1,134.59	10/1/2009
50250		ablation, open, one or more renal mass lesion(s), cryosurgica	1,052.45	1,052.45	10/1/2009
50280		removal of kidney lesion	808.68	808.68	10/1/2009
50290		excision of perinephric cyst	746.80	746.80	10/1/2009
50300		donor nephrectomy, with preparation and maintenance of allo	1,252.71	1,252.71	10/1/2009
50320		donor nephrectomy, open from living donor (excluding prepar	1,100.41	1,100.41	10/1/2009
50340		removal of kidney	678.77	678.77	10/1/2009
50360		renal allotransplantation, implantation of graft; excluding dono	1,865.67	1,865.67	10/1/2009
50365		transplantation of kidney	2,101.95	2,101.95	10/1/2009
50370		removal of transplanted renal allograft	871.75	871.75	10/1/2009
50380		reimplantation of kidney	1,471.05	1,471.05	10/1/2009
50382		removal (via snare/capture) and replacement of internally dwe	241.37	1,016.62	10/1/2009
50384		removal (via snare/capture) of internally dwelling ureteral sten	219.71	874.98	10/1/2009
50385		removal (via snare/capture) and replacement of internally dwe	205.79	992.86	10/1/2009
50386		removal (via snare/capture) of internally dwelling ureteral sten	155.30	644.44	10/1/2009
50387		removal and replacement of externally accessible transnephri	87.51	469.37	10/1/2009
50389		removal of nephrostomy tube, requiring fluoroscopic guidance	48.08	272.18	10/1/2009
50390		drainage of kidney lesion	85.11	85.11	10/1/2009
50391		instillation(s) of therapeutic agent into renal pelvis and/or uret	86.67	108.30	10/1/2009
50392		drainage of kidney lesion	155.76	155.76	10/1/2009
50393		introduction ureteral cath or stent into ureter	190.00	190.00	10/1/2009
50394		preparation for kidney x-ray	42.57	84.97	10/1/2009
50395		introduction of guide into renal pelvis	156.81	156.81	10/1/2009
50396		measurement kidney pressure	101.19	101.19	10/1/2009
50398		change of kidney tube	64.61	420.50	10/1/2009
50400		revision of kidney/ureter	991.22	991.22	10/1/2009
50405		revision of kidney/ureter	1,202.65	1,202.65	10/1/2009
50500		repair of kidney wound	961.07	961.07	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
50520		closure kidney/skin fistula	888.60	888.60	10/1/2009
50525		closure nephrovisceral fistula including visceral	1,111.95	1,111.95	10/1/2009
50526		closure nephrovisceral fistula thoracic approach	1,165.44	1,165.44	10/1/2009
50540		revision of horseshoe kidney	971.40	971.40	10/1/2009
50541		laparoscopy, surgical; ablation of renal cysts	791.21	791.21	10/1/2009
50542		laparoscopy, surgical; ablation of renal mass lesion(s)	1,003.68	1,003.68	10/1/2009
50543		laparoscopy, surgical; partial nephrectomy	1,280.96	1,280.96	10/1/2009
50544		laparoscopy, surgical; pyeloplasty	1,080.38	1,080.38	10/1/2009
50545		laparoscopy, surgical; radical nephrectomy (includes removal	1,159.51	1,159.51	10/1/2009
50546		laparoscopy, surgical; nephrectomy, including partial ureterec	1,027.46	1,027.46	10/1/2009
50547		laparoscopy, surgical; donor nephrectomy from living donor (e	1,234.29	1,234.29	10/1/2009
50548		laparoscopy, surgical; nephrectomy with total ureterectomy	1,169.33	1,169.33	10/1/2009
50551		renal endoscopy through established nephrostomy or pyelost	257.77	314.58	10/1/2009
50553		renal endoscopy through established nephrostomy or pyelost	272.33	328.56	10/1/2009
50555		visualization/biopsy kidney	298.13	358.41	10/1/2009
50557		treatment of kidney lesion	302.78	365.65	10/1/2009
50561		renal endoscopy with removal of foreign body	345.95	414.87	10/1/2009
50562		renal endoscopy through established nephrostomy or pyelost	508.88	508.88	10/1/2009
50570		renal endoscopy through nephrotomy or pyelotomy, with or wi	432.00	432.00	10/1/2009
50572		renal endoscopy through nephrotomy or pyelotomy, with or wi	470.12	470.12	10/1/2009
50574		visualization/biopsy kidney	496.63	496.63	10/1/2009
50575		renal endoscopy through nephrotomy or pyelotomy, with or wi	628.17	628.17	10/1/2009
50576		treatment of kidney lesion	495.90	495.90	10/1/2009
50580		treatment of kidney lesion	531.22	531.22	10/1/2009
50590		lithotripsy shock wave (professional component)	482.15	774.30	10/1/2009
50592		ablation, one or more renal tumor(s), percutaneous, unilateral	313.03	2,867.78	10/1/2009
50600		exploration of ureter	803.11	803.11	10/1/2009
50605		ureterotomy for insertion of indwelling stent	774.23	774.23	10/1/2009
50610		removal of stone, ureter	819.33	819.33	10/1/2009
50620		removal of stone, ureter	777.12	777.12	10/1/2009
50630		removal of stone, ureter	757.97	757.97	10/1/2009
50650		removal of ureter	886.19	886.19	10/1/2009
50660		removal of ureter	980.25	980.25	10/1/2009
50684		injection for ureter x/ray	42.28	145.53	10/1/2009
50686		manometric studies through ureterostomy or indwelling ureter	77.52	77.52	10/1/2009
50688		change of ureter tube	67.30	67.30	10/1/2009
50690		injection for ureter x-ray	59.76	83.12	10/1/2009
50700		revision of ureter	793.47	793.47	10/1/2009
50715		release of ureter	939.01	939.01	10/1/2009
50722		release of ureter	816.85	816.85	10/1/2009
50725		release/revision of ureter	933.81	933.81	10/1/2009
50727		revision urinary-cutaneous anastomosis	426.86	426.86	10/1/2009
50728		revision of urinary-cutaneous anastomosis w repair	589.18	589.18	10/1/2009
50740		fusion of ureter-kidney	919.32	919.32	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
50750		fusion of ureter-kidney	997.16	997.16	10/1/2009
50760		fusion of ureter	930.63	930.63	10/1/2009
50770		splicing of ureters	966.53	966.53	10/1/2009
50780		reimplant ureter in bladder	933.02	933.02	10/1/2009
50782		ureteroneocystostomy; anastomosis	916.15	916.15	10/1/2009
50783		ureteroneocystostomy; ureteral tailoring	950.83	950.83	10/1/2009
50785		reimplant ureter in bladder	1,035.52	1,035.52	10/1/2009
50800		implant ureter in bowel	785.68	785.68	10/1/2009
50810		ureterosigmoidostomy, with creation of sigmoid bladder and e	1,035.24	1,035.24	10/1/2009
50815		ureterocolon conduit, including intestine anastomosis	1,048.49	1,048.49	10/1/2009
50820		ureteroileal conduit (ileal bladder), including intestine anastom	1,117.29	1,117.29	10/1/2009
50825		continent diversion, including intestine anastomosis using any	1,418.03	1,418.03	10/1/2009
50830		urinary andiversion	1,540.21	1,540.21	10/1/2009
50840		replacement of all or part of ureter by intestine segment, inclu	1,055.20	1,055.20	10/1/2009
50845		cutaneous appendico-vesicostomy	1,069.91	1,069.91	10/1/2009
50860		transplant of ureter to skin	810.64	810.64	10/1/2009
50900		repair of ureter	713.20	713.20	10/1/2009
50920		closure ureter/skin fistula	753.96	753.96	10/1/2009
50930		closure ureter/bowel fistula	914.33	914.33	10/1/2009
50940		release of ureter	758.61	758.61	10/1/2009
50945		laparoscopy, surgical, ureterolithotomy	842.48	842.48	10/1/2009
50947		laparoscopy, surgical; ureteroneocystostomy with cystoscopy	1,195.05	1,195.05	10/1/2009
50948		laparoscopy, surgical; ureteroneocystostomy without cystosco	1,109.03	1,109.03	10/1/2009
50951		visualization of ureter	268.91	328.61	10/1/2009
50953		visualization of ureter	295.61	346.96	10/1/2009
50955		visualization/biopsy ureter	319.43	383.46	10/1/2009
50957		treatment of ureter lesion	310.29	373.45	10/1/2009
50961		treatment of ureter lesion	277.76	336.88	10/1/2009
50970		visualization of ureter	325.74	325.74	10/1/2009
50972		visualization of ureter	313.61	313.61	10/1/2009
50974		visualization/biopsy ureter	415.35	415.35	10/1/2009
50976		treatment of ureter lesion	409.10	409.10	10/1/2009
50980		treatment of ureter lesion	312.74	312.74	10/1/2009
51020		cystotomy or cystostomy w/fulgration and/or insert	395.56	395.56	10/1/2009
51030		incision/treatment bladder	392.25	392.25	10/1/2009
51040		incision of bladder	246.64	246.64	10/1/2009
51045		incision of bladder	394.52	394.52	10/1/2009
51050		removal of bladder stone	401.87	401.87	10/1/2009
51060		removal of ureteral stone	495.24	495.24	10/1/2009
51065		cystotomy, with calculus basket extraction and/or ultrasonic o	491.97	491.97	10/1/2009
51080		drainage of bladder abscess	344.10	344.10	10/1/2009
51100		aspiration of bladder; by needle	33.39	50.98	10/1/2009
51101		aspiration of bladder; by trocar or intracatheter	44.74	103.29	10/1/2009
51102		aspiration of bladder; with insertion of suprapubic catheter	129.52	197.01	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
51500		removal of bladder cyst	530.43	530.43	10/1/2009
51520		removal of bladder lesion	499.24	499.24	10/1/2009
51525		removal of bladder lesion	735.11	735.11	10/1/2009
51530		removal of bladder lesion	655.01	655.01	10/1/2009
51535		revision of ureter lesion	665.36	665.36	10/1/2009
51550		partial removal of bladder	808.84	808.84	10/1/2009
51555		partial removal of bladder	1,076.14	1,076.14	10/1/2009
51565		revision of bladder & ureter	1,100.08	1,100.08	10/1/2009
51570		removal of bladder	1,256.99	1,256.99	10/1/2009
51575		cyctectomy w/bilat lymphadenectomy including hypog	1,571.39	1,571.39	10/1/2009
51580		removal of bladder	1,637.06	1,637.06	10/1/2009
51585		cyctectomy w/bilat lymph including hypogastric and	1,823.98	1,823.98	10/1/2009
51590		cystectomy, complete, with ureteroileal conduit or sigmoid bla	1,661.93	1,661.93	10/1/2009
51595		cystectomy w/bilat lymph including hypogastric and	1,888.99	1,888.99	10/1/2009
51596		cystectomy, complete, with continent diversion, any open tech	2,030.24	2,030.24	10/1/2009
51597		removal of pelvic structures	1,958.25	1,958.25	10/1/2009
51600		injection procedure for cystography or voiding urethrocystogra	38.43	156.67	10/1/2009
51605		injection procedure and placement of chain for contrast and/	32.86	32.86	10/1/2009
51610		injection procedure for retrograde urethrocystography	54.31	92.09	10/1/2009
51700		bladder irrigation, simple, lavage and/or instillation	38.43	72.46	10/1/2009
51701		insertion of non-dwelling bladder catheter (eg, straight cathete	23.30	50.12	10/1/2009
51702		insertion of temporary indwelling bladder catheter; simple (eg,	25.61	64.26	10/1/2009
51703		insertion of temporary indwelling bladder catheter; complicate	70.31	117.03	10/1/2009
51705		change of cystostomy tube;	56.86	93.78	10/1/2009
51710		change of bladder tube	80.95	132.30	10/1/2009
51715		endoscopic injection of implant material into the submucosal	171.64	246.92	10/1/2009
51720		treatment of bladder lesion	71.74	97.99	10/1/2009
51725	26	simple cystometrogram	65.89	65.89	10/1/2009
51725	TC	simple cystometrogram	115.29	115.29	10/1/2009
51725		simple cystometrogram	181.18	181.18	10/1/2009
51726	26	complex cystometrogram with gas	74.92	74.92	10/1/2009
51726	TC	complex cystometrogram with gas	187.59	187.59	10/1/2009
51726		complex cystometrogram with gas	262.52	262.52	10/1/2009
51727	26	Complex cystometrogram (ie, calibrated electronic equipment	69.18	69.18	01/1/2010
51727	TC	Complex cystometrogram (ie, calibrated electronic equipment	114.43	114.43	01/1/2010
51727		Complex cystometrogram (ie, calibrated electronic equipment	183.61	183.61	01/1/2010
51728	26	Complex cystometrogram (ie, calibrated electronic equipment	68.42	68.42	01/1/2010
51728	TC	Complex cystometrogram (ie, calibrated electronic equipment	115.11	115.11	01/1/2010
51728		Complex cystometrogram (ie, calibrated electronic equipment	183.52	183.52	01/1/2010
51729	26	Complex cystometrogram (ie, calibrated electronic equipment	81.45	81.45	01/1/2010
51729	TC	Complex cystometrogram (ie, calibrated electronic equipment	116.46	116.46	01/1/2010
51729		Complex cystometrogram (ie, calibrated electronic equipment	197.91	197.91	01/1/2010
51736	TC	simple uroglowmetry	17.79	17.79	10/1/2009
51736	26	simple uroglowmetry	26.93	26.93	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
51736		simple uroglowmetry	44.72	44.72	10/1/2009
51741	TC	electronic uroflownetry initial recordin	20.88	20.88	10/1/2009
51741	26	electronic uroflownetry initial recordin	50.30	50.30	10/1/2009
51741		electronic uroflownetry initial recordin	71.17	71.17	10/1/2009
51772	26	urethral pressure profile gas/liquid initial recording	69.89	69.89	10/1/2009
51772	TC	urethral pressure profile gas/liquid initial recording	132.80	132.80	10/1/2009
51772		urethral pressure profile gas/liquid initial recording	202.68	202.68	10/1/2009
51784	26	electromyography studies (emg) of anal or urethral sphincter,	66.51	66.51	10/1/2009
51784	TC	electromyography studies (emg) of anal or urethral sphincter,	100.00	100.00	10/1/2009
51784		electromyography studies (emg) of anal or urethral sphincter,	166.52	166.52	10/1/2009
51785	26	needle electromyography studies (emg) of anal or urethral spl	66.60	66.60	10/1/2009
51785	TC	needle electromyography studies (emg) of anal or urethral spl	113.85	113.85	10/1/2009
51785		needle electromyography studies (emg) of anal or urethral spl	180.45	180.45	10/1/2009
51792	26	stimulaus evoked response	47.79	47.79	10/1/2009
51792	TC	stimulaus evoked response	140.43	140.43	10/1/2009
51792		stimulaus evoked response	188.22	188.22	10/1/2009
51795	26	voiding press sty with press probe insert per urethra	66.80	66.80	10/1/2009
51795	TC	voiding press sty with press probe insert per urethra	180.51	180.51	10/1/2009
51795		voiding press sty with press probe insert per urethra	247.31	247.31	10/1/2009
51797	26	voiding pressure studies intra-abdominal	37.98	37.98	10/1/2009
51797	TC	voiding pressure studies intra-abdominal	84.34	84.34	10/1/2009
51797		voiding pressure studies intra-abdominal	122.32	122.32	10/1/2009
51798		measurement of post-voiding residual urine and/or bladder ca	16.58	16.58	10/1/2009
51800		cystoplasty or cystourethroplasty with or w/o res	893.62	893.62	10/1/2009
51820		revision of urinary tract	911.18	911.18	10/1/2009
51840		anterior vesicourethropexy, or urethropexy (eg, marshall-marc	543.69	543.69	10/1/2009
51841		fixation of bladder/urethra	645.54	645.54	10/1/2009
51845		abdomino-vaginal vesical neck suspension	495.14	495.14	10/1/2009
51860		repair of bladder wound	605.60	605.60	10/1/2009
51865		repair of bladder wound	750.60	750.60	10/1/2009
51880		repair of bladder opening	392.44	392.44	10/1/2009
51900		repair bladder/vagina lesion	696.03	696.03	10/1/2009
51920		repair bladder/uterus lesion	643.27	643.27	10/1/2009
51925		hysterectomy/bladder repair	838.85	838.85	10/1/2009
51940		closure, exstrophy of bladder	1,378.46	1,378.46	10/1/2009
51960		enterocystoplasty, including intestinal anastomosis	1,188.27	1,188.27	10/1/2009
51980		construct bladder opening	607.92	607.92	10/1/2009
51990		laparoscopy, surgical; urethral suspension for stress incontine	625.79	625.79	10/1/2009
51992		laparoscopy, surgical; sling operation for stress incontinence (	683.07	683.07	10/1/2009
52000		cystourethroscopy	107.77	175.84	10/1/2009
52001		cystourethroscopy with irrigation and evacuation of multiple ol	250.59	326.44	10/1/2009
52005		cystoscopy/uretheral catheter	115.04	241.08	10/1/2009
52007		cystourethroscopy with urethral catheterization	144.08	448.07	10/1/2009
52010		cystoscopy/duct catheter	139.85	335.39	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
52204		cystoscopy and biopsy	122.19	367.34	10/1/2009
52214		treat urinary tract lesion	188.57	483.33	10/1/2009
52224		treat urinary tract lesion	147.53	685.42	10/1/2009
52234		treatment of bladder lesion	215.18	215.18	10/1/2009
52235		treatment of bladder lesion	252.32	252.32	10/1/2009
52240		treatment of bladder lesion	441.57	441.57	10/1/2009
52250		cystovre ins radioac sub w/wo biopsy o fulguration	211.21	211.21	10/1/2009
52260		dilation of bladder	182.25	182.25	10/1/2009
52265		cystourethroscopy, with dilation of bladder for interstitial cystit	137.26	352.42	10/1/2009
52270		revision of urethra	158.54	341.10	10/1/2009
52275		revision of urethra	217.36	466.84	10/1/2009
52276		cystourethroscopy direct vision intern urethrotomy	232.01	232.01	10/1/2009
52277		revision of sphincter	283.54	283.54	10/1/2009
52281		cystourethroscopy, with calibration and/or dilation of urethral s	134.23	257.09	10/1/2009
52282		cystourethroscopy, with insertion of urethral stent	292.64	292.64	10/1/2009
52283		injection treatment, urethra	174.51	239.68	10/1/2009
52285		revision urethra & bladder	169.01	241.11	10/1/2009
52290		revison ureter(s) opening	213.44	213.44	10/1/2009
52300		cystourethroscopy; with resection or fulguration of orthotopic u	245.15	245.15	10/1/2009
52301		cystourethroscopy; with resection or fulguration of ectopic ure	257.58	257.58	10/1/2009
52305		treatment of bladder lesion	243.72	243.72	10/1/2009
52310		remove bladder/urethra stone	131.95	212.99	10/1/2009
52315		remove bladder/urethra stone	240.11	377.40	10/1/2009
52317		litholapaxy: crushing or fragmentation of calculus by any mea	304.94	796.10	10/1/2009
52318		litholapaxy: of calculus complicateed	415.60	415.60	10/1/2009
52320		remove ureteral stone	215.63	215.63	10/1/2009
52325		cystourethroscopy with fragmentation of calculus	280.63	280.63	10/1/2009
52327		cystourethroscopy (including ureteral catheterization);	229.97	446.86	10/1/2009
52330		exploration of ureter	230.86	646.76	10/1/2009
52332		cystourethroscopy w/intsert indw ureteral sternt	135.65	399.54	10/1/2009
52334		cystourethroscopy with insertion of ureteral wire	224.11	224.11	10/1/2009
52341		cystourethroscopy; with treatment of ureteral stricture (eg, bal	254.63	254.63	10/1/2009
52342		cystourethroscopy; with treatment of ureteropelvic junction str	276.87	276.87	10/1/2009
52343		cystourethroscopy; with treatment of intra-renal stricture (eg, b	308.04	308.04	10/1/2009
52344		cystourethroscopy with ureteroscopy; with treatment of ureter	333.94	333.94	10/1/2009
52345		cystourethroscopy with ureteroscopy; with treatment of ureter	356.18	356.18	10/1/2009
52346		cystourethroscopy with ureteroscopy; with treatment of intra-r	402.08	402.08	10/1/2009
52351		cystourethroscopy, with ureteroscopy and/or pyeloscopy; diag	274.15	274.15	10/1/2009
52352		cystourethroscopy, with ureteroscopy and/or pyeloscopy; with	321.95	321.95	10/1/2009
52353		cystourethroscopy, with ureteroscopy and/or pyeloscopy; with	370.50	370.50	10/1/2009
52354		cystourethroscopy, with ureterscopy and/or pyeloscopy; with b	342.37	342.37	10/1/2009
52355		cystourethroscopy, with ureteroscopy and/or pyeloscopy; with	408.28	408.28	10/1/2009
52400		cystourethroscopy with incision, fulguration, or resection of co	418.72	418.72	10/1/2009
52450		transurethral incision of prostate	398.26	398.26	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
52500		revision of bladder	416.15	416.15	10/1/2009
52601		transurethral electrosurgical resection of prostate, including co	709.01	709.01	10/1/2009
52630		remove prostate regrowth	378.97	378.97	10/1/2009
52640		relieve bladder contracture	258.00	258.00	10/1/2009
52647		non-contact laser coagulation of prostate, including control	551.57	1,796.07	10/1/2009
52648		contact laser vaporization with or without transurethral	588.78	1,835.58	10/1/2009
52649		laser enucleation of the prostate with morcellation, including c	841.65	841.65	10/1/2009
52700		drainage of prostate abscess	369.98	369.98	10/1/2009
53000		revision of urethra	126.22	126.22	10/1/2009
53010		revision of urethra	247.09	247.09	10/1/2009
53020		meatotomy cutting of meatus except infant office	84.29	84.29	10/1/2009
53025		revision of urethra	55.27	55.27	10/1/2009
53040		drainage of urethra abscess	334.12	334.12	10/1/2009
53060		drainage of urethra abscess	130.56	146.71	10/1/2009
53080		drainage of urinary leakage	369.72	369.72	10/1/2009
53085		drainage of urinary leakage	526.25	526.25	10/1/2009
53200		biopsy of urethra	121.34	132.59	10/1/2009
53210		removal of urethra	658.49	658.49	10/1/2009
53215		removal of urethra	800.33	800.33	10/1/2009
53220		treatment of urethra lesion	383.77	383.77	10/1/2009
53230		removal of urethra lesion	512.11	512.11	10/1/2009
53235		removal of urethra lesion	544.64	544.64	10/1/2009
53240		revision of urethral pouch	365.20	365.20	10/1/2009
53250		removal of urethral gland	338.78	338.78	10/1/2009
53260		treatment of urethral lesion	149.53	168.28	10/1/2009
53265		treatment of urethral lesion	157.16	186.58	10/1/2009
53270		removal of urethral gland	153.94	171.54	10/1/2009
53275		repair of urethral defect	226.91	226.91	10/1/2009
53400		revision urethra, 1st stage	684.55	684.55	10/1/2009
53405		revision urethra, 2nd stage	754.24	754.24	10/1/2009
53410		reconstruction of urethra	842.06	842.06	10/1/2009
53415		urethroplasty, transpubic, one stage	971.81	971.81	10/1/2009
53420		revision urethra, 1st stage	691.25	691.25	10/1/2009
53425		revision urethra, 2nd stage	811.25	811.25	10/1/2009
53430		reconstruction of urethra	809.88	809.88	10/1/2009
53431		urethroplasty with tubularization of posterior urethra and/or lo	993.34	993.34	10/1/2009
53440		operation for correction of male urinary incontinence, with	750.79	750.79	10/1/2009
53442		rem perineal prosthesis introducded for incontinen	660.74	660.74	10/1/2009
53444		insertion of tandem cuff (dual cuff)	683.08	683.08	10/1/2009
53445		insertion of inflatable urethral/bladder neck sphincter, includin	753.67	753.67	10/1/2009
53446		removal of inflatable urethral/bladder neck sphincter, including	550.48	550.48	10/1/2009
53447		removal and replacement of inflatable urethral/bladder neck s	697.04	697.04	10/1/2009
53448		removal and replacement of inflatable urethral/bladder neck s	1,103.29	1,103.29	10/1/2009
53449		repair of inflatable urethral/bladder neck sphincter, including p	523.51	523.51	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
53450		revision of urethra	347.69	347.69	10/1/2009
53460		revision of urethra	390.88	390.88	10/1/2009
53500		urethrolysis, transvaginal, secondary, open, including cystoure	629.61	629.61	10/1/2009
53502		urethrorrhaphy female	413.49	413.49	10/1/2009
53505		repair of urethra injury	415.36	415.36	10/1/2009
53510		repair of urethra injury	540.92	540.92	10/1/2009
53515		repair of urethra injury	683.02	683.02	10/1/2009
53520		repair of urethra defect	474.33	474.33	10/1/2009
53600		dilation of urethral stricture by passage of sound or urethral di	55.95	73.26	10/1/2009
53601		dilation of urethral stricture by passage of sound or urethral di	46.65	70.87	10/1/2009
53605		dilation urethral stricture	56.40	56.40	10/1/2009
53620		dilation of urethral stricture by passage of filiform and follower	76.05	104.60	10/1/2009
53621		dilation of urethral stricture by passage of filiform and follower	63.11	98.58	10/1/2009
53660		dilation of female urethra including suppository and/or instillati	35.53	61.20	10/1/2009
53661		dilation of female urethra including suppository and/or instillati	34.97	60.93	10/1/2009
53665		dilation of urethra	32.96	32.96	10/1/2009
53850		transurethral destruction of prostate tissue; by microwave ther	486.80	2,056.91	10/1/2009
53852		transurethral destruction of prostate tissue; by radiofrequency	529.69	1,981.55	10/1/2009
53855		Insertion of a temporary prostatic urethral stent, including uret	52.82	408.96	01/1/2010
54000		slitting of prepuce, dorsal or lateral (separate procedure);	90.62	130.99	10/1/2009
54001		slitting of prepuce, dorsal or lateral (separate procedure);	117.15	161.57	10/1/2009
54015		incision and drainage of penis deep	265.13	265.13	10/1/2009
54050		destruction of lesion(s), penis (eg, condyloma, papilloma,	79.22	98.84	10/1/2009
54055		treatment of penis lesion	73.10	94.44	10/1/2009
54056		destruction of lesion, penis, simple; cryosurgery	81.72	103.06	10/1/2009
54057		destruction of lesion, penis, simple; laser	76.83	113.17	10/1/2009
54060		treatment of penis lesion	107.50	153.35	10/1/2009
54065		destruction of lesion(s), penis (eg, condyloma, papilloma, mol	131.43	168.63	10/1/2009
54100		biopsy of penis; (separate procedure)	97.84	154.09	10/1/2009
54105		biopsy of penis	183.60	233.21	10/1/2009
54110		treatment of penis lesion	533.22	533.22	10/1/2009
54111		excision of penile plaque with graft to 5cm	689.78	689.78	10/1/2009
54112		excision of penile plaque with graft more than 5cm	809.73	809.73	10/1/2009
54115		removal foreign body from deep penile tissue	357.85	382.08	10/1/2009
54120		partial amputation of penis	539.28	539.28	10/1/2009
54125		amputation of penis	695.97	695.97	10/1/2009
54130		amputation of penis	1,030.73	1,030.73	10/1/2009
54135		amputation penis w/bilateral lymph include hypogas	1,309.34	1,309.34	10/1/2009
54150		circumcision	84.04	141.14	10/1/2009
54160		circumcision	124.11	195.34	10/1/2009
54161		circumcision	168.27	168.27	10/1/2009
54162		lysis or excision of penile post-circumcision adhesions	167.25	227.25	10/1/2009
54163		repair incomplete circumcision	184.56	184.56	10/1/2009
54164		frenulotomy of penis	162.32	162.32	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
54200		injection procedure for peyronie disease;	71.02	92.07	10/1/2009
54205		treatment of penis lesion	457.44	457.44	10/1/2009
54220		ing procedure for corpora cavernosgraphy	116.02	178.90	10/1/2009
54220		irrigation of corpora cavernosa for priapism	116.02	178.90	10/1/2009
54230		ing procedure for corpora cavernosgraphy	68.65	82.78	10/1/2009
54240	TC	penile plethysmography	28.01	28.01	10/1/2009
54240	26	penile plethysmography	58.02	58.02	10/1/2009
54240		penile plethysmography	86.02	86.02	10/1/2009
54300		revision of penis	555.44	555.44	10/1/2009
54304		plastic operation on penis for correct of chordee	650.92	650.92	10/1/2009
54308		urethroplasty second stage hypospadias less th 3cm	619.76	619.76	10/1/2009
54312		urethroplasty for hypospadias repair more than 3cm	716.25	716.25	10/1/2009
54316		urethroplasty for hypospadias repair with graft	867.28	867.28	10/1/2009
54318		urethroplasty for hypospadias to release penis	624.36	624.36	10/1/2009
54322		hypospadias repair with meatal advancement	678.16	678.16	10/1/2009
54324		hypospadias repair with urethroplasty by flaps	843.09	843.09	10/1/2009
54326		hypospadias repair with urethroplasty by flaps/mob	793.09	793.09	10/1/2009
54328		hypospadias with urethroplasty to correct chordee	803.78	803.78	10/1/2009
54332		penile hypospadias repair dissection to corr chord	878.70	878.70	10/1/2009
54336		hypospadias repair to corrt chordee and urethropla	998.57	998.57	10/1/2009
54340		repair hypospadias complications, simple	482.18	482.18	10/1/2009
54344		repair hypospadias complications mobilization graf	831.97	831.97	10/1/2009
54348		repair hypospadias compli dissection and urethropl	883.30	883.30	10/1/2009
54352		repair of hypospadias cripple requiring dissection	1,246.12	1,246.12	10/1/2009
54360		plasti operation on penis to correct angulation	624.74	624.74	10/1/2009
54380		revision of penis	692.33	692.33	10/1/2009
54385		revise penis/bladder defect	835.74	835.74	10/1/2009
54390		revise penis/bladder defect	1,019.45	1,019.45	10/1/2009
54400		revision of penis	457.29	457.29	10/1/2009
54406		removal of all components of a multi-component, inflatable pe	627.13	627.13	10/1/2009
54415		removal of non-inflatable (semi-rigid) or inflatable (self-contair	449.83	449.83	10/1/2009
54420		revision of penis	607.66	607.66	10/1/2009
54430		revision of penis	550.28	550.28	10/1/2009
54435		corpora cavernosa-glans penis fistulization	355.57	355.57	10/1/2009
54440		revision of penis	751.87	751.87	10/1/2009
54450		foreskin manipulation	50.92	62.46	10/1/2009
54500		biopsy of testis, needle (separate procedure)	65.03	65.03	10/1/2009
54505		biopsy of testis	182.17	182.17	10/1/2009
54512		excision of extraparenchymal lesion of testis	458.21	458.21	10/1/2009
54520		removal of testis	277.11	277.11	10/1/2009
54522		orchiectomy, partial	497.60	497.60	10/1/2009
54530		removal of testis	432.60	432.60	10/1/2009
54535		extensive testis surgery	629.60	629.60	10/1/2009
54550		exploration for testis	417.57	417.57	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
54560		exploration for testis	570.41	570.41	10/1/2009
54600		reduce testis torsion	385.92	385.92	10/1/2009
54620		fixation of testis	259.34	259.34	10/1/2009
54640		orchiopexy, inguinal approach, with or without hernia repair	396.24	396.24	10/1/2009
54650		orchiopexy, abdominal approach, for intra-abdominal testis	607.90	607.90	10/1/2009
54670		repair testis injury	344.50	344.50	10/1/2009
54680		relocation of testis(es)	671.80	671.80	10/1/2009
54690		laparoscopy, surgical; orchiectomy	543.07	543.07	10/1/2009
54690		laparoscopy, surgical; orchiectomy	543.07	543.07	10/1/2009
54692		laparoscopy, surgical; orchiopexy for intra-abdominal testis	663.54	663.54	10/1/2009
54700		drainage of scrotum	179.71	179.71	10/1/2009
54800		biopsy of epididymis	113.82	113.82	10/1/2009
54830		remove epididymis lesion	313.51	313.51	10/1/2009
54840		remove epididymis lesion	275.34	275.34	10/1/2009
54860		removal of epididymis	355.72	355.72	10/1/2009
54861		removal of epididymes	481.58	481.58	10/1/2009
54865		exploration of epididymis, with or without biopsy	302.66	302.66	10/1/2009
55000		puncture aspiration of hydrocele, tunica vaginalis, with or	72.14	102.14	10/1/2009
55040		removal of hydrocele	286.16	286.16	10/1/2009
55041		removal of hydroceles	430.98	430.98	10/1/2009
55060		repair of hydrocele	320.02	320.02	10/1/2009
55100		drainage of scrotum abscess	135.59	180.29	10/1/2009
55110		scrotal exploration	325.62	325.62	10/1/2009
55120		removal of scrotum lesion	298.59	298.59	10/1/2009
55150		removal of scrotum	412.81	412.81	10/1/2009
55175		scrotoplasty; simple	306.33	306.33	10/1/2009
55180		scrotoplasty; complicated	583.74	583.74	10/1/2009
55200		incision of sperm duct	234.80	408.71	10/1/2009
55250		removal of sperm duct(s)	191.81	359.38	10/1/2009
55300		preparation,sperm duct x-ray	155.89	155.89	10/1/2009
55450		ligation of sperm ducts	217.57	320.54	10/1/2009
55500		removal of hydrocele	317.64	317.64	10/1/2009
55520		removal of sperm cord lesion	327.23	327.23	10/1/2009
55530		revise spermatic cord veins	300.23	300.23	10/1/2009
55535		revise spermatic cord veins	363.31	363.31	10/1/2009
55540		revise hernia & sperm veins	397.11	397.11	10/1/2009
55550		laparoscopy, surgical, with ligation of spermatic veins for varic	359.83	359.83	10/1/2009
55600		incise sperm duct pouch	362.40	362.40	10/1/2009
55650		remove sperm duct pouch	610.73	610.73	10/1/2009
55680		remove sperm pouch lesion	288.57	288.57	10/1/2009
55700		biopsy of prostrate	117.81	193.95	10/1/2009
55705		biopsy of prostate	230.75	230.75	10/1/2009
55706		biopsies, prostate, needle, transperineal, stereotactic template	326.08	326.08	10/1/2009
55720		drainage of prostate abscess	394.92	394.92	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
55725		drainage of prostate abscess	501.33	501.33	10/1/2009
55801		removal of prostate	933.85	933.85	10/1/2009
55810		removal of prostate	1,130.40	1,130.40	10/1/2009
55812		prostatectomy w lymph node biopsy	1,389.35	1,389.35	10/1/2009
55815		prostatectomy perineal w pelvic lymphadenectomy	1,524.33	1,524.33	10/1/2009
55821		removal of prostate	751.01	751.01	10/1/2009
55831		removal of prostate	814.10	814.10	10/1/2009
55840		prostatectomy, retropubic radical, with or without nerve sparin	1,153.24	1,153.24	10/1/2009
55842		prostatectomy retropubic w lymph biopsy	1,236.10	1,236.10	10/1/2009
55845		extensive prostate surgery	1,414.83	1,414.83	10/1/2009
55860		exposure of prostate, any approach, for insertion of radioactiv	753.42	753.42	10/1/2009
55862		exposure of prostate, any approach, for insertion of radioactiv	952.16	952.16	10/1/2009
55865		exposure of prostate, any approach, for insertion of radioactiv	1,154.07	1,154.07	10/1/2009
55866		laparoscopy, surgical prostatectomy, retropubic radical, includ	1,502.97	1,502.97	10/1/2009
55873		cryosurgical ablation of the prostate (includes ultrasonic guida	981.69	981.69	10/1/2009
55875		transperineal placement of needles or catheters into prostate	653.23	653.23	10/1/2009
55876		placement of interstitial device(s) for radiation therapy guidan	91.20	119.76	10/1/2009
55920		placement of needles and catheters into pelvic organs and/or	369.21	369.21	10/1/2009
56405		i and d of abscess, vulva/perineal.	82.34	84.07	10/1/2009
56420		drainage of vulva abscess	71.64	96.44	10/1/2009
56440		marsupilization of bartholin's gland cyst	142.91	142.91	10/1/2009
56441		lysis of labial adhesions	110.42	116.47	10/1/2009
56442		hymenotomy, simple incision	38.07	38.07	10/1/2009
56501		destruction of lesion(s), vulva; simple (eg, laser surgery, elect	87.65	100.34	10/1/2009
56515		destruction of lesion(s), vulva; extensive (eg, laser surgery, el	152.91	171.94	10/1/2009
56605		biopsy of vulva or perineum (separate procedure);	48.11	64.85	10/1/2009
56606		biopsy of vulva or perineum (separate procedure); each separ	23.72	30.07	10/1/2009
56620		vulvectomy partial unilateral or bilateral	383.67	383.67	10/1/2009
56625		external genital surgery	463.00	463.00	10/1/2009
56630		vulvectomy radical without skin graft	678.37	678.37	10/1/2009
56631		vulvectomy, radical, partial; w lymphadenectomy	863.46	863.46	10/1/2009
56632		vulvectomy, radical, partial;	999.64	999.64	10/1/2009
56633		vulvectomy, radical, complete	885.59	885.59	10/1/2009
56634		vulvectomy, rad, complete; uni lymphadenectomy	935.54	935.54	10/1/2009
56637		vulvectomy, radical, complete; w lymphadenectomy	1,106.38	1,106.38	10/1/2009
56640		vulvectomy radical with inguinofem iliac pelvic ly	1,103.74	1,103.74	10/1/2009
56700		external genital surgery	144.54	144.54	10/1/2009
56740		external genital surgery	231.75	231.75	10/1/2009
56800		plastic repair of introitus	190.57	190.57	10/1/2009
56805		clitoroplasty for intersex state	900.27	900.27	10/1/2009
56810		perineoplasty, repair of perineum, non-ob	204.80	204.80	10/1/2009
56820		colposcopy of the vulva;	67.06	86.10	10/1/2009
56821		colposcopy of the vulva; with biopsy (s)	91.06	115.30	10/1/2009
57000		drainage of pelvic lesion	148.96	148.96	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
57010		colpotomy with drainage pelvic abscess	334.93	334.93	10/1/2009
57020		drainage of pelvic fluid	64.75	73.97	10/1/2009
57022		incision and drainage of vaginal hematoma; obstetrical/postpa	129.99	129.99	10/1/2009
57023		incision and drainage of vaginal hematoma; non-obstetrical (e	243.81	243.81	10/1/2009
57061		destruction of vaginal lesion(s); simple (eg, laser surgery, elec	74.87	87.27	10/1/2009
57065		destruction of vaginal lesion(s); extensive (eg, laser surgery, e	133.12	148.99	10/1/2009
57100		biopsy of vagina	52.01	68.73	10/1/2009
57105		biopsy of vagina	96.79	104.86	10/1/2009
57106		vaginectomy, partial removal of vaginal wall;	369.06	369.06	10/1/2009
57107		vaginectomy, partial removal of vaginal wall; with removal of p	1,098.13	1,098.13	10/1/2009
57109		vaginectomy, partial removal of vaginal wall; with removal of p	1,255.96	1,255.96	10/1/2009
57110		vaginectomy, complete removal of vaginal wall;	706.31	706.31	10/1/2009
57111		vaginectomy, complete removal of vaginal wall; with removal	1,268.72	1,268.72	10/1/2009
57112		vaginectomy, complete removal of vaginal wall; with removal	1,347.56	1,347.56	10/1/2009
57120		vaginal surgery	399.54	399.54	10/1/2009
57130		vaginal surgery	125.65	140.36	10/1/2009
57135		excision vaginal cyst or tumor	135.54	150.54	10/1/2009
57150		treatment vaginal infection	23.72	39.29	10/1/2009
57155		insertion of uterine tandems and/or vaginal ovoids for clinical	330.96	330.96	10/1/2009
57156		Insertion of a vaginal radiation afterloading apparatus for clini	85.52	124.50	1/1/2011
57160		fitting and insertion of pessary or other intravaginal support de	38.09	59.72	10/1/2009
57170		diaphram fitting with instructions	38.62	53.91	10/1/2009
57180		intro of hemostatic agentor packn non-ob hemorrhag	83.35	109.59	10/1/2009
57200		repair of vagina	230.36	230.36	10/1/2009
57210		repair vagina/perineum	286.15	286.15	10/1/2009
57220		revision of urethra	248.50	248.50	10/1/2009
57230		revision of urethral lesion	311.32	311.32	10/1/2009
57240		repair of bladder lesion	519.75	519.75	10/1/2009
57250		posterior colporrhaphy repair rectocele with or w/	508.80	508.80	10/1/2009
57260		extensive vaginal repair	634.48	634.48	10/1/2009
57265		extensive vaginal repair	708.65	708.65	10/1/2009
57267		insertion of mesh or other prosthesis for repair of pelvic floor	214.13	214.13	10/1/2009
57268		repair enterocele vaginal approach	375.14	375.14	10/1/2009
57270		repair of visceral pouch	625.38	625.38	10/1/2009
57280		fixation of vagina	760.81	760.81	10/1/2009
57282		sacrospinous ligament fixation for prolapse	397.86	397.86	10/1/2009
57283		colpopexy, vaginal; intra-peritoneal approach (uterosacral, lev	538.98	538.98	10/1/2009
57284		paravaginal defect repair (including repair of cystocele, stress	659.08	659.08	10/1/2009
57285		paravaginal defect repair (including repair for cystocele, if perf	526.23	526.23	10/1/2009
57287		removal or revision of sling for stress incontinence (eg, fascia	551.92	551.92	10/1/2009
57288		sling operation for stress incontinence	581.17	581.17	10/1/2009
57289		pereyra procedure inc anterior colporrhaphy	610.80	610.80	10/1/2009
57291		construction artificial vagina w/o graft	423.67	423.67	10/1/2009
57292		construction artificial vagina with graft	650.39	650.39	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
57295		revision (including removal) of prosthetic vaginal graft, vagina	385.64	385.64	10/1/2009
57296		revision (including removal) of prosthetic vaginal graft; open a	744.85	744.85	10/1/2009
57300		repair rectum/vagina lesion	414.80	414.80	10/1/2009
57305		repair rectum/vagina lesion	694.82	694.82	10/1/2009
57307		repair rectum/vagina lesion	777.40	777.40	10/1/2009
57308		closure of rectovaginal fistula; transperineal approach, with pe	495.52	495.52	10/1/2009
57310		repair urethra/vagina lesion	386.25	386.25	10/1/2009
57311		closure urethrovaginal fistula w/ bulbocavernosus	441.27	441.27	10/1/2009
57320		repair bladder/vagina lesion	439.68	439.68	10/1/2009
57330		repair bladder/vagina lesion	625.55	625.55	10/1/2009
57335		vaginoplasty for intersex state	913.60	913.60	10/1/2009
57400		dilation procedure	106.78	106.78	10/1/2009
57410		pelvic examination	83.79	83.79	10/1/2009
57415		removal vag foreign body w anesth.	124.66	124.66	10/1/2009
57420		colposcopy of the entire vagina, with cervix if present;	71.24	90.56	10/1/2009
57421		colposcopy of the entire vagina, with cervix if present; with bic	97.30	122.09	10/1/2009
57423		paravaginal defect repair (including repair for cystocele, if perf	727.90	727.90	10/1/2009
57425		laparoscopy, surgical, colpopexy (suspension of vaginal apex	767.72	767.72	10/1/2009
57426		Revision (including removal) or prosthetic vaginal graft, laparo	538.16	538.16	01/1/2010
57452		examination of vagina	72.25	85.22	10/1/2009
57454		colposcopy (vaginoscopy); with biopsy(s) of the cervix and/or	107.89	120.87	10/1/2009
57455		colposcopy of the cervix including upper/adjacent vagina; with	88.13	112.08	10/1/2009
57456		colposcopy of the cervix including upper/adjacent vagina; with	82.22	105.87	10/1/2009
57460		colposcopy (vaginoscopy); with loop electrode excision proce	129.57	229.65	10/1/2009
57461		colposcopy of the cervix including upper/adjacent vagina; with	149.95	258.10	10/1/2009
57500		biopsy single or multiple or local exc lesion with	58.53	101.51	10/1/2009
57505		endocervical curettage (not done as part of a dilation and cure	70.09	78.16	10/1/2009
57510		cautery of cervix; electro or thermal	91.19	103.59	10/1/2009
57511		cryocautry initial or repeat cervix uteri	102.19	112.58	10/1/2009
57513		cauterization of cervix laser surgery	102.77	111.14	10/1/2009
57520		conization of cervix, with or without fulguration, with or without	212.41	238.37	10/1/2009
57522		conization of cervix, with or without fulguration, with	188.46	204.32	10/1/2009
57530		removal of cervix	267.31	267.31	10/1/2009
57531		radical trachelectomy, with bilateral total pelvic lymphadenect	1,333.32	1,333.32	10/1/2009
57540		removal of cervix tissue	609.72	609.72	10/1/2009
57545		remove cervix, repair pelvis	643.36	643.36	10/1/2009
57550		removal of cervix tissue	316.25	316.25	10/1/2009
57555		remove cervix, repair vagina	468.23	468.23	10/1/2009
57556		cervix uteri with repair of enterocele	446.79	446.79	10/1/2009
57558		dilation and curettage of cervical stump	88.09	97.02	10/1/2009
57700		revision of cervix	236.88	236.88	10/1/2009
57720		revision of cervix	237.74	237.74	10/1/2009
57800		dilation of cervical canal	38.19	46.84	10/1/2009
58100		endometrial sampling (biopsy) with or without endocervical sa	69.43	85.88	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
58110		endometrial sampling (biopsy) performed in conjunction with c	33.00	38.47	10/1/2009
58120		d & c diag and or therapeutic	168.56	193.94	10/1/2009
58140		myomectomy, excision of leiomyomata of uterus, single or mu	715.25	715.25	10/1/2009
58145		removal of uterine lesion	423.08	423.08	10/1/2009
58146		myomectomy, excision of fibroid tumor(s) of uterus, 5 or more	911.61	911.61	10/1/2009
58150		hysterectomy	775.35	775.35	10/1/2009
58152		total abdominal hysterectomy (corpus and cervix), with or with	978.91	978.91	10/1/2009
58180		partial hysterectomy	744.44	744.44	10/1/2009
58200		extensive uterine surgery	1,025.67	1,025.67	10/1/2009
58210		extensive uterine surgery	1,366.51	1,366.51	10/1/2009
58240		removal of pelvis contents	2,148.77	2,148.77	10/1/2009
58260		hysterectomy	646.99	646.99	10/1/2009
58262		vaginal hysterectomy w/ removal of tubes and ovary(s)	723.21	723.21	10/1/2009
58263		vaginal hysterectomy w/ removal or tube/ovary & enterocele	779.38	779.38	10/1/2009
58267		hysterectomy & repair vagina	828.23	828.23	10/1/2009
58270		hysterectomy & repair vagina	693.48	693.48	10/1/2009
58275		vaginal hysterectomy, with total or partial vaginectomy;	771.68	771.68	10/1/2009
58280		hysterectomy, revise vagina	825.85	825.85	10/1/2009
58285		hysterectomy	1,037.03	1,037.03	10/1/2009
58290		vaginal hysterectomy, for uterus greater than 250 grams;	907.40	907.40	10/1/2009
58291		vaginal hysterectomy, for uterus greater than 250 grams; with	986.21	986.21	10/1/2009
58292		vaginal hysterectomy, for uterus greater than 250 grams; with	1,039.49	1,039.49	10/1/2009
58293		vaginal hysterectomy, for uterus greater than 250 grams; with	1,079.43	1,079.43	10/1/2009
58294		vaginal hysterectomy, for uterus greater than 250 grams; with	958.80	958.80	10/1/2009
58300		insert intrauterine device	43.96	60.97	10/1/2009
58301		removal of iud	54.10	74.87	10/1/2009
58346		insertion of heyman capsules for clinical brachytherapy	356.20	356.20	10/1/2009
58353		endometrial ablation, thermal, without hysteroscopic guidance	172.88	862.47	10/1/2009
58400		fixation of uterus	349.45	349.45	10/1/2009
58410		fixation of uterus	627.72	627.72	10/1/2009
58520		repair of ruptured uterus	612.94	612.94	10/1/2009
58540		revision of uterus	711.87	711.87	10/1/2009
58541		laparoscopy, surgical, supracervcical hysterectomy, for uterus	671.22	671.22	10/1/2009
58542		laparoscopy, surgical, supracervcical hysterectomy, for uterus	745.85	745.85	10/1/2009
58543		laparoscopy, surgical, supracervical hysterectomy, for uterus	758.32	758.32	10/1/2009
58544		laparoscopy, surgical, supracervical hysterectomy, for uterus	819.79	819.79	10/1/2009
58545		laparoscopy, surgical, myomectomy, excision; 1 to 4 intramur	701.21	701.21	10/1/2009
58546		laparoscopy, surgical, myomectomy, excision; 5 or more intra	889.22	889.22	10/1/2009
58548		laparoscopy, surgical, with radical hysterectomy, with bilateral	1,387.62	1,387.62	10/1/2009
58550		laparoscopy, surgical; with vaginal hysterectomy with or witho	691.88	691.88	10/1/2009
58552		laparoscopy surgical, with vaginal hysterectomy, for uterus 25	763.90	763.90	10/1/2009
58553		laparoscopy, surgical, with vaginal hysterectomy, for uterus gr	893.84	893.84	10/1/2009
58554		laparoscopy, surgical, with vaginal hysterectomy, for uterus gr	1,024.32	1,024.32	10/1/2009
58555		hysteroscopy, diagnostic (separate procedure)	150.67	187.59	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
58558		hysteroscopy, surgical; with sampling (biopsy) of endometriun	212.41	253.94	10/1/2009
58559		hysteroscopy, surgical; with lysis of intrauterine adhesions (ar	273.32	273.32	10/1/2009
58560		hysteroscopy, surgical; with division or resection of intrauterin	308.96	308.96	10/1/2009
58561		hysteroscopy, surgical; with removal of leiomyomata	437.50	437.50	10/1/2009
58562		hysteroscopy, surgical; with removal of impacted foreign body	231.70	268.90	10/1/2009
58563		hysteroscopy, surgical; with endometrial ablation (eg, endome	273.32	1,404.76	10/1/2009
58565		hysteroscopy, surgical; with bilateral fallopian tube cannulatio	347.19	1,495.07	10/1/2009
58570		laparoscopy, surgical, with total hysterectomy, for uterus 250	720.87	720.87	10/1/2009
58571		laparoscopy, surgical, with total hysterectomy, for uterus 250	792.39	792.39	10/1/2009
58572		laparoscopy, surgical, with total hysterectomy, for uterus grea	897.01	897.01	10/1/2009
58573		laparoscopy, surgical, with total hysterectomy, for uterus grea	1,015.96	1,015.96	10/1/2009
58600		ligation or transection fallop tubes abd or vag un	283.44	283.44	10/1/2009
58605		ligation or transection fallop tubes abd or vag po	257.56	257.56	10/1/2009
58611		ligation or transection of fallopian tube(s) when done at the tin	62.04	62.03	10/1/2009
58615		occlus fallopian tubes by device vag/suprapubic	194.66	194.66	10/1/2009
58660		laparoscopy, surgical; with lysis of adhesions (salpingolysis, o	527.08	527.08	10/1/2009
58661		laparoscopy, surgical; with removal of adnexal structures (par	506.87	506.87	10/1/2009
58662		laparoscopy, surgical; with fulguration or excision of lesions o	554.03	554.03	10/1/2009
58670		laparoscopy, surgical; with fulguration of oviducts (with or with	285.37	285.37	10/1/2009
58671		laparoscopy, surgical; with occlusion of oviducts by device (eg	285.27	285.28	10/1/2009
58700		salpingectomy complete or partial unilateral or bi	596.32	596.32	10/1/2009
58720		removal of ovary/tube(s)	560.45	560.45	10/1/2009
58800		drainage of ovarian cyst(s)	231.68	248.11	10/1/2009
58805		drainage of ovarian cyst(s)	315.15	315.15	10/1/2009
58820		drainage of ovarian abscess; vaginal approach, open	242.87	242.87	10/1/2009
58822		drainage of ovarian abscess	550.70	550.70	10/1/2009
58823		drainage of pelvic abscess, transvaginal or transrectal approa	145.87	693.57	10/1/2009
58825		ovarian transposition	544.62	544.62	10/1/2009
58900		biopsy of ovary(s)	321.60	321.60	10/1/2009
58920		partial removal of ovary(s)	548.63	548.63	10/1/2009
58925		ovarian cystectomy unilateral or bilateral	571.81	571.81	10/1/2009
58940		oophorectomy partial or total unilateral or bilate	390.85	390.85	10/1/2009
58943		oophorectomy, partial or total, unilateral or bilateral; for ovaria	875.13	875.13	10/1/2009
58950		resection of ovarian, tubal or primary peritoneal malignancy w	833.91	833.91	10/1/2009
58951		resect ovarian malignancy	1,076.86	1,076.86	10/1/2009
58952		resection of ovarian, tubal or primary peritoneal malignancy w	1,214.45	1,214.45	10/1/2009
58953		bilateral salpingo-oophorectomy with omentectomy, total abdo	1,507.13	1,507.13	10/1/2009
58954		bilateral salpingo-oophorectomy with omentectomy, total abdo	1,636.23	1,636.23	10/1/2009
58956		bilateral salpingo-oophorectomy with total omentectomy, total	1,054.86	1,054.86	10/1/2009
58957		resection (tumor debulking) of recurrent ovarian, tubal, primar	1,159.84	1,159.84	10/1/2009
58958		resection (tumor debulking) of recurrent ovarian, tubal, primar	1,289.23	1,289.23	10/1/2009
58960		laparotomy, for staging or restaging of ovarian, tubal or primar	720.60	720.60	10/1/2009
59000		amniocentesis; diagnostic	63.68	99.44	10/1/2009
59001		amniocentesis; therapeutic amniotic fluid reduction (includes u	145.65	145.65	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
59012		cordocentesis (intrauterine), any method	160.67	160.67	10/1/2009
59015		chorionic villus sampling, any method	104.54	121.56	10/1/2009
59020	TC	fetal contraction	24.47	24.47	10/1/2009
59020	26	fetal contraction	29.80	29.80	10/1/2009
59020		fetal contraction	54.27	54.27	10/1/2009
59025	TC	fetal non-stress test	12.22	12.22	10/1/2009
59025	26	fetal non-stress test	24.00	24.00	10/1/2009
59025		fetal non-stress test	36.22	36.22	10/1/2009
59030		fetal blood sampling scalp	89.51	89.51	10/1/2009
59100		removal of uterus lesion	641.34	641.34	10/1/2009
59120		treatment atypical pregnancy	612.58	612.58	10/1/2009
59121		surg treat ectopic pregn tubal wo salping/oophorec	615.39	615.39	10/1/2009
59130		treatment atypical pregnancy	718.66	718.66	10/1/2009
59135		treatment atypical pregnancy	727.10	727.10	10/1/2009
59136		tx ectopic pregnancy w/ partial resection uterus	679.77	679.77	10/1/2009
59140		treatment atypical pregnancy	303.97	303.97	10/1/2009
59150		lap tx ectopic pregnancy w/o removal tubes/ovaries	595.59	595.59	10/1/2009
59151		lap tx ectopic pregnancy w/ removal tubes/ovaries	582.06	582.06	10/1/2009
59160		currettage, postpartum	139.88	165.26	10/1/2009
59200		insertion of hygroscopic cervical dilator	35.60	57.23	10/1/2009
59300		repair of vaginal wall	114.96	148.70	10/1/2009
59320		cerclage of cervix during pregnancy, vaginal	120.43	120.43	10/1/2009
59325		cerclage of cervix during pregnancy, abdominal	190.14	190.14	10/1/2009
59350		hysterorrhaphy of ruptured uterus	219.26	219.26	10/1/2009
59400		obstetrical care	1,368.59	1,368.59	10/1/2009
59409		vaginal delivery only (with or without episiotomy and/or forcep	607.68	607.68	10/1/2009
59410		vaginal delivery only (with or without episiotomy and/or forcep	704.66	704.66	10/1/2009
59412		external cephalic version, w/ or w/o tocolysis	81.41	81.41	10/1/2009
59414		delivery of placenta (infant born outside of hosp)	72.42	72.42	10/1/2009
59425		antepartum care only;	268.96	340.20	10/1/2009
59426		antepartum care only;	475.94	608.62	10/1/2009
59430		postpartum care only, separate procedure	99.08	109.17	10/1/2009
59510		total ob care w/ cesarean delivery	1,549.75	1,549.75	10/1/2009
59514		cesarean delivery only;	719.52	719.52	10/1/2009
59515		cesarean delivery only; including postpartum care	848.26	848.26	10/1/2009
59525		subtotal or total hysterectomy after cesarean delivery (list sep	382.96	382.96	10/1/2009
59812		surgical tx spontaneous abortion, any trimester	226.32	242.18	10/1/2009
59820		missed abortion completed med or surg any trimeste	266.22	285.55	10/1/2009
59821		surgical tx missed abortion, second trimester	270.52	290.99	10/1/2009
59830		septic abortion	336.72	336.72	10/1/2009
59840		d and c therapeutic abortion includes suction	162.68	167.88	10/1/2009
59841		legal therapeutic abortion by d&c	276.63	292.49	10/1/2009
59850		therapeutic abortion by saline injection	301.56	301.56	10/1/2009
59851		legal abortion therapeutic with dilation and curre	309.39	309.39	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
59852		legal abortion therapeutic with hysterotomy	434.29	434.29	10/1/2009
59855		induced abortion, by one or more vaginal suppositories	321.90	321.90	10/1/2009
59856		induced abortion, by one or more vaginal suppositories	380.54	380.54	10/1/2009
59857		induced abortion, by one or more vaginal suppositories	455.36	455.36	10/1/2009
59866		multifetal pregnancy reduction(s) (mpr)	188.32	188.32	10/1/2009
59870		uterine evac and curettage for hydatiform mole	361.15	361.15	10/1/2009
59871		removal of cerclage suture under anesthesia (other than local	105.14	105.14	10/1/2009
60000		incision and drainage of thyroglossal duct cyst, infected	109.80	119.89	10/1/2009
60100		biopsy thyroid, percutaneous core needle	66.77	90.13	10/1/2009
60200		drainage thyroid duct lesion	494.79	494.79	10/1/2009
60210		partial thyroid lobectomy, unilateral;	530.30	530.30	10/1/2009
60212		partial thyroid lobectomy, unilateral;	762.26	762.26	10/1/2009
60220		total thyroid lobectomy, unilateral; with or without isthmusecto	581.47	581.47	10/1/2009
60225		total thyroid lobectomy, unilateral; with contralateral subtotal lo	698.63	698.63	10/1/2009
60240		removal of thyroid	741.12	741.12	10/1/2009
60252		removal of thyroid	1,000.80	1,000.80	10/1/2009
60254		extensive thyroid surgery	1,289.85	1,289.85	10/1/2009
60260		thyroidectomy, removal of all remaining thyroid tissue followin	835.63	835.63	10/1/2009
60270		thyroidectomy, including substernal thyroid; sternal split or tra	1,053.21	1,053.21	10/1/2009
60271		thyroidectomy, including substernal thyroid gland;	807.31	807.31	10/1/2009
60280		removal thyroid duct lesion	331.70	331.70	10/1/2009
60281		excision of thyroglossal duct,cyst,sinus;recurrent	444.05	444.05	10/1/2009
60300		aspiration and/or injection, thyroid cyst	41.14	83.54	10/1/2009
60500		explore parathyroid glands	768.36	768.36	10/1/2009
60502		re-exploration of parathyroids	964.57	964.57	10/1/2009
60505		explore parathyroid glands	1,059.16	1,059.16	10/1/2009
60512		parathyroid autotransplantation (list separately in addition to c	188.72	188.72	10/1/2009
60520		thymectomy, partial or total; transcervical approach (separate	791.45	791.45	10/1/2009
60521		thymectomy, partial or total;	907.99	907.99	10/1/2009
60522		thymectomy, partial or total;	1,095.57	1,095.57	10/1/2009
60540		exploration adrenal gland	834.42	834.42	10/1/2009
60545		exploration adrenal gland	950.14	950.14	10/1/2009
60600		removal carotid body lesion	1,105.31	1,105.31	10/1/2009
60605		removal carotid body lesion	1,390.92	1,390.92	10/1/2009
60650		laparoscopy, surgical, with adrenalectomy, partial or complete	930.77	930.77	10/1/2009
61000		subdural tap through fontanelle, or suture, infant, unilateral or	84.42	84.42	10/1/2009
61001		subdural tap through fontanelle, or suture, infant, unilateral or	82.50	82.50	10/1/2009
61020		ventricular puncture through previous burr hole, fontanelle,	97.93	97.93	10/1/2009
61026		ventricular puncture through previous burr hole, fontanelle, su	98.15	98.15	10/1/2009
61050		removal brain canal fluid	83.87	83.87	10/1/2009
61055		cisternal or lateral cervical (c1-c2) puncture; with injection of n	108.35	108.35	10/1/2009
61070		puncture of shunt tubing or reservoir for aspiration or injection	62.26	62.26	10/1/2009
61105		twist drill hole for subdural or ventricular puncture;	322.80	322.80	10/1/2009
61107		twist drill hole for implant ventric cath/recordin	241.37	241.37	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
61108		twist drill hole for evac of subdural hematoma	642.66	642.66	10/1/2009
61120		burr hole(s) for ventricular puncture (including injection of gas	526.96	526.96	10/1/2009
61140		incise skull brain biopsy	915.43	915.43	10/1/2009
61150		incise skull for drainage	980.46	980.46	10/1/2009
61151		incise skull for drainage	709.50	709.50	10/1/2009
61154		incise skull for drainage	916.79	916.79	10/1/2009
61156		incise skull for drainage	914.78	914.78	10/1/2009
61210		relieve/measure brain fluid	281.80	281.80	10/1/2009
61215		insertion of subcutaneous reservoir to ventr cath	350.75	350.75	10/1/2009
61250		burr holes trephine, supratentorial, exploratory	617.31	617.31	10/1/2009
61253		burr hole or trephine infratentorial unilateral/bi	681.32	681.32	10/1/2009
61304		incise skull for exploration	1,208.13	1,208.13	10/1/2009
61305		incise skull for exploration	1,457.22	1,457.22	10/1/2009
61312		craniectomy for evac of hematoma, supratentorial	1,512.64	1,512.64	10/1/2009
61313		craniectomy for evac of hematoma, intracerebral	1,444.54	1,444.54	10/1/2009
61314		craniectomy for evac of hematoma, infratentorial	1,336.90	1,336.90	10/1/2009
61315		craniectomy for evac of hematoma, intracerebellar	1,522.27	1,522.27	10/1/2009
61316		incision and subcutaneous placement of cranial bone graft (lis	66.41	66.41	10/1/2009
61320		incise skull for drainage	1,407.81	1,407.81	10/1/2009
61321		craniectomy drainage of intracranial abscess infra	1,543.82	1,543.82	10/1/2009
61322		craniectomy or craniotomy, decompressive, with or without du	1,714.40	1,714.40	10/1/2009
61323		craniectomy or craniotomy, decompressive, with or without du	1,744.77	1,744.77	10/1/2009
61330		incise skull for exploration	1,197.51	1,197.51	10/1/2009
61332		exploration or decompression of orbit transccrania	1,387.01	1,387.01	10/1/2009
61333		explor decompress orbit transcran approach remove	1,401.74	1,401.74	10/1/2009
61334		exploration/decompression orbit transcran w/remova	910.53	910.53	10/1/2009
61340		other cranial decompression eg subtemporal suprate	1,047.79	1,047.79	10/1/2009
61343		craniectomy w/ cervical laminectomy	1,620.56	1,620.56	10/1/2009
61345		other cranial decompression posterior fossa	1,499.30	1,499.30	10/1/2009
61440		craniotomy for section of tentorium cerebelli	1,467.80	1,467.80	10/1/2009
61450		craniectomy for section comp or decomp or sensory	1,391.17	1,391.17	10/1/2009
61458		craniectomy exploration/decompress cranial nerves	1,482.33	1,482.33	10/1/2009
61460		craniectomy suboccipital for section of 1 or more	1,504.10	1,504.10	10/1/2009
61470		incise skull for surgery	1,395.19	1,395.19	10/1/2009
61480		incise skull for surgery	1,358.39	1,358.39	10/1/2009
61490		craniotomy for lobotomy, including cingulotomy	1,402.89	1,402.89	10/1/2009
61500		removal of skull lesion	991.32	991.32	10/1/2009
61501		craniectomy for osteomyelitis	849.43	849.43	10/1/2009
61510		removal of brain lesion	1,598.12	1,598.12	10/1/2009
61512		remove brain lining lesion	1,888.30	1,888.30	10/1/2009
61514		removal of brain abscess	1,400.81	1,400.81	10/1/2009
61516		removal of brain lesion	1,366.69	1,366.69	10/1/2009
61517		implantation of brain intracavitary chemotherapy agent (list se	66.38	66.38	10/1/2009
61518		removal of brain lesion	2,031.64	2,031.64	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
61519		remove brain lining lesion	2,188.90	2,188.90	10/1/2009
61520		craniectomy cerebellopontine angle tumor	2,800.36	2,800.36	10/1/2009
61521		craniectomy excision brain tumor,midline tumor sku	2,352.70	2,352.70	10/1/2009
61522		removal of brain abscess	1,612.49	1,612.49	10/1/2009
61524		removal of brain lesion	1,522.54	1,522.54	10/1/2009
61526		removal skull cavity lesion	2,545.98	2,545.98	10/1/2009
61530		removal skull cavity lesion	2,161.90	2,161.90	10/1/2009
61531		subdural implant of strip electrodes,lng term moni	880.45	880.45	10/1/2009
61533		craniectomy for insertion epidural electrode array	1,113.30	1,113.30	10/1/2009
61534		removal of brain lesion	1,199.03	1,199.03	10/1/2009
61535		craniectomy removal epidural electro array wo tiss	716.36	716.36	10/1/2009
61536		removal of brain lesion	1,913.91	1,913.91	10/1/2009
61537		craniotomy with elevation of bone flap; for lobectomy, tempora	1,765.48	1,765.48	10/1/2009
61538		removal of brain tissue	1,893.35	1,893.35	10/1/2009
61539		cran f lobectomy w/electrocorticogr partial or tot	1,732.82	1,732.82	10/1/2009
61540		craniotomy with elevation of bone flap; for lobectomy, other th	1,624.35	1,624.35	10/1/2009
61541		craniectomy for transection of corpus callosum	1,560.36	1,560.36	10/1/2009
61542		removal of brain tissue	1,692.45	1,692.45	10/1/2009
61543		craniectomy for part or subtotal hemispherectomy	1,581.64	1,581.64	10/1/2009
61544		remove/treat brain lesion	1,308.01	1,308.01	10/1/2009
61545		bone flap craniectomy to excise craniopharyngioma	2,330.49	2,330.49	10/1/2009
61546		removal of pituitary gland	1,688.59	1,688.59	10/1/2009
61548		removal of pituitary gland	1,146.37	1,146.37	10/1/2009
61550		release skull closure	751.41	751.41	10/1/2009
61552		craniectomy for craniostenosis multiple sutures on	986.95	986.95	10/1/2009
61556		craniotomy for craniosynostosis, frontal/parietal	1,204.49	1,204.49	10/1/2009
61557		craniotomy for craniosynostosis, bifrontal bone	1,236.80	1,236.80	10/1/2009
61558		ext. craniectomy for mult cranial sut. craniosynos	1,277.05	1,277.05	10/1/2009
61559		ext. craniectomy for craniosynostosis w recontouri	1,770.99	1,770.99	10/1/2009
61563		exc. tumor of cranial bone w/o optic nerve decompr	1,425.40	1,425.40	10/1/2009
61564		exc. tumor of cranial bone w optic nerve decompres	1,783.90	1,783.90	10/1/2009
61566		craniotomy with elevation of bone flap; for selective amygdalo	1,646.75	1,646.75	10/1/2009
61567		craniotomy with elevation of bone flap; for multiple subpial trai	1,853.03	1,853.03	10/1/2009
61570		craniectomy or craniotomy for excision foreign bod	1,347.15	1,347.15	10/1/2009
61571		craniectomy or craniotomy penetrating wound brain	1,462.75	1,462.75	10/1/2009
61575		transoral approach to skull base, brain stem	1,747.31	1,747.31	10/1/2009
61576		transoral approach to skull base w/ split tongue	2,786.43	2,786.43	10/1/2009
61580		craniofacial approach to anterior cranial fossa;	1,827.50	1,827.50	10/1/2009
61581		craniofacial approach to anterior cranial fossa;	2,052.31	2,052.31	10/1/2009
61582		craniofacial approach to anterior cranial fossa;	2,096.00	2,096.00	10/1/2009
61583		craniofacial approach to anterior cranial fossa;	2,126.94	2,126.94	10/1/2009
61584		orbitocranial approach to anterior cranial fossa, extradural,	2,071.55	2,071.55	10/1/2009
61585		orbitocranial approach to anterior cranial fossa, extradural,	2,200.33	2,200.33	10/1/2009
61586		bicoronal, transzygomatic and/or lefort i osteotomy approach f	1,578.10	1,578.10	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
61590		infratemporal pre-auricular approach to middle cranial fossa	2,333.24	2,333.24	10/1/2009
61591		infratemporal post-auricular approach to middle cranial fossa	2,349.10	2,349.10	10/1/2009
61592		orbitocranial zygomatic approach to middle cranial fossa (cav	2,333.45	2,333.45	10/1/2009
61595		transtemporal approach to posterior cranial fossa, jugular	1,761.32	1,761.32	10/1/2009
61596		transcochlear approach to posterior cranial fossa, jugular	1,940.94	1,940.94	10/1/2009
61597		transcondylar (far lateral) approach to posterior cranial fossa,	2,119.29	2,119.29	10/1/2009
61598		transpetrosal approach to posterior cranial fossa, clivus or	1,879.83	1,879.83	10/1/2009
61600		resection or excision of neoplastic, vascular or infectious	1,585.32	1,585.32	10/1/2009
61601		resection or excision of neoplastic, vascular or infectious	1,729.05	1,729.05	10/1/2009
61605		resection or excision of neoplastic, vascular or infectious	1,662.03	1,662.03	10/1/2009
61606		resection or excision of neoplastic, vascular or infectious	2,222.46	2,222.46	10/1/2009
61607		resection or excision of neoplastic, vascular or infectious	2,064.71	2,064.71	10/1/2009
61608		resection or excision of neoplastic, vascular or infectious	2,397.95	2,397.95	10/1/2009
61609		transection or ligation, carotid artery in cavernous sinus; withc	465.37	465.37	10/1/2009
61610		transection or ligation, carotid artery in cavernous sinus; with	1,424.93	1,424.93	10/1/2009
61611		transection or ligation, carotid artery in petrous canal; without	359.54	359.54	10/1/2009
61612		transection or ligation, carotid artery in petrous canal; with rep	1,268.76	1,268.76	10/1/2009
61613		obliteration of carotid aneurysm, arteriovenous malformation,	2,331.97	2,331.97	10/1/2009
61615		resection or excision of neoplastic, vascular or infectious	1,844.13	1,844.13	10/1/2009
61616		resection or excision of neoplastic, vascular or infectious	2,421.21	2,421.21	10/1/2009
61618		secondary repair of dura for cerebrospinal fluid leak, anterior,	957.13	957.13	10/1/2009
61619		secondary repair of dura for csf leak, anterior, middle or	1,104.68	1,104.68	10/1/2009
61623		endovascular temporary balloon arterial occlusion, head or ne	446.36	446.36	10/1/2009
61624		transcath.occulsion/embolization,percutaneous; cns	889.02	889.02	10/1/2009
61626		transcath.occulsion/embolization,percu; non-cns	724.66	724.66	10/1/2009
61680		surg of malformation, supratentorial, simple	1,670.08	1,670.08	10/1/2009
61682		surg of malformation, supratentorial, complex	3,143.72	3,143.72	10/1/2009
61684		surg of malformation, infratentorial, simple	2,091.29	2,091.29	10/1/2009
61686		surg of malformation, infratentorial, complex	3,364.65	3,364.65	10/1/2009
61690		surg of malformation, dural, simple	1,589.58	1,589.58	10/1/2009
61692		surg of malformation, dural, complex	2,717.65	2,717.65	10/1/2009
61697		surgery of complex intracranial aneurysm, intracranial approa	3,076.01	3,076.01	10/1/2009
61698		surgery of complex intracranial aneurysm, intracranial approa	3,312.87	3,312.87	10/1/2009
61700		surgery of simple intracranial aneurysm, intracranial approach	2,566.97	2,566.97	10/1/2009
61702		incise skull/vessel surgery	2,881.78	2,881.78	10/1/2009
61703		surgery intracranial aneurysm cervical approach	983.75	983.75	10/1/2009
61705		revise circulation to head	1,891.64	1,891.64	10/1/2009
61708		revise circulation to head	1,644.12	1,644.12	10/1/2009
61710		revise circulation to head	1,490.43	1,490.43	10/1/2009
61711		anastomosis arterial extracranial intracranial art	1,926.46	1,926.46	10/1/2009
61720		incise skull/brain surgery	860.71	860.71	10/1/2009
61735		incise skull/brain surgery	1,058.27	1,058.27	10/1/2009
61750		stereotactic biopsy aspiration or excision	1,029.19	1,029.19	10/1/2009
61751		stereotactic biopsy, aspiration, or excision, including burr hole	1,001.85	1,001.85	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
61760		stereotactic implant depth electrode; long term mon	1,133.70	1,133.70	10/1/2009
61770		stereotactic localization, including burr hole(s), with insertion c	1,120.92	1,120.92	10/1/2009
61781		Stereotactic computer-assisted (navigational) procedure; cran	193.58	193.58	1/1/2011
61782		Stereotactic computer-assisted (navigational) procedure; cran	160.29	160.29	1/1/2011
61783		Stereotactic computer-assisted (navigational) procedure; spin	193.58	193.58	1/1/2011
61790		stereotactic lesion of gas ganglion percutaneous b	622.26	622.26	10/1/2009
61791		stereotactic lesion trigeminal medullary tract	806.45	806.45	10/1/2009
61796		stereotactic radiosurgery (particle beam, gamma ray, or linear	586.18	586.18	10/1/2009
61797		stereotactic radiosurgery (particle beam, gamma ray, or linear	161.39	161.39	10/1/2009
61798		stereotactic radiosurgery (particle beam, gamma ray, or linear	586.18	586.18	10/1/2009
61799		stereotactic radiosurgery (particle beam, gamma ray, or linear	223.10	223.10	10/1/2009
61800		application of stereotactic headframe for stereotactic radiosur	113.43	113.43	10/1/2009
61850		burr twist drill hole implant neurostim elec corti	715.32	715.32	10/1/2009
61860		craniectomy or craniotomy implant neurostim cortic	1,141.80	1,141.80	10/1/2009
61863		twist drill, burr hole, craniotomy, or craniectomy with stereotac	1,106.31	1,106.31	10/1/2009
61864		twist drill, burr hole, craniotomy, or craniectomy with stereotac	302.14	302.14	10/1/2009
61867		twist drill, burr hole, craniotomy, or craniectomy with stereotac	1,635.22	1,635.22	10/1/2009
61868		twist drill, burr hole, craniotomy, or craniectomy with stereotac	450.30	450.30	10/1/2009
61870		craniectomy implant neurostim cerebellar/cortical	866.95	866.95	10/1/2009
61875		craniectomy implant neurostim cerebel/subcortical	845.29	845.29	10/1/2009
61880		revision removal intracran neuro stim electrodestr	398.14	398.14	10/1/2009
61885		incision and subcutaneous placement of cranial neurostimulat	459.37	459.37	10/1/2009
61886		incision and subcutaneous placement of cranial neurostimulat	580.26	580.26	10/1/2009
61888		revison/removal cranial neurostimulator pulse gen./receiver	291.39	291.39	10/1/2009
62000		repair of skull fracture	647.14	647.14	10/1/2009
62005		repair of skull fracture	908.90	908.90	10/1/2009
62010		elevation of depressed skull fracture with debride	1,110.10	1,110.10	10/1/2009
62100		craniotomy for repair of dural/cerebrospinal fluid leak, includin	1,183.20	1,183.20	10/1/2009
62115		reduce craniomegalic skull w/o graft/cranioplasty	1,056.39	1,056.39	10/1/2009
62116		reduce craniomegalic skull with cranioplasty	1,301.79	1,301.79	10/1/2009
62117		reduce craniomegalic skull w craniotomy/reconstruc	1,407.34	1,407.34	10/1/2009
62120		repair skull cavity lesion	1,333.43	1,333.43	10/1/2009
62121		craniotomy w repair encephalocele, skull base	1,219.04	1,219.04	10/1/2009
62140		repair of skull	767.75	767.75	10/1/2009
62141		repair of skull	843.37	843.37	10/1/2009
62142		removal bone flap or prosthetic plate of skull	641.78	641.78	10/1/2009
62143		replace bone flap or prosthetic plate of skull	752.43	752.43	10/1/2009
62145		repair of skull & brain	1,032.66	1,032.66	10/1/2009
62146		cranioplasty w autograft up to 5 cm diameter	886.12	886.12	10/1/2009
62147		cranioplasty w autograft larger than 5cm diameter	1,052.67	1,052.67	10/1/2009
62148		incision and retrieval of subcutaneous cranial bone graft for cr	94.92	94.92	10/1/2009
62160		neuroendoscopy, intracranial, for placement or replacement o	145.39	145.39	10/1/2009
62161		neuroendoscopy, intracranial; with dissection of adhesions, fe	1,110.04	1,110.04	10/1/2009
62162		neuroendoscopy, intracranial; with feneration or excision of cc	1,381.01	1,381.01	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
62163		neuroendoscopy, intracranial; with retrieval of foreign body	892.58	892.58	10/1/2009
62164		neuroendoscopy, intracranial; with excision of brain tumor, inc	1,473.80	1,473.80	10/1/2009
62165		neuroendoscopy, intracranial; with excision of pituitary tumor,	1,144.02	1,144.02	10/1/2009
62180		establish brain cavity shunt	1,163.55	1,163.55	10/1/2009
62190		creation shunt subdural arial jugular auricular	660.69	660.69	10/1/2009
62192		establish brain cavity shunt	705.00	705.00	10/1/2009
62194		replacement or irrigation subdural catheter	288.15	288.15	10/1/2009
62200		establish brain cavity shunt	1,006.07	1,006.07	10/1/2009
62201		ventriculocisternostomy, stereotactic method	862.37	862.37	10/1/2009
62220		establish brain cavity shunt	740.97	740.97	10/1/2009
62223		establish brain cavity shunt	759.65	759.65	10/1/2009
62225		replacement or irrigation ventricular catheter	361.32	361.32	10/1/2009
62230		replacement or revision of cerebrospinal fluid shunt, obstructe	611.95	611.95	10/1/2009
62252	26	reprogramming of programmable cerebrospinal shunt	35.77	35.77	10/1/2009
62252	TC	reprogramming of programmable cerebrospinal shunt	39.04	39.04	10/1/2009
62252		reprogramming of programmable cerebrospinal shunt	74.81	74.81	10/1/2009
62256		removal of complete cerebrospinal fluid shunt system; without	423.70	423.70	10/1/2009
62258		replace brain cavity shunt	823.51	823.51	10/1/2009
62263		percutaneous lysis of epidural adhesions using solution injecti	293.34	488.88	10/1/2009
62264		percutaneous lysis of epidural adhesions using solution injecti	180.35	300.34	10/1/2009
62267		percutaneous aspiration within the nucleus pulposus, interver	131.25	195.57	10/1/2009
62268		percutaneous aspiration, spinal cord cyst or syrinx	211.93	354.98	10/1/2009
62269		biopsy of spinal cord, percutaneous needle	216.02	384.74	10/1/2009
62270		spinal puncture, lumbar, diagnostic	61.31	117.26	10/1/2009
62272		spinal puncture, therapeutic, for drainage of cerebrospinal flui	64.68	137.66	10/1/2009
62273		injection, epidural, of blood or clot patch	87.78	126.14	10/1/2009
62280		injection/infusion of neurolytic substance (eg, alcohol, phenol,	119.66	230.41	10/1/2009
62281		injection of neurolytic substance (eg, alcohol, phenol, iced	115.53	213.89	10/1/2009
62282		injection/infusion of neurolytic substance (eg, alcohol, phenol,	106.29	220.79	10/1/2009
62284		injection for spine x-ray	71.93	167.97	10/1/2009
62287		aspiration or decompression procedure, percutaneous, of nuc	423.90	423.90	10/1/2009
62290		injection for disc x-ray	134.13	246.62	10/1/2009
62291		injection procedure for diskography, each level; cervical or thc	129.62	231.14	10/1/2009
62292		inj proc chemonucleolysis lumbar 1 or more levels	383.97	383.97	10/1/2009
62294		intrathecal injection into spine	612.74	612.74	10/1/2009
62310		injection, single (not via indwelling catheter), not including neu	79.52	162.58	10/1/2009
62311		injection, single (not via indwelling catheter), not including neu	65.95	143.24	10/1/2009
62318		injection, including catheter placement, continuous infusion or	80.11	173.85	10/1/2009
62319		injection, including catheter placement, continuous infusion or	74.90	157.38	10/1/2009
62350		implantation, revision or repositioning of tunneled intrathecal c	296.36	296.36	10/1/2009
62351		implantation, revision or repositioning of intrathecal or epidura	622.33	622.33	10/1/2009
62355		removal of previously implanted intrathecal or epidural cathete	221.94	221.94	10/1/2009
62360		implantation or replacement of device for intrathecal or epidur	213.71	213.71	10/1/2009
62361		implantation or replacement of device for intrathecal or epidur	294.25	294.25	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
62362		implantation or replacement of device for intrathecal or epidur	310.89	310.89	10/1/2009
62365		removal of subcutaneous reservoir or pump, previously implar	245.22	245.22	10/1/2009
62367		electronic analysis of programmable, implanted pump for intra	19.02	29.40	10/1/2009
62368	26	electronic analysis of programmable, implanted pump for intra	7.44	10.54	10/1/2009
62368	TC	electronic analysis of programmable, implanted pump for intra	22.32	31.62	10/1/2009
62368		electronic analysis of programmable, implanted pump for intra	29.77	42.16	10/1/2009
62369		electronic analysis of programmable, implanted pump for intra	20.69	72.41	1/1/2012
62370		electronic analysis of programmable, implanted pump for intra	27.69	75.87	1/1/2012
63001		decompression of spinal cord	906.59	906.59	10/1/2009
63003		lamin f/decomp spin cord a/o cauda eq one/two segm	912.16	912.16	10/1/2009
63005		revision of spinal column	865.12	865.12	10/1/2009
63011		laminectomy sacral decompression spinal cord	818.40	818.40	10/1/2009
63012		laminectomy, lumbar w decompression cauda equina	880.45	880.45	10/1/2009
63015		laminectomy more than two segs cervical	1,088.49	1,088.49	10/1/2009
63016		laminotomy thoracic	1,120.53	1,120.53	10/1/2009
63017		laminotomy lumbar	912.48	912.48	10/1/2009
63020		laminotomy, cervical, one interspace	862.96	862.96	10/1/2009
63030		laminotomy (hemilaminectomy), with decompression of nerve	716.40	716.40	10/1/2009
63035		laminotomy (hemilaminectomy), with decompression of nerve	153.05	153.05	10/1/2009
63040		laminotomy (hemilaminectomy), with decompression of nerve	1,049.64	1,049.64	10/1/2009
63042		revision of spinal column	982.29	982.29	10/1/2009
63043		laminotomy (hemilaminectomy), with decompression of nerve	235.44	235.44	10/1/2009
63044		laminotomy (hemilaminectomy), with decompression of nerve	222.00	222.00	10/1/2009
63045		laminectomy, single segment, cervical	938.19	938.19	10/1/2009
63046		laminectomy, single segment, thoracic	896.91	896.91	10/1/2009
63047		laminectomy, single segment, lumbar	817.78	817.78	10/1/2009
63048		laminectomy, facetectomy and foraminotomy (unilateral or bila	164.82	164.82	10/1/2009
63055		decompression spinal cord, single segment,thoracic	1,208.29	1,208.29	10/1/2009
63056		transpedicular approach with decompression of spinal cord, e	1,115.99	1,115.99	10/1/2009
63057		transpedicular approach with decompression of spinal cord, e	252.42	252.42	10/1/2009
63064		hemilaminectomy thoracic costovertebral approach	1,322.34	1,322.34	10/1/2009
63066		costovertebral approach with decompression of spinal cord or	155.66	155.66	10/1/2009
63075		diskectomy cervical ante appr w/o arthrodesis	1,030.56	1,030.56	10/1/2009
63076		diskectomy, anterior, with decompression of spinal cord and/	194.84	194.84	10/1/2009
63077		diskectomy, single space, thoracic	1,132.58	1,132.58	10/1/2009
63078		diskectomy, anterior, with decompression of spinal cord and/	155.12	155.12	10/1/2009
63081		vertebral corpectomy, single segment, cervical	1,325.44	1,325.44	10/1/2009
63082		vertebral corpectomy (vertebral body resection), partial or con	210.33	210.33	10/1/2009
63085		vertebral corpectomy, single segment, thoracic	1,419.75	1,419.75	10/1/2009
63086		vertebral corpectomy (vertebral body resection), partial or con	149.49	149.49	10/1/2009
63087		vertebral corpectomy, single segment, lumbar	1,812.78	1,812.78	10/1/2009
63088		vertebral corpectomy (vertebral body resection), partial or con	204.55	204.55	10/1/2009
63090		vertebral corpectomy, single segment, lumbar	1,483.82	1,483.82	10/1/2009
63091		vertebral corpectomy (vertebral body resection), partial or con	140.60	140.60	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
63101		vertebral corpectomy (vertebral body resection), partial or con	1,696.84	1,696.84	10/1/2009
63102		vertebral corpectomy (vertebral body resection), partial or con	1,689.92	1,689.92	10/1/2009
63103		vertebral corpectomy (vertebral body resection), partial or con	224.49	224.49	10/1/2009
63170		laminectomy for myelotomy thoracic or thoracolumba	1,135.72	1,135.72	10/1/2009
63172		laminectomy w/ drainage to subarachnoid space	1,022.18	1,022.18	10/1/2009
63173		laminectomy w/ drainage to peritoneal space	1,260.00	1,260.00	10/1/2009
63180		laminectomy cervical one or two segements	1,028.14	1,028.14	10/1/2009
63182		lamin and section of dentate ligaments more than t	1,103.07	1,103.07	10/1/2009
63185		revise spinal column/nerves	836.26	836.26	10/1/2009
63190		laminectomy for rhizotomy more than two segments	961.23	961.23	10/1/2009
63191		laminectomy w section of spinal accessory nerve	919.25	919.25	10/1/2009
63194		lamiwectomy cordotomy unilateral cervical	1,093.73	1,093.73	10/1/2009
63195		revise spinal column/cord	1,106.10	1,106.10	10/1/2009
63196		revise spinal column/cord	1,301.03	1,301.03	10/1/2009
63197		laminectomy corotomy bilateral cervical	1,240.15	1,240.15	10/1/2009
63198		revise spinal column/cord	1,381.29	1,381.29	10/1/2009
63199		laminectomy cordotomy bilateral thoracic	1,462.51	1,462.51	10/1/2009
63200		laminectomy for tethered spinal cord, lumbar	1,109.06	1,109.06	10/1/2009
63250		revise spinal cord vessels	2,155.64	2,155.64	10/1/2009
63251		laminectomy arteriovenovs malfunction thoracic	2,235.85	2,235.85	10/1/2009
63252		laminectomy for malformation, thoracolumbar	2,237.49	2,237.49	10/1/2009
63265		laminectomy for intraspinal lesion, cervical	1,228.24	1,228.24	10/1/2009
63266		laminectomy for intraspinal lesion, thoracic	1,263.00	1,263.00	10/1/2009
63267		excise intraspinal lesion lumbar	1,016.61	1,016.61	10/1/2009
63268		excise intraspinal lesion, sacral	1,021.23	1,021.23	10/1/2009
63270		excise intraspinal lesion, cervical	1,512.54	1,512.54	10/1/2009
63271		excise intraspinal lesion, thoracic	1,521.61	1,521.61	10/1/2009
63272		excise intraspinal lesion, lumbar	1,401.65	1,401.65	10/1/2009
63273		excise intraspinal lesion, sacral	1,324.49	1,324.49	10/1/2009
63275		biopsy/excise spinal tumor, cervical	1,319.64	1,319.64	10/1/2009
63276		biopsy/excise spinal tumor, thoracic	1,314.64	1,314.64	10/1/2009
63277		biopsy/ excise spinal tumor, lumbar	1,153.72	1,153.72	10/1/2009
63278		biopsy/ excise spinal tumor, sacral	1,129.66	1,129.66	10/1/2009
63280		biopsy/ excise spinal tumor, cervical	1,560.03	1,560.03	10/1/2009
63281		biopsy/ excise spinal tumor, thoracic	1,542.35	1,542.35	10/1/2009
63282		biopsy/ excise spinal tumor, lumbar	1,455.24	1,455.24	10/1/2009
63283		biopsy/ excise spinal tumor, sacral	1,378.95	1,378.95	10/1/2009
63285		biopsy/ excise spinal tumor, cervical	1,916.37	1,916.37	10/1/2009
63286		biopsy, excise spinal tumor	1,909.32	1,909.32	10/1/2009
63287		biopsy, excise spinal tumor	2,014.96	2,014.96	10/1/2009
63290		biopsy, excise spinal tumor	2,039.08	2,039.08	10/1/2009
63295		osteoplastic reconstruction of dorsal spinal elements, followin	243.47	243.47	10/1/2009
63300		removal vertebral body	1,360.96	1,360.96	10/1/2009
63301		removal of vertebral body	1,528.45	1,528.45	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
63302		removal of vertebral body	1,518.70	1,518.70	10/1/2009
63303		removal of vertebral body	1,588.98	1,588.98	10/1/2009
63304		removal of vertebral body	1,684.31	1,684.31	10/1/2009
63305		removal of vertebral body	1,721.63	1,721.63	10/1/2009
63306		removal of vertebral body	1,803.82	1,803.82	10/1/2009
63307		removal of vertebral body	1,674.12	1,674.12	10/1/2009
63308		vertebral corpectomy (vertebral body resection), partial or con	252.91	252.91	10/1/2009
63600		examine spinal cord lesion	635.94	635.94	10/1/2009
63610		stereotactic stim of spinal cord percu not followe	341.67	1,000.69	10/1/2009
63615		stereotactic biopsy aspiration/exc lesion	850.22	850.22	10/1/2009
63620		stereotactic radiosurgery (particle beam, gamma ray or linear	586.18	586.18	10/1/2009
63621		stereotactic radiosurgery (particle beam, gamma ray or linear	185.54	185.54	10/1/2009
63650		percutaneous implantation of neurostimulator electrode array,	315.03	315.03	10/1/2009
63655		laminectomy for implantation of neurostimulator electrodes, pl	623.23	623.23	10/1/2009
63660		revision or removal of spinal neurostimulator electrode percut	331.14	331.14	10/1/2009
63661		Removal of spinal neurostimulator electrode percutaneous ar	192.75	340.45	01/1/2010
63662		Removal of spinal neurostimulator electrode plate/paddle(s) p	434.80	434.80	01/1/2010
63663		Revision including replacement, when performed, of spinal ne	292.42	499.29	01/1/2010
63664		Revision including replacement, when performed, of spinal ne	452.66	452.66	01/1/2010
63685		incision subcut placement neu/stimulator receiver	300.70	300.70	10/1/2009
63688		revision removal spinal neurostimulator receiverr	269.25	269.25	10/1/2009
63700		repair of spinal herniation	906.59	906.59	10/1/2009
63702		repair of spinal herniation	1,019.32	1,019.32	10/1/2009
63704		repair of spinal herniation	1,136.96	1,136.96	10/1/2009
63706		repair of spinal herniation	1,323.60	1,323.60	10/1/2009
63707		repair of dural/cerebrospinal fluid leak, not requiring laminectc	669.19	669.19	10/1/2009
63709		repair of dural/cerebrospinal fluid leak or pseudomeningocele,	813.70	813.70	10/1/2009
63710		dural graft spinal	812.61	812.61	10/1/2009
63740		creation of shunt, including laminectomy	688.69	688.69	10/1/2009
63741		creation shunt, lumbar, percutaneo w/o laminectomy	449.03	449.03	10/1/2009
63744		replacement irrigation or revision of lumbar subar	470.42	470.42	10/1/2009
63746		removal shunt system without replacement	409.74	409.74	10/1/2009
64400		injection, anesthetic agent;	48.98	80.41	10/1/2009
64402		injection, anesthetic agent;	55.75	82.57	10/1/2009
64405		injection, anesthetic agent;	57.16	78.21	10/1/2009
64408		injection, anesthetic agent;	68.72	90.06	10/1/2009
64410		injection, anesthetic agent;	61.36	104.34	10/1/2009
64412		injection, anesthetic agent;	54.53	103.27	10/1/2009
64413		injection, anesthetic agent;	59.65	86.77	10/1/2009
64415		injection, anesthetic agent;	58.02	98.40	10/1/2009
64416		injection, anesthetic agent; brachial plexus, continuous infusic	72.95	72.95	10/1/2009
64417		injection, anesthetic agent;	57.46	99.27	10/1/2009
64418		injection, anesthetic agent;	56.96	100.80	10/1/2009
64420		injection, anesthetic agent;	51.35	119.13	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
64421		injection, anesthetic agent;	70.42	175.68	10/1/2009
64425		injection, anesthetic agent;	73.00	97.52	10/1/2009
64430		injection, anesthetic agent;	68.84	117.58	10/1/2009
64435		injection, anesthetic agent;	65.97	109.23	10/1/2009
64445		injection, anesthetic agent;	62.84	102.06	10/1/2009
64446		injection, anesthetic agent; sciatic nerve, continuous infusion l	72.79	72.79	10/1/2009
64447		injection, anesthetic agent; femoral nerve, single	55.47	55.47	10/1/2009
64448		injection, anesthetic agent; femoral nerve, continuous infusion	64.47	64.47	10/1/2009
64449		injection, anesthetic agent; lumbar plexus, posterior approach	72.09	72.09	10/1/2009
64450		injection, anesthetic agent;	56.30	78.22	10/1/2009
64455		injection(s), anesthetic agent and/or steroid, plantar common	32.09	40.16	10/1/2009
64470		injection, anesthetic agent and/or steroid, paravertebral facet j	80.91	194.83	10/1/2009
64472		injection, anesthetic agent and/or steroid, paravertebral facet j	51.90	85.35	10/1/2009
64476		injection, anesthetic agent and/or steroid, paravertebral facet j	38.87	71.45	10/1/2009
64479		injection, anesthetic agent and/or steroid, transforaminal epidu	95.77	206.81	10/1/2009
64480		injection, anesthetic agent and/or steroid, transforaminal epidu	62.68	104.80	10/1/2009
64483		injection, anesthetic agent and/or steroid, transforaminal epidu	84.20	200.72	10/1/2009
64484		injection, anesthetic agent and/or steroid, transforaminal epidu	53.44	102.47	10/1/2009
64490		Injection(s), diagnostic or therapeutic agent, paravertebral fac	68.39	103.40	01/1/2010
64491		Injection(s), diagnostic or therapeutic agent, paravertebral fac	39.31	51.05	01/1/2010
64492		Injection(s), diagnostic or therapeutic agent, paravertebral fac	39.99	51.73	01/1/2010
64493		Injection(s), diagnostic or therapeutic agent, paravertebral fac	58.10	93.56	01/1/2010
64494		Injection(s), diagnostic or therapeutic agent, paravertebral fac	33.62	45.82	01/1/2010
64495		Injection(s), diagnostic or therapeutic agent, paravertebral fac	34.30	46.50	01/1/2010
64505		injection, anesthetic agent;	65.15	77.26	10/1/2009
64508		injection, anesthetic agent;	53.90	106.10	10/1/2009
64510		injection, anesthetic agent;	52.69	105.76	10/1/2009
64517		injection, anesthetic agent; superior hypogastric plexus	92.69	128.74	10/1/2009
64520		injection, anesthetic agent;	59.53	137.98	10/1/2009
64530		injection, anesthetic agent;	70.28	142.95	10/1/2009
64555		percutaneous implantation of neurostimulator electrodes; peri	119.28	161.97	10/1/2009
64561		percutaneous implantation of neurostimulator electrodes; sacı	335.51	866.18	10/1/2009
64568		Incision for implantation of cranial nerve (eg, vagus nerve) nei	529.59	529.59	1/1/2011
64569		Revision or replacement of cranial nerve (eg, vagus nerve) ne	508.67	508.67	1/1/2011
64570		Removal of cranial nerve (eg, vagus nerve) neurostimulator e	442.95	442.95	1/1/2011
64575		incision for implantation of neurostimulator electrodes; periphe	216.95	216.95	10/1/2009
64577		incision for implantation of electrodes neuromuscu	267.33	267.33	10/1/2009
64581		incision for implantation of neurostimulator electrodes; sacral	652.02	652.02	10/1/2009
64585		revision or removal peripheral stimulator electode	123.03	250.50	10/1/2009
64590		incision for placement stimulator receiver	137.76	236.11	10/1/2009
64595		revision removal peripheral neu/stim receiver	108.51	242.32	10/1/2009
64600		injection treatment of nerve	163.92	300.34	10/1/2009
64605		injection treatment of nerve	261.22	424.46	10/1/2009
64610		injection treatment of nerve	365.83	517.24	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
64611		Chemodenervation of parotid and submandibular salivary glar	73.59	81.44	1/1/2011
64612		chemodenervation of muscle(s); muscle(s) innervated by facia	103.13	116.69	10/1/2009
64613		destuction by neuro.agent; cervico-spinal muscles	97.65	114.96	10/1/2009
64614		chemodenervation of muscle(s); extremity(s) and/or trunk mus	108.64	128.83	10/1/2009
64620		injection treatment of nerve	128.31	203.30	10/1/2009
64622		destruction by neurolytic agent, paravertebral facet joint nerve	136.08	242.51	10/1/2009
64623		destruction by neurolytic agent, paravertebral facet joint nerve	38.68	89.74	10/1/2009
64626		destruction by neurolytic agent, paravertebral facet joint nerve	179.30	282.84	10/1/2009
64627		destruction by neurolytic agent, paravertebral facet joint nerve	45.34	122.06	10/1/2009
64630		destruction by neurolytic agent; pudendal nerve	148.69	177.25	10/1/2009
64632		destruction by neurolytic agent; plantar common digital nerve	56.57	65.80	10/1/2009
64633		destruction by neurolytic agent, paravertebral facet joint nerve	138.07	263.35	1/1/2012
64634		destruction by neurolytic agent, paravertebral facet joint nerve	41.40	120.47	1/1/2012
64635		destruction by neurolytic agent, paravertebral facet joint nerve	135.31	258.82	1/1/2012
64636		destruction by neurolytic agent, paravertebral facet joint nerve	36.04	108.42	1/1/2012
64640		injection treatment of nerve	136.25	174.03	10/1/2009
64650		chemodenervation of eccrine glands; both axillae	30.80	50.40	10/1/2009
64680		destruction by neurolytic agent coliac plexus w/w	124.23	228.93	10/1/2009
64681		destruction by neurolytic agent, with or without radiologic mon	167.52	296.44	10/1/2009
64702		revision of nerve,finger/toe	343.86	343.86	10/1/2009
64704		revision of nerve, hand/foot	253.28	253.28	10/1/2009
64708		revision of nerve, arm/leg	357.12	357.12	10/1/2009
64712		revision of sciatic nerve	412.08	412.08	10/1/2009
64713		revision of arm nerves	576.81	576.81	10/1/2009
64714		revision of low back nerves	494.11	494.11	10/1/2009
64716		neurozysis a/o transposition cranial nerve	390.45	390.45	10/1/2009
64718		revise ulnar nerve at elbow	420.57	420.57	10/1/2009
64719		revise ulnar nerve at wrist	291.71	291.71	10/1/2009
64721		neurolysis and/or transposition median nerve at ca	306.08	307.23	10/1/2009
64722		revise forearm nerve	250.72	250.72	10/1/2009
64726		revise foot/toe nerve	220.97	220.97	10/1/2009
64727		internal nerve revision	144.79	144.79	10/1/2009
64732		incision of brow nerve	285.58	285.58	10/1/2009
64734		incision of cheek nerve	308.95	308.95	10/1/2009
64736		incision of chin nerve	291.66	291.66	10/1/2009
64738		transection or avulsion of inferior alveolar nerve	345.16	345.16	10/1/2009
64740		transection or avulsion of lingual nerve	344.05	344.05	10/1/2009
64742		incision of facial nerve	352.94	352.94	10/1/2009
64744		incise nerve, back of head	309.54	309.54	10/1/2009
64746		incise diaphragm nerve	334.43	334.43	10/1/2009
64752		incision of vagus nerve	379.05	379.05	10/1/2009
64755		transection or avulsion of; vagus nerves limited to proximal st	677.04	677.04	10/1/2009
64760		incision of vagus nerve	358.57	358.57	10/1/2009
64761		incise nerve in pelvis	339.06	339.06	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
64763		incise hip/thigh nerve	408.94	408.94	10/1/2009
64766		incise hip/thigh nerve	472.53	472.53	10/1/2009
64771		transection/avulsion cranial nerve extradural	442.23	442.23	10/1/2009
64772		incise spinal nerve	425.32	425.32	10/1/2009
64774		remove lesion, skin nerve	307.14	307.14	10/1/2009
64776		remove nerve lesion, digit	295.29	295.29	10/1/2009
64778		excision of neuroma; digital nerve, each additional digit (list se	143.84	143.84	10/1/2009
64782		remove nerve lesion	348.33	348.33	10/1/2009
64783		excision of neuroma; hand or foot, each additional nerve, exce	171.91	171.91	10/1/2009
64784		remove nerve lesion	542.11	542.11	10/1/2009
64786		remove sciatic nerve lesion	814.64	814.64	10/1/2009
64787		remove nerve lesion/implant	197.42	197.42	10/1/2009
64788		removal of nerve lesion	288.04	288.04	10/1/2009
64790		removal of nerve lesion	620.28	620.28	10/1/2009
64792		removal of nerve lesion	804.68	804.68	10/1/2009
64795		biopsy of nerve	147.39	147.39	10/1/2009
64802		remove sympathetic nerves	458.99	458.99	10/1/2009
64804		remove sympathetic nerves	699.77	699.77	10/1/2009
64809		remove sympathetic nerves	656.50	656.50	10/1/2009
64818		remove sympathetic nerves	509.42	509.42	10/1/2009
64820		sympathectomy; digital arteries, each digit	567.13	567.13	10/1/2009
64821		sympathectomy; radial artery	510.92	510.92	10/1/2009
64822		sympathectomy; ulnar artery	504.90	504.90	10/1/2009
64823		sympathectomy; superficial palmar arch	574.27	574.27	10/1/2009
64831		repair of nerve, digital	506.34	506.34	10/1/2009
64832		suture of digital nerve, hand or foot; each additional digital ner	267.09	267.09	10/1/2009
64834		repair of nerve, hand	561.36	561.36	10/1/2009
64835		repair of nerve, hand	608.64	608.64	10/1/2009
64836		repair of nerve, hand	608.32	608.32	10/1/2009
64837		suture of each additional nerve, hand or foot (list separately in	296.53	296.53	10/1/2009
64840		repair of nerve, foot	693.16	693.16	10/1/2009
64856		repair/transpose nerve	766.06	766.06	10/1/2009
64857		suture major periph nerve arm/leg exc sciatic w/o	801.03	801.03	10/1/2009
64858		repair sciatic nerve	923.30	923.30	10/1/2009
64859		suture of each additional major peripheral nerve (list separate	201.14	201.14	10/1/2009
64861		repair of arm nerves	1,043.04	1,043.04	10/1/2009
64862		repair of low back nerves	1,022.96	1,022.96	10/1/2009
64864		repair of facial nerve	664.29	664.29	10/1/2009
64865		suture facial nerve intratemporal w/wo grafting	875.68	875.68	10/1/2009
64866		fusion of facial/other nerve	910.78	910.78	10/1/2009
64868		fusion of facial/other nerve	796.89	796.89	10/1/2009
64870		fusion of facial/other nerve	782.62	782.62	10/1/2009
64872		repair of nerve	94.31	94.31	10/1/2009
64874		repair & revise nerve	138.71	138.71	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
64876		suture of nerve;	151.57	151.57	10/1/2009
64885		nerve graft,head/neck; up to 4cm.	865.41	865.41	10/1/2009
64886		nerve graft, head/neck; more than 4 cm.	1,026.82	1,026.82	10/1/2009
64890		nerve graft, hand or foot	825.22	825.22	10/1/2009
64891		nerve graft single strand hand or foot more than 4	852.35	852.35	10/1/2009
64892		nerve graft, arm or leg	802.81	802.81	10/1/2009
64893		nerve graft single strand arm or leg more than 4 c	845.71	845.71	10/1/2009
64895		nerve graft, hand or foot	992.75	992.75	10/1/2009
64896		nerve graft multiple strands hand or foot more tha	1,094.56	1,094.56	10/1/2009
64897		nerve graft, arm or leg	960.37	960.37	10/1/2009
64898		nerve graft single strand more than 4 cm	1,047.04	1,047.04	10/1/2009
64901		nerve graft, each additional nerve; single strand (list separatel	472.02	472.02	10/1/2009
64902		nerve graft, each additional nerve; multiple strands (cable) (lis	542.50	542.50	10/1/2009
64905		nerve pedicle transfer first stage	767.53	767.53	10/1/2009
64907		nerve pedicle transfer second stage	1,009.34	1,009.34	10/1/2009
65091		revise eyeball	438.02	438.02	10/1/2009
65101		removal of eyeball	504.62	504.62	10/1/2009
65110		removal of eyeball	851.26	851.26	10/1/2009
65112		remove eye, revise socket	1,002.67	1,002.67	10/1/2009
65114		remove eye, revise socket	1,043.06	1,043.06	10/1/2009
65205		removal of foreign body, external eye;	31.96	39.75	10/1/2009
65210		remove foreign body from eye	38.52	48.61	10/1/2009
65220		removal of foreign body, external eye;	31.49	40.72	10/1/2009
65222		removal of foreign body, external eye;	42.19	53.44	10/1/2009
65235		removal of foreign body, intraocular; from anterior chamber of	481.81	481.81	10/1/2009
65260		remove foreign body from eye	661.24	661.24	10/1/2009
65265		remove foreign body from eye	744.83	744.83	10/1/2009
65270		repair wound of eye	98.56	182.20	10/1/2009
65272		repair wound of eye	239.22	338.14	10/1/2009
65273		rep laceration conjuctiva by mobilazation rearr w	262.99	262.99	10/1/2009
65275		repair wound of eye	313.10	381.45	10/1/2009
65280		repair wound of eye	461.45	461.45	10/1/2009
65285		repair wound of eye	720.99	720.99	10/1/2009
65286		repair of laceration by application of tissue glue	339.11	478.71	10/1/2009
65290		repair wound of eye socket	338.52	338.52	10/1/2009
65400		removal of eye lesion	407.96	457.86	10/1/2009
65410		biopsy of cornea of eye	73.76	99.42	10/1/2009
65420		removal of eye lesion	256.62	350.35	10/1/2009
65426		remove/repair eye lesion	327.98	443.06	10/1/2009
65430		scraping of cornea, diagnostic, for smear and/or culture	73.76	80.96	10/1/2009
65435		removal of corneal epithelium;	49.09	55.72	10/1/2009
65436		curette/treat cornea	255.15	265.24	10/1/2009
65450		destruction of lesion of cornea by cryotherapy, photocoagulati	215.77	218.36	10/1/2009
65600		multiple punctures of anterior cornea (eg, for corneal erosion,	230.63	264.66	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
65710		corneal transplant	761.13	761.13	10/1/2009
65730		corneal transplant	847.25	847.25	10/1/2009
65750		corneal transplant	859.85	859.85	10/1/2009
65755		keratoplasty, penetrating	854.77	854.77	10/1/2009
65756		Keratoplasty (corneal transplant); endothelial	667.00	667.00	01/1/2010
65770		keratoprosthesis	983.77	983.77	10/1/2009
65772		corneal relaxing incision	276.48	306.47	10/1/2009
65775		corneal wedge resection	377.75	377.75	10/1/2009
65800		paracentesis of anterior chamber of eye (separate procedure)	93.35	105.75	10/1/2009
65805		drainage of eyeball	93.35	114.98	10/1/2009
65810		drainage of eyeball	320.26	320.26	10/1/2009
65815		drainage of eyeball	324.92	433.64	10/1/2009
65820		relieve inner eye pressure	514.85	514.85	10/1/2009
65850		incision of eyeball	588.01	588.01	10/1/2009
65855		trabeculoplasty by laser one or more sessions	207.26	234.38	10/1/2009
65860		severing ashesions of anter. segmt. laser techniq.	180.03	216.37	10/1/2009
65865		relieve inner eye adhesions	327.66	327.66	10/1/2009
65870		relieve inner eye adhesions	405.13	405.13	10/1/2009
65875		relieve inner eye adhesions	430.20	430.20	10/1/2009
65880		relieve inner eye adhesions	453.72	453.72	10/1/2009
65900		removal of epithelial downgrowth, anterior chamber of eye	666.35	666.35	10/1/2009
65920		removal of implanted material, anterior segment of eye	538.77	538.77	10/1/2009
65930		removal of blood clot, anterior segment of eye	443.92	443.92	10/1/2009
66020		injection, anterior chamber of eye (separate procedure); air or	90.72	127.35	10/1/2009
66030		injection, anterior chamber (separate procedure);	75.68	112.31	10/1/2009
66130		remove eyeball lesion	400.25	485.63	10/1/2009
66150		incision of eyeball	591.55	591.55	10/1/2009
66155		incision of eyeball	589.67	589.67	10/1/2009
66160		incision of eyeball	671.97	671.97	10/1/2009
66165		incision of eyeball	577.58	577.58	10/1/2009
66170		fistulization of sclera for glaucoma; trabeculectomy ab externc	813.69	813.69	10/1/2009
66172		fistulization of sclera for glaucoma;	1,022.36	1,022.36	10/1/2009
66180		aqueous shunt to extraocular reservoir	812.33	812.33	10/1/2009
66185		revision of aqueous shunt to extraocular reservoir	511.42	511.42	10/1/2009
66220		repair eyeball lesion	499.31	499.31	10/1/2009
66225		repair/graft eyeball lesion	644.04	644.04	10/1/2009
66250		follow-up surgery of eyeball	379.45	509.53	10/1/2009
66500		incision of iris	241.32	241.32	10/1/2009
66505		incision of iris	264.24	264.24	10/1/2009
66600		removal of iris lesion	561.72	561.72	10/1/2009
66605		removal of iris	732.34	732.34	10/1/2009
66625		removal of iris	295.30	295.30	10/1/2009
66630		removal of iris	389.02	389.02	10/1/2009
66635		removal of iris	392.97	392.97	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
66680		repair of iris	351.31	351.31	10/1/2009
66682		suture of iris ciliary body w/retrieval of suture	426.34	426.34	10/1/2009
66700		ciliary body destruction; diathermy.	272.11	307.30	10/1/2009
66710		ciliary body distruction; cyclophotcoagulation.	271.33	302.19	10/1/2009
66711		ciliary body destruction; cyclophotocoagulation, endoscopic	434.06	434.06	10/1/2009
66720		ciliary body destruction; crytherapy.	286.17	316.16	10/1/2009
66740		ciliary body destruction; cyclodialysis.	272.49	300.17	10/1/2009
66761		revision of iris	280.68	307.51	10/1/2009
66762		revision of iris	290.53	322.54	10/1/2009
66770		removal of inner eye lesion	329.46	358.59	10/1/2009
66820		incision of lens lesion	270.50	270.50	10/1/2009
66821		discission secondary cataract; laser	207.79	219.90	10/1/2009
66825		repositioning intraocular lens pros; incisional	522.00	522.00	10/1/2009
66830		removal of lens lesion	490.54	490.54	10/1/2009
66840		removal lens material aspiration technique one or	478.05	478.05	10/1/2009
66850		removal of lens	545.83	545.83	10/1/2009
66852		removal of lens material, pars plana w/wo vitrecto	584.39	584.39	10/1/2009
66920		extraction of lens	521.36	521.36	10/1/2009
66930		extraction of lens	592.65	592.65	10/1/2009
66940		extraction of lens	537.80	537.80	10/1/2009
66982		extracapsular cataract removal with insertion of intraocular ler	741.91	741.91	10/1/2009
66983		intracapsular extraction with insertion of prosthe	511.44	511.44	10/1/2009
66984		extracapsular cataract removal with lens prosthesi	531.47	531.47	10/1/2009
66985		insert lens prosthesis	524.79	524.79	10/1/2009
66986		exchange of intraocular lens.	643.02	643.02	10/1/2009
66990		use of ophthalmic endoscope (list separately in addition to coc	66.35	66.35	10/1/2009
67005		partial removal of eye fluid	323.30	323.30	10/1/2009
67010		partial removal of eye fluid	374.81	374.81	10/1/2009
67015		release of eye fluid	399.18	399.18	10/1/2009
67025		replace eye fluid	431.30	494.75	10/1/2009
67027		implantation of intravitreal drug delivery system (eg, ganciclov	592.02	592.02	10/1/2009
67028		intravitreal injection of a pharmacologic agent (separate proce	120.17	148.72	10/1/2009
67030		incise inner eye strands	356.01	356.01	10/1/2009
67031		severing of vitreous strands, laser surgery	242.13	263.18	10/1/2009
67036		vitrectomy, pars plana approach	669.09	669.09	10/1/2009
67039		vitrectomy, mech., w focal endolaser photocoagulat	856.16	856.16	10/1/2009
67040		laser treatment of retina	988.44	988.44	10/1/2009
67041		vitrectomy, mechanical, pars plana approach; with reomval of	926.38	926.38	10/1/2009
67042		vitrectomy, mechanical, pars plana approach; with removal of	1,061.92	1,061.92	10/1/2009
67043		vitrectomy, mechanical, pars plana approach; with removal of	1,113.64	1,113.64	10/1/2009
67101		repair of retinal detachment, one or more sessions	461.77	530.13	10/1/2009
67105		repair of retinal detachment, one or more sessions; photocoag	443.02	491.47	10/1/2009
67107		repair of retinal detachment; scleral buckling (such as lamellar	841.19	841.19	10/1/2009
67108		repair of retinal detachment; with vitrectomy, any method, with	1,121.42	1,121.42	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
67110		repair of retinal detachment; by injection of air or other gas (eg	531.95	594.53	10/1/2009
67112		repair of retinal detachment; by scleral buckling or vitrectomy,	925.08	925.08	10/1/2009
67113		repair of complex retinal detachment (eg, proliferative vitreore	1,219.16	1,219.16	10/1/2009
67115		release of encircling material	337.22	337.22	10/1/2009
67120		revision of inner eye	380.41	446.46	10/1/2009
67121		removal of implanted material, intraocular	626.61	626.61	10/1/2009
67141		prophylaxis of retinal detachment	331.80	355.17	10/1/2009
67145		prophylaxis of retinal detachment;photocoagulation	339.33	358.36	10/1/2009
67208		destruction of localized lesion of retina (eg, macular edema, tu	397.84	411.68	10/1/2009
67210		destruction of localized lesion of retina (eg, macular edema, tu	466.93	482.22	10/1/2009
67218		treatment inner eye lesion	980.89	980.89	10/1/2009
67220		destruction of localized lesion of choroid (eg, choroidal neova	707.07	739.95	10/1/2009
67221		destruction of localized lesion of choroid (eg, choroidal neova	157.09	208.14	10/1/2009
67225		destruction of localized lesion of choroid (eg, choroidal neova	20.53	21.69	10/1/2009
67227		destruction of retinopathy, one or more sessions	392.95	418.62	10/1/2009
67228		destruction of retinopathy, photocoagulation	729.97	823.70	10/1/2009
67229		treatment of extensive or pregressive retinopathy, one or mor	801.32	801.32	10/1/2009
67250		reinforce eyeball wall	542.48	542.48	10/1/2009
67255		reinforce/graft eyeball wall	579.71	579.71	10/1/2009
67311		strabismus surgery, recession or resection procedure; one ho	411.82	411.82	10/1/2009
67312		strabismus surgery, two horizontal muscles	493.28	493.28	10/1/2009
67314		strabismus surgery, one vertical muscle	461.85	461.85	10/1/2009
67316		strabismus surgery, 2 or more vertical muscles	553.92	553.92	10/1/2009
67318		strabismus surgery, any procedure, superior oblique muscle	483.21	483.21	10/1/2009
67320		transposition procedure (eg, for paretic extraocular muscle), a	232.71	232.71	10/1/2009
67331		strabismus surgery on patient with previous eye surgery or inj	220.35	220.35	10/1/2009
67332		strabismus surgery on patient with scarring of extraocular mus	239.62	239.62	10/1/2009
67334		strabismus surgery by posterior fixation suture technique, with	217.36	217.36	10/1/2009
67335		placement of adjustable suture(s) during strabismus surgery,	109.34	109.34	10/1/2009
67340		strabismus surgery involving exploration and/or repair of deta	258.93	258.93	10/1/2009
67343		release extensive scar tissue w/o detaching muscle	448.65	448.65	10/1/2009
67345		chemodenervation of extraocular muscle	149.34	163.47	10/1/2009
67346		biopsy of extraocular muscle	143.21	143.21	10/1/2009
67400		orbitotomy without bone flap (frontal or transconjunctival appr	644.70	644.70	10/1/2009
67405		explore/treat eye socket	548.02	548.02	10/1/2009
67412		explore/treat eye socket	596.82	596.82	10/1/2009
67413		explore/treat eye socket	597.03	597.03	10/1/2009
67414		orbitotomy wo flap;w bone removal for decompress.	918.80	918.80	10/1/2009
67415		explore/treat eye socket	76.56	76.56	10/1/2009
67420		explore/treat eye socket	1,144.45	1,144.45	10/1/2009
67430		explore/treat eye socket	867.10	867.10	10/1/2009
67440		explore/treat eye socket	836.12	836.12	10/1/2009
67445		orbitotomy w flap/window; w bone removal.	985.91	985.91	10/1/2009
67450		explore/treat eye socket	867.58	867.58	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
67500		inject/treat eye socket	58.29	64.05	10/1/2009
67505		inject/treat eye socket	56.17	62.22	10/1/2009
67515		injection of medication or other substance into tenon's capsule	61.26	66.17	10/1/2009
67560		revise eye socket implant	684.65	684.65	10/1/2009
67570		optic nerve decompression.	804.90	804.90	10/1/2009
67700		blepharotomy, drainage of abscess, eyelid	79.29	180.81	10/1/2009
67710		incision of eyelid	66.00	152.24	10/1/2009
67715		incision of eyelid	74.75	160.70	10/1/2009
67800		remove eyelid lesion	72.70	87.41	10/1/2009
67801		remove eyelid lesions	94.45	112.33	10/1/2009
67805		remove eyelid lesions	115.85	138.93	10/1/2009
67808		remove eyelid lesion(s)	250.71	250.71	10/1/2009
67810		biopsy of eyelid	68.10	156.07	10/1/2009
67820		correction of trichiasis;	38.21	37.06	10/1/2009
67825		correction of trichiasis; epilation by other than forceps (eg, by	83.39	88.59	10/1/2009
67830		revise eyelashes	95.59	181.83	10/1/2009
67835		revise eyelashes	305.33	305.33	10/1/2009
67840		excision eyelid lesion without closure or with sim	110.91	190.80	10/1/2009
67850		destruction of lesion of lid margin (up to 1 cm)	99.12	153.63	10/1/2009
67875		temporary closure of eyelids by suture	69.14	119.33	10/1/2009
67880		revision of eyelid(s)	250.71	310.69	10/1/2009
67882		construction intermarginal adhesions with transpos	323.23	384.08	10/1/2009
67901		repair eyelid defect	401.35	480.08	10/1/2009
67902		repair eyelid defect	497.69	497.69	10/1/2009
67903		repair eyelid defect	346.75	424.62	10/1/2009
67904		repair blepharoptosis levator resection external a	411.45	502.58	10/1/2009
67906		repair eyelid defect	359.65	359.65	10/1/2009
67908		repair blepharoptosis conjuctivo-tarso-levator res	298.58	338.38	10/1/2009
67909		revise eyelid defect	305.87	371.04	10/1/2009
67911		revise eyelid defect	384.77	384.77	10/1/2009
67912		correction of lagophthalmos, with implantation of upper eyelid	345.44	620.87	10/1/2009
67914		repair eyelid defect	201.61	269.39	10/1/2009
67915		repair eyelid defect	177.95	241.11	10/1/2009
67916		repair eyelid defect	300.45	371.40	10/1/2009
67917		repair eyelid defect	332.53	406.36	10/1/2009
67921		repair eyelid defect	188.44	256.22	10/1/2009
67922		repair eyelid defect	171.42	233.42	10/1/2009
67923		repair eyelid defect	324.39	392.16	10/1/2009
67924		repair eyelid defect	313.77	405.20	10/1/2009
67930		repair eyelid wound	173.73	254.49	10/1/2009
67935		repair eyelid wound	316.84	414.03	10/1/2009
67938		remove foreign body, eyelid	79.62	165.27	10/1/2009
67950		revision of eyelids	326.30	399.55	10/1/2009
67961		revision of eyelids	318.76	398.65	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
67966		revision of eyelids	452.79	527.78	10/1/2009
67971		reconstruction of eyelid	511.17	511.17	10/1/2009
67973		reconstruction of eyelid	662.63	662.63	10/1/2009
67974		reconstruction of eyelid	659.96	659.96	10/1/2009
67975		reconstruction of eyelid	482.50	482.50	10/1/2009
68020		incise/drain eyelid lesion	76.83	82.31	10/1/2009
68040		treatment of eyelid lesions	38.54	46.04	10/1/2009
68100		biopsy eyelid lining	69.72	118.46	10/1/2009
68110		remove eyelid lining lesion	102.58	154.21	10/1/2009
68115		remove eyelid lining lesion	128.20	213.86	10/1/2009
68130		remove eyelid lining lesion	284.06	369.71	10/1/2009
68135		remove eyelid lining lesion	104.77	108.23	10/1/2009
68200		subconjunctival injection	24.62	29.52	10/1/2009
68320		revise/graft eyelid lining	365.05	489.07	10/1/2009
68325		revise/graft eyelid lining	454.97	454.97	10/1/2009
68326		revise eyelid lining	442.90	442.90	10/1/2009
68328		revise/graft eyelid lining	494.92	494.92	10/1/2009
68330		revise eyelid lining	314.10	411.30	10/1/2009
68335		revise/graft eyelid lining	444.34	444.34	10/1/2009
68340		separate eyelid adhesions	271.29	369.92	10/1/2009
68360		revise eyelid lining	280.61	361.36	10/1/2009
68362		revise eyelid lining	450.46	450.46	10/1/2009
68400		incise/drain tear gland	94.99	191.61	10/1/2009
68420		incise/drain tear sac	122.09	219.29	10/1/2009
68440		incise tear duct opening	66.11	73.32	10/1/2009
68500		removal of tear gland	671.13	671.13	10/1/2009
68505		partial removal tear gland	674.97	674.97	10/1/2009
68510		biopsy of tear gland	210.27	315.82	10/1/2009
68520		removal of tear sac	474.70	474.70	10/1/2009
68525		biopsy of tear sac	193.78	193.78	10/1/2009
68530		clearance of tear duct	184.61	299.69	10/1/2009
68540		remove tear gland lesion	641.82	641.82	10/1/2009
68550		remove tear gland lesion	789.47	789.47	10/1/2009
68700		repair tear ducts	414.20	414.20	10/1/2009
68705		revise tear duct opening	115.29	163.45	10/1/2009
68720		incise tear ducts	525.91	525.91	10/1/2009
68745		incise tear ducts	527.87	527.87	10/1/2009
68750		establish tear duct channel	542.36	542.36	10/1/2009
68760		close tear duct opening	100.76	138.54	10/1/2009
68761		closure of lacrimal punctum; by plug, each	81.71	101.03	10/1/2009
68770		close tear system fistula	410.57	410.57	10/1/2009
68801		dilation of lacrimal punctum, with or without irrigation	72.45	83.41	10/1/2009
68810		probing of nasolacrimal duct, with or without irrigation;	130.59	162.03	10/1/2009
68811		probing of nasolacrimal duct, with or without irrigation; requirir	141.98	141.98	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
68815		probing of nasolacrimal duct, with or without irrigation; with ins	179.37	303.68	10/1/2009
68816		probing of nasolacrimal duct with or without irrigation; with tra	171.69	461.83	10/1/2009
68840		exploration of tear ducts	77.12	85.49	10/1/2009
68850		injection of contrast medium for dacryocystography	44.19	48.23	10/1/2009
69000		drain external ear lesion	87.14	130.98	10/1/2009
69005		drain external ear lesion	118.80	156.01	10/1/2009
69020		drain outer ear canal lesion	105.67	166.24	10/1/2009
69100		biopsy external ear	37.67	77.76	10/1/2009
69105		biopsy external auditory canal	48.94	101.43	10/1/2009
69110		partial removal external ear	243.62	331.88	10/1/2009
69120		removal of external ear	295.95	295.95	10/1/2009
69140		remove ear canal lesion(s)	644.79	644.79	10/1/2009
69145		remove ear canal lesion(s)	183.68	278.57	10/1/2009
69150		extensive outer ear surgery	795.15	795.15	10/1/2009
69155		extensive ear/neck surgery	1,279.18	1,279.18	10/1/2009
69200		removal foreign body from external auditory canal;	42.50	88.36	10/1/2009
69205		clear outer ear canal	76.02	76.02	10/1/2009
69210		remove impacted ear wax	25.49	37.03	10/1/2009
69220		debridement, mastoidectomy cavity, simple	47.45	99.08	10/1/2009
69222		debridement, mastoidectomy cavity, complex	102.60	159.13	10/1/2009
69310		reconstruction of external auditory canal (meatoplasty) (eg, fo	806.75	806.75	10/1/2009
69320		rebuild outer ear canal	1,153.35	1,153.35	10/1/2009
69400		eustachian tube inflation, transnasal;	47.17	102.83	10/1/2009
69401		eustachian tube inflation, transnasal;	37.65	60.43	10/1/2009
69405		eustachian tube catheterization, transtympanic	147.06	191.18	10/1/2009
69420		incision of eardrum	89.54	138.00	10/1/2009
69421		incision of eardrum	113.48	113.48	10/1/2009
69424		removal ventilating tube insert by other physician	47.50	93.65	10/1/2009
69433		tympanostomy, local or topical anesthesia	97.02	144.03	10/1/2009
69436		tympanostomy, general anesthesia	123.46	123.46	10/1/2009
69440		exploration of middle ear	510.37	510.37	10/1/2009
69450		tympanolysis transcanal	399.84	399.84	10/1/2009
69501		removal of mastoid bone	549.99	549.99	10/1/2009
69502		mastoidectomy complete	732.40	732.40	10/1/2009
69505		removal mastoid structures	900.35	900.35	10/1/2009
69511		removal mastoid structures	926.03	926.03	10/1/2009
69530		remove part of temporal bone	1,251.32	1,251.32	10/1/2009
69535		remove part of temporal bone	2,043.40	2,043.40	10/1/2009
69540		remove ear lesion	94.24	149.90	10/1/2009
69550		remove ear lesion	777.70	777.70	10/1/2009
69552		remove ear lesion	1,192.47	1,192.47	10/1/2009
69554		remove ear lesion	1,901.41	1,901.41	10/1/2009
69601		revise mastoid surgery	789.45	789.45	10/1/2009
69602		revise mastoid surgery	820.82	820.82	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
69603		revise mastoid surgery	952.71	952.71	10/1/2009
69604		revise mastoid surgery	846.86	846.86	10/1/2009
69605		revise mastoid surgery	1,179.95	1,179.95	10/1/2009
69610		repair of eardrum	227.17	292.65	10/1/2009
69620		repair of eardrum	367.46	509.35	10/1/2009
69631		repair eardrum structures	656.81	656.81	10/1/2009
69632		rebuild eardrum structures	808.00	808.00	10/1/2009
69633		tympanoplasty w/o mastoidectomy with ossicular cha	778.09	778.09	10/1/2009
69635		repair eardrum structures	913.57	913.57	10/1/2009
69636		rebuild eardrum structures	1,035.48	1,035.48	10/1/2009
69637		tympan antro/mastoid w ossicular chain recon and s	1,030.69	1,030.69	10/1/2009
69641		revise middle ear & mastoid	783.36	783.36	10/1/2009
69642		revise middle ear & mastoid	1,011.26	1,011.26	10/1/2009
69643		revise middle ear & mastoid	923.57	923.57	10/1/2009
69644		revise middle ear & mastoid	1,115.71	1,115.71	10/1/2009
69645		revise middle ear & mastoid	1,092.65	1,092.65	10/1/2009
69646		revise middle ear & mastoid	1,162.84	1,162.84	10/1/2009
69650		release middle ear bone	596.49	596.49	10/1/2009
69660		revise middle ear bone	702.75	702.75	10/1/2009
69661		stapedectomy with foot plate drill out	919.50	919.50	10/1/2009
69662		revision stapedectomy or stapedotomy	882.04	882.04	10/1/2009
69666		repair middle ear structures	605.26	605.26	10/1/2009
69667		repair middle ear structures	607.31	607.31	10/1/2009
69670		remove mastoid air cells	708.62	708.62	10/1/2009
69676		tympanic neurectomy	623.31	623.31	10/1/2009
69700		close mastoid fistula	520.31	520.31	10/1/2009
69720		release facial nerve	884.75	884.75	10/1/2009
69725		release facial nerve	1,449.97	1,449.97	10/1/2009
69740		repair facial nerve	894.15	894.15	10/1/2009
69745		repair facial nerve	948.95	948.95	10/1/2009
69801		labyrinthotomy, with or without cryosurgery including other no	559.55	559.55	10/1/2009
69802		incise inner ear	787.71	787.71	10/1/2009
69805		explore inner ear	800.85	800.85	10/1/2009
69806		explore inner ear	718.16	718.16	10/1/2009
69820		establish inner ear window	649.50	649.50	10/1/2009
69840		revise inner ear window	681.18	681.18	10/1/2009
69905		remove inner ear	692.21	692.21	10/1/2009
69910		remove inner ear & mastoid	777.05	777.05	10/1/2009
69915		incise inner ear nerve	1,180.81	1,180.81	10/1/2009
69930		cochlear device implantation with or w/o mastoidectomy	947.69	947.69	10/1/2009
69950		incise inner ear nerve	1,399.79	1,399.79	10/1/2009
69955		release facial nerve	1,529.33	1,529.33	10/1/2009
69960		release inner ear canal	1,484.26	1,484.26	10/1/2009
69970		remove inner ear lesion	1,656.65	1,656.65	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
69990		microsurgical techniques, requiring use of operating microsco	167.59	167.59	10/1/2009
70010	26	myelography, posterior fossa	50.50	50.50	10/1/2009
70010	TC	myelography, posterior fossa	86.55	86.55	10/1/2009
70010		myelography, posterior fossa	137.04	137.04	10/1/2009
70015	26	cisternography, positive contrast	51.66	51.66	10/1/2009
70015	TC	cisternography, positive contrast	63.30	63.30	10/1/2009
70015		cisternography, positive contrast	114.97	114.97	10/1/2009
70030	26	radiologic exam eye	7.23	7.23	10/1/2009
70030	TC	radiologic exam eye	15.11	15.11	10/1/2009
70030		radiologic exam eye	22.33	22.33	10/1/2009
70100	26	radiologic exam mandible partial	7.54	7.54	10/1/2009
70100	TC	radiologic exam mandible partial	16.54	16.54	10/1/2009
70100		radiologic exam mandible partial	24.09	24.09	10/1/2009
70110	26	radiologic exam mandible complete	10.59	10.59	10/1/2009
70110	TC	radiologic exam mandible complete	20.69	20.69	10/1/2009
70110		radiologic exam mandible complete	31.28	31.28	10/1/2009
70120	26	radiologic exam mastoid	7.54	7.54	10/1/2009
70120	TC	radiologic exam mastoid	18.67	18.67	10/1/2009
70120		radiologic exam mastoid	26.22	26.22	10/1/2009
70130	26	radiologic exam mastoids, complete	14.46	14.46	10/1/2009
70130	TC	radiologic exam mastoids, complete	28.97	28.97	10/1/2009
70130		radiologic exam mastoids, complete	43.43	43.43	10/1/2009
70134	26	radiologic exam internal auditory complete	14.46	14.46	10/1/2009
70134	TC	radiologic exam internal auditory complete	22.90	22.90	10/1/2009
70134		radiologic exam internal auditory complete	37.36	37.36	10/1/2009
70140	26	radiologic exam, facial bones	7.85	7.85	10/1/2009
70140	TC	radiologic exam, facial bones	15.79	15.79	10/1/2009
70140		radiologic exam, facial bones	23.64	23.64	10/1/2009
70150	26	radiologic exam facial bones, complete	10.90	10.90	10/1/2009
70150	TC	radiologic exam facial bones, complete	22.90	22.90	10/1/2009
70150		radiologic exam facial bones, complete	33.81	33.81	10/1/2009
70160	26	radiologic exam nasal bones	7.23	7.23	10/1/2009
70160	TC	radiologic exam nasal bones	17.99	17.99	10/1/2009
70160		radiologic exam nasal bones	25.22	25.22	10/1/2009
70170	26	dacryocystography	12.72	12.72	10/1/2009
70170	TC	dacryocystography	30.40	30.40	10/1/2009
70170		dacryocystography	42.68	42.68	10/1/2009
70190	26	radiologic exam, optic foramina	8.76	8.76	10/1/2009
70190	TC	radiologic exam, optic foramina	19.25	19.25	10/1/2009
70190		radiologic exam, optic foramina	28.01	28.01	10/1/2009
70200	26	radiologic exam, orbits, complete	11.81	11.81	10/1/2009
70200	TC	radiologic exam, orbits, complete	23.20	23.20	10/1/2009
70200		radiologic exam, orbits, complete	35.01	35.01	10/1/2009
70210	26	radiologic exam sinuses	7.23	7.23	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
70210	TC	radiologic exam sinuses	16.36	16.36	10/1/2009
70210		radiologic exam sinuses	23.60	23.60	10/1/2009
70220	26	radiologic exam sinuses complete	10.30	10.30	10/1/2009
70220	TC	radiologic exam sinuses complete	20.60	20.60	10/1/2009
70220		radiologic exam sinuses complete	30.90	30.90	10/1/2009
70240	26	radiologic exam sella turcica	8.14	8.14	10/1/2009
70240	TC	radiologic exam sella turcica	15.11	15.11	10/1/2009
70240		radiologic exam sella turcica	23.24	23.24	10/1/2009
70250	26	radiologic exam skull	9.99	9.99	10/1/2009
70250	TC	radiologic exam skull	18.67	18.67	10/1/2009
70250		radiologic exam skull	28.66	28.66	10/1/2009
70260	26	radiologic exam skull complete	14.17	14.17	10/1/2009
70260	TC	radiologic exam skull complete	23.97	23.97	10/1/2009
70260		radiologic exam skull complete	38.14	38.14	10/1/2009
70300	26	radiologic exam teeth	4.47	4.47	10/1/2009
70300	TC	radiologic exam teeth	6.74	6.74	10/1/2009
70300		radiologic exam teeth	11.21	11.21	10/1/2009
70310	26	radiologic exam, teeth partial exam	6.92	6.92	10/1/2009
70310	TC	radiologic exam, teeth partial exam	19.72	19.72	10/1/2009
70310		radiologic exam, teeth partial exam	26.64	26.64	10/1/2009
70320	26	radiologic exam teeth complete	9.36	9.36	10/1/2009
70320	TC	radiologic exam teeth complete	28.10	28.10	10/1/2009
70320		radiologic exam teeth complete	37.46	37.46	10/1/2009
70328	26	radiologic exam temporomandibular joint	7.54	7.54	10/1/2009
70328	TC	radiologic exam temporomandibular joint	15.97	15.97	10/1/2009
70328		radiologic exam temporomandibular joint	23.51	23.51	10/1/2009
70330	26	radiologic exam teeth	10.27	10.27	10/1/2009
70330	TC	radiologic exam teeth	26.95	26.95	10/1/2009
70330		radiologic exam teeth	37.22	37.22	10/1/2009
70332	26	temporomandibular joint arthrography	22.42	22.42	10/1/2009
70332	TC	temporomandibular joint arthrography	44.77	44.77	10/1/2009
70332		temporomandibular joint arthrography	67.19	67.19	10/1/2009
70336	26	magnetic resonance (eg, proton) imaging, temporomandibular	63.10	63.10	10/1/2009
70336	TC	magnetic resonance (eg, proton) imaging, temporomandibular	342.18	342.18	10/1/2009
70336		magnetic resonance (eg, proton) imaging, temporomandibular	405.29	405.29	10/1/2009
70350	26	cephalogram, orthodontic	7.23	7.23	10/1/2009
70350	TC	cephalogram, orthodontic	9.05	9.05	10/1/2009
70350		cephalogram, orthodontic	16.28	16.28	10/1/2009
70355	26	orthopantogram	8.45	8.45	10/1/2009
70355	TC	orthopantogram	9.73	9.73	10/1/2009
70355		orthopantogram	18.18	18.18	10/1/2009
70360	26	radiologic exam; neck	7.23	7.23	10/1/2009
70360	TC	radiologic exam; neck	14.24	14.24	10/1/2009
70360		radiologic exam; neck	21.47	21.47	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
70370	26	radiologic exam; pharynx or larynx	13.35	13.35	10/1/2009
70370	TC	radiologic exam; pharynx or larynx	45.22	45.22	10/1/2009
70370		radiologic exam; pharynx or larynx	58.57	58.57	10/1/2009
70373	26	laryngography	17.57	17.57	10/1/2009
70373	TC	laryngography	46.01	46.01	10/1/2009
70373		laryngography	63.59	63.59	10/1/2009
70380	26	radiologic exam, salivary gland	7.23	7.23	10/1/2009
70380	TC	radiologic exam, salivary gland	21.85	21.85	10/1/2009
70380		radiologic exam, salivary gland	29.07	29.07	10/1/2009
70390	26	sialography	16.28	16.28	10/1/2009
70390	TC	sialography	62.16	62.16	10/1/2009
70390		sialography	78.44	78.44	10/1/2009
70450	26	computerized axial tomography, head or brain	36.52	36.52	10/1/2009
70450	TC	computerized axial tomography, head or brain	137.61	137.61	10/1/2009
70450		computerized axial tomography, head or brain	174.14	174.14	10/1/2009
70460	26	computerized axial tomography with contrast	48.34	48.34	10/1/2009
70460	TC	computerized axial tomography with contrast	176.96	176.96	10/1/2009
70460		computerized axial tomography with contrast	225.29	225.29	10/1/2009
70470	26	computerized axial tomography with/without contras	54.34	54.34	10/1/2009
70470	TC	computerized axial tomography with/without contras	218.15	218.15	10/1/2009
70470		computerized axial tomography with/without contras	272.48	272.48	10/1/2009
70480	26	computerized axial tomography orbit	54.65	54.65	10/1/2009
70480	TC	computerized axial tomography orbit	210.58	210.58	10/1/2009
70480		computerized axial tomography orbit	265.23	265.23	10/1/2009
70481	26	computerized axial tomography with contrast	58.92	58.92	10/1/2009
70481	TC	computerized axial tomography with contrast	249.35	249.35	10/1/2009
70481		computerized axial tomography with contrast	308.27	308.27	10/1/2009
70482	26	computerized axial tomography with/without contras	61.68	61.68	10/1/2009
70482	TC	computerized axial tomography with/without contras	291.11	291.11	10/1/2009
70482		computerized axial tomography with/without contras	352.80	352.80	10/1/2009
70486	26	computerized axial tomography	48.65	48.65	10/1/2009
70486	TC	computerized axial tomography	175.68	175.68	10/1/2009
70486		computerized axial tomography	224.32	224.32	10/1/2009
70487	26	computerized axial tomography, with contrast	55.86	55.86	10/1/2009
70487	TC	computerized axial tomography, with contrast	215.32	215.32	10/1/2009
70487		computerized axial tomography, with contrast	271.17	271.17	10/1/2009
70488	26	computerized axial tomography with/without contras	60.46	60.46	10/1/2009
70488	TC	computerized axial tomography with/without contras	269.20	269.20	10/1/2009
70488		computerized axial tomography with/without contras	329.65	329.65	10/1/2009
70490	26	computerized axial tomography,neck	54.94	54.94	10/1/2009
70490	TC	computerized axial tomography,neck	167.60	167.60	10/1/2009
70490		computerized axial tomography,neck	222.55	222.55	10/1/2009
70491	26	computerized axial tomography neck with contrast	58.92	58.92	10/1/2009
70491	TC	computerized axial tomography neck with contrast	207.82	207.82	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
70491		computerized axial tomography neck with contrast	266.74	266.74	10/1/2009
70492	26	computerized axial tomography with/without contras	61.68	61.68	10/1/2009
70492	TC	computerized axial tomography with/without contras	261.69	261.69	10/1/2009
70492		computerized axial tomography with/without contras	323.38	323.38	10/1/2009
70496	26	computed tomographic angiography, head, without contrast m	75.18	75.18	10/1/2009
70496	TC	computed tomographic angiography, head, without contrast m	439.18	439.18	10/1/2009
70496		computed tomographic angiography, head, without contrast m	514.36	514.36	10/1/2009
70498	26	computed tomographic angiography, neck, without contrast m	75.47	75.47	10/1/2009
70498	TC	computed tomographic angiography, neck, without contrast m	441.20	441.20	10/1/2009
70498		computed tomographic angiography, neck, without contrast m	516.67	516.67	10/1/2009
70540	26	magnetic resonance (eg, proton) imaging, orbit, face, and nec	57.41	57.41	10/1/2009
70540	TC	magnetic resonance (eg, proton) imaging, orbit, face, and nec	381.20	381.20	10/1/2009
70540		magnetic resonance (eg, proton) imaging, orbit, face, and nec	438.61	438.61	10/1/2009
70542	26	magnetic resonance (eg, proton) imaging, orbit, face, and nec	68.91	68.91	10/1/2009
70542	TC	magnetic resonance (eg, proton) imaging, orbit, face, and nec	418.55	418.55	10/1/2009
70542		magnetic resonance (eg, proton) imaging, orbit, face, and nec	487.46	487.46	10/1/2009
70543	26	magnetic resonance (eg, proton) imaging, orbit, face, and nec	91.51	91.51	10/1/2009
70543	TC	magnetic resonance (eg, proton) imaging, orbit, face, and nec	580.16	580.16	10/1/2009
70543		magnetic resonance (eg, proton) imaging, orbit, face, and nec	671.67	671.67	10/1/2009
70544	26	magnetic resonance angiography, head; without contrast mat	51.10	51.10	10/1/2009
70544	TC	magnetic resonance angiography, head; without contrast mat	421.49	421.49	10/1/2009
70544		magnetic resonance angiography, head; without contrast mat	472.59	472.59	10/1/2009
70545	26	magnetic resonance angiography, head; with contrast materia	51.10	51.10	10/1/2009
70545	TC	magnetic resonance angiography, head; with contrast materia	419.47	419.47	10/1/2009
70545		magnetic resonance angiography, head; with contrast materia	470.57	470.57	10/1/2009
70546	26	magnetic resonance angiography, head; without contrast mat	76.74	76.74	10/1/2009
70546	TC	magnetic resonance angiography, head; without contrast mat	672.42	672.42	10/1/2009
70546		magnetic resonance angiography, head; without contrast mat	749.16	749.16	10/1/2009
70547	26	magnetic resonance angiography, neck; without contrast mate	51.10	51.10	10/1/2009
70547	TC	magnetic resonance angiography, neck; without contrast mate	420.34	420.34	10/1/2009
70547		magnetic resonance angiography, neck; without contrast mate	471.43	471.43	10/1/2009
70548	26	magnetic resonance angiography, neck; with contrast materia	51.10	51.10	10/1/2009
70548	TC	magnetic resonance angiography, neck; with contrast materia	438.80	438.80	10/1/2009
70548		magnetic resonance angiography, neck; with contrast materia	489.90	489.90	10/1/2009
70549	26	magnetic resonance angiography, neck; without contrast mate	76.74	76.74	10/1/2009
70549	TC	magnetic resonance angiography, neck; without contrast mate	672.99	672.99	10/1/2009
70549		magnetic resonance angiography, neck; without contrast mate	749.73	749.73	10/1/2009
70551	26	magnetic resonance, brain	63.10	63.10	10/1/2009
70551	TC	magnetic resonance, brain	390.06	390.06	10/1/2009
70551		magnetic resonance, brain	453.16	453.16	10/1/2009
70552	26	magnetic resonance, brain with contrast	76.11	76.11	10/1/2009
70552	TC	magnetic resonance, brain with contrast	430.59	430.59	10/1/2009
70552		magnetic resonance, brain with contrast	506.71	506.71	10/1/2009
70553	26	magnetic resonance, brain with/without contrast	100.66	100.66	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
70553	TC	magnetic resonance, brain with/without contrast	573.88	573.88	10/1/2009
70553		magnetic resonance, brain with/without contrast	674.53	674.53	10/1/2009
70557	26	magnetic resonance (eg, proton) imaging, brain (including bra	124.60	124.60	10/1/2009
70557	TC	magnetic resonance (eg, proton) imaging, brain (including bra	373.79	373.79	10/1/2009
70557		magnetic resonance (eg, proton) imaging, brain (including bra	498.38	498.38	10/1/2009
70558	26	magnetic resonance (eg, proton) imaging, brain (including bra	136.07	136.07	10/1/2009
70558	TC	magnetic resonance (eg, proton) imaging, brain (including bra	408.22	408.22	10/1/2009
70558		magnetic resonance (eg, proton) imaging, brain (including bra	544.29	544.29	10/1/2009
70559	26	magnetic resonance (eg, proton) imaging, brain (including bra	138.20	138.20	10/1/2009
70559	TC	magnetic resonance (eg, proton) imaging, brain (including bra	414.59	414.59	10/1/2009
70559		magnetic resonance (eg, proton) imaging, brain (including bra	552.78	552.78	10/1/2009
71010	26	radiologic exam, chest	7.54	7.54	10/1/2009
71010	TC	radiologic exam, chest	11.64	11.64	10/1/2009
71010		radiologic exam, chest	19.18	19.18	10/1/2009
71015	26	radiologic exam stereo, frontal	8.76	8.76	10/1/2009
71015	TC	radiologic exam stereo, frontal	14.81	14.81	10/1/2009
71015		radiologic exam stereo, frontal	23.58	23.58	10/1/2009
71020	26	radilogical exam chest two views frontal/lateral	9.36	9.36	10/1/2009
71020	TC	radilogical exam chest two views frontal/lateral	16.08	16.08	10/1/2009
71020		radilogical exam chest two views frontal/lateral	25.44	25.44	10/1/2009
71021	26	radiological exam chest with apical lordtic	11.21	11.21	10/1/2009
71021	TC	radiological exam chest with apical lordtic	19.45	19.45	10/1/2009
71021		radiological exam chest with apical lordtic	30.66	30.66	10/1/2009
71022	26	radiologic exam chest with oblique projections	13.04	13.04	10/1/2009
71022	TC	radiologic exam chest with oblique projections	23.77	23.77	10/1/2009
71022		radiologic exam chest with oblique projections	36.81	36.81	10/1/2009
71023	26	radiologic exam chest with fluroscopy	16.37	16.37	10/1/2009
71023	TC	radiologic exam chest with fluroscopy	36.75	36.75	10/1/2009
71023		radiologic exam chest with fluroscopy	53.13	53.13	10/1/2009
71030	26	radilogical exam chest complete	13.04	13.04	10/1/2009
71030	TC	radilogical exam chest complete	24.06	24.06	10/1/2009
71030		radilogical exam chest complete	37.10	37.10	10/1/2009
71034	26	radilogic exam, chest with fluoroscopy	20.79	20.79	10/1/2009
71034	TC	radilogic exam, chest with fluoroscopy	52.05	52.05	10/1/2009
71034		radilogic exam, chest with fluoroscopy	72.85	72.85	10/1/2009
71035	26	radiologic exam chest, special views	7.83	7.83	10/1/2009
71035	TC	radiologic exam chest, special views	19.43	19.43	10/1/2009
71035		radiologic exam chest, special views	27.26	27.26	10/1/2009
71040	26	bronchography, unilateral	24.73	24.73	10/1/2009
71040	TC	bronchography, unilateral	51.48	51.48	10/1/2009
71040		bronchography, unilateral	76.21	76.21	10/1/2009
71060	26	bronchography, bilateral	31.45	31.45	10/1/2009
71060	TC	bronchography, bilateral	79.29	79.29	10/1/2009
71060		bronchography, bilateral	110.74	110.74	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
71090	26	insertion pacemaker	24.73	24.73	10/1/2009
71090	TC	insertion pacemaker	53.25	53.25	10/1/2009
71090		insertion pacemaker	77.04	77.04	10/1/2009
71100	26	radiologic exam, ribs	9.36	9.36	10/1/2009
71100	TC	radiologic exam, ribs	16.65	16.65	10/1/2009
71100		radiologic exam, ribs	26.02	26.02	10/1/2009
71101	26	radiologic exam ribs /posteroanterior chest	11.21	11.21	10/1/2009
71101	TC	radiologic exam ribs /posteroanterior chest	20.11	20.11	10/1/2009
71101		radiologic exam ribs /posteroanterior chest	31.32	31.32	10/1/2009
71110	26	radiologic exam, ribs bilateral	11.21	11.21	10/1/2009
71110	TC	radiologic exam, ribs bilateral	21.18	21.18	10/1/2009
71110		radiologic exam, ribs bilateral	32.39	32.39	10/1/2009
71111	26	radiologic exam including posteroanterior	13.35	13.35	10/1/2009
71111	TC	radiologic exam including posteroanterior	28.01	28.01	10/1/2009
71111		radiologic exam including posteroanterior	41.36	41.36	10/1/2009
71120	26	radiologic exam sternum	8.45	8.45	10/1/2009
71120	TC	radiologic exam sternum	17.52	17.52	10/1/2009
71120		radiologic exam sternum	25.97	25.97	10/1/2009
71130	26	radiologic exam sternoclavicular joint(s)	9.36	9.36	10/1/2009
71130	TC	radiologic exam sternoclavicular joint(s)	20.40	20.40	10/1/2009
71130		radiologic exam sternoclavicular joint(s)	29.77	29.77	10/1/2009
71250	26	computerized axial tomography	49.56	49.56	10/1/2009
71250	TC	computerized axial tomography	177.73	177.73	10/1/2009
71250		computerized axial tomography	227.29	227.29	10/1/2009
71260	26	computerized axial tomography with contrast	52.92	52.92	10/1/2009
71260	TC	computerized axial tomography with contrast	219.58	219.58	10/1/2009
71260		computerized axial tomography with contrast	272.50	272.50	10/1/2009
71270	26	computerized axial tomography without contrast	58.92	58.92	10/1/2009
71270	TC	computerized axial tomography without contrast	277.31	277.31	10/1/2009
71270		computerized axial tomography without contrast	336.24	336.24	10/1/2009
71275	26	computed tomographic angiography, chest, without contrast n	82.41	82.41	10/1/2009
71275	TC	computed tomographic angiography, chest, without contrast n	332.75	332.75	10/1/2009
71275		computed tomographic angiography, chest, without contrast n	415.16	415.16	10/1/2009
71550	26	magnetic resonance (eg, proton) imaging, chest (eg, for evalu	62.00	62.00	10/1/2009
71550	TC	magnetic resonance (eg, proton) imaging, chest (eg, for evalu	427.67	427.67	10/1/2009
71550		magnetic resonance (eg, proton) imaging, chest (eg, for evalu	489.66	489.66	10/1/2009
71551	26	magnetic resonance (eg, proton) imaging, chest (eg, for evalu	73.40	73.40	10/1/2009
71551	TC	magnetic resonance (eg, proton) imaging, chest (eg, for evalu	476.07	476.07	10/1/2009
71551		magnetic resonance (eg, proton) imaging, chest (eg, for evalu	549.47	549.47	10/1/2009
71552	26	magnetic resonance (eg, proton) imaging, chest (eg, for evalu	96.96	96.96	10/1/2009
71552	TC	magnetic resonance (eg, proton) imaging, chest (eg, for evalu	656.60	656.60	10/1/2009
71552		magnetic resonance (eg, proton) imaging, chest (eg, for evalu	753.56	753.56	10/1/2009
71555		mra chest	482.11	482.11	11/1/2009
71555	26	mra chest	77.92	77.92	11/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
71555	TC	mra chest	404.19	404.19	11/1/2009
72010	26	radilogic exam spine	18.46	18.46	10/1/2009
72010	TC	radilogic exam spine	36.37	36.37	10/1/2009
72010		radilogic exam spine	54.84	54.84	10/1/2009
72020	26	radiologic exam spine /specify level	6.61	6.61	10/1/2009
72020	TC	radiologic exam spine /specify level	12.22	12.22	10/1/2009
72020		radiologic exam spine /specify level	18.83	18.83	10/1/2009
72040	26	radiologic examination, spine, cervical; two or three views	9.36	9.36	10/1/2009
72040	TC	radiologic examination, spine, cervical; two or three views	19.83	19.83	10/1/2009
72040		radiologic examination, spine, cervical; two or three views	29.19	29.19	10/1/2009
72050	26	radiologic exam spine. 4 views	13.04	13.04	10/1/2009
72050	TC	radiologic exam spine. 4 views	28.30	28.30	10/1/2009
72050		radiologic exam spine. 4 views	41.33	41.33	10/1/2009
72052	26	radiologic exam spine, complete	15.37	15.37	10/1/2009
72052	TC	radiologic exam spine, complete	36.37	36.37	10/1/2009
72052		radiologic exam spine, complete	51.74	51.74	10/1/2009
72069	26	radiologic exam spine thoracolumbar	9.36	9.36	10/1/2009
72069	TC	radiologic exam spine thoracolumbar	18.27	18.27	10/1/2009
72069		radiologic exam spine thoracolumbar	27.65	27.65	10/1/2009
72070	26	radiologic examination, spine; thoracic, two views	9.36	9.36	10/1/2009
72070	TC	radiologic examination, spine; thoracic, two views	17.52	17.52	10/1/2009
72070		radiologic examination, spine; thoracic, two views	26.88	26.88	10/1/2009
72072	26	radiologic examination, spine; thoracic, three views	9.36	9.36	10/1/2009
72072	TC	radiologic examination, spine; thoracic, three views	21.18	21.18	10/1/2009
72072		radiologic examination, spine; thoracic, three views	30.54	30.54	10/1/2009
72074	26	radiologic examination, spine; thoracic, minimum of four views	9.36	9.36	10/1/2009
72074	TC	radiologic examination, spine; thoracic, minimum of four views	26.28	26.28	10/1/2009
72074		radiologic examination, spine; thoracic, minimum of four views	35.64	35.64	10/1/2009
72080	26	radiologic examination, spine; thoracolumbar, two views	9.36	9.36	10/1/2009
72080	TC	radiologic examination, spine; thoracolumbar, two views	18.67	18.67	10/1/2009
72080		radiologic examination, spine; thoracolumbar, two views	28.04	28.04	10/1/2009
72090	26	radiologic exam spine. scoliiosis	12.10	12.10	10/1/2009
72090	TC	radiologic exam spine. scoliiosis	24.72	24.72	10/1/2009
72090		radiologic exam spine. scoliiosis	36.83	36.83	10/1/2009
72100	26	radiologic examination, spine, lumbosacral; two or three views	9.36	9.36	10/1/2009
72100	TC	radiologic examination, spine, lumbosacral; two or three views	21.27	21.27	10/1/2009
72100		radiologic examination, spine, lumbosacral; two or three views	30.63	30.63	10/1/2009
72110	26	radiologic examination, spine, lumbosacral; minimum of four v	13.04	13.04	10/1/2009
72110	TC	radiologic examination, spine, lumbosacral; minimum of four v	29.74	29.74	10/1/2009
72110		radiologic examination, spine, lumbosacral; minimum of four v	42.78	42.78	10/1/2009
72114	26	radiologic exam spine complete /bending view	15.37	15.37	10/1/2009
72114	TC	radiologic exam spine complete /bending view	40.41	40.41	10/1/2009
72114		radiologic exam spine complete /bending view	55.78	55.78	10/1/2009
72120	26	radiologic exam spine bending view	9.36	9.36	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
72120	TC	radiologic exam spine bending view	28.87	28.87	10/1/2009
72120		radiologic exam spine bending view	38.24	38.24	10/1/2009
72125	26	computerized axial tomography	49.56	49.56	10/1/2009
72125	TC	computerized axial tomography	178.31	178.31	10/1/2009
72125		computerized axial tomography	227.86	227.86	10/1/2009
72126	26	computerized axial tomography with contrast	52.01	52.01	10/1/2009
72126	TC	computerized axial tomography with contrast	219.87	219.87	10/1/2009
72126		computerized axial tomography with contrast	271.88	271.88	10/1/2009
72127	26	computerized axial tomography without contrast	54.05	54.05	10/1/2009
72127	TC	computerized axial tomography without contrast	276.74	276.74	10/1/2009
72127		computerized axial tomography without contrast	330.79	330.79	10/1/2009
72128	26	computerized axial tomography thoracic spine	49.56	49.56	10/1/2009
72128	TC	computerized axial tomography thoracic spine	177.73	177.73	10/1/2009
72128		computerized axial tomography thoracic spine	227.29	227.29	10/1/2009
72129	26	comp. axial tomography/thoracic spine with contras	52.30	52.30	10/1/2009
72129	TC	comp. axial tomography/thoracic spine with contras	219.87	219.87	10/1/2009
72129		comp. axial tomography/thoracic spine with contras	272.17	272.17	10/1/2009
72130	26	comp. tomography/thoracic spine without contrast	54.34	54.34	10/1/2009
72130	TC	comp. tomography/thoracic spine without contrast	277.31	277.31	10/1/2009
72130		comp. tomography/thoracic spine without contrast	331.66	331.66	10/1/2009
72131	26	computerized axial tomography/ lumbar spine	49.56	49.56	10/1/2009
72131	TC	computerized axial tomography/ lumbar spine	177.44	177.44	10/1/2009
72131		computerized axial tomography/ lumbar spine	227.00	227.00	10/1/2009
72132	26	computerized axial tomography lumbar spine/contras	52.30	52.30	10/1/2009
72132	TC	computerized axial tomography lumbar spine/contras	219.58	219.58	10/1/2009
72132		computerized axial tomography lumbar spine/contras	271.88	271.88	10/1/2009
72133	26	computerized tomography lumbar spine w/wo contrast	54.34	54.34	10/1/2009
72133	TC	computerized tomography lumbar spine w/wo contrast	277.03	277.03	10/1/2009
72133		computerized tomography lumbar spine w/wo contrast	331.37	331.37	10/1/2009
72141	26	magnetic resonance spinal canal	68.00	68.00	10/1/2009
72141	TC	magnetic resonance spinal canal	346.80	346.80	10/1/2009
72141		magnetic resonance spinal canal	414.80	414.80	10/1/2009
72142	26	magnetic resonance /spine canal with contrast	81.84	81.84	10/1/2009
72142	TC	magnetic resonance /spine canal with contrast	430.01	430.01	10/1/2009
72142		magnetic resonance /spine canal with contrast	511.85	511.85	10/1/2009
72146	26	magnetic resonance/ spinal canal and contents	68.29	68.29	10/1/2009
72146	TC	magnetic resonance/ spinal canal and contents	357.01	357.01	10/1/2009
72146		magnetic resonance/ spinal canal and contents	425.31	425.31	10/1/2009
72147	26	magnetic resonance/spinal canal with contrast	82.12	82.12	10/1/2009
72147	TC	magnetic resonance/spinal canal with contrast	386.18	386.18	10/1/2009
72147		magnetic resonance/spinal canal with contrast	468.30	468.30	10/1/2009
72148	26	magnetic resonance lumbar	63.10	63.10	10/1/2009
72148	TC	magnetic resonance lumbar	356.73	356.73	10/1/2009
72148		magnetic resonance lumbar	419.83	419.83	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
72149	26	magnetic resonance lumbar with contrast	76.11	76.11	10/1/2009
72149	TC	magnetic resonance lumbar with contrast	429.73	429.73	10/1/2009
72149		magnetic resonance lumbar with contrast	505.84	505.84	10/1/2009
72156	26	magnetic resonance with /without contrast	109.42	109.42	10/1/2009
72156	TC	magnetic resonance with /without contrast	565.80	565.80	10/1/2009
72156		magnetic resonance with /without contrast	675.22	675.22	10/1/2009
72157	26	mri; spinal canal, wo then w contrast; thoracic	109.71	109.71	10/1/2009
72157	TC	mri; spinal canal, wo then w contrast; thoracic	532.06	532.06	10/1/2009
72157		mri; spinal canal, wo then w contrast; thoracic	641.76	641.76	10/1/2009
72158	26	magnetic resonance lumbar with/without contrast	100.36	100.36	10/1/2009
72158	TC	magnetic resonance lumbar with/without contrast	565.51	565.51	10/1/2009
72158		magnetic resonance lumbar with/without contrast	665.87	665.87	10/1/2009
72170	26	radiologic examination, pelvis; one or two views	7.23	7.23	10/1/2009
72170	TC	radiologic examination, pelvis; one or two views	13.38	13.38	10/1/2009
72170		radiologic examination, pelvis; one or two views	20.60	20.60	10/1/2009
72190	26	radiologic exam pelvic complete	9.05	9.05	10/1/2009
72190	TC	radiologic exam pelvic complete	22.13	22.13	10/1/2009
72190		radiologic exam pelvic complete	31.19	31.19	10/1/2009
72191	26	computed tomographic angiography, pelvis, without contrast r	77.63	77.63	10/1/2009
72191	TC	computed tomographic angiography, pelvis, without contrast r	322.37	322.37	10/1/2009
72191		computed tomographic angiography, pelvis, without contrast r	399.99	399.99	10/1/2009
72192	26	computerized axial tomography; pelvic	46.80	46.80	10/1/2009
72192	TC	computerized axial tomography; pelvic	169.37	169.37	10/1/2009
72192		computerized axial tomography; pelvic	216.17	216.17	10/1/2009
72193	26	computerized axial tomography; pelvic with contras	49.56	49.56	10/1/2009
72193	TC	computerized axial tomography; pelvic with contras	209.01	209.01	10/1/2009
72193		computerized axial tomography; pelvic with contras	258.57	258.57	10/1/2009
72194	26	tomography; pelvic with/without contrast	52.01	52.01	10/1/2009
72194	TC	tomography; pelvic with/without contrast	277.30	277.30	10/1/2009
72194		tomography; pelvic with/without contrast	329.30	329.30	10/1/2009
72195	26	magnetic resonance (eg, proton) imaging, pelvis; without cont	62.00	62.00	10/1/2009
72195	TC	magnetic resonance (eg, proton) imaging, pelvis; without cont	386.71	386.71	10/1/2009
72195		magnetic resonance (eg, proton) imaging, pelvis; without cont	448.71	448.71	10/1/2009
72196	26	magnetic resonance (eg, proton) imaging, pelvis; with contras	73.98	73.98	10/1/2009
72196	TC	magnetic resonance (eg, proton) imaging, pelvis; with contras	423.57	423.57	10/1/2009
72196		magnetic resonance (eg, proton) imaging, pelvis; with contras	497.55	497.55	10/1/2009
72197	26	magnetic resonance (eg, proton) imaging, pelvis; without cont	96.38	96.38	10/1/2009
72197	TC	magnetic resonance (eg, proton) imaging, pelvis; without cont	585.20	585.20	10/1/2009
72197		magnetic resonance (eg, proton) imaging, pelvis; without cont	681.58	681.58	10/1/2009
72198		mra pelvis	479.20	479.20	11/1/2009
72198	26	mra pelvis	77.03	77.03	11/1/2009
72198	TC	mra pelvis	402.17	402.17	11/1/2009
72200	26	radiologic exam sacrum, coccyx	7.23	7.23	10/1/2009
72200	TC	radiologic exam sacrum, coccyx	15.68	15.68	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
72200		radiologic exam sacrum, coccyx	22.91	22.91	10/1/2009
72202	26	x-ray exam of sacroiliac joints, 3 or more views	8.14	8.14	10/1/2009
72202	TC	x-ray exam of sacroiliac joints, 3 or more views	19.54	19.54	10/1/2009
72202		x-ray exam of sacroiliac joints, 3 or more views	27.68	27.68	10/1/2009
72220	26	sacrum and coccyx	7.23	7.23	10/1/2009
72220	TC	sacrum and coccyx	16.08	16.08	10/1/2009
72220		sacrum and coccyx	23.31	23.31	10/1/2009
72240	26	myelograph, cervical	38.68	38.68	10/1/2009
72240	TC	myelograph, cervical	87.42	87.42	10/1/2009
72240		myelograph, cervical	126.11	126.11	10/1/2009
72255	26	myelography, thoracic	37.82	37.82	10/1/2009
72255	TC	myelography, thoracic	77.60	77.60	10/1/2009
72255		myelography, thoracic	115.42	115.42	10/1/2009
72265	26	myelography, lumbo sacral	35.33	35.33	10/1/2009
72265	TC	myelography, lumbo sacral	81.93	81.93	10/1/2009
72265		myelography, lumbo sacral	117.25	117.25	10/1/2009
72270	26	myelography, entire spinal canal	56.78	56.78	10/1/2009
72270	TC	myelography, entire spinal canal	126.22	126.22	10/1/2009
72270		myelography, entire spinal canal	183.00	183.00	10/1/2009
72275	26	epidurography, radiological supervision and interpretation	30.54	30.54	10/1/2009
72275	TC	epidurography, radiological supervision and interpretation	52.52	52.52	10/1/2009
72275		epidurography, radiological supervision and interpretation	83.06	83.06	10/1/2009
72285	26	diskography, cervical or thoracic, radiological supervision and	47.36	47.36	10/1/2009
72285	TC	diskography, cervical or thoracic, radiological supervision and	93.87	93.87	10/1/2009
72285		diskography, cervical or thoracic, radiological supervision and	141.23	141.23	10/1/2009
72291	26	radiological supervision and interpretation, percutaneous vert	57.53	57.53	10/1/2009
72292	26	radiological supervision and interpretation, percutaneous vert	59.99	59.99	10/1/2009
72295	26	disdography, lumbar	34.56	34.56	10/1/2009
72295	TC	disdography, lumbar	90.68	90.68	10/1/2009
72295		disdography, lumbar	125.24	125.24	10/1/2009
73000	26	radiologic exam clavicle, complete	6.92	6.92	10/1/2009
73000	TC	radiologic exam clavicle, complete	14.81	14.81	10/1/2009
73000		radiologic exam clavicle, complete	21.73	21.73	10/1/2009
73010	26	radiologic exam, scapula/ complete	7.23	7.23	10/1/2009
73010	TC	radiologic exam, scapula/ complete	15.11	15.11	10/1/2009
73010		radiologic exam, scapula/ complete	22.33	22.33	10/1/2009
73020	26	radiologic exam shoulder	6.32	6.32	10/1/2009
73020	TC	radiologic exam shoulder	12.22	12.22	10/1/2009
73020		radiologic exam shoulder	18.54	18.54	10/1/2009
73030	26	radiologic exam shoulder complete	7.83	7.83	10/1/2009
73030	TC	radiologic exam shoulder complete	15.79	15.79	10/1/2009
73030		radiologic exam shoulder complete	23.61	23.61	10/1/2009
73040	26	radiologic exam shoulder, arthrography	23.00	23.00	10/1/2009
73040	TC	radiologic exam shoulder, arthrography	61.50	61.50	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
73040		radiologic exam shoulder, arthrography	84.49	84.49	10/1/2009
73050	26	radiologic exam, acromioclavicular joints	8.75	8.75	10/1/2009
73050	TC	radiologic exam, acromioclavicular joints	19.54	19.54	10/1/2009
73050		radiologic exam, acromioclavicular joints	28.28	28.28	10/1/2009
73060	26	radiologic exam humerus	7.23	7.23	10/1/2009
73060	TC	radiologic exam humerus	15.79	15.79	10/1/2009
73060		radiologic exam humerus	23.01	23.01	10/1/2009
73070	26	radiologic examination, elbow; two views	6.32	6.32	10/1/2009
73070	TC	radiologic examination, elbow; two views	14.81	14.81	10/1/2009
73070		radiologic examination, elbow; two views	21.13	21.13	10/1/2009
73080	26	radilogic exam elbow, complete	7.23	7.23	10/1/2009
73080	TC	radilogic exam elbow, complete	19.83	19.83	10/1/2009
73080		radilogic exam elbow, complete	27.05	27.05	10/1/2009
73085	26	radiologic exam elbow, arthrography	22.71	22.71	10/1/2009
73085	TC	radiologic exam elbow, arthrography	53.71	53.71	10/1/2009
73085		radiologic exam elbow, arthrography	76.42	76.42	10/1/2009
73090	26	radiologic examination; forearm, two views	6.62	6.62	10/1/2009
73090	TC	radiologic examination; forearm, two views	14.81	14.81	10/1/2009
73090		radiologic examination; forearm, two views	21.45	21.45	10/1/2009
73092	26	radiologic exam forearm infant	6.62	6.62	10/1/2009
73092	TC	radiologic exam forearm infant	15.40	15.40	10/1/2009
73092		radiologic exam forearm infant	22.02	22.02	10/1/2009
73100	26	radiologic examination, wrist; two views	6.92	6.92	10/1/2009
73100	TC	radiologic examination, wrist; two views	15.40	15.40	10/1/2009
73100		radiologic examination, wrist; two views	22.31	22.31	10/1/2009
73110	26	radiologic exam wrist, complete	7.23	7.23	10/1/2009
73110	TC	radiologic exam wrist, complete	19.43	19.43	10/1/2009
73110		radiologic exam wrist, complete	26.66	26.66	10/1/2009
73115	26	radiologic exam wrist arthrography	23.00	23.00	10/1/2009
73115	TC	radiologic exam wrist arthrography	57.93	57.93	10/1/2009
73115		radiologic exam wrist arthrography	80.93	80.93	10/1/2009
73120	26	radiologic exam, hand	6.62	6.62	10/1/2009
73120	TC	radiologic exam, hand	14.52	14.52	10/1/2009
73120		radiologic exam, hand	21.16	21.16	10/1/2009
73130	26	radiologic exam hand min/3 views	7.23	7.23	10/1/2009
73130	TC	radiologic exam hand min/3 views	17.13	17.13	10/1/2009
73130		radiologic exam hand min/3 views	24.35	24.35	10/1/2009
73140	26	radiologic exam finger(s)	5.70	5.70	10/1/2009
73140	TC	radiologic exam finger(s)	16.84	16.84	10/1/2009
73140		radiologic exam finger(s)	22.53	22.53	10/1/2009
73200	26	tomography, upper extremity	46.51	46.51	10/1/2009
73200	TC	tomography, upper extremity	169.05	169.05	10/1/2009
73200		tomography, upper extremity	215.56	215.56	10/1/2009
73201	26	tomography upper extremity, with contrast	49.56	49.56	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
73201	TC	tomography upper extremity, with contrast	208.88	208.88	10/1/2009
73201		tomography upper extremity, with contrast	258.44	258.44	10/1/2009
73202	26	tomography upper extremity, without contrast	52.01	52.01	10/1/2009
73202	TC	tomography upper extremity, without contrast	278.24	278.24	10/1/2009
73202		tomography upper extremity, without contrast	330.25	330.25	10/1/2009
73206	26	computed tomographic angiography, upper extremity, without	78.21	78.21	10/1/2009
73206	TC	computed tomographic angiography, upper extremity, without	305.06	305.06	10/1/2009
73206		computed tomographic angiography, upper extremity, without	383.26	383.26	10/1/2009
73218	26	magnetic resonance (eg, proton) imaging, upper extremity, otl	57.12	57.12	10/1/2009
73218	TC	magnetic resonance (eg, proton) imaging, upper extremity, otl	391.58	391.58	10/1/2009
73218		magnetic resonance (eg, proton) imaging, upper extremity, otl	448.71	448.71	10/1/2009
73219	26	magnetic resonance (eg, proton) imaging, upper extremity, otl	68.91	68.91	10/1/2009
73219	TC	magnetic resonance (eg, proton) imaging, upper extremity, otl	424.02	424.02	10/1/2009
73219		magnetic resonance (eg, proton) imaging, upper extremity, otl	492.94	492.94	10/1/2009
73220	26	magnetic resonance (eg, proton) imaging, upper extremity, otl	91.80	91.80	10/1/2009
73220	TC	magnetic resonance (eg, proton) imaging, upper extremity, otl	585.93	585.93	10/1/2009
73220		magnetic resonance (eg, proton) imaging, upper extremity, otl	677.72	677.72	10/1/2009
73221	26	magnetic resonance (eg, proton) imaging, any joint of upper e	57.41	57.41	10/1/2009
73221	TC	magnetic resonance (eg, proton) imaging, any joint of upper e	367.36	367.36	10/1/2009
73221		magnetic resonance (eg, proton) imaging, any joint of upper e	424.77	424.77	10/1/2009
73222	26	magnetic resonance (eg, proton) imaging, any joint of upper e	68.91	68.91	10/1/2009
73222	TC	magnetic resonance (eg, proton) imaging, any joint of upper e	399.80	399.80	10/1/2009
73222		magnetic resonance (eg, proton) imaging, any joint of upper e	468.71	468.71	10/1/2009
73223	26	magnetic resonance (eg, proton) imaging, any joint of upper e	91.51	91.51	10/1/2009
73223	TC	magnetic resonance (eg, proton) imaging, any joint of upper e	556.80	556.80	10/1/2009
73223		magnetic resonance (eg, proton) imaging, any joint of upper e	648.31	648.31	10/1/2009
73225		mra upper ext	503.64	503.64	11/1/2009
73225	26	mra upper ext	73.22	73.22	11/1/2009
73225	TC	mra upper ext	430.44	430.44	11/1/2009
73500	26	radiologic exam hip	7.23	7.23	10/1/2009
73500	TC	radiologic exam hip	12.79	12.79	10/1/2009
73500		radiologic exam hip	20.03	20.03	10/1/2009
73510	26	radiologic exam, hip	9.05	9.05	10/1/2009
73510	TC	radiologic exam, hip	19.83	19.83	10/1/2009
73510		radiologic exam, hip	28.87	28.87	10/1/2009
73520	26	radilogic exam hip bilateral	10.90	10.90	10/1/2009
73520	TC	radilogic exam hip bilateral	20.40	20.40	10/1/2009
73520		radilogic exam hip bilateral	31.30	31.30	10/1/2009
73525	26	radiologic exam hip, authrograph	23.20	23.20	10/1/2009
73525	TC	radiologic exam hip, authrograph	53.13	53.13	10/1/2009
73525		radiologic exam hip, authrograph	76.33	76.33	10/1/2009
73530	26	rad. exam hip during operative procedure	12.41	12.41	10/1/2009
73530	TC	rad. exam hip during operative procedure	16.37	16.37	10/1/2009
73530		rad. exam hip during operative procedure	28.31	28.31	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
73540	26	radiologic exam hip/ pelvis; child	8.45	8.45	10/1/2009
73540	TC	radiologic exam hip/ pelvis; child	20.40	20.40	10/1/2009
73540		radiologic exam hip/ pelvis; child	28.86	28.86	10/1/2009
73542	26	radiological examination, sacroiliac joint arthrography, radiolo	23.61	23.61	10/1/2009
73542	TC	radiological examination, sacroiliac joint arthrography, radiolo	39.28	39.28	10/1/2009
73542		radiological examination, sacroiliac joint arthrography, radiolo	62.89	62.89	10/1/2009
73550	26	radiologic examination, femur, two views	7.23	7.23	10/1/2009
73550	TC	radiologic examination, femur, two views	15.22	15.22	10/1/2009
73550		radiologic examination, femur, two views	22.44	22.44	10/1/2009
73560	26	radiologic examination, knee; one or two views	7.23	7.23	10/1/2009
73560	TC	radiologic examination, knee; one or two views	15.11	15.11	10/1/2009
73560		radiologic examination, knee; one or two views	22.33	22.33	10/1/2009
73562	26	radiologic examination, knee; three views	7.83	7.83	10/1/2009
73562	TC	radiologic examination, knee; three views	18.96	18.96	10/1/2009
73562		radiologic examination, knee; three views	26.79	26.79	10/1/2009
73564	26	radiologic examination, knee; complete, four or more views	9.36	9.36	10/1/2009
73564	TC	radiologic examination, knee; complete, four or more views	21.85	21.85	10/1/2009
73564		radiologic examination, knee; complete, four or more views	31.21	31.21	10/1/2009
73565	26	radiologic exam knee (both)	7.52	7.52	10/1/2009
73565	TC	radiologic exam knee (both)	16.26	16.26	10/1/2009
73565		radiologic exam knee (both)	23.78	23.78	10/1/2009
73580	26	radiologic exam knee, arthrography	23.20	23.20	10/1/2009
73580	TC	radiologic exam knee, arthrography	71.70	71.70	10/1/2009
73580		radiologic exam knee, arthrography	94.89	94.89	10/1/2009
73590	26	radiologic examination; tibia and fibula, two views	7.23	7.23	10/1/2009
73590	TC	radiologic examination; tibia and fibula, two views	14.24	14.24	10/1/2009
73590		radiologic examination; tibia and fibula, two views	21.47	21.47	10/1/2009
73592	26	rad exam lower extremity infant	6.62	6.62	10/1/2009
73592	TC	rad exam lower extremity infant	15.40	15.40	10/1/2009
73592		rad exam lower extremity infant	22.02	22.02	10/1/2009
73600	26	radiologic examination, ankle; two views	6.62	6.62	10/1/2009
73600	TC	radiologic examination, ankle; two views	14.52	14.52	10/1/2009
73600		radiologic examination, ankle; two views	21.16	21.16	10/1/2009
73610	26	radiologic exam complete	7.23	7.23	10/1/2009
73610	TC	radiologic exam complete	17.13	17.13	10/1/2009
73610		radiologic exam complete	24.35	24.35	10/1/2009
73615	26	radiologic exam ankle, arthrography	22.91	22.91	10/1/2009
73615	TC	radiologic exam ankle, arthrography	55.44	55.44	10/1/2009
73615		radiologic exam ankle, arthrography	78.35	78.35	10/1/2009
73620	26	radiologic examination, foot; two views	6.62	6.62	10/1/2009
73620	TC	radiologic examination, foot; two views	13.95	13.95	10/1/2009
73620		radiologic examination, foot; two views	20.58	20.58	10/1/2009
73630	26	radiologic exam foot complete	7.23	7.23	10/1/2009
73630	TC	radiologic exam foot complete	16.84	16.84	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
73630		radiologic exam foot complete	24.06	24.06	10/1/2009
73650	26	radiologic exam calcaneus	6.62	6.62	10/1/2009
73650	TC	radiologic exam calcaneus	14.24	14.24	10/1/2009
73650		radiologic exam calcaneus	20.87	20.87	10/1/2009
73660	26	radiologic exam calcaneus toe or toes	5.41	5.41	10/1/2009
73660	TC	radiologic exam calcaneus toe or toes	15.97	15.97	10/1/2009
73660		radiologic exam calcaneus toe or toes	21.38	21.38	10/1/2009
73700	26	computerized axial tomography lower extremity	46.51	46.51	10/1/2009
73700	TC	computerized axial tomography lower extremity	169.33	169.33	10/1/2009
73700		computerized axial tomography lower extremity	215.84	215.84	10/1/2009
73701	26	computerized axial tomography with contrast	49.85	49.85	10/1/2009
73701	TC	computerized axial tomography with contrast	210.32	210.32	10/1/2009
73701		computerized axial tomography with contrast	260.17	260.17	10/1/2009
73702	26	computerized axial tomography with & without contr	52.30	52.30	10/1/2009
73702	TC	computerized axial tomography with & without contr	278.81	278.81	10/1/2009
73702		computerized axial tomography with & without contr	331.11	331.11	10/1/2009
73706	26	computed tomographic angiography, lower extremity, without	82.16	82.16	10/1/2009
73706	TC	computed tomographic angiography, lower extremity, without	334.19	334.19	10/1/2009
73706		computed tomographic angiography, lower extremity, without	416.35	416.35	10/1/2009
73718	26	magnetic resonance (eg, proton) imaging, lower extremity oth	57.41	57.41	10/1/2009
73718	TC	magnetic resonance (eg, proton) imaging, lower extremity oth	383.51	383.51	10/1/2009
73718		magnetic resonance (eg, proton) imaging, lower extremity oth	440.92	440.92	10/1/2009
73719	26	magnetic resonance (eg, proton) imaging, lower extremity oth	68.91	68.91	10/1/2009
73719	TC	magnetic resonance (eg, proton) imaging, lower extremity oth	418.84	418.84	10/1/2009
73719		magnetic resonance (eg, proton) imaging, lower extremity oth	487.74	487.74	10/1/2009
73720	26	magnetic resonance (eg, proton) imaging, lower extremity oth	91.80	91.80	10/1/2009
73720	TC	magnetic resonance (eg, proton) imaging, lower extremity oth	585.64	585.64	10/1/2009
73720		magnetic resonance (eg, proton) imaging, lower extremity oth	677.44	677.44	10/1/2009
73721	26	magnetic resonance (eg, proton) imaging, any joint of lower e	57.41	57.41	10/1/2009
73721	TC	magnetic resonance (eg, proton) imaging, any joint of lower e	374.57	374.57	10/1/2009
73721		magnetic resonance (eg, proton) imaging, any joint of lower e	431.98	431.98	10/1/2009
73722	26	magnetic resonance (eg, proton) imaging, any joint of lower e	69.20	69.20	10/1/2009
73722	TC	magnetic resonance (eg, proton) imaging, any joint of lower e	403.26	403.26	10/1/2009
73722		magnetic resonance (eg, proton) imaging, any joint of lower e	472.46	472.46	10/1/2009
73723	26	magnetic resonance (eg, proton) imaging, any joint of lower e	91.80	91.80	10/1/2009
73723	TC	magnetic resonance (eg, proton) imaging, any joint of lower e	555.07	555.07	10/1/2009
73723		magnetic resonance (eg, proton) imaging, any joint of lower e	646.86	646.86	10/1/2009
73725	26	magnetic resonance angiography, lower extremity, with or witl	77.94	77.94	10/1/2009
73725	TC	magnetic resonance angiography, lower extremity, with or witl	401.88	401.88	10/1/2009
73725		magnetic resonance angiography, lower extremity, with or witl	479.82	479.82	10/1/2009
74000	26	radiologic exam abdomen	7.54	7.54	10/1/2009
74000	TC	radiologic exam abdomen	12.79	12.79	10/1/2009
74000		radiologic exam abdomen	20.34	20.34	10/1/2009
74010	26	radiologic exam abdomen anteroposterior/ oblique	9.68	9.68	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
74010	TC	radiologic exam abdomen anteroposterior/ oblique	20.11	20.11	10/1/2009
74010		radiologic exam abdomen anteroposterior/ oblique	29.79	29.79	10/1/2009
74020	26	radiologic exam abdomen, complete	11.50	11.50	10/1/2009
74020	TC	radiologic exam abdomen, complete	20.40	20.40	10/1/2009
74020		radiologic exam abdomen, complete	31.90	31.90	10/1/2009
74022	26	rad exam abdomen. complete abdomen series	13.63	13.63	10/1/2009
74022	TC	rad exam abdomen. complete abdomen series	24.92	24.92	10/1/2009
74022		rad exam abdomen. complete abdomen series	38.57	38.57	10/1/2009
74150	26	computer tomography without contrast mater	50.78	50.78	10/1/2009
74150	TC	computer tomography without contrast mater	167.44	167.44	10/1/2009
74150		computer tomography without contrast mater	218.23	218.23	10/1/2009
74160	26	tomography, abdomen with contrast	54.63	54.63	10/1/2009
74160	TC	tomography, abdomen with contrast	235.25	235.25	10/1/2009
74160		tomography, abdomen with contrast	289.88	289.88	10/1/2009
74170	26	tomography, without/with contrast	59.83	59.83	10/1/2009
74170	TC	tomography, without/with contrast	319.41	319.41	10/1/2009
74170		tomography, without/with contrast	379.24	379.24	10/1/2009
74174		computed tomographic angiography, abdomen and pelvis, wit	326.04	326.04	1/1/2012
74174	26	computed tomographic angiography, abdomen and pelvis, wit	62.34	62.34	1/1/2012
74174	T C	computed tomographic angiography, abdomen and pelvis, wit	263.70	263.70	1/1/2012
74175	26	computed tomographic angiography, abdomen, without contra	81.59	81.59	10/1/2009
74175	TC	computed tomographic angiography, abdomen, without contra	341.69	341.69	10/1/2009
74175		computed tomographic angiography, abdomen, without contra	423.28	423.28	10/1/2009
74176	26	Computed tomography, abdomen and pelvis; without contrast	71.02	71.02	1/1/2011
74176	TC	Computed tomography, abdomen and pelvis; without contrast	108.75	108.75	1/1/2011
74176		Computed tomography, abdomen and pelvis; without contrast	179.77	179.77	1/1/2011
74177	26	Computed tomography, abdomen and pelvis; with contrast ma	74.48	74.48	1/1/2011
74177	TC	Computed tomography, abdomen and pelvis; with contrast ma	207.49	207.49	1/1/2011
74177		Computed tomography, abdomen and pelvis; with contrast ma	281.97	281.97	1/1/2011
74178	26	Computed tomography, abdomen and pelvis; without contrast	82.38	82.38	1/1/2011
74178	TC	Computed tomography, abdomen and pelvis; without contrast	274.25	274.25	1/1/2011
74178		Computed tomography, abdomen and pelvis; without contrast	356.63	356.63	1/1/2011
74181	26	magnetic resonance (eg, proton) imaging, abdomen; without c	62.28	62.28	10/1/2009
74181	TC	magnetic resonance (eg, proton) imaging, abdomen; without c	344.61	344.61	10/1/2009
74181		magnetic resonance (eg, proton) imaging, abdomen; without c	406.89	406.89	10/1/2009
74182	26	magnetic resonance (eg, proton) imaging, abdomen; with con	73.98	73.98	10/1/2009
74182	TC	magnetic resonance (eg, proton) imaging, abdomen; with con	465.68	465.68	10/1/2009
74182		magnetic resonance (eg, proton) imaging, abdomen; with con	539.66	539.66	10/1/2009
74183	26	magnetic resonance (eg, proton) imaging, abdomen; without c	96.38	96.38	10/1/2009
74183	TC	magnetic resonance (eg, proton) imaging, abdomen; without c	585.78	585.78	10/1/2009
74183		magnetic resonance (eg, proton) imaging, abdomen; without c	682.16	682.16	10/1/2009
74185		magnetic resonance angiography, abdomen, w/ or w/o contrast mate	478.05	478.05	11/1/2009
74185	26	magnetic resonance angiography, abdomen, w/ or w/o contrast mate	77.03	77.03	11/1/2009
74185	TC	magnetic resonance angiography, abdomen, w/ or w/o contrast mate	401.02	401.02	11/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
74190	26	peritoneogram (eg, after injection of air or contrast), radiologic	20.56	20.56	10/1/2009
74190	TC	peritoneogram (eg, after injection of air or contrast), radiologic	41.68	41.68	10/1/2009
74190		peritoneogram (eg, after injection of air or contrast), radiologic	61.32	61.32	10/1/2009
74210	26	radiologic exam, pharynx	15.66	15.66	10/1/2009
74210	TC	radiologic exam, pharynx	45.03	45.03	10/1/2009
74210		radiologic exam, pharynx	60.68	60.68	10/1/2009
74220	26	radiologic exam; esophagus	19.64	19.64	10/1/2009
74220	TC	radiologic exam; esophagus	49.35	49.35	10/1/2009
74220		radiologic exam; esophagus	69.00	69.00	10/1/2009
74230	26	swallowing function, with cineradiography/videoradiography	22.69	22.69	10/1/2009
74230	TC	swallowing function, with cineradiography/videoradiography	48.39	48.39	10/1/2009
74230		swallowing function, with cineradiography/videoradiography	71.08	71.08	10/1/2009
74235	26	removal of foreign body(s)	51.93	51.93	10/1/2009
74235	TC	removal of foreign body(s)	80.32	80.32	10/1/2009
74235		removal of foreign body(s)	132.26	132.26	10/1/2009
74240	26	radiologic exam; gastrointestinal tract	29.60	29.60	10/1/2009
74240	TC	radiologic exam; gastrointestinal tract	56.09	56.09	10/1/2009
74240		radiologic exam; gastrointestinal tract	85.69	85.69	10/1/2009
74241	26	radiologic exam, gastrointestinal tract (films)	29.32	29.32	10/1/2009
74241	TC	radiologic exam, gastrointestinal tract (films)	61.86	61.86	10/1/2009
74241		radiologic exam, gastrointestinal tract (films)	91.17	91.17	10/1/2009
74245	26	radiologic examination, gastrointestinal tract, upper; with smal	38.97	38.97	10/1/2009
74245	TC	radiologic examination, gastrointestinal tract, upper; with smal	97.46	97.46	10/1/2009
74245		radiologic examination, gastrointestinal tract, upper; with smal	136.43	136.43	10/1/2009
74246	26	rad exam, gastrointestinal tract upper air contras	29.60	29.60	10/1/2009
74246	TC	rad exam, gastrointestinal tract upper air contras	68.31	68.31	10/1/2009
74246		rad exam, gastrointestinal tract upper air contras	97.92	97.92	10/1/2009
74247	26	rad exam, gastrointestinal tract with/without film	29.60	29.60	10/1/2009
74247	TC	rad exam, gastrointestinal tract with/without film	77.74	77.74	10/1/2009
74247		rad exam, gastrointestinal tract with/without film	107.34	107.34	10/1/2009
74249	26	radiological examination, gastrointestinal tract, upper, air cont	38.97	38.97	10/1/2009
74249	TC	radiological examination, gastrointestinal tract, upper, air cont	107.17	107.17	10/1/2009
74249		radiological examination, gastrointestinal tract, upper, air cont	146.15	146.15	10/1/2009
74250	26	radiologic examination, small intestine, includes multiple seria	19.96	19.96	10/1/2009
74250	TC	radiologic examination, small intestine, includes multiple seria	60.22	60.22	10/1/2009
74250		radiologic examination, small intestine, includes multiple seria	80.17	80.17	10/1/2009
74251	26	radiologic examination, small bowel, includes multiple serial fi	29.60	29.60	10/1/2009
74251	TC	radiologic examination, small bowel, includes multiple serial fi	219.42	219.42	10/1/2009
74251		radiologic examination, small bowel, includes multiple serial fi	249.03	249.03	10/1/2009
74260	26	duodenography, hypotonic	21.18	21.18	10/1/2009
74260	TC	duodenography, hypotonic	186.17	186.17	10/1/2009
74260		duodenography, hypotonic	207.34	207.34	10/1/2009
74270	26	radiologic examination, colon; barium enema, with or without l	29.60	29.60	10/1/2009
74270	TC	radiologic examination, colon; barium enema, with or without l	85.52	85.52	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
74270		radiologic examination, colon; barium enema, with or without l	115.13	115.13	10/1/2009
74280	26	radiologic exam, air contrast/ high density	42.33	42.33	10/1/2009
74280	TC	radiologic exam, air contrast/ high density	117.07	117.07	10/1/2009
74280		radiologic exam, air contrast/ high density	159.40	159.40	10/1/2009
74283	TC	therapeutic enema, contrast or air, for reduction of intussusce	80.93	80.93	10/1/2009
74283	26	therapeutic enema, contrast or air, for reduction of intussusce	86.10	86.10	10/1/2009
74283		therapeutic enema, contrast or air, for reduction of intussusce	167.03	167.03	10/1/2009
74290	26	cholecystography, oral contrast	13.63	13.63	10/1/2009
74290	TC	cholecystography, oral contrast	37.62	37.62	10/1/2009
74290		cholecystography, oral contrast	51.25	51.25	10/1/2009
74291	26	cholecystography, additional exam	8.45	8.45	10/1/2009
74291	TC	cholecystography, additional exam	35.58	35.58	10/1/2009
74291		cholecystography, additional exam	44.03	44.03	10/1/2009
74300	26	cholangiography and/or pancreatography; intraoperative, radi	15.37	15.37	10/1/2009
74300	TC	cholangiography and/or pancreatography; intraoperative, radi	28.55	28.55	10/1/2009
74300		cholangiography and/or pancreatography; intraoperative, radi	43.92	43.92	10/1/2009
74301	26	cholangiography and/or pancreatography; additional set intrac	9.05	9.05	10/1/2009
74305	26	cholangiography and/or pancreatography; through existing ca	18.11	18.11	10/1/2009
74305		cholangiography and/or pancreatography; through existing ca	42.35	42.35	10/1/2009
74320	26	cholangiography, percutaneous, transhepatic	23.29	23.29	10/1/2009
74320	TC	cholangiography, percutaneous, transhepatic	67.68	67.68	10/1/2009
74320		cholangiography, percutaneous, transhepatic	90.96	90.96	10/1/2009
74327	26	postoperative biliary duct calculus removal, percutaneous via	30.20	30.20	10/1/2009
74327	TC	postoperative biliary duct calculus removal, percutaneous via	73.41	73.41	10/1/2009
74327		postoperative biliary duct calculus removal, percutaneous via	103.62	103.62	10/1/2009
74328	26	endoscopic catheterization	30.20	30.20	10/1/2009
74328	TC	endoscopic catheterization	100.55	100.55	10/1/2009
74328		endoscopic catheterization	129.22	129.22	10/1/2009
74329	26	endoscopic cath of the pancreatic ductal system	30.20	30.20	10/1/2009
74329	TC	endoscopic cath of the pancreatic ductal system	95.65	95.65	10/1/2009
74329		endoscopic cath of the pancreatic ductal system	125.85	125.85	10/1/2009
74330	26	combined endoscopic catheterization	38.66	38.66	10/1/2009
74330	TC	combined endoscopic catheterization	100.55	100.55	10/1/2009
74330		combined endoscopic catheterization	137.26	137.26	10/1/2009
74340	26	introduction of long gastrointestinal tube (eg, miller-abbott), in	23.00	23.00	10/1/2009
74340	TC	introduction of long gastrointestinal tube (eg, miller-abbott), in	83.66	83.66	10/1/2009
74340		introduction of long gastrointestinal tube (eg, miller-abbott), in	105.91	105.91	10/1/2009
74355	26	placement of enteroclysis tube	32.65	32.65	10/1/2009
74355	TC	placement of enteroclysis tube	83.97	83.97	10/1/2009
74355		placement of enteroclysis tube	114.59	114.59	10/1/2009
74360	26	intraluminal dilation of strictures/obstructions	23.87	23.87	10/1/2009
74360	TC	intraluminal dilation of strictures/obstructions	100.24	100.24	10/1/2009
74360		intraluminal dilation of strictures/obstructions	123.11	123.11	10/1/2009
74363	26	percutaneous transhepatic dilation of biliary duct stricture with	38.04	38.04	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
74363		percutaneous transhepatic dilation of biliary duct stricture with	223.76	223.76	10/1/2009
74400	26	urography, intravenous	20.87	20.87	10/1/2009
74400	TC	urography, intravenous	65.91	65.91	10/1/2009
74400		urography, intravenous	86.78	86.78	10/1/2009
74410	26	urography, infusion, drip technique	21.16	21.16	10/1/2009
74410	TC	urography, infusion, drip technique	70.24	70.24	10/1/2009
74410		urography, infusion, drip technique	91.39	91.39	10/1/2009
74415	26	urography, with mephrotomography	20.87	20.87	10/1/2009
74415	TC	urography, with mephrotomography	83.70	83.70	10/1/2009
74415		urography, with mephrotomography	104.57	104.57	10/1/2009
74420	26	urography, retrograde	15.66	15.66	10/1/2009
74420	TC	urography, retrograde	83.66	83.66	10/1/2009
74420		urography, retrograde	98.42	98.42	10/1/2009
74425	26	urography, antegrade	15.66	15.66	10/1/2009
74425	TC	urography, antegrade	41.67	41.67	10/1/2009
74425		urography, antegrade	56.43	56.43	10/1/2009
74430	26	cystography, minimum 3 views	13.83	13.83	10/1/2009
74430	TC	cystography, minimum 3 views	48.19	48.19	10/1/2009
74430		cystography, minimum 3 views	62.03	62.03	10/1/2009
74440	26	vasograph	16.28	16.28	10/1/2009
74440	TC	vasograph	50.51	50.51	10/1/2009
74440		vasograph	66.78	66.78	10/1/2009
74445	TC	corpora cavernosography	35.33	35.33	10/1/2009
74445	26	corpora cavernosography	49.90	49.90	10/1/2009
74445		corpora cavernosography	83.06	83.06	10/1/2009
74450	26	urethrocystography	14.43	14.43	10/1/2009
74450	TC	urethrocystography	46.47	46.47	10/1/2009
74450		urethrocystography	60.26	60.26	10/1/2009
74455	26	urethrocystography, voiding	14.43	14.43	10/1/2009
74455	TC	urethrocystography, voiding	57.35	57.35	10/1/2009
74455		urethrocystography, voiding	71.79	71.79	10/1/2009
74470	26	radiologic exam; renal cyst study	23.29	23.29	10/1/2009
74470	TC	radiologic exam; renal cyst study	40.14	40.14	10/1/2009
74470		radiologic exam; renal cyst study	62.08	62.08	10/1/2009
74475	26	introduction catheter into renal pelvis	23.29	23.29	10/1/2009
74475	TC	introduction catheter into renal pelvis	75.01	75.01	10/1/2009
74475		introduction catheter into renal pelvis	98.30	98.30	10/1/2009
74480	26	introduction of ureteral catheter or stent	23.29	23.29	10/1/2009
74480	TC	introduction of ureteral catheter or stent	75.30	75.30	10/1/2009
74480		introduction of ureteral catheter or stent	98.59	98.59	10/1/2009
74485	26	dilation of nephrostomy, ureters	23.49	23.49	10/1/2009
74485	TC	dilation of nephrostomy, ureters	70.56	70.56	10/1/2009
74485		dilation of nephrostomy, ureters	94.05	94.05	10/1/2009
74710	26	pelvimentry, with/without placental localization	14.74	14.74	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
74710	TC	pelvimentry, with/without placental localization	20.22	20.22	10/1/2009
74710		pelvimentry, with/without placental localization	34.97	34.97	10/1/2009
74775	26	perineogram	26.55	26.55	10/1/2009
74775	TC	perineogram	46.79	46.79	10/1/2009
74775		perineogram	72.20	72.20	10/1/2009
75557	26	cardiac magnetic resonance imaging for morphology and func	104.09	104.09	10/1/2009
75557	TC	cardiac magnetic resonance imaging for morphology and func	306.76	306.76	10/1/2009
75557		cardiac magnetic resonance imaging for morphology and func	410.86	410.86	10/1/2009
75561		cardiac magnetic resonance imaging for morphology and func	114.97	114.97	10/1/2009
75561		cardiac magnetic resonance imaging for morphology and func	438.04	438.04	10/1/2009
75561		cardiac magnetic resonance imaging for morphology and func	553.01	553.01	10/1/2009
75572	26	Computed tomography, heart, with contrast material, for evalu	70.90	70.90	1/1/2011
75572	TC	Computed tomography, heart, with contrast material, for evalu	172.71	172.71	1/1/2011
75572		Computed tomography, heart, with contrast material, for evalu	243.60	243.60	1/1/2011
75573	26	Computed tomography, heart, with contrast material, for evalu	78.95	78.95	1/1/2011
75573	TC	Computed tomography, heart, with contrast material, for evalu	236.86	236.86	1/1/2011
75573		Computed tomography, heart, with contrast material, for evalu	315.81	315.81	1/1/2011
75574	26	Computed tomographic angiography, heart, coronary arteries	77.37	77.37	1/1/2011
75574	TC	Computed tomographic angiography, heart, coronary arteries	232.10	232.10	1/1/2011
75574		Computed tomographic angiography, heart, coronary arteries	309.46	309.46	1/1/2011
75600	26	aortography, thoracic without serialography	22.30	22.30	10/1/2009
75600	TC	aortography, thoracic without serialography	230.89	230.89	10/1/2009
75600		aortography, thoracic without serialography	253.20	253.20	10/1/2009
75605	26	aortography, thoracic by serialography	50.38	50.38	10/1/2009
75605	TC	aortography, thoracic by serialography	167.44	167.44	10/1/2009
75605		aortography, thoracic by serialography	217.82	217.82	10/1/2009
75625	26	aortography, abdominal by serialography	49.13	49.13	10/1/2009
75625	TC	aortography, abdominal by serialography	165.71	165.71	10/1/2009
75625		aortography, abdominal by serialography	214.84	214.84	10/1/2009
75630	26	aortography, abdominal plus bilateral lower extrem	78.46	78.46	10/1/2009
75630	TC	aortography, abdominal plus bilateral lower extrem	171.98	171.98	10/1/2009
75630		aortography, abdominal plus bilateral lower extrem	250.44	250.44	10/1/2009
75635	26	computed tomographic angiography, abdominal aorta and bila	104.40	104.40	10/1/2009
75635	TC	computed tomographic angiography, abdominal aorta and bila	377.74	377.74	10/1/2009
75635		computed tomographic angiography, abdominal aorta and bila	482.15	482.15	10/1/2009
75650	26	angiography, cervicocerebral	64.57	64.57	10/1/2009
75650	TC	angiography, cervicocerebral	166.58	166.58	10/1/2009
75650		angiography, cervicocerebral	231.14	231.14	10/1/2009
75658	26	angiography, brachial	55.49	55.49	10/1/2009
75658	TC	angiography, brachial	172.63	172.63	10/1/2009
75658		angiography, brachial	228.13	228.13	10/1/2009
75660	26	angiography, external carotid unilateral	56.74	56.74	10/1/2009
75660	TC	angiography, external carotid unilateral	175.51	175.51	10/1/2009
75660		angiography, external carotid unilateral	232.25	232.25	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
75662	26	angiography, external carotid, bilateral	72.85	72.85	10/1/2009
75662	TC	angiography, external carotid, bilateral	194.26	194.26	10/1/2009
75662		angiography, external carotid, bilateral	267.10	267.10	10/1/2009
75665	26	angiography, carotid, cerebral, unilateral	57.05	57.05	10/1/2009
75665	TC	angiography, carotid, cerebral, unilateral	181.28	181.28	10/1/2009
75665		angiography, carotid, cerebral, unilateral	238.33	238.33	10/1/2009
75671	26	angiography, carodid, cerebral, bilateral	71.89	71.89	10/1/2009
75671	TC	angiography, carodid, cerebral, bilateral	198.59	198.59	10/1/2009
75671		angiography, carodid, cerebral, bilateral	270.48	270.48	10/1/2009
75676	26	angiography, carotid, cervical, unilateral	56.65	56.65	10/1/2009
75676	TC	angiography, carotid, cervical, unilateral	175.80	175.80	10/1/2009
75676		angiography, carotid, cervical, unilateral	232.45	232.45	10/1/2009
75680	26	angiography, carotid, cervical, bilateral	72.18	72.18	10/1/2009
75680	TC	angiography, carotid, cervical, bilateral	187.62	187.62	10/1/2009
75680		angiography, carotid, cervical, bilateral	259.81	259.81	10/1/2009
75685	26	angiography, vertebral, cervical	56.74	56.74	10/1/2009
75685	TC	angiography, vertebral, cervical	176.09	176.09	10/1/2009
75685		angiography, vertebral, cervical	232.83	232.83	10/1/2009
75705	26	angiography, spinal, selective	94.77	94.77	10/1/2009
75705	TC	angiography, spinal, selective	174.94	174.94	10/1/2009
75705		angiography, spinal, selective	269.71	269.71	10/1/2009
75710	26	angiography, extremity, unilateral	49.33	49.33	10/1/2009
75710	TC	angiography, extremity, unilateral	177.82	177.82	10/1/2009
75710		angiography, extremity, unilateral	227.15	227.15	10/1/2009
75716	26	angiography, extremity, bilateral	56.65	56.65	10/1/2009
75716	TC	angiography, extremity, bilateral	196.85	196.85	10/1/2009
75716		angiography, extremity, bilateral	253.51	253.51	10/1/2009
75722	26	angiography, renal, unilateral	50.09	50.09	10/1/2009
75722	TC	angiography, renal, unilateral	174.36	174.36	10/1/2009
75722		angiography, renal, unilateral	224.45	224.45	10/1/2009
75724	26	angiography renal bilateral selective	67.92	67.92	10/1/2009
75724	TC	angiography renal bilateral selective	193.98	193.98	10/1/2009
75724		angiography renal bilateral selective	261.90	261.90	10/1/2009
75726	26	angiography visceral selective or supraselective	49.22	49.22	10/1/2009
75726	TC	angiography visceral selective or supraselective	175.51	175.51	10/1/2009
75726		angiography visceral selective or supraselective	224.73	224.73	10/1/2009
75731	26	angiography adrenal unilateral, selective	51.72	51.72	10/1/2009
75731	TC	angiography adrenal unilateral, selective	180.71	180.71	10/1/2009
75731		angiography adrenal unilateral, selective	232.43	232.43	10/1/2009
75733	26	angiography adrenal bilateral selective	60.21	60.21	10/1/2009
75733	TC	angiography adrenal bilateral selective	203.20	203.20	10/1/2009
75733		angiography adrenal bilateral selective	263.40	263.40	10/1/2009
75736	26	angiography pelvic,selective or supraselective	49.71	49.71	10/1/2009
75736	TC	angiography pelvic,selective or supraselective	176.96	176.96	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
75736		angiography pelvic,selective or supraselective	226.66	226.66	10/1/2009
75741	26	angiography pulmonary unilateral selective	56.74	56.74	10/1/2009
75741	TC	angiography pulmonary unilateral selective	161.38	161.38	10/1/2009
75741		angiography pulmonary unilateral selective	218.12	218.12	10/1/2009
75743	26	angiography pulmonary bilateral selective	72.18	72.18	10/1/2009
75743	TC	angiography pulmonary bilateral selective	167.15	167.15	10/1/2009
75743		angiography pulmonary bilateral selective	239.33	239.33	10/1/2009
75746	26	angiography pulmonary by nonsel cath or ven inj.	48.93	48.93	10/1/2009
75746	TC	angiography pulmonary by nonsel cath or ven inj.	170.90	170.90	10/1/2009
75746		angiography pulmonary by nonsel cath or ven inj.	219.84	219.84	10/1/2009
75756	26	angiography,internal mammary	52.20	52.20	10/1/2009
75756	TC	angiography,internal mammary	180.99	180.99	10/1/2009
75756		angiography,internal mammary	233.19	233.19	10/1/2009
75774	26	angiography, selective, each additional vessel studied after ba	15.66	15.66	10/1/2009
75774	TC	angiography, selective, each additional vessel studied after ba	153.88	153.88	10/1/2009
75774		angiography, selective, each additional vessel studied after ba	169.54	169.54	10/1/2009
75790	TC	angiography, arteriovenous shunt (eg, dialysis pt)	65.03	65.03	10/1/2009
75790	26	angiography, arteriovenous shunt (eg, dialysis pt)	77.32	77.32	10/1/2009
75790		angiography, arteriovenous shunt (eg, dialysis pt)	142.35	142.35	10/1/2009
75791	26	Angiography, arteriovenous shunt (eg, dialysis patient fistula/g	53.63	53.63	01/1/2010
75791	TC	Angiography, arteriovenous shunt (eg, dialysis patient fistula/g	139.27	139.27	01/1/2010
75791		Angiography, arteriovenous shunt (eg, dialysis patient fistula/g	192.90	192.90	01/1/2010
75801	26	lymphangiography, extemity only unilateral	34.04	34.04	10/1/2009
75801	TC	lymphangiography, extemity only unilateral	173.05	173.05	10/1/2009
75801		lymphangiography, extemity only unilateral	207.02	207.02	10/1/2009
75803	26	lymphangiography, extemity only, bilateral	50.45	50.45	10/1/2009
75803	TC	lymphangiography, extemity only, bilateral	173.35	173.35	10/1/2009
75803		lymphangiography, extemity only, bilateral	220.39	220.39	10/1/2009
75805	26	lymphangiography, pelvic/abdominal, unilateral	35.18	35.18	10/1/2009
75805	TC	lymphangiography, pelvic/abdominal, unilateral	195.06	195.06	10/1/2009
75805		lymphangiography, pelvic/abdominal, unilateral	228.38	228.38	10/1/2009
75807	26	lymphangiography, pelvic;abdominal, bilateral	50.45	50.45	10/1/2009
75807	TC	lymphangiography, pelvic;abdominal, bilateral	189.76	189.76	10/1/2009
75807		lymphangiography, pelvic;abdominal, bilateral	240.21	240.21	10/1/2009
75809	26	shuntogram for investigation of previously placed indwelling n	19.96	19.96	10/1/2009
75809	TC	shuntogram for investigation of previously placed indwelling n	49.44	49.44	10/1/2009
75809		shuntogram for investigation of previously placed indwelling n	69.40	69.40	10/1/2009
75810	26	splenoportography	49.51	49.51	10/1/2009
75810	TC	splenoportography	401.89	401.89	10/1/2009
75810		splenoportography	448.27	448.27	10/1/2009
75820	26	venography, extremity, unilateral	30.49	30.49	10/1/2009
75820	TC	venography, extremity, unilateral	64.93	64.93	10/1/2009
75820		venography, extremity, unilateral	95.42	95.42	10/1/2009
75822	26	venography, extremity, bilateral	45.29	45.29	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
75822	TC	venography, extremity, bilateral	71.95	71.95	10/1/2009
75822		venography, extremity, bilateral	117.24	117.24	10/1/2009
75825	26	venography, caval, inferior with serialography	48.76	48.76	10/1/2009
75825	TC	venography, caval, inferior with serialography	158.49	158.49	10/1/2009
75825		venography, caval, inferior with serialography	207.25	207.25	10/1/2009
75827	26	venography, caval, superior, with seralography	47.78	47.78	10/1/2009
75827	TC	venography, caval, superior, with seralography	159.08	159.08	10/1/2009
75827		venography, caval, superior, with seralography	206.85	206.85	10/1/2009
75831	26	venography, renal, unilateral, selective	48.84	48.84	10/1/2009
75831	TC	venography, renal, unilateral, selective	160.81	160.81	10/1/2009
75831		venography, renal, unilateral, selective	209.65	209.65	10/1/2009
75833	26	venography, renal, bilateral, selective	63.24	63.24	10/1/2009
75833	TC	venography, renal, bilateral, selective	171.19	171.19	10/1/2009
75833		venography, renal, bilateral, selective	234.43	234.43	10/1/2009
75840	26	venography, adrenal, unilateral, selective	48.18	48.18	10/1/2009
75840	TC	venography, adrenal, unilateral, selective	159.65	159.65	10/1/2009
75840		venography, adrenal, unilateral, selective	207.83	207.83	10/1/2009
75842	26	venography, adrenal, bilateral, selective	63.99	63.99	10/1/2009
75842	TC	venography, adrenal, bilateral, selective	171.76	171.76	10/1/2009
75842		venography, adrenal, bilateral, selective	235.75	235.75	10/1/2009
75860	26	venography, sinus or jugular, catheter	49.90	49.90	10/1/2009
75860	TC	venography, sinus or jugular, catheter	163.97	163.97	10/1/2009
75860		venography, sinus or jugular, catheter	213.87	213.87	10/1/2009
75870	26	venography, superior sagittal sinus	48.65	48.65	10/1/2009
75870	TC	venography, superior sagittal sinus	163.40	163.40	10/1/2009
75870		venography, superior sagittal sinus	212.05	212.05	10/1/2009
75872	26	venography, epidural	51.29	51.29	10/1/2009
75872	TC	venography, epidural	179.84	179.84	10/1/2009
75872		venography, epidural	231.13	231.13	10/1/2009
75880	26	venography, orbital	29.34	29.34	10/1/2009
75880	TC	venography, orbital	66.94	66.94	10/1/2009
75880		venography, orbital	96.29	96.29	10/1/2009
75885	26	percutaneous transhepatic porto w hemodynamuc eval	62.23	62.23	10/1/2009
75885	TC	percutaneous transhepatic porto w hemodynamuc eval	161.38	161.38	10/1/2009
75885		percutaneous transhepatic porto w hemodynamuc eval	223.61	223.61	10/1/2009
75887	26	percutaneous transhepatic portog wo hemody eval	62.23	62.23	10/1/2009
75887	TC	percutaneous transhepatic portog wo hemody eval	163.11	163.11	10/1/2009
75887		percutaneous transhepatic portog wo hemody eval	225.34	225.34	10/1/2009
75889	26	hepatic venog wedged or free w hemodynamic eval	49.22	49.22	10/1/2009
75889	TC	hepatic venog wedged or free w hemodynamic eval	161.09	161.09	10/1/2009
75889		hepatic venog wedged or free w hemodynamic eval	210.32	210.32	10/1/2009
75891	26	hepatic venography wedged or free wo hemody eva	49.22	49.22	10/1/2009
75891	TC	hepatic venography wedged or free wo hemody eva	161.09	161.09	10/1/2009
75891		hepatic venography wedged or free wo hemody eva	210.32	210.32	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
75893	26	venous sampling thru cath w or wo angiography	23.00	23.00	10/1/2009
75893	TC	venous sampling thru cath w or wo angiography	160.81	160.81	10/1/2009
75893		venous sampling thru cath w or wo angiography	183.80	183.80	10/1/2009
75894	26	transcatheter therapy, embolization, any method	56.56	56.56	10/1/2009
75894	TC	transcatheter therapy, embolization, any method	769.69	769.69	10/1/2009
75894		transcatheter therapy, embolization, any method	823.53	823.53	10/1/2009
75896	26	transcatheter therapy, infusion, any method	56.83	56.83	10/1/2009
75896	TC	transcatheter therapy, infusion, any method	668.83	668.83	10/1/2009
75896		transcatheter therapy, infusion, any method	723.28	723.28	10/1/2009
75898	TC	angiography through existing catheter for follow-up study for t	33.48	33.48	10/1/2009
75898	26	angiography through existing catheter for follow-up study for t	71.58	71.58	10/1/2009
75898		angiography through existing catheter for follow-up study for t	101.10	101.10	10/1/2009
75900	26	exchange of a previously placed arterial catheter during	21.07	21.07	10/1/2009
75900	TC	exchange of a previously placed arterial catheter during	645.24	645.24	10/1/2009
75900		exchange of a previously placed arterial catheter during	666.30	666.30	10/1/2009
75901	26	mechanical removal of pericatheter obstructive material (eg, fi	20.87	20.87	10/1/2009
75901	TC	mechanical removal of pericatheter obstructive material (eg, fi	111.58	111.58	10/1/2009
75901		mechanical removal of pericatheter obstructive material (eg, fi	132.45	132.45	10/1/2009
75902	26	mechanical removal of intraluminal (intracatheter) obstructive	16.59	16.59	10/1/2009
75902	TC	mechanical removal of intraluminal (intracatheter) obstructive	57.94	57.94	10/1/2009
75902		mechanical removal of intraluminal (intracatheter) obstructive	74.53	74.53	10/1/2009
75940	26	percutaneous placement of ivc filter	23.10	23.10	10/1/2009
75940	TC	percutaneous placement of ivc filter	401.57	401.57	10/1/2009
75940		percutaneous placement of ivc filter	424.24	424.24	10/1/2009
75945		intravascular ultrasound (non-coronary vessel), radiological su	70.36	70.36	10/1/2009
75946	26	intravascular ultrasound (non-coronary vessel), radiological su	17.21	17.21	10/1/2009
75946	TC	intravascular ultrasound (non-coronary vessel), radiological su	67.57	67.57	10/1/2009
75946		intravascular ultrasound (non-coronary vessel), radiological su	84.78	84.78	10/1/2009
75952	26	endovascular repair of infrarenal abdominal aortic aneurysm c	189.45	189.45	10/1/2009
75953	26	placement of proximal or distal extension prosthesis for endov	57.38	57.38	10/1/2009
75953		placement of proximal or distal extension prosthesis for endov	73.57	73.57	10/1/2009
75954	26	endovascular repair of iliac artery aneurysm, pseudoaneurysm	93.59	93.59	10/1/2009
75956	26	endovascular repair of descending thoracic aorta (eg, aneurys	325.49	325.49	10/1/2009
75956	TC	endovascular repair of descending thoracic aorta (eg, aneurys	976.47	976.47	10/1/2009
75956		endovascular repair of descending thoracic aorta (eg, aneurys	1,301.96	1,301.96	10/1/2009
75957	26	endovascular repair of descending thoracic aorta (eg, aneurys	278.87	278.87	10/1/2009
75957	TC	endovascular repair of descending thoracic aorta (eg, aneurys	836.61	836.61	10/1/2009
75957		endovascular repair of descending thoracic aorta (eg, aneurys	1,115.48	1,115.48	10/1/2009
75958	26	placement of proximal extension prosthesis for endovascular	185.95	185.95	10/1/2009
75958	TC	placement of proximal extension prosthesis for endovascular	557.85	557.85	10/1/2009
75958		placement of proximal extension prosthesis for endovascular	743.80	743.80	10/1/2009
75959	26	placement of distal extension prosthesis(s) (delayed) after end	162.79	162.79	10/1/2009
75959	TC	placement of distal extension prosthesis(s) (delayed) after end	488.37	488.37	10/1/2009
75959		placement of distal extension prosthesis(s) (delayed) after end	651.16	651.16	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
75960	26	transcath. intro. intravasc.stent percu.&/or open	35.78	35.78	10/1/2009
75960	TC	transcath. intro. intravasc.stent percu.&/or open	172.98	172.98	10/1/2009
75960		transcath. intro. intravasc.stent percu.&/or open	208.76	208.76	10/1/2009
75961	TC	transcath retrvl, percutaneous of intrav forgn bod	154.50	154.50	10/1/2009
75961	26	transcath retrvl, percutaneous of intrav forgn bod	181.62	181.62	10/1/2009
75961		transcath retrvl, percutaneous of intrav forgn bod	336.12	336.12	10/1/2009
75962	26	transluminal angioplasty, any meth, periph artery	23.20	23.20	10/1/2009
75962	TC	transluminal angioplasty, any meth, periph artery	199.26	199.26	10/1/2009
75962		transluminal angioplasty, any meth, periph artery	222.46	222.46	10/1/2009
75964	26	transluminal balloon angioplasty, each additional peripheral a	15.57	15.57	10/1/2009
75964	TC	transluminal balloon angioplasty, each additional peripheral a	115.79	115.79	10/1/2009
75964		transluminal balloon angioplasty, each additional peripheral a	131.36	131.36	10/1/2009
75966	26	transluminal angioplasty any meth renl/viscerl art	57.89	57.89	10/1/2009
75966	TC	transluminal angioplasty any meth renl/viscerl art	204.74	204.74	10/1/2009
75966		transluminal angioplasty any meth renl/viscerl art	262.64	262.64	10/1/2009
75968	26	transluminal balloon angioplasty, each additional visceral arte	15.94	15.94	10/1/2009
75968	TC	transluminal balloon angioplasty, each additional visceral arte	115.79	115.79	10/1/2009
75968		transluminal balloon angioplasty, each additional visceral arte	131.73	131.73	10/1/2009
75970	26	transcatheter biopsy	35.90	35.90	10/1/2009
75970	TC	transcatheter biopsy	355.66	355.66	10/1/2009
75970		transcatheter biopsy	391.56	391.56	10/1/2009
75978	26	transluminal angioplasty, venous	22.71	22.71	10/1/2009
75978		transluminal angioplasty, venous	218.80	218.80	10/1/2009
75980	26	percutaneous transhepaticbiliary graing w cont mon	61.94	61.94	10/1/2009
75980	TC	percutaneous transhepaticbiliary graing w cont mon	167.99	167.99	10/1/2009
75980		percutaneous transhepaticbiliary graing w cont mon	229.94	229.94	10/1/2009
75982	26	percut plcment of drng cath f/comb int&ext bil drn	61.94	61.94	10/1/2009
75982	TC	percut plcment of drng cath f/comb int&ext bil drn	185.87	185.87	10/1/2009
75982		percut plcment of drng cath f/comb int&ext bil drn	247.82	247.82	10/1/2009
75984	26	change of percutaneous tube or drainage catheter with contra	31.12	31.12	10/1/2009
75984	TC	change of percutaneous tube or drainage catheter with contra	60.43	60.43	10/1/2009
75984		change of percutaneous tube or drainage catheter with contra	91.56	91.56	10/1/2009
75989	26	radiological guidance for percutaneous drainage of abscess, c	51.07	51.07	10/1/2009
75989	TC	radiological guidance for percutaneous drainage of abscess, c	65.08	65.08	10/1/2009
75989		radiological guidance for percutaneous drainage of abscess, c	116.15	116.15	10/1/2009
76000	26	fluoroscopy (separate procedure), up to one hour physician tir	7.23	7.23	10/1/2009
76000	TC	fluoroscopy (separate procedure), up to one hour physician tir	68.59	68.59	10/1/2009
76000		fluoroscopy (separate procedure), up to one hour physician tir	75.81	75.81	10/1/2009
76001	26	fluoroscope exam. extensive	29.09	29.09	10/1/2009
76001	TC	fluoroscope exam. extensive	80.72	80.72	10/1/2009
76001		fluoroscope exam. extensive	109.81	109.81	10/1/2009
76010	26	radiologic examination from nose to rectum for foreign body, s	7.83	7.83	10/1/2009
76010	TC	radiologic examination from nose to rectum for foreign body, s	14.52	14.52	10/1/2009
76010		radiologic examination from nose to rectum for foreign body, s	22.36	22.36	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
76080	26	radiologic examination, abscess, fistula or sinus tract study, ra	23.29	23.29	10/1/2009
76080	TC	radiologic examination, abscess, fistula or sinus tract study, ra	28.01	28.01	10/1/2009
76080		radiologic examination, abscess, fistula or sinus tract study, ra	51.30	51.30	10/1/2009
76098	26	radiological examination, surgical specimen	6.92	6.92	10/1/2009
76098	TC	radiological examination, surgical specimen	9.05	9.05	10/1/2009
76098		radiological examination, surgical specimen	15.96	15.96	10/1/2009
76100	26	xray exam, sngl plane body sctn other than w urogr	24.73	24.73	10/1/2009
76100	TC	xray exam, sngl plane body sctn other than w urogr	82.14	82.14	10/1/2009
76100		xray exam, sngl plane body sctn other than w urogr	106.87	106.87	10/1/2009
76101	26	xray exam complex motion bdy sect othr w kidy; uni	24.44	24.44	10/1/2009
76101	TC	xray exam complex motion bdy sect othr w kidy; uni	123.00	123.00	10/1/2009
76101		xray exam complex motion bdy sect othr w kidy; uni	147.45	147.45	10/1/2009
76102	26	xray exam complex motion bdy sect othr w kid; bilt	24.16	24.16	10/1/2009
76102	TC	xray exam complex motion bdy sect othr w kid; bilt	173.20	173.20	10/1/2009
76102		xray exam complex motion bdy sect othr w kid; bilt	197.36	197.36	10/1/2009
76120	26	cineradiography/videoradiography, except where specifically i	15.99	15.99	10/1/2009
76120	TC	cineradiography/videoradiography, except where specifically i	44.16	44.16	10/1/2009
76120		cineradiography/videoradiography, except where specifically i	60.15	60.15	10/1/2009
76125	26	cineradiography/videoradiography to complement routine exa	12.08	12.08	10/1/2009
76125	TC	cineradiography/videoradiography to complement routine exa	25.20	25.20	10/1/2009
76125		cineradiography/videoradiography to complement routine exa	37.27	37.27	10/1/2009
76140		consult on x-ray exam made elsewhere,written repor	32.02	32.02	10/1/2009
76376	26	3d rendering with interpretation and reporting of computed tor	8.94	8.94	10/1/2009
76376	TC	3d rendering with interpretation and reporting of computed tor	54.65	54.65	10/1/2009
76376		3d rendering with interpretation and reporting of computed tor	63.59	63.59	10/1/2009
76377	26	3d rendering with interpretation and reporting of computed tor	34.58	34.58	10/1/2009
76377	TC	3d rendering with interpretation and reporting of computed tor	54.87	54.87	10/1/2009
76377		3d rendering with interpretation and reporting of computed tor	89.44	89.44	10/1/2009
76380	26	computerized axial tomography, limited or localized follow-up	41.73	41.73	10/1/2009
76380	TC	computerized axial tomography, limited or localized follow-up	122.39	122.39	10/1/2009
76380		computerized axial tomography, limited or localized follow-up	164.11	164.11	10/1/2009
76506	26	echoencephalography,b-scan including a-mode	27.46	27.46	10/1/2009
76506	TC	echoencephalography,b-scan including a-mode	65.03	65.03	10/1/2009
76506		echoencephalography,b-scan including a-mode	92.49	92.49	10/1/2009
76510	TC	ophthalmic ultrasound, diagnostic; b-scan and quantitative a-s	53.30	53.30	10/1/2009
76510	26	ophthalmic ultrasound, diagnostic; b-scan and quantitative a-s	67.09	67.09	10/1/2009
76510		ophthalmic ultrasound, diagnostic; b-scan and quantitative a-s	120.39	120.39	10/1/2009
76511	TC	ophthalmic altrasnd, echog a-scan w amplitud quali	37.72	37.72	10/1/2009
76511	26	ophthalmic altrasnd, echog a-scan w amplitud quali	40.58	40.58	10/1/2009
76511		ophthalmic altrasnd, echog a-scan w amplitud quali	78.30	78.30	10/1/2009
76512	TC	opthalmic ultrasnd, echog; constrast b-scan	32.83	32.83	10/1/2009
76512	26	opthalmic ultrasnd, echog; constrast b-scan	40.67	40.67	10/1/2009
76512		opthalmic ultrasnd, echog; constrast b-scan	73.50	73.50	10/1/2009
76513	26	ophthalmic ultrasound, echography, diagnostic; anterior segm	27.89	27.89	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
76513	TC	ophthalmic ultrasound, echography, diagnostic; anterior segm	39.47	39.47	10/1/2009
76513		ophthalmic ultrasound, echography, diagnostic; anterior segm	67.37	67.37	10/1/2009
76514	TC	ophthalmic ultrasound, echography, diagnostic; corneal pachy	2.79	2.79	10/1/2009
76514	26	ophthalmic ultrasound, echography, diagnostic; corneal pachy	7.52	7.52	10/1/2009
76514		ophthalmic ultrasound, echography, diagnostic; corneal pachy	10.31	10.31	10/1/2009
76516	26	ophthalmic biometry by ultrsnd echography a-scan	23.10	23.10	10/1/2009
76516	TC	ophthalmic biometry by ultrsnd echography a-scan	30.80	30.80	10/1/2009
76516		ophthalmic biometry by ultrsnd echography a-scan	53.89	53.89	10/1/2009
76519	26	ophthalmic bilm by ultrasnd echog, a-scan w/intrao	23.38	23.38	10/1/2009
76519	TC	ophthalmic bilm by ultrasnd echog, a-scan w/intrao	34.26	34.26	10/1/2009
76519		ophthalmic bilm by ultrasnd echog, a-scan w/intrao	57.64	57.64	10/1/2009
76529	26	ophthalmic ultrasonic foreign body localization	24.52	24.52	10/1/2009
76529	TC	ophthalmic ultrasonic foreign body localization	30.13	30.13	10/1/2009
76529		ophthalmic ultrasonic foreign body localization	54.65	54.65	10/1/2009
76536	26	ultrasound, soft tissues of head and neck (eg, thyroid, parathy	23.33	23.33	10/1/2009
76536	TC	ultrasound, soft tissues of head and neck (eg, thyroid, parathy	64.75	64.75	10/1/2009
76536		ultrasound, soft tissues of head and neck (eg, thyroid, parathy	88.08	88.08	10/1/2009
76604	26	ultrasound, chest, b-scan (includes mediastinum) and/or real t	23.31	23.31	10/1/2009
76604	TC	ultrasound, chest, b-scan (includes mediastinum) and/or real t	45.80	45.80	10/1/2009
76604		ultrasound, chest, b-scan (includes mediastinum) and/or real t	69.11	69.11	10/1/2009
76645	26	ultrasound, breast(s) (unilateral or bilateral), b-scan and/or rea	23.00	23.00	10/1/2009
76645	TC	ultrasound, breast(s) (unilateral or bilateral), b-scan and/or rea	49.93	49.93	10/1/2009
76645		ultrasound, breast(s) (unilateral or bilateral), b-scan and/or rea	72.93	72.93	10/1/2009
76700	26	ultrasound, abdominal, b-scan and/or real time with image do	34.41	34.41	10/1/2009
76700	TC	ultrasound, abdominal, b-scan and/or real time with image do	74.86	74.86	10/1/2009
76700		ultrasound, abdominal, b-scan and/or real time with image do	109.26	109.26	10/1/2009
76705	26	echog, abd, b-scan &/or real time w/ img documntn	25.33	25.33	10/1/2009
76705	TC	echog, abd, b-scan &/or real time w/ img documntn	57.53	57.53	10/1/2009
76705		echog, abd, b-scan &/or real time w/ img documntn	82.86	82.86	10/1/2009
76770	26	ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan a	31.45	31.45	10/1/2009
76770	TC	ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan a	73.13	73.13	10/1/2009
76770		ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan a	104.58	104.58	10/1/2009
76775	26	echog,retroprtnl,b-scan&/or rel tm w/img doc; lmtd	25.03	25.31	10/1/2009
76775	TC	echog,retroprtnl,b-scan&/or rel tm w/img doc; lmtd	63.88	63.88	10/1/2009
76775		echog,retroprtnl,b-scan&/or rel tm w/img doc; lmtd	88.90	89.19	10/1/2009
76776	26	ultrasound, transplanted kidney, real time and duplex doppler	32.37	32.37	10/1/2009
76776	TC	ultrasound, transplanted kidney, real time and duplex doppler	83.79	83.79	10/1/2009
76776		ultrasound, transplanted kidney, real time and duplex doppler	116.16	116.16	10/1/2009
76800	26	ultrasound, spinal canal and contents	45.45	45.45	10/1/2009
76800	TC	ultrasound, spinal canal and contents	53.78	53.78	10/1/2009
76800		ultrasound, spinal canal and contents	99.24	99.24	10/1/2009
76801	26	ultrasound, pregnant uterus, real time with image documentat	41.75	41.75	10/1/2009
76801	TC	ultrasound, pregnant uterus, real time with image documentat	63.52	63.52	10/1/2009
76801		ultrasound, pregnant uterus, real time with image documentat	105.27	105.27	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
76802	TC	ultrasound, pregnant uterus, real time with image documentat	25.15	25.15	10/1/2009
76802	26	ultrasound, pregnant uterus, real time with image documentat	34.74	34.74	10/1/2009
76802		ultrasound, pregnant uterus, real time with image documentat	59.91	59.91	10/1/2009
76805	26	ultrasound, pregnant uterus, b-scan and/or real time with imag	41.47	41.47	10/1/2009
76805	TC	ultrasound, pregnant uterus, b-scan and/or real time with imag	75.63	75.63	10/1/2009
76805		ultrasound, pregnant uterus, b-scan and/or real time with imag	117.09	117.09	10/1/2009
76810	TC	echography; complete with multiple gestation	40.40	40.40	10/1/2009
76810	26	echography; complete with multiple gestation	40.87	40.87	10/1/2009
76810		echography; complete with multiple gestation	81.26	81.26	10/1/2009
76811	26	ultrasound, pregnant uterus, real time with image documentat	78.61	78.61	10/1/2009
76811	TC	ultrasound, pregnant uterus, real time with image documentat	86.95	86.95	10/1/2009
76811		ultrasound, pregnant uterus, real time with image documentat	165.57	165.57	10/1/2009
76812	26	ultrasound, pregnant uterus, real time with image documentat	73.52	73.52	10/1/2009
76812	TC	ultrasound, pregnant uterus, real time with image documentat	88.57	88.57	10/1/2009
76812		ultrasound, pregnant uterus, real time with image documentat	162.09	162.09	10/1/2009
76813	26	ultrasound, pregnant uterus, real time with image documentat	48.17	48.17	10/1/2009
76813	TC	ultrasound, pregnant uterus, real time with image documentat	54.97	54.97	10/1/2009
76813		ultrasound, pregnant uterus, real time with image documentat	103.13	103.13	10/1/2009
76814	TC	ultrasound, pregnant uterus, real time with image documentat	26.99	26.99	10/1/2009
76814	26	ultrasound, pregnant uterus, real time with image documentat	40.50	40.50	10/1/2009
76814		ultrasound, pregnant uterus, real time with image documentat	67.50	67.50	10/1/2009
76815	26	echography, pregnant uterus, b-scan and/or real time with ima	27.21	27.21	10/1/2009
76815	TC	echography, pregnant uterus, b-scan and/or real time with ima	45.71	45.71	10/1/2009
76815		echography, pregnant uterus, b-scan and/or real time with ima	72.91	72.91	10/1/2009
76816	26	echograph pregnant uterus follow up	35.37	35.37	10/1/2009
76816	TC	echograph pregnant uterus follow up	54.25	54.25	10/1/2009
76816		echograph pregnant uterus follow up	89.62	89.63	10/1/2009
76817	26	ultrasound, pregnant uterus, real time with image documentat	31.19	31.19	10/1/2009
76817	TC	ultrasound, pregnant uterus, real time with image documentat	50.21	50.21	10/1/2009
76817		ultrasound, pregnant uterus, real time with image documentat	81.41	81.41	10/1/2009
76818	26	fetal biophysical profile; with non-stress testing	43.53	43.53	10/1/2009
76818	TC	fetal biophysical profile; with non-stress testing	53.89	53.89	10/1/2009
76818		fetal biophysical profile; with non-stress testing	97.42	97.42	10/1/2009
76819	26	fetal biophysical profile; without non-stress testing	32.10	32.10	10/1/2009
76819	TC	fetal biophysical profile; without non-stress testing	43.22	43.22	10/1/2009
76819		fetal biophysical profile; without non-stress testing	75.32	75.32	10/1/2009
76820	26	doppler velocimetry, fetal; umbilical artery	20.79	20.79	10/1/2009
76820	TC	doppler velocimetry, fetal; umbilical artery	22.85	22.85	10/1/2009
76820		doppler velocimetry, fetal; umbilical artery	43.64	43.64	10/1/2009
76821	26	doppler velocimetry, fetal; middle cerebral artery	29.06	29.06	10/1/2009
76821	TC	doppler velocimetry, fetal; middle cerebral artery	49.09	49.09	10/1/2009
76821		doppler velocimetry, fetal; middle cerebral artery	78.15	78.15	10/1/2009
76825	26	echocardiography fetal	69.31	69.31	10/1/2009
76825	TC	echocardiography fetal	98.51	98.51	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
76825		echocardiography fetal	167.82	167.82	10/1/2009
76826	26	echocardiography, fetal heart in utero	33.97	33.97	10/1/2009
76826	TC	echocardiography, fetal heart in utero	58.39	58.39	10/1/2009
76826		echocardiography, fetal heart in utero	92.36	92.36	10/1/2009
76827	26	doppler ecg, fetal heart pulsed &/or cont. wave comp.	23.96	23.96	10/1/2009
76827	TC	doppler ecg, fetal heart pulsed &/or cont. wave comp.	33.81	33.81	10/1/2009
76827		doppler ecg, fetal heart pulsed &/or cont. wave comp.	57.77	57.77	10/1/2009
76828	TC	doppler ecg, fetal heart puls.&/or cont wave folup	19.75	19.75	10/1/2009
76828	26	doppler ecg, fetal heart puls.&/or cont wave folup	23.24	23.24	10/1/2009
76828		doppler ecg, fetal heart puls.&/or cont wave folup	43.00	43.00	10/1/2009
76830	26	ultrasound, transvaginal	29.03	29.03	10/1/2009
76830	TC	ultrasound, transvaginal	66.87	66.87	10/1/2009
76830		ultrasound, transvaginal	95.90	95.90	10/1/2009
76831	26	hysterosonography, with or without color flow doppler	29.68	29.68	10/1/2009
76831	TC	hysterosonography, with or without color flow doppler	66.29	66.29	10/1/2009
76831		hysterosonography, with or without color flow doppler	95.97	95.97	10/1/2009
76856	26	ultrasound, pelvic (nonobstetric), b-scan and/or real time with	29.32	29.32	10/1/2009
76856	TC	ultrasound, pelvic (nonobstetric), b-scan and/or real time with	67.16	67.16	10/1/2009
76856		ultrasound, pelvic (nonobstetric), b-scan and/or real time with	96.48	96.48	10/1/2009
76857	26	echo, pelv (non-ob) b-scan&/or rel tm w/img d;ltd/	16.57	16.57	10/1/2009
76857	TC	echo, pelv (non-ob) b-scan&/or rel tm w/img d;ltd/	63.48	63.48	10/1/2009
76857		echo, pelv (non-ob) b-scan&/or rel tm w/img d;ltd/	80.05	80.05	10/1/2009
76870	26	ultrasound, scrotum and contents	27.47	27.47	10/1/2009
76870	TC	ultrasound, scrotum and contents	68.02	68.02	10/1/2009
76870		ultrasound, scrotum and contents	95.50	95.50	10/1/2009
76872	26	echography, transrectal	30.38	30.38	10/1/2009
76872	TC	echography, transrectal	83.31	83.31	10/1/2009
76872		echography, transrectal	113.69	113.69	10/1/2009
76873	26	echography, transrectal; prostate volume study for brachyther	66.26	66.26	10/1/2009
76873	TC	echography, transrectal; prostate volume study for brachyther	78.15	78.15	10/1/2009
76873		echography, transrectal; prostate volume study for brachyther	144.41	144.41	10/1/2009
76881	26	Ultrasound, extremity, nonvascular, real-time with image docu	24.18	24.18	1/1/2011
76881	TC	Ultrasound, extremity, nonvascular, real-time with image docu	71.17	71.17	1/1/2011
76881		Ultrasound, extremity, nonvascular, real-time with image docu	95.35	95.35	1/1/2011
76882	TC	Ultrasound, extremity, nonvascular, real-time with image docu	8.32	8.32	1/1/2011
76882	26	Ultrasound, extremity, nonvascular, real-time with image docu	16.77	16.77	1/1/2011
76882		Ultrasound, extremity, nonvascular, real-time with image docu	25.09	25.09	1/1/2011
76885	26	ultrasound, infant hips, real time with imaging documentation;	31.45	31.45	10/1/2009
76885	TC	ultrasound, infant hips, real time with imaging documentation;	77.25	77.25	10/1/2009
76885		ultrasound, infant hips, real time with imaging documentation;	108.71	108.71	10/1/2009
76886	26	ultrasound, infant hips, real time with imaging documentation;	25.98	25.98	10/1/2009
76886	TC	ultrasound, infant hips, real time with imaging documentation;	54.36	54.36	10/1/2009
76886		ultrasound, infant hips, real time with imaging documentation;	80.34	80.34	10/1/2009
76930	26	ultrasonic guidance for pericardiocentesis, imaging supervisio	30.51	30.51	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
76930	TC	ultrasonic guidance for pericardiocentesis, imaging supervisio	48.41	48.41	10/1/2009
76930		ultrasonic guidance for pericardiocentesis, imaging supervisio	78.92	78.92	10/1/2009
76932	26	ultrasonic guidance for endomyocardial biopsy, imaging super	30.51	30.51	10/1/2009
76932	TC	ultrasonic guidance for endomyocardial biopsy, imaging super	48.89	48.89	10/1/2009
76932		ultrasonic guidance for endomyocardial biopsy, imaging super	79.42	79.42	10/1/2009
76936	26	ultrasound guided compression repair of arterial pseudo-aneu	85.67	85.67	10/1/2009
76936	TC	ultrasound guided compression repair of arterial pseudo-aneu	166.21	166.21	10/1/2009
76936		ultrasound guided compression repair of arterial pseudo-aneu	251.89	251.89	10/1/2009
76937	26	ultrasound guidance for vascular access requiring ultrasound	13.12	13.12	10/1/2009
76937	TC	ultrasound guidance for vascular access requiring ultrasound	15.82	15.82	10/1/2009
76937		ultrasound guidance for vascular access requiring ultrasound	28.94	28.94	10/1/2009
76940	TC	ultrasound guidance for, and monitoring of, visceral tissue abl	53.34	53.34	10/1/2009
76940	26	ultrasound guidance for, and monitoring of, visceral tissue abl	88.39	88.39	10/1/2009
76940		ultrasound guidance for, and monitoring of, visceral tissue abl	139.10	139.10	10/1/2009
76941	TC	ultrasonic guidance for intrauterine fetal transfusion or cordoc	44.84	44.84	10/1/2009
76941	26	ultrasonic guidance for intrauterine fetal transfusion or cordoc	55.86	55.86	10/1/2009
76941		ultrasonic guidance for intrauterine fetal transfusion or cordoc	100.69	100.69	10/1/2009
76942	26	ultrasonic guidance for needle placement (eg, biopsy, aspirati	28.69	28.69	10/1/2009
76942	TC	ultrasonic guidance for needle placement (eg, biopsy, aspirati	118.78	118.78	10/1/2009
76942		ultrasonic guidance for needle placement (eg, biopsy, aspirati	147.47	147.47	10/1/2009
76945	26	ultrasonic guidance for chorionic villus sampling, imaging sup	27.83	27.83	10/1/2009
76945	TC	ultrasonic guidance for chorionic villus sampling, imaging sup	45.52	45.52	10/1/2009
76945		ultrasonic guidance for chorionic villus sampling, imaging sup	73.35	73.35	10/1/2009
76946	26	ultrasonic guidance for amniocentesis, imaging supervision ar	15.71	15.71	10/1/2009
76946	TC	ultrasonic guidance for amniocentesis, imaging supervision ar	20.15	20.15	10/1/2009
76946		ultrasonic guidance for amniocentesis, imaging supervision ar	35.85	35.85	10/1/2009
76950	26	ultrasonic guidance for placement of radiation therapy fields	24.44	24.44	10/1/2009
76950	TC	ultrasonic guidance for placement of radiation therapy fields	32.53	32.53	10/1/2009
76950		ultrasonic guidance for placement of radiation therapy fields	56.98	56.98	10/1/2009
76965	26	ultrasonic guidance for interstitial radioelement application	58.07	58.07	10/1/2009
76965	TC	ultrasonic guidance for interstitial radioelement application	60.82	60.82	10/1/2009
76965		ultrasonic guidance for interstitial radioelement application	118.89	118.89	10/1/2009
76970	26	ultrasound study follow-up (specify)	16.33	16.33	10/1/2009
76970	TC	ultrasound study follow-up (specify)	49.93	49.93	10/1/2009
76970		ultrasound study follow-up (specify)	66.26	66.26	10/1/2009
76975	26	gastrointestinal endoscopic ultrasound, supervision and interp	34.99	34.99	10/1/2009
76975	TC	gastrointestinal endoscopic ultrasound, supervision and interp	46.80	46.80	10/1/2009
76975		gastrointestinal endoscopic ultrasound, supervision and interp	81.78	81.78	10/1/2009
76977	26	ultrasound bone density measurement and interpretation, peri	2.33	2.33	10/1/2009
76977	TC	ultrasound bone density measurement and interpretation, peri	8.77	8.77	10/1/2009
76977		ultrasound bone density measurement and interpretation, peri	11.11	11.11	10/1/2009
76998	26	ultrasonic guidance, intraoperative	51.23	51.23	10/1/2009
76998	TC	ultrasonic guidance, intraoperative	83.97	83.97	10/1/2009
76998		ultrasonic guidance, intraoperative	134.61	134.61	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
77001	26	fluoroscopic guidance for central venous access device place	16.08	16.08	10/1/2009
77001	TC	fluoroscopic guidance for central venous access device place	66.87	66.87	10/1/2009
77001		fluoroscopic guidance for central venous access device place	82.96	82.96	10/1/2009
77002	26	fluoroscopic guidance for needle placement (eg, biopsy, aspir	22.42	22.42	10/1/2009
77002	TC	fluoroscopic guidance for needle placement (eg, biopsy, aspir	34.55	34.55	10/1/2009
77002		fluoroscopic guidance for needle placement (eg, biopsy, aspir	56.98	56.98	10/1/2009
77003	26	fluoroscopic guidance and localization of needle or catheter ti	23.63	23.62	10/1/2009
77003	TC	fluoroscopic guidance and localization of needle or catheter ti	24.17	24.17	10/1/2009
77003		fluoroscopic guidance and localization of needle or catheter ti	47.79	47.79	10/1/2009
77011	26	computed tomography guidance for stereotactic localization	51.11	51.11	10/1/2009
77011	TC	computed tomography guidance for stereotactic localization	487.07	487.07	10/1/2009
77011		computed tomography guidance for stereotactic localization	538.18	538.18	10/1/2009
77012	26	computed tomography guidance for needle placement (eg, bic	49.85	49.85	10/1/2009
77012	TC	computed tomography guidance for needle placement (eg, bic	108.95	108.95	10/1/2009
77012		computed tomography guidance for needle placement (eg, bic	158.80	158.80	10/1/2009
77013	26	computerized tomography guidance for, and monitoring of, pa	171.81	171.81	10/1/2009
77013	TC	computerized tomography guidance for, and monitoring of, pa	319.10	319.10	10/1/2009
77013		computerized tomography guidance for, and monitoring of, pa	481.36	481.36	10/1/2009
77014	26	computed tomography guidance for placement of radiation the	35.65	35.65	10/1/2009
77014	TC	computed tomography guidance for placement of radiation the	112.47	112.47	10/1/2009
77014		computed tomography guidance for placement of radiation the	148.13	148.13	10/1/2009
77021	26	magnetic resonance guidance for needle placement (eg.for b	64.70	64.70	10/1/2009
77021	TC	magnetic resonance guidance for needle placement (eg.for b	291.21	291.21	10/1/2009
77021		magnetic resonance guidance for needle placement (eg.for b	355.91	355.91	10/1/2009
77022	TC	magnetic resonance guidance for, and monitoring of, parench	59.99	59.99	10/1/2009
77022	26	magnetic resonance guidance for, and monitoring of, parench	179.92	179.92	10/1/2009
77022		magnetic resonance guidance for, and monitoring of, parench	239.90	239.90	10/1/2009
77031	26	stereotactic localization guidance for breast biopsy or needle	67.80	67.80	10/1/2009
77031	TC	stereotactic localization guidance for breast biopsy or needle	87.50	87.50	10/1/2009
77031		stereotactic localization guidance for breast biopsy or needle	155.28	155.28	10/1/2009
77032	26	mammographic guidance for needle placement, breast (eg, fo	23.91	23.91	10/1/2009
77032	TC	mammographic guidance for needle placement, breast (eg, fo	24.46	24.46	10/1/2009
77032		mammographic guidance for needle placement, breast (eg, fo	48.37	48.37	10/1/2009
77051	26	computer-aided detection (computer algorithm analysis of digi	2.65	2.65	10/1/2009
77051	TC	computer-aided detection (computer algorithm analysis of digi	7.12	7.12	10/1/2009
77051		computer-aided detection (computer algorithm analysis of digi	9.76	9.76	10/1/2009
77052	26	computer-aided detection (computer algorithm analysis of digi	2.65	2.65	10/1/2009
77052	TC	computer-aided detection (computer algorithm analysis of digi	7.12	7.12	10/1/2009
77052		computer-aided detection (computer algorithm analysis of digi	9.76	9.76	10/1/2009
77053	26	mammary ductogram or galactogram, single duct, radiologica	15.37	15.37	10/1/2009
77053	TC	mammary ductogram or galactogram, single duct, radiologica	45.45	45.45	10/1/2009
77053		mammary ductogram or galactogram, single duct, radiologica	60.82	60.82	10/1/2009
77054	26	mammary ductogram or galactogram, multiple ducts, radiolog	19.33	19.33	10/1/2009
77054	TC	mammary ductogram or galactogram, multiple ducts, radiolog	62.59	62.59	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
77054		mammary ductogram or galactogram, multiple ducts, radiolog	81.92	81.92	10/1/2009
77055	26	mammography; unilateral	29.92	29.92	10/1/2009
77055	TC	mammography; unilateral	38.68	38.68	10/1/2009
77055		mammography; unilateral	68.60	68.60	10/1/2009
77056	26	mammography; bilateral	37.15	37.15	10/1/2009
77056	TC	mammography; bilateral	49.84	49.84	10/1/2009
77056		mammography; bilateral	86.99	86.99	10/1/2009
77057	26	screening mammography, bilateral (2-view film study of each	29.92	29.92	10/1/2009
77057	TC	screening mammography, bilateral (2-view film study of each	35.99	35.99	10/1/2009
77057		screening mammography, bilateral (2-view film study of each	65.91	65.91	10/1/2009
77058	26	magnetic resonance imaging, breast, without and/or with cont	69.51	69.51	10/1/2009
77058	TC	magnetic resonance imaging, breast, without and/or with cont	597.03	597.03	10/1/2009
77058		magnetic resonance imaging, breast, without and/or with cont	666.54	666.54	10/1/2009
77059	26	magnetic resonance imaging, breast, without and/or with cont	69.51	69.51	10/1/2009
77059	TC	magnetic resonance imaging, breast, without and/or with cont	646.04	646.04	10/1/2009
77059		magnetic resonance imaging, breast, without and/or with cont	715.55	715.55	10/1/2009
77071		manual application of stress performed by physician for joint r	31.85	31.85	10/1/2009
77072	26	bone age studies	8.14	8.14	10/1/2009
77072	TC	bone age studies	10.77	10.77	10/1/2009
77072		bone age studies	18.92	18.92	10/1/2009
77073	26	bone length studies (orthoroentgenogram, scanogram)	11.50	11.50	10/1/2009
77073	TC	bone length studies (orthoroentgenogram, scanogram)	18.58	18.58	10/1/2009
77073		bone length studies (orthoroentgenogram, scanogram)	30.08	30.08	10/1/2009
77074	26	radiologic examination, osseous survey; limited (eg,for metast	19.33	19.33	10/1/2009
77074	TC	radiologic examination, osseous survey; limited (eg,for metast	35.80	35.80	10/1/2009
77074		radiologic examination, osseous survey; limited (eg,for metast	55.13	55.13	10/1/2009
77075	26	radiologic examination, osseous survey; complete (axial and a	23.00	23.00	10/1/2009
77075	TC	radiologic examination, osseous survey; complete (axial and a	56.67	56.67	10/1/2009
77075		radiologic examination, osseous survey; complete (axial and a	79.67	79.67	10/1/2009
77076	26	radiologic examination, osseous survey, infant	28.77	28.77	10/1/2009
77076	TC	radiologic examination, osseous survey, infant	45.98	45.98	10/1/2009
77076		radiologic examination, osseous survey, infant	74.75	74.75	10/1/2009
77077	26	joint survey, single view, 2 or more joints (specify)	13.23	13.23	10/1/2009
77077	TC	joint survey, single view, 2 or more joints (specify)	20.80	20.80	10/1/2009
77077		joint survey, single view, 2 or more joints (specify)	34.03	34.03	10/1/2009
77078	26	computed tomography, bone mineral density study, 1 or more	10.59	10.59	10/1/2009
77078	TC	computed tomography, bone mineral density study, 1 or more	124.59	124.59	10/1/2009
77078		computed tomography, bone mineral density study, 1 or more	135.17	135.17	10/1/2009
77079	26	computed tomography, bone mineral density study, 1 or more	8.79	8.79	10/1/2009
77079	TC	computed tomography, bone mineral density study, 1 or more	37.04	37.04	10/1/2009
77079		computed tomography, bone mineral density study, 1 or more	45.83	45.83	10/1/2009
77080	26	dual-energy x-ray absorptiometry (dxa), bone density study, 1	8.45	8.45	10/1/2009
77080	TC	dual-energy x-ray absorptiometry (dxa), bone density study, 1	47.78	47.78	10/1/2009
77080		dual-energy x-ray absorptiometry (dxa), bone density study, 1	56.23	56.23	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
77081	26	dual-energy x-ray absorptiometry (dxa), bone density study, 1	9.07	9.07	10/1/2009
77081	TC	dual-energy x-ray absorptiometry (dxa), bone density study, 1	15.12	15.12	10/1/2009
77081		dual-energy x-ray absorptiometry (dxa), bone density study, 1	24.20	24.20	10/1/2009
77082	26	dual-energy x-ray absorptiometry (dxa), bone density study, 1	6.94	6.94	10/1/2009
77082	TC	dual-energy x-ray absorptiometry (dxa), bone density study, 1	16.27	16.27	10/1/2009
77082		dual-energy x-ray absorptiometry (dxa), bone density study, 1	23.21	23.21	10/1/2009
77083	26	radiographic absorptiometry (eg, photodensitometry, radiogra	8.16	8.16	10/1/2009
77083	TC	radiographic absorptiometry (eg, photodensitometry, radiogra	13.10	13.10	10/1/2009
77083		radiographic absorptiometry (eg, photodensitometry, radiogra	21.27	21.27	10/1/2009
77084	26	magnetic resonance (eg, proton) imaging, bone marrow blooc	68.58	68.58	10/1/2009
77084	TC	magnetic resonance (eg, proton) imaging, bone marrow blooc	392.07	392.07	10/1/2009
77084		magnetic resonance (eg, proton) imaging, bone marrow blooc	460.65	460.65	10/1/2009
77261		therapeutic radiology treatment planning;	59.43	59.43	10/1/2009
77262		therapeutic radiology treatment planning;	89.31	89.31	10/1/2009
77263		therapeutic radiology treatment planning;	132.51	132.51	10/1/2009
77280	26	radiation therapeutic simulator aided field setting simple	29.54	29.54	10/1/2009
77280	TC	radiation therapeutic simulator aided field setting simple	117.48	117.48	10/1/2009
77280		radiation therapeutic simulator aided field setting simple	147.02	147.02	10/1/2009
77285	26	radiation therapeutic simulator aided field setting intermediat	44.11	44.11	10/1/2009
77285	TC	radiation therapeutic simulator aided field setting intermediat	208.97	208.97	10/1/2009
77285		radiation therapeutic simulator aided field setting intermediat	253.08	253.08	10/1/2009
77290	26	radiation therapy simulator aided field setting complex	65.51	65.51	10/1/2009
77290	TC	radiation therapy simulator aided field setting complex	327.35	327.35	10/1/2009
77290		radiation therapy simulator aided field setting complex	392.85	392.85	10/1/2009
77295	26	therapeutic radiology simulation-aided field setting; three-dime	191.43	191.43	10/1/2009
77295	TC	therapeutic radiology simulation-aided field setting; three-dime	356.60	356.60	10/1/2009
77295		therapeutic radiology simulation-aided field setting; three-dime	548.03	548.03	10/1/2009
77300	26	basic radiation dosimetry calculation, central axis depth dose	25.98	25.98	10/1/2009
77300	TC	basic radiation dosimetry calculation, central axis depth dose	31.67	31.67	10/1/2009
77300		basic radiation dosimetry calculation, central axis depth dose	57.65	57.65	10/1/2009
77301	26	intensity modulated radiotherapy plan, including dose-volume	335.48	335.48	10/1/2009
77301	TC	intensity modulated radiotherapy plan, including dose-volume	1,390.84	1,390.84	10/1/2009
77301		intensity modulated radiotherapy plan, including dose-volume	1,726.32	1,726.32	10/1/2009
77305	26	radiation therpy isodose plan simple	29.54	29.54	10/1/2009
77305	TC	radiation therpy isodose plan simple	29.87	29.87	10/1/2009
77305		radiation therpy isodose plan simple	59.40	59.40	10/1/2009
77310	TC	radiation therapy intermed three or more therapy b	38.62	38.62	10/1/2009
77310	26	radiation therapy intermed three or more therapy b	44.11	44.11	10/1/2009
77310		radiation therapy intermed three or more therapy b	82.73	82.73	10/1/2009
77315	TC	radiation therapy complex	55.26	55.26	10/1/2009
77315	26	radiation therapy complex	65.51	65.51	10/1/2009
77315		radiation therapy complex	120.77	120.77	10/1/2009
77321	26	special teletherapy port part/ hemi/ total body	39.84	39.84	10/1/2009
77321	TC	special teletherapy port part/ hemi/ total body	58.66	58.66	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
77321		special teletherapy port part/ hemi/ total body	98.50	98.50	10/1/2009
77326	26	brachytherapy isodose calculation (simple)	38.93	38.93	10/1/2009
77326	TC	brachytherapy isodose calculation (simple)	75.83	75.83	10/1/2009
77326		brachytherapy isodose calculation (simple)	114.75	114.75	10/1/2009
77327	26	brachytherapy isodose calculation intermediate	58.28	58.28	10/1/2009
77327	TC	brachytherapy isodose calculation intermediate	105.37	105.37	10/1/2009
77327		brachytherapy isodose calculation intermediate	163.65	163.65	10/1/2009
77328	26	brachytherapy isodose calculation complex	87.82	87.82	10/1/2009
77328	TC	brachytherapy isodose calculation complex	136.75	136.75	10/1/2009
77328		brachytherapy isodose calculation complex	224.56	224.56	10/1/2009
77331	TC	special dosimetry eg tld. microdosimetry	14.81	14.81	10/1/2009
77331	26	special dosimetry eg tld. microdosimetry	36.57	36.57	10/1/2009
77331		special dosimetry eg tld. microdosimetry	51.39	51.39	10/1/2009
77332	26	treatment devices design & construction (simple)	22.62	22.62	10/1/2009
77332	TC	treatment devices design & construction (simple)	40.03	40.03	10/1/2009
77332		treatment devices design & construction (simple)	62.65	62.65	10/1/2009
77333	TC	treatment devices (intermediate)	20.92	20.92	10/1/2009
77333	26	treatment devices (intermediate)	35.34	35.34	10/1/2009
77333		treatment devices (intermediate)	56.27	56.27	10/1/2009
77334	26	treatment devices (complex)	51.96	51.96	10/1/2009
77334	TC	treatment devices (complex)	75.75	75.75	10/1/2009
77334		treatment devices (complex)	127.71	127.71	10/1/2009
77336		continuing medical physics consultation, including assessmer	48.73	48.73	10/1/2009
77338	26	Multi-leaf collimator (MLC) device(s) for intensity modulated ra	144.85	144.85	01/1/2010
77338	TC	Multi-leaf collimator (MLC) device(s) for intensity modulated ra	157.79	157.79	01/1/2010
77338		Multi-leaf collimator (MLC) device(s) for intensity modulated ra	302.64	302.64	01/1/2010
77370		special medical radiation physics consultation	92.67	92.67	10/1/2009
77371		radiation treatment delivery, stereotactic radiosurgery (srs), cc	668.50	668.50	7/1/2010
77372		radiation treatment delivery, stereotactic radiosurgery (srs), cc	668.50	668.50	7/1/2010
77373		stereotactic body radiation therapy, treatment delivery, per fra	1,241.19	1,241.19	7/1/2010
77401		radiation treatment delivery, superficial and/or ortho voltage	24.96	24.96	7/1/2010
77402		radiation treatment delivery, single treatment area, single	107.44	107.44	7/1/2010
77403		radiation treatment delivery, single treatment area, single	94.47	94.47	7/1/2010
77404		radiation treatment delivery, single treatment area, single	103.99	103.99	7/1/2010
77406		radiation treatment delivery, single treatment area, single	104.85	104.85	7/1/2010
77407		radiation treatment delivery, two separate treatment areas,	168.50	168.50	7/1/2010
77408		radiation treatment delivery, two separate treatment areas,	126.68	126.68	7/1/2010
77409		radiation treatment delivery, two separate treatment areas,	139.66	139.66	7/1/2010
77411		radiation treatment delivery, two separate treatment areas,	138.79	138.79	7/1/2010
77412		radiation treatment delivery, three or more separate treatment	163.22	163.22	7/1/2010
77413		radiation treatment delivery, three or more separate treatment	164.36	164.36	7/1/2010
77414		radiation treatment delivery, three or more separate treatment	182.54	182.54	7/1/2010
77416		radiation treatment delivery, three or more separate treatment	183.40	183.40	7/1/2010
77417		therapeutic radiology port film(s)	12.61	12.61	7/1/2010

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
77418		intensity modulated treatment delivery, single or multiple fields	412.11	412.11	7/1/2010
77421	26	stereoscopic x-ray guidance for localization of target volume f	16.31	16.31	10/1/2009
77421	TC	stereoscopic x-ray guidance for localization of target volume f	74.08	74.08	10/1/2009
77421		stereoscopic x-ray guidance for localization of target volume f	90.38	90.38	10/1/2009
77422		high energy neutron radiation treatment delivery; single treatm	153.70	153.70	10/1/2009
77423		high energy neutron radiation treatment delivery; 1 or more is	176.49	176.49	10/1/2009
77424		intraoperative radiation treatment delivery, x-ray, single treatm	105.96	105.96	1/1/2012
77425		intraoperative radiation treatment delivery, electrons, single tr	105.96	105.96	1/1/2012
77427		radiation treatment management, five treatments	157.66	157.66	10/1/2009
77431		radiation therapy management with complete course of therap	80.43	80.43	10/1/2009
77432		stereotactic radiation treatment management of cerebral lesio	335.23	335.23	10/1/2009
77435		sterotactic body radiation therapy, treatment management, pe	555.86	555.86	10/1/2009
77469		intraoperative radiation treatment management	174.96	174.96	1/1/2012
77470	26	special treatment procedure (eg, total body irradiation, hemibo	87.82	87.82	10/1/2009
77470	TC	special treatment procedure (eg, total body irradiation, hemibo	118.37	118.37	10/1/2009
77470		special treatment procedure (eg, total body irradiation, hemibo	206.20	206.20	10/1/2009
77600	26	hyperthermia, externally generated	65.51	65.51	10/1/2009
77600	TC	hyperthermia, externally generated	230.72	230.72	10/1/2009
77600		hyperthermia, externally generated	296.22	296.22	10/1/2009
77605	26	hyperthermia, ext; deep	85.63	85.63	10/1/2009
77605	TC	hyperthermia, ext; deep	442.73	442.73	10/1/2009
77605		hyperthermia, ext; deep	528.36	528.36	10/1/2009
77610	26	hyperthermia generated by interstitial prob.	63.77	63.77	10/1/2009
77610	TC	hyperthermia generated by interstitial prob.	429.15	429.15	10/1/2009
77610		hyperthermia generated by interstitial prob.	492.92	492.92	10/1/2009
77615	26	hyperthermia; more than 5 interstitial applicators	87.53	87.53	10/1/2009
77615	TC	hyperthermia; more than 5 interstitial applicators	609.44	609.44	10/1/2009
77615		hyperthermia; more than 5 interstitial applicators	696.97	696.97	10/1/2009
77620	26	intracavitary hyperthermia generated by probe(s)	65.86	65.86	10/1/2009
77620	TC	intracavitary hyperthermia generated by probe(s)	244.27	244.27	10/1/2009
77620		intracavitary hyperthermia generated by probe(s)	310.14	310.14	10/1/2009
77750	TC	infusion or instillation of radioelement soultion	72.34	72.34	10/1/2009
77750	26	infusion or instillation of radioelement soultion	207.43	207.43	10/1/2009
77750		infusion or instillation of radioelement soultion	279.75	279.75	10/1/2009
77761	TC	intracavitary radiation source application; simple	127.65	127.65	10/1/2009
77761	26	intracavitary radiation source application; simple	159.20	159.20	10/1/2009
77761		intracavitary radiation source application; simple	286.85	286.85	10/1/2009
77762	TC	intracavity radioelement application intermediate	151.72	151.72	10/1/2009
77762	26	intracavity radioelement application intermediate	240.63	240.63	10/1/2009
77762		intracavity radioelement application intermediate	392.35	392.35	10/1/2009
77763	TC	interstital radioelement application; complex	195.19	195.19	10/1/2009
77763	26	interstital radioelement application; complex	361.15	361.15	10/1/2009
77763		interstital radioelement application; complex	556.34	556.34	10/1/2009
77776	TC	interstitial radiation source application; simple	137.84	137.84	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
77776	26	interstitial radiation source application; simple	199.30	199.30	10/1/2009
77776		interstitial radiation source application; simple	337.14	337.14	10/1/2009
77777	TC	interstitial radioelement application (intermediate)	152.88	152.88	10/1/2009
77777	26	interstitial radioelement application (intermediate)	318.25	318.25	10/1/2009
77777		interstitial radioelement application (intermediate)	471.13	471.13	10/1/2009
77778	TC	interstitial radioelement application complex	203.18	203.18	10/1/2009
77778	26	interstitial radioelement application complex	472.16	472.16	10/1/2009
77778		interstitial radioelement application complex	675.36	675.36	10/1/2009
77785	26	remote afterloading high dose rate radionuclide brachytherap	59.79	59.79	10/1/2009
77785	TC	remote afterloading high dose rate radionuclide brachytherap	90.54	90.54	10/1/2009
77785		remote afterloading high dose rate radionuclide brachytherap	150.32	150.32	10/1/2009
77786	26	remote afterloading high dose rate radionuclide brachytherap	134.69	134.69	10/1/2009
77786	TC	remote afterloading high dose rate radionuclide brachytherap	314.91	314.91	10/1/2009
77786		remote afterloading high dose rate radionuclide brachytherap	449.59	449.59	10/1/2009
77787	26	remote afterloading high dose rate radionuclide brachytherap	206.72	206.72	10/1/2009
77787	TC	remote afterloading high dose rate radionuclide brachytherap	461.51	461.51	10/1/2009
77787		remote afterloading high dose rate radionuclide brachytherap	668.23	668.23	10/1/2009
77789	TC	surface application of radiation source	37.31	37.31	10/1/2009
77789	26	surface application of radiation source	47.98	47.98	10/1/2009
77789		surface application of radiation source	85.29	85.29	10/1/2009
77790	TC	supervision, handling, loading of radiation source	27.51	27.51	10/1/2009
77790	26	supervision, handling, loading of radiation source	44.11	44.11	10/1/2009
77790		supervision, handling, loading of radiation source	71.62	71.62	10/1/2009
78000	26	throid uptake; single determination	8.14	8.14	10/1/2009
78000	TC	throid uptake; single determination	46.46	46.46	10/1/2009
78000		throid uptake; single determination	54.61	54.61	10/1/2009
78001	26	thyroid uptake; multiple determinations	11.19	11.19	10/1/2009
78001	TC	thyroid uptake; multiple determinations	58.20	58.20	10/1/2009
78001		thyroid uptake; multiple determinations	69.39	69.39	10/1/2009
78003	26	thyroid uptake stimulation, suppresion or discharg	13.95	13.95	10/1/2009
78003	TC	thyroid uptake stimulation, suppresion or discharg	46.76	46.76	10/1/2009
78003		thyroid uptake stimulation, suppresion or discharg	60.71	60.71	10/1/2009
78006	26	thyroid imaging, w/uptake; single determination	20.87	20.87	10/1/2009
78006	TC	thyroid imaging, w/uptake; single determination	149.66	149.66	10/1/2009
78006		thyroid imaging, w/uptake; single determination	170.52	170.52	10/1/2009
78007	26	thyroid imaging, w/uptake; multpl determinations	21.47	21.47	10/1/2009
78007	TC	thyroid imaging, w/uptake; multpl determinations	82.95	82.95	10/1/2009
78007		thyroid imaging, w/uptake; multpl determinations	104.41	104.41	10/1/2009
78010	26	thyroid imaging; only	16.59	16.59	10/1/2009
78010	TC	thyroid imaging; only	102.26	102.26	10/1/2009
78010		thyroid imaging; only	118.85	118.85	10/1/2009
78011	26	thyroid imaging; with vascular flow	19.33	19.33	10/1/2009
78011	TC	thyroid imaging; with vascular flow	115.92	115.92	10/1/2009
78011		thyroid imaging; with vascular flow	135.24	135.24	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
78015	26	thyroid carcinoma metastases imaging; limited area	28.69	28.69	10/1/2009
78015	TC	thyroid carcinoma metastases imaging; limited area	132.27	132.27	10/1/2009
78015		thyroid carcinoma metastases imaging; limited area	160.96	160.96	10/1/2009
78016	26	thyroid carcinoma metastes imaging w/add'l studies	35.10	35.10	10/1/2009
78016	TC	thyroid carcinoma metastes imaging w/add'l studies	208.91	208.91	10/1/2009
78016		thyroid carcinoma metastes imaging w/add'l studies	244.01	244.01	10/1/2009
78018	26	thyroid carcinoma metastases imaging; whole body	36.84	36.84	10/1/2009
78018	TC	thyroid carcinoma metastases imaging; whole body	209.35	209.35	10/1/2009
78018		thyroid carcinoma metastases imaging; whole body	246.18	246.18	10/1/2009
78020	26	thyroid carcinoma metastases uptake (list separately in additi	25.73	25.73	10/1/2009
78020	TC	thyroid carcinoma metastases uptake (list separately in additi	46.89	46.89	10/1/2009
78020		thyroid carcinoma metastases uptake (list separately in additi	72.63	72.63	10/1/2009
78070	26	parathyroid imaging	35.30	35.30	10/1/2009
78070	TC	parathyroid imaging	101.67	101.67	10/1/2009
78070		parathyroid imaging	136.97	136.97	10/1/2009
78075	26	adrenal imaging, cortex &/or medulla	31.74	31.74	10/1/2009
78075	TC	adrenal imaging, cortex &/or medulla	287.51	287.51	10/1/2009
78075		adrenal imaging, cortex &/or medulla	319.26	319.26	10/1/2009
78102	26	bone marrow imaging; limited area	23.60	23.60	10/1/2009
78102	TC	bone marrow imaging; limited area	103.03	103.03	10/1/2009
78102		bone marrow imaging; limited area	126.63	126.63	10/1/2009
78103	26	bone marrow imaging; multiple areas	32.05	32.05	10/1/2009
78103	TC	bone marrow imaging; multiple areas	138.05	138.05	10/1/2009
78103		bone marrow imaging; multiple areas	170.11	170.11	10/1/2009
78104	26	bone marrow imaging; whole body	34.48	34.48	10/1/2009
78104	TC	bone marrow imaging; whole body	160.38	160.38	10/1/2009
78104		bone marrow imaging; whole body	194.86	194.86	10/1/2009
78110	26	plasma volume, radiopharmaceutical volume-dilution techniqu	8.14	8.14	10/1/2009
78110	TC	plasma volume, radiopharmaceutical volume-dilution techniqu	52.23	52.23	10/1/2009
78110		plasma volume, radiopharmaceutical volume-dilution techniqu	60.38	60.38	10/1/2009
78111	26	plasma volume radionuclide vol-dilut tech;mult sam	9.66	9.66	10/1/2009
78111	TC	plasma volume radionuclide vol-dilut tech;mult sam	67.37	67.37	10/1/2009
78111		plasma volume radionuclide vol-dilut tech;mult sam	77.02	77.02	10/1/2009
78120	26	red cell volume determination; single sampling	9.96	9.96	10/1/2009
78120	TC	red cell volume determination; single sampling	58.70	58.70	10/1/2009
78120		red cell volume determination; single sampling	68.67	68.67	10/1/2009
78121	26	red cell volume determination; multiple sampling	13.63	13.63	10/1/2009
78121	TC	red cell volume determination; multiple sampling	69.68	69.68	10/1/2009
78121		red cell volume determination; multiple sampling	83.32	83.32	10/1/2009
78122	26	whole blood volume determination, including separate measu	19.33	19.33	10/1/2009
78122	TC	whole blood volume determination, including separate measu	84.06	84.06	10/1/2009
78122		whole blood volume determination, including separate measu	103.39	103.39	10/1/2009
78130	26	red cell survival study	26.24	26.24	10/1/2009
78130	TC	red cell survival study	94.77	94.77	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
78130		red cell survival study	121.02	121.02	10/1/2009
78135	26	red cell survival study plus splenic and/or hepat	27.47	27.47	10/1/2009
78135	TC	red cell survival study plus splenic and/or hepat	223.56	223.56	10/1/2009
78135		red cell survival study plus splenic and/or hepat	251.02	251.02	10/1/2009
78140	26	red cell splenic and/or hepatic sequestration	26.24	26.24	10/1/2009
78140	TC	red cell splenic and/or hepatic sequestration	90.96	90.96	10/1/2009
78140		red cell splenic and/or hepatic sequestration	117.21	117.21	10/1/2009
78185	26	spleen imaging only, with or without vascular flow	17.19	17.19	10/1/2009
78185	TC	spleen imaging only, with or without vascular flow	129.18	129.18	10/1/2009
78185		spleen imaging only, with or without vascular flow	146.37	146.37	10/1/2009
78190	26	kinetics, platelet survival, w/wo diff org/tis loc	46.24	46.24	10/1/2009
78190	TC	kinetics, platelet survival, w/wo diff org/tis loc	241.85	241.85	10/1/2009
78190		kinetics, platelet survival, w/wo diff org/tis loc	288.09	288.09	10/1/2009
78191	26	platelet survival study	25.95	25.95	10/1/2009
78191	TC	platelet survival study	130.76	130.76	10/1/2009
78191		platelet survival study	156.71	156.71	10/1/2009
78195	26	lymphatics and lymph nodes imaging	51.58	51.58	10/1/2009
78195	TC	lymphatics and lymph nodes imaging	211.14	211.14	10/1/2009
78195		lymphatics and lymph nodes imaging	262.72	262.72	10/1/2009
78201	26	liver imaging; static only	18.44	18.44	10/1/2009
78201	TC	liver imaging; static only	116.78	116.78	10/1/2009
78201		liver imaging; static only	135.22	135.22	10/1/2009
78202	26	liver imaging; with vascular flow	21.49	21.49	10/1/2009
78202	TC	liver imaging; with vascular flow	134.57	134.57	10/1/2009
78202		liver imaging; with vascular flow	156.06	156.06	10/1/2009
78205	26	liver imaging (spect)	30.52	30.52	10/1/2009
78205	TC	liver imaging (spect)	156.39	156.39	10/1/2009
78205		liver imaging (spect)	186.90	186.90	10/1/2009
78206	26	liver imaging (spect); with vascular flow	41.10	41.10	10/1/2009
78206	TC	liver imaging (spect); with vascular flow	221.66	221.66	10/1/2009
78206		liver imaging (spect); with vascular flow	262.76	262.76	10/1/2009
78215	26	liver and spleen imaging; static only	20.87	20.87	10/1/2009
78215	TC	liver and spleen imaging; static only	123.61	123.61	10/1/2009
78215		liver and spleen imaging; static only	144.48	144.48	10/1/2009
78216	26	liver and spleen imaging with vascular flow	24.22	24.22	10/1/2009
78216	TC	liver and spleen imaging with vascular flow	85.47	85.47	10/1/2009
78216		liver and spleen imaging with vascular flow	109.69	109.69	10/1/2009
78220	26	liver functn stdy w/hepatobiliary agnts, w/ser ima	20.87	20.87	10/1/2009
78220	TC	liver functn stdy w/hepatobiliary agnts, w/ser ima	93.17	93.17	10/1/2009
78220		liver functn stdy w/hepatobiliary agnts, w/ser ima	114.03	114.03	10/1/2009
78223	26	hepatobiliary ductal sys imaging,incl gallbladder	35.93	35.93	10/1/2009
78223	TC	hepatobiliary ductal sys imaging,incl gallbladder	205.93	205.93	10/1/2009
78223		hepatobiliary ductal sys imaging,incl gallbladder	241.85	241.85	10/1/2009
78226		hepatobiliary system imaging, including gallbladder when pres	190.15	190.15	1/1/2012

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
78226	26	hepatobiliary system imaging, including gallbladder when pres	20.75	20.75	1/1/2012
78226	TC	hepatobiliary system imaging, including gallbladder when pres	169.39	169.39	1/1/2012
78227		hepatobiliary system imaging, including gallbladder when pres	260.27	260.27	1/1/2012
78227	26	hepatobiliary system imaging, including gallbladder when pres	25.03	25.03	1/1/2012
78227	TC	hepatobiliary system imaging, including gallbladder when pres	235.23	235.23	1/1/2012
78230	26	salivary gland imaging	19.04	19.04	10/1/2009
78230	TC	salivary gland imaging	104.09	104.09	10/1/2009
78230		salivary gland imaging	123.13	123.13	10/1/2009
78231	26	salivary gland imaging; with serial images	22.09	22.09	10/1/2009
78231	TC	salivary gland imaging; with serial images	83.25	83.25	10/1/2009
78231		salivary gland imaging; with serial images	105.34	105.34	10/1/2009
78232	26	salivary gland function study	20.24	20.24	10/1/2009
78232	TC	salivary gland function study	86.91	86.91	10/1/2009
78232		salivary gland function study	107.15	107.15	10/1/2009
78258	26	esophageal motility	32.03	32.03	10/1/2009
78258	TC	esophageal motility	139.77	139.77	10/1/2009
78258		esophageal motility	171.79	171.79	10/1/2009
78261	26	gastric mucosa imaging	29.60	29.60	10/1/2009
78261	TC	gastric mucosa imaging	159.81	159.81	10/1/2009
78261		gastric mucosa imaging	189.41	189.41	10/1/2009
78262	26	gastroesophageal reflux study	28.72	28.72	10/1/2009
78262	TC	gastroesophageal reflux study	158.08	158.08	10/1/2009
78262		gastroesophageal reflux study	186.79	186.79	10/1/2009
78264	26	gastric emptying study	33.28	33.28	10/1/2009
78264	TC	gastric emptying study	181.72	181.72	10/1/2009
78264		gastric emptying study	215.00	215.00	10/1/2009
78267		urea breath test, c-14; acquisition for analysis	10.17	10.17	10/1/2009
78268		urea breath test, c-14; analysis	87.18	87.18	10/1/2009
78270	26	vitamin b-12 absorption study; wo intrinsic factor	8.45	8.45	10/1/2009
78270	TC	vitamin b-12 absorption study; wo intrinsic factor	53.89	53.89	10/1/2009
78270		vitamin b-12 absorption study; wo intrinsic factor	62.34	62.34	10/1/2009
78271	26	vitamin b-12 absorption study; w/intrinsic factor	8.16	8.16	10/1/2009
78271	TC	vitamin b-12 absorption study; w/intrinsic factor	54.75	54.75	10/1/2009
78271		vitamin b-12 absorption study; w/intrinsic factor	62.92	62.92	10/1/2009
78272	26	vitamin b-12 absorption stds cmbnd,w&wo intrin fac	10.92	10.92	10/1/2009
78272	TC	vitamin b-12 absorption stds cmbnd,w&wo intrin fac	60.54	60.54	10/1/2009
78272		vitamin b-12 absorption stds cmbnd,w&wo intrin fac	71.46	71.46	10/1/2009
78278	26	acute gastrointestinal blood loss imaging	42.33	42.33	10/1/2009
78278	TC	acute gastrointestinal blood loss imaging	216.93	216.93	10/1/2009
78278		acute gastrointestinal blood loss imaging	259.25	259.25	10/1/2009
78282	26	gastrointestinal protein loss	16.28	16.28	10/1/2009
78282	TC	gastrointestinal protein loss	41.04	41.04	10/1/2009
78282		gastrointestinal protein loss	57.32	57.32	10/1/2009
78290	26	intestine imaging (eg, ectopic gastric mucosa, meckels localiz	29.29	29.29	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
78290	TC	intestine imaging (eg, ectopic gastric mucosa, meckels localiz	202.17	202.17	10/1/2009
78290		intestine imaging (eg, ectopic gastric mucosa, meckels localiz	231.46	231.46	10/1/2009
78291	26	peritoneal-venous shunt patency test	37.75	37.75	10/1/2009
78291	TC	peritoneal-venous shunt patency test	151.41	151.41	10/1/2009
78291		peritoneal-venous shunt patency test	189.15	189.15	10/1/2009
78300	26	bone and/or joint imaging; limited area	26.55	26.55	10/1/2009
78300	TC	bone and/or joint imaging; limited area	106.31	106.31	10/1/2009
78300		bone and/or joint imaging; limited area	132.87	132.87	10/1/2009
78305	26	bone and/or joint imaging; multiple areas	35.33	35.33	10/1/2009
78305	TC	bone and/or joint imaging; multiple areas	141.33	141.33	10/1/2009
78305		bone and/or joint imaging; multiple areas	176.65	176.65	10/1/2009
78306	26	bone and/or joint imaging; whole body	36.84	36.84	10/1/2009
78306	TC	bone and/or joint imaging; whole body	158.65	158.65	10/1/2009
78306		bone and/or joint imaging; whole body	195.49	195.49	10/1/2009
78315	26	bone and/or joint imaging; three phase study	43.55	43.55	10/1/2009
78315	TC	bone and/or joint imaging; three phase study	216.06	216.06	10/1/2009
78315		bone and/or joint imaging; three phase study	259.61	259.61	10/1/2009
78320	26	bone and/or joint imaging; tomographic	44.46	44.46	10/1/2009
78320	TC	bone and/or joint imaging; tomographic	156.39	156.39	10/1/2009
78320		bone and/or joint imaging; tomographic	200.86	200.86	10/1/2009
78350	26	bone density study; single photon absorptiometry	9.07	9.07	10/1/2009
78350	TC	bone density study; single photon absorptiometry	17.72	17.72	10/1/2009
78350		bone density study; single photon absorptiometry	26.79	26.79	10/1/2009
78351	26	bone density (bone mineral content) study, one or more sites;	3.19	3.19	10/1/2009
78351		bone density (bone mineral content) study, one or more sites;	12.72	12.72	10/1/2009
78414	26	determ of ventricular ejection frctn w/probe tech	18.17	18.17	10/1/2009
78414	TC	determ of ventricular ejection frctn w/probe tech	48.69	48.69	10/1/2009
78414		determ of ventricular ejection frctn w/probe tech	66.87	66.87	10/1/2009
78428	26	cardiac shunt detection	34.72	34.72	10/1/2009
78428	TC	cardiac shunt detection	119.67	119.67	10/1/2009
78428		cardiac shunt detection	154.38	154.38	10/1/2009
78445	26	non-cardiac vascular flow imaging (ie, angiography, venograp	20.87	20.87	10/1/2009
78445	TC	non-cardiac vascular flow imaging (ie, angiography, venograp	108.31	108.31	10/1/2009
78445		non-cardiac vascular flow imaging (ie, angiography, venograp	129.17	129.17	10/1/2009
78451	26	Myocardial perfusion imaging, tomographic (SPECT) (includin	43.08	43.08	01/1/2010
78451	TC	Myocardial perfusion imaging, tomographic (SPECT) (includin	97.27	97.27	01/1/2010
78451		Myocardial perfusion imaging, tomographic (SPECT) (includin	140.34	140.34	01/1/2010
78452	26	Myocardial perfusion imaging, tomographic (SPECT) (includin	50.96	50.96	01/1/2010
78452	TC	Myocardial perfusion imaging, tomographic (SPECT) (includin	188.05	188.05	01/1/2010
78452		Myocardial perfusion imaging, tomographic (SPECT) (includin	239.01	239.01	01/1/2010
78453	26	Myocardial perfusion imaging, planar (including qualitative or	31.20	31.20	01/1/2010
78453	TC	Myocardial perfusion imaging, planar (including qualitative or	90.72	90.72	01/1/2010
78453		Myocardial perfusion imaging, planar (including qualitative or	121.91	121.91	01/1/2010
78454	26	Myocardial perfusion imaging, planar (including qualitative or	41.45	41.45	01/1/2010

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
78454	TC	Myocardial perfusion imaging, planar (including qualitative or	76.26	76.26	01/1/2010
78454		Myocardial perfusion imaging, planar (including qualitative or	117.72	117.72	01/1/2010
78456	26	acute venous thrombosis imaging, peptide	45.24	45.24	10/1/2009
78456	TC	acute venous thrombosis imaging, peptide	227.81	227.81	10/1/2009
78456		acute venous thrombosis imaging, peptide	273.05	273.05	10/1/2009
78457	26	venous thrombosis imaging, venogram; unilateral	32.68	32.68	10/1/2009
78457	TC	venous thrombosis imaging, venogram; unilateral	116.12	116.12	10/1/2009
78457		venous thrombosis imaging, venogram; unilateral	148.79	148.79	10/1/2009
78458	26	venous thrombosis imaging; bilateral	38.66	38.66	10/1/2009
78458	TC	venous thrombosis imaging; bilateral	125.57	125.57	10/1/2009
78458		venous thrombosis imaging; bilateral	164.23	164.23	10/1/2009
78459	26	myocardial imaging, positron emission tomography (pet), met	66.50	66.50	10/1/2009
78459	TC	myocardial imaging, positron emission tomography (pet), met	882.69	882.69	10/1/2009
78459		myocardial imaging, positron emission tomography (pet), met	951.23	951.23	10/1/2009
78460	26	myocardial perfusion imaging; (planar) single study, at rest or	37.12	37.12	10/1/2009
78460	TC	myocardial perfusion imaging; (planar) single study, at rest or	112.17	112.17	10/1/2009
78460		myocardial perfusion imaging; (planar) single study, at rest or	149.29	149.29	10/1/2009
78461	26	myocardial perfusion imaging; multiple studies, (planar) at res	53.18	53.18	10/1/2009
78461	TC	myocardial perfusion imaging; multiple studies, (planar) at res	115.41	115.41	10/1/2009
78461		myocardial perfusion imaging; multiple studies, (planar) at res	168.59	168.59	10/1/2009
78464	26	myocardial perfusion imaging; tomographic (spect), single stu	48.91	48.91	10/1/2009
78464	TC	myocardial perfusion imaging; tomographic (spect), single stu	169.41	169.41	10/1/2009
78464		myocardial perfusion imaging; tomographic (spect), single stu	218.31	218.31	10/1/2009
78465	26	myocardial perfusion imaging; tomographic (spect), multiple s	66.12	66.12	10/1/2009
78465	TC	myocardial perfusion imaging; tomographic (spect), multiple s	319.13	319.13	10/1/2009
78465		myocardial perfusion imaging; tomographic (spect), multiple s	385.25	385.25	10/1/2009
78466	26	myocardial imaging, infarct avid, planar	30.47	30.47	10/1/2009
78466	TC	myocardial imaging, infarct avid, planar	111.50	111.50	10/1/2009
78466		myocardial imaging, infarct avid, planar	141.97	141.97	10/1/2009
78468	26	myocardial imag;infarct avid; planar w/eject fract	36.21	36.21	10/1/2009
78468	TC	myocardial imag;infarct avid; planar w/eject fract	142.77	142.77	10/1/2009
78468		myocardial imag;infarct avid; planar w/eject fract	178.98	178.98	10/1/2009
78469	26	myocardial imaging, infarct avid, planar; tomographic spect wi	40.81	40.81	10/1/2009
78469	TC	myocardial imaging, infarct avid, planar; tomographic spect wi	162.72	162.72	10/1/2009
78469		myocardial imaging, infarct avid, planar; tomographic spect wi	203.53	203.53	10/1/2009
78472	26	cardiac blood pool imaging, gated equilibrium; planar, single s	43.17	43.17	10/1/2009
78472	TC	cardiac blood pool imaging, gated equilibrium; planar, single s	163.98	163.98	10/1/2009
78472		cardiac blood pool imaging, gated equilibrium; planar, single s	207.15	207.15	10/1/2009
78473	26	cardiac blood pool imaging, gated equilibrium; multiple studies	65.77	65.77	10/1/2009
78473	TC	cardiac blood pool imaging, gated equilibrium; multiple studies	217.69	217.69	10/1/2009
78473		cardiac blood pool imaging, gated equilibrium; multiple studies	283.46	283.46	10/1/2009
78478	26	myocardial perfusion study with wall motion, qualitative or qua	22.90	22.90	10/1/2009
78478	TC	myocardial perfusion study with wall motion, qualitative or qua	24.76	24.76	10/1/2009
78478		myocardial perfusion study with wall motion, qualitative or qua	47.67	47.67	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
78480	26	myocardial perfusion study with ejection fraction (list separate	14.65	14.65	10/1/2009
78480	TC	myocardial perfusion study with ejection fraction (list separate	24.76	24.76	10/1/2009
78480		myocardial perfusion study with ejection fraction (list separate	39.41	39.41	10/1/2009
78481	26	cardiac blood pool imaging, (planar), first pass technique; sing	44.71	44.71	10/1/2009
78481	TC	cardiac blood pool imaging, (planar), first pass technique; sing	137.34	137.34	10/1/2009
78481		cardiac blood pool imaging, (planar), first pass technique; sing	182.05	182.05	10/1/2009
78483	26	cardiac blood pool imaging, (planar), first pass technique; mul	67.88	67.88	10/1/2009
78483	TC	cardiac blood pool imaging, (planar), first pass technique; mul	189.52	189.52	10/1/2009
78483		cardiac blood pool imaging, (planar), first pass technique; mul	257.39	257.39	10/1/2009
78491	26	myocardial imaging, positron emission tomography (pet), perf	67.28	67.28	10/1/2009
78491	TC	myocardial imaging, positron emission tomography (pet), perf	882.69	882.69	10/1/2009
78491		myocardial imaging, positron emission tomography (pet), perf	952.07	952.07	10/1/2009
78492	26	myocardial imaging, positron emission tomography (pet), perf	84.78	84.78	10/1/2009
78492	TC	myocardial imaging, positron emission tomography (pet), perf	882.69	882.69	10/1/2009
78492		myocardial imaging, positron emission tomography (pet), perf	969.22	969.22	10/1/2009
78494	26	cardiac blood pool imaging, gated equilibrium, spect, at rest, v	52.80	52.80	10/1/2009
78494	TC	cardiac blood pool imaging, gated equilibrium, spect, at rest, v	173.50	173.50	10/1/2009
78494		cardiac blood pool imaging, gated equilibrium, spect, at rest, v	226.30	226.30	10/1/2009
78496	26	cardiac blood pool imaging, gated equilibrium, single study, at	22.62	22.62	10/1/2009
78496	TC	cardiac blood pool imaging, gated equilibrium, single study, at	70.53	70.53	10/1/2009
78496		cardiac blood pool imaging, gated equilibrium, single study, at	93.16	93.16	10/1/2009
78579		pulmonary ventilation imaging (eg, aerosol or gas)	101.11	101.11	1/1/2012
78579	26	pulmonary ventilation imaging (eg, aerosol or gas)	13.68	13.68	1/1/2012
78579	TC	pulmonary ventilation imaging (eg, aerosol or gas)	87.43	87.43	1/1/2012
78580	26	pulmonary perfusion imaging; particulate	31.74	31.74	10/1/2009
78580	TC	pulmonary perfusion imaging; particulate	132.19	132.19	10/1/2009
78580		pulmonary perfusion imaging; particulate	163.93	163.93	10/1/2009
78582		pulmonary ventilation (eg, aerosol or gas) and perfusion imag	186.47	186.47	1/1/2012
78582	26	pulmonary ventilation (eg, aerosol or gas) and perfusion imag	29.67	29.67	1/1/2012
78582	TC	pulmonary ventilation (eg, aerosol or gas) and perfusion imag	156.81	156.81	1/1/2012
78584	26	pulmonary perfusion imag.partic.w/vent;singl breat	42.33	42.33	10/1/2009
78584	TC	pulmonary perfusion imag.partic.w/vent;singl breat	83.25	83.25	10/1/2009
78584		pulmonary perfusion imag.partic.w/vent;singl breat	125.58	125.58	10/1/2009
78585	26	pulm perf imging, part w/vent;rebr &wshot w cr w s	46.80	46.80	10/1/2009
78585	TC	pulm perf imging, part w/vent;rebr &wshot w cr w s	223.40	223.40	10/1/2009
78585		pulm perf imging, part w/vent;rebr &wshot w cr w s	270.19	270.19	10/1/2009
78586	26	pulmonary ventilation aerosol; single projection	17.19	17.19	10/1/2009
78586	TC	pulmonary ventilation aerosol; single projection	107.46	107.46	10/1/2009
78586		pulmonary ventilation aerosol; single projection	124.65	124.65	10/1/2009
78587	26	pulmonary ventilation imaging, aeorsol; mult proj.	21.16	21.16	10/1/2009
78587	TC	pulmonary ventilation imaging, aeorsol; mult proj.	135.73	135.73	10/1/2009
78587		pulmonary ventilation imaging, aeorsol; mult proj.	156.87	156.87	10/1/2009
78588	26	pulmonary perfusion imaging, particulate, with ventilation imag	46.80	46.80	10/1/2009
78588	TC	pulmonary perfusion imaging, particulate, with ventilation imag	204.00	204.00	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
78588		pulmonary perfusion imaging, particulate, with ventilation imag	250.81	250.81	10/1/2009
78591	26	pulmonary ventilation imag, gaseous, sngl breth&in	17.19	17.19	10/1/2009
78591	TC	pulmonary ventilation imag, gaseous, sngl breth&in	109.19	109.19	10/1/2009
78591		pulmonary ventilation imag, gaseous, sngl breth&in	126.38	126.38	10/1/2009
78593	26	pulmnry vent. imag, gas w/rebr&wshot w/wo si br;si	20.87	20.87	10/1/2009
78593	TC	pulmnry vent. imag, gas w/rebr&wshot w/wo si br;si	128.16	128.16	10/1/2009
78593		pulmnry vent. imag, gas w/rebr&wshot w/wo si br;si	149.01	149.01	10/1/2009
78594	26	pulm vent imgng, gas, w/rebr&shot w/wo si br;mul p	22.69	22.69	10/1/2009
78594	TC	pulm vent imgng, gas, w/rebr&shot w/wo si br;mul p	151.45	151.45	10/1/2009
78594		pulm vent imgng, gas, w/rebr&shot w/wo si br;mul p	174.15	174.15	10/1/2009
78596	26	pulmonary quantitative differential function study	53.28	53.28	10/1/2009
78596	TC	pulmonary quantitative differential function study	237.18	237.18	10/1/2009
78596		pulmonary quantitative differential function study	290.45	290.45	10/1/2009
78597		quantitative differential pulmonary perfusion, including imaging	114.19	114.19	1/1/2012
78597	26	quantitative differential pulmonary perfusion, including imaging	20.47	20.47	1/1/2012
78597	TC	quantitative differential pulmonary perfusion, including imaging	93.72	93.72	1/1/2012
78598		quantitative differential pulmonary perfusion and ventilation (e	175.15	175.15	1/1/2012
78598	26	quantitative differential pulmonary perfusion and ventilation (e	23.26	23.26	1/1/2012
78598	TC	quantitative differential pulmonary perfusion and ventilation (e	151.89	151.89	1/1/2012
78600	26	brain imaging, limited procedure; static	19.02	19.02	10/1/2009
78600	TC	brain imaging, limited procedure; static	116.69	116.69	10/1/2009
78600		brain imaging, limited procedure; static	135.71	135.71	10/1/2009
78601	26	brain imaging, ltd procedure; w/vascular flow	21.78	21.78	10/1/2009
78601	TC	brain imaging, ltd procedure; w/vascular flow	139.69	139.69	10/1/2009
78601		brain imaging, ltd procedure; w/vascular flow	161.46	161.46	10/1/2009
78605	26	brain imaging, complete study; static	22.98	22.98	10/1/2009
78605	TC	brain imaging, complete study; static	128.16	128.16	10/1/2009
78605		brain imaging, complete study; static	151.13	151.13	10/1/2009
78606	26	brain imaging, complete study w/vascular flow	27.47	27.47	10/1/2009
78606	TC	brain imaging, complete study w/vascular flow	208.93	208.93	10/1/2009
78606		brain imaging, complete study w/vascular flow	236.39	236.39	10/1/2009
78607	26	brain imaging, complete study; tomographic	52.61	52.61	10/1/2009
78607	TC	brain imaging, complete study; tomographic	231.88	231.88	10/1/2009
78607		brain imaging, complete study; tomographic	284.48	284.48	10/1/2009
78608	26	brain imaging, positron emission tomography (pet);	64.11	64.11	10/1/2009
78608	TC	brain imaging, positron emission tomography (pet);	808.32	808.32	10/1/2009
78608		brain imaging, positron emission tomography (pet);	872.42	872.42	10/1/2009
78609	26	brain imaging, positron emission tomography (pet);	62.09	62.09	10/1/2009
78609	TC	brain imaging, positron emission tomography (pet);	820.10	820.10	10/1/2009
78609		brain imaging, positron emission tomography (pet);	882.18	882.18	10/1/2009
78610	26	brain imaging, vascular flow only	13.30	13.30	10/1/2009
78610	TC	brain imaging, vascular flow only	123.40	123.40	10/1/2009
78610		brain imaging, vascular flow only	136.70	136.70	10/1/2009
78630	26	cerebrospinal fluid flow,imag; cisternography	29.29	29.29	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
78630	TC	cerebrospinal fluid flow,imag; cisternography	221.65	221.65	10/1/2009
78630		cerebrospinal fluid flow,imag; cisternography	250.94	250.94	10/1/2009
78635	26	cerebrospinal fluid flow imag; ventriculography	26.34	26.34	10/1/2009
78635	TC	cerebrospinal fluid flow imag; ventriculography	202.06	202.06	10/1/2009
78635		cerebrospinal fluid flow imag; ventriculography	228.40	228.40	10/1/2009
78645	26	cerebrospinal fluid flow imag; shunt evaluation	24.52	24.52	10/1/2009
78645	TC	cerebrospinal fluid flow imag; shunt evaluation	206.60	206.60	10/1/2009
78645		cerebrospinal fluid flow imag; shunt evaluation	231.11	231.11	10/1/2009
78647	26	cerebrospinal fluid flow, imaging (not including introduction of	38.37	38.37	10/1/2009
78647	TC	cerebrospinal fluid flow, imaging (not including introduction of	226.76	226.76	10/1/2009
78647		cerebrospinal fluid flow, imaging (not including introduction of	265.13	265.13	10/1/2009
78650	26	cerebrospinal fluid leakage detection and localization	26.24	26.24	10/1/2009
78650	TC	cerebrospinal fluid leakage detection and localization	218.45	218.45	10/1/2009
78650		cerebrospinal fluid leakage detection and localization	244.70	244.70	10/1/2009
78660	26	radiopharmaceutical dacryocystography	22.69	22.69	10/1/2009
78660	TC	radiopharmaceutical dacryocystography	105.33	105.33	10/1/2009
78660		radiopharmaceutical dacryocystography	128.03	128.03	10/1/2009
78700	26	kidney imaging; static only	19.33	19.33	10/1/2009
78700	TC	kidney imaging; static only	115.35	115.35	10/1/2009
78700		kidney imaging; static only	134.68	134.68	10/1/2009
78701	26	kidney imaging; with vascular flow	20.87	20.87	10/1/2009
78701	TC	kidney imaging; with vascular flow	140.27	140.27	10/1/2009
78701		kidney imaging; with vascular flow	161.13	161.13	10/1/2009
78707	26	kidney imaging with vascular flow and function; single study w	41.10	41.10	10/1/2009
78707	TC	kidney imaging with vascular flow and function; single study w	147.31	147.31	10/1/2009
78707		kidney imaging with vascular flow and function; single study w	188.42	188.42	10/1/2009
78708	26	kidney imaging with vascular flow and function; single study, v	51.98	51.98	10/1/2009
78708	TC	kidney imaging with vascular flow and function; single study, v	102.32	102.32	10/1/2009
78708		kidney imaging with vascular flow and function; single study, v	154.30	154.30	10/1/2009
78709	26	kidney imaging with vascular flow and function; multiple studie	60.43	60.43	10/1/2009
78709	TC	kidney imaging with vascular flow and function; multiple studie	217.11	217.11	10/1/2009
78709		kidney imaging with vascular flow and function; multiple studie	277.54	277.54	10/1/2009
78710	26	kidney imaging, tomographic (spect)	28.38	28.38	10/1/2009
78710	TC	kidney imaging, tomographic (spect)	156.97	156.97	10/1/2009
78710		kidney imaging, tomographic (spect)	185.35	185.35	10/1/2009
78725	26	kidney function study, non-imaging radioisotopic study	15.99	15.99	10/1/2009
78725	TC	kidney function study, non-imaging radioisotopic study	62.45	62.45	10/1/2009
78725		kidney function study, non-imaging radioisotopic study	78.44	78.44	10/1/2009
78730	26	urinary bladder residual study	7.38	7.38	10/1/2009
78730	TC	urinary bladder residual study	52.63	52.63	10/1/2009
78730		urinary bladder residual study	60.01	60.01	10/1/2009
78740	26	ureteral reflux study (radiopharmaceutical voiding cystogram)	24.71	24.71	10/1/2009
78740	TC	ureteral reflux study (radiopharmaceutical voiding cystogram)	135.62	135.62	10/1/2009
78740		ureteral reflux study (radiopharmaceutical voiding cystogram)	160.33	160.33	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
78761	26	testicular imaging; with vascular flow	30.52	30.52	10/1/2009
78761	TC	testicular imaging; with vascular flow	130.55	130.55	10/1/2009
78761		testicular imaging; with vascular flow	161.07	161.07	10/1/2009
78799	TC	kidney function study including pharmacologic intervention	28.98	28.98	10/1/2009
78799	26	kidney function study including pharmacologic intervention	86.97	86.97	10/1/2009
78799		kidney function study including pharmacologic intervention	115.95	115.95	10/1/2009
78800	26	radiopharmaceutical localization of tumor; limited area	28.00	28.00	10/1/2009
78800	TC	radiopharmaceutical localization of tumor; limited area	116.04	116.04	10/1/2009
78800		radiopharmaceutical localization of tumor; limited area	144.04	144.04	10/1/2009
78801	26	radionuclide localization multiple areas	33.99	33.99	10/1/2009
78801	TC	radionuclide localization multiple areas	158.65	158.65	10/1/2009
78801		radionuclide localization multiple areas	192.64	192.64	10/1/2009
78802	26	radionuclide localization whole body	36.84	36.84	10/1/2009
78802	TC	radionuclide localization whole body	215.03	215.03	10/1/2009
78802		radionuclide localization whole body	251.86	251.86	10/1/2009
78803	26	radiopharmaceutical localization of tumor; tomographic (spect	46.80	46.80	10/1/2009
78803	TC	radiopharmaceutical localization of tumor; tomographic (spect	231.01	231.01	10/1/2009
78803		radiopharmaceutical localization of tumor; tomographic (spect	277.81	277.81	10/1/2009
78804	26	radiopharmaceutical localization of tumor or distribution of	45.98	45.98	10/1/2009
78804	TC	radiopharmaceutical localization of tumor or distribution of	397.01	397.01	10/1/2009
78804		radiopharmaceutical localization of tumor or distribution of	443.00	443.00	10/1/2009
78805	26	radiopharmaceutical localization of inflammatory process; limi	31.14	31.14	10/1/2009
78805	TC	radiopharmaceutical localization of inflammatory process; limi	113.44	113.44	10/1/2009
78805		radiopharmaceutical localization of inflammatory process; limi	144.58	144.58	10/1/2009
78806	26	radionuclide localization of abscess; whole body	36.84	36.84	10/1/2009
78806	TC	radionuclide localization of abscess; whole body	226.69	226.69	10/1/2009
78806		radionuclide localization of abscess; whole body	263.53	263.53	10/1/2009
78807	26	radiopharmaceutical localization of abscess; tomographic (spe	46.89	46.89	10/1/2009
78807	TC	radiopharmaceutical localization of abscess; tomographic (spe	231.30	231.30	10/1/2009
78807		radiopharmaceutical localization of abscess; tomographic (spe	278.20	278.20	10/1/2009
78808		injection procedure for radiopharmaceutical localization by no	35.54	35.54	10/1/2009
78811	26	tumor imaging, positron emission tomography (pet); limited ar	66.92	66.92	10/1/2009
78811	TC	tumor imaging, positron emission tomography (pet); limited ar	808.32	808.32	10/1/2009
78811		tumor imaging, positron emission tomography (pet); limited ar	875.23	875.23	10/1/2009
78812	26	tumor imaging, positron emission tomography (pet); skull base	83.40	83.40	10/1/2009
78812	TC	tumor imaging, positron emission tomography (pet); skull base	808.32	808.32	10/1/2009
78812		tumor imaging, positron emission tomography (pet); skull base	891.72	891.72	10/1/2009
78813	26	tumor imaging, positron emission tomography (pet); whole bo	86.45	86.45	10/1/2009
78813	TC	tumor imaging, positron emission tomography (pet); whole bo	808.32	808.32	10/1/2009
78813		tumor imaging, positron emission tomography (pet); whole bo	894.77	894.77	10/1/2009
78814	26	tumor imaging, positron emission tomography (pet) with concu	94.70	94.70	10/1/2009
78814	TC	tumor imaging, positron emission tomography (pet) with concu	808.32	808.32	10/1/2009
78814		tumor imaging, positron emission tomography (pet) with concu	903.02	903.02	10/1/2009
78815	26	tumor imaging, positron emission tomography (pet) with concu	104.79	104.79	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
78815	TC	tumor imaging, positron emission tomography (pet) with concu	808.32	808.32	10/1/2009
78815		tumor imaging, positron emission tomography (pet) with concu	913.10	913.10	10/1/2009
78816	26	tumor imaging, positron emission tomography (pet) with concu	107.53	107.53	10/1/2009
78816	TC	tumor imaging, positron emission tomography (pet) with concu	808.32	808.32	10/1/2009
78816		tumor imaging, positron emission tomography (pet) with concu	915.83	915.83	10/1/2009
79005	TC	radiopharmaceutical therapy, by oral administration	48.91	48.91	10/1/2009
79005	26	radiopharmaceutical therapy, by oral administration	76.17	76.17	10/1/2009
79005		radiopharmaceutical therapy, by oral administration	125.08	125.08	10/1/2009
79101	TC	radiopharmaceutical therapy, by intravenous administration	53.24	53.24	10/1/2009
79101	26	radiopharmaceutical therapy, by intravenous administration	87.50	87.50	10/1/2009
79101		radiopharmaceutical therapy, by intravenous administration	140.74	140.74	10/1/2009
79200	TC	intracavitary radioactive colloid therapy	57.28	57.28	10/1/2009
79200	26	intracavitary radioactive colloid therapy	85.46	85.46	10/1/2009
79200		intracavitary radioactive colloid therapy	142.73	142.73	10/1/2009
79300	26	interstitial radioactive colloid therapy	69.19	69.19	10/1/2009
79300	TC	interstitial radioactive colloid therapy	111.67	111.67	10/1/2009
79300		interstitial radioactive colloid therapy	180.85	180.85	10/1/2009
79403	TC	radiopharmaceutical therapy, radiolabeled monoclonal antibo	80.93	80.93	10/1/2009
79403	26	radiopharmaceutical therapy, radiolabeled monoclonal antibo	97.22	97.22	10/1/2009
79403		radiopharmaceutical therapy, radiolabeled monoclonal antibo	178.15	178.15	10/1/2009
79440	TC	intra-articular radiopharmaceutical therapy	46.89	46.89	10/1/2009
79440	26	intra-articular radiopharmaceutical therapy	85.26	85.26	10/1/2009
79440	26	intra-articular radiopharmaceutical therapy	85.26	85.26	10/1/2009
79440		intra-articular radiopharmaceutical therapy	132.15	132.15	10/1/2009
79445	TC	radiopharmaceutical therapy, by intra-arterial particulate admi	81.00	81.00	10/1/2009
79445	26	radiopharmaceutical therapy, by intra-arterial particulate admi	103.45	103.45	10/1/2009
79445		radiopharmaceutical therapy, by intra-arterial particulate admi	184.45	184.45	10/1/2009
80047		basic metabolic panel (calcium, ionized). this panel must inclu	27.56	27.56	10/1/2009
80048		basic metabolic panel	10.19	10.19	10/1/2009
80050		general health screen panel	11.50	11.73	10/1/2009
80051		electrolyte panel	8.77	8.77	10/1/2009
80053		comprehensive metabolic panel	10.74	10.74	10/1/2009
80055		obstetric profile	28.67	28.67	10/1/2009
80061		lipid profile	17.04	17.04	10/1/2009
80069		renal function panel	10.19	10.19	10/1/2009
80074		acute hepatitis panel	59.25	59.25	10/1/2009
80076		hepatic function panel	10.19	10.19	10/1/2009
80100		drug screen, qualitative; multiple drug classes chromatograph	18.49	18.49	10/1/2009
80101		drug screen, qualitative; single drug class method (eg, immun	17.51	17.51	10/1/2009
80102		drug confirmation	16.84	16.84	10/1/2009
80104		Drug screen, qualitative; multiple drug classes other than chro	18.63	18.63	1/1/2011
80150		amikacin	19.16	19.16	10/1/2009
80152		amitriptyline	20.71	20.71	10/1/2009
80154		benzodiazepines	23.51	23.51	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
80156		carbamazepine; total	18.51	18.51	10/1/2009
80157		carbamazepine; free	16.85	16.85	10/1/2009
80158		cyclosporine	22.96	22.96	10/1/2009
80160		desipramine	21.89	21.89	10/1/2009
80162		digoxin	16.88	16.88	10/1/2009
80164		dipropylacetic acid	17.04	17.04	10/1/2009
80166		doxepin	19.71	19.71	10/1/2009
80168		ethosuximide	20.78	20.78	10/1/2009
80170		gentamicin	4.40	4.40	10/1/2009
80172		gold	20.71	20.71	10/1/2009
80173		haloperidol	18.51	18.51	10/1/2009
80174		imipramine	21.89	21.89	10/1/2009
80176		lidocaine	18.67	18.67	10/1/2009
80178		lithium	8.41	8.41	10/1/2009
80182		nortriptyline	17.04	17.04	10/1/2009
80184		phenobarbital	14.57	14.57	10/1/2009
80185		phentoin: total	16.85	16.85	10/1/2009
80186		phentoin; free	17.50	17.50	10/1/2009
80188		primidone	20.71	20.71	10/1/2009
80190		procainamide	21.30	21.30	10/1/2009
80192		procainamide: with antibodies	21.30	21.30	10/1/2009
80194		quinidine	18.55	18.55	10/1/2009
80195		sirolimus	17.44	17.44	10/1/2009
80196		salicylate	9.03	9.03	10/1/2009
80197		tacrolimus	17.44	17.44	10/1/2009
80198		theophylline	17.99	17.99	10/1/2009
80200		tobramycin	20.49	20.49	10/1/2009
80201		topiramate	15.16	15.16	10/1/2009
80202		vancomycin	17.04	17.04	10/1/2009
80299		quantitation of drug, not elsewhere specified	17.41	17.41	10/1/2009
80400		acth stimulation panel;	41.46	41.46	10/1/2009
80402		acth stimulation panel;	110.53	110.53	10/1/2009
80406		acth stimulation panel;	99.50	99.50	10/1/2009
80408		aldosterone suppression evaluation panel (eg, saline infusion)	159.56	159.56	10/1/2009
80410		calcitonin stimulation panel (eg, calcium, pentagastrin)	102.13	102.13	10/1/2009
80412		corticotropic releasing hormone (crh) stimulation panel	419.06	419.06	10/1/2009
80418		combined rapid anterior pituitary evaluation panel	734.33	734.33	10/1/2009
80420		dexamethasone suppression panel, 48 hour	91.58	91.58	10/1/2009
80422		glucagon tolerance panel;	58.59	58.59	10/1/2009
80424		glucagon tolerance panel;	64.21	64.21	10/1/2009
80428		growth hormone stimulation panel (eg, arginine infusion, l-dop	84.78	84.78	10/1/2009
80430		growth hormone suppression panel (glucose administration)	99.74	99.74	10/1/2009
80432		insulin-induced c-peptide suppression panel	140.49	140.49	10/1/2009
80434		insulin tolerance panel;	128.58	128.58	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
80435		insulin tolerance panel;	130.90	130.90	10/1/2009
80436		metyrapone panel	115.90	115.90	10/1/2009
80438		thyrotropin releasing hormone (trh) stimulation panel;	62.16	62.16	10/1/2009
80439		thyrotropin releasing hormone (trh) stimulation panel;	82.88	82.88	10/1/2009
80440		thyrotropin releasing hormone (trh) stimulation panel;	73.93	73.93	10/1/2009
80500	26	clinical pathology consultation; limited	13.19	14.56	10/1/2009
80500		clinical pathology consultation; limited	15.20	17.22	10/1/2009
80502	26	clinical pathology consultation; comprehensive	40.41	41.14	10/1/2009
80502		clinical pathology consultation; comprehensive	52.93	54.08	10/1/2009
81000		urinalysis, by dip stick or tablet reagent for bilirubin, glucose, ł	4.03	4.03	10/1/2009
81001		urinalysis, by dip stick or tablet reagent for bilirubin, glucose, ł	4.03	4.03	10/1/2009
81002		urinalysis routine without microscopy	3.25	3.25	10/1/2009
81003		ua, by dip stick or tablet; automated, wo micro	2.86	2.86	10/1/2009
81005		urine tests	2.76	2.76	10/1/2009
81007		urinalysis; bacteriuria screen, except by culture or dipstick	3.27	3.27	10/1/2009
81015		microscopic urine exam	3.86	3.86	10/1/2009
81020		urinalysis routine 2 or 3 glass test	4.69	4.69	10/1/2009
81025		ua preg. test - color comparison method	8.04	8.04	10/1/2009
81050		volume measurement for timed collection, each	3.81	3.81	10/1/2009
82000		acetaldehyde blood	15.75	15.75	10/1/2009
82003		acetaminophen	25.73	25.73	10/1/2009
82009		acetone qualitative	5.74	5.74	10/1/2009
82010		laboratory services,analysis	10.39	10.39	10/1/2009
82013		acetylcholinesterase	14.21	14.21	10/1/2009
82016		acylcarnitines; qualitative, each specimen	17.63	17.63	10/1/2009
82017		acylcarnitines; quantitative, each specimen (for carnitine, see	21.45	21.45	10/1/2009
82024		acth	49.11	49.11	10/1/2009
82030		adenosine;5'monophosphate,cyclic (cyclic amp)	32.81	32.81	10/1/2009
82040		albumin serum	6.30	6.30	10/1/2009
82042		albumin; urine or other source, quantitative, each specimen	6.58	6.58	10/1/2009
82043		albumin; urine, micr, quantitative	7.36	7.36	10/1/2009
82044		albumin; urine, micro, semiquantitative	3.64	3.64	10/1/2009
82045		albumin; ischemia modified	43.16	43.16	10/1/2009
82055		alcohol , any specimin except breath	13.74	13.74	10/1/2009
82075		alcohol breath	15.32	15.32	10/1/2009
82085		aldolase	12.34	12.34	10/1/2009
82088		aldosterone	51.82	51.82	10/1/2009
82101		laboratory services,analysis	38.17	38.17	10/1/2009
82103		alpha-1-antitrypsin; total	17.08	17.08	10/1/2009
82104		alpha-1-antitrypsin; phenotype	18.38	18.38	10/1/2009
82105		alpha-fetoprotein; serum	21.33	21.33	10/1/2009
82106		alpha-fetoprotein; amniotic fluid	21.33	21.33	10/1/2009
82107		alpha-fetoprotein (afp), afp-l3 fraction isoform and total afp (in	81.89	81.89	10/1/2009
82108		aluminum	32.40	32.40	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
82120		amines, vaginal fluid, qualitative	4.78	4.78	10/1/2009
82127		amino acids; single, qualitative, each specimen	17.63	17.63	10/1/2009
82128		amino acids; multiple, qualitative, each specimen	17.63	17.63	10/1/2009
82131		amino acids; single, quantitative, each specimen	21.45	21.45	10/1/2009
82135		aminolevulinic acid delta	20.93	20.93	10/1/2009
82136		amino acids, 2 to 5 amino acids, quantitative, each specimen	21.45	21.45	10/1/2009
82139		amino acids, 6 or more amino acids, quantitative, each specin	21.45	21.45	10/1/2009
82140		ammonia	18.53	18.53	10/1/2009
82143		amniotic fluid scan	8.75	8.75	10/1/2009
82145		amphetamine or methamphetamine	19.77	19.77	10/1/2009
82150		amylase	8.24	8.24	10/1/2009
82154		androstanediol glucuronide	36.66	36.66	10/1/2009
82157		androstenedione	37.22	37.22	10/1/2009
82160		androsterone	31.80	31.80	10/1/2009
82163		angiotensin ii	26.10	26.10	10/1/2009
82164		angiotensin i (ace)	18.55	18.55	10/1/2009
82172		apolipoprotein, each	19.70	19.70	10/1/2009
82175		arsenic	24.12	24.12	10/1/2009
82180		ascorbic acid	12.57	12.57	10/1/2009
82190		atomic absorption spectroscopy, each	18.96	18.96	10/1/2009
82205		barbiturates, not elsewhere specified	14.57	14.57	10/1/2009
82232		beta-2 microglobulin	20.58	20.58	10/1/2009
82239		bile acids; total	20.71	20.71	10/1/2009
82240		bile acids; cholylglycine	20.71	20.71	10/1/2009
82247		bilirubin; total	6.39	6.39	10/1/2009
82248		bilirubin; direct	6.39	6.39	10/1/2009
82252		bilirubin feces qualitative	5.78	5.78	10/1/2009
82261		biotinidase, each specimen	21.45	21.45	10/1/2009
82270		blood, occult, by peroxidase activity (eg, guaiac), qualitative; f	4.13	4.13	10/1/2009
82271		blood, occult, by peroxidase activity (eg, guaiac), qualitative; c	4.13	4.13	10/1/2009
82272		blood, occult, by peroxidase activity (eg, guaiac), qualitative, f	4.13	4.13	10/1/2009
82274		blood, occult, by fecal hemoglobin determination by immunoa	20.22	20.22	10/1/2009
82286		bradykinin	8.75	8.75	10/1/2009
82300		cadmium	29.42	29.42	10/1/2009
82306		calcifediol (25-oh vitamin d-3)	37.64	37.64	10/1/2009
82307		calciferol (vitamin d)	40.97	40.97	10/1/2009
82308		calcitonin	34.04	34.04	10/1/2009
82310		calcium; total	6.55	6.55	10/1/2009
82330		calcium; ionized	17.37	17.37	10/1/2009
82331		calcium after calcium infusion test	6.58	6.58	10/1/2009
82340		calcium urine quantitative timed specimen	6.62	6.62	10/1/2009
82355		calculus; qualitative analysis	14.71	14.71	10/1/2009
82360		calculus quantitative chemical	16.37	16.37	10/1/2009
82365		calculus quantitative infrared spectroscopy	16.39	16.39	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
82370		calculus quantitative x-ray defraction	15.93	15.93	10/1/2009
82373		carbohydrate deficient transferrin	22.96	22.96	10/1/2009
82374		carbon dioxide	6.22	6.22	10/1/2009
82375		laboratory services,analysis	14.07	14.07	10/1/2009
82376		carbon diox comb parcarb muno qualitativ	7.62	7.62	10/1/2009
82378		carcinoembryonic antigen (cea)	24.12	24.12	10/1/2009
82379		carnitine (total and free), quantitative, each specimen	21.45	21.45	10/1/2009
82380		carotene	11.73	11.73	10/1/2009
82382		catecholamines; total urine	21.86	21.86	10/1/2009
82383		catecholamines blood	31.86	31.86	10/1/2009
82384		catecholamines fractionated	32.10	32.10	10/1/2009
82387		cathepsin-d	17.63	17.63	10/1/2009
82390		ceruloplasmin	13.66	13.66	10/1/2009
82397		chemiluminescent assay	17.63	17.63	10/1/2009
82415		chloramphenicol	16.11	16.11	10/1/2009
82435		chloride, serum	5.84	5.84	10/1/2009
82436		chloride, urine	6.39	6.39	10/1/2009
82438		chloride; other source	6.22	6.22	10/1/2009
82441		chlorinatrd hydrocarbonns screen	7.63	7.63	10/1/2009
82465		cholesterol, serum or whole blood, total	5.53	5.53	10/1/2009
82480		cholinesterase	7.31	7.31	10/1/2009
82482		cholinesterase	5.85	5.85	10/1/2009
82485		chondruitine b sulfate quantitative	26.25	26.25	10/1/2009
82486		chromatography, qualitative; column (eg, gas liquid or hplc), a	22.96	22.96	10/1/2009
82487		chromatography paper	20.29	20.29	10/1/2009
82488		chromatography paper 2 dimensional	27.16	27.16	10/1/2009
82489		chromatography thin layer	23.51	23.51	10/1/2009
82491		chromatography, quantitative, column (eg, gas liquid or hplc);	22.96	22.96	10/1/2009
82492		chromatography, quantitative, column (eg, gas liquid or hplc);	22.96	22.96	10/1/2009
82495		chromium	25.79	25.79	10/1/2009
82507		citric acid	35.35	35.35	10/1/2009
82520		cocaine or metabolite	19.26	19.26	10/1/2009
82523		collagen cross links, any method	18.64	18.64	10/1/2009
82525		copper	15.78	15.78	10/1/2009
82528		corticosterone	28.62	28.62	10/1/2009
82530		cortisol; free	21.25	21.25	10/1/2009
82533		cortisol; total	20.73	20.73	10/1/2009
82540		creatine	5.90	5.90	10/1/2009
82541		column chromatography/mass spectrometry (eg, gc/ms, or hp	22.96	22.96	10/1/2009
82542		column chromatography/mass spectrometry (eg, gc/ms, or hp	22.96	22.96	10/1/2009
82543		column chromatography/mass spectrometry (eg, gc/ms, or hp	22.96	22.96	10/1/2009
82544		column chromatography/mass spectrometry (eg, gc/ms, or hp	22.96	22.96	10/1/2009
82550		creatine kinase (ck), (cpk); total	8.28	8.28	10/1/2009
82552		cpk isoenzyme (qualitative)	17.03	17.03	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
82553		cpk; mb fraction only	14.68	14.68	10/1/2009
82554		cpk; isoforms	15.09	15.09	10/1/2009
82565		creatinine; blood	6.52	6.52	10/1/2009
82570		creatinine; other source	6.58	6.58	10/1/2009
82575		creatinine clearance	12.01	12.01	10/1/2009
82585		cryofibrinogen	10.90	10.90	10/1/2009
82595		cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	8.23	8.23	10/1/2009
82600		cyanide	24.67	24.67	10/1/2009
82607		cyanocobalamin (vitamin b-12)	19.16	19.16	10/1/2009
82608		cyanocobalamin unsaturated binding capacity	18.21	18.21	10/1/2009
82610		cystatin c	17.29	17.29	10/1/2009
82615		cystine	10.38	10.38	10/1/2009
82626		dehydroepiandrosterone (dhea)	32.13	32.13	10/1/2009
82627		dhea-s	28.27	28.27	10/1/2009
82633		deoxycorticosterone	39.38	39.38	10/1/2009
82634		deoxycortisol, 11-	37.22	37.22	10/1/2009
82638		dibucaine number	15.57	15.57	10/1/2009
82646		creatine and creatinine	26.25	26.25	10/1/2009
82649		dihydromorphinone	32.68	32.68	10/1/2009
82651		dihydrotestosterone	32.82	32.82	10/1/2009
82652		dihydroxyvitamin d	48.94	48.94	10/1/2009
82654		dimethadione	17.60	17.60	10/1/2009
82656		elastase, pancreatic (el-1), fecal, qualitative or semi-quantitati	14.57	14.57	10/1/2009
82657		enzyme activity in blood cells, cultured cells, or tissue, not els	22.96	22.96	10/1/2009
82658		enzyme activity in blood cells, cultured cells, or tissue, not els	22.96	22.96	10/1/2009
82664		electrophoretic tech	43.68	43.68	10/1/2009
82666		epiandrosterone	27.31	27.31	10/1/2009
82668		erythropoietin	23.90	23.90	10/1/2009
82670		estradiol	30.28	30.28	10/1/2009
82671		estrogens fractionated blood	41.07	41.07	10/1/2009
82672		estrogens total blood	27.57	27.57	10/1/2009
82677		estriol	30.75	30.75	10/1/2009
82679		estrone	31.74	31.74	10/1/2009
82690		ethchlorvynol	21.98	21.98	10/1/2009
82693		ethylene glycol	17.64	17.64	10/1/2009
82696		etiocholanolone	29.98	29.98	10/1/2009
82705		fecal fat screen	6.47	6.47	10/1/2009
82710		fat or lipids, feces; quantitative	21.36	21.36	10/1/2009
82715		fecal fat	21.89	21.89	10/1/2009
82725		fatty acids, nonesterified	16.93	16.93	10/1/2009
82726		very long chain fatty acids	22.96	22.96	10/1/2009
82728		ferritin specify method	17.32	17.32	10/1/2009
82731		fetal fibronectin, cervicovaginal secretions, semi-quantitative	81.89	81.89	10/1/2009
82735		fluoride	23.58	23.58	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
82742		flurazepam	25.17	25.17	10/1/2009
82746		folic acid	18.69	18.69	10/1/2009
82747		folic acid; rbc	19.16	19.16	10/1/2009
82757		fructose semen	22.06	22.06	10/1/2009
82759		galactorinase rbc	27.31	27.31	10/1/2009
82760		galactose	14.23	14.23	10/1/2009
82775		galactose-1-phosdhate uridyl transferase;qual	26.78	26.78	10/1/2009
82776		galactose 1 phosphate uridyl transferase quantitat	10.66	10.66	10/1/2009
82784		gamma globulin	11.82	11.82	10/1/2009
82785		gammaglobulin; ige	20.94	20.94	10/1/2009
82787		gammaglobulin; immunoglobulin subclasses, (igg1, 2, 3, or 4)	10.19	10.19	10/1/2009
82800		oxygen saturation ph only	8.16	8.16	10/1/2009
82803		gases, blood, any combination of ph, pco2, po2, co2, hco3 (in	24.61	24.61	10/1/2009
82805		gases, blood, any combination of ph, pco2, po2, co2, hco2 (in	36.08	36.08	10/1/2009
82810		gases, blood, o2 saturation only, by direct measurement, exce	11.10	11.10	10/1/2009
82820		hemoglobin - oxygen affinity	12.70	12.70	10/1/2009
82930		Gastric acid analysis, includes pH if performed, each specime	6.98	6.98	1/1/2011
82938		gastrin after secretin stimulation	22.50	22.50	10/1/2009
82941		gastrin	22.42	22.42	10/1/2009
82943		glucagon	18.17	18.17	10/1/2009
82945		glucose, body fluid, other than blood	4.99	4.99	10/1/2009
82946		glucagon tolerance test	19.16	19.16	10/1/2009
82947		glucose; quantitative, blood (except reagent strip)	4.99	4.99	10/1/2009
82948		glucose blood stick test	4.03	4.03	10/1/2009
82950		glucose post glucose dose	6.04	6.04	10/1/2009
82951		glucose tolerance	16.37	16.37	10/1/2009
82952		glucose tolerance test each assit beyond 3 spec	4.99	4.99	10/1/2009
82953		tolbutamide tolerance	18.45	18.45	10/1/2009
82955		glucose 6 phosphate dehydrogenase	5.92	5.92	10/1/2009
82960		glucose 6 phosphate dehydrogenase screen	7.71	7.71	10/1/2009
82962		blood glucose by monitoring device	2.98	2.98	10/1/2009
82963		glucosidase beta	27.31	27.31	10/1/2009
82965		glutamate dehydrogenase	9.83	9.83	10/1/2009
82975		glutamine	20.14	20.14	10/1/2009
82977		g g t	9.15	9.15	10/1/2009
82978		glutatione level and stability	18.12	18.12	10/1/2009
82979		glutathione reductase rbc	8.75	8.75	10/1/2009
82980		glutethimide	23.30	23.30	10/1/2009
82985		glycated protein	19.16	19.16	10/1/2009
83001		gonadotropin; follicle stimulating hormone (fsh)	23.63	23.63	10/1/2009
83002		luteinizing hormone (lh)	23.55	23.55	10/1/2009
83003		growth stimulating hormone	21.19	21.19	10/1/2009
83008		guanosine monophosphate (gmp), cyclic	21.34	21.34	10/1/2009
83009		helicobacter pylori, blood test analysis for urease activity, non	85.64	85.64	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
83010		haptoglobin	16.00	16.00	10/1/2009
83012		haptoglobin phenotypes electrophoresis	21.86	21.86	10/1/2009
83013		helicobacter pylori; analysis for urease activity, non-radioactiv	85.64	85.64	10/1/2009
83014		helicobacter pylori, breath test analysis; drug administration a	9.99	9.99	10/1/2009
83015		heavy metal screen	23.94	23.94	10/1/2009
83018		heavy metal; quantitative, each	27.92	27.92	10/1/2009
83020	26	hemoglobin fractionation and quantitation; electrophoresis (eg	15.48	15.48	10/1/2009
83020		hemoglobin fractionation and quantitation; electrophoresis (eg	15.98	15.98	10/1/2009
83021		hemoglobin fractionation and quantitation; chromotography (e	22.96	22.96	10/1/2009
83026		hemoglobin; by copper sulfate method	3.00	3.00	10/1/2009
83030		hemoglobin f(fetal) chemical	10.52	10.52	10/1/2009
83033		hemoglobin; f (fetal), qualitative	7.58	7.58	10/1/2009
83036		hemoglobin; glycated	12.34	12.34	10/1/2009
83045		methemoglobin	6.31	6.31	10/1/2009
83050		methemoglobin quantitative	9.31	9.31	10/1/2009
83051		methemoglobin plasma	9.29	9.29	10/1/2009
83055		sulfhemoglobin qualitative	6.25	6.25	10/1/2009
83060		sulfhemoglobin quantitative	10.52	10.52	10/1/2009
83065		hemoglobin thermolabile	8.75	8.75	10/1/2009
83068		hemoglobin unstablescreen	3.66	3.66	10/1/2009
83069		hemoglobin urine	5.01	5.01	10/1/2009
83070		hemosiderin	0.70	0.70	10/1/2009
83071		hemosiderin; quantitative	8.75	8.75	10/1/2009
83080		b-hexosaminidase, each assay	21.45	21.45	10/1/2009
83088		histamine	37.55	37.55	10/1/2009
83090		homocystine	21.45	21.45	10/1/2009
83150		homovanillic acid (hva)	24.61	24.61	10/1/2009
83491		hydroxycorticosteroids, 17- (17-ohcs)	22.27	22.27	10/1/2009
83497		5 hiaa qualitative	16.39	16.39	10/1/2009
83498		hydroxyprogesterone, 17-d	34.53	34.53	10/1/2009
83499		hydroxyprogesterone 20	32.05	32.05	10/1/2009
83500		hydroxyproline free	28.80	28.80	10/1/2009
83505		hydroxyproline total	30.90	30.90	10/1/2009
83516		immunoassay for analyte other than infectious agent antibody	14.57	14.57	10/1/2009
83518		immunoassay for analyte other than antibody or infectious age	9.72	9.72	10/1/2009
83519		immunoassay, analyte, quantitative; by radiopharmaceutical t	17.18	17.18	10/1/2009
83520		immunoassay analyte; not otherwise specified	16.46	16.46	10/1/2009
83525		insulin; total	14.54	14.54	10/1/2009
83527		insulin;	16.09	16.09	10/1/2009
83528		intrinscic factor level	20.22	20.22	10/1/2009
83540		iron	8.24	8.24	10/1/2009
83550		ibc	11.11	11.11	10/1/2009
83570		idh	11.25	11.25	10/1/2009
83582		ketogenic steroids; fractionation	18.02	18.02	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
83586		ketosteroids, 17- (17-ks); total	16.28	16.28	10/1/2009
83593		ketosteroids, 17- (17-ks); fractionation	33.44	33.44	10/1/2009
83605		lactates	13.58	13.58	10/1/2009
83615		lactate dehydrogenase (ld), (ldh)	7.68	7.68	10/1/2009
83625		ldh isoenzymes	11.83	11.83	10/1/2009
83630		lactoferrin, fecal; qualitative	26.08	26.08	10/1/2009
83632		lactogen, human placental (hpl)	25.70	25.70	10/1/2009
83633		lactose urine qualitaitive	7.00	7.00	10/1/2009
83634		lactose urine quantititive	14.65	14.65	10/1/2009
83655		lead	15.39	15.39	10/1/2009
83661		fetal lung maturity assessment; lecithin sphingomyelin (l/s) rat	27.95	27.95	10/1/2009
83662		l/s ratio	24.05	24.05	10/1/2009
83663		fetal lung maturity assessment; fluorescence polarization	24.05	24.05	10/1/2009
83664		fetal lung maturity assessment; lamellar body density	24.05	24.05	10/1/2009
83670		leucine aminopeptidase (lap)	11.65	11.65	10/1/2009
83690		lipase	8.75	8.75	10/1/2009
83695		lipoprotein (a)	16.46	16.46	10/1/2009
83700		lipoprotein, blood; electrophoretic separation and quantitation	14.31	14.31	10/1/2009
83701		lipoprotein, blood; high resolution fractionation and quantitatio	31.56	31.56	10/1/2009
83718		lipoprotein, direct measurement; (hdl cholesterol)	10.41	10.41	10/1/2009
83719		lipoprotein, direct measurement; direct measurement, vldl chc	14.80	14.80	10/1/2009
83721		lipoprotein, direct measurement; direct measurement, ldl chol	12.13	12.13	10/1/2009
83727		luteinizing releasing factor (lrh)	21.86	21.86	10/1/2009
83735		magnesium	8.52	8.52	10/1/2009
83775		malate dehydrogenase	9.37	9.37	10/1/2009
83785		manganese blood or urine	31.27	31.27	10/1/2009
83788		mass spectrometry and tandem mass spectrometry (ms, ms/	22.96	22.96	10/1/2009
83789		mass spectrometry and tandem mass spectrometry (ms, ms/	22.96	22.96	10/1/2009
83805		meprobamate blood/urine	22.41	22.41	10/1/2009
83825		mercury, quantitative	20.68	20.68	10/1/2009
83835		methanephrines	21.54	21.54	10/1/2009
83840		methadone or cocaine	20.76	20.76	10/1/2009
83857		methemalbumin	13.66	13.66	10/1/2009
83858		methsuximide	18.85	18.85	10/1/2009
83861		Microfluidic analysis utilizing an integrated collection and anal	5.28	5.28	1/1/2011
83864		mucopolysaccharides, acid; quantitative	25.32	25.32	10/1/2009
83866		mucopolysaccharides acid urine screen	12.52	12.52	10/1/2009
83872		mucin synovial fluid	7.45	7.45	10/1/2009
83873		myelin basic protein, cerebrospinal fluid	21.88	21.88	10/1/2009
83874		myoglobin	16.42	16.42	10/1/2009
83876		myeloperoxidase (mpo	17.21	17.21	10/1/2009
83880		natriuretic peptide	43.16	43.16	10/1/2009
83883		nephelometry, each analyte	17.29	17.29	10/1/2009
83885		nickel	31.15	31.15	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
83887		nicotine	30.11	30.11	10/1/2009
83890		molecular diagnostics; molecular isolation or extraction	5.10	5.10	10/1/2009
83891		molecular diagnostics; isolation or extraction of highly purified	5.10	5.10	10/1/2009
83892		nuclear molecular dx; enzymatic digestion	5.10	5.10	10/1/2009
83893		molecular diagnostics; dot/slot blot production	5.10	5.10	10/1/2009
83894		molecular diagnostics; separation by gel electrophoresis (eg,	5.10	5.10	10/1/2009
83896		nuclear molecular dx; each	5.10	5.10	10/1/2009
83897		molecular diagnostics; nucleic acid transfer (eg, southern, nor	5.10	5.10	10/1/2009
83898		molecular diagnostics; amplification of patient nucleic acid (eg	5.23	5.23	10/1/2009
83900		molecular diagnostics; amplification of patient nucleic acid, mu	10.47	10.47	10/1/2009
83901		molecular diagnostics; amplification of patient nucleic acid, mu	5.23	5.23	10/1/2009
83902		molecular diagnostics; reverse transcription	5.23	5.23	10/1/2009
83903		molecular diagnostics; mutation scanning, by physical propert	5.23	5.23	10/1/2009
83904		molecular diagnostics; mutation identification by sequencing,	5.23	5.23	10/1/2009
83905		molecular diagnostics; mutation identification by allele specific	5.23	5.23	10/1/2009
83906		molecular diagnostics; mutation identification by allele specific	5.23	5.23	10/1/2009
83907		molecular diagnostics; mutation identification by allele specific	16.98	16.98	10/1/2009
83908		molecular diagnostics; signal amplification of patient nucleic a	5.23	5.23	10/1/2009
83909		molecular diagnostics; separation and identification by high re	5.23	5.23	10/1/2009
83912		nuclear molecular diagnostics; interpretation and report	5.10	5.10	10/1/2009
83912	26	nuclear molecular diagnostics; interpretation and report	14.91	14.91	10/1/2009
83913		molecular diagnostics; rna stabilization	16.98	16.98	10/1/2009
83914		mutation identification by enzymatic ligation or primer extensic	5.23	5.23	10/1/2009
83915		5 nucleotidase	14.18	14.18	10/1/2009
83916		oligoclonal immune (oligoclonal bands)	25.56	25.56	10/1/2009
83918		organic acids; total, quantitative, each specimen	20.93	20.93	10/1/2009
83919		organic acids; qualitative, each specimen	20.93	20.93	10/1/2009
83921		organic acid, single, quantitative	20.93	20.93	10/1/2009
83925		opiates	24.74	24.74	10/1/2009
83930		osmolality blood	8.41	8.41	10/1/2009
83935		osmolality	8.66	8.66	10/1/2009
83937		osteocalcin (bone g1a protein)	36.20	36.20	10/1/2009
83945		oxalate	16.37	16.37	10/1/2009
83950		oncoprotein, her-2/neu	81.89	81.89	10/1/2009
83951		oncoprotein; des-gamma-carboxy-prothrombin (dcp)	85.58	85.58	10/1/2009
83970		parathormone	52.48	52.48	10/1/2009
83986		ph body fluid except blood	4.55	4.55	10/1/2009
83992		phencyclidine	18.69	18.69	10/1/2009
83993		calprotectin, fecal	24.95	24.95	10/1/2009
84022		phenothiazine	19.80	19.80	10/1/2009
84030		phenylalanine (pku), blood	7.00	7.00	10/1/2009
84035		phenylketones, qualitative	4.65	4.65	10/1/2009
84060		phosphatase acid	9.39	9.39	10/1/2009
84061		phosphatase acid; forensic exam	10.06	10.06	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
84066		phosphatase acid; prostatic	12.29	12.29	10/1/2009
84075		phosphatase alkaline	6.58	6.58	10/1/2009
84078		phosphatase alkaline blood heat stable	9.28	9.28	10/1/2009
84080		alkaline phosphatase isoenzyme	18.80	18.80	10/1/2009
84081		phosphatydylglycerol	21.01	21.01	10/1/2009
84085		phosphogluconat6 6-dehydrogenase rbc	8.57	8.57	10/1/2009
84087		phosphohexose isomerase	13.12	13.12	10/1/2009
84100		phosphorus inorganic (phosphate)	6.03	6.03	10/1/2009
84105		phosphorus (phosphate) urine	6.58	6.58	10/1/2009
84106		porphobilinogen	5.45	5.45	10/1/2009
84110		porphobilinogen urine quantitative	10.74	10.74	10/1/2009
84112		Placental alpha microglobulin-1 (PAMG-1), cervicovaginal sec	82.48	82.48	1/1/2011
84119		porphyrins qualitative	10.95	10.95	10/1/2009
84120		porphyrins, urine; quantitation and fractionation	18.70	18.70	10/1/2009
84126		prophyrins feces quanitative	32.39	32.39	10/1/2009
84127		porphyrins, feces; qualitative	11.83	11.83	10/1/2009
84132		potassium serum	5.84	5.84	10/1/2009
84133		potassium urine	5.47	5.47	10/1/2009
84134		prealbumin	18.55	18.55	10/1/2009
84135		pregnanediol	24.32	24.32	10/1/2009
84138		pregnanetriol	24.08	24.08	10/1/2009
84140		pregnenolone	25.45	25.45	10/1/2009
84143		17-hydroxypregnenolone	29.02	29.02	10/1/2009
84144		progesterone	26.53	26.53	10/1/2009
84146		prolactin	24.64	24.64	10/1/2009
84150		prostaglandin, each	31.74	31.74	10/1/2009
84152		prostate specific antigen (psa); complexed (direct measureme	23.39	23.39	10/1/2009
84153		prostate specific antigen (psa); total	23.39	23.39	10/1/2009
84154		prostate specific antigen (psa); free	23.39	23.39	10/1/2009
84155		protein; total, except refractometry	4.66	4.66	10/1/2009
84156		protein, total, except by refractometry; urine	4.66	4.66	10/1/2009
84157		protein, total, except by refractometry; other source (eg, syno	4.66	4.66	10/1/2009
84160		protein refractometric	6.58	6.58	10/1/2009
84163		pregnancy-associated plasma protein-a (papp-a)	11.12	11.12	10/1/2009
84165		protein electrophoresis	13.60	13.60	10/1/2009
84165	26	protein electrophoresis	15.20	15.20	10/1/2009
84166	26	protein; electrophoretic fractionation and quantitation, other flu	15.20	15.20	10/1/2009
84166		protein; electrophoretic fractionation and quantitation, other flu	22.68	22.68	10/1/2009
84181		protein; western blot, w report & interp	14.95	14.95	10/1/2009
84181	26	protein; western blot, w report & interp	15.20	15.20	10/1/2009
84182		protein; immuno probe for band id, each	14.95	14.95	10/1/2009
84182	26	protein; immuno probe for band id, each	15.68	15.68	10/1/2009
84202		protoporphyrin rbc quantitative	18.25	18.25	10/1/2009
84203		protoporphyrin rbc screen	10.95	10.95	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
84206		proinsulin	22.65	22.65	10/1/2009
84207		pyridoxine vitamine b-6	35.72	35.72	10/1/2009
84210		pyruvate	13.80	13.80	10/1/2009
84220		pyruvate kinase	11.99	11.99	10/1/2009
84228		quinine	14.80	14.80	10/1/2009
84233		receptor assay estrogen (estradiol)	81.89	81.89	10/1/2009
84234		receptor assay progesterone	82.48	82.48	10/1/2009
84235		receptor assay endocrine not estrogen or progester	66.54	66.54	10/1/2009
84238		receptor assay non-endocrine	46.49	46.49	10/1/2009
84244		renin	27.96	27.96	10/1/2009
84252		riboflavin	25.73	25.73	10/1/2009
84255		selenium	32.46	32.46	10/1/2009
84260		serotonin	20.71	20.71	10/1/2009
84270		shbg	27.63	27.63	10/1/2009
84275		sialic acid	17.08	17.08	10/1/2009
84285		silica	29.94	29.94	10/1/2009
84295		sodium blood	6.12	6.12	10/1/2009
84300		sodium urine	6.18	6.18	10/1/2009
84302		sodium; other source	6.18	6.18	10/1/2009
84305		somatomedin	17.63	17.63	10/1/2009
84307		somatostatin	17.63	17.63	10/1/2009
84311		spectrophometry, not elsewhere specified	8.89	8.89	10/1/2009
84315		specific gravity cexce pt urine	3.19	3.19	10/1/2009
84375		sugar chomatographic tlc/paper chomatoga phy	24.92	24.92	10/1/2009
84376		sugars (mon-, di, and oligosaccharides); single qualitative, ea	7.00	7.00	10/1/2009
84377		sugars (mon-, di, and oligosaccharides); multiple qualitative, e	7.00	7.00	10/1/2009
84378		sugars (mon-, di, and oligosaccharides); single quantitative, e	14.65	14.65	10/1/2009
84379		sugars (mon-, di, and oligosaccharides); multiple quantitative,	14.65	14.65	10/1/2009
84392		sulfate, urine	6.04	6.04	10/1/2009
84402		testosterone; free	32.37	32.37	10/1/2009
84403		testosterone; total	32.83	32.83	10/1/2009
84425		thiamine	27.00	27.00	10/1/2009
84430		thiocyanate	7.33	7.33	10/1/2009
84432		thyroglobulin	20.42	20.42	10/1/2009
84436		thyroxine; total	7.33	7.33	10/1/2009
84437		thyroxine; requiring elution (eg, neonatal)	8.23	8.23	10/1/2009
84439		thyroxine; free	11.47	11.47	10/1/2009
84442		tbg by ria	18.80	18.80	10/1/2009
84443		tsh	20.72	20.72	10/1/2009
84445		thyroid stimulating immune globulins (tsi)	64.66	64.66	10/1/2009
84446		vitamin e	18.03	18.03	10/1/2009
84449		transcortin (cortisol binding globulin)	22.89	22.89	10/1/2009
84450		transferase; aspartate amino (ast) (sgot)	6.57	6.57	10/1/2009
84460		transferase; alanine amino (alt) (sgpt)	6.73	6.73	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
84466		transferrin	16.23	16.23	10/1/2009
84478		triglycerides	7.32	7.32	10/1/2009
84479		thyroid hormone (t3 or t4) uptake or thyroid hormone binding ı	7.58	7.58	10/1/2009
84480		triiodothyronine t3; total (tt-3)	18.03	18.03	10/1/2009
84481		tridothyronine (t-3); free	21.54	21.54	10/1/2009
84482		t-3; reverse	20.04	20.04	10/1/2009
84484		troponin, quantitative	12.51	12.51	10/1/2009
84485		trypsin duodenal fluid	9.55	9.55	10/1/2009
84488		trypsin; feces, qualitative	9.28	9.28	10/1/2009
84490		trypsin feces quantitative	9.67	9.67	10/1/2009
84510		tyrosine	13.22	13.22	10/1/2009
84512		troponin, qualitative	7.91	7.91	10/1/2009
84520		urea nitrogen; quantitative	5.01	5.01	10/1/2009
84525		urea nitrogen; semiquantitative (eg, reagent strip test)	4.78	4.78	10/1/2009
84540		laboratory services,analysis	6.04	6.04	10/1/2009
84545		urea clearance	7.33	7.33	10/1/2009
84550		uric acid; blood	5.74	5.74	10/1/2009
84560		uric acid; other source	6.04	6.04	10/1/2009
84577		fecal urobilinogen quantitative	15.86	15.86	10/1/2009
84578		urobilinogen qualitative	2.98	2.98	10/1/2009
84580		urobilinogen urine quantitative	9.03	9.03	10/1/2009
84583		urobilinogen urine semiquantitative	6.39	6.39	10/1/2009
84585		uma	19.71	19.71	10/1/2009
84586		vasoactive intestinal peptide (vip)	20.32	20.32	10/1/2009
84588		vasopressin (antidiuretic hormone, adh)	43.16	43.16	10/1/2009
84590		vitamin a	14.74	14.74	10/1/2009
84591		vitamin, not otherwise specified	14.74	14.74	10/1/2009
84597		vitamin k	17.43	17.43	10/1/2009
84600		volatiles	17.70	17.70	10/1/2009
84620		d-xylose tolerance	15.06	15.06	10/1/2009
84630		zinc	14.48	14.48	10/1/2009
84681		c-peptide any method	20.20	20.20	10/1/2009
84702		gonadotropin chorionic quantitative	11.12	11.12	10/1/2009
84703		gonadotropin chorionic qualitative	9.55	9.55	10/1/2009
84704		gonadotropin, chorionic (hcg); free beta chain	11.12	11.12	10/1/2009
85002		bleeding time	5.72	5.72	10/1/2009
85004		blood count; automated differential wbc count	8.23	8.23	10/1/2009
85007		blood count diff wbc count	4.38	4.38	10/1/2009
85008		blood count; manual smear exam	4.38	4.38	10/1/2009
85009		differential wbc count	4.72	4.72	10/1/2009
85013		blood count; spun microhematocrit	3.01	3.01	10/1/2009
85014		blood count; other than spun hematocrit	3.01	3.01	10/1/2009
85018		hemoglobin	3.01	3.01	10/1/2009
85025		blood count hemogram/platelet count auto/auto comp	9.88	9.88	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
85027		blood count hemogram automated w platelet count	8.23	8.23	10/1/2009
85032		blood count; manual cell count (erythrocyte, leukocyte, or plat	5.47	5.47	10/1/2009
85041		rbc	3.82	3.82	10/1/2009
85044		reticulocyte count	5.47	5.47	10/1/2009
85045		blood count, reticulocyte count, flow cytometry	5.09	5.09	10/1/2009
85046		blood count; reticulocytes, hemoglobin concentration	7.10	7.10	10/1/2009
85048		wbc	3.23	3.23	10/1/2009
85049		blood count; platelet, automated	5.69	5.69	10/1/2009
85055		reticulated platelet assay	34.04	34.04	10/1/2009
85060	26	blood smear, peripheral, interp by physician	13.49	13.49	10/1/2009
85060		blood smear, peripheral, interp by physician	18.76	18.76	10/1/2009
85097		bone marrow, smear interpretation	30.39	61.03	10/1/2009
85097		bone marrow, smear interpretation	39.04	70.48	10/1/2009
85130		chromogenic substrate assay	15.12	15.12	10/1/2009
85170		clot retraction	4.60	4.60	10/1/2009
85175		clot lysis time whole blood dilution	5.78	5.78	10/1/2009
85210		clotting factor ii prothrombin specific	16.51	16.51	10/1/2009
85220		clotting factor v labile factor	22.44	22.44	10/1/2009
85230		clotting factor vii	22.77	22.77	10/1/2009
85240		clotting factor viii one stage	22.77	22.77	10/1/2009
85244		clotting; factor viii related antigen	25.96	25.96	10/1/2009
85245		clotting; factor 8	29.17	29.17	10/1/2009
85246		clotting; factor 8, vw factor antigen	29.17	29.17	10/1/2009
85247		clotting; factor 8, multimetric analysis	29.17	29.17	10/1/2009
85250		clotting factor ix	24.21	24.21	10/1/2009
85260		clotting factor x	22.77	22.77	10/1/2009
85270		clotting factor xi	22.77	22.77	10/1/2009
85280		clotting factor xii	24.61	24.61	10/1/2009
85290		clotting factor xiii	20.78	20.78	10/1/2009
85291		clotting factor xiii fibrin stabilizing screen sol	11.30	11.30	10/1/2009
85292		clotting; factor ii prekallikrein assay	24.08	24.08	10/1/2009
85293		clotting; factor ii molecular weight assay	24.08	24.08	10/1/2009
85300		clotting inhibitors or anticoagulants antithrombin	15.06	15.06	10/1/2009
85301		clotting inhibitors; antithrombin iii, antigen ass	13.75	13.75	10/1/2009
85302		clotting inhibitors or anticoagulants; protein c, antigen	15.29	15.29	10/1/2009
85303		clotting inhibitors or anticoag; protein c	17.58	17.58	10/1/2009
85305		clotting inhibitors or anticoagulants; protein s, total	14.74	14.74	10/1/2009
85306		clotting inhibitors or anticoag; protein s free	18.17	18.17	10/1/2009
85307		activated protein c (apc) resistance assay	18.17	18.17	10/1/2009
85335		factor inhibitor test	16.37	16.37	10/1/2009
85337		thrombomodulin	13.25	13.25	10/1/2009
85345		coagulation time	5.47	5.47	10/1/2009
85347		coagulation time other methods	5.41	5.41	10/1/2009
85348		coagulation time other methods	4.73	4.73	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
85360		euglobulin lysis	10.68	10.68	10/1/2009
85362		fibrin degredation products	8.75	8.75	10/1/2009
85370		fdp; quantitative	11.71	11.71	10/1/2009
85378		fdp, d-dimer; semiquantitative	9.07	9.07	10/1/2009
85379		fdp, d-dimer; quantitative	11.71	11.71	10/1/2009
85380		fibrin degradation products, d-dimer; ultrasensitive (eg, for eva	11.71	11.71	10/1/2009
85384		fibrinogen; activity	10.80	10.80	10/1/2009
85385		fibrinogen; antigen	10.80	10.80	10/1/2009
85390		fibrinolysins or coagulopathy screen, interpretation and report	6.57	6.57	10/1/2009
85390	26	fibrinolysins or coagulopathy screen, interpretation and report	15.48	15.48	10/1/2009
85396		coagulation/fibrinolysis assay, whole blood (eg, viscoelastic cl	15.79	15.79	10/1/2009
85397		coagulation and fibrinolysis, functional activity, not otherwise s	30.49	30.49	10/1/2009
85400		fibrinolytic mechanisms plasmin	11.25	11.25	10/1/2009
85410		fibrinolytic mechanisms antiplasmin	9.80	9.80	10/1/2009
85415		fibrinolytic factors & inhibitors	21.86	21.86	10/1/2009
85420		fibrinolytic mechanisms plasminogen	8.31	8.31	10/1/2009
85421		plasminogen, antigenic assay	12.95	12.95	10/1/2009
85441		heinz bodies direct	5.35	5.35	10/1/2009
85445		heinz bodies induced acetyl phenylhydrazine	8.66	8.66	10/1/2009
85460		hemoglobin or rbcs, fetal, for fetomaternal hemorrhage;	9.58	9.58	10/1/2009
85461		hemoglobin or rbcs, fetal, for fetomaternal hemorrhage;	8.43	8.43	10/1/2009
85475		hemolysin, acid	9.58	9.58	10/1/2009
85520		heparin assay	16.64	16.64	10/1/2009
85525		heparin neutralization	15.06	15.06	10/1/2009
85530		heparin-protamine tolerance test	18.03	18.03	10/1/2009
85536		iron stain, peripheral blood	8.23	8.23	10/1/2009
85540		leukocyte alkaline phosphatase	10.94	10.94	10/1/2009
85547		rbc fragility	5.21	5.21	10/1/2009
85549		muramidase	23.85	23.85	10/1/2009
85555		osmotic fragility, rbc; unincubated	8.50	8.50	10/1/2009
85557		osmotic fragility incubated quantitative	16.98	16.98	10/1/2009
85576	26	platelet; aggregation (in vitro), each agent	15.48	15.48	10/1/2009
85576		platelet; aggregation (in vitro), each agent	27.31	27.31	10/1/2009
85597		platelet neutralization	22.86	22.86	10/1/2009
85598		Phospholipid neutralization; hexagonal phospholipid	23.02	23.02	1/1/2011
85610		prothrombin time	5.00	5.00	10/1/2009
85611		prothrombin time	5.01	5.01	10/1/2009
85612		russell viper venom time (includes venom); undiluted	12.17	12.17	10/1/2009
85613		russell vipor venom time; duluted	12.17	12.17	10/1/2009
85635		reptilase test	12.52	12.52	10/1/2009
85651		sedimentation rate, erythrocyte, non-automated	4.51	4.51	10/1/2009
85652		sedimentation rate, erythrocyte; automated	3.43	3.43	10/1/2009
85660		sickling rbc reduction slide method	7.02	7.02	10/1/2009
85670		thrombin time plasma	7.34	7.34	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
85675		thrombin time titer	8.72	8.72	10/1/2009
85705		thromboplastin inhibition; tissue	12.24	12.24	10/1/2009
85730		ptt	7.63	7.63	10/1/2009
85732		thromboplastin time, partial (ptt); substitution, plasma fractions	8.23	8.23	10/1/2009
85810		viscosity	12.89	12.89	10/1/2009
86000		agglutins febrile ea	8.87	8.87	10/1/2009
86001		allergen specific igg quantitative or semiquantitative, each alle	6.64	6.64	10/1/2009
86003		allergen specific ige; quantitative or semiquantitative, each all	6.64	6.64	10/1/2009
86005		allergen specific ige; qualitative, multiallergen screen (dipstick	10.14	10.14	10/1/2009
86021		antibody identification leukocyte antibodies	19.14	19.14	10/1/2009
86022		antibody identification platelet antibodies	23.35	23.35	10/1/2009
86023		antibody id platelet associated immunoglobulin	15.83	15.83	10/1/2009
86038		antinuclear antibodies (ana);	15.37	15.37	10/1/2009
86039		ana; titer	14.20	14.20	10/1/2009
86060		aso titer	9.28	9.28	10/1/2009
86063		antistreptolysin screen	7.34	7.34	10/1/2009
86077	26	blood bank services; evaluation of irregular antib	29.77	31.02	10/1/2009
86077		blood bank services; evaluation of irregular antib	39.13	40.86	10/1/2009
86078	26	blood bank irregular antib investigation of transf	30.04	31.69	10/1/2009
86078		blood bank irregular antib investigation of transf	39.13	41.44	10/1/2009
86079	26	blood bank authorization for deviation stand proce	29.86	31.31	10/1/2009
86079		blood bank authorization for deviation stand proce	39.42	41.72	10/1/2009
86140		crp	6.58	6.58	10/1/2009
86141		c-reactive protein; high sensitivity (hscrp)	16.46	16.46	10/1/2009
86146		beta 2 glycoprotein i antibody, each	18.45	18.45	10/1/2009
86147		cardiolipin (phospholipid) antibody, each ig class	18.45	18.45	10/1/2009
86148		anti-phosphatidylserine (phospholipid) antibody	18.98	18.98	10/1/2009
86155		chemothaxis assay specify method	20.32	20.32	10/1/2009
86156		cold agglutinin; screen	8.16	8.16	10/1/2009
86157		cold aggultinin; titer	8.16	8.16	10/1/2009
86160		complement; antigen, each component	15.27	15.27	10/1/2009
86161		complement; functional activity, each	15.27	15.27	10/1/2009
86162		complement total	25.83	25.83	10/1/2009
86171		complement fixation test, each	12.74	12.74	10/1/2009
86185		counterimmunoelectrophoresis, each antigen	11.38	11.38	10/1/2009
86200		cyclic citrullinated peptide (ccp), antibody	16.46	16.46	10/1/2009
86215		ash titer	16.84	16.84	10/1/2009
86225		deoxyribonucleic acid (dna) antibody; native or double strande	17.47	17.47	10/1/2009
86226		dna antibody; single stranded	15.40	15.40	10/1/2009
86235		extractable nuclear antigen antibody	22.80	22.80	10/1/2009
86243		fc receptor	26.10	26.10	10/1/2009
86255		fluorescent noninfectious agent antibody; screen, each antibo	15.32	15.32	10/1/2009
86255	26	fluorescent noninfectious agent antibody; screen, each antibo	15.48	15.48	10/1/2009
86256		flourescent antibody titer	15.32	15.32	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
86256	26	flourescent antibody titer	15.48	15.48	10/1/2009
86277		growth hormone, human (hgh), antibody	20.01	20.01	10/1/2009
86280		hemagglutination inhibiton	10.41	10.41	10/1/2009
86294		immunoassay for tumor antigen, qualitative or semiquantitativ	24.94	24.94	10/1/2009
86300		immunoassay for tumor antigen, quantitative; ca 15-3 (27.29)	26.45	26.45	10/1/2009
86301		immunoassay for tumor antigen, quantitative; ca 19-9	26.45	26.45	10/1/2009
86304		immunoassay for tumor antigen, quantitative; ca 125	26.45	26.45	10/1/2009
86308		heterophile antibodies; screening	6.58	6.58	10/1/2009
86309		heterophile antibodies; titer	8.23	8.23	10/1/2009
86310		heterophile absorption	9.37	9.37	10/1/2009
86316		immunoassay for tumor antigen; other antigen, quantitative (e	26.45	26.45	10/1/2009
86317		immunoassay for infectious agent antibody, quantitative, not c	18.45	18.45	10/1/2009
86318		immunoassay for infectious agent antibody, qualitative or sem	16.46	16.46	10/1/2009
86320	26	immunoelectrophoresis; serum	15.48	15.48	10/1/2009
86320		immunoelectrophoresis; serum	28.50	28.50	10/1/2009
86325	26	immunoelectrophoresis; other fluids (eg, urine, cerebrospinal	15.20	15.20	10/1/2009
86325		immunoelectrophoresis; other fluids (eg, urine, cerebrospinal	28.43	28.43	10/1/2009
86327	26	immunoelectrophoresis serum each specimen plate	17.82	17.82	10/1/2009
86327		immunoelectrophoresis serum each specimen plate	28.85	28.85	10/1/2009
86329		immunodiffusion, not elsewhere specified	17.85	17.85	10/1/2009
86331		gel diffusion qualitative ouchterlony	14.43	14.43	10/1/2009
86332		immune complex assay	30.99	30.99	10/1/2009
86334	26	immunofixation electophoresis	15.48	15.48	10/1/2009
86334		immunofixation electophoresis	28.40	28.40	10/1/2009
86335	26	immunofixation electrophoresis; other fluids with concentratio	15.20	15.20	10/1/2009
86335		immunofixation electrophoresis; other fluids with concentratio	37.31	37.31	10/1/2009
86337		insulin antibodies	27.23	27.23	10/1/2009
86340		intrinsic factor antibodies	19.16	19.16	10/1/2009
86341		islet cell antibody	17.08	17.08	10/1/2009
86343		leukocyte histamine release	15.84	15.84	10/1/2009
86344		leukocyte phagocytosis	10.16	10.16	10/1/2009
86353		lymphocyte transformation, mitogen (phytomitogen) or antige	62.33	62.33	10/1/2009
86355		b cells, total count	47.96	47.96	10/1/2009
86356		mononuclear cell antigen, quantitive (eg, flow cytometry), not	34.04	34.04	10/1/2009
86357		natural killer (nk) cells, total count	47.96	47.96	10/1/2009
86359		t cells;	47.96	47.96	10/1/2009
86360		t cells; absolute cd4 and cd8 count, including ratio	59.74	59.74	10/1/2009
86361		t cells; absolute cd4 count	34.04	34.04	10/1/2009
86367		stem cells (ie, cd34), total count	47.96	47.96	10/1/2009
86376		microsomal antibodies (eg, thryoid or liver-kidney), each	17.62	17.62	10/1/2009
86378		migration inhibitory factor test	25.03	25.03	10/1/2009
86382		neutralization test viral	21.49	21.49	10/1/2009
86384		nbt test	14.48	14.48	10/1/2009
86403		particle agglutination; screen, each antibody	12.96	12.96	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
86406		particle agglutination;	13.53	13.53	10/1/2009
86430		rheumatoid factor; qualitative	7.22	7.22	10/1/2009
86431		rheumatoid factor; quantitative	7.22	7.22	10/1/2009
86480		tuberculosis test, cell mediated immunity measurement of gar	78.80	78.80	10/1/2009
86481		Tuberculosis test, cell mediated immunity antigen response m	79.37	79.37	1/1/2011
86485		skin teat; candida	6.33	6.33	10/1/2009
86486		skin test; unlisted antigen, each	3.86	3.86	10/1/2009
86490		sensitivity test coccidioidomycosis	5.30	5.30	10/1/2009
86510		sensitivity test histoplasmosis	5.30	5.30	10/1/2009
86580		sensitivity test tuberculosis	5.59	5.59	10/1/2009
86590		streptokinase antibody	14.02	14.02	10/1/2009
86592		syphilis, precipitation or flocculation tests	5.42	5.42	10/1/2009
86593		syphillis precipitation flocculation test quantiti	5.61	5.61	10/1/2009
86602		antibody; actinomyces	12.94	12.94	10/1/2009
86603		antibody; adenovirus	16.21	16.21	10/1/2009
86606		antibody; aspirgillus	16.21	16.21	10/1/2009
86609		antibody; bacterium, not elsewhere specified	16.21	16.21	10/1/2009
86611		antibody; bartonella	12.94	12.94	10/1/2009
86612		antibody; blastomyces	16.21	16.21	10/1/2009
86615		antibody; bordetella	16.77	16.77	10/1/2009
86617		antibody;	15.05	15.05	10/1/2009
86618		antibody; lyme disease	18.45	18.45	10/1/2009
86619		antibody; borrelia	17.01	17.01	10/1/2009
86622		antibody; brucella	9.58	9.58	10/1/2009
86625		antibody; campylobactor	9.58	9.58	10/1/2009
86628		antibody; candida	14.43	14.43	10/1/2009
86631		antibody; chlamydia	15.03	15.03	10/1/2009
86632		antibody; chlamida, igm	16.14	16.14	10/1/2009
86635		antibody, coccidioides	14.59	14.59	10/1/2009
86638		antibody; q fever	15.42	15.42	10/1/2009
86641		antibody; cryptococcus	18.33	18.33	10/1/2009
86644		antibody; cmv	18.27	18.27	10/1/2009
86645		antibody; cmv, igm	18.45	18.45	10/1/2009
86648		antibody; diptheria	18.45	18.45	10/1/2009
86651		antibody; encephalitis, california	16.77	16.77	10/1/2009
86652		antibody; encephalitis, eastern equine	16.77	16.77	10/1/2009
86653		antibody; encephalitis st, louis	16.77	16.77	10/1/2009
86654		antibody;encephalitis western equine	16.77	16.77	10/1/2009
86658		antibody; enterovirus	16.21	16.21	10/1/2009
86663		antibody; epstein-barr, early antigen	16.68	16.68	10/1/2009
86664		antibody; epstein-barr, nuclear antigen	18.45	18.45	10/1/2009
86665		antibody; epstein-barr viral capsid	20.66	20.66	10/1/2009
86666		antibody; ehrlichia	12.94	12.94	10/1/2009
86668		antibody; fracisella tularensis	13.22	13.22	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
86671		antibody; fungus	15.59	15.59	10/1/2009
86674		antibody; giardia lamblia	18.45	18.45	10/1/2009
86677		antibody; helicobacter pyloui	18.45	18.45	10/1/2009
86682		antibody; helminth	16.53	16.53	10/1/2009
86684		antibody; hemophilus influenza	18.45	18.45	10/1/2009
86687		antibody; htlv i	10.67	10.67	10/1/2009
86688		antibody; htlv-it	14.95	14.95	10/1/2009
86689		htlv i, antibody detection; confirmatory test	24.62	24.62	10/1/2009
86692		antobody; hepatitis, delta agent	18.45	18.45	10/1/2009
86694		antibody; herpes simplex, non-specific type test	18.27	18.27	10/1/2009
86695		antibody; herpes simplex. type i	16.77	16.77	10/1/2009
86696		antibody; herpes simplex, type 2	24.62	24.62	10/1/2009
86698		antobody; histoplasm	15.89	15.89	10/1/2009
86701		antibody; hiv-1	11.29	11.29	10/1/2009
86702		antibody; hiv-2	14.95	14.95	10/1/2009
86703		antibody; hiv-1 & hiv-2, single assay	14.95	14.95	10/1/2009
86704		hepatitis b core antibody (hbcab), total	14.80	14.80	10/1/2009
86705		hepatitis b core antibody (hbcab); igm antibody	14.96	14.96	10/1/2009
86706		hepatitis b surface antibody (hbsab)	13.66	13.66	10/1/2009
86707		hepatitis be antibody (hbeab)	14.71	14.71	10/1/2009
86708		hepatitis a antibody (haab), total	15.75	15.75	10/1/2009
86709		hepatitis a antibody (haab); igm antibody	14.31	14.31	10/1/2009
86710		antibody, influenza virus	17.24	17.24	10/1/2009
86713		antibody; legionella	19.46	19.46	10/1/2009
86717		antibody; leishmania	10.66	10.66	10/1/2009
86720		antibody; leptospira	12.54	12.54	10/1/2009
86723		antibody; listeria monocytogenes	16.77	16.77	10/1/2009
86727		antibody; lymphocytic choriomeningitis	16.21	16.21	10/1/2009
86729		antibody; lymphogranuloma venerum	15.19	15.19	10/1/2009
86732		antibody; mucormycosis	16.77	16.77	10/1/2009
86735		antibody; mumps	16.59	16.59	10/1/2009
86738		antibody; mycoplasma	16.84	16.84	10/1/2009
86744		antibody; nocardia	16.77	16.77	10/1/2009
86747		antibody; parvovirus	18.45	18.45	10/1/2009
86750		antibody; malaria	16.77	16.77	10/1/2009
86753		antibody; protozoa, not elsewhere speci fied	10.66	10.66	10/1/2009
86756		antibody; respiratory syncytial virus	16.39	16.39	10/1/2009
86757		antibody; rickettsia	24.62	24.62	10/1/2009
86759		antibody; rotavirus	16.21	16.21	10/1/2009
86762		antibody; rubella	18.27	18.27	10/1/2009
86765		antibody; rubeola	16.38	16.38	10/1/2009
86768		antibody; salmonella	16.77	16.77	10/1/2009
86771		antibody; shigella	16.77	16.77	10/1/2009
86774		antibody; tetanus	18.45	18.45	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
86777		antibody; toxoplasma	18.27	18.27	10/1/2009
86778		antibody; toxoplasma, igm	18.31	18.31	10/1/2009
86781		antibody; treponema pallidum, confirm. test	16.84	16.84	10/1/2009
86784		antibody; trichinella	15.97	15.97	10/1/2009
86787		antibody; varicella-zoster	16.38	16.38	10/1/2009
86788		antibody; west nile virus, igm	18.45	18.45	10/1/2009
86789		antibody; west nile virus	18.27	18.27	10/1/2009
86790		antibody; virus, not elsewhere specified	16.38	16.38	10/1/2009
86793		antibody; yersinia	16.77	16.77	10/1/2009
86800		thyroglobulin antibody	20.22	20.22	10/1/2009
86803		hepatitis c antibody;	18.15	18.15	10/1/2009
86804		hepatitis c antibody; confirmatory test (eg, immunoblot)	15.05	15.05	10/1/2009
86805		lymphocytotoxicity assay, visual xm; w/ titration	66.48	66.48	10/1/2009
86806		lymphocytotoxicity assay, visual xm; w/o titration	60.51	60.51	10/1/2009
86807		serum screening for cytotoxic pra; standard method	50.31	50.31	10/1/2009
86808		serum screening for cytotoxic pra; quick method	37.74	37.74	10/1/2009
86812		tissue typing hla typing a,b, or c single antigen	32.81	32.81	10/1/2009
86813		tissue typing hla typing a,b, &/or c mult antigens	73.73	73.73	10/1/2009
86816		hla typing; dr/dq, single antigen	35.42	35.42	10/1/2009
86817		hla typing; dr/dq, multiple antigens	81.85	81.85	10/1/2009
86821		tissue typing lympnocyte culture mixed (mlc)	71.78	71.78	10/1/2009
86822		tissue typing lymphocyte culture primed (plc)	46.47	46.47	10/1/2009
86850		antibody screen, rbc, each serum technique	14.81	14.81	10/1/2009
86860		antibody elution, each elution	14.49	14.49	10/1/2009
86870		antibody id, each panel for each serum technique	26.15	26.15	10/1/2009
86880		coombs test; direct, each antiserum	6.83	6.83	10/1/2009
86885		antihuman globulin test indirect, qualitative each antiserum	7.27	7.27	10/1/2009
86886		coombs test, indirect titer, each antiserum	6.58	6.58	10/1/2009
86900		blood typing; abo	3.79	3.79	10/1/2009
86901		blood typing; rh (d)	3.79	3.79	10/1/2009
86902		Blood typing; antigen testing of donor blood using reagent ser	4.90	4.90	1/1/2011
86904		blood typing; antigen screening, per unit screened	12.08	12.08	10/1/2009
86905		blood typing; rbc antigens, each	4.86	4.86	10/1/2009
86906		blood typing; rh phenotyping, complete	9.86	9.86	10/1/2009
86940		hemolysins/agglutinins, auto, screen, each	10.43	10.43	10/1/2009
86941		hemolysins/ agglutinins, each; incubated	15.40	15.40	10/1/2009
87001		animal inoculation small animal w/observation	16.81	16.81	10/1/2009
87003		animal innoculation small animal w/observation and	21.40	21.40	10/1/2009
87015		concentration (any type), for infectious agents	8.49	8.49	10/1/2009
87040		culture, bacterial; blood, with isolation and presumptive identif	13.12	13.12	10/1/2009
87045		culture, bacterial; feces, with isolation and preliminary examin	11.99	11.99	10/1/2009
87046		culture, bacterial; stool, additional pathogens, isolation and pr	11.99	11.99	10/1/2009
87070		culture, bacterial; any other source except urine, blood or stoc	10.95	10.95	10/1/2009
87071		culture, bacterial; quantitative, aerobic with isolation and presu	11.99	11.99	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
87073		culture, bacterial; quantitative, anaerobic with isolation and pr	11.99	11.99	10/1/2009
87075		culture, bacterial; any source, anaerobic with isolation and pre	12.03	12.03	10/1/2009
87076		culture, bacterial; anaerobic isolate, additional methods requir	10.27	10.27	10/1/2009
87077		culture, bacterial; aerobic isolate, additional methods required	10.27	10.27	10/1/2009
87081		culture, presumptive, pathogenic organisms, screening only;	7.33	7.33	10/1/2009
87084		culture w colony estimation from density chart inc	10.95	10.95	10/1/2009
87086		culture, bacterial; quantitative colony count, urine	10.26	10.26	10/1/2009
87088		culture, bacterial; with isolation and presumptive identification	10.29	10.29	10/1/2009
87101		culture, fungi (mold or yeast) isolation, with presumptive ident	9.80	9.80	10/1/2009
87102		culture fungi isolation other source	10.68	10.68	10/1/2009
87103		blood culture for fungi	11.47	11.47	10/1/2009
87106		culture, fungi, definitive identification, each organism; yeast	13.12	13.12	10/1/2009
87107		culture, fungi, definitive identification, each organism; mold	13.12	13.12	10/1/2009
87109		culture mycoplasm any source	19.57	19.57	10/1/2009
87110		culture, chlamydia, any source	24.91	24.91	10/1/2009
87116		culture, tubercle or other acid-fast bacilli (eg, tb, afb, mycobac	13.74	13.74	10/1/2009
87118		culture, mycobacterial, definitive identification, each isolate	13.91	13.91	10/1/2009
87140		culture, typing; immunofluorescent method, each antiserum	7.09	7.09	10/1/2009
87143		culture, typing; gas liquid chromatography (glc) or high pressu	15.93	15.93	10/1/2009
87147		culture, typing; immunologic method, other than immunofluore	6.58	6.58	10/1/2009
87149		culture, typing; identification by nucleic acid probe	25.50	25.50	10/1/2009
87152		culture, typing; identification by pulse field gel typing	6.65	6.65	10/1/2009
87158		culture typing other methods	6.65	6.65	10/1/2009
87164		darkfield examination	8.05	8.05	10/1/2009
87164	26	darkfield examination	15.20	15.20	10/1/2009
87166		dark field exam any source w/o collection	14.36	14.36	10/1/2009
87168		macroscopic examination; arthropod	4.85	4.85	10/1/2009
87169		macroscopic examination; parasite	4.85	4.85	10/1/2009
87172		pinworm exam (eg, cellophane tape prep)	4.85	4.85	10/1/2009
87176		homogenization, tissue, for culture	7.48	7.48	10/1/2009
87177		ova and parasites	11.31	11.31	10/1/2009
87181		susceptibility studies, antimicrobial agent; agar dilution metho	6.04	6.04	10/1/2009
87184		susceptibility studies, antimicrobial agent; disk method, per pl	8.76	8.76	10/1/2009
87185		susceptibility studies, antimicrobial agent; enzyme detection (	6.04	6.04	10/1/2009
87186		susceptibility studies, antimicrobial agent; microdilution or aga	10.99	10.99	10/1/2009
87187		susceptibility studies, antimicrobial agent; microdilution or aga	13.18	13.18	10/1/2009
87188		susceptibility studies, antimicrobial agent; macrobroth dilution	8.44	8.44	10/1/2009
87190		susceptibility studies, antimicrobial agent; mycobacteria, prop	7.19	7.19	10/1/2009
87197		serum bactericidal titer	19.10	19.10	10/1/2009
87205		smear, primary source with interpretation; gram or giemsa sta	5.42	5.42	10/1/2009
87206		smear, primary source with interpretation; fluorescent and/or a	6.83	6.83	10/1/2009
87207		smear, primary source with interpretation; special stain for inc	7.62	7.62	10/1/2009
87207	26	smear, primary source with interpretation; special stain for inc	15.48	15.48	10/1/2009
87209		smear, primary source with interpretation; complex special sta	22.85	22.85	10/1/2009
87210		smear, primary source with interpretation; wet mount for infec	4.85	4.85	10/1/2009
87220		tissue examination by koh slide of samples from skin, hair, or	5.42	5.42	10/1/2009
87230		tissue culture lymphocyte	25.11	25.11	10/1/2009
87250		virus isolation; inoculation of embryonated eggs, or small anin	20.71	20.71	10/1/2009
87252		virus isolation; tissue culture inoculation, observation, and pre	20.71	20.71	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
87253		virus isolation; tissue culture, additional studies or definitive	20.71	20.71	10/1/2009
87254		virus isolation; shell vial, includes identification with immunoflu	20.71	20.71	10/1/2009
87255		virus isolation; including identification by non-immunologic me	31.07	31.07	10/1/2009
87260		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87265		infectious agent antigen detection by direct fluorescent antibo	14.57	14.57	10/1/2009
87267		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87269		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87270		infectious agent antigen detection by direct fluorescent antibo	14.57	14.57	10/1/2009
87271		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87272		infectious agent antigen detection by direct fluorescent antibo	14.57	14.57	10/1/2009
87273		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87274		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87275		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87276		infectious agent antigen detection by direct fluorescent antibo	14.57	14.57	10/1/2009
87277		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87278		infectious agent antigen detection by direct fluorescent antibo	14.57	14.57	10/1/2009
87279		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87280		infectious agent antigen detection by direct fluorescent antibo	14.57	14.57	10/1/2009
87281		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87283		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87285		infectious agent antigen detection by direct fluorescent antibo	14.57	14.57	10/1/2009
87290		infectious agent antigen detection by direct fluorescent antibo	14.57	14.57	10/1/2009
87299		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87300		infectious agent antigen detection by immunofluorescent tech	14.57	14.57	10/1/2009
87301		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87305		infectious agent antigen detection by enzyme immonoassay te	14.57	14.57	10/1/2009
87320		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87324		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87327		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87328		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87329		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87332		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87335		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87336		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87337		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87338		infectious agent antigen detection by enzyme immunoassay te	18.29	18.29	10/1/2009
87339		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87340		infectious agent antigen detection by enzyme immunoassay te	11.83	11.83	10/1/2009
87341		infectious agent antigen detection by enzyme immunoassay te	11.83	11.83	10/1/2009
87350		infectious agent antigen detection by enzyme immunoassay te	14.07	14.07	10/1/2009
87380		infectious agent antigen detection by enzyme immunoassay te	20.88	20.88	10/1/2009
87385		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87390		infectious agent antigen detection by enzyme immunoassay te	22.43	22.43	10/1/2009
87391		infectious agent antigen detection by enzyme immunoassay te	22.43	22.43	10/1/2009
87400		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87420		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87425		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87427		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87430		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
87449		infectious agent antigen detection by enzyme immunoassay te	14.57	14.57	10/1/2009
87450		infectious agent antigen detection by enzyme immunoassay te	9.72	9.72	10/1/2009
87451		infectious agent antigen detection by enzyme immunoassay te	9.72	9.72	10/1/2009
87470		infectious agent detection by nucleic acid (dna or rna); barton	25.50	25.50	10/1/2009
87471		infectious agent detection by nucleic acid (dna or rna); barton	31.18	31.18	10/1/2009
87472		infectious agent detection by nucleic acid (dna or rna); barton	41.41	41.41	10/1/2009
87475		infectious agent detection by nucleic acid (dna or rna); borrelia	25.50	25.50	10/1/2009
87476		infectious agent detection by nucleic acid (dna or rna); borrelia	31.18	31.18	10/1/2009
87477		infectious agent detection by nucleic acid (dna or rna); borrelia	41.41	41.41	10/1/2009
87480		infectious agent detection by nucleic acid (dna or rna); candid	25.50	25.50	10/1/2009
87481		infectious agent detection by nucleic acid (dna or rna); candid	31.18	31.18	10/1/2009
87482		infectious agent detection by nucleic acid (dna or rna); candid	41.41	41.41	10/1/2009
87485		infectious agent detection by nucleic acid (dna or rna); chlamy	25.50	25.50	10/1/2009
87486		infectious agent detection by nucleic acid (dna or rna); chlamy	31.18	31.18	10/1/2009
87487		infectious agent detection by nucleic acid (dna or rna); chlamy	41.41	41.41	10/1/2009
87490		infectious agent detection by nucleic acid (dna or rna); chlamy	25.50	25.50	10/1/2009
87491		infectious agent detection by nucleic acid (dna or rna); chlamy	31.18	31.18	10/1/2009
87492		infectious agent detection by nucleic acid (dna or rna); chlamy	41.41	41.41	10/1/2009
87495		infectious agent detection by nucleic acid (dna or rna); cytome	25.50	25.50	10/1/2009
87496		infectious agent detection by nucleic acid (dna or rna); cytome	31.18	31.18	10/1/2009
87497		infectious agent detection by nucleic acid (dna or rna); cytome	41.41	41.41	10/1/2009
87498		infectious agent detection by nucleic acid (dna or rna); entrovi	31.18	31.18	10/1/2009
87500		infectious agent detection by nucleic acid (dna or rna); vancor	31.18	31.18	10/1/2009
87501		Infectious agent detection by nucleic acid (DNA or RNA); influ	36.68	36.68	1/1/2011
87502		Infectious agent detection by nucleic acid (DNA or RNA); influ	68.08	68.08	1/1/2011
87503		Infectious agent detection by nucleic acid (DNA or RNA); influ	11.81	11.82	1/1/2011
87510		infectious agent detection by nucleic acid (dna or rna); gardne	25.50	25.50	10/1/2009
87511		infectious agent detection by nucleic acid (dna or rna); gardne	31.18	31.18	10/1/2009
87512		infectious agent detection by nucleic acid (dna or rna); gardne	41.41	41.41	10/1/2009
87515		infectious agent detection by nucleic acid (dna or rna); hepatit	25.50	25.50	10/1/2009
87516		infectious agent detection by nucleic acid (dna or rna); hepatit	31.18	31.18	10/1/2009
87517		infectious agent detection by nucleic acid (dna or rna); hepatit	41.41	41.41	10/1/2009
87520		infectious agent detection by nucleic acid (dna or rna); hepatit	25.50	25.50	10/1/2009
87521		infectious agent detection by nucleic acid (dna or rna); hepatit	31.18	31.18	10/1/2009
87522		infectious agent detection by nucleic acid (dna or rna); hepatit	41.41	41.41	10/1/2009
87525		infectious agent detection by nucleic acid (dna or rna); hepatit	25.50	25.50	10/1/2009
87526		infectious agent detection by nucleic acid (dna or rna); hepatit	31.18	31.18	10/1/2009
87527		infectious agent detection by nucleic acid (dna or rna); hepatit	41.41	41.41	10/1/2009
87528		infectious agent detection by nucleic acid (dna or rna); herpes	25.50	25.50	10/1/2009
87529		infectious agent detection by nucleic acid (dna or rna); herpes	31.18	31.18	10/1/2009
87530		infectious agent detection by nucleic acid (dna or rna); herpes	41.41	41.41	10/1/2009
87531		infectious agent detection by nucleic acid (dna or rna); herpes	25.50	25.50	10/1/2009
87532		infectious agent detection by nucleic acid (dna or rna); herpes	31.18	31.18	10/1/2009
87533		infectious agent detection by nucleic acid (dna or rna); herpes	41.41	41.41	10/1/2009
87534		infectious agent detection by nucleic acid (dna or rna); hiv-1, c	25.50	25.50	10/1/2009
87535		infectious agent detection by nucleic acid (dna or rna); hiv-1, a	31.18	31.18	10/1/2009
87536		infectious agent detection by nucleic acid (dna or rna); hiv-1, c	67.59	67.59	10/1/2009
87537		infectious agent detection by nucleic acid (dna or rna); hiv-2, c	25.50	25.50	10/1/2009
87538		infectious agent detection by nucleic acid (dna or rna); hiv-2, a	31.18	31.18	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
87539		infectious agent detection by nucleic acid (dna or rna); hiv-2, c	41.41	41.41	10/1/2009
87540		infectious agent detection by nucleic acid (dna or rna); legione	25.50	25.50	10/1/2009
87541		infectious agent detection by nucleic acid (dna or rna); legione	31.18	31.18	10/1/2009
87542		infectious agent detection by nucleic acid (dna or rna); legione	41.41	41.41	10/1/2009
87550		infectious agent detection by nucleic acid (dna or rna); mycob	25.50	25.50	10/1/2009
87551		infectious agent detection by nucleic acid (dna or rna); mycob	31.18	31.18	10/1/2009
87552		infectious agent detection by nucleic acid (dna or rna); mycob	41.41	41.41	10/1/2009
87555		infectious agent detection by nucleic acid (dna or rna); mycob	25.50	25.50	10/1/2009
87556		infectious agent detection by nucleic acid (dna or rna); mycob	31.18	31.18	10/1/2009
87557		infectious agent detection by nucleic acid (dna or rna); mycob	41.41	41.41	10/1/2009
87560		infectious agent detection by nucleic acid (dna or rna); mycob	25.50	25.50	10/1/2009
87561		infectious agent detection by nucleic acid (dna or rna); mycob	31.18	31.18	10/1/2009
87562		infectious agent detection by nucleic acid (dna or rna); mycob	41.41	41.41	10/1/2009
87580		infectious agent detection by nucleic acid (dna or rna); mycop	25.50	25.50	10/1/2009
87581		infectious agent detection by nucleic acid (dna or rna); mycop	31.18	31.18	10/1/2009
87582		infectious agent detection by nucleic acid (dna or rna); mycop	41.41	41.41	10/1/2009
87590		infectious agent detection by nucleic acid (dna or rna); neisse	25.50	25.50	10/1/2009
87591		infectious agent detection by nucleic acid (dna or rna); neisse	31.18	31.18	10/1/2009
87592		infectious agent detection by nucleic acid (dna or rna); neisse	41.41	41.41	10/1/2009
87620		infectious agent detection by nucleic acid (dna or rna); papillo	25.50	25.50	10/1/2009
87621		infectious agent detection by nucleic acid (dna or rna); papillo	31.18	31.18	10/1/2009
87622		infectious agent detection by nucleic acid (dna or rna); papillo	41.41	41.41	10/1/2009
87640		infectious agent detection by nucleic acid (dna or rna); staphy	31.18	31.18	10/1/2009
87641		infectious agent detection by nucleic acid (dna or rna); staphy	31.18	31.18	10/1/2009
87650		infectious agent detection by nucleic acid (dna or rna); strepto	25.50	25.50	10/1/2009
87651		infectious agent detection by nucleic acid (dna or rna); strepto	31.18	31.18	10/1/2009
87652		infectious agent detection by nucleic acid (dna or rna); strepto	41.41	41.41	10/1/2009
87653		infectious agent detection by nucleic acid (dna or rna); strepto	31.18	31.18	10/1/2009
87660		infectious agent detection by nucleic acid (dna or rna); trichom	25.50	25.50	10/1/2009
87797		infectious agent detection by nucleic acid (dna or rna), not oth	25.50	25.50	10/1/2009
87798		infectious agent detection by nucleic acid (dna or rna), not oth	31.18	31.18	10/1/2009
87799		infectious agent detection by nucleic acid (dna or rna), not oth	41.41	41.41	10/1/2009
87800		infectious agent detection by nucleic acid (dna or rna), multipl	50.99	50.99	10/1/2009
87801		infectious agent detection by nucleic acid (dna or rna), multipl	62.35	62.35	10/1/2009
87802		infectious agent antigen detection by immunoassay with direc	14.57	14.57	10/1/2009
87803		infectious agent antigen detection by immunoassay with direc	14.57	14.57	10/1/2009
87804		infectious agent antigen detection by immunoassay with direc	14.57	14.57	10/1/2009
87807		infectious agent antigen detection by immunoassay with direc	14.57	14.57	10/1/2009
87808		infectious agent antigen detection by immunoassay with direc	14.57	14.57	10/1/2009
87809		infectious agent detection by immunoassay with direct optical	14.57	14.57	10/1/2009
87810		infectious agent detection by immunoassay with direct optical	14.57	14.57	10/1/2009
87850		infectious agent detection by immunoassay with direct optical	14.57	14.57	10/1/2009
87880		infectious agent detection by immunoassay with direct optical	14.57	14.57	10/1/2009
87899		infectious agent detection by immunoassay with direct optical	14.57	14.57	10/1/2009
87900		infectious agent drug susceptibility phenotype prediction using	103.56	103.56	10/1/2009
87901		infectious agent genotype analysis by nucleic acid (dna or rna	99.24	99.24	10/1/2009
87902		infectious agent genotype analysis by nucleic acid (dna or rna	99.24	99.24	10/1/2009
87903		infectious agent phenotype analysis by nucleic acid (dna or rn	346.04	346.04	10/1/2009
87904		infectious agent phenotype analysis by nucleic acid (dna or rn	20.71	20.71	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
87905		infectious agent enzymatic activity other than virus (eg, sialida	16.23	16.23	10/1/2009
87905		infectious agent enzymatic activity other than virus (eg, sialida	16.93	16.93	10/1/2009
87906		Infectious agent genotype analysis by nucleic acid (DNA or RI	49.98	49.98	1/1/2011
88104	26	cytopathology,fld,wash or brush, excpt cerv or vag	23.05	23.05	10/1/2009
88104	TC	cytopathology,fld,wash or brush, excpt cerv or vag	26.35	26.35	10/1/2009
88104		cytopathology,fld,wash or brush, excpt cerv or vag	49.40	49.40	10/1/2009
88106	26	cytopthlgy,fld,wash or brush,expt cer or vag fltme	23.05	23.05	10/1/2009
88106	TC	cytopthlgy,fld,wash or brush,expt cer or vag fltme	38.17	38.17	10/1/2009
88106		cytopthlgy,fld,wash or brush,expt cer or vag fltme	61.22	61.22	10/1/2009
88107	26	cytopthlgy,fld,wash or brush,expt cer or vag sm&fl	31.79	31.79	10/1/2009
88107	TC	cytopthlgy,fld,wash or brush,expt cer or vag sm&fl	45.39	45.39	10/1/2009
88107		cytopthlgy,fld,wash or brush,expt cer or vag sm&fl	77.18	77.18	10/1/2009
88108	26	cytopathology, concentration technique, smears and interpreta	23.05	23.05	10/1/2009
88108	TC	cytopathology, concentration technique, smears and interpreta	35.01	35.01	10/1/2009
88108		cytopathology, concentration technique, smears and interpreta	58.05	58.05	10/1/2009
88112	TC	cytopathology, selective cellular enhancement technique with	35.58	35.58	10/1/2009
88112	26	cytopathology, selective cellular enhancement technique with	47.28	47.28	10/1/2009
88112		cytopathology, selective cellular enhancement technique with	82.86	82.86	10/1/2009
88120		Cytopathology, in situ hybridization (eg, FISH), urinary tract sp	377.61	377.61	1/1/2011
88121		Cytopathology, in situ hybridization (eg, FISH), urinary tract sp	318.92	318.92	1/1/2011
88125	TC	cytopathology, forensic	6.54	6.54	10/1/2009
88125	26	cytopathology, forensic	10.90	10.90	10/1/2009
88125		cytopathology, forensic	17.44	17.44	10/1/2009
88130		buccal smear	19.13	19.13	10/1/2009
88130	26	buccal smear	20.11	20.11	10/1/2009
88140		sex chromatin ident periph blood smear	10.16	10.16	10/1/2009
88140	26	sex chromatin ident periph blood smear	10.26	10.26	10/1/2009
88141		cytopathology, cervical or vaginal (any reporting system); requ	22.43	22.43	10/1/2009
88142		cytopathology, cervical or vaginal (any reporting system), colle	25.76	25.76	10/1/2009
88143		cytopathology, cervical or vaginal (any reporting system), colle	25.76	25.76	10/1/2009
88147		cytopathology smears, cervical or vaginal; screening by auton	13.43	13.43	10/1/2009
88148		cytopathology smears, cervical or vaginal; screening by auton	13.43	13.43	10/1/2009
88150		cytopathology, slides, cervical or vaginal; manual screening u	13.43	13.43	10/1/2009
88152		cytopathology, slides, cervical or vaginal; with manual screeni	13.43	13.43	10/1/2009
88153		cytopathology, slides, cervical or vaginal; with manual screeni	13.43	13.43	10/1/2009
88154		cytopathology, slides, cervical or vaginal; with manual screeni	13.43	13.43	10/1/2009
88155		cytopathology, slides, cervical or vaginal, definitive hormonal	7.62	7.62	10/1/2009
88160	26	cytopathology, smears, any other source; screening and inter	20.60	20.60	10/1/2009
88160	TC	cytopathology, smears, any other source; screening and inter	21.16	21.16	10/1/2009
88160		cytopathology, smears, any other source; screening and inter	41.76	41.76	10/1/2009
88161	26	cytopathology,any othr source; prep,screen & inter	20.31	20.31	10/1/2009
88161	TC	cytopathology,any othr source; prep,screen & inter	23.18	23.18	10/1/2009
88161		cytopathology,any othr source; prep,screen & inter	43.49	43.49	10/1/2009
88162	26	cytopathology, extend stdy involv over5slid &/ormu	31.50	31.50	10/1/2009
88162	TC	cytopathology, extend stdy involv over5slid &/ormu	31.54	31.54	10/1/2009
88162		cytopathology, extend stdy involv over5slid &/ormu	63.04	63.04	10/1/2009
88164		cytopathology, slides, cervical or vaginal (the bethesda syster	13.43	13.43	10/1/2009
88165		cytopathology, slides, cervical or vaginal (the bethesda syster	13.43	13.43	10/1/2009
88166		cytopathology, slides, cervical or vaginal (the bethesda syster	13.43	13.43	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
88167		cytopathology, slides, cervical or vaginal (the bethesda syster	13.43	13.43	10/1/2009
88172	TC	cytopathology, evaluation of fine needle aspirate; immediate c	17.70	17.70	10/1/2009
88172	26	cytopathology, evaluation of fine needle aspirate; immediate c	24.87	24.87	10/1/2009
88172		cytopathology, evaluation of fine needle aspirate; immediate c	42.57	42.57	10/1/2009
88173	TC	eval fn ndl sspir w/wo prep sm; interpret & report	50.58	50.58	10/1/2009
88173	26	eval fn ndl sspir w/wo prep sm; interpret & report	57.30	57.30	10/1/2009
88173		eval fn ndl sspir w/wo prep sm; interpret & report	107.89	107.89	10/1/2009
88174		cytopathology, cervical or vaginal (any reporting system), colle	27.16	27.16	10/1/2009
88175		cytopathology, cervical or vaginal (any reporting system), colle	33.04	33.04	10/1/2009
88177		Cytopathology, evaluation of fine needle aspirate; immediate	23.32	23.32	1/1/2011
88182	26	cell cycle or dna analysis	29.79	29.79	10/1/2009
88182	TC	cell cycle or dna analysis	52.12	52.12	10/1/2009
88182		cell cycle or dna analysis	81.92	81.92	10/1/2009
88184		flow cytometry, cell surface, cytoplasmic, or nuclear marker, te	62.41	62.41	10/1/2009
88185		flow cytometry, cell surface, cytoplasmic, or nuclear marker, te	37.03	37.03	10/1/2009
88187		flow cytometry, interpretation; 2 to 8 markers	54.43	54.43	10/1/2009
88188		flow cytometry, interpretation; 9 to 15 markers	67.02	67.02	10/1/2009
88189		flow cytometry, interpretation; 16 or more markers	85.59	85.59	10/1/2009
88230	TC	tissue culture for non-neoplastic disease	39.78	39.78	10/1/2009
88230	26	tissue culture for non-neoplastic disease	121.17	121.17	10/1/2009
88230		tissue culture for non-neoplastic disease	148.12	148.12	10/1/2009
88233	TC	tissue culture, skin	48.25	48.25	10/1/2009
88233	26	tissue culture, skin	146.56	146.56	10/1/2009
88233		tissue culture, skin	178.93	178.93	10/1/2009
88235	TC	tissue culture, placenta	50.52	50.52	10/1/2009
88235	26	tissue culture, placenta	153.40	153.40	10/1/2009
88235		tissue culture, placenta	187.22	187.22	10/1/2009
88237	TC	tissue culture for neoplastic disorders; bone marrow, blood ce	43.21	43.21	10/1/2009
88237	26	tissue culture for neoplastic disorders; bone marrow, blood ce	131.44	131.44	10/1/2009
88237		tissue culture for neoplastic disorders; bone marrow, blood ce	160.59	160.59	10/1/2009
88239	TC	tissue culture for neoplastic disorders; solid tumor	50.62	50.62	10/1/2009
88239	26	tissue culture for neoplastic disorders; solid tumor	153.68	153.68	10/1/2009
88239		tissue culture for neoplastic disorders; solid tumor	187.57	187.57	10/1/2009
88245	TC	chromosome analysis for breakage syndromes; baseline siste	51.08	51.08	10/1/2009
88245	26	chromosome analysis for breakage syndromes; baseline siste	155.08	155.08	10/1/2009
88245		chromosome analysis for breakage syndromes; baseline siste	189.26	189.26	10/1/2009
88248	TC	chromosome analysis for breakage syndromes; baseline brea	59.58	59.58	10/1/2009
88248	26	chromosome analysis for breakage syndromes; baseline brea	180.56	180.56	10/1/2009
88248		chromosome analysis for breakage syndromes; baseline brea	220.18	220.18	10/1/2009
88261	TC	chromosome analysis; count 5 cells, 1 karyotype, with bandin	60.82	60.82	10/1/2009
88261	26	chromosome analysis; count 5 cells, 1 karyotype, with bandin	184.29	184.29	10/1/2009
88261		chromosome analysis; count 5 cells, 1 karyotype, with bandin	224.71	224.71	10/1/2009
88262	TC	chromosome analysis, option iii	42.62	42.62	10/1/2009
88262	26	chromosome analysis, option iii	129.70	129.70	10/1/2009
88262		chromosome analysis, option iii	158.47	158.47	10/1/2009
88263	TC	chromosome analysis	51.58	51.58	10/1/2009
88263	26	chromosome analysis	156.57	156.57	10/1/2009
88263		chromosome analysis	191.07	191.07	10/1/2009
88264	TC	chromosome analysis; analyze 20-25 cells	42.62	42.62	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
88264	26	chromosome analysis; analyze 20-25 cells	129.70	129.70	10/1/2009
88264		chromosome analysis; analyze 20-25 cells	158.47	158.47	10/1/2009
88267	TC	chromosome analysis, amniotic fluid or chorioic villus, 15 cells	61.88	61.88	10/1/2009
88267	26	chromosome analysis, amniotic fluid or chorioic villus, 15 cells	187.47	187.47	10/1/2009
88267		chromosome analysis, amniotic fluid or chorioic villus, 15 cells	228.56	228.56	10/1/2009
88269	TC	chromosome analysis, amniotic fluid	57.18	57.18	10/1/2009
88269	26	chromosome analysis, amniotic fluid	173.38	173.38	10/1/2009
88269		chromosome analysis, amniotic fluid	211.47	211.47	10/1/2009
88271	TC	molecular cytogenetics; dna probe, each (eg, fish)	4.14	4.14	10/1/2009
88271	26	molecular cytogenetics; dna probe, each (eg, fish)	14.26	14.26	10/1/2009
88271		molecular cytogenetics; dna probe, each (eg, fish)	18.40	18.40	10/1/2009
88272	TC	molecular cytogenetics; in situ hybridization, analyze 3-5 cells	8.44	8.44	10/1/2009
88272	26	molecular cytogenetics; in situ hybridization, analyze 3-5 cells	27.15	27.15	10/1/2009
88272		molecular cytogenetics; in situ hybridization, analyze 3-5 cells	34.04	34.04	10/1/2009
88273	TC	molecular cytogenetics; in situ hybridization, analyze 10-30 ce	10.31	10.31	10/1/2009
88273	26	molecular cytogenetics; in situ hybridization, analyze 10-30 ce	32.76	32.76	10/1/2009
88273		molecular cytogenetics; in situ hybridization, analyze 10-30 ce	40.85	40.85	10/1/2009
88274	TC	molecular cytogenetics; interphase in situ hybridization, analy	11.25	11.25	10/1/2009
88274	26	molecular cytogenetics; interphase in situ hybridization, analy	35.56	35.56	10/1/2009
88274		molecular cytogenetics; interphase in situ hybridization, analy	44.25	44.25	10/1/2009
88275	TC	molecular cytogenetics; interphase in situ hybridization, analy	13.12	13.12	10/1/2009
88275	26	molecular cytogenetics; interphase in situ hybridization, analy	41.17	41.17	10/1/2009
88275		molecular cytogenetics; interphase in situ hybridization, analy	51.06	51.06	10/1/2009
88280	TC	chrom analysis additional karotyping	7.86	7.86	10/1/2009
88280	26	chrom analysis additional karotyping	25.39	25.39	10/1/2009
88280		chrom analysis additional karotyping	31.91	31.91	10/1/2009
88283	TC	banding for chromosome analysis	5.82	5.82	10/1/2009
88283	26	banding for chromosome analysis	19.27	19.27	10/1/2009
88283		banding for chromosome analysis	24.49	24.49	10/1/2009
88285	TC	chromosome analysis, additional cells counted, each study	5.72	5.72	10/1/2009
88285	26	chromosome analysis, additional cells counted, each study	19.00	19.00	10/1/2009
88285		chromosome analysis, additional cells counted, each study	24.15	24.15	10/1/2009
88289	TC	high resolution for chromosome analysis	10.94	10.94	10/1/2009
88289	26	high resolution for chromosome analysis	34.63	34.63	10/1/2009
88289		high resolution for chromosome analysis	43.12	43.12	10/1/2009
88291		cytogenetics and molecular cytogenetics, interpretation and re	23.81	23.81	10/1/2009
88300	26	level i-surgical pathology, gross exam only	3.56	3.56	10/1/2009
88300	TC	level i-surgical pathology, gross exam only	14.91	14.91	10/1/2009
88300		level i-surgical pathology, gross exam only	18.46	18.46	10/1/2009
88302	26	level ii-surgical pathology, gross&micro exam	5.41	5.41	10/1/2009
88302	TC	level ii-surgical pathology, gross&micro exam	33.28	33.28	10/1/2009
88302		level ii-surgical pathology, gross&micro exam	38.68	38.68	10/1/2009
88304	26	level iii - surgical pathology, gross and microscopic examinatic	9.08	9.08	10/1/2009
88304	TC	level iii - surgical pathology, gross and microscopic examinatic	40.19	40.19	10/1/2009
88304		level iii - surgical pathology, gross and microscopic examinatic	49.28	49.28	10/1/2009
88305	26	level iv - surgical pathology, gross and microscopic examinati	31.19	31.19	10/1/2009
88305	TC	level iv - surgical pathology, gross and microscopic examinati	52.99	52.99	10/1/2009
88305		level iv - surgical pathology, gross and microscopic examinati	84.18	84.18	10/1/2009
88307	26	level v - surgical pathology, gross and microscopic examinatic	66.34	66.34	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
88307	TC	level v - surgical pathology, gross and microscopic examinatic	102.42	102.42	10/1/2009
88307		level v - surgical pathology, gross and microscopic examinatic	168.75	168.75	10/1/2009
88309	26	level vi-surgicla pathology, gross & micro exam	114.55	114.55	10/1/2009
88309	TC	level vi-surgicla pathology, gross & micro exam	140.49	140.49	10/1/2009
88309		level vi-surgicla pathology, gross & micro exam	255.05	255.05	10/1/2009
88311	TC	decalcification procedure	4.81	4.81	10/1/2009
88311	26	decalcification procedure	9.99	9.99	10/1/2009
88311		decalcification procedure	14.80	14.80	10/1/2009
88312	26	special stains; group i for microorganisms, each	22.13	22.13	10/1/2009
88312	TC	special stains; group i for microorganisms, each	57.01	57.01	10/1/2009
88312		special stains; group i for microorganisms, each	79.15	79.15	10/1/2009
88313	26	group ii, all other,excpt immunocytochem &immunope	9.70	9.70	10/1/2009
88313	TC	group ii, all other,excpt immunocytochem &immunope	47.78	47.78	10/1/2009
88313		group ii, all other,excpt immunocytochem &immunope	57.48	57.48	10/1/2009
88314	26	group ii, histochemical staining w/frozen section	18.76	18.76	10/1/2009
88314	TC	group ii, histochemical staining w/frozen section	51.73	51.73	10/1/2009
88314		group ii, histochemical staining w/frozen section	70.49	70.49	10/1/2009
88318	26	determinative histochemistry identify chemical components	17.24	17.24	10/1/2009
88318	TC	determinative histochemistry identify chemical components	61.92	61.92	10/1/2009
88318		determinative histochemistry identify chemical components	79.16	79.16	10/1/2009
88319	26	determinative histochemistry or cytochemistry/enzyme /each	21.82	21.82	10/1/2009
88319	TC	determinative histochemistry or cytochemistry/enzyme /each	88.07	88.07	10/1/2009
88319		determinative histochemistry or cytochemistry/enzyme /each	109.89	109.89	10/1/2009
88321		consultation on tissue exam	66.23	73.15	10/1/2009
88323	TC	consult & report on referred mat' req.prep of sld	44.81	44.81	10/1/2009
88323	26	consult & report on referred mat' req.prep of sld	71.89	71.89	10/1/2009
88323		consult & report on referred mat' req.prep of sld	116.70	116.70	10/1/2009
88325		comprehensive review records slides w/report	102.98	155.47	10/1/2009
88329		operating room consultation	27.92	40.32	10/1/2009
88331	TC	pathology consultation during surgery; first tissue block, with f	23.00	23.00	10/1/2009
88331	26	pathology consultation during surgery; first tissue block, with f	50.00	50.00	10/1/2009
88331		pathology consultation during surgery; first tissue block, with f	73.01	73.01	10/1/2009
88332	TC	pathlgy consult dur. surg; ea add tis blk w/frz sc	8.18	8.18	10/1/2009
88332	26	pathlgy consult dur. surg; ea add tis blk w/frz sc	24.56	24.56	10/1/2009
88332		pathlgy consult dur. surg; ea add tis blk w/frz sc	32.74	32.74	10/1/2009
88333	TC	pathology consultation during surgery; cytologic examination (	24.72	24.72	10/1/2009
88333	26	pathology consultation during surgery; cytologic examination (	50.03	50.03	10/1/2009
88333		pathology consultation during surgery; cytologic examination (	74.76	74.76	10/1/2009
88334	TC	pathology consultation during surgery; cytologic examination (	15.11	15.11	10/1/2009
88334	26	pathology consultation during surgery; cytologic examination (	30.08	30.08	10/1/2009
88334		pathology consultation during surgery; cytologic examination (	45.18	45.18	10/1/2009
88342	26	immunocytochemistry each antibody	34.60	34.60	10/1/2009
88342	TC	immunocytochemistry each antibody	45.39	45.39	10/1/2009
88342		immunocytochemistry each antibody	79.98	79.98	10/1/2009
88346	26	immunofluorescent stdy, ea. antibdy; direct method	35.20	35.20	10/1/2009
88346	TC	immunofluorescent stdy, ea. antibdy; direct method	45.10	45.10	10/1/2009
88346		immunofluorescent stdy, ea. antibdy; direct method	80.29	80.29	10/1/2009
88347	TC	immunofluorescent study indirect method	30.10	30.10	10/1/2009
88347	26	immunofluorescent study indirect method	33.75	33.75	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
88347		immunofluorescent study indirect method	63.85	63.85	10/1/2009
88348	26	electron microscopy diagnostic	62.11	62.11	10/1/2009
88348	TC	electron microscopy diagnostic	434.00	434.00	10/1/2009
88348		electron microscopy diagnostic	496.11	496.11	10/1/2009
88349	26	electron microscopy scanning	31.79	31.79	10/1/2009
88349	TC	electron microscopy scanning	204.23	204.23	10/1/2009
88349		electron microscopy scanning	236.02	236.02	10/1/2009
88355	26	morphometric analysis skeletal muscle	72.91	72.91	10/1/2009
88355	TC	morphometric analysis skeletal muscle	119.15	119.15	10/1/2009
88355		morphometric analysis skeletal muscle	192.06	192.06	10/1/2009
88356	26	morphometric analysis nerve	116.43	116.43	10/1/2009
88356	TC	morphometric analysis nerve	117.90	117.90	10/1/2009
88356		morphometric analysis nerve	234.33	234.33	10/1/2009
88358	TC	morphometric analysis of tumor	24.74	24.74	10/1/2009
88358	26	morphometric analysis of tumor	37.95	37.95	10/1/2009
88358		morphometric analysis of tumor	62.69	62.69	10/1/2009
88360	26	morphometric analysis, tumor immunohistochemistry (eg, her·	45.00	45.00	10/1/2009
88360	TC	morphometric analysis, tumor immunohistochemistry (eg, her·	51.73	51.73	10/1/2009
88360		morphometric analysis, tumor immunohistochemistry (eg, her·	96.73	96.73	10/1/2009
88361	26	morphometric analysis; tumor immunohistochemistry (eg, her·	48.28	48.28	10/1/2009
88361	TC	morphometric analysis; tumor immunohistochemistry (eg, her·	73.20	73.20	10/1/2009
88361		morphometric analysis; tumor immunohistochemistry (eg, her·	121.49	121.49	10/1/2009
88362	26	nerve teasing preparation	89.05	89.05	10/1/2009
88362	TC	nerve teasing preparation	122.03	122.03	10/1/2009
88362		nerve teasing preparation	211.08	211.08	10/1/2009
88363		Examination and selection of retrieved archival (ie, previously	10.44	23.50	1/1/2011
88365	26	tissue in situ hybridization, interpretation and report	48.39	48.39	10/1/2009
88365	TC	tissue in situ hybridization, interpretation and report	77.40	77.40	10/1/2009
88365		tissue in situ hybridization, interpretation and report	125.79	125.79	10/1/2009
88367	26	morphometric analysis, in situ hybridization, (quantitative or	51.82	51.82	10/1/2009
88367	TC	morphometric analysis, in situ hybridization, (quantitative or	139.91	139.91	10/1/2009
88367		morphometric analysis, in situ hybridization, (quantitative or	191.73	191.73	10/1/2009
88368	26	morphometric analysis, in situ hybridization, (quantitative or	54.65	54.65	10/1/2009
88368	TC	morphometric analysis, in situ hybridization, (quantitative or	114.53	114.53	10/1/2009
88368		morphometric analysis, in situ hybridization, (quantitative or	169.18	169.18	10/1/2009
88371	26	protein analysis of tissue by western blot, interp and report	15.20	15.20	10/1/2009
88371		protein analysis of tissue by western blot, interp and report	18.45	18.45	10/1/2009
88372		protein analysis of tissue by western blot, immunological prob	14.95	14.95	10/1/2009
88372	26	protein analysis of tissue by western blot, immunological prob	15.20	15.20	10/1/2009
88372	TC	protein analysis of tissue by western blot, immunological prob	15.52	15.52	10/1/2009
88387	TC	Machroscopic examination, dissection, and preperation of tiss	4.90	4.90	01/1/2010
88387	26	Machroscopic examination, dissection, and preperation of tiss	20.29	20.29	01/1/2010
88387		Machroscopic examination, dissection, and preperation of tiss	25.19	25.19	01/1/2010
88388	TC	Machroscopic examination, dissection, and preperation of tiss	2.41	2.41	01/1/2010
88388	26	Machroscopic examination, dissection, and preperation of tiss	12.64	12.64	01/1/2010
88388		Machroscopic examination, dissection, and preperation of tiss	15.05	15.05	01/1/2010
88400		bilirubin, total, transcutaneous	6.39	6.39	10/1/2009
88720		bilirubin, total, transcutaneous	6.42	6.42	10/1/2009
88720		bilirubin, total, transcutaneous	6.67	6.67	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
88740		hemoglobin, quantitative, transcutaneous, per day; carboxyhe	6.67	6.67	10/1/2009
88741		hemoglobin, quantitative, transcutaneous, per day; methemog	6.67	6.67	10/1/2009
88749		Unlisted in vivo (eg, transcutaneous) laboratory service	6.42	6.42	1/1/2011
89049		caffeine halothane contracture test (chct) for malignant hypert	56.95	191.06	10/1/2009
89050		cell count, miscellaneous body fluids (eg, cerebrospinal fluid, j	6.02	6.02	10/1/2009
89051		synovial fluid diff	6.62	6.62	10/1/2009
89055		leukocyte assessment, fecal, qualitative or semiquantitative	5.42	5.42	10/1/2009
89060		crystal id, synovial fluid	9.09	9.09	10/1/2009
89125		fat stain, feces, urine, or respiratory secretions	5.49	5.49	10/1/2009
89160		meat fibers feces	4.69	4.69	10/1/2009
89190		nasal smear for eosinophils	5.92	5.92	10/1/2009
89300		semen analysis; presence and/or motility of sperm including h	11.33	11.33	10/1/2009
89310		semen analysis	10.66	10.66	10/1/2009
89320		semen analysis complete	15.32	15.32	10/1/2009
89321		semen analysis, presence and/or motility of sperm	15.32	15.32	10/1/2009
89325		sperm agglutination with antibody titer	13.57	13.57	10/1/2009
89330		cervical mucus penetration test	12.59	12.59	10/1/2009
90471	EP	immunization administration-one single or combo vaccine toxi	13.71	13.71	7/1/2011
90471		immunization admin (includes percutaneous, intradermal, sub	13.71	13.71	7/1/2011
90472	EP	each additional immunization admin;one vaccine single or cor	13.71	13.71	7/1/2011
90472		each additional vaccine (single or combination vaccine/taxoid)	13.71	13.71	7/1/2011
90473	EP	immunization admin (intranasal or oral)	13.71	13.71	7/1/2011
90473		each additional immunization admin;one vaccine single or cor	13.71	13.71	7/1/2011
90474	EP	each additional vaccine (single or combination vaccine/taxoid)	13.71	13.71	7/1/2011
90474		each additional vaccine (single or combination vaccine/taxoid)	13.71	13.71	7/1/2011
90801		psychiatric diagnostic interview examination	108.39	128.29	10/1/2009
90802		interactive psychiatric diagnostic interview examination using	116.58	136.76	10/1/2009
90804		individual psychotherapy, insight oriented, behavior modifying	48.11	56.28	10/1/2009
90805		individual psychotherapy, insight oriented, behavior modifying	65.07	67.49	10/1/2009
90806		individual psychotherapy, insight oriented, behavior modifying	73.84	78.98	10/1/2009
90807		individual psychotherapy, insight oriented, behavior modifying	93.15	95.27	10/1/2009
90808		individual psychotherapy, insight oriented, behavior modifying	111.06	116.21	10/1/2009
90809		individual psychotherapy, insight oriented, behavior modifying	117.42	125.28	10/1/2009
90810		individual psychotherapy, interactive, using play equipment, p	52.52	59.79	10/1/2009
90811		individual psychotherapy, interactive, using play equipment, p	58.98	69.58	10/1/2009
90812		individual psychotherapy, interactive, using play equipment, p	78.35	85.91	10/1/2009
90813		individual psychotherapy, interactive, using play equipment, p	84.70	95.30	10/1/2009
90814		individual psychotherapy, interactive, using play equipment, p	117.39	124.66	10/1/2009
90815		individual psychotherapy, interactive, using play equipment, p	121.62	132.21	10/1/2009
90816		individual psychotherapy, insight oriented, behavior modifying	52.45	52.45	10/1/2009
90817		individual psychotherapy, insight oriented, behavior modifying	58.29	58.29	10/1/2009
90818		individual psychotherapy, insight oriented, behavior modifying	78.14	78.14	10/1/2009
90819		individual psychotherapy, insight oriented, behavior modifying	83.90	83.90	10/1/2009
90821		individual psychotherapy, insight oriented, behavior modifying	109.90	109.90	10/1/2009
90822		individual psychotherapy, insight oriented, behavior modifying	121.35	121.35	10/1/2009
90823		individual psychotherapy, interactive, using play equipment, p	56.65	56.65	10/1/2009
90824		individual psychotherapy, interactive, using play equipment, p	63.01	63.01	10/1/2009
90826		individual psychotherapy, interactive, using play equipment, p	82.90	82.90	10/1/2009
90827		individual psychotherapy, interactive, using play equipment, p	88.10	88.10	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
90828		individual psychotherapy, interactive, using play equipment, p	119.91	119.91	10/1/2009
90829		individual psychotherapy, interactive, using play equipment, p	125.34	125.34	10/1/2009
90845		psychoanalysis	67.85	69.30	10/1/2009
90846		family psychotherapy (without the patient present)	71.98	73.71	10/1/2009
90847		family psychotherapy (conjoint psychotherapy) (with patient pı	86.33	91.53	10/1/2009
90849		multiple-family group psychotherapy	25.13	27.45	10/1/2009
90853		group psychotherapy (other than of a multiple-family group)	24.65	26.09	10/1/2009
90857		interactive group psychotherapy	26.19	29.36	10/1/2009
90862		pharmacologic management, including prescription, review of	48.07	50.49	10/1/2009
90865		narcosynthesis for psychiatric diagnostic and therapeutic purp	111.98	129.28	10/1/2009
90870		special therapy	72.10	113.34	10/1/2009
90935		hemodialysis proc. with single physician eval.	55.56	55.56	10/1/2009
90937		hemodialysis proc. requiring repeated evaluations	91.40	91.40	10/1/2009
90945		dialysis procedure other than hemodialysis (eg, peritoneal dia	57.72	57.72	10/1/2009
90947		dialysis procedure other than hemodialysis (eg, peritoneal dia	93.54	93.54	10/1/2009
90951		end-stage renal disease (esrd) related services monthly, for p	806.82	806.82	10/1/2009
90952		end-stage renal disease (esrd) related services monthly, for p	375.08	375.08	10/1/2009
90953		end-stage renal disease (esrd) related services monthly, for p	254.08	254.08	10/1/2009
90954		end-stage renal disease (esrd) related services monthly, for p	662.47	662.47	10/1/2009
90955		end-stage renal disease (esrd) related services monthly, for p	375.08	375.08	10/1/2009
90956		end-stage renal disease (esrd) related services monthly, for p	254.07	254.07	10/1/2009
90957		end-stage renal disease (esrd) related services monthly, for p	531.72	531.72	10/1/2009
90958		end-stage renal disease (esrd) related services monthly, for p	358.73	358.73	10/1/2009
90959		end-stage renal disease (esrd) related services monthly, for p	235.42	235.42	10/1/2009
90960		end-stage renal disease (esrd) related services monthly, for p	235.82	235.82	10/1/2009
90961		end-stage renal disease (esrd) related services monthly, for p	190.39	190.39	10/1/2009
90962		end-stage renal disease (esrd) related services montly, for pa	137.68	137.68	10/1/2009
90963		end-stage renal disease (esrd) related services for home dialy	455.77	455.77	10/1/2009
90964		end-stage renal disease (esrd) related services for home dialy	380.33	380.33	10/1/2009
90965		end-stage renal disease (esrd) related services for home dialy	361.76	361.76	10/1/2009
90966		end-stage renal disease (esrd) related services for home dialy	188.37	188.37	10/1/2009
90967		end-stage renal disease (esrd) related services for dialysis les	16.30	16.30	10/1/2009
90968		end-stage renal disease (esrd) related services for dialysis les	12.72	12.72	10/1/2009
90969		end-stage renal disease (esrd) related services for dialysis les	12.41	12.41	10/1/2009
90970		end-stage renal disease (esrd) related services for dialysis les	6.58	6.58	10/1/2009
91010	26	esophageal motility (manometric study of the esophagus and/	55.74	55.74	10/1/2009
91010	TC	esophageal motility (manometric study of the esophagus and/	94.06	94.06	10/1/2009
91010		esophageal motility (manometric study of the esophagus and/	149.79	149.79	10/1/2009
91013	26	Esophageal motility (manometric study of the esophagus and/	8.26	8.26	1/1/2011
91013	TC	Esophageal motility (manometric study of the esophagus and/	10.85	10.85	1/1/2011
91013		Esophageal motility (manometric study of the esophagus and/	19.11	19.11	1/1/2011
91020	26	gastric motility (manometric) studies	63.87	63.87	10/1/2009
91020	TC	gastric motility (manometric) studies	117.99	117.99	10/1/2009
91020		gastric motility (manometric) studies	181.87	181.87	10/1/2009
91022	26	duodenal motility (manometric) study	65.60	65.60	10/1/2009
91022	TC	duodenal motility (manometric) study	84.54	84.54	10/1/2009
91022		duodenal motility (manometric) study	150.14	150.14	10/1/2009
91030	26	esophagus, acid perfusion	41.28	41.28	10/1/2009
91030	TC	esophagus, acid perfusion	67.89	67.89	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
91030		esophagus, acid perfusion	109.16	109.16	10/1/2009
91034	26	esophagus, gastroesophageal reflux test; with nasal catheter	43.25	43.25	10/1/2009
91034	TC	esophagus, gastroesophageal reflux test; with nasal catheter	113.09	113.09	10/1/2009
91034		esophagus, gastroesophageal reflux test; with nasal catheter	156.35	156.35	10/1/2009
91037	26	esophageal function test, gastroesophageal reflux test with na	43.83	43.83	10/1/2009
91037	TC	esophageal function test, gastroesophageal reflux test with na	81.95	81.95	10/1/2009
91037		esophageal function test, gastroesophageal reflux test with na	125.77	125.77	10/1/2009
91038	26	esophageal function test, gastroesophageal reflux test with na	49.61	49.61	10/1/2009
91038	TC	esophageal function test, gastroesophageal reflux test with na	61.75	61.75	10/1/2009
91038		esophageal function test, gastroesophageal reflux test with na	111.37	111.37	10/1/2009
91040	26	esophageal balloon distension provocation study	44.98	44.98	10/1/2009
91040	TC	esophageal balloon distension provocation study	251.24	251.24	10/1/2009
91040		esophageal balloon distension provocation study	296.22	296.22	10/1/2009
91065	26	breath hydrogen test	8.75	8.75	10/1/2009
91065	TC	breath hydrogen test	42.51	42.51	10/1/2009
91065		breath hydrogen test	51.24	51.24	10/1/2009
91110	26	gastrointestinal tract imaging, intraluminal (eg, capsule endos	162.28	162.28	10/1/2009
91110	TC	gastrointestinal tract imaging, intraluminal (eg, capsule endos	545.62	545.62	10/1/2009
91110		gastrointestinal tract imaging, intraluminal (eg, capsule endos	707.90	707.90	10/1/2009
91120	26	rectal sensation, tone, and compliance test (ie, response to gr	40.86	40.86	10/1/2009
91120	TC	rectal sensation, tone, and compliance test (ie, response to gr	262.67	262.67	10/1/2009
91120		rectal sensation, tone, and compliance test (ie, response to gr	303.52	303.52	10/1/2009
91122	26	anorectal manometry	75.64	75.64	10/1/2009
91122	TC	anorectal manometry	108.01	108.01	10/1/2009
91122		anorectal manometry	183.65	183.65	10/1/2009
92002		eye exam & treatment,initial	36.48	55.52	10/1/2009
92004		eye exam & treatment,initial	75.71	104.84	10/1/2009
92012		eye exam & treatment	38.60	58.49	10/1/2009
92014		eye exam & treatment	59.29	85.53	10/1/2009
92015		determination of refractive state	15.80	25.89	10/1/2009
92018		eye exam & treatment	107.31	107.31	10/1/2009
92019		opthalmol exam/eval under gen anesthesia subsequen	53.55	53.55	10/1/2009
92020		gonioscopy (separate procedure)	15.77	19.81	10/1/2009
92025	TC	computerized corneal topography, unilateral or bilateral, with i	10.58	10.58	10/1/2009
92025	26	computerized corneal topography, unilateral or bilateral, with i	14.86	14.86	10/1/2009
92025		computerized corneal topography, unilateral or bilateral, with i	25.44	25.44	10/1/2009
92060	TC	sensorimotor examination with multiple measurements of ocu	14.91	14.91	10/1/2009
92060	26	sensorimotor examination with multiple measurements of ocu	29.41	29.41	10/1/2009
92060		sensorimotor examination with multiple measurements of ocu	44.32	44.32	10/1/2009
92070		therapeutic bandage lens	29.72	49.62	10/1/2009
92071		fitting of contact lens for treatment of ocular surface disease	19.70	22.06	1/1/2012
92072		fitting of contact lens for management of keratoconus, initial fi	56.57	70.33	1/1/2012
92081	TC	visual field examination, unilateral or bilateral, with interpretati	23.85	23.85	10/1/2009
92081		visual field examination, unilateral or bilateral, with interpretati	39.02	39.02	10/1/2009
92082	26	special eye exam	18.53	18.53	10/1/2009
92082	TC	special eye exam	33.08	33.08	10/1/2009
92082		special eye exam	51.61	51.61	10/1/2009
92083	26	special eye exam	21.27	21.27	10/1/2009
92083	TC	special eye exam	37.69	37.69	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
92083		special eye exam	58.96	58.96	10/1/2009
92132	TC	Scanning computerized ophthalmic diagnostic imaging, anteri	12.54	12.54	1/1/2011
92132	26	Scanning computerized ophthalmic diagnostic imaging, anteri	17.54	17.54	1/1/2011
92132		Scanning computerized ophthalmic diagnostic imaging, anteri	30.07	30.07	1/1/2011
92133	TC	Scanning computerized ophthalmic diagnostic imaging, poste	12.54	12.54	1/1/2011
92133	26	Scanning computerized ophthalmic diagnostic imaging, poste	24.45	24.45	1/1/2011
92133		Scanning computerized ophthalmic diagnostic imaging, poste	36.99	36.99	1/1/2011
92134	TC	Scanning computerized ophthalmic diagnostic imaging, poste	12.54	12.54	1/1/2011
92134	26	Scanning computerized ophthalmic diagnostic imaging, poste	24.45	24.45	1/1/2011
92134		Scanning computerized ophthalmic diagnostic imaging, poste	36.99	36.99	1/1/2011
92136	26	ophthalmic biometry by partial coherence interferometry with i	23.38	23.38	10/1/2009
92136	TC	ophthalmic biometry by partial coherence interferometry with i	37.72	37.72	10/1/2009
92136		ophthalmic biometry by partial coherence interferometry with i	61.11	61.11	10/1/2009
92228	TC	Remote imaging for monitoring and management of active ret	10.29	10.29	1/1/2011
92228	26	Remote imaging for monitoring and management of active ret	14.57	14.57	1/1/2011
92228		Remote imaging for monitoring and management of active ret	24.86	24.86	1/1/2011
92235	26	fluorescein angiography (includes multiframe imaging) with int	35.17	35.17	10/1/2009
92235	TC	fluorescein angiography (includes multiframe imaging) with int	59.44	59.44	10/1/2009
92235		fluorescein angiography (includes multiframe imaging) with int	94.61	94.61	10/1/2009
92240	26	indocyanine-green angiography (includes multiframe imaging)	47.87	47.87	10/1/2009
92240	TC	indocyanine-green angiography (includes multiframe imaging)	126.94	126.94	10/1/2009
92240		indocyanine-green angiography (includes multiframe imaging)	174.80	174.80	10/1/2009
92265	TC	needle oculoelectromyography, one or more extraocular musc	24.91	24.91	10/1/2009
92265	26	needle oculoelectromyography, one or more extraocular musc	33.26	33.26	10/1/2009
92265		needle oculoelectromyography, one or more extraocular musc	58.17	58.17	10/1/2009
92270	TC	electro-oculography with interpretation and report	32.99	32.99	10/1/2009
92270	26	electro-oculography with interpretation and report	33.63	33.63	10/1/2009
92270		electro-oculography with interpretation and report	66.62	66.62	10/1/2009
92275	26	electroretinography with interpretation and report	43.63	43.63	10/1/2009
92275	TC	electroretinography with interpretation and report	55.48	55.48	10/1/2009
92275		electroretinography with interpretation and report	99.10	99.10	10/1/2009
92283	26	color vision examination	7.23	7.23	10/1/2009
92283	TC	color vision examination	26.15	26.15	10/1/2009
92283		color vision examination	33.39	33.39	10/1/2009
92284	26	dark adaptation examination with interpretation and report	9.70	9.70	10/1/2009
92284	TC	dark adaptation examination with interpretation and report	35.10	35.10	10/1/2009
92284		dark adaptation examination with interpretation and report	44.80	44.80	10/1/2009
92502		ear and throat examination	76.05	76.05	10/1/2009
92504		special ear examination	7.83	22.25	10/1/2009
92506		evaluation of speech, language, voice, communication, audito	36.64	119.41	10/1/2009
92507		treatment of speech, language, voice, communication, and/ or	24.42	68.25	10/1/2009
92508		treatment of speech, language, voice, communication, and/ or	11.19	23.88	10/1/2009
92511		visualization nose & throat	46.97	117.34	10/1/2009
92512		nasal function studies	23.02	46.97	10/1/2009
92516		facial nerve function studies (eg, electroneuronography)	18.51	48.21	10/1/2009
92520		laryngeal function studies	32.34	48.20	10/1/2009
92526		treatment of swallowing dysfunction and/or oral function for fe	22.73	63.69	10/1/2009
92531		spontaneous nystagmus test	18.05	18.05	10/1/2009
92532		positional nystagmus test	18.41	18.41	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
92533		inner ear test	11.73	11.73	10/1/2009
92534		optokinetic nystagmus test	34.67	34.67	10/1/2009
92540	TC	Basic Vestibular evaluation, includes spontaneous nystagmus	10.32	10.32	01/1/2010
92540	26	Basic Vestibular evaluation, includes spontaneous nystagmus	50.52	50.52	01/1/2010
92540		Basic Vestibular evaluation, includes spontaneous nystagmus	60.83	60.83	01/1/2010
92541	26	spontaneous nystagmus test, including gaze and fixation w re	16.91	16.91	10/1/2009
92541	TC	spontaneous nystagmus test, including gaze and fixation w re	29.24	29.24	10/1/2009
92541		spontaneous nystagmus test, including gaze and fixation w re	46.14	46.14	10/1/2009
92542	26	positional nystagmus test min of 4 positions w recording	13.95	13.95	10/1/2009
92542	TC	positional nystagmus test min of 4 positions w recording	33.85	33.85	10/1/2009
92542		positional nystagmus test min of 4 positions w recording	47.80	47.80	10/1/2009
92543	26	claoric vestibular test, ea. irrigation with recording	4.47	4.47	10/1/2009
92543	TC	claoric vestibular test, ea. irrigation with recording	17.50	17.50	10/1/2009
92543		claoric vestibular test, ea. irrigation with recording	21.97	21.97	10/1/2009
92544	26	optokinetic nystagmus test	10.90	10.90	10/1/2009
92544	TC	optokinetic nystagmus test	27.51	27.51	10/1/2009
92544		optokinetic nystagmus test	38.40	38.40	10/1/2009
92545	26	oscillating tracking test with recording	9.67	9.67	10/1/2009
92545	TC	oscillating tracking test with recording	26.35	26.35	10/1/2009
92545		oscillating tracking test with recording	36.03	36.03	10/1/2009
92546	26	sinusoidal vertical axis rotational testing	12.12	12.12	10/1/2009
92546	TC	sinusoidal vertical axis rotational testing	52.31	52.31	10/1/2009
92546		sinusoidal vertical axis rotational testing	64.44	64.44	10/1/2009
92547		use of vertical electrodes (list separately in addition to code fo	4.07	4.07	10/1/2009
92548	26	computerized dynamic posturography	21.18	21.18	10/1/2009
92548	TC	computerized dynamic posturography	52.18	52.18	10/1/2009
92548		computerized dynamic posturography	73.36	73.36	10/1/2009
92550		Tympanometry and reflex threshold measurements (Do not r	13.20	13.20	01/1/2010
92551		hearing test	8.27	8.27	10/1/2009
92552		hearing test	16.65	16.65	10/1/2009
92553		hearing test	22.24	22.24	10/1/2009
92555		speech audiometry threshold;	12.33	12.33	10/1/2009
92556		speech audiometry threshold; with speech recognition	19.06	19.06	10/1/2009
92557		comprehensive audiometry threshold evaluation and speech r	34.34	36.36	10/1/2009
92560		hearing test, screening	17.50	17.50	10/1/2009
92561		special hearing test	21.67	21.67	10/1/2009
92562		special hearing test	17.52	17.52	10/1/2009
92563		special hearing test	15.79	15.79	10/1/2009
92564		special hearing test	15.12	15.12	10/1/2009
92565		special hearing test	9.73	9.73	10/1/2009
92567		tympanometry	12.61	14.06	10/1/2009
92568		acoustic reflex testing	14.73	14.73	10/1/2009
92569		acoustic reflex decay test	11.64	11.64	10/1/2009
92570		Acoustic immittance testing, includes tympanometry (impedar	19.01	20.14	01/1/2010
92571		special hearing test	12.61	12.61	10/1/2009
92572		special hearing test	13.47	13.47	10/1/2009
92575		special hearing test	27.22	27.22	10/1/2009
92576		special hearing test	16.27	16.27	10/1/2009
92577		special hearing test	13.20	13.20	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
92579		visual reinforcement audiometry (vra)	33.68	35.99	10/1/2009
92582		special hearing test	31.76	31.76	10/1/2009
92583		special hearing test	25.52	25.52	10/1/2009
92584		electrocochleography	51.74	51.74	10/1/2009
92585	26	auditory evoked potentials for evoked response audiometry a	21.38	21.38	10/1/2009
92585	TC	auditory evoked potentials for evoked response audiometry a	57.86	57.86	10/1/2009
92585		auditory evoked potentials for evoked response audiometry a	79.22	79.22	10/1/2009
92586		auditory evoked potentials for evoked response audiometry a	48.05	48.05	10/1/2009
92587	26	evoked otoacoustic emissions; limited (single stimulus level, e	5.70	5.70	10/1/2009
92587	TC	evoked otoacoustic emissions; limited (single stimulus level, e	24.38	24.38	10/1/2009
92587		evoked otoacoustic emissions; limited (single stimulus level, e	30.08	30.08	10/1/2009
92588	26	evoked otoacoustic emissions; comprehensive or diagnostic e	15.17	15.17	10/1/2009
92588	TC	evoked otoacoustic emissions; comprehensive or diagnostic e	34.58	34.58	10/1/2009
92588		evoked otoacoustic emissions; comprehensive or diagnostic e	49.76	49.76	10/1/2009
92590		hearing aid examination and selection monaural	35.53	35.53	10/1/2009
92591		hearing aid exam and selection binaural	53.36	53.36	10/1/2009
92592		hearing aid check monaural	15.55	15.55	10/1/2009
92593		hearing aid check binaural	23.51	23.51	10/1/2009
92594		electroacoustic evaluation for hearing aid monaura	17.17	17.17	10/1/2009
92595		electroacoustic evaluation for hearing aid binaura	25.66	25.66	10/1/2009
92596		ear protector attenuation measurements	26.85	26.85	10/1/2009
92601		diagnostic analysis of cochlear implant, patient under 7 years	115.78	126.16	10/1/2009
92602		diagnostic analysis of cochlear implant, patient under 7 years	69.02	78.54	10/1/2009
92603		diagnostic analysis of cochlear implant, age 7 years or older;	104.41	113.93	10/1/2009
92604		diagnostic analysis of cochlear implant, age 7 years or older;	59.68	67.47	10/1/2009
92607		eval for prescription for speech generating & alt. comm. devic	119.81	119.81	10/1/2009
92608		each additional 30 minutes (use in conjunction with 92607)	22.90	22.90	10/1/2009
92609		therapeutic svcs for use of speech generating device includin	63.66	63.66	10/1/2009
92610		eval of swallowing and oral function for feeding	61.57	61.57	10/1/2009
92611		motion fluoroscopic evaluation of swallowing function by cine	67.05	67.05	10/1/2009
92612		endoscopic study of swallowing	54.81	123.74	10/1/2009
92614		flexible fiberoptic endoscopic evaluation, laryngeal sensory te	54.81	110.47	10/1/2009
92616		flexible fiberoptic endoscopic evaluation of swallowing and lar	80.85	152.10	10/1/2009
92620		evaluation of central auditory function, with report; initial 60 m	60.25	60.25	10/1/2009
92621		evaluation of central auditory function, with report; each additi	14.00	14.00	10/1/2009
92625		assessment of tinnitus (includes pitch, loudness matching, an	47.70	47.70	10/1/2009
92626		evaluation of auditory rehabilitation status; first hour	65.49	65.49	10/1/2009
92627		evaluation of auditory rehabilitation status; each additional 15	15.97	15.97	10/1/2009
92950		heart-lung resuscitation	147.93	222.34	10/1/2009
92953		temporary transcutaneous pacing	9.87	9.87	10/1/2009
92960		cardioversion, elective, electrical conversion of arrhythmia, ex	111.34	208.54	10/1/2009
92961		cardioversion, elective, electrical conversion of arrhythmia; int	217.78	217.78	10/1/2009
92970		cardioassist-method of circulatory assist; internal	152.12	152.12	10/1/2009
92971		cardioassist-method of circulatory assist; external	86.37	86.37	10/1/2009
92973		percutaneous transluminal coronary thrombectomy (list separ	154.40	154.40	10/1/2009
92974		transcatheter placement of radiation delivery device for subse	141.53	141.53	10/1/2009
92975		thrombolysis, coronary; by intracoronary infusion, including se	339.17	339.17	10/1/2009
92977		thrombolysis, coronary; by intravenous infusion	103.11	103.11	10/1/2009
92978	26	intravascular ultrasound (coronary vessel or graft) during diag	83.27	83.27	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
92978	TC	intravascular ultrasound (coronary vessel or graft) during diag	143.14	143.14	10/1/2009
92978		intravascular ultrasound (coronary vessel or graft) during diag	222.28	222.28	10/1/2009
92979	26	intrasvascular ultrasound (coronary vessel or graft) during the	67.14	67.14	10/1/2009
92979	TC	intrasvascular ultrasound (coronary vessel or graft) during the	71.49	71.49	10/1/2009
92979		intrasvascular ultrasound (coronary vessel or graft) during the	135.04	135.04	10/1/2009
92980		transcatheter placement of an intracoronary stent(s), percutar	703.37	703.37	10/1/2009
92981		transcatheter placement of an intracoronary stent(s), percutar	195.71	195.71	10/1/2009
92982		percutaneous transluminal coronary angioplasty	521.44	521.44	10/1/2009
92984		percutaneous transluminal coronary balloon angioplasty; each	139.73	139.73	10/1/2009
92986		percutaneous balloon valvuloplasty; aortic valve	1,151.79	1,151.79	10/1/2009
92987		percutaneous balloon valvuloplasty; mitral valve	1,192.11	1,192.11	10/1/2009
92990		percutaneous balloon valvuloplasty; pulmonary valve	917.49	917.49	10/1/2009
92992		atrial septectomy or septostomy; transvenous method, balloon	896.11	896.11	10/1/2009
92993		atrial septectomy or septostomy; blade method (park septostc	896.11	896.11	10/1/2009
92995		percutaneous transluminal coronary atherectomy, by mechan	574.65	574.65	10/1/2009
92996		percutaneous transluminal coronary atherectomy, by mechan	150.92	150.92	10/1/2009
92997		percutaneous transluminal pulmonary artery balloon angiopla	532.86	532.86	10/1/2009
92998		percutaneous transluminal pulmonary artery balloon angiopla	272.76	272.76	10/1/2009
93000		electrocardiogram, complete	16.85	16.85	10/1/2009
93005		electrocardiogram, tracing	9.34	9.34	10/1/2009
93010		electrocardiogram report	7.52	7.52	10/1/2009
93015		cardiovascular stress test	80.66	80.66	10/1/2009
93016		cardiovascular stress test using maximal or submaximal tread	20.48	20.48	10/1/2009
93017		electrocardiogram tracing	46.59	46.59	10/1/2009
93018		treadmill ekg-interp only	13.59	13.59	10/1/2009
93024	TC	ergonovine provocation test	46.28	46.28	10/1/2009
93024	26	ergonovine provocation test	52.84	52.84	10/1/2009
93024		ergonovine provocation test	99.13	99.13	10/1/2009
93025	26	microvolt t-wave alternans for assessment of ventricular arrhy	34.36	34.36	10/1/2009
93025	TC	microvolt t-wave alternans for assessment of ventricular arrhy	136.57	136.57	10/1/2009
93025		microvolt t-wave alternans for assessment of ventricular arrhy	170.93	170.93	10/1/2009
93040		electrocardiogram report	10.86	10.87	10/1/2009
93041		rhythm ecg tracing	4.23	4.23	10/1/2009
93042		rhythm strip-interp only	6.63	6.63	10/1/2009
93224		electrocardiographic monitoring for 24 hours by continuous or	94.50	94.50	10/1/2009
93225		electrocardiographic monitoring for 24 hours by continuous or	27.83	27.83	10/1/2009
93226		electrocardiographic monitoring for 24 hours by continuous or	42.86	42.86	10/1/2009
93227		electrocardiographic monitoring for 24 hours by continuous or	23.82	23.81	10/1/2009
93228		wearable mobile cardiovascular telemetry with electrocardiogr	21.51	21.51	10/1/2009
93229		wearable mobile cardiovascular telemetry with electrocardiogr	21.51	21.51	10/1/2009
93268		patient demand single or multiple event recording with presym	210.95	210.95	10/1/2009
93270		patient demand single or multi event recording w/ presympton	16.58	16.58	10/1/2009
93271		patient demand single or multiple event recording with	171.42	171.42	10/1/2009
93272		patient demand single or multiple event recording with	22.95	22.95	10/1/2009
93278	26	signal-averaged electrocardiography w/wo ecg	10.87	10.87	10/1/2009
93278	TC	signal-averaged electrocardiography w/wo ecg	21.21	21.21	10/1/2009
93278		signal-averaged electrocardiography w/wo ecg	32.09	32.09	10/1/2009
93279	TC	programming device evaluation with iterative adjustment of th	15.50	15.50	10/1/2009
93279	26	programming device evaluation with iterative adjustment of th	30.18	30.18	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
93279		programming device evaluation with iterative adjustment of th	45.68	45.68	10/1/2009
93280	TC	programming device evaluation with iterative adjustment of th	17.90	17.90	10/1/2009
93280	26	programming device evaluation with iterative adjustment of th	36.23	36.23	10/1/2009
93280		programming device evaluation with iterative adjustment of th	54.13	54.13	10/1/2009
93281	TC	programming device evaluation with iterative adjustment of th	20.98	20.98	10/1/2009
93281	26	programming device evaluation with iterative adjustment of th	42.30	42.30	10/1/2009
93281		programming device evaluation with iterative adjustment of th	63.28	63.28	10/1/2009
93282	TC	programming device evaluation with iterative adjustment of th	18.96	18.96	10/1/2009
93282	26	programming device evaluation with iterative adjustment of th	39.49	39.49	10/1/2009
93282		programming device evaluation with iterative adjustment of th	58.46	58.46	10/1/2009
93283	TC	programming device evaluation with iterative adjustment of th	21.56	21.56	10/1/2009
93283	26	programming device evaluation with iterative adjustment of th	49.68	49.68	10/1/2009
93283		programming device evaluation with iterative adjustment of th	71.23	71.23	10/1/2009
93284	TC	programming device evaluation with iterative adjustment of th	24.44	24.44	10/1/2009
93284	26	programming device evaluation with iterative adjustment of th	59.09	59.09	10/1/2009
93284		programming device evaluation with iterative adjustment of th	83.53	83.53	10/1/2009
93285	TC	programming device evaluation with iterative adjustment of th	14.63	14.63	10/1/2009
93285	26	programming device evaluation with iterative adjustment of th	24.69	24.69	10/1/2009
93285		programming device evaluation with iterative adjustment of th	39.32	39.32	10/1/2009
93286	TC	peri-procedural device evaluation and programming of device	9.63	9.63	10/1/2009
93286	26	peri-procedural device evaluation and programming of device	12.63	12.63	10/1/2009
93286		peri-procedural device evaluation and programming of device	22.26	22.26	10/1/2009
93287	TC	peri-procedural device evaluation and programming of device	10.88	10.88	10/1/2009
93287	26	peri-procedural device evaluation and programming of device	18.55	18.55	10/1/2009
93287		peri-procedural device evaluation and programming of device	29.44	29.44	10/1/2009
93288	TC	interrogation device evaluation (in person) with physician anal	14.92	14.92	10/1/2009
93288	26	interrogation device evaluation (in person) with physician anal	20.24	20.24	10/1/2009
93288		interrogation device evaluation (in person) with physician anal	35.16	35.16	10/1/2009
93289	TC	interrogation device evaluation (in person) with physician anal	17.90	17.90	10/1/2009
93289	26	interrogation device evaluation (in person) with physician anal	36.54	36.54	10/1/2009
93289		interrogation device evaluation (in person) with physician anal	54.44	54.44	10/1/2009
93290	TC	interrogation device evaluation (in person) with physician anal	8.29	8.29	10/1/2009
93290	26	interrogation device evaluation (in person) with physician anal	17.84	17.84	10/1/2009
93290		interrogation device evaluation (in person) with physician anal	26.13	26.13	10/1/2009
93291	TC	interrogation device evaluation (in person) with physician anal	13.29	13.29	10/1/2009
93291	26	interrogation device evaluation (in person) with physician anal	20.44	20.44	10/1/2009
93291		interrogation device evaluation (in person) with physician anal	33.72	33.72	10/1/2009
93292	TC	interrogation device evaluation (in person) with physician anal	10.31	10.31	10/1/2009
93292	26	interrogation device evaluation (in person) with physician anal	20.24	20.24	10/1/2009
93292		interrogation device evaluation (in person) with physician anal	30.55	30.55	10/1/2009
93293	26	transtelephonic rhythm strip pacemaker evaluation(s) single, c	14.12	14.12	10/1/2009
93293	TC	transtelephonic rhythm strip pacemaker evaluation(s) single, c	33.32	33.32	10/1/2009
93293		transtelephonic rhythm strip pacemaker evaluation(s) single, c	47.45	47.45	10/1/2009
93294		interrogation device evaluation(s) (remote), up to 90 days; sin	30.67	30.67	10/1/2009
93295		interrogation device evaluation(s) (remote), up to 90 days; sin	55.44	55.44	10/1/2009
93296		interrogation device evaluation(s) (remote), up to 90 days; sin	29.04	29.04	10/1/2009
93297		interrogation device evaluation(s), (remote) up to 30 days; imp	21.51	21.51	10/1/2009
93298		interrogation device evaluation(s), (remote) up to 30 days; imp	24.69	24.69	10/1/2009
93299		interrogation device evaluation(s), (remote) up to 30 days; imp	24.68	24.68	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
93303	26	transthoracic echocardiography for congenital cardiac anomal	57.77	57.77	10/1/2009
93303	TC	transthoracic echocardiography for congenital cardiac anomal	117.32	117.32	10/1/2009
93303		transthoracic echocardiography for congenital cardiac anomal	175.07	175.07	10/1/2009
93304	26	transthoracic echocardiography for congenital cardiac anomal	32.72	32.72	10/1/2009
93304	TC	transthoracic echocardiography for congenital cardiac anomal	75.54	75.54	10/1/2009
93304		transthoracic echocardiography for congenital cardiac anomal	108.26	108.26	10/1/2009
93306	26	echocardiography, transthoracic, real-time with image docume	60.07	60.07	10/1/2009
93306	TC	echocardiography, transthoracic, real-time with image docume	153.62	153.62	10/1/2009
93306		echocardiography, transthoracic, real-time with image docume	213.69	213.69	10/1/2009
93307	26	echocardiography, transthoracic, real-time with image docume	41.68	41.68	10/1/2009
93307	TC	echocardiography, transthoracic, real-time with image docume	99.73	99.73	10/1/2009
93307		echocardiography, transthoracic, real-time with image docume	141.40	141.40	10/1/2009
93308	26	echocardiography, rl-time imag.doc.w/wom-mod,lmt s	24.42	24.42	10/1/2009
93308	TC	echocardiography, rl-time imag.doc.w/wom-mod,lmt s	64.86	64.86	10/1/2009
93308		echocardiography, rl-time imag.doc.w/wom-mod,lmt s	89.29	89.29	10/1/2009
93312	26	echocardiography, transesophageal, real time with image doc	97.29	97.29	10/1/2009
93312	TC	echocardiography, transesophageal, real time with image doc	164.94	164.94	10/1/2009
93312		echocardiography, transesophageal, real time with image doc	262.23	262.23	10/1/2009
93313		echocardio, rl time w/doc transesophageal; plc pro	34.84	34.84	10/1/2009
93314	26	echocardio, rl time w/doc transesophageal interp.on	55.06	55.06	10/1/2009
93314	TC	echocardio, rl time w/doc transesophageal interp.on	168.98	168.98	10/1/2009
93314		echocardio, rl time w/doc transesophageal interp.on	224.02	224.02	10/1/2009
93315	TC	transesophageal echocardiography for congenital cardiac anc	116.01	116.01	10/1/2009
93315	26	transesophageal echocardiography for congenital cardiac anc	124.51	124.51	10/1/2009
93315		transesophageal echocardiography for congenital cardiac anc	242.15	242.15	10/1/2009
93316		transesophageal echocardiography for congenital cardiac anc	38.11	38.11	10/1/2009
93317	26	transesophageal echocardiography for congenital cardiac anc	77.39	77.39	10/1/2009
93317	TC	transesophageal echocardiography for congenital cardiac anc	116.01	116.01	10/1/2009
93317		transesophageal echocardiography for congenital cardiac anc	198.60	198.60	10/1/2009
93318	26	echocardiography, transesophageal (tee) for monitoring purpc	94.15	94.15	10/1/2009
93318	TC	echocardiography, transesophageal (tee) for monitoring purpc	106.17	106.17	10/1/2009
93318		echocardiography, transesophageal (tee) for monitoring purpc	200.32	200.32	10/1/2009
93320	26	doppler echocardiography, pulsed wave and/or continuous wa	17.24	17.24	10/1/2009
93320	TC	doppler echocardiography, pulsed wave and/or continuous wa	45.05	45.05	10/1/2009
93320		doppler echocardiography, pulsed wave and/or continuous wa	62.30	62.30	10/1/2009
93321	26	doppler echocardiography, pulsed wave and/or continuous wa	6.90	6.90	10/1/2009
93321	TC	doppler echocardiography, pulsed wave and/or continuous wa	20.62	20.62	10/1/2009
93321		doppler echocardiography, pulsed wave and/or continuous wa	27.51	27.51	10/1/2009
93325	26	doppler echocardiography color flow velocity mapping (list sep	3.25	3.25	10/1/2009
93325	TC	doppler echocardiography color flow velocity mapping (list sep	38.18	38.18	10/1/2009
93325		doppler echocardiography color flow velocity mapping (list sep	41.43	41.43	10/1/2009
93350	26	echocardiography, transthoracic, real-time with image docume	67.28	67.28	10/1/2009
93350	TC	echocardiography, transthoracic, real-time with image docume	103.80	103.80	10/1/2009
93350		echocardiography, transthoracic, real-time with image docume	171.08	171.08	10/1/2009
93351		echocardiography, transthoracic, real-time with image docume	222.60	222.60	10/1/2009
93352		use of echocardiographic contrast agent during stress echoca	30.94	30.94	10/1/2009
93451	26	Right heart catheterization including measurement(s) of oxyge	120.66	120.66	1/1/2011
93451	TC	Right heart catheterization including measurement(s) of oxyge	507.46	507.46	1/1/2011
93451		Right heart catheterization including measurement(s) of oxyge	628.12	628.12	1/1/2011

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
93452	26	Left heart catheterization including intraprocedural injection(s)	211.26	211.26	1/1/2011
93452	TC	Left heart catheterization including intraprocedural injection(s)	484.74	484.74	1/1/2011
93452		Left heart catheterization including intraprocedural injection(s)	696.00	696.00	1/1/2011
93453	26	Combined right and left heart catheterization including intrapr	277.07	277.07	1/1/2011
93453	TC	Combined right and left heart catheterization including intrapr	633.89	633.89	1/1/2011
93453		Combined right and left heart catheterization including intrapr	910.96	910.96	1/1/2011
93454	26	Catheter placement in coronary artery(s) for coronary angiogr	212.98	212.98	1/1/2011
93454	TC	Catheter placement in coronary artery(s) for coronary angiogr	504.94	504.94	1/1/2011
93454		Catheter placement in coronary artery(s) for coronary angiogr	717.92	717.92	1/1/2011
93455	26	Coronary Angiography without concomitant left heart catheriz	245.94	245.94	1/1/2011
93455	TC	Coronary Angiography without concomitant left heart catheriz	591.81	591.81	1/1/2011
93455		Coronary Angiography without concomitant left heart catheriz	837.75	837.75	1/1/2011
93456	26	Catheter placement in coronary artery(s) angiography, includi	272.83	272.83	1/1/2011
93456	TC	Catheter placement in coronary artery(s) angiography, includi	625.75	625.75	1/1/2011
93456		Catheter placement in coronary artery(s) angiography, includi	898.58	898.58	1/1/2011
93457	26	Catheter placement in coranary artery(s) angiography, includi	305.88	305.88	1/1/2011
93457	TC	Catheter placement in coranary artery(s) angiography, includi	712.42	712.42	1/1/2011
93457		Catheter placement in coranary artery(s) angiography, includi	1,018.31	1,018.31	1/1/2011
93458	26	Catheter placement in coranary artery(s) angiography, includi	259.92	259.92	1/1/2011
93458	TC	Catheter placement in coranary artery(s) angiography, includi	606.39	606.39	1/1/2011
93458		Catheter placement in coranary artery(s) angiography, includi	866.31	866.31	1/1/2011
93459	26	Catheter placement in coronary artery(s) angiography, includi	292.68	292.68	1/1/2011
93459	TC	Catheter placement in coronary artery(s) angiography, includi	664.18	664.18	1/1/2011
93459		Catheter placement in coronary artery(s) angiography, includi	956.86	956.86	1/1/2011
93460	26	Catheter placement in coranary artery(s) angiography, includi	326.12	326.12	1/1/2011
93460	TC	Catheter placement in coranary artery(s) angiography, includi	697.84	697.84	1/1/2011
93460		Catheter placement in coranary artery(s) angiography, includi	1,023.96	1,023.96	1/1/2011
93461	26	Catheter placement in coronary artery(s) angiography, includi	359.66	359.66	1/1/2011
93461	TC	Catheter placement in coronary artery(s) angiography, includi	813.60	813.60	1/1/2011
93461		Catheter placement in coronary artery(s) angiography, includi	1,173.26	1,173.26	1/1/2011
93462		Left heart catheterization by transseptal puncture through inta	165.75	165.75	1/1/2011
93463		Pharmacologic agent administration (eg, inhaled nitric oxide, i	88.17	88.17	1/1/2011
93464	26	Physiologic exercise study (eg, bicycle or arm ergometry) incl	77.62	77.62	1/1/2011
93464	TC	Physiologic exercise study (eg, bicycle or arm ergometry) incl	129.51	129.51	1/1/2011
93464		Physiologic exercise study (eg, bicycle or arm ergometry) incl	207.13	207.13	1/1/2011
93503		placement of flow directed catheter	94.69	94.69	10/1/2009
93505	26	endocardial biopsy	203.90	203.90	10/1/2009
93505	TC	endocardial biopsy	399.15	399.15	10/1/2009
93505		endocardial biopsy	603.06	603.06	10/1/2009
93530	26	right heart catheterization for congenital cardiac anomalies	194.70	194.70	10/1/2009
93530	TC	right heart catheterization for congenital cardiac anomalies	542.86	542.86	10/1/2009
93530		right heart catheterization for congenital cardiac anomalies	734.37	734.37	10/1/2009
93531	26	combined right heart cath. and retrograde left heart cath for c	381.39	381.39	10/1/2009
93531	TC	combined right heart cath. and retrograde left heart cath for c	1,548.93	1,548.93	10/1/2009
93531		combined right heart cath. and retrograde left heart cath for c	1,922.17	1,922.17	10/1/2009
93532	26	combined right and left catheterization for congenital cardiac	452.32	452.32	10/1/2009
93532	TC	combined right and left catheterization for congenital cardiac	1,429.75	1,429.75	10/1/2009
93532		combined right and left catheterization for congenital cardiac	1,882.05	1,882.05	10/1/2009
93533	26	combined rt. and left cath. through septal opening for congeni	304.40	304.40	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
93533	TC	combined rt. and left cath. through septal opening for congeni	1,443.22	1,443.22	10/1/2009
93533		combined rt. and left cath. through septal opening for congeni	1,747.63	1,747.63	10/1/2009
93561	TC	indicator dilution studies	17.22	17.22	10/1/2009
93561	26	indicator dilution studies	20.02	20.02	10/1/2009
93561		indicator dilution studies	37.52	37.52	10/1/2009
93562	26	indicator dilution studies/cardiac output measurement	6.34	6.34	10/1/2009
93562	TC	indicator dilution studies/cardiac output measurement	10.66	10.66	10/1/2009
93562		indicator dilution studies/cardiac output measurement	17.06	17.06	10/1/2009
93563		Injection procedure during cardiac catheterization including im	46.72	46.72	1/1/2011
93564		Injection procedure during cardiac catheterization including im	47.50	47.50	1/1/2011
93565		Injection procedure during cardiac catheterization including im	35.94	35.94	1/1/2011
93566		Indicator dilution studies such as dye or thermal dilution, inclu	35.94	140.01	1/1/2011
93567		Indicator dilution studies such as dye or thermal dilution, inclu	40.56	115.73	1/1/2011
93568		Indicator dilution studies such as dye or thermal dilution, inclu	36.80	126.57	1/1/2011
93571	26	intravascular doppler velocity and/or pressure derived coronar	82.97	82.97	10/1/2009
93571	TC	intravascular doppler velocity and/or pressure derived coronar	142.84	142.84	10/1/2009
93571		intravascular doppler velocity and/or pressure derived coronar	221.36	221.36	10/1/2009
93572	26	intravascular doppler velocity and/or pressure derived coronar	65.30	65.30	10/1/2009
93572	TC	intravascular doppler velocity and/or pressure derived coronar	73.63	73.63	10/1/2009
93572		intravascular doppler velocity and/or pressure derived coronar	138.93	138.93	10/1/2009
93580		percutaneous transcatheter closure of congenital interatrial cc	845.44	845.44	10/1/2009
93581		percutaneous transcatheter closure of a congenital ventricular	1,108.55	1,108.55	10/1/2009
93600	TC	bundle of his recording	60.73	60.73	10/1/2009
93600	26	bundle of his recording	98.97	98.97	10/1/2009
93600		bundle of his recording	155.28	155.28	10/1/2009
93602	TC	intra-atrial recording	33.39	33.39	10/1/2009
93602	26	intra-atrial recording	98.59	98.59	10/1/2009
93602		intra-atrial recording	127.86	127.86	10/1/2009
93603	TC	right ventricular recording	51.72	51.72	10/1/2009
93603	26	right ventricular recording	98.79	98.79	10/1/2009
93603		right ventricular recording	146.08	146.08	10/1/2009
93609	TC	intraventricular and/or intra-atrial mapping of tachycardia site(	81.53	81.53	10/1/2009
93609	26	intraventricular and/or intra-atrial mapping of tachycardia site(	233.45	233.45	10/1/2009
93609		intraventricular and/or intra-atrial mapping of tachycardia site(	304.31	304.31	10/1/2009
93610	TC	intra-atrial pacing	40.76	40.76	10/1/2009
93610	26	intra-atrial pacing	140.15	140.15	10/1/2009
93610		intra-atrial pacing	174.71	174.71	10/1/2009
93612	TC	intraventricular pacing	49.26	49.26	10/1/2009
93612	26	intraventricular pacing	139.48	139.48	10/1/2009
93612		intraventricular pacing	183.10	183.10	10/1/2009
93613	TC	intracardiac electrophysiologic 3-dimensional mapping (list se	122.43	122.43	10/1/2009
93613	26	intracardiac electrophysiologic 3-dimensional mapping (list se	188.75	188.75	10/1/2009
93613		intracardiac electrophysiologic 3-dimensional mapping (list se	328.00	328.00	10/1/2009
93618	TC	induction arthythmia by electrical pacing	121.66	121.66	10/1/2009
93618	26	induction arthythmia by electrical pacing	200.45	200.45	10/1/2009
93618		induction arthythmia by electrical pacing	311.58	311.58	10/1/2009
93619	TC	comprehensive electrophysiologic evaluation with right atrial p	241.28	241.28	10/1/2009
93619	26	comprehensive electrophysiologic evaluation with right atrial p	346.15	346.15	10/1/2009
93619		comprehensive electrophysiologic evaluation with right atrial p	574.12	574.12	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
93620	TC	comprehensive electrophysiologic evaluation with right atrial p	272.45	272.45	10/1/2009
93620	26	comprehensive electrophysiologic evaluation with right atrial p	544.13	544.13	10/1/2009
93620		comprehensive electrophysiologic evaluation with right atrial p	807.94	807.94	10/1/2009
93621	TC	comprehensive electrophysiologic evaluation with right atrial p	75.67	75.67	10/1/2009
93621	26	comprehensive electrophysiologic evaluation with right atrial p	98.43	98.43	10/1/2009
93621		comprehensive electrophysiologic evaluation with right atrial p	174.11	174.11	10/1/2009
93622	TC	comprehensive electrophysiologic evaluation with right atrial p	110.52	110.52	10/1/2009
93622	26	comprehensive electrophysiologic evaluation with right atrial p	143.98	143.98	10/1/2009
93622		comprehensive electrophysiologic evaluation with right atrial p	254.50	254.50	10/1/2009
93623	26	programmed stimulation and pacing after intravenous drug inf	133.48	133.48	10/1/2009
93640	26	electrophysiologic evaluation of cardioverter-defibrillator leads	163.79	163.79	10/1/2009
93640	TC	electrophysiologic evaluation of cardioverter-defibrillator leads	225.18	225.18	10/1/2009
93640		electrophysiologic evaluation of cardioverter-defibrillator leads	381.44	381.44	10/1/2009
93641	TC	electrophysiologic evaluation of cardioverter-defibrillator	222.72	222.72	10/1/2009
93641	26	electrophysiologic evaluation of cardioverter-defibrillator	277.20	277.20	10/1/2009
93641		electrophysiologic evaluation of cardioverter-defibrillator	486.38	486.38	10/1/2009
93642	TC	electrophysiologic evaluation of single or dual chamber pacing	156.84	156.84	10/1/2009
93642	26	electrophysiologic evaluation of single or dual chamber pacing	227.51	227.51	10/1/2009
93642		electrophysiologic evaluation of single or dual chamber pacing	384.35	384.35	10/1/2009
93650		intracardiac catheter ablation of atrioventricular node function,	499.26	499.26	10/1/2009
93651		intracardiac catheter ablation of arrhythmogenic focus; for trea	759.98	759.98	10/1/2009
93652		intracardiac catheter ablation of arrhythmogenic focus; for trea	827.00	827.00	10/1/2009
93660	26	evaluation of cardiovascular function with tilt table evaluation,	86.94	86.94	10/1/2009
93660		evaluation of cardiovascular function with tilt table evaluation,	140.69	140.69	10/1/2009
93662	TC	intracardiac echocardiography during therapeutic/diagnostic in	103.88	103.88	10/1/2009
93662	26	intracardiac echocardiography during therapeutic/diagnostic in	128.88	128.88	10/1/2009
93662		intracardiac echocardiography during therapeutic/diagnostic in	253.66	253.66	10/1/2009
93701	26	bioimpedance, thoracic, electrical	7.52	7.52	10/1/2009
93701	TC	bioimpedance, thoracic, electrical	19.81	19.81	10/1/2009
93701		bioimpedance, thoracic, electrical	27.33	27.33	10/1/2009
93720		pleth., total body; with interp	36.68	36.68	10/1/2009
93721		pleth., tracing only	29.74	29.74	10/1/2009
93722		pleth., interp. only	6.94	6.94	10/1/2009
93724	TC	electronic analysis of antitachycardia pacemaker system (incl	51.75	51.75	10/1/2009
93724	26	electronic analysis of antitachycardia pacemaker system (incl	223.76	223.76	10/1/2009
93724		electronic analysis of antitachycardia pacemaker system (incl	275.52	275.52	10/1/2009
93740	TC	temperature gradient studies	1.35	1.35	10/1/2009
93740	26	temperature gradient studies	6.62	6.62	10/1/2009
93740		temperature gradient studies	7.98	7.98	10/1/2009
93745	TC	initial set-up and programming by a physician of wearable	21.95	21.95	10/1/2009
93745	26	initial set-up and programming by a physician of wearable	37.63	37.63	10/1/2009
93745		initial set-up and programming by a physician of wearable	59.58	59.58	10/1/2009
93750		Interrogation of ventricular assist device (VAD), in person, wit	29.38	33.45	01/1/2010
93770	TC	determination of venous pressure	0.48	0.48	10/1/2009
93770	26	determination of venous pressure	6.62	6.62	10/1/2009
93770		determination of venous pressure	7.12	7.12	10/1/2009
93797		Cardiac rehab	8.12	14.75	10/1/2009
93798		Cardiac rehab/monitor	12.68	21.33	10/1/2009
93875	26	bilat. extracranial artery studies, non-invasive	9.36	9.36	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
93875	TC	bilat. extracranial artery studies, non-invasive	71.11	71.11	10/1/2009
93875		bilat. extracranial artery studies, non-invasive	80.47	80.47	10/1/2009
93880	26	duplex scan of extracranial arteries; comp bil sty	25.84	25.84	10/1/2009
93880	TC	duplex scan of extracranial arteries; comp bil sty	170.73	170.73	10/1/2009
93880		duplex scan of extracranial arteries; comp bil sty	196.58	196.58	10/1/2009
93882	26	duplex scan of extracranial arteries;	17.01	17.01	10/1/2009
93882	TC	duplex scan of extracranial arteries;	112.50	112.50	10/1/2009
93882		duplex scan of extracranial arteries;	129.51	129.51	10/1/2009
93886	26	transcranial doppler stdy of intracranial art;comp	39.44	39.44	10/1/2009
93886	TC	transcranial doppler stdy of intracranial art;comp	196.91	196.91	10/1/2009
93886		transcranial doppler stdy of intracranial art;comp	236.35	236.35	10/1/2009
93888	26	transcranial doppler study of the intracranial arteries; limited s	26.66	26.66	10/1/2009
93888	TC	transcranial doppler study of the intracranial arteries; limited s	134.26	134.26	10/1/2009
93888		transcranial doppler study of the intracranial arteries; limited s	160.92	160.92	10/1/2009
93890	26	transcranial doppler study of the intracranial arteries; vasorea	41.89	41.89	10/1/2009
93890	TC	transcranial doppler study of the intracranial arteries; vasorea	165.76	165.76	10/1/2009
93890		transcranial doppler study of the intracranial arteries; vasorea	207.64	207.64	10/1/2009
93892	26	transcranial doppler study of the intracranial arteries; emboli d	47.71	47.71	10/1/2009
93892	TC	transcranial doppler study of the intracranial arteries; emboli d	180.18	180.18	10/1/2009
93892		transcranial doppler study of the intracranial arteries; emboli d	227.89	227.89	10/1/2009
93893	26	transcranial doppler study of the intracranial arteries; emboli d	48.00	48.00	10/1/2009
93893	TC	transcranial doppler study of the intracranial arteries; emboli d	179.32	179.32	10/1/2009
93893		transcranial doppler study of the intracranial arteries; emboli d	227.32	227.32	10/1/2009
93922	26	noninvasive physiologic studies of upper or lower extremity	10.50	10.50	10/1/2009
93922	TC	noninvasive physiologic studies of upper or lower extremity	85.06	85.06	10/1/2009
93922		noninvasive physiologic studies of upper or lower extremity	95.55	95.55	10/1/2009
93923	26	noninvasive physiologic studies of upper or lower extremity	19.15	19.15	10/1/2009
93923	TC	noninvasive physiologic studies of upper or lower extremity	128.36	128.36	10/1/2009
93923		noninvasive physiologic studies of upper or lower extremity	147.51	147.51	10/1/2009
93924	26	noninvasive physiologic studies of lower extremity arteries	21.77	21.77	10/1/2009
93924	TC	noninvasive physiologic studies of lower extremity arteries	159.82	159.82	10/1/2009
93924		noninvasive physiologic studies of lower extremity arteries	181.59	181.59	10/1/2009
93925	26	duplex scan lower extrem. arteries; bilat, complet	24.64	24.64	10/1/2009
93925	TC	duplex scan lower extrem. arteries; bilat, complet	219.77	219.77	10/1/2009
93925		duplex scan lower extrem. arteries; bilat, complet	244.41	244.41	10/1/2009
93926	26	duplex scan of lower extremity arteries or arterial bypass graft	16.70	16.70	10/1/2009
93926	TC	duplex scan of lower extremity arteries or arterial bypass graft	139.24	139.24	10/1/2009
93926		duplex scan of lower extremity arteries or arterial bypass graft	155.94	155.94	10/1/2009
93930	26	duplex scan upper extrem. arteries; comp.bilat sty	19.75	19.75	10/1/2009
93930	TC	duplex scan upper extrem. arteries; comp.bilat sty	172.86	172.86	10/1/2009
93930		duplex scan upper extrem. arteries; comp.bilat sty	192.61	192.61	10/1/2009
93931	26	duplex scan of upper extremity arteries or arterial bypass graf	13.14	13.14	10/1/2009
93931	TC	duplex scan of upper extremity arteries or arterial bypass graf	115.78	115.78	10/1/2009
93931		duplex scan of upper extremity arteries or arterial bypass graf	128.93	128.93	10/1/2009
93965	26	non-invasive physiologic studies of extremity veins, complete	14.77	14.77	10/1/2009
93965	TC	non-invasive physiologic studies of extremity veins, complete	83.13	83.13	10/1/2009
93965		non-invasive physiologic studies of extremity veins, complete	97.90	97.90	10/1/2009
93970	26	duplex scan of extremity veins, comp. bilat. study	29.02	29.02	10/1/2009
93970	TC	duplex scan of extremity veins, comp. bilat. study	171.43	171.43	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
93970		duplex scan of extremity veins, comp. bilat. study	200.45	200.45	10/1/2009
93971	26	duplex scan of extremity veins including responses to compre	19.24	19.24	10/1/2009
93971	TC	duplex scan of extremity veins including responses to compre	113.50	113.50	10/1/2009
93971		duplex scan of extremity veins including responses to compre	132.73	132.73	10/1/2009
93975	26	duplex scan of arterial inflow and venous outflow of abdomina	77.44	77.44	10/1/2009
93975	TC	duplex scan of arterial inflow and venous outflow of abdomina	224.23	224.23	10/1/2009
93975		duplex scan of arterial inflow and venous outflow of abdomina	301.67	301.67	10/1/2009
93976	26	duplex scan of arterial inflow and venous outflow of abdomina	51.41	51.41	10/1/2009
93976	TC	duplex scan of arterial inflow and venous outflow of abdomina	122.74	122.74	10/1/2009
93976		duplex scan of arterial inflow and venous outflow of abdomina	174.15	174.15	10/1/2009
93978	26	duplex scan complete; aorta,vena cava,iliac vasc.	27.80	27.80	10/1/2009
93978	TC	duplex scan complete; aorta,vena cava,iliac vasc.	160.75	160.75	10/1/2009
93978		duplex scan complete; aorta,vena cava,iliac vasc.	188.54	188.54	10/1/2009
93979	26	duplex scan of aorta, inferior vena cava, iliac vasculature, or b	18.64	18.64	10/1/2009
93979	TC	duplex scan of aorta, inferior vena cava, iliac vasculature, or b	111.75	111.75	10/1/2009
93979		duplex scan of aorta, inferior vena cava, iliac vasculature, or b	130.38	130.38	10/1/2009
93990	26	duplex scan of hemodialysis	10.41	10.41	10/1/2009
93990	TC	duplex scan of hemodialysis	142.11	142.11	10/1/2009
93990		duplex scan of hemodialysis	152.53	152.53	10/1/2009
94002		ventilation assist and management, initiation of pressure or vo	73.92	73.92	10/1/2009
94003		ventilation assist and management, initiation of pressure or vo	53.42	53.42	10/1/2009
94004		ventilation assist and management, initiation of pressure or vo	38.89	38.89	10/1/2009
94010	26	spirometry, including graphic record, total and timed vital capa	6.94	6.94	10/1/2009
94010	TC	spirometry, including graphic record, total and timed vital capa	19.43	19.43	10/1/2009
94010		spirometry, including graphic record, total and timed vital capa	26.37	26.37	10/1/2009
94011		Measurement of spirometric forced expiratory flows in an infar	62.24	62.24	01/1/2010
94012		Measurement of spirometric forced expiratory flows, before ar	95.81	95.81	01/1/2010
94013		Measurement of lung volumes (ie, functional residual capacity	20.19	20.19	01/1/2010
94060	26	bronchospasm evaluation: spirometry as in 94010, before anc	12.17	12.17	10/1/2009
94060	TC	bronchospasm evaluation: spirometry as in 94010, before anc	34.06	34.06	10/1/2009
94060		bronchospasm evaluation: spirometry as in 94010, before anc	46.24	46.24	10/1/2009
94070	26	prolonged postexposure evaluation of bronchospasm with mu	23.91	23.91	10/1/2009
94070	TC	prolonged postexposure evaluation of bronchospasm with mu	24.47	24.47	10/1/2009
94070		prolonged postexposure evaluation of bronchospasm with mu	48.38	48.38	10/1/2009
94150	26	vital capacity, total	3.25	3.25	10/1/2009
94150	TC	vital capacity, total	14.61	14.61	10/1/2009
94150		vital capacity, total	17.86	17.86	10/1/2009
94200	26	maximum breathing capacity, maximal voluntary ventilation	4.50	4.50	10/1/2009
94200	TC	maximum breathing capacity, maximal voluntary ventilation	13.38	13.38	10/1/2009
94200		maximum breathing capacity, maximal voluntary ventilation	17.86	17.86	10/1/2009
94240	26	functional residual capacity or residual volume	10.32	10.32	10/1/2009
94240	TC	functional residual capacity or residual volume	20.88	20.88	10/1/2009
94240		functional residual capacity or residual volume	31.21	31.21	10/1/2009
94250	26	expired gas collection	4.50	4.50	10/1/2009
94250	TC	expired gas collection	14.91	14.91	10/1/2009
94250		expired gas collection	19.40	19.40	10/1/2009
94260	26	thoracic gas volume	5.11	5.11	10/1/2009
94260	TC	thoracic gas volume	19.83	19.83	10/1/2009
94260		thoracic gas volume	24.94	24.94	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
94350	26	determination maldistribution of inspired gas	10.32	10.32	10/1/2009
94350	TC	determination maldistribution of inspired gas	17.52	17.52	10/1/2009
94350		determination maldistribution of inspired gas	27.85	27.85	10/1/2009
94360	26	determination of resistance to airflow	10.32	10.32	10/1/2009
94360	TC	determination of resistance to airflow	24.26	24.26	10/1/2009
94360		determination of resistance to airflow	34.58	34.58	10/1/2009
94370		lung function test	26.87	26.87	10/1/2009
94375	26	respiratory flow volume loop	12.17	12.17	10/1/2009
94375	TC	respiratory flow volume loop	17.70	17.70	10/1/2009
94375		respiratory flow volume loop	29.87	29.87	10/1/2009
94400	26	breathing response to co2	16.23	16.23	10/1/2009
94400	TC	breathing response to co2	25.99	25.99	10/1/2009
94400		breathing response to co2	42.22	42.22	10/1/2009
94450	26	breathing response to hypoxia	15.75	15.75	10/1/2009
94450	TC	breathing response to hypoxia	24.91	24.91	10/1/2009
94450		breathing response to hypoxia	40.66	40.66	10/1/2009
94610		intrapulmonary surfactant administration by a physician throug	51.98	51.98	10/1/2009
94620	26	pulmonary stress testing; simple (eg, prolonged exercise test	25.74	25.74	10/1/2009
94620	TC	pulmonary stress testing; simple (eg, prolonged exercise test	31.97	31.97	10/1/2009
94620		pulmonary stress testing; simple (eg, prolonged exercise test	57.71	57.71	10/1/2009
94621	26	pulmonary stress testing; complex (including measurements c	59.01	59.01	10/1/2009
94621	TC	pulmonary stress testing; complex (including measurements c	71.48	71.48	10/1/2009
94621		pulmonary stress testing; complex (including measurements c	130.50	130.50	10/1/2009
94640		nonpressurized inhalation treatment for acute airway obstructi	10.49	10.49	10/1/2009
94642		aerosol inhalation pentamidine prophylaxis	9.20	9.20	10/1/2009
94644		continuous inhalation treatment with aerosol medication for ac	26.93	26.93	10/1/2009
94645		continuous inhalation treatment with aerosol medication for ac	10.49	10.49	10/1/2009
94660		continuous positive airway pressure ventilation (cpap), initiatic	30.26	46.12	10/1/2009
94662		cont negative pressure vent iniation/management	30.06	30.06	10/1/2009
94664		inhalation therapy	11.46	11.47	10/1/2009
94667		manipulation chest wall	15.99	15.99	10/1/2009
94668		manipulation chest wall subsequent	15.11	15.11	10/1/2009
94680	26	expired gas analysis	10.32	10.32	10/1/2009
94680	TC	expired gas analysis	35.51	35.51	10/1/2009
94680		expired gas analysis	45.83	45.83	10/1/2009
94681	26	expired gas analysis with co2	7.87	7.87	10/1/2009
94681	TC	expired gas analysis with co2	41.60	41.60	10/1/2009
94681		expired gas analysis with co2	49.47	49.47	10/1/2009
94690	26	expired gas analysis rest, indirect	2.96	2.96	10/1/2009
94690	TC	expired gas analysis rest, indirect	36.85	36.85	10/1/2009
94690		expired gas analysis rest, indirect	39.80	39.80	10/1/2009
94720	26	carbon monoxide diffusing capacity (eg, single breath, steady	10.32	10.32	10/1/2009
94720		carbon monoxide diffusing capacity (eg, single breath, steady	40.93	40.93	10/1/2009
94725	26	membrane diffusion capacity	10.32	10.32	10/1/2009
94725	TC	membrane diffusion capacity	42.46	42.46	10/1/2009
94725		membrane diffusion capacity	52.79	52.79	10/1/2009
94726		plethysmography for determination of lung volumes and, wher	31.17	31.17	1/1/2012
94726	26	plethysmography for determination of lung volumes and, wher	7.27	7.27	1/1/2012
94726	TC	plethysmography for determination of lung volumes and, wher	23.90	23.90	1/1/2012

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
94727		gas dilution or washout for determination of lung volumes and	24.53	24.53	1/1/2012
94727	26	gas dilution or washout for determination of lung volumes and	7.27	7.27	1/1/2012
94727	TC	gas dilution or washout for determination of lung volumes and	17.26	17.26	1/1/2012
94728		airway resistance by impulse oscillometry	24.53	24.53	1/1/2012
94728	26	airway resistance by impulse oscillometry	7.27	7.27	1/1/2012
94728	TC	airway resistance by impulse oscillometry	17.26	17.26	1/1/2012
94729		diffusing capacity (eg, carbon monoxide, membrane) (List sep	30.94	30.94	1/1/2012
94729	26	diffusing capacity (eg, carbon monoxide, membrane) (List sep	4.83	4.83	1/1/2012
94729	TC	diffusing capacity (eg, carbon monoxide, membrane) (List sep	26.11	26.11	1/1/2012
94750	26	pulmonary compliance study (eg, plethysmography, volume a	9.10	9.10	10/1/2009
94750	TC	pulmonary compliance study (eg, plethysmography, volume a	47.23	47.23	10/1/2009
94750		pulmonary compliance study (eg, plethysmography, volume a	56.32	56.32	10/1/2009
94760		noninvasive ear or pulse oximetry for oxygen sat.	2.13	2.13	10/1/2009
94761		noninvasive ear or pulse oximetry multiple determ.	4.07	4.07	10/1/2009
94762		noninvasive pulse oximetry for o2 saturation; by continuous o	22.74	22.74	10/1/2009
94770	26	carbon dioxide/infrared analysis	6.02	6.02	10/1/2009
94770	26	pediatric home apnea monitoring event recording including re	6.02	6.02	10/1/2009
94770	TC	carbon dioxide/infrared analysis	22.72	22.72	10/1/2009
94770		carbon dioxide/infrared analysis	28.76	28.76	10/1/2009
94772	TC	respiratory pattern recording	45.29	45.29	10/1/2009
94772	26	respiratory pattern recording	50.37	50.37	10/1/2009
94772		respiratory pattern recording	95.65	95.65	10/1/2009
94777		pediatric home apnea monitoring event recording including re	69.17	69.17	10/1/2009
95004		percutaneous tests (scratch, puncture, prick) with allergenic e	4.55	4.55	10/1/2009
95010		percutaneous tests (scratch, puncture, prick) sequential and i	13.81	13.81	10/1/2009
95015		intracutaneous (intradermal) tests, sequential and incrementa	10.36	10.36	10/1/2009
95024		intracutaneous (intradermal) tests with allergenic extracts, imr	5.41	5.41	10/1/2009
95027		skin end point titration	3.69	3.69	10/1/2009
95028		intracutaneous (intradermal) tests with allergenic extracts, del	8.56	8.56	10/1/2009
95044		patch or application test(s) (specify number of tests)	4.81	4.81	10/1/2009
95052		photo patch test(s) (specify number of tests)	5.39	5.39	10/1/2009
95056		photosensitivity tests	27.31	27.31	10/1/2009
95060		allergy eye tests	18.27	18.27	10/1/2009
95065		allergy nose test	16.63	16.63	10/1/2009
95070		allergy bronchial tests	33.85	33.85	10/1/2009
95071		inhala bronch challenge testing w/antigens specify	41.92	41.92	10/1/2009
95075		ingestion challenge test	39.44	51.56	10/1/2009
95115		immunotherapy, one injection	8.18	8.18	10/1/2009
95117		professional services for allergen immunotherapy not includin	9.91	9.91	10/1/2009
95120		professional services for allergen immunotherapy in prescribir	4.39	4.39	10/1/2009
95125		professional services for allergen immunotherapy in prescribir	6.60	6.60	10/1/2009
95130		immunotherapy	28.52	28.52	10/1/2009
95131		immunotherapy 2 stinging insect venoms	35.53	35.53	10/1/2009
95132		immunotherapy 3 stinging insect venoms	27.97	27.97	10/1/2009
95133		immunotherapy 4 stinging insect venoms	51.74	51.74	10/1/2009
95134		immunotherapy 5 stinging insect venoms	61.93	61.93	10/1/2009
95144		professional services for the supervision of preparation and pı	2.65	9.28	10/1/2009
95145		professional services for the supervision of preparation and pı	2.65	12.17	10/1/2009
95146		professional services for the supervision and provision of anti	2.65	19.95	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
95147		professional services for the supervision and provision of anti	2.65	19.37	10/1/2009
95148		professional services for the supervision and provision of anti	2.65	27.16	10/1/2009
95149		professional services for the supervision and provision of anti	2.65	35.53	10/1/2009
95165		professional services for the supervision of preparation and p	2.65	9.28	10/1/2009
95170		professional services for the supervision and provision of anti	2.65	7.26	10/1/2009
95180		rapid desensitization procedure, each hour (eg, insulin, penici	88.26	115.38	10/1/2009
95805	26	multiple sleep latency or maintenance of wakefulness testing,	76.55	76.55	10/1/2009
95805	TC	multiple sleep latency or maintenance of wakefulness testing,	261.10	261.10	10/1/2009
95805		multiple sleep latency or maintenance of wakefulness testing,	337.65	337.65	10/1/2009
95806	26	sleep study, simultaneous recording of ventilation, respiratory	67.76	67.76	10/1/2009
95806	TC	sleep study, simultaneous recording of ventilation, respiratory	99.86	99.86	10/1/2009
95806		sleep study, simultaneous recording of ventilation, respiratory	167.62	167.62	10/1/2009
95807	26	sleep study, simultaneous recording of ventilation, respiratory	67.19	67.19	10/1/2009
95807	TC	sleep study, simultaneous recording of ventilation, respiratory	326.71	326.71	10/1/2009
95807		sleep study, simultaneous recording of ventilation, respiratory	393.89	393.89	10/1/2009
95808	26	polysomnography; sleep staging with 1-3 add'l parameters of	107.69	107.69	10/1/2009
95808	TC	polysomnography; sleep staging with 1-3 add'l parameters of	409.48	409.48	10/1/2009
95808		polysomnography; sleep staging with 1-3 add'l parameters of	517.17	517.17	10/1/2009
95810	26	polysomnography; sleep staging with 4 or more add'l paramet	141.95	141.95	10/1/2009
95810	TC	polysomnography; sleep staging with 4 or more add'l paramet	474.67	474.67	10/1/2009
95810		polysomnography; sleep staging with 4 or more add'l paramet	616.62	616.62	10/1/2009
95811	26	polysomnography; of sleep, attended by a technologist sleep	152.59	152.59	10/1/2009
95811	TC	polysomnography; of sleep, attended by a technologist sleep	526.77	526.77	10/1/2009
95811		polysomnography; of sleep, attended by a technologist sleep	679.36	679.36	10/1/2009
95812	26	eeg extended monitoring; up to 1 hour	44.95	44.95	10/1/2009
95812	TC	eeg extended monitoring; up to 1 hour	144.07	144.07	10/1/2009
95812		eeg extended monitoring; up to 1 hour	189.03	189.03	10/1/2009
95813	26	eeg extended monitoring; greater than 1 hour	71.58	71.58	10/1/2009
95813	TC	eeg extended monitoring; greater than 1 hour	161.09	161.09	10/1/2009
95813		eeg extended monitoring; greater than 1 hour	232.67	232.67	10/1/2009
95816	26	electroencephalogram (eeg) including recording awake and d	44.95	44.95	10/1/2009
95816	TC	electroencephalogram (eeg) including recording awake and d	128.59	128.59	10/1/2009
95816		electroencephalogram (eeg) including recording awake and d	173.55	173.55	10/1/2009
95819	26	electroencephalogram (eeg) including recording awake and a	44.95	44.95	10/1/2009
95819	TC	electroencephalogram (eeg) including recording awake and a	141.28	141.28	10/1/2009
95819		electroencephalogram (eeg) including recording awake and a	186.23	186.23	10/1/2009
95822	26	electroencephalogram; sleep only	44.95	44.95	10/1/2009
95822	TC	electroencephalogram; sleep only	140.43	140.43	10/1/2009
95822		electroencephalogram; sleep only	185.39	185.39	10/1/2009
95824	TC	electroencephalogram; cerebral death eval. only	13.44	13.44	10/1/2009
95824	26	electroencephalogram; cerebral death eval. only	30.79	30.79	10/1/2009
95824		electroencephalogram; cerebral death eval. only	49.90	49.90	10/1/2009
95827	26	electroencephalogram; all night sleep only	44.47	44.47	10/1/2009
95827	TC	electroencephalogram; all night sleep only	254.26	254.26	10/1/2009
95827		electroencephalogram; all night sleep only	298.73	298.73	10/1/2009
95829	26	electrocorticogram at surger	260.77	260.77	10/1/2009
95829	TC	electrocorticogram at surger	706.72	706.72	10/1/2009
95829		electrocorticogram at surger	967.48	967.48	10/1/2009
95830	26	insertion of electrodes for electroencephalographi	23.46	24.96	10/1/2009
95830		insertion of electrodes for electroencephalographi	70.75	142.28	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
95831		muscle testing, manual (separate procedure) with report; extre	11.81	20.76	10/1/2009
95832		muscle testing hand	12.32	19.53	10/1/2009
95833		muscle testing total evaluation of body excluding	19.67	28.89	10/1/2009
95834		body muscle evaluation	24.78	34.30	10/1/2009
95851	26	range of motion evaluation	4.98	10.68	10/1/2009
95851		range of motion evaluation	6.62	13.26	10/1/2009
95852	26	range of motion measurements and report of hands	1.19	2.57	10/1/2009
95852		range of motion measurements and report of hands	4.78	10.26	10/1/2009
95857	26	tensilon test for myasthenia gravis	5.60	8.41	10/1/2009
95857		tensilon test for myasthenia gravis	22.40	33.65	10/1/2009
95860	TC	needle electromyography, one extremity with or without relate	24.91	24.91	10/1/2009
95860	26	needle electromyography, one extremity with or without relate	41.01	41.01	10/1/2009
95860		needle electromyography, one extremity with or without relate	65.93	65.93	10/1/2009
95861	TC	needle electromyography, two extremities with or without relat	30.31	30.31	10/1/2009
95861	26	needle electromyography, two extremities with or without relat	65.55	65.55	10/1/2009
95861		needle electromyography, two extremities with or without relat	95.87	95.87	10/1/2009
95863	TC	needle electromyography, three extremities with or without rel	35.80	35.80	10/1/2009
95863	26	needle electromyography, three extremities with or without rel	78.54	78.54	10/1/2009
95863		needle electromyography, three extremities with or without rel	114.34	114.34	10/1/2009
95864	TC	needle electromyography, four extremities with or without rela	46.78	46.78	10/1/2009
95864	26	needle electromyography, four extremities with or without rela	84.01	84.01	10/1/2009
95864		needle electromyography, four extremities with or without rela	130.80	130.80	10/1/2009
95865	TC	needle electromyography; larynx	24.53	24.53	10/1/2009
95865	26	needle electromyography; larynx	67.55	67.55	10/1/2009
95865		needle electromyography; larynx	92.08	92.08	10/1/2009
95866	TC	needle electromyography; hemidiaphragm	21.65	21.65	10/1/2009
95866	26	needle electromyography; hemidiaphragm	53.63	53.63	10/1/2009
95866		needle electromyography; hemidiaphragm	75.28	75.28	10/1/2009
95867	TC	needle electromyography, cranial nerve supplied muscles, un	23.86	23.86	10/1/2009
95867	26	needle electromyography, cranial nerve supplied muscles, un	33.30	33.30	10/1/2009
95867		needle electromyography, cranial nerve supplied muscles, un	57.17	57.17	10/1/2009
95868	TC	needle electromyography, cranial nerve supplied muscles, bila	28.97	28.97	10/1/2009
95868	26	needle electromyography, cranial nerve supplied muscles, bila	49.60	49.60	10/1/2009
95868		needle electromyography, cranial nerve supplied muscles, bila	78.57	78.57	10/1/2009
95869	26	needle electromyography; thoracic paraspinal muscles	15.68	15.68	10/1/2009
95869	TC	needle electromyography; thoracic paraspinal muscles	20.58	20.58	10/1/2009
95869		needle electromyography; thoracic paraspinal muscles	36.26	36.26	10/1/2009
95870	26	needle electromyography; other than paraspinal (eg, abdomer	15.68	15.68	10/1/2009
95870	TC	needle electromyography; other than paraspinal (eg, abdomer	19.72	19.72	10/1/2009
95870		needle electromyography; other than paraspinal (eg, abdomer	35.40	35.40	10/1/2009
95872	TC	needle electromyography using single fiber electrode, with qu	20.88	20.88	10/1/2009
95872	26	needle electromyography using single fiber electrode, with qu	115.90	115.90	10/1/2009
95872		needle electromyography using single fiber electrode, with qu	136.78	136.78	10/1/2009
95873	26	electrical stimulation for guidance in conjunction with chemod	16.54	16.54	10/1/2009
95873	TC	electrical stimulation for guidance in conjunction with chemod	20.29	20.29	10/1/2009
95873		electrical stimulation for guidance in conjunction with chemod	36.85	36.85	10/1/2009
95874	26	needle electromyography for guidance in conjunction with che	15.97	15.97	10/1/2009
95874	TC	needle electromyography for guidance in conjunction with che	18.86	18.86	10/1/2009
95874		needle electromyography for guidance in conjunction with che	34.83	34.83	10/1/2009
95875	TC	ischemic limb exercise test with serial specimen(s) acquisition	29.17	29.17	10/1/2009
95875	26	ischemic limb exercise test with serial specimen(s) acquisition	45.96	45.96	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
95875		ischemic limb exercise test with serial specimen(s) acquisition	75.12	75.12	10/1/2009
95885		needle electromyography, each extremity, with related parasp	32.48	32.48	1/1/2012
95885	26	needle electromyography, each extremity, with related parasp	10.51	10.51	1/1/2012
95885	TC	needle electromyography, each extremity, with related parasp	21.98	21.98	1/1/2012
95886		needle electromyography, each extremity, with related parasp	51.21	51.21	1/1/2012
95886	26	needle electromyography, each extremity, with related parasp	28.05	28.05	1/1/2012
95886	TC	needle electromyography, each extremity, with related parasp	23.16	23.16	1/1/2012
95887		needle electomyography, non-extremity (cranial nerve supplie	45.57	45.57	1/1/2012
95887	26	needle electomyography, non-extremity (cranial nerve supplie	22.02	22.02	1/1/2012
95887	TC	needle electomyography, non-extremity (cranial nerve supplie	23.55	23.55	1/1/2012
95900	26	nerve conduction, amplitude and latency/velocity study, each	17.82	17.82	10/1/2009
95900	TC	nerve conduction, amplitude and latency/velocity study, each	24.62	24.62	10/1/2009
95900		nerve conduction, amplitude and latency/velocity study, each	42.44	42.44	10/1/2009
95903	TC	nerve conduction study, any site; motor with f-wave study	24.91	24.91	10/1/2009
95903	26	nerve conduction study, any site; motor with f-wave study	25.07	25.07	10/1/2009
95903		nerve conduction study, any site; motor with f-wave study	49.98	49.98	10/1/2009
95904	26	nerve conduction, amplitude and latency/velocity study, each	14.46	14.46	10/1/2009
95904	TC	nerve conduction, amplitude and latency/velocity study, each	22.90	22.90	10/1/2009
95904		nerve conduction, amplitude and latency/velocity study, each	37.35	37.35	10/1/2009
95905	26	Motor and/or sensory nerve conduction, using preconfigured e	1.79	1.79	01/1/2010
95905	TC	Motor and/or sensory nerve conduction, using preconfigured e	45.77	45.77	01/1/2010
95905		Motor and/or sensory nerve conduction, using preconfigured e	47.57	47.57	01/1/2010
95920	TC	intraoperative neurophysiology testing, per hour (list separate	33.40	33.40	10/1/2009
95920	26	intraoperative neurophysiology testing, per hour (list separate	89.43	89.43	10/1/2009
95920		intraoperative neurophysiology testing, per hour (list separate	122.82	122.82	10/1/2009
95921	TC	testing of autonomic nervous system function; cardiovagal inn	22.31	22.31	10/1/2009
95921	26	testing of autonomic nervous system function; cardiovagal inn	37.22	37.22	10/1/2009
95921		testing of autonomic nervous system function; cardiovagal inn	59.53	59.53	10/1/2009
95922	TC	testing of autonomic nervous system function; vasomotor adre	31.26	31.26	10/1/2009
95922	26	testing of autonomic nervous system function; vasomotor adre	39.86	39.86	10/1/2009
95922		testing of autonomic nervous system function; vasomotor adre	71.12	71.12	10/1/2009
95923	26	testing of autonomic nervous system function; sudomotor, inc	37.70	37.70	10/1/2009
95923	TC	testing of autonomic nervous system function; sudomotor, inc	54.91	54.91	10/1/2009
95923		testing of autonomic nervous system function; sudomotor, inc	92.61	92.61	10/1/2009
95925	26	short-latency somatosensory evoked potential study, stimulati	22.82	22.82	10/1/2009
95925	TC	short-latency somatosensory evoked potential study, stimulati	70.41	70.41	10/1/2009
95925		short-latency somatosensory evoked potential study, stimulati	93.22	93.22	10/1/2009
95926	26	short latency somatosensory study, any site; in lower limbs	22.62	22.62	10/1/2009
95926	TC	short latency somatosensory study, any site; in lower limbs	68.96	68.96	10/1/2009
95926		short latency somatosensory study, any site; in lower limbs	91.58	91.58	10/1/2009
95927	26	short latency somatosensory study, any site; in the trunk or he	23.10	23.10	10/1/2009
95927	TC	short latency somatosensory study, any site; in the trunk or he	70.69	70.69	10/1/2009
95927		short latency somatosensory study, any site; in the trunk or he	93.80	93.80	10/1/2009
95930	26	visual evoked potential (vep) testing central nervous system	14.77	14.77	10/1/2009
95930	TC	visual evoked potential (vep) testing central nervous system	67.69	67.69	10/1/2009
95930		visual evoked potential (vep) testing central nervous system	82.46	82.46	10/1/2009
95933	26	orbicularis oculi reflex by electrodiagnostic test	24.95	24.95	10/1/2009
95933	TC	orbicularis oculi reflex by electrodiagnostic test	26.28	26.28	10/1/2009
95933		orbicularis oculi reflex by electrodiagnostic test	51.23	51.23	10/1/2009
95934	TC	h-reflex, amplitude and latency study; record gastrocnemius/s	17.13	17.13	10/1/2009
95934	26	h-reflex, amplitude and latency study; record gastrocnemius/s	21.49	21.49	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
95934		h-reflex, amplitude and latency study; record gastrocnemius/s	38.61	38.61	10/1/2009
95936	TC	h-reflex, amplitude and latency study; other than gastrocnemi	11.07	11.07	10/1/2009
95936	26	h-reflex, amplitude and latency study; other than gastrocnemi	23.22	23.22	10/1/2009
95936		h-reflex, amplitude and latency study; other than gastrocnemi	34.29	34.29	10/1/2009
95937	TC	neuromuscular junctn testing, ea nerve,any 1 meth.	17.70	17.70	10/1/2009
95937	26	neuromuscular junctn testing, ea nerve,any 1 meth.	28.19	28.19	10/1/2009
95937		neuromuscular junctn testing, ea nerve,any 1 meth.	45.89	45.89	10/1/2009
95938		short-latency somatosensory evoked potential study, stimulati	171.38	171.38	1/1/2012
95938	26	short-latency somatosensory evoked potential study, stimulati	25.78	25.78	1/1/2012
95938	TC	short-latency somatosensory evoked potential study, stimulati	145.59	145.59	1/1/2012
95950	26	monitoring for identification and lateralization of cerebral seizu	62.80	62.80	10/1/2009
95950	TC	monitoring for identification and lateralization of cerebral seizu	125.88	125.88	10/1/2009
95950		monitoring for identification and lateralization of cerebral seizu	188.68	188.68	10/1/2009
95951	26	monitoring for localization of cerebral seizure focus by cable c	249.62	249.62	10/1/2009
95951	TC	monitoring for localization of cerebral seizure focus by cable c	1,154.21	1,154.21	10/1/2009
95951		monitoring for localization of cerebral seizure focus by cable c	1,436.21	1,436.21	10/1/2009
95953	26	monitor for loclzn of cerebral seiz. by comp eeg;re	136.54	136.54	10/1/2009
95953	TC	monitor for loclzn of cerebral seiz. by comp eeg;re	184.72	184.72	10/1/2009
95953		monitor for loclzn of cerebral seiz. by comp eeg;re	321.26	321.26	10/1/2009
95954	26	pharmacological or physical activation requiring physician atte	95.11	95.11	10/1/2009
95954	TC	pharmacological or physical activation requiring physician atte	103.58	103.58	10/1/2009
95954		pharmacological or physical activation requiring physician atte	198.68	198.68	10/1/2009
95955	26	electroencephalogram during surgery interpretation	41.42	41.42	10/1/2009
95955	TC	electroencephalogram during surgery interpretation	68.25	68.25	10/1/2009
95955		electroencephalogram during surgery interpretation	109.67	109.67	10/1/2009
95956	26	monitor for loclzn of cerebral seiz.by telemet.eeg	128.33	128.33	10/1/2009
95956	TC	monitor for loclzn of cerebral seiz.by telemet.eeg	433.62	433.62	10/1/2009
95956		monitor for loclzn of cerebral seiz.by telemet.eeg	561.94	561.94	10/1/2009
95957	26	digital analysis of electroencephalogram (eeg) (eg, for epilepti	82.66	82.66	10/1/2009
95957	TC	digital analysis of electroencephalogram (eeg) (eg, for epilepti	124.94	124.94	10/1/2009
95957		digital analysis of electroencephalogram (eeg) (eg, for epilepti	207.61	207.61	10/1/2009
95958	TC	wada activation test for hemispheric funct.inc.eeg	132.07	132.07	10/1/2009
95958	26	wada activation test for hemispheric funct.inc.eeg	176.73	176.73	10/1/2009
95958		wada activation test for hemispheric funct.inc.eeg	308.80	308.80	10/1/2009
95961	TC	functional cortical and subcortical mapping by stimulation and	55.60	55.60	10/1/2009
95961	26	functional cortical and subcortical mapping by stimulation and	131.51	131.51	10/1/2009
95961		functional cortical and subcortical mapping by stimulation and	187.11	187.11	10/1/2009
95962	TC	functional cortical mapping by stimulation of electrodes on bra	37.15	37.15	10/1/2009
95962	26	functional cortical mapping by stimulation of electrodes on bra	136.69	136.69	10/1/2009
95962		functional cortical mapping by stimulation of electrodes on bra	173.85	173.85	10/1/2009
95965	26	magnetoencephalography (meg), recording and analysis; for s	340.70	340.70	10/1/2009
95966	26	magnetoencephalography (meg), recording and analysis; for e	169.70	169.70	10/1/2009
95967	26	magnetoencephalography (meg), recording and analysis; for e	145.44	145.44	10/1/2009
95970		electronic analysis of implanted neurostimulator pulse genera	18.37	40.00	10/1/2009
95971		electronic analysis of implanted neurostimulator pulse genera	33.21	46.47	10/1/2009
95972		electronic analysis of implanted neurostimulator pulse genera	63.09	82.99	10/1/2009
95973		electronic analysis of implanted neurostimulator pulse genera	37.56	45.65	10/1/2009
95974		electronic analysis of implanted neurostimulator pulse genera	123.81	140.54	10/1/2009
95975		electronic analysis of implanted neurostimulator pulse genera	71.24	77.88	10/1/2009
95978		electronic analysis of implanted neurostimulator pulse genera	145.28	166.91	10/1/2009
95979		electronic analysis of implanted neurostimulator pulse genera	68.29	74.92	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
95990		refilling and maintenance of implantable pump or reservoir for	46.18	46.18	10/1/2009
95991		refilling and maintenance of implantable pump or reservoir for	30.38	70.48	10/1/2009
96000		comprehensive computer-based motion analysis by video-tap	72.43	72.43	10/1/2009
96001		comprehensive computer-based motion analysis by video-tap	85.74	85.74	10/1/2009
96002		dynamic surface electromyography, during walking or other fu	16.93	16.93	10/1/2009
96003		dynamic fine wire electromyography, during walking or other f	14.81	14.81	10/1/2009
96004		physician review and interpretation of comprehensive comput	91.68	91.68	10/1/2009
96040		medical genetics and genetic counseling services, each 30 m	32.05	32.05	10/1/2009
96101		psychological testing (includes psychodiagnostic assessment	71.10	71.38	10/1/2009
96105		assessment of aphasia (includes assessment of expressive a	57.20	57.20	10/1/2009
96110		developmental testing; limited (eg, developmental screening t	8.75	8.75	10/1/2009
96111		developmental testing; extended (includes assessment of mot	106.25	108.56	10/1/2009
96116		neurobehavioral status exam (clinical assessment of thinking,	75.11	79.14	10/1/2009
96118		neuropsychological testing (eg, halstead-reitan neuropsychol	73.37	89.24	10/1/2009
96125		standardized cognitive performance testing (eg, ross informat	67.13	78.38	10/1/2009
96150	EP	health and behavior assessment, each 15 minutes face to fac	18.96	19.25	10/1/2009
96150		health and behavior assessment, each 15 minutes face to fac	18.96	19.25	10/1/2009
96151	EP	health and behavior assessment, each 15 minutes face to fac	18.34	18.63	10/1/2009
96151		health and behavior assessment, each 15 minutes face to fac	18.34	18.63	10/1/2009
96360		intravenous infusion, hydration; initial, 31 minutes to 1 hour	45.05	45.05	10/1/2009
96361		intravenous infusion, hydration; each additional hour (list sepa	13.11	13.11	10/1/2009
96365		intravenous infusion, for therapy, prophylaxis, or diagnosis (sp	54.95	54.95	10/1/2009
96366		intravenous infusion, for therapy, prophylaxis, or diagnosis (sp	17.65	17.65	10/1/2009
96367		intravenous infusion, for therapy, prophylaxis, or diagnosis (sp	27.77	27.77	10/1/2009
96368		intravenous infusion, for therapy, prophylaxis, or diagnosis (sp	16.47	16.47	10/1/2009
96369		subcutaneous infusion for therapy or prophylaxis (specify sub	119.64	119.64	10/1/2009
96370		subcutaneous infusion for therapy or prophylaxis (specify sub	12.75	12.75	10/1/2009
96371		subcutaneous infusion for therapy or prophylaxis (specify sub	57.88	57.88	10/1/2009
96372		therapeutic, prophylactic, or diagnostic injection (specify subs	17.04	17.04	10/1/2009
96373		therapeutic, prophylactic, or diagnostic injection (specify subs	14.63	14.63	10/1/2009
96374		therapeutic, prophylactic, or diagnostic injection (specify subs	43.61	43.61	10/1/2009
96375		therapeutic, prophylactic, or diagnostic injection (specify subs	18.91	18.91	10/1/2009
96401		chemotherapy administration, subcutaneous or intramuscular;	54.34	54.34	10/1/2009
96402		chemotherapy administration, subcutaneous or intramuscular;	29.78	29.78	10/1/2009
96405		chemotherapy administration, intralesional;	24.01	68.43	10/1/2009
96406		chemotherapy administration, intralesional;	35.05	94.76	10/1/2009
96409		chemotherapy administration; intravenous, push technique, si	89.43	89.43	10/1/2009
96411		chemotherapy administration; intravenous, push technique, ea	50.97	50.97	10/1/2009
96413		chemotherapy administration, intravenous infusion technique;	117.89	117.89	10/1/2009
96415		chemotherapy administration, intravenous infusion technique;	26.64	26.64	10/1/2009
96416		chemotherapy administration, intravenous infusion technique;	128.40	128.40	10/1/2009
96417		chemotherapy administration, intravenous infusion technique;	58.70	58.70	10/1/2009
96420		chemotherapy admin, intra-arterial push	85.90	85.90	10/1/2009
96422		chemotherapy admin, intra-arterial infusion up to 1 hour	138.68	138.68	10/1/2009
96423		chemotherapy administration, intra-arterial; infusion technique	62.23	62.23	10/1/2009
96425		chemotherapy admin, intra-arterial infusion, over 8 hours (pun	136.66	136.66	10/1/2009
96440		chemotherapy admin, into pleural cavity including thoracentes	109.85	482.18	10/1/2009
96446		Chemotherapy administration into the peritoneal cavity via ind	17.50	145.98	1/1/2011
96450		chemotherapy administration, into cns (eg, intrathecal), requir	73.14	169.18	10/1/2009
96521		refilling and maintenance of portable pump	101.47	101.47	10/1/2009
96522		refilling and maintenance of implantable pump or reservoir for	86.19	86.19	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
96523		irrigation of implanted venous access device for drug delivery	20.19	20.19	10/1/2009
96542		chemotherapy injection, subarachnoid or intraventricular via s	37.46	108.41	10/1/2009
96567		photodynamic therapy by external application of light to destro	93.08	93.08	10/1/2009
96570		photodynamic therapy by endoscopic application of light to ab	48.01	48.01	10/1/2009
96571		photodynamic therapy by endoscopic application of light to ab	23.22	23.22	10/1/2009
96900		ultraviolet light therapy	15.40	15.40	10/1/2009
96910		photochemotheraph tar/ultrauiolet b goeckerman tre	49.82	49.82	10/1/2009
96912		photochemotherapy psoralens/ultrauiolet a puva	63.86	63.86	10/1/2009
96913		photochemotherapy, 4-8 hrs, physician supervision	88.50	88.50	10/1/2009
96920		laser treatment for inflammatory skin disease (psoriasis); total	53.27	130.57	10/1/2009
96921		laser treatment for inflammatory skin disease (psoriasis); 250	52.93	127.92	10/1/2009
96922		laser treatment for inflammatory skin disease (psoriasis); over	94.53	190.28	10/1/2009
97001		physical therapy evaluation	58.30	58.30	10/1/2009
97002		physical therapy re-evaluation	31.21	31.21	10/1/2009
97003		occupational therapy evaluation	61.67	61.67	10/1/2009
97004		occupational therapy re-evaluation	35.54	35.54	10/1/2009
97010		application of a modality to one or more areas; hot or cold pac	3.79	3.79	10/1/2009
97012		physical med treatment one area traction	12.03	12.03	10/1/2009
97014		physical med treatment electrical stimulation	11.00	11.00	10/1/2009
97016		physical med treatment vasopneumatic devices	12.44	12.44	10/1/2009
97018		physical med treatment paraffin bath	6.40	6.40	10/1/2009
97022		physical medicine treatment whirlpool	14.15	14.15	10/1/2009
97024		physical medicine treatment diathermy	4.38	4.38	10/1/2009
97026		physical medicine treatment infrared	4.09	4.09	10/1/2009
97028		physical medicine treatment one area ultraviolet	5.00	5.00	10/1/2009
97032		application of a modality to one or more areas;	13.47	13.47	10/1/2009
97034		application of a modality to one or more areas;	12.22	12.22	10/1/2009
97035		application of a modality to one or more areas;	9.63	9.63	10/1/2009
97036		application of a modality to one or more areas;	20.76	20.76	10/1/2009
97110		therapeutic procedure, one or more areas, each 15 minutes; t	23.37	23.37	10/1/2009
97112		therapeutic procedure, one or more areas, each 15 minutes; r	24.03	24.03	10/1/2009
97113		therapeutic procedure, one or more areas, each 15 minutes;	28.34	28.34	10/1/2009
97116		therapeutic procedure, one or more areas, each 15 minutes; g	20.46	20.46	10/1/2009
97124		therapeutic procedure, one or more areas, each 15 minutes; r	18.61	18.61	10/1/2009
97140		manual therapy techniques	21.68	21.68	10/1/2009
97530		therapeutic activities, direct (one on one) patient contact by th	24.59	24.59	10/1/2009
97533		sensory integrative techniques to enhance sensory processing	21.70	21.70	10/1/2009
97535		self-care/home management training (eg, activities of daily livi	24.62	24.62	10/1/2009
97597		removal of devitalized tissue from wound(s), selective debride	26.57	47.63	10/1/2009
97598		removal of devitalized tissue from wound(s), selective debride	35.45	59.10	10/1/2009
97750		physical performance test or measurement (eg, musculoskele	23.94	23.94	10/1/2009
97760		orthotic(s) management and training (including assessment a	26.44	26.44	10/1/2009
97761		prosthetic training, upper and/or lower extremity(s), each 15 m	23.65	23.65	10/1/2009
97762		checkout for orthotic/prosthetic use, established patient, each	26.94	26.94	10/1/2009
97802		medical nutrition therapy; initial assessment and intervention,	23.07	24.51	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
97803		medical nutrition therapy; re-assessment and intervention, ind	19.99	21.44	10/1/2009
98940		chiropractic manipulative treatment (cmt); spinal, one to two re	17.69	20.58	10/1/2009
98941		chiropractic manipulative treatment (cmt); spinal, three to four	25.65	28.54	10/1/2009
98942		chiropractic manipulative treatment (cmt); spinal, five regions	34.44	37.33	10/1/2009
99050		Medical services after hrs	27.30	27.30	10/1/2009
99051		Med serv, eve/wkend/holiday	27.30	27.30	10/1/2009
99053		Med serv 10pm-8am, 24 hr fac	27.30	27.30	10/1/2009
99058		Office emergency care	18.20	18.20	10/1/2009
99060		service(s) provided on an emergency basis, out of the office, v	9.76	9.76	10/1/2009
99070		special supplies	9.71	9.71	10/1/2009
99082		unusual travel	0.85	0.85	10/1/2009
99100		anesthesia for patient of extreme age, under one year and ove	17.90	17.90	10/1/2009
99116		anesthesia complicated by utilization of total body hypothermi	17.90	17.90	10/1/2009
99135		anesthesia complicated by utilization of controlled hypotensio	17.51	17.51	10/1/2009
99140		anesthesia complicated by emergency conditions (specify) (lis	17.90	17.90	10/1/2009
99143		moderate sedation services (other than those services descrit	19.77	19.77	10/1/2009
99144		moderate sedation services (other than those services descrit	16.24	16.24	10/1/2009
99145		moderate sedation services (other than those services descrit	7.91	7.91	10/1/2009
99148		moderate sedation services (other than those services descrit	25.80	25.80	10/1/2009
99149		moderate sedation services (other than those services descrit	25.80	25.80	10/1/2009
99150		moderate sedation services (other than those services descrit	12.89	12.89	10/1/2009
99170		anogenital examination with colposcopic magnification in child	78.64	117.00	10/1/2009
99175		induced vomiting	19.86	19.86	10/1/2009
99183		physician attendance and supervision of hyperbaric oxygen th	94.59	155.44	10/1/2009
99185		hypothermia, regional	44.63	44.63	10/1/2009
99186		hypothermia, total body	57.06	57.06	10/1/2009
99190		monitoring services	92.52	92.52	10/1/2009
99191		monitoring services	59.41	59.41	10/1/2009
99192		monitoring services	43.02	43.02	10/1/2009
99195		therapeutic phlebotomy	56.06	56.06	10/1/2009
99201		ov new pt minor-phys time approx. 10 minutes	21.46	33.18	1/1/2009
99202		ov new pt,moderate-phys time approx 20 minutes	41.38	57.54	1/1/2009
99203		ov new pt, moderate-phys time approx 30 minutes	62.45	83.36	1/1/2009
99204		ov new pt, complex-phys time approx 45 minutes	104.87	129.27	1/1/2009
99205		ov new pt, severe-phys time approx 60 minutes	136.47	163.41	1/1/2009
99211		ov estab pt, minimal w/wo phys, time approx 5 min	7.94	16.82	1/1/2009
99212		ov established pt, minor-phys time approx 10 min.	21.14	33.50	1/1/2009
99213		ov estab. pt, moderate. phys time approx 15 min.	41.37	55.94	1/1/2009
99214		ov estab. pt, severe. phys time approx 25 min.	64.00	84.29	1/1/2009
99215		ov estab. pt, severe. phys time approx 40 min.	90.87	114.00	1/1/2009
99217		observation care discharge day management	61.32	61.32	1/1/2009
99218		initial observation, per day, low complexity	57.84	57.84	1/1/2009
99219		initial observation care, per day, moderate complexity	95.78	95.78	1/1/2009
99220		initial observation care, per day, high complexity	134.33	134.33	1/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
99221		initial hosp. care, minor. phys time approx 30 min	83.05	83.05	1/1/2009
99222		initial hosp care,moderate-phys time approx 50 min	113.34	113.34	1/1/2009
99223		initial hosp care, severe-phys time approx 70 min	166.89	166.89	1/1/2009
99224		Subsequent observation care, per day, for the evaluation and	23.29	23.29	1/1/2011
99225		Subsequent observation care, per day, for the evaluation and	41.37	41.37	1/1/2011
99226		Subsequent observation care, per day, for the evaluation and	61.86	61.86	1/1/2011
99231		hosp visit, stable. phys time approx 15 minutes	34.30	34.30	1/1/2009
99232		hosp visit, moderate. phys time approx 25 minutes	61.81	61.81	1/1/2009
99233		hosp visit, complex. phys time approx 35 minutes	88.53	88.53	1/1/2009
99234		observation or inpatient hospital care, for the evaluation and r	117.16	117.16	1/1/2009
99235		observation or inpatient hospital care, for the evaluation and r	153.91	153.91	1/1/2009
99236		observation or inpatient hospital care, for the evaluation and r	191.29	191.29	1/1/2009
99238		hospital discharge day management; 30 minutes or less	61.11	61.11	1/1/2009
99239		hospital discharge day management; more than 30 minutes	88.81	88.81	1/1/2009
99241		outpt. consult, minor- phys time approx 15 min.	27.57	39.98	10/1/2009
99242		outpt. consult, moderate- phys time approx 30 min.	58.18	74.90	10/1/2009
99243		outpt. consult, severe- phys time approx 40 min.	81.09	103.00	10/1/2009
99244		outpt. consult, severe- phys time approx 60 min.	128.77	152.99	10/1/2009
99245		outpt. consult, severe- phys time approx 80 min.	160.63	188.03	10/1/2009
99251		initial inpt consult- phys time approx 20 min.	40.82	40.82	10/1/2009
99252		initial inpt consult- phys time approx 40 min.	63.26	63.25	10/1/2009
99253		initial inpt consult- phys time approx 55 min.	96.03	96.02	10/1/2009
99254		initial inpt consult- phys time approx 80 min.	138.89	138.89	10/1/2009
99255		initial inpt consult- phys time approx 110 min.	169.23	169.23	10/1/2009
99281		er visit, minor	17.03	17.03	10/1/2009
99282		er visit, low severity	33.13	33.13	10/1/2009
99283		er visit, moderate severity	51.35	51.35	10/1/2009
99284		er visit, high severity	96.14	96.14	10/1/2009
99285		emergency department visit for the evaluation and manageme	142.93	142.93	10/1/2009
99288		physician direction of ems advanced life support	44.63	44.63	10/1/2009
99291		critical care, evaluation and management of the critically ill or	195.83	232.59	1/1/2009
99292		critical care, evaluation and management of the unstable critic	97.86	105.47	1/1/2009
99304		initial nursing facility care, per day, for the evaluation and mar	74.00	74.00	1/1/2009
99305		initial nursing facility care, per day, for the evaluation and mar	103.46	103.46	1/1/2009
99306		initial nursing facility care, per day, for the evaluation and mar	132.95	132.95	1/1/2009
99307		subsequent nursing facility care, per day, for the evaluation ar	36.52	36.52	1/1/2009
99308		subsequent nursing facility care, per day, for the evaluation ar	55.83	55.83	1/1/2009
99309		subsequent nursing facility care, per day, for the evaluation ar	74.06	74.06	1/1/2009
99310		subsequent nursing facility care, per day, for the evaluation ar	109.51	109.51	1/1/2009
99315		nursing facility discharge day management; 30 minutes or les	53.43	53.43	1/1/2009
99316		nursing facility discharge day management; 30 minutes or les	69.81	69.81	1/1/2009
99318		evaluation and management of a patient involving an annual r	77.42	77.42	1/1/2009
99324		domiciliary or rest home visit for the evaluation and managem	49.64	49.64	1/1/2009
99325		domiciliary or rest home visit for the evaluation and managem	72.30	72.30	1/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
99326		domiciliary or rest home visit for the evaluation and managem	119.54	119.54	1/1/2009
99327		domiciliary or rest home visit for the evaluation and managem	155.92	155.92	1/1/2009
99328		domiciliary or rest home visit for the evaluation and managem	183.55	183.55	1/1/2009
99334		domiciliary or rest home visit for the evaluation and managem	51.16	51.16	1/1/2009
99335		domiciliary or rest home visit for the evaluation and managem	79.25	79.25	1/1/2009
99336		domiciliary or rest home visit for the evaluation and managem	111.60	111.60	1/1/2009
99337		domiciliary or rest home visit for the evaluation and managem	160.35	160.35	1/1/2009
99341		home visit for the evaluation and management of a new patie	49.64	49.64	1/1/2009
99342		home visit for the evaluation and management of a new patie	72.30	72.30	1/1/2009
99343		home visit for the evaluation and management of a new patie	116.43	116.43	1/1/2009
99344		home visit for the evaluation and management of a new patie	152.86	152.86	1/1/2009
99345		home visit for the evaluation and management of a new patie	183.86	183.86	1/1/2009
99347		home visit for the evaluation and management of an establish	48.44	48.44	1/1/2009
99348		home visit for the evaluation and management of an establish	73.14	73.14	1/1/2009
99349		home visit for the evaluation and management of an establish	106.51	106.51	1/1/2009
99350		home visit for the evaluation and management of an establish	148.49	148.49	1/1/2009
99354		prolonged physician service in the office or other outpatient se	80.13	84.57	1/1/2009
99355		prolonged physician service in the office or other outpatient se	79.28	83.72	1/1/2009
99356		prolonged physician service in the inpatient setting, requiring	77.23	77.23	1/1/2009
99357		prolonged physician service in the inpatient setting, requiring	77.76	77.76	1/1/2009
99360		physician standby service, requiring prolonged physician atte	49.94	49.94	10/1/2009
99367		medical team conference with interdisciplinary team of health	50.50	50.50	1/1/2009
99375		physician supervision of patients under care of home health	86.78	95.98	1/1/2009
99378		physician supervision of a hospice patient (patient not presen	89.95	99.15	1/1/2009
99381	EP	initial comprehensive preventive medicine evaluation and mar	80.33	80.33	1/1/2009
99382	EP	initial comprehensive preventive medicine age 001-004	80.33	80.33	1/1/2009
99383	EP	new pt physicial exam: 5 through 11 years	80.33	80.33	1/1/2009
99384	EP	new pt physicial exam: 12 through 17 years	80.33	80.33	1/1/2009
99384		new pt physical exam: 12 to 17 years	70.52	96.83	1/1/2009
99385	EP	initial comprehensive preventive medicine age 018-039	80.33	80.33	1/1/2009
99385		new pt physical exam: 18 to 39 years	70.52	96.83	1/1/2009
99386		new pt physical exam: 40 to 64 years	86.54	113.48	1/1/2009
99387		new pt physical exam: 65 years and over	94.92	124.40	1/1/2009
99391	EP	periodic comprehensive preventive medicine reevaluation and	80.33	80.33	1/1/2009
99392	EP	estab. pt physical exam: 1 to 4 years	80.33	80.33	1/1/2009
99393	EP	estab. pt physical exam: 5 through 11 years	80.33	80.33	1/1/2009
99394	EP	estab. pt physical exam: 12 to 17 years	80.33	80.33	1/1/2009
99394		estab. pt physical exam: 12 to 17 years	62.58	83.81	1/1/2009
99395	EP	estab. pt physical exam: 18 to 39 years	80.33	80.33	1/1/2009
99395		estab. pt physical exam: 18 to 39 years	62.58	84.13	1/1/2009
99396		estab. pt physical exam: 40 to 64 years	70.52	92.08	1/1/2009
99397		estab. pt physical exam: 65 years and older	78.91	103.31	1/1/2009
99404		preventive medicine, individual counseling, appx 60 minutes	81.40	91.49	10/1/2009
99406	EP	smoking and tobacco use cessation counseling visit; intermed	10.66	11.93	1/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
99406		smoking and tobacco use cessation counseling visit; intermec	10.66	11.93	1/1/2009
99407	EP	smoking and tobacco use cessation counseling visit; intensive	22.10	23.05	1/1/2009
99407		smoking and tobacco use cessation counseling visit; intensive	22.10	23.05	1/1/2009
99408	EP	alcohol and/or substance (other than tobacco) abuse structure	29.46	30.73	1/1/2009
99408		alcohol and/or substance (other than tobacco) abuse structure	29.46	30.73	1/1/2009
99409	EP	alcohol and/or substance (other than tobacco) abuse structure	59.14	60.41	1/1/2009
99409		alcohol and/or substance (other than tobacco) abuse structure	59.14	60.41	1/1/2009
99412		preventive medicine, group counseling, appx 60 minutes	10.59	16.07	10/1/2009
99420	EP	administration and interpretation of health risk assessment ins	8.14	8.14	1/1/2009
99420		administration and interpretation of health risk assessment ins	8.14	8.14	1/1/2009
99460	EP	initial hospital or birthing center care, per day, for evaluation a	51.95	51.95	1/1/2009
99461	EP	initial care, per day, for evaluation and management of norma	58.00	76.70	1/1/2009
99462		subsequent hospital care, per day, for evaluation and manage	27.70	27.70	1/1/2009
99463		initial hospital or birthing center care, per day, for evaluation a	69.50	69.50	1/1/2009
99464		attendance at delivery (when requested by the delivering phys	59.50	59.50	10/1/2009
99465		delivery/birthing room resuscitation, provision of positive press	121.70	121.70	10/1/2009
99466		critical care services delivered by a physician, face-to-face, du	194.48	194.48	10/1/2009
99467		critical care services delivered by a physician, face-to-face, du	97.11	97.11	10/1/2009
99468		initial inpatient neonatal critical care, per day, for the evaluatic	728.86	728.86	10/1/2009
99469		subsequent inpatient neonatal critical care, per day, for the ev	319.19	319.19	10/1/2009
99471		initial inpatient pediatric critical care, per day, for the evaluatio	649.31	649.31	10/1/2009
99472		subsequent inpatient pediatric critical care, per day, for the ev	321.76	321.76	10/1/2009
99475		initial inpatient pediatric critical care, per day, for the evaluatio	448.01	448.01	10/1/2009
99476		subsequent inpatient pediatric critical care, per day, for the ev	267.00	267.00	10/1/2009
99477		initial hospital care, per day, for the evaluation and managem	283.71	283.71	10/1/2009
99478		subsequent intensive care, per day, for the evaluation and ma	115.35	115.35	10/1/2009
99479		subsequent intensive care, per day, for the evaluation and ma	101.59	101.59	10/1/2009
99480		subsequent intensive care, per day, for the evaluation and ma	97.70	97.70	10/1/2009
A4216		sterile water, saline and/or dextrose (diluent), 10ml	0.42	0.42	11/1/2009
A4217		sterile/saline or water, 500ml	2.64	2.64	11/1/2009
A4263		permanent,long-term,nondissolvable lacrimal duct implant,eac	9.79	9.79	10/1/2009
G0108		diabetes outpatient self-management training services, indivic	18.37	18.37	10/1/2009
G0109		diabetes self-management training services, group session, 2	10.29	10.29	10/1/2009
G0127		trimming of dystrophic nails, any number	6.94	15.31	10/1/2009
G0202	26	screening. mammography, producing direct digital image bilat	29.34	29.34	10/1/2009
G0202	TC	screening. mammography, producing direct digital image bilat	75.22	75.22	10/1/2009
G0202		screening. mammography, producing direct digital image bilat	104.56	104.56	10/1/2009
G0204	26	diagnostic, mammography, producing direct digital image, bila	36.28	36.28	10/1/2009
G0204	TC	diagnostic, mammography, producing direct digital image, bila	86.75	86.75	10/1/2009
G0204		diagnostic, mammography, producing direct digital image, bila	123.03	123.03	10/1/2009
G0206	26	diagnostic, mammography, producing direct digital image, uni	29.34	29.34	10/1/2009
G0206	TC	diagnostic, mammography, producing direct digital image, uni	68.39	68.39	10/1/2009
G0206		diagnostic, mammography, producing direct digital image, uni	97.72	97.72	10/1/2009
G0416		surgical pathology, gross & microscopic examination for prost	509.65	509.65	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
G0417		surgical pathology, gross & microscopic examination for prost	989.88	989.88	10/1/2009
G0418		surgical pathology, gross & microscopic examination for prost	1,699.58	1,699.58	10/1/2009
G0419		surgical pathology, gross & microscopic examination for prost	2,015.76	2,015.76	10/1/2009
H0001		alcohol and/or drug assessment	20.21	20.21	10/1/2009
H0005		alcohol and/or drug services; group counseling by clinician (1	7.45	7.45	10/1/2009
H0031		mental health assessment, by non-physician	20.21	20.21	10/1/2009
Q0111		wet mounts, including preparation of vaginal, cervical or skin s	5.05	5.05	10/1/2009
Q0112		all potassium hydroxide (koh) preparations	5.64	5.64	10/1/2009
Q0113		pinworm examinations	3.89	3.89	10/1/2009
Q3014	GT	telehealth originating site facility fee	21.25	21.25	10/1/2009
Q4101		skin substitute, apligraf, per square centimeter	28.56	28.56	10/1/2009
Q4106		skin substitute, dermagraft, per square centimeter	34.99	34.99	10/1/2009
S9442		birthing class (one unit = 2 hours)	8.69	8.69	10/1/2009
T1017		dmh case mgmt area mh 1/4hr	17.67	17.67	10/1/2009
V2797		supply of low vision aids	60.18	60.18	10/1/2009

Physician Drug Program
as of January 1, 2012

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

****** indicates NDC required***

ProcCode	Modifier	Description	Facility	Non-Facility	Effective Date
BIOLOGICALS					
***J0129		Abatacept 10 mg, injection (Orencia)	$18.02	$18.02	10/1/2009
***J0586		AbobotulinumtoxinA, 5 units (Dysport)	$7.28	$7.28	4/1/2011
***J3590		Aflibercept, 2 mg, injection (Eylea)	$1,925.87	$1,925.87	11/22/2011
***J0221		Alglucosidase alfa, 10 mg, injection (Lumizyme)	$142.96	$142.96	1/1/2012
***J7308		Aminolevulinic acid HCl for topical admin. 20% single unit dosage form (354 mg) (Levulan)	$105.80	$105.80	10/1/2009
***J7196		Antithrombin (recombinant), 50 IU (ATryn)	$101.50	$101.50	1/1/2011
***J3590		Belatacept, 12.5 mg, injection (Nulojix)	$48.04	$48.04	6/23/2011
***J0490		Belimumab, 10 mg, injection (Benlysta)	$37.03	$37.03	1/1/2012
***J0597		C1 Esterase Inhibitor (human), 10 units (Berinert)	$26.54	$26.54	1/1/2011
***J0638		Canakinumab, 1 mg vial (Ilaris)	$85.95	$85.95	1/1/2011
***J3590		Centruriodes (scorpion) Immune F, 120 mg (Anascorp)	$3,795.36	$3,795.36	8/3/2011
***J0718		Certolizumab pegol, 1 mg, injection (Cimzia)	$3.59	$3.59	1/1/2010
***J0775		Collagenase clostridium histolyticum, 0.1 mg (Xiaflex)	$36.16	$36.16	1/1/2011
***J0897		Denosumab, 1 mg (Xgeva)	$13.91	$13.91	1/1/2012
***J1300		Eculizumab, 10 mg, injection (Soliris)	$170.04	$170.04	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J7180		Factor XIII Concentrate, 1 IU, (Corifact)	$8.12	$8.12	1/1/2012
***J3590		Golimumab, 0.5 ml/50 mg (Simponi)	$1,701.00	$1,701.00	7/1/2009
***J1680		Human fibrinogen concentrate, 100 mg, injection (RiaSTAP)	$94.56	$94.56	1/1/2010
***J3590		Human Thrombin Topical Protein, 1 IU (Evithrom)	$0.12	$0.12	12/1/2007
***J3590		Human Topical Protein, 1 IU (Recothrom)	$0.02	$0.02	1/1/2008
***J3590		Icatibant acetate, 10 mg (Firazyr)	$2,359.63	$2,359.63	8/25/2011
***J1559		Immune Globulin, 100 mg (Hizentra)	$7.02	$7.02	1/1/2011
***J0588		IncobotulinumtoxinA, 1 unit (Xeomin)	$5.33	$5.33	1/1/2012
***J0598		Injection, C1 esterase inhibitor (human), 10 units (Cinryze)	$41.98	$41.98	1/1/2010
***J3590		Peginterferon Alfa-2a, 1 mcg (Sylatron)	$3.13	$3.13	4/15/2011
***S0145		Peginterferon alfa-2a, 180 mcg/ml (Pegasys)	$324.32	$324.32	10/1/2009
***J2507		Pegloticase, 1 mg (Krystexxa)	$291.22	$291.22	1/1/2012
***S0148		Pegylated interferon alfa-2b, 10 mcg (Peg-Intron)	$101.30	$101.30	10/1/2010
***J2724		Protein C concentrate, intravenous, human, 10 IU, injection (Ceprotin)	$11.75	$11.75	10/1/2009
***J2778		Ranibizumab, 0.1 mg, injection (Lucentis)	$390.62	$390.62	10/1/2009
***J2793		Rilonacept, 1 mg injection (Arcalyst)	$23.66	$23.66	1/1/2010
***J3262		Tocilizumab, 1 mg (Actemra)	$3.35	$3.35	1/1/2011
***J3357		Ustekinumab, 1 mg (Solara)	$107.84	$107.84	1/1/2011
***J3385		Velaglucerase Alfa, 100 units (VPRIV)	$337.93	$337.93	1/1/2011
***J7183		Von Willebrand Factor Complex (human), 1 IU VWF:RCO (Wilate)	$0.85	$0.85	1/1/2012

DRUGS					
***J3490		17 Alpha Hydroxprogesterone Caporoate, Bulk powder, 250 mg (17P)	$20.00	$20.00	1/1/2009
***J0130		Abciximab, 10mg, injection (ReoPro)	$407.85	$407.85	10/1/2009
***J1120		Acetazolamide sodium, up to 500 mg, injection (Diamox)	$16.08	$16.08	10/1/2009
***J0133		Acyclovir, 5 mg, injection (Zovirax)	$0.02	$0.02	10/1/2009
***J0152		Adenosine, for diagnostic use, 30 mg, injection (Adenoscan)	$65.72	$65.72	10/1/2009
***J0150		Adenosine,for therapeutic use, 6mg, injection (Adenocard)	$12.39	$12.39	10/1/2009
***J0171		Adrenalin, epinephrine, 0.1 mg ampule, injection (Adrenalin)	$0.04	$0.04	1/1/2011
***J0180		Agalsidase Beta, 1 mg, injection (Fabrazyme)	$124.93	$124.93	10/1/2009
***P9047		Albumin (human), 25%, 50 ml, infusion	$38.69	$38.69	10/1/2009
***P9041		Albumin (human), 5%, 50 ml, infusion	$19.34	$19.34	10/1/2009
***J9015		Aldesleukin, per single use vial (Proleukin, etc)	$739.83	$739.83	10/1/2009
***J0215		Alefacept, 0.5 mg, injection (Amevive)	$25.70	$25.70	10/1/2009
***J9010		Alemtuzumab, 10 mg (Campath)	$531.27	$531.27	10/1/2009
***J0205		Alglucerase, per 10 units, injection (Ceredase)	$38.24	$38.24	10/1/2009
***J0220		Alglucosidase alfa, 10 mg, injection (Myozyme)	$122.63	$122.63	10/1/2009
***J0257		Alpha 1 proteinase inhibitor (human), 10 mg (Glassia)	$3.71	$3.71	1/1/2012
***J0256		Alpha 1-proteinase inhibitor-human, 10mg, injection	$3.53	$3.53	10/1/2009
***J2997		Alteplase recombinant, 1 mg, injection (Activase)	$31.02	$31.02	10/1/2009
***J0207		Amifostine, 500mg, injection (Ethyol)	$492.85	$492.85	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J0278		Amikacin sulfate, 100 mg, injection (Amikin)	$0.70	$0.70	10/1/2009
***J0280		Aminophylline, up to 250mg, injection	$0.36	$0.36	10/1/2009
***J0300		Amobarbital, up to 125mg, injection (Amytal)	$11.53	$11.53	10/1/2009
***J0285		Amphotericin B, 50 mg, injection (Amphocin)	$11.55	$11.55	10/1/2009
***J0288		Amphotericin B cholesteryl sulfate complex, 10 mg, injection (Amphotec)	$11.57	$11.57	10/1/2009
***J0287		Amphotericin B lipid complex, 10 mg, injection (Abelcet)	$10.08	$10.08	10/1/2009
***J0289		Amphotericin B liposome, 10 mg, injection (Ambisome)	$16.54	$16.54	10/1/2009
***J0290		Ampicillin sodium, 500mg, injection (Omnipen-N, Totacillin-N)	$2.17	$2.17	10/1/2009
***J0295		Ampicillin sodium/sulbactam sodium, per 1.5g, injection (Unasyn)	$4.24	$4.24	10/1/2009
***J7186		Antihemophilic factor VIII/von Willebrand factor complex	$0.83	$0.83	10/1/2009
***J7197		Antithrombin III (human), per IU (Throbate III, ATnativ)	$1.84	$1.84	10/1/2009
***J0400		Aripiprazole, intramuscular, 0.25 mg, injection (Abilify)	$0.28	$0.28	10/1/2009
***J9017		Arsenic trioxide, 1 mg (Trisenox)	$33.24	$33.24	10/1/2009
***J9020		Asparaginase, 10,000 units (Elspar)	$54.97	$54.97	10/1/2009
***J9999		Asparaginase Erwinia Chrysanthemi, 1,000 IUs, injection (Erwinaze)	$331.25	$331.25	11/22/2011
***J0461		Atropine sulfate, 0.01 mg, injection	$0.04	$0.04	1/1/2010
***J9025		Azacitidine 1 mg (Vidaza)	$4.32	$4.32	10/1/2009
***Q0144		Azithromycin dihydrate, oral, capsules/powder, 1 gm (Zithromax, Zithromax Z-Pak)	$20.96	$20.96	10/1/2009
***J0456		Azithromycin, 500mg, injection (Zithromax)	$17.33	$17.33	10/1/2009
***J3490		Baclofen Kit 2*5 ml amp, 10 mg (Lioresal)	invoice required	invoice required	4/1/2006
***J3490		Baclofen Kit 4*5 ml amp, 10 mg (Lioresal)	invoice required	invoice required	4/1/2006
***J0475		Baclofen, 10mg, injection (Lioresal)	$183.99	$183.99	10/1/2009
***J0476		Baclofen, 50 mcg for intrathecal trial, injection (Lioresal)	$67.25	$67.25	10/1/2009
J9031		BCG live (intravesical), per installation (Tice BCG, Theracys)	$109.66	$109.66	10/1/2009
J9033		Bendamustine HCl, 1 mg, injection	$17.94	$17.94	10/1/2009
***J0702		Betamethasone acetate and betamethasone sodium phosphate, per 3mg, injection (Celestone)	$5.54	$5.54	10/1/2009
***J9035		Bevacizumab, 10 mg, injection (Avastin)	$55.38	$55.38	10/1/2009
***J9040		Bleomycin sulfate, 15 units (Blenoxane)	$27.98	$27.98	10/1/2009
***J9041		Bortezomib, 0.1 mg, inj. (Velcade)	$33.19	$33.19	10/1/2009
***J0585		Botulinum toxin type A, per unit (Botox)	$5.03	$5.03	10/1/2009
***J0587		Botulinum toxin type B, per 100 units (Myobloc)	$8.40	$8.40	10/1/2009
***J9999		Brentuximab vedotin, 10 mg (Adcetris)	$4,684.55	$4,684.55	9/26/2011
***J0595		Butorphinol tartrate, 1 mg, injection (Stadol)	$0.48	$0.48	10/1/2009
***J9043		Cabazitaxel, 1 mg, (Jevtana)	$130.32	$130.32	1/1/2012
***J0636		Calcitriol, 0.1 mcg, injection (Calcijex)	$0.41	$0.41	10/1/2009
***J0610		Calcium gluconate, per 10ml, injection (Kaleinate)	$0.35	$0.35	10/1/2009
***J0620		Calcium glycerophosphate and calcium lactate, per 10ml, injection (Calphosan)	$12.73	$12.73	10/1/2009
***J7335		Capsaicin 8% patch, per 10 square centimeters (Qutenza)	$24.63	$24.63	1/1/2011
***J9045		Carboplatin, 50 mg (Paraplatin)	$6.08	$6.08	10/1/2009
***J9050		Carmustine, 100 mg (BiCNU)	$151.19	$151.19	10/1/2009
***J0690		Cefazolin Sodium, 500 mg, Injection (Ancef, Kefzol, Zoliicef)	$0.64	$0.64	10/1/2009
***J0692		Cefepime HCL, 500 mg, injection (Maxipime)	$6.51	$6.51	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J0698		Cefotaxime Sodium, per g (Claforan)	$4.14	$4.14	10/1/2009
***J0694		Cefoxitin Sodium, 1g, injection (Mefoxin)	$7.90	$7.90	10/1/2009
***J0712		Ceftaroline Fosamil Acetate, 10 mg (Teflaro)	$0.71	$0.71	1/1/2012
***J0713		Ceftazidime, per 500 mg, injection (Fortaz, Tazidime)	$3.35	$3.35	10/1/2009
***J0715		Ceftizoxime sodium, per 500mg, injection (Cefizox)	$5.05	$5.05	10/1/2009
***J0696		Ceftriaxone Sodium, per 250mg, injection (Rocephin)	$1.43	$1.43	10/1/2009
***J9055		Cetuximab, 10 mg, injection (Erbitux)	$48.02	$48.02	10/1/2009
***J0720		Chloramphenicol sodium succinate, up to 1g, injection (Chloromycetin)	$17.72	$17.72	10/1/2009
***J1990		Chlordiazepoxide HCl, up to 100 mg, injection (Librium)	$20.29	$20.29	10/1/2009
***J2400		Chloroprocaine HCl, per 30 ml, injection (Nesacaine)	$12.26	$12.26	10/1/2009
***J1205		Chlorothiazide sodium, per 500 mg, injection (Diuril Sodium)	$159.19	$159.19	10/1/2009
***J3230		Chlorpromazine HCl, up to 50 mg, injection (Thorazine)	$3.10	$3.10	10/1/2009
***J0725		Chorionic Gonadotropin, per 1,000 USP units, injection (Novarei TM)	$3.25	$3.25	10/1/2009
***J0740		Cidofovir, 375 mg, injection (Vistide)	$735.05	$735.05	10/1/2009
***J0743		Cilastatin sodium imipenem, per 250mg, injection (Primaxin IM or IV)	$13.77	$13.77	10/1/2009
***S0023		Cimetidine hydrochloride, 300 mg, injection (Tagamet)	$0.59	$0.59	10/1/2009
***J0744		Ciprofloxacin for IV infusion, 200 mg, injection (Cipro)	$5.15	$5.15	10/1/2009
***J9060		Cisplatin, powder or solution, per 10 mg (Platinol AQ)	$2.19	$2.19	10/1/2009
***J9065		Cladribine, per 1 mg, injection (Leustatin)	$29.53	$29.53	10/1/2009
***J0735		Clonidine hydrochloride, 1mg, injection (Catapres)	$53.99	$53.99	10/1/2009
***J0745		Codeine phosphate, per 30mg, injection	$1.22	$1.22	10/1/2009
***J0760		Colchicine, per 1mg, injection	$4.82	$4.82	10/1/2009
***J0770		Colistimethate Sodium, up to 150 mg, injection (Coly-Mycin	$19.17	$19.17	10/1/2009
***J0800		Corticotropin, up to 40 units, injection (Acthar, ACTH)	$2,270.88	$2,270.88	10/1/2009
***J0834		Cosyntropin, 0.25 injection (Cortrosyn)	$87.91	$87.91	1/1/2010
***J0833		Cosyntropin, not otherwise specified, 0.25 mg, injection	$63.06	$63.06	1/1/2010
***J9070		Cyclophosphamide, 100 mg (Cytoxan, Neosar)	$1.80	$1.80	10/1/2009
***J9098		Cytarabine liposome, 10 mg (DepoCyt)	$400.04	$400.04	10/1/2009
***J9100		Cytarabine, 100 mg (Cytosar-U)	$1.16	$1.16	10/1/2009
***J7070		D-5-W, 1,000 cc, infusion	$2.10	$2.10	10/1/2009
***J9130		Dacarbazine, 100 mg (DTIC- Dome)	$4.43	$4.43	10/1/2009
***J7513		Daclizumab, parenteral, 25 mg (Zenapax)	$304.34	$304.34	10/1/2009
***J9120		Dactinomycin, 0.5 mg (Cosmegen)	$475.70	$475.70	10/1/2009
***J1645		Dalteparin sodium, per 2500 IU, injection (Fragmin)	$10.40	$10.40	10/1/2009
***J0878		Daptomycin, 1 mg (Cubicin)	$0.34	$0.34	10/1/2009
***J0882		Darbepoetin alfa for ESRD on dialysis, 1 mcg (Aranesp)	$2.67	$2.67	10/1/2009
***J0881		Darbepoetin alfa, 1 mcg, (for non-ESRD use), injection (Aranesp)	$2.67	$2.67	10/1/2009
***J9150		Daunorubicin HCl, 10 mg (Cerubidine)	$16.52	$16.52	10/1/2009
***J9151		Daunorubicin citrate, liposomal formulation, 10 mg (Daunoxome)	$54.05	$54.05	10/1/2009
***J0894		Decitabine, 1 mg, injection	$26.14	$26.14	10/1/2009
***J0895		Deferoxamine Mesylate, 500mg, injection (Desferal)	$11.87	$11.87	10/1/2009
***J9155		Degarelix, 1 mg, injection (Firmagon)	$2.77	$2.77	1/1/2010
***J9160		Denileukin Diftitox, 300 mcg (Ontak)	$1,359.37	$1,359.37	10/1/2009
***J1000		Depo-estradiol cypionate, up to 5mg, injection (Depo-	$5.96	$5.96	10/1/2009
***J2597		Desmopressin acetate, per 1 mcg, injection (DDAVP)	$1.80	$1.80	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J1094		Dexamethasone acetate, 1 mg, injection (Dalalone - LA)	$0.22	$0.22	10/1/2009
***J1100		Dexamethasone sodium phosphate, 1mg, injection (Cortastat, Dalalone)	$0.08	$0.08	10/1/2009
***J7312		Dexamethasone, Intravitreal implant, 0.1 mg (Ozurdex)	$188.91	$188.91	1/1/2011
***J3490		Dexrazoxane , 250 mg (Totect)	$242.42	$242.42	1/1/2008
***J1190		Dexrazoxane hydrochloride, per 250 mg, injection (Zinecard)	$174.44	$174.44	10/1/2009
***J7110		Dextran 75, 500 ml, infusion (Gentran 75)	$10.08	$10.08	10/1/2009
***J7042		Dextrose 5% / normal saline (500 ml = 1 unit)	$0.27	$0.27	10/1/2009
***J7060		Dextrose 5% / water (500 ml = 1 unit)	$1.05	$1.05	10/1/2009
***J3360		Diazepam, up to 5 mg, injection (Valium, Zetran)	$0.76	$0.76	10/1/2009
***J1730		Diazoxide, up to 300 mg, injection (Hyperstat IV)	$107.83	$107.83	10/1/2009
***J0500		Dicyclomine HCl, up to 20mg, injection (Bentyl, Dilomine, Antispas)	$11.49	$11.49	10/1/2009
***J1160		Digoxin, up to 0.5 mg injection (Lanoxin)	$1.14	$1.14	10/1/2009
***J1110		Dihydroergotamine mesylate, per 1mg, injection (DHE 45)	$23.62	$23.62	10/1/2009
***J1240		Dimenhydrinate, up to 50 mg, injection (Dramamine)	$3.01	$3.01	10/1/2009
***J0470		Dimercaprol, per 100mg, injection (BAL in oil)	$25.71	$25.71	10/1/2009
***J1200		Diphenhydramine HCl, up to 50 mg, injection (Benadryl)	$0.72	$0.72	10/1/2009
***J1245		Dipyridamole, per 10 mg, injection (Persantine IV)	$0.70	$0.70	10/1/2009
***J1212		DMSO, dimethyl sulfoxide, 50%, 50 ml, injection	$48.68	$48.68	10/1/2009
***J1250		Dobutamine HCl, per 250 mg, injection (Dobutrex)	$4.96	$4.96	10/1/2009
***J9171		Docetaxel, 1 mg, injection	$16.98	$16.98	1/1/2010
***J1260		Dolasetron mesylate, 10 mg, injection (Anzemet)	$4.04	$4.04	10/1/2009
***J1265		Dopamine HCl, 40 mg, injection	$0.49	$0.49	10/1/2009
***J1267		Doripenem, 10 mg, injection (Doribax)	$0.63	$0.63	10/1/2009
***J1270		Doxercalciferol, 1 mcg, injection (Hectoral)	$2.70	$2.70	10/1/2009
***J9000		Doxorubicin HCl, 10 mg (Adriamycin)	$4.58	$4.58	10/1/2009
***J9001		Doxorubicin HCl,all lipid formulations, 10 mg (Doxil)	$398.63	$398.63	10/1/2009
***J1790		Droperidol, up to 5 mg, injection (Inapsine)	$1.27	$1.27	10/1/2009
***J1290		Ecallantide, 1 mg (Kalbitor)	$265.34	$265.34	1/1/2011
***J0600		Edetate calcium disodium, up to 1000mg, injection (Calcium EDTA)	$48.43	$48.43	10/1/2009
***J1650		Enoxaparin sodium, 10 mg, injection (Lovenox)	$5.69	$5.69	10/1/2009
***J9178		Epirubicin HCl, 2 mg, inj. (Ellence)	$6.02	$6.02	10/1/2009
***J0885		Epoetin alfa (for non-ESRD use), 1000 units, injection (Epogen, Procrit)	$8.74	$8.74	10/1/2009
***Q4081		Epoetin Alfa, 100 units (for ESRD on dialysis), injection (Epogen, Procrit)	$0.88	$0.88	10/1/2009
***J0886		Epoetin alfa, 1000 units (for ESRD on dialysis), injection (Epogen, Procrit)	$8.74	$8.74	10/1/2009
***J1325		Epoprostenol, 0.5 mg, injection (Flolan)	$13.84	$13.84	10/1/2009
***J9170		Eribulin Mesylate, 0.1 mg (Halaven)	$86.80	$86.80	1/1/2012
***J1335		Ertapenem, 500 mg, injection	$24.59	$24.59	10/1/2009
***J1364		Erythromycin lactobionate, per 500 mg, injection (Erthrocin)	$6.52	$6.52	10/1/2009
***J1380		Estradiol valerate, up to 10 mg, injection (Delestrogen)	$8.30	$8.30	10/1/2009
***J1410		Estrogen conjugated, per 25 mg, injection (Premarin IV)	$68.69	$68.69	10/1/2009
***J1436		Etidronate disodium, per 300 mg, injection (Didronel)	$68.84	$68.84	10/1/2009
***J9181		Etoposide, 10 mg (VePesid)	$0.39	$0.39	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J7193		Factor IX (antihemophilic factor, purefied, non-recombinant), per I.U. (Monomine, AlphaNine)	$0.86	$0.86	10/1/2009
***J7195		Factor IX (antihemophilic factor, recombinant), per I.U.	$1.03	$1.03	10/1/2009
***J7194		Factor IX Complex, per IU (Bebuline)	$0.77	$0.77	10/1/2009
***J7189		Factor VIIa (antihemophilic factor, recombinant), per 1 mcg (Novoseven)	$1.15	$1.15	10/1/2009
***J7191		Factor VIII (antihemophilic factor (porcine)), per IU	$1.79	$1.79	10/1/2009
***J7190		Factor VIII (antihemophilic factor, human) per I.U.	$0.73	$0.73	10/1/2009
***J7192		Factor VIII (antihemophilic factor, recombinant) per I.U.	$1.04	$1.04	10/1/2009
***J7185		Factor VIII (antihemophilic factor, recombinant), per IU, injection (Xyntha)	$1.05	$1.05	1/1/2010
***J3010		Fentanyl Citrate, 0.1 mg, injection (Sublimaze)	$0.27	$0.27	10/1/2009
***Q0139		Ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis), injection (Feraheme)	$0.80	$0.80	1/1/2010
***Q0138		Ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use), injection (Feraheme)	$0.80	$0.80	1/1/2010
***J1441		Filgastrim (G-CSF), 480 mcg, injection (Neupogen)	$295.61	$295.61	10/1/2009
***J1440		Filgrastim (G-CSF), 300 mcg, injection (Neupogen)	$192.08	$192.08	10/1/2009
***J9200		Floxuridine, 500 mg (FUDR)	$49.28	$49.28	10/1/2009
***J9185		Fludarabine phosphate, 50 mg, injection (Fludara)	$193.54	$193.54	10/1/2009
***J9190		Fluorouracil, 500 mg (Adrucil)	$1.80	$1.80	10/1/2009
***J2680		Fluphenazine decanoate, up to 25 mg, injection (Prolixin)	$2.28	$2.28	10/1/2009
***J1652		Fondaparinux sodium, 0.5 mg, injection (Arixtra)	$6.01	$6.01	8/1/2009
***J1453		Fosaprepitant, 1 mg, injection (Emend)	$1.51	$1.51	10/1/2009
***J1455		Foscarnet sodium, per 1,000 mg, injection (Foscavir)	$10.01	$10.01	10/1/2009
***J9395		Fulvestrant, 25 mg, injection (Faslodex)	$78.44	$78.44	10/1/2009
***J1940		Furosemide, up 20 mg, injection (Lasix)	$0.18	$0.18	10/1/2009
***J1570		Ganciclovir sodium, 500 mg, injection (Cytovene)	$42.27	$42.27	10/1/2009
***J7310		Ganciclovir, 4.5 mg, long-acting implant (Vitrasert)	$4,598.61	$4,598.61	10/1/2009
***J1580		Garamycin, gentamicin, up to 80 mg, injection (Gentamicin)	$1.00	$1.00	10/1/2009
***J9201		Gemcitabine HCl, 200 mg (Gemzar)	$127.04	$127.04	10/1/2009
***J9300		Gemtuzumab Ozogamicin, 5 mg, injection (Mylotarg)	$2,341.69	$2,341.69	10/1/2009
***J1610		Glucagon hydrochloride, per 1 mg, injection (Glucagen)	$66.19	$66.19	10/1/2009
***J1600		Gold sodium thiomalate, up to 50 mg, injection	$7.56	$7.56	10/1/2009
***J9202		Goserelin acetate implant, per 3.6 mg (Zoladex)	$182.91	$182.91	10/1/2009
***J1626		Granisetron hydrochloride, 100 mcg, injection (Kytril)	$4.78	$4.78	10/1/2009
***J1631		Haloperidol decanoate, per 50 mg, injection (Haldol Decanoate-50)	$2.32	$2.32	10/1/2009
***J1630		Haloperidol, up to 5 mg, injection (Haldol)	$1.67	$1.67	10/1/2009
***J1640		Hemin, 1 mg, injection	$7.05	$7.05	10/1/2009
***J1644		Heparin sodium, per 1,000 units, injection (Heparin)	$0.07	$0.07	10/1/2009
***J1642		Heparin sodium, per 10 units, injection (Heparin Lock Flush)	$0.04	$0.04	10/1/2009
***J9226		Histrelin implant (Supprelin LA), 50 mg	$14,129.17	$14,129.17	10/1/2009
***J9225		Histrelin implant (Vantas), 50 mg	$1,453.90	$1,453.90	10/1/2009
J7323		Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (Euflexxa)	$106.09	$106.09	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
J7325		Hyaluronan or derivative, for intra-articular injection, 1 mg (Synvisc or Synvisc-One)	$11.32	$11.32	1/1/2010
J7324		Hyaluronan or derivative, for intra-articular injection, per dose (Orthovisc)	$171.30	$171.30	10/1/2009
J7321		Hyaluronan or derivative, for intra-articular injection, per dose(Hyalgan or Supartz)	$97.60	$97.60	10/1/2009
***J3470		Hyaluronidase injection up to 150 units (Wydase)	$16.66	$16.66	10/1/2009
***J3473		Hyaluronidase, recombinant, 1 USP unit (Hylenex)	$0.40	$0.40	10/1/2009
***J0360		Hydralazine HCl, up to 20mg, injection (Apresoline)	$5.85	$5.85	10/1/2009
***J1720		Hydrocortisone sodium succinate, up to 100 mg, injection (A-Hydrocort, Solu-Cortef)	$2.15	$2.15	10/1/2009
***J1170		Hydromorphone, up to 4 mg, injection (Dilaudid)	$1.23	$1.23	10/1/2009
***J1725		Hydroxprogestorone caproate, 1 mg, injection (Makena)	$2.87	$2.87	1/1/2012
***J3410		Hydroxyzine HCl, up to 25 mg, injection (Vistaril)	$0.13	$0.13	10/1/2009
***J1980		Hyoscyamine sulfate, up to 0.25 mg, injection (Levsin)	$8.96	$8.96	10/1/2009
***J1740		Ibandronate sodium, 1 mg (Boniva)	$133.98	$133.98	10/1/2009
***J1742		Ibutilide fumarate, 1 mg, injection (Corvert)	$311.68	$311.68	10/1/2009
***J9211		Idarubicin HCl, 5 mg (Idamycin)	$266.15	$266.15	10/1/2009
***J1743		Idursulfase, 1 mg, injection (Elaprase)	$438.68	$438.68	10/1/2009
***J9208		Ifosfamide, per 1 g (Ifex)	$36.56	$36.56	10/1/2009
***J1786		Imiglucerase, 10 units, injection (Cerezyme)	$40.47	$40.47	1/1/2011
***J1745		Infliximab, 10 mg, injection (Remicade)	$53.06	$53.06	10/1/2009
***J0558		Injection, penicillin G benzathine and penicillin G procaine, per 100,000 units	$3.10	$3.10	1/1/2011
J7187		Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0	$0.86	$0.86	10/1/2009
***J1815		Insulin, per 5 units, injection	$0.27	$0.27	10/1/2009
***J9213		Interferon alfa-2A, recombinant, 3 million units (Roferon-A)	$39.45	$39.45	10/1/2009
***J9214		Interferon alfa-2B, recombinant, 1 million units (Intron-A)	$13.65	$13.65	10/1/2009
***J9212		Interferon Alfacon-1, recombinant, 1 mcg, injection (Infergen)	$4.63	$4.63	10/1/2009
***J9215		Interferon alfa-N3, (human leukocyte derived), 250,000 IU	$18.65	$18.65	10/1/2009
***Q3025		Interferon beta-1a, 11 mcg for intramuscular use, injection (Avonex)	$178.75	$178.75	8/1/2009
***J1826		Interferon beta-1a, 30 mcg for intramuscular use, injection (Avonex)	$751.61	$751.61	1/1/2011
***J1830		Interferon beta-1b, 0.25 mg, injection (Extavia)	$170.69	$170.69	9/1/2009
***J9216		Interferon gamma-1B, 3 million units (Actimmune)	$298.46	$298.46	10/1/2009
***J9228		Ipilimumab, 1 mg, (Yervoy)	$120.54	$120.54	1/1/2012
***J9206		Irinotecan, 20 mg (Camptosar)	$121.70	$121.70	10/1/2009
***J1750		Iron dextran, 50 mg, injection	$11.36	$11.36	10/1/2009
***J1756		Iron sucrose, 1 mg, injection (Venofer)	$0.34	$0.34	10/1/2009
***J9207		Ixabepilone, 1 mg, injection (Ixempra)	$61.45	$61.45	10/1/2009
***J1840		Kanamycin sulfate, up to 500 mg, injection (Kantrex)	$4.91	$4.91	10/1/2009
***J1850		Kanamycin sulfate, up to 75 mg, injection (Kantrex)	$0.73	$0.73	10/1/2009
***J1885		Ketorolac tromethamine, per 15 mg, injection (Toradol)	$0.33	$0.33	10/1/2009
J3490		Lacosamide, per ml/10mg (Vimpat)	$1.97	$1.97	7/1/2009
***J1930		Lanreotide, 1 mg, injection (Somatuline Depot)	$25.89	$25.89	10/1/2009
***J1931		Laronidase, 0.1 mg, inj. (Aldurazyme)	$23.48	$23.48	10/1/2009
***J0640		Leucovorin Calcium, per 50 mg, injection (Wellcovorin)	$0.75	$0.75	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J9217		Leuprolide acetate (for depot suspension), 7.5 mg (Lupron Depot)	$212.92	$212.92	10/1/2009
***J1950		Leuprolide acetate (for depot suspension), per 3.75 mg, injection (Lupron Depot)	$425.78	$425.78	10/1/2009
***J9219		Leuprolide Acetate Implant 65mg (Viadur)	$1,550.39	$1,550.39	10/1/2009
***J9218		Leuprolide acetate, per 1 mg (Lupron)	$7.20	$7.20	10/1/2009
***J1953		Levetiracetam, 10 mg, injection (Keppra)	$0.41	$0.41	10/1/2009
***J1955		Levocarnitine, per 1 g, injection (Carnitor)	$5.67	$5.67	10/1/2009
***J1956		Levofloxacin, 250 mg, injection (Levaquin)	$5.66	$5.66	10/1/2009
***J0641		Levoleucovorin calcium, 0.5 mg, injection (Fusilev)	$1.01	$1.01	10/1/2009
***J1960		Levorphanol tartrate, up to 2 mg, injection (Levo-Dromoran)	$3.06	$3.06	10/1/2009
***J3490		Lidocaine , for typical use	invoice required	invoice required	11/1/2009
***J2001		Lidocaine HCL, for IV infusion, 10 mg, inj (Xylocaine)	$0.02	$0.02	10/1/2009
***J2010		Lincomycin HCl, up to 300 mg, injection (Lincocin)	$4.11	$4.11	10/1/2009
***J2020		Linezolid, 200 mg, injection (Zyvox)	$27.08	$27.08	10/1/2009
***J2060		Lorazepam, 2 mg, injection (Ativan)	$0.62	$0.62	10/1/2009
***J3475		Magnesium sulphate, per 500 mg, injection	$0.05	$0.05	10/1/2009
***J2150		Mannitol, 25% in 50 ml, injection, (Osmitrol, Resectisol)	$0.83	$0.83	10/1/2009
***J9230		Mechlorethamine HCl, 10 mg (Nitrogen Mustard)	$139.25	$139.25	10/1/2009
***J1055	FP	Medroxyprogesterone acetate for contraceptive use, 150 mg, injection (Depo-Provera)	$39.04	$39.04	10/1/2009
***J1051		Medroxyprogesterone acetate, 50 mg, injection (Depo-	$6.43	$6.43	10/1/2009
***J9245		Melphalan HCl, 50 mg, injection (Alkeran)	$1,507.45	$1,507.45	10/1/2009
***J2175		Meperidine HCl, per 100 mg, injection (Demerol)	$1.47	$1.47	10/1/2009
***J0670		Mepivacaine HCl, per 10ml, injection (Carbocaine)	$1.11	$1.11	10/1/2009
***J9209		Mesna, 200 mg (Mesnex)	$7.59	$7.59	10/1/2009
***J0380		Metaraminol bitartrate, per 10mg, injection (Aramine)	$1.11	$1.11	10/1/2009
***J1230		Methadone HCl, up to 10 mg, injection (Dolophine)	$2.84	$2.84	10/1/2009
***J7309		Methly aminolevulinate (MAL) for topical administration, 16.8%, 1 gram (Metvixia)	$74.59	$74.59	1/1/2011
***J7309		Methly aminolevulinate (MAL) for topical administration, 16.8%, 1 gram (Metvixia)	$74.59	$74.59	1/1/2011
***J2800		Methocarbamol up to 10 ml, injection (Robaxin)	$9.85	$9.85	10/1/2009
***J9250		Methotrexate sodium, 5 mg	$0.20	$0.20	10/1/2009
***J9260		Methotrexate sodium, 50 mg	$2.18	$2.18	10/1/2009
***J0210		Methyldopate HCl, up to 250mg, injection IV (Aldomet)	$14.64	$14.64	10/1/2009
***J2210		Methylergonovine maleate, up to 0.2 mg, injection	$4.86	$4.86	10/1/2009
***J1020		Methylprednisolone acetate, 20mg, injection (Depo-Medrol)	$2.32	$2.32	10/1/2009
***J1030		Methylprednisolone acetate, 40mg, injection (Depo-Medrol)	$4.31	$4.31	10/1/2009
***J1040		Methylprednisolone acetate, 80mg, injection (Depo-Medrol)	$9.07	$9.07	10/1/2009
***J2930		Methylprednisolone sodium succinate, up to 125 mg,	$2.91	$2.91	10/1/2009
***J2920		Methylprednisolone sodium succinate, up to 40 mg, injection (Solu-Medrol)	$2.00	$2.00	10/1/2009
***J2765		Metoclopramide HCl, up to 10 mg, injection (Reglan)	$0.33	$0.33	10/1/2009
***J2250		Midazolam HCl, per 1 mg, injection (Versed)	$0.14	$0.14	10/1/2009
***J2260		Milrinone lactate, per 5 mg, injection (Primacor)	$4.39	$4.39	10/1/2009
***J9280		Mitomycin, 5 mg (Mutamycin)	$12.58	$12.58	10/1/2009
***J9293		Mitoxantrone HCl, per 5 mg, injection (Novantrone)	$85.51	$85.51	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J2275		Morphine Sulfate (preservative-free sterile solution), per 10 mg, injection (Astramorph PF, Duramorph)	$2.30	$2.30	10/1/2009
***J2271		Morphine sulfate 100 mg, injection	$3.59	$3.59	10/1/2009
***J2270		Morphine sulfate, up to 10 mg, injection	$1.73	$1.73	10/1/2009
***J2300		Nalbuphine HCl, per 10 mg, injection (Nubain)	$0.93	$0.93	10/1/2009
***J2310		Naloxone HCl, per 1 mg, injection (Narcan)	$3.05	$3.05	10/1/2009
***J2315		Naltrexone, depot form, 1 mg, injection	$1.81	$1.81	10/1/2009
***J2320		Nandrolone decanoate, up to 50 mg, injection (Deca-	$4.59	$4.59	10/1/2009
***J2323		Natalizumab, 1 mg, injection (Tysabri)	$7.26	$7.26	10/1/2009
***J9261		Nelarabine, 50 mg, injection (Arranon)	$88.39	$88.39	10/1/2009
***J2710		Neostigmine methylsulfate, up to 0.5 mg, injection	$0.10	$0.10	10/1/2009
***J7030		Normal saline solution, 1,000 cc, infusion	$0.99	$0.99	10/1/2009
***J7050		Normal saline solution, 250 cc infusion	$0.25	$0.25	10/1/2009
***J7040		Normal saline solution, sterile (500 ml = 1 unit), infusion	$0.50	$0.50	10/1/2009
***J2354		Octreotide non-depot form for SC or IV injection, 25 mcg (Sandostatin)	$2.13	$2.13	10/1/2009
***J2353		Octreotide, depot form for IM injection, 1 mg (Sandostatin LAR Depot)	$86.89	$86.89	10/1/2009
***J9302		Ofatumumab, per 10 mg (Arzerra)	$43.74	$43.74	1/1/2011
***J2358		Olanzapine long-acting, 1 mg (Zyprexa Relprevv)	$2.65	$2.65	1/1/2011
***S0166		Olanzapine, 2.5 mg (Zyprexa)	$7.74	$7.74	3/1/2010
***J2405		Ondansetron HCl, per 1 mg, injection (Zofran)	$0.21	$0.21	10/1/2009
***J2355		Oprelvekin, 5 mg, injection (Newmega)	$238.11	$238.11	10/1/2009
***J2360		Orphenadrine citrate, up to 60 mg, injection (Norflex)	$8.70	$8.70	10/1/2009
***J2700		Oxacillin sodium, up to 250 mg, injection (Bactocile, Prostaphlin)	$1.52	$1.52	10/1/2009
***J9263		Oxaliplatin, 0.5 mg, injection (Eloxatin)	$9.15	$9.15	10/1/2009
***J2410		Oxymorphone HCl, up to 1 mg, injection (Numorphan)	$2.42	$2.42	10/1/2009
***J2460		Oxytetracycline HCl, up to 50 mg, injection (Terramycin IM)	$0.91	$0.91	10/1/2009
***J2590		Oxytocin, up to 10 units, injection (Pitocin)	$1.98	$1.98	10/1/2009
***J9264		Paclitaxel protein-bound particles, 1 mg, (Abraxane)	$8.53	$8.53	10/1/2009
***J9265		Paclitaxel, 30 mg (Taxol)	$11.52	$11.52	10/1/2009
***J2426		Paliperidone palmitate extended release, 1 mg, (Invega Sustenna)	$6.27	$6.27	1/1/2011
***J2469		Palonosetron HCl, 25 mcg, injection (Aloxi)	$16.60	$16.60	10/1/2009
***J2430		Pamidronate disodium, per 30 mg, injection (Aredia)	$27.31	$27.31	10/1/2009
***J9303		Panitumumab, 10 mg, injection (Vectibix)	$79.30	$79.30	10/1/2009
***J2440		Papaverine HCl, up to 60 mg, injection	$0.55	$0.55	10/1/2009
***J2501		Paricalcitol, 1 mcg, injection (Zemplar)	$3.78	$3.78	10/1/2009
***J2503		Pegaptanib sodium, 0.3 mg, (Macugen)	$993.97	$993.97	10/1/2009
***J9266		Pegaspargase, per single dose vial (Oncaspar)	$2,018.39	$2,018.39	10/1/2009
***J2505		Pegfilgastrim, 6 mg, injection (Neulasta)	$2,121.05	$2,121.05	10/1/2009
***J9305		Pemetrexed, 10 mg, injection (Altima)	$44.54	$44.54	10/1/2009
***J0561		Penicillin G benzathine, per 100,000 units, injection	$3.92	$3.92	10/1/2009
***J2540		Penicillin G potassium, up to 600,000 units, injection (Pfizerpen)	$0.91	$0.91	10/1/2009
***J2510		Penicillin G procaine, aqueous, up to 600,000 units, injection (Wycillin)	$9.92	$9.92	10/1/2009
***S0080		Pentamidine isethionate, 300 mg, injection (NebuPent)	$40.95	$40.95	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J2545		Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME (Pentam 300, NebuPent)	$52.36	$52.36	10/1/2009
***J3070		Pentazocine HCl, up to 30 mg, injection (Talwin)	$5.89	$5.89	10/1/2009
***J2515		Pentobarbital sodium, per 50 mg, injection (Nembutal	$7.34	$7.34	10/1/2009
***J9268		Pentostatin, per 10 mg (Nipent)	$1,763.20	$1,763.20	10/1/2009
***J2560		Phenobarbital sodium, up to 120 mg, injection	$2.89	$2.89	10/1/2009
***J2760		Phentolamine mesylate, up to 5 mg, injection (Regitine)	$20.32	$20.32	10/1/2009
***J2370		Phenylephrine HCl, up to 1 ml, injection (Neosynephrine)	$0.67	$0.67	10/1/2009
***J1165		Phenytoin sodium, per 50 mg, injection (Dilantin)	$0.43	$0.43	10/1/2009
***J3430		Phytonadione (vitamin K), per 1 mg, injection	$3.49	$3.49	10/1/2009
***J2543		Piperacillin sodium/tazobactam sodium, injection, 1g/0.125g (1.125 g) (Zosyn)	$4.96	$4.96	10/1/2009
***J2562		Plerixafor, 1 mg, injection (Mozobil)	$259.02	$259.02	1/1/2010
***J9600		Porfimer sodium, 75 mg (Photofin)	$2,413.59	$2,413.59	10/1/2009
***J3480		Potassium Chloride, per 2 mEq, injection	$0.01	$0.01	10/1/2009
***J9307		Pralatrezate, 1 mg (Folotyn)	$159.65	$159.65	1/1/2011
***J2730		Pralidoxime chloride, up to 1 g, injection (Protopam Chloride)	$84.92	$84.92	10/1/2009
***J2650		Prednisolone acetate, up to 1 ml, injection (Predcor-50)	$0.16	$0.16	10/1/2009
***J2690		Procainamide HCl, up to 1 g, injection (Pronestyl)	$2.55	$2.55	10/1/2009
***J0780		Prochlorperazine, up to 10 mg, injection, (Compazine)	$1.12	$1.12	10/1/2009
***J2675		Progesterone, per 50 mg, injection (Pregestaject)	$1.46	$1.46	10/1/2009
***J2550		Promethazine HCl, up to 50 mg, injection (Phenergan)	$1.32	$1.32	10/1/2009
***J1800		Propranolol HCl, up to 1 mg, injection (Inderal)	$3.07	$3.07	10/1/2009
***J2720		Protamine sulfate, per 10 mg, injection	$0.57	$0.57	10/1/2009
***J2780		Ranitidine hydrochloride, 25 mg, injection (Zantac)	$0.71	$0.71	10/1/2009
***J2783		Rasburicase, 0.5 mg, injection (Elitek)	$149.61	$149.61	10/1/2009
***J2993		Reteplase, 18.1 mg, injection (Retavase)	$803.78	$803.78	10/1/2009
***J7120		Ringer's lactate infusion, up to 1,000 cc	$0.88	$0.88	10/1/2009
***J2794		Risperidone, long acting 0.5 mg, injection (Risperdal Consta)	$4.75	$4.75	10/1/2009
***J9310		Rituximab, 100 mg (Rituxan)	$501.87	$501.87	10/1/2009
***J9315		Romidepsin, 1 mg (Istodax)	$211.38	$211.38	1/1/2011
***J2796		Romiplostim, 10 mcg, injection (Nplate)	$42.03	$42.03	1/1/2010
***J2820		Sargramostim (GM-CSF), 50 mcg, injection (Leukine)	$24.20	$24.20	10/1/2009
***J3490		Sildenafil, per vial (Revatio)	$97.16	$97.16	3/8/2010
***J3490		Sodium bicarbonate7.5%, up to 50 ml	$3.29	$3.29	4/1/2006
***J2916		Sodium ferric gluconate complex in sucrose, 12.5 mg, injection (Ferrlecit)	$4.61	$4.61	10/1/2009
***J0697		Sterile Cefuroxime sodium, per 750mg, injection (Kefurox Zinacef)	$3.32	$3.32	10/1/2009
***J2995		Streptokinase, per 250,000 IU, injection (Streptase)	$76.64	$76.64	10/1/2009
***J3000		Streptomycin, up to 1 g, injection	$6.73	$6.73	10/1/2009
***J9320		Streptozocin, 1 g (Zanosar)	$183.79	$183.79	10/1/2009
***J0330		Succinylcholine chloride, up to 20 mg, injection (Anectine)	$0.16	$0.16	10/1/2009
***J3030		Sumatriptan succinate, 6 mg, injection (Imitrex)	$64.22	$64.22	10/1/2009
***J3095		Telavancin , per 10 mg (Vibativ)	$1.86	$1.86	1/1/2011
***J9328		Temozolomide, 1 mg, injection (Temodar)	$4.91	$4.91	1/1/2010
J9330		Temsirolimus, 1 mg, injection (Torisel)	$46.19	$46.19	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J3105		Terbutaline sulfate, up to 1 mg, injection (Brethine)	$2.33	$2.33	10/1/2009
***J1080		Testosterone Cypionate, 200 mg, injection (Depo-	$6.71	$6.71	10/1/2009
***J1070		Testosterone Cypionate, up to 100 mg, injection (Depo-Testosterone)	$4.65	$4.65	10/1/2009
***J3120		Testosterone enanthate, up to 100 mg, injection (Evarone)	$5.10	$5.10	10/1/2009
***J3130		Testosterone enanthate, up to 200 mg, injection (Evarone)	$9.76	$9.76	10/1/2009
S0189		Testosterone pellet, 75 mg (Testopel)	$65.07	$65.07	10/1/2009
***J9340		Thiotepa, 15 mg (Thioplex)	$38.95	$38.95	10/1/2009
***J3240		Thyrotropin alpha, 0.9 mg provided in 1.1 mg vial, injection (Thyrogen)	$808.81	$808.81	10/1/2009
***J3243		Tigecycline, 1 mg (Tygacil)	$1.20	$1.20	1/1/2011
***J3260		Tobramycin sulfate, up to 80 mg, injection (Nebcin)	$2.24	$2.24	10/1/2009
***J9351		Topotecan, 0.1 mg (Hycamtin)	$26.36	$26.36	1/1/2011
***J3265		Torsemide, 10 mg/ml, injection (Demadex)	$2.10	$2.10	10/1/2009
***J9355		Trastuzumab, 10 mg (Herceptin)	$57.92	$57.92	10/1/2009
***J3301		Triamcinolone acetonide, per 10 mg, injection (Kenalog-10)	$1.33	$1.33	10/1/2009
***J3300		Triamcinolone acetonide, preservative free, 1 mg, injection	$3.13	$3.13	10/1/2009
***J3302		Triamcinolone diacetate, per 5 mg, injection (Aristocort)	$0.27	$0.27	10/1/2009
***J3303		Triamcinolone hexacetonide, per 5mg injection (Aristospan)	$1.29	$1.29	10/1/2009
***J3250		Trimethobenzamide HCl, up to 200 mg, injection (Tigan)	$4.30	$4.30	10/1/2009
***J3305		Trimetrexate glucuronate, per 25 mg, injection (Neutrexin)	$144.33	$144.33	10/1/2009
***J3315		Triptorelin pamoate (trelstar), 3.75 mg	$143.81	$143.81	10/1/2009
***J3365		Urokinase, 250,000 IU, injection IV (Abbokinase)	$441.28	$441.28	10/1/2009
***J9357		Valrubicin, 200 mg, injection (Valstar)	$929.60	$929.60	1/1/2011
***J3370		Vancomycin HCl, 500 mg, injection (Vancoled)	$3.03	$3.03	10/1/2009
***J3396		Verteporfin, 0.1 mg, inj. (Visudyne)	$8.82	$8.82	10/1/2009
***J9360		Vinblastine sulfate, 1 mg (Velban)	$1.03	$1.03	10/1/2009
***J9370		Vincristine sulfate, 1 mg (Oncovin)	$6.77	$6.77	10/1/2009
***J9390		Vinorelbine tartrate, per 10 mg (Navelbine)	$15.64	$15.64	10/1/2009
***J3420		Vitamin B-12 cyanocobalamin, up to 1,000 mcg, injection	$0.24	$0.24	10/1/2009
***J2278		Ziconotide 1 mcg, (Prialt)	$6.28	$6.28	10/1/2009
J3490		Ziconotide, 500 mcg (Prialt, compounded by Pharmacy)	invoice required	invoice required	12/9/2008
***J3488		Zoledronic acid, 1 mg, injection (Reclast)	$208.81	$208.81	10/1/2009
***J3487		Zoledronic acid, 1 mg, injection (Zometa)	$203.09	$203.09	10/1/2009

IMMUNE GLOBULINS					
***90291		Cytomegalovirus Immune Globulin (CMV-IgIV), Human, 1 ml (CytoGam)	$22.93	$22.93	10/1/2009
***J1460		Gamma globulin, intramuscular, 1 cc, injection (Gamastan S/D)	$11.13	$11.13	10/1/2009
***J1560		Gamma globulin, intramuscular, over 10 cc, injection (Gamastan S/D)	$111.38	$111.38	10/1/2009
***90371		Hepatitis B Immune globulin (HBIg), human, 1 ml (BayHep B HepaGam B Nabi-HB)	$115.66	$115.66	10/1/2009
***J1573		Hepatitis B immune globulin, intravenous, 0.5 ml, injection (Hepagam B)	$46.61	$46.61	10/1/2009
***J1557		Immune Globulin (Gammaplex) intravenous, non-lyophilized (e.g., liquid) 500 mg	$35.94	$35.94	1/1/2012

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J1561		Immune Globulin, Intravenous, 500 mg, injection (Gamunex)	$32.25	$32.25	10/1/2009
***J1566		Immune Globulin, intravenous, lyophilized, (e.g. powder) 500 mg, injection (Gammagard S-D)	$27.06	$27.06	10/1/2009
***J1572		Immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg, injection (Flebogamma)	$31.36	$31.36	10/1/2009
***J1568		Immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg, injection (Octagam)	$33.81	$33.81	6/30/2009
***J1459		Immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg, injection (Privigen)	$32.93	$32.93	10/1/2009
***J1569		Immune globulin, intravenous, nonlyophilized, (e.g., liquid), 500 mg, injection (Gammagard liquid)	$30.65	$30.65	10/1/2009
***J3590		Immune Globulin, subcutaneous, (liquid), 100 mg (Hizentra)	$13.12	$13.12	4/1/2010
***J1562		Immune globulin, subcutaneous, 100 mg (Vivaglobin)	$6.83	$6.83	10/1/2009
***J1571		Injection, hepatitis B immune globulin, intramuscular, 0.5 ml, (Hepagam B)	$46.61	$46.61	10/1/2009
***J7504		Lymphocyte Immune Globulin, anit-thymocyte globulin equine, parenteral, 250 mg (Atgam)	$370.00	$370.00	10/1/2009
***90375		Rabies Immune Globulin (Rig), human, 150 IU (BayRab)	$65.39	$65.39	10/1/2009
***90376		Rabies Immune Globulin, Heat-treated (Rig-HT), human, 2 ml (Imogam Rabies-HT)	$75.27	$75.27	10/1/2009
***J2790		Rho D immune globulin, human, full dose, 300 mcg (Rhophylac)	$86.49	$86.49	10/1/2009
***J2791		Rho(D) immune globulin (human), intramuscular or intravenous, 100 IU, injection (Rhophylac)	$5.14	$5.14	10/1/2009
***J2792		Rho(D) Immune Globulin h, sd (WinRHO, SDF)	$15.06	$15.06	10/1/2009
***J2788		Rho(D) Immune Globulin, 50 mcg (BayRho-D minidose)	$27.41	$27.41	10/1/2009
90389		Tetanus Immune Globulin (Tlg), Human, for Intramuscular use, 250 U/1 ml (BayTet)	$134.90	$134.90	10/1/2009
***90396		Varicella-Zoster Immune Globulin, human, 125 units	$106.42	$106.42	10/1/2009

MISCELLANEOUS					
J7340		Dermal and epidermal tissue of human origin, with or without bioengineered or processed elements, with metabolically active element per sq cm (Apligraf)	$27.75	$27.75	10/1/2009
***J7307	FP	Etonogestrel (Contraceptive) Implant System, including implant and supplies (Nexplanon)	$698.99	$698.99	12/1/2011
J7300	FP	Intrauterine copper contraceptive (Paragrd T380A)	$386.89	$386.89	10/1/2009
***J7302	FP	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	$745.23	$745.23	12/1/2011
***J7302		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	$745.23	$745.23	12/1/2011

Radiopharmaceutical					
Diagnostic					
A9553		Chromium CR-51 sodium chromate, diagnostic per study dose, up to 250µCi	$622.63	$622.63	10/1/2009
A9559		Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 µCi	invoice required	invoice required	1/1/2008
A9552		Fluorodeoxyglucose F-18 FDG, diagnostic per study dose, up to 45mCi	$625.64	$625.64	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
A9578		Gadobenate dimeglumine (MultiHance multipack), per ml, injection	$5.44	$5.44	10/1/2009
A9577		Gadobenate dimeglumine (MultiHance), per ml, ijnection	$5.44	$5.44	10/1/2009
A9585		Gadobutrol, 0.1 ml (Gadavist)	$0.86	$0.86	1/1/2012
A9579		Gadolinium-based magnetic resonance contrast agent, not otherwise specified, per ml	$2.46	$2.46	10/1/2009
A9576		Gadoteridol, (ProHance multipack), per ml, injection	$5.44	$5.44	10/1/2009
***A9556		Gallium GA-67 citrate, diagnostic, per mCi	$44.82	$44.82	10/1/2009
A9507		Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 mCi	$3,259.47	$3,259.47	10/1/2009
***A9542		Indium IN-111 ibritumomab tiuxetan, diagnostic per study dose, up to 5mCi	$2,529.58	$2,529.58	10/1/2009
A9547		Indium IN-111 oxyquinoline, diagnostic, per 0.5mCi	$281.13	$281.13	10/1/2009
A9571		Indium IN-111 oxyquinolone Labeled autologous platelets, diagnostic, per study dose	$2,606.84	$2,606.84	10/1/2009
A9570		Indium IN-111 oxyquinolone Labeled autologous white blood cells, diagnostic, per study dose	$1,770.24	$1,770.24	10/1/2009
A9548		Indium IN-111 pentetate, diagnostic, per 0.5mCi	$262.43	$262.43	10/1/2009
A9572		Indium IN-111 Pentetreotide, diagnostic, per study dose, up to 6 mCi	$2,891.19	$2,891.19	10/1/2009
A9583		Injection, Gadofosveset trisodium, 1 ml	$12.34	$12.34	1/1/2010
A9581		Injection, Gadoxetate Disodium, 1 mol	$13.01	$13.01	1/1/2010
Q9968		Injection, Nonradioactive, noncontrast, visualization ajunct (e.g., methylene blue, isosulfan blue), 1 mg	invoice required	invoice required	1/1/2010
Q9957		Injection, perflutren lipid microspheres, per ml	$60.36	$60.36	10/1/2009
J2805		Injection, Sincalide, 5mcg	$53.38	$53.38	10/1/2009
A9582		Iodine I-123 Iobenguane, diagnostic, per study dose, up to 15 millicuries	$3,607.11	$3,607.11	1/1/2010
A9516		Iodine I-123 sodium iodide capsule(s), diagnostic, per 100	$70.18	$70.18	10/1/2009
A9509		Iodine I-123 Sodium Iodine, Diagnostic, per mCi	$122.60	$122.60	10/1/2009
A9584		Iodine 1-213, diagnostic, per study dose, 5 mCi (DaTscan)	$2,061.20	$2,061.20	1/1/2012
A9532		Iodine I-125 serum albumin, diagnostic, per 5 µCi	$45.79	$45.79	10/1/2009
A9554		Iodine I-125 sodium iothalamate, diagnostic per study dose, up to 10µCi	$1,995.62	$1,995.62	10/1/2009
A9508		Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 mCi	$555.49	$555.49	10/1/2009
A9524		Iodine I-131 iodinated serum albumin, diagnostic, per 5 µCi	$47.72	$47.72	10/1/2009
A9528		Iodine I-131 sodium iodide capsules, diagnostic, per mCi	$53.14	$53.14	10/1/2009
A9529		Iodine I-131 sodium iodide solution, diagnostic, per mCi	$144.13	$144.13	10/1/2009
A9531		Iodine I-131 Sodium Iodide, Diagnostic, Per Microcurie (Up To 100 Microcuries)	$53.14	$53.14	10/1/2009
***A9544		Iodine I-131 Tositumomab, diagnostic, per study dose	$2,513.51	$2,513.51	10/1/2009
Q9965		Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	$1.34	$1.34	10/1/2009
Q9966		Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	$0.40	$0.40	10/1/2009
Q9967		Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	$0.20	$0.20	10/1/2009
Q9951		Low Osmolar Contrast Material, 400 or greater Mg/Ml Iodine Concentration, Per Ml	invoice required	invoice required	1/1/2008

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	**MOD**	**DESCRIPTION**	**2012 FACILITY**	**2012 NON-FACILITY**	**EFFECTIVE DATE**
A9526		Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 mCi	invoice required	invoice required	1/1/2008
A4641		Radiopharmaceutical, diagnostic, not otherwise classified	invoice required	invoice required	1/1/2009
J2785		Regadenoson, 0.1 mg injection (Lexiscan)	$45.70	$45.70	10/1/2009
A9555		Rubidium RB-82, diagnostic per study, up to 60mCi	$29,765.61	$29,765.61	10/1/2009
A9580		Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries	manually priced	manually priced	1/1/2009
A9700		Supply of injectable contrast material for use in echocardiography, per study	invoice required	invoice required	1/1/2008
A9521		Technetium T-99m exametazime, diagnostic, per study dose, up to 25 mCi	$695.91	$695.91	10/1/2009
A9503		Technetium Tc-99 medronate, diagnostic, per study dose, up to 30 mCi	$38.80	$38.80	10/1/2009
A9500		Technetium Tc-99 sestamibi, diagnostic, per study dose, up to 40 mCi	$117.32	$117.32	10/1/2009
A9502		Technetium Tc-99 tetrofosmin, diagnostic, per study dose, up to 40 mCi	$116.70	$116.70	10/1/2009
A9504		Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 mCi	invoice required	invoice required	1/1/2008
A9557		Technetium TC-99m bicisate, diagnostic per study dose, up to 25mCi	$886.94	$886.94	10/1/2009
A9536		Technetium TC99m depreotide, diagnostic, per study dose, up to 35mCi	invoice required	invoice required	1/1/2008
A9510		Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	$27.17	$27.17	10/1/2009
A9569		Technetium TC-99M Exametazime Labeled Autologous white blood cells, diagnostic, per study dose	$1,770.24	$1,770.24	10/1/2009
A9566		Technetium TC-99m fanolesomab diagnostic (Neutrospec) per study dose, up to 25mCi	invoice required	invoice required	1/1/2008
A9560		Technetium TC-99m labeled red blood cells, diagnostic per study dose, up to 30mCi	$91.82	$91.82	10/1/2009
A9540		Technetium TC99m macroaggregated albumin, diagnostic per study dose, up to 10mCi	$38.80	$38.80	10/1/2009
A9537		Technetium TC99m mebrofenin, diagnostic per study, up to 15mCi	$65.58	$65.58	10/1/2009
A9562		Technetium TC-99m meriatide, diagnostic per study dose, up to 15mCi	$249.64	$249.64	10/1/2009
A9561		Technetium TC-99m oxidronate, diagnostic per study dose, up to 30mCi	$40.75	$40.75	10/1/2009
A9539		Technetium TC99m pentetate, diagnostic per study dose, up to 25mCi	$48.01	$48.01	10/1/2009
A9567		Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	$66.95	$66.95	10/1/2009
A9512		Technetium Tc-99m pertechnetate, diagnostic, per mCi	$12.07	$12.07	10/1/2009
A9538		Technetium TC99m pyrophosphate, diagnostic, per study dose, up to 25mCi	$50.45	$50.45	10/1/2009
A9550		Technetium TC99m sodium gluceptate, diagnostic per study dose, up to 25mCi	$72.27	$72.27	10/1/2009
A9551		Technetium TC99m succimer, DMSA, diagnostic per study dose, up to 10mCi	$122.08	$122.08	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	**MOD**	**DESCRIPTION**	**2012 FACILITY**	**2012 NON-FACILITY**	**EFFECTIVE DATE**
A9541		Technetium TC99m sulphur colloid, diagnostic per study dose, up to 20mCi	$51.97	$51.97	10/1/2009
A9501		Technetium TC-99M Teboroxime, Diagnostic, per study	invoice required	invoice required	1/1/2008
A9505		Thallium TI-201 thallous chloride, diagnostic, per mCi	$60.74	$60.74	10/1/2009
A9558		Xenon Xe-133 gas, diagnostic, per 10 mCi	$41.99	$41.99	10/1/2009
***A9543		Yttrium Y-90 ibritumomab tiuxetan, diagnostic per study dose, up to 40mCi	$21,898.78	$21,898.78	10/1/2009
Therapeutic					
A9564		Chromic phosphate P-32 suspension, therapeutic, per mCi	$310.84	$310.84	10/1/2009
A9517		Iodine I-131 Sodium Iodide Capsule(S), Therapeutic, Per Millicurie	$157.91	$157.91	10/1/2009
A9530		Iodine I-131 Sodium Iodide Solution, Therapeutic, Per	invoice required	invoice required	1/1/2008
***A9545		Iodine I-131 Tositumomab, therapeutic, per treatment dose	$21,783.73	$21,783.73	10/1/2009
A9699		Radiopharmaceutical, therapeutic, not otherwise classified	invoice required	invoice required	1/1/2008
A9605		Samarium Sm-153 lexidronamm, therapeutic, per 50 mCi, per 50 mCi	$1,546.26	$1,546.26	10/1/2009
A9563		Sodium Phosphate P-31, therapeutic, per mCi	$305.00	$305.00	10/1/2009
A9600		Strontium Sr-89 chloride, therapeutic, per mCi	$861.64	$861.64	10/1/2009

VACCINES					
90585		Bacillus Calmette-Guerin Vaccine (BCG) for Tuberculosis, Live, for Percutaneous use	$112.70	$112.70	10/1/2009
90723		Diphteria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B and poliovirus Vaccine inactivated (PtsP-HepB-IPV)	$72.63	$72.63	10/1/2009
90721		Diphtheria, Tetanus Toxoids, and Acellular Pertussis Vaccine and Hemophilus Influenza B Vaccine (DtaP-Hib), for Intramuscular use	$41.35	$41.35	10/1/2009
90645		Hemophilus Influenza b Vaccine (HIB), HBOC Conjugate (4 dose schedule) for intramuscular use	$19.68	$19.68	10/1/2009
90648		Hemophilus Influenza b Vaccine (Hib), PRP-T Conjugate (4 dose schedule), Intramuscular use	$21.00	$21.00	10/1/2009
90647		Hemophilus Influenza b Vaccine (Hib) PRP-OMP Conjugate (3 dose schedule), for Intramuscular use	$19.68	$19.68	10/1/2009
90636		Hepatitis A and Hepatitis B Vaccine (HepA-HepB), Adult dosage, for Intramuscular use	$89.50	$89.50	10/1/2009
90632		Hepatitis A Vaccine, Adult dosage, for Intramuscular use	$44.16	$44.16	10/1/2009
90746		Hepatitis B Vaccine, Adult dosage, for Intramuscular use	$55.20	$55.20	10/1/2009
90740		Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	$110.41	$110.41	10/1/2009
90747		Hepatitis B Vaccine, Dialysis or Immunosuppressed Patient dosage (4 dose schedule), for Intramuscular use	$110.41	$110.41	10/1/2009
90650		Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	$133.25	$133.25	5/1/2010
90649		Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent, 3 dose schedule, for IM use (Gardasil), 0.5 ml	$135.73	$135.73	10/1/2009
90660		Influenza Virus Vaccine, live, intranasal, 0.5 ml (Flumist)	$21.24	$21.24	10/1/2009

Physician Fee Schedule
Provider Specialty 001
Physician Services

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

				Medicaid Maximum Allowable	
CODE	**MOD**	**DESCRIPTION**	**2012 FACILITY**	**2012 NON-FACILITY**	**EFFECTIVE DATE**
90663		Influenza virus vaccine, pandemic formulation, H1N1	$0.00	$0.00	10/1/2009
90658		Influenza Virus Vaccine, Split Virus, 3 years and above, for Intramuscular or Jet Injection use	$12.74	$12.74	10/1/2009
90656		Influenza virus vaccine, split virus, preservative free for use in individuals 3 years and above, for intramuscular use.	$16.75	$16.75	10/1/2009
90705		Measles Virus Vaccine, Live, for Subcutaneous or Jet Injection use	$16.16	$16.16	10/1/2009
90707		Measles, Mumps, and Rubella Virus Vaccine (MMR), Live, for Subcutaneous or Jet Injection use	$41.02	$41.02	10/1/2009
90733		Meningococcal Polysaccharide Vaccine (any group(s)), for Subcutaneous or Jet Injection use	$90.50	$90.50	10/1/2009
90734		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use.	$106.87	$106.87	1/1/2011
90704		Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use	$21.12	$21.12	10/1/2009
90732		Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use	$31.53	$31.53	10/1/2007
90713		Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous or intramuscular use	$24.79	$24.79	10/1/2009
90675		Rabies Vaccine, for Intramuscular use	$147.06	$147.06	10/1/2009
90706		Rubella Virus Vaccine, Live, for Subcutaneus or Jet Injection use	$18.08	$18.08	10/1/2009
90714		Tetanua & Diptheria toxoids (Td), adsorbed, preservative free, for individuals 7 years and older, for IM use.	$19.25	$19.25	10/1/2009
90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for IM use	$39.49	$39.49	1/1/2011
90703		Tetanus Toxoid Adsorbed, for Intramuscular use; 0.5 ml	$20.70	$20.70	10/1/2009
90716		Varicella Virus Vaccine, Live for Subcutaneous use	$86.42	$86.42	1/1/2011