E & M Codes Physician Fee Schedule
Pricing Specialty 01E
Fee Schedule Updated on: 9/17/2019

*****Rate changes are based on the January 1, 2018 RVU *****

This Fee Schedule is for the following taxonomies and the corresponding procedure codes:

207K00000X,207KA0200X,207Q00000X,207R00000X,207RA0000X,207RA0201X,207RC0000X,207RC0001X,207RC0200X,207RE0101X,207RG0100X,207RG0300X, 207RH0000X,207RH0002X,207RH0003X,207RI0011X,207RI0200X,207RN0300X,207RP1001X,207RR0500X,207RS0010X,207RS0012X,207RT0003X,207RX0202X, 207V00000X,207VG0400X,207VX0000X,208000000X,2080A0000X,2080C0008X,2080H0002X,2080N0001X,2080P0006X,2080P0008X,2080P0201X,2080P0202X, 2080P0203X,2080P0204X,2080P0205X,2080P0206X,2080P0207X,2080P0208X,2080P0210X,2080P0214X,2080P0216X,2080S0010X,2080S0012X,2080T0002X, 2080T0004X,2084S0012X,208D00000X

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 DHB 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			
CPT HCPCS CODE	MOD	FACTOR CODE	FACILITY	NON-FACILITY	FEE EFFECTIVE DATE	FEE END DATE
99201		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	26.24	43.00	1/1/2019	12/31/9999
99202		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	49.56	72.68	1/1/2019	12/31/9999
99203		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	74.98	104.48	1/1/2019	12/31/9999
99204		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	126.83	160.01	1/1/2019	12/31/9999
99205		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	165.62	201.48	1/1/2019	12/31/9999
99211		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	9.08	20.81	1/1/2019	12/31/9999
99212		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	24.98	42.41	1/1/2019	12/31/9999
99213		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	50.41	70.86	1/1/2019	12/31/9999
99214		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	77.28	104.76	1/1/2019	12/31/9999
99215		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	109.21	141.38	1/1/2019	12/31/9999
99217		HOSPITAL OBSERVATION CARE DISCHARGE	64.61	71.79	1/1/2019	12/31/9999
99218		HOSPITAL OBSERVATION CARE TYPICALLY 30 M	88.43	98.26	1/1/2019	12/31/9999
99219		HOSPITAL OBSERVATION CARE TYPICALLY 50 M	120.49	133.88	1/1/2019	12/31/9999
99220		HOSPITAL OBSERVATION CARE TYPICALLY 70 M	165.02	183.35	1/1/2019	12/31/9999
99221		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	89.41	99.34	1/1/2019	12/31/9999
99222		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	120.96	134.40	1/1/2019	12/31/9999
99223		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	179.55	199.50	1/1/2019	12/31/9999
99224		SUBSEQUENT OBSERVATION CARE, TYPICALLY 1	35.33	39.25	1/1/2019	12/31/9999
99225		SUBSEQUENT OBSERVATION CARE, TYPICALLY 2	64.86	72.07	1/1/2019	12/31/9999
99226		SUBSEQUENT OBSERVATION CARE, TYPICALLY 3	93.06	103.40	1/1/2019	12/31/9999
99231		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	34.72	38.58	1/1/2019	12/31/9999
99232		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	64.49	71.65	1/1/2019	12/31/9999
99233		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	92.39	102.65	1/1/2019	12/31/9999
99234		HOSPITAL OBSERVATION OR INPATIENT CARE L	117.91	131.01	1/1/2019	12/31/9999
99235		OBSERV/HOSP SAME DATE	149.97	166.63	1/1/2019	12/31/9999
99236		HOSPITAL OBSERVATION OR INPATIENT CARE H	193.59	215.10	1/1/2019	12/31/9999
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI	64.61	71.79	1/1/2019	12/31/9999
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE	95.33	105.92	1/1/2019	12/31/9999
99241		PATIENT OFFICE CONSULTATION, TYPICALLY 1	31.51	45.58	1/1/2019	12/31/9999
99242		PATIENT OFFICE CONSULTATION, TYPICALLY 3	66.13	85.90	1/1/2019	12/31/9999
99243		PATIENT OFFICE CONSULTATION, TYPICALLY 4	92.54	117.67	1/1/2019	12/31/9999
99244		PATIENT OFFICE CONSULTATION, TYPICALLY 6	148.71	176.20	1/1/2019	12/31/9999
99245		PATIENT OFFICE CONSULTATION, TYPICALLY 8	184.08	214.92	1/1/2019	12/31/9999
99251		INPATIENT HOSPITAL CONSULTATION, TYPICAL	42.60	47.33	1/1/2019	12/31/9999
99252		INPATIENT HOSPITAL CONSULTATION, TYPICAL	65.10	72.33	1/1/2019	12/31/9999
99253		INPATIENT HOSPITAL CONSULTATION, TYPICAL	100.20	111.33	1/1/2019	12/31/9999
99254		INPATIENT HOSPITAL CONSULTATION, TYPICAL	145.54	161.71	1/1/2019	12/31/9999
99255		INPATIENT HOSPITAL CONSULTATION, TYPICAL	175.20	194.67	1/1/2019	12/31/9999
99281		EMERGENCY DEPARTMENT VISIT, SELF LIMITED	18.80	20.89	1/1/2019	12/31/9999
99282		EMERGENCY DEPARTMENT VISIT, LOW TO MODER	36.65	40.72	1/1/2019	12/31/9999
99283		EMERGENCY DEPARTMENT VISIT, MODERATELY S	54.86	60.96	1/1/2019	12/31/9999
99284		EMERGENCY DEPARTMENT VISIT, PROBLEM OF H	104.11	115.68	1/1/2019	12/31/9999
99285		EMERGENCY DEPARTMENT VISIT, PROBLEM WITH	153.40	170.44	1/1/2019	12/31/9999
99288		PHYSICIAN DIRECTION OF EMERGENCY ADVANCE	43.29	43.29	1/1/2019	12/31/9999

99291		CRITICAL CARE, EVALUATION AND MANAGEMENT	219.10	268.03	1/1/2019	12/31/9999
99292		CRITICAL CARE, EVALUATION AND MANAGEMENT	109.80	120.19	1/1/2019	12/31/9999
99304		INITIAL NURSING FACILITY INITIAL VISIT,	80.65	89.61	1/1/2019	12/31/9999
99305		INITIAL NURSING FACILITY VISIT, TYPICALL	115.42	128.24	1/1/2019	12/31/9999
99306		INITIAL NURSING FACILITY VISIT, TYPICALL	147.76	164.18	1/1/2019	12/31/9999
99307		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	39.32	43.69	1/1/2019	12/31/9999
99308		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	61.10	67.89	1/1/2019	12/31/9999
99309		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	80.75	89.72	1/1/2019	12/31/9999
99310		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	120.16	133.51	1/1/2019	12/31/9999
99315		NURSING FACILITY DISCHARGE DAY MANAGEMEN	64.39	71.54	1/1/2019	12/31/9999
99316		NURSING FACILITY DISCHARGE DAY MANAGEMEN	93.74	104.16	1/1/2019	12/31/9999
99318		NURSING FACILITY ANNUAL ASSESSMENT, TYPI	85.03	94.48	1/1/2019	12/31/9999
99324		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	48.78	54.20	1/1/2019	12/31/9999
99325		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	71.11	79.01	1/1/2019	12/31/9999
99326		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	123.43	137.14	1/1/2019	12/31/9999
99327		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	164.94	183.27	1/1/2019	12/31/9999
99328		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	193.27	214.74	1/1/2019	12/31/9999
99334		ESTABLISHED PATIENT ASSISTED LIVING VISI	53.14	59.04	1/1/2019	12/31/9999
99335		ESTABLISHED PATIENT ASSISTED LIVING VISI	83.84	93.16	1/1/2019	12/31/9999
99336		ESTABLISHED PATIENT ASSISTED LIVING VISI	119.73	133.03	1/1/2019	12/31/9999
99337		ESTABLISHED PATIENT ASSISTED LIVING VISI	171.16	190.18	1/1/2019	12/31/9999
99341		NEW PATIENT HOME VISIT, TYPICALLY 20 MIN	48.47	53.86	1/1/2019	12/31/9999
99342		NEW PATIENT HOME VISIT, TYPICALLY 30 MIN	70.43	78.25	1/1/2019	12/31/9999
99343		NEW PATIENT HOME VISIT, TYPICALLY 45 MIN	115.59	128.43	1/1/2019	12/31/9999
99344		NEW PATIENT HOME VISIT, TYPICALLY 60 MIN	161.75	179.72	1/1/2019	12/31/9999
99345		NEW PATIENT HOME VISIT, TYPICALLY 75 MIN	196.35	218.17	1/1/2019	12/31/9999
99347		ESTABLISHED PATIENT HOME VISIT, TYPICALL	48.75	54.17	1/1/2019	12/31/9999
99348		ESTABLISHED PATIENT HOME VISIT, TYPICALL	74.44	82.71	1/1/2019	12/31/9999
99349		ESTABLISHED PATIENT HOME VISIT, TYPICALL	113.79	126.43	1/1/2019	12/31/9999
99350		ESTABLISHED PATIENT HOME VISIT, TYPICALL	158.20	175.78	1/1/2019	12/31/9999
99354		PROLONG E&M/PSYCTX SERV O/P	120.06	128.10	1/1/2019	12/31/9999
99355		PROLONG E&M/PSYCTX SERV O/P	90.18	96.89	1/1/2019	12/31/9999
99356		PROLONGED PHYSICIAN SERVICE IN THE INPAT	81.71	90.79	1/1/2019	12/31/9999
99357		PROLONGED PHYSICIAN SERVICE IN THE INPAT	82.01	91.12	1/1/2019	12/31/9999
99360		PROLONGED PHYSICIAN STANDBY SERVICE, EAC	53.66	59.62	1/1/2019	12/31/9999
99367		MEDICAL TEAM CONFERENCE WITH INTERDISCIP	49.29	54.77	1/1/2019	12/31/9999
99375		PHYSICIAN SUPERVISION OF PATIENT HOME HE	85.68	101.10	1/1/2019	12/31/9999
99378		PHYSICIAN SUPERVISION OF PATIENT HOSPICE	87.25	96.18	1/1/2019	12/31/9999
99381		INIT PM E/M NEW PAT INFANT	74.34	106.52	1/1/2019	12/31/9999
99382		INIT PM E/M NEW PAT 1-4 YRS	79.44	111.28	1/1/2019	12/31/9999
99383		PREV VISIT NEW AGE 5-11	84.29	115.80	1/1/2019	12/31/9999
99384		PREV VISIT NEW AGE 12-17	99.01	130.85	1/1/2019	12/31/9999
99385		PREV VISIT NEW AGE 18-39	94.94	126.78	1/1/2019	12/31/9999
99386		PREV VISIT NEW AGE 40-64	115.45	147.29	1/1/2019	12/31/9999
99387		INIT PM E/M NEW PAT 65+ YRS	123.68	159.54	1/1/2019	12/31/9999
99391		PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	67.85	95.67	1/1/2019	12/31/9999
99392		PERIODIC PREVENTIVE MEDICINE AGE 001-004	74.34	102.16	1/1/2019	12/31/9999
99393		PERIODIC PREVENTIVE MEDICINE AGE 005-011	74.34	101.82	1/1/2019	12/31/9999
99394		PERIODIC PREVENTIVE MEDICINE AGES 012-01	84.29	111.77	1/1/2019	12/31/9999
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	86.72	114.20	1/1/2019	12/31/9999
99381	EP	INIT PM E/M NEW PAT INFANT	107.59	107.59	1/1/2019	12/31/9999
99382	EP	INIT PM E/M NEW PAT 1-4 YRS	112.39	112.39	1/1/2019	12/31/9999
99383	EP	PREV VISIT NEW AGE 5-11	116.96	116.96	1/1/2019	12/31/9999
99384	EP	PREV VISIT NEW AGE 12-17	132.16	132.16	1/1/2019	12/31/9999
99385	EP	PREV VISIT NEW AGE 18-39	128.05	128.05	1/1/2019	12/31/9999
99391	EP	PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	96.63	96.63	1/1/2019	12/31/9999
99392	EP	PERIODIC PREVENTIVE MEDICINE AGE 001-004	103.18	103.18	1/1/2019	12/31/9999
99393	EP	PERIODIC PREVENTIVE MEDICINE AGE 005-011	102.84	102.84	1/1/2019	12/31/9999
99394	EP	PERIODIC PREVENTIVE MEDICINE AGES 012-01	112.89	112.89	1/1/2019	12/31/9999
99395	EP	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	115.34	115.34	1/1/2019	12/31/9999
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	93.91	121.73	1/1/2019	12/31/9999
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OV	99.01	131.18	1/1/2019	12/31/9999
99406		BEHAV CHNG SMOKING 3-10 MIN	12.16	14.17	1/1/2019	12/31/9999
99407		BEHAV CHNG SMOKING > 10 MIN	25.37	27.38	1/1/2019	12/31/9999
99408		AUDIT/DAST 15-30 MIN	32.19	34.21	1/1/2019	12/31/9999
99409		AUDIT/DAST OVER 30 MIN	64.72	66.40	1/1/2019	12/31/9999
99406	EP	BEHAV CHNG SMOKING 3-10 MIN	10.34	11.57	1/1/2019	12/31/9999
99407	EP	BEHAV CHNG SMOKING > 10 MIN	21.44	22.36	1/1/2019	12/31/9999
99408	EP	AUDIT/DAST 15-30 MIN	34.55	34.55	1/1/2019	12/31/9999
99409	EP	AUDIT/DAST OVER 30 MIN	67.06	67.06	1/1/2019	12/31/9999
99404		PREVENTIVE COUNSELING INDIV	96.58	108.98	1/1/2019	12/31/9999

99412		PREVENTIVE COUNSELING GROUP	12.38	21.76	1/1/2019	12/31/9999
99441		PHONE E/M PHYS/QHP 5-10 MIN	12.38	13.72	1/1/2019	4/30/2019
99442		PHONE E/M PHYS/QHP 11-20 MIN	24.67	26.01	1/1/2019	4/30/2019
99443		PHONE E/M PHYS/QHP 21-30 MIN	37.05	38.39	1/1/2019	4/30/2019
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE	85.12	94.58	1/1/2019	12/31/9999
99461		INITIAL CARE, PER DAY, FOR EVALUATION AN	62.11	88.59	1/1/2019	12/31/9999
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR E	37.09	41.21	1/1/2019	12/31/9999
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE	98.41	109.34	1/1/2019	12/31/9999
99464		PHYSICIAN ATTENDANCE AT DELIVERY AND STA	66.54	73.93	1/1/2019	12/31/9999
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PR	129.67	144.08	1/1/2019	12/31/9999
99466		CRITICAL CARE OF ILL OR INJURED PEDIATRI	212.33	235.92	1/1/2019	12/31/9999
99467		CRITICAL CARE OF ILL OR INJURED PEDIATRI	106.17	117.97	1/1/2019	12/31/9999
99468		INITIAL INPATIENT NEONATAL CRITICAL CARE	817.79	908.66	1/1/2019	12/31/9999
99469		SUBSEQUENT INPATIENT NEONATAL CRITICAL C	353.92	393.24	1/1/2019	12/31/9999
99471		INITIAL INPATIENT PEDIATRIC CRITICAL CAR	707.90	786.56	1/1/2019	12/31/9999
99472		SUBSEQUENT INPATIENT PEDIATRIC CRITICAL	364.37	404.86	1/1/2019	12/31/9999
99475		INITIAL INPATIENT PEDIATRIC CRITICAL CAR	498.35	553.72	1/1/2019	12/31/9999
99476		SUBSEQUENT INPATIENT PEDIATRIC CRITICAL	306.05	340.05	1/1/2019	12/31/9999
99477		INITIAL HOSPITAL CARE, PER DAY, FOR THE	310.23	344.70	1/1/2019	12/31/9999
99478		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR	121.81	135.34	1/1/2019	12/31/9999
99479		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR	110.55	122.83	1/1/2019	12/31/9999
99480		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR	106.48	118.31	1/1/2019	12/31/9999
99492		1ST PSYC COLLAB CARE MGMT	87.41	153.44	1/1/2019	12/31/9999
99493		SBSQ PSYC COLLAB CARE MGMT	79.03	122.94	1/1/2019	12/31/9999
99494		1ST/SBSQ PSYC COLLAB CARE	42.17	63.62	1/1/2019	12/31/9999
99499*		Child Medical Evaluation(CME) only	575.00	575.00	1/1/2019	12/31/9999

Notes:

*-All other “Unlisted E & M Services” billed under 99499 will be priced based on the type of service.