

E & M Codes Physician Assistant Fee Schedule
Pricing Specialty 21E
Fee Schedule Updated on: 9/17/2019

***Rate changes are based on the January 1, 2018 RVU ***
 This Fee Schedule is for the following taxonomy and the corresponding procedure codes:
 363A00000X

*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.*

CPT HCPCS CODE	MOD	FACTOR CODE	Medicaid Maximum		FEE EFFECTIVE DATE	FEE END DATE
			FACILITY	NON-FACILITY		
99201		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	22.30	36.55	1/1/2019	12/31/9999
99202		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	42.13	61.78	1/1/2019	12/31/9999
99203		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	63.73	88.81	1/1/2019	12/31/9999
99204		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	107.81	136.01	1/1/2019	12/31/9999
99205		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	140.78	171.26	1/1/2019	12/31/9999
99211		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	7.72	17.69	1/1/2019	12/31/9999
99212		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	21.23	36.05	1/1/2019	12/31/9999
99213		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	42.85	60.23	1/1/2019	12/31/9999
99214		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	65.69	89.05	1/1/2019	12/31/9999
99215		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	92.83	120.17	1/1/2019	12/31/9999
99217		HOSPITAL OBSERVATION CARE DISCHARGE	61.02	61.02	1/1/2019	12/31/9999
99218		HOSPITAL OBSERVATION CARE TYPICALLY 30 M	83.52	83.52	1/1/2019	12/31/9999
99219		HOSPITAL OBSERVATION CARE TYPICALLY 50 M	113.80	113.80	1/1/2019	12/31/9999
99220		HOSPITAL OBSERVATION CARE TYPICALLY 70 M	155.85	155.85	1/1/2019	12/31/9999
99221		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	84.44	84.44	1/1/2019	12/31/9999
99222		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	114.24	114.24	1/1/2019	12/31/9999
99223		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	169.58	169.58	1/1/2019	12/31/9999
99224		SUBSEQUENT OBSERVATION CARE, TYPICALLY 1	33.36	33.36	1/1/2019	12/31/9999
99225		SUBSEQUENT OBSERVATION CARE, TYPICALLY 2	61.26	61.26	1/1/2019	12/31/9999
99226		SUBSEQUENT OBSERVATION CARE, TYPICALLY 3	87.89	87.89	1/1/2019	12/31/9999
99231		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	33.27	33.27	1/1/2019	12/31/9999
99232		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	60.90	60.90	1/1/2019	12/31/9999
99233		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	87.25	87.25	1/1/2019	12/31/9999
99234		HOSPITAL OBSERVATION OR INPATIENT CARE L	113.65	113.65	1/1/2019	12/31/9999
99235		OBSERV/HOSP SAME DATE	149.29	149.29	1/1/2019	12/31/9999
99236		HOSPITAL OBSERVATION OR INPATIENT CARE H	185.55	185.55	1/1/2019	12/31/9999
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI	61.02	61.02	1/1/2019	12/31/9999
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE	90.03	90.03	1/1/2019	12/31/9999
99241		PATIENT OFFICE CONSULTATION, TYPICALLY 1	26.74	38.78	1/1/2019	12/31/9999
99242		PATIENT OFFICE CONSULTATION, TYPICALLY 3	56.43	72.65	1/1/2019	12/31/9999
99243		PATIENT OFFICE CONSULTATION, TYPICALLY 4	78.66	99.91	1/1/2019	12/31/9999
99244		PATIENT OFFICE CONSULTATION, TYPICALLY 6	126.40	149.77	1/1/2019	12/31/9999
99245		PATIENT OFFICE CONSULTATION, TYPICALLY 8	156.47	182.68	1/1/2019	12/31/9999
99251		INPATIENT HOSPITAL CONSULTATION, TYPICAL	39.60	39.60	1/1/2019	12/31/9999
99252		INPATIENT HOSPITAL CONSULTATION, TYPICAL	61.36	61.36	1/1/2019	12/31/9999
99253		INPATIENT HOSPITAL CONSULTATION, TYPICAL	93.15	93.15	1/1/2019	12/31/9999
99254		INPATIENT HOSPITAL CONSULTATION, TYPICAL	134.72	134.72	1/1/2019	12/31/9999
99255		INPATIENT HOSPITAL CONSULTATION, TYPICAL	164.15	164.15	1/1/2019	12/31/9999
99281		EMERGENCY DEPARTMENT VISIT, SELF LIMITED	17.76	17.76	1/1/2019	12/31/9999
99282		EMERGENCY DEPARTMENT VISIT, LOW TO MODER	34.61	34.61	1/1/2019	12/31/9999
99283		EMERGENCY DEPARTMENT VISIT, MODERATELY S	51.82	51.82	1/1/2019	12/31/9999
99284		EMERGENCY DEPARTMENT VISIT, PROBLEM OF H	98.33	98.33	1/1/2019	12/31/9999
99285		EMERGENCY DEPARTMENT VISIT, PROBLEM WITH	144.87	144.87	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	195.83	232.59	1/1/2019	12/31/9999
99292		CRITICAL CARE, EVALUATION AND MANAGEMENT	94.92	102.31	1/1/2019	12/31/9999
99304		INITIAL NURSING FACILITY INITIAL VISIT,	76.17	76.17	1/1/2019	12/31/9999
99305		INITIAL NURSING FACILITY VISIT, TYPICAL	109.00	109.00	1/1/2019	12/31/9999
99306		INITIAL NURSING FACILITY VISIT, TYPICAL	139.55	139.55	1/1/2019	12/31/9999
99307		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	37.14	37.14	1/1/2019	12/31/9999
99308		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	57.71	57.71	1/1/2019	12/31/9999
99309		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	76.26	76.26	1/1/2019	12/31/9999
99310		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	113.48	113.48	1/1/2019	12/31/9999
99315		NURSING FACILITY DISCHARGE DAY MANAGEMEN	60.81	60.81	1/1/2019	12/31/9999

99316		NURSING FACILITY DISCHARGE DAY MANAGEMEN	88.54	88.54	1/1/2019	12/31/9999
99318		NURSING FACILITY ANNUAL ASSESSMENT, TYPI	80.31	80.31	1/1/2019	12/31/9999
99324		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	48.15	48.15	1/1/2019	12/31/9999
99325		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	70.13	70.13	1/1/2019	12/31/9999
99326		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	116.57	116.57	1/1/2019	12/31/9999
99327		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	155.78	155.78	1/1/2019	12/31/9999
99328		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	182.53	182.53	1/1/2019	12/31/9999
99334		ESTABLISHED PATIENT ASSISTED LIVING VISI	50.18	50.18	1/1/2019	12/31/9999
99335		ESTABLISHED PATIENT ASSISTED LIVING VISI	79.19	79.19	1/1/2019	12/31/9999
99336		ESTABLISHED PATIENT ASSISTED LIVING VISI	113.08	113.08	1/1/2019	12/31/9999
99337		ESTABLISHED PATIENT ASSISTED LIVING VISI	161.65	161.65	1/1/2019	12/31/9999
99341		NEW PATIENT HOME VISIT, TYPICALLY 20 MIN	48.15	48.15	1/1/2019	12/31/9999
99342		NEW PATIENT HOME VISIT, TYPICALLY 30 MIN	70.13	70.13	1/1/2019	12/31/9999
99343		NEW PATIENT HOME VISIT, TYPICALLY 45 MIN	112.94	112.94	1/1/2019	12/31/9999
99344		NEW PATIENT HOME VISIT, TYPICALLY 60 MIN	152.76	152.76	1/1/2019	12/31/9999
99345		NEW PATIENT HOME VISIT, TYPICALLY 75 MIN	185.44	185.44	1/1/2019	12/31/9999
99347		ESTABLISHED PATIENT HOME VISIT, TYPICALL	46.99	46.99	1/1/2019	12/31/9999
99348		ESTABLISHED PATIENT HOME VISIT, TYPICALL	70.95	70.95	1/1/2019	12/31/9999
99349		ESTABLISHED PATIENT HOME VISIT, TYPICALL	107.47	107.47	1/1/2019	12/31/9999
99350		ESTABLISHED PATIENT HOME VISIT, TYPICALL	149.41	149.41	1/1/2019	12/31/9999
99354		PROLONG E&M/PSYCTX SERV O/P	102.05	108.89	1/1/2019	12/31/9999
99355		PROLONG E&M/PSYCTX SERV O/P	76.90	82.36	1/1/2019	12/31/9999
99356		PROLONGED PHYSICIAN SERVICE IN THE INPAT	77.17	77.17	1/1/2019	12/31/9999
99357		PROLONGED PHYSICIAN SERVICE IN THE INPAT	77.45	77.45	1/1/2019	12/31/9999
99360		PROLONGED PHYSICIAN STANDBY SERVICE, EAC	48.44	48.44	1/1/2019	12/31/9999
99375		PHYSICIAN SUPERVISION OF PATIENT HOME HE	84.18	93.10	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	63.19	90.54	1/1/2019	12/31/9999
99382		INIT PM E/M NEW PAT 1-4 YRS	67.52	94.59	1/1/2019	12/31/9999
99383		PREV VISIT NEW AGE 5-11	71.65	98.43	1/1/2019	12/31/9999
99384		PREV VISIT NEW AGE 12-17	84.16	111.22	1/1/2019	12/31/9999
99385		PREV VISIT NEW AGE 18-39	80.70	107.76	1/1/2019	12/31/9999
99386		PREV VISIT NEW AGE 40-64	98.13	125.20	1/1/2019	12/31/9999
99387		INIT PM E/M NEW PAT 65+ YRS	105.13	135.61	1/1/2019	12/31/9999
99391		PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	57.67	81.32	1/1/2019	12/31/9999
99392		PERIODIC PREVENTIVE MEDICINE AGE 001-004	63.19	86.84	1/1/2019	12/31/9999
99393		PERIODIC PREVENTIVE MEDICINE AGE 005-011	63.19	86.55	1/1/2019	12/31/9999
99394		PERIODIC PREVENTIVE MEDICINE AGES 012-01	71.65	95.00	1/1/2019	12/31/9999
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	73.71	97.07	1/1/2019	12/31/9999
99381	EP	INIT PM E/M NEW PAT INFANT	93.60	93.60	1/1/2019	12/31/9999
99382	EP	INIT PM E/M NEW PAT 1-4 YRS	97.78	97.78	1/1/2019	12/31/9999
99383	EP	PREV VISIT NEW AGE 5-11	101.75	101.75	1/1/2019	12/31/9999
99384	EP	PREV VISIT NEW AGE 12-17	114.98	114.98	1/1/2019	12/31/9999
99385	EP	PREV VISIT NEW AGE 18-39	111.40	111.40	1/1/2019	12/31/9999
99391	EP	PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	84.07	84.07	1/1/2019	12/31/9999
99392	EP	PERIODIC PREVENTIVE MEDICINE AGE 001-004	89.77	89.77	1/1/2019	12/31/9999
99393	EP	PERIODIC PREVENTIVE MEDICINE AGE 005-011	89.47	89.47	1/1/2019	12/31/9999
99394	EP	PERIODIC PREVENTIVE MEDICINE AGES 012-01	98.21	98.21	1/1/2019	12/31/9999
99395	EP	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	100.35	100.35	1/1/2019	12/31/9999
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	79.82	103.47	1/1/2019	12/31/9999
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OV	84.16	111.50	1/1/2019	12/31/9999
99404		PREVENTIVE COUNSELING INDIV	82.09	92.63	1/1/2019	12/31/9999
99412		PREVENTIVE COUNSELING GROUP	10.52	18.50	1/1/2019	12/31/9999
99406		BEHAV CHNG SMOKING 3-10 MIN	10.34	12.04	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		BEHAV CHNG SMOKING > 10 MIN	21.56	23.27	1/1/2019	12/31/9999
99407	EP	BEHAV CHNG SMOKING > 10 MIN	21.44	22.36	1/1/2019	12/31/9999
99408		AUDIT/DAST 15-30 MIN	28.58	29.81	1/1/2019	12/31/9999
99408	EP	AUDIT/DAST 15-30 MIN	30.06	30.06	1/1/2019	12/31/9999
99409		AUDIT/DAST OVER 30 MIN	57.37	58.60	1/1/2019	12/31/9999
99409	EP	AUDIT/DAST OVER 30 MIN	57.37	58.60	1/1/2019	12/31/9999
99441		PHONE E/M PHYS/QHP 5-10 MIN	10.65	11.80	1/1/2019	4/30/2019
99442		PHONE E/M PHYS/QHP 11-20 MIN	21.22	22.37	1/1/2019	4/30/2019
99443		PHONE E/M PHYS/QHP 21-30 MIN	31.86	33.02	1/1/2019	4/30/2019
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE	80.39	80.39	1/1/2019	12/31/9999
99461		INITIAL CARE, PER DAY, FOR EVALUATION AN	56.26	75.30	1/1/2019	12/31/9999
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR E	35.03	35.03	1/1/2019	12/31/9999
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE	92.94	92.94	1/1/2019	12/31/9999
99464		PHYSICIAN ATTENDANCE AT DELIVERY AND STA	62.84	62.84	1/1/2019	12/31/9999
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PR	122.47	122.47	1/1/2019	12/31/9999
99468		INITIAL INPATIENT NEONATAL CRITICAL CARE	772.36	772.36	1/1/2019	12/31/9999
99469		SUBSEQUENT INPATIENT NEONATAL CRITICAL C	334.25	334.25	1/1/2019	12/31/9999
99471		INITIAL INPATIENT PEDIATRIC CRITICAL CAR	668.58	668.58	1/1/2019	12/31/9999
99472		SUBSEQUENT INPATIENT PEDIATRIC CRITICAL	344.13	344.13	1/1/2019	12/31/9999
99476		SUBSEQUENT INPATIENT PEDIATRIC CRITICAL	289.04	289.04	1/1/2019	12/31/9999
99477		INITIAL HOSPITAL CARE, PER DAY, FOR THE	293.00	293.00	1/1/2019	12/31/9999

99478		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR	115.04	115.04	1/1/2019	12/31/9999
99479		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR	104.41	104.41	1/1/2019	12/31/9999
99480		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR	100.56	100.56	1/1/2019	12/31/9999
99492		1ST PSYC COLLAB CARE MGMT	74.30	130.64	1/1/2019	12/31/9999
99493		SBSQ PSYC COLLAB CARE MGMT	67.18	104.54	1/1/2019	12/31/9999
99494		1ST/SBSQ PSYC COLLAB CARE	35.84	54.08	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.