

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

PROCEDURE CODE	COVID-19 5%	COVID-19 5%	COVID-19 5%	COVID-19 5%	RATES EFFECTIVE 01/01/2022			
	Increased Facility	Increased Non-Facility	Beginning Date	End Date	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
10030	79.62	79.62	3/1/2020	12/31/2021	75.83	75.83	1/1/2022	12/31/9999
10060	46.50	46.50	3/1/2020	12/31/2021	44.29	44.29	1/1/2022	12/31/9999
10061	52.27	52.27	3/1/2020	12/31/2021	49.78	49.78	1/1/2022	12/31/9999
10080	52.27	52.27	3/1/2020	12/31/2021	49.78	49.78	1/1/2022	12/31/9999
10081	129.23	129.23	3/1/2020	12/31/2021	123.08	123.08	1/1/2022	12/31/9999
10120	52.27	52.27	3/1/2020	12/31/2021	49.78	49.78	1/1/2022	12/31/9999
10121	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
10140	89.06	89.06	3/1/2020	12/31/2021	84.82	84.82	1/1/2022	12/31/9999
10180	470.46	470.46	3/1/2020	12/31/2021	448.06	448.06	1/1/2022	12/31/9999
11042	135.41	135.41	3/1/2020	12/31/2021	128.96	128.96	1/1/2022	12/31/9999
11043	135.41	135.41	3/1/2020	12/31/2021	128.96	128.96	1/1/2022	12/31/9999
11044	348.77	348.77	3/1/2020	12/31/2021	332.16	332.16	1/1/2022	12/31/9999
11102	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
11106	99.68	99.68	3/1/2020	12/31/2021	94.93	94.93	1/1/2022	12/31/9999
11307	29.47	29.47	3/1/2020	12/31/2021	28.07	28.07	1/1/2022	12/31/9999
11310	29.47	29.47	3/1/2020	12/31/2021	28.07	28.07	1/1/2022	12/31/9999
11311	29.47	29.47	3/1/2020	12/31/2021	28.07	28.07	1/1/2022	12/31/9999
11312	29.47	29.47	3/1/2020	12/31/2021	28.07	28.07	1/1/2022	12/31/9999
11313	29.47	29.47	3/1/2020	12/31/2021	28.07	28.07	1/1/2022	12/31/9999
11400	66.33	66.33	3/1/2020	12/31/2021	63.17	63.17	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

PROCEDURE CODE	COVID-19 5%	COVID-19 5%	COVID-19 5%	COVID-19 5%	RATES EFFECTIVE 01/01/2022			
	Increased Facility	Increased Non-Facility	Beginning Date	End Date	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
11401	72.47	72.47	3/1/2020	12/31/2021	69.02	69.02	1/1/2022	12/31/9999
11402	78.98	78.98	3/1/2020	12/31/2021	75.22	75.22	1/1/2022	12/31/9999
11403	84.79	84.79	3/1/2020	12/31/2021	80.75	80.75	1/1/2022	12/31/9999
11404	373.77	373.77	3/1/2020	12/31/2021	355.97	355.97	1/1/2022	12/31/9999
11406	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
11420	61.54	61.54	3/1/2020	12/31/2021	58.61	58.61	1/1/2022	12/31/9999
11421	73.16	73.16	3/1/2020	12/31/2021	69.68	69.68	1/1/2022	12/31/9999
11422	80.34	80.34	3/1/2020	12/31/2021	76.51	76.51	1/1/2022	12/31/9999
11423	89.91	89.91	3/1/2020	12/31/2021	85.63	85.63	1/1/2022	12/31/9999
11424	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
11426	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
11440	71.79	71.79	3/1/2020	12/31/2021	68.37	68.37	1/1/2022	12/31/9999
11441	80.68	80.68	3/1/2020	12/31/2021	76.84	76.84	1/1/2022	12/31/9999
11442	88.55	88.55	3/1/2020	12/31/2021	84.33	84.33	1/1/2022	12/31/9999
11443	99.14	99.14	3/1/2020	12/31/2021	94.42	94.42	1/1/2022	12/31/9999
11444	304.87	304.87	3/1/2020	12/31/2021	290.35	290.35	1/1/2022	12/31/9999
11446	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
11450	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
11451	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
11462	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
41	11463	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
42	11470	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
43	11471	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
44	11600	91.96	91.96	3/1/2020	12/31/2021	87.58	87.58	1/1/2022	12/31/9999
45	11601	104.96	104.96	3/1/2020	12/31/2021	99.96	99.96	1/1/2022	12/31/9999
46	11602	114.19	114.19	3/1/2020	12/31/2021	108.75	108.75	1/1/2022	12/31/9999
47	11603	121.71	121.71	3/1/2020	12/31/2021	115.91	115.91	1/1/2022	12/31/9999
48	11604	362.43	362.43	3/1/2020	12/31/2021	345.17	345.17	1/1/2022	12/31/9999
49	11606	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
50	11620	92.99	92.99	3/1/2020	12/31/2021	88.56	88.56	1/1/2022	12/31/9999
51	11621	105.98	105.98	3/1/2020	12/31/2021	100.93	100.93	1/1/2022	12/31/9999
52	11622	117.26	117.26	3/1/2020	12/31/2021	111.68	111.68	1/1/2022	12/31/9999
53	11623	127.51	127.51	3/1/2020	12/31/2021	121.44	121.44	1/1/2022	12/31/9999
54	11624	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
55	11626	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
56	11640	97.78	97.78	3/1/2020	12/31/2021	93.12	93.12	1/1/2022	12/31/9999
57	11641	113.85	113.85	3/1/2020	12/31/2021	108.43	108.43	1/1/2022	12/31/9999
58	11642	127.18	127.18	3/1/2020	12/31/2021	121.12	121.12	1/1/2022	12/31/9999
59	11643	138.13	138.13	3/1/2020	12/31/2021	131.55	131.55	1/1/2022	12/31/9999
60	11644	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

PROCEDURE CODE	COVID-19 5%	COVID-19 5%	COVID-19 5%	COVID-19 5%	RATES EFFECTIVE 01/01/2022			
	Increased Facility	Increased Non-Facility	Beginning Date	End Date	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
11646	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
11750	87.52	87.52	3/1/2020	12/31/2021	83.35	83.35	1/1/2022	12/31/9999
11755	61.54	61.54	3/1/2020	12/31/2021	58.61	58.61	1/1/2022	12/31/9999
11760	78.23	78.23	3/1/2020	12/31/2021	74.50	74.50	1/1/2022	12/31/9999
11762	112.48	112.48	3/1/2020	12/31/2021	107.12	107.12	1/1/2022	12/31/9999
11770	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
11771	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
11772	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
11921	78.23	78.23	3/1/2020	12/31/2021	74.50	74.50	1/1/2022	12/31/9999
11950	34.53	34.53	3/1/2020	12/31/2021	32.89	32.89	1/1/2022	12/31/9999
11951	41.02	41.02	3/1/2020	12/31/2021	39.07	39.07	1/1/2022	12/31/9999
11952	47.54	47.54	3/1/2020	12/31/2021	45.28	45.28	1/1/2022	12/31/9999
11954	47.54	47.54	3/1/2020	12/31/2021	45.28	45.28	1/1/2022	12/31/9999
11960	488.00	488.00	3/1/2020	12/31/2021	464.76	464.76	1/1/2022	12/31/9999
11970	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
11971	420.30	420.30	3/1/2020	12/31/2021	400.29	400.29	1/1/2022	12/31/9999
11976	58.81	58.81	3/1/2020	12/31/2021	56.01	56.01	1/1/2022	12/31/9999
12005	73.32	73.32	3/1/2020	12/31/2021	69.83	69.83	1/1/2022	12/31/9999
12006	73.32	73.32	3/1/2020	12/31/2021	69.83	69.83	1/1/2022	12/31/9999
12007	73.32	73.32	3/1/2020	12/31/2021	69.83	69.83	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

PROCEDURE CODE	COVID-19 5%	COVID-19 5%	COVID-19 5%	COVID-19 5%	RATES EFFECTIVE 01/01/2022			
	Increased Facility	Increased Non-Facility	Beginning Date	End Date	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
12015	47.54	47.54	3/1/2020	12/31/2021	45.28	45.28	1/1/2022	12/31/9999
12016	73.32	73.32	3/1/2020	12/31/2021	69.83	69.83	1/1/2022	12/31/9999
12017	73.32	73.32	3/1/2020	12/31/2021	69.83	69.83	1/1/2022	12/31/9999
12018	73.32	73.32	3/1/2020	12/31/2021	69.83	69.83	1/1/2022	12/31/9999
12020	103.48	103.48	3/1/2020	12/31/2021	98.55	98.55	1/1/2022	12/31/9999
12021	103.48	103.48	3/1/2020	12/31/2021	98.55	98.55	1/1/2022	12/31/9999
12031	78.23	78.23	3/1/2020	12/31/2021	74.50	74.50	1/1/2022	12/31/9999
12032	78.23	78.23	3/1/2020	12/31/2021	74.50	74.50	1/1/2022	12/31/9999
12034	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
12035	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
12036	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
12037	237.21	237.21	3/1/2020	12/31/2021	225.91	225.91	1/1/2022	12/31/9999
12041	78.23	78.23	3/1/2020	12/31/2021	74.50	74.50	1/1/2022	12/31/9999
12042	78.23	78.23	3/1/2020	12/31/2021	74.50	74.50	1/1/2022	12/31/9999
12044	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
12045	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
12046	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
12047	237.21	237.21	3/1/2020	12/31/2021	225.91	225.91	1/1/2022	12/31/9999
12051	78.23	78.23	3/1/2020	12/31/2021	74.50	74.50	1/1/2022	12/31/9999
12052	78.23	78.23	3/1/2020	12/31/2021	74.50	74.50	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

PROCEDURE CODE	COVID-19 5%	COVID-19 5%	COVID-19 5%	COVID-19 5%	RATES EFFECTIVE 01/01/2022			
	Increased Facility	Increased Non-Facility	Beginning Date	End Date	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
12053	78.23	78.23	3/1/2020	12/31/2021	74.50	74.50	1/1/2022	12/31/9999
12054	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
12055	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
12056	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
12057	237.21	237.21	3/1/2020	12/31/2021	225.91	225.91	1/1/2022	12/31/9999
13100	259.69	259.69	3/1/2020	12/31/2021	247.32	247.32	1/1/2022	12/31/9999
13101	259.69	259.69	3/1/2020	12/31/2021	247.32	247.32	1/1/2022	12/31/9999
13120	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
13121	103.48	103.48	3/1/2020	12/31/2021	98.55	98.55	1/1/2022	12/31/9999
13131	103.48	103.48	3/1/2020	12/31/2021	98.55	98.55	1/1/2022	12/31/9999
13132	103.48	103.48	3/1/2020	12/31/2021	98.55	98.55	1/1/2022	12/31/9999
13151	259.69	259.69	3/1/2020	12/31/2021	247.32	247.32	1/1/2022	12/31/9999
13152	259.69	259.69	3/1/2020	12/31/2021	247.32	247.32	1/1/2022	12/31/9999
13160	488.00	488.00	3/1/2020	12/31/2021	464.76	464.76	1/1/2022	12/31/9999
14000	440.04	440.04	3/1/2020	12/31/2021	419.09	419.09	1/1/2022	12/31/9999
14001	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999
14020	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999
14021	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999
14040	440.04	440.04	3/1/2020	12/31/2021	419.09	419.09	1/1/2022	12/31/9999
14041	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
121 14060	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999
122 14061	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999
123 14301	863.33	863.33	3/1/2020	12/31/2021	822.22	822.22	1/1/2022	12/31/9999
124 14350	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
125 15002	259.69	259.69	3/1/2020	12/31/2021	247.32	247.32	1/1/2022	12/31/9999
126 15004	259.69	259.69	3/1/2020	12/31/2021	247.32	247.32	1/1/2022	12/31/9999
127 15040	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
128 15050	259.69	259.69	3/1/2020	12/31/2021	247.32	247.32	1/1/2022	12/31/9999
129 15100	488.00	488.00	3/1/2020	12/31/2021	464.76	464.76	1/1/2022	12/31/9999
130 15110	342.31	342.31	3/1/2020	12/31/2021	326.01	326.01	1/1/2022	12/31/9999
131 15115	342.31	342.31	3/1/2020	12/31/2021	326.01	326.01	1/1/2022	12/31/9999
132 15120	488.00	488.00	3/1/2020	12/31/2021	464.76	464.76	1/1/2022	12/31/9999
133 15130	440.04	440.04	3/1/2020	12/31/2021	419.09	419.09	1/1/2022	12/31/9999
134 15135	440.04	440.04	3/1/2020	12/31/2021	419.09	419.09	1/1/2022	12/31/9999
135 15150	342.31	342.31	3/1/2020	12/31/2021	326.01	326.01	1/1/2022	12/31/9999
136 15155	342.31	342.31	3/1/2020	12/31/2021	326.01	326.01	1/1/2022	12/31/9999
137 15200	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999
138 15220	440.04	440.04	3/1/2020	12/31/2021	419.09	419.09	1/1/2022	12/31/9999
139 15240	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999
140 15260	440.04	440.04	3/1/2020	12/31/2021	419.09	419.09	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
141 15271	118.77	118.77	3/1/2020	12/31/2021	113.12	113.12	1/1/2022	12/31/9999
142 15273	185.80	185.80	3/1/2020	12/31/2021	176.96	176.96	1/1/2022	12/31/9999
143 15275	118.77	118.77	3/1/2020	12/31/2021	113.12	113.12	1/1/2022	12/31/9999
144 15277	185.80	185.80	3/1/2020	12/31/2021	176.96	176.96	1/1/2022	12/31/9999
145 15570	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
146 15572	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
147 15574	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
148 15576	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
149 15600	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
150 15610	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
151 15620	611.87	611.87	3/1/2020	12/31/2021	582.73	582.73	1/1/2022	12/31/9999
152 15630	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
153 15650	670.44	670.44	3/1/2020	12/31/2021	638.51	638.51	1/1/2022	12/31/9999
154 15730	1,253.27	1,253.27	3/1/2020	12/31/2021	1,193.59	1,193.59	1/1/2022	12/31/9999
155 15731	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
156 15733	1,253.27	1,253.27	3/1/2020	12/31/2021	1,193.59	1,193.59	1/1/2022	12/31/9999
157 15734	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
158 15736	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
159 15738	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
160 15740	440.04	440.04	3/1/2020	12/31/2021	419.09	419.09	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
161 15750	488.00	488.00	3/1/2020	12/31/2021	464.76	464.76	1/1/2022	12/31/9999
162 15760	488.00	488.00	3/1/2020	12/31/2021	464.76	464.76	1/1/2022	12/31/9999
163 15769	1,335.40	1,335.40	3/1/2020	12/31/2021	1,271.81	1,271.81	1/1/2022	12/31/9999
164 15770	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
165 15780	389.06	389.06	3/1/2020	12/31/2021	370.53	370.53	1/1/2022	12/31/9999
166 15781	159.95	159.95	3/1/2020	12/31/2021	152.33	152.33	1/1/2022	12/31/9999
167 15782	159.95	159.95	3/1/2020	12/31/2021	152.33	152.33	1/1/2022	12/31/9999
168 15783	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
169 15789	54.24	54.24	3/1/2020	12/31/2021	51.66	51.66	1/1/2022	12/31/9999
170 15819	78.23	78.23	3/1/2020	12/31/2021	74.50	74.50	1/1/2022	12/31/9999
171 15820	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
172 15821	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
173 15822	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
174 15823	670.44	670.44	3/1/2020	12/31/2021	638.51	638.51	1/1/2022	12/31/9999
175 15830	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
176 15832	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
177 15833	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
178 15834	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
179 15835	413.76	413.76	3/1/2020	12/31/2021	394.06	394.06	1/1/2022	12/31/9999
180 15836	492.91	492.91	3/1/2020	12/31/2021	469.44	469.44	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT	CURRENT	BEGINNING	END	
PROCEDURE	Increased	Increased	Beginning	End	FACILITY	FACILITY	DATE	DATE	
CODE	Facility	Non-Facility	Date	Date					
181	15837	598.32	598.32	3/1/2020	12/31/2021	569.83	569.83	1/1/2022	12/31/9999
182	15838	598.32	598.32	3/1/2020	12/31/2021	569.83	569.83	1/1/2022	12/31/9999
183	15839	492.91	492.91	3/1/2020	12/31/2021	469.44	469.44	1/1/2022	12/31/9999
184	15840	611.87	611.87	3/1/2020	12/31/2021	582.73	582.73	1/1/2022	12/31/9999
185	15841	611.87	611.87	3/1/2020	12/31/2021	582.73	582.73	1/1/2022	12/31/9999
186	15842	750.94	750.94	3/1/2020	12/31/2021	715.18	715.18	1/1/2022	12/31/9999
187	15845	611.87	611.87	3/1/2020	12/31/2021	582.73	582.73	1/1/2022	12/31/9999
188	15850	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
189	15851	51.62	51.62	3/1/2020	12/31/2021	49.16	49.16	1/1/2022	12/31/9999
190	15920	209.32	209.32	3/1/2020	12/31/2021	199.35	199.35	1/1/2022	12/31/9999
191	15922	611.87	611.87	3/1/2020	12/31/2021	582.73	582.73	1/1/2022	12/31/9999
192	15931	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
193	15933	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
194	15934	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
195	15935	611.87	611.87	3/1/2020	12/31/2021	582.73	582.73	1/1/2022	12/31/9999
196	15936	563.91	563.91	3/1/2020	12/31/2021	537.06	537.06	1/1/2022	12/31/9999
197	15937	611.87	611.87	3/1/2020	12/31/2021	582.73	582.73	1/1/2022	12/31/9999
198	15940	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
199	15941	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
200	15944	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
201	15945	611.87	611.87	3/1/2020	12/31/2021	582.73	582.73	1/1/2022	12/31/9999
202	15946	611.87	611.87	3/1/2020	12/31/2021	582.73	582.73	1/1/2022	12/31/9999
203	15950	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
204	15951	620.25	620.25	3/1/2020	12/31/2021	590.71	590.71	1/1/2022	12/31/9999
205	15952	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999
206	15953	563.91	563.91	3/1/2020	12/31/2021	537.06	537.06	1/1/2022	12/31/9999
207	15956	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999
208	15958	563.91	563.91	3/1/2020	12/31/2021	537.06	537.06	1/1/2022	12/31/9999
209	16025	69.90	69.90	3/1/2020	12/31/2021	66.57	66.57	1/1/2022	12/31/9999
210	16030	91.92	91.92	3/1/2020	12/31/2021	87.54	87.54	1/1/2022	12/31/9999
211	16035	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
212	17004	81.03	81.03	3/1/2020	12/31/2021	77.17	77.17	1/1/2022	12/31/9999
213	17106	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
214	17107	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
215	17108	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
216	17264	54.24	54.24	3/1/2020	12/31/2021	51.66	51.66	1/1/2022	12/31/9999
217	17266	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
218	17270	54.24	54.24	3/1/2020	12/31/2021	51.66	51.66	1/1/2022	12/31/9999
219	17271	54.24	54.24	3/1/2020	12/31/2021	51.66	51.66	1/1/2022	12/31/9999
220	17273	92.65	92.65	3/1/2020	12/31/2021	88.24	88.24	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
221	17274	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
222	17276	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
223	17281	79.32	79.32	3/1/2020	12/31/2021	75.54	75.54	1/1/2022	12/31/9999
224	17282	90.60	90.60	3/1/2020	12/31/2021	86.29	86.29	1/1/2022	12/31/9999
225	17283	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
226	17284	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
227	17286	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
228	17311	134.98	134.98	3/1/2020	12/31/2021	128.55	128.55	1/1/2022	12/31/9999
229	17313	134.98	134.98	3/1/2020	12/31/2021	128.55	128.55	1/1/2022	12/31/9999
230	19000	66.66	66.66	3/1/2020	12/31/2021	63.49	63.49	1/1/2022	12/31/9999
231	19020	470.46	470.46	3/1/2020	12/31/2021	448.06	448.06	1/1/2022	12/31/9999
232	19081	350.12	350.12	3/1/2020	12/31/2021	333.45	333.45	1/1/2022	12/31/9999
233	19083	350.12	350.12	3/1/2020	12/31/2021	333.45	333.45	1/1/2022	12/31/9999
234	19085	350.12	350.12	3/1/2020	12/31/2021	333.45	333.45	1/1/2022	12/31/9999
235	19100	201.78	201.78	3/1/2020	12/31/2021	192.17	192.17	1/1/2022	12/31/9999
236	19101	492.03	492.03	3/1/2020	12/31/2021	468.60	468.60	1/1/2022	12/31/9999
237	19110	492.03	492.03	3/1/2020	12/31/2021	468.60	468.60	1/1/2022	12/31/9999
238	19112	535.12	535.12	3/1/2020	12/31/2021	509.64	509.64	1/1/2022	12/31/9999
239	19120	535.12	535.12	3/1/2020	12/31/2021	509.64	509.64	1/1/2022	12/31/9999
240	19125	535.12	535.12	3/1/2020	12/31/2021	509.64	509.64	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
241	19296	1,427.08	1,427.08	3/1/2020	12/31/2021	1,359.12	1,359.12	1/1/2022	12/31/9999
242	19298	1,427.08	1,427.08	3/1/2020	12/31/2021	1,359.12	1,359.12	1/1/2022	12/31/9999
243	19300	615.90	615.90	3/1/2020	12/31/2021	586.57	586.57	1/1/2022	12/31/9999
244	19301	535.12	535.12	3/1/2020	12/31/2021	509.64	509.64	1/1/2022	12/31/9999
245	19302	1,039.79	1,039.79	3/1/2020	12/31/2021	990.28	990.28	1/1/2022	12/31/9999
246	19303	718.77	718.77	3/1/2020	12/31/2021	684.54	684.54	1/1/2022	12/31/9999
247	19316	718.77	718.77	3/1/2020	12/31/2021	684.54	684.54	1/1/2022	12/31/9999
248	19318	794.07	794.07	3/1/2020	12/31/2021	756.26	756.26	1/1/2022	12/31/9999
<b>249</b>	<b>19324</b>	<b>794.07</b>	<b>794.07</b>	<b>3/1/2020</b>	<b>12/31/2020</b>				
250	19325	1,427.08	1,427.08	3/1/2020	12/31/2021	1,359.12	1,359.12	1/1/2022	12/31/9999
251	19328	518.82	518.82	3/1/2020	12/31/2021	494.11	494.11	1/1/2022	12/31/9999
252	19330	518.82	518.82	3/1/2020	12/31/2021	494.11	494.11	1/1/2022	12/31/9999
253	19340	670.19	670.19	3/1/2020	12/31/2021	638.28	638.28	1/1/2022	12/31/9999
254	19342	868.98	868.98	3/1/2020	12/31/2021	827.60	827.60	1/1/2022	12/31/9999
255	19350	615.90	615.90	3/1/2020	12/31/2021	586.57	586.57	1/1/2022	12/31/9999
256	19355	718.77	718.77	3/1/2020	12/31/2021	684.54	684.54	1/1/2022	12/31/9999
257	19357	1,008.34	1,008.34	3/1/2020	12/31/2021	960.32	960.32	1/1/2022	12/31/9999
<b>258</b>	<b>19366</b>	<b>777.33</b>	<b>777.33</b>	<b>3/1/2020</b>	<b>12/31/2020</b>				
259	19370	718.77	718.77	3/1/2020	12/31/2021	684.54	684.54	1/1/2022	12/31/9999
260	19371	718.77	718.77	3/1/2020	12/31/2021	684.54	684.54	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
261 19380	852.64	852.64	3/1/2020	12/31/2021	812.04	812.04	1/1/2022	12/31/9999
262 20103	358.03	358.03	3/1/2020	12/31/2021	340.98	340.98	1/1/2022	12/31/9999
263 20150	1,597.43	1,597.43	3/1/2020	12/31/2021	1,521.36	1,521.36	1/1/2022	12/31/9999
264 20200	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
265 20205	492.91	492.91	3/1/2020	12/31/2021	469.44	469.44	1/1/2022	12/31/9999
266 20206	227.67	227.67	3/1/2020	12/31/2021	216.83	216.83	1/1/2022	12/31/9999
267 20220	250.02	250.02	3/1/2020	12/31/2021	238.11	238.11	1/1/2022	12/31/9999
268 20225	362.43	362.43	3/1/2020	12/31/2021	345.17	345.17	1/1/2022	12/31/9999
269 20240	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
270 20245	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
271 20250	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
272 20251	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
273 20500	61.54	61.54	3/1/2020	12/31/2021	58.61	58.61	1/1/2022	12/31/9999
274 20520	94.36	94.36	3/1/2020	12/31/2021	89.87	89.87	1/1/2022	12/31/9999
275 20525	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
276 20526	30.43	30.43	3/1/2020	12/31/2021	28.98	28.98	1/1/2022	12/31/9999
277 20527	31.50	31.50	3/1/2020	12/31/2021	30.00	30.00	1/1/2022	12/31/9999
278 20550	22.90	22.90	3/1/2020	12/31/2021	21.81	21.81	1/1/2022	12/31/9999
279 20551	22.56	22.56	3/1/2020	12/31/2021	21.49	21.49	1/1/2022	12/31/9999
280 20552	22.23	22.23	3/1/2020	12/31/2021	21.17	21.17	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
281	20553	24.96	24.96	3/1/2020	12/31/2021	23.77	23.77	1/1/2022	12/31/9999
282	20600	22.56	22.56	3/1/2020	12/31/2021	21.49	21.49	1/1/2022	12/31/9999
283	20604	33.92	33.92	3/1/2020	12/31/2021	32.31	32.31	1/1/2022	12/31/9999
284	20605	25.64	25.64	3/1/2020	12/31/2021	24.42	24.42	1/1/2022	12/31/9999
285	20606	36.81	36.81	3/1/2020	12/31/2021	35.06	35.06	1/1/2022	12/31/9999
286	20610	34.53	34.53	3/1/2020	12/31/2021	32.89	32.89	1/1/2022	12/31/9999
287	20611	43.21	43.21	3/1/2020	12/31/2021	41.15	41.15	1/1/2022	12/31/9999
288	20612	23.93	23.93	3/1/2020	12/31/2021	22.79	22.79	1/1/2022	12/31/9999
289	20615	106.32	106.32	3/1/2020	12/31/2021	101.26	101.26	1/1/2022	12/31/9999
290	20650	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
291	20662	790.41	790.41	3/1/2020	12/31/2021	752.77	752.77	1/1/2022	12/31/9999
292	20663	790.41	790.41	3/1/2020	12/31/2021	752.77	752.77	1/1/2022	12/31/9999
293	20665	23.44	23.44	3/1/2020	12/31/2021	22.32	22.32	1/1/2022	12/31/9999
294	20670	373.77	373.77	3/1/2020	12/31/2021	355.97	355.97	1/1/2022	12/31/9999
295	20680	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
296	20690	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
297	20692	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
298	20693	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
299	20694	421.79	421.79	3/1/2020	12/31/2021	401.70	401.70	1/1/2022	12/31/9999
300	20696	883.17	883.17	3/1/2020	12/31/2021	841.11	841.11	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
301 20697	1,020.13	1,020.13	3/1/2020	12/31/2021	971.55	971.55	1/1/2022	12/31/9999
302 20822	977.77	977.77	3/1/2020	12/31/2021	931.21	931.21	1/1/2022	12/31/9999
303 20900	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
304 20902	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
305 20910	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
306 20912	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
307 20920	563.91	563.91	3/1/2020	12/31/2021	537.06	537.06	1/1/2022	12/31/9999
308 20922	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999
309 20924	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
310 20950	52.27	52.27	3/1/2020	12/31/2021	49.78	49.78	1/1/2022	12/31/9999
311 20972	1,645.14	1,645.14	3/1/2020	12/31/2021	1,566.80	1,566.80	1/1/2022	12/31/9999
312 20973	1,645.14	1,645.14	3/1/2020	12/31/2021	1,566.80	1,566.80	1/1/2022	12/31/9999
313 20982	1,597.43	1,597.43	3/1/2020	12/31/2021	1,521.36	1,521.36	1/1/2022	12/31/9999
314 20983	1,845.66	1,845.66	3/1/2020	12/31/2021	1,757.78	1,757.78	1/1/2022	12/31/9999
315 21010	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
316 21011	167.84	167.84	3/1/2020	12/31/2021	159.85	159.85	1/1/2022	12/31/9999
317 21012	295.92	295.92	3/1/2020	12/31/2021	281.83	281.83	1/1/2022	12/31/9999
318 21013	233.23	233.23	3/1/2020	12/31/2021	222.12	222.12	1/1/2022	12/31/9999
319 21014	295.92	295.92	3/1/2020	12/31/2021	281.83	281.83	1/1/2022	12/31/9999
320 21015	495.05	495.05	3/1/2020	12/31/2021	471.48	471.48	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
321	21016	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
322	21025	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
323	21026	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
324	21029	670.74	670.74	3/1/2020	12/31/2021	638.80	638.80	1/1/2022	12/31/9999
325	21030	231.12	231.12	3/1/2020	12/31/2021	220.11	220.11	1/1/2022	12/31/9999
326	21031	189.40	189.40	3/1/2020	12/31/2021	180.38	180.38	1/1/2022	12/31/9999
327	21034	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
328	21040	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
329	21044	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
330	21046	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
331	21047	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
332	21048	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
333	21050	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
334	21060	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
335	21070	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
336	21100	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
337	21110	276.76	276.76	3/1/2020	12/31/2021	263.58	263.58	1/1/2022	12/31/9999
338	21120	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
339	21121	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
340	21122	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
341	21123	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
342	21125	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
343	21127	1,271.93	1,271.93	3/1/2020	12/31/2021	1,211.36	1,211.36	1/1/2022	12/31/9999
344	21137	891.02	891.02	3/1/2020	12/31/2021	848.59	848.59	1/1/2022	12/31/9999
345	21138	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
346	21139	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
347	21150	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
348	21181	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
349	21198	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
350	21199	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
351	21206	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
352	21208	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
353	21209	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
354	21210	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
355	21215	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
356	21230	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
357	21235	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
358	21240	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
359	21242	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
360	21243	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
361 21244	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
362 21260	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
363 21267	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
364 21270	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
365 21275	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
366 21280	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
367 21282	634.40	634.40	3/1/2020	12/31/2021	604.19	604.19	1/1/2022	12/31/9999
368 21295	293.37	293.37	3/1/2020	12/31/2021	279.40	279.40	1/1/2022	12/31/9999
369 21296	446.93	446.93	3/1/2020	12/31/2021	425.65	425.65	1/1/2022	12/31/9999
<b>370 21310</b>	<b>124.70</b>	<b>124.70</b>	<b>3/1/2020</b>	<b>12/31/2021</b>				
371 21315	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
372 21320	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
373 21325	646.88	646.88	3/1/2020	12/31/2021	616.08	616.08	1/1/2022	12/31/9999
374 21330	705.45	705.45	3/1/2020	12/31/2021	671.86	671.86	1/1/2022	12/31/9999
375 21335	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
376 21336	667.16	667.16	3/1/2020	12/31/2021	635.39	635.39	1/1/2022	12/31/9999
377 21337	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
378 21338	646.88	646.88	3/1/2020	12/31/2021	616.08	616.08	1/1/2022	12/31/9999
379 21339	705.45	705.45	3/1/2020	12/31/2021	671.86	671.86	1/1/2022	12/31/9999
380 21340	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
381	21345	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
382	21355	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
383	21356	566.10	566.10	3/1/2020	12/31/2021	539.14	539.14	1/1/2022	12/31/9999
384	21360	891.02	891.02	3/1/2020	12/31/2021	848.59	848.59	1/1/2022	12/31/9999
385	21390	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
386	21400	369.44	369.44	3/1/2020	12/31/2021	351.85	351.85	1/1/2022	12/31/9999
387	21401	495.05	495.05	3/1/2020	12/31/2021	471.48	471.48	1/1/2022	12/31/9999
388	21406	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
389	21407	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
390	21421	646.88	646.88	3/1/2020	12/31/2021	616.08	616.08	1/1/2022	12/31/9999
391	21440	293.67	293.67	3/1/2020	12/31/2021	279.69	279.69	1/1/2022	12/31/9999
392	21445	646.88	646.88	3/1/2020	12/31/2021	616.08	616.08	1/1/2022	12/31/9999
393	21450	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
394	21451	381.66	381.66	3/1/2020	12/31/2021	363.49	363.49	1/1/2022	12/31/9999
395	21452	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
396	21453	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
397	21454	705.45	705.45	3/1/2020	12/31/2021	671.86	671.86	1/1/2022	12/31/9999
398	21461	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
399	21462	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
400	21465	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
401	21480	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
402	21485	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
403	21490	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
404	21497	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
405	21501	470.46	470.46	3/1/2020	12/31/2021	448.06	448.06	1/1/2022	12/31/9999
406	21502	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
407	21550	322.76	322.76	3/1/2020	12/31/2021	307.39	307.39	1/1/2022	12/31/9999
408	21552	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
409	21554	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
410	21555	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
411	21556	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
412	21557	784.50	784.50	3/1/2020	12/31/2021	747.14	747.14	1/1/2022	12/31/9999
413	21558	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
414	21600	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
415	21610	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
416	21685	276.76	276.76	3/1/2020	12/31/2021	263.58	263.58	1/1/2022	12/31/9999
417	21700	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
418	21720	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
419	21725	72.62	72.62	3/1/2020	12/31/2021	69.16	69.16	1/1/2022	12/31/9999
420	21820	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
421	21920	131.97	131.97	3/1/2020	12/31/2021	125.69	125.69	1/1/2022	12/31/9999
422	21925	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
423	21930	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
424	21931	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
425	21932	631.21	631.21	3/1/2020	12/31/2021	601.15	601.15	1/1/2022	12/31/9999
426	21933	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
427	21935	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
428	21936	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
429	22102	1,738.18	1,738.18	3/1/2020	12/31/2021	1,655.41	1,655.41	1/1/2022	12/31/9999
430	22310	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
431	22315	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
432	22505	437.44	437.44	3/1/2020	12/31/2021	416.61	416.61	1/1/2022	12/31/9999
433	22510	1,276.29	1,276.29	3/1/2020	12/31/2021	1,215.52	1,215.52	1/1/2022	12/31/9999
434	22511	1,276.29	1,276.29	3/1/2020	12/31/2021	1,215.52	1,215.52	1/1/2022	12/31/9999
435	22513	3,101.20	3,101.20	3/1/2020	12/31/2021	2,953.52	2,953.52	1/1/2022	12/31/9999
436	22514	3,101.20	3,101.20	3/1/2020	12/31/2021	2,953.52	2,953.52	1/1/2022	12/31/9999
437	22551	7,020.92	7,020.92	3/1/2020	12/31/2021	6,686.59	6,686.59	1/1/2022	12/31/9999
438	22900	620.25	620.25	3/1/2020	12/31/2021	590.71	590.71	1/1/2022	12/31/9999
439	22901	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
440	22902	631.21	631.21	3/1/2020	12/31/2021	601.15	601.15	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
441 22903	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
442 22904	631.21	631.21	3/1/2020	12/31/2021	601.15	601.15	1/1/2022	12/31/9999
443 22905	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
444 23000	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
445 23020	699.62	699.62	3/1/2020	12/31/2021	666.30	666.30	1/1/2022	12/31/9999
446 23030	394.38	394.38	3/1/2020	12/31/2021	375.60	375.60	1/1/2022	12/31/9999
447 23031	513.54	513.54	3/1/2020	12/31/2021	489.09	489.09	1/1/2022	12/31/9999
448 23035	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
449 23040	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
450 23044	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
451 23065	92.99	92.99	3/1/2020	12/31/2021	88.56	88.56	1/1/2022	12/31/9999
452 23066	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
453 23071	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
454 23073	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
455 23075	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
456 23076	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
457 23077	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
458 23078	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
459 23100	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
460 23101	941.05	941.05	3/1/2020	12/31/2021	896.24	896.24	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
461	23105	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
462	23106	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
463	23107	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
464	23120	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999
465	23125	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999
466	23130	882.06	882.06	3/1/2020	12/31/2021	840.06	840.06	1/1/2022	12/31/9999
467	23140	621.74	621.74	3/1/2020	12/31/2021	592.13	592.13	1/1/2022	12/31/9999
468	23145	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999
469	23146	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999
470	23150	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
471	23155	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999
472	23156	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999
473	23170	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
474	23172	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
475	23174	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
476	23180	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
477	23182	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
478	23184	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
479	23190	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
480	23195	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
481	23330	304.87	304.87	3/1/2020	12/31/2021	290.35	290.35	1/1/2022	12/31/9999
482	23333	319.62	319.62	3/1/2020	12/31/2021	304.40	304.40	1/1/2022	12/31/9999
483	23334	866.00	866.00	3/1/2020	12/31/2021	824.76	824.76	1/1/2022	12/31/9999
484	23395	882.06	882.06	3/1/2020	12/31/2021	840.06	840.06	1/1/2022	12/31/9999
485	23397	1,407.76	1,407.76	3/1/2020	12/31/2021	1,340.72	1,340.72	1/1/2022	12/31/9999
486	23400	941.05	941.05	3/1/2020	12/31/2021	896.24	896.24	1/1/2022	12/31/9999
487	23405	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
488	23406	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
489	23410	882.06	882.06	3/1/2020	12/31/2021	840.06	840.06	1/1/2022	12/31/9999
490	23412	1,069.22	1,069.22	3/1/2020	12/31/2021	1,018.30	1,018.30	1/1/2022	12/31/9999
491	23415	882.06	882.06	3/1/2020	12/31/2021	840.06	840.06	1/1/2022	12/31/9999
492	23420	1,069.22	1,069.22	3/1/2020	12/31/2021	1,018.30	1,018.30	1/1/2022	12/31/9999
493	23430	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
494	23440	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
495	23450	1,220.60	1,220.60	3/1/2020	12/31/2021	1,162.48	1,162.48	1/1/2022	12/31/9999
496	23455	1,407.76	1,407.76	3/1/2020	12/31/2021	1,340.72	1,340.72	1/1/2022	12/31/9999
497	23460	1,220.60	1,220.60	3/1/2020	12/31/2021	1,162.48	1,162.48	1/1/2022	12/31/9999
498	23462	1,069.22	1,069.22	3/1/2020	12/31/2021	1,018.30	1,018.30	1/1/2022	12/31/9999
499	23465	1,220.60	1,220.60	3/1/2020	12/31/2021	1,162.48	1,162.48	1/1/2022	12/31/9999
500	23466	1,069.22	1,069.22	3/1/2020	12/31/2021	1,018.30	1,018.30	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
501	23480	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
502	23485	1,407.76	1,407.76	3/1/2020	12/31/2021	1,340.72	1,340.72	1/1/2022	12/31/9999
503	23490	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
504	23491	1,081.24	1,081.24	3/1/2020	12/31/2021	1,029.75	1,029.75	1/1/2022	12/31/9999
505	23500	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
506	23505	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
507	23515	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
508	23520	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
509	23525	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
510	23530	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
511	23532	667.16	667.16	3/1/2020	12/31/2021	635.39	635.39	1/1/2022	12/31/9999
512	23540	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
513	23545	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
514	23550	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
515	23552	806.05	806.05	3/1/2020	12/31/2021	767.67	767.67	1/1/2022	12/31/9999
516	23570	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
517	23575	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
518	23585	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
519	23600	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
520	23605	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
521	23615	974.35	974.35	3/1/2020	12/31/2021	927.95	927.95	1/1/2022	12/31/9999
522	23616	974.35	974.35	3/1/2020	12/31/2021	927.95	927.95	1/1/2022	12/31/9999
523	23620	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
524	23625	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
525	23630	1,032.93	1,032.93	3/1/2020	12/31/2021	983.74	983.74	1/1/2022	12/31/9999
526	23650	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
527	23655	361.37	361.37	3/1/2020	12/31/2021	344.16	344.16	1/1/2022	12/31/9999
528	23660	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
529	23665	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
530	23670	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
531	23675	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
532	23680	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
533	23700	361.37	361.37	3/1/2020	12/31/2021	344.16	344.16	1/1/2022	12/31/9999
534	23800	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
535	23802	1,069.22	1,069.22	3/1/2020	12/31/2021	1,018.30	1,018.30	1/1/2022	12/31/9999
536	23921	357.42	357.42	3/1/2020	12/31/2021	340.40	340.40	1/1/2022	12/31/9999
537	23930	394.38	394.38	3/1/2020	12/31/2021	375.60	375.60	1/1/2022	12/31/9999
538	23931	470.46	470.46	3/1/2020	12/31/2021	448.06	448.06	1/1/2022	12/31/9999
539	23935	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
540	24000	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
541	24006	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
542	24065	125.81	125.81	3/1/2020	12/31/2021	119.82	119.82	1/1/2022	12/31/9999
543	24066	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
544	24071	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
545	24073	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
546	24075	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
547	24076	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
548	24077	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
549	24079	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
550	24100	421.79	421.79	3/1/2020	12/31/2021	401.70	401.70	1/1/2022	12/31/9999
551	24101	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
552	24102	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
553	24105	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
554	24110	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
555	24115	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
556	24116	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
557	24120	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
558	24125	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
559	24126	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
560	24130	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
561	24134	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
562	24136	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
563	24138	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
564	24140	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
565	24145	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
566	24147	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
567	24149	1,084.79	1,084.79	3/1/2020	12/31/2021	1,033.13	1,033.13	1/1/2022	12/31/9999
568	24152	1,597.43	1,597.43	3/1/2020	12/31/2021	1,521.36	1,521.36	1/1/2022	12/31/9999
569	24155	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
570	24160	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
571	24164	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
572	24200	105.29	105.29	3/1/2020	12/31/2021	100.28	100.28	1/1/2022	12/31/9999
573	24201	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
574	24300	548.73	548.73	3/1/2020	12/31/2021	522.60	522.60	1/1/2022	12/31/9999
575	24301	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
576	24305	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
577	24310	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
578	24320	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
579	24330	1,081.24	1,081.24	3/1/2020	12/31/2021	1,029.75	1,029.75	1/1/2022	12/31/9999
580	24331	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
581	24332	790.41	790.41	3/1/2020	12/31/2021	752.77	752.77	1/1/2022	12/31/9999
582	24340	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
583	24341	742.70	742.70	3/1/2020	12/31/2021	707.33	707.33	1/1/2022	12/31/9999
584	24342	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
585	24343	1,084.79	1,084.79	3/1/2020	12/31/2021	1,033.13	1,033.13	1/1/2022	12/31/9999
586	24344	2,951.61	2,951.61	3/1/2020	12/31/2021	2,811.06	2,811.06	1/1/2022	12/31/9999
587	24345	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
588	24346	1,597.43	1,597.43	3/1/2020	12/31/2021	1,521.36	1,521.36	1/1/2022	12/31/9999
589	24360	816.27	816.27	3/1/2020	12/31/2021	777.40	777.40	1/1/2022	12/31/9999
590	24361	1,618.06	1,618.06	3/1/2020	12/31/2021	1,541.01	1,541.01	1/1/2022	12/31/9999
591	24362	955.48	955.48	3/1/2020	12/31/2021	909.98	909.98	1/1/2022	12/31/9999
592	24363	1,805.21	1,805.21	3/1/2020	12/31/2021	1,719.25	1,719.25	1/1/2022	12/31/9999
593	24365	816.27	816.27	3/1/2020	12/31/2021	777.40	777.40	1/1/2022	12/31/9999
594	24366	1,618.06	1,618.06	3/1/2020	12/31/2021	1,541.01	1,541.01	1/1/2022	12/31/9999
595	24370	6,640.20	6,640.20	3/1/2020	12/31/2021	6,324.00	6,324.00	1/1/2022	12/31/9999
596	24371	6,640.20	6,640.20	3/1/2020	12/31/2021	6,324.00	6,324.00	1/1/2022	12/31/9999
597	24400	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
598	24410	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
599	24420	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
600	24430	1,081.24	1,081.24	3/1/2020	12/31/2021	1,029.75	1,029.75	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
601	24435	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
602	24470	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
603	24495	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
604	24498	1,081.24	1,081.24	3/1/2020	12/31/2021	1,029.75	1,029.75	1/1/2022	12/31/9999
605	24500	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
606	24505	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
607	24515	974.35	974.35	3/1/2020	12/31/2021	927.95	927.95	1/1/2022	12/31/9999
608	24516	974.35	974.35	3/1/2020	12/31/2021	927.95	927.95	1/1/2022	12/31/9999
609	24530	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
610	24535	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
611	24538	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
612	24545	974.35	974.35	3/1/2020	12/31/2021	927.95	927.95	1/1/2022	12/31/9999
613	24546	1,032.93	1,032.93	3/1/2020	12/31/2021	983.74	983.74	1/1/2022	12/31/9999
614	24560	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
615	24565	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
616	24566	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
617	24575	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
618	24576	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
619	24577	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
620	24579	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
621	24582	543.29	543.29	3/1/2020	12/31/2021	517.42	517.42	1/1/2022	12/31/9999
622	24586	974.35	974.35	3/1/2020	12/31/2021	927.95	927.95	1/1/2022	12/31/9999
623	24587	1,032.93	1,032.93	3/1/2020	12/31/2021	983.74	983.74	1/1/2022	12/31/9999
624	24600	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
625	24605	437.44	437.44	3/1/2020	12/31/2021	416.61	416.61	1/1/2022	12/31/9999
626	24615	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
627	24620	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
628	24635	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
629	24640	57.78	57.78	3/1/2020	12/31/2021	55.03	55.03	1/1/2022	12/31/9999
630	24650	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
631	24655	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
632	24665	806.05	806.05	3/1/2020	12/31/2021	767.67	767.67	1/1/2022	12/31/9999
633	24666	974.35	974.35	3/1/2020	12/31/2021	927.95	927.95	1/1/2022	12/31/9999
634	24670	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
635	24675	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
636	24685	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
637	24800	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
638	24802	882.06	882.06	3/1/2020	12/31/2021	840.06	840.06	1/1/2022	12/31/9999
639	24925	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
640	25000	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
641	25001	790.41	790.41	3/1/2020	12/31/2021	752.77	752.77	1/1/2022	12/31/9999
642	25020	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
643	25023	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
644	25024	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
645	25025	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
646	25028	421.79	421.79	3/1/2020	12/31/2021	401.70	401.70	1/1/2022	12/31/9999
647	25031	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
648	25035	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
649	25040	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999
650	25065	129.23	129.23	3/1/2020	12/31/2021	123.08	123.08	1/1/2022	12/31/9999
651	25066	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
652	25071	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
653	25073	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
654	25075	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
655	25076	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
656	25077	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
657	25078	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
658	25085	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
659	25100	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
660	25101	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
661	25105	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
662	25107	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
663	25109	790.41	790.41	3/1/2020	12/31/2021	752.77	752.77	1/1/2022	12/31/9999
664	25110	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
665	25111	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
666	25112	577.08	577.08	3/1/2020	12/31/2021	549.60	549.60	1/1/2022	12/31/9999
667	25115	621.74	621.74	3/1/2020	12/31/2021	592.13	592.13	1/1/2022	12/31/9999
668	25116	621.74	621.74	3/1/2020	12/31/2021	592.13	592.13	1/1/2022	12/31/9999
669	25118	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
670	25119	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
671	25120	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
672	25125	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
673	25126	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
674	25130	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
675	25135	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
676	25136	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
677	25145	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
678	25150	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
679	25151	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
680	25210	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
681	25215	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
682	25230	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
683	25240	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
684	25248	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
685	25250	495.38	495.38	3/1/2020	12/31/2021	471.79	471.79	1/1/2022	12/31/9999
686	25251	495.38	495.38	3/1/2020	12/31/2021	471.79	471.79	1/1/2022	12/31/9999
687	25259	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
688	25260	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
689	25263	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
690	25265	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
691	25270	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
692	25272	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
693	25274	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
694	25275	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
695	25280	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
696	25290	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
697	25295	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
698	25300	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
699	25301	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
700	25310	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
701	25312	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
702	25315	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
703	25316	1,081.24	1,081.24	3/1/2020	12/31/2021	1,029.75	1,029.75	1/1/2022	12/31/9999
704	25320	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
705	25332	816.27	816.27	3/1/2020	12/31/2021	777.40	777.40	1/1/2022	12/31/9999
706	25335	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
707	25350	1,081.24	1,081.24	3/1/2020	12/31/2021	1,029.75	1,029.75	1/1/2022	12/31/9999
708	25355	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
709	25360	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
710	25365	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
711	25370	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
712	25375	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
713	25390	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
714	25391	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
715	25392	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
716	25393	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
717	25394	611.84	611.84	3/1/2020	12/31/2021	582.70	582.70	1/1/2022	12/31/9999
718	25400	1,081.24	1,081.24	3/1/2020	12/31/2021	1,029.75	1,029.75	1/1/2022	12/31/9999
719	25405	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
720	25415	1,081.24	1,081.24	3/1/2020	12/31/2021	1,029.75	1,029.75	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
721	25420	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
722	25425	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
723	25426	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
724	25430	977.77	977.77	3/1/2020	12/31/2021	931.21	931.21	1/1/2022	12/31/9999
725	25431	977.77	977.77	3/1/2020	12/31/2021	931.21	931.21	1/1/2022	12/31/9999
726	25440	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
727	25441	1,618.06	1,618.06	3/1/2020	12/31/2021	1,541.01	1,541.01	1/1/2022	12/31/9999
728	25442	1,618.06	1,618.06	3/1/2020	12/31/2021	1,541.01	1,541.01	1/1/2022	12/31/9999
729	25443	955.47	955.47	3/1/2020	12/31/2021	909.97	909.97	1/1/2022	12/31/9999
730	25444	955.47	955.47	3/1/2020	12/31/2021	909.97	909.97	1/1/2022	12/31/9999
731	25445	955.47	955.47	3/1/2020	12/31/2021	909.97	909.97	1/1/2022	12/31/9999
732	25446	1,805.21	1,805.21	3/1/2020	12/31/2021	1,719.25	1,719.25	1/1/2022	12/31/9999
733	25447	816.27	816.27	3/1/2020	12/31/2021	777.40	777.40	1/1/2022	12/31/9999
734	25449	816.27	816.27	3/1/2020	12/31/2021	777.40	777.40	1/1/2022	12/31/9999
735	25450	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
736	25455	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
737	25490	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
738	25491	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
739	25492	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
740	25500	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
741 25505	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
742 25515	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
743 25520	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
744 25525	806.05	806.05	3/1/2020	12/31/2021	767.67	767.67	1/1/2022	12/31/9999
745 25526	864.62	864.62	3/1/2020	12/31/2021	823.45	823.45	1/1/2022	12/31/9999
746 25530	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
747 25535	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
748 25545	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
749 25560	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
750 25565	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
751 25574	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
752 25575	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
753 25600	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
754 25605	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
755 25606	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
756 25607	1,032.93	1,032.93	3/1/2020	12/31/2021	983.74	983.74	1/1/2022	12/31/9999
757 25608	1,032.93	1,032.93	3/1/2020	12/31/2021	983.74	983.74	1/1/2022	12/31/9999
758 25609	1,032.93	1,032.93	3/1/2020	12/31/2021	983.74	983.74	1/1/2022	12/31/9999
759 25622	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
760 25624	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
761 25628	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
762 25630	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
763 25635	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
764 25645	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
765 25650	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
766 25651	972.15	972.15	3/1/2020	12/31/2021	925.86	925.86	1/1/2022	12/31/9999
767 25652	1,527.72	1,527.72	3/1/2020	12/31/2021	1,454.97	1,454.97	1/1/2022	12/31/9999
768 25660	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
769 25670	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
770 25671	467.23	467.23	3/1/2020	12/31/2021	444.98	444.98	1/1/2022	12/31/9999
771 25675	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
772 25676	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
773 25680	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
774 25685	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
775 25690	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
776 25695	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
777 25800	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
778 25805	882.06	882.06	3/1/2020	12/31/2021	840.06	840.06	1/1/2022	12/31/9999
779 25810	1,220.60	1,220.60	3/1/2020	12/31/2021	1,162.48	1,162.48	1/1/2022	12/31/9999
780 25820	577.08	577.08	3/1/2020	12/31/2021	549.60	549.60	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
781 25825	1,220.60	1,220.60	3/1/2020	12/31/2021	1,162.48	1,162.48	1/1/2022	12/31/9999
782 25830	1,220.60	1,220.60	3/1/2020	12/31/2021	1,162.48	1,162.48	1/1/2022	12/31/9999
783 25907	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
784 25922	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
785 25929	483.13	483.13	3/1/2020	12/31/2021	460.12	460.12	1/1/2022	12/31/9999
786 26010	52.27	52.27	3/1/2020	12/31/2021	49.78	49.78	1/1/2022	12/31/9999
787 26011	331.58	331.58	3/1/2020	12/31/2021	315.79	315.79	1/1/2022	12/31/9999
788 26020	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
789 26025	377.14	377.14	3/1/2020	12/31/2021	359.18	359.18	1/1/2022	12/31/9999
790 26030	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
791 26034	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
792 26035	611.84	611.84	3/1/2020	12/31/2021	582.70	582.70	1/1/2022	12/31/9999
793 26037	449.11	449.11	3/1/2020	12/31/2021	427.72	427.72	1/1/2022	12/31/9999
794 26040	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
795 26045	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
796 26055	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
797 26060	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
798 26070	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
799 26075	577.08	577.08	3/1/2020	12/31/2021	549.60	549.60	1/1/2022	12/31/9999
800 26080	577.08	577.08	3/1/2020	12/31/2021	549.60	549.60	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
801	26100	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
802	26105	377.14	377.14	3/1/2020	12/31/2021	359.18	359.18	1/1/2022	12/31/9999
803	26110	377.14	377.14	3/1/2020	12/31/2021	359.18	359.18	1/1/2022	12/31/9999
804	26111	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
805	26113	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
806	26115	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
807	26116	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
808	26117	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
809	26118	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
810	26121	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
811	26123	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
812	26130	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
813	26135	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
814	26140	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
815	26145	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
816	26160	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
817	26170	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
818	26180	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
819	26185	577.08	577.08	3/1/2020	12/31/2021	549.60	549.60	1/1/2022	12/31/9999
820	26200	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT	CURRENT	BEGINNING	END	
PROCEDURE	Increased	Increased	Beginning	End	FACILITY	FACILITY	DATE	DATE	
CODE	Facility	Non-Facility	Date	Date					
821	26205	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
822	26210	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
823	26215	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
824	26230	821.44	821.44	3/1/2020	12/31/2021	782.32	782.32	1/1/2022	12/31/9999
825	26235	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
826	26236	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
827	26250	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
828	26260	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
829	26262	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
830	26320	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
831	26340	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
832	26341	188.38	188.38	3/1/2020	12/31/2021	179.41	179.41	1/1/2022	12/31/9999
833	26350	468.63	468.63	3/1/2020	12/31/2021	446.31	446.31	1/1/2022	12/31/9999
834	26352	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
835	26356	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
836	26357	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
837	26358	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
838	26370	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
839	26372	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
840	26373	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
841	26390	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
842	26392	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
843	26410	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
844	26412	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
845	26415	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
846	26416	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
847	26418	577.08	577.08	3/1/2020	12/31/2021	549.60	549.60	1/1/2022	12/31/9999
848	26420	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
849	26426	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
850	26428	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
851	26432	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
852	26433	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
853	26434	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
854	26437	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
855	26440	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
856	26442	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
857	26445	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
858	26449	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
859	26450	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
860	26455	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
861	26460	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
862	26471	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
863	26474	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
864	26476	377.14	377.14	3/1/2020	12/31/2021	359.18	359.18	1/1/2022	12/31/9999
865	26477	377.14	377.14	3/1/2020	12/31/2021	359.18	359.18	1/1/2022	12/31/9999
866	26478	377.14	377.14	3/1/2020	12/31/2021	359.18	359.18	1/1/2022	12/31/9999
867	26479	377.14	377.14	3/1/2020	12/31/2021	359.18	359.18	1/1/2022	12/31/9999
868	26480	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
869	26483	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
870	26485	544.70	544.70	3/1/2020	12/31/2021	518.76	518.76	1/1/2022	12/31/9999
871	26489	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
872	26490	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
873	26492	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
874	26494	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
875	26496	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
876	26497	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
877	26498	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
878	26499	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
879	26500	577.08	577.08	3/1/2020	12/31/2021	549.60	549.60	1/1/2022	12/31/9999
880	26502	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT	CURRENT	BEGINNING	END	
PROCEDURE	Increased	Increased	Beginning	End	FACILITY	FACILITY	DATE	DATE	
CODE	Facility	Non-Facility	Date	Date					
881	26508	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
882	26510	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
883	26516	468.63	468.63	3/1/2020	12/31/2021	446.31	446.31	1/1/2022	12/31/9999
884	26517	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
885	26518	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
886	26520	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
887	26525	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
888	26530	676.91	676.91	3/1/2020	12/31/2021	644.68	644.68	1/1/2022	12/31/9999
889	26531	1,142.63	1,142.63	3/1/2020	12/31/2021	1,088.22	1,088.22	1/1/2022	12/31/9999
890	26535	816.27	816.27	3/1/2020	12/31/2021	777.40	777.40	1/1/2022	12/31/9999
891	26536	955.47	955.47	3/1/2020	12/31/2021	909.97	909.97	1/1/2022	12/31/9999
892	26540	577.08	577.08	3/1/2020	12/31/2021	549.60	549.60	1/1/2022	12/31/9999
893	26541	914.29	914.29	3/1/2020	12/31/2021	870.75	870.75	1/1/2022	12/31/9999
894	26542	577.08	577.08	3/1/2020	12/31/2021	549.60	549.60	1/1/2022	12/31/9999
895	26545	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
896	26546	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
897	26548	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
898	26550	544.70	544.70	3/1/2020	12/31/2021	518.76	518.76	1/1/2022	12/31/9999
899	26555	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
900	26560	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
901	26561	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
902	26562	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
903	26565	727.15	727.15	3/1/2020	12/31/2021	692.52	692.52	1/1/2022	12/31/9999
904	26567	727.15	727.15	3/1/2020	12/31/2021	692.52	692.52	1/1/2022	12/31/9999
905	26568	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
906	26580	635.65	635.65	3/1/2020	12/31/2021	605.38	605.38	1/1/2022	12/31/9999
907	26587	635.65	635.65	3/1/2020	12/31/2021	605.38	605.38	1/1/2022	12/31/9999
908	26590	635.65	635.65	3/1/2020	12/31/2021	605.38	605.38	1/1/2022	12/31/9999
909	26591	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
910	26593	496.29	496.29	3/1/2020	12/31/2021	472.66	472.66	1/1/2022	12/31/9999
911	26596	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
912	26600	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
913	26605	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
914	26607	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
915	26608	667.16	667.16	3/1/2020	12/31/2021	635.39	635.39	1/1/2022	12/31/9999
916	26615	806.05	806.05	3/1/2020	12/31/2021	767.67	767.67	1/1/2022	12/31/9999
917	26641	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
918	26645	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
919	26650	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
920	26665	806.05	806.05	3/1/2020	12/31/2021	767.67	767.67	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
921	26670	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
922	26675	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
923	26676	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
924	26685	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
925	26686	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
926	26700	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
927	26705	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
928	26706	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
929	26715	667.16	667.16	3/1/2020	12/31/2021	635.39	635.39	1/1/2022	12/31/9999
930	26720	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
931	26725	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
932	26727	912.89	912.89	3/1/2020	12/31/2021	869.42	869.42	1/1/2022	12/31/9999
933	26735	667.16	667.16	3/1/2020	12/31/2021	635.39	635.39	1/1/2022	12/31/9999
934	26740	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
935	26742	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
936	26746	725.74	725.74	3/1/2020	12/31/2021	691.18	691.18	1/1/2022	12/31/9999
937	26750	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
938	26755	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
939	26756	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
940	26765	667.16	667.16	3/1/2020	12/31/2021	635.39	635.39	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
941	26770	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
942	26775	167.86	167.86	3/1/2020	12/31/2021	159.87	159.87	1/1/2022	12/31/9999
943	26776	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
944	26785	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
945	26820	727.15	727.15	3/1/2020	12/31/2021	692.52	692.52	1/1/2022	12/31/9999
946	26841	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
947	26842	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
948	26843	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
949	26844	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
950	26850	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
951	26852	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
952	26860	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
953	26862	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
954	26910	587.79	587.79	3/1/2020	12/31/2021	559.80	559.80	1/1/2022	12/31/9999
955	26951	453.20	453.20	3/1/2020	12/31/2021	431.62	431.62	1/1/2022	12/31/9999
956	26952	577.08	577.08	3/1/2020	12/31/2021	549.60	549.60	1/1/2022	12/31/9999
957	26990	421.79	421.79	3/1/2020	12/31/2021	401.70	401.70	1/1/2022	12/31/9999
958	26991	421.79	421.79	3/1/2020	12/31/2021	401.70	401.70	1/1/2022	12/31/9999
959	27000	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
960	27001	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
961 27003	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
962 27033	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
963 27035	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
964 27040	304.87	304.87	3/1/2020	12/31/2021	290.35	290.35	1/1/2022	12/31/9999
965 27041	362.43	362.43	3/1/2020	12/31/2021	345.17	345.17	1/1/2022	12/31/9999
966 27043	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
967 27045	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
968 27047	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
969 27048	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
970 27049	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
971 27050	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
972 27052	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
973 27059	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
974 27060	680.31	680.31	3/1/2020	12/31/2021	647.91	647.91	1/1/2022	12/31/9999
975 27062	680.31	680.31	3/1/2020	12/31/2021	647.91	647.91	1/1/2022	12/31/9999
976 27065	680.31	680.31	3/1/2020	12/31/2021	647.91	647.91	1/1/2022	12/31/9999
977 27066	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999
978 27067	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999
979 27080	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
980 27086	304.87	304.87	3/1/2020	12/31/2021	290.35	290.35	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
981	27087	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
982	27097	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
983	27098	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
984	27100	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
985	27105	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
986	27110	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
987	27111	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
988	27197	130.48	130.48	3/1/2020	12/31/2021	124.27	124.27	1/1/2022	12/31/9999
989	27198	130.48	130.48	3/1/2020	12/31/2021	124.27	124.27	1/1/2022	12/31/9999
990	27200	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
991	27202	682.19	682.19	3/1/2020	12/31/2021	649.70	649.70	1/1/2022	12/31/9999
992	27220	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
993	27230	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
994	27238	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
995	27246	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
996	27250	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
997	27252	437.44	437.44	3/1/2020	12/31/2021	416.61	416.61	1/1/2022	12/31/9999
998	27256	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
999	27257	480.52	480.52	3/1/2020	12/31/2021	457.64	457.64	1/1/2022	12/31/9999
1000	27265	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1001	27266	437.44	437.44	3/1/2020	12/31/2021	416.61	416.61	1/1/2022	12/31/9999
1002	27275	437.44	437.44	3/1/2020	12/31/2021	416.61	416.61	1/1/2022	12/31/9999
1003	27279	7,020.92	7,020.92	3/1/2020	12/31/2021	6,686.59	6,686.59	1/1/2022	12/31/9999
1004	27301	513.54	513.54	3/1/2020	12/31/2021	489.09	489.09	1/1/2022	12/31/9999
1005	27305	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
1006	27306	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1007	27307	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1008	27310	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1009	27323	304.87	304.87	3/1/2020	12/31/2021	290.35	290.35	1/1/2022	12/31/9999
1010	27324	420.30	420.30	3/1/2020	12/31/2021	400.29	400.29	1/1/2022	12/31/9999
1011	27325	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
1012	27326	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
1013	27327	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
1014	27328	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
1015	27329	620.25	620.25	3/1/2020	12/31/2021	590.71	590.71	1/1/2022	12/31/9999
1016	27330	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1017	27331	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1018	27332	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1019	27333	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1020	27334	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1021	27335	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1022	27337	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
1023	27339	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
1024	27340	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1025	27345	621.74	621.74	3/1/2020	12/31/2021	592.13	592.13	1/1/2022	12/31/9999
1026	27347	621.74	621.74	3/1/2020	12/31/2021	592.13	592.13	1/1/2022	12/31/9999
1027	27350	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1028	27355	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1029	27356	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1030	27357	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999
1031	27360	753.90	753.90	3/1/2020	12/31/2021	718.00	718.00	1/1/2022	12/31/9999
1032	27364	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
1033	27372	865.98	865.98	3/1/2020	12/31/2021	824.74	824.74	1/1/2022	12/31/9999
1034	27380	421.79	421.79	3/1/2020	12/31/2021	401.70	401.70	1/1/2022	12/31/9999
1035	27381	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1036	27385	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1037	27386	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1038	27390	421.79	421.79	3/1/2020	12/31/2021	401.70	401.70	1/1/2022	12/31/9999
1039	27391	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
1040	27392	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
1041 27393	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
1042 27394	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1043 27395	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
1044 27396	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1045 27397	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
1046 27400	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
1047 27403	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1048 27405	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
1049 27407	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
1050 27409	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
1051 27416	782.99	782.99	3/1/2020	12/31/2021	745.70	745.70	1/1/2022	12/31/9999
1052 27418	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
1053 27420	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
1054 27422	1,069.22	1,069.22	3/1/2020	12/31/2021	1,018.30	1,018.30	1/1/2022	12/31/9999
1055 27424	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
1056 27425	941.05	941.05	3/1/2020	12/31/2021	896.24	896.24	1/1/2022	12/31/9999
1057 27427	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
1058 27428	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
1059 27429	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
1060 27430	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1061	27435	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
1062	27437	757.69	757.69	3/1/2020	12/31/2021	721.61	721.61	1/1/2022	12/31/9999
1063	27438	955.47	955.47	3/1/2020	12/31/2021	909.97	909.97	1/1/2022	12/31/9999
1064	27440	1,334.29	1,334.29	3/1/2020	12/31/2021	1,270.75	1,270.75	1/1/2022	12/31/9999
1065	27441	816.27	816.27	3/1/2020	12/31/2021	777.40	777.40	1/1/2022	12/31/9999
1066	27442	816.27	816.27	3/1/2020	12/31/2021	777.40	777.40	1/1/2022	12/31/9999
1067	27443	816.27	816.27	3/1/2020	12/31/2021	777.40	777.40	1/1/2022	12/31/9999
1068	27446	10,207.48	10,207.48	3/1/2020	12/31/2021	9,721.41	9,721.41	1/1/2022	12/31/9999
1069	27496	680.31	680.31	3/1/2020	12/31/2021	647.91	647.91	1/1/2022	12/31/9999
1070	27497	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1071	27498	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1072	27499	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1073	27500	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1074	27501	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1075	27502	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1076	27503	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1077	27508	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1078	27509	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
1079	27510	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1080	27516	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1081	27517	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1082	27520	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1083	27524	603.37	603.37	3/1/2020	12/31/2021	574.64	574.64	1/1/2022	12/31/9999
1084	27530	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1085	27532	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1086	27538	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1087	27550	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1088	27552	361.37	361.37	3/1/2020	12/31/2021	344.16	344.16	1/1/2022	12/31/9999
1089	27560	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1090	27562	361.37	361.37	3/1/2020	12/31/2021	344.16	344.16	1/1/2022	12/31/9999
1091	27566	682.19	682.19	3/1/2020	12/31/2021	649.70	649.70	1/1/2022	12/31/9999
1092	27570	361.37	361.37	3/1/2020	12/31/2021	344.16	344.16	1/1/2022	12/31/9999
1093	27594	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1094	27600	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1095	27601	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1096	27602	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1097	27603	470.46	470.46	3/1/2020	12/31/2021	448.06	448.06	1/1/2022	12/31/9999
1098	27604	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
1099	27605	417.69	417.69	3/1/2020	12/31/2021	397.80	397.80	1/1/2022	12/31/9999
1100	27606	421.79	421.79	3/1/2020	12/31/2021	401.70	401.70	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1101	27607	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
1102	27610	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
1103	27612	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1104	27613	122.05	122.05	3/1/2020	12/31/2021	116.24	116.24	1/1/2022	12/31/9999
1105	27614	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
1106	27615	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1107	27616	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
1108	27618	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
1109	27619	539.46	539.46	3/1/2020	12/31/2021	513.77	513.77	1/1/2022	12/31/9999
1110	27620	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1111	27625	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1112	27626	695.33	695.33	3/1/2020	12/31/2021	662.22	662.22	1/1/2022	12/31/9999
1113	27630	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1114	27632	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
1115	27634	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
1116	27635	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1117	27637	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1118	27638	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1119	27640	699.62	699.62	3/1/2020	12/31/2021	666.30	666.30	1/1/2022	12/31/9999
1120	27641	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1121	27647	742.70	742.70	3/1/2020	12/31/2021	707.33	707.33	1/1/2022	12/31/9999
1122	27650	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
1123	27652	1,081.24	1,081.24	3/1/2020	12/31/2021	1,029.75	1,029.75	1/1/2022	12/31/9999
1124	27654	742.71	742.71	3/1/2020	12/31/2021	707.34	707.34	1/1/2022	12/31/9999
1125	27656	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
1126	27658	421.79	421.79	3/1/2020	12/31/2021	401.70	401.70	1/1/2022	12/31/9999
1127	27659	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
1128	27664	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
1129	27665	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
1130	27675	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
1131	27676	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1132	27680	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1133	27681	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
1134	27685	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1135	27686	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1136	27687	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1137	27690	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
1138	27691	823.48	823.48	3/1/2020	12/31/2021	784.27	784.27	1/1/2022	12/31/9999
1139	27695	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
1140	27696	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1141	27698	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
1142	27700	816.27	816.27	3/1/2020	12/31/2021	777.40	777.40	1/1/2022	12/31/9999
1143	27704	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
1144	27705	699.62	699.62	3/1/2020	12/31/2021	666.30	666.30	1/1/2022	12/31/9999
1145	27707	497.86	497.86	3/1/2020	12/31/2021	474.15	474.15	1/1/2022	12/31/9999
1146	27709	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
1147	27730	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
1148	27732	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
1149	27734	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
1150	27740	571.45	571.45	3/1/2020	12/31/2021	544.24	544.24	1/1/2022	12/31/9999
1151	27742	699.62	699.62	3/1/2020	12/31/2021	666.30	666.30	1/1/2022	12/31/9999
1152	27745	1,081.24	1,081.24	3/1/2020	12/31/2021	1,029.75	1,029.75	1/1/2022	12/31/9999
1153	27750	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1154	27752	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1155	27756	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
1156	27758	806.05	806.05	3/1/2020	12/31/2021	767.67	767.67	1/1/2022	12/31/9999
1157	27759	974.35	974.35	3/1/2020	12/31/2021	927.95	927.95	1/1/2022	12/31/9999
1158	27760	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1159	27762	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1160	27766	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1161	27780	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1162	27781	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1163	27784	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
1164	27786	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1165	27788	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1166	27792	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
1167	27808	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1168	27810	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1169	27814	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
1170	27816	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1171	27818	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1172	27822	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
1173	27823	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
1174	27824	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1175	27825	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1176	27826	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
1177	27827	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
1178	27828	974.35	974.35	3/1/2020	12/31/2021	927.95	927.95	1/1/2022	12/31/9999
1179	27829	682.19	682.19	3/1/2020	12/31/2021	649.70	649.70	1/1/2022	12/31/9999
1180	27830	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
1181 27831	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1182 27832	682.19	682.19	3/1/2020	12/31/2021	649.70	649.70	1/1/2022	12/31/9999
1183 27840	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1184 27842	361.37	361.37	3/1/2020	12/31/2021	344.16	344.16	1/1/2022	12/31/9999
1185 27846	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
1186 27848	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
1187 27860	361.37	361.37	3/1/2020	12/31/2021	344.16	344.16	1/1/2022	12/31/9999
1188 27870	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
1189 27871	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
1190 27884	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1191 27889	614.54	614.54	3/1/2020	12/31/2021	585.28	585.28	1/1/2022	12/31/9999
1192 27892	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1193 27893	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1194 27894	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1195 28002	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1196 28003	540.95	540.95	3/1/2020	12/31/2021	515.19	515.19	1/1/2022	12/31/9999
1197 28005	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1198 28008	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1199 28010	89.58	89.58	3/1/2020	12/31/2021	85.31	85.31	1/1/2022	12/31/9999
1200 28011	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1201	28020	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1202	28022	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1203	28024	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1204	28035	591.84	591.84	3/1/2020	12/31/2021	563.66	563.66	1/1/2022	12/31/9999
1205	28039	228.01	228.01	3/1/2020	12/31/2021	217.15	217.15	1/1/2022	12/31/9999
1206	28041	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
1207	28043	496.38	496.38	3/1/2020	12/31/2021	472.74	472.74	1/1/2022	12/31/9999
1208	28045	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1209	28046	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1210	28047	843.72	843.72	3/1/2020	12/31/2021	803.54	803.54	1/1/2022	12/31/9999
1211	28050	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1212	28052	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1213	28054	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1214	28055	591.84	591.84	3/1/2020	12/31/2021	563.66	563.66	1/1/2022	12/31/9999
1215	28060	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1216	28062	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1217	28070	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1218	28072	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1219	28080	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1220	28086	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1221	28088	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1222	28090	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1223	28092	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1224	28100	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1225	28102	754.62	754.62	3/1/2020	12/31/2021	718.69	718.69	1/1/2022	12/31/9999
1226	28103	754.62	754.62	3/1/2020	12/31/2021	718.69	718.69	1/1/2022	12/31/9999
1227	28104	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1228	28106	754.62	754.62	3/1/2020	12/31/2021	718.69	718.69	1/1/2022	12/31/9999
1229	28107	754.62	754.62	3/1/2020	12/31/2021	718.69	718.69	1/1/2022	12/31/9999
1230	28108	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1231	28110	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1232	28111	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1233	28112	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1234	28113	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1235	28114	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1236	28116	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1237	28118	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999
1238	28119	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999
1239	28120	863.36	863.36	3/1/2020	12/31/2021	822.25	822.25	1/1/2022	12/31/9999
1240	28122	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1241	28124	201.02	201.02	3/1/2020	12/31/2021	191.45	191.45	1/1/2022	12/31/9999
1242	28126	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1243	28130	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1244	28140	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1245	28150	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1246	28153	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1247	28160	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1248	28171	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1249	28173	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1250	28175	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1251	28190	126.49	126.49	3/1/2020	12/31/2021	120.47	120.47	1/1/2022	12/31/9999
1252	28192	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
1253	28193	362.43	362.43	3/1/2020	12/31/2021	345.17	345.17	1/1/2022	12/31/9999
1254	28200	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1255	28202	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1256	28208	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1257	28210	754.62	754.62	3/1/2020	12/31/2021	718.69	718.69	1/1/2022	12/31/9999
1258	28220	189.40	189.40	3/1/2020	12/31/2021	180.38	180.38	1/1/2022	12/31/9999
1259	28222	417.69	417.69	3/1/2020	12/31/2021	397.80	397.80	1/1/2022	12/31/9999
1260	28225	417.69	417.69	3/1/2020	12/31/2021	397.80	397.80	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1261	28226	417.69	417.69	3/1/2020	12/31/2021	397.80	397.80	1/1/2022	12/31/9999
1262	28230	187.02	187.02	3/1/2020	12/31/2021	178.11	178.11	1/1/2022	12/31/9999
1263	28232	178.79	178.79	3/1/2020	12/31/2021	170.28	170.28	1/1/2022	12/31/9999
1264	28234	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1265	28238	754.62	754.62	3/1/2020	12/31/2021	718.69	718.69	1/1/2022	12/31/9999
1266	28240	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1267	28250	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1268	28260	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1269	28261	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1270	28262	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999
1271	28264	635.46	635.46	3/1/2020	12/31/2021	605.20	605.20	1/1/2022	12/31/9999
1272	28270	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1273	28272	171.29	171.29	3/1/2020	12/31/2021	163.13	163.13	1/1/2022	12/31/9999
1274	28280	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1275	28285	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1276	28286	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999
1277	28288	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1278	28289	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1279	28291	3,201.47	3,201.47	3/1/2020	12/31/2021	3,049.02	3,049.02	1/1/2022	12/31/9999
1280	28292	573.55	573.55	3/1/2020	12/31/2021	546.24	546.24	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
1281 28295	1,472.73	1,472.73	3/1/2020	12/31/2021	1,402.60	1,402.60	1/1/2022	12/31/9999
1282 28296	616.63	616.63	3/1/2020	12/31/2021	587.27	587.27	1/1/2022	12/31/9999
1283 28297	616.63	616.63	3/1/2020	12/31/2021	587.27	587.27	1/1/2022	12/31/9999
1284 28298	616.63	616.63	3/1/2020	12/31/2021	587.27	587.27	1/1/2022	12/31/9999
1285 28299	756.00	756.00	3/1/2020	12/31/2021	720.00	720.00	1/1/2022	12/31/9999
1286 28300	711.53	711.53	3/1/2020	12/31/2021	677.65	677.65	1/1/2022	12/31/9999
1287 28302	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1288 28304	711.53	711.53	3/1/2020	12/31/2021	677.65	677.65	1/1/2022	12/31/9999
1289 28305	754.62	754.62	3/1/2020	12/31/2021	718.69	718.69	1/1/2022	12/31/9999
1290 28306	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999
1291 28307	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999
1292 28308	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1293 28309	835.40	835.40	3/1/2020	12/31/2021	795.62	795.62	1/1/2022	12/31/9999
1294 28310	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1295 28312	536.85	536.85	3/1/2020	12/31/2021	511.29	511.29	1/1/2022	12/31/9999
1296 28313	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1297 28315	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999
1298 28320	835.40	835.40	3/1/2020	12/31/2021	795.62	795.62	1/1/2022	12/31/9999
1299 28322	835.40	835.40	3/1/2020	12/31/2021	795.62	795.62	1/1/2022	12/31/9999
1300 28340	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1301	28341	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999
1302	28344	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999
1303	28345	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999
1304	28400	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1305	28405	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1306	28406	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
1307	28415	893.57	893.57	3/1/2020	12/31/2021	851.02	851.02	1/1/2022	12/31/9999
1308	28420	806.05	806.05	3/1/2020	12/31/2021	767.67	767.67	1/1/2022	12/31/9999
1309	28430	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
1310	28435	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1311	28436	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
1312	28445	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
1313	28450	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
1314	28455	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
1315	28456	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
1316	28465	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
1317	28470	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
1318	28475	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
1319	28476	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
1320	28485	806.05	806.05	3/1/2020	12/31/2021	767.67	767.67	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1321	28490	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
1322	28495	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
1323	28496	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
1324	28505	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
1325	28510	55.04	55.04	3/1/2020	12/31/2021	52.42	52.42	1/1/2022	12/31/9999
1326	28515	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
1327	28525	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
1328	28530	52.30	52.30	3/1/2020	12/31/2021	49.81	49.81	1/1/2022	12/31/9999
1329	28531	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
1330	28540	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
1331	28545	467.23	467.23	3/1/2020	12/31/2021	444.98	444.98	1/1/2022	12/31/9999
1332	28546	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999
1333	28555	682.19	682.19	3/1/2020	12/31/2021	649.70	649.70	1/1/2022	12/31/9999
1334	28570	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
1335	28575	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1336	28576	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
1337	28585	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
1338	28600	65.71	65.71	3/1/2020	12/31/2021	62.58	62.58	1/1/2022	12/31/9999
1339	28605	86.18	86.18	3/1/2020	12/31/2021	82.08	82.08	1/1/2022	12/31/9999
1340	28606	543.30	543.30	3/1/2020	12/31/2021	517.43	517.43	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1341	28615	725.27	725.27	3/1/2020	12/31/2021	690.73	690.73	1/1/2022	12/31/9999
1342	28630	58.45	58.45	3/1/2020	12/31/2021	55.67	55.67	1/1/2022	12/31/9999
1343	28635	361.37	361.37	3/1/2020	12/31/2021	344.16	344.16	1/1/2022	12/31/9999
1344	28636	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
1345	28645	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
1346	28660	43.76	43.76	3/1/2020	12/31/2021	41.68	41.68	1/1/2022	12/31/9999
1347	28665	361.37	361.37	3/1/2020	12/31/2021	344.16	344.16	1/1/2022	12/31/9999
1348	28666	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
1349	28675	586.38	586.38	3/1/2020	12/31/2021	558.46	558.46	1/1/2022	12/31/9999
1350	28705	835.40	835.40	3/1/2020	12/31/2021	795.62	795.62	1/1/2022	12/31/9999
1351	28715	1,162.02	1,162.02	3/1/2020	12/31/2021	1,106.69	1,106.69	1/1/2022	12/31/9999
1352	28725	835.40	835.40	3/1/2020	12/31/2021	795.62	795.62	1/1/2022	12/31/9999
1353	28730	835.40	835.40	3/1/2020	12/31/2021	795.62	795.62	1/1/2022	12/31/9999
1354	28735	835.40	835.40	3/1/2020	12/31/2021	795.62	795.62	1/1/2022	12/31/9999
1355	28737	893.97	893.97	3/1/2020	12/31/2021	851.40	851.40	1/1/2022	12/31/9999
1356	28740	835.40	835.40	3/1/2020	12/31/2021	795.62	795.62	1/1/2022	12/31/9999
1357	28750	835.40	835.40	3/1/2020	12/31/2021	795.62	795.62	1/1/2022	12/31/9999
1358	28755	617.64	617.64	3/1/2020	12/31/2021	588.23	588.23	1/1/2022	12/31/9999
1359	28760	835.40	835.40	3/1/2020	12/31/2021	795.62	795.62	1/1/2022	12/31/9999
1360	28810	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
1361 28820	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1362 28825	493.76	493.76	3/1/2020	12/31/2021	470.25	470.25	1/1/2022	12/31/9999
1363 29000	40.62	40.62	3/1/2020	12/31/2021	38.69	38.69	1/1/2022	12/31/9999
1364 29010	85.14	85.14	3/1/2020	12/31/2021	81.09	81.09	1/1/2022	12/31/9999
1365 29015	85.14	85.14	3/1/2020	12/31/2021	81.09	81.09	1/1/2022	12/31/9999
1366 29035	85.14	85.14	3/1/2020	12/31/2021	81.09	81.09	1/1/2022	12/31/9999
1367 29040	40.62	40.62	3/1/2020	12/31/2021	38.69	38.69	1/1/2022	12/31/9999
1368 29044	85.14	85.14	3/1/2020	12/31/2021	81.09	81.09	1/1/2022	12/31/9999
1369 29046	85.14	85.14	3/1/2020	12/31/2021	81.09	81.09	1/1/2022	12/31/9999
1370 29049	40.62	40.62	3/1/2020	12/31/2021	38.69	38.69	1/1/2022	12/31/9999
1371 29055	85.14	85.14	3/1/2020	12/31/2021	81.09	81.09	1/1/2022	12/31/9999
1372 29058	40.62	40.62	3/1/2020	12/31/2021	38.69	38.69	1/1/2022	12/31/9999
1373 29065	44.45	44.45	3/1/2020	12/31/2021	42.33	42.33	1/1/2022	12/31/9999
1374 29075	42.74	42.74	3/1/2020	12/31/2021	40.70	40.70	1/1/2022	12/31/9999
1375 29085	40.62	40.62	3/1/2020	12/31/2021	38.69	38.69	1/1/2022	12/31/9999
1376 29086	34.87	34.87	3/1/2020	12/31/2021	33.21	33.21	1/1/2022	12/31/9999
1377 29105	39.66	39.66	3/1/2020	12/31/2021	37.77	37.77	1/1/2022	12/31/9999
1378 29200	22.56	22.56	3/1/2020	12/31/2021	21.49	21.49	1/1/2022	12/31/9999
1379 29305	85.14	85.14	3/1/2020	12/31/2021	81.09	81.09	1/1/2022	12/31/9999
1380 29325	85.14	85.14	3/1/2020	12/31/2021	81.09	81.09	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1381	29345	58.81	58.81	3/1/2020	12/31/2021	56.01	56.01	1/1/2022	12/31/9999
1382	29355	56.75	56.75	3/1/2020	12/31/2021	54.05	54.05	1/1/2022	12/31/9999
1383	29358	69.74	69.74	3/1/2020	12/31/2021	66.42	66.42	1/1/2022	12/31/9999
1384	29365	55.38	55.38	3/1/2020	12/31/2021	52.74	52.74	1/1/2022	12/31/9999
1385	29405	41.38	41.38	3/1/2020	12/31/2021	39.41	39.41	1/1/2022	12/31/9999
1386	29425	42.05	42.05	3/1/2020	12/31/2021	40.05	40.05	1/1/2022	12/31/9999
1387	29435	52.65	52.65	3/1/2020	12/31/2021	50.14	50.14	1/1/2022	12/31/9999
1388	29440	22.90	22.90	3/1/2020	12/31/2021	21.81	21.81	1/1/2022	12/31/9999
1389	29445	57.44	57.44	3/1/2020	12/31/2021	54.70	54.70	1/1/2022	12/31/9999
1390	29450	40.62	40.62	3/1/2020	12/31/2021	38.69	38.69	1/1/2022	12/31/9999
1391	29505	38.63	38.63	3/1/2020	12/31/2021	36.79	36.79	1/1/2022	12/31/9999
1392	29515	31.11	31.11	3/1/2020	12/31/2021	29.63	29.63	1/1/2022	12/31/9999
1393	29540	16.41	16.41	3/1/2020	12/31/2021	15.63	15.63	1/1/2022	12/31/9999
1394	29580	23.25	23.25	3/1/2020	12/31/2021	22.14	22.14	1/1/2022	12/31/9999
1395	29581	38.01	38.01	3/1/2020	12/31/2021	36.20	36.20	1/1/2022	12/31/9999
1396	29584	25.48	25.48	3/1/2020	12/31/2021	24.26	24.26	1/1/2022	12/31/9999
1397	29700	31.46	31.46	3/1/2020	12/31/2021	29.96	29.96	1/1/2022	12/31/9999
1398	29705	27.02	27.02	3/1/2020	12/31/2021	25.73	25.73	1/1/2022	12/31/9999
1399	29710	48.89	48.89	3/1/2020	12/31/2021	46.56	46.56	1/1/2022	12/31/9999
1400	29720	39.66	39.66	3/1/2020	12/31/2021	37.77	37.77	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1401	29730	26.33	26.33	3/1/2020	12/31/2021	25.08	25.08	1/1/2022	12/31/9999
1402	29740	37.26	37.26	3/1/2020	12/31/2021	35.49	35.49	1/1/2022	12/31/9999
1403	29750	36.25	36.25	3/1/2020	12/31/2021	34.52	34.52	1/1/2022	12/31/9999
1404	29800	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1405	29804	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1406	29805	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1407	29806	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1408	29807	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1409	29819	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1410	29820	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1411	29821	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1412	29822	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1413	29823	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1414	29824	750.08	750.08	3/1/2020	12/31/2021	714.36	714.36	1/1/2022	12/31/9999
1415	29825	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1416	29827	907.34	907.34	3/1/2020	12/31/2021	864.13	864.13	1/1/2022	12/31/9999
1417	29828	1,984.10	1,984.10	3/1/2020	12/31/2021	1,889.62	1,889.62	1/1/2022	12/31/9999
1418	29830	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1419	29834	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1420	29835	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1421	29836	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1422	29837	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1423	29838	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1424	29840	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1425	29843	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1426	29844	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1427	29845	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1428	29846	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1429	29847	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1430	29848	1,168.82	1,168.82	3/1/2020	12/31/2021	1,113.16	1,113.16	1/1/2022	12/31/9999
1431	29850	691.51	691.51	3/1/2020	12/31/2021	658.58	658.58	1/1/2022	12/31/9999
1432	29851	848.77	848.77	3/1/2020	12/31/2021	808.35	808.35	1/1/2022	12/31/9999
1433	29855	848.77	848.77	3/1/2020	12/31/2021	808.35	808.35	1/1/2022	12/31/9999
1434	29856	848.77	848.77	3/1/2020	12/31/2021	808.35	808.35	1/1/2022	12/31/9999
1435	29860	848.77	848.77	3/1/2020	12/31/2021	808.35	808.35	1/1/2022	12/31/9999
1436	29861	848.77	848.77	3/1/2020	12/31/2021	808.35	808.35	1/1/2022	12/31/9999
1437	29862	1,326.09	1,326.09	3/1/2020	12/31/2021	1,262.94	1,262.94	1/1/2022	12/31/9999
1438	29863	848.77	848.77	3/1/2020	12/31/2021	808.35	808.35	1/1/2022	12/31/9999
1439	29866	844.77	844.77	3/1/2020	12/31/2021	804.54	804.54	1/1/2022	12/31/9999
1440	29870	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1441	29871	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1442	29873	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1443	29874	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1444	29875	691.51	691.51	3/1/2020	12/31/2021	658.58	658.58	1/1/2022	12/31/9999
1445	29876	691.51	691.51	3/1/2020	12/31/2021	658.58	658.58	1/1/2022	12/31/9999
1446	29877	691.51	691.51	3/1/2020	12/31/2021	658.58	658.58	1/1/2022	12/31/9999
1447	29879	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1448	29880	691.51	691.51	3/1/2020	12/31/2021	658.58	658.58	1/1/2022	12/31/9999
1449	29881	691.51	691.51	3/1/2020	12/31/2021	658.58	658.58	1/1/2022	12/31/9999
1450	29882	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1451	29883	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1452	29884	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1453	29885	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1454	29886	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1455	29887	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1456	29888	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1457	29889	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1458	29891	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1459	29892	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1460	29893	1,038.78	1,038.78	3/1/2020	12/31/2021	989.31	989.31	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT	CURRENT	BEGINNING	END
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date	FACILITY	FACILITY	DATE	DATE
1461 29894	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1462 29895	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1463 29897	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1464 29898	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1465 29899	767.99	767.99	3/1/2020	12/31/2021	731.42	731.42	1/1/2022	12/31/9999
1466 29900	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1467 29901	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1468 29902	610.72	610.72	3/1/2020	12/31/2021	581.64	581.64	1/1/2022	12/31/9999
1469 29914	1,832.66	1,832.66	3/1/2020	12/31/2021	1,745.39	1,745.39	1/1/2022	12/31/9999
1470 29915	1,832.66	1,832.66	3/1/2020	12/31/2021	1,745.39	1,745.39	1/1/2022	12/31/9999
1471 29916	1,832.66	1,832.66	3/1/2020	12/31/2021	1,745.39	1,745.39	1/1/2022	12/31/9999
1472 30000	92.90	92.90	3/1/2020	12/31/2021	88.48	88.48	1/1/2022	12/31/9999
1473 30020	92.91	92.91	3/1/2020	12/31/2021	88.49	88.49	1/1/2022	12/31/9999
1474 30100	77.95	77.95	3/1/2020	12/31/2021	74.24	74.24	1/1/2022	12/31/9999
1475 30110	122.05	122.05	3/1/2020	12/31/2021	116.24	116.24	1/1/2022	12/31/9999
1476 30115	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
1477 30117	495.05	495.05	3/1/2020	12/31/2021	471.48	471.48	1/1/2022	12/31/9999
1478 30118	566.10	566.10	3/1/2020	12/31/2021	539.14	539.14	1/1/2022	12/31/9999
1479 30120	375.88	375.88	3/1/2020	12/31/2021	357.98	357.98	1/1/2022	12/31/9999
1480 30124	276.77	276.77	3/1/2020	12/31/2021	263.59	263.59	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1481	30125	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
1482	30130	495.05	495.05	3/1/2020	12/31/2021	471.48	471.48	1/1/2022	12/31/9999
1483	30140	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1484	30150	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
1485	30160	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1486	30200	62.22	62.22	3/1/2020	12/31/2021	59.26	59.26	1/1/2022	12/31/9999
1487	30210	78.98	78.98	3/1/2020	12/31/2021	75.22	75.22	1/1/2022	12/31/9999
1488	30220	381.66	381.66	3/1/2020	12/31/2021	363.49	363.49	1/1/2022	12/31/9999
1489	30310	375.88	375.88	3/1/2020	12/31/2021	357.98	357.98	1/1/2022	12/31/9999
1490	30320	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
1491	30400	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1492	30410	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1493	30420	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1494	30430	566.10	566.10	3/1/2020	12/31/2021	539.14	539.14	1/1/2022	12/31/9999
1495	30435	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1496	30450	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
1497	30460	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
1498	30462	1,271.93	1,271.93	3/1/2020	12/31/2021	1,211.36	1,211.36	1/1/2022	12/31/9999
1499	30465	1,271.93	1,271.93	3/1/2020	12/31/2021	1,211.36	1,211.36	1/1/2022	12/31/9999
<b>1500</b>	<b>30468*</b>					<b>2,961.67</b>	<b>2,961.67</b>	<b>1/1/2021</b>	<b>12/31/9999</b>

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1501	30520	646.88	646.88	3/1/2020	12/31/2021	616.08	616.08	1/1/2022	12/31/9999
1502	30540	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1503	30545	853.19	853.19	3/1/2020	12/31/2021	812.56	812.56	1/1/2022	12/31/9999
1504	30560	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
1505	30580	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1506	30600	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1507	30620	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
1508	30630	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
1509	30801	293.37	293.37	3/1/2020	12/31/2021	279.40	279.40	1/1/2022	12/31/9999
1510	30802	293.37	293.37	3/1/2020	12/31/2021	279.40	279.40	1/1/2022	12/31/9999
1511	30903	59.25	59.25	3/1/2020	12/31/2021	56.43	56.43	1/1/2022	12/31/9999
1512	30905	59.25	59.25	3/1/2020	12/31/2021	56.43	56.43	1/1/2022	12/31/9999
1513	30906	59.25	59.25	3/1/2020	12/31/2021	56.43	56.43	1/1/2022	12/31/9999
1514	30915	540.34	540.34	3/1/2020	12/31/2021	514.61	514.61	1/1/2022	12/31/9999
1515	30920	583.42	583.42	3/1/2020	12/31/2021	555.64	555.64	1/1/2022	12/31/9999
1516	30930	575.84	575.84	3/1/2020	12/31/2021	548.42	548.42	1/1/2022	12/31/9999
1517	31000	92.90	92.90	3/1/2020	12/31/2021	88.48	88.48	1/1/2022	12/31/9999
1518	31002	276.76	276.76	3/1/2020	12/31/2021	263.58	263.58	1/1/2022	12/31/9999
1519	31020	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1520	31030	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1521	31032	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1522	31040	891.02	891.02	3/1/2020	12/31/2021	848.59	848.59	1/1/2022	12/31/9999
1523	31050	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
1524	31051	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1525	31070	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1526	31075	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1527	31080	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1528	31081	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1529	31084	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1530	31085	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1531	31086	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1532	31087	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1533	31090	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1534	31200	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
1535	31201	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1536	31205	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
1537	31231	59.89	59.89	3/1/2020	12/31/2021	57.04	57.04	1/1/2022	12/31/9999
1538	31233	73.13	73.13	3/1/2020	12/31/2021	69.65	69.65	1/1/2022	12/31/9999
1539	31235	382.26	382.26	3/1/2020	12/31/2021	364.06	364.06	1/1/2022	12/31/9999
1540	31237	458.35	458.35	3/1/2020	12/31/2021	436.52	436.52	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1541	31238	382.26	382.26	3/1/2020	12/31/2021	364.06	364.06	1/1/2022	12/31/9999
1542	31239	635.20	635.20	3/1/2020	12/31/2021	604.95	604.95	1/1/2022	12/31/9999
1543	31240	458.35	458.35	3/1/2020	12/31/2021	436.52	436.52	1/1/2022	12/31/9999
1544	31253	1,569.35	1,569.35	3/1/2020	12/31/2021	1,494.62	1,494.62	1/1/2022	12/31/9999
1545	31254	554.41	554.41	3/1/2020	12/31/2021	528.01	528.01	1/1/2022	12/31/9999
1546	31255	693.78	693.78	3/1/2020	12/31/2021	660.74	660.74	1/1/2022	12/31/9999
1547	31256	554.41	554.41	3/1/2020	12/31/2021	528.01	528.01	1/1/2022	12/31/9999
1548	31257	1,569.35	1,569.35	3/1/2020	12/31/2021	1,494.62	1,494.62	1/1/2022	12/31/9999
1549	31259	1,569.35	1,569.35	3/1/2020	12/31/2021	1,494.62	1,494.62	1/1/2022	12/31/9999
1550	31267	554.41	554.41	3/1/2020	12/31/2021	528.01	528.01	1/1/2022	12/31/9999
1551	31276	554.41	554.41	3/1/2020	12/31/2021	528.01	528.01	1/1/2022	12/31/9999
1552	31287	554.41	554.41	3/1/2020	12/31/2021	528.01	528.01	1/1/2022	12/31/9999
1553	31288	554.41	554.41	3/1/2020	12/31/2021	528.01	528.01	1/1/2022	12/31/9999
1554	31295	1,569.35	1,569.35	3/1/2020	12/31/2021	1,494.62	1,494.62	1/1/2022	12/31/9999
1555	31296	1,569.35	1,569.35	3/1/2020	12/31/2021	1,494.62	1,494.62	1/1/2022	12/31/9999
1556	31297	1,569.35	1,569.35	3/1/2020	12/31/2021	1,494.62	1,494.62	1/1/2022	12/31/9999
1557	31298	1,569.35	1,569.35	3/1/2020	12/31/2021	1,494.62	1,494.62	1/1/2022	12/31/9999
1558	31300	705.45	705.45	3/1/2020	12/31/2021	671.86	671.86	1/1/2022	12/31/9999
1559	31400	670.74	670.74	3/1/2020	12/31/2021	638.80	638.80	1/1/2022	12/31/9999
1560	31420	670.74	670.74	3/1/2020	12/31/2021	638.80	638.80	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1561	31500	91.38	91.38	3/1/2020	12/31/2021	87.03	87.03	1/1/2022	12/31/9999
1562	31502	49.65	49.65	3/1/2020	12/31/2021	47.29	47.29	1/1/2022	12/31/9999
1563	31505	30.57	30.57	3/1/2020	12/31/2021	29.11	29.11	1/1/2022	12/31/9999
1564	31510	458.35	458.35	3/1/2020	12/31/2021	436.52	436.52	1/1/2022	12/31/9999
1565	31511	73.13	73.13	3/1/2020	12/31/2021	69.65	69.65	1/1/2022	12/31/9999
1566	31512	458.35	458.35	3/1/2020	12/31/2021	436.52	436.52	1/1/2022	12/31/9999
1567	31513	73.13	73.13	3/1/2020	12/31/2021	69.65	69.65	1/1/2022	12/31/9999
1568	31515	382.26	382.26	3/1/2020	12/31/2021	364.06	364.06	1/1/2022	12/31/9999
1569	31520	59.89	59.89	3/1/2020	12/31/2021	57.04	57.04	1/1/2022	12/31/9999
1570	31525	382.26	382.26	3/1/2020	12/31/2021	364.06	364.06	1/1/2022	12/31/9999
1571	31526	511.33	511.33	3/1/2020	12/31/2021	486.98	486.98	1/1/2022	12/31/9999
1572	31527	435.26	435.26	3/1/2020	12/31/2021	414.53	414.53	1/1/2022	12/31/9999
1573	31528	458.35	458.35	3/1/2020	12/31/2021	436.52	436.52	1/1/2022	12/31/9999
1574	31529	458.35	458.35	3/1/2020	12/31/2021	436.52	436.52	1/1/2022	12/31/9999
1575	31530	511.33	511.33	3/1/2020	12/31/2021	486.98	486.98	1/1/2022	12/31/9999
1576	31531	554.41	554.41	3/1/2020	12/31/2021	528.01	528.01	1/1/2022	12/31/9999
1577	31535	511.33	511.33	3/1/2020	12/31/2021	486.98	486.98	1/1/2022	12/31/9999
1578	31536	554.41	554.41	3/1/2020	12/31/2021	528.01	528.01	1/1/2022	12/31/9999
1579	31540	554.41	554.41	3/1/2020	12/31/2021	528.01	528.01	1/1/2022	12/31/9999
1580	31541	635.20	635.20	3/1/2020	12/31/2021	604.95	604.95	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1581	31545	635.20	635.20	3/1/2020	12/31/2021	604.95	604.95	1/1/2022	12/31/9999
1582	31546	635.20	635.20	3/1/2020	12/31/2021	604.95	604.95	1/1/2022	12/31/9999
1583	31551	1,826.70	1,826.70	3/1/2020	12/31/2021	1,739.72	1,739.72	1/1/2022	12/31/9999
1584	31552	1,826.70	1,826.70	3/1/2020	12/31/2021	1,739.72	1,739.72	1/1/2022	12/31/9999
1585	31553	1,826.70	1,826.70	3/1/2020	12/31/2021	1,739.72	1,739.72	1/1/2022	12/31/9999
1586	31554	1,826.70	1,826.70	3/1/2020	12/31/2021	1,739.72	1,739.72	1/1/2022	12/31/9999
1587	31560	693.78	693.78	3/1/2020	12/31/2021	660.74	660.74	1/1/2022	12/31/9999
1588	31561	693.78	693.78	3/1/2020	12/31/2021	660.74	660.74	1/1/2022	12/31/9999
1589	31570	458.35	458.35	3/1/2020	12/31/2021	436.52	436.52	1/1/2022	12/31/9999
1590	31571	511.33	511.33	3/1/2020	12/31/2021	486.98	486.98	1/1/2022	12/31/9999
1591	31572	1,350.54	1,350.54	3/1/2020	12/31/2021	1,286.22	1,286.22	1/1/2022	12/31/9999
1592	31573	687.79	687.79	3/1/2020	12/31/2021	655.03	655.03	1/1/2022	12/31/9999
1593	31574	687.79	687.79	3/1/2020	12/31/2021	655.03	655.03	1/1/2022	12/31/9999
1594	31575	59.89	59.89	3/1/2020	12/31/2021	57.04	57.04	1/1/2022	12/31/9999
1595	31576	511.33	511.33	3/1/2020	12/31/2021	486.98	486.98	1/1/2022	12/31/9999
1596	31577	196.28	196.28	3/1/2020	12/31/2021	186.93	186.93	1/1/2022	12/31/9999
1597	31578	511.33	511.33	3/1/2020	12/31/2021	486.98	486.98	1/1/2022	12/31/9999
1598	31579	113.51	113.51	3/1/2020	12/31/2021	108.10	108.10	1/1/2022	12/31/9999
1599	31580	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1600	31590	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1601	31591	1,826.70	1,826.70	3/1/2020	12/31/2021	1,739.72	1,739.72	1/1/2022	12/31/9999
1602	31592	1,826.70	1,826.70	3/1/2020	12/31/2021	1,739.72	1,739.72	1/1/2022	12/31/9999
1603	31603	293.37	293.37	3/1/2020	12/31/2021	279.40	279.40	1/1/2022	12/31/9999
1604	31605	276.76	276.76	3/1/2020	12/31/2021	263.58	263.58	1/1/2022	12/31/9999
1605	31611	566.10	566.10	3/1/2020	12/31/2021	539.14	539.14	1/1/2022	12/31/9999
1606	31612	446.93	446.93	3/1/2020	12/31/2021	425.65	425.65	1/1/2022	12/31/9999
1607	31613	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1608	31614	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
1609	31615	316.69	316.69	3/1/2020	12/31/2021	301.61	301.61	1/1/2022	12/31/9999
1610	31622	316.69	316.69	3/1/2020	12/31/2021	301.61	301.61	1/1/2022	12/31/9999
1611	31623	392.77	392.77	3/1/2020	12/31/2021	374.07	374.07	1/1/2022	12/31/9999
1612	31624	392.77	392.77	3/1/2020	12/31/2021	374.07	374.07	1/1/2022	12/31/9999
1613	31625	392.77	392.77	3/1/2020	12/31/2021	374.07	374.07	1/1/2022	12/31/9999
1614	31628	392.77	392.77	3/1/2020	12/31/2021	374.07	374.07	1/1/2022	12/31/9999
1615	31629	392.77	392.77	3/1/2020	12/31/2021	374.07	374.07	1/1/2022	12/31/9999
1616	31630	523.83	523.83	3/1/2020	12/31/2021	498.89	498.89	1/1/2022	12/31/9999
1617	31631	523.83	523.83	3/1/2020	12/31/2021	498.89	498.89	1/1/2022	12/31/9999
1618	31635	392.77	392.77	3/1/2020	12/31/2021	374.07	374.07	1/1/2022	12/31/9999
1619	31636	523.83	523.83	3/1/2020	12/31/2021	498.89	498.89	1/1/2022	12/31/9999
1620	31638	523.83	523.83	3/1/2020	12/31/2021	498.89	498.89	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1621	31640	523.83	523.83	3/1/2020	12/31/2021	498.89	498.89	1/1/2022	12/31/9999
1622	31641	523.83	523.83	3/1/2020	12/31/2021	498.89	498.89	1/1/2022	12/31/9999
1623	31643	392.77	392.77	3/1/2020	12/31/2021	374.07	374.07	1/1/2022	12/31/9999
1624	31645	316.69	316.69	3/1/2020	12/31/2021	301.61	301.61	1/1/2022	12/31/9999
1625	31646	316.69	316.69	3/1/2020	12/31/2021	301.61	301.61	1/1/2022	12/31/9999
1626	31652	1,111.08	1,111.08	3/1/2020	12/31/2021	1,058.17	1,058.17	1/1/2022	12/31/9999
1627	31653	1,111.08	1,111.08	3/1/2020	12/31/2021	1,058.17	1,058.17	1/1/2022	12/31/9999
1628	31717	196.28	196.28	3/1/2020	12/31/2021	186.93	186.93	1/1/2022	12/31/9999
1629	31730	196.28	196.28	3/1/2020	12/31/2021	186.93	186.93	1/1/2022	12/31/9999
1630	31750	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1631	31755	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
1632	31820	375.88	375.88	3/1/2020	12/31/2021	357.98	357.98	1/1/2022	12/31/9999
1633	31825	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1634	31830	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1635	32400	310.92	310.92	3/1/2020	12/31/2021	296.11	296.11	1/1/2022	12/31/9999
<b>1636</b>	<b>32408*</b>					<b>505.92</b>	<b>505.92</b>	<b>1/1/2021</b>	<b>12/31/9999</b>
1637	32552	51.02	51.02	3/1/2020	12/31/2021	48.59	48.59	1/1/2022	12/31/9999
1638	32554	194.78	194.78	3/1/2020	12/31/2021	185.50	185.50	1/1/2022	12/31/9999
1639	32555	194.78	194.78	3/1/2020	12/31/2021	185.50	185.50	1/1/2022	12/31/9999
1640	32556	194.78	194.78	3/1/2020	12/31/2021	185.50	185.50	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
1641 32557	194.78	194.78	3/1/2020	12/31/2021	185.50	185.50	1/1/2022	12/31/9999
1642 32960	193.33	193.33	3/1/2020	12/31/2021	184.12	184.12	1/1/2022	12/31/9999
1643 33016	514.77	514.77	3/1/2020	12/31/2021	490.26	490.26	1/1/2022	12/31/9999
1644 33206	6,297.67	6,297.67	3/1/2020	12/31/2021	5,997.78	5,997.78	1/1/2022	12/31/9999
1645 33207	6,297.67	6,297.67	3/1/2020	12/31/2021	5,997.78	5,997.78	1/1/2022	12/31/9999
1646 33208	7,294.88	7,294.88	3/1/2020	12/31/2021	6,947.50	6,947.50	1/1/2022	12/31/9999
1647 33210	3,366.14	3,366.14	3/1/2020	12/31/2021	3,205.85	3,205.85	1/1/2022	12/31/9999
1648 33211	3,366.14	3,366.14	3/1/2020	12/31/2021	3,205.85	3,205.85	1/1/2022	12/31/9999
1649 33212	4,950.07	4,950.07	3/1/2020	12/31/2021	4,714.35	4,714.35	1/1/2022	12/31/9999
1650 33213	5,394.77	5,394.77	3/1/2020	12/31/2021	5,137.88	5,137.88	1/1/2022	12/31/9999
1651 33214	7,294.88	7,294.88	3/1/2020	12/31/2021	6,947.50	6,947.50	1/1/2022	12/31/9999
1652 33215	891.17	891.17	3/1/2020	12/31/2021	848.73	848.73	1/1/2022	12/31/9999
1653 33216	3,366.14	3,366.14	3/1/2020	12/31/2021	3,205.85	3,205.85	1/1/2022	12/31/9999
1654 33217	3,366.14	3,366.14	3/1/2020	12/31/2021	3,205.85	3,205.85	1/1/2022	12/31/9999
1655 33218	891.17	891.17	3/1/2020	12/31/2021	848.73	848.73	1/1/2022	12/31/9999
1656 33220	891.17	891.17	3/1/2020	12/31/2021	848.73	848.73	1/1/2022	12/31/9999
1657 33221	5,752.05	5,752.05	3/1/2020	12/31/2021	5,478.14	5,478.14	1/1/2022	12/31/9999
1658 33222	440.04	440.04	3/1/2020	12/31/2021	419.09	419.09	1/1/2022	12/31/9999
1659 33223	440.04	440.04	3/1/2020	12/31/2021	419.09	419.09	1/1/2022	12/31/9999
1660 33224	13,942.11	13,942.11	3/1/2020	12/31/2021	13,278.20	13,278.20	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1661	33226	891.17	891.17	3/1/2020	12/31/2021	848.73	848.73	1/1/2022	12/31/9999
1662	33227	4,858.81	4,858.81	3/1/2020	12/31/2021	4,627.44	4,627.44	1/1/2022	12/31/9999
1663	33228	5,752.05	5,752.05	3/1/2020	12/31/2021	5,478.14	5,478.14	1/1/2022	12/31/9999
1664	33229	5,752.05	5,752.05	3/1/2020	12/31/2021	5,478.14	5,478.14	1/1/2022	12/31/9999
1665	33230	17,626.46	17,626.46	3/1/2020	12/31/2021	16,787.11	16,787.11	1/1/2022	12/31/9999
1666	33231	17,626.46	17,626.46	3/1/2020	12/31/2021	16,787.11	16,787.11	1/1/2022	12/31/9999
1667	33233	523.04	523.04	3/1/2020	12/31/2021	498.13	498.13	1/1/2022	12/31/9999
1668	33234	891.17	891.17	3/1/2020	12/31/2021	848.73	848.73	1/1/2022	12/31/9999
1669	33235	891.17	891.17	3/1/2020	12/31/2021	848.73	848.73	1/1/2022	12/31/9999
1670	33241	891.17	891.17	3/1/2020	12/31/2021	848.73	848.73	1/1/2022	12/31/9999
1671	33262	17,626.46	17,626.46	3/1/2020	12/31/2021	16,787.11	16,787.11	1/1/2022	12/31/9999
1672	33263	17,626.46	17,626.46	3/1/2020	12/31/2021	16,787.11	16,787.11	1/1/2022	12/31/9999
1673	33264	17,626.46	17,626.46	3/1/2020	12/31/2021	16,787.11	16,787.11	1/1/2022	12/31/9999
1674	33270	24,357.71	24,357.71	3/1/2020	12/31/2021	23,197.82	23,197.82	1/1/2022	12/31/9999
1675	33271	5,058.46	5,058.46	3/1/2020	12/31/2021	4,817.58	4,817.58	1/1/2022	12/31/9999
1676	33273	1,151.27	1,151.27	3/1/2020	12/31/2021	1,096.45	1,096.45	1/1/2022	12/31/9999
1677	33285	5,669.93	5,669.93	3/1/2020	12/31/2021	5,399.93	5,399.93	1/1/2022	12/31/9999
1678	35188	784.31	784.31	3/1/2020	12/31/2021	746.96	746.96	1/1/2022	12/31/9999
1679	35207	784.31	784.31	3/1/2020	12/31/2021	746.96	746.96	1/1/2022	12/31/9999
1680	35875	1,261.61	1,261.61	3/1/2020	12/31/2021	1,201.53	1,201.53	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
1681 35876	1,261.61	1,261.61	3/1/2020	12/31/2021	1,201.53	1,201.53	1/1/2022	12/31/9999
1682 36002	88.41	88.41	3/1/2020	12/31/2021	84.20	84.20	1/1/2022	12/31/9999
1683 36260	611.60	611.60	3/1/2020	12/31/2021	582.48	582.48	1/1/2022	12/31/9999
1684 36261	523.04	523.04	3/1/2020	12/31/2021	498.13	498.13	1/1/2022	12/31/9999
1685 36262	446.96	446.96	3/1/2020	12/31/2021	425.68	425.68	1/1/2022	12/31/9999
1686 36430	33.16	33.16	3/1/2020	12/31/2021	31.58	31.58	1/1/2022	12/31/9999
1687 36440	126.24	126.24	3/1/2020	12/31/2021	120.23	120.23	1/1/2022	12/31/9999
1688 36450	126.24	126.24	3/1/2020	12/31/2021	120.23	120.23	1/1/2022	12/31/9999
1689 36465	725.21	725.21	3/1/2020	12/31/2021	690.68	690.68	1/1/2022	12/31/9999
1690 36466	725.21	725.21	3/1/2020	12/31/2021	690.68	690.68	1/1/2022	12/31/9999
1691 36470	29.47	29.47	3/1/2020	12/31/2021	28.07	28.07	1/1/2022	12/31/9999
1692 36471	29.47	29.47	3/1/2020	12/31/2021	28.07	28.07	1/1/2022	12/31/9999
1693 36473	1,143.16	1,143.16	3/1/2020	12/31/2021	1,088.73	1,088.73	1/1/2022	12/31/9999
1694 36475	1,297.33	1,297.33	3/1/2020	12/31/2021	1,235.55	1,235.55	1/1/2022	12/31/9999
1695 36478	1,141.51	1,141.51	3/1/2020	12/31/2021	1,087.15	1,087.15	1/1/2022	12/31/9999
1696 36511	427.58	427.58	3/1/2020	12/31/2021	407.22	407.22	1/1/2022	12/31/9999
1697 36512	427.58	427.58	3/1/2020	12/31/2021	407.22	407.22	1/1/2022	12/31/9999
1698 36513	427.58	427.58	3/1/2020	12/31/2021	407.22	407.22	1/1/2022	12/31/9999
1699 36514	427.58	427.58	3/1/2020	12/31/2021	407.22	407.22	1/1/2022	12/31/9999
1700 36516	1,137.31	1,137.31	3/1/2020	12/31/2021	1,083.15	1,083.15	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
1701 36522	1,137.31	1,137.31	3/1/2020	12/31/2021	1,083.15	1,083.15	1/1/2022	12/31/9999
1702 36555	325.53	325.53	3/1/2020	12/31/2021	310.03	310.03	1/1/2022	12/31/9999
1703 36556	325.53	325.53	3/1/2020	12/31/2021	310.03	310.03	1/1/2022	12/31/9999
1704 36557	524.22	524.22	3/1/2020	12/31/2021	499.26	499.26	1/1/2022	12/31/9999
1705 36558	524.22	524.22	3/1/2020	12/31/2021	499.26	499.26	1/1/2022	12/31/9999
1706 36560	611.60	611.60	3/1/2020	12/31/2021	582.48	582.48	1/1/2022	12/31/9999
1707 36561	611.60	611.60	3/1/2020	12/31/2021	582.48	582.48	1/1/2022	12/31/9999
1708 36563	611.60	611.60	3/1/2020	12/31/2021	582.48	582.48	1/1/2022	12/31/9999
1709 36565	611.60	611.60	3/1/2020	12/31/2021	582.48	582.48	1/1/2022	12/31/9999
1710 36566	3,407.60	3,407.60	3/1/2020	12/31/2021	3,245.33	3,245.33	1/1/2022	12/31/9999
1711 36568	325.53	325.53	3/1/2020	12/31/2021	310.03	310.03	1/1/2022	12/31/9999
1712 36569	325.53	325.53	3/1/2020	12/31/2021	310.03	310.03	1/1/2022	12/31/9999
1713 36570	567.30	567.30	3/1/2020	12/31/2021	540.29	540.29	1/1/2022	12/31/9999
1714 36571	567.30	567.30	3/1/2020	12/31/2021	540.29	540.29	1/1/2022	12/31/9999
1715 36572	284.07	284.07	3/1/2020	12/31/2021	270.54	270.54	1/1/2022	12/31/9999
1716 36573	501.07	501.07	3/1/2020	12/31/2021	477.21	477.21	1/1/2022	12/31/9999
1717 36575	352.86	352.86	3/1/2020	12/31/2021	336.06	336.06	1/1/2022	12/31/9999
1718 36576	401.60	401.60	3/1/2020	12/31/2021	382.48	382.48	1/1/2022	12/31/9999
1719 36578	524.22	524.22	3/1/2020	12/31/2021	499.26	499.26	1/1/2022	12/31/9999
1720 36580	325.53	325.53	3/1/2020	12/31/2021	310.03	310.03	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1721	36581	524.22	524.22	3/1/2020	12/31/2021	499.26	499.26	1/1/2022	12/31/9999
1722	36582	611.60	611.60	3/1/2020	12/31/2021	582.48	582.48	1/1/2022	12/31/9999
1723	36583	611.60	611.60	3/1/2020	12/31/2021	582.48	582.48	1/1/2022	12/31/9999
1724	36584	325.53	325.53	3/1/2020	12/31/2021	310.03	310.03	1/1/2022	12/31/9999
1725	36585	567.30	567.30	3/1/2020	12/31/2021	540.29	540.29	1/1/2022	12/31/9999
1726	36589	276.79	276.79	3/1/2020	12/31/2021	263.61	263.61	1/1/2022	12/31/9999
1727	36590	325.53	325.53	3/1/2020	12/31/2021	310.03	310.03	1/1/2022	12/31/9999
1728	36595	895.88	895.88	3/1/2020	12/31/2021	853.22	853.22	1/1/2022	12/31/9999
1729	36596	405.42	405.42	3/1/2020	12/31/2021	386.11	386.11	1/1/2022	12/31/9999
1730	36597	405.42	405.42	3/1/2020	12/31/2021	386.11	386.11	1/1/2022	12/31/9999
1731	36598	83.08	83.08	3/1/2020	12/31/2021	79.12	79.12	1/1/2022	12/31/9999
1732	36640	492.45	492.45	3/1/2020	12/31/2021	469.00	469.00	1/1/2022	12/31/9999
1733	36800	619.24	619.24	3/1/2020	12/31/2021	589.75	589.75	1/1/2022	12/31/9999
1734	36810	619.24	619.24	3/1/2020	12/31/2021	589.75	589.75	1/1/2022	12/31/9999
1735	36815	619.24	619.24	3/1/2020	12/31/2021	589.75	589.75	1/1/2022	12/31/9999
1736	36818	703.52	703.52	3/1/2020	12/31/2021	670.02	670.02	1/1/2022	12/31/9999
1737	36819	703.52	703.52	3/1/2020	12/31/2021	670.02	670.02	1/1/2022	12/31/9999
1738	36820	703.51	703.51	3/1/2020	12/31/2021	670.01	670.01	1/1/2022	12/31/9999
1739	36821	703.51	703.51	3/1/2020	12/31/2021	670.01	670.01	1/1/2022	12/31/9999
1740	36825	784.30	784.30	3/1/2020	12/31/2021	746.95	746.95	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1741	36830	784.30	784.30	3/1/2020	12/31/2021	746.95	746.95	1/1/2022	12/31/9999
1742	36831	1,261.61	1,261.61	3/1/2020	12/31/2021	1,201.53	1,201.53	1/1/2022	12/31/9999
1743	36832	784.30	784.30	3/1/2020	12/31/2021	746.95	746.95	1/1/2022	12/31/9999
1744	36833	784.30	784.30	3/1/2020	12/31/2021	746.95	746.95	1/1/2022	12/31/9999
1745	36835	700.02	700.02	3/1/2020	12/31/2021	666.69	666.69	1/1/2022	12/31/9999
1746	36860	108.82	108.82	3/1/2020	12/31/2021	103.64	103.64	1/1/2022	12/31/9999
1747	36861	619.24	619.24	3/1/2020	12/31/2021	589.75	589.75	1/1/2022	12/31/9999
1748	36901	331.30	331.30	3/1/2020	12/31/2021	315.52	315.52	1/1/2022	12/31/9999
1749	36902	2,672.08	2,672.08	3/1/2020	12/31/2021	2,544.84	2,544.84	1/1/2022	12/31/9999
1750	36903	5,063.19	5,063.19	3/1/2020	12/31/2021	4,822.09	4,822.09	1/1/2022	12/31/9999
1751	36904	2,672.08	2,672.08	3/1/2020	12/31/2021	2,544.84	2,544.84	1/1/2022	12/31/9999
1752	36905	5,063.19	5,063.19	3/1/2020	12/31/2021	4,822.09	4,822.09	1/1/2022	12/31/9999
1753	36906	7,926.78	7,926.78	3/1/2020	12/31/2021	7,549.32	7,549.32	1/1/2022	12/31/9999
1754	37184	1,440.68	1,440.68	3/1/2020	12/31/2021	1,372.08	1,372.08	1/1/2022	12/31/9999
1755	37187	1,440.68	1,440.68	3/1/2020	12/31/2021	1,372.08	1,372.08	1/1/2022	12/31/9999
1756	37188	1,440.68	1,440.68	3/1/2020	12/31/2021	1,372.08	1,372.08	1/1/2022	12/31/9999
1757	37197	1,052.31	1,052.31	3/1/2020	12/31/2021	1,002.20	1,002.20	1/1/2022	12/31/9999
1758	37200	1,073.04	1,073.04	3/1/2020	12/31/2021	1,021.94	1,021.94	1/1/2022	12/31/9999
1759	37211	371.27	371.27	3/1/2020	12/31/2021	353.59	353.59	1/1/2022	12/31/9999
1760	37212	371.27	371.27	3/1/2020	12/31/2021	353.59	353.59	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1761	37220	1,900.12	1,900.12	3/1/2020	12/31/2021	1,809.64	1,809.64	1/1/2022	12/31/9999
1762	37221	4,088.70	4,088.70	3/1/2020	12/31/2021	3,894.00	3,894.00	1/1/2022	12/31/9999
1763	37236	4,547.91	4,547.91	3/1/2020	12/31/2021	4,331.34	4,331.34	1/1/2022	12/31/9999
1764	37238	4,547.91	4,547.91	3/1/2020	12/31/2021	4,331.34	4,331.34	1/1/2022	12/31/9999
1765	37246	2,672.08	2,672.08	3/1/2020	12/31/2021	2,544.84	2,544.84	1/1/2022	12/31/9999
1766	37248	2,672.08	2,672.08	3/1/2020	12/31/2021	2,544.84	2,544.84	1/1/2022	12/31/9999
1767	37500	739.23	739.23	3/1/2020	12/31/2021	704.03	704.03	1/1/2022	12/31/9999
1768	37607	583.42	583.42	3/1/2020	12/31/2021	555.64	555.64	1/1/2022	12/31/9999
1769	37609	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
1770	37650	540.34	540.34	3/1/2020	12/31/2021	514.61	514.61	1/1/2022	12/31/9999
1771	37700	540.33	540.33	3/1/2020	12/31/2021	514.60	514.60	1/1/2022	12/31/9999
1772	37718	583.42	583.42	3/1/2020	12/31/2021	555.64	555.64	1/1/2022	12/31/9999
1773	37722	739.23	739.23	3/1/2020	12/31/2021	704.03	704.03	1/1/2022	12/31/9999
1774	37735	739.23	739.23	3/1/2020	12/31/2021	704.03	704.03	1/1/2022	12/31/9999
1775	37760	583.42	583.42	3/1/2020	12/31/2021	555.64	555.64	1/1/2022	12/31/9999
1776	37761	958.56	958.56	3/1/2020	12/31/2021	912.91	912.91	1/1/2022	12/31/9999
1777	37765	960.32	960.32	3/1/2020	12/31/2021	914.59	914.59	1/1/2022	12/31/9999
1778	37766	960.32	960.32	3/1/2020	12/31/2021	914.59	914.59	1/1/2022	12/31/9999
1779	37780	583.42	583.42	3/1/2020	12/31/2021	555.64	555.64	1/1/2022	12/31/9999
1780	37785	583.42	583.42	3/1/2020	12/31/2021	555.64	555.64	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1781	38206	427.58	427.58	3/1/2020	12/31/2021	407.22	407.22	1/1/2022	12/31/9999
1782	38220	109.40	109.40	3/1/2020	12/31/2021	104.19	104.19	1/1/2022	12/31/9999
1783	38221	114.87	114.87	3/1/2020	12/31/2021	109.40	109.40	1/1/2022	12/31/9999
1784	38222	105.44	105.44	3/1/2020	12/31/2021	100.42	100.42	1/1/2022	12/31/9999
1785	38230	1,137.31	1,137.31	3/1/2020	12/31/2021	1,083.15	1,083.15	1/1/2022	12/31/9999
1786	38232	1,364.37	1,364.37	3/1/2020	12/31/2021	1,299.40	1,299.40	1/1/2022	12/31/9999
1787	38241	1,137.31	1,137.31	3/1/2020	12/31/2021	1,083.15	1,083.15	1/1/2022	12/31/9999
1788	38242	427.58	427.58	3/1/2020	12/31/2021	407.22	407.22	1/1/2022	12/31/9999
1789	38243	449.00	449.00	3/1/2020	12/31/2021	427.62	427.62	1/1/2022	12/31/9999
1790	38300	331.58	331.58	3/1/2020	12/31/2021	315.79	315.79	1/1/2022	12/31/9999
1791	38305	470.46	470.46	3/1/2020	12/31/2021	448.06	448.06	1/1/2022	12/31/9999
1792	38308	513.57	513.57	3/1/2020	12/31/2021	489.11	489.11	1/1/2022	12/31/9999
1793	38500	513.57	513.57	3/1/2020	12/31/2021	489.11	489.11	1/1/2022	12/31/9999
1794	38505	227.67	227.67	3/1/2020	12/31/2021	216.83	216.83	1/1/2022	12/31/9999
1795	38510	513.57	513.57	3/1/2020	12/31/2021	489.11	489.11	1/1/2022	12/31/9999
1796	38520	513.57	513.57	3/1/2020	12/31/2021	489.11	489.11	1/1/2022	12/31/9999
1797	38525	513.57	513.57	3/1/2020	12/31/2021	489.11	489.11	1/1/2022	12/31/9999
1798	38530	513.57	513.57	3/1/2020	12/31/2021	489.11	489.11	1/1/2022	12/31/9999
1799	38542	712.06	712.06	3/1/2020	12/31/2021	678.15	678.15	1/1/2022	12/31/9999
1800	38550	556.65	556.65	3/1/2020	12/31/2021	530.14	530.14	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
1801 38555	637.42	637.42	3/1/2020	12/31/2021	607.07	607.07	1/1/2022	12/31/9999
1802 38570	1,324.47	1,324.47	3/1/2020	12/31/2021	1,261.40	1,261.40	1/1/2022	12/31/9999
1803 38571	1,548.67	1,548.67	3/1/2020	12/31/2021	1,474.92	1,474.92	1/1/2022	12/31/9999
1804 38572	1,324.47	1,324.47	3/1/2020	12/31/2021	1,261.40	1,261.40	1/1/2022	12/31/9999
1805 38573	2,989.80	2,989.80	3/1/2020	12/31/2021	2,847.43	2,847.43	1/1/2022	12/31/9999
1806 38700	853.19	853.19	3/1/2020	12/31/2021	812.56	812.56	1/1/2022	12/31/9999
1807 38740	712.06	712.06	3/1/2020	12/31/2021	678.15	678.15	1/1/2022	12/31/9999
1808 38745	835.93	835.93	3/1/2020	12/31/2021	796.12	796.12	1/1/2022	12/31/9999
1809 38760	513.57	513.57	3/1/2020	12/31/2021	489.11	489.11	1/1/2022	12/31/9999
1810 40500	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
1811 40510	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1812 40520	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
1813 40525	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1814 40527	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1815 40530	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1816 40650	381.66	381.66	3/1/2020	12/31/2021	363.49	363.49	1/1/2022	12/31/9999
1817 40652	381.66	381.66	3/1/2020	12/31/2021	363.49	363.49	1/1/2022	12/31/9999
1818 40654	381.66	381.66	3/1/2020	12/31/2021	363.49	363.49	1/1/2022	12/31/9999
1819 40700	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
1820 40701	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
1821 40702	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
1822 40720	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
1823 40761	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
1824 40800	52.27	52.27	3/1/2020	12/31/2021	49.78	49.78	1/1/2022	12/31/9999
1825 40801	369.44	369.44	3/1/2020	12/31/2021	351.85	351.85	1/1/2022	12/31/9999
1826 40805	164.44	164.44	3/1/2020	12/31/2021	156.61	156.61	1/1/2022	12/31/9999
1827 40808	92.90	92.90	3/1/2020	12/31/2021	88.48	88.48	1/1/2022	12/31/9999
1828 40810	112.48	112.48	3/1/2020	12/31/2021	107.12	107.12	1/1/2022	12/31/9999
1829 40812	141.20	141.20	3/1/2020	12/31/2021	134.48	134.48	1/1/2022	12/31/9999
1830 40814	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
1831 40816	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1832 40818	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
1833 40820	157.95	157.95	3/1/2020	12/31/2021	150.43	150.43	1/1/2022	12/31/9999
1834 40830	92.90	92.90	3/1/2020	12/31/2021	88.48	88.48	1/1/2022	12/31/9999
1835 40831	293.37	293.37	3/1/2020	12/31/2021	279.40	279.40	1/1/2022	12/31/9999
1836 40840	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1837 40842	566.10	566.10	3/1/2020	12/31/2021	539.14	539.14	1/1/2022	12/31/9999
1838 40843	566.10	566.10	3/1/2020	12/31/2021	539.14	539.14	1/1/2022	12/31/9999
1839 40844	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1840 40845	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
1841 41000	83.42	83.42	3/1/2020	12/31/2021	79.45	79.45	1/1/2022	12/31/9999
1842 41005	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
1843 41006	446.93	446.93	3/1/2020	12/31/2021	425.65	425.65	1/1/2022	12/31/9999
1844 41007	375.88	375.88	3/1/2020	12/31/2021	357.98	357.98	1/1/2022	12/31/9999
1845 41008	375.88	375.88	3/1/2020	12/31/2021	357.98	357.98	1/1/2022	12/31/9999
1846 41009	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
1847 41010	293.37	293.37	3/1/2020	12/31/2021	279.40	279.40	1/1/2022	12/31/9999
1848 41015	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
1849 41016	293.37	293.37	3/1/2020	12/31/2021	279.40	279.40	1/1/2022	12/31/9999
1850 41017	293.37	293.37	3/1/2020	12/31/2021	279.40	279.40	1/1/2022	12/31/9999
1851 41018	293.37	293.37	3/1/2020	12/31/2021	279.40	279.40	1/1/2022	12/31/9999
1852 41100	87.18	87.18	3/1/2020	12/31/2021	83.03	83.03	1/1/2022	12/31/9999
1853 41105	85.13	85.13	3/1/2020	12/31/2021	81.08	81.08	1/1/2022	12/31/9999
1854 41108	78.63	78.63	3/1/2020	12/31/2021	74.89	74.89	1/1/2022	12/31/9999
1855 41110	113.51	113.51	3/1/2020	12/31/2021	108.10	108.10	1/1/2022	12/31/9999
1856 41112	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
1857 41113	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
1858 41114	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1859 41115	127.86	127.86	3/1/2020	12/31/2021	121.77	121.77	1/1/2022	12/31/9999
1860 41116	375.88	375.88	3/1/2020	12/31/2021	357.98	357.98	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1861	41120	705.45	705.45	3/1/2020	12/31/2021	671.86	671.86	1/1/2022	12/31/9999
1862	41251	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
1863	41252	369.44	369.44	3/1/2020	12/31/2021	351.85	351.85	1/1/2022	12/31/9999
1864	41510	375.88	375.88	3/1/2020	12/31/2021	357.98	357.98	1/1/2022	12/31/9999
1865	41520	369.44	369.44	3/1/2020	12/31/2021	351.85	351.85	1/1/2022	12/31/9999
1866	41805	125.14	125.14	3/1/2020	12/31/2021	119.18	119.18	1/1/2022	12/31/9999
1867	41806	161.02	161.02	3/1/2020	12/31/2021	153.35	153.35	1/1/2022	12/31/9999
1868	41820	276.76	276.76	3/1/2020	12/31/2021	263.58	263.58	1/1/2022	12/31/9999
1869	41821	276.76	276.76	3/1/2020	12/31/2021	263.58	263.58	1/1/2022	12/31/9999
1870	41822	148.72	148.72	3/1/2020	12/31/2021	141.64	141.64	1/1/2022	12/31/9999
1871	41823	205.47	205.47	3/1/2020	12/31/2021	195.69	195.69	1/1/2022	12/31/9999
1872	41825	115.54	115.54	3/1/2020	12/31/2021	110.04	110.04	1/1/2022	12/31/9999
1873	41826	128.55	128.55	3/1/2020	12/31/2021	122.43	122.43	1/1/2022	12/31/9999
1874	41827	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1875	41830	187.02	187.02	3/1/2020	12/31/2021	178.11	178.11	1/1/2022	12/31/9999
1876	41850	606.83	606.83	3/1/2020	12/31/2021	577.93	577.93	1/1/2022	12/31/9999
1877	41870	891.02	891.02	3/1/2020	12/31/2021	848.59	848.59	1/1/2022	12/31/9999
1878	41872	189.06	189.06	3/1/2020	12/31/2021	180.06	180.06	1/1/2022	12/31/9999
1879	41874	179.49	179.49	3/1/2020	12/31/2021	170.94	170.94	1/1/2022	12/31/9999
1880	42000	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1881	42100	74.53	74.53	3/1/2020	12/31/2021	70.98	70.98	1/1/2022	12/31/9999
1882	42104	104.62	104.62	3/1/2020	12/31/2021	99.64	99.64	1/1/2022	12/31/9999
1883	42106	131.28	131.28	3/1/2020	12/31/2021	125.03	125.03	1/1/2022	12/31/9999
1884	42107	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1885	42120	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1886	42140	369.44	369.44	3/1/2020	12/31/2021	351.85	351.85	1/1/2022	12/31/9999
1887	42145	705.45	705.45	3/1/2020	12/31/2021	671.86	671.86	1/1/2022	12/31/9999
1888	42160	137.10	137.10	3/1/2020	12/31/2021	130.57	130.57	1/1/2022	12/31/9999
1889	42180	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
1890	42182	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
1891	42200	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1892	42205	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1893	42210	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1894	42215	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
1895	42220	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1896	42225	794.96	794.96	3/1/2020	12/31/2021	757.10	757.10	1/1/2022	12/31/9999
1897	42226	853.19	853.19	3/1/2020	12/31/2021	812.56	812.56	1/1/2022	12/31/9999
1898	42235	634.40	634.40	3/1/2020	12/31/2021	604.19	604.19	1/1/2022	12/31/9999
1899	42260	646.88	646.88	3/1/2020	12/31/2021	616.08	616.08	1/1/2022	12/31/9999
1900	42300	375.88	375.88	3/1/2020	12/31/2021	357.98	357.98	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1901	42305	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
1902	42310	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
1903	42320	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
1904	42335	182.55	182.55	3/1/2020	12/31/2021	173.86	173.86	1/1/2022	12/31/9999
1905	42340	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
1906	42400	62.22	62.22	3/1/2020	12/31/2021	59.26	59.26	1/1/2022	12/31/9999
1907	42405	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
1908	42408	495.05	495.05	3/1/2020	12/31/2021	471.48	471.48	1/1/2022	12/31/9999
1909	42409	495.05	495.05	3/1/2020	12/31/2021	471.48	471.48	1/1/2022	12/31/9999
1910	42410	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
1911	42415	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
1912	42420	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
1913	42425	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
1914	42440	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
1915	42450	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1916	42500	566.10	566.10	3/1/2020	12/31/2021	539.14	539.14	1/1/2022	12/31/9999
1917	42505	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1918	42507	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
1919	42509	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
1920	42510	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1921	42600	375.88	375.88	3/1/2020	12/31/2021	357.98	357.98	1/1/2022	12/31/9999
1922	42650	40.68	40.68	3/1/2020	12/31/2021	38.74	38.74	1/1/2022	12/31/9999
1923	42660	47.86	47.86	3/1/2020	12/31/2021	45.58	45.58	1/1/2022	12/31/9999
1924	42665	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
1925	42700	124.70	124.70	3/1/2020	12/31/2021	118.76	118.76	1/1/2022	12/31/9999
1926	42720	375.88	375.88	3/1/2020	12/31/2021	357.98	357.98	1/1/2022	12/31/9999
1927	42725	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
1928	42800	79.65	79.65	3/1/2020	12/31/2021	75.86	75.86	1/1/2022	12/31/9999
1929	42804	375.88	375.88	3/1/2020	12/31/2021	357.98	357.98	1/1/2022	12/31/9999
1930	42806	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1931	42808	451.96	451.96	3/1/2020	12/31/2021	430.44	430.44	1/1/2022	12/31/9999
1932	42810	566.10	566.10	3/1/2020	12/31/2021	539.14	539.14	1/1/2022	12/31/9999
1933	42815	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
1934	42820	550.11	550.11	3/1/2020	12/31/2021	523.91	523.91	1/1/2022	12/31/9999
1935	42821	689.46	689.46	3/1/2020	12/31/2021	656.63	656.63	1/1/2022	12/31/9999
1936	42825	630.89	630.89	3/1/2020	12/31/2021	600.85	600.85	1/1/2022	12/31/9999
1937	42826	630.89	630.89	3/1/2020	12/31/2021	600.85	600.85	1/1/2022	12/31/9999
1938	42830	630.89	630.89	3/1/2020	12/31/2021	600.85	600.85	1/1/2022	12/31/9999
1939	42831	630.89	630.89	3/1/2020	12/31/2021	600.85	600.85	1/1/2022	12/31/9999
1940	42835	630.89	630.89	3/1/2020	12/31/2021	600.85	600.85	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1941	42836	630.89	630.89	3/1/2020	12/31/2021	600.85	600.85	1/1/2022	12/31/9999
1942	42860	550.11	550.11	3/1/2020	12/31/2021	523.91	523.91	1/1/2022	12/31/9999
1943	42870	550.11	550.11	3/1/2020	12/31/2021	523.91	523.91	1/1/2022	12/31/9999
1944	42890	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
1945	42892	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
1946	42900	293.37	293.37	3/1/2020	12/31/2021	279.40	279.40	1/1/2022	12/31/9999
1947	42950	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1948	42955	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
1949	42960	59.25	59.25	3/1/2020	12/31/2021	56.43	56.43	1/1/2022	12/31/9999
1950	42962	670.73	670.73	3/1/2020	12/31/2021	638.79	638.79	1/1/2022	12/31/9999
1951	42970	41.81	41.81	3/1/2020	12/31/2021	39.82	39.82	1/1/2022	12/31/9999
1952	42972	495.05	495.05	3/1/2020	12/31/2021	471.48	471.48	1/1/2022	12/31/9999
1953	43030	606.83	606.83	3/1/2020	12/31/2021	577.93	577.93	1/1/2022	12/31/9999
1954	43180	954.57	954.57	3/1/2020	12/31/2021	909.11	909.11	1/1/2022	12/31/9999
1955	43191	334.35	334.35	3/1/2020	12/31/2021	318.43	318.43	1/1/2022	12/31/9999
1956	43192	505.21	505.21	3/1/2020	12/31/2021	481.15	481.15	1/1/2022	12/31/9999
1957	43193	505.21	505.21	3/1/2020	12/31/2021	481.15	481.15	1/1/2022	12/31/9999
1958	43194	505.21	505.21	3/1/2020	12/31/2021	481.15	481.15	1/1/2022	12/31/9999
1959	43195	505.21	505.21	3/1/2020	12/31/2021	481.15	481.15	1/1/2022	12/31/9999
1960	43196	505.21	505.21	3/1/2020	12/31/2021	481.15	481.15	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1961	43197	334.35	334.35	3/1/2020	12/31/2021	318.43	318.43	1/1/2022	12/31/9999
1962	43198	334.35	334.35	3/1/2020	12/31/2021	318.43	318.43	1/1/2022	12/31/9999
1963	43200	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
1964	43201	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
1965	43202	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
1966	43204	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
1967	43205	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
1968	43210	1,675.79	1,675.79	3/1/2020	12/31/2021	1,595.99	1,595.99	1/1/2022	12/31/9999
1969	43211	334.35	334.35	3/1/2020	12/31/2021	318.43	318.43	1/1/2022	12/31/9999
1970	43212	1,182.59	1,182.59	3/1/2020	12/31/2021	1,126.28	1,126.28	1/1/2022	12/31/9999
1971	43213	505.21	505.21	3/1/2020	12/31/2021	481.15	481.15	1/1/2022	12/31/9999
1972	43214	505.21	505.21	3/1/2020	12/31/2021	481.15	481.15	1/1/2022	12/31/9999
1973	43215	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
1974	43216	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
1975	43217	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
1976	43220	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
1977	43226	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
1978	43227	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1979	43229	981.79	981.79	3/1/2020	12/31/2021	935.04	935.04	1/1/2022	12/31/9999
1980	43231	379.26	379.26	3/1/2020	12/31/2021	361.20	361.20	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
1981	43232	379.26	379.26	3/1/2020	12/31/2021	361.20	361.20	1/1/2022	12/31/9999
1982	43233	505.21	505.21	3/1/2020	12/31/2021	481.15	481.15	1/1/2022	12/31/9999
1983	43235	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
1984	43236	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1985	43237	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1986	43238	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1987	43239	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1988	43240	379.26	379.26	3/1/2020	12/31/2021	361.20	361.20	1/1/2022	12/31/9999
1989	43241	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1990	43242	379.26	379.26	3/1/2020	12/31/2021	361.20	361.20	1/1/2022	12/31/9999
1991	43243	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1992	43244	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1993	43245	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1994	43246	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1995	43247	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1996	43248	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1997	43249	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1998	43250	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
1999	43251	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
2000	43253	505.21	505.21	3/1/2020	12/31/2021	481.15	481.15	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2001	43254	334.35	334.35	3/1/2020	12/31/2021	318.43	318.43	1/1/2022	12/31/9999
2002	43255	379.25	379.25	3/1/2020	12/31/2021	361.19	361.19	1/1/2022	12/31/9999
2003	43259	422.34	422.34	3/1/2020	12/31/2021	402.23	402.23	1/1/2022	12/31/9999
2004	43260	494.90	494.90	3/1/2020	12/31/2021	471.33	471.33	1/1/2022	12/31/9999
2005	43261	494.90	494.90	3/1/2020	12/31/2021	471.33	471.33	1/1/2022	12/31/9999
2006	43262	494.90	494.90	3/1/2020	12/31/2021	471.33	471.33	1/1/2022	12/31/9999
2007	43263	494.90	494.90	3/1/2020	12/31/2021	471.33	471.33	1/1/2022	12/31/9999
2008	43264	494.90	494.90	3/1/2020	12/31/2021	471.33	471.33	1/1/2022	12/31/9999
2009	43265	494.90	494.90	3/1/2020	12/31/2021	471.33	471.33	1/1/2022	12/31/9999
2010	43266	1,182.59	1,182.59	3/1/2020	12/31/2021	1,126.28	1,126.28	1/1/2022	12/31/9999
2011	43270	505.21	505.21	3/1/2020	12/31/2021	481.15	481.15	1/1/2022	12/31/9999
2012	43274	964.31	964.31	3/1/2020	12/31/2021	918.39	918.39	1/1/2022	12/31/9999
2013	43275	964.31	964.31	3/1/2020	12/31/2021	918.39	918.39	1/1/2022	12/31/9999
2014	43276	964.31	964.31	3/1/2020	12/31/2021	918.39	918.39	1/1/2022	12/31/9999
2015	43277	964.31	964.31	3/1/2020	12/31/2021	918.39	918.39	1/1/2022	12/31/9999
2016	43278	964.31	964.31	3/1/2020	12/31/2021	918.39	918.39	1/1/2022	12/31/9999
2017	43450	278.47	278.47	3/1/2020	12/31/2021	265.21	265.21	1/1/2022	12/31/9999
2018	43453	278.47	278.47	3/1/2020	12/31/2021	265.21	265.21	1/1/2022	12/31/9999
2019	43653	1,324.47	1,324.47	3/1/2020	12/31/2021	1,261.40	1,261.40	1/1/2022	12/31/9999
2020	43755	31.41	31.41	3/1/2020	12/31/2021	29.91	29.91	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2021	43756	53.97	53.97	3/1/2020	12/31/2021	51.40	51.40	1/1/2022	12/31/9999
2022	43757	53.97	53.97	3/1/2020	12/31/2021	51.40	51.40	1/1/2022	12/31/9999
2023	43761	303.19	303.19	3/1/2020	12/31/2021	288.75	288.75	1/1/2022	12/31/9999
2024	43762	106.02	106.02	3/1/2020	12/31/2021	100.98	100.98	1/1/2022	12/31/9999
2025	43763	106.02	106.02	3/1/2020	12/31/2021	100.98	100.98	1/1/2022	12/31/9999
2026	43870	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
2027	44100	303.18	303.18	3/1/2020	12/31/2021	288.74	288.74	1/1/2022	12/31/9999
2028	44312	411.92	411.92	3/1/2020	12/31/2021	392.30	392.30	1/1/2022	12/31/9999
2029	44340	531.08	531.08	3/1/2020	12/31/2021	505.79	505.79	1/1/2022	12/31/9999
2030	44360	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999
2031	44361	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999
2032	44363	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999
2033	44364	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999
2034	44365	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999
2035	44366	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999
2036	44369	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999
2037	44370	1,133.53	1,133.53	3/1/2020	12/31/2021	1,079.55	1,079.55	1/1/2022	12/31/9999
2038	44372	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999
2039	44373	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999
2040	44376	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2041	44377	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999
2042	44378	388.78	388.78	3/1/2020	12/31/2021	370.27	370.27	1/1/2022	12/31/9999
2043	44379	1,133.53	1,133.53	3/1/2020	12/31/2021	1,079.55	1,079.55	1/1/2022	12/31/9999
2044	44380	312.71	312.71	3/1/2020	12/31/2021	297.82	297.82	1/1/2022	12/31/9999
2045	44381	418.09	418.09	3/1/2020	12/31/2021	398.18	398.18	1/1/2022	12/31/9999
2046	44382	312.71	312.71	3/1/2020	12/31/2021	297.82	297.82	1/1/2022	12/31/9999
2047	44384	418.09	418.09	3/1/2020	12/31/2021	398.18	398.18	1/1/2022	12/31/9999
2048	44385	306.39	306.39	3/1/2020	12/31/2021	291.80	291.80	1/1/2022	12/31/9999
2049	44386	306.39	306.39	3/1/2020	12/31/2021	291.80	291.80	1/1/2022	12/31/9999
2050	44388	306.39	306.39	3/1/2020	12/31/2021	291.80	291.80	1/1/2022	12/31/9999
2051	44389	306.39	306.39	3/1/2020	12/31/2021	291.80	291.80	1/1/2022	12/31/9999
2052	44390	306.39	306.39	3/1/2020	12/31/2021	291.80	291.80	1/1/2022	12/31/9999
2053	44391	306.39	306.39	3/1/2020	12/31/2021	291.80	291.80	1/1/2022	12/31/9999
2054	44392	306.39	306.39	3/1/2020	12/31/2021	291.80	291.80	1/1/2022	12/31/9999
2055	44394	306.39	306.39	3/1/2020	12/31/2021	291.80	291.80	1/1/2022	12/31/9999
2056	44401	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2057	44402	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2058	44403	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2059	44404	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2060	44405	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2061	44406	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2062	44407	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2063	44408	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2064	45000	311.49	311.49	3/1/2020	12/31/2021	296.66	296.66	1/1/2022	12/31/9999
2065	45005	401.65	401.65	3/1/2020	12/31/2021	382.52	382.52	1/1/2022	12/31/9999
2066	45020	401.65	401.65	3/1/2020	12/31/2021	382.52	382.52	1/1/2022	12/31/9999
2067	45100	435.51	435.51	3/1/2020	12/31/2021	414.77	414.77	1/1/2022	12/31/9999
2068	45108	511.58	511.58	3/1/2020	12/31/2021	487.22	487.22	1/1/2022	12/31/9999
2069	45150	511.58	511.58	3/1/2020	12/31/2021	487.22	487.22	1/1/2022	12/31/9999
2070	45160	511.58	511.58	3/1/2020	12/31/2021	487.22	487.22	1/1/2022	12/31/9999
2071	45171	509.16	509.16	3/1/2020	12/31/2021	484.91	484.91	1/1/2022	12/31/9999
2072	45172	864.72	864.72	3/1/2020	12/31/2021	823.54	823.54	1/1/2022	12/31/9999
2073	45190	1,112.76	1,112.76	3/1/2020	12/31/2021	1,059.77	1,059.77	1/1/2022	12/31/9999
2074	45300	59.48	59.48	3/1/2020	12/31/2021	56.65	56.65	1/1/2022	12/31/9999
2075	45303	323.43	323.43	3/1/2020	12/31/2021	308.03	308.03	1/1/2022	12/31/9999
2076	45305	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2077	45307	423.60	423.60	3/1/2020	12/31/2021	403.43	403.43	1/1/2022	12/31/9999
2078	45308	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2079	45309	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2080	45315	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2081	45317	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2082	45320	423.60	423.60	3/1/2020	12/31/2021	403.43	403.43	1/1/2022	12/31/9999
2083	45321	423.60	423.60	3/1/2020	12/31/2021	403.43	403.43	1/1/2022	12/31/9999
2084	45327	456.27	456.27	3/1/2020	12/31/2021	434.54	434.54	1/1/2022	12/31/9999
2085	45330	82.06	82.06	3/1/2020	12/31/2021	78.15	78.15	1/1/2022	12/31/9999
2086	45331	248.81	248.81	3/1/2020	12/31/2021	236.96	236.96	1/1/2022	12/31/9999
2087	45332	248.81	248.81	3/1/2020	12/31/2021	236.96	236.96	1/1/2022	12/31/9999
2088	45333	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2089	45334	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2090	45335	248.81	248.81	3/1/2020	12/31/2021	236.96	236.96	1/1/2022	12/31/9999
2091	45337	248.81	248.81	3/1/2020	12/31/2021	236.96	236.96	1/1/2022	12/31/9999
2092	45338	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2093	45340	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2094	45341	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2095	45342	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2096	45346	405.83	405.83	3/1/2020	12/31/2021	386.51	386.51	1/1/2022	12/31/9999
2097	45347	405.83	405.83	3/1/2020	12/31/2021	386.51	386.51	1/1/2022	12/31/9999
2098	45349	405.83	405.83	3/1/2020	12/31/2021	386.51	386.51	1/1/2022	12/31/9999
2099	45350	405.83	405.83	3/1/2020	12/31/2021	386.51	386.51	1/1/2022	12/31/9999
2100	45378	382.47	382.47	3/1/2020	12/31/2021	364.26	364.26	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2101	45379	382.47	382.47	3/1/2020	12/31/2021	364.26	364.26	1/1/2022	12/31/9999
2102	45380	382.47	382.47	3/1/2020	12/31/2021	364.26	364.26	1/1/2022	12/31/9999
2103	45381	382.47	382.47	3/1/2020	12/31/2021	364.26	364.26	1/1/2022	12/31/9999
2104	45382	382.47	382.47	3/1/2020	12/31/2021	364.26	364.26	1/1/2022	12/31/9999
2105	45384	382.47	382.47	3/1/2020	12/31/2021	364.26	364.26	1/1/2022	12/31/9999
2106	45385	382.47	382.47	3/1/2020	12/31/2021	364.26	364.26	1/1/2022	12/31/9999
2107	45386	382.47	382.47	3/1/2020	12/31/2021	364.26	364.26	1/1/2022	12/31/9999
2108	45388	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2109	45389	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2110	45390	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2111	45391	382.47	382.47	3/1/2020	12/31/2021	364.26	364.26	1/1/2022	12/31/9999
2112	45392	382.47	382.47	3/1/2020	12/31/2021	364.26	364.26	1/1/2022	12/31/9999
2113	45393	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2114	45398	387.41	387.41	3/1/2020	12/31/2021	368.96	368.96	1/1/2022	12/31/9999
2115	45500	511.58	511.58	3/1/2020	12/31/2021	487.22	487.22	1/1/2022	12/31/9999
2116	45505	580.47	580.47	3/1/2020	12/31/2021	552.83	552.83	1/1/2022	12/31/9999
2117	45560	580.47	580.47	3/1/2020	12/31/2021	552.83	552.83	1/1/2022	12/31/9999
2118	45900	254.63	254.63	3/1/2020	12/31/2021	242.50	242.50	1/1/2022	12/31/9999
2119	45905	435.51	435.51	3/1/2020	12/31/2021	414.77	414.77	1/1/2022	12/31/9999
2120	45910	435.51	435.51	3/1/2020	12/31/2021	414.77	414.77	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2121	45915	311.49	311.49	3/1/2020	12/31/2021	296.66	296.66	1/1/2022	12/31/9999
2122	45990	421.41	421.41	3/1/2020	12/31/2021	401.34	401.34	1/1/2022	12/31/9999
2123	46020	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999
2124	46030	254.63	254.63	3/1/2020	12/31/2021	242.50	242.50	1/1/2022	12/31/9999
2125	46040	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999
2126	46045	511.58	511.58	3/1/2020	12/31/2021	487.22	487.22	1/1/2022	12/31/9999
2127	46050	311.49	311.49	3/1/2020	12/31/2021	296.66	296.66	1/1/2022	12/31/9999
2128	46060	511.58	511.58	3/1/2020	12/31/2021	487.22	487.22	1/1/2022	12/31/9999
2129	46070	405.56	405.56	3/1/2020	12/31/2021	386.25	386.25	1/1/2022	12/31/9999
2130	46080	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999
2131	46083	74.61	74.61	3/1/2020	12/31/2021	71.06	71.06	1/1/2022	12/31/9999
2132	46200	511.58	511.58	3/1/2020	12/31/2021	487.22	487.22	1/1/2022	12/31/9999
2133	46220	435.51	435.51	3/1/2020	12/31/2021	414.77	414.77	1/1/2022	12/31/9999
2134	46221	109.06	109.06	3/1/2020	12/31/2021	103.87	103.87	1/1/2022	12/31/9999
2135	46230	435.51	435.51	3/1/2020	12/31/2021	414.77	414.77	1/1/2022	12/31/9999
2136	46250	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999
2137	46255	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999
2138	46257	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999
2139	46258	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999
2140	46260	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2141	46261	635.45	635.45	3/1/2020	12/31/2021	605.19	605.19	1/1/2022	12/31/9999
2142	46262	635.45	635.45	3/1/2020	12/31/2021	605.19	605.19	1/1/2022	12/31/9999
2143	46270	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999
2144	46275	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999
2145	46280	635.45	635.45	3/1/2020	12/31/2021	605.19	605.19	1/1/2022	12/31/9999
2146	46285	435.51	435.51	3/1/2020	12/31/2021	414.77	414.77	1/1/2022	12/31/9999
2147	46288	635.45	635.45	3/1/2020	12/31/2021	605.19	605.19	1/1/2022	12/31/9999
2148	46320	77.61	77.61	3/1/2020	12/31/2021	73.91	73.91	1/1/2022	12/31/9999
2149	46500	97.78	97.78	3/1/2020	12/31/2021	93.12	93.12	1/1/2022	12/31/9999
2150	46505	178.14	178.14	3/1/2020	12/31/2021	169.66	169.66	1/1/2022	12/31/9999
2151	46604	323.43	323.43	3/1/2020	12/31/2021	308.03	308.03	1/1/2022	12/31/9999
2152	46606	130.95	130.95	3/1/2020	12/31/2021	124.71	124.71	1/1/2022	12/31/9999
2153	46607	405.83	405.83	3/1/2020	12/31/2021	386.51	386.51	1/1/2022	12/31/9999
2154	46608	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2155	46610	423.60	423.60	3/1/2020	12/31/2021	403.43	403.43	1/1/2022	12/31/9999
2156	46611	305.04	305.04	3/1/2020	12/31/2021	290.51	290.51	1/1/2022	12/31/9999
2157	46612	423.60	423.60	3/1/2020	12/31/2021	403.43	403.43	1/1/2022	12/31/9999
2158	46614	72.82	72.82	3/1/2020	12/31/2021	69.35	69.35	1/1/2022	12/31/9999
2159	46615	499.66	499.66	3/1/2020	12/31/2021	475.87	475.87	1/1/2022	12/31/9999
2160	46700	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
2161 46706	504.40	504.40	3/1/2020	12/31/2021	480.38	480.38	1/1/2022	12/31/9999
2162 46707	1,160.94	1,160.94	3/1/2020	12/31/2021	1,105.66	1,105.66	1/1/2022	12/31/9999
2163 46750	623.55	623.55	3/1/2020	12/31/2021	593.86	593.86	1/1/2022	12/31/9999
2164 46753	554.66	554.66	3/1/2020	12/31/2021	528.25	528.25	1/1/2022	12/31/9999
2165 46754	511.58	511.58	3/1/2020	12/31/2021	487.22	487.22	1/1/2022	12/31/9999
2166 46760	580.47	580.47	3/1/2020	12/31/2021	552.83	552.83	1/1/2022	12/31/9999
2167 46761	623.55	623.55	3/1/2020	12/31/2021	593.86	593.86	1/1/2022	12/31/9999
2168 46900	98.87	98.87	3/1/2020	12/31/2021	94.16	94.16	1/1/2022	12/31/9999
2169 46910	115.90	115.90	3/1/2020	12/31/2021	110.38	110.38	1/1/2022	12/31/9999
2170 46916	54.24	54.24	3/1/2020	12/31/2021	51.66	51.66	1/1/2022	12/31/9999
2171 46917	409.10	409.10	3/1/2020	12/31/2021	389.62	389.62	1/1/2022	12/31/9999
2172 46922	409.10	409.10	3/1/2020	12/31/2021	389.62	389.62	1/1/2022	12/31/9999
2173 46924	409.10	409.10	3/1/2020	12/31/2021	389.62	389.62	1/1/2022	12/31/9999
2174 46930	119.82	119.82	3/1/2020	12/31/2021	114.11	114.11	1/1/2022	12/31/9999
2175 46940	82.73	82.73	3/1/2020	12/31/2021	78.79	78.79	1/1/2022	12/31/9999
2176 46942	79.32	79.32	3/1/2020	12/31/2021	75.54	75.54	1/1/2022	12/31/9999
2177 46945	137.77	137.77	3/1/2020	12/31/2021	131.21	131.21	1/1/2022	12/31/9999
2178 46946	325.57	325.57	3/1/2020	12/31/2021	310.07	310.07	1/1/2022	12/31/9999
2179 46947	950.06	950.06	3/1/2020	12/31/2021	904.82	904.82	1/1/2022	12/31/9999
2180 47000	310.92	310.92	3/1/2020	12/31/2021	296.11	296.11	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
2181 47382	1,597.91	1,597.91	3/1/2020	12/31/2021	1,521.82	1,521.82	1/1/2022	12/31/9999
2182 47383	2,008.96	2,008.96	3/1/2020	12/31/2021	1,913.29	1,913.29	1/1/2022	12/31/9999
2183 47533	1,214.37	1,214.37	3/1/2020	12/31/2021	1,156.54	1,156.54	1/1/2022	12/31/9999
2184 47534	1,214.37	1,214.37	3/1/2020	12/31/2021	1,156.54	1,156.54	1/1/2022	12/31/9999
2185 47535	1,214.37	1,214.37	3/1/2020	12/31/2021	1,156.54	1,156.54	1/1/2022	12/31/9999
2186 47536	1,214.37	1,214.37	3/1/2020	12/31/2021	1,156.54	1,156.54	1/1/2022	12/31/9999
2187 47537	269.32	269.32	3/1/2020	12/31/2021	256.49	256.49	1/1/2022	12/31/9999
2188 47538	2,297.10	2,297.10	3/1/2020	12/31/2021	2,187.72	2,187.72	1/1/2022	12/31/9999
2189 47539	2,297.10	2,297.10	3/1/2020	12/31/2021	2,187.72	2,187.72	1/1/2022	12/31/9999
2190 47540	2,297.10	2,297.10	3/1/2020	12/31/2021	2,187.72	2,187.72	1/1/2022	12/31/9999
2191 47541	1,214.37	1,214.37	3/1/2020	12/31/2021	1,156.54	1,156.54	1/1/2022	12/31/9999
2192 47552	566.78	566.78	3/1/2020	12/31/2021	539.79	539.79	1/1/2022	12/31/9999
2193 47553	609.87	609.87	3/1/2020	12/31/2021	580.83	580.83	1/1/2022	12/31/9999
2194 47554	609.87	609.87	3/1/2020	12/31/2021	580.83	580.83	1/1/2022	12/31/9999
2195 47555	609.87	609.87	3/1/2020	12/31/2021	580.83	580.83	1/1/2022	12/31/9999
2196 47556	1,105.26	1,105.26	3/1/2020	12/31/2021	1,052.63	1,052.63	1/1/2022	12/31/9999
2197 47562	1,692.08	1,692.08	3/1/2020	12/31/2021	1,611.50	1,611.50	1/1/2022	12/31/9999
2198 47563	1,692.08	1,692.08	3/1/2020	12/31/2021	1,611.50	1,611.50	1/1/2022	12/31/9999
2199 48102	310.92	310.92	3/1/2020	12/31/2021	296.11	296.11	1/1/2022	12/31/9999
2200 49082	194.78	194.78	3/1/2020	12/31/2021	185.50	185.50	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2201	49083	194.78	194.78	3/1/2020	12/31/2021	185.50	185.50	1/1/2022	12/31/9999
2202	49084	194.78	194.78	3/1/2020	12/31/2021	185.50	185.50	1/1/2022	12/31/9999
2203	49180	310.92	310.92	3/1/2020	12/31/2021	296.11	296.11	1/1/2022	12/31/9999
2204	49250	662.85	662.85	3/1/2020	12/31/2021	631.29	631.29	1/1/2022	12/31/9999
2205	49320	662.91	662.91	3/1/2020	12/31/2021	631.34	631.34	1/1/2022	12/31/9999
2206	49321	743.69	743.69	3/1/2020	12/31/2021	708.28	708.28	1/1/2022	12/31/9999
2207	49322	743.69	743.69	3/1/2020	12/31/2021	708.28	708.28	1/1/2022	12/31/9999
2208	49402	538.98	538.98	3/1/2020	12/31/2021	513.31	513.31	1/1/2022	12/31/9999
2209	49407	377.88	377.88	3/1/2020	12/31/2021	359.89	359.89	1/1/2022	12/31/9999
2210	49418	1,066.99	1,066.99	3/1/2020	12/31/2021	1,016.18	1,016.18	1/1/2022	12/31/9999
2211	49419	500.08	500.08	3/1/2020	12/31/2021	476.27	476.27	1/1/2022	12/31/9999
2212	49421	509.49	509.49	3/1/2020	12/31/2021	485.23	485.23	1/1/2022	12/31/9999
2213	49422	446.96	446.96	3/1/2020	12/31/2021	425.68	425.68	1/1/2022	12/31/9999
2214	49423	570.61	570.61	3/1/2020	12/31/2021	543.44	543.44	1/1/2022	12/31/9999
2215	49426	538.98	538.98	3/1/2020	12/31/2021	513.31	513.31	1/1/2022	12/31/9999
2216	49429	891.17	891.17	3/1/2020	12/31/2021	848.73	848.73	1/1/2022	12/31/9999
2217	49495	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2218	49496	709.15	709.15	3/1/2020	12/31/2021	675.38	675.38	1/1/2022	12/31/9999
2219	49500	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2220	49501	1,186.46	1,186.46	3/1/2020	12/31/2021	1,129.96	1,129.96	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2221	49505	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2222	49507	1,186.46	1,186.46	3/1/2020	12/31/2021	1,129.96	1,129.96	1/1/2022	12/31/9999
2223	49520	954.88	954.88	3/1/2020	12/31/2021	909.41	909.41	1/1/2022	12/31/9999
2224	49521	1,186.46	1,186.46	3/1/2020	12/31/2021	1,129.96	1,129.96	1/1/2022	12/31/9999
2225	49525	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2226	49540	585.27	585.27	3/1/2020	12/31/2021	557.40	557.40	1/1/2022	12/31/9999
2227	49550	767.72	767.72	3/1/2020	12/31/2021	731.16	731.16	1/1/2022	12/31/9999
2228	49553	1,186.46	1,186.46	3/1/2020	12/31/2021	1,129.96	1,129.96	1/1/2022	12/31/9999
2229	49555	767.72	767.72	3/1/2020	12/31/2021	731.16	731.16	1/1/2022	12/31/9999
2230	49557	1,186.46	1,186.46	3/1/2020	12/31/2021	1,129.96	1,129.96	1/1/2022	12/31/9999
2231	49560	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2232	49561	1,186.46	1,186.46	3/1/2020	12/31/2021	1,129.96	1,129.96	1/1/2022	12/31/9999
2233	49565	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2234	49566	1,186.46	1,186.46	3/1/2020	12/31/2021	1,129.96	1,129.96	1/1/2022	12/31/9999
2235	49570	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2236	49572	1,186.46	1,186.46	3/1/2020	12/31/2021	1,129.96	1,129.96	1/1/2022	12/31/9999
2237	49580	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2238	49582	1,186.46	1,186.46	3/1/2020	12/31/2021	1,129.96	1,129.96	1/1/2022	12/31/9999
2239	49585	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2240	49587	1,186.46	1,186.46	3/1/2020	12/31/2021	1,129.96	1,129.96	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule  
( Last Updated August 24, 2022 )  
TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2241	49590	628.36	628.36	3/1/2020	12/31/2021	598.44	598.44	1/1/2022	12/31/9999
2242	49650	847.14	847.14	3/1/2020	12/31/2021	806.80	806.80	1/1/2022	12/31/9999
2243	49651	1,092.87	1,092.87	3/1/2020	12/31/2021	1,040.83	1,040.83	1/1/2022	12/31/9999
2244	49652	628.72	628.72	3/1/2020	12/31/2021	598.78	598.78	1/1/2022	12/31/9999
2245	49653	785.58	785.58	3/1/2020	12/31/2021	748.17	748.17	1/1/2022	12/31/9999
2246	49654	722.60	722.60	3/1/2020	12/31/2021	688.19	688.19	1/1/2022	12/31/9999
2247	49655	869.80	869.80	3/1/2020	12/31/2021	828.38	828.38	1/1/2022	12/31/9999
2248	49656	725.20	725.20	3/1/2020	12/31/2021	690.67	690.67	1/1/2022	12/31/9999
2249	49657	1,047.52	1,047.52	3/1/2020	12/31/2021	997.64	997.64	1/1/2022	12/31/9999
2250	50200	310.92	310.92	3/1/2020	12/31/2021	296.11	296.11	1/1/2022	12/31/9999
2251	50382	920.70	920.70	3/1/2020	12/31/2021	876.86	876.86	1/1/2022	12/31/9999
2252	50384	666.77	666.77	3/1/2020	12/31/2021	635.02	635.02	1/1/2022	12/31/9999
2253	50387	570.61	570.61	3/1/2020	12/31/2021	543.44	543.44	1/1/2022	12/31/9999
2254	50389	222.00	222.00	3/1/2020	12/31/2021	211.43	211.43	1/1/2022	12/31/9999
2255	50390	310.92	310.92	3/1/2020	12/31/2021	296.11	296.11	1/1/2022	12/31/9999
2256	50391	38.48	38.48	3/1/2020	12/31/2021	36.65	36.65	1/1/2022	12/31/9999
2257	50396	107.18	107.18	3/1/2020	12/31/2021	102.08	102.08	1/1/2022	12/31/9999
2258	50432	840.26	840.26	3/1/2020	12/31/2021	800.25	800.25	1/1/2022	12/31/9999
2259	50433	840.26	840.26	3/1/2020	12/31/2021	800.25	800.25	1/1/2022	12/31/9999
2260	50434	292.55	292.55	3/1/2020	12/31/2021	278.62	278.62	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2261	50435	292.55	292.55	3/1/2020	12/31/2021	278.62	278.62	1/1/2022	12/31/9999
2262	50436	698.80	698.80	3/1/2020	12/31/2021	665.52	665.52	1/1/2022	12/31/9999
2263	50437	1,217.41	1,217.41	3/1/2020	12/31/2021	1,159.44	1,159.44	1/1/2022	12/31/9999
2264	50551	279.68	279.68	3/1/2020	12/31/2021	266.36	266.36	1/1/2022	12/31/9999
2265	50553	454.37	454.37	3/1/2020	12/31/2021	432.73	432.73	1/1/2022	12/31/9999
2266	50555	279.68	279.68	3/1/2020	12/31/2021	266.36	266.36	1/1/2022	12/31/9999
2267	50557	454.37	454.37	3/1/2020	12/31/2021	432.73	432.73	1/1/2022	12/31/9999
2268	50561	454.37	454.37	3/1/2020	12/31/2021	432.73	432.73	1/1/2022	12/31/9999
2269	50562	222.00	222.00	3/1/2020	12/31/2021	211.43	211.43	1/1/2022	12/31/9999
2270	50570	221.99	221.99	3/1/2020	12/31/2021	211.42	211.42	1/1/2022	12/31/9999
2271	50572	221.99	221.99	3/1/2020	12/31/2021	211.42	211.42	1/1/2022	12/31/9999
2272	50574	221.99	221.99	3/1/2020	12/31/2021	211.42	211.42	1/1/2022	12/31/9999
2273	50575	1,340.72	1,340.72	3/1/2020	12/31/2021	1,276.88	1,276.88	1/1/2022	12/31/9999
2274	50576	666.77	666.77	3/1/2020	12/31/2021	635.02	635.02	1/1/2022	12/31/9999
2275	50580	666.77	666.77	3/1/2020	12/31/2021	635.02	635.02	1/1/2022	12/31/9999
2276	50590	1,543.35	1,543.35	3/1/2020	12/31/2021	1,469.86	1,469.86	1/1/2022	12/31/9999
2277	50592	334.65	334.65	3/1/2020	12/31/2021	318.71	318.71	1/1/2022	12/31/9999
2278	50686	38.48	38.48	3/1/2020	12/31/2021	36.65	36.65	1/1/2022	12/31/9999
2279	50688	366.83	366.83	3/1/2020	12/31/2021	349.36	349.36	1/1/2022	12/31/9999
2280	50693	1,251.39	1,251.39	3/1/2020	12/31/2021	1,191.80	1,191.80	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2281	50694	1,251.39	1,251.39	3/1/2020	12/31/2021	1,191.80	1,191.80	1/1/2022	12/31/9999
2282	50695	1,251.39	1,251.39	3/1/2020	12/31/2021	1,191.80	1,191.80	1/1/2022	12/31/9999
2283	50947	1,324.47	1,324.47	3/1/2020	12/31/2021	1,261.40	1,261.40	1/1/2022	12/31/9999
2284	50948	1,324.47	1,324.47	3/1/2020	12/31/2021	1,261.40	1,261.40	1/1/2022	12/31/9999
2285	50951	279.68	279.68	3/1/2020	12/31/2021	266.36	266.36	1/1/2022	12/31/9999
2286	50953	279.68	279.68	3/1/2020	12/31/2021	266.36	266.36	1/1/2022	12/31/9999
2287	50955	454.37	454.37	3/1/2020	12/31/2021	432.73	432.73	1/1/2022	12/31/9999
2288	50957	454.37	454.37	3/1/2020	12/31/2021	432.73	432.73	1/1/2022	12/31/9999
2289	50961	454.37	454.37	3/1/2020	12/31/2021	432.73	432.73	1/1/2022	12/31/9999
2290	50970	279.68	279.68	3/1/2020	12/31/2021	266.36	266.36	1/1/2022	12/31/9999
2291	50972	279.68	279.68	3/1/2020	12/31/2021	266.36	266.36	1/1/2022	12/31/9999
2292	50974	390.87	390.87	3/1/2020	12/31/2021	372.26	372.26	1/1/2022	12/31/9999
2293	50976	390.87	390.87	3/1/2020	12/31/2021	372.26	372.26	1/1/2022	12/31/9999
2294	50980	454.37	454.37	3/1/2020	12/31/2021	432.73	432.73	1/1/2022	12/31/9999
2295	51020	654.31	654.31	3/1/2020	12/31/2021	623.15	623.15	1/1/2022	12/31/9999
2296	51030	654.31	654.31	3/1/2020	12/31/2021	623.15	623.15	1/1/2022	12/31/9999
2297	51040	654.31	654.31	3/1/2020	12/31/2021	623.15	623.15	1/1/2022	12/31/9999
2298	51045	324.28	324.28	3/1/2020	12/31/2021	308.84	308.84	1/1/2022	12/31/9999
2299	51050	654.30	654.30	3/1/2020	12/31/2021	623.14	623.14	1/1/2022	12/31/9999
2300	51065	654.30	654.30	3/1/2020	12/31/2021	623.14	623.14	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2301	51080	394.38	394.38	3/1/2020	12/31/2021	375.60	375.60	1/1/2022	12/31/9999
2302	51500	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2303	51520	654.30	654.30	3/1/2020	12/31/2021	623.14	623.14	1/1/2022	12/31/9999
2304	51700	52.98	52.98	3/1/2020	12/31/2021	50.46	50.46	1/1/2022	12/31/9999
2305	51703	38.48	38.48	3/1/2020	12/31/2021	36.65	36.65	1/1/2022	12/31/9999
2306	51705	73.50	73.50	3/1/2020	12/31/2021	70.00	70.00	1/1/2022	12/31/9999
2307	51710	366.83	366.83	3/1/2020	12/31/2021	349.36	349.36	1/1/2022	12/31/9999
2308	51715	620.08	620.08	3/1/2020	12/31/2021	590.55	590.55	1/1/2022	12/31/9999
2309	51720	57.44	57.44	3/1/2020	12/31/2021	54.70	54.70	1/1/2022	12/31/9999
2310	51725	113.23	113.23	3/1/2020	12/31/2021	107.84	107.84	1/1/2022	12/31/9999
2311	51726	169.34	169.34	3/1/2020	12/31/2021	161.28	161.28	1/1/2022	12/31/9999
2312	51727	108.99	108.99	3/1/2020	12/31/2021	103.80	103.80	1/1/2022	12/31/9999
2313	51728	108.99	108.99	3/1/2020	12/31/2021	103.80	103.80	1/1/2022	12/31/9999
2314	51729	108.99	108.99	3/1/2020	12/31/2021	103.80	103.80	1/1/2022	12/31/9999
2315	51784	38.48	38.48	3/1/2020	12/31/2021	36.65	36.65	1/1/2022	12/31/9999
2316	51785	63.69	63.69	3/1/2020	12/31/2021	60.66	60.66	1/1/2022	12/31/9999
2317	51880	454.37	454.37	3/1/2020	12/31/2021	432.73	432.73	1/1/2022	12/31/9999
2318	52000	279.68	279.68	3/1/2020	12/31/2021	266.36	266.36	1/1/2022	12/31/9999
2319	52001	435.48	435.48	3/1/2020	12/31/2021	414.74	414.74	1/1/2022	12/31/9999
2320	52005	466.95	466.95	3/1/2020	12/31/2021	444.71	444.71	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2321	52007	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2322	52010	324.28	324.28	3/1/2020	12/31/2021	308.84	308.84	1/1/2022	12/31/9999
2323	52204	466.95	466.95	3/1/2020	12/31/2021	444.71	444.71	1/1/2022	12/31/9999
2324	52214	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2325	52224	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2326	52234	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2327	52235	573.51	573.51	3/1/2020	12/31/2021	546.20	546.20	1/1/2022	12/31/9999
2328	52240	573.51	573.51	3/1/2020	12/31/2021	546.20	546.20	1/1/2022	12/31/9999
2329	52250	654.31	654.31	3/1/2020	12/31/2021	623.15	623.15	1/1/2022	12/31/9999
2330	52260	466.95	466.95	3/1/2020	12/31/2021	444.71	444.71	1/1/2022	12/31/9999
2331	52265	221.99	221.99	3/1/2020	12/31/2021	211.42	211.42	1/1/2022	12/31/9999
2332	52270	466.95	466.95	3/1/2020	12/31/2021	444.71	444.71	1/1/2022	12/31/9999
2333	52275	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2334	52276	573.51	573.51	3/1/2020	12/31/2021	546.20	546.20	1/1/2022	12/31/9999
2335	52277	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2336	52281	466.95	466.95	3/1/2020	12/31/2021	444.71	444.71	1/1/2022	12/31/9999
2337	52282	1,236.62	1,236.62	3/1/2020	12/31/2021	1,177.73	1,177.73	1/1/2022	12/31/9999
2338	52283	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2339	52285	466.95	466.95	3/1/2020	12/31/2021	444.71	444.71	1/1/2022	12/31/9999
2340	52287	533.48	533.48	3/1/2020	12/31/2021	508.08	508.08	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2341	52290	466.95	466.95	3/1/2020	12/31/2021	444.71	444.71	1/1/2022	12/31/9999
2342	52300	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2343	52301	573.51	573.51	3/1/2020	12/31/2021	546.20	546.20	1/1/2022	12/31/9999
2344	52305	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2345	52310	435.48	435.48	3/1/2020	12/31/2021	414.74	414.74	1/1/2022	12/31/9999
2346	52315	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2347	52317	454.37	454.37	3/1/2020	12/31/2021	432.73	432.73	1/1/2022	12/31/9999
2348	52318	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2349	52320	712.87	712.87	3/1/2020	12/31/2021	678.92	678.92	1/1/2022	12/31/9999
2350	52325	654.31	654.31	3/1/2020	12/31/2021	623.15	623.15	1/1/2022	12/31/9999
2351	52327	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2352	52330	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2353	52332	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2354	52334	573.51	573.51	3/1/2020	12/31/2021	546.20	546.20	1/1/2022	12/31/9999
2355	52341	573.52	573.52	3/1/2020	12/31/2021	546.21	546.21	1/1/2022	12/31/9999
2356	52342	573.52	573.52	3/1/2020	12/31/2021	546.21	546.21	1/1/2022	12/31/9999
2357	52343	573.52	573.52	3/1/2020	12/31/2021	546.21	546.21	1/1/2022	12/31/9999
2358	52344	573.52	573.52	3/1/2020	12/31/2021	546.21	546.21	1/1/2022	12/31/9999
2359	52345	573.52	573.52	3/1/2020	12/31/2021	546.21	546.21	1/1/2022	12/31/9999
2360	52346	573.52	573.52	3/1/2020	12/31/2021	546.21	546.21	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2361	52351	573.51	573.51	3/1/2020	12/31/2021	546.20	546.20	1/1/2022	12/31/9999
2362	52352	654.31	654.31	3/1/2020	12/31/2021	623.15	623.15	1/1/2022	12/31/9999
2363	52353	759.31	759.31	3/1/2020	12/31/2021	723.15	723.15	1/1/2022	12/31/9999
2364	52354	654.31	654.31	3/1/2020	12/31/2021	623.15	623.15	1/1/2022	12/31/9999
2365	52355	654.30	654.30	3/1/2020	12/31/2021	623.14	623.14	1/1/2022	12/31/9999
2366	52356	1,647.82	1,647.82	3/1/2020	12/31/2021	1,569.35	1,569.35	1/1/2022	12/31/9999
2367	52400	573.51	573.51	3/1/2020	12/31/2021	546.20	546.20	1/1/2022	12/31/9999
2368	52450	573.51	573.51	3/1/2020	12/31/2021	546.20	546.20	1/1/2022	12/31/9999
2369	52500	573.51	573.51	3/1/2020	12/31/2021	546.20	546.20	1/1/2022	12/31/9999
2370	52601	759.31	759.31	3/1/2020	12/31/2021	723.15	723.15	1/1/2022	12/31/9999
2371	52630	635.44	635.44	3/1/2020	12/31/2021	605.18	605.18	1/1/2022	12/31/9999
2372	52640	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2373	52647	1,321.43	1,321.43	3/1/2020	12/31/2021	1,258.50	1,258.50	1/1/2022	12/31/9999
2374	52648	1,321.43	1,321.43	3/1/2020	12/31/2021	1,258.50	1,258.50	1/1/2022	12/31/9999
2375	52700	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2376	53000	402.10	402.10	3/1/2020	12/31/2021	382.95	382.95	1/1/2022	12/31/9999
2377	53010	402.10	402.10	3/1/2020	12/31/2021	382.95	382.95	1/1/2022	12/31/9999
2378	53020	402.10	402.10	3/1/2020	12/31/2021	382.95	382.95	1/1/2022	12/31/9999
2379	53025	711.69	711.69	3/1/2020	12/31/2021	677.80	677.80	1/1/2022	12/31/9999
2380	53040	478.17	478.17	3/1/2020	12/31/2021	455.40	455.40	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2381	53060	71.45	71.45	3/1/2020	12/31/2021	68.05	68.05	1/1/2022	12/31/9999
2382	53080	521.26	521.26	3/1/2020	12/31/2021	496.44	496.44	1/1/2022	12/31/9999
2383	53085	711.68	711.68	3/1/2020	12/31/2021	677.79	677.79	1/1/2022	12/31/9999
2384	53200	402.10	402.10	3/1/2020	12/31/2021	382.95	382.95	1/1/2022	12/31/9999
2385	53210	759.44	759.44	3/1/2020	12/31/2021	723.28	723.28	1/1/2022	12/31/9999
2386	53215	660.61	660.61	3/1/2020	12/31/2021	629.15	629.15	1/1/2022	12/31/9999
2387	53220	577.01	577.01	3/1/2020	12/31/2021	549.53	549.53	1/1/2022	12/31/9999
2388	53230	577.01	577.01	3/1/2020	12/31/2021	549.53	549.53	1/1/2022	12/31/9999
2389	53235	521.25	521.25	3/1/2020	12/31/2021	496.43	496.43	1/1/2022	12/31/9999
2390	53240	577.01	577.01	3/1/2020	12/31/2021	549.53	549.53	1/1/2022	12/31/9999
2391	53250	478.17	478.17	3/1/2020	12/31/2021	455.40	455.40	1/1/2022	12/31/9999
2392	53260	478.17	478.17	3/1/2020	12/31/2021	455.40	455.40	1/1/2022	12/31/9999
2393	53265	478.17	478.17	3/1/2020	12/31/2021	455.40	455.40	1/1/2022	12/31/9999
2394	53270	478.18	478.18	3/1/2020	12/31/2021	455.41	455.41	1/1/2022	12/31/9999
2395	53275	478.17	478.17	3/1/2020	12/31/2021	455.40	455.40	1/1/2022	12/31/9999
2396	53400	620.09	620.09	3/1/2020	12/31/2021	590.56	590.56	1/1/2022	12/31/9999
2397	53405	577.01	577.01	3/1/2020	12/31/2021	549.53	549.53	1/1/2022	12/31/9999
2398	53410	577.01	577.01	3/1/2020	12/31/2021	549.53	549.53	1/1/2022	12/31/9999
2399	53420	620.09	620.09	3/1/2020	12/31/2021	590.56	590.56	1/1/2022	12/31/9999
2400	53425	577.01	577.01	3/1/2020	12/31/2021	549.53	549.53	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2401	53430	577.01	577.01	3/1/2020	12/31/2021	549.53	549.53	1/1/2022	12/31/9999
2402	53431	577.00	577.00	3/1/2020	12/31/2021	549.52	549.52	1/1/2022	12/31/9999
2403	53440	3,142.14	3,142.14	3/1/2020	12/31/2021	2,992.51	2,992.51	1/1/2022	12/31/9999
2404	53442	500.92	500.92	3/1/2020	12/31/2021	477.07	477.07	1/1/2022	12/31/9999
2405	53444	3,142.14	3,142.14	3/1/2020	12/31/2021	2,992.51	2,992.51	1/1/2022	12/31/9999
2406	53445	5,947.43	5,947.43	3/1/2020	12/31/2021	5,664.22	5,664.22	1/1/2022	12/31/9999
2407	53446	500.92	500.92	3/1/2020	12/31/2021	477.07	477.07	1/1/2022	12/31/9999
2408	53447	5,947.43	5,947.43	3/1/2020	12/31/2021	5,664.22	5,664.22	1/1/2022	12/31/9999
2409	53449	500.92	500.92	3/1/2020	12/31/2021	477.07	477.07	1/1/2022	12/31/9999
2410	53450	500.92	500.92	3/1/2020	12/31/2021	477.07	477.07	1/1/2022	12/31/9999
2411	53460	402.10	402.10	3/1/2020	12/31/2021	382.95	382.95	1/1/2022	12/31/9999
2412	53502	478.17	478.17	3/1/2020	12/31/2021	455.40	455.40	1/1/2022	12/31/9999
2413	53505	577.01	577.01	3/1/2020	12/31/2021	549.53	549.53	1/1/2022	12/31/9999
2414	53510	478.17	478.17	3/1/2020	12/31/2021	455.40	455.40	1/1/2022	12/31/9999
2415	53515	577.01	577.01	3/1/2020	12/31/2021	549.53	549.53	1/1/2022	12/31/9999
2416	53520	577.01	577.01	3/1/2020	12/31/2021	549.53	549.53	1/1/2022	12/31/9999
2417	53600	38.97	38.97	3/1/2020	12/31/2021	37.11	37.11	1/1/2022	12/31/9999
2418	53605	466.95	466.95	3/1/2020	12/31/2021	444.71	444.71	1/1/2022	12/31/9999
2419	53620	63.24	63.24	3/1/2020	12/31/2021	60.23	60.23	1/1/2022	12/31/9999
2420	53621	66.33	66.33	3/1/2020	12/31/2021	63.17	63.17	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2421	53660	38.48	38.48	3/1/2020	12/31/2021	36.65	36.65	1/1/2022	12/31/9999
2422	53665	402.10	402.10	3/1/2020	12/31/2021	382.95	382.95	1/1/2022	12/31/9999
2423	53850	1,679.91	1,679.91	3/1/2020	12/31/2021	1,599.91	1,599.91	1/1/2022	12/31/9999
2424	53852	1,679.91	1,679.91	3/1/2020	12/31/2021	1,599.91	1,599.91	1/1/2022	12/31/9999
2425	53855	72.85	72.85	3/1/2020	12/31/2021	69.38	69.38	1/1/2022	12/31/9999
2426	54000	478.18	478.18	3/1/2020	12/31/2021	455.41	455.41	1/1/2022	12/31/9999
2427	54001	478.17	478.17	3/1/2020	12/31/2021	455.40	455.40	1/1/2022	12/31/9999
2428	54015	594.32	594.32	3/1/2020	12/31/2021	566.02	566.02	1/1/2022	12/31/9999
2429	54055	60.50	60.50	3/1/2020	12/31/2021	57.62	57.62	1/1/2022	12/31/9999
2430	54057	409.10	409.10	3/1/2020	12/31/2021	389.62	389.62	1/1/2022	12/31/9999
2431	54060	409.10	409.10	3/1/2020	12/31/2021	389.62	389.62	1/1/2022	12/31/9999
2432	54065	409.10	409.10	3/1/2020	12/31/2021	389.62	389.62	1/1/2022	12/31/9999
2433	54100	373.77	373.77	3/1/2020	12/31/2021	355.97	355.97	1/1/2022	12/31/9999
2434	54105	420.30	420.30	3/1/2020	12/31/2021	400.29	400.29	1/1/2022	12/31/9999
2435	54110	615.50	615.50	3/1/2020	12/31/2021	586.19	586.19	1/1/2022	12/31/9999
2436	54111	615.50	615.50	3/1/2020	12/31/2021	586.19	586.19	1/1/2022	12/31/9999
2437	54112	615.50	615.50	3/1/2020	12/31/2021	586.19	586.19	1/1/2022	12/31/9999
2438	54115	394.38	394.38	3/1/2020	12/31/2021	375.60	375.60	1/1/2022	12/31/9999
2439	54120	615.50	615.50	3/1/2020	12/31/2021	586.19	586.19	1/1/2022	12/31/9999
2440	54150	431.60	431.60	3/1/2020	12/31/2021	411.05	411.05	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2441	54160	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2442	54161	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2443	54162	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2444	54163	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2445	54164	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2446	54200	65.30	65.30	3/1/2020	12/31/2021	62.19	62.19	1/1/2022	12/31/9999
2447	54205	739.36	739.36	3/1/2020	12/31/2021	704.15	704.15	1/1/2022	12/31/9999
2448	54220	107.18	107.18	3/1/2020	12/31/2021	102.08	102.08	1/1/2022	12/31/9999
2449	54240	27.69	27.69	3/1/2020	12/31/2021	26.37	26.37	1/1/2022	12/31/9999
2450	54300	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2451	54304	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2452	54308	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2453	54312	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2454	54316	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2455	54318	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2456	54322	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2457	54324	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2458	54326	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2459	54328	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2460	54340	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2461	54344	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2462	54348	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2463	54352	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2464	54360	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2465	54380	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2466	54385	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2467	54406	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2468	54415	658.58	658.58	3/1/2020	12/31/2021	627.22	627.22	1/1/2022	12/31/9999
2469	54420	739.36	739.36	3/1/2020	12/31/2021	704.15	704.15	1/1/2022	12/31/9999
2470	54435	739.36	739.36	3/1/2020	12/31/2021	704.15	704.15	1/1/2022	12/31/9999
2471	54437	840.26	840.26	3/1/2020	12/31/2021	800.25	800.25	1/1/2022	12/31/9999
2472	54440	739.36	739.36	3/1/2020	12/31/2021	704.15	704.15	1/1/2022	12/31/9999
2473	54450	169.34	169.34	3/1/2020	12/31/2021	161.28	161.28	1/1/2022	12/31/9999
2474	54500	350.31	350.31	3/1/2020	12/31/2021	333.63	333.63	1/1/2022	12/31/9999
2475	54505	431.60	431.60	3/1/2020	12/31/2021	411.05	411.05	1/1/2022	12/31/9999
2476	54512	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2477	54520	550.76	550.76	3/1/2020	12/31/2021	524.53	524.53	1/1/2022	12/31/9999
2478	54522	550.76	550.76	3/1/2020	12/31/2021	524.53	524.53	1/1/2022	12/31/9999
2479	54530	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2480	54550	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2481	54560	829.65	829.65	3/1/2020	12/31/2021	790.14	790.14	1/1/2022	12/31/9999
2482	54600	631.54	631.54	3/1/2020	12/31/2021	601.47	601.47	1/1/2022	12/31/9999
2483	54620	550.76	550.76	3/1/2020	12/31/2021	524.53	524.53	1/1/2022	12/31/9999
2484	54640	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2485	54670	550.76	550.76	3/1/2020	12/31/2021	524.53	524.53	1/1/2022	12/31/9999
2486	54680	550.76	550.76	3/1/2020	12/31/2021	524.53	524.53	1/1/2022	12/31/9999
2487	54690	1,324.47	1,324.47	3/1/2020	12/31/2021	1,261.40	1,261.40	1/1/2022	12/31/9999
2488	54692	2,588.93	2,588.93	3/1/2020	12/31/2021	2,465.65	2,465.65	1/1/2022	12/31/9999
2489	54700	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2490	54800	125.81	125.81	3/1/2020	12/31/2021	119.82	119.82	1/1/2022	12/31/9999
2491	54830	550.76	550.76	3/1/2020	12/31/2021	524.53	524.53	1/1/2022	12/31/9999
2492	54840	631.54	631.54	3/1/2020	12/31/2021	601.47	601.47	1/1/2022	12/31/9999
2493	54860	550.76	550.76	3/1/2020	12/31/2021	524.53	524.53	1/1/2022	12/31/9999
2494	54861	631.54	631.54	3/1/2020	12/31/2021	601.47	601.47	1/1/2022	12/31/9999
2495	54865	431.60	431.60	3/1/2020	12/31/2021	411.05	411.05	1/1/2022	12/31/9999
2496	55000	67.01	67.01	3/1/2020	12/31/2021	63.82	63.82	1/1/2022	12/31/9999
2497	55040	628.36	628.36	3/1/2020	12/31/2021	598.44	598.44	1/1/2022	12/31/9999
2498	55041	767.72	767.72	3/1/2020	12/31/2021	731.16	731.16	1/1/2022	12/31/9999
2499	55060	631.54	631.54	3/1/2020	12/31/2021	601.47	601.47	1/1/2022	12/31/9999
2500	55100	331.58	331.58	3/1/2020	12/31/2021	315.79	315.79	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2501	55110	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2502	55120	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2503	55150	431.60	431.60	3/1/2020	12/31/2021	411.05	411.05	1/1/2022	12/31/9999
2504	55175	431.60	431.60	3/1/2020	12/31/2021	411.05	411.05	1/1/2022	12/31/9999
2505	55180	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2506	55200	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2507	55250	507.66	507.66	3/1/2020	12/31/2021	483.49	483.49	1/1/2022	12/31/9999
2508	55400	431.60	431.60	3/1/2020	12/31/2021	411.05	411.05	1/1/2022	12/31/9999
2509	55500	550.76	550.76	3/1/2020	12/31/2021	524.53	524.53	1/1/2022	12/31/9999
2510	55520	631.54	631.54	3/1/2020	12/31/2021	601.47	601.47	1/1/2022	12/31/9999
2511	55530	631.54	631.54	3/1/2020	12/31/2021	601.47	601.47	1/1/2022	12/31/9999
2512	55535	709.16	709.16	3/1/2020	12/31/2021	675.39	675.39	1/1/2022	12/31/9999
2513	55540	767.72	767.72	3/1/2020	12/31/2021	731.16	731.16	1/1/2022	12/31/9999
2514	55550	1,324.47	1,324.47	3/1/2020	12/31/2021	1,261.40	1,261.40	1/1/2022	12/31/9999
2515	55600	829.65	829.65	3/1/2020	12/31/2021	790.14	790.14	1/1/2022	12/31/9999
2516	55680	431.60	431.60	3/1/2020	12/31/2021	411.05	411.05	1/1/2022	12/31/9999
2517	55700	335.33	335.33	3/1/2020	12/31/2021	319.36	319.36	1/1/2022	12/31/9999
2518	55705	335.33	335.33	3/1/2020	12/31/2021	319.36	319.36	1/1/2022	12/31/9999
2519	55706	348.59	348.59	3/1/2020	12/31/2021	331.99	331.99	1/1/2022	12/31/9999
2520	55720	454.37	454.37	3/1/2020	12/31/2021	432.73	432.73	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2521	55725	530.43	530.43	3/1/2020	12/31/2021	505.17	505.17	1/1/2022	12/31/9999
2522	55860	718.78	718.78	3/1/2020	12/31/2021	684.55	684.55	1/1/2022	12/31/9999
2523	55873	5,582.89	5,582.89	3/1/2020	12/31/2021	5,317.04	5,317.04	1/1/2022	12/31/9999
2524	55874	1,559.54	1,559.54	3/1/2020	12/31/2021	1,485.28	1,485.28	1/1/2022	12/31/9999
2525	55875	1,236.62	1,236.62	3/1/2020	12/31/2021	1,177.73	1,177.73	1/1/2022	12/31/9999
2526	55876	70.76	70.76	3/1/2020	12/31/2021	67.39	67.39	1/1/2022	12/31/9999
2527	56405	42.74	42.74	3/1/2020	12/31/2021	40.70	40.70	1/1/2022	12/31/9999
2528	56420	50.23	50.23	3/1/2020	12/31/2021	47.84	47.84	1/1/2022	12/31/9999
2529	56440	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2530	56441	400.90	400.90	3/1/2020	12/31/2021	381.81	381.81	1/1/2022	12/31/9999
2531	56442	400.90	400.90	3/1/2020	12/31/2021	381.81	381.81	1/1/2022	12/31/9999
2532	56501	58.46	58.46	3/1/2020	12/31/2021	55.68	55.68	1/1/2022	12/31/9999
2533	56515	528.26	528.26	3/1/2020	12/31/2021	503.10	503.10	1/1/2022	12/31/9999
2534	56605	34.20	34.20	3/1/2020	12/31/2021	32.57	32.57	1/1/2022	12/31/9999
2535	56620	659.41	659.41	3/1/2020	12/31/2021	628.01	628.01	1/1/2022	12/31/9999
2536	56625	846.57	846.57	3/1/2020	12/31/2021	806.26	806.26	1/1/2022	12/31/9999
2537	56700	400.90	400.90	3/1/2020	12/31/2021	381.81	381.81	1/1/2022	12/31/9999
2538	56740	520.05	520.05	3/1/2020	12/31/2021	495.29	495.29	1/1/2022	12/31/9999
2539	56800	520.05	520.05	3/1/2020	12/31/2021	495.29	495.29	1/1/2022	12/31/9999
2540	56805	706.84	706.84	3/1/2020	12/31/2021	673.18	673.18	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2541	56810	659.41	659.41	3/1/2020	12/31/2021	628.01	628.01	1/1/2022	12/31/9999
2542	56820	42.74	42.74	3/1/2020	12/31/2021	40.70	40.70	1/1/2022	12/31/9999
2543	56821	50.23	50.23	3/1/2020	12/31/2021	47.84	47.84	1/1/2022	12/31/9999
2544	57000	400.90	400.90	3/1/2020	12/31/2021	381.81	381.81	1/1/2022	12/31/9999
2545	57010	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2546	57020	332.04	332.04	3/1/2020	12/31/2021	316.23	316.23	1/1/2022	12/31/9999
2547	57022	429.58	429.58	3/1/2020	12/31/2021	409.12	409.12	1/1/2022	12/31/9999
2548	57023	394.38	394.38	3/1/2020	12/31/2021	375.60	375.60	1/1/2022	12/31/9999
2549	57061	54.36	54.36	3/1/2020	12/31/2021	51.77	51.77	1/1/2022	12/31/9999
2550	57065	400.90	400.90	3/1/2020	12/31/2021	381.81	381.81	1/1/2022	12/31/9999
2551	57100	34.87	34.87	3/1/2020	12/31/2021	33.21	33.21	1/1/2022	12/31/9999
2552	57105	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2553	57130	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2554	57135	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2555	57155	332.04	332.04	3/1/2020	12/31/2021	316.23	316.23	1/1/2022	12/31/9999
2556	57156	110.57	110.57	3/1/2020	12/31/2021	105.30	105.30	1/1/2022	12/31/9999
2557	57160	35.22	35.22	3/1/2020	12/31/2021	33.54	33.54	1/1/2022	12/31/9999
2558	57170	4.87	4.87	3/1/2020	12/31/2021	4.64	4.64	1/1/2022	12/31/9999
2559	57180	132.44	132.44	3/1/2020	12/31/2021	126.13	126.13	1/1/2022	12/31/9999
2560	57200	400.90	400.90	3/1/2020	12/31/2021	381.81	381.81	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT	CURRENT	BEGINNING	END	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date	FACILITY	FACILITY	DATE	DATE	
2561	57210	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2562	57220	740.15	740.15	3/1/2020	12/31/2021	704.90	704.90	1/1/2022	12/31/9999
2563	57230	644.57	644.57	3/1/2020	12/31/2021	613.88	613.88	1/1/2022	12/31/9999
2564	57240	783.93	783.93	3/1/2020	12/31/2021	746.60	746.60	1/1/2022	12/31/9999
2565	57250	783.93	783.93	3/1/2020	12/31/2021	746.60	746.60	1/1/2022	12/31/9999
2566	57260	783.93	783.93	3/1/2020	12/31/2021	746.60	746.60	1/1/2022	12/31/9999
2567	57265	1,066.65	1,066.65	3/1/2020	12/31/2021	1,015.86	1,015.86	1/1/2022	12/31/9999
2568	57268	644.57	644.57	3/1/2020	12/31/2021	613.88	613.88	1/1/2022	12/31/9999
2569	57287	1,204.94	1,204.94	3/1/2020	12/31/2021	1,147.56	1,147.56	1/1/2022	12/31/9999
2570	57288	879.51	879.51	3/1/2020	12/31/2021	837.63	837.63	1/1/2022	12/31/9999
2571	57289	783.93	783.93	3/1/2020	12/31/2021	746.60	746.60	1/1/2022	12/31/9999
2572	57291	783.93	783.93	3/1/2020	12/31/2021	746.60	746.60	1/1/2022	12/31/9999
2573	57300	644.57	644.57	3/1/2020	12/31/2021	613.88	613.88	1/1/2022	12/31/9999
2574	57320	1,204.94	1,204.94	3/1/2020	12/31/2021	1,147.56	1,147.56	1/1/2022	12/31/9999
2575	57400	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2576	57410	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2577	57415	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2578	57420	44.10	44.10	3/1/2020	12/31/2021	42.00	42.00	1/1/2022	12/31/9999
2579	57421	58.81	58.81	3/1/2020	12/31/2021	56.01	56.01	1/1/2022	12/31/9999
2580	57426	723.14	723.14	3/1/2020	12/31/2021	688.70	688.70	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2581	57452	42.05	42.05	3/1/2020	12/31/2021	40.05	40.05	1/1/2022	12/31/9999
2582	57454	51.96	51.96	3/1/2020	12/31/2021	49.49	49.49	1/1/2022	12/31/9999
2583	57455	55.04	55.04	3/1/2020	12/31/2021	52.42	52.42	1/1/2022	12/31/9999
2584	57456	52.98	52.98	3/1/2020	12/31/2021	50.46	50.46	1/1/2022	12/31/9999
2585	57460	172.99	172.99	3/1/2020	12/31/2021	164.75	164.75	1/1/2022	12/31/9999
2586	57461	182.55	182.55	3/1/2020	12/31/2021	173.86	173.86	1/1/2022	12/31/9999
2587	57500	77.95	77.95	3/1/2020	12/31/2021	74.24	74.24	1/1/2022	12/31/9999
2588	57505	47.52	47.52	3/1/2020	12/31/2021	45.26	45.26	1/1/2022	12/31/9999
2589	57510	48.89	48.89	3/1/2020	12/31/2021	46.56	46.56	1/1/2022	12/31/9999
2590	57511	50.23	50.23	3/1/2020	12/31/2021	47.84	47.84	1/1/2022	12/31/9999
2591	57513	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2592	57520	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2593	57522	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2594	57530	644.57	644.57	3/1/2020	12/31/2021	613.88	613.88	1/1/2022	12/31/9999
2595	57550	644.57	644.57	3/1/2020	12/31/2021	613.88	613.88	1/1/2022	12/31/9999
2596	57556	879.50	879.50	3/1/2020	12/31/2021	837.62	837.62	1/1/2022	12/31/9999
2597	57558	520.05	520.05	3/1/2020	12/31/2021	495.29	495.29	1/1/2022	12/31/9999
2598	57700	400.90	400.90	3/1/2020	12/31/2021	381.81	381.81	1/1/2022	12/31/9999
2599	57720	520.05	520.05	3/1/2020	12/31/2021	495.29	495.29	1/1/2022	12/31/9999
2600	57800	25.29	25.29	3/1/2020	12/31/2021	24.09	24.09	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2601	58100	42.05	42.05	3/1/2020	12/31/2021	40.05	40.05	1/1/2022	12/31/9999
2602	58120	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2603	58145	783.93	783.93	3/1/2020	12/31/2021	746.60	746.60	1/1/2022	12/31/9999
2604	58301	40.34	40.34	3/1/2020	12/31/2021	38.42	38.42	1/1/2022	12/31/9999
2605	58346	476.97	476.97	3/1/2020	12/31/2021	454.26	454.26	1/1/2022	12/31/9999
2606	58353	971.09	971.09	3/1/2020	12/31/2021	924.85	924.85	1/1/2022	12/31/9999
2607	58545	1,221.00	1,221.00	3/1/2020	12/31/2021	1,162.86	1,162.86	1/1/2022	12/31/9999
2608	58546	1,324.46	1,324.46	3/1/2020	12/31/2021	1,261.39	1,261.39	1/1/2022	12/31/9999
2609	58550	1,548.67	1,548.67	3/1/2020	12/31/2021	1,474.92	1,474.92	1/1/2022	12/31/9999
2610	58552	1,692.08	1,692.08	3/1/2020	12/31/2021	1,611.50	1,611.50	1/1/2022	12/31/9999
2611	58555	425.39	425.39	3/1/2020	12/31/2021	405.13	405.13	1/1/2022	12/31/9999
2612	58558	544.56	544.56	3/1/2020	12/31/2021	518.63	518.63	1/1/2022	12/31/9999
2613	58559	501.46	501.46	3/1/2020	12/31/2021	477.58	477.58	1/1/2022	12/31/9999
2614	58560	661.12	661.12	3/1/2020	12/31/2021	629.64	629.64	1/1/2022	12/31/9999
2615	58561	661.12	661.12	3/1/2020	12/31/2021	629.64	629.64	1/1/2022	12/31/9999
2616	58562	544.56	544.56	3/1/2020	12/31/2021	518.63	518.63	1/1/2022	12/31/9999
2617	58563	1,219.22	1,219.22	3/1/2020	12/31/2021	1,161.16	1,161.16	1/1/2022	12/31/9999
2618	58600	1,204.94	1,204.94	3/1/2020	12/31/2021	1,147.56	1,147.56	1/1/2022	12/31/9999
2619	58615	706.84	706.84	3/1/2020	12/31/2021	673.18	673.18	1/1/2022	12/31/9999
2620	58660	905.73	905.73	3/1/2020	12/31/2021	862.60	862.60	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2621	58661	905.73	905.73	3/1/2020	12/31/2021	862.60	862.60	1/1/2022	12/31/9999
2622	58662	905.73	905.73	3/1/2020	12/31/2021	862.60	862.60	1/1/2022	12/31/9999
2623	58670	766.36	766.36	3/1/2020	12/31/2021	729.87	729.87	1/1/2022	12/31/9999
2624	58671	766.36	766.36	3/1/2020	12/31/2021	729.87	729.87	1/1/2022	12/31/9999
2625	58800	520.05	520.05	3/1/2020	12/31/2021	495.29	495.29	1/1/2022	12/31/9999
2626	58820	644.57	644.57	3/1/2020	12/31/2021	613.88	613.88	1/1/2022	12/31/9999
2627	58900	520.05	520.05	3/1/2020	12/31/2021	495.29	495.29	1/1/2022	12/31/9999
2628	59000	65.30	65.30	3/1/2020	12/31/2021	62.19	62.19	1/1/2022	12/31/9999
2629	59001	225.89	225.89	3/1/2020	12/31/2021	215.13	215.13	1/1/2022	12/31/9999
2630	59012	102.51	102.51	3/1/2020	12/31/2021	97.63	97.63	1/1/2022	12/31/9999
2631	59020	23.93	23.93	3/1/2020	12/31/2021	22.79	22.79	1/1/2022	12/31/9999
2632	59025	12.31	12.31	3/1/2020	12/31/2021	11.72	11.72	1/1/2022	12/31/9999
2633	59150	1,692.08	1,692.08	3/1/2020	12/31/2021	1,611.50	1,611.50	1/1/2022	12/31/9999
2634	59151	1,692.08	1,692.08	3/1/2020	12/31/2021	1,611.50	1,611.50	1/1/2022	12/31/9999
2635	59160	520.05	520.05	3/1/2020	12/31/2021	495.29	495.29	1/1/2022	12/31/9999
2636	59200	36.25	36.25	3/1/2020	12/31/2021	34.52	34.52	1/1/2022	12/31/9999
2637	59300	74.53	74.53	3/1/2020	12/31/2021	70.98	70.98	1/1/2022	12/31/9999
2638	59320	400.90	400.90	3/1/2020	12/31/2021	381.81	381.81	1/1/2022	12/31/9999
2639	59812	659.41	659.41	3/1/2020	12/31/2021	628.01	628.01	1/1/2022	12/31/9999
2640	59820	659.41	659.41	3/1/2020	12/31/2021	628.01	628.01	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2641	59821	659.41	659.41	3/1/2020	12/31/2021	628.01	628.01	1/1/2022	12/31/9999
2642	59840	659.41	659.41	3/1/2020	12/31/2021	628.01	628.01	1/1/2022	12/31/9999
2643	59841	659.41	659.41	3/1/2020	12/31/2021	628.01	628.01	1/1/2022	12/31/9999
2644	59870	659.41	659.41	3/1/2020	12/31/2021	628.01	628.01	1/1/2022	12/31/9999
2645	59871	659.41	659.41	3/1/2020	12/31/2021	628.01	628.01	1/1/2022	12/31/9999
2646	60000	293.37	293.37	3/1/2020	12/31/2021	279.40	279.40	1/1/2022	12/31/9999
2647	60100	46.50	46.50	3/1/2020	12/31/2021	44.29	44.29	1/1/2022	12/31/9999
2648	60200	712.06	712.06	3/1/2020	12/31/2021	678.15	678.15	1/1/2022	12/31/9999
2649	60220	602.23	602.23	3/1/2020	12/31/2021	573.55	573.55	1/1/2022	12/31/9999
2650	60225	723.87	723.87	3/1/2020	12/31/2021	689.40	689.40	1/1/2022	12/31/9999
2651	60280	835.93	835.93	3/1/2020	12/31/2021	796.12	796.12	1/1/2022	12/31/9999
2652	60281	835.93	835.93	3/1/2020	12/31/2021	796.12	796.12	1/1/2022	12/31/9999
2653	61000	316.86	316.86	3/1/2020	12/31/2021	301.77	301.77	1/1/2022	12/31/9999
2654	61001	316.86	316.86	3/1/2020	12/31/2021	301.77	301.77	1/1/2022	12/31/9999
2655	61020	202.98	202.98	3/1/2020	12/31/2021	193.31	193.31	1/1/2022	12/31/9999
2656	61026	202.98	202.98	3/1/2020	12/31/2021	193.31	193.31	1/1/2022	12/31/9999
2657	61050	202.98	202.98	3/1/2020	12/31/2021	193.31	193.31	1/1/2022	12/31/9999
2658	61055	202.98	202.98	3/1/2020	12/31/2021	193.31	193.31	1/1/2022	12/31/9999
2659	61070	153.85	153.85	3/1/2020	12/31/2021	146.52	146.52	1/1/2022	12/31/9999
2660	61215	680.38	680.38	3/1/2020	12/31/2021	647.98	647.98	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2661	61330	1,481.95	1,481.95	3/1/2020	12/31/2021	1,411.38	1,411.38	1/1/2022	12/31/9999
2662	61790	511.06	511.06	3/1/2020	12/31/2021	486.72	486.72	1/1/2022	12/31/9999
2663	61791	371.52	371.52	3/1/2020	12/31/2021	353.83	353.83	1/1/2022	12/31/9999
2664	61880	835.17	835.17	3/1/2020	12/31/2021	795.40	795.40	1/1/2022	12/31/9999
2665	61885	9,419.57	9,419.57	3/1/2020	12/31/2021	8,971.02	8,971.02	1/1/2022	12/31/9999
2666	61886	13,990.52	13,990.52	3/1/2020	12/31/2021	13,324.30	13,324.30	1/1/2022	12/31/9999
2667	61888	543.93	543.93	3/1/2020	12/31/2021	518.03	518.03	1/1/2022	12/31/9999
2668	62194	303.39	303.39	3/1/2020	12/31/2021	288.94	288.94	1/1/2022	12/31/9999
2669	62225	366.83	366.83	3/1/2020	12/31/2021	349.36	349.36	1/1/2022	12/31/9999
2670	62230	637.29	637.29	3/1/2020	12/31/2021	606.94	606.94	1/1/2022	12/31/9999
2671	62252	44.45	44.45	3/1/2020	12/31/2021	42.33	42.33	1/1/2022	12/31/9999
2672	62263	358.79	358.79	3/1/2020	12/31/2021	341.70	341.70	1/1/2022	12/31/9999
2673	62264	358.79	358.79	3/1/2020	12/31/2021	341.70	341.70	1/1/2022	12/31/9999
2674	62267	140.31	140.31	3/1/2020	12/31/2021	133.63	133.63	1/1/2022	12/31/9999
2675	62268	202.98	202.98	3/1/2020	12/31/2021	193.31	193.31	1/1/2022	12/31/9999
2676	62269	310.92	310.92	3/1/2020	12/31/2021	296.11	296.11	1/1/2022	12/31/9999
2677	62270	131.63	131.63	3/1/2020	12/31/2021	125.36	125.36	1/1/2022	12/31/9999
2678	62272	131.63	131.63	3/1/2020	12/31/2021	125.36	125.36	1/1/2022	12/31/9999
2679	62273	262.24	262.24	3/1/2020	12/31/2021	249.75	249.75	1/1/2022	12/31/9999
2680	62280	289.73	289.73	3/1/2020	12/31/2021	275.93	275.93	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2681	62281	289.73	289.73	3/1/2020	12/31/2021	275.93	275.93	1/1/2022	12/31/9999
2682	62282	289.73	289.73	3/1/2020	12/31/2021	275.93	275.93	1/1/2022	12/31/9999
2683	62287	1,210.55	1,210.55	3/1/2020	12/31/2021	1,152.90	1,152.90	1/1/2022	12/31/9999
2684	62292	316.86	316.86	3/1/2020	12/31/2021	301.77	301.77	1/1/2022	12/31/9999
2685	62294	202.98	202.98	3/1/2020	12/31/2021	193.31	193.31	1/1/2022	12/31/9999
2686	62320	245.61	245.61	3/1/2020	12/31/2021	233.92	233.92	1/1/2022	12/31/9999
2687	62321	245.61	245.61	3/1/2020	12/31/2021	233.92	233.92	1/1/2022	12/31/9999
2688	62322	245.61	245.61	3/1/2020	12/31/2021	233.92	233.92	1/1/2022	12/31/9999
2689	62323	245.61	245.61	3/1/2020	12/31/2021	233.92	233.92	1/1/2022	12/31/9999
2690	62324	309.41	309.41	3/1/2020	12/31/2021	294.68	294.68	1/1/2022	12/31/9999
2691	62325	309.41	309.41	3/1/2020	12/31/2021	294.68	294.68	1/1/2022	12/31/9999
2692	62326	309.41	309.41	3/1/2020	12/31/2021	294.68	294.68	1/1/2022	12/31/9999
2693	62327	309.41	309.41	3/1/2020	12/31/2021	294.68	294.68	1/1/2022	12/31/9999
2694	62328	280.36	280.36	3/1/2020	12/31/2021	267.01	267.01	1/1/2022	12/31/9999
2695	62329	280.36	280.36	3/1/2020	12/31/2021	267.01	267.01	1/1/2022	12/31/9999
2696	62350	637.29	637.29	3/1/2020	12/31/2021	606.94	606.94	1/1/2022	12/31/9999
2697	62355	434.86	434.86	3/1/2020	12/31/2021	414.15	414.15	1/1/2022	12/31/9999
2698	62360	637.29	637.29	3/1/2020	12/31/2021	606.94	606.94	1/1/2022	12/31/9999
2699	62361	9,117.22	9,117.22	3/1/2020	12/31/2021	8,683.07	8,683.07	1/1/2022	12/31/9999
2700	62362	9,117.22	9,117.22	3/1/2020	12/31/2021	8,683.07	8,683.07	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2701	62365	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2702	62367	17.78	17.78	3/1/2020	12/31/2021	16.93	16.93	1/1/2022	12/31/9999
2703	62368	21.54	21.54	3/1/2020	12/31/2021	20.51	20.51	1/1/2022	12/31/9999
2704	62369	88.21	88.21	3/1/2020	12/31/2021	84.01	84.01	1/1/2022	12/31/9999
2705	62370	85.64	85.64	3/1/2020	12/31/2021	81.56	81.56	1/1/2022	12/31/9999
2706	62380	3,201.47	3,201.47	3/1/2020	12/31/2021	3,049.02	3,049.02	1/1/2022	12/31/9999
2707	63600	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2708	63610	391.88	391.88	3/1/2020	12/31/2021	373.22	373.22	1/1/2022	12/31/9999
2709	63650	2,611.51	2,611.51	3/1/2020	12/31/2021	2,487.15	2,487.15	1/1/2022	12/31/9999
2710	63655	4,084.07	4,084.07	3/1/2020	12/31/2021	3,889.59	3,889.59	1/1/2022	12/31/9999
2711	63661	708.45	708.45	3/1/2020	12/31/2021	674.71	674.71	1/1/2022	12/31/9999
2712	63662	708.45	708.45	3/1/2020	12/31/2021	674.71	674.71	1/1/2022	12/31/9999
2713	63663	708.45	708.45	3/1/2020	12/31/2021	674.71	674.71	1/1/2022	12/31/9999
2714	63664	708.45	708.45	3/1/2020	12/31/2021	674.71	674.71	1/1/2022	12/31/9999
2715	63685	12,321.87	12,321.87	3/1/2020	12/31/2021	11,735.11	11,735.11	1/1/2022	12/31/9999
2716	63688	543.93	543.93	3/1/2020	12/31/2021	518.03	518.03	1/1/2022	12/31/9999
2717	63744	680.38	680.38	3/1/2020	12/31/2021	647.98	647.98	1/1/2022	12/31/9999
2718	63746	352.86	352.86	3/1/2020	12/31/2021	336.06	336.06	1/1/2022	12/31/9999
2719	64400	56.75	56.75	3/1/2020	12/31/2021	54.05	54.05	1/1/2022	12/31/9999
2720	64405	44.78	44.78	3/1/2020	12/31/2021	42.65	42.65	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2721	64408	51.62	51.62	3/1/2020	12/31/2021	49.16	49.16	1/1/2022	12/31/9999
2722	64415	131.63	131.63	3/1/2020	12/31/2021	125.36	125.36	1/1/2022	12/31/9999
2723	64416	262.16	262.16	3/1/2020	12/31/2021	249.68	249.68	1/1/2022	12/31/9999
2724	64417	131.63	131.63	3/1/2020	12/31/2021	125.36	125.36	1/1/2022	12/31/9999
2725	64418	77.27	77.27	3/1/2020	12/31/2021	73.59	73.59	1/1/2022	12/31/9999
2726	64420	131.63	131.63	3/1/2020	12/31/2021	125.36	125.36	1/1/2022	12/31/9999
2727	64421	262.24	262.24	3/1/2020	12/31/2021	249.75	249.75	1/1/2022	12/31/9999
2728	64425	50.25	50.25	3/1/2020	12/31/2021	47.86	47.86	1/1/2022	12/31/9999
2729	64430	159.13	159.13	3/1/2020	12/31/2021	151.55	151.55	1/1/2022	12/31/9999
2730	64435	77.27	77.27	3/1/2020	12/31/2021	73.59	73.59	1/1/2022	12/31/9999
2731	64445	73.50	73.50	3/1/2020	12/31/2021	70.00	70.00	1/1/2022	12/31/9999
2732	64446	538.41	538.41	3/1/2020	12/31/2021	512.77	512.77	1/1/2022	12/31/9999
2733	64447	152.24	152.24	3/1/2020	12/31/2021	144.99	144.99	1/1/2022	12/31/9999
2734	64450	45.24	45.24	3/1/2020	12/31/2021	43.09	43.09	1/1/2022	12/31/9999
2735	64451	280.36	280.36	3/1/2020	12/31/2021	267.01	267.01	1/1/2022	12/31/9999
2736	64454	140.32	140.32	3/1/2020	12/31/2021	133.64	133.64	1/1/2022	12/31/9999
2737	64455	34.29	34.29	3/1/2020	12/31/2021	32.66	32.66	1/1/2022	12/31/9999
2738	64479	289.73	289.73	3/1/2020	12/31/2021	275.93	275.93	1/1/2022	12/31/9999
2739	64483	289.73	289.73	3/1/2020	12/31/2021	275.93	275.93	1/1/2022	12/31/9999
2740	64490	246.02	246.02	3/1/2020	12/31/2021	234.30	234.30	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2741	64493	246.02	246.02	3/1/2020	12/31/2021	234.30	234.30	1/1/2022	12/31/9999
2742	64505	40.34	40.34	3/1/2020	12/31/2021	38.42	38.42	1/1/2022	12/31/9999
2743	64510	289.73	289.73	3/1/2020	12/31/2021	275.93	275.93	1/1/2022	12/31/9999
2744	64517	159.13	159.13	3/1/2020	12/31/2021	151.55	151.55	1/1/2022	12/31/9999
2745	64520	289.73	289.73	3/1/2020	12/31/2021	275.93	275.93	1/1/2022	12/31/9999
2746	64530	289.73	289.73	3/1/2020	12/31/2021	275.93	275.93	1/1/2022	12/31/9999
2747	64555	3,088.71	3,088.71	3/1/2020	12/31/2021	2,941.63	2,941.63	1/1/2022	12/31/9999
2748	64561	2,654.59	2,654.59	3/1/2020	12/31/2021	2,528.18	2,528.18	1/1/2022	12/31/9999
2749	64568	20,506.97	20,506.97	3/1/2020	12/31/2021	19,530.45	19,530.45	1/1/2022	12/31/9999
2750	64569	2,988.54	2,988.54	3/1/2020	12/31/2021	2,846.23	2,846.23	1/1/2022	12/31/9999
2751	64570	1,172.07	1,172.07	3/1/2020	12/31/2021	1,116.26	1,116.26	1/1/2022	12/31/9999
2752	64575	3,398.34	3,398.34	3/1/2020	12/31/2021	3,236.51	3,236.51	1/1/2022	12/31/9999
2753	64581	3,517.49	3,517.49	3/1/2020	12/31/2021	3,349.99	3,349.99	1/1/2022	12/31/9999
2754	64585	432.98	432.98	3/1/2020	12/31/2021	412.36	412.36	1/1/2022	12/31/9999
2755	64590	9,419.57	9,419.57	3/1/2020	12/31/2021	8,971.02	8,971.02	1/1/2022	12/31/9999
2756	64595	543.93	543.93	3/1/2020	12/31/2021	518.03	518.03	1/1/2022	12/31/9999
2757	64600	358.79	358.79	3/1/2020	12/31/2021	341.70	341.70	1/1/2022	12/31/9999
2758	64605	358.79	358.79	3/1/2020	12/31/2021	341.70	341.70	1/1/2022	12/31/9999
2759	64610	358.79	358.79	3/1/2020	12/31/2021	341.70	341.70	1/1/2022	12/31/9999
2760	64611	58.71	58.71	3/1/2020	12/31/2021	55.91	55.91	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2761	64612	69.39	69.39	3/1/2020	12/31/2021	66.09	66.09	1/1/2022	12/31/9999
2762	64615	50.97	50.97	3/1/2020	12/31/2021	48.54	48.54	1/1/2022	12/31/9999
2763	64616	49.16	49.16	3/1/2020	12/31/2021	46.82	46.82	1/1/2022	12/31/9999
2764	64617	105.75	105.75	3/1/2020	12/31/2021	100.71	100.71	1/1/2022	12/31/9999
2765	64620	289.73	289.73	3/1/2020	12/31/2021	275.93	275.93	1/1/2022	12/31/9999
2766	64624	282.87	282.87	3/1/2020	12/31/2021	269.40	269.40	1/1/2022	12/31/9999
2767	64630	302.46	302.46	3/1/2020	12/31/2021	288.06	288.06	1/1/2022	12/31/9999
2768	64632	60.48	60.48	3/1/2020	12/31/2021	57.60	57.60	1/1/2022	12/31/9999
2769	64633	267.21	267.21	3/1/2020	12/31/2021	254.49	254.49	1/1/2022	12/31/9999
2770	64635	404.62	404.62	3/1/2020	12/31/2021	385.35	385.35	1/1/2022	12/31/9999
2771	64640	112.82	112.82	3/1/2020	12/31/2021	107.45	107.45	1/1/2022	12/31/9999
2772	64642	64.35	64.35	3/1/2020	12/31/2021	61.29	61.29	1/1/2022	12/31/9999
2773	64644	76.31	76.31	3/1/2020	12/31/2021	72.68	72.68	1/1/2022	12/31/9999
2774	64646	68.55	68.55	3/1/2020	12/31/2021	65.29	65.29	1/1/2022	12/31/9999
2775	64647	78.58	78.58	3/1/2020	12/31/2021	74.84	74.84	1/1/2022	12/31/9999
2776	64680	397.80	397.80	3/1/2020	12/31/2021	378.86	378.86	1/1/2022	12/31/9999
2777	64681	434.86	434.86	3/1/2020	12/31/2021	414.15	414.15	1/1/2022	12/31/9999
2778	64702	391.88	391.88	3/1/2020	12/31/2021	373.22	373.22	1/1/2022	12/31/9999
2779	64704	391.88	391.88	3/1/2020	12/31/2021	373.22	373.22	1/1/2022	12/31/9999
2780	64708	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2781	64712	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2782	64713	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2783	64714	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2784	64716	511.06	511.06	3/1/2020	12/31/2021	486.72	486.72	1/1/2022	12/31/9999
2785	64718	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2786	64719	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2787	64721	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2788	64722	391.88	391.88	3/1/2020	12/31/2021	373.22	373.22	1/1/2022	12/31/9999
2789	64726	391.88	391.88	3/1/2020	12/31/2021	373.22	373.22	1/1/2022	12/31/9999
2790	64732	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2791	64734	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2792	64736	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2793	64738	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2794	64740	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2795	64742	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2796	64744	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2797	64746	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2798	64763	670.85	670.85	3/1/2020	12/31/2021	638.90	638.90	1/1/2022	12/31/9999
2799	64766	1,236.43	1,236.43	3/1/2020	12/31/2021	1,177.55	1,177.55	1/1/2022	12/31/9999
2800	64771	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2801	64772	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2802	64774	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2803	64776	511.06	511.06	3/1/2020	12/31/2021	486.72	486.72	1/1/2022	12/31/9999
2804	64782	511.06	511.06	3/1/2020	12/31/2021	486.72	486.72	1/1/2022	12/31/9999
2805	64784	511.06	511.06	3/1/2020	12/31/2021	486.72	486.72	1/1/2022	12/31/9999
2806	64786	652.45	652.45	3/1/2020	12/31/2021	621.38	621.38	1/1/2022	12/31/9999
2807	64788	511.06	511.06	3/1/2020	12/31/2021	486.72	486.72	1/1/2022	12/31/9999
2808	64790	511.06	511.06	3/1/2020	12/31/2021	486.72	486.72	1/1/2022	12/31/9999
2809	64792	652.45	652.45	3/1/2020	12/31/2021	621.38	621.38	1/1/2022	12/31/9999
2810	64795	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2811	64802	467.96	467.96	3/1/2020	12/31/2021	445.68	445.68	1/1/2022	12/31/9999
2812	64820	670.85	670.85	3/1/2020	12/31/2021	638.90	638.90	1/1/2022	12/31/9999
2813	64821	668.58	668.58	3/1/2020	12/31/2021	636.74	636.74	1/1/2022	12/31/9999
2814	64822	977.77	977.77	3/1/2020	12/31/2021	931.21	931.21	1/1/2022	12/31/9999
2815	64823	977.77	977.77	3/1/2020	12/31/2021	931.21	931.21	1/1/2022	12/31/9999
2816	64831	733.24	733.24	3/1/2020	12/31/2021	698.32	698.32	1/1/2022	12/31/9999
2817	64834	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2818	64835	652.45	652.45	3/1/2020	12/31/2021	621.38	621.38	1/1/2022	12/31/9999
2819	64836	652.45	652.45	3/1/2020	12/31/2021	621.38	621.38	1/1/2022	12/31/9999
2820	64840	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2821	64856	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2822	64857	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2823	64858	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2824	64861	652.45	652.45	3/1/2020	12/31/2021	621.38	621.38	1/1/2022	12/31/9999
2825	64862	652.45	652.45	3/1/2020	12/31/2021	621.38	621.38	1/1/2022	12/31/9999
2826	64864	652.45	652.45	3/1/2020	12/31/2021	621.38	621.38	1/1/2022	12/31/9999
2827	64865	733.24	733.24	3/1/2020	12/31/2021	698.32	698.32	1/1/2022	12/31/9999
2828	64885	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2829	64886	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2830	64890	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2831	64891	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2832	64892	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2833	64893	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2834	64895	652.45	652.45	3/1/2020	12/31/2021	621.38	621.38	1/1/2022	12/31/9999
2835	64896	652.45	652.45	3/1/2020	12/31/2021	621.38	621.38	1/1/2022	12/31/9999
2836	64897	652.45	652.45	3/1/2020	12/31/2021	621.38	621.38	1/1/2022	12/31/9999
2837	64898	652.45	652.45	3/1/2020	12/31/2021	621.38	621.38	1/1/2022	12/31/9999
2838	64905	609.37	609.37	3/1/2020	12/31/2021	580.35	580.35	1/1/2022	12/31/9999
2839	64907	533.28	533.28	3/1/2020	12/31/2021	507.89	507.89	1/1/2022	12/31/9999
2840	65091	693.83	693.83	3/1/2020	12/31/2021	660.79	660.79	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2841	65101	693.83	693.83	3/1/2020	12/31/2021	660.79	660.79	1/1/2022	12/31/9999
2842	65110	833.20	833.20	3/1/2020	12/31/2021	793.52	793.52	1/1/2022	12/31/9999
2843	65112	1,020.34	1,020.34	3/1/2020	12/31/2021	971.75	971.75	1/1/2022	12/31/9999
2844	65114	1,020.34	1,020.34	3/1/2020	12/31/2021	971.75	971.75	1/1/2022	12/31/9999
2845	65235	450.50	450.50	3/1/2020	12/31/2021	429.05	429.05	1/1/2022	12/31/9999
2846	65260	512.76	512.76	3/1/2020	12/31/2021	488.34	488.34	1/1/2022	12/31/9999
2847	65265	682.83	682.83	3/1/2020	12/31/2021	650.31	650.31	1/1/2022	12/31/9999
2848	65270	474.27	474.27	3/1/2020	12/31/2021	451.69	451.69	1/1/2022	12/31/9999
2849	65272	515.57	515.57	3/1/2020	12/31/2021	491.02	491.02	1/1/2022	12/31/9999
2850	65275	639.45	639.45	3/1/2020	12/31/2021	609.00	609.00	1/1/2022	12/31/9999
2851	65280	593.54	593.54	3/1/2020	12/31/2021	565.28	565.28	1/1/2022	12/31/9999
2852	65285	769.81	769.81	3/1/2020	12/31/2021	733.15	733.15	1/1/2022	12/31/9999
2853	65286	190.14	190.14	3/1/2020	12/31/2021	181.09	181.09	1/1/2022	12/31/9999
2854	65290	567.51	567.51	3/1/2020	12/31/2021	540.49	540.49	1/1/2022	12/31/9999
2855	65400	374.43	374.43	3/1/2020	12/31/2021	356.60	356.60	1/1/2022	12/31/9999
2856	65410	450.50	450.50	3/1/2020	12/31/2021	429.05	429.05	1/1/2022	12/31/9999
2857	65420	450.50	450.50	3/1/2020	12/31/2021	429.05	429.05	1/1/2022	12/31/9999
2858	65426	698.01	698.01	3/1/2020	12/31/2021	664.77	664.77	1/1/2022	12/31/9999
2859	65435	31.79	31.79	3/1/2020	12/31/2021	30.28	30.28	1/1/2022	12/31/9999
2860	65436	600.96	600.96	3/1/2020	12/31/2021	572.34	572.34	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2861	65450	80.98	80.98	3/1/2020	12/31/2021	77.12	77.12	1/1/2022	12/31/9999
2862	65600	161.36	161.36	3/1/2020	12/31/2021	153.68	153.68	1/1/2022	12/31/9999
2863	65710	1,018.16	1,018.16	3/1/2020	12/31/2021	969.68	969.68	1/1/2022	12/31/9999
2864	65730	1,018.16	1,018.16	3/1/2020	12/31/2021	969.68	969.68	1/1/2022	12/31/9999
2865	65750	1,018.16	1,018.16	3/1/2020	12/31/2021	969.68	969.68	1/1/2022	12/31/9999
2866	65755	1,018.16	1,018.16	3/1/2020	12/31/2021	969.68	969.68	1/1/2022	12/31/9999
2867	65756	1,531.54	1,531.54	3/1/2020	12/31/2021	1,458.61	1,458.61	1/1/2022	12/31/9999
2868	65770	1,457.74	1,457.74	3/1/2020	12/31/2021	1,388.32	1,388.32	1/1/2022	12/31/9999
2869	65772	574.37	574.37	3/1/2020	12/31/2021	547.02	547.02	1/1/2022	12/31/9999
2870	65775	574.37	574.37	3/1/2020	12/31/2021	547.02	547.02	1/1/2022	12/31/9999
2871	65800	374.43	374.43	3/1/2020	12/31/2021	356.60	356.60	1/1/2022	12/31/9999
2872	65810	558.65	558.65	3/1/2020	12/31/2021	532.05	532.05	1/1/2022	12/31/9999
2873	65815	515.57	515.57	3/1/2020	12/31/2021	491.02	491.02	1/1/2022	12/31/9999
2874	65820	271.72	271.72	3/1/2020	12/31/2021	258.78	258.78	1/1/2022	12/31/9999
2875	65850	639.45	639.45	3/1/2020	12/31/2021	609.00	609.00	1/1/2022	12/31/9999
2876	65855	133.34	133.34	3/1/2020	12/31/2021	126.99	126.99	1/1/2022	12/31/9999
2877	65860	124.78	124.78	3/1/2020	12/31/2021	118.84	118.84	1/1/2022	12/31/9999
2878	65865	374.43	374.43	3/1/2020	12/31/2021	356.60	356.60	1/1/2022	12/31/9999
2879	65870	639.45	639.45	3/1/2020	12/31/2021	609.00	609.00	1/1/2022	12/31/9999
2880	65875	639.45	639.45	3/1/2020	12/31/2021	609.00	609.00	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2881	65880	574.37	574.37	3/1/2020	12/31/2021	547.02	547.02	1/1/2022	12/31/9999
2882	65900	632.95	632.95	3/1/2020	12/31/2021	602.81	602.81	1/1/2022	12/31/9999
2883	65920	885.18	885.18	3/1/2020	12/31/2021	843.03	843.03	1/1/2022	12/31/9999
2884	65930	698.01	698.01	3/1/2020	12/31/2021	664.77	664.77	1/1/2022	12/31/9999
2885	66020	374.43	374.43	3/1/2020	12/31/2021	356.60	356.60	1/1/2022	12/31/9999
2886	66030	271.72	271.72	3/1/2020	12/31/2021	258.78	258.78	1/1/2022	12/31/9999
2887	66130	885.18	885.18	3/1/2020	12/31/2021	843.03	843.03	1/1/2022	12/31/9999
2888	66150	639.45	639.45	3/1/2020	12/31/2021	609.00	609.00	1/1/2022	12/31/9999
2889	66155	639.45	639.45	3/1/2020	12/31/2021	609.00	609.00	1/1/2022	12/31/9999
2890	66160	515.57	515.57	3/1/2020	12/31/2021	491.02	491.02	1/1/2022	12/31/9999
2891	66170	639.45	639.45	3/1/2020	12/31/2021	609.00	609.00	1/1/2022	12/31/9999
2892	66172	639.45	639.45	3/1/2020	12/31/2021	609.00	609.00	1/1/2022	12/31/9999
2893	66179	1,531.54	1,531.54	3/1/2020	12/31/2021	1,458.61	1,458.61	1/1/2022	12/31/9999
2894	66180	851.63	851.63	3/1/2020	12/31/2021	811.08	811.08	1/1/2022	12/31/9999
2895	66184	859.63	859.63	3/1/2020	12/31/2021	818.69	818.69	1/1/2022	12/31/9999
2896	66185	669.19	669.19	3/1/2020	12/31/2021	637.32	637.32	1/1/2022	12/31/9999
2897	66225	793.07	793.07	3/1/2020	12/31/2021	755.30	755.30	1/1/2022	12/31/9999
2898	66250	450.50	450.50	3/1/2020	12/31/2021	429.05	429.05	1/1/2022	12/31/9999
2899	66500	271.72	271.72	3/1/2020	12/31/2021	258.78	258.78	1/1/2022	12/31/9999
2900	66505	271.72	271.72	3/1/2020	12/31/2021	258.78	258.78	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2901	66600	558.65	558.65	3/1/2020	12/31/2021	532.05	532.05	1/1/2022	12/31/9999
2902	66605	558.65	558.65	3/1/2020	12/31/2021	532.05	532.05	1/1/2022	12/31/9999
2903	66625	298.62	298.62	3/1/2020	12/31/2021	284.40	284.40	1/1/2022	12/31/9999
2904	66630	558.65	558.65	3/1/2020	12/31/2021	532.05	532.05	1/1/2022	12/31/9999
2905	66635	558.65	558.65	3/1/2020	12/31/2021	532.05	532.05	1/1/2022	12/31/9999
2906	66680	558.65	558.65	3/1/2020	12/31/2021	532.05	532.05	1/1/2022	12/31/9999
2907	66682	515.57	515.57	3/1/2020	12/31/2021	491.02	491.02	1/1/2022	12/31/9999
2908	66700	450.50	450.50	3/1/2020	12/31/2021	429.05	429.05	1/1/2022	12/31/9999
2909	66710	450.50	450.50	3/1/2020	12/31/2021	429.05	429.05	1/1/2022	12/31/9999
2910	66711	450.50	450.50	3/1/2020	12/31/2021	429.05	429.05	1/1/2022	12/31/9999
2911	66720	450.50	450.50	3/1/2020	12/31/2021	429.05	429.05	1/1/2022	12/31/9999
2912	66740	515.57	515.57	3/1/2020	12/31/2021	491.02	491.02	1/1/2022	12/31/9999
2913	66761	181.53	181.53	3/1/2020	12/31/2021	172.89	172.89	1/1/2022	12/31/9999
2914	66762	183.94	183.94	3/1/2020	12/31/2021	175.18	175.18	1/1/2022	12/31/9999
2915	66770	193.24	193.24	3/1/2020	12/31/2021	184.04	184.04	1/1/2022	12/31/9999
2916	66820	190.14	190.14	3/1/2020	12/31/2021	181.09	181.09	1/1/2022	12/31/9999
2917	66821	258.69	258.69	3/1/2020	12/31/2021	246.37	246.37	1/1/2022	12/31/9999
2918	66825	639.45	639.45	3/1/2020	12/31/2021	609.00	609.00	1/1/2022	12/31/9999
2919	66830	298.62	298.62	3/1/2020	12/31/2021	284.40	284.40	1/1/2022	12/31/9999
2920	66840	562.72	562.72	3/1/2020	12/31/2021	535.92	535.92	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2921	66850	936.54	936.54	3/1/2020	12/31/2021	891.94	891.94	1/1/2022	12/31/9999
2922	66852	690.81	690.81	3/1/2020	12/31/2021	657.91	657.91	1/1/2022	12/31/9999
2923	66920	690.81	690.81	3/1/2020	12/31/2021	657.91	657.91	1/1/2022	12/31/9999
2924	66930	749.37	749.37	3/1/2020	12/31/2021	713.69	713.69	1/1/2022	12/31/9999
2925	66940	621.29	621.29	3/1/2020	12/31/2021	591.70	591.70	1/1/2022	12/31/9999
2926	66982	876.76	876.76	3/1/2020	12/31/2021	835.01	835.01	1/1/2022	12/31/9999
2927	66983	876.76	876.76	3/1/2020	12/31/2021	835.01	835.01	1/1/2022	12/31/9999
2928	66984	876.76	876.76	3/1/2020	12/31/2021	835.01	835.01	1/1/2022	12/31/9999
2929	66985	777.80	777.80	3/1/2020	12/31/2021	740.76	740.76	1/1/2022	12/31/9999
2930	66986	777.80	777.80	3/1/2020	12/31/2021	740.76	740.76	1/1/2022	12/31/9999
2931	66987	2,124.24	2,124.24	3/1/2020	12/31/2021	2,023.09	2,023.09	1/1/2022	12/31/9999
2932	66988	2,124.24	2,124.24	3/1/2020	12/31/2021	2,023.09	2,023.09	1/1/2022	12/31/9999
2933	66989					2,777.20	2,777.20	1/1/2022	12/31/9999
2934	66991					2,777.20	2,777.20	1/1/2022	12/31/9999
2935	67005	682.83	682.83	3/1/2020	12/31/2021	650.31	650.31	1/1/2022	12/31/9999
2936	67010	682.83	682.83	3/1/2020	12/31/2021	650.31	650.31	1/1/2022	12/31/9999
2937	67015	482.87	482.87	3/1/2020	12/31/2021	459.88	459.88	1/1/2022	12/31/9999
2938	67025	482.87	482.87	3/1/2020	12/31/2021	459.88	459.88	1/1/2022	12/31/9999
2939	67027	769.81	769.81	3/1/2020	12/31/2021	733.15	733.15	1/1/2022	12/31/9999
2940	67028	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2941	67030	393.60	393.60	3/1/2020	12/31/2021	374.86	374.86	1/1/2022	12/31/9999
2942	67031	258.69	258.69	3/1/2020	12/31/2021	246.37	246.37	1/1/2022	12/31/9999
2943	67036	769.81	769.81	3/1/2020	12/31/2021	733.15	733.15	1/1/2022	12/31/9999
2944	67039	1,015.53	1,015.53	3/1/2020	12/31/2021	967.17	967.17	1/1/2022	12/31/9999
2945	67040	1,015.53	1,015.53	3/1/2020	12/31/2021	967.17	967.17	1/1/2022	12/31/9999
2946	67041	1,414.64	1,414.64	3/1/2020	12/31/2021	1,347.28	1,347.28	1/1/2022	12/31/9999
2947	67042	1,414.64	1,414.64	3/1/2020	12/31/2021	1,347.28	1,347.28	1/1/2022	12/31/9999
2948	67043	1,414.64	1,414.64	3/1/2020	12/31/2021	1,347.28	1,347.28	1/1/2022	12/31/9999
2949	67101	301.20	301.20	3/1/2020	12/31/2021	286.86	286.86	1/1/2022	12/31/9999
2950	67105	193.24	193.24	3/1/2020	12/31/2021	184.04	184.04	1/1/2022	12/31/9999
2951	67107	828.39	828.39	3/1/2020	12/31/2021	788.94	788.94	1/1/2022	12/31/9999
2952	67108	1,015.53	1,015.53	3/1/2020	12/31/2021	967.17	967.17	1/1/2022	12/31/9999
2953	67110	327.52	327.52	3/1/2020	12/31/2021	311.92	311.92	1/1/2022	12/31/9999
2954	67113	1,414.64	1,414.64	3/1/2020	12/31/2021	1,347.28	1,347.28	1/1/2022	12/31/9999
2955	67115	469.68	469.68	3/1/2020	12/31/2021	447.31	447.31	1/1/2022	12/31/9999
2956	67120	469.68	469.68	3/1/2020	12/31/2021	447.31	447.31	1/1/2022	12/31/9999
2957	67121	558.96	558.96	3/1/2020	12/31/2021	532.34	532.34	1/1/2022	12/31/9999
2958	67141	201.17	201.17	3/1/2020	12/31/2021	191.59	191.59	1/1/2022	12/31/9999
2959	67145	189.06	189.06	3/1/2020	12/31/2021	180.06	180.06	1/1/2022	12/31/9999
2960	67208	201.37	201.37	3/1/2020	12/31/2021	191.78	191.78	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2961	67210	193.24	193.24	3/1/2020	12/31/2021	184.04	184.04	1/1/2022	12/31/9999
2962	67218	652.12	652.12	3/1/2020	12/31/2021	621.07	621.07	1/1/2022	12/31/9999
2963	67220	153.58	153.58	3/1/2020	12/31/2021	146.27	146.27	1/1/2022	12/31/9999
2964	67221	123.75	123.75	3/1/2020	12/31/2021	117.86	117.86	1/1/2022	12/31/9999
2965	67227	482.87	482.87	3/1/2020	12/31/2021	459.88	459.88	1/1/2022	12/31/9999
2966	67228	193.24	193.24	3/1/2020	12/31/2021	184.04	184.04	1/1/2022	12/31/9999
2967	67250	517.36	517.36	3/1/2020	12/31/2021	492.72	492.72	1/1/2022	12/31/9999
2968	67255	602.04	602.04	3/1/2020	12/31/2021	573.37	573.37	1/1/2022	12/31/9999
2969	67311	567.51	567.51	3/1/2020	12/31/2021	540.49	540.49	1/1/2022	12/31/9999
2970	67312	648.30	648.30	3/1/2020	12/31/2021	617.43	617.43	1/1/2022	12/31/9999
2971	67314	648.30	648.30	3/1/2020	12/31/2021	617.43	617.43	1/1/2022	12/31/9999
2972	67316	648.30	648.30	3/1/2020	12/31/2021	617.43	617.43	1/1/2022	12/31/9999
2973	67318	648.30	648.30	3/1/2020	12/31/2021	617.43	617.43	1/1/2022	12/31/9999
2974	67343	894.02	894.02	3/1/2020	12/31/2021	851.45	851.45	1/1/2022	12/31/9999
2975	67345	81.36	81.36	3/1/2020	12/31/2021	77.49	77.49	1/1/2022	12/31/9999
2976	67346	351.89	351.89	3/1/2020	12/31/2021	335.13	335.13	1/1/2022	12/31/9999
2977	67400	569.17	569.17	3/1/2020	12/31/2021	542.07	542.07	1/1/2022	12/31/9999
2978	67405	649.96	649.96	3/1/2020	12/31/2021	619.01	619.01	1/1/2022	12/31/9999
2979	67412	708.53	708.53	3/1/2020	12/31/2021	674.79	674.79	1/1/2022	12/31/9999
2980	67413	708.53	708.53	3/1/2020	12/31/2021	674.79	674.79	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
2981	67414	1,401.93	1,401.93	3/1/2020	12/31/2021	1,335.17	1,335.17	1/1/2022	12/31/9999
2982	67415	398.20	398.20	3/1/2020	12/31/2021	379.24	379.24	1/1/2022	12/31/9999
2983	67420	833.20	833.20	3/1/2020	12/31/2021	793.52	793.52	1/1/2022	12/31/9999
2984	67430	833.20	833.20	3/1/2020	12/31/2021	793.52	793.52	1/1/2022	12/31/9999
2985	67440	833.20	833.20	3/1/2020	12/31/2021	793.52	793.52	1/1/2022	12/31/9999
2986	67445	833.20	833.20	3/1/2020	12/31/2021	793.52	793.52	1/1/2022	12/31/9999
2987	67450	833.20	833.20	3/1/2020	12/31/2021	793.52	793.52	1/1/2022	12/31/9999
2988	67500	80.98	80.98	3/1/2020	12/31/2021	77.12	77.12	1/1/2022	12/31/9999
2989	67505	107.85	107.85	3/1/2020	12/31/2021	102.71	102.71	1/1/2022	12/31/9999
2990	67515	23.25	23.25	3/1/2020	12/31/2021	22.14	22.14	1/1/2022	12/31/9999
2991	67570	774.61	774.61	3/1/2020	12/31/2021	737.72	737.72	1/1/2022	12/31/9999
2992	67700	107.85	107.85	3/1/2020	12/31/2021	102.71	102.71	1/1/2022	12/31/9999
2993	67710	155.20	155.20	3/1/2020	12/31/2021	147.81	147.81	1/1/2022	12/31/9999
2994	67715	398.20	398.20	3/1/2020	12/31/2021	379.24	379.24	1/1/2022	12/31/9999
2995	67800	51.28	51.28	3/1/2020	12/31/2021	48.84	48.84	1/1/2022	12/31/9999
2996	67801	62.22	62.22	3/1/2020	12/31/2021	59.26	59.26	1/1/2022	12/31/9999
2997	67805	80.34	80.34	3/1/2020	12/31/2021	76.51	76.51	1/1/2022	12/31/9999
2998	67808	474.27	474.27	3/1/2020	12/31/2021	451.69	451.69	1/1/2022	12/31/9999
2999	67810	107.85	107.85	3/1/2020	12/31/2021	102.71	102.71	1/1/2022	12/31/9999
3000	67825	53.69	53.69	3/1/2020	12/31/2021	51.13	51.13	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
3001	67830	367.94	367.94	3/1/2020	12/31/2021	350.42	350.42	1/1/2022	12/31/9999
3002	67835	474.27	474.27	3/1/2020	12/31/2021	451.69	451.69	1/1/2022	12/31/9999
3003	67840	160.34	160.34	3/1/2020	12/31/2021	152.70	152.70	1/1/2022	12/31/9999
3004	67850	113.85	113.85	3/1/2020	12/31/2021	108.43	108.43	1/1/2022	12/31/9999
3005	67875	270.72	270.72	3/1/2020	12/31/2021	257.83	257.83	1/1/2022	12/31/9999
3006	67880	493.59	493.59	3/1/2020	12/31/2021	470.09	470.09	1/1/2022	12/31/9999
3007	67882	517.36	517.36	3/1/2020	12/31/2021	492.72	492.72	1/1/2022	12/31/9999
3008	67901	656.72	656.72	3/1/2020	12/31/2021	625.45	625.45	1/1/2022	12/31/9999
3009	67902	656.72	656.72	3/1/2020	12/31/2021	625.45	625.45	1/1/2022	12/31/9999
3010	67903	598.14	598.14	3/1/2020	12/31/2021	569.66	569.66	1/1/2022	12/31/9999
3011	67904	598.14	598.14	3/1/2020	12/31/2021	569.66	569.66	1/1/2022	12/31/9999
3012	67906	656.72	656.72	3/1/2020	12/31/2021	625.45	625.45	1/1/2022	12/31/9999
3013	67908	598.14	598.14	3/1/2020	12/31/2021	569.66	569.66	1/1/2022	12/31/9999
3014	67909	598.14	598.14	3/1/2020	12/31/2021	569.66	569.66	1/1/2022	12/31/9999
3015	67911	517.36	517.36	3/1/2020	12/31/2021	492.72	492.72	1/1/2022	12/31/9999
3016	67912	517.36	517.36	3/1/2020	12/31/2021	492.72	492.72	1/1/2022	12/31/9999
3017	67914	517.36	517.36	3/1/2020	12/31/2021	492.72	492.72	1/1/2022	12/31/9999
3018	67915	176.07	176.07	3/1/2020	12/31/2021	167.69	167.69	1/1/2022	12/31/9999
3019	67916	598.14	598.14	3/1/2020	12/31/2021	569.66	569.66	1/1/2022	12/31/9999
3020	67917	598.14	598.14	3/1/2020	12/31/2021	569.66	569.66	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
3021	67921	517.36	517.36	3/1/2020	12/31/2021	492.72	492.72	1/1/2022	12/31/9999
3022	67922	172.31	172.31	3/1/2020	12/31/2021	164.10	164.10	1/1/2022	12/31/9999
3023	67923	598.14	598.14	3/1/2020	12/31/2021	569.66	569.66	1/1/2022	12/31/9999
3024	67924	598.14	598.14	3/1/2020	12/31/2021	569.66	569.66	1/1/2022	12/31/9999
3025	67930	172.31	172.31	3/1/2020	12/31/2021	164.10	164.10	1/1/2022	12/31/9999
3026	67935	474.27	474.27	3/1/2020	12/31/2021	451.69	451.69	1/1/2022	12/31/9999
3027	67938	80.99	80.99	3/1/2020	12/31/2021	77.13	77.13	1/1/2022	12/31/9999
3028	67950	474.27	474.27	3/1/2020	12/31/2021	451.69	451.69	1/1/2022	12/31/9999
3029	67961	517.36	517.36	3/1/2020	12/31/2021	492.72	492.72	1/1/2022	12/31/9999
3030	67966	517.36	517.36	3/1/2020	12/31/2021	492.72	492.72	1/1/2022	12/31/9999
3031	67971	569.17	569.17	3/1/2020	12/31/2021	542.07	542.07	1/1/2022	12/31/9999
3032	67973	569.17	569.17	3/1/2020	12/31/2021	542.07	542.07	1/1/2022	12/31/9999
3033	67974	569.17	569.17	3/1/2020	12/31/2021	542.07	542.07	1/1/2022	12/31/9999
3034	67975	517.36	517.36	3/1/2020	12/31/2021	492.72	492.72	1/1/2022	12/31/9999
3035	68020	45.12	45.12	3/1/2020	12/31/2021	42.97	42.97	1/1/2022	12/31/9999
3036	68040	22.56	22.56	3/1/2020	12/31/2021	21.49	21.49	1/1/2022	12/31/9999
3037	68100	96.06	96.06	3/1/2020	12/31/2021	91.49	91.49	1/1/2022	12/31/9999
3038	68110	122.72	122.72	3/1/2020	12/31/2021	116.88	116.88	1/1/2022	12/31/9999
3039	68115	474.27	474.27	3/1/2020	12/31/2021	451.69	451.69	1/1/2022	12/31/9999
3040	68130	450.50	450.50	3/1/2020	12/31/2021	429.05	429.05	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
3041	68135	58.12	58.12	3/1/2020	12/31/2021	55.35	55.35	1/1/2022	12/31/9999
3042	68320	598.14	598.14	3/1/2020	12/31/2021	569.66	569.66	1/1/2022	12/31/9999
3043	68325	649.96	649.96	3/1/2020	12/31/2021	619.01	619.01	1/1/2022	12/31/9999
3044	68326	649.96	649.96	3/1/2020	12/31/2021	619.01	619.01	1/1/2022	12/31/9999
3045	68328	649.96	649.96	3/1/2020	12/31/2021	619.01	619.01	1/1/2022	12/31/9999
3046	68330	639.45	639.45	3/1/2020	12/31/2021	609.00	609.00	1/1/2022	12/31/9999
3047	68335	649.96	649.96	3/1/2020	12/31/2021	619.01	619.01	1/1/2022	12/31/9999
3048	68340	598.14	598.14	3/1/2020	12/31/2021	569.66	569.66	1/1/2022	12/31/9999
3049	68360	515.57	515.57	3/1/2020	12/31/2021	491.02	491.02	1/1/2022	12/31/9999
3050	68362	515.57	515.57	3/1/2020	12/31/2021	491.02	491.02	1/1/2022	12/31/9999
3051	68400	107.85	107.85	3/1/2020	12/31/2021	102.71	102.71	1/1/2022	12/31/9999
3052	68420	184.28	184.28	3/1/2020	12/31/2021	175.50	175.50	1/1/2022	12/31/9999
3053	68440	57.10	57.10	3/1/2020	12/31/2021	54.38	54.38	1/1/2022	12/31/9999
3054	68500	569.17	569.17	3/1/2020	12/31/2021	542.07	542.07	1/1/2022	12/31/9999
3055	68505	569.17	569.17	3/1/2020	12/31/2021	542.07	542.07	1/1/2022	12/31/9999
3056	68510	398.20	398.20	3/1/2020	12/31/2021	379.24	379.24	1/1/2022	12/31/9999
3057	68520	569.17	569.17	3/1/2020	12/31/2021	542.07	542.07	1/1/2022	12/31/9999
3058	68525	398.20	398.20	3/1/2020	12/31/2021	379.24	379.24	1/1/2022	12/31/9999
3059	68530	235.56	235.56	3/1/2020	12/31/2021	224.34	224.34	1/1/2022	12/31/9999
3060	68540	569.17	569.17	3/1/2020	12/31/2021	542.07	542.07	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
3061	68550	569.17	569.17	3/1/2020	12/31/2021	542.07	542.07	1/1/2022	12/31/9999
3062	68700	526.08	526.08	3/1/2020	12/31/2021	501.03	501.03	1/1/2022	12/31/9999
3063	68705	107.85	107.85	3/1/2020	12/31/2021	102.71	102.71	1/1/2022	12/31/9999
3064	68720	649.96	649.96	3/1/2020	12/31/2021	619.01	619.01	1/1/2022	12/31/9999
3065	68745	649.96	649.96	3/1/2020	12/31/2021	619.01	619.01	1/1/2022	12/31/9999
3066	68750	649.96	649.96	3/1/2020	12/31/2021	619.01	619.01	1/1/2022	12/31/9999
3067	68760	80.98	80.98	3/1/2020	12/31/2021	77.12	77.12	1/1/2022	12/31/9999
3068	68761	70.09	70.09	3/1/2020	12/31/2021	66.75	66.75	1/1/2022	12/31/9999
3069	68770	598.14	598.14	3/1/2020	12/31/2021	569.66	569.66	1/1/2022	12/31/9999
3070	68810	109.01	109.01	3/1/2020	12/31/2021	103.82	103.82	1/1/2022	12/31/9999
3071	68811	474.27	474.27	3/1/2020	12/31/2021	451.69	451.69	1/1/2022	12/31/9999
3072	68815	474.27	474.27	3/1/2020	12/31/2021	451.69	451.69	1/1/2022	12/31/9999
3073	68816	699.47	699.47	3/1/2020	12/31/2021	666.16	666.16	1/1/2022	12/31/9999
3074	68840	52.98	52.98	3/1/2020	12/31/2021	50.46	50.46	1/1/2022	12/31/9999
3075	69000	52.27	52.27	3/1/2020	12/31/2021	49.78	49.78	1/1/2022	12/31/9999
3076	69005	101.20	101.20	3/1/2020	12/31/2021	96.38	96.38	1/1/2022	12/31/9999
3077	69020	52.27	52.27	3/1/2020	12/31/2021	49.78	49.78	1/1/2022	12/31/9999
3078	69100	60.86	60.86	3/1/2020	12/31/2021	57.96	57.96	1/1/2022	12/31/9999
3079	69105	85.13	85.13	3/1/2020	12/31/2021	81.08	81.08	1/1/2022	12/31/9999
3080	69110	373.77	373.77	3/1/2020	12/31/2021	355.97	355.97	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
3081	69120	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
3082	69140	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
3083	69145	449.84	449.84	3/1/2020	12/31/2021	428.42	428.42	1/1/2022	12/31/9999
3084	69150	381.66	381.66	3/1/2020	12/31/2021	363.49	363.49	1/1/2022	12/31/9999
3085	69205	420.30	420.30	3/1/2020	12/31/2021	400.29	400.29	1/1/2022	12/31/9999
3086	69222	133.68	133.68	3/1/2020	12/31/2021	127.31	127.31	1/1/2022	12/31/9999
3087	69310	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
3088	69320	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3089	69420	92.91	92.91	3/1/2020	12/31/2021	88.49	88.49	1/1/2022	12/31/9999
3090	69421	495.05	495.05	3/1/2020	12/31/2021	471.48	471.48	1/1/2022	12/31/9999
3091	69424	77.27	77.27	3/1/2020	12/31/2021	73.59	73.59	1/1/2022	12/31/9999
3092	69433	109.75	109.75	3/1/2020	12/31/2021	104.52	104.52	1/1/2022	12/31/9999
3093	69436	495.05	495.05	3/1/2020	12/31/2021	471.48	471.48	1/1/2022	12/31/9999
3094	69440	566.10	566.10	3/1/2020	12/31/2021	539.14	539.14	1/1/2022	12/31/9999
3095	69450	594.66	594.66	3/1/2020	12/31/2021	566.34	566.34	1/1/2022	12/31/9999
3096	69501	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3097	69502	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
3098	69505	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3099	69511	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3100	69530	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
3101	69540	130.59	130.59	3/1/2020	12/31/2021	124.37	124.37	1/1/2022	12/31/9999
3102	69550	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
3103	69552	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3104	69601	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3105	69602	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3106	69603	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3107	69604	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3108	69610	179.15	179.15	3/1/2020	12/31/2021	170.62	170.62	1/1/2022	12/31/9999
3109	69620	523.01	523.01	3/1/2020	12/31/2021	498.10	498.10	1/1/2022	12/31/9999
3110	69631	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
3111	69632	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
3112	69633	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
3113	69635	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3114	69636	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3115	69637	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3116	69641	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3117	69642	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3118	69643	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3119	69644	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3120	69645	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
3121	69646	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3122	69650	892.61	892.61	3/1/2020	12/31/2021	850.10	850.10	1/1/2022	12/31/9999
3123	69660	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
3124	69661	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
3125	69662	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
3126	69666	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
3127	69667	794.62	794.62	3/1/2020	12/31/2021	756.78	756.78	1/1/2022	12/31/9999
3128	69670	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
3129	69676	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
3130	69700	713.83	713.83	3/1/2020	12/31/2021	679.84	679.84	1/1/2022	12/31/9999
3131	69714	6,640.20	6,640.20	3/1/2020	12/31/2021	6,324.00	6,324.00	1/1/2022	12/31/9999
<b>3132</b>	<b>69715</b>	<b>6,640.20</b>	<b>6,640.20</b>	<b>3/1/2020</b>	<b>12/31/2021</b>				
3133	69717	6,640.20	6,640.20	3/1/2020	12/31/2021	6,324.00	6,324.00	1/1/2022	12/31/9999
<b>3134</b>	<b>69718</b>	<b>6,640.20</b>	<b>6,640.20</b>	<b>3/1/2020</b>	<b>12/31/2021</b>				
3135	69720	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
3136	69740	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
3137	69745	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
3138	69801	853.18	853.18	3/1/2020	12/31/2021	812.55	812.55	1/1/2022	12/31/9999
3139	69805	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3140	69806	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
3141	69905	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3142	69910	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3143	69915	1,040.34	1,040.34	3/1/2020	12/31/2021	990.80	990.80	1/1/2022	12/31/9999
3144	69930	1,028.74	1,028.74	3/1/2020	12/31/2021	979.75	979.75	1/1/2022	12/31/9999
3145	72083	107.08	107.08	3/1/2020	12/31/2021	101.98	101.98	1/1/2022	12/31/9999
3146	72084	107.08	107.08	3/1/2020	12/31/2021	101.98	101.98	1/1/2022	12/31/9999
3147	74176	124.58	124.58	3/1/2020	12/31/2021	118.65	118.65	1/1/2022	12/31/9999
3148	74177	227.93	227.93	3/1/2020	12/31/2021	217.07	217.07	1/1/2022	12/31/9999
3149	74178	227.93	227.93	3/1/2020	12/31/2021	217.07	217.07	1/1/2022	12/31/9999
<b>3150</b>	<b>76145*</b>					<b>54.59</b>	<b>54.59</b>	<b>1/1/2021</b>	<b>12/31/9999</b>
3151	76881	46.91	46.91	3/1/2020	12/31/2021	44.67	44.67	1/1/2022	12/31/9999
3152	76978	92.43	92.43	3/1/2020	12/31/2021	88.03	88.03	1/1/2022	12/31/9999
3153	77046	105.64	105.64	3/1/2020	12/31/2021	100.61	100.61	1/1/2022	12/31/9999
3154	77047	105.64	105.64	3/1/2020	12/31/2021	100.61	100.61	1/1/2022	12/31/9999
3155	77306	55.50	55.50	3/1/2020	12/31/2021	52.86	52.86	1/1/2022	12/31/9999
3156	77307	55.50	55.50	3/1/2020	12/31/2021	52.86	52.86	1/1/2022	12/31/9999
3157	77316	55.50	55.50	3/1/2020	12/31/2021	52.86	52.86	1/1/2022	12/31/9999
3158	77317	132.18	132.18	3/1/2020	12/31/2021	125.88	125.88	1/1/2022	12/31/9999
3159	77318	154.28	154.28	3/1/2020	12/31/2021	146.94	146.94	1/1/2022	12/31/9999
3160	77338	102.01	102.01	3/1/2020	12/31/2021	97.15	97.15	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated August 24, 2022 )**  
**TAXONOMY 261QA1903X**  
**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
3161	77385	249.05	249.05	3/1/2020	12/31/2021	237.19	237.19	1/1/2022	12/31/9999
3162	77386	249.05	249.05	3/1/2020	12/31/2021	237.19	237.19	1/1/2022	12/31/9999
3163	77767	108.41	108.41	3/1/2020	12/31/2021	103.25	103.25	1/1/2022	12/31/9999
3164	77768	108.41	108.41	3/1/2020	12/31/2021	103.25	103.25	1/1/2022	12/31/9999
3165	77770	388.34	388.34	3/1/2020	12/31/2021	369.84	369.84	1/1/2022	12/31/9999
3166	77771	388.34	388.34	3/1/2020	12/31/2021	369.84	369.84	1/1/2022	12/31/9999
3167	77772	388.34	388.34	3/1/2020	12/31/2021	369.84	369.84	1/1/2022	12/31/9999
3168	78012	53.85	53.85	3/1/2020	12/31/2021	51.29	51.29	1/1/2022	12/31/9999
3169	78013	70.86	70.86	3/1/2020	12/31/2021	67.49	67.49	1/1/2022	12/31/9999
3170	78265	185.54	185.54	3/1/2020	12/31/2021	176.71	176.71	1/1/2022	12/31/9999
3171	78266	246.18	246.18	3/1/2020	12/31/2021	234.46	234.46	1/1/2022	12/31/9999
3172	78451	221.84	221.84	3/1/2020	12/31/2021	211.28	211.28	1/1/2022	12/31/9999
3173	78452	324.62	324.62	3/1/2020	12/31/2021	309.16	309.16	1/1/2022	12/31/9999
3174	78453	198.73	198.73	3/1/2020	12/31/2021	189.27	189.27	1/1/2022	12/31/9999
3175	78454	286.24	286.24	3/1/2020	12/31/2021	272.61	272.61	1/1/2022	12/31/9999
3176	J0185	2.10	2.10	3/1/2020	12/31/2021	2.00	2.00	1/1/2022	12/31/9999
3177	J0202	1,738.83	1,738.83	3/1/2020	12/31/2021	1,656.03	1,656.03	1/1/2022	12/31/9999
3178	J0565	40.08	40.08	3/1/2020	12/31/2021	38.17	38.17	1/1/2022	12/31/9999
3179	J0570	1,277.32	1,277.32	3/1/2020	12/31/2021	1,216.49	1,216.49	1/1/2022	12/31/9999
3180	J0584	352.52	352.52	3/1/2020	12/31/2021	335.73	335.73	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022			
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date				
3181 J0596	23.23	23.23	3/1/2020	12/31/2021	22.13	22.13	1/1/2022	12/31/9999
3182 J0695	0.42	0.42	3/1/2020	12/31/2021	0.40	0.40	1/1/2022	12/31/9999
3183 J0714	75.34	75.34	3/1/2020	12/31/2021	71.75	71.75	1/1/2022	12/31/9999
3184 J0841	1,253.46	1,253.46	3/1/2020	12/31/2021	1,193.77	1,193.77	1/1/2022	12/31/9999
3185 J1301	19.11	19.11	3/1/2020	12/31/2021	18.20	18.20	1/1/2022	12/31/9999
3186 J1322	239.80	239.80	3/1/2020	12/31/2021	228.38	228.38	1/1/2022	12/31/9999
3187 J1439	1.17	1.17	3/1/2020	12/31/2021	1.11	1.11	1/1/2022	12/31/9999
3188 J1447	3.85	3.85	3/1/2020	12/31/2021	3.67	3.67	1/1/2022	12/31/9999
3189 J1454	528.20	528.20	3/1/2020	12/31/2021	503.04	503.04	1/1/2022	12/31/9999
3190 J1555	13.76	13.76	3/1/2020	12/31/2021	13.10	13.10	1/1/2022	12/31/9999
3191 J1575	10.93	10.93	3/1/2020	12/31/2021	10.41	10.41	1/1/2022	12/31/9999
3192 J1726	27.54	27.54	3/1/2020	12/31/2021	26.23	26.23	1/1/2022	12/31/9999
3193 J1746	58.49	58.49	3/1/2020	12/31/2021	55.71	55.71	1/1/2022	12/31/9999
3194 J1833	0.68	0.68	3/1/2020	12/31/2021	0.65	0.65	1/1/2022	12/31/9999
3195 J2407	25.01	25.01	3/1/2020	12/31/2021	23.82	23.82	1/1/2022	12/31/9999
3196 J2502	250.63	250.63	3/1/2020	12/31/2021	238.70	238.70	1/1/2022	12/31/9999
3197 J2547	1.68	1.68	3/1/2020	12/31/2021	1.60	1.60	1/1/2022	12/31/9999
3198 J2840	528.68	528.68	3/1/2020	12/31/2021	503.50	503.50	1/1/2022	12/31/9999
3199 J2860	8.88	8.88	3/1/2020	12/31/2021	8.46	8.46	1/1/2022	12/31/9999
3200 J3090	0.12	0.12	3/1/2020	12/31/2021	0.11	0.11	1/1/2022	12/31/9999



**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
3201	J3304	18.83	18.83	3/1/2020	12/31/2021	17.94	17.94	1/1/2022	12/31/9999
3202	J3316	2,868.00	2,868.00	3/1/2020	12/31/2021	2,731.43	2,731.43	1/1/2022	12/31/9999
3203	J3358	12.82	12.82	3/1/2020	12/31/2021	12.21	12.21	1/1/2022	12/31/9999
3204	J3380	16.99	16.99	3/1/2020	12/31/2021	16.18	16.18	1/1/2022	12/31/9999
3205	J7170	48.48	48.48	3/1/2020	12/31/2021	46.17	46.17	1/1/2022	12/31/9999
3206	J7175	6.50	6.50	3/1/2020	12/31/2021	6.19	6.19	1/1/2022	12/31/9999
3207	J7179	2.30	2.30	3/1/2020	12/31/2021	2.19	2.19	1/1/2022	12/31/9999
3208	J7181	14.93	14.93	3/1/2020	12/31/2021	14.22	14.22	1/1/2022	12/31/9999
3209	J7188	4.89	4.89	3/1/2020	12/31/2021	4.66	4.66	1/1/2022	12/31/9999
3210	J7200	1.38	1.38	3/1/2020	12/31/2021	1.31	1.31	1/1/2022	12/31/9999
3211	J7201	3.11	3.11	3/1/2020	12/31/2021	2.96	2.96	1/1/2022	12/31/9999
3212	J7202	4.13	4.13	3/1/2020	12/31/2021	3.93	3.93	1/1/2022	12/31/9999
3213	J7203	3.64	3.64	3/1/2020	12/31/2021	3.47	3.47	1/1/2022	12/31/9999
3214	J7205	1.90	1.90	3/1/2020	12/31/2021	1.81	1.81	1/1/2022	12/31/9999
3215	J7207	1.74	1.74	3/1/2020	12/31/2021	1.65	1.65	1/1/2022	12/31/9999
3216	J7209	1.70	1.70	3/1/2020	12/31/2021	1.62	1.62	1/1/2022	12/31/9999
3217	J7210	1.42	1.42	3/1/2020	12/31/2021	1.35	1.35	1/1/2022	12/31/9999
3218	J7211	1.25	1.25	3/1/2020	12/31/2021	1.19	1.19	1/1/2022	12/31/9999
3219	J7313	489.72	489.72	3/1/2020	12/31/2021	466.40	466.40	1/1/2022	12/31/9999
3220	J7342	29.89	29.89	3/1/2020	12/31/2021	28.46	28.46	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

( Last Updated August 24, 2022 )

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19	COVID-19	COVID-19	COVID-19	RATES EFFECTIVE 01/01/2022				
	5%	5%	5%	5%	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
PROCEDURE CODE	Increased Facility	Increased Non-Facility	Beginning Date	End Date					
3221	J9022	75.60	75.60	3/1/2020	12/31/2021	72.00	72.00	1/1/2022	12/31/9999
3222	J9023	79.17	79.17	3/1/2020	12/31/2021	75.40	75.40	1/1/2022	12/31/9999
3223	J9032	31.56	31.56	3/1/2020	12/31/2021	30.06	30.06	1/1/2022	12/31/9999
3224	J9034	23.63	23.63	3/1/2020	12/31/2021	22.51	22.51	1/1/2022	12/31/9999
3225	J9039	95.76	95.76	3/1/2020	12/31/2021	91.20	91.20	1/1/2022	12/31/9999
3226	J9057	77.27	77.27	3/1/2020	12/31/2021	73.59	73.59	1/1/2022	12/31/9999
3227	J9145	46.80	46.80	3/1/2020	12/31/2021	44.57	44.57	1/1/2022	12/31/9999
3228	J9153	189.84	189.84	3/1/2020	12/31/2021	180.80	180.80	1/1/2022	12/31/9999
3229	J9173	73.67	73.67	3/1/2020	12/31/2021	70.16	70.16	1/1/2022	12/31/9999
3230	J9176	6.21	6.21	3/1/2020	12/31/2021	5.92	5.92	1/1/2022	12/31/9999
3231	J9203	192.68	192.68	3/1/2020	12/31/2021	183.50	183.50	1/1/2022	12/31/9999
3232	J9205	39.41	39.41	3/1/2020	12/31/2021	37.53	37.53	1/1/2022	12/31/9999
3233	J9229	2,202.75	2,202.75	3/1/2020	12/31/2021	2,097.86	2,097.86	1/1/2022	12/31/9999
3234	J9271	45.58	45.58	3/1/2020	12/31/2021	43.41	43.41	1/1/2022	12/31/9999
3235	J9295	5.25	5.25	3/1/2020	12/31/2021	5.00	5.00	1/1/2022	12/31/9999
3236	J9299	25.32	25.32	3/1/2020	12/31/2021	24.11	24.11	1/1/2022	12/31/9999
3237	J9301	59.77	59.77	3/1/2020	12/31/2021	56.92	56.92	1/1/2022	12/31/9999
3238	J9308	53.84	53.84	3/1/2020	12/31/2021	51.27	51.27	1/1/2022	12/31/9999
3239	J9311	46.52	46.52	3/1/2020	12/31/2021	44.31	44.31	1/1/2022	12/31/9999
3240	J9312	95.16	95.16	3/1/2020	12/31/2021	90.63	90.63	1/1/2022	12/31/9999

**Ambulatory Surgical Center Fee Schedule**

**( Last Updated August 24, 2022 )**

**TAXONOMY 261QA1903X**

**Pricing Specialty 068**

**Modifiers: SG**

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 Coverage Policies on the NC Medicaid Web Site.

*\* NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.*

	COVID-19 5%	COVID-19 5%	COVID-19 5%	COVID-19 5%	<b>RATES EFFECTIVE 01/01/2022</b>				
	Increased Facility	Increased Non-Facility	Beginning Date	End Date	CURRENT FACILITY	CURRENT FACILITY	BEGINNING DATE	END DATE	
3241	J9325	46.01	46.01	3/1/2020	12/31/2021	43.82	43.82	1/1/2022	12/31/9999
3242	J9352	282.63	282.63	3/1/2020	12/31/2021	269.17	269.17	1/1/2022	12/31/9999
3243	Q5108	357.45	357.45	3/1/2020	12/31/2021	340.43	340.43	1/1/2022	12/31/9999

**\*No COVID-19 rate increase apply to new services.**

**Notes:**

\* Last Updated 08/29/2022

Please note: Colored coded text changes (if any) in bold - Additions (BLUE), End Dated (RED) for this period

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated Jun 2021 )**  
**Pricing Specialty 068**  
**Modifier SG**

**TERMINATED SERVICES UPDATED**

					COVID-19	COVID-19	COVID-19	COVID-19
					5%	5%	5%	5%
PROCEDURE	CURRENT	CURRENT	EFFECTIVE	CODE		Non	Beginning	End
CODE	FACILITY	NON-FACILITY	DATE	ENDED	Facility	Facility	Date	Date
1	10022	153.14	153.14	7/1/2012	12/31/2018			
2	11100	28.07	28.07	7/1/2012	12/31/2018			
3	15732	505.79	505.79	7/1/2012	12/31/2017			
4	19102	227.67	227.67	1/1/2001	12/31/2013			
5	19103	392.58	392.58	1/1/2001	12/31/2013			
6	19290	54.96	54.96	1/1/1993	12/31/2013			
7	19291	27.07	27.07	1/1/1993	12/31/2013			
8	19295	27.07	27.07	1/1/2001	12/31/2013			
9	19304	684.54	684.54	7/1/2012	12/31/2019			
10	20005	474.15	474.15	7/1/2012	12/31/2018			
11	20926	443.99	443.99	7/1/2012	12/31/2019			
12	21245	990.80	990.80	7/1/2012	7/31/2018			
13	21246	990.80	990.80	7/1/2012	7/31/2018			
14	21248	990.80	990.80	7/1/2012	7/31/2018			
15	21249	990.80	990.80	7/1/2012	7/31/2018			
16	21805	543.30	543.30	1/1/1974	12/31/2015			
17	23331	420.30	420.30	1/1/1974	12/31/2013			
18	26551	570.00	570.00	10/1/1997	2/29/2020	598.50	598.50	3/1/2020 12/31/2020
19	29582	24.26	24.26	7/1/2012	2/29/2020	25.48	25.48	3/1/2020 12/31/2020
20	29583	24.26	24.26	7/1/2012	2/29/2020	25.48	25.48	3/1/2020 12/31/2020

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated Jun 2021 )**  
**Pricing Specialty 068**  
**Modifier SG**

**TERMINATED SERVICES UPDATED**

						COVID-19 5%	COVID-19 5%	COVID-19 5%	COVID-19 5%
PROCEDURE CODE	CURRENT FACILITY	CURRENT NON- FACILITY	EFFECTIVE DATE	CODE ENDED	Facility	Non Facility	Beginning Date	End Date	
21	31320	638.79	638.79	7/1/2012	2/29/2020	670.73	670.73	3/1/2020	12/31/2020
22	31595	638.79	638.79	7/1/2012	2/29/2020	670.73	670.73	3/1/2020	12/31/2020
23	32405	296.11	296.11	7/1/2012	2/29/2020	310.92	310.92	3/1/2020	12/31/2020
24	33010	188.87	188.87	7/1/2012	2/29/2020	198.31	198.31	3/1/2020	12/31/2020
25	33011	188.87	188.87	7/1/2012	2/29/2020	198.31	198.31	3/1/2020	12/31/2020
26	33282	3,483.32	3,483.32	7/1/2012	2/29/2020	3,657.49	3,657.49	3/1/2020	12/31/2020
27	33284	307.39	307.39	7/1/2012	2/29/2020	322.76	322.76	3/1/2020	12/31/2020
28	35761	1,051.04	1,051.04	7/1/2012	2/29/2020	1,103.59	1,103.59	3/1/2020	12/31/2020
29	36515	1,083.15	1,083.15	7/1/2012	2/29/2020	1,137.31	1,137.31	3/1/2020	12/31/2020
30	37250	94.48	94.48	1/1/1997	12/31/2015				
31	37251	70.75	70.75	1/1/1997	12/31/2015				
32	40806	69.35	69.35	7/1/2012	7/31/2018				
33	40819	279.40	279.40	7/1/2012	7/31/2018				
34	41500	425.65	425.65	7/1/2012	2/29/2020	446.93	446.93	3/1/2020	12/31/2020
35	42281	577.93	577.93	7/1/2012	7/31/2018				
36	42802	375.88	375.88	1/1/1974	12/31/2013				
37	43219	456.27	456.27	1/1/1975	12/31/2013				
38	43228	535.52	535.52	1/1/1975	12/31/2013				
39	43256	575.43	575.43	1/1/2001	12/31/2013				
40	43258	422.34	422.34	1/1/1975	12/31/2013				

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated Jun 2021 )**  
**Pricing Specialty 068**  
**Modifier SG**

**TERMINATED SERVICES UPDATED**

PROCEDURE CODE	CURRENT FACILITY	CURRENT NON- FACILITY	EFFECTIVE DATE	CODE ENDED	COVID-19	COVID-19	COVID-19	COVID-19
					5%	5%	5%	5%
					Facility	Non Facility	Beginning Date	End Date
41 43267	494.90	494.90	1/1/1973	12/31/2013				
42 43268	532.34	532.34	1/1/1974	12/31/2013				
43 43269	532.34	532.34	1/1/1989	12/31/2013				
44 43271	494.90	494.90	1/1/1973	12/31/2013				
45 43272	494.90	494.90	1/1/1973	12/31/2013				
46 43456	280.10	280.10	1/1/1974	12/31/2013				
47 43458	304.80	304.80	1/1/1994	12/31/2013				
48 43760	121.60	121.60	7/1/2012	2/29/2020	127.68	127.68	3/1/2020	12/31/2020
49 46762	904.82	904.82	7/1/2012	2/29/2020	950.06	950.06	3/1/2020	12/31/2020
50 47510	566.78	566.78	1/1/1977	12/31/2015				
51 47511	1,105.26	1,105.26	1/1/1992	12/31/2015				
52 47525	366.83	366.83	1/1/1987	12/31/2015				
53 47530	366.83	366.83	1/1/1987	12/31/2015				
54 47560	662.91	662.91	1/1/2000	12/31/2015				
55 47561	662.91	662.91	1/1/2000	12/31/2015				
56 47630	609.87	609.87	1/1/1975	12/31/2015				
57 50392	390.87	390.87	1/1/1974	12/31/2015				
58 50393	454.37	454.37	1/1/1977	12/31/2015				
59 50394	44.84	44.84	1/1/1974	12/31/2015				
60 50395	372.26	372.26	7/1/2012	2/29/2020	390.87	390.87	3/1/2020	12/31/2020

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated Jun 2021 )**  
**Pricing Specialty 068**  
**Modifier SG**

**TERMINATED SERVICES UPDATED**

PROCEDURE CODE	CURRENT FACILITY	CURRENT NON- FACILITY	EFFECTIVE DATE	CODE ENDED	COVID-19	COVID-19	COVID-19	COVID-19	
					5%	5%	5%	5%	
					Facility	Non Facility	Beginning Date	End Date	
61	50398	366.83	366.83	1/1/1974	12/31/2015				
62	54400	3,033.54	3,033.54	7/1/2012	7/31/2018				
63	54660	483.49	483.49	7/1/2012	7/31/2018				
64	54900	601.47	601.47	7/1/2012	7/31/2018				
65	54901	601.47	601.47	7/1/2012	7/31/2018				
66	55450	202.85	202.85	7/1/2012	2/29/2020	212.99	212.99	3/1/2020	12/31/2020
67	55650	631.53	631.53	1/1/2008	2/29/2020	631.53	631.53	3/1/2020	12/31/2020
68	58565	1,236.43	1,236.43	7/1/2012	12/31/2018				
69	58672	862.60	862.60	7/1/2012	7/31/2018				
70	58673	862.60	862.60	7/1/2012	7/31/2018				
71	59866	97.63	97.63	7/1/2012	7/31/2018				
72	63615	638.90	638.90	7/1/2012	2/29/2020	670.85	670.85	3/1/2020	12/31/2020
73	64410	275.93	275.93	7/1/2012	2/29/2020	289.73	289.73	3/1/2020	12/31/2020
74	64412	81.71	81.71	1/1/1975	12/31/2015				
75	64413	51.45	51.45	7/1/2012	2/29/2020	54.02	54.02	3/1/2020	12/31/2020
76	64508	82.15	82.15	7/1/2012	2/29/2020	86.26	86.26	3/1/2020	12/31/2020
77	64613	73.50	73.50	1/1/1992	12/31/2013				
78	64614	82.73	82.73	1/1/2001	12/31/2013				
79	65093	660.79	660.79	7/1/2012	7/31/2018				
80	65103	660.79	660.79	7/1/2012	7/31/2018				

**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated Jun 2021 )**  
**Pricing Specialty 068**  
**Modifier SG**

**TERMINATED SERVICES UPDATED**

PROCEDURE CODE	CURRENT FACILITY	CURRENT NON- FACILITY	EFFECTIVE DATE	CODE ENDED	COVID-19	COVID-19	COVID-19	COVID-19	
					5%	5%	5%	5%	
					Facility	Non Facility	Beginning Date	End Date	
81	65105	737.72	737.72	7/1/2012	7/31/2018				
82	65130	542.07	542.07	7/1/2012	7/31/2018				
83	65135	501.03	501.03	7/1/2012	7/31/2018				
84	65140	660.79	660.79	7/1/2012	7/31/2018				
85	65150	501.03	501.03	7/1/2012	7/31/2018				
86	65155	660.79	660.79	7/1/2012	7/31/2018				
87	65175	379.24	379.24	7/1/2012	7/31/2018				
88	66220	656.22	656.22	7/1/2012	2/29/2020	689.03	689.03	3/1/2020	12/31/2020
89	67112	1,015.53	1,015.53	1/1/74	12/31/2015				
90	69605	990.80	990.80	7/1/2012	2/29/2020	1,040.34	1,040.34	3/1/2020	12/31/2020
91	69711	566.34	566.34	7/1/2012	7/31/2018				
92	69820	812.55	812.55	7/1/2012	2/29/2020	853.18	853.18	3/1/2020	12/31/2020
93	69840	812.55	812.55	7/1/2012	2/29/2020	853.18	853.18	3/1/2020	12/31/2020
94	71010	13.67	13.67	7/1/2012	2/29/2020	14.35	14.35	3/1/2020	12/31/2020
95	71020	18.24	18.24	7/1/2012	2/29/2020	19.15	19.15	3/1/2020	12/31/2020
96	J0567	88.94	88.94	1/1/2019	2/29/2020	93.39	93.39	3/1/2020	12/31/2020
97	J1627	4.37	4.37	1/1/2018	2/29/2020	4.59	4.59	3/1/2020	12/31/2020
98	J1942	2.30	2.30	1/1/2017	2/29/2020	2.41	2.41	3/1/2020	12/31/2020
99	J2797	0.89	0.89	1/1/2019	2/29/2020	0.94	0.94	3/1/2020	12/31/2020
100	J3397	207.83	207.83	1/1/2019	2/29/2020	218.22	218.22	3/1/2020	12/31/2020



**Ambulatory Surgical Center Fee Schedule**  
**( Last Updated Jun 2021 )**  
**Pricing Specialty 068**  
**Modifier SG**

**TERMINATED SERVICES UPDATED**

					COVID-19	COVID-19	COVID-19	COVID-19	
					5%	5%	5%	5%	
PROCEDURE	CURRENT	CURRENT	EFFECTIVE	CODE		Non	Beginning	End	
CODE	FACILITY	NON-FACILITY	DATE	ENDED	Facility	Facility	Date	Date	
101	J7177	1.02	1.02	1/1/2019	2/29/2020	1.07	1.07	3/1/2020	12/31/2020
102	J7327	1,037.21	1,037.21	1/1/2015	10/24/2017				

\* Last Updates

\*