

HIV CASE MANAGEMENT FEE SCHEDULE
Provider Specialty 060
251B00000X-040060

CODE	MODIFIER	DESCRIPTION	Medicaid Maximum Allowable		
			FEE	EFFECTIVE DATE	End Date
G9012		Other specified case management services not elsewhere classified	\$13.61	3/1/2020	12/31/9999

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