

**HIV CASE MANAGEMENT FEE SCHEDULE  
Provider Specialty 060**

CODE	MODIFIER	DESCRIPTION	Medicaid Maximum Allowable	EFFECTIVE DATE
			FEE	
G9012		Other specified case management services not elsewhere classified	12.96	7/1/2012
G9012		Other specified case management services not elsewhere classified	12.87	11/1/2011
G9012		Other specified case management services not elsewhere classified	13.22	09/1/2010

Providers should always bill their usual and customary charges.

Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.