Nurse Midwife Fee Schedule
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CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
10060		DRAINAGE OF ABSCESS	$68.08	$78.54	7/1/2012
11975	FP	INSERT/REINSERT IMPLANTABLE CONTRACEPTIVE CAPSULE	$63.21	$96.85	7/1/2012
11975		INSERT/REINSERT IMPLANTABLE CONTRACEPTIVE CAPSULE	$63.21	$96.85	7/1/2012
11976	FP	REMOVE W/O REINSERT- CONTRACEPTIVE CAPSULE IMPLANT	$74.00	$109.04	7/1/2012
11976		REMOVE W/O REINSERT- CONTRACEPTIVE CAPSULE IMPLANT	$74.00	$109.04	7/1/2012
11977	FP	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	$140.50	$176.13	7/1/2012
11977		REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	$140.50	$176.13	7/1/2012
11980		SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL	$62.16	$77.70	7/1/2012
11981	FP	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$65.35	$99.83	7/1/2012
11982	FP	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$79.72	$115.06	7/1/2012
11983	FP	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$153.83	$188.86	7/1/2012
17003		DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL	$3.46	$5.44	11/1/2011
36415	FP	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	$2.72	$2.72	7/1/2012
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	$2.72	$2.72	7/1/2012
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESOPHAGEAL FI	$1,295.87	$1,295.87	7/1/2012
49606		REPAIR OMPHALOCELE STAG CLO PROSTH RED OP ROOM ANE	$828.72	$828.72	7/1/2012
51701		INSERTION OF NON-DWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZAT	$22.83	$49.12	7/1/2012
51702		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	$25.10	$62.97	7/1/2012
51703		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG,	$68.90	$114.69	7/1/2012
51727		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH UF	$179.94	$179.94	11/1/2011
51727	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH UF	$67.80	$67.80	11/1/2011
51727	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH UF	$112.14	$112.14	11/1/2011
51728		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VC	$179.85	$179.85	11/1/2011
51728	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VC	$67.05	$67.05	11/1/2011
51728	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VC	$112.81	$112.81	11/1/2011
51729		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VC	$193.95	$193.95	11/1/2011
51729	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VC	$79.82	$79.82	11/1/2011
51729	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VC	$114.13	$114.13	11/1/2011
51784		ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER,	$163.19	$163.19	11/1/2011
51784	26	ANAL/URINARY MUSCLE STUDY	$65.18	$65.18	11/1/2011
51784	TC	ANAL/URINARY MUSCLE STUDY	$98.00	$98.00	11/1/2011
54150		CIRCUMCISION	$82.36	$138.32	7/1/2012
54162		LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	$163.91	$222.71	11/1/2011
56420		DRAINAGE OF VULVA ABSCESS	$70.21	$94.51	7/1/2012
56441		LYSIS OF LABIAL ADHESIONS	$108.21	$114.14	11/1/2011
56501		DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURG	$85.90	$98.33	7/1/2012
56605		BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE);	$47.15	$63.55	7/1/2012
56820		COLPOSCOPY OF THE VULVA;	$65.72	$84.38	7/1/2012
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	$89.24	$112.99	7/1/2012

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57150		TREATMENT VAGINAL INFECTION	$23.25	$38.50	7/1/2012
57155		INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHY	$324.34	$324.34	7/1/2012
57160		FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	$37.33	$58.53	7/1/2012
57170	FP	DIAPHRAM FITTING WITH INSTRUCTIONS	$37.85	$52.83	7/1/2012
57170		DIAPHRAM FITTING WITH INSTRUCTIONS	$37.85	$52.83	7/1/2012
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	$69.82	$88.75	7/1/2012
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) C	$95.35	$119.65	7/1/2012
57452		EXAMINATION OF VAGINA	$70.81	$83.52	7/1/2012
57454		COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S) OF THE CERVIX AND/OR ENDOCERV	$105.73	$118.45	7/1/2012
57460		COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCEDURE OF	$126.98	$225.06	7/1/2012
57500		BIOPSY SINGLE OR MULTIPLE OR LOCAL EXC LESION WITH	$57.36	$99.48	7/1/2012
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	$89.37	$101.52	7/1/2012
57511		CRYOCAUTRY INITIAL OR REPEAT CERVIX UTERI	$100.15	$110.33	7/1/2012
58100		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (E	$68.04	$84.16	7/1/2012
58300	FP	INSERT INTRAUTERINE DEVICE	$43.08	$59.75	7/1/2012
58300		INSERT INTRAUTERINE DEVICE	$43.08	$59.75	7/1/2012
58301	FP	REMOVAL OF IUD	$53.02	$73.37	7/1/2012
58301		REMOVAL OF IUD	$53.02	$73.37	7/1/2012
58925		OVARIAN CYSTECTOMY UNILATERAL OR BILATERAL	$560.37	$560.37	7/1/2012
59000		AMNIOCENTESIS; DIAGNOSTIC	$62.41	$97.45	7/1/2012
59001		AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOU	$142.74	$142.74	7/1/2012
59020		FETAL CONTRACTION	$53.18	$53.18	7/1/2012
59025	26	FETAL NON-STRESS TEST	$23.52	$23.52	7/1/2012
59030		FETAL BLOOD SAMPLING SCALP	$87.72	$87.72	7/1/2012
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	$214.87	$214.87	7/1/2012
59400		OBSTETRICAL CARE	$1,341.22	$1,341.22	7/1/2012
59409		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	$595.53	$595.53	7/1/2012
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCL	$690.57	$690.57	7/1/2012
59412		EXTERNAL CEPHALIC VERSION, W/ OR W/O TOCOLYSIS	$79.78	$79.78	7/1/2012
59414		DELIVERY OF PLACENTA (INFANT BORN OUTSIDE OF HOSP)	$70.97	$70.97	7/1/2012
59426		ANTEPARTUM CARE ONLY;	$466.42	$596.45	7/1/2012
59430		POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	$97.10	$106.99	7/1/2012
59514		CESAREAN DELIVERY ONLY;	$705.13	$705.13	7/1/2012
59857		INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	$446.25	$446.25	7/1/2012
59866		MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	$184.55	$184.55	7/1/2012
62270		SPINAL FLUID TAP	$60.08	$114.91	11/1/2011
70150	26	X-RAY EXAM OF FACIAL BONES	$10.68	$10.68	7/1/2012
70150	TC	RADIOLOGIC EXAM FACIAL BONES, COMPLETE	$22.44	$22.44	7/1/2012
71020	26	CHEST RADIOLOGICAL EXAM TWO VIEWS	$7.39	$7.39	7/1/2012

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71020	TC	RADILOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	$15.76	$15.76	7/1/2012
71101	26	X-RAY RIBS WITH POSTEROANTERIOR CHEST MINIMUM 3 VI	$10.99	$10.99	7/1/2012
71101	TC	RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	$19.71	$19.71	7/1/2012
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF H	$60.76	$60.76	7/1/2012
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF H	$479.87	$479.87	7/1/2012
72040	26	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	$9.17	$9.17	7/1/2012
72040	TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	$19.43	$19.43	7/1/2012
72050	26	SPINE COMPLETE	$12.78	$12.78	7/1/2012
72050	TC	RADIOLOGIC EXAM SPINE. 4 VIEWS	$27.73	$27.73	7/1/2012
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	$9.17	$9.17	7/1/2012
72072	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	$20.76	$20.76	7/1/2012
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	$9.17	$9.17	7/1/2012
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	$20.84	$20.84	7/1/2012
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIA	$72.50	$72.50	7/1/2012
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIA	$487.60	$487.60	7/1/2012
73030	26	SHOULDER COMPLETE	$7.67	$7.67	7/1/2012
73030	TC	RADIOLOGIC EXAM SHOULDER COMPLETE	$15.47	$15.47	7/1/2012
73060	26	HUMERUS INCLUDING ONE JOINT	$7.09	$7.09	7/1/2012
73060	TC	RADIOLOGIC EXAM HUMERUS	$15.47	$15.47	7/1/2012
73070	26	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	$6.19	$6.19	7/1/2012
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	$14.51	$14.51	7/1/2012
73090	26	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	$6.49	$6.49	7/1/2012
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	$14.51	$14.51	7/1/2012
73110	26	WRIST COMPLETE	$7.09	$7.09	7/1/2012
73110	TC	RADIOLOGIC EXAM WRIST, COMPLETE	$19.04	$19.04	7/1/2012
73130	26	HAND COMPLETE	$7.09	$7.09	7/1/2012
73130	TC	RADIOLOGIC EXAM HAND MIN/3 VIEWS	$16.79	$16.79	7/1/2012
73140	26	X-RAY EXAM FINGER	$5.59	$5.59	7/1/2012
73140	TC	RADIOLOGIC EXAM FINGER(S)	$16.50	$16.50	7/1/2012
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	$56.26	$56.26	7/1/2012
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	$416.27	$416.27	7/1/2012
73510	26	HIP UNILATERAL COMPLETE	$8.87	$8.87	7/1/2012
73510	TC	RADIOLOGIC EXAM, HIP	$19.43	$19.43	7/1/2012
73560	26	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	$7.09	$7.09	7/1/2012
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	$14.81	$14.81	7/1/2012
73562	26	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	$7.67	$7.67	7/1/2012
73562	TC	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	$18.58	$18.58	7/1/2012
73590	26	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	$7.09	$7.09	7/1/2012
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	$13.96	$13.96	7/1/2012

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73610	26	ANKLE COMPLETE	$7.09	$7.09	7/1/2012
73610	TC	RADIOLOGIC EXAM COMPLETE	$16.79	$16.79	7/1/2012
73630	26	FOOT COMPLETE	$7.09	$7.09	7/1/2012
73630	TC	RADIOLOGIC EXAM FOOT COMPLETE	$16.50	$16.50	7/1/2012
73660	26	TOES	$5.30	$5.30	7/1/2012
73660	TC	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	$15.65	$15.65	7/1/2012
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;	$56.26	$56.26	7/1/2012
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;	$423.34	$423.34	7/1/2012
74000	26	ABDOMEN SINGLE VIEW	$7.39	$7.39	7/1/2012
74000	TC	RADIOLOGIC EXAM ABDOMEN	$12.53	$12.53	7/1/2012
74020	26	X-RAY EXAM OF ABDOMEN	$11.27	$11.27	7/1/2012
74020	TC	RADIOLOGIC EXAM ABDOMEN, COMPLETE	$19.99	$19.99	7/1/2012
74022	26	COMPLETE ACUTE ABD SERIES	$13.36	$13.36	7/1/2012
74022	TC	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	$24.42	$24.42	7/1/2012
76511		OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	$76.73	$76.73	7/1/2012
76512		OPTHALMIC ULTRASND, ECHOG; CONSTRAST B-SCAN	$72.03	$72.03	7/1/2012
76516		OPHTHALMIC BIOMETRY BY ULTRSND ECHOGRAPHY A-SCAN	$52.81	$52.81	7/1/2012
76529		OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	$53.56	$53.56	7/1/2012
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETA	$103.16	$103.16	7/1/2012
76802	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETA	$34.05	$34.05	7/1/2012
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETA	$58.71	$58.71	7/1/2012
76805		ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUM	$114.75	$114.75	7/1/2012
76810	26	ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	$40.05	$40.05	7/1/2012
76810		ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	$79.63	$79.63	7/1/2012
76811	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETA	$77.04	$77.04	7/1/2012
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETA	$85.21	$85.21	7/1/2012
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETA	$162.26	$162.26	7/1/2012
76812	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETA	$72.05	$72.05	7/1/2012
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETA	$158.85	$158.85	7/1/2012
76815		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUI	$71.45	$71.45	7/1/2012
76816		ECHOGRAPH PREGNANT UTERUS FOLLOW UP	$87.83	$87.84	7/1/2012
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRAI	$79.78	$79.78	7/1/2012
76818		FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	$95.47	$95.47	7/1/2012
76819	26	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$31.46	$31.46	7/1/2012
76819	TC	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$42.36	$42.36	7/1/2012
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$73.81	$73.81	7/1/2012
76830		ULTRASOUND, TRANSVAGINAL	$93.98	$93.98	7/1/2012
76856	26	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	$28.73	$28.73	7/1/2012
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	$94.55	$94.55	7/1/2012

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78271		VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	$61.66	$61.66	7/1/2012
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	$27.01	$27.01	7/1/2012
80053		COMPREHENSIVE METABOLIC PANEL	$10.53	$10.53	11/1/2011
80074		ACUTE HEPATITIS PANEL	$58.07	$58.07	11/1/2011
80100		DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES CHROMATOGRAPHIC METH	$18.12	$18.12	7/1/2012
80102		DRUG CONFIRMATION	$16.50	$16.50	11/1/2011
81001		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOG	$3.95	$3.95	7/1/2012
81002	FP	URINALYSIS ROUTINE WITHOUT MICROSCOPY	$3.19	$3.19	7/1/2012
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	$3.19	$3.19	7/1/2012
81003	FP	UA, BY DIP STICK OR TABLET; AUTOMATED, WO MICRO	$2.80	$2.80	7/1/2012
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, WO MICRO	$2.80	$2.80	7/1/2012
81005		URINE TESTS	$2.70	$2.70	7/1/2012
81007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	$3.20	$3.20	7/1/2012
81015		MICROSCOPIC URINE EXAM	$3.78	$3.78	7/1/2012
81020		URINALYSIS ROUTINE 2 OR 3 GLASS TEST	$4.60	$4.60	7/1/2012
81025	FP	UA PREG. TEST - COLOR COMPARISON METHOD	$7.88	$7.88	7/1/2012
81025		UA PREG. TEST - COLOR COMPARISON METHOD	$7.88	$7.88	7/1/2012
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	$3.73	$3.73	7/1/2012
82044		ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	$3.57	$3.57	11/1/2011
82306		CALCIFEDIOL (25-OH VITAMIN D-3)	$36.89	$36.89	11/1/2011
82962		BLOOD GLUCOSE BY MONITORING DEVICE	$2.92	$2.92	7/1/2012
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD	$2.94	$2.94	7/1/2012
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	$12.09	$12.09	7/1/2012
83993		CALPROTECTIN, FECAL	$24.45	$24.45	7/1/2012
84145		PROCALCITONIN (PCT	$24.75	$24.75	7/1/2012
84431		THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	$16.53	$16.53	7/1/2012
84450		TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	$6.44	$6.44	11/1/2011
84704	FP	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	$10.90	$10.90	7/1/2012
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	$10.90	$10.90	7/1/2012
85018	FP	HEMOGLOBIN	$2.95	$2.95	7/1/2012
85018		HEMOGLOBIN	$2.95	$2.95	7/1/2012
86308		HETEROPHILE ANTIBODIES; SCREENING	$6.45	$6.45	7/1/2012
86309		HETEROPHILE ANTIBODIES; TITER	$8.07	$8.07	7/1/2012
86310		HETEROPHILE ABSORPTION	$9.18	$9.18	7/1/2012
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHE	$33.36	$33.36	7/1/2012
86580		SENSITIVITY TEST TUBERCULOSIS	$5.48	$5.48	7/1/2012
86780		TREPONEMA PALLIDUM	$16.91	$16.91	7/1/2012
86825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FL	$102.60	$102.60	7/1/2012
86826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FL	$34.20	$34.20	7/1/2012

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CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	$7.18	$7.18	7/1/2012
87150		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIF	$31.32	$31.32	7/1/2012
87153		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH	$75.58	$75.58	7/1/2012
87210	FP	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS A	$4.75	$4.75	7/1/2012
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS A	$4.75	$4.75	7/1/2012
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR	$5.31	$5.31	7/1/2012
87389		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, (	$29.92	$29.92	7/1/2012
87430		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATI\	$14.28	$14.28	11/1/2011
87491		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	$30.56	$30.56	11/1/2011
87493		CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE	$31.32	$31.32	7/1/2012
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RES	$30.56	$30.56	7/1/2012
87591		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	$30.56	$30.56	11/1/2011
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	$14.28	$14.28	7/1/2012
88387	26	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$19.88	$19.88	7/1/2012
88387	TC	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$4.80	$4.80	7/1/2012
88387		MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$24.69	$24.69	7/1/2012
88388	26	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$12.39	$12.39	7/1/2012
88388	TC	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$2.36	$2.36	7/1/2012
88388		MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$14.75	$14.75	7/1/2012
88738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	$6.41	$6.41	7/1/2012
90471	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBC	$13.71	$13.71	7/1/2012
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBC	$13.71	$13.71	7/1/2012
90472	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBC	$13.71	$13.71	7/1/2012
90472		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBC	$13.71	$13.71	7/1/2012
90473	EP	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (S	$13.71	$13.71	7/1/2012
90473		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (S	$13.71	$13.71	7/1/2012
90474	EP	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITION/	$13.71	$13.71	7/1/2012
90474		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITION/	$13.71	$13.71	7/1/2012
91122		ANORECTAL MANOMETRY	$179.98	$179.98	11/1/2011
91122	26	ANORECTAL MANOMETRY	$74.13	$74.13	11/1/2011
91122	TC	ANORECTAL MANOMETRY	$105.85	$105.85	11/1/2011
92551		HEARING TEST	$8.10	$8.10	7/1/2012
92567		TYMPANOMETRY	$12.36	$13.78	7/1/2012
92950		HEART-LUNG RESUSCITATION	$144.97	$217.89	7/1/2012
93000	FP	ELECTROCARDIOGRAM, COMPLETE	$16.51	$16.51	7/1/2012
93000		ELECTROCARDIOGRAM, COMPLETE	$16.51	$16.51	7/1/2012
93010	FP	ELECTROCARDIOGRAM REPORT	$7.37	$7.37	7/1/2012
93010		ELECTROCARDIOGRAM REPORT	$7.37	$7.37	7/1/2012
94150		VITAL CAPACITY, TOTAL	$17.50	$17.50	7/1/2012

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CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
94664		INHALATION THERAPY	$11.23	$11.24	7/1/2012
95165		PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	$2.60	$9.09	11/1/2011
95851	26	RANGE OF MOTION EVALUATION	$4.88	$10.47	7/1/2012
95851		RANGE OF MOTION EVALUATION	$6.49	$12.99	7/1/2012
96372	FP	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE (	$16.70	$16.70	7/1/2012
96372		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE (	$16.70	$16.70	7/1/2012
97032		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	$13.20	$13.20	11/1/2011
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	$23.46	$23.46	11/1/2011
99050	FP	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULE	$26.75	$26.75	7/1/2012
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULE	$26.75	$26.75	7/1/2012
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, V	$26.75	$26.75	7/1/2012
99053		MED SERV 10PM-8AM, 24 HR FAC	$26.75	$26.75	7/1/2012
99058		OFFICE EMERGENCY CARE	$17.84	$17.84	7/1/2012
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISF	$9.56	$9.56	7/1/2012
99070		SPECIAL SUPPLIES	$9.52	$9.52	7/1/2012
99082		UNUSUAL TRAVEL	$0.83	$0.83	7/1/2012
99201	FP	OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	$21.03	$32.52	7/1/2012
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	$21.03	$32.52	7/1/2012
99202	FP	OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	$40.55	$53.47	7/1/2012
99202		OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	$40.55	$53.47	7/1/2012
99203	FP	OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	$61.20	$81.69	7/1/2012
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	$61.20	$81.69	7/1/2012
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES	$102.77	$126.68	7/1/2012
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES	$133.74	$160.14	7/1/2012
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	$7.78	$16.48	7/1/2012
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	$20.72	$32.83	7/1/2012
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	$40.54	$54.82	7/1/2012
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	$62.72	$82.60	7/1/2012
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	$89.05	$111.72	7/1/2012
99217		OBSERVATION CARE DISCHARGE DAY MANAGEMENT	$60.09	$60.09	7/1/2012
99218		INITIAL OBSERVATION, PER DAY, LOW COMPLEXITY	$56.68	$56.68	7/1/2012
99219		INITIAL OBSERVATION CARE, PER DAY, MODERATE COMPLEXITY	$93.86	$93.86	7/1/2012
99220		INITIAL OBSERVATION CARE, PER DAY, HIGH COMPLEXITY	$131.64	$131.64	7/1/2012
99221		INITIAL HOSP. CARE, MINOR. PHYS TIME APPROX 30 MIN	$81.39	$81.39	7/1/2012
99222		INITIAL HOSP CARE,MODERATE-PHYS TIME APPROX 50 MIN	$111.07	$111.07	7/1/2012
99223		INITIAL HOSP CARE, SEVERE-PHYS TIME APPROX 70 MIN	$163.55	$163.55	7/1/2012
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	$33.61	$33.61	7/1/2012
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	$60.57	$60.57	7/1/2012
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	$86.76	$86.76	7/1/2012

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CODE	MOD	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
99234		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGE	$114.82	$114.82	7/1/2012
99235		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGE	$150.83	$150.83	7/1/2012
99238	FP	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	$59.89	$59.89	7/1/2012
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	$59.89	$59.89	7/1/2012
99241	FP	OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	$27.02	$39.18	7/1/2012
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	$27.02	$39.18	7/1/2012
99242	FP	OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	$57.02	$73.40	7/1/2012
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	$57.02	$73.40	7/1/2012
99243	FP	OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	$79.47	$100.94	7/1/2012
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	$79.47	$100.94	7/1/2012
99244		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	$126.19	$149.93	7/1/2012
99245	FP	OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	$157.42	$184.27	7/1/2012
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	$157.42	$184.27	7/1/2012
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	$40.00	$40.00	7/1/2012
99252	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	$61.99	$61.99	7/1/2012
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	$61.99	$61.99	7/1/2012
99253	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	$94.11	$94.10	7/1/2012
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	$94.11	$94.10	7/1/2012
99254	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	$136.11	$136.11	7/1/2012
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	$136.11	$136.11	7/1/2012
99255	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	$165.85	$165.85	7/1/2012
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	$165.85	$165.85	7/1/2012
99281		ER VISIT, MINOR	$16.69	$16.69	7/1/2012
99282		ER VISIT, LOW SEVERITY	$32.47	$32.47	7/1/2012
99283		ER VISIT, MODERATE SEVERITY	$50.32	$50.32	7/1/2012
99284		ER VISIT, HIGH SEVERITY	$94.22	$94.22	7/1/2012
99285		EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PA	$140.07	$140.07	7/1/2012
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT C	$35.79	$35.79	11/1/2011
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT C	$54.71	$54.71	11/1/2011
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT C	$72.58	$72.58	11/1/2011
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT C	$107.32	$107.32	11/1/2011
99315		NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	$52.36	$52.36	11/1/2011
99316		NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS MORE THAN 30	$68.41	$68.41	11/1/2011
99318		EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	$75.87	$75.87	11/1/2011
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$48.65	$48.65	7/1/2012
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$70.85	$70.85	7/1/2012
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$117.15	$117.15	7/1/2012
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$152.80	$152.80	7/1/2012
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$179.88	$179.88	7/1/2012

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CODE	MOD	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$50.14	$50.14	7/1/2012
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$77.67	$77.67	7/1/2012
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$109.37	$109.37	7/1/2012
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$157.14	$157.14	7/1/2012
99341		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	$48.65	$48.65	7/1/2012
99342		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	$70.85	$70.85	7/1/2012
99343		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	$114.10	$114.10	7/1/2012
99344		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	$149.80	$149.80	7/1/2012
99345		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	$180.18	$180.18	7/1/2012
99347		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	$47.47	$47.47	7/1/2012
99348		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	$71.68	$71.68	7/1/2012
99349		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	$104.38	$104.38	7/1/2012
99350		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	$145.52	$145.52	7/1/2012
99354		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING	$78.53	$82.88	7/1/2012
99355		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING	$77.69	$82.05	7/1/2012
99356		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	$75.69	$75.69	7/1/2012
99357		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	$76.20	$76.20	7/1/2012
99381	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE UNER 1 YEAR OLD	$78.72	$78.72	7/1/2012
99382	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE AGE 001-004	$78.72	$78.72	7/1/2012
99383	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE AGE 005-011	$78.72	$78.72	7/1/2012
99384	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE AGE 012-017	$78.72	$78.72	7/1/2012
99385	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE AGE 018-039	$78.72	$78.72	7/1/2012
99385	FP	NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	$69.11	$94.89	7/1/2012
99385		NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	$69.11	$94.89	7/1/2012
99386	FP	NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	$84.81	$111.21	7/1/2012
99386		NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	$84.81	$111.21	7/1/2012
99391	EP	PERIODIC PREVENTIVE MEDICINE UNDER ONE YEAR OLD	$78.72	$78.72	7/1/2012
99392	EP	PERIODIC PREVENTIVE MEDICINE AGE 001-004	$78.72	$78.72	7/1/2012
99393	EP	PERIODIC PREVENTIVE MEDICINE AGE 005-011	$78.72	$78.72	7/1/2012
99394	EP	PERIODIC PREVENTIVE MEDICINE AGES 012-017	$78.72	$78.72	7/1/2012
99395	EP	PERIODIC PREVENTIVE MEDICINE AGES 018-039	$78.72	$78.72	7/1/2012
99395	FP	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	$61.33	$82.45	7/1/2012
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	$61.33	$82.45	7/1/2012
99396	FP	ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	$69.11	$90.24	7/1/2012
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	$69.11	$90.24	7/1/2012
99397	FP	ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OLDER	$77.33	$101.24	7/1/2012
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OLDER	$77.33	$101.24	7/1/2012
99404		PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING, APPX 60 MINUTES	$79.77	$89.66	7/1/2012
99406	EP	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREA	$10.45	$11.69	7/1/2012

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CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
99406		SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREA	$10.45	$11.69	7/1/2012
99407	EP	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER	$21.66	$22.59	7/1/2012
99407		SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER	$21.66	$22.59	7/1/2012
99408	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCRI	$28.87	$30.12	7/1/2012
99408		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCRI	$28.87	$30.12	7/1/2012
99409	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCRI	$57.96	$59.20	7/1/2012
99409		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCRI	$57.96	$59.20	7/1/2012
99412		PREVENTIVE MEDICINE, GROUP COUNSELING, APPX 60 MINUTES	$10.38	$15.75	7/1/2012
99420	EP	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT	$7.98	$7.98	7/1/2012
99420		ADMINISTRATION/INTERP. OF HEALTH RISK ASSESSMENT.	$7.98	$7.98	7/1/2012
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND	$50.91	$50.91	7/1/2012
99461		INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBOR	$56.84	$75.17	7/1/2012
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF I	$27.15	$27.15	7/1/2012
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND	$68.11	$68.11	7/1/2012
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VE	$119.27	$119.27	7/1/2012
G0108		DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER	$19.79	$19.79	7/1/2012
G0109		DIABETES SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION, 2 OR MORE P	$11.08	$11.08	7/1/2012
G0328		COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1	$19.96	$19.96	7/1/2012
G0431		DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES BY HIGH COMPLEXITY TEST METHOD	$91.26	$91.26	4/1/2011
G0434		DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSE	$18.26	$18.26	7/1/2012
S0023		INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG (TAGAMET)	$0.58	$0.58	7/1/2012
S9442		BIRTHING CLASS (ONE UNIT = 2 HOURS)	$8.52	$8.52	7/1/2012

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

Physician Drug Program Procedure Codes And Rates
as of July 1, 2012

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****** indicates NDC required***

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			Medicaid Maximum Allowable		
CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**

Pcode	Modifier	Description	Facility	Non-Facility	Effective Date
DRUG					
***J1120		Acetazolamide sodium, up to 500 mg, injection (Diamox)	$16.08	$16.08	10/1/2009
***J0171		Adrenalin, epinephrine, 0.1 mg ampule, injection (Adrenalin)	$0.04	$0.04	1/1/2011
***P9047		Albumin (human), 25%, 50 ml, infusion	$38.69	$38.69	10/1/2009
***P9041		Albumin (human), 5%, 50 ml, infusion	$19.34	$19.34	10/1/2009
***J0205		Alglucerase, per 10 units, injection (Ceredase)	$38.24	$38.24	10/1/2009
***J0257		Alpha 1 proteinase inhibitor (human), 10 mg (Glassia)	$3.71	$3.71	1/1/2012
***J0256		Alpha 1-proteinase inhibitor-human, 10mg, injection (Prolastin)	$3.53	$3.53	10/1/2009
***J0278		Amikacin sulfate, 100 mg, injection (Amikin)	$0.70	$0.70	10/1/2009
***J0280		Aminophylline, up to 250mg, injection	$0.36	$0.36	10/1/2009
***J0300		Amobarbital, up to 125mg, injection (Amytal)	$11.53	$11.53	10/1/2009
***J0290		Ampicillin sodium, 500mg, injection (Omnipen-N, Totacillin-N)	$2.17	$2.17	10/1/2009
***J0295		Ampicillin sodium/sulbactam sodium, per 1.5g, injection (Unasyn)	$4.24	$4.24	10/1/2009
***J9020		Asparaginase, 10,000 units (Elspar)	$54.97	$54.97	10/1/2009
***J0461		Atropine sulfate, 0.01 mg, injection	$0.04	$0.04	1/1/2010
***J0702		Betamethasone acetate and betamethasone sodium phosphate, per 3mg, injection (Celestone)	$5.54	$5.54	10/1/2009
***J9040		Bleomycin sulfate, 15 units (Blenoxane)	$27.98	$27.98	10/1/2009
***J0585		Botulinum toxin type A, per unit (Botox)	$5.03	$5.03	10/1/2009
***J9043		Cabazitaxel, 1 mg, (Jevtana)	$130.32	$130.32	1/1/2012
***J0636		Calcitriol, 0.1 mcg, injection (Calcijex)	$0.41	$0.41	10/1/2009
***J0610		Calcium gluconate, per 10ml, injection (Kaleinate)	$0.35	$0.35	10/1/2009
***J0620		Calcium glycerophosphate and calcium lactate, per 10ml, injection (Calphosan)	$12.73	$12.73	10/1/2009
***J9045		Carboplatin, 50 mg (Paraplatin)	$6.08	$6.08	10/1/2009
***J9050		Carmustine, 100 mg (BiCNU)	$151.19	$151.19	10/1/2009
***J0690		Cefazolin Sodium, 500 mg, Injection (Ancef, Kefzol, Zoliicef)	$0.64	$0.64	10/1/2009
***J0692		Cefepime HCL, 500 mg, injection (Maxipime)	$6.51	$6.51	10/1/2009
***J0698		Cefotaxime Sodium, per g (Claforan)	$4.14	$4.14	10/1/2009
***J0694		Cefoxitin Sodium, 1g, injection (Mefoxin)	$7.90	$7.90	10/1/2009
***J0715		Ceftizoxime sodium, per 500mg, injection (Cefizox)	$5.05	$5.05	10/1/2009
***J0696		Ceftriaxone Sodium, per 250mg, injection (Rocephin)	$1.43	$1.43	10/1/2009
***J9055		Cetuximab, 10 mg, injection (Erbitux)	$48.02	$48.02	10/1/2009
***J0720		Chloramphenicol sodium succinate, up to 1g, injection (Chloromycetin)	$17.72	$17.72	10/1/2009
***J1990		Chlordiazepoxide HCl, up to 100 mg, injection (Librium)	$20.29	$20.29	10/1/2009
***J2400		Chloroprocaine HCl, per 30 ml, injection (Nesacaine)	$12.26	$12.26	10/1/2009
***J1205		Chlorothiazide sodium, per 500 mg, injection (Diuril Sodium)	$159.19	$159.19	10/1/2009
***J3230		Chlorpromazine HCl, up to 50 mg, injection (Thorazine)	$3.10	$3.10	10/1/2009

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CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
***J0725		Chorionic Gonadotropin, per 1,000 USP units, injection (Novarei TM)	$3.25	$3.25	10/1/2009
***J0743		Cilastatin sodium imipenem, per 250mg, injection (Primaxin IM or IV)	$13.77	$13.77	10/1/2009
***S0023		Cimetidine hydrochloride, 300 mg, injection (Tagamet)	$0.59	$0.59	10/1/2009
***J0744		Ciprofloxacin for IV infusion, 200 mg, injection (Cipro)	$5.15	$5.15	10/1/2009
***J9060		Cisplatin, powder or solution, per 10 mg (Platinol AQ)	$2.19	$2.19	10/1/2009
***J9065		Cladribine, per 1 mg, injection (Leustatin)	$29.53	$29.53	10/1/2009
***J0745		Codeine phosphate, per 30mg, injection	$1.22	$1.22	10/1/2009
***J0760		Colchicine, per 1mg, injection	$4.82	$4.82	10/1/2009
***J0770		Colistimethate Sodium, up to 150 mg, injection (Coly-Mycin M)	$19.17	$19.17	10/1/2009
***J0800		Corticotropin, up to 40 units, injection (Acthar, ACTH)	$2,270.88	$2,270.88	10/1/2009
***J9070		Cyclophosphamide, 100 mg (Cytoxan, Neosar)	$1.80	$1.80	10/1/2009
***J9100		Cytarabine, 100 mg (Cytosar-U)	$1.16	$1.16	10/1/2009
***J7070		D-5-W, 1,000 cc, infusion	$2.10	$2.10	10/1/2009
***J9130		Dacarbazine, 100 mg (DTIC- Dome)	$4.43	$4.43	10/1/2009
***J9120		Dactinomycin, 0.5 mg (Cosmegen)	$475.70	$475.70	10/1/2009
***J9150		Daunorubicin HCl, 10 mg (Cerubidine)	$16.52	$16.52	10/1/2009
***J0895		Deferoxamine Mesylate, 500mg, injection (Desferal)	$11.87	$11.87	10/1/2009
***J1000		Depo-estradiol cypionate, up to 5mg, injection (Depo-Estradiol)	$5.96	$5.96	10/1/2009
***J1100		Dexamethasone sodium phosphate, 1mg, injection (Cortastat, Dalalone)	$0.08	$0.08	10/1/2009
***J7042		Dextrose 5% / normal saline (500 ml = 1 unit)	$0.27	$0.27	10/1/2009
***J7060		Dextrose 5% / water (500 ml = 1 unit)	$1.05	$1.05	10/1/2009
***J3360		Diazepam, up to 5 mg, injection (Valium, Zetran)	$0.76	$0.76	10/1/2009
***J1730		Diazoxide, up to 300 mg, injection (Hyperstat IV)	$107.83	$107.83	10/1/2009
***J0500		Dicyclomine HCl, up to 20mg, injection (Bentyl, Dilomine, Antispas)	$11.49	$11.49	10/1/2009
***J1160		Digoxin, up to 0.5 mg injection (Lanoxin)	$1.14	$1.14	10/1/2009
***J1110		Dihydroergotamine mesylate, per 1mg, injection (DHE 45)	$23.62	$23.62	10/1/2009
***J1240		Dimenhydrinate, up to 50 mg, injection (Dramamine)	$3.01	$3.01	10/1/2009
***J0470		Dimercaprol, per 100mg, injection (BAL in oil)	$25.71	$25.71	10/1/2009
***J1200		Diphenhydramine HCl, up to 50 mg, injection (Benadryl)	$0.72	$0.72	10/1/2009
***J1245		Dipyridamole, per 10 mg, injection (Persantine IV)	$0.70	$0.70	10/1/2009
***J1212		DMSO, dimethyl sulfoxide, 50%, 50 ml, injection	$48.68	$48.68	10/1/2009
***Q2048		Doxorubicin HCL Liposomal, 10 mg (Doxil)	$517.82	$517.82	7/1/2012
***Q2049		Doxorubicin HCL Liposomal, Imported Lipodox. 10 mg (Doxil)	$480.27	$480.27	7/1/2012
***J9000		Doxorubicin HCl, 10 mg (Adriamycin)	$4.58	$4.58	10/1/2009
***J1790		Droperidol, up to 5 mg, injection (Inapsine)	$1.27	$1.27	10/1/2009
***J9179		Eribulin Mesylate, 0.1 mg (Halaven)	$86.80	$86.80	1/1/2012
***J1364		Erythromycin lactobionate, per 500 mg, injection (Erthrocin)	$6.52	$6.52	10/1/2009
***J1380		Estradiol valerate, up to 10 mg, injection (Delestrogen)	$8.30	$8.30	10/1/2009
***J1410		Estrogen conjugated, per 25 mg, injection (Premarin IV)	$68.69	$68.69	10/1/2009

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CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
***J1436		Etidronate disodium, per 300 mg, injection (Didronel)	$68.84	$68.84	10/1/2009
***J9181		Etoposide, 10 mg (VePesid)	$0.39	$0.39	10/1/2009
***J7193		Factor IX (antihemophilic factor, purefied, non-recombinant), per I.U. (Monomine, AlphaNine)	$0.86	$0.86	10/1/2009
***J7195		Factor IX (antihemophilic factor, recombinant), per I.U. (Benefix)	$1.03	$1.03	10/1/2009
***J7194		Factor IX Complex, per IU (Bebuline)	$0.77	$0.77	10/1/2009
***J7185		Factor VIII (antihemophilic factor, recombinant), per IU, injection (Xyntha)	$1.05	$1.05	1/1/2010
***J3010		Fentanyl Citrate, 0.1 mg, injection (Sublimaze)	$0.27	$0.27	10/1/2009
***J1441		Filgastrim (G-CSF), 480 mcg, injection (Neupogen)	$295.61	$295.61	10/1/2009
***J1440		Filgrastim (G-CSF), 300 mcg, injection (Neupogen)	$192.08	$192.08	10/1/2009
***J9200		Floxuridine, 500 mg (FUDR)	$49.28	$49.28	10/1/2009
***J9185		Fludarabine phosphate, 50 mg, injection (Fludara)	$193.54	$193.54	10/1/2009
***J9190		Fluorouracil, 500 mg (Adrucil)	$1.80	$1.80	10/1/2009
***J2680		Fluphenazine decanoate, up to 25 mg, injection (Prolixin)	$2.28	$2.28	10/1/2009
***J1455		Foscarnet sodium, per 1,000 mg, injection (Foscavir)	$10.01	$10.01	10/1/2009
***J1940		Furosemide, up 20 mg, injection (Lasix)	$0.18	$0.18	10/1/2009
***J1570		Ganciclovir sodium, 500 mg, injection (Cytovene)	$42.27	$42.27	10/1/2009
***J1580		Garamycin, gentamicin, up to 80 mg, injection (Gentamicin)	$1.00	$1.00	10/1/2009
***J1610		Glucagon hydrochloride, per 1 mg, injection (Glucagen)	$66.19	$66.19	10/1/2009
***J1600		Gold sodium thiomalate, up to 50 mg, injection (Myochrysine)	$7.56	$7.56	10/1/2009
***J9202		Goserelin acetate implant, per 3.6 mg (Zoladex)	$182.91	$182.91	10/1/2009
***J1631		Haloperidol decanoate, per 50 mg, injection (Haldol Decanoate-50)	$2.32	$2.32	10/1/2009
***J1630		Haloperidol, up to 5 mg, injection (Haldol)	$1.67	$1.67	10/1/2009
***J1644		Heparin sodium, per 1,000 units, injection (Heparin)	$0.07	$0.07	10/1/2009
***J1642		Heparin sodium, per 10 units, injection (Heparin Lock Flush)	$0.04	$0.04	10/1/2009
***J3470		Hyaluronidase injection up to 150 units (Wydase)	$16.66	$16.66	10/1/2009
***J0360		Hydralazine HCl, up to 20mg, injection (Apresoline)	$5.85	$5.85	10/1/2009
***J1720		Hydrocortisone sodium succinate, up to 100 mg, injection (A-Hydrocort, Solu-Cortef)	$2.15	$2.15	10/1/2009
***J1170		Hydromorphone, up to 4 mg, injection (Dilaudid)	$1.23	$1.23	10/1/2009
***J1725		Hydroxprogestorone caproate, 1 mg, injection (Makena)	$2.87	$2.87	1/1/2012
***J3410		Hydroxyzine HCl, up to 25 mg, injection (Vistaril)	$0.13	$0.13	10/1/2009
***J1980		Hyoscyamine sulfate, up to 0.25 mg, injection (Levsin)	$8.96	$8.96	10/1/2009
***J9211		Idarubicin HCl, 5 mg (Idamycin)	$266.15	$266.15	10/1/2009
***J9208		Ifosfamide, per 1 g (Ifex)	$36.56	$36.56	10/1/2009
***J0558		Injection, penicillin G benzathine and penicillin G procaine, per 100,000 units	$3.10	$3.10	1/1/2011
***J9213		Interferon alfa-2A, recombinant, 3 million units (Roferon-A)	$39.45	$39.45	10/1/2009
***J9214		Interferon alfa-2B, recombinant, 1 million units (Intron-A)	$13.65	$13.65	10/1/2009
***J9215		Interferon alfa-N3, (human leukocyte derived), 250,000 IU (Alferon N)	$18.65	$18.65	10/1/2009
***J9216		Interferon gamma-1B, 3 million units (Actimmune)	$298.46	$298.46	10/1/2009

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CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
***J9228		Ipilimumab, 1 mg, (Yervoy)	$120.54	$120.54	1/1/2012
***J1840		Kanamycin sulfate, up to 500 mg, injection (Kantrex)	$4.91	$4.91	10/1/2009
***J1850		Kanamycin sulfate, up to 75 mg, injection (Kantrex)	$0.73	$0.73	10/1/2009
***J1885		Ketorolac tromethamine, per 15 mg, injection (Toradol)	$0.33	$0.33	10/1/2009
***J0640		Leucovorin Calcium, per 50 mg, injection (Wellcovorin)	$0.75	$0.75	10/1/2009
***J9217		Leuprolide acetate (for depot suspension), 7.5 mg (Lupron Depot)	$212.92	$212.92	10/1/2009
***J1950		Leuprolide acetate (for depot suspension), per 3.75 mg, injection (Lupron Depot)	$425.78	$425.78	10/1/2009
***J9218		Leuprolide acetate, per 1 mg (Lupron)	$7.20	$7.20	10/1/2009
***J3490		Lidocaine , for typical use	$20.00	invoice required	11/1/2009
***J2001		Lidocaine HCL, for IV infusion, 10 mg, inj (Xylocaine)	$0.02	$0.02	10/1/2009
***J2010		Lincomycin HCl, up to 300 mg, injection (Lincocin)	$4.11	$4.11	10/1/2009
***J2060		Lorazepam, 2 mg, injection (Ativan)	$0.62	$0.62	10/1/2009
***J3475		Magnesium sulphate, per 500 mg, injection	$0.05	$0.05	10/1/2009
***J2150		Mannitol, 25% in 50 ml, injection, (Osmitrol, Resectisol)	$0.83	$0.83	10/1/2009
***J9230		Mechlorethamine HCl, 10 mg (Nitrogen Mustard)	$139.25	$139.25	10/1/2009
***J1055		Medroxyprogesterone acetate for contraceptive use, 150 mg, injection (Depo-Provera)	$39.04	$39.04	10/1/2009
***J1055	FP	Medroxyprogesterone acetate for contraceptive use, 150 mg, injection (Depo-Provera)	$39.04	$39.04	10/1/2009
***J1051		Medroxyprogesterone acetate, 50 mg, injection (Depo-Provera)	$6.43	$6.43	10/1/2009
***J9245		Melphalan HCl, 50 mg, injection (Alkeran)	$1,507.45	$1,507.45	10/1/2009
***J2175		Meperidine HCl, per 100 mg, injection (Demerol)	$1.47	$1.47	10/1/2009
***J0670		Mepivacaine HCl, per 10ml, injection (Carbocaine)	$1.11	$1.11	10/1/2009
***J9209		Mesna, 200 mg (Mesnex)	$7.59	$7.59	10/1/2009
***J1230		Methadone HCl, up to 10 mg, injection (Dolophine)	$2.84	$2.84	10/1/2009
***J2800		Methocarbamol up to 10 ml, injection (Robaxin)	$9.85	$9.85	10/1/2009
***J9250		Methotrexate sodium, 5 mg	$0.20	$0.20	10/1/2009