		Nurse Midwife Fee Schedule			
		Provider Specialty 063			
		Effective Date: 1/1/2015			
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			Medicaid Maxi	mum Allowable	
				NON-	
CODE	MOD	Description	FACILITY	FACILITY	
10060		drainage of abscess	\$66.04	\$76.18	
11976	FP	remove w/o reinsert- contraceptive capsule implant	\$71.78	\$105.77	-
11976		remove w/o reinsert- contraceptive capsule implant	\$71.78	\$105.77	
11980		subcutaneous hormone pellet implantation (implantation of estradiol and/or	\$60.30	\$75.37	
11981	FP	insertion, non-biodegradable drug delivery implant	\$64.68	\$98.81	
11982	FP	removal, non-biodegradable drug delivery implant	\$78.91	\$113.89	
11983 12041	FP	removal with reinsertion, non-biodegradable drug delivery implant	\$144.50 \$110.64	\$177.24 \$171.20	
12041 17003		layer closure of wounds up to 2.5 cm. destruction by any method, including laser, with or without surgical	\$119.64 \$3.36	\$171.20 \$5.28	
20604		aspiration and/or injection of small joint or joint capsule with recording and reporting using ultra	\$3.36 \$36.27	\$5.28 \$55.96	
20604		aspiration and/or injection of intermediate joint or joint capsule with recording and reporting using unit	\$41.08	\$61.57	
20000		aspiration and/or injection of major joint or joint capsule with recording and reporting using ultr	\$48.10	\$70.49	
20983		destruction of 1 or more bone growths, accessed through the skin	\$318.12	\$5,306.86	
21811		open treatment of broken ribs with insertion of hardware	\$444.70	\$430.14	
21812		open treatment of broken ribs with insertion of hardware	\$530.10	\$515.53	
21813		open treatment of broken ribs with insertion of hardware	\$716.64	\$705.32	
22328		open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s),	\$212.27	\$212.27	
22551		arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectom	\$1,329.19	\$1,329.19	
22552		arthrodesis, anterior interbody, including disc space preparation, discectomy,	\$316.77	\$316.77	
22632		arthrodesis, posterior interbody technique, single interspace; each additional	\$243.34	\$243.34	
22633		arthrodesis, combined posterior or posterolateral technique with posterior	\$1,034.76	\$1,034.76	
22634		arthrodesis, combined posterior or posterolateral technique with posterior	\$278.43	\$278.43	
22843		posterior segmental instrumentation (eg, pedicle fixation, dual rods with	\$623.87	\$623.87	
22852 23412		removal of segmental instrumentation repair of tendon(s)	\$488.16 \$624.67	\$488.16 \$624.67	
23412		fixation of shoulder	\$624.67 \$138.38	\$138.38	
27130		arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip	\$1,051.36	\$1,051.36	
27235		fixation of femur fracture	\$657.11	\$657.11	
27279		fusion sacroiliac joint through the skin or minimally invasive using image guidance	\$445.48	\$445.48	
27447		arthroplasty, knee, condyle and plateau; medial and lateral compartments with	\$1,125.52	\$1,125.52	
29806		arthroscopy, shoulder, surgical; capsulorrhaphy	\$766.72	\$766.72	
29823		arthroscopy debridement extensive	\$448.38	\$448.38	
31515		visualization of larynx	\$82.30	\$146.72	
31600		incision of windpipe	\$299.37	\$299.37	
36415	FP	collection of venous blood by venipuncture	\$2.64	\$2.64	
36415		collection of venous blood by venipuncture	\$2.64	\$2.64	
37218		insertion of stents in blood vessels of chest open or accessed through the skin with radiological	\$686.37 \$201.75	\$640.52 \$262.05	
38510 41010		biopsy or excision of lymph node(s); open, deep cervical node(s)	\$301.75 \$76.65	\$362.05 \$136.68	
43180		incision tongue fold removal of esophagus tissue using an endoscope	\$459.48	\$136.68	
43180		esophagoplasty with repair of tracheoesophageal fi	\$459.48 \$1,256.99	\$1,256.99	
43644	1	laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and	\$1,246.80	\$1,246.80	
44213		laparoscopy, surgical, gashe restrictive proceedite, with gashe bypass and laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in	\$139.42	\$139.42	
44381		balloon dilation of small bowel using an endoscope which is inserted through abdominal open	\$52.10	52.10	
44384		placement of stent in small bowel using an endoscope which is inserted through abdominal open	\$52.10	52.10	
44401		destruction of large bowel growths using an endoscope which is inserted through abdominal of	\$125.20	246.39	
44402		stent placement in large bowel using an endoscope which is inserted through abdominal open	\$125.20	246.39	
44403		resection of large bowel tissue using an endoscope which is inserted through abdominal open	\$125.20	246.39	

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			Medicaid Maxi	mum Allowable	
0005	MOD	Description		NON-	
CODE	MOD	Description	FACILITY	FACILITY	
44404		injections of large bowel using an endoscope which is inserted through abdominal opening	\$125.20 \$125.20	246.39	
44405		balloon dilation of large bowel using an endoscope which is inserted through abdominal openi	\$125.20 \$125.20	246.39	
44406		ultrasound examination of large bowel using an endoscope which is inserted through abdomir	\$125.20	246.39	
44407		ultrasound guided fine needle aspiration/biopsies of large bowel using an endoscope which is	\$125.20	246.39	
44408		decompression of large bowel using an endoscope which is inserted through abdominal open	\$125.20	246.39	
45346		destruction of polyps or growths of large bowel using an endoscope	\$46.41	96.58	
45347		placement of stent in large bowel using an endoscope	\$46.41	96.58	
45349		removal of large bowel tissue using an endoscope	\$46.41	96.58	
45350		rubber banding of large bowel using an endoscope	\$46.41	96.58	
45388		destruction of large bowel growths using an endoscope	\$163.81	286.09	
45389		stent placement of large bowel using an endoscope	\$163.81	286.09	
45390		removal of large bowel tissue using an endoscope	\$163.81	286.09	
45393		decompression of large bowel using an endoscope	\$163.81	286.09	
45398		tying of large bowel using an endoscope	\$163.81	286.09	
46601		diagnostic examination of anus with magnification and chemical agent enhancement using an	\$27.39	55.90	
46607		biopsies of anus with magnification and chemical agent enhancement using an endoscope	\$27.39	55.90	
47383		destruction of 1 or more liver growths, accessed through the skin	\$400.89	\$5,842.45	
49566 49606		repair recurrent incisional hernia; repair omphalocele stag clo prosth red op room ane	\$661.34 \$803.86	\$661.34 \$803.86	
51701		insertion of non-dwelling bladder catheter (eg, straight catheterization for	\$22.15	\$47.65	
51702		insertion of temporary indwelling bladder catheter; simple (eg, foley)	\$24.35	\$61.08	
51703		insertion of temporary indwelling bladder catheter; complicated (eg, altered	\$66.83	\$111.25	
51727	26	complex cystometrogram (ie, calibrated electronic equipment); with urethral	\$65.77	\$65.77	
51727	TC	complex cystometrogram (ie, calibrated electronic equipment); with urethral	\$108.78	\$108.78	
51727 51728	26	complex cystometrogram (ie, calibrated electronic equipment); with urethral complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$174.54 \$65.04	\$174.54 \$65.04	
51728	TC	complex cystometrogram (ie, calibrated electronic equipment), with voiding	\$109.43	\$109.43	
51728		complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$174.45	\$174.45	
51729	26	complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$77.43	\$77.43	
51729	TC	complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$110.71	\$110.71	
51729	TO	complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$188.13	\$188.13	
51741 51741	TC 26	electronic uroflowmetry initial recording electronic uroflowmetry initial recording	\$20.25 \$48.79	\$20.25 \$48.79	
51741	26	anal/urinary muscle study	\$63.22	\$48.79 \$63.22	
51784	TC	anal/urinary muscle study	\$95.06	\$95.06	
51784		electromyography studies (emg) of anal or urethral sphincter,	\$158.29	\$158.29	
54150		circumcision	\$79.89	\$134.17	
54162		lysis or excision of penile post-circumcision adhesions	\$158.99	\$216.03	
56420		drainage of vulva abscess	\$68.10	\$91.67 \$110.72	
56441 56501		lysis of labial adhesions destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery,	\$104.96 \$83.32	\$110.72 \$95.38	
56605	ļ	biopsy of vulva or perineum (separate procedure);	\$45.74	\$95.38 \$61.64	
56820	-	colposcopy of the vulva;	\$63.75	\$81.85	
56821		colposcopy of the vulva; with biopsy (s)	\$86.56	\$109.60	
57150		treatment vaginal infection	\$22.55	\$37.35	
57155		insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	\$314.61	\$314.61	

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			Medicaid Maxi	mum Allowable	
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CODE	MOD	Description		NON- FACILITY	
CODE 57160	MOD	Description fitting and insertion of pessary or other intravaginal support device	FACILITY \$36.21	\$56.77	
57160	FP	diaphram fitting with instructions	\$36.71	\$51.25	
57170		diaphram fitting with instructions	\$36.71	\$51.25	
57420		colposcopy of the entire vagina, with cervix if present;	\$67.73	\$86.09	
57421		colposcopy of the entire vagina, with cervix if present; with biopsy(s) of	\$92.49	\$116.06	1
57452		examination of vagina	\$68.69	\$81.01	
57454		colposcopy (vaginoscopy); with biopsy(s) of the cervix and/or endocervical	\$102.56	\$114.90	
57460		colposcopy (vaginoscopy); with loop electrode excision procedure of the cervix	\$123.17	\$218.31	
57500		biopsy single or multiple or local exc lesion with	\$55.64	\$96.50	
57510		cautery of cervix; electro or thermal	\$86.69	\$98.47	
57511		cryocautry initial or repeat cervix uteri	\$97.15	\$107.02	
58100		endometrial sampling (biopsy) with or without endocervical sampling (biopsy),	\$66.00	\$81.64	
58110 58300	FP	endometrial sampling (biopsy) performed in conjunction with colposcopy (list insert intrauterine device	\$31.37 \$41.79	\$36.57 \$57.96	
58300	ГГ	insert intrauterine device	\$41.79	\$57.96	
58301	FP	removal of iud	\$51.43	\$71.17	
58301		removal of iud	\$51.43	\$71.17	
58925		ovarian cystectomy unilateral or bilateral	\$543.56	\$543.56	
59000		amniocentesis; diagnostic	\$60.54	\$94.53	
59001		amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound	\$138.46	\$138.46	
59020		fetal contraction	\$51.58	\$51.58	
59025	26	fetal non-stress test	\$23.28	\$23.28	
59025	TC	fetal non-stress test	\$11.85	\$11.85	
59030		fetal blood sampling scalp	\$85.09	\$85.09	
59350		hysterorrhaphy of ruptured uterus	\$208.42	\$208.42 \$1,200.08	
59400 59409		obstetrical care vaginal delivery only (with or without episiotomy and/or forceps);	\$1,300.98 \$577.66	\$1,300.98 \$577.66	
59409		vaginal delivery only (with or without episiotomy and/or forceps); including	\$669.85	\$669.85	
59412	-	external cephalic version, w/ or w/o tocolysis	\$77.39	\$77.39	
59414	1	delivery of placenta (infant born outside of hosp)	\$68.84	\$68.84	1
59426		antepartum care only;	\$452.43	\$578.56	
59430		postpartum care only, separate procedure	\$94.19	\$103.78	
59514		cesarean delivery only;	\$683.98	\$683.98	
59857		induced abortion, by one or more vaginal suppositories	\$432.86	\$432.86	
59866		multifetal pregnancy reduction(s) (mpr)	\$179.01	\$179.01	
61070	TO	manipulate brain canal shunt	\$60.39 \$27.87	\$60.39 \$27.97	
62252 62252	TC	reprogramming of programmable cerebrospinal shunt reprogramming of programmable cerebrospinal shunt	\$37.87 \$72.57	\$37.87 \$72.57	
62252	26	reprogramming of programmable cerebrospinal shunt	\$72.57	\$72.57 \$34.70	
62270	20	spinal fluid tap	\$58.28	\$111.46	1
62302		x-ray of upper spinal canal with radiological supervision and interpretation	\$98.73	\$189.08	
62303		x-ray of middle spinal canal with radiological supervision and interpretation	\$100.08	\$196.36	1
62304		x-ray of lower spinal canal with radiological supervision and interpretation	\$97.03	\$186.30	
62305		x-ray of lower spinal canal with radiological supervision and interpretation	\$101.28	\$203.23	
62311		injection, single (not via indwelling catheter), not including neurolytic	\$62.69	\$136.17	
63042		revision of spinal column	\$933.76	\$933.76	-
66179		creation of shunt to improve eye fluid flow	\$847.93	\$710.39	
69990		microsurgical techniques, requiring use of operating microscope (list	\$159.31	\$159.31	-
70150	26	x-ray exam of facial bones	\$10.36	\$10.36	<u> </u>

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CODE	MOD	Description	FACILITY	FACILITY	
70150	TC	radiologic exam facial bones, complete	\$21.77	\$21.77	
70450	TC	computed tomography, head or brain; without contrast material	\$133.48	\$133.48	
71020	26	chest radiological exam two views	\$7.17	\$7.17	
71020	TC	radilogical exam chest two views frontal/lateral	\$15.29	\$15.29	
71101	26	x-ray ribs with posteroanterior chest minimum 3 vi	\$10.66	\$10.66	
71101	TC 26	radiologic exam ribs /posteroanterior chest	\$19.12	\$19.12 \$58.04	
71550 71550	20	magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	\$58.94 \$465.47	\$58.94 \$465.47	
71550	26	radiologic examination, spine, cervical; two or three views	\$8.89	\$8.89	
72040	TC	radiologic examination, spine, cervical, two or three views	\$18.85	\$18.85	
72050	26	spine complete	\$12.40	\$12.40	-
72050	TC	radiologic exam spine. 4 views	\$26.90	\$26.90	
72069	TC	radiologic exam, spine, thoracolumbar, standing	\$17.72	\$17.72	
72069	26	radiologic exam, spine, thoracolumbar, standing	\$9.08	\$9.08	
72070	TC	radiologic examination, spine; thoracic, two views	\$16.99	\$16.99	
72072	26	radiologic examination, spine; thoracic, three views	\$8.89	\$8.89	-
72072	TC	radiologic examination, spine; thoracic, three views	\$20.14	\$20.14	
72100 72100	26 TC	radiologic examination, spine, lumbosacral; two or three views	\$8.89 \$20.21	\$8.89 \$20.21	
72100	TC	radiologic examination, spine, lumbosacral; two or three views radiologic examination, spine, lumbosacral; minimum of four views	\$28.85	\$28.85	
72120	TC	x-ray exam of lower spine	\$28.00	\$28.00	-
72196	26	magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	\$70.33	\$70.33	
72196	-	magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	\$472.97	\$472.97	
72202	TC	x-ray exam sacroiliac joints	\$18.95	\$18.95	
73000	TC	x-ray exam of collarbone	\$14.37	\$14.37	
73030	26	shoulder complete	\$7.44	\$7.44	
73030	TC	radiologic exam shoulder complete	\$15.01	\$15.01	
73060	26 TC	humerus including one joint	\$6.88 \$15.01	\$6.88 \$15.01	
73060 73070	TC 26	radiologic exam humerus radiologic examination, elbow; two views	\$15.01 \$6.00	\$15.01 \$6.00	
73070	TC	radiologic examination, elbow; two views	\$6.00	\$6.00	
73080	TC	x-ray exam of elbow	\$19.24	\$19.24	
73090	26	radiologic examination; forearm, two views	\$6.30	\$6.30	
73090	TC	radiologic examination; forearm, two views	\$14.07	\$14.07	
73110	26	wrist complete	\$6.88	\$6.88	
73110	TC	radiologic exam wrist, complete	\$18.47	\$18.47	
73130	26	hand complete	\$6.88	\$6.88	
73130	TC	radiologic exam hand min/3 views	\$16.29	\$16.29	
73140	26	x-ray exam finger	\$5.42	\$5.42	
73140 73221	TC 26	radiologic exam finger(s)	\$16.01 \$54.57	\$16.01 \$54.57	
73221	20	magnetic resonance (eg, proton) imaging, any joint of upper extremity; without magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	\$54.57 \$403.78	\$54.57 \$403.78	
73510	26	hip unilateral complete	\$8.60	\$8.60	
73510	TC	radiologic exam, hip	\$18.85	\$18.85	
73550	TC	radiologic examination, femur, two views	\$14.76	\$14.76	
73560	26	radiologic examination, knee; one or two views	\$6.88	\$6.88	-
73560	TC	radiologic examination, knee; one or two views	\$14.37	\$14.37	
73560		radiologic examination, knee; one or two views	\$21.22	\$21.22	
73562	26	radiologic examination, knee; three views	\$7.44	\$7.44	-

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CODE	MOD	Description	FACILITY	FACILITY
73562	TC	radiologic examination, knee; three views	\$18.02	\$18.02
73562		radiologic examination, knee; three views	\$25.46	\$25.46
73590	26	radiologic examination; tibia and fibula, two views	\$6.88	\$6.88
73590	TC	radiologic examination; tibia and fibula, two views	\$13.54	\$13.54
73610	26	ankle complete	\$6.88	\$6.88
73610	TC	radiologic exam complete	\$16.29	\$16.29
73630	26	foot complete	\$6.88	\$6.88
73630	TC	radiologic exam foot complete	\$16.01	\$16.01
73660 73660	26 TC	toes radiologic exam calcaneus toe or toes	\$5.14 \$15.18	\$5.14 \$15.18
73660	26	magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	\$15.18	\$54.57
73721	20	magnetic resonance (eg, proton) imaging, any joint of lower extremity, without maging, any joint of lower extremity; without	\$410.64	\$410.64
74000	26	abdomen single view	\$7.17	\$7.17
74000	TC	radiologic exam abdomen	\$12.15	\$12.15
74020	26	x-ray exam of abdomen	\$10.93	\$10.93
74020	TC	radiologic exam abdomen, complete	\$19.39	\$19.39
74022	26	complete acute abd series	\$12.96	\$12.96
74022	TC	rad exam abdomen. complete abdomen series	\$23.69	\$23.69
75820	TC	vein x-ray, arm/leg	\$62.98	\$62.98
75978	TC	translum angioplasty venous interrup/super, only	\$188.98	\$188.98
75984	TC	change of percutaneous tube or drainage catheter with contrast monitoring (eg,	\$58.62	\$58.62
76511		ophthalmic altrasnd, echog a-scan w amplitud quali	\$74.43	\$74.43
76512 76516		opthalmic ultrasnd, echog; constrast b-scan	\$69.87 \$51.23	\$69.87 \$51.23
76529		ophthalmic biometry by ultrsnd echography a-scan ophthalmic ultrasonic foreign body localization	\$51.25	\$51.95
76641		ultrasound of one breast	\$82.79	\$82.79
76641	26	ultrasound of one breast	\$28.90	\$28.90
76641	TC	ultrasound of one breast	\$53.89	\$53.89
76642		ultrasound of one breast	\$68.12	\$68.12
76642	26	ultrasound of one breast	\$26.91	\$26.91
76700	TC	ultrasound, abdominal, b-scan and/or real time with image documentation;	\$72.61	\$72.61
76801	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$39.69	\$39.69
76801	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$60.38	\$60.38
76801		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$100.07	\$100.07
76802	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$33.03	\$33.03
76802	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$56.95 \$85.20	\$56.95
76805 76805	26 TC	ultrasound, pregnant uterus, b-scan and/or real time with image documentation; ultrasound, pregnant uterus, b-scan and/or real time with image documentation;	\$85.20 \$71.90	\$85.20 \$71.90
76805	10	ultrasound, pregnant uterus, b-scan and/or real time with image documentation; ultrasound, pregnant uterus, b-scan and/or real time with image documentation;	\$71.90	\$111.31
76810	26	echography; complete with multiple gestation	\$38.85	\$38.85
76810	20	echography; complete with multiple gestation	\$77.24	\$77.24
76811	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$74.73	\$74.73
76811	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$82.65	\$82.65
76811		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$157.39	\$157.39
76812	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$69.89	\$69.89
76812		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$154.08	\$154.08
76815		echography, pregnant uterus, b-scan and/or real time with image documentation;	\$69.31	\$69.31
76816	26	echography pregnant uterus, follow-up or repeat	\$33.62	\$33.62
76816	TC	echograph pregnant uterus follow up	\$51.57	\$51.57

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Providers s	hould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletin	ns for addition	15	
		to this schedule.		,	
*** The fee s	chedule i	nclude the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is no	ot included on	this fee sched	lule
			Medicaid Maxi	mum Allowable	
0005				NON-	
CODE	MOD	Description	FACILITY	FACILITY	
76816 76817		echograph pregnant uterus follow up ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$85.20 \$77.39	\$85.20 \$77.39	
76817		fetal biophysical profile; with non-stress testing	\$77.39 \$92.61	\$77.39 \$92.61	-
76819	26	fetal biophysical profile; without non-stress testing	\$30.52	\$30.52	
76819	TC	fetal biophysical profile; without non-stress testing	\$41.09	\$41.09	
76819		fetal biophysical profile; without non-stress testing	\$71.60	\$71.60	1
76830	26	ultrasound, transvaginal	\$27.60	\$27.60	
76830	TC	ultrasound, transvaginal	\$63.56	\$63.56	
76830		ultrasound, transvaginal	\$91.16	\$91.16	
76856	26	ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	\$27.87	\$27.87	
76856	TC	ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	\$63.85	\$63.85	
76856		ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	\$91.71	\$91.71	
77080 77080	26 TC	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	\$8.03 \$45.42	\$8.03 \$45.42	
77080	10	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	\$53.46	\$53.46	
77085		bone density measurement using dedicated x-ray machine	\$43.13	\$43.13	
77085	26	bone density measurement using dedicated x-ray machine	\$12.16	\$12.16	
77085	TC	bone density measurement using dedicated x-ray machine	\$30.97	\$30.97	
77086		fracture assessment of spine bones using dedicated x-ray machine for bone density measure	\$27.22	\$27.22	
77086	26	fracture assessment of spine bones using dedicated x-ray machine for bone density measure	\$7.04	\$7.04	
77086	TC	fracture assessment of spine bones using dedicated x-ray machine for bone density measure	\$20.18	\$20.18	
77306		radiation therapy plan	\$111.39	\$111.39	
77306 77306	26 TC	radiation therapy plan	\$56.15 \$55.24	\$56.15 \$55.24	
77306	IC.	radiation therapy plan radiation therapy plan	ຈວວ.24 \$217.58	\$00.24 \$217.58	_
77307	26	radiation therapy plan	\$217.58 \$116.49	\$217.58 \$116.49	
77307	TC	radiation therapy plan	\$101.09	\$101.09	1
77316		radiation therapy plan	\$142.08	\$142.08	
77316	26	radiation therapy plan	\$56.37	\$56.37	1
77316	TC	radiation therapy plan	\$85.71	\$85.71	
77317		radiation therapy plan	\$186.01	\$186.01	
77317	26	radiation therapy plan	\$74.14	\$74.14	
77317	TC	radiation therapy plan	\$111.87	\$111.87	
77318	20	radiation therapy plan	\$268.73	\$268.73	-
77318 77318	26 TC	radiation therapy plan radiation therapy plan	\$116.94 \$151.79	\$116.94 \$151.79	
77318	10	radiation therapy bian	\$391.75	391.75	
77386 78271		radiation therapy delivery vitamin b-12 absorption study; w/intrinsic factor	\$391.75 \$59.81	391.75 \$59.81	
80047		basic metabolic panel (calcium, ionized)	\$59.81 \$26.20	\$59.81 \$26.20	
80047 80050		general health screen panel	\$26.20 \$10.93	\$26.20 \$11.16	
80050		comprehensive metabolic panel	\$10.93	\$10.21	1
80069		renal function panel	\$9.88	\$9.88	
80074		acute hepatitis panel	\$56.33	\$56.33	1
80076		hepatic function panel	\$9.69	\$9.69	
80155		caffeine level	\$16.69	\$16.69	
80159		clozapine level	\$21.83	\$21.83	
80163		digoxin level	\$16.04	16.04	1

		Nurse Midwife Fee Schedule Provider Specialty 063			
		Effective Date: 1/1/2015			
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		Health Choice Clinical Policies on the DMA Web Site.	g		
		ays bill their usual and customary charges. Please use the monthly NC Medicaid to this schedule.	Bulletins for addition	18,	
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			Medicaid Maxi	mum Allowable	
				NON	
CODE	MOD	Description	FACILITY	NON- FACILITY	
80165	MOD	valproic acid level	\$16.20	16.20	
80169		everolimus level	\$16.20	\$16.20	
80171		gabapentin level	\$15.65	\$15.65]
80175		lamotrigine level	\$15.65	\$15.65	
80177		levetiracetam level	\$15.65	\$15.65	
80180		mycophenolate (mycophenolic acid) level	\$21.31	\$21.31 \$15.65	
80183 80199		oxcarbazepine level tiagabine level	\$15.65 \$21.31	\$15.65 \$21.31	
80203		zonisamide level	\$15.65	\$15.65	
80299		quantitation of therapeutic drug	\$16.89	\$16.89	
80300		drug screen	\$17.58	\$17.58	
80301		drug screen	\$17.58	\$17.58	
80302		drug screen	\$21.82	21.82	
80303		drug screen	\$21.82	21.82	
80304		drug screen	\$21.82	21.82	
80320		alcohols levels	\$13.06	13.06	
80321		alcohols levels	\$13.06	13.06	
80322		alcohols levels	\$13.06	13.06	
80323		alkaloids levels	\$36.28	36.28	
80324		amphetamines levels	\$18.80	18.80	
80325		amphetamines levels	\$18.80	18.80	
80326		amphetamines levels	\$18.80	18.80	
80327		anabolic steroids levels	\$31.20	31.20	
80328		anabolic steroids levels	\$31.20	31.20	
80329		analgesics levels	\$24.46	24.46	
80330	-	analgesics levels	\$24.46	24.46	1
80331		analgesics levels	\$24.46	24.46	
80332		antidepressants levels	\$21.82	21.82	
80333		antidepressants levels	\$21.82	21.82	
80334		antidepressants levels	\$21.82	21.82	
80335		antidepressants levels	\$19.69	19.69	
80336	L	antidepressants levels	\$19.69	19.69	1
80337		antidepressants levels	\$19.69	19.69	
80338		antidepressants levels	\$19.69	19.69	
80339		antiepileptics levels	\$17.59	17.59	
80340		antiepileptics levels	\$17.59	17.59	1
80341		antiepileptics levels	\$17.59	17.59	
80342		antipsychotics levels	\$21.39	21.39	
80343		antipsychotics levels	\$21.39	21.39	1
80344		antipsychotics levels	\$21.39	21.39	
80345		barbiturates levels	\$13.85	13.85	
80346		benzodiazepines levels	\$22.34	22.34	
00040		benzodiazepines levels	\$22.34	22.34	

		Nurse Midwife Fee Schedule			
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		Effective Date: 1/1/2015			
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			Medicaid Maxi	mum Allowable	
				NON-	
CODE	MOD	Description	FACILITY	FACILITY	
80348		buprenorphine level	\$23.52	23.52	
80349		cannabinoids levels	\$21.82	21.82	
80350		cannabinoids levels	\$21.82	21.82	
80351	<u> </u>	cannabinoids levels	\$21.82	21.82	
80352		cannabinoids levels	\$21.82	21.82	
80353		cocaine level	\$18.31	18.31	
80354		fentanyl level	\$23.52	23.52	
80355		gabapentin level non-blood	\$15.33	15.33	
80356		heroin metabolite level	\$23.52	23.52	
80357		ketamine and norketamine levels	\$21.82	21.82	
80358		methadone level	\$19.74	19.74	
80359		methylenedioxyamphetamines levels	\$18.80	18.80	
80360		methylphenidate level	\$21.82	21.82	
80361		opiates levels	\$23.52	23.52	
80362		opioids levels	\$23.52	23.52	
80363		opioids levels	\$23.52	23.52	
80364		opioids levels	\$23.52	23.52	
80365		oxycodone levels	\$23.52	23.52	
80366		pregabalin level	\$21.82	21.82	
80367		propoxyphene level	\$23.52	23.52	
80368		sedative hypnotics (non-benzodiazepines) levels	\$21.82	21.82	
80369		skeletal muscle relaxants levels	\$21.82	21.82	
80370		skeletal muscle relaxants levels	\$21.82	21.82	
80371		synthetic stimulants levels	\$21.82	21.82	
80372		tapentadol level	\$23.52	23.52	
80373		tramadol level	\$23.52	23.52	
80374		stereoisomer (enantiomer) drug analysis	\$21.82	21.82	
80375		drugs or substances measurement	\$21.82	21.82	
80376		drugs or substances measurement	\$21.82	21.82	
80377		drugs or substances measurement	\$23.52	23.52	
81001		urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	\$3.83	\$3.83	
81002	FP	urinalysis routine without microscopy	\$3.09	\$3.09	
81002		urinalysis routine without microscopy	\$3.09	\$3.09	
81003	FP	ua, by dip stick or tablet; automated, wo micro	\$2.72	\$2.72	
81003 81005		ua, by dip stick or tablet; automated, wo micro	\$2.72 \$2.62	\$2.72 \$2.62	
81005 81007		urine tests urinalysis; bacteriuria screen, except by culture or dipstick	\$2.62	\$2.62	
81007	ļ	microscopic urine exam	\$3.67	\$3.67	
81020		urinalysis routine 2 or 3 glass test	\$4.46	\$4.46	
81025	FP	ua preg. test - color comparison method	\$7.64	\$7.64	
81025		ua preg. test - color comparison method	\$7.64	\$7.64	-
81050		volume measurement for timed collection, each	\$3.62	\$3.62	
82043		albumin; urine, micr, quantitative	\$7.14	\$7.14	

		Nurse Midwife Fee Schedule Provider Specialty 063			
		Provider Speciality 063			[
		Effective Date: 1/1/2015			
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		Health Choice Clinical Policies on the DMA Web Site.	Billing Guide		
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			Mediacid Mevi	mum Allowable	
				mum Allowable	
				NON-	
CODE	MOD	Description	FACILITY	FACILITY	1
82044		albumin; urine, micro, semiquantitative	\$3.46	\$3.46	
82075		alcohol breath	\$14.86	\$14.86	
82270		blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces,	\$3.93	\$3.93	_
82306		calcifediol (25-oh vitamin d-3)	\$35.78	\$35.78	
82486		chromatography, qualitative; column (eg, gas liquid or hplc), analyte not	\$22.27	\$22.27	
82962		blood glucose by monitoring device	\$2.83	\$2.83	
83026		hemoglobin; by copper sulfate method	\$2.85	\$2.85	
83036 83540		hemoglobin; glycosylated (a1c)	\$11.73 \$7.99	\$11.73 \$7.99	
83540		Iron	\$7.99 \$11.53	\$7.99 \$11.53	
83735		lipoprotein, direct measurement; Idl cholesterol magnesium	\$8.26	\$8.26	
83789		mass spectrometry and tandem mass spectrometry (ms, ms/ ms), analyte not	\$22.27	\$22.27	
83992		phencyclidine	\$18.13	\$18.13	1
83993		calprotectin, fecal	\$23.72	\$23.72	
84145		procalcitonin (pct	\$24.01	\$24.01	
84153		prostate specific antigen (psa); total	\$22.69	\$22.69	
84431		thromboxane metabolite(s), including thromboxane if performed, urine	\$16.03	\$16.03	
84439		thyroxine; free	\$10.90	\$10.90	
84443		tsh	\$19.70	\$19.70	
84450		transferase; aspartate amino (ast) (sgot)	\$6.25	\$6.25	
84479		thyroid hormone (t3 or t4) uptake or thyroid hormone binding ratio (thbr)	\$7.35	\$7.35	
84481		tridothyronine (t-3); free	\$20.48	\$20.48	
84704	FP	gonadotropin, chorionic (hcg); free beta chain	\$10.57	\$10.57	
84704	50	gonadotropin, chorionic (hcg); free beta chain hemoglobin	\$10.57	\$10.57	
85018 85018	FP	hemoglobin	\$2.86 \$2.86	\$2.86 \$2.86	
85652		sedimentation rate, erythrocyte; automated	\$3.33	\$3.33	[
86038		antinuclear antibodies (ana);	\$14.61	\$14.61	
86308		heterophile antibodies; screening	\$6.26	\$6.26	
86309	1	heterophile antibodies; titer	\$7.83	\$7.83	
86310		heterophile absorption	\$8.90	\$8.90	
86356		mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise	\$32.36	\$32.36	
86376		microsomal antibodies (eg, thryoid or liver-kidney), each	\$17.09	\$17.09	
86580		sensitivity test tuberculosis	\$5.32	\$5.32	
86711		antibody; jc (john cunningham) virus	\$17.08	\$17.08	
86756		antibody; respiratory syncytial virus	\$16.39	\$16.39	
86780		treponema pallidum	\$16.40	\$16.40	
86803		hepatitis c antibody;	\$17.26 \$00.52	\$17.26	
86825		human leukocyte antigen (hla) crossmatch, non-cytotoxic (eg, using flow	\$99.52 \$22.17	\$99.52 \$22.17	
86826 86828		human leukocyte antigen (hla) crossmatch, non-cytotoxic (eg, using flow antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, e	\$33.17 \$47.05	\$33.17 \$47.05	
86829		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, e antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, e	\$35.30	\$47.05	
86830		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres of beads, e antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, e	\$95.30 \$95.30	\$95.30	
86831		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres of beads, e	\$95.30 \$81.69	\$95.30	
86832		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, e	\$149.78	\$149.78	
86833		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, e	\$136.16	\$136.16	
86834	1	antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, e	\$422.10	\$422.10	
86835		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, e	\$381.25	\$381.25	
87081	1	culture, presumptive, pathogenic organisms, screening only;	\$6.96	\$6.96	

		Nurse Midwife Fee Schedule			
		Provider Specialty 063			
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			Medicaid Maxi	mum Allowable	
				NON-	
CODE	MOD	Description	FACILITY	FACILITY	
87150	-	culture, typing; identification by nucleic acid (dna or rna) probe, amplified	\$30.38	\$30.38	
87153		culture, typing; identification by nucleic acid sequencing method, each isolate	\$73.31	\$73.31	
87184		susceptibility studies, antimicrobial agent; disk method, per plate (12 or	\$8.50	\$8.50	
87210	FP	smear, primary source with interpretation; wet mount for infectious agents (eg,	\$4.61	\$4.61	
87210		smear, primary source with interpretation; wet mount for infectious agents (eg,	\$4.61	\$4.61	
87220 87389		tissue examination by koh slide of samples from skin, hair, or nails for fungi infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$5.15 \$29.02	\$5.15 \$29.02	
87430		infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$29.02 \$13.85	\$29.02 \$13.85	
87480		infectious agent detection by enzyme infectious agent detection by enzyme infectious agent detection by nucleic acid (dna or rna); candida species,	\$24.74	\$24.74	
87491		infectious agent detection by nucleic acid (dna or rna); chlamydia trachomatis,	\$29.64	\$29.64	
87493		clostridium difficile, toxin gene(s), amplified probe technique	\$30.38	\$30.38	
87500		infectious agent detection by nucleic acid (dna or rna); vancomycin resistance	\$29.64	\$29.64	
87505		detection test for digestive tract pathogen	\$85.14	\$85.14	
87506		detection test for digestive tract pathogen	\$128.98	\$128.98	
87507		detection test for digestive tract pathogen	\$238.58	\$238.58	
87510		infectious agent detection by nucleic acid (dna or rna); gardnerella vaginalis,	\$24.74	\$24.74	
87591		infectious agent detection by nucleic acid (dna or rna); neisseria gonorrhoeae,	\$29.64	\$29.64	
87623		detection test for human papillomavirus (hpv)	\$29.64	29.64	
87624		detection test for human papillomavirus (hpv)	\$29.64	29.64	
87625		detection test for human papillomavirus (hpv)	\$29.64	29.64	
87631		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, adenovirus, influe	\$85.14	\$85.14	
87632		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, adenovirus, influe	\$128.98	\$128.98	
87633		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, adenovirus, influe	\$238.58	\$238.58	
87660		infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis,	\$24.74	\$24.74	
87661		infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis, amplified probe	\$28.94	\$28.94	
87800		infectious agent detection by nucleic acid (dna or rna), multiple organisms;	\$48.47	\$48.47	
87806		detection test for hiv-1	\$29.02	\$29.02	
87809 87880		infectious agent antigen detection by immunoassay with direct optical	\$13.85 \$13.85	\$13.85 \$13.85	
87880		infectious agent detection by immunoassay with direct optical observation; infectious agent genotype analysis by nucleic acid (dna or rna); cytomegalovirus	\$13.85 \$92.80	\$13.85 \$92.80	
87912		infectious agent genotype analysis by nucleic acid (dna or rna), cytomegalovirus	\$92.80	\$92.80	
88164		cytopathology, slides, cervical or vaginal (the bethesda system); manual	\$13.03	\$13.03	
88341		special stained specimen slides to examine tissue	\$51.46	\$51.46	1
88341	26	special stained specimen slides to examine tissue	\$17.26	\$17.26	
88341	TC	special stained specimen slides to examine tissue	\$34.21	\$34.21	
88344		special stained specimen slides to examine tissue	\$89.66	\$89.66	
88344	26	special stained specimen slides to examine tissue	\$31.72	\$31.72	
88344	TC	special stained specimen slides to examine tissue	\$57.94 \$74.24	\$57.94	
88364 88364	26	cell examination cell examination	\$74.34 \$21.53	\$74.34 \$21.53	
88364		cell examination	\$52.81	\$52.81	
88366	10	cell examination	\$114.88	\$114.88	
88366	26	cell examination	\$49.94	\$49.94	
88366	TC	cell examination	\$64.95	\$64.95	1
88369		microscopic genetic examination manual	\$56.54	\$56.54	
88369	26	microscopic genetic examination manual	\$19.91	\$19.91	
88369	TC	microscopic genetic examination manual	\$36.63	\$36.63	

		Nurse Midwife Fee Schedule		
		Provider Specialty 063		
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^ The fee s	schedule i	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is no	ot included on	this fee schedule
			Medicaid Maxi	mum Allowable
0005				NON-
CODE	MOD	Description	FACILITY	FACILITY
88373 88373	26	microscopic genetic examination using computer-assisted technology microscopic genetic examination using computer-assisted technology	\$46.09 \$16.74	\$46.09 \$16.74
88373	Z6 TC	microscopic genetic examination using computer-assisted technology	\$16.74 \$29.35	\$16.74 \$29.35
88374		microscopic genetic examination using computer-assisted technology	\$156.33	\$156.33
88374	26	microscopic genetic examination using computer assisted technology	\$35.82	\$35.82
88374	TC	microscopic genetic examination using computer-assisted technology	\$120.50	\$120.50
88377		microscopic genetic examination manual	\$164.29	\$164.29
88377	26	microscopic genetic examination manual	\$52.15	\$52.15
88377	TC	microscopic genetic examination manual	\$112.14	\$112.14
88387	26	macroscopic examination, dissection, and preparation of tissue for	\$19.28	\$19.28
88387	TC	macroscopic examination, dissection, and preparation of tissue for	\$4.66	\$4.66
88387	20	macroscopic examination, dissection, and preparation of tissue for	\$23.95	\$23.95
88388 88388	26 TC	macroscopic examination, dissection, and preparation of tissue for macroscopic examination, dissection, and preparation of tissue for	\$12.02 \$2.29	\$12.02 \$2.29
88388	10	macroscopic examination, dissection, and preparation of tissue for	\$14.31	\$14.31
88738		hemoglobin (hgb), quantitative, transcutaneous	\$6.22	\$6.22
90460	EP	immunization administration through 18 years of age via any route of	\$20.45	\$20.45
90471	EP	immunization administration (includes percutaneous, intradermal, subcutaneous,	\$20.45	\$20.45
90471		immunization administration (includes percutaneous, intradermal, subcutaneous,	\$13.30	\$13.30
90472	EP	immunization administration (includes percutaneous, intradermal, subcutaneous,	\$20.45	\$20.45
90472		immunization administration (includes percutaneous, intradermal, subcutaneous,	\$13.30	\$13.30
90473	EP	immunization administration by intranasal or oral route; one vaccine (single or	\$20.45	\$20.45
90473 90474	EP	immunization administration by intranasal or oral route; one vaccine (single or immunization administration by intranasal or oral route; each additional	\$13.30 \$20.45	\$13.30 \$20.45
90474	CP	immunization administration by intranasal or oral route; each additional	\$20.45 \$13.30	\$13.30
90785		interactive complexity (list separately in addition to the code for primary procedure)	\$3.76	\$3.76
90791		psychiatric diagnostic evaluation	\$93.67	\$119.19
90792	1	psychiatric diagnostic evaluation with medical services	\$96.84	\$99.42
90832		psychotherapy, 30 minutes with patient and/or family member	\$39.34	\$49.66
90833		psychotherapy, 30 minutes with patient and/or family member when performed with an evalua	\$32.93	\$33.18
90834		psychotherapy, 45 minutes with patient and/or family member	\$59.08	\$64.50
90836		psychotherapy, 45 minutes with patient and/or family member when performed with an evalua	\$53.92	\$53.92
90837		psychotherapy, 60 minutes with patient and/or family member	\$89.09 \$86.54	\$94.51 \$87.07
90838 90839		psychotherapy, 60 minutes with patient and/or family member when performed with an evalua psychotherapy for crisis; first 60 minutes	\$86.54 \$111.62	\$87.07 \$119.09
90839		psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for prin	\$93.02	\$100.26
90840	26	anorectal manometry	\$93.02 \$71.91	\$71.91
91122	TC	anorectal manometry	\$102.67	\$102.67
91122	-	anorectal manometry	\$174.58	\$174.58
91200		measuring the stiffness in the liver via elastography	\$27.98	\$27.98
91200	26	measuring the stiffness in the liver via elastography	\$11.84	\$11.84
91200	TC	measuring the stiffness in the liver via elastography	\$16.13	\$16.13
92551		hearing test	\$7.86	\$7.86
92567		tympanometry	\$11.99	\$13.37
92950		heart-lung resuscitation	\$140.62 \$16.01	\$211.35
93000 93000	FP	electrocardiogram, complete	\$16.01 \$16.01	\$16.01 \$16.01
93000	FP	electrocardiogram, complete electrocardiogram report	\$16.01 \$7.15	\$16.01 \$7.15
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		Nurse Midwife Fee Schedule			
		Provider Specialty 063			
		Effective Date: 1/1/2015			
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			Medicaid Maxi	mum Allowable	
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CODE	MOD	Description	FACILITY	FACILITY	
93260		programming device evaluation of heart monitoring system with adjustment of programmed va	\$51.43	\$51.43	
93260	26 TC	programming device evaluation of heart monitoring system with adjustment of programmed va	\$35.57 \$15.86	\$35.57	
93260 93306	TC 26	programming device evaluation of heart monitoring system with adjustment of programmed va echocardiography, transthoracic, real-time with image documentation (2d),	\$15.86 \$58.27	\$15.86 \$58.27	
93306	Z6 TC	echocardiography, transthoracic, real-time with image documentation (2d), echocardiography, transthoracic, real-time with image documentation (2d),	\$08.27 \$146.03	\$08.27 \$146.03	
93306	10	echocardiography, transtitutacic, real-time with image documentation (2d),	\$203.14	\$203.14	-
93355		insertion of probe in esophagus for heart ultrasound examination	\$181.22	\$181.22	1
93644		evaluation implantable defibrillator	\$237.20	\$237.20	1
93644	26	evaluation implantable defibrillator	\$157.78	\$157.78	
93644	TC	evaluation implantable defibrillator	\$79.42	\$79.42	
94150		vital capacity, total	\$16.98	\$16.98	
94664		demonstration and/or evaluation of patient utilization of an aerosol generator,	\$10.89	\$10.90	
95004		injection of allergenic extracts into skin for immediate reaction analysis	\$4.33	\$4.33	
95165	20	professional services for the supervision of preparation and provision of	\$2.52	\$8.82	
95851 95851	26	range of motion evaluation range of motion evaluation	\$4.73 \$6.30	\$10.16 \$12.60	
95651		brief emotional or behavioral assessment	\$6.30	\$4.00	
96372	FP	therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$16.20	\$16.20	
96372		therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$16.20	\$16.20	
96523		irrigation of implanted venous access device for drug delivery systems	\$19.58	\$19.58	
97032		application of a modality to one or more areas;	\$12.80	\$12.80	
97750		physical performance test or measurement (eg, musculoskeletal,	\$22.76	\$22.76	
99050	FP	services provided in the office at times other than regularly scheduled office	\$25.95	\$25.95	
99050		services provided in the office at times other than regularly scheduled office	\$25.95	\$25.95	
99051		service(s) provided in the office during regularly scheduled evening, weekend	\$25.95	\$25.95	
99053 99058		med serv 10pm-8am, 24 hr fac office emergency care	\$25.95 \$17.30	\$25.95 \$17.30	
99058		service(s) provided on an emergency basis, out of the office, which disrupts	\$9.27	\$9.27	
99070	-	special supplies	\$9.23	\$9.23	1
99082		unusual travel	\$0.81	\$0.81	1
99201	FP	ov new pt minor-phys time approx. 10 minutes	\$20.40	\$31.54	
99201		ov new pt minor-phys time approx. 10 minutes	\$20.40	\$31.54	
99202	FP	ov new pt,moderate-phys time approx 20 minutes	\$39.33	\$51.87	
99202		ov new pt,moderate-phys time approx 20 minutes	\$39.33	\$51.87	
99203	FP	ov new pt, moderate-phys time approx 30 minutes	\$59.36	\$79.24	
99203		ov new pt, moderate-phys time approx 30 minutes ov new pt, complex-phys time approx 45 minutes	\$59.36 \$00.60	\$79.24	
99204 99205		ov new pt, complex-phys time approx 45 minutes ov new pt, severe-phys time approx 60 minutes	\$99.69 \$129.73	\$122.88 \$155.34	
99205		ov estab pt, minimal w/wo phys, time approx 5 min	\$7.55	\$155.34 \$15.99	
99212		ov established pt, minor-phys time approx 10 min.	\$20.10	\$31.85	1
99213		ov estab. pt, moderate. phys time approx 15 min.	\$39.32	\$53.18	
99214		ov estab. pt, severe. phys time approx 25 min.	\$60.84	\$80.12	1
99215		ov estab. pt, severe. phys time approx 40 min.	\$86.38	\$108.37	
99217		observation care discharge day management	\$58.29	\$58.29	
99218		initial observation, per day, low complexity	\$54.98	\$54.98	
99219		initial observation care, per day, moderate complexity	\$91.04	\$91.04	
99220		initial observation care, per day, high complexity	\$127.69	\$127.69	<u> </u>
99221		initial hosp. care, minor. phys time approx 30 min	\$78.95 \$107.74	\$78.95 \$107.74	
99222		initial hosp care,moderate-phys time approx 50 min	\$107.74	\$107.74	L

		Nurse Midwife Fee Schedule		
		Provider Specialty 063		
		Effective Date: 1/1/2015		
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and the Med	licald and	Health Choice Clinical Policies on the DMA Web Site.		
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CODE	MOD	Description	FACILITY	NON- FACILITY
99223	NIOD	initial hosp care, severe-phys time approx 70 min	\$158.64	\$158.64
99223		subsequent observation care, typically 15 minutes per day	\$22.14	\$22.14
99225		subsequent observation care, typically 25 minutes per day	\$39.32	\$39.32
99226		subsequent observation care, typically 35 minutes per day	\$58.80	\$58.80
99231		hosp visit, stable. phys time approx 15 minutes	\$32.60	\$32.60
99232		hosp visit, moderate. phys time approx 25 minutes	\$58.75	\$58.75
99233		hosp visit, complex. phys time approx 35 minutes	\$84.16	\$84.16
99234		observation or inpatient hospital care, for the evaluation and management of a	\$111.38 \$146.31	\$111.38 \$146.21
99235 99238	FP	observation or inpatient hospital care, for the evaluation and management of a hospital discharge day management; 30 minutes or less	\$146.31 \$58.09	\$146.31 \$58.09
99238	1.	hospital discharge day management; 30 minutes or less	\$58.09	\$58.09
99241	FP	outpt. consult, minor- phys time approx 15 min.	\$26.21	\$38.00
99241		outpt. consult, minor- phys time approx 15 min.	\$26.21	\$38.00
99242	FP	outpt. consult, moderate- phys time approx 30 min.	\$55.31	\$71.20
99242		outpt. consult, moderate- phys time approx 30 min.	\$55.31	\$71.20
99243	FP	outpt. consult, severe- phys time approx 40 min.	\$77.09	\$97.91
99243		outpt. consult, severe- phys time approx 40 min.	\$77.09	\$97.91
99244 99245	FP	outpt. consult, severe- phys time approx 60 min.	\$122.40 \$152.70	\$145.43 \$178.74
99245 99245	ГГ	outpt. consult, severe- phys time approx 80 min. outpt. consult, severe- phys time approx 80 min.	\$152.70	\$178.74
99251		initial inpt consult- phys time approx 20 min.	\$38.80	\$38.80
99252	FP	initial inpt consult- phys time approx 40 min.	\$60.13	\$60.13
99252		initial inpt consult- phys time approx 40 min.	\$60.13	\$60.13
99253	FP	initial inpt consult- phys time approx 55 min.	\$91.29	\$91.28
99253		initial inpt consult- phys time approx 55 min.	\$91.29	\$91.28
99254	FP	initial inpt consult- phys time approx 80 min.	\$132.03	\$132.03
99254	FD	initial inpt consult- phys time approx 80 min.	\$132.03 \$160.87	\$132.03 \$160.87
99255 99255	FP	initial inpt consult- phys time approx 110 min. initial inpt consult- phys time approx 110 min.	\$160.87 \$160.87	\$160.87 \$160.87
99281		er visit, minor	\$16.19	\$16.19
99282		er visit, low severity	\$31.50	\$31.50
99283		er visit, moderate severity	\$48.81	\$48.81
99284		er visit, high severity	\$91.39	\$91.39
99285		emergency department visit for the evaluation and management of a patient,	\$135.87	\$135.87
99291		critical care, evaluation and management of the unstable critically ill or	\$195.83	\$232.59
99304		initial nursing facility initial visit, typically 25 minutes	\$71.78	\$71.78
99305 99306		initial nursing facility visit, typically 35 minutes per day initial nursing facility visit, typically 45 minutes per day	\$100.36 \$128.96	\$100.36 \$128.96
99306		subsequent nursing facility care, per day, for the evaluation and management of	\$128.96	\$128.96
99308		subsequent nursing facility care, per day, for the evaluation and management of	\$53.07	\$53.07
99309		subsequent nursing facility care, per day, for the evaluation and management of	\$70.40	\$70.40
99310		subsequent nursing facility care, per day, for the evaluation and management of	\$104.10	\$104.10
99315		nursing facility discharge day management; 30 minutes or less	\$50.79	\$50.79
99316		nursing facility discharge day management; 30 minutes or less more than 30	\$66.36	\$66.36
99318		evaluation and management of a patient involving an annual nursing facility	\$73.59	\$73.59
99324		domiciliary or rest home visit for the evaluation and management of a new	\$47.19	\$47.19
1111111		domiciliary or rest home visit for the evaluation and management of a new	\$68.72	\$68.72
99325 99326		domiciliary or rest home visit for the evaluation and management of a new	\$113.64	\$113.64

		Nurse Midwife Fee Schedule		
		Provider Specialty 063		
		Effective Date: 1/1/2015		
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CODE	MOD	Description	FACILITY	FACILITY
99328		domiciliary or rest home visit for the evaluation and management of a new	\$174.48	\$174.48
99334		domiciliary or rest home visit for the evaluation and management of an	\$48.64	\$48.64
99335		domiciliary or rest home visit for the evaluation and management of an	\$75.34	\$75.34
99336		domiciliary or rest home visit for the evaluation and management of an	\$106.09	\$106.09
99337		domiciliary or rest home visit for the evaluation and management of an	\$152.43	\$152.43
99341 99342		home visit for the evaluation and management of a new patient, which requires	\$47.19 \$68.72	\$47.19 \$68.72
99342		home visit for the evaluation and management of a new patient, which requires home visit for the evaluation and management of a new patient, which requires	\$110.68	\$68.72 \$110.68
99343		home visit for the evaluation and management of a new patient, which requires	\$110.68 \$145.31	\$110.68
99344		home visit for the evaluation and management of a new patient, which requires	\$145.31	\$174.77
99347		home visit for the evaluation and management of an established patient, which	\$46.05	\$46.05
99348		home visit for the evaluation and management of an established patient, which	\$69.53	\$69.53
99349		home visit for the evaluation and management of an established patient, which	\$101.25	\$101.25
99350		home visit for the evaluation and management of an established patient, which	\$141.15	\$141.15
99354		prolonged physician service in the office or other outpatient setting requiring	\$76.17	\$80.39
99355		prolonged physician service in the office or other outpatient setting requiring	\$75.36	\$79.59
99356		prolonged physician service in the inpatient setting, requiring direct	\$73.42	\$73.42
99357		prolonged physician service in the inpatient setting, requiring direct	\$73.91	\$73.91
99381	EP	initial comprehensive preventive medicine uner 1 year old	\$76.36	\$76.36
99382	EP	initial comprehensive preventive medicine age 001-004	\$76.36	\$76.36
99383 99384	EP EP	initial comprehensive preventive medicine age 005-011	\$76.36	\$76.36
99384	EP	initial comprehensive preventive medicine age 012-017 initial comprehensive preventive medicine age 018-039	\$76.36 \$76.36	\$76.36 \$76.36
99385	FP	new pt physical exam: 18 to 39 years	\$67.04	\$92.04
99385		new pt physical exam: 18 to 39 years	\$67.04	\$92.04
99386	FP	new pt physical exam: 40 to 64 years	\$82.27	\$107.87
99386		new pt physical exam: 40 to 64 years	\$82.27	\$107.87
99391	EP	periodic preventive medicine under one year old	\$76.36	\$76.36
99392	EP	periodic preventive medicine age 001-004	\$76.36	\$76.36
99393	EP	periodic preventive medicine age 005-011	\$76.36	\$76.36
99394	EP	periodic preventive medicine ages 012-017	\$76.36	\$76.36
99395	EP	periodic preventive medicine ages 018-039	\$76.36	\$76.36
99395	FP	estab. pt physical exam: 18 to 39 years	\$59.49	\$79.98
99395	ED	estab. pt physical exam: 18 to 39 years	\$59.49 \$67.04	\$79.98 \$87.52
99396 99396	FP	estab. pt physical exam: 40 to 64 years estab. pt physical exam: 40 to 64 years	\$67.04 \$67.04	\$87.53 \$87.53
99396	FP	estab. pt physical exam: 65 years and older	\$75.01	\$98.20
99397		estab. pt physical exam: 65 years and older	\$75.01	\$98.20
99404		preventive medicine, individual counseling, appx 60 minutes	\$77.38	\$86.97
99406	EP	smoking and tobacco use cessation counseling visit; intermediate, greater than	\$10.14	\$11.34
99406		smoking and tobacco use cessation counseling visit; intermediate, greater than	\$10.14	\$11.34
99407	EP	smoking and tobacco use cessation counseling visit; intensive, greater than 10	\$21.01	\$21.91
99407		smoking and tobacco use cessation counseling visit; intensive, greater than 10	\$21.01	\$21.91
99408	EP	alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$28.00	\$29.22
99408		alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$28.00	\$29.22
99409	EP	alcohol and/or substance (other than tobacco) abuse structured screening (eg	\$56.22	\$57.42
99409		alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$56.22	\$57.42
99412		preventive medicine, group counseling, appx 60 minutes	\$10.07	\$15.28
99420	EP	administration and interpretation of health risk assessment	\$7.74	\$7.74

		Nurse Midwife Fee Schedule			
		Provider Specialty 063			
		Effective Date: 1/1/2015		-	
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CODE	MOD	Description	FACILITY	FACILITY	
99420		administration/interp. of health risk assessment.	\$7.74	\$7.74	
99460		initial hospital or birthing center care, per day, for evaluation and	\$49.38	\$49.38	1
99461		initial care, per day, for evaluation and management of normal newborn infant	\$55.13	\$72.91	
99462		subsequent hospital care, per day, for evaluation and management of normal	\$26.34	\$26.34	
99462 99463		initial hospital or birthing center care, per day, for evaluation and management of normal	\$66.07	\$66.07	
			\$06.07	\$00.07 \$115.69	
99465 99490		delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest con	\$115.69	\$115.69	
		chronic care management services at least 20 minutes per calendar month			
G0108		diabetes outpatient self-management training services, individual, per 30 min	\$19.20	\$19.20 \$10.75	
G0109 G0328		diabetes self-management training services, group session, 2 or more per 30 min	\$10.75	\$10.75	
		colorectal cancer screening; fecal occult blood test, immunoassay, 1-3	\$19.36	\$19.36	
G0431		drug screen, qualitative; multiple drug classes by high complexity test methods	\$88.52	\$88.52	
G0434		drug screen, other than chromatographic; any number of drug classes	\$17.71	\$17.71	
Q0111		wet mounts, including preparation of vaginal, cervical or skin specimens	\$4.90	\$4.90	-
S0023		injection, cimetidine hydrochloride, 300 mg (tagamet)	\$0.56	\$0.56	
S9442		birthing class (one unit = 2 hours)	\$8.26	\$8.26	
*** The Phys	sician Dru	g Program fee schedule can be found at http://www.ncdhhs.gov/dma/fee/index.htm			
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		Nurse Midwife Fee Schedule						
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		Nurse Midwife Fee Schedule						
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Providers c	hould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulleti	ns for addition	16				
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		Nurse Midwife Fee Schedule						
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CODE	MOD	Description	FACILITY	NON- FACILITY				
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		Nurse Midwife Fee Schedule			
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CODE	MOD	Description	FACILITY	FACILITY	
		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 January 1, 2014			
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ProcCode	Modifier	Description	Facility	Non-Facility	
BIOLOGICA		Description	raciiity	Non-r acinty	-
***J0717		Contalizumation and 1 mg injection (Cimpic)	\$5.24	\$5.24	
		Certolizumab pegol, 1 mg, injection (Cimzia)		÷ -	
***J0897 ***J7180		Denosumab, 1 mg (Xgeva) Factor XIII (antihemophilic factor, human) 1 IU, (Cortifact)	\$13.91	\$13.91	
			\$8.12	\$8.12	
***J1602 ***J2507		Golimumab Hydrochloride 100 mcg Pegloticase, 1 mg (Krystexxa)	\$52.79 \$291.22	\$52.79 \$291.22	
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***J9306 ***J7183		Pertuzumab, 1 mg, injection	\$10.43	\$10.43	
		Von Willebrand Factor Complex (human), 1 IU VWF:RCO (Wilate)	\$0.85	\$0.85	
***J9400 DRUGS	1	Ziv-aflibercept, 1 mg, injection	\$9.58	\$9.58	1
	1	47 Aleka Ukulasuma asatanan Oserrata Dullurasudar OSO asa (47D)	¢00.00	¢00.00	
***J3490		17 Alpha Hydroxprogesterone Caporoate, Bulk powder, 250 mg (17P)	\$20.00	\$20.00	
***J1120		Acetazolamide sodium, up to 500 mg, injection (Diamox)	\$16.08	\$16.08	
***J0151		Adenosine, for diagnostic use, 1 mg, injection (Adenoscan)	\$3.38	\$3.38	
***P9047		Albumin (human), 25%, 50 ml, infusion (Kedbumin)	\$38.69	\$38.69	
***P9041	ļ	Albumin (human), 5%, 50 ml, infusion	\$19.34	\$19.34	
***J0205		Alglucerase, per 10 units, injection (Ceredase)	\$38.24	\$38.24	
***J0257		Alpha 1 proteinase inhibitor (human), 10 mg (Glassia)	\$3.71	\$3.71	
***J0256		Alpha 1-proteinase inhibitor-human, 10mg, injection (Prolastin)	\$3.53	\$3.53	
***J0278		Amikacin sulfate, 100 mg, injection (Amikin)	\$0.70	\$0.70	
***J0280		Aminophylline, up to 250mg, injection	\$0.36	\$0.36	
***J0300		Amobarbital, up to 125mg, injection (Amytal)	\$11.53	\$11.53	
***J0290	1	Ampicillin sodium, 500mg, injection (Omnipen-N, Totacillin-N)	\$2.17	\$2.17	1
***J0295		Ampicillin sodium/sulbactam sodium, per 1.5g, injection (Unasyn)	\$4.24	\$4.24	
***J0401	1	Aripiprazole, extended release, 1 mg, injection	\$3.89	\$3.89	1
***J9020		Asparaginase, 10,000 units (Elspar)	\$54.97	\$54.97	
***J0461	1	Atropine sulfate, 0.01 mg, injection	\$0.04	\$0.04	
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		Nurse Midwife Fee Schedule Provider Specialty 063		
		Effective Date: 1/1/2015		
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CODE	MOD	Description	FACILITY	FACILITY
***J0702	1	Betamethasone acetate and betamethasone sodium phosphate, per 3mg, injection	\$5.54	\$5.54
		(Celestone)		
**J9040		Bleomycin sulfate, 15 units (Blenoxane)	\$27.98	\$27.98
**J0636 **J0610		Calcitriol, 0.1 mcg, injection (Calcijex) Calcium gluconate, per 10ml, injection (Kaleinate)	\$0.41 \$0.35	\$0.41 \$0.35
**J0620		Calcium glycerophosphate and calcium lactate, per 10ml, injection (Calphosan)	\$0.35	\$0.35 \$12.73
*J9045		Carboplatin, 50 mg (Paraplatin)	\$6.08	\$6.08
**J9047	1	Carfilzomib, 1 mg injection	\$29.93	\$29.93
**J9050		Carmustine, 100 mg (BiCNU)	\$151.19	\$151.19
**J0690		Cefazolin Sodium, 500 mg, Injection (Ancef, Kefzol, Zoliicef)	\$0.64	\$0.64
*J0692		Cefepime HCL, 500 mg, injection (Maxipime)	\$6.51	\$6.51
*J0698		Cefotaxime Sodium, per g (Claforan)	\$4.14	\$4.14
*J0694 *J0712		Cefoxitin Sodium, 1g, injection (Mefoxin) Ceftaroline Fosamil Acetate, 10 mg (Teflaro)	\$7.90 \$0.71	\$7.90 \$0.71
**J0712		Ceftizoxime sodium, per 500mg, injection (Cefizox)	\$0.71	\$0.71
*J0696		Ceftriaxone Sodium, per 250mg, injection (Cenzox)	\$1.43	\$5.05
*J0697		Sterile Cefuroxime sodium, per 750mg, injection (Kefurox Zinacef)	\$3.32	\$3.32
*J0720		Chloramphenicol sodium succinate, up to 1g, injection (Chloromycetin)	\$17.72	\$17.72
**J1990		Chlordiazepoxide HCl, up to 100 mg, injection (Librium)	\$20.29	\$20.29
*J2400		Chloroprocaine HCl, per 30 ml, injection (Nesacaine)	\$12.26	\$12.26
**J1205 **J3230	 	Chlorothiazide sodium, per 500 mg, injection (Diuril Sodium)	\$159.19	\$159.19
*J3230 *J0725		Chlorpromazine HCl, up to 50 mg, injection (Thorazine) Chorionic Gonadotropin, per 1,000 USP units, injection (Novarei TM)	\$3.10 \$3.25	\$3.10 \$3.25
**J0743		Cilastatin sodium imipenem, per 250mg, injection (Primaxin IM or IV)	\$13.77	\$13.77
**S0023	1	Cimetidine hydrochloride, 300 mg, injection (Tagamet)	\$0.59	\$0.59
'*J0744		Ciprofloxacin for IV infusion, 200 mg, injection (Cipro)	\$5.15	\$5.15
**J9060		Cisplatin, powder or solution, per 10 mg (Platinol AQ)	\$2.19	\$2.19
**J9065		Cladribine, per 1 mg, injection (Leustatin)	\$29.53	\$29.53
**J0745 **J0760		Codeine phosphate, per 30mg, injection Colchicine, per 1mg, injection	\$1.22 \$4.82	\$1.22 \$4.82
**J0760		Collistimethate Sodium, up to 150 mg, injection (Coly-Mycin M)	\$4.82	\$4.82 \$19.17
*J0800	1	Corticotropin, up to 40 units, injection (Acthar, ACTH)	\$2,270.88	\$2,270.88
**J9070		Cyclophosphamide, 100 mg (Cytoxan, Neosar)	\$1.80	\$1.80
**J9100		Cytarabine, 100 mg (Cytosar-U)	\$1.16	\$1.16
**J7070		D-5-W, 1,000 cc, infusion	\$2.10	\$2.10
**J9130		Dacarbazine, 100 mg (DTIC- Dome)	\$4.43	\$4.43
*J9120 *J9150		Dactinomycin, 0.5 mg (Cosmegen) Daunorubicin HCI, 10 mg (Cerubidine)	\$475.70	\$475.70 \$16.52
*J0895	}	Deferoxamine Mesylate, 500mg, injection (Desferal)	\$16.52 \$11.87	\$16.52
*J10095		Depo-estradiol cypionate, up to 5mg, injection (Depo-Estradiol)	\$5.96	\$5.96
*J1100		Dexamethasone sodium phosphate, 1mg, injection (Cortastat, Dalalone)	\$0.08	\$0.08
*J7042		Dextrose 5% / normal saline (500 ml = 1 unit)	\$0.27	\$0.27
**J7060		Dextrose 5% / water (500 ml = 1 unit)	\$1.05	\$1.05
**J3360		Diazepam, up to 5 mg, injection (Valium, Zetran)	\$0.76	\$0.76
**J1730		Diazoxide, up to 300 mg, injection (Hyperstat IV)	\$107.83	\$107.83
**J0500 **J1160		Dicyclomine HCl, up to 20mg, injection (Bentyl, Dilomine, Antispas) Digoxin, up to 0.5 mg injection (Lanoxin)	\$11.49 \$1.14	\$11.49 \$1.14
**J1160 **J1110		Digoxin, up to 0.5 mg injection (Lanoxin) Dihydroergotamine mesylate, per 1mg, injection (DHE 45)	\$1.14	\$1.14 \$23.62
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		Provider Specialty 063		
		Effective Date: 1/1/2015		
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		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulleti	ns for additior	IS,
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CODE	MOD	Description	FACILITY	FACILITY
**J0470		Dimercaprol, per 100mg, injection (BAL in oil)	\$25.71	\$25.71
**J1200		Diphenhydramine HCI, up to 50 mg, injection (Benadryl)	\$0.72	\$0.72
**J1245 **J1212		Dipyridamole, per 10 mg, injection (Persantine IV) DMSO, dimethyl sulfoxide, 50%, 50 ml, injection	\$0.70 \$48.68	\$0.70 \$48.68
**J9000		Doxorubicin HCl, 10 mg (Adriamycin)	\$40.00 \$4.58	\$4.58
**Q2049		Doxorubicin HCL Liposomal, Imported Lipodox. 10 mg (Doxil)	\$480.27	\$480.27
**J1790		Droperidol, up to 5 mg, injection (Inapsine)	\$1.27	\$1.27
**J0171		Adrenalin, epinephrine, 0.1 mg ampule, injection (Adrenalin)	\$0.04	\$0.04
**J9179 **J1364		Eribulin Mesylate, 0.1 mg (Halaven) Erythromycin lactobionate, per 500 mg, injection (Erthrocin)	\$86.80 \$6.52	\$86.80 \$6.52
**J1364		Estradiol valerate, up to 10 mg, injection (Delestrogen)	\$6.52 \$8.30	\$6.52 \$8.30
**J1410		Estrogen conjugated, per 25 mg, injection (Premarin IV)	\$68.69	\$68.69
**J1436		Etidronate disodium, per 300 mg, injection (Didronel)	\$68.84	\$68.84
**J9181		Etoposide, 10 mg (VePesid)	\$0.39	\$0.39
**J7195		Factor IX (antihemophilic factor, recombinant), per I.U. (Benefix)	\$1.03	\$1.03
**J7193		Factor IX (antihemophilic factor, purefied, non-recombinant), per I.U. (Monomine, AlphaNine)	\$0.86	\$0.86
**J7194		Factor IX Complex, per IU (Bebuline)	\$0.77	\$0.77
**J7185		Factor VIII (antihemophilic factor, recombinant), per IU, injection (Xyntha)	\$1.05	\$1.05
**J3010		Fentanyl Citrate, 0.1 mg, injection (Sublimaze)	\$0.27	\$0.27
**J1442		Filgastrim (G-CSF), 1 mcg, injection	\$1.02	\$1.02
**J9200 **J9185		Floxuridine, 500 mg (FUDR) Fludarabine phosphate, 50 mg, injection (Fludara)	\$49.28 \$193.54	\$49.28 \$193.54
**J9190		Fluorouracil, 500 mg (Adrucil)	\$1.80	\$1.80
**J2680		Fluphenazine decanoate, up to 25 mg, injection (Prolixin)	\$2.28	\$2.28
**J1455		Foscarnet sodium, per 1,000 mg, injection (Foscavir)	\$10.01	\$10.01
**J1940		Furosemide, up 20 mg, injection (Lasix)	\$0.18	\$0.18
**J1570 **J1580		Ganciclovir sodium, 500 mg, injection (Cytovene)	\$42.27	\$42.27
**J1580		Garamycin, gentamicin, up to 80 mg, injection (Gentamicin) Glucagon hydrochloride, per 1 mg, injection (Glucagen)	\$1.00 \$66.19	\$1.00 \$66.19
**J1600		Gold sodium thiomalate, up to 50 mg, injection (Myochrysine)	\$7.56	\$7.56
**J9202		Goserelin acetate implant, per 3.6 mg (Zoladex)	\$182.91	\$182.91
**J1631		Haloperidol decanoate, per 50 mg, injection (Haldol Decanoate-50)	\$2.32	\$2.32
**J1630		Haloperidol, up to 5 mg, injection (Haldol)	\$1.67	\$1.67
**J1642 **J1644		Heparin sodium, per 10 units, injection (Heparin Lock Flush) Heparin sodium, per 1,000 units, injection (Heparin)	\$0.04 \$0.07	\$0.04 \$0.07
**J3470		Heparin sodium, per 1,000 units, injection (Heparin) Hyaluronidase injection up to 150 units (Wydase)	\$0.07 \$16.66	\$0.07 \$16.66
**J0360		Hydralazine HCI, up to 20mg, injection (Apresoline)	\$5.85	\$5.85
**J1720		Hydrocortisone sodium succinate, up to 100 mg, injection (A-Hydrocort, Solu-Cortef)	\$2.15	\$2.15
**J1170		Hydromorphone, up to 4 mg, injection (Dilaudid)	\$1.23	\$1.23
**J1725		Hydroxprogestorone caproate, 1 mg, injection (Makena)	\$2.87	\$2.87
**J3410		Hydroxyzine HCl, up to 25 mg, injection (Vistaril)	\$0.13	\$0.13
**J1980 **J9211		Hyoscyamine sulfate, up to 0.25 mg, injection (Levsin) Idarubicin HCI, 5 mg (Idamycin)	\$8.96 \$266.15	\$8.96 \$266.15
**J9211 **J9208		Idarubicin HCI, 5 mg (Idamycin) Ifosfamide, per 1 g (Ifex)	\$266.15 \$36.56	\$266.15 \$36.56
**J9208		Interferon alfa-N3, (human leukocyte derived), 250,000 IU (Alferon N)	\$30.50 \$18.65	\$30.56 \$18.65
**J9214		Interferon alfa-2B, recombinant, 1 million units (Intron-A)	\$13.65	\$13.65
**Q3027		Interferon beta-1a, 1 mcg for intramuscular use, injection	\$33.54	\$33.54
		Interferon beta-1a, 1 mcg for subcutaneous use, injection	\$19.07	\$19.07

		Nurse Midwife Fee Schedule			
		Provider Specialty 063			
		Effective Date: 4/4/2045			
		Effective Date: 1/1/2015			
		e on this table does not guarantee that a service is covered. Please refer to the Medica	id Billing Guide	9	
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CODE	MOD	Description	FACILITY	FACILITY	
***J9216		Interferon gamma-1B, 3 million units (Actimmune)	\$298.46	\$298.46	
***J9228		lpilimumab, 1 mg, (Yervoy)	\$120.54	\$120.54	
***J1850		Kanamycin sulfate, up to 75 mg, injection (Kantrex)	\$0.73	\$0.73	
***J1840		Kanamycin sulfate, up to 500 mg, injection (Kantrex)	\$4.91	\$4.91	
***J1885		Ketorolac tromethamine, per 15 mg, injection (Toradol)	\$0.33	\$0.33	
***J0640		Leucovorin Calcium, per 50 mg, injection (Wellcovorin)	\$0.75	\$0.75	
***J9218 ***J9217		Leuprolide acetate, per 1 mg (Lupron) Leuprolide acetate (for depot suspension), 7.5 mg (Lupron Depot)	\$7.20 \$212.92	\$7.20 \$212.92	
***J1950		Leuprolide acetate (for depot suspension), 7.5 mg (Lupron Depot) Leuprolide acetate (for depot suspension), per 3.75 mg, injection (Lupron Depot)	\$425.78	\$425.78	
***J3490		Lidocaine, for typical use	invoice	invoice	
00.00			required	required	
***J2001		Lidocaine HCL, for IV infusion, 10 mg, inj (Xylocaine)	\$0.02	\$0.02	
***J2010		Lincomycin HCl, up to 300 mg, injection (Lincocin)	\$4.11	\$4.11	
***J2060		Lorazepam, 2 mg, injection (Ativan)	\$0.62	\$0.62	
***J3475		Magnesium sulphate, per 500 mg, injection	\$0.05	\$0.05	
***J2150		Mannitol, 25% in 50 ml, injection, (Osmitrol, Resectisol)	\$0.83	\$0.83	-
***J9230		Mechlorethamine HCl, 10 mg (Nitrogen Mustard)	\$139.25	\$139.25	
***J1051 ***J9245		Medroxyprogesterone acetate, 50 mg, injection (Depo-Provera)	\$6.43 \$1,507.45	\$6.43 \$1,507.45	
***J2175		Melphalan HCI, 50 mg, injection (Alkeran) Meperidine HCI, per 100 mg, injection (Demerol)	\$1,507.45	\$1.47	
***J0670		Meperane HCI, per 10ml, injection (Carbocaine)	\$1.11	\$1.11	-
***J9209		Mesna, 200 mg (Mesnex)	\$7.59	\$7.59	-
***J1230		Methadone HCI, up to 10 mg, injection (Dolophine)	\$2.84	\$2.84	
***J2800		Methocarbamol up to 10 ml, injection (Robaxin)	\$9.85	\$9.85	
***J9250		Methotrexate sodium, 5 mg	\$0.20	\$0.20	
***J9260		Methotrexate sodium, 50 mg	\$2.18	\$2.18	
***J0210		Methyldopate HCI, up to 250mg, injection IV (Aldomet)	\$14.64	\$14.64	
***J2210 ***J1020		Methylergonovine maleate, up to 0.2 mg, injection (Methergine)	\$4.86	\$4.86	
***J1020		Methylprednisolone acetate, 20mg, injection (Depo-Medrol) Methylprednisolone acetate, 40mg, injection (Depo-Medrol)	\$2.32 \$4.31	\$2.32 \$4.31	
***J1030		Methylprednisolone acetate, 40mg, injection (Depo-Medrol) Methylprednisolone acetate, 80mg, injection (Depo-Medrol)	\$9.07	\$9.07	
***J2920		Methylprednisolone acetate, doing, injection (Depowedion) Methylprednisolone sodium succinate, up to 40 mg, injection (Solu-Medrol)	\$2.00	\$2.00	
***J2930		Methylprednisolone sodium succinate, up to 125 mg, injection (Solu-Medrol)	\$2.91	\$2.91	
***J2765		Metoclopramide HCl, up to 10 mg, injection (Reglan)	\$0.33	\$0.33	
***J2260		Milrinone lactate, per 5 mg, injection (Primacor)	\$4.39	\$4.39	
***J9280		Mitomycin, 5 mg (Mutamycin)	\$12.58	\$12.58	
***J9293		Mitoxantrone HCI, per 5 mg, injection (Novantrone)	\$85.51	\$85.51	
***J2270		Morphine sulfate, up to 10 mg, injection	\$1.73	\$1.73	
***J2275		Morphine Sulfate (preservative-free sterile solution), per 10 mg, injection (Astramorph PF,	\$2.30	\$2.30	
*** 10000		Duramorph)	#0.00	¢0.00	
***J2300 ***J2320		Nalbuphine HCI, per 10 mg, injection (Nubain) Nandrolone decanoate, up to 50 mg, injection (Deca-Durabolin)	\$0.93 \$4.59	\$0.93 \$4.59	-
***J2320		Nandrolone decanoate, up to 50 mg, injection (Deca-Durabolin) Neostigmine methylsulfate, up to 0.5 mg, injection (Prostigmin)	\$4.59 \$0.10	\$4.59 \$0.10	
***J7050		Neostigmine methylsulfate, up to 0.5 mg, injection (Prostigmin)	\$0.10	\$0.10	
***J7030	1	Normal saline solution, zeo ce industri Normal saline solution, sterile (500 ml = 1 unit), infusion	\$0.50	\$0.50	
***J7030		Normal saline solution, 1,000 cc, infusion	\$0.99	\$0.99	
***J7316		Ocriplasmin, 0.125 mg, injection	\$1,069.50	\$1,069.50	
***J9262		Omacetaxine mepesuccinate, 0.01 mg, injection	\$2.48	\$2.48	
***J2405		Ondansetron HCl, per 1 mg, injection (Zofran)	\$0.21	\$0.21	

		Nurse Midwife Fee Schedule Provider Specialty 063		
		Effective Date: 1/1/2015		
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CODE	MOD	Description	FACILITY	FACILITY
***J2360		Orphenadrine citrate, up to 60 mg, injection (Norflex)	\$8.70	\$8.70
***J2700		Oxacillin sodium, up to 250 mg, injection (Bactocile, Prostaphlin)	\$1.52	\$1.52
**J2410		Oxymorphone HCl, up to 1 mg, injection (Numorphan)	\$2.42	\$2.42
**J2460 **J2590		Oxytetracycline HCl, up to 50 mg, injection (Terramycin IM) Oxytocin, up to 10 units, injection (Pitocin)	\$0.91 \$1.98	\$0.91 \$1.98
**J9265		Paclitaxel, 30 mg (Taxol)	\$1.98	\$1.98 \$11.52
19265 **J2430		Pacifiaxel, so fig (Taxol) Pamidronate disodium, per 30 mg, injection (Aredia)	\$11.52	\$11.52 \$27.31
**J2440		Papaverine HCl, up to 60 mg, injection	\$0.55	\$0.55
***J2501		Paricalcitol, 1 mcg, injection (Zemplar)	\$3.78	\$3.78
**J2505		Pegfilgastrim, 6 mg, injection (Neulasta)	\$2,121.05	\$2,121.05
**J0561		Penicillin G benzathine, per 100,000 units, injection	\$3.92	\$3.92
**J0558		Injection, penicillin G benzathine and penicillin G procaine, per 100,000 units	\$3.10	\$3.10
**J2540		Penicillin G potassium, up to 600,000 units, injection (Pfizerpen)	\$0.91	\$0.91
***J2510		Penicillin G procaine, aqueous, up to 600,000 units, injection (Wycillin)	\$9.92	\$9.92
***J2545		Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME	\$52.36	\$52.36
		(Pentam 300, NebuPent)		
***J3070		Pentazocine HCI, up to 30 mg, injection (Talwin)	\$5.89	\$5.89
***J2515		Pentobarbital sodium, per 50 mg, injection (Nembutal Sodium)	\$7.34	\$7.34
**J2560		Phenobarbital sodium, up to 120 mg, injection	\$2.89	\$2.89
**J2760		Phentolamine mesylate, up to 5 mg, injection (Regitine)	\$20.32	\$20.32
**J2370		Phenylephrine HCl, up to 1 ml, injection (Neosynephrine)	\$0.67	\$0.67
**J1165		Phenytoin sodium, per 50 mg, injection (Dilantin)	\$0.43	\$0.43
**J3430		Phytonadione (vitamin K), per 1 mg, injection (AquaMephyton)	\$3.49	\$3.49
**J2730		Pralidoxime chloride, up to 1 g, injection (Protopam Chloride)	\$84.92	\$84.92
**J2650		Prednisolone acetate, up to 1 ml, injection (Predcor-50)	\$0.16 \$2.55	\$0.16 \$2.55
***J2690 ***J0780		Procainamide HCl, up to 1 g, injection (Pronestyl) Prochlorperazine, up to 10 mg, injection, (Compazine)	\$2.55 \$1.12	\$2.55 \$1.12
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***J2675		Progesterone, per 50 mg, injection (Pregestaject) Promethazine HCI, up to 50 mg, injection (Phenergan)	\$1.46 \$1.32	\$1.46 \$1.32
***J1800		Propranolol HCl, up to 1 mg, injection (Inderal)	\$3.07	\$3.07
***J2720		Protamine sulfate, per 10 mg, injection	\$0.57	\$0.57
***J7120		Ringer's lactate infusion, up to 1,000 cc	\$0.88	\$0.88
***J2820		Sargramostim (GM-CSF), 50 mcg, injection (Leukine)	\$24.20	\$24.20
***J2995		Streptokinase, per 250,000 IU, injection (Streptase)	\$76.64	\$76.64
***J9320		Streptozocin, 1 g (Zanosar)	\$183.79	\$183.79
**J0330		Succinylcholine chloride, up to 20 mg, injection (Anectine)	\$0.16	\$0.16
***J3060		Taliglucerace alfa, 10 units, injection	\$31.58	\$31.58
**J1446		TBO-filgrastim, 5 mcg, injection	\$4.15	\$4.15
**J3105		Terbutaline sulfate, up to 1 mg, injection (Brethine)	\$2.33	\$2.33
**J1070		Testosterone Cypionate, up to 100 mg, injection (Depo-Testosterone)	\$4.65	\$4.65
**J1080		Testosterone Cypionate, 200 mg, injection (Depo-Testosterone)	\$6.71	\$6.71
***J3120		Testosterone enanthate, up to 100 mg, injection (Evarone)	\$5.10	\$5.10
***J3130		Testosterone enanthate, up to 200 mg, injection (Evarone)	\$9.76	\$9.76
***J9340		Thiotepa, 15 mg (Thioplex)	\$38.95	\$38.95
***J3260		Tobramycin sulfate, up to 80 mg, injection (Nebcin)	\$2.24	\$2.24
		Triamcinolone acetonide, per 10 mg, injection (Kenalog-10)	\$1.33	\$1.33
***J3301 ***J3302 ***J3303		Triamcinolone diacetate, per 5 mg, injection (Aristocort) Triamcinolone hexacetonide, per 5 mg injection (Aristospan)	\$0.27 \$1.29	\$0.27 \$1.29

		Nurse Midwife Fee Schedule			
		Provider Specialty 063			
		Effective Date: 1/1/2015			
		e on this table does not guarantee that a service is covered. Please refer to the Medicaid	d Billing Guide		
and the Med	licaid and	Health Choice Clinical Policies on the DMA Web Site.			
		ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulleti to this schedule.	ns for addition	15,	
changes and	a deletion	to this schedule.			
*** The fee s	chedule i	nclude the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is n	ot included on	this fee schedule	е
			Mediesid Mavi	mum Allowable	
				NON-	
CODE	MOD	Description	FACILITY	FACILITY	
***J3365		Urokinase, 250,000 IU, injection IV (Abbokinase)	\$441.28	\$441.28	
***J3370		Vancomycin HCl, 500 mg, injection (Vancoled)	\$3.03	\$3.03	
***J9360		Vinblastine sulfate, 1 mg (Velban)	\$1.03	\$1.03	
***J9370		Vincristine sulfate, 1 mg (Oncovin)	\$6.77	\$6.77	
***J9371		Vincristine sulfate liposome, 1 mg	\$2,029.97	\$2,029.97	
***J3420 ***J3489		Vitamin B-12 cyanocobalamin, up to 1,000 mcg, injection	\$0.24 \$107.71	\$0.24 \$107.71	
IMMUNE GL		Zoledronic acid, 1 mg, injection	\$107.71	φι07.71	
***J1460	OBOLING	Gamma globulin, intramuscular, 1 cc, injection (Gamastan S/D)	\$11.13	\$11.13	
***J1560		Gamma globulin, intramuscular, over 10 cc, injection (Gamastan S/D)	\$111.38	\$111.38	
***J1556		Immune Globulin, 500 mg, injection (Bivigam)	\$39.48	\$39.48	
***J1571		Injection, hepatitis B immune globulin, intramuscular, 0.5 ml, (Hepagam B)	\$46.61	\$46.61	
***90371		Hepatitis B Immune globulin (HBIg), human, 1 ml (BayHep B HepaGam B Nabi-HB)	\$115.66	\$115.66	
***J1557		Immune Globulin (Gammaplex) intravenous, non-lyophilized (e.g., liquid) 500 mg	\$35.94	\$35.94	
***J2790		Rho D immune globulin, human, full dose, 300 mcg	\$86.49	\$86.49	
***J2788		Rho(D) Immune Globulin, 50 mcg	\$27.41	\$27.41	
***J2792		Rho(D) Immune Globulin (RhIgIV), Intravenous, Human, Solvent Detergent, 100 IU, injection	\$15.06	\$15.06	
***J2791		Rho(D) immune globulin (human), intramuscular or intravenous, 100 IU, injection	\$5.14	\$5.14	
MISCELLAN	EOUS		ψ0.14	ψ0.14	
***J7307	FP	Etonogestrel (Contraceptive) Implant System, including implant and supplies (Nexplanon)	\$698.99	\$698.99	
***J7300	FP	Intrauterine copper contraceptive (Paragrd T380A)	\$386.89	\$386.89	
***J7302	FP	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$745.23	\$745.23	
***J7302		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$745.23	\$745.23	
***J7301		Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg (Skyla)	\$676.99	\$676.99	
VACCINES				.	
90585		Bacillus Calmette-Guerin Vaccine (BCG) for Tuberculosis, Live, for Percutaneous use	\$112.70	\$112.70	
90723		Diphteria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B and poliovirus Vaccine inactivated (DTaP PtsP-HepB-IPV)	\$72.63	\$72.63	
90648		Hemophilus Influenza b Vaccine (Hib), PRP-T Conjugate (4 dose schedule), Intramuscular	\$21.00	\$21.00	
90647		use Hemophilus Influenza b Vaccine (Hib) PRP-OMP Conjugate (3 dose schedule), for	\$19.68	\$19.68	
00000		Intramuscular use	¢00 50	¢00.50	
90636		Hepatitis A and Hepatitis B Vaccine (HepA-HepB), Adult dosage, for Intramuscular use Hepatitis B Vaccine, Adult dosage, for Intramuscular use	\$89.50 \$55.20	\$89.50 \$55.20	
90746 90747		Hepatitis B Vaccine, Adult dosage, for intramuscular use Hepatitis B Vaccine, Dialysis or Immunosuppressed Patient dosage (4 dose schedule), for	\$55.20 \$110.41	\$55.20 \$110.41	
30141		Intramuscular use	ψι ΙΟ.41	ψι ι υ.+1	
90650		Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use (Cervarix)	\$133.25	\$133.25	
90649		Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent, 3 dose schedule, for IM use (Gardasil), 0.5 ml	\$135.73	\$135.73	
90660		Influenza Virus Vaccine, live, intranasal, 0.2 ml (Flumist)	\$21.24	\$21.24	
90658		Influenza Virus Vaccine, Split Virus, 3 years and above, for Intramuscular or Jet Injection use	\$12.74	\$12.74	
90656		Influenza virus vaccine, split virus, preservative free for use in individuals 3 years and above, for intramuscular use.	\$16.75	\$16.75	
		Measles Virus Vaccine, Live, for Subcutaneous or Jet Injection use	\$16.16	\$16.16	

		Nurse Midwife Fee Schedule		
	-	Provider Specialty 063		
		Effective Date: 1/1/2015		
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		ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletin to this schedule.	ns for addition	15,
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** The fee	schedule i	nclude the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is no	ot included on	this fee schedule
			Medicaid Maximum Allowable	
				NON
CODE	MOD	Description		NON- FACILITY
CODE	MOD	Description	FACILITY	-
90707		Measles, Mumps, and Rubella Virus Vaccine (MMR), Live, for Subcutaneous or Jet Injection use	\$41.02	\$41.02
90733		Meningococcal Polysaccharide Vaccine (any group(s)), for Subcutaneous or Jet Injection	\$90.50	\$90.50
		use		
90734			\$106.87	\$106.87
90734 90704		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use.	\$106.87 \$21 12	\$106.87 \$21.12
90704		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use. Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use	\$21.12	\$21.12
		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use. Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient	*	
90704		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use. Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use	\$21.12	\$21.12
90704 90732		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use. Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use	\$21.12 \$31.53	\$21.12 \$31.53
90704 90732 90713		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use. Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous or intramuscular use	\$21.12 \$31.53 \$24.79	\$21.12 \$31.53 \$24.79
90704 90732 90713 90675		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use. Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous or intramuscular use Rabies Vaccine, for Intramuscular use	\$21.12 \$31.53 \$24.79 \$147.06	\$21.12 \$31.53 \$24.79 \$147.06
90704 90732 90713 90675 90706		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use. Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous or intramuscular use Rabies Vaccine, for Intramuscular use Rubella Virus Vaccine, Live, for Subcutaneous or Jet Injection use	\$21.12 \$31.53 \$24.79 \$147.06 \$18.08	\$21.12 \$31.53 \$24.79 \$147.06 \$18.08
90704 90732 90713 90675 90706		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use. Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous or intramuscular use Rabies Vaccine, for Intramuscular use Rubella Virus Vaccine, Live, for Subcutaneus or Jet Injection use Tetanua & Diptheria toxoids (Td), adsorbed, preservative free, for individuals 7 years and older, for IM use. Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7	\$21.12 \$31.53 \$24.79 \$147.06 \$18.08	\$21.12 \$31.53 \$24.79 \$147.06 \$18.08
90704 90732 90713 90675 90706 90714		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use. Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous or intramuscular use Rabies Vaccine, for Intramuscular use Rubella Virus Vaccine, Live, for Subcutaneous or Jet Injection use Tetanua & Diptheria toxoids (Td), adsorbed, preservative free, for individuals 7 years and older, for IM use.	\$21.12 \$31.53 \$24.79 \$147.06 \$18.08 \$19.25	\$21.12 \$31.53 \$24.79 \$147.06 \$18.08 \$19.25