Nurse Midwife Fee Schedule
Provider Specialty 063

CODE	MOD	Description	Medicaid Maximum Allowable FACILITY	Medicaid Maximum Allowable NON-FACILITY	EFFECTIVE DATE
10060		DRAINAGE OF ABSCESS	$69.47	$80.14	10/1/2009
11975		INSERT/REINSERT IMPLANTABLE CONTRACEPTIVE CAPSULE	$64.50	$98.83	10/1/2009
11975	FP	INSERT/REINSERT IMPLANTABLE CONTRACEPTIVE CAPSULE	$64.50	$98.83	10/1/2009
11976		REMOVE W/O REINSERT- CONTRACEPTIVE CAPSULE IMPLANT	$75.51	$111.27	10/1/2009
11976	FP	REMOVE W/O REINSERT- CONTRACEPTIVE CAPSULE IMPLANT	$75.51	$111.27	10/1/2009
11977		REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	$143.37	$179.72	10/1/2009
11977	FP	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	$143.37	$179.72	10/1/2009
11980		SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR	$63.43	$79.29	10/1/2009
11981	FP	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$66.68	$101.87	10/1/2009
11982	FP	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$81.35	$117.41	10/1/2009
11983	FP	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$156.97	$192.71	10/1/2009
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	$2.78	$2.78	10/1/2009
36415	FP	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	$2.78	$2.78	10/1/2009
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESOPHAGEAL FI	$1,322.32	$1,322.32	10/1/2009
49606		REPAIR OMPHALOCELE STAG CLO PROSTH RED OP ROOM ANE	$845.63	$845.63	10/1/2009
51701		INSERTION OF NON-DWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR	$23.30	$50.12	10/1/2009
51702		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	$25.61	$64.26	10/1/2009
51703		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED	$70.31	$117.03	10/1/2009
54150		CIRCUMCISION	$84.04	$141.14	10/1/2009
56420		DRAINAGE OF VULVA ABSCESS	$71.64	$96.44	10/1/2009
56501		DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY,	$87.65	$100.34	10/1/2009
56605		BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE);	$48.11	$64.85	10/1/2009
56820		COLPOSCOPY OF THE VULVA;	$67.06	$86.10	10/1/2009
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	$91.06	$115.30	10/1/2009
57150		TREATMENT VAGINAL INFECTION	$23.72	$39.29	10/1/2009
57155		INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	$360.79	$360.79	10/1/2009
57160		FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	$38.09	$59.72	10/1/2009
57170		DIAPHRAM FITTING WITH INSTRUCTIONS	$38.62	$53.91	10/1/2009
57170	FP	DIAPHRAM FITTING WITH INSTRUCTIONS	$38.62	$53.91	10/1/2009
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	$71.24	$90.56	10/1/2009
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF	$97.30	$122.09	10/1/2009
57452		EXAMINATION OF VAGINA	$72.25	$85.22	10/1/2009
57454		COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S) OF THE CERVIX AND/OR ENDOCERVICAL	$107.89	$120.87	10/1/2009
57460		COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCEDURE OF THE CERVIX	$129.57	$229.65	10/1/2009
57500		BIOPSY SINGLE OR MULTIPLE OR LOCAL EXC LESION WITH	$58.53	$101.51	10/1/2009
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	$91.19	$103.59	10/1/2009
57511		CRYOCAUTRY INITIAL OR REPEAT CERVIX UTERI	$102.19	$112.58	10/1/2009
58100		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY),	$69.43	$85.88	10/1/2009
58300		INSERT INTRAUTERINE DEVICE	$43.96	$60.97	10/1/2009
58300	FP	INSERT INTRAUTERINE DEVICE	$43.96	$60.97	10/1/2009
58301		REMOVAL OF IUD	$54.10	$74.87	10/1/2009
58301	FP	REMOVAL OF IUD	$54.10	$74.87	10/1/2009
58925		OVARIAN CYSTECTOMY UNILATERAL OR BILATERAL	$571.81	$571.81	10/1/2009
59000		AMNIOCENTESIS; DIAGNOSTIC	$63.68	$99.44	10/1/2009
59001		AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND	$145.65	$145.65	10/1/2009
59020		FETAL CONTRACTION	$54.27	$54.27	10/1/2009
59025	26	FETAL NON-STRESS TEST	$24.00	$24.00	10/1/2009
59030		FETAL BLOOD SAMPLING SCALP	$89.51	$89.51	10/1/2009
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	$219.26	$219.26	10/1/2009
59400		OBSTETRICAL CARE	$1,368.59	$1,368.59	10/1/2009
59409		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	$607.68	$607.68	10/1/2009
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING	$704.66	$704.66	10/1/2009
59412		EXTERNAL CEPHALIC VERSION, W/ OR W/O TOCOLYSIS	$81.41	$81.41	10/1/2009
59414		DELIVERY OF PLACENTA (INFANT BORN OUTSIDE OF HOSP)	$72.42	$72.42	10/1/2009
59426		ANTEPARTUM CARE ONLY;	$475.94	$608.62	10/1/2009
59430		POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	$99.08	$109.17	10/1/2009
59514		CESAREAN DELIVERY ONLY;	$719.52	$719.52	10/1/2009
59857		INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	$455.36	$455.36	10/1/2009
59866		MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	$201.33	$201.33	10/1/2009
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	$489.66	$489.66	10/1/2009
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	$62.00	$62.00	10/1/2009
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	$497.55	$497.55	10/1/2009
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	$73.98	$73.98	10/1/2009
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	$424.77	$424.77	10/1/2009
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	$57.41	$57.41	10/1/2009
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	$431.98	$431.98	10/1/2009
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	$57.41	$57.41	10/1/2009
74300		CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL	$43.92	$43.92	10/1/2009
74300	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL	$15.37	$15.37	10/1/2009
76390		MAGNETIC RESONANCE SPECTROSCOPY	$408.93	$408.93	10/1/2009
76390	26	MAGNETIC RESONANCE SPECTROSCOPY	$59.46	$59.46	10/1/2009
76390	TC	MAGNETIC RESONANCE SPECTROSCOPY	$349.46	$349.46	10/1/2009
76511		OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	$78.30	$78.30	10/1/2009
76512		OPTHALMIC ULTRASND, ECHOG; CONSTRAST B-SCAN	$73.50	$73.50	10/1/2009
76516		OPHTHALMIC BIOMETRY BY ULTRSND ECHOGRAPHY A-SCAN	$53.89	$53.89	10/1/2009
76529		OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	$54.65	$54.65	10/1/2009
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$105.27	$105.27	10/1/2009
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$59.91	$59.91	10/1/2009
76802	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$34.74	$34.74	10/1/2009
76805		ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	$117.09	$117.09	10/1/2009
76810		ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	$81.26	$81.26	10/1/2009
76810	26	ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	$40.87	$40.87	10/1/2009

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CODE	MOD	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$165.57	$165.57	10/1/2009
76811	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$78.61	$78.61	10/1/2009
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$86.95	$86.95	10/1/2009
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$162.09	$162.09	10/1/2009
76812	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$73.52	$73.52	10/1/2009
76815		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	$72.91	$72.91	10/1/2009
76816		ECHOGRAPH PREGNANT UTERUS FOLLOW UP	$89.62	$89.63	10/1/2009
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	$81.41	$81.41	10/1/2009
76818		FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	$97.42	$97.42	10/1/2009
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$75.32	$75.32	10/1/2009
76819	26	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$32.10	$32.10	10/1/2009
76819	TC	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$43.22	$43.22	10/1/2009
76830		ULTRASOUND, TRANSVAGINAL	$95.90	$95.90	10/1/2009
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	$96.48	$96.48	10/1/2009
76856	26	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	$29.32	$29.32	10/1/2009
78271		VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	$62.92	$62.92	10/1/2009
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	$27.56	$27.56	10/1/2009
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	$3.25	$3.25	10/1/2009
81002	FP	URINALYSIS ROUTINE WITHOUT MICROSCOPY	$3.25	$3.25	10/1/2009
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, WO MICRO	$2.86	$2.86	10/1/2009
81003	FP	UA, BY DIP STICK OR TABLET; AUTOMATED, WO MICRO	$2.86	$2.86	10/1/2009
81025		UA PREG. TEST - COLOR COMPARISON METHOD	$8.04	$8.04	10/1/2009
81025	FP	UA PREG. TEST - COLOR COMPARISON METHOD	$8.04	$8.04	10/1/2009
82962		BLOOD GLUCOSE BY MONITORING DEVICE	$2.98	$2.98	10/1/2009
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD	$3.00	$3.00	10/1/2009
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	$12.34	$12.34	10/1/2009
83993		CALPROTECTIN, FECAL	$24.95	$24.95	10/1/2009
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	$11.12	$11.12	10/1/2009
84704	FP	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	$12.22	$12.22	10/1/2009
85018		HEMOGLOBIN	$3.01	$3.01	10/1/2009
85018	FP	HEMOGLOBIN	$3.01	$3.01	10/1/2009
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE	$34.04	$34.04	10/1/2009
86580		SENSITIVITY TEST TUBERCULOSIS	$5.59	$5.59	10/1/2009
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG,	$4.85	$4.85	10/1/2009
87210	FP	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG,	$4.85	$4.85	10/1/2009
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE	$31.18	$31.18	10/1/2009
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	$14.57	$14.57	10/1/2009
90465	EP	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE (INCLUDES PERCUTANEOUS,	$15.70	$15.70	10/1/2009
90466	EP	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE (INCLUDES PERCUTANEOUS,	$8.84	$8.84	10/1/2009
90467	EP	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL	$7.81	$11.27	10/1/2009
90468	EP	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL	$6.32	$8.34	10/1/2009
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	$15.70	$15.70	10/1/2009
90471	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	$15.70	$15.70	10/1/2009
90472		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	$8.84	$8.84	10/1/2009
90472	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	$8.84	$8.84	10/1/2009
90473		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR	$6.94	$11.27	10/1/2009
90473	EP	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR	$6.94	$11.27	10/1/2009
90474		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	$6.32	$7.47	10/1/2009
90474	EP	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	$6.32	$7.47	10/1/2009
92551		HEARING TEST	$8.27	$8.27	10/1/2009
92567		TYMPANOMETRY	$12.61	$14.06	10/1/2009
92950		HEART-LUNG RESUSCITATION	$147.93	$222.34	10/1/2009
93000		ELECTROCARDIOGRAM, COMPLETE	$16.85	$16.85	10/1/2009
93000	FP	ELECTROCARDIOGRAM, COMPLETE	$16.85	$16.85	10/1/2009
93010		ELECTROCARDIOGRAM REPORT	$7.52	$7.52	10/1/2009
93010	FP	ELECTROCARDIOGRAM REPORT	$7.52	$7.52	10/1/2009
94150		VITAL CAPACITY, TOTAL	$17.86	$17.86	10/1/2009
94664		INHALATION THERAPY	$11.46	$11.47	10/1/2009
95851	26	RANGE OF MOTION EVALUATION	$4.98	$10.68	10/1/2009
96372		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	$17.04	$17.04	10/1/2009
96372	FP	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	$17.04	$17.04	10/1/2009
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE	$27.30	$27.30	10/1/2009
99050	FP	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE	$27.30	$27.30	10/1/2009
99070		SPECIAL SUPPLIES	$9.71	$9.71	10/1/2009
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	$20.17	$32.53	10/1/2009
99201	FP	OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	$20.17	$32.53	10/1/2009
99202		OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	$39.02	$56.06	10/1/2009
99202	FP	OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	$39.02	$56.06	10/1/2009
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	$59.78	$82.16	10/1/2009
99203	FP	OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	$59.78	$82.16	10/1/2009
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	$7.66	$17.68	10/1/2009
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	$20.17	$33.53	10/1/2009
99217		OBSERVATION CARE DISCHARGE DAY MANAGEMENT	$59.29	$59.29	10/1/2009
99218		INITIAL OBSERVATION, PER DAY, LOW COMPLEXITY	$55.95	$55.95	10/1/2009
99219		INITIAL OBSERVATION CARE, PER DAY, MODERATE COMPLEXITY	$92.02	$92.02	10/1/2009
99220		INITIAL OBSERVATION CARE, PER DAY, HIGH COMPLEXITY	$129.42	$129.42	10/1/2009
99234		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	$112.10	$112.10	10/1/2009
99235		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	$147.94	$147.94	10/1/2009
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	$59.40	$59.40	10/1/2009
99238	FP	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	$59.40	$59.40	10/1/2009
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	$27.57	$39.98	10/1/2009
99241	FP	OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	$27.57	$39.98	10/1/2009

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99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	$58.18	$74.90	10/1/2009
99242	FP	OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	$58.18	$74.90	10/1/2009
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	$81.09	$103.00	10/1/2009
99243	FP	OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	$81.09	$103.00	10/1/2009
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	$160.63	$188.03	10/1/2009
99245	FP	OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	$160.63	$188.03	10/1/2009
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	$63.26	$63.25	10/1/2009
99252	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	$63.26	$63.25	10/1/2009
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	$96.03	$96.02	10/1/2009
99253	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	$96.03	$96.02	10/1/2009
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	$138.89	$138.89	10/1/2009
99254	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	$138.89	$138.89	10/1/2009
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	$169.23	$169.23	10/1/2009
99255	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	$177.23	$177.23	10/1/2009
99283		ER VISIT, MODERATE SEVERITY	$51.35	$51.35	10/1/2009
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$48.71	$48.71	10/1/2009
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$70.79	$70.79	10/1/2009
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$115.29	$115.29	10/1/2009
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$149.73	$149.73	10/1/2009
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$177.00	$177.00	10/1/2009
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$48.95	$48.95	10/1/2009
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$75.38	$75.38	10/1/2009
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$106.96	$106.96	10/1/2009
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$153.35	$153.35	10/1/2009
99341		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	$48.37	$48.37	10/1/2009
99342		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	$70.79	$70.79	10/1/2009
99343		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	$112.36	$112.36	10/1/2009
99345		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	$177.00	$177.00	10/1/2009
99347		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	$46.45	$46.45	10/1/2009
99348		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	$69.98	$69.98	10/1/2009
99349		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	$102.28	$102.28	10/1/2009
99350		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	$143.27	$143.27	10/1/2009
99354		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	$77.64	$81.99	10/1/2009
99355		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	$76.08	$80.76	10/1/2009
99356		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	$74.94	$74.94	10/1/2009
99357		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	$75.17	$75.17	10/1/2009
99385		NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	$65.92	$93.97	10/1/2009
99385	FP	NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	$65.92	$93.97	10/1/2009
99386		NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	$81.03	$110.09	10/1/2009
99386	FP	NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	$81.03	$110.09	10/1/2009
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	$58.59	$79.63	10/1/2009
99395	FP	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	$58.59	$79.63	10/1/2009
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	$65.92	$87.29	10/1/2009
99396	FP	ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	$65.92	$87.29	10/1/2009
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OLDER	$73.71	$97.42	10/1/2009
99397	FP	ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OLDER	$73.71	$97.42	10/1/2009
99404		PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING, APPX 60 MINUTES	$83.42	$97.11	10/1/2009
99412		PREVENTIVE MEDICINE, GROUP COUNSELING, APPX 60 MINUTES	$10.86	$16.54	10/1/2009
S9442		BIRTHING CLASS (ONE UNIT = 2 HOURS)	$8.69	$8.69	10/1/2009

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, 2011

Pcode	Modifier	Description	Facility	Non-Facility	Effective Date
***J1120		Acetazolamide sodium, up to 500 mg, injection (Diamox)	16.08	16.08	10/1/2009
***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
***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
***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

Nurse Midwife Fee Schedule
Provider Specialty 063

			Medicaid Maximum Allowable		
CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
***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
***J0697		Sterile Cefuroxime sodium, per 750mg, injection (Kefurox Zinacef)	3.32	3.32	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
***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
***J9000		Doxorubicin HCl, 10 mg (Adriamycin)	4.58	4.58	10/1/2009
***J9001		Doxorubicin HCl,all lipid formulations, 10 mg (Doxil)	398.63	398.63	10/1/2009
***J1790		Droperidol, up to 5 mg, injection (Inapsine)	1.27	1.27	10/1/2009
***J0171		Adrenalin, epinephrine, 0.1 mg ampule, injection (Adrenalin)	0.04	0.04	1/1/2011
***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
***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
***J7195		Factor IX (antihemophilic factor, recombinant), per I.U. (Benefix)	1.03	1.03	10/1/2009
***J7193		Factor IX (antihemophilic factor, purefied, non-recombinant), per I.U. (Monomine, AlphaNine)	0.86	0.86	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
***J1440		Filgrastim (G-CSF), 300 mcg, injection (Neupogen)	192.08	192.08	10/1/2009
***J1441		Filgastrim (G-CSF), 480 mcg, injection (Neupogen)	295.61	295.61	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
***J1642		Heparin sodium, per 10 units, injection (Heparin Lock Flush)	0.04	0.04	10/1/2009
***J1644		Heparin sodium, per 1,000 units, injection (Heparin)	0.07	0.07	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
***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
***J9215		Interferon alfa-N3, (human leukocyte derived), 250,000 IU (Alferon N)	18.65	18.65	10/1/2009
***J9213		Interferon alfa-2A, recombinant, 3 million units (Roferon-A)	39.45	39.45	10/1/2009

Nurse Midwife Fee Schedule
Provider Specialty 063

			Medicaid Maximum Allowable		
CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
***J9214		Interferon alfa-2B, recombinant, 1 million units (Intron-A)	13.65	13.65	10/1/2009
***J9216		Interferon gamma-1B, 3 million units (Actimmune)	298.46	298.46	10/1/2009
***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
***J1950		Leuprolide acetate (for depot suspension), per 3.75 mg, injection (Lupron Depot)	425.78	425.78	10/1/2009
***J9217		Leuprolide acetate (for depot suspension), 7.5 mg (Lupron Depot)	212.92	212.92	10/1/2009
***J9218		Leuprolide acetate, per 1 mg (Lupron)	7.20	7.20	10/1/2009
***J3490		Lidocaine , for typical use	invoice required	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
***J1051		Medroxyprogesterone acetate, 50 mg, injection (Depo-Provera)	6.43	6.43	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
***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
***J9260		Methotrexate sodium, 50 mg	2.18	2.18	10/1/2009
***J0210		Methyldopate HCl, up to 250mg, injection IV (Aldomet)	14.64	14.64	10/1/2009
***J2210		Methylergonovine maleate, up to 0.2 mg, injection (Methergine)	4.86	4.86	10/1/2009
***J1020		Methylprednisolone acetate, 20mg, injection (Depo-Medrol)	2.32	2.32	10/1/2009
***J1030		Methylprednisolone acetate, 40mg, injection (Depo-Medrol)	4.31	4.31	10/1/2009
***J1040		Methylprednisolone acetate, 80mg, injection (Depo-Medrol)	9.07	9.07	10/1/2009
***J2920		Methylprednisolone sodium succinate, up to 40 mg, injection (Solu-Medrol)	2.00	2.00	10/1/2009
***J2930		Methylprednisolone sodium succinate, up to 125 mg, injection (Solu-Medrol)	2.91	2.91	10/1/2009
***J2765		Metoclopramide HCl, up to 10 mg, injection (Reglan)	0.33	0.33	10/1/2009
***J2250		Midazolam HCl, per 1 mg, injection (Versed)	0.14	0.14	10/1/2009
***J2260		Milrinone lactate, per 5 mg, injection (Primacor)	4.39	4.39	10/1/2009
***J9280		Mitomycin, 5 mg (Mutamycin)	12.58	12.58	10/1/2009
***J9293		Mitoxantrone HCl, per 5 mg, injection (Novantrone)	85.51	85.51	10/1/2009
***J2270		Morphine sulfate, up to 10 mg, injection	1.73	1.73	10/1/2009
***J2275		Morphine Sulfate (preservative-free sterile solution), per 10 mg, injection (Astramorph PF, Duramorph)	2.30	2.30	10/1/2009
***J2300		Nalbuphine HCl, per 10 mg, injection (Nubain)	0.93	0.93	10/1/2009
***J2320		Nandrolone decanoate, up to 50 mg, injection (Deca-Durabolin)	4.59	4.59	10/1/2009
***J2710		Neostigmine methylsulfate, up to 0.5 mg, injection (Prostigmin)	0.10	0.10	10/1/2009
***J7030		Normal saline solution, 1,000 cc, infusion	0.99	0.99	10/1/2009
***J7040		Normal saline solution, sterile (500 ml = 1 unit), infusion	0.50	0.50	10/1/2009
***J7050		Normal saline solution, 250 cc infusion	0.25	0.25	10/1/2009
***J2405		Ondansetron HCl, per 1 mg, injection (Zofran)	0.21	0.21	10/1/2009
***J2360		Orphenadrine citrate, up to 60 mg, injection (Norflex)	8.70	8.70	10/1/2009
***J2700		Oxacillin sodium, up to 250 mg, injection (Bactocile, Prostaphlin)	1.52	1.52	10/1/2009
***J2410		Oxymorphone HCl, up to 1 mg, injection (Numorphan)	2.42	2.42	10/1/2009
***J2460		Oxytetracycline HCl, up to 50 mg, injection (Terramycin IM)	0.91	0.91	10/1/2009
***J2590		Oxytocin, up to 10 units, injection (Pitocin)	1.98	1.98	10/1/2009
***J9265		Paclitaxel, 30 mg (Taxol)	11.52	11.52	10/1/2009
***J2430		Pamidronate disodium, per 30 mg, injection (Aredia)	27.31	27.31	10/1/2009
***J2440		Papaverine HCl, up to 60 mg, injection	0.55	0.55	10/1/2009
***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	1/1/2011
***J2540		Penicillin G potassium, up to 600,000 units, injection (Pfizerpen)	0.91	0.91	10/1/2009
***J2510		Penicillin G procaine, aqueous, up to 600,000 units, injection (Wycillin)	9.92	9.92	10/1/2009
***J2545		Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME (Pentam 300, NebuPent)	52.36	52.36	10/1/2009
***J3070		Pentazocine HCl, up to 30 mg, injection (Talwin)	5.89	5.89	10/1/2009
***J2515		Pentobarbital sodium, per 50 mg, injection (Nembutal Sodium)	7.34	7.34	10/1/2009
***J2560		Phenobarbital sodium, up to 120 mg, injection	2.89	2.89	10/1/2009
***J2760		Phentolamine mesylate, up to 5 mg, injection (Regitine)	20.32	20.32	10/1/2009
***J2370		Phenylephrine HCl, up to 1 ml, injection (Neosynephrine)	0.67	0.67	10/1/2009
***J1165		Phenytoin sodium, per 50 mg, injection (Dilantin)	0.43	0.43	10/1/2009
***J3430		Phytonadione (vitamin K), per 1 mg, injection (AquaMephyton)	3.49	3.49	10/1/2009
***J2730		Pralidoxime chloride, up to 1 g, injection (Protopam Chloride)	84.92	84.92	10/1/2009
***J2650		Prednisolone acetate, up to 1 ml, injection (Predcor-50)	0.16	0.16	10/1/2009
***J2690		Procainamide HCl, up to 1 g, injection (Pronestyl)	2.55	2.55	10/1/2009
***J0780		Prochlorperazine, up to 10 mg, injection, (Compazine)	1.12	1.12	10/1/2009
***J2675		Progesterone, per 50 mg, injection (Pregestaject)	1.46	1.46	10/1/2009
***J2550		Promethazine HCl, up to 50 mg, injection (Phenergan)	1.32	1.32	10/1/2009
***J1800		Propranolol HCl, up to 1 mg, injection (Inderal)	3.07	3.07	10/1/2009
***J2720		Protamine sulfate, per 10 mg, injection	0.57	0.57	10/1/2009
***J7120		Ringer's lactate infusion, up to 1,000 cc	0.88	0.88	10/1/2009
***J2820		Sargramostim (GM-CSF), 50 mcg, injection (Leukine)	24.20	24.20	10/1/2009
***J2995		Streptokinase, per 250,000 IU, injection (Streptase)	76.64	76.64	10/1/2009
***J9320		Streptozocin, 1 g (Zanosar)	183.79	183.79	10/1/2009

Nurse Midwife Fee Schedule
Provider Specialty 063

CODE	MOD	Description	Medicaid Maximum Allowable FACILITY	NON-FACILITY	EFFECTIVE DATE
***J0330		Succinylcholine chloride, up to 20 mg, injection (Anectine)	0.16	0.16	10/1/2009
***J3095		Telavancin , per 10 mg (Vibativ)	1.86	1.86	1/1/2011
***J3105		Terbutaline sulfate, up to 1 mg, injection (Brethine)	2.33	2.33	10/1/2009
***J1070		Testosterone Cypionate, up to 100 mg, injection (Depo-Testosterone)	4.65	4.65	10/1/2009
***J1080		Testosterone Cypionate, 200 mg, injection (Depo-Testosterone)	6.71	6.71	10/1/2009
***J3120		Testosterone enanthate, up to 100 mg, injection (Evarone)	5.10	5.10	10/1/2009
***J3130		Testosterone enanthate, up to 200 mg, injection (Evarone)	9.76	9.76	10/1/2009
***J9340		Thiotepa, 15 mg (Thioplex)	38.95	38.95	10/1/2009
***J3260		Tobramycin sulfate, up to 80 mg, injection (Nebcin)	2.24	2.24	10/1/2009
***J3301		Triamcinolone acetonide, per 10 mg, injection (Kenalog-10)	1.33	1.33	10/1/2009
***J3302		Triamcinolone diacetate, per 5 mg, injection (Aristocort)	0.27	0.27	10/1/2009
***J3303		Triamcinolone hexacetonide, per 5mg injection (Aristospan)	1.29	1.29	10/1/2009
***J3250		Trimethobenzamide HCl, up to 200 mg, injection (Tigan)	4.30	4.30	10/1/2009
***J3365		Urokinase, 250,000 IU, injection IV (Abbokinase)	441.28	441.28	10/1/2009
***J3370		Vancomycin HCl, 500 mg, injection (Vancoled)	3.03	3.03	10/1/2009
***J9360		Vinblastine sulfate, 1 mg (Velban)	1.03	1.03	10/1/2009
***J9370		Vincristine sulfate, 1 mg (Oncovin)	6.77	6.77	10/1/2009
***J3420		Vitamin B-12 cyanocobalamin, up to 1,000 mcg, injection	0.24	0.24	10/1/2009
IMMUNE GLOBULINS					
***J1460		Gamma globulin, intramuscular, 1 cc, injection (Gamastan S/D)	11.13	11.13	10/1/2009
***J1560		Gamma globulin, intramuscular, over 10 cc, injection (Gamastan S/D)	111.38	111.38	10/1/2009
***J1571		Injection, hepatitis B immune globulin, intramuscular, 0.5 ml, (Hepagam B)	46.61	46.61	10/1/2009
***90371		Hepatitis B Immune globulin (HBIg), human, 1 ml (BayHep B HepaGam B Nabi-HB)	115.64	115.64	10/1/2009
***J2790		Rho D immune globulin, human, full dose, 300 mcg (Rhophylac)	86.49	86.49	10/1/2009
***J2788		Rho(D) Immune Globulin, 50 mcg (BayRho-D minidose)	27.41	27.41	10/1/2009
***J2792		Rho(D) Immune Globulin h, sd (WinRHO, SDF)	15.06	15.06	10/1/2009
***J2791		Rho(D) immune globulin (human), intramuscular or intravenous, 100 IU, injection (Rhophylac)	5.14	5.14	10/1/2009
MISCELLANEOUS					
***J7307	FP	Etonogestrel (Contraceptive) Implant System, including implant and supplies (Implanon)	577.20	577.20	10/1/2009
J7300	FP	Intrauterine copper contraceptive (Paragrd T380A)	386.89	386.89	10/1/2009
J7300		Intrauterine copper contraceptive (Paragrd T380A)	386.89	386.89	10/1/2009
***J7302	FP	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	477.20	477.20	10/1/2009
VACCINES					
90585		Bacillus Calmette-Guerin Vaccine (BCG) for Tuberculosis, Live, for Percutaneous use	112.70	112.70	10/1/2009
90723		Diphteria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B and poliovirus Vaccine inactivated (PtsP-HepB-IPV)	72.63	72.63	10/1/2009
90721		Diphtheria, Tetanus Toxoids, and Acellular Pertussis Vaccine and Hemophilus Influenza B Vaccine (DtaP-Hib), for Intramuscular use	41.35	41.35	10/1/2009
90645		Hemophilus Influenza b Vaccine (HIB), HBOC Conjugate (4 dose schedule) for intramuscular use	19.68	19.67	10/1/2009
90648		Hemophilus Influenza b Vaccine (Hib), PRP-T Conjugate (4 dose schedule), Intramuscular use	21.00	21.00	10/1/2009
90647		Hemophilus Influenza b Vaccine (Hib) PRP-OMP Conjugate (3 dose schedule), for Intramuscular use	19.68	19.68	10/1/2009
90636		Hepatitis A and Hepatitis B Vaccine (HepA-HepB), Adult dosage, for Intramuscular use	89.50	89.50	10/1/2009
90746		Hepatitis B Vaccine, Adult dosage, for Intramuscular use	55.20	55.20	10/1/2009
90747		Hepatitis B Vaccine, Dialysis or Immunosuppressed Patient dosage (4 dose schedule), for Intramuscular use	110.41	110.41	10/1/2009
90650		Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	133.25	133.25	5/1/2010
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	10/1/2009
90660		Influenza Virus Vaccine, live, intranasal, 0.2 ml (Flumist)	21.24	21.24	10/1/2009
90663		Influenza virus vaccine, pandemic formulation, H1N1	0.00	0.00	10/1/2009
90658		Influenza Virus Vaccine, Split Virus, 3 years and above, for Intramuscular or Jet Injection use	12.74	12.74	10/1/2009
90656		Influenza virus vaccine, split virus, preservative free for use in individuals 3 years and above, for intramuscular use.	16.75	16.75	10/1/2009
90705		Measles Virus Vaccine, Live, for Subcutaneous or Jet Injection use	16.16	16.16	10/1/2009
90707		Measles, Mumps, and Rubella Virus Vaccine (MMR), Live, for Subcutaneous or Jet Injection use	41.02	41.02	10/1/2009
90733		Meningococcal Polysaccharide Vaccine (any group(s)), for Subcutaneous or Jet Injection use	90.50	90.50	10/1/2009
90734		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use.	106.87	106.87	1/1/2011
90704		Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use	21.12	21.12	10/1/2009
90732		Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use	31.53	31.53	10/1/2007
90713		Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous or intramuscular use	24.79	24.79	10/1/2009
90675		Rabies Vaccine, for Intramuscular use	147.06	147.06	10/1/2009
90706		Rubella Virus Vaccine, Live, for Subcutaneus or Jet Injection use	18.08	18.08	10/1/2009
90714		Tetanua & Diptheria toxoids (Td), adsorbed, preservative free, for individuals 7 years and older, for IM use.	19.25	19.25	10/1/2009
90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for IM use	39.49	39.49	1/1/2011
90703		Tetanus Toxoid Adsorbed, for Intramuscular use; 0.5 ml	20.70	20.70	10/1/2009
90716		Varicella Virus Vaccine, Live for Subcutaneous use	86.42	86.42	1/1/2011

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

****** NDC required**