Nurse Midwife Fee Schedule
Provider Specialty 063

CODE	MOD	Description	Medicaid Maximum Allowable FACILITY	NON-FACILITY	EFFECTIVE DATE
10060		DRAINAGE OF ABSCESS	$ 73.46	$ 85.00	9/1/2010
11975		INSERT/REINSERT IMPLANTABLE CONTRACEPTIVE CAPSULE	$ 65.06	$ 99.00	9/1/2010
11975	FP	INSERT/REINSERT IMPLANTABLE CONTRACEPTIVE CAPSULE	$ 65.06	$ 99.00	9/1/2010
11976		REMOVE W/O REINSERT- CONTRACEPTIVE CAPSULE IMPLANT	$ 79.89	$ 117.44	9/1/2010
11976	FP	REMOVE W/O REINSERT- CONTRACEPTIVE CAPSULE IMPLANT	$ 79.89	$ 117.44	9/1/2010
11977		REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	$ 145.49	$ 182.39	9/1/2010
11977	FP	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	$ 145.49	$ 182.39	9/1/2010
11980		SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR	$ 66.13	$ 84.92	9/1/2010
11981	FP	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$ 65.78	$ 100.49	9/1/2010
11982	FP	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$ 80.25	$ 115.82	9/1/2010
11983	FP	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$ 154.85	$ 190.11	9/1/2010
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	$ 2.74	$ 2.74	9/1/2010
36415	FP	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	$ 2.74	$ 2.74	9/1/2010
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESOPHAGEAL FI	$ 1,374.60	$ 1,374.60	9/1/2010
49606		REPAIR OMPHALOCELE STAG CLO PROSTH RED OP ROOM ANE	$ 888.35	$ 888.35	9/1/2010
51701		INSERTION OF NON-DWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR	$ 23.85	$ 59.76	9/1/2010
51702		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	$ 25.26	$ 63.39	9/1/2010
51703		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED	$ 70.70	$ 130.66	9/1/2010
54150		CIRCUMCISION	$ 87.27	$ 166.34	9/1/2010
56420		DRAINAGE OF VULVA ABSCESS	$ 77.85	$ 110.47	9/1/2010
56501		DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY,	$ 86.47	$ 98.99	9/1/2010
56605		BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE);	$ 50.74	$ 70.51	9/1/2010
56820		COLPOSCOPY OF THE VULVA;	$ 70.61	$ 92.36	9/1/2010
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	$ 96.60	$ 124.60	9/1/2010
57150		TREATMENT VAGINAL INFECTION	$ 24.64	$ 46.39	9/1/2010
57155		INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	$ 355.92	$ 355.92	9/1/2010
57160		FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	$ 39.98	$ 64.03	9/1/2010
57170		DIAPHRAM FITTING WITH INSTRUCTIONS	$ 38.10	$ 53.18	9/1/2010
57170	FP	DIAPHRAM FITTING WITH INSTRUCTIONS	$ 38.10	$ 53.18	9/1/2010
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	$ 70.28	$ 89.34	9/1/2010
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF	$ 103.01	$ 132.00	9/1/2010
57452		EXAMINATION OF VAGINA	$ 75.88	$ 91.71	9/1/2010
57454		COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S) OF THE CERVIX AND/OR ENDOCERVICAL	$ 114.08	$ 129.57	9/1/2010
57460		COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCEDURE OF THE CERVIX	$ 137.07	$ 263.26	9/1/2010
57500		BIOPSY SINGLE OR MULTIPLE OR LOCAL EXC LESION WITH	$ 61.63	$ 115.66	9/1/2010
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	$ 96.76	$ 111.91	9/1/2010
57511		CRYOCAUTRY INITIAL OR REPEAT CERVIX UTERI	$ 109.00	$ 121.85	9/1/2010
58100		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY),	$ 73.66	$ 92.77	9/1/2010
58300		INSERT INTRAUTERINE DEVICE	$ 43.37	$ 60.15	9/1/2010
58300	FP	INSERT INTRAUTERINE DEVICE	$ 43.37	$ 60.15	9/1/2010
58301		REMOVAL OF IUD	$ 53.37	$ 73.86	9/1/2010
58301	FP	REMOVAL OF IUD	$ 53.37	$ 73.86	9/1/2010
58925		OVARIAN CYSTECTOMY UNILATERAL OR BILATERAL	$ 599.66	$ 599.66	9/1/2010
59000		AMNIOCENTESIS; DIAGNOSTIC	$ 67.78	$ 110.61	9/1/2010
59001		AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND	$ 151.10	$ 151.10	9/1/2010
59020		FETAL CONTRACTION	$ 56.88	$ 56.88	9/1/2010
59025	26	FETAL NON-STRESS TEST	$ 23.68	$ 23.68	9/1/2010
59030		FETAL BLOOD SAMPLING SCALP	$ 93.17	$ 93.17	9/1/2010
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	$ 232.40	$ 232.40	9/1/2010
59400		OBSTETRICAL CARE	$ 1,350.11	$ 1,350.11	9/1/2010
59409		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	$ 599.48	$ 599.48	9/1/2010
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING	$ 695.15	$ 695.15	9/1/2010
59412		EXTERNAL CEPHALIC VERSION, W/ OR W/O TOCOLYSIS	$ 86.64	$ 86.64	9/1/2010
59414		DELIVERY OF PLACENTA (INFANT BORN OUTSIDE OF HOSP)	$ 77.05	$ 77.05	9/1/2010
59426		ANTEPARTUM CARE ONLY;	$ 469.51	$ 600.40	9/1/2010
59430		POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	$ 97.74	$ 107.70	9/1/2010
59514		CESAREAN DELIVERY ONLY;	$ 709.81	$ 709.81	9/1/2010
59857		INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	$ 475.62	$ 475.62	9/1/2010
59866		MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	$ 198.61	$ 198.61	9/1/2010
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	$ 63.54	$ 63.54	9/1/2010
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	$ 554.73	$ 554.73	9/1/2010
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	$ 75.50	$ 75.50	9/1/2010
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	$ 58.66	$ 58.66	9/1/2010
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	$ 58.66	$ 58.66	9/1/2010
76390		MAGNETIC RESONANCE SPECTROSCOPY	$ 403.41	$ 403.41	9/1/2010
76390	26	MAGNETIC RESONANCE SPECTROSCOPY	$ 58.66	$ 58.66	9/1/2010
76390	TC	MAGNETIC RESONANCE SPECTROSCOPY	$ 344.74	$ 344.74	9/1/2010
76511		OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	$ 94.15	$ 94.15	9/1/2010
76512		OPTHALMIC ULTRASND, ECHOG; CONSTRAST B-SCAN	$ 88.02	$ 88.02	9/1/2010
76516		OPHTHALMIC BIOMETRY BY ULTRSND ECHOGRAPHY A-SCAN	$ 62.10	$ 62.10	9/1/2010
76529		OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	$ 61.62	$ 61.62	9/1/2010
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$ 103.85	$ 103.85	9/1/2010
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$ 67.88	$ 67.88	9/1/2010
76802	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$ 36.18	$ 36.18	9/1/2010
76805		ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	$ 115.51	$ 115.51	9/1/2010
76810		ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	$ 86.64	$ 86.64	9/1/2010
76810	26	ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	$ 42.14	$ 42.14	9/1/2010
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$ 191.26	$ 191.26	9/1/2010
76811	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$ 82.07	$ 82.07	9/1/2010
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$ 109.20	$ 109.20	9/1/2010
76812	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$ 76.96	$ 76.96	9/1/2010

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76815		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	$ 71.93	$ 71.93	9/1/2010
76816		ECHOGRAPH PREGNANT UTERUS FOLLOW UP	$ 88.41	$ 88.42	9/1/2010
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	$ 80.31	$ 80.31	9/1/2010
76818		FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	$ 96.10	$ 96.10	9/1/2010
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$ 85.18	$ 85.18	9/1/2010
76819	26	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$ 33.51	$ 33.51	9/1/2010
76819	TC	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$ 51.67	$ 51.67	9/1/2010
76830		ULTRASOUND, TRANSVAGINAL	$ 94.61	$ 94.61	9/1/2010
76856	26	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	$ 30.03	$ 30.03	9/1/2010
78271		VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	$ 62.07	$ 62.07	9/1/2010
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	$ 29.88	$ 29.88	9/1/2010
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	$ 3.21	$ 3.21	9/1/2010
81002	FP	URINALYSIS ROUTINE WITHOUT MICROSCOPY	$ 3.21	$ 3.21	9/1/2010
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, WO MICRO	$ 2.82	$ 2.82	9/1/2010
81003	FP	UA, BY DIP STICK OR TABLET; AUTOMATED, WO MICRO	$ 2.82	$ 2.82	9/1/2010
81025		UA PREG. TEST - COLOR COMPARISON METHOD	$ 7.93	$ 7.93	9/1/2010
81025	FP	UA PREG. TEST - COLOR COMPARISON METHOD	$ 7.93	$ 7.93	9/1/2010
82962		BLOOD GLUCOSE BY MONITORING DEVICE	$ 2.94	$ 2.94	9/1/2010
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD	$ 2.96	$ 2.96	9/1/2010
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	$ 13.38	$ 13.38	9/1/2010
83704		LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND	$ 41.36	$ 41.36	9/1/2010
83993		CALPROTECTIN, FECAL	$ 27.05	$ 27.05	9/1/2010
84145		PROCALCITONIN (PCT	$ 24.92	$ 24.92	9/1/2010
84431		THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	$ 16.64	$ 16.64	9/1/2010
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	$ 12.06	$ 12.06	9/1/2010
84704	FP	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	$ 12.06	$ 12.06	9/1/2010
85018		HEMOGLOBIN	$ 2.97	$ 2.97	9/1/2010
85018	FP	HEMOGLOBIN	$ 2.97	$ 2.97	9/1/2010
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE	$ 36.90	$ 36.90	9/1/2010
86580		SENSITIVITY TEST TUBERCULOSIS	$ 7.04	$ 7.04	9/1/2010
86780		TREPONEMA PALLIDUM	$ 17.03	$ 17.03	9/1/2010
86825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW	$ 103.28	$ 103.28	9/1/2010
86826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW	$ 34.43	$ 34.43	9/1/2010
87150		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIFIED	$ 31.53	$ 31.53	9/1/2010
87153		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH ISOLATE	$ 76.08	$ 76.08	9/1/2010
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG,	$ 4.78	$ 4.78	9/1/2010
87210	FP	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG,	$ 4.78	$ 4.78	9/1/2010
87493		CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE	$ 31.53	$ 31.53	9/1/2010
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE	$ 33.80	$ 33.80	9/1/2010
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	$ 15.79	$ 15.79	9/1/2010
88387		MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$ 24.85	$ 24.85	9/1/2010
88387	TC	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$ 4.83	$ 4.83	9/1/2010
88388		MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$ 14.85	$ 14.85	9/1/2010
88388	TC	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$ 2.38	$ 2.38	9/1/2010
88738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	$ 6.45	$ 6.45	9/1/2010
90465	EP	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE (INCLUDES PERCUTANEOUS,	$ 15.49	$ 15.49	9/1/2010
90466	EP	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE (INCLUDES PERCUTANEOUS,	$ 8.72	$ 8.72	9/1/2010
90467	EP	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL	$ 7.70	$ 11.12	9/1/2010
90468	EP	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL	$ 6.23	$ 8.23	9/1/2010
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	$ 15.49	$ 15.49	9/1/2010
90471	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	$ 15.49	$ 15.49	9/1/2010
90472		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	$ 8.72	$ 8.72	9/1/2010
90472	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	$ 8.72	$ 8.72	9/1/2010
90473		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR	$ 6.85	$ 11.12	9/1/2010
90473	EP	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR	$ 6.85	$ 11.12	9/1/2010
90474		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	$ 6.23	$ 7.37	9/1/2010
90474	EP	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	$ 6.23	$ 7.37	9/1/2010
92551		HEARING TEST	$ 8.16	$ 8.16	9/1/2010
92567		TYMPANOMETRY	$ 12.44	$ 13.87	9/1/2010
93000		ELECTROCARDIOGRAM, COMPLETE	$ 16.62	$ 16.62	9/1/2010
93000	FP	ELECTROCARDIOGRAM, COMPLETE	$ 16.62	$ 16.62	9/1/2010
93010		ELECTROCARDIOGRAM REPORT	$ 7.56	$ 7.56	9/1/2010
93010	FP	ELECTROCARDIOGRAM REPORT	$ 7.56	$ 7.56	9/1/2010
94150		VITAL CAPACITY, TOTAL	$ 17.62	$ 17.62	9/1/2010
94664		INHALATION THERAPY	$ 12.77	$ 12.77	9/1/2010
95851	26	RANGE OF MOTION EVALUATION	$ 4.91	$ 10.54	9/1/2010
96372		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	$ 16.81	$ 16.81	9/1/2010
96372	FP	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	$ 16.81	$ 16.81	9/1/2010
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE	$ 26.93	$ 26.93	9/1/2010
99050	FP	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE	$ 26.93	$ 26.93	9/1/2010
99070		SPECIAL SUPPLIES	$ 9.58	$ 9.58	9/1/2010
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	$ 19.90	$ 32.09	9/1/2010
99201	FP	OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	$ 19.90	$ 32.09	9/1/2010
99202		OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	$ 38.49	$ 55.30	9/1/2010
99202	FP	OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	$ 38.49	$ 55.30	9/1/2010
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	$ 58.97	$ 81.05	9/1/2010
99203	FP	OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	$ 58.97	$ 81.05	9/1/2010
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	$ 7.56	$ 17.44	9/1/2010
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	$ 19.90	$ 33.08	9/1/2010
99217		OBSERVATION CARE DISCHARGE DAY MANAGEMENT	$ 58.49	$ 58.49	9/1/2010
99218		INITIAL OBSERVATION, PER DAY, LOW COMPLEXITY	$ 55.19	$ 55.19	9/1/2010

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99219		INITIAL OBSERVATION CARE, PER DAY, MODERATE COMPLEXITY	$ 90.78	$ 90.78	9/1/2010
99220		INITIAL OBSERVATION CARE, PER DAY, HIGH COMPLEXITY	$ 127.67	$ 127.67	9/1/2010
99234		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	$ 110.59	$ 110.59	9/1/2010
99235		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	$ 145.94	$ 145.94	9/1/2010
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	$ 58.60	$ 58.60	9/1/2010
99238	FP	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	$ 58.60	$ 58.60	9/1/2010
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	$ 27.20	$ 39.44	9/1/2010
99241	FP	OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	$ 27.20	$ 39.44	9/1/2010
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	$ 57.39	$ 73.89	9/1/2010
99242	FP	OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	$ 57.39	$ 73.89	9/1/2010
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	$ 80.00	$ 101.61	9/1/2010
99243	FP	OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	$ 80.00	$ 101.61	9/1/2010
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	$ 158.46	$ 185.49	9/1/2010
99245	FP	OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	$ 158.46	$ 185.49	9/1/2010
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	$ 62.41	$ 62.40	9/1/2010
99252	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	$ 62.41	$ 62.40	9/1/2010
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	$ 94.73	$ 94.72	9/1/2010
99253	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	$ 94.73	$ 94.72	9/1/2010
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	$ 137.01	$ 137.01	9/1/2010
99254	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	$ 137.01	$ 137.01	9/1/2010
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	$ 174.84	$ 174.84	9/1/2010
99255	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	$ 174.84	$ 174.84	9/1/2010
99283		ER VISIT, MODERATE SEVERITY	$ 50.66	$ 50.66	9/1/2010
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$ 48.05	$ 48.05	9/1/2010
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$ 69.83	$ 69.83	9/1/2010
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$ 113.73	$ 113.73	9/1/2010
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$ 147.71	$ 147.71	9/1/2010
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$ 174.61	$ 174.61	9/1/2010
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$ 48.29	$ 48.29	9/1/2010
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$ 74.36	$ 74.36	9/1/2010
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$ 105.52	$ 105.52	9/1/2010
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$ 151.28	$ 151.28	9/1/2010
99341		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	$ 47.72	$ 47.72	9/1/2010
99342		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	$ 69.83	$ 69.83	9/1/2010
99343		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	$ 110.84	$ 110.84	9/1/2010
99345		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	$ 174.61	$ 174.61	9/1/2010
99347		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	$ 45.82	$ 45.82	9/1/2010
99348		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	$ 69.04	$ 69.04	9/1/2010
99349		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	$ 100.90	$ 100.90	9/1/2010
99350		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	$ 141.34	$ 141.34	9/1/2010
99354		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	$ 76.59	$ 80.88	9/1/2010
99355		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	$ 75.05	$ 79.67	9/1/2010
99356		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	$ 73.93	$ 73.93	9/1/2010
99357		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	$ 74.16	$ 74.16	9/1/2010
99385		NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	$ 65.03	$ 92.70	9/1/2010
99385	FP	NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	$ 65.03	$ 92.70	9/1/2010
99386		NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	$ 79.94	$ 108.60	9/1/2010
99386	FP	NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	$ 79.94	$ 108.60	9/1/2010
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	$ 57.80	$ 78.55	9/1/2010
99395	FP	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	$ 57.80	$ 78.55	9/1/2010
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	$ 65.03	$ 86.11	9/1/2010
99396	FP	ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	$ 65.03	$ 86.11	9/1/2010
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OLDER	$ 72.71	$ 96.10	9/1/2010
99397	FP	ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OLDER	$ 72.71	$ 96.10	9/1/2010
99404		PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING, APPX 60 MINUTES	$ 82.29	$ 95.80	9/1/2010
99412		PREVENTIVE MEDICINE, GROUP COUNSELING, APPX 60 MINUTES	$ 10.71	$ 16.32	9/1/2010
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE	$ 120.06	$ 120.06	9/1/2010
G0430		DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES OTHER THAN CHROMATOGRAPHIC	$ 18.96	$ 18.96	4/1/2010
G0430		DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES OTHER THAN CHROMATOGRAPHIC	$ 18.70	$ 18.70	9/1/2010
S9442		BIRTHING CLASS (ONE UNIT = 2 HOURS)	$ 8.57	$ 8.57	9/1/2010

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

Physician Drug Program Procedure Codes And Rates

ProcCode	Modifier	Description	Facility	Non-Facility	Effective Date
DRUGS					
J0170***		ADRENALIN, EPINEPHRINE, UP TO 1ML AMPULE, INJECTION (ADRENALIN)	$0.66	$0.66	9/1/2010
J0205***		ALGLUCERASE, PER 10 UNITS, INJECTION (CEREDASE)	$37.72	$37.72	9/1/2010
J0210***		METHYLDOPATE HCL, UP TO 250MG, INJECTION IV (ALDOMET)	$14.44	$14.44	9/1/2010
J0256***		ALPHA 1-PROTEINASE INHIBITOR-HUMAN, 10MG, INJECTION (PROLASTIN)	$3.48	$3.48	9/1/2010
J0278***		AMIKACIN SULFATE, 100 MG, INJECTION (AMIKIN)	$0.69	$0.69	9/1/2010
J0280***		AMINOPHYLLINE, UP TO 250MG, INJECTION	$0.35	$0.35	9/1/2010
J0290***		AMPICILLIN SODIUM, 500MG, INJECTION (OMNIPEN-N, TOTACILLIN-N)	$2.14	$2.14	9/1/2010
J0295***		AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5G, INJECTION (UNASYN)	$4.18	$4.18	9/1/2010
J0300***		AMOBARBITAL, UP TO 125MG, INJECTION (AMYTAL)	$11.37	$11.37	9/1/2010
J0330***		SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG, INJECTION (ANECTINE)	$0.16	$0.16	9/1/2010
J0360***		HYDRALAZINE HCL, UP TO 20MG, INJECTION (APRESOLINE)	$5.77	$5.77	9/1/2010
J0470***		DIMERCAPROL, PER 100MG, INJECTION (BAL IN OIL)	$25.36	$25.36	9/1/2010
J0500***		DICYCLOMINE HCL, UP TO 20MG, INJECTION (BENTYL, DILOMINE, ANTISPAS)	$11.33	$11.33	9/1/2010
J0560***		PENICILLIN G BENZATHINE, UP TO 600,000 UNITS, INJECTION (BICILLIN L-A)	$22.17	$22.17	9/1/2010

Nurse Midwife Fee Schedule
Provider Specialty 063

CODE	MOD	Description	Medicaid Maximum Allowable FACILITY	NON-FACILITY	EFFECTIVE DATE
J0570***		PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS, INJECTION (BICILLIN L-A)	$38.76	$38.76	9/1/2010
J0580***		PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS, INJECTION (BICILLIN L-A)	$43.81	$43.81	9/1/2010
J0585***		BOTULINUM TOXIN TYPE A, PER UNIT (BOTOX)	$4.96	$4.96	9/1/2010
J0610***		CALCIUM GLUCONATE, PER 10ML, INJECTION (KALEINATE)	$0.34	$0.34	9/1/2010
J0620***		CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10ML, INJECTION (CALPHOSAN)	$12.56	$12.56	9/1/2010
J0636***		CALCITRIOL, 0.1 MCG, INJECTION (CALCIJEX)	$0.41	$0.41	9/1/2010
J0640***		LEUCOVORIN CALCIUM, PER 50 MG, INJECTION (WELLCOVORIN)	$0.74	$0.74	9/1/2010
J0670***		MEPIVACAINE HCL, PER 10ML, INJECTION (CARBOCAINE)	$1.09	$1.09	9/1/2010
J0690***		CEFAZOLIN SODIUM, 500 MG, INJECTION (ANCEF, KEFZOL, ZOLIICEF)	$0.63	$0.63	9/1/2010
J0692***		CEFEPIME HCL, 500 MG, INJECTION (MAXIPIME)	$6.42	$6.42	9/1/2010
J0694***		CEFOXITIN SODIUM, 1G, INJECTION (MEFOXIN)	$7.79	$7.79	9/1/2010
J0696***		CEFTRIAXONE SODIUM, PER 250MG, INJECTION (ROCEPHIN)	$1.41	$1.41	9/1/2010
J0697***		STERILE CEFUROXIME SODIUM, PER 750MG, INJECTION (KEFUROX ZINACEF)	$3.27	$3.27	9/1/2010
J0698***		CEFOTAXIME SODIUM, PER G (CLAFORAN)	$4.08	$4.08	9/1/2010
J0702***		BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3MG, INJECTION (C	$5.47	$5.47	9/1/2010
J0704***		BETAMETHASONE SODIUM PHOSPHATE, PER 4MG, INJECTION (BETAJECT)	$1.08	$1.08	9/1/2010
J0715***		CEFTIZOXIME SODIUM, PER 500MG, INJECTION (CEFIZOX)	$4.98	$4.98	9/1/2010
J0720***		CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1G, INJECTION (CHLOROMYCETIN)	$17.48	$17.48	9/1/2010
J0725***		CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS, INJECTION (NOVAREI TM)	$3.20	$3.20	9/1/2010
J0743***		CILASTATIN SODIUM IMIPENEM, PER 250MG, INJECTION (PRIMAXIN IM OR IV)	$13.58	$13.58	9/1/2010
J0744***		CIPROFLOXACIN FOR IV INFUSION, 200 MG, INJECTION (CIPRO)	$5.08	$5.08	9/1/2010
J0745***		CODEINE PHOSPHATE, PER 30MG, INJECTION	$1.21	$1.21	9/1/2010
J0760***		COLCHICINE, PER 1MG, INJECTION	$4.75	$4.75	9/1/2010
J0770***		COLISTIMETHATE SODIUM, UP TO 150 MG, INJECTION (COLY-MYCIN M)	$18.91	$18.91	9/1/2010
J0780***		PROCHLORPERAZINE, UP TO 10 MG, INJECTION, (COMPAZINE)	$1.10	$1.10	9/1/2010
J0800***		CORTICOTROPIN, UP TO 40 UNITS, INJECTION (ACTHAR, ACTH)	$2,240.22	$2,240.22	9/1/2010
J0895***		DEFEROXAMINE MESYLATE, 500MG, INJECTION (DESFERAL)	$11.71	$11.71	9/1/2010
J0970***		ESTRADIOL VALERATE, UP TO 40MG, INJECTION (DELESTROGEN)	$32.74	$32.74	9/1/2010
J1000***		DEPO-ESTRADIOL CYPIONATE, UP TO 5MG, INJECTION (DEPO-ESTRADIOL)	$5.88	$5.88	9/1/2010
J1020***		METHYLPREDNISOLONE ACETATE, 20MG, INJECTION (DEPO-MEDROL)	$2.29	$2.29	9/1/2010
J1030***		METHYLPREDNISOLONE ACETATE, 40MG, INJECTION (DEPO-MEDROL)	$4.25	$4.25	9/1/2010
J1040***		METHYLPREDNISOLONE ACETATE, 80MG, INJECTION (DEPO-MEDROL)	$8.95	$8.95	9/1/2010
J1051***		MEDROXYPROGESTERONE ACETATE, 50 MG, INJECTION (DEPO-PROVERA)	$6.34	$6.34	9/1/2010
J1055***		MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG, INJECTION (DEPO-PROVERA)	$38.51	$38.51	9/1/2010
J1055***		MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG, INJECTION (DEPO-PROVERA)	$38.51	$38.51	9/1/2010
J1070***		TESTOSTERONE CYPIONATE, UP TO 100 MG, INJECTION (DEPO-TESTOSTERONE)	$4.58	$4.58	9/1/2010
J1080***		TESTOSTERONE CYPIONATE, 200 MG, INJECTION (DEPO-TESTOSTERONE)	$6.62	$6.62	9/1/2010
J1100***		DEXAMETHASONE SODIUM PHOSPHATE, 1MG, INJECTION (CORTASTAT, DALALONE)	$0.08	$0.08	9/1/2010
J1110***		DIHYDROERGOTAMINE MESYLATE, PER 1MG, INJECTION (DHE 45)	$23.30	$23.30	9/1/2010
J1120***		ACETAZOLAMIDE SODIUM, UP TO 500 MG, INJECTION (DIAMOX)	$15.86	$15.86	9/1/2010
J1160***		DIGOXIN, UP TO 0.5 MG INJECTION (LANOXIN)	$1.12	$1.12	9/1/2010
J1165***		PHENYTOIN SODIUM, PER 50 MG, INJECTION (DILANTIN)	$0.43	$0.43	9/1/2010
J1170***		HYDROMORPHONE, UP TO 4 MG, INJECTION (DILAUDID)	$1.22	$1.22	9/1/2010
J1200***		DIPHENHYDRAMINE HCL, UP TO 50 MG, INJECTION (BENADRYL)	$0.71	$0.71	9/1/2010
J1205***		CHLOROTHIAZIDE SODIUM, PER 500 MG, INJECTION (DIURIL SODIUM)	$157.04	$157.04	9/1/2010
J1212***		DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML, INJECTION	$48.02	$48.02	9/1/2010
J1230***		METHADONE HCL, UP TO 10 MG, INJECTION (DOLOPHINE)	$2.81	$2.81	9/1/2010
J1240***		DIMENHYDRINATE, UP TO 50 MG, INJECTION (DRAMAMINE)	$2.97	$2.97	9/1/2010
J1245***		DIPYRIDAMOLE, PER 10 MG, INJECTION (PERSANTINE IV)	$0.69	$0.69	9/1/2010
J1364***		ERYTHROMYCIN LACTOBIONATE, PER 500 MG, INJECTION (ERTHROCIN)	$6.43	$6.43	9/1/2010
J1380***		ESTRADIOL VALERATE, UP TO 10 MG, INJECTION (DELESTROGEN)	$8.19	$8.19	9/1/2010
J1390***		ESTRADIOL VALERATE, UP TO 20 MG, INJECTION (DELESTROGEN)	$16.37	$16.37	9/1/2010
J1410***		ESTROGEN CONJUGATED, PER 25 MG, INJECTION (PREMARIN IV)	$67.76	$67.76	9/1/2010
J1436***		ETIDRONATE DISODIUM, PER 300 MG, INJECTION (DIDRONEL)	$67.91	$67.91	9/1/2010
J1440***		FILGRASTIM (G-CSF), 300 MCG, INJECTION (NEUPOGEN)	$189.49	$189.49	9/1/2010
J1441***		FILGASTRIM (G-CSF), 480 MCG, INJECTION (NEUPOGEN)	$291.62	$291.62	9/1/2010
J1455***		FOSCARNET SODIUM, PER 1,000 MG, INJECTION (FOSCAVIR)	$9.87	$9.87	9/1/2010
J1570***		GANCICLOVIR SODIUM, 500 MG, INJECTION (CYTOVENE)	$41.70	$41.70	9/1/2010
J1580***		GARAMYCIN, GENTAMICIN, UP TO 80 MG, INJECTION (GENTAMICIN)	$0.99	$0.99	9/1/2010
J1600***		GOLD SODIUM THIOMALATE, UP TO 50 MG, INJECTION (MYOCHRYSINE)	$7.45	$7.45	9/1/2010
J1610***		GLUCAGON HYDROCHLORIDE, PER 1 MG, INJECTION (GLUCAGEN)	$65.30	$65.30	9/1/2010
J1630***		HALOPERIDOL, UP TO 5 MG, INJECTION (HALDOL)	$1.65	$1.65	9/1/2010
J1631***		HALOPERIDOL DECANOATE, PER 50 MG, INJECTION (HALDOL DECANOATE-50)	$2.29	$2.29	9/1/2010
J1642***		HEPARIN SODIUM, PER 10 UNITS, INJECTION (HEPARIN LOCK FLUSH)	$0.04	$0.04	9/1/2010
J1644***		HEPARIN SODIUM, PER 1,000 UNITS, INJECTION (HEPARIN)	$0.07	$0.07	9/1/2010
J1720***		HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG, INJECTION (A-HYDROCORT, SOLU-CORTE	$2.12	$2.12	9/1/2010
J1730***		DIAZOXIDE, UP TO 300 MG, INJECTION (HYPERSTAT IV)	$106.37	$106.37	9/1/2010
J1785***		IMIGLUCERASE, PER UNIT, INJECTION (CEREZYME)	$3.80	$3.80	9/1/2010
J1790***		DROPERIDOL, UP TO 5 MG, INJECTION (INAPSINE)	$1.26	$1.26	9/1/2010
J1800***		PROPRANOLOL HCL, UP TO 1 MG, INJECTION (INDERAL)	$3.02	$3.02	9/1/2010
J1840***		KANAMYCIN SULFATE, UP TO 500 MG, INJECTION (KANTREX)	$4.84	$4.84	9/1/2010
J1850***		KANAMYCIN SULFATE, UP TO 75 MG, INJECTION (KANTREX)	$0.72	$0.72	9/1/2010
J1885***		KETOROLAC TROMETHAMINE, PER 15 MG, INJECTION (TORADOL)	$0.32	$0.32	9/1/2010
J1940***		FUROSEMIDE, UP 20 MG, INJECTION (LASIX)	$0.18	$0.18	9/1/2010
J1950***		LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG, INJECTION (LUPRON DEPOT)	$420.03	$420.03	9/1/2010
J1980***		HYOSCYAMINE SULFATE, UP TO 0.25 MG, INJECTION (LEVSIN)	$8.84	$8.84	9/1/2010
J1990***		CHLORDIAZEPOXIDE HCL, UP TO 100 MG, INJECTION (LIBRIUM)	$20.02	$20.02	9/1/2010
J2001***		LIDOCAINE HCL, FOR IV INFUSION, 10 MG, INJ (XYLOCAINE)	$0.02	$0.02	9/1/2010
J2010***		LINCOMYCIN HCL, UP TO 300 MG, INJECTION (LINCOCIN)	$4.05	$4.05	9/1/2010

Nurse Midwife Fee Schedule
Provider Specialty 063

CODE	MOD	Description	Medicaid Maximum Allowable FACILITY	NON-FACILITY	EFFECTIVE DATE
J2060***		LORAZEPAM, 2 MG, INJECTION (ATIVAN)	$0.61	$0.61	9/1/2010
J2150***		MANNITOL, 25% IN 50 ML, INJECTION, (OSMITROL, RESECTISOL)	$0.82	$0.82	9/1/2010
J2175***		MEPERIDINE HCL, PER 100 MG, INJECTION (DEMEROL)	$1.45	$1.45	9/1/2010
J2210***		METHYLERGONOVINE MALEATE, UP TO 0.2 MG, INJECTION (METHERGINE)	$4.79	$4.79	9/1/2010
J2260***		MILRINONE LACTATE, PER 5 MG, INJECTION (PRIMACOR)	$4.33	$4.33	9/1/2010
J2270***		MORPHINE SULFATE, UP TO 10 MG, INJECTION	$1.70	$1.70	9/1/2010
J2275***		MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG, INJECTION (ASTRAM(	$2.27	$2.27	9/1/2010
J2300***		NALBUPHINE HCL, PER 10 MG, INJECTION (NUBAIN)	$0.91	$0.91	9/1/2010
J2320***		NANDROLONE DECANOATE, UP TO 50 MG, INJECTION (DECA-DURABOLIN)	$4.53	$4.53	9/1/2010
J2321***		NANDROLONE DECANOATE, UP TO 100 MG, INJECTION (DECA-DURABOLIN)	$6.78	$6.78	9/1/2010
J2322***		NANDROLONE DECANOATE, UP TO 200 MG, INJECTION (DECA-DURABOLIN)	$18.10	$18.10	9/1/2010
J2360***		ORPHENADRINE CITRATE, UP TO 60 MG, INJECTION (NORFLEX)	$8.58	$8.58	9/1/2010
J2370***		PHENYLEPHRINE HCL, UP TO 1 ML, INJECTION (NEOSYNEPHRINE)	$0.67	$0.67	9/1/2010
J2400***		CHLOROPROCAINE HCL, PER 30 ML, INJECTION (NESACAINE)	$12.10	$12.10	9/1/2010
J2405***		ONDANSETRON HCL, PER 1 MG, INJECTION (ZOFRAN)	$0.21	$0.21	9/1/2010
J2410***		OXYMORPHONE HCL, UP TO 1 MG, INJECTION (NUMORPHAN)	$2.39	$2.39	9/1/2010
J2430***		PAMIDRONATE DISODIUM, PER 30 MG, INJECTION (AREDIA)	$26.94	$26.94	9/1/2010
J2440***		PAPAVERINE HCL, UP TO 60 MG, INJECTION	$0.54	$0.54	9/1/2010
J2460***		OXYTETRACYCLINE HCL, UP TO 50 MG, INJECTION (TERRAMYCIN IM)	$0.89	$0.89	9/1/2010
J2510***		PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS, INJECTION (WYCILLIN)	$9.78	$9.78	9/1/2010
J2515***		PENTOBARBITAL SODIUM, PER 50 MG, INJECTION (NEMBUTAL SODIUM)	$7.24	$7.24	9/1/2010
J2540***		PENICILLIN G POTASSIUM, UP TO 600,000 UNITS, INJECTION (PFIZERPEN)	$0.89	$0.89	9/1/2010
J2545***		PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, PER 300 MG, ADMINISTERED THROUGH A DM(	$51.65	$51.65	9/1/2010
J2550***		PROMETHAZINE HCL, UP TO 50 MG, INJECTION (PHENERGAN)	$1.30	$1.30	9/1/2010
J2560***		PHENOBARBITAL SODIUM, UP TO 120 MG, INJECTION	$2.85	$2.85	9/1/2010
J2590***		OXYTOCIN, UP TO 10 UNITS, INJECTION (PITOCIN)	$1.95	$1.95	9/1/2010
J2650***		PREDNISOLONE ACETATE, UP TO 1 ML, INJECTION (PREDCOR-50)	$0.16	$0.16	9/1/2010
J2675***		PROGESTERONE, PER 50 MG, INJECTION (PREGESTAJECT)	$1.44	$1.44	9/1/2010
J2680***		FLUPHENAZINE DECANOATE, UP TO 25 MG, INJECTION (PROLIXIN)	$2.25	$2.25	9/1/2010
J2690***		PROCAINAMIDE HCL, UP TO 1 G, INJECTION (PRONESTYL)	$2.52	$2.52	9/1/2010
J2700***		OXACILLIN SODIUM, UP TO 250 MG, INJECTION (BACTOCILE, PROSTAPHLIN)	$1.50	$1.50	9/1/2010
J2710***		NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG, INJECTION (PROSTIGMIN)	$0.10	$0.10	9/1/2010
J2720***		PROTAMINE SULFATE, PER 10 MG, INJECTION	$0.56	$0.56	9/1/2010
J2730***		PRALIDOXIME CHLORIDE, UP TO 1 G, INJECTION (PROTOPAM CHLORIDE)	$83.77	$83.77	9/1/2010
J2760***		PHENTOLAMINE MESYLATE, UP TO 5 MG, INJECTION (REGITINE)	$20.04	$20.04	9/1/2010
J2765***		METOCLOPRAMIDE HCL, UP TO 10 MG, INJECTION (REGLAN)	$0.32	$0.32	9/1/2010
J2800***		METHOCARBAMOL UP TO 10 ML, INJECTION (ROBAXIN)	$9.72	$9.72	9/1/2010
J2820***		SARGRAMOSTIM (GM-CSF), 50 MCG, INJECTION (LEUKINE)	$23.87	$23.87	9/1/2010
J2920***		METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG, INJECTION (SOLU-MEDROL)	$1.97	$1.97	9/1/2010
J2930***		METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG, INJECTION (SOLU-MEDROL)	$2.87	$2.87	9/1/2010
J2995***		STREPTOKINASE, PER 250,000 IU, INJECTION (STREPTASE)	$75.61	$75.61	9/1/2010
J3010***		FENTANYL CITRATE, 0.1 MG, INJECTION (SUBLIMAZE)	$0.27	$0.27	9/1/2010
J3070***		PENTAZOCINE HCL, UP TO 30 MG, INJECTION (TALWIN)	$5.81	$5.81	9/1/2010
J3105***		TERBUTALINE SULFATE, UP TO 1 MG, INJECTION (BRETHINE)	$2.30	$2.30	9/1/2010
J3120***		TESTOSTERONE ENANTHATE, UP TO 100 MG, INJECTION (EVARONE)	$5.03	$5.03	9/1/2010
J3130***		TESTOSTERONE ENANTHATE, UP TO 200 MG, INJECTION (EVARONE)	$9.63	$9.63	9/1/2010
J3230***		CHLORPROMAZINE HCL, UP TO 50 MG, INJECTION (THORAZINE)	$3.06	$3.06	9/1/2010
J3250***		TRIMETHOBENZAMIDE HCL, UP TO 200 MG, INJECTION (TIGAN)	$4.24	$4.24	9/1/2010
J3260***		TOBRAMYCIN SULFATE, UP TO 80 MG, INJECTION (NEBCIN)	$2.21	$2.21	9/1/2010
J3301***		TRIAMCINOLONE ACETONIDE, PER 10 MG, INJECTION (KENALOG-10)	$1.31	$1.31	9/1/2010
J3302***		TRIAMCINOLONE DIACETATE, PER 5 MG, INJECTION (ARISTOCORT)	$0.27	$0.27	9/1/2010
J3303***		TRIAMCINOLONE HEXACETONIDE, PER 5MG INJECTION (ARISTOSPAN)	$1.27	$1.27	9/1/2010
J3360***		DIAZEPAM, UP TO 5 MG, INJECTION (VALIUM, ZETRAN)	$0.75	$0.75	9/1/2010
J3365***		UROKINASE, 250,000 IU, INJECTION IV (ABBOKINASE)	$435.32	$435.32	9/1/2010
J3370***		VANCOMYCIN HCL, 500 MG, INJECTION (VANCOLED)	$2.99	$2.99	9/1/2010
J3410***		HYDROXYZINE HCL, UP TO 25 MG, INJECTION (VISTARIL)	$0.13	$0.13	9/1/2010
J3420***		VITAMIN B-12 CYANOCOBALAMIN, UP TO 1,000 MCG, INJECTION	$0.24	$0.24	9/1/2010
J3430***		PHYTONADIONE (VITAMIN K), PER 1 MG, INJECTION (AQUAMEPHYTON)	$3.44	$3.44	9/1/2010
J3470***		HYALURONIDASE INJECTION UP TO 150 UNITS (WYDASE)	$16.43	$16.43	9/1/2010
J3475***		MAGNESIUM SULPHATE, PER 500 MG, INJECTION	$0.05	$0.05	9/1/2010
J7030***		NORMAL SALINE SOLUTION, 1,000 CC, INFUSION	$0.98	$0.98	9/1/2010
J7040***		NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT), INFUSION	$0.49	$0.49	9/1/2010
J7042***		DEXTROSE 5% / NORMAL SALINE (500 ML = 1 UNIT)	$0.27	$0.27	9/1/2010
J7050***		NORMAL SALINE SOLUTION, 250 CC INFUSION	$0.25	$0.25	9/1/2010
J7060***		DEXTROSE 5% / WATER (500 ML = 1 UNIT)	$1.04	$1.04	9/1/2010
J7070***		D-5-W, 1,000 CC, INFUSION	$2.07	$2.07	9/1/2010
J7120***		RINGER'S LACTATE INFUSION, UP TO 1,000 CC	$0.87	$0.87	9/1/2010
J7193***		FACTOR IX (ANTIHEMOPHILIC FACTOR, PUREFIED, NON-RECOMBINANT), PER I.U. (MONOMINE, ALP	$0.85	$0.85	9/1/2010
J7194***		FACTOR IX COMPLEX, PER IU (BEBULINE)	$0.76	$0.76	9/1/2010
J7195***		FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER I.U. (BENEFIX)	$1.02	$1.02	9/1/2010
J9000***		DOXORUBICIN HCL, 10 MG (ADRIAMYCIN)	$4.52	$4.52	9/1/2010
J9001***		DOXORUBICIN HCL,ALL LIPID FORMULATIONS, 10 MG (DOXIL)	$393.25	$393.25	9/1/2010
J9020***		ASPARAGINASE, 10,000 UNITS (ELSPAR)	$54.23	$54.23	9/1/2010
J9040***		BLEOMYCIN SULFATE, 15 UNITS (BLENOXANE)	$27.60	$27.60	9/1/2010
J9045***		CARBOPLATIN, 50 MG (PARAPLATIN)	$6.00	$6.00	9/1/2010
J9050***		CARMUSTINE, 100 MG (BICNU)	$149.15	$149.15	9/1/2010
J9060***		CISPLATIN, POWDER OR SOLUTION, PER 10 MG (PLATINOL AQ)	$2.16	$2.16	9/1/2010
J9062***		CISPLATIN, 50 MG (PLATINOL AQ)	$10.76	$10.76	9/1/2010
J9065***		CLADRIBINE, PER 1 MG, INJECTION (LEUSTATIN)	$29.13	$29.13	9/1/2010
J9070***		CYCLOPHOSPHAMIDE, 100 MG (CYTOXAN, NEOSAR)	$1.78	$1.78	9/1/2010
J9080***		CYCLOPHOSPHAMIDE, 200 MG (CYTOXAN, NEOSAR)	$3.56	$3.56	9/1/2010

Nurse Midwife Fee Schedule
Provider Specialty 063

CODE	MOD	Description	Medicaid Maximum Allowable FACILITY	NON-FACILITY	EFFECTIVE DATE
J9090***		CYCLOPHOSPHAMIDE, 500 MG (CYTOXAN, NEOSAR)	$8.90	$8.90	9/1/2010
J9091***		CYCLOPHOSPHAMIDE, 1 G (CYTOXAN, NEOSAR)	$17.80	$17.80	9/1/2010
J9092***		CYCLOPHOSPHAMIDE, 2 G (CYTOXAN, NEOSAR)	$35.60	$35.60	9/1/2010
J9093***		CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG (CYTOXAN LYOPHILIZED)	$1.77	$1.77	9/1/2010
J9094***		CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG (CYTOXAN LYOPHILIZED)	$3.54	$3.54	9/1/2010
J9095***		CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG (CYTAXAN LYOPHILIZED)	$8.84	$8.84	9/1/2010
J9096***		CYCLOPHOSPHAMIDE, LYOPHILIZED, 1 G (CYTOXAN LYOPHILIZED)	$17.68	$17.68	9/1/2010
J9097***		CYCLOPHOSPHAMIDE, LYOPHILIZED, 2 G (CYTOXAN LYOPHILIZED)	$35.35	$35.35	9/1/2010
J9100***		CYTARABINE, 100 MG (CYTOSAR-U)	$1.14	$1.14	9/1/2010
J9110***		CYTARABINE, 500 MG (CYTOSAR-U)	$5.72	$5.72	9/1/2010
J9120***		DACTINOMYCIN, 0.5 MG (COSMEGEN)	$469.28	$469.28	9/1/2010
J9130***		DACARBAZINE, 100 MG (DTIC- DOME)	$4.37	$4.37	9/1/2010
J9140***		DACARBAZINE, 200 MG (DTIC - DOME)	$8.76	$8.76	9/1/2010
J9150***		DAUNORUBICIN HCL, 10 MG (CERUBIDINE)	$16.30	$16.30	9/1/2010
J9181***		ETOPOSIDE, 10 MG (VEPESID)	$0.38	$0.38	9/1/2010
J9185***		FLUDARABINE PHOSPHATE, 50 MG, INJECTION (FLUDARA)	$190.93	$190.93	9/1/2010
J9190***		FLUOROURACIL, 500 MG (ADRUCIL)	$1.78	$1.78	9/1/2010
J9200***		FLOXURIDINE, 500 MG (FUDR)	$48.61	$48.61	9/1/2010
J9202***		GOSERELIN ACETATE IMPLANT, PER 3.6 MG (ZOLADEX)	$180.44	$180.44	9/1/2010
J9208***		IFOSFAMIDE, PER 1 G (IFEX)	$36.07	$36.07	9/1/2010
J9209***		MESNA, 200 MG (MESNEX)	$7.48	$7.48	9/1/2010
J9211***		IDARUBICIN HCL, 5 MG (IDAMYCIN)	$262.56	$262.56	9/1/2010
J9213***		INTERFERON ALFA-2A, RECOMBINANT, 3 MILLION UNITS (ROFERON-A)	$38.92	$38.92	9/1/2010
J9214***		INTERFERON ALFA-2B, RECOMBINANT, 1 MILLION UNITS (INTRON-A)	$13.46	$13.46	9/1/2010
J9215***		INTERFERON ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU (ALFERON N)	$18.40	$18.40	9/1/2010
J9216***		INTERFERON GAMMA-1B, 3 MILLION UNITS (ACTIMMUNE)	$294.43	$294.43	9/1/2010
J9217***		LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG (LUPRON DEPOT)	$210.05	$210.05	9/1/2010
J9218***		LEUPROLIDE ACETATE, PER 1 MG (LUPRON)	$7.10	$7.10	9/1/2010
J9230***		MECHLORETHAMINE HCL, 10 MG (NITROGEN MUSTARD)	$137.37	$137.37	9/1/2010
J9245***		MELPHALAN HCL, 50 MG, INJECTION (ALKERAN)	$1,487.10	$1,487.10	9/1/2010
J9250***		METHOTREXATE SODIUM, 5 MG	$0.20	$0.20	9/1/2010
J9260***		METHOTREXATE SODIUM, 50 MG	$2.15	$2.15	9/1/2010
J9265***		PACLITAXEL, 30 MG (TAXOL)	$11.36	$11.36	9/1/2010
J9280***		MITOMYCIN, 5 MG (MUTAMYCIN)	$12.41	$12.41	9/1/2010
J9290***		MITOMYCIN, 20 MG (MUTAMYCIN)	$49.63	$49.63	9/1/2010
J9291***		MITOMYCIN, 40 MG (MUTAMYCIN)	$99.27	$99.27	9/1/2010
J9293***		MITOXANTRONE HCL, PER 5 MG, INJECTION (NOVANTRONE)	$84.36	$84.36	9/1/2010
J9320***		STREPTOZOCIN, 1 G (ZANOSAR)	$181.31	$181.31	9/1/2010
J9340***		THIOTEPA, 15 MG (THIOPLEX)	$38.42	$38.42	9/1/2010
J9360***		VINBLASTINE SULFATE, 1 MG (VELBAN)	$1.02	$1.02	9/1/2010
J9370***		VINCRISTINE SULFATE, 1 MG (ONCOVIN)	$6.68	$6.68	9/1/2010
J9375***		VINCRISTINE SULFATE, 2 MG (ONCOVIN)	$13.36	$13.36	9/1/2010
J9380***		VINCRISTINE SULFATE, 5 MG (ONCOVIN)	$33.37	$33.37	9/1/2010
P9041***		ALBUMIN (HUMAN), 5%, 50 ML, INFUSION	$19.07	$19.07	9/1/2010
P9047***		ALBUMIN (HUMAN), 25%, 50 ML, INFUSION	$38.17	$38.17	9/1/2010
S0023***		CIMETIDINE HYDROCHLORIDE, 300 MG, INJECTION (TAGAMET)	$0.58	$0.58	9/1/2010
J7185***		FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER IU, INJECTION (XYNTHA)	$1.04	$1.04	9/1/2010
J0559***		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 2500 UNITS	$0.07	$0.07	9/1/2010
J0461***		ATROPINE SULFATE, 0.01 MG, INJECTION	$0.04	$0.04	9/1/2010
J9380***		VINCRISTINE SULFATE, 5 MG (ONCOVIN)			
IMMUNE GLOBULINS					
J1460***		GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC, INJECTION (GAMASTAN S/D)	$10.98	$10.98	9/1/2010
J1470***		GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC, INJECTION (GAMASTAN S/D)	$21.98	$21.98	9/1/2010
J1480***		GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC, INJECTION (GAMASTAN S/D)	$32.96	$32.96	9/1/2010
J1490***		GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC, INJECTION (GAMASTAN S/D)	$43.95	$43.95	9/1/2010
J1500***		GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC, INJECTION (GAMASTAN S/D)	$54.94	$54.94	9/1/2010
J1510***		GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC, INJECTION (GAMASTAN S/D)	$65.94	$65.94	9/1/2010
J1520***		GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC, INJECTION (GAMASTAN S/D)	$76.88	$76.88	9/1/2010
J1530***		GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC, INJECTION (GAMASTAN S/D)	$87.90	$87.90	9/1/2010
J1540***		GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC, INJECTION (GAMASTAN S/D)	$98.92	$98.92	9/1/2010
J1550***		GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC, INJECTION (GAMASTAN S/D)	$109.88	$109.88	9/1/2010
J1560***		GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC, INJECTION (GAMASTAN S/D)	$109.88	$109.88	9/1/2010
J1571***		INJECTION, HEPATITIS B IMMUNE GLOBULIN, INTRAMUSCULAR, 0.5 ML, (HEPAGAM B)	$45.98	$45.98	9/1/2010
J2788***		RHO(D) IMMUNE GLOBULIN, 50 MCG (BAYRHO-D MINIDOSE)	$27.04	$27.04	9/1/2010
J2790***		RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (RHOPHYLAC)	$85.32	$85.32	9/1/2010
J2791***		RHO(D) IMMUNE GLOBULIN (HUMAN), INTRAMUSCULAR OR INTRAVENOUS, 100 IU, INJECTION (RH(	$5.07	$5.07	9/1/2010
J2792***		RHO(D) IMMUNE GLOBULIN H, SD (WINRHO, SDF)	$14.85	$14.85	9/1/2010
MISCELLANEOUS					
J7300		PARA GARD T380A (INTRA UTERINE DEVICE)	$381.67	$381.67	9/1/2010
J7300	FP	PARA GARD T380A (INTRA UTERINE DEVICE)	$381.67	$381.67	9/1/2010
J7302***		LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM	$470.76	$470.76	9/1/2010
J7302***	FP	LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM	$470.76	$470.76	9/1/2010
J7307***	FP	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	$569.41	$569.41	9/1/2010
VACCINES					
90371***		HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, IM.	$114.08	$114.08	9/1/2010
90670		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	$0.00	$0.00	9/1/2010
90663		INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, H1N1	$0.00	$0.00	9/1/2010
90645		HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE) FOR INTRAMU	$19.41	$19.41	9/1/2010

Nurse Midwife Fee Schedule
Provider Specialty 063

CODE	MOD	Description	Medicaid Maximum Allowable FACILITY	NON-FACILITY	EFFECTIVE DATE
90585		BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS	$111.18	$111.18	9/1/2010
90636		HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR	$88.29	$88.29	9/1/2010
90647		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR	$19.41	$19.41	9/1/2010
90648		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR	$20.72	$20.72	9/1/2010
90649		HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE	$133.90	$133.90	9/1/2010
90656		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS	$16.52	$16.52	9/1/2010
90658		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE, FOR	$12.57	$12.57	9/1/2010
90660		INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	$20.95	$20.95	9/1/2010
90675		RABIES VACCINE, FOR INTRAMUSCULAR USE	$145.07	$145.07	9/1/2010
90703		TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR OR JET INJECTION USE	$20.42	$20.42	9/1/2010
90704		MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE	$20.83	$20.83	9/1/2010
90705		MEASLES VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE	$15.94	$15.94	9/1/2010
90706		RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE	$17.84	$17.84	9/1/2010
90707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS OR JET	$40.47	$40.47	9/1/2010
90713		POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	$24.46	$24.46	9/1/2010
90714		TETANUS AND DIPTHERIA TOXOIDS, PRESERVATIVE FREE, FOR USE IN 7 YEARS OR OLDER	$18.99	$18.99	9/1/2010
90715		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), FOR USE IN	$33.41	$33.41	9/1/2010
90716		VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	$69.86	$69.86	9/1/2010
90721		DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS	$40.79	$40.79	9/1/2010
90723		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND	$71.65	$71.65	9/1/2010
90733		MENINGOCOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS OR JET	$89.28	$89.28	9/1/2010
90734		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT),	$100.28	$100.28	9/1/2010
90746		HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	$54.45	$54.45	9/1/2010
90747		HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE	$108.92	$108.92	9/1/2010

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

*** indicated NDC required