Nurse Midwife Fee Schedule
Provider Specialty 063

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			Medicaid Maximum Allowable		
CODE	MOD	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
10060		DRAINAGE OF ABSCESS	$67.62	$78.00	11/1/2011
11975	FP	INSERT/REINSERT IMPLANTABLE CONTRACEPTIVE CAPSULE	$62.78	$96.19	11/1/2011
11975		INSERT/REINSERT IMPLANTABLE CONTRACEPTIVE CAPSULE	$62.78	$96.19	11/1/2011
11976	FP	REMOVE W/O REINSERT- CONTRACEPTIVE CAPSULE IMPLANT	$73.49	$108.30	11/1/2011
11976		REMOVE W/O REINSERT- CONTRACEPTIVE CAPSULE IMPLANT	$73.49	$108.30	11/1/2011
11977	FP	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	$139.54	$174.92	11/1/2011
11977		REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	$139.54	$174.92	11/1/2011
11980		SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL	$61.74	$77.17	11/1/2011
11981	FP	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$64.90	$99.15	11/1/2011
11982	FP	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$79.18	$114.28	11/1/2011
11983	FP	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$152.78	$187.56	11/1/2011
36415	FP	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	$2.71	$2.71	11/1/2011
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	$2.71	$2.71	11/1/2011
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESOPHAGEAL FI	$1,287.01	$1,287.01	11/1/2011
49606		REPAIR OMPHALOCELE STAG CLO PROSTH RED OP ROOM ANE	$823.05	$823.05	11/1/2011
51701		INSERTION OF NON-DWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZAT	$22.68	$48.78	11/1/2011
51702		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY	$24.93	$62.54	11/1/2011
51703		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG,	$68.43	$113.91	11/1/2011
54150		CIRCUMCISION	$81.80	$137.37	11/1/2011
56420		DRAINAGE OF VULVA ABSCESS	$69.73	$93.87	11/1/2011
56501		DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSUR(	$85.31	$97.66	11/1/2011
56605		BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE);	$46.83	$63.12	11/1/2011
56820		COLPOSCOPY OF THE VULVA;	$65.27	$83.80	11/1/2011
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	$88.63	$112.22	11/1/2011
57150		TREATMENT VAGINAL INFECTION	$23.09	$38.24	11/1/2011
57155		INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL BRACH'	$322.12	$322.12	11/1/2011
57160		FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	$37.07	$58.13	11/1/2011
57170	FP	DIAPHRAM FITTING WITH INSTRUCTIONS	$37.59	$52.47	11/1/2011
57170		DIAPHRAM FITTING WITH INSTRUCTIONS	$37.59	$52.47	11/1/2011
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	$69.34	$88.14	11/1/2011
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) (	$94.70	$118.83	11/1/2011
57452		EXAMINATION OF VAGINA	$70.32	$82.94	11/1/2011
57454		COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S) OF THE CERVIX AND/OR ENDOCER	$105.01	$117.64	11/1/2011
57460		COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCEDURE OF	$126.11	$223.52	11/1/2011
57500		BIOPSY SINGLE OR MULTIPLE OR LOCAL EXC LESION WITH	$56.97	$98.80	11/1/2011
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	$88.76	$100.82	11/1/2011
57511		CRYOCAUTRY INITIAL OR REPEAT CERVIX UTERI	$99.46	$109.57	11/1/2011
58100		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (	$67.58	$83.59	11/1/2011
58300	FP	INSERT INTRAUTERINE DEVICE	$42.79	$59.34	11/1/2011
58300		INSERT INTRAUTERINE DEVICE	$42.79	$59.34	11/1/2011
58301	FP	REMOVAL OF IUD	$52.66	$72.87	11/1/2011
58301		REMOVAL OF IUD	$52.66	$72.87	11/1/2011
58925		OVARIAN CYSTECTOMY UNILATERAL OR BILATERAL	$556.54	$556.54	11/1/2011
59000		AMNIOCENTESIS; DIAGNOSTIC	$61.98	$96.78	11/1/2011
59001		AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASO	$141.76	$141.76	11/1/2011
59020		FETAL CONTRACTION	$52.82	$52.82	11/1/2011
59025	26	FETAL NON-STRESS TEST	$23.36	$23.36	11/1/2011
59030		FETAL BLOOD SAMPLING SCALP	$87.12	$87.12	11/1/2011
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	$213.41	$213.41	11/1/2011
59400		OBSTETRICAL CARE	$1,332.05	$1,332.05	11/1/2011
59409		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	$591.45	$591.45	11/1/2011
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCI	$685.85	$685.85	11/1/2011
59412		EXTERNAL CEPHALIC VERSION, W/ OR W/O TOCOLYSIS	$79.24	$79.24	11/1/2011
59414		DELIVERY OF PLACENTA (INFANT BORN OUTSIDE OF HOSP)	$70.49	$70.49	11/1/2011
59426		ANTEPARTUM CARE ONLY;	$463.23	$592.37	11/1/2011
59430		POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	$96.43	$106.26	11/1/2011
59514		CESAREAN DELIVERY ONLY;	$700.31	$700.31	11/1/2011
59857		INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	$443.20	$443.20	11/1/2011
59866		MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	$183.29	$183.29	11/1/2011
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF	$60.34	$60.34	11/1/2011
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF	$476.59	$476.59	11/1/2011
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIA	$72.00	$72.00	11/1/2011
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIA	$484.27	$484.27	11/1/2011
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	$55.88	$55.88	11/1/2011

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CODE	MOD	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	$413.43	$413.43	11/1/2011
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	$55.88	$55.88	11/1/2011
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	$420.45	$420.45	11/1/2011
76511		OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	$76.21	$76.21	11/1/2011
76512		OPTHALMIC ULTRASND, ECHOG; CONSTRAST B-SCAN	$71.54	$71.54	11/1/2011
76516		OPHTHALMIC BIOMETRY BY ULTRSND ECHOGRAPHY A-SCAN	$52.45	$52.45	11/1/2011
76529		OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	$53.19	$53.19	11/1/2011
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FET	$102.46	$102.46	11/1/2011
76802	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FET	$33.81	$33.81	11/1/2011
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FET	$58.31	$58.31	11/1/2011
76805		ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	$113.96	$113.96	11/1/2011
76810	26	ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	$39.78	$39.78	11/1/2011
76810		ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	$79.09	$79.09	11/1/2011
76811	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FET	$76.51	$76.51	11/1/2011
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FET	$84.63	$84.63	11/1/2011
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FET	$161.15	$161.15	11/1/2011
76812	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FET	$71.56	$71.56	11/1/2011
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FET	$157.76	$157.76	11/1/2011
76815		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	$70.96	$70.96	11/1/2011
76816		ECHOGRAPH PREGNANT UTERUS FOLLOW UP	$87.23	$87.24	11/1/2011
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRA	$79.24	$79.24	11/1/2011
76818		FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	$94.82	$94.82	11/1/2011
76819	26	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$31.24	$31.24	11/1/2011
76819	TC	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$42.07	$42.07	11/1/2011
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	$73.31	$73.31	11/1/2011
76830		ULTRASOUND, TRANSVAGINAL	$93.34	$93.34	11/1/2011
76856	26	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	$28.54	$28.54	11/1/2011
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	$93.90	$93.90	11/1/2011
78271		VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	$61.24	$61.24	11/1/2011
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	$26.82	$26.82	11/1/2011
81001		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOG	$3.92	$3.92	11/1/2011
81002	FP	URINALYSIS ROUTINE WITHOUT MICROSCOPY	$3.16	$3.16	11/1/2011
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	$3.16	$3.16	11/1/2011
81003	FP	UA, BY DIP STICK OR TABLET; AUTOMATED, WO MICRO	$2.78	$2.78	11/1/2011
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, WO MICRO	$2.78	$2.78	11/1/2011
81005		URINE TESTS	$2.69	$2.69	11/1/2011
81007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	$3.18	$3.18	11/1/2011
81015		MICROSCOPIC URINE EXAM	$3.76	$3.76	11/1/2011
81020		URINALYSIS ROUTINE 2 OR 3 GLASS TEST	$4.56	$4.56	11/1/2011
81025	FP	UA PREG. TEST - COLOR COMPARISON METHOD	$7.83	$7.83	11/1/2011
81025		UA PREG. TEST - COLOR COMPARISON METHOD	$7.83	$7.83	11/1/2011
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	$3.71	$3.71	11/1/2011
82962		BLOOD GLUCOSE BY MONITORING DEVICE	$2.90	$2.90	11/1/2011
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD	$2.92	$2.92	11/1/2011
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	$12.01	$12.01	11/1/2011
83993		CALPROTECTIN, FECAL	$24.28	$24.28	11/1/2011
84145		PROCALCITONIN (PCT	$24.59	$24.59	11/1/2011
84431		THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	$16.42	$16.42	11/1/2011
84704	FP	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	$10.82	$10.82	11/1/2011
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	$10.82	$10.82	11/1/2011
85018	FP	HEMOGLOBIN	$2.93	$2.93	11/1/2011
85018		HEMOGLOBIN	$2.93	$2.93	11/1/2011
86308		HETEROPHILE ANTIBODIES; SCREENING	$6.40	$6.40	11/1/2011
86309		HETEROPHILE ANTIBODIES; TITER	$8.01	$8.01	11/1/2011
86310		HETEROPHILE ABSORPTION	$9.12	$9.12	11/1/2011
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHE	$33.13	$33.13	11/1/2011
86580		SENSITIVITY TEST TUBERCULOSIS	$5.44	$5.44	11/1/2011
86780		TREPONEMA PALLIDUM	$16.80	$16.80	11/1/2011
86825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FL	$101.89	$101.89	11/1/2011
86826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FL	$33.97	$33.97	11/1/2011
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	$7.13	$7.13	11/1/2011
87150		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLI	$31.11	$31.11	11/1/2011
87153		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH	$75.06	$75.06	11/1/2011

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CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
87210	FP	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS A	$4.72	$4.72	11/1/2011
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS A	$4.72	$4.72	11/1/2011
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR	$5.28	$5.28	11/1/2011
87493		CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE	$31.11	$31.11	11/1/2011
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RE	$30.35	$30.35	11/1/2011
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	$14.18	$14.18	11/1/2011
88387	26	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$19.75	$19.75	11/1/2011
88387	TC	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$4.77	$4.77	11/1/2011
88387		MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$24.52	$24.52	11/1/2011
88388	26	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$12.30	$12.30	11/1/2011
88388	TC	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$2.35	$2.35	11/1/2011
88388		MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$14.65	$14.65	11/1/2011
88738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	$6.37	$6.37	11/1/2011
90471	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBC	$13.71	$13.71	11/1/2011
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBC	$13.71	$13.71	11/1/2011
90472	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBC	$13.71	$13.71	11/1/2011
90472		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBC	$13.71	$13.71	11/1/2011
90473	EP	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (S	$13.71	$13.71	11/1/2011
90473		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (S	$13.71	$13.71	11/1/2011
90474	EP	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITION	$13.71	$13.71	11/1/2011
90474		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITION	$13.71	$13.71	11/1/2011
92551		HEARING TEST	$8.05	$8.05	11/1/2011
92567		TYMPANOMETRY	$12.27	$13.68	11/1/2011
92950		HEART-LUNG RESUSCITATION	$143.98	$216.40	11/1/2011
93000	FP	ELECTROCARDIOGRAM, COMPLETE	$16.40	$16.40	11/1/2011
93000		ELECTROCARDIOGRAM, COMPLETE	$16.40	$16.40	11/1/2011
93010	FP	ELECTROCARDIOGRAM REPORT	$7.32	$7.32	11/1/2011
93010		ELECTROCARDIOGRAM REPORT	$7.32	$7.32	11/1/2011
94150		VITAL CAPACITY, TOTAL	$17.38	$17.38	11/1/2011
94664		INHALATION THERAPY	$11.15	$11.16	11/1/2011
95851	26	RANGE OF MOTION EVALUATION	$4.85	$10.39	11/1/2011
95851		RANGE OF MOTION EVALUATION	$6.44	$12.91	11/1/2011
96372	FP	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE	$16.59	$16.59	11/1/2011
96372		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE	$16.59	$16.59	11/1/2011
99050	FP	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDUL	$26.57	$26.57	11/1/2011
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDUL	$26.57	$26.57	11/1/2011
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING,	$26.57	$26.57	11/1/2011
99053		MED SERV 10PM-8AM, 24 HR FAC	$26.57	$26.57	11/1/2011
99058		OFFICE EMERGENCY CARE	$17.71	$17.71	11/1/2011
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DIS	$9.50	$9.50	11/1/2011
99070		SPECIAL SUPPLIES	$9.45	$9.45	11/1/2011
99082		UNUSUAL TRAVEL	$0.83	$0.83	11/1/2011
99201	FP	OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	$20.89	$32.29	11/1/2011
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	$20.89	$32.29	11/1/2011
99202	FP	OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	$40.28	$56.00	11/1/2011
99202		OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	$40.28	$56.00	11/1/2011
99203	FP	OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	$60.78	$81.13	11/1/2011
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	$60.78	$81.13	11/1/2011
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES	$102.07	$125.82	11/1/2011
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES	$132.83	$159.05	11/1/2011
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	$7.73	$16.37	11/1/2011
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	$20.58	$32.61	11/1/2011
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	$40.27	$54.45	11/1/2011
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	$62.29	$82.04	11/1/2011
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	$88.44	$110.96	11/1/2011
99217		OBSERVATION CARE DISCHARGE DAY MANAGEMENT	$59.68	$59.68	11/1/2011
99218		INITIAL OBSERVATION, PER DAY, LOW COMPLEXITY	$56.30	$56.30	11/1/2011
99219		INITIAL OBSERVATION CARE, PER DAY, MODERATE COMPLEXITY	$93.22	$93.22	11/1/2011
99220		INITIAL OBSERVATION CARE, PER DAY, HIGH COMPLEXITY	$130.74	$130.74	11/1/2011
99221		INITIAL HOSP. CARE, MINOR. PHYS TIME APPROX 30 MIN	$80.83	$80.83	11/1/2011
99222		INITIAL HOSP CARE,MODERATE-PHYS TIME APPROX 50 MIN	$110.31	$110.31	11/1/2011
99223		INITIAL HOSP CARE, SEVERE-PHYS TIME APPROX 70 MIN	$162.43	$162.43	11/1/2011
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	$33.38	$33.38	11/1/2011
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	$60.16	$60.16	11/1/2011

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			Medicaid Maximum Allowable		
CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	$86.17	$86.17	11/1/2011
99234		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGE	$114.03	$114.03	11/1/2011
99235		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGE	$149.80	$149.80	11/1/2011
99238	FP	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	$59.48	$59.48	11/1/2011
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	$59.48	$59.48	11/1/2011
99241	FP	OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	$26.83	$38.91	11/1/2011
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	$26.83	$38.91	11/1/2011
99242	FP	OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	$56.63	$72.90	11/1/2011
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	$56.63	$72.90	11/1/2011
99243	FP	OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	$78.92	$100.25	11/1/2011
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	$78.92	$100.25	11/1/2011
99244		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	$125.33	$148.91	11/1/2011
99245	FP	OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	$156.34	$183.01	11/1/2011
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	$156.34	$183.01	11/1/2011
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	$39.73	$39.73	11/1/2011
99252	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	$61.57	$61.56	11/1/2011
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	$61.57	$61.56	11/1/2011
99253	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	$93.47	$93.46	11/1/2011
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	$93.47	$93.46	11/1/2011
99254	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	$135.18	$135.18	11/1/2011
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	$135.18	$135.18	11/1/2011
99255	FP	INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	$164.71	$164.71	11/1/2011
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	$164.71	$164.71	11/1/2011
99281		ER VISIT, MINOR	$16.58	$16.58	11/1/2011
99282		ER VISIT, LOW SEVERITY	$32.25	$32.25	11/1/2011
99283		ER VISIT, MODERATE SEVERITY	$49.98	$49.98	11/1/2011
99284		ER VISIT, HIGH SEVERITY	$93.57	$93.57	11/1/2011
99285		EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A P	$139.11	$139.11	11/1/2011
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$48.31	$48.31	11/1/2011
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$70.37	$70.37	11/1/2011
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$116.35	$116.35	11/1/2011
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$151.76	$151.76	11/1/2011
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$178.65	$178.65	11/1/2011
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$49.79	$49.79	11/1/2011
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$77.13	$77.13	11/1/2011
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$108.62	$108.62	11/1/2011
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	$156.07	$156.07	11/1/2011
99341		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH F	$48.31	$48.31	11/1/2011
99342		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH F	$70.37	$70.37	11/1/2011
99343		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH F	$113.32	$113.32	11/1/2011
99344		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH F	$148.78	$148.78	11/1/2011
99345		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH F	$178.95	$178.95	11/1/2011
99347		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIEN	$47.15	$47.15	11/1/2011
99348		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIEN	$71.19	$71.19	11/1/2011
99349		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIEN	$103.67	$103.67	11/1/2011
99350		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIEN	$144.53	$144.53	11/1/2011
99354		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING	$77.99	$82.31	11/1/2011
99355		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING	$77.16	$81.48	11/1/2011
99356		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	$75.17	$75.17	11/1/2011
99357		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	$75.68	$75.68	11/1/2011
99381	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE UNER 1 YEAR OLD	$78.19	$78.19	11/1/2011
99382	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE AGE 001-004	$78.19	$78.19	11/1/2011
99383	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE AGE 005-011	$78.19	$78.19	11/1/2011
99384	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE AGE 012-017	$78.19	$78.19	11/1/2011
99385	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE AGE 018-039	$78.19	$78.19	11/1/2011
99385	FP	NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	$68.64	$94.24	11/1/2011
99385		NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	$68.64	$94.24	11/1/2011
99386	FP	NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	$84.23	$110.45	11/1/2011
99386		NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	$84.23	$110.45	11/1/2011
99391	EP	PERIODIC PREVENTIVE MEDICINE UNDER ONE YEAR OLD	$78.19	$78.19	11/1/2011
99392	EP	PERIODIC PREVENTIVE MEDICINE AGE 001-004	$78.19	$78.19	11/1/2011
99393	EP	PERIODIC PREVENTIVE MEDICINE AGE 005-011	$78.19	$78.19	11/1/2011
99394	EP	PERIODIC PREVENTIVE MEDICINE AGES 012-017	$78.19	$78.19	11/1/2011
99395	EP	PERIODIC PREVENTIVE MEDICINE AGES 018-039	$78.19	$78.19	11/1/2011

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CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
99395	FP	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	$60.91	$81.88	11/1/2011
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	$60.91	$81.88	11/1/2011
99396	FP	ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	$68.64	$89.62	11/1/2011
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	$68.64	$89.62	11/1/2011
99397	FP	ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OLDER	$76.80	$100.55	11/1/2011
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OLDER	$76.80	$100.55	11/1/2011
99404		PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING, APPX 60 MINUTES	$79.23	$89.05	11/1/2011
99406	EP	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GRE	$10.38	$11.61	11/1/2011
99406		SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GRE	$10.38	$11.61	11/1/2011
99407	EP	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATEI	$21.51	$22.43	11/1/2011
99407		SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATEI	$21.51	$22.43	11/1/2011
99408	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCR	$28.67	$29.91	11/1/2011
99408		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCR	$28.67	$29.91	11/1/2011
99409	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCR	$57.56	$58.80	11/1/2011
99409		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCR	$57.56	$58.80	11/1/2011
99412		PREVENTIVE MEDICINE, GROUP COUNSELING, APPX 60 MINUTES	$10.31	$15.64	11/1/2011
99420	EP	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT	$7.92	$7.92	11/1/2011
99420		ADMINISTRATION/INTERP. OF HEALTH RISK ASSESSMENT.	$7.92	$7.92	11/1/2011
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND	$50.56	$50.56	11/1/2011
99461		INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBOF	$56.45	$74.65	11/1/2011
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF	$26.96	$26.96	11/1/2011
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND	$67.64	$67.64	11/1/2011
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE V	$118.45	$118.45	11/1/2011
G0108		DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER	$19.65	$19.65	11/1/2011
G0109		DIABETES SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION, 2 OR MORE	$11.01	$11.01	11/1/2011
G0328		COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1	$19.83	$19.83	11/1/2011
G0434		DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSE	$18.13	$18.13	11/1/2011
S0023		INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG (TAGAMET)	$0.57	$0.57	11/1/2011
S9442		BIRTHING CLASS (ONE UNIT = 2 HOURS)	$8.46	$8.46	11/1/2011

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

Physician Drug Program Procedure Codes And Rates
as of May 1, 2011

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

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CODE	MOD	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
***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

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CODE	**MOD**	**Description**	**FACILITY**	**NON-FACILITY**	**EFFECTIVE DATE**
***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
***J3490		Hydroxprogestorone caproate, 250 mg, injection (Makena)	$20.00	$718.30	4/1/2011
***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
***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	$20.00	invoice required	11/1/2009
***J2001		Lidocaine HCL, for IV infusion, 10 mg, inj (Xylocaine)	$0.02	$0.02	10/1/2009
***J2010		Lincomycin HCl, up to 300 mg, injection (Lincocin)	$4.11	$4.11	10/1/2009
***J2060		Lorazepam, 2 mg, injection (Ativan)	$0.62	$0.62	10/1/2009
***J3475		Magnesium sulphate, per 500 mg, injection	$0.05	$0.05	10/1/2009
***J2150		Mannitol, 25% in 50 ml, injection, (Osmitrol, Resectisol)	$0.83	$0.83	10/1/2009
***J9230		Mechlorethamine HCl, 10 mg (Nitrogen Mustard)	$139.25	$139.25	10/1/2009
***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