

Nurse Midwives Fee Schedule  
 Provider Specialty 063  
 Effective Date: 1/1/2018

**The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.**

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

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable		Effective date
			NON-FACILITY RATE	FACILITY RATE	
01996		DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR	\$ 38.93	\$ 38.93	
10021		FINE NEEDLE ASPIRATION; WITHOUT IMAGING	\$ 111.82	\$ 56.42	
10022		FINE NEEDLE ASPIRATION; WITH IMAGING GUI	\$ 117.21	\$ 54.37	
10035		PERQ DEV SOFT TISS 1ST IMAG	\$ 429.05	\$ 72.97	
10060		DRAINAGE OF ABSCESS	\$ 76.18	\$ 66.04	
11300		SHAVING OF EPIDERMAL LESION TRUNK ARMS L	\$ 46.67	\$ 21.71	
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSU	\$ 105.77	\$ 71.78	
11980		SUBCUTANEOUS HORMONE PELLET (IMPLANTATIO	\$ 75.37	\$ 60.30	
11981		INSERTION, NON-BIODEGRADABLE DRUG DELIVE	\$ 98.81	\$ 64.68	
11982		REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY	\$ 113.89	\$ 78.91	
11983		REMOVAL WITH REINSERTION, NON-BIODEGRADA	\$ 177.24	\$ 144.50	
12041		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$ 171.20	\$ 119.64	
17003		DESTRUCTION BY ANY METHOD, INCLUDING LAS	\$ 5.28	\$ 3.36	
19020		INCISION OF BREAST LESION	\$ 297.79	\$ 200.45	
20526		INJECTION, THERAPEUTIC (EG, LOCAL ANESTH	\$ 60.85	\$ 46.92	
20604		DRAIN/INJ JOINT/BURSA W/US	\$ 58.22	\$ 37.74	
20606		DRAIN/INJ JOINT/BURSA W/US	\$ 64.07	\$ 42.74	

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
20611		DRAIN/INJ JOINT/BURSA W/US	\$ 73.34	\$ 50.06
20612		ASPIRATION AND/OR INJECTION OF GANGLION	\$ 46.66	\$ 34.99
20979		LOW INTENSITY ULTRASOUND STIMULATION TO	\$ 44.30	\$ 30.05
20983		ABLATE BONE TUMOR(S) PERQ	\$5,521.75	\$ 331.00
21046		EXCISION OF BENIGN TUMOR OR CYST OF MAND	\$ 851.97	\$ 851.97
21047		EXCISION OF BENIGN TUMOR OR CYST OF MAND	\$1,043.27	\$1,043.27
21048		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	\$ 867.68	\$ 867.68
21049		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	\$1,002.62	\$1,002.62
21685		HYOID MYOTOMY AND SUSPENSION	\$ 787.17	\$ 787.17
21812		TREATMENT OF RIB FRACTURE	\$ 536.41	\$ 551.56
21813		TREATMENT OF RIB FRACTURE	\$ 733.87	\$ 745.66
22551		ARTHRODESIS, ANTERIOR INTERBODY, INCLUDI	\$1,329.19	\$1,329.19
22852		REMOVAL OF SEGMENTAL INSTRUMENTATION	\$ 488.16	\$ 488.16
23412		REPAIR OF TENDON(S)	\$ 624.67	\$ 624.67
23700		FIXATION OF SHOULDER	\$ 138.38	\$ 138.38
24300		MANIPULATION, ELBOW, UNDER ANESTHESIA	\$ 309.97	\$ 309.97
24332		TENOLYSIS, TRICEPS	\$ 473.05	\$ 473.05
24343		REPAIR LATERAL COLLATERAL LIGAMENT, ELBO	\$ 554.92	\$ 554.92
24344		RECONSTRUCTION LATERAL COLLATERAL LIGAME	\$ 863.07	\$ 863.07
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW	\$ 552.22	\$ 552.22
24346		RECONSTRUCTION MEDIAL COLLATERAL LIGAMEN	\$ 860.79	\$ 860.79
25001		INCISION, FLEXOR TENDON SHEATH, WRIST (E	\$ 258.41	\$ 258.41
25024		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	\$ 602.00	\$ 602.00
25025		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	\$ 908.63	\$ 908.63
25259		MANIPULATION, WRIST, UNDER ANESTHESIA	\$ 309.31	\$ 309.31
25275		REPAIR, TENDON SHEATH, EXTENSOR, FOREARM	\$ 529.49	\$ 529.49
25394		OSTEOPLASTY, CARPAL BONE, SHORTENING	\$ 609.52	\$ 609.52

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
25430		INSERTION OF VASCULAR PEDICLE INTO CARPA	\$ 556.95	\$ 556.95
25431		REPAIR OF NONUNION OF CARPAL BONE (EXCLU	\$ 626.77	\$ 626.77
25651		PERCUTANEOUS SKELETAL FIXATION OF ULNAR	\$ 366.90	\$ 366.90
25652		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$ 484.62	\$ 484.62
25671		PERCUTANEOUS SKELETAL FIXATION OF DISTAL	\$ 407.18	\$ 407.18
26340		MANIPULATION, FINGER JOINT, UNDER ANESTH	\$ 243.28	\$ 243.28
27130		ARTHROPLASTY, ACETABULAR AND PROXIMAL FE	\$1,051.36	\$1,051.36
27235		PERCUTANEOUS SKELETAL FIXATION OF FEMORA	\$ 657.11	\$ 657.11
27279		ARTHRODESIS SACROILIAC JOINT	\$ 463.51	\$ 463.51
27447		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU;	\$1,125.52	\$1,125.52
29086		APPLICATION, CAST; FINGER (EG, CONTRACTU	\$ 53.90	\$ 37.70
29805		ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH	\$ 374.31	\$ 374.31
29806		ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULO	\$ 766.72	\$ 766.72
29807		ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR	\$ 828.35	\$ 828.35
29823		ARTHROSCOPY DEBRIDEMENT EXTENSIVE	\$ 448.38	\$ 448.38
29824		ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL	\$ 531.94	\$ 531.94
29827		ARTHROSCOPY, SHOULDER, SURGICAL; WITH RO	\$ 874.43	\$ 874.43
29873		ARTHROSCOPY, KNEE, SURGICAL; WITH LATERA	\$ 408.48	\$ 408.48
29899		ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE	\$ 843.46	\$ 843.46
29900		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	\$ 368.81	\$ 368.81
29901		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	\$ 406.87	\$ 406.87
29902		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	\$ 424.12	\$ 424.12
31515		VISUALIZATION OF LARYNX	\$ 146.72	\$ 82.30
31600		INCISION OF WINDPIPE	\$ 299.37	\$ 299.37
31632		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	\$ 62.82	\$ 44.68
31633		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	\$ 75.04	\$ 55.60
33215		REPOSITION PACING-DEFIB LEAD	\$ 267.35	\$ 267.35

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
33224		INSERTION OF PACING ELECTRODE, CARDIAC V	\$ 435.51	\$ 435.51
33225		INSERTION OF LEFT HEART ELECTRODE FOR PA	\$ 390.70	\$ 390.70
33226		REPOSITIONING OF PREVIOUSLY IMPLANTED CA	\$ 419.87	\$ 419.87
33508		ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASS	\$ 13.60	\$ 13.60
33967		INSERT I-AORT PERCUT DEVICE	\$ 226.28	\$ 226.28
33979		INSERTION OF VENTRICULAR ASSIST DEVICE,	\$2,031.37	\$2,031.37
33980		REMOVAL OF VENTRICULAR ASSIST DEVICE, IM	\$2,963.56	\$2,963.56
34833		OPEN ILIAC ARTERY EXPOSURE WITH CREATION	\$ 533.02	\$ 533.02
34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST	\$ 242.71	\$ 242.71
35510		BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIA	\$1,087.36	\$1,087.36
35512		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRAC	\$1,065.44	\$1,065.44
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHI	\$1,037.44	\$1,037.44
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHI	\$ 980.19	\$ 980.19
35572		HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEG	\$ 299.92	\$ 299.92
35647		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	\$1,351.11	\$1,351.11
35685		PLACEMENT OF VEIN PATCH OR CUFF AT DISTA	\$ 175.07	\$ 175.07
35686		CREATION OF DISTAL ARTERIOVENOUS FISTULA	\$ 145.68	\$ 145.68
35697		REIMPLANTATION, VISCERAL ARTERY TO INFRA	\$ 130.26	\$ 130.26
36002		INJECTION PROCEDURES (EG, THROMBIN) FOR	\$ 147.09	\$ 93.96
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	\$ 2.64	\$ 2.64
36511		THERAPEUTIC APHERESIS; FOR WHITE BLOOD C	\$ 76.53	\$ 76.53
36512		THERAPEUTIC APHERESIS; FOR RED BLOOD CEL	\$ 77.17	\$ 77.17
36513		THERAPEUTIC APHERESIS; FOR PLATELETS	\$ 78.20	\$ 78.20
36514		THERAPEUTIC APHERESIS; FOR PLASMA PHERES	\$ 500.58	\$ 75.55
36516		THERAPEUTIC APHERESIS; WITH EXTRACORPORE	\$2,204.92	\$ 53.26
36555		INSERTION OF NON-TUNNELED CENTRALLY INSE	\$ 240.11	\$ 107.62
36556		INSERTION OF NON-TUNNELED CENTRALLY INSE	\$ 218.78	\$ 102.48

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
36557		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 757.90	\$ 250.60
36558		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 742.94	\$ 241.14
36560		INSERTION OF TUNNELED CENTRALLY INSERTED	\$1,032.42	\$ 299.32
36561		INSERTION OF TUNNELED CENTRALLY INSERTED	\$1,038.63	\$ 289.01
36563		INSERTION OF TUNNELED CENTRALLY INSERTED	\$1,018.54	\$ 300.99
36565		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 882.49	\$ 286.10
36566		INSERTION OF TUNNELED CENTRALLY INSERTED	\$2,440.24	\$ 306.40
36568		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 278.80	\$ 80.87
36569		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 251.82	\$ 80.45
36570		INSERTION OF PERIPHERALLY INSERTED CENTR	\$1,059.04	\$ 255.32
36571		INSERTION OF PERIPHERALLY INSERTED CENTR	\$1,113.10	\$ 260.47
36575		REPAIR OF TUNNELED OR NON-TUNNELED CENTR	\$ 144.36	\$ 33.24
36576		REPAIR OF CENTRAL VENOUS ACCESS DEVICE,	\$ 311.84	\$ 158.93
36578		REPLACEMENT, CATHETER ONLY, OF CENTRAL	\$ 441.80	\$ 182.31
36580		REPLACEMENT, COMPLETE, OF A NON-TUNNELED	\$ 221.13	\$ 58.18
36581		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 678.14	\$ 170.20
36582		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 935.98	\$ 251.48
36583		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 938.36	\$ 253.53
36584		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	\$ 218.62	\$ 60.21
36585		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	\$ 969.37	\$ 236.60
36589		REMOVAL OF TUNNELED CENTRAL VENOUS CATHE	\$ 141.93	\$ 117.95
36590		REMOVAL OF TUNNELED CENTRAL VENOUS ACCES	\$ 225.62	\$ 166.02
36595		MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 570.71	\$ 161.24
36596		MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 125.67	\$ 39.50
36597		REPOSITIONING OF PREVIOUSLY PLACED CENTR	\$ 111.03	\$ 53.68
36820		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FORE	\$ 676.47	\$ 676.47
36823		INSERTION OF ARTERIAL AND VENOUS CANNULA	\$1,061.43	\$1,061.43

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
36838		DISTAL REVASCLARIZATION AND INTERVAL LI	\$1,000.47	\$1,000.47
36902		INTRO CATH DIALYSIS CIRCUIT	\$ 973.62	\$ 181.20
37182		INSERTION OF TRANSVENOUS INTRAHEPATIC PO	\$ 747.39	\$ 747.39
37183		REVISION OF TRANSVENOUS INTRAHEPATIC POR	\$ 356.31	\$ 356.31
37218		STENT PLACEMT ANTE CAROTID	\$ 666.45	\$ 714.17
37500		VASCULAR ENDOSCOPY, SURGICAL, WITH LIGAT	\$ 588.35	\$ 588.35
38120		LAPAROSCOPY, SURGICAL, SPLENECTOMY	\$ 806.21	\$ 806.21
38205		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR C	\$ 67.32	\$ 67.32
38206		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR C	\$ 67.64	\$ 67.64
38220		BONE MARROW; ASPIRATION ONLY	\$ 138.12	\$ 50.00
38221		BONE MARROW; BIOPSY, NEEDLE OR TROCAR	\$ 152.86	\$ 63.78
38242		TRANSPLANTATION OF DONOR STEM CELLS FROM	\$ 78.41	\$ 78.41
38510		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$ 362.05	\$ 301.75
41010		INCISION TONGUE FOLD	\$ 136.68	\$ 76.65
43180		ESOPHAGOSCOPY RIGID TRNSO	\$ 435.16	\$ 478.08
43201		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH D	\$ 234.09	\$ 105.16
43210		EGD ESOPHAGOGASTRC FNDOPSTY	\$ 360.50	\$ 360.50
43236		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 307.36	\$ 141.18
43237		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 193.28	\$ 193.28
43238		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 238.20	\$ 238.20
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESO	\$1,256.99	\$1,256.99
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	\$2,198.12	\$2,198.12
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	\$2,345.62	\$2,345.62
44126		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$1,797.23	\$1,797.23
44127		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$2,064.60	\$2,064.60
44128		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$ 195.14	\$ 195.14
44203		LAPAROSCOPY, SURGICAL; EACH ADDITIONAL S	\$ 192.31	\$ 192.31

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,186.64	\$1,186.64
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,037.36	\$1,037.36
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,344.57	\$1,344.57
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,413.64	\$1,413.64
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,540.19	\$1,540.19
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$1,372.77	\$1,372.77
44211		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$1,690.17	\$1,690.17
44212		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$1,579.35	\$1,579.35
44213		LAPAROSCOPY, SURGICAL, MOBILIZATION (TAK	\$ 139.42	\$ 139.42
44381		SMALL BOWEL ENDOSCOPY BR/WA	\$ 53.70	\$ 53.70
44384		SMALL BOWEL ENDOSCOPY	\$ 53.70	\$ 53.70
44401		COLONOSCOPY WITH ABLATION	\$ 254.02	\$ 129.08
44402		COLONOSCOPY W/STENT PLCMT	\$ 254.02	\$ 129.08
44403		COLONOSCOPY W/RESECTION	\$ 254.02	\$ 129.08
44404		COLONOSCOPY W/INJECTION	\$ 254.02	\$ 129.08
44405		COLONOSCOPY W/DILATION	\$ 254.02	\$ 129.08
44406		COLONOSCOPY W/ULTRASOUND	\$ 254.02	\$ 129.08
44407		COLONOSCOPY W/NDL ASPIR/BX	\$ 254.02	\$ 129.08
44408		COLONOSCOPY W/DECOMPRESSION	\$ 254.02	\$ 129.08
44701		INTRAOPERATIVE COLONIC LAVAGE (LIST SEPA	\$ 133.50	\$ 133.50
45136		EXCISION OF ILEOANAL RESERVOIR WITH ILEO	\$1,416.68	\$1,416.68
45335		SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED S	\$ 186.37	\$ 73.30
45340		SIG W/TNDSC BALLOON DILATION	\$ 327.87	\$ 91.71
45346		SIGMOIDOSCOPY W/ABLATION	\$ 99.57	\$ 47.84
45347		SIGMOIDOSCOPY W/PLCMT STENT	\$ 99.57	\$ 47.84
45349		SIGMOIDOSCOPY W/RESECTION	\$ 99.57	\$ 47.84
45350		SGMDSC W/BAND LIGATION	\$ 99.57	\$ 47.84

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
45381		COLONOSCOPY SUBMUCOUS NJX	\$ 376.53	\$ 197.72
45386		COLONOSCOPY W/BALLOON DILAT	\$ 551.12	\$ 213.89
45388		COLONOSCOPY W/ABLATION	\$ 294.94	\$ 168.87
45389		COLONOSCOPY W/STENT PLCMT	\$ 294.94	\$ 168.87
45390		COLONOSCOPY W/RESECTION	\$ 294.94	\$ 168.87
45393		COLONOSCOPY W/DECOMPRESSION	\$ 294.94	\$ 168.87
45398		COLONOSCOPY W/BAND LIGATION	\$ 294.94	\$ 168.87
46020		PLACEMENT OF SETON	\$ 188.48	\$ 165.80
46601		DIAGNOSTIC ANOSCOPY	\$ 57.62	\$ 28.23
46607		DIAGNOSTIC ANOSCOPY & BIOPSY	\$ 57.62	\$ 28.23
46706		REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$ 124.99	\$ 124.99
46716		REPAIR OF LOW IMPERFORATE ANUS; WITH TRA	\$ 817.60	\$ 817.60
47370		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	\$ 951.79	\$ 951.79
47371		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	\$ 956.47	\$ 956.47
47380		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	\$1,109.51	\$1,109.51
47381		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	\$1,133.74	\$1,133.74
47382		ABLATION, ONE OR MORE LIVER TUMOR(S), PE	\$ 689.80	\$ 689.80
47383		PERQ ABLTJ LVR CRYOABLATION	\$6,079.03	\$ 417.12
49419		INSERTION OF INTRAPERITONEAL CANNULA OR	\$ 348.60	\$ 348.60
49491		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	\$ 581.85	\$ 581.85
49492		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	\$ 713.48	\$ 713.48
49566		REPAIR RECURRENT INCISIONAL HERNIA;	\$ 661.34	\$ 661.34
49606		REPAIR OMPHALOCELE STAG CLO PROSTH RED O	\$ 803.86	\$ 803.86
49904		OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR R	\$1,183.58	\$1,183.58
50542		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL	\$ 998.32	\$ 998.32
50543		LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTO	\$1,273.62	\$1,273.62
50562		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPH	\$ 509.92	\$ 509.92

Effective date



PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
51701		INSERTION OF NON-DWELLING BLADDER CATHET	\$ 47.65	\$ 22.15
51702		INSERTION OF TEMPORARY INDWELLING BLADDE	\$ 61.08	\$ 24.35
51703		INSERTION OF TEMPORARY INDWELLING BLADDE	\$ 111.25	\$ 66.83
51727		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 174.54	\$ 174.54
51727	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 65.77	\$ 65.77
51727	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 108.78	\$ 108.78
51728		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 174.45	\$ 174.45
51728	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 65.04	\$ 65.04
51728	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 109.43	\$ 109.43
51729		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 188.13	\$ 188.13
51729	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 77.43	\$ 77.43
51729	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 110.71	\$ 110.71
51784		ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 158.29	\$ 158.29
51784	26	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 63.22	\$ 63.22
51784	TC	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 95.06	\$ 95.06
52001		CYSTOURETHROSCOPY WITH IRRIGATION AND EV	\$ 340.68	\$ 248.68
53431		URETHROPLASTY WITH TUBULARIZATION OF POS	\$ 989.67	\$ 989.67
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	\$ 680.49	\$ 680.49
53446		REMOVAL OF INFLATABLE URETHRAL/BLADDER N	\$ 540.69	\$ 540.69
53448		REMOVAL AND REPLACEMENT OF INFLATABLE UR	\$1,062.50	\$1,062.50
53500		URETHROLYSIS, TRANSVAGINAL, SECONDARY, O	\$ 638.22	\$ 638.22
54150		CIRCUMCISION	\$ 134.17	\$ 79.89
54162		LYSIS OR EXCISION OF PENILE POST-CIRCUMC	\$ 216.03	\$ 158.99
54163		REPAIR INCOMPLETE CIRCUMCISION	\$ 174.04	\$ 174.04
54164		FRENULOTOMY OF PENIS	\$ 150.45	\$ 150.45
54406		REMOVAL OF ALL COMPONENTS OF A MULTI-COM	\$ 624.46	\$ 624.46
54415		REMOVAL OF NON-INFLATABLE (SEMI-RIGID) O	\$ 433.92	\$ 433.92

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
55866		LAPAROSCOPY, SURGICAL PROSTATECTOMY, RET	\$1,492.91	\$1,492.91
56420		DRAINAGE OF VULVA ABSCESS	\$ 91.67	\$ 68.10
56441		LYSIS OF LABIAL ADHESIONS	\$ 110.72	\$ 104.96
56501		DESTRUCTION OF LESION(S), VULVA; SIMPLE	\$ 95.38	\$ 83.32
56605		BIOPSY VULVA/PERINEUM; 1 LESION	\$ 61.64	\$ 45.74
56820		COLPOSCOPY OF THE VULVA;	\$ 81.85	\$ 63.75
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	\$ 109.60	\$ 86.56
57150		TREATMENT VAGINAL INFECTION	\$ 37.35	\$ 22.55
57155		INSERTION OF UTERINE TANDEMS AND/OR VAGI	\$ 314.61	\$ 314.61
57160		FITTING AND INSERTION OF PESSARY OR OTHE	\$ 56.77	\$ 36.21
57170		DIAPHRAM FITTING WITH INSTRUCTIONS	\$ 51.25	\$ 36.71
57285		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	\$ 537.01	\$ 537.01
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	\$ 86.09	\$ 67.73
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	\$ 116.06	\$ 92.49
57423		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	\$ 742.33	\$ 742.33
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPEN	\$ 781.65	\$ 781.65
57452		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 81.01	\$ 68.69
57454		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 114.90	\$ 102.56
57455		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 118.90	\$ 91.36
57456		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 112.30	\$ 85.41
57460		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 218.31	\$ 123.17
57461		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 288.08	\$ 155.91
57500		BIOPSY SINGLE OR MULTIPLE OR LOCAL EXC L	\$ 96.50	\$ 55.64
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	\$ 98.47	\$ 86.69
57511		CRYOCAUTERY INITIAL OR REPEAT CERVIX UTE	\$ 107.02	\$ 97.15
58100		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WI	\$ 81.64	\$ 66.00
58110		ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED	\$ 36.57	\$ 31.37

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
58140		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	\$ 740.52	\$ 740.52
58145		REMOVAL OF UTERINE LESION	\$ 439.97	\$ 439.97
58146		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	\$ 942.10	\$ 942.10
58150		HYSTERECTOMY	\$ 813.61	\$ 813.61
58152		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND	\$1,016.71	\$1,016.71
58180		PARTIAL HYSTERECTOMY	\$ 769.54	\$ 769.54
58200		EXTENSIVE UTERINE SURGERY	\$1,061.10	\$1,061.10
58210		EXTENSIVE UTERINE SURGERY	\$1,413.19	\$1,413.19
58240		REMOVAL OF PELVIS CONTENTS	\$2,000.20	\$2,000.20
58260		VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRA	\$ 670.42	\$ 670.42
58262		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBES	\$ 749.08	\$ 749.08
58263		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBE/	\$ 807.00	\$ 807.00
58267		HYSTERECTOMY & REPAIR VAGINA	\$ 857.69	\$ 857.69
58270		HYSTERECTOMY & REPAIR VAGINA	\$ 719.11	\$ 719.11
58275		VAGINAL HYSTERECTOMY, WITH TOTAL OR PART	\$ 797.75	\$ 797.75
58280		HYSTERECTOMY, REVISE VAGINA	\$ 854.73	\$ 854.73
58285		HYSTERECTOMY	\$1,069.91	\$1,069.91
58290		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 941.28	\$ 941.28
58291		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$1,021.59	\$1,021.59
58292		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$1,078.83	\$1,078.83
58293		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$1,121.52	\$1,121.52
58294		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 992.54	\$ 992.54
58300		INSERT INTRAUTERINE DEVICE	\$ 57.96	\$ 41.79
58301		REMOVAL OF IUD	\$ 71.17	\$ 51.43
58346		INSERTION OF HEYMAN CAPSULES FOR CLINICA	\$ 367.79	\$ 367.79
58400		FIXATION OF UTERUS	\$ 361.28	\$ 361.28
58410		FIXATION OF UTERUS	\$ 649.48	\$ 649.48

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
58520		REPAIR OF RUPTURED UTERUS	\$ 632.64	\$ 632.64
58540		REVISION OF UTERUS	\$ 734.47	\$ 734.47
58542		LSH W/T/O UT 250 G OR LESS	\$ 767.78	\$ 767.78
58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	\$ 780.69	\$ 780.69
58544		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	\$ 845.20	\$ 845.20
58545		LAPAROSCOPY, SURGICAL, MYOMECTIONY, EXCIS	\$ 728.37	\$ 728.37
58546		LAPAROSCOPY, SURGICAL, MYOMECTIONY, EXCIS	\$ 923.22	\$ 923.22
58552		LAPAROSCOPY SURGICAL, WITH VAGINAL HYTE	\$ 793.27	\$ 793.27
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	\$ 927.41	\$ 927.41
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	\$1,062.86	\$1,062.86
58700		SALPINGECTOMY COMPLETE OR PARTIAL UNILAT	\$ 616.39	\$ 616.39
58720		REMOVAL OF OVARY/TUBE(S)	\$ 580.17	\$ 580.17
58805		DRAINAGE OF OVARIAN CYST(S)	\$ 324.53	\$ 324.53
58822		DRAINAGE OF OVARIAN ABSCESS	\$ 547.03	\$ 547.03
58900		BIOPSY OF OVARY(S)	\$ 331.74	\$ 331.74
58920		PARTIAL REMOVAL OF OVARY(S)	\$ 570.50	\$ 570.50
58925		OVARIAN CYSTECTOMY UNILATERAL OR BILATER	\$ 543.56	\$ 543.56
58940		OOPHORECTOMY PARTIAL OR TOTAL UNILATERAL	\$ 406.58	\$ 406.58
58943		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATER	\$ 905.86	\$ 905.86
58950		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	\$ 862.46	\$ 862.46
58951		RESECT OVARIAN MALIGNANCY	\$1,113.47	\$1,113.47
58952		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	\$1,255.92	\$1,255.92
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	\$1,558.98	\$1,558.98
58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	\$1,692.89	\$1,692.89
58960		LAPAROTOMY, FOR STAGING OR RESTAGING OF	\$ 744.90	\$ 744.90
59000		AMNIOCENTESIS; DIAGNOSTIC	\$ 94.53	\$ 60.54
59001		AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUI	\$ 138.46	\$ 138.46

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
59020		FETAL OXYTOCIN STRESS TEST	\$ 51.58	\$ 51.58
59025		FETAL NON-STRESS TEST	\$ 37.32	\$ 37.32
59025	26	FETAL NON-STRESS TEST	\$ 22.81	\$ 22.81
59030		FETAL BLOOD SAMPLING SCALP	\$ 85.09	\$ 85.09
59100		REMOVAL OF UTERUS LESION	\$ 669.74	\$ 669.74
59120		TREATMENT ATYPICAL PREGNANCY	\$ 637.27	\$ 637.27
59121		SURG TREAT ECTOPIC PREGN TUBAL WO SALPIN	\$ 641.70	\$ 641.70
59130		TREATMENT ATYPICAL PREGNANCY	\$ 724.72	\$ 724.72
59135		TREATMENT ATYPICAL PREGNANCY	\$ 730.99	\$ 730.99
59136		TX ECTOPIC PREGNANCY W/ PARTIAL RESECTIO	\$ 693.88	\$ 693.88
59140		TREATMENT ATYPICAL PREGNANCY	\$ 299.13	\$ 299.13
59150		LAP TX ECTOPIC PREGNANCY W/O REMOVAL TUB	\$ 620.21	\$ 620.21
59151		LAP TX ECTOPIC PREGNANCY W/ REMOVAL TUBE	\$ 608.98	\$ 608.98
59200		INSERTION OF HYGROSCOPIC CERVICAL DILATO	\$ 54.40	\$ 33.84
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	\$ 208.42	\$ 208.42
59400		OBSTETRICAL CARE	\$1,300.98	\$1,300.98
59409		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$ 577.66	\$ 577.66
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$ 669.85	\$ 669.85
59412		EXTERNAL CEPHALIC VERSION, W/ OR W/O TOC	\$ 77.39	\$ 77.39
59414		DELIVERY OF PLACENTA (INFANT BORN OUTSID	\$ 68.84	\$ 68.84
59425		ANTEPARTUM CARE ONLY; 4-6 VISITS	\$ 328.37	\$ 252.65
59426		ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$ 578.56	\$ 452.43
59430		POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	\$ 103.78	\$ 94.19
59514		CESAREAN DELIVERY ONLY;	\$ 683.98	\$ 683.98
59515		CESAREAN DELIVERY ONLY; INCLUDING POSTPA	\$ 882.09	\$ 882.09
59525		SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CES	\$ 396.89	\$ 396.89
59857		INDUCED ABORTION, BY ONE OR MORE VAGINAL	\$ 432.86	\$ 432.86

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
60650		LAPAROSCOPY, SURGICAL, WITH ADRENALECTOM	\$ 948.96	\$ 948.96
61316		INCISION AND SUBCUTANEOUS PLACEMENT OF C	\$ 68.72	\$ 68.72
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	\$1,696.96	\$1,696.96
61323		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	\$1,774.85	\$1,774.85
61517		IMPLANTATION OF BRAIN INTRACAVITARY CHEM	\$ 69.37	\$ 69.37
61537		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,498.68	\$1,498.68
61540		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,695.41	\$1,695.41
61566		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,710.31	\$1,710.31
61567		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,927.62	\$1,927.62
61623		ENDOVASCULAR TEMPORARY BALLOON ARTERIAL	\$ 457.08	\$ 457.08
61863		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$1,148.03	\$1,148.03
61864		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 323.22	\$ 323.22
61867		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$1,693.70	\$1,693.70
61868		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 477.80	\$ 477.80
62148		INCISION AND RETRIEVAL OF SUBCUTANEOUS C	\$ 98.34	\$ 98.34
62160		NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEM	\$ 152.49	\$ 152.49
62161		NEUROENDOSCOPY, INTRACRANIAL; WITH DISSE	\$1,160.18	\$1,160.18
62162		NEUROENDOSCOPY, INTRACRANIAL; WITH FENER	\$1,433.35	\$1,433.35
62163		NEUROENDOSCOPY, INTRACRANIAL; WITH RETRI	\$ 906.42	\$ 906.42
62164		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	\$1,524.32	\$1,524.32
62165		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	\$1,188.17	\$1,188.17
62264		PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS	\$ 358.91	\$ 185.60
62270		SPINAL FLUID TAP	\$ 111.46	\$ 58.28
62302		MYELOGRAPHY LUMBAR INJECTION	\$ 196.74	\$ 102.73
62303		MYELOGRAPHY LUMBAR INJECTION	\$ 204.31	\$ 104.13
62304		MYELOGRAPHY LUMBAR INJECTION	\$ 193.84	\$ 100.97
62305		MYELOGRAPHY LUMBAR INJECTION	\$ 211.45	\$ 105.38

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
62320		NJX INTERLAMINAR CRV/THRC	\$ 136.19	\$ 85.22
62321		NJX INTERLAMINAR CRV/THRC	\$ 201.43	\$ 91.89
62322		NJX INTERLAMINAR LMBR/SAC	\$ 126.90	\$ 73.40
62323		NJX INTERLAMINAR LMBR/SAC	\$ 197.70	\$ 83.94
62324		NJX INTERLAMINAR CRV/THRC	\$ 119.36	\$ 77.97
62326		NJX INTERLAMINAR LMBR/SAC	\$ 125.23	\$ 76.51
62327		NJX INTERLAMINAR LMBR/SAC	\$ 182.24	\$ 81.43
63042		REVISION OF SPINAL COLUMN	\$ 933.76	\$ 933.76
63101		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$1,763.30	\$1,763.30
63102		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$1,760.06	\$1,760.06
63103		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$ 232.79	\$ 232.79
64416		INJECTION, ANESTHETIC AGENT; BRACHIAL PL	\$ 146.27	\$ 146.27
64446		INJECTION, ANESTHETIC AGENT; SCIATIC NER	\$ 140.02	\$ 140.02
64447		INJECTION, ANESTHETIC AGENT; FEMORAL NER	\$ 58.04	\$ 58.04
64448		INJECTION, ANESTHETIC AGENT; FEMORAL NER	\$ 127.31	\$ 127.31
64449		INJECTION, ANESTHETIC AGENT; LUMBAR PLEX	\$ 125.70	\$ 125.70
64517		INJECTION, ANESTHETIC AGENT; SUPERIOR HY	\$ 142.44	\$ 95.80
64561		INSERTION OF SACRAL NERVE NEUROSTIMULATO	\$1,034.65	\$ 335.90
64581		INCISION FOR IMPLANTATION OF NEUROSTIMUL	\$ 654.64	\$ 654.64
64681		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR	\$ 351.79	\$ 177.18
64821		SYMPATHECTOMY; RADIAL ARTERY	\$ 536.26	\$ 536.26
64822		SYMPATHECTOMY; ULNAR ARTERY	\$ 534.02	\$ 534.02
64823		SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$ 605.08	\$ 605.08
66179		AQUEOUS SHUNT EYE W/O GRAFT	\$ 739.16	\$ 882.26
66990		USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARA	\$ 68.00	\$ 68.00
67221		DESTRUCTION OF LOCALIZED LESION OF CHORO	\$ 228.40	\$ 162.64
67225		DESTRUCTION OF LOCALIZED LESION OF CHORO	\$ 22.61	\$ 20.99

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
67912		CORRECTION OF LAGOPHTHALMOS, WITH IMPLAN	\$ 718.51	\$ 365.40
69210		REMOVE IMPACTED EAR WAX	\$ 34.96	\$ 24.07
69990		MICROSURGICAL TECHNIQUES, REQUIRING USE	\$ 159.31	\$ 159.31
70150	26	X-RAY EXAM FACIAL BONES MINIMUM OF THREE	\$ 10.36	\$ 10.36
70150	TC	X-RAY EXAM FACIAL BONES MINIMUM OF THREE	\$ 21.77	\$ 21.77
70557		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 505.03	\$ 505.03
70557	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 126.26	\$ 126.26
70557	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 378.78	\$ 378.78
70558		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 556.39	\$ 556.39
70558	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 139.10	\$ 139.10
70558	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 417.30	\$ 417.30
70559		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 560.73	\$ 560.73
70559	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 140.18	\$ 140.18
70559	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 420.54	\$ 420.54
71045	26	X-ray exam chest 1 view	\$ 7.51	\$ 7.51
71045	TC	X-ray exam chest 1 view	\$ 8.40	\$ 8.40
71045		X-ray exam chest 1 view	\$ 15.92	\$ 15.92
71046	26	X-ray exam chest 2 views	\$ 8.98	\$ 8.98
71046	TC	X-ray exam chest 2 views	\$ 15.46	\$ 15.46
71046		X-ray exam chest 2 views	\$ 24.44	\$ 24.44
71047	26	X-ray exam chest 3 views	\$ 11.59	\$ 11.59
71047	TC	X-ray exam chest 3 views	\$ 19.70	\$ 19.70
71047		X-ray exam chest 3 views	\$ 31.29	\$ 31.29
71048	26	X-ray exam chest 4+ views	\$ 13.34	\$ 13.34
71048	TC	X-ray exam chest 4+ views	\$ 20.27	\$ 20.27
71048		X-ray exam chest 4+ views	\$ 33.60	\$ 33.60
71101	26	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 10.66	\$ 10.66

Effective date



PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
71101	TC	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 19.12	\$ 19.12
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 465.47	\$ 465.47
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 58.94	\$ 58.94
72040	26	X-RAY OF SPINE, 3 VIEWS OR LESS	\$ 8.89	\$ 8.89
72040	TC	X-RAY OF SPINE, 3 VIEWS OR LESS	\$ 18.85	\$ 18.85
72050	26	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	\$ 12.40	\$ 12.40
72050	TC	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	\$ 26.90	\$ 26.90
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 8.89	\$ 8.89
72072	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 20.14	\$ 20.14
72081		X-RAY EXAM ENTIRE SPI 1 VW	\$ 31.01	\$ 31.01
72081	26	X-RAY EXAM ENTIRE SPI 1 VW	\$ 11.12	\$ 11.12
72081	TC	X-RAY EXAM ENTIRE SPI 1 VW	\$ 19.89	\$ 19.89
72082		X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 49.65	\$ 49.65
72082	26	X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 13.48	\$ 13.48
72082	TC	X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 36.18	\$ 36.18
72083		X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 53.95	\$ 53.95
72083	26	X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 14.68	\$ 14.68
72083	TC	X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 39.27	\$ 39.27
72084		X-RAY EXAM ENTIRE SPI 6/> VW	\$ 64.19	\$ 64.19
72084	26	X-RAY EXAM ENTIRE SPI 6/> VW	\$ 17.06	\$ 17.06
72084	TC	X-RAY EXAM ENTIRE SPI 6/> VW	\$ 47.13	\$ 47.13
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 8.89	\$ 8.89
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 20.21	\$ 20.21
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 472.97	\$ 472.97
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 70.33	\$ 70.33
73030	26	X-RAY EXAM OF SHOULDER	\$ 7.44	\$ 7.44
73030	TC	X-RAY EXAM OF SHOULDER	\$ 15.01	\$ 15.01

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
73060	26	X-RAY EXAM OF HUMERUS	\$ 6.88	\$ 6.88
73060	TC	X-RAY EXAM OF HUMERUS	\$ 15.01	\$ 15.01
73070	26	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$ 6.00	\$ 6.00
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$ 14.07	\$ 14.07
73090	26	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	\$ 6.30	\$ 6.30
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	\$ 14.07	\$ 14.07
73110	26	X-RAY EXAM OF WRIST	\$ 6.88	\$ 6.88
73110	TC	X-RAY EXAM OF WRIST	\$ 18.47	\$ 18.47
73130	26	X-RAY EXAM OF HAND	\$ 6.88	\$ 6.88
73130	TC	X-RAY EXAM OF HAND	\$ 16.29	\$ 16.29
73140	26	X-RAY EXAM OF FINGER(S)	\$ 5.42	\$ 5.42
73140	TC	X-RAY EXAM OF FINGER(S)	\$ 16.01	\$ 16.01
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 403.78	\$ 403.78
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 54.57	\$ 54.57
73501		X-RAY EXAM HIP UNI 1 VIEW	\$ 23.87	\$ 23.87
73501	26	X-RAY EXAM HIP UNI 1 VIEW	\$ 7.91	\$ 7.91
73501	TC	X-RAY EXAM HIP UNI 1 VIEW	\$ 15.96	\$ 15.96
73502		X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 32.94	\$ 32.94
73502	26	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 9.40	\$ 9.40
73502	TC	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 23.54	\$ 23.54
73503		X-RAY EXAM HIP UNI 4/> VIEWS	\$ 41.14	\$ 41.14
73503	26	X-RAY EXAM HIP UNI 4/> VIEWS	\$ 11.99	\$ 11.99
73503	TC	X-RAY EXAM HIP UNI 4/> VIEWS	\$ 29.16	\$ 29.16
73521		X-RAY EXAM HIPS BI 2 VIEWS	\$ 31.82	\$ 31.82
73521	26	X-RAY EXAM HIPS BI 2 VIEWS	\$ 9.68	\$ 9.68
73521	TC	X-RAY EXAM HIPS BI 2 VIEWS	\$ 22.14	\$ 22.14
73551		X-RAY EXAM OF FEMUR 1	\$ 22.14	\$ 22.14

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
73551	26	X-RAY EXAM OF FEMUR 1	\$ 7.03	\$ 7.03
73551	TC	X-RAY EXAM OF FEMUR 1	\$ 15.12	\$ 15.12
73552		X-RAY EXAM OF FEMUR 2/>	\$ 25.84	\$ 25.84
73552	26	X-RAY EXAM OF FEMUR 2/>	\$ 7.91	\$ 7.91
73552	TC	X-RAY EXAM OF FEMUR 2/>	\$ 17.92	\$ 17.92
73560		RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 21.22	\$ 21.22
73560	26	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 6.88	\$ 6.88
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 14.37	\$ 14.37
73562		RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 25.46	\$ 25.46
73562	26	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 7.44	\$ 7.44
73562	TC	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 18.02	\$ 18.02
73590	26	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	\$ 6.88	\$ 6.88
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	\$ 13.54	\$ 13.54
73610	26	X-RAY EXAM OF ANKLE	\$ 6.88	\$ 6.88
73610	TC	X-RAY EXAM OF ANKLE	\$ 16.29	\$ 16.29
73630	26	X-RAY EXAM OF FOOT	\$ 6.88	\$ 6.88
73630	TC	X-RAY EXAM OF FOOT	\$ 16.01	\$ 16.01
73660	26	X-RAY EXAM OF TOE(S)	\$ 5.14	\$ 5.14
73660	TC	X-RAY EXAM OF TOE(S)	\$ 15.18	\$ 15.18
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 410.64	\$ 410.64
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 54.57	\$ 54.57
74018	26	X-ray exam abdomen 1 view	\$ 7.51	\$ 7.51
74018	TC	X-ray exam abdomen 1 view	\$ 14.33	\$ 14.33
74018		X-ray exam abdomen 1 view	\$ 21.85	\$ 21.85
74019	26	X-ray exam abdomen 2 views	\$ 9.56	\$ 9.56
74019	TC	X-ray exam abdomen 2 views	\$ 17.16	\$ 17.16
74019		X-ray exam abdomen 2 views	\$ 26.72	\$ 26.72

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
74021	26	X-ray exam abdomen 3+ views	\$ 11.23	\$ 11.23
74021	TC	X-ray exam abdomen 3+ views	\$ 19.98	\$ 19.98
74021		X-ray exam abdomen 3+ views	\$ 31.22	\$ 31.22
74022	26	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	\$ 12.96	\$ 12.96
74022	TC	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	\$ 23.69	\$ 23.69
74300		CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	\$ 42.60	\$ 42.60
74300	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	\$ 14.91	\$ 14.91
75901		MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 83.34	\$ 83.34
75901	26	MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 21.04	\$ 21.04
75901	TC	MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 60.63	\$ 60.63
75902		MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 80.35	\$ 80.35
75902	26	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 16.59	\$ 16.59
75902	TC	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 60.63	\$ 60.63
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	\$ 132.56	\$ 132.56
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	\$ 74.43	\$ 74.43
76511	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	\$ 51.12	\$ 51.12
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	\$ 69.87	\$ 69.87
76512	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	\$ 44.98	\$ 44.98
76513		ECHO EXAM OF EYE, WATER BATH	\$ 77.12	\$ 77.12
76513	TC	ECHO EXAM OF EYE, WATER BATH	\$ 47.90	\$ 47.90
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	\$ 10.56	\$ 10.56
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	\$ 7.75	\$ 7.75
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	\$ 1.83	\$ 1.83
76516		ECHO EXAM OF EYE	\$ 51.23	\$ 51.23
76516	TC	ECHO EXAM OF EYE	\$ 37.19	\$ 37.19
76519		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRA	\$ 64.62	\$ 64.62
76519	TC	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRA	\$ 40.43	\$ 40.43

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
76529		ECHO EXAM OF EYE	\$ 51.95	\$ 51.95
76641		ULTRASOUND BREAST COMPLETE	\$ 86.14	\$ 86.14
76641	26	ULTRASOUND BREAST COMPLETE	\$ 30.07	\$ 30.07
76641	TC	ULTRASOUND BREAST COMPLETE	\$ 56.08	\$ 56.08
76642		ULTRASOUND BREAST LIMITED	\$ 70.88	\$ 70.88
76642	26	ULTRASOUND BREAST LIMITED	\$ 28.00	\$ 28.00
76642	TC	ULTRASOUND BREAST LIMITED	\$ 42.88	\$ 42.88
76706		US ABDL AORTA SCREEN AAA	\$ 75.81	\$ 75.81
76706	26	US ABDL AORTA SCREEN AAA	\$ 23.21	\$ 23.21
76706	TC	US ABDL AORTA SCREEN AAA	\$ 52.60	\$ 52.60
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 100.07	\$ 100.07
76801	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 39.69	\$ 39.69
76801	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 60.38	\$ 60.38
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 56.95	\$ 56.95
76802	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 33.03	\$ 33.03
76802	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 31.17	\$ 31.17
76805		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 111.31	\$ 111.31
76805	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 39.42	\$ 39.42
76805	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 71.90	\$ 71.90
76810		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 77.24	\$ 77.24
76810	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 38.85	\$ 38.85
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 157.39	\$ 157.39
76811	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 74.73	\$ 74.73
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 82.65	\$ 82.65
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 154.08	\$ 154.08
76812	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 69.89	\$ 69.89
76812	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 42.90	\$ 42.90

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
76813		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 107.52	\$ 107.52
76813	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 48.74	\$ 48.74
76813	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 58.78	\$ 58.78
76814		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 71.00	\$ 71.00
76814	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 40.88	\$ 40.88
76814	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 30.13	\$ 30.13
76815		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 69.31	\$ 69.31
76815	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 27.47	\$ 27.47
76816		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 85.20	\$ 85.20
76816	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 33.62	\$ 33.62
76816	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 51.57	\$ 51.57
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 77.39	\$ 77.39
76817	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 31.60	\$ 31.60
76817	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 50.18	\$ 50.18
76818		FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 92.61	\$ 92.61
76818	26	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 44.74	\$ 44.74
76818	TC	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 53.96	\$ 53.96
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	\$ 71.60	\$ 71.60
76819	26	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	\$ 30.52	\$ 30.52
76819	TC	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	\$ 41.09	\$ 41.09
76825		ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	\$ 159.53	\$ 159.53
76830		ULTRASOUND, TRANSVAGINAL	\$ 91.16	\$ 91.16
76830	26	ULTRASOUND, TRANSVAGINAL	\$ 27.60	\$ 27.60
76830	TC	ULTRASOUND, TRANSVAGINAL	\$ 63.56	\$ 63.56
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 91.71	\$ 91.71
76856	26	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 27.87	\$ 27.87
76856	TC	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 63.85	\$ 63.85

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
76937		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 29.83	\$ 29.83
76937	26	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 13.03	\$ 13.03
76937	TC	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 14.44	\$ 14.44
76940		ULTRASOUND GUIDANCE FOR, AND MONITORING	\$ 146.65	\$ 146.65
76940	26	ULTRASOUND GUIDANCE FOR, AND MONITORING	\$ 89.71	\$ 89.71
76940	TC	ULTRASOUND GUIDANCE FOR, AND MONITORING	\$ 56.24	\$ 56.24
76970		FOLLOW UP ECHO EXAM	\$ 53.67	\$ 53.67
77012		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 272.70	\$ 272.70
77012	26	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 48.28	\$ 48.28
77012	TC	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 223.36	\$ 223.36
77053		MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 85.85	\$ 85.85
77053	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 15.48	\$ 15.48
77053	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 70.37	\$ 70.37
77054		MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 123.24	\$ 123.24
77054	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 19.24	\$ 19.24
77054	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 103.99	\$ 103.99
77080		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 53.46	\$ 53.46
77080	26	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 8.03	\$ 8.03
77080	TC	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 45.42	\$ 45.42
77084		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 458.92	\$ 458.92
77084	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 68.25	\$ 68.25
77084	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 390.67	\$ 390.67
77301		INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$1,303.54	\$1,303.54
77301	26	INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$ 339.86	\$ 339.86
77301	TC	INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$ 933.00	\$ 933.00
77306		TELETHX ISODOSE PLAN SIMPLE	\$ 115.89	\$ 115.89
77306	26	TELETHX ISODOSE PLAN SIMPLE	\$ 58.43	\$ 58.43

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
77306	TC	TELETHX ISODOSE PLAN SIMPLE	\$ 57.48	\$ 57.48
77307		TELETHX ISODOSE PLAN CPLX	\$ 226.39	\$ 226.39
77307	26	TELETHX ISODOSE PLAN CPLX	\$ 121.22	\$ 121.22
77307	TC	TELETHX ISODOSE PLAN CPLX	\$ 105.18	\$ 105.18
77316		BRACHYTX ISODOSE PLAN SIMPLE	\$ 147.83	\$ 147.83
77316	26	BRACHYTX ISODOSE PLAN SIMPLE	\$ 58.65	\$ 58.65
77316	TC	BRACHYTX ISODOSE PLAN SIMPLE	\$ 89.19	\$ 89.19
77317		BRACHYTX ISODOSE INTERMED	\$ 193.55	\$ 193.55
77317	26	BRACHYTX ISODOSE INTERMED	\$ 77.15	\$ 77.15
77317	TC	BRACHYTX ISODOSE INTERMED	\$ 116.40	\$ 116.40
77318		BRACHYTX ISODOSE COMPLEX	\$ 279.60	\$ 279.60
77318	26	BRACHYTX ISODOSE COMPLEX	\$ 121.68	\$ 121.68
77318	TC	BRACHYTX ISODOSE COMPLEX	\$ 157.94	\$ 157.94
77385		NTSTY MODUL RAD TX DLVR SMPL	\$ 403.87	\$ 403.87
77386		NTSTY MODUL RAD TX DLVR CPLX	\$ 403.87	\$ 403.87
77768		HDR RDNCL SKN SURF BRACHYTX	\$ 281.28	\$ 281.28
77768	26	HDR RDNCL SKN SURF BRACHYTX	\$ 59.95	\$ 59.95
77768	TC	HDR RDNCL SKN SURF BRACHYTX	\$ 221.32	\$ 221.32
77770		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 257.68	\$ 257.68
77770	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 83.48	\$ 83.48
77770	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 174.19	\$ 174.19
77771		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 480.37	\$ 480.37
77771	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 163.10	\$ 163.10
77771	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 317.27	\$ 317.27
77772		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 731.97	\$ 731.97
77772	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 231.29	\$ 231.29
77772	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 500.68	\$ 500.68

Effective date



PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
78265		GASTRIC EMPTYING IMAG STUDY	\$ 327.33	\$ 327.33
78265	26	GASTRIC EMPTYING IMAG STUDY	\$ 40.30	\$ 40.30
78265	TC	GASTRIC EMPTYING IMAG STUDY	\$ 287.03	\$ 287.03
78266		GASTRIC EMPTYING IMAG STUDY	\$ 388.15	\$ 388.15
78266	26	GASTRIC EMPTYING IMAG STUDY	\$ 44.67	\$ 44.67
78266	TC	GASTRIC EMPTYING IMAG STUDY	\$ 343.48	\$ 343.48
78271		VITAMIN B-12 ABSORPTION STUDY W/INTRINSI	\$ 59.81	\$ 59.81
78804		RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 413.16	\$ 413.16
78804	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 45.86	\$ 45.86
78804	TC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 363.01	\$ 363.01
78811		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 943.95	\$ 943.95
78812		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 960.10	\$ 960.10
78813		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 963.17	\$ 963.17
78814		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 971.43	\$ 971.43
78815		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 981.71	\$ 981.71
78816		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 984.11	\$ 984.11
79005		RADIOPHARMACEUTICAL THERAPY, BY ORAL ADM	\$ 142.97	\$ 142.97
79101		RADIOPHARMACEUTICAL THERAPY, BY INTRAVEN	\$ 154.04	\$ 154.04
79403		RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	\$ 205.69	\$ 205.69
79403	26	RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	\$ 98.27	\$ 98.27
79403	TC	RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	\$ 107.42	\$ 107.42
79445		RADIOPHARMACEUTICAL THERAPY, BY INTRA-AR	\$ 184.73	\$ 184.73
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$ 26.20	\$ 26.20
80050		GENERAL HEALTH SCREEN PANEL	\$ 11.16	\$ 10.93
80051		ELECTROLYTE PANEL	\$ 8.34	\$ 8.34
80053		COMPREHENSIVE METABOLIC PANEL	\$ 10.21	\$ 10.21
80055		OBSTETRIC PANEL	\$ 29.31	\$ 29.31

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable		Effective date
			NON-FACILITY RATE	FACILITY RATE	
80061		LIPID PROFILE	\$ 16.09	\$ 16.09	
80074		ACUTE HEPATITIS PANEL	\$ 56.33	\$ 56.33	
80076		HEPATIC FUNCTION PANEL	\$ 9.69	\$ 9.69	
80155		DRUG ASSAY CAFFEINE	\$ 16.69	\$ 16.69	
80159		DRUG ASSAY CLOZAPINE	\$ 21.83	\$ 21.83	
80163		ASSAY OF DIGOXIN FREE	\$ 16.54	\$ 16.54	
80165		DIPROPYLACETIC ACID FREE	\$ 16.70	\$ 16.70	
80169		DRUG ASSAY EVEROLIMUS	\$ 16.20	\$ 16.20	
80171		DRUG SCREEN QUANT GABAPENTIN	\$ 15.65	\$ 15.65	
80175		DRUG SCREEN QUAN LAMOTRIGINE	\$ 15.65	\$ 15.65	
80177		DRUG SCR N QUAN LEVETIRACETAM	\$ 15.65	\$ 15.65	
80180		DRUG SCR N QUAN MYCOPHENOLATE	\$ 21.31	\$ 21.31	
80183		DRUG SCR N QUANT OXCARBAZEPIN	\$ 15.65	\$ 15.65	
80195		SIROLIMUS	\$ 18.59	\$ 18.59	
80199		DRUG SCREEN QUANT TIAGABINE	\$ 21.31	\$ 21.31	
80203		DRUG SCREEN QUANT ZONISAMIDE	\$ 15.65	\$ 15.65	
80305		DRUG TEST PRSMV DIR OPT OBS	\$ 13.61	\$ 13.61	
80306		DRUG TEST PRSMV INSTRMNT	\$ 18.51	\$ 18.51	
80307		DRUG TEST PRSMV CHEM ANLYZR	\$ 72.63	\$ 72.63	
81000		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$ 4.30	\$ 4.30	
81001		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$ 3.83	\$ 3.83	
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	\$ 3.09	\$ 3.09	
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, W	\$ 2.72	\$ 2.72	
81005		URINE TESTS	\$ 2.62	\$ 2.62	
81007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT B	\$ 3.10	\$ 3.10	
81015		MICROSCOPIC URINE EXAM	\$ 3.67	\$ 3.67	
81020		URINALYSIS ROUTINE 2 OR 3 GLASS TEST	\$ 4.46	\$ 4.46	

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
81025		UA PREG. TEST - COLOR COMPARISON METHOD	\$ 7.64	\$ 7.64
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION,	\$ 3.62	\$ 3.62
82044		ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	\$ 3.46	\$ 3.46
82120		AMINES, VAGINAL FLUID, QUALITATIVE	\$ 4.55	\$ 4.55
82247		BILIRUBIN; TOTAL	\$ 6.03	\$ 6.03
82270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 3.93	\$ 3.93
82271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 4.40	\$ 4.40
82272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 4.40	\$ 4.40
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETER	\$ 19.09	\$ 19.09
82306		CALCIFEDIOL (25-OH VITAMIN D-3)	\$ 35.78	\$ 35.78
82945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$ 4.71	\$ 4.71
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REA	\$ 5.32	\$ 5.32
82948		GLUCOSE BLOOD STICK TEST	\$ 4.30	\$ 4.30
82950		GLUCOSE POST GLUCOSE DOSE	\$ 6.44	\$ 6.44
82951		GLUCOSE TOLERANCE	\$ 17.45	\$ 17.45
82952		GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND	\$ 5.32	\$ 5.32
82962		BLOOD GLUCOSE BY MONITORING DEVICE	\$ 2.83	\$ 2.83
83020		HEMOGLOBIN FRACTIONATION AND QUANTITATIO	\$ 17.03	\$ 17.03
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD	\$ 2.85	\$ 2.85
83030		HEMOGLOBIN F(FETAL) CHEMICAL	\$ 11.21	\$ 11.21
83033		HEMOGLOBIN; F (FETAL), QUALITATIVE	\$ 8.08	\$ 8.08
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	\$ 11.73	\$ 11.73
83045		METHEMOGLOBIN	\$ 6.72	\$ 6.72
83050		METHEMOGLOBIN QUANTITATIVE	\$ 9.92	\$ 9.92
83051		METHEMOGLOBIN PLASMA	\$ 9.90	\$ 9.90
83060		SULFHEMOGLOBIN QUANTITATIVE	\$ 11.21	\$ 11.21
83065		HEMOGLOBIN THERMOLABILE	\$ 9.33	\$ 9.33

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
83068		HEMOGLOBIN UNSTABLESCREEN	\$ 3.90	\$ 3.90
83069		HEMOGLOBIN URINE	\$ 5.34	\$ 5.34
83630		LACTOFERRIN, FECAL; QUALITATIVE	\$ 26.60	\$ 26.60
83695		LIPOPROTEIN (A)	\$ 17.55	\$ 17.55
83700		LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPA	\$ 15.26	\$ 15.26
83701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRAC	\$ 33.64	\$ 33.64
83704		LIPOPROTEIN BLD QUAN PART	\$ 33.64	\$ 33.64
83721		LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHO	\$ 11.53	\$ 11.53
83876		MYELOPEROXIDASE (MPO)	\$ 18.34	\$ 18.34
83880		NATRIURETIC PEPTIDE	\$ 46.01	\$ 46.01
83950		ONCOPROTEIN, HER-2/NEU	\$ 87.29	\$ 87.29
83951		ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMB	\$ 91.22	\$ 91.22
83986		PH BODY FLUID EXCEPT BLOOD	\$ 4.32	\$ 4.32
83993		CALPROTECTIN, FECAL	\$ 23.72	\$ 23.72
84112		EVAL AMNIOTIC FLUID PROTEIN	\$ 78.41	\$ 78.41
84145		PROCALCITONIN (PCT)	\$ 24.01	\$ 24.01
84302		SODIUM; OTHER SOURCE	\$ 6.59	\$ 6.59
84402		TESTOSTERONE; FREE	\$ 31.40	\$ 31.40
84410		TESTOSTERONE BIOAVAILABLE	\$ 31.21	\$ 31.21
84431		THROMBOXANE METABOLITE(S), INCLUDING THR	\$ 16.03	\$ 16.03
84439		THYROXINE; FREE	\$ 10.90	\$ 10.90
84443		TSH	\$ 19.70	\$ 19.70
84450		TRANSFERASE; ASPARTATE AMINO (AST) (SGOT	\$ 6.25	\$ 6.25
84481		TRIDOTHYRONINE (T-3); FREE	\$ 20.48	\$ 20.48
84550	Q6	ASSAY OF BLOOD/URIC ACID	\$ 5.46	\$ 5.46
84702	Q6	CHORIONIC GONADOTROPIN TEST	\$ 10.57	\$ 10.57
84703		GONADOTROPIN CHORIONIC QUALITATIVE	\$ 9.26	\$ 9.26

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA	\$ 10.57	\$ 10.57
85002		BLEEDING TIME	\$ 6.10	\$ 6.10
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC	\$ 8.77	\$ 8.77
85007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	\$ 4.67	\$ 4.67
85008		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	\$ 4.67	\$ 4.67
85009		BLOOD COUNT; MANUAL DIFFERENTIAL WBC COU	\$ 5.03	\$ 5.03
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	\$ 3.21	\$ 3.21
85014		BLOOD COUNT; HEMATOCRIT (HCT)	\$ 3.21	\$ 3.21
85018		BLOOD COUNT; HEMOGLOBIN (HGB)	\$ 2.86	\$ 2.86
85025		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	\$ 10.53	\$ 10.53
85027		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	\$ 8.77	\$ 8.77
85032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROC	\$ 5.83	\$ 5.83
85041		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOM	\$ 4.07	\$ 4.07
85044		BLOOD COUNT; RETICULOCYTE, MANUAL	\$ 5.83	\$ 5.83
85045		BLOOD COUNT; RETICULOCYTE, AUTOMATED	\$ 5.42	\$ 5.42
85048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	\$ 3.44	\$ 3.44
85049		BLOOD COUNT; PLATELET, AUTOMATED	\$ 6.06	\$ 6.06
85210		CLOTTING FACTOR II PROTHROMBIN SPECIFIC	\$ 17.60	\$ 17.60
85380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; UL	\$ 12.48	\$ 12.48
85397		COAGULATION AND FIBRINOLYSIS, FUNCTIONAL	\$ 32.50	\$ 32.50
86038		ANTINUCLEAR ANTIBODIES (ANA);	\$ 14.61	\$ 14.61
86141		C-REACTIVE PROTEIN; HIGH SENSITIVITY (HS	\$ 17.55	\$ 17.55
86200		CYCLIC CITRULLINATED PEPTIDE (CCP), ANTI	\$ 17.55	\$ 17.55
86308		HETEROPHILE ANTIBODIES; SCREENING	\$ 6.26	\$ 6.26
86309		HETEROPHILE ANTIBODIES; TITER	\$ 7.83	\$ 7.83
86310		HETEROPHILE ABSORPTION	\$ 8.90	\$ 8.90
86355		B CELLS, TOTAL COUNT	\$ 51.12	\$ 51.12

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (	\$ 32.36	\$ 32.36
86357		NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$ 51.12	\$ 51.12
86367		STEM CELLS (IE, CD34), TOTAL COUNT	\$ 51.12	\$ 51.12
86403		PARTICLE AGGLUTINATION; SCREEN, EACH ANT	\$ 13.81	\$ 13.81
86480		TUBERCULOSIS TEST, CELL MEDIATED IMMUNIT	\$ 83.99	\$ 83.99
86580		SENSITIVITY TEST TUBERCULOSIS	\$ 5.32	\$ 5.32
86703		ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	\$ 14.21	\$ 14.21
86711		ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM	\$ 17.08	\$ 17.08
86780		TREPONEMA PALLIDUM	\$ 16.40	\$ 16.40
86788		ANTIBODY; WEST NILE VIRUS, IGM	\$ 19.67	\$ 19.67
86789		ANTIBODY; WEST NILE VIRUS	\$ 19.48	\$ 19.48
86794		Zika virus igm antibody	\$ 19.67	\$ 19.67
86803		HEPATITIS C ANTIBODY;	\$ 17.26	\$ 17.26
86825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	\$ 99.52	\$ 99.52
86826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	\$ 33.17	\$ 33.17
86828		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 47.05	\$ 47.05
86829		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 35.30	\$ 35.30
86830		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 95.30	\$ 95.30
86831		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 81.69	\$ 81.69
86832		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 149.78	\$ 149.78
86833		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 136.16	\$ 136.16
86834		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 422.10	\$ 422.10
86835		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 381.25	\$ 381.25
87045		CULTURE, BACTERIAL; STOOL, AEROBIC, WITH	\$ 12.78	\$ 12.78
87070		CULTURE, BACTERIAL; ANY OTHER SOURCE EXC	\$ 11.67	\$ 11.67
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANIS	\$ 6.96	\$ 6.96
87086		CULTURE, BACTERIAL; QUANTITATIVE COLONY	\$ 10.94	\$ 10.94

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
87088		CULTURE, BACTERIAL; WITH ISOLATION AND P	\$ 10.97	\$ 10.97
87109		CULTURE MYCOPLASM ANY SOURCE	\$ 18.48	\$ 18.48
87110		CULTURE, CHLAMYDIA, ANY SOURCE	\$ 26.55	\$ 26.55
87150		CULTURE, TYPING; IDENTIFICATION BY NUCLE	\$ 30.38	\$ 30.38
87153		CULTURE, TYPING; IDENTIFICATION BY NUCLE	\$ 73.31	\$ 73.31
87177		OVA AND PARASITES	\$ 12.06	\$ 12.06
87209		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 24.36	\$ 24.36
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 4.61	\$ 4.61
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPL	\$ 5.15	\$ 5.15
87255		VIRUS ISOLATION; INCLUDING IDENTIFICATIO	\$ 33.12	\$ 33.12
87267		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87271		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87340		HEPATITIS B SURFACE AG IA	\$ 11.48	\$ 11.48
87389		INFECTIOUS AGENT ANTIGEN DETECTION BY EN	\$ 29.02	\$ 29.02
87420		RESP SYNCYTIAL AG IA	\$ 13.75	\$ 13.75
87430		STREP A AG IA	\$ 13.85	\$ 13.85
87480		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.25	\$ 24.25
87483		CNS DNA AMP PROBE TYPE 12-25	\$ 238.58	\$ 238.58
87491		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 29.64	\$ 29.64
87493		CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AM	\$ 30.38	\$ 30.38
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 29.64	\$ 29.64
87505		NFCT AGENT DETECTION GI	\$ 87.77	\$ 87.77
87506		IADNA-DNA/RNA PROBE TQ 6-11	\$ 132.97	\$ 132.97
87507		IADNA-DNA/RNA PROBE TQ 12-25	\$ 245.96	\$ 245.96
87510		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.25	\$ 24.25
87591		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 29.64	\$ 29.64
87623		HPV LOW-RISK TYPES	\$ 30.56	\$ 30.56

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
87624		HPV HIGH-RISK TYPES	\$ 30.56	\$ 30.56
87625		HPV TYPES 16 & 18 ONLY	\$ 30.56	\$ 30.56
87631		RESP VIRUS 3-5 TARGETS	\$ 85.14	\$ 85.14
87632		RESP VIRUS 6-11 TARGETS	\$ 128.98	\$ 128.98
87633		RESP VIRUS 12-25 TARGETS	\$ 238.58	\$ 238.58
87634		Rsv dna/rna amp probe	\$ 17.54	\$ 17.54
87660		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.25	\$ 24.25
87661		TRICHOMONAS VAGINALIS AMPLIF	\$ 28.94	\$ 28.94
87662		Zika virus dna/rna amp probe	\$ 29.64	\$ 29.64
87800		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 48.47	\$ 48.47
87802		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87803		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87804		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87806		HIV ANTIGEN W/HIV ANTIBODIES	\$ 29.92	\$ 29.92
87807		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 13.85	\$ 13.85
87880		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	\$ 13.85	\$ 13.85
87900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHE	\$ 110.39	\$ 110.39
87905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHE	\$ 17.30	\$ 17.30
87910		ANALYSIS TEST FOR CYTOMEGALOVIRUS	\$ 92.80	\$ 92.80
87912		ANALYSIS TEST FOR HEPATITIS B VIRUS	\$ 92.80	\$ 92.80
88142		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 27.46	\$ 27.46
88143		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 27.46	\$ 27.46
88147		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	\$ 14.32	\$ 14.32
88148		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	\$ 14.32	\$ 14.32
88153		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 14.32	\$ 14.32
88164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 14.32	\$ 14.32

Effective date



PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
88165		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 14.32	\$ 14.32
88166		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 14.32	\$ 14.32
88167		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 14.32	\$ 14.32
88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 28.95	\$ 28.95
88175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 35.22	\$ 35.22
88333		PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 77.85	\$ 77.85
88333	26	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 52.67	\$ 52.67
88333	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 18.57	\$ 18.57
88334		PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 40.78	\$ 40.78
88334	26	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 29.40	\$ 29.40
88334	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 11.37	\$ 11.37
88341		IMMUNOHISTO ANTB ADDL SLIDE	\$ 53.55	\$ 53.55
88341	26	IMMUNOHISTO ANTB ADDL SLIDE	\$ 17.95	\$ 17.95
88341	TC	IMMUNOHISTO ANTB ADDL SLIDE	\$ 35.59	\$ 35.59
88344		IMMUNOHISTO ANTIBODY SLIDE	\$ 93.29	\$ 93.29
88344	26	IMMUNOHISTO ANTIBODY SLIDE	\$ 33.01	\$ 33.01
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	\$ 60.29	\$ 60.29
88350		IMMUNOFLUOR ANTB ADDL STAIN	\$ 57.86	\$ 57.86
88350	26	IMMUNOFLUOR ANTB ADDL STAIN	\$ 23.60	\$ 23.60
88350	TC	IMMUNOFLUOR ANTB ADDL STAIN	\$ 34.26	\$ 34.26
88364		INSITU HYBRIDIZATION (FISH)	\$ 77.35	\$ 77.35
88364	26	INSITU HYBRIDIZATION (FISH)	\$ 22.39	\$ 22.39
88364	TC	INSITU HYBRIDIZATION (FISH)	\$ 54.95	\$ 54.95
88366		INSITU HYBRIDIZATION (FISH)	\$ 119.53	\$ 119.53
88366	26	INSITU HYBRIDIZATION (FISH)	\$ 51.96	\$ 51.96
88366	TC	INSITU HYBRIDIZATION (FISH)	\$ 67.57	\$ 67.57
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	\$ 58.83	\$ 58.83

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
88373		M/PHMTRC Alys ISHQVANT/SEMIQ	\$ 47.95	\$ 47.95
88374		M/PHMTRC Alys ISHQVANT/SEMIQ	\$ 162.66	\$ 162.66
88374	26	M/PHMTRC Alys ISHQVANT/SEMIQ	\$ 37.27	\$ 37.27
88374	TC	M/PHMTRC Alys ISHQVANT/SEMIQ	\$ 125.38	\$ 125.38
88377		M/PHMTRC Alys ISHQVANT/SEMIQ	\$ 170.94	\$ 170.94
88377	26	M/PHMTRC Alys ISHQVANT/SEMIQ	\$ 54.26	\$ 54.26
88377	TC	M/PHMTRC Alys ISHQVANT/SEMIQ	\$ 116.69	\$ 116.69
88387		MACROSCOPIC EXAMINATION, DISSECTION, AND	\$ 23.95	\$ 23.95
88388		MACROSCOPIC EXAMINATION, DISSECTION, AND	\$ 14.31	\$ 14.31
88720		BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$ 7.11	\$ 7.11
88738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUT	\$ 6.22	\$ 6.22
88740		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$ 7.11	\$ 7.11
88741		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$ 7.11	\$ 7.11
89049		CAFFEINE HALOTHANE CONTRACTURE TEST (CHC	\$ 159.83	\$ 51.95
89055		LEUKOCYTE ASSESSMENT FECAL	\$ 5.78	\$ 5.78
90371		HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMA	\$ 114.50	\$ 114.50
90384		RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FU	\$ 99.00	\$ 99.00
90385		RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MI	\$ 8.90	\$ 8.90
90386		RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN,	\$ 21.30	\$ 21.30
90389		TETANUS IMMUNE GLOBULIN (TIG)250UNITS/1M	\$ 127.81	\$ 127.81
90460	EP	IM ADMIN 1ST/ONLY COMPONENT	\$ 20.45	\$ 20.45
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PE	\$ 13.30	\$ 13.30
90471	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PE	\$ 20.45	\$ 20.45
90472		IMMUNIZATION ADMINISTRATION, EACH ADDITI	\$ 13.30	\$ 13.30
90472	EP	IMMUNIZATION ADMINISTRATION, EACH ADDITI	\$ 20.45	\$ 20.45
90473		IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 13.30	\$ 13.30
90473	EP	IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 20.45	\$ 20.45

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
90474		IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 13.30	\$ 13.30
90474	EP	IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 20.45	\$ 20.45
90585		BACILLUS CALMETTE-GUERIN VACCINE (BCG) F	\$ 111.57	\$ 111.57
90620		MENINGOCOCCAL RECOMBINANT PROTEIN	\$ 171.74	\$ 171.74
90621		MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VA	\$ 123.63	\$ 123.63
90633		HEPA VACC PED/ADOL 2 DOSE IM	\$ 23.57	\$ 23.57
90636		HEPATITIS A AND HEPATITIS B VACCINE (HEP	\$ 88.61	\$ 88.61
90647		HIB PRP-OMP VACC 3 DOSE IM	\$ 19.48	\$ 19.48
90648		HIB PRP-T VACCINE 4 DOSE IM	\$ 20.79	\$ 20.79
90649		4VHPV VACCINE 3 DOSE IM	\$ 134.37	\$ 134.37
90650		2VHPV VACCINE 3 DOSE IM	\$ 131.92	\$ 131.92
90651		9VHPV VACCINE 3 DOSE IM	\$ 175.87	\$ 175.87
90656		IIV3 VACC NO PRSV 0.5 ML IM	\$ 16.58	\$ 16.58
90657		IIV3 VACCINE SPLT 0.25 ML IM	\$ 6.31	\$ 6.31
90658		IIV3 VACCINE SPLT 0.5 ML IM	\$ 12.62	\$ 12.62
90670		PCV13 VACCINE IM	\$ 131.44	\$ 131.44
90674		INFLUENZA VIRUS VACCINE, QUADRIVALENT (C	\$ 21.30	\$ 21.30
90675		RABIES VACCINE, FOR INTRAMUSCULAR USE	\$ 145.59	\$ 145.59
90680		RV5 VACC 3 DOSE LIVE ORAL	\$ 74.56	\$ 74.56
90681		RV1 VACC 2 DOSE LIVE ORAL	\$ 109.88	\$ 109.88
90686		IIV4 VACC NO PRSV 0.5 ML IM	\$ 18.21	\$ 18.21
90688		IIV4 VACCINE SPLT 0.5 ML IM	\$ 15.80	\$ 15.80
90696		DTAP-IPV VACCINE 4-6 YRS IM	\$ 50.90	\$ 50.90
90698		DTAP-IPV/HIB VACCINE IM	\$ 77.48	\$ 77.48
90700		DIPHThERIA, TETANUS TOXOIDS, AND ACELLUL	\$ 14.20	\$ 14.20
90702		DT VACCINE UNDER 7 YRS IM	\$ 23.82	\$ 23.82
90707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE	\$ 40.61	\$ 40.61

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
90710		MEASLES, MUMPS, RUBELLA, AND VARICELLA V	\$ 132.90	\$ 132.90
90713		POLIOVIRUS VACCINE, INACTIVATED, (IPV),	\$ 24.54	\$ 24.54
90714		TD VACC NO PRESV 7 YRS+ IM	\$ 19.06	\$ 19.06
90715		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULA	\$ 39.10	\$ 39.10
90716		VAR VACCINE LIVE SUBQ	\$ 85.56	\$ 85.56
90723		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR P	\$ 71.90	\$ 71.90
90732		PPSV23 VACC 2 YRS+ SUBQ/IM	\$ 31.21	\$ 31.21
90733		MPSV4 VACCINE SUBQ	\$ 89.60	\$ 89.60
90734		MCV4 MENACWY VACCINE IM	\$ 105.80	\$ 105.80
90736		HZV VACCINE LIVE SUBQ	\$ 202.93	\$ 202.93
90740		HEPB VACC 3 DOSE IMMUNSUP IM	\$ 110.41	\$ 110.41
90744		HEPB VACC 3 DOSE PED/ADOL IM	\$ 23.12	\$ 23.12
90746		HEPB VACCINE 3 DOSE ADULT IM	\$ 54.65	\$ 54.65
90747		HEPB VACC 4 DOSE IMMUNSUP IM	\$ 109.31	\$ 109.31
90785		INTERACTIVE COMPLEXITY	\$ 3.76	\$ 3.76
90791		PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 119.19	\$ 93.67
90792		PSYCHIATRIC DIAGNOSTIC EVALUATION WITH M	\$ 99.42	\$ 96.84
90839		PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUT	\$ 119.09	\$ 111.62
90840		PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONA	\$ 100.26	\$ 93.02
91110		ADMINISTRATION OF ORAL CAPSULE FOR EVALU	\$ 810.11	\$ 810.11
91110	26	ADMINISTRATION OF ORAL CAPSULE FOR EVALU	\$ 162.28	\$ 162.28
91110	TC	ADMINISTRATION OF ORAL CAPSULE FOR EVALU	\$ 647.82	\$ 647.82
91122		ANORECTAL MANOMETRY	\$ 174.58	\$ 174.58
91122	26	ANORECTAL MANOMETRY	\$ 71.91	\$ 71.91
91122	TC	ANORECTAL MANOMETRY	\$ 102.67	\$ 102.67
91200		LIVER ELASTOGRAPHY	\$ 29.11	\$ 29.11
91200	26	LIVER ELASTOGRAPHY	\$ 12.32	\$ 12.32

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	\$ 68.51	\$ 68.51
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	\$ 24.19	\$ 24.19
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	\$ 44.31	\$ 44.31
92537		CALORIC VSTBLR TEST W/REC	\$ 33.14	\$ 33.14
92537	26	CALORIC VSTBLR TEST W/REC	\$ 26.44	\$ 26.44
92537	TC	CALORIC VSTBLR TEST W/REC	\$ 6.69	\$ 6.69
92538		CALORIC VSTBLR TEST W/REC	\$ 16.82	\$ 16.82
92538	26	CALORIC VSTBLR TEST W/REC	\$ 13.22	\$ 13.22
92538	TC	CALORIC VSTBLR TEST W/REC	\$ 3.60	\$ 3.60
92551		HEARING TEST	\$ 7.86	\$ 7.86
92560		HEARING TEST, SCREENING	\$ 17.96	\$ 17.96
92567		TYMPANOMETRY	\$ 13.37	\$ 11.99
92601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 114.33	\$ 114.33
92602		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 78.36	\$ 78.36
92603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 70.65	\$ 70.65
92604		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 44.94	\$ 44.94
92608		EVALUATION FOR PRESCRIPTION FOR SPEECH-G	\$ 18.79	\$ 18.79
92609		THERAPEUTIC SERVICES FOR THE USE OF SPEE	\$ 51.98	\$ 51.98
92610		EVALUATION OF ORAL AND PHARYNGEAL SWALLO	\$ 85.03	\$ 85.03
92611		MOTION FLUOROSCOPIC EVALUATION OF SWALLO	\$ 88.92	\$ 88.92
92612		ENDOSCOPY SWALLOW (FEES) VID	\$ 132.84	\$ 57.69
92614		LARYNGOSCOPIC SENSORY VID	\$ 119.88	\$ 57.69
92616		FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATIO	\$ 165.85	\$ 85.51
92950		HEART-LUNG RESUSCITATION	\$ 211.35	\$ 140.62
92973		REMOVAL OF BLOOD CLOT IN HEART ARTERY	\$ 155.77	\$ 155.77
92974		TRANSCATHETER PLACEMENT OF RADIATION DEL	\$ 142.67	\$ 142.67
93000		ELECTROCARDIOGRAM, COMPLETE	\$ 16.01	\$ 16.01

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
93010		ELECTROCARDIOGRAM REPORT	\$ 7.15	\$ 7.15
93025		MICROVOLT T-WAVE ALTERNANS FOR ASSESSMEN	\$ 213.19	\$ 213.19
93260		PRGRMG DEV EVAL IMPLTBL SYS	\$ 53.51	\$ 53.51
93260	26	PRGRMG DEV EVAL IMPLTBL SYS	\$ 37.00	\$ 37.00
93260	TC	PRGRMG DEV EVAL IMPLTBL SYS	\$ 16.51	\$ 16.51
93261		INTERROGATE SUBQ DEFIB	\$ 48.79	\$ 48.79
93261	26	INTERROGATE SUBQ DEFIB	\$ 32.29	\$ 32.29
93261	TC	INTERROGATE SUBQ DEFIB	\$ 16.51	\$ 16.51
93303		ECHO TRANSTHORACIC	\$ 166.42	\$ 166.42
93303	26	ECHO TRANSTHORACIC	\$ 54.92	\$ 54.92
93303	TC	ECHO TRANSTHORACIC	\$ 111.52	\$ 111.52
93306		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 203.14	\$ 203.14
93306	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 58.27	\$ 58.27
93306	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 146.03	\$ 146.03
93320		DOPPLER ECHO EXAM HEART	\$ 59.22	\$ 59.22
93320	26	DOPPLER ECHO EXAM HEART	\$ 16.39	\$ 16.39
93320	TC	DOPPLER ECHO EXAM HEART	\$ 42.83	\$ 42.83
93325		DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELO	\$ 39.39	\$ 39.39
93325	26	DOPPLER COLOR FLOW ADD-ON	\$ 3.09	\$ 3.09
93325	TC	DOPPLER COLOR FLOW ADD-ON	\$ 36.29	\$ 36.29
93355		ECHO TRANSESOPHAGEAL (TEE)	\$ 188.55	\$ 188.55
93580		PERCUTANEOUS TRANSCATHETER CLOSURE OF CO	\$ 855.08	\$ 855.08
93581		PERCUTANEOUS TRANSCATHETER CLOSURE OF A	\$1,131.53	\$1,131.53
93613	26	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENS	\$ 201.20	\$ 201.20
93644		ELECTROPHYSIOLOGY EVALUATION	\$ 246.80	\$ 246.80
93644	26	ELECTROPHYSIOLOGY EVALUATION	\$ 164.17	\$ 164.17
93644	TC	ELECTROPHYSIOLOGY EVALUATION	\$ 82.63	\$ 82.63

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
93701		BIOIMPEDANCE, THORACIC, ELECTRICAL	\$ 32.92	\$ 32.92
93701	26	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$ 7.75	\$ 7.75
93701	TC	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$ 25.16	\$ 25.16
94150		VITAL CAPACITY TEST.	\$ 16.98	\$ 16.98
94640		PRESSURIZED OR NONPRESSURIZED INHALATION	\$ 10.18	\$ 10.18
94644		CONTINUOUS INHALATION TREATMENT WITH AER	\$ 30.06	\$ 30.06
94645		CONTINUOUS INHALATION TREATMENT WITH AER	\$ 11.39	\$ 11.39
94664		DEMONSTRATION AND/OR EVALUATION OF PATIE	\$ 10.90	\$ 10.89
94761		NONINVASIVE EAR OR PULSE OXIMETRY MULTIP	\$ 3.84	\$ 3.84
95004		INJECTION OF ALLERGENIC EXTRACTS INTO SK	\$ 4.33	\$ 4.33
95165		PROFESSIONAL SERVICES FOR THE SUPERVISIO	\$ 8.82	\$ 2.52
95851		RANGE OF MOTION EVALUATION	\$ 12.60	\$ 6.30
95851	26	RANGE OF MOTION EVALUATION	\$ 10.16	\$ 4.73
95990		REFILLING AND MAINTENANCE OF IMPLANTABLE	\$ 49.54	\$ 49.54
95991		REFILLING AND MAINTENANCE BY PHYSICIAN O	\$ 75.41	\$ 30.70
96110		DEVELOPMENTAL SCREEN W/SCORE	\$ 8.26	\$ 8.26
96110	EP	DEVELOPMENTAL SCREEN W/SCORE	\$ 8.26	\$ 8.26
96127		BRIEF EMOTIONAL/BEHAV ASSMT	\$ 4.17	\$ 4.17
96127	EP	BRIEF EMOTIONAL/BEHAV ASSMT	\$ 4.17	\$ 4.17
96160		PT-FOCUSED HLTH RISK ASSMT	\$ 3.66	\$ 3.66
96161		CAREGIVER HEALTH RISK ASSMT	\$ 3.66	\$ 3.66
96161	EP	CAREGIVER HEALTH RISK ASSMT	\$ 3.66	\$ 3.66
96360		INTRAVENOUS INFUSION, HYDRATION; INITIAL	\$ 48.02	\$ 48.02
96361		INTRAVENOUS INFUSION, HYDRATION; EACH AD	\$ 13.98	\$ 13.98
96365		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 58.57	\$ 58.57
96366		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 18.82	\$ 18.82
96367		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 29.60	\$ 29.60

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
96368		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 17.56	\$ 17.56
96369		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 127.53	\$ 127.53
96370		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 13.59	\$ 13.59
96371		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 61.69	\$ 61.69
96372		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 16.20	\$ 16.20
96373		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 15.60	\$ 15.60
96374		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 46.48	\$ 46.48
96375		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 20.16	\$ 20.16
96920		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 135.02	\$ 54.03
96921		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 133.03	\$ 54.31
96922		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 197.34	\$ 92.70
97032		APPLICATION OF A MODALITY TO ONE OR MORE	\$ 12.80	\$ 12.80
97161		PT EVAL LOW COMPLEX 20 MIN	\$ 66.11	\$ 66.11
97162		PT EVAL MOD COMPLEX 30 MIN	\$ 66.11	\$ 66.11
97163		PT EVAL HIGH COMPLEX 45 MIN	\$ 66.11	\$ 66.11
97164		PT RE-EVAL EST PLAN CARE	\$ 44.79	\$ 44.79
97165		OT EVAL LOW COMPLEX 30 MIN	\$ 64.14	\$ 64.14
97166		OT EVAL MOD COMPLEX 45 MIN	\$ 64.14	\$ 64.14
97167		OT EVAL HIGH COMPLEX 60 MIN	\$ 64.14	\$ 64.14
97168		OT RE-EVAL EST PLAN CARE	\$ 42.32	\$ 42.32
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT	\$ 22.76	\$ 22.76
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES	\$ 25.95	\$ 25.95
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING	\$ 25.95	\$ 25.95
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND	\$ 25.95	\$ 25.95
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	\$ 17.30	\$ 17.30
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	\$ 9.27	\$ 9.27
99070		SUPPLIES AND MATERIALS PROVIDED BY THE P	\$ 9.23	\$ 9.23

Effective date



PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
99082		UNUSUAL TRAVEL	\$ 0.81	\$ 0.81
99201		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 31.54	\$ 20.40
99202		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 51.87	\$ 39.33
99203		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 79.24	\$ 59.36
99204		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 122.88	\$ 99.69
99205		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 155.34	\$ 129.73
99211		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 15.99	\$ 7.55
99212		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 31.85	\$ 20.10
99213		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 53.18	\$ 39.32
99214		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 80.12	\$ 60.84
99215		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 108.37	\$ 86.38
99217		HOSPITAL OBSERVATION CARE DISCHARGE	\$ 58.29	\$ 58.29
99218		HOSPITAL OBSERVATION CARE TYPICALLY 30 M	\$ 54.98	\$ 54.98
99219		HOSPITAL OBSERVATION CARE TYPICALLY 50 M	\$ 91.04	\$ 91.04
99220		HOSPITAL OBSERVATION CARE TYPICALLY 70 M	\$ 127.69	\$ 127.69
99221		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 78.95	\$ 78.95
99222		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 107.74	\$ 107.74
99223		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 158.64	\$ 158.64
99224		SUBSEQUENT OBSERVATION CARE, TYPICALLY 1	\$ 22.14	\$ 22.14
99225		SUBSEQUENT OBSERVATION CARE, TYPICALLY 2	\$ 39.32	\$ 39.32
99226		SUBSEQUENT OBSERVATION CARE, TYPICALLY 3	\$ 58.80	\$ 58.80
99231		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 32.60	\$ 32.60
99232		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 58.75	\$ 58.75
99233		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 84.16	\$ 84.16
99234		HOSPITAL OBSERVATION OR INPATIENT CARE L	\$ 111.38	\$ 111.38
99235		OBSERV/HOSP SAME DATE	\$ 146.31	\$ 146.31
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI	\$ 58.09	\$ 58.09

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
99241		PATIENT OFFICE CONSULTATION, TYPICALLY 1	\$ 38.00	\$ 26.21
99242		PATIENT OFFICE CONSULTATION, TYPICALLY 3	\$ 71.20	\$ 55.31
99243		PATIENT OFFICE CONSULTATION, TYPICALLY 4	\$ 97.91	\$ 77.09
99244		PATIENT OFFICE CONSULTATION, TYPICALLY 6	\$ 145.43	\$ 122.40
99245		PATIENT OFFICE CONSULTATION, TYPICALLY 8	\$ 178.74	\$ 152.70
99251		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 38.80	\$ 38.80
99252		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 60.13	\$ 60.13
99253		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 91.28	\$ 91.29
99254		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 132.03	\$ 132.03
99255		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 160.87	\$ 160.87
99281		EMERGENCY DEPARTMENT VISIT, SELF LIMITED	\$ 16.19	\$ 16.19
99282		EMERGENCY DEPARTMENT VISIT, LOW TO MODER	\$ 31.50	\$ 31.50
99283		EMERGENCY DEPARTMENT VISIT, MODERATELY S	\$ 48.81	\$ 48.81
99284		EMERGENCY DEPARTMENT VISIT, PROBLEM OF H	\$ 91.39	\$ 91.39
99285		EMERGENCY DEPARTMENT VISIT, PROBLEM WITH	\$ 135.87	\$ 135.87
99307		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 34.72	\$ 34.72
99308		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 53.07	\$ 53.07
99309		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 70.40	\$ 70.40
99310		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 104.10	\$ 104.10
99315		NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$ 50.79	\$ 50.79
99316		NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$ 66.36	\$ 66.36
99318		NURSING FACILITY ANNUAL ASSESSMENT, TYPI	\$ 73.59	\$ 73.59
99324		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 47.19	\$ 47.19
99325		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 68.72	\$ 68.72
99326		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 113.64	\$ 113.64
99327		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 148.22	\$ 148.22
99328		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 174.48	\$ 174.48

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
99334		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 48.64	\$ 48.64
99335		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 75.34	\$ 75.34
99336		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 106.09	\$ 106.09
99337		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 152.43	\$ 152.43
99341		NEW PATIENT HOME VISIT, TYPICALLY 20 MIN	\$ 47.19	\$ 47.19
99342		NEW PATIENT HOME VISIT, TYPICALLY 30 MIN	\$ 68.72	\$ 68.72
99343		NEW PATIENT HOME VISIT, TYPICALLY 45 MIN	\$ 110.68	\$ 110.68
99344		NEW PATIENT HOME VISIT, TYPICALLY 60 MIN	\$ 145.31	\$ 145.31
99345		NEW PATIENT HOME VISIT, TYPICALLY 75 MIN	\$ 174.77	\$ 174.77
99347		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 46.05	\$ 46.05
99348		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 69.53	\$ 69.53
99349		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 101.25	\$ 101.25
99350		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 141.15	\$ 141.15
99354		PROLONG E&M/PSYCTX SERV O/P	\$ 80.39	\$ 76.17
99355		PROLONG E&M/PSYCTX SERV O/P	\$ 79.59	\$ 75.36
99356		PROLONGED PHYSICIAN SERVICE IN THE INPAT	\$ 73.42	\$ 73.42
99357		PROLONGED PHYSICIAN SERVICE IN THE INPAT	\$ 73.91	\$ 73.91
99381		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 79.65	\$ 53.20
99381	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 76.36	\$ 76.36
99382		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 86.83	\$ 60.70
99382	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 76.36	\$ 76.36
99383		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 86.22	\$ 60.70
99383	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 76.36	\$ 76.36
99384		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 93.93	\$ 68.40
99384	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 76.36	\$ 76.36
99385		NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 92.04	\$ 67.04
99385	EP	NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 76.36	\$ 76.36

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
99386		NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	\$ 107.87	\$ 82.27
99391		PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	\$ 66.41	\$ 45.50
99391	EP	PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	\$ 76.36	\$ 76.36
99392		PERIODIC PREVENTIVE MEDICINE AGE 001-004	\$ 74.12	\$ 53.20
99392	EP	PERIODIC PREVENTIVE MEDICINE AGE 001-004	\$ 76.36	\$ 76.36
99393		PERIODIC PREVENTIVE MEDICINE AGE 005-011	\$ 73.81	\$ 53.20
99393	EP	PERIODIC PREVENTIVE MEDICINE AGE 005-011	\$ 76.36	\$ 76.36
99394		PERIODIC PREVENTIVE MEDICINE AGES 012-01	\$ 81.30	\$ 60.70
99394	EP	PERIODIC PREVENTIVE MEDICINE AGES 012-01	\$ 76.36	\$ 76.36
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 79.98	\$ 59.49
99395	EP	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 76.36	\$ 76.36
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	\$ 87.53	\$ 67.04
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OV	\$ 98.20	\$ 75.01
99406		SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 11.34	\$ 10.14
99406	EP	SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 11.34	\$ 10.14
99407		SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 21.91	\$ 21.01
99407	EP	SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 21.91	\$ 21.01
99408		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 29.22	\$ 28.00
99408	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 29.22	\$ 28.00
99409		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 57.42	\$ 56.22
99409	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 57.42	\$ 56.22
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE	\$ 49.38	\$ 49.38
99461		INITIAL CARE, PER DAY, FOR EVALUATION AN	\$ 72.91	\$ 55.13
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR E	\$ 26.34	\$ 26.34
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE	\$ 66.07	\$ 66.07
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PR	\$ 115.69	\$ 115.69
G0108		DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	\$ 19.20	\$ 19.20
G0109		DIABETES SELF-MANAGEMENT TRAINING SERVIC	\$ 10.75	\$ 10.75

Effective date

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
G0328		COLORECTAL CANCER SCREENING; FECAL OCCUL	\$ 19.36	\$ 19.36
G0480		DRUG TEST DEF 1-7 CLASSES	\$ 72.75	\$ 72.75
G0481		DRUF TEST DEF 8-14 CLASSES	\$ 111.92	\$ 111.92
G0482		DRUF TEST DEF 15-21 CLASSES	\$ 151.09	\$ 151.09
G0483		DRUF TEST DEF 22 OR MORE DRUG CLASSES	\$ 195.86	\$ 195.86
P9041		ALBUMIN (HUMAN), 5%, 50 ML	\$ 19.14	\$ 19.14
P9047		ALBUMIN (HUMAN), 25%, 50 ML	\$ 38.30	\$ 38.30
Q0144		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/	\$ 20.75	\$ 20.75
Q2049		INJECTION, DOXORUBICIN HYDROCHLORIDE, LI	\$ 475.47	\$ 475.47
Q2050		DOXORUBICIN INJ 10MG	\$ 551.74	\$ 551.74
Q3014		TELEHEALTH ORIGINATING SITE FACILITY FEE	\$ 22.25	\$ 22.25
S0023		INJECTION, CIMETIDINE HYDROCHLORIDE, 300	\$ 0.58	\$ 0.58
S9442		BIRTHING CLASSES, NONPHYSICIAN PROVIDER,	\$ 8.26	\$ 8.26

Effective date

\*\*\* The Physician Drug Program fee schedule can be found at <https://dma.ncdhhs.gov/providers/fee-schedules>