

**Nurse Midwives Fee Schedule**  
**Provider Specialty 063**  
**Taxonomy: 367A00000X**  
**Fee Schedule Updated on: 8/12/2020**

\*\*\*The Agency's fee schedule rates below were set as of January 1, 2014 unless otherwise noted\*\*\*

Rate changes after January 1, 2014 are based on the January 1st RVU of the year in which the service was initially established

*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 of Rate	End Date of Rate
			FACILITY RATE	NON-FACILITY RATE		
01996		DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR	\$ 40.88	\$ 40.88	3/1/2020	12/31/9999
10004		FNA BX W/O IMG GDN EA ADDL	\$ 38.05	\$ 45.17	3/1/2020	12/31/9999
10005		FNA BX W/US GDN 1ST LES	\$ 64.44	\$ 108.68	3/1/2020	12/31/9999
10006		FNA BX W/US GDN EA ADDL	\$ 43.91	\$ 52.22	3/1/2020	12/31/9999
10007		FNA BX W/FLUOR GDN 1ST LES	\$ 82.72	\$ 242.76	3/1/2020	12/31/9999
10008		FNA BX W/FLUOR GDN EA ADDL	\$ 53.95	\$ 137.09	3/1/2020	12/31/9999
10009		FNA BX W/CT GDN 1ST LES	\$ 100.41	\$ 396.44	3/1/2020	12/31/9999
10010		FNA BX W/CT GDN EA ADDL	\$ 73.40	\$ 239.37	3/1/2020	12/31/9999
10011		FNA BX W/MR GDN 1ST LES	\$ 54.57	\$ 108.33	3/1/2020	12/31/9999
10012		FNA BX W/MR GDN EA ADDL	\$ 54.57	\$ 108.33	3/1/2020	12/31/9999
10021		FINE NEEDLE ASPIRATION; WITHOUT IMAGING	\$ 59.24	\$ 117.41	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

10035		PERQ DEV SOFT TISS 1ST IMAG	\$ 76.62	\$ 450.50	3/1/2020	12/31/9999
10060		DRAINAGE OF ABSCESS	\$ 69.34	\$ 79.99	3/1/2020	12/31/9999
10140		DRAINAGE OF BLOOD EFFUSION	\$ 88.83	\$ 112.43	3/1/2020	12/31/9999
11102		TANGNTL BX SKIN SINGLE LES	\$ 34.62	\$ 83.92	3/1/2020	12/31/9999
11106		INCAL BX SKN SINGLE LES	\$ 52.84	\$ 127.66	3/1/2020	12/31/9999
11107		INCAL BX SKN EA SEP/ADDL	\$ 28.28	\$ 61.24	3/1/2020	12/31/9999
11200		REMOVAL OF SKIN TAGS <W/15	50.41	59.35	3/1/2020	12/31/9999
11300		SHAVING OF EPIDERMAL LESION TRUNK ARMS L	\$ 22.80	\$ 49.00	3/1/2020	12/31/9999
11421		EXC H-F-NK-SP B9+MARG 0.6-1	80.76	109.86	3/1/2020	12/31/9999
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSU	\$ 75.37	\$ 111.06	3/1/2020	12/31/9999
11980		SUBCUTANEOUS HORMONE PELLET (IMPLANTATIO	\$ 63.32	\$ 79.14	3/1/2020	12/31/9999
11981		INSERTION, NON-BIODEGRADABLE DRUG DELIVE	\$ 67.91	\$ 103.75	3/1/2020	12/31/9999
11982		REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY	\$ 82.86	\$ 119.58	3/1/2020	12/31/9999
11983		REMOVAL WITH REINSERTION, NON-BIODEGRADA	\$ 151.73	\$ 186.10	3/1/2020	12/31/9999
12001		RPR S/N/AX/GEN/TRNK 2.5CM/<	77.79	107.44	3/1/2020	12/31/9999
12041		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$ 125.62	\$ 179.76	3/1/2020	12/31/9999
17003		DESTRUCTION BY ANY METHOD, INCLUDING LAS	\$ 3.53	\$ 5.54	3/1/2020	12/31/9999
17108		DESTRUCTION OF SKIN LESIONS	\$ 360.33	\$ 427.97	3/1/2020	12/31/9999
19020		INCISION OF BREAST LESION	\$ 210.47	\$ 312.68	3/1/2020	12/31/9999
20526		INJECTION, THERAPEUTIC (EG, LOCAL ANESTH	\$ 49.27	\$ 63.89	3/1/2020	12/31/9999
20604		DRAIN/INJ JOINT/BURSA W/US	\$ 39.63	\$ 61.13	3/1/2020	12/31/9999
20606		DRAIN/INJ JOINT/BURSA W/US	\$ 44.88	\$ 67.27	3/1/2020	12/31/9999
20611		DRAIN/INJ JOINT/BURSA W/US	\$ 52.56	\$ 77.01	3/1/2020	12/31/9999
20612		ASPIRATION AND/OR INJECTION OF GANGLION	\$ 36.74	\$ 48.99	3/1/2020	12/31/9999
20700		MNL PREP&INSJ DP RX DLVR DEV	\$ 73.80	\$ 73.80	3/1/2020	12/31/9999
20701		RMVL DEEP RX DELIVERY DEVICE	\$ 55.14	\$ 55.14	3/1/2020	12/31/9999
20702		MNL PREP&INSJ IMED RX DEV	\$ 122.76	\$ 122.76	3/1/2020	12/31/9999
20703		RMVL IMED RX DELIVERY DEVICE	\$ 88.11	\$ 88.11	3/1/2020	12/31/9999
20704		MNL PREP&INSJ I-ARTIC RX DEV	\$ 127.88	\$ 127.88	3/1/2020	12/31/9999
20705		RMVL I-ARTIC RX DELIVERY DEV	\$ 105.32	\$ 105.32	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

20932		OSTEOART ALGRFT W/SURF & B1	\$ 623.07	\$ 623.07	3/1/2020	12/31/9999
20933		HEMICRT INTRCLRY ALGRFT PRTL	\$ 571.60	\$ 571.60	3/1/2020	12/31/9999
20934		INTERCALARY ALGRFT COMPL	\$ 622.76	\$ 622.76	3/1/2020	12/31/9999
20979		LOW INTENSITY ULTRASOUND STIMULATION TO	\$ 31.55	\$ 46.52	3/1/2020	12/31/9999
20983		ABLATE BONE TUMOR(S) PERQ	\$ 347.55	\$ 5,797.84	3/1/2020	12/31/9999
21046		EXCISION OF BENIGN TUMOR OR CYST OF MAND	\$ 894.57	\$ 894.57	3/1/2020	12/31/9999
21047		EXCISION OF BENIGN TUMOR OR CYST OF MAND	\$ 1,095.43	\$ 1,095.43	3/1/2020	12/31/9999
21048		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	\$ 911.06	\$ 911.06	3/1/2020	12/31/9999
21049		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	\$ 1,052.75	\$ 1,052.75	3/1/2020	12/31/9999
21601		EXC CHEST WALL TUMOR W/RIBS	\$ 1,025.47	\$ 1,025.47	3/1/2020	12/31/9999
21602		EXC CH WAL TUM W/O LYMPHADEC	\$ 1,375.19	\$ 1,375.19	3/1/2020	12/31/9999
21603		EXC CH WAL TUM W/LYMPHADEC	\$ 1,521.62	\$ 1,521.62	3/1/2020	12/31/9999
21685		HYOID MYOTOMY AND SUSPENSION	\$ 826.53	\$ 826.53	3/1/2020	12/31/9999
21812		TREATMENT OF RIB FRACTURE	\$ 579.14	\$ 563.23	3/1/2020	12/31/9999
21813		TREATMENT OF RIB FRACTURE	\$ 782.94	\$ 770.56	3/1/2020	12/31/9999
22551		ARTHRODESIS, ANTERIOR INTERBODY, INCLUDI	\$ 1,395.65	\$ 1,395.65	3/1/2020	12/31/9999
22852		REMOVAL OF SEGMENTAL INSTRUMENTATION	\$ 512.57	\$ 512.57	3/1/2020	12/31/9999
23412		REPAIR OF TENDON(S)	\$ 655.90	\$ 655.90	3/1/2020	12/31/9999
23700		FIXATION OF SHOULDER	\$ 145.30	\$ 145.30	3/1/2020	12/31/9999
24300		MANIPULATION, ELBOW, UNDER ANESTHESIA	\$ 325.47	\$ 325.47	3/1/2020	12/31/9999
24332		TENOLYSIS, TRICEPS	\$ 496.70	\$ 496.70	3/1/2020	12/31/9999
24343		REPAIR LATERAL COLLATERAL LIGAMENT, ELBO	\$ 582.67	\$ 582.67	3/1/2020	12/31/9999
24344		RECONSTRUCTION LATERAL COLLATERAL LIGAME	\$ 906.22	\$ 906.22	3/1/2020	12/31/9999
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW	\$ 579.83	\$ 579.83	3/1/2020	12/31/9999
24346		RECONSTRUCTION MEDIAL COLLATERAL LIGAMEN	\$ 903.83	\$ 903.83	3/1/2020	12/31/9999
25001		INCISION, FLEXOR TENDON SHEATH, WRIST (E	\$ 271.33	\$ 271.33	3/1/2020	12/31/9999
25024		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	\$ 632.10	\$ 632.10	3/1/2020	12/31/9999
25025		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	\$ 954.06	\$ 954.06	3/1/2020	12/31/9999
25259		MANIPULATION, WRIST, UNDER ANESTHESIA	\$ 324.78	\$ 324.78	3/1/2020	12/31/9999
25275		REPAIR, TENDON SHEATH, EXTENSOR, FOREARM	\$ 555.96	\$ 555.96	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

25394		OSTEOPLASTY, CARPAL BONE, SHORTENING	\$ 640.00	\$ 640.00	3/1/2020	12/31/9999
25430		INSERTION OF VASCULAR PEDICLE INTO CARPA	\$ 584.80	\$ 584.80	3/1/2020	12/31/9999
25431		REPAIR OF NONUNION OF CARPAL BONE (EXCLU	\$ 658.11	\$ 658.11	3/1/2020	12/31/9999
25651		PERCUTANEOUS SKELETAL FIXATION OF ULNAR	\$ 385.25	\$ 385.25	3/1/2020	12/31/9999
25652		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$ 508.85	\$ 508.85	3/1/2020	12/31/9999
25671		PERCUTANEOUS SKELETAL FIXATION OF DISTAL	\$ 427.54	\$ 427.54	3/1/2020	12/31/9999
26340		MANIPULATION, FINGER JOINT, UNDER ANESTH	\$ 255.44	\$ 255.44	3/1/2020	12/31/9999
27130		ARTHROPLASTY, ACETABULAR AND PROXIMAL FE	\$ 1,103.93	\$ 1,103.93	3/1/2020	12/31/9999
27235		PERCUTANEOUS SKELETAL FIXATION OF FEMORA	\$ 689.97	\$ 689.97	3/1/2020	12/31/9999
27279		ARTHRODESIS SACROILIAC JOINT	\$ 486.69	\$ 486.69	3/1/2020	12/31/9999
27447		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU;	\$ 1,181.80	\$ 1,181.80	3/1/2020	12/31/9999
29086		APPLICATION, CAST; FINGER (EG, CONTRACTU	\$ 39.59	\$ 56.60	3/1/2020	12/31/9999
29805		ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH	\$ 393.03	\$ 393.03	3/1/2020	12/31/9999
29806		ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULO	\$ 805.06	\$ 805.06	3/1/2020	12/31/9999
29807		ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR	\$ 869.77	\$ 869.77	3/1/2020	12/31/9999
29823		ARTHROSCOPY DEBRIDEMENT EXTENSIVE	\$ 470.80	\$ 470.80	3/1/2020	12/31/9999
29824		ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL	\$ 558.54	\$ 558.54	3/1/2020	12/31/9999
29827		ARTHROSCOPY, SHOULDER, SURGICAL; WITH RO	\$ 918.15	\$ 918.15	3/1/2020	12/31/9999
29873		ARTHROSCOPY, KNEE, SURGICAL; WITH LATERA	\$ 428.90	\$ 428.90	3/1/2020	12/31/9999
29899		ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE	\$ 885.63	\$ 885.63	3/1/2020	12/31/9999
29900		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	\$ 387.25	\$ 387.25	3/1/2020	12/31/9999
29901		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	\$ 427.21	\$ 427.21	3/1/2020	12/31/9999
29902		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	\$ 445.33	\$ 445.33	3/1/2020	12/31/9999
31515		VISUALIZATION OF LARYNX	\$ 86.42	\$ 154.06	3/1/2020	12/31/9999
31600		INCISION OF WINDPIPE	\$ 314.34	\$ 314.34	3/1/2020	12/31/9999
31632		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	\$ 46.91	\$ 65.96	3/1/2020	12/31/9999
31633		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	\$ 58.38	\$ 78.79	3/1/2020	12/31/9999
33016		PERICARDIOCENTESIS W/IMAGING	\$ 206.66	\$ 206.66	3/1/2020	12/31/9999
33017		PRCRD DRG 6YR+ W/O CGEN CAR	\$ 214.61	\$ 214.61	3/1/2020	12/31/9999
33018		PRCRD DRG 0-5YR OR W/ANOMLY	\$ 245.37	\$ 245.37	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

33019		PERQ PRCRD DRG INSJ CATH CT	\$ 198.74	\$ 198.74	3/1/2020	12/31/9999
33215		REPOSITION PACING-DEFIB LEAD	\$ 280.72	\$ 280.72	3/1/2020	12/31/9999
33224		INSERTION OF PACING ELECTRODE, CARDIAC V	\$ 457.29	\$ 457.29	3/1/2020	12/31/9999
33225		INSERTION OF LEFT HEART ELECTRODE FOR PA	\$ 410.24	\$ 410.24	3/1/2020	12/31/9999
33226		REPOSITIONING OF PREVIOUSLY IMPLANTED CA	\$ 440.86	\$ 440.86	3/1/2020	12/31/9999
33285		INSJ SUBQ CAR RHYTHM MNTR	\$ 77.56	\$ 4,337.75	3/1/2020	12/31/9999
33508		ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASS	\$ 14.28	\$ 14.28	3/1/2020	12/31/9999
33858		AS-AORT GRF F/AORTIC DSJ	\$ 2,966.25	\$ 2,966.25	3/1/2020	12/31/9999
33859		AS-AORT GRF F/DS OTH/THN DSJ	\$ 2,129.43	\$ 2,129.43	3/1/2020	12/31/9999
33871		TRANSVRS A-ARCH GRF HYPTRM	\$ 2,851.01	\$ 2,851.01	3/1/2020	12/31/9999
33967		INSERT I-AORT PERCUT DEVICE	\$ 237.59	\$ 237.59	3/1/2020	12/31/9999
33979		INSERTION OF VENTRICULAR ASSIST DEVICE,	\$ 2,132.94	\$ 2,132.94	3/1/2020	12/31/9999
33980		REMOVAL OF VENTRICULAR ASSIST DEVICE, IM	\$ 3,111.74	\$ 3,111.74	3/1/2020	12/31/9999
34833		OPEN ILIAC ARTERY EXPOSURE WITH CREATION	\$ 559.67	\$ 559.67	3/1/2020	12/31/9999
34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST	\$ 254.85	\$ 254.85	3/1/2020	12/31/9999
35510		BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIA	\$ 1,141.73	\$ 1,141.73	3/1/2020	12/31/9999
35512		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRAC	\$ 1,118.71	\$ 1,118.71	3/1/2020	12/31/9999
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHI	\$ 1,089.31	\$ 1,089.31	3/1/2020	12/31/9999
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHI	\$ 1,029.20	\$ 1,029.20	3/1/2020	12/31/9999
35572		HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEG	\$ 314.92	\$ 314.92	3/1/2020	12/31/9999
35647		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	\$ 1,418.67	\$ 1,418.67	3/1/2020	12/31/9999
35685		PLACEMENT OF VEIN PATCH OR CUFF AT DISTA	\$ 183.82	\$ 183.82	3/1/2020	12/31/9999
35686		CREATION OF DISTAL ARTERIOVENOUS FISTULA	\$ 152.96	\$ 152.96	3/1/2020	12/31/9999
35697		REIMPLANTATION, VISCERAL ARTERY TO INFRA	\$ 136.77	\$ 136.77	3/1/2020	12/31/9999
35702		EXPL N/FLWD SURG UXTR ART	\$ 358.30	\$ 358.30	3/1/2020	12/31/9999
35703		EXPL N/FLWD SURG LXTR ART	\$ 363.53	\$ 363.53	3/1/2020	12/31/9999
36000		PLACE NEEDLE IN VEIN	7.82	19.62	3/1/2020	12/31/9999
36002		INJECTION PROCEDURES (EG, THROMBIN) FOR	\$ 98.66	\$ 154.44	3/1/2020	12/31/9999
36400		INSERTION OF NEEDLE INTO UPPER LEG OR NE	\$ 14.72	\$ 20.48	3/1/2020	12/31/9999
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	\$ 2.77	\$ 2.77	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

36511		THERAPEUTIC APHERESIS; FOR WHITE BLOOD C	\$ 80.36	\$ 80.36	3/1/2020	12/31/9999
36512		THERAPEUTIC APHERESIS; FOR RED BLOOD CEL	\$ 81.03	\$ 81.03	3/1/2020	12/31/9999
36513		THERAPEUTIC APHERESIS; FOR PLATELETS	\$ 82.11	\$ 82.11	3/1/2020	12/31/9999
36514		THERAPEUTIC APHERESIS; FOR PLASMA PHERES	\$ 79.33	\$ 525.61	3/1/2020	12/31/9999
36516		THERAPEUTIC APHERESIS; WITH EXTRACORPORE	\$ 55.92	\$ 2,315.17	3/1/2020	12/31/9999
36555		INSERTION OF NON-TUNNELED CENTRALLY INSE	\$ 113.00	\$ 252.12	3/1/2020	12/31/9999
36556		INSERTION OF NON-TUNNELED CENTRALLY INSE	\$ 107.60	\$ 229.72	3/1/2020	12/31/9999
36557		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 263.13	\$ 795.80	3/1/2020	12/31/9999
36558		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 253.20	\$ 780.09	3/1/2020	12/31/9999
36560		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 314.29	\$ 1,084.04	3/1/2020	12/31/9999
36561		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 303.46	\$ 1,090.56	3/1/2020	12/31/9999
36563		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 316.04	\$ 1,069.47	3/1/2020	12/31/9999
36565		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 300.41	\$ 926.61	3/1/2020	12/31/9999
36566		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 321.72	\$ 2,562.25	3/1/2020	12/31/9999
36568		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 84.91	\$ 292.74	3/1/2020	12/31/9999
36569		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 84.47	\$ 264.41	3/1/2020	12/31/9999
36570		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 268.09	\$ 1,111.99	3/1/2020	12/31/9999
36571		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 273.49	\$ 1,168.76	3/1/2020	12/31/9999
36575		REPAIR OF TUNNELED OR NON-TUNNELED CENTR	\$ 34.90	\$ 151.58	3/1/2020	12/31/9999
36576		REPAIR OF CENTRAL VENOUS ACCESS DEVICE,	\$ 166.88	\$ 327.43	3/1/2020	12/31/9999
36578		REPLACEMENT, CATHETER ONLY, OF CENTRAL	\$ 191.43	\$ 463.89	3/1/2020	12/31/9999
36580		REPLACEMENT, COMPLETE, OF A NON-TUNNELED	\$ 61.09	\$ 232.19	3/1/2020	12/31/9999
36581		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 178.71	\$ 712.05	3/1/2020	12/31/9999
36582		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 264.05	\$ 982.78	3/1/2020	12/31/9999
36583		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 266.21	\$ 985.28	3/1/2020	12/31/9999
36584		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	\$ 63.22	\$ 229.55	3/1/2020	12/31/9999
36585		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	\$ 248.43	\$ 1,017.84	3/1/2020	12/31/9999
36589		REMOVAL OF TUNNELED CENTRAL VENOUS CATHE	\$ 123.85	\$ 149.03	3/1/2020	12/31/9999
36590		REMOVAL OF TUNNELED CENTRAL VENOUS ACCES	\$ 174.32	\$ 236.90	3/1/2020	12/31/9999
36595		MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 169.30	\$ 599.25	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

36596		MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 41.48	\$ 131.95	3/1/2020	12/31/9999
36597		REPOSITIONING OF PREVIOUSLY PLACED CENTR	\$ 56.36	\$ 116.58	3/1/2020	12/31/9999
36820		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FORE	\$ 710.29	\$ 710.29	3/1/2020	12/31/9999
36823		INSERTION OF ARTERIAL AND VENOUS CANNULA	\$ 1,114.50	\$ 1,114.50	3/1/2020	12/31/9999
36838		DISTAL REVASCULARIZATION AND INTERVAL LI	\$ 1,050.49	\$ 1,050.49	3/1/2020	12/31/9999
36902		INTRO CATH DIALYSIS CIRCUIT	\$ 190.26	\$ 1,022.30	3/1/2020	12/31/9999
37182		INSERTION OF TRANSVENOUS INTRAHEPATIC PO	\$ 784.76	\$ 784.76	3/1/2020	12/31/9999
37183		REVISION OF TRANSVENOUS INTRAHEPATIC POR	\$ 374.13	\$ 374.13	3/1/2020	12/31/9999
37218		STENT PLACEMT ANTE CAROTID	\$ 749.88	\$ 699.77	3/1/2020	12/31/9999
37500		VASCULAR ENDOSCOPY, SURGICAL, WITH LIGAT	\$ 617.77	\$ 617.77	3/1/2020	12/31/9999
38120		LAPAROSCOPY, SURGICAL, SPLENECTOMY	\$ 846.52	\$ 846.52	3/1/2020	12/31/9999
38205		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR C	\$ 70.69	\$ 70.69	3/1/2020	12/31/9999
38206		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR C	\$ 71.02	\$ 71.02	3/1/2020	12/31/9999
38220		BONE MARROW; ASPIRATION ONLY	\$ 52.50	\$ 145.03	3/1/2020	12/31/9999
38221		BONE MARROW; BIOPSY, NEEDLE OR TROCAR	\$ 66.97	\$ 160.50	3/1/2020	12/31/9999
38242		TRANSPLANTATION OF DONOR STEM CELLS FROM	\$ 82.33	\$ 82.33	3/1/2020	12/31/9999
38510		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$ 316.84	\$ 380.15	3/1/2020	12/31/9999
41010		INCISION TONGUE FOLD	\$ 80.48	\$ 143.51	3/1/2020	12/31/9999
43180		ESOPHAGOSCOPY RIGID TRNSO	\$ 501.98	\$ 456.92	3/1/2020	12/31/9999
43201		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH D	\$ 110.42	\$ 245.79	3/1/2020	12/31/9999
43210		EGD ESOPHAGOGASTRC FNDOPPLSTY	\$ 378.53	\$ 378.53	3/1/2020	12/31/9999
43236		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 148.24	\$ 322.73	3/1/2020	12/31/9999
43237		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 202.94	\$ 202.94	3/1/2020	12/31/9999
43238		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 250.11	\$ 250.11	3/1/2020	12/31/9999
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESO	\$ 1,319.84	\$ 1,319.84	3/1/2020	12/31/9999
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	\$ 2,308.03	\$ 2,308.03	3/1/2020	12/31/9999
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	\$ 2,462.90	\$ 2,462.90	3/1/2020	12/31/9999
44126		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$ 1,887.09	\$ 1,887.09	3/1/2020	12/31/9999
44127		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$ 2,167.83	\$ 2,167.83	3/1/2020	12/31/9999
44128		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$ 204.90	\$ 204.90	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

44203		LAPAROSCOPY, SURGICAL; EACH ADDITIONAL S	\$ 201.93	\$ 201.93	3/1/2020	12/31/9999
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$ 1,245.97	\$ 1,245.97	3/1/2020	12/31/9999
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$ 1,089.23	\$ 1,089.23	3/1/2020	12/31/9999
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$ 1,411.80	\$ 1,411.80	3/1/2020	12/31/9999
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$ 1,484.32	\$ 1,484.32	3/1/2020	12/31/9999
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$ 1,617.20	\$ 1,617.20	3/1/2020	12/31/9999
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$ 1,441.41	\$ 1,441.41	3/1/2020	12/31/9999
44211		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$ 1,774.68	\$ 1,774.68	3/1/2020	12/31/9999
44212		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$ 1,658.32	\$ 1,658.32	3/1/2020	12/31/9999
44213		LAPAROSCOPY, SURGICAL, MOBILIZATION (TAK	\$ 146.39	\$ 146.39	3/1/2020	12/31/9999
44381		SMALL BOWEL ENDOSCOPY BR/WA	\$ 56.39	\$ 56.39	3/1/2020	12/31/9999
44384		SMALL BOWEL ENDOSCOPY	\$ 56.39	\$ 56.39	3/1/2020	12/31/9999
44401		COLONOSCOPY WITH ABLATION	\$ 135.53	\$ 266.72	3/1/2020	12/31/9999
44402		COLONOSCOPY W/STENT PLCMT	\$ 135.53	\$ 266.72	3/1/2020	12/31/9999
44403		COLONOSCOPY W/RESECTION	\$ 135.53	\$ 266.72	3/1/2020	12/31/9999
44404		COLONOSCOPY W/INJECTION	\$ 135.53	\$ 266.72	3/1/2020	12/31/9999
44405		COLONOSCOPY W/DILATION	\$ 135.53	\$ 266.72	3/1/2020	12/31/9999
44406		COLONOSCOPY W/ULTRASOUND	\$ 135.53	\$ 266.72	3/1/2020	12/31/9999
44407		COLONOSCOPY W/NDL ASPIR/BX	\$ 135.53	\$ 266.72	3/1/2020	12/31/9999
44408		COLONOSCOPY W/DECOMPRESSION	\$ 135.53	\$ 266.72	3/1/2020	12/31/9999
44701		INTRAOPERATIVE COLONIC LAVAGE (LIST SEPA	\$ 140.18	\$ 140.18	3/1/2020	12/31/9999
45136		EXCISION OF ILEOANAL RESERVOIR WITH ILEO	\$ 1,487.51	\$ 1,487.51	3/1/2020	12/31/9999
45335		SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED S	\$ 76.97	\$ 195.69	3/1/2020	12/31/9999
45340		SIG W/TNDSC BALLOON DILATION	\$ 96.30	\$ 344.26	3/1/2020	12/31/9999
45346		SIGMOIDOSCOPY W/ABLATION	\$ 50.23	\$ 104.55	3/1/2020	12/31/9999
45347		SIGMOIDOSCOPY W/PLCMT STENT	\$ 50.23	\$ 104.55	3/1/2020	12/31/9999
45349		SIGMOIDOSCOPY W/RESECTION	\$ 50.23	\$ 104.55	3/1/2020	12/31/9999
45350		SGMDSC W/BAND LIGATION	\$ 50.23	\$ 104.55	3/1/2020	12/31/9999
45381		COLONOSCOPY SUBMUCOUS NJX	\$ 207.61	\$ 395.36	3/1/2020	12/31/9999
45386		COLONOSCOPY W/BALLOON DILAT	\$ 224.58	\$ 578.68	3/1/2020	12/31/9999



REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

45388		COLONOSCOPY W/ABLATION	\$ 177.31	\$ 309.69	3/1/2020	12/31/9999
45389		COLONOSCOPY W/STENT PLCMT	\$ 177.31	\$ 309.69	3/1/2020	12/31/9999
45390		COLONOSCOPY W/RESECTION	\$ 177.31	\$ 309.69	3/1/2020	12/31/9999
45393		COLONOSCOPY W/DECOMPRESSION	\$ 177.31	\$ 309.69	3/1/2020	12/31/9999
45398		COLONOSCOPY W/BAND LIGATION	\$ 177.31	\$ 309.69	3/1/2020	12/31/9999
46020		PLACEMENT OF SETON	\$ 174.09	\$ 197.90	3/1/2020	12/31/9999
46601		DIAGNOSTIC ANOSCOPY	\$ 29.64	\$ 60.50	3/1/2020	12/31/9999
46607		DIAGNOSTIC ANOSCOPY & BIOPSY	\$ 29.64	\$ 60.50	3/1/2020	12/31/9999
46706		REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$ 131.24	\$ 131.24	3/1/2020	12/31/9999
46716		REPAIR OF LOW IMPERFORATE ANUS; WITH TRA	\$ 858.48	\$ 858.48	3/1/2020	12/31/9999
47370		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	\$ 999.38	\$ 999.38	3/1/2020	12/31/9999
47371		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	\$ 1,004.29	\$ 1,004.29	3/1/2020	12/31/9999
47380		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	\$ 1,164.99	\$ 1,164.99	3/1/2020	12/31/9999
47381		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	\$ 1,190.43	\$ 1,190.43	3/1/2020	12/31/9999
47382		ABLATION, ONE OR MORE LIVER TUMOR(S), PE	\$ 724.29	\$ 724.29	3/1/2020	12/31/9999
47383		PERQ ABLTJ LVR CRYOABLATION	\$ 437.98	\$ 6,382.98	3/1/2020	12/31/9999
49013		PRPERTL PEL PACK HEMRRG TRMA	\$ 385.34	\$ 385.34	3/1/2020	12/31/9999
49014		REEXPLORATION PELVIC WOUND	\$ 318.43	\$ 318.43	3/1/2020	12/31/9999
49419		INSERTION OF INTRAPERITONEAL CANNULA OR	\$ 366.03	\$ 366.03	3/1/2020	12/31/9999
49491		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	\$ 610.94	\$ 610.94	3/1/2020	12/31/9999
49492		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	\$ 749.15	\$ 749.15	3/1/2020	12/31/9999
49566		REPAIR RECURRENT INCISIONAL HERNIA;	\$ 694.41	\$ 694.41	3/1/2020	12/31/9999
49606		REPAIR OMPHALOCELE STAG CLO PROSTH RED O	\$ 844.05	\$ 844.05	3/1/2020	12/31/9999
49904		OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR R	\$ 1,242.76	\$ 1,242.76	3/1/2020	12/31/9999
50542		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL	\$ 1,048.24	\$ 1,048.24	3/1/2020	12/31/9999
50543		LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTO	\$ 1,337.30	\$ 1,337.30	3/1/2020	12/31/9999
50562		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPH	\$ 535.42	\$ 535.42	3/1/2020	12/31/9999
51701		INSERTION OF NON-DWELLING BLADDER CATHET	\$ 23.26	\$ 50.03	3/1/2020	12/31/9999
51702		INSERTION OF TEMPORARY INDWELLING BLADDE	\$ 25.57	\$ 64.13	3/1/2020	12/31/9999
51703		INSERTION OF TEMPORARY INDWELLING BLADDE	\$ 70.17	\$ 116.81	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

51727	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 69.06	\$ 69.06	3/1/2020	12/31/9999
51727	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 114.22	\$ 114.22	3/1/2020	12/31/9999
51727		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 183.27	\$ 183.27	3/1/2020	12/31/9999
51728	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 68.29	\$ 68.29	3/1/2020	12/31/9999
51728	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 114.90	\$ 114.90	3/1/2020	12/31/9999
51728		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 183.17	\$ 183.17	3/1/2020	12/31/9999
51729	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 81.30	\$ 81.30	3/1/2020	12/31/9999
51729	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 116.25	\$ 116.25	3/1/2020	12/31/9999
51729		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 197.54	\$ 197.54	3/1/2020	12/31/9999
51784	26	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 66.38	\$ 66.38	3/1/2020	12/31/9999
51784	TC	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 99.81	\$ 99.81	3/1/2020	12/31/9999
51784		ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 166.20	\$ 166.20	3/1/2020	12/31/9999
52001		CYSTOURETHROSCOPY WITH IRRIGATION AND EV	\$ 261.11	\$ 357.71	3/1/2020	12/31/9999
53431		URETHROPLASTY WITH TUBULARIZATION OF POS	\$ 1,039.15	\$ 1,039.15	3/1/2020	12/31/9999
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	\$ 714.51	\$ 714.51	3/1/2020	12/31/9999
53446		REMOVAL OF INFLATABLE URETHRAL/BLADDER N	\$ 567.72	\$ 567.72	3/1/2020	12/31/9999
53448		REMOVAL AND REPLACEMENT OF INFLATABLE UR	\$ 1,115.63	\$ 1,115.63	3/1/2020	12/31/9999
53500		URETHROLYSIS, TRANSVAGINAL, SECONDARY, O	\$ 670.13	\$ 670.13	3/1/2020	12/31/9999
54150		CIRCUMCISION	\$ 83.88	\$ 140.88	3/1/2020	12/31/9999
54162		LYSIS OR EXCISION OF PENILE POST-CIRCUMC	\$ 166.94	\$ 226.83	3/1/2020	12/31/9999
54163		REPAIR INCOMPLETE CIRCUMCISION	\$ 182.74	\$ 182.74	3/1/2020	12/31/9999
54164		FRENULOTOMY OF PENIS	\$ 157.97	\$ 157.97	3/1/2020	12/31/9999
54406		REMOVAL OF ALL COMPONENTS OF A MULTI-COM	\$ 655.68	\$ 655.68	3/1/2020	12/31/9999
54415		REMOVAL OF NON-INFLATABLE (SEMI-RIGID) O	\$ 455.62	\$ 455.62	3/1/2020	12/31/9999
55866		LAPAROSCOPY, SURGICAL PROSTATECTOMY, RET	\$ 1,567.56	\$ 1,567.56	3/1/2020	12/31/9999
56405		I AND D OF ABSCESS, VULVA/PERINEAL	\$ 82.18	\$ 83.92	3/1/2020	12/31/9999
56420		DRAINAGE OF VULVA ABSCESS	\$ 71.51	\$ 96.25	3/1/2020	12/31/9999
56441		LYSIS OF LABIAL ADHESIONS	\$ 110.21	\$ 116.26	3/1/2020	12/31/9999
56501		DESTRUCTION OF LESION(S), VULVA; SIMPLE	\$ 87.49	\$ 100.15	3/1/2020	12/31/9999
56515		DESTROY VULVA LESION/S COMPL	152.62	171.62	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

56605		BIOPSY VULVA/PERINEUM; 1 LESION	\$ 48.03	\$ 64.72	3/1/2020	12/31/9999
56606		BIOPSY OF VULVA OR PERINEUM (SEPARATE PR	\$ 23.68	\$ 30.02	3/1/2020	12/31/9999
56810		PERINEOPLASTY, REPAIR OF PERINEUM, NON-O	\$ 204.42	\$ 204.42	3/1/2020	12/31/9999
56820		COLPOSCOPY OF THE VULVA;	\$ 66.94	\$ 85.94	3/1/2020	12/31/9999
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	\$ 90.89	\$ 115.08	3/1/2020	12/31/9999
57010		DRAINAGE OF PELVIC ABSCESS	334.3	334.3	3/1/2020	12/31/9999
57150		TREATMENT VAGINAL INFECTION	\$ 23.68	\$ 39.22	3/1/2020	12/31/9999
57155		INSERTION OF UTERINE TANDEM AND/OR VAGI	\$ 330.34	\$ 330.34	3/1/2020	12/31/9999
57160		FITTING AND INSERTION OF PESSARY OR OTHE	\$ 38.02	\$ 59.61	3/1/2020	12/31/9999
57170		DIAPHRAM FITTING WITH INSTRUCTIONS	\$ 38.55	\$ 53.81	3/1/2020	12/31/9999
57285		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	\$ 563.86	\$ 563.86	3/1/2020	12/31/9999
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	\$ 71.12	\$ 90.39	3/1/2020	12/31/9999
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	\$ 97.11	\$ 121.86	3/1/2020	12/31/9999
57423		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	\$ 779.45	\$ 779.45	3/1/2020	12/31/9999
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPEN	\$ 820.73	\$ 820.73	3/1/2020	12/31/9999
57452		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 72.12	\$ 85.06	3/1/2020	12/31/9999
57454		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 107.69	\$ 120.65	3/1/2020	12/31/9999
57455		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 95.93	\$ 124.85	3/1/2020	12/31/9999
57456		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 89.68	\$ 117.92	3/1/2020	12/31/9999
57460		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 129.33	\$ 229.23	3/1/2020	12/31/9999
57461		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 163.71	\$ 302.48	3/1/2020	12/31/9999
57500		BIOPSY SINGLE OR MULTIPLE OR LOCAL EXC L	\$ 58.42	\$ 101.33	3/1/2020	12/31/9999
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	\$ 91.02	\$ 103.39	3/1/2020	12/31/9999
57511		CRYOCAUTERY INITIAL OR REPEAT CERVIX UTE	\$ 102.01	\$ 112.37	3/1/2020	12/31/9999
58100		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WI	\$ 69.30	\$ 85.72	3/1/2020	12/31/9999
58110		ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED	\$ 32.94	\$ 38.40	3/1/2020	12/31/9999
58140		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	\$ 777.55	\$ 777.55	3/1/2020	12/31/9999
58145		REMOVAL OF UTERINE LESION	\$ 461.97	\$ 461.97	3/1/2020	12/31/9999
58146		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	\$ 989.21	\$ 989.21	3/1/2020	12/31/9999
58150		HYSTERECTOMY	\$ 854.29	\$ 854.29	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

58152		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND	\$ 1,067.55	\$ 1,067.55	3/1/2020	12/31/9999
58180		PARTIAL HYSTERECTOMY	\$ 808.02	\$ 808.02	3/1/2020	12/31/9999
58200		EXTENSIVE UTERINE SURGERY	\$ 1,114.16	\$ 1,114.16	3/1/2020	12/31/9999
58210		EXTENSIVE UTERINE SURGERY	\$ 1,483.85	\$ 1,483.85	3/1/2020	12/31/9999
58240		REMOVAL OF PELVIS CONTENTS	\$ 2,100.21	\$ 2,100.21	3/1/2020	12/31/9999
58260		VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRA	\$ 703.94	\$ 703.94	3/1/2020	12/31/9999
58262		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBES	\$ 786.53	\$ 786.53	3/1/2020	12/31/9999
58263		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBE/	\$ 847.35	\$ 847.35	3/1/2020	12/31/9999
58267		HYSTERECTOMY & REPAIR VAGINA	\$ 900.57	\$ 900.57	3/1/2020	12/31/9999
58270		HYSTERECTOMY & REPAIR VAGINA	\$ 755.07	\$ 755.07	3/1/2020	12/31/9999
58275		VAGINAL HYSTERECTOMY, WITH TOTAL OR PART	\$ 837.64	\$ 837.64	3/1/2020	12/31/9999
58280		HYSTERECTOMY, REVISE VAGINA	\$ 897.47	\$ 897.47	3/1/2020	12/31/9999
58285		HYSTERECTOMY	\$ 1,123.41	\$ 1,123.41	3/1/2020	12/31/9999
58290		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 988.34	\$ 988.34	3/1/2020	12/31/9999
58291		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 1,072.67	\$ 1,072.67	3/1/2020	12/31/9999
58292		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 1,132.77	\$ 1,132.77	3/1/2020	12/31/9999
58293		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 1,177.60	\$ 1,177.60	3/1/2020	12/31/9999
58294		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 1,042.17	\$ 1,042.17	3/1/2020	12/31/9999
58300		INSERT INTRAUTERINE DEVICE	\$ 43.88	\$ 60.86	3/1/2020	12/31/9999
58301		REMOVAL OF IUD	\$ 54.00	\$ 74.73	3/1/2020	12/31/9999
58346		INSERTION OF HEYMAN CAPSULES FOR CLINICA	\$ 386.18	\$ 386.18	3/1/2020	12/31/9999
58400		FIXATION OF UTERUS	\$ 379.34	\$ 379.34	3/1/2020	12/31/9999
58410		FIXATION OF UTERUS	\$ 681.95	\$ 681.95	3/1/2020	12/31/9999
58520		REPAIR OF RUPTURED UTERUS	\$ 664.27	\$ 664.27	3/1/2020	12/31/9999
58540		REVISION OF UTERUS	\$ 771.19	\$ 771.19	3/1/2020	12/31/9999
58542		LSH W/T/O UT 250 G OR LESS	\$ 806.17	\$ 806.17	3/1/2020	12/31/9999
58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	\$ 819.72	\$ 819.72	3/1/2020	12/31/9999
58544		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	\$ 887.46	\$ 887.46	3/1/2020	12/31/9999
58545		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	\$ 764.79	\$ 764.79	3/1/2020	12/31/9999
58546		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	\$ 969.38	\$ 969.38	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

58552		LAPAROSCOPY SURGICAL, WITH VAGINAL HYTE	\$ 832.93	\$ 832.93	3/1/2020	12/31/9999
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	\$ 973.78	\$ 973.78	3/1/2020	12/31/9999
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	\$ 1,116.00	\$ 1,116.00	3/1/2020	12/31/9999
58605		LIGATION OR TRANSECTION FALLOP TUBES ABD	\$ 257.07	\$ 257.07	3/1/2020	12/31/9999
58611		LIGATION OR TRANSECTION OF FALLOPIAN TUB	\$ 61.93	\$ 61.92	3/1/2020	12/31/9999
58700		SALPINGECTOMY COMPLETE OR PARTIAL UNILAT	\$ 647.21	\$ 647.21	3/1/2020	12/31/9999
58720		REMOVAL OF OVARY/TUBE(S)	\$ 609.18	\$ 609.18	3/1/2020	12/31/9999
58805		DRAINAGE OF OVARIAN CYST(S)	\$ 340.76	\$ 340.76	3/1/2020	12/31/9999
58822		DRAINAGE OF OVARIAN ABSCESS	\$ 574.38	\$ 574.38	3/1/2020	12/31/9999
58900		BIOPSY OF OVARY(S)	\$ 348.33	\$ 348.33	3/1/2020	12/31/9999
58920		PARTIAL REMOVAL OF OVARY(S)	\$ 599.03	\$ 599.03	3/1/2020	12/31/9999
58925		OVARIAN CYSTECTOMY UNILATERAL OR BILATER	\$ 570.74	\$ 570.74	3/1/2020	12/31/9999
58940		OOPHORECTOMY PARTIAL OR TOTAL UNILATERAL	\$ 426.91	\$ 426.91	3/1/2020	12/31/9999
58943		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATER	\$ 951.15	\$ 951.15	3/1/2020	12/31/9999
58950		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	\$ 905.58	\$ 905.58	3/1/2020	12/31/9999
58951		RESECT OVARIAN MALIGNANCY	\$ 1,169.14	\$ 1,169.14	3/1/2020	12/31/9999
58952		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	\$ 1,318.72	\$ 1,318.72	3/1/2020	12/31/9999
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	\$ 1,636.93	\$ 1,636.93	3/1/2020	12/31/9999
58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	\$ 1,777.53	\$ 1,777.53	3/1/2020	12/31/9999
58960		LAPAROTOMY, FOR STAGING OR RESTAGING OF	\$ 782.15	\$ 782.15	3/1/2020	12/31/9999
59000		AMNIOCENTESIS; DIAGNOSTIC	\$ 63.57	\$ 99.26	3/1/2020	12/31/9999
59001		AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUI	\$ 145.38	\$ 145.38	3/1/2020	12/31/9999
59020	26	FETAL OXYTOCIN STRESS TEST	\$ 29.75	\$ 29.75	3/1/2020	12/31/9999
59020		FETAL OXYTOCIN STRESS TEST	\$ 54.16	\$ 54.16	3/1/2020	12/31/9999
59025	26	FETAL NON-STRESS TEST	\$ 23.95	\$ 23.95	3/1/2020	12/31/9999
59025	TC	FETAL NON-STRESS TEST	\$ 12.19	\$ 12.19	3/1/2020	12/31/9999
59025		FETAL NON-STRESS TEST	\$ 39.19	\$ 39.19	3/1/2020	12/31/9999
59030		FETAL BLOOD SAMPLING SCALP	\$ 89.34	\$ 89.34	3/1/2020	12/31/9999
59100		REMOVAL OF UTERUS LESION	\$ 703.23	\$ 703.23	3/1/2020	12/31/9999
59120		TREATMENT ATYPICAL PREGNANCY	\$ 669.13	\$ 669.13	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

59121		SURG TREAT ECTOPIC PREGN TUBAL WO SALPIN	\$ 673.79	\$ 673.79	3/1/2020	12/31/9999
59130		TREATMENT ATYPICAL PREGNANCY	\$ 760.96	\$ 760.96	3/1/2020	12/31/9999
59135		TREATMENT ATYPICAL PREGNANCY	\$ 767.54	\$ 767.54	3/1/2020	12/31/9999
59136		TX ECTOPIC PREGNANCY W/ PARTIAL RESECTIO	\$ 728.57	\$ 728.57	3/1/2020	12/31/9999
59140		TREATMENT ATYPICAL PREGNANCY	\$ 314.09	\$ 314.09	3/1/2020	12/31/9999
59150		LAP TX ECTOPIC PREGNANCY W/O REMOVAL TUB	\$ 651.22	\$ 651.22	3/1/2020	12/31/9999
59151		LAP TX ECTOPIC PREGNANCY W/ REMOVAL TUBE	\$ 639.43	\$ 639.43	3/1/2020	12/31/9999
59160		CURRETTAGE, POSTPARTUM	\$ 139.62	\$ 164.94	3/1/2020	12/31/9999
59200		INSERTION OF HYGROSCOPIC CERVICAL DILATO	\$ 35.53	\$ 57.12	3/1/2020	12/31/9999
59300		EPISIOTOMY OR VAGINAL REPAIR	\$ 114.74	\$ 148.43	3/1/2020	12/31/9999
59320		CERCLAGE OF CERVIX DURING PREGNANCY, VAG	\$ 120.20	\$ 120.20	3/1/2020	12/31/9999
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	\$ 218.84	\$ 218.84	3/1/2020	12/31/9999
59400		OBSTETRICAL CARE	\$ 1,366.03	\$ 1,366.03	3/1/2020	12/31/9999
59409		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$ 606.54	\$ 606.54	3/1/2020	12/31/9999
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$ 703.34	\$ 703.34	3/1/2020	12/31/9999
59412		EXTERNAL CEPHALIC VERSION, W/ OR W/O TOC	\$ 81.26	\$ 81.26	3/1/2020	12/31/9999
59414		DELIVERY OF PLACENTA (INFANT BORN OUTSID	\$ 72.28	\$ 72.28	3/1/2020	12/31/9999
59425		ANTEPARTUM CARE ONLY; 4-6 VISITS	\$ 265.28	\$ 344.79	3/1/2020	12/31/9999
59426		ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$ 475.05	\$ 607.49	3/1/2020	12/31/9999
59430		POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	\$ 98.90	\$ 108.97	3/1/2020	12/31/9999
59510		CESAREAN DELIVERY	\$ 1,546.85	\$ 1,546.85	3/1/2020	12/31/9999
59514		CESAREAN DELIVERY ONLY;	\$ 718.18	\$ 718.18	3/1/2020	12/31/9999
59515		CESAREAN DELIVERY ONLY; INCLUDING POSTPA	\$ 926.19	\$ 926.19	3/1/2020	12/31/9999
59525		SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CES	\$ 416.73	\$ 416.73	3/1/2020	12/31/9999
59857		INDUCED ABORTION, BY ONE OR MORE VAGINAL	\$ 454.50	\$ 454.50	3/1/2020	12/31/9999
59871		REMOVAL OF CERCLAGE SUTURE UNDER ANESTHE	\$ 104.95	\$ 104.95	3/1/2020	12/31/9999
60650		LAPAROSCOPY, SURGICAL, WITH ADRENALECTOM	\$ 996.41	\$ 996.41	3/1/2020	12/31/9999
61316		INCISION AND SUBCUTANEOUS PLACEMENT OF C	\$ 72.16	\$ 72.16	3/1/2020	12/31/9999
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	\$ 1,781.81	\$ 1,781.81	3/1/2020	12/31/9999
61323		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	\$ 1,863.59	\$ 1,863.59	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

61517		IMPLANTATION OF BRAIN INTRACAVITARY CHEM	\$ 72.84	\$ 72.84	3/1/2020	12/31/9999
61537		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$ 1,573.61	\$ 1,573.61	3/1/2020	12/31/9999
61540		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$ 1,780.18	\$ 1,780.18	3/1/2020	12/31/9999
61566		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$ 1,795.83	\$ 1,795.83	3/1/2020	12/31/9999
61567		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$ 2,024.00	\$ 2,024.00	3/1/2020	12/31/9999
61623		ENDOVASCULAR TEMPORARY BALLOON ARTERIAL	\$ 479.93	\$ 479.93	3/1/2020	12/31/9999
61863		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 1,205.43	\$ 1,205.43	3/1/2020	12/31/9999
61864		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 339.38	\$ 339.38	3/1/2020	12/31/9999
61867		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 1,778.39	\$ 1,778.39	3/1/2020	12/31/9999
61868		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 501.69	\$ 501.69	3/1/2020	12/31/9999
62148		INCISION AND RETRIEVAL OF SUBCUTANEOUS C	\$ 103.26	\$ 103.26	3/1/2020	12/31/9999
62160		NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEM	\$ 160.11	\$ 160.11	3/1/2020	12/31/9999
62161		NEUROENDOSCOPY, INTRACRANIAL; WITH DISSE	\$ 1,218.19	\$ 1,218.19	3/1/2020	12/31/9999
62162		NEUROENDOSCOPY, INTRACRANIAL; WITH FENER	\$ 1,505.02	\$ 1,505.02	3/1/2020	12/31/9999
62163		NEUROENDOSCOPY, INTRACRANIAL; WITH RETRI	\$ 951.74	\$ 951.74	3/1/2020	12/31/9999
62164		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	\$ 1,600.54	\$ 1,600.54	3/1/2020	12/31/9999
62165		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	\$ 1,247.58	\$ 1,247.58	3/1/2020	12/31/9999
62264		PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS	\$ 194.88	\$ 376.86	3/1/2020	12/31/9999
62270		SPINAL FLUID TAP	\$ 61.19	\$ 117.03	3/1/2020	12/31/9999
62302		MYELOGRAPHY LUMBAR INJECTION	\$ 107.87	\$ 206.58	3/1/2020	12/31/9999
62303		MYELOGRAPHY LUMBAR INJECTION	\$ 109.34	\$ 214.53	3/1/2020	12/31/9999
62304		MYELOGRAPHY LUMBAR INJECTION	\$ 106.02	\$ 203.53	3/1/2020	12/31/9999
62305		MYELOGRAPHY LUMBAR INJECTION	\$ 110.65	\$ 222.02	3/1/2020	12/31/9999
62320		NJX INTERLAMINAR CRV/THRC	\$ 89.48	\$ 143.00	3/1/2020	12/31/9999
62321		NJX INTERLAMINAR CRV/THRC	\$ 96.48	\$ 211.50	3/1/2020	12/31/9999
62322		NJX INTERLAMINAR LMBR/SAC	\$ 77.07	\$ 133.25	3/1/2020	12/31/9999
62323		NJX INTERLAMINAR LMBR/SAC	\$ 88.14	\$ 207.59	3/1/2020	12/31/9999
62324		NJX INTERLAMINAR CRV/THRC	\$ 81.87	\$ 125.33	3/1/2020	12/31/9999
62326		NJX INTERLAMINAR LMBR/SAC	\$ 80.34	\$ 131.49	3/1/2020	12/31/9999
62327		NJX INTERLAMINAR LMBR/SAC	\$ 85.50	\$ 191.35	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

62328		DX LMBR SPI PNXR W/FLUOR/CT	\$ 78.87	\$ 221.73	3/1/2020	12/31/9999
62329		THER SPI PNXR CSF FLUOR/CT	\$ 98.28	\$ 274.41	3/1/2020	12/31/9999
63042		REVISION OF SPINAL COLUMN	\$ 980.45	\$ 980.45	3/1/2020	12/31/9999
63101		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$ 1,851.47	\$ 1,851.47	3/1/2020	12/31/9999
63102		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$ 1,848.06	\$ 1,848.06	3/1/2020	12/31/9999
63103		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$ 244.43	\$ 244.43	3/1/2020	12/31/9999
64416		INJECTION, ANESTHETIC AGENT; BRACHIAL PL	\$ 153.58	\$ 153.58	3/1/2020	12/31/9999
64446		INJECTION, ANESTHETIC AGENT; SCIATIC NER	\$ 147.02	\$ 147.02	3/1/2020	12/31/9999
64447		INJECTION, ANESTHETIC AGENT; FEMORAL NER	\$ 60.94	\$ 60.94	3/1/2020	12/31/9999
64448		INJECTION, ANESTHETIC AGENT; FEMORAL NER	\$ 133.68	\$ 133.68	3/1/2020	12/31/9999
64449		INJECTION, ANESTHETIC AGENT; LUMBAR PLEX	\$ 131.99	\$ 131.99	3/1/2020	12/31/9999
64451		NJX AA&/STRD NRV NRV TG SI JT	\$ 70.06	\$ 179.95	3/1/2020	12/31/9999
64454		NJX AA&/STRD GNCLR NRV BRNCH	\$ 72.14	\$ 181.73	3/1/2020	12/31/9999
64517		INJECTION, ANESTHETIC AGENT; SUPERIOR HY	\$ 100.59	\$ 149.56	3/1/2020	12/31/9999
64561		INSERTION OF SACRAL NERVE NEUROSTIMULATO	\$ 352.70	\$ 1,086.38	3/1/2020	12/31/9999
64581		INCISION FOR IMPLANTATION OF NEUROSTIMUL	\$ 687.37	\$ 687.37	3/1/2020	12/31/9999
64624		DSTRJ NULYT AGT GNCLR NRV	\$ 129.02	\$ 347.04	3/1/2020	12/31/9999
64681		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR	\$ 186.04	\$ 369.38	3/1/2020	12/31/9999
64821		SYMPATHECTOMY; RADIAL ARTERY	\$ 563.07	\$ 563.07	3/1/2020	12/31/9999
64822		SYMPATHECTOMY; ULNAR ARTERY	\$ 560.72	\$ 560.72	3/1/2020	12/31/9999
64823		SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$ 635.33	\$ 635.33	3/1/2020	12/31/9999
66179		AQUEOUS SHUNT EYE W/O GRAFT	\$ 926.37	\$ 776.12	3/1/2020	12/31/9999
66990		USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARA	\$ 71.40	\$ 71.40	3/1/2020	12/31/9999
67221		DESTRUCTION OF LOCALIZED LESION OF CHORO	\$ 170.77	\$ 239.82	3/1/2020	12/31/9999
67225		DESTRUCTION OF LOCALIZED LESION OF CHORO	\$ 22.04	\$ 23.74	3/1/2020	12/31/9999
67912		CORRECTION OF LAGOPHTHALMOS, WITH IMPLAN	\$ 383.67	\$ 754.44	3/1/2020	12/31/9999
69210		REMOVE IMPACTED EAR WAX	\$ 25.27	\$ 36.71	3/1/2020	12/31/9999
69990		MICROSURGICAL TECHNIQUES, REQUIRING USE	\$ 167.28	\$ 167.28	3/1/2020	12/31/9999
70150	26	X-RAY EXAM FACIAL BONES MINIMUM OF THREE	\$ 10.88	\$ 10.88	3/1/2020	12/31/9999
70150	TC	X-RAY EXAM FACIAL BONES MINIMUM OF THREE	\$ 22.86	\$ 22.86	3/1/2020	12/31/9999



REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

70557	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 132.57	\$ 132.57	3/1/2020	12/31/9999
70557	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 397.72	\$ 397.72	3/1/2020	12/31/9999
70557		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 530.28	\$ 530.28	3/1/2020	12/31/9999
70558	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 146.06	\$ 146.06	3/1/2020	12/31/9999
70558	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 438.17	\$ 438.17	3/1/2020	12/31/9999
70558		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 584.21	\$ 584.21	3/1/2020	12/31/9999
70559	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 147.19	\$ 147.19	3/1/2020	12/31/9999
70559	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 441.57	\$ 441.57	3/1/2020	12/31/9999
70559		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 588.77	\$ 588.77	3/1/2020	12/31/9999
71045	26	X-ray exam chest 1 view	\$ 7.88	\$ 7.88	3/1/2020	12/31/9999
71045	TC	X-ray exam chest 1 view	\$ 8.82	\$ 8.82	3/1/2020	12/31/9999
71045		X-ray exam chest 1 view	\$ 16.72	\$ 16.72	3/1/2020	12/31/9999
71046	26	X-ray exam chest 2 views	\$ 9.42	\$ 9.42	3/1/2020	12/31/9999
71046	TC	X-ray exam chest 2 views	\$ 16.23	\$ 16.23	3/1/2020	12/31/9999
71046		X-ray exam chest 2 views	\$ 25.66	\$ 25.66	3/1/2020	12/31/9999
71047	26	X-ray exam chest 3 views	\$ 12.17	\$ 12.17	3/1/2020	12/31/9999
71047	TC	X-ray exam chest 3 views	\$ 20.69	\$ 20.69	3/1/2020	12/31/9999
71047		X-ray exam chest 3 views	\$ 32.85	\$ 32.85	3/1/2020	12/31/9999
71048	26	X-ray exam chest 4+ views	\$ 14.01	\$ 14.01	3/1/2020	12/31/9999
71048	TC	X-ray exam chest 4+ views	\$ 21.28	\$ 21.28	3/1/2020	12/31/9999
71048		X-ray exam chest 4+ views	\$ 35.28	\$ 35.28	3/1/2020	12/31/9999
71101	26	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 11.19	\$ 11.19	3/1/2020	12/31/9999
71101	TC	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 20.08	\$ 20.08	3/1/2020	12/31/9999
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 61.89	\$ 61.89	3/1/2020	12/31/9999
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 488.74	\$ 488.74	3/1/2020	12/31/9999
72040	26	X-RAY OF SPINE, 3 VIEWS OR LESS	\$ 9.33	\$ 9.33	3/1/2020	12/31/9999
72040	TC	X-RAY OF SPINE, 3 VIEWS OR LESS	\$ 19.79	\$ 19.79	3/1/2020	12/31/9999
72050	26	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	\$ 13.02	\$ 13.02	3/1/2020	12/31/9999
72050	TC	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	\$ 28.25	\$ 28.25	3/1/2020	12/31/9999
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 9.33	\$ 9.33	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

72072	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 21.15	\$ 21.15	3/1/2020	12/31/9999
72081	26	X-RAY EXAM ENTIRE SPI 1 VW	\$ 11.68	\$ 11.68	3/1/2020	12/31/9999
72081	TC	X-RAY EXAM ENTIRE SPI 1 VW	\$ 20.88	\$ 20.88	3/1/2020	12/31/9999
72081		X-RAY EXAM ENTIRE SPI 1 VW	\$ 32.56	\$ 32.56	3/1/2020	12/31/9999
72082	26	X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 14.15	\$ 14.15	3/1/2020	12/31/9999
72082	TC	X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 37.99	\$ 37.99	3/1/2020	12/31/9999
72082		X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 52.13	\$ 52.13	3/1/2020	12/31/9999
72083	26	X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 15.41	\$ 15.41	3/1/2020	12/31/9999
72083	TC	X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 41.23	\$ 41.23	3/1/2020	12/31/9999
72083		X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 56.65	\$ 56.65	3/1/2020	12/31/9999
72084	26	X-RAY EXAM ENTIRE SPI 6/> VW	\$ 17.91	\$ 17.91	3/1/2020	12/31/9999
72084	TC	X-RAY EXAM ENTIRE SPI 6/> VW	\$ 49.49	\$ 49.49	3/1/2020	12/31/9999
72084		X-RAY EXAM ENTIRE SPI 6/> VW	\$ 67.40	\$ 67.40	3/1/2020	12/31/9999
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 9.33	\$ 9.33	3/1/2020	12/31/9999
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 21.22	\$ 21.22	3/1/2020	12/31/9999
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 73.85	\$ 73.85	3/1/2020	12/31/9999
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 496.62	\$ 496.62	3/1/2020	12/31/9999
73030	26	X-RAY EXAM OF SHOULDER	\$ 7.81	\$ 7.81	3/1/2020	12/31/9999
73030	TC	X-RAY EXAM OF SHOULDER	\$ 15.76	\$ 15.76	3/1/2020	12/31/9999
73060	26	X-RAY EXAM OF HUMERUS	\$ 7.22	\$ 7.22	3/1/2020	12/31/9999
73060	TC	X-RAY EXAM OF HUMERUS	\$ 15.76	\$ 15.76	3/1/2020	12/31/9999
73070	26	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$ 6.30	\$ 6.30	3/1/2020	12/31/9999
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$ 14.77	\$ 14.77	3/1/2020	12/31/9999
73090	26	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	\$ 6.62	\$ 6.62	3/1/2020	12/31/9999
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	\$ 14.77	\$ 14.77	3/1/2020	12/31/9999
73100	TC	X-RAY EXAM OF WRIST	\$ 15.37	\$ 15.37	3/1/2020	12/31/9999
73110	26	X-RAY EXAM OF WRIST	\$ 7.22	\$ 7.22	3/1/2020	12/31/9999
73110	TC	X-RAY EXAM OF WRIST	\$ 19.39	\$ 19.39	3/1/2020	12/31/9999
73130	26	X-RAY EXAM OF HAND	\$ 7.22	\$ 7.22	3/1/2020	12/31/9999
73130	TC	X-RAY EXAM OF HAND	\$ 17.10	\$ 17.10	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

73140	26	X-RAY EXAM OF FINGER(S)	\$ 5.69	\$ 5.69	3/1/2020	12/31/9999
73140	TC	X-RAY EXAM OF FINGER(S)	\$ 16.81	\$ 16.81	3/1/2020	12/31/9999
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 57.30	\$ 57.30	3/1/2020	12/31/9999
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 423.97	\$ 423.97	3/1/2020	12/31/9999
73501	26	X-RAY EXAM HIP UNI 1 VIEW	\$ 8.31	\$ 8.31	3/1/2020	12/31/9999
73501	TC	X-RAY EXAM HIP UNI 1 VIEW	\$ 16.76	\$ 16.76	3/1/2020	12/31/9999
73501		X-RAY EXAM HIP UNI 1 VIEW	\$ 25.06	\$ 25.06	3/1/2020	12/31/9999
73502	26	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 9.87	\$ 9.87	3/1/2020	12/31/9999
73502	TC	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 24.72	\$ 24.72	3/1/2020	12/31/9999
73502		X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 34.59	\$ 34.59	3/1/2020	12/31/9999
73503	26	X-RAY EXAM HIP UNI 4/> VIEWS	\$ 12.59	\$ 12.59	3/1/2020	12/31/9999
73503	TC	X-RAY EXAM HIP UNI 4/> VIEWS	\$ 30.62	\$ 30.62	3/1/2020	12/31/9999
73503		X-RAY EXAM HIP UNI 4/> VIEWS	\$ 43.20	\$ 43.20	3/1/2020	12/31/9999
73521	26	X-RAY EXAM HIPS BI 2 VIEWS	\$ 10.16	\$ 10.16	3/1/2020	12/31/9999
73521	TC	X-RAY EXAM HIPS BI 2 VIEWS	\$ 23.25	\$ 23.25	3/1/2020	12/31/9999
73521		X-RAY EXAM HIPS BI 2 VIEWS	\$ 33.41	\$ 33.41	3/1/2020	12/31/9999
73551	26	X-RAY EXAM OF FEMUR 1	\$ 7.38	\$ 7.38	3/1/2020	12/31/9999
73551	TC	X-RAY EXAM OF FEMUR 1	\$ 15.88	\$ 15.88	3/1/2020	12/31/9999
73551		X-RAY EXAM OF FEMUR 1	\$ 23.25	\$ 23.25	3/1/2020	12/31/9999
73552	26	X-RAY EXAM OF FEMUR 2/>	\$ 8.31	\$ 8.31	3/1/2020	12/31/9999
73552	TC	X-RAY EXAM OF FEMUR 2/>	\$ 18.82	\$ 18.82	3/1/2020	12/31/9999
73552		X-RAY EXAM OF FEMUR 2/>	\$ 27.13	\$ 27.13	3/1/2020	12/31/9999
73560	26	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 7.22	\$ 7.22	3/1/2020	12/31/9999
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 15.09	\$ 15.09	3/1/2020	12/31/9999
73560		RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 22.28	\$ 22.28	3/1/2020	12/31/9999
73562	26	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 7.81	\$ 7.81	3/1/2020	12/31/9999
73562	TC	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 18.92	\$ 18.92	3/1/2020	12/31/9999
73562		RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 26.73	\$ 26.73	3/1/2020	12/31/9999
73590	26	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	\$ 7.22	\$ 7.22	3/1/2020	12/31/9999
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	\$ 14.22	\$ 14.22	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

73610	26	X-RAY EXAM OF ANKLE	\$ 7.22	\$ 7.22	3/1/2020	12/31/9999
73610	TC	X-RAY EXAM OF ANKLE	\$ 17.10	\$ 17.10	3/1/2020	12/31/9999
73630	26	X-RAY EXAM OF FOOT	\$ 7.22	\$ 7.22	3/1/2020	12/31/9999
73630	TC	X-RAY EXAM OF FOOT	\$ 16.81	\$ 16.81	3/1/2020	12/31/9999
73660	26	X-RAY EXAM OF TOE(S)	\$ 5.40	\$ 5.40	3/1/2020	12/31/9999
73660	TC	X-RAY EXAM OF TOE(S)	\$ 15.94	\$ 15.94	3/1/2020	12/31/9999
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 57.30	\$ 57.30	3/1/2020	12/31/9999
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 431.17	\$ 431.17	3/1/2020	12/31/9999
74018	26	X-ray exam abdomen 1 view	\$ 7.88	\$ 7.88	3/1/2020	12/31/9999
74018	TC	X-ray exam abdomen 1 view	\$ 15.05	\$ 15.05	3/1/2020	12/31/9999
74018		X-ray exam abdomen 1 view	\$ 22.94	\$ 22.94	3/1/2020	12/31/9999
74019	26	X-ray exam abdomen 2 views	\$ 10.04	\$ 10.04	3/1/2020	12/31/9999
74019	TC	X-ray exam abdomen 2 views	\$ 18.02	\$ 18.02	3/1/2020	12/31/9999
74019		X-ray exam abdomen 2 views	\$ 28.05	\$ 28.05	3/1/2020	12/31/9999
74021	26	X-ray exam abdomen 3+ views	\$ 11.80	\$ 11.80	3/1/2020	12/31/9999
74021	TC	X-ray exam abdomen 3+ views	\$ 20.98	\$ 20.98	3/1/2020	12/31/9999
74021		X-ray exam abdomen 3+ views	\$ 32.78	\$ 32.78	3/1/2020	12/31/9999
74022	26	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	\$ 13.61	\$ 13.61	3/1/2020	12/31/9999
74022	TC	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	\$ 24.87	\$ 24.87	3/1/2020	12/31/9999
74221	26	X-RAY XM ESOPHAGUS 2CNTRST	\$ 30.56	\$ 30.56	3/1/2020	12/31/9999
74221		X-RAY XM ESOPHAGUS 2CNTRST	\$ 91.98	\$ 91.98	3/1/2020	12/31/9999
74221	TC	X-RAY XM ESOPHAGUS 2CNTRST	\$ 61.43	\$ 61.43	3/1/2020	12/31/9999
74248	26	X-RAY SM INT F-THRU STD	\$ 30.56	\$ 30.56	3/1/2020	12/31/9999
74248		X-RAY SM INT F-THRU STD	\$ 70.06	\$ 70.06	3/1/2020	12/31/9999
74248	TC	X-RAY SM INT F-THRU STD	\$ 39.50	\$ 39.50	3/1/2020	12/31/9999
74300	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	\$ 15.66	\$ 15.66	3/1/2020	12/31/9999
74300		CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	\$ 44.73	\$ 44.73	3/1/2020	12/31/9999
75901	26	MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 22.09	\$ 22.09	3/1/2020	12/31/9999
75901	TC	MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 63.66	\$ 63.66	3/1/2020	12/31/9999
75901		MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 87.51	\$ 87.51	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

75902	26	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 17.42	\$ 17.42	3/1/2020	12/31/9999
75902	TC	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 63.66	\$ 63.66	3/1/2020	12/31/9999
75902		MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 84.37	\$ 84.37	3/1/2020	12/31/9999
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	\$ 139.19	\$ 139.19	3/1/2020	12/31/9999
76511	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	\$ 53.68	\$ 53.68	3/1/2020	12/31/9999
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	\$ 78.15	\$ 78.15	3/1/2020	12/31/9999
76512	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	\$ 47.23	\$ 47.23	3/1/2020	12/31/9999
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	\$ 73.36	\$ 73.36	3/1/2020	12/31/9999
76513	TC	ECHO EXAM OF EYE, WATER BATH	\$ 50.30	\$ 50.30	3/1/2020	12/31/9999
76513		ECHO EXAM OF EYE, WATER BATH	\$ 80.98	\$ 80.98	3/1/2020	12/31/9999
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	\$ 8.14	\$ 8.14	3/1/2020	12/31/9999
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	\$ 1.92	\$ 1.92	3/1/2020	12/31/9999
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	\$ 11.09	\$ 11.09	3/1/2020	12/31/9999
76516	TC	ECHO EXAM OF EYE	\$ 39.05	\$ 39.05	3/1/2020	12/31/9999
76516		ECHO EXAM OF EYE	\$ 53.79	\$ 53.79	3/1/2020	12/31/9999
76519	TC	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRA	\$ 42.45	\$ 42.45	3/1/2020	12/31/9999
76519		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRA	\$ 67.85	\$ 67.85	3/1/2020	12/31/9999
76529		ECHO EXAM OF EYE	\$ 54.55	\$ 54.55	3/1/2020	12/31/9999
76641	26	ULTRASOUND BREAST COMPLETE	\$ 31.57	\$ 31.57	3/1/2020	12/31/9999
76641	TC	ULTRASOUND BREAST COMPLETE	\$ 58.88	\$ 58.88	3/1/2020	12/31/9999
76641		ULTRASOUND BREAST COMPLETE	\$ 90.45	\$ 90.45	3/1/2020	12/31/9999
76642	26	ULTRASOUND BREAST LIMITED	\$ 29.40	\$ 29.40	3/1/2020	12/31/9999
76642	TC	ULTRASOUND BREAST LIMITED	\$ 45.02	\$ 45.02	3/1/2020	12/31/9999
76642		ULTRASOUND BREAST LIMITED	\$ 74.42	\$ 74.42	3/1/2020	12/31/9999
76706	26	US ABDL AORTA SCREEN AAA	\$ 24.37	\$ 24.37	3/1/2020	12/31/9999
76706	TC	US ABDL AORTA SCREEN AAA	\$ 55.23	\$ 55.23	3/1/2020	12/31/9999
76706		US ABDL AORTA SCREEN AAA	\$ 79.60	\$ 79.60	3/1/2020	12/31/9999
76770		US EXAM ABDO BACK WALL COMP	104.38	104.38	3/1/2020	12/31/9999
76801	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 41.67	\$ 41.67	3/1/2020	12/31/9999
76801	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 63.40	\$ 63.40	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 105.07	\$ 105.07	3/1/2020	12/31/9999
76802	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 34.68	\$ 34.68	3/1/2020	12/31/9999
76802	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 32.73	\$ 32.73	3/1/2020	12/31/9999
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 59.80	\$ 59.80	3/1/2020	12/31/9999
76805	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 41.39	\$ 41.39	3/1/2020	12/31/9999
76805	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 75.50	\$ 75.50	3/1/2020	12/31/9999
76805		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 116.88	\$ 116.88	3/1/2020	12/31/9999
76810	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 40.79	\$ 40.79	3/1/2020	12/31/9999
76810		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 81.10	\$ 81.10	3/1/2020	12/31/9999
76811	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 78.47	\$ 78.47	3/1/2020	12/31/9999
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 86.78	\$ 86.78	3/1/2020	12/31/9999
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 165.26	\$ 165.26	3/1/2020	12/31/9999
76812	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 73.38	\$ 73.38	3/1/2020	12/31/9999
76812	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 45.05	\$ 45.05	3/1/2020	12/31/9999
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 161.78	\$ 161.78	3/1/2020	12/31/9999
76813	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 51.18	\$ 51.18	3/1/2020	12/31/9999
76813	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 61.72	\$ 61.72	3/1/2020	12/31/9999
76813		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 112.90	\$ 112.90	3/1/2020	12/31/9999
76814	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 42.92	\$ 42.92	3/1/2020	12/31/9999
76814	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 31.64	\$ 31.64	3/1/2020	12/31/9999
76814		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 74.55	\$ 74.55	3/1/2020	12/31/9999
76815	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 28.84	\$ 28.84	3/1/2020	12/31/9999
76815		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 72.78	\$ 72.78	3/1/2020	12/31/9999
76816	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 35.30	\$ 35.30	3/1/2020	12/31/9999
76816	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 54.15	\$ 54.15	3/1/2020	12/31/9999
76816		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 89.46	\$ 89.46	3/1/2020	12/31/9999
76817	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 33.18	\$ 33.18	3/1/2020	12/31/9999
76817	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 52.69	\$ 52.69	3/1/2020	12/31/9999
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 81.26	\$ 81.26	3/1/2020	12/31/9999
76818	26	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 46.98	\$ 46.98	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

76818	TC	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 56.66	\$ 56.66	3/1/2020	12/31/9999
76818		FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 97.24	\$ 97.24	3/1/2020	12/31/9999
76819	26	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	\$ 32.05	\$ 32.05	3/1/2020	12/31/9999
76819	TC	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	\$ 43.14	\$ 43.14	3/1/2020	12/31/9999
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	\$ 75.18	\$ 75.18	3/1/2020	12/31/9999
76820	26	UMBILICAL ARTERY ECHO	20.76	20.76	3/1/2020	12/31/9999
76820	TC	DOPPLER VELOCIMETRY, FETAL; UMBILICAL AR	\$ 22.81	\$ 22.81	3/1/2020	12/31/9999
76825		ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	\$ 167.51	\$ 167.51	3/1/2020	12/31/9999
76830	26	ULTRASOUND, TRANSVAGINAL	\$ 28.98	\$ 28.98	3/1/2020	12/31/9999
76830	TC	ULTRASOUND, TRANSVAGINAL	\$ 66.74	\$ 66.74	3/1/2020	12/31/9999
76830		ULTRASOUND, TRANSVAGINAL	\$ 95.72	\$ 95.72	3/1/2020	12/31/9999
76856	26	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 29.26	\$ 29.26	3/1/2020	12/31/9999
76856	TC	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 67.04	\$ 67.04	3/1/2020	12/31/9999
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 96.30	\$ 96.30	3/1/2020	12/31/9999
76937	26	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 13.68	\$ 13.68	3/1/2020	12/31/9999
76937	TC	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 15.16	\$ 15.16	3/1/2020	12/31/9999
76937		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 31.32	\$ 31.32	3/1/2020	12/31/9999
76940	26	ULTRASOUND GUIDANCE FOR, AND MONITORING	\$ 94.20	\$ 94.20	3/1/2020	12/31/9999
76940	TC	ULTRASOUND GUIDANCE FOR, AND MONITORING	\$ 59.05	\$ 59.05	3/1/2020	12/31/9999
76940		ULTRASOUND GUIDANCE FOR, AND MONITORING	\$ 153.98	\$ 153.98	3/1/2020	12/31/9999
76970		FOLLOW UP ECHO EXAM	\$ 56.35	\$ 56.35	3/1/2020	12/31/9999
77012	26	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 50.69	\$ 50.69	3/1/2020	12/31/9999
77012	TC	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 234.53	\$ 234.53	3/1/2020	12/31/9999
77012		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 286.34	\$ 286.34	3/1/2020	12/31/9999
77048	26	MRI BREAST C-+ W/CAD UNI	\$ 92.20	\$ 92.20	3/1/2020	12/31/9999
77053	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 16.25	\$ 16.25	3/1/2020	12/31/9999
77053	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 73.89	\$ 73.89	3/1/2020	12/31/9999
77053		MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 90.14	\$ 90.14	3/1/2020	12/31/9999
77054	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 20.20	\$ 20.20	3/1/2020	12/31/9999
77054	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 109.19	\$ 109.19	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

77054		MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 129.40	\$ 129.40	3/1/2020	12/31/9999
77080	26	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 8.43	\$ 8.43	3/1/2020	12/31/9999
77080	TC	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 47.69	\$ 47.69	3/1/2020	12/31/9999
77080		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 56.13	\$ 56.13	3/1/2020	12/31/9999
77084	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 71.66	\$ 71.66	3/1/2020	12/31/9999
77084	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 410.20	\$ 410.20	3/1/2020	12/31/9999
77084		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 481.87	\$ 481.87	3/1/2020	12/31/9999
77301	26	INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$ 356.85	\$ 356.85	3/1/2020	12/31/9999
77301	TC	INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$ 979.65	\$ 979.65	3/1/2020	12/31/9999
77301		INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$ 1,368.72	\$ 1,368.72	3/1/2020	12/31/9999
77306	26	TELETHX ISODOSE PLAN SIMPLE	\$ 61.35	\$ 61.35	3/1/2020	12/31/9999
77306	TC	TELETHX ISODOSE PLAN SIMPLE	\$ 60.35	\$ 60.35	3/1/2020	12/31/9999
77306		TELETHX ISODOSE PLAN SIMPLE	\$ 121.68	\$ 121.68	3/1/2020	12/31/9999
77307	26	TELETHX ISODOSE PLAN CPLX	\$ 127.28	\$ 127.28	3/1/2020	12/31/9999
77307	TC	TELETHX ISODOSE PLAN CPLX	\$ 110.44	\$ 110.44	3/1/2020	12/31/9999
77307		TELETHX ISODOSE PLAN CPLX	\$ 237.71	\$ 237.71	3/1/2020	12/31/9999
77316	26	BRACHYTX ISODOSE PLAN SIMPLE	\$ 61.58	\$ 61.58	3/1/2020	12/31/9999
77316	TC	BRACHYTX ISODOSE PLAN SIMPLE	\$ 93.65	\$ 93.65	3/1/2020	12/31/9999
77316		BRACHYTX ISODOSE PLAN SIMPLE	\$ 155.22	\$ 155.22	3/1/2020	12/31/9999
77317	26	BRACHYTX ISODOSE INTERMED	\$ 81.01	\$ 81.01	3/1/2020	12/31/9999
77317	TC	BRACHYTX ISODOSE INTERMED	\$ 122.22	\$ 122.22	3/1/2020	12/31/9999
77317		BRACHYTX ISODOSE INTERMED	\$ 203.23	\$ 203.23	3/1/2020	12/31/9999
77318	26	BRACHYTX ISODOSE COMPLEX	\$ 127.76	\$ 127.76	3/1/2020	12/31/9999
77318	TC	BRACHYTX ISODOSE COMPLEX	\$ 165.84	\$ 165.84	3/1/2020	12/31/9999
77318		BRACHYTX ISODOSE COMPLEX	\$ 293.58	\$ 293.58	3/1/2020	12/31/9999
77385		NTSTY MODUL RAD TX DLVR SMPL	\$ 424.06	\$ 424.06	3/1/2020	12/31/9999
77386		NTSTY MODUL RAD TX DLVR CPLX	\$ 424.06	\$ 424.06	3/1/2020	12/31/9999
77768	26	HDR RDNCL SKN SURF BRACHYTX	\$ 62.95	\$ 62.95	3/1/2020	12/31/9999
77768	TC	HDR RDNCL SKN SURF BRACHYTX	\$ 232.39	\$ 232.39	3/1/2020	12/31/9999
77768		HDR RDNCL SKN SURF BRACHYTX	\$ 295.34	\$ 295.34	3/1/2020	12/31/9999



REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

77770	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 87.65	\$ 87.65	3/1/2020	12/31/9999
77770	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 182.90	\$ 182.90	3/1/2020	12/31/9999
77770		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 270.56	\$ 270.56	3/1/2020	12/31/9999
77771	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 171.26	\$ 171.26	3/1/2020	12/31/9999
77771	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 333.13	\$ 333.13	3/1/2020	12/31/9999
77771		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 504.39	\$ 504.39	3/1/2020	12/31/9999
77772	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 242.85	\$ 242.85	3/1/2020	12/31/9999
77772	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 525.71	\$ 525.71	3/1/2020	12/31/9999
77772		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 768.57	\$ 768.57	3/1/2020	12/31/9999
78265	26	GASTRIC EMPTYING IMAG STUDY	\$ 42.32	\$ 42.32	3/1/2020	12/31/9999
78265	TC	GASTRIC EMPTYING IMAG STUDY	\$ 301.38	\$ 301.38	3/1/2020	12/31/9999
78265		GASTRIC EMPTYING IMAG STUDY	\$ 343.70	\$ 343.70	3/1/2020	12/31/9999
78266	26	GASTRIC EMPTYING IMAG STUDY	\$ 46.90	\$ 46.90	3/1/2020	12/31/9999
78266	TC	GASTRIC EMPTYING IMAG STUDY	\$ 360.65	\$ 360.65	3/1/2020	12/31/9999
78266		GASTRIC EMPTYING IMAG STUDY	\$ 407.56	\$ 407.56	3/1/2020	12/31/9999
78804	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 48.15	\$ 48.15	3/1/2020	12/31/9999
78804	TC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 381.16	\$ 381.16	3/1/2020	12/31/9999
78804		RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 433.82	\$ 433.82	3/1/2020	12/31/9999
78811		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 991.15	\$ 991.15	3/1/2020	12/31/9999
78812		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 1,008.11	\$ 1,008.11	3/1/2020	12/31/9999
78813		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 1,011.33	\$ 1,011.33	3/1/2020	12/31/9999
78814		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 1,020.00	\$ 1,020.00	3/1/2020	12/31/9999
78815		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 1,030.80	\$ 1,030.80	3/1/2020	12/31/9999
78816		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 1,033.32	\$ 1,033.32	3/1/2020	12/31/9999
79005		RADIOPHARMACEUTICAL THERAPY, BY ORAL ADM	\$ 150.12	\$ 150.12	3/1/2020	12/31/9999
79101		RADIOPHARMACEUTICAL THERAPY, BY INTRAVEN	\$ 161.74	\$ 161.74	3/1/2020	12/31/9999
79403	26	RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	\$ 103.18	\$ 103.18	3/1/2020	12/31/9999
79403	TC	RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	\$ 112.79	\$ 112.79	3/1/2020	12/31/9999
79403		RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	\$ 215.97	\$ 215.97	3/1/2020	12/31/9999
79445		RADIOPHARMACEUTICAL THERAPY, BY INTRA-AR	\$ 193.97	\$ 193.97	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$ 27.51	\$ 27.51	3/1/2020	12/31/9999
80048		BASIC METABOLIC PANEL	\$ 10.16	\$ 10.16	3/1/2020	12/31/9999
80050		GENERAL HEALTH SCREEN PANEL	\$ 11.48	\$ 11.72	3/1/2020	12/31/9999
80051		ELECTROLYTE PANEL	\$ 8.76	\$ 8.76	3/1/2020	12/31/9999
80053		COMPREHENSIVE METABOLIC PANEL	\$ 10.72	\$ 10.72	3/1/2020	12/31/9999
80055		OBSTETRIC PANEL	\$ 30.78	\$ 30.78	3/1/2020	12/31/9999
80061		LIPID PROFILE	\$ 16.89	\$ 16.89	3/1/2020	12/31/9999
80074		ACUTE HEPATITIS PANEL	\$ 59.15	\$ 59.15	3/1/2020	12/31/9999
80076		HEPATIC FUNCTION PANEL	\$ 10.17	\$ 10.17	3/1/2020	12/31/9999
80155		DRUG ASSAY CAFFEINE	\$ 17.52	\$ 17.52	3/1/2020	12/31/9999
80159		DRUG ASSAY CLOZAPINE	\$ 22.92	\$ 22.92	3/1/2020	12/31/9999
80163		ASSAY OF DIGOXIN FREE	\$ 17.37	\$ 17.37	3/1/2020	12/31/9999
80165		DIPROPYLACETIC ACID FREE	\$ 17.54	\$ 17.54	3/1/2020	12/31/9999
80169		DRUG ASSAY EVEROLIMUS	\$ 17.01	\$ 17.01	3/1/2020	12/31/9999
80171		DRUG SCREEN QUANT GABAPENTIN	\$ 16.43	\$ 16.43	3/1/2020	12/31/9999
80175		DRUG SCREEN QUAN LAMOTRIGINE	\$ 16.43	\$ 16.43	3/1/2020	12/31/9999
80177		DRUG SCR N QUAN LEVETIRACETAM	\$ 16.43	\$ 16.43	3/1/2020	12/31/9999
80180		DRUG SCR N QUAN MYCOPHENOLATE	\$ 22.38	\$ 22.38	3/1/2020	12/31/9999
80183		DRUG SCR N QUANT OXCARBAZEPIN	\$ 16.43	\$ 16.43	3/1/2020	12/31/9999
80195		SIROLIMUS	\$ 19.52	\$ 19.52	3/1/2020	12/31/9999
80199		DRUG SCREEN QUANT TIAGABINE	\$ 22.38	\$ 22.38	3/1/2020	12/31/9999
80203		DRUG SCREEN QUANT ZONISAMIDE	\$ 16.43	\$ 16.43	3/1/2020	12/31/9999
80305		DRUG TEST PRSMV DIR OPT OBS	\$ 14.29	\$ 14.29	3/1/2020	12/31/9999
80306		DRUG TEST PRSMV INSTRMNT	\$ 19.44	\$ 19.44	3/1/2020	12/31/9999
80307		DRUG TEST PRSMV CHEM ANALYZR	\$ 76.26	\$ 76.26	3/1/2020	12/31/9999
81000		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$ 4.52	\$ 4.52	3/1/2020	12/31/9999
81001		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$ 4.02	\$ 4.02	3/1/2020	12/31/9999
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	\$ 3.24	\$ 3.24	3/1/2020	12/31/9999
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, W	\$ 2.86	\$ 2.86	3/1/2020	12/31/9999
81005		URINE TESTS	\$ 2.75	\$ 2.75	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

81007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT B	\$ 3.26	\$ 3.26	3/1/2020	12/31/9999
81015		MICROSCOPIC URINE EXAM	\$ 3.85	\$ 3.85	3/1/2020	12/31/9999
81020		URINALYSIS ROUTINE 2 OR 3 GLASS TEST	\$ 4.68	\$ 4.68	3/1/2020	12/31/9999
81025		UA PREG. TEST - COLOR COMPARISON METHOD	\$ 8.02	\$ 8.02	3/1/2020	12/31/9999
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION,	\$ 3.80	\$ 3.80	3/1/2020	12/31/9999
82044		ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	\$ 3.63	\$ 3.63	3/1/2020	12/31/9999
82105		ALPHA-FETOPROTEIN SERUM	\$ 21.29	\$ 21.29	3/1/2020	12/31/9999
82120		AMINES, VAGINAL FLUID, QUALITATIVE	\$ 4.78	\$ 4.78	3/1/2020	12/31/9999
82150		AMYLASE	\$ 8.22	\$ 8.22	3/1/2020	12/31/9999
82239		BILE ACIDS; TOTAL	\$ 20.67	\$ 20.67	3/1/2020	12/31/9999
82247		BILIRUBIN; TOTAL	\$ 6.33	\$ 6.33	3/1/2020	12/31/9999
82270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 4.13	\$ 4.13	3/1/2020	12/31/9999
82271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 4.62	\$ 4.62	3/1/2020	12/31/9999
82272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 4.62	\$ 4.62	3/1/2020	12/31/9999
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETER	\$ 20.04	\$ 20.04	3/1/2020	12/31/9999
82306		CALCIFEDIOL (25-OH VITAMIN D-3)	\$ 37.57	\$ 37.57	3/1/2020	12/31/9999
82310		CALCIUM; TOTAL	\$ 6.53	\$ 6.53	3/1/2020	12/31/9999
82533	82533	TOTAL CORTISOL	20.7	20.7	3/1/2020	12/31/9999
82565		CREATININE; BLOOD	\$ 6.50	\$ 6.50	3/1/2020	12/31/9999
82570		CREATININE; OTHER SOURCE	\$ 6.56	\$ 6.56	3/1/2020	12/31/9999
82575		CREATININE CLEARANCE	\$ 11.99	\$ 11.99	3/1/2020	12/31/9999
82607		CYANOCOBALAMIN (VITAMIN B-12)	\$ 19.13	\$ 19.13	3/1/2020	12/31/9999
82670		ESTRADIOL	\$ 30.22	\$ 30.22	3/1/2020	12/31/9999
82677		ESTRIOL	\$ 30.69	\$ 30.69	3/1/2020	12/31/9999
82728		FERRITIN SPECIFY METHOD	\$ 17.28	\$ 17.28	3/1/2020	12/31/9999
82945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$ 4.95	\$ 4.95	3/1/2020	12/31/9999
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REA	\$ 5.59	\$ 5.59	3/1/2020	12/31/9999
82948		GLUCOSE BLOOD STICK TEST	\$ 4.52	\$ 4.52	3/1/2020	12/31/9999
82950		GLUCOSE POST GLUCOSE DOSE	\$ 6.76	\$ 6.76	3/1/2020	12/31/9999
82951		GLUCOSE TOLERANCE	\$ 18.32	\$ 18.32	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

82952		GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND	\$ 5.59	\$ 5.59	3/1/2020	12/31/9999
82962		BLOOD GLUCOSE BY MONITORING DEVICE	\$ 2.97	\$ 2.97	3/1/2020	12/31/9999
83001		GONADOTROPIN; FOLLICLE STIMULATING HORMO	\$ 23.58	\$ 23.58	3/1/2020	12/31/9999
83002		LUTEINIZING HORMONE (LH)	\$ 23.50	\$ 23.50	3/1/2020	12/31/9999
83020		HEMOGLOBIN FRACTIONATION AND QUANTITATIO	\$ 17.88	\$ 17.88	3/1/2020	12/31/9999
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD	\$ 2.99	\$ 2.99	3/1/2020	12/31/9999
83030		HEMOGLOBIN F(FETAL) CHEMICAL	\$ 11.77	\$ 11.77	3/1/2020	12/31/9999
83033		HEMOGLOBIN; F (FETAL), QUALITATIVE	\$ 8.48	\$ 8.48	3/1/2020	12/31/9999
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	\$ 12.32	\$ 12.32	3/1/2020	12/31/9999
83045		METHEMOGLOBIN	\$ 7.06	\$ 7.06	3/1/2020	12/31/9999
83050		METHEMOGLOBIN QUANTITATIVE	\$ 10.42	\$ 10.42	3/1/2020	12/31/9999
83051		METHEMOGLOBIN PLASMA	\$ 10.40	\$ 10.40	3/1/2020	12/31/9999
83060		SULFHEMOGLOBIN QUANTITATIVE	\$ 11.77	\$ 11.77	3/1/2020	12/31/9999
83065		HEMOGLOBIN THERMOLABILE	\$ 9.80	\$ 9.80	3/1/2020	12/31/9999
83068		HEMOGLOBIN UNSTABLESCREEN	\$ 4.10	\$ 4.10	3/1/2020	12/31/9999
83069		HEMOGLOBIN URINE	\$ 5.61	\$ 5.61	3/1/2020	12/31/9999
83540		IRON	\$ 8.22	\$ 8.22	3/1/2020	12/31/9999
83615		LACTATE DEHYDROGENASE (LD), (LDH)	\$ 7.67	\$ 7.67	3/1/2020	12/31/9999
83630		LACTOFERRIN, FECAL; QUALITATIVE	\$ 27.93	\$ 27.93	3/1/2020	12/31/9999
83655		LEAD	\$ 15.36	\$ 15.36	3/1/2020	12/31/9999
83690		LIPASE	\$ 8.74	\$ 8.74	3/1/2020	12/31/9999
83695		LIPOPROTEIN (A)	\$ 18.43	\$ 18.43	3/1/2020	12/31/9999
83700		LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPA	\$ 16.02	\$ 16.02	3/1/2020	12/31/9999
83701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRAC	\$ 35.32	\$ 35.32	3/1/2020	12/31/9999
83704		LIPOPROTEIN BLD QUAN PART	\$ 35.32	\$ 35.32	3/1/2020	12/31/9999
83721		LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHO	\$ 12.11	\$ 12.11	3/1/2020	12/31/9999
83876		MYELOPEROXIDASE (MPO)	\$ 19.26	\$ 19.26	3/1/2020	12/31/9999
83880		NATRIURETIC PEPTIDE	\$ 48.31	\$ 48.31	3/1/2020	12/31/9999
83950		ONCOPROTEIN, HER-2/NEU	\$ 91.65	\$ 91.65	3/1/2020	12/31/9999
83951		ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMB	\$ 95.78	\$ 95.78	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

83986		PH BODY FLUID EXCEPT BLOOD	\$ 4.54	\$ 4.54	3/1/2020	12/31/9999
83993		CALPROTECTIN, FECAL	\$ 24.91	\$ 24.91	3/1/2020	12/31/9999
84030		ASSAY OF BLOOD PKU	\$ 6.98	\$ 6.98	3/1/2020	12/31/9999
84112		EVAL AMNIOTIC FLUID PROTEIN	\$ 82.33	\$ 82.33	3/1/2020	12/31/9999
84144		PROGESTERONE	\$ 26.48	\$ 26.48	3/1/2020	12/31/9999
84145		PROCALCITONIN (PCT)	\$ 25.21	\$ 25.21	3/1/2020	12/31/9999
84146		PROLACTIN	\$ 24.59	\$ 24.59	3/1/2020	12/31/9999
84156		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	\$ 4.65	\$ 4.65	3/1/2020	12/31/9999
84302		SODIUM; OTHER SOURCE	\$ 6.92	\$ 6.92	3/1/2020	12/31/9999
84402		TESTOSTERONE; FREE	\$ 32.97	\$ 32.97	3/1/2020	12/31/9999
84410		TESTOSTERONE BIOAVAILABLE	\$ 32.77	\$ 32.77	3/1/2020	12/31/9999
84431		THROMBOXANE METABOLITE(S), INCLUDING THR	\$ 16.83	\$ 16.83	3/1/2020	12/31/9999
84436		ASSAY OF TOTAL THYROXINE	7.32	7.32	3/1/2020	12/31/9999
84439		THYROXINE; FREE	\$ 11.45	\$ 11.45	3/1/2020	12/31/9999
84443		TSH	\$ 20.69	\$ 20.69	3/1/2020	12/31/9999
84450		TRANSFERASE; ASPARTATE AMINO (AST) (SGOT	\$ 6.56	\$ 6.56	3/1/2020	12/31/9999
84460		TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	\$ 6.72	\$ 6.72	3/1/2020	12/31/9999
84466		ASSAY OF TRANSFERRIN	16.2	16.2	3/1/2020	12/31/9999
84479		ASSAY OF THYROID (T3 OR T4)	7.57	7.57	3/1/2020	12/31/9999
84481		TRIDOTHYRONINE (T-3); FREE	\$ 21.50	\$ 21.50	3/1/2020	12/31/9999
84550	Q6	ASSAY OF BLOOD/URIC ACID	\$ 5.73	\$ 5.73	3/1/2020	12/31/9999
84702		GONADOTROPIN CHORIONIC QUANTITATIVE	\$ 11.10	\$ 11.10	3/1/2020	12/31/9999
84702	Q6	CHORIONIC GONADOTROPIN TEST	\$ 11.10	\$ 11.10	3/1/2020	12/31/9999
84703		GONADOTROPIN CHORIONIC QUALITATIVE	\$ 9.72	\$ 9.72	3/1/2020	12/31/9999
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA	\$ 11.10	\$ 11.10	3/1/2020	12/31/9999
85002		BLEEDING TIME	\$ 6.41	\$ 6.41	3/1/2020	12/31/9999
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC	\$ 9.21	\$ 9.21	3/1/2020	12/31/9999
85007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	\$ 4.90	\$ 4.90	3/1/2020	12/31/9999
85008		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	\$ 4.90	\$ 4.90	3/1/2020	12/31/9999
85009		BLOOD COUNT; MANUAL DIFFERENTIAL WBC COU	\$ 5.28	\$ 5.28	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	\$ 3.37	\$ 3.37	3/1/2020	12/31/9999
85014		BLOOD COUNT; HEMATOCRIT (HCT)	\$ 3.37	\$ 3.37	3/1/2020	12/31/9999
85018		BLOOD COUNT; HEMOGLOBIN (HGB)	\$ 3.00	\$ 3.00	3/1/2020	12/31/9999
85025		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	\$ 11.06	\$ 11.06	3/1/2020	12/31/9999
85027		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	\$ 9.21	\$ 9.21	3/1/2020	12/31/9999
85032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROC	\$ 6.12	\$ 6.12	3/1/2020	12/31/9999
85041		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOM	\$ 4.27	\$ 4.27	3/1/2020	12/31/9999
85044		BLOOD COUNT; RETICULOCYTE, MANUAL	\$ 6.12	\$ 6.12	3/1/2020	12/31/9999
85045		BLOOD COUNT; RETICULOCYTE, AUTOMATED	\$ 5.69	\$ 5.69	3/1/2020	12/31/9999
85048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	\$ 3.61	\$ 3.61	3/1/2020	12/31/9999
85049		BLOOD COUNT; PLATELET, AUTOMATED	\$ 6.36	\$ 6.36	3/1/2020	12/31/9999
85210		CLOTTING FACTOR II PROTHROMBIN SPECIFIC	\$ 18.48	\$ 18.48	3/1/2020	12/31/9999
85380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; UL	\$ 13.10	\$ 13.10	3/1/2020	12/31/9999
85390	26	FIBRINOLYSINS OR COAGULOPATHY SCREEN, IN	\$ 15.46	\$ 15.46	3/1/2020	12/31/9999
85397		COAGULATION AND FIBRINOLYSIS, FUNCTIONAL	\$ 34.13	\$ 34.13	3/1/2020	12/31/9999
85610		PROTHROMBIN TIME	\$ 4.99	\$ 4.99	3/1/2020	12/31/9999
86038		ANTINUCLEAR ANTIBODIES (ANA);	\$ 15.34	\$ 15.34	3/1/2020	12/31/9999
86141		C-REACTIVE PROTEIN; HIGH SENSITIVITY (HS	\$ 18.43	\$ 18.43	3/1/2020	12/31/9999
86200		CYCLIC CITRULLINATED PEPTIDE (CCP), ANTI	\$ 18.43	\$ 18.43	3/1/2020	12/31/9999
86308		HETEROPHILE ANTIBODIES; SCREENING	\$ 6.57	\$ 6.57	3/1/2020	12/31/9999
86309		HETEROPHILE ANTIBODIES; TITER	\$ 8.22	\$ 8.22	3/1/2020	12/31/9999
86310		HETEROPHILE ABSORPTION	\$ 9.35	\$ 9.35	3/1/2020	12/31/9999
86328		IA NFCT AB SARSCOV2 COVID19	\$ 45.23	\$ 45.23	4/10/2020	12/31/9999
86355		B CELLS, TOTAL COUNT	\$ 53.68	\$ 53.68	3/1/2020	12/31/9999
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (	\$ 33.98	\$ 33.98	3/1/2020	12/31/9999
86357		NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$ 53.68	\$ 53.68	3/1/2020	12/31/9999
86367		STEM CELLS (IE, CD34), TOTAL COUNT	\$ 53.68	\$ 53.68	3/1/2020	12/31/9999
86376		MICROSOMAL ANTIBODIES (EG, THYROID OR LI	\$ 17.59	\$ 17.59	3/1/2020	12/31/9999
86403		PARTICLE AGGLUTINATION; SCREEN, EACH ANT	\$ 14.50	\$ 14.50	3/1/2020	12/31/9999
86480		TUBERCULOSIS TEST, CELL MEDIATED IMMUNIT	\$ 88.19	\$ 88.19	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

86580		SENSITIVITY TEST TUBERCULOSIS	\$ 5.59	\$ 5.59	3/1/2020	12/31/9999
86592		SYPHILIS, PRECIPITATION OR FLOCCULATION	\$ 5.41	\$ 5.41	3/1/2020	12/31/9999
86644		ANTIBODY; CMV	\$ 18.24	\$ 18.24	3/1/2020	12/31/9999
86645		ANTIBODY; CMV, IGM	\$ 18.42	\$ 18.42	3/1/2020	12/31/9999
86695		ANTIBODY; HERPES SIMPLEX. TYPE I	\$ 16.74	\$ 16.74	3/1/2020	12/31/9999
86696		ANTIBODY; HERPES SIMPLEX, TYPE 2	\$ 24.57	\$ 24.57	3/1/2020	12/31/9999
86701		HIV-1ANTIBODY	\$ 11.27	\$ 11.27	3/1/2020	12/31/9999
86702		HIV-2 ANTIBODY	\$ 14.92	\$ 14.92	3/1/2020	12/31/9999
86703		ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	\$ 14.92	\$ 14.92	3/1/2020	12/31/9999
86711		ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM	\$ 17.93	\$ 17.93	3/1/2020	12/31/9999
86747		ANTIBODY; PARVOVIRUS	\$ 18.42	\$ 18.42	3/1/2020	12/31/9999
86762		ANTIBODY; RUBELLA	\$ 18.24	\$ 18.24	3/1/2020	12/31/9999
86769		SARS-COV-2 COVID-19 ANTIBODY	\$ 42.13	\$ 42.13	4/10/2020	12/31/9999
86777		ANTIBODY; TOXOPLASMA	\$ 18.24	\$ 18.24	3/1/2020	12/31/9999
86778		ANTIBODY; TOXOPLASMA, IGM	\$ 18.27	\$ 18.27	3/1/2020	12/31/9999
86780		TREPONEMA PALLIDUM	\$ 17.22	\$ 17.22	3/1/2020	12/31/9999
86787		ANTIBODY; VARICELLA-ZOSTER	\$ 16.35	\$ 16.35	3/1/2020	12/31/9999
86788		ANTIBODY; WEST NILE VIRUS, IGM	\$ 20.65	\$ 20.65	3/1/2020	12/31/9999
86789		ANTIBODY; WEST NILE VIRUS	\$ 20.45	\$ 20.45	3/1/2020	12/31/9999
86794		Zika virus igm antibody	\$ 20.65	\$ 20.65	3/1/2020	12/31/9999
86803		HEPATITIS C ANTIBODY;	\$ 18.12	\$ 18.12	3/1/2020	12/31/9999
86825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	\$ 104.50	\$ 104.50	3/1/2020	12/31/9999
86826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	\$ 34.83	\$ 34.83	3/1/2020	12/31/9999
86828		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 49.40	\$ 49.40	3/1/2020	12/31/9999
86829		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 37.07	\$ 37.07	3/1/2020	12/31/9999
86830		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 100.07	\$ 100.07	3/1/2020	12/31/9999
86831		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 85.77	\$ 85.77	3/1/2020	12/31/9999
86832		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 157.27	\$ 157.27	3/1/2020	12/31/9999
86833		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 142.97	\$ 142.97	3/1/2020	12/31/9999
86834		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 443.21	\$ 443.21	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

86835		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 400.31	\$ 400.31	3/1/2020	12/31/9999
86850		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQ	\$ 14.78	\$ 14.78	3/1/2020	12/31/9999
86870		ANTIBODY ID, EACH PANEL FOR EACH SERUM T	\$ 26.10	\$ 26.10	3/1/2020	12/31/9999
86900		BLOOD TYPING SEROLOGIC ABO	3.78	3.78	3/1/2020	12/31/9999
86901		BLOOD TYPING SEROLOGIC RH(D)	3.78	3.78	3/1/2020	12/31/9999
87045		CULTURE, BACTERIAL; STOOL, AEROBIC, WITH	\$ 13.42	\$ 13.42	3/1/2020	12/31/9999
87070		CULTURE, BACTERIAL; ANY OTHER SOURCE EXC	\$ 12.25	\$ 12.25	3/1/2020	12/31/9999
87076		CULTURE, BACTERIAL; ANAEROBIC ISOLATE, A	\$ 10.25	\$ 10.25	3/1/2020	12/31/9999
87077		CULTURE, BACTERIAL; AEROBIC ISOLATE, ADD	\$ 10.25	\$ 10.25	3/1/2020	12/31/9999
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANIS	\$ 7.31	\$ 7.31	3/1/2020	12/31/9999
87084		CULTURE W COLONY ESTIMATION FROM DENSITY	\$ 10.93	\$ 10.93	3/1/2020	12/31/9999
87086		CULTURE, BACTERIAL; QUANTITATIVE COLONY	\$ 11.49	\$ 11.49	3/1/2020	12/31/9999
87088		CULTURE, BACTERIAL; WITH ISOLATION AND P	\$ 11.52	\$ 11.52	3/1/2020	12/31/9999
87109		CULTURE MYCOPLASM ANY SOURCE	\$ 19.40	\$ 19.40	3/1/2020	12/31/9999
87110		CULTURE, CHLAMYDIA, ANY SOURCE	\$ 27.88	\$ 27.88	3/1/2020	12/31/9999
87150		CULTURE, TYPING; IDENTIFICATION BY NUCLE	\$ 31.90	\$ 31.90	3/1/2020	12/31/9999
87153		CULTURE, TYPING; IDENTIFICATION BY NUCLE	\$ 76.98	\$ 76.98	3/1/2020	12/31/9999
87177		OVA AND PARASITES	\$ 12.66	\$ 12.66	3/1/2020	12/31/9999
87184		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	\$ 8.75	\$ 8.75	3/1/2020	12/31/9999
87186		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	\$ 10.97	\$ 10.97	3/1/2020	12/31/9999
87209		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 25.58	\$ 25.58	3/1/2020	12/31/9999
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 4.84	\$ 4.84	3/1/2020	12/31/9999
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPL	\$ 5.41	\$ 5.41	3/1/2020	12/31/9999
87255		VIRUS ISOLATION; INCLUDING IDENTIFICATIO	\$ 34.78	\$ 34.78	3/1/2020	12/31/9999
87267		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 16.31	\$ 16.31	3/1/2020	12/31/9999
87271		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 16.31	\$ 16.31	3/1/2020	12/31/9999
87340		HEPATITIS B SURFACE AG IA	\$ 12.05	\$ 12.05	3/1/2020	12/31/9999
87389		INFECTIOUS AGENT ANTIGEN DETECTION BY EN	\$ 30.47	\$ 30.47	3/1/2020	12/31/9999
87420		RESP SYNCYTIAL AG IA	\$ 14.44	\$ 14.44	3/1/2020	12/31/9999
87430		STREP A AG IA	\$ 14.54	\$ 14.54	3/1/2020	12/31/9999



REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

87480		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 25.46	\$ 25.46	3/1/2020	12/31/9999
87483		CNS DNA AMP PROBE TYPE 12-25	\$ 250.51	\$ 250.51	3/1/2020	12/31/9999
87491		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 31.12	\$ 31.12	3/1/2020	12/31/9999
87492		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 41.34	\$ 41.34	3/1/2020	12/31/9999
87493		CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AM	\$ 31.90	\$ 31.90	3/1/2020	12/31/9999
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 31.12	\$ 31.12	3/1/2020	12/31/9999
87505		NFCT AGENT DETECTION GI	\$ 92.16	\$ 92.16	3/1/2020	12/31/9999
87506		IADNA-DNA/RNA PROBE TQ 6-11	\$ 139.62	\$ 139.62	3/1/2020	12/31/9999
87507		IADNA-DNA/RNA PROBE TQ 12-25	\$ 258.26	\$ 258.26	3/1/2020	12/31/9999
87510		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 25.46	\$ 25.46	3/1/2020	12/31/9999
87563		M. GENITALIUM AMP PROBE	\$ 25.46	\$ 25.46	3/1/2020	12/31/9999
87591		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 31.12	\$ 31.12	3/1/2020	12/31/9999
87623		HPV LOW-RISK TYPES	\$ 32.09	\$ 32.09	3/1/2020	12/31/9999
87624		HPV HIGH-RISK TYPES	\$ 32.09	\$ 32.09	3/1/2020	12/31/9999
87625		HPV TYPES 16 & 18 ONLY	\$ 32.09	\$ 32.09	3/1/2020	12/31/9999
87631		RESP VIRUS 3-5 TARGETS	\$ 89.40	\$ 89.40	3/1/2020	12/31/9999
87632		RESP VIRUS 6-11 TARGETS	\$ 135.43	\$ 135.43	3/1/2020	12/31/9999
87633		RESP VIRUS 12-25 TARGETS	\$ 250.51	\$ 250.51	3/1/2020	12/31/9999
87634		Rsv dna/rna amp probe	\$ 18.42	\$ 18.42	3/1/2020	12/31/9999
87635		SARS-COV-2 COVID-19 AMP PRB	\$ 67.96	\$ 67.96	3/13/2020	12/31/9999
87653		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 31.12	\$ 31.12	3/1/2020	12/31/9999
87660		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 25.46	\$ 25.46	3/1/2020	12/31/9999
87661		TRICHOMONAS VAGINALIS AMPLIF	\$ 30.39	\$ 30.39	3/1/2020	12/31/9999
87662		Zika virus dna/rna amp probe	\$ 31.12	\$ 31.12	3/1/2020	12/31/9999
87800		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 50.89	\$ 50.89	3/1/2020	12/31/9999
87801		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 62.23	\$ 62.23	3/1/2020	12/31/9999
87802		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 16.31	\$ 16.31	3/1/2020	12/31/9999
87803		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 16.31	\$ 16.31	3/1/2020	12/31/9999
87804		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 16.31	\$ 16.31	3/1/2020	12/31/9999
87806		HIV ANTIGEN W/HIV ANTIBODIES	\$ 31.42	\$ 31.42	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

87807		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 16.31	\$ 16.31	3/1/2020	12/31/9999
87808		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 14.54	\$ 14.54	3/1/2020	12/31/9999
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 14.54	\$ 14.54	3/1/2020	12/31/9999
87880		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	\$ 14.54	\$ 14.54	3/1/2020	12/31/9999
87900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHE	\$ 115.91	\$ 115.91	3/1/2020	12/31/9999
87905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHE	\$ 18.17	\$ 18.17	3/1/2020	12/31/9999
87910		ANALYSIS TEST FOR CYTOMEGALOVIRUS	\$ 97.44	\$ 97.44	3/1/2020	12/31/9999
87912		ANALYSIS TEST FOR HEPATITIS B VIRUS	\$ 97.44	\$ 97.44	3/1/2020	12/31/9999
88142		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 28.83	\$ 28.83	3/1/2020	12/31/9999
88143		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 28.83	\$ 28.83	3/1/2020	12/31/9999
88147		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	\$ 15.04	\$ 15.04	3/1/2020	12/31/9999
88148		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	\$ 15.04	\$ 15.04	3/1/2020	12/31/9999
88153		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 15.04	\$ 15.04	3/1/2020	12/31/9999
88164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 15.04	\$ 15.04	3/1/2020	12/31/9999
88165		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 15.04	\$ 15.04	3/1/2020	12/31/9999
88166		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 15.04	\$ 15.04	3/1/2020	12/31/9999
88167		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 15.04	\$ 15.04	3/1/2020	12/31/9999
88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 30.40	\$ 30.40	3/1/2020	12/31/9999
88175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 36.98	\$ 36.98	3/1/2020	12/31/9999
88333	26	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 55.30	\$ 55.30	3/1/2020	12/31/9999
88333	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 19.50	\$ 19.50	3/1/2020	12/31/9999
88333		PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 81.74	\$ 81.74	3/1/2020	12/31/9999
88334	26	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 30.87	\$ 30.87	3/1/2020	12/31/9999
88334	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 11.94	\$ 11.94	3/1/2020	12/31/9999
88334		PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 42.82	\$ 42.82	3/1/2020	12/31/9999
88341	26	IMMUNOHISTO ANTB ADDL SLIDE	\$ 18.85	\$ 18.85	3/1/2020	12/31/9999
88341	TC	IMMUNOHISTO ANTB ADDL SLIDE	\$ 37.37	\$ 37.37	3/1/2020	12/31/9999
88341		IMMUNOHISTO ANTB ADDL SLIDE	\$ 56.23	\$ 56.23	3/1/2020	12/31/9999
88344	26	IMMUNOHISTO ANTIBODY SLIDE	\$ 34.66	\$ 34.66	3/1/2020	12/31/9999
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	\$ 63.30	\$ 63.30	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

88344		IMMUNOHISTO ANTIBODY SLIDE	\$ 97.95	\$ 97.95	3/1/2020	12/31/9999
88350	26	IMMUNOFLUOR ANTB ADDL STAIN	\$ 24.78	\$ 24.78	3/1/2020	12/31/9999
88350	TC	IMMUNOFLUOR ANTB ADDL STAIN	\$ 35.97	\$ 35.97	3/1/2020	12/31/9999
88350		IMMUNOFLUOR ANTB ADDL STAIN	\$ 60.75	\$ 60.75	3/1/2020	12/31/9999
88364	26	INSITU HYBRIDIZATION (FISH)	\$ 23.51	\$ 23.51	3/1/2020	12/31/9999
88364	TC	INSITU HYBRIDIZATION (FISH)	\$ 57.70	\$ 57.70	3/1/2020	12/31/9999
88364		INSITU HYBRIDIZATION (FISH)	\$ 81.22	\$ 81.22	3/1/2020	12/31/9999
88366	26	INSITU HYBRIDIZATION (FISH)	\$ 54.56	\$ 54.56	3/1/2020	12/31/9999
88366	TC	INSITU HYBRIDIZATION (FISH)	\$ 70.95	\$ 70.95	3/1/2020	12/31/9999
88366		INSITU HYBRIDIZATION (FISH)	\$ 125.51	\$ 125.51	3/1/2020	12/31/9999
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	\$ 61.77	\$ 61.77	3/1/2020	12/31/9999
88373		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 50.35	\$ 50.35	3/1/2020	12/31/9999
88374	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 39.13	\$ 39.13	3/1/2020	12/31/9999
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 131.65	\$ 131.65	3/1/2020	12/31/9999
88374		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 170.79	\$ 170.79	3/1/2020	12/31/9999
88377	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 56.97	\$ 56.97	3/1/2020	12/31/9999
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 122.52	\$ 122.52	3/1/2020	12/31/9999
88377		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 179.49	\$ 179.49	3/1/2020	12/31/9999
88387		MACROSCOPIC EXAMINATION, DISSECTION, AND	\$ 25.15	\$ 25.15	3/1/2020	12/31/9999
88388		MACROSCOPIC EXAMINATION, DISSECTION, AND	\$ 15.03	\$ 15.03	3/1/2020	12/31/9999
88720		BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$ 7.47	\$ 7.47	3/1/2020	12/31/9999
88738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUT	\$ 6.53	\$ 6.53	3/1/2020	12/31/9999
88740		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$ 7.47	\$ 7.47	3/1/2020	12/31/9999
88741		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$ 7.47	\$ 7.47	3/1/2020	12/31/9999
89049		CAFFEINE HALOTHANE CONTRACTURE TEST (CHC	\$ 54.55	\$ 167.82	3/1/2020	12/31/9999
89055		LEUKOCYTE ASSESSMENT FECAL	\$ 6.07	\$ 6.07	3/1/2020	12/31/9999
90460	EP	IM ADMIN 1ST/ONLY COMPONENT	\$ 21.47	\$ 21.47	3/1/2020	12/31/9999
90471	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PE	\$ 21.47	\$ 21.47	3/1/2020	12/31/9999
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PE	\$ 13.97	\$ 13.97	3/1/2020	12/31/9999
90472	EP	IMMUNIZATION ADMINISTRATION, EACH ADDITI	\$ 21.47	\$ 21.47	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

90472		IMMUNIZATION ADMINISTRATION, EACH ADDITI	\$ 13.97	\$ 13.97	3/1/2020	12/31/9999
90473	EP	IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 21.47	\$ 21.47	3/1/2020	12/31/9999
90473		IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 13.97	\$ 13.97	3/1/2020	12/31/9999
90474	EP	IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 21.47	\$ 21.47	3/1/2020	12/31/9999
90474		IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 13.97	\$ 13.97	3/1/2020	12/31/9999
90785		INTERACTIVE COMPLEXITY	\$ 3.95	\$ 3.95	3/1/2020	12/31/9999
90791		PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 98.35	\$ 125.15	3/1/2020	12/31/9999
90792		PSYCHIATRIC DIAGNOSTIC EVALUATION WITH M	\$ 101.68	\$ 104.39	3/1/2020	12/31/9999
90839		PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUT	\$ 117.20	\$ 125.04	3/1/2020	12/31/9999
90840		PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONA	\$ 97.67	\$ 105.27	3/1/2020	12/31/9999
91110	26	ADMINISTRATION OF ORAL CAPSULE FOR EVALU	\$ 170.39	\$ 170.39	3/1/2020	12/31/9999
91110	TC	ADMINISTRATION OF ORAL CAPSULE FOR EVALU	\$ 680.21	\$ 680.21	3/1/2020	12/31/9999
91110		ADMINISTRATION OF ORAL CAPSULE FOR EVALU	\$ 850.62	\$ 850.62	3/1/2020	12/31/9999
91122	26	ANORECTAL MANOMETRY	\$ 75.51	\$ 75.51	3/1/2020	12/31/9999
91122	TC	ANORECTAL MANOMETRY	\$ 107.80	\$ 107.80	3/1/2020	12/31/9999
91122		ANORECTAL MANOMETRY	\$ 183.31	\$ 183.31	3/1/2020	12/31/9999
91200	26	LIVER ELASTOGRAPHY	\$ 12.94	\$ 12.94	3/1/2020	12/31/9999
91200		LIVER ELASTOGRAPHY	\$ 30.57	\$ 30.57	3/1/2020	12/31/9999
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	\$ 25.40	\$ 25.40	3/1/2020	12/31/9999
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	\$ 46.53	\$ 46.53	3/1/2020	12/31/9999
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	\$ 71.94	\$ 71.94	3/1/2020	12/31/9999
92537	26	CALORIC VSTBLR TEST W/REC	\$ 27.76	\$ 27.76	3/1/2020	12/31/9999
92537	TC	CALORIC VSTBLR TEST W/REC	\$ 7.02	\$ 7.02	3/1/2020	12/31/9999
92537		CALORIC VSTBLR TEST W/REC	\$ 34.80	\$ 34.80	3/1/2020	12/31/9999
92538	26	CALORIC VSTBLR TEST W/REC	\$ 13.88	\$ 13.88	3/1/2020	12/31/9999
92538	TC	CALORIC VSTBLR TEST W/REC	\$ 3.78	\$ 3.78	3/1/2020	12/31/9999
92538		CALORIC VSTBLR TEST W/REC	\$ 17.66	\$ 17.66	3/1/2020	12/31/9999
92551		HEARING TEST	\$ 8.25	\$ 8.25	3/1/2020	12/31/9999
92552		HEARING TEST	\$ 16.62	\$ 16.62	3/1/2020	12/31/9999
92560		HEARING TEST, SCREENING	\$ 18.86	\$ 18.86	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

92567		TYMPANOMETRY	\$ 12.59	\$ 14.04	3/1/2020	12/31/9999
92601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 120.05	\$ 120.05	3/1/2020	12/31/9999
92602		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 82.28	\$ 82.28	3/1/2020	12/31/9999
92603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 74.18	\$ 74.18	3/1/2020	12/31/9999
92604		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 47.19	\$ 47.19	3/1/2020	12/31/9999
92608		EVALUATION FOR PRESCRIPTION FOR SPEECH-G	\$ 19.73	\$ 19.73	3/1/2020	12/31/9999
92609		THERAPEUTIC SERVICES FOR THE USE OF SPEE	\$ 54.58	\$ 54.58	3/1/2020	12/31/9999
92610		EVALUATION OF ORAL AND PHARYNGEAL SWALLO	\$ 89.28	\$ 89.28	3/1/2020	12/31/9999
92611		MOTION FLUOROSCOPIC EVALUATION OF SWALLO	\$ 93.37	\$ 93.37	3/1/2020	12/31/9999
92612		ENDOSCOPY SWALLOW (FEES) VID	\$ 60.57	\$ 139.48	3/1/2020	12/31/9999
92614		LARYNGOSCOPIC SENSORY VID	\$ 60.57	\$ 125.87	3/1/2020	12/31/9999
92616		FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATIO	\$ 89.79	\$ 174.14	3/1/2020	12/31/9999
92950		HEART-LUNG RESUSCITATION	\$ 147.65	\$ 221.92	3/1/2020	12/31/9999
92973		REMOVAL OF BLOOD CLOT IN HEART ARTERY	\$ 163.56	\$ 163.56	3/1/2020	12/31/9999
92974		TRANSCATHETER PLACEMENT OF RADIATION DEL	\$ 149.80	\$ 149.80	3/1/2020	12/31/9999
93000		ELECTROCARDIOGRAM, COMPLETE	\$ 16.81	\$ 16.81	3/1/2020	12/31/9999
93010		ELECTROCARDIOGRAM REPORT	\$ 7.51	\$ 7.51	3/1/2020	12/31/9999
93025		MICROVOLT T-WAVE ALTERNANS FOR ASSESSMEN	\$ 223.85	\$ 223.85	3/1/2020	12/31/9999
93260	26	PRGRMG DEV EVAL IMPLTBL SYS	\$ 38.85	\$ 38.85	3/1/2020	12/31/9999
93260	TC	PRGRMG DEV EVAL IMPLTBL SYS	\$ 17.34	\$ 17.34	3/1/2020	12/31/9999
93260		PRGRMG DEV EVAL IMPLTBL SYS	\$ 56.19	\$ 56.19	3/1/2020	12/31/9999
93261	26	INTERROGATE SUBQ DEFIB	\$ 33.90	\$ 33.90	3/1/2020	12/31/9999
93261	TC	INTERROGATE SUBQ DEFIB	\$ 17.34	\$ 17.34	3/1/2020	12/31/9999
93261		INTERROGATE SUBQ DEFIB	\$ 51.23	\$ 51.23	3/1/2020	12/31/9999
93303	26	ECHO TRANSTHORACIC	\$ 57.67	\$ 57.67	3/1/2020	12/31/9999
93303	TC	ECHO TRANSTHORACIC	\$ 117.10	\$ 117.10	3/1/2020	12/31/9999
93303		ECHO TRANSTHORACIC	\$ 174.74	\$ 174.74	3/1/2020	12/31/9999
93306	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 61.18	\$ 61.18	3/1/2020	12/31/9999
93306	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 153.33	\$ 153.33	3/1/2020	12/31/9999
93306		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 213.30	\$ 213.30	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

93320	26	DOPPLER ECHO EXAM HEART	\$ 17.20	\$ 17.20	3/1/2020	12/31/9999
93320	TC	DOPPLER ECHO EXAM HEART	\$ 44.97	\$ 44.97	3/1/2020	12/31/9999
93320		DOPPLER ECHO EXAM HEART	\$ 62.18	\$ 62.18	3/1/2020	12/31/9999
93325	26	DOPPLER COLOR FLOW ADD-ON	\$ 3.24	\$ 3.24	3/1/2020	12/31/9999
93325	TC	DOPPLER COLOR FLOW ADD-ON	\$ 38.10	\$ 38.10	3/1/2020	12/31/9999
93325		DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELO	\$ 41.36	\$ 41.36	3/1/2020	12/31/9999
93355		ECHO TRANSESOPHAGEAL (TEE)	\$ 197.98	\$ 197.98	3/1/2020	12/31/9999
93580		PERCUTANEOUS TRANSCATHETER CLOSURE OF CO	\$ 897.83	\$ 897.83	3/1/2020	12/31/9999
93581		PERCUTANEOUS TRANSCATHETER CLOSURE OF A	\$ 1,188.11	\$ 1,188.11	3/1/2020	12/31/9999
93613	26	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENS	\$ 211.26	\$ 211.26	3/1/2020	12/31/9999
93644	26	ELECTROPHYSIOLOGY EVALUATION	\$ 172.38	\$ 172.38	3/1/2020	12/31/9999
93644	TC	ELECTROPHYSIOLOGY EVALUATION	\$ 86.76	\$ 86.76	3/1/2020	12/31/9999
93644		ELECTROPHYSIOLOGY EVALUATION	\$ 259.14	\$ 259.14	3/1/2020	12/31/9999
93701	26	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$ 8.14	\$ 8.14	3/1/2020	12/31/9999
93701	TC	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$ 26.42	\$ 26.42	3/1/2020	12/31/9999
93701		BIOIMPEDANCE, THORACIC, ELECTRICAL	\$ 34.57	\$ 34.57	3/1/2020	12/31/9999
93985	26	DUP-SCAN HEMO COMPL BI STD	\$ 33.68	\$ 33.68	3/1/2020	12/31/9999
93985		DUP-SCAN HEMO COMPL BI STD	\$ 224.50	\$ 224.50	3/1/2020	12/31/9999
93986	26	DUP-SCAN HEMO COMPL UNI STD	\$ 21.59	\$ 21.59	3/1/2020	12/31/9999
93986		DUP-SCAN HEMO COMPL UNI STD	\$ 130.19	\$ 130.19	3/1/2020	12/31/9999
94150		VITAL CAPACITY TEST.	\$ 17.83	\$ 17.83	3/1/2020	12/31/9999
94375		RESPIRATORY FLOW VOLUME LOOP	\$ 29.81	\$ 29.81	3/1/2020	12/31/9999
94640		PRESSURIZED OR NONPRESSURIZED INHALATION	\$ 10.69	\$ 10.69	3/1/2020	12/31/9999
94644		CONTINUOUS INHALATION TREATMENT WITH AER	\$ 31.56	\$ 31.56	3/1/2020	12/31/9999
94645		CONTINUOUS INHALATION TREATMENT WITH AER	\$ 11.96	\$ 11.96	3/1/2020	12/31/9999
94664		DEMONSTRATION AND/OR EVALUATION OF PATIE	\$ 11.43	\$ 11.45	3/1/2020	12/31/9999
94761		NONINVASIVE EAR OR PULSE OXIMETRY MULTIP	\$ 4.03	\$ 4.03	3/1/2020	12/31/9999
95004		INJECTION OF ALLERGENIC EXTRACTS INTO SK	\$ 4.55	\$ 4.55	3/1/2020	12/31/9999
95165		PROFESSIONAL SERVICES FOR THE SUPERVISIO	\$ 2.65	\$ 9.26	3/1/2020	12/31/9999
95249		CONT GLUC MNTR PT PROV EQP	\$ 46.10	\$ 46.10	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

95250		CONT GLUC MNTR PHYS/QHP EQP	\$ 126.18	\$ 126.18	3/1/2020	12/31/9999
95251		CONT GLUC MNTR ANALYSIS I&R	\$ 31.23	\$ 31.23	3/1/2020	12/31/9999
95717		EEG PHYS/QHP 2-12 HR W/O VID	\$ 89.24	\$ 90.43	3/1/2020	12/31/9999
95718		EEG PHYS/QHP 2-12 HR W/VEEG	\$ 116.88	\$ 118.66	3/1/2020	12/31/9999
95719		EEG PHYS/QHP EA INCR W/O VID	\$ 138.15	\$ 139.64	3/1/2020	12/31/9999
95720		EEG PHY/QHP EA INCR W/VEEG	\$ 180.97	\$ 183.63	3/1/2020	12/31/9999
95721		EEG PHY/QHP>36<60 HR W/O VID	\$ 181.56	\$ 185.13	3/1/2020	12/31/9999
95722		EEG PHY/QHP>36<60 HR W/VEEG	\$ 220.77	\$ 224.64	3/1/2020	12/31/9999
95723		EEG PHY/QHP>60<84 HR W/O VID	\$ 224.62	\$ 229.37	3/1/2020	12/31/9999
95724		EEG PHY/QHP>60<84 HR W/VEEG	\$ 281.54	\$ 286.88	3/1/2020	12/31/9999
95725		EEG PHY/QHP>84 HR W/O VID	\$ 255.57	\$ 261.81	3/1/2020	12/31/9999
95726		EEG PHY/QHP>84 HR W/VEEG	\$ 355.73	\$ 362.55	3/1/2020	12/31/9999
95851	26	RANGE OF MOTION EVALUATION	\$ 4.97	\$ 10.67	3/1/2020	12/31/9999
95851		RANGE OF MOTION EVALUATION	\$ 6.62	\$ 13.23	3/1/2020	12/31/9999
95990		REFILLING AND MAINTENANCE OF IMPLANTABLE	\$ 52.02	\$ 52.02	3/1/2020	12/31/9999
95991		REFILLING AND MAINTENANCE BY PHYSICIAN O	\$ 32.24	\$ 79.18	3/1/2020	12/31/9999
96110	EP	DEVELOPMENTAL SCREEN W/SCORE	\$ 8.67	\$ 8.67	3/1/2020	12/31/9999
96110		DEVELOPMENTAL SCREEN W/SCORE	\$ 8.67	\$ 8.67	3/1/2020	12/31/9999
96112		DEVEL TST PHYS/QHP 1ST HR	\$ 111.77	\$ 118.30	3/1/2020	12/31/9999
96113		DEVEL TST PHYS/QHP EA ADDL	\$ 51.02	\$ 52.79	3/1/2020	12/31/9999
96127	EP	BRIEF EMOTIONAL/BEHAV ASSMT	\$ 4.38	\$ 4.38	3/1/2020	12/31/9999
96127		BRIEF EMOTIONAL/BEHAV ASSMT	\$ 4.38	\$ 4.38	3/1/2020	12/31/9999
96138		PSYCL/NRPSYC TECH 1ST	\$ 31.99	\$ 31.99	3/1/2020	12/31/9999
96139		PSYCL/NRPSYC TST TECH EA	\$ 31.99	\$ 31.99	3/1/2020	12/31/9999
96146		PSYCL/NRPSYC TST AUTO RESULT	\$ 1.70	\$ 1.70	3/1/2020	12/31/9999
96156		HLTH BHV ASSMT/REASSESSMENT	\$ 78.02	\$ 85.73	3/1/2020	12/31/9999
96158	EP	<b>HLTH BHV IVNTJ INDIV 1ST 30</b>	49.53	54.51	4/1/2020	12/31/9999
96158		<b>HLTH BHV IVNTJ INDIV 1ST 30</b>	53.24	58.59	4/1/2020	12/31/9999
96159		HLTH BHV IVNTJ INDIV EA ADDL	\$ 18.35	\$ 20.43	3/1/2020	12/31/9999
96160		PT-FOCUSED HLTH RISK ASSMT	\$ 3.84	\$ 3.84	3/1/2020	12/31/9999
96161	EP	CAREGIVER HEALTH RISK ASSMT	\$ 3.84	\$ 3.84	3/1/2020	12/31/9999
96161		CAREGIVER HEALTH RISK ASSMT	\$ 3.84	\$ 3.84	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

96360		INTRAVENOUS INFUSION, HYDRATION; INITIAL	\$ 50.42	\$ 50.42	3/1/2020	12/31/9999
96361		INTRAVENOUS INFUSION, HYDRATION; EACH AD	\$ 14.68	\$ 14.68	3/1/2020	12/31/9999
96365		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 61.50	\$ 61.50	3/1/2020	12/31/9999
96366		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 19.76	\$ 19.76	3/1/2020	12/31/9999
96367		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 31.08	\$ 31.08	3/1/2020	12/31/9999
96368		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 18.44	\$ 18.44	3/1/2020	12/31/9999
96369		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 133.91	\$ 133.91	3/1/2020	12/31/9999
96370		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 14.27	\$ 14.27	3/1/2020	12/31/9999
96371		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 64.77	\$ 64.77	3/1/2020	12/31/9999
96372		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 17.01	\$ 17.01	3/1/2020	12/31/9999
96373		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 16.38	\$ 16.38	3/1/2020	12/31/9999
96374		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 48.80	\$ 48.80	3/1/2020	12/31/9999
96375		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 21.17	\$ 21.17	3/1/2020	12/31/9999
96920		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 56.73	\$ 141.77	3/1/2020	12/31/9999
96921		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 57.03	\$ 139.68	3/1/2020	12/31/9999
96922		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 97.34	\$ 207.21	3/1/2020	12/31/9999
97032		APPLICATION OF A MODALITY TO ONE OR MORE	\$ 13.44	\$ 13.44	3/1/2020	12/31/9999
97129		THER IVNTJ 1ST 15 MIN	\$ 20.73	\$ 21.03	3/1/2020	12/31/9999
97130		THER IVNTJ EA ADDL 15 MIN	\$ 20.10	\$ 20.10	3/1/2020	12/31/9999
97161		PT EVAL LOW COMPLEX 20 MIN	\$ 69.42	\$ 69.42	3/1/2020	12/31/9999
97162		PT EVAL MOD COMPLEX 30 MIN	\$ 69.42	\$ 69.42	3/1/2020	12/31/9999
97163		PT EVAL HIGH COMPLEX 45 MIN	\$ 69.42	\$ 69.42	3/1/2020	12/31/9999
97164		PT RE-EVAL EST PLAN CARE	\$ 47.03	\$ 47.03	3/1/2020	12/31/9999
97165		OT EVAL LOW COMPLEX 30 MIN	\$ 67.35	\$ 67.35	3/1/2020	12/31/9999
97166		OT EVAL MOD COMPLEX 45 MIN	\$ 67.35	\$ 67.35	3/1/2020	12/31/9999
97167		OT EVAL HIGH COMPLEX 60 MIN	\$ 67.35	\$ 67.35	3/1/2020	12/31/9999
97168		OT RE-EVAL EST PLAN CARE	\$ 44.44	\$ 44.44	3/1/2020	12/31/9999
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT	\$ 23.90	\$ 23.90	3/1/2020	12/31/9999
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES	\$ 27.25	\$ 27.25	3/1/2020	12/31/9999
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING	\$ 27.25	\$ 27.25	3/1/2020	12/31/9999
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND	\$ 27.25	\$ 27.25	3/1/2020	12/31/9999



REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	\$ 18.17	\$ 18.17	3/1/2020	12/31/9999
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	\$ 9.73	\$ 9.73	3/1/2020	12/31/9999
99070		SUPPLIES AND MATERIALS PROVIDED BY THE P	\$ 9.69	\$ 9.69	3/1/2020	12/31/9999
99082		UNUSUAL TRAVEL	\$ 0.85	\$ 0.85	3/1/2020	12/31/9999
99201		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 21.42	\$ 33.12	3/1/2020	12/31/9999
99202		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 41.30	\$ 54.46	3/1/2020	12/31/9999
99203		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 62.33	\$ 83.20	3/1/2020	12/31/9999
99204		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 104.67	\$ 129.02	3/1/2020	12/31/9999
99205		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 136.22	\$ 163.11	3/1/2020	12/31/9999
99211		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 7.93	\$ 16.79	3/1/2020	12/31/9999
99212		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 21.11	\$ 33.44	3/1/2020	12/31/9999
99213		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 41.29	\$ 55.84	3/1/2020	12/31/9999
99214		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 63.88	\$ 84.13	3/1/2020	12/31/9999
99215		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 90.70	\$ 113.79	3/1/2020	12/31/9999
99217		HOSPITAL OBSERVATION CARE DISCHARGE	\$ 61.20	\$ 61.20	3/1/2020	12/31/9999
99218		HOSPITAL OBSERVATION CARE TYPICALLY 30 M	\$ 57.73	\$ 57.73	3/1/2020	12/31/9999
99219		HOSPITAL OBSERVATION CARE TYPICALLY 50 M	\$ 95.59	\$ 95.59	3/1/2020	12/31/9999
99220		HOSPITAL OBSERVATION CARE TYPICALLY 70 M	\$ 134.07	\$ 134.07	3/1/2020	12/31/9999
99221		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 82.90	\$ 82.90	3/1/2020	12/31/9999
99222		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 113.13	\$ 113.13	3/1/2020	12/31/9999
99223		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 166.57	\$ 166.57	3/1/2020	12/31/9999
99224		SUBSEQUENT OBSERVATION CARE, TYPICALLY 1	\$ 23.25	\$ 23.25	3/1/2020	12/31/9999
99225		SUBSEQUENT OBSERVATION CARE, TYPICALLY 2	\$ 41.29	\$ 41.29	3/1/2020	12/31/9999
99226		SUBSEQUENT OBSERVATION CARE, TYPICALLY 3	\$ 61.74	\$ 61.74	3/1/2020	12/31/9999
99231		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 34.23	\$ 34.23	3/1/2020	12/31/9999
99232		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 61.69	\$ 61.69	3/1/2020	12/31/9999
99233		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 88.37	\$ 88.37	3/1/2020	12/31/9999
99234		HOSPITAL OBSERVATION OR INPATIENT CARE L	\$ 116.95	\$ 116.95	3/1/2020	12/31/9999
99235		OBSERV/HOSP SAME DATE	\$ 153.63	\$ 153.63	3/1/2020	12/31/9999
99236		HOSPITAL OBSERVATION OR INPATIENT CARE H	\$ 190.93	\$ 190.93	3/1/2020	12/31/9999
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI	\$ 60.99	\$ 60.99	3/1/2020	12/31/9999
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE	\$ 88.65	\$ 88.65	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

99241		PATIENT OFFICE CONSULTATION, TYPICALLY 1	\$ 27.52	\$ 39.90	3/1/2020	12/31/9999
99242		PATIENT OFFICE CONSULTATION, TYPICALLY 3	\$ 58.08	\$ 74.76	3/1/2020	12/31/9999
99243		PATIENT OFFICE CONSULTATION, TYPICALLY 4	\$ 80.94	\$ 102.81	3/1/2020	12/31/9999
99244		PATIENT OFFICE CONSULTATION, TYPICALLY 6	\$ 128.52	\$ 152.70	3/1/2020	12/31/9999
99245		PATIENT OFFICE CONSULTATION, TYPICALLY 8	\$ 160.34	\$ 187.68	3/1/2020	12/31/9999
99251		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 40.74	\$ 40.74	3/1/2020	12/31/9999
99252		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 63.14	\$ 63.14	3/1/2020	12/31/9999
99253		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 95.85	\$ 95.84	3/1/2020	12/31/9999
99254		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 138.63	\$ 138.63	3/1/2020	12/31/9999
99255		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 168.91	\$ 168.91	3/1/2020	12/31/9999
99281		EMERGENCY DEPARTMENT VISIT, SELF LIMITED	\$ 17.00	\$ 17.00	3/1/2020	12/31/9999
99282		EMERGENCY DEPARTMENT VISIT, LOW TO MODER	\$ 33.08	\$ 33.08	3/1/2020	12/31/9999
99283		EMERGENCY DEPARTMENT VISIT, MODERATELY S	\$ 51.25	\$ 51.25	3/1/2020	12/31/9999
99284		EMERGENCY DEPARTMENT VISIT, PROBLEM OF H	\$ 95.96	\$ 95.96	3/1/2020	12/31/9999
99285		EMERGENCY DEPARTMENT VISIT, PROBLEM WITH	\$ 142.66	\$ 142.66	3/1/2020	12/31/9999
99307		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 36.46	\$ 36.46	3/1/2020	12/31/9999
99308		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 55.72	\$ 55.72	3/1/2020	12/31/9999
99309		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 73.92	\$ 73.92	3/1/2020	12/31/9999
99310		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 109.31	\$ 109.31	3/1/2020	12/31/9999
99315		NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$ 53.33	\$ 53.33	3/1/2020	12/31/9999
99316		NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$ 69.68	\$ 69.68	3/1/2020	12/31/9999
99318		NURSING FACILITY ANNUAL ASSESSMENT, TYPI	\$ 77.27	\$ 77.27	3/1/2020	12/31/9999
99324		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 49.55	\$ 49.55	3/1/2020	12/31/9999
99325		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 72.16	\$ 72.16	3/1/2020	12/31/9999
99326		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 119.32	\$ 119.32	3/1/2020	12/31/9999
99327		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 155.63	\$ 155.63	3/1/2020	12/31/9999
99328		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 183.20	\$ 183.20	3/1/2020	12/31/9999
99334		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 51.07	\$ 51.07	3/1/2020	12/31/9999
99335		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 79.11	\$ 79.11	3/1/2020	12/31/9999
99336		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 111.39	\$ 111.39	3/1/2020	12/31/9999
99337		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 160.05	\$ 160.05	3/1/2020	12/31/9999
99341		NEW PATIENT HOME VISIT, TYPICALLY 20 MIN	\$ 49.55	\$ 49.55	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

99342		NEW PATIENT HOME VISIT, TYPICALLY 30 MIN	\$ 72.16	\$ 72.16	3/1/2020	12/31/9999
99343		NEW PATIENT HOME VISIT, TYPICALLY 45 MIN	\$ 116.21	\$ 116.21	3/1/2020	12/31/9999
99344		NEW PATIENT HOME VISIT, TYPICALLY 60 MIN	\$ 152.58	\$ 152.58	3/1/2020	12/31/9999
99345		NEW PATIENT HOME VISIT, TYPICALLY 75 MIN	\$ 183.51	\$ 183.51	3/1/2020	12/31/9999
99347		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 48.35	\$ 48.35	3/1/2020	12/31/9999
99348		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 73.01	\$ 73.01	3/1/2020	12/31/9999
99349		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 106.31	\$ 106.31	3/1/2020	12/31/9999
99350		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 148.21	\$ 148.21	3/1/2020	12/31/9999
99354		PROLONG E&M/PSYCTX SERV O/P	\$ 79.98	\$ 84.41	3/1/2020	12/31/9999
99355		PROLONG E&M/PSYCTX SERV O/P	\$ 79.13	\$ 83.57	3/1/2020	12/31/9999
99356		PROLONGED PHYSICIAN SERVICE IN THE INPAT	\$ 77.09	\$ 77.09	3/1/2020	12/31/9999
99357		PROLONGED PHYSICIAN SERVICE IN THE INPAT	\$ 77.61	\$ 77.61	3/1/2020	12/31/9999
99381	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 80.18	\$ 80.18	3/1/2020	12/31/9999
99381		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 55.86	\$ 83.63	3/1/2020	12/31/9999
99382	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 80.18	\$ 80.18	3/1/2020	12/31/9999
99382		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 63.74	\$ 91.17	3/1/2020	12/31/9999
99383	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 80.18	\$ 80.18	3/1/2020	12/31/9999
99383		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 63.74	\$ 90.53	3/1/2020	12/31/9999
99384	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 80.18	\$ 80.18	3/1/2020	12/31/9999
99384		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 71.82	\$ 98.63	3/1/2020	12/31/9999
99385	EP	NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 80.18	\$ 80.18	3/1/2020	12/31/9999
99385		NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 70.39	\$ 96.64	3/1/2020	12/31/9999
99386		NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	\$ 86.38	\$ 113.26	3/1/2020	12/31/9999
99391	EP	PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	\$ 80.18	\$ 80.18	3/1/2020	12/31/9999
99391		PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	\$ 47.78	\$ 69.73	3/1/2020	12/31/9999
99392	EP	PERIODIC PREVENTIVE MEDICINE AGE 001-004	\$ 80.18	\$ 80.18	3/1/2020	12/31/9999
99392		PERIODIC PREVENTIVE MEDICINE AGE 001-004	\$ 55.86	\$ 77.83	3/1/2020	12/31/9999
99393	EP	PERIODIC PREVENTIVE MEDICINE AGE 005-011	\$ 80.18	\$ 80.18	3/1/2020	12/31/9999
99393		PERIODIC PREVENTIVE MEDICINE AGE 005-011	\$ 55.86	\$ 77.50	3/1/2020	12/31/9999
99394	EP	PERIODIC PREVENTIVE MEDICINE AGES 012-01	\$ 80.18	\$ 80.18	3/1/2020	12/31/9999
99394		PERIODIC PREVENTIVE MEDICINE AGES 012-01	\$ 63.74	\$ 85.37	3/1/2020	12/31/9999
99395	EP	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 80.18	\$ 80.18	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 62.46	\$ 83.98	3/1/2020	12/31/9999
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	\$ 70.39	\$ 91.91	3/1/2020	12/31/9999
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OV	\$ 78.76	\$ 103.11	3/1/2020	12/31/9999
99404		PREVENTIVE COUNSELING INDIV	\$ 83.76	\$ 94.14	3/1/2020	12/31/9999
99406	EP	SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 10.65	\$ 11.91	3/1/2020	12/31/9999
99406		SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 10.65	\$ 11.91	3/1/2020	12/31/9999
99407	EP	SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 22.06	\$ 23.01	3/1/2020	12/31/9999
99407		SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 22.06	\$ 23.01	3/1/2020	12/31/9999
99408	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 29.40	\$ 30.68	3/1/2020	12/31/9999
99408		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 29.40	\$ 30.68	3/1/2020	12/31/9999
99409	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 59.03	\$ 60.29	3/1/2020	12/31/9999
99409		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 59.03	\$ 60.29	3/1/2020	12/31/9999
99412		PREVENTIVE COUNSELING GROUP	\$ 10.90	\$ 16.54	3/1/2020	12/31/9999
99421		OL DIG E/M SVC 5-10 MIN	\$ 16.08	\$ 25.48	3/10/2020	12/31/2020
99422		OL DIG E/M SVC 11-20 MIN	\$ 31.46	\$ 42.54	3/10/2020	12/31/2020
99423		OL DIG E/M SVC 21+ MIN	\$ 48.67	\$ 48.67	3/10/2020	12/31/2020
99441		PHONE E/M PHYS/QHP 5-10 MIN	\$ 16.08	\$ 25.48	3/10/2020	12/31/2020
99442		PHONE E/M PHYS/QHP 11-20 MIN	\$ 31.46	\$ 42.54	3/10/2020	12/31/2020
99443		PHONE E/M PHYS/QHP 21-30 MIN	\$ 48.67	\$ 48.67	3/10/2020	12/31/2020
99453		REM MNTR PHYSIOL PARAM SETUP	\$ 15.39	\$ 15.39	3/10/2020	12/31/9999
99454		REM MNTR PHYSIOL PARAM DEV	\$ 51.32	\$ 51.32	3/10/2020	12/31/9999
99457		REM PHYSIOL MNTR 1ST 20 MIN	\$ 27.90	\$ 43.34	3/10/2020	12/31/9999
99458		REM PHYSIOL MNTR EA ADDL 20	\$ 27.90	\$ 35.63	3/10/2020	12/31/9999
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE	\$ 51.85	\$ 51.85	3/1/2020	12/31/9999
99461		INITIAL CARE, PER DAY, FOR EVALUATION AN	\$ 57.89	\$ 76.56	3/1/2020	12/31/9999
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR E	\$ 27.66	\$ 27.66	3/1/2020	12/31/9999
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE	\$ 69.37	\$ 69.37	3/1/2020	12/31/9999
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PR	\$ 121.47	\$ 121.47	3/1/2020	12/31/9999
99473		SELF-MEAS BP PT EDUCAJ/TRAIN	\$ 9.15	\$ 9.15	3/10/2020	12/31/9999
99474		SELF-MEAS BP 2 READG BID 30D	\$ 7.71	\$ 12.76	3/10/2020	12/31/9999
G0108		DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	\$ 20.16	\$ 20.16	3/1/2020	12/31/9999
G0109		DIABETES SELF-MANAGEMENT TRAINING SERVIC	\$ 11.29	\$ 11.29	3/1/2020	12/31/9999

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 NURSE MIDWIFE FEE SCHEDULE AS OF: 8/12/2020

G0328		COLORECTAL CANCER SCREENING; FECAL OCCUL	\$ 20.33	\$ 20.33	3/1/2020	12/31/9999
G0480		DRUG TEST DEF 1-7 CLASSES	\$ 76.39	\$ 76.39	3/1/2020	12/31/9999
G0481		DRUF TEST DEF 8-14 CLASSES	\$ 117.52	\$ 117.52	3/1/2020	12/31/9999
G0482		DRUF TEST DEF 15-21 CLASSES	\$ 158.64	\$ 158.64	3/1/2020	12/31/9999
G0483		DRUF TEST DEF 22 OR MORE DRUG CLASSES	\$ 205.65	\$ 205.65	3/1/2020	12/31/9999
G2011		ALCOHOL/SUB ABUSE ASSESS	\$ 14.53	\$ 14.53	3/1/2020	12/31/9999
G2012		BRIEF CHECK IN BY MD/QHP	\$ 16.08	\$ 25.48	3/10/2020	12/31/2020
G2023		SPECIMEN COLLECT COVID-19	\$ 23.46	\$ 23.46	3/1/2020	12/31/9999
G2024		SPEC COLL SNF/LAB COVID-19	\$ 25.46	\$ 25.46	3/1/2020	12/31/9999
P9041		ALBUMIN (HUMAN), 5%, 50 ML	\$ 20.10	\$ 20.10	3/1/2020	12/31/9999
P9047		ALBUMIN (HUMAN), 25%, 50 ML	\$ 40.22	\$ 40.22	3/1/2020	12/31/9999
Q0111		WET MOUNTS/ W PREPARATIONS	\$ 5.04	\$ 5.04	3/1/2020	12/31/9999
Q0112		ALL POTASSIUM HYDROXIDE (KOH) PREPARATIO	\$ 5.63	\$ 5.63	3/1/2020	12/31/9999
Q0144		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/	\$ 21.79	\$ 21.79	3/1/2020	12/31/9999
Q2049		INJECTION, DOXORUBICIN HYDROCHLORIDE, LI	\$ 499.24	\$ 499.24	3/1/2020	12/31/9999
Q2050		DOXORUBICIN INJ 10MG	\$ 579.33	\$ 579.33	3/1/2020	12/31/9999
Q3014		TELEHEALTH ORIGINATING SITE FACILITY FEE	\$ 23.36	\$ 23.36	3/1/2020	12/31/9999
S0023		INJECTION, CIMETIDINE HYDROCHLORIDE, 300	\$ 0.61	\$ 0.61	3/1/2020	12/31/9999
S9442		BIRTHING CLASSES, NONPHYSICIAN PROVIDER,	\$ 8.67	\$ 8.67	3/1/2020	12/31/9999
U0001		2019- NCOV DIAGNOSTIC P	\$ 37.71	\$ 37.71	3/1/2020	12/31/9999
U0002		COVID-19 LAB TEST NON-CDC	\$ 53.88	\$ 53.88	3/1/2020	12/31/9999
U0003		COV-19 AMP PRB HGH THRUPUT	\$ 100.00	\$ 100.00	3/18/2020	12/31/9999
U0004		COV-19 TEST NON-CDC HGH THRU	\$ 100.00	\$ 100.00	3/18/2020	12/31/9999