		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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Code	Modifier	Description	Facility	Non-Facility
10021		fine needle aspiration; without imaging guidance	\$52.36	\$100.48
10022 10030		fine needle aspiration; with imaging guidance fluid collection drainage by catheter using imaging guidance, accessed through the skin	\$51.97 \$126.07	\$103.17 \$615.23
10030		acne surgery	\$63.53	\$72.20
10060		drainage of abscess	\$67.39	\$77.74
10061		drainage of abscess	\$120.14	\$133.85
10080		drainage of pilonidal cyst	\$68.87	\$114.75
10081		drainage of pilonidal cyst	\$120.71	\$181.14
10120		foreign body removal, skin	\$66.08	\$94.90
10121 10140		foreign body removal, skin drainage of blood effusion	\$135.29 \$86.33	\$185.09 \$109.27
10140	1	puncture drainage of lesion	\$69.52	\$109.27
10180		incision and drainage, complex	\$127.40	\$164.05
11000		surgical cleansing of skin	\$24.52	\$38.51
11004		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	\$439.08	\$439.08
11005		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	\$573.02	\$573.02
11006		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	\$542.16	\$542.16
11008		removal of prosthetic material or mesh, abdominal wall for necrotizing soft	\$206.56	\$206.56
11010 11011		debridement including removal of foreign material associated with open debridement including removal of foreign material associated with open	\$209.04 \$225.43	\$331.0° \$369.2°
11011		debridement skin and subcutaneous tissue	\$35.08	\$53.26
11043		debridement skin subcutaneous and muscle	\$170.54	\$194.32
11044		debridement skin subcutaneous tissue muscle bone	\$234.65	\$265.44
11045		debridement, subcutaneous tissue (includes epidermis and dermis, if performed);	\$14.21	\$24.55
11100		biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple	\$36.26	\$72.9
11101		biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple	\$18.66	\$23.98
11200 11201		removal of skin tags	\$48.99	\$57.68 \$13.63
11300		removal of skin tags, multiple fibrocutaneous tags, any area; each additional shaving of epidermal lesion trunk arms legs 0.5cm	\$12.50 \$22.15	\$47.62
11301		shaving of epidermal resion trunk arms legs 0.55m	\$37.67	\$65.64
11302		shaving epidermal lesion trunk/arm/leg 1.1 - 2.0 cm	\$46.71	\$78.60
11303		shaving epidermal lesion trunk/arm/leg over 2.0 cm	\$54.79	\$92.28
11305		shaving of lesion scalp/neck/hands/etc 0.5 cm	\$28.04	\$49.30
11306		shaving of lesion scalp/neck/hand/etc .6- 1.0 cm	\$42.48	\$68.2
11307		shaving of lesion scalp/neck/hand/etc 1.1 - 2.0 cm	\$50.08	\$80.58
11308 11310		shaving of lesion scalp/neck/hand/etc over 2.0 cm shaving of lesion face/ears/etc. of 0.5 cm or less	\$60.25 \$32.08	\$90.74 \$59.49
11310		shaving of lesion face/ears/etc. 0.6-1.0cm	\$46.99	\$75.80
11311		shaving of lesion face/ears/etc. 0.0-1.0cm	\$53.95	\$87.52
11313		shaving of lesion face/ears/etc. over 2.0 cm	\$72.18	\$109.67
11400		excision, benign lesion including margins, except skin tag (unless listed	\$53.49	\$80.90
11401		excision, benign lesion including margins, except skin tag (unless listed	\$71.33	\$99.87
11402	ļ	excision, benign lesion including margins, except skin tag (unless listed	\$79.01	\$111.46
11403		excision, benign lesion including margins, except skin tag (unless listed	\$100.52	\$128.51
11404 11406		excision, benign lesion including margins, except skin tag (unless listed excision, benign lesion including margins, except skin tag (unless listed	\$111.98 \$167.88	\$146.38 \$207.32
11420		excision, benign lesion including margins, except skin tag (unless listed	\$57.99	\$82.04
11421		excision, benign lesion including margins, except skin tag (unless listed	\$78.49	\$106.76
11422		excision, benign lesion including margins, except skin tag (unless listed	\$94.65	\$119.2
11423		excision, benign lesion including margins, except skin tag (unless listed	\$110.55	\$139.09
11424		excision, benign lesion including margins, except skin tag (unless listed	\$127.56	\$160.5
11426		excision, benign lesion including margins, except skin tag (unless listed	\$195.24	\$231.0
11440 11441		excision, other benign lesion including margins (unless listed elsewhere), excision, other benign lesion including margins (unless listed elsewhere),	\$69.31 \$91.22	\$89.73 \$114.16
11441	1	excision, other benign lesion including margins (unless listed elsewhere), excision, other benign lesion including margins (unless listed elsewhere),	\$101.85	\$114.16
11442		excision, other benign lesion including margins (unless listed elsewhere),	\$126.12	\$154.93
		excision, other benign lesion including margins (unless listed elsewhere),	\$162.03	\$195.88

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11446	excision, other benign lesion including margins (unless listed elsewhere),	\$229.68	\$267.45
11450	exc skin for hidradenitis primary suture/axillary	\$166.95	\$243.88
11462	exc skin for hidradenitis w prim suture/inguinal	\$160.48	\$240.48
11463 11470	exc skin for hidradenitis w oth closure/inguinal exc skin for hidradenitis w primary closure	\$225.28 \$190.27	\$328.24 \$268.03
11470	exc skin for hidradenitis with other closure	\$239.69	\$337.33
11600	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$80.76	\$124.96
11601	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$104.52	\$154.60
11602	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$115.04	\$169.88
11603	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$136.93	\$193.44
11604	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$150.51	\$213.74
11606	excision, malignant lesion including margins, trunk, arms, or legs; excised	\$223.52	\$301.84
11620	removal of skin lesion	\$81.98	\$127.58
11621 11622	excision, malignant lesion including margins, scalp, neck, hands, feet, excision, malignant lesion including margins, scalp, neck, hands, feet,	\$105.66 \$121.90	\$156.01 \$176.73
11623	excision, malignant lesion including margins, scalp, neck, hands, feet,	\$150.38	\$206.89
11624	excision, malignant lesion including margins, scalp, neck, hands, feet,	\$171.06	\$232.89
11626	excision, malignant lesion including margins, scalp, neck, hands, feet,	\$214.24	\$283.90
11640	excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$86.36	\$133.36
11641	excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$112.78	\$164.26
11642	removal of skin lesion	\$133.13	\$189.64
11643	excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$166.49	\$223.57
11644	excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$207.62 \$292.40	\$276.16 \$364.86
11646 11719	excision, malignant lesion including margins, face, ears, eyelids, nose, lips; trimming of nondystrophic nails, any number	\$6.92	\$364.80 \$15.04
11713	debridement of nail(s) by any method(s); one to five	\$12.96	\$22.19
11721	debridement of nail(s) by any method(s); six or more	\$22.15	\$31.94
11730	removal of nail	\$44.90	\$70.36
11732	avulsion of nail plate, partial or complete, simple; each additional nail plate	\$23.34	\$32.84
11740	evacuation of subungual hematoma	\$23.14	\$31.83
11750	removal of nail bed	\$127.72	\$152.34
11752	exc nail with amputation of tuft of distal phalanx reconstruction of nail bed	\$190.86	\$216.87
11760 11762	reconstruction of nail bed	\$94.94 \$146.67	\$141.38 \$191.15
11765	wedge excision of skin of nail fold	\$48.74	\$89.60
11770	removal of pilonidal lesion	\$128.67	\$182.38
11771	removal of pilonidal lesion	\$298.00	\$375.22
11772	removal of pilonidal lesion	\$388.20	\$455.34
11921	correct skin color defects	\$99.75	\$146.74
11960	insertion of tissue expender	\$656.33	\$656.33
11970 11971	replacement of tissue expander	\$431.86 \$212.89	\$431.86 \$318.35
11971	tissue expander removal removal, implantable contraceptive capsule	\$212.89 \$73.24	\$318.35 \$107.93
11976	subcutaneous hormone pellet (implantation of estradiol and/or testosterone)	\$61.53	\$76.91
11981	insertion, non-biodegradable drug delivery implant	\$64.68	\$98.81
11982	removal, non-biodegradable drug delivery implant	\$78.91	\$113.89
11983	removal with reinsertion, non-biodegradable drug delivery implant	\$144.50	\$177.24
12001	repair of recent wound	\$75.60	\$104.41
12002	simple rep superf wds sca neck axil ext gen tru/ex	\$83.90	\$111.32
12004 12005	simple rep superf wds sca neck axil ext gen tru/ex simple rep superf wds sca neck axil ext gen tru/ex	\$98.68 \$123.05	\$131.41 \$163.90
12005	simple rep superf was sca neck axil ext gen tru/ex	\$155.50	\$203.61
12007	simple rep superf was sca neck axil ext gen tru/ex	\$177.74	\$230.62
12011	simp rep superf wds of face ea eyel no li muc memb	\$78.16	\$110.89
12013	simp rep superf wds of face ea eyel no li muc memb	\$89.14	\$122.43
12014	simp rep superf wds of face ea eyel no li muc memb	\$107.39	\$144.61
12015	simple rep superf wds of face ears eye nose lip 7.	\$134.81	\$181.82
12016	simple repair superficial wound 12.5 to 20.0 cm.	\$164.59	\$217.46
12017 12018	simple repair superficial wound 20.0 to 30.0 cm. simple repair superifcial wound over 30.0 cm.	\$195.97 \$242.21	\$195.97 \$242.21

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12020	treatment of superficial wound dehiscence	\$135.96	\$188.55
12021 12031	treatment of superficial wound with packing layer closure of wounds up to 2.5 cm.	\$98.62 \$113.93	\$112.34 \$166.52
12031	layer closure of wounds up to 2.5 cm.	\$139.92	\$214.06
12034	layer closure of wounds 7.5 to 12.5 cm.	\$146.59	\$211.77
12035	layer closure of wounds 12.5 to 20.0 cm.	\$171.95	\$258.11
12036	layer closure of wounds 20.0 to 30.0 cm.	\$198.52	\$283.57
12037	layer closure wounds over 30.0 cm.	\$231.13	\$320.09
12041	layer closure of wounds up to 2.5 cm.	\$122.08	\$174.69
12042 12044	layer closure of wounds 2.5 to 7.5 cm. layer closure of wounds 7.5 to 12.5 cm.	\$142.69 \$153.91	\$203.67 \$235.04
12044	layer closure of wounds 7.5 to 12.5 cm.	\$153.91 \$178.68	\$235.04 \$260.65
12046	layer closure wounds 12.5 to 20.0 cm.	\$210.53	\$308.73
12047	layer closure of wounds over 30.0 cm.	\$230.39	\$331.38
12051	layer closure of wounds up to 2.5 cm.	\$130.62	\$187.69
12052	layer closure of wounds 2.5 to 5.0 cm.	\$153.15	\$212.74
12053	layer closure of wounds 5.0 to 7.5 cm.	\$155.89	\$233.94
12054 12055	layer closure of wounds 7.5 to 12.5 cm. layer closure of wounds 12.5 to 20.0 cm.	\$165.81 \$202.50	\$247.79 \$299.01
12056	layer closure of wounds 12.5 to 20.0 cm.	\$247.03	\$353.06
12057	layer closure of wounds over 30.0 cm.	\$282.77	\$394.68
13100	repair of wound or lesion	\$170.45	\$223.05
13101	repair complex trunk 2.5 to 7.5 cm.	\$207.21	\$281.63
13102	repair, complex, trunk; each additional 5 cm or less (list separately in	\$55.66	\$76.65
13120 13121	repair of wound or lesion repair complex scalp arms and/or legs 2.5 to 7.5 c	\$178.14 \$234.85	\$231.85 \$311.79
13121	repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list	\$63.78	\$85.87
13131	repair of wound or lesion	\$201.04	\$256.16
13132	repair complex 2.5 to 7.5 cm.	\$338.92	\$410.81
13133	repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands	\$99.07	\$121.73
13151	repair of wound or lesion	\$232.88	\$291.06
13152	repair complex eye nose ear and lips 2.5 to 7.5 cm	\$313.84	\$401.41
13153 13160	repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less secondary closure of surgical wound dehiscence	\$107.35 \$588.77	\$133.66 \$588.77
14000	adjacent tissue transfer or rearrangement trunk up	\$359.11	\$434.36
14001	adjacent tissue transfer or rearran trunk defect 1	\$477.20	\$565.61
14020	skin tissue rearrangement scalp arms and/or legs u	\$410.90	\$489.24
14021	adjacent tissue transf/rearrang scalp arms legs de	\$531.73	\$620.98
14040 14041	skin tissue rearrangement defect up to 10 sq cm adjacent tissue trans/rearrange 10 sq cm to 30 sq	\$468.02	\$544.67 \$677.92
14041	skin tissue rearrangement defect up to 10 sq cm	\$578.32 \$494.37	\$554.80
14061	adjacent tissue transf/rearrange eye nose ear lip	\$616.67	\$726.06
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	\$532.36	\$628.31
14350	filleted finger or toe flap including prep of reci	\$546.81	\$546.81
15002	surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (inc	\$168.19	\$236.72
15003	surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (ind	\$34.13	\$51.48
15004 15005	surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (ind surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (ind	\$210.28 \$67.72	\$287.49 \$87.02
15050	pinch graft single or multiple to cove sm ulcer up	\$314.62	\$380.37
15100	split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or one	\$516.91	\$613.15
15110	epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent	\$533.50	\$607.64
15115	epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits	\$552.41	\$615.35
15120	split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands,	\$567.18	\$666.78
15130 15135	dermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent	\$403.85 \$556.09	\$476.59 \$616.80
15150	dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or le	\$462.87	\$501.48
15155	tissue cultured epidermal autograft, frace, scalp, eyelids, mouth, neck, ears	\$496.14	\$528.31
15200	skin graft procedure	\$473.32	\$569.28
15220	skin graft procedure	\$446.79	\$540.78
15240	skin graft procedure	\$570.81	\$650.26

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15260	skin graft procedure	\$619.29	
15570	pedicle flap graft; trunk	\$517.25	*
15572 15574	pedicle flap graft; scalp, arms, or legs pedicle flap-face,neck,axilla,genitalia,hands,feet	\$523.39 \$552.96	\$607.87 \$641.36
15576	pedicle flap; eyelids,nose,ears,lips,intraoral	\$485.53	
15600	skin graft procedure	\$143.05	
15610	skin graft procedure	\$169.52	\$229.39
15620	skin graft procedure	\$225.30	\$305.04
15630	skin graft procedure	\$246.28	\$322.65
15650	skin graft procedure	\$277.91	\$360.44
15731	forehead flap with preservation of vascular pedicle (eg, axial pattern flap,	\$736.11	\$809.40
15732	muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis,	\$960.36	
15734 15736	muscle flap trunk muscle flap upper extremity	\$984.09 \$849.86	
15738	muscle flap lower extremity	\$926.77	\$1,042.87
15740	skin graft procedure	\$623.86	
15750	skin graft procedure	\$662.06	
15756	free muscle flap with or without skin with microvascular anastomosis	\$1,750.05	\$1,750.05
15757	free skin flap with microvascular anastomosis	\$1,733.36	
15758	free fascial flap with microvascular anastomosis	\$1,734.27	\$1,734.27
15760	skin graft procedure	\$511.62	\$599.45
15770	skin graft procedure	\$473.56	
15780 15781	abrasion treatment of skin abrasion skin removal tattoos less total face	\$467.15 \$306.36	
15782	abrasion skin removal tattoos regional not face	\$293.65	· ·
15783	superficial dermabrasion	\$265.58	
15786	abrasion single lesion eg keratosis scar	\$100.48	
15787	abrasion; each additional four lesions or less (list separately in addition to	\$14.10	\$34.25
15788	chemical peel, facial;	\$167.71	\$295.28
15789	chemical peel, facial;	\$305.37	\$398.81
15792	chemical peel, nonfacial;	\$183.52	\$290.11
15793	chemical peel, nonfacial;	\$252.90	
15819 15820	cervicoplasty removal of skin furrows	\$533.56 \$343.77	\$533.56 \$378.46
15821	removal of skin furrows	\$364.76	\$402.81
15822	blepharoplasty, upper eyelid;	\$262.96	\$295.97
15823	blepharoplasty, upper eyelid; w/excessive skin weighting lid	\$433.38	
15830	excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen	\$850.70	
15832	removal of skin furrows	\$645.79	
15833	removal of skin furrows	\$608.75	\$608.75
15834	removal of skin furrows	\$606.63	
15835	removal of skin furrows	\$641.59 \$534.41	
15836 15837	removal of skin furrows removal of skin furrows	\$534.41 \$483.66	\$534.41 \$550.52
15838	excision excess skin submental fat pad	\$416.62	\$416.62
15839	excision excessive skin and subq tissue other area	\$524.07	\$608.84
15840	skin repair for nerve palsy	\$735.53	
15841	facial nerve paralysis free muscle graft	\$1,232.37	\$1,232.37
15842	graft for facial nerve paralysis; free muscle flap by microsurgical technique	\$1,946.96	\$1,946.96
15847	excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen	\$275.89	
15920	removal of tail bone	\$423.38	
15922	removal of tail bone	\$537.78	
15931 15933	excision sacral decubitus ulcer primary suture exc sacral decubitus ulcer with ostectomy/primary	\$483.27 \$594.00	\$483.27 \$594.00
15933	excision sacral decubitus ulcer skin flap closur	\$663.16	
15935	exc sacral pressure ulcer local skin flap	\$788.44	
15936	excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap	\$642.90	
15937	exc sacral pressure ulcer with ostectomy	\$751.29	
15940	removal of pressure sore	\$496.79	
15941	excision sacral decubitus ulcer with ostectomy	\$644.01	\$644.01

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15944		exc ischial pressure ulcer local skin flap closure	\$634.65	\$634.65
15945		exc ischial pressure ulcer with ostectomy	\$704.94	
15946		excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or	\$1,180.65	
15950		removal of pressure sore	\$410.80	
15951		excision trochanteric decubitus ulcer w ostectomy	\$586.00	\$586.00
15952		removal of pressure sore	\$616.34	\$616.34
15953		removal of pressure sore	\$686.23	\$686.23
15956		excision, trochanteric pressure ulcer, in preparation for muscle or	\$826.88	
15958		exc trochanteric ulcer myocutan flap w ostectomy	\$843.22	\$843.22
16000		treatment of burns	\$35.16	
16020		dressings and/or debridement of partial-thickness burns, initial or subsequent;	\$41.40	
16035		escharotomy; initial incision	\$159.98 \$38.01	*
17000 17003		destruction any method premalignant lesions one le destruction by any method, including laser, with or without surgical	\$38.91	\$55.42 \$5.38
17003		destruction by any method, including laser, with or without surgical destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,	\$3.42 \$98.28	
17106		destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, destruction of vascular proliferative lesions	\$202.89	
17107		destruction vascular proliferative lesion 10sq les	\$268.32	
17108		destruction vascular lesions over 50.0 sq cm	\$350.17	\$415.91
17110		destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,	\$48.35	
17111		destruction by any method of flat warts, molluscum contagiosum	\$60.44	
17250		chemical cauterization of wound	\$26.63	\$52.08
17260		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	\$48.76	\$67.22
17261		destruct.malig. lesion-trunk,arms,legs; 0.6-1.0 cm	\$65.77	\$99.89
17262		destruct.malig. lesion-trunk,arms,legs; 1.1-2.0 cm	\$84.23	\$122.00
17263		destruct.malig. lesion-trunk,arms,legs; 2.1-3.0 cm	\$93.29	
17264		destruct.malig. lesion-trunk,arms,legs; 3.1-4.0 cm	\$99.70	
17266		destruct.malig. lesion-trunk,arms,legs; over 4. cm	\$116.18	
17270		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	\$71.14	
17271 17272		destruction malignant lesion scalp,neck-0.6-1.0 cm destruction malignant lesion scalp,neck 1.1-2.0 cm	\$80.11 \$92.96	\$114.80 \$131.57
17272		destruction malignant lesion scalp,neck 1.1-2.0 cm	\$104.99	*
17273		destruction malignant lesion scalp,neck-3.1-4.0 cm	\$104.99	\$174.30
17276		destruction malignant lesion scalp,neck over 4. cm	\$155.29	
17280		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	\$64.65	
17281		destruction malignant lesion face 0.6-1.0 cm	\$90.34	\$124.74
17282		destruction malignant lesion face 1.1-2.0 cm	\$104.96	\$144.69
17283		destruction malignant lesion face 2.1-3.0 cm	\$131.51	\$175.16
17284		destruction malignant lesion face 3.1-4.0 cm	\$156.98	
17286		destruction malignant lesion face over 4.0 cm	\$211.18	
17311		mohs micrographic technique, including removal of all gross tumor, surgical	\$283.32	\$490.05
17312		mohs micrographic technique, including removal of all gross tumor, surgical	\$150.70	
17313		mohs micrographic technique, including removal of all gross tumor, surgical	\$254.35	
17314		mohs micrographic technique, including removal of all gross tumor, surgical	\$139.89	
17315 17340		mohs micrographic technique, including removal of all gross tumor, surgical	\$39.76	
		cryotherapy (co2 slush, liquid n2) for acne	\$34.29	
17360 19001		acne therapy puncture aspiration of cyst of breast; each additional cyst (list separately in	\$72.95 \$17.66	\$93.93 \$20.75
19001		incision of breast lesion	\$204.54	
19020		biopsy of breast accessed through the skin with stereotactic guidance	\$145.42	
19082		biopsy of breast accessed through the skin with stereotactic guidance	\$69.99	
19083		biopsy of breast accessed through the skin with ultrasound guidance	\$136.41	\$525.35
19084		biopsy of breast accessed through the skin with ultrasound guidance	\$65.80	\$421.98
19085		biopsy of breast accessed through the skin with mri guidance	\$159.38	
19086		biopsy of breast accessed through the skin with mri guidance	\$72.94	
19100		biopsy of breast; percutaneous, needle core, not using imaging guidance	\$51.84	
19101		biopsy of breast; open, incisional	\$155.73	
19110		nipple exploration w/ or w/o excision	\$231.18	
19112		excision of lactiferous duct fistula	\$207.32	
19120 19125		excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant excision of breast lesion identified by preoperative placement of radiological	\$284.35 \$315.65	

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
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19126	excision of breast lesion identified by preoperative placement of radiological	\$119.69	\$119.69
19260	removal of chest wall lesion	\$869.31	\$869.31
19271	removal of chest wall lesion	\$1,177.09	\$1,177.09
19272	removal of chest wall lesion	\$1,305.32	\$1,305.32
19281	placement of breast localization devices accessed through the skin with mammographic guidance	\$82.97	\$192.08
19282 19283	placement of breast localization devices accessed through the skin with mammographic guidance	\$40.06	\$133.35 \$217.89
19283	placement of breast localization devices accessed through the skin with stereotactic guidance placement of breast localization devices accessed through the skin with stereotactic guidance	\$83.81 \$40.34	\$159.72
19285	placement of breast localization devices accessed through the skin with ultrasound guidance	\$71.07	\$367.29
19286	placement of breast localization devices accessed through the skin with ultrasound guidance	\$34.58	\$307.76
19287	placement of breast localization devices accessed through the skin with mri guidance	\$113.54	\$678.20
19288	placement of breast localization devices accessed through the skin with mri guidance	\$51.77	\$541.21
19296	placement of radiotherapy afterloading balloon catheter into the breast for	\$153.62	\$2,760.14
19298	placement of radiotherapy afterloading brachytherapy catheters (multiple tube	\$253.22	\$947.86
19300	mastectomy for gynecomastia	\$275.41	\$349.82
19301	mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	\$441.52	\$441.52
19302 19303	mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lympastectomy, simple, complete	\$631.96 \$683.16	\$631.96 \$683.16
19303	mastectomy, surprie, complete mastectomy, subcutaneous	\$394.07	\$394.07
19305	mastectomy, radical, including pectoral muscles, axillary lymph nodes	\$787.80	\$787.80
19306	mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (urban l	\$825.37	\$825.37
19307	mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle	\$830.19	\$830.19
19316	mastopexy	\$563.00	\$563.00
19318	reduction mammaplasty	\$828.87	\$828.87
19328	removal of intact mammary implant	\$351.06	\$351.06
19330	removal of implant material	\$451.91	\$451.91
19370 19371	open periprosthetic capsulotomy breast	\$489.67	\$489.67
19371	periprosthetic capsulectomy breast revision of reconstructed breast	\$564.98 \$552.66	\$564.98 \$552.66
20005	incision of abscess	\$174.93	\$217.46
20100	exploration of penetrating wound (separate procedure); neck	\$438.58	\$438.58
20101	exploration of penetrating wound (separate procedure); chest	\$149.47	\$277.88
20102	exploration of penetrating wound (separate procedure); abdomen/flank/back	\$182.29	\$325.53
20103	exploration of penetrating wound (separate procedure); extremity	\$259.18	\$397.66
20150	excision of epiphyseal bar, with or without autogenous soft tissue graft	\$707.85	\$707.85
20240	biopsy, bone, excisional; superficial (eg, ilium, sternum, spinous process,	\$167.99	\$167.99
20245	bone biopsy	\$458.49	\$458.49
20250 20251	bone biopsy bone biopsy	\$275.77 \$305.76	\$275.77 \$305.76
20500	injection of sinus tract;	\$69.76	\$84.30
20520	removal of foreign body	\$103.39	\$135.00
20525	removal of foreign body	\$181.68	\$327.71
20526	injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	\$43.50	\$54.98
20550	injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar	\$31.96	\$42.59
20551	injection(s); single tendon origin/insertion	\$32.61	\$42.13
20552	injection(s); single or multiple trigger point(s), one or two muscle(s)	\$27.64	\$38.27
20553	injection(s); single or multiple trigger point(s), three or more muscle(s)	\$30.73	\$42.75
20600	arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers,	\$30.45	\$39.96
20604	aspiration and/or injection of small joint or joint capsule with recording and reporting using ultrasound guidance	\$37.16	\$57.34
20605	arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg,	\$31.61	\$42.81
20606	aspiration and/or injection of intermediate joint or joint capsule with recording and reporting using ultrasound guidance	\$42.09	\$63.09
20610	drainage of joint or bursa	\$37.75	\$55.10
20611	aspiration and/or injection of major joint or joint capsule with recording and reporting using ultrasound guidance	\$49.29	\$72.23
20612	aspiration and/or injection of ganglion cyst(s) any location	\$32.60	\$42.67
20615	aspiration and injection for treatment of bone cyst	\$117.04	\$155.36
20650	insertion & removal bone pin	\$115.39	\$141.70
20661	fixation procedure	\$335.38	\$335.38

	Nurse Practitioner Fee Schedule		
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20662	application of halo pelvic	\$348.62	\$348.62
20663	fixation procedure	\$322.56	\$322.56
20664	application of halo, including removal, cranial, 6 or more pins placed, for	\$551.93	\$551.93
20665	removal of fixation device	\$74.09	\$87.79
20670	removal of implant superficial eg buried wire pin	\$108.40	\$275.13
20680	removal of buried support	\$302.20	\$420.53
20690	application ext fixation standard configuration	\$398.83	\$398.83
20692	application of multiplane unilateral external fix	\$745.75 \$224.49	\$745.75
20693 20694	adjustment or revision external fixation req anest removal under anesthesia external fixation system	\$334.48 \$244.16	\$334.48 \$302.34
20802	removal under anestnesia external fixation system	\$1,833.48	\$302.34 \$1,833.48
20802	replantation of arm replantation forearm, complete amputation	\$2,245.65	\$2,245.65
20808	reimplantation of hand	\$3,032.45	\$3,032.45
20816	reimplantation of digit	\$1,673.19	\$1,673.19
20822	replantation digit excl thumb, complete amputation	\$1,418.49	\$1,418.49
20824	replantation thumb, complete amputation	\$1,666.81	\$1,666.81
20827	replantation thumb, complete amputation	\$1,473.89	\$1,473.89
20838	replantation foot complete	\$1,850.85	\$1,850.85
20900	removal of bone for graft	\$193.81	\$299.27
20902 20910	removal of bone for graft remove cartilage for graft	\$268.36 \$314.04	\$268.36 \$314.04
20910	cartilage graft costochondral nasal septum	\$352.88	\$352.88
20920	removal of tissue for graft	\$297.43	\$297.43
20922	removal of tissue for graft	\$364.65	\$437.95
20924	removal of tendon for graft	\$368.09	\$368.09
20926	removal of tissue for graft	\$317.76	\$317.76
20950	monitor interstitial pressure	\$67.12	\$172.86
20955	fibula graft w/microvascular anastomosis	\$1,898.82	\$1,898.82
20956 20957	bone graft with microvascular anastomosis; iliac crest bone graft with microvascular anastomosis; metatarsal	\$1,981.45 \$1,896.16	\$1,981.45 \$1,896.16
20962	bone graft with microvascular anastomosis; other than fibula, iliac crest, or	\$1,939.92	\$1,939.92
20969	free osteocutaneous flap with microvascular anastomosis; other than iliac	\$2,104.01	\$2,104.01
20970	free osteocutaneous flap with microvascular anastomosis; iliac crest	\$2,113.75	\$2,113.75
20972	osteocutaneous flap microvascular anastomo metarsa	\$1,934.52	\$1,934.52
20973	free osteocutaneous flap great toe web space	\$2,030.99	\$2,030.99
20983	destruction of 1 or more bone growths, accessed through the skin	\$325.97	\$5,437.90
21010	arthrotomy, temporomandibular joint	\$533.63	\$533.63
21011 21012	excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	\$146.58 \$200.50	\$187.10 \$200.50
21012	Excision, tumor, soft tissue of face and scalp, subcatalleous, 2 cm of greater		\$290.91
21014	Excision, tumor, soft tissue of face and scalp, subfascial (e.g., subgaleal, intramuscular); 2 cm or or		\$309.85
21015	radical resection of tumor soft face or scalp	\$310.06	\$310.06
21016	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of face or scalp; 2 cm or greater	\$621.14	\$621.14
21025	excision of bone, mandible	\$544.28	\$634.63
21026	excision of bone, facial bones	\$348.32	\$417.97
21029	removal by contouring benign tumor facial bone	\$455.84	\$534.73
21030	excision of benign tumor or cyst of maxilla or zygoma by enucleation and	\$289.81	\$349.96
21031 21032	excision of torus mandibularis excision of maxillary torus palatinus	\$207.39 \$204.45	\$268.66 \$272.15
21032	excision of maxillary torus paratinus excision of malignant tumor of maxilla or zygoma	\$860.00	\$961.01
21034	removal of bone lesion	\$288.13	\$352.75
21044	excision malignant tumor mandible	\$642.89	\$642.89
21045	exc malignancy mandible radical	\$897.24	\$897.24
21046	excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy	\$790.53	\$790.53
21047	excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy	\$960.07	\$960.07
21048	excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy	\$801.41	\$801.41
21049	excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and	\$928.15	\$928.15
21050	arthrectomy temporomandibular joint unilateral	\$630.10 \$576.04	\$630.10 \$576.04
21060	menisectomy temporomandibular joint unilateral coronoidectomy	\$576.04 \$467.75	\$576.04 \$467.75

	Nurse Practitioner Fee Schedule		
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	Lifective Date. 1/1/2013		
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	I deletion to this schedule.	additions,	
*** The fee o	should include the new codes for 2015 and the newding 40/ rate valuation official a 4/4/2015 is not inc	luded on this fee eat	a de da
The ree so	chedule include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inc	iluded on this fee scr	eauie
21073	manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia service (ie, ge	s174.13	\$260.03
21100	maxillofacial fixation	\$286.83	\$498.88
21110	applica interdental fixation device cond oth than	\$450.52	\$526.89
21120 21121	genioplasty; augmentation genioplasty; augmentation sliding osteotomy single	\$354.34 \$471.42	\$437.98 \$548.92
21122	genioplasty; augmentation 2 or more osteotomies	\$519.78	\$519.78
21123	genioplasty; augmentation sliding interpositional	\$623.56	\$623.56
21125	augmentation mandibular body or angle prosthetic	\$546.02	\$2,118.54
21127	augmentation mandibular body angle w/ bone graft	\$637.97	\$2,521.31
21137 21138	reduction forehead; contouring only reduction forehead-contouring & application graft	\$526.10 \$657.19	\$526.10 \$657.19
21138	reduction forehead-contouring & application graft reduction forehead contouring, setback sinus wall	\$657.19 \$737.92	\$657.19 \$737.92
21141	reconstruction midface, lefort i; single piece, segment movement in any	\$989.23	\$989.23
21142	reconstruction midface, lefort i; two pieces, segment movement in any	\$978.55	\$978.55
21143	reconstruction midface, lefort i; three or more pieces, segment movement in any	\$1,015.25	\$1,015.25
21145	reconstruction midface, lefort i; single piece, segment movement in any	\$1,138.34	\$1,138.34
21146 21147	reconstruction midface, lefort i; two pieces, segment movement in any reconstruction midface, lefort i; three or more pieces, segment movement in any	\$1,214.84 \$1,251.02	\$1,214.84 \$1,251.02
21150	reconstruction midface anterior intrusion	\$1,241.99	\$1,241.99
21151	reconstruct midface any direction req bone graft	\$1,499.56	\$1,499.56
21154	reconstruction midface any type req bone graft	\$1,516.42	\$1,516.42
21155	reconstruct midface any type w graft, w lefort i	\$1,720.83	\$1,720.83
21159	reconstruct midface, lefort iii, w bone grafts	\$2,081.93	\$2,081.93
21160 21172	reconstruct midface, lefort iii w/ lefort i, graft reconstruct orbital rim/forehead w/wo grafts	\$2,143.92 \$1,317.83	\$2,143.92 \$1,317.83
21175	reconstruct bifrontal orbital rims/forehead, graft	\$1,591.21	\$1,591.21
21179	reconstruct forehead/orbital rims with grafts	\$1,089.74	\$1,089.74
21180	reconstruct forehead/orbital rims with autograft	\$1,242.31	\$1,242.31
21181	removal by contouring of benign tumor cranial bone	\$518.68	\$518.68
21182 21183	reconstruction of orbital walls, rims, forehead, nasoethmoid complex following reconstruction of orbital walls, rims, forehead, nasoethmoid complex following	\$1,512.02 \$1,691.00	\$1,512.02 \$1,691.00
21184	reconstruction of orbital walls, rims, forehead, nasoethmoid complex following	\$1,808.68	\$1,808.68
21188	reconstr. midface, osteotomies, w bone grafts	\$1,195.62	\$1,195.62
21193	reconstruction of mandibular rami, horizontal, vertical, "c", or "l"	\$914.46	\$914.46
21194	reconstr. mandibular ramus, osteotomy w bone graft	\$1,044.28	\$1,044.28
21195 21196	reconstruction of mandibular rami and/or body, sagittal split; without internal reconstr. mandibular ramus w inter. rigid fixation	\$979.85 \$1.067.89	\$979.85 \$1.067.89
21198	osteotomy, mandible, segmental	\$839.06	\$839.06
21199	osteotomy, mandible, segmental; with genioglossus advancement	\$762.35	\$762.35
21206	osteotomy, maxilla, segmental	\$826.60	\$826.60
21208	augmentation osteoplasty of facial bones	\$601.52	\$1,212.23
21209	reduction osteoplasty of facial bones	\$461.09	\$578.87
21210 21215	bone graft bone graft	\$601.35 \$627.13	\$1,447.63 \$2,451.71
21213	cartilage graft	\$561.50	\$561.50
21235	cartilage graft	\$410.15	\$514.78
21240	arthroplasty, temporomandibular joint w/wo graft	\$811.88	\$811.88
21242	arthroplasty temporomandibular joint w alloplastic	\$743.54	\$743.54
21243 21244	arthroplasty, temporomandibular joint reconstruction of mandible	\$1,221.51 \$758.40	\$1,221.51 \$758.40
21244	reconstruction of mandible reconst. mandibular condyle w bone/cartilage graft	\$1,188.88	\$1,188.88
21255	reconst. zygomatic arch, glenoid fossa w bone/cart	\$1,048.50	\$1,048.50
21256	reconst. orbit w osteotomies and bone grafts	\$858.60	\$858.60
21260	orbital hypertelorism correction osteotomies	\$965.54	\$965.54
21261	orbital hypertelorism comb with intra and extracranial approach	\$1,655.90	\$1,655.90
21263 21267	orbital hypertelorism with forehead advancement orbital repositioning	\$1,490.38 \$1,126.87	\$1,490.38 \$1,126.87
21267	orbital repositioning orbital repositioning intra and external approach	\$1,401.87	\$1,401.87
21270	malar augmentation, bone or alloplastic material.	\$512.41	\$651.74
21275	secondary rev orbitocraniofacial reconostruction	\$590.26	\$590.26

	Nurse Practitioner Fee Schedule		
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21280	medial canthoplasty	\$379.89	\$379.89
21282 21295	lateral canthopexy reduction masseter muscle extraoral approach	\$250.42 \$124.97	\$250.42 \$124.97
21295	reduction masseter muscle extraoral approach	\$304.14	\$304.14
21310	treatment of closed or open nasal fracture manipul	\$21.85	\$74.46
21315	treatment of nose fracture	\$106.59	\$182.69
21320	manipulation instrumental complicated nasal fractu	\$99.99	\$176.09
21325	repair of nose fracture	\$332.98	\$332.98
21330	repair of nose fracture	\$409.69	\$409.69
21335	repair of nose fracture	\$531.81	\$531.81
21336	open tx nasal septal fx, w/wo stabilization	\$457.66	\$457.66
21337	treatment closed nasal septal fracture	\$204.12	\$274.62
21338 21339	open treatment nasoethmoid fracture without extern open treatment nasoethmoid fracture with external	\$523.15 \$584.37	\$523.15 \$584.37
21340	tr closed/open nasoeth com fr w splint wire headca	\$587.68	\$587.68
21343	open treatment of depressed frontal sinus	\$831.48	\$831.48
21344	open tx of frontal sinus fracture	\$1,097.05	\$1,097.05
21345	tr nasomax comp fr with interdental wire fix or fi	\$476.42	\$573.21
21346	op tr nasomax com fr w wiring a/o local fixation	\$688.07	\$688.07
21347	op tr nasomac com fr w wir a/o lo fi w mul aproach	\$798.20	\$798.20
21348	open tx nasomaxillary fx with bone grafting	\$851.98	\$851.98
21355	repair cheek bone fracture	\$234.81	\$309.78
21356	open tx depressed zygomatic arch fracture	\$269.30 \$383.75	\$346.80 \$383.75
21360 21365	open treatment of closed or open depressed fx inc repair cheek bone fracture	\$807.23	\$807.23
21366	open tx malar area fx inc zygomatic arch w/graft	\$897.43	\$897.43
21385	repair eye socket fracture	\$517.89	\$517.89
21386	repair eye socket fracture	\$484.32	\$484.32
21387	repair eye socket fracture	\$540.52	\$540.52
21390	repair eye socket fracture	\$560.48	\$560.48
21395	repair eye socket fracture	\$708.14	\$708.14
21400	treat eye socket fracture	\$102.66	\$124.21
21401	repair eye socket fracture	\$211.78	\$330.67
21406 21407	repair eye socket fracture repair eye socket fracture	\$391.75 \$464.31	\$391.75 \$464.31
21408	open tx of fx orbit except "blowout" w/bone graft	\$639.37	\$639.37
21421	tr pal/alv ri fr cl man w interd wi fi offi de de	\$438.95	\$511.42
21422	tr pa/al ri fr cl man w intd wi fi o fi de/sp op t	\$485.04	\$485.04
21423	open tx of palatal or maxillary fx, mult approach	\$577.11	\$577.11
21431	repair upper jaw fracture	\$526.99	\$526.99
21432	open rx craniofacial separation	\$483.86	\$483.86
21433	dp tr cranioe sep w wi/loc fix complicated	\$1,249.16	\$1,249.16
21435	repair upper jaw fracture	\$984.11	\$984.11
21436 21440	open tx craniofacial separation w/bone graft repair dental ridge fracture	\$1,449.09 \$308.75	\$1,449.09 \$370.02
21445	repair dental ridge fracture	\$438.78	\$570.02 \$528.03
21450	treat lower jaw fracture	\$323.80	\$385.61
21451	treatment closed or open mandibular fracture with	\$436.83	\$510.69
21452	treatment of open mandibular fracture without mani	\$233.34	\$415.74
21453	rx open mandibular fracture with manipulation	\$526.68	\$591.30
21454	open rx closed or open mandibular fx with external	\$399.59	\$399.59
21461	op tr o clos o op mand fr witho interdenfixation	\$652.88	\$1,329.34
21462	op tr clos o op mandfract w interdental fixation	\$724.68	\$1,438.63
21465	open treatment mandibular condylar fracture	\$664.22	\$664.22
21470	repair lower jaw fracture	\$867.48 \$24.64	\$867.48
21480 21485	reset dislocated jaw complicated manipulative treatment of temporomandi	\$24.64 \$391.12	\$63.52 \$456.03
21400	reset dislocated jaw	\$672.85	\$672.85
21495	repair hyoid bone fracture	\$484.72	\$484.72
21497	interdental wiring f condition o than fracture	\$395.11	\$460.30

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21501	incision / drainage deep abscess or hematoma	\$226.56	\$307.13
21502 21510	drainage of rib abscess	\$380.40	\$380.40
21510	inc deep opening of bone cortex osteomyelitis bone excisional biopsy soft tissues	\$335.43 \$115.49	\$335.43 \$180.12
21552	excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3cm or gr	\$266.90	\$266.90
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (e.g., intramuscular); 5 cm or greater	\$438.87	\$438.87
21555	excision benign tumor subcutaneous	\$239.49	\$304.11
21556	excision deep subfacial intramuscular	\$299.68	\$299.68
21557	radical resection of soft tissue tumor	\$425.87	\$425.87
21558	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or anterior thorax; 5 cm or g	\$823.78	\$823.78
21600 21610	excision of rib partial partial removal of rib	\$400.54 \$782.73	\$400.54 \$782.73
21615	excision first and/or cervical rib;	\$494.88	\$494.88
21616	exc first a/o cerv rib f outlet comp synd oth caus	\$630.81	\$630.81
21620	partial removal of sternum	\$381.37	\$381.37
21627	sternal debridement	\$400.10	\$400.10
21630	radical resection of sternum;	\$935.42	\$935.42
21632	radical resection of sternum w mediastinal lymphad	\$926.43	\$926.43
21685 21700	hyoid myotomy and suspension revision of neck muscle	\$729.72 \$309.82	\$729.72 \$309.82
21700	revision of neck muscle	\$476.91	\$476.91
21720	division sternocleidomastoid for torticollis open	\$298.71	\$298.71
21725	revision of neck muscle	\$387.33	\$387.33
21740	reconstructive repair of pectus excavatum or carin	\$807.42	\$807.42
21742	reconstructive repair of pectus excavatum or carinatum; minimally invasive	\$807.42	\$807.42
21743	reconstructive repair of pectus excavatum or carinatum; minimally invasive	\$936.34	\$936.34
21750 21805	closure of median sternotomy separation with or without debridement (separate treatment of rib fracture(s)	\$535.11 \$184.84	\$535.11 \$184.84
21811	open treatment of broken ribs with insertion of hardware	\$455.68	\$440.76
21812	open treatment of broken ribs with insertion of hardware	\$543.19	\$528.26
21813	open treatment of broken ribs with insertion of hardware	\$734.34	\$722.73
21820	treatment, sternum fracture	\$93.04	\$91.93
21825	treatment of sternum fracture open	\$413.51	\$413.51
21920 21925	biopsy, soft tissue, back, superficial deep biopsy, soft tissue, back, deep	\$115.39 \$243.37	\$179.73 \$297.93
21923	excision tumor, soft tissue of back	\$269.76	\$332.43
21931	excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	\$279.13	\$279.13
21932	Excision, tumor, soft tissue of back or flank, subfascial (e.g. intramuscular);less than 5 cm	\$400.82	\$400.82
21933	Excision, tumor, soft tissue of back or flank, subfascial (e.g. intramuscular);5 cm or greater	\$442.02	\$442.02
21935	radical resection of tumor, soft tissue of back	\$855.78	\$855.78
21936 22010	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of back or flank; 5 cm or greater	\$856.48	\$856.48 \$656.65
22010	incision and drainage, open, of deep abscess (subfascial), posterior spine; incision and drainage, open, of deep abscess (subfascial), posterior spine;	\$656.65 \$652.94	\$656.65 \$652.94
22100	partial excision of posterior vertebral component (eg. spinous process, lamina	\$592.32	\$592.32
22101	removal part of vertebra	\$590.89	\$590.89
22102	removal part of vertebra	\$588.63	\$588.63
22110	partial excision of vertebral body, for intrinsic bony lesion, without	\$736.53	\$736.53
22112	removal part of vertebra	\$713.91 \$731.06	\$713.91 \$731.06
22114 22206	removal part of vertebra osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, p	\$731.96 \$1,759.97	\$731.96 \$1,759.97
22207	osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg., posteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg., posteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg., posteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg., posterior or posterolateral approach, three columns, one vertebral segment (eg., posterior or posterolateral approach, three columns, one vertebral segment (eg., posterolateral approach).	\$1,737.02	\$1,737.02
22208	osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg,)	\$443.47	\$443.47
22210	osteotomy of spine, posterior or posterolateral approach, one vertebral	\$1,289.96	\$1,289.96
22212	posterior approach osteotomy spine, thoracic	\$1,066.77	\$1,066.77
22214	posterior approach osteotomy spine, lumbar	\$1,073.18	\$1,073.18
22220	osteotomy of spine, including diskectomy, anterior approach, single vertebral	\$1,161.60	\$1,161.60
22222 22224	anterior approach osteotomy spine, thoracic	\$1,062.88 \$1,150.20	\$1,062.88 \$1,150.20
22305	anterior approach osteotomy spine, lumbar treatment, spinal structure	\$1,150.20 \$122.14	\$1,150.20 \$131.94
22310	closed treatment of vertebral body fracture(s), without manipulation, requiring	\$191.69	\$204.83

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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22315		closed treatment of vertebral fracture(s) and/or dislocation(s) requiring	\$544.37	\$609.27
22318 22319		open treatment and/or reduction of odontoid fracture(s) and or dislocation(s)	\$1,160.17 \$1,275.59	\$1,160.17 \$1,275.59
22325		open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) open treatment and/or reduction of vertebral fracture(s) and/or	\$1,275.59	\$1,015.81
22326		open treatment and/or reduction of vertebral fracture(s) and/ or	\$1,059.16	\$1,059.16
22327		open treatment and/or reduction of vertebral fracture(s) and/ or	\$1,051.01	\$1,051.01
22328		open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s),	\$212.27	\$212.27
22505		manipulation of spine	\$90.32	\$90.32
22532		arthrodesis, lateral extracavitary technique, including minimal diskectomy to	\$1,267.15	\$1,267.15
22533		arthrodesis, lateral extracavitary technique, including minimal diskectomy to	\$1,194.33	\$1,194.33
22534		arthrodesis, lateral extracavitary technique, including minimal diskectomy to	\$277.87	\$277.87
22548		arthrodesis, anterior transoral or extraoral technique, clivus-c1-c2	\$1,348.24	\$1,348.24
22551 22552		Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and d arthrodesis, anterior interbody, including disc space preparation, discectomy,	\$1,356.32 \$316.77	\$1,356.32 \$316.77
22554		arthrodesis, anterior interbody, including disc space preparation, discectomy, arthrodesis, anterior interbody technique, including minimal diskectomy to	\$931.01	\$931.01
22556		arthrodesis, anterior interbody technique, including minimal diskectomy to	\$1,208.50	\$1,208.50
22558		arthrodesis, anterior interbody technique, including minimal diskectomy to	\$1,111.97	\$1,111.97
22585		arthrodesis, anterior interbody technique, including minimal diskectomy to	\$256.66	\$256.66
22586		arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with	\$1,204.28	\$1,204.28
		posterior instrumentation, with image guidance, includes bone graft when performed, I5-s1		
		interspace		
22590		arthrodesis, posterior technique, craniocervical (occiput-c2)	\$1,118.79	\$1,118.79
22595 22600		arthrodesis, posterior technique, atlas-axis (c1-c2)	\$1,062.24 \$910.09	\$1,062.24 \$910.09
22610		arthrodesis, posterior or posterolateral technique, single level; cervical arthrodesis, posterior or posterolateral technique, single level; thoracic	\$898.43	\$898.43
22612		arthrodesis, posterior or posterolateral technique, single level; findracic arthrodesis, posterior or posterolateral technique, single level; lumbar (with	\$1,165.46	\$1,165.46
22614		arthrodesis, posterior or posterolateral technique, single level; each	\$299.55	\$299.55
22630		arthrodesis, posterior interbody technique, including laminectomy and/or	\$1,119.79	\$1,119.79
22632		arthrodesis, posterior interbody technique, single interspace; each additional	\$243.34	\$243.34
22633		arthrodesis, combined posterior or posterolateral technique with posterior	\$1,034.76	\$1,034.76
22634		arthrodesis, combined posterior or posterolateral technique with posterior	\$278.43	\$278.43
22800		arthrodesis, posterior, for spinal deformity, with or without cast; up to 6	\$989.28	\$989.28
22802		arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12	\$1,575.22	\$1,575.22
22804 22808		arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3	\$1,820.46 \$1,340.42	\$1,820.46 \$1,340.42
22810		arthrodesis, anterior, for spinal deformity, with or without cast, 2 to 3	\$1,496.37	\$1,496.37
22812		arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more	\$1,637.14	\$1.637.14
22818		kyphectomy, circumferential exposure of spine and resection of vertebral	\$1,650.18	\$1,650.18
22819		kyphectomy, circumferential exposure of spine and resection of vertebral	\$1,900.79	\$1,900.79
22830		exploration of spinal fusion	\$589.14	\$589.14
22840		posterior non-segmental instrumentation (eg, single harrington rod technique)	\$584.62	\$584.62
22842		posterior segmental instrumentation (eg, pedicle fixation, dual rods with	\$585.91	\$585.91
22843		posterior segmental instrumentation (eg, pedicle fixation, dual rods with	\$623.87	\$623.87
22845 22846		anterior instrumentation; 2 to 3 vertebral segments anterior instrumentation; 4 to 7 vertebral segments	\$559.20 \$580.62	\$559.20 \$580.62
22848		pelvic fixation (attachment of caudal end of instrumentation to pelvic bony	\$278.47	\$278.47
22849		reinsertion of spinal fixation device	\$957.34	\$957.34
22850		harrington rod removal	\$521.05	\$521.05
22851		application of prosthetic device (eg, metal cages, methylmethacrylate) to	\$311.78	\$311.78
22852		removal of segmental instrumentation	\$498.12	\$498.12
22855		dwyer instrument removal	\$809.94	\$809.94
22864		removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	\$1,361.50	\$1,361.50
22865		removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace	\$1,563.25	\$1,563.25
22900		excision abdominal wall tumor subfascial	\$298.75	\$298.75
22901		Excision, tumor, soft tissue of abdominal wall, subfascial (e.g. intramuscular); 5 cm or greater	\$394.72	\$394.72
22902 22903		excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	\$200.09 \$261.43	\$249.82 \$261.43
22903		excision, tumor, sort tissue of abdominal wall, subcutaneous; 3 cm or greater Radical resection of tumor (e.g., malignant neoplasm), soft tissue of abdominal wall; less than 5 cm	\$617.81	\$261.43 \$617.81
22904		Radical resection of tumor (e.g., malignant neoplasm), soft tissue of abdominal wall; less than 5 cm Radical resection of tumor (e.g., malignant neoplasm), soft tissue of abdominal wall; 5 cm or greater	\$800.86	\$800.86
		removal of subdeltoid calcareous deposits, open	\$257.74	\$372.44

	Nurse Practitioner Fee Schedule		
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23020	capsular contracture release (eg, sever type procedure)	\$502.01	\$502.01
23030 23031	incision and drainage deep abscess or hematoma incision and drainage infected bursa	\$186.59 \$154.40	\$297.09 \$270.50
23035	incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	\$497.71	\$497.71
23040	arthrotomy, glenohumeral joint, including exploration, drainage, or removal of	\$522.80	\$522.80
23044	arthrotomy, acromioclavicular, sternoclavicular joint, including exploration,	\$414.23	\$414.23
23065	biopsy soft tissues superficial	\$120.91	\$151.68
23066	biopsy soft tissues deep	\$243.76	\$354.26
23071	excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	\$247.97	\$247.97
23073	Excision, tumor, soft tissue of shoulder area, subfacial (e.g. intramuscular); 5 cm or greater	\$411.16 \$128.64	\$411.16
23075 23076	excision, soft tissue tumor, shoulder area; subcutaneous excision deep subfascial or intramuscular tumor	\$128.64 \$408.57	\$182.08 \$408.57
23077	radical resection soft tissue tumor, shoulder	\$870.60	\$870.60
23078	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of shoulder area; 5 cm or greater	\$833.33	\$833.33
23100	arthrotomy, glenohumeral joint, including biopsy	\$351.85	\$351.85
23101	arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy	\$323.52	\$323.52
23105	arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	\$461.91	\$461.91
23106 23107	arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy arthrotomy, glenohumeral joint, w/ joint explor.	\$343.45	\$343.45 \$480.08
23107	partial removal, collarbone	\$480.08 \$414.59	\$480.08
23125	removal of collarbone	\$511.18	\$511.18
23130	acromioplasty or acromionectomy, partial, with or without coracoacromial	\$436.13	\$436.13
23140	removal bone lesion	\$372.32	\$372.32
23145	removal bone lesion	\$501.71	\$501.71
23146	removal bone lesion	\$435.61	\$435.61
23150	removal bone lesion	\$474.68	\$474.68
23155 23156	removal bone lesion removal bone lesion	\$575.46 \$488.66	\$575.46 \$488.66
23170	sequestrectomy for osteomyelitis bone abcess clavi	\$383.93	\$383.93
23172	sequestrectomy for osteomyelitis of bone abcess sc	\$393.51	\$393.51
23174	sequestrec for osteomyelitis or bone abcess humer	\$546.19	\$546.19
23180	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$496.72	\$496.72
23182	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$479.11	\$479.11
23184 23190	partial excision (craterization, saucerization, or diaphysectomy) bone (eg, partial removal of shoulder	\$541.30 \$403.09	\$541.30 \$403.09
23190	removal of head of humerus	\$547.56	\$547.56
23200	removal of collarbone	\$647.33	\$647.33
23210	removal of shoulderblade	\$676.97	\$676.97
23220	radical resection of bone tumor, proximal humerus;	\$784.50	\$784.50
23330	removal of foreign body subcutaneous	\$107.04	\$156.84
23333	removal of foreign body of shoulder joint, accessed beneath the tissue or muscle	\$362.84	\$362.84
23334 23335	removal of prosthesis of shoulder removal of prosthesis of shoulder	\$856.79 \$1,021.85	\$856.79 \$1,021.85
23395	muscle transfer, any type, shoulder or upper arm; single	\$943.85	\$943.85
23397	muscle transfers	\$845.87	\$845.87
23400	fixation of scapula	\$716.18	\$716.18
23405	tenotomy, shoulder area; single tendon	\$459.57	\$459.57
23406	tenotomy, shoulder area; multiple tendons through same incision	\$575.25	\$575.25
23410	repair of ruptured musculotendinous cuff (eg, rotator cuff); acute	\$609.81	\$609.81
23412 23415	repair of tendon(s) release of shoulder ligament	\$637.42 \$507.15	\$637.42 \$507.15
23420	reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes	\$714.58	\$714.58
23430	tenodesis of long tendon of biceps	\$540.71	\$540.71
23440	resection or transplantation of long tendon of biceps	\$558.07	\$558.07
23450	capsulorrhaphy, anterior; putti-platt procedure or magnuson type operation	\$701.02	\$701.02
23455	capsulorrhaphy, anterior; with labral repair (eg, bankart procedure)	\$747.89	\$747.89
23460	capsulorrhaphy, anterior, any type; with bone block	\$809.39	\$809.39
23462 23465	capsulorrhaphy f recur disloc poster w/w bn block capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	\$794.43 \$828.61	\$794.43 \$828.61
23466	capsulormaphy, glenohumeral joint, posterior, with or without bone block	\$815.88	\$815.88

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23470	arthroplasty, glenohumeral joint; hemiarthroplasty	\$901.91	\$901.91
23472 23473	arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid	\$1,117.84 \$1,289.65	\$1,117.84 \$1,289.65
20470	component	ψ1,203.03	ψ1,203.00
23474	revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid	\$1,393.15	\$1,393.15
	component		
23480	revision of collarbone	\$601.84	\$601.84
23485	revision of collarbone	\$711.77	\$711.77 \$614.74
23490 23491	prophylactic treatment clavicle prophylactic treatment (nailing, pinning, plating or wiring) with or without	\$614.74 \$749.21	\$614.74 \$749.21
23500	treatment clavicle fracture	\$144.59	\$145.42
23505	treatment clavicle fracture	\$228.32	\$240.35
23515	repair clavicle fracture	\$510.28	\$510.28
23520	treat clavicle dislocation	\$151.69	\$150.85
23525 23530	repair clavicle dislocation	\$220.53 \$391.10	\$235.08 \$391.10
23530	repair clavicle dislocation open treat of closed/open sternoclav dislocation w	\$449.32	\$449.32
23540	treat clavicle dislocation	\$147.26	\$149.22
23545	repair clavicle dislocation	\$199.44	\$215.67
23550	repair clavicle dislocation	\$414.41	\$414.41
23552	repair clavicle dislocation	\$477.44	\$477.44
23570	treat scapula fracture	\$157.56	\$155.60
23575 23585	repair scapula fracture repair scapula fracture	\$251.73 \$694.54	\$266.28 \$694.54
23600	treat humerus fracture	\$201.49	\$217.15
23605	repair humerus fracture	\$298.68	\$322.18
23615	repair humerus fx w/wo tuberosity	\$634.58	\$634.58
23616	open tx proximal humeral fx; w prosthetice replace	\$948.96	\$948.96
23620	closed treatment of greater humeral tuberosity fracture; without manipulation	\$169.07	\$178.87
23625 23630	repair humerus fracture open treatment of greater humeral tuberosity fracture, with or without internal	\$245.98 \$544.77	\$261.09 \$544.77
23650	repair shoulder dislocation	\$187.01	\$203.52
23655	repair shoulder dislocation	\$271.06	\$271.06
23660	repair shoulder dislocation	\$420.10	\$420.10
23665	closed treatment of shoulder dislocation, with fracture of greater humeral	\$274.57	\$290.81
23670	open treatment of shoulder dislocation, with fracture of greater humeral	\$612.81	\$612.81
23675 23680	repair dislocation/fracture repair dislocation/fracture	\$353.59	\$380.45
23700	fixation of shoulder	\$663.58 \$141.20	\$663.58 \$141.20
23800	arthrodesis, glenohumeral joint;	\$753.97	\$753.97
23802	arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining	\$916.50	\$916.50
23900	amputation of arm	\$980.95	\$980.95
23920	amputation of arm	\$793.20	\$793.20
23921 23930	disarticulation of shoulder secondary closure incision and drainage deep abscess or hematoma	\$286.73 \$156.79	\$286.73 \$246.88
23930	incision and drainage deep abscess or hematoma incision and drainage, upper arm or elbow area; bursa	\$112.43	\$191.59
23935	incision deep w/opening of cortex for osteomyeliti	\$357.76	\$357.76
24000	arthrotomy, elbow, including exploration, drainage, or removal of foreign body	\$340.20	\$340.20
24006	arthrotomy elbow w/capsular release	\$516.38	\$516.38
24065	biopsy soft tissues superficial	\$119.92	\$176.16
24066 24071	biopsy, soft tissue of upper arm or elbow area; deep (subfascial or excision, tumor, soft tissue of upper arm or elbow area, 3 cm or greater	\$286.89 \$240.78	\$409.98 \$240.78
24071	Excision, tumor, soft tissue of upper arm or elbow area, 3 cm or greater Excision, tumor, soft tissue of upper arm or elbow area, subfacial (e.g. intramuscular); 5 cm or greate	\$413.34	\$240.78 \$413.34
24075	excision, tumor, soft tissue of upper arm or elbow area; subcutaneous	\$223.94	\$331.65
24076	excision benign tumor deep subfascial or intramusc	\$342.62	\$342.62
24077	radical resection soft tissue tumor, arm/elbow	\$595.18	\$595.18
24079	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area; 5 cm or	\$768.40	\$768.40
24100	arthrotomy elbow with synovial biopsy only	\$290.01	\$290.01
24101 24102	exploration of elbow joint arthrotomy, elbow; with synovectomy	\$357.47 \$444.88	\$357.47 \$444.88

	Nurse Practitioner Fee Schedule		
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24105	removal of elbow bursa	\$238.79	\$238.79
24110 24115	removal of bone lesion	\$420.26 \$532.16	\$420.26 \$532.16
24115	removal of bone lesion/graft removal of bone lesion/graft	\$632.64	\$632.64
24120	removal of bone lesion	\$376.22	\$376.22
24125	removal of bone lesion/graft	\$435.22	\$435.22
24126	removal of bone lesion/graft	\$462.00	\$462.00
24130	removal of head of radius	\$362.97	\$362.97
24134	sequestrectomy for osteomyelitis or bone abscess s	\$547.29	\$547.29
24136	seques for osteo/bone abscess radial head or neck	\$433.29	\$433.29
24138	seques for osteo/bone abscess olecranon process	\$477.10	\$477.10
24140 24145	partial excision (craterization, saucerization, or diaphysectomy) bone (eg, partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$520.90 \$436.18	\$520.90 \$436.18
24147	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$452.50	\$452.50
24149	radical resection of capsule, soft tissue, and heterotopic bone, elbow, with	\$841.27	\$841.27
24150	removal of humerus lesion	\$713.60	\$713.60
24152	removal of radius lesion	\$536.15	\$536.15
24155	removal of elbow joint	\$621.16	\$621.16
24160	removal of prosthetic device	\$437.57	\$437.57
24164	implant removal radial head	\$357.25	\$357.25
24200	removal of foreign body subcutaneous	\$97.40	\$137.68
24201 24220	removal of foreign body, upper arm or elbow area; deep (subfascial or	\$261.22 \$55.14	\$384.03 \$124.24
24300	injection procedure for elbow arthrography manipulation, elbow, under anesthesia	\$276.93	\$276.93
24301	muscle or tendon transfer any type single	\$548.60	\$548.60
24305	tendon lengthening, upper arm or elbow, each tendon	\$417.88	\$417.88
24310	tenotomy, open, elbow to shoulder, each tendon	\$341.78	\$341.78
24320	repair of arm tendon	\$565.49	\$565.49
24330	revision of arm muscles	\$521.21	\$521.21
24331	revision of arm muscles	\$576.81	\$576.81
24332 24340	tenolysis, triceps tenodesis of biceps tendon at elbow (separate procedure)	\$435.95 \$442.63	\$435.95
24340	repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or	\$443.63 \$521.79	\$443.63 \$521.79
24342	reinsertion of ruptured biceps or triceps tendon, distal, with or without	\$573.39	\$573.39
24343	repair lateral collateral ligament, elbow, with local tissue	\$507.17	\$507.17
24344	reconstruction lateral collateral ligament, elbow, with tendon graft (includes	\$793.62	\$793.62
24345	repair medial collateral ligament, elbow, with local tissue	\$504.01	\$504.01
24346	reconstruction medial collateral ligament, elbow, with tendon graft (includes	\$795.28	\$795.28
24357	tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow; percutaneous	\$316.90	\$316.90
24358	tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow; debridement, soft t		\$374.70
24359	tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow; debridement, soft t		\$473.20
24360 24361	arthroplasty, elbow; with membrane (eg, fascial) arthroplasty, elbow w/ humeral prosthetic replace.	\$659.62 \$740.19	\$659.62 \$740.19
24361	repair of elbow joint	\$740.19	\$783.31
24363	arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic	\$1,100.90	\$1,100.90
24365	repair of head of radius	\$464.58	\$464.58
24366	repair of head of radius	\$498.02	\$498.02
24370	revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	\$1,220.22	\$1,220.22
24371	revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar componer	\$1,406.19	\$1,406.19
24400	revision of humarus	\$604.40	\$601.49
24410	revision of humerus revision of humerus	\$601.49 \$770.22	\$770.22
24410	repair of humerus	\$770.22	\$770.22
24430	repair of humerus	\$768.32	\$768.32
24435	repair/graft of humerus	\$778.50	\$778.50
24470	hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	\$458.76	\$458.76
24495	decompression of forearm	\$475.64	\$475.64
24498	prophylactic treatment (nailing, pinning, plating or wiring), with or without	\$639.67	\$639.67

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
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The ree s	chedule include the new codes for 2015 and the pending 1% rate reduction enective 1/1/2015 is not include	luaea on uns rec	Scriedule
24505	treatment humerus fracture	\$316.84	\$344.83
24515	repair humerus fracture	\$640.69	
24516	open tx humeral shaft fx w/intramedullary implant	\$634.22	
24530	treatment humerus fx w/wo intercondylar extension	\$231.65	
24535	repair humerus fracture	\$404.33	\$432.59
24538	fixation humeral fx w/wo intercondylar extension	\$539.23	\$539.23
24545	repair humerus fx with without intercondylar	\$667.44	\$667.44
24546	open tx humeral supraltranscondylar fx; w/wo fix.	\$775.55	
24560	treat humerus fracture	\$189.24	
24565	repair humerus fracture	\$330.25	
24566	percutaneous skeletal fixation of humeral epicondylar fracture,	\$504.39	*
24575	repair humerus fracture	\$535.30	
24576	treat humerus fracture	\$201.25	
24577	repair humerus fracture	\$342.62	
24579 24582	repair humerus fracture percutaneous skeletal fixation of humeral condylar fracture,	\$609.16	· · · · · · · · · · · · · · · · · · ·
24582		\$562.77 \$806.94	
24587	repair elbow fracture repair elbow fracture	\$803.55	*
24600	treat elbow dislocation	\$229.95	*
24605	treat elbow dislocation	\$325.80	
24615	repair elbow dislocation	\$521.61	
24620	treat elbow fracture	\$394.64	
24635	repair elbow fracture	\$545.26	
24640	treat elbow dislocation	\$61.30	
24650	treat radius fracture	\$156.10	\$172.05
24655	treat radius fracture	\$275.08	\$298.87
24665	repair radius fracture	\$468.12	
24666	repair radius fracture	\$532.67	
24670	treat ulna fracture	\$174.63	
24675	treat ulna fracture	\$292.16	*
24685	repair ulna fracture	\$470.21	, ,
24800	arthrodesis, elbow joint; local	\$579.69	
24802 24900	arthrodesis, elbow joint; with autogenous graft (includes obtaining graft) amputation of arm	\$734.67 \$523.50	
24900	amputation of arm	\$523.30 \$520.24	
24925	amputation arm, w secondary closure	\$402.41	
24930	amputation follow-up surgery	\$551.99	
24931	amputation follow-up surgery	\$619.72	
24935	revision of amputation	\$752.23	
24940	amputation of arm	\$863.98	
25000	incision, extensor tendon sheath, wrist (eg, dequervain s disease)	\$247.19	
25001	incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	\$234.87	\$234.87
25020	decompression fasciotomy, forearm and/or wrist, flexor or extensor compartment;	\$410.16	
25023	decomp fasciotomy flex/exten comp w debr nonviable	\$794.19	
25024	decompression fasciotomy, forearm and/or wrist, flexor and extensor	\$557.37	
25025	decompression fasciotomy, forearm and/or wrist, flexor and extensor	\$862.36	
25028	incision and drainage deep abscess or hematoma	\$365.22	
25031	incision and drainage, forearm and/or wrist; bursa	\$269.16	
25035	incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone	\$466.40	
25040 25065	arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or biopsy soft tissues superficial	\$414.02 \$118.22	
25066	biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	\$269.62	· · · · · · · · · · · · · · · · · · ·
25071	excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or	\$252.35	
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or great		
25075	excision, tumor, soft tissue of forearm and/or wrist area; subrascial (eg, inital fuscular), 3 cm or great	\$236.21	
25076	removal of forearm lesion	\$318.93	
25077	radical resection soft tissue tumor, forearm/wrist	\$543.74	
25078	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; 3 cm or		
25085	capsulotomy, wrist (eg, contracture)	\$332.71	
25100	arthrotomy, wrist joint; with biopsy	\$246.57	

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25101		arthrotomy with joint exploration	\$290.90	\$290.90
25101		arthrotomy, wrist joint; with synovectomy	\$353.89	\$353.89
25107		arthrotomy, distal radioulnar joint including repair of triangular cartilage,	\$440.24	\$440.24
25109		excision of tendon, forearm and/or wrist, flexor or extensor, each	\$376.85	\$376.85
25110		excision lesion of tendon sheath	\$258.11	\$258.11
25111		exicsion of ganglion wrist dorsal or volar primary	\$223.87	\$223.87
25112		excision ganglion wrist recurrent	\$274.47	\$274.47
25115		removal wrist/forearm lesion	\$580.49	\$580.49
25116 25118		removal wrist/forearm lesion explore wrist tendon sheath	\$468.29 \$274.85	\$468.29 \$274.85
25118		explore wrist tendon sneath synovectomy wrist w resection ulna	\$274.85 \$364.60	\$274.85
25119		removal of forearm lesion	\$399.35	\$399.35
25125		removal of forearm lesion	\$465.48	\$465.48
25126		removal of forearm lesion	\$470.24	\$470.24
25130		removal of wrist lesion	\$322.83	\$322.83
25135		removal of wrist lesion	\$403.79	\$403.79
25136		removal of wrist lesion	\$356.83	\$356.83
25145		sequestrectomy for osteomyelitis or bone abscess	\$410.22	\$410.22
25150		partial exc bone for osteomyelitis ulna	\$418.83	\$418.83
25151 25170		partial removal radius/ulna removal radius/ulna lesion	\$462.52 \$645.39	\$462.52 \$645.39
25210		removal of wrist bone	\$354.20	\$354.20
25215		removal of wrist bones	\$457.01	\$457.01
25230		partial removal of radius	\$313.60	\$313.60
25240		excision distal ulna partial or complete (eg, darrach type or matched resection)	\$317.76	\$317.76
25246		injection procedure for wrist arthrography	\$60.68	\$126.43
25248		exploration with removal of deep foreign body, forearm or wrist	\$316.27	\$316.27
25250		removal of wrist prosthesis separate procedure	\$377.17	\$377.17
25251		removal wrist prosthesis complicated total wrist	\$516.44 \$377.74	\$516.44
25259 25260		manipulation, wrist, under anesthesia repair tendon or muscle flexor primary single each	\$277.74 \$490.29	\$277.74 \$490.29
25263		repair additional tendon	\$489.56	\$489.56
25265		repair tendon or muscle secondary with free graft	\$582.33	\$582.33
25270		repair tendon or muscle extensor primary single ea	\$393.13	\$393.13
25272		repair additional tendon	\$443.04	\$443.04
25274		repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free	\$525.87	\$525.87
25275		repair, tendon sheath, extensor, forearm and/or wrist, with free graft	\$485.75	\$485.75
25280		lengthening or shortening of flexor or extensor te	\$449.03	\$449.03
25290		tenotomy open single flexor or extensor tendon eac	\$378.93	\$378.93
25295 25300		tenolysis sing flexor or extensor tendon each tend fusion of wrist tendons	\$417.72 \$494.72	\$417.72 \$494.72
25300		fusion of wrist tendons	\$471.14	\$494.72 \$471.14
25310		transplant wrist tendon	\$486.31	\$486.31
25312		transplant which tendon	\$564.07	\$564.07
25315		flexor origin slide (eg, for cerebral palsy, volkmann contracture), forearm	\$605.10	\$605.10
25316		revise palsy hand	\$700.91	\$700.91
25320		capsulorrhaphy or reconstruction, wrist, any method (eg, capsulodesis, ligament	\$696.25	\$696.25
25332		arthroplasty, wrist, with or without interposition, with or without external or	\$616.36	\$616.36
25335		realignment of hand	\$699.87	\$699.87
25337 25350		reconstruction for stabilization of unstable distal ulna revision of radius	\$640.96 \$535.96	\$640.96 \$535.96
25355		revision of radius	\$603.34	\$603.34
25360		revision of radius	\$519.95	\$519.95
25365		revision radius & ulna	\$709.91	\$709.91
25370		revision radius or ulna	\$773.79	\$773.79
25375		revision radius & ulna	\$746.76	\$746.76
25390		revise radius or ulna	\$607.05	\$607.05
25391		revise radius or ulna	\$772.92	\$772.92
25392	1	revise radius & ulna	\$784.64	\$784.64

	Nurse Practitioner Fee Schedule		
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25394	osteoplasty, carpal bone, shortening	\$566.18	\$566.18
25400	repair radius or ulna	\$636.99	\$636.99
25405 25415	repair of nonunion or malunion, radius or ulna; with autograft (includes repair radius & ulna	\$811.09 \$761.55	\$811.09 \$761.55
25420	repair radius & unia repair of nonunion or malunion, radius and ulna; with autograft (includes	\$907.69	\$907.69
25425	repair/graft radius or ulna	\$782.87	\$782.87
25426	repair/graft radius & ulna	\$823.62	\$823.62
25430	insertion of vascular pedicle into carpal bone (eg, harii procedure)	\$515.78	\$515.78
25431	repair of nonunion of carpal bone (excluding carpal scaphoid (navicular))	\$571.84	\$571.84
25440	repair of nonunion, scaphoid carpal (navicular) bone, with or without radial	\$568.01	\$568.01
25441 25442	arthroplasty prosthetic replacement dietal ul	\$689.10 \$586.63	\$689.10 \$586.63
25442 25443	arthroplasty with prosthetic replacement distal ul arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	\$562.65	\$586.63 \$562.65
25444	arthroplasty with prosthetic replacement lunate	\$600.46	\$600.46
25445	arthroplasty with prothetic replacement trapezium	\$525.49	\$525.49
25446	arthroplasty w prost repla distal radius a part or	\$867.56	\$867.56
25447	arthroplasty, interposition, intercarpal or carpometacarpal joints	\$592.84	\$592.84
25449	arthroplasty with removal of implant	\$759.59	\$759.59
25450 25455	revision of wrist joint revision of wrist joint	\$439.94 \$502.00	\$439.94 \$502.00
25490	prophylactic treatment radius	\$552.23	\$552.23
25491	prophylactic treatment ulna	\$582.73	\$582.73
25492	prophylactic treatment radius and ulna	\$703.28	\$703.28
25500	treat fracture of radius	\$161.80	\$176.90
25505	repair fracture of radius	\$321.35	\$346.53
25515 25520	repair fracture of radius	\$483.99	\$483.99
25525	closed treatment of radial shaft fracture and closed treatment of dislocation open tx radial shaft fx & closed tx radioulnar int	\$366.35 \$585.00	\$383.41 \$585.00
25526	open treatment of radial shaft fracture, with internal and/or external fixation	\$718.38	\$718.38
25530	treat fracture of ulna	\$154.07	\$170.86
25535	repair fracture of ulna	\$315.94	\$336.08
25545	repair fracture of ulna	\$452.36	\$452.36
25560	treat fracture radius & ulna	\$160.93	\$179.12
25565 25574	repair fracture radius/ulna open tx radial/ulnar shaft fxs	\$334.04 \$476.14	\$363.14 \$476.14
25575	repair fracture radius/ulna	\$648.73	\$648.73
25600	treat fracture radius/ulna	\$176.98	\$195.15
25605	repair fracture radius/ulna	\$405.50	\$427.32
25606	percutaneous skeletal fixaton of distal radial fracture or epiphyseal separation	\$475.60	\$475.60
25607	open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	\$515.05	\$515.05
25608	open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation of		\$588.10
25609 25622	open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation or rx closed carpal scaphoid fx without manipulation	\$751.32 \$180.68	\$751.32 \$199.98
25624	rx closed carpal scaphold fx with manipulation	\$291.11	\$317.40
25628	open rx closef or open carpal scaphoid fracture	\$517.55	\$517.55
25630	treat wrist fracture(s)	\$186.23	\$205.25
25635	repair wrist fracture(s)	\$269.67	\$300.46
25645	open treatment of carpal bone fracture (other than carpal scaphoid	\$408.04	\$408.04
25650	treatment of closed ulnar styloid fracture	\$197.83	\$214.06
25651 25652	percutaneous skeletal fixation of ulnar styloid fracture open treatment of ulnar styloid fracture	\$336.83 \$444.58	\$336.83 \$444.58
25660	repair wrist dislocation	\$281.44	\$281.44
25670	open rx of closed or open radiocarpal or intercarp	\$440.46	\$440.46
25671	percutaneous skeletal fixation of distal radioulnar dislocation	\$370.90	\$370.90
25675	repair wrist dislocation	\$274.45	\$296.54
25676	repair wrist dislocation	\$456.03	\$456.03
25680	repair wrist fracture	\$326.13	\$326.13
25685	repair wrist fracture	\$531.40	\$531.40
25690 25695	repair wrist dislocation repair wrist dislocation	\$328.60 \$457.85	\$328.60 \$457.85

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25800		arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/ or	\$541.70	\$541.70
25805 25810		fusion/graft of wrist fusion/graft of wrist	\$624.71 \$630.69	\$624.71 \$630.69
25820		arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	\$441.62	\$441.62
25825		intercarpal fusion, w/ autogenous bone graft	\$544.68	\$544.68
25830		arthrodesis, distal radioulnar joint with segmental resection of ulna, with or	\$678.39	\$678.39
25900		amputation forearm through radius and ulna	\$542.68	\$542.68
25905		amputation of forearm	\$536.81	\$536.81
25907		amputation forearm, w secondary closure	\$468.06	\$468.06
25909		amputation follow-up surgery	\$527.71	\$527.71
25915 25920		amputation of forearm disarticulation through wrist	\$926.12 \$496.52	\$926.12 \$496.52
25920		amputation secondary closure or scar revision	\$419.61	\$419.61
25924		reamputation	\$484.83	\$484.83
25927		transmetacarpal amputation	\$561.44	\$561.44
25929		transmetacarp amput sec closure or scar revision	\$406.67	\$406.67
25931		transmetacarpal reamputation	\$511.15	\$511.15
26010		drainage of finger abscess	\$93.99	\$173.73
26011 26020		drainage of finger abscess complicated drainage of tendon sheath, digit and/or palm, each	\$131.36 \$302.80	\$264.80 \$302.80
26025		drainage of teritori sheath, digit and/or paint, each	\$296.14	\$296.14
26030		drainage of palmar bursa; multiple bursa	\$350.54	\$350.54
26034		incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	\$379.59	\$379.59
26035		decompression finger/hand	\$593.40	\$593.40
26037		decompressive fasciotomy hand	\$409.87	\$409.87
26040		fasciotomy, palmar (eg, dupuytren s contracture); percutaneous	\$216.74	\$216.74
26045 26055		release palm contracture tendon sheath incision (eg, for trigger finger)	\$331.60 \$207.24	\$331.60 \$386.57
26060		tendon sheath incision (eg, for trigger iniger) tenotomy, percutaneous, single, each digit	\$185.46	\$185.46
26070		arthrotomy, with exploration, drainage, or removal of loose or foreign body;	\$212.10	\$212.10
26075		arthrotomy, with exploration, drainage, or removal of loose or foreign body;	\$224.47	\$224.47
26080		exploration of finger joint	\$270.42	\$270.42
26100		arthrotomy with biopsy; carpometacarpal joint, each	\$227.19	\$227.19
26105 26110		arthrotomy with biopsy; metacarpophalangeal joint, each	\$232.43 \$223.04	\$232.43 \$223.04
26111		arthrotomy with synovial biopsy; interphalangeal joint, each excision, tumor or vascular malformation, soft tissue of hand or finger, subcuta	\$244.88	\$244.88
26113		Excision, tumor, soft tissue, or vacular malformation, of hand or finger, subfascial (eq. intramuscular);	\$322.29	\$322.29
26115		excision, tumor or vascular malformation, soft tissue of hand or finger;	\$252.69	\$425.58
26116		excision, tumor or vascular malformation, soft tissue of hand or finger; deep	\$340.77	\$340.77
26117		radical resection soft tissue tumor, hand/finger	\$467.27	\$467.27
26118		Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; 3 cm or greater	\$631.45	\$631.45
26121 26123		fasciectomy, palm only, with or without z-plasty, other local tissue fasciectomy, partial palmar with release of single digit including proximal	\$428.85 \$587.27	\$428.85 \$587.27
26130		exploration hand joint	\$324.19	\$324.19
26135		exploration finger joint	\$395.37	\$395.37
26140		exploration finger joint	\$359.09	\$359.09
26145		synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm	\$365.15	\$365.15
26160		excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or	\$226.22	\$387.93
26170		removal of palm tendon	\$286.58	\$286.58
26180 26185		excision of tendon, finger, flexor (separate procedure), each tendon sesamoidectomy, thumb or finger (separate procedure)	\$313.31 \$374.53	\$313.31 \$374.53
26200		removal of joint lesion	\$322.12	\$322.12
26205		removal/graft joint lesion	\$433.53	\$433.53
26210		removal of finger lesion	\$311.76	\$311.76
26215		removal/graft finger lesion	\$397.32	\$397.32
26230		partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$360.88	\$360.88
26235		partial removal finger bone	\$354.38	\$354.38
26236 26250		partial removal finger bone radical resection, metacarpal; (eg, tumor)	\$313.62 \$419.09	\$313.62 \$419.09
26260		radical resection, metacarpal, (eg, turnor) radical resection, proximal or middle phalanx of finger (eg, tumor);	\$392.42	\$392.42

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26262	radical resection, distal phalanx of finger (eg, tumor)	\$327.24	\$327.24
26320	removal of implant from hand	\$243.67	\$243.67
26340 26350	manipulation, finger joint, under anesthesia, each joint repair or advancement, flexor tendon, not in zone 2 digital flexor tendon	\$216.80 \$502.43	\$216.80 \$502.43
26352	repair/graft tendon	\$573.03	\$573.03
26356	repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath	\$748.86	\$748.86
26357	flexor tendon repair,secondary,each tendon	\$616.11	\$616.11
26358	repair/graft tendon	\$651.66	\$651.66
26370	repair or advancement of profundus tendon, with intact superficialis tendon;	\$545.23	\$545.23
26372	repair or advancement of profundus tendon, with intact superficialis tendon;	\$633.38	\$633.38
26373 26390	repair or advancement of profundus tendon, with intact superficialis tendon;	\$601.63 \$592.93	\$601.63 \$592.93
26390	excision flexor tendon, with implantation of synthetic rod for delayed tendon removal of synthetic rod and insertion of flexor tendon graft, hand or finger	\$592.93 \$692.34	\$592.93 \$692.34
26410	repair, extensor tendon, hand, primary or secondary; without free graft, each	\$399.21	\$399.21
26412	repair/graft tendon	\$486.26	\$486.26
26415	excision of extensor tendon, with implantation of synthetic rod for delayed	\$514.84	\$514.84
26416	removal of synthetic rod and insertion of extensor tendon graft (includes	\$552.15	\$552.15
26418	repair, extensor tendon, finger, primary or secondary; without free graft, each	\$400.07	\$400.07
26420 26426	repair/graft tendon repair of extensor tendon, central slip, secondary (eg, boutonniere deformity);	\$505.73 \$408.57	\$505.73 \$408.57
26428	repair of extensor tendon, central slip, secondary (eg, boutonniere deformity);	\$531.74	\$531.74
26432	closed treatment of distal extensor tendon insertion, with or without	\$349.10	\$349.10
26433	repair of extensor tendon, distal insertion, primary or secondary; without	\$375.08	\$375.08
26434	repair/graft tendon	\$451.42	\$451.42
26437	realignment of extensor tendon, hand, each tendon	\$439.69	\$439.69
26440	tenolysis, flexor tendon; palm or finger; each tendon	\$439.92 \$670.11	\$439.92
26442 26445	release tendon palm & finger tenolysis, extensor tendon, hand or finger; each tendon	\$670.11 \$407.57	\$670.11 \$407.57
26449	tenolysis, extensor tendon, riand of iniger, each tendon tenolysis, complex, extensor tendon, finger, including forearm, each tendon	\$539.46	\$539.46
26450	tenotomy, flexor, palm, open, each tendon	\$283.54	\$283.54
26455	tenotomy, flexor, finger, open, each tendon	\$281.60	\$281.60
26460	tenotomy, extensor, hand or finger, open, each tendon	\$273.63	\$273.63
26471	tenodesis; of proximal interphalangeal joint, each joint	\$433.14	\$433.14
26474 26476	tenodesis; of distal joint, each joint lengthenig of tendon, extensor, hand or finger, each tendon	\$415.08 \$404.15	\$415.08 \$404.15
26477	shortening of tendon, extensor, hand or finger, each tendon	\$407.55	\$407.55
26478	lengthening of tendon, flexor, hand or finger, each tendon	\$442.91	\$442.91
26479	shortening of tendon, flexor, hand or finger, each tendon	\$438.13	\$438.13
26480	transfer or transplant of tendon, carpometacarpal area or dorsum of hand;	\$532.31	\$532.31
26483	tendon transplant	\$602.64	\$602.64
26485 26489	transfer or transplant of tendon, palmar; without free tendon graft, each tendon	\$576.82 \$626.47	\$576.82 \$626.47
26489	tendon transplant & graft opponensplasty; superficialis tendon transfer type, each tendon	\$626.47 \$559.43	\$626.47 \$559.43
26492	opponensplasty; tendon transfer with graft (includes obtaining graft), each	\$624.03	\$624.03
26494	tendon/muscle transfer	\$566.23	\$566.23
26496	repair thumb tendon	\$615.11	\$615.11
26497	transfer of tendon to restore intrinsic function; ring and small finger	\$615.42	\$615.42
26498 26499	sublimis transfer to correct claw finger 2/3/4/5	\$824.93	\$824.93
26499	correct claw finger first stg reconstruction of tendon pulley, each tendon; with local tissues (separate	\$587.74 \$442.44	\$587.74 \$442.44
26502	tendon reconstruction/graft	\$500.44	\$500.44
26508	release of thenar muscle(s) (eg, thumb contracture)	\$444.93	\$444.93
26510	cross intrinsic transfer, each tendon	\$421.22	\$421.22
26516	capsulodesis, metacarpophalangeal joint; single digit	\$499.06	\$499.06
26517	fusion of knuckle joints	\$588.70	\$588.70
26518	fusion of knuckle joints	\$594.41	\$594.41
26520 26525	capsulectomy or capsulotomy; metacarpophalangeal joint, each joint capsulectomy or capsulotomy; interphalangeal joint, each joint	\$460.00 \$461.94	\$460.00 \$461.94
26530	arthroplasty, metacarpophalangeal joint; each joint	\$383.30	\$383.30
26531	arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	\$446.49	\$446.49

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
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26535		arthroplasty, interphalangeal joint; each joint	\$287.77	\$287.77
26536		arthroplasty, interphalangeal joint; with prosthetic implant, each joint	\$474.75	\$474.75
26540		repair of collateral ligament, metacarpophalangeal or interphalangeal joint	\$467.89	\$467.89
26541 26542		reconstruction, collateral ligament, metacarpophalangeal joint, single, with prim repair collateral ligament w/ local tissue	\$573.56 \$484.09	\$573.56 \$484.09
26545		reconstruct finger joint	\$492.84	\$492.84
26546		repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or	\$693.55	\$693.55
26548		repair/reconstruct finger volar plate	\$543.55	\$543.55
26550		construct thumb replacement	\$1,082.18	\$1,082.18
26551		transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around	\$2,361.46	\$2,361.46
26553		toe-to-hand transfer with microvascular anastomosis; other than great toe,	\$2,074.81	\$2,074.81
26554		toe-to-hand transfer with microvascular anastomosis; other than great toe,	\$2,705.27	\$2,705.27
26555 26556		transfer, finger to another position without microvascular anastomosis	\$988.67 \$2,143.41	\$988.67 \$2,143.41
26560		transfer, free toe joint, with microvascular anastomosis repair of web finger	\$402.66	\$402.66
26561		repair of web finger	\$650.56	\$650.56
26562		repair of web finger	\$947.97	\$947.97
26565		osteotomy; metacarpal, each	\$479.69	\$479.69
26567		osteotomy; phalanx of finger, each	\$484.55	\$484.55
26568		osteoplasty, lengthening, metacarpal or phalanx	\$638.22	\$638.22
26580		repair hand deformity	\$1,011.34	\$1,011.34
26587 26590		reconstruction of polydactylous digit, soft tissue and bone repair macrodactylia, each digit	\$694.44 \$922.54	\$694.44 \$922.54
26591		repair inactodactylia, each digit repair, intrinsic muscles of hand, each muscle	\$306.25	\$306.25
26593		release, intrinsic muscles of hand, each muscle	\$419.94	\$419.94
26596		excision of constricting ring w/ z-plasties	\$525.99	\$525.99
26600		treat metacarpal fracture	\$172.51	\$186.22
26605		repair metacarpal fracture	\$197.03	\$215.21
26607		closed treatment of metacarpal fracture, with manipulation, with external	\$311.49	\$311.49
26608 26615		percutaneous fix. metacarpal fx, each bone repair metacarpal fracture	\$336.37 \$391.38	\$336.37 \$391.38
26641		treatment carpometacarp disloc thumb w/manipulatio	\$228.08	\$248.49
26645		repair thumb dislocation	\$262.74	\$283.73
26650		repair thumb dislocation	\$336.13	\$336.13
26665		repair thumb dislocation	\$434.68	\$434.68
26670		closed treatment of carpometacarpal dislocation, other than thumb, with	\$203.68	\$224.66
26675		repair hand dislocation	\$280.86	\$302.69
26676 26685		percutaneous skeletal fixation of carpometacarpal dislocation, other than open treatment of carpometacarpal dislocation, other than thumb; with or	\$352.44 \$401.39	\$352.44 \$401.39
26686		open treat clo/open carpometaca par dislocation, other than thumb, with or open treat clo/open carpometaca dislo cmpl/mul/del	\$445.75	\$445.75
26700		repair finger dislocation	\$200.67	\$214.66
26705		repair finger dislocation	\$255.92	\$277.46
26706		treatment of closed metacarpophalangeal dislocatio	\$306.23	\$306.23
26715		repair finger dislocation	\$391.97	\$391.97
26720		treat finger fractures	\$118.41	\$129.03
26725		rx closed phalangeal shaft fx prox or mid phalanx repair finger fractures	\$208.93	\$231.59
26727 26735		repair linger fractures	\$330.55 \$408.45	\$330.55 \$408.45
26740		closed treatment of articular fracture, involving metacarpophalangeal or	\$141.38	\$150.34
26742		treat clsd art fx w/manipulation	\$232.02	\$254.13
26746		open treatment of articular fracture, involving metacarpophalangeal or	\$501.36	\$501.36
26750		treat finger fracture	\$117.84	\$120.91
26755		repair finger fracture	\$186.40	\$212.71
26756		treatment of closed distal phalangeal fx w/ pinnin	\$290.90	\$290.90
26765 26770		open rx closed or open distal phalangeal fx finger repair finger dislocation	\$331.64 \$167.13	\$331.64 \$181.95
26775		repair finger dislocation repair finger dislocation	\$167.13	\$181.95
26776		treatment of closed interphalangeal joint dislocat	\$309.77	\$309.77
26785		open rx closed or open interphalangeal joint dislo	\$362.25	\$362.25
26820		thumb fusion with graft	\$560.26	\$560.26

	Nurse Practitioner Fee Schedule		
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26841	thumb fusion	\$517.65	\$517.65
26842	thumb fusion with graft	\$563.53	\$563.53
26843	arthrodesis, carpometacarpal joint, digit, other than thumb, each;	\$521.47	\$521.47
26844 26850	fusion/graft of hand joint fusion of knuckle	\$582.46 \$493.67	\$582.46 \$493.67
26852	fusion of knuckle with graft	\$567.14	\$567.14
26860	finger joint fusion	\$394.07	\$394.07
26862	fusion/graft of finger joint	\$514.95	\$514.95
26910	amputation metacarpal bone	\$507.68	\$507.68
26951	amputation of finger	\$437.00	\$437.00
26952	amputation of finger	\$458.74	\$458.74
26990	incision/drainage abscess or hematoma	\$444.59	\$444.59
26991	incison/drainage infected bursa	\$376.17	\$493.10
26992	incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone	\$703.08	\$703.08
27000 27001	tenotomy, adductor of hip, percutaneous (separate procedure) tenotomy, adductor of hip, open	\$322.85 \$391.99	\$322.85 \$391.99
27001	incision of hip tendon	\$421.10	\$421.10
27005	tenotomy, hip flexor(s), open (separate procedure)	\$532.47	\$532.47
27006	tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	\$537.85	\$537.85
27025	incision of hip fascia	\$652.53	\$652.53
27030	arthrotomy, hip, with drainage (eg, infection)	\$696.42	\$696.42
27033	arthrotomy, hip, including exploration or removal of loose or foreign body	\$720.98	\$720.98
27035	denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of	\$809.83	\$809.83
27036	capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone,	\$736.76	\$736.76
27040	biopsy soft tissue superficial	\$147.97	\$239.45
27041 27043	biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or great	\$504.17 \$278.69	\$504.17 \$278.69
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or		\$443.22
27047	excision, tumor, pelvis and hip area; subcutaneous tissue	\$376.14	\$444.11
27048	excision benign tumor deep	\$344.74	\$344.74
27049	radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant	\$734.41	\$734.41
27050	arthrotomy, with biopsy; sacroiliac joint	\$252.02	\$252.02
27052	biopsy of hip joint	\$402.01	\$402.01
27054	arthrotomy with synovectomy, hip joint	\$494.18	\$494.18
27059 27060	Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area; 5 removal of ischial bursa	<u> </u>	\$1,087.64
27060	removal of femur lesion	\$311.01 \$324.14	\$311.01 \$324.14
27065	removal of hip bone lesion	\$361.86	\$361.86
27066	excision of bone cyst or tumor deep with or withou	\$589.75	\$589.75
27067	excision benign tumor w/bone graft req seperate in	\$749.17	\$749.17
27070	partial excision (craterization, saucerization) (eg, osteomyelitis or bone	\$617.35	\$617.35
27071	partial excision (craterization, saucerization) (eg, osteomyelitis or bone	\$662.65	\$662.65
27075	radical resection of tumor or infection; wing of ilium, one pubic or ischial	\$1,718.86	\$1,718.86
27076	partial removal of hip bone	\$1,183.36	\$1,183.36
27077	removal of hip bone	\$1,986.50	\$1,986.50
27078 27080	partial removal of hip bones coccygectomy primary	\$746.04 \$357.77	\$746.04 \$357.77
27086	removal foreign body subcutaneous tissue	\$107.00	\$171.34
27087	removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	\$460.55	\$460.55
27090	removal of hip prosthesis	\$610.00	\$610.00
27091	removal of hip prosthesis; complicated, including total hip prosthesis,	\$1,185.81	\$1,185.81
27095	injection procedure for hip arthrography with anes	\$63.71	\$167.51
27096	injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	\$53.67	\$127.81
27097	release or recession, hamstring, proximal	\$486.19	\$486.19
27098 27100	transfer, adductor to ischium	\$454.81 \$500.35	\$454.81
27100	transfer of abdominal muscle transfer of spinal muscle	\$599.35 \$627.79	\$599.35 \$627.79
27110	transfer iliopsoas; to greater trochanter of femur	\$702.09	\$702.09
27110	transfer iliopsoas, to greater troorianter or lentur	\$626.85	\$626.85
27120	reconstruction of hip	\$953.60	\$953.60

	Nurse Practitioner Fee Schedule		
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07/00		0015-51	
27122 27125	acetabuloplasty; resection, femoral head (eg, girdlestone procedure) hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar	\$815.75	\$815.75
27130	arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip	\$830.95 \$1,072.82	\$830.95 \$1,072.82
27132	conversion of previous hip surgery to total hip arthroplasty, with or without	\$1,254.24	\$1,254.24
27134	revision of total hip, both components	\$1,456.59	\$1,456.59
27137	revision of total hip, acetabular component only	\$1,108.98	\$1,108.98
27138	revision of total hip, femoral component only	\$1,154.52	\$1,154.52
27140	osteotomy and transfer of greater trochanter of femur (separate procedure)	\$661.34	\$661.34
27146	incision of hip bone	\$934.77	\$934.77
27147 27151	osteotomy with open reduction of hip incision of hip bones	\$1,089.58 \$1.137.67	\$1,089.58 \$1,137.67
27156	revision of hip bones	\$1,137.67	\$1,137.67
27158	osteotomy, pelvis, bilateral (eg, congenital malformation)	\$1,022.42	\$1,022.42
27161	incision of neck of femur	\$903.35	\$903.35
27165	osteotomy including internal or external fixation	\$1,009.60	\$1,009.60
27170	repair/graft femur	\$874.77	\$874.77
27175	treatment of slipped femoral epiphysis;	\$485.21	\$485.2
27176 27177	treatment slipped epiphysis repair slipped epiphysis	\$670.71 \$819.09	\$670.7′ \$819.09
27178	open rx slipped fem epiphysis closed manip w/singl	\$663.84	\$663.84
27179	revision of neck of femur	\$715.36	\$715.36
27181	fixation slipped epiphysis	\$797.36	\$797.36
27185	epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	\$505.78	\$505.78
27187	prophylactic tx femoral neck and proximal femur	\$733.36	\$733.36
27193	closed tx pelvic ring fx; wo manipulation	\$337.19	\$334.40
27194 27200	closed tx pelvic ring fx; w/ manipulation repair tail bone fracture	\$523.10 \$123.19	\$523.10 \$120.68
27202	repair tail bone fracture	\$461.45	\$461.45
27215	open tx of iliac spine w/internal fixation	\$541.74	\$541.74
27216	percutaneous skeletal fx post pelvic ring fx/dislocation	\$792.98	\$792.98
27217	open tx ant. ring fx/dislocation w/internal fix	\$749.94	\$749.94
27218	open tx post ring fx/dislocation w/internal fix.	\$1,026.70	\$1,026.70
27220	treatment hipsocket fracture	\$374.26	\$376.79
27222 27226	repair hipsocket fracture open tx post/ant. acetabular wall fx, internal fix	\$718.99 \$766.52	\$718.99 \$766.52
27227	open treatment acetabular fx w/internal fix.	\$1,242.32	\$1,242.32
27228	open tx acetabular fx w/internal fixation	\$1,423.49	\$1,423.49
27230	treatment fracture of femur	\$330.47	\$334.66
27232	repair fracture of femur	\$572.40	\$572.40
27235	fixation of femur fracture	\$670.51	\$670.5
27236 27238	open treatment of femoral fracture, proximal end, neck, internal fixation or treatment of femur fracture	\$878.66	\$878.66
27240	rx closed intertrochanteric or pertro femoral fx w	\$323.89 \$701.78	\$323.89 \$701.78
27244	fixation of femur fracture	\$904.03	\$904.03
27245	open tx femoral fx; w/intramedullary implant	\$936.04	\$936.04
27246	treatment of femur fracture	\$274.73	\$274.18
27248	repair of femur fracture	\$553.93	\$553.93
27250	repair of hip dislocation	\$175.54 \$554.59	\$175.54
27252 27253	repair of hip dislocation repair of hip dislocation	\$554.58 \$696.98	\$554.58 \$696.98
27254	repair of hip dislocation	\$943.74	\$943.74
27256	treatment of hip dislocation	\$181.56	\$212.89
27257	repair of hip dislocation	\$248.33	\$248.33
27258	repair of hip dislocation	\$817.92	\$817.92
27259	open rx closed/open acetab fx w/femoral shaft shor	\$1,148.63	\$1,148.63
27265	tx atraumatic hip dislocation w/o anesthesia	\$281.07	\$281.0
27266	tx atraumatic hip dislocation w/ gen anesthesia	\$420.09	\$420.09
27267 27268	closed treatment of femoral fracture, proximal end, head; without manipulation closed treatment of femoral fracture, proximal end, head; with manipulation	\$299.52 \$371.87	\$299.52 \$371.87
27269	open treatment of femoral fracture, proximal end, head, includes internal fixation, when pe		\$899.9

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.=.=		*	*
27275	manipulation of hip joint	\$130.17	\$130.17
27279 27280	fusion sacroiliac joint through the skin or minimally invasive using image guidance fusion of sacroiliac joint	\$456.48 \$756.07	\$456.48 \$756.07
27282	fusion of pubic bones	\$593.13	\$593.13
27284	arthrodesis, hip joint (including obtaining graft);	\$1,156.90	\$1,156.90
27286	fusion of hip joint	\$1,218.91	\$1,218.91
27290	amputation of leg at hip	\$1,165.32	\$1,165.32
27295	amputation of leg at hip	\$940.91	\$940.91
27301	incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	\$358.19	\$465.63
27303 27305	incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis incision of tendon & fascia	\$463.86 \$337.83	\$463.86 \$337.83
27305	tenotomy, percutaneous, adductor or hamstring; single tendon (separate	\$272.78	\$272.78
27307	tenotomy, percutaneous, adductor or hamstring; multiple tendons	\$336.45	\$336.45
27310	arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg,	\$529.44	\$529.44
27323	biopsy soft tissues superficial	\$128.72	\$186.35
27324	biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	\$275.16	\$275.16
27325	neurectomy, hamstring muscle	\$381.93	\$381.93
27326 27327	neurectomy, popliteal (gastrocnemius) excision benign tumor subcutaneous	\$352.00 \$251.37	\$352.00 \$317.39
27328	excision bengin tumor subcutaneous exc bengin tumor deep	\$303.86	\$303.86
27329	radical resection soft tissue tumor thigh/knee	\$762.76	\$762.76
27330	arthrotomy, knee; with synovial biopsy only	\$288.05	\$288.05
27331	arthrotomy, knee; including joint exploration, biopsy, or removal of loose or	\$340.47	\$340.47
27332	arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or	\$462.89	\$462.89
27333	arthrotomy knee exc semilunar cartilage medial and	\$418.96	\$418.96
27334 27335	arthrotomy, with synovectomy knee; anterior or posterior arthrotomy knee anterior and posterior including p	\$493.23 \$558.55	\$493.23 \$558.55
27337	excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or great	\$248.63	\$248.63
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	\$447.83	\$447.83
27340	removal of kneecap bursa	\$259.80	\$259.80
27345	excision of synovial cyst of popliteal space (eg, baker s cyst)	\$344.67	\$344.67
27347	excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	\$369.99	\$369.99
27350 27355	removal of kneecap removal of femur lesion	\$471.08 \$436.55	\$471.08 \$436.55
27356	removal & graft femur lesion	\$536.27	\$536.27
27357	removal & graft femur lesion	\$594.69	\$594.69
27360	partial excision (craterization, saucerization, or diaphysectomy) bone, femur,	\$618.56	\$618.56
27364	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area; 5 cm or greate	\$935.72	\$935.72
27365	radical resection of tumor, bone, femur or knee	\$905.11	\$905.11
27372 27380	removal foreign body deep	\$290.69 \$426.49	\$416.30 \$426.49
27380	repair kneecap tendon repair/graft kneecap tendon	\$426.49 \$583.47	\$426.49 \$583.47
27385	repair of thigh muscle	\$457.15	\$457.15
27386	repair/graft of thigh muscle	\$605.00	\$605.00
27390	tenotomy, open, hamstring, knee to hip; single tendon	\$316.17	\$316.17
27391	tenotomy, open, hamstring, knee to hip; multiple tendons, one leg	\$412.96	\$412.96
27392	tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	\$510.20	\$510.20
27393 27394	lengthening of hamstring tendon; single tendon lengthening of hamstring tendon; multiple tendons, one leg	\$365.95 \$473.95	\$365.95 \$473.95
27394	lengthening of hamstring tendon; multiple tendons, one reg	\$643.05	\$643.05
27396	transplant, hamstring tendon to patella; single tendon	\$445.11	\$445.11
27397	transplant, hamstring tendon to patella; multiple tendons	\$657.28	\$657.28
27400	transfer, tendon or muscle, hamstrings to femur (eg, egger s type procedure)	\$496.42	\$496.42
27403	arthrotomy with meniscus repair, knee	\$466.28	\$466.28
27405	repair of knee ligament	\$491.31	\$491.31
27407 27409	repair of knee ligament repair of knee ligaments	\$562.46 \$707.86	\$562.46 \$707.86
27409	osteochondral allograft, knee, open	\$1,027.64	\$1,027.64
27416	osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))	\$710.46	\$710.46
27418	anterior tibial tubercleplasty (eg, maquet type procedure)	\$610.00	\$610.00

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Criariyes ari	ia deletion	to this schedule.		
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27420	l le	econstruction of dislocating patella; (eg, hauser type procedure)	\$545.85	\$545.85
27422		econstruction of dislocating patella; (eg, nauser type procedure) econstruction of dislocating patella; with extensor realignment and/or muscle	\$543.58	\$543.58
27424		evision/removal of kneecap	\$545.04	\$545.04
27425		ateral retinacular release	\$315.99	\$315.99
27427	r	econstruction knee extra-articular	\$523.19	\$523.19
27428		econstruction knee intra-articular	\$807.06	\$807.06
27429		econstruction knee intra and extra articular	\$904.05	\$904.05
27430		uadricepsplasty (eg, bennett or thompson type)	\$540.19	\$540.19
27435 27437	0	apsulotomy, posterior capsular release, knee Irthrplasty patella w/o prosthesis	\$579.13 \$479.97	\$579.13 \$479.97
27437		irtnrplasty patella w/o prostnesis irthroplasty patella w/prosthesis	\$479.97 \$616.52	\$479.97 \$616.52
27440		epair of knee joint	\$563.63	\$563.63
27441		epair of knee joint	\$582.22	\$582.22
27442		rthroplasty, femoral condyles or tibial plateau(s), knee;	\$638.76	\$638.76
27443	r	epair of knee joint	\$597.69	\$597.69
27445		rthroplasty, knee, hinge prosthesis (eg, walldius type)	\$934.10	\$934.10
27446		otal knee replacement	\$827.92	\$827.92
27447		orthroplasty, knee, condyle and plateau; medial and lateral compartments with	\$1,148.49	\$1,148.49
27448 27450		steotomy femur shaft or supracondylar w/o fixatio steotomy femur shaft or supracondylar with fixati	\$602.24 \$751.12	\$602.24 \$751.12
27454		steotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg,	\$949.60	\$949.60
27455		steotomy, matapie, with realignment of mataneounlary roa, remoral shall (eg,	\$693.68	\$693.68
27457		steotomy proximal tibia after epiphyseal closure	\$715.33	\$715.33
27465		evision of femur	\$902.92	\$902.92
27466	r	evision of femur	\$874.37	\$874.37
27468		steoplasty, femur;	\$991.62	\$991.62
27470		epair of femur	\$871.59	\$871.59
27472		epair/graft of femur	\$942.98	\$942.98
27475 27477		ırrest, epiphyseal, any method (eg, epiphydiodesis); distal femur epair lower leg epiphyses	\$477.47 \$535.91	\$477.47 \$535.91
27479		epair lower leg epiphyses	\$691.00	\$691.00
27485		rrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu	\$488.74	\$488.74
27486		evision of total knee arthroplasty, one component	\$1,047.31	\$1,047.31
27487		evision of total knee arthroplasty, with or without allograft; femoral and	\$1,322.92	\$1,322.92
27488	r	emoval of prosthesis, including total knee prosthesis, methylmethacrylate with	\$885.04	\$885.04
27495		rophylactic treatment femur	\$838.27	\$838.27
27496		lecompression fasciotomy, thigh/knee, 1 compart.	\$363.92	\$363.92
27497		lecompression fasciotomy, thigh/knee w/ debridement	\$396.49	\$396.49
27498 27499		lecompression fasciotomy, thigh/knee, multiple lecompression fasciotomy; thigh/knee w/ debridement	\$432.57 \$479.57	\$432.57 \$479.57
27500		reatment of femur fracture	\$341.37	\$365.44
27501		losed treatment of supracondylar or transcondylar femoral	\$355.01	\$359.77
27502		reatment of closed femoral shaft fracture with ma	\$577.37	\$577.37
27503	C	losed tx supra/transcondylar fem fx; w/manipula.	\$586.95	\$586.95
27506	r	epair of femur fx w/insertion intramedullary implant	\$983.87	\$983.87
27507		pen tx fem shaft fx with plate screws	\$729.12	\$729.12
27508		reatment of femur fracture	\$348.52	\$368.11
27509		percutaneous skeletal fixation of femoral fracture, distal end, medial or	\$464.64	\$464.64
27510 27511		epair of femur fracture	\$509.54 \$755.21	\$509.54 \$755.21
27511		pen tx femoral fx wo intercondylar extension pen tx femoral fx w/intercondylar extension	\$755.21 \$950.76	\$950.76
27513		epair of femur fracture	\$762.22	\$762.22
27514		reatment of femur epiphysis	\$325.28	\$343.74
27517		epair of femur epiphysis	\$488.02	\$488.02
27519		epair of femur epiphysis	\$689.25	\$689.25
27520	tı	reatment kneecap fracture	\$195.82	\$215.41
27524		epair of kneecap fracture	\$551.43	\$551.43
27530		reatment of knee fracture	\$253.38	\$271.30
27532		epair of knee fracture	\$415.05	\$437.16

	Nurse Practitioner Fee Schedule		
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27536	tx tibial fx bicondylar	\$876.5	4 \$876.54
27538	treatment of knee fracture	\$305.9	
27540	repair knee fracture	\$609.5	
27550 27552	repair knee dislocation repair knee dislocation	\$322.9i	
27556	open rx closed or open knee disloc w/o primary lig	\$677.6	·
27557	osteotomy proximal tibia bilateral with primary li	\$811.8	
27558	open tx knee dislocation; with lig repair	\$912.2	3 \$912.23
27560	repair kneecap dislocation	\$229.3	
27562	repair kneecap dislocation	\$330.9	
27566 27570	repair kneecap dislocation fixation of knee joint	\$657.7- \$105.9-	
27580	arthrodesis, knee, any technique	\$1,067.6	
27590	amputation of leg	\$614.1	
27591	amputation thigh thru fem immed fit tech includ fi	\$678.1	
27592	amputation of leg	\$519.9	
27594 27596	amputation follow-up surgery amputation follow-up surgery	\$374.3 \$544.1	• • • •
27598	amputation of lower leg	\$552.5	
27600	decompression of leg	\$310.8	
27601	fasciotomy leg for closedspace decompression, ant.	\$321.7	2 \$321.72
27602	decompression of leg	\$382.1	
27603	incision and drainage deep abscess or hematoma	\$280.9	
27604 27605	incision and drainage infected bursa tenotomy, percutaneous, achilles tendon (separate procedure); local an	\$247.5- esthesia \$148.7-	
27606	tenotomy achilles tendon subcutaneous general anes	\$218.4	
27607	incision (eg, osteomyelitis or bone abscess), leg or ankle	\$449.8	0 \$449.80
27610	arthrotomy, ankle, including exploration, drainage, or removal of foreign	body \$480.0	
27612	arthrotomy, posterior capsular release, ankle, with or without achilles te		
27613 27614	biopsy soft tissues superficial biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscula	\$120.9ar) \$300.6	
27615	radical resection soft tissue tumor leg/ankle	\$648.1	
27616	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg of		
27618	excision, tumor, leg or ankle area; subcutaneous tissue	\$278.3	
27619	excision benign tumor deep subfascial or intramusc	\$432.8	
27620 27625	biopsy of ankle joint arthrotomy, ankle, with synovectomy:	\$336.9 \$437.4	
27625	exploration of ankle joint	\$437.4	
27630	removal of tendon lesion	\$271.1	
27632	excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or		
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramus	,	
27635	removal of bone lesion	\$433.8	
27637 27638	removal/graft of bone lesion removal/graft of bone lesion	\$550.6 \$574.6	
27640	partial excision (craterization, saucerization, or diaphysectomy) bone (e		·
27641	partial removal of fibula	\$510.2	
27645	radical resection of tumor, bone; tibia	\$772.6	
27646	removal of fibula	\$683.5	
27647 27648	radical resection of tumor, bone; talus or calcaneus	\$607.3 \$40.3	
27650	injection procedure for ankle arthography repair achilles tendon	\$40.3° \$495.7°	
27652	repair/graft achilles tendon	\$547.5	
27654	repair, secondary, achilles tendon, with or without graft	\$534.3	3 \$534.33
27656	repair fascial defect of leg	\$256.1	9 \$379.01
27658	repair, flexor tendon, leg; primary, without graft, each tendon	\$280.8	
27659 27664	repair, flexor tendon, leg; secondary, with or without graft, each tendon repair, extensor tendon, leg; primary, without graft, each tendon	\$369.9 \$267.3	
27665	repair, extensor tendon, leg; secondary, with or without graft, each tendon		
27675	repair, dislocating peroneal tendons; without fibular osteotomy	\$377.3	
27676	repair disloc peroneal tendons with fibular osteo	\$457.6	

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27680	tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	\$318.56	\$318.56
27681	tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons	\$379.66	\$379.66
27685 27686	lengthening or shortening of tendon, leg or ankle; single tendon (separate lengthening or shortening of tendon, leg or ankle; multiple tendons (through	\$351.87 \$414.59	\$449.78 \$414.59
27687	gastrocnemius recession	\$341.20	\$341.20
27690	revision of leg tendon	\$470.50	\$470.50
27691	transfer or transplant of single tendon (with muscle redirection or rerouting);	\$551.62	\$551.62
27695	repair, primary, disrupted ligament, ankle; collateral	\$362.94	\$362.94
27696	repair of ankle ligaments	\$434.83	\$434.83
27698	repair, secondary disrupted ligament, ankle, collateral (eg, watson-jones	\$488.38 \$463.13	\$488.38 \$463.13
27700 27702	repair of ankle arthroplasty ankle with implant	\$463.13 \$737.99	\$463.13 \$737.99
27703	arthroplasty, ankle; revision, total ankle	\$854.67	\$854.67
27704	removal ankle implant	\$416.95	\$416.95
27705	incision of tibia	\$565.71	\$565.71
27707	incision of fibula	\$285.34	\$285.34
27709	incision of tibia & fibula	\$829.12	\$829.12
27712	osteotomy; multiple, with realignment on intramedullary rod (eg, sofield type	\$807.40	\$807.40
27715 27720	osteoplasty, tibia and fibula, lengthening or shortening repair of lower leg	\$788.61 \$647.25	\$788.61 \$647.25
27722	repair/graft of lower leg	\$645.97	\$645.97
27724	repair/graft of lower leg	\$953.92	\$953.92
27725	repair malunion tibia by synostosis with fibula	\$885.58	\$885.58
27726	repair of fibula nonunion and/or malunion with internal fixation	\$677.06	\$677.06
27727	repair congenital pseudarthrosis tibia	\$720.76	\$720.76
27730 27732	arrest, epiphyseal (epiphysiodesis), any method; distal tibia	\$429.74 \$292.15	\$429.74 \$292.15
27734	repair of fibula epiphysis repair lower leg epiphyses	\$439.85	\$439.85
27740	arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal	\$487.89	\$487.89
27742	repair of leg epiphyses	\$514.88	\$514.88
27745	prophylactic treatment tibia	\$554.97	\$554.97
27750	treatment of tibia fracture	\$214.61	\$233.08
27752	repair of tibia fracture	\$353.91	\$377.98
27756 27758	repair of tibia fracture open rx closed or open tibial shaft fx complicated	\$411.70 \$652.50	\$411.70 \$652.50
27759	treatment of tibial shaft fracture (with or without fibular fracture) by	\$740.20	\$740.20
27760	treatment of ankle fracture	\$204.50	\$224.35
27762	repair of ankle fracture	\$313.47	\$337.80
27766	repair of ankle fracture	\$442.97	\$442.97
27767	closed treatment of posterior malleolus fracture; without manipulation	\$179.00	\$178.16
27768	closed treatment of posterior malleolus fracture; with manipulation open treatment of posterior malleoulus fracture, includes internal fixation, when performed	\$289.75 \$507.61	\$289.75 \$507.61
27769 27780	treatment of fibula fracture treatment of fibula fracture	\$182.45	\$200.63
27781	repair of fibula fracture	\$273.39	\$292.14
27784	repair of fibula fracture	\$503.96	\$503.96
27786	treatment of ankle fracture	\$192.22	\$212.65
27788	repair of ankle fracture	\$272.87	\$294.69
27792	repair of ankle fracture	\$509.41	\$509.41
27808 27810	treatment of ankle fracture repair of ankle fracture	\$200.34 \$305.60	\$222.17 \$330.50
27814	repair of ankle fracture	\$568.56	\$568.56
27816	treatment of ankle fracture	\$190.64	\$210.79
27818	repair of ankle fracture	\$312.87	\$341.13
27822	open rx closed or open trimalleolar ankle fx med a	\$621.63	\$621.63
27823	open rx closed or open trimalleolar ankle fx w/int	\$709.23	\$709.23
27824	close tx fx wt bearing portion distal tibia	\$204.73	\$212.28
27825 27826	closed tx fx wt bearing portion tibia; with skel trac open tx fx distal tibia with fixation of fibula only	\$359.61 \$596.81	\$389.26 \$596.81
27827	open tx fx distal libia with fixation of fibula only	\$596.81 \$796.27	\$796.27
27828	open tx fx tibia with int & ext fix of both tibia & fibula	\$953.94	\$953.94

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27829	open tx tibiofibular joint	\$476.47	\$476.47
27830	repair lower leg dislocation	\$232.27	\$247.10
27831	repair lower leg dislocation	\$270.94	\$270.94
27832 27840	repair lower leg dislocation repair ankle dislocation	\$514.41 \$250.44	\$514.41 \$250.44
27842	repair ankle dislocation	\$350.52	\$350.52
27846	repair ankle dislocation	\$542.90	\$542.90
27848	repair ankle dislocation	\$614.74	\$614.74
27860	fixation of ankle	\$130.88	\$130.88
27870	fusion of ankle	\$776.54	\$776.54
27871	arthrodesis tibiofibular joint proximal or distal	\$508.70	\$508.70
27880	amputation of lower leg	\$689.94	\$689.94
27881	amputation leg w/immediate fitting technique inc a	\$662.58	\$662.58
27882	amputation of lower leg	\$467.42	\$467.42
27884 27886	amputation follow-up surgery amputation follow-up surgery	\$433.81 \$494.91	\$433.81 \$494.91
27888	amputation, ankle, through malleoli of tibia and fibula (eg, syme, pirogoff	\$522.99	\$522.99
27889	ankle disarticulation	\$512.24	\$512.24
27892	decompression fasciotomy, leg; ant &/or lat compar	\$401.11	\$401.11
27893	decompression fasciotomy, leg; posterior compart.	\$405.79	\$405.79
27894	decompression fasciotomy, leg; ant &/or lat & post	\$624.09	\$624.09
28001	incision and drainage, bursa, foot	\$136.50	\$191.89
28002	incision and drainage below fascia, with or without tendon sheath involvement,	\$287.78	\$359.11
28003	drainage of foot	\$425.04	\$497.22
28005	incision, bone cortex (eg, osteomyelitis or bone abscess), foot	\$462.14	\$462.14 \$303.41
28008 28010	incision of foot ligaments tenotomy, percutaneous, toe; single tendon	\$230.68 \$159.22	\$303.41 \$169.57
28011	tenotomy, percutaneous, toe; single tendons	\$224.76	\$240.43
28020	arthrotomy, including exploration, drainage, or removal of loose or foreign	\$270.35	\$359.60
28022	exploration of a foot joint	\$250.32	\$332.01
28024	exploration of a toe joint	\$237.15	\$315.47
28035	release, tarsal tunnel (posterior tibial nerve decompression)	\$272.95	\$361.92
28039	excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	\$204.82	\$284.77
28043	excision, tumor, foot; subcutaneous tissue	\$195.71	\$241.59
28045 28046	excision benign tumor deep subfascial intramuscula radical resection soft tissue tumor foot	\$249.22	\$338.19 \$619.88
28047	Radical resection soft tissue (arrior root Radical resection of tumor (eg. malignant neoplasm), soft tissue of foot or toe: 3 cm or gr	\$511.33 reater \$570.61	\$570.61
28050	arthrotomy with biopsy; intertarsal or tarsometatarsal joint	\$234.99	\$317.53
28052	biopsy of a foot joint	\$213.90	\$292.79
28054	biopsy to toe joint	\$194.66	\$274.39
28055	neurectomy, intrinsic musculature of foot	\$300.46	\$300.46
28060	fasciectomy, plantar fascia; partial (separate procedure)	\$274.40	\$357.22
28062	removal of foot fascia	\$322.63	\$421.10
28070	exploration of a foot joint	\$268.51	\$354.11
28072	exploration of a foot joint	\$259.10	\$348.07
28080 28086	excision, interdigital (morton) neuroma, single, each synovectomy tendon sheath flexor	\$261.55 \$270.60	\$341.56 \$373.27
28088	synovectomy tendon sheath nexor	\$270.60	\$373.27 \$316.25
28090	excision of lesion, tendon, tendon sheath, or capsule (including synovectomy)	\$236.28	\$320.49
28092	excision of lesion, tendon, tendon sheath, or capsule (including synovectomy)	\$206.89	\$288.58
28100	removal of heel lesion	\$306.78	\$413.37
28102	excision or curettage of bone cyst or benign tumor, talus or calcaneus;	\$418.63	\$418.63
28103	removal/graft heel lesion	\$338.67	\$338.67
28104	excision or curettage of bone cyst or benign tumor, tarsal or metatarsal,	\$268.82	\$355.27
28106	excision or curettage of bone cyst or benign tumor, tarsal	\$358.41	\$358.41
28107 28108	removal/graft foot lesion removal of toe lesions	\$293.27 \$221.70	\$393.98 \$298.63
28110	partial removal metatarsal	\$221.70	\$298.63
28111	partial removal metatarsal	\$259.05	\$356.95
28112	partial removal metatarsals	\$241.89	\$337.28

	Nurse Practitioner Fee Schedule		
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20442	In ortical removal metatornal	\$245.00	£404.00
28113 28114	partial removal metatarsal ostectomy, complete excision; all metatarsal heads, with partial proximal	\$315.80 \$611.40	\$404.22 \$737.02
28116	revision of foot	\$435.33	\$528.20
28118	partial removal of heel	\$314.28	\$407.44
28119	removal of heel spur	\$278.13	\$363.18
28120	partial excision (craterization, saucerization, sequestrectomy, or	\$298.92	\$402.16
28122	partial excision (craterization, saucerization, sequestrectomy, or	\$384.24	\$469.84
28124	partial excision (craterization, saucerization, sequestrectomy, or	\$256.18	\$332.26
28126 28130	resection, partial or complete, phalangeal base, each toe removal of bone of ankle	\$192.39 \$477.49	\$267.65 \$477.49
28130	removal of bone of ankle removal of metatarsal	\$477.49 \$350.00	\$477.49 \$442.04
28150	phalangectomy, toe, each toe	\$350.00	\$298.75
28153	resection, condyle(s), distal end of phalanx, each toe	\$199.83	\$278.17
28160	hemiphalangectomy or interphalangeal joint excision, toe, proximal end of	\$208.23	\$285.44
28171	radical resection of tumor, bone; tarsal (except talus or calcaneus)	\$469.45	\$469.45
28173	radical resection of tumor, bone; metatarsal	\$428.35	\$528.22
28175	radical resection of tumor, bone; phalanx of toe	\$301.60	\$386.37
28190 28192	remove foreign body subcutaneous removal foreign body deep	\$102.15 \$244.75	\$169.85 \$328.39
28193	removal foreign body deep	\$291.50	\$377.67
28200	repair, tendon, flexor, foot; primary or secondary, without free graft, each	\$244.09	\$328.31
28202	repair/graft of foot tendon	\$341.81	\$438.33
28208	repair, tendon, extensor, foot; primary or secondary, each tendon	\$234.32	\$316.02
28210	repair/graft of foot tendon	\$319.06	\$408.30
28220	tenolysis, flexor, foot; single tendon	\$236.73	\$312.54
28222 28225	tenolysis, flexor, foot; multiple tendons	\$282.35	\$362.08
28226	tenolysis, extensor, foot; single tendon tenolysis, extensor, foot; multiple tendons	\$195.98 \$244.48	\$270.95 \$325.88
28230	tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate	\$225.04	\$300.01
28232	tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	\$190.79	\$265.21
28234	tenotomy, open, extensor, foot or toe, each tendon	\$199.46	\$274.71
28238	reconstruction (advancement), posterior tibial tendon with excision of	\$383.92	\$481.28
28240	release of big toe	\$230.93	\$308.70
28250	division of plantar fascia and muscle (eg, steindler stripping) (separate	\$306.78	\$393.51
28260 28261	release of midfoot joint	\$396.88 \$605.48	\$482.77
28262	capulotomy with tendon legthening capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and	\$846.59	\$702.56 \$980.31
28264	capsulotomy, middors, extensive, including posterior taloublar capsulotomy and capsulotomy, midtarsal (eg. heyman type procedure)	\$531.80	\$626.37
28270	capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint	\$255.58	\$333.91
28272	capsulotomy; interphalangeal joint, each joint (separate procedure)	\$199.37	\$272.68
28280	syndactylization, toes (eg, webbing or kelikian type procedure)	\$277.94	\$366.35
28285	correction, hammertoe (eg, interphalangeal fusion, partial or total	\$245.39	\$323.44
28286	correction, cock-up fifth toe, with plastic skin closure (eg, ruiz-mora type	\$235.96	\$316.25
28288 28289	ostectomy, partial, exostectomy or condylectomy, metatarsal head, each hallux rigidus correction with cheilectomy, debridement and capsular release of	\$319.11 \$416.20	\$405.00 \$513.83
28290	correction, hallux valgus (bunion), with or without sesamoidectomy; simple	\$303.99	\$399.38
28292	removal of big toe joint	\$447.92	\$546.11
28293	removal of big toe joint	\$543.14	\$727.50
28294	correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon	\$414.80	\$528.38
28296	incision of metatarsal	\$411.73	\$517.76
28297	hallux valgus correction,lapidus type procedure	\$462.71	\$584.97
28298	incision of toe	\$394.16	\$504.94
28299 28300	correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without	\$534.41 \$498.67	\$651.07 \$498.67
28302	incision of ankle bone	\$494.15	\$498.67 \$494.15
28304	osteotomy, tarsal bones, other than calcaneus or talus;	\$455.00	\$561.85
28305	osteotomy, tarsal bones, other than calcaneus or talus; with autograft	\$522.94	\$522.94
28306	osteotomy, with or without lengthening, shortening or angular correction,	\$307.32	\$418.65
28307	osteotomy, with or without lengthening, shortening or angular correction,	\$345.92	\$492.24
28308	osteotomy, with or without lengthening, shortening or angular correction,	\$281.56	\$379.20

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		· •		
28309		osteotomy, with or without lengthening, shortening or angular correction,	\$674.97	\$674.97
28310		osteotomy, shortening, angular or rotational correction; proximal phalanx,	\$275.12	\$373.88
28312 28313		incision of big toes reconstruction, angular deformity of toe, soft tissue procedures only (eg,	\$244.64 \$279.78	\$341.44 \$359.23
28315		sesamoidectomy first toe	\$250.38	\$330.39
28320		repair, nonunion or malunion; tarsal bones	\$471.95	\$471.95
28322		repair of metatarsals	\$435.37	\$544.76
28340		reconst toe, macrodactyly; soft tissue resection	\$340.37	\$434.65
28341		reconst, toe, macrodactyly; w/ bone resection	\$403.40	\$501.88
28344		reconstruction, toe(s); polydactyly	\$237.49	\$331.21
28345 28360		reconstruct toes syndactyly w/wo graft reconstruction cleft foot	\$311.18 \$727.34	\$401.54 \$727.34
28400		treatment of heel fracture	\$155.54	\$168.69
28405		repair of heel fracture	\$261.45	\$277.96
28406		treat closed calcan fixation w/manipulation skelet	\$381.96	\$381.96
28415		repair of heel fracture	\$844.14	\$844.14
28420		repair/graft heel fracture	\$889.86	\$889.86
28430 28435		treatment of ankle fracture repair of ankle fracture	\$141.45 \$208.61	\$157.95 \$224.27
28436		treatment of closed talusfx w/ manip and pinning	\$305.29	\$305.29
28445		repair of ankle fracture	\$797.16	\$797.16
28450		treatment midfoot fracture	\$131.48	\$146.03
28455		repair midfoot fracture	\$190.99	\$203.86
28456		treatment of closed tarsal bone fx w/ manip,pinnin	\$195.13	\$195.13
28465 28470		repair midfoot fracture(s) treat metatarsal fractures	\$452.78 \$132.24	\$452.78 \$145.95
28475		repair metatarsal fractures	\$172.96	\$186.39
28476		treatment of closed metatarsal fx w/ manip,pinning	\$241.72	\$241.72
28485		repair metatarsal fractures	\$390.24	\$390.24
28490		treat big toe fracture	\$82.43	\$93.62
28495		repair big toe fracture	\$105.98	\$118.85
28496 28505		treatment of closed toe fx w/ manip and pinning repair of big toe fracture	\$162.27 \$359.60	\$285.08 \$462.55
28510		treatment of toe fracture	\$80.20	\$81.60
28515		repair of toe fracture	\$99.45	\$107.56
28525		repair of toe fracture	\$285.32	\$387.98
28530		treatment of closed sesamoid fracture	\$73.12	\$78.71
28531		open tx sesamoid fx	\$141.18	\$252.80
28540 28545		repair foot dislocation repair foot dislocation	\$131.44 \$159.38	\$140.12 \$172.25
28546		treatment tarsal disloc with percutaneous skeletal	\$214.92	\$321.51
28555		repair of foot dislocation	\$482.92	\$605.18
28570		repair foot dislocation	\$109.26	\$120.73
28575		repair foot dislocation	\$217.31	\$231.59
28576		percutaneous skeletal fix talotarsel jnt disloc.	\$256.15	\$256.15
28585 28600		repair of foot dislocation repair foot dislocation	\$543.63 \$131.55	\$647.43 \$145.54
28605		repair foot dislocation	\$177.08	\$188.83
28606		treat clsd tars/metatars desloc w/percut skel fix	\$283.53	\$283.53
28615		repair foot dislocation	\$569.00	\$569.00
28630		repair of toe dislocation	\$81.87	\$104.53
28635		repair of toe dislocation	\$101.96	\$124.63
28636 28645		percu. skeletal fix met at arsophalangeal jnt disloc repair of toe dislocation	\$151.05 \$351.40	\$204.49 \$438.69
28660		repair of toe dislocation	\$62.40	\$438.68 \$76.11
28665		repair of toe dislocation	\$101.43	\$111.49
28666		percu. skeletal fix metatarsophalangeal joint dislocation	\$144.65	\$144.65
28675		open treatment of closed or open interphalangeal j	\$292.11	\$396.73
28705		arthrodesis; pantalar	\$985.02	\$985.02

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
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28725	arthrodesis; subtal		\$599.59	\$599.59
28730 28735	fusion of foot bone		\$626.44 \$599.91	\$626.44 \$599.91
28737		sal or tarsometatarsal, multiple or transverse; with ndon lengthening and advancement, midtarsal, tarsal	\$532.26	\$532.26
28740	fusion of foot bone		\$469.53	\$598.77
28750	fusion of big toe joi		\$446.31	\$581.99
28755	fusion of big toe joi	nt	\$253.85	\$349.80
28760		tensor hallucis longus transfer to first metatarsal neck,	\$441.30	\$552.65
28800		idtarsal (eg, chopart type procedure)	\$429.70	\$429.70
28805	amputation thru me		\$567.81	\$567.81
28810 28820	amputation toe & n	netatarsai	\$330.62 \$260.31	\$330.62 \$369.70
28825	amputation of toe partial amputation	of toe	\$260.31	\$369.70
29075	application of forea		\$44.52	\$60.47
29085	application hand/w		\$48.02	\$64.52
29105	application long are	n splint	\$43.44	\$59.95
29125	application forearm		\$30.94	\$46.33
29130	application finger s	plint static	\$21.59	\$28.59
29200 29240	strapping of chest	Or.	\$29.94 \$33.25	\$37.77 \$42.21
29240	strapping of should strapping of elbow		\$27.38	\$42.21
29280	strapping or cibow		\$25.79	\$35.03
29358	application long leg	clast brace	\$76.02	\$105.68
29405	application short le		\$47.43	\$61.98
29425	application short le		\$52.45	\$67.27
29440		eviously applied cast	\$26.04	\$36.96
29505 29515	application long leg		\$34.99	\$52.62
29530	application lower le strapping of knee	g spiint	\$36.68 \$27.99	\$49.55 \$36.94
29540	strapping of knee	d/or foot	\$24.97	\$30.56
29550	strapping toes		\$23.48	\$29.63
29580	strapping unna bo		\$27.49	\$37.28
29582		layer compression system; thigh and leg, including ankle	\$8.85	\$39.38
29583		layer compression system; upper arm and forearm	\$6.47	\$24.41
29584		-layer compression system; upper arm, forearm, hand, and	\$8.85	\$39.38
29700 29705	removal/revision of removal of full arm		\$26.34 \$36.11	\$44.78 \$47.58
29720	repair of cast	or leg cast	\$33.21	\$55.32
29730	revision of cast		\$34.77	\$46.24
29740	revision of cast		\$50.76	\$66.43
29800	17' /	nt with or w/o synovial biopsy	\$376.12	\$376.12
29804	arthroscopy, tm joi		\$467.81	\$467.81
29805		der, diagnostic, with or without synovial biopsy (separate	\$340.21	\$340.21
29806 29807		der, surgical; capsulorrhaphy der, surgical; repair of slap lesion	\$782.36 \$761.86	\$782.36 \$761.86
29819		er surgical removal of fb	\$427.12	\$427.12
29820	arthroscopy synov		\$394.28	\$394.28
29821	arthroscopy synove		\$430.61	\$430.61
29822	arthroscopy debrid		\$418.09	\$418.09
29823	arthroscopy debrid		\$457.53	\$457.53
29824 29825		der, surgical; distal claviculectomy including distal	\$487.58	\$487.58 \$426.57
29825 29826	arthroscopy with ly	er w/ decompr subacromial space	\$426.57 \$490.03	\$426.57 \$490.03
29827		der, surgical; with rotator cuff repair	\$802.40	\$802.40
29828		der, surgical; biceps tenodesis	\$671.46	\$671.46
29830	arthroscopy elbow		\$328.41	\$328.41
29834		surgical with removal of fb	\$357.91	\$357.91
29835		synovectomy partial	\$367.44	\$367.44
29836	larthroscopy elbow	synovectomy complete	\$422.53	\$422.53

	Nurse Practitioner Fee Schedule		
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29838	arthroscopy elbow debridement extensive	\$430.85	\$430.85
29840	arthroscopy, wrist, diagnostic, with or without synovial biopsy	\$321.69	\$321.69
29843	surgical arthroscopy for infection	\$345.83	\$345.83
29844 29845	surgical arthroscopy for partial synovectomy surgical arthroscopy for complete synovectomy	\$359.59 \$411.06	\$359.59 \$411.06
29846	surgical arthroscopy for excision fibrocartilage	\$378.37	\$378.37
29847	surgical arthroscopy for fixation of fracture	\$393.01	\$393.01
29848	endoscopy, wrist, surgical, with release of transverse carpal ligament	\$357.41	\$357.41
29850	arthroscopically aided tx of fx knee	\$417.96	\$417.96
29851	arthroscopically aided tx fx of knee	\$688.24	\$688.24
29855	arthroscopically aided tx of tibial fx	\$575.39	\$575.39
29856	arthroscopically aided tx of tibial fx	\$737.71	\$737.71
29860 29861	arthroscopy, hip, diagnostic with or without synovial biopsy (separate arthroscopy, hip, surgical; with removal of loose body or foreign body	\$473.90 \$526.14	\$473.90 \$526.14
29862	arthroscopy, hip, surgical; with debridement/shaving of articular cartilage	\$587.21	\$587.21
29863	arthroscopy, hip, surgical; with synovectomy	\$581.14	\$581.14
29866	arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty)	\$766.51	\$766.51
29867	arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	\$930.38	\$930.38
29870	arthroscopy knee diagnostic	\$295.06	\$295.06
29871	arthroscopy knee surgical	\$371.42	\$371.42
29873	arthroscopy, knee, surgical; with lateral release	\$369.74	\$369.74
29874	arthroscopy knee with removal of foreign body	\$389.89	\$389.89
29875 29876	arthroscopy knee synovectomy limited arthroscopy knee synovectomy major	\$359.29 \$472.96	\$359.29 \$472.96
29877	arthroscopy knee synovectomy major arthroscopy knee debridement/shaving	\$447.29	\$447.29
29879	arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty	\$478.94	\$478.94
29880	arthroscopy w/meniscectomy, knee	\$500.25	\$500.25
29881	arthroscopy knee with meniscectomy	\$465.87	\$465.87
29882	arthroscopy knee with meniscus repair	\$505.09	\$505.09
29883	arthroscopy w/meniscus repair, knee	\$616.99	\$616.99
29884	arthroscopy knee with lysis of adhesions	\$445.92	\$445.92
29885 29886	surgical arthroscopy w/bone grafting, knee arthroscopy knee drilling	\$541.51 \$456.21	\$541.51 \$456.21
29887	arthroscopy knee drilling arthroscopy knee drilling with internal fixation	\$538.40	\$538.40
29888	ligament repair by arthroscopy, anterior	\$732.27	\$732.27
29889	ligament repair by arthroscopy, posterior	\$894.19	\$894.19
29891	arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or	\$507.79	\$507.79
29892	arthroscopically aided repair of large osteochondritis dissecans lesion, talar	\$519.87	\$519.87
29893	endoscopic plantar fasciotomy	\$319.34	\$419.21
29894	arthroscopy ankle surgical	\$381.50	\$381.50
29895 29897	arthroscopy ankle synovectomy partial arthroscopy ankle debridement limited	\$369.05 \$386.29	\$369.05 \$386.29
29897	arthroscopy ankle debridement limited arthroscopy ankle debridement extensive	\$386.29 \$432.42	\$386.29
29899	endoscopic plantar fasciotomy with ankle arthrodesis	\$778.15	\$778.15
29900	arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	\$330.67	\$330.67
29901	arthroscopy, metacarpophalangeal joint, surgical; with debridement	\$362.84	\$362.84
29902	arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced	\$388.22	\$388.22
29904	arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	\$451.14	\$451.14
29905	arthroscopy, subtalar joint, surgical; with synovectomy	\$485.23	\$485.23
29906 29907	arthroscopy, subtalar joint, surgical; with debridement arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	\$511.13 \$627.37	\$511.13 \$627.37
29907	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	\$817.21	\$817.21
29915	Arthroscopy, hip, surgical, with acetabuloplasty (ie, treatment of carn lesion) Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	\$832.75	\$832.75
29916	Arthroscopy, hip, surgical; with labral repair	\$832.75	\$832.75
30000	drainage of nose lesion	\$84.77	\$159.18
30020	drainage of nose lesion	\$85.32	\$154.14
30110	removal of nose polyp(s)	\$94.56	\$156.38
30115	removal of nose polyp(s)	\$306.23	\$306.23
30117	excision or destruction (eg, laser), intranasal lesion; internal approach removal of nose lesion	\$236.89 \$557.28	\$567.85 \$557.28

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30120		revision of nose	\$323.60	\$368.36
30124		removal of nose lesion	\$194.60	\$194.60
30125		removal of nose lesion	\$443.04	\$443.04
30130		excision turbinate, partial or complete, any method	\$266.30	\$266.30
30140		submucous resection turbinate, partial or complete, any method	\$303.31	\$303.31
30150 30160		partial removal of nose removal of nose	\$569.39 \$573.07	\$569.39 \$573.07
30210		displace therapy	\$71.08	\$102.14
30220		insertion, nasal septal prosthesis (button)	\$90.61	\$199.71
30300		remove foreign body,nose	\$85.90	\$154.72
30310		remove foreign body,nose	\$145.48	\$145.48
30320		remove foreign body,nose	\$321.36	\$321.36
30400		reconstruction of nose	\$740.54	\$740.54
30410		reconstruction of nose	\$880.57	\$880.57
30420 30430		reconstruction of nose	\$992.26	\$992.26
30435		revision of nose rhinoplasty secondary intermediate revision	\$644.65 \$855.38	\$644.65 \$855.38
30450		rhinoplasty secondary major revision	\$1,142.58	\$1,142.58
30460		rhinoplasty for nasal deformity; tip only	\$554.94	\$554.94
30462		rhinoplasty for nasal deformity; tip,septum,osteot	\$1,115.47	\$1,115.47
30465		repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall	\$708.51	\$708.51
30520		repair of nasal septum	\$431.97	\$431.97
30540		repair nasal lesion	\$482.65	\$482.65
30545		repair nasal lesion	\$698.96	\$698.96
30560		release of nasal adhesions	\$97.98	\$183.31
30580 30600		repair upper jaw fistula repair mouth/nose fistula	\$364.20 \$323.17	\$449.25 \$412.98
30620		reconstruction inner nose	\$438.67	\$438.67
30630		repair nasal septal perforations	\$447.90	\$447.90
30801		cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any	\$93.49	\$154.20
30802		cauterization and/or ablation, mucosa of turbinates, unilateral	\$134.45	\$200.75
30901		control nasal hemorrage, anterior, simple	\$47.66	\$74.79
30903		control nasal hemorrhage, anterior, complex	\$61.93	\$135.51
30905		control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery,	\$79.63	\$168.87
30906		control hemorrhage posterior subsequent w posterio	\$103.67	\$194.59
30915 30920		ligation nasal sinus artery	\$417.52 \$602.12	\$417.52 \$602.12
30920		fracture nasal turbinate(s), therapeutic	\$86.89	\$86.89
31000		lavage by cannulation; maxillary sinus	\$75.17	\$123.56
31002		irrigation of sinus	\$142.94	\$142.94
31020		exploration of sinus	\$248.18	\$334.35
31030		sinusotomy, maxillary; radical w/o removal polyps	\$375.26	\$490.80
31032		sinusotomy, maxillary, radical w removal of polyps	\$410.14	\$410.14
31040		exploration behind upper jaw	\$542.43	\$542.43
31050		exploration of sinus	\$353.24	\$353.24
31051 31070		sinusotomy w/mucosal stripping or polyp removal exploration of sinus	\$462.04	\$462.04 \$309.43
31070		exploration of sinus	\$309.43 \$565.57	\$309.43 \$565.57
31073		exploration of stricts sinusotomy frontalobliterative wo osteoplas flap b	\$731.56	\$731.56
31081		sinusotomy frontal obliterative w/o osteoplast fla	\$891.52	\$891.52
31084		removal of sinus	\$854.42	\$854.42
31085		removal of sinus	\$903.56	\$903.56
31086		nonobliterative w osteoplastic flap brow incision	\$809.11	\$809.11
31087		nonobliterative w osteoplastic flap coronal incis	\$802.73	\$802.73
31090		sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary,	\$716.65	\$716.65
31200		removal of sinus	\$379.81	\$379.81
31201		removal of sinus	\$526.53 \$618.50	\$526.53 \$618.50
31205 31225		removal of sinus removal of upper jaw	\$618.50 \$1,341.27	\$618.50 \$1,341.27
31223		removal of upper jaw removal of upper jaw	\$1,341.27	\$1,341.27 \$1,505.60

	Nurse Practitioner Fee Schedule		
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31239	nasal/sinus endoscopy, surgical;	\$486.87	\$486.87
31290	nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak;	\$869.48	\$869.48
31291 31292	nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; nasal/sinus endoscopy, surgical;	\$916.36 \$751.98	\$916.36 \$751.98
31292	nasal/sinus endoscopy, surgical;	\$819.55	\$819.55
31294	nasal/sinus endoscopy, surgical;	\$941.58	\$941.58
31300	removal of larynx lesion	\$914.14	\$914.14
31320	incision of larynx	\$460.23	\$460.23
31360	removal of larynx	\$1,469.11	\$1,469.11
31365	removal of larynx	\$1,842.11	\$1,842.11
31367 31368	partial removal of larynx partial removal of larynx	\$1,584.21	\$1,584.21
31368	partial removal of larynx partial removal of larynx	\$1,770.30 \$1,487.69	\$1,770.30 \$1,487.69
31375	partial removal of larynx	\$1,407.00	\$1,407.00
31380	partial removal of larynx	\$1,386.42	\$1,386.42
31382	partial laryngectomy antero-latero-vertical	\$1,519.67	\$1,519.67
31390	removal of larynx & pharynx	\$2,051.05	\$2,051.05
31395	reconstruct larynx & pharynx	\$2,173.46	\$2,173.46
31400	revision of larynx	\$724.56	\$724.56
31420 31500	removal of epiglottis insertion of windpipe airway	\$611.47 \$86.60	\$611.47 \$86.60
31505	visualization of larynx	\$36.19	\$59.13
31511	laryngoscopy indirect with removal foreign body	\$98.91	\$152.62
31515	visualization of larynx	\$83.98	\$149.72
31580	revision of larynx	\$871.39	\$871.39
31582	revision of larynx	\$1,385.39	\$1,385.39
31584 31587	repair of larynx	\$1,113.13 \$731.03	\$1,113.13 \$731.03
31588	laryngoplasty, cricoid split laryngoplasty nos	\$824.22	\$824.22
31590	laryngeal reinnervation by neuromuscular pedicle	\$636.57	\$636.57
31595	section recurrent laryngeal nerve, therapeutic (separate procedure),	\$554.92	\$554.92
31600	incision of windpipe	\$305.48	\$305.48
31601	tracheostomy under two years	\$201.27	\$201.27
31605	cricothyroidostomy	\$142.50	\$142.50
31610 31611	incision of windpipe const trach fistula w/ insert speech prosthesis	\$518.24 \$386.22	\$518.24 \$386.22
31612	tracheal puncture, percutaneous with transtracheal aspiration and/or injection	\$37.17	\$59.00
31613	tracheostoma revision;	\$319.01	\$319.01
31614	tracheostoma revision complex with flap rotation	\$530.82	\$530.82
31632	bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	\$41.87	\$57.82
31633	bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	\$52.51	\$69.85
31717	cath with bronchial brush biopsy catheter aspiration (separate procedure); nasotracheal	\$87.50	\$223.47
31720 31725	catheter aspiration (separate procedure); hasotracrieal	\$41.52 \$74.84	\$41.52 \$74.84
31730	transtracheal intro dilator/stent/tube for oxygen	\$114.29	\$629.04
31750	repair of windpipe	\$970.81	\$970.81
31755	repair of windpipe	\$1,226.12	\$1,226.12
31760	repair of windpipe	\$1,064.10	\$1,064.10
31766	carinal reconstruction	\$1,391.68	\$1,391.68
31770 31775	repair/graft of bronchus	\$1,030.93 \$1,066.36	\$1,030.93
31775	repair of bronchus excision tracheal stenosis and anastomosis cervica	\$1,066.36 \$899.10	\$1,066.36 \$899.10
31781	excision tracheal stenosis and anastamosis cervico	\$1,091.92	\$1,091.92
31785	excision radical steriosis and anastamosis service excis tracheal tumor or car cinoma cervical	\$823.69	\$823.69
31786	excis tracheal tumor or carcinoma thoracic	\$1,146.36	\$1,146.36
31800	suture of tracheal wound or injury; cervical	\$508.83	\$508.83
31805	repair of windpipe injury	\$630.46	\$630.46
31820	closure of windpipe lesion	\$241.21	\$308.62
31825 31830	repair of windpipe defect revision trach scar	\$356.11 \$249.54	\$433.05 \$310.81

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32035	thoracostomy w/rib resection	\$536.34	\$536.34
32036	thoracostomy w/open flap draining for empyema	\$581.90	\$581.90
32096	thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge	\$459.73	\$459.73
32097 32098	thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, thoracotomy, with biopsy(ies) of pleura	\$459.73 \$432.11	\$459.73 \$432.11
32100	exploration/biopsy of chest	\$739.37	\$739.37
32110	thoracotomy major w cont of tram hem and or repair	\$1,115.86	\$1,115.86
32120	exploration of chest	\$662.31	\$662.31
32124	explore chest,free adhesions	\$704.58	\$704.58
32140	thoracotomy major w cyst removal w or wo pleural p	\$753.98	\$753.98
32141	thoracot major w/exc-plica bullae w/wo pleur proce	\$1,142.40	\$1,142.40
32150	removal of lung lesion(s)	\$759.87 \$776.67	\$759.87 \$776.67
32151 32160	thoracot major w/removal intrapulmonary for body open chest heart massage	\$583.68	\$776.67
32200	drainage of lung lesion	\$852.29	\$852.29
32215	pleural scarification for repeat pneumothorax	\$610.90	\$610.90
32220	release of lung	\$1,222.22	\$1,222.22
32225	partial release of lung	\$760.59	\$760.59
32310	pleurectomy, parietal (separate procedure)	\$701.36	\$701.36
32320 32440	decortication/parietal pleurectomy removal of lung, total pneumonectomy;	\$1,225.77 \$1,225.96	\$1,225.77 \$1,225.96
32442	removal of lung, total pneumonectomy;	\$2,287.57	\$2,287.57
32445	removal of lung, total pneumonectomy; extrapleural	\$2,598.31	\$2,598.31
32480	removal of lung, other than total pneumonectomy; single lobe (lobectomy)	\$1,157.18	\$1,157.18
32482	removal of lung, other than total pneumonectomy;	\$1,233.95	\$1,233.95
32484	removal of lung, other than total pneumonectomy;	\$1,116.95	\$1,116.95
32486	removal of lung, other than total pneumonectomy;	\$1,785.78	\$1,785.78
32488 32491	removal of lung, other than total pneumonectomy; removal of lung, other than total pneumonectomy; excision-plication of	\$1,808.48 \$1,147.96	\$1,808.48 \$1,147.96
32503	resection of apical lung tumor (eg, pancoast tumor), including chest wall re	\$1,412.93	\$1,412.93
32504	resection of apical lung tumor (eg, pancoast tumor), including chest wall re	\$1,623.19	\$1,623.19
32505	thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	\$530.84	\$530.84
32540	removal of lung lesion	\$1,285.94	\$1,285.94
32550	insertion of indwelling tunneled pleural catheter with cuff	\$180.05	\$585.71
32551 32552	tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema),	\$139.36 \$97.18	\$139.36 \$100.67
32560	Removal of indwelling tunneled pleural catheter with cuff chemical pleurodesis (eg. for recurrent or persistent pneumothorax)	\$88.82	\$109.67 \$220.60
32650	thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	\$518.57	\$518.57
32651	thoracoscopy, surgical;	\$821.59	\$821.59
32652	thoracoscopy, surgical;	\$1,248.63	\$1,248.63
32653	thoracoscopy, surgical;	\$796.25	\$796.25
32654	thoracoscopy, surgical;	\$880.53	\$880.53
32655 32656	thoracoscopy, surgical; thoracoscopy, surgical;	\$726.17 \$621.37	\$726.17 \$621.37
32658	thoracoscopy, surgical;	\$559.79	\$559.79
32659	thoracoscopy, surgical;	\$568.80	\$568.80
32661	thoracoscopy, surgical;	\$625.79	\$625.79
32662	thoracoscopy, surgical;	\$700.61	\$700.61
32663	thoracoscopy, surgical;	\$1,081.35	\$1,081.35
32664 32665	thoracoscopy, surgical; thoracoscopy, surgical;	\$665.83 \$936.34	\$665.83 \$936.34
32666	thoracoscopy, surgical; thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule),	\$936.34 \$496.22	\$936.34 \$496.22
32669	thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	\$764.00	\$764.00
32670	thoracoscopy, surgical; with removal of two lobes (bilobectomy)	\$911.89	\$911.89
32671	thoracoscopy, surgical; with removal of lung (pneumonectomy)	\$1,011.69	\$1,011.69
32672	thoracoscopy, surgical; with resection-plication for emphysematous lung	\$865.39	\$865.39
32673	thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	\$684.23	\$684.23
32800 32810	repair lung hernia thru chest wall	\$716.12 \$692.46	\$716.12 \$692.46
32810	close chest wall foll open flap drain for empyema open closure of major bronchial fistula	\$692.46	\$2,058.89

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
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and the Med	dicaid and Health Choice Clinical Policies on the DMA Web Site.		
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32820	major reconstruct chest wall post trauma	\$1,031.89	\$1,031.89
32851	lung transplant, single;	\$1,992.00	\$1,992.00
32852	lung transplant, single;	\$2,203.85	\$2,203.85
32853 32854	lung transplant, double (bilateral sequential or en bloc);	\$2,382.67 \$2,593.30	\$2,382.67 \$2,593.30
32900	lung transplant, double (bilateral sequential or en bloc); resection ribs extrapleural all stages	\$1,054.58	\$1,054.58
32905	thoracoplasty schede type or extrapleural	\$1,039.99	\$1,039.99
32906	thoracoplasty with closure bronchopleural fistula	\$1,292.32	\$1,292.32
32940	revision of lung	\$952.90	\$952.90
33015	incision of heart sac	\$415.71	\$415.71
33020	incision of heart sac	\$674.21	\$674.21
33025	incision of heart sac	\$622.39	\$622.39
33030 33031	partial removal of heart sac pericardiectomy w/o cardiopulmonary bypass	\$996.84	\$996.84
33050	removal of heart sac lesion	\$1,113.82 \$769.89	\$1,113.82 \$769.89
33120	removal of heart sacresion	\$1,217.57	\$1,217.57
33130	removal of heart lesion	\$1,072.13	\$1,072.13
33140	transmyocardial laser revascularization, by thoracotomy (separate procedure)	\$1,224.55	\$1,224.55
33202	insertion for epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoi		\$607.04
33203	insertion for epicardial electrode(s); endoscopic approach (eg, thorascopy, pericardioscopy)	\$639.85	\$639.85
33206	insertion or replacement of permanent pacemaker with transvenous electrode(s);	\$370.09	\$370.09
33207	insertion permanent pacemaker ventricular	\$396.50	\$396.50
33208 33212	insertion or replacement of permanent pacemaker with transvenous electrode(s);	\$427.49 \$276.73	\$427.49 \$276.73
33212	insertion or replacement of pacemaker pulse generator only; single chamber, insertion or replacement of pacemaker pulse generator only;	\$315.96	\$276.73 \$315.96
33214	upgrade of implanted pacemaker system, conversion of single	\$391.62	\$391.62
33215	insert transvenous electrode; single chamber (1 electrode) permanent pacemaker/	\$250.10	\$250.10
33216	insertion or repositioning of a transvenous electrode (15 days or more after	\$307.67	\$307.67
33217	insertion or repositioning of a transvenous electrode (15 days or more after	\$305.10	\$305.10
33218	repair of single transvenous electrode for a single chamber, permanent	\$318.01	\$318.01
33220	repair of two transvenous electrodes for a dual chamber permanent pacemaker or	\$321.00	\$321.00
33221 33222	insertion of pacemaker pulse generator only; with existing multiple leads revision or relocation of skin pocket for pacemaker	\$199.80 \$279.59	\$199.80 \$279.59
33222	revision of relocation of skin pocket for pacemaker revision of skin pocket for single or dual chamber pacing	\$339.20	\$339.20
33224	insertion of pacing electrode, cardiac venous system, for left ventricular	\$416.09	\$416.09
33226	repositioning of previously implanted cardiac venous system (left ventricular)	\$401.97	\$401.97
33227	removal of permanent pacemaker pulse generator with replacement of pacemaker	\$190.65	\$190.65
33228	removal of permanent pacemaker pulse generator with replacement of pacemaker	\$198.82	\$198.82
33229	removal of permanent pacemaker pulse generator with replacement of pacemaker	\$206.98	\$206.98
33230	insertion of pacing cardioverter-defibrillator pulse generator only; with	\$214.96	\$214.96
33231 33233	insertion of pacing cardioverter-defibrillator pulse generator only; with	\$223.12 \$195.30	\$223.12 \$195.30
33233	removal of permanent pacemaker pulse generator removal of transvenous pacemaker electrode(s); single lead system, atrial or	\$397.55	\$195.30
33235	removal of transverious pacemaker electrode(s); dual lead system	\$513.51	\$513.51
33236	removal of permanent epicardial pacemaker and electrodes by thoracotomy;	\$608.01	\$608.01
33237	removal of permanent epicardial pacemaker and electrodes by thoracotomy;	\$671.28	\$671.28
33238	removal of permanent transvenous electrode(s) by thoracotomy	\$725.14	\$725.14
33240	insertion or replacement of implantable cardioverter-defibrillator	\$380.13	\$380.13
33241	removal of implantable cardioverter-defibrillator pulse generator only	\$184.85	\$184.85
33243 33244	removal of single or dual chamber pacing cardioverter-defibrillator removal of single or dual chamber pacing cardioverter-defibrillator	\$1,068.08 \$698.57	\$1,068.08 \$698.57
33244	insertion or repositioning of electrode lead(s) for single or dual chamber	\$739.85	\$739.85
33250	operative ablation of supraventricular arrhythmogenic focus or pathway (eg,	\$1,145.52	\$1,145.52
33251	ablat supravent arrhyth focus with card-pul bypass	\$1,269.89	\$1,269.89
33254	operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	\$1,067.79	\$1,067.79
33255	operative tissue ablation and reconstruction of atria, extensive (eg maze procedure); without cardio	рц \$1,306.33	\$1,306.33
33256	operative tissue ablation and reconstruction of atria, extensive (eg maze procedure); with cardiopul		\$1,558.60
33261	operative ablation of ventricular arrhythmogenic focus with cardiopulmonary	\$1,263.86	\$1,263.86
33262	removal of pacing cardioverter-defibrillator pulse generator with replacement	\$207.19	\$207.19

		Nurse Practitioner Fee Schedule		
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and the Med	dicaid and	Health Choice Clinical Policies on the DMA Web Site.		
Providers s	hould alv	l ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions	
		n to this schedule.	additions,	
changes an	<u></u>			
*** The fee s	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inc	luded on this fee	schedule
33264		removal of pacing cardioverter-defibrillator pulse generator with replacement	\$223.51	\$223.51
33265		endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze	\$1,065.55	
33266 33300		endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze proced repair of heart wound	\$1,463.37 \$1,816.84	\$1,463.37 \$1,816.84
33305		repair of heart wound	\$3,034.73	
33310		cardiotomy, exploratory (includes removal of foreign body, atrial or	\$912.98	
33315		cardiotomy explor with bypass	\$1,161.58	
33320		suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	\$827.88	
33321		suture repair of aorta or great vessels;	\$933.65	\$933.65
33322		repair major blood vessels	\$1,084.36	
33330		insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary	\$1,095.64	\$1,095.64
33335		insertion of heart graft	\$1,478.07	\$1,478.07
33400 33401		repair of aortic valve valvuloplasty, aortic valve;	\$1,781.54 \$1,172.64	
33401		valvuloplasty, aortic valve; valvuloplasty, aortic valve;	\$1,172.64	\$1,172.64
33404		construction of apical/aortic conduit	\$1,400.52	
33405		replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve	\$1,816.56	. ,
33406		replacement, aortic valve, with cardiopulmonary bypass; with allograft valve	\$2,244.41	\$2,244.41
33410		replacement aortic valve, with cardiopulmonary bypass; with stentless tissue	\$1,980.33	\$1,980.33
33411		replacement aortic valve w/ annulus enlargement	\$2,588.56	
33412		replacement aortic valve, konno procedure	\$1,959.67	\$1,959.67
33413		replacement, aortic valve; by translocation of autologous pulmonary valve with	\$2,549.71	\$2,549.71
33414 33415		repair of left ventricular outflow tract obstruction by patch	\$1,703.12	. ,
33415		revision of aortic valve ventriculomyotomy/myectomy for subaortic stenosis	\$1,579.89 \$1,585.57	\$1,579.89 \$1,585.57
33417		revision of aortic valve	\$1,320.05	
33420		valvotomy, mitral valve; closed heart	\$1,074.25	
33422		valvotomy, mitral valve; open heart, with cardiopulmonary bypass	\$1,325.82	\$1,325.82
33425		revision of mitral valve	\$2,072.45	
33426		valvuloplasty mv w/ card-pul bypass w/ prosth ring	\$1,877.36	
33427		valvuloplasty mv w/ cpb radical reconstr w/wo ring	\$1,958.83	
33430		replacement of mitral valve	\$2,172.90	
33460 33463		valvectomy, tricuspid valve, with cardiopulmonary bypass valvuloplasty, tricuspid valve;	\$1,844.52 \$2,331.52	\$1,844.52 \$2,331.52
33464		valvuloplasty, tricuspid valve;	\$1,876.12	
33465		replacement, tricuspid valve, with cardiopulmonary bypass	\$2,101.29	
33468		revision of tricuspid valve	\$1,476.87	
33470		valvotomy, pulmonary valve, closed heart; transventricular	\$933.13	
33471		valvotomy, pulmonary valve, closed heart via pulmonary artery	\$1,040.00	\$1,040.00
33474		revision of tricuspid valve	\$1,618.15	
33475		replacement, pulmonary valve	\$1,819.45	
33476		revision of heart chamber	\$1,150.65 \$4,236.45	
33478 33496		revision of heart chamber	\$1,236.15 \$1,322.97	
33496		repair of non-structural prosthetic valve dysfunction with cardiopulmonary repair coronary fistula w/cardio-pulmonary bypass	\$1,322.97 \$1,241.24	\$1,322.97 \$1,241.24
33500		repair coronary fistula; wo cp bypass	\$861.22	\$861.22
33502		repair of anomalous coronary artery from pulmonary artery origin; by ligation	\$994.12	
33503		anomalous coronary artery graft without bypass	\$1,063.01	\$1,063.01
33504		anomalous coronary artery graft with bypass	\$1,135.95	\$1,135.95
33505		repair of anomalous coronary artery;	\$1,567.51	\$1,567.51
33506		repair of anomalous coronary artery;	\$1,622.57	\$1,622.57
33507		repair of anomalous (eg, intramural) aortic origin of coronary artery by unr	\$1,371.51	\$1,371.51
33510		coronary artery bypass single venous graft	\$1,544.55 \$1,686.33	
33511 33512		coronary artery bypass 2 coronary venous grafts	\$1,686.22 \$1,900.07	
33512		coronary artery bypass 3 coronary venous grafts coronary artery bypass 4 coronary venous grafts	\$1,900.07 \$1,941.66	\$1,900.07 \$1,941.66
33513		coronary artery bypass 4 coronary venous grafts	\$2,057.60	
33516		coronary artery bypass 5 coronary verious grafts	\$2,139.09	
33517		coronary artery bypass;single vein graft	\$147.44	
33518		coronary artery bypass; 2 venous grafts	\$319.29	

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		Provider Specialty 061		
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		ys bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
changes an	d deletion t	to this schedule.		
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		g		
33519		oronary artery bypass; 3 venous grafts	\$425.89	\$425.89
33521		pronary artery bypass; 4 venous grafts	\$515.31	\$515.31
33522		pronary artery bypass; 5 venous grafts	\$586.00	\$586.00
33523 33533		oronary artery bypass; 6 or more venous grafts oronary artery bypass; single arterial graft	\$668.73 \$1,503.79	\$668.73 \$1,503.79
33534		pronary artery bypass; 2 arterial grafts	\$1,749.22	\$1,749.22
33535		pronary artery bypass; 3 arterial grafts	\$1,942.85	\$1,942.85
33536		pronary artery bypass; 4 or more arterial grafts	\$2,082.43	\$2,082.43
33542		emoval of heart lesion	\$2,008.69	\$2,008.69
33545		epair of heart defect	\$2,370.31	\$2,370.31
33600 33602		osure of atrioventricular valve (mitral or tricuspid) by suture or	\$1,346.31	\$1,346.31
33602		osure of semilunar valve (aortic or pulmonary) by suture or patch nastomosis of pulmonary artery to aorta (damus-kaye-stansel procedure)	\$1,283.10 \$1,397.29	\$1,283.10 \$1,397.29
33608		epair of complex cardiac anomaly other than pulmonary atresia	\$1,434.07	\$1,434.07
33610		epair of complex cardiac anomalies (eg, single ventricle with subaortic	\$1,399.59	\$1,399.59
33611		pair of double outlet right ventricle with intraventricular tunnel	\$1,539.88	\$1,539.88
33612	re	pair of double outlet right ventricle with intraventricular tunnel	\$1,590.19	\$1,590.19
33615		epair of complex cardiac anomalies (eg, tricuspid atresia)	\$1,583.73	\$1,583.73
33617		pair of complex cardiac anomalies (eg, single ventricle)	\$1,700.32	\$1,700.32
33619 33641		epair of single ventricle with aortic outflow obstruction epair of heart defect	\$2,084.43 \$1,266.07	\$2,084.43 \$1,266.07
33645		evision of heart veins	\$1,245.66	\$1,245.66
33647		epair of asd and vsd, direct or patch closure	\$1,324.29	\$1,324.29
33660		pair of incomplete or partial atrioventricular canal (ostium primum atrial	\$1,389.05	\$1,389.05
33665		pair of intermediate or transitional atrioventricular canal, with or without	\$1,503.45	\$1,503.45
33670		pair of heart chambers	\$1,564.22	\$1,564.22
33675 33676		osure of multiple ventricle septal defects;	\$1,560.25 \$1,623.39	\$1,560.25 \$1,623.39
33677		osure of multiple ventricle septal defects; with pulmonary valvotomy or infundibular resection (acya osure of multiple ventricle septal defects; with removal of pulmonary artery band, with or without gus	\$1,687.34	\$1,687.34
33681		epair of heart defect	\$1,441.53	\$1,441.53
33684	re	pair of heart defect	\$1,473.04	\$1,473.04
33688		pair of heart defect	\$1,480.02	\$1,480.02
33690		anding of pulmonary artery	\$907.76	\$907.76
33692		omplete repair tetralogy of fallot without pulmonary atresia;	\$1,391.62	\$1,391.62
33694 33697		epair of heart defects complete repair tetralogy of fallot with pulmonary atresia	\$1,567.68 \$1,687.03	\$1,567.68 \$1,687.03
33702		epair of heart defects	\$1,206.89	\$1,206.89
33710	re	epair of heart defects	\$1,457.58	\$1,457.58
33720	re	epair of heart defect	\$1,222.59	\$1,222.59
33722		osure of aortico-left ventricular tunnel	\$1,218.81	\$1,218.81
33724		epair of isolated partial anomalous pulmonary venous return (eg, scimitar syndrome)	\$1,240.88	\$1,240.88
33726 33730		epair of pulmonary venous stenosis complete repair anomalous venous return	\$1,622.35 \$1,546.99	\$1,622.35 \$1,546.99
33732		epair of cor triatriatum or supravalvular mitral ring by resection	\$1,289.62	\$1,289.62
33735		trial septectomy or septostomy; closed heart (blalock-hanlon type operation)	\$982.04	\$982.04
33736	at	rial septectomy or septostomy;	\$1,094.89	\$1,094.89
33737		trial septectomy or septostomy; open heart, with inflow occlusion	\$1,021.09	\$1,021.09
33750		nunt subclavian to pulmonary artery	\$1,027.10	\$1,027.10
33755		nunt ascending aorta to pulmonary artery	\$1,015.35	\$1,015.35
33762 33764		nunt descending aorta to pulmonary artery nunt,central w/ prosthetic graft	\$1,013.61 \$999.09	\$1,013.61 \$999.09
33764		nunt; superior vena cava to pulmonary artery for flow to one lung (classical	\$1,098.73	\$1,098.73
33767		nunt;	\$1,113.07	\$1,113.07
33770		epair of transposition of the great arteries with ventricular	\$1,693.33	\$1,693.33
33771		pair of transposition of the great arteries with ventricular	\$1,736.28	\$1,736.28
33774		p transposition grt arteries w cardiopulm bypass	\$1,426.05	\$1,426.05
33775		ep transposition grt art w cpb w rem pulm band	\$1,483.62	\$1,483.62
33776 33777		ep transpo grt art w cpb w cl vent septal defect ep transpo grt art w cpb w rep subpulm obstruct	\$1,561.01 \$1,529.32	\$1,561.01 \$1,529.32
33778		epair transpo grt art w cpb w rep subpuim obstruct	\$1,879.85	\$1,879.85

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061 Effective Date: 1/1/2015		
	Effective Date: 1/1/2015		
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changes an	d deletion to this schedule.		
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33779	rep transpo grt arteries w cpb w removal pulm band	\$1,805.29	\$1,805.29
33780	repair aortic artery w/ closure septal defect	\$1,875.72	\$1,875.72
33781	repair aortic artery w/ repair of obstruction	\$1,844.78	\$1,844.78
33782 33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh pro Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh pro	\$1,988.37 \$2,149.31	\$1,988.37 \$2,149.31
33786	total repair truncus arteriosus	\$1,813.07	\$1,813.07
33788	revision of pulmonary artery	\$1,222.89	\$1,222.89
33800	aortic suspension for tracheal decompression	\$767.19	\$767.19
33802	division aberrant vessel	\$824.59	\$824.59
33803	division of aberrant vessel w/ reanastomosis	\$897.74	\$897.74
33813	obliteration septal defect w/o bypass	\$1,016.00	\$1,016.00
33814	obliteration septal defect with bypass	\$1,199.05	\$1,199.05
33820 33822	repair of patent ductus arteriosus; by ligation	\$767.31	\$767.31
33822	patent ductus arteriosus division under 18 yrs	\$814.84 \$921.54	\$814.84 \$921.54
33840	patene ductus arteriosus division 18 yrs older exc of coarctation of aorta w/wo assoc pat duc w/d	\$932.44	\$932.44
33845	exc coarctation of aorta w/wo assoc pat duc art wi	\$1,074.09	\$1.074.09
33851	excision coarctation of aorta waldhusen procedure	\$988.70	\$988.70
33852	repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic	\$1,074.26	\$1,074.26
33853	repair of hypoplastic or interrupted aortic arch using autogenous	\$1,480.86	\$1,480.86
33860	ascending aorta graft, with cardiopulmonary bypass, with or without valve	\$2,479.46	\$2,479.46
33863	ascending aorta graft, with cardiopulmonary bypass, with or	\$2,476.90	\$2,476.90
33870	transverse arch graft w/bypass	\$2,013.47	\$2,013.47
33875 33877	descend thoracic aorta graft w/o bypass repair thoracoaaa w/ grft, w/wo cp bypass	\$1,562.58 \$2,785.95	\$1,562.58 \$2,785.95
33880	endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm,	\$1,647.74	\$1,647.74
33881	endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm,	\$1,414.91	\$1,414.91
33883	placement of proximal extension prosthesis for endovascular repair of	\$1,041.30	\$1,041.30
33886	placement of distal extension prosthesis(s) delayed after endovascular repair	\$898.74	\$898.74
33910	pulmonary artery embolectomy with bypass	\$1,307.18	\$1,307.18
33915	pulmonary artery embolectomy without bypass	\$1,046.31	\$1,046.31
33916	pulmonary endarterectomy w/ bypass	\$1,307.04	\$1,307.04
33917 33920	repair of pulmonary artery stenosis by reconstruction with patch or graft repair of pulmonary atresia with ventricular septal defect,	\$1,182.38 \$1,431.07	\$1,182.38 \$1,431.07
33920	transection of pulmonary artery with cardiopulmonary bypass	\$1,081.49	\$1,431.07
33925	repair of pulmonary artery arborization anomalies by unifocalization; withou	\$1,392.17	\$1,392.17
33926	repair of pulmonary artery arborization anomalies by unifocalization; with c	\$1,857.21	\$1,857.21
33935	heart lung transplant with recipient cardiectomy	\$2,739.71	\$2,739.71
33945	heart transplant with or without recip cardiectomy	\$3,652.63	\$3,652.63
33967	insertion of intra-aortic balloon assist device, percutaneous	\$217.72	\$217.72
33968	removal of intra-aortic balloon assist device, percutaneous	\$27.97	\$27.97
33971	removal of intra-aortic balloon assist device including repair of femoral	\$560.71	\$560.71
33974 33975	removal of intra-aortic balloon assist device from the ascending insertion of ventricular assist device; extracorporeal, single ventricle	\$714.04 \$884.45	\$714.04 \$884.45
33976	insertion of ventricular assist device; extracorporeal, single ventricular insertion of ventricular assist device; extracorporeal, biventricular	\$982.14	\$982.14
33977	removal of ventricular assist device; extracorporeal, single ventricle	\$946.52	\$946.52
33978	removal of ventricular assist device; extracorporeal, biventricular	\$1,043.05	\$1,043.05
33979	insertion of ventricular assist device, implantable intracorporeal, single	\$1,939.61	\$1,939.61
33980	removal of ventricular assist device, implantable intracorporeal, single	\$2,845.33	\$2,845.33
34001	removal blood clot artery	\$764.56	\$764.56
34051	removal of blood clot, artery	\$765.30	\$765.30
34101	removal of blood clot, artery	\$486.12	\$486.12
34111 34151	embolectomy/thrombectomy, radial or ulnar artery removal of blood clot,artery	\$485.93 \$1,127.75	\$485.93 \$1,127.75
34201	removal blood clot, artery	\$795.50	\$795.50
34203	embolectomy/thrombectomy,popliteal-tibio-peroneal	\$778.15	\$778.15
34401	removal of blood clot, vein	\$1,161.18	\$1,161.18
34421	removal of blood clot, vein	\$589.18	\$589.18
34451	removal of blood clot, vein	\$1,217.67	\$1,217.67
34471	removal of blood clot, vein	\$853.86	\$853.86

		Nurse Practitioner Fee Schedule		
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34490		removal of blood clot, vein	\$488.58	\$488.58
34501 34502		valvuloplasty femoral vein	\$757.53	\$757.53
34502		reconstruction of vena cava, any method venous valve transposition any vein donor	\$1,227.50 \$861.45	\$1,227.50 \$861.45
34520		cross-over vein graft to venous system	\$827.36	\$827.36
34530		saphenopopliteal vein anastomosis	\$777.27	\$777.27
34800		endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$925.89	\$925.89
34802		endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$1,011.31	\$1,011.31
34803		endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$1,035.48	\$1,035.48
34804		endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$1,010.74	\$1,010.74
34805 34806		endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$949.76 \$85.96	\$949.76
34806		transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair placement of proximal or distal extension prosthesis for endovascular repair of	\$565.36	\$85.96 \$565.36
34830		open repair of infrarenal aortic aneurysm or dissection, plus repair of	\$1,480.89	\$1,480.89
34831		open repair of infrarenal aortic aneurysm or dissection, plus repair of	\$1,570.30	\$1,570.30
34832		open repair of infrarenal aortic aneurysm or dissection, plus repair of	\$1,591.36	\$1,591.36
34833		open iliac artery exposure with creation of conduit for delivery of infrarenal	\$499.83	\$499.83
34834		open brachial artery exposure to assist in the deployment of infrarenal aortic	\$226.43	\$226.43
34900 35001		endovascular graft replacement for repair of iliac artery (eg, aneurysm,	\$734.66 \$916.06	\$734.66 \$916.06
35001		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and repair rupture aneurysm artery neck incision	\$967.68	\$967.68
35002		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$841.47	\$841.47
35011		direct repair of aneurysm, false aneurysm, or excision (partial or total) and	\$804.53	\$804.53
35013		repair ruptured aneurysm artery arm incision	\$998.39	\$998.39
35021		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$978.27	\$978.27
35022		ruptured aneurysm innominate artery thoracic	\$1,107.01	\$1,107.01
35045		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$782.31	\$782.31
35081 35082		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and repair ruptured aneurysm abdominal aorta	\$1,403.95 \$1,763.56	\$1,403.95 \$1,763.56
35091		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,485.78	\$1,485.78
35092		repair rupt aneurysm abd aorta visceral vessels	\$2,107.61	\$2,107.61
35102		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,523.56	\$1,523.56
35103		repair rupt aneurysm abd aorta iliac vessels	\$1,822.75	\$1,822.75
35111		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,121.84	\$1,121.84
35112		repair ruptured aneurysm splenic artery	\$1,375.20	\$1,375.20
35121 35122		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and repair rupt aneurysm hepatic celiac renal mesenter	\$1,332.61 \$1.595.39	\$1,332.61 \$1.595.39
35131		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,135.71	\$1,135.71
35132		rupture aneurysm iliac artery	\$1,373.55	\$1,373.55
35141		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$900.73	\$900.73
35142		repair defect of artery	\$1,077.70	\$1,077.70
35151		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,015.94	\$1,015.94
35152		rupture aneurysm popliteal artery repair congenital a-v fistula, head and neck	\$1,179.93 \$673.73	\$1,179.93
35180 35182		repair congenital a-v fistula, head and neck repair congential a-v fistula, thorax and abdomen	\$673.73 \$1,385.90	\$673.73 \$1,385.90
35184		repair congential a-v fistula, extremities	\$816.67	\$816.67
35188		repair acq or traumatic a-v fistula, head and neck	\$683.75	\$683.75
35189		repair acq or traumatic a-v fistula, thorax/abd	\$1,279.87	\$1,279.87
35190		repair acq or traumatic a-v fistula, extremities	\$597.41	\$597.41
35201		repair blood vessel lesion	\$749.73	\$749.73
35206		repair blood vessel lesion	\$612.60 \$551.24	\$612.60
35207 35211		repair blood vessels hand, finger repair blood vessel lesion	\$551.24 \$1,088.53	\$551.24 \$1,088.53
35211		repair blood vessel lesion	\$1,518.35	\$1,518.35
35221		repair blood vessel lesion	\$1,123.28	\$1,123.28
35226		repair blood vessel lesion	\$676.42	\$676.42
35231		repair blood vessel lesion	\$939.99	\$939.99
35236		repair blood vessel lesion	\$784.45	\$784.45
35241	i	repair blood vessel lesion	\$1,136.86	\$1,136.86

	Nurse Practitioner Fee Schedule		
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35251	repair blood vessel lesion	\$1,336.17	\$1,336.17
35256	repair blood vessel lesion	\$825.05	\$825.05
35261	repair blood vessel lesion	\$833.39	\$833.39
35266	repair blood vessel lesion	\$690.91	\$690.91
35271	repair blood vessel lesion	\$1,086.93	\$1,086.93
35276	repair blood vessel lesion	\$1,141.07	\$1,141.07
35281	repair blood vessel lesion	\$1,275.92	\$1,275.92
35286	repair blood vessel lesion	\$756.30	\$756.30
35301 35302	rechanneling of artery	\$849.08 \$904.10	\$849.08 \$904.10
35302	thromboendarterectomy, including patch graft, if performed; superficial femoral artery thromboendarterectomy, including patch graft, if performed; popliteal artery	\$904.10	\$904.10 \$995.14
35303	thromboendarterectomy, including patch graft, if performed, popiliear artery thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	\$1,034.97	\$1,034.97
35305	thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	\$994.03	\$994.03
35306	thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (\$372.88	\$372.88
35311	rechanneling of artery	\$1,217.98	\$1,217.98
35321	rechanneling of artery	\$721.81	\$721.81
35331	rechanneling of artery	\$1,192.44	\$1,192.44
35341	rechanneling of artery	\$1,122.59	\$1,122.59
35351	rechanneling of artery	\$1,043.92	\$1,043.92
35355 35361	thromboendarterectomy w/ or w/o patch, iliofemoral rechanneling of artery	\$847.50 \$1,284.81	\$847.50 \$1,284.81
35363	thromboendarterectomy w/ or w/o patch aortoiliofem	\$1,397.96	\$1,397.96
35371	rechanneling of artery	\$667.27	\$667.27
35372	thromboendartectomy, w/wo patch grft, deep femoral	\$801.31	\$801.31
35501	artery bypass graft	\$1,264.81	\$1,264.81
35506	artery bypass graft	\$1,076.86	\$1,076.86
35508	bypass graft w/ vein, carotid-vertebral	\$1,112.40	\$1,112.40
35509	artery bypass graft	\$1,216.01	\$1,216.01
35510	bypass graft, with vein; carotid-brachial	\$1,021.20	\$1,021.20
35511 35512	artery bypass graft bypass graft, with vein; subclavian-brachial	\$959.80 \$995.72	\$959.80 \$995.72
35515	bypass graft w/ vein, subclavian-vertebral	\$1,075.47	\$1,075.47
35516	artery bypass graft	\$985.28	\$985.28
35518	bypass graft w/ vein, axillary-axillary	\$977.10	\$977.10
35521	artery bypass graft	\$1,028.43	\$1,028.43
35522	bypass graft, with vein; axillary-brachial	\$972.49	\$972.49
35523	bypass graft, with vein; brachial-ulnar or -radial	\$1,029.03	\$1,029.03
35525	bypass graft, with vein; brachial-brachial	\$912.67	\$912.67
35526	artery bypass graft	\$1,346.47	\$1,346.47
35531 35533	artery bypass graft bypass graft w/ vein, axillary-femoral-femoral	\$1,643.34 \$1,271.63	\$1,643.34 \$1,271.63
35533	artery bypass graft	\$1,271.63	\$1,271.63
35537	bypass graft, with vein; aortoiliac	\$1,757.60	\$1,757.60
35538	bypass graft, with vein; aortobi-iliac	\$1,972.75	\$1,972.75
35539	bypass graft, with vein; aortofemoral	\$1,830.24	\$1,830.24
35540	bypass graft, with vein; aortobifemoral	\$2,050.15	\$2,050.15
35556	artery bypass graft	\$1,122.76	\$1,122.76
35558	artery bypass graft	\$993.45	\$993.45
35560	bypass graft w/ vein, aortorenal	\$1,446.20	\$1,446.20
35563 35565	artery bypass graft artery bypass graft	\$1,108.41 \$1,073.41	\$1,108.41 \$1,073.41
35566	artery bypass graft	\$1,347.82	\$1,073.41
35571	artery bypass graft	\$1,089.10	\$1,089.10
35583	in-situ vein bypass; femoral-popliteal	\$1,159.66	\$1,159.66
35585	in-situ vein bypass; femoral-ant tib,post tib,pero	\$1,357.89	\$1,357.89
35587	in-situ vein bypass; popliteal-tibial, peroneal	\$1,122.87	\$1,122.87
35601	artery bypass graft	\$1,169.34	\$1,169.34
		#050.00	\$952.39
35606 35612	artery bypass graft artery bypass graft	\$952.39 \$744.09	\$744.09

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35621	artery bypass graft	\$899.71	\$899.71
35623	bypass graft, with other than vein;	\$1,104.29	\$1,104.29
35626	artery bypass graft	\$1,267.11	\$1,267.11
35631	artery bypass graft	\$1,512.11	\$1,512.11
35636	bypass graft, with other than vein; splenorenal (splenic to renal arterial	\$1,341.84	\$1,341.84
35637	bypass graft, with other than vein; aortoiliac	\$1,388.52	\$1,388.52
35638	bypass graft, with vein; aortobi-iliac	\$1,418.43	\$1,418.43
35642 35645	bypass graft w/ other than vein, carotid-vertebral bypass graft w/ other than vein, subclavian-vert	\$838.75 \$795.93	\$838.75 \$795.93
35646	bypass graft, with other than vein; aortobifemoral	\$1,400.36	\$1,400.36
35647	bypass graft, with other than vein; aortofemoral	\$1,267.49	\$1,400.30
35650	bypass graft w/ other than vein, axillary-axillary	\$866.48	\$866.48
35654	bypass graft w/ other than vein, axil-fem-fem	\$1,118.80	\$1,118.80
35656	artery bypass graft	\$881.30	\$881.30
35661	artery bypass graft	\$881.90	\$881.90
35663	artery bypass graft	\$1,023.12	\$1,023.12
35665	artery bypass graft	\$958.30	\$958.30
35666	artery bypass graft	\$1,032.70	\$1,032.70
35671 35685	artery bypass graft placement of vein patch or cuff at distal anastomosis of bypass graft,	\$909.74 \$164.64	\$909.74 \$164.64
35686	creation of distal arteriovenous fistula during lower extremity bypass surgery	\$137.73	\$137.73
35691	transposition and/or reimplantation;	\$802.08	\$802.08
35693	transposition and/or reimplantation;	\$710.30	\$710.30
35694	transposition and/or reimplantation;	\$829.67	\$829.67
35695	transposition and/or reimplantation;	\$864.11	\$864.11
35697	reimplantation, visceral artery to infrarenal aortic prosthesis, each artery	\$122.65	\$122.65
35701	exploration,carotid artery	\$428.49	\$428.49
35721	exploration,femoral artery	\$363.89	\$363.89
35741 35761	exploration popliteal artery exploration of artery/vein	\$398.83 \$293.69	\$398.83 \$293.69
35800	exploration of neck	\$378.48	\$378.48
35820	exploration of chest	\$1,491.99	\$1,491.99
35840	exploration of abdomen	\$495.45	\$495.45
35860	exploration of limb	\$319.75	\$319.75
35870	repair of graft-enteric fistula	\$1,039.60	\$1,039.60
35875	thrombectomy of arterial or venous graft (other than hemodialysis graft or	\$478.08	\$478.08
35876	thrombectomy of arterial or venous graft;	\$766.92	\$766.92
35879 35881	revision, lower extremity arterial bypass, without thrombectomy, open; with revision, lower extremity arterial bypass, without thrombectomy, open; with	\$750.42 \$834.33	\$750.42 \$834.33
35883	revision, lower extremity arterial bypass, without informbectorny, open, with revision, femoral anastamosis of synthetic arterial bypass graft in groin, open; with nonautogen		\$974.04
35884	revision, femoral anastamosis of synthetic arterial bypass graft in groin, open; with norradiogen		\$1,027.81
35901	excision of infected graft;	\$400.00	\$400.00
35903	excision of infected graft;	\$452.55	\$452.55
35905	excision of infected graft;	\$1,414.75	\$1,414.75
35907	excision of infected graft;	\$1,559.20	\$1,559.20
36000	insertion vein access device	\$7.60	\$19.07
36260	insertion implantable infusion pump	\$455.45	\$455.45
36261	revision of implanted intra-arterial infusion pump	\$276.67	\$276.67
36262 36400	removal of implanted infusion pump venipuncture, under age 3 years; femoral or jugular	\$210.33 \$14.31	\$210.33 \$19.90
36400	establish access to vein	\$12.47	\$18.06
36406	venipuncture under age 3 yrs, other vein	\$7.31	\$12.90
36410	venipuncture, age 3 years or older, necessitating physician's skill (separate	\$7.03	\$14.31
36415	collection of venous blood by venipuncture	\$2.70	\$2.70
36420	venipuncture, cutdown;	\$38.89	\$38.89
36425	venipuncture, cutdown;	\$30.56	\$30.56
36430	blood transfusion service	\$27.45	\$27.45
36470	injection of sclerosing solution;	\$54.01	\$103.25
36471	injection of sclerosing solution;	\$76.10	\$127.85

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36558	insertion of tunneled centrally inserted central venous catheter, without	\$226.62	\$613.82
36560	insertion of tunneled centrally inserted central venous access device, with	\$280.83	\$869.72
36561	insertion of tunneled centrally inserted central venous access device, with	\$271.59	\$860.20
36563	insertion of tunneled centrally inserted central venous access device with	\$281.98	\$870.03
36565	insertion of tunneled centrally inserted central venous access device,	\$267.67	\$729.56
36566	insertion of tunneled centrally inserted central venous access device,	\$286.71	\$2,688.16
36569	insertion of peripherally inserted central venous catheter (picc), without	\$77.99	\$204.45
36570	insertion of peripherally inserted central venous access device, with	\$250.46 \$243.70	\$882.16
36571 36576	insertion of peripherally inserted central venous access device, with repair of central venous access device, with subcutaneous port or pump, central	\$243.70 \$147.73	\$914.56 \$272.78
36578	replacement, catheter only, of central venous access device, with subcutaneous	\$168.84	\$379.49
36581	replacement, complete, of a tunneled centrally inserted central venous	\$160.02	\$569.03
36582	replacement, complete, of a tunneled centrally inserted central venous access	\$235.07	\$794.59
36583	replacement, complete, of a tunneled centrally inserted central venous access	\$235.47	\$794.98
36585	replacement, complete, of a peripherally inserted central venous access device,	\$220.73	\$814.95
36589	removal of tunneled central venous catheter, without subcutaneous port or pump	\$109.90	\$128.92
36590	removal of tunneled central venous access device, with subcutaneous port or	\$155.85	\$209.01
36593	declotting by thrombolytic agent of implanted vascular access device or catheter withdrawal of arterial blood	\$26.96	\$26.96
36600 36620	arterial catheterization or cannulation for sampling, monitoring	\$12.30 \$40.88	\$23.49 \$40.88
36625	arterial catheterization or cannulation for sampling, monitoring	\$84.47	\$84.47
36660	catheterization, umbilical artery, newborn, for diagnosis or therapy	\$53.70	\$53.70
36680	placement of needle for intraosseous infusion	\$47.36	\$47.36
36818	arteriovenous anastomosis, open; by upper arm cephalic vein transposition	\$534.62	\$534.62
36819	arteriovenous anastomosis, open; by upper arm basilic vein transposition	\$630.30	\$630.30
36820	arteriovenous anastomosis, open; by forearm vein transposition	\$632.35	\$632.35
36821	arteriovenous anastomosis, open; direct, any site (eg, cimino type) (separate	\$525.27	\$525.27
36823 36825	insertion of arterial and venous cannula(s) for isolated extracorporeal	\$1,006.05	\$1,006.05
36830	creation of arteriovenous fistula by other than direct arteriovenous creation of arteriovenous fistula by other than direct arteriovenous	\$455.90 \$522.33	\$455.90 \$522.33
36831	thrombectomy, open, arteriovenous fistula without revision, autogenous or	\$360.23	\$360.23
36832	revision, open, arteriovenous fistula; without thrombectomy, autogenous or	\$460.43	\$460.43
36833	revision, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous	\$520.36	\$520.36
36835	insertion of thomas shunt (separate procedure)	\$359.60	\$359.60
36838	distal revascularization and interval ligation (dril), upper extremity	\$930.22	\$930.22
36861	cannula declotting with balloon catheter	\$118.60	\$118.60
36870	thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous	\$244.17	\$1,382.23
37140	venous anastomosis; portocaval	\$1,063.68	\$1,063.68 \$1,146.82
37145 37160	venous anastomosis; renoportal venous anastomosis; caval-mesenteric	\$1,146.82 \$997.85	\$1,146.82 \$997.85
37180	venous anastomosis; splenorenal, proximal	\$1,118.33	\$1,118.33
37181	splenorenal distal (selective decompression)	\$1,208.79	\$1,208.79
37182	insertion of transvenous intrahepatic portosystemic shunt(s) (tips) (includes	\$722.93	\$722.93
37183	revision of transvenous intrahepatic portosystemic shunt(s) (tips) (includes	\$343.54	\$343.54
37200	transcatheter biopsy	\$192.02	\$192.02
37211	transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including	\$321.83	\$321.83
	radiological supervision and interpretation, initial treatment day	*	
37212	transcatherer therapy, venous infusion for thrombolysis, any method, including radiological	\$284.10	\$284.10
37213	supervision and interpretation, initial treatment day transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method,	\$198.54	\$198.54
5,215	including radiological supervision and interpretation, continued treatment on subsequent day during	ψ130.04	ψ190.04
	course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or		
	exchange, when performed;		
37214	transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method,	\$116.44	\$116.44
	including radiological supervision and interpretation, continued treatment on subsequent day during		
	course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or		
	exchange, when performed; cessation of thrombolysis including removal of catheter and vessel		
07045	closure by any method	# 000 04	# 000 0 1
37215	transcatheter placement of intravascular stent(s), cervical carotid artery,	\$889.21	\$889.21
37216	transcatheter placement of intravascular stent(s), cervical carotid artery,	\$817.22	\$817.22

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
		Effective Date: 1/1/2015		
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		Health Choice Clinical Policies on the DMA Web Site.	9	
		ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
changes an	nd deletion	to this schedule.		
*** The fee s	schedule i	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not incl	uded on this fee	schedule
		3		
37218		insertion of stents in blood vessels of chest open or accessed through the skin with radiological	\$703.31	\$656.33
		supervision and interpretation		
37500		vascular endoscopy, surgical, with ligation of perforator veins, subfascial	\$542.49	\$542.49
37565 37600		ligation, internal jugular vein	\$539.72 \$552.15	\$539.72 \$552.15
37605		ligation of neck artery ligation of neck artery	\$632.13	\$632.13
37606		ligation of neck artery	\$411.25	\$411.25
37607		ligation or banding of angioaccess arteriovenous fistula	\$293.60	\$293.60
37609		ligation or biopsy temporal artery	\$151.12	\$217.70
37615		ligation major artery neck	\$363.74	\$363.74
37616		ligation major artery chest	\$847.92	\$847.92
37617		ligate major artery abdomen	\$1,011.47	\$1,011.47
37618		ligation major artery extremity	\$290.44	\$290.44
37619 37650		ligation of inferior vena cava ligation of femoral vein	\$924.91 \$397.09	\$924.91 \$397.09
37660		ligation of common iliac vein	\$946.89	\$946.89
37700		revise leg vein	\$194.38	\$194.38
37718		ligation, division, and stripping, short saphenous vein	\$321.10	\$321.10
37722		ligation, division, and stripping, long (greater) saphenous veins from saphe	\$371.66	\$371.66
37735		removal of leg veins/lesion	\$494.64	\$494.64
37760		revision of leg veins	\$487.16	\$487.16
37761		Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	\$348.98	\$348.98
37765 37766		stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	\$349.91 \$425.96	\$349.91 \$425.96
37780		stab phlebectomy of varicose veins, one extremity; more than 20 incisions revision of leg vein	\$200.51	\$200.51
37785		revision leg vein	\$200.97	\$266.16
38100		removal of spleen	\$819.54	\$819.54
38101		splenectomy partial	\$823.71	\$823.71
38115		repair ruptured spleen w/wo partial splenectomy	\$911.74	\$911.74
38120		laparoscopy, surgical, splenectomy	\$758.09	\$758.09
38220		bone marrow; aspiration only	\$47.62	\$116.16
38221 38230		bone marrow; biopsy, needle or trocar	\$60.40 \$242.50	\$129.21 \$242.50
38232		bone marrow harvesting for transplantation. bone marrow harvesting for transplantation; autologous	\$103.43	\$103.43
38243		hematopoietic progenitor cell (hpc); hpc boost	\$93.61	\$93.61
38300		drainage of lymph node abscess or lymphadenitis;	\$131.38	\$192.65
38305		drainage lymph node lesion	\$334.71	\$334.71
38308		incision of lymph channels	\$321.95	\$321.95
38380		suture and or ligation of thoracic duct cervical a	\$414.13	\$414.13
38381		suture and or ligation of thoracic duct thoracic a	\$619.05	\$619.05
38382 38500		suture/ligation thoracic duct abdominal approach biopsy or excision of lymph node(s); open, superficial	\$499.68 \$181.30	\$499.68 \$227.75
38500		biopsy or excision or lymph node(s); open, superiicial biopsy or excision of lymph node(s); open, deep cervical node(s)	\$307.91	\$227.75 \$369.44
38520		biopsy or excision of lymph node(s); open, deep cervical node(s) with excision	\$336.25	\$336.25
38525		biopsy or excision of lymph node(s); open, deep axillary node(s)	\$304.74	\$304.74
38530		biopsy or excision of lymph node(s); open, internal mammary node(s)	\$392.15	\$392.15
38542		dissection deep jugular node	\$374.54	\$374.54
38550		excision of cystic hygroma, axillary or cervical; without deep neurovascular	\$346.62	\$346.62
38555		excision of cystic hygroma, axillary or cervical; with deep neurovascular	\$722.52	\$722.52
38562 38564		limited lymphadenectomy for staging pelvic limited lymphadenectomy for staging retroperitonea	\$518.89 \$515.60	\$518.89 \$515.60
38570		laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy),	\$420.67	\$420.67
38571		laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	\$661.64	\$661.64
38572		laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and	\$728.10	\$728.10
38700		removal of lymph nodes, neck	\$582.79	\$582.79
38720		removal of lymph nodes, neck	\$968.90	\$968.90
38724		cervical lymphadenectomy	\$1,051.07	\$1,051.07
38740		removal lymph nodes, armpit	\$488.23	\$488.23
38745		removal lymph nodes, armpits inguiofemoral lymphadenectomy superfic incl cloq n	\$621.75 \$613.31	\$621.75 \$613.31

	Nurse Practitioner Fee Schedule		
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	Effective Date: 1/1/2015		
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38765	inguinofemoral lymphadenectomy, superficial	\$954.70	\$954.70
38770	pelvic lymphadenectomy inc ext iliac hypogastric w	\$639.34	\$639.34
38780	retroperitoneal lymphadenectomy extens inc pel aor	\$805.13	\$805.13
38794	cannulation, thoracic duct	\$237.66	\$237.66
39000	mediastinotomy with exploration, drainage, removal of foreign body, or biopsy;	\$370.88	\$370.88
39010	mediastinotomy with exploration, drainage, removal of foreign body, or biopsy;	\$616.01	\$616.01
39200	removal mediastinal lesion	\$683.47	\$683.47
39220	removal mediastinal lesion	\$880.26	\$880.26
39400 39501	visualization of mediastinum	\$382.45 \$626.56	\$382.45 \$626.56
39501	repair, laceration of diaphragm, any approach repair diaphragmatic hernia neonatal	\$4,398.56	\$4,398.56
39540	repair diaphragmatic nemia neonatai	\$640.66	\$640.66
39541	repari diaphr hernia traumatic chronic	\$691.11	\$691.11
39545	imbrication of diaphragm for eventration, transthoracic or transabdominal,	\$679.63	\$679.63
39560	resection, diaphragm; with simple repair (eg, primary suture)	\$587.54	\$587.54
39561	resection, diaphragm; with complex repair (eg, prosthetic material, local	\$913.16	\$913.16
40500	partial excision of lip	\$260.82	\$350.91
40510	partial excision of lip	\$259.07	\$341.03
40520	partial excision of lip	\$261.81	\$350.21
40525 40527	excision lip full thickness local flap excision lip full thickness cross lip flap	\$407.32 \$481.49	\$407.32 \$481.49
40530	partial removal of lip	\$297.07	\$386.87
40650	repair lip	\$208.41	\$290.38
40652	repair lip	\$253.93	\$341.77
40654	repair lip	\$308.48	\$403.60
40700	repair cleft lip	\$683.84	\$683.84
40701	repair cleft lip	\$848.56	\$848.56
40702	repair cleft lip	\$659.82	\$659.82
40720	repair cleft lip	\$726.33	\$726.33
40761 40800	repair cleft lip drainage mouth lesion	\$786.46 \$90.52	\$786.46 \$139.20
40800	drainage mouth lesion	\$158.36	\$215.16
40804	removal foreign body, mouth	\$91.69	\$142.06
40805	removal embedded foreign body complicated	\$164.23	\$225.51
40808	biopsy mouth lesion	\$76.04	\$125.00
40810	excision mouth lesion	\$90.56	\$139.52
40812	excision mouth lesion	\$141.30	\$197.26
40814	excision mouth lesion	\$217.96	\$266.07
40816	exc lesion of mucosa and submucosa w/o repair	\$228.11	\$280.44
40818 40820	excision oral mucosa, graft treatment mouth lesion	\$194.28 \$121.16	\$245.47 \$181.02
40820	repair mouth laceration	\$121.16 \$113.99	\$181.02 \$167.98
40830	repair mouth laceration	\$160.25	\$223.20
40840	reconstruction mouth	\$465.31	\$577.21
40842	reconstruction mouth	\$455.79	\$568.54
40843	reconstruction mouth	\$593.81	\$743.49
40844	reconstruction mouth	\$828.49	\$986.00
40845	reconstruction mouth	\$929.05	\$1,074.80
41000	drainage mouth lesion	\$80.28	\$111.60
41005	drainage mouth lesion	\$91.09	\$155.43 \$252.22
41006	drainage mouth lesion	\$187.88 \$182.32	\$252.22 \$252.54
41007 41008	incision/drainage abscess mouth submental space incision/drainage mouth submandibular space	\$182.32 \$194.81	\$252.54 \$260.27
41008	incision/drainage mouth submandibular space incision/drainage mouth masticator space	\$194.81	\$260.27 \$276.59
41010	incision tongue fold	\$78.21	\$139.48
41015	drainage extraoral abscess/cyst/hematoma floor of	\$242.26	\$297.65
41016	incision/drainage extraoral lesion submental	\$251.40	\$305.68
41017	incision/drainage mouth lesion submandibular lesio	\$252.52	\$307.92
41018	incision/drainage mouth lesion masticator space	\$296.06	\$353.70
41019	placement of needles, catheters, or other device(s) into the head and/or neck	\$377.43	\$377.43

	Nurse Practitioner Fee Schedule		
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cnanges and	deletion to this schedule.		
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41100	biopsy tongue	\$79.89	\$117.93
41105	posterior one-third	\$81.01	\$118.22
41108	biopsy floor of mouth	\$65.06	\$101.14
41110	excision tongue lesion	\$94.92	\$145.57
41112	excision tongue lesion	\$180.07	\$230.42
41113 41114	excision tongue lesion exc lesion tongue local tongue flap	\$200.44 \$466.22	\$253.04 \$466.22
41115	excision linguinal frenum (frenectomy)	\$107.32	\$169.43
41116	excision lesion floor of mouth	\$157.73	\$225.15
41120	partial removal of tongue	\$755.24	\$755.24
41130	partial removal of tongue	\$936.21	\$936.21
41135	tongue and neck surgery	\$1,569.29	\$1,569.29
41140	removal of tongue	\$1,610.35	\$1,610.35
41145	tongue removal; neck surgery	\$2,019.46	\$2,019.46
41150 41153	mouth and jaw surgery glossectomy composite proc w/resection floor mouth	\$1,596.58 \$1,733.84	\$1,596.58 \$1,733.84
41155	mouth, jaw, and neck surgery	\$2,160.80	\$2,160.80
41250	repair laceration tongue	\$102.95	\$158.91
41251	repair laceration to 2cm posterior one third tongu	\$119.91	\$164.96
41252	repair laceration tongue	\$155.31	\$216.29
41500	fixation tongue	\$318.05	\$318.05
41510	tongue to lip surgery	\$291.98	\$291.98
41520	reconstruction, tongue fold	\$182.39	\$240.86
41800	drainage gum lesion	\$91.77	\$156.39
41805 41806	removal foreign body, gum removal foreign body,jawbone	\$116.18 \$182.54	\$161.50 \$237.93
41822	excision gum lesion	\$127.65	\$199.83
41823	excision gum lesion	\$229.31	\$297.84
41825	excision gum lesion	\$90.70	\$142.18
41826	excision gum lesion	\$146.48	\$200.76
41827	excision gum lesion	\$217.69	\$298.27
41830	alveolectomy inc/currettage of osteitis or sequest	\$201.59	\$269.56
41850	destruction of lesion except excision	\$33.81	\$33.81
41872 41874	gingivoplasty, each quadrant (specify)	\$186.90 \$184.14	\$252.36 \$256.60
42000	alveoloplasty, each quadrant (specify) drainage mouth roof lesion	\$74.52	\$110.05
42100	biopsy roof of mouth	\$79.09	\$104.82
42104	excision lesion roof mouth	\$99.43	\$145.60
42106	excision lesion, mouth roof	\$130.18	\$184.73
42107	excision lesion palate, uvula local flap closure	\$251.36	\$322.42
42120	resection palate or extensive resection of lesion	\$705.13	\$705.13
42140	excision uvula	\$111.42	\$173.25
42145	palatopharyngoplasty	\$514.93 \$110.00	\$514.93 \$167.07
42160 42180	treatment roof of mouth repair palate	\$110.90 \$135.07	\$167.97 \$172.00
42180	repair palate repair palate	\$135.07	\$172.00
42200	reconstruction cleft palate	\$653.43	\$653.43
42205	reconstruction cleft palate	\$697.26	\$697.26
42210	reconstruction cleft palate	\$786.30	\$786.30
42215	reconstruction cleft palate	\$514.14	\$514.14
42220	reconstruction cleft palate	\$399.60	\$399.60
42225	reconstruction cleft palate	\$682.12	\$682.12
42226 42227	lengthening palate and pharyngeal flap	\$678.77 \$650.50	\$678.77
42227	lengthening of palate with island flap repair palate	\$659.59 \$538.41	\$659.59 \$538.41
42235	repair parate repair nose to lip fistula	\$505.59	\$602.95
42300	drainage salivary gland	\$111.28	\$146.81
42305	drainage salivary gland	\$318.78	\$318.78
42310	drainage salivary gland	\$90.85	\$114.34
42320	drainage salivary gland	\$130.54	\$176.70

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		rays bill their usual and customary charges. Frease use the monthly NC Medicald Bulletins to. 1 to this schedule.	auditions,	
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42330		treatment salivary stone	\$121.17	
42335		treatment salivary stone	\$189.68	
42340 42405		treatment salivary stone biopsy salivary gland	\$249.94 \$169.27	
42408		excision salivary cyst	\$242.55	
42409		treatment salivary cyst	\$164.11	
42410		excision parotid gland	\$463.02	
42415		ex parotid tumor parotid gl lat lob w dissecan pre	\$837.28	
42420		excision parotid gland	\$960.22	\$960.22
42425		excision parotid gland	\$631.38	*
42426		excision parotid tumor or parotid gland total	\$1,027.78	
42440		excision submaxillary gland	\$348.19	*
42450 42500		excision sublingual gland repair salivary duct	\$263.68 \$250.75	· ·
42505		repair salivary duct	\$336.33	
42507		parotid duct divers bilateral	\$376.43	
42509		parotid duct diversion bilat w/exc both submandibu	\$616.37	
42510		parotid duct diversion bilat ligat submandibular	\$465.02	
42550		injection for sialography	\$52.30	\$109.65
42600		closure salivary fistula	\$261.82	
42665		ligation salivary duct, intraoral	\$151.80	
42700		drainage tonsil abscess	\$99.10	
42720 42725		drainage throat abscess	\$296.35	
42725		drainage throat abscess biopsy throat	\$603.43 \$81.96	· ·
42804		biopsy upper nose/throat	\$83.94	
42806		biopsy uper nose/throat	\$98.72	
42808		excision lesion pharynx	\$121.93	
42809		removal of foreign body from pharynx	\$95.62	
42810		excision throat cyst	\$207.76	
42815		excision throat cyst	\$408.29	
42820		removal tonsils and adenoids	\$216.27	
42821 42825		removal tonsils and adenoids removal of tonsils	\$225.75 \$193.07	
42826		removal of tonsils	\$186.62	
42830		removal of adenoids	\$151.85	
42831		removal of adenoids	\$163.77	
42835		removal of adenoids	\$136.88	
42836		removal of adenoids	\$179.00	
42842		radical resection tonsil without closure	\$708.94	
42844		radical resection tonsil closure with local flap	\$997.90	
42845		radical resection tonsil closure with other flap	\$1,639.03	
42860 42870		excision tonsil tags excision lingual tonsil	\$137.25 \$415.51	
42890		partial removal pharynx	\$1,017.03	
42892		resect lateral pharyngeal wall direct closure	\$1,335.77	
42894		resect pharyngeal wall with myocutaneous flap	\$1,712.59	
42900		repair throat wound	\$258.19	\$258.19
42950		reconstruction of throat	\$576.16	
42953		pharyngoesophageal repair	\$707.50	
42955		surgical opening of throat	\$543.03	
42960		control oropharyngeal hemorrhage, primary or secondary (eg,	\$125.35	
42961 42962		control oropharyngeal hemorrhage, primary or secondary (eg, control bleeding, throat	\$310.81 \$385.52	\$310.81 \$385.52
42902		control of nasopharyngeal hemorrhage, primary or secondary (eg,	\$288.84	
42971		control of nasopharyngeal hemorrhage, primary or secondary	\$339.90	
42972		control bleeding,nose/throat	\$382.31	\$382.31
43020		incision of esophagus	\$393.80	\$393.80
43030		cricopharyngeal myotomy	\$389.74	
43045		esophagotomy, thoracic approach, with removal of foreign body	\$992.44	\$992.44

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43100	excision of lesion, esophagus, with primary repair; cervical approach	\$466.12	\$466.12
43101 43107	excision of lesion, esophagus, with primary repair; thoracic or abdominal	\$775.43 \$1,921.01	\$775.43 \$1,921.01
43107	total or near total esophagectomy, without thoracotomy; total or near total esophagectomy, without thoracotomy; with colon	\$3,248.25	\$3,248.25
43112	total or near total esophagectomy, with thoracotomy;	\$2,053.85	\$2,053.85
43113	total or near total esophagectomy, with thoracotomy; with colon interposition	\$3,241.03	\$3,241.03
43116	partial esophagectomy, cervical, with free intestinal graft,	\$3,689.18	\$3,689.18
43117	partial esophagectomy, distal two-thirds, with thoracotomy	\$1,879.03	\$1,879.03
43118 43121	partial esophagectomy, distal two-thirds, with thoracotomy and separate partial esophagectomy, distal two-thirds, with thoracotomy	\$2,672.20 \$2,119.81	\$2,672.20 \$2,119.81
43121	partial esophagectomy, distal two-trillos, with thoracolomy partial esophagectomy, thoracoabdominal or abdominal approach,	\$1,900.12	\$1,900.12
43123	partial esophagectomy, thoracoabdominal or abdominal approach, with or without	\$3,265.18	\$3,265.18
43124	total or partial esophagectomy, without reconstruction	\$2,787.36	\$2,787.36
43130	removal esophagus pouch	\$590.89	\$590.89
43135	removal esophagus pouch	\$1,110.07	\$1,110.07
43180 43191	removal of esophagus tissue using an endoscope diagnostic examination of esophagus using an endoscope	\$470.83 \$102.57	\$428.55 \$102.57
43192	injections of substance in tissue lining of esophagus using an endoscope	\$122.33	\$122.33
43193	biopsy of esophagus using an endoscope	\$145.77	\$145.77
43194	removal of foreign body of esophagus using an endoscope	\$132.44	\$132.44
43195	balloon dilation of esophagus using an endoscope	\$146.04	\$146.04
43196 43197	insertion of wire and dilation of esophagus using an endoscope diagnostic examination of esophagus using an endoscope	\$159.75 \$65.28	\$159.75 \$146.63
43198	biopsy of esophagus using an endoscope	\$77.74	\$163.79
43201	esophagoscopy, rigid or flexible; with directed submucosal injection(s), any	\$99.66	\$214.35
43202	esophagoscopy, rigid or flexible; with biopsy, single or multiple	\$88.02	\$204.67
43211	removal of tissue lining of esophagus using an endoscope	\$198.43	\$198.43
43212	placement of stent on esophagus using an endoscope	\$156.04	\$156.04
43213 43214	dilation of esophagus using an endoscope balloon dilation of esophagus using an endoscope	\$220.49 \$159.51	\$973.39 \$159.51
43217	esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other	\$130.74	\$274.82
43226	esophagoscopy, rigid or flexible;	\$109.11	\$109.11
43227	esophagoscopy, rigid or flexible; with control of bleeding (eg, injection,	\$162.62	\$162.62
43229	destruction of growths of esophagus using an endoscope	\$168.26	\$574.13
43233 43235	balloon dilation of esophagus, stomach, and/or upper small bowel using an endoscope	\$189.32	\$189.32 \$220.29
43235	upper gastrointestinal endoscopy including esophagus, stomach, upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$112.30 \$136.55	\$220.29 \$274.18
43239	upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$132.99	\$255.25
43241	upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$120.69	\$120.69
43247	upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$155.52	\$155.52
43251	upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$169.20	\$169.20
43253 43254	injection of diagnostic or therapeutic substances or markers in esophagus, stomach, and/or upper sm removal of tissue lining of esophagus, stomach, and/or upper small bowel using endoscope	\$219.65 \$227.95	\$219.65 \$227.95
43255	upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$220.17	\$220.17
43260	endoscopic retrograde cholangiopancreatography (ercp);	\$270.73	\$270.73
43266	placement of stent in esophagus, stomach, and/or upper small bowel using an endoscope	\$188.60	\$188.60
43270	destruction of growths on esophagus, stomach, and/or upper small bowel using an endoscope	\$198.25	\$573.04
43274	placement of stent pancreatic or bile duct using an endoscope	\$390.75	\$390.75
43275 43276	removal of foreign body or stent from pancreatic or bile duct using an endoscope replacement of stent pancreatic or bile duct using an endoscope	\$322.17 \$406.57	\$322.17 \$406.57
43276	balloon dilation of pancreatic or bile duct using an endoscope	\$324.16	\$324.16
43278	destruction of mass on gallbladder, pancreatic, liver, and bile ducts using an endoscope	\$368.56	\$368.56
43279	laparoscopy, surgical, esophagomyotomy (heller type) with fundoplasty, when performed	\$941.38	\$941.38
43280	laparoscopy, surgical, esophagogastric fundoplasty (eg, nissen, toupet	\$785.06	\$785.06
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without	\$937.11	\$937.11
43282 43300	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with i repair of esophagus	\$1,054.04 \$462.56	\$1,054.04 \$462.56
43305	repair or esophagus repair esophagus and fistula	\$830.70	\$830.70
43310	repair of esophagus	\$1,161.20	\$1,161.20
43312	esophagoplasty with repair of tracheoesophageal fi	\$1,282.65	\$1,282.65

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015		
The inclusion	on of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing	a Guide	
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Providers s	hould always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	additions	
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*** The fee s	schedule include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ıded on this fee so	hedule
43313	esophagoplasty for congenital defect, (plastic repair or reconstruction),	\$2,043.50	\$2,043.50
43314	esophagoplasty for congenital defect, (plastic repair or reconstruction),	\$2,339.83	\$2,339.83
43320	esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty,	\$1,020.21	\$1,020.21
43325	esophagogastric fundoplasty with fundic patch (tha	\$974.24	\$974.24
43327	Esophagogastric fundoplasty partial or complete; laparotomy	\$652.77	\$652.77
43328 43330	Esophagogastric fundoplasty partial or complete; thoracotomy esophagomyotomy (heller type); abdominal approach	\$952.44 \$955.69	\$952.44 \$955.69
43331	esophagomyotomy thoracic approach	\$1,034.67	\$1,034.67
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with	\$934.60	\$934.60
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with	\$1,014.95	\$1,014.95
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; wi	\$1,025.50	\$1,025.50
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; will	\$1,105.04	\$1,105.04
43336	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, excep	\$1,207.87	\$1,207.87
43337	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, excep	\$1,318.80	\$1,318.80
43340 43341	esophagojejunostomy w tot gastrec abd approach	\$992.01 \$1,090.93	\$992.01 \$1,090.93
43341	esophagojejunostomy thoracic approach esophagostomy thoracic approach	\$992.48	\$1,090.93
43352	esophagomyotomy cervical approach	\$811.45	\$811.45
43360	gastrointestinal reconstruction for previous esophagectomy,	\$1,740.71	\$1,740.71
43361	gastrointestinal reconstruction for previous esophagectomy, for obstructing	\$1,945.27	\$1,945.27
43400	ligation esophageal veins	\$1,194.24	\$1,194.24
43401	transection of esoph w/ repair for esoph varices	\$1,133.24	\$1,133.24
43405	ligation or stapling at gastroesophageal junction for pre-existing	\$1,096.58	\$1,096.58
43410	repair wound,esophagus	\$749.72	\$749.72
43415	suture of esophageal wound or injury; transthoracic or transabdominal approach	\$1,278.40	\$1,278.40
43420 43425	repair opening, esophagus closure of esophagostomy or fistula; transthoracic or transabdominal approach	\$750.60 \$1,122.85	\$750.60 \$1,122.85
43453	dilation of esophagus, over guide wire	\$74.36	\$217.87
43500	incision of stomach	\$561.04	\$561.04
43501	gastrotomy; with suture repair of bleeding ulcer	\$965.96	\$965.96
43502	gastrotomy;	\$1,094.06	\$1,094.06
43510	gastrotomy; with esophageal dilation and insertion of permanent intraluminal	\$692.44	\$692.44
43520	incision pyloric muscle	\$507.23	\$507.23
43605	biopsy of stomach	\$595.86	\$595.86
43610 43611	excision, local; ulcer or benign tumor of stomach	\$704.10 \$876.19	\$704.10
43620	excision, local; gastrectomy, total; with esophagoenterostomy	\$1.429.39	\$876.19 \$1.429.39
43621	gastrectomy, total;	\$1,628.30	\$1,628.30
43622	gastrectomy, total;	\$1,652.33	\$1,652.33
43631	gastrectomy, partial, distal;	\$1,047.59	\$1,047.59
43632	gastrectomy, partial, distal;	\$1,429.24	\$1,429.24
43633	gastrectomy, partial, distal;	\$1,359.74	\$1,359.74
43634	gastrectomy, partial, distal;	\$1,501.82	\$1,501.82
43640	division vagus nerve	\$841.92	\$841.92
43641 43644	vagotomy w/ pyloroplasty parietal cell laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and	\$849.29 \$1,246.80	\$849.29 \$1,246.80
43651	laparoscopy, surgical; transection of vagus nerves, truncal	\$466.72	\$466.72
43652	laparoscopy, surgical; transection of vagus nerves, selective or highly	\$546.82	\$546.82
43653	laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg,	\$397.86	\$397.86
43760	change of gastrostomy tube	\$39.29	\$243.52
43761	repositioning gastric feeding tube, thru duodenum	\$84.26	\$94.90
43800	reconstruction of pylorus	\$668.13	\$668.13
43810	fusion stomach and bowel	\$724.36	\$724.36
43820	gastrojejunostomy; without vagotomy	\$939.00	\$939.00
43825	fusion stomach and bowel	\$932.01 \$494.86	\$932.01 \$494.86
43830 43831	gastrostomy, open; without construction of gastric tube (eg, stamm procedure) temporary opening,stomach	\$494.86 \$412.79	\$494.86
43832	gastrostomy, open; with construction of gastric tube (eg, janeway procedure)	\$762.80	\$762.80
43840	repair lesion,stomach	\$952.38	\$952.38
43843	gastric restrictive procedure, without gastric bypass, for morbid obesity;	\$908.53	\$908.53

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		L
		Effective Date: 1/1/2015		,
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and the Med	icaid and Health Choi	ice Clinical Policies on the DMA Web Site.		
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43850	revision stom	achbowel fusion	\$1,164.18	\$1,164.18
43855		achbowel fusion	\$1,216.51	\$1,216.51
43860		strojejunal anastomosis (gastrojejunostomy) with reconstruction,	\$1,181.97	\$1,181.97
43865		achbowel fusion	\$1,229.55	
43870	repair openin		\$505.56	\$505.56
43880		ch-bowel fistula	\$1,154.70	\$1,154.70
44005	freeing of boy	vel adhesion	\$788.76	\$788.76
44010	duodenotomy		\$619.77	\$619.77
44020		small intestine, other than duodenum; for exploration, biopsy(s),	\$696.98	\$696.98
44021		mall bowel for decompression	\$704.93	\$704.93
44025	exploration of		\$709.59	
44050		vel obstruction	\$671.61	\$671.61
44055	correction of i		\$1,076.92	
44110		ne or more lesions of small or large intestine not requiring	\$607.75	*
44111	excision bowe		\$707.93	\$707.93
44120		resection of small intestine; single resection and anastomosis	\$877.43	
44125 44126		resection of small intestine; with enterostomy resection of small intestine for congenital atresia, single	\$851.64 \$1,760.01	\$851.64 \$1,760.01
44127		resection of small intestine for congenital atresia, single	\$2,049.66	
44128		resection of small intestine for congenital atresia, single	\$182.07	\$182.07
44130		stomy, anastomosis of intestine, with or without cutaneous	\$919.04	\$919.04
44135		transplantation; from cadaver donor	\$947.46	
44136		transplantation; from living donor	\$947.46	
44137		ansplanted intestinal allograft, complete	\$904.57	\$904.57
44140	partial remova		\$969.05	
44141	colectomy pa	rtial with cecostomy colostomy	\$1,276.15	\$1,276.15
44143	colectomy pa	rtial with end colostomy closure dista	\$1,194.04	\$1,194.04
44144	colectomy pa	rtial w/resec colos ileos mucofistula	\$1,255.06	\$1,255.06
44145	partial remova		\$1,208.33	
44146		rtial w/coloproctostomy colostomy	\$1,510.05	
44147		rtial abd and transanal approach	\$1,363.71	\$1,363.71
44150	removal of co		\$1,322.85	
44151		al with continent ileostomy	\$1,513.16	
44155	removal of co		\$1,482.82	\$1,482.82
44156		al abd w/ proctectomy w/ continent	\$1,629.21	\$1,629.21
44157 44158		tal, abdominal, with proctectomy; with ileoanal anastamosis, includes loop ileostomy, and		+ /
44160		tal, abdominal, with proctectomy; with ileoanal anastamosis, creation of ileal reservoir(s cartial, with removal of terminal ileum with ileocolostomy	\$1,586.55 \$892.97	\$892.97
44180	,,,	surgical, enterolysis (freeing of intestinal adhesion) (separat	\$665.45	
44186		surgical; jejunostomy (eg, for decompression or feeding)	\$468.75	
44187		surgical; ileostomy or jejunostomy, non-tube	\$789.87	\$789.87
44188	1 177	surgical, colostomy or skin level cecostomy	\$874.02	\$874.02
44202		surgical; enterectomy, resection of small intestine, single	\$1,002.91	\$1,002.91
44203		surgical; each additional small intestine resection and	\$180.47	\$180.47
44204	laparoscopy,	surgical; colectomy, partial, with anastomosis	\$1,120.24	\$1,120.24
44205		surgical; colectomy, partial, with removal of terminal ileum with	\$977.99	\$977.99
44206		surgical; colectomy, partial, with end colostomy and closure of	\$1,270.78	
44207		surgical; colectomy, partial, with anastomosis, with	\$1,335.93	
44208		surgical; colectomy, partial, with anastomosis, with	\$1,451.52	
44210		surgical; colectomy, total, abdominal, without proctectomy, with	\$1,296.87	
44211		surgical; colectomy, total, abdominal, with proctectomy, with	\$1,592.32	
44212		surgical; colectomy, total, abdominal, with proctectomy, with	\$1,493.29	
44213 44227		urgical, mobilization (take-down) of splenic flexure performed in	\$142.26 \$1,212.95	
44227	surgical open	surgical, closure of enterostomy, large or small intestine, wit	\$1,212.95 \$602.97	\$1,212.95 \$602.97
44300	ileostomy	III OI DOMEI	\$754.56	
44310		owel opening	\$428.24	
44314		owel opening	\$730.06	
44316	continent ileo		\$1,000.52	\$1,000.52
44320		skin level cecostomy	\$860.27	\$860.27

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015		
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and the Me	on of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billin dicaid and Health Choice Clinical Policies on the DMA Web Site. hould always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for		
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44322	colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital	\$679.86	\$679.86
44340	repair large bowel opening	\$430.50	\$430.50
44345	repair large bowel opening	\$752.65	\$752.65
44346	revision of colostomy w/ repair paracolostomy hern	\$845.38	\$845.38
44360	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$122.26	\$122.26 \$134.75
44361 44363	smail intestinal endoscopy, enteroscopy beyond second portion of duodenum, not sm intest endoscopy enteroscopy w/remov foreign bo	\$134.75 \$159.69	\$159.69
44364	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$171.98	\$171.98
44366	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$202.71	\$202.71
44369	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$207.08	\$207.08
44380	ileoscopy, through stoma; diagnostic, with or without collection of specimen(s)	\$53.16	\$53.16
44381	balloon dilation of small bowel using an endoscope which is inserted through abdominal opening	\$53.16	\$53.16
44382	ileoscopy, through stoma; with biopsy, single or multiple	\$63.93	\$63.93
44384	placement of stent in small bowel using an endoscope which is inserted through abdominal opening	\$53.16	\$53.16
44385	endoscopic evaluation of small intestinal (abdominal or pelvic) pouch;	\$81.97	\$181.01
44388	colonoscopy through stoma; diagnostic, with or without collection of	\$127.76	\$251.42
44401	destruction of large bowel growths using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
44402	stent placement in large bowel using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
44403	resection of large bowel tissue using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
44404	injections of large bowel using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
44405	balloon dilation of large bowel using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
44406	ultrasound examination of large bowel using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
44407	ultrasound guided fine needle aspiration/biopsies of large bowel using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
44408	decompression of large bowel using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
44500	introduction of long gastrointestinal tube (eg, miller-abbott)	\$20.44	\$20.44
44602	suture of small intestine (enterorrhaphy) for perforated ulcer,	\$997.36	\$997.36
44603	suture of small intestine (enterorrhaphy) for perforated ulcer,	\$1,142.85	\$1,142.85
44604	suture of large intestine (colorrhaphy) for perforated ulcer,	\$765.63	\$765.63
44605 44615	repair bowel lesion intestinal stricturoplasty (enterotomy and enterorrhaphy) with	\$943.65 \$777.31	\$943.65 \$777.31
44613	repair bowel opening	\$620.47	\$620.47
44625	closure of enterostomy, large or small intestine; with resection and	\$735.19	\$735.19
44626	closure of enterostomy, large or small intestine; with resection and colorectal	\$1,169.87	\$1,169.87
44640	repair bowel-skin fistula	\$1,020.31	\$1,020.31
44650	repair bowel fistula	\$1,061.08	\$1,061.08
44660	repair bowel-bladder fistula	\$1,028.09	\$1,028.09
44661	closure of enterovesical fistula; with intestine and/or bladder resection	\$1,153.36	\$1,153.36
44680 44700	surgical folding intestine exclusion of small intestine from pelvis by mesh or other prosthesis, or native	\$767.68 \$743.38	\$767.68 \$743.38
44700	intraoperative colonic lavage (list separately in addition to code for primary	\$743.38 \$125.47	\$743.38 \$125.47
44800	excision bowel pouch	\$545.41	\$545.41
44820	excision mesentery lesion	\$603.02	\$603.02
44850	repair of mesentery	\$532.05	\$532.05
44900	incision and drainage of appendiceal abscess; open	\$545.27	\$545.27
44950	appendectomy	\$461.90	\$461.90
44960	appendectomy for rupt appen w/abscess or generaliz	\$622.29	\$622.29
44970 45000	laparoscopy, surgical, appendectomy	\$424.10 \$295.68	\$424.10 \$295.68
45000 45005	transrectal drainage of pelvic abscess drainage of rectal abscess	\$295.68 \$109.48	\$295.68
45020	drainage of rectal abscess	\$386.36	\$386.36
45100	biopsy of rectum	\$204.85	\$204.85

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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*** The fee	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inc	luded on this fee s	schedule
45108		anorectal myomectomy	\$249.63	\$249.63
45110		proctectomy; complete, combined abdominoperineal, with colostomy	\$1,334.22	\$1,334.22
45111		proctectomy; partial resection of rectum, transabdominal approach	\$783.60	\$783.60
45112		proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal	\$1,377.84	\$1,377.84
45113		proctectomy, partial, with rectal mucosectomy, ileoanal	\$1,411.52	\$1,411.52
45114 45116		proctectomy, partial, with anastomosis; abdominal and transsacral approach partial removal of rectum	\$1,289.87 \$1,159.00	\$1,289.87 \$1,159.00
45119		procedure (eg, colo-anal	\$1,413.82	\$1,413.82
45120		proctectomy, complete (for congenital megacolon), abdominal and perineal	\$1,129.27	\$1,129.27
45121		proctectomy, complete (for congenital megacolon), abdominal and perineal	\$1,236.07	\$1,236.07
45123		proctectomy, partial, without anastomosis, perineal approach	\$800.98	\$800.98
45126		pelvic exenteration for colorectal malignancy, with proctectomy (with or	\$2,088.45	\$2,088.45
45130 45135		excision of rectal prolapse excision of rectal prolapse	\$783.41 \$958.84	\$783.41 \$958.84
45136		excision of ileoanal reservoir with ileostomy	\$1,327.35	\$1,327.35
45150		excision rectal stricture	\$284.12	\$284.12
45160		excision of rectal lesion	\$712.06	\$712.06
45171		Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	\$354.21	\$354.21
45172 45190		Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	\$486.76	\$486.76
45300		destruction of rectal tumor (eg, electrodessication, electrosurgery, laser proctosigmoidoscopy, rigid; diagnostic, with or without collection of	\$483.11 \$36.71	\$483.11 \$76.45
45303		proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	\$62.83	\$584.02
45307		proctosigm w/removal of foreign body	\$71.43	\$139.13
45317		proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar	\$84.35	\$149.82
45330		sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s)	\$47.36	\$98.55
45331 45333		sigmoidoscopy, flexible; with biopsy, single or multiple sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)	\$57.49 \$83.88	\$125.20 \$206.69
45334		sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar	\$127.25	\$127.25
45335		sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	\$70.04	\$176.64
45340		sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	\$88.30	\$313.50
45346		destruction of polyps or growths of large bowel using an endoscope	\$47.36	\$98.55
45347		placement of stent in large bowel using an endoscope	\$47.36	\$98.55
45349 45350		removal of large bowel tissue using an endoscope rubber banding of large bowel using an endoscope	\$47.36 \$47.36	\$98.55 \$98.55
45379		colonoscopy fiberoptic beyond splenic flexure w/re	\$209.44	\$370.59
45381		colonoscopy, flexible, proximal to splenic flexure; with directed submucosal	\$190.66	\$340.90
45382		colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	\$257.42	\$461.64
45386		colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1	\$205.56	\$484.48
45388		destruction of large bowel growths using an endoscope	\$167.15 \$167.15	\$291.93 \$291.93
45389 45390		stent placement of large bowel using an endoscope removal of large bowel tissue using an endoscope	\$167.15 \$167.15	\$291.93 \$291.93
45393		decompression of large bowel using an endoscope	\$167.15	\$291.93
45395		colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other	\$1,441.79	\$1,441.79
45397		colonoscopy through stoma; with transendoscopic stent placement (includes	\$1,562.95	\$1,562.95
45398		tying of large bowel using an endoscope	\$167.15	\$291.93
45400		laparoscopy, surgical; proctopexy (for prolapse) laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	\$832.75	\$832.75
45402 45500		repair of rectum	\$1,114.89 \$364.90	\$1,114.89 \$364.90
45505		repair of rectum	\$399.90	\$399.90
45540		fixation of rectal prolapse	\$768.75	\$768.75
45541		proctopexy for prolapse perineal approach	\$659.28	\$659.28
45550		fixation of rectal prolapse	\$1,057.10	\$1,057.10
45560 45562		repair rectocele separate procedure exploration, repair, and presacral drainage for rectal injury;	\$521.48 \$800.00	\$521.48 \$800.00
45563		exploration, repair, and presactal drainage for rectal injury; exploration, repair, and presactal drainage for rectal injury;	\$1,159.53	\$1,159.53
45800		repair rectobladder fistula	\$898.62	\$898.62
45805		repair rectobladder fistula	\$1,015.85	\$1,015.85
45820		repair rectourethral fistula	\$892.55	\$892.55
45825		repair rectourethral fistula reduction of rectal prolapse	\$1,073.91 \$141.15	\$1,073.91 \$141.15

		Nurse Practitioner Fee Schedule		
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		, ,		
45905		dilation of anal sphincter	\$119.54	\$119.54
45910		dilation rectal narrowing	\$141.68	\$141.68
45915		removal rectal obstruction	\$158.67	\$218.82
46020 46030		placement of seton removal of anal seton, other marker	\$156.40 \$62.29	\$177.67 \$88.86
46040		incision of rectal abscess	\$280.36	\$345.82
46045		drainage transanal abscess under anesthesia	\$289.26	\$289.26
46050		incision anal abscess	\$65.57	\$122.65
46060		incision and drainage of ischiorectal or intramural abscess, with fistulectomy	\$318.23	\$318.23
46070		incision anal septum	\$161.67	\$161.67
46080		incision anal sphincter	\$113.53	\$161.93
46083		incision of thrombosed hemorrhoid, external	\$75.76	\$121.64
46200		removal anal fissure	\$210.92	\$270.23
46220 46221		papillectomy or excision of single tab anus hemorrhoidectomy by simple ligature	\$81.26 \$128.54	\$129.93 \$170.51
46230		removal of anal tab	\$120.34	\$170.51
46250		hemorrhoidectomy	\$214.21	\$297.59
46255		hemorrhoidectomy	\$244.04	\$332.44
46257		hemorrhoidectomy with fissurectomy	\$285.34	\$285.34
46258		hemorrhoidectomy with fistulectomy	\$312.08	\$312.08
46260		hemorrhoidectomy	\$324.52	\$324.52
46261		hemorrhoidectomy int and external complex or exten	\$363.13	\$363.13
46262		hemorrhoidectomy int and ext complx or exten w/fis	\$378.82	\$378.82
46270 46275		surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous removal anal fistula	\$256.69 \$275.48	\$322.15 \$341.50
46280		surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or	\$315.89	\$315.89
46285		removal anal fistula	\$271.99	\$332.14
46288		closure of anal fistula with rectal advancement flap	\$373.88	\$373.88
46320		removal hemorrhoid clot	\$77.34	\$117.63
46500		injection treatment of anus	\$87.36	\$142.46
46505		chemodenervation of internal anal sphincter	\$159.73	\$187.71
46600		anoscopy; diagnostic, with or without collection of specimen(s) by brushing or	\$27.95	\$57.04
46601		diagnostic examination of anus with magnification and chemical agent enhancement using an endoscope	\$27.95	\$57.04
46604		anoscopy; with dilation (eg, balloon, guide wire, bougie)	\$48.56	\$350.42
46606		anoscopy; with biopsy, single or multiple	\$53.69	\$145.44
46607		biopsies of anus with magnification and chemical agent enhancement using an endoscope	\$27.95	\$57.04
46608		anoscopy;	\$59.17	\$150.38
46610		anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy	\$58.66	\$148.74
46612		anoscopy; with removal of multiple tumors, polyps, or other lesions by hot	\$71.72	\$178.31
46614		anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar	\$51.15	\$90.59
46700 46705		repair anal stricture repair of anal stricture	\$450.94	\$450.94 \$370.88
46705		repair of anal stricture repair of anal fistula with fibrin glue	\$370.88 \$119.11	\$370.88 \$119.11
46707		Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	\$272.30	\$272.30
46710		repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch adva	\$768.64	\$768.64
46712		repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch adva	\$1,571.69	\$1,571.69
46715		repair of low imperforate anus; with anoperineal fistula ("cut-back"	\$367.10	\$367.10
46716		repair of low imperforate anus; with transposition of anoperineal or	\$895.59	\$895.59
46730		repair of high imperforate anus without fistula; perineal or sacroperineal	\$1,363.24	\$1,363.24
46735		repair of high imperforate anus without fistula; combined transabdominal and	\$1,592.99	\$1,592.99
46740 46742		construction of anus repair of high imperforate anus with rectourethral or rectovaginal	\$1,464.50 \$1,731.40	\$1,464.50 \$1,731.40
46744		repair of nigh imperiorate ands with rectourethral of rectovaginal repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	\$1,731.40	\$1,731.40
		repair of cloacal anomaly by anorectovaginoplasty and drefinoplasty,	\$2,854.17	\$2,474.08
46/46		repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	\$2,983.61	\$2,983.61
46746 46748				
		repair anal sphincter	\$545.77	
46748				\$545.77 \$452.08

	Nurse Practitioner Fee Schedule		
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40700		#770.50	#770.50
46760 46761	repair anal sphincter sphincteroplasty, levatormuscle imbrication	\$772.56 \$668.60	\$772.56 \$668.60
46762	sphincteroplasty w/ artificial sphincter	\$658.51	\$658.51
46900	removal of anal warty growth	\$98.23	\$156.14
46910	removal of anal warty growth	\$94.07	\$162.61
46916	destruction anal lesion, simple; cryosurgery	\$103.17	\$161.09
46917	destruction of lesion(s), anus (eg, condyloma, papilloma,	\$94.74	\$306.79
46922	destruction anal lesion, simple; surgical excision	\$94.09	\$169.34
46924	destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum	\$131.58	\$348.96
46930	destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofreque	\$108.72	\$149.28
46940 46942	curettage or cautery of anal fissure, including dilation of anal sphincter	\$105.09	\$148.18 \$136.09
46942 46945	treatment of anal fissure ligation of internal hemorrhoids;	\$93.33 \$146.96	\$136.98 \$189.48
46946	ligation of internal hemorrhoids;	\$156.00	\$205.79
46947	hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	\$266.03	\$266.03
47010	hepatotomy; for open drainage of abscess or cyst, one or two stages	\$856.43	\$856.43
47015	laparotomy, with aspiration and/or injection of hepatic	\$812.72	\$812.72
47100	biopsy of liver, wedge	\$594.35	\$594.35
47120	partial removal of liver	\$1,678.04	\$1,678.04
47122	resection of liver, trisegmentectomy	\$2,500.04	\$2,500.04
47125	partial removal of liver	\$2,238.77	\$2,238.77
47130 47135	partial removal of liver	\$2,407.52 \$3,542.03	\$2,407.52 \$3,542.03
47136	liver allotransplantation; orthotopic, partial or whole, from cadaver or living liver allotransplantation;	\$3,019.77	\$3,042.03
47300	treatment,liver lesion	\$799.68	\$799.68
47350	management of liver hemorrhage; simple suture of liver wound or injury	\$981.90	\$981.90
47360	management of liver hemorrhage; complex suture of liver wound or injury, with	\$1,337.38	\$1,337.38
47361	management of liver hemorrhage; exploration of hepatic wound, extensive	\$2,200.80	\$2,200.80
47362	management of liver hemorrhage; re-exploration of hepatic wound for removal of	\$1,019.12	\$1,019.12
47370	laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency	\$898.33	\$898.33
47371	laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical	\$914.39	\$914.39
47380 47381	ablation, open, of one or more liver tumor(s); radiofrequency	\$1,050.71 \$1,070.86	\$1,050.71
47381	ablation, open, of one or more liver tumor(s); cryosurgical ablation, one or more liver tumor(s), percutaneous, radiofrequency	\$663.58	\$1,070.86 \$663.58
47383	destruction of 1 or more liver growths, accessed through the skin	\$410.78	\$5,986.70
47400	incision of bile duct	\$1,526.61	\$1,526.61
47420	choledochotomy or choledochostomy with exploration, drainage, or removal of	\$961.53	\$961.53
47425	incision of bile duct	\$971.21	\$971.21
47460	transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal	\$915.92	\$915.92
47480	incision of gallbladder	\$608.96	\$608.96
47490	percutaneous cholecystostomy	\$408.10	\$408.10
47510	introduction transhepatic cath or stent	\$387.17	\$387.17
47511 47525	intro transhepatic stent for biliary drainage change percutaneous biliary drainage catheter	\$487.78 \$99.62	\$487.78 \$440.09
47530	revision and/or reinsertion of transhepatic tube	\$290.85	\$1,067.19
47562	laparoscopy, surgical; cholecystectomy	\$528.57	\$528.57
47563	laparoscopy, surgical; cholecystectomy with cholangiography	\$541.29	\$541.29
47564	laparoscopy, surgical; cholecystectomy with exploration of common duct	\$626.04	\$626.04
47570	laparoscopy, surgical; cholecystoenterostomy	\$558.66	\$558.66
47600	removal of gallbladder	\$759.00	\$759.00
47605	removal of gallbladder	\$702.36	\$702.36
47610	removal of gallbladder	\$901.29	\$901.29
47612	cholecystectomy w/ choledochoenterostomy	\$910.70	\$910.70
47620 47630	removal of gallbladder biliary duct stone ext percut via t-tube tract	\$988.73 \$442.34	\$988.73 \$442.34
47700	explor for cong atresia bile ducts with or w/o liv	\$748.58	\$748.58
47701	portoenterostomy	\$1,288.65	\$1,288.65
47711	excision of bile duct tumor, with or without primary repair of bile duct;	\$1,118.75	\$1,118.75
47712	excision of bile duct tumor, with or without primary repair of bile duct;	\$1,433.69	\$1,433.69
47715	excision of choledochal cyst	\$939.81	\$939.81

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	· •		
47720	fusion gallbladder & bowel	\$811.38	\$811.38
47721	cholecystoenterostomy w/gastroenterostomy	\$958.07	\$958.07
47740	fusion gallbladder & bowel	\$925.71	\$925.71
47741 47760	cholecystoenterostomy; anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	\$1,049.16 \$1,582.51	\$1,049.16 \$1,582.51
47765	anastomosis, of intrahepatic binary ducts and gastrointestinal tract	\$2,090.88	\$2,090.88
47780	fusion bile ducts and bowel	\$1,731.02	\$1,731.02
47785	anastomosis, roux-en-y, of intrahepatic biliary ducts and	\$2,258.26	\$2,258.26
47800	reconstruction of bile ducts	\$1,129.73	\$1,129.73
47801	placement of choledochal stent	\$796.80	\$796.80
47802	u-tube hepaticoenterostomy	\$1,084.10	\$1,084.10
47900	suture of extrahepatic biliary duct for pre-existing injury	\$977.07	\$977.07
48000 48001	placement of drains, peripancreatic, for acute pancreatitis; placement of drains, peripancreatic, for acute pancreatitis;	\$1,355.87 \$1,667.70	\$1,355.87 \$1,667.70
48020	removal of pancreatic stone	\$835.00	\$835.00
48100	biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge	\$633.83	\$633.83
48102	biopsy pancreas needle percutaneous	\$204.54	\$406.53
48105	resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis.	\$2,055.89	\$2,055.89
48120	removal pancreas lesion	\$792.43	\$792.43
48140	pancreatectomy, distal subtotal, with or without splenectomy; without	\$1,122.41	\$1,122.41
48145	partial removal of pancreas	\$1,165.76	\$1,165.76
48146 48148	pancreatectomy, distal, near-total with preservation of duodenum excision of ampulla of vater	\$1,329.01 \$882.61	\$1,329.01 \$882.61
48150	pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy,	\$2,246.16	\$2,246.16
48152	pancreatectomy, proximal subtotal with total duodenectomy,	\$2,076.53	\$2,076.53
48153	pancreatectomy, proximal subtotal with near-total duodenectomy,	\$2,243.13	\$2,243.13
48154	pancreatectomy, proximal subtotal with near-total duodenectomy,	\$2,082.01	\$2,082.01
48155	removal of pancreas	\$1,288.69	\$1,288.69
48500	marsupialization of pancreatic cyst	\$806.92	\$806.92
48510 48520	external drainage, pseudocyst of pancreas; open	\$766.19 \$783.25	\$766.19 \$783.25
48540	fusion pancreas cyst - bowel fusion pancreas cyst - bowel	\$936.67	\$936.67
48545	pancreatorrhaphy for injury	\$948.19	\$948.19
48547	duodenal exclusion with gastrojejunostomy for pancreatic injury	\$1,279.81	\$1,279.81
48548	pancreaticojejunostomy, side-to-side anastomisis (puestow-type operation)	\$1,198.07	\$1,198.07
49000	exploration of abdomen	\$556.74	\$556.74
49002	reexploration of abdomen	\$732.19	\$732.19
49010	exploration behind abdomen	\$690.74	\$690.74
49020 49040	drainage of peritoneal abscess or localized peritonitis, exclusive of drainage of subdiaphragmatic or subphrenic abscess; open	\$1,143.06 \$716.06	\$1,143.06 \$716.06
49060	drainage of subdiaprilagination subplified abscess, open	\$801.60	\$801.60
49062	drainage of extraperitoneal lymphocele to peritoneal cavity, open	\$544.29	\$544.29
49082	abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	\$39.71	\$92.36
49083	abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	\$61.24	\$174.37
49084	peritoneal lavage, including imaging guidance, when performed	\$56.09	\$56.09
49203	excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritonea		\$873.06
49204	excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritonea		\$1,115.77
49205 49215	excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritonea excision of presacral or sacroccygeal tumor	\$1,278.01 \$1,602.62	\$1,278.01 \$1,602.62
49213	staging laparotomy for hodgkins disease or lymphoma (includes splenectomy,	\$696.00	\$696.00
49250	excision of umbilicus	\$415.00	\$415.00
49255	removal of omentum	\$563.90	\$563.90
49320	laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without	\$237.75	\$237.75
49321	laparoscopy, surgical; with biopsy (single or multiple)	\$250.30	\$250.30
49322	laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiration of	\$272.20	\$272.20
49323	laparoscopy, surgical, abdomen, peritoneum, and omentum; with drainage of	\$462.27	\$462.27
49324 49325	laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with ren	\$283.37 3304.33	\$283.37 \$304.33
49325	laparoscopy, surgical; with revision of previously praced intrapentorieal cannot of carrierer, with ren laparoscopy, surgical; with omentopexy (omental tacking procedure) (list separately in addition to co		\$304.33 \$140.87
49402	removal of peritoneal foreign body from peritoneal cavity	\$614.81	\$614.81

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49405	fluid collection drainage by catheter using imaging guidance, accessed through the skin	\$174.40	\$690.48
49406	fluid collection drainage by catheter using imaging guidance, accessed through the skin	\$174.68	\$690.21
49407	fluid collection drainage by catheter using imaging guidance, accessed throug vagina or rectum	\$185.95	\$584.05
49419 49421	insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, insertion intraperitoneal cannula permanent	\$328.31 \$281.24	\$328.31 \$281.24
49421	removal of permanent intraperitoneal cannula or catheter	\$282.74	\$282.74
49425	insertion of peritoneal-venous shunt	\$551.93	\$551.93
49426	revision of peritoneal-venous shunt	\$470.14	\$470.14
49428	ligation of peritoneal-venous shunt	\$316.09	\$316.09
49429	removal of peritoneal-venous shunt	\$334.31	\$334.31
49436	delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or cath	\$131.76	\$131.76
49440	insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance	\$189.25	\$818.99
49441	insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic	\$209.14	\$889.51
49442 49446	insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic	\$172.86 \$139.37	\$796.73 \$743.37
49446	conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous,	\$55.81	\$553.79
49451	replacement of duodenostomy or jejunostomy tube, percutaneous, under	\$77.63	\$528.31
49452	replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic	\$121.00	\$666.54
49460	mechanical removal of obstructive material from gastrostomy, duodenostomy,	\$39.78	\$606.02
49465	contrast injection(s) for radiological evaluation of existing gastrostomy,	\$26.04	\$127.59
49491	repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation	\$555.23	\$555.23
49492	repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation	\$678.50	\$678.50
49495	repair, initial inguinal hernia, full term infant under age 6 months, or	\$282.16	\$282.16
49496 49500	repair initial inguinal hernia, under age 6 months, with or	\$428.00 \$280.15	\$428.00 \$280.15
49500	repair initial inguinal hernia, age 6 months to under 5 years, with or without repair initial inguinal hernia, age 6 months to under 5 years,	\$424.96	\$424.96
49505	repair initial inguinal hernia, age 5 years or over; reducible	\$368.03	\$368.03
49507	repair initial inguinal hernia, age 5 years or over;	\$453.47	\$453.47
49520	repair recurrent inguinal hernia, any age; reducible	\$450.16	\$450.16
49521	repair recurrent inguinal hernia, any age;	\$549.50	\$549.50
49525	repair inguinal hernia, sliding, any age	\$406.83	\$406.83
49540	repair lumbar hernia	\$481.56	\$481.56
49550	repair initial femoral hernia, any age, reducible;	\$408.84	\$408.84
49553 49555	repair initial femoral hernia, any age; repair recurrent femoral hernia; reducible	\$447.56 \$425.71	\$447.56 \$425.71
49557	repair recurrent femoral hernia; reducible	\$517.37	\$517.37
49560	repair initial incisional or ventral hernia: reducible	\$529.08	\$529.08
49561	repair initial incisional hernia;	\$667.95	\$667.95
49565	repair recurrent incisional or ventral hernia; reducible	\$548.56	\$548.56
49566	repair recurrent incisional hernia;	\$674.83	\$674.83
49570	repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	\$289.22	\$289.22
49572	repair epigastric hernia (eg, preperitoneal fat);	\$359.06	\$359.06
49580 49582	repair umbilical hernia, under age 5 years; reducible repair umbilical hernia, under age 5 years;	\$224.82 \$334.73	\$224.82 \$334.73
49582	repair umbilical nernia, under age 5 years; repair umbilical hernia, age 5 years or over;	\$334.73 \$311.09	\$334.73 \$311.09
49587	repair umblical hernia, age 5 years or over;	\$369.11	\$369.11
49590	repair abdominal hernia	\$405.36	\$405.36
49600	repair of small omphalocele, with primary closure	\$523.29	\$523.29
49605	repair of large omphalocele or gastroschisis; with or without prosthesis	\$3,627.30	\$3,627.30
49606	repair omphalocele stag clo prosth red op room ane	\$820.26	\$820.26
49610	repair umbilical hernia	\$486.82	\$486.82
49611	repair umbilical hernia	\$437.69	\$437.69
49650 49651	laparoscopy, surgical; repair initial inguinal hernia laparoscopy, surgical; repair recurrent inguinal hernia	\$302.65 \$391.48	\$302.65 \$391.48
49651	laparoscopy, surgical; repair recurrent inguinal nernia laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric	\$391.48 \$570.48	\$391.48 \$570.48
49653	laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric	\$712.80	\$712.80
49654	laparoscopy, surgical, repair, rorital, dinametri, apigonan or opigatino	\$655.66	\$655.66
49655	laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when	\$789.23	\$789.23
49656	laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh	\$658.03	\$658.03
49657	laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh	\$950.48	\$950.48

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49900		repair of abdominal wall	\$581.19	\$581.19
49904		omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall	\$1,082.04	\$1,082.04
50010		exploration of kidney	\$569.06	\$569.06
50020 50040		drainage of perirenal or renal abscess; open	\$812.65 \$765.20	\$812.65 \$765.20
50040		drainage of kidney exploration of kidney	\$772.73	\$772.73
50060		removal of kidney stone	\$951.99	\$951.99
50065		incision of kidney	\$1,001.19	\$1,001.19
50070		incision of kidney	\$994.73	\$994.73
50075		removal of kidney stone	\$1,223.18	\$1,223.18
50080		percutaneous nephrostolithotomy, up to 2 cm	\$726.77	\$726.77
50081		percutaneous nephrostolithotomy, over 2 cm	\$1,068.02	\$1,068.02
50100		revise kidney blood vessels	\$778.89	\$778.89
50120		exploration of kidney	\$787.87	\$787.87
50125 50130		exploration/drainage kidney removal of kidney stone	\$814.74 \$862.22	\$814.74 \$862.22
50135		exploration of kidney	\$934.08	\$934.08
50205		biopsy of kidney	\$548.59	\$548.59
50220		nephrectomy, including partial ureterectomy, any open approach including rib	\$849.01	\$849.01
50225		removal of kidney	\$983.91	\$983.91
50230		removal of kidney	\$1,067.07	\$1,067.07
50234		nephrectomy with total ureterectomy and bladder cu	\$1,083.16	\$1,083.16
50236		removal of kidney & ureter	\$1,225.38	\$1,225.38
50240		partial removal of kidney	\$1,100.55	\$1,100.55
50250		ablation, open, one or more renal mass lesion(s), cryosurgical, including in	\$1,020.88	\$1,020.88
50280 50290		removal of kidney lesion excision of perinephric cyst	\$784.42 \$724.40	\$784.42 \$724.40
50320		donor nephrectomy, open from living donor (excluding preparation and	\$1,067.40	\$1,067.40
50340		removal of kidney	\$658.41	\$658.41
50360		renal allotransplantation, implantation of graft; excluding donor and recipient	\$1,809.70	\$1,809.70
50365		transplantation of kidney	\$2,038.89	\$2,038.89
50370		removal of transplanted renal allograft	\$845.60	\$845.60
50380		reimplantation of kidney	\$1,426.92	\$1,426.92
50400		revision of kidney/ureter	\$961.48	\$961.48
50405		revision of kidney/ureter	\$1,166.57	\$1,166.57
50500 50520		repair of kidney wound closure kidney/skin fistula	\$932.24 \$861.94	\$932.24 \$861.94
50525		closure nephrovisceral fistula including visceral	\$1,078.59	\$1,078.59
50526		closure nephrovisceral fistula thoracic approach	\$1,130.48	\$1,130.48
50540		revision of horseshoe kidney	\$942.26	\$942.26
50541		laparoscopy, surgical; ablation of renal cysts	\$767.47	\$767.47
50542		aparoscopy, surgical; ablation of renal mass lesion(s)	\$973.57	\$973.57
50543		aparoscopy, surgical; partial nephrectomy	\$1,242.53	\$1,242.53
50544		aparoscopy, surgical; pyeloplasty	\$1,047.97	\$1,047.97
50545		aparoscopy, surgical; radical nephrectomy (includes removal of gerota's fascia	\$1,124.72	\$1,124.72
50546		laparoscopy, surgical; nephrectomy, including partial ureterectomy	\$996.64	\$996.64
50547 50548		laparoscopy, surgical; donor nephrectomy from living donor (excluding laparoscopy, surgical; nephrectomy with total ureterectomy	\$1,197.26 \$1,134.25	\$1,197.26 \$1,134.25
50562		renal endoscopy through established nephrostomy or pyelostomy, with or without	\$493.61	\$493.61
50590		lithotripsy shock wave (professional component)	\$467.69	\$751.07
50592		ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency	\$303.64	\$2,781.75
50600		exploration of ureter	\$779.02	\$779.02
50605		ureterotomy for insertion of indwelling stent	\$751.00	\$751.00
50610		removal of stone, ureter	\$794.75	\$794.75
50620		removal of stone, ureter	\$753.81	\$753.81
50630		removal of stone, ureter	\$735.23	\$735.23
50650		removal of ureter	\$859.60	\$859.60
50660		removal of ureter	\$950.84	\$950.84
50688		change of ureter tube revision of ureter	\$65.28 \$769.67	\$65.28 \$769.67

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015		
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and the Medi	aid and Health Choice Clinical Policies on the DMA Web Site.		
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changes and	deletion to this schedule.		
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50715	release of ureter	\$910.84	\$910.84
50722	release of ureter	\$792.34	\$792.34
50725	release/revision of ureter	\$905.80	\$905.80
50727	revision urinary-cutaneous anastomosis	\$414.05	\$414.05
50728	revision of urinary-cutaneous anastomosis with repair	\$571.50	\$571.50
50740 50750	fusion of ureter-kidney fusion of ureter-kidney	\$891.74 \$967.25	\$891.74 \$967.25
50760	fusion of ureter	\$907.23	\$907.23
50770	splicing of ureters	\$937.53	\$937.53
50780	reimplant ureter in bladder	\$905.03	\$905.03
50782	ureteroneocystostomy; anastomosis	\$888.67	\$888.67
50783	ureteroneocystostomy; ureteral tailoring	\$922.31	\$922.31
50785	reimplant ureter in bladder	\$1,004.45	\$1,004.45
50800	implant ureter in bowel	\$762.11	\$762.11
50810 50815	ureterosigmoidostomy, with creation of sigmoid bladder and establishment of	\$1,004.18	\$1,004.18
50815	ureterocolon conduit, including intestine anastomosis ureteroileal conduit (ileal bladder), including intestine anastomosis (bricker	\$1,017.04 \$1,083.77	\$1,017.04 \$1.083.77
50825	continent diversion, including intestine anastomosis using any segment of small	\$1,375.49	\$1,375.49
50830	urinary andiversion	\$1,494.00	\$1,494.00
50840	replacement of all or part of ureter by intestine segment, including intestine	\$1,023.54	\$1,023.54
50845	cutaneous appendico-vesicostomy	\$1,037.81	\$1,037.81
50860	transplant of ureter to skin	\$786.32	\$786.32
50900	repair of ureter	\$691.80	\$691.80
50920	closure ureter/skin fistula	\$731.34	\$731.34
50930	closure ureter/bowel fistula	\$886.90	\$886.90
50940 50945	release of ureter laparoscopy, surgical, ureterolithotomy	\$735.85 \$817.21	\$735.85 \$817.21
50947	laparoscopy, surgical, ureteroneocystostomy with cystoscopy and ureteral stent	\$1,159.20	\$1,159.20
51020	cystotomy or cystostomy w/fulgration and/or insert	\$383.69	\$383.69
51030	incision/treatment bladder	\$380.48	\$380.48
51040	incision of bladder	\$239.24	\$239.24
51045	incision of bladder	\$382.68	\$382.68
51050	removal of bladder stone	\$389.81	\$389.81
51060	removal of ureteral stone	\$480.38	\$480.38
51065	cystotomy, with calculus basket extraction and/or ultrasonic or	\$477.21	\$477.21
51080 51100	drainage of bladder abscess aspiration of bladder: by needle	\$333.78 \$32.39	\$333.78 \$49.45
51100	aspiration of bladder; by freedie aspiration of bladder; by trocar or intracatheter	\$43.40	\$100.19
51102	aspiration of bladder; with insertion of suprapubic catheter	\$125.63	\$191.10
51500	removal of bladder cyst	\$514.52	\$514.52
51520	removal of bladder lesion	\$484.26	\$484.26
51525	removal of bladder lesion	\$713.06	\$713.06
51530	removal of bladder lesion	\$635.36	\$635.36
51535	revision of ureter lesion	\$645.40	\$645.40
51550	partial removal of bladder	\$784.57 \$1.043.86	\$784.57
51555 51565	partial removal of bladder revision of bladder & ureter	\$1,043.86 \$1,067.08	\$1,043.86 \$1,067.08
51570	removal of bladder	\$1,219.28	\$1,219.28
51575	cyctectomy w/bilat lymphadenectomy including hypog	\$1,524.25	\$1,524.25
51580	removal of bladder	\$1,587.95	\$1,587.95
51585	cyctectomy w/bilat lymph including hypogastric and	\$1,769.26	\$1,769.26
51590	cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including	\$1,612.07	\$1,612.07
51595	cystectomy w/bilat lymph including hypogastric and	\$1,832.32	\$1,832.32
51596	cystectomy, complete, with continent diversion, any open technique, using any	\$1,969.33	\$1,969.33
51597 51700	removal of pelvic structures irrigation of bladder	\$1,899.50	\$1,899.50 \$70.30
51700	insertion of non-dwelling bladder catheter (eg, straight catheterization for	\$37.28 \$22.60	\$70.29 \$48.62
51701	insertion of horr-dwelling bladder catheter; simple (eg, foley)	\$24.84	\$62.33
51703	insertion of temporary indwelling bladder catheter; complicated (eg, altered	\$68.20	\$113.52
51705	change of cystostomy tube;	\$55.15	\$90.97

		Nurse Practitioner Fee Schedule		
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		d Health Choice Clinical Policies on the DMA Web Site.	y	
Providers s	should alv	vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions	
		n to this schedule.	additions,	
*** The fee	schodulo	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not incl	uded on this fee	schodulo
THE ICC S	Sorreduic	monder the new codes for 2010 and the pending 170 face reduction effective 177/2010 is not mon	aded on this rec	sonedare
51710		change of bladder tube	\$78.52	\$128.33
51725		simple cystometrogram	\$175.74	\$175.74
51726 51727		complex cystometrogram with gas	\$254.64 \$178.10	\$254.64 \$178.10
51727	26	complex cystometrogram (ie, calibrated electronic equipment); with urethral complex cystometrogram (ie, calibrated electronic equipment); with urethral	\$67.10	\$67.10
51727	TC	complex cystometrogram (ie, calibrated electronic equipment); with urethral	\$111.00	\$111.00
51728		complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$178.01	\$178.01
51728	26	complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$66.37	\$66.37
51728	TC	complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$111.66	\$111.66
51729		complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$191.97	\$191.97
51729	26	complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$79.01	\$79.01
51729	TC	complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$112.97	\$112.97
51736 51741		simpl uroglowmetry electronic uroflowmetry initial recording	\$43.38 \$69.03	\$43.38 \$69.03
51741	TC	electronic uroflowmetry initial recording	\$20.25	\$20.25
51741	26	electronic dronownerry initial recording	\$48.79	\$48.79
51784		electromyography studies (emg) of anal or urethral sphincter,	\$161.52	\$161.52
51784	26	anal/urinary muscle study	\$64.51	\$64.51
51784	TC	anal/urinary muscle study	\$97.00	\$97.00
51785		needle electromyography studies (emg) of anal or urethral sphincter, any	\$175.04	\$175.04
51792		stimulus evoked response	\$182.57	\$182.57
51798		measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	\$16.08	\$16.08
51800		cystoplasty or cystourethroplasty with or w/o res	\$866.81	\$866.81
51820		revision of urinary tract	\$883.84	\$883.84
51840 51841		anterior vesicourethropexy, or urethropexy (eg, marshall-marchetti-krantz, fixation of bladder/urethra	\$527.38 \$626.17	\$527.38 \$626.17
51845		abdomino-vaginal vesical neck suspension	\$480.29	\$480.29
51860		repair of bladder wound	\$587.43	\$587.43
51865		repair of bladder wound	\$728.08	\$728.08
51880		repair of bladder opening	\$380.67	\$380.67
51900		repair bladder/vagina lesion	\$675.15	\$675.15
51920		repair bladder/uterus lesion	\$623.97	\$623.97
51925		hysterectomy/bladder repair	\$813.68	\$813.68
51940 51960		closure, exstrophy of bladder enterocystoplasty, including intestinal anastomosis	\$1,337.11 \$1,152.62	\$1,337.11 \$1,152.62
51980		construct bladder opening	\$589.68	\$589.68
51990		laparoscopy, surgical; urethral suspension for stress incontinence	\$607.02	\$607.02
51992		laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or	\$662.58	\$662.58
52250		cystovre ins radioac sub w/wo biopsy o fulguration	\$204.87	\$204.87
52265		local anesthesia	\$133.14	\$341.85
52332		cystourethroscopy w/intsert indw ureteral sternt	\$131.58	\$387.55
52356		crushing of stone in urinary duct (ureter) with stent using an endoscope	\$335.06	\$335.06
52400 52450		cystourethroscopy with incision, fulguration, or resection of congenital transurethral incision of prostate	\$406.16 \$386.31	\$406.16 \$386.31
52450		revision of bladder	\$403.67	\$403.67
52601		transurethral electrosurgical resection of prostate, including control of	\$687.74	\$687.74
52630		remove prostate regrowth	\$367.60	\$367.60
52640		relieve bladder contracture	\$250.26	\$250.26
52647		non-contact laser coagulation of prostate, including control	\$535.02	\$1,742.19
52648		contact laser vaporization with or without transurethral	\$571.12	\$1,780.51
52649		laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete the control of postoperative bleeding, control of postoperative bleeding the control of p	\$816.40	\$816.40
52700		drainage of prostate abscess	\$358.88	\$358.88
53000		revision of urethra	\$122.43	\$122.43
53010 53040		revision of urethra drainage of urethra abscess	\$239.68 \$324.10	\$239.68 \$324.10
53040		drainage of urethra abscess drainage of urethra abscess	\$324.10 \$126.64	\$142.31
53080		drainage of urinary leakage	\$358.63	\$358.63
53085		drainage of urinary leakage	\$510.46	\$510.46
53210		removal of urethra	\$638.74	\$638.74
53215		removal of urethra	\$776.32	\$776.32

	Nurse Practitioner Fee Schedule		
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and the Med	licaid and Health Choice Clinical Policies on the DMA Web Site.		
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	hould always bill their usual and customary charges. Please use the monthly NC Medicaid Bu d deletion to this schedule.	unetins for additions,	
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53220	treatment of urethra lesion	\$372.26	\$372.26
53230	removal of urethra lesion	\$496.75	\$496.75
53235	removal of urethra lesion	\$528.30	\$528.30
53240 53250	revision of urethral pouch	\$354.24 \$328.62	\$354.24 \$328.62
53250	removal of urethral gland treatment of urethral lesion	\$145.04	\$328.62 \$163.23
53265	treatment of urethral lesion	\$152.45	\$180.98
53270	removal of urethral gland	\$149.32	\$166.39
53275	repair of urethral defect	\$220.10	\$220.10
53400	revision urethra, 1st stage	\$664.01	\$664.01
53405	revision urethra, 2nd stage reconstruction of urethra	\$731.61 \$816.80	\$731.61
53410 53415	urethroplasty, transpubic, one stage	\$942.66	\$816.80 \$942.66
53420	revision urethra, 1st stage	\$670.51	\$670.51
53425	revision urethra, 2nd stage	\$786.91	\$786.91
53430	reconstruction of urethra	\$785.58	\$785.58
53431	urethroplasty with tubularization of posterior urethra and/or lower bladder for	\$963.54	\$963.54
53440 53442	operation for correction of male urinary incontinence, with removal or revision of sling for male urinary incontinence (eg, fascia or	\$728.27 \$640.92	\$728.27 \$640.92
53444	insertion of tandem cuff (dual cuff)	\$662.59	\$662.59
53445	insertion of inflatable urethral/bladder neck sphincter, including placement of	\$731.06	\$731.06
53446	removal of inflatable urethral/bladder neck sphincter, including pump,	\$533.97	\$533.97
53447	removal and replacement of inflatable urethral/bladder neck sphincter including	\$676.13	\$676.13
53448	removal and replacement of inflatable urethral/bladder neck sphincter including	\$1,070.19	\$1,070.19
53449 53450	repair of inflatable urethral/bladder neck sphincter, including pump, revision of urethra	\$507.80 \$337.26	\$507.80 \$337.26
53460	revision of urethra	\$379.15	\$379.15
53500	urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg,	\$610.72	\$610.72
53502	urethrorrhaphy female	\$401.09	\$401.09
53505	repair of urethra injury	\$402.90 \$524.69	\$402.90
53510 53515	repair of urethra injury repair of urethra injury	\$662.53	\$524.69 \$662.53
53520	repair of urethra defect	\$460.10	\$460.10
53850	transurethral destruction of prostate tissue; by microwave thermotherapy	\$472.20	\$1,995.20
53852	transurethral destruction of prostate tissue; by radiofrequency thermotherapy	\$513.80	\$1,922.10
54000	slitting of prepuce, dorsal or lateral (separate procedure);	\$87.90	\$127.06
54001 54015	slitting of prepuce, dorsal or lateral (separate procedure); incision and drainage of penis deep	\$113.64 \$257.18	\$156.72 \$257.18
54050	treatment of penis lesion	\$76.84	\$95.87
54055	treatment of penis lesion	\$70.91	\$91.61
54056	destruction of lesion, penis, simple; cryosurgery	\$79.27	\$99.97
54057	destruction of lesion, penis, simple; laser	\$74.53	\$109.77
54060	treatment of penis lesion destruction of lesion(s), penis (eg. condyloma, papilloma, molluscum	\$104.28 \$127.40	\$148.75
54065 54105	biopsy of penis	\$127.49 \$178.09	\$163.57 \$226.21
54110	treatment of penis lesion	\$517.22	\$517.22
54111	excision of penile plaque with graft to 5cm	\$669.09	\$669.09
54112	excision of penile plaque with graft more than 5cm	\$785.44	\$785.44
54115	removal foreign body from deep penile tissue	\$347.11	\$370.62
54120	partial amputation of penis	\$523.10 \$675.00	\$523.10 \$675.09
54125 54130	amputation of penis amputation of penis	\$675.09 \$999.81	\$675.09 \$999.81
54135	amputation penis w/bilateral lymph include hypogas	\$1,270.06	\$1,270.06
54161	circumcision	\$163.22	\$163.22
54162	lysis or excision of penile post-circumcision adhesions	\$162.23	\$220.43
54163	repair incomplete circumcision	\$179.02	\$179.02
54164 54200	frenulotomy of penis injection procedure for peyronie disease;	\$157.45 \$68.89	\$157.45 \$89.31
54200	treatment of penis lesion	\$443.72	\$443.72
54230	ing procedure for corpora cavernosgraphy	\$66.59	\$80.30

	Nurse Practitioner Fee Schedule		
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54240	penile plethysmography	\$02.44	\$92.4/
54300	revision of penis	\$83.44 \$538.78	\$83.44 \$538.78
54304	plastic operation on penis for correct of chordee	\$631.39	\$631.39
54308	urethroplasty second stage hypospadias less th 3cm	\$601.17	\$601.17
54312	urethroplasty for hypospadias repair more than 3cm	\$694.76	\$694.76
54316	urethroplasty for hypospadias repair with graft	\$841.26	\$841.26
54318	urethroplasty for hypospadias to release penis	\$605.63	\$605.63
54322	hypospadias repair with meatal advancement	\$657.82	\$657.82
54324	hypospadias repair with urethroplasty by flaps	\$817.80	\$817.80
54326	hypospadias repair with urethroplasty by flaps/mob	\$769.30	\$769.30
54328 54332	hypospadias with urethroplasty to correct chordee penile hypospadias repair dissection to corr chord	\$779.67 \$852.34	\$779.67 \$852.34
54336	hypospadias repair dissection to corr criord hypospadias repair to corrt chordee and urethropla	\$968.61	\$968.61
54340	repair hypospadias complications, simple	\$467.71	\$467.71
54344	repair hypospadias complications mobilization graf	\$807.01	\$807.01
54348	repair hypospadias compli dissection and urethropl	\$856.80	\$856.80
54352	repair of hypospadias cripple requiring dissection	\$1,208.74	\$1,208.74
54360	plasti operation on penis to correct angulation	\$606.00	\$606.00
54380	revision of penis	\$671.56	\$671.56
54385	revise penis/bladder defect	\$810.67	\$810.67
54390	revise penis/bladder defect	\$988.87	\$988.87
54406 54415	removal of all components of a multi-component, inflatable penile prosthesis removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile	\$608.32 \$436.34	\$608.32 \$436.34
54420	revision of penis	\$589.43	\$589.43
54430	revision of penis	\$533.77	\$533.77
54435	corpora cavernosa-glans penis fistulization	\$344.90	\$344.90
54440	revision of penis	\$729.31	\$729.31
54450	foreskin manipulation	\$49.39	\$60.59
54505	biopsy of testis	\$176.70	\$176.70
54512	excision of extraparenchymal lesion of testis	\$444.46	\$444.46
54520	removal of testis	\$268.80	\$268.80
54522 54530	orchiectomy, partial	\$482.67 \$419.62	\$482.67 \$419.62
54535	removal of testis extensive testis surgery	\$610.71	\$610.71
54550	exploration for testis	\$405.04	\$405.04
54560	exploration for testis	\$553.30	\$553.30
54600	reduce testis torsion	\$374.34	\$374.34
54620	fixation of testis	\$251.56	\$251.56
54640	orchiopexy, inguinal approach, with or without hernia repair	\$384.35	\$384.35
54650	orchiopexy, abdominal approach, for intra-abdominal testis	\$589.66	\$589.66
54670	repair testis injury	\$334.17	\$334.17
54680	relocation of testis(es)	\$651.65	\$651.65
54690 54692	laparoscopy, surgical; orchiectomy laparoscopy, surgical; orchiopexy for intra-abdominal testis	\$526.78 \$643.63	\$526.78 \$643.63
54700	drainage of scrotum	\$174.32	\$174.32
54830	remove epididymis lesion	\$304.10	\$304.10
54840	remove epididymis lesion	\$267.08	\$267.08
54860	removal of epididymis	\$345.05	\$345.05
54861	removal of epididymes	\$467.13	\$467.13
54865	exploration of epididymis, with or without biopsy	\$293.58	\$293.58
55040	removal of hydrocele	\$277.58	\$277.58
55041	removal of hydroceles	\$418.05	\$418.05
55060	repair of hydrocele	\$310.42	\$310.42
55100 55110	drainage of scrotum abscess	\$131.52 \$315.85	\$174.88
55110 55120	scrotal exploration removal of scrotum lesion	\$315.85 \$289.63	\$315.85 \$289.63
55150	removal of scrotum	\$400.43	\$400.43
55175	scrotoplasty; simple	\$297.14	\$297.14
55180	scrotoplasty; complicated	\$566.23	\$566.23
55200	incision of sperm duct	\$227.76	\$396.45

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*** The fee	schedule i	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not incl	uded on this fee	schedule
55250		removal of sperm duct(s)	\$186.06	\$348.60
55450		ligation of sperm ducts	\$211.04	\$310.92
55500		removal of hydrocele	\$308.11	\$308.11
55520		removal of sperm cord lesion	\$317.41	\$317.41
55530 55535		revise spermatic cord veins revise spermatic cord veins	\$291.22 \$352.41	\$291.22 \$352.41
55540		revise hernia & sperm veins	\$385.20	\$385.20
55550		laparoscopy, surgical, with ligation of spermatic veins for varicocele	\$349.04	\$349.04
55600		incise sperm duct pouch	\$351.53	\$351.53
55650		remove sperm duct pouch	\$592.41	\$592.41
55680 55705		remove sperm pouch lesion biopsy of prostate	\$279.91 \$223.83	\$279.91 \$223.83
55720		drainage of prostate abscess	\$383.07	\$383.07
55725		drainage of prostate abscess	\$486.29	\$486.29
55801		removal of prostate	\$905.83	\$905.83
55810		removal of prostate	\$1,096.49	\$1,096.49
55812		prostatectomy w lymph node biopsy	\$1,347.67	\$1,347.67
55815 55821		prostatectomy perineal w pelvic lymphadenectomy removal of prostate	\$1,478.60 \$728.48	\$1,478.60 \$728.48
55831		removal of prostate	\$789.68	\$789.68
55840		prostatectomy, retropubic radical, with or without nerve sparing;	\$1,118.64	\$1,118.64
55842		prostatectomy retropubic w lymph biopsy	\$1,199.02	\$1,199.02
55845		extensive prostate surgery	\$1,372.39	\$1,372.39
55860		exposure of prostate, any approach, for insertion of radioactive substance;	\$730.82	\$730.82
55862 55865		exposure of prostate, any approach, for insertion of radioactive substance; exposure of prostate, any approach, for insertion of radioactive substance;	\$923.60 \$1,119.45	\$923.60 \$1,119.45
55866		laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing	\$1,457.88	\$1,457.88
55873		cryosurgical ablation of the prostate (includes ultrasonic guidance for	\$952.24	\$952.24
55875		transperineal placement of needles or catheters into prostate for interstitial radioelement application,	\$633.63	\$633.63
55920		placement of needles or catheters into pelvic organs and/ or genitalia (except	\$358.13	\$358.13
56405 56420		i and d of abscess, vulva/perineal drainage of vulva abscess	\$79.87 \$69.49	\$81.55 \$93.55
56440		marsupilization of bartholin's gland cyst	\$138.62	\$138.62
56441		lysis of labial adhesions	\$107.11	\$112.98
56501		destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery,	\$85.02	\$97.33
56515		destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery,	\$148.32	\$166.78
56620 56625		vulvectomy partial unilateral or bilateral external genital surgery	\$372.16 \$449.11	\$372.16 \$449.11
56630		vulvectomy radical without skin graft	\$658.02	\$658.02
56631		vulvectomy, radical, partial; w lymphadenectomy	\$837.56	\$837.56
56632		vulvectomy, radical, partial;	\$969.65	\$969.65
56633		vulvectomy, radical, complete	\$859.02	\$859.02
56634 56637		vulvectomy, rad, complete; uni lymphadenectomy vulvectomy, radical, complete; w lymphadenectomy	\$907.47 \$1,073.19	\$907.47 \$1,073.19
56640		vulvectomy, radical, complete, withinfradeflectomy vulvectomy radical with inguinofem iliac pelvic ly	\$1,070.63	\$1,070.63
56700		external genital surgery	\$140.20	\$140.20
56740		external genital surgery	\$224.80	\$224.80
56800		plastic repair of introitus	\$184.85	\$184.85
56805 56810		clitoroplasty for intersex state perineoplasty, repair of perineum, non-ob	\$873.26 \$108.66	\$873.26 \$109.66
56820		colposcopy of the vulva;	\$198.66 \$65.05	\$198.66 \$83.52
56821		colposcopy of the vulva; with biopsy (s)	\$88.33	\$111.84
57000		drainage of pelvic lesion	\$144.49	\$144.49
57010		colpotomy with drainage pelvic abscess	\$324.88	\$324.88
57022 57023		incision and drainage of vaginal hematoma; obstetrical/postpartum	\$126.09	\$126.09 \$336.50
57023 57061		incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery,	\$236.50 \$72.62	\$236.50 \$84.65
57065		destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery,	\$129.13	\$144.52
57105		biopsy of vagina	\$93.89	\$101.71
57106	1	vaginectomy, partial removal of vaginal wall;	\$357.99	\$357.99

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015		
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	d and Health Choice Clinical Policies on the DMA Web Site.	ining cures	-
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F7107	upginggtomy, partial removal of varied walls with removal of paravoginal	¢1.065.10	\$1.06E.10
57107 57109	vaginectomy, partial removal of vaginal wall; with removal of paravaginal vaginectomy, partial removal of vaginal wall; with removal of paravaginal	\$1,065.19 \$1,218.28	\$1,065.19 \$1,218.28
57110	vaginectomy, complete removal of vaginal wall;	\$685.12	\$685.12
57111	vaginectomy, complete removal of vaginal wall; with removal of paravaginal	\$1,230.66	\$1,230.66
57112	vaginectomy, complete removal of vaginal wall; with removal of paravaginal	\$1,307.13	\$1,307.13
57120	vaginal surgery	\$387.55	\$387.55
57130	vaginal surgery	\$121.88	\$136.15
57135	excision vaginal cyst or tumor	\$131.47	\$146.02
57150	treatment vaginal infection	\$23.01	\$38.11
57155	insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	\$321.03	\$321.03
57160 57170	fitting and insertion of pessary or other intravaginal support device diaphram fitting with instructions	\$36.95 \$37.46	\$57.93 \$52.29
57180	intro of hemostatic agentor packn non-ob hemorrhag	\$80.85	\$106.30
57200	repair of vagina	\$223.45	\$223.45
57210	repair vagina/perineum	\$277.57	\$277.57
57220	revision of urethra	\$241.05	\$241.05
57230	revision of urethral lesion	\$301.98	\$301.98
57240	repair of bladder lesion	\$504.16	\$504.16
57250	posterior colporrhaphy repair rectocele with or w/	\$493.54	\$493.54
57260	extensive vaginal repair	\$615.45	\$615.45
57265	extensive vaginal repair	\$687.39	\$687.39
57267 57268	insertion of mesh or other prosthesis for repair of pelvic floor defect, each repair enterocele vaginal approach	\$207.71 \$363.89	\$207.71 \$363.89
57270	repair of visceral pouch	\$606.62	\$606.62
57280	fixation of vagina	\$737.99	\$737.99
57282	sacrospinous ligament fixation for prolapse	\$385.92	\$385.92
57283	colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	\$522.81	\$522.81
57284	paravaginal defect repair (including repair of cystocele, stress urinary	\$639.31	\$639.31
57285	paravaginal defect repair (including repair for cystocele, if performed); vaginal approach	\$510.44	\$510.44
57287	removal or revision of sling for stress incontinence (eg, fascia or synthetic)	\$535.36	\$535.36
57288 57289	sling operation for stress incontinence pereyra procedure inc anterior colporrhaphy	\$563.73 \$592.48	\$563.73 \$592.48
57291	construction artificial vagina w/o graft	\$410.96	\$410.96
57292	construction artificial vagina with graft	\$630.88	\$630.88
57295	revision (including removal) of prosthetic vaginal graft, vaginal approach	\$374.07	\$374.07
57296	revision (including removal) of prosthetic vaginal graft; open abdominal approach	\$722.50	\$722.50
57300	repair rectum/vagina lesion	\$402.36	\$402.36
57305	repair rectum/vagina lesion	\$673.98	\$673.98
57307	repair rectum/vagina lesion	\$754.08	\$754.08
57308	closure of rectovaginal fistula; transperineal approach, with perineal body	\$480.65	\$480.65
57310 57311	repair urethra/vagina lesion	\$374.66	\$374.66 \$428.03
57320	closure urethrovaginal fistula w/ bulbocavernosus repair bladder/vagina lesion	\$428.03 \$426.49	\$428.03 \$426.49
57330	repair bladder/vagina lesion	\$606.78	\$426.49
57335	vaginoplasty for intersex state	\$886.19	\$886.19
57415	removal vag foreign body w anesth.	\$120.92	\$120.92
57420	colposcopy of the entire vagina, with cervix if present;	\$69.10	\$87.84
57421	colposcopy of the entire vagina, with cervix if present; with biopsy(s)	\$94.38	\$118.43
57423	paravaginal defect repair (including repair for cystocele, if performed); laparoscopic approach	\$706.06	\$706.06
57425	laparoscopy, surgical, colpopexy (suspension of vaginal apex)	\$744.69	\$744.69
57426	Revision (including removal) or prosthetic vaginal graft, laparoscopic approach	\$522.02	\$522.02
57452 57454	colposcopy of the cervix including upper/adjacent vagina;	\$70.08 \$104.65	\$82.66 \$117.24
57454 57455	colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the	\$104.65 \$85.49	\$117.24 \$108.72
57456	colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix including upper/adjacent vagina; with endocervical	\$79.75	\$108.72
57461	colposcopy of the cervix including upper/adjacent vagina; with endocervical colposcopy of the cervix including upper/adjacent vagina; with loop electrode	\$145.45	\$250.36
57505	endocervical curettage	\$67.99	\$75.82
57510	cautery of cervix; electro or thermal	\$88.45	\$100.48
57511	cryocautry initial or repeat cervix uteri	\$99.12	\$109.20
57513	cauterization of cervix laser surgery	\$99.69	\$107.81

	Nurse Practitioner Fee Schedule		
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cnanges an	d deletion to this schedule.		
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57520	conization of cervix, with or without fulguration, with or without dilation and	\$206.04	\$231.22
57522 57530	conization of cervix, with or without fulguration, with removal of cervix	\$182.81 \$259.29	\$198.19 \$259.29
57530	radical trachelectomy, with bilateral total pelvic lymphadenectomy and	\$1,293.32	\$1,293.32
57540	removal of cervix tissue	\$591.43	\$591.43
57545	remove cervix, repair pelvis	\$624.06	\$624.06
57550	removal of cervix tissue	\$306.76	\$306.76
57555	remove cervix, repair vagina	\$454.18	\$454.18
57556	cervix uteri with repair of enterocele	\$433.39	\$433.39
57558 57700	dilation and curettage of cervical stump revision of cervix	\$85.45	\$94.11 \$220.77
57700 57720	revision of cervix	\$229.77 \$230.61	\$229.77 \$230.61
58110	endometrial sampling (biopsy) performed in conjunction with colposcopy (list	\$32.01	\$37.32
58120	d & c diag and or therapeutic	\$163.50	\$188.12
58140	myomectomy, excision of leiomyomata of uterus, single or multiple (separate	\$693.79	\$693.79
58145	removal of uterine lesion	\$410.39	\$410.39
58146	myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas	\$884.26	\$884.26
58150 58152	hysterectomy total abdominal hysterectomy (corpus and cervix), with or without removal of	\$752.09 \$040.54	\$752.09 \$949.54
58180	partial hysterectomy	\$949.54 \$722.11	\$722.11
58200	extensive uterine surgery	\$994.90	\$994.90
58210	extensive uterine surgery	\$1,325.51	\$1,325.51
58240	removal of pelvis contents	\$2,084.31	\$2,084.31
58260	hysterectomy	\$627.58	\$627.58
58262	vaginal hysterectomy w/ removal of tubes and ovary(s)	\$701.51	\$701.51
58263 58267	vaginal hysterectomy w/ removal or tube/ovary & enterocele hysterectomy & repair vagina	\$756.00 \$803.38	\$756.00 \$803.38
58270	hysterectomy & repair vagina	\$672.68	\$672.68
58275	vaginal hysterectomy, with total or partial vaginectomy;	\$748.53	\$748.53
58280	hysterectomy, revise vagina	\$801.07	\$801.07
58285	hysterectomy	\$1,005.92	\$1,005.92
58290	vaginal hysterectomy, for uterus greater than 250 grams;	\$880.18	\$880.18
58291	vaginal hysterectomy, for uterus greater than 250 grams; with removal of	\$956.62	\$956.62
58292 58293	vaginal hysterectomy, for uterus greater than 250 grams; with removal of vaginal hysterectomy, for uterus greater than 250 grams; with	\$1,008.31 \$1,047.05	\$1,008.31 \$1,047.05
58294	vaginal hysterectomy, for uterus greater than 250 grams; with repair of	\$930.04	\$930.04
58300	insert intrauterine device	\$42.64	\$59.14
58301	removal of iud	\$52.48	\$72.62
58346	insertion of heyman capsules for clinical brachytherapy	\$345.51	\$345.51
58353	endometrial ablation, thermal, without hysteroscopic guidance	\$167.69	\$836.60
58400 58410	fixation of uterus fixation of uterus	\$338.97 \$608.89	\$338.97 \$608.89
58520	repair of ruptured uterus	\$594.55	\$594.55
58540	revision of uterus	\$690.51	\$690.51
58541	laparoscopy, surgical, supracervcical hysterectomy, for uterus 250 g or less	\$651.08	\$651.08
58542	laparoscopy, surgical, supracervcical hysterectomy, for uterus 250 g or less with removal of tube(s)	a \$723.47	\$723.47
58543	laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	\$735.57	\$735.57
58544	laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g with removal of tub	· · · · · · · · · · · · · · · · · · ·	\$795.20
58545 58546	laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or	\$680.17 \$862.54	\$680.17 \$862.54
58548	laparoscopy, surgical, myornectorny, excision, 5 or more intramulal myornas and/or laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and pa	· · · · · · · · · · · · · · · · · · ·	\$1,345.99
58550	laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	\$671.12	\$671.12
58552	laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	\$740.98	\$740.98
58553	laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250	\$867.02	\$867.02
58554	laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250	\$993.59	\$993.59
58555	hysteroscopy, diagnostic (separate procedure)	\$146.15	\$181.96
58558 58559	hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	\$206.04 \$265.12	\$246.32 \$265.12
58559	hysteroscopy, surgical; with division or resection of intrauterine septum (any	\$265.12	\$265.12 \$299.69
58561	hysteroscopy, surgical; with removal of leiomyomata	\$424.38	\$424.38

		Nurse Practitioner Fee Schedule		
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		d Health Choice Clinical Policies on the DMA Web Site.	9	
		ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
changes an	nd deletio	n to this schedule.		
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58562		hysteroscopy, surgical with removal of impacted foreign object	\$224.75	\$260.83
58563 58565		hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection,	\$265.12 \$336.77	\$1,362.62 \$1,450.22
58570		hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	\$699.24	\$1,430.22 \$699.24
58571		laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/o	\$768.62	\$768.62
58572		laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g;	\$870.10	\$870.10
58573		laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g; with removal of tube(s) a	\$985.48	\$985.48
58600		ligation or transection fallop tubes abd or vag un	\$274.94	\$274.94
58605		ligation or transection fallop tubes abd or vag po	\$249.83	\$249.83
58615		occlus fallopian tubes by device vag/suprapubic	\$188.82	\$188.82
58660		laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis)	\$511.27	\$511.27
58661		laparoscopy, surgical; with removal of adnexal structures (partial or total	\$491.66	\$491.66
58662 58670		laparoscopy, surgical; with fulguration or excision of lesions of the ovary, laparoscopy, surgical; with fulguration of oviducts (with or without	\$537.41 \$276.81	\$537.41 \$276.81
58671		laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or	\$276.71	\$276.72
58700		salpingectomy complete or partial unilateral or bi	\$578.43	\$578.43
58720		removal of ovary/tube(s)	\$543.64	\$543.64
58800		drainage of ovarian cyst(s)	\$224.73	\$240.67
58805		drainage of ovarian cyst(s)	\$305.70	\$305.70
58820		drainage of ovarian abscess; vaginal approach, open	\$235.58	\$235.58
58822		drainage of ovarian abscess	\$534.18	\$534.18
58825		ovarian transposition	\$528.28	\$528.28
58900 58920		biopsy of ovary(s)	\$311.95 \$532.17	\$311.95 \$532.17
58920		partial removal of ovary(s) ovarian cystectomy unilateral or bilateral	\$554.66	\$554.66
58940		oophorectomy partial or total unilateral or bilate	\$379.12	\$379.12
58943		oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or	\$848.88	\$848.88
58950		resection of ovarian, tubal or primary peritoneal malignancy with bilateral	\$808.89	\$808.89
58951		resect ovarian malignancy	\$1,044.55	\$1,044.55
58952		resection of ovarian, tubal or primary peritoneal malignancy with bilateral	\$1,178.02	\$1,178.02
58953		bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy	\$1,461.92	\$1,461.92
58954		bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy	\$1,587.14	\$1,587.14
58956		bilateral salpingo-oophorectomy with total omentectomy, total abdominal	\$1,023.21	\$1,023.21
58957 58958		resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-a resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-a	\$1,125.04 \$1,250.55	\$1,125.04 \$1,250.55
58960		laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal	\$698.98	\$698.98
59020		fetal oxytocin stress test	\$52.64	\$52.64
59025		fetal non-stress test	\$35.13	\$35.13
59025	TC	fetal non-stress test	\$11.85	\$11.85
59025	26	fetal non-stress test	\$23.28	\$23.28
59030		fetal blood sampling scalp	\$86.82	\$86.82
59100		removal of uterus lesion	\$622.10	\$622.10
59120 59121		treatment atypical pregnancy surg treat ectopic pregn tubal wo salping/oophorec	\$594.20 \$596.93	\$594.20 \$596.93
59130		treatment atypical pregnancy	\$697.10	\$697.10
59135		treatment atypical pregnancy	\$705.29	\$705.29
59136		tx ectopic pregnancy w/ partial resection uterus	\$659.38	\$659.38
59140		treatment atypical pregnancy	\$294.85	\$294.85
59150		lap tx ectopic pregnancy w/o removal tubes/ovaries	\$577.72	\$577.72
59151		lap tx ectopic pregnancy w/ removal tubes/ovaries	\$564.60	\$564.60
59160		currettage, postpartum	\$135.68	\$160.30
59350		hysterorrhaphy of ruptured uterus	\$212.68	\$212.68
59400		obstetrical care	\$1,327.53	\$1,327.53 \$590.45
59409 59410		vaginal delivery only (with or without episiotomy and/or forceps); vaginal delivery only (with or without episiotomy and/or forceps); including	\$589.45 \$683.52	\$589.45 \$683.52
59410		external cephalic version, w/ or w/o tocolysis	\$78.97	\$78.97
59414		delivery of placenta (infant born outside of hosp)	\$70.25	\$70.25
59425		antepartum care only; 4-6 visits	\$260.89	\$329.99
59426		antepartum care only; 7 or more visits	\$461.66	\$590.36
59430		postpartum care only, separate procedure	\$96.11	\$105.89

	Nui	se Practitioner Fee Schedule		
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		customary charges. Please use the monthly NC Medicaid B	dulletins for additions,	
changes an	d deletion to this schedule.			
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59510	total ob care w/ cesarean	delivery	\$1,503.26	\$1,503.26
59514	cesarean delivery only;		\$697.93	\$697.93
59515	cesarean delivery only; in		\$822.81	\$822.81
59525		omy after cesarean delivery (list separately in	\$371.47	\$371.47
59812	surgical tx spontaneous a	·	\$219.53	\$234.91
59820 59821	surgical tx missed abortion	n second trimester	\$258.23 \$262.40	\$276.98 \$282.26
59830	septic abortion	n, second tilllester	\$326.62	\$326.62
59840	d and c therapeutic abort	on includes suction	\$157.80	\$162.84
59841	legal therapeutic abortion		\$268.33	\$283.72
59850	therapeutic abortion by sa	,	\$292.51	\$292.51
59851	legal abortion therapeutic		\$300.11	\$300.11
59852	legal abortion therapeutic		\$421.26	\$421.26
59855		or more vaginal suppositories	\$312.24 \$369.12	\$312.24
59856 59857		or more vaginal suppositories or more vaginal suppositories	\$441.70	\$369.12 \$441.70
59870	uterine evac and curettag		\$350.32	\$350.32
60000		hyroglossal duct cyst, infected	\$106.51	\$116.29
60200	drainage thyroid duct lesi	7 0 7 1	\$479.95	\$479.95
60210	partial thyroid lobectomy,	unilateral;	\$514.39	\$514.39
60212	partial thyroid lobectomy,		\$739.39	\$739.39
60220		nilateral; with or without isthmusectomy	\$564.03	\$564.03
60225		nilateral; with contralateral subtotal lobectomy,	\$677.67	\$677.67
60240 60252	removal of thyroid removal of thyroid		\$718.89 \$970.78	\$718.89 \$970.78
60252	extensive thyroid surgery		\$1,251.15	\$1,251.15
60260		f all remaining thyroid tissue following previous	\$810.56	\$810.56
60270		substernal thyroid; sternal split or transthoracic	\$1,021.61	\$1,021.61
60271	thyroidectomy, including	substernal thyroid gland;	\$783.09	\$783.09
60280	removal thyroid duct lesion		\$321.75	\$321.75
60281	excision of thyroglossal d		\$430.73	\$430.73
60300 60500	aspiration and/or injection	• , ,	\$39.91	\$81.03
60502	explore parathyroid gland re-exploration of parathyr		\$745.31 \$935.63	\$745.31 \$935.63
60505	explore parathyroid gland		\$1,027.39	\$1,027.39
60520		al; transcervical approach (separate procedure)	\$767.71	\$767.71
60521	thymectomy, partial or tot		\$880.75	\$880.75
60522	thymectomy, partial or tot		\$1,062.70	\$1,062.70
60540	exploration adrenal gland		\$809.39	\$809.39
60545	exploration adrenal gland		\$921.64	\$921.64
60600	removal carotid body lesi		\$1,072.15 \$1,349.19	\$1,072.15 \$1,349.19
60605 60650	removal carotid body lesi	on h adrenalectomy, partial or complete, or exploration	\$1,349.19 \$902.85	\$1,349.19 \$902.85
61070	manipulate brain canal sh	271	\$60.39	\$60.39
61105	twist drill hole for subdura		\$313.12	\$313.12
61108	twist drill hole for evac of		\$623.38	\$623.38
61120	burr hole(s) for ventricula	puncture (including injection of gas, contrast	\$511.15	\$511.15
61140	incise skull brain biopsy		\$887.97	\$887.97
61150	incise skull for drainage		\$951.05	\$951.05
61151 61154	incise skull for drainage incise skull for drainage		\$688.22 \$889.29	\$688.22 \$889.29
61156	incise skull for drainage		\$887.34	\$887.34
61215	insertion of subcutaneous	reservoir to ventr cath	\$340.23	\$340.23
61250	burr holes trephine, supra		\$598.79	\$598.79
61253	burr hole or trephine infra		\$660.88	\$660.88
61304	incise skull for exploration		\$1,171.89	\$1,171.89
61305	incise skull for exploration		\$1,413.50	\$1,413.50
61312	craniectomy for evac of h	·	\$1,467.26	\$1,467.26
61313	craniectomy for evac of h	ematoma, intracerebral	\$1,401.20 \$1,296.79	\$1,401.20 \$1,296.79

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*** The fee so	hedule include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is n	ot included on this fee sch	edule
61315	craniectomy for evac of hematoma, intracerebellar	\$1,476.60	\$1,476.60
61320 61321	incise skull for drainage craniectomy drainage of intracranial abscess infra	\$1,365.58 \$1,497.51	\$1,365.58 \$1,497.51
61321	craniectomy dramage of intracramal abscess lima craniectomy or craniotomy, decompressive, with or without duraplasty, for	\$1,662.97	\$1,662.97
61323	craniectomy or craniotomy, decompressive, with or without duraplasty, for	\$1,692.43	\$1,692.43
61330	incise skull for exploration	\$1,161.58	\$1,161.58
61332	exploration or decompression of orbit transccrania	\$1,345.40	\$1,345.40
61333	explor decompress orbit transcran approach remove	\$1,359.69	\$1,359.69
61340	subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	\$1,016.36	\$1,016.36
61343	craniectomy w/ cervical laminectomy	\$1,571.94	\$1,571.94
61345 61450	other cranial decompression posterior fossa craniectomy for section comp or decomp or sensory	\$1,454.32 \$1,349.43	\$1,454.32 \$1,349.43
61458	craniectomy for section comp or decomp or sensory craniectomy exploration/decompress cranial nerves	\$1,437.86	\$1,437.86
61460	craniectomy suboccipital for section of 1 or more	\$1,458.98	\$1,458.98
61480	incise skull for surgery	\$1,317.64	\$1,317.64
61500	removal of skull lesion	\$961.58	\$961.58
61501	craniectomy for osteomyelitis	\$823.95	\$823.95
61510	removal of brain lesion	\$1,550.18	\$1,550.18
61512 61514	remove brain lining lesion removal of brain abscess	\$1,831.65 \$1,358.79	\$1,831.65 \$1,358.79
61516	removal of brain lesion	\$1,325.69	\$1,325.69
61518	removal of brain lesion	\$1,970.69	\$1,970.69
61519	remove brain lining lesion	\$2,123.23	\$2,123.23
61520	craniectomy cerebellopontine angle tumor	\$2,716.35	\$2,716.35
61521	craniectomy excision brain tumor,midline tumor sku	\$2,282.12	\$2,282.12
61522	removal of brain abscess	\$1,564.12	\$1,564.12
61524 61526	removal of brain lesion removal skull cavity lesion	\$1,476.86 \$2,469.60	\$1,476.86 \$2,469.60
61530	removal skull cavity lesion	\$2,097.04	\$2,097.04
61531	subdural implant of strip electrodes,lng term moni	\$854.04	\$854.04
61533	craniectomy for insertion epidural electrode array	\$1,079.90	\$1,079.90
61534	removal of brain lesion	\$1,163.06	\$1,163.06
61535	craniectomy removal epidural electro array wo tiss	\$694.87	\$694.87
61536 61537	removal of brain lesion craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without	\$1,856.49 \$1,712.52	\$1,856.49 \$1,712.52
61538	removal of brain tissue	\$1,836.55	\$1,836.55
61539	craniotomy with elevation of bone flap; for lobectomy, other than temporal	\$1,680.84	\$1,680.84
61540	craniotomy with elevation of bone flap; for lobectomy, other than temporal	\$1,575.62	\$1,575.62
61541	craniectomy for transection of corpus callosum	\$1,513.55	\$1,513.55
61543	craniectomy for part or subtotal hemispherectomy	\$1,534.19	\$1,534.19
61544	remove/treat brain lesion	\$1,268.77	\$1,268.77
61545 61546	bone flap craniectomy to excise craniopharyngioma removal of pituitary gland	\$2,260.58 \$1,637.93	\$2,260.58 \$1,637.93
61548	removal of pituitary gland	\$1,037.93	\$1,037.93
61550	release skull closure	\$728.87	\$728.87
61552	craniectomy for craniostenosis multiple sutures on	\$957.34	\$957.34
61556	craniotomy for craniosynostosis, frontal/parietal	\$1,168.36	\$1,168.36
61557	craniotomy for craniosynostosis, bifrontal bone	\$1,199.70	\$1,199.70
61558	ext. craniectomy for mult cranial sut. craniosynos	\$1,238.74 \$1,717.86	\$1,238.74 \$1,717.86
61559 61563	ext. craniectomy for craniosynostosis w recontouri exc. tumor of cranial bone w/o optic nerve decompr	\$1,717.86 \$1,382.64	\$1,717.86 \$1,382.64
61564	exc. tumor of cranial bone we optic nerve decompres	\$1,730.38	\$1,730.38
61566	craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	\$1,597.35	\$1,597.35
61567	craniotomy with elevation of bone flap; for multiple subpial transections, with	\$1,797.44	\$1,797.44
61570	craniectomy or craniotomy for excision foreign bod	\$1,306.74	\$1,306.74
61571	craniectomy or craniotomy penetrating wound brain	\$1,418.87	\$1,418.87
61575	transoral approach to skull base, brain stem	\$1,694.89	\$1,694.89
61576 61580	transoral approach to skull base w/ split tongue craniofacial approach to anterior cranial fossa;	\$2,702.84 \$1,772.68	\$2,702.84 \$1,772.68
61581	craniofacial approach to anterior cranial fossa;	\$1,772.68	\$1,772.00

	Nurse Practitioner Fee Schedu	le		
	Provider Specialty 061 Effective Date: 1/1/2015			
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and the Med	dicaid and Health Choice Clinical Policies on the DMA Web S	ite.		
Drovidoro o	 should always bill their usual and customary charges. Please	use the monthly NC Medicaid Pulleting for	additions	
	snould always bill their usual and customary charges. Please nd deletion to this schedule.	use the monthly NC Medicald Bulletins for	additions,	
onungee un				
*** I ne tee s	schedule include the new codes for 2015 and the pending 1%	rate reduction effective 1/1/2015 is not incl	uaea on tnis tee s	scneaule
61582	craniofacial approach to anterior cranial fossa;		\$2,033.12	\$2,033.12
61583	craniofacial approach to anterior cranial fossa;		\$2,063.13	\$2,063.13
61584	orbitocranial approach to anterior cranial fossa, extradu		\$2,009.40	\$2,009.40
61585 61586	orbitocranial approach to anterior cranial fossa, extradu bicoronal, transzygomatic and/or lefort i osteotomy app		\$2,134.32 \$1,530.76	\$2,134.32 \$1,530.76
61590	infratemporal pre-auricular approach to middle cranial		\$2,263.24	\$2,263.24
61591	infratemporal post-auricular approach to middle cranial		\$2,278.63	\$2,278.63
61592	orbitocranial zygomatic approach to middle cranial foss		\$2,263.45	\$2,263.45
61595	transtemporal approach to posterior cranial fossa, jugu		\$1,708.48	\$1,708.48
61596	transcochlear approach to posterior cranial fossa, jugu		\$1,882.71 \$2.055.71	\$1,882.71
61597 61598	transcondylar (far lateral) approach to posterior cranial transpetrosal approach to posterior cranial fossa, clivus	,	\$2,055.71 \$1,823.44	\$2,055.71 \$1,823.44
61600	resection or excision of neoplastic, vascular or infectious		\$1,537.76	\$1,537.76
61601	resection or excision of neoplastic, vascular or infection	JS	\$1,677.18	\$1,677.18
61605	resection or excision of neoplastic, vascular or infection		\$1,612.17	\$1,612.17
61606	resection or excision of neoplastic, vascular or infection		\$2,155.79	\$2,155.79
61607 61608	resection or excision of neoplastic, vascular or infection resection or excision of neoplastic, vascular or infection		\$2,002.77 \$2,326.01	\$2,002.77 \$2,326.01
61613	obliteration of carotid aneurysm, arteriovenous malforn		\$2,262.01	\$2,262.01
61615	resection or excision of neoplastic, vascular or infection	•	\$1,788.81	\$1,788.81
61616	resection or excision of neoplastic, vascular or infection		\$2,348.57	\$2,348.57
61618	secondary repair of dura for cerebrospinal fluid leak, ar		\$928.42	\$928.42
61619 61623	secondary repair of dura for csf leak, anterior, middle o endovascular temporary balloon arterial occlusion, hea		\$1,071.54 \$432.97	\$1,071.54 \$432.97
61624	transcatheter permanent occlusion or embolization (eg		\$862.35	\$862.35
61626	transcath.occulsion/embolization,percu; non-cns	,	\$702.92	\$702.92
61680	surg of malformation, supratentorial, simple		\$1,619.98	\$1,619.98
61682	surg of malformation, supratentorial, complex		\$3,049.41	\$3,049.41
61684 61686	surg of malformation, infratentorial, simple surg of malformation, infratentorial, complex		\$2,028.55 \$3,263.71	\$2,028.55 \$3,263.71
61690	surg of malformation, dural, simple		\$1,541.89	\$1,541.89
61692	surg of malformation, dural, complex		\$2,636.12	\$2,636.12
61697	surgery of complex intracranial aneurysm, intracranial		\$2,983.73	\$2,983.73
61698	surgery of complex intracranial aneurysm, intracranial		\$3,213.48	\$3,213.48
61700 61702	surgery of simple intracranial aneurysm, intracranial ap incise skull/vessel surgery	pproacn; carotid	\$2,489.96 \$2,795.33	\$2,489.96 \$2,795.33
61702	surgery intracranial aneurysm cervical approach		\$954.24	\$954.24
61705	revise circulation to head		\$1,834.89	\$1,834.89
61708	revise circulation to head		\$1,594.80	\$1,594.80
61710	revise circulation to head		\$1,445.72	\$1,445.72
61711 61720	anastomosis arterial extracranial intracranial art incise skull/brain surgery		\$1,868.67 \$834.89	\$1,868.67 \$834.89
61735	incise skull/brain surgery		\$1,026.52	\$1,026.52
61750	stereotactic biopsy aspiration or excision		\$998.31	\$998.31
61751	stereotactic biopsy, aspiration, or excision, including bu	ırr hole(s), for	\$971.79	\$971.79
61760	stereotactic implant depth electrode; long term mon		\$1,099.69	\$1,099.69
61770 61790	stereotactic localization, including burr hole(s), with ins stereotactic lesion of gas ganglion percutaneous b	ertion of	\$1,087.29 \$603.59	\$1,087.29 \$603.59
61791	stereotactic lesion trigeminal medullary tract		\$782.26	\$782.26
61796	stereotactic radiosurgery (particle beam, gamma ray, o	r linear accelerator); 1 simple cranial lesion	\$568.59	\$568.59
61797	stereotactic radiosurgery (particle beam, gamma ray, o		\$156.55	\$156.55
61798	stereotactic radiosurgery (particle beam, gamma ray, o		\$568.59	\$568.59
61799 61800	stereotactic radiosurgery (particle beam, gamma ray, o application of stereotactic headframe for stereotactic ra		\$216.41 \$110.03	\$216.41 \$110.03
61850	burr twist drill hole implant neurostim elec corti	adiosargery (iist separately iii adition to code id	\$693.86	\$693.86
61860	craniectomy or craniotomy implant neurostim cortic		\$1,107.55	\$1,107.55
61863	twist drill, burr hole, craniotomy, or craniectomy with st		\$1,073.12	\$1,073.12
61864	twist drill, burr hole, craniotomy, or craniectomy with st		\$293.08	\$293.08
61867 61868	twist drill, burr hole, craniotomy, or craniectomy with studiest drill, burr hole, craniectomy with studiest drill, bur		\$1,586.16 \$436.79	\$1,586.16 \$436.79

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
		Effective Date: 1/1/2015		
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		d Health Choice Clinical Policies on the DMA Web Site.		
		vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins	for additions,	
cnanges an	ia aeietio	n to this schedule.		
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61870		craniectomy implant neurostim cerebellar/cortical	\$840.94	\$840.94
61880 61885		revision removal intracran neuro stim electrodestr incision and subcutaneous placement of cranial neurostimulator pulse generator	\$386.20 \$445.59	\$386.20 \$445.59
61886		incision and subcutaneous placement of cranial neurostimulator pulse generator	\$562.85	\$562.85
61888		revison/removal cranial neurostimulator pulse gen./receiver	\$282.65	\$282.65
62000		repair of skull fracture	\$627.73	\$627.73
62005		repair of skull fracture	\$881.63	\$881.63
62010		elevation of depressed skull fracture with debride	\$1,076.80	\$1,076.80
62100		craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for	\$1,147.70	\$1,147.70
62115		reduce craniomegalic skull w/o graft/cranioplasty	\$1,024.70	\$1,024.70
62117 62120		reduce craniomegalic skull w craniotomy/reconstruc repair skull cavity lesion	\$1,365.12 \$1,293.43	\$1,365.12 \$1,293.43
62121		craniotomy w repair encephalocele, skull base	\$1,293.43	\$1,293.43
62140		repair of skull	\$744.72	\$744.72
62141		repair of skull	\$818.07	\$818.07
62142		removal bone flap or prosthetic plate of skull	\$622.53	\$622.53
62143		replace bone flap or prosthetic plate of skull	\$729.86	\$729.86
62145		repair of skull & brain	\$1,001.68	\$1,001.68
62146 62147		cranioplasty w autograft up to 5 cm diameter cranioplasty w autograft larger than 5cm diameter	\$859.54 \$1,021.09	\$859.54 \$1,021.09
62161		neuroendoscopy, intracranial; with dissection of adhesions, fenestration of	\$1,076.74	\$1,076.74
62162		neuroendoscopy, intracranial; with feneration or excision of colloid cyst,	\$1,339.58	\$1,339.58
62163		neuroendoscopy, intracranial; with retrieval of foreign body	\$865.80	\$865.80
62164		neuroendoscopy, intracranial; with excision of brain tumor, including placement	\$1,429.59	\$1,429.59
62165		neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or	\$1,109.70	\$1,109.70
62180		establish brain cavity shunt	\$1,128.64	\$1,128.64
62190 62192		creation shunt subdural arial jugular auricular establish brain cavity shunt	\$640.87 \$683.85	\$640.87 \$683.85
62194		replacement or irrigation subdural catheter	\$279.51	\$279.51
62200		establish brain cavity shunt	\$975.89	\$975.89
62201		ventriculocisternostomy, stereotactic method	\$836.50	\$836.50
62220		establish brain cavity shunt	\$718.74	\$718.74
62223		establish brain cavity shunt	\$736.86	\$736.86
62225		replacement or irrigation ventricular catheter	\$350.48	\$350.48
62230 62252	TC	replacement or revision of cerebrospinal fluid shunt, obstructed valve, or reprogramming of programmable cerebrospinal shunt	\$593.59 \$37.87	\$593.59 \$37.87
62252	10	reprogramming of programmable cerebrospinal shunt	\$72.57	\$72.57
62252	26	reprogramming of programmable cerebrospinal shunt	\$34.70	\$34.70
62256		removal of complete cerebrospinal fluid shunt system; without replacement	\$410.99	\$410.99
62258		replace brain cavity shunt	\$798.80	\$798.80
62263		percutaneous lysis of epidural adhesions using solution injection (eg,	\$284.54	\$474.21
62264		percutaneous lysis of epidural adhesions using solution injection (eg,	\$174.94	\$291.33
62270 62273		spinal puncture, lumbar, diagnostic injection lumbar epidural of blood or clot patch	\$59.47 \$85.15	\$113.74 \$122.36
62280		injection/influsion of neurolytic substance (eg. alcohol, phenol, iced saline	\$116.07	\$223.50
62281		injection of neurolytic substance (eg, alcohol, phenol, iced	\$112.06	\$207.47
62282		injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline	\$103.10	\$214.17
62287		aspiration or decompression procedure, percutaneous, of nucleus pulposus of	\$411.18	\$411.18
62292		inj proc chemonucleolysis lumbar 1 or more levels	\$372.45	\$372.45
62294 62302		intrathecal injection into spine x-ray of upper spinal canal with radiological supervision and interpretation	\$594.36 \$101.17	\$594.36 \$193.75
62302		x-ray of upper spinal canal with radiological supervision and interpretation x-ray of middle spinal canal with radiological supervision and interpretation	\$101.17 \$102.55	\$193.75 \$201.21
62304		x-ray of findule spinal canal with radiological supervision and interpretation	\$99.43	\$190.90
62305		x-ray of lower spinal canal with radiological supervision and interpretation	\$103.78	\$208.24
62310		injection, single (not via indwelling catheter), not including neurolytic	\$77.13	\$157.70
62311		injection, single (not via indwelling catheter), not including neurolytic	\$63.97	\$138.94
62318		injection, including catheter placement, continuous infusion or intermittent	\$77.71	\$168.63
62319		injection, including catheter placement, continuous infusion or intermittent	\$72.65	\$152.66 \$297.47
62350 62351		implantation, revision or repositioning of tunneled intrathecal or epidural implantation, revision or repositioning of intrathecal or epidural catheter,	\$287.47 \$603.66	\$287.47 \$603.66

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
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	dicaid and Health Choice Clinical Policies on the DMA Web Site.		
	hould always bill their usual and customary charges. Please use the monthly NC Medicaid E	Bulletins for additions,	
changes and	d deletion to this schedule.		
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62355	removal of previously implanted intrathecal or epidural catheter	\$215.28	\$215.28
62360	implantation or replacement of device for intrathecal or epidural drug	\$207.30	\$207.30
62361	implantation or replacement of device for intrathecal or epidural drug	\$285.42	\$285.42
62362	implantation or replacement of device for intrathecal or epidural drug	\$301.56	\$301.56
62365	removal of subcutaneous reservoir or pump, previously implanted for intrathecal	\$237.86	\$237.86
62369	electronic analysis of programmable, implanted pump for intrathecal or epidural	\$20.07	\$70.24
62370	electronic analysis of programmable, implanted pump for intrathecal or epidural	\$26.86	\$73.60
63001	decompression of spinal cord	\$879.39	\$879.39
63003 63005	lamin f/decomp spin cord a/o cauda eq one/two segm revision of spinal column	\$884.80 \$839.17	\$884.80 \$839.17
63011	laminectomy sacral decompression spinal cord	\$793.85	\$793.85
63012	laminectomy, lumbar w decompression cauda equina	\$854.04	\$854.04
63015	laminectomy more than two segs cervical	\$1,055.84	\$1,055.84
63016	laminotomy thoracic	\$1,086.91	\$1,086.91
63017	laminotomy lumbar	\$885.11	\$885.11
63020	laminotomy, cervical, one interspace	\$837.07	\$837.07
63030	laminotomy (hemilaminectomy), with decompression of nerve root(s), including	\$694.91	\$694.91
63035 63040	laminotomy (hemilaminectomy), with decompression of nerve root(s), including laminotomy (hemilaminectomy), with decompression of nerve root(s), including	\$148.46 \$1,018.15	\$148.46 \$1,018.15
63042	revision of spinal column	\$952.82	\$952.82
63045	laminectomy, single segment, cervical	\$910.04	\$910.04
63046	laminectomy, single segment, thoracic	\$870.00	\$870.00
63047	laminectomy, single segment, lumbar	\$793.25	\$793.25
63048	laminectomy, facetectomy and foraminotomy (unilateral or bilateral with	\$159.88	\$159.88
63055	decompression spinal cord, single segment,thoracic	\$1,172.04	\$1,172.04
63056	transpedicular approach with decompression of spinal cord, equina and/or nerve	\$1,082.51	\$1,082.51
63064 63075	hemilaminectomy thoracic costovertebral approach	\$1,282.67 \$999.64	\$1,282.67 \$999.64
63077	diskectomy cervical ante appr w/o arthrodesis diskectomy, single space, thoracic	\$1,098.60	\$1,098.60
63081	vertebral corpectomy, single segment, cervical	\$1,285.68	\$1,285.68
63082	vertebral corpectomy (vertebral body resection), partial or complete, anterior	\$204.02	\$204.02
63085	vertebral corpectomy, single segment, thoracic	\$1,377.16	\$1,377.16
63087	vertebral corpectomy, single segment, lumbar	\$1,758.40	\$1,758.40
63090	vertebral corpectomy, single segment, lumbar	\$1,439.31	\$1,439.31
63101	vertebral corpectomy (vertebral body resection), partial or complete, lateral	\$1,645.93	\$1,645.93
63102	vertebral corpectomy (vertebral body resection), partial or complete, lateral	\$1,639.22 \$217.76	\$1,639.22
63103 63170	vertebral corpectomy (vertebral body resection), partial or complete, lateral laminectomy for myelotomy thoracic or thoracolumba	\$217.76	\$217.76 \$1,101.65
63172	laminectomy w/ drainage to subarachnoid space	\$991.51	\$991.51
63173	laminectomy w/ drainage to peritoneal space	\$1,222.20	\$1,222.20
63180	laminectomy cervical one or two segements	\$997.30	\$997.30
63182	lamin and section of dentate ligaments more than t	\$1,069.98	\$1,069.98
63185	revise spinal column/nerves	\$811.17	\$811.17
63190	laminectomy for rhizotomy more than two segments	\$932.39	\$932.39
63191	laminectomy w section of spinal accessory nerve	\$891.67	\$891.67
63194	lamiwectomy cordotomy unilateral cervical	\$1,060.92	\$1,060.92
63195 63196	revise spinal column/cord revise spinal column/cord	\$1,072.92 \$1,262.00	\$1,072.92 \$1,262.00
63197	laminectomy corotomy bilateral cervical	\$1,202.95	\$1,202.95
63198	revise spinal column/cord	\$1,339.85	\$1,339.85
63199	laminectomy cordotomy bilateral thoracic	\$1,418.63	\$1,418.63
63200	laminectomy for tethered spinal cord, lumbar	\$1,075.79	\$1,075.79
63250	revise spinal cord vessels	\$2,090.97	\$2,090.97
63251	laminectomy arteriovenovs malfunction thoracic	\$2,168.77	\$2,168.77
63252	laminectomy for malformation, thoracolumbar	\$2,170.37	\$2,170.37
63265 63266	laminectomy for intraspinal lesion, cervical	\$1,191.39 \$1,225.11	\$1,191.39 \$1,225.11
63267	laminectomy for intraspinal lesion, thoracic excise intraspinal lesion lumbar	\$1,225.11	\$1,225.11
63268	excise intraspinal lesion, sacral	\$990.59	\$990.59
63270	excise intraspinal lesion, cervical	\$1,467.16	\$1,467.16

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
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	dicaid and Health Choice Clinical Policies on the DMA Web Site.	ig outde	
	hould always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
changes an	d deletion to this schedule.		
*** The fee	schedule include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not incl	uded on this fee	schodulo
THE ICC	sofiedule include the new codes for 2013 and the pending 178 fate reduction effective 1/1/2010 is not include	uded on this lee	Scriedule
63271	excise intraspinal lesion, thoracic	\$1,475.96	\$1,475.96
63272	excise intraspinal lesion, lumbar	\$1,359.60	\$1,359.60
63273	excise intraspinal lesion, sacral	\$1,284.76	\$1,284.76
63275	biopsy/excise spinal tumor, cervical	\$1,280.05	\$1,280.05
63276 63277	biopsy/excise spinal tumor, thoracic	\$1,275.20	\$1,275.20 \$1,119.11
63278	biopsy/ excise spinal tumor, lumbar biopsy/ excise spinal tumor, sacral	\$1,119.11 \$1,095.77	\$1,095.77
63280	biopsy/ excise spinal tumor, cervical	\$1,513.23	\$1,513.23
63281	biopsy/ excise spinal tumor, thoracic	\$1,496.08	\$1,496.08
63282	biopsy/ excise spinal tumor, lumbar	\$1,411.58	\$1,411.58
63283	biopsy/ excise spinal tumor, sacral	\$1,337.58	\$1,337.58
63285	biopsy/ excise spinal tumor, cervical	\$1,858.88	\$1,858.88
63286	biopsy, excise spinal tumor	\$1,852.04	\$1,852.04
63287 63290	biopsy, excise spinal tumor biopsy, excise spinal tumor	\$1,954.51 \$1,977.91	\$1,954.51 \$1,977.91
63295	osteoplastic reconstruction of dorsal spinal elements, following primary	\$236.17	\$236.17
63300	removal vertebral body	\$1,320.13	\$1,320.13
63301	removal of vertebral body	\$1,482.60	\$1,482.60
63302	removal of vertebral body	\$1,473.14	\$1,473.14
63303	removal of vertebral body	\$1,541.31	\$1,541.31
63304	removal of vertebral body	\$1,633.78	\$1,633.78
63305 63306	removal of vertebral body removal of vertebral body	\$1,669.98 \$1,749.71	\$1,669.98 \$1,740.71
63307	removal of vertebral body	\$1,749.71	\$1,749.71 \$1,623.90
63600	examine spinal cord lesion	\$616.86	\$616.86
63615	stereotactic biopsy aspiration/exc lesion	\$824.71	\$824.71
63620	stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); 1 spinal lesion	\$568.59	\$568.59
63621	stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); each additional spinal lesi	\$179.97	\$179.97
63650	percutaneous implantation of neurostimulator electrode array, epidural	\$305.58	\$305.58
63655 63662	laminectomy for implantation of neurostimulator electrodes, plate/paddle, Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, in	\$604.53 \$421.76	\$604.53 \$421.76
63663	Revision including replacement, when performed, of spinal neurostimulator eletrode percutaneous ar	\$283.65	\$484.31
63664	Revision including replacement, when performed, of spinal neurostimulator electrode pereditareous at Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s)	\$439.08	\$439.08
63685	insertion or replacement of spinal neurostimulator pulse generator or receiver,	\$291.68	\$291.68
63688	revision removal spinal neurostimulator receiver	\$261.17	\$261.17
63700	repair of spinal herniation	\$879.39	\$879.39
63702	repair of spinal herniation	\$988.74	\$988.74
63704 63706	repair of spinal herniation repair of spinal herniation	\$1,102.85 \$1,283.89	\$1,102.85 \$1,283.89
63707	repair of spirial hermation repair of dural/cerebrospinal fluid leak, not requiring laminectomy	\$649.11	\$649.11
63709	repair of dural/cerebrospinal fluid leak, not requiring farinitectorry repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	\$789.29	\$789.29
63710	dural graft spinal	\$788.23	\$788.23
63740	creation of shunt, including laminectomy	\$668.03	\$668.03
63741	creation shunt, lumbar, percutaneo w/o laminectomy	\$435.56	\$435.56
63744	replacement irrigation or revision of lumbar subar	\$456.31	\$456.3
63746	removal shunt system without replacement	\$397.45	\$397.45
64400 64402	injection, anesthetic agent; injection, anesthetic agent;	\$47.51 \$54.08	\$78.00 \$80.09
64405	injection, anesthetic agent;	\$55.45	\$75.86
64408	injection, anesthetic agent;	\$66.66	\$87.36
64410	injection, anesthetic agent;	\$59.52	\$101.2°
64412	injection, anesthetic agent;	\$52.89	\$100.17
64413	injection, anesthetic agent;	\$57.86	\$84.17
64415	injection, anesthetic agent;	\$56.28	\$95.4
64416 64417	injection, anesthetic agent; brachial plexus, continuous infusion by catheter injection, anesthetic agent;	\$70.76 \$55.74	\$70.76 \$96.29
64418	injection, anesthetic agent; injection, anesthetic agent;	\$55.74 \$55.25	\$96.25 \$97.78
64420	injection, anesthetic agent;	\$49.81	\$115.56
64421	injection, anesthetic agent;	\$68.31	\$170.4
64425	injection, anesthetic agent;	\$70.81	\$94.59

	Nurse Practitioner Fee Schedule		
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64430	injection, anesthetic agent;	\$66.77	\$114.05
64435	injection, anesthetic agent;	\$63.99	\$105.95
64445	injection, anesthetic agent;	\$60.95	\$99.00
64446 64447	injection, anesthetic agent; sciatic nerve, continuous infusion by catheter, injection, anesthetic agent; femoral nerve, single	\$70.61 \$53.81	\$70.61 \$53.81
64448	injection, anesthetic agent; femoral nerve, single	\$62.54	\$62.54
64449	injection, anesthetic agent; lumbar plexus, posterior approach, continuous	\$69.93	\$69.93
64450	injection for nerve block	\$54.61	\$75.87
64455	injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s)	\$31.13	\$38.96
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves inne	\$66.34	\$100.30
64505	injection anesthetic agent sphenopalatine ganglion	\$63.20	\$74.94
64508	injection anesthetic agent carotid sinus	\$52.28	\$102.92
64510 64520	injection, anesthetic agent; injection, anesthetic agent;	\$51.11 \$57.74	\$102.59 \$133.84
64530	injection, anesthetic agent,	\$68.17	\$138.66
64555	percutaneous implantation of neurostimulator electrodes; peripheral nerve	\$115.70	\$157.11
64561	percutaneous implantation of neurostimulator electrodes; sacral nerve	\$325.44	\$840.19
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse	\$513.70	\$513.70
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including	\$493.41	\$493.41
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	\$429.66	\$429.66
64575	incision for implantation of neurostimulator electrodes; peripheral nerve	\$210.44	\$210.44
64581 64585	incision for implantation of neurostimulator electrodes; sacral nerve revision or removal peripheral stimulator electode	\$632.46 \$119.34	\$632.46 \$242.99
64590	incision for placement stimulator receiver	\$133.63	\$229.03
64595	revision removal peripheral neu/stim receiver	\$105.25	\$235.05
64600	injection treatment of nerve	\$159.00	\$291.33
64605	injection treatment of nerve	\$253.38	\$411.73
64610	injection treatment of nerve	\$354.86	\$501.72
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	\$71.38	\$79.00
64612 64615	chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for chemodenervation of muscle(s);muscle(s) innervated by facial, trigeminal, cervical spinal and	\$100.04 \$100.12	\$113.19 \$111.17
04013	accessory nerves, bilateral (eg, for chronic migraine)	\$100.12	Ψ111.17
64616	injection of chemical for destruction of nerve muscles on one side of neck excluding voice box access	\$84.80	\$96.19
64617	injection of chemical for destruction of nerve muscles on one side of voice box accessed through the	\$91.76	\$151.17
64620	injection treatment of nerve	\$124.46	\$197.20
64630	destruction by neurolytic agent; pudendal nerve	\$144.23	\$171.93
64632	destruction by neurolytic agent; plantar common digital nerve	\$54.87	\$63.83
64633 64635	destruction by neurolytic agent, paravertebral facet joint nerve(s), with destruction by neurolytic agent, paravertebral facet joint nerve(s), with	\$133.92 \$131.25	\$255.45 \$251.06
64640	injection treatment of nerve	\$132.16	\$168.81
64642	injection of chemical for destruction of nerve muscles on arm or leg, 1-4 muscles	\$85.39	\$110.10
64643	injection of chemical for destruction of nerve muscles on arm or leg, 1-4 muscles	\$57.30	\$72.57
64644	injection of chemical for destruction of nerve muscles on arm or leg, 5 or more muscles	\$93.28	\$125.76
64645	injection of chemical for destruction of nerve muscles on arm or leg, 5 or more muscles	\$65.62	\$88.66
64646	injection of chemical for destruction of nerve muscles on trunk, 5 or more muscles	\$92.42	\$118.51 \$137.26
64647 64650	injection of chemical for destruction of nerve muscles on trunk, 6 or more muscles chemodenervation of eccrine glands; both axillae	\$106.71 \$29.88	\$137.26 \$48.89
64680	destruction by neurolytic agent, with or without radiologic monitoring; celiac	\$120.50	\$222.06
64681	destruction by neurolytic agent, with or without radiologic monitoring;	\$162.49	\$287.55
64702	revision of nerve,finger/toe	\$333.54	\$333.54
64704	revision of nerve, hand/foot	\$245.68	\$245.68
64708	revision of nerve, arm/leg	\$346.41	\$346.41
64712	revision of sciatic nerve	\$399.72	\$399.72
64713 64714	revision of arm nerves revision of low back nerves	\$559.51 \$479.29	\$559.51 \$479.29
64714	neurozysis a/o transposition cranial nerve	\$378.74	\$479.29 \$378.74
64718	revise ulnar nerve at elbow	\$407.95	\$407.95
64719	revise ulnar nerve at wrist	\$282.96	\$282.96
64721	neurolysis and/or transposition median nerve at ca	\$296.90	\$298.01
64722	revise forearm nerve	\$243.20	\$243.20

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64726	revise foot/to	e nerve	\$214.34	\$214.34
64732	incision of br		\$277.01	\$277.01
64734	incision of ch		\$299.68	\$299.68
64736 64738	incision of ch	ın nerve r avulsion of inferior alveolar nerve	\$282.91 \$334.81	\$282.91 \$334.81
64740		r avulsion of lingual nerve	\$333.73	\$333.73
64742	incision of fa		\$342.35	\$342.35
64744		back of head	\$300.25	\$300.25
64746	incise diaphr		\$324.40	\$324.40
64755		r avulsion of; vagus nerves limited to proximal stomach (selective	\$656.73	\$656.73
64760	incision of va	5	\$347.81	\$347.81
64763	incise hip/thi		\$396.67	\$396.67
64766 64771	incise hip/thip	,	\$458.35	\$458.35
64771	incise spinal	vulsion cranial nerve extradural	\$428.96 \$412.56	\$428.96 \$412.56
64774		n, skin nerve	\$297.93	\$297.93
64776	remove nerv	,	\$286.43	\$286.43
64782	remove nerv	, 0	\$337.88	\$337.88
64784	remove nerv	e lesion	\$525.85	\$525.85
64786	remove sciat	ic nerve lesion	\$790.20	\$790.20
64788	removal of no		\$279.40	\$279.40
64790	removal of no		\$601.67	\$601.67
64792 64795	removal of no		\$780.54 \$142.97	\$780.54 \$142.97
64802	biopsy of ner	ve pathetic nerves	\$142.97 \$445.22	\$142.97 \$445.22
64804		pathetic nerves	\$678.78	\$678.78
64809		pathetic nerves	\$636.81	\$636.81
64818		pathetic nerves	\$494.14	\$494.14
64820		my; digital arteries, each digit	\$550.12	\$550.12
64821		my; radial artery	\$495.59	\$495.59
64822		my; ulnar artery	\$489.75	\$489.75
64823 64831	repair of ner	my; superficial palmar arch	\$557.04 \$491.15	\$557.04 \$491.15
64834	repair of nerv		\$544.52	\$544.52
64835	repair of ner		\$590.38	\$590.38
64836	repair of nerv		\$590.07	\$590.07
64840	repair of nerv		\$672.37	\$672.37
64856	repair/transp		\$743.08	\$743.08
64857		periph nerve arm/leg exc sciatic w/o	\$777.00	\$777.00
64858	repair sciatic		\$895.60	\$895.60
64861 64862	repair of arm repair of low		\$1,011.75 \$992.27	\$1,011.75 \$992.27
64864	repair of low		\$992.27 \$644.36	\$992.27 \$644.36
64865		nerve intratemporal w/wo grafting	\$849.41	\$849.41
64866		al/other nerve	\$883.46	\$883.46
64868	fusion of faci	al/other nerve	\$772.98	\$772.98
64876		ve shortening of bone extremity	\$147.02	\$147.02
64885		ead/neck; up to 4cm.	\$839.45	\$839.45
64886		nead/neck; more than 4 cm.	\$996.02	\$996.02
64890 64891	nerve graft, h	ngle strand hand or foot more than 4	\$800.46 \$826.78	\$800.46 \$826.78
64892	nerve graft, a		\$778.73	\$778.73
64893		ngle strand arm or leg more than 4 c	\$820.34	\$820.34
64895	nerve graft, h		\$962.97	\$962.97
64896		nultiple strands hand or foot more tha	\$1,061.72	\$1,061.72
64897	nerve graft, a	0	\$931.56	\$931.56
64898		ngle strand more than 4 cm	\$1,015.63	\$1,015.63
64905		e transfer first stage	\$744.50	\$744.50
64907	nerve pedicle revise eyeba	e transfer second stage	\$979.06 \$424.88	\$979.06 \$424.88

		Nurse Practitioner Fee Schedule		
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	d deletion to this			
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CE 1.01		l of avaled	¢400.40	\$400.40
65101 65110		ıl of eyeball ıl of eyeball	\$489.48 \$825.72	\$489.48 \$825.72
65112		eye, revise socket	\$972.59	\$972.59
65114		eye, revise socket	\$1,011.77	\$1,011.77
65205		foreign body from eye	\$31.00	\$38.56
65210	remove	foreign body from eye	\$37.36	\$47.15
65220		foreign body from eye	\$30.55	\$39.50
65235		I of foreign body, intraocular; from anterior chamber of eye or lens	\$467.36	\$467.36
65260	remove	foreign body from eye	\$641.40	\$641.40
65265		foreign body from eye	\$722.49 \$95.60	\$722.49
65270 65272		vound of eye vound of eye	\$95.60 \$232.04	\$176.73 \$328.00
65273		eration conjuctiva by mobilazation rearr w	\$255.10	\$255.10
65275		vound of eye	\$303.71	\$370.01
65280		vound of eye	\$447.61	\$447.61
65285		vound of eye	\$699.36	\$699.36
65286	repair o	of laceration by application of tissue glue	\$328.94	\$464.35
65290		vound of eye socket	\$328.36	\$328.36
65400		I of eye lesion	\$395.72	\$444.12
65420		I of eye lesion	\$248.92	\$339.84
65426 65430		/repair eye lesion smear	\$318.14 \$71.55	\$429.77 \$78.53
65436		treat cornea	\$247.50	\$257.28
65450		tion of lesion of cornea by cryotherapy, photocoagulation	\$209.30	\$211.81
65600		e punctures of anterior cornea (eg, for corneal erosion, tattoo)	\$223.71	\$256.72
65710	cornea	transplant	\$738.30	\$738.30
65730		transplant	\$821.83	\$821.83
65750		transplant	\$834.05	\$834.05
65755		lasty, penetrating	\$829.13	\$829.13
65756		plasty (corneal transplant); endothelial	\$646.99	\$646.99
65770 65772		rosthesis relaxing incision	\$954.26 \$268.19	\$954.26 \$297.28
65775		wedge resection	\$366.42	\$366.42
65810		e of eyeball	\$310.65	\$310.65
65815		e of eyeball	\$315.17	\$420.63
65820	relieve	inner eye pressure	\$499.40	\$499.40
65850		of eyeball	\$570.37	\$570.37
65855		loplasty by laser one or more sessions	\$201.04	\$227.35
65860		g ashesions of anter. segmt. laser techniq.	\$174.63	\$209.88
65865 65870		inner eye adhesions inner eye adhesions	\$317.83 \$392.98	\$317.83 \$392.98
65870		inner eye adnesions inner eye adhesions	\$392.98 \$417.29	\$392.98 \$417.29
65880		inner eye adhesions	\$440.11	\$440.11
65900		I of epithelial downgrowth, anterior chamber of eye	\$646.36	\$646.36
65920		I of implanted material, anterior segment of eye	\$522.61	\$522.61
65930	remova	l of blood clot, anterior segment of eye	\$430.60	\$430.60
66020		n, anterior chamber of eye (separate procedure); air or liquid	\$88.00	\$123.53
66030		n, anterior chamber (separate procedure);	\$73.41	\$108.94
66130		eyeball lesion	\$388.24	\$471.06
66150 66155		of eyeball of eyeball	\$573.80 \$571.98	\$573.80 \$571.98
66160		of eyeball	\$651.81	\$651.81
66170		tion of sclera for glaucoma; trabeculectomy ab externo in absence of	\$789.28	\$789.28
66172		tion of sclera for glaucoma;	\$991.69	\$991.69
66179		n of shunt to improve eye fluid flow	\$868.87	\$727.93
66180		s shunt to extraocular reservoir	\$787.96	\$787.96
66185		of aqueous shunt to extraocular reservoir	\$496.08	\$496.08
66220		eyeball lesion	\$484.33	\$484.33 \$624.72
66225		raft eyeball lesion	\$624.72	

		Nurse Practitioner Fee Schedule		
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THE ICC .	scriedule inci	nude the new codes for 2013 and the pending 170 rate reduction enective 1/1/2013 is not incl	dued on this ree	Scriedule
66500	inci	ision of iris	\$234.08	\$234.08
66505		ision of iris	\$256.31	\$256.31
66600		noval of iris lesion	\$544.87	\$544.87
66605 66625		noval of iris noval of iris	\$710.37 \$286.44	\$710.37 \$286.44
66630		noval of iris	\$377.35	
66635		noval of iris	\$381.18	
66680		pair of iris	\$340.77	\$340.77
66682		ture of iris ciliary body w/retrieval of suture	\$413.55	
66700 66710		ary body destruction; diathermy.	\$263.95 \$263.10	· ·
66710		ary body distruction; cyclophotcoagulation. ary body destruction; cyclophotocoagulation, endoscopic	\$263.19 \$421.04	
66720		ary body destruction; crytherapy.	\$277.58	* -
66740		ary body destruction; cyclodialysis.	\$264.32	\$291.16
66761		rision of iris	\$272.26	
66762		rision of iris	\$281.81	\$312.86
66770 66820		noval of inner eye lesion ision of lens lesion	\$319.58 \$262.39	
66821		cission secondary cataract; laser	\$201.56	
66825		positioning intraocular lens pros; incisional	\$506.34	\$506.34
66830	rem	noval of lens lesion	\$475.82	\$475.82
66840	rem	noval lens material aspiration technique one or	\$463.71	\$463.71
66850		noval of lens	\$529.46	
66852 66920		noval of lens material, pars plana w/wo vitrecto rraction of lens	\$566.86 \$505.72	\$566.86 \$505.72
66930		raction of lens	\$574.87	\$503.72 \$574.87
66940		raction of lens	\$521.67	\$521.67
66982	ext	racapsular cataract removal with insertion of intraocular lens prosthesis	\$719.65	
66983		racapsular extraction with insertion of prosthe	\$496.10	
66984 66985		racapsular cataract removal with lens prosthesi	\$515.53 \$509.05	· ·
66986		ert lens prosthesis change of intraocular lens.	\$623.73	
67005		rtial removal of eye fluid	\$313.60	
67010	par	rtial removal of eye fluid	\$363.57	\$363.57
67015		ease of eye fluid	\$387.20	\$387.20
67025		place eye fluid	\$418.36	\$479.91
67027 67030		plantation of intravitreal drug delivery system (eg, ganciclovir implant), ise inner eye strands	\$574.26 \$345.33	\$574.26 \$345.33
67031		vering of vitreous strands, laser surgery	\$234.87	\$255.28
67036		ectomy, pars plana approach	\$649.02	\$649.02
67039		ectomy, mech., w focal endolaser photocoagulat	\$830.48	
67040		er treatment of retina	\$958.79	
67041 67042		rectomy, mechanical, pars plana approach; with reomval of preretinal cellular membrane (eg, macurectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (ec	\$898.59 \$1,030.06	
67042		ectomy, mechanical, pars plana approach; with removal of internal limiting membrane (eg. choroidal ne	\$1,080.23	
67101		pair of retinal detachment, one or more sessions	\$447.92	\$514.23
67105		pair of retinal detachment, one or more sessions; photocoagulation, with or	\$429.73	
67107		pair of retinal detachment; scleral buckling (such as lamellar scleral	\$815.95	
67108 67110		pair of retinal detachment; with vitrectomy, any method, with or without air	\$1,087.78 \$515.00	
67110 67112		pair of retinal detachment; by injection of air or other gas (eg, pneumatic pair of retinal detachment; by scleral buckling or vitrectomy, on patient	\$515.99 \$897.33	
67113		pair of retinal detactioners, by scienal buckling of vitreocorny, on patient		
67115		ease of encircling material	\$327.10	
67120		rision of inner eye	\$369.00	
67121		noval of implanted material, intraocular	\$607.81	\$607.81
67141 67145		ophylaxis of retinal detachment ophylaxis of retinal detachment; photocoagulation	\$321.85 \$329.15	
67208		struction of localized lesion of retina (eg, macular edema, tumors), one or	\$385.90	
67210		struction of localized lesion of retina (eg, macular edema, tumors), one or	\$452.92	
67218		atment inner eye lesion	\$951.46	

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67220	destruction of localized lesion of choroid (eg, choroidal neovascularization),	\$685.86	\$717.75
67227	destruction of retinopathy, one or more sessions	\$381.16	\$406.06
67228 67229	destruction of retinopathy, photocoagulation treatment of extensive or pregressive retinopathy, one or more sessions; preterm infant (less than 37	\$708.07 \$777.28	\$798.99 \$777.28
67250	reinforce eyeball wall	\$526.21	\$526.21
67255	reinforce/graft eyeball wall	\$562.32	\$562.32
67311	strabismus surgery, recession or resection procedure; one horizontal muscle	\$399.47	\$399.47
67312	strabismus surgery, two horizontal muscles	\$478.48	\$478.48
67314	strabismus surgery, one vertical muscle	\$447.99	\$447.99
67316	strabismus surgery, 2 or more vertical muscles	\$537.30 \$469.71	\$537.30 \$469.71
67318 67320	strabismus surgery, any procedure, superior oblique muscle transposition procedure (eg, for paretic extraocular muscle), any extraocular	\$468.71 \$225.73	\$468.71 \$225.73
67331	strabismus surgery on patient with previous eye surgery or injury that did not	\$213.74	\$213.74
67332	strabismus surgery on patient with scarring of extraocular muscles (eg, prior	\$232.43	\$232.43
67334	strabismus surgery by posterior fixation suture technique, with or without	\$210.84	\$210.84
67340	strabismus surgery involving exploration and/or repair of detached extraocular	\$251.16	\$251.16
67343	release extensive scar tissue w/o detaching muscle	\$435.19	\$435.19
67345	chemodenervation of extraocular muscle orbitotomy without bone flap (frontal or transconjunctival approach); for	\$144.86	\$158.57
67400 67405	explore/treat eye socket	\$625.36 \$531.58	\$625.36 \$531.58
67412	explore/treat eye socket	\$578.92	\$578.92
67413	explore/treat eye socket	\$579.12	\$579.12
67414	orbitotomy wo flap;w bone removal for decompress.	\$891.24	\$891.24
67420	explore/treat eye socket	\$1,110.12	\$1,110.12
67430	explore/treat eye socket	\$841.09	\$841.09
67440 67445	explore/treat eye socket	\$811.04 \$956.33	\$811.04 \$956.33
67445	orbitotomy w flap/window; w bone removal. explore/treat eye socket	\$841.55	\$841.55
67570	optic nerve decompression.	\$780.75	\$780.75
67700	blepharotomy, drainage of abscess, eyelid	\$76.91	\$175.39
67710	incision of eyelid	\$64.02	\$147.67
67715	incision of eyelid	\$72.51	\$155.88
67800	remove eyelid lesion	\$70.52	\$84.79
67801 67805	remove eyelid lesions remove eyelid lesions	\$91.62 \$112.37	\$108.96 \$134.76
67808	remove eyelid lesion(s)	\$243.19	\$243.19
67825	correction of trichiasis; epilation by other than forceps (eg, by	\$80.89	\$85.93
67830	revise eyelashes	\$92.72	\$176.38
67835	revise eyelashes	\$296.17	\$296.17
67840	excision eyelid lesion without closure or with sim	\$107.58	\$185.08
67850 67880	destruction of lesion of lid margin up to 1 cm	\$96.15	\$149.02 \$301.37
67880	revision of eyelid(s) construction intermarginal adhesions with transpos	\$243.19 \$313.53	\$301.37
67901	repair eyelid defect	\$389.31	\$465.68
67902	repair eyelid defect	\$482.76	\$482.76
67903	repair eyelid defect	\$336.35	\$411.88
67904	repair blepharoptosis levator resection external a	\$399.11	\$487.50
67906	repair eyelid defect	\$348.86	\$348.86
67908 67909	repair blepharoptosis conjuctivo-tarso-levator res revise eyelid defect	\$289.62 \$296.69	\$328.23 \$359.91
67911	revise eyelid defect	\$373.23	\$373.23
67912	correction of lagophthalmos, with implantation of upper eyelid lid load (eg,	\$335.08	\$602.24
67914	repair eyelid defect	\$195.56	\$261.31
67915	repair eyelid defect	\$172.61	\$233.88
67916	repair eyelid defect	\$291.44	\$360.26
67917	repair eyelid defect	\$322.55	\$394.17
67921 67922	repair eyelid defect repair eyelid defect	\$182.79 \$166.28	\$248.53 \$226.42
67923	repair eyelid defect	\$314.66	\$380.40
67924	repair eyelid defect	\$304.36	\$393.04

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
		Effective Date: 1/1/2015		
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		nical Policies on the DMA Web Site.		
		and customary charges. Please use the monthly NC Medicaid	Bulletins for additions,	
cnanges an	d deletion to this schedule.			
*** The fee s	chedule include the new co	des for 2015 and the pending 1% rate reduction effective 1/1/20	15 is not included on this fee sch	edule
67930 67935	repair eyelid wound repair eyelid wound		\$168.52	\$246.86
67938	remove foreign body	a evalid	\$307.33 \$77.23	\$401.6 ² \$160.3 ²
67950	revision of eyelids	, eyelid	\$316.51	\$387.56
67961	revision of eyelids		\$309.20	\$386.69
67966	revision of eyelids		\$439.21	\$511.95
67971	reconstruction of eye	elid	\$495.83	\$495.83
67973	reconstruction of eye		\$642.75	\$642.75
67974	reconstruction of eye		\$640.16	\$640.16
67975	reconstruction of eye		\$468.03	\$468.03
68020	incise/drain eyelid le		\$74.53	\$79.84
68110 68115	remove eyelid lining remove eyelid lining		\$99.50 \$124.35	\$149.58 \$207.44
68130	remove eyelid lining		\$124.35 \$275.54	\$207.42 \$358.62
68135	remove eyelid lining		\$101.63	\$104.98
68320	revise/graft eyelid lir		\$354.10	\$474.40
68325	revise/graft eyelid lir		\$441.32	\$441.32
68326	revise eyelid lining		\$429.61	\$429.6
68328	revise/graft eyelid lir	ing	\$480.07	\$480.07
68330	revise eyelid lining		\$304.68	\$398.96
68335	revise/graft eyelid lir		\$431.01	\$431.01
68340 68360	separate eyelid adhe revise eyelid lining	esions	\$263.15 \$272.19	\$358.82 \$350.52
68362	revise eyelid lining		\$436.95	\$436.95
68400	incise/drain tear glar	nd	\$92.14	\$185.86
68420	incise/drain tear sac		\$118.43	\$212.7
68440	incise tear duct oper	ning	\$64.13	\$71.12
68500	removal of tear glan		\$651.00	\$651.00
68505	partial removal tear	gland	\$654.72	\$654.72
68520	removal of tear sac		\$460.46	\$460.46
68530	clearance of tear du		\$179.07 \$622.57	\$290.70
68540 68550	remove tear gland le		\$765.79	\$622.57 \$765.79
68700	repair tear ducts	SIOII	\$401.77	\$401.77
68705	revise tear duct ope	nina	\$111.83	\$158.55
68720	incise tear ducts	3	\$510.13	\$510.13
68745	incise tear ducts		\$512.03	\$512.03
68750	establish tear duct c	hannel	\$526.09	\$526.09
68760	close tear duct open		\$97.74	\$134.38
68761		unctum; by plug, each	\$79.26	\$98.00
68770 68801	close tear system fis		\$398.25	\$398.25
68801		unctum, with or without irrigation nal duct, with or without irrigation;	\$70.28 \$126.67	\$80.9 ² \$157.17
68811		nal duct, with or without irrigation; requiring general	\$137.72	\$137.72
68815		nal duct, with or without irrigation; requiring general	\$173.99	\$294.57
68816	<u> </u>	mal duct, with or without irrigation; with transluminal	\$166.54	\$447.98
68840	exploration of tear d		\$74.81	\$82.93
69000	drain external ear le		\$84.53	\$127.05
69005	drain external ear le		\$115.24	\$151.33
69020	drain outer ear cana		\$102.50	\$161.25 \$321.92
69110 69120	partial removal exter removal of external		\$236.31 \$287.07	\$321.92 \$287.07
69140	remove ear canal le		\$625.45	\$625.45
69145	remove ear canal le		\$178.17	\$270.2
69150	extensive outer ear		\$771.30	\$771.30
69155	extensive ear/neck s	· ,	\$1,240.80	\$1,240.80
69200	clear outer ear cana		\$41.23	\$85.7
69205	clear outer ear cana		\$73.74	\$73.74
69222	debridement, masto	dectomy cavity, complex	\$99.52	\$154.36

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015		
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	dicaid and Health Choice Clinical Policies on the DMA Web Site.	are medicara Emilig Guide	
Providers s	should always bill their usual and customary charges. Please use the monthly NC Med	licaid Bulletins for additions,	
changes an	nd deletion to this schedule.		
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69320	rebuild outer ear canal	\$1,118.75	\$1,118.7
69420	incision of eardrum	\$86.85	\$133.80
69421	incision of eardrum	\$110.08	\$110.0
69433	tympanostomy, local or topical anesthesia	\$94.11	\$139.7
69436	tympanostomy, general anesthesia	\$119.76	\$119.70
69440 69450	exploration of middle ear	\$495.06 \$387.84	\$495.00 \$387.8
69501	tympanolysis transcanal removal of mastoid bone	\$533.49	\$533.4
69502	mastoidectomy complete	\$710.43	\$710.4
69505	removal mastoid structures	\$873.34	\$873.3
69511	removal mastoid structures	\$898.25	\$898.2
69530	remove part of temporal bone	\$1,213.78	\$1,213.7
69535	remove part of temporal bone	\$1,982.10	\$1,982.10
69540	remove ear lesion	\$91.41	\$145.4
69550	remove ear lesion	\$754.37	\$754.3
69552	remove ear lesion	\$1,156.70	\$1,156.70
69554 69601	remove ear lesion	\$1,844.37 \$765.77	\$1,844.3° \$765.7°
69602	revise mastoid surgery revise mastoid surgery	\$796.20	\$796.2
69603	revise mastoid surgery	\$924.13	\$924.13
69604	revise mastoid surgery	\$821.45	\$821.4
69605	revise mastoid surgery	\$1,144.55	\$1,144.5
69610	repair of eardrum	\$220.35	\$283.8
69620	repair of eardrum	\$356.44	\$494.0
69631	repair eardrum structures	\$637.11	\$637.1
69632	rebuild eardrum structures	\$783.76	\$783.7
69633 69635	tympanoplasty w/o mastoidectomy with ossicular cha repair eardrum structures	\$754.75 \$886.16	\$754.75 \$886.10
69636	rebuild eardrum structures	\$1,004.42	\$1,004.4
69637	tympan antro/mastoid w ossicular chain recon and s	\$999.77	\$999.7
69641	revise middle ear & mastoid	\$759.86	\$759.8
69642	revise middle ear & mastoid	\$980.92	\$980.93
69643	revise middle ear & mastoid	\$895.86	\$895.8
69644	revise middle ear & mastoid	\$1,082.24	\$1,082.2
69645	revise middle ear & mastoid	\$1,059.87	\$1,059.8
69646	revise middle ear & mastoid	\$1,127.95	\$1,127.9
69650 69660	release middle ear bone revise middle ear bone	\$578.60 \$681.67	\$578.60 \$681.6
69661	stapedectomy with foot plate drill out	\$891.92	\$891.9
69662	revision stapedectomy or stapedotomy	\$855.58	\$855.5
69666	repair middle ear structures	\$587.10	\$587.1
69667	repair middle ear structures	\$589.09	\$589.0
69670	remove mastoid air cells	\$687.36	\$687.3
69676	tympanic neurectomy	\$604.61	\$604.6
69700	close mastoid fistula	\$504.70	\$504.7
69714	implantation, osseointegrated implant, temporal bone, with percutaneous	\$881.80	\$881.8
69715	implantation, osseointegrated implant, temporal bone, with percutaneous	\$1,088.50	\$1,088.5
69717	replacement (including removal of existing device), osseointegrated implant,	\$924.37	\$924.3
69718 69720	replacement (including removal of existing device), osseointegrated implant, release facial nerve	\$1,099.69 \$858.21	\$1,099.69 \$858.2
69725	release facial nerve	\$1,406.47	\$1,406.4
69740	repair facial nerve	\$867.33	\$867.3
69745	repair facial nerve	\$920.48	\$920.4
69801	labyrinthotomy, with or without cryosurgery including other nonexcisional	\$542.76	\$542.70
69805	explore inner ear	\$776.82	\$776.8
69806	explore inner ear	\$696.62	\$696.63
69820	establish inner ear window	\$630.02	\$630.0
69840	revise inner ear window	\$660.74	\$660.7
69905	remove inner ear	\$671.44	\$671.4

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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and the Me	dicaid and	d Health Choice Clinical Policies on the DMA Web Site.		
		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	or additions,	
changes an	id deletio	n to this schedule.		
*** The fee	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not in	cluded on this fee sch	nedule
69915		incise inner ear nerve	\$1,145.39	\$1,145.39
69930		cochlear device implantation with or w/o mastoidectomy	\$919.26	\$919.26
69950		incise inner ear nerve	\$1,357.80	\$1,357.80
69955 69960		release facial nerve release inner ear canal	\$1,483.45 \$1,439.73	\$1,483.45 \$1,439.73
69970		remove inner ear lesion	\$1,606.95	\$1,439.73
69990		microsurgical techniques, requiring use of operating microscope (list	\$162.56	\$162.56
70030		x-ray exam eye foreign body	\$21.66	\$21.66
70030	26	x-ray eye for foreign body	\$7.01	\$7.01
70100		x-ray exam of jaw	\$23.37	\$23.37
70100	26	mandible limited or unilateral	\$7.31	\$7.31
70110	00	x-ray exam of jaw	\$30.34	\$30.34
70110 70120	26	mandible limited or unilateral complete minimum of	\$10.27 \$25.43	\$10.27 \$25.43
70120	26	x-ray exam of mastoids mastoids limited or unilateral	\$7.31	\$25.43 \$7.31
70130		x-ray exam mastoids	\$42.13	\$42.13
70130	26	x-ray exam of mastoids	\$14.03	\$14.03
70134		x-ray exam of middle ear	\$36.24	\$36.24
70134	26	internal auditory meat uses	\$14.03	\$14.03
70140 70140	00	x-ray exam of facial bones	\$22.93	\$22.93
70140	26	facial bones limited x-ray exam facial bones minium of three views	\$7.61 \$32.80	\$7.61 \$32.80
70150	26	x-ray exam of facial bones	\$10.57	\$10.57
70150	TC	radiologic exam facial bones, complete	\$22.21	\$22.21
70160		x-ray exam of nasal bones	\$24.46	\$24.46
70160	26	nasal bones	\$7.01	\$7.01
70170		x-ray exam of tear duct	\$41.40	\$41.40
70170 70190	26	x-ray exam of tear duct	\$12.34 \$27.17	\$12.34 \$27.17
70190	26	x-ray exam of eye sockets optic foramina	\$8.50	\$8.50
70200		x-ray exam orbits minimum of four views	\$33.96	\$33.96
70200	26	x-ray exam of eye sockets	\$11.46	\$11.46
70210		x-ray exam of sinuses	\$22.89	\$22.89
70210	26	paranasal sinuses limited	\$7.01	\$7.01
70220		x-ray exam of sinuses	\$29.97	\$29.97
70220 70240	26	paranasal sinuses complete	\$9.99 \$22.54	\$9.99 \$22.54
70240	26	x ray exam sella turcica x-ray exam pituitary saddle	\$7.90	\$22.54 \$7.90
70250	0	radiologic examination, skull; less than four views	\$27.80	\$27.80
70250	26	skull limited	\$9.69	\$9.69
70260	_	radiologic examination, skull; complete, minimum of four views	\$37.00	\$37.00
70260	26	skull complete	\$13.74	\$13.74
70300	26	x ray exam of teeth single view	\$10.87	\$10.87
70300 70310	26	x-ray exam of teeth x-ray teeth partial exam less than full mouth	\$4.34 \$25.84	\$4.34 \$25.84
70310	26	x-ray exam of teeth	\$6.71	\$6.71
70320		full mouth x-ray of teeth	\$36.34	\$36.34
70320	26	teeth full mouth	\$9.08	\$9.08
70328		x-ray exam of jaw joint	\$22.80	\$22.80
70328	26	temporomandibular joint unilateral	\$7.31	\$7.31
70330	26	x-ray exam of jaw joints bilateral	\$36.10	\$36.10
70330 70350	26	x-ray exam of jaw joints x ray exam of head for orthodontia	\$9.96 \$15.79	\$9.96 \$15.79
70350	26	x-ray head for orthodontia	\$7.01	\$7.01
70355		panoramic x-ray of jaws	\$17.63	\$17.63
70355	26	orthopantogram	\$8.20	\$8.20
70360		x-ray exam of neck	\$20.83	\$20.83
70360	26	neck for soft tissues	\$7.01	\$7.01
70370		x-ray and fluoroscopy of throat throat x-ray & fluoroscopy	\$56.81 \$12.95	\$56.81 \$12.95

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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		d Health Choice Clinical Policies on the DMA Web Site.	Surau Simily Guide	
		vays bill their usual and customary charges. Please use the monthly NC Medicaid	Bulletins for additions,	
changes an	nd deletio	n to this schedule.		
*** The fee	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/20	15 is not included on this fee sche	dule
70380	00	x-ray exam salivary gland for calculus	\$28.20	\$28.20
70380 70450	26 TC	x-ray exam,salivary gland computed tomography, head or brain; without contrast material	\$7.01 \$133.48	\$7.01 \$133.48
71010	10	x-ray exam of chest	\$18.60	\$18.60
71010	26	chest single view	\$7.31	\$7.31
71015		x-ray exam of chest	\$22.87	\$22.87
71015	26	chest examination stereo	\$8.50	\$8.50
71020		chest radiological exam two views	\$24.68	\$24.68
71020	26	chest radiological exam two views	\$9.08	\$9.08
71020	TC	radilogical exam chest two views frontal/lateral	\$15.60	\$15.60
71021	00	x-ray exam of chest	\$29.74	\$29.74
71021 71022	26	xray exam of chest x-ray exam of chest	\$10.87 \$35.71	\$10.87 \$35.71
71022	26	x-ray exam of chest	\$12.65	\$35.71 \$12.65
71022	20	radiologic exam, with fluoroscopy	\$12.63	\$51.54
71023	26	radiolocic exam, with fluoroscopy	\$15.88	\$15.88
71030		x-ray exam of chest	\$35.99	\$35.99
71030	26	chest complete 4 views minimum	\$12.65	\$12.65
71034		chest x-ray & fluoroscopy	\$70.66	\$70.66
71034	26	chest complete including fluoroscopy	\$20.17	\$20.17
71035		x-ray exam of chest	\$26.44	\$26.44
71035	26	x ray exam of chest	\$7.60	\$7.60
71100 71100	26	ribs unilateral two views ribs unilateral two views	\$25.24 \$9.08	\$25.24 \$9.08
71100	20	x-ray ribs with posteroanterior chest minimum 3 vi	\$30.38	\$30.38
71101	26	x-ray ribs with posteroanterior chest minimum 3 vi	\$10.87	\$10.87
71101	TC	radiologic exam ribs /posteroanterior chest	\$19.51	\$19.51
71110		ribs bilateral three views	\$31.42	\$31.42
71110	26	ribs bilateral three views	\$10.87	\$10.87
71111		x-ray ribs with posteroanterior chest minimum 4 vi	\$40.12	\$40.12
71111	26	x/ray ribs with posteroanterior chest minimum 4 vi	\$12.95	\$12.95
71120	200	x-ray exam of breastbone	\$25.19	\$25.19
71120 71130	26	sternum x-ray exam of breastbone	\$8.20 \$28.88	\$8.20 \$28.88
71130	26	sternoclavicular joints	\$9.08	\$9.08
72010		x-ray exam of spine	\$53.19	\$53.19
72010	26	spine entire survey study	\$17.91	\$17.91
72020		radiologic exam spine single view specify level	\$18.27	\$18.27
72020	26	rad exam spine single view specify level	\$6.41	\$6.41
72040		radiologic examination, spine, cervical; two or three views	\$28.31	\$28.31
72040	26	radiologic examination, spine, cervical; two or three views	\$9.08	\$9.08
72040	TC	radiologic examination, spine, cervical; two or three views	\$19.24	\$19.24
72050 72050	26	x-ray exam of neck spine spine complete	\$40.09 \$12.65	\$40.09 \$12.65
72050	TC	radiologic exam spine. 4 views	\$27.45	\$27.45
72052	10	x-ray exam of neck spine	\$50.19	\$50.19
72052	26	spine cervical a&p lateral complete	\$14.91	\$14.91
72069		radiologic exam, spine, thoracolumbar, standing	\$26.82	\$26.82
72069	TC	radiologic exam, spine, thoracolumbar, standing	\$17.72	\$17.72
72069	26	radiologic exam, spine, thoracolumbar, standing	\$9.08	\$9.08
72070		radiologic examination, spine; thoracic, two views	\$26.07	\$26.07
72070	26 TC	radiologic examination, spine; thoracic, two views	\$9.08	\$9.08
72070 72072	TC	radiologic examination, spine; thoracic, two views	\$16.99 \$29.62	\$16.99 \$29.62
72072	26	radiologic examination, spine; thoracic, three views radiologic examination, spine; thoracic, three views	\$29.62	\$29.62 \$9.08
72072	TC	radiologic examination, spine, thoracic, three views	\$20.54	\$20.54
72074		radiologic examination, spine, thoracic, minimum of four views	\$34.57	\$34.57
72074	26	radiologic examination, spine; thoracic, minimum of four views	\$9.08	\$9.08
72080		radiologic examination, spine; thoracolumbar, two views	\$27.20	\$27.20
72080	26	radiologic examination, spine; thoracolumbar, two views	\$9.08	\$9.08

		Nurse Practitioner Fee Schedule		
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		Effective Date: 1/1/2015		
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		ways bill their usual and customary charges. Please use the monthly NC Medicaid	d Bulletins for additions,	
cnanges an	ia aeietio	n to this schedule.		
*** The fee s	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2	015 is not included on this fee sche	dule
72090		x-ray exam of spine scoliosis study	\$35.73	\$35.73
72090 72100	26	x-ray exam of spine	\$11.74 \$29.71	\$11.74 \$29.71
72100	26	radiologic examination, spine, lumbosacral; two or three views radiologic examination, spine, lumbosacral; two or three views	\$9.08	\$9.08
72100	TC	radiologic examination, spine, lumbosacral, two or three views	\$20.63	\$20.63
72110		radiologic examination, spine, lumbosacral; minimum of four views	\$41.50	\$41.50
72110	26	radiologic examination, spine, lumbosacral; minimum of four views	\$12.65	\$12.65
72110	TC	radiologic examination, spine, lumbosacral; minimum of four views	\$28.85	\$28.85
72114		x-ray exam lumbosacral spine	\$54.11	\$54.11
72114	26	x-ray exam of lower spine	\$14.91	\$14.91
72120		x-ray exam of lower spine	\$37.09	\$37.09
72120	26 TC	xray exam of lower spine	\$9.08	\$9.08
72120 72170	TC	x-ray exam of lower spine radiologic examination, pelvis; one or two views	\$28.00 \$19.98	\$28.00 \$19.98
72170	26	radiologic examination, pelvis; one or two views	\$7.01	\$7.01
72190	20	x-ray exam of pelvis	\$30.25	\$30.25
72190	26	pelvis complete	\$8.78	\$8.78
72200		x-ray exam sacroiliac joints	\$22.22	\$22.22
72200	26	xray exam sacroiliac joints	\$7.01	\$7.01
72202		x-ray exam sacroiliac joints	\$26.85	\$26.85
72202	26	x-ray exam sacroiliac joints	\$7.90	\$7.90
72202	TC	x-ray exam sacroiliac joints	\$18.95	\$18.95
72220 72220	26	x-ray exam of tailbone sacrum and coccyx	\$22.61 \$7.01	\$22.61 \$7.01
72220	TC	sacrum and coccyx	\$15.60	\$15.60
73000	- 10	x-ray exam of collarbone	\$21.08	\$21.08
73000	26	clavicle	\$6.71	\$6.71
73000	TC	x-ray exam of collarbone	\$14.37	\$14.37
73010		x-ray exam of shoulder blade	\$21.66	\$21.66
73010	26	scapula	\$7.01	\$7.01
73020		x-ray exam of shoulder	\$17.98	\$17.98
73020 73030	26	shoulder limited x-ray exam of shoulder	\$6.13 \$22.90	\$6.13 \$22.90
73030	26	shoulder complete	\$7.60	\$22.90
73030	TC	radiologic exam shoulder complete	\$15.32	\$15.32
73050		x-ray exam of shoulder	\$27.43	\$27.43
73050	26	x-ray exam of shoulder	\$8.49	\$8.49
73060		x-ray exam of humerus	\$22.32	\$22.32
73060	26	humerus including one joint	\$7.01	\$7.01
73060	TC	radiologic exam humerus	\$15.32	\$15.32
73070	00	radiologic examination, elbow; two views	\$20.50	\$20.50
73070 73070	26 TC	radiologic examination, elbow; two views radiologic examination, elbow; two views	\$6.13 \$14.37	\$6.13 \$14.37
73070	10	x-ray exam of elbow	\$14.37	\$14.37 \$26.24
73080	26	elbow complete	\$7.01	\$7.01
73080	TC	x-ray exam of elbow	\$19.24	\$19.24
73090		radiologic examination; forearm, two views	\$20.81	\$20.81
73090	26	radiologic examination; forearm, two views	\$6.42	\$6.42
73090	TC	radiologic examination; forearm, two views	\$14.37	\$14.37
73092	00	x-ray exam of arm infant minimum of two views	\$21.36	\$21.36
73092	26	x-ray exam of arm	\$6.42 \$31.64	\$6.42
73100 73100	26	radiologic examination, wrist; two views radiologic examination, wrist; two views	\$21.64 \$6.71	\$21.64 \$6.71
73100	26	x-ray exam of wrist	\$25.86	\$6.71
73110	26	wrist complete	\$7.01	\$7.01
73110	TC	radiologic exam wrist, complete	\$18.85	\$18.85
73120		x-ray exam of hand	\$20.53	\$20.53
73120	26	hand limited	\$6.42	\$6.42
73130		x-ray exam of hand	\$23.62	\$23.62
73130	26	hand complete	\$7.01	\$7.01

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
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		d Health Choice Clinical Policies on the DMA Web Site.	Cara Zimig Carac	
		vays bill their usual and customary charges. Please use the monthly NC Medicaid Bu	lletins for additions,	
changes an	nd deletio	n to this schedule.		
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73130 73140	TC	radiologic exam hand min/3 views	\$16.62 \$21.85	\$16.62
73140	26	x-ray exam of finger(s) x-ray exam finger	\$5.53	\$21.85 \$5.53
73140	TC	radiologic exam finger(s)	\$16.33	\$16.33
73500	10	x-ray exam of hip	\$19.43	\$19.43
73500	26	hip unilateral limited	\$7.01	\$7.01
73510		x-ray exam of hip	\$28.00	\$28.00
73510	26	hip unilateral complete	\$8.78	\$8.78
73510	TC	radiologic exam, hip	\$19.24	\$19.24
73520	0.0	x-ray exam of hips	\$30.36	\$30.36
73520	26	x-ray exam of hips	\$10.57	\$10.57
73540 73540	26	x-ray exam of pelvis & hips x-ray exam of pelvis and hips	\$27.99 \$8.20	\$27.99 \$8.20
73540	20	radiologic examination, femur, two views	\$21.77	\$21.77
73550	26	radiologic examination, femur, two views	\$7.01	\$7.01
73550	TC	radiologic examination, femur, two views	\$14.76	\$14.76
73560	TC	radiologic examination, knee; one or two views	\$14.66	\$14.66
73560	26	radiologic examination, knee; one or two views	\$7.01	\$7.01
73560		radiologic examination, knee; one or two views	\$21.66	\$21.66
73562	TC	radiologic examination, knee; three views	\$18.39	\$18.39
73562	26	radiologic examination, knee; three views	\$7.60	\$7.60
73562		radiologic examination, knee; three views	\$25.99	\$25.99
73565 73590		radiologic exam, both knees, standing, ap radiologic examination; tibia and fibula, two views	\$23.07 \$20.83	\$23.07 \$20.83
73590	26	radiologic examination, tibia and fibula, two views	\$7.01	\$7.01
73590	TC	radiologic examination; tibia and fibula, two views	\$13.81	\$13.81
73592		x-ray exam of leg infant	\$21.36	\$21.36
73592	26	x-ray exam of leg	\$6.42	\$6.42
73600		radiologic examination, ankle; two views	\$20.53	\$20.53
73600	26	radiologic examination, ankle; two views	\$6.42	\$6.42
73610		x-ray exam of ankle	\$23.62	\$23.62
73610	26	ankle complete	\$7.01	\$7.01
73610 73620	TC	radiologic exam complete radiologic examination, foot; two views	\$16.62	\$16.62
73620	26	radiologic examination, foot; two views	\$19.96 \$6.42	\$19.96 \$6.42
73630	20	x-ray exam of foot	\$23.34	\$23.34
73630	26	foot complete	\$7.01	\$7.01
73630	TC	radiologic exam foot complete	\$16.33	\$16.33
73650		x-ray exam of heel	\$20.24	\$20.24
73650	26	os calcis	\$6.42	\$6.42
73660		x-ray exam of toe(s)	\$20.74	\$20.74
73660	26	toes	\$5.25	\$5.25
73660	TC	radiologic exam calcaneus toe or toes	\$15.49 \$10.73	\$15.49
74000 74000	26	x-ray exam of abdomen	\$19.73 \$7.31	\$19.73 \$7.24
74000	26 TC	abdomen single view radiologic exam abdomen	\$7.31 \$12.41	\$7.31 \$12.41
74000	- 0	x-ray exam of abdomen	\$28.90	\$28.90
74010	26	abdomen with additional oblique or cone	\$9.39	\$9.39
74020		x-ray exam of abdomen	\$30.94	\$30.94
74020	26	x-ray exam of abdomen	\$11.16	\$11.16
74020	TC	radiologic exam abdomen, complete	\$19.79	\$19.79
74022		radiologic examination, abdomen; complete acute abdomen series, including	\$37.41	\$37.41
74022	26	complete acute abd series	\$13.22	\$13.22
74022	TC	rad exam abdomen. complete abdomen series	\$24.17	\$24.17
74210	00	contrast xray exam of throat	\$58.86	\$58.86
74210 74220	26	pharynx and/or cervical eso phagus	\$15.19 \$66.93	\$15.19 \$66.93
74220	26	contrast xray exam,esophagus esophagus	\$19.05	\$66.93 \$19.05
74220	20	swallowing function, with cineradiography/videoradiography	\$68.95	\$68.95
74230	26	swallowing function, with cineradiography/videoradiography	\$22.01	\$22.01

		Nurse Practitioner Fee Schedule		
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74240		x-ray exam stomach/intestine	\$83.12	\$83.12
74240	26	upper qi tract without kub	\$28.71	\$28.71
74241	20	x-ray exam of gi tract with kub	\$88.43	\$88.43
74241	26	x-ray exam stomach/intestine	\$28.44	\$28.44
74245		radiologic examination, gastrointestinal tract, upper; with small intestine,	\$132.34	\$132.34
74245	26	radiologic examination, gastrointestinal tract, upper; with small intestine,	\$37.80	\$37.80
74246		x-ray upper gi air w or w/o glucagon w or w/o dela	\$94.98	\$94.98
74246	26	x-ray upper gi air w or w/o glucagon w or w/o dela	\$28.71	\$28.71
74247	00	x-ray upper gi air w or w/o glucagon w or w/o dela	\$104.12	\$104.12
74247	26	x-ray upper gi air w or w/o glucagon w or w/o dela	\$28.71 \$141.77	\$28.71
74249 74249	26	radiological examination, gastrointestinal tract, upper, air contrast, with radiological examination, gastrointestinal tract, upper, air contrast, with	\$141.77 \$37.80	\$141.77 \$37.80
74249	20	radiologic examination, gastromestina tract, upper, air contrast, with	\$77.76	\$77.76
74250	26	radiologic examination, small intestine, includes multiple serial films;	\$19.36	\$19.36
74251		radiologic examination, small bowel, includes multiple serial films;	\$241.56	\$241.56
74251	26	radiologic examination, small bowel, includes multiple serial films;	\$28.71	\$28.71
74260		x-ray exam small bowel duodenography hypotonic	\$201.12	\$201.12
74260	26	x-ray exam of small bowel	\$20.54	\$20.54
74270		radiologic examination, colon; barium enema, with or without kub	\$111.68	\$111.68
74270	26	radiologic examination, colon; barium enema, with or without kub	\$28.71	\$28.71
74280	200	air contrast with barium with or without glucagon	\$154.62	\$154.62
74280 74283	26	air contrast with barium with or without glucagon therapeutic enema, contrast or air, for reduction of intussusception or other	\$41.06 \$162.02	\$41.06 \$162.02
74283	26	therapeutic enema, contrast or air, for reduction of intussusception or other	\$83.52	\$83.52
74710		x-ray measurement of pelvis	\$33.92	\$33.92
74710	26	x-ray measurement of pelvis	\$14.30	\$14.30
74775		perineogram	\$70.03	\$70.03
74775	26	perineogram	\$25.75	\$25.75
75561	26	cardiac magnetic resonance imaging for morphology and function without contrast material(s), follows	\$111.52	\$111.52
75561	TC	cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed	\$424.90	\$424.90
75561	TC	cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed	\$536.42	\$536.42
75820 75978	TC TC	vein x-ray, arm/leg translum angioplasty venous interrup/super, only	\$62.98 \$188.98	\$62.98 \$188.98
75976	TC	change of percutaneous tube or drainage catheter with contrast monitoring (eg,	\$58.62	\$58.62
76000	26	fluoroscopy (separate procedure), up to one hour physician time, other than	\$7.01	\$7.01
76001		fluoroscope exam, extensive	\$106.52	\$106.52
76080		radiologic examination, abscess, fistula or sinus tract study, radiological	\$49.76	\$49.76
76080	26	radiologic examination, abscess, fistula or sinus tract study, radiological	\$22.59	\$22.59
76100		x-ray exam of body section	\$103.66	\$103.66
76100	26	body section tomography	\$23.99	\$23.99
76101	00	rad exam complex motion body sect not kidney unil	\$143.03	\$143.03
76101 76102	26	rad exam complex motion body sect not kidney unil	\$23.71 \$191.44	\$23.71 \$191.44
76102	26	rad exam complex motion body sect not kidney bilat rad exam complex motion body sect not kidney bilat	\$191.44	\$191.44 \$23.44
76102	20	consult on x-ray exam made elsewhere,written repor	\$31.06	\$31.06
76506		echoencephalography b-mode including a-mode	\$89.72	\$89.72
76506	26	echoencephalography b-mode including a-mode	\$26.64	\$26.64
76511		ophthalmic ultrasound, diagnostic; quantitative a-scan only	\$75.95	\$75.95
76511	26	echo exam of eye	\$39.36	\$39.36
76512		ophthalmic ultrasound, diagnostic; b-scan (with or without superimposed	\$71.30	\$71.30
76512	26	echo exam of eye	\$39.45	\$39.45
76516	00	echo exam of eye	\$52.27	\$52.27
76516 76520	26	echo exam of eye	\$22.41 \$53.01	\$22.41 \$53.01
76529 76529	26	echo exam of eye ophthalmic ultrasound foreign body	\$53.01 \$23.78	\$53.01 \$23.78
76604	20	ultrasound, chest, real time with image documentation	\$23.78 \$67.04	\$23.78 \$67.04
76604	26	ultrasound, chest, real time with image documentation	\$22.61	\$22.61
76641		ultrasound of one breast	\$84.83	\$84.83
76641	TC	ultrasound of one breast	\$55.22	\$55.22
76641	26	ultrasound of one breast	\$29.61	\$29.61

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76642		ultrasound of one breast	\$69.80	\$69.80
76642	TC	ultrasound of one breast	\$42.23	\$42.23
76642	26	ultrasound of one breast	\$27.57	\$27.57
76700		ultrasound, abdominal, b-scan and/or real time with image documentation;	\$105.98	\$105.98
76700	26 TC	ultrasound, abdominal, b-scan and/or real time with image documentation;	\$33.38	\$33.38
76700 76705	TC	ultrasound, abdominal, b-scan and/or real time with image documentation; echo exam of abdomen	\$72.61 \$80.37	\$72.61 \$80.37
76705	26	echo exam of abdomen	\$24.57	\$24.57
76770		ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real time	\$101.44	\$101.44
76770	26	ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real time	\$30.51	\$30.51
76775		echography retroperitoneal b-scan limited	\$86.23	\$86.51
76775	26	echography retroperitioneal b scan limited	\$24.28	\$24.55
76800		ultrasound, spinal canal and contents	\$96.26	\$96.26
76800 76801	26	ultrasound, spinal canal and contents	\$44.09 \$102.11	\$44.09 \$102.11
76801	26	ultrasound, pregnant uterus, real time with image documentation, fetal and ultrasound, pregnant uterus, real time with image documentation, fetal and	\$40.50	\$40.50
76802	20	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$58.11	\$58.11
76802	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$33.70	\$33.70
76805		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$113.58	\$113.58
76805	26	ultrasound, pregnant uterus, b-scan and/or real time with image documentation;	\$40.23	\$40.23
76805	TC	ultrasound, pregnant uterus, b-scan and/or real time with image documentation;	\$73.36	\$73.36
76810		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$78.82	\$78.82
76810 76811	26	echography; complete with multiple gestation	\$39.64 \$160.60	\$39.64
76811	26	ultrasound, pregnant uterus, real time with image documentation, fetal and ultrasound, pregnant uterus, real time with image documentation, fetal and	\$76.25	\$160.60 \$76.25
76811	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$84.34	\$84.34
76812		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$157.23	\$157.23
76812	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$71.31	\$71.31
76812	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$85.91	\$85.91
76813		ultrasound, pregnant uterus, real time with image documentation, first	\$100.04	\$100.04
76813	26 TC	ultrasound, pregnant uterus, real time with image documentation, first ultrasound, pregnant uterus, real time with image documentation, first	\$46.72 \$53.32	\$46.72
76813 76814	10	ultrasound, pregnant uterus, real time with image documentation, first	\$65.48	\$53.32 \$65.48
76814	26	ultrasound, pregnant uterus, real time with image documentation, first	\$39.29	\$39.29
76814	TC	ultrasound, pregnant uterus, real time with image documentation, first	\$26.18	\$26.18
76815		ultrasound, pregnant uterus, real time with image documentation, limited (eg,	\$70.72	\$70.72
76815	26	echography, pregnant uterus, b-scan and/or real time with image documentation;	\$26.39	\$26.39
76816		ultrasound, pregnant uterus, real time with image documentation, follow-up (eg,	\$86.94	\$86.94
76816	26 TC	echography pregnant uterus, follow-up or repeat	\$34.31	\$34.31
76816 76817	TC	echograph pregnant uterus follow up ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$52.62 \$78.97	\$52.62 \$78.97
76817	26	ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$30.25	\$78.97
76817	TC	ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$48.70	\$48.70
76818	<u> </u>	fetal biophysical profile; with non-stress testing	\$94.50	\$94.50
76818	26	fetal biophysical profile; with non-stress testing	\$42.22	\$42.22
76818	TC	fetal biophysical profile; with non-stress testing	\$52.27	\$52.27
76830		ultrasound, transvaginal	\$93.02	\$93.02
76830	26 TC	ultrasound, transvaginal	\$28.16	\$28.16
76830 76856	10	ultrasound, transvaginal ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	\$64.86 \$93.59	\$64.86 \$93.59
76856	26	ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	\$28.44	\$28.44
76856	TC	ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	\$65.15	\$65.15
76870		ultrasound, scrotum and contents	\$92.64	\$92.64
76870	26	ultrasound, scrotum and contents	\$26.65	\$26.65
76872		ultrasound, transrectal	\$110.28	\$110.28
76872	26	echography, transrectal	\$29.47	\$29.47
76873		echography, transrectal; prostate volume study for brachytherapy treatment	\$140.08	\$140.08
76873	26 TC	echography, transrectal; prostate volume study for brachytherapy treatment	\$64.27 \$75.91	\$64.27 \$75.91
76873 76930	10	echography, transrectal; prostate volume study for brachytherapy treatment ultrasonic guidance for pericardiocentesis, imaging supervision and	\$75.81 \$76.55	\$75.81 \$76.55

		Nurse Practitioner Fee Schedule		
,		Provider Specialty 061		1
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cnanges an	a aeietioi	n to this schedule.		
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The ree s	scriedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not incl	uded on this ree	Scriedule
76930	26	ultrasonic guidance for pericardiocentesis, imaging supervision and	\$29.59	\$29.59
76932		ultrasonic guidance for endomyocardial biopsy, imaging supervision and	\$77.04	
76932	26	ultrasonic guidance for endomyocardial biopsy, imaging supervision and	\$29.59	\$29.59
76937	-	ultrasound guidance for vascular access requiring ultrasound evaluation of	\$28.07	\$28.07
76937	26	ultrasound guidance for vascular access requiring ultrasound evaluation of	\$12.73	\$12.73
76937	TC	ultrasound guidance for vascular access requiring ultrasound evaluation of	\$15.35	\$15.35
76942		ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	\$143.05	\$143.05
76942	26	ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	\$27.83	
76946		ultrasonic guidance for amniocentesis, imaging supervision and interpretation	\$34.77	\$34.77
76965	26	ultrasonic guidance for interstitial radioelement application	\$56.33	\$56.33
76965	TC	ultrasonic guidance for interstitial radioelement application	\$59.00	
76970	26	ultrasound study	\$15.84	\$15.84
76975		gastrointestinal endoscopic ultrasound, supervision and interpretation	\$79.33	
76975	26	gastrointestinal endoscopic ultrasound, supervision and interpretation	\$33.94	\$33.94
77002		fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection,	\$55.27	\$55.27
77002	26	fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection,	\$21.75	\$21.75
77003	26	fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or	\$46.36	
77003 77003	26 TC	fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or	\$22.92 \$23.44	\$22.91 \$23.44
77012	10	fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or computed tomography guidance for needle placement (eg, biopsy, aspiration,	\$154.04	\$154.04
77012	26	computed tomography guidance for needle placement (eg, biopsy, aspiration,	\$48.35	\$48.35
77012	TC	computed tomography guidance for needle placement (eg, biopsy, aspiration,	\$105.68	
77014	10	computed tomography guidance for inceded placement (eg, blopsy, daphiation,	\$143.69	
77014	26	computed tomography guidance for placement of radiation therapy fields	\$34.58	
77014	TC	computed tomography guidance for placement of radiation therapy fields	\$109.10	
77051		computer-aided detection (computer algorithm analysis of digital image data for	\$9.47	\$9.47
77051	26	computer-aided detection (computer algorithm analysis of digital image data for	\$2.57	\$2.57
77052		computer-aided detection (computer algorithm analysis of digital image data for	\$9.47	\$9.47
77052	26	computer-aided detection (computer algorithm analysis of digital image data for	\$2.57	\$2.57
77053		mammary ductogram or galactogram, single duct, radiological supervision and	\$59.00	*
77053	26	mammary ductogram or galactogram, single duct, radiological supervision and	\$14.91	\$14.91
77053	TC	mammary ductogram or galactogram, single duct, radiological supervision and	\$44.09	
77054		mammary ductogram or galactogram, multiple ducts, radiological supervision and	\$79.46	
77054	26	mammary ductogram or galactogram, multiple ducts, radiological supervision and	\$18.75	
77054	TC	mammary ductogram or galactogram, multiple ducts, radiological supervision and	\$60.71	\$60.71
77055	26	mammography; unilateral	\$66.54	\$66.54
77055 77055	26 TC	mammography; unilateral mammography; unilateral	\$29.02 \$37.52	\$29.02 \$37.52
77056	10	mammography; bilateral	\$84.38	
77056	26	mammography; bilateral	\$36.04	
77057		screening mammography, bilateral (2-view film study of each breast)	\$63.93	
77057	26	screening mammography, bilateral (2-view film study of each breast)	\$29.02	\$29.02
77057	TC	screening mammography, bilateral (2-view film study of each breast)	\$34.91	\$34.91
77072		bone age studies	\$18.35	
77072	26	bone age studies	\$7.90	\$7.90
77072	TC	bone age studies	\$10.45	\$10.45
77073		bone length studies (orthoroentgenogram, scanogram)	\$29.18	
77073	26	bone length studies (orthoroentgenogram, scanogram)	\$11.16	
77073	TC	bone length studies (orthoroentgenogram, scanogram)	\$18.02	
77074		radiologic examination, osseous survey; limited (eg, for metastases)	\$53.48	
77074	26 TC	radiologic examination, osseous survey; limited (eg, for metastases)	\$18.75	
77074	TC	radiologic examination, osseous survey; limited (eg, for metastases)	\$34.73	
77075 77075	26	radiologic examination, osseous survey; complete (axial and appendicular	\$77.28 \$22.31	\$77.28 \$22.31
77075	26 TC	radiologic examination, osseous survey; complete (axial and appendicular radiologic examination, osseous survey; complete (axial and appendicular	\$22.31 \$54.97	\$22.31 \$54.97
77076	10	radiologic examination, osseous survey, complete (axial and appendicular	\$72.51	\$72.51
77076	26	radiologic examination, osseous survey, infant	\$27.91	\$27.91
77076	TC	radiologic examination, osseous survey, infant	\$44.60	
77080	. •	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	\$54.54	
77080	26	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	\$8.20	

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		vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
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77080	TC	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites	\$46.35	\$46.35
77085		bone density measurement using dedicated x-ray machine	\$44.19	\$44.19
77085	TC	bone density measurement using dedicated x-ray machine	\$31.73	\$31.73
77085	26	bone density measurement using dedicated x-ray machine	\$12.46	\$12.46
77086		fracture assessment of spine bones using dedicated x-ray machine for bone density measurement	\$27.89	\$27.89
77086	TC	fracture assessment of spine bones using dedicated x-ray machine for bone density measurement	\$20.68	\$20.68
77086	26	fracture assessment of spine bones using dedicated x-ray machine for bone density measurement	\$7.21	\$7.21
77261	20	therapeutic rad treatmt planning simple	\$57.65	\$57.65
77262		therapeutic rad treatmt planning intermediate	\$86.63	\$86.63
77263		therapeutic rad treatmt planning complex	\$128.53	\$128.53
77280		radiation ther simulator aided field setting simpl	\$142.61	\$142.61
77280	26	therapeutic radiology (simple)	\$28.65	\$28.65
77280 77285	TC	radiation therapeutic simulator aided field setting simple radiation ther simulator aided field setting inter	\$113.96 \$245.49	\$113.96 \$245.49
77285	26	therapeutic radiology (intermediate)	\$42.79	\$42.79
77285	TC	radiation therapeutic simulator aided field setting intermediate	\$202.70	\$202.70
77290		radiation therapy simulator aided field setting co	\$381.06	\$381.06
77290	26	therapeutic radiology (complete)	\$63.54	\$63.54
77290	TC	radiation therapy simulator aided field setting complex	\$317.53	\$317.53
77293	26	respiratory motion management simulation	\$82.67	\$82.67
77293	TC	respiratory motion management simulation	\$254.52	\$254.52
77293 77295		respiratory motion management simulation therapeutic radiology simulation-aided field setting; three-dimensional	\$337.18 \$531.59	\$337.18 \$531.59
77295	26	therapeutic radiology simulation-aided field setting; three-dimensional	\$185.69	\$185.69
77295	TC	therapeutic radiology simulation-aided field setting; three-dimensional	\$345.90	\$345.90
77300		basic radiation dosimetry calculation, central axis depth dose calculation,	\$55.92	\$55.92
77300	26	basic radiation dosimetry calculation, central axis depth dose calculation,	\$25.20	\$25.20
77300	TC	basic radiation dosimetry calculation, central axis depth dose calculation,	\$30.72	\$30.72
77301		intensity modulated radiotherapy plan, including dose-volume histograms for	\$1,674.53	\$1,674.53
77301 77301	26 TC	intensity modulated radiotherapy plan, including dose-volume histograms	\$325.42	\$325.42
77306	10	intensity modulated radiotherapy plan, including dose-volume histograms radiation therapy plan	\$1,349.11 \$114.14	\$1,349.11 \$114.14
77306	TC	radiation therapy plan	\$56.60	\$56.60
77306	26	radiation therapy plan	\$57.53	\$57.53
77307		radiation therapy plan	\$222.95	\$222.95
77307	TC	radiation therapy plan	\$103.58	\$103.58
77307	26	radiation therapy plan	\$119.37	\$119.37
77316 77316	TO	radiation therapy plan	\$145.59	\$145.59
77316	TC 26	radiation therapy plan radiation therapy plan	\$87.83 \$57.76	\$87.83 \$57.76
77317	20	radiation therapy plan	\$190.61	\$190.61
77317	TC	radiation therapy plan	\$114.64	\$114.64
77317	26	radiation therapy plan	\$75.97	\$75.97
77318		radiation therapy plan	\$275.36	\$275.36
77318	TC	radiation therapy plan	\$155.54	\$155.54
77318	26	radiation therapy plan	\$119.83 \$95.55	\$119.83
77321 77321	26	special teletherapy port plan part/hemi/total body special teletherapy port plan	\$95.55 \$38.64	\$95.55 \$38.64
77321	TC	special teletherapy port part/ hemi/ total body	\$56.90	\$56.90
77331		special dosimetry eg tld, microdosimetry specify	\$49.85	\$49.85
77331	26	special dosimetry	\$35.47	\$35.47
77331	TC	special dosimetry eg tld. microdosimetry	\$14.37	\$14.37
77332		treatment devices design & construction simple	\$60.77	\$60.77
77332	26	treatment devices (simple)	\$21.94	\$21.94
77332	TC	treatment devices design & construction (simple)	\$38.83 \$54.59	\$38.83 \$54.59
77333 77333	26	treatment devices design & construction intermed treatment devices (intermediate)	\$54.58 \$34.28	\$54.58 \$34.28

		Nurse Practitioner Fee Schedule		
	ı	Provider Specialty 061		
		Effective Date: 1/1/2015		
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		ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins	for additions,	
changes an	id deletio	n to this schedule.		
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77333	TC	treatment devices (intermediate)	\$20.29	\$20.29
77334		treatment device design & construction complex	\$123.88	\$123.88
77334	26	treatment devices (complex)	\$50.40	\$50.40
77334	TC	treatment devices (complex)	\$73.48	\$73.48
77336 77370		continuing medical physics consultation, including assessment of treatment special medical radiation physics consultation	\$47.27 \$89.89	\$47.27 \$89.89
77371		radiation treatment delivery, stereotactic radiosurgery (srs), complete course	\$648.45	\$648.45
77372		radiation treatment delivery, stereotactic radiosurgery (srs), complete course	\$648.45	\$648.45
77373		stereotactic body radiation therapy, treatment delivery, per fraction to 1 or	\$1,203.95	\$1,203.95
77385		radiation therapy delivery	\$399.75	\$399.75
77386 77387		radiation therapy delivery guidance for localization of target delivery of radiation treatment delivery	\$399.75 \$87.67	\$399.75 \$87.67
77401		radiation treatment delivery, superficial	\$24.21	\$87.67 \$24.21
77402		radiation treatment delivery, simple - upto 5 mev	\$104.22	\$104.22
77407		radiation treatment delivery, inter., up to 5 mev	\$163.45	\$163.45
77412		radiation treatment delivery, three or more separate treatment areas, custom	\$158.32	\$158.32
77417 77427		therapeutic radiology port films	\$12.23	\$12.23
77427		radiation treatment management, five treatments radiation therapy mgmt, complete course, 1-2 fract	\$152.93 \$78.02	\$152.93 \$78.02
77432		stereotactic radiation treatment management of cerebral lesion(s)	\$325.17	\$325.17
77435		stereotactic body radiation therapy, treatment management, per treatment	\$539.18	\$539.18
77470		special treatment procedure (eg, total body irradiation, hemibody radiation,	\$200.01	\$200.01
77470	26	special treatment procedure (eg, total body irradiation, hemibody radiation,	\$85.19	\$85.19
77470 77600	TC	special treatment procedure (eg, total body irradiation, hemibody radiation, hyperthermia, ext; superficial.	\$114.82 \$287.33	\$114.82 \$287.33
77600	26	hyperthermia, extr, superiiciai.	\$63.54	\$63.54
77600	TC	hyperthermia, externally generated	\$223.80	\$223.80
77605		hyperthermia, ext; deep	\$512.51	\$512.51
77605	26	hyperthermia, ext; deep	\$83.06	\$83.06
77605	TC	hyperthermia, ext; deep	\$429.45	\$429.45
77615 77615	26	hyperthermia; more than five interstitial app. hyperthermia; more than 5 interstitial applicators	\$676.06 \$84.90	\$676.06 \$84.90
77615	TC	hyperthermia; more than 5 interstitial applicators	\$591.16	\$591.16
77620		intracavity hyperthermia	\$300.84	\$300.84
77620	26	hyperthermia generated by intracavitary probe(s)	\$63.88	\$63.88
77620	TC	intracavitary hyperthermia generated by probe(s)	\$236.94	\$236.94
77750	26	infusion or instillation of radioelement solution (includes three months	\$271.36 \$201.21	\$271.36
77750 77750	26 TC	infusion or instilliation of radioelement solution infusion or instillation of radioelement soultion	\$70.17	\$201.21 \$70.17
77761		intracavitary radiation source application; simple	\$278.24	\$278.24
77761	26	intracavitary radiation source application; simple	\$154.42	\$154.42
77761	TC	intracavitary radiation source application; simple	\$123.82	\$123.82
77762	26	intracavitary radioelement application intermediat	\$380.58	\$380.58
77762 77762	26 TC	intracavitary radioelement application (intermed) intracavity radioelement application intermediate	\$233.41 \$147.17	\$233.41 \$147.17
77763	10	intracavitary radioelement application complex	\$539.65	\$539.65
77763	26	intracavitary radioelement application (complex)	\$350.32	\$350.32
77763	TC	interstital radioelement application; complex	\$189.33	\$189.33
77776		interstitial radiation source application; simple	\$327.03	\$327.03
77776	26 TC	interstitial radiation source application; simple	\$193.32 \$133.70	\$193.32 \$133.70
77776 77777	10	interstitial radiation source application; simple interstitial radioelement application intermediate	\$133.70 \$457.00	\$133.70 \$457.00
77777	26	interstitial radioelement application; intermed.	\$308.70	\$308.70
77777	TC	interstitial radioelement application (intermediate)	\$148.29	\$148.29
77778		interstitial radioelement application complex	\$655.10	\$655.10
77778	26 TC	interstitial radioelement application; complex	\$458.00	\$458.00
77778 77785	TC	interstitial radioelement application complex remote afterloading high dose rate radionuclide brachytherapy; 1 channel	\$197.08 \$145.81	\$197.08 \$145.81
77785	26	remote afterloading high dose rate radionuclide brachytherapy; 1 channel	\$58.00	\$58.00
77785	TC	remote afterloading high dose rate radionuclide brachytherapy; 1 channel	\$87.82	\$87.82

		Nurse Practitioner Fee Schedule		
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cnanges an	a aeietic	n to this schedule.		
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77789		surface application of radiation source	\$82.73	\$82.73
77789 77789	Z6 TC	surface application of radiation source surface application of radiation source	\$46.54 \$36.19	\$46.54 \$36.19
77790	10	supervision, handling, loading of radiation source	\$69.47	\$69.47
77790	26	supervision, handling, loading of radiation source	\$42.79	\$42.79
77790	TC	supervision, handling, loading of radiation source	\$26.68	\$26.68
79200		radiopharmaceutical therapy, by intracavitary administration	\$138.45	\$138.45
79200	26	nuclear therapy	\$82.90	\$82.90
79300		radiopharmaceutical therapy, by interstitial radioactive colloid administration	\$175.42	\$175.42
79300	26	nuclear therapy	\$67.11	\$67.11
79440		radiopharmaceutical therapy, by intra-articular administration	\$128.19	\$128.19
79440	26	intra-articular radiopharmaceutical therapy	\$82.70	\$82.70
80047 80048		basic metabolic panel (calcium, ionized) basic metabolic panel	\$26.73 \$9.88	\$26.73 \$9.88
80050		general health screen panel	\$11.16	\$11.38
80053		comprehensive metabolic panel	\$10.42	\$10.42
80055		obstetric panel	\$27.81	\$27.81
80069		renal function panel	\$9.88	\$9.88
80074		acute hepatitis panel	\$57.47	\$57.47
80076		hepatic function panel	\$9.88	\$9.88
80155		caffeine level	\$16.69	\$16.69
80159		clozapine level	\$21.83	\$21.83
80163		digoxin level	\$16.37	\$16.37
80165 80169		valproic acid level everolimus level	\$16.53 \$16.20	\$16.53 \$16.20
80171		gabapentin level	\$15.65	\$15.65
80175		lamotrigine level	\$15.65	\$15.65
80177		levetiracetam level	\$15.65	\$15.65
80180		mycophenolate (mycophenolic acid) level	\$21.31	\$21.31
80183		oxcarbazepine level	\$15.65	\$15.65
80195		sirolimus	\$16.92	\$16.92
80199		tiagabine level	\$21.31	\$21.31
80203 80299		zonisamide level quantitation of therapeutic drug	\$15.65 \$16.89	\$15.65 \$16.89
80300		drug screen	\$17.94	\$17.94
80301		drug screen	\$17.94	\$17.94
80302		drug screen	\$22.27	\$22.27
80303		drug screen	\$22.80	\$22.80
80304		drug screen	\$22.27	\$22.27
80320		alcohols levels	\$13.33	\$13.33
80321		alcohols levels	\$13.33	\$13.33
80322		alcohols levels	\$13.33	\$13.33 \$27.03
80323 80324		alkaloids levels amphetamines levels	\$37.02 \$19.18	\$37.02 \$19.18
80324		amphetamines levels	\$19.18	\$19.18
80326		amphetamines levels	\$19.18	\$19.18
80327		anabolic steroids levels	\$31.84	\$31.84
80328		anabolic steroids levels	\$31.84	\$31.84
80329		analgesics levels	\$24.96	\$24.96
80330		analgesics levels	\$24.96	\$24.96
80331		analgesics levels	\$24.96	\$24.96
80332		antidepressants levels	\$22.27	\$22.27
80333 80334		antidepressants levels antidepressants levels	\$22.27 \$22.27	\$22.27 \$22.27
80334		antidepressants levels antidepressants levels	\$22.27	\$22.27
80336		antidepressants levels	\$20.09	\$20.09
80337		antidepressants levels	\$20.09	\$20.09
80338		antidepressants levels	\$22.27	\$22.27
80339		antiepileptics levels	\$17.95	\$17.95
80340		antiepileptics levels	\$17.95	\$17.95

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061 Effective Date: 1/1/2015		
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	ould always bill their usual and customary charges. Please use the monthly NC Medicaid Bul	letins for additions,	
changes and	I deletion to this schedule.		
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80341	antiepileptics levels	\$17.95	\$17.95
80342	antipsychotics levels	\$21.83	\$21.83
80343	antipsychotics levels	\$21.83	\$21.83
80344 80345	antipsychotics levels	\$21.83 \$14.13	\$21.83 \$14.13
80345	barbiturates levels benzodiazepines levels	\$22.80	\$14.13
80347	benzodiazepines levels benzodiazepines levels	\$22.80	\$22.80
80348	buprenorphine level	\$24.00	\$24.00
80349	cannabinoids levels	\$22.27	\$22.27
80350	cannabinoids levels	\$22.27	\$22.27
80351	cannabinoids levels	\$22.27	\$22.27
80352	cannabinoids levels	\$22.27	\$22.27
80353	cocaine level	\$18.68	\$18.68
80354	fentanyl level	\$24.00	\$24.00
80355 80356	gabapentin level non-blood heroin metabolite level	\$15.65 \$24.00	\$15.65 \$24.00
80357	ketamine and norketamine levels	\$22.27	\$24.00
80358	methadone level	\$20.14	\$20.14
80359	methylenedioxyamphetamines levels	\$19.18	\$19.18
80360	methylphenidate level	\$22.27	\$22.27
80361	opiates levels	\$24.00	\$24.00
80362	opioids levels	\$24.00	\$24.00
80363	opioids levels	\$24.00	\$24.00
80364	opioids levels	\$24.00	\$24.00
80365	oxycodone levels	\$24.00 \$22.27	\$24.00 \$22.27
80366 80367	pregabalin level propoxyphene level	\$22.27	\$24.00
80368	sedative hypnotics (non-benzodiazepines) levels	\$22.27	\$24.00
80369	skeletal muscle relaxants levels	\$22.27	\$22.27
80370	skeletal muscle relaxants levels	\$22.27	\$22.27
80371	synthetic stimulants levels	\$22.27	\$22.27
80372	tapentadol level	\$24.00	\$24.00
80373	tramadol level	\$24.00	\$24.00
80374	stereoisomer (enantiomer) drug analysis	\$22.27	\$22.27
80375 80376	drugs or substances measurement drugs or substances measurement	\$22.27 \$22.27	\$22.27 \$22.27
80377	drugs or substances measurement	\$22.27	\$24.00
81000	urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	\$3.91	\$3.91
81001	urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	\$3.91	\$3.91
81002	urinalysis routine without microscopy	\$3.15	\$3.15
81003	ua, by dip stick or tablet; automated, wo micro	\$2.77	\$2.77
81005	urine tests	\$2.68	\$2.68
81007	urinalysis; bacteriuria screen, except by culture or dipstick	\$3.17	\$3.17
81015	microscopic urine exam	\$3.74	\$3.74
81020	urinalysis routine 2 or 3 glass test	\$4.55	\$4.55
81025 81050	ua preg. test - color comparison method volume measurement for timed collection, each	\$7.80 \$3.70	\$7.80 \$3.70
82043	albumin; urine, micr, quantitative	\$7.14	\$7.14
82044	albumin; urine, micro, semiquantitative	\$3.53	\$3.53
82045	albumin; ischemia modified	\$41.87	\$41.87
82075	alcohol breath	\$14.86	\$14.86
82107	alpha-fetoprotein (afp); afp-l3 fraction isoform and total afp (including ratio)	\$79.43	\$79.43
82120	amines, vaginal fluid, qualitative	\$4.64	\$4.64
82150	amylase	\$7.99	\$7.99
82270	blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces,	\$4.01	\$4.01
82271	blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	\$4.01	\$4.01 \$4.01
82272 82306	blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, single calcifediol (25-oh vitamin d-3)	\$4.01 \$36.51	\$4.01 \$36.51
82306	calciredioi (25-on vitamin 6-3) calcium; total	\$36.35	\$36.5
82340	calcium urine quantitative timed specimen	\$6.42	\$6.42

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82365		calculus quantitative infrared spectroscopy	\$15.90	\$15.90
82374		carbon dioxide	\$6.03	\$6.03
82390		ceruloplasmin	\$13.25	\$13.25
82465		cholesterol, serum or whole blood, total	\$5.36	\$5.36
82486		chromatography, qualitative; column (eg, gas liquid or hplc), analyte not	\$22.27	\$22.27
82525 82533		copper cortisol; total	\$15.31 \$20.11	\$15.31 \$20.11
82550		creatine kinase (ck), (cpk); total	\$8.03	\$8.03
82552		cpk isoenzyme (qualitative)	\$16.52	\$16.52
82565		creatinine; blood	\$6.32	\$6.32
82570		creatinine; other source	\$6.38	\$6.38
82607	_	cyanocobalamin (vitamin b-12)	\$18.59	\$18.59
82610		cystatin c	\$16.77	\$16.77
82656		elastase, pancreatic (el-1), fecal, qualitative or semi-quantitative	\$14.13	\$14.13
82664		electrophoretic tech	\$42.37	\$42.37
82679 82705		estrone	\$30.79 \$6.28	\$30.79 \$6.28
82705		fecal fat screen very long chain fatty acids	\$22.27	\$0.20 \$22.27
82728		ferritin specify method	\$16.80	\$16.80
82731		fetal fibronectin, cervicovaginal secretions, semi-quantitative	\$79.43	\$79.43
82746		folic acid	\$18.13	\$18.13
82784		gamma globulin	\$11.47	\$11.47
82785		gammaglobulin; ige	\$20.31	\$20.31
82947		glucose; quantitative, blood (except reagent strip)	\$4.84	\$4.84
82948		glucose blood stick test	\$3.91	\$3.91
82951 82952		glucose tolerance	\$15.88	\$15.88
82962		glucose tolerance test each assit beyond 3 spec blood glucose by monitoring device	\$4.84 \$2.89	\$4.84 \$2.89
82977		g g t	\$8.88	\$8.88
83001		gonadotropin; follicle stimulating hormone (fsh)	\$22.92	\$22.92
83002		luteinizing hormone (Ih)	\$22.84	\$22.84
83009		helicobacter pylori, blood test analysis for urease activity, non-radioactive	\$83.07	\$83.07
83020	26	hemoglobin fractionation and quantitation; electrophoresis (eg, a2, s, c,	\$15.02	\$15.02
83036		hemoglobin; glycosylated (a1c)	\$11.97	\$11.97
83050		methemoglobin quantitative	\$9.03	\$9.03
83525 83540		insulin; total	\$14.10 \$7.99	\$14.10 \$7.99
83550		ibc	\$10.78	\$10.78
83630		lactoferrin, fecal; qualitative	\$25.30	\$25.30
83655		lead	\$14.93	\$14.93
83695		lipoprotein (a)	\$15.97	\$15.97
83700		lipoprotein, blood; electrophoretic separation and quantitation	\$13.88	\$13.88
83701		lipoprotein, blood; high resolution fractionation and quantitation of	\$30.61	\$30.61
83704		LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND	\$33.64	\$33.64
83718		lipoprotein, direct measurement; (hdl cholesterol)	\$10.10	\$10.10
83721		lipoprotein, direct measurement; Idl cholesterol	\$11.77	\$11.77
83735 83789		magnesium mass spectrometry and tandem mass spectrometry (ms, ms/ ms), analyte not	\$8.26 \$22.27	\$8.26 \$22.27
83876		myeloperoxidase (mpo)	\$16.69	\$16.69
83880		natriuretic peptide	\$41.87	\$41.87
83951		oncoprotein; des-gamma-carboxy-prothrombin (dcp)	\$83.01	\$83.01
83970		parathormone	\$50.91	\$50.91
83986		ph body fluid except blood	\$4.41	\$4.41
83992		phencyclidine	\$18.13	\$18.13
83993		calprotectin, fecal	\$24.20	\$24.20
84075		phosphatase alkaline	\$6.38	\$6.38
84132		potassium serum	\$5.66	\$5.66
84144		progesterone	\$25.73 \$24.50	\$25.73 \$24.50
84145		procalcitonin (pct) prolactin	\$24.50 \$23.90	\$24.50 \$23.90

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Changes an	u ueielio	in to ans schedule.		
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84153		prostate specific antigen (psa); total	\$22.69	\$22.69
84155		protein, total, except by refractometry; serum, plasma or whole blood	\$4.52	\$4.52
84156		protein, total, except by refractometry; urine	\$4.52	\$4.52
84163		pregnancy-associated plasma protein-a (papp-a)	\$10.79	\$10.79
84165		protein; electrophoretic fractionation and quantitation, serum	\$13.19	\$13.19
84165	26	protein electrophoresis	\$14.74	\$14.74
84166		protein; electrophoretic fractionation and quantitation, other fluids with	\$22.00	\$22.00
84166 84181	26 26	protein; electrophoretic fractionation and quantitation, other fluids with	\$14.74 \$14.74	\$14.74 \$14.74
84182	26	protein; western blot, with report and interpretation protein;immuno probe for band id, each	\$14.74 \$15.21	\$14.74 \$15.21
84295		sodium blood	\$5.94	\$5.94
84300		sodium urine	\$5.99	\$5.99
84302		sodium; other source	\$5.99	\$5.99
84403		testosterone; total	\$31.85	\$31.85
84436		thyroxine; total	\$7.11	\$7.11
84439		thyroxine; free	\$11.13	\$11.13
84443 84450		tsh transferase; aspartate amino (ast) (sgot)	\$20.10 \$6.37	\$20.10 \$6.37
84460		transferase; alanine amino (alt) (sgpt)	\$6.53	\$6.53
84478		triglycerides	\$7.10	\$7.10
84479		thyroid hormone (t3 or t4) uptake or thyroid hormone binding ratio (thbr)	\$7.35	\$7.35
84481		tridothyronine (t-3); free	\$20.89	\$20.89
84520		urea nitrogen; quantitative	\$4.86	\$4.86
84550		uric acid; blood	\$5.57	\$5.57
84560 84630		uric acid; other source	\$5.86 \$14.05	\$5.86 \$14.05
84702		gonadotropin chorionic quantitative	\$10.79	\$14.03
84704		gonadotropin, chorionic (hcg); free beta chain	\$10.79	\$10.79
85004		blood count; automated differential wbc count	\$7.98	\$7.98
85007		blood count; blood smear, microscopic examination with manual differential wbc	\$4.25	\$4.25
85013		blood count; spun microhematocrit	\$2.92	\$2.92
85014		blood count; hematocrit (hct)	\$2.92	\$2.92
85018		blood count; hemoglobin (hgb)	\$2.92	\$2.92
85025 85027		blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count) blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count)	\$9.58 \$7.98	\$9.58 \$7.98
85032		blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	\$5.31	\$5.31
85044		blood count; reticulocyte, manual	\$5.31	\$5.31
85048		blood count; leukocyte (wbc), automated	\$3.13	\$3.13
85049		blood count; platelet, automated	\$5.52	\$5.52
85055		reticulated platelet assay	\$33.02	\$33.02
85060 85097	26	blood smear,peripheral,interp by physician	\$13.09	\$13.09
85300	26	bone marrow, smear interpretation clotting inhibitors or anticoagulants antithrombin	\$29.48 \$14.61	\$59.20 \$14.61
85380		fibrin degradation products, d-dimer; ultrasensitive (eg, for evaluation for	\$11.36	\$11.36
85390	26	fibrinolysins or coagulopathy screen, interpretation and report	\$15.02	\$15.02
85397		coagulation and fibrinolysis, functional activity, not otherwise specified (eg,	\$29.58	\$29.58
85576		platelet; aggregation (in vitro), each agent	\$26.49	\$26.49
85610		prothrombin time	\$4.85	\$4.85
85651		sedimentation rate, erythrocyte, non-automated	\$4.37	\$4.37
85652 85730		sedimentation rate, erythrocyte; automated ptt	\$3.33 \$7.40	\$3.33 \$7.40
86000		agglutins febrile ea	\$8.60	\$8.60
86038		antinuclear antibodies (ana);	\$14.91	\$14.91
86063		antistreptolysin screen	\$7.12	\$7.12
86140		crp	\$6.38	\$6.38
86141		c-reactive protein; high sensitivity (hscrp)	\$15.97	\$15.97
86162		complement total	\$25.06	\$25.06
86171		complement fixation test, each	\$12.36 \$15.07	\$12.36 \$15.07
86200 86225		cyclic citrullinated peptide (ccp), antibody deoxyribonucleic acid (dna) antibody; native or double stranded	\$15.97 \$16.95	\$15.97 \$16.95

		Nurse Practitioner Fee Schedule		
	Т	Provider Specialty 061		
		Effective Date: 1/1/2015		
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		te on this table does not guarantee that a service is covered. Please refer to the Medicaid Billin If Health Choice Clinical Policies on the DMA Web Site.	g Guiae	
and the Me	ulcalu alic	Treatti Offolce Cilifical Foffices of the DiffA Web Site.		
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		n to this schedule.		
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""" I ne tee	scneauie	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not incl	uaea on this fee sc	neauie
86235		extractable nuclear antigen antibody	\$22.12	\$22.12
86255		fluorescent noninfectious agent antibody; screen, each antibody	\$14.86	\$14.86
86255	26	fluorescent noninfectious agent antibody; screen, each antibody	\$15.02	\$15.02
86256		flourescent antibody titer	\$14.86	\$14.86
86256	26	fluorescent antibody titer	\$15.02	\$15.02
86280		hemagglutination inhibiton	\$10.10	\$10.10
86308 86309		heterophile antibodies; screening heterophile antibodies; titer	\$6.38 \$7.98	\$6.38 \$7.98
86310		heterophile absorption	\$9.09	\$9.09
86316		immunoassay for tumor antigen; other antigen, quantitative (eg, ca 50, 72-4,	\$25.66	\$25.66
86317		immunoassay for infectious agent antibody, quantitative, not otherwise specified	\$17.90	\$17.90
86318		immunoassay for infectious agent antibody, qualitative or semiquantitative,	\$15.97	\$15.97
86320		immunoelectrophoresis; serum	\$27.65	\$27.65
86320	26	immunoelectrophoresis; serum	\$15.02	\$15.02
86325	26	immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with	\$14.74	\$14.74
86327 86329	26	immunoelectrophoresis, serum each specimen plate immunodiffusion, not elsewhere specified	\$17.29 \$17.31	\$17.29 \$17.31
86334	26	immunofixation electrophoresis	\$15.02	\$17.31 \$15.02
86335		immunofixation electrophoresis; other fluids with concentration (eg, urine, csf)	\$36.19	\$36.19
86335	26	immunofixation electrophoresis; other fluids with concentration (eg, urine, csf)	\$14.74	\$14.74
86355		b cells, total count	\$46.52	\$46.52
86356		mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise	\$33.02	\$33.02
86357		natural killer (nk) cells, total count	\$46.52	\$46.52
86367		stem cells (ie, cd34), total count	\$46.52	\$46.52
86376 86403		microsomal antibodies (eg, thryoid or liver-kidney), each particle agglutination; screen, each antibody	\$17.09 \$12.57	\$17.09 \$12.57
86430		rheumatoid factor; qualitative	\$7.00	\$7.00
86480		tuberculosis test, cell mediated immunity measurement of gamma interferon	\$76.44	\$76.44
86486		skin test; unlisted antigen, each	\$3.74	\$3.74
86580		sensitivity test tuberculosis	\$5.42	\$5.42
86592		syphilis, precipitation or flocculation tests	\$5.26	\$5.26
86701		antibody; hiv-1	\$10.95	\$10.95
86703		antibody; hiv-1 & hiv-2, single assay	\$14.50	\$14.50
86711 86756		antibody; jc (john cunningham) virus	\$17.43 \$16.39	\$17.43 \$16.39
86780		antibody; respiratory syncytial virus treponema pallidum	\$16.74	\$16.74
86788		antibody; west nile virus, igm	\$17.90	\$17.90
86789		antibody; west nile virus	\$17.72	\$17.72
86803		hepatitis c antibody;	\$17.61	\$17.61
86828		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,		
		flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to hla class i or		
00000		class ii hla antigens	\$48.02	\$48.02
86829		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to hla class i or	\$36.02	\$36.02
		class ii hla antigens		
86830		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$97.25	\$97.25
		flow cytometry); antibody identification by qualitative panel using complete hla phenotypes, hla class	• -	*
86831		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$83.36	\$83.36
		flow cytometry); antibody identification by qualitative panel using complete hla phenotypes, hla class		
96922		ii antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$152.83	\$152.83
86832		flow cytometry); high definition qualitative panel for identification of antibody specificities (eg,	φ132.03	φ132.83
		individual antigen per bead methodology), hla class i		
86833		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$138.93	\$138.93
		flow cytometry); high definition qualitative panel for identification of antibody specificities (eg,		
		individual antigen per bead methodology), hla class ii		
86834	l	antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$430.71	\$430.71

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
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		vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
changes an	d deletio	n to this schedule.		
*** The fee s	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not include	uded on this fee sc	hedule
86835		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa, flow cytometry); semi-quantitative panel (eg, titer), hla class ii	\$389.03	\$389.03
87045		culture, bacterial; stool, aerobic, with isolation and preliminary examination	\$11.63	\$11.63
87070		culture, bacterial; any other source except urine, blood or stool, aerobic,	\$10.62	\$10.62
87081		culture, presumptive, pathogenic organisms, screening only;	\$7.11	\$7.11
87086		culture, bacterial; quantitative colony count, urine	\$9.95	\$9.95
87110		culture, chlamydia, any source	\$24.16	\$24.16
87140		culture, typing; immunofluorescent method, each antiserum	\$6.88	\$6.88
87164	26	darkfield examination	\$14.74	\$14.74 \$10.07
87177 87184		ova and parasites susceptibility studies, antimicrobial agent; disk method, per plate (12 or	\$10.97 \$8.50	\$10.97 \$8.50
87184 87205		susceptibility studies, antimicrobial agent; disk method, per plate (12 or smear, primary source with interpretation; gram or giemsa stain for bacteria,	\$5.26	\$8.50 \$5.26
87206		smear, primary source with interpretation; fluorescent and/or acid fast stain	\$6.63	\$6.63
87209		smear, primary source with interpretation; nuclescent and/or acturact stain	\$22.16	\$22.16
87210		smear, primary source with interpretation; wet mount for infectious agents (eg,	\$4.70	\$4.70
87220		tissue examination by koh slide of samples from skin, hair, or nails for fungi	\$5.26	\$5.26
87255		virus isolation; including identification by non-immunologic method, other than	\$30.14	\$30.14
87267		infectious agent antigen detection by immunofluorescent technique; enterovirus,	\$14.13	\$14.13
87275		infectious agent antigen detection by immunofluorescent technique; influenza b	\$14.13	\$14.13
87276		infectious agent antigen detection by direct fluorescent antibody technique;	\$14.13	\$14.13
87305		infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$14.13	\$14.13
87389		infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$29.61	\$29.61
87400		infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$14.13	\$14.13
87430		infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$14.13	\$14.13
87449		infectious agent antigen detection by enzyme immunoassay technique qualitative	\$14.13	\$14.13
87480		infectious agent detection by nucleic acid (dna or rna); candida species,	\$24.74	\$24.74
87491		infectious agent detection by nucleic acid (dna or rna); chlamydia trachomatis,	\$30.24	\$30.24
87498		infectious agent detection by nucleic acid (dna or rna); enterovirus, amplified	\$30.24	\$30.24
87500 87505		infectious agent detection by nucleic acid (dna or rna); vancomycin resistance	\$30.24 \$86.87	\$30.24 \$86.87
87506		detection test for digestive tract pathogen detection test for digestive tract pathogen	\$131.61	\$131.61
87507		detection test for digestive tract pathogen detection test for digestive tract pathogen	\$243.45	\$243.45
87510		infectious agent detection by nucleic acid (dna or rna); gardnerella vaginalis,	\$24.74	\$24.74
87591		infectious agent detection by nucleic acid (dna or rna); neisseria gonorrhoeae,	\$30.24	\$30.24
87623		detection test for human papillomavirus (hpv)	\$30.24	\$30.24
87624		detection test for human papillomavirus (hpv)	\$30.24	\$30.24
87625		detection test for human papillomavirus (hpv)	\$30.24	\$30.24
87631		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, adenovirus, influenza	\$86.87	\$86.87
		virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus) multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 3-5 targets		
87632		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus) multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 6-11 targets	\$131.61	\$131.61
87633		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus) multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 12-25 targets	\$243.45	\$243.45
87640		infectious agent detection by nucleic acid (dna or rna); staphylococcus aureus,	\$30.24	\$30.24
87641		infectious agent detection by nucleic acid (dna or rna); staphylococcus aureus,	\$30.24	\$30.24
87653		infectious agent detection by nucleic acid (dna or rna); streptococcus, group	\$30.24	\$30.24
87660		infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis,	\$24.74	\$24.74
87661		infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis, amplified probe technic	\$28.94	\$28.94
87800		infectious agent detection by nucleic acid (dna or rna), multiple organisms;	\$49.46	\$49.46
87802		infectious agent antigen detection by immunoassay with direct optical	\$14.13	\$14.13
87804		infectious agent antigen detection by immunoassay with direct optical	\$14.13	\$14.13
87806		detection test for hiv-1	\$29.61 \$14.12	\$29.61 \$14.12
87807 87808		infectious agent antigen detection by immunoassay with direct optical infectious agent antigen detection by immunoassay with direct optical	\$14.13 \$14.13	\$14.13 \$14.13

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
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Providers s	hould alv	rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins fo	r additions	
		ays bill their usual and customary charges. Frease use the monthly NC Medicald Bulletins to 1 to this schedule.	auditions,	
changes an				
*** The fee s	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inc	cluded on this fee	schedule
87809		infectious agent antigen detection by immunoassay with direct optical	\$14.13	
87880		infectious agent detection by immunoassay with direct optical observation;	\$14.13	· ·
87900 87905		infectious agent drug susceptibility phenotype prediction using regularly	\$100.45 \$16.42	\$100.45 \$16.42
87910		infectious agent enzymatic activity other than virus (eg, sialidase activity in infectious agent genotype analysis by nucleic acid (dna or rna); cytomegalovirus	\$94.69	
87912		infectious agent genotype analysis by nucleic acid (dna or rna); bytomegalovirus	\$94.69	· ·
88164		cytopathology, slides, cervical or vaginal (the bethesda system); manual	\$13.03	
88174		cytopathology, cervical or vaginal (any reporting system), collected in	\$26.35	\$26.35
88175		cytopathology, cervical or vaginal (any reporting system), collected in	\$32.05	\$32.05
88184		flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical	\$60.54	\$60.54
88185		flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical	\$35.92	\$35.92
88187		flow cytometry, interpretation; 2 to 8 markers	\$52.80	
88188 88189		flow cytometry, interpretation; 9 to 15 markers flow cytometry, interpretation; 16 or more markers	\$65.01 \$83.02	\$65.01 \$83.02
88341		special stained specimen slides to examine tissue	\$52.73	
88341		special stained specimen slides to examine tissue	\$35.05	\$35.05
88341		special stained specimen slides to examine tissue	\$17.68	
88344		special stained specimen slides to examine tissue	\$91.87	\$91.87
88344	TC	special stained specimen slides to examine tissue	\$59.37	\$59.37
88344		special stained specimen slides to examine tissue	\$32.50	
88355	26	morphometric analysis skeletal muscle	\$70.72	\$70.72
88360		morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen	\$93.83	\$93.83
88360 88360		morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen	\$43.65	\$43.65 \$50.18
88364	10	morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen cell examination	\$50.18 \$76.17	\$76.17 \$76.17
88364	TC	cell examination	\$54.12	\$54.12
88364		cell examination	\$22.06	
88366		cell examination	\$117.72	\$117.72
88366	TC	cell examination	\$66.55	\$66.55
88366		cell examination	\$51.17	\$51.17
88367		morphometric analysis, in situ hybridization, (quantitative or	\$185.98	
88367		morphometric analysis, in situ hybridization, (quantitative or	\$50.27	\$50.27
88367 88368		morphometric analysis, in situ hybridization, (quantitative or morphometric analysis, in situ hybridization, (quantitative or	\$135.71 \$164.10	\$135.71 \$164.10
88368		morphometric analysis, in situ hybridization, (quantitative or	\$53.01	\$53.01
88368		morphometric analysis, in situ hybridization, (quantitative or	\$111.09	
88369		microscopic genetic examination manual	\$57.93	
88369		microscopic genetic examination manual	\$37.54	\$37.54
88369		microscopic genetic examination manual	\$20.40	
88373		microscopic genetic examination using computer-assisted technology	\$47.22	\$47.22
88373		microscopic genetic examination using computer-assisted technology	\$30.07	\$30.07
88373		microscopic genetic examination using computer-assisted technology	\$17.15	
88374 88374		microscopic genetic examination using computer-assisted technology microscopic genetic examination using computer-assisted technology	\$160.19 \$123.48	
88374		microscopic genetic examination using computer-assisted technology	\$36.71	\$36.71
88377		microscopic genetic examination using computer-assisted technology	\$168.35	
88377	TC	microscopic genetic examination manual	\$114.91	\$114.91
88377		microscopic genetic examination manual	\$53.44	\$53.44
88720		bilirubin, total, transcutaneous	\$6.23	\$6.23
88738		hemoglobin (hgb), quantitative, transcutaneous	\$6.34	\$6.34
88740		hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	\$6.47	\$6.47
88741		hemoglobin, quantitative, transcutaneous, per day; methemoglobin	\$6.47	\$6.47
89050 89051		cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid),	\$5.84 \$6.42	\$5.84 \$6.42
89051 89055		synovial fluid diff leukocyte assessment, fecal, qualitative or semiquantitative	\$6.42 \$5.26	\$6.42 \$5.26
89060		crystal id, synovial fluid	\$8.82	\$8.82
89125		fat stain, feces, urine, or respiratory secretions	\$5.33	\$5.33
89160		meat fibers feces	\$4.55	
89190		nasal smear for eosinophils	\$5.74	
89310		semen analysis; motility and count (not including huhner test)	\$10.34	

		Nurse Practitioner Fee Schedule		
	1	Provider Specialty 061		
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and the Me	dicaid ar	nd Health Choice Clinical Policies on the DMA Web Site.		
		ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins fol	r additions,	
cnanges an	na aeietic	on to this schedule.		
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89320		semen analysis complete	\$14.86	\$14.86
89325		sperm agglutination with antibody titer	\$13.16	\$13.16
90460	EP	immunization administration through 18 years of age via any route of	\$20.45	\$20.45
90471		immunization administration (includes percutaneous, intradermal, subcutaneous,	\$13.30	\$13.30
90471	EP	immunization administration (includes percutaneous, intradermal, subcutaneous,	\$20.45	\$20.45
90472 90472	EP	immunization administration, each additional vaccine immunization administration, each additional vaccine	\$13.30 \$20.45	\$13.30 \$20.45
90472	LF	immunization administration by intranasal or oral route; one vaccine (single or	\$13.30	\$13.30
90473	EP	immunization administration by intranasal or oral route; one vaccine (single or	\$20.45	\$20.45
90474		immunization administration by intranasal or oral route; each additional	\$13.30	\$13.30
90474	EP	immunization administration by intranasal or oral route: each additional	\$20.45	\$20.45
90785		interactive complexity (list separately in addition to the code for primary procedure)	\$3.84	\$3.84
90791		psychiatric diagnostic evaluation	\$95.58	\$121.63
90792		psychiatric diagnostic evaluation with medical services	\$98.81	\$101.44
90832		psychotherapy, 30 minutes with patient and/or family member	\$40.15	\$50.67
90833		psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	\$33.60	\$33.86
90834		psychotherapy, 45 minutes with patient and/or family member	\$60.29	\$65.81
90836		psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	\$55.02	\$55.02
90837		psychotherapy, 60 minutes with patient and/or family member	\$90.91	\$96.44
90838		psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	\$88.31	\$88.84
90839		psychotherapy for crisis; first 60 minutes	\$113.90	\$121.52
90840		psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service	\$94.92	\$102.31
90845		psychoanalysis	\$65.81	\$67.22
90846		family psychotherapy (without the patient present)	\$69.82	\$71.50
90847		family psychotherapy (conjoint psychotherapy) (with patient present)	\$83.74	\$88.78
90849 90853		multiple-family group psychotherapy group psychotherapy (other than of a multiple-family group)	\$24.38 \$23.91	\$26.63 \$25.31
90870		electroconvulsive therapy (includes necessary monitoring)	\$69.94	\$109.94
90951		end-stage renal disease (esrd) related services monthly, for patients younger	\$782.62	\$782.62
90952		end-stage renal disease (esrd) related services monthly, for patients younger	\$363.83	\$363.83
90953		end-stage renal disease (esrd) related services monthly, for patients younger	\$246.46	\$246.46
90954		end-stage renal disease (esrd) related services monthly, for patients 2-11	\$642.60	\$642.60
90955		end-stage renal disease (esrd) related services monthly, for patients 2-11	\$363.83	\$363.83
90956 90957	-	end-stage renal disease (esrd) related services monthly, for patients 2-11	\$246.45 \$515.77	\$246.45 \$515.77
90957		end-stage renal disease (esrd) related services monthly, for patients 12-19 end-stage renal disease (esrd) related services monthly, for patients 12-19	\$347.97	\$347.97
90959		end-stage renal disease (esrd) related services monthly, for patients 12-19	\$228.36	\$228.36
90960		end-stage renal disease (esrd) related services monthly, for patients 20 years	\$228.75	\$228.75
90961		end-stage renal disease (esrd) related services monthly, for patients 20 years	\$184.68	\$184.68
90962		end-stage renal disease (esrd) related services monthly, for patients 20 years	\$133.55	\$133.55
90963		end-stage renal disease (esrd) related services for home dialysis per full	\$442.10	\$442.10
90964 90965		end-stage renal disease (esrd) related services for home dialysis per full	\$368.92	\$368.92
90965		end-stage renal disease (esrd) related services for home dialysis per full end-stage renal disease (esrd) related services for home dialysis per full	\$350.91 \$182.72	\$350.91 \$182.72
90967		end-stage renal disease (esrd) related services for findine dialysis per full end-stage renal disease (esrd) related services for dialysis less than a full	\$15.81	\$15.81
90968		end-stage renal disease (esrd) related services for dialysis less than a full	\$12.34	\$12.34
90969		end-stage renal disease (esrd) related services for dialysis less than a full	\$12.04	\$12.04
90970		end-stage renal disease (esrd) related services for dialysis less than a full	\$6.38	\$6.38
91030		isophagus acid perfusion (bernstein)test for esoph	\$105.89	\$105.89
91034		esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	\$151.66	\$151.66
91034	26	esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	\$41.95	\$41.95
91034	TC	esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s) esophagus, gastroesophageal reflux test; with mucosal attached telemetry ph	\$109.70 \$409.26	\$109.70 \$409.26

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
The inclusion	on of a ra	lete on this table does not guarantee that a service is covered. Please refer to the Medicaid	Billing Guide	
		d Health Choice Clinical Policies on the DMA Web Site.		
Providers s	hould alv	ı ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletin	s for additions,	
changes an	nd deletio	n to this schedule.		
*** The fee	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is no	t included on this fee sch	edule
04025	TO		\$244.70	€0.44.70
91035 91035	TC 26	esophagus, gastroesophageal reflux test; with mucosal attached telemetry ph esophagus, gastroesophageal reflux test; with mucosal attached telemetry ph	\$341.70 \$67.55	\$341.70 \$67.55
91037	20	esophageal function test, gastroesophageal reflux test with nasal catheter	\$122.00	\$122.00
91037	26	esophageal function test, gastroesophageal reflux test with nasal catheter	\$42.52	\$42.52
91037	TC	esophageal function test, gastroesophageal reflux test with nasal catheter	\$79.49	\$79.49
91038		esophageal function test, gastroesophageal reflux test with nasal catheter	\$108.03	\$108.03
91038	26	esophageal function test, gastroesophageal reflux test with nasal catheter	\$48.12	\$48.12
91038	TC	esophageal function test, gastroesophageal reflux test with nasal catheter	\$59.90	\$59.90
91040	00	esophageal balloon distension provocation study	\$287.33	\$287.33
91040	26	esophageal balloon distension provocation study	\$43.63	\$43.63
91040 91120	TC	esophageal balloon distension provocation study rectal sensation, tone, and compliance test (ie, response to graded balloon	\$243.70 \$294.41	\$243.70 \$294.41
91120	26	rectal sensation, tone, and compliance test (ie, response to graded balloon	\$39.63	\$39.63
91120	TC	rectal sensation, tone, and compliance test (ie, response to graded balloon	\$254.79	\$254.79
91122	-10	anorectal manometry	\$178.14	\$178.14
91122	26	anorectal manometry	\$73.37	\$73.37
91122	TC	anorectal manometry	\$104.77	\$104.77
91200		measuring the stiffness in the liver via elastography	\$28.67	\$28.67
91200	TC	measuring the stiffness in the liver via elastography	\$16.53	\$16.53
91200	26	measuring the stiffness in the liver via elastography	\$12.13	\$12.13
92002		eye exam & treatment,initial	\$35.39	\$53.85
92004		eye exam & treatment,initial	\$73.44	\$101.69
92019		opthalmol exam/eval under gen anesthesia subsequen	\$51.94	\$51.94
92502 92504		ear and throat examination special ear examination	\$73.77 \$7.60	\$73.77 \$21.58
92511		visualization nose & throat	\$45.56	\$113.82
92512		nasal function studies	\$22.33	\$45.56
92520		laryngeal function studies (ie, aerodynamic testing and acoustic testing)	\$31.37	\$46.75
92531		spontaneous nystagmus test	\$17.51	\$17.51
92532		positional nystagmus test	\$17.86	\$17.86
92533		inner ear test	\$11.38	\$11.38
92534		optokinetic nystagmus test	\$33.63	\$33.63
92541		special eye test	\$44.76	\$44.76
92542		special eye test	\$46.37	\$46.37
92543 92544		inner ear test	\$21.31 \$37.25	\$21.31
92544		special eye test	\$34.95	\$37.25 \$34.95
92545		hearing test	\$8.02	\$8.02
92552		hearing test	\$16.15	\$16.15
92553		hearing test	\$21.57	\$21.57
92557		comprehensive audiometry threshold evaluation and speech recognition (92553 and	\$33.31	\$35.27
92559		hearing test	\$0.00	\$0.00
92560		hearing test, screening	\$16.98	\$16.98
92561		special hearing test	\$21.02	\$21.02
92562		special hearing test	\$16.99 \$15.33	\$16.99
92563 92564		special hearing test special hearing test	\$15.32 \$14.67	\$15.32 \$14.67
92565		special hearing test	\$14.67 \$9.44	\$14.67 \$9.44
92567		tympanometry	\$12.23	\$13.64
92568		acoustic reflex testing; threshold	\$14.29	\$14.29
92571		special hearing test	\$12.23	\$12.23
92572		special hearing test	\$13.07	\$13.07
92575		special hearing test	\$26.40	\$26.40
92576		special hearing test	\$15.78	\$15.78
92577		special hearing test	\$12.80	\$12.80
92582		special hearing test	\$30.81	\$30.81
92583 92584		special hearing test electrocochleography	\$24.75 \$50.19	\$24.75 \$50.19
92587		evoked otoacoustic emissions; limited (single stimulus level, either transient	\$29.18	\$29.18
92590		hearing aid examination and selection monaural	\$34.46	\$34.46

		Nurse Practitioner Fee Schedule		
T		Provider Specialty 061		
		Effective Date: 1/1/2015	T	T
		te on this table does not guarantee that a service is covered. Please refer to the Medicaid Billin	ng Guide	
and the Med	dicaid and	d Health Choice Clinical Policies on the DMA Web Site.		
		Little Control of the		
		vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
cnanges an	a aeietioi	n to this schedule.		
*** The fee s	chodulo	Include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not incl	luded on this fee	schodulo
THE ICC S	scriedule	Include the new codes for 2013 and the pending 17% rate reduction effective 1/1/2013 is not incl	dued on this rec	scriedule
92591		hearing aid exam and selection binaural	\$51.76	\$51.76
92592		hearing aid check monaural	\$15.08	
92593		hearing aid check binaural	\$22.80	
92594		electroacoustic evaluation for hearing aid monaura	\$16.65	
92595		electroacoustic evaluation for hearing aid binaura	\$24.89	\$24.89
92596		ear protector attenuation measurements	\$26.04	\$26.04
92608		evaluation for prescription for speech-generating augmentative and alternative	\$22.21	\$22.2
92609		therapeutic services for the use of speech-generating device, including	\$61.75	
92950		heart-lung resuscitation	\$143.49	
92960		restoration heart rhythm	\$108.00	
92961		cardioversion, elective, electrical conversion of arrhythmia; internal	\$211.25	*
92970		circulatory assist	\$147.56	
92971		circulatory assist	\$83.78	· ·
92986 92987		percutaneous balloon valvuloplasty; aortic valve percutaneous balloon valvuloplasty; mitral valve	\$1,117.24 \$1,156.35	
92990		percutaneous balloon valvuloplasty, mittai valve percutaneous balloon valvuloplasty; pulmonary valve	\$889.97	
92992		atrial septectomy or septostomy; transvenous method, balloon (eg, rashkind	\$869.23	
92993		atrial septectomy or septostomy; blade method (park septostomy) (includes	\$869.23	****
93000		electrocardiogram, complete	\$16.34	
93005		electrocardiogram, tracing	\$9.06	
93010		electrocardiogram report	\$7.29	
93015		cardiovascular stress test	\$78.24	\$78.24
93016		cardiovascular stress test using maximal or submaximal treadmill	\$19.87	\$19.87
93017		electrocardiogram tracing	\$45.19	\$45.19
93018		treadmill ekg-interp only	\$13.18	
93025		microvolt t-wave alternans for assessment of ventricular arrhythmias	\$165.80	
93040		electrocardiogram report	\$10.53	
93041		rhythm ecg tracing	\$4.10	
93042 93224		rhythm strip-interp only	\$6.43 \$91.67	
93224		24 hr ecg, inc: recording,scanning,review,interp 24 hr ecg, recording only	\$27.00	· ·
93227		24 hr ecg, physician review and interpretation	\$27.00	
93228		wearable mobile cardiovascular telemetry with electrocardiographic recording,	\$20.86	
93229		wearable mobile cardiovascular telemetry with electrocardiographic recording,	\$20.86	
93260		programming device evaluation of heart monitoring system with adjustment of programmed values	\$52.70	
00200		with analysis, review and report	ψ02 0	402
93260		programming device evaluation of heart monitoring system with adjustment of programmed values	\$16.26	\$16.20
	TC	with analysis, review and report		
93260		programming device evaluation of heart monitoring system with adjustment of programmed values	\$36.44	\$36.4
	26	with analysis, review and report		
93268		patient demand single or multiple event recording with presymptom memory loop,	\$204.62	
93270		patient demand single or multi event recording w/ presymptom memo	\$16.08	
93271		patient demand single or multiple event recording with	\$166.28	
93272		patient demand single or multiple event recording with	\$22.26	
93278 93279		signal - average ecg, w/wo ecg.	\$31.13	
	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$44.31	
93279 93279	26 TC	programming device evaluation with iterative adjustment of the implantable device to test the function programming device evaluation with iterative adjustment of the implantable device to test the function	\$29.27 \$15.04	
93280	10	programming device evaluation with iterative adjustment of the implantable device to test the function	\$52.51	
93280	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$35.14	
93280	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$17.36	
93281		programming device evaluation with iterative adjustment of the implantable device to test the function	\$61.38	
93281	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$41.03	
93281	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$20.35	
93282		programming device evaluation with iterative adjustment of the implantable device to test the function	\$56.71	\$56.7
93282	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$38.31	\$38.3
93282	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$18.39	
93283		programming device evaluation with iterative adjustment of the implantable device to test the function	\$69.09	
93283	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$48.19	\$48.19

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		L
		Effective Date: 1/1/2015	,	,
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and the Med	dicaid an	d Health Choice Clinical Policies on the DMA Web Site.		<u> </u>
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		ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for on to this schedule.	additions,	
Criariyes ari	ia aeieilo	ii to uns scriedule.		
*** The fee s	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inc	luded on this fee	schedule
93284		programming device evaluation with iterative adjustment of the implantable device to test the function	\$81.02	\$81.02
93284	26	programming device evaluation with iterative adjustment of the implantable device to test the function		
93284	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$23.71	\$23.71
93285		programming device evaluation with iterative adjustment of the implantable device to test the function	\$38.14	\$38.14
93285	26	programming device evaluation with iterative adjustment of the implantable device to test the function		\$23.95
93285	TC	programming device evaluation with iterative adjustment of the implantable device to test the function		
93286		peri-procedural device evaluation and programming of device system parameters before or after a su		\$21.59
93286	26 TC	peri-procedural device evaluation and programming of device system parameters before or after a su		\$12.25
93286 93287	TC	peri-procedural device evaluation and programming of device system parameters before or after a su		
93287	26	peri-procedural device evaluation and programming of device system parameters before or after a su		\$28.56 \$17.99
93287	TC	peri-procedural device evaluation and programming of device system parameters before or after a su peri-procedural device evaluation and programming of device system parameters before or after a su		\$10.55
93288	10	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		
93288	26	interrogation device evaluation (in person) with physician analysis, review and report, includes conne	* -	\$19.63
93288	TC	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		\$14.47
93289		interrogation device evaluation (in person) with physician analysis, review and report, includes conne		\$52.81
93289	26	interrogation device evaluation (in person) with physician analysis, review and report, includes conne	\$35.44	\$35.44
93289	TC	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		
93290		interrogation device evaluation (in person) with physician analysis, review and report, includes conne		
93290	26	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		
93290	TC	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		\$8.04
93291	26	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		\$32.71
93291 93291	26 TC	interrogation device evaluation (in person) with physician analysis, review and report, includes conne interrogation device evaluation (in person) with physician analysis, review and report, includes conne		\$19.83 \$12.89
93291	10	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		\$29.63
93292	26	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		\$19.63
93292	TC	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		
93293		transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system		\$46.03
93293	26	transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system	\$13.70	\$13.70
93293	TC	transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system	\$32.32	\$32.32
93294		interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemeaker		
93295		interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable c		
93296		interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker sy		\$28.17
93297 93298		interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including		\$20.86 \$23.95
93299		interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including interrogation device evaluation(s), (remote) up to 30 days; implantable	\$23.94	\$23.94
93306		echocardiography, transthoracic, real-time with image documentation (2d),	\$207.28	
93306	26	echocardiography, transthoracic, real-time with image documentation (2d),	\$58.27	\$58.27
93306	TC	echocardiography, transthoracic, real-time with image documentation (2d),	\$149.01	\$149.01
93307	26	echocardiography, transthoracic, real-time with image documentation (2d) with	\$40.43	\$40.43
93355		insertion of probe in esophagus for heart ultrasound examination	\$185.69	
93503		placement of flow directed catheter	\$91.85	\$91.85
93505		endocardial biopsy	\$584.97	\$584.97
93561		special heart studies special heart studies	\$36.39 \$16.55	
93562 93600		special neart studies special electrocardiogram	\$16.55 \$150.62	\$16.55 \$150.62
93602		intra atrial recording	\$130.02	\$124.02
93610		intra-atrial pacing	\$169.47	\$169.47
93612		intraventricular pacing	\$177.61	
93644		evaluation implantable defibrillator	\$243.06	
93644	TC	evaluation implantable defibrillator	\$81.38	
93644	26	evaluation implantable defibrillator	\$161.68	
93740		temperature gradient studies	\$7.74	\$7.74
93770	00	venous pressure test	\$6.91	\$6.91
93975	26	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	\$75.12 \$169.03	\$75.12 \$168.03
93976 93976	26	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	\$168.93 \$49.87	\$168.93 \$49.87
93976	20	duplex scan or arterial inflow and verious outliow or abdominal, pervic, scrotal duplex scan complete; aorta,vena cava,iliac vasc.	\$182.88	\$49.87 \$182.88
93978	26	duplex scan complete; aorta, vena cava, iliac vasc. duplex scan complete; aorta, vena cava, iliac vasc.	\$26.97	\$26.97
93979		duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts;	\$126.47	\$126.47

·	·	Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
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		ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for n to this schedule.	additions,	
*** The fee	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not incl	luded on this fee sch	edule
93979	26	duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts;	\$18.08	\$18.08
94002		ventilation assist and management, initiation of pressure or volume preset	\$71.70	\$71.70
94003		ventilation assist and management, initiation of pressure or volume preset	\$51.82	\$51.82
94004 94010		ventilation assist and management, initiation of pressure or volume preset spirometry, including graphic record, total and timed vital capacity.	\$37.72 \$25.58	\$37.72 \$25.58
94060		bronchodilation responsiveness, spirometry as in 94010, pre- and	\$44.85	\$44.85
94150		vital capacity test.	\$17.32	\$17.32
94200		lung function test	\$17.32	\$17.32
94240		lung function test	\$30.27	\$30.27
94250		lung function test	\$18.82	\$18.82
94375		respiratory flow volume loop	\$28.97	\$28.97
94400 94450		breathing response to co2 breathing response to hypoxia	\$40.95 \$39.44	\$40.95 \$39.44
94640		pressurized or nonpressurized inhalation treatment for acute airway obstruction	\$10.18	\$10.18
94644		continuous inhalation treatment with aerosol medication for acute airway	\$26.12	\$26.12
94645		continuous inhalation treatment with aerosol medication for acute airway	\$10.18	\$10.18
94660		cont positive airway vent iniation/management	\$29.35	\$44.74
94662		cont negative pressure vent iniation/management	\$29.16 \$11.12	\$29.16
94664 94667		demonstration and/or evaluation of patient utilization of an aerosol generator, manipulation chest wall	\$11.12 \$15.51	\$11.13 \$15.51
94668		manipulation chest wall subsequent	\$14.66	\$14.66
94680		exhalled air analysis	\$44.46	\$44.46
94681		exhaled air analysis	\$47.99	\$47.99
94690		exhaled air analysis	\$38.61	\$38.61
94726		plethysmography for determination of lung volumes and, when performed, airway	\$30.24	\$30.24
94726 94726	26 TC	plethysmography for determination of lung volumes and, when performed, airway	\$7.06 \$23.18	\$7.06 \$23.18
94727	10	plethysmography for determination of lung volumes and, when performed, airway gas dilution or washout for determination of lung volumes and, when performed,	\$23.80	\$23.80
94727	26	gas dilution or washout for determination of lung volumes and, when performed,	\$7.06	\$7.06
94727	TC	gas dilution or washout for determination of lung volumes and, when performed,	\$16.74	\$16.74
94728		airway resistance by impulse oscillometry	\$23.80	\$23.80
94728	26	airway resistance by impulse oscillometry	\$7.06	\$7.06
94728	TC	airway resistance by impulse oscillometry	\$16.74	\$16.74
94729 94729	26	diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition	\$30.01 \$4.68	\$30.01 \$4.68
94729	TC	diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition	\$25.33	\$25.33
94750		pulmonary compliance study (eg, plethysmography, volume and pressure	\$54.63	\$54.63
94760		noninvasive ear or pulse oximetry for oxygen sat.	\$2.07	\$2.07
94770		exhaled carbon dioxide test	\$27.90	\$27.90
95004		injection of allergenic extracts into skin for immediate reaction analysis	\$4.41	\$4.41
95027 95056		intracutaneous (intradermal) tests, sequential and incremental, with allergenic photosensitivity tests	\$3.58 \$26.49	\$3.58 \$26.49
95060		allergy eye tests	\$17.72	\$17.72
95065		allergy nose test	\$16.13	\$16.13
95070		allergy bronchial tests	\$32.83	\$32.83
95071		inhala bronch challenge testing w/antigens specify	\$40.66	\$40.66
95076		ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	\$58.30	\$93.28
95079		ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (list separately in addition to code for primary procedure)	\$53.57	\$66.20
95115		immunotherapy, one injection	\$7.93	\$7.93
95117		professional services for allergen immunotherapy not including provision of	\$9.61	\$9.61
95165		professional services for the supervision of preparation and provision of	\$2.57	\$9.00
95180 95782	26	rapid desensitization procedure, each hour (eg, insulin, penicillin, equine polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep attended by a technologist	\$85.61 \$103.39	\$111.92 \$103.39
95782	TC	polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep attended by a technologist	\$708.33	\$708.33

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
		Effective Date: 1/1/2015		
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		d Health Choice Clinical Policies on the DMA Web Site.	9	
		vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
changes an	nd deletio	n to this schedule.		
*** The fee	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not incl	uded on this fee	schedule
95782		polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep attended by a technologist	\$811.73	\$811.73
95783	26	polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	\$112.66	\$112.66
95783	TC	polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	\$753.46	\$753.46
95783		polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	\$866.39	\$866.39
95824		electroencephalogram	\$48.40	\$48.40
95827		electroencephalogram (eeg); all night recording	\$289.77	\$289.77
95827	26	eeg all night recording interpretation	\$43.14	\$43.14
95829 95829	26	electrocorticogram at surgery electrocorticogram at surgery interpretation only	\$938.46 \$252.95	\$938.46 \$252.95
95832	20	muscle testing hand	\$11.95	\$18.94
95833		muscle testing total evaluation of body excluding	\$19.08	\$28.02
95851		range of motion evaluation	\$6.42	\$12.86
95851	26	range of motion measrmts & report; @extrem, ex hnd	\$4.83	\$10.36
95852	00	range of motion measurements and report of hands	\$4.64	\$9.95
95852 95857	26	rnage of motion measrmts & report;hand w/wo com/ns tensilon test for myasthenia gravis	\$1.15 \$21.73	\$2.49 \$32.64
95857	26	tensilon test for myasthenia gravis interpretation	\$5.43	\$8.16
95863	26	needle electromyography, three extremities with or without related paraspinal	\$76.18	\$76.18
95867	26	needle electromyography, cranial nerve supplied muscles, unilateral	\$32.30	\$32.30
95868	26	needle electromyography, cranial nerve supplied muscles, bilateral	\$48.11	\$48.11
95869 95875	26 26	needle electromyography; thoracic paraspinal muscles ischemic limb exercise test with serial specimen(s) acquisition for muscle	\$15.21 \$44.58	\$15.21 \$44.58
95925	20	short-latency somatosensory evoked potential study, stimulation of any/all	\$90.42	\$90.42
95925	26	short-latency somatosensory evoked potential study, stimulation of any/all	\$22.14	\$22.14
95933		orbisularis occuli reflex by electrodiagnostic tes	\$49.69	\$49.69
95933	26	orbisularis occult reflex interpretation	\$24.20	\$24.20
95937 95937	26	meuromuscular junction testing each nerve one meth	\$44.51 \$27.34	\$44.51 \$27.34
95957	26	meuromuscular junction testing interpretation electroencephalogram during surgery interpretation	\$106.38	\$106.38
96040		medical genetics and genetic counseling services, each 30 minutes face-to-face	\$31.09	\$31.09
96127		brief emotional or behavioral assessment	\$4.10	\$4.10
96150		health and behavior assessment (eg, health-focused clinical interview,	\$18.39	\$18.67
96150	EP	health and behavior assessment (eg, health-focused clinical interview)	\$18.39 \$17.79	\$18.67
96151 96151	EP	health and behavior assessment (eg, health-focused clinical interview, health and behavior assessment (eg, health-focused clinical interview)	\$17.79 \$17.79	\$18.07 \$18.07
96360	Li	intravenous infusion, hydration; initial, 31 minutes to 1 hour	\$43.70	\$43.70
96361		intravenous infusion, hydration; each additional hour (list separately in	\$12.72	\$12.72
96365		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$53.30	\$53.30
96366		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$17.12	\$17.12
96367		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$26.94	\$26.94 \$15.00
96368 96369		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance subcutaneous infusion for therapy or prophylaxis (specify substance or drug);	\$15.98 \$116.05	\$15.98 \$116.05
96370		subcutaneous infusion for therapy or prophylaxis (specify substance or drug);	\$12.37	\$12.37
96371		subcutaneous infusion for therapy or prophylaxis (specify substance or drug);	\$56.14	\$56.14
96372		therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$16.53	\$16.53
96373		therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$14.19	\$14.19
96374 96375		therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$42.30 \$19.34	\$42.30
96401		therapeutic, prophylactic, or diagnostic injection (specify substance or drug); chemotherapy administration, subcutaneous or intramuscular; non-hormonal	\$18.34 \$52.71	\$18.34 \$52.71
96402		chemotherapy administration, subcutaneous or intramuscular; hormonal	\$28.89	\$28.89
96409		chemotherapy administration; intravenous, push technique, single or initial	\$86.75	\$86.75
96411		chemotherapy administration; intravenous, push technique, each additional	\$49.44	\$49.44
96413	I	chemotherapy administration, intravenous infusion technique; up to 1 hour,	\$114.35	\$114.35

		Nurse Practitioner Fee Schedule		
1		Provider Specialty 061		
		Effective Date: 1/1/2015		
		te on this table does not guarantee that a service is covered. Please refer to the Medicaid Billi	ng Guide	
and the Me	dicaid and	d Health Choice Clinical Policies on the DMA Web Site.		
		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	r additions,	
cnanges an	ia aeietioi	n to this schedule.		
*** The fee	cobodulo	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inc	ludad an this fac	cohodulo
The ree	scriedule	include the new codes for 2015 and the pending 1% fate reduction effective 1/1/2015 is not inc	iluded on this ree	scriedule
96415		chemotherapy administration, intravenous infusion technique; each additional	\$25.84	\$25.84
96416		chemotherapy administration, intravenous infusion technique; initiation of	\$124.55	\$124.55
96417		chemotherapy administration, intravenous infusion technique; each additional	\$56.94	\$56.94
96523		irrigation of implanted venous access device for drug delivery systems	\$19.58	\$19.58
96900		ultraviolet light therapy	\$14.94	\$14.94
96910		photochemotheraph tar/ultrauiolet b goeckerman tre	\$48.33	\$48.33
96912		photochemotherapy psoralens/ultrauiolet a puva	\$61.94	\$61.94
97010		application of a modality to one or more areas; hot or cold packs	\$3.68	\$3.68
97018		physical med treatment paraffin bath	\$6.21	\$6.21
97022		physical medicine treatment whirlpool	\$13.73	\$13.73
97024		application of a modality to one or more areas; diathermy (eg, microwave)	\$4.25	\$4.25
97026		physical medicine treatment infrared	\$3.97	\$3.97
97028		physical medicine treatment one area ultraviolet	\$4.85	\$4.85
97032		application of a modality to one or more areas;	\$13.07	\$13.07
97035		application of a modality to one or more areas;	\$9.34	\$9.34
97110		therapeutic procedure, one or more areas, each 15 minutes; therapeutic	\$22.67	\$22.67
97597 97598		removal of devitalized tissue from wound(s), selective debridement, without	\$25.77 \$34.39	\$46.20 \$57.33
97750		removal of devitalized tissue from wound(s), selective debridement, without physical performance test or measurement (eg, musculoskeletal,	\$23.22	\$23.22
97760		orthotic(s) management and training (including assessment and fitting when not	\$25.65	\$25.65
97761		prosthetic training, upper and/or lower extremity(s), each 15 minutes	\$22.94	\$23.03
99050		services provided in the office at times other than regularly scheduled office	\$26.48	\$26.48
99051		service(s) provided in the office during regularly scheduled evening, weekend	\$26.48	\$26.48
99053		service(s) provided between 10:00 pm and 8:00 am at 24-hour facility, in	\$26.48	\$26.48
99058		service(s) provided on an emergency basis in the office, which disrupts other	\$17.65	\$17.65
99060		service(s) provided on an emergency basis, out of the office, which disrupts	\$9.47	\$9.47
99070		special supplies	\$9.42	\$9.42
99082		unusual travel	\$0.82	\$0.82
99100		anesthesia for patient of extreme age, under one year and over seventy (list	\$17.36	\$17.36
99143		moderate sedation services (other than those services described by codes	\$19.18	\$19.18
99144		moderate sedation services (other than those services described by codes	\$15.75	\$15.75
99145		moderate sedation services (other than those services described by codes	\$7.67	\$7.67
99148		moderate sedation services (other than those services described by codes	\$25.03	\$25.03
99149 99150		moderate sedation services (other than those services described by codes	\$25.03	\$25.03
99170		moderate sedation services (other than those services described by codes anogenital examination with colposcopic magnification in childhood for	\$12.50 \$76.28	\$12.50 \$113.49
99175		induced vomiting	\$19.26	\$113.49
99183		physician attendance and supervision of hyperbaric oxygen therapy,	\$91.75	\$150.78
99190		monitoring services	\$89.74	\$89.74
99191		monitoring services	\$57.63	\$57.63
99192		monitoring services	\$41.73	\$41.73
99201		ov new pt minor-phys time approx. 10 minutes	\$20.82	\$32.18
99202		ov new pt,moderate-phys time approx 20 minutes	\$40.14	\$55.81
99203		ov new pt, moderate-phys time approx 30 minutes	\$60.58	\$80.86
99204		ov new pt, complex-phys time approx 45 minutes	\$101.72	\$125.39
99205		ov new pt, severe-phys time approx 60 minutes	\$132.38	\$158.51
99211		ov estab pt, minimal w/wo phys, time approx 5 min	\$7.70	\$16.32
99212		ov established pt, minor-phys time approx 10 min.	\$20.51	\$32.50
99213		ov estab. pt, moderate. phys time approx 15 min.	\$40.13	\$54.26
99214		ov estab. pt, severe, phys time approx 25 min.	\$62.08	\$81.76
99215 99217		ov estab. pt, severe. phys time approx 40 min.	\$88.14 \$59.48	\$110.58 \$59.48
99217		observation care discharge day management initial observation, per day, low complexity	\$59.48 \$56.10	\$59.48 \$56.10
99218		initial observation, per day, low complexity initial observation care, per day, moderate complexity	\$92.91	\$56.10 \$92.91
99219		initial observation care, per day, high complexity	\$130.30	\$130.30
99221		initial hosp, care, minor, phys time approx 30 min	\$80.56	\$80.56
99222		initial hosp care, militor, priys time approx 50 min	\$109.94	\$109.94
99223		initial hosp care, severe-phys time approx 70 min	\$161.88	\$161.88
99224		subsequent observation care, typically 15 minutes per day	\$22.59	\$22.59
99225		subsequent observation care, typically 16 minutes per day	\$40.13	\$40.13

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015		
	n of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid E	Billing Guide	
and the Med	licaid and Health Choice Clinical Policies on the DMA Web Site.		
Providers sh	nould always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins	for additions	
	d deletion to this schedule.	i ioi additions,	
onungeo une			
*** The fee s	chedule include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not	included on this fee	schedule
99226	subsequent observation care, typically 35 minutes per day	\$60.00	\$60.00
99231	hosp visit, stable. phys time approx 15 minutes	\$33.27	\$33.27
99232 99233	hosp visit, moderate. phys time approx 25 minutes hosp visit, complex. phys time approx 35 minutes	\$59.96 \$85.87	\$59.96 \$85.87
99234	observation or inpatient hospital care, for the evaluation and management of a	\$113.65	\$113.65
99235	observation or inpatient hospital care, for the evaluation and management of a	\$149.29	\$149.29
99236	observation or inpatient hospital care, for the evaluation and management of a	\$185.55	\$185.55
99238	hospital discharge day management; 30 minutes or less	\$59.28	\$59.28
99239	hospital discharge day management; more than 30 minutes	\$86.15	\$86.15
99241	outpt. consult, minor- phys time approx 15 min.	\$26.74	\$38.78
99242	outpt. consult, moderate- phys time approx 30 min.	\$56.43	\$72.65
99243	outpt. consult, severe- phys time approx 40 min.	\$78.66	\$99.91
99244 99245	outpt. consult, severe- phys time approx 60 min. outpt. consult, severe- phys time approx 80 min.	\$124.91 \$155.81	\$148.40 \$182.39
99245	initial inpt consult- phys time approx 20 min.	\$39.60	\$39.60
99252	initial inpt consult- phys time approx 40 min.	\$61.36	\$61.35
99253	initial inpt consult- phys time approx 55 min.	\$93.15	\$93.14
99254	initial inpt consult- phys time approx 80 min.	\$134.72	\$134.72
99255	initial inpt consult- phys time approx 110 min.	\$164.15	\$164.15
99281	er visit, minor	\$16.52	\$16.52
99282	er visit, low severity	\$32.14	\$32.14
99283	er visit, moderate severity	\$49.81	\$49.81
99284 99285	er visit, high severity	\$93.26	\$93.26
99288	er visit, high severity/life threatening physician direction of ems advanced life support	\$138.64 \$43.29	\$138.64 \$43.29
99291	critical care, evaluation and management of the unstable critically ill or	\$195.83	\$232.59
99292	critical care, evaluation and management of the unstable critically ill or	\$94.92	\$102.31
99304	initial nursing facility initial visit, typically 25 minutes	\$71.78	\$71.78
99305	initial nursing facility visit, typically 35 minutes per day	\$100.36	\$100.36
99306	initial nursing facility visit, typically 45 minutes per day	\$128.96	\$128.96
99307	subsequent nursing facility care, per day, for the evaluation and management of	\$35.42	\$35.42
99308	subsequent nursing facility care, per day, for the evaluation and management of	\$54.16	\$54.16
99309 99310	subsequent nursing facility care, per day, for the evaluation and management of subsequent nursing facility care, per day, for the evaluation and management of	\$71.84 \$106.22	\$71.84 \$106.22
99315	nursing facility discharge day management; 30 minutes or less	\$51.83	\$51.83
99316	nursing facility discharge day management; 30 minutes or less more than 30	\$67.72	\$67.72
99318	evaluation and management of a patient involving an annual nursing facility	\$75.10	\$75.10
99324	domiciliary or rest home visit for the evaluation and management of a new	\$48.15	\$48.15
99325	domiciliary or rest home visit for the evaluation and management of a new	\$70.13	\$70.13
99326	domiciliary or rest home visit for the evaluation and management of a new	\$115.95	\$115.95
99327	domiciliary or rest home visit for the evaluation and management of a new	\$151.24	\$151.24
99328	domiciliary or rest home visit for the evaluation and management of a new	\$178.04	\$178.04
99334 99335	domiciliary or rest home visit for the evaluation and management of an domiciliary or rest home visit for the evaluation and management of an	\$49.63 \$76.87	\$49.63 \$76.87
99336	domiciliary or rest home visit for the evaluation and management of an	\$108.25	\$108.25
99337	domiciliary or rest home visit for the evaluation and management of an	\$155.54	\$155.54
99341	home visit for the evaluation and management of a new patient, which requires	\$48.15	\$48.15
99342	home visit for the evaluation and management of a new patient, which requires	\$70.13	\$70.13
99343	home visit for the evaluation and management of a new patient, which requires	\$112.94	\$112.94
99344	home visit for the evaluation and management of a new patient, which requires	\$148.27	\$148.27
99345	home visit for the evaluation and management of a new patient, which requires	\$178.34	\$178.34
99347	home visit for the evaluation and management of an established patient, which	\$46.99	\$46.99
99348 99349	home visit for the evaluation and management of an established patient, which home visit for the evaluation and management of an established patient, which	\$70.95 \$103.31	\$70.95 \$103.31
99350	home visit for the evaluation and management of an established patient, which	\$144.04	\$144.04
99354	prolonged physician service in the office or other outpatient setting requiring	\$77.73	\$82.03
99355	prolonged physician service in the office or other outpatient setting requiring	\$76.90	\$81.21
99356	prolonged physician service in the inpatient setting, requiring direct	\$74.91	\$74.91
99357	prolonged physician service in the inpatient setting, requiring direct	\$75.43	\$75.43
99360	physician standby service, requiring prolonged physician attendance, each 30	\$48.44	\$48.4

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
The inclusion	on of a ra	lte on this table does not guarantee that a service is covered. Please refer to the Medicaid Bi	lling Guide	
		d Health Choice Clinical Policies on the DMA Web Site.	illing Guide	
and the me	uicaiu aii	Whealth choice chilical i chicles off the DMA Web Site.		
Brovidoro o	bould ob	│ vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins t	or additions	
		n to this schedule.	or additions,	
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*** Th - f		include the new reduction 004F and the new line 40/ material beautiful 4/4/004F in material		
The ree	scriedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not in	iciuaea on this tee scri	eauie
99385		new pt physical exam: 18 to 39 years	\$68.40	\$93.93
99386		new pt physical exam: 16 to 39 years	\$83.94	\$93.93 \$110.08
99387		1 1 1 7	\$92.07	\$110.00
		new pt physical exam: 65 years and over	*	
99395		estab. pt physical exam: 18 to 39 years	\$60.70	\$81.6
99396		estab. pt physical exam: 40 to 64 years	\$68.40	\$89.32
99397		estab. pt physical exam: 65 years and over	\$76.54	\$100.2
99406	Ĺ	smoking and tobacco use cessation counseling visit; intermediate, greater than	\$10.34	\$11.57
99406	EP	smoking and tobacco use cessation counseling visit; intermediate, greater than	\$10.34	\$11.57
99407		smoking and tobacco use cessation counseling visit; intensive, greater than 10	\$21.44	\$22.36
99407	EP	smoking and tobacco use cessation counseling visit; intensive, greater than 10	\$21.44	\$22.36
99408		alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$28.58	\$29.81
99408	EP	alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$28.58	\$29.8
99409		alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$57.37	\$58.60
99409	EP	alcohol and/or substance (other than tobacco) abuse structured screening (eg	\$57.37	\$58.60
99420		administration/interp. of health risk assessment.	\$7.90	\$7.90
99420	EP	administration and interpretation of health risk assessment	\$7.90	\$7.90
99460		initial hospital or birthing center care, per day, for evaluation and	\$50.39	\$50.39
99461		initial care, per day, for evaluation and management of normal newborn infant	\$56.26	\$74.40
99462		subsequent hospital care, per day, for evaluation and management of normal	\$26.87	\$26.87
99463		initial hospital or birthing center care, per day, for evaluation and	\$67.42	\$67.42
99464		attendance at delivery (when requested by the delivering physician) and initial	\$57.72	\$57.72
99465		delivery/birthing room resuscitation, provision of positive pressure	\$118.05	\$118.05
99477		initial hospital care, per day, for the evaluation and management of the	\$275.20	\$275.20
99490		chronic care management services at least 20 minutes per calendar month	\$33.96	\$33.96
A4570		viking splint	\$9.26	\$9.20
D0145		oral evaluation for a patient under three years of age and counseling with	\$34.32	\$34.32
D1206		topical fluoride varnish; therapeutic application for moderate to high caries	\$15.14	\$15.14
G0108		diabetes outpatient self-management training services, individual, per 30 min	\$17.82	\$17.82
G0109		diabetes self-management training services, group session, 2 or more per 30 min	\$9.98	\$9.98
G0127		trimming of dystrophic nails, any number	\$6.73	\$14.85
G0328		colorectal cancer screening; fecal occult blood test, immunoassay, 1-3	\$19.76	\$19.76
G0431		drug screen, qualitative; multiple drug classes by high complexity test methods	\$90.33	\$90.33
G0434		drug screen, other than chromatographic; any number of drug classes	\$18.07	\$18.07
G0455		preparation with instillation of fecal microbiota by any method, including assessment of donor	\$41.87	\$88.17
		speciment		*
P9041		albumin (human), 5%, 50 ml	\$18.76	\$18.76
P9047		albumin (human), 25%, 50 ml	\$37.53	\$37.53
Q0111		wet mounts, including preparation of vaginal, cervical or skin specimens	\$4.90	\$4.90
Q2042		hydroxyprogesterone caproate, 1mg (makena)	\$2.78	\$2.78
Q4101		skin substitute, apligraf, per square centimeter	\$27.70	\$27.70
Q4101 Q4106		skin substitute, dermagraft, per square centimeter	\$33.94	\$33.94
S2235		implantation of auditory brain stem implant	\$796.33	\$796.33
02200		propriation of additory brain storii impiant	Ψ1 30.33	Ψ1 30.30
		1		