		Nurse Practitioner Fee Schedule		
	1	Provider Specialty 061		
		Effective Date: 1/1/2015		
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Code	Modifier	Description	Facility	Non-Facility
10021 10022		fine needle aspiration; without imaging guidance fine needle aspiration; with imaging guidance	\$52.36 \$51.97	\$100.4 \$103.1
10022		fluid collection drainage by catheter using imaging guidance, accessed through the skin	\$126.07	\$615.2
10040		acne surgery	\$63.53	\$72.2
10060		drainage of abscess	\$67.39	\$77.7
10061		drainage of abscess	\$120.14	\$133.8
10080		drainage of pilonidal cyst	\$68.87 \$120.71	\$114.7
10081		drainage of pilonidal cyst foreign body removal, skin	\$120.71 \$66.08	\$181.1 \$94.9
10120		foreign body removal, skin	\$135.29	\$185.0
10140		drainage of blood effusion	\$86.33	\$109.2
10160		puncture drainage of lesion	\$69.52	\$88.8
10180		incision and drainage, complex	\$127.40	\$164.0
11000		surgical cleansing of skin	\$24.52	\$38.5
<u>11004</u> 11005		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	\$439.08 \$573.02	\$439.0 \$573.0
11005		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	\$542.16	\$542.1
11008		removal of prosthetic material or mesh, abdominal wall for necrotizing soft	\$206.56	\$206.5
11010		debridement including removal of foreign material associated with open	\$209.04	\$331.0
11011		debridement including removal of foreign material associated with open	\$225.43	\$369.2
11042		debridement skin and subcutaneous tissue	\$35.08	\$53.2
11043 11044		debridement skin subcutaneous and muscle debridement skin subcutaneous tissue muscle bone	\$170.54 \$234.65	\$194.3 \$265.4
11045		debridement, subcutaneous tissue (includes epidermis and dermis, if performed);	\$14.21	\$24.5
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	\$23.9
11200		removal of skin tags	\$48.99	\$57.6
11201		removal of skin tags, multiple fibrocutaneous tags, any area; each additional	\$12.50	\$13.6
11300 11301		shaving of epidermal lesion trunk arms legs 0.5cm shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs;	\$22.15 \$37.67	\$47.6 \$65.6
11302		shaving of epidermal lesion trunk/arm/leg 1.1 - 2.0 cm	\$46.71	\$78.6
11303		shaving epidermal lesion trunk/arm/leg over 2.0 cm	\$54.79	\$92.2
11305		shaving of lesion scalp/neck/hands/etc 0.5 cm	\$28.04	\$49.3
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 \$60.25	\$80.5 \$90.7
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	\$90.7
11310		shaving of lesion face/ears/etc. 0.6-1.0cm	\$46.99	\$75.8
11312		shaving of lesion face/ears/etc. 1.1-2.0cm	\$53.95	\$87.5
11313		shaving of lesion face/ears/etc. over 2.0 cm	\$72.18	\$109.6
11400		excision, benign lesion including margins, except skin tag (unless listed	\$53.49	\$80.9
11401 11402		excision, benign lesion including margins, except skin tag (unless listed excision, benign lesion including margins, except skin tag (unless listed	\$71.33 \$79.01	\$99.8 \$111.4
11402		excision, benign lesion including margins, except skin tag (unless listed	\$100.52	\$111.4
11403		excision, benign lesion including margins, except skin tag (unless listed	\$111.98	\$146.3
11406		excision, benign lesion including margins, except skin tag (unless listed	\$167.88	\$207.3
11420		excision, benign lesion including margins, except skin tag (unless listed	\$57.99	\$82.0
11421		excision, benign lesion including margins, except skin tag (unless listed	\$78.49	\$106.7
11422 11423		excision, benign lesion including margins, except skin tag (unless listed excision, benign lesion including margins, except skin tag (unless listed	\$94.65 \$110.55	\$119.2 \$139.0
11423		excision, benigh lesion including margins, except skin tag (unless listed	\$110.55	\$139.0
11426		excision, benign lesion including margins, except skin tag (unless listed	\$195.24	\$231.0
11440		excision, other benign lesion including margins (unless listed elsewhere),	\$69.31	\$89.7
11441		excision, other benign lesion including margins (unless listed elsewhere),	\$91.22	\$114.1
11442		excision, other benign lesion including margins (unless listed elsewhere),	\$101.85	\$128.7
11443	1	excision, other benign lesion including margins (unless listed elsewhere),	\$126.12	\$154.9

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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	\$225.28	\$328.24
11470	exc skin for hidradenitis w primary closure exc skin for hidradenitis with other closure	\$190.27 \$239.69	\$268.03 \$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 11606	excision, malignant lesion including margins, trunk, arms, or legs; excised excision, malignant lesion including margins, trunk, arms, or legs; excised	\$150.51 \$223.52	\$213.74 \$301.84
11606	removal of skin lesion	\$223.52	\$301.84
11621	excision, malignant lesion including margins, scalp, neck, hands, feet,	\$105.66	\$156.01
11622	excision, malignant lesion including margins, scalp, neck, hands, feet,	\$121.90	\$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 11640	excision, malignant lesion including margins, scalp, neck, hands, feet, excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$214.24 \$86.36	\$283.90 \$133.36
11641	excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$112.78	\$153.50
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	\$276.16
11646	excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$292.40	\$364.86
11719 11720	trimming of nondystrophic nails, any number debridement of nail(s) by any method(s); one to five	\$6.92 \$12.96	\$15.04 \$22.19
11721	debridement of nail(s) by any method(s); six or more	\$12.90	\$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 11752	removal of nail bed exc nail with amputation of tuft of distal phalanx	\$127.72 \$190.86	\$152.34 \$216.87
11760	reconstruction of nail bed	\$94.94	\$141.38
11762	reconstruction of nail bed	\$146.67	\$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 11921	removal of pilonidal lesion correct skin color defects	\$388.20 \$99.75	\$455.34 \$146.74
11960	insertion of tissue expender	\$656.33	\$656.33
11970	replacement of tissue expander	\$431.86	\$431.86
11971	tissue expander removal	\$212.89	\$318.35
11976	removal, implantable contraceptive capsule	\$73.24	\$107.93
11980	subcutaneous hormone pellet (implantation of estradiol and/or testosterone)	\$61.53	\$76.91
11981 11982	insertion, non-biodegradable drug delivery implant removal, non-biodegradable drug delivery implant	\$64.68 \$78.91	\$98.81 \$113.89
11983	removal, 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	simple rep superf wds sca neck axil ext gen tru/ex	\$98.68	\$131.41
12005	simple rep superf wds sca neck axil ext gen tru/ex	\$123.05	\$163.90
12006 12007	simple rep superf wds sca neck axil ext gen tru/ex simple rep superf wds sca neck axil ext gen tru/ex	\$155.50 \$177.74	\$203.61 \$230.62
12007	simple rep superf wds of face ea eyel no li muc memb	\$78.16	\$230.62
12013	simp rep superf was 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 superificial wound over 30.0 cm.	\$195.97 \$242.21	\$195.97 \$242.21

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			concure
12020	treatment of superficial wound dehiscence	\$135.96	\$188.5
12021	treatment of superficial wound with packing	\$98.62	\$112.3
12031 12032	layer closure of wounds up to 2.5 cm. layer closure of wounds 2.5 to 7.5 cm.	\$113.93	\$166.5 \$214.0
12032	layer closure of wounds 2.5 to 12.5 cm.	\$139.92 \$146.59	\$214.0
12035	layer closure of wounds 12.5 to 20.0 cm.	\$171.95	\$258.1
12036	layer closure of wounds 20.0 to 30.0 cm.	\$198.52	\$283.5
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	\$203.6 \$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 12054	layer closure of wounds 5.0 to 7.5 cm. layer closure of wounds 7.5 to 12.5 cm.	\$155.89 \$165.81	\$233.94 \$247.79
12055	layer closure of wounds 12.5 to 22.0 cm.	\$202.50	\$299.0
12056	layer closure of wounds 20.0 to 30.0 cm.	\$247.03	\$353.00
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 13120	repair, complex, trunk; each additional 5 cm or less (list separately in repair of wound or lesion	\$55.66 \$178.14	\$76.65 \$231.85
13120	repair complex scalp arms and/or legs 2.5 to 7.5 c	\$234.85	\$311.79
13122	repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list	\$63.78	\$85.8
13131	repair of wound or lesion	\$201.04	\$256.10
13132	repair complex 2.5 to 7.5 cm.	\$338.92	\$410.8
13133	repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands	\$99.07	\$121.73
13151 13152	repair of wound or lesion repair complex eye nose ear and lips 2.5 to 7.5 cm	\$232.88 \$313.84	\$291.06 \$401.4
13153	repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less	\$107.35	\$133.66
13160	secondary closure of surgical wound dehiscence	\$588.77	\$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	\$565.6
14020	skin tissue rearrangement scalp arms and/or legs u	\$410.90	\$489.24 \$620.98
14021 14040	adjacent tissue transf/rearrang scalp arms legs de skin tissue rearrangement defect up to 10 sq cm	\$531.73 \$468.02	\$544.67
14040	adjacent tissue trans/rearrange 10 sq cm to 30 sq	\$578.32	\$677.92
14060	skin tissue rearrangement defect up to 10 sq cm	\$494.37	\$554.80
14061	adjacent tissue transf/rearrange eye nose ear lip	\$616.67	\$726.00
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	\$532.36	\$628.3
14350	filleted finger or toe flap including prep of reci	\$546.81	\$546.8
15002 15003	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	\$168.19 \$34.13	\$236.72 \$51.48
15003	surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (ind	\$210.28	\$287.49
15005	surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (ind	\$67.72	\$87.02
15050	pinch graft single or multiple to cove sm ulcer up	\$314.62	\$380.3
15100	split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or one	\$516.91	\$613.1
15110 15115	epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits	\$533.50 \$552.41	\$607.64 \$615.3
15115	split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands,	\$567.18	\$666.7
15130	dermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent	\$403.85	\$476.5
15135	dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia,	\$556.09	\$616.8
15150	tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or le	\$462.87	\$501.48
15155	tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears	\$496.14	\$528.3
15200	skin graft procedure	\$473.32	\$569.28
15220 15240	skin graft procedure skin graft procedure	\$446.79 \$570.81	\$540.78 \$650.26

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15260 15570	skin graft procedure pedicle flap graft; trunk	\$619.29 \$517.25	\$705.73 \$626.03
15572	pedicle flap graft; scalp, arms, or legs	\$523.39	\$607.8
15574	pedicle flap-face,neck,axilla,genitalia,hands,feet	\$552.96	\$641.3
15576	pedicle flap; eyelids,nose,ears,lips,intraoral	\$485.53	\$569.7
15600	skin graft procedure	\$143.05	\$227.2
15610 15620	skin graft procedure skin graft procedure	\$169.52 \$225.30	\$229.3 \$305.0
15630	skin graft procedure	\$225.30	\$322.6
15650	skin graft procedure	\$277.91	\$360.44
15731	forehead flap with preservation of vascular pedicle (eg, axial pattern flap,	\$736.11	\$809.4
15732	muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis,	\$960.36	\$1,073.3
15734 15736	muscle flap trunk muscle flap upper extremity	\$984.09	\$1,102.1
15736	muscle flap lower extremity	\$849.86 \$926.77	\$975.74 \$1,042.8
15740	skin graft procedure	\$623.86	\$721.7
15750	skin graft procedure	\$662.06	\$662.0
15756	free muscle flap with or without skin with microvascular anastomosis	\$1,750.05	\$1,750.0
15757	free skin flap with microvascular anastomosis	\$1,733.36	\$1,733.3
15758 15760	free fascial flap with microvascular anastomosis skin graft procedure	\$1,734.27 \$511.62	\$1,734.2 \$599.4
15770	skin graft procedure	\$473.56	\$473.5
15780	abrasion treatment of skin	\$467.15	\$588.3
15781	abrasion skin removal tattoos less total face	\$306.36	\$376.30
15782	abrasion skin removal tattoos regional not face	\$293.65	\$396.60
15783	superficial dermabrasion	\$265.58	\$342.2
15786 15787	abrasion single lesion eg keratosis scar abrasion; each additional four lesions or less (list separately in addition to	\$100.48 \$14.10	\$167.63 \$34.2
15788	chemical peel, facial;	\$167.71	\$295.2
15789	chemical peel, facial;	\$305.37	\$398.8
15792	chemical peel, nonfacial;	\$183.52	\$290.1
15793	chemical peel, nonfacial;	\$252.90	\$331.2
15819 15820	cervicoplasty removal of skin furrows	\$533.56 \$343.77	\$533.50 \$378.40
15821	removal of skin furrows	\$364.76	\$402.8
15822	blepharoplasty, upper eyelid;	\$262.96	\$295.9
15823	blepharoplasty, upper eyelid; w/excessive skin weighting lid	\$433.38	\$469.4
15830	excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen	\$850.70	\$850.7
15832	removal of skin furrows	\$645.79	\$645.7
15833 15834	removal of skin furrows removal of skin furrows	\$608.75 \$606.63	\$608.7 \$606.6
15835	removal of skin furrows	\$641.59	\$641.5
15836	removal of skin furrows	\$534.41	\$534.4
15837	removal of skin furrows	\$483.66	\$550.5
15838	excision excess skin submental fat pad	\$416.62	\$416.6
15839 15840	excision excessive skin and subq tissue other area skin repair for nerve palsy	\$524.07 \$735.53	\$608.8 \$735.5
15841	facial nerve paralysis free muscle graft	\$1,232.37	\$735.5 \$1,232.3
15842	graft for facial nerve paralysis; free muscle flap by microsurgical technique	\$1,946.96	\$1,946.9
15847	excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen	\$275.89	\$275.8
15920	removal of tail bone	\$423.38	\$423.3
15922	removal of tail bone	\$537.78	\$537.7
15931 15933	excision sacral decubitus ulcer primary suture exc sacral decubitus ulcer with ostectomy/primary	\$483.27 \$594.00	\$483.2 \$594.0
15934	excision sacral decubitus ulcer skin flap closur	\$663.16	\$663.1
15935	exc sacral pressure ulcer local skin flap	\$788.44	\$788.4
15936	excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap	\$642.90	\$642.9
15937	exc sacral pressure ulcer with ostectomy	\$751.29	\$751.2
15940 15941	removal of pressure sore excision sacral decubitus ulcer with ostectomy	\$496.79 \$644.01	\$496.7 \$644.0

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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	\$704.94
15946 15950	excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or	\$1,180.65 \$410.80	\$1,180.65 \$410.80
15950	removal of pressure sore 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 15958	excision, trochanteric pressure ulcer, in preparation for muscle or exc trochanteric ulcer myocutan flap w ostectomy	\$826.88 \$843.22	\$826.88 \$843.22
16000	treatment of burns	\$35.16	\$49.43
16020	dressings and/or debridement of partial-thickness burns, initial or subsequent;	\$41.40	\$57.62
16035	escharotomy; initial incision	\$159.98	\$159.98
17000 17003	destruction any method premalignant lesions one le destruction by any method, including laser, with or without surgical	\$38.91 \$3.42	\$55.42 \$5.38
17003	destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,	\$98.28	\$124.86
17106	destruction of vascular proliferative lesions	\$202.89	\$245.42
17107	destruction vascular proliferative lesion 10sq les	\$268.32	\$325.11
17108 17110	destruction vascular lesions over 50.0 sq cm destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,	\$350.17 \$48.35	\$415.91 \$76.62
17110	destruction by any method of flat warts, molluscum contagiosum	\$40.33	\$70.02
17250	chemical cauterization of wound	\$26.63	\$52.08
17260	destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	\$48.76	\$67.22
17261 17262	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 destruct.malig. lesion-trunk,arms,legs; 2.1-3.0 cm	\$84.23 \$93.29	\$122.00 \$134.70
17264	destruct.malig. lesion-trunk,arms,legs; 3.1-4.0 cm	\$99.70	\$144.18
17266	destruct.malig. lesion-trunk,arms,legs; over 4. cm	\$116.18	\$164.03
17270 17271	destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	\$71.14	\$103.88
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
17273	destruction malignant lesion scalp,neck 2.1-3.0 cm	\$104.99	\$146.96
17274	destruction malignant lesion scalp,neck-3.1-4.0 cm	\$128.97	\$174.30
17276	destruction malignant lesion scalp,neck over 4. cm	\$155.29	\$202.28
17280 17281	destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, destruction malignant lesion face 0.6-1.0 cm	\$64.65 \$90.34	\$97.38 \$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	\$203.97
17286 17311	destruction malignant lesion face over 4.0 cm mohs micrographic technique, including removal of all gross tumor, surgical	\$211.18 \$283.32	\$258.74 \$490.05
17312	mohs micrographic technique, including removal of all gross tumor, surgical	\$150.70	\$292.81
17313	mohs micrographic technique, including removal of all gross tumor, surgical	\$254.35	\$447.09
17314	mohs micrographic technique, including removal of all gross tumor, surgical	\$139.89	\$271.38
17315 17340	mohs micrographic technique, including removal of all gross tumor, surgical cryotherapy (co2 slush, liquid n2) for acne	\$39.76 \$34.29	\$58.78 \$35.41
17360	acne therapy	\$72.95	\$93.93
19001	puncture aspiration of cyst of breast; each additional cyst (list separately in	\$17.66	\$20.75
19020	incision of breast lesion	\$204.54	\$303.87
19081 19082	biopsy of breast accessed through the skin with stereotactic guidance biopsy of breast accessed through the skin with stereotactic guidance	\$145.42 \$69.99	\$528.81 \$427.83
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	\$795.13
19086 19100	biopsy of breast accessed through the skin with mri guidance biopsy of breast; percutaneous, needle core, not using imaging guidance	\$72.94 \$51.84	\$635.39 \$99.40
19100	biopsy of breast; open, incisional	\$51.84	\$99.40
19110	nipple exploration w/ or w/o excision	\$231.18	\$315.95
19112	excision of lactiferous duct fistula	\$207.32	\$294.88
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	\$329.66 \$365.17

	Nurse Practitioner Fee Schedule		
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19126	excision of breast lesion identified by preoperative placement of radiological	\$119.69	\$119.6
19260	removal of chest wall lesion	\$869.31	\$869.3
19271 19272	removal of chest wall lesion	\$1,177.09	\$1,177.0
19272	removal of chest wall lesion placement of breast localization devices accessed through the skin with mammographic guidance	\$1,305.32 \$82.97	\$1,305.3 \$192.0
19282	placement of breast localization devices accessed through the skin with mammographic guidance	\$40.06	\$133.3
19283	placement of breast localization devices accessed through the skin with stereotactic guidance	\$83.81	\$217.8
19284	placement of breast localization devices accessed through the skin with stereotactic guidance	\$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	\$307.70
19287	placement of breast localization devices accessed through the skin with mri guidance	\$113.54 \$51.77	\$678.20
19288 19296	placement of breast localization devices accessed through the skin with mri guidance placement of radiotherapy afterloading balloon catheter into the breast for	\$51.77 \$153.62	\$541.2 ⁻ \$2,760.14
19298	placement of radiotherapy afterloading barboth calleter into the breast for	\$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	mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymp	\$631.96	\$631.96
19303	mastectomy, simple, complete	\$683.16	\$683.10
19304	mastectomy, subcutaneous	\$394.07	\$394.0
19305 19306	mastectomy, radical, including pectoral muscles, axillary lymph nodes mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (urban)	\$787.80 \$825.37	\$787.80 \$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	\$451.9
19370 19371	open periprosthetic capsulotomy breast	\$489.67 \$564.98	\$489.6 \$564.98
19371	periprosthetic capsulectomy breast revision of reconstructed breast	\$554.98 \$552.66	\$564.98
20005	incision of abscess	\$174.93	\$217.40
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	\$397.60
20150 20240	excision of epiphyseal bar, with or without autogenous soft tissue graft biopsy, bone, excisional; superficial (eq. ilium, sternum, spinous process,	\$707.85 \$167.99	\$707.8 \$167.9
20240	biopsy, bone, excisional, superiolal (eg, ilium, stemum, spinous process,	\$458.49	\$458.49
20250	bone biopsy	\$275.77	\$275.77
20251	bone biopsy	\$305.76	\$305.70
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 \$43.50	\$327.7
20526 20550	injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar	\$43.50 \$31.96	\$54.98 \$42.59
20551	injection(s); single tendon sneath, or igament, aponeurosis (eg, plantal	\$32.61	\$42.1
20552	injection(s); single or multiple trigger point(s), one or two muscle(s)	\$27.64	\$38.2
20553	injection(s); single or multiple trigger point(s), three or more muscle(s)	\$30.73	\$42.7
20600	arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers,	\$30.45	\$39.9
20604	aspiration and/or injection of small joint or joint capsule with recording and reporting using ultrasound guidance	\$37.16	\$57.3
20605	arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg,	\$31.61	\$42.8
20606	aspiration and/or injection of intermediate joint or joint capsule with recording and reporting using	\$42.09	\$63.0
20610	ultrasound guidance drainage of joint or hursa	\$37.75	\$55.1
20610	drainage of joint or bursa aspiration and/or injection of major joint or joint capsule with recording and reporting using ultrasound	\$49.29	\$72.2
20011	quidance	ψ+3.23	ψι Ζ.Ζ
20612	aspiration and/or injection of ganglion cyst(s) any location	\$32.60	\$42.6
20615	aspiration and injection for treatment of bone cyst	\$117.04	\$155.3
20650	insertion & removal bone pin	\$115.39	\$141.7

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20662	application of halo pelvic	\$348.62	\$348.63
20663	fixation procedure	\$322.56	\$322.5
20664	application of halo, including removal, cranial, 6 or more pins placed, for	\$551.93	\$551.9
20665	removal of fixation device	\$74.09	\$87.7
20670	removal of implant superficial eg buried wire pin	\$108.40	\$275.1
20680	removal of buried support	\$302.20	\$420.5
20690	application ext fixation standard configuration	\$398.83	\$398.8
20692	application of multiplane unilateral external fix	\$745.75	\$745.7
20693 20694	adjustment or revision external fixation req anest removal under anesthesia external fixation system	\$334.48 \$244.16	\$334.44 \$302.34
20694	replantation of arm	\$1,833.48	\$302.3
20805	replantation of arm	\$2,245.65	\$2,245.6
20808	reimplantation of hand	\$3,032.45	\$3,032.4
20816	reimplantation of digit	\$1,673.19	\$1,673.1
20822	replantation digit excl thumb, complete amputation	\$1,418.49	\$1,418.4
20824	replantation thumb, complete amputation	\$1,666.81	\$1,666.8
20827	replantation thumb, complete amputation	\$1,473.89	\$1,473.8
20838 20900	replantation foot complete removal of bone for graft	\$1,850.85 \$193.81	\$1,850.8 \$299.2
20900	removal of bone for graft	\$268.36	\$299.2
20910	remove cartilage for graft	\$314.04	\$314.04
20912	cartilage graft costochondral nasal septum	\$352.88	\$352.8
20920	removal of tissue for graft	\$297.43	\$297.4
20922	removal of tissue for graft	\$364.65	\$437.9
20924	removal of tendon for graft	\$368.09	\$368.0
20926	removal of tissue for graft	\$317.76	\$317.7
20950 20955	monitor interstitial pressure	\$67.12	\$172.8
20955	fibula graft w/microvascular anastomosis bone graft with microvascular anastomosis; iliac crest	\$1,898.82 \$1,981.45	\$1,898.8 \$1,981.4
20957	bone graft with microvascular anastomosis; metatarsal	\$1,896.16	\$1,896.1
20962	bone graft with microvascular anastomosis; other than fibula, iliac crest, or	\$1,939.92	\$1,939.9
20969	free osteocutaneous flap with microvascular anastomosis; other than iliac	\$2,104.01	\$2,104.0
20970	free osteocutaneous flap with microvascular anastomosis; iliac crest	\$2,113.75	\$2,113.7
20972	osteocutaneous flap microvascular anastomo metarsa	\$1,934.52	\$1,934.5
20973	free osteocutaneous flap great toe web space	\$2,030.99	\$2,030.9
20983 21010	destruction of 1 or more bone growths, accessed through the skin	\$325.97	\$5,437.9
21010	arthrotomy, temporomandibular joint excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	\$533.63 \$146.58	\$533.6 \$187.1
21011	excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	\$200.50	\$200.5
21012	Excision, tumor, soft tissue of face and scalp, subfascial (e.g., subgaleal, intramuscular); less than 2 (\$236.36	\$290.9
21014	Excision, tumor, soft tissue of face and scalp, subfascial (e.g., subgaleal, intramuscular); 2 cm or grea	\$309.85	\$309.8
21015	radical resection of tumor soft face or scalp	\$310.06	\$310.0
21016	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of face or scalp; 2 cm or greater	\$621.14	\$621.1
21025	excision of bone, mandible	\$544.28	\$634.6
21026 21029	excision of bone, facial bones	\$348.32	\$417.9
21029 21030	removal by contouring benign tumor facial bone excision of benign tumor or cyst of maxilla or zygoma by enucleation and	\$455.84 \$289.81	\$534.7 \$349.9
21030	excision of benigh tunio of cyst of maxina of zygoma by endcleation and	\$207.39	\$268.6
21032	excision of maxillary torus palatinus	\$204.45	\$272.1
21034	excision of malignant tumor of maxilla or zygoma	\$860.00	\$961.0
21040	removal of bone lesion	\$288.13	\$352.7
21044	excision malignant tumor mandible	\$642.89	\$642.8
21045	exc malignancy mandible radical	\$897.24	\$897.2
21046	excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy	\$790.53 \$060.07	\$790.5
21047 21048	excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy	\$960.07 \$801.41	\$960.0 \$801.4
21048	excision of benign tumor or cyst of maxilia; requiring intra-oral osteotomy excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and	\$928.15	\$801.4
21049	arthrectomy temporomandibular joint unilateral	\$630.10	
21050	menisectomy temporomandibular joint unilateral	\$576.04	\$576.0
21070	coronoidectomy	\$467.75	\$467.7

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21073	manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia service (ie, ger	\$174.13	\$260.03
21100	maxillofacial fixation	\$286.83	\$498.88
21110	applica interdental fixation device cond oth than	\$450.52	\$526.89
21120	genioplasty; augmentation	\$354.34	\$437.9
21121 21122	genioplasty; augmentation sliding osteotomy single genioplasty; augmentation 2 or more osteotomies	\$471.42 \$519.78	\$548.92 \$519.78
21122	genioplasty; augmentation 2 of more osteolomies genioplasty; augmentation sliding interpositional	\$623.56	\$623.50
21125	augmentation mandibular body or angle prosthetic	\$546.02	\$2,118.54
21127	augmentation mandibular body angle w/ bone graft	\$637.97	\$2,521.3
21137	reduction forehead; contouring only	\$526.10	\$526.10
21138 21139	reduction forehead-contouring & application graft reduction forehead contouring, setback sinus wall	\$657.19 \$737.92	\$657.19 \$737.92
21139	reduction forenead contouring, setback sinus wall reconstruction midface, lefort i; single piece, segment movement in any	\$737.92 \$989.23	\$737.92 \$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	\$1,214.84
21147	reconstruction midface anterior intrusion	\$1,251.02 \$1,241.99	\$1,251.02 \$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
21172	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	\$1,242.3
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
21190	osteotomy, mandible, segmental	\$839.06	
21199	osteotomy, mandible, segmental; with genioglossus advancement	\$762.35	
21206	osteotomy, maxilla, segmental	\$826.60	\$826.60
21208	augmentation osteoplasty of facial bones	\$601.52	\$1,212.23
21209 21210	reduction osteoplasty of facial bones bone graft	\$461.09 \$601.35	\$578.8 \$1,447.63
21210	bone graft	\$627.13	\$2,451.7
21230	cartilage graft	\$561.50	\$561.50
21235	cartilage graft	\$410.15	\$514.78
21240	arthroplasty, temporomandibular joint w/wo graft	\$811.88	\$811.88 \$743.54
21242 21243	arthroplasty temporomandibular joint w alloplastic arthroplasty, temporomandibular joint	\$743.54 \$1,221.51	\$743.5
21243	reconstruction of mandible	\$758.40	. ,
21247	reconst. mandibular condyle w bone/cartilage graft	\$1,188.88	\$1,188.8
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 \$965 5
21260 21261	orbital hypertelorism correction osteotomies orbital hypertelorism comb with intra and extracranial approach	\$965.54 \$1,655.90	\$965.54 \$1,655.9
21263	orbital hypertelorism with forehead advancement	\$1,490.38	
21267	orbital repositioning	\$1,126.87	\$1,126.8
21268	orbital repositioning intra and external approach	\$1,401.87	\$1,401.8
21270 21275	malar augmentation, bone or alloplastic material. secondary rev orbitocraniofacial reconostruction	\$512.41 \$590.26	\$651.74 \$590.20

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21280	medial canthoplasty	\$379.89	\$379.89
21280	lateral canthopexy	\$250.42	\$250.4
21295	reduction masseter muscle extraoral approach	\$124.97	\$124.9
21296	reduction masseter muscle intraoral approach	\$304.14	\$304.1
21310	treatment of closed or open nasal fracture manipul	\$21.85	\$74.4
21315	treatment of nose fracture	\$106.59	\$182.6
21320	manipulation instrumental complicated nasal fractu	\$99.99	\$176.0
21325 21330	repair of nose fracture repair of nose fracture	\$332.98 \$409.69	\$332.9 \$409.6
21335	repair of nose fracture	\$531.81	\$531.8
21336	open tx nasal septal fx, w/wo stabilization	\$457.66	\$457.6
21337	treatment closed nasal septal fracture	\$204.12	\$274.6
21338	open treatment nasoethmoid fracture without extern	\$523.15	\$523.1
21339 21340	open treatment nasoethmoid fracture with external	\$584.37	\$584.3 \$587.6
21340	tr closed/open nasoeth com fr w splint wire headca open treatment of depressed frontal sinus	\$587.68 \$831.48	\$587.6
21343	open tx of frontal sinus fracture	\$1,097.05	\$1,097.0
21345	tr nasomax comp fr with interdental wire fix or fi	\$476.42	\$573.2
21346	op tr nasomax com fr w wiring a/o local fixation	\$688.07	\$688.0
21347	op tr nasomac com fr w wir a/o lo fi w mul aproach	\$798.20	\$798.2
21348	open tx nasomaxillary fx with bone grafting	\$851.98	\$851.9
21355 21356	repair cheek bone fracture	\$234.81	\$309.7
21356	open tx depressed zygomatic arch fracture open treatment of closed or open depressed fx inc	\$269.30 \$383.75	\$346.8 \$383.7
21365	repair cheek bone fracture	\$807.23	\$807.2
21366	open tx malar area fx inc zygomatic arch w/graft	\$897.43	\$897.4
21385	repair eye socket fracture	\$517.89	\$517.8
21386	repair eye socket fracture	\$484.32	\$484.3
21387	repair eye socket fracture	\$540.52	\$540.5
21390 21395	repair eye socket fracture repair eye socket fracture	\$560.48 \$708.14	\$560.4 \$708.1
21400	treat eye socket fracture	\$102.66	\$124.2
21401	repair eye socket fracture	\$211.78	\$330.6
21406	repair eye socket fracture	\$391.75	\$391.7
21407	repair eye socket fracture	\$464.31	\$464.3
21408	open tx of fx orbit except "blowout" w/bone graft	\$639.37	\$639.3
21421 21422	tr pal/alv ri fr cl man w interd wi fi offi de de tr pa/al ri fr cl man w intd wi fi o fi de/sp op t	\$438.95 \$485.04	\$511.4 \$485.0
21423	open tx of palatal or maxillary fx, mult approach	\$577.11	\$577.1
21431	repair upper jaw fracture	\$526.99	\$526.9
21432	open rx craniofacial separation	\$483.86	\$483.8
21433	dp tr cranioe sep w wi/loc fix complicated	\$1,249.16	\$1,249.1
21435 21436	repair upper jaw fracture open tx craniofacial separation w/bone graft	\$984.11 \$1,449.09	\$984.1 \$1,449.0
21436	repair dental ridge fracture	\$1,449.09	\$370.0
21445	repair dental ridge fracture	\$438.78	\$528.0
21450	treat lower jaw fracture	\$323.80	\$385.6
21451	treatment closed or open mandibular fracture with	\$436.83	\$510.6
21452	treatment of open mandibular fracture without mani	\$233.34	\$415.7
21453 21454	rx open mandibular fracture with manipulation open rx closed or open mandibular fx with external	\$526.68 \$399.59	\$591.3 \$399.5
21454 21461	op tr o clos o op mand fr witho interdenfixation	\$399.59	\$399.5 \$1,329.3
21462	op tr clos o op mandfract w interdental fixation	\$724.68	\$1,438.6
21465	open treatment mandibular condylar fracture	\$664.22	\$664.2
21470	repair lower jaw fracture	\$867.48	\$867.4
21480	reset dislocated jaw	\$24.64	\$63.5
21485	complicated manipulative treatment of temporomandi	\$391.12	\$456.0
21490 21495	reset dislocated jaw repair hyoid bone fracture	\$672.85 \$484.72	\$672.8 \$484.7
21733	interdental wiring f condition o than fracture	\$395.11	\$460.3

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21501	incision / drainage deep abscess or hematoma	\$226.56	\$307.13 \$380.4
21502 21510	drainage of rib abscess inc deep opening of bone cortex osteomyelitis bone	\$380.40 \$335.43	\$380.4
21550	excisional biopsy soft tissues	\$115.49	\$180.1
21552	excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3cm or gr	\$266.90	\$266.9
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (e.g., intramuscular); 5 cm or greater	\$438.87	\$438.8
21555	excision benign tumor subcutaneous	\$239.49	\$304.1
21556 21557	excision deep subfacial intramuscular radical resection of soft tissue tumor	\$299.68 \$425.87	\$299.68 \$425.87
21558	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or anterior thorax; 5 cm or (\$823.78	\$823.78
21600	excision of rib partial	\$400.54	\$400.54
21610	partial removal of rib	\$782.73	\$782.73
21615 21616	excision first and/or cervical rib; exc first a/o cerv rib f outlet comp synd oth caus	\$494.88 \$630.81	\$494.88 \$630.81
21610	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	hyoid myotomy and suspension revision of neck muscle	\$729.72	\$729.72
21700 21705	revision of neck muscle	\$309.82 \$476.91	\$309.82 \$476.9
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 21743	reconstructive repair of pectus excavatum or carinatum; minimally invasive	\$807.42 \$936.34	\$807.42 \$936.34
21743	reconstructive repair of pectus excavatum or carinatum; minimally invasive closure of median sternotomy separation with or without debridement (separate	\$535.11	\$535.1
21805	treatment of rib fracture(s)	\$184.84	\$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	\$528.20
21813 21820	open treatment of broken ribs with insertion of hardware treatment, sternum fracture	\$734.34 \$93.04	\$722.73 \$91.93
21825	treatment of sternum fracture open	\$413.51	\$413.5
21920	biopsy, soft tissue, back, superficial	\$115.39	\$179.73
21925	deep biopsy, soft tissue, back, deep	\$243.37	\$297.93
21930	excision tumor, soft tissue of back	\$269.76	\$332.43
21931 21932	excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater Excision, tumor, soft tissue of back or flank, subfascial (e.g. intramuscular); less than 5 cm	\$279.13 \$400.82	\$279.13 \$400.82
21932	Excision, tumor, soft tissue of back of 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	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of back or flank; 5 cm or greater	\$856.48	\$856.48
22010 22015	incision and drainage, open, of deep abscess (subfascial), posterior spine; incision and drainage, open, of deep abscess (subfascial), posterior spine;	\$656.65 \$652.94	\$656.6
22015	partial excision of posterior vertebral component (eg, spinous process, lamina	\$652.94 \$592.32	\$652.94 \$592.33
22100	removal part of vertebra	\$590.89	\$590.8
22102	removal part of vertebra	\$588.63	\$588.6
22110	partial excision of vertebral body, for intrinsic bony lesion, without	\$736.53	\$736.5
22112 22114	removal part of vertebra removal part of vertebra	\$713.91 \$731.96	\$713.9 \$731.9
22114	osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eq. r	\$1,759.97	\$1,759.9
22207	osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg,	\$1,737.02	\$1,737.0
22208	osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg,	\$443.47	\$443.4
22210	osteotomy of spine, posterior or posterolateral approach, one vertebral	\$1,289.96	\$1,289.9
22212 22214	posterior approach osteotomy spine, thoracic posterior approach osteotomy spine, lumbar	\$1,066.77 \$1,073.18	\$1,066.7 \$1,073.1
22214	osteotomy of spine, including diskectomy, anterior approach, single vertebral	\$1,073.18	\$1,073.1
22222	anterior appoach osteotomy spine, thoracic	\$1,062.88	\$1,062.8
22224	anterior approach osteotomy spine, lumbar	\$1,150.20	\$1,150.2
22305	treatment, spinal structure	\$122.14 \$191.69	\$131.9 \$204.8

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
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22315	closed treatment of vertebral fracture(s) and/or dislocation(s) requiring	\$544.37	\$609.27
22318	open treatment and/or reduction of odontoid fracture(s) and or dislocation(s)	\$1,160.17	
22319	open treatment and/or reduction of odontoid fracture(s) and or dislocation(s)	\$1,275.59	
22325	open treatment and/or reduction of vertebral fracture(s) and/ or	\$1,015.81	
22326	open treatment and/or reduction of vertebral fracture(s) and/ or	\$1,059.16	
22327	open treatment and/or reduction of vertebral fracture(s) and/ or	\$1,051.01 \$212.27	\$1,051.01
22328 22505	open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), manipulation of spine	\$212.27 \$90.32	\$212.27 \$90.32
22532	arthrodesis, lateral extracavitary technique, including minimal diskectomy to	\$1,267.15	
22533	arthrodesis, lateral extracavitary technique, including minimal distectomy to	\$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	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and d	\$1,356.32	\$1,356.32
22552	arthrodesis, anterior interbody, including disc space preparation, discectomy,	\$316.77	\$316.77
22554	arthrodesis, anterior interbody technique, including minimal diskectomy to	\$931.01	\$931.01
22556 22558	arthrodesis, anterior interbody technique, including minimal diskectomy to arthrodesis, anterior interbody technique, including minimal diskectomy to	\$1,208.50 \$1,111.97	. ,
22538	arthodesis, anterior interbody technique, including minimal diskectority to	\$256.66	. ,
22586	arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with	\$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	
22595	arthrodesis, posterior technique, atlas-axis (c1-c2)	\$1,062.24	
22600	arthrodesis, posterior or posterolateral technique, single level; cervical	\$910.09	
22610 22612	arthrodesis, posterior or posterolateral technique, single level; thoracic arthrodesis, posterior or posterolateral technique, single level; lumbar (with	\$898.43 \$1,165.46	
22612	arthodesis, posterior or posteriolateral technique, single level; tambai (with	\$299.55	
22630	arthrodesis, posterior interbody technique, including laminectomy and/or	\$1,119.79	
22632	arthrodesis, posterior interbody technique, single interspace; each additional	\$243.34	
22633	arthrodesis, combined posterior or posterolateral technique with posterior	\$1,034.76	. ,
22634	arthrodesis, combined posterior or posterolateral technique with posterior	\$278.43	+
22800	arthrodesis, posterior, for spinal deformity, with or without cast; up to 6	\$989.28	
22802 22804	arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12	\$1,575.22 \$1,820.46	\$1,575.22 \$1,820.46
22804	arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3	\$1,340.42	\$1,340.42
22810	arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7	\$1,496.37	\$1,496.37
22812	arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more	\$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	
22830	exploration of spinal fusion	\$589.14	
22840	posterior non-segmental instrumentation (eg, single harrington rod technique)	\$584.62	
22842 22843	posterior segmental instrumentation (eg, pedicle fixation, dual rods with posterior segmental instrumentation (eg, pedicle fixation, dual rods with	\$585.91 \$623.87	\$585.91 \$623.87
22845	anterior instrumentation; 2 to 3 vertebral segments	\$559.20	
22846	anterior instrumentation; 2 to 7 vertebral segments	\$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	
22850	harrington rod removal	\$521.05	
22851	application of prosthetic device (eg, metal cages, methylmethacrylate) to	\$311.78	
22852 22855	removal of segmental instrumentation dwyer instrument removal	\$498.12 \$809.94	
22855	removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	\$1,361.50	
22865	removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace, cervical	\$1,563.25	
22900	excision abdominal wall tumor subfascial	\$298.75	
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (e.g. intramuscular); 5 cm or greater	\$394.72	
22902	excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	\$200.09	
22903	excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	\$261.43	
22904	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of abdominal wall; less than 5 cm	\$617.81	\$617.8
22905	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of abdominal wall; 5 cm or greater removal of subdeltoid calcareous deposits, open	\$800.86 \$257.74	

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23020	capsular contracture release (eg, sever type procedure)	\$502.01	\$502.01
23030	incision and drainage deep abscess or hematoma	\$186.59	\$297.0
23031	incision and drainage infected bursa	\$154.40	\$270.50
23035 23040	incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area arthrotomy, glenohumeral joint, including exploration, drainage, or removal of	\$497.71 \$522.80	\$497.7 ⁻ \$522.80
23040	arthotomy, genoridineral joint, including exploration, drainage, or removal of arthotomy, acromicclavicular, sternoclavicular joint, including exploration,	\$414.23	\$522.80
23065	biopsy soft tissues superficial	\$120.91	\$151.68
23066	biopsy soft tissues deep	\$243.76	\$354.20
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	\$411.10
23075 23076	excision, soft tissue tumor, shoulder area; subcutaneous excision deep subfascial or intramuscular tumor	\$128.64 \$408.57	\$182.08 \$408.5
23076	radical resection soft tissue tumor, shoulder	\$408.57	\$408.5
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	\$461.9
23106 23107	arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy arthrotomy, glenohumeral joint, w/ joint explor.	\$343.45 \$480.08	\$343.4 \$480.08
23120	partial removal, collarbone	\$414.59	\$414.5
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	\$501.7
23146 23150	removal bone lesion removal bone lesion	\$435.61 \$474.68	\$435.6 ⁻ \$474.68
23155	removal bone lesion	\$575.46	\$575.40
23156	removal bone lesion	\$488.66	\$488.60
23170	sequestrectomy for osteomyelitis bone abcess clavi	\$383.93	\$383.93
23172	sequestrectomy for osteomyelitis of bone abcess sc	\$393.51	\$393.5
23174 23180	sequestrec for osteomyelitis or bone abcess humer	\$546.19 \$496.72	\$546.19 \$496.72
23180	partial excision (craterization, saucerization, or diaphysectomy) bone (eg, partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$479.11	\$490.72
23184	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$541.30	\$541.30
23190	partial removal of shoulder	\$403.09	\$403.09
23195	removal of head of humerus	\$547.56	\$547.56
23200	removal of collarbone	\$647.33	\$647.3
23210 23220	removal of shoulderblade radical resection of bone tumor, proximal humerus;	\$676.97 \$784.50	\$676.9 \$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	removal of prosthesis of shoulder	\$856.79	\$856.79
23335	removal of prosthesis of shoulder	\$1,021.85	\$1,021.8
23395	muscle transfer, any type, shoulder or upper arm; single	\$943.85	\$943.8
23397 23400	muscle transfers fixation of scapula	\$845.87 \$716.18	\$845.8 \$716.18
23405	tenotomy, shoulder area; single tendon	\$459.57	\$459.5
23406	tenotomy, shoulder area; multiple tendons through same incision	\$575.25	\$575.2
23410	repair of ruptured musculotendinous cuff (eg, rotator cuff); acute	\$609.81	\$609.8
23412	repair of tendon(s)	\$637.42	\$637.4
23415	release of shoulder ligament	\$507.15 \$714.58	\$507.1
23420 23430	reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes tenodesis of long tendon of biceps	\$714.58 \$540.71	\$714.58 \$540.7
23440	resection or transplantation of long tendon of biceps	\$558.07	\$558.0
23450	capsulorrhaphy, anterior; putti-platt procedure or magnuson type operation	\$701.02	\$701.0
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	\$794.4 \$828.6
23465	capsulormaphy, glenohumeral joint, postenor, with or windou bone block	\$815.88	\$815.88

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23470	arthroplasty, glenohumeral joint; hemiarthroplasty	\$901.91	\$901.9 [.]
23472	arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid	\$1,117.84	\$1,117.8 \$1,289.6
23473	component	\$1,289.65	\$1,289.6
23474	revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid	\$1,393.15	\$1,393.1
23480	component revision of collarbone	¢601.94	\$601.8
23480	revision of collarbone	\$601.84 \$711.77	\$601.84 \$711.7
23490	prophylactic treatment clavicle	\$614.74	\$614.74
23491	prophylactic treatment (nailing, pinning, plating or wiring) with or without	\$749.21	\$749.2
23500 23505	treatment clavicle fracture treatment clavicle fracture	\$144.59 \$228.32	\$145.42 \$240.3
23515	repair clavicle fracture	\$510.28	\$510.28
23520	treat clavicle dislocation	\$151.69	\$150.8
23525 23530	repair clavicle dislocation repair clavicle dislocation	\$220.53 \$391.10	\$235.08 \$391.10
23532	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	\$215.6
23550 23552	repair clavicle dislocation repair clavicle dislocation	\$414.41 \$477.44	\$414.4 ⁻ \$477.44
23570	treat scapula fracture	\$157.56	\$155.60
23575	repair scapula fracture	\$251.73	\$266.28
23585 23600	repair scapula fracture treat humerus fracture	\$694.54 \$201.49	\$694.54 \$217.15
23605	repair humerus fracture	\$298.68	\$322.1
23615	repair humerus fx w/wo tuberosity	\$634.58	\$634.5
23616	open tx proximal humeral fx; w prosthetice replace	\$948.96	\$948.9
23620 23625	closed treatment of greater humeral tuberosity fracture; without manipulation repair humerus fracture	\$169.07 \$245.98	\$178.8 \$261.0
23630	open treatment of greater humeral tuberosity fracture, with or without internal	\$544.77	\$544.7
23650	repair shoulder dislocation	\$187.01	\$203.52
23655	repair shoulder dislocation	\$271.06	\$271.00
23660 23665	repair shoulder dislocation closed treatment of shoulder dislocation, with fracture of greater humeral	\$420.10 \$274.57	\$420.10 \$290.8
23670	open treatment of shoulder dislocation, with fracture of greater humeral	\$612.81	\$612.8
23675	repair dislocation/fracture	\$353.59	\$380.4
23680 23700	repair dislocation/fracture fixation of shoulder	\$663.58 \$141.20	\$663.58 \$141.20
23800	arthrodesis, glenohumeral joint;	\$753.97	\$753.9
23802	arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining	\$916.50	\$916.5
23900	amputation of arm	\$980.95	\$980.9
23920 23921	amputation of arm disarticulation of shoulder secondary closure	\$793.20 \$286.73	\$793.20 \$286.73
23930	incision and drainage deep abscess or hematoma	\$156.79	\$246.8
23931	incision and drainage, upper arm or elbow area; bursa	\$112.43	\$191.5
23935	incision deep w/opening of cortex for osteomyeliti	\$357.76	\$357.7
24000 24006	arthrotomy, elbow, including exploration, drainage, or removal of foreign body arthrotomy elbow w/capsular release	\$340.20 \$516.38	\$340.20 \$516.30
24065	biopsy soft tissues superficial	\$119.92	\$176.1
24066	biopsy, soft tissue of upper arm or elbow area; deep (subfascial or	\$286.89	\$409.9
24071 24073	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	\$240.78 \$413.34	\$240.73 \$413.34
24073	excision, tumor, soft tissue of upper arm or elbow area; subtactar (e.g. intramuscular); 5 cm or greate	\$223.94	\$331.6
24076	excision benign tumor deep subfascial or intramusc	\$342.62	\$342.6
24077	radical resection soft tissue tumor, arm/elbow	\$595.18	\$595.1
24079 24100	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area; 5 cm or arthrotomy elbow with synovial biopsy only	\$768.40 \$290.01	\$768.4 \$290.0
24101	exploration of elbow joint	\$357.47	\$357.4
24102	arthrotomy, elbow; with synovectomy	\$444.88	\$444.88

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24105	removal of elbow bursa	\$238.79	\$238.79
24110	removal of bone lesion	\$420.26	\$420.26
24115	removal of bone lesion/graft	\$532.16	\$532.16
24116 24120	removal of bone lesion/graft removal of bone lesion	\$632.64 \$376.22	\$632.64 \$376.22
24120	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	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$520.90	\$520.90
24145 24147	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$436.18	\$436.18
24147 24149	partial excision (craterization, saucerization, or diaphysectomy) bone (eg, radical resection of capsule, soft tissue, and heterotopic bone, elbow, with	\$452.50 \$841.27	\$452.50 \$841.27
24149 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	removal of foreign body, upper arm or elbow area; deep (subfascial or	\$261.22	\$384.03
24220	injection procedure for elbow arthrography	\$55.14	\$124.24
24300 24301	manipulation, elbow, under anesthesia	\$276.93	\$276.93 \$548.60
24301	muscle or tendon transfer any type single tendon lengthening, upper arm or elbow, each tendon	\$548.60 \$417.88	\$348.60
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	tenolysis, triceps	\$435.95	\$435.95
24340	tenodesis of biceps tendon at elbow (separate procedure)	\$443.63	\$443.63
24341 24342	repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or	\$521.79	\$521.79
24342	reinsertion of ruptured biceps or triceps tendon, distal, with or without repair lateral collateral ligament, elbow, with local tissue	\$573.39 \$507.17	\$573.39 \$507.17
24344	reconstruction lateral collateral ligament, elbow, with todal issue	\$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 ti	\$374.70	\$374.70
24359	tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow; debridement, soft ti	\$473.20	\$473.20
24360	arthroplasty, elbow; with membrane (eg, fascial)	\$659.62	\$659.62
24361 24362	arthroplasty, elbow w/ humeral prosthetic replace. repair of elbow joint	\$740.19 \$783.31	\$740.19 \$783.31
24362	arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic	\$783.31 \$1,100.90	\$783.3
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 component	\$1,406.19	\$1,406.19
24400	revision of humerus	\$601.49	\$601.49
24410	revision of humerus	\$770.22	\$770.22
24420	repair of humerus	\$722.20	\$722.20
24430	repair of humerus	\$768.32	\$768.32
24435	repair/graft of humerus	\$778.50 \$458.76	\$778.50
24470 24495	hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus) decompression of forearm	\$458.76 \$475.64	\$458.76 \$475.64
24495	prophylactic treatment (nailing, pinning, plating or wiring), with or without	\$639.67	\$639.67
24500	treatment humerus fracture	\$215.13	\$236.38

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		A2 (2 3)	
24505 24515	treatment humerus fracture repair humerus fracture	\$316.84 \$640.69	\$344.83 \$640.69
24516	open tx humeral shaft fx w/intramedullary implant	\$634.22	\$634.2
24530	treatment humerus fx w/wo intercondylar extension	\$231.65	\$254.5
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 24560	open tx humeral supraltranscondylar fx; w/wo fix. treat humerus fracture	\$775.55 \$189.24	\$775.55 \$212.18
24565	repair humerus fracture	\$330.25	\$355.43
24566	percutaneous skeletal fixation of humeral epicondylar fracture,	\$504.39	\$504.39
24575	repair humerus fracture	\$535.30	\$535.30
24576	treat humerus fracture	\$201.25	\$223.07
24577 24579	repair humerus fracture repair humerus fracture	\$342.62 \$609.16	\$369.76 \$609.16
24582	percutaneous skeletal fixation of humeral condylar fracture,	\$562.77	\$562.77
24586	repair elbow fracture	\$806.94	\$806.94
24587	repair elbow fracture	\$803.55	\$803.55
24600	treat elbow dislocation	\$229.95	\$251.22
24605 24615	treat elbow dislocation repair elbow dislocation	\$325.80 \$521.61	\$325.80 \$521.6
24615	treat elbow fracture	\$394.64	\$394.64
24635	repair elbow fracture	\$545.26	\$545.20
24640	treat elbow dislocation	\$61.30	\$82.56
24650	treat radius fracture	\$156.10	\$172.05
24655	treat radius fracture	\$275.08	\$298.87
24665 24666	repair radius fracture repair radius fracture	\$468.12 \$532.67	\$468.12 \$532.67
24666	treat ulna fracture	\$174.63	\$193.65
24675	treat ulna fracture	\$292.16	\$315.9
24685	repair ulna fracture	\$470.21	\$470.2 ²
24800	arthrodesis, elbow joint; local	\$579.69	\$579.69
24802	arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	\$734.67	\$734.67 \$523.50
24900 24920	amputation of arm amputation of arm	\$523.50 \$520.24	\$520.24
24925	amputation arm, w secondary closure	\$402.41	\$402.4
24930	amputation follow-up surgery	\$551.99	\$551.99
24931	amputation follow-up surgery	\$619.72	\$619.72
24935	revision of amputation	\$752.23	\$752.23
24940 25000	amputation of arm incision, extensor tendon sheath, wrist (eg, dequervain s disease)	\$863.98 \$247.19	\$863.98 \$247.19
25000	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	\$410.16
25023	decomp fasciotomy flex/exten comp w debr nonviable	\$794.19	\$794.19
25024	decompression fasciotomy, forearm and/or wrist, flexor and extensor	\$557.37	\$557.37
25025	decompression fasciotomy, forearm and/or wrist, flexor and extensor	\$862.36	\$862.30
25028 25031	incision and drainage deep abscess or hematoma incision and drainage, forearm and/or wrist; bursa	\$365.22 \$269.16	\$365.22 \$269.10
25035	incision, deep, bone cortex, forearm and/or wrist, bursa	\$466.40	\$466.40
25040	arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or	\$414.02	\$414.02
25065	biopsy soft tissues superficial	\$118.22	\$174.73
25066	biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	\$269.62	\$269.62
25071	excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or	\$252.35 \$214.36	\$252.3
25073 25075	Excision, tumor, soft tissue of forearm and /or wrist area, subfascial (eg, intramuscular); 3 cm or great excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous	\$314.36 \$236.21	\$314.3 \$236.2
25076	removal of forearm lesion	\$318.93	\$318.9
25077	radical resection soft tissue tumor, forearm/wrist	\$543.74	\$543.74
25078	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; 3 cm or	\$670.91	\$670.9 ⁻
25085	capsulotomy, wrist (eg, contracture) arthrotomy, wrist joint; with biopsy	\$332.71 \$246.57	\$332.7 ⁻ \$246.5

	Nurse Practitioner Fee Schedule		
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25101	arthrotomy with joint exploration	\$290.90	\$290.90
25105	arthrotomy, wrist joint; with synovectomy	\$353.89	\$353.8
25107	arthrotomy, distal radioulnar joint including repair of triangular cartilage,	\$440.24	\$440.24
25109 25110	excision of tendon, forearm and/or wrist, flexor or extensor, each excision lesion of tendon sheath	\$376.85 \$258.11	\$376.8 \$258.1
25110	exicision of ganglion wrist dorsal or volar primary	\$223.87	\$223.8
25112	excision ganglion wrist recurrent	\$274.47	\$274.4
25115	removal wrist/forearm lesion	\$580.49	\$580.49
25116	removal wrist/forearm lesion	\$468.29	\$468.29
25118 25119	explore wrist tendon sheath synovectomy wrist w resection ulna	\$274.85 \$364.60	\$274.85 \$364.60
25119	removal of forearm lesion	\$364.60	\$364.60
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 25145	removal of wrist lesion sequestrectomy for osteomyelitis or bone abscess	\$356.83 \$410.22	\$356.83 \$410.22
25145	partial exc bone for osteomyelitis ulna	\$418.83	\$418.83
25151	partial removal radius/ulna	\$462.52	\$462.52
25170	removal radius/ulna lesion	\$645.39	\$645.39
25210	removal of wrist bone	\$354.20	\$354.20
25215	removal of wrist bones	\$457.01	\$457.0
25230 25240	partial removal of radius excision distal ulna partial or complete (eg, darrach type or matched resection)	\$313.60 \$317.76	\$313.60 \$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	\$516.44
25259	manipulation, wrist, under anesthesia	\$277.74	\$277.74
25260 25263	repair tendon or muscle flexor primary single each repair additional tendon	\$490.29 \$489.56	\$490.29 \$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 \$449.03
25280 25290	lengthening or shortening of flexor or extensor te tenotomy open single flexor or extensor tendon eac	\$449.03 \$378.93	\$378.93
25295	tenolysis sing flexor or extensor tendon each tend	\$417.72	\$417.72
25300	fusion of wrist tendons	\$494.72	\$494.72
25301	fusion of wrist tendons	\$471.14	\$471.14
25310	transplant wrist tendon	\$486.31	\$486.3
25312	transplant wrist tendon flexor origin slide (eg, for cerebral palsy, volkmann contracture), forearm	\$564.07	\$564.0
25315 25316	revise palsy hand	\$605.10 \$700.91	\$605.10 \$700.9 ²
25320	capsulorrhaphy or reconstruction, wrist, any method (eg, capsulodesis, ligament	\$696.25	\$696.2
25332	arthroplasty, wrist, with or without interposition, with or without external or	\$616.36	\$616.3
25335	realignment of hand	\$699.87	\$699.8
25337	reconstruction for stabilization of unstable distal ulna	\$640.96	\$640.9
25350 25355	revision of radius	\$535.96 \$603.34	\$535.9 \$603.3
25355	revision of radius revision of ulna	\$603.34 \$519.95	\$603.3
25365	revision radius & ulna	\$709.91	\$709.9
25370	revision radius or ulna	\$773.79	\$773.7
25375	revision radius & ulna	\$746.76	\$746.76
25390	revise radius or ulna	\$607.05	\$607.0
25391	revise radius or ulna	\$772.92	\$772.92
25392	revise radius & ulna	\$784.64	\$784.6

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25394	osteoplasty, carpal bone, shortening	\$566.18	\$566.1
25400 25405	repair radius or ulna repair of nonunion or malunion, radius or ulna; with autograft (includes	\$636.99 \$811.09	\$636.99 \$811.09
25415	repair radius & ulna	\$761.55	\$761.5
25420	repair of nonunion or malunion, radius and ulna; with autograft (includes	\$907.69	\$907.6
25425	repair/graft radius or ulna	\$782.87	\$782.8
25426	repair/graft radius & ulna	\$823.62	\$823.6
25430 25431	insertion of vascular pedicle into carpal bone (eg, harii procedure) repair of nonunion of carpal bone (excluding carpal scaphoid (navicular))	\$515.78 \$571.84	\$515.78 \$571.84
25440	repair of nonunion, scaphoid carpal (navicular) bone, with or without radial	\$568.01	\$568.0
25441	arthroplasty prosthetic repl distal radius	\$689.10	\$689.1
25442	arthroplasty with prosthetic replacement distal ul	\$586.63	\$586.63
25443	arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	\$562.65	\$562.6
25444 25445	arthroplasty with prosthetic replacement lunate arthroplasty with prothetic replacement trapezium	\$600.46 \$525.49	\$600.4 \$525.4
25446	arthroplasty with protifete replacement trapezium	\$867.56	\$867.5
25447	arthroplasty, interposition, intercarpal or carpometacarpal joints	\$592.84	\$592.84
25449	arthroplasty with removal of implant	\$759.59	\$759.59
25450	revision of wrist joint	\$439.94	\$439.9
25455 25490	revision of wrist joint prophylactic treatment radius	\$502.00 \$552.23	\$502.00 \$552.23
25490	prophylactic treatment values	\$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 closed treatment of radial shaft fracture and closed treatment of dislocation	\$483.99 \$366.35	\$483.99 \$383.4
25525	open tx radial shaft fx & closed tx radioulnar int	\$585.00	\$585.0
25526	open treatment of radial shaft fracture, with internal and/or external fixation	\$718.38	\$718.3
25530	treat fracture of ulna	\$154.07	\$170.8
25535	repair fracture of ulna	\$315.94	\$336.0
25545 25560	repair fracture of ulna treat fracture radius & ulna	\$452.36 \$160.93	\$452.30 \$179.12
25565	repair fracture radius/ulna	\$334.04	\$363.14
25574	open tx radial/ulnar shaft fxs	\$476.14	\$476.14
25575	repair fracture radius/ulna	\$648.73	\$648.73
25600	treat fracture radius/ulna	\$176.98	\$195.1
25605 25606	repair fracture radius/ulna percutaneous skeletal fixaton of distal radial fracture or epiphyseal separation	\$405.50 \$475.60	\$427.3 \$475.6
25607	open treatment of distal radial extra-articular fracture or epiphyseal separation with internal fixation	\$515.05	\$515.0
25608	open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation o	\$588.10	\$588.1
25609	open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation o	\$751.32	\$751.3
25622	rx closed carpal scaphoid fx without manipulation	\$180.68	\$199.9
25624 25628	rx closed carpal scaphoid fx with manipulation open rx closef or open carpal scaphoid fracture	\$291.11 \$517.55	\$317.4 \$517.5
25630	treat wrist fracture(s)	\$186.23	\$205.2
25635	repair wrist fracture(s)	\$269.67	\$300.4
25645	open treatment of carpal bone fracture (other than carpal scaphoid	\$408.04	\$408.04
25650	treatment of closed ulnar styloid fracture	\$197.83	\$214.0
25651 25652	percutaneous skeletal fixation of ulnar styloid fracture open treatment of ulnar styloid fracture	\$336.83 \$444.58	\$336.8 \$444.5
25660	repair wrist dislocation	\$281.44	\$281.4
25670	open rx of closed or open radiocarpal or intercarp	\$440.46	\$440.4
25671	percutaneous skeletal fixation of distal radioulnar dislocation	\$370.90	\$370.9
25675	repair wrist dislocation	\$274.45	\$296.54
25676 25680	repair wrist dislocation repair wrist fracture	\$456.03 \$326.13	\$456.03 \$326.13
25685	repair wrist fracture	\$531.40	\$531.40
25690	repair wrist dislocation	\$328.60	\$328.60
25695	repair wrist dislocation	\$457.85	\$457.8

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25800	arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/ or	\$541.70	\$541.70
25805	fusion/graft of wrist	\$624.71	\$624.7
25810	fusion/graft of wrist	\$630.69	\$630.6
25820	arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	\$441.62	\$441.6
25825 25830	intercarpal fusion, w/ autogenous bone graft arthrodesis, distal radioulnar joint with segmental resection of ulna, with or	\$544.68 \$678.39	\$544.6 \$678.3
25900	amputation forearm through radius and ulna	\$542.68	\$542.6
25905	amputation of forearm	\$536.81	\$536.8
25907	amputation forearm, w secondary closure	\$468.06	\$468.00
25909	amputation follow-up surgery	\$527.71	\$527.7
25915 25920	amputation of forearm disarticulation through wrist	\$926.12 \$496.52	\$926.12 \$496.52
25922	amputation secondary closure or scar revision	\$419.61	\$419.6
25924	reamputation	\$484.83	\$484.8
25927	transmetacarpal amputation	\$561.44	\$561.4
25929	transmetacarp amput sec closure or scar revision	\$406.67	\$406.6
25931 26010	transmetacarpal reamputation drainage of finger abscess	\$511.15 \$93.99	\$511.1 \$173.73
26010	drainage of finger abscess complicated	\$93.99	\$264.8
26020	drainage of tendon sheath, digit and/or palm, each	\$302.80	\$302.8
26025	drainage of palmar bursa; single, bursa	\$296.14	\$296.1
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 26037	decompression finger/hand decompressive fasciotomy hand	\$593.40 \$409.87	\$593.40 \$409.83
26040	fasciotomy, palmar (eg, dupuytren s contracture); percutaneous	\$216.74	\$216.7
26045	release palm contracture	\$331.60	\$331.6
26055	tendon sheath incision (eg, for trigger finger)	\$207.24	\$386.5
26060	tenotomy, percutaneous, single, each digit	\$185.46	\$185.4
26070 26075	arthrotomy, with exploration, drainage, or removal of loose or foreign body; arthrotomy, with exploration, drainage, or removal of loose or foreign body;	\$212.10 \$224.47	\$212.10 \$224.4
26080	exploration of finger joint	\$270.42	\$224.4
26100	arthrotomy with biopsy; carpometacarpal joint, each	\$227.19	\$227.1
26105	arthrotomy with biopsy; metacarpophalangeal joint, each	\$232.43	\$232.4
26110	arthrotomy with synovial biopsy; interphalangeal joint, each	\$223.04	\$223.04
26111	excision, tumor or vascular malformation, soft tissue of hand or finger, subcuta	\$244.88	\$244.8
26113 26115	Excision, tumor, soft tissue, or vacular malformation, of hand or finger, subfascial (eg, intramuscular); excision, tumor or vascular malformation, soft tissue of hand or finger;	\$322.29 \$252.69	\$322.29 \$425.58
26116	excision, tumor or vascular malformation, soft tissue of hand or finger; deep	\$340.77	\$340.7
26117	radical resection soft tissue tumor, hand/finger	\$467.27	\$467.2
26118	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; 3 cm or greater	\$631.45	\$631.4
26121	fasciectomy, palm only, with or without z-plasty, other local tissue	\$428.85	\$428.8
26123 26130	fasciectomy, partial palmar with release of single digit including proximal exploration hand joint	\$587.27 \$324.19	\$587.2 \$324.1
26135	exploration finger joint	\$395.37	\$395.3
26140	exploration finger joint	\$359.09	\$359.0
26145	synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm	\$365.15	\$365.1
26160	excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or	\$226.22	\$387.9
26170 26180	removal of palm tendon excision of tendon, finger, flexor (separate procedure), each tendon	\$286.58 \$313.31	\$286.5 \$313.3
26185	sesamoidectomy, thumb or finger (separate procedure)	\$374.53	\$374.5
26200	removal of joint lesion	\$322.12	\$322.1
26205	removal/graft joint lesion	\$433.53	\$433.5
26210	removal of finger lesion	\$311.76	\$311.7
26215 26230	removal/graft finger lesion partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$397.32 \$360.88	\$397.3 \$360.8
26235	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$354.38	\$354.3
26236	partial removal finger bone	\$313.62	\$313.62
26250	radical resection, metacarpal; (eg, tumor)	\$419.09	\$419.0
26260	radical resection, proximal or middle phalanx of finger (eg, tumor);	\$392.42	\$392.4

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26262 26320	radical resection, distal phalanx of finger (eg, tumor) removal of implant from hand	\$327.24 \$243.67	\$327.2 \$243.6
26340	manipulation, finger joint, under anesthesia, each joint	\$243.07	\$243.0
26350	repair or advancement, flexor tendon, not in zone 2 digital flexor tendon	\$502.43	\$502.4
26352	repair/graft tendon	\$573.03	\$573.0
26356	repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath	\$748.86	\$748.8
26357	flexor tendon repair, secondary, each tendon	\$616.11	\$616.1
26358 26370	repair/graft tendon repair or advancement of profundus tendon, with intact superficialis tendon;	\$651.66 \$545.23	\$651.60 \$545.23
26370	repair or advancement of profundus tendon, with intact superficialis tendon;	\$633.38	\$633.38
26373	repair or advancement of profundus tendon, with intact superficialis tendon;	\$601.63	\$601.6
26390	excision flexor tendon, with implantation of synthetic rod for delayed tendon	\$592.93	\$592.9
26392	removal of synthetic rod and insertion of flexor tendon graft, hand or finger	\$692.34	\$692.3
26410	repair, extensor tendon, hand, primary or secondary; without free graft, each	\$399.21	\$399.2
26412 26415	repair/graft tendon excision of extensor tendon, with implantation of synthetic rod for delayed	\$486.26 \$514.84	\$486.20 \$514.84
26416	removal of synthetic rod and insertion of extensor tendon graft (includes	\$552.15	\$552.1
26418	repair, extensor tendon, finger, primary or secondary; without free graft, each	\$400.07	\$400.0
26420	repair/graft tendon	\$505.73	\$505.73
26426	repair of extensor tendon, central slip, secondary (eg, boutonniere deformity);	\$408.57	\$408.5
26428	repair of extensor tendon, central slip, secondary (eg, boutonniere deformity);	\$531.74	\$531.74
26432 26433	closed treatment of distal extensor tendon insertion, with or without repair of extensor tendon, distal insertion, primary or secondary; without	\$349.10 \$375.08	\$349.10 \$375.00
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	\$439.9
26442	release tendon palm & finger	\$670.11	\$670.1
26445 26449	tenolysis, extensor tendon, hand or finger; each tendon	\$407.57 \$539.46	\$407.5 \$539.46
26450	tenolysis, complex, extensor tendon, finger, including forearm, each tendon tenotomy, flexor, palm, open, each tendon	\$283.54	\$283.54
26455	tenotomy, flexor, finger, open, each tendon	\$281.60	\$281.6
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	tenodesis; of distal joint, each joint	\$415.08	\$415.0
26476 26477	lengthenig of tendon, extensor, hand or finger, each tendon	\$404.15 \$407.55	\$404.1 \$407.5
26478	shortening of tendon, extensor, hand or finger, each tendon lengthening of tendon, flexor, hand or finger, each tendon	\$407.33	\$407.5
26479	shortening of tendon, flexor, hand or finger, each tendon	\$438.13	\$438.1
26480	transfer or transplant of tendon, carpometacarpal area or dorsum of hand;	\$532.31	\$532.3
26483	tendon transplant	\$602.64	\$602.6
26485	transfer or transplant of tendon, palmar; without free tendon graft, each tendon	\$576.82	\$576.8
26489 26490	tendon transplant & graft opponensplasty; superficialis tendon transfer type, each tendon	\$626.47 \$559.43	\$626.4 \$559.4
26492	opponensplasty; tendon transfer with graft (includes obtaining graft), each	\$624.03	\$624.0
26494	tendon/muscle transfer	\$566.23	\$566.2
26496	repair thumb tendon	\$615.11	\$615.1
26497	transfer of tendon to restore intrinsic function; ring and small finger	\$615.42	\$615.4
26498 26499	sublimis transfer to correct claw finger 2/3/4/5 correct claw finger first stg	\$824.93 \$587.74	\$824.9
26499 26500	reconstruction of tendon pulley, each tendon; with local tissues (separate	\$587.74 \$442.44	\$587.7 \$442.4
26502	tendon reconstruction/graft	\$500.44	\$500.4
26508	release of thenar muscle(s) (eg, thumb contracture)	\$444.93	\$444.9
26510	cross intrinsic transfer, each tendon	\$421.22	\$421.2
26516	capsulodesis, metacarpophalangeal joint; single digit	\$499.06	\$499.0
26517	fusion of knuckle joints	\$588.70 \$504.41	\$588.7
26518 26520	fusion of knuckle joints capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	\$594.41 \$460.00	\$594.4 \$460.0
26525	capsulectomy or capsulotomy; interphalangeal joint, each joint	\$461.94	\$461.9
26530	arthroplasty, metacarpophalangeal joint; each joint	\$383.30	\$383.3
26531	arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	\$446.49	\$446.4

	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	\$474.7
26540 26541	repair of collateral ligament, metacarpophalangeal or interphalangeal joint reconstruction, collateral ligament, metacarpophalangeal joint, single, with	\$467.89 \$573.56	\$467.8 \$573.5
26542	prim repair collateral ligament w/ local tissue	\$484.09	\$484.0
26545	reconstruct finger joint	\$492.84	\$492.8
26546	repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or	\$693.55	\$693.5
26548	repair/reconstruct finger volar plate	\$543.55	\$543.5
26550	construct thumb replacement	\$1,082.18	\$1,082.18
26551 26553	transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around toe-to-hand transfer with microvascular anastomosis; other than great toe,	\$2,361.46 \$2,074.81	\$2,361.40 \$2,074.8
26553	toe-to-hand transfer with microvascular anastomosis; other than great toe, toe-to-hand transfer with microvascular anastomosis; other than great toe,	\$2,074.81	\$2,074.8
26555	transfer, finger to another position without microvascular anastomosis	\$988.67	\$988.6
26556	transfer, free toe joint, with microvascular anastomosis	\$2,143.41	\$2,143.4
26560	repair of web finger	\$402.66	\$402.6
26561	repair of web finger	\$650.56	\$650.5
26562	repair of web finger	\$947.97	\$947.9
26565 26567	osteotomy; metacarpal, each osteotomy; phalanx of finger, each	\$479.69 \$484.55	\$479.6 \$484.5
26568	osteoplasty, lengthening, metacarpal or phalanx	\$638.22	\$638.2
26580	repair hand deformity	\$1,011.34	\$1,011.3
26587	reconstruction of polydactylous digit, soft tissue and bone	\$694.44	\$694.4
26590	repair macrodactylia, each digit	\$922.54	\$922.54
26591 26593	repair, intrinsic muscles of hand, each muscle	\$306.25	\$306.25
26593	release, intrinsic muscles of hand, each muscle excision of constricting ring w/ z-plasties	\$419.94 \$525.99	\$419.94 \$525.99
26600	treat metacarpal fracture	\$172.51	\$186.22
26605	repair metacarpal fracture	\$197.03	\$215.2
26607	closed treatment of metacarpal fracture, with manipulation, with external	\$311.49	\$311.49
26608	percutaneous fix. metacarpal fx, each bone	\$336.37	\$336.3
26615 26641	repair metacarpal fracture treatment carpometacarp disloc thumb w/manipulatio	\$391.38 \$228.08	\$391.3 \$248.4
26645	repair thumb dislocation	\$262.74	\$283.7
26650	repair thumb dislocation	\$336.13	\$336.1
26665	repair thumb dislocation	\$434.68	\$434.6
26670	closed treatment of carpometacarpal dislocation, other than thumb, with	\$203.68	\$224.6
26675	repair hand dislocation	\$280.86	\$302.6
26676 26685	percutaneous skeletal fixation of carpometacarpal dislocation, other than open treatment of carpometacarpal dislocation, other than thumb; with or	\$352.44 \$401.39	\$352.4 \$401.3
26686	open treat clo/open carpometaca dislo cmpl/mul/del	\$445.75	\$401.3
26700	repair finger dislocation	\$200.67	\$214.6
26705	repair finger dislocation	\$255.92	\$277.4
26706	treatment of closed metacarpophalangeal dislocatio	\$306.23	\$306.2
26715	repair finger dislocation	\$391.97	\$391.9
26720 26725	treat finger fractures rx closed phalangeal shaft fx prox or mid phalanx	\$118.41 \$208.93	\$129.0 \$231.5
26725	repair finger fractures	\$208.93	\$231.5 \$330.5
26735	repair finger fractures	\$408.45	\$408.4
26740	closed treatment of articular fracture, involving metacarpophalangeal or	\$141.38	\$150.3
26742	treat clsd art fx w/manipulation	\$232.02	\$254.1
26746	open treatment of articular fracture, involving metacarpophalangeal or	\$501.36	\$501.3
26750 26755	treat finger fracture repair finger fracture	\$117.84 \$186.40	\$120.9 \$212.7
26756	treatment of closed distal phalangeal fx w/ pinnin	\$180.40	\$290.9
26765	open rx closed or open distal phalangeal fx wip philin	\$331.64	\$331.6
26770	repair finger dislocation	\$167.13	\$181.9
26775	repair finger dislocation	\$233.23	\$258.4
26776	treatment of closed interphalangeal joint dislocat	\$309.77	\$309.7
26785	open rx closed or open interphalangeal joint dislo	\$362.25	\$362.2

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26841	thumb fusion	\$517.65	\$517.65
26842	thumb fusion with graft	\$563.53	\$563.53
26843 26844	arthrodesis, carpometacarpal joint, digit, other than thumb, each;	\$521.47 \$582.46	\$521.47
26850	fusion/graft of hand joint fusion of knuckle	\$582.46	\$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 26951	amputation metacarpal bone amputation of finger	\$507.68 \$437.00	\$507.68 \$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 27000	incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone tenotomy, adductor of hip, percutaneous (separate procedure)	\$703.08 \$322.85	\$703.08 \$322.85
27000	tenotomy, adductor of hip, open	\$391.99	\$391.99
27003	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 27030	incision of hip fascia arthrotomy, hip, with drainage (eg, infection)	\$652.53 \$696.42	\$652.53 \$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, subcataledus, s chi of great	\$443.22	\$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 27050	radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant	\$734.41	\$734.41
27050	arthrotomy, with biopsy; sacroiliac joint biopsy of hip joint	\$252.02 \$402.01	\$252.02 \$402.01
27052	arthrotomy with synovectomy, hip joint	\$494.18	\$494.18
27059	Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area; 5 cm or great	\$1,087.64	\$1,087.64
27060	removal of ischial bursa	\$311.01	\$311.01
27062	removal of femur lesion	\$324.14 \$361.86	\$324.14
27065 27066	removal of hip bone lesion excision of bone cyst or tumor deep with or withou	\$589.75	\$361.86 \$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 27076	radical resection of tumor or infection; wing of ilium, one pubic or ischial partial removal of hip bone	\$1,718.86 \$1,183.36	\$1,718.86 \$1,183.36
27076	removal of hip bone	\$1,183.36	\$1,183.30
27078	partial removal of hip bones	\$746.04	\$746.04
27080	coccygectomy primary	\$357.77	\$357.77
27086 27087	removal foreign body subcutaneous tissue removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	\$107.00 \$460.55	\$171.34 \$460.55
27087	removal of hip prosthesis	\$460.55	\$460.55
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 27098	release or recession, hamstring, proximal transfer, adductor to ischium	\$486.19 \$454.81	\$486.19 \$454.81
27098	transfer of abdominal muscle	\$599.35	\$599.35
27105	transfer of spinal muscle	\$627.79	\$627.79
27110	transfer iliopsoas; to greater trochanter of femur	\$702.09	\$702.09
27111	transfer iliopsoas to femoral neck reconstruction of hip	\$626.85 \$953.60	\$626.85 \$953.60

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07400			0 045 75
27122 27125	acetabuloplasty; resection, femoral head (eg, girdlestone procedure) hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar	\$815.75 \$830.95	\$815.75 \$830.95
27130	arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip	\$1,072.82	\$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 27140	revision of total hip, femoral component only osteotomy and transfer of greater trochanter of femur (separate procedure)	\$1,154.52 \$661.34	\$1,154.52 \$661.34
27146	incision of hip bone	\$934.77	\$934.77
27147	osteotomy with open reduction of hip	\$1,089.58	\$1,089.58
27151	incision of hip bones	\$1,137.67	\$1,137.67
27156	revision of hip bones	\$1,272.43	\$1,272.43
27158 27161	osteotomy, pelvis, bilateral (eg, congenital malformation) incision of neck of femur	\$1,022.42 \$903.35	\$1,022.42
27161	osteotomy including internal or external fixation	\$903.35	\$903.35 \$1,009.60
27170	repair/graft femur	\$874.77	\$874.77
27175	treatment of slipped femoral epiphysis;	\$485.21	\$485.21
27176	treatment slipped epiphysis	\$670.71	\$670.71
27177	repair slipped epiphysis	\$819.09	\$819.09
27178 27179	open rx slipped fem epiphysis closed manip w/singl revision of neck of femur	\$663.84 \$715.36	\$663.84 \$715.36
27181	fixation slipped epiphysis	\$715.36	\$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	closed tx pelvic ring fx; w/ manipulation	\$523.10	\$523.10
27200 27202	repair tail bone fracture repair tail bone fracture	\$123.19 \$461.45	\$120.68 \$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 27236	fixation of femur fracture open treatment of femoral fracture, proximal end, neck, internal fixation or	\$670.51 \$878.66	\$670.51 \$878.66
27238	treatment of femur fracture	\$323.89	\$323.89
27240	rx closed intertrochanteric or pertro femoral fx w	\$701.78	\$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 27250	repair of femur fracture repair of hip dislocation	\$553.93 \$175.54	\$553.93 \$175.54
27252	repair of hip dislocation	\$175.54	\$175.54
27253	repair of hip dislocation	\$696.98	\$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 27259	repair of hip dislocation open rx closed/open acetab fx w/femoral shaft shor	\$817.92 \$1,148.63	\$817.92 \$1,148.63
27265	tx atraumatic hip dislocation w/o anesthesia	\$1,140.03	\$281.07
27266	tx atraumatic hip dislocation w/ gen anesthesia	\$420.09	\$420.09
27267	closed treatment of femoral fracture, proximal end, head; without manipulation	\$299.52	\$299.52
27268	closed treatment of femoral fracture, proximal end, head; with manipulation open treatment of femoral fracture, proximal end, head, includes internal fixation, when perfo	\$371.87 rmed \$899.95	\$371.87 \$899.95

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07075			\$ 100.17	\$100 IT
27275 27279		manipulation of hip joint fusion sacroiliac joint through the skin or minimally invasive using image guidance	\$130.17 \$456.48	\$130.17 \$456.48
27280		fusion of sacroiliac joint through the skin of minimally invasive using image guidance	\$456.48	\$756.07
27282		fusion of public 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		incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis	\$463.86	\$463.86
27305 27306		incision of tendon & fascia	\$337.83	\$337.83
27306		tenotomy, percutaneous, adductor or hamstring; single tendon (separate tenotomy, percutaneous, adductor or hamstring; multiple tendons	\$272.78 \$336.45	\$272.78 \$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		neurectomy, popliteal (gastrocnemius)	\$352.00	\$352.00
27327		excision benign tumor subcutaneous	\$251.37	\$317.39
27328		exc bengin tumor deep	\$303.86	\$303.86
27329		radical resection soft tissue tumor thigh/knee	\$762.76	\$762.76
27330 27331		arthrotomy, knee; with synovial biopsy only	\$288.05	\$288.05
27331		arthrotomy, knee; including joint exploration, biopsy, or removal of loose or arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or	\$340.47 \$462.89	\$340.47 \$462.89
27332		arthrotomy, with excision of semilaria cardiage (meniscectiony) knee, medial of	\$418.96	\$418.96
27334		arthrotomy, with synovectomy knee; anterior or posterior	\$493.23	\$493.23
27335		arthrotomy knee anterior and posterior including p	\$558.55	\$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
27355		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		removal foreign body deep	\$290.69	\$416.30
27380		repair kneecap tendon	\$426.49	\$426.49
27381		repair/graft kneecap tendon	\$583.47	\$583.47
27385		repair of thigh muscle	\$457.15	\$457.15
27386		repair/graft of thigh muscle tenotomy, open, hamstring, knee to hip; single tendon	\$605.00 \$216.17	\$605.00 \$316.17
27390 27391		tenotomy, open, hamstring, knee to hip; single tendon tenotomy, open, hamstring, knee to hip; multiple tendons, one leg	\$316.17 \$412.96	\$316.17 \$412.96
27391		tenotomy, open, hamstring, knee to hip; multiple tendons, one leg	\$510.20	\$510.20
27393		lengthening of hamstring tendon; single tendon	\$365.95	\$365.95
27394		lengthening of hamstring tendon; multiple tendons, one leg	\$473.95	\$473.95
27395		lengthening of hamstring tendon; multiple tendons, bilateral	\$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 \$562.46	\$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	\$707.86 \$1,027.64	\$1,027.64
27415		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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27420	reconstruction of dislocating patella; (eg, hauser type procedure)	\$545.85	\$545.85
27422	reconstruction of dislocating patella; with extensor realignment and/or muscle	\$543.58	\$543.5
27424	revision/removal of kneecap	\$545.04	\$545.04
27425 27427	lateral retinacular release reconstruction knee extra-articular	\$315.99 \$523.19	\$315.9 \$523.1
27428	reconstruction knee intra-articular	\$807.06	\$807.00
27429	reconstruction knee intra and extra articular	\$904.05	\$904.0
27430 27435	quadricepsplasty (eg, bennett or thompson type) capsulotomy, posterior capsular release, knee	\$540.19 \$579.13	\$540.19 \$579.13
27435	arthrplasty patella w/o prosthesis	\$479.97	\$479.9
27438	arthroplasty patella w/prosthesis	\$616.52	\$616.52
27440 27441	repair of knee joint repair of knee joint	\$563.63 \$582.22	\$563.63 \$582.22
27441	arthroplasty, femoral condyles or tibial plateau(s), knee;	\$638.76	\$638.70
27443	repair of knee joint	\$597.69	\$597.69
27445	arthroplasty, knee, hinge prosthesis (eg, walldius type)	\$934.10	\$934.10
27446 27447	total knee replacement arthroplasty, knee, condyle and plateau; medial and lateral compartments with	\$827.92 \$1,148.49	\$827.92 \$1.148.49
27448	osteotomy femur shaft or supracondylar w/o fixatio	\$602.24	\$602.24
27450	osteotomy femur shaft or supracondylar with fixati	\$751.12	\$751.12
27454	osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg,	\$949.60	\$949.60
27455 27457	osteotomy proximal tibia unilateral before epiphys osteotomy proximal tibia after epiphyseal closure	\$693.68 \$715.33	\$693.68 \$715.33
27465	revision of femur	\$902.92	\$902.92
27466	revision of femur	\$874.37	\$874.3
27468	osteoplasty, femur;	\$991.62	\$991.62
27470 27472	repair of femur repair/graft of femur	\$871.59 \$942.98	\$871.59 \$942.98
27475	arrest, epiphyseal, any method (eg, epiphydiodesis); distal femur	\$477.47	\$477.4
27477	repair lower leg epiphyses	\$535.91	\$535.9
27479 27485	repair of leg epiphyses arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu	\$691.00 \$488.74	\$691.00 \$488.74
27485	revision of total knee arthroplasty, one component	\$1,047.31	\$1,047.3
27487	revision of total knee arthroplasty, with or without allograft; femoral and	\$1,322.92	\$1,322.92
27488	removal of prosthesis, including total knee prosthesis, methylmethacrylate with	\$885.04	\$885.04
27495 27496	prophylactic treatment femur decompression fasciotomy, thigh/knee, 1 compart.	\$838.27 \$363.92	\$838.2 \$363.92
27497	decompression fasciotomy, thigh/knee w/ debridement	\$396.49	\$396.49
27498	decompression fasciotomy, thigh/knee, multiple	\$432.57	\$432.5
27499	decompression fasciotomy; thigh/knee w/ debridement	\$479.57	\$479.5
27500 27501	treatment of femur fracture closed treatment of supracondylar or transcondylar femoral	\$341.37 \$355.01	\$365.44 \$359.77
27502	treatment of closed femoral shaft fracture with ma	\$577.37	\$577.3
27503	closed tx supra/transcondylar fem fx; w/manipula.	\$586.95	\$586.9
27506 27507	repair of femur fx w/insertion intramedullary implant open tx fem shaft fx with plate screws	\$983.87 \$729.12	\$983.8 \$729.1
27508	treatment of femur fracture	\$348.52	\$368.1
27509	percutaneous skeletal fixation of femoral fracture, distal end, medial or	\$464.64	\$464.64
27510	repair of femur fracture	\$509.54	\$509.54
27511 27513	open tx femoral fx wo intercondylar extension open tx femoral fx w/intercondylar extension	\$755.21 \$950.76	\$755.2 ⁻ \$950.76
27514	repair of femur fracture	\$762.22	\$762.22
27516	treatment of femur epiphysis	\$325.28	\$343.74
27517	repair of femur epiphysis	\$488.02	\$488.0
27519 27520	repair of femur epiphysis treatment kneecap fracture	\$689.25 \$195.82	\$689.2 \$215.4
27524	repair of kneecap fracture	\$551.43	\$551.4
27530	treatment of knee fracture	\$253.38	\$271.3
27532 27535	repair of knee fracture open tx tibial fx, proximal; unicondylar	\$415.05 \$673.76	\$437.1 \$673.7

	Nurse Practitioner Fee Schedule Provider Specialty 061		
	Effective Date: 1/1/2015		
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	uld always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for leletion to this schedule.	additions,	
changes and d			
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27536 27538	tx tibial fx bicondylar treatment of knee fracture	\$876.54	\$876.54 \$325.23
27540	repair knee fracture	\$305.98 \$609.53	\$609.5
27550	repair knee dislocation	\$322.96	\$345.3
27552	repair knee dislocation	\$448.85	\$448.8
27556	open rx closed or open knee disloc w/o primary lig	\$677.67	\$677.6
27557	osteotomy proximal tibia bilateral with primary li	\$811.87	\$811.8
27558	open tx knee dislocation; with lig repair	\$912.23	\$912.23
27560 27562	repair kneecap dislocation repair kneecap dislocation	\$229.37 \$330.94	\$251.74 \$330.94
27566	repair kneecap dislocation	\$657.74	\$657.74
27570	fixation of knee joint	\$105.98	\$105.98
27580	arthrodesis, knee, any technique	\$1,067.60	\$1,067.60
27590	amputation of leg	\$614.12	\$614.12
27591	amputation thigh thru fem immed fit tech includ fi	\$678.19	\$678.19
27592 27594	amputation of leg amputation follow-up surgery	\$519.92 \$374.32	\$519.92 \$374.32
27596	amputation follow-up surgery	\$544.13	\$544.13
27598	amputation of lower leg	\$552.51	\$552.5
27600	decompression of leg	\$310.85	\$310.8
27601	fasciotomy leg for closedspace decompression, ant.	\$321.72	\$321.72
27602	decompression of leg	\$382.13	\$382.13
27603 27604	incision and drainage deep abscess or hematoma incision and drainage infected bursa	\$280.94 \$247.54	\$368.51 \$323.36
27605	tenotomy, percutaneous, achilles tendon (separate procedure); local anesthesia	\$148.70	\$256.13
27606	tenotomy achilles tendon subcutaneous general anes	\$218.47	\$218.47
27607	incision (eg, osteomyelitis or bone abscess), leg or ankle	\$449.80	\$449.80
27610	arthrotomy, ankle, including exploration, drainage, or removal of foreign body	\$480.07	\$480.07
27612	arthrotomy, posterior capsular release, ankle, with or without achilles tendon	\$419.20	\$419.20
27613 27614	biopsy soft tissues superficial biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	\$120.98	\$174.98 \$396.35
27614	radical resection soft tissue tumor leg/ankle	\$300.67 \$648.19	\$648.19
27616	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; 5 cm or greater	\$763.95	\$763.95
27618	excision, tumor, leg or ankle area; subcutaneous tissue	\$278.37	\$346.3
27619	excision benign tumor deep subfascial or intramusc	\$432.88	\$553.18
27620	biopsy of ankle joint	\$336.96	\$336.90
27625	arthrotomy, ankle, with synovectomy;	\$437.43	\$437.43
27626 27630	exploration of ankle joint removal of tendon lesion	\$472.30 \$271.10	\$472.30 \$377.4
27632	excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	\$245.98	\$245.98
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	\$401.59	\$401.5
27635	removal of bone lesion	\$433.88	\$433.88
27637	removal/graft of bone lesion	\$550.63	\$550.63
27638 27640	removal/graft of bone lesion partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$574.61 \$636.63	\$574.6 ⁻ \$636.63
27640	partial removal of fibula	\$510.27	\$510.2
27645	radical resection of tumor, bone; tibia	\$772.61	\$772.6
27646	removal of fibula	\$683.54	\$683.54
27647	radical resection of tumor, bone; talus or calcaneus	\$607.31	\$607.3
27648	injection procedure for ankle arthography	\$40.36	\$114.2
27650 27652	repair achilles tendon repair/graft achilles tendon	\$495.73 \$547.53	\$495.73 \$547.53
27652	repair, secondary, achilles tendon, with or without graft	\$534.33	\$534.3
27656	repair fascial defect of leg	\$256.19	\$379.0
27658	repair, flexor tendon, leg; primary, without graft, each tendon	\$280.85	\$280.8
27659	repair, flexor tendon, leg; secondary, with or without graft, each tendon	\$369.95	\$369.9
27664	repair, extensor tendon, leg; primary, without graft, each tendon	\$267.37	\$267.37
27665	repair, extensor tendon, leg; secondary, with or without graft, each tendon	\$306.69	\$306.69
27675 27676	repair, dislocating peroneal tendons; without fibular osteotomy repair disloc peroneal tendons with fibular osteo	\$377.34 \$457.61	\$377.34 \$457.6

		Nurse Practitioner Fee Schedule		
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27680		olysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	\$318.56	\$318.56
27681		olysis, flexor or extensor tendon, leg and/or ankle; multiple tendons	\$379.66	\$379.66
27685 27686		gthening or shortening of tendon, leg or ankle; single tendon (separate gthening or shortening of tendon, leg or ankle; multiple tendons (through	\$351.87 \$414.59	\$449.78 \$414.59
27687		strocnemius recession	\$341.20	\$341.20
27690	Ŭ	rision of leg tendon	\$470.50	\$470.50
27691		nsfer or transplant of single tendon (with muscle redirection or rerouting);	\$551.62	\$551.62
27695		pair, primary, disrupted ligament, ankle; collateral	\$362.94	\$362.94
27696		pair of ankle ligaments	\$434.83	\$434.83
27698 27700		bair, secondary disrupted ligament, ankle, collateral (eg, watson-jones	\$488.38 \$463.13	\$488.38 \$463.13
27700		hroplasty ankle with implant	\$463.13 \$737.99	\$463.13
27703		hroplasty, ankle; revision, total ankle	\$854.67	\$854.67
27704	ren	noval ankle implant	\$416.95	\$416.95
27705	-	ision of tibia	\$565.71	\$565.71
27707	-	ision of fibula	\$285.34	\$285.34
27709 27712	-	ision of tibia & fibula eotomy; multiple, with realignment on intramedullary rod (eg, sofield type	\$829.12 \$807.40	\$829.12 \$807.40
27712		eoplasty, tibia and fibula, lengthening or shortening	\$788.61	\$788.61
27720		pair of lower leg	\$647.25	\$647.25
27722	rep	pair/graft of lower leg	\$645.97	\$645.97
27724		air/graft of lower leg	\$953.92	\$953.92
27725 27726		pair malunion tibia by synostosis with fibula	\$885.58	\$885.58 \$677.06
27726		air of fibula nonunion and/or malunion with internal fixation bair congenital pseudarthrosis tibia	\$677.06 \$720.76	\$677.06 \$720.76
27730	arr	est, epiphyseal (epiphysiodesis), any method; distal tibia	\$429.74	\$429.74
27732		air of fibula epiphysis	\$292.15	\$292.15
27734		pair lower leg epiphyses	\$439.85	\$439.85
27740		est, epiphyseal (epiphysiodesis), any method, combined, proximal and distal	\$487.89	\$487.89
27742 27745		pair of leg epiphyses	\$514.88 \$554.97	\$514.88 \$554.97
27750		atment of tibia fracture	\$214.61	\$233.08
27752		pair of tibia fracture	\$353.91	\$377.98
27756	rep	pair of tibia fracture	\$411.70	\$411.70
27758		en rx closed or open tibial shaft fx complicated	\$652.50	\$652.50
27759		atment of tibial shaft fracture (with or without fibular fracture) by	\$740.20	\$740.20
27760 27762		atment of ankle fracture bair of ankle fracture	\$204.50 \$313.47	\$224.35 \$337.80
27766		pair of ankle fracture	\$442.97	\$442.97
27767		sed treatment of posterior malleolus fracture; without manipulation	\$179.00	\$178.16
27768		sed treatment of posterior malleolus fracture; with manipulation	\$289.75	\$289.75
27769		en treatment of posterior malleoulus fracture, includes internal fixation, when performed	\$507.61	\$507.61
27780 27781		atment of fibula fracture bair of fibula fracture	\$182.45 \$273.39	\$200.63 \$292.14
27784		air of fibula fracture	\$503.96	\$292.14
27786		atment of ankle fracture	\$192.22	\$212.65
27788		pair of ankle fracture	\$272.87	\$294.69
27792		pair of ankle fracture	\$509.41	\$509.41
27808		atment of ankle fracture	\$200.34	\$222.17
27810 27814		pair of ankle fracture	\$305.60 \$568.56	\$330.50 \$568.56
27814		atment of ankle fracture	\$190.64	\$210.79
27818		pair of ankle fracture	\$312.87	\$341.13
27822	ope	en rx closed or open trimalleolar ankle fx med a	\$621.63	\$621.63
27823		en rx closed or open trimalleolar ankle fx w/int	\$709.23	\$709.23
27824		se tx fx wt bearing portion distal tibia	\$204.73	\$212.28
27825 27826		sed tx fx wt bearing portion tibia; with skel trac en tx fx distal tibia with fixation of fibula only	\$359.61 \$596.81	\$389.26 \$596.81
27826		en tx fx tibia with fixation fibula or tibia only	\$796.27	\$796.27
27828		en 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	repair lower leg dislocation	\$514.41	\$514.41
27840 27842	repair ankle dislocation	\$250.44 \$350.52	\$250.44 \$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 27871	fusion of ankle arthrodesis tibiofibular joint proximal or distal	\$776.54 \$508.70	\$776.54 \$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 28001	decompression fasciotomy, leg; ant &/or lat & post incision and drainage, bursa, foot	\$624.09 \$136.50	\$624.09 \$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
28008	incision of foot ligaments	\$230.68	\$303.41
28010 28011	tenotomy, percutaneous, toe; single tendon tenotomy, percutaneous, toe; multiple tendons	\$159.22 \$224.76	\$169.57 \$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 28039	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 excision, tumor, foot; subcutaneous tissue	\$204.82 \$195.71	\$284.77 \$241.59
28045	excision benign tumor deep subfascial intramuscula	\$249.22	\$338.19
28046	radical resection soft tissue tumor foot	\$511.33	\$619.88
28047	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; 3 cm or greater	\$570.61	\$570.6
28050	arthrotomy with biopsy; intertarsal or tarsometatarsal joint	\$234.99	\$317.53
28052 28054	biopsy of a foot joint biopsy to toe joint	\$213.90 \$194.66	\$292.79 \$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 28072	exploration of a foot joint exploration of a foot joint	\$268.51 \$259.10	\$354.1 ² \$348.07
28072	excision, interdigital (morton) neuroma, single, each	\$261.55	\$341.56
28086	synovectomy tendon sheath flexor	\$270.60	\$373.27
28088	synovectomy tendon sheath extensor	\$225.04	\$316.25
28090	excision of lesion, tendon, tendon sheath, or capsule (including synovectomy)	\$236.28	\$320.49
28092 28100	excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) removal of heel lesion	\$206.89 \$306.78	\$288.58 \$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 \$293.27	\$358.4 ² \$393.98
28107 28108	removal/graft foot lesion removal of toe lesions	\$293.27 \$221.70	\$393.98
28110	partial removal metatarsal	\$221.15	\$312.91
28111	partial removal metatarsal	\$259.05	\$356.95
28112	partial removal metatarsals	\$241.89	\$337.28

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Ŭ			
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28113	partial removal metatarsal	\$315.80	\$404.22
28114	ostectomy, complete excision; all metatarsal heads, with partial proximal	\$611.40	\$737.02
28116	revision of foot	\$435.33	\$528.20
28118	partial removal of heel	\$314.28	\$407.44
28119 28120	removal of heel spur	\$278.13 \$298.92	\$363.18 \$402.10
28120	partial excision (craterization, saucerization, sequestrectomy, or partial excision (craterization, saucerization, sequestrectomy, or	\$298.92	\$402.16
28122	partial excision (craterization, saucerization, sequestrectomy, or	\$256.18	\$332.20
28126	resection, partial or complete, phalangeal base, each toe	\$192.39	\$267.65
28130	removal of bone of ankle	\$477.49	\$477.49
28140	removal of metatarsal	\$350.00	\$442.04
28150	phalangectomy, toe, each toe	\$219.86	\$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 28190	radical resection of tumor, bone; phalanx of toe remove foreign body subcutaneous	\$301.60 \$102.15	\$386.37 \$169.85
28190	removal foreign body deep	\$102.15	\$328.39
28193	removal foreign body complicated	\$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	tenolysis, flexor, foot; multiple tendons	\$282.35	\$362.08
28225	tenolysis, extensor, foot; single tendon	\$195.98	\$270.9
28226 28230	tenolysis, extensor, foot; multiple tendons tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate	\$244.48 \$225.04	\$325.88 \$300.0 ²
28232	tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	\$190.79	\$265.2 ²
28234	tenotomy, open, extensor, foot or toe, each tendon	\$199.46	\$274.7
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	release of midfoot joint	\$396.88	\$482.77
28261	capulotomy with tendon legthening	\$605.48	\$702.56
28262	capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and	\$846.59	\$980.3
28264 28270	capsulotomy, midtarsal (eg, heyman type procedure)	\$531.80 \$255.58	\$626.37 \$333.9
28270 28272	capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint capsulotomy; interphalangeal joint, each joint (separate procedure)	\$255.58 \$199.37	\$333.9
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	\$316.2
28288	ostectomy, partial, exostectomy or condylectomy, metatarsal head, each	\$319.11	\$405.0
28289	hallux rigidus correction with cheilectomy, debridement and capsular release of	\$416.20	\$513.8
28290	correction, hallux valgus (bunion), with or without sesamoidectomy; simple	\$303.99	\$399.3
28292	removal of big toe joint	\$447.92	\$546.1
28293	removal of big toe joint	\$543.14	\$727.5
28294 28296	correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon	\$414.80 \$411.72	\$528.3 \$517.7
28296 28297	incision of metatarsal hallux valgus correction.lapidus type procedure	\$411.73 \$462.71	\$517.7
28298	incision of toe	\$394.16	\$504.9
28299	correction, hallux valgus (bunion), with or without sesamoidectomy; by double	\$534.41	\$651.0
28300	osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without	\$498.67	\$498.6
28302	incision of ankle bone	\$494.15	\$494.1
28304	osteotomy, tarsal bones, other than calcaneus or talus;	\$455.00	\$561.8
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	\$418.6
28307	osteotomy, with or without lengthening, shortening or angular correction,	\$345.92	\$492.24

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28309	osteotomy, with or without lengthening, shortening or angular correction,	\$674.97	\$674.9
28310	osteotomy, shortening, angular or rotational correction; proximal phalanx,	\$275.12	\$373.8
28312	incision of big toes	\$244.64	\$341.4
28313	reconstruction, angular deformity of toe, soft tissue procedures only (eg,	\$279.78	\$359.2
28315 28320	sesamoidectomy first toe repair, nonunion or malunion; tarsal bones	\$250.38 \$471.95	\$330.3 \$471.9
28320	repair, nonunion of maturion, tarsal bones	\$435.37	<u>5471.9</u> \$544.7
28340	reconst toe, macrodactyly; soft tissue resection	\$340.37	\$434.6
28341	reconst, toe, macrodactyly; w/ bone resection	\$403.40	\$501.88
28344	reconstruction, toe(s); polydactyly	\$237.49	\$331.2 ⁻
28345	reconstruct toes syndactyly w/wo graft	\$311.18	\$401.5
28360	reconstruction cleft foot	\$727.34	\$727.3
28400	treatment of heel fracture	\$155.54 \$261.45	\$168.6
28405 28406	repair of heel fracture treat closed calcan fixation w/manipulation skelet	\$261.45 \$381.96	\$277.9 \$381.9
28415	repair of heel fracture	\$844.14	\$844.1
28420	repair/graft heel fracture	\$889.86	\$889.80
28430	treatment of ankle fracture	\$141.45	\$157.9
28435	repair of ankle fracture	\$208.61	\$224.2
28436	treatment of closed talusfx w/ manip and pinning	\$305.29	\$305.2
28445	repair of ankle fracture	\$797.16	\$797.1
28450	treatment midfoot fracture	\$131.48	\$146.03
28455	repair midfoot fracture	\$190.99	\$203.80
28456	treatment of closed tarsal bone fx w/ manip,pinnin	\$195.13	\$195.1
28465 28470	repair midfoot fracture(s) treat metatarsal fractures	\$452.78 \$132.24	\$452.78 \$145.99
28475	repair metatarsal fractures	\$172.96	\$186.3
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	\$93.6
28495	repair big toe fracture	\$105.98	\$118.8
28496	treatment of closed toe fx w/ manip and pinning	\$162.27	\$285.0
28505	repair of big toe fracture	\$359.60	\$462.5
28510 28515	treatment of toe fracture repair of toe fracture	\$80.20 \$99.45	\$81.60 \$107.50
28525	repair of toe fracture	\$99.43	\$387.9
28530	treatment of closed sesamoid fracture	\$73.12	\$78.7
28531	open tx sesamoid fx	\$141.18	\$252.8
28540	repair foot dislocation	\$131.44	\$140.1
28545	repair foot dislocation	\$159.38	\$172.2
28546	treatment tarsal disloc with percutaneous skeletal	\$214.92	\$321.5
28555	repair of foot dislocation	\$482.92	\$605.1
28570 28575	repair foot dislocation repair foot dislocation	\$109.26 \$217.31	\$120.7 \$231.5
28575	percutaneous skeletal fix talotarsel int disloc.	\$256.15	\$231.5
28585	repair of foot dislocation	\$543.63	\$647.4
28600	repair foot dislocation	\$131.55	\$145.5
28605	repair foot dislocation	\$177.08	\$188.8
28606	treat clsd tars/metatars desloc w/percut skel fix	\$283.53	\$283.5
28615	repair foot dislocation	\$569.00	\$569.0
28630	repair of toe dislocation	\$81.87	\$104.5
28635	repair of toe dislocation	\$101.96 \$151.05	\$124.6
28636 28645	percu. skeletal fix met at arsophalangeal jnt disloc repair of toe dislocation	\$151.05 \$351.40	\$204.4 \$438.6
28660	repair of toe dislocation	\$351.40	\$438.6 \$76.1
28665	repair of toe dislocation	\$101.43	\$111.4
28666	percu. skeletal fix metatarsophalangeal joint dislocation	\$144.65	\$144.6
28675	open treatment of closed or open interphalangeal j	\$292.11	\$396.7
28705	arthrodesis; pantalar	\$985.02	\$985.0
28715	arthrodesis; triple	\$728.07	\$728.0

	Nurse Practitioner Fee Schedule Provider Specialty 061		
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28725	arthrodesis; subtalar	\$599.59	\$599.59
28730 28735	fusion of foot bones	\$626.44 \$599.91	\$626.44 \$599.9
28735	arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal	\$532.26	\$532.20
28740	fusion of foot bones	\$469.53	\$598.7
28750	fusion of big toe joint	\$446.31	\$581.99
28755	fusion of big toe joint	\$253.85	\$349.80
28760	arthrodesis, with extensor hallucis longus transfer to first metatarsal neck,	\$441.30	\$552.65
28800	amputation, foot; midtarsal (eg, chopart type procedure)	\$429.70	\$429.70
28805	amputation thru metatarsal	\$567.81	\$567.8
28810 28820	amputation toe & metatarsal	\$330.62	\$330.62
28820	amputation of toe	\$260.31 \$297.02	\$369.70 \$401.66
28825	partial amputation of toe application of forearm cast	\$297.02	\$60.47
29085	application band/wrist cast	\$48.02	\$64.52
29105	application long arm splint	\$43.44	\$59.95
29125	application forearm splint	\$30.94	\$46.33
29130	application finger splint static	\$21.59	\$28.59
29200	strapping of chest	\$29.94	\$37.77
29240	strapping of shoulder	\$33.25	\$42.21
29260	strapping of elbow or wrist	\$27.38	\$36.34
29280 29358	strapping any age hand or finger application long leg clast brace	\$25.79 \$76.02	\$35.03 \$105.68
29338	application short leg cast	\$47.43	\$61.98
29425	application short leg cast	\$52.45	\$67.27
29440	adding walker to previously applied cast	\$26.04	\$36.96
29505	application long leg splint	\$34.99	\$52.62
29515	application lower leg splint	\$36.68	\$49.55
29530	strapping of knee	\$27.99	\$36.94
29540	strapping; ankle and/or foot	\$24.97	\$30.56
29550 29580	strapping toes strapping unna boot	\$23.48	\$29.63
29580	application of multi-layer compression system; thigh and leg, including ankle	\$27.49 \$8.85	\$37.28 \$39.38
29583	application of multi-layer compression system; upper arm and forearm	\$6.47	\$24.41
29584	application of multi-layer compression system; upper arm, forearm, hand, and	\$8.85	\$39.38
29700	removal/revision of cast	\$26.34	\$44.78
29705	removal of full arm or leg cast	\$36.11	\$47.58
29720	repair of cast	\$33.21	\$55.32
29730	revision of cast	\$34.77	\$46.24
29740	revision of cast	\$50.76	\$66.43
29800	arthroscopy, tm joint with or w/o synovial biopsy	\$376.12	\$376.12
29804 29805	arthroscopy, tm joint, surgical arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate	\$467.81 \$340.21	\$467.8 ⁻ \$340.2 ⁻
29805	arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate arthroscopy, shoulder, surgical; capsulorrhaphy	\$340.21	\$340.2
29807	arthroscopy, shoulder, surgical, capsulornaphy arthroscopy, shoulder, surgical; repair of slap lesion	\$761.86	\$761.8
29819	arthroscopy shoulder surgical removal of fb	\$427.12	\$427.12
29820	arthroscopy synovectomy partial	\$394.28	\$394.2
29821	arthroscopy synovectomy complete	\$430.61	\$430.6
29822	arthroscopy debridement limited	\$418.09	\$418.0
29823	arthroscopy debridement extensive	\$457.53	\$457.5
29824	arthroscopy, shoulder, surgical; distal claviculectomy including distal	\$487.58	\$487.5
29825	arthroscopy with lysis of adhesions	\$426.57	\$426.5
29826 29827	arthroscopy shoulder w/ decompr subacromial space arthroscopy, shoulder, surgical; with rotator cuff repair	\$490.03 \$802.40	\$490.0 \$802.4
29827	arthroscopy, shoulder, surgical; with rotator cull repair arthroscopy, shoulder, surgical; biceps tenodesis	\$671.46	\$671.4
29830	arthroscopy elbow diagnostic	\$328.41	\$328.4
29834	arthroscopy elbow surgical with removal of fb	\$357.91	\$357.9
29835	arthroscopy elbow synovectomy partial	\$367.44	\$367.44
29836	arthroscopy elbow synovectomy complete	\$422.53	\$422.5
29837	arthroscopy elbow debridement limited	\$385.41	\$385.4

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
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			onouno
29838	arthroscopy elbow debridement extensive	\$430.85	\$430.8
29840	arthroscopy, wrist, diagnostic, with or without synovial biopsy	\$321.69	\$321.6
29843 29844	surgical arthroscopy for infection	\$345.83 \$359.59	\$345.8 \$359.5
29845	surgical arthroscopy for partial synovectomy surgical arthroscopy for complete synovectomy	\$359.59	\$359.5
29846	surgical arthroscopy for excision fibrocartilage	\$378.37	\$378.3
29847	surgical arthroscopy for fixation of fracture	\$393.01	\$393.0
29848	endoscopy, wrist, surgical, with release of transverse carpal ligament	\$357.41	\$357.4
29850	arthroscopically aided tx of fx knee	\$417.96	\$417.9
29851 29855	arthroscopically aided tx fx of knee	\$688.24 \$575.30	\$688.24 \$575.3
29855	arthroscopically aided tx of tibial fx arthroscopically aided tx of tibial fx	\$575.39 \$737.71	\$575.3
29860	arthroscopy, hip, diagnostic with or without synovial biopsy (separate	\$473.90	\$473.90
29861	arthroscopy, hip, surgical; with removal of loose body or foreign body	\$526.14	\$526.14
29862	arthroscopy, hip, surgical; with debridement/shaving of articular cartilage	\$587.21	\$587.2
29863	arthroscopy, hip, surgical; with synovectomy	\$581.14	\$581.14
29866 29867	arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	\$766.51 \$930.38	\$766.5 ⁻ \$930.38
29870	arthroscopy, knee, surgical, osteochonoral anografi (eg, mosaicplasty)	\$295.06	\$295.00
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	\$389.8
29875	arthroscopy knee synovectomy limited	\$359.29	\$359.2
29876 29877	arthroscopy knee synovectomy major arthroscopy knee debridement/shaving	\$472.96 \$447.29	\$472.90 \$447.29
29879	arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty	\$478.94	\$478.9
29880	arthroscopy w/meniscectomy, knee	\$500.25	\$500.2
29881	arthroscopy knee with meniscectomy	\$465.87	\$465.8 ⁻
29882	arthroscopy knee with meniscus repair	\$505.09	\$505.0
29883	arthroscopy w/meniscus repair, knee	\$616.99	\$616.9
29884 29885	arthroscopy knee with lysis of adhesions surgical arthroscopy w/bone grafting, knee	\$445.92 \$541.51	\$445.92 \$541.5
29886	arthroscopy knee drilling	\$456.21	\$456.2 [°]
29887	arthroscopy knee drilling with internal fixation	\$538.40	\$538.40
29888	ligament repair by arthroscopy, anterior	\$732.27	\$732.2
29889	ligament repair by arthroscopy, posterior	\$894.19	\$894.1
29891	arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or	\$507.79	\$507.7
29892 29893	arthroscopically aided repair of large osteochondritis dissecans lesion, talar endoscopic plantar fasciotomy	\$519.87 \$319.34	\$519.8 \$419.2
29893	arthroscopy ankle surgical	\$381.50	\$381.5
29895	arthroscopy ankle synovectomy partial	\$369.05	\$369.0
29897	arthroscopy ankle debridement limited	\$386.29	\$386.2
29898	arthroscopy ankle debridement extensive	\$432.42	\$432.4
29899	endoscopic plantar fasciotomy with ankle arthrodesis	\$778.15	\$778.1
29900 29901	arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy arthroscopy, metacarpophalangeal joint, surgical; with debridement	\$330.67 \$362.84	\$330.6 \$362.8
29902	arthroscopy, metacarpophalangeal joint, surgical, with debidement	\$388.22	\$388.2
29904	arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	\$451.14	\$451.1
29905	arthroscopy, subtalar joint, surgical; with synovectomy	\$485.23	\$485.2
29906	arthroscopy, subtalar joint, surgical; with debridement	\$511.13	\$511.1
29907	arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	\$627.37	\$627.3
29914 29915	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion) Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	\$817.21 \$832.75	\$817.2 \$832.7
29915	Arthroscopy, hip, surgical; with labral repair	\$832.75	\$832.7
30000	drainage of nose lesion	\$84.77	\$159.1
30020	drainage of nose lesion	\$85.32	\$154.1
30110	removal of nose polyp(s)	\$94.56	\$156.3
30115	removal of nose polyp(s)	\$306.23	\$306.2
30117 30118	excision or destruction (eg, laser), intranasal lesion; internal approach removal of nose lesion	\$236.89 \$557.28	\$567.8 \$557.2

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00400		* 000.00	\$ 000.00
30120 30124	revision of nose removal of nose lesion	\$323.60 \$194.60	\$368.30 \$194.60
30124	removal of nose lesion	\$194.00	\$443.04
30130	excision turbinate, partial or complete, any method	\$266.30	\$266.3
30140	submucous resection turbinate, partial or complete, any method	\$303.31	\$303.3
30150	partial removal of nose	\$569.39	\$569.3
30160	removal of nose	\$573.07	\$573.07
30210	displace therapy	\$71.08	\$102.14
30220	insertion, nasal septal prosthesis (button)	\$90.61	\$199.7
30300	remove foreign body,nose	\$85.90	\$154.72
30310 30320	remove foreign body,nose	\$145.48	\$145.4
30320	remove foreign body,nose reconstruction of nose	\$321.36 \$740.54	\$321.3 \$740.5
30400	reconstruction of nose	\$880.57	\$880.5
30420	reconstruction of nose	\$992.26	\$992.20
30430	revision of nose	\$644.65	\$644.65
30435	rhinoplasty secondary intermediate revision	\$855.38	\$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	\$1,115.4
30465	repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall	\$708.51	\$708.5
30520	repair of nasal septum	\$431.97	\$431.9
30540 30545	repair nasal lesion repair nasal lesion	\$482.65 \$698.96	\$482.65 \$698.96
30560	release of nasal adhesions	\$97.98	\$183.3
30580	repair upper jaw fistula	\$364.20	\$449.2
30600	repair mouth/nose fistula	\$323.17	\$412.98
30620	reconstruction inner nose	\$438.67	\$438.6
30630	repair nasal septal perforations	\$447.90	\$447.9
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	\$200.7
30901	control nasal hemorrage, anterior, simple	\$47.66	\$74.7
30903 30905	control nasal hemorrhage, anterior, complex control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery,	\$61.93	\$135.5
30905	control hemorrhage posterior subsequent w posterior	\$79.63 \$103.67	\$168.8 \$194.5
30915	ligation nasal sinus artery	\$417.52	\$417.52
30920	ligation upper jaw artery	\$602.12	\$602.12
30930	fracture nasal turbinate(s), therapeutic	\$86.89	\$86.89
31000	lavage by cannulation; maxillary sinus	\$75.17	\$123.50
31002	irrigation of sinus	\$142.94	\$142.94
31020	exploration of sinus	\$248.18	\$334.3
31030	sinusotomy, maxillary; radical w/o removal polyps	\$375.26	\$490.8
31032	sinusotomy, maxillary, radical w removal of polyps	\$410.14	\$410.1
31040 31050	exploration behind upper jaw	\$542.43 \$353.24	\$542.4 \$353.2
31050	exploration of sinus sinusotomy w/mucosal stripping or polyp removal	\$353.24 \$462.04	\$353.2 \$462.0
31070	exploration of sinus	\$309.43	\$402.0
31075	exploration of sinus	\$565.57	\$565.5
31080	sinusotomy frontalobliterative wo osteoplas flap b	\$731.56	\$731.5
31081	sinusotomy frontal obliterative w/o osteoplast fla	\$891.52	\$891.5
31084	removal of sinus	\$854.42	\$854.4
31085	removal of sinus	\$903.56	\$903.5
31086	nonobliterative w osteoplastic flap brow incision	\$809.11	\$809.1
31087	nonobliterative w osteoplastic flap coronal incis	\$802.73	\$802.7
31090	sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary,	\$716.65	\$716.6
31200	removal of sinus	\$379.81	\$379.8
31201 31205	removal of sinus removal of sinus	\$526.53 \$618.50	\$526.53 \$618.50
31205	removal of upper jaw	\$1,341.27	\$018.5 \$1,341.2
31230	removal of upper jaw	\$1,505.60	\$1,505.6

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31239	nasal/sinus endoscopy, surgical;	\$486.87	\$486.8
31290	nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak;	\$869.48	\$869.4
31291	nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak;	\$916.36	\$916.3
31292	nasal/sinus endoscopy, surgical;	\$751.98	\$751.9
31293	nasal/sinus endoscopy, surgical;	\$819.55	\$819.5
31294 31300	nasal/sinus endoscopy, surgical; removal of larynx lesion	\$941.58 \$914.14	\$941.5 \$914.1
31320	incision of larynx	\$460.23	\$460.23
31360	removal of larynx	\$1,469.11	\$1,469.1
31365	removal of larynx	\$1,842.11	\$1,842.1
31367	partial removal of larynx	\$1,584.21	\$1,584.2
31368	partial removal of larynx	\$1,770.30	\$1,770.30
31370 31375	partial removal of larynx partial removal of larynx	\$1,487.69 \$1,407.00	\$1,487.69 \$1,407.00
31375 31380	partial removal of larynx partial removal of larynx	\$1,407.00 \$1,386.42	\$1,407.00 \$1,386.42
31382	partial laryngectomy antero-latero-vertical	\$1,519.67	\$1,519.6
31390	removal of larynx & pharynx	\$2,051.05	\$2,051.0
31395	reconstruct larynx & pharynx	\$2,173.46	\$2,173.40
31400	revision of larynx	\$724.56	\$724.5
31420	removal of epiglottis	\$611.47	\$611.4
31500 31505	insertion of windpipe airway visualization of larynx	\$86.60 \$36.19	\$86.6 \$59.1
31511	laryngoscopy indirect with removal foreign body	\$98.91	\$152.6
31515	visualization of larynx	\$83.98	\$149.72
31580	revision of larynx	\$871.39	\$871.3
31582	revision of larynx	\$1,385.39	\$1,385.3
31584	repair of larynx	\$1,113.13	\$1,113.13
31587 31588	laryngoplasty, cricoid split	\$731.03	\$731.0
31590	laryngoplasty nos laryngeal reinnervation by neuromuscular pedicle	\$824.22 \$636.57	\$824.2 \$636.5
31595	section recurrent laryngeal nerve, therapeutic (separate procedure).	\$554.92	\$554.9
31600	incision of windpipe	\$305.48	\$305.4
31601	tracheostomy under two years	\$201.27	\$201.2 ⁻
31605	cricothyroidostomy	\$142.50	\$142.5
31610	incision of windpipe	\$518.24	\$518.2
31611 31612	const trach fistula w/ insert speech prosthesis tracheal puncture, percutaneous with transtracheal aspiration and/or injection	\$386.22 \$37.17	\$386.22 \$59.00
31613	tracheostoma revision;	\$319.01	\$319.0
31614	tracheostoma revision complex with flap rotation	\$530.82	\$530.8
31632	bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	\$41.87	\$57.8
31633	bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	\$52.51	\$69.8
31717	cath with bronchial brush biopsy	\$87.50	\$223.4
31720 31725	catheter aspiration (separate procedure); nasotracheal catheter aspiration tracheobronchial with fibersco	\$41.52 \$74.84	\$41.5 \$74.8
31730	transtracheal intro dilator/stent/tube for oxygen	\$14.04	\$629.0
31750	repair of windpipe	\$970.81	\$970.8
31755	repair of windpipe	\$1,226.12	\$1,226.1
31760	repair of windpipe	\$1,064.10	\$1,064.1
31766	carinal reconstruction	\$1,391.68	\$1,391.6
31770 31775	repair/graft of bronchus repair of bronchus	\$1,030.93 \$1,066.36	\$1,030.9
31775	excision tracheal stenosis and anastomosis cervica	\$1,066.36	\$1,066.3 \$899.1
31781	excision tracheal stenosis and anastamosis cervico	\$1,091.92	\$1,091.9
31785	excis tracheal tumor or car cinoma cervical	\$823.69	\$823.6
31786	excis tracheal tumor or carcinoma thoracic	\$1,146.36	\$1,146.3
31800	suture of tracheal wound or injury; cervical	\$508.83	\$508.8
31805	repair of windpipe injury	\$630.46	\$630.4
31820 31825	closure of windpipe lesion repair of windpipe defect	\$241.21 \$356.11	\$308.6 \$433.0
31830	revision trach scar	\$356.11	\$310.8

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32035	thoracostomy w/rib resection	\$536.34	\$536.3 \$581.9
32036 32096	thoracostomy w/open flap draining for empyema thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge	\$581.90 \$459.73	\$581.9
32090	thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg,	\$459.73	\$459.7
32098	thoracotomy, with biopsy(ies) of pleura	\$432.11	\$432.1
32100	exploration/biopsy of chest	\$739.37	\$739.3
32110	thoracotomy major w cont of tram hem and or repair	\$1,115.86	\$1,115.8
32120	exploration of chest	\$662.31	\$662.3
32124 32140	explore chest,free adhesions thoracotomy major w cyst removal w or wo pleural p	\$704.58 \$753.98	\$704.5 \$753.9
32140	thoracot major w/exc-plica bullae w/wo pleur proce	\$1,142.40	\$1,142.4
32150	removal of lung lesion(s)	\$759.87	\$759.8
32151	thoracot major w/removal intrapulmonary for body	\$776.67	\$776.6
32160	open chest heart massage	\$583.68	\$583.6
32200 32215	drainage of lung lesion pleural scarification for repeat pneumothorax	\$852.29 \$610.90	\$852.2 \$610.9
32220	release of lung	\$1,222.22	\$1,222.22
32225	partial release of lung	\$760.59	\$760.5
32310	pleurectomy, parietal (separate procedure)	\$701.36	\$701.3
32320	decortication/parietal pleurectomy	\$1,225.77	\$1,225.7
32440	removal of lung, total pneumonectomy;	\$1,225.96	\$1,225.9
32442 32445	removal of lung, total pneumonectomy; removal of lung, total pneumonectomy; extrapleural	\$2,287.57 \$2,598.31	\$2,287.5 \$2,598.3
32445	removal of lung, other than total pneumonectomy; single lobe (lobectomy)	\$1,157.18	\$1,157.1
32482	removal of lung, other than total pneumonectomy;	\$1,233.95	\$1,233.9
32484	removal of lung, other than total pneumonectomy;	\$1,116.95	\$1,116.9
32486	removal of lung, other than total pneumonectomy;	\$1,785.78	\$1,785.7
32488	removal of lung, other than total pneumonectomy;	\$1,808.48	\$1,808.4
32491 32503	removal of lung, other than total pneumonectomy; excision-plication of resection of apical lung tumor (eg, pancoast tumor), including chest wall re	\$1,147.96 \$1,412.93	\$1,147.9 \$1,412.9
32504	resection of apical lung tumor (eg, pancoast tumor), including chest wall re	\$1,623.19	\$1,623.1
32505	thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	\$530.84	\$530.8
32540	removal of lung lesion	\$1,285.94	\$1,285.9
32550	insertion of indwelling tunneled pleural catheter with cuff	\$180.05	\$585.7
32551 32552	tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), Removal of indwelling tunneled pleural catheter with cuff	\$139.36 \$97.18	\$139.3
32552	chemical pleurodesis (eg, for recurrent or persistent pneumothorax)	\$88.82	\$109.6 \$220.6
32650	thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	\$518.57	\$518.5
32651	thoracoscopy, surgical;	\$821.59	\$821.5
32652	thoracoscopy, surgical;	\$1,248.63	\$1,248.6
32653	thoracoscopy, surgical;	\$796.25	\$796.2
32654 32655	thoracoscopy, surgical; thoracoscopy, surgical;	\$880.53 \$726.17	\$880.5 \$726.1
32656	thoracoscopy, surgical;	\$621.37	\$621.3
32658	thoracoscopy, surgical;	\$559.79	\$559.7
32659	thoracoscopy, surgical;	\$568.80	\$568.8
32661	thoracoscopy, surgical;	\$625.79	\$625.7
32662	thoracoscopy, surgical;	\$700.61	\$700.6 \$1.081.2
32663 32664	thoracoscopy, surgical; thoracoscopy, surgical;	\$1,081.35 \$665.83	\$1,081.3 \$665.8
32665	thoracoscopy, surgical;	\$936.34	\$936.3
32666	thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule),	\$496.22	\$496.2
32669	thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	\$764.00	\$764.0
32670	thoracoscopy, surgical; with removal of two lobes (bilobectomy)	\$911.89	\$911.8
32671	thoracoscopy, surgical; with removal of lung (pneumonectomy)	\$1,011.69	\$1,011.6
32672 32673	thoracoscopy, surgical; with resection-plication for emphysematous lung thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	\$865.39 \$684.23	\$865.3 \$684.2
32800	repair lung hernia thru chest wall	\$716.12	\$004.2 \$716.1
32810	close chest wall foll open flap drain for empyema	\$692.46	\$692.4
32815	open closure of major bronchial fistula	\$2,058.89	\$2,058.8

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061 Effective Date: 1/1/2015		
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The lee's		uded on this lee	schedule
32820	major reconstruct chest wall post trauma	\$1,031.89	\$1,031.89
32851	lung transplant, single;	\$1,992.00	\$1,992.0
32852	lung transplant, single;	\$2,203.85	\$2,203.8
32853	lung transplant, double (bilateral sequential or en bloc);	\$2,382.67	\$2,382.6
32854	lung transplant, double (bilateral sequential or en bloc);	\$2,593.30	\$2,593.3
32900	resection ribs extrapleural all stages	\$1,054.58	\$1,054.5
32905 32906	thoracoplasty schede type or extrapleural thoracoplasty with closure bronchopleural fistula	\$1,039.99 \$1,292.32	\$1,039.9 \$1,292.3
32900	revision of lung	\$952.90	\$952.9
33015	incision of heart sac	\$415.71	\$415.7
33020	incision of heart sac	\$674.21	\$674.2
33025	incision of heart sac	\$622.39	\$622.3
33030	partial removal of heart sac	\$996.84	\$996.8
33031	pericardiectomy w/o cardiopulmonary bypass	\$1,113.82	\$1,113.8
33050	removal of heart sac lesion	\$769.89	\$769.89
33120 33130	removal of heart lesion removal of heart lesion	\$1,217.57 \$1,072.13	\$1,217.5 \$1,072.13
33140	transmyocardial laser revascularization, by thoracotomy (separate procedure)	\$1,224.55	\$1,072.13
33202	insertion for epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid a	\$607.04	\$607.04
33203	insertion for epicardial electrode(s); endoscopic approach (eg, thorascopy, pericardioscopy)	\$639.85	\$639.8
33206	insertion or replacement of permanent pacemaker with transvenous electrode(s);	\$370.09	\$370.09
33207	insertion permanent pacemaker ventricular	\$396.50	\$396.5
33208	insertion or replacement of permanent pacemaker with transvenous electrode(s);	\$427.49	\$427.4
33212	insertion or replacement of pacemaker pulse generator only; single chamber,	\$276.73	\$276.73
33213	insertion or replacement of pacemaker pulse generator only;	\$315.96	\$315.9
33214 33215	upgrade of implanted pacemaker system, conversion of single insert transvenous electrode; single chamber (1 electrode) permanent pacemaker/	\$391.62 \$250.10	\$391.62 \$250.10
33216	insertion or repositioning of a transvenous electrode (15 days or more after	\$307.67	\$307.6
33217	insertion or repositioning of a transvenous electrode (15 days or more after	\$305.10	\$305.1
33218	repair of single transvenous electrode for a single chamber, permanent	\$318.01	\$318.0
33220	repair of two transvenous electrodes for a dual chamber permanent pacemaker or	\$321.00	\$321.0
33221	insertion of pacemaker pulse generator only; with existing multiple leads	\$199.80	\$199.8
33222	revision or relocation of skin pocket for pacemaker	\$279.59	\$279.59
33223 33224	revision of skin pocket for single or dual chamber pacing insertion of pacing electrode, cardiac venous system, for left ventricular	\$339.20 \$416.09	\$339.20 \$416.09
33224	repositioning of previously implanted cardiac venous system, for her ventricular	\$401.97	\$401.9
33227	removal of permanent pacemaker pulse generator with replacement of pacemaker	\$190.65	\$190.6
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	\$206.9
33230	insertion of pacing cardioverter-defibrillator pulse generator only; with	\$214.96	\$214.9
33231	insertion of pacing cardioverter-defibrillator pulse generator only; with	\$223.12	\$223.1
33233	removal of permanent pacemaker pulse generator	\$195.30 \$207.55	\$195.3
33234 33235	removal of transvenous pacemaker electrode(s); single lead system, atrial or removal of transvenous pacemaker electrode(s); dual lead system	\$397.55 \$513.51	\$397.5 \$513.5
33235	removal of permanent epicardial pacemaker and electrodes by thoracotomy;	\$608.01	\$608.0
33237	removal of permanent epicardial pacemaker and electrodes by thoracotomy;	\$671.28	\$671.2
33238	removal of permanent transvenous electrode(s) by thoracotomy	\$725.14	\$725.1
33240	insertion or replacement of implantable cardioverter-defibrillator	\$380.13	\$380.1
33241	removal of implantable cardioverter-defibrillator pulse generator only	\$184.85	\$184.8
33243	removal of single or dual chamber pacing cardioverter-defibrillator	\$1,068.08	\$1,068.0
33244	removal of single or dual chamber pacing cardioverter-defibrillator	\$698.57 \$730.85	\$698.5 \$730 8
33249 33250	insertion or repositioning of electrode lead(s) for single or dual chamber operative ablation of supraventricular arrhythmogenic focus or pathway (eg,	\$739.85 \$1,145.52	\$739.8 \$1,145.5
33250	ablat supravent arrhyth focus with card-pul bypass	\$1,145.52	\$1,145.5 \$1,269.8
33254	operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	\$1,067.79	\$1,067.7
33255	operative tissue ablation and reconstruction of atria, extensive (eg maze procedure); without cardiopu	\$1,306.33	\$1,306.3
33256	operative tissue ablation and reconstruction of atria, extensive (eg maze procedure); with cardiopulmo	\$1,558.60	\$1,558.6
33261	operative ablation of ventricular arrhythmogenic focus with cardiopulmonary	\$1,263.86	\$1,263.8
33262	removal of pacing cardioverter-defibrillator pulse generator with replacement	\$207.19	\$207.1
33263	removal of pacing cardioverter-defibrillator pulse generator with replacement	\$215.35	\$215.3

	Nurse Practitioner Fee Schedule Provider Specialty 061		
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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	\$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	\$3,034.73
33310	cardiotomy, exploratory (includes removal of foreign body, atrial or	\$912.98	\$912.98
33315	cardiotomy explor with bypass	\$1,161.58	\$1,161.58
33320	suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	\$827.88	\$827.88
33321 33322	suture repair of aorta or great vessels; repair major blood vessels	\$933.65 \$1,084.36	\$933.65 \$1,084.36
333322	insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary	\$1,084.36	\$1,084.30
33335	insertion of heart graft	\$1,478.07	\$1,478.07
33400	repair of aortic valve	\$1,781.54	\$1,781.54
33401	valvuloplasty, aortic valve;	\$1,172.64	\$1,172.64
33403 33404	valvuloplasty, aortic valve; construction of apical/aortic conduit	\$1,180.07	\$1,180.07
33404	replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve	\$1,400.52 \$1,816.56	\$1,400.52 \$1,816.56
33405	replacement, aortic valve, with cardiopulmonary bypass, with prostnetic 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	\$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 revision of aortic valve	\$1,703.12 \$1,579.89	\$1,703.12 \$1,579.89
33416	ventriculomyotomy/myectomy for subaortic stenosis	\$1,585.57	\$1,585.57
33417	revision of aortic valve	\$1,320.05	\$1,320.05
33420	valvotomy, mitral valve; closed heart	\$1,074.25	\$1,074.25
33422	valvotomy, mitral valve; open heart, with cardiopulmonary bypass	\$1,325.82	\$1,325.82
33425 33426	revision of mitral valve valvuloplasty mv w/ card-pul bypass w/ prosth ring	\$2,072.45 \$1,877.36	\$2,072.45 \$1,877.36
33427	valvuloplasty mv w/ cpb radical reconstr w/wo ring	\$1,958.83	\$1,958.83
33430	replacement of mitral valve	\$2,172.90	\$2,172.90
33460	valvectomy, tricuspid valve, with cardiopulmonary bypass	\$1,844.52	\$1,844.52
33463	valvuloplasty, tricuspid valve;	\$2,331.52	\$2,331.52
33464 33465	valvuloplasty, tricuspid valve;	\$1,876.12 \$2,101.29	\$1,876.12 \$2,101.29
33465	replacement, tricuspid valve, with cardiopulmonary bypass revision of tricuspid valve	\$2,101.29	\$2,101.29
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 revision of heart chamber	\$1,819.45	
33476 33478	revision of heart chamber revision of heart chamber	\$1,150.65 \$1,236.15	
33496	repair of non-structural prosthetic valve dysfunction with cardiopulmonary	\$1,322.97	\$1,322.97
33500	repair coronary fistula w/cardio-pulmonary bypass	\$1,241.24	\$1,241.24
33501	repair of coronary fistula; wo cp bypass	\$861.22	\$861.22
33502	repair of anomalous coronary artery from pulmonary artery origin; by ligation	\$994.12	\$994.12
33503 33504	anomalous coronary artery graft without bypass	\$1,063.01 \$1,135.95	\$1,063.01
33504	anomalous coronary artery graft with bypass repair of anomalous coronary artery;	\$1,135.95	\$1,135.95 \$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	\$1,544.55
33511	coronary artery bypass 2 coronary venous grafts	\$1,686.22	\$1,686.22
33512	coronary artery bypass 3 coronary venous grafts	\$1,900.07	\$1,900.07
33513 33514	coronary artery bypass 4 coronary venous grafts coronary artery bypass 5 coronary venous grafts	\$1,941.66 \$2,057.60	\$1,941.66 \$2,057.60
33514	coronary artery bypass 5 coronary venous grafts	\$2,139.09	
33517	coronary artery bypass;single vein graft	\$147.44	\$147.44
33518	coronary artery bypass; 2 venous grafts	\$319.29	

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33519	coronary artery bypass; 3 venous grafts	\$425.89	\$425.89
33521	coronary artery bypass; 4 venous grafts	\$515.31	\$515.3 [,]
33522	coronary artery bypass; 5 venous grafts	\$586.00	\$586.00
33523	coronary artery bypass; 6 or more venous grafts	\$668.73	\$668.73
33533 33534	coronary artery bypass; single arterial graft	\$1,503.79 \$1,749.22	\$1,503.79 \$1,749.22
33534	coronary artery bypass; 2 arterial grafts coronary artery bypass; 3 arterial grafts	\$1,749.22 \$1,942.85	\$1,749.22 \$1,942.85
33536	coronary artery bypass; 3 arterial grafts	\$2,082.43	\$2,082.43
33542	removal of heart lesion	\$2,008.69	\$2,008.69
33545	repair of heart defect	\$2,370.31	\$2,370.31
33600	closure of atrioventricular valve (mitral or tricuspid) by suture or	\$1,346.31	\$1,346.31
33602	closure of semilunar valve (aortic or pulmonary) by suture or patch	\$1,283.10	\$1,283.10
33606	anastomosis of pulmonary artery to aorta (damus-kaye-stansel procedure)	\$1,397.29	\$1,397.29
33608	repair of complex cardiac anomaly other than pulmonary atresia	\$1,434.07	\$1,434.07
33610	repair of complex cardiac anomalies (eg, single ventricle with subaortic	\$1,399.59	\$1,399.59
33611	repair of double outlet right ventricle with intraventricular tunnel repair of double outlet right ventricle with intraventricular tunnel	\$1,539.88	\$1,539.88 \$1,590.19
33612 33615	repair of double outlet right ventricle with intraventricular tunnel	\$1,590.19 \$1,583.73	\$1,590.19
33617	repair of complex cardiac anomalies (eg, single ventricle)	\$1,700.32	\$1,700.32
33619	repair of single ventricle with aortic outflow obstruction	\$2,084.43	\$2,084.43
33641	repair of heart defect	\$1,266.07	\$1,266.07
33645	revision of heart veins	\$1,245.66	\$1,245.66
33647	repair of asd and vsd, direct or patch closure	\$1,324.29	\$1,324.29
33660	repair of incomplete or partial atrioventricular canal (ostium primum atrial	\$1,389.05	\$1,389.05
33665	repair of intermediate or transitional atrioventricular canal, with or without	\$1,503.45	\$1,503.45
33670	repair of heart chambers	\$1,564.22	\$1,564.22
33675	closure of multiple ventricle septal defects; closure of multiple ventricle septal defects; with pulmonary valvotomy or infundibular resection (acya	\$1,560.25	\$1,560.25
33676 33677	closure of multiple ventricle septal defects, with pulmonary valvolomy of infundibular resection (acya closure of multiple ventricle septal defects; with removal of pulmonary artery band, with or without gu	\$1,623.39 \$1,687.34	\$1,623.39 \$1,687.34
33681	repair of heart defect	\$1,441.53	\$1,441.53
33684	repair of heart defect	\$1,473.04	\$1,473.04
33688	repair of heart defect	\$1,480.02	\$1,480.02
33690	banding of pulmonary artery	\$907.76	\$907.76
33692	complete repair tetralogy of fallot without pulmonary atresia;	\$1,391.62	\$1,391.62
33694	repair of heart defects	\$1,567.68	\$1,567.68
33697	complete repair tetralogy of fallot with pulmonary atresia	\$1,687.03	\$1,687.03
33702	repair of heart defects	\$1,206.89	\$1,206.89
33710 33720	repair of heart defects	\$1,457.58 \$1,222.50	\$1,457.58
33720	repair of heart defect closure of aortico-left ventricular tunnel	\$1,222.59 \$1,218.81	\$1,222.59 \$1,218.81
33724	repair of isolated partial anomalous pulmonary venous return (eq. scimitar syndrome)	\$1,240.88	\$1,240.88
33726	repair of pulmonary venous stenosis	\$1,622.35	\$1,622.35
33730	complete repair anomalous venous return	\$1,546.99	\$1,546.9
33732	repair of cor triatriatum or supravalvular mitral ring by resection	\$1,289.62	\$1,289.62
33735	atrial septectomy or septostomy; closed heart (blalock-hanlon type operation)	\$982.04	\$982.04
33736	atrial septectomy or septostomy;	\$1,094.89	\$1,094.89
33737	atrial septectomy or septostomy; open heart, with inflow occlusion	\$1,021.09	\$1,021.09
33750	shunt subclavian to pulmonary artery	\$1,027.10	\$1,027.10
33755 33762	shunt ascending aorta to pulmonary artery shunt descending aorta to pulmonary artery	\$1,015.35 \$1,013,61	\$1,015.3
33762	shunt descending aorta to pulmonary artery shunt,central w/ prosthetic graft	\$1,013.61 \$999.09	\$1,013.6 ² \$999.09
33766	shunt, central w/ prostnetic gran	\$999.09 \$1,098.73	\$999.08
33767	shunt;	\$1,113.07	\$1,113.07
33770	repair of transposition of the great arteries with ventricular	\$1,693.33	\$1,693.33
33771	repair of transposition of the great arteries with ventricular	\$1,736.28	\$1,736.28
33774	rep transposition grt arteries w cardiopulm bypass	\$1,426.05	\$1,426.05
33775	rep transposition grt art w cpb w rem pulm band	\$1,483.62	\$1,483.62
33776	rep transpo grt art w cpb w cl vent septal defect	\$1,561.01	\$1,561.01
33777	rep transpo grt art w cpb w rep subpulm obstruct	\$1,529.32	\$1,529.32
33778	repair transpo grt arteries w cardiopulm bypass	\$1,879.85	\$1,879.85

		Nurse Practitioner Fee Schedule Provider Specialty 061		
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33779	1	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		Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh pro	\$1,988.37	\$1,988.37
33783 33786		Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh pro total repair truncus arteriosus	\$2,149.31 \$1,813.07	\$2,149.31 \$1,813.07
33788		revision of pulmonary artery	\$1,813.07	\$1,813.07
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		repair of patent ductus arteriosus; by ligation patent ductus arteriosus division under 18 yrs	\$767.31	\$767.31 \$914.84
33822 33824		patent ductus arteriosus division under 18 yrs	\$814.84 \$921.54	\$814.84 \$921.54
33840		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 33870		ascending aorta graft, with cardiopulmonary bypass, with or transverse arch graft w/bypass	\$2,476.90 \$2,013.47	\$2,476.90 \$2,013.47
33875		descend thoracic aorta graft w/o bypass	\$1,562.58	\$2,013.47
33877		repair thoracoaaa w/ grft, w/wo cp bypass	\$2,785.95	\$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 33916		pulmonary artery embolectomy without bypass pulmonary endarterectomy w/ bypass	\$1,046.31 \$1,307.04	<u>\$1,046.31</u> \$1,307.04
33917		repair of pulmonary artery stenosis by reconstruction with patch or graft	\$1,182.38	\$1,307.04
33920		repair of pulmonary arresia with ventricular septal defect,	\$1,431.07	\$1,431.07
33922	1	transection of pulmonary artery with cardiopulmonary bypass	\$1,081.49	\$1,081.49
33925	1	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 33967		heart transplant with or without recip cardiectomy insertion of intra-aortic balloon assist device, percutaneous	\$3,652.63 \$217.72	\$3,652.63 \$217.72
33968		removal of intra-aortic balloon assist device, percutaneous	\$27.97	\$27.97
33971		removal of intra-aortic balloon assist device, pereduanceds	\$560.71	\$560.71
33974		removal of intra-aortic balloon assist device from the ascending	\$714.04	\$714.04
33975	i	insertion of ventricular assist device; extracorporeal, single ventricle	\$884.45	\$884.45
33976		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 \$1,939.61
33979 33980		insertion of ventricular assist device, implantable intracorporeal, single removal of ventricular assist device, implantable intracorporeal, single	\$1,939.61 \$2,845.33	\$1,939.61 \$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		embolectomy/thrombectomy, radial or ulnar artery	\$485.93	\$485.93
34151		removal of blood clot, artery	\$1,127.75	\$1,127.75
34201		removal blood clot artery	\$795.50	\$795.50
34203		embolectomy/thrombectomy,popliteal-tibio-peroneal	\$778.15 \$1 161 18	\$778.15
34401 34421		removal of blood clot, vein removal of blood clot, vein	\$1,161.18 \$589.18	<u>\$1,161.18</u> \$589.18
34421		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 Provider Specialty 061		
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34490	removal of blood clot, vein	\$488.58	\$488.5
34501	valvuloplasty femoral vein	\$757.53	\$757.5
34502	reconstruction of vena cava, any method	\$1,227.50	\$1,227.5
34510	venous valve transposition any vein donor	\$861.45	\$861.4
34520	cross-over vein graft to venous system	\$827.36	\$827.3
34530 34800	saphenopopliteal vein anastomosis endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$777.27 \$925.89	\$777.2 \$925.8
34800	endovascular repair of infrarenal abdominal aortic aneurysm of dissection;	\$1,011.31	\$1,011.3
34803	endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$1,035.48	\$1,035.4
34804	endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$1,010.74	\$1,010.7
34805	endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$949.76	\$949.7
34806	transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair	\$85.96	\$85.9
34825	placement of proximal or distal extension prosthesis for endovascular repair of	\$565.36	\$565.3
34830 34831	open repair of infrarenal aortic aneurysm or dissection, plus repair of	\$1,480.89 \$1,570.30	\$1,480.8 \$1,570.3
34832	open repair of infrarenal aortic aneurysm or dissection, plus repair of open repair of infrarenal aortic aneurysm or dissection, plus repair of	\$1,591.36	\$1,591.3
34833	open iliac artery exposure with creation of conduit for delivery of infrarenal	\$499.83	\$499.8
34834	open brachial artery exposure to assist in the deployment of infrarenal aortic	\$226.43	\$226.4
34900	endovascular graft replacement for repair of iliac artery (eg, aneurysm,	\$734.66	\$734.6
35001	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$916.06	\$916.0
35002	repair rupture aneurysm artery neck incision	\$967.68	\$967.6
35005	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$841.47	\$841.4
35011 35013	direct repair of aneurysm, false aneurysm, or excision (partial or total) and repair ruptured aneurysm artery arm incision	\$804.53 \$998.39	\$804.5 \$998.3
35021	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$978.27	\$978.2
35022	ruptured aneurysm innominate artery thoracic	\$1,107.01	\$1,107.0
35045	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$782.31	\$782.3
35081	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,403.95	\$1,403.9
35082	repair ruptured aneurysm abdominal aorta	\$1,763.56	\$1,763.5
35091	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,485.78	\$1,485.7
35092 35102	repair rupt aneurysm abd aorta visceral vessels direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$2,107.61 \$1,523.56	\$2,107.6 \$1,523.5
35102	repair rupt aneurysm abd aorta iliac vessels	\$1,822.75	\$1,822.7
35111	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,121.84	\$1,121.8
35112	repair ruptured aneurysm splenic artery	\$1,375.20	\$1,375.2
35121	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,332.61	\$1,332.6
35122	repair rupt aneurysm hepatic celiac renal mesenter	\$1,595.39	\$1,595.3
35131	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,135.71	\$1,135.7
35132	rupture aneurysm iliac artery direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,373.55	\$1,373.5
35141 35142	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and repair defect of artery	\$900.73 \$1,077.70	\$900.7 \$1,077.7
35142	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,077.70	\$1,077.7
35152	rupture aneurysm popliteal artery	\$1,179.93	\$1,179.9
35180	repair congenital a-v fistula, head and neck	\$673.73	\$673.7
35182	repair congential a-v fistula, thorax and abdomen	\$1,385.90	\$1,385.9
35184	repair congential a-v fistula, extremities	\$816.67	\$816.6
35188	repair acq or traumatic a-v fistula, head and neck	\$683.75	\$683.7
35189 35190	repair acq or traumatic a-v fistula, thorax/abd repair acq or traumatic a-v fistula, extremities	\$1,279.87 \$597.41	\$1,279.8 \$597.4
35190	repair lood vessel lesion	\$749.73	\$597.4 \$749.7
35201	repair blood vessel lesion	\$612.60	\$612.6
35207	repair blood vessels hand, finger	\$551.24	\$551.2
35211	repair blood vessel lesion	\$1,088.53	\$1,088.5
35216	repair blood vessel lesion	\$1,518.35	\$1,518.3
35221	repair blood vessel lesion	\$1,123.28	\$1,123.2
35226	repair blood vessel lesion	\$676.42	\$676.4
35231	repair blood vessel lesion	\$939.99	\$939.9 \$784.4
35236 35241	repair blood vessel lesion repair blood vessel lesion	\$784.45 \$1,136.86	\$784.4 \$1,136.8
35246	repair blood vessel lesion	\$1,236.76	\$1,130.0

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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 35301	repair blood vessel lesion rechanneling of artery	\$756.30 \$849.08	\$756.30 \$849.08
35302	thromboendarterectomy, including patch graft, if performed; superficial femoral artery	\$904.10	\$904.10
35303	thromboendarterectomy, including patch graft, if performed; superioral removal artery	\$995.14	\$904.10
35304	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 35341	rechanneling of artery rechanneling of artery	\$1,192.44 \$1,122.59	\$1,192.44 \$1,122.59
35351	rechanneling of artery	\$1,043.92	\$1,043.92
35355	thromboendarterectomy w/ or w/o patch, iliofemoral	\$847.50	\$847.50
35361	rechanneling of artery	\$1,284.81	\$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 35506	artery bypass graft artery bypass graft	\$1,264.81 \$1,076.86	\$1,264.81 \$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	artery bypass graft	\$959.80	\$959.80
35512	bypass graft, with vein; subclavian-brachial	\$995.72	\$995.72
35515	bypass graft w/ vein, subclavian-vertebral	\$1,075.47	\$1,075.47
35516 35518	artery bypass graft bypass graft w/ vein, axillary-axillary	\$985.28 \$977.10	\$985.28 \$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	artery bypass graft	\$1,643.34	\$1,643.34
35533	bypass graft w/ vein, axillary-femoral-femoral artery bypass graft	\$1,271.63	\$1,271.63
35536 35537	bypass graft, with vein; aortoiliac	\$1,417.01 \$1,757.60	\$1,417.01 \$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 \$1,108.41	\$1,446.20
35563 35565	artery bypass graft artery bypass graft	\$1,108.41	\$1,108.41 \$1,073.41
35566	artery bypass graft	\$1,347.82	\$1,347.82
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 \$952.39	\$1,169.34
35606 35612	artery bypass graft artery bypass graft	\$952.39 \$744.09	\$952.39 \$744.09
35616	artery bypass graft	\$912.03	\$912.03

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35621	artery bypass graft	\$899.71	\$899.7 ⁻
35623	bypass graft, with other than vein;	\$1,104.29	\$1,104.2
35626 35631	artery bypass graft	\$1,267.11 \$1,512.11	\$1,267.1 \$1,512.1
35636	artery bypass graft 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	bypass graft w/ other than vein, carotid-vertebral	\$838.75	\$838.7
35645	bypass graft w/ other than vein, subclavian-vert	\$795.93	\$795.93
35646	bypass graft, with other than vein; aortobifemoral	\$1,400.36	\$1,400.3
35647 35650	bypass graft, with other than vein; aortofemoral bypass graft w/ other than vein, axillary-axillary	\$1,267.49 \$866.48	\$1,267.4 \$866.4
35654	bypass graft w/ other than vein, axillary-axillary	\$800.48 \$1,118.80	\$800.4 \$1,118.8
35656	artery bypass graft	\$881.30	\$881.3
35661	artery bypass graft	\$881.90	\$881.9
35663	artery bypass graft	\$1,023.12	\$1,023.12
35665	artery bypass graft	\$958.30	\$958.3
35666	artery bypass graft	\$1,032.70	\$1,032.70
35671	artery bypass graft	\$909.74	\$909.7
35685 35686	placement of vein patch or cuff at distal anastomosis of bypass graft, creation of distal arteriovenous fistula during lower extremity bypass surgery	\$164.64 \$137.73	\$164.6 \$137.7
35691	transposition and/or reimplantation;	\$802.08	\$802.0
35693	transposition and/or reimplantation;	\$710.30	\$710.3
35694	transposition and/or reimplantation;	\$829.67	\$829.6 ⁻
35695	transposition and/or reimplantation;	\$864.11	\$864.1
35697	reimplantation, visceral artery to infrarenal aortic prosthesis, each artery	\$122.65	\$122.6
35701 35721	exploration, carotid artery	\$428.49 \$363.89	\$428.49 \$363.89
35721	exploration,femoral artery exploration popliteal artery	\$398.83	\$398.8
35761	exploration of artery/vein	\$293.69	\$293.6
35800	exploration of neck	\$378.48	\$378.48
35820	exploration of chest	\$1,491.99	\$1,491.9
35840	exploration of abdomen	\$495.45	\$495.4
35860	exploration of limb	\$319.75	\$319.75
35870 35875	repair of graft-enteric fistula thrombectomy of arterial or venous graft (other than hemodialysis graft or	\$1,039.60 \$478.08	\$1,039.60 \$478.08
35876	thrombectomy of arterial or venous graft;	\$766.92	\$766.9
35879	revision, lower extremity arterial bypass, without thrombectomy, open; with	\$750.42	\$750.4
35881	revision, lower extremity arterial bypass, without thrombectomy, open; with	\$834.33	\$834.3
35883	revision, femoral anastamosis of synthetic arterial bypass graft in groin, open; with nonautogenous pa	\$974.04	\$974.0 [,]
35884	revision, femoral anastamosis of synthetic arterial bypass graft in groin, open; with autogenous vein p	\$1,027.81	\$1,027.8
35901	excision of infected graft; excision of infected graft;	\$400.00 \$452.55	\$400.0
35903 35905	excision of infected graft;	\$452.55 \$1,414.75	\$452.5 \$1,414.7
35907	excision of infected graft;	\$1,559.20	\$1,559.2
36000	insertion vein access device	\$7.60	\$19.0
36260	insertion implantable infusion pump	\$455.45	\$455.4
36261	revision of implanted intra-arterial infusion pump	\$276.67	\$276.6
36262	removal of implanted infusion pump	\$210.33	\$210.3
36400 36405	venipuncture, under age 3 years; femoral or jugular establish access to vein	\$14.31 \$12.47	\$19.9 \$18.0
36405	venipuncture under age 3 yrs, other vein	\$7.31	\$18.0
36410	venipuncture, age 3 years or older, necessitating physician's skill (separate	\$7.03	\$12.3
36415	collection of venous blood by venipuncture	\$2.70	\$2.7
36420	venipuncture, cutdown;	\$38.89	\$38.8
36425	venipuncture, cutdown;	\$30.56	\$30.5
36430	blood transfusion service	\$27.45	\$27.4
36470	injection of sclerosing solution;	\$54.01	\$103.2
36471	injection of sclerosing solution; insertion of tunneled centrally inserted central venous catheter, without	\$76.10 \$237.10	\$127.8 \$634.6

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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	\$869.7
36561	insertion of tunneled centrally inserted central venous access device, with	\$271.59	\$860.2
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	\$729.50
36566 36569	insertion of tunneled centrally inserted central venous access device,	\$286.71	\$2,688.10
36570	insertion of peripherally inserted central venous catheter (picc), without insertion of peripherally inserted central venous access device, with	\$77.99 \$250.46	\$204.4 \$882.10
36571	insertion of peripherally inserted central venous access device, with	\$243.70	\$914.5
36576	repair of central venous access device, with subcutaneous port or pump, central	\$147.73	\$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 36589	replacement, complete, of a peripherally inserted central venous access device, removal of tunneled central venous catheter, without subcutaneous port or pump	\$220.73 \$109.90	\$814.95 \$128.92
36590	removal of tunneled central venous access device, with subcutaneous port of pump	\$109.90	\$209.0
36593	declotting by thrombolytic agent of implanted vascular access device or catheter	\$26.96	\$26.96
36600	withdrawal of arterial blood	\$12.30	\$23.49
36620	arterial catheterization or cannulation for sampling, monitoring	\$40.88	\$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	\$47.30
36818 36819	arteriovenous anastomosis, open; by upper arm cephalic vein transposition	\$534.62 \$630.30	\$534.62 \$630.30
36820	arteriovenous anastomosis, open; by upper arm basilic vein transposition arteriovenous anastomosis, open; by forearm vein transposition	\$632.35	\$632.35
36821	arteriovenous anastomosis, open; direct, any site (eg, cimino type) (separate	\$525.27	\$525.2
36823	insertion of arterial and venous cannula(s) for isolated extracorporeal	\$1,006.05	\$1,006.05
36825	creation of arteriovenous fistula by other than direct arteriovenous	\$455.90	\$455.90
36830	creation of arteriovenous fistula by other than direct arteriovenous	\$522.33	\$522.33
36831	thrombectomy, open, arteriovenous fistula without revision, autogenous or	\$360.23	\$360.23
36832 36833	revision, open, arteriovenous fistula; without thrombectomy, autogenous or	\$460.43	\$460.43
36835	revision, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous insertion of thomas shunt (separate procedure)	\$520.36 \$359.60	\$520.36 \$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
37145	venous anastomosis; renoportal	\$1,146.82	\$1,146.82
37160	venous anastomosis; caval-mesenteric	\$997.85	\$997.8
37180 37181	venous anastomosis; splenorenal, proximal splenorenal distal (selective decompression)	\$1,118.33 \$1,208.79	\$1,118.33 \$1,208.79
37182	insertion of transvenous intrahepatic portosystemic shunt(s) (tips) (includes	\$1,208.79	۵۱,208.73 \$722.93
37183	revision of transvenous intrahepatic portosystemic shurt(s) (tips) (includes	\$343.54	\$343.5
37200	transcatheter biopsy	\$192.02	\$192.02
37211	transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including	\$321.83	\$321.8
37212	radiological supervision and interpretation, initial treatment day transcatherer therapy, venous infusion for thrombolysis, any method, including radiological	\$284.10	\$284.1
	supervision and interpretation, initial treatment day		
37213	transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method,	\$198.54	\$198.54
	including radiological supervision and interpretation, continued treatment on subsequent day during		
	course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or		
37214	exchange, when performed; transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method,	\$116.44	\$116.4
51214	including radiological supervision and interpretation, continued treatment on subsequent day during	φ110. 14	ψ110.44
	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		
	closure by any method		
37215	transcatheter placement of intravascular stent(s), cervical carotid artery,	\$889.21	\$889.2
37216	transcatheter placement of intravascular stent(s), cervical carotid artery,	\$817.22	\$817.2

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37218	insertion of stents in blood vessels of chest open or accessed through the skin with radiological	\$703.31	\$656.33
	supervision and interpretation	•	\$000.0
37500 37565	vascular endoscopy, surgical, with ligation of perforator veins, subfascial ligation, internal jugular vein	\$542.49 \$539.72	\$542.4 \$539.7
37565	ligation, internal jugular vein	\$552.15	\$539.7
37605	ligation of neck artery	\$632.13	\$632.13
37606	ligation of neck artery	\$411.25	\$411.2
37607	ligation or banding of angioaccess arteriovenous fistula	\$293.60	\$293.6
37609	ligation or biopsy temporal artery	\$151.12	\$217.7
37615 37616	ligation major artery neck ligation major artery chest	\$363.74 \$847.92	\$363.74 \$847.92
37617	ligate major artery abdomen	\$1,011.47	\$1,011.4
37618	ligation major artery extremity	\$290.44	\$290.44
37619	ligation of inferior vena cava	\$924.91	\$924.9
37650	ligation of femoral vein	\$397.09	\$397.09
37660 37700	ligation of common iliac vein	\$946.89	\$946.89
37700	revise leg vein ligation, division, and stripping, short saphenous vein	\$194.38 \$321.10	\$194.38 \$321.10
37722	ligation, division, and stripping, long (greater) saphenous veins from saphe	\$371.66	\$371.6
37735	removal of leg veins/lesion	\$494.64	\$494.64
37760	revision of leg veins	\$487.16	\$487.1
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	\$348.98	\$348.9
37765	stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	\$349.91	\$349.9
37766 37780	stab phlebectomy of varicose veins, one extremity; more than 20 incisions revision of leg vein	\$425.96 \$200.51	\$425.90 \$200.5
37780	revision leg vein	\$200.51	\$200.5
38100	removal of spleen	\$819.54	\$819.5
38101	splenectomy partial	\$823.71	\$823.7
38115	repair ruptured spleen w/wo partial splenectomy	\$911.74	\$911.7
38120	laparoscopy, surgical, splenectomy	\$758.09	\$758.09
38220 38221	bone marrow; aspiration only bone marrow; biopsy, needle or trocar	\$47.62 \$60.40	\$116.10 \$129.2
38230	bone marrow harvesting for transplantation.	\$242.50	\$129.2
38232	bone marrow harvesting for transplantation; autologous	\$103.43	\$103.43
38243	hematopoietic progenitor cell (hpc); hpc boost	\$93.61	\$93.6
38300	drainage of lymph node abscess or lymphadenitis;	\$131.38	\$192.6
38305	drainage lymph node lesion	\$334.71	\$334.7
38308 38380	incision of lymph channels	\$321.95 \$414.13	\$321.9 \$414.1
38380	suture and or ligation of thoracic duct cervical a suture and or ligation of thoracic duct thoracic a	\$619.05	\$414.1
38382	suture/ligation thoracic duct abdominal approach	\$499.68	\$499.6
38500	biopsy or excision of lymph node(s); open, superficial	\$181.30	\$227.7
38510	biopsy or excision of lymph node(s); open, deep cervical node(s)	\$307.91	\$369.4
38520	biopsy or excision of lymph node(s); open, deep cervical node(s) with excision	\$336.25	\$336.2
38525	biopsy or excision of lymph node(s); open, deep axillary node(s)	\$304.74	\$304.7
38530 38542	biopsy or excision of lymph node(s); open, internal mammary node(s) dissection deep jugular node	\$392.15 \$374.54	\$392.1 \$374.5
38550	excision of cystic hygroma, axillary or cervical; without deep neurovascular	\$346.62	\$346.6
38555	excision of cystic hygroma, axillary or cervical; with deep neurovascular	\$722.52	\$722.5
38562	limited lymphadenectomy for staging pelvic	\$518.89	\$518.8
38564	limited lymphadenectomy for staging retroperitonea	\$515.60	\$515.6
38570	laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy),	\$420.67	\$420.6
38571 38572	laparoscopy, surgical; with bilateral total pelvic lymphadenectomy laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and	\$661.64 \$728.10	\$661.6 \$728.1
38700	removal of lymph nodes, neck	\$582.79	\$582.7
38720	removal of lymph nodes, neck	\$968.90	\$968.9
38724	cervical lymphadenectomy	\$1,051.07	\$1,051.0
38740	removal lymph nodes, armpit	\$488.23	\$488.2
38745	removal lymph nodes, armpits	\$621.75 \$613.31	\$621.7 \$613.3

	Nurse Practitioner Fee Schedule Provider Specialty 061		
	Effective Date: 1/1/2015		
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changes and de			
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38765	inguinofemoral lymphadenectomy, superficial	\$954.70	\$954.70
38770	pelvic lymphadenectomy inc ext iliac hypogastric w	\$639.34	\$639.3
38780	retroperitoneal lymphadenectomy extens inc pel aor	\$805.13	\$805.1
38794 39000	cannulation, thoracic duct mediastinotomy with exploration, drainage, removal of foreign body, or biopsy;	\$237.66 \$370.88	\$237.6 \$370.8
39000	mediastinotomy with exploration, drainage, removal of foreign body, or biopsy;	\$616.01	\$616.0
39200	removal mediastinal lesion	\$683.47	\$683.4
39220	removal mediastinal lesion	\$880.26	\$880.2
39400	visualization of mediastinum	\$382.45	\$382.4
39501	repair, laceration of diaphragm, any approach	\$626.56	\$626.5
39503	repair diaphragmatic hernia neonatal	\$4,398.56	\$4,398.5
39540	repair of diaphragm hernia	\$640.66	\$640.6
39541 39545	repari diaphr hernia traumatic chronic imbrication of diaphragm for eventration, transthoracic or transabdominal,	\$691.11 \$679.63	\$691.1 \$679.6
39545	resection, diaphragm; with simple repair (eq, primary suture)	\$587.54	\$587.5
39561	resection, diaphragm; with complex repair (eg, prosthetic material, local	\$913.16	\$913.1
40500	partial excision of lip	\$260.82	\$350.9
40510	partial excision of lip	\$259.07	\$341.0
40520	partial excision of lip	\$261.81	\$350.2
40525	excision lip full thickness local flap	\$407.32	\$407.3
40527	excision lip full thickness cross lip flap	\$481.49	\$481.4
40530 40650	partial removal of lip repair lip	\$297.07 \$208.41	\$386.8 \$290.3
40652	repair lip	\$253.93	\$341.7
40654	repair lip	\$308.48	\$403.6
40700	repair cleft lip	\$683.84	\$683.8
40701	repair cleft lip	\$848.56	\$848.5
40702	repair cleft lip	\$659.82	\$659.8
40720	repair cleft lip	\$726.33	\$726.3
40761 40800	repair cleft lip drainage mouth lesion	\$786.46	\$786.4
40800	drainage mouth lesion	\$90.52 \$158.36	\$139.2 \$215.1
40804	removal foreign body, mouth	\$91.69	\$142.0
40805	removal embedded foreign body complicated	\$164.23	\$225.5
40808	biopsy mouth lesion	\$76.04	\$125.0
40810	excision mouth lesion	\$90.56	\$139.5
40812	excision mouth lesion	\$141.30	\$197.2
40814	excision mouth lesion	\$217.96	\$266.0
40816 40818	exc lesion of mucosa and submucosa w/o repair	\$228.11 \$194.28	\$280.4
40818	excision oral mucosa, graft treatment mouth lesion	\$194.28	\$245.4 \$181.0
40820	repair mouth laceration	\$121.10	\$167.9
40831	repair mouth laceration	\$160.25	\$223.2
40840	reconstruction mouth	\$465.31	\$577.2
40842	reconstruction mouth	\$455.79	\$568.5
40843	reconstruction mouth	\$593.81	\$743.4
40844	reconstruction mouth	\$828.49	\$986.0
40845 41000	reconstruction mouth drainage mouth lesion	\$929.05 \$80.28	\$1,074.8 \$111.6
41005	drainage mouth lesion	\$91.09	\$155.4
41006	drainage mouth lesion	\$187.88	\$252.2
41007	incision/drainage abscess mouth submental space	\$182.32	\$252.5
41008	incision/drainage mouth submandibular space	\$194.81	\$260.2
41009	incision/drainage mouth masticator space	\$211.40	\$276.5
41010	incision tongue fold	\$78.21	\$139.4
41015	drainage extraoral abscess/cyst/hematoma floor of	\$242.26	\$297.6
41016 41017	incision/drainage extraoral lesion submental incision/drainage mouth lesion submandibular lesio	\$251.40 \$252.52	\$305.6 \$307.9
41017	incision/drainage mouth lesion masticator space	\$296.06	\$353.7
41019	placement of needles, catheters, or other device(s) into the head and/or neck	\$377.43	\$377.4

	Nurse Practitioner Fee Schedule Provider Specialty 061 Effective Date: 1/1/2015		
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cnanges and de	eletion to this schedule.		
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41100	biopsy tongue	\$79.89	\$117.93
41105 41108	posterior one-third biopsy floor of mouth	\$81.01 \$65.06	\$118.2 \$101.1
41110	excision tongue lesion	\$94.92	\$145.5
41112	excision tongue lesion	\$180.07	\$230.42
41113	excision tongue lesion	\$200.44	\$253.04
41114 41115	exc lesion tongue local tongue flap	\$466.22	\$466.22 \$169.43
41115	excision linguinal frenum (frenectomy) excision lesion floor of mouth	\$107.32 \$157.73	\$169.4
41120	partial removal of tongue	\$755.24	\$755.24
41130	partial removal of tongue	\$936.21	\$936.2 ⁻
41135	tongue and neck surgery	\$1,569.29	\$1,569.29
41140 41145	removal of tongue	\$1,610.35 \$2,019.46	\$1,610.35 \$2.019.46
41145 41150	tongue removal; neck surgery mouth and jaw surgery	\$2,019.46	\$2,019.46 \$1,596.58
41153	glossectomy composite proc w/resection floor mouth	\$1,733.84	\$1,733.84
41155	mouth, jaw, and neck surgery	\$2,160.80	\$2,160.80
41250	repair laceration tongue	\$102.95	\$158.9
41251	repair laceration to 2cm posterior one third tongu	\$119.91	\$164.9
41252 41500	repair laceration tongue fixation tongue	\$155.31 \$318.05	\$216.29 \$318.05
41510	tongue to lip surgery	\$318.03	\$291.98
41520	reconstruction, tongue fold	\$182.39	\$240.86
41800	drainage gum lesion	\$91.77	\$156.39
41805	removal foreign body, gum	\$116.18	\$161.50
41806 41822	removal foreign body,jawbone excision gum lesion	\$182.54	\$237.93 \$199.83
41823	excision gum lesion	\$127.65 \$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	\$298.2
41830	alveolectomy inc/currettage of osteitis or sequest	\$201.59	\$269.56
41850 41872	destruction of lesion except excision gingivoplasty, each quadrant (specify)	\$33.81 \$186.90	\$33.8 ² \$252.36
41874	alveoloplasty, each quadrant (specify)	\$180.90	\$256.60
42000	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 excision lesion palate, uvula local flap closure	\$130.18	\$184.73
42107 42120	resection palate or extensive resection of lesion	\$251.36 \$705.13	\$322.42 \$705.13
42140	excision uvula	\$103.13	\$173.25
42145	palatopharyngoplasty	\$514.93	\$514.93
42160	treatment roof of mouth	\$110.90	\$167.97
42180	repair palate	\$135.07	\$172.00
42182 42200	repair palate reconstruction cleft palate	\$197.39 \$653.43	\$236.2 \$653.4
42200	reconstruction cleft palate	\$697.26	\$697.20
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 42226	reconstruction cleft palate lengthening palate and pharyngeal flap	\$682.12 \$678.77	\$682.12 \$678.77
42226	lengthening of palate with island flap	\$678.77	\$659.5
42235	repair palate	\$538.41	\$538.4
42260	repair nose to lip fistula	\$505.59	\$602.95
42300	drainage salivary gland	\$111.28	\$146.8
42305	drainage salivary gland	\$318.78	\$318.78
42310 42320	drainage salivary gland drainage salivary gland	\$90.85 \$130.54	\$114.34 \$176.70

	Nurse Practitioner Fee Schedule Provider Specialty 061 Effective Date: 1/1/2015		
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40000		\$404.47	¢404 50
42330 42335	treatment salivary stone treatment salivary stone	\$121.17 \$189.68	\$164.52 \$261.80
42340	treatment salivary stone	\$249.94	\$329.96
42405	biopsy salivary gland	\$169.27	\$217.39
42408	excision salivary cyst	\$242.55	\$323.12
42409 42410	treatment salivary cyst excision parotid gland	\$164.11 \$463.02	\$232.94 \$463.02
42415	exparotid tumor parotid gl lat lob w dissecan pre	\$837.28	\$837.28
42420	excision parotid gland	\$960.22	\$960.22
42425	excision parotid gland	\$631.38	\$631.38
42426	excision parotid tumor or parotid gland total	\$1,027.78	\$1,027.78
42440	excision submaxillary gland	\$348.19	\$348.19
42450 42500	excision sublingual gland repair salivary duct	\$263.68 \$250.75	\$323.00 \$307.82
42505	repair salivary duct	\$336.33	\$400.68
42507	parotid duct divers bilateral	\$376.43	\$376.43
42509	parotid duct diversion bilat w/exc both submandibu	\$616.37	\$616.37
42510	parotid duct diversion bilat ligat submandibular	\$465.02	\$465.02
42550 42600	injection for sialography	\$52.30	\$109.65 \$346.03
42665	closure salivary fistula ligation salivary duct, intraoral	\$261.82 \$151.80	\$346.03 \$217.82
42700	drainage tonsil abscess	\$99.10	\$132.66
42720	drainage throat abscess	\$296.35	\$334.96
42725	drainage throat abscess	\$603.43	\$603.43
42800	biopsy throat	\$81.96	\$111.34
42804 42806	biopsy upper nose/throat biopsy uper nose/throat	\$83.94 \$98.72	\$140.74 \$159.15
42808	excision lesion pharynx	\$121.93	\$163.06
42809	removal of foreign body from pharynx	\$95.62	\$121.65
42810	excision throat cyst	\$207.76	\$273.22
42815	excision throat cyst	\$408.29	\$408.29
42820	removal tonsils and adenoids	\$216.27	\$216.27 \$225.75
42821 42825	removal tonsils and adenoids removal of tonsils	\$225.75 \$193.07	\$225.75 \$193.07
42826	removal of tonsils	\$186.62	\$186.62
42830	removal of adenoids	\$151.85	\$151.85
42831	removal of adenoids	\$163.77	\$163.77
42835	removal of adenoids	\$136.88	\$136.88
42836 42842	removal of adenoids radical resection tonsil without closure	\$179.00 \$708.94	\$179.00 \$708.94
42842	radical resection tonsil without closure	\$708.94	\$997.90
42845	radical resection tonsil closure with other flap	\$1,639.03	\$1,639.03
42860	excision tonsil tags	\$137.25	\$137.25
42870	excision lingual tonsil	\$415.51	\$415.51
42890	partial removal pharynx	\$1,017.03	\$1,017.03
42892 42894	resect lateral pharyngeal wall direct closure resect pharyngeal wall with myocutaneous flap	\$1,335.77 \$1,712.59	\$1,335.77 \$1,712.59
42900	repair throat wound	\$258.19	\$258.19
42950	reconstruction of throat	\$576.16	\$576.16
42953	pharyngoesophageal repair	\$707.50	\$707.50
42955	surgical opening of throat	\$543.03	\$543.03
42960	control oropharyngeal hemorrhage, primary or secondary (eg,	\$125.35	\$125.3
42961 42962	control oropharyngeal hemorrhage, primary or secondary (eg, control bleeding, throat	\$310.81 \$385.52	\$310.8 ² \$385.52
42970	control of nasopharyngeal hemorrhage, primary or secondary (eg,	\$288.84	\$288.84
42971	control of nasopharyngeal hemorrhage, primary or secondary	\$339.90	\$339.90
42972	control bleeding,nose/throat	\$382.31	\$382.3
43020	incision of esophagus	\$393.80	\$393.80
43030 43045	cricopharyngeal myotomy esophagotomy, thoracic approach, with removal of foreign body	\$389.74 \$992.44	\$389.74 \$992.44

		Nurse Practitioner Fee Schedule		
	1 1	Provider Specialty 061		
		Effective Date: 1/1/2015		I
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43100 43101		excision of lesion, esophagus, with primary repair; cervical approach excision of lesion, esophagus, with primary repair; thoracic or abdominal	\$466.12 \$775.43	\$466.12 \$775.43
43107		total or near total esophagectomy, without thoracotomy;	\$1.921.01	\$1.921.0
43108		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	
43116 43117		partial esophagectomy, cervical, with free intestinal graft, partial esophagectomy, distal two-thirds, with thoracotomy	\$3,689.18 \$1,879.03	
43118		partial esophagectomy, distal two-thirds, with thoracotomy and separate	\$2,672.20	\$2,672.20
43121		partial esophagectomy, distal two-thirds, with thoracotomy	\$2,119.81	\$2,119.81
43122		partial esophagectomy, thoracoabdominal or abdominal approach,	\$1,900.12	\$1,900.12
43123 43124		partial esophagectomy, thoracoabdominal or abdominal approach, with or without total or partial esophagectomy, without reconstruction	\$3,265.18 \$2,787.36	\$3,265.18 \$2,787.36
43124		removal esophagus pouch	\$590.89	\$590.89
43135		removal esophagus pouch	\$1,110.07	\$1,110.07
43180		removal of esophagus tissue using an endoscope	\$470.83	\$428.55
43191		diagnostic examination of esophagus using an endoscope	\$102.57 \$122.33	\$102.57
43192 43193		injections of substance in tissue lining of esophagus using an endoscope biopsy of esophagus using an endoscope	\$122.33	\$122.33 \$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		insertion of wire and dilation of esophagus using an endoscope	\$159.75	
43197 43198		diagnostic examination of esophagus using an endoscope biopsy of esophagus using an endoscope	\$65.28 \$77.74	\$146.63 \$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 43213		placement of stent on esophagus using an endoscope	\$156.04 \$220.49	\$156.04 \$973.39
43213		dilation of esophagus using an endoscope balloon dilation of esophagus using an endoscope	\$220.49	\$973.35
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 43233		destruction of growths of esophagus using an endoscope balloon dilation of esophagus, stomach, and/or upper small bowel using an endoscope	\$168.26 \$189.32	\$574.13 \$189.32
43235		upper gastrointestinal endoscopy including esophagus, stomach,	\$112.30	\$220.29
43236		upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$136.55	\$274.18
43239		upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$132.99	
43241 43247		upper gastrointestinal endoscopy including esophagus, stomach, and either the upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$120.69 \$155.52	\$120.69 \$155.52
43247		upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$169.20	\$169.20
43253		injection of diagnostic or therapeutic substances or markers in esophagus, stomach, and/or upper sm	\$219.65	\$219.65
43254		removal of tissue lining of esophagus, stomach, and/or upper small bowel using endoscope	\$227.95	
43255 43260		upper gastrointestinal endoscopy including esophagus, stomach, and either the endoscopic retrograde cholangiopancreatography (ercp);	\$220.17 \$270.73	\$220.17 \$270.73
43260		placement of stent in esophagus, stomach, and/or upper small bowel using an endoscope	\$270.73	\$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 endoscope	\$406.57	
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	
43281 43282		Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; witho Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with i	\$937.11 \$1,054.04	\$937.11 \$1,054.04
43300		repair of esophagus	\$462.56	\$462.56
43305		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	\$1,282.6

	Nurse Practitioner Fee Schedule		·
	Provider Specialty 061		
	Effective Date: 1/1/2015		
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	hould always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
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			-
43313 43314	esophagoplasty for congenital defect, (plastic repair or reconstruction), esophagoplasty for congenital defect, (plastic repair or reconstruction),	\$2,043.50 \$2,339.83	\$2,043.50 \$2,339.83
43320	esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty.	\$2,339.83	\$1,020.2
43325	esophagogastric fundoplasty with fundic patch (tha	\$974.24	\$974.24
43327	Esophagogastric fundoplasty partial or complete; laparotomy	\$652.77	\$652.77
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	\$952.44	\$952.44
43330	esophagomyotomy (heller type); abdominal approach	\$955.69	
43331 43332	esophagomyotomy thoracic approach Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with	\$1,034.67 \$934.60	\$1,034.67 \$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; wi	\$1,105.04	\$1,105.04
43336 43337	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, excep	\$1,207.87	\$1,207.87
43337 43340	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, excep esophagojejunostomy w tot gastrec abd approach	\$1,318.80 \$992.01	\$1,318.80 \$992.01
43341	esophagojejunostomy w torgasite abd approach	\$1,090.93	\$1,090.93
43351	esophagostomy thoracic approach	\$992.48	
43352	esophagomyotomy cervical approach	\$811.45	
43360	gastrointestinal reconstruction for previous esophagectomy,	\$1,740.71	\$1,740.7
43361 43400	gastrointestinal reconstruction for previous esophagectomy, for obstructing ligation esophageal veins	\$1,945.27 \$1,194.24	\$1,945.27 \$1,194.24
43400	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	
43410	repair wound, esophagus	\$749.72	\$749.72
43415	suture of esophageal wound or injury; transthoracic or transabdominal approach	\$1,278.40	
43420	repair opening,esophagus	\$750.60	
43425 43453	closure of esophagostomy or fistula; transthoracic or transabdominal approach dilation of esophagus, over guide wire	\$1,122.85 \$74.36	. ,
43500	incision of stomach	\$561.04	\$561.04
43501	gastrotomy; with suture repair of bleeding ulcer	\$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 43605	incision pyloric muscle biopsy of stomach	\$507.23 \$595.86	\$507.23 \$595.80
43603	excision, local; ulcer or benign tumor of stomach	\$704.10	4
43611	excision, local;	\$876.19	
43620	gastrectomy, total; with esophagoenterostomy	\$1,429.39	\$1,429.39
43621	gastrectomy, total;	\$1,628.30	
43622	gastrectomy, total; gastrectomy, partial, distal;	\$1,652.33	
43631 43632	gastrectomy, partial, distal; gastrectomy, partial, distal;	\$1,047.59 \$1,429.24	\$1,047.59 \$1,429.24
43633	gastrectomy, partial, distal;	\$1,359.74	
43634	gastrectomy, partial, distal;	\$1,501.82	. ,
43640	division vagus nerve	\$841.92	\$841.92
43641	vagotomy w/ pyloroplasty parietal cell	\$849.29	
43644 43651	laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and laparoscopy, surgical; transection of vagus nerves, truncal	\$1,246.80 \$466.72	\$1,246.80 \$466.72
43652	laparoscopy, surgical, transection of vagus nerves, selective or highly	\$466.72 \$546.82	\$466.72
43653	laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg,	\$397.86	
43760	change of gastrostomy tube	\$39.29	
43761	repositioning gastric feeding tube, thru duodenum	\$84.26	
43800 43810	reconstruction of pylorus fusion stomach and bowel	\$668.13 \$724.36	
43810	gastrojejunostomy; without vagotomy	\$724.36 \$939.00	
43825	fusion stomach and bowel	\$932.01	\$932.0
43830	gastrostomy, open; without construction of gastric tube (eg, stamm procedure)	\$494.86	\$494.86
43831	temporary opening,stomach	\$412.79	
43832	gastrostomy, open; with construction of gastric tube (eg, janeway procedure)	\$762.80	
43840	repair lesion,stomach gastric restrictive procedure, without gastric bypass, for morbid obesity;	\$952.38 \$908.53	

	Nurse Practitioner Fee Schedule Provider Specialty 061		
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43850	revision stomachbowel fusion	\$1,164.18	\$1,164.18
43855	revision stomachbowel fusion	\$1,104.18	\$1,216.51
43860	revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction,	\$1,181.97	\$1,181.97
43865	revision stomachbowel fusion	\$1,229.55	\$1,229.55
43870	repair opening,stomach	\$505.56	\$505.56
43880	repair stomach-bowel fistula	\$1,154.70	\$1,154.70
44005	freeing of bowel adhesion	\$788.76	\$788.76
44010 44020	duodenotomy	\$619.77	\$619.77
44020	enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), enterotomy small bowel for decompression	\$696.98 \$704.93	\$696.98 \$704.93
44021	exploration of large bowel	\$704.93	\$704.93
44050	reduction bowel obstruction	\$671.61	\$671.61
44055	correction of malrotation	\$1,076.92	\$1,076.92
44110	excision of one or more lesions of small or large intestine not requiring	\$607.75	\$607.75
44111	excision bowel lesions	\$707.93	\$707.93
44120	enterectomy, resection of small intestine; single resection and anastomosis	\$877.43	\$877.43
44125 44126	enterectomy, resection of small intestine; with enterostomy	\$851.64 \$1.760.01	\$851.64 \$1,760.01
44126	enterectomy, resection of small intestine for congenital atresia, single enterectomy, resection of small intestine for congenital atresia, single	\$1,760.01 \$2,049.66	\$1,760.01
44128	enterectomy, resection of small intestine for congenital atresia, single	\$182.07	\$182.07
44130	enteroenterostomy, anastomosis of intestine, with or without cutaneous	\$919.04	\$919.04
44135	intestinal allotransplantation; from cadaver donor	\$947.46	\$947.46
44136	intestinal allotransplantation; from living donor	\$947.46	\$947.46
44137	removal of transplanted intestinal allograft, complete	\$904.57	\$904.57
44140	partial removal of colon	\$969.05	\$969.05
44141 44143	colectomy partial with cecostomy colostomy colectomy partial with end colostomy closure dista	\$1,276.15 \$1,194.04	\$1,276.15 \$1,194.04
44144	colectomy partial with end colosionly closure dista	\$1,255.06	\$1,194.04
44145	partial removal of colon	\$1,208.33	\$1,208.33
44146	colectomy partial w/coloproctostomy colostomy	\$1,510.05	\$1,510.05
44147	colectomy partial abd and transanal approach	\$1,363.71	\$1,363.71
44150	removal of colon	\$1,322.85	\$1,322.85
44151	colectomy total with continent ileostomy	\$1,513.16	\$1,513.16
44155 44156	removal of colon colectomy total abd w/ proctectomy w/ continent	\$1,482.82 \$1,629.21	\$1,482.82 \$1,629.21
44156	colectomy total abd w/ proclectomy w/ continent colectomy, total, abdominal, with proctectomy; with ileoanal anastamosis, includes loop ileostomy, and	\$1,547.66	\$1,547.66
44158	colectomy, total, abdominal, with proctectomy; with neoanal anastamosis, includes top neostomy; an colectomy, total, abdominal, with proctectomy; with ileoanal anastamosis, creation of ileal reservoir(s d	\$1,586.55	\$1,586.55
44160	colectomy, partial, with removal of terminal ileum with ileocolostomy	\$892.97	\$892.97
44180	laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separat	\$665.45	\$665.45
44186	laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	\$468.75	\$468.75
44187	laparoscopy, surgical; ileostomy or jejunostomy, non-tube	\$789.87	\$789.87
44188 44202	laparoscopy, surgical, colostomy or skin level cecostomy	\$874.02 \$1.002.01	\$874.02
44202	laparoscopy, surgical; enterectomy, resection of small intestine, single laparoscopy, surgical; each additional small intestine resection and	\$1,002.91 \$180.47	\$1,002.91 \$180.47
44203	laparoscopy, surgical; colectomy, partial, with anastomosis	\$1,120.24	\$1,120.24
44205	laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with	\$977.99	\$977.99
44206	laparoscopy, surgical; colectomy, partial, with end colostomy and closure of	\$1,270.78	\$1,270.78
44207	laparoscopy, surgical; colectomy, partial, with anastomosis, with	\$1,335.93	\$1,335.93
44208	laparoscopy, surgical; colectomy, partial, with anastomosis, with	\$1,451.52	\$1,451.52
44210	laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with	\$1,296.87	\$1,296.87
44211 44212	laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with	\$1,592.32 \$1,493.29	\$1,592.32 \$1,493.29
44212	laparoscopy, surgical, colectorny, total, abdominal, with proclectorny, with laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in	\$1,493.29	\$1,493.28 \$142.26
44213	laparoscopy, surgical, closure of enterostomy, large or small intestine, wit	\$1,212.95	\$1,212.95
44300	surgical opening of bowel	\$602.97	\$602.97
44310	ileostomy	\$754.56	\$754.56
44312	repair small bowel opening	\$428.24	\$428.24
44314	repair small bowel opening	\$730.06	\$730.06
44316	continent ileostomy	\$1,000.52	\$1,000.52

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44322	colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital	\$679.86	\$679.8
44340 44345	repair large bowel opening repair large bowel opening	\$430.50 \$752.65	\$430.5 \$752.6
44345	revision of colostomy w/ repair paracolostomy hern	\$845.38	\$845.3
44360	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$122.26	\$122.2
44361	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$134.75	\$134.7
44363	sm intest endoscopy enteroscopy w/remov foreign bo	\$159.69	\$159.6
44364 44366	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$171.98 \$202.71	\$171.9 \$202.7
44369	small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not	\$202.71	\$202.7
44380	ileoscopy, through stoma; diagnostic, with or without collection of specimen(s)	\$53.16	\$53.1
44381	balloon dilation of small bowel using an endoscope which is inserted through abdominal opening	\$53.16	\$53.1
11000		*-	*
44382 44384	ileoscopy, through stoma; with biopsy, single or multiple placement of stent in small bowel using an endoscope which is inserted through abdominal opening	\$63.93 \$53.16	\$63.93 \$53.16
44304	placement of stent in small bower using an endoscope which is inserted through abdominal opening	ФОЗ. ТО	Ф ОЗ. П
44385	endoscopic evaluation of small intestinal (abdominal or pelvic) pouch;	\$81.97	\$181.0 ⁻
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	\$251.4
44402	stent placement in large bowel using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
44402	reseation of large house tissue using an and score which is incerted through abdominal appring	\$127.76	\$251.42
44403	resection of large bowel tissue using an endoscope which is inserted through abdominal opening	\$127.70	\$201.4z
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	\$127.76	\$251.4
	inserted through abdominal opening	• • • • • •	+
44408	decompression of large bowel using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
		* ***	* ***
44500 44602	introduction of long gastrointestinal tube (eg, miller-abbott) suture of small intestine (enterorrhaphy) for perforated ulcer,	\$20.44 \$997.36	\$20.44 \$997.30
44603	suture of small intestine (enterormaphy) for perforated ulcer,	\$1,142.85	\$1,142.8
44604	suture of large intestine (colorrhaphy) for perforated ulcer,	\$765.63	\$765.63
44605	repair bowel lesion	\$943.65	\$943.6
44615	intestinal stricturoplasty (enterotomy and enterorrhaphy) with	\$777.31	\$777.3
44620 44625	repair bowel opening closure of enterostomy, large or small intestine; with resection and	\$620.47 \$735.19	\$620.4 \$735.19
44626	closure of enterostomy, large of small intestine; with resection and colorectal	\$1,169.87	\$1,169.8
44640	repair bowel-skin fistula	\$1,020.31	\$1,020.3
44650	repair bowel fistula	\$1,061.08	\$1,061.0
44660	repair bowel-bladder fistula	\$1,028.09	\$1,028.0
44661	closure of enterovesical fistula; with intestine and/or bladder resection	\$1,153.36	\$1,153.3
44680 44700	surgical folding intestine exclusion of small intestine from pelvis by mesh or other prosthesis, or native	\$767.68 \$743.38	\$767.6 \$743.3
44700	intraoperative colonic lavage (list separately in addition to code for primary	\$125.47	\$125.4
44800	excision bowel pouch	\$545.41	\$545.4
44820	excision mesentery lesion	\$603.02	\$603.0
44850	repair of mesentery	\$532.05	\$532.0
44900 44950	incision and drainage of appendiceal abscess; open appendectomy	\$545.27 \$461.90	\$545.2 \$461.9
44950	appendectomy appendectomy for rupt appen w/abscess or generaliz	\$622.29	\$622.2
44970	laparoscopy, surgical, appendectomy	\$424.10	\$424.10
45000	transrectal drainage of pelvic abscess	\$295.68	\$295.6
45005	drainage of rectal abscess	\$109.48	\$175.5 [,]
45020 45100	drainage of rectal abscess biopsy of rectum	\$386.36 \$204.85	\$386.30 \$204.8

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45108	anorectal myomectomy	\$249.63	\$249.63
45110 45111	proctectomy; complete, combined abdominoperineal, with colostomy proctectomy; partial resection of rectum, transabdominal approach	\$1,334.22 \$783.60	\$1,334.2 \$783.6
45112	proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal	\$1,377.84	\$1,377.84
45113	proceeding, consider as a management of the proceeding (sg, constant)	\$1,411.52	\$1,411.52
45114	proctectomy, partial, with anastomosis; abdominal and transsacral approach	\$1,289.87	\$1,289.8
45116	partial removal of rectum	\$1,159.00	\$1,159.00
45119	proctectomy, combined abdominoperineal pull-through 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 45123	proctectomy, complete (for congenital megacolon), abdominal and perineal proctectomy, partial, without anastomosis, perineal approach	\$1,236.07 \$800.98	\$1,236.07 \$800.98
45123	pelvic exenteration for colorectal malignancy, with proctectomy (with or	\$2,088.45	\$2,088.45
45130	excision of rectal prolapse	\$783.41	\$783.4
45135	excision of rectal prolapse	\$958.84	\$958.84
45136	excision of ileoanal reservoir with ileostomy	\$1,327.35	\$1,327.3
45150	excision rectal stricture	\$284.12	\$284.12
45160	excision of rectal lesion	\$712.06	\$712.00
45171 45172	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	\$354.21 \$486.76	\$354.2 [°] \$486.76
45190	destruction of rectal tumor, transana approach, including mascularis propria (ie, full thickness)	\$483.11	\$483.1
45300	proctosigmoidoscopy, rigid; diagnostic, with or without collection of	\$36.71	\$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 45331	sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s)	\$47.36 \$57.49	\$98.55 \$125.20
45333	sigmoidoscopy, flexible; with biopsy, single or multiple sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)	\$83.88	\$125.20
45334	sigmoidoscopy, flexible; with control of bleeding (eg. injection, bipolar	\$127.25	\$127.2
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	\$98.5
45347	placement of stent in large bowel using an endoscope	\$47.36	\$98.5
45349 45350	removal of large bowel tissue using an endoscope rubber banding of large bowel using an endoscope	\$47.36 \$47.36	\$98.54 \$98.55
45379	colonoscopy fiberoptic beyond splenic flexure w/re	\$209.44	\$370.5
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	\$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	\$291.9
45395	colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other	\$1,441.79	\$1,441.7
45397	colonoscopy through stoma; with transendoscopic stent placement (includes	\$1,562.95	\$1,562.9
45398	tying of large bowel using an endoscope	\$167.15	\$291.9
45400	laparoscopy, surgical; proctopexy (for prolapse)	\$832.75	\$832.7
45402	laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection repair of rectum	\$1,114.89	\$1,114.8
45500 45505	repair of rectum	\$364.90 \$399.90	\$364.9 \$399.9
45540	fixation of rectal prolapse	\$768.75	\$768.7
45541	proctopexy for prolapse perineal approach	\$659.28	\$659.2
45550	fixation of rectal prolapse	\$1,057.10	\$1,057.1
45560	repair rectocele separate procedure	\$521.48	\$521.4
45562	exploration, repair, and presacral drainage for rectal injury;	\$800.00	\$800.0
45563 45800	exploration, repair, and presacral drainage for rectal injury; repair rectobladder fistula	\$1,159.53 \$898.62	\$1,159.53 \$898.63
45800	repair rectobladder listula	\$1,015.85	\$898.6 \$1,015.8
45820	repair rectourethral fistula	\$892.55	\$892.5
45825	repair rectourethral fistula	\$1,073.91	\$1,073.9
45900	reduction of rectal prolapse	\$141.15	\$141.1

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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	placement of seton	\$156.40	\$177.6
46030	removal of anal seton, other marker	\$62.29	\$88.86
46040 46045	incision of rectal abscess drainage transanal abscess under anesthesia	\$280.36 \$289.26	\$345.82
46045	incision anal abscess	\$65.57	\$289.26 \$122.65
46060	incision and drainage of ischiorectal or intramural abscess, with fistulectomy	\$318.23	\$318.23
46070	incision and 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	papillectomy or excision of single tab anus	\$81.26	\$129.93
46221 46230	hemorrhoidectomy by simple ligature removal of anal tab	\$128.54	\$170.51
46250	hemorrhoidectomy	\$121.86 \$214.21	\$178.93 \$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	surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	\$256.69	\$322.15
46275	removal anal fistula	\$275.48	\$341.50
46280 46285	surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or removal anal fistula	\$315.89 \$271.99	\$315.89 \$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	\$27.95	\$57.04
46604	endoscope	¢40.50	¢250.40
46604 46606	anoscopy; with dilation (eg, balloon, guide wire, bougie) anoscopy; with biopsy, single or multiple	\$48.56 \$53.69	\$350.42 \$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	repair anal stricture	\$450.94	\$450.94
46705	repair of anal stricture	\$370.88	\$370.88
46706 46707	repair of anal fistula with fibrin glue Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	\$119.11 \$272.30	\$119.1 ² \$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	construction of anus	\$1,464.50	\$1,464.50
46742	repair of high imperforate anus with rectourethral or rectovaginal	\$1,731.40	\$1,731.4
46744 46746	repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	\$2,474.09 \$2,854.17	\$2,474.0 \$2,854.1
46746	repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	\$2,854.17	\$2,854.1
46750	repair of cloadal anomaly by anorectovaginoplasty and drethoplasty,	\$545.77	\$545.77
46751	repair anal sphincter	\$452.08	\$452.08
46753	reconstruction of anus	\$411.77	\$411.77
46754	removal of suture from anus	\$150.61	\$193.98

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46760		¢770.50	¢770 E
46760 46761	repair anal sphincter sphincteroplasty, levatormuscle imbrication	\$772.56 \$668.60	\$772.5 \$668.6
46762	sphincteroplasty w/ artificial sphincter	\$658.51	\$658.5
46900	removal of anal warty growth	\$98.23	\$156.1
46910	removal of anal warty growth	\$94.07	\$162.6
46916 46917	destruction anal lesion, simple; cryosurgery destruction of lesion(s), anus (eg, condyloma, papilloma,	\$103.17 \$94.74	\$161.0 \$306.7
46917	destruction on lesion(s), ands (eg, condytoina, papilionia, destruction anal lesion, simple; surgical excision	\$94.09	\$169.3
46924	destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum	\$131.58	\$348.9
46930	destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofreque	\$108.72	\$149.28
46940	curettage or cautery of anal fissure, including dilation of anal sphincter	\$105.09	\$148.18
46942 46945	treatment of anal fissure ligation of internal hemorrhoids;	\$93.33 \$146.96	\$136.98 \$189.48
46945	ligation of internal hemorrhoids;	\$146.96	\$189.40
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 47120	biopsy of liver, wedge partial removal of liver	\$594.35 \$1,678.04	\$594.3 \$1.678.04
47120	resection of liver, trisegmentectomy	\$2,500.04	\$2,500.04
47125	partial removal of liver	\$2,238.77	\$2,238.7
47130	partial removal of liver	\$2,407.52	\$2,407.52
47135	liver allotransplantation; orthotopic, partial or whole, from cadaver or living	\$3,542.03	\$3,542.03
47136 47300	liver allotransplantation; treatment.liver lesion	\$3,019.77	\$3,019.7 \$799.68
47300	management of liver hemorrhage; simple suture of liver wound or injury	\$799.68 \$981.90	\$799.60 \$981.90
47360	management of liver hemorrhage; complex suture of liver wound or injury, with	\$1,337.38	\$1,337.3
47361	management of liver hemorrhage; exploration of hepatic wound, extensive	\$2,200.80	\$2,200.8
47362	management of liver hemorrhage; re-exploration of hepatic wound for removal of	\$1,019.12	\$1,019.1
47370 47371	laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical	\$898.33 \$914.39	\$898.33 \$914.39
47380	ablation, open, of one or more liver tumor(s); radiofrequency	\$1,050.71	\$1,050.7
47381	ablation, open, of one or more liver tumor(s); cryosurgical	\$1,070.86	\$1,070.80
47382	ablation, one or more liver tumor(s), percutaneous, radiofrequency	\$663.58	
47383	destruction of 1 or more liver growths, accessed through the skin	\$410.78	\$5,986.70
47400 47420	incision of bile duct choledochotomy or choledochostomy with exploration, drainage, or removal of	\$1,526.61 \$961.53	\$1,526.6 ⁻ \$961.53
47425	incision of bile duct	\$971.21	\$971.2 ⁻
47460	transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal	\$915.92	\$915.92
47480	incision of gallbladder	\$608.96	\$608.9
47490	percutaneous cholecystostomy	\$408.10	
47510 47511	introduction transhepatic cath or stent intro transhepatic stent for biliary drainage	\$387.17 \$487.78	\$387.1 \$487.7
47525	change percutaneous biliary drainage catheter	\$99.62	\$440.0
47530	revision and/or reinsertion of transhepatic tube	\$290.85	\$1,067.1
47562	laparoscopy, surgical; cholecystectomy	\$528.57	\$528.5
47563	laparoscopy, surgical; cholecystectomy with cholangiography	\$541.29	\$541.2
47564 47570	laparoscopy, surgical; cholecystectomy with exploration of common duct laparoscopy, surgical; cholecystoenterostomy	\$626.04 \$558.66	\$626.0 \$558.6
47600	removal of gallbladder	\$759.00	\$759.0
47605	removal of gallbladder	\$702.36	\$702.3
47610	removal of gallbladder	\$901.29	\$901.2
47612	cholecystectomy w/ choledochoenterostomy	\$910.70	\$910.7 \$098.7
47620 47630	removal of gallbladder biliary duct stone ext percut via t-tube tract	\$988.73 \$442.34	\$988.7 \$442.3
47700	explor for cong atresia bile ducts with or w/o liv	\$748.58	\$748.5
47701	portoenterostomy	\$1,288.65	\$1,288.6
47711	excision of bile duct tumor, with or without primary repair of bile duct;	\$1,118.75	
47712	excision of bile duct tumor, with or without primary repair of bile duct; excision of choledochal cyst	\$1,433.69 \$939.81	\$1,433.69 \$939.81

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		L
	Effective Date: 1/1/2015		[
The inclusio	on of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billir	a Guide	
	licaid and Health Choice Clinical Policies on the DMA Web Site.	3	
D			<u> </u>
	hould always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for d deletion to this schedule.	additions,	
changes an			
*** The fee s	chedule include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not incl	uded on this fee	schedule
47720	fusion gallbladder & bowel	\$811.38	\$811.38
47721	cholecystoenterostomy w/gastroenterostomy	\$958.07	\$958.0
47740	fusion gallbladder & bowel	\$925.71	\$925.7
47741	cholecystoenterostomy;	\$1,049.16	
47760	anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	\$1,582.51 \$2,090.88	\$1,582.5
47765 47780	anastomosis, of intrahepatic ducts and gastrointestinal tract fusion bile ducts and bowel	\$2,090.88	\$2,090.88 \$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 47900	u-tube hepaticoenterostomy suture of extrahepatic biliary duct for pre-existing injury	\$1,084.10 \$977.07	\$1,084.10 \$977.07
47900 48000	placement of drains, peripancreatic, for acute pancreatitis;	\$977.07 \$1,355.87	\$977.07
48001	placement of drains, peripancreatic, for acute pancreatitis;	\$1,667.70	\$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 48105	biopsy pancreas needle percutaneous resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis.	\$204.54 \$2,055.89	\$406.53 \$2,055.89
48105	removal pancreas lesion	\$2,055.89	
48140	pancreatectomy, distal subtotal, with or without splenectomy; without	\$1,122.41	\$1,122.4
48145	partial removal of pancreas	\$1,165.76	\$1,165.76
48146	pancreatectomy, distal, near-total with preservation of duodenum	\$1,329.01	\$1,329.01
48148	excision of ampulla of vater	\$882.61	\$882.6
48150 48152	pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, pancreatectomy, proximal subtotal with total duodenectomy,	\$2,246.16 \$2,076.53	\$2,246.16 \$2,076.53
48153	pancreatectomy, proximal subtotal with near-total duodenectomy,	\$2,243.13	
48154	pancreatectomy, proximal subtotal with near-total duodenectomy,	\$2,082.01	\$2,082.07
48155	removal of pancreas	\$1,288.69	\$1,288.69
48500 48510	marsupialization of pancreatic cyst	\$806.92 \$766.19	\$806.92 \$766.19
48520	external drainage, pseudocyst of pancreas; open fusion pancreas cyst - bowel	\$783.25	\$783.25
48540	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	\$1,279.8
48548 49000	pancreaticojejunostomy, side-to-side anastomisis (puestow-type operation) exploration of abdomen	\$1,198.07 \$556.74	\$1,198.07 \$556.74
49000	reexploration of abdomen	\$732.19	
49010	exploration behind abdomen	\$690.74	
49020	drainage of peritoneal abscess or localized peritonitis, exclusive of	\$1,143.06	
49040	drainage of subdiaphragmatic or subphrenic abscess; open	\$716.06	\$716.00
49060 49062	drainage of retroperitoneal abscess; open drainage of extraperitoneal lymphocele to peritoneal cavity, open	\$801.60 \$544.29	\$801.60 \$544.29
49062	abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	\$39.71	\$92.3
49083	abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	\$61.24	\$174.3
49084	peritoneal lavage, including imaging guidance, when performed	\$56.09	
49203	excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal,	\$873.06	\$873.0
49204 49205	excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal,	\$1,115.77 \$1,278.01	\$1,115.7 \$1,278.0
49205	excision of presacral or sacroccygeal tumor	\$1,602.62	\$1,602.6
49220	staging laparotomy for hodgkins disease or lymphoma (includes splenectomy,	\$696.00	\$696.0
49250	excision of umbilicus	\$415.00	\$415.0
49255	removal of omentum	\$563.90	\$563.9
49320 49321	laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without laparoscopy, surgical; with biopsy (single or multiple)	\$237.75 \$250.30	\$237.7 \$250.3
49321	laparoscopy, surgical, with biopsy (single of multiple) laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiration of	\$250.30	\$250.3
49323	laparoscopy, surgical, abdomen, peritoneum, and omentum; with drainage of	\$462.27	\$462.2
49324	laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent	\$283.37	\$283.3
49325	laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with remo	\$304.33	\$304.3
49326 49402	laparoscopy, surgical; with omentopexy (omental tacking procedure) (list separately in addition to cod removal of peritoneal foreign body from peritoneal cavity	\$140.87 \$614.81	\$140.8 \$614.8

	Nurse Practitioner Fee Schedule Provider Specialty 061		
	Effective Date: 1/1/2015		
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	nould always bin their usual and customary charges. Please use the monthly we mee		
enangee an			
*** The fee s	schedule include the new codes for 2015 and the pending 1% rate reduction effective	1/1/2015 is not included on this fee	schedule
49405	fluid collection drainage by catheter using imaging guidance, accessed through th		\$690.48
49406	fluid collection drainage by catheter using imaging guidance, accessed through th		\$690.21 \$584.05
49407 49419	fluid collection drainage by catheter using imaging guidance, accessed throug vag insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir,	gina or rectum \$185.95 \$328.31	\$328.31
49421	insertion intraperitoneal cannula permanent	\$281.24	\$281.24
49422	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 49440	delayed creation of exit site from embedded subcutaneous segment of intraperito	neal cannula or catr \$131.76 \$189.25	\$131.76 \$818.99
49440 49441	insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic		\$818.99
49442	insertion of deddenostomy of jejunostomy tube, percutaneous, under hubroscopic	\$172.86	\$796.73
49446	conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under	\$139.37	\$743.37
49450	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 49491	contrast injection(s) for radiological evaluation of existing gastrostomy,	\$26.04 \$555.23	\$127.59 \$555.23
49491	repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation 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	repair initial inguinal hernia, under age 6 months, with or	\$428.00	\$428.00
49500	repair initial inguinal hernia, age 6 months to under 5 years, with or without	\$280.15	\$280.15
49501	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 49521	repair recurrent inguinal hernia, any age; reducible repair recurrent inguinal hernia, any age;	\$450.16 \$549.50	\$450.16 \$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	repair initial femoral hernia, any age;	\$447.56	\$447.56
49555	repair recurrent femoral hernia; reducible	\$425.71	\$425.71
49557	repair recurrent femoral hernia;	\$517.37	\$517.37
49560 49561	repair initial incisional or ventral hernia; reducible repair initial incisional hernia;	\$529.08 \$667.95	\$529.08 \$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	repair umbilical hernia, under age 5 years; reducible	\$224.82	\$224.82
49582	repair umbilical hernia, under age 5 years;	\$334.73	\$334.73
49585 49587	repair umbilical hernia, age 5 years or over; repair umbilical hernia, age 5 years or over;	\$311.09 \$369.11	\$311.09 \$369.11
49587	repair umblical hernia, age 5 years of over,	\$309.11	\$405.36
49600	repair abcomma nerma 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	\$302.65	\$302.65
49651	laparoscopy, surgical; repair recurrent inguinal hernia laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric	\$391.48 \$570.48	\$391.48 \$570.48
49653	laparoscopy, surgical, repair, ventral, umblical, spigelian or epigastric	\$712.80	\$712.80
49654	laparoscopy, surgical, repair, vental, ambinoal, spigenar of opigastro	\$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

	Nurse Practitioner Fee Schedule Provider Specialty 061 Effective Date: 1/1/2015		
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changes and de	eletion to this schedule.		
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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	drainage of perirenal or renal abscess; open	\$812.65	\$812.65
50040 50045	drainage of kidney exploration of kidney	\$765.20 \$772.73	\$765.20 \$772.73
50045	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 \$726.77	\$1,223.18
50080 50081	percutaneous nephrostolithotomy, up to 2 cm percutaneous nephrostolithotomy, over 2 cm	\$726.77 \$1.068.02	\$726.77 \$1,068.02
50100	revise kidney blood vessels	\$778.89	\$778.89
50120	exploration of kidney	\$787.87	\$787.87
50125	exploration/drainage kidney	\$814.74	\$814.74
50130 50135	removal of kidney stone exploration of kidney	\$862.22 \$934.08	\$862.22 \$934.08
50205	biopsy of kidney	\$934.08	\$548.59
50220	nephrectomy, including partial ureterectomy, any open approach including rib	\$849.01	\$849.0
50225	removal of kidney	\$983.91	\$983.9 <i>°</i>
50230	removal of kidney	\$1,067.07	\$1,067.07
50234	nephrectomy with total ureterectomy and bladder cu	\$1,083.16 \$1,225.38	\$1,083.10
50236 50240	removal of kidney & ureter partial removal of kidney	\$1,225.38	\$1,225.38 \$1,100.55
50250	ablation, open, one or more renal mass lesion(s), cryosurgical, including in	\$1,020.88	\$1,020.88
50280	removal of kidney lesion	\$784.42	\$784.42
50290	excision of perinephric cyst	\$724.40	\$724.40
50320 50340	donor nephrectomy, open from living donor (excluding preparation and removal of kidney	\$1,067.40 \$658.41	\$1,067.40
50360	renal allotransplantation, implantation of graft; excluding donor and recipient	\$1,809.70	\$658.4 ² \$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 50405	revision of kidney/ureter revision of kidney/ureter	\$961.48 \$1,166.57	\$961.48 \$1,166.57
50500	repair of kidney wound	\$932.24	\$932.24
50520	closure kidney/skin fistula	\$861.94	\$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 50541	revision of horseshoe kidney laparoscopy, surgical; ablation of renal cysts	\$942.26 \$767.47	\$942.20 \$767.47
50542	laparoscopy, surgical; ablation of renal cysis	\$767.47 \$973.57	\$767.47
50543	laparoscopy, surgical; partial nephrectomy	\$1,242.53	\$1,242.53
50544	laparoscopy, surgical; pyeloplasty	\$1,047.97	\$1,047.9
50545	laparoscopy, surgical; radical nephrectomy (includes removal of gerota's fascia	\$1,124.72	\$1,124.72
50546 50547	laparoscopy, surgical; nephrectomy, including partial ureterectomy laparoscopy, surgical; donor nephrectomy from living donor (excluding	\$996.64 \$1,197.26	\$996.64 \$1,197.20
50548	laparoscopy, surgical, donor neprilectomy non nying donor (excluding	\$1,134.25	\$1,134.2
50562	renal endoscopy through established nephrostomy or pyelostomy, with or without	\$493.61	\$493.6
50590	lithotripsy shock wave (professional component)	\$467.69	\$751.0
50592	ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency	\$303.64	\$2,781.7
50600 50605	exploration of ureter ureterotomy for insertion of indwelling stent	\$779.02 \$751.00	\$779.02 \$751.00
50610	removal of stone, ureter	\$794.75	\$794.7
50620	removal of stone, ureter	\$753.81	\$753.8
50630	removal of stone, ureter	\$735.23	\$735.23
50650	removal of ureter	\$859.60	\$859.60
50660 50688	removal of ureter change of ureter tube	\$950.84 \$65.28	\$950.84 \$65.28
50700	revision of ureter	\$05.28	\$769.6

	Nurse Practitioner Fee Schedule Provider Specialty 061		
	Effective Date: 1/1/2015		
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changes and d	eletion to this schedule.		
*** The fee eeb	adula include the new codes for 2045 and the nonding 10/ rate reduction officiality 1/4/2045 is	not included on this for a	ahadula
The ree sche	edule include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is	not included on this ree s	chequie
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	\$414.0
50728	revision of urinary-cutaneous anastomosis with repair	\$571.50	\$571.50
50740	fusion of ureter-kidney	\$891.74	\$891.74
50750	fusion of ureter-kidney	\$967.25	\$967.2
50760	fusion of ureter	\$902.71	\$902.7 ⁴ \$937.5
50770 50780	splicing of ureters reimplant ureter in bladder	\$937.53 \$905.03	\$937.5
50782	ureteroneocystostomy; anastomosis	\$888.67	\$888.67
50783	ureteroneocystostomy; ureteral tailoring	\$922.31	\$922.3
50785	reimplant ureter in bladder	\$1,004.45	\$1,004.4
50800	implant ureter in bowel	\$762.11	\$762.1
50810	ureterosigmoidostomy, with creation of sigmoid bladder and establishment of	\$1,004.18	\$1,004.18
50815	ureterocolon conduit, including intestine anastomosis	\$1,017.04	\$1,017.04
50820	ureteroileal conduit (ileal bladder), including intestine anastomosis (bricker	\$1,083.77	\$1,083.77
50825	continent diversion, including intestine anastomosis using any segment of small	\$1,375.49	\$1,375.49
50830 50840	urinary andiversion replacement of all or part of ureter by intestine segment, including intestine	\$1,494.00 \$1,023.54	\$1,494.00 \$1,023.54
50845	cutaneous appendico-vesicostomy	\$1,023.34	\$1,023.52 \$1,037.87
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	release of ureter	\$735.85	\$735.85
50945	laparoscopy, surgical, ureterolithotomy	\$817.21	\$817.2
50947	laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent	\$1,159.20	\$1,159.20
51020 51030	cystotomy or cystostomy w/fulgration and/or insert	\$383.69 \$380.48	\$383.69
51040	incision/treatment bladder incision of bladder	\$239.24	\$380.48 \$239.24
51045	incision of bladder	\$382.68	\$382.68
51050	removal of bladder stone	\$389.81	\$389.8
51060	removal of ureteral stone	\$480.38	\$480.38
51065	cystotomy, with calculus basket extraction and/or ultrasonic or	\$477.21	\$477.2 ⁻
51080	drainage of bladder abscess	\$333.78	\$333.78
51100	aspiration of bladder; by needle	\$32.39	\$49.45
51101	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 removal of bladder lesion	\$514.52 \$484.26	\$514.52
51520 51525	removal of bladder lesion	\$484.26	\$484.20 \$713.00
51530	removal of bladder lesion	\$635.36	\$635.30
51535	revision of ureter lesion	\$645.40	\$645.40
51550	partial removal of bladder	\$784.57	\$784.5
51555	partial removal of bladder	\$1,043.86	\$1,043.80
51565	revision of bladder & ureter	\$1,067.08	\$1,067.0
51570	removal of bladder	\$1,219.28	\$1,219.2
51575	cyctectomy w/bilat lymphadenectomy including hypog	\$1,524.25	\$1,524.2
51580	removal of bladder	\$1,587.95	\$1,587.9
51585 51590	cyctectomy w/bilat lymph including hypogastric and cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including	\$1,769.26 \$1,612.07	\$1,769.20 \$1,612.0
51590	cystectomy, complete, with ureterolleal conduit or sigmoid bladder, including cystectomy w/bilat lymph including hypogastric and	\$1,612.07	\$1,612.0
51595	cystectomy, complete, with continent diversion, any open technique, using any	\$1,969.33	\$1,969.3
51597	removal of pelvic structures	\$1,899.50	\$1,899.5
51700	irrigation of bladder	\$37.28	\$70.2
51701	insertion of non-dwelling bladder catheter (eg, straight catheterization for	\$22.60	\$48.62
51702	insertion of temporary indwelling 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 Provider Specialty 061		
		Effective Date: 1/1/2015		
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		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	uded on this fee	schedule
51710 51725		change of bladder tube	\$78.52 \$175.74	\$128.33 \$175.74
51725		simple cystometrogram complex cystometrogram with gas	\$254.64	\$175.74
51727		complex cystometrogram (ie, calibrated electronic equipment); with urethral	\$178.10	
51727	26	complex cystometrogram (ie, calibrated electronic equipment); with urethral	\$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	
51729 51729	26	complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$191.97 \$79.01	\$191.97 \$79.01
51729	Z6 TC	complex cystometrogram (ie, calibrated electronic equipment); with voiding complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$79.01 \$112.97	\$79.01 \$112.97
51736	10	simpl uroglowmetry	\$43.38	\$43.38
51741		electronic uroflowmetry initial recording	\$69.03	
51741	TC	electronic uroflowmetry initial recording	\$20.25	\$20.25
51741	26	electronic uroflowmetry 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	
51785 51792		needle electromyography studies (emg) of anal or urethral sphincter, any stimulus evoked response	\$175.04 \$182.57	\$175.04 \$182.57
51798		measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	\$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		anterior vesicourethropexy, or urethropexy (eg, marshall-marchetti-krantz,	\$527.38	\$527.38
51841		fixation of bladder/urethra	\$626.17	\$626.17
51845		abdomino-vaginal vesical neck suspension	\$480.29	\$480.29
51860		repair of bladder wound	\$587.43	\$587.43
51865 51880		repair of bladder wound repair of bladder opening	\$728.08 \$380.67	\$728.08 \$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	
51940		closure, exstrophy of bladder	\$1,337.11	\$1,337.11
51960		enterocystoplasty, including intestinal anastomosis	\$1,152.62	\$1,152.62
51980		construct bladder opening	\$589.68	
51990		laparoscopy, surgical; urethral suspension for stress incontinence	\$607.02	
51992 52250		laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or cystovre ins radioac sub w/wo biopsy o fulguration	\$662.58 \$204.87	\$662.58 \$204.87
52265		local anesthesia	\$133.14	\$341.85
52332		cystourethroscopy w/intsert indw ureteral sternt	\$131.58	
52356		crushing of stone in urinary duct (ureter) with stent using an endoscope	\$335.06	
52400		cystourethroscopy with incision, fulguration, or resection of congenital	\$406.16	
52450		transurethral incision of prostate	\$386.31	\$386.31
52500		revision of bladder	\$403.67	\$403.67
52601 52630		transurethral electrosurgical resection of prostate, including control of remove prostate regrowth	\$687.74 \$267.60	\$687.74 \$267.60
52630 52640		relieve bladder contracture	\$367.60 \$250.26	
52647		non-contact laser coagulation of prostate, including control	\$535.02	
52648		contact laser vaporization with or without transurethral	\$571.12	
52649		laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete	\$816.40	\$816.40
52700		drainage of prostate abscess	\$358.88	
53000		revision of urethra	\$122.43	
53010		revision of urethra	\$239.68	
53040		drainage of urethra abscess	\$324.10	
53060 53080		drainage of urethra abscess drainage of urinary leakage	\$126.64 \$358.63	\$142.31 \$358.63
53085		drainage of urinary leakage	\$510.46	
53210		removal of urethra	\$638.74	\$638.74
53215		removal of urethra	\$776.32	\$776.32

	Nurse Practitioner Fee Schedule Provider Specialty 061 Effective Date: 1/1/2015		
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53220	treatment of urethra lesion	\$372.26	\$372.26
53230 53235	removal of urethra lesion removal of urethra lesion	\$496.75 \$528.30	\$496.75 \$528.30
53240	revision of urethral pouch	\$354.24	\$354.24
53250	removal of urethral gland	\$328.62	\$328.6
53260	treatment of urethral lesion	\$145.04	\$163.23
53265 53270	treatment of urethral lesion removal of urethral gland	\$152.45 \$149.32	\$180.98 \$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	\$731.61	\$731.6
53410 53415	reconstruction of urethra urethroplasty, transpubic, one stage	\$816.80 \$942.66	\$816.8 \$942.6
53420	revision urethra, 1st stage	\$942.66	\$670.5
53425	revision urethra, 2nd stage	\$786.91	\$786.9 ⁻
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	\$728.2 \$640.9
53444	insertion of tandem cuff (dual cuff)	\$662.59	\$662.5
53445	insertion of inflatable urethral/bladder neck sphincter, including placement of	\$731.06	\$731.0
53446	removal of inflatable urethral/bladder neck sphincter, including pump,	\$533.97	\$533.9
53447	removal and replacement of inflatable urethral/bladder neck sphincter including	\$676.13	\$676.1
53448 53449	removal and replacement of inflatable urethral/bladder neck sphincter including repair of inflatable urethral/bladder neck sphincter, including pump,	\$1,070.19 \$507.80	\$1,070.1 \$507.8
53450	revision of urethra	\$337.26	\$337.2
53460	revision of urethra	\$379.15	\$379.1
53500	urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg,	\$610.72	\$610.7
53502	urethrorrhaphy female	\$401.09	\$401.0
53505 53510	repair of urethra injury repair of urethra injury	\$402.90 \$524.69	\$402.9 \$524.6
53515	repair of urethra injury	\$662.53	\$662.5
53520	repair of urethra defect	\$460.10	\$460.1
53850	transurethral destruction of prostate tissue; by microwave thermotherapy	\$472.20	\$1,995.2
53852 54000	transurethral destruction of prostate tissue; by radiofrequency thermotherapy	\$513.80	\$1,922.1
54000	slitting of prepuce, dorsal or lateral (separate procedure); slitting of prepuce, dorsal or lateral (separate procedure);	\$87.90 \$113.64	\$127.0 \$156.7
54015	incision and drainage of penis deep	\$257.18	\$257.1
54050	treatment of penis lesion	\$76.84	\$95.8 [°]
54055	treatment of penis lesion	\$70.91	\$91.6
54056 54057	destruction of lesion, penis, simple; cryosurgery destruction of lesion, penis, simple; laser	\$79.27 \$74.53	\$99.9 \$109.7
54060	treatment of penis lesion	\$104.28	\$148.7
54065	destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum	\$127.49	\$163.5
54105	biopsy of penis	\$178.09	\$226.2
54110	treatment of penis lesion	\$517.22	\$517.2
54111 54112	excision of penile plaque with graft to 5cm excision of penile plaque with graft more than 5cm	\$669.09 \$785.44	\$669.0 \$785.4
54115	removal foreign body from deep penile tissue	\$347.11	\$370.6
54120	partial amputation of penis	\$523.10	\$523.1
54125	amputation of penis	\$675.09	\$675.0
54130 54135	amputation of penis	\$999.81	\$999.8
54135 54161	amputation penis w/bilateral lymph include hypogas circumcision	\$1,270.06 \$163.22	\$1,270.0 \$163.2
54162	lysis or excision of penile post-circumcision adhesions	\$162.23	\$220.4
54163	repair incomplete circumcision	\$179.02	\$179.03
54164	frenulotomy of penis	\$157.45	\$157.4
54200 54205	injection procedure for peyronie disease;	\$68.89	\$89.3
54205 54230	treatment of penis lesion ing procedure for corpora cavernosgraphy	\$443.72 \$66.59	\$443.7 \$80.3

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061 Effective Date: 1/1/2015		
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54240	penile plethysmography	\$83.44	\$83.4 \$538.7
54300 54304	revision of penis plastic operation on penis for correct of chordee	\$538.78 \$631.39	\$538.73
54308	urethroplasty second stage hypospadias less th 3cm	\$601.17	\$601.1
54312	urethroplasty for hypospadias repair more than 3cm	\$694.76	\$694.7
54316	urethroplasty for hypospadias repair with graft	\$841.26	\$841.2
54318	urethroplasty for hypospadias to release penis	\$605.63	\$605.6
54322	hypospadias repair with meatal advancement hypospadias repair with urethroplasty by flaps	\$657.82	\$657.82
54324 54326	hypospadias repair with urethroplasty by flaps/mob	\$817.80 \$769.30	\$817.80 \$769.30
54328	hypospadias with urethroplasty to correct chordee	\$779.67	\$779.6
54332	penile hypospadias repair dissection to corr chord	\$852.34	\$852.34
54336	hypospadias repair to corrt chordee and urethropla	\$968.61	\$968.6
54340	repair hypospadias complications, simple	\$467.71	\$467.71
54344 54348	repair hypospadias complications mobilization graf repair hypospadias compli dissection and urethropl	\$807.01 \$856.80	\$807.01 \$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	\$729.3
54450	foreskin manipulation	\$49.39	\$60.59
54505 54512	biopsy of testis excision of extraparenchymal lesion of testis	\$176.70 \$444.46	\$176.70 \$444.46
54520	removal of testis	\$268.80	\$268.80
54522	orchiectomy, partial	\$482.67	\$482.67
54530	removal of testis	\$419.62	\$419.62
54535	extensive testis surgery	\$610.71	\$610.7
54550 54560	exploration for testis exploration for testis	\$405.04 \$553.30	\$405.04
54600	reduce testis torsion	\$374.34	\$553.30 \$374.34
54620	fixation of testis	\$251.56	\$251.50
54640	orchiopexy, inguinal approach, with or without hernia repair	\$384.35	\$384.3
54650	orchiopexy, abdominal approach, for intra-abdominal testis	\$589.66	\$589.66
54670	repair testis injury	\$334.17	\$334.17
54680 54690	relocation of testis(es) laparoscopy, surgical; orchiectomy	\$651.65 \$526.78	\$651.65 \$526.78
54692	laparoscopy, surgical, orchiopexy for intra-abdominal testis	\$643.63	\$643.6
54700	drainage of scrotum	\$174.32	\$174.3
54830	remove epididymis lesion	\$304.10	\$304.10
54840	remove epididymis lesion	\$267.08	\$267.08
54860	removal of epididymis	\$345.05	\$345.0
54861 54865	removal of epididymes exploration of epididymis, with or without biopsy	\$467.13 \$293.58	\$467.13 \$293.58
55040	removal of hydrocele	\$293.58	\$293.50
55041	removal of hydroceles	\$418.05	\$418.0
55060	repair of hydrocele	\$310.42	\$310.42
55100	drainage of scrotum abscess	\$131.52	\$174.8
55110	scrotal exploration	\$315.85	\$315.8
55120	removal of scrotum lesion	\$289.63	\$289.63 \$400.43
55150 55175	removal of scrotum scrotoplasty; simple	\$400.43 \$297.14	\$400.43 \$297.14
55180	scrotoplasty, simple	\$566.23	\$566.23
55200	incision of sperm duct	\$227.76	\$396.4

	Nurse Practitioner Fee Schedule		
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55250	removal of sperm duct(s)	\$186.06	\$348.6
55450	ligation of sperm ducts	\$211.04	\$310.9
55500	removal of hydrocele	\$308.11	\$308.1
55520	removal of sperm cord lesion	\$317.41	\$317.4
55530	revise spermatic cord veins	\$291.22	\$291.2
55535 55540	revise spermatic cord veins revise hernia & sperm veins	\$352.41 \$385.20	\$352.4 \$385.2
55550	laparoscopy, surgical, with ligation of spermatic veins for varicocele	\$349.04	\$349.04
55600	incise sperm duct pouch	\$351.53	\$351.5
55650	remove sperm duct pouch	\$592.41	\$592.4
55680	remove sperm pouch lesion	\$279.91	\$279.9
55705 55720	biopsy of prostate drainage of prostate abscess	\$223.83 \$383.07	\$223.83 \$383.0
55725	drainage of prostate abscess	\$486.29	\$486.2
55801	removal of prostate	\$905.83	\$905.8
55810	removal of prostate	\$1,096.49	\$1,096.4
55812	prostatectomy w lymph node biopsy	\$1,347.67	\$1,347.6
55815 55821	prostatectomy perineal w pelvic lymphadenectomy removal of prostate	\$1,478.60 \$728.48	\$1,478.60 \$728.43
55831	removal of prostate	\$789.68	\$789.6
55840	prostatectomy, retropubic radical, with or without nerve sparing;	\$1,118.64	
55842	prostatectomy retropubic w lymph biopsy	\$1,199.02	\$1,199.03
55845	extensive prostate surgery	\$1,372.39	\$1,372.3
55860 55862	exposure of prostate, any approach, for insertion of radioactive substance; exposure of prostate, any approach, for insertion of radioactive substance;	\$730.82 \$923.60	\$730.82 \$923.6
55865	exposure of prostate, any approach, for insertion of radioactive substance;	\$1,119.45	\$923.0
55866	laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing	\$1,457.88	\$1,457.8
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	\$633.6
55920 56405	placement of needles or catheters into pelvic organs and/ or genitalia (except i and d of abscess, vulva/perineal	\$358.13 \$79.87	\$358.1
56420	drainage of vulva abscess	\$69.49	\$81.5 \$93.5
56440	marsupilization of bartholin's gland cyst	\$138.62	\$138.6
56441	lysis of labial adhesions	\$107.11	\$112.98
56501	destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery,	\$85.02	\$97.3
56515	destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery,	\$148.32	\$166.7
56620 56625	vulvectomy partial unilateral or bilateral external genital surgery	\$372.16 \$449.11	\$372.10 \$449.1
56630	vulvectomy radical without skin graft	\$658.02	\$658.02
56631	vulvectomy, radical, partial; w lymphadenectomy	\$837.56	\$837.5
56632	vulvectomy, radical, partial;	\$969.65	\$969.6
56633 56634	vulvectomy, radical, complete vulvectomy, rad, complete; uni lymphadenectomy	\$859.02 \$907.47	\$859.0 \$907.4
56637	vulvectomy, rad, complete; uni lymphadenectomy vulvectomy, radical, complete; w lymphadenectomy	\$907.47 \$1,073.19	
56640	vulvectomy radical with inguinofem iliac pelvic ly	\$1,070.63	\$1,070.6
56700	external genital surgery	\$140.20	\$140.2
56740	external genital surgery	\$224.80	\$224.8
56800 56805	plastic repair of introitus clitoroplasty for intersex state	\$184.85 \$873.26	\$184.8 \$873.2
56810	perineoplasty repair of perineum, non-ob	\$198.66	\$198.6
56820	colposcopy of the vulva;	\$65.05	\$83.5
56821	colposcopy of the vulva; with biopsy (s)	\$88.33	\$111.8
57000	drainage of pelvic lesion	\$144.49	\$144.4
57010 57022	colpotomy with drainage pelvic abscess incision and drainage of vaginal hematoma; obstetrical/postpartum	\$324.88 \$126.09	\$324.8 \$126.0
57022	incision and drainage of vaginal nematoma; non-obstetrical/postpartum	\$126.09 \$236.50	\$126.0
57061	destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery,	\$72.62	\$84.6
57065	destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery,	\$129.13	\$144.5
57105	biopsy of vagina	\$93.89	\$101.7
57106	vaginectomy, partial removal of vaginal wall;	\$357.99	\$357.9

	Nurse Practitioner Fee Schedule Provider Specialty 061	+	
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57107	vaginectomy, partial removal of vaginal wall; with removal of paravaginal	\$1,065.19	\$1,065.19
57109	vaginectomy, partial removal of vaginal wall; with removal of paravaginal	\$1,218.28	\$1,218.28
57110 57111	vaginectomy, complete removal of vaginal wall; vaginectomy, complete removal of vaginal wall; with removal of paravaginal	\$685.12 \$1,230.66	\$685.12 \$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 57155	treatment vaginal infection insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	\$23.01 \$321.03	\$38.11 \$321.03
57160	fitting and insertion of pessary or other intravaginal support device	\$36.95	\$57.93
57170	diaphram fitting with instructions	\$37.46	\$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 revision of urethra	\$277.57	\$277.57
57220 57230	revision of urethral lesion	\$241.05 \$301.98	\$241.05 \$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	insertion of mesh or other prosthesis for repair of pelvic floor defect, each	\$207.71	\$207.71
57268 57270	repair enterocele vaginal approach repair of visceral pouch	\$363.89 \$606.62	\$363.89 \$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 57287	paravaginal defect repair (including repair for cystocele, if performed); vaginal approach removal or revision of sling for stress incontinence (eg, fascia or synthetic)	\$510.44 \$535.36	\$510.44 \$535.36
57288	sling operation for stress incontinence	\$563.73	\$563.73
57289	pereyra procedure inc anterior colporrhaphy	\$592.48	\$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 57300	revision (including removal) of prosthetic vaginal graft; open abdominal approach repair rectum/vagina lesion	\$722.50 \$402.36	\$722.50 \$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	repair urethra/vagina lesion	\$374.66	\$374.66
57311	closure urethrovaginal fistula w/ bulbocavernosus	\$428.03 \$426.49	\$428.03
57320 57330	repair bladder/vagina lesion repair bladder/vagina lesion	\$426.49	\$426.49 \$606.78
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 57425	paravaginal defect repair (including repair for cystocele, if performed); laparoscopic approach laparoscopy, surgical, colpopexy (suspension of vaginal apex)	\$706.06 \$744.69	\$706.06 \$744.69
57425	Revision (including removal) or prosthetic vaginal graft, laparoscopic approach	\$744.69 \$522.02	\$744.69 \$522.02
57452	colposcopy of the cervix including upper/adjacent vagina;	\$70.08	\$82.66
57454	colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the	\$104.65	\$117.24
57455	colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the	\$85.49	\$108.72
57456	colposcopy of the cervix including upper/adjacent vagina; with endocervical	\$79.75	\$102.69
57461	colposcopy of the cervix including upper/adjacent vagina; with loop electrode	\$145.45	\$250.36 \$75.82
57505 57510	endocervical curettage cautery of cervix; electro or thermal	\$67.99 \$88.45	\$75.82 \$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 Provider Specialty 061		
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57520	conization of cervix, with or without fulguration, with or without dilation and	\$206.04	\$231.22
57522	conization of cervix, with or without fulguration, with	\$182.81	\$198.19
57530	removal of cervix	\$259.29	\$259.29
57531	radical trachelectomy, with bilateral total pelvic lymphadenectomy and	\$1,293.32	\$1,293.32
57540	removal of cervix tissue	\$591.43	\$591.43
57545 57550	remove cervix, repair pelvis removal of cervix tissue	\$624.06 \$206.76	\$624.06
57555	remove cervix, repair vagina	\$306.76 \$454.18	\$306.76 \$454.18
57556	cervix uteri with repair of enterocele	\$433.39	\$433.39
57558	dilation and curettage of cervical stump	\$85.45	\$94.11
57700	revision of cervix	\$229.77	\$229.77
57720	revision of cervix	\$230.61	\$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 58145	myomectomy, excision of leiomyomata of uterus, single or multiple (separate removal of uterine lesion	\$693.79	\$693.79 \$410.39
58145	myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas	\$410.39 \$884.26	\$884.26
58150	hysterectomy	\$752.09	\$752.09
58152	total abdominal hysterectomy (corpus and cervix), with or without removal of	\$949.54	\$949.54
58180	partial hysterectomy	\$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 \$756.00	\$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	vaginal hysterectomy, for uterus greater than 250 grams; with removal of	\$1,008.31	\$1,008.31
58293 58294	vaginal hysterectomy, for uterus greater than 250 grams; with vaginal hysterectomy, for uterus greater than 250 grams; with repair of	\$1,047.05 \$930.04	\$1,047.05 \$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	fixation of uterus	\$338.97	\$338.97
58410	fixation of uterus	\$608.89	\$608.89
58520	repair of ruptured uterus	\$594.55	\$594.55
58540 58541	revision of uterus laparoscopy, surgical, supracervcical hysterectomy, for uterus 250 g or less	\$690.51 \$651.08	\$690.51 \$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 tube	\$795.20	\$795.20
58545	laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with	\$680.17	\$680.17
58546	laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or	\$862.54	\$862.54
58548	laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para	\$1,345.99	\$1,345.99
58550	laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	\$671.12	\$671.12
58552 58553	laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250	\$740.98 \$867.02	\$740.98 \$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	hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or	\$206.04	\$246.32
58559	hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	\$265.12	\$265.12
58560	hysteroscopy, surgical; with division or resection of intrauterine septum (any	\$299.69	\$299.69
58561	hysteroscopy, surgical; with removal of leiomyomata	\$424.38	\$424.38

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Providere e	hould alw	vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additiona	
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58562		hysteroscopy, surgical with removal of impacted foreign object	\$224.75	\$260.83
58563		hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection,	\$265.12	
58565		hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce	\$336.77	. ,
58570		laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	\$699.24	\$699.24
58571 58572		laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/o laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g;	\$768.62 \$870.10	\$768.62 \$870.10
58573		laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g; with removal of tube(s) a	\$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 58661		laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) laparoscopy, surgical; with removal of adnexal structures (partial or total	\$511.27 \$491.66	\$511.27 \$491.66
58662		laparoscopy, surgical, with removal of adhexal structures (partial of total	\$537.41	\$537.41
58670		laparoscopy, surgical; with fulguration of oviducts (with or without	\$276.81	\$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	
58720		removal of ovary/tube(s)	\$543.64	\$543.64
58800 58805		drainage of ovarian cyst(s) drainage of ovarian cyst(s)	\$224.73 \$305.70	
58820		drainage of ovarian abscess; vaginal approach, open	\$235.58	+
58822		drainage of ovarian abscess	\$534.18	
58825		ovarian transposition	\$528.28	
58900		biopsy of ovary(s)	\$311.95	\$311.95
58920 58925		partial removal of ovary(s) ovarian cystectomy unilateral or bilateral	\$532.17 \$554.66	\$532.17 \$554.66
58925		oophorectomy partial or total unilateral or bilateral	\$379.12	\$379.12
58943		oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or	\$848.88	
58950		resection of ovarian, tubal or primary peritoneal malignancy with bilateral	\$808.89	\$808.89
58951		resect ovarian malignancy	\$1,044.55	
58952 58953		resection of ovarian, tubal or primary peritoneal malignancy with bilateral	\$1,178.02	
58953		bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy	\$1,461.92 \$1,587.14	\$1,461.92 \$1,587.14
58956		bilateral salpingo-oophorectomy with total omentectomy, total abdominal	\$1,023.21	\$1,023.21
58957		resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-a	\$1,125.04	
58958		resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-a	\$1,250.55	\$1,250.55
58960		laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal	\$698.98	\$698.98
59020 59025		fetal oxytocin stress test fetal non-stress test	\$52.64 \$35.13	\$52.64 \$35.13
59025	тс	fetal non-stress test	\$11.85	
59025	26	fetal non-stress test	\$23.28	
59030		fetal blood sampling scalp	\$86.82	+
59100		removal of uterus lesion	\$622.10	
59120 59121		treatment atypical pregnancy	\$594.20 \$596.93	
59121		surg treat ectopic pregn tubal wo salping/oophorec treatment atypical pregnancy	\$697.10	
59135		treatment atypical pregnancy	\$705.29	
59136		tx ectopic pregnancy w/ partial resection uterus	\$659.38	
59140		treatment atypical pregnancy	\$294.85	
59150		lap tx ectopic pregnancy w/o removal tubes/ovaries	\$577.72 \$564.60	
59151 59160		lap tx ectopic pregnancy w/ removal tubes/ovaries currettage, postpartum	\$135.68	
59350		hysterorrhaphy of ruptured uterus	\$212.68	
59400		obstetrical care	\$1,327.53	
59409		vaginal delivery only (with or without episiotomy and/or forceps);	\$589.45	
59410		vaginal delivery only (with or without episiotomy and/or forceps); including	\$683.52	
59412 59414		external cephalic version, w/ or w/o tocolysis delivery of placenta (infant born outside of hosp)	\$78.97 \$70.25	\$78.97 \$70.25
59414 59425		antepartum care only; 4-6 visits	\$70.25	
59426		antepartum care only; 7 or more visits	\$461.66	
59430		postpartum care only, separate procedure	\$96.11	

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59510 59514	total ob care w/ cesarean delivery cesarean delivery only;	\$1,503.26 \$697.93	\$1,503.20 \$697.93
59514	cesarean delivery only; including postpartum care	\$822.81	\$822.8
59525	subtotal or total hysterectomy after cesarean delivery (list separately in	\$371.47	\$371.4
59812	surgical tx spontaneous abortion, any trimester	\$219.53	\$234.9
59820	missed abortion completed med or surg any trimeste	\$258.23	\$276.98
59821 59830	surgical tx missed abortion, second trimester	\$262.40	\$282.26
59840	septic abortion d and c therapeutic abortion includes suction	\$326.62 \$157.80	\$326.62 \$162.84
59841	legal therapeutic abortion by d&c	\$268.33	\$283.72
59850	therapeutic abortion by saline injection	\$292.51	\$292.51
59851	legal abortion therapeutic with dilation and curre	\$300.11	\$300.11
59852	legal abortion therapeutic with hysterotomy	\$421.26	\$421.26
59855 59856	induced abortion, by one or more vaginal suppositories induced abortion, by one or more vaginal suppositories	\$312.24 \$369.12	\$312.24 \$369.12
59857	induced abortion, by one or more vaginal suppositories	\$441.70	\$441.70
59870	uterine evac and curettage for hydatiform mole	\$350.32	\$350.32
60000	incision and drainage of thyroglossal duct cyst, infected	\$106.51	\$116.29
60200	drainage thyroid duct lesion	\$479.95	\$479.95
60210 60212	partial thyroid lobectomy, unilateral; partial thyroid lobectomy, unilateral;	\$514.39 \$739.39	\$514.39 \$739.39
60212	total thyroid lobectomy, unilateral; with or without isthmusectomy	\$564.03	\$564.03
60225	total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy,	\$677.67	\$677.67
60240	removal of thyroid	\$718.89	\$718.89
60252	removal of thyroid	\$970.78	\$970.78
60254	extensive thyroid surgery	\$1,251.15	\$1,251.15
60260 60270	thyroidectomy, removal of all remaining thyroid tissue following previous thyroidectomy, including substernal thyroid; sternal split or transthoracic	\$810.56 \$1,021.61	\$810.56 \$1,021.61
60270	thyroidectomy, including substernal thyroid, sternal split of transtroracic	\$783.09	\$783.09
60280	removal thyroid duct lesion	\$321.75	\$321.75
60281	excision of thyroglossal duct, cyst, sinus; recurrent	\$430.73	\$430.73
60300	aspiration and/or injection, thyroid cyst	\$39.91	\$81.03
60500 60502	explore parathyroid glands	\$745.31	\$745.31
60502	re-exploration of parathyroids explore parathyroid glands	\$935.63 \$1,027.39	\$935.63 \$1,027.39
60520	thymectomy, partial or total; transcervical approach (separate procedure)	\$767.71	\$767.71
60521	thymectomy, partial or total;	\$880.75	\$880.75
60522	thymectomy, partial or total;	\$1,062.70	
60540	exploration adrenal gland	\$809.39	\$809.39
60545 60600	exploration adrenal gland removal carotid body lesion	\$921.64 \$1,072.15	\$921.64 \$1,072.15
60605	removal carotid body lesion	\$1,349.19	\$1,349.19
60650	laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration	\$902.85	\$902.8
61070	manipulate brain canal shunt	\$60.39	\$60.39
61105	twist drill hole for subdural or ventricular puncture;	\$313.12	\$313.12
61108	twist drill hole for evac of subdural hematoma	\$623.38	\$623.38
61120 61140	burr hole(s) for ventricular puncture (including injection of gas, contrast incise skull brain biopsy	\$511.15 \$887.97	\$511.15 \$887.97
61150	incise skull for drainage	\$951.05	\$951.0
61151	incise skull for drainage	\$688.22	\$688.22
61154	incise skull for drainage	\$889.29	\$889.29
61156	incise skull for drainage	\$887.34	\$887.34
61215 61250	insertion of subcutaneous reservoir to ventr cath burr holes trephine, supratentorial, exploratory	\$340.23 \$598.79	\$340.23 \$598.79
61250	burr hole or trephine infratentorial unilateral/bi	\$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 hematoma, supratentorial	\$1,467.26	\$1,467.26
61313	craniectomy for evac of hematoma, intracerebral	\$1,401.20 \$1,296.79	\$1,401.20 \$1,296.79

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61315	craniectomy for evac of hematoma, intracerebellar	\$1,476.60	
61320	incise skull for drainage	\$1,365.58	
61321 61322	craniectomy drainage of intracranial abscess infra craniectomy or craniotomy, decompressive, with or without duraplasty, for	\$1,497.51 \$1,662.97	. ,
61323	craniectomy or craniotomy, decompressive, with or without duraplasty, for	\$1,692.43	. ,
61330	incise skull for exploration	\$1,161.58	
61332	exploration or decompression of orbit transccrania	\$1,345.40	. ,
61333	explor decompress orbit transcran approach remove	\$1,359.69	. ,
61340	subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	\$1,016.36	
61343	craniectomy w/ cervical laminectomy	\$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
61450	craniectomy for section comp of decomp of sensory craniectomy exploration/decompress cranial nerves	\$1,349.43	
61460	craniectomy suboccipital for section of 1 or more	\$1,458.98	
61480	incise skull for surgery	\$1,317.64	
61500	removal of skull lesion	\$961.58	
61501	craniectomy for osteomyelitis	\$823.95	
61510	removal of brain lesion	\$1,550.18	
61512 61514	remove brain lining lesion removal of brain abscess	\$1,831.65 \$1,358.79	
61516	removal of brain lesion	\$1,325.69	
61518	removal of brain lesion	\$1,970.69	. ,
61519	remove brain lining lesion	\$2,123.23	
61520	craniectomy cerebellopontine angle tumor	\$2,716.35	
61521	craniectomy excision brain tumor, midline tumor sku	\$2,282.12	
61522	removal of brain abscess	\$1,564.12	
61524 61526	removal of brain lesion removal skull cavity lesion	\$1,476.86 \$2,469.60	
61530	removal skull cavity lesion	\$2,097.04	. ,
61531	subdural implant of strip electrodes, Ing term moni	\$854.04	
61533	craniectomy for insertion epidural electrode array	\$1,079.90	\$1,079.90
61534	removal of brain lesion	\$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	
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	
61541	craniectomy for transection of corpus callosum	\$1,513.55	
61543	craniectomy for part or subtotal hemispherectomy	\$1,534.19	
61544	remove/treat brain lesion	\$1,268.77	
61545 61546	bone flap craniectomy to excise craniopharyngioma removal of pituitary gland	\$2,260.58 \$1,637.93	
61548	removal of pituitary gland	\$1,037.93	
61550	release skull closure	\$728.87	\$728.87
61552	craniectomy for craniostenosis multiple sutures on	\$957.34	
61556	craniotomy for craniosynostosis, frontal/parietal	\$1,168.36	
61557	craniotomy for craniosynostosis, bifrontal bone	\$1,199.70	
61558 61559	ext. craniectomy for mult cranial sut. craniosynos ext. craniectomy for craniosynostosis w recontouri	\$1,238.74 \$1,717.86	
61563	exc. tumor of cranial bone w/o optic nerve decompr	\$1,382.64	
61564	exc. tumor of cranial bone w optic nerve decompres	\$1,730.38	
61566	craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	\$1,597.35	
61567	craniotomy with elevation of bone flap; for multiple subpial transections, with	\$1,797.44	
61570	craniectomy or craniotomy for excision foreign bod	\$1,306.74	
61571	craniectomy or craniotomy penetrating wound brain	\$1,418.87	\$1,418.8
61575 61576	transoral approach to skull base, brain stem transoral approach to skull base w/ split tongue	\$1,694.89 \$2,702.84	
61580	craniofacial approach to anterior cranial fossa;	\$1,772.68	
61581	craniofacial approach to anterior cranial fossa;	\$1,990.74	

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61582	craniofacial approach to anterior cranial fossa;	\$2,033.12	\$2,033.12
61583	craniofacial approach to anterior cranial fossa;	\$2,063.13	\$2,063.1
61584	orbitocranial approach to anterior cranial fossa, extradural,	\$2,009.40	\$2,009.4
61585	orbitocranial approach to anterior cranial fossa, extradural,	\$2,134.32	\$2,134.3
61586 61590	bicoronal, transzygomatic and/or lefort i osteotomy approach to anterior	\$1,530.76 \$2,263.24	\$1,530.7 \$2,263.2
61590	infratemporal pre-auricular approach to middle cranial fossa infratemporal post-auricular approach to middle cranial fossa	\$2,263.24	\$2,263.2 \$2,278.6
61592	orbitocranial zygomatic approach to middle cranial fossa (cavernous	\$2,263.45	\$2,263.4
61595	transtemporal approach to posterior cranial fossa, jugular	\$1,708.48	\$1,708.4
61596	transcochlear approach to posterior cranial fossa, jugular	\$1,882.71	\$1,882.7
61597	transcondylar (far lateral) approach to posterior cranial fossa,	\$2,055.71	\$2,055.7
61598 61600	transpetrosal approach to posterior cranial fossa, clivus or resection or excision of neoplastic, vascular or infectious	\$1,823.44 \$1,537.76	\$1,823.44 \$1,537.70
61601	resection of excision of neoplastic, vascular of infectious	\$1,537.78	\$1,677.18
61605	resection or excision of neoplastic, vascular or infectious	\$1,612.17	\$1,612.1
61606	resection or excision of neoplastic, vascular or infectious	\$2,155.79	\$2,155.79
61607	resection or excision of neoplastic, vascular or infectious	\$2,002.77	\$2,002.7
61608 61613	resection or excision of neoplastic, vascular or infectious obliteration of carotid aneurysm, arteriovenous malformation,	\$2,326.01 \$2,262.01	\$2,326.0 ⁻ \$2,262.0 ⁻
61615	resection or excision of neoplastic, vascular or infectious	\$2,262.01	\$2,202.0 \$1,788.8
61616	resection or excision of neoplastic, vascular or infectious	\$2,348.57	\$2,348.5
61618	secondary repair of dura for cerebrospinal fluid leak, anterior, middle or	\$928.42	\$928.42
61619	secondary repair of dura for csf leak, anterior, middle or	\$1,071.54	\$1,071.54
61623	endovascular temporary balloon arterial occlusion, head or neck	\$432.97	\$432.9
61624 61626	transcatheter permanent occlusion or embolization (eg, for tumor destruction, transcath.occulsion/embolization,percu; non-cns	\$862.35 \$702.92	\$862.3 \$702.92
61680	surg of malformation, supratentorial, simple	\$1,619.98	\$1,619.98
61682	surg of malformation, supratentorial, complex	\$3,049.41	\$3,049.4
61684	surg of malformation, infratentorial, simple	\$2,028.55	\$2,028.5
61686	surg of malformation, infratentorial, complex	\$3,263.71	\$3,263.7
61690 61692	surg of malformation, dural, simple surg of malformation, dural, complex	\$1,541.89 \$2.636.12	\$1,541.8 \$2,636.1
61692	surgery of complex intracranial aneurysm, intracranial approach; carotid	\$2,983.73	\$2,983.73
61698	surgery of complex intracranial aneurysm, intracranial approach;	\$3,213.48	\$3,213.48
61700	surgery of simple intracranial aneurysm, intracranial approach; carotid	\$2,489.96	\$2,489.96
61702	incise skull/vessel surgery	\$2,795.33	\$2,795.33
61703	surgery intracranial aneurysm cervical approach	\$954.24	\$954.24
61705 61708	revise circulation to head revise circulation to head	\$1,834.89 \$1,594.80	\$1,834.8 \$1,594.8
61710	revise circulation to head	\$1,445.72	\$1,445.7
61711	anastomosis arterial extracranial intracranial art	\$1,868.67	\$1,868.6
61720	incise skull/brain surgery	\$834.89	\$834.8
61735	incise skull/brain surgery	\$1,026.52	\$1,026.5
61750 61751	stereotactic biopsy aspiration or excision stereotactic biopsy, aspiration, or excision, including burr hole(s), for	\$998.31 \$971.79	\$998.3 \$971.7
61760	stereotactic biopsy, aspiration, or excision, including burn hole(s), for	\$1,099.69	\$1,099.6
61770	stereotactic localization, including burr hole(s), with insertion of	\$1,087.29	\$1,087.2
61790	stereotactic lesion of gas ganglion percutaneous b	\$603.59	\$603.5
61791	stereotactic lesion trigeminal medullary tract	\$782.26	\$782.2
61796 61797	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial les	\$568.59 \$156.55	\$568.5 \$156.5
61797	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	\$156.55	\$156.5
61799	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial les	\$216.41	\$216.4
61800	application of stereotactic headframe for stereotactic radiosurgery (list separately in adition to code fo	\$110.03	\$110.0
61850	burr twist drill hole implant neurostim elec corti	\$693.86	\$693.8
61860	craniectomy or craniotomy implant neurostim cortic	\$1,107.55	\$1,107.5
61863 61864	twist drill, burr hole, craniotomy, or craniectomy with stereotactic twist drill, burr hole, craniotomy, or craniectomy with stereotactic	\$1,073.12 \$293.08	\$1,073.1 \$293.0
61867	twist drill, burr hole, craniotomy, or craniectomy with stereotactic	\$1,586.16	\$293.0 \$1,586.1
61868	twist drill, burr hole, craniotomy, or craniectomy with stereotactic	\$436.79	\$436.7

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			<u> </u>
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61870	craniectomy implant neurostim cerebellar/cortical	\$840.94	\$840.94
61880	revision removal intracran neuro stim electrodestr	\$386.20	\$386.2
61885	incision and subcutaneous placement of cranial neurostimulator pulse generator	\$445.59	\$445.5
61886 61888	incision and subcutaneous placement of cranial neurostimulator pulse generator revison/removal cranial neurostimulator pulse gen./receiver	\$562.85 \$282.65	\$562.8 \$282.6
62000	repair of skull fracture	\$627.73	\$282.0
62005	repair of skull fracture	\$881.63	\$881.6
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	\$1,147.7
62115 62117	reduce craniomegalic skull w/o graft/cranioplasty reduce craniomegalic skull w craniotomy/reconstruc	\$1,024.70 \$1,365.12	\$1,024.70 \$1,365.12
62120	repair skull cavity lesion	\$1,293.43	\$1,293.43
62121	craniotomy w repair encephalocele, skull base	\$1,182.47	\$1,182.47
62140	repair of skull	\$744.72	\$744.72
62141	repair of skull	\$818.07	\$818.07
62142 62143	removal bone flap or prosthetic plate of skull replace bone flap or prosthetic plate of skull	\$622.53 \$729.86	\$622.53 \$729.86
62145	repair of skull & brain	\$1,001.68	\$1,001.68
62146	cranioplasty w autograft up to 5 cm diameter	\$859.54	\$859.54
62147	cranioplasty w autograft larger than 5cm diameter	\$1,021.09	\$1,021.09
62161	neuroendoscopy, intracranial; with dissection of adhesions, fenestration of	\$1,076.74	\$1,076.74
62162 62163	neuroendoscopy, intracranial; with feneration or excision of colloid cyst, neuroendoscopy, intracranial; with retrieval of foreign body	\$1,339.58 \$865.80	\$1,339.58 \$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	\$640.87 \$683.85	\$640.8 \$683.8
62192	establish brain cavity shunt replacement or irrigation subdural catheter	\$083.85	\$083.83 \$279.5
62200	establish brain cavity shunt	\$975.89	\$975.8
62201	ventriculocisternostomy, stereotactic method	\$836.50	\$836.50
62220	establish brain cavity shunt	\$718.74	\$718.74
62223 62225	establish brain cavity shunt replacement or irrigation ventricular catheter	\$736.86 \$350.48	\$736.86 \$350.48
62230	replacement or inigation ventricular carrieter	\$593.59	\$593.59
	C reprogramming of programmable cerebrospinal shunt	\$37.87	\$37.87
62252	reprogramming of programmable cerebrospinal shunt	\$72.57	\$72.57
	26 reprogramming of programmable cerebrospinal shunt	\$34.70	\$34.70
62256 62258	removal of complete cerebrospinal fluid shunt system; without replacement replace brain cavity shunt	\$410.99 \$798.80	\$410.99 \$798.80
62263	percutaneous lysis of epidural adhesions using solution injection (eg,	\$284.54	\$474.2
62264	percutaneous lysis of epidural adhesions using solution injection (eg,	\$174.94	\$291.3
62270	spinal puncture, lumbar, diagnostic	\$59.47	\$113.74
62273	injection lumbar epidural of blood or clot patch	\$85.15	\$122.30
62280 62281	injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline injection of neurolytic substance (eg, alcohol, phenol, iced	\$116.07 \$112.06	\$223.50 \$207.4
62282	injection of neurolytic substance (eg, alcohol, phenol, iced saline	\$112.08	\$207.4 \$214.1
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	\$372.4
62294	intrathecal injection into spine	\$594.36	\$594.3
62302 62303	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	\$193.7 \$201.2
62304	x-ray of lower spinal canal with radiological supervision and interpretation	\$99.43	\$201.2
62305	x-ray of lower spinal canal with radiological supervision and interpretation	\$103.78	\$208.2
62310	injection, single (not via indwelling catheter), not including neurolytic	\$77.13	\$157.7
62311	injection, single (not via indwelling catheter), not including neurolytic	\$63.97	\$138.9
62318 62319	injection, including catheter placement, continuous infusion or intermittent injection, including catheter placement, continuous infusion or intermittent	\$77.71 \$72.65	\$168.63 \$152.66
62350	implantation, revision or repositioning of tunneled intrathecal or epidural	\$72.65	\$287.4
62351	implantation, revision or repositioning of intrathecal or epidural catheter,	\$603.66	\$603.60

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*** 74 - 6		estimated an this fac	
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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 62365	implantation or replacement of device for intrathecal or epidural drug removal of subcutaneous reservoir or pump, previously implanted for intrathecal	\$301.56 \$237.86	\$301.50 \$237.80
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	lamin f/decomp spin cord a/o cauda eq one/two segm	\$884.80	\$884.80
63005	revision of spinal column	\$839.17	\$839.17
63011 63012	laminectomy sacral decompression spinal cord laminectomy, lumbar w decompression cauda equina	\$793.85 \$854.04	\$793.85 \$854.04
63015	laminectomy, name than two segs cervical	\$1,055.84	\$1,055.84
63016	laminotomy thoracic	\$1,086.91	\$1,086.9
63017	laminotomy lumbar	\$885.11	\$885.1
63020	laminotomy, cervical, one interspace	\$837.07	\$837.07
63030	laminotomy (hemilaminectomy), with decompression of nerve root(s), including	\$694.91	\$694.9
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 63056	decompression spinal cord, single segment, thoracic transpedicular approach with decompression of spinal cord, equina and/or nerve	\$1,172.04 \$1,082.51	\$1,172.04 \$1,082.5
63064	hemilaminectomy thoracic costovertebral approach	\$1,282.67	\$1,282.67
63075	diskectomy cervical ante appr w/o arthrodesis	\$999.64	\$999.64
63077	diskectomy, single space, thoracic	\$1,098.60	\$1,098.60
63081	vertebral corpectomy, single segment, cervical	\$1,285.68	\$1,285.68
63082 63085	vertebral corpectomy (vertebral body resection), partial or complete, anterior vertebral corpectomy, single segment, thoracic	\$204.02 \$1,377.16	\$204.02 \$1,377.16
63087	vertebral corpectomy, single segment, lumbar	\$1,758.40	\$1,758.40
63090	vertebral corpectomy, single segment, lumbar	\$1,439.31	\$1,439.3
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	\$1,639.22
63103	vertebral corpectomy (vertebral body resection), partial or complete, lateral	\$217.76	\$217.70
63170 63172	laminectomy for myelotomy thoracic or thoracolumba laminectomy w/ drainage to subarachnoid space	\$1,101.65 \$991.51	\$1,101.6 \$991.5
63173	laminectomy w/ drainage to subaractified space	\$1,222.20	\$1,222.2
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	\$811.1
63190	laminectomy for rhizotomy more than two segments	\$932.39	\$932.3
63191 63194	laminectomy w section of spinal accessory nerve lamiwectomy cordotomy unilateral cervical	\$891.67 \$1,060.92	\$891.6 \$1,060.9
63195	revise spinal column/cord	\$1,000.32	\$1,000.92
63196	revise spinal column/cord	\$1,262.00	\$1,262.0
63197	laminectomy corotomy bilateral cervical	\$1,202.95	\$1,202.9
63198	revise spinal column/cord	\$1,339.85	\$1,339.8
63199	laminectomy cordotomy bilateral thoracic	\$1,418.63	\$1,418.6
63200 63250	laminectomy for tethered spinal cord, lumbar revise spinal cord vessels	\$1,075.79 \$2,090.97	\$1,075.7 \$2,090.9
63250	laminectomy arteriovenovs malfunction thoracic	\$2,090.97	<u>\$2,090.9</u> \$2,168.7
63252	laminectomy for malformation, thoracolumbar	\$2,170.37	\$2,170.3
63265	laminectomy for intraspinal lesion, cervical	\$1,191.39	\$1,191.3
63266	laminectomy for intraspinal lesion, thoracic	\$1,225.11	\$1,225.1
63267	excise intraspinal lesion lumbar	\$986.11	\$986.1
63268 63270	excise intraspinal lesion, sacral excise intraspinal lesion, cervical	\$990.59 \$1,467.16	\$990.5 \$1,467.1

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63271	excise intraspinal lesion, thoracic	\$1,475.96	\$1,475.96
63272	excise intraspinal lesion, lumbar	\$1,359.60	\$1,359.6
63273 63275	excise intraspinal lesion, sacral biopsy/excise spinal tumor, cervical	\$1,284.76 \$1,280.05	\$1,284.7 \$1,280.0
63276	biopsy/excise spinal tumor, thoracic	\$1,275.20	\$1,275.2
63277	biopsy/ excise spinal tumor, lumbar	\$1,119.11	\$1,119.1
63278	biopsy/ excise spinal tumor, sacral	\$1,095.77	\$1,095.7
63280	biopsy/ excise spinal tumor, cervical	\$1,513.23	\$1,513.23
63281 63282	biopsy/ excise spinal tumor, thoracic biopsy/ excise spinal tumor, lumbar	\$1,496.08 \$1,411.58	\$1,496.08 \$1,411.58
63282	biopsy/ excise spinal tumor, lumbar biopsy/ excise spinal tumor, sacral	\$1,411.58 \$1,337.58	\$1,411.50
63285	biopsy/ excise spinal tumor, cervical	\$1,858.88	\$1,858.8
63286	biopsy, excise spinal tumor	\$1,852.04	\$1,852.04
63287	biopsy, excise spinal tumor	\$1,954.51	\$1,954.5 ⁻
63290	biopsy, excise spinal tumor	\$1,977.91	\$1,977.9
63295 63300	osteoplastic reconstruction of dorsal spinal elements, following primary removal vertebral body	\$236.17 \$1,320.13	\$236.1 \$1,320.1
63301	removal of vertebral body	\$1,320.13	\$1,320.13
63302	removal of vertebral body	\$1,473.14	\$1,473.14
63303	removal of vertebral body	\$1,541.31	\$1,541.3
63304	removal of vertebral body	\$1,633.78	\$1,633.78
63305	removal of vertebral body	\$1,669.98	\$1,669.98
63306 63307	removal of vertebral body removal of vertebral body	\$1,749.71 \$1,623.90	\$1,749.7 ⁻ \$1,623.90
63600	examine spinal cord lesion	\$616.86	\$616.8
63615	stereotactic biopsy aspiration/exc lesion	\$824.71	\$824.7
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	\$179.9
63650	percutaneous implantation of neurostimulator electrode array, epidural	\$305.58	\$305.5
63655 63662	laminectomy for implantation of neurostimulator electrodes, plate/paddle, Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, it	\$604.53 \$421.76	\$604.53 \$421.70
63663	Revision including replacement, when performed, of spinal neurostimulator eletrode percutaneous ar	\$283.65	\$484.3
63664	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	\$261.1
63700 63702	repair of spinal herniation repair of spinal herniation	\$879.39 \$988.74	\$879.39 \$988.74
63702	repair of spinal herniation	\$1,102.85	
63706	repair of spinal herniation	\$1,283.89	\$1,283.8
63707	repair of dural/cerebrospinal fluid leak, not requiring laminectomy	\$649.11	\$649.1
63709	repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	\$789.29	\$789.2
63710	dural graft spinal	\$788.23	\$788.2
63740 63741	creation of shunt, including laminectomy creation shunt, lumbar, percutaneo w/o laminectomy	\$668.03 \$435.56	\$668.0 \$435.5
63744	replacement irrigation or revision of lumbar subar	\$456.31	\$456.3
63746	removal shunt system without replacement	\$397.45	\$397.4
64400	injection, anesthetic agent;	\$47.51	\$78.0
64402	injection, anesthetic agent;	\$54.08	\$80.0
64405	injection, anesthetic agent;	\$55.45	\$75.8
64408 64410	injection, anesthetic agent; injection, anesthetic agent;	\$66.66 \$59.52	\$87.3 \$101.2
64410	injection, anesthetic agent;	\$52.89	\$101.2
64413	injection, anesthetic agent;	\$57.86	\$84.1
64415	injection, anesthetic agent;	\$56.28	\$95.4
64416	injection, anesthetic agent; brachial plexus, continuous infusion by catheter	\$70.76	\$70.7
64417	injection, anesthetic agent;	\$55.74	\$96.2
64418 64420	injection, anesthetic agent; injection, anesthetic agent;	\$55.25 \$49.81	\$97.78 \$115.50
64420 64421	injection, anesthetic agent;	\$49.81	\$115.5
64425	injection, anesthetic agent;	\$70.81	\$94.5

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64430	injection aposthetic agent:	\$66.77	\$114.05
64435	injection, anesthetic agent; injection, anesthetic agent;	\$63.99	\$114.00
64445	injection, anesthetic agent;	\$60.95	\$99.00
64446	injection, anesthetic agent; sciatic nerve, continuous infusion by catheter,	\$70.61	\$70.6
64447	injection, anesthetic agent; femoral nerve, single	\$53.81	\$53.8
64448 64449	injection, anesthetic agent; femoral nerve, continuous infusion by catheter injection, anesthetic agent; lumbar plexus, posterior approach, continuous	\$62.54 \$69.93	\$62.54 \$69.93
64450	injection, anesthetic agent, furnbar plexus, postenor approach, continuous	\$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 64510	injection anesthetic agent carotid sinus	\$52.28 \$51.11	\$102.92 \$102.59
64520	injection, anesthetic agent; injection, anesthetic agent;	\$57.74	\$102.55
64530	injection celiac plexus	\$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 64570	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	\$493.41 \$429.66	\$493.4 ² \$429.66
64575	incision for implantation of neurostimulator electrodes; peripheral nerve	\$210.44	\$210.44
64581	incision for implantation of neurostimulator electrodes; sacral nerve	\$632.46	\$632.46
64585	revision or removal peripheral stimulator electode	\$119.34	\$242.99
64590	incision for placement stimulator receiver	\$133.63	\$229.03
64595	revision removal peripheral neu/stim receiver	\$105.25	\$235.05
64600 64605	injection treatment of nerve injection treatment of nerve	\$159.00 \$253.38	\$291.33 \$411.73
64610	injection reatment of nerve	\$354.86	\$501.72
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	\$71.38	\$79.00
64612	chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for	\$100.04	\$113.19
64615	chemodenervation of muscle(s);muscle(s) innervated by facial, trigeminal, cervical spinal and	\$100.12	\$111.17
64616	accessory nerves, bilateral (eg, for chronic migraine) 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 nerve excluding 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	\$168.8
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 \$92.42	\$88.66
64646 64647	injection of chemical for destruction of nerve muscles on trunk, 5 or more muscles injection of chemical for destruction of nerve muscles on trunk, 6 or more muscles	\$92.42 \$106.71	\$118.5 ⁻ \$137.20
64650	chemodenervation of eccrine glands; both axillae	\$29.88	\$48.89
64680	destruction by neurolytic agent, with or without radiologic monitoring; celiac	\$120.50	\$222.00
64681	destruction by neurolytic agent, with or without radiologic monitoring;	\$162.49	\$287.5
64702	revision of nerve, finger/toe	\$333.54	\$333.54
64704 64708	revision of nerve, hand/foot revision of nerve, arm/leg	\$245.68 \$346.41	\$245.68 \$346.4
64712	revision of sciatic nerve	\$399.72	\$399.72
64713	revision of arm nerves	\$559.51	\$559.5
64714	revision of low back nerves	\$479.29	\$479.29
64716	neurozysis a/o transposition cranial nerve	\$378.74	\$378.74
64718 64719	revise ulnar nerve at elbow	\$407.95 \$282.96	\$407.95
64719	revise ulnar nerve at wrist neurolysis and/or transposition median nerve at ca	\$282.96 \$296.90	\$282.96 \$298.01
64722	revise forearm nerve	\$243.20	\$243.20

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015		
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64726	revise foot/toe nerve	\$214.34 \$277.01	\$214.3
64732 64734	incision of brow nerve incision of cheek nerve	\$299.68	\$277.0 \$299.6
64736	incision of chieve	\$282.91	\$282.9
64738	transection or avulsion of inferior alveolar nerve	\$334.81	\$334.8
64740	transection or avulsion of lingual nerve	\$333.73	\$333.7
64742	incision of facial nerve	\$342.35	\$342.3
64744 64746	incise nerve, back of head incise diaphragm nerve	\$300.25 \$324.40	\$300.2 \$324.4
64755	transection or avulsion of; vagus nerves limited to proximal stomach (selective	\$656.73	\$656.7
64760	incision of vagus nerve	\$347.81	\$347.8
64763	incise hip/thigh nerve	\$396.67	\$396.6
64766	incise hip/thigh nerve	\$458.35	\$458.3
64771 64772	transection/avulsion cranial nerve extradural incise spinal nerve	\$428.96 \$412.56	\$428.9 \$412.5
64774	remove lesion, skin nerve	\$297.93	\$297.9
64776	remove nerve lesion, digit	\$286.43	\$286.43
64782	remove nerve lesion	\$337.88	\$337.8
64784	remove nerve lesion	\$525.85	\$525.8
64786 64788	remove sciatic nerve lesion removal of nerve lesion	\$790.20 \$279.40	\$790.20 \$279.40
64790	removal of nerve lesion	\$601.67	\$279.4
64792	removal of nerve lesion	\$780.54	\$780.5
64795	biopsy of nerve	\$142.97	\$142.9 ⁻
64802	remove sympathetic nerves	\$445.22	\$445.2
64804	remove sympathetic nerves	\$678.78	\$678.7
64809 64818	remove sympathetic nerves remove sympathetic nerves	\$636.81 \$494.14	\$636.8 \$494.1
64820	sympathectomy; digital arteries, each digit	\$550.12	\$550.12
64821	sympathectomy; radial artery	\$495.59	\$495.5
64822	sympathectomy; ulnar artery	\$489.75	\$489.7
64823	sympathectomy; superficial palmar arch	\$557.04	\$557.0
64831 64834	repair of nerve, digital	\$491.15 \$544.52	\$491.1 \$544.5
64835	repair of nerve, hand repair of nerve, hand	\$590.38	\$590.3
64836	repair of nerve, hand	\$590.07	\$590.0
64840	repair of nerve, foot	\$672.37	\$672.3
64856	repair/transpose nerve	\$743.08	\$743.0
64857	suture major periph nerve arm/leg exc sciatic w/o	\$777.00	\$777.0
64858 64861	repair sciatic nerve repair of arm nerves	\$895.60 \$1,011.75	\$895.6 \$1,011.7
64862	repair of low back nerves	\$992.27	\$992.2
64864	repair of facial nerve	\$644.36	\$644.3
64865	suture facial nerve intratemporal w/wo grafting	\$849.41	\$849.4
64866	fusion of facial/other nerve	\$883.46	\$883.4
64868	fusion of facial/other nerve	\$772.98 \$147.02	\$772.9
64876 64885	suture of nerve shortening of bone extremity nerve graft,head/neck; up to 4cm.	\$147.02 \$839.45	\$147.0 \$839.4
64886	nerve graft, head/neck; more than 4 cm.	\$996.02	\$996.0
64890	nerve graft, hand or foot	\$800.46	\$800.4
64891	nerve graft single strand hand or foot more than 4	\$826.78	\$826.7
64892	nerve graft, arm or leg	\$778.73	\$778.7
64893 64895	nerve graft single strand arm or leg more than 4 c nerve graft, hand or foot	\$820.34 \$962.97	\$820.3 \$962.9
64896	nerve graft multiple strands hand or foot more tha	\$1,061.72	\$1,061.7
64897	nerve graft, arm or leg	\$931.56	\$931.5
64898	nerve graft single strand more than 4 cm	\$1,015.63	\$1,015.6
64905	nerve pedicle transfer first stage	\$744.50	\$744.5
64907 65091	nerve pedicle transfer second stage revise eyeball	\$979.06 \$424.88	\$979.0 \$424.8

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The fee Sche		s not included on this ree	Schedule
65101	removal of eyeball	\$489.48	\$489.4
65110	removal of eyeball	\$825.72	\$825.7
65112	remove eye, revise socket	\$972.59	\$972.5
65114 65205	remove eye, revise socket remove foreign body from eye	\$1,011.77 \$31.00	\$1,011.7 \$38.5
65210	remove foreign body from eye	\$37.36	\$47.1
65220	remove foreign body from eye	\$30.55	\$39.5
65235	removal 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	remove foreign body from eye	\$722.49	\$722.49
65270 65272	repair wound of eye repair wound of eye	\$95.60 \$232.04	\$176.73 \$328.00
65273	rep laceration conjuctiva by mobilazation rearr w	\$255.10	\$255.10
65275	repair wound of eye	\$303.71	\$370.0
65280	repair wound of eye	\$447.61	\$447.6´
65285	repair wound of eye	\$699.36	\$699.30
65286	repair of laceration by application of tissue glue	\$328.94	\$464.3
65290 65400	repair wound of eye socket removal of eye lesion	\$328.36 \$395.72	\$328.30 \$444.12
65420	removal of eye lesion	\$248.92	\$339.84
65426	remove/repair eye lesion	\$318.14	\$429.7
65430	corneal smear	\$71.55	\$78.53
65436	curette/treat cornea	\$247.50	\$257.28
65450	destruction of lesion of cornea by cryotherapy, photocoagulation	\$209.30	\$211.8
65600 65710	multiple punctures of anterior cornea (eg, for corneal erosion, tattoo) corneal transplant	\$223.71 \$738.30	\$256.72 \$738.30
65730	corneal transplant	\$821.83	\$821.8
65750	corneal transplant	\$834.05	\$834.0
65755	keratoplasty, penetrating	\$829.13	\$829.13
65756	Keratoplasty (corneal transplant); endothelial	\$646.99	\$646.99
65770	keratoprosthesis	\$954.26	\$954.20
65772 65775	corneal relaxing incision corneal wedge resection	\$268.19 \$366.42	\$297.28 \$366.42
65810	drainage of eveball	\$310.65	\$310.6
65815	drainage of eyeball	\$315.17	\$420.63
65820	relieve inner eye pressure	\$499.40	\$499.40
65850	incision of eyeball	\$570.37	\$570.3
65855	trabeculoplasty by laser one or more sessions	\$201.04 \$174.63	\$227.3
65860 65865	severing ashesions of anter. segmt. laser techniq. relieve inner eye adhesions	\$174.63	\$209.88 \$317.83
65870	relieve inner eye adhesions	\$392.98	\$392.9
65875	relieve inner eye adhesions	\$417.29	\$417.2
65880	relieve inner eye adhesions	\$440.11	\$440.1
65900	removal of epithelial downgrowth, anterior chamber of eye	\$646.36	\$646.3
65920 65930	removal of implanted material, anterior segment of eye removal of blood clot, anterior segment of eye	\$522.61 \$430.60	\$522.6 \$430.6
66020	injection, anterior chamber of eye (separate procedure); air or liquid	\$88.00	\$123.5
66030	injection, anterior chamber (separate procedure);	\$73.41	\$108.9
66130	remove eyeball lesion	\$388.24	\$471.0
66150	incision of eyeball	\$573.80	\$573.8
66155	incision of eyeball	\$571.98	\$571.9
66160 66170	incision of eyeball fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of	\$651.81 \$789.28	\$651.8 \$789.2
66172	fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of	\$789.28	\$789.2 \$991.6
66179	creation of shunt to improve eye fluid flow	\$868.87	\$727.9
66180	aqueous shunt to extraocular reservoir	\$787.96	\$787.9
66185	revision of aqueous shunt to extraocular reservoir	\$496.08	\$496.0
66220	repair eyeball lesion	\$484.33	\$484.3
66225 66250	repair/graft eyeball lesion follow-up surgery of eyeball	\$624.72 \$368.07	\$624.7 \$494.2

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66500	incision of iris	\$234.08	\$234.08
66505	incision of iris	\$256.31	\$256.31
66600	removal of iris lesion	\$544.87 \$710.37	\$544.87 \$710.37
66605 66625	removal of iris removal of iris	\$286.44	\$286.44
66630	removal of iris	\$377.35	\$377.35
66635	removal of iris	\$381.18	\$381.18
66680	repair of iris	\$340.77	\$340.77
66682 66700	suture of iris ciliary body w/retrieval of suture ciliary body destruction; diathermy.	\$413.55 \$263.95	\$413.55 \$298.08
66710	ciliary body distruction; cyclophotcoagulation.	\$263.19	\$293.12
66711	ciliary body destruction; cyclophotocoagulation, endoscopic	\$421.04	\$421.04
66720	ciliary body destruction; crytherapy.	\$277.58	\$306.68
66740 66761	ciliary body destruction; cyclodialysis. revision of iris	\$264.32 \$272.26	\$291.16 \$298.28
66762	revision of iris	\$281.81	\$312.86
66770	removal of inner eye lesion	\$319.58	\$347.83
66820	incision of lens lesion	\$262.39	\$262.39
66821	discission secondary cataract; laser	\$201.56	\$213.30
66825 66830	repositioning intraocular lens pros; incisional removal of lens lesion	\$506.34 \$475.82	\$506.34 \$475.82
66840	removal lens material aspiration technique one or	\$463.71	\$463.71
66850	removal of lens	\$529.46	\$529.46
66852	removal of lens material, pars plana w/wo vitrecto	\$566.86	\$566.86
66920	extraction of lens	\$505.72	\$505.72
66930 66940	extraction of lens extraction of lens	\$574.87 \$521.67	\$574.87 \$521.67
66982	extraction of heris	\$719.65	\$719.65
66983	intracapsular extraction with insertion of prosthe	\$496.10	\$496.10
66984	extracapsular cataract removal with lens prosthesi	\$515.53	\$515.53
66985	insert lens prosthesis	\$509.05	\$509.05
66986 67005	exchange of intraocular lens. partial removal of eve fluid	\$623.73 \$313.60	\$623.73 \$313.60
67010	partial removal of eye fluid	\$363.57	\$363.57
67015	release of eye fluid	\$387.20	\$387.20
67025	replace eye fluid	\$418.36	\$479.91
67027	implantation of intravitreal drug delivery system (eg, ganciclovir implant),	\$574.26	\$574.26
67030 67031	incise inner eye strands severing of vitreous strands, laser surgery	\$345.33 \$234.87	\$345.33 \$255.28
67036	vitrectomy, pars plana approach	\$649.02	\$649.02
67039	vitrectomy, mech., w focal endolaser photocoagulat	\$830.48	\$830.48
67040	laser treatment of retina	\$958.79	\$958.79
67041	vitrectomy, mechanical, pars plana approach; with reomval of preretinal cellular membrane (eg, macu	\$898.59	\$898.59
67042 67043	vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg	\$1,030.06	\$1,030.06
67043	vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal ne repair of retinal detachment, one or more sessions	\$1,080.23 \$447.92	\$1,080.23 \$514.23
67105	repair of retinal detachment, one or more sessions; photocoagulation, with or	\$429.73	\$476.73
67107	repair of retinal detachment; scleral buckling (such as lamellar scleral	\$815.95	\$815.95
67108	repair of retinal detachment; with vitrectomy, any method, with or without air	\$1,087.78	\$1,087.78
67110 67112	repair of retinal detachment; by injection of air or other gas (eg, pneumatic repair of retinal detachment; by scleral buckling or vitrectomy, on patient	\$515.99 \$897.33	\$576.69 \$897.33
67112	repair of retinal detachment, by scienal buckling of vitrectority, on patient repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage c-1 or greater, diabetic	\$1,182.59	\$1,182.59
67115	release of encircling material	\$327.10	\$327.10
67120	revision of inner eye	\$369.00	\$433.07
67121	removal of implanted material, intraocular	\$607.81	\$607.81
67141	prophylaxis of retinal detachment	\$321.85	\$344.51
67145 67208	prophylaxis of retinal detachment;photocoagulation destruction of localized lesion of retina (eg, macular edema, tumors), one or	\$329.15 \$385.90	\$347.61 \$399.33
67210	destruction of localized lesion of retina (eg, macular edema, tumors), one or	\$452.92	\$467.75
67218	treatment 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	
67228	destruction of retinopathy, photocoagulation	\$708.07	
67229 67250	treatment of extensive or pregressive retinopathy, one or more sessions; preterm infant (less than reinforce eyeball wall	1 37 \$777.28 \$526.21	
67255	reinforce/graft eyeball wall	\$562.32	
67311	strabismus surgery, recession or resection procedure; one horizontal muscle	\$399.47	
67312 67314	strabismus surgery, two horizontal muscles strabismus surgery, one vertical muscle	\$478.48	
67316	strabismus surgery, 2 or more vertical muscles	\$537.30	
67318	strabismus surgery, any procedure, superior oblique muscle	\$468.71	
67320 67331	transposition procedure (eg, for paretic extraocular muscle), any extraocular strabismus surgery on patient with previous eye surgery or injury that did not	\$225.73 \$213.74	
67332	strabismus surgery on patient with scarring of extraocular muscles (eg, prior	\$232.43	
67334	strabismus surgery by posterior fixation suture technique, with or without	\$210.84	
67340	strabismus surgery involving exploration and/or repair of detached extraocular	\$251.16	
67343 67345	release extensive scar tissue w/o detaching muscle chemodenervation of extraocular muscle	\$435.19 \$144.86	
67400	orbitotomy without bone flap (frontal or transconjunctival approach); for	\$625.36	
67405	explore/treat eye socket	\$531.58	
67412	explore/treat eye socket	\$578.92	
67413 67414	explore/treat eye socket orbitotomy wo flap;w bone removal for decompress.	\$579.12 \$891.24	
67420	explore/treat eye socket	\$1,110.12	
67430	explore/treat eye socket	\$841.09	
67440 67445	explore/treat eye socket orbitotomy w flap/window; w bone removal.	\$811.04 \$956.33	
67445	explore/treat eye socket	\$956.33	
67570	optic nerve decompression.	\$780.75	
67700	blepharotomy, drainage of abscess, eyelid	\$76.91	
67710 67715	incision of eyelid incision of eyelid	\$64.02 \$72.51	, -
67800	remove eyelid lesion	\$70.52	+
67801	remove eyelid lesions	\$91.62	
67805	remove eyelid lesions	\$112.37	
67808 67825	remove eyelid lesion(s) correction of trichiasis; epilation by other than forceps (eg, by	\$243.19 \$80.89	
67830	revise eyelashes	\$92.72	
67835	revise eyelashes	\$296.17	+
67840 67850	excision eyelid lesion without closure or with sim destruction of lesion of lid margin up to 1 cm	\$107.58 \$96.15	
67850	revision of eyelid(s)	\$96.15	
67882	construction intermarginal adhesions with transpos	\$313.53	\$372.56
67901	repair eyelid defect	\$389.31	
67902 67903	repair eyelid defect repair eyelid defect	\$482.76 \$336.35	
67904	repair blepharoptosis levator resection external a	\$399.11	\$487.50
67906	repair eyelid defect	\$348.86	
67908 67909	repair blepharoptosis conjuctivo-tarso-levator res revise eyelid defect	\$289.62 \$296.69	
67909	revise eyelid defect	\$373.23	
67912	correction of lagophthalmos, with implantation of upper eyelid lid load (eg,	\$335.08	\$602.24
67914	repair eyelid defect	\$195.56	
67915 67916	repair eyelid defect repair eyelid defect	\$172.61 \$291.44	
67917	repair eyelid defect	\$322.55	
67921	repair eyelid defect	\$182.79	\$248.53
67922	repair eyelid defect	\$166.28	
67923 67924	repair eyelid defect repair eyelid defect	\$314.66 \$304.36	

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67930 67935	repair eyelid wound repair eyelid wound	\$168.52 \$307.33	\$246.86 \$401.61
67938	remove foreign body, eyelid	\$77.23	\$160.31
67950	revision of eyelids	\$316.51	\$387.56
67961	revision of eyelids	\$309.20	\$386.69
67966	revision of eyelids	\$439.21	\$511.95
67971	reconstruction of eyelid	\$495.83	\$495.83
67973 67974	reconstruction of eyelid reconstruction of eyelid	\$642.75 \$640.16	\$642.75 \$640.16
67975	reconstruction of eyelid	\$468.03	\$468.03
68020	incise/drain eyelid lesion	\$74.53	\$79.84
68110	remove eyelid lining lesion	\$99.50	\$149.58
68115	remove eyelid lining lesion	\$124.35	\$207.44
68130	remove eyelid lining lesion	\$275.54	\$358.62
68135 68320	remove eyelid lining lesion revise/graft eyelid lining	\$101.63 \$354.10	\$104.98 \$474.40
68325	revise/graft eyelid lining	\$354.10	\$441.32
68326	revise eyelid lining	\$429.61	\$429.61
68328	revise/graft eyelid lining	\$480.07	\$480.07
68330	revise eyelid lining	\$304.68	\$398.96
68335	revise/graft eyelid lining	\$431.01	\$431.01
68340	separate eyelid adhesions	\$263.15	\$358.82
68360 68362	revise eyelid lining revise eyelid lining	\$272.19 \$436.95	\$350.52 \$436.95
68400	incise/drain tear gland	\$92.14	\$185.86
68420	incise/drain tear sac	\$118.43	\$212.71
68440	incise tear duct opening	\$64.13	\$71.12
68500	removal of tear gland	\$651.00	\$651.00
68505	partial removal tear gland	\$654.72	\$654.72
68520 68530	removal of tear sac clearance of tear duct	\$460.46 \$179.07	\$460.46 \$290.70
68540	remove tear gland lesion	\$622.57	\$622.57
68550	remove tear gland lesion	\$765.79	\$765.79
68700	repair tear ducts	\$401.77	\$401.77
68705	revise tear duct opening	\$111.83	\$158.55
68720	incise tear ducts	\$510.13	\$510.13
68745 68750	incise tear ducts establish tear duct channel	\$512.03 \$526.09	\$512.03 \$526.09
68760	close tear duct opening	\$97.74	\$134.38
68761	closure of lacrimal punctum; by plug, each	\$79.26	\$98.00
68770	close tear system fistula	\$398.25	\$398.25
68801	dilation of lacrimal punctum, with or without irrigation	\$70.28	\$80.91
68810	probing of nasolacrimal duct, with or without irrigation;	\$126.67	\$157.17
68811	probing of nasolacrimal duct, with or without irrigation; requiring general	\$137.72 \$173.99	\$137.72 \$294.57
68815 68816	probing of nasolacrimal duct, with or without irrigation; with insertion of probing of nasolacrimal duct, with or without irrigation; with transluminal	\$173.99	\$294.57 \$447.98
68840	exploration of tear ducts	\$74.81	\$82.93
69000	drain external ear lesion	\$84.53	\$127.05
69005	drain external ear lesion	\$115.24	\$151.33
69020	drain outer ear canal lesion	\$102.50	\$161.25
69110 69120	partial removal external ear removal of external ear	\$236.31 \$287.07	\$321.92 \$287.07
69120 69140	removal of external ear remove ear canal lesion(s)	\$287.07 \$625.45	\$287.07 \$625.45
69145	remove ear canal lesion(s)	\$178.17	\$270.21
69150	extensive outer ear surgery	\$771.30	\$771.30
69155	extensive ear/neck surgery	\$1,240.80	\$1,240.80
69200	clear outer ear canal	\$41.23	\$85.71
69205	clear outer ear canal	\$73.74	\$73.74
69222	debridement, mastoidectomy cavity, complex reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due	\$99.52 \$782.55	\$154.36 \$782.55

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69320	rebuild outer ear canal	\$1,118.75	\$1,118.7
69420 69421	incision of eardrum incision of eardrum	\$86.85 \$110.08	\$133.8 \$110.0
69433	tympanostomy, local or topical anesthesia	\$94.11	\$139.7
69436	tympanostomy, general anesthesia	\$119.76	\$119.7
69440	exploration of middle ear	\$495.06	\$495.00
69450	tympanolysis transcanal	\$387.84	\$387.8
69501 69502	removal of mastoid bone mastoidectomy complete	\$533.49 \$710.43	\$533.49 \$710.43
69505	removal mastoid structures	\$710.43	\$873.34
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 69550	remove ear lesion remove ear lesion	\$91.41 \$754.37	\$145.40 \$754.37
69552	remove ear lesion	\$1,156.70	\$1,156.70
69554	remove ear lesion	\$1,844.37	\$1,844.3
69601	revise mastoid surgery	\$765.77	\$765.77
69602	revise mastoid surgery	\$796.20	\$796.20
69603	revise mastoid surgery	\$924.13	\$924.13
69604 69605	revise mastoid surgery revise mastoid surgery	\$821.45 \$1,144.55	\$821.45 \$1,144.55
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	\$783.70
69633	tympanoplasty w/o mastoidectomy with ossicular cha	\$754.75	\$754.7
69635 69636	repair eardrum structures rebuild eardrum structures	\$886.16 \$1,004.42	\$886.10 \$1,004.42
69637	tympan antro/mastoid w ossicular chain recon and s	\$999.77	\$999.7
69641	revise middle ear & mastoid	\$759.86	\$759.86
69642	revise middle ear & mastoid	\$980.92	\$980.92
69643	revise middle ear & mastoid	\$895.86	\$895.8
69644 69645	revise middle ear & mastoid revise middle ear & mastoid	\$1,082.24 \$1,059.87	\$1,082.24 \$1,059.8
69646	revise middle ear & mastoid	\$1,127.95	\$1,127.9
69650	release middle ear bone	\$578.60	\$578.6
69660	revise middle ear bone	\$681.67	\$681.6
69661	stapedectomy with foot plate drill out	\$891.92	\$891.92
69662 69666	revision stapedectomy or stapedotomy	\$855.58	\$855.58
69667	repair middle ear structures repair middle ear structures	\$587.10 \$589.09	\$587.10 \$589.09
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 69717	implantation, osseointegrated implant, temporal bone, with percutaneous replacement (including removal of existing device), osseointegrated implant,	\$1,088.50 \$924.37	\$1,088.5 \$924.3
69718	replacement (including removal of existing device), osseointegrated implant,	\$1,099.69	\$1,099.6
69720	release facial nerve	\$858.21	\$858.2
69725	release facial nerve	\$1,406.47	\$1,406.4
69740	repair facial nerve	\$867.33	\$867.33
69745	repair facial nerve	\$920.48	\$920.4
69801 69805	labyrinthotomy, with or without cryosurgery including other nonexcisional explore inner ear	\$542.76 \$776.82	\$542.70 \$776.82
69806	explore inner ear	\$696.62	\$696.62
69820	establish inner ear window	\$630.02	\$630.02
69840	revise inner ear window	\$660.74	\$660.74
69905	remove inner ear	\$671.44	\$671.4 \$753.7

		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.		
		ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	r 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 in	cluded on this fee so	hedule
69915		incise inner ear nerve	\$1,145.39	\$1,145.39
69930 69950		cochlear device implantation with or w/o mastoidectomy incise inner ear nerve	\$919.26 \$1,357.80	\$919.26 \$1,357.80
69955		release facial nerve	\$1,483.45	\$1,483.45
69960		release inner ear canal	\$1,439.73	\$1,439.73
69970		remove inner ear lesion	\$1,606.95	\$1,606.95
69990 70030		microsurgical techniques, requiring use of operating microscope (list x-ray exam eye foreign body	\$162.56 \$21.66	\$162.56 \$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 70110	26	x-ray exam of jaw mandible limited or unilateral complete minimum of	\$30.34 \$10.27	\$30.34 \$10.27
70110	20	x-ray exam of mastoids	\$10.27	\$10.27
70120	26	mastoids limited or unilateral	\$7.31	\$7.31
70130		x-ray exam mastoids	\$42.13	\$42.13
70130	26	x-ray exam of mastoids	\$14.03	\$14.03
70134 70134	26	x-ray exam of middle ear internal auditory meat uses	\$36.24 \$14.03	\$36.24 \$14.03
70134	20	x-ray exam of facial bones	\$22.93	\$22.93
70140	26	facial bones limited	\$7.61	\$7.61
70150		x-ray exam facial bones minium of three views	\$32.80	\$32.80
70150	26	x-ray exam of facial bones	\$10.57	\$10.57
70150 70160	TC	radiologic exam facial bones, complete x-ray exam of nasal bones	\$22.21 \$24.46	\$22.21 \$24.46
70160	26	nasal bones	\$7.01	\$24.40 \$7.01
70170		x-ray exam of tear duct	\$41.40	\$41.40
70170	26	x-ray exam of tear duct	\$12.34	\$12.34
70190	00	x-ray exam of eye sockets	\$27.17	\$27.17
70190 70200	26	optic foramina x-ray exam orbits minimum of four views	\$8.50 \$33.96	\$8.50 \$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
70210	TC	x-ray exam of sinuses	\$15.87	\$15.87
70220 70220	26	x-ray exam of sinuses paranasal sinuses complete	\$29.97 \$9.99	\$29.97 \$9.99
70240	20	x ray exam sella turcica	\$22.54	\$22.54
70240	26	x-ray exam pituitary saddle	\$7.90	\$7.90
70250		radiologic examination, skull; less than four views	\$27.80	\$27.80
70250 70260	26	skull limited radiologic examination, skull; complete, minimum of four views	\$9.69 \$37.00	\$9.69 \$37.00
70260	26	skull complete	\$37.00	\$37.00
70300		x ray exam of teeth single view	\$10.87	\$10.87
70300	26	x-ray exam of teeth	\$4.34	\$4.34
70310		x-ray teeth partial exam less than full mouth	\$25.84	\$25.84
70310 70320	26	x-ray exam of teeth full mouth x-ray of teeth	\$6.71 \$36.34	\$6.71 \$36.34
70320	26	teeth full mouth	\$9.08	\$30.34 \$9.08
70328		x-ray exam of jaw joint	\$22.80	\$22.80
70328	26	temporomandibular joint unilateral	\$7.31	\$7.31
70330	20	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 70360	06	x-ray exam of neck	\$20.83	\$20.83
10360	26	neck for soft tissues x-ray and fluoroscopy of throat	\$7.01 \$56.81	\$7.01 \$56.81

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	п	
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		ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
changes ar	nd deletior	to this schedule.		
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70370		throat x-ray & fluoroscopy	\$12.95	\$12.95
70380		x-ray exam salivary gland for calculus	\$28.20	\$28.20
70380 70450		x-ray exam,salivary gland computed tomography, head or brain; without contrast material	\$7.01 \$133.48	\$7.01 \$133.48
71010		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 71020		chest examination stereo chest radiological exam two views	\$8.50 \$24.68	\$8.50 \$24.68
71020		chest radiological exam two views	\$24.68	\$24.60
71020	TC	radilogical exam chest two views frontal/lateral	\$15.60	\$15.60
71021		x-ray exam of chest	\$29.74	\$29.74
71021		xray exam of chest	\$10.87	\$10.87
71022 71022		x-ray exam of chest xray exam of chest	\$35.71 \$12.65	\$35.71 \$12.65
71022		radiologic exam, with fluoroscopy	\$12.03	\$51.54
71023		radiolocic exam, with fluoroscopy	\$15.88	\$15.88
71030		x-ray exam of chest	\$35.99	\$35.99
71030		chest complete 4 views minimum	\$12.65	\$12.65
71034 71034		chest x-ray & fluoroscopy chest complete including fluoroscopy	\$70.66 \$20.17	\$70.66 \$20.17
71034		x-ray exam of chest	\$26.44	\$26.44
71035		x ray exam of chest	\$7.60	\$7.60
71100		ribs unilateral two views	\$25.24	\$25.24
71100		ribs unilateral two views	\$9.08	\$9.08
71101 71101		x-ray ribs with posteroanterior chest minimum 3 vi x-ray ribs with posteroanterior chest minimum 3 vi	\$30.38 \$10.87	\$30.38 \$10.87
71101		radiologic exam ribs /posteroanterior chest	\$19.51	\$10.07
71110		ribs bilateral three views	\$31.42	\$31.42
71110		ribs bilateral three views	\$10.87	\$10.87
71111 71111		x-ray ribs with posteroanterior chest minimum 4 vi	\$40.12 \$12.95	\$40.12
71120		x/ray ribs with posteroanterior chest minimum 4 vi x-ray exam of breastbone	\$12.95	\$12.95 \$25.19
71120		sternum	\$8.20	\$8.20
71130		x-ray exam of breastbone	\$28.88	\$28.88
71130		sternoclavicular joints	\$9.08	\$9.08
72010		x-ray exam of spine	\$53.19	\$53.19
72010 72020		spine entire survey study radiologic exam spine single view specify level	\$17.91 \$18.27	\$17.91 \$18.27
72020		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		radiologic examination, spine, cervical; two or three views	\$9.08	\$9.08
72040 72050		radiologic examination, spine, cervical; two or three views x-ray exam of neck spine	\$19.24 \$40.09	\$19.24 \$40.09
72050		spine complete	\$40.09	\$12.65
72050	TC	radiologic exam spine. 4 views	\$27.45	\$27.45
72052		x-ray exam of neck spine	\$50.19	\$50.19
72052 72069		spine cervical a&p lateral complete radiologic exam, spine, thoracolumbar, standing	\$14.91 \$26.82	\$14.91 \$26.82
72069		radiologic exam, spine, thoracolumbar, standing	\$20.82	\$20.82
72069		radiologic exam, spine, thoracolumbar, standing	\$9.08	\$9.08
72070		radiologic examination, spine; thoracic, two views	\$26.07	\$26.07
72070		radiologic examination, spine; thoracic, two views	\$9.08	\$9.08
72070 72072		radiologic examination, spine; thoracic, two views radiologic examination, spine; thoracic, three views	\$16.99 \$29.62	\$16.99 \$29.62
72072		radiologic examination, spine, thoracic, three views	\$29.62	\$29.02
72072		radiologic examination, spine; thoracic, three views	\$20.54	\$20.54
72074		radiologic examination, spine; thoracic, minimum of four views	\$34.57	\$34.57
72074		radiologic examination, spine; thoracic, minimum of four views	\$9.08	\$9.08
72080		radiologic examination, spine; thoracolumbar, two views	\$27.20	\$27.20

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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and the Me	dicaid and	I Health Choice Clinical Policies on the DMA Web Site.		
Providers s	hould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions.	
		to this schedule.		
*** The fee a	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
72090	26	radiologia avamination, aning: thereadlumber, two views	\$0.09	0.02
72080 72090		radiologic examination, spine; thoracolumbar, two views x-ray exam of spine scoliosis study	\$9.08 \$35.73	\$9.08 \$35.73
72090		x-ray exam of spine decined diddy	\$11.74	\$11.74
72100		radiologic examination, spine, lumbosacral; two or three views	\$29.71	\$29.71
72100		radiologic examination, spine, lumbosacral; two or three views	\$9.08	\$9.08
72100		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 72110		radiologic examination, spine, lumbosacral; minimum of four views	\$12.65	\$12.65
72110		radiologic examination, spine, lumbosacral; minimum of four views x-ray exam lumbosacral spine	\$28.85 \$54.11	\$28.85 \$54.11
72114		x-ray exam fullibusacial spine x-ray exam of lower spine	\$14.91	\$14.91
72120		x-ray exam of lower spine	\$37.09	\$37.09
72120	26	xray exam of lower spine	\$9.08	\$9.08
72120	TC	x-ray exam of lower spine	\$28.00	\$28.00
72170		radiologic examination, pelvis; one or two views	\$19.98	\$19.98
72170		radiologic examination, pelvis; one or two views	\$7.01	\$7.01
72190 72190		x-ray exam of pelvis pelvis complete	\$30.25 \$8.78	\$30.25 \$8.78
72190		x-ray exam sacroiliac joints	\$22.22	\$22.22
72200		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		x-ray exam sacroiliac joints	\$18.95	\$18.95
72220		x-ray exam of tailbone	\$22.61	\$22.61
72220 72220		sacrum and coccyx sacrum and coccyx	\$7.01 \$15.60	\$7.01 \$15.60
73000	-	x-ray exam of collarbone	\$13.60	\$13.00
73000		clavicle	\$6.71	\$6.71
73000		x-ray exam of collarbone	\$14.37	\$14.37
73010		x-ray exam of shoulder blade	\$21.66	\$21.66
73010		scapula	\$7.01	\$7.01
73020		x-ray exam of shoulder	\$17.98	\$17.98
73020 73030	-	shoulder limited x-ray exam of shoulder	\$6.13 \$22.90	\$6.13 \$22.90
73030		shoulder complete	\$7.60	\$7.60
73030		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		humerus including one joint	\$7.01	\$7.01
73060		radiologic exam humerus	\$15.32	\$15.32
73070 73070		radiologic examination, elbow; two views radiologic examination, elbow; two views	\$20.50 \$6.13	\$20.50 \$6.13
73070		radiologic examination, elbow; two views	\$14.37	\$14.37
73080		x-ray exam of elbow	\$26.24	\$26.24
73080	26	elbow complete	\$7.01	\$7.01
73080		x-ray exam of elbow	\$19.24	\$19.24
73090		radiologic examination; forearm, two views	\$20.81	\$20.81
73090		radiologic examination; forearm, two views	\$6.42	\$6.42
73090 73092		radiologic examination; forearm, two views x-ray exam of arm infant minimum of two views	\$14.37 \$21.36	\$14.37 \$21.36
73092		x-ray exam of arm mant minimum of two views	\$6.42	\$6.42
73100		radiologic examination, wrist; two views	\$21.64	\$21.64
73100		radiologic examination, wrist; two views	\$6.71	\$6.71
73110		x-ray exam of wrist	\$25.86	\$25.86
73110		wrist complete	\$7.01	\$7.01
73110		radiologic exam wrist, complete	\$18.85	\$18.85
73120 73120		x-ray exam of hand	\$20.53	\$20.53
13120	26	hand limited x-ray exam of hand	\$6.42 \$23.62	\$6.42 \$23.62

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		Effective Date: 1/1/2015		
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		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for n to this schedule.	r additions,	
cilaliyes al	la deletiol	Tio uns schedule.		
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73130	26	hand complete	\$7.01	\$7.01
73130		radiologic exam hand min/3 views	\$16.62	\$16.62
73140		x-ray exam of finger(s)	\$21.85	\$21.85
73140		x-ray exam finger	\$5.53	\$5.5
73140 73500		radiologic exam finger(s) x-ray exam of hip	\$16.33 \$19.43	\$16.33 \$19.43
73500		hip unilateral limited	\$7.01	\$7.0
73510		x-ray exam of hip	\$28.00	\$28.00
73510		hip unilateral complete	\$8.78	\$8.78
73510 73520		radiologic exam, hip x-ray exam of hips	\$19.24 \$30.36	\$19.24 \$30.36
73520		x-ray exam of hips	\$10.57	\$10.57
73540		x-ray exam of pelvis & hips	\$27.99	\$27.99
73540 73550		x-ray exam of pelvis and hips	\$8.20	\$8.20
73550		radiologic examination, femur, two views radiologic examination, femur, two views	\$21.77 \$7.01	\$21.77 \$7.01
73550		radiologic examination, femur, two views	\$14.76	\$14.76
73560		radiologic examination, knee; one or two views	\$14.66	\$14.66
73560 73560		radiologic examination, knee; one or two views	\$7.01	\$7.01 \$21.66
73562		radiologic examination, knee; one or two views radiologic examination, knee; three views	\$21.66 \$18.39	\$18.39
73562		radiologic examination, knee; three views	\$7.60	\$7.60
73562		radiologic examination, knee; three views	\$25.99	\$25.99
73565		radiologic exam, both knees, standing, ap	\$23.07	\$23.07
73590 73590		radiologic examination; tibia and fibula, two views radiologic examination; tibia and fibula, two views	\$20.83 \$7.01	\$20.83 \$7.01
73590		radiologic examination; tibia and fibula, two views	\$13.81	\$13.81
73592		x-ray exam of leg infant	\$21.36	\$21.36
73592		x-ray exam of leg	\$6.42	\$6.42
73600 73600		radiologic examination, ankle; two views radiologic examination, ankle; two views	\$20.53 \$6.42	\$20.53 \$6.42
73610		x-ray exam of ankle	\$23.62	\$23.62
73610		ankle complete	\$7.01	\$7.01
73610		radiologic exam complete	\$16.62	\$16.62
73620 73620		radiologic examination, foot; two views radiologic examination, foot; two views	\$19.96 \$6.42	\$19.96 \$6.42
73630		x-ray exam of foot	\$23.34	\$23.34
73630		foot complete	\$7.01	\$7.01
73630		radiologic exam foot complete	\$16.33	\$16.33
73650 73650		x-ray exam of heel os calcis	\$20.24 \$6.42	\$20.24 \$6.42
73660		x-ray exam of toe(s)	\$20.74	\$20.74
73660	26	toes	\$5.25	\$5.25
73660		radiologic exam calcaneus toe or toes	\$15.49	
74000 74000		x-ray exam of abdomen abdomen single view	\$19.73 \$7.31	\$19.73 \$7.31
74000		radiologic exam abdomen	\$12.41	\$12.4
74010		x-ray exam of abdomen	\$28.90	\$28.90
74010 74020		abdomen with additional oblique or cone	\$9.39 \$30.94	\$9.39
74020		x-ray exam of abdomen x-ray exam of abdomen	\$30.94 \$11.16	\$30.94 \$11.10
74020		radiologic exam abdomen, complete	\$19.79	\$19.79
74022		radiologic examination, abdomen; complete acute abdomen series, including	\$37.41	\$37.4
74022		complete acute abd series	\$13.22	\$13.22
74022 74210		rad exam abdomen. complete abdomen series contrast xray exam of throat	\$24.17 \$58.86	\$24.1 \$58.8
74210		pharynx and/or cervical eso phagus	\$15.19	\$15.19
74220		contrast xray exam,esophagus	\$66.93	\$66.93
74220		esophagus	\$19.05	\$19.05
74230		swallowing function, with cineradiography/videoradiography	\$68.95	\$68.9

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		Effective Date: 1/1/2015		
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Providoro d	bould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additiona	
		ays bill their usual and customary charges. Please use the monthly NC Medicald Bulletins for to this schedule.	additions,	
enangee an				
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74230	26	swallowing function, with cineradiography/videoradiography	\$22.01	\$22.01
74240		x-ray exam stomach/intestine	\$83.12	\$83.12
74240		upper gi tract without kub	\$28.71	\$28.71
74241 74241		x-ray exam of gi tract with kub	\$88.43 \$28.44	\$88.43 \$28.44
74241		x-ray exam stomach/intestine radiologic examination, gastrointestinal tract, upper; with small intestine,	\$28.44 \$132.34	\$28.44 \$132.34
74245		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		x-ray upper gi air w or w/o glucagon w or w/o dela	\$28.71	\$28.71
74247 74247		x-ray upper gi air w or w/o glucagon w or w/o dela x-ray upper gi air w or w/o glucagon w or w/o dela	\$104.12 \$28.71	\$104.12 \$28.71
74247 74249		x-ray upper gi air w or w/o glucagon w or w/o dela radiological examination, gastrointestinal tract, upper, air contrast, with	\$28.71 \$141.77	\$28.71 \$141.77
74249		radiological examination, gastrointestinal tract, upper, air contrast, with	\$37.80	\$37.80
74250		radiologic examination, small intestine, includes multiple serial films;	\$77.76	\$77.76
74250		radiologic examination, small intestine, includes multiple serial films;	\$19.36	\$19.36
74251 74251		radiologic examination, small bowel, includes multiple serial films;	\$241.56 \$28.71	\$241.56
74251		radiologic examination, small bowel, includes multiple serial films; x-ray exam small bowel duodenography hypotonic	\$201.12	\$28.71 \$201.12
74260		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		radiologic examination, colon; barium enema, with or without kub	\$28.71	\$28.71
74280		air contrast with barium with or without glucagon	\$154.62	\$154.62
74280 74283		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		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		x-ray measurement of pelvis	\$14.30	\$14.30
74775 74775		perineogram	\$70.03	\$70.03
75561		perineogram cardiac magnetic resonance imaging for morphology and function without contrast material(s), followe	\$25.75 \$111.52	\$25.75 \$111.52
75561		cardiac magnetic resonance imaging for morphology and function without contrast material(s), follow	\$424.90	\$424.90
75561		cardiac magnetic resonance imaging for morphology and function without contrast material(s), follow	\$536.42	\$536.42
75820		vein x-ray, arm/leg	\$62.98	\$62.98
75978		translum angioplasty venous interrup/super, only	\$188.98	\$188.98
75984 76000		change of percutaneous tube or drainage catheter with contrast monitoring (eg, fluoroscopy (separate procedure), up to one hour physician time, other than	\$58.62 \$7.01	\$58.62 \$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		radiologic examination, abscess, fistula or sinus tract study, radiological	\$22.59	\$22.59
76100 76100		x-ray exam of body section body section tomography	\$103.66 \$23.99	\$103.66 \$23.99
76100		rad exam complex motion body sect not kidney unil	\$143.03	\$23.99
76101	26	rad exam complex motion body sect not kidney unil	\$23.71	\$23.71
76102		rad exam complex motion body sect not kidney bilat	\$191.44	\$191.44
76102		rad exam complex motion body sect not kidney bilat	\$23.44	\$23.44
76140 76506		consult on x-ray exam made elsewhere,written repor echoencephalography b-mode including a-mode	\$31.06 \$89.72	\$31.06 \$89.72
76506		echoencephalography b-mode including a-mode	\$26.64	\$26.64
76511		ophthalmic ultrasound, diagnostic; quantitative a-scan only	\$75.95	\$75.95
76511		echo exam of eye	\$39.36	\$39.36
76512 76512		ophthalmic ultrasound, diagnostic; b-scan (with or without superimposed	\$71.30 \$39.45	\$71.30
76512		echo exam of eye echo exam of eye	\$39.45 \$52.27	\$39.45 \$52.27
76516		echo exam of eye	\$22.41	\$22.41
76529		echo exam of eye	\$53.01	\$53.01
76529	26	ophthalmic ultrasound foreign body	\$23.78	\$23.78
76604		ultrasound, chest, real time with image documentation	\$67.04	\$67.04
76604 76641		ultrasound, chest, real time with image documentation ultrasound of one breast	\$22.61 \$84.83	\$22.61 \$84.83
10041		ultrasound of one breast	\$55.22	\$55.22

-		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	1	
The inclus	ion of a ra	te on this table does not guarantee that a service is covered. Please refer to the Medicaid Billi	na Guide	
		I 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,	
changes a	nd deletio	n to this schedule.		
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		, , , , , , , , , , , , , , , , , , ,		
76641	26	ultrasound of one breast	\$29.61	\$29.61
76642 76642	тс	ultrasound of one breast ultrasound of one breast	\$69.80 \$42.23	\$69.80 \$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	ultrasound, abdominal, b-scan and/or real time with image documentation;	\$33.38	\$33.38
76700	TC	ultrasound, abdominal, b-scan and/or real time with image documentation;	\$72.61	\$72.61
76705 76705	26	echo exam of abdomen echo exam of abdomen	\$80.37 \$24.57	\$80.37 \$24.57
76770	20	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 76800	26	ultrasound, spinal canal and contents ultrasound, spinal canal and contents	\$96.26 \$44.09	\$96.26 \$44.09
76800	20	ultrasound, spinal canal and contents ultrasound, pregnant uterus, real time with image documentation, fetal and	\$102.11	\$102.11
76801	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$40.50	\$40.50
76802		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 76805	26	ultrasound, pregnant uterus, real time with image documentation, fetal and ultrasound, pregnant uterus, b-scan and/or real time with image documentation;	\$113.58 \$40.23	\$113.58 \$40.23
76805	TC	ultrasound, pregnant uterus, b-scan and/or real time with image documentation;	\$73.36	\$73.36
76810	10	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$78.82	\$78.82
76810	26	echography; complete with multiple gestation	\$39.64	\$39.64
76811		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$160.60	\$160.60
76811 76811	26 TC	ultrasound, pregnant uterus, real time with image documentation, fetal and ultrasound, pregnant uterus, real time with image documentation, fetal and	\$76.25 \$84.34	\$76.25 \$84.34
76812	10	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$157.23	\$157.23 \$157.23
76812	26	ultrasound, pregnant uterus, real time with image documentation, real 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 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 \$53.32
76813	10	ultrasound, pregnant uterus, real time with image documentation, first	\$65.48	\$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 76816	26	echography, pregnant uterus, b-scan and/or real time with image documentation; ultrasound, pregnant uterus, real time with image documentation, follow-up (eg,	\$26.39 \$86.94	\$26.39 \$86.94
76816	26	echography pregnant uterus, follow-up or repeat	\$34.31	\$34.3
76816	TC	echograph pregnant uterus follow up	\$52.62	\$52.62
76817		ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$78.97	\$78.97
76817	26	ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$30.25	\$30.25
76817 76818	TC	ultrasound, pregnant uterus, real time with image documentation, transvaginal fetal biophysical profile; with non-stress testing	\$48.70 \$94.50	\$48.70 \$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	ultrasound, transvaginal	\$28.16	\$28.16
76830 76856	TC	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 76872	26	ultrasound, transrectal echography, transrectal	\$110.28 \$29.47	\$110.28 \$29.47
76872	20	echography, transfectal echography, transfectal; prostate volume study for brachytherapy treatment	\$29.47	\$29.47 \$140.08
76873	26	echography, transrectal; prostate volume study for brachytherapy treatment	\$64.27	\$64.27
76873	TC	echography, transrectal; prostate volume study for brachytherapy treatment	\$75.81	\$75.81

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
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Providers s	should alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
		to this schedule.		
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76930 76930	26	ultrasonic guidance for pericardiocentesis, imaging supervision and ultrasonic guidance for pericardiocentesis, imaging supervision and	\$76.55 \$29.59	\$76.55 \$29.59
76932	20	ultrasonic guidance for endomyocardial biopsy, imaging supervision and	\$77.04	\$77.04
76932	26	ultrasonic guidance for endomyocardial biopsy, imaging supervision and	\$29.59	\$29.59
76937 76937	26	ultrasound guidance for vascular access requiring ultrasound evaluation of	\$28.07 \$12.73	\$28.07
76937	26 TC	ultrasound guidance for vascular access requiring ultrasound evaluation of ultrasound guidance for vascular access requiring ultrasound evaluation of	\$12.73	
76942		ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	\$143.05	
76942	26	ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	\$27.83	\$27.83
76946 76965	26	ultrasonic guidance for amniocentesis, imaging supervision and interpretation ultrasonic guidance for interstitial radioelement application	\$34.77 \$56.33	\$34.77 \$56.33
76965	TC	ultrasonic guidance for interstitial radioelement application	\$59.00	\$59.00
76970	26	ultrasound study	\$15.84	\$15.84
76975		gastrointestinal endoscopic ultrasound, supervision and interpretation	\$79.33	\$79.33
76975 77002	26	gastrointestinal endoscopic ultrasound, supervision and interpretation fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection,	\$33.94 \$55.27	\$33.94 \$55.27
77002		fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection,	\$21.75	\$21.75
77003		fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or	\$46.36	\$46.36
77003 77003		fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or 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	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	26	computed tomography guidance for placement of radiation therapy fields computed tomography guidance for placement of radiation therapy fields	\$143.69 \$34.58	\$143.69 \$34.58
77014	TC	computed tomography guidance for placement of radiation therapy fields	\$109.10	\$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 77052	26	computer-aided detection (computer algorithm analysis of digital image data for computer-aided detection (computer algorithm analysis of digital image data for	\$9.47 \$2.57	\$9.47 \$2.57
77053		mammary ductogram or galactogram, single duct, radiological supervision and	\$59.00	\$59.00
77053		mammary ductogram or galactogram, single duct, radiological supervision and	\$14.91	\$14.91
77053 77054		mammary ductogram or galactogram, single duct, radiological supervision and	\$44.09 \$79.46	\$44.09 \$79.46
77054	26	mammary ductogram or galactogram, multiple ducts, radiological supervision and mammary ductogram or galactogram, multiple ducts, radiological supervision and	\$18.75	\$18.75
77054		mammary ductogram or galactogram, multiple ducts, radiological supervision and	\$60.71	\$60.71
77055		mammography; unilateral	\$66.54	\$66.54
77055 77055		mammography; unilateral mammography; unilateral	\$29.02 \$37.52	\$29.02 \$37.52
77056		mammography; bilateral	\$84.38	
77056	26	mammography; bilateral	\$36.04	
77057 77057	26	screening mammography, bilateral (2-view film study of each breast)	\$63.93 \$29.02	\$63.93 \$29.02
77057	TC	screening mammography, bilateral (2-view film study of each breast) screening mammography, bilateral (2-view film study of each breast)	\$29.02	\$34.91
77072		bone age studies	\$18.35	
77072		bone age studies	\$7.90	
77072 77073	TC	bone age studies bone length studies (orthoroentgenogram, scanogram)	\$10.45 \$29.18	
77073	26	bone length studies (orthoroentgenogram, scanogram)	\$11.16	
77073		bone length studies (orthoroentgenogram, scanogram)	\$18.02	\$18.02
77074 77074	26	radiologic examination, osseous survey; limited (eg, for metastases)	\$53.48 \$18.75	
77074	Z6 TC	radiologic examination, osseous survey; limited (eg, for metastases) radiologic examination, osseous survey; limited (eg, for metastases)	\$18.75	
77075		radiologic examination, osseous survey; complete (axial and appendicular	\$77.28	
77075	26	radiologic examination, osseous survey; complete (axial and appendicular	\$22.31	\$22.31
77075 77076	TC	radiologic examination, osseous survey; complete (axial and appendicular radiologic examination, osseous survey, infant	\$54.97 \$72.51	\$54.97 \$72.51
77076	26	radiologic examination, osseous survey, infant	\$72.51	\$72.51
77076	TC	radiologic examination, osseous survey, infant	\$44.60	\$44.60
77080		dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	\$54.54	\$54.54

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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Providers s	hould alv	↓ ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions.	
		n to this schedule.		
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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 include	uded on this fee	schedule
77000			\$ 0.00	* 0.0
77080 77080	26 TC	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites	\$8.20 \$46.35	
77085	10	bone density measurement using dedicated x-ray machine	\$40.33	+
77085	TC	bone density measurement using dedicated x-ray machine	\$31.73	
77085	26	bone density measurement using dedicated x-ray machine	\$12.46	\$12.4
77086		fracture assessment of spine bones using dedicated x-ray machine for bone density measurement	\$27.89	\$27.8
77086		fracture assessment of spine bones using dedicated x-ray machine for bone density measurement	\$20.68	\$20.6
	TC			
77086	00	fracture assessment of spine bones using dedicated x-ray machine for bone density measurement	\$7.21	\$7.2
77261	26	therapeutic rad treatmt planning simple	\$57.65	\$57.6
77262		therapeutic rad treatmt planning intermediate	\$86.63	
77263		therapeutic rad treatmt planning internetiate	\$128.53	+
77280		radiation ther simulator aided field setting simpl	\$142.61	\$142.6
77280	26	therapeutic radiology (simple)	\$28.65	\$28.6
77280	TC	radiation therapeutic simulator aided field setting simple	\$113.96	\$113.9
77285		radiation ther simulator aided field setting inter	\$245.49	\$245.49
77285	26	therapeutic radiology (intermediate)	\$42.79	
77285	TC	radiation therapeutic simulator aided field setting intermediate	\$202.70	
77290	00	radiation therapy simulator aided field setting co	\$381.06	
77290 77290	26 TC	therapeutic radiology (complete) radiation therapy simulator aided field setting complex	\$63.54 \$317.53	\$63.54 \$317.55
77293	26	respiratory motion management simulation	\$82.67	\$82.6
77293	TC	respiratory motion management simulation	\$254.52	\$254.5
77293	10	respiratory motion management simulation	\$337.18	
77295		therapeutic radiology simulation-aided field setting; three-dimensional	\$531.59	
77295	26	therapeutic radiology simulation-aided field setting; three-dimensional	\$185.69	\$185.6
77295	TC	therapeutic radiology simulation-aided field setting; three-dimensional	\$345.90	\$345.9
77300		basic radiation dosimetry calculation, central axis depth dose calculation,	\$55.92	\$55.93
77300	26	basic radiation dosimetry calculation, central axis depth dose calculation,	\$25.20	
77300	TC	basic radiation dosimetry calculation, central axis depth dose calculation,	\$30.72	\$30.7
77301 77301	26	intensity modulated radiotherapy plan, including dose-volume histograms for intensity modulated radiotherapy plan, including dose-volume histograms	\$1,674.53 \$325.42	\$1,674.53 \$325.42
77301	TC	intensity modulated radiotherapy plan, including dose-volume histograms	\$1,349.11	\$1,349.1
77306		radiation therapy plan	\$114.14	\$114.1
77306	TC	radiation therapy plan	\$56.60	\$56.6
77306	26	radiation therapy plan	\$57.53	\$57.5
77307		radiation therapy plan	\$222.95	\$222.9
77307	TC	radiation therapy plan	\$103.58	
77307	26	radiation therapy plan	\$119.37	\$119.3
77316	то	radiation therapy plan	\$145.59	\$145.5
77316 77316	TC 26	radiation therapy plan radiation therapy plan	\$87.83 \$57.76	\$87.8 \$57.7
77316	20	radiation therapy plan	\$57.76	\$57.7 \$190.6
77317	TC	radiation therapy plan	\$190.01	\$190.0
77317	26	radiation therapy plan	\$75.97	\$75.9
77318	-	radiation therapy plan	\$275.36	\$275.3
77318	TC	radiation therapy plan	\$155.54	\$155.5
77318	26	radiation therapy plan	\$119.83	\$119.8
77321		special teletherapy port plan part/hemi/total body	\$95.55	\$95.5
77321	26	special teletherapy port plan	\$38.64	\$38.6
77321	TC	special teletherapy port part/ hemi/ total body	\$56.90	\$56.9
77331	26	special dosimetry eg tld, microdosimetry specify	\$49.85	\$49.8
77331 77331	26 TC	special dosimetry special dosimetry eg tld. microdosimetry	\$35.47 \$14.37	\$35.4 \$14.3
77331	10	treatment devices design & construction simple	\$14.37 \$60.77	\$14.3
77332	26	treatment devices design & construction simple	\$21.94	\$00.7
77332	TC	treatment devices design & construction (simple)	\$38.83	\$38.8
		treatment devices design & construction intermed	\$54.58	

		Nurse Practitioner Fee Schedule Provider Specialty 061	+	
		Effective Date: 1/1/2015		
		Effective Date. 1/1/2015		
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cnanges ar	na aeletioi	n to this schedule.		
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77333 77333	26 TC	treatment devices (intermediate)	\$34.28 \$20.29	\$34.28 \$20.29
77334	10	treatment devices (intermediate) treatment device design & construction complex	\$20.29	\$20.29
77334	26	treatment devices (complex)	\$50.40	\$50.40
77334		treatment devices (complex)	\$73.48	\$73.48
77336		continuing medical physics consultation, including assessment of treatment	\$47.27	\$47.27
77370		special medical radiation physics consultation	\$89.89	\$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 \$200.75	\$1,203.95
77385 77386		radiation therapy delivery radiation therapy delivery	\$399.75 \$399.75	\$399.75 \$399.75
77387		guidance for localization of target delivery of radiation treatment delivery	\$87.67	\$87.67
77401		radiation treatment delivery, superficial	\$24.21	\$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		therapeutic radiology port films	\$12.23	\$12.23
77427		radiation treatment management, five treatments	\$152.93	\$152.93
77431 77432		radiation therapy mgmt, complete course, 1-2 fract stereotactic radiation treatment management of cerebral lesion(s)	\$78.02 \$325.17	\$78.02 \$325.17
77435		stereotactic hadation treatment management of cerebraries on (s)	\$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	TC	special treatment procedure (eg, total body irradiation, hemibody radiation,	\$114.82	\$114.82
77600		hyperthermia, ext; superficial.	\$287.33	\$287.33
77600	26	hyperthermia, externally generated	\$63.54	\$63.54
77600 77605	TC	hyperthermia, externally generated	\$223.80	\$223.80
77605	26	hyperthermia, ext; deep hyperthermia, ext; deep	\$512.51 \$83.06	\$512.51 \$83.06
77605	TC	hyperthermia, ext; deep	\$429.45	\$429.45
77615		hyperthermia; more than five interstitial app.	\$676.06	\$676.06
77615	26	hyperthermia; more than 5 interstitial applicators	\$84.90	\$84.90
77615	TC	hyperthermia; more than 5 interstitial applicators	\$591.16	\$591.16
77620		intracavity hyperthermia	\$300.84	\$300.84
77620		hyperthermia generated by intracavitary probe(s)	\$63.88	\$63.88
77620		intracavitary hyperthermia generated by probe(s) infusion or instillation of radioelement solution (includes three months	\$236.94	\$236.94
77750		infusion of institution of radioelement solution (includes three months	\$271.36 \$201.21	\$271.36 \$201.21
77750	TC	infusion of instillation of radioelement solution	\$70.17	\$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		intracavitary radioelement application intermediat	\$380.58	\$380.58
77762	26	intracavitary radioelement application (intermed)	\$233.41	\$233.41
77762	TC	intracavity radioelement application intermediate	\$147.17 \$530.65	\$147.17 \$530.65
77763 77763	26	intracavitary radioelement application complex intracavitary radioelement applecation (complex)	\$539.65 \$350.32	\$539.65 \$350.32
77763		interstital radioelement application; complex	\$189.33	\$189.33
77776		interstitial radiation source application; simple	\$327.03	\$327.03
77776		interstitial radiation source application; simple	\$193.32	\$193.32
77776		interstitial radiation source application; simple	\$133.70	\$133.70
77777		interstitial radioelement application intermediate	\$457.00	\$457.00
77777	26	interstitial radioelement applecation; intermed.	\$308.70	\$308.70
77777	TC	interstitial radioelement application (intermediate)	\$148.29 \$655.10	\$148.29
77778 77778	26	interstitial radioelement application complex interstitial radioelement application; complex	\$655.10 \$458.00	\$655.10 \$458.00
77778	TC	interstitial radioelement application complex	\$458.00	\$197.08
77785		remote afterloading high dose rate radionuclide brachytherapy; 1 channel	\$145.81	\$145.81
77785	26	remote afterloading high dose rate radionuclide brachytherapy; 1 channel	\$58.00	\$58.00

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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Providers s	hould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
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77785		remote afterloading high dose rate radionuclide brachytherapy; 1 channel	\$87.82	\$87.82
77789		surface application of radiation source	\$82.73	\$82.73
77789 77789		surface application of radiation source surface application of radiation source	\$46.54 \$36.19	\$46.54 \$36.19
77790	-	supervision, handling, loading of radiation source	\$69.47	\$69.47
77790		supervision, handling, loading of radiation source	\$42.79	\$42.79
77790		supervision, handling, loading of radiation source	\$26.68	\$26.68
79200		radiopharmaceutical therapy, by intracavitary administration	\$138.45	\$138.45
79200 79300		nuclear therapy radiopharmaceutical therapy, by interstitial radioactive colloid administration	\$82.90 \$175.42	\$82.90 \$175.42
79300		radiopharmaceutical therapy, by interstitial radioactive colloid administration	\$175.42	\$175.42
79440		radiopharmaceutical therapy, by intra-articular administration	\$128.19	\$128.19
79440		intra-articular radiopharmaceutical therapy	\$82.70	\$82.70
80047		basic metabolic panel (calcium, ionized)	\$26.73	\$26.73
80048 80050		basic metabolic panel general health screen panel	\$9.88 \$11.16	\$9.88 \$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 80155		hepatic function panel caffeine level	\$9.88 \$16.69	\$9.88 \$16.69
80155		clozapine level	\$21.83	\$21.83
80163		digoxin level	\$16.37	\$16.37
80165		valproic acid level	\$16.53	\$16.53
80169		everolimus level	\$16.20	\$16.20
80171 80175		gabapentin level lamotrigine level	\$15.65 \$15.65	\$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 80203		tiagabine level zonisamide level	\$21.31 \$15.65	\$21.31 \$15.65
80299		quantitation of therapeutic drug	\$16.89	\$16.89
80300		drug screen	\$17.94	\$17.94
80301		drug screen	\$17.94	\$17.94
80302 80303		drug screen	\$22.27 \$22.80	\$22.27 \$22.80
80303 80304		drug screen drug screen	\$22.80	\$22.80
80320		alcohols levels	\$13.33	\$13.33
80321		alcohols levels	\$13.33	\$13.33
80322		alcohols levels	\$13.33	\$13.33
80323 80324		alkaloids levels	\$37.02	\$37.02
80324		amphetamines levels amphetamines levels	\$19.18 \$19.18	\$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 80330		analgesics levels analgesics levels	\$24.96 \$24.96	\$24.96 \$24.96
80330		analgesics levels	\$24.96	\$24.96
80332		antidepressants levels	\$22.27	\$22.27
80333		antidepressants levels	\$22.27	\$22.27
80334		antidepressants levels	\$22.27	\$22.27
80335 80336		antidepressants levels antidepressants levels	\$20.09 \$20.09	\$20.09
80336 80337		antidepressants levels	\$20.09	\$20.09 \$20.09
80338		antidepressants levels	\$20.09	\$20.08
80339		antiepileptics levels	\$17.95	\$17.95

	Nurse Practitioner Fee Schedule Provider Specialty 061 Effective Date: 1/1/2015		
	of a rate on this table does not guarantee that a service is covered. Please refer to the Med	licaid Billing Guide	
and the Medica	id and Health Choice Clinical Policies on the DMA Web Site.		
	Id always bill their usual and customary charges. Please use the monthly NC Medicaid Bu	Illetins for additions,	
changes and d	eletion to this schedule.		
*** The fee sch	edule include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015	is not included on this fee so	hedule
80340	antiepileptics levels	\$17.95	\$17.9
80341	antiepileptics levels	\$17.95	\$17.9
80342	antipsychotics levels	\$21.83	\$21.8
80343	antipsychotics levels	\$21.83	\$21.8
80344	antipsychotics levels	\$21.83	\$21.8
80345 80346	barbiturates levels benzodiazepines levels	\$14.13 \$22.80	\$14.13 \$22.80
80347	benzodiazepines levels	\$22.80	\$22.80
80348	buprenorphine level	\$24.00	\$24.00
80349	cannabinoids levels	\$22.27	\$22.2
80350	cannabinoids levels	\$22.27	\$22.2
80351 80352	cannabinoids levels	\$22.27	\$22.2
80352 80353	cannabinoids levels	\$22.27 \$18.68	\$22.2 \$18.6
80354	fentanyl level	\$10.00	\$24.00
80355	gabapentin level non-blood	\$15.65	\$15.6
80356	heroin metabolite level	\$24.00	\$24.0
80357	ketamine and norketamine levels	\$22.27	\$22.2
80358	methadone level	\$20.14	\$20.1
80359	methylenedioxyamphetamines levels	\$19.18	\$19.1
80360 80361	methylphenidate level opiates levels	\$22.27 \$24.00	\$22.2 \$24.0
80362	opioids levels	\$24.00	\$24.0
80363	opioids levels	\$24.00	\$24.00
80364	opioids levels	\$24.00	\$24.0
80365	oxycodone levels	\$24.00	\$24.0
80366	pregabalin level	\$22.27	\$22.2
80367 80368	propoxyphene level sedative hypnotics (non-benzodiazepines) levels	\$24.00 \$22.27	\$24.0
80369	skeletal muscle relaxants levels	\$22.27	\$22.2 \$22.2
80370	skeletal muscle relaxants levels	\$22.27	\$22.2
80371	synthetic stimulants levels	\$22.27	\$22.2
80372	tapentadol level	\$24.00	\$24.0
80373	tramadol level	\$24.00	\$24.0
80374	stereoisomer (enantiomer) drug analysis	\$22.27	\$22.2
80375 80376	drugs or substances measurement drugs or substances measurement	\$22.27 \$22.27	\$22.2 \$22.2
80377	drugs or substances measurement	\$24.00	\$24.0
81000	urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	\$3.91	\$3.9
81001	urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	\$3.91	\$3.9
81002	urinalysis routine without microscopy	\$3.15	\$3.1
81003	ua, by dip stick or tablet; automated, wo micro	\$2.77	\$2.7
81005 81007	urine tests urinalysis; bacteriuria screen, except by culture or dipstick	\$2.68 \$3.17	\$2.6 \$3.1
81015	microscopic urine exam	\$3.74	\$3.7
81020	urinalysis routine 2 or 3 glass test	\$4.55	\$4.5
81025	ua preg. test - color comparison method	\$7.80	\$7.8
81050	volume measurement for timed collection, each	\$3.70	\$3.7
82043	albumin; urine, micr, quantitative	\$7.14	\$7.1
82044 82045	albumin; urine, micro, semiquantitative albumin; ischemia modified	\$3.53 \$41.87	\$3.5 \$41.8
82075	alcohol breath	\$14.86	\$14.8
82107	alpha-fetoprotein (afp); afp-I3 fraction isoform and total afp (including ratio)	\$79.43	\$79.4
82120	amines, vaginal fluid, qualitative	\$4.64	\$4.6
82150	amylase	\$7.99	\$7.9
82270	blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces,	\$4.01	\$4.0
82271 82272	blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, single	\$4.01 \$4.01	\$4.0 \$4.0
82272	calcifediol (25-oh vitamin d-3)	\$4.01	\$4.0 \$36.5
82310	calcium; total	\$6.35	\$6.3

		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
		ate on this table does not guarantee that a service is covered. Please refer to the Medicaid Bil	lling Guide	
and the Me	dicaid an	d Health Choice Clinical Policies on the DMA Web Site.		
Providers s	hould al	\parallel ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins f	or additions	
		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	schedule
82340		calcium urine quantitative timed specimen	\$6.42	\$6.42
82365		calculus quantitative infrared spectroscopy	\$15.90	\$15.90
82374		carbon dioxide	\$6.03	\$6.03
82390 82465		ceruloplasmin cholesterol, serum or whole blood, total	\$13.25 \$5.36	\$13.25 \$5.36
82486		chromatography, qualitative; column (eg, gas liquid or hplc), analyte not	\$22.27	\$22.27
82525		copper	\$15.31	\$15.31
82533		cortisol; total	\$20.11	\$20.11
82550		creatine kinase (ck), (cpk); total	\$8.03	\$8.03
82552 82565		cpk isoenzyme (qualitative)	\$16.52 \$6.32	\$16.52
82565 82570		creatinine; blood creatinine; other source	\$6.32 \$6.38	\$6.32 \$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 fecal fat screen	\$30.79 \$6.28	\$30.79 \$6.28
82705		very long chain fatty acids	\$0.20	\$0.20
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 82947		gammaglobulin; ige glucose; quantitative, blood (except reagent strip)	\$20.31 \$4.84	\$20.31 \$4.84
82948		glucose, quantitative, blood (except reagent strip)	\$3.91	\$3.91
82951		glucose tolerance	\$15.88	\$15.88
82952		glucose tolerance test each assit beyond 3 spec	\$4.84	\$4.84
82962		blood glucose by monitoring device	\$2.89	\$2.89
82977		ggt	\$8.88	\$8.88
83001 83002		gonadotropin; follicle stimulating hormone (fsh) luteinizing hormone (lh)	\$22.92 \$22.84	\$22.92 \$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		insulin; total	\$14.10	\$14.10
83540 83550		iron ibc	\$7.99 \$10.78	\$7.99 \$10.78
83630		lactoferrin, fecal; gualitative	\$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 LIPOPROTEIN. BLOOD: QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND	\$30.61	\$30.61
83704 83718		lipoprotein, direct measurement; (hdl cholesterol)	\$33.64 \$10.10	\$33.64 \$10.10
83721		lipoprotein, direct measurement; (di cholesterol	\$11.77	\$11.77
83735		magnesium	\$8.26	\$8.26
83789		mass spectrometry and tandem mass spectrometry (ms, ms/ ms), analyte not	\$22.27	\$22.27
83876		myeloperoxidase (mpo)	\$16.69	\$16.69
83880 83951	1	natriuretic peptide oncoprotein; des-gamma-carboxy-prothrombin (dcp)	\$41.87 \$83.01	\$41.87 \$83.01
83951		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 procalcitonin (pct)	\$25.73 \$24.50	\$25.73 \$24.50

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	1	
The inclusio	on of a ra	te on this table does not guarantee that a service is covered. Please refer to the Medicaid Bill	ina Guide	
		d Health Choice Clinical Policies on the DMA Web Site.	ing Guide	
Providers s	hould alv	ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins fo n to this schedule.	r additions,	
changes an	la deletio			
*** 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
84146		prolactin	\$23.90	\$23.90
84153		prostate specific antigen (psa); total	\$23.90	\$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 84165		pregnancy-associated plasma protein-a (papp-a) protein; electrophoretic fractionation and quantitation, serum	\$10.79 \$13.19	\$10.79 \$13.19
84165	26	protein electrophoresis	\$14.74	\$14.74
84166		protein; electrophoretic fractionation and quantitation, other fluids with	\$22.00	\$22.00
84166	26	protein; electrophoretic fractionation and quantitation, other fluids with	\$14.74	\$14.74
84181 84182	26 26	protein; western blot, with report and interpretation protein;immuno probe for band id, each	\$14.74 \$15.21	\$14.74 \$15.21
84295	20	sodium blood	\$5.94	\$5.94
84300		sodium urine	\$5.99	\$5.99
84302		sodium; other source	\$5.99	\$5.99
84403 84436		testosterone; total thyroxine; total	\$31.85 \$7.11	\$31.85 \$7.11
84439		thyroxine; free	\$11.13	\$11.13
84443		tsh	\$20.10	\$20.10
84450		transferase; aspartate amino (ast) (sgot)	\$6.37	\$6.37
84460 84478		transferase; alanine amino (alt) (sgpt) triglycerides	\$6.53 \$7.10	\$6.53 \$7.10
84478		thyroid hormone (t3 or t4) uptake or thyroid hormone binding ratio (thbr)	\$7.10	\$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 zinc	\$5.86 \$14.05	\$5.86 \$14.05
84702		gonadotropin chorionic quantitative	\$10.79	\$10.79
84704		gonadotropin, chorionic (hcg); free beta chain	\$10.79	\$10.79
85004		blood count; automated differential wbc count	\$7.98	\$7.98
85007 85013		blood count; blood smear, microscopic examination with manual differential wbc blood count; spun microhematocrit	\$4.25 \$2.92	\$4.25
85014		blood count; hematocrit (hct)	\$2.92	\$2.92
85018		blood count; hemoglobin (hgb)	\$2.92	\$2.92
85025		blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count)	\$9.58	\$9.58
85027 85032		blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count) blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	\$7.98	\$7.98
85044		blood count; reticulocyte, manual	\$5.31 \$5.31	\$5.3 ² \$5.3
85048		blood count; leukocyte (wbc), automated	\$3.13	\$3.13
85049		blood count; platelet, automated	\$5.52	\$5.52
85055	26	reticulated platelet assay blood smear,peripheral,interp by physician	\$33.02	\$33.02
85060 85097	26 26	blood smear,peripheral,interp by physician bone marrow, smear interpretation	\$13.09 \$29.48	\$13.09 \$59.20
85300	20	clotting inhibitors or anticoagulants antithrombin	\$14.61	\$14.6
85380		fibrin degradation products, d-dimer; ultrasensitive (eg, for evaluation for	\$11.36	\$11.30
85390	26	fibrinolysins or coagulopathy screen, interpretation and report	\$15.02	\$15.02
85397 85576		coagulation and fibrinolysis, functional activity, not otherwise specified (eg, platelet; aggregation (in vitro), each agent	\$29.58 \$26.49	\$29.58 \$26.49
85610		prothrombin time	\$4.85	\$4.85
85651		sedimentation rate, erythrocyte, non-automated	\$4.37	\$4.37
85652		sedimentation rate, erythrocyte; automated	\$3.33	\$3.33
85730		ptt	\$7.40	\$7.40
86000 86038		agglutins febrile ea antinuclear antibodies (ana);	\$8.60 \$14.91	\$8.60 \$14.9
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 86200		complement fixation test, each cyclic citrullinated peptide (ccp), antibody	\$12.36 \$15.97	\$12.36 \$15.97

		Nurse Practitioner Fee Schedule		
	1	Provider Specialty 061		
		Effective Date: 1/1/2015		
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		d Health Choice Clinical Policies on the DMA Web Site.	9	
Providers s	should alv	ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for In to this schedule.	additions,	
changes an				
*** 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
06005	1	deoxyribonucleic acid (dna) antibody; native or double stranded	¢10.05	¢16.0
86225 86235		extractable nuclear antigen antibody	\$16.95 \$22.12	\$16.9 \$22.1
86255		fluorescent noninfectious agent antibody; screen, each antibody	\$14.86	\$14.8
86255	26	fluorescent noninfectious agent antibody; screen, each antibody	\$15.02	\$15.0
86256		flourescent antibody titer	\$14.86	\$14.86
86256	26	fluorescent antibody titer	\$15.02	\$15.02
86280 86308		hemagglutination inhibiton	\$10.10	\$10.10
86308		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	\$25.60
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 86320	26	immunoelectrophoresis; serum immunoelectrophoresis; serum	\$27.65 \$15.02	\$27.65 \$15.02
86325	26	immunoelectrophoresis; seturn immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with	\$13.02	\$13.02
86327	26	immunoelectrophoresis, serum each specimen plate	\$17.29	\$17.29
86329		immunodiffusion, not elsewhere specified	\$17.31	\$17.3 [°]
86334	26	immunofixation electrophoresis	\$15.02	\$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 86356		b cells, total count mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise	\$46.52 \$33.02	\$46.52 \$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		microsomal antibodies (eg, thryoid or liver-kidney), each	\$17.09	\$17.09
86403		particle agglutination; screen, each antibody	\$12.57	\$12.5
86430		rheumatoid factor; qualitative	\$7.00	\$7.00 \$76.44
86480 86486		tuberculosis test, cell mediated immunity measurement of gamma interferon skin test; unlisted antigen, each	\$76.44 \$3.74	\$76.44
86580		sensitivity test tuberculosis	\$5.42	\$5.42
86592		syphilis, precipitation or flocculation tests	\$5.26	\$5.20
86701		antibody; hiv-1	\$10.95	\$10.9
86703		antibody; hiv-1 & hiv-2, single assay	\$14.50	\$14.50
86711		antibody; jc (john cunningham) virus	\$17.43	\$17.4
86756 86780		antibody; respiratory syncytial virus treponema pallidum	\$16.39 \$16.74	\$16.39 \$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	\$17.6 ⁻
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 class ii hla antigens	\$48.02	¢ 4 9 0
86829		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$36.02	\$48.02 \$36.02
00020		flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to hla class i or	\$00.02	\$00.0
		class ii hla antigens		
86830		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$97.25	\$97.2
		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	\$83.3
00001		flow cytometry); antibody identification by qualitative panel using complete hla phenotypes, hla class	φου.υθ	φο υ. Ο
		ii		
86832		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$152.83	\$152.83
		flow cytometry); high definition qualitative panel for identification of antibody specificities (eg,		
06000		individual antigen per bead methodology), hla class i	¢400.00	** **
86833		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa, flow cytometry); high definition qualitative panel for identification of antibody specificities (eg,	\$138.93	\$138.93
		individual antigen per bead methodology), hla class ii		
86834		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$430.71	\$430.7
-	1	flow cytometry); semi-quantitative panel (eq, titer), hla class i		

		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
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		on to this schedule.		
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86835		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$389.03	\$389.03
87045		flow cytometry); semi-quantitative panel (eg, titer), hla class ii 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 87110		culture, bacterial; quantitative colony count, urine	\$9.95 \$24.16	\$9.95
87140		culture, chlamydia, any source culture, typing; immunofluorescent method, each antiserum	\$6.88	\$24.16 \$6.88
87164	26	darkfield examination	\$14.74	\$14.74
87177		ova and parasites	\$10.97	\$10.97
87184 87205		susceptibility studies, antimicrobial agent; disk method, per plate (12 or	\$8.50 \$5.26	\$8.50 \$5.26
87205		smear, primary source with interpretation; gram or giemsa stain for bacteria, smear, primary source with interpretation; fluorescent and/or acid fast stain	\$6.63	\$6.63
87209		smear, primary source with interpretation; complex special stain (eg,	\$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 87267		virus isolation; including identification by non-immunologic method, other than infectious agent antigen detection by immunofluorescent technique; enterovirus,	\$30.14 \$14.13	\$30.14 \$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 87400		infectious agent antigen detection by enzyme immunoassay technique, qualitative infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$29.61 \$14.13	\$29.61 \$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 ma); candida species,	\$24.74	\$24.74
87491 87498		infectious agent detection by nucleic acid (dna or rna); chlamydia trachomatis, infectious agent detection by nucleic acid (dna or rna); enterovirus, amplified	\$30.24 \$30.24	\$30.24 \$30.24
87500		infectious agent detection by nucleic acid (dna or rna); vancomycin resistance	\$30.24	\$30.24
87505		detection test for digestive tract pathogen	\$86.87	\$86.87
87506		detection test for digestive tract pathogen	\$131.61	\$131.61
87507		detection test for digestive tract pathogen	\$243.45	\$243.45
87510 87591		infectious agent detection by nucleic acid (dna or rna); gardnerella vaginalis, infectious agent detection by nucleic acid (dna or rna); neisseria gonorrhoeae,	\$24.74 \$30.24	\$24.74 \$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 virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus)	\$86.87	\$86.87
		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	\$131.61	\$131.61
		virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus)		
		multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 6-11 targets		
87633		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, adenovirus, influenza	\$243.45	\$243.45
		virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus)		
		multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 12-25		
87640		targets infectious agent detection by nucleic acid (dna or rna); staphylococcus aureus,	\$30.24	\$30.24
87640		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 technid	\$28.94	\$28.94 \$40.46
87800 87802		infectious agent detection by nucleic acid (dna or rna), multiple organisms; infectious agent antigen detection by immunoassay with direct optical	\$49.46 \$14.13	\$49.46 \$14.13
87802		infectious agent antigen detection by immunoassay with direct optical	\$14.13	\$14.13
87806		detection test for hiv-1	\$29.61	\$29.61
87807		infectious agent antigen detection by immunoassay with direct optical	\$14.13	\$14.13
87808		infectious agent antigen detection by immunoassay with direct optical	\$14.13	\$14.13

		Nurse Practitioner Fee Schedule Provider Specialty 061 Effective Date: 1/1/2015		
		ate on this table does not guarantee that a service is covered. Please refer to the Medicaid	Billing Guide	
and the Me	dicaid ar	nd Health Choice Clinical Policies on the DMA Web Site.		
Providers s	should al	ways bill their usual and customary charges. Please use the monthly NC Medicaid Bulletin	s for additions,	
		on to this schedule.		
*** The fee	schedule	$_{\pm}$ e include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is no	t included on this fee	schedule
				• · · · ·
87809 87880		infectious agent antigen detection by immunoassay with direct optical infectious agent detection by immunoassay with direct optical observation;	\$14.13 \$14.13	<u>\$14.13</u> \$14.13
87900		infectious agent drug susceptibility phenotype prediction using regularly	\$100.45	\$100.45
87905		infectious agent enzymatic activity other than virus (eg, sialidase activity in	\$16.42	\$16.42
87910		infectious agent genotype analysis by nucleic acid (dna or rna); cytomegalovirus	\$94.69	\$94.69
87912		infectious agent genotype analysis by nucleic acid (dna or rna); hepatitis b virus	\$94.69	\$94.69
88164 88174		cytopathology, slides, cervical or vaginal (the bethesda system); manual	\$13.03 \$26.35	\$13.03 \$26.35
88175		cytopathology, cervical or vaginal (any reporting system), collected in cytopathology, cervical or vaginal (any reporting system), collected in	\$20.35	\$20.33
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	\$52.80
88188		flow cytometry, interpretation; 9 to 15 markers	\$65.01	\$65.01
88189 88341		flow cytometry, interpretation; 16 or more markers special stained specimen slides to examine tissue	\$83.02 \$52.73	\$83.02 \$52.73
88341	тс	special stained specimen slides to examine tissue	\$35.05	\$35.05
88341	26	special stained specimen slides to examine tissue	\$17.68	\$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	26	special stained specimen slides to examine tissue	\$32.50	\$32.50
88355 88360	26	morphometric analysis skeletal muscle	\$70.72 \$93.83	\$70.72 \$93.83
88360	26	morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen	\$43.65	\$43.65
88360	TC	morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen	\$50.18	\$50.18
88364		cell examination	\$76.17	\$76.17
88364	TC	cell examination	\$54.12	\$54.12
88364	26	cell examination	\$22.06	\$22.06
88366 88366	тс	cell examination cell examination	\$117.72 \$66.55	\$117.72 \$66.55
88366	26	cell examination	\$51.17	\$51.17
88367		morphometric analysis, in situ hybridization, (quantitative or	\$185.98	\$185.98
88367	26	morphometric analysis, in situ hybridization, (quantitative or	\$50.27	\$50.27
88367	TC	morphometric analysis, in situ hybridization, (quantitative or	\$135.71	\$135.71
88368	00	morphometric analysis, in situ hybridization, (quantitative or	\$164.10	\$164.10
88368 88368	26 TC	morphometric analysis, in situ hybridization, (quantitative or morphometric analysis, in situ hybridization, (quantitative or	\$53.01 \$111.09	\$53.01 \$111.09
88369	10	microscopic genetic examination manual	\$57.93	\$57.93
88369	TC	microscopic genetic examination manual	\$37.54	\$37.54
88369	26	microscopic genetic examination manual	\$20.40	\$20.40
88373		microscopic genetic examination using computer-assisted technology	\$47.22	\$47.22
88373	TC 26	microscopic genetic examination using computer-assisted technology	\$30.07	\$30.07
88373 88374	26	microscopic genetic examination using computer-assisted technology microscopic genetic examination using computer-assisted technology	\$17.15 \$160.19	\$17.15 \$160.19
88374	тс	microscopic genetic examination using computer-assisted technology	\$123.48	\$123.48
88374	26	microscopic genetic examination using computer-assisted technology	\$36.71	\$36.71
88377		microscopic genetic examination manual	\$168.35	\$168.35
88377	TC	microscopic genetic examination manual	\$114.91	\$114.91
88377 88720	26	microscopic genetic examination manual bilirubin, total, transcutaneous	\$53.44 \$6.23	\$53.44 \$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		cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid),	\$5.84	\$5.84
89051		synovial fluid diff	\$6.42	\$6.42
89055 89060		leukocyte assessment, fecal, qualitative or semiquantitative	\$5.26 \$8.82	\$5.26
89060		crystal id, synovial fluid fat stain, feces, urine, or respiratory secretions	\$8.82	\$8.82 \$5.33
89160		meat fibers feces	\$4.55	\$4.55
89190		nasal smear for eosinophils	\$5.74	\$5.74
89310		semen analysis; motility and count (not including huhner test)	\$10.34	\$10.34

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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and the Me	dicaid and	I Health Choice Clinical Policies on the DMA Web Site.		
Providers s	bould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions	
		ays bin their douar and customary charges. Thease use the monthly No medicald bunetins for to this schedule.	additions,	
enangee an				
*** The fee	schedule i	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inc	luded on this fee	schedule
00000			¢44.00	¢44.0
89320 89325		semen analysis complete sperm agglutination with antibody titer	\$14.86 \$13.16	\$14.8 \$13.1
90460		immunization administration through 18 years of age via any route of	\$20.45	\$13.1
90471		immunization administration (includes percutaneous, intradermal, subcutaneous,	\$13.30	\$13.3
90471		immunization administration (includes percutaneous, intradermal, subcutaneous,	\$20.45	\$20.4
90472		immunization administration, each additional vaccine	\$13.30	\$13.3
90472		immunization administration, each additional vaccine	\$20.45	\$20.4
90473		immunization administration by intranasal or oral route; one vaccine (single or	\$13.30	\$13.3
90473 90474		immunization administration by intranasal or oral route: one vaccine (single or	\$20.45 \$13.30	\$20.4 \$13.3
90474 90474		immunization administration by intranasal or oral route; each additional immunization administration by intranasal or oral route: each additional	\$13.30 \$20.45	\$13.3
90474		interactive complexity (list separately in addition to the code for primary procedure)	\$3.84	\$3.84
90791		psychiatric diagnostic evaluation	\$95.58	\$121.6
90792		psychiatric diagnostic evaluation with medical services	\$98.81	\$101.4
90832		psychotherapy, 30 minutes with patient and/or family member	\$40.15	\$50.6
90833		psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation	\$33.60	\$33.8
		and management service (list separately in addition to the code for primary procedure)		
90834		neurobatharany. 45 minutes with nations and/or family member	\$60.29	\$65.8
90836		psychotherapy, 45 minutes with patient and/or family member psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation	\$55.02	\$55.0
50000		and management service (list separately in addition to the code for primary procedure)	400.02	φ00.0
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	\$88.31	\$88.84
		and management service (list separately in addition to the code for primary procedure)		
00920		psychotherapy for crisis; first 60 minutes	\$113.90	¢101 E
90839 90840		psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary	\$113.90	\$121.5 \$102.3
50040		service	ψ04.02	ψ102.0
90845		psychoanalysis	\$65.81	\$67.2
90846		family psychotherapy (without the patient present)	\$69.82	\$71.5
90847		family psychotherapy (conjoint psychotherapy) (with patient present)	\$83.74	\$88.7
90849		multiple-family group psychotherapy	\$24.38	\$26.6
90853 90870		group psychotherapy (other than of a multiple-family group)	\$23.91	\$25.3
90870		electroconvulsive therapy (includes necessary monitoring) end-stage renal disease (esrd) related services monthly, for patients younger	\$69.94 \$782.62	\$109.9 \$782.6
90951		end-stage renal disease (esrd) related services monthly, for patients younger	\$363.83	\$363.8
90953		end-stage renal disease (esrd) related services monthly, for patients younger	\$246.46	\$246.4
90954		end-stage renal disease (esrd) related services monthly, for patients 2-11	\$642.60	\$642.6
90955		end-stage renal disease (esrd) related services monthly, for patients 2-11	\$363.83	\$363.8
90956		end-stage renal disease (esrd) related services monthly, for patients 2-11	\$246.45	\$246.4
90957		end-stage renal disease (esrd) related services monthly, for patients 12-19	\$515.77	\$515.7
90958 90959		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 \$228.36	\$347.9 \$228.3
90959		end-stage renal disease (esrd) related services monthly, for patients 12-19	\$228.75	\$228.7
90961		end-stage renal disease (esrd) related services monthly, for patients 20 years	\$184.68	\$184.6
90962		end-stage renal disease (esrd) related services monthly, for patients 20 years	\$133.55	\$133.5
90963		end-stage renal disease (esrd) related services for home dialysis per full	\$442.10	\$442.1
90964		end-stage renal disease (esrd) related services for home dialysis per full	\$368.92	\$368.9
90965		end-stage renal disease (esrd) related services for home dialysis per full	\$350.91	\$350.9
90966 90967		end-stage renal disease (esrd) related services for home dialysis per full	\$182.72 \$15.81	\$182.7 \$15.8
90967 90968		end-stage renal disease (esrd) related services for dialysis less than a full end-stage renal disease (esrd) related services for dialysis less than a full	\$15.81	\$15.8
90969		end-stage renal disease (esrd) related services for dialysis less than a full	\$12.04	\$12.0
90970		end-stage renal disease (esrd) related services for dialysis less than a full	\$6.38	\$6.3
91030		isophagus acid perfusion (bernstein)test for esoph	\$105.89	\$105.8
91034		esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	\$151.66	\$151.6
91034		esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	\$41.95	\$41.9
91034	TC	esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	\$109.70	\$109.7

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	1	I
The inclusi	on of a rat	to an this table door not suprantos that a carvice is covered. Places refer to the Medicaid Dilli	ng Cuido	
		te on this table does not guarantee that a service is covered. Please refer to the Medicaid Billi I Health Choice Clinical Policies on the DMA Web Site.	ng Guide	
		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	r additions,	
changes an	d deletior	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 inc	luded on this fee	e schedule
91035		esophagus, gastroesophageal reflux test; with mucosal attached telemetry ph	\$341.70	
91035 91037	26	esophagus, gastroesophageal reflux test; with mucosal attached telemetry ph esophageal function test, gastroesophageal reflux test with nasal catheter	\$67.55 \$122.00	
91037		esophageal function test, gastroesophageal reflux test with hasal catheter	\$42.52	
91037		esophageal function test, gastroesophageal reflux test with nasal catheter	\$79.49	
91038		esophageal function test, gastroesophageal reflux test with nasal catheter	\$108.03	
91038		esophageal function test, gastroesophageal reflux test with nasal catheter	\$48.12	
91038 91040		esophageal function test, gastroesophageal reflux test with nasal catheter esophageal balloon distension provocation study	\$59.90 \$287.33	
91040		esophageal balloon distension provocation study	\$43.63	¥
91040	TC	esophageal balloon distension provocation study	\$243.70	\$243.70
91120		rectal sensation, tone, and compliance test (ie, response to graded balloon	\$294.41	\$294.41
91120 91120	26 TC	rectal sensation, tone, and compliance test (ie, response to graded balloon	\$39.63 \$254.79	
91120 91122	-	rectal sensation, tone, and compliance test (ie, response to graded balloon anorectal manometry	\$254.79 \$178.14	
91122		anorectal manometry	\$73.37	
91122		anorectal manometry	\$104.77	\$104.77
91200		measuring the stiffness in the liver via elastography	\$28.67	\$28.67
91200 91200		measuring the stiffness in the liver via elastography	\$16.53	
91200	-	measuring the stiffness in the liver via elastography eve exam & treatment.initial	\$12.13 \$35.39	
92004		eye exam & treatment, initial	\$73.44	
92019		opthalmol exam/eval under gen anesthesia subsequen	\$51.94	
92502		ear and throat examination	\$73.77	\$73.77
92504 92511		special ear examination visualization nose & throat	\$7.60 \$45.56	
92512		nasal function studies	\$22.33	
92520		laryngeal function studies (ie, aerodynamic testing and acoustic testing)	\$31.37	
92531		spontaneous nystagmus test	\$17.51	
92532		positional nystagmus test	\$17.86	
92533 92534		inner ear test optokinetic nystagmus test	\$11.38 \$33.63	
92541		special eye test	\$44.76	1
92542		special eye test	\$46.37	\$46.37
92543		inner ear test	\$21.31	\$21.31
92544		special eye test	\$37.25	
92545 92551		special eye test hearing test	\$34.95 \$8.02	
92552		hearing test	\$16.15	
92553		hearing test	\$21.57	\$21.57
92557		comprehensive audiometry threshold evaluation and speech recognition (92553 and	\$33.31	
92559 92560		hearing test hearing test, screening	\$0.00 \$16.98	
92561		special hearing test	\$10.98	
92562		special hearing test	\$16.99	\$16.99
92563		special hearing test	\$15.32	
92564 92565		special hearing test special hearing test	\$14.67 \$9.44	\$14.67 \$9.44
92565		tympanometry	\$9.44	
92568		acoustic reflex testing; threshold	\$14.29	
92571		special hearing test	\$12.23	\$12.23
92572		special hearing test	\$13.07	
92575 92576		special hearing test special hearing test	\$26.40 \$15.78	
92576		special hearing test	\$15.78	
92582		special hearing test	\$30.81	
92583		special hearing test	\$24.75	\$24.75
92584		electrocochleography	\$50.19	
92587 92590		evoked otoacoustic emissions; limited (single stimulus level, either transient hearing aid examination and selection monaural	\$29.18 \$34.46	

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
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		d Health Choice Clinical Policies on the DMA Web Site.	ig Guide	
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changes an	nd deletio	n to this schedule.		
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92591		hearing aid exam and selection binaural	\$51.76	\$51.76
92592		hearing aid check monaural	\$15.08	\$15.08
92593		hearing aid check binaural	\$22.80	\$22.80
92594		electroacoustic evaluation for hearing aid monaura	\$16.65	\$16.6
92595		electroacoustic evaluation for hearing aid binaura	\$24.89	\$24.89
92596		ear protector attenuation measurements	\$26.04	\$26.04
92608 92609		evaluation for prescription for speech-generating augmentative and alternative therapeutic services for the use of speech-generating device, including	\$22.21 \$61.75	\$22.2 [°] \$61.75
92009		heart-lung resuscitation	\$143.49	\$215.67
92960		restoration heart rhythm	\$108.00	\$202.28
92961		cardioversion, elective, electrical conversion of arrhythmia; internal	\$211.25	\$211.25
92970		circulatory assist	\$147.56	\$147.56
92971		circulatory assist	\$83.78	\$83.78
92986		percutaneous balloon valvuloplasty; aortic valve	\$1,117.24	\$1,117.24
92987		percutaneous balloon valvuloplasty; mitral valve	\$1,156.35	\$1,156.35
92990		percutaneous balloon valvuloplasty; pulmonary valve	\$889.97	\$889.97
92992		atrial septectomy or septostomy; transvenous method, balloon (eg, rashkind	\$869.23 \$869.23	\$869.23
92993 93000		atrial septectomy or septostomy; blade method (park septostomy) (includes electrocardiogram, complete	\$16.34	\$869.23 \$16.34
93000		electrocardiogram, tracing	\$9.06	\$9.06
93010		electrocardiogram report	\$7.29	\$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	\$13.18
93025		microvolt t-wave alternans for assessment of ventricular arrhythmias	\$165.80	\$165.80
93040		electrocardiogram report	\$10.53	\$10.54
93041 93042		rhythm ecg tracing rhythm strip-interp only	\$4.10 \$6.43	\$4.10 \$6.43
93042		24 hr ecg, inc: recording,scanning,review,interp	\$91.67	\$91.67
93225		24 hr ecg, recording scanning, review, interp	\$27.00	\$27.00
93227		24 hr ecg, physician review and interpretation	\$23.11	\$23.10
93228		wearable mobile cardiovascular telemetry with electrocardiographic recording,	\$20.86	\$20.86
93229		wearable mobile cardiovascular telemetry with electrocardiographic recording,	\$20.86	\$20.86
93260		programming device evaluation of heart monitoring system with adjustment of programmed values with analysis, review and report	\$52.70	\$52.70
93260	тс	programming device evaluation of heart monitoring system with adjustment of programmed values with analysis, review and report	\$16.26	\$16.26
93260	26	programming device evaluation of heart monitoring system with adjustment of programmed values with analysis, review and report	\$36.44	\$36.44
93268		patient demand single or multiple event recording with presymptom memory loop,	\$204.62	\$204.62
93270		patient demand single or multi event recording w/ presymptom memo	\$16.08	\$16.08
93271		patient demand single or multiple event recording with	\$166.28	\$166.28
93272 93278		patient demand single or multiple event recording with signal - average ecg, w/wo ecg.	\$22.26 \$31.13	\$22.26 \$31.13
93278	<u> </u>	signal - average ecg, w/wo ecg. programming device evaluation with iterative adjustment of the implantable device to test the function	\$44.31	\$44.31
93279	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$29.27	\$29.27
93279	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$15.04	\$15.04
93280		programming device evaluation with iterative adjustment of the implantable device to test the function	\$52.51	\$52.5
93280	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$35.14	\$35.14
93280	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$17.36	\$17.30
93281		programming device evaluation with iterative adjustment of the implantable device to test the function	\$61.38	\$61.38
93281	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$41.03	\$41.03
93281	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$20.35 \$56.71	\$20.3
93282 93282	26	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	\$56.71 \$38.31	\$56.7 ⁴ \$38.3 ⁴
93282	Z6 TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$18.39	\$38.3 \$18.39
93282	10	programming device evaluation with relative adjustment of the implantable device to test the function	\$69.09	\$69.09
93283	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$48.19	\$48.19
93283	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$20.91	\$20.91

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	[[
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		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
cnanges ar	na aeletioi	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 inc	uded on this fee	schedule
00004			.	\$ 04.00
93284 93284	26	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		\$81.02 \$57.32
93284	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	÷	\$23.71
93285		programming device evaluation with iterative adjustment of the implantable device to test the function		\$38.14
93285	26	programming device evaluation with iterative adjustment of the implantable device to test the function		
93285	TC	programming device evaluation with iterative adjustment of the implantable device to test the function		
93286 93286	26	peri-procedural device evaluation and programming of device system parameters before or after a su		
93286	Z6 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		
93287		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		
93287	TC	peri-procedural device evaluation and programming of device system parameters before or after a su		
93288		interrogation device evaluation (in person) with physician analysis, review and report, includes conne		\$34.11
93288 93288	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		
93288		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		\$52.81
93289	26	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		
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 TC	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		
93290 93291	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		\$8.04 \$32.71
93291	26	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		
93291	TC	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		
93292		interrogation device evaluation (in person) with physician analysis, review and report, includes conne		
93292	26	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		
93292	TC	interrogation device evaluation (in person) with physician analysis, review and report, includes conne		
93293 93293	26	transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system		
93293	TC	transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system		
93294		interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemeaker	\$29.75	
93295		interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable c	\$53.78	\$53.78
93296		interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker sy	\$28.17	\$28.17
93297 93298		interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system		
93298		interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, includin interrogation device evaluation(s), (remote) up to 30 days; implantable	\$23.95	
93306		echocardiography, transthoracic, real-time with image documentation (2d),	\$207.28	+
93306		echocardiography, transthoracic, real-time with image documentation (2d),	\$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	
93355 93503		insertion of probe in esophagus for heart ultrasound examination placement of flow directed catheter	\$185.69 \$91.85	
93505		endocardial biopsy	\$584.97	\$584.97
93561		special heart studies	\$36.39	
93562		special heart studies	\$16.55	\$16.55
93600		special electrocardiogram	\$150.62	\$150.62
93602 93610		intra atrial recording	\$124.02 \$169.47	\$124.02 \$169.47
93610		intra-atrial pacing intraventricular pacing	\$169.47 \$177.61	\$169.47
93644		evaluation implantable defibrillator	\$243.06	
93644	TC	evaluation implantable defibrillator	\$81.38	\$81.38
93644	26	evaluation implantable defibrillator	\$161.68	
93740		temperature gradient studies	\$7.74	
93770 93975	26	venous pressure test duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	\$6.91 \$75.12	\$6.91 \$75.12
93975	20	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	\$75.12	
93976	26	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	\$49.87	\$49.87
93978		duplex scan complete; aorta,vena cava,iliac vasc.	\$182.88	\$182.88
93978	26	duplex scan complete; aorta,vena cava,iliac vasc.	\$26.97	\$26.97
93979	1	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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Providors s	hould alv	vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	additions	
		n to this schedule.	iduliions,	
j				
*** The fee s	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ided on this fee so	hedule
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	\$71.7
94003		ventilation assist and management, initiation of pressure or volume preset	\$51.82	\$51.82
94004		ventilation assist and management, initiation of pressure or volume preset	\$37.72	\$37.72
94010		spirometry, including graphic record, total and timed vital capacity.	\$25.58	\$25.58
94060 94150		bronchodilation responsiveness, spirometry as in 94010, pre- and vital capacity test.	\$44.85 \$17.32	\$44.8 \$17.3
94200		lung function test	\$17.32	\$17.3
94240		lung function test	\$30.27	\$30.27
94250		lung function test	\$18.82	\$18.8
94375		respiratory flow volume loop	\$28.97	\$28.9
94400		breathing response to co2	\$40.95	\$40.9
94450		breathing response to hypoxia	\$39.44	\$39.4
94640 94644		pressurized or nonpressurized inhalation treatment for acute airway obstruction continuous inhalation treatment with aerosol medication for acute airway	\$10.18 \$26.12	\$10.18 \$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	\$29.1
94664		demonstration and/or evaluation of patient utilization of an aerosol generator,	\$11.12	\$11.1:
94667		manipulation chest wall	\$15.51	\$15.5
94668		manipulation chest wall subsequent	\$14.66	\$14.60
94680 94681		exhaled air analysis exhaled air analysis	\$44.46 \$47.99	\$44.40 \$47.99
94690		exhaled air analysis	\$38.61	\$38.6
94726		plethysmography for determination of lung volumes and, when performed, airway	\$30.24	\$30.24
94726	26	plethysmography for determination of lung volumes and, when performed, airway	\$7.06	\$7.00
94726	TC	plethysmography for determination of lung volumes and, when performed, airway	\$23.18	\$23.18
94727		gas dilution or washout for determination of lung volumes and, when performed,	\$23.80	\$23.80
94727 94727	26 TC	gas dilution or washout for determination of lung volumes and, when performed, gas dilution or washout for determination of lung volumes and, when performed,	\$7.06 \$16.74	\$7.06 \$16.74
94727	10	airway resistance by impulse oscillometry	\$23.80	\$23.80
94728	26	airway resistance by impulse oscillometry	\$7.06	\$7.00
94728	TC	airway resistance by impulse oscillometry	\$16.74	\$16.74
94729		diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition	\$30.01	\$30.0 [,]
94729	26	diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition	\$4.68	\$4.6
94729	TC	diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition	\$25.33	\$25.3
94750 94760		pulmonary compliance study (eg, plethysmography, volume and pressure noninvasive ear or pulse oximetry for oxygen sat.	\$54.63 \$2.07	\$54.63 \$2.07
94770		exhaled carbon dioxide test	\$27.90	\$27.90
95004		injection of allergenic extracts into skin for immediate reaction analysis	\$4.41	\$4.4
95027		intracutaneous (intradermal) tests, sequential and incremental, with allergenic	\$3.58	\$3.5
95056		photosensitivity tests	\$26.49	\$26.4
95060		allergy eye tests	\$17.72	\$17.7
95065 95070		allergy nose test allergy bronchial tests	\$16.13 \$32.83	\$16.1 \$32.8
95070		inhala bronch challenge testing w/antigens specify	\$40.66	\$32.8 \$40.6
95076		ingestion challenge test (sequential and incremental ingestion of test items, eq, food, drug or other	\$58.30	\$93.2
-		substance); initial 120 minutes of testing		•
95079		ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other	\$53.57	\$66.2
		substance); each additional 60 minutes of testing (list separately in addition to code for primary		
05115		procedure)	¢7.00	ሱ ን ጥ
95115 95117		immunotherapy, one injection professional services for allergen immunotherapy not including provision of	\$7.93 \$9.61	\$7.9 \$9.6
95165		professional services for the supervision of preparation and provision of	\$9.61	\$9.0 \$9.0
95180		rapid desensitization procedure, each hour (eg, insulin, penicillin, equine	\$85.61	\$111.9
95782	26	polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep	\$103.39	\$103.3
		attended by a technologist		
95782	TC	polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep	\$708.33	\$708.3

		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
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and the Me	dicaid and	I Health Choice Clinical Policies on the DMA Web Site.		
Providers s	bould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions	
		ays bin then usual and customary charges. Thease use the monany No medicald bulletins for 1 to this schedule.	auunons,	
*** 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	\$811.73	\$811.73
00102		attended by a technologist	¢011.70	φ011.10
95783		polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep	\$112.66	\$112.66
		with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a		1
05700		technologist	¢750.40	¢750.40
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	\$753.46	\$753.46
		technologist		1
95783		polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep	\$866.39	\$866.39
		with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a		1
05004		technologist	¢ 40, 40	¢ 40, 40
95824 95827		electroencephalogram electroencephalogram (eeg); all night recording	\$48.40 \$289.77	\$48.40 \$289.77
95827		eeg all night recording interpretation	\$43.14	\$43.14
95829		electrocorticogram at surgery	\$938.46	\$938.46
95829		electrocorticogram at surgery interpretation only	\$252.95	\$252.95
95832		muscle testing hand	\$11.95	\$18.94
95833		muscle testing total evaluation of body excluding	\$19.08	\$28.02
95851 95851		range of motion evaluation range of motion measrmts & report; @extrem, ex hnd	\$6.42 \$4.83	\$12.86 \$10.36
95852		range of motion measurements and report of hands	\$4.64	\$9.95
95852		rnage of motion measrmts & report;hand w/wo com/ns	\$1.15	\$2.49
95857		tensilon test for myasthenia gravis	\$21.73	\$32.64
95857		tensilon test for myasthenia gravis interpretation	\$5.43	\$8.16
95863 95867		needle electromyography, three extremities with or without related paraspinal	\$76.18 \$32.30	\$76.18
95868		needle electromyography, cranial nerve supplied muscles, unilateral needle electromyography, cranial nerve supplied muscles, bilateral	\$32.30 \$48.11	\$32.30 \$48.11
95869	26	needle electromyography; thoracic paraspinal muscles	\$15.21	\$15.21
95875		ischemic limb exercise test with serial specimen(s) acquisition for muscle	\$44.58	\$44.58
95925		short-latency somatosensory evoked potential study, stimulation of any/all	\$90.42	\$90.42
95925		short-latency somatosensory evoked potential study, stimulation of any/all	\$22.14	\$22.14
95933 95933		orbisularis occuli reflex by electrodiagnostic tes orbisularis occult reflex interpretation	\$49.69 \$24.20	\$49.69 \$24.20
95937		meuromuscular junction testing each nerve one meth	\$44.51	\$44.51
95937		meuromuscular junction testing interpretation	\$27.34	\$27.34
95955		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 \$18.39	
96150 96150		health and behavior assessment (eg, health-focused clinical interview, health and behavior assessment (eg, health-focused clinical interview)	\$18.39	\$18.67 \$18.67
96151		health and behavior assessment (eg, health-focused clinical interview)	\$17.79	\$18.07
96151		health and behavior assessment (eg, health-focused clinical interview)	\$17.79	\$18.07
96360		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 96366		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$53.30 \$17.12	\$53.30 \$17.12
96367		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$26.94	\$26.94
96368		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$15.98	\$15.98
96369		subcutaneous infusion for therapy or prophylaxis (specify substance or drug);	\$116.05	\$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 \$16.53	\$56.14
96372 96373		therapeutic, prophylactic, or diagnostic injection (specify substance or drug); therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$16.53 \$14.19	\$16.53 \$14.19
96373		therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$42.30	\$42.30
96375		therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$18.34	\$18.34
96401		chemotherapy administration, subcutaneous or intramuscular; non-hormonal	\$52.71	\$52.71
96402		chemotherapy administration, subcutaneous or intramuscular; hormonal	\$28.89	\$28.89
96409		chemotherapy administration; intravenous, push technique, single or initial	\$86.75	
96411 96413		chemotherapy administration; intravenous, push technique, each additional chemotherapy administration, intravenous infusion technique; up to 1 hour,	\$49.44 \$114.35	\$49.44 \$114.35

	Nurse Practitioner Fee Schedule Provider Specialty 061 Effective Date: 1/1/2015		
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Providers shou	Id always bill their usual and customary charges. Please use the monthly NC Medicaid Bull	etins for additions,	
changes and de	eletion to this schedule.		
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96415	chemotherapy administration, intravenous infusion technique; each additional	\$25.84	\$25.84
96416	chemotherapy administration, intravenous infusion technique; initiation of	\$23.84	\$124.5
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 96912	photochemotheraph tar/ultrauiolet b goeckerman tre photochemotherapy psoralens/ultrauiolet a puva	\$48.33 \$61.94	\$48.33 \$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	\$6.2
97022	physical medicine treatment whirlpool	\$13.73	\$13.73
97024	application of a modality to one or more areas; diathermy (eg, microwave)	\$4.25	\$4.2
97026	physical medicine treatment infrared	\$3.97	\$3.97
97028 97032	physical medicine treatment one area ultraviolet application of a modality to one or more areas:	\$4.85 \$13.07	\$4.85 \$13.07
97032	application of a modality to one or more areas;	\$13.07	\$13.07 \$9.34
97110	therapeutic procedure, one or more areas, each 15 minutes; therapeutic	\$22.67	\$22.67
97597	removal of devitalized tissue from wound(s), selective debridement, without	\$25.77	\$46.20
97598	removal of devitalized tissue from wound(s), selective debridement, without	\$34.39	\$57.33
97750	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	\$25.6
97761 99050	prosthetic training, upper and/or lower extremity(s), each 15 minutes services provided in the office at times other than regularly scheduled office	\$22.94 \$26.48	\$22.94 \$26.48
99051	services 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	\$17.6
99060	service(s) provided on an emergency basis, out of the office, which disrupts	\$9.47	\$9.4
99070	special supplies	\$9.42	\$9.42
99082 99100	unusual travel anesthesia for patient of extreme age, under one year and over seventy (list	\$0.82 \$17.36	\$0.82 \$17.30
99143	moderate sedation services (other than those services described by codes	\$17.30	\$19.18
99144	moderate sedation services (other than those services described by codes	\$15.75	\$15.7
99145	moderate sedation services (other than those services described by codes	\$7.67	\$7.6
99148	moderate sedation services (other than those services described by codes	\$25.03	\$25.03
99149	moderate sedation services (other than those services described by codes	\$25.03	\$25.03
99150 99170	moderate sedation services (other than those services described by codes	\$12.50 \$76.28	\$12.50
99175	anogenital examination with colposcopic magnification in childhood for induced vomiting	\$19.26	\$113.49 \$19.20
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 99202	ov new pt minor-phys time approx. 10 minutes ov new pt,moderate-phys time approx 20 minutes	\$20.82 \$40.14	\$32.18 \$55.8
99203	ov new pt, moderate-phys time approx 20 minutes	\$40.14	\$80.8
99204	ov new pt, complex-phys time approx 45 minutes	\$101.72	\$125.3
99205	ov new pt, severe-phys time approx 60 minutes	\$132.38	\$158.5
99211	ov estab pt, minimal w/wo phys, time approx 5 min	\$7.70	\$16.3
99212	ov established pt, minor-phys time approx 10 min.	\$20.51	\$32.5
99213 99214	ov estab. pt, moderate. phys time approx 15 min. ov estab. pt, severe. phys time approx 25 min.	\$40.13 \$62.08	\$54.2 \$81.7
99215	ov estab. pt, severe. phys time approx 25 min.	\$88.14	\$110.5
99217	observation care discharge day management	\$59.48	\$59.4
99218	initial observation, per day, low complexity	\$56.10	\$56.1
99219	initial observation care, per day, moderate complexity	\$92.91	\$92.9
99220	initial observation care, per day, high complexity	\$130.30	\$130.3
99221 99222	initial hosp. care, minor. phys time approx 30 min initial hosp care,moderate-phys time approx 50 min	\$80.56 \$109.94	\$80.50 \$109.94
99222 99223	initial hosp care, severe-phys time approx 50 min	\$109.94	\$109.94 \$161.8
99224	subsequent observation care, typically 15 minutes per day	\$22.59	\$22.5
99225	subsequent observation care, typically 25 minutes per day	\$40.13	\$40.1

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015		
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	id and Health Choice Clinical Policies on the DMA Web Site.		
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changes and d	eletion to this schedule.		
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99226	subsequent observation care, typically 35 minutes per day	\$60.00	\$60.0
99231	hosp visit, stable. phys time approx 15 minutes	\$33.27	\$33.2
99232	hosp visit, moderate. phys time approx 25 minutes	\$59.96	\$59.9
99233 99234	hosp visit, complex. phys time approx 35 minutes observation or inpatient hospital care, for the evaluation and management of a	\$85.87 \$113.65	\$85.8 \$113.6
99235	observation of inpatient hospital care, for the evaluation and management of a	\$149.29	\$149.2
99236	observation or inpatient hospital care, for the evaluation and management of a	\$185.55	\$185.5
99238	hospital discharge day management; 30 minutes or less	\$59.28	\$59.2
99239	hospital discharge day management; more than 30 minutes	\$86.15	\$86.1
99241	outpt. consult, minor- phys time approx 15 min.	\$26.74	\$38.7
99242 99243	outpt. consult, moderate- phys time approx 30 min. outpt. consult, severe- phys time approx 40 min.	\$56.43	\$72.6 \$99.9
99243	outpt. consult, severe- phys time approx 40 min. outpt. consult, severe- phys time approx 60 min.	\$78.66 \$124.91	\$99.9 \$148.4
99245	outpt. consult, severe- phys time approx 80 min.	\$155.81	\$182.3
99251	initial inpt consult- phys time approx 20 min.	\$39.60	\$39.6
99252	initial inpt consult- phys time approx 40 min.	\$61.36	\$61.3
99253	initial inpt consult- phys time approx 55 min.	\$93.15	\$93.1
99254	initial inpt consult- phys time approx 80 min.	\$134.72	\$134.7
99255 99281	initial inpt consult- phys time approx 110 min. er visit, minor	\$164.15 \$16.52	\$164.1 \$16.5
99282	er visit, low severity	\$32.14	\$32.1
99283	er visit, moderate severity	\$49.81	\$49.8
99284	er visit, high severity	\$93.26	\$93.2
99285	er visit, high severity/life threatening	\$138.64	\$138.6
99288	physician direction of ems advanced life support	\$43.29	\$43.2
99291 99292	critical care, evaluation and management of the unstable critically ill or critical care, evaluation and management of the unstable critically ill or	\$195.83 \$94.92	\$232.5 \$102.3
99304	initial nursing facility initial visit, typically 25 minutes	\$71.78	\$71.7
99305	initial nursing facility visit, typically 35 minutes per day	\$100.36	\$100.3
99306	initial nursing facility visit, typically 45 minutes per day	\$128.96	\$128.9
99307	subsequent nursing facility care, per day, for the evaluation and management of	\$35.42	\$35.4
99308	subsequent nursing facility care, per day, for the evaluation and management of	\$54.16	\$54.1
99309	subsequent nursing facility care, per day, for the evaluation and management of	\$71.84	\$71.8
99310 99315	subsequent nursing facility care, per day, for the evaluation and management of nursing facility discharge day management; 30 minutes or less	\$106.22 \$51.83	\$106.2 \$51.8
99316	nursing facility discharge day management; 30 minutes or less more than 30	\$67.72	\$67.7
99318	evaluation and management of a patient involving an annual nursing facility	\$75.10	\$75.1
99324	domiciliary or rest home visit for the evaluation and management of a new	\$48.15	\$48.1
99325	domiciliary or rest home visit for the evaluation and management of a new	\$70.13	\$70.1
99326 99327	domiciliary or rest home visit for the evaluation and management of a new	\$115.95 \$151.24	\$115.9 \$151.2
99327 99328	domiciliary or rest home visit for the evaluation and management of a new domiciliary or rest home visit for the evaluation and management of a new	\$151.24	\$151.2 \$178.0
99334	domiciliary or rest home visit for the evaluation and management of an	\$178.04	\$49.6
99335	domiciliary or rest home visit for the evaluation and management of an	\$76.87	\$76.8
99336	domiciliary or rest home visit for the evaluation and management of an	\$108.25	\$108.2
99337	domiciliary or rest home visit for the evaluation and management of an	\$155.54	\$155.5
99341	home visit for the evaluation and management of a new patient, which requires	\$48.15	\$48.1
99342 99343	home visit for the evaluation and management of a new patient, which requires home visit for the evaluation and management of a new patient, which requires	\$70.13 \$112.94	\$70.1 \$112.9
99344	home visit for the evaluation and management of a new patient, which requires	\$112.94	\$112.3
99345	home visit for the evaluation and management of a new patient, which requires	\$178.34	\$178.3
99347	home visit for the evaluation and management of an established patient, which	\$46.99	\$46.9
99348	home visit for the evaluation and management of an established patient, which	\$70.95	\$70.9
99349	home visit for the evaluation and management of an established patient, which	\$103.31	\$103.3
99350 99354	home visit for the evaluation and management of an established patient, which prolonged physician service in the office or other outpatient setting requiring	\$144.04 \$77.73	\$144.0 \$82.0
99354	prolonged physician service in the office or other outpatient setting requiring	\$76.90	\$82.0 \$81.2
99356	prolonged physician service in the once of other outpatient setting requiring direct	\$74.91	\$74.9
99357	prolonged physician service in the inpatient setting, requiring direct	\$75.43	\$75.4
99360	physician standby service, requiring prolonged physician attendance, each 30	\$48.44	\$48.4

Internet/subsort Service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site. Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes and deletion to this schedule. **** The fee schedule Include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not included on this fee schedule 99385 new to physical exam: 18 to 39 years 99386 new to physical exam: 18 to 39 years 99387 new to physical exam: 18 to 39 years 99388 new to physical exam: 18 to 39 years 99389 estab. pt physical exam: 61 to 64 years 99389 estab. pt physical exam: 61 to 39 years 99397 estab. pt physical exam: 61 to 39 years 99397 estab. pt physical exam: 63 years and over 99397 estab. pt physical exam: 64 to 64 years 99397 estab. pt physical exam: 65 years and over 99397 estab. pt physical exam: 65 years and over 99397 estab. pt physical exam: 65 years and over 99397 estab. pt physical exam: 65 years and over 99397 estab. pt physical exam: 65 years and over 99397 estab. pt physical exam			Provider Specialty 061		
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	Q4101			\$27.70	\$27.
S2235 implantation of auditory brain stem implant \$796.33 \$	Q4106		skin substitute, dermagraft, per square centimeter	\$33.94	\$33.
	S2235		implantation of auditory brain stem implant	\$796.33	\$796.