

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
10021		fine needle aspiration; without imaging guidance	53.98	103.59	4/1/2012
10022		fine needle aspiration; with imaging guidance	53.58	106.36	4/1/2012
10040		acne surgery	65.49	74.43	4/1/2012
10060		drainage of abscess	69.47	80.14	4/1/2012
10061		drainage of abscess	123.86	137.99	4/1/2012
10080		drainage of pilonidal cyst	71.00	118.30	4/1/2012
10120		foreign body removal, skin	68.12	97.83	4/1/2012
10140		drainage of blood effusion	89.00	112.65	4/1/2012
10160		puncture drainage of lesion	71.67	91.56	4/1/2012
11000		surgical cleansing of skin	25.28	39.70	4/1/2012
11004		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizir	452.66	452.66	4/1/2012
11005		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizir	590.74	590.74	4/1/2012
11006		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizir	558.93	558.93	4/1/2012
11008		removal of prosthetic material or mesh, abdominal wall for necrotizing soft	212.95	212.95	4/1/2012
11010		debridement including removal of foreign material associated with open	215.51	341.25	4/1/2012
11011		debridement including removal of foreign material associated with open	232.40	380.63	4/1/2012
11042		debridement skin and subcutaneous tissue	36.17	54.91	4/1/2012
11045		debridement, subcutaneous tissue (includes epidermis and dermis, if perfc	14.65	25.31	4/1/2012
11100		biopsy of skin, subcutaneous tissue and/or mucous membrane (including :	37.38	75.17	4/1/2012
11101		biopsy of skin, subcutaneous tissue and/or mucous membrane (including :	19.24	24.72	4/1/2012
11200		removal of skin tags	50.51	59.46	4/1/2012
11201		removal of skin tags, multiple fibrocuteaneous tags, any area; each additior	12.89	14.05	4/1/2012
11300		shaving of epidermal lesion trunk arms legs 0.5cm	22.84	49.09	4/1/2012
11301		shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs;	38.83	67.67	4/1/2012
11302		shaving epidermal lesion trunk/arm/leg 1.1 - 2.0 cm	48.15	81.03	4/1/2012
11303		shaving epidermal lesion trunk/arm/leg over 2.0 cm	56.48	95.13	4/1/2012
11305		shaving of lesion scalp/neck/hands/etc 0.5 cm	28.91	50.82	4/1/2012
11306		shaving of lesion scalp/neck/hand/etc .6- 1.0 cm	43.79	70.32	4/1/2012
11307		shaving of lesion scalp/neck/hand/etc 1.1 - 2.0 cm	51.63	83.07	4/1/2012
11308		shaving of lesion scalp/neck/hand/etc over 2.0 cm	62.11	93.55	4/1/2012
11310		shaving of lesion face/ears/etc. of 0.5 cm or less	33.07	61.33	4/1/2012
11311		shaving of lesion face/ears/etc. 0.6-1.0cm	48.44	78.14	4/1/2012
11312		shaving of lesion face/ears/etc. 1.1-2.0cm	55.62	90.23	4/1/2012
11313		shaving of lesion face/ears/etc. over 2.0 cm	74.41	113.06	4/1/2012
11400		excision, benign lesion including margins, except skin tag (unless listed	55.14	83.40	4/1/2012
11401		excision, benign lesion including margins, except skin tag (unless listed	73.54	102.96	4/1/2012
11402		excision, benign lesion including margins, except skin tag (unless listed	81.45	114.91	4/1/2012
11403		excision, benign lesion including margins, except skin tag (unless listed	103.63	132.48	4/1/2012
11404		excision, benign lesion including margins, except skin tag (unless listed	115.44	150.91	4/1/2012
11406		excision, benign lesion including margins, except skin tag (unless listed	173.07	213.73	4/1/2012
11420		excision, benign lesion including margins, except skin tag (unless listed	59.78	84.58	4/1/2012
11421		excision, benign lesion including margins, except skin tag (unless listed	80.92	110.06	4/1/2012
11422		excision, benign lesion including margins, except skin tag (unless listed	97.58	122.96	4/1/2012
11423		excision, benign lesion including margins, except skin tag (unless listed	113.97	143.39	4/1/2012
11424		excision, benign lesion including margins, except skin tag (unless listed	131.51	165.55	4/1/2012
11426		excision, benign lesion including margins, except skin tag (unless listed	201.28	238.20	4/1/2012
11440		excision, other benign lesion including margins (unless listed elsewhere),	71.45	92.51	4/1/2012
11441		excision, other benign lesion including margins (unless listed elsewhere),	94.04	117.69	4/1/2012
11442		excision, other benign lesion including margins (unless listed elsewhere),	105.00	132.69	4/1/2012
11443		excision, other benign lesion including margins (unless listed elsewhere),	130.02	159.72	4/1/2012
11444		excision, other benign lesion including margins (unless listed elsewhere),	167.04	201.94	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
11446		excision, other benign lesion including margins (unless listed elsewhere),	236.78	275.72	4/1/2012
11450		exc skin for hidradenitis primary suture/axillary	172.11	251.42	4/1/2012
11462		exc skin for hidradenitis w prim suture/inguinal	165.44	247.92	4/1/2012
11470		exc skin for hidradenitis w primary closure	196.15	276.32	4/1/2012
11600		excision, malignant lesion including margins, trunk, arms, or legs; excised	83.26	128.82	4/1/2012
11601		excision, malignant lesion including margins, trunk, arms, or legs; excised	107.75	159.38	4/1/2012
11602		excision, malignant lesion including margins, trunk, arms, or legs; excised	118.60	175.13	4/1/2012
11603		excision, malignant lesion including margins, trunk, arms, or legs; excised	141.16	199.42	4/1/2012
11604		excision, malignant lesion including margins, trunk, arms, or legs; excised	155.16	220.35	4/1/2012
11606		excision, malignant lesion including margins, trunk, arms, or legs; excised	230.43	311.18	4/1/2012
11621		excision, malignant lesion including margins, scalp, neck, hands, feet,	108.93	160.84	4/1/2012
11622		excision, malignant lesion including margins, scalp, neck, hands, feet,	125.67	182.20	4/1/2012
11623		excision, malignant lesion including margins, scalp, neck, hands, feet,	155.03	213.29	4/1/2012
11624		excision, malignant lesion including margins, scalp, neck, hands, feet,	176.35	240.09	4/1/2012
11626		excision, malignant lesion including margins, scalp, neck, hands, feet,	220.87	292.68	4/1/2012
11640		excision, malignant lesion including margins, face, ears, eyelids, nose, lips	89.03	137.48	4/1/2012
11641		excision, malignant lesion including margins, face, ears, eyelids, nose, lips	116.27	169.34	4/1/2012
11643		excision, malignant lesion including margins, face, ears, eyelids, nose, lips	171.64	230.48	4/1/2012
11644		excision, malignant lesion including margins, face, ears, eyelids, nose, lips	214.04	284.70	4/1/2012
11646		excision, malignant lesion including margins, face, ears, eyelids, nose, lips	301.44	376.14	4/1/2012
11719		trimming of nondystrophic nails, any number	7.13	15.51	4/1/2012
11720		debridement of nail(s) by any method(s); one to five	13.36	22.88	4/1/2012
11721		debridement of nail(s) by any method(s); six or more	22.83	32.93	4/1/2012
11730		removal of nail	46.29	72.54	4/1/2012
11732		avulsion of nail plate, partial or complete, simple; each additional nail plate	24.06	33.86	4/1/2012
11740		evacuation of subungual hematoma	23.86	32.81	4/1/2012
11750		removal of nail bed	131.67	157.05	4/1/2012
11760		reconstruction of nail bed	97.88	145.75	4/1/2012
11765		wedge excision of skin of nail fold	50.25	92.37	4/1/2012
11976		removal, implantable contraceptive capsule	75.51	111.27	4/1/2012
11980		subcutaneous hormone pellet (implantation of estradiol and/or testosterone	63.43	79.29	4/1/2012
11981		insertion, non-biodegradable drug delivery implant	66.68	101.87	4/1/2012
11982		removal, non-biodegradable drug delivery implant	81.35	117.41	4/1/2012
11983		removal with reinsertion, non-biodegradable drug delivery implant	148.97	182.72	4/1/2012
12001		repair of recent wound	77.94	107.64	4/1/2012
12002		simple rep superf wds sca neck axil ext gen tru/ex	86.49	114.76	4/1/2012
12004		simple rep superf wds sca neck axil ext gen tru/ex	101.73	135.47	4/1/2012
12005		simple rep superf wds sca neck axil ext gen tru/ex	126.86	168.97	4/1/2012
12006		simple rep superf wds sca neck axil ext gen tru/ex	160.31	209.91	4/1/2012
12007		simple rep superf wds sca neck axil ext gen tru/ex	183.24	237.75	4/1/2012
12011		simp rep superf wds of face ea eyel no li muc memb	80.58	114.32	4/1/2012
12013		simp rep superf wds of face ea eyel no li muc memb	91.90	126.22	4/1/2012
12014		simp rep superf wds of face ea eyel no li muc memb	110.71	149.08	4/1/2012
12015		simple rep superf wds of face ears eye nose lip 7.	138.98	187.44	4/1/2012
12016		simple repair superficial wound 12.5 to 20.0 cm.	169.68	224.19	4/1/2012
12017		simple repair superficial wound 20.0 to 30.0 cm.	202.03	202.03	4/1/2012
12018		simple repair superficial wound over 30.0 cm.	249.70	249.70	4/1/2012
12020		treatment of superficial wound dehiscence	140.16	194.38	4/1/2012
12021		treatment of superficial wound with packing	101.67	115.81	4/1/2012
12031		layer closure of wounds up to 2.5 cm.	117.45	171.67	4/1/2012
12032		layer closure of wounds 2.5 to 7.5 cm.	144.25	220.68	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
12034		layer closure of wounds 7.5 to 12.5 cm.	151.12	218.32	4/1/2012
12035		layer closure of wounds 12.5 to 20.0 cm.	177.27	266.09	4/1/2012
12036		layer closure of wounds 20.0 to 30.0 cm.	204.66	292.34	4/1/2012
12041		layer closure of wounds up to 2.5 cm.	125.86	180.09	4/1/2012
12042		layer closure of wounds 2.5 to 7.5 cm.	147.10	209.97	4/1/2012
12044		layer closure of wounds 7.5 to 12.5 cm.	158.67	242.31	4/1/2012
12045		layer closure of wounds 12.5 to 20.0 cm.	184.21	268.71	4/1/2012
12046		layer closure wounds 20.0 to 30.0 cm.	217.04	318.28	4/1/2012
12047		layer closure of wounds over 30.0 cm.	237.52	341.63	4/1/2012
12051		layer closure of wounds up to 2.5 cm.	134.66	193.49	4/1/2012
12052		layer closure of wounds 2.5 to 5.0 cm.	157.89	219.32	4/1/2012
12053		layer closure of wounds 5.0 to 7.5 cm.	160.71	241.18	4/1/2012
12054		layer closure of wounds 7.5 to 12.5 cm.	170.94	255.45	4/1/2012
12055		layer closure of wounds 12.5 to 20.0 cm.	208.76	308.26	4/1/2012
12056		layer closure of wounds 20.0 to 30.0 cm.	254.67	363.98	4/1/2012
12057		layer closure of wounds over 30.0 cm.	291.52	406.89	4/1/2012
13100		repair of wound or lesion	175.72	229.95	4/1/2012
13101		repair complex trunk 2.5 to 7.5 cm.	213.62	290.34	4/1/2012
13102		repair, complex, trunk; each additional 5 cm or less (list separately in	57.38	79.02	4/1/2012
13120		repair of wound or lesion	183.65	239.02	4/1/2012
13121		repair complex scalp arms and/or legs 2.5 to 7.5 c	242.11	321.43	4/1/2012
13122		repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list	65.75	88.53	4/1/2012
13131		repair of wound or lesion	207.26	264.08	4/1/2012
13132		repair complex 2.5 to 7.5 cm.	349.40	423.52	4/1/2012
13133		repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, ha	102.13	125.49	4/1/2012
13150		repair complex eye nose ears and/or lips up to 1.0	206.30	263.11	4/1/2012
13151		repair of wound or lesion	240.08	300.06	4/1/2012
13152		repair complex eye nose ear and lips 2.5 to 7.5 cm	323.55	413.82	4/1/2012
13153		repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or le:	110.67	137.79	4/1/2012
14001		adjacent tissue transfer or rearran trunk defect 1	491.96	583.10	4/1/2012
14021		adjacent tissue transf/rearrang scalp arms legs de	548.18	640.19	4/1/2012
14041		adjacent tissue trans/rearrange 10 sq cm to 30 sq	596.21	698.89	4/1/2012
14061		adjacent tissue transf/rearrange eye nose ear lip	635.74	748.52	4/1/2012
15786		abrasion single lesion eg keratosis scar	103.59	172.81	4/1/2012
15787		abrasion; each additional four lesions or less (list separately in addition to	14.54	35.31	4/1/2012
15823		blepharoplasty, upper eyelid; w/excessive skin weighting lid	446.78	483.98	4/1/2012
15841		facial nerve paralysis free muscle graft	1270.48	1270.48	4/1/2012
15933		exc sacral decubitus ulcer with ostectomy/primary	612.37	612.37	4/1/2012
15941		excision sacral decubitus ulcer with ostectomy	663.93	663.93	4/1/2012
15951		excision trochanteric decubitus ulcer w ostectomy	604.12	604.12	4/1/2012
16000		treatment of burns	36.25	50.96	4/1/2012
16020		dressings and/or debridement of partial-thickness burns, initial or subsequ	42.68	59.40	4/1/2012
17000		destruction any method premalignant lesions one le	40.11	57.13	4/1/2012
17003		destruction by any method, including laser, with or without surgical	3.53	5.55	4/1/2012
17110		destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,	49.85	78.99	4/1/2012
17250		chemical cauterization of wound	27.45	53.69	4/1/2012
17260		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurge	50.27	69.30	4/1/2012
17261		destruct.malig. lesion-trunk,arms,legs; 0.6-1.0 cm	67.80	102.98	4/1/2012
17262		destruct.malig. lesion-trunk,arms,legs; 1.1-2.0 cm	86.83	125.77	4/1/2012
17263		destruct.malig. lesion-trunk,arms,legs; 2.1-3.0 cm	96.18	138.87	4/1/2012
17264		destruct.malig. lesion-trunk,arms,legs; 3.1-4.0 cm	102.78	148.64	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
17270		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurge	73.34	107.09	4/1/2012
17271		destruction malignant lesion scalp,neck-0.6-1.0 cm	82.59	118.35	4/1/2012
17272		destruction malignant lesion scalp,neck 1.1-2.0 cm	95.84	135.64	4/1/2012
17273		destruction malignant lesion scalp,neck 2.1-3.0 cm	108.24	151.50	4/1/2012
17274		destruction malignant lesion scalp,neck-3.1-4.0 cm	132.96	179.69	4/1/2012
17276		destruction malignant lesion scalp,neck over 4. cm	160.09	208.54	4/1/2012
17280		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurge	66.65	100.39	4/1/2012
17281		destruction malignant lesion face 0.6-1.0 cm	93.13	128.60	4/1/2012
17282		destruction malignant lesion face 1.1-2.0 cm	108.21	149.16	4/1/2012
17283		destruction malignant lesion face 2.1-3.0 cm	135.58	180.58	4/1/2012
17284		destruction malignant lesion face 3.1-4.0 cm	161.83	210.28	4/1/2012
17286		destruction malignant lesion face over 4.0 cm	217.71	266.74	4/1/2012
17340		cryotherapy (co2 slush, liquid n2) for acne	35.35	36.51	4/1/2012
17360		acne therapy	75.21	96.84	4/1/2012
19001		puncture aspiration of cyst of breast; each additional cyst (list separately in	18.21	21.39	4/1/2012
19290		pre-op placement of needle localization, breast	54.54	124.33	4/1/2012
19296		placement of radiotherapy afterloading balloon catheter into the breast for	158.37	2845.50	4/1/2012
19298		placement of radiotherapy afterloading brachytherapy catheters (multiple t	261.05	977.18	4/1/2012
19380		revision of reconstructed breast	569.75	569.75	4/1/2012
20005		incision of abscess	180.34	224.19	4/1/2012
20100		exploration of penetrating wound (separate procedure); neck	452.14	452.14	4/1/2012
20101		exploration of penetrating wound (separate procedure); chest	154.09	286.47	4/1/2012
20102		exploration of penetrating wound (separate procedure); abdomen/flank/ba	187.93	335.60	4/1/2012
20103		exploration of penetrating wound (separate procedure); extremity	267.20	409.96	4/1/2012
20520		removal of foreign body	106.59	139.18	4/1/2012
20525		removal of foreign body	187.30	337.85	4/1/2012
20526		injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	44.85	56.68	4/1/2012
20550		injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar	32.95	43.91	4/1/2012
20551		injection(s); single tendon origin/insertion	33.62	43.43	4/1/2012
20552		injection(s); single or multiple trigger point(s), one or two muscle(s)	28.49	39.45	4/1/2012
20553		injection(s); single or multiple trigger point(s), three or more muscle(s)	31.68	44.07	4/1/2012
20600		arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers,	31.39	41.20	4/1/2012
20605		arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg,	32.59	44.13	4/1/2012
20610		drainage of joint or bursa	38.92	56.80	4/1/2012
20612		aspiration and/or injection of ganglion cyst(s) any location	33.61	43.99	4/1/2012
20662		application of halo pelvic	359.40	359.40	4/1/2012
20663		fixation procedure	332.54	332.54	4/1/2012
20670		removal of implant superficial eg buried wire pin	111.75	283.64	4/1/2012
20950		monitor interstitial pressure	69.20	178.21	4/1/2012
20955		fibula graft w/microvascular anastomosis	1957.55	1957.55	4/1/2012
21010		arthrotomy, temporomandibular joint	550.13	550.13	4/1/2012
21011		excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	151.11	192.89	4/1/2012
21012		excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greate	206.70	206.70	4/1/2012
21030		excision of benign tumor or cyst of maxilla or zygoma by enucleation and	298.77	360.78	4/1/2012
21034		excision of malignant tumor of maxilla or zygoma	886.60	990.73	4/1/2012
21044		excision malignant tumor mandible	662.77	662.77	4/1/2012
21045		exc malignancy mandible radical	924.99	924.99	4/1/2012
21070		coronoidectomy	482.22	482.22	4/1/2012
21110		appliance interdental fixation device cond oth than	464.45	543.19	4/1/2012
21310		treatment of closed or open nasal fracture manipul	22.53	76.76	4/1/2012
21315		treatment of nose fracture	109.89	188.34	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
21320		manipulation instrumental complicated nasal fractu	103.08	181.54	4/1/2012
21337		treatment closed nasal septal fracture	210.43	283.11	4/1/2012
21340		tr closed/open nasoeth com fr w splint wire headca	605.86	605.86	4/1/2012
21345		tr nasomax comp fr with interdental wire fix or fi	491.15	590.94	4/1/2012
21346		op tr nasomax com fr w wiring a/o local fixation	709.35	709.35	4/1/2012
21347		op tr nasomac com fr w wir a/o lo fi w mul aproach	822.89	822.89	4/1/2012
21348		open tx nasomaxillary fx with bone grafting	878.33	878.33	4/1/2012
21400		treat eye socket fracture	105.83	128.05	4/1/2012
21421		tr pal/alv ri fr cl man w interd wi fi offi de de	452.53	527.24	4/1/2012
21422		tr pa/al ri fr cl man w intd wi fi o fi de/sp op t	500.04	500.04	4/1/2012
21423		open tx of palatal or maxillary fx, mult approach	594.96	594.96	4/1/2012
21432		open rx craniofacial separation	498.82	498.82	4/1/2012
21433		dp tr cranioe sep w wi/loc fix complicated	1287.79	1287.79	4/1/2012
21436		open tx craniofacial separation w/bone graft	1493.91	1493.91	4/1/2012
21450		treat lower jaw fracture	333.81	397.54	4/1/2012
21461		op tr o clos o op mand fr witho interdenfixation	673.07	1370.45	4/1/2012
21462		op tr clos o op mandfract w interdental fixation	747.09	1483.12	4/1/2012
21480		reset dislocated jaw	25.40	65.48	4/1/2012
21497		interdental wiring f condition o than fracture	407.33	474.54	4/1/2012
21501		incision / drainage deep abscess or hematoma	233.57	316.63	4/1/2012
21510		inc deep opening of bone cortex osteomyelitis bone	345.80	345.80	4/1/2012
21550		excisional biopsy soft tissues	119.06	185.69	4/1/2012
21552		excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3cm	275.15	275.15	4/1/2012
21555		excision benign tumor subcutaneous	246.90	313.52	4/1/2012
21556		excision deep subfacial intramuscular	308.95	308.95	4/1/2012
21615		excision first and/or cervical rib;	510.19	510.19	4/1/2012
21616		exc first a/o cerv rib f outlet comp synd oth caus	650.32	650.32	4/1/2012
21750		closure of median sternotomy separation with or without debridement (sep	551.66	551.66	4/1/2012
21800		treatment of rib fracture(s)	72.14	70.98	4/1/2012
21920		biopsy, soft tissue, back, superficial	118.96	185.29	4/1/2012
21930		excision tumor, soft tissue of back	278.10	342.71	4/1/2012
21931		excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greate	287.76	287.76	4/1/2012
22305		treatment, spinal structure	125.92	136.02	4/1/2012
22318		open treatment and/or reduction of odontoid fracture(s) and or dislocation(	1196.05	1196.05	4/1/2012
22319		open treatment and/or reduction of odontoid fracture(s) and or dislocation(	1315.04	1315.04	4/1/2012
22800		arthrodesis, posterior, for spinal deformity, with or without cast; up to 6	1019.88	1019.88	4/1/2012
22850		harrington rod removal	537.16	537.16	4/1/2012
22855		dwyer instrument removal	834.99	834.99	4/1/2012
22900		excision abdominal wall tumor subfascial	307.99	307.99	4/1/2012
22902		excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 c	206.28	257.55	4/1/2012
22903		excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or grea	269.52	269.52	4/1/2012
23030		incision and drainage deep abscess or hematoma	192.36	306.28	4/1/2012
23031		incision and drainage infected bursa	159.18	278.87	4/1/2012
23065		biopsy soft tissues superficial	124.65	156.37	4/1/2012
23066		biopsy soft tissues deep	251.30	365.22	4/1/2012
23071		excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or great	255.64	255.64	4/1/2012
23076		excision deep subfascial or intramuscular tumor	421.21	421.21	4/1/2012
23170		sequestrectomy for osteomyelitis bone abcess clavi	395.80	395.80	4/1/2012
23172		sequestrectomy for osteomyelitis of bone abcess sc	405.68	405.68	4/1/2012
23174		sequestrec for osteomyelitis or bone abcess humer	563.08	563.08	4/1/2012
23330		removal of foreign body subcutaneous	110.35	161.69	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
23462		capsulorrhaphy f recur disloc poster w/w bn block	819.00	819.00	4/1/2012
23500		treatment clavicle fracture	149.06	149.92	4/1/2012
23505		treatment clavicle fracture	235.38	247.78	4/1/2012
23520		treat clavicle dislocation	156.38	155.52	4/1/2012
23532		open treat of closed/open sternoclav dislocation w	463.22	463.22	4/1/2012
23540		treat clavicle dislocation	151.81	153.83	4/1/2012
23545		repair clavicle dislocation	205.61	222.34	4/1/2012
23570		treat scapula fracture	162.43	160.41	4/1/2012
23620		closed treatment of greater humeral tuberosity fracture; without manipulat	174.30	184.40	4/1/2012
23650		repair shoulder dislocation	192.79	209.81	4/1/2012
23930		incision and drainage deep abscess or hematoma	161.64	254.52	4/1/2012
23935		incision deep w/opening of cortex for osteomyeliti	368.82	368.82	4/1/2012
24065		biopsy soft tissues superficial	123.63	181.61	4/1/2012
24071		excision, tumor, soft tissue of upper arm or elbow area, 3 cm or greater	248.23	248.23	4/1/2012
24075		excision, tumor, soft tissue of upper arm or elbow area; subcutaneous	230.87	341.91	4/1/2012
24076		excision benign tumor deep subfascial or intramusc	353.22	353.22	4/1/2012
24134		sequestrectomy for osteomyelitis or bone abscess s	564.22	564.22	4/1/2012
24136		seques for osteo/bone abscess radial head or neck	446.69	446.69	4/1/2012
24138		seques for osteo/bone abscess olecranon process	491.86	491.86	4/1/2012
24164		implant removal radial head	368.30	368.30	4/1/2012
24200		removal of foreign body subcutaneous	100.41	141.94	4/1/2012
24220		injection procedure for elbow arthrography	56.85	128.08	4/1/2012
24300		manipulation, elbow, under anesthesia	285.49	285.49	4/1/2012
24301		muscle or tendon transfer any type single	565.57	565.57	4/1/2012
24332		tenolysis, triceps	449.43	449.43	4/1/2012
24361		arthroplasty, elbow w/ humeral prosthetic replace.	763.08	763.08	4/1/2012
24500		treatment humerus fracture	221.78	243.69	4/1/2012
24538		fixation humeral fx w/wo intercondylar extension	555.91	555.91	4/1/2012
24600		treat elbow dislocation	237.06	258.99	4/1/2012
24640		treat elbow dislocation	63.20	85.11	4/1/2012
24650		treat radius fracture	160.93	177.37	4/1/2012
24655		treat radius fracture	283.59	308.11	4/1/2012
24670		treat ulna fracture	180.03	199.64	4/1/2012
25023		decomp fasciotomy flex/exten comp w debr nonviable	818.75	818.75	4/1/2012
25025		decompression fasciotomy, forearm and/or wrist, flexor and extensor	889.03	889.03	4/1/2012
25028		incision and drainage deep abscess or hematoma	376.52	376.52	4/1/2012
25065		biopsy soft tissues superficial	121.88	180.13	4/1/2012
25071		excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 c	260.15	260.15	4/1/2012
25075		excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous	243.52	243.52	4/1/2012
25112		excision ganglion wrist recurrent	282.96	282.96	4/1/2012
25145		sequestrectomy for osteomyelitis or bone abscess	422.91	422.91	4/1/2012
25246		injection procedure for wrist arthrography	62.56	130.34	4/1/2012
25248		exploration with removal of deep foreign body, forearm or wrist	326.05	326.05	4/1/2012
25265		repair tendon or muscle secondary with free graft	600.34	600.34	4/1/2012
25274		repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with f	542.13	542.13	4/1/2012
25275		repair, tendon sheath, extensor, forearm and/or wrist, with free graft	500.77	500.77	4/1/2012
25280		lengthening or shortening of flexor or extensor te	462.92	462.92	4/1/2012
25295		tenolysis sing flexor or extensor tendon each tend	430.64	430.64	4/1/2012
25441		arthroplasty prosthetic repl distal radius	710.41	710.41	4/1/2012
25442		arthroplasty with prosthetic replacement distal ul	604.77	604.77	4/1/2012
25443		arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	580.05	580.05	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
25444		arthroplasty with prosthetic replacement lunate	619.03	619.03	4/1/2012
25445		arthroplasty with prosthetic replacement trapezium	541.74	541.74	4/1/2012
25446		arthroplasty w prost repla distal radius a part or	894.39	894.39	4/1/2012
25449		arthroplasty with removal of implant	783.08	783.08	4/1/2012
25500		treat fracture of radius	166.80	182.37	4/1/2012
25505		repair fracture of radius	331.29	357.25	4/1/2012
25530		treat fracture of ulna	158.84	176.14	4/1/2012
25535		repair fracture of ulna	325.71	346.47	4/1/2012
25560		treat fracture radius & ulna	165.91	184.66	4/1/2012
25575		repair fracture radius/ulna	668.79	668.79	4/1/2012
25600		treat fracture radius/ulna	182.45	201.19	4/1/2012
25605		repair fracture radius/ulna	418.04	440.54	4/1/2012
25622		rx closed carpal scaphoid fx without manipulation	186.27	206.17	4/1/2012
25624		rx closed carpal scaphoid fx with manipulation	300.11	327.22	4/1/2012
25628		open rx closef or open carpal scaphoid fracture	533.56	533.56	4/1/2012
25630		treat wrist fracture(s)	191.99	211.60	4/1/2012
25635		repair wrist fracture(s)	278.01	309.75	4/1/2012
25650		treatment of closed ulnar styloid fracture	203.95	220.68	4/1/2012
25651		percutaneous skeletal fixation of ulnar styloid fracture	347.25	347.25	4/1/2012
25660		repair wrist dislocation	290.14	290.14	4/1/2012
25671		percutaneous skeletal fixation of distal radioulnar dislocation	382.37	382.37	4/1/2012
25690		repair wrist dislocation	338.76	338.76	4/1/2012
25922		amputation secondary closure or scar revision	432.59	432.59	4/1/2012
25924		reamputation	499.82	499.82	4/1/2012
25927		transmetacarpal amputation	578.80	578.80	4/1/2012
25929		transmetacarp amput sec closure or scar revision	419.25	419.25	4/1/2012
25931		transmetacarpal reamputation	526.96	526.96	4/1/2012
26010		drainage of finger abscess	96.90	179.10	4/1/2012
26011		drainage of finger abscess complicated	135.42	272.99	4/1/2012
26111		excision, tumor or vascular malformation, soft tissue of hand or finger, sub	252.45	252.45	4/1/2012
26115		excision, tumor or vascular malformation, soft tissue of hand or finger;	260.50	438.74	4/1/2012
26116		excision, tumor or vascular malformation, soft tissue of hand or finger; dee	351.31	351.31	4/1/2012
26340		manipulation, finger joint, under anesthesia, each joint	223.51	223.51	4/1/2012
26498		sublimis transfer to correct claw finger 2/3/4/5	850.44	850.44	4/1/2012
26499		correct claw finger first stg	605.92	605.92	4/1/2012
26600		treat metacarpal fracture	177.85	191.98	4/1/2012
26605		repair metacarpal fracture	203.12	221.87	4/1/2012
26641		treatment carpometacarp disloc thumb w/manipulatio	235.13	256.18	4/1/2012
26645		repair thumb dislocation	270.87	292.50	4/1/2012
26670		closed treatment of carpometacarpal dislocation, other than thumb, with	209.98	231.61	4/1/2012
26686		open treat clo/open carpometaca dislo cmpl/mul/del	459.54	459.54	4/1/2012
26700		repair finger dislocation	206.88	221.30	4/1/2012
26720		treat finger fractures	122.07	133.02	4/1/2012
26725		rx closed phalangeal shaft fx prox or mid phalanx	215.39	238.75	4/1/2012
26740		closed treatment of articular fracture, involving metacarpophalangeal or	145.75	154.99	4/1/2012
26742		treat clsd art fx w/manipulation	239.20	261.99	4/1/2012
26750		treat finger fracture	121.48	124.65	4/1/2012
26755		repair finger fracture	192.17	219.29	4/1/2012
26770		repair finger dislocation	172.30	187.58	4/1/2012
26785		open rx closed or open interphalangeal joint dislo	373.45	373.45	4/1/2012
26990		incision/drainage abscess or hematoma	458.34	458.34	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
26991		incision/drainage infected bursa	387.80	508.35	4/1/2012
27040		biopsy soft tissue superficial	152.55	246.86	4/1/2012
27043		excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or g	287.31	287.31	4/1/2012
27048		excision benign tumor deep	355.40	355.40	4/1/2012
27067		excision benign tumor w/bone graft req seperate in	772.34	772.34	4/1/2012
27086		removal foreign body subcutaneous tissue	110.31	176.64	4/1/2012
27095		injection procedure for hip arthrography with anes	65.68	172.69	4/1/2012
27096		injection procedure for sacroiliac joint, arthrography and/or anesthetic/ster	55.33	131.76	4/1/2012
27111		transfer iliopsoas to femoral neck	646.24	646.24	4/1/2012
27147		osteotomy with open reduction of hip	1123.28	1123.28	4/1/2012
27178		open rx slipped fem epiphysis closed manip w/singl	684.37	684.37	4/1/2012
27193		closed tx pelvic ring fx; wo manipulation	347.62	344.74	4/1/2012
27200		repair tail bone fracture	127.00	124.41	4/1/2012
27228		open tx acetabular fx w/internal fixation	1467.52	1467.52	4/1/2012
27256		treatment of hip dislocation	187.18	219.47	4/1/2012
27259		open rx closed/open acetab fx w/femoral shaft shor	1184.15	1184.15	4/1/2012
27323		biopsy soft tissues superficial	132.70	192.11	4/1/2012
27327		excision benign tumor subcutaneous	259.14	327.21	4/1/2012
27328		exc benign tumor deep	313.26	313.26	4/1/2012
27333		arthrotomy knee exc semilunar cartilage medial and	431.92	431.92	4/1/2012
27337		excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or g	256.32	256.32	4/1/2012
27372		removal foreign body deep	299.68	429.18	4/1/2012
27437		arthrplasty patella w/o prosthesis	494.81	494.81	4/1/2012
27438		arthroplasty patella w/prosthesis	635.59	635.59	4/1/2012
27448		osteotomy femur shaft or supracondylar w/o fixatio	620.87	620.87	4/1/2012
27457		osteotomy proximal tibia after epiphyseal closure	737.45	737.45	4/1/2012
27520		treatment kneecap fracture	201.88	222.07	4/1/2012
27530		treatment of knee fracture	261.22	279.69	4/1/2012
27550		repair knee dislocation	332.95	356.03	4/1/2012
27557		osteotomy proximal tibia bilateral with primary li	836.98	836.98	4/1/2012
27558		open tx knee dislocation; with lig repair	940.44	940.44	4/1/2012
27591		amputation thigh thru fem immed fit tech includ fi	699.16	699.16	4/1/2012
27603		incision and drainage deep abscess or hematoma	289.63	379.91	4/1/2012
27604		incision and drainage infected bursa	255.20	333.36	4/1/2012
27606		tenotomy achilles tendon subcutaneous general anes	225.23	225.23	4/1/2012
27613		biopsy soft tissues superficial	124.72	180.39	4/1/2012
27632		excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or gr	253.59	253.59	4/1/2012
27648		injection procedure for ankle arthrography	41.61	117.74	4/1/2012
27656		repair fascial defect of leg	264.11	390.73	4/1/2012
27675		repair, dislocating peroneal tendons; without fibular osteotomy	389.01	389.01	4/1/2012
27676		repair disloc peroneal tendons with fibular osteo	471.76	471.76	4/1/2012
27687		gastrocnemius recession	351.75	351.75	4/1/2012
27702		arthroplasty ankle with implant	760.81	760.81	4/1/2012
27704		removal ankle implant	429.85	429.85	4/1/2012
27725		repair malunion tibia by synostosis with fibula	912.97	912.97	4/1/2012
27727		repair congenital pseudarthrosis tibia	743.05	743.05	4/1/2012
27750		treatment of tibia fracture	221.25	240.29	4/1/2012
27758		open rx closed or open tibial shaft fx complicated	672.68	672.68	4/1/2012
27759		treatment of tibial shaft fracture (with or without fibular fracture) by	763.09	763.09	4/1/2012
27760		treatment of ankle fracture	210.82	231.29	4/1/2012
27780		treatment of fibula fracture	188.09	206.83	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
27786		treatment of ankle fracture	198.17	219.23	4/1/2012
27808		treatment of ankle fracture	206.54	229.04	4/1/2012
27816		treatment of ankle fracture	196.54	217.31	4/1/2012
27823		open rx closed or open trimalleolar ankle fx w/int	731.17	731.17	4/1/2012
27828		open tx fx tibia with int & ext fix of both tibia & fibula	983.44	983.44	4/1/2012
27830		repair lower leg dislocation	239.45	254.74	4/1/2012
27840		repair ankle dislocation	258.19	258.19	4/1/2012
27871		arthrodesis tibiofibular joint proximal or distal	524.43	524.43	4/1/2012
27881		amputation leg w/immediate fitting technique inc a	683.07	683.07	4/1/2012
27889		ankle disarticulation	528.08	528.08	4/1/2012
27892		decompression fasciotomy, leg; ant &/or lat compar	413.52	413.52	4/1/2012
27893		decompression fasciotomy, leg; posterior compart.	418.34	418.34	4/1/2012
27894		decompression fasciotomy, leg; ant &/or lat & post	643.39	643.39	4/1/2012
28039		excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	211.15	293.58	4/1/2012
28045		excision benign tumor deep subfascial intramuscula	256.93	348.65	4/1/2012
28086		synovectomy tendon sheath flexor	278.97	384.81	4/1/2012
28088		synovectomy tendon sheath extensor	232.00	326.03	4/1/2012
28171		radical resection of tumor, bone; tarsal (except talus or calcaneus)	483.97	483.97	4/1/2012
28173		radical resection of tumor, bone; metatarsal	441.60	544.56	4/1/2012
28175		radical resection of tumor, bone; phalanx of toe	310.93	398.32	4/1/2012
28190		remove foreign body subcutaneous	105.31	175.10	4/1/2012
28192		removal foreign body deep	252.32	338.55	4/1/2012
28193		removal foreign body complicated	300.52	389.35	4/1/2012
28261		capulotomy with tendon legthening	624.21	724.29	4/1/2012
28299		correction, hallux valgus (bunion), with or without sesamoidectomy; by do	550.94	671.21	4/1/2012
28315		sesamoidectomy first toe	258.12	340.61	4/1/2012
28400		treatment of heel fracture	160.35	173.91	4/1/2012
28405		repair of heel fracture	269.54	286.56	4/1/2012
28406		treat closed calcan fixation w/manipulation skelet	393.77	393.77	4/1/2012
28430		treatment of ankle fracture	145.82	162.84	4/1/2012
28435		repair of ankle fracture	215.06	231.21	4/1/2012
28450		treatment midfoot fracture	135.55	150.55	4/1/2012
28470		treat metatarsal fractures	136.33	150.46	4/1/2012
28475		repair metatarsal fractures	178.31	192.15	4/1/2012
28490		treat big toe fracture	84.98	96.52	4/1/2012
28495		repair big toe fracture	109.26	122.53	4/1/2012
28510		treatment of toe fracture	82.68	84.12	4/1/2012
28515		repair of toe fracture	102.53	110.89	4/1/2012
28530		treatment of closed sesamoid fracture	75.38	81.14	4/1/2012
28540		repair foot dislocation	135.51	144.45	4/1/2012
28546		treatment tarsal disloc with percutaneous skeletal	221.57	331.45	4/1/2012
28576		percutaneous skeletal fix talotarsel jnt disloc.	264.07	264.07	4/1/2012
28600		repair foot dislocation	135.62	150.04	4/1/2012
28606		treat clsd tars/metatars desloc w/percut skel fix	292.30	292.30	4/1/2012
28630		repair of toe dislocation	84.40	107.76	4/1/2012
28636		percu. skeletal fix met at arso-phalangeal jnt disloc	155.72	210.81	4/1/2012
28660		repair of toe dislocation	64.33	78.46	4/1/2012
28666		percu. skeletal fix metatarsophalangeal joint dislocation	149.12	149.12	4/1/2012
29075		application of forearm cast	45.90	62.34	4/1/2012
29085		application hand/wrist cast	49.50	66.52	4/1/2012
29105		application long arm splint	44.78	61.80	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
29125		application forearm splint	31.90	47.76	4/1/2012
29130		application finger splint static	22.26	29.47	4/1/2012
29200		strapping of chest	30.87	38.94	4/1/2012
29240		strapping of shoulder	34.28	43.52	4/1/2012
29260		strapping of elbow or wrist	28.23	37.46	4/1/2012
29280		strapping any age hand or finger	26.59	36.11	4/1/2012
29358		application long leg clast brace	78.37	108.95	4/1/2012
29405		application short leg cast	48.90	63.90	4/1/2012
29425		application short leg cast	54.07	69.35	4/1/2012
29440		adding walker to previously applied cast	26.85	38.10	4/1/2012
29505		application long leg splint	36.07	54.25	4/1/2012
29515		application lower leg splint	37.81	51.08	4/1/2012
29530		strapping of knee	28.86	38.08	4/1/2012
29540		strapping; ankle and/or foot	25.74	31.50	4/1/2012
29550		strapping toes	24.21	30.55	4/1/2012
29580		strapping unna boot	28.34	38.43	4/1/2012
29582		application of multi-layer compression system; thigh and leg, including ank	9.13	40.60	4/1/2012
29583		application of multi-layer compression system; upper arm and forearm	6.67	25.16	4/1/2012
29584		application of multi-layer compression system; upper arm, forearm, hand,	9.13	40.60	4/1/2012
29700		removal/revision of cast	27.15	46.17	4/1/2012
29705		removal of full arm or leg cast	37.23	49.05	4/1/2012
29720		repair of cast	34.24	57.03	4/1/2012
29730		revision of cast	35.85	47.67	4/1/2012
29740		revision of cast	52.33	68.48	4/1/2012
29824		arthroscopy, shoulder, surgical; distal claviclectomy including distal	502.66	502.66	4/1/2012
29900		arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial bio	340.90	340.90	4/1/2012
29901		arthroscopy, metacarpophalangeal joint, surgical; with debridement	374.06	374.06	4/1/2012
29902		arthroscopy, metacarpophalangeal joint, surgical; with reduction of displac	400.23	400.23	4/1/2012
30124		removal of nose lesion	200.62	200.62	4/1/2012
30210		displace therapy	73.28	105.30	4/1/2012
30300		remove foreign body,nose	88.56	159.51	4/1/2012
30901		control nasal hemorrhage, anterior, simple	49.13	77.10	4/1/2012
30903		control nasal hemorrhage, anterior, complex	63.85	139.70	4/1/2012
30905		control nasal hemorrhage, posterior, with posterior nasal packs and/or cau	82.09	174.09	4/1/2012
30906		control hemorrhage posterior subsequent w posterior	106.88	200.61	4/1/2012
31000		lavage by cannulation; maxillary sinus	77.49	127.38	4/1/2012
31081		sinusotomy frontal oblitative w/o osteoplast fla	919.09	919.09	4/1/2012
31382		partial laryngectomy antero-latero-vertical	1566.67	1566.67	4/1/2012
31500		insertion of windpipe airway	89.28	89.28	4/1/2012
31505		visualization of larynx	37.31	60.96	4/1/2012
31511		laryngoscopy indirect with removal foreign body	101.97	157.34	4/1/2012
31601		tracheostomy under two years	207.49	207.49	4/1/2012
31605		cricothyroidostomy	146.91	146.91	4/1/2012
31612		tracheal puncture, percutaneous with transtracheal aspiration and/or inject	38.32	60.82	4/1/2012
31717		cath with bronchial brush biopsy	90.21	230.38	4/1/2012
31720		catheter aspiration (separate procedure); nasotracheal	42.80	42.80	4/1/2012
31725		catheter aspiration tracheobronchial with fibersco	77.15	77.15	4/1/2012
31730		transtracheal intro dilator/stent/tube for oxygen	117.82	648.49	4/1/2012
31780		excision tracheal stenosis and anastomosis cervica	926.91	926.91	4/1/2012
31781		excision tracheal stenosis and anastomosis cervico	1125.69	1125.69	4/1/2012
31785		excis tracheal tumor or car cinoma cervical	849.17	849.17	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
31786		excis tracheal tumor or carcinoma thoracic	1181.81	1181.81	4/1/2012
31830		revision trach scar	257.26	320.42	4/1/2012
32035		thoracostomy w/rib resection	552.93	552.93	4/1/2012
32036		thoracostomy w/open flap draining for empyema	599.90	599.90	4/1/2012
32141		thoracot major w/exc-plica bullae w/wo pleur proce	1177.73	1177.73	4/1/2012
32151		thoracot major w/removal intrapulmonary for body	800.69	800.69	4/1/2012
32215		pleural scarification for repeat pneumothorax	629.79	629.79	4/1/2012
32310		pleurectomy, parietal (separate procedure)	723.05	723.05	4/1/2012
32320		decortication/parietal pleurectomy	1263.68	1263.68	4/1/2012
32445		removal of lung, total pneumonectomy; extrapleural	2678.67	2678.67	4/1/2012
32550		insertion of indwelling tunneled pleural catheter with cuff	185.62	603.82	4/1/2012
32551		tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema)	143.67	143.67	4/1/2012
32560		chemical pleurodesis (eg, for recurrent or persistent pneumothorax)	91.57	227.42	4/1/2012
32800		repair lung hernia thru chest wall	738.27	738.27	4/1/2012
32810		close chest wall foll open flap drain for empyema	713.88	713.88	4/1/2012
32815		open closure of major bronchial fistula	2122.57	2122.57	4/1/2012
32820		major reconstruct chest wall post trauma	1063.80	1063.80	4/1/2012
32905		thoracoplasty schede type or extrapleural	1072.15	1072.15	4/1/2012
32906		thoracoplasty with closure bronchopleural fistula	1332.29	1332.29	4/1/2012
33140		transmyocardial laser revascularization, by thoracotomy (separate procedure)	1262.42	1262.42	4/1/2012
33310		cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular)	941.22	941.22	4/1/2012
33315		cardiotomy explor with bypass	1197.50	1197.50	4/1/2012
33410		replacement aortic valve, with cardiopulmonary bypass;with stentless tissue	2041.58	2041.58	4/1/2012
33502		repair of anomalous coronary artery from pulmonary artery origin; by ligation	1024.87	1024.87	4/1/2012
33503		anomalous coronary artery graft without bypass	1095.89	1095.89	4/1/2012
33504		anomalous coronary artery graft with bypass	1171.08	1171.08	4/1/2012
33690		banding of pulmonary artery	935.84	935.84	4/1/2012
33730		complete repair anomalous venous return	1594.84	1594.84	4/1/2012
33750		shunt subclavian to pulmonary artery	1058.87	1058.87	4/1/2012
33755		shunt ascending aorta to pulmonary artery	1046.75	1046.75	4/1/2012
33762		shunt descending aorta to pulmonary artery	1044.96	1044.96	4/1/2012
33766		shunt; superior vena cava to pulmonary artery for flow to one lung (classic)	1132.71	1132.71	4/1/2012
33786		total repair truncus arteriosus	1869.14	1869.14	4/1/2012
33802		division aberrant vessel	850.09	850.09	4/1/2012
33803		division of aberrant vessel w/ reanastomosis	925.50	925.50	4/1/2012
33820		repair of patent ductus arteriosus; by ligation	791.04	791.04	4/1/2012
33822		patent ductus arteriosus division under 18 yrs	840.04	840.04	4/1/2012
33824		patent ductus arteriosus division 18 yrs older	950.04	950.04	4/1/2012
33840		exc of coarctation of aorta w/wo assoc pat duc w/d	961.28	961.28	4/1/2012
33845		exc coarctation of aorta w/wo assoc pat duc art w/d	1107.31	1107.31	4/1/2012
33860		ascending aorta graft, with cardiopulmonary bypass, with or without valve	2556.14	2556.14	4/1/2012
33870		transverse arch graft w/bypass	2075.74	2075.74	4/1/2012
33875		descend thoracic aorta graft w/o bypass	1610.91	1610.91	4/1/2012
33910		pulmonary artery embolectomy with bypass	1347.61	1347.61	4/1/2012
33915		pulmonary artery embolectomy without bypass	1078.67	1078.67	4/1/2012
33968		removal of intra-aortic balloon assist device, percutaneous	28.84	28.84	4/1/2012
35879		revision, lower extremity arterial bypass, without thrombectomy, open; with	773.63	773.63	4/1/2012
35881		revision, lower extremity arterial bypass, without thrombectomy, open; with	860.13	860.13	4/1/2012
36000		insertion vein access device	7.83	19.66	4/1/2012
36405		establish access to vein	12.86	18.62	4/1/2012
36406		venipuncture under age 3 yrs, other vein	7.54	13.30	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
36410		venipuncture, age 3 years or older, necessitating physician's skill (separat	7.25	14.75	4/1/2012
36415		collection of venous blood by venipuncture	2.78	2.78	4/1/2012
36430		blood transfusion service	28.30	28.30	4/1/2012
36593		declotting by thrombolytic agent of implanted vascular access device or ca	27.79	27.79	4/1/2012
36600		withdrawal of arterial blood	12.68	24.22	4/1/2012
36680		placement of needle for intraosseous infusion	48.82	48.82	4/1/2012
36819		arteriovenous anastomosis, open; by upper arm basilic vein transposition	649.79	649.79	4/1/2012
36820		arteriovenous anastomosis, open; by forearm vein transposition	651.91	651.91	4/1/2012
36825		creation of arteriovenous fistula by other than direct arteriovenous	470.00	470.00	4/1/2012
36830		creation of arteriovenous fistula by other than direct arteriovenous	538.48	538.48	4/1/2012
36835		insertion of thomas shunt (separate procedure)	370.72	370.72	4/1/2012
36861		cannula declotting with balloon catheter	122.27	122.27	4/1/2012
37145		venous anastomosis; renoportal	1182.29	1182.29	4/1/2012
37200		transcatheter biopsy	197.96	197.96	4/1/2012
37203		transcatheter retrieval percutaneous, intravasc.	224.84	1041.91	4/1/2012
37204		transcatheter occlusion/embolization, percutaneous	786.58	786.58	4/1/2012
37615		ligation major artery neck	374.99	374.99	4/1/2012
37616		ligation major artery chest	874.14	874.14	4/1/2012
37617		ligate major artery abdomen	1042.75	1042.75	4/1/2012
37618		ligation major artery extremity	299.42	299.42	4/1/2012
38220		bone marrow; aspiration only	49.09	119.75	4/1/2012
38221		bone marrow; biopsy, needle or trocar	62.27	133.21	4/1/2012
38232		bone marrow harvesting for transplantation; autologous	106.63	106.63	4/1/2012
38380		suture and or ligation of thoracic duct cervical a	426.94	426.94	4/1/2012
38381		suture and or ligation of thoracic duct thoracic a	638.20	638.20	4/1/2012
38570		laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy),	433.68	433.68	4/1/2012
38571		laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	682.10	682.10	4/1/2012
38572		laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and	750.62	750.62	4/1/2012
38770		pelvic lymphadenectomy inc ext iliac hypogastric w	659.11	659.11	4/1/2012
39541		repari diaphr hernia traumatic chronic	712.48	712.48	4/1/2012
39545		imbrication of diaphragm for eventration, transthoracic or transabdominal,	700.65	700.65	4/1/2012
39560		resection, diaphragm; with simple repair (eg, primary suture)	605.71	605.71	4/1/2012
39561		resection, diaphragm; with complex repair (eg, prosthetic material, local	941.40	941.40	4/1/2012
40800		drainage mouth lesion	93.32	143.50	4/1/2012
40804		removal foreign body, mouth	94.53	146.45	4/1/2012
40805		removal embedded foreign body complicated	169.31	232.48	4/1/2012
40816		exc lesion of mucosa and submucosa w/o repair	235.17	289.11	4/1/2012
40820		treatment mouth lesion	124.91	186.62	4/1/2012
40830		repair mouth laceration	117.52	173.18	4/1/2012
40831		repair mouth laceration	165.21	230.10	4/1/2012
41000		drainage mouth lesion	82.76	115.05	4/1/2012
41005		drainage mouth lesion	93.91	160.24	4/1/2012
41007		incision/drainage abscess mouth submental space	187.96	260.35	4/1/2012
41008		incision/drainage mouth submandibular space	200.84	268.32	4/1/2012
41009		incision/drainage mouth masticator space	217.94	285.14	4/1/2012
41015		drainage extraoral abscess/cyst/hematoma floor of	249.75	306.86	4/1/2012
41016		incision/drainage extraoral lesion submental	259.18	315.13	4/1/2012
41017		incision/drainage mouth lesion submandibular lesio	260.33	317.44	4/1/2012
41018		incision/drainage mouth lesion masticator space	305.22	364.64	4/1/2012
41019		placement of needles, catheters, or other device(s) into the head and/or n	389.10	389.10	4/1/2012
41105		posterior one-third	83.52	121.88	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
41108		biopsy floor of mouth	67.07	104.27	4/1/2012
41115		excision lingual frenum (frenectomy)	110.64	174.67	4/1/2012
41116		excision lesion floor of mouth	162.61	232.11	4/1/2012
41250		repair laceration tongue	106.13	163.82	4/1/2012
41251		repair laceration to 2cm posterior one third tongu	123.62	170.06	4/1/2012
41252		repair laceration tongue	160.11	222.98	4/1/2012
41800		drainage gum lesion	94.61	161.23	4/1/2012
41805		removal foreign body, gum	119.77	166.49	4/1/2012
41830		alveolectomy inc/curretage of osteitis or sequest	207.82	277.90	4/1/2012
41850		destruction of lesion except excision	34.86	34.86	4/1/2012
42000		drainage mouth roof lesion	76.82	113.45	4/1/2012
42160		treatment roof of mouth	114.33	173.16	4/1/2012
42180		repair palate	139.25	177.32	4/1/2012
42182		repair palate	203.49	243.58	4/1/2012
42300		drainage salivary gland	114.72	151.35	4/1/2012
42310		drainage salivary gland	93.66	117.88	4/1/2012
42320		drainage salivary gland	134.58	182.16	4/1/2012
42550		injection for sialography	53.92	113.04	4/1/2012
42808		excision lesion pharynx	125.70	168.10	4/1/2012
42809		removal of foreign body from pharynx	98.58	125.41	4/1/2012
42860		excision tonsil tags	141.49	141.49	4/1/2012
43030		cricopharyngeal myotomy	401.79	401.79	4/1/2012
43045		esophagotomy, thoracic approach, with removal of foreign body	1023.13	1023.13	4/1/2012
43101		excision of lesion, esophagus, with primary repair; thoracic or abdominal	799.41	799.41	4/1/2012
43202		esophagoscopy, rigid or flexible; with biopsy, single or multiple	90.74	211.00	4/1/2012
43217		esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or oth	134.78	283.32	4/1/2012
43219		esophagoscopy, rigid or flexible; with insertion of plastic tube or stent	136.17	136.17	4/1/2012
43226		esophagoscopy, rigid or flexible;	112.48	112.48	4/1/2012
43227		esophagoscopy, rigid or flexible; with control of bleeding (eg, injection,	167.65	167.65	4/1/2012
43228		esophagoscopy, rigid or flexible;	178.75	178.75	4/1/2012
43235		upper gastrointestinal endoscopy including esophagus, stomach,	115.77	227.10	4/1/2012
43239		upper gastrointestinal endoscopy including esophagus, stomach, and eith	137.10	263.14	4/1/2012
43247		upper gastrointestinal endoscopy including esophagus, stomach, and eith	160.33	160.33	4/1/2012
43251		upper gastrointestinal endoscopy including esophagus, stomach, and eith	174.43	174.43	4/1/2012
43255		upper gastrointestinal endoscopy including esophagus, stomach, and eith	226.98	226.98	4/1/2012
43260		endoscopic retrograde cholangiopancreatography (ercp);	279.10	279.10	4/1/2012
43280		laparoscopy, surgical, esophagogastric fundoplasty (eg, nissen, toupet	809.34	809.34	4/1/2012
43312		esophagoplasty with repair of tracheoesophageal fi	1322.32	1322.32	4/1/2012
43325		esophagogastric fundoplasty with fundic patch (tha	1004.37	1004.37	4/1/2012
43331		esophagomyotomy thoracic approach	1066.67	1066.67	4/1/2012
43341		esophagojejunostomy thoracic approach	1124.67	1124.67	4/1/2012
43351		esophagostomy thoracic approach	1023.18	1023.18	4/1/2012
43352		esophagomyotomy cervical approach	836.55	836.55	4/1/2012
43453		dilation of esophagus, over guide wire	76.66	224.61	4/1/2012
43510		gastrotomy; with esophageal dilation and insertion of permanent intralumir	713.86	713.86	4/1/2012
43651		laparoscopy, surgical; transection of vagus nerves, truncal	481.15	481.15	4/1/2012
43652		laparoscopy, surgical; transection of vagus nerves, selective or highly	563.73	563.73	4/1/2012
43653		laparoscopy, surgical; gastrostomy, without construction of gastric tube (e	410.17	410.17	4/1/2012
43760		change of gastrostomy tube	40.51	251.05	4/1/2012
43761		repositioning gastric feeding tube, thru duodenum	86.87	97.83	4/1/2012
44010		duodenotomy	638.94	638.94	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

					Medicaid Maximum Allowable
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
44141		colectomy partial with cecostomy colostomy	1315.62	1315.62	4/1/2012
44143		colectomy partial with end colostomy closure dista	1230.97	1230.97	4/1/2012
44144		colectomy partial w/resec colos ileos mucofistula	1293.88	1293.88	4/1/2012
44146		colectomy partial w/coloproctostomy colostomy	1556.75	1556.75	4/1/2012
44202		laparoscopy, surgical; enterectomy, resection of small intestine, single	1033.93	1033.93	4/1/2012
44316		continent ileostomy	1031.46	1031.46	4/1/2012
44360		small intestinal endoscopy, enteroscopy beyond second portion of duoden	126.04	126.04	4/1/2012
44361		small intestinal endoscopy, enteroscopy beyond second portion of duoden	138.92	138.92	4/1/2012
44363		sm intest endoscopy enteroscopy w/remov foreign bo	164.63	164.63	4/1/2012
44364		small intestinal endoscopy, enteroscopy beyond second portion of duoden	177.30	177.30	4/1/2012
44366		small intestinal endoscopy, enteroscopy beyond second portion of duoden	208.98	208.98	4/1/2012
44369		small intestinal endoscopy, enteroscopy beyond second portion of duoden	213.48	213.48	4/1/2012
44380		ileoscopy, through stoma; diagnostic, with or without collection of specime	54.80	54.80	4/1/2012
44382		ileoscopy, through stoma; with biopsy, single or multiple	65.91	65.91	4/1/2012
44385		endoscopic evaluation of small intestinal (abdominal or pelvic) pouch;	84.51	186.61	4/1/2012
44388		colonoscopy through stoma; diagnostic, with or without collection of	131.71	259.20	4/1/2012
44500		introduction of long gastrointestinal tube (eg, miller-abbott)	21.07	21.07	4/1/2012
44661		closure of enterovesical fistula; with intestine and/or bladder resection	1189.03	1189.03	4/1/2012
44960		appendectomy for rupt appen w/abscess or generaliz	641.54	641.54	4/1/2012
44970		laparoscopy, surgical, appendectomy	437.22	437.22	4/1/2012
45108		anorectal myomectomy	257.35	257.35	4/1/2012
45111		proctectomy; partial resection of rectum, transabdominal approach	807.83	807.83	4/1/2012
45300		proctosigmoidoscopy, rigid; diagnostic, with or without collection of	37.85	78.81	4/1/2012
45303		proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	64.77	602.08	4/1/2012
45307		proctosigm w/removal of foreign body	73.64	143.43	4/1/2012
45317		proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar	86.96	154.45	4/1/2012
45330		sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(	48.82	101.60	4/1/2012
45331		sigmoidoscopy, flexible; with biopsy, single or multiple	59.27	129.07	4/1/2012
45333		sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion	86.47	213.08	4/1/2012
45334		sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar	131.19	131.19	4/1/2012
45379		colonoscopy fiberoptic beyond splenic flexure w/re	215.92	382.05	4/1/2012
45382		colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	265.38	475.92	4/1/2012
45541		proctopexy for prolapse perineal approach	679.67	679.67	4/1/2012
45560		repair rectocele separate procedure	537.61	537.61	4/1/2012
46040		incision of rectal abscess	289.03	356.52	4/1/2012
46045		drainage transanal abscess under anesthesia	298.21	298.21	4/1/2012
46050		incision anal abscess	67.60	126.44	4/1/2012
46083		incision of thrombosed hemorrhoid, external	78.10	125.40	4/1/2012
46220		papillectomy or excision of single tab anus	83.77	133.95	4/1/2012
46221		hemorrhoidectomy by simple ligature	132.52	175.78	4/1/2012
46230		removal of anal tab	125.63	184.46	4/1/2012
46257		hemorrhoidectomy with fissurectomy	294.16	294.16	4/1/2012
46258		hemorrhoidectomy with fistulectomy	321.73	321.73	4/1/2012
46261		hemorrhoidectomy int and external complex or exten	374.36	374.36	4/1/2012
46262		hemorrhoidectomy int and ext complx or exten w/fis	390.54	390.54	4/1/2012
46320		removal hemorrhoid clot	79.73	121.27	4/1/2012
46600		anoscopy; diagnostic, with or without collection of specimen(s) by brushin	28.81	58.80	4/1/2012
46604		anoscopy; with dilation (eg, balloon, guide wire, bougie)	50.06	361.26	4/1/2012
46606		anoscopy; with biopsy, single or multiple	55.35	149.94	4/1/2012
46608		anoscopy;	61.00	155.03	4/1/2012
46610		anoscopy; with removal of single tumor, polyp, or other lesion by hot biops	60.47	153.34	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
46612		anoscopy; with removal of multiple tumors, polyps, or other lesions by hot	73.94	183.82	4/1/2012
46614		anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar	52.73	93.39	4/1/2012
46716		repair of low imperforate anus; with transposition of anoperineal or	923.29	923.29	4/1/2012
46900		removal of anal warty growth	101.27	160.97	4/1/2012
46910		removal of anal warty growth	96.98	167.64	4/1/2012
46916		destruction anal lesion, simple; cryosurgery	106.36	166.07	4/1/2012
46922		destruction anal lesion, simple; surgical excision	97.00	174.58	4/1/2012
46924		destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum	135.65	359.75	4/1/2012
46942		treatment of anal fissure	96.22	141.22	4/1/2012
47562		laparoscopy, surgical; cholecystectomy	544.92	544.92	4/1/2012
47563		laparoscopy, surgical; cholecystectomy with cholangiography	558.03	558.03	4/1/2012
47564		laparoscopy, surgical; cholecystectomy with exploration of common duct	645.40	645.40	4/1/2012
47570		laparoscopy, surgical; cholecystoenterostomy	575.94	575.94	4/1/2012
47630		biliary duct stone ext percut via t-tube tract	456.02	456.02	4/1/2012
47721		cholecystoenterostomy w/gastroenterostomy	987.70	987.70	4/1/2012
49082		abdominal paracentesis (diagnostic or therapeutic); without imaging guida	40.94	95.22	4/1/2012
49083		abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	63.13	179.77	4/1/2012
49084		peritoneal lavage, including imaging guidance, when performed	57.82	57.82	4/1/2012
49320		laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or witt	245.10	245.10	4/1/2012
49321		laparoscopy, surgical; with biopsy (single or multiple)	258.04	258.04	4/1/2012
49322		laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiratio	280.62	280.62	4/1/2012
49323		laparoscopy, surgical, abdomen, peritoneum, and omentum; with drainage	476.57	476.57	4/1/2012
49421		insertion intraperitoneal cannula permanent	289.94	289.94	4/1/2012
49440		insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance	195.10	844.32	4/1/2012
49441		insertion of duodenostomy or jejunostomy tube, percutaneous, under fluor	215.61	917.02	4/1/2012
49442		insertion of cecostomy or other colonic tube, percutaneous, under fluorosc	178.21	821.37	4/1/2012
49446		conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous	143.68	766.36	4/1/2012
49450		replacement of gastrostomy or cecostomy (or other colonic) tube, percutar	57.54	570.92	4/1/2012
49451		replacement of duodenostomy or jejunostomy tube, percutaneous, under	80.03	544.65	4/1/2012
49452		replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic	124.74	687.15	4/1/2012
49460		mechanical removal of obstructive material from gastrostomy, duodenosto	41.01	624.76	4/1/2012
49465		contrast injection(s) for radiological evaluation of existing gastrostomy,	26.85	131.54	4/1/2012
49606		repair omphalocele stag clo prosth red op room ane	845.63	845.63	4/1/2012
49650		laparoscopy, surgical; repair initial inguinal hernia	312.01	312.01	4/1/2012
49651		laparoscopy, surgical; repair recurrent inguinal hernia	403.59	403.59	4/1/2012
49652		laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric	588.12	588.12	4/1/2012
49653		laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric	734.85	734.85	4/1/2012
49654		laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, w/	675.94	675.94	4/1/2012
49655		laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, w/	813.64	813.64	4/1/2012
49656		laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh	678.38	678.38	4/1/2012
49657		laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh	979.88	979.88	4/1/2012
50526		closure nephrovisceral fistula thoracic approach	1165.44	1165.44	4/1/2012
50541		laparoscopy, surgical; ablation of renal cysts	791.21	791.21	4/1/2012
50544		laparoscopy, surgical; pyeloplasty	1080.38	1080.38	4/1/2012
50546		laparoscopy, surgical; nephrectomy, including partial ureterectomy	1027.46	1027.46	4/1/2012
50548		laparoscopy, surgical; nephrectomy with total ureterectomy	1169.33	1169.33	4/1/2012
50727		revision urinary-cutaneous anastomosis	426.86	426.86	4/1/2012
50728		revision of urinary-cutaneous anastomosis with repair	589.18	589.18	4/1/2012
50830		urinary andiversion	1540.21	1540.21	4/1/2012
50945		laparoscopy, surgical, ureterolithotomy	842.48	842.48	4/1/2012
51100		aspiration of bladder; bv needle	33.39	50.98	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
51101		aspiration of bladder; by trocar or intracatheter	44.74	103.29	4/1/2012
51102		aspiration of bladder; with insertion of suprapubic catheter	129.52	197.01	4/1/2012
51700		irrigation of bladder	38.43	72.46	4/1/2012
51701		insertion of non-dwelling bladder catheter (eg, straight catheterization for	23.30	50.12	4/1/2012
51702		insertion of temporary indwelling bladder catheter; simple (eg, foley)	25.61	64.26	4/1/2012
51703		insertion of temporary indwelling bladder catheter; complicated (eg, altere	70.31	117.03	4/1/2012
51725		simple cystometrogram	181.18	181.18	4/1/2012
51726		complex cystometrogram with gas	262.52	262.52	4/1/2012
51727	26	complex cystometrogram (ie, calibrated electronic equipment); with urethr	69.18	69.18	4/1/2012
51727	TC	complex cystometrogram (ie, calibrated electronic equipment); with urethr	114.43	114.43	4/1/2012
51727		complex cystometrogram (ie, calibrated electronic equipment); with urethr	183.61	183.61	4/1/2012
51728	26	complex cystometrogram (ie, calibrated electronic equipment); with voiding	68.42	68.42	4/1/2012
51728	TC	complex cystometrogram (ie, calibrated electronic equipment); with voiding	115.11	115.11	4/1/2012
51728		complex cystometrogram (ie, calibrated electronic equipment); with voiding	183.52	183.52	4/1/2012
51729	26	complex cystometrogram (ie, calibrated electronic equipment); with voiding	81.45	81.45	4/1/2012
51729	TC	complex cystometrogram (ie, calibrated electronic equipment); with voiding	116.46	116.46	4/1/2012
51729		complex cystometrogram (ie, calibrated electronic equipment); with voiding	197.91	197.91	4/1/2012
51736		simpl uroflowmetry	44.72	44.72	4/1/2012
51741		electronic uroflowmetry initial recording	71.17	71.17	4/1/2012
51784	26	anal/urinary muscle study	66.51	66.51	4/1/2012
51784	TC	anal/urinary muscle study	100.00	100.00	4/1/2012
51784		electromyography studies (emg) of anal or urethral sphincter,	166.52	166.52	4/1/2012
51785		needle electromyography studies (emg) of anal or urethral sphincter, any	180.45	180.45	4/1/2012
51792		stimulus evoked response	188.22	188.22	4/1/2012
51990		laparoscopy, surgical; urethral suspension for stress incontinence	625.79	625.79	4/1/2012
51992		laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or	683.07	683.07	4/1/2012
52250		cystovre ins radioac sub w/wo biopsy o fulguration	211.21	211.21	4/1/2012
52265		local anesthesia	137.26	352.42	4/1/2012
52332		cystourethroscopy w/intsert indw ureteral sternt	135.65	399.54	4/1/2012
53060		drainage of urethra abscess	130.56	146.71	4/1/2012
53442		removal or revision of sling for male urinary incontinence (eg, fascia or	660.74	660.74	4/1/2012
53445		insertion of inflatable urethral/bladder neck sphincter, including placement	753.67	753.67	4/1/2012
53446		removal of inflatable urethral/bladder neck sphincter, including pump,	550.48	550.48	4/1/2012
53447		removal and replacement of inflatable urethral/bladder neck sphincter incl	697.04	697.04	4/1/2012
53448		removal and replacement of inflatable urethral/bladder neck sphincter incl	1103.29	1103.29	4/1/2012
53449		repair of inflatable urethral/bladder neck sphincter, including pump,	523.51	523.51	4/1/2012
54050		treatment of penis lesion	79.22	98.84	4/1/2012
54055		treatment of penis lesion	73.10	94.44	4/1/2012
54060		treatment of penis lesion	107.50	153.35	4/1/2012
54065		destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum	131.43	168.63	4/1/2012
54162		lysis or excision of penile post-circumcision adhesions	167.25	227.25	4/1/2012
54230		ing procedure for corpora cavernosgraphy	68.65	82.78	4/1/2012
54240		penile plethysmography	86.02	86.02	4/1/2012
54360		plasti operation on penis to correct angulation	624.74	624.74	4/1/2012
54406		removal of all components of a multi-component, inflatable penile prosthes	627.13	627.13	4/1/2012
54415		removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile	449.83	449.83	4/1/2012
54450		foreskin manipulation	50.92	62.46	4/1/2012
54670		repair testis injury	344.50	344.50	4/1/2012
54690		laparoscopy, surgical; orchiectomy	543.07	543.07	4/1/2012
54692		laparoscopy, surgical; orchiopexy for intra-abdominal testis	663.54	663.54	4/1/2012
54700		drainage of scrotum	179.71	179.71	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
55100		drainage of scrotum abscess	135.59	180.29	4/1/2012
55110		scrotal exploration	325.62	325.62	4/1/2012
55120		removal of scrotum lesion	298.59	298.59	4/1/2012
55550		laparoscopy, surgical, with ligation of spermatic veins for varicocele	359.83	359.83	4/1/2012
55920		placement of needles or catheters into pelvic organs and/ or genitalia (exc	369.21	369.21	4/1/2012
56405		i and d of abscess, vulva/perineal	82.34	84.07	4/1/2012
56420		drainage of vulva abscess	71.64	96.44	4/1/2012
56441		lysis of labial adhesions	110.42	116.47	4/1/2012
57010		colpotomy with drainage pelvic abscess	334.93	334.93	4/1/2012
57135		excision vaginal cyst or tumor	135.54	150.54	4/1/2012
57150		treatment vaginal infection	23.72	39.29	4/1/2012
57160		fitting and insertion of pessary or other intravaginal support device	38.09	59.72	4/1/2012
57170		diaphram fitting with instructions	38.62	53.91	4/1/2012
57180		intro of hemostatic agentor packn non-ob hemorrhag	83.35	109.59	4/1/2012
57288		sling operation for stress incontinence	581.17	581.17	4/1/2012
57289		pereyra procedure inc anterior colporrhaphy	610.80	610.80	4/1/2012
57452		colposcopy of the cervix including upper/adjacent vagina;	72.25	85.22	4/1/2012
57454		colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of	107.89	120.87	4/1/2012
57505		endocervical curettage	70.09	78.16	4/1/2012
57556		cervix uteri with repair of enterocoele	446.79	446.79	4/1/2012
58291		vaginal hysterectomy, for uterus greater than 250 grams; with removal of	986.21	986.21	4/1/2012
58300		insert intrauterine device	43.96	60.97	4/1/2012
58301		removal of iud	54.10	74.87	4/1/2012
58550		laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or l	691.88	691.88	4/1/2012
58558		hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or	212.41	253.94	4/1/2012
58559		hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	273.32	273.32	4/1/2012
58560		hysteroscopy, surgical; with division or resection of intrauterine septum (ar	308.96	308.96	4/1/2012
58562		hysteroscopy, surgical with removal of impacted foreign object	231.70	268.90	4/1/2012
58660		laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis)	527.08	527.08	4/1/2012
58661		laparoscopy, surgical; with removal of adnexal structures (partial or total	506.87	506.87	4/1/2012
58662		laparoscopy, surgical; with fulguration or excision of lesions of the ovary,	554.03	554.03	4/1/2012
58670		laparoscopy, surgical; with fulguration of oviducts (with or without	285.37	285.37	4/1/2012
58671		laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip,	285.27	285.28	4/1/2012
58925		ovarian cystectomy unilateral or bilateral	571.81	571.81	4/1/2012
58953		bilateral salpingo-oophorectomy with omentectomy, total abdominal hyster	1507.13	1507.13	4/1/2012
59020		fetal oxytocin stress test	54.27	54.27	4/1/2012
59025		fetal non-stress test	36.22	36.22	4/1/2012
59030		fetal blood sampling scalp	89.51	89.51	4/1/2012
59350		hysterorrhaphy of ruptured uterus	219.26	219.26	4/1/2012
59400		obstetrical care	1368.59	1368.59	4/1/2012
59409		vaginal delivery only (with or without episiotomy and/or forceps);	607.68	607.68	4/1/2012
59410		vaginal delivery only (with or without episiotomy and/or forceps); including	704.66	704.66	4/1/2012
59412		external cephalic version, w/ or w/o tocolysis	81.41	81.41	4/1/2012
59414		delivery of placenta (infant born outside of hosp)	72.42	72.42	4/1/2012
59425		antepartum care only; 4-6 visits	268.96	340.20	4/1/2012
59426		antepartum care only; 7 or more visits	475.94	608.62	4/1/2012
59430		postpartum care only, separate procedure	99.08	109.17	4/1/2012
59510		total ob care w/ cesarean delivery	1549.75	1549.75	4/1/2012
59514		cesarean delivery only;	719.52	719.52	4/1/2012
59515		cesarean delivery only; including postpartum care	848.26	848.26	4/1/2012
60225		total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy,	698.63	698.63	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
60300		aspiration and/or injection, thyroid cyst	41.14	83.54	4/1/2012
61250		burr holes trephine, supratentorial, exploratory	617.31	617.31	4/1/2012
61253		burr hole or trephine infratentorial unilateral/bi	681.32	681.32	4/1/2012
61321		craniectomy drainage of intracranial abscess infra	1543.82	1543.82	4/1/2012
61332		exploration or decompression of orbit transccrania	1387.01	1387.01	4/1/2012
61333		explor decompress orbit transcran approach remove	1401.74	1401.74	4/1/2012
61334		exploration/decompression orbit transcran w/remova	910.53	910.53	4/1/2012
61340		subtemporal cranial decompression (pseudotumor cerebri, slit ventricle sy	1047.79	1047.79	4/1/2012
61345		other cranial decompression posterior fossa	1499.30	1499.30	4/1/2012
61520		craniectomy cerebellopontine angle tumor	2800.36	2800.36	4/1/2012
61539		craniotomy with elevation of bone flap; for lobectomy, other than temporal	1732.82	1732.82	4/1/2012
61570		craniectomy or craniotomy for excision foreign bod	1347.15	1347.15	4/1/2012
61624		transcatheter permanent occlusion or embolization (eg, for tumor destructi	889.02	889.02	4/1/2012
61626		transcath.occulsion/embolization,percu; non-cns	724.66	724.66	4/1/2012
61703		surgery intracranial aneurysm cervical approach	983.75	983.75	4/1/2012
61711		anastomosis arterial extracranial intracranial art	1926.46	1926.46	4/1/2012
62190		creation shunt subdural arial jugular auricular	660.69	660.69	4/1/2012
62194		replacement or irrigation subdural catheter	288.15	288.15	4/1/2012
62230		replacement or revision of cerebrospinal fluid shunt, obstructed valve, or	611.95	611.95	4/1/2012
62270		spinal fluid tap	61.31	117.26	4/1/2012
62273		injection lumbar epidural of blood or clot patch	87.78	126.14	4/1/2012
62369		electronic analysis of programmable, implanted pump for intrathecal or epi	20.69	72.41	4/1/2012
63003		lamin f/decomp spin cord a/o cauda eq one/two segm	912.16	912.16	4/1/2012
63016		laminotomy thoracic	1120.53	1120.53	4/1/2012
63017		laminotomy lumbar	912.48	912.48	4/1/2012
63020		laminotomy, cervical, one interspace	862.96	862.96	4/1/2012
63075		discectomy cervical ante appr w/o arthrodesis	1030.56	1030.56	4/1/2012
63182		lamin and section of dentate ligaments more than t	1103.07	1103.07	4/1/2012
63194		lamiwectomy cordotomy unilateral cervical	1093.73	1093.73	4/1/2012
63197		laminectomy corotomy bilateral cervical	1240.15	1240.15	4/1/2012
63199		laminectomy cordotomy bilateral thoracic	1462.51	1462.51	4/1/2012
63251		laminectomy arteriovenovs malfunction thoracic	2235.85	2235.85	4/1/2012
63685		insertion or replacement of spinal neurostimulator pulse generator or recei	300.70	300.70	4/1/2012
63688		revision removal spinal neurostimulator receiver	269.25	269.25	4/1/2012
63710		dural graft spinal	812.61	812.61	4/1/2012
64450		injection for nerve block	56.30	78.22	4/1/2012
64455		injection(s), anesthetic agent and/or steroid, plantar common digital nerve	32.09	40.16	4/1/2012
64505		injection anesthetic agent sphenopalatine ganglion	65.15	77.26	4/1/2012
64508		injection anesthetic agent carotid sinus	53.90	106.10	4/1/2012
64530		injection celiac plexus	70.28	142.95	4/1/2012
64632		destruction by neurolytic agent; plantar common digital nerve	56.57	65.80	4/1/2012
64650		chemodenervation of eccrine glands; both axillae	30.80	50.40	4/1/2012
64680		destruction by neurolytic agent, with or without radiologic monitoring; celia	124.23	228.93	4/1/2012
64716		neurozysis a/o transposition cranial nerve	390.45	390.45	4/1/2012
64740		transection or avulsion of lingual nerve	344.05	344.05	4/1/2012
64795		biopsy of nerve	147.39	147.39	4/1/2012
64823		sympathectomy; superficial palmar arch	574.27	574.27	4/1/2012
64857		suture major periph nerve arm/leg exc sciatic w/o	801.03	801.03	4/1/2012
64865		suture facial nerve intratemporal w/w/o grafting	875.68	875.68	4/1/2012
64876		suture of nerve shortening of bone extremity	151.57	151.57	4/1/2012
64886		nerve graft, head/neck; more than 4 cm.	1026.82	1026.82	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
65205		remove foreign body from eye	31.96	39.75	4/1/2012
65210		remove foreign body from eye	38.52	48.61	4/1/2012
65220		remove foreign body from eye	31.49	40.72	4/1/2012
65273		rep laceration conjunctiva by mobilization rearr w	262.99	262.99	4/1/2012
65430		corneal smear	73.76	80.96	4/1/2012
65930		removal of blood clot, anterior segment of eye	443.92	443.92	4/1/2012
66840		removal lens material aspiration technique one or	478.05	478.05	4/1/2012
67850		destruction of lesion of lid margin up to 1 cm	99.12	153.63	4/1/2012
67882		construction intermarginal adhesions with transpos	323.23	384.08	4/1/2012
67904		repair blepharoptosis levator resection external a	411.45	502.58	4/1/2012
67908		repair blepharoptosis conjunctivo-tarso-levator res	298.58	338.38	4/1/2012
67938		remove foreign body, eyelid	79.62	165.27	4/1/2012
68530		clearance of tear duct	184.61	299.69	4/1/2012
68816		probing of nasolacrimal duct, with or without irrigation; with transluminal	171.69	461.83	4/1/2012
69000		drain external ear lesion	87.14	130.98	4/1/2012
69005		drain external ear lesion	118.80	156.01	4/1/2012
69020		drain outer ear canal lesion	105.67	166.24	4/1/2012
69200		clear outer ear canal	42.50	88.36	4/1/2012
69210		remove impacted ear wax	25.49	37.03	4/1/2012
69502		mastoidectomy complete	732.40	732.40	4/1/2012
69637		tympan antro/mastoid w ossicular chain recon and s	1030.69	1030.69	4/1/2012
70030		x-ray exam eye foreign body	22.33	22.33	4/1/2012
70100	26	mandible limited or unilateral	7.54	7.54	4/1/2012
70100		x-ray exam of jaw	24.09	24.09	4/1/2012
70110	26	mandible limited or unilateral complete minimum of	10.59	10.59	4/1/2012
70110		x-ray exam of jaw	31.28	31.28	4/1/2012
70120	26	mastoids limited or unilateral	7.54	7.54	4/1/2012
70120		x-ray exam of mastoids	26.22	26.22	4/1/2012
70130	26	x-ray exam of mastoids	14.46	14.46	4/1/2012
70130		x-ray exam mastoids	43.43	43.43	4/1/2012
70134	26	internal auditory meat uses	14.46	14.46	4/1/2012
70134		x-ray exam of middle ear	37.36	37.36	4/1/2012
70140	26	facial bones limited	7.85	7.85	4/1/2012
70140		x-ray exam of facial bones	23.64	23.64	4/1/2012
70150	26	x-ray exam of facial bones	10.90	10.90	4/1/2012
70150	TC	radiologic exam facial bones, complete	22.90	22.90	4/1/2012
70150		x-ray exam facial bones minium of three views	33.81	33.81	4/1/2012
70160	26	nasal bones	7.23	7.23	4/1/2012
70160		x-ray exam of nasal bones	25.22	25.22	4/1/2012
70170	26	x-ray exam of tear duct	12.72	12.72	4/1/2012
70170		x-ray exam of tear duct	42.68	42.68	4/1/2012
70190	26	optic foramina	8.76	8.76	4/1/2012
70190		x-ray exam of eye sockets	28.01	28.01	4/1/2012
70200	26	x-ray exam of eye sockets	11.81	11.81	4/1/2012
70200		x-ray exam orbits minimum of four views	35.01	35.01	4/1/2012
70210	26	paranasal sinuses limited	7.23	7.23	4/1/2012
70210		x-ray exam of sinuses	23.60	23.60	4/1/2012
70220	26	paranasal sinuses complete	10.30	10.30	4/1/2012
70220		x-ray exam of sinuses	30.90	30.90	4/1/2012
70240	26	x-ray exam pituitary saddle	8.14	8.14	4/1/2012
70240		x ray exam sella turcica	23.24	23.24	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
70250	26	skull limited	9.99	9.99	4/1/2012
70250		radiologic examination, skull; less than four views	28.66	28.66	4/1/2012
70260	26	skull complete	14.17	14.17	4/1/2012
70260		radiologic examination, skull; complete, minimum of four views	38.14	38.14	4/1/2012
70300	26	x-ray exam of teeth	4.47	4.47	4/1/2012
70300		x ray exam of teeth single view	11.21	11.21	4/1/2012
70310	26	x-ray exam of teeth	6.92	6.92	4/1/2012
70310		x-ray teeth partial exam less than full mouth	26.64	26.64	4/1/2012
70320	26	teeth full mouth	9.36	9.36	4/1/2012
70320		full mouth x-ray of teeth	37.46	37.46	4/1/2012
70328	26	temporomandibular joint unilateral	7.54	7.54	4/1/2012
70328		x-ray exam of jaw joint	23.51	23.51	4/1/2012
70330	26	x-ray exam of jaw joints	10.27	10.27	4/1/2012
70330		x-ray exam of jaw joints bilateral	37.22	37.22	4/1/2012
70350	26	x-ray head for orthodontia	7.23	7.23	4/1/2012
70350		x ray exam of head for orthodontia	16.28	16.28	4/1/2012
70355	26	orthopantogram	8.45	8.45	4/1/2012
70355		panoramic x-ray of jaws	18.18	18.18	4/1/2012
70360	26	neck for soft tissues	7.23	7.23	4/1/2012
70360		x-ray exam of neck	21.47	21.47	4/1/2012
70370	26	throat x-ray & fluoroscopy	13.35	13.35	4/1/2012
70370		x-ray and fluoroscopy of throat	58.57	58.57	4/1/2012
70380	26	x-ray exam,salivary gland	7.23	7.23	4/1/2012
70380		x-ray exam salivary gland for calculus	29.07	29.07	4/1/2012
71010	26	chest single view	7.54	7.54	4/1/2012
71010		x-ray exam of chest	19.18	19.18	4/1/2012
71015	26	chest examination stereo	8.76	8.76	4/1/2012
71015		x-ray exam of chest	23.58	23.58	4/1/2012
71020	26	chest radiological exam two views	9.36	9.36	4/1/2012
71020	TC	radiological exam chest two views frontal/lateral	16.08	16.08	4/1/2012
71020		chest radiological exam two views	25.44	25.44	4/1/2012
71021	26	xray exam of chest	11.21	11.21	4/1/2012
71021		x-ray exam of chest	30.66	30.66	4/1/2012
71022	26	xray exam of chest	13.04	13.04	4/1/2012
71022		x-ray exam of chest	36.81	36.81	4/1/2012
71023	26	radiologic exam, with fluoroscopy	16.37	16.37	4/1/2012
71023		radiologic exam, with fluoroscopy	53.13	53.13	4/1/2012
71030	26	chest complete 4 views minimum	13.04	13.04	4/1/2012
71030		x-ray exam of chest	37.10	37.10	4/1/2012
71034	26	chest complete including fluoroscopy	20.79	20.79	4/1/2012
71034		chest x-ray & fluoroscopy	72.85	72.85	4/1/2012
71035	26	x ray exam of chest	7.83	7.83	4/1/2012
71035		x-ray exam of chest	27.26	27.26	4/1/2012
71100	26	ribs unilateral two views	9.36	9.36	4/1/2012
71100		ribs unilateral two views	26.02	26.02	4/1/2012
71101	26	x-ray ribs with posteroanterior chest minimum 3 vi	11.21	11.21	4/1/2012
71101	TC	radiologic exam ribs /posteroanterior chest	20.11	20.11	4/1/2012
71101		x-ray ribs with posteroanterior chest minimum 3 vi	31.32	31.32	4/1/2012
71110	26	ribs bilateral three views	11.21	11.21	4/1/2012
71110		ribs bilateral three views	32.39	32.39	4/1/2012
71111	26	xray ribs with posteroanterior chest minimum 4 vi	13.35	13.35	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
71111		x-ray ribs with posteroanterior chest minimum 4 vi	41.36	41.36	4/1/2012
71120	26	sternum	8.45	8.45	4/1/2012
71120		x-ray exam of breastbone	25.97	25.97	4/1/2012
71130	26	sternoclavicular joints	9.36	9.36	4/1/2012
71130		x-ray exam of breastbone	29.77	29.77	4/1/2012
72010	26	spine entire survey study	18.46	18.46	4/1/2012
72010		x-ray exam of spine	54.84	54.84	4/1/2012
72020	26	rad exam spine single view specify level	6.61	6.61	4/1/2012
72020		radiologic exam spine single view specify level	18.83	18.83	4/1/2012
72040	26	radiologic examination, spine, cervical; two or three views	9.36	9.36	4/1/2012
72040	TC	radiologic examination, spine, cervical; two or three views	19.83	19.83	4/1/2012
72040		radiologic examination, spine, cervical; two or three views	29.19	29.19	4/1/2012
72050	26	spine complete	13.04	13.04	4/1/2012
72050	TC	radiologic exam spine. 4 views	28.30	28.30	4/1/2012
72050		x-ray exam of neck spine	41.33	41.33	4/1/2012
72052	26	spine cervical a&p lateral complete	15.37	15.37	4/1/2012
72052		x-ray exam of neck spine	51.74	51.74	4/1/2012
72069		radiologic exam, spine, thoracolumbar, standing	27.65	27.65	4/1/2012
72070	26	radiologic examination, spine; thoracic, two views	9.36	9.36	4/1/2012
72070		radiologic examination, spine; thoracic, two views	26.88	26.88	4/1/2012
72072	26	radiologic examination, spine; thoracic, three views	9.36	9.36	4/1/2012
72072	TC	radiologic examination, spine; thoracic, three views	21.18	21.18	4/1/2012
72072		radiologic examination, spine; thoracic, three views	30.54	30.54	4/1/2012
72074	26	radiologic examination, spine; thoracic, minimum of four views	9.36	9.36	4/1/2012
72074		radiologic examination, spine; thoracic, minimum of four views	35.64	35.64	4/1/2012
72080	26	radiologic examination, spine; thoracolumbar, two views	9.36	9.36	4/1/2012
72080		radiologic examination, spine; thoracolumbar, two views	28.04	28.04	4/1/2012
72090	26	x-ray exam of spine	12.10	12.10	4/1/2012
72090		x-ray exam of spine scoliosis study	36.83	36.83	4/1/2012
72100	26	radiologic examination, spine, lumbosacral; two or three views	9.36	9.36	4/1/2012
72100	TC	radiologic examination, spine, lumbosacral; two or three views	21.27	21.27	4/1/2012
72100		radiologic examination, spine, lumbosacral; two or three views	30.63	30.63	4/1/2012
72110	26	radiologic examination, spine, lumbosacral; minimum of four views	13.04	13.04	4/1/2012
72110		radiologic examination, spine, lumbosacral; minimum of four views	42.78	42.78	4/1/2012
72114	26	x-ray exam of lower spine	15.37	15.37	4/1/2012
72114		x-ray exam lumbosacral spine	55.78	55.78	4/1/2012
72120	26	xray exam of lower spine	9.36	9.36	4/1/2012
72120		x-ray exam of lower spine	38.24	38.24	4/1/2012
72170	26	radiologic examination, pelvis; one or two views	7.23	7.23	4/1/2012
72170		radiologic examination, pelvis; one or two views	20.60	20.60	4/1/2012
72190	26	pelvis complete	9.05	9.05	4/1/2012
72190		x-ray exam of pelvis	31.19	31.19	4/1/2012
72200	26	xray exam sacroiliac joints	7.23	7.23	4/1/2012
72200		x-ray exam sacroiliac joints	22.91	22.91	4/1/2012
72202	26	x-ray exam sacroiliac joints	8.14	8.14	4/1/2012
72202		x-ray exam sacroiliac joints	27.68	27.68	4/1/2012
72220	26	sacrum and coccyx	7.23	7.23	4/1/2012
72220	TC	sacrum and coccyx	16.08	16.08	4/1/2012
72220		x-ray exam of tailbone	23.31	23.31	4/1/2012
73000	26	clavicle	6.92	6.92	4/1/2012
73000		x-ray exam of collarbone	21.73	21.73	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
73010	26	scapula	7.23	7.23	4/1/2012
73010		x-ray exam of shoulder blade	22.33	22.33	4/1/2012
73020	26	shoulder limited	6.32	6.32	4/1/2012
73020		x-ray exam of shoulder	18.54	18.54	4/1/2012
73030	26	shoulder complete	7.83	7.83	4/1/2012
73030	TC	radiologic exam shoulder complete	15.79	15.79	4/1/2012
73030		x-ray exam of shoulder	23.61	23.61	4/1/2012
73050	26	x-ray exam of shoulder	8.75	8.75	4/1/2012
73050		x-ray exam of shoulder	28.28	28.28	4/1/2012
73060	26	humerus including one joint	7.23	7.23	4/1/2012
73060	TC	radiologic exam humerus	15.79	15.79	4/1/2012
73060		x-ray exam of humerus	23.01	23.01	4/1/2012
73070	26	radiologic examination, elbow; two views	6.32	6.32	4/1/2012
73070	TC	radiologic examination, elbow; two views	14.81	14.81	4/1/2012
73070		radiologic examination, elbow; two views	21.13	21.13	4/1/2012
73080	26	elbow complete	7.23	7.23	4/1/2012
73080		x-ray exam of elbow	27.05	27.05	4/1/2012
73090	26	radiologic examination; forearm, two views	6.62	6.62	4/1/2012
73090	TC	radiologic examination; forearm, two views	14.81	14.81	4/1/2012
73090		radiologic examination; forearm, two views	21.45	21.45	4/1/2012
73092	26	x-ray exam of arm	6.62	6.62	4/1/2012
73092		x-ray exam of arm infant minimum of two views	22.02	22.02	4/1/2012
73100	26	radiologic examination, wrist; two views	6.92	6.92	4/1/2012
73100		radiologic examination, wrist; two views	22.31	22.31	4/1/2012
73110	26	wrist complete	7.23	7.23	4/1/2012
73110	TC	radiologic exam wrist, complete	19.43	19.43	4/1/2012
73110		x-ray exam of wrist	26.66	26.66	4/1/2012
73120	26	hand limited	6.62	6.62	4/1/2012
73120		x-ray exam of hand	21.16	21.16	4/1/2012
73130	26	hand complete	7.23	7.23	4/1/2012
73130	TC	radiologic exam hand min/3 views	17.13	17.13	4/1/2012
73130		x-ray exam of hand	24.35	24.35	4/1/2012
73140	26	x-ray exam finger	5.70	5.70	4/1/2012
73140	TC	radiologic exam finger(s)	16.84	16.84	4/1/2012
73140		x-ray exam of finger(s)	22.53	22.53	4/1/2012
73500	26	hip unilateral limited	7.23	7.23	4/1/2012
73500		x-ray exam of hip	20.03	20.03	4/1/2012
73510	26	hip unilateral complete	9.05	9.05	4/1/2012
73510	TC	radiologic exam, hip	19.83	19.83	4/1/2012
73510		x-ray exam of hip	28.87	28.87	4/1/2012
73520	26	x-ray exam of hips	10.90	10.90	4/1/2012
73520		x-ray exam of hips	31.30	31.30	4/1/2012
73540	26	x-ray exam of pelvis and hips	8.45	8.45	4/1/2012
73540		x-ray exam of pelvis & hips	28.86	28.86	4/1/2012
73550	26	radiologic examination, femur, two views	7.23	7.23	4/1/2012
73550		radiologic examination, femur, two views	22.44	22.44	4/1/2012
73560	26	radiologic examination, knee; one or two views	7.23	7.23	4/1/2012
73560	TC	radiologic examination, knee; one or two views	15.11	15.11	4/1/2012
73560		radiologic examination, knee; one or two views	22.33	22.33	4/1/2012
73562	26	radiologic examination, knee; three views	7.83	7.83	4/1/2012
73562	TC	radiologic examination, knee; three views	18.96	18.96	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
73562		radiologic examination, knee; three views	26.79	26.79	4/1/2012
73565		radiologic exam, both knees, standing, ap	23.78	23.78	4/1/2012
73590	26	radiologic examination; tibia and fibula, two views	7.23	7.23	4/1/2012
73590	TC	radiologic examination; tibia and fibula, two views	14.24	14.24	4/1/2012
73590		radiologic examination; tibia and fibula, two views	21.47	21.47	4/1/2012
73592	26	x-ray exam of leg	6.62	6.62	4/1/2012
73592		x-ray exam of leg infant	22.02	22.02	4/1/2012
73600	26	radiologic examination, ankle; two views	6.62	6.62	4/1/2012
73600		radiologic examination, ankle; two views	21.16	21.16	4/1/2012
73610	26	ankle complete	7.23	7.23	4/1/2012
73610	TC	radiologic exam complete	17.13	17.13	4/1/2012
73610		x-ray exam of ankle	24.35	24.35	4/1/2012
73620	26	radiologic examination, foot; two views	6.62	6.62	4/1/2012
73620		radiologic examination, foot; two views	20.58	20.58	4/1/2012
73630	26	foot complete	7.23	7.23	4/1/2012
73630	TC	radiologic exam foot complete	16.84	16.84	4/1/2012
73630		x-ray exam of foot	24.06	24.06	4/1/2012
73650	26	os calcis	6.62	6.62	4/1/2012
73650		x-ray exam of heel	20.87	20.87	4/1/2012
73660	26	toes	5.41	5.41	4/1/2012
73660	TC	radiologic exam calcaneus toe or toes	15.97	15.97	4/1/2012
73660		x-ray exam of toe(s)	21.38	21.38	4/1/2012
74000	26	abdomen single view	7.54	7.54	4/1/2012
74000	TC	radiologic exam abdomen	12.79	12.79	4/1/2012
74000		x-ray exam of abdomen	20.34	20.34	4/1/2012
74010	26	abdomen with additional oblique or cone	9.68	9.68	4/1/2012
74010		x-ray exam of abdomen	29.79	29.79	4/1/2012
74020	26	x-ray exam of abdomen	11.50	11.50	4/1/2012
74020	TC	radiologic exam abdomen, complete	20.40	20.40	4/1/2012
74020		x-ray exam of abdomen	31.90	31.90	4/1/2012
74022	26	complete acute abd series	13.63	13.63	4/1/2012
74022	TC	rad exam abdomen. complete abdomen series	24.92	24.92	4/1/2012
74022		radiologic examination, abdomen; complete acute abdomen series, includi	38.57	38.57	4/1/2012
74210	26	pharynx and/or cervical eso phagus	15.66	15.66	4/1/2012
74210		contrast xray exam of throat	60.68	60.68	4/1/2012
74220	26	esophagus	19.64	19.64	4/1/2012
74220		contrast xray exam,esophagus	69.00	69.00	4/1/2012
74230	26	swallowing function, with cineradiography/videoradiography	22.69	22.69	4/1/2012
74230		swallowing function, with cineradiography/videoradiography	71.08	71.08	4/1/2012
74240	26	upper gi tract without kub	29.60	29.60	4/1/2012
74240		x-ray exam stomach/intestine	85.69	85.69	4/1/2012
74241	26	x-ray exam stomach/intestine	29.32	29.32	4/1/2012
74241		x-ray exam of gi tract with kub	91.17	91.17	4/1/2012
74245	26	radiologic examination, gastrointestinal tract, upper; with small intestine,	38.97	38.97	4/1/2012
74245		radiologic examination, gastrointestinal tract, upper; with small intestine,	136.43	136.43	4/1/2012
74246	26	x-ray upper gi air w or w/o glucagon w or w/o dela	29.60	29.60	4/1/2012
74246		x-ray upper gi air w or w/o glucagon w or w/o dela	97.92	97.92	4/1/2012
74247	26	x-ray upper gi air w or w/o glucagon w or w/o dela	29.60	29.60	4/1/2012
74247		x-ray upper gi air w or w/o glucagon w or w/o dela	107.34	107.34	4/1/2012
74249	26	radiological examination, gastrointestinal tract, upper, air contrast, with	38.97	38.97	4/1/2012
74249		radiological examination, gastrointestinal tract, upper, air contrast, with	146.15	146.15	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
74250	26	radiologic examination, small intestine, includes multiple serial films;	19.96	19.96	4/1/2012
74250		radiologic examination, small intestine, includes multiple serial films;	80.17	80.17	4/1/2012
74251	26	radiologic examination, small bowel, includes multiple serial films;	29.60	29.60	4/1/2012
74251		radiologic examination, small bowel, includes multiple serial films;	249.03	249.03	4/1/2012
74260	26	x-ray exam of small bowel	21.18	21.18	4/1/2012
74260		x-ray exam small bowel duodenography hypotonic	207.34	207.34	4/1/2012
74270	26	radiologic examination, colon; barium enema, with or without kub	29.60	29.60	4/1/2012
74270		radiologic examination, colon; barium enema, with or without kub	115.13	115.13	4/1/2012
74280	26	air contrast with barium with or without glucagon	42.33	42.33	4/1/2012
74280		air contrast with barium with or without glucagon	159.40	159.40	4/1/2012
74283	26	therapeutic enema, contrast or air, for reduction of intussusception or othe	86.10	86.10	4/1/2012
74283		therapeutic enema, contrast or air, for reduction of intussusception or othe	167.03	167.03	4/1/2012
74710	26	x-ray measurement of pelvis	14.74	14.74	4/1/2012
74710		x-ray measurement of pelvis	34.97	34.97	4/1/2012
74775	26	perineogram	26.55	26.55	4/1/2012
74775		perineogram	72.20	72.20	4/1/2012
76000	26	fluoroscopy (separate procedure), up to one hour physician time, other tha	7.23	7.23	4/1/2012
76001		fluoroscope exam, extensive	109.81	109.81	4/1/2012
76080	26	radiologic examination, abscess, fistula or sinus tract study, radiological	23.29	23.29	4/1/2012
76080		radiologic examination, abscess, fistula or sinus tract study, radiological	51.30	51.30	4/1/2012
76100	26	body section tomography	24.73	24.73	4/1/2012
76100		x-ray exam of body section	106.87	106.87	4/1/2012
76101	26	rad exam complex motion body sect not kidney unil	24.44	24.44	4/1/2012
76101		rad exam complex motion body sect not kidney unil	147.45	147.45	4/1/2012
76102	26	rad exam complex motion body sect not kidney bilat	24.16	24.16	4/1/2012
76102		rad exam complex motion body sect not kidney bilat	197.36	197.36	4/1/2012
76506	26	echoencephalography b-mode including a-mode	27.46	27.46	4/1/2012
76506		echoencephalography b-mode including a-mode	92.49	92.49	4/1/2012
76511	26	echo exam of eye	40.58	40.58	4/1/2012
76511		ophthalmic ultrasound, diagnostic; quantitative a-scan only	78.30	78.30	4/1/2012
76512	26	echo exam of eye	40.67	40.67	4/1/2012
76512		ophthalmic ultrasound, diagnostic; b-scan (with or without superimposed	73.50	73.50	4/1/2012
76516	26	echo exam of eye	23.10	23.10	4/1/2012
76516		echo exam of eye	53.89	53.89	4/1/2012
76529	26	ophthalmic ultrasound foreign body	24.52	24.52	4/1/2012
76529		echo exam of eye	54.65	54.65	4/1/2012
76604	26	ultrasound, chest, real time with image documentation	23.31	23.31	4/1/2012
76604		ultrasound, chest, real time with image documentation	69.11	69.11	4/1/2012
76645	26	ultrasound, breast(s) (unilateral or bilateral), b-scan and/or real time with	23.00	23.00	4/1/2012
76645		ultrasound, breast(s) (unilateral or bilateral), b-scan and/or real time with	72.93	72.93	4/1/2012
76700	26	ultrasound, abdominal, b-scan and/or real time with image documentation;	34.41	34.41	4/1/2012
76700		ultrasound, abdominal, b-scan and/or real time with image documentation;	109.26	109.26	4/1/2012
76705	26	echo exam of abdomen	25.33	25.33	4/1/2012
76705		echo exam of abdomen	82.86	82.86	4/1/2012
76770	26	ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real tim	31.45	31.45	4/1/2012
76770		ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real tim	104.58	104.58	4/1/2012
76775	26	echography retroperitoneal b scan limited	25.03	25.31	4/1/2012
76775		echography retroperitoneal b-scan limited	88.90	89.19	4/1/2012
76800	26	ultrasound, spinal canal and contents	45.45	45.45	4/1/2012
76800		ultrasound, spinal canal and contents	99.24	99.24	4/1/2012
76801	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	41.75	41.75	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
76801		ultrasound, pregnant uterus, real time with image documentation, fetal and	105.27	105.27	4/1/2012
76802	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	34.74	34.74	4/1/2012
76802		ultrasound, pregnant uterus, real time with image documentation, fetal and	59.91	59.91	4/1/2012
76805	26	ultrasound, pregnant uterus, b-scan and/or real time with image document	41.47	41.47	4/1/2012
76805		ultrasound, pregnant uterus, real time with image documentation, fetal and	117.09	117.09	4/1/2012
76810	26	echography; complete with multiple gestation	40.87	40.87	4/1/2012
76810		ultrasound, pregnant uterus, real time with image documentation, fetal and	81.26	81.26	4/1/2012
76811	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	78.61	78.61	4/1/2012
76811	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	86.95	86.95	4/1/2012
76811		ultrasound, pregnant uterus, real time with image documentation, fetal and	165.57	165.57	4/1/2012
76812	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	73.52	73.52	4/1/2012
76812	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	88.57	88.57	4/1/2012
76812		ultrasound, pregnant uterus, real time with image documentation, fetal and	162.09	162.09	4/1/2012
76813	26	ultrasound, pregnant uterus, real time with image documentation, first	48.17	48.17	4/1/2012
76813	TC	ultrasound, pregnant uterus, real time with image documentation, first	54.97	54.97	4/1/2012
76813		ultrasound, pregnant uterus, real time with image documentation, first	103.13	103.13	4/1/2012
76814	26	ultrasound, pregnant uterus, real time with image documentation, first	40.50	40.50	4/1/2012
76814	TC	ultrasound, pregnant uterus, real time with image documentation, first	26.99	26.99	4/1/2012
76814		ultrasound, pregnant uterus, real time with image documentation, first	67.50	67.50	4/1/2012
76815	26	echography, pregnant uterus, b-scan and/or real time with image documen	27.21	27.21	4/1/2012
76815		ultrasound, pregnant uterus, real time with image documentation, limited (i	72.91	72.91	4/1/2012
76817	26	ultrasound, pregnant uterus, real time with image documentation, transvaç	31.19	31.19	4/1/2012
76817	TC	ultrasound, pregnant uterus, real time with image documentation, transvaç	50.21	50.21	4/1/2012
76817		ultrasound, pregnant uterus, real time with image documentation, transvaç	81.41	81.41	4/1/2012
76818	26	fetal biophysical profile; with non-stress testing	43.53	43.53	4/1/2012
76818	TC	fetal biophysical profile; with non-stress testing	53.89	53.89	4/1/2012
76818		fetal biophysical profile; with non-stress testing	97.42	97.42	4/1/2012
76830	26	ultrasound, transvaginal	29.03	29.03	4/1/2012
76830		ultrasound, transvaginal	95.90	95.90	4/1/2012
76856	26	ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	29.32	29.32	4/1/2012
76856		ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	96.48	96.48	4/1/2012
76870	26	ultrasound, scrotum and contents	27.47	27.47	4/1/2012
76870		ultrasound, scrotum and contents	95.50	95.50	4/1/2012
76872	26	echography, transrectal	30.38	30.38	4/1/2012
76872		ultrasound, transrectal	113.69	113.69	4/1/2012
76873	26	echography, transrectal; prostate volume study for brachytherapy treatme	66.26	66.26	4/1/2012
76873	TC	echography, transrectal; prostate volume study for brachytherapy treatme	78.15	78.15	4/1/2012
76873		echography, transrectal; prostate volume study for brachytherapy treatme	144.41	144.41	4/1/2012
76930	26	ultrasonic guidance for pericardiocentesis, imaging supervision and	30.51	30.51	4/1/2012
76930		ultrasonic guidance for pericardiocentesis, imaging supervision and	78.92	78.92	4/1/2012
76932	26	ultrasonic guidance for endomyocardial biopsy, imaging supervision and	30.51	30.51	4/1/2012
76932		ultrasonic guidance for endomyocardial biopsy, imaging supervision and	79.42	79.42	4/1/2012
76942	26	ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	28.69	28.69	4/1/2012
76942		ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	147.47	147.47	4/1/2012
76950	26	ultrasonic guidance for placement of radiation therapy fields	24.44	24.44	4/1/2012
76950		ultrasonic guidance for placement of radiation therapy fields	56.98	56.98	4/1/2012
76965	26	ultrasonic guidance for interstitial radioelement application	58.07	58.07	4/1/2012
76965	TC	ultrasonic guidance for interstitial radioelement application	60.82	60.82	4/1/2012
76970	26	ultrasound study	16.33	16.33	4/1/2012
76975	26	gastrointestinal endoscopic ultrasound, supervision and interpretation	34.99	34.99	4/1/2012
76975		gastrointestinal endoscopic ultrasound, supervision and interpretation	81.78	81.78	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
77002	26	fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injecti	22.42	22.42	4/1/2012
77002		fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injecti	56.98	56.98	4/1/2012
77012	26	computed tomography guidance for needle placement (eg, biopsy, aspirat	49.85	49.85	4/1/2012
77012	TC	computed tomography guidance for needle placement (eg, biopsy, aspirat	108.95	108.95	4/1/2012
77012		computed tomography guidance for needle placement (eg, biopsy, aspirat	158.80	158.80	4/1/2012
77014	26	computed tomography guidance for placement of radiation therapy fields	35.65	35.65	4/1/2012
77014	TC	computed tomography guidance for placement of radiation therapy fields	112.47	112.47	4/1/2012
77014		computed tomography guidance for placement of radiation therapy fields	148.13	148.13	4/1/2012
77031	26	stereotactic localization guidance for breast biopsy or needle placement (e	67.80	67.80	4/1/2012
77031	TC	stereotactic localization guidance for breast biopsy or needle placement (e	87.50	87.50	4/1/2012
77031		stereotactic localization guidance for breast biopsy or needle placement (e	155.28	155.28	4/1/2012
77032	26	mammographic guidance for needle placement, breast (eg, for wire localiz	23.91	23.91	4/1/2012
77032	TC	mammographic guidance for needle placement, breast (eg, for wire localiz	24.46	24.46	4/1/2012
77032		mammographic guidance for needle placement, breast (eg, for wire localiz	48.37	48.37	4/1/2012
77051	26	computer-aided detection (computer algorithm analysis of digital image da	2.65	2.65	4/1/2012
77051		computer-aided detection (computer algorithm analysis of digital image da	9.76	9.76	4/1/2012
77052	26	computer-aided detection (computer algorithm analysis of digital image da	2.65	2.65	4/1/2012
77052		computer-aided detection (computer algorithm analysis of digital image da	9.76	9.76	4/1/2012
77053	26	mammary ductogram or galactogram, single duct, radiological supervision	15.37	15.37	4/1/2012
77053	TC	mammary ductogram or galactogram, single duct, radiological supervision	45.45	45.45	4/1/2012
77053		mammary ductogram or galactogram, single duct, radiological supervision	60.82	60.82	4/1/2012
77054	26	mammary ductogram or galactogram, multiple ducts, radiological supervis	19.33	19.33	4/1/2012
77054	TC	mammary ductogram or galactogram, multiple ducts, radiological supervis	62.59	62.59	4/1/2012
77054		mammary ductogram or galactogram, multiple ducts, radiological supervis	81.92	81.92	4/1/2012
77055	26	mammography; unilateral	29.92	29.92	4/1/2012
77055	TC	mammography; unilateral	38.68	38.68	4/1/2012
77055		mammography; unilateral	68.60	68.60	4/1/2012
77056	26	mammography; bilateral	37.15	37.15	4/1/2012
77056		mammography; bilateral	86.99	86.99	4/1/2012
77057	26	screening mammography, bilateral (2-view film study of each breast)	29.92	29.92	4/1/2012
77057	TC	screening mammography, bilateral (2-view film study of each breast)	35.99	35.99	4/1/2012
77057		screening mammography, bilateral (2-view film study of each breast)	65.91	65.91	4/1/2012
77072	26	bone age studies	8.14	8.14	4/1/2012
77072	TC	bone age studies	10.77	10.77	4/1/2012
77072		bone age studies	18.92	18.92	4/1/2012
77073	26	bone length studies (orthoroentgenogram, scanogram)	11.50	11.50	4/1/2012
77073	TC	bone length studies (orthoroentgenogram, scanogram)	18.58	18.58	4/1/2012
77073		bone length studies (orthoroentgenogram, scanogram)	30.08	30.08	4/1/2012
77074	26	radiologic examination, osseous survey; limited (eg, for metastases)	19.33	19.33	4/1/2012
77074	TC	radiologic examination, osseous survey; limited (eg, for metastases)	35.80	35.80	4/1/2012
77074		radiologic examination, osseous survey; limited (eg, for metastases)	55.13	55.13	4/1/2012
77075	26	radiologic examination, osseous survey; complete (axial and appendicular	23.00	23.00	4/1/2012
77075	TC	radiologic examination, osseous survey; complete (axial and appendicular	56.67	56.67	4/1/2012
77075		radiologic examination, osseous survey; complete (axial and appendicular	79.67	79.67	4/1/2012
77076	26	radiologic examination, osseous survey, infant	28.77	28.77	4/1/2012
77076	TC	radiologic examination, osseous survey, infant	45.98	45.98	4/1/2012
77076		radiologic examination, osseous survey, infant	74.75	74.75	4/1/2012
77261		therapeutic rad treatmt planning simple	59.43	59.43	4/1/2012
77262		therapeutic rad treatmt planning intermediate	89.31	89.31	4/1/2012
77263		therapeutic rad treatmt planning complex	132.51	132.51	4/1/2012
77280	26	therapeutic radiology (simple)	29.54	29.54	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
77280	TC	radiation therapeutic simulator aided field setting simple	117.48	117.48	4/1/2012
77280		radiation ther simulator aided field setting simpl	147.02	147.02	4/1/2012
77285	26	therapeutic radiology (intermediate)	44.11	44.11	4/1/2012
77285	TC	radiation therapeutic simulator aided field setting intermediate	208.97	208.97	4/1/2012
77285		radiation ther simulator aided field setting inter	253.08	253.08	4/1/2012
77290	26	therapeutic radiology (complete)	65.51	65.51	4/1/2012
77290	TC	radiation therapy simulator aided field setting complex	327.35	327.35	4/1/2012
77290		radiation therapy simulator aided field setting co	392.85	392.85	4/1/2012
77295	26	therapeutic radiology simulation-aided field setting; three-dimensional	191.43	191.43	4/1/2012
77295	TC	therapeutic radiology simulation-aided field setting; three-dimensional	356.60	356.60	4/1/2012
77295		therapeutic radiology simulation-aided field setting; three-dimensional	548.03	548.03	4/1/2012
77300	26	basic radiation dosimetry calculation, central axis depth dose calculation,	25.98	25.98	4/1/2012
77300	TC	basic radiation dosimetry calculation, central axis depth dose calculation,	31.67	31.67	4/1/2012
77300		basic radiation dosimetry calculation, central axis depth dose calculation,	57.65	57.65	4/1/2012
77301	26	intensity modulated radiotherapy plan, including dose-volume histograms	335.48	335.48	4/1/2012
77301	TC	intensity modulated radiotherapy plan, including dose-volume histograms	1390.84	1390.84	4/1/2012
77301		intensity modulated radiotherapy plan, including dose-volume histograms	1726.32	1726.32	4/1/2012
77305	26	teletherapy isodose plan (simple)	29.54	29.54	4/1/2012
77305	TC	radiation therapy isodose plan simple	29.87	29.87	4/1/2012
77305		radiation therapy isodose plan simple	59.40	59.40	4/1/2012
77310	26	teletherapy isodose plan (intermediate)	44.11	44.11	4/1/2012
77310	TC	radiation therapy intermed three or more therapy b	38.62	38.62	4/1/2012
77310		radiation therapy intermed three or more therapy b	82.73	82.73	4/1/2012
77315	26	teletherapy isodose plan (complex)	65.51	65.51	4/1/2012
77315	TC	radiation therapy complex	55.26	55.26	4/1/2012
77315		radiation therapy complex	120.77	120.77	4/1/2012
77321	26	special teletherapy port plan	39.84	39.84	4/1/2012
77321	TC	special teletherapy port part/ hemi/ total body	58.66	58.66	4/1/2012
77321		special teletherapy port plan part/hemi/total body	98.50	98.50	4/1/2012
77326	26	brachytherapy isodose calculation (simple)	38.93	38.93	4/1/2012
77326	TC	brachytherapy isodose calculation (simple)	75.83	75.83	4/1/2012
77326		brachytherapy isodose plan; simple (calculation made from single plane, c	114.75	114.75	4/1/2012
77327	26	brachytherapy isodose calculation (intermediate)	58.28	58.28	4/1/2012
77327	TC	brachytherapy isodose calculation intermediate	105.37	105.37	4/1/2012
77327		brachytherapy isodose calculation intermediate	163.65	163.65	4/1/2012
77328	26	brachytherapy isodose calculation (complex)	87.82	87.82	4/1/2012
77328	TC	brachytherapy isodose calculation complex	136.75	136.75	4/1/2012
77328		brachytherapy isodose calculation complex	224.56	224.56	4/1/2012
77331	26	special dosimetry	36.57	36.57	4/1/2012
77331	TC	special dosimetry eg tld, microdosimetry	14.81	14.81	4/1/2012
77331		special dosimetry eg tld, microdosimetry specify	51.39	51.39	4/1/2012
77332	26	treatment devices (simple)	22.62	22.62	4/1/2012
77332	TC	treatment devices design & construction (simple)	40.03	40.03	4/1/2012
77332		treatment devices design & construction simple	62.65	62.65	4/1/2012
77333	26	treatment devices (intermediate)	35.34	35.34	4/1/2012
77333	TC	treatment devices (intermediate)	20.92	20.92	4/1/2012
77333		treatment devices design & construction intermed	56.27	56.27	4/1/2012
77334	26	treatment devices (complex)	51.96	51.96	4/1/2012
77334	TC	treatment devices (complex)	75.75	75.75	4/1/2012
77334		treatment device design & construction complex	127.71	127.71	4/1/2012
77336		continuing medical physics consultation, including assessment of treatment	48.73	48.73	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
77370		special medical radiation physics consultation	92.67	92.67	4/1/2012
77371		radiation treatment delivery, stereotactic radiosurgery (srs), complete cour	668.50	668.50	4/1/2012
77372		radiation treatment delivery, stereotactic radiosurgery (srs), complete cour	668.50	668.50	4/1/2012
77373		stereotactic body radiation therapy, treatment delivery, per fraction to 1 or	1241.19	1241.19	4/1/2012
77401		radiation treatment delivery, superficial	24.96	24.96	4/1/2012
77402		radiation treatment delivery, simple - upto 5 mev	107.44	107.44	4/1/2012
77403		radiation treatment delivery, simple, 6-10 mev	94.47	94.47	4/1/2012
77404		radiation treatment delivery, simple, 11-19 mev	103.99	103.99	4/1/2012
77406		radiation treatment delivery, simple, 20+ mev	104.85	104.85	4/1/2012
77407		radiation treatment delivery, inter., up to 5 mev	168.50	168.50	4/1/2012
77408		radiation treatment delivery, inter., 6-10 mev	126.68	126.68	4/1/2012
77409		radiation treatment delivery, inter., 11-19 mev	139.66	139.66	4/1/2012
77411		radiation treatment delivery, inter., 20+ mev	138.79	138.79	4/1/2012
77412		radiation treatment delivery, three or more separate treatment areas, cust	163.22	163.22	4/1/2012
77413		radiation treatment delivery, complex, 6-10 mev	164.36	164.36	4/1/2012
77414		radiation treatment delivery, complex, 11-19 mev	182.54	182.54	4/1/2012
77416		radiation treatment delivery, complex, 20+ mev	183.40	183.40	4/1/2012
77417		therapeutic radiology port films	12.61	12.61	4/1/2012
77418		intensity modulated treatment delivery, single or multiple fields/arcs, via	412.11	412.11	4/1/2012
77421	26	stereoscopic x-ray guidance for localization of target volume for the delive	16.31	16.31	4/1/2012
77421	TC	stereoscopic x-ray guidance for localization of target volume for the delivery	74.08	74.08	4/1/2012
77421		stereoscopic x-ray guidance for localization of target volume for the delive	90.38	90.38	4/1/2012
77427		radiation treatment management, five treatments	157.66	157.66	4/1/2012
77431		radiation therapy mgmt, complete course, 1-2 fract	80.43	80.43	4/1/2012
77432		stereotactic radiation treatment management of cerebral lesion(s)	335.23	335.23	4/1/2012
77435		stereotactic body radiation therapy, treatment management, per treatment	555.86	555.86	4/1/2012
77470	26	special treatment procedure (eg, total body irradiation, hemibody radiation,	87.82	87.82	4/1/2012
77470	TC	special treatment procedure (eg, total body irradiation, hemibody radiation,	118.37	118.37	4/1/2012
77470		special treatment procedure (eg, total body irradiation, hemibody radiation,	206.20	206.20	4/1/2012
77600	26	hyperthermia, externally generated	65.51	65.51	4/1/2012
77600	TC	hyperthermia, externally generated	230.72	230.72	4/1/2012
77600		hyperthermia, ext; superficial.	296.22	296.22	4/1/2012
77605	26	hyperthermia, ext; deep	85.63	85.63	4/1/2012
77605	TC	hyperthermia, ext; deep	442.73	442.73	4/1/2012
77605		hyperthermia, ext; deep	528.36	528.36	4/1/2012
77615	26	hyperthermia; more than 5 interstitial applicators	87.53	87.53	4/1/2012
77615	TC	hyperthermia; more than 5 interstitial applicators	609.44	609.44	4/1/2012
77615		hyperthermia; more than five interstitial app.	696.97	696.97	4/1/2012
77620	26	hyperthermia generated by intracavitary probe(s)	65.86	65.86	4/1/2012
77620	TC	intracavitary hyperthermia generated by probe(s)	244.27	244.27	4/1/2012
77620		intracavity hyperthermia	310.14	310.14	4/1/2012
77750	26	infusion or instillation of radioelement solution	207.43	207.43	4/1/2012
77750	TC	infusion or instillation of radioelement soultion	72.34	72.34	4/1/2012
77750		infusion or instillation of radioelement solution (includes three months	279.75	279.75	4/1/2012
77761	26	intracavitary radiation source application; simple	159.20	159.20	4/1/2012
77761	TC	intracavitary radiation source application; simple	127.65	127.65	4/1/2012
77761		intracavitary radiation source application; simple	286.85	286.85	4/1/2012
77762	26	intracavitary radioelement application (intermed)	240.63	240.63	4/1/2012
77762	TC	intracavity radioelement application intermediate	151.72	151.72	4/1/2012
77762		intracavitary radioelement application intermediat	392.35	392.35	4/1/2012
77763	26	intracavitary radioelement applection (complex)	361.15	361.15	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
77763	TC	interstitial radioelement application; complex	195.19	195.19	4/1/2012
77763		intracavitary radioelement application complex	556.34	556.34	4/1/2012
77776	26	interstitial radiation source application; simple	199.30	199.30	4/1/2012
77776	TC	interstitial radiation source application; simple	137.84	137.84	4/1/2012
77776		interstitial radiation source application; simple	337.14	337.14	4/1/2012
77777	26	interstitial radioelement application; intermed.	318.25	318.25	4/1/2012
77777	TC	interstitial radioelement application (intermediate)	152.88	152.88	4/1/2012
77777		interstitial radioelement application intermediate	471.13	471.13	4/1/2012
77778	26	interstitial radioelement application; complex	472.16	472.16	4/1/2012
77778	TC	interstitial radioelement application complex	203.18	203.18	4/1/2012
77778		interstitial radioelement application complex	675.36	675.36	4/1/2012
77785	26	remote afterloading high dose rate radionuclide brachytherapy; 1 channel	59.79	59.79	4/1/2012
77785	TC	remote afterloading high dose rate radionuclide brachytherapy; 1 channel	90.54	90.54	4/1/2012
77785		remote afterloading high dose rate radionuclide brachytherapy; 1 channel	150.32	150.32	4/1/2012
77789	26	surface application of radiation source	47.98	47.98	4/1/2012
77789	TC	surface application of radiation source	37.31	37.31	4/1/2012
77789		surface application of radiation source	85.29	85.29	4/1/2012
77790	26	supervision, handling, loading of radiation source	44.11	44.11	4/1/2012
77790	TC	supervision, handling, loading of radiation source	27.51	27.51	4/1/2012
77790		supervision, handling, loading of radiation source	71.62	71.62	4/1/2012
79200	26	nuclear therapy	85.46	85.46	4/1/2012
79200		radiopharmaceutical therapy, by intracavitary administration	142.73	142.73	4/1/2012
79300	26	nuclear therapy	69.19	69.19	4/1/2012
79300		radiopharmaceutical therapy, by interstitial radioactive colloid administratic	180.85	180.85	4/1/2012
79440	26	intra-articular radiopharmaceutical therapy	85.26	85.26	4/1/2012
79440		radiopharmaceutical therapy, by intra-articular administration	132.15	132.15	4/1/2012
80047		basic metabolic panel (calcium, ionized)	27.56	27.56	4/1/2012
80053		comprehensive metabolic panel	10.74	10.74	4/1/2012
80055		obstetric panel	28.67	28.67	4/1/2012
80061		lipid profile	17.04	17.04	4/1/2012
80074		acute hepatitis panel	59.25	59.25	4/1/2012
80100		drug screen, qualitative; multiple drug classes chromatographic method, e	18.49	18.49	4/1/2012
80102		drug confirmation	16.84	16.84	4/1/2012
80195		sirolimus	17.44	17.44	4/1/2012
81000		urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	4.03	4.03	4/1/2012
81001		urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	4.03	4.03	4/1/2012
81002		urinalysis routine without microscopy	3.25	3.25	4/1/2012
81003		ua, by dip stick or tablet; automated, wo micro	2.86	2.86	4/1/2012
81025		ua preg. test - color comparison method	8.04	8.04	4/1/2012
82044		albumin; urine, micro, semiquantitative	3.64	3.64	4/1/2012
82045		albumin; ischemia modified	43.16	43.16	4/1/2012
82107		alpha-fetoprotein (afp); afp-I3 fraction isoform and total afp (including ratio	81.89	81.89	4/1/2012
82120		amines, vaginal fluid, qualitative	4.78	4.78	4/1/2012
82150		amylase	8.24	8.24	4/1/2012
82205		barbiturates, not elsewhere specified	14.57	14.57	4/1/2012
82247		bilirubin; total	6.39	6.39	4/1/2012
82270		blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces,	4.13	4.13	4/1/2012
82271		blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	4.13	4.13	4/1/2012
82272		blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, single	4.13	4.13	4/1/2012
82274		blood, occult, by fecal hemoglobin determination by immunoassay, qualita	20.22	20.22	4/1/2012
82306		calcifediol (25-oh vitamin d-3)	37.64	37.64	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
82310		calcium; total	6.55	6.55	4/1/2012
82340		calcium urine quantitative timed specimen	6.62	6.62	4/1/2012
82365		calculus quantitative infrared spectroscopy	16.39	16.39	4/1/2012
82374		carbon dioxide	6.22	6.22	4/1/2012
82390		ceruloplasmin	13.66	13.66	4/1/2012
82465		cholesterol, serum or whole blood, total	5.53	5.53	4/1/2012
82525		copper	15.78	15.78	4/1/2012
82533		cortisol; total	20.73	20.73	4/1/2012
82550		creatine kinase (ck), (cpk); total	8.28	8.28	4/1/2012
82552		cpk isoenzyme (qualitative)	17.03	17.03	4/1/2012
82565		creatinine; blood	6.52	6.52	4/1/2012
82570		creatinine; other source	6.58	6.58	4/1/2012
82607		cyanocobalamin (vitamin b-12)	19.16	19.16	4/1/2012
82610		cystatin c	17.29	17.29	4/1/2012
82656		elastase, pancreatic (el-1), fecal, qualitative or semi-quantitative	14.57	14.57	4/1/2012
82664		electrophoretic tech	43.68	43.68	4/1/2012
82705		fecal fat screen	6.47	6.47	4/1/2012
82726		very long chain fatty acids	22.96	22.96	4/1/2012
82728		ferritin specify method	17.32	17.32	4/1/2012
82731		fetal fibronectin, cervicovaginal secretions, semi-quantitative	81.89	81.89	4/1/2012
82746		folic acid	18.69	18.69	4/1/2012
82784		gamma globulin	11.82	11.82	4/1/2012
82785		gammaglobulin; ige	20.94	20.94	4/1/2012
82945		glucose, body fluid, other than blood	4.99	4.99	4/1/2012
82947		glucose; quantitative, blood (except reagent strip)	4.99	4.99	4/1/2012
82948		glucose blood stick test	4.03	4.03	4/1/2012
82951		glucose tolerance	16.37	16.37	4/1/2012
82952		glucose tolerance test each assit beyond 3 spec	4.99	4.99	4/1/2012
82962		blood glucose by monitoring device	2.98	2.98	4/1/2012
82977		g g t	9.15	9.15	4/1/2012
83001		gonadotropin; follicle stimulating hormone (fsh)	23.63	23.63	4/1/2012
83002		luteinizing hormone (lh)	23.55	23.55	4/1/2012
83009		helicobacter pylori, blood test analysis for urease activity, non-radioactive	85.64	85.64	4/1/2012
83020	26	hemoglobin fractionation and quantitation; electrophoresis (eg, a2, s, c,	15.48	15.48	4/1/2012
83036		hemoglobin; glycosylated (a1c)	12.34	12.34	4/1/2012
83050		methemoglobin quantitative	9.31	9.31	4/1/2012
83525		insulin; total	14.54	14.54	4/1/2012
83550		ibc	11.11	11.11	4/1/2012
83630		lactoferrin, fecal; qualitative	26.08	26.08	4/1/2012
83655		lead	15.39	15.39	4/1/2012
83695		lipoprotein (a)	16.46	16.46	4/1/2012
83700		lipoprotein, blood; electrophoretic separation and quantitation	14.31	14.31	4/1/2012
83701		lipoprotein, blood; high resolution fractionation and quantitation of	31.56	31.56	4/1/2012
83718		lipoprotein, direct measurement; (hdl cholesterol)	10.41	10.41	4/1/2012
83876		myeloperoxidase (mpo)	17.21	17.21	4/1/2012
83880		natriuretic peptide	43.16	43.16	4/1/2012
83900		molecular diagnostics; amplification of patient nucleic acid, multiplex, first	10.47	10.47	4/1/2012
83907		molecular diagnostics; lysis of cells prior to nucleic acid extraction (eg,	16.98	16.98	4/1/2012
83908		molecular diagnostics; signal amplification of patient nucleic acid, each	5.23	5.23	4/1/2012
83909		molecular diagnostics; separation and identification by high resolution	5.23	5.23	4/1/2012
83912	26	nuclear molecular diagnostics; interpretation and report	14.91	14.91	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
83913		molecular diagnostics; rna stabilization	16.98	16.98	4/1/2012
83914		mutation identification by enzymatic ligation or primer extension, single	5.23	5.23	4/1/2012
83951		oncoprotein; des-gamma-carboxy-prothrombin (dcp)	85.58	85.58	4/1/2012
83970		parathormone	52.48	52.48	4/1/2012
83986		ph body fluid except blood	4.55	4.55	4/1/2012
83993		calprotectin, fecal	24.95	24.95	4/1/2012
84075		phosphatase alkaline	6.58	6.58	4/1/2012
84132		potassium serum	5.84	5.84	4/1/2012
84144		progesterone	26.53	26.53	4/1/2012
84145		procalcitonin (pct)	25.26	25.26	4/1/2012
84146		prolactin	24.64	24.64	4/1/2012
84155		protein, total, except by refractometry; serum, plasma or whole blood	4.66	4.66	4/1/2012
84156		protein, total, except by refractometry; urine	4.66	4.66	4/1/2012
84163		pregnancy-associated plasma protein-a (papp-a)	11.12	11.12	4/1/2012
84165	26	protein electrophoresis	15.20	15.20	4/1/2012
84165		protein; electrophoretic fractionation and quantitation, serum	13.60	13.60	4/1/2012
84166	26	protein; electrophoretic fractionation and quantitation, other fluids with	15.20	15.20	4/1/2012
84166		protein; electrophoretic fractionation and quantitation, other fluids with	22.68	22.68	4/1/2012
84181	26	protein; western blot, with report and interpretation	15.20	15.20	4/1/2012
84182	26	protein;immuno probe for band id, each	15.68	15.68	4/1/2012
84295		sodium blood	6.12	6.12	4/1/2012
84300		sodium urine	6.18	6.18	4/1/2012
84302		sodium; other source	6.18	6.18	4/1/2012
84403		testosterone; total	32.83	32.83	4/1/2012
84436		thyroxine; total	7.33	7.33	4/1/2012
84443		tsh	20.72	20.72	4/1/2012
84450		transferase; aspartate amino (ast) (sgot)	6.57	6.57	4/1/2012
84478		triglycerides	7.32	7.32	4/1/2012
84481		tridothyronine (t-3); free	21.54	21.54	4/1/2012
84520		urea nitrogen; quantitative	5.01	5.01	4/1/2012
84550		uric acid; blood	5.74	5.74	4/1/2012
84560		uric acid; other source	6.04	6.04	4/1/2012
84630		zinc	14.48	14.48	4/1/2012
84702		gonadotropin chorionic quantitative	11.12	11.12	4/1/2012
84704		gonadotropin, chorionic (hcg); free beta chain	11.12	11.12	4/1/2012
85004		blood count; automated differential wbc count	8.23	8.23	4/1/2012
85007		blood count; blood smear, microscopic examination with manual differentia	4.38	4.38	4/1/2012
85013		blood count; spun microhematocrit	3.01	3.01	4/1/2012
85014		blood count; hematocrit (hct)	3.01	3.01	4/1/2012
85018		blood count; hemoglobin (hgb)	3.01	3.01	4/1/2012
85025		blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet cc	9.88	9.88	4/1/2012
85027		blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet cc	8.23	8.23	4/1/2012
85032		blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	5.47	5.47	4/1/2012
85044		blood count; reticulocyte, manual	5.47	5.47	4/1/2012
85048		blood count; leukocyte (wbc), automated	3.23	3.23	4/1/2012
85049		blood count; platelet, automated	5.69	5.69	4/1/2012
85055		reticulated platelet assay	34.04	34.04	4/1/2012
85060	26	blood smear,peripheral,interp by physician	13.49	13.49	4/1/2012
85097	26		30.39	61.03	4/1/2012
85300		clotting inhibitors or anticoagulants antithrombin	15.06	15.06	4/1/2012
85380		fibrin degradation products, d-dimer; ultrasensitive (eg, for evaluation for	11.71	11.71	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
85390	26	fibrinolysins or coagulopathy screen, interpretation and report	15.48	15.48	4/1/2012
85397		coagulation and fibrinolysis, functional activity, not otherwise specified (eg,	30.49	30.49	4/1/2012
85610		prothrombin time	5.00	5.00	4/1/2012
85651		sedimentation rate, erythrocyte, non-automated	4.51	4.51	4/1/2012
85730		ptt	7.63	7.63	4/1/2012
86000		agglutins febrile ea	8.87	8.87	4/1/2012
86063		antistreptolysin screen	7.34	7.34	4/1/2012
86140		crp	6.58	6.58	4/1/2012
86162		complement total	25.83	25.83	4/1/2012
86171		complement fixation test, each	12.74	12.74	4/1/2012
86200		cyclic citrullinated peptide (ccp), antibody	16.46	16.46	4/1/2012
86225		deoxyribonucleic acid (dna) antibody; native or double stranded	17.47	17.47	4/1/2012
86235		extractable nuclear antigen antibody	22.80	22.80	4/1/2012
86255	26	fluorescent noninfectious agent antibody; screen, each antibody	15.48	15.48	4/1/2012
86255		fluorescent noninfectious agent antibody; screen, each antibody	15.32	15.32	4/1/2012
86256	26	fluorescent antibody titer	15.48	15.48	4/1/2012
86256		fluorescent antibody titer	15.32	15.32	4/1/2012
86280		hemagglutination inhibitor	10.41	10.41	4/1/2012
86308		heterophile antibodies; screening	6.58	6.58	4/1/2012
86310		heterophile absorption	9.37	9.37	4/1/2012
86316		immunoassay for tumor antigen; other antigen, quantitative (eg, ca 50, 72-	26.45	26.45	4/1/2012
86317		immunoassay for infectious agent antibody, quantitative, not otherwise spe	18.45	18.45	4/1/2012
86318		immunoassay for infectious agent antibody, qualitative or semiquantitative	16.46	16.46	4/1/2012
86320	26	immunoelectrophoresis; serum	15.48	15.48	4/1/2012
86320		immunoelectrophoresis; serum	28.50	28.50	4/1/2012
86325	26	immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with	15.20	15.20	4/1/2012
86327	26	immunoelectrophoresis, serum each specimen plate	17.82	17.82	4/1/2012
86329		immunodiffusion, not elsewhere specified	17.85	17.85	4/1/2012
86334	26	immunofixation electrophoresis	15.48	15.48	4/1/2012
86335	26	immunofixation electrophoresis; other fluids with concentration (eg, urine,	15.20	15.20	4/1/2012
86335		immunofixation electrophoresis; other fluids with concentration (eg, urine,	37.31	37.31	4/1/2012
86355		b cells, total count	47.96	47.96	4/1/2012
86356		mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise	34.04	34.04	4/1/2012
86357		natural killer (nk) cells, total count	47.96	47.96	4/1/2012
86367		stem cells (ie, cd34), total count	47.96	47.96	4/1/2012
86403		particle agglutination; screen, each antibody	12.96	12.96	4/1/2012
86430		rheumatoid factor; qualitative	7.22	7.22	4/1/2012
86480		tuberculosis test, cell mediated immunity measurement of gamma interfer	78.80	78.80	4/1/2012
86486		skin test; unlisted antigen, each	3.86	3.86	4/1/2012
86580		sensitivity test tuberculosis	5.59	5.59	4/1/2012
86592		syphilis, precipitation or flocculation tests	5.42	5.42	4/1/2012
86780		treponema pallidum	17.26	17.26	4/1/2012
86788		antibody; west nile virus, igm	18.45	18.45	4/1/2012
86789		antibody; west nile virus	18.27	18.27	4/1/2012
87045		culture, bacterial; stool, aerobic, with isolation and preliminary examination	11.99	11.99	4/1/2012
87070		culture, bacterial; any other source except urine, blood or stool, aerobic,	10.95	10.95	4/1/2012
87081		culture, presumptive, pathogenic organisms, screening only;	7.33	7.33	4/1/2012
87086		culture, bacterial; quantitative colony count, urine	10.26	10.26	4/1/2012
87109		culture mycoplasma any source	19.57	19.57	4/1/2012
87110		culture, chlamydia, any source	24.91	24.91	4/1/2012
87140		culture, typing; immunofluorescent method, each antiserum	7.09	7.09	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
87164	26	darkfield examination	15.20	15.20	4/1/2012
87177		ova and parasites	11.31	11.31	4/1/2012
87205		smear, primary source with interpretation; gram or giemsa stain for bacteri	5.42	5.42	4/1/2012
87206		smear, primary source with interpretation; fluorescent and/or acid fast stai	6.83	6.83	4/1/2012
87209		smear, primary source with interpretation; complex special stain (eg,	22.85	22.85	4/1/2012
87210		smear, primary source with interpretation; wet mount for infectious agents	4.85	4.85	4/1/2012
87220		tissue examination by koh slide of samples from skin, hair, or nails for fung	5.42	5.42	4/1/2012
87255		virus isolation; including identification by non-immunologic method, other t	31.07	31.07	4/1/2012
87267		infectious agent antigen detection by immunofluorescent technique; enter	14.57	14.57	4/1/2012
87275		infectious agent antigen detection by immunofluorescent technique; influen	14.57	14.57	4/1/2012
87276		infectious agent antigen detection by direct fluorescent antibody technique	14.57	14.57	4/1/2012
87305		infectious agent antigen detection by enzyme immunoassay technique, qu	14.57	14.57	4/1/2012
87389		infectious agent antigen detection by enzyme immunoassay technique, qu	30.53	30.53	4/1/2012
87400		infectious agent antigen detection by enzyme immunoassay technique, qu	14.57	14.57	4/1/2012
87420		infectious agent antigen detection by enzyme immunoassay technique, qu	14.57	14.57	4/1/2012
87430		infectious agent antigen detection by enzyme immunoassay technique, qu	14.57	14.57	4/1/2012
87491		infectious agent detection by nucleic acid (dna or rna); chlamydia trachom	31.18	31.18	4/1/2012
87498		infectious agent detection by nucleic acid (dna or rna); enterovirus, amplifi	31.18	31.18	4/1/2012
87500		infectious agent detection by nucleic acid (dna or rna); vancomycin resista	31.18	31.18	4/1/2012
87591		infectious agent detection by nucleic acid (dna or rna); neisseria gonorrhoe	31.18	31.18	4/1/2012
87640		infectious agent detection by nucleic acid (dna or rna); staphylococcus aur	31.18	31.18	4/1/2012
87641		infectious agent detection by nucleic acid (dna or rna); staphylococcus aur	31.18	31.18	4/1/2012
87653		infectious agent detection by nucleic acid (dna or rna); streptococcus, gro	31.18	31.18	4/1/2012
87802		infectious agent antigen detection by immunoassay with direct optical	14.57	14.57	4/1/2012
87804		infectious agent antigen detection by immunoassay with direct optical	14.57	14.57	4/1/2012
87807		infectious agent antigen detection by immunoassay with direct optical	14.57	14.57	4/1/2012
87808		infectious agent antigen detection by immunoassay with direct optical	14.57	14.57	4/1/2012
87809		infectious agent antigen detection by immunoassay with direct optical	14.57	14.57	4/1/2012
87880		infectious agent detection by immunoassay with direct optical observation;	14.57	14.57	4/1/2012
87900		infectious agent drug susceptibility phenotype prediction using regularly	103.56	103.56	4/1/2012
87905		infectious agent enzymatic activity other than virus (eg, sialidase activity in	16.93	16.93	4/1/2012
88174		cytopathology, cervical or vaginal (any reporting system), collected in	27.16	27.16	4/1/2012
88175		cytopathology, cervical or vaginal (any reporting system), collected in	33.04	33.04	4/1/2012
88184		flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical	62.41	62.41	4/1/2012
88185		flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical	37.03	37.03	4/1/2012
88187		flow cytometry, interpretation; 2 to 8 markers	54.43	54.43	4/1/2012
88188		flow cytometry, interpretation; 9 to 15 markers	67.02	67.02	4/1/2012
88189		flow cytometry, interpretation; 16 or more markers	85.59	85.59	4/1/2012
88355	26	morphometric analysis skeletal muscle	72.91	72.91	4/1/2012
88360	26	morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estro	45.00	45.00	4/1/2012
88360	TC	morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estro	51.73	51.73	4/1/2012
88360		morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estro	96.73	96.73	4/1/2012
88367	26	morphometric analysis, in situ hybridization, (quantitative or	51.82	51.82	4/1/2012
88367	TC	morphometric analysis, in situ hybridization, (quantitative or	139.91	139.91	4/1/2012
88367		morphometric analysis, in situ hybridization, (quantitative or	191.73	191.73	4/1/2012
88368	26	morphometric analysis, in situ hybridization, (quantitative or	54.65	54.65	4/1/2012
88368	TC	morphometric analysis, in situ hybridization, (quantitative or	114.53	114.53	4/1/2012
88368		morphometric analysis, in situ hybridization, (quantitative or	169.18	169.18	4/1/2012
88720		bilirubin, total, transcutaneous	6.42	6.42	4/1/2012
88738		hemoglobin (hgb), quantitative, transcutaneous	6.54	6.54	4/1/2012
88740		hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	6.67	6.67	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
88741		hemoglobin, quantitative, transcutaneous, per day; methemoglobin	6.67	6.67	4/1/2012
89050		cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid),	6.02	6.02	4/1/2012
89051		synovial fluid diff	6.62	6.62	4/1/2012
89055		leukocyte assessment, fecal, qualitative or semiquantitative	5.42	5.42	4/1/2012
89060		crystal id, synovial fluid	9.09	9.09	4/1/2012
89125		fat stain, feces, urine, or respiratory secretions	5.49	5.49	4/1/2012
89160		meat fibers feces	4.69	4.69	4/1/2012
89190		nasal smear for eosinophils	5.92	5.92	4/1/2012
89310		semen analysis; motility and count (not including huhner test)	10.66	10.66	4/1/2012
89320		semen analysis complete	15.32	15.32	4/1/2012
89325		sperm agglutination with antibody titer	13.57	13.57	4/1/2012
90471	EP	immunization administration (includes percutaneous, intradermal, subcuta	13.71	13.71	4/1/2012
90471		immunization administration (includes percutaneous, intradermal, subcuta	13.71	13.71	4/1/2012
90472	EP	immunization administration, each additional vaccine	13.71	13.71	4/1/2012
90472		immunization administration, each additional vaccine	13.71	13.71	4/1/2012
90473		immunization administration by intranasal or oral route; one vaccine (singl	13.71	13.71	4/1/2012
90474		immunization administration by intranasal or oral route; each additional	13.71	13.71	4/1/2012
90801		psychiatric diagnostic interview examination	108.39	128.29	4/1/2012
90845		psychoanalysis	67.85	69.30	4/1/2012
90846		family psychotherapy (without the patient present)	71.98	73.71	4/1/2012
90847		family psychotherapy (conjoint psychotherapy) (with patient present)	86.33	91.53	4/1/2012
90849		multiple-family group psychotherapy	25.13	27.45	4/1/2012
90853		group psychotherapy (other than of a multiple-family group)	24.65	26.09	4/1/2012
90857		interactive group psychotherapy	26.19	29.36	4/1/2012
90862		pharmacologic management, including prescription, review of medication	48.07	50.49	4/1/2012
90870		electroconvulsive therapy (includes necessary monitoring)	72.10	113.34	4/1/2012
90951		end-stage renal disease (esrd) related services monthly, for patients youn	806.82	806.82	4/1/2012
90952		end-stage renal disease (esrd) related services monthly, for patients youn	375.08	375.08	4/1/2012
90953		end-stage renal disease (esrd) related services monthly, for patients youn	254.08	254.08	4/1/2012
90954		end-stage renal disease (esrd) related services monthly, for patients 2-11	662.47	662.47	4/1/2012
90955		end-stage renal disease (esrd) related services monthly, for patients 2-11	375.08	375.08	4/1/2012
90956		end-stage renal disease (esrd) related services monthly, for patients 2-11	254.07	254.07	4/1/2012
90957		end-stage renal disease (esrd) related services monthly, for patients 12-15	531.72	531.72	4/1/2012
90958		end-stage renal disease (esrd) related services monthly, for patients 12-15	358.73	358.73	4/1/2012
90959		end-stage renal disease (esrd) related services monthly, for patients 12-15	235.42	235.42	4/1/2012
90960		end-stage renal disease (esrd) related services monthly, for patients 20 ye	235.82	235.82	4/1/2012
90961		end-stage renal disease (esrd) related services monthly, for patients 20 ye	190.39	190.39	4/1/2012
90962		end-stage renal disease (esrd) related services monthly, for patients 20 ye	137.68	137.68	4/1/2012
90963		end-stage renal disease (esrd) related services for home dialysis per full	455.77	455.77	4/1/2012
90964		end-stage renal disease (esrd) related services for home dialysis per full	380.33	380.33	4/1/2012
90965		end-stage renal disease (esrd) related services for home dialysis per full	361.76	361.76	4/1/2012
90966		end-stage renal disease (esrd) related services for home dialysis per full	188.37	188.37	4/1/2012
90967		end-stage renal disease (esrd) related services for dialysis less than a full	16.30	16.30	4/1/2012
90968		end-stage renal disease (esrd) related services for dialysis less than a full	12.72	12.72	4/1/2012
90969		end-stage renal disease (esrd) related services for dialysis less than a full	12.41	12.41	4/1/2012
90970		end-stage renal disease (esrd) related services for dialysis less than a full	6.58	6.58	4/1/2012
91030		isophagus acid perfusion (bernstein)test for esoph	109.16	109.16	4/1/2012
91034	26	esophagus, gastroesophageal reflux test; with nasal catheter ph electrode	43.25	43.25	4/1/2012
91034	TC	esophagus, gastroesophageal reflux test; with nasal catheter ph electrode	113.09	113.09	4/1/2012
91034		esophagus, gastroesophageal reflux test; with nasal catheter ph electrode	156.35	156.35	4/1/2012
91037	26	esophageal function test, gastroesophageal reflux test with nasal catheter	43.83	43.83	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
91037	TC	esophageal function test, gastroesophageal reflux test with nasal catheter	81.95	81.95	4/1/2012
91037		esophageal function test, gastroesophageal reflux test with nasal catheter	125.77	125.77	4/1/2012
91038	26	esophageal function test, gastroesophageal reflux test with nasal catheter	49.61	49.61	4/1/2012
91038	TC	esophageal function test, gastroesophageal reflux test with nasal catheter	61.75	61.75	4/1/2012
91038		esophageal function test, gastroesophageal reflux test with nasal catheter	111.37	111.37	4/1/2012
91040	26	esophageal balloon distension provocation study	44.98	44.98	4/1/2012
91040	TC	esophageal balloon distension provocation study	251.24	251.24	4/1/2012
91040		esophageal balloon distension provocation study	296.22	296.22	4/1/2012
91120	26	rectal sensation, tone, and compliance test (ie, response to graded balloor	40.86	40.86	4/1/2012
91120	TC	rectal sensation, tone, and compliance test (ie, response to graded balloor	262.67	262.67	4/1/2012
91120		rectal sensation, tone, and compliance test (ie, response to graded balloor	303.52	303.52	4/1/2012
91122	26	anorectal manometry	75.64	75.64	4/1/2012
91122	TC	anorectal manometry	108.01	108.01	4/1/2012
91122		anorectal manometry	183.65	183.65	4/1/2012
92019		ophthalmol exam/eval under gen anesthesia subsequen	53.55	53.55	4/1/2012
92502		ear and throat examination	76.05	76.05	4/1/2012
92504		special ear examination	7.83	22.25	4/1/2012
92511		visualization nose & throat	46.97	117.34	4/1/2012
92512		nasal function studies	23.02	46.97	4/1/2012
92520		laryngeal function studies (ie, aerodynamic testing and acoustic testing)	32.34	48.20	4/1/2012
92531		spontaneous nystagmus test	18.05	18.05	4/1/2012
92532		positional nystagmus test	18.41	18.41	4/1/2012
92533		inner ear test	11.73	11.73	4/1/2012
92534		optokinetic nystagmus test	34.67	34.67	4/1/2012
92541		special eye test	46.14	46.14	4/1/2012
92542		special eye test	47.80	47.80	4/1/2012
92543		inner ear test	21.97	21.97	4/1/2012
92544		special eye test	38.40	38.40	4/1/2012
92545		special eye test	36.03	36.03	4/1/2012
92551		hearing test	8.27	8.27	4/1/2012
92552		hearing test	16.65	16.65	4/1/2012
92553		hearing test	22.24	22.24	4/1/2012
92557		comprehensive audiometry threshold evaluation and speech recognition (t	34.34	36.36	4/1/2012
92560		hearing test, screening	17.50	17.50	4/1/2012
92561		special hearing test	21.67	21.67	4/1/2012
92562		special hearing test	17.52	17.52	4/1/2012
92563		special hearing test	15.79	15.79	4/1/2012
92564		special hearing test	15.12	15.12	4/1/2012
92565		special hearing test	9.73	9.73	4/1/2012
92567		tympanometry	12.61	14.06	4/1/2012
92568		acoustic reflex testing; threshold	14.73	14.73	4/1/2012
92571		special hearing test	12.61	12.61	4/1/2012
92572		special hearing test	13.47	13.47	4/1/2012
92575		special hearing test	27.22	27.22	4/1/2012
92576		special hearing test	16.27	16.27	4/1/2012
92577		special hearing test	13.20	13.20	4/1/2012
92582		special hearing test	31.76	31.76	4/1/2012
92583		special hearing test	25.52	25.52	4/1/2012
92584		electrocochleography	51.74	51.74	4/1/2012
92587		evoked otoacoustic emissions; limited (single stimulus level, either transie	30.08	30.08	4/1/2012
92590		hearing aid examination and selection monaural	35.53	35.53	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
92591		hearing aid exam and selection binaural	53.36	53.36	4/1/2012
92592		hearing aid check monaural	15.55	15.55	4/1/2012
92593		hearing aid check binaural	23.51	23.51	4/1/2012
92594		electroacoustic evaluation for hearing aid monaura	17.17	17.17	4/1/2012
92595		electroacoustic evaluation for hearing aid binaura	25.66	25.66	4/1/2012
92596		ear protector attenuation measurements	26.85	26.85	4/1/2012
92608		evaluation for prescription for speech-generating augmentative and altern:	22.90	22.90	4/1/2012
92609		therapeutic services for the use of speech-generating device, including	63.66	63.66	4/1/2012
92950		heart-lung resuscitation	147.93	222.34	4/1/2012
92960		restoration heart rhythm	111.34	208.54	4/1/2012
92970		circulatory assist	152.12	152.12	4/1/2012
92971		circulatory assist	86.37	86.37	4/1/2012
93000		electrocardiogram, complete	16.85	16.85	4/1/2012
93005		electrocardiogram, tracing	9.34	9.34	4/1/2012
93010		electrocardiogram report	7.52	7.52	4/1/2012
93015		cardiovascular stress test	80.66	80.66	4/1/2012
93016		cardiovascular stress test using maximal or submaximal treadmill	20.48	20.48	4/1/2012
93017		electrocardiogram tracing	46.59	46.59	4/1/2012
93018		treadmill ekg-interp only	13.59	13.59	4/1/2012
93025		microvolt t-wave alternans for assessment of ventricular arrhythmias	170.93	170.93	4/1/2012
93040		electrocardiogram report	10.86	10.87	4/1/2012
93041		rhythm ecg tracing	4.23	4.23	4/1/2012
93042		rhythm strip-interp only	6.63	6.63	4/1/2012
93224		24 hr ecg, inc: recording,scanning,review,interp	94.50	94.50	4/1/2012
93225		24 hr ecg, recording only	27.83	27.83	4/1/2012
93227		24 hr ecg, physician review and interpretation	23.82	23.81	4/1/2012
93228		wearable mobile cardiovascular telemetry with electrocardiographic recor	21.51	21.51	4/1/2012
93229		wearable mobile cardiovascular telemetry with electrocardiographic recor	21.51	21.51	4/1/2012
93268		patient demand single or multiple event recording with presymptom memo	210.95	210.95	4/1/2012
93270		patient demand single or multi event recording w/ presymptom memo	16.58	16.58	4/1/2012
93271		patient demand single or multiple event recording with	171.42	171.42	4/1/2012
93272		patient demand single or multiple event recording with	22.95	22.95	4/1/2012
93278		signal - average ecg, w/wo ecg.	32.09	32.09	4/1/2012
93307	26	echocardiography, transthoracic, real-time with image documentation (2d)	41.68	41.68	4/1/2012
93503		placement of flow directed catheter	94.69	94.69	4/1/2012
93505		endocardial biopsy	603.06	603.06	4/1/2012
93561		special heart studies	37.52	37.52	4/1/2012
93562		special heart studies	17.06	17.06	4/1/2012
93600		special electrocardiogram	155.28	155.28	4/1/2012
93602		intra atrial recording	127.86	127.86	4/1/2012
93610		intra-atrial pacing	174.71	174.71	4/1/2012
93612		intraventricular pacing	183.10	183.10	4/1/2012
93740		temperature gradient studies	7.98	7.98	4/1/2012
93770		venous pressure test	7.12	7.12	4/1/2012
93975	26	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scr	77.44	77.44	4/1/2012
93976	26	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scr	51.41	51.41	4/1/2012
93976		duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scr	174.15	174.15	4/1/2012
93978	26	duplex scan complete; aorta,vena cava,iliac vasc.	27.80	27.80	4/1/2012
93978		duplex scan complete; aorta,vena cava,iliac vasc.	188.54	188.54	4/1/2012
93979	26	duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts	18.64	18.64	4/1/2012
93979		duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts	130.38	130.38	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
94002		ventilation assist and management, initiation of pressure or volume preset	73.92	73.92	4/1/2012
94003		ventilation assist and management, initiation of pressure or volume preset	53.42	53.42	4/1/2012
94004		ventilation assist and management, initiation of pressure or volume preset	38.89	38.89	4/1/2012
94010		spirometry, including graphic record, total and timed vital capacity.	26.37	26.37	4/1/2012
94060		bronchodilation responsiveness, spirometry as in 94010, pre- and	46.24	46.24	4/1/2012
94150		vital capacity test.	17.86	17.86	4/1/2012
94200		lung function test	17.86	17.86	4/1/2012
94250		lung function test	19.40	19.40	4/1/2012
94375		respiratory flow volume loop	29.87	29.87	4/1/2012
94400		breathing response to co2	42.22	42.22	4/1/2012
94450		breathing response to hypoxia	40.66	40.66	4/1/2012
94640		pressurized or nonpressurized inhalation treatment for acute airway obstr	10.49	10.49	4/1/2012
94644		continuous inhalation treatment with aerosol medication for acute airway	26.93	26.93	4/1/2012
94645		continuous inhalation treatment with aerosol medication for acute airway	10.49	10.49	4/1/2012
94660		cont positive airway vent iniation/management	30.26	46.12	4/1/2012
94662		cont negative pressure vent iniation/management	30.06	30.06	4/1/2012
94664		demonstration and/or evaluation of patient utilization of an aerosol general	11.46	11.47	4/1/2012
94667		manipulation chest wall	15.99	15.99	4/1/2012
94668		manipulation chest wall subsequent	15.11	15.11	4/1/2012
94680		exhaled air analysis	45.83	45.83	4/1/2012
94681		exhaled air analysis	49.47	49.47	4/1/2012
94690		exhaled air analysis	39.80	39.80	4/1/2012
94726	26	plethysmography for determination of lung volumes and, when performed,	7.27	7.27	4/1/2012
94726	TC	plethysmography for determination of lung volumes and, when performed,	23.90	23.90	4/1/2012
94726		plethysmography for determination of lung volumes and, when performed,	31.17	31.17	4/1/2012
94727	26	gas dilution or washout for determination of lung volumes and, when perfo	7.27	7.27	4/1/2012
94727	TC	gas dilution or washout for determination of lung volumes and, when perfo	17.26	17.26	4/1/2012
94727		gas dilution or washout for determination of lung volumes and, when perfo	24.53	24.53	4/1/2012
94728	26	airway resistance by impulse oscillometry	7.27	7.27	4/1/2012
94728	TC	airway resistance by impulse oscillometry	17.26	17.26	4/1/2012
94728		airway resistance by impulse oscillometry	24.53	24.53	4/1/2012
94729	26	diffusing capacity (eg, carbon monoxide, membrane) (list separately in add	4.83	4.83	4/1/2012
94729	TC	diffusing capacity (eg, carbon monoxide, membrane) (list separately in add	26.11	26.11	4/1/2012
94729		diffusing capacity (eg, carbon monoxide, membrane) (list separately in add	30.94	30.94	4/1/2012
94750		pulmonary compliance study (eg, plethysmography, volume and pressure	56.32	56.32	4/1/2012
94760		noninvasive ear or pulse oximetry for oxygen sat.	2.13	2.13	4/1/2012
94761		noninvasive ear or pulse oximetry multiple determ.	4.07	4.07	4/1/2012
94770		exhaled carbon dioxide test	28.76	28.76	4/1/2012
95027		intracutaneous (intradermal) tests, sequential and incremental, with allerg	3.69	3.69	4/1/2012
95056		photosensitivity tests	27.31	27.31	4/1/2012
95060		allergy eye tests	18.27	18.27	4/1/2012
95065		allergy nose test	16.63	16.63	4/1/2012
95070		allergy bronchial tests	33.85	33.85	4/1/2012
95071		inhalation bronch challenge testing w/antigens specify	41.92	41.92	4/1/2012
95115		immunotherapy, one injection	8.18	8.18	4/1/2012
95117		professional services for allergen immunotherapy not including provision c	9.91	9.91	4/1/2012
95165		professional services for the supervision of preparation and provision of	2.65	9.28	4/1/2012
95180		rapid desensitization procedure, each hour (eg, insulin, penicillin, equine	88.26	115.38	4/1/2012
95824		electroencephalogram	49.90	49.90	4/1/2012
95827	26	eeg all night recording interpretation	44.47	44.47	4/1/2012
95827		electroencephalogram (eeg); all night recording	298.73	298.73	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
95829	26	electrocorticogram at surgery interpretation only	260.77	260.77	4/1/2012
95829		electrocorticogram at surgery	967.48	967.48	4/1/2012
95832		muscle testing hand	12.32	19.53	4/1/2012
95833		muscle testing total evaluation of body excluding	19.67	28.89	4/1/2012
95851	26	range of motion measrmts & report; @extrem, ex hnd	4.98	10.68	4/1/2012
95851		range of motion evaluation	6.62	13.26	4/1/2012
95852	26	range of motion measrmts & report;hand w/wo com/ns	1.19	2.57	4/1/2012
95852		range of motion measurements and report of hands	4.78	10.26	4/1/2012
95857	26	tensilon test for myasthenia gravis interpretation	5.60	8.41	4/1/2012
95857		tensilon test for myasthenia gravis	22.40	33.65	4/1/2012
95863	26	needle electromyography, three extremities with or without related parasp	78.54	78.54	4/1/2012
95867	26	needle electromyography, cranial nerve supplied muscles, unilateral	33.30	33.30	4/1/2012
95868	26	needle electromyography, cranial nerve supplied muscles, bilateral	49.60	49.60	4/1/2012
95869	26	needle electromyography; thoracic paraspinal muscles	15.68	15.68	4/1/2012
95875	26	ischemic limb exercise test with serial specimen(s) acquisition for muscle	45.96	45.96	4/1/2012
95925	26	short-latency somatosensory evoked potential study, stimulation of any/all	22.82	22.82	4/1/2012
95933	26	orbicularis occuli reflex interpretation	24.95	24.95	4/1/2012
95933		orbicularis oculi reflex by electrodiagnostic tes	51.23	51.23	4/1/2012
95937	26	meuromuscular junction testing interpretation	28.19	28.19	4/1/2012
95937		meuromuscular junction testing each nerve one meth	45.89	45.89	4/1/2012
96110		developmental testing; limited (eg, developmental screening test ii, early	8.75	8.75	4/1/2012
96150		health and behavior assessment (eg, health-focused clinical interview,	18.96	19.25	4/1/2012
96151		health and behavior assessment (eg, health-focused clinical interview,	18.34	18.63	4/1/2012
96360		intravenous infusion, hydration; initial, 31 minutes to 1 hour	45.05	45.05	4/1/2012
96361		intravenous infusion, hydration; each additional hour (list separately in	13.11	13.11	4/1/2012
96365		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substa	54.95	54.95	4/1/2012
96366		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substa	17.65	17.65	4/1/2012
96367		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substa	27.77	27.77	4/1/2012
96368		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substa	16.47	16.47	4/1/2012
96369		subcutaneous infusion for therapy or prophylaxis (specify substance or dru	119.64	119.64	4/1/2012
96370		subcutaneous infusion for therapy or prophylaxis (specify substance or dru	12.75	12.75	4/1/2012
96371		subcutaneous infusion for therapy or prophylaxis (specify substance or dru	57.88	57.88	4/1/2012
96372		therapeutic, prophylactic, or diagnostic injection (specify substance or dru	17.04	17.04	4/1/2012
96373		therapeutic, prophylactic, or diagnostic injection (specify substance or dru	14.63	14.63	4/1/2012
96374		therapeutic, prophylactic, or diagnostic injection (specify substance or dru	43.61	43.61	4/1/2012
96375		therapeutic, prophylactic, or diagnostic injection (specify substance or dru	18.91	18.91	4/1/2012
96401		chemotherapy administration, subcutaneous or intramuscular; non-hormo	54.34	54.34	4/1/2012
96402		chemotherapy administration, subcutaneous or intramuscular; hormonal	29.78	29.78	4/1/2012
96409		chemotherapy administration; intravenous, push technique, single or initial	89.43	89.43	4/1/2012
96411		chemotherapy administration; intravenous, push technique, each addition	50.97	50.97	4/1/2012
96413		chemotherapy administration, intravenous infusion technique; up to 1 hour	117.89	117.89	4/1/2012
96415		chemotherapy administration, intravenous infusion technique; each additi	26.64	26.64	4/1/2012
96416		chemotherapy administration, intravenous infusion technique; initiation of	128.40	128.40	4/1/2012
96417		chemotherapy administration, intravenous infusion technique; each additi	58.70	58.70	4/1/2012
96900		ultraviolet light therapy	15.40	15.40	4/1/2012
96910		photochemotheraph tar/ultrauiollet b goeckerman tre	49.82	49.82	4/1/2012
96912		photochemotherapy psoralens/ultrauiollet a puva	63.86	63.86	4/1/2012
97010		application of a modality to one or more areas; hot or cold packs	3.79	3.79	4/1/2012
97018		physical med treatment paraffin bath	6.40	6.40	4/1/2012
97022		physical medicine treatment whirlpool	14.15	14.15	4/1/2012
97024		application of a modality to one or more areas; diathermy (eg, microwave)	4.38	4.38	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
97026		physical medicine treatment infrared	4.09	4.09	4/1/2012
97028		physical medicine treatment one area ultraviolet	5.00	5.00	4/1/2012
97032		application of a modality to one or more areas;	13.47	13.47	4/1/2012
97035		application of a modality to one or more areas;	9.63	9.63	4/1/2012
97110		therapeutic procedure, one or more areas, each 15 minutes; therapeutic	23.37	23.37	4/1/2012
97597		removal of devitalized tissue from wound(s), selective debridement, without	26.57	47.63	4/1/2012
97598		removal of devitalized tissue from wound(s), selective debridement, without	35.45	59.10	4/1/2012
97750		physical performance test or measurement (eg, musculoskeletal,	23.94	23.94	4/1/2012
97760		orthotic(s) management and training (including assessment and fitting with	26.44	26.44	4/1/2012
97761		prosthetic training, upper and/or lower extremity(s), each 15 minutes	23.65	23.65	4/1/2012
99050		services provided in the office at times other than regularly scheduled office	27.30	27.30	4/1/2012
99051		service(s) provided in the office during regularly scheduled evening, week	27.30	27.30	4/1/2012
99053		service(s) provided between 10:00 pm and 8:00 am at 24-hour facility, in	27.30	27.30	4/1/2012
99058		service(s) provided on an emergency basis in the office, which disrupts off	18.20	18.20	4/1/2012
99060		service(s) provided on an emergency basis, out of the office, which disrupts	9.76	9.76	4/1/2012
99070		special supplies	9.71	9.71	4/1/2012
99082		unusual travel	0.85	0.85	4/1/2012
99100		anesthesia for patient of extreme age, under one year and over seventy (li	17.90	17.90	4/1/2012
99175		induced vomiting	19.86	19.86	4/1/2012
99190		monitoring services	92.52	92.52	4/1/2012
99191		monitoring services	59.41	59.41	4/1/2012
99192		monitoring services	43.02	43.02	4/1/2012
99201		ov new pt minor-phys time approx. 10 minutes	21.46	33.18	4/1/2012
99202		ov new pt, moderate-phys time approx 20 minutes	41.38	57.54	4/1/2012
99203		ov new pt, moderate-phys time approx 30 minutes	62.45	83.36	4/1/2012
99204		ov new pt, complex-phys time approx 45 minutes	104.87	129.27	4/1/2012
99205		ov new pt, severe-phys time approx 60 minutes	136.47	163.41	4/1/2012
99211		ov estab pt, minimal w/wo phys, time approx 5 min	7.94	16.82	4/1/2012
99212		ov established pt, minor-phys time approx 10 min.	21.14	33.50	4/1/2012
99213		ov estab. pt, moderate. phys time approx 15 min.	41.37	55.94	4/1/2012
99214		ov estab. pt, severe. phys time approx 25 min.	64.00	84.29	4/1/2012
99215		ov estab. pt, severe. phys time approx 40 min.	90.87	114.00	4/1/2012
99219		initial observation care, per day, moderate complexity	95.78	95.78	4/1/2012
99221		initial hosp. care, minor. phys time approx 30 min	83.05	83.05	4/1/2012
99222		initial hosp care, moderate-phys time approx 50 min	113.34	113.34	4/1/2012
99223		initial hosp care, severe-phys time approx 70 min	166.89	166.89	4/1/2012
99231		hosp visit, stable. phys time approx 15 minutes	34.30	34.30	4/1/2012
99232		hosp visit, moderate. phys time approx 25 minutes	61.81	61.81	4/1/2012
99233		hosp visit, complex. phys time approx 35 minutes	88.53	88.53	4/1/2012
99238		hospital discharge day management; 30 minutes or less	61.11	61.11	4/1/2012
99241		outpt. consult, minor- phys time approx 15 min.	27.57	39.98	4/1/2012
99242		outpt. consult, moderate- phys time approx 30 min.	58.18	74.90	4/1/2012
99243		outpt. consult, severe- phys time approx 40 min.	81.09	103.00	4/1/2012
99244		outpt. consult, severe- phys time approx 60 min.	128.77	152.99	4/1/2012
99245		outpt. consult, severe- phys time approx 80 min.	160.63	188.03	4/1/2012
99281		er visit, minor	17.03	17.03	4/1/2012
99282		er visit, low severity	33.13	33.13	4/1/2012
99283		er visit, moderate severity	51.35	51.35	4/1/2012
99284		er visit, high severity	96.14	96.14	4/1/2012
99285		er visit, high severity/life threatening	142.93	142.93	4/1/2012
99288		physician direction of ems advanced life support	44.63	44.63	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
99307		subsequent nursing facility care, per day, for the evaluation and managem	36.52	36.52	4/1/2012
99308		subsequent nursing facility care, per day, for the evaluation and managem	55.83	55.83	4/1/2012
99309		subsequent nursing facility care, per day, for the evaluation and managem	74.06	74.06	4/1/2012
99310		subsequent nursing facility care, per day, for the evaluation and managem	109.51	109.51	4/1/2012
99315		nursing facility discharge day management; 30 minutes or less	53.43	53.43	4/1/2012
99316		nursing facility discharge day management; 30 minutes or less more than	69.81	69.81	4/1/2012
99318		evaluation and management of a patient involving an annual nursing faciliti	77.42	77.42	4/1/2012
99324		domiciliary or rest home visit for the evaluation and management of a new	49.64	49.64	4/1/2012
99325		domiciliary or rest home visit for the evaluation and management of a new	72.30	72.30	4/1/2012
99326		domiciliary or rest home visit for the evaluation and management of a new	119.54	119.54	4/1/2012
99327		domiciliary or rest home visit for the evaluation and management of a new	155.92	155.92	4/1/2012
99328		domiciliary or rest home visit for the evaluation and management of a new	183.55	183.55	4/1/2012
99334		domiciliary or rest home visit for the evaluation and management of an	51.16	51.16	4/1/2012
99335		domiciliary or rest home visit for the evaluation and management of an	79.25	79.25	4/1/2012
99336		domiciliary or rest home visit for the evaluation and management of an	111.60	111.60	4/1/2012
99337		domiciliary or rest home visit for the evaluation and management of an	160.35	160.35	4/1/2012
99341		home visit for the evaluation and management of a new patient, which req	49.64	49.64	4/1/2012
99342		home visit for the evaluation and management of a new patient, which req	72.30	72.30	4/1/2012
99343		home visit for the evaluation and management of a new patient, which req	116.43	116.43	4/1/2012
99344		home visit for the evaluation and management of a new patient, which req	152.86	152.86	4/1/2012
99345		home visit for the evaluation and management of a new patient, which req	183.86	183.86	4/1/2012
99347		home visit for the evaluation and management of an established patient, w	48.44	48.44	4/1/2012
99348		home visit for the evaluation and management of an established patient, w	73.14	73.14	4/1/2012
99349		home visit for the evaluation and management of an established patient, w	106.51	106.51	4/1/2012
99350		home visit for the evaluation and management of an established patient, w	148.49	148.49	4/1/2012
99360		physician standby service, requiring prolonged physician attendance, each	49.94	49.94	4/1/2012
99381	EP	initial comprehensive preventive medicine uner 1 year old	80.33	80.33	4/1/2012
99382	EP	initial comprehensive preventive medicine age 001-004	80.33	80.33	4/1/2012
99383	EP	initial comprehensive preventive medicine age 005-011	80.33	80.33	4/1/2012
99384	EP	new pt physical exam: 12 to 17 years	80.33	80.33	4/1/2012
99385	EP	new pt physical exam: 18 to 39 years	80.33	80.33	4/1/2012
99385		new pt physical exam: 18 to 39 years	70.52	96.83	4/1/2012
99386		new pt physical exam: 40 to 64 years	86.54	113.48	4/1/2012
99387		new pt physical exam: 65 years and over	94.92	124.40	4/1/2012
99391	EP	periodic comprehensive preventive medicine reevaluation and manageme	80.33	80.33	4/1/2012
99392	EP	estab. pt physical exam: 1 to 4 years	80.33	80.33	4/1/2012
99393	EP	estab. pt physical exam: 5 through 11 years	80.33	80.33	4/1/2012
99394	EP	estab pt physical exam:12 to 17 years	80.33	80.33	4/1/2012
99395	EP	estab. pt physical exam: 18 to 39 years	80.33	80.33	4/1/2012
99395		estab. pt physical exam: 18 to 39 years	62.58	84.13	4/1/2012
99396		estab. pt physical exam: 40 to 64 years	70.52	92.08	4/1/2012
99397		estab. pt physical exam: 65 years and over	78.91	103.31	4/1/2012
99406		smoking and tobacco use cessation counseling visit; intermediate, greater	10.66	11.93	4/1/2012
99407		smoking and tobacco use cessation counseling visit; intensive, greater tha	22.10	23.05	4/1/2012
99408		alcohol and/or substance (other than tobacco) abuse structured screening	29.46	30.73	4/1/2012
99409		alcohol and/or substance (other than tobacco) abuse structured screening	59.14	60.41	4/1/2012
99420		administration/interp. of health risk assessment.	8.14	8.14	4/1/2012
99460		initial hospital or birthing center care, per day, for evaluation anc	51.95	51.95	4/1/2012
99461		initial care, per day, for evaluation and management of normal newborn in	58.00	76.70	4/1/2012
99462		subsequent hospital care, per day, for evaluation and management of nori	27.70	27.70	4/1/2012
99463		initial hospital or birthing center care, per day, for evaluation anc	69.50	69.50	4/1/2012
99464		attendance at delivery (when requested by the delivering physician) and ir	59.50	59.50	4/1/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
99465		delivery/birthing room resuscitation, provision of positive pressure	121.70	121.70	4/1/2012
99477		initial hospital care, per day, for the evaluation and management of the	283.71	283.71	4/1/2012
D0145		oral evaluation for a patient under three years of age and counseling with	36.35	36.35	4/1/2012
D1206		topical fluoride varnish; therapeutic application for moderate to high caries	16.04	16.04	4/1/2012
G0108		diabetes outpatient self-management training services, individual, per 30 r	18.37	18.37	4/1/2012
G0109		diabetes self-management training services, group session, 2 or more per	10.29	10.29	4/1/2012
G0431		drug screen, qualitative; multiple drug classes by high complexity test met	93.12	93.12	4/1/2012
G0434		drug screen, other than chromatographic; any number of drug classes	18.63	18.63	4/1/2012
Q4101		skin substitute, apligraf, per square centimeter	28.56	28.56	4/1/2012
Q4106		skin substitute, dermagraft, per square centimeter	34.99	34.99	4/1/2012

**Physician Drug Program Procedure Codes And Rates
as of November 1, 2012**

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

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

*** indicates NDC required

ProcCode	Modifier	Description	Facility	Non-Facility	Effective Date
BIOLOGICALS					
***J0129		Abatacept 10 mg, injection (Orencia)	\$18.02	\$18.02	10/1/2009
***J0586		AbobotulinumtoxinA, 5 units (Dysport)	\$7.28	\$7.28	4/1/2011
***Q2046		Aflibercept, 1 mg, injection (Eylea)	\$945.10	\$945.10	7/1/2012
***J0221		Alglucosidase alfa, 10 mg, injection (Lumizyme)	\$142.96	\$142.96	1/1/2012
J7308		Aminolevulinic acid HCl for topical admin. 20% single unit dosage form (354 mg) (Levulan)	\$105.80	\$105.80	10/1/2009
***J7196		Antithrombin (recombinant), 50 IU (ATryn)	\$101.50	\$101.50	1/1/2011
***J0490		Belimumab, 10 mg, injection (Benlysta)	\$37.03	\$37.03	1/1/2012
***J0597		C1 Esterase Inhibitor (human), 10 units (Berinert)	\$26.54	\$26.54	1/1/2011
***J0598		C1 esterase inhibitor (human), 10 units, injection (Cinryze)	\$41.98	\$41.98	1/1/2010
***J0638		Canakinumab, 1 mg vial (Ilaris)	\$85.95	\$85.95	1/1/2011
***J0718		Certolizumab pegol, 1 mg, injection (Cimzia)	\$3.59	\$3.59	1/1/2010
***J0775		Collagenase clostridium histolyticum, 0.1 mg (Xiaflex)	\$36.16	\$36.16	1/1/2011
***J0897		Denosumab, 1 mg (Xgeva)	\$13.91	\$13.91	1/1/2012
***J1300		Eculizumab, 10 mg, injection (Soliris)	\$170.04	\$170.04	10/1/2009
***J7180		Factor XIII (antihemophilic factor, human) 1 IU, (Cortifact)	\$8.12	\$8.12	1/1/2012
***Q2045		Human fibrinogen concentrate, 1 mg, injection (RiaSTAP)	\$0.95	\$0.95	7/1/2012
***J0588		IncobotulinumtoxinA, 1 unit (Xeomin)	\$5.33	\$5.33	1/1/2012
***S0145		Peginterferon Alfa-2a, 180 mcg/ml (Pegasys)	\$324.32	\$324.32	10/1/2009
***J2507		Pegloticase, 1 mg (Krystexxa)	\$291.22	\$291.22	1/1/2012
***S0148		Pegylated interferon alfa-2b, 10 mcg (Peg-Intron)	\$101.30	\$101.30	10/1/2010
***J2724		Protein C concentrate, intravenous, human, 10 IU, injection (Ceprotin)	\$11.75	\$11.75	10/1/2009
***J2778		Ranibizumab, 0.1 mg, injection (Lucentis)	\$390.62	\$390.62	10/1/2009
***J2793		Rilonacept, 1 mg injection (Arcalyst)	\$23.66	\$23.66	1/1/2010
***J3590		Taliglucerase, 1 vial (Elelyso)	\$619.40	\$619.40	5/8/2012

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J3262		Tocilizumab, 1 mg (Actemra)	\$3.35	\$3.35	1/1/2011
***J3357		Ustekinumab, 1 mg (Solara)	\$107.84	\$107.84	1/1/2011
***J3385		Velaglucerase Alfa, 100 units (VPRIV)	\$337.93	\$337.93	1/1/2011
***J7183		Von Willebrand Factor Complex (human), 1 IU VWF:RCO (Wilate)	\$0.85	\$0.85	1/1/2012
DRUGS					
***J3490		17 Alpha Hydroxprogesterone Caporolate, Bulk powder, 250 mg (17P)	\$20.00	\$20.00	1/1/2009
***J1120		Acetazolamide sodium, up to 500 mg, injection (Diamox)	\$16.08	\$16.08	10/1/2009
***J0133		Acyclovir, 5 mg, injection (Zovirax)	\$0.02	\$0.02	10/1/2009
***J0152		Adenosine, for diagnostic use, 30 mg, injection (Adenoscan)	\$65.72	\$65.72	10/1/2009
***J0150		Adenosine, for therapeutic use, 6mg, injection (Adenocard)	\$12.39	\$12.39	10/1/2009
***P9047		Albumin (human), 25%, 50 ml, infusion (Kedbumin)	\$38.69	\$38.69	10/1/2009
***P9041		Albumin (human), 5%, 50 ml, infusion	\$19.34	\$19.34	10/1/2009
***J9015		Aldesleukin, per single use vial (Proleukin, etc)	\$739.83	\$739.83	10/1/2009
***J0215		Alefacept, 0.5 mg, injection (Amevive)	\$25.70	\$25.70	10/1/2009
***J9010		Alemtuzumab, 10 mg (Campath)	\$531.27	\$531.27	10/1/2009
***J0205		Alglucerase, per 10 units, injection (Ceredase)	\$38.24	\$38.24	10/1/2009
***J0220		Alglucosidase alfa, 10 mg, injection (Myozyme)	\$122.63	\$122.63	10/1/2009
***J0257		Alpha 1 proteinase inhibitor (human), 10 mg (Glassia)	\$3.71	\$3.71	1/1/2012
***J0256		Alpha 1-proteinase inhibitor-human, 10mg, injection (Prolastin)	\$3.53	\$3.53	10/1/2009
***J2997		Alteplase recombinant, 1 mg, injection (Activase)	\$31.02	\$31.02	10/1/2009
***J0207		Amifostine, 500mg, injection (Ethyol)	\$492.85	\$492.85	10/1/2009
***J0278		Amikacin sulfate, 100 mg, injection (Amikin)	\$0.70	\$0.70	10/1/2009
***J0280		Aminophylline, up to 250mg, injection	\$0.36	\$0.36	10/1/2009
***J0300		Amobarbital, up to 125mg, injection (Amytal)	\$11.53	\$11.53	10/1/2009
***J0285		Amphotericin B, 50 mg, injection (Amphocin)	\$11.55	\$11.55	10/1/2009
***J0288		Amphotericin B cholesteryl sulfate complex, 10 mg, injection (Amphotec)	\$11.57	\$11.57	10/1/2009
***J0287		Amphotericin B lipid complex, 10 mg, injection (Abelcet)	\$10.08	\$10.08	10/1/2009
***J0289		Amphotericin B liposome, 10 mg, injection (Ambisome)	\$16.54	\$16.54	10/1/2009
***J0290		Ampicillin sodium, 500mg, injection (Omnipen-N, Totacillin-N)	\$2.17	\$2.17	10/1/2009
***J0295		Ampicillin sodium/sulbactam sodium, per 1.5g, injection (Unasyn)	\$4.24	\$4.24	10/1/2009
***J7192		Factor VIII (antihemophilic factor, recombinant) per I.U.	\$1.04	\$1.04	10/1/2009
***J7186		Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u., injection	\$0.83	\$0.83	10/1/2009
***J0400		Aripiprazole, intramuscular, 0.25 mg, injection (Abilify)	\$0.28	\$0.28	10/1/2009
***J9017		Arsenic trioxide, 1 mg (Trisenox)	\$33.24	\$33.24	10/1/2009
***J9020		Asparaginase, 10,000 units (Elspar)	\$54.97	\$54.97	10/1/2009
***J9999		Asparaginase Erwinia Chrysanthemi, 1,000 IUs, injection (Erwinaze)	\$331.25	\$331.25	11/22/2011
***J0461		Atropine sulfate, 0.01 mg, injection	\$0.04	\$0.04	1/1/2010
***J9025		Azacitidine 1 mg (Vidaza)	\$4.32	\$4.32	10/1/2009
***J0456		Azithromycin, 500mg, injection (Zithromax)	\$17.33	\$17.33	10/1/2009
***Q0144		Azithromycin dihydrate, oral, capsules/powder, 1 gm (Zithromax, Zithromax Z-Pak)	\$20.96	\$20.96	10/1/2009
***J0475		Baclofen, 10mg, injection (Lioresal)	\$183.99	\$183.99	10/1/2009
J9031		BCG live (intravesical), per installation (Tice BCG, Theracys)	\$109.66	\$109.66	10/1/2009
J9033		Bendamustine HCl, 1 mg, injection	\$17.94	\$17.94	10/1/2009
***J0702		Betamethasone acetate and betamethasone sodium phosphate, per 3mg, injection (Celestone)	\$5.54	\$5.54	10/1/2009
***J9040		Bleomycin sulfate, 15 units (Blenoxane)	\$27.98	\$27.98	10/1/2009
***J0585		Botulinum toxin type A, per unit (Botox)	\$5.03	\$5.03	10/1/2009
***J0587		Botulinum toxin type B, per 100 units (Myobloc)	\$8.40	\$8.40	10/1/2009

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J0595		Butorphanol tartrate, 1 mg, injection (Stadol)	\$0.48	\$0.48	10/1/2009
***J9043		Cabazitaxel, 1 mg (Jevtanna)	\$130.32	\$130.32	1/1/2012
***J0636		Calcitriol, 0.1 mcg, injection (Calcijex)	\$0.41	\$0.41	10/1/2009
***J0610		Calcium gluconate, per 10ml, injection (Kaleinate)	\$0.35	\$0.35	10/1/2009
***J0620		Calcium glycerophosphate and calcium lactate, per 10ml, injection (Calphosan)	\$12.73	\$12.73	10/1/2009
***J7335		Capsaicin 8% patch, per 10 square centimeters (Qutenza)	\$24.63	\$24.63	1/1/2011
***J9045		Carboplatin, 50 mg (Paraplatin)	\$6.08	\$6.08	10/1/2009
***J9999		Carfilzomib, 60 mg (Kyprolis)	\$1,726.00	\$1,726.00	7/31/2012
***J9050		Carmustine, 100 mg (BiCNU)	\$151.19	\$151.19	10/1/2009
***J0690		Cefazolin Sodium, 500 mg, Injection (Ancef, Kefzol, Zolicef)	\$0.64	\$0.64	10/1/2009
***J0692		Cefepime HCL, 500 mg, injection (Maxipime)	\$6.51	\$6.51	10/1/2009
***J0698		Cefotaxime Sodium, per g (Claforan)	\$4.14	\$4.14	10/1/2009
***J0694		Cefoxitin Sodium, 1g, injection (Mefoxin)	\$7.90	\$7.90	10/1/2009
***J0712		Ceftaroline Fosamil Acetate, 10 mg (Teflaro)	\$0.71	\$0.71	1/1/2012
***J0715		Ceftizoxime sodium, per 500mg, injection (Cefizox)	\$5.05	\$5.05	10/1/2009
***J0696		Ceftriaxone Sodium, per 250mg, injection (Rocephin)	\$1.43	\$1.43	10/1/2009
***J0697		Sterile Cefuroxime sodium, per 750mg, injection (Kefurox Zinacef)	\$3.32	\$3.32	10/1/2009
***J0720		Chloramphenicol sodium succinate, up to 1g, injection (Chloromycetin)	\$17.72	\$17.72	10/1/2009
***J1990		Chlordiazepoxide HCl, up to 100 mg, injection (Librium)	\$20.29	\$20.29	10/1/2009
***J2400		Chloroprocaine HCl, per 30 ml, injection (Nesacaine)	\$12.26	\$12.26	10/1/2009
***J1205		Chlorothiazide sodium, per 500 mg, injection (Diuril Sodium)	\$159.19	\$159.19	10/1/2009
***J3230		Chlorpromazine HCl, up to 50 mg, injection (Thorazine)	\$3.10	\$3.10	10/1/2009
***J0725		Chorionic Gonadotropin, per 1,000 USP units, injection (Novare TM)	\$3.25	\$3.25	10/1/2009
***J0740		Cidofovir, 375 mg, injection (Vistide)	\$735.05	\$735.05	10/1/2009
***J0743		Cilastatin sodium imipenem, per 250mg, injection (Primaxin IM or IV)	\$13.77	\$13.77	10/1/2009
***S0023		Cimetidine hydrochloride, 300 mg, injection (Tagamet)	\$0.59	\$0.59	10/1/2009
***J0744		Ciprofloxacin for IV infusion, 200 mg, injection (Cipro)	\$5.15	\$5.15	10/1/2009
***J9060		Cisplatin, powder or solution, per 10 mg (Platinol AQ)	\$2.19	\$2.19	10/1/2009
***J0735		Clonidine hydrochloride, 1mg, injection (Catapres)	\$53.99	\$53.99	10/1/2009
***J0745		Codeine phosphate, per 30mg, injection	\$1.22	\$1.22	10/1/2009
***J0760		Colchicine, per 1mg, injection	\$4.82	\$4.82	10/1/2009
***J0770		Colistimethate Sodium, up to 150 mg, injection (Coly-Mycin M)	\$19.17	\$19.17	10/1/2009
***J0800		Corticotropin, up to 40 units, injection (Acthar, ACTH)	\$2,270.88	\$2,270.88	10/1/2009
***J0834		Cosyntropin, 0.25 injection (Cortrosyn)	\$87.91	\$87.91	1/1/2010
***J0833		Cosyntropin, not otherwise specified, 0.25 mg, injection	\$63.06	\$63.06	1/1/2010
***J9070		Cyclophosphamide, 100 mg (Cytosan, Neosar)	\$1.80	\$1.80	10/1/2009
***J9100		Cytarabine, 100 mg (Cytosar-U)	\$1.16	\$1.16	10/1/2009
***J9098		Cytarabine liposome, 10 mg (DepoCyt)	\$400.04	\$400.04	10/1/2009
***J7070		D-5-W, 1,000 cc, infusion	\$2.10	\$2.10	10/1/2009
***J9130		Dacarbazine, 100 mg (DTIC- Dome)	\$4.43	\$4.43	10/1/2009
***J7513		Daclizumab, parenteral, 25 mg (Zenapax)	\$304.34	\$304.34	10/1/2009
***J9120		Dactinomycin, 0.5 mg (Cosmegen)	\$475.70	\$475.70	10/1/2009
***J1645		Dalteparin sodium, per 2500 IU, injection (Fragmin)	\$10.40	\$10.40	10/1/2009
***J0878		Daptomycin, 1 mg (Cubicin)	\$0.34	\$0.34	10/1/2009
***J0881		Darbepoetin alfa, 1 mcg, (for non-ESRD use), injection (Aranesp)	\$2.67	\$2.67	10/1/2009
***J0882		Darbepoetin alfa for ESRD on dialysis, 1 mcg (Aranesp)	\$2.67	\$2.67	10/1/2009
***J9151		Daunorubicin citrate, liposomal formulation, 10 mg (Daunoxome)	\$54.05	\$54.05	10/1/2009
***J9150		Daunorubicin HCl, 10 mg (Cerubidine)	\$16.52	\$16.52	10/1/2009
***J0894		Decitabine, 1 mg, injection	\$26.14	\$26.14	10/1/2009

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J0895		Deferoxamine Mesylate, 500mg, injection (Desferal)	\$11.87	\$11.87	10/1/2009
***J9155		Degarelix, 1 mg, injection (Firmagon)	\$2.77	\$2.77	1/1/2010
***J9160		Denileukin Diftitox, 300 mcg (Ontak)	\$1,359.37	\$1,359.37	10/1/2009
***J1000		Depo-estradiol cypionate, up to 5mg, injection (Depo-Estradiol)	\$5.96	\$5.96	10/1/2009
***J2597		Desmopressin acetate, per 1 mcg, injection (DDAVP)	\$1.80	\$1.80	10/1/2009
***J1094		Dexamethasone acetate, 1 mg, injection (Dalalone - LA)	\$0.22	\$0.22	10/1/2009
***J7312		Dexamethasone, Intravitreal implant, 0.1 mg (Ozurdex)	\$188.91	\$188.91	1/1/2011
***J1100		Dexamethasone sodium phosphate, 1mg, injection (Cortastat, Dalalone)	\$0.08	\$0.08	10/1/2009
***J1190		Dexrazoxane hydrochloride, per 250 mg, injection (Zinecard)	\$174.44	\$174.44	10/1/2009
***J7042		Dextrose 5% / normal saline (500 ml = 1 unit)	\$0.27	\$0.27	10/1/2009
***J7060		Dextrose 5% / water (500 ml = 1 unit)	\$1.05	\$1.05	10/1/2009
***J3360		Diazepam, up to 5 mg, injection (Valium, Zetran)	\$0.76	\$0.76	10/1/2009
***J1730		Diazoxide, up to 300 mg, injection (Hyperstat IV)	\$107.83	\$107.83	10/1/2009
***J0500		Dicyclomine HCl, up to 20mg, injection (Bentyl, Dilomine, Antispas)	\$11.49	\$11.49	10/1/2009
***J1160		Digoxin, up to 0.5 mg injection (Lanoxin)	\$1.14	\$1.14	10/1/2009
***J1110		Dihydroergotamine mesylate, per 1mg, injection (DHE 45)	\$23.62	\$23.62	10/1/2009
***J1240		Dimenhydrinate, up to 50 mg, injection (Dramamine)	\$3.01	\$3.01	10/1/2009
***J0470		Dimercaprol, per 100mg, injection (BAL in oil)	\$25.71	\$25.71	10/1/2009
***J1200		Diphenhydramine HCl, up to 50 mg, injection (Benadryl)	\$0.72	\$0.72	10/1/2009
***J1245		Dipyridamole, per 10 mg, injection (Persantine IV)	\$0.70	\$0.70	10/1/2009
***J1212		DMSO, dimethyl sulfoxide, 50%, 50 ml, injection	\$48.68	\$48.68	10/1/2009
***J1250		Dobutamine HCl, per 250 mg, injection (Dobutrex)	\$4.96	\$4.96	10/1/2009
***J9171		Docetaxel, 1 mg, injection	\$16.98	\$16.98	1/1/2010
***J1265		Dopamine HCl, 40 mg, injection	\$0.49	\$0.49	10/1/2009
***J1267		Doripenem, 10 mg, injection (Doribax)	\$0.63	\$0.63	10/1/2009
***J9000		Doxorubicin HCl, 10 mg (Adriamycin)	\$4.58	\$4.58	10/1/2009
***Q2048		Doxorubicin HCL Liposomal, 10 mg (Doxil)	\$517.82	\$517.82	7/1/2012
***Q2049		Doxorubicin HCL Liposomal, Imported Lipodox. 10 mg (Doxil)	\$480.27	\$480.27	7/1/2012
***J1790		Droperidol, up to 5 mg, injection (Inapsine)	\$1.27	\$1.27	10/1/2009
***J1290		Ecallantide, 1 mg (Kalbitor)	\$265.34	\$265.34	1/1/2011
***J0600		Edetate calcium disodium, up to 1000mg, injection (Calcium EDTA)	\$48.43	\$48.43	10/1/2009
***J1650		Enoxaparin sodium, 10 mg, injection (Lovenox)	\$5.69	\$5.69	10/1/2009
***J0171		Adrenalin, epinephrine, 0.1 mg ampule, injection (Adrenalin)	\$0.04	\$0.04	1/1/2011
***J9178		Epirubicin HCl, 2 mg, inj. (Ellence)	\$6.02	\$6.02	10/1/2009
***Q4081		Epoetin Alfa, 100 units (for ESRD on dialysis), injection (Epogen, Procrit)	\$0.88	\$0.88	10/1/2009
***J0886		Epoetin alfa, 1000 units (for ESRD on dialysis), injection (Epogen, Procrit)	\$8.74	\$8.74	10/1/2009
***J0885		Epoetin alfa (for non-ESRD use), 1000 units, injection (Epogen, Procrit)	\$8.74	\$8.74	10/1/2009
***J1325		Epoprostenol, 0.5 mg, injection (Flolan)	\$13.84	\$13.84	10/1/2009
***J9179		Eribulin Mesylate, 0.1 mg (Halaven)	\$86.80	\$86.80	1/1/2012
***J1335		Ertapenem, 500 mg, injection	\$24.59	\$24.59	10/1/2009
***J1364		Erythromycin lactobionate, per 500 mg, injection (Ertrocin)	\$6.52	\$6.52	10/1/2009
***J1380		Estradiol valerate, up to 10 mg, injection (Delestrogen)	\$8.30	\$8.30	10/1/2009
***J1410		Estrogen conjugated, per 25 mg, injection (Premarin IV)	\$68.69	\$68.69	10/1/2009
***J1436		Etidronate disodium, per 300 mg, injection (Didronel)	\$68.84	\$68.84	10/1/2009
***J9181		Etoposide, 10 mg (VePesid)	\$0.39	\$0.39	10/1/2009
***J7195		Factor IX (antihemophilic factor, recombinant), per I.U. (Benefix)	\$1.03	\$1.03	10/1/2009

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J7193		Factor IX (antihemophilic factor, purified, non-recombinant), per I.U. (Monomine, AlphaNine)	\$0.86	\$0.86	10/1/2009
***J7194		Factor IX Complex, per IU (Bebuline)	\$0.77	\$0.77	10/1/2009
***J7189		Factor VIIa (antihemophilic factor, recombinant), per 1 mcg (Novoseven)	\$1.15	\$1.15	10/1/2009
***J7190		Factor VIII (antihemophilic factor, human) per I.U. (Alphanate)	\$0.73	\$0.73	10/1/2009
***J7185		Factor VIII (antihemophilic factor, recombinant), per IU, injection (Xyntha)	\$1.05	\$1.05	1/1/2010
***J3010		Fentanyl Citrate, 0.1 mg, injection (Sublimaze)	\$0.27	\$0.27	10/1/2009
***Q0138		Ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use), injection (Feraheme)	\$0.80	\$0.80	1/1/2010
***Q0139		Ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis), injection (Feraheme)	\$0.80	\$0.80	1/1/2010
***J1440		Filgrastim (G-CSF), 300 mcg, injection (Neupogen)	\$192.08	\$192.08	10/1/2009
***J1441		Filgrastim (G-CSF), 480 mcg, injection (Neupogen)	\$295.61	\$295.61	10/1/2009
***J9200		Floxuridine, 500 mg (FUDR)	\$49.28	\$49.28	10/1/2009
***J9185		Fludarabine phosphate, 50 mg, injection (Fludara)	\$193.54	\$193.54	10/1/2009
***J9190		Fluorouracil, 500 mg (Adrucil)	\$1.80	\$1.80	10/1/2009
***J2680		Fluphenazine decanoate, up to 25 mg, injection (Prolixin)	\$2.28	\$2.28	10/1/2009
***J1652		Fondaparinux sodium, 0.5 mg, injection (Arixtra)	\$6.01	\$6.01	8/1/2009
***J1453		Fosaprepitant, 1 mg, injection (Emend)	\$1.51	\$1.51	10/1/2009
***J1455		Foscarnet sodium, per 1,000 mg, injection (Foscavir)	\$10.01	\$10.01	10/1/2009
***J9395		Fulvestrant, 25 mg, injection (Faslodex)	\$78.44	\$78.44	10/1/2009
***J1940		Furosemide, up 20 mg, injection (Lasix)	\$0.18	\$0.18	10/1/2009
***J7310		Ganciclovir, 4.5 mg, long-acting implant (Vitrasert)	\$4,598.61	\$4,598.61	10/1/2009
***J1570		Ganciclovir sodium, 500 mg, injection (Cytovene)	\$42.27	\$42.27	10/1/2009
***J1580		Garamycin, gentamicin, up to 80 mg, injection (Gentamicin)	\$1.00	\$1.00	10/1/2009
***J9201		Gemcitabine HCl, 200 mg (Gemzar)	\$127.04	\$127.04	10/1/2009
***J9300		Gemtuzumab Ozogamicin, 5 mg, injection (Mylotarg)	\$2,341.69	\$2,341.69	10/1/2009
***J1610		Glucagon hydrochloride, per 1 mg, injection (Glucagen)	\$66.19	\$66.19	10/1/2009
***J1600		Gold sodium thiomalate, up to 50 mg, injection (Myo-chry-sine)	\$7.56	\$7.56	10/1/2009
***J9202		Goserelin acetate implant, per 3.6 mg (Zoladex)	\$182.91	\$182.91	10/1/2009
***J1626		Granisetron hydrochloride, 100 mcg, injection (Kytril)	\$4.78	\$4.78	10/1/2009
***J1631		Haloperidol decanoate, per 50 mg, injection (Haldol Decanoate-50)	\$2.32	\$2.32	10/1/2009
***J1630		Haloperidol, up to 5 mg, injection (Haldol)	\$1.67	\$1.67	10/1/2009
***J1640		Hemin, 1 mg, Injection	\$7.05	\$7.05	10/1/2009
***J1642		Heparin sodium, per 10 units, injection (Heparin Lock Flush)	\$0.04	\$0.04	10/1/2009
***J1644		Heparin sodium, per 1,000 units, injection (Heparin)	\$0.07	\$0.07	10/1/2009
***J9225		Histrelin implant (Vantas), 50 mg	\$1,453.90	\$1,453.90	10/1/2009
***J9226		Histrelin implant (Supprelin LA), 50 mg	\$14,129.17	\$14,129.17	10/1/2009
***J3470		Hyaluronidase injection up to 150 units (Wydase)	\$16.66	\$16.66	10/1/2009
***J3473		Hyaluronidase, recombinant, 1 USP unit (Hyalenex)	\$0.40	\$0.40	10/1/2009
***J0360		Hydralazine HCl, up to 20mg, injection (Apresoline)	\$5.85	\$5.85	10/1/2009
***J1720		Hydrocortisone sodium succinate, up to 100 mg, injection (A-Hydrocort, Solu-Cortef)	\$2.15	\$2.15	10/1/2009
***J1170		Hydromorphone, up to 4 mg, injection (Dilaudid)	\$1.23	\$1.23	10/1/2009
***J1725		Hydroxprogesterone caproate, 1 mg, injection (Makena)	\$2.87	\$2.87	1/1/2012
***J3410		Hydroxyzine HCl, up to 25 mg, injection (Vistaril)	\$0.13	\$0.13	10/1/2009
***J1980		Hyoscyamine sulfate, up to 0.25 mg, injection (Levsin)	\$8.96	\$8.96	10/1/2009
***J1740		Ibandronate sodium, 1 mg (Boniva)	\$133.98	\$133.98	10/1/2009
***J1742		Ibutilide fumarate, 1 mg, injection (Corvert)	\$311.68	\$311.68	10/1/2009

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J9211		Idarubicin HCl, 5 mg (Idamycin)	\$266.15	\$266.15	10/1/2009
***J1743		Idursulfase, 1 mg, injection (Elaprase)	\$438.68	\$438.68	10/1/2009
***J9208		Ifosfamide, per 1 g (Ifex)	\$36.56	\$36.56	10/1/2009
***J1786		Imiglucerase, 10 units, injection (Cerezyme)	\$40.47	\$40.47	1/1/2011
***J1745		Infliximab, 10 mg, injection (Remicade)	\$53.06	\$53.06	10/1/2009
***J1815		Insulin, per 5 units, injection	\$0.27	\$0.27	10/1/2009
***J9215		Interferon alfa-N3, (human leukocyte derived), 250,000 IU (Alferon N)	\$18.65	\$18.65	10/1/2009
***J9214		Interferon alfa-2B, recombinant, 1 million units (Intron-A)	\$13.65	\$13.65	10/1/2009
***Q3025		Interferon beta-1a, 11 mcg for intramuscular use, injection (Avonex)	\$178.75	\$178.75	8/1/2009
***J1826		Interferon beta-1a, 30 mcg for intramuscular use, injection (Avonex)	\$751.61	\$751.61	1/1/2011
***J1830		Interferon beta-1b, 0.25 mg, injection (Extavia)	\$170.69	\$170.69	9/1/2009
***J9216		Interferon gamma-1B, 3 million units (Actimmune)	\$298.46	\$298.46	10/1/2009
***J9228		Ipilimumab, 1 mg, (Yervoy)	\$120.54	\$120.54	1/1/2012
***J9206		Irinotecan, 20 mg (Camptosar)	\$121.70	\$121.70	10/1/2009
***J1750		Iron dextran, 50 mg, injection	\$11.36	\$11.36	10/1/2009
***J1756		Iron sucrose, 1 mg, injection (Venofer)	\$0.34	\$0.34	10/1/2009
***J9207		Ixabepilone, 1 mg, injection (Ixempra)	\$61.45	\$61.45	10/1/2009
***J1850		Kanamycin sulfate, up to 75 mg, injection (Kantrex)	\$0.73	\$0.73	10/1/2009
***J1840		Kanamycin sulfate, up to 500 mg, injection (Kantrex)	\$4.91	\$4.91	10/1/2009
***J1885		Ketorolac tromethamine, per 15 mg, injection (Toradol)	\$0.33	\$0.33	10/1/2009
J3490		Lacosamide, per ml/10mg (Vimpat)	\$1.97	\$1.97	7/1/2009
***J1930		Lanreotide, 1 mg, injection (Somatuline Depot)	\$25.89	\$25.89	10/1/2009
***J0640		Leucovorin Calcium, per 50 mg, injection (Wellcovorin)	\$0.75	\$0.75	10/1/2009
***J9218		Leuprolide acetate, per 1 mg (Lupron)	\$7.20	\$7.20	10/1/2009
***J9217		Leuprolide acetate (for depot suspension), 7.5 mg (Lupron Depot)	\$212.92	\$212.92	10/1/2009
***J1950		Leuprolide acetate (for depot suspension), per 3.75 mg, injection (Lupron Depot)	\$425.78	\$425.78	10/1/2009
***J9219		Leuprolide Acetate Implant 65mg (Viadur)	\$1,550.39	\$1,550.39	10/1/2009
***J1953		Levetiracetam, 10 mg, injection (Keppra)	\$0.41	\$0.41	10/1/2009
***J1955		Levocarnitine, per 1 g, injection (Carnitor)	\$5.67	\$5.67	10/1/2009
***J0641		Levoleucovorin calcium, 0.5 mg, injection (Fusilev)	\$1.01	\$1.01	10/1/2009
***J1960		Levorphanol tartrate, up to 2 mg, injection (Levo-Dromoran)	\$3.06	\$3.06	10/1/2009
***J2001		Lidocaine HCL, for IV infusion, 10 mg, inj (Xylocaine)	\$0.02	\$0.02	10/1/2009
***J2010		Lincomycin HCl, up to 300 mg, injection (Lincocin)	\$4.11	\$4.11	10/1/2009
***J2020		Linezolid, 200 mg, injection (Zyvox)	\$27.08	\$27.08	10/1/2009
***J2060		Lorazepam, 2 mg, injection (Ativan)	\$0.62	\$0.62	10/1/2009
***J3475		Magnesium sulphate, per 500 mg, injection	\$0.05	\$0.05	10/1/2009
***J2150		Mannitol, 25% in 50 ml, injection, (Osmitol, Resectisol)	\$0.83	\$0.83	10/1/2009
***J9230		Mechlorethamine HCl, 10 mg (Nitrogen Mustard)	\$139.25	\$139.25	10/1/2009
***J1051		Medroxyprogesterone acetate, 50 mg, injection (Depo-Provera)	\$6.43	\$6.43	10/1/2009
***J1055	FP	Medroxyprogesterone acetate for contraceptive use, 150 mg, injection (Depo-Provera)	\$39.04	\$39.04	10/1/2009
***J9245		Melphalan HCl, 50 mg, injection (Alkeran)	\$1,507.45	\$1,507.45	10/1/2009
***J2175		Meperidine HCl, per 100 mg, injection (Demerol)	\$1.47	\$1.47	10/1/2009
***J0670		Mepivacaine HCl, per 10ml, injection (Carbocaine)	\$1.11	\$1.11	10/1/2009
***J9209		Mesna, 200 mg (Mesnex)	\$7.59	\$7.59	10/1/2009
***J0380		Metaraminol bitartrate, per 10mg, injection (Aramine)	\$1.11	\$1.11	10/1/2009
***J1230		Methadone HCl, up to 10 mg, injection (Dolophine)	\$2.84	\$2.84	10/1/2009
***J2800		Methocarbamol up to 10 ml, injection (Robaxin)	\$9.85	\$9.85	10/1/2009
***J9250		Methotrexate sodium, 5 mg	\$0.20	\$0.20	10/1/2009
***J9260		Methotrexate sodium, 50 mg	\$2.18	\$2.18	10/1/2009

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J7309		Methly aminolevulinate (MAL) for topical administration, 16.8%, 1 gram (Metvixia)	\$74.59	\$74.59	1/1/2011
***J0210		Methyldopate HCl, up to 250mg, injection IV (Aldomet)	\$14.64	\$14.64	10/1/2009
***J2210		Methylergonovine maleate, up to 0.2 mg, injection (Methergine)	\$4.86	\$4.86	10/1/2009
***J1020		Methylprednisolone acetate, 20mg, injection (Depo-Medrol)	\$2.32	\$2.32	10/1/2009
***J1030		Methylprednisolone acetate, 40mg, injection (Depo-Medrol)	\$4.31	\$4.31	10/1/2009
***J1040		Methylprednisolone acetate, 80mg, injection (Depo-Medrol)	\$9.07	\$9.07	10/1/2009
***J2920		Methylprednisolone sodium succinate, up to 40 mg, injection (Solu-Medrol)	\$2.00	\$2.00	10/1/2009
***J2930		Methylprednisolone sodium succinate, up to 125 mg, injection (Solu-Medrol)	\$2.91	\$2.91	10/1/2009
***J2765		Metoclopramide HCl, up to 10 mg, injection (Reglan)	\$0.33	\$0.33	10/1/2009
***J2250		Midazolam HCl, per 1 mg, injection (Versed)	\$0.14	\$0.14	10/1/2009
***J2260		Milrinone lactate, per 5 mg, injection (Primacor)	\$4.39	\$4.39	10/1/2009
***J9280		Mitomycin, 5 mg (Mutamycin)	\$12.58	\$12.58	10/1/2009
***J9293		Mitoxantrone HCl, per 5 mg, injection (Novantrone)	\$85.51	\$85.51	10/1/2009
***J2270		Morphine sulfate, up to 10 mg, injection	\$1.73	\$1.73	10/1/2009
***J2275		Morphine Sulfate (preservative-free sterile solution), per 10 mg, injection (Astramorph PF, Duramorph)	\$2.30	\$2.30	10/1/2009
***J2300		Nalbuphine HCl, per 10 mg, injection (Nubain)	\$0.93	\$0.93	10/1/2009
***J2310		Naloxone HCl, per 1 mg, injection (Narcan)	\$3.05	\$3.05	10/1/2009
***J2315		Naltrexone, depot form, 1 mg, injection	\$1.81	\$1.81	10/1/2009
***J2320		Nandrolone decanoate, up to 50 mg, injection (Deca-Durabolin)	\$4.59	\$4.59	10/1/2009
***J9261		Nelarabine, 50 mg, injection (Arranon)	\$88.39	\$88.39	10/1/2009
***J2710		Neostigmine methylsulfate, up to 0.5 mg, injection (Prostigmin)	\$0.10	\$0.10	10/1/2009
***J7050		Normal saline solution, 250 cc infusion	\$0.25	\$0.25	10/1/2009
***J7040		Normal saline solution, sterile (500 ml = 1 unit), infusion	\$0.50	\$0.50	10/1/2009
***J7030		Normal saline solution, 1,000 cc, infusion	\$0.99	\$0.99	10/1/2009
***J2354		Octreotide non-depot form for SC or IV injection, 25 mcg (Sandostatin)	\$2.13	\$2.13	10/1/2009
***J9302		Ofatumumab, per 10 mg (Arzerra)	\$43.74	\$43.74	1/1/2011
***S0166		Olanzapine, 2.5 mg (Zyprexa)	\$7.74	\$7.74	3/1/2010
***J2358		Olanzapine long-acting, 1 mg (Zyprexa Relprevv)	\$2.65	\$2.65	1/1/2011
***J2405		Ondansetron HCl, per 1 mg, injection (Zofran)	\$0.21	\$0.21	10/1/2009
***J2355		Oprelvekin, 5 mg, injection (Newmega)	\$238.11	\$238.11	10/1/2009
***J2360		Orphenadrine citrate, up to 60 mg, injection (Norflex)	\$8.70	\$8.70	10/1/2009
***J2700		Oxacillin sodium, up to 250 mg, injection (Bactocile, Prostaphlin)	\$1.52	\$1.52	10/1/2009
***J9263		Oxaliplatin, 0.5 mg, injection (Eloxatin)	\$9.15	\$9.15	10/1/2009
***J2410		Oxymorphone HCl, up to 1 mg, injection (Numorphan)	\$2.42	\$2.42	10/1/2009
***J2460		Oxytetracycline HCl, up to 50 mg, injection (Terramycin IM)	\$0.91	\$0.91	10/1/2009
***J2590		Oxytocin, up to 10 units, injection (Pitocin)	\$1.98	\$1.98	10/1/2009
***J9265		Paclitaxel, 30 mg (Taxol)	\$11.52	\$11.52	10/1/2009
***J9264		Paclitaxel protein-bound particles, 1 mg, (Abraxane)	\$8.53	\$8.53	10/1/2009
***J2426		Paliperidone palmitate extended release, 1 mg, (Invega Sustenna)	\$6.27	\$6.27	1/1/2011
***J2469		Palonosetron HCl, 25 mcg, injection (Aloxi)	\$16.60	\$16.60	10/1/2009
***J2430		Pamidronate disodium, per 30 mg, injection (Aredia)	\$27.31	\$27.31	10/1/2009
***J9303		Panitumumab, 10 mg, injection (Vectibix)	\$79.30	\$79.30	10/1/2009
***J2440		Papaverine HCl, up to 60 mg, injection	\$0.55	\$0.55	10/1/2009
***J2501		Paricalcitol, 1 mcg, injection (Zemplar)	\$3.78	\$3.78	10/1/2009
***J2503		Pegaptanib sodium, 0.3 mg, (Macugen)	\$993.97	\$993.97	10/1/2009
***J9266		Pegaspargase, per single dose vial (Oncaspar)	\$2,018.39	\$2,018.39	10/1/2009

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J2505		Pegfilgastrim, 6 mg, injection (Neulasta)	\$2,121.05	\$2,121.05	10/1/2009
***J0561		Penicillin G benzathine, per 100,000 units, injection	\$3.92	\$3.92	1/1/2011
***J0558		Injection, penicillin G benzathine and penicillin G procaine, per 100,000 units	\$3.10	\$3.10	1/1/2011
***J2540		Penicillin G potassium, up to 600,000 units, injection (Pfizerpen)	\$0.91	\$0.91	10/1/2009
***J2510		Penicillin G procaine, aqueous, up to 600,000 units, injection (Wycillin)	\$9.92	\$9.92	10/1/2009
***J2545		Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME (Pentam 300, NebuPent)	\$52.36	\$52.36	10/1/2009
***S0080		Pentamidine isethionate, 300 mg, injection (NebuPent)	\$40.95	\$40.95	10/1/2009
***J3070		Pentazocine HCl, up to 30 mg, injection (Talwin)	\$5.89	\$5.89	10/1/2009
***J2515		Pentobarbital sodium, per 50 mg, injection (Nembutal Sodium)	\$7.34	\$7.34	10/1/2009
***J2560		Phenobarbital sodium, up to 120 mg, injection	\$2.89	\$2.89	10/1/2009
***J2760		Phentolamine mesylate, up to 5 mg, injection (Regitine)	\$20.32	\$20.32	10/1/2009
***J2370		Phenylephrine HCl, up to 1 ml, injection (Neosynephrine)	\$0.67	\$0.67	10/1/2009
***J1165		Phenytoin sodium, per 50 mg, injection (Dilantin)	\$0.43	\$0.43	10/1/2009
***J3430		Phytonadione (vitamin K), per 1 mg, injection (AquaMephyton)	\$3.49	\$3.49	10/1/2009
***J2543		Piperacillin sodium/tazobactam sodium, injection, 1g/0.125g (1.125 g) (Zosyn)	\$4.96	\$4.96	10/1/2009
***J2562		Plerixafor, 1 mg, injection (Mozobil)	\$259.02	\$259.02	1/1/2010
***J9600		Porfimer sodium, 75 mg (Photofin)	\$2,413.59	\$2,413.59	10/1/2009
***J9307		Pralatrezate, 1 mg (Folotyn)	\$159.65	\$159.65	1/1/2011
***J2730		Pralidoxime chloride, up to 1 g, injection (Protopam Chloride)	\$84.92	\$84.92	10/1/2009
***J2650		Prednisolone acetate, up to 1 ml, injection (Predcor-50)	\$0.16	\$0.16	10/1/2009
***J2690		Procainamide HCl, up to 1 g, injection (Pronestyl)	\$2.55	\$2.55	10/1/2009
***J0780		Prochlorperazine, up to 10 mg, injection, (Compazine)	\$1.12	\$1.12	10/1/2009
***J2675		Progesterone, per 50 mg, injection (Pregestject)	\$1.46	\$1.46	10/1/2009
***J2550		Promethazine HCl, up to 50 mg, injection (Phenergan)	\$1.32	\$1.32	10/1/2009
***J1800		Propranolol HCl, up to 1 mg, injection (Inderal)	\$3.07	\$3.07	10/1/2009
***J2720		Protamine sulfate, per 10 mg, injection	\$0.57	\$0.57	10/1/2009
***J2783		Rasburicase, 0.5 mg, injection (Elitek)	\$149.61	\$149.61	10/1/2009
***J2993		Reteplase, 18.1 mg, injection (Retavase)	\$803.78	\$803.78	10/1/2009
***J7120		Ringer's lactate infusion, up to 1,000 cc	\$0.88	\$0.88	10/1/2009
***J9310		Rituximab, 100 mg (Rituxan)	\$501.87	\$501.87	10/1/2009
***J9315		Romidepsin, 1 mg (Istodax)	\$211.38	\$211.38	1/1/2011
***J2796		Romiplostim, 10 mcg, injection (Nplate)	\$42.03	\$42.03	1/1/2010
***J2820		Sargramostim (GM-CSF), 50 mcg, injection (Leukine)	\$24.20	\$24.20	10/1/2009
***J2916		Sodium ferric gluconate complex in sucrose, 12.5 mg, injection (Ferlecit)	\$4.61	\$4.61	10/1/2009
***J2995		Streptokinase, per 250,000 IU, injection (Streptase)	\$76.64	\$76.64	10/1/2009
***J3000		Streptomycin, up to 1 g, injection	\$6.73	\$6.73	10/1/2009
***J9320		Streptozocin, 1 g (Zanosar)	\$183.79	\$183.79	10/1/2009
***J0330		Succinylcholine chloride, up to 20 mg, injection (Anectine)	\$0.16	\$0.16	10/1/2009
***J3030		Sumatriptan succinate, 6 mg, injection (Imitrex)	\$64.22	\$64.22	10/1/2009
***J3095		Telavancin , per 10 mg (Vibativ)	\$1.86	\$1.86	1/1/2011
***J9328		Temozolomide, 1 mg, injection (Temodar)	\$4.91	\$4.91	1/1/2010
J9330		Temsirolimus, 1 mg, injection (Torisel)	\$46.19	\$46.19	10/1/2009
***J3105		Terbutaline sulfate, up to 1 mg, injection (Brethine)	\$2.33	\$2.33	10/1/2009
***J1070		Testosterone Cypionate, up to 100 mg, injection (Depo-Testosterone)	\$4.65	\$4.65	10/1/2009
***J1080		Testosterone Cypionate, 200 mg, injection (Depo-Testosterone)	\$6.71	\$6.71	10/1/2009
***J3120		Testosterone enanthate, up to 100 mg, injection (Evarone)	\$5.10	\$5.10	10/1/2009

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J3130		Testosterone enanthate, up to 200 mg, injection (Evarone)	\$9.76	\$9.76	10/1/2009
S0189		Testosterone pellet, 75 mg (Testopel)	\$65.07	\$65.07	10/1/2009
***J9340		Thiotepa, 15 mg (Thioplex)	\$38.95	\$38.95	10/1/2009
***J3240		Thyrotropin alpha, 0.9 mg provided in 1.1 mg vial, injection (Thyrogen)	\$808.81	\$808.81	10/1/2009
***J3243		Tigecycline, 1 mg (Tygacil)	\$1.20	\$1.20	6/1/2010
***J3260		Tobramycin sulfate, up to 80 mg, injection (Nebcin)	\$2.24	\$2.24	10/1/2009
***J9351		Topotecan, 0.1 mg (Hycamtin)	\$26.36	\$26.36	1/1/2011
***J3265		Torsemide, 10 mg/ml, injection (Demadex)	\$2.10	\$2.10	10/1/2009
***J3301		Triamcinolone acetonide, per 10 mg, injection (Kenalog-10)	\$1.33	\$1.33	10/1/2009
***J3300		Triamcinolone acetonide, preservative free, 1 mg, injection	\$3.13	\$3.13	10/1/2009
***J3302		Triamcinolone diacetate, per 5 mg, injection (Aristocort)	\$0.27	\$0.27	10/1/2009
***J3303		Triamcinolone hexacetonide, per 5mg injection (Aristospan)	\$1.29	\$1.29	10/1/2009
***J3250		Trimethobenzamide HCl, up to 200 mg, injection (Tigan)	\$4.30	\$4.30	10/1/2009
***J3305		Trimetrexate glucuronate, per 25 mg, injection (Neutrexin)	\$144.33	\$144.33	10/1/2009
***J3315		Triptorelin pamoate (trellstar), 3.75 mg	\$143.81	\$143.81	10/1/2009
***J3365		Urokinase, 250,000 IU, injection IV (Abbokinase)	\$441.28	\$441.28	10/1/2009
***J3370		Vancomycin HCl, 500 mg, injection (Vancoled)	\$3.03	\$3.03	10/1/2009
***J9360		Vinblastine sulfate, 1 mg (Velban)	\$1.03	\$1.03	10/1/2009
***J9370		Vincristine sulfate, 1 mg (Oncovin)	\$6.77	\$6.77	10/1/2009
***J9390		Vinorelbine tartrate, per 10 mg (Navelbine)	\$15.64	\$15.64	10/1/2009
***J3420		Vitamin B-12 cyanocobalamin, up to 1,000 mcg, injection	\$0.24	\$0.24	10/1/2009
J7187		Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0	\$0.86	\$0.86	10/1/2009
***J2278		Ziconotide 1 mcg, (Prialt)	\$6.28	\$6.28	10/1/2009
***J3488		Zoledronic acid, 1 mg, injection (Reclast)	\$208.81	\$208.81	10/1/2009
***J3487		Zoledronic acid, 1 mg, injection (Zometa)	\$203.09	\$203.09	10/1/2009
IMMUNE GLOBULINS					
***90291		Cytomegalovirus Immune Globulin (CMV-IgIV), Human, 1 ml (CytoGam)	\$22.93	\$22.93	10/1/2009
***J1460		Gamma globulin, intramuscular, 1 cc, injection (Gamastan S/D)	\$11.13	\$11.13	10/1/2009
***J1560		Gamma globulin, intramuscular, over 10 cc, injection (Gamastan S/D)	\$111.38	\$111.38	10/1/2009
***J1571		Injection, hepatitis B immune globulin, intramuscular, 0.5 ml, (Hepagam B)	\$46.61	\$46.61	10/1/2009
***90371		Hepatitis B Immune globulin (HBIG), human, 1 ml (BayHep B HepaGam B Nabi-HB)	\$115.66	\$115.66	10/1/2009
***J1573		Hepatitis B immune globulin, intravenous, 0.5 ml, injection (Hepagam B)	\$46.61	\$46.61	10/1/2009
***J1559		Immune Globulin, 100 mg (Hizentra)	\$7.02	\$7.02	1/1/2011
***J1557		Immune Globulin (Gammaplex) intravenous, non-lyophilized (e.g., liquid) 500 mg	\$35.94	\$35.94	1/1/2012
***J1566		Immune Globulin, intravenous, lyophilized, (e.g. powder) 500 mg, injection (Gamagard S-D)	\$27.06	\$27.06	10/1/2009
***J1568		Immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg, injection (Octagma)	\$33.81	\$33.81	6/30/2009
***J1572		Immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg, injection (Flebogamma)	\$31.36	\$31.36	10/1/2009
***J1459		Immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg, injection (Privigen)	\$32.93	\$32.93	10/1/2009
***J1561		Immune Globulin, Intravenous, 500 mg, injection (Gamunex)	\$32.25	\$32.25	10/1/2009
***J1569		Immune globulin, intravenous, nonlyophilized, (e.g., liquid), 500 mg, injection (Gamagard liquid)	\$30.65	\$30.65	10/1/2009
***J1562		Immune globulin, subcutaneous, 100 mg (Vivaglobin)	\$6.83	\$6.83	10/1/2009

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
***J7504		Lymphocyte Immune Globulin, anit-thymocyte globulin equine, parenteral, 250 mg (Atgam)	\$370.00	\$370.00	10/1/2009
***90375		Rabies Immune Globulin (Rig), human, 150 IU (BayRab)	\$65.39	\$65.39	10/1/2009
***90376		Rabies Immune Globulin, Heat-treated (Rig-HT), human, 2 ml (Imogam Rabies-HT)	\$75.27	\$75.27	10/1/2009
***J2790		Rho D immune globulin, human, full dose, 300 mcg	\$86.49	\$86.49	10/1/2009
***J2788		Rho(D) Immune Globulin, 50 mcg	\$27.41	\$27.41	10/1/2009
***J2792		Rho(D) Immune Globulin (RhIGIV), Intravenous, Human, Solvent Detergent, 100 IU, injection	\$15.06	\$15.06	10/1/2009
***J2791		Rho(D) immune globulin (human), intramuscular or intravenous, 100 IU, injection	\$5.14	\$5.14	10/1/2009
90389		Tetanus Immune Globulin (Tlg), Human, for Intramuscular use, 250 U/1 ml (BayTet)	\$134.92	\$134.92	10/1/2009
***90396		Varicella-Zoster Immune Globulin, human, 125 units	\$106.44	\$106.44	10/1/2009
MISCELLANEOUS					
***J7307	FP	Etonogestrel (Contraceptive) Implant System, including implant and supplies (Nexplanon)	\$698.99	\$698.99	12/1/2011
***J7300	FP	Intrauterine copper contraceptive (Paragrd T380A)	\$386.89	\$386.89	10/1/2009
***J7302	FP	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$745.23	\$745.23	12/1/2011
***J7302		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$745.23	\$745.23	12/1/2011
RADIOPHARMACEUTICALS					
Diagnostic					
A9553		Chromium CR-51 sodium chromate, diagnostic per study dose, up to 250µCi	\$622.63	\$622.63	10/1/2009
A9552		Fluorodeoxyglucose F-18 FDG, diagnostic per study dose, up to 45mCi	\$625.64	\$625.64	10/1/2009
A9578		Gadobenate dimeglumine (MultiHance multipack), per ml, injection	\$5.44	\$5.44	10/1/2009
A9577		Gadobenate dimeglumine (MultiHance), per ml, injection	\$5.44	\$5.44	10/1/2009
A9585		Gadobutrol, 0.1 ml (Gadavist)	\$0.86	\$0.86	1/1/2012
A9579		Gadolinium-based magnetic resonance contrast agent, not otherwise specified, per ml	\$2.46	\$2.46	10/1/2009
A9576		Gadoteridol, (ProHance multipack), per ml, injection	\$5.44	\$5.44	10/1/2009
***A9556		Gallium GA-67 citrate, diagnostic, per mCi	\$44.82	\$44.82	10/1/2009
A9507		Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 mCi	\$3,259.47	\$3,259.47	10/1/2009
***A9542		Indium IN-111 ibritumomab tiuxetan, diagnostic per study dose, up to 5mCi	\$2,529.58	\$2,529.58	10/1/2009
A9571		Indium IN-111 oxyquinolone Labeled autologous platelets, diagnostic, per study dose	\$2,606.84	\$2,606.84	10/1/2009
A9570		Indium IN-111 oxyquinolone Labeled autologous white blood cells, diagnostic, per study dose	\$1,770.24	\$1,770.24	10/1/2009
A9547		Indium IN-111 oxyquinoline, diagnostic, per 0.5mCi	\$281.13	\$281.13	10/1/2009
A9548		Indium IN-111 pentetate, diagnostic, per 0.5mCi	\$262.43	\$262.43	10/1/2009
A9572		Indium IN-111 Pentetreotide, diagnostic, per study dose, up to 6 mCi	\$2,891.19	\$2,891.19	10/1/2009
A9516		Iodine I-123 sodium iodide capsule(s), diagnostic, per 100 µCi	\$70.18	\$70.18	10/1/2009
A9509		Iodine I-123 Sodium Iodine, Diagnostic, per mCi	\$122.60	\$122.60	10/1/2009
A9584		Iodine I-213, diagnostic, per study dose, 5 mCi (DaTscan)	\$2,061.20	\$2,061.20	1/1/2012
A9532		Iodine I-125 serum albumin, diagnostic, per 5 µCi	\$45.79	\$45.79	10/1/2009

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
A9554		Iodine I-125 sodium iohalamate, diagnostic per study dose, up to 10µCi	\$1,995.62	\$1,995.62	10/1/2009
A9508		Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 mCi	\$555.49	\$555.49	10/1/2009
A9524		Iodine I-131 iodinated serum albumin, diagnostic, per 5 µCi	\$47.72	\$47.72	10/1/2009
A9529		Iodine I-131 sodium iodide solution, diagnostic, per mCi	\$144.13	\$144.13	10/1/2009
A9531		Iodine I-131 Sodium Iodide, Diagnostic, Per Microcurie (Up To 100 Microcuries)	\$53.14	\$53.14	10/1/2009
A9528		Iodine I-131 sodium iodide capsules, diagnostic, per mCi	\$53.14	\$53.14	10/1/2009
***A9544		Iodine I-131 Tositumomab, diagnostic, per study dose	\$2,513.51	\$2,513.51	10/1/2009
Q9965		Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	\$1.34	\$1.34	10/1/2009
Q9966		Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	\$0.40	\$0.40	10/1/2009
Q9967		Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	\$0.20	\$0.20	10/1/2009
Q9957		Injection, perflutren lipid microspheres, per ml	\$60.36	\$60.36	10/1/2009
J2785		Regadenoson, 0.1 mg injection (Lexiscan)	\$45.70	\$45.70	10/1/2009
A9555		Rubidium RB-82, diagnostic per study, up to 60mCi	\$29,765.61	\$29,765.61	10/1/2009
A9503		Technetium Tc-99 medronate, diagnostic, per study dose, up to 30 mCi	\$38.80	\$38.80	10/1/2009
A9500		Technetium Tc-99 sestamibi, diagnostic, per study dose, up to 40 mCi	\$117.32	\$117.32	10/1/2009
A9502		Technetium Tc-99 tetrofosmin, diagnostic, per study dose, up to 40 mCi	\$116.70	\$116.70	10/1/2009
A9557		Technetium TC-99m bicasate, diagnostic per study dose, up to 25mCi	\$886.94	\$886.94	10/1/2009
A9510		Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	\$27.17	\$27.17	10/1/2009
A9569		Technetium TC-99M Exametazime Labeled Autologous white blood cells, diagnostic, per study dose	\$1,770.24	\$1,770.24	10/1/2009
A9521		Technetium T-99m exametazime, diagnostic, per study dose, up to 25 mCi	\$695.91	\$695.91	10/1/2009
A9560		Technetium TC-99m labeled red blood cells, diagnostic per study dose, up to 30mCi	\$91.82	\$91.82	10/1/2009
A9540		Technetium TC99m macroaggregated albumin, diagnostic per study dose up to 10mCi	\$38.80	\$38.80	10/1/2009
A9537		Technetium TC99m mebrofenin, diagnostic per study, up to 15mCi	\$65.58	\$65.58	10/1/2009
A9562		Technetium TC-99m meriatide, diagnostic per study dose, up to 15mCi	\$249.64	\$249.64	10/1/2009
A9561		Technetium TC-99m oxidronate, diagnostic per study dose, up to 30mCi	\$40.75	\$40.75	10/1/2009
A9539		Technetium TC99m pentetate, diagnostic per study dose, up to 25mCi	\$48.01	\$48.01	10/1/2009
A9567		Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	\$66.95	\$66.95	10/1/2009
A9512		Technetium Tc-99m pertechnetate, diagnostic, per mCi	\$12.07	\$12.07	10/1/2009
A9538		Technetium TC99m pyrophosphate, diagnostic, per study dose, up to 25mCi	\$50.45	\$50.45	10/1/2009
A9550		Technetium TC99m sodium gluceptate, diagnostic per study dose, up to 25mCi	\$72.27	\$72.27	10/1/2009
A9551		Technetium TC99m succimer, DMSA, diagnostic per study dose, up to 10mCi	\$122.08	\$122.08	10/1/2009

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
A9541		Technetium TC99m sulphur colloid, diagnostic per study dose, up to 20mCi	\$51.97	\$51.97	10/1/2009
A9505		Thallium TI-201 thallous chloride, diagnostic, per mCi	\$60.74	\$60.74	10/1/2009
A9558		Xenon Xe-133 gas, diagnostic, per 10 mCi	\$41.99	\$41.99	10/1/2009
***A9543		Yttrium Y-90 ibritumomab tiuxetan, diagnostic per study dose, up to 40mCi	\$21,898.78	\$21,898.78	10/1/2009
Therapeutic					
A9564		Chromic phosphate P-32 suspension, therapeutic, per mCi	\$310.84	\$310.84	10/1/2009
A9517		Iodine I-131 Sodium Iodide Capsule(S), Therapeutic, Per Millicurie	\$157.91	\$157.91	10/1/2009
***A9545		Iodine I-131 Tositumomab, therapeutic, per treatment dose	\$21,783.73	\$21,783.73	10/1/2009
A9605		Samarium Sm-153 lexidronamm, therapeutic, per 50 mCi, per 50 mCi	\$1,546.26	\$1,546.26	10/1/2009
A9563		Sodium Phosphate P-31, therapeutic, per mCi	\$305.00	\$305.00	10/1/2009
A9600		Strontium Sr-89 chloride, therapeutic, per mCi	\$861.64	\$861.64	10/1/2009
VACCINES					
90585		Bacillus Calmette-Guerin Vaccine (BCG) for Tuberculosis, Live, for Percutaneous use	\$112.70	\$112.70	10/1/2009
90723		Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B and poliovirus Vaccine inactivated (DTaP PtsP-HepB-IPV)	\$72.63	\$72.63	10/1/2009
90648		Hemophilus Influenza b Vaccine (Hib), PRP-T Conjugate (4 dose schedule), Intramuscular use	\$21.00	\$21.00	10/1/2009
90647		Hemophilus Influenza b Vaccine (Hib) PRP-OMP Conjugate (3 dose schedule), for Intramuscular use	\$19.68	\$19.68	10/1/2009
90636		Hepatitis A and Hepatitis B Vaccine (HepA-HepB), Adult dosage, for Intramuscular use	\$89.50	\$89.50	10/1/2009
90632		Hepatitis A Vaccine, Adult dosage, for Intramuscular use	\$44.16	\$44.16	10/1/2009
90746		Hepatitis B Vaccine, Adult dosage, for Intramuscular use	\$55.20	\$55.20	10/1/2009
90740		Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	\$110.41	\$110.41	10/1/2009
90747		Hepatitis B Vaccine, Dialysis or Immunosuppressed Patient dosage (4 dose schedule), for Intramuscular use	\$110.41	\$110.41	10/1/2009
90650		Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use (Cervarix)	\$133.25	\$133.25	5/1/2010
90649		Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent, 3 dose schedule, for IM use (Gardasil), 0.5 ml	\$135.73	\$135.73	10/1/2009
90660		Influenza Virus Vaccine, live, intranasal, 0.2 ml (Flumist)	\$21.24	\$21.24	10/1/2009
90658		Influenza Virus Vaccine, Split Virus, 3 years and above, for Intramuscular or Jet Injection use	\$12.74	\$12.74	10/1/2009
90656		Influenza virus vaccine, split virus, preservative free for use in individuals 3 years and above, for intramuscular use.	\$16.75	\$16.75	10/1/2009
90705		Measles Virus Vaccine, Live, for Subcutaneous or Jet Injection use	\$16.16	\$16.16	10/1/2009
90707		Measles, Mumps, and Rubella Virus Vaccine (MMR), Live, for Subcutaneous or Jet Injection use	\$41.02	\$41.02	10/1/2009
90733		Meningococcal Polysaccharide Vaccine (any group(s)), for Subcutaneous or Jet Injection use	\$90.50	\$90.50	10/1/2009
90734		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use.	\$106.87	\$106.87	1/1/2011
90704		Mumps Virus Vaccine, Live, for Subcutaneous or Jet Injection use	\$21.12	\$21.12	10/1/2009
90732		Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use	\$31.53	\$31.53	10/1/2007

**Physician Assistant Fee Schedule
Provider Specialty 210
Physician Assistant Services**

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

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

Medicaid Maximum Allowable					
CODE	MOD	DESCRIPTION	2012 FACILITY	2012 NON-FACILITY	EFFECTIVE DATE
90713		Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous or intramuscular use	\$24.79	\$24.79	10/1/2009
90706		Rubella Virus Vaccine, Live, for Subcutaneous or Jet Injection use	\$18.08	\$18.08	10/1/2009
90714		Tetanua & Diphtheria toxoids (Td), adsorbed, preservative free, for individuals 7 years and older, for IM use.	\$19.25	\$19.25	10/1/2009
90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for IM use	\$39.49	\$39.49	1/1/2011
90703		Tetanus Toxoid Adsorbed, for Intramuscular use; 0.5 ml	\$20.70	\$20.70	10/1/2009
90716		Varicella Virus Vaccine, Live for Subcutaneous use	\$86.42	\$86.42	1/1/2011